

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
0001F	E	HEART FAILURE COMPOSITE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0001U	E	RBC DNA HEA 35 AG 11 BLD GRP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0002M	E	LIVER DIS 10 ASSAYS W/ASH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0002U	E	ONC CLRCT 3 UR METAB ALG PLP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0003M	E	LIVER DIS 10 ASSAYS W/NASH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0003U	E	ONC OVAR 5 PRTN SER ALG SCOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0004M	E	SCOLIOSIS DNA ALYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0004U	E	NFCT DS DNA 27 RESIST GENES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0005F	E	OSTEOARTHRITIS COMPOSITE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0005U	E	ONCO PRST8 3 GENE UR ALG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0006M	E	ONC HEP GENE RISK CLASSIFIER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0007M	E	ONC GASTRO 51 GENE NOMOGRAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0007U	E	RX TEST PRSMV UR W/DEF CONF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0008U	E	HPYLORI DETCJ ABX RSTNC DNA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0009U	E	ONC BRST CA ERBB2 AMP/NONAMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
00100	N	ANESTH SALIVARY GLAND	-	-	-	Bundled	\$0.00	-	-	000	999	-	
00102	N	ANESTH REPAIR OF CLEFT LIP	-	-	-	Bundled	\$0.00	-	-	000	999	-	
00103	N	ANESTH BLEPHAROPLASTY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
00104	N	ANESTH ELECTROSHOCK	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0010M	E	ONC PROSTATE PROB SCORE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0010U	E	NFCT DS STRN TYP WHL GEN SEQ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0011M	E	ONC PRST8 CA MRNA 12 GEN ALG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0011U	E	RX MNTR LC-MS/MS ORAL FLUID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
00120	N	ANESTH EAR SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
00124	N	ANESTH EAR EXAM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
00126	N	ANESTH TYMPANOTOMY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0012F	E	CAP BACTERIAL ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0012M	E	ONC MRNA 5 GEN RSK URTHL CA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0012U	E	GERMLN DO GENE REARGMT DETCJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0013M	E	ONC MRNA 5 GEN RECR URTHL CA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0013U	E	ONC SLD ORG NEO GENE REARGMT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
00140	N	ANESTH PROCEDURES ON EYE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
00142	N	ANESTH LENS SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
00144	N	ANESTH CORNEAL TRANSPLANT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
00145	N	ANESTH VITREORETINAL SURG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
00147	N	ANESTH IRIDECTOMY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
00148	N	ANESTH EYE EXAM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0014F	E	COMP PREOP ASSESS CAT SURG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0014M	E	LIVER DS ALYS 3 BMRK SRM ALG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0014U	E	HEM HMTLMF NEO GENE REARGMT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0015F	E	MELAN FOLLOW-UP COMPLETE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0015U	E	RX METAB ADVRS RX RXN DNA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
00160	N	ANESTH NOSE/SINUS SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
00162	N	ANESTH NOSE/SINUS SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
00164	N	ANESTH BIOPSY OF NOSE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0016U	E	ONC HMTLMF NEO RNA BCR/ABL1	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
00170	N	ANESTH PROCEDURE ON MOUTH	-	-	-	Bundled	\$0.00	-	-	000	999	-	
00172	N	ANESTH CLEFT PALATE REPAIR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
00174	N	ANESTH PHARYNGEAL SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
00176	C	ANESTH PHARYNGEAL SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
0017U	E	ONC HMTLMF NEO JAK2 MUT DNA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0018U	E	ONC THYR 10 MICRORNA SEQ ALG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
00190	N	ANESTH FACE/SKULL BONE SURG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
00192	C	ANESTH FACIAL BONE SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
0019U	E	ONC RNA TISS PREDICT ALG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
00210	N	ANESTH CRANIAL SURG NOS	-	-	-	Bundled	\$0.00	-	-	000	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees			
00211	C	ANESTH CRAN SURG HEMOTOMA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
00212	N	ANESTH SKULL DRAINAGE	-	-	-	Bundled	\$0.00	-	-	000	999	-
00214	C	ANESTH SKULL DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
00215	C	ANESTH SKULL REPAIR/FRACT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
00216	N	ANESTH HEAD VESSEL SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-
00218	N	ANESTH SPECIAL HEAD SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-
0021U	E	ONC PRST8 DETCJ 8 AUTOANTB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
00220	N	ANESTH INTRCRN NERVE	-	-	-	Bundled	\$0.00	-	-	000	999	-
00222	N	ANESTH HEAD NERVE SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-
0022U	E	TRGT GEN SEQ DNA&RNA 23 GENE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0023U	E	ONC AML DNA DETCJ/NONDETCJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0024U	E	GLYCA NUC MR SPECTRSC QUAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0025U	E	TENOFOVIR LIQ CHROM UR QUAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0026U	E	ONC THYR DNA&MRNA 112 GENES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0027U	E	JAK2 GENE TRGT SEQ ALYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0029U	E	RX METAB ADVRS TRGT SEQ ALYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
00300	N	ANESTH HEAD/NECK/PTRUNK	-	-	-	Bundled	\$0.00	-	-	000	999	-
0030T	E	ANTIPIROTHROMBIN ANTIBODY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0030U	E	RX METAB WARF TRGT SEQ ALYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0031U	E	CYP1A2 GENE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
00320	N	ANESTH NECK ORGAN 1YR/>	-	-	-	Bundled	\$0.00	-	-	000	999	-
00322	N	ANESTH BIOPSY OF THYROID	-	-	-	Bundled	\$0.00	-	-	000	999	-
00326	N	ANESTH LARYNX/TRACH < 1 YR	-	-	-	Bundled	\$0.00	-	-	000	001	-
0032U	E	COMT GENE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0033U	E	HTR2A HTR2C GENES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0034U	E	TPMT NUDT15 GENES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
00350	N	ANESTH NECK VESSEL SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-
00352	N	ANESTH NECK VESSEL SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-
