



ADMINISTRATIVE RULES OF MONTANA



37.86.3018 OUTPATIENT HOSPITAL SERVICES, PROSPECTIVE PAYMENT METHODOLOGY, OTHER DIAGNOSTIC SERVICES

- (1) Other diagnostic services will be reimbursed as follows with the exception of hospitals reimbursed under ARM 37.86.3005(4):
 - (a) the fee will be the APC rate as in ARM 37.86.3020 or the Medicare fee for the same service if no APC rate exists. The individual diagnostic services reimbursed under this subsection are those defined in the CPT/HCPCS;
 - (b) for other diagnostic services without an APC rate or Medicare fee, a Medicaid fee will be assigned in accordance with the RBRVS methodology in ARM 37.85.212; or
 - (c) for other diagnostic services where no APC rate, Medicare fee, or Medicaid fee has been assigned, outpatient hospital-specific percent of charges will be paid. Birthing centers and out-of-state hospitals will be reimbursed the statewide outpatient cost-to-charge ratio.

Authorizing statute(s): 53-2-201, 53-6-113, MCA

Implementing statute(s): 53-2-201, 53-6-101, 53-6-111, 53-6-113, MCA

History: NEW, 2001 MAR p. 27, Eff. 1/12/01; AMD, 2001 MAR p. 1119, Eff. 6/22/01; AMD, 2002 MAR p. 1991, Eff. 8/1/02; AMD, 2003 MAR p. 1652, Eff. 8/1/03; AMD, 2006 MAR p. 3078, Eff. 1/1/07; AMD, 2012 MAR p. 1382, Eff. 7/13/12.