0035U	E	NEURO CSF PRION PRTN QUAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0036U	E	XOME TUM & NML SPEC SEQ ALYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0037U	E	TRGT GEN SEQ DNA 324 GENES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0038U	E	VITAMIN D SRM MICROSAMP QUAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0039U	E	DNA ANTB 2STRAND HI AVIDITY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
00400	N	ANESTH SKIN EXT/PER/ATRUNK	-	-	-	Bundled	\$0.00	-	-	000	999	-
00402	N	ANESTH SURGERY OF BREAST	-	-	-	Bundled	\$0.00	-	-	000	999	-
00404	N	ANESTH SURGERY OF BREAST	-	-	-	Bundled	\$0.00	-	-	000	999	-
00406	N	ANESTH SURGERY OF BREAST	-	-	-	Bundled	\$0.00	-	-	000	999	-
0040U	E	BCR/ABL1 GENE MAJOR BP QUAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
00410	N	ANESTH CORRECT HEART RHYTHM	-	-	-	Bundled	\$0.00	-	-	000	999	-
0041U	E	B BRGDRFERI ANTB 5 PRTN IGM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0042T	E	CT PERFUSION W/CONTRAST CBF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0042U	E	B BRGDRFERI ANTB 12 PRTN IGG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0043U	E	TBRF B GRP ANTB 4 PRTN IGM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0044U	E	TBRF B GRP ANTB 4 PRTN IGG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
00450	N	ANESTH SURGERY OF SHOULDER	-	-	-	Bundled	\$0.00	-	-	000	999	-
00454	N	ANESTH COLLAR BONE BIOPSY	-	-	-	Bundled	\$0.00	-	-	000	999	-
0045U	E	ONC BRST DUX CARC IS 12 GENE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0046U	E	FLT3 GENE ITD VARIANTS QUAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
00470	N	ANESTH REMOVAL OF RIB	-	-	-	Bundled	\$0.00	-	-	000	999	-
00472	N	ANESTH CHEST WALL REPAIR	-	-	-	Bundled	\$0.00	-	-	000	999	-
00474	C	ANESTH SURGERY OF RIB	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
0047U	E	ONC PRST8 MRNA 17 GENE ALG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0048T	E	IMPLANT VENTRICULAR DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0048U	E	ONC SLD ORG NEO DNA 468 GENE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0049U	E	NPM1 GENE ANALYSIS QUAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
00500	N	ANESTH ESOPHAGEAL SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole Comm.		Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees	Hospital Lab			
0050T	E	REMOVAL CIRCULATION ASSIST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0050U	E	TRGT GEN SEQ DNA 194 GENES	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0051U	E	RX MNTR LC-MS/MS UR 31 PNL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
00520	N	ANESTH CHEST PROCEDURE	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00522	N	ANESTH CHEST LINING BIOPSY	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00524	C	ANESTH CHEST DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
00528	N	ANES MEDIASCPY & DX THORSCPY	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00529	N	ANES MEDSCPY&THORSCPY 1 LUNG	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
0052U	E	LPOPRTN BLD W/5 MAJ CLASSES	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
00530	N	ANESTH PACEMAKER INSERTION	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00532	N	ANESTH VASCULAR ACCESS	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00534	N	ANESTH CARDIOVERTER/DEFIB	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00537	N	ANESTH CARDIAC ELECTROPHYS	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00539	N	ANESTH TRACH-BRONCH RECONST	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
0053U	E	ONC PRST8 CA FISH ALYS 4 GEN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
00540	C	ANESTH CHEST SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
00541	N	ANESTH ONE LUNG VENTILATION	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00542	C	ANESTHESIA REMOVAL PLEURA	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
00546	C	ANESTH LUNG CHEST WALL SURG	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
00548	N	ANESTH TRACHEA BRONCHI SURG	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
0054T	E	BONE SRGRY CMPTR FLUOR IMAGE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0054U	E	RX MNTR 14+ DRUGS & SBSTS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
00550	N	ANESTH STERNAL DEBRIDEMENT	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
0055T	E	BONE SRGRY CMPTR CT/MRI IMAG	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0055U	E	CARD HRT TRNSPL 96 DNA SEQ	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
00560	C	ANESTH HEART SURG W/O PUMP	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
00561	C	ANESTH HEART SURG <1 YR	-	-	-	Inpatient Only	\$0.00	-	-	-	000	000	-
00562	C	ANESTH HRT SURG W/PMP AGE 1+	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
00563	N	ANESTH HEART SURG W/ARREST	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00566	N	ANESTH CABG W/O PUMP	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00567	C	ANESTH CABG W/PUMP	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
0056U	E	HEM AML DNA GENE REARGMT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
00580	C	ANESTH HEART/LUNG TRANSPLNT	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
0058T	E	CRYOPRESERVATION OVARY TISS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0058U	E	ONC MERKEL CLL CARC SRM QUAN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0059U	E	ONC MERKEL CLL CARC SRM +/-	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
00600	N	ANESTH SPINE CORD SURGERY	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00604	C	ANESTH SITTING PROCEDURE	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
0060U	E	TWN ZYG GEN SEQ ALYS CHRMS2	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0061U	E	TC MEAS 5 BMRK SFDI M-S ALYS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
00620	N	ANESTH SPINE CORD SURGERY	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00625	N	ANES SPINE TRANTHOR W/O VENT	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00626	N	ANES SPINE TRANSTHOR W/VENT	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
0062U	E	AI SLE IGG&IGM ALYS 80 BMRK	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
00630	N	ANESTH SPINE CORD SURGERY	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00632	C	ANESTH REMOVAL OF NERVES	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
00635	N	ANESTH LUMBAR PUNCTURE	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
0063U	E	NEURO AUTISM 32 AMINES ALG	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
00640	N	ANESTH SPINE MANIPULATION	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
0064U	E	ANTB TP TOTAL&RPR IA QUAL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0065U	E	SYFLS TST NONTREPONEMAL ANTB	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0066U	E	PAMG-1 IA CERVICO-VAG FLUID	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
00670	N	ANESTH SPINE CORD SURGERY	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
0067U	E	ONC BRST IMHCHEM PRFL 4 BMRK	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0068U	E	CANDIDA SPECIES PNL AMP PRB	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0069U	E	ONC CLRCT MICRORNA MIR-31-3P	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-

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							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
00700	N	ANESTH ABDOMINAL WALL SURG	-	-	-	Bundled	\$0.00	-	-	000	999	-
00702	N	ANESTH FOR LIVER BIOPSY	-	-	-	Bundled	\$0.00	-	-	000	999	-
0070U	E	CYP2D6 GEN COM&SLCT RAR VRNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0071T	E	US LEIOMYOMATA ABLATE <200	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0071U	E	CYP2D6 FULL GENE SEQUENCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0072T	E	US LEIOMYOMATA ABLATE >200	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0072U	E	CYP2D6 GEN CYP2D6-2D7 HYBRID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
00730	N	ANESTH ABDOMINAL WALL SURG	-	-	-	Bundled	\$0.00	-	-	000	999	-
00731	N	ANES UPR GI NDSC PX NOS	-	-	-	Bundled	\$0.00	-	-	000	999	-
00732	N	ANES UPR GI NDSC PX ERCP	-	-	-	Bundled	\$0.00	-	-	000	999	-
0073U	E	CYP2D6 GEN CYP2D7-2D6 HYBRID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0074U	E	CYP2D6 NONDUPLICATED GENE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
00750	N	ANESTH REPAIR OF HERNIA	-	-	-	Bundled	\$0.00	-	-	000	999	-
00752	N	ANESTH REPAIR OF HERNIA	-	-	-	Bundled	\$0.00	-	-	000	999	-
00754	N	ANESTH REPAIR OF HERNIA	-	-	-	Bundled	\$0.00	-	-	000	999	-
00756	N	ANESTH REPAIR OF HERNIA	-	-	-	Bundled	\$0.00	-	-	000	999	-
0075T	E	PERQ STENT/CHEST VERT ART	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0075U	E	CYP2D6 5' GENE DUP/MLT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0076T	E	S&I STENT/CHEST VERT ART	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0076U	E	CYP2D6 3' GENE DUP/MLT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
00770	N	ANESTH BLOOD VESSEL REPAIR	-	-	-	Bundled	\$0.00	-	-	000	999	-
0077U	E	IG PARAPROTEIN QUAL BLD/UR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
0078U	E	PAIN MGT OPI USE GNOTYP PNL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
00790	N	ANESTH SURG UPPER ABDOMEN	-	-	-	Bundled	\$0.00	-	-	000	999	-
00792	C	ANESTH HEMORR/EXCISE LIVER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
00794	C	ANESTH PANCREAS REMOVAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
00796	C	ANESTH FOR LIVER TRANSPLANT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
00797	N	ANESTH SURGERY FOR OBESITY	-	-	-	Bundled	\$0.00	-	-	000	999	-
0079U	E	CMPRTV DNA ALYS MLT SNPS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
00800	N	ANESTH ABDOMINAL WALL SURG	-	-	-	Bundled	\$0.00	-	-	000	999	-
00802	N	ANESTH FAT LAYER REMOVAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
0080U	E	ONC LNG 5 CLIN RSK FACTR ALG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
00811	N	ANES LWR INTST NDSC NOS	-	-	-	Bundled	\$0.00	-	-	000	999	-
00812	N	ANES LWR INTST SCR COLSC	-	-	-	Bundled	\$0.00	-	-	000	999	-
00813	N	ANES UPR LWR GI NDSC PX	-	-	-	Bundled	\$0.00	-	-	000	999	-
00820	N	ANESTH ABDOMINAL WALL SURG	-	-	-	Bundled	\$0.00	-	-	000	999	-
0082U	E	RX TEST DEF 90+ RX/SBSTS UR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
00830	N	ANESTH REPAIR OF HERNIA	-	-	-	Bundled	\$0.00	-	-	000	999	-
00832	N	ANESTH REPAIR OF HERNIA	-	-	-	Bundled	\$0.00	-	-	000	999	-
00834	N	ANESTH HERNIA REPAIR < 1 YR	-	-	-	Bundled	\$0.00	-	-	000	001	-
00836	N	ANESTH HERNIA REPAIR PREEMIE	-	-	-	Bundled	\$0.00	-	-	000	001	-
0083U	E	ONC RSPSE CHEMO CNTRST TOMOG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
00840	N	ANESTH SURG LOWER ABDOMEN	-	-	-	Bundled	\$0.00	-	-	000	999	-
00842	N	ANESTH AMNIOCENTESIS	-	-	-	Bundled	\$0.00	-	-	000	999	-
00844	C	ANESTH PELVIS SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
00846	C	ANESTH HYSTERECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
00848	C	ANESTH PELVIC ORGAN SURG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
0084U	E	RBC DNA GNOTYP 10 BLD GROUPS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
00851	N	ANESTH TUBAL LIGATION	-	-	-	Bundled	\$0.00	-	-	010	999	-
0085T	E	BREATH TEST HEART REJECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
00860	N	ANESTH SURGERY OF ABDOMEN	-	-	-	Bundled	\$0.00	-	-	000	999	-
00862	N	ANESTH KIDNEY/URETER SURG	-	-	-	Bundled	\$0.00	-	-	000	999	-
00864	C	ANESTH REMOVAL OF BLADDER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
00865	N	ANESTH REMOVAL OF PROSTATE	-	-	-	Bundled	\$0.00	-	-	000	999	-
00866	C	ANESTH REMOVAL OF ADRENAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
00868	C	ANESTH KIDNEY TRANSPLANT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole Comm.		Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees	Hospital Lab Fees			
0086U	E	NFCT DS BACT&FNG ORG ID 6+	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
00870	N	ANESTH BLADDER STONE SURG	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00872	N	ANESTH KIDNEY STONE DESTRUCT	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00873	N	ANESTH KIDNEY STONE DESTRUCT	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
0087U	E	CRD HRT TRNSPL MRNA 1283 GEN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
00880	N	ANESTH ABDOMEN VESSEL SURG	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00882	C	ANESTH MAJOR VEIN LIGATION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
0088U	E	TRNSPLJ KDN ALGRFT REJ 1494	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0089U	E	ONC MLNMA PRAME & LINC00518	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
00902	N	ANESTH ANORECTAL SURGERY	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00904	C	ANESTH PERINEAL SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
00906	N	ANESTH REMOVAL OF VULVA	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00908	C	ANESTH REMOVAL OF PROSTATE	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
0090U	E	ONC CUTAN MLNMA MRNA 23 GENE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
00910	N	ANESTH BLADDER SURGERY	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00912	N	ANESTH BLADDER TUMOR SURG	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00914	N	ANESTH REMOVAL OF PROSTATE	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00916	N	ANESTH BLEEDING CONTROL	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00918	N	ANESTH STONE REMOVAL	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
0091U	E	ONC CLRCT SCR WHL BLD ALG	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
00920	N	ANESTH GENITALIA SURGERY	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00921	N	ANESTH VASECTOMY	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00922	N	ANESTH SPERM DUCT SURGERY	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00924	N	ANESTH TESTIS EXPLORATION	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00926	N	ANESTH REMOVAL OF TESTIS	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00928	N	ANESTH REMOVAL OF TESTIS	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
0092U	E	ONC LNG 3 PRTN BMRK PLSM ALG	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
00930	N	ANESTH TESTIS SUSPENSION	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00932	C	ANESTH AMPUTATION OF PENIS	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
00934	C	ANESTH PENIS NODES REMOVAL	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
00936	C	ANESTH PENIS NODES REMOVAL	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
00938	N	ANESTH INSERT PENIS DEVICE	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
0093U	E	RX MNTR 65 COM DRUGS URINE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
00940	N	ANESTH VAGINAL PROCEDURES	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00942	N	ANESTH SURG ON VAG/URETHRAL	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00944	N	ANESTH VAGINAL HYSTERECTOMY	-	-	-	Bundled	\$0.00	-	-	-	010	999	-
00948	N	ANESTH REPAIR OF CERVIX	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
0094U	E	GENOME RAPID SEQUENCE ALYS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
00950	N	ANESTH VAGINAL ENDOSCOPY	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
00952	N	ANESTH HYSTEROSCOPE/GRAPH	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
0095T	E	RMVL ARTIFIC DISC ADDL CRVCL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0095U	E	INFLM EE ELISA ALYS ALG	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0096U	E	HPV HI RISK TYPES MALE URINE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0097U	E	GI PATHOGEN 22 TARGETS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0098T	E	REV ARTIFIC DISC ADDL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0098U	E	RESPIR PATHOGEN 14 TARGETS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0099U	E	RESPIR PATHOGEN 20 TARGETS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0100T	E	PROSTH RETINA RECEIVE&GEN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0100U	E	RESPIR PATHOGEN 21 TARGETS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0101T	E	EXTRACORP SHOCKWV TX HI ENRG	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0101U	E	HERED COLON CA DO 15 GENES	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0102T	E	EXTRACORP SHOCKWV TX ANESTH	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0102U	E	HERED BRST CA RLTD DO 17 GEN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0103U	E	HERED OVA CA PNL 24 GENES	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0105U	E	NEPH CKD MULT ECLIA TUM NEC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0106T	E	TOUCH QUANT SENSORY TEST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
0106U	E	GSTR EMPTG 7 TIMED BRTH SPEC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0107T	E	VIBRATE QUANT SENSORY TEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0107U	E	C DIFF TOX AG DETCJ IA STOOL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0108T	E	COOL QUANT SENSORY TEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0108U	E	GI BARRETT ESOPH 9 PRTN BMRK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0109T	E	HEAT QUANT SENSORY TEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0109U	E	ID ASPERGILLUS DNA 4 SPECIES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0110T	E	NOS QUANT SENSORY TEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0110U	E	RX MNTR 1+ORAL ONC RX&SBSTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01112	N	ANESTH BONE ASPIRATE/BX	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0111T	E	RBC MEMBRANES FATTY ACIDS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0111U	E	ONC COLON CA KRAS&NRAS ALYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01120	N	ANESTH PELVIS SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0112U	E	IADI 16S&18S RRNA GENES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01130	N	ANESTH BODY CAST PROCEDURE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0113U	E	ONC PRST8 PCA3&TMPRSS2-ERG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01140	C	ANESTH AMPUTATION AT PELVIS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
0114U	E	GI BARRETTES ESOPH VIM&CCNA1	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01150	C	ANESTH PELVIC TUMOR SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
0115U	E	RESPIR IADNA 18 VIRAL&2 BACT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01160	N	ANESTH PELVIS PROCEDURE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0116U	E	RX MNTR NZM IA 35+ORAL FLU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01170	N	ANESTH PELVIS SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01173	N	ANESTH FX REPAIR PELVIS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0117U	E	PAIN MGMT 11 ENDOGENOUS ANAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0118U	E	TRNSPLJ DON-DRV CLL-FR DNA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0119U	E	CRD CERAMIDES LIQ CHROM PLSM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01200	N	ANESTH HIP JOINT PROCEDURE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01202	N	ANESTH ARTHROSCOPY OF HIP	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0120U	E	ONC B CLL LYMPHM MRNA 58 GEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01210	N	ANESTH HIP JOINT SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01212	C	ANESTH HIP DISARTICULATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
01214	N	ANESTH HIP ARTHROPLASTY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01215	N	ANESTH REVISE HIP REPAIR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0121U	E	SC DIS VCAM-1 WHOLE BLOOD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01220	N	ANESTH PROCEDURE ON FEMUR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0122U	E	SC DIS P-SELECTIN WHL BLOOD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01230	N	ANESTH SURGERY OF FEMUR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01232	C	ANESTH AMPUTATION OF FEMUR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
01234	C	ANESTH RADICAL FEMUR SURG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
0123U	E	MCHNL FRAGILITY RBC PRFLG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0124U	E	FTL CGEN ABNOR 3 ANALYTES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01250	N	ANESTH UPPER LEG SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0125U	E	FTL CGEN ABNOR PRNT COMP 5	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01260	N	ANESTH UPPER LEG VEINS SURG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0126T	E	CHD RISK IMT STUDY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0126U	E	FTL CGEN ABNOR PRNT COMP 5 Y	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01270	N	ANESTH THIGH ARTERIES SURG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01272	C	ANESTH FEMORAL ARTERY SURG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
01274	C	ANESTH FEMORAL EMBOLECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
0127U	E	OB PE 3 ANALYTES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0128U	E	OB PE 3 ANALYTES Y CHRMSM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0129U	E	HERED BRST CA RLTD DO PANEL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0130U	E	HERED COLON CA DO MRNA PNL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0131U	E	HERED BRST CA RLTD DO PNL 13	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01320	N	ANESTH KNEE AREA SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
0132U	E	HERED OVA CA RLTD DO PNL 17	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0133U	E	HERED PRST8 CA RLTD DO 11	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01340	N	ANESTH KNEE AREA PROCEDURE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0134U	E	HERED PAN CA MRNA PNL 18 GEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0135U	E	HERED GYN CA MRNA PNL 12 GEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01360	N	ANESTH KNEE AREA SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0136U	E	ATM MRNA SEQ ALYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0137U	E	PALB2 MRNA SEQ ALYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01380	N	ANESTH KNEE JOINT PROCEDURE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01382	N	ANESTH DX KNEE ARTHROSCOPY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0138U	E	BRCA1 BRCA2 MRNA SEQ ALYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01390	N	ANESTH KNEE AREA PROCEDURE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01392	N	ANESTH KNEE AREA SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0139U	E	NEURO AUSTM MEAS 6 C METABL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01400	N	ANESTH KNEE JOINT SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01402	N	ANESTH KNEE ARTHROPLASTY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01404	C	ANESTH AMPUTATION AT KNEE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
0140U	E	NFCT DS FUNGI DNA 15 TRGT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0141U	E	NFCT DS BACT&FNG GRAM POS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01420	N	ANESTH KNEE JOINT CASTING	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0142U	E	NFCT DS BACT&FNG GRAM NEG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01430	N	ANESTH KNEE VEINS SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01432	N	ANESTH KNEE VESSEL SURG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0143U	E	DRUG ASSAY 120+ RX/METABL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01440	N	ANESTH KNEE ARTERIES SURG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01442	C	ANESTH KNEE ARTERY SURG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
01444	C	ANESTH KNEE ARTERY REPAIR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
0144U	E	DRUG ASSAY 160+ RX/METABL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0145U	E	DRUG ASSAY 65+ RX/METABL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01462	N	ANESTH LOWER LEG PROCEDURE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01464	N	ANESTH ANKLE/FT ARTHROSCOPY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0146U	E	DRUG ASSAY 80+ RX/METABL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01470	N	ANESTH LOWER LEG SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01472	N	ANESTH ACHILLES TENDON SURG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01474	N	ANESTH LOWER LEG SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0147U	E	DRUG ASSAY 85+ RX/METABL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01480	N	ANESTH LOWER LEG BONE SURG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01482	N	ANESTH RADICAL LEG SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01484	N	ANESTH LOWER LEG REVISION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01486	C	ANESTH ANKLE REPLACEMENT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
0148U	E	DRUG ASSAY 100+ RX/METABL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01490	N	ANESTH LOWER LEG CASTING	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0149U	E	DRUG ASSAY 60+ RX/METABL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01500	N	ANESTH LEG ARTERIES SURG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01502	C	ANESTH LWR LEG EMBOLECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
0150U	E	DRUG ASSAY 120+ RX/METABL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0151U	E	NFCT BCT/IR RESP NFCTJ 33	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01520	N	ANESTH LOWER LEG VEIN SURG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01522	N	ANESTH LOWER LEG VEIN SURG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0152U	E	NFCT BCT FNG PRST DNA >1000	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0153U	E	ONC BREAST MRNA 101 GENES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0154U	E	ONC URTHL CA RNA FGFR3 GENE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0155U	E	ONC BRST CA DNA PIK3CA GENE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0156U	E	COPY NUMBER SEQUENCE ALYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0157U	E	APC MRNA SEQ ALYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0158U	E	MLH1 MRNA SEQ ALYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole Comm.		Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees	Hospital Lab Fees			
0159U	E	MSH2 MRNA SEQ ALYS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0160U	E	MSH6 MRNA SEQ ALYS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
01610	N	ANESTH SURGERY OF SHOULDER	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
0161U	E	PMS2 MRNA SEQ ALYS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
01620	N	ANESTH SHOULDER PROCEDURE	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
01622	N	ANES DX SHOULDER ARTHROSCOPY	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
0162U	E	HERED COLON CA TRGT MRNA PNL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
01630	N	ANESTH SURGERY OF SHOULDER	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
01634	C	ANESTH SHOULDER JOINT AMPUT	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
01636	C	ANESTH FOREQUARTER AMPUT	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
01638	C	ANESTH SHOULDER REPLACEMENT	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
0163T	E	LUMB ARTIF DISSECTOMY ADDL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0163U	E	ONC CLRCT SCR 3 PRTN ALG	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0164T	E	REMOVE LUMB ARTIF DISC ADDL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0164U	E	GI IBS IA ANTI-CDTB&VINCULIN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
01650	N	ANESTH SHOULDER ARTERY SURG	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
01652	C	ANESTH SHOULDER VESSEL SURG	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
01654	C	ANESTH SHOULDER VESSEL SURG	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
01656	C	ANESTH ARM-LEG VESSEL SURG	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
0165T	E	REVISE LUMB ARTIF DISC ADDL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0165U	E	PEANUT ALLG ASMT EPI	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0166U	E	LIVER DS 10 BIOCHEM ASY SRM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
01670	N	ANESTH SHOULDER VEIN SURG	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
0167U	E	CHORNC GONADOTROPIN HCG IA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
01680	N	ANESTH SHOULDER CASTING	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
0168U	E	FTL ANEUPLOIDY DNA SEQ ALYS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0169T	E	PLACE STEREO CATH BRAIN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0169U	E	NUDT15&TPMT GENE COM VRNT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0170U	E	NEURO ASD RNA NEXT GEN SEQ	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
01710	N	ANESTH ELBOW AREA SURGERY	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
01712	N	ANESTH UPPR ARM TENDON SURG	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
01714	N	ANESTH UPPR ARM TENDON SURG	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
01716	N	ANESTH BICEPS TENDON REPAIR	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
0171T	E	LUMBAR SPINE PROCES DISTRCT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0171U	E	TRGT GEN SEQ ALYS PNL DNA 23	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0172T	E	LUMBAR SPINE PROCESS ADDL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0172U	E	ONC SLD TUM ALYS BRCA1 BRCA2	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
01730	N	ANESTH UPPR ARM PROCEDURE	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
01732	N	ANESTH DX ELBOW ARTHROSCOPY	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
0173T	E	IOP MONIT IO PRESSURE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0173U	E	PSYC GEN ALYS PANEL 14 GENES	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
01740	N	ANESTH UPPER ARM SURGERY	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
01742	N	ANESTH HUMERUS SURGERY	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
01744	N	ANESTH HUMERUS REPAIR	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
0174T	E	CAD CXR WITH INTERP	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0174U	E	ONC SOLID TUMOR 30 PRTN TRGT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
01756	C	ANESTH RADICAL HUMERUS SURG	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
01758	N	ANESTH HUMERAL LESION SURG	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
0175T	E	CAD CXR REMOTE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0175U	E	PSYC GEN ALYS PANEL 15 GENES	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
01760	N	ANESTH ELBOW REPLACEMENT	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
0176U	E	CDTB&VINCULIN IGG ANTIB IA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
01770	N	ANESTH UPPR ARM ARTERY SURG	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
01772	N	ANESTH UPPR ARM EMBOLECTOMY	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
0177U	E	ONC BRST CA DNA PIK3CA 11	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
01780	N	ANESTH UPPER ARM VEIN SURG	-	-	-	Bundled	\$0.00	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
01782	N	ANESTH UPPR ARM VEIN REPAIR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0178U	E	PEANUT ALLG ASMT EPI CLIN RX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0179U	E	ONC NONSM CLL LNG CA ALYS 23	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0180U	E	ABO GNOTYP ABO 7 EXONS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01810	N	ANESTH LOWER ARM SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0181U	E	CO GNOTYP AQP1 EXON 1	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01820	N	ANESTH LOWER ARM PROCEDURE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01829	N	ANESTH DX WRIST ARTHROSCOPY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0182U	E	CROM GNOTYP CD55 EXONS 1-10	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01830	N	ANESTH LOWER ARM SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01832	N	ANESTH WRIST REPLACEMENT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0183U	E	DI GNOTYP SLC4A1 EXON 19	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01840	N	ANESTH LWR ARM ARTERY SURG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01842	N	ANESTH LWR ARM EMBOLECTOMY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01844	N	ANESTH VASCULAR SHUNT SURG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0184T	E	EXC RECTAL TUMOR ENDOSCOPIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0184U	E	DO GNOTYP ART4 EXON 2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01850	N	ANESTH LOWER ARM VEIN SURG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01852	N	ANESTH LWR ARM VEIN REPAIR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0185U	E	FUT1 GNOTYP FUT1 EXON 4	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01860	N	ANESTH LOWER ARM CASTING	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0186U	E	FUT2 GNOTYP FUT2 EXON 2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0187U	E	FY GNOTYP ACKR1 EXONS 1-2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0188U	E	GE GNOTYP GYPC EXONS 1-4	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0189U	E	GYPA GNOTYP NTRNS 1 5 EXON 2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0190U	E	GYPB GNOTYP NTRNS 1 5 SEUX 3	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01916	N	ANESTH DX ARTERIOGRAPHY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0191T	E	INSERT ANT SEGMENT DRAIN INT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0191U	E	IN GNOTYP CD44 EXONS 2 3 6	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01920	N	ANESTH CATHETERIZE HEART	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01922	N	ANESTH CAT OR MRI SCAN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01924	N	ANES THER INTERVEN RAD ARTRL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01925	N	ANES THER INTERVEN RAD CARD	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01926	N	ANES TX INTERV RAD HRT/CRAN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0192U	E	JK GNOTYP SLC14A1 EXON 9	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01930	N	ANES THER INTERVEN RAD VEIN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01931	N	ANES THER INTERVEN RAD TIPS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01932	N	ANES TX INTERV RAD TH VEIN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01933	N	ANES TX INTERV RAD CRAN VEIN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01935	N	ANESTH PERC IMG DX SP PROC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01936	N	ANESTH PERC IMG TX SP PROC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0193U	E	JR GNOTYP ABCG2 EXONS 2-26	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0194U	E	KEL GNOTYP KEL EXON 8	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01951	N	ANESTH BURN LESS 4 PERCENT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01952	N	ANESTH BURN 4-9 PERCENT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01953	N	ANESTH BURN EACH 9 PERCENT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01958	N	ANESTH ANTEPARTUM MANIPUL	-	-	-	Bundled	\$0.00	-	-	010	065	-	
0195U	E	KLF1 TARGETED SEQUENCING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01960	N	ANESTH VAGINAL DELIVERY	-	-	-	Bundled	\$0.00	-	-	010	065	-	
01961	N	ANESTH CS DELIVERY	-	-	-	Bundled	\$0.00	-	-	010	065	-	
01962	N	ANESTH EMER HYSTERECTOMY	-	-	-	Bundled	\$0.00	-	-	010	065	-	
01963	N	ANESTH CS HYSTERECTOMY	-	-	-	Bundled	\$0.00	-	-	010	065	-	
01965	N	ANESTH INC/MISSED AB PROC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01966	N	ANESTH INDUCED AB PROCEDURE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01967	N	ANESTH/ANALG VAG DELIVERY	-	-	-	Bundled	\$0.00	-	-	010	065	-	
01968	N	ANES/ANALG CS DELIVER ADD-ON	-	-	-	Bundled	\$0.00	-	-	010	065	-	

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
01969	N	ANESTH/ANALG CS HYST ADD-ON	-	-	-	Bundled	\$0.00	-	-	010	065	-	
0196U	E	LU GNOTYP BCAM EXON 3	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0197U	E	LW GNOTYP ICAM4 EXON 1	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0198T	E	OCULAR BLOOD FLOW MEASURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0198U	E	RHD&RHCE GNTYP RHD1-10&RHCE5	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
01990	C	SUPPORT FOR ORGAN DONOR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
01991	N	ANESTH NERVE BLOCK/INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01992	N	ANESTH N BLOCK/INJ PRONE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01996	N	HOSP MANAGE CONT DRUG ADMIN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
01999	N	UNLISTED ANESTH PROCEDURE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
0199U	E	SC GNOTYP ERMAP EXONS 4 12	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0200T	E	PERQ SACRAL AUGMT UNILAT INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0200U	E	XK GNOTYP XK EXONS 1-3	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0201T	E	PERQ SACRAL AUGMT BILAT INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0201U	E	YT GNOTYP ACHE EXON 2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0202T	E	POST VERT ARTHRPLST 1 LUMBAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0202U	E	NFCT DS 22 TRGT SARS-COV-2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0207T	E	CLEAR EYELID GLAND W/HEAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0208T	E	AUDIOMETRY AIR ONLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0209T	E	AUDIOMETRY AIR & BONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0210T	E	SPEECH AUDIOMETRY THRESHOLD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0211T	E	SPEECH AUDIOM THRESH & RECOG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0212T	E	COMPRES AUDIOMETRY EVALUATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0213T	E	NJX PARAVERT W/US CER/THOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0214T	E	NJX PARAVERT W/US CER/THOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0215T	E	NJX PARAVERT W/US CER/THOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0216T	E	NJX PARAVERT W/US LUMB/SAC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0217T	E	NJX PARAVERT W/US LUMB/SAC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0218T	E	NJX PARAVERT W/US LUMB/SAC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0219T	E	PLMT POST FACET IMPLT CERV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0220T	E	PLMT POST FACET IMPLT THOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0221T	E	PLMT POST FACET IMPLT LUMB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0222T	E	PLMT POST FACET IMPLT ADDL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0226T	E	ANOSCOPY HRA W/SPEC COLLECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0227T	E	ANOSCOPY HRA W/BIOPSY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0228T	E	NJX TFRML EPRL W/US CER/THOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0229T	E	NJX TFRML EPRL W/US CER/THOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0230T	E	NJX TFRML EPRL W/US LUMB/SAC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0231T	E	NJX TFRML EPRL W/US LUMB/SAC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0232T	E	NJX PLATELET PLASMA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0234T	E	TRLUML PERIP ATHRC RENAL ART	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0235T	E	TRLUML PERIP ATHRC VISCERAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0236T	E	TRLUML PERIP ATHRC ABD AORTA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0237T	E	TRLUML PERIP ATHRC BRCHIOCPH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0238T	E	TRLUML PERIP ATHRC ILIAC ART	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0242T	E	GI TRACT TRANSIT & PRES MEAS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0250T	E	INSERT BRONCHIAL VALVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0251T	E	REMOV BRONCHIAL VALVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0252T	E	REMOV BRONCH VALVE ADDL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0253T	E	INSERT AQUEOUS DRAIN DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0256T	E	EVASC AORTIC HRT VALVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0257T	E	OPN TTHRC AORTIC HRT VALVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0258T	E	AORTIC HRT VALV W/O CARD BYP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0259T	E	AORTIC HRT VALVE W/CARD BYP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0263T	E	IM B1 MRW CEL THER CMPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0264T	E	IM B1 MRW CEL THER XCL HRVST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
0265T	E	IM B1 MRW CEL THER HRVST ONL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0266T	E	IMPLT/RPL CRTD SNS DEV TOTAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0267T	E	IMPLT/RPL CRTD SNS DEV LEAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0268T	E	IMPLT/RPL CRTD SNS DEV GEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0269T	E	REV/REMLV CRTD SNS DEV TOTAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0270T	E	REV/REMLV CRTD SNS DEV LEAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0271T	E	REV/REMLV CRTD SNS DEV GEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0272T	E	INTERROGATE CRTD SNS DEV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0273T	E	INTERROGATE CRTD SNS W/PGRMG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0274T	E	PERQ LAMOT/LAM CRV/THRC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0275T	E	PERQ LAMOT/LAM LUMBAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0276T	E	BRONCH THERMOPLASTY 1 LOBE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0277T	E	BRONCH THERMOPLASTY LOBES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0278T	E	TEMPR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0279T	E	CTC TEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0280T	E	CTC TEST W/I & R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0281T	E	LAA CLOSURE W/IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0282T	E	PERIPH FIELD STIMUL TRIAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0283T	E	PERIPH FIELD STIMUL PERM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0284T	E	PERIPH FIELD STIMUL REVISE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0285T	E	PERIPH FIELD STIMUL ANALYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0286T	E	NEAR IFR SPECTRSC OF WOUNDS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0287T	E	NEAR IFR GUIDE OF VASC SITE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0288T	E	ANOSCOPY W/RF DELIVERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0289T	E	LASER INC FOR PKP/LKP DONOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0290T	E	LASER INC FOR PKP/LKP RECIP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0291T	E	IV OCT FOR PROC INIT VESSEL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0292T	E	IV OCT FOR PROC ADDL VESSEL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0295T	E	EXT ECG COMPLETE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0296T	E	EXT ECG RECORDING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0297T	E	EXT ECG SCAN W/REPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0298T	E	EXT ECG REVIEW AND INTERP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0308T	E	INSJ OCULAR TELESCOPE PROSTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0312T	E	LAPS IMPLTJ NSTIM VAGUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0313T	E	LAPS RMLV NSTIM ARRAY VAGUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0314T	E	LAPS RMLV VGL ARRY&PLS GEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0315T	E	RMLV VAGUS NERVE PLS GEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0316T	E	REPLC VAGUS NERVE PLS GEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0317T	E	ELEC ALYS VAGUS NRV PLS GEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0319T	E	INSERT SUBQ DEFIB W/ELTRD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0320T	E	INSERT SUBQ DEFIB ELECTRODE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0321T	E	INSERT SUBQ DEFIB PLS GEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0322T	E	RMLV SUBQ DEFIB PLS GEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0323T	E	RMLV & REPLC SUBQ PLS GEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0324T	E	RMLV SUBQ DEFIB ELECTRODE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0325T	E	REPOS SUBQ DEFIB ELTRD &/GEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0326T	E	EPHYS EVAL SUBQ IMPLT DEFIB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0327T	E	IMPLT SUBQ DEFIB INTEROGAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0328T	E	IMPLT SUBQ DEFIB SYS DEV EVL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0329T	E	MNTR IO PRESS 24HRS/> UNI/BI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0330T	E	TEAR FILM IMG UNI/BI W/I&R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0331T	E	HEART SYMP IMAGE PLNR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0332T	E	HEART SYMP IMAGE PLNR SPECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0333T	E	VISUAL EP SCR ACUITY AUTO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0335T	E	INSJ SINUS TARSI IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0336T	E	LAP ABLAT UTERINE FIBROIDS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
0338T	E	TRNSCTH RENAL SYMP DENRV UNL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0339T	E	TRNSCTH RENAL SYMP DENRV BIL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0342T	E	THXP APHERESIS W/HDL DELIP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0345T	E	TRANSCATH MTRAL VLVE REPAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0347T	E	INS BONE DEVICE FOR RSA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0348T	E	RSA SPINE EXAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0349T	E	RSA UPPER EXTR EXAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0350T	E	RSA LOWER EXTR EXAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0351T	E	INTRAOP OCT BRST/NODE SPEC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0352T	E	OCT BRST/NODE I&R PER SPEC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0353T	E	INTRAOP OCT BREAST CAVITY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0354T	E	OCT BREAST SURG CAVITY I&R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0355T	E	GI TRACT CAPSULE ENDOSCOPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0356T	E	INSRT DRUG DEVICE FOR IOP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0358T	E	BIA WHOLE BODY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0362T	E	BHV ID SUPRT ASSMT EA 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0373T	E	ADAPT BHV TX EA 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0376T	E	INSERT ANT SEGMENT DRAIN INT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0378T	E	VISUAL FIELD ASSMNT REV/RPRT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0379T	E	VIS FIELD ASSMNT TECH SUPPT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0381T	E	EXT H RATE EPI SZ 14 DAYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0382T	E	EXT H RATE SZ 14 DAY RI ONLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0383T	E	EXT H RATE SZ UP TO 30 DAYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0384T	E	EX H RATE SZ 30 DAY RI ONLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0385T	E	EX H RATE FOR SZ OVR 30 DAY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0386T	E	EX H RATE SZ 30+ DAY RI ONLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0392T	E	LAP ES SPH AUGMENT DEV PLACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0393T	E	ES SPH AUGMNT DEVICE REMOVAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0394T	E	HDR ELCTRNC SKN SURF BRCHYTX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0395T	E	HDR ELCTR NTRST/NTRCV BRCHTX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0396T	E	INTRAOP KINETIC BALNCE SENSR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0397T	E	ERCP W/OPTICAL ENDOMICROSCPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0398T	E	MRFUS STRTCTC LES ABLTJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0400T	E	MLTISPECTRL DIGITAL LES ALYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0401T	E	MLTISPECTRL DIGITAL LES ALYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0402T	E	COLGN CROSS-LINK CRN MED SEP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0403T	M	DIABETES PREV STANDARD CURR	-	-	-	Fee Schedule	\$29.90	-	-	000	999	-	
0404T	E	TRNSCRV UTERIN FIBROID ABLTJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0405T	E	OVRSGHT XTRCORP LIV ASST PAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0408T	E	INSJ/RPLC CARDIAC MODULJ SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0409T	E	INSJ/RPLC CAR MODULJ PLS GN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0410T	E	INSJ/RPLC CAR MODULJ ATR ELT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0411T	E	INSJ/RPLC CAR MODULJ VNT ELT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0412T	E	RMVL CARDIAC MODULJ PLS GEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0413T	E	RMVL CAR MODULJ TRANVNS ELT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0414T	E	RMVL & RPL CAR MODULJ PLS GN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0415T	E	REPOS CAR MODULJ TRANVNS ELT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0416T	E	RELOC SKIN POCKET PLS GEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0417T	E	PRGRMG EVAL CARDIAC MODULJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0418T	E	INTERRO EVAL CARDIAC MODULJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0419T	E	DSTRJ NEUROFIBROMA XTNSV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0420T	E	DSTRJ NEUROFIBROMA XTNSV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0421T	E	WATERJET PROSTATE ABLTJ CMPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0422T	E	TACTILE BREAST IMG UNI/BI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0423T	E	ASSAY SECRETORY TYPE II PLA2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0424T	E	INSJ/RPLC NSTIM APNEA COMPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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									Hospital Lab Fees	Hospital Lab			
0425T	E	INSJ/RPLC NSTIM APNEA SEN LD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0426T	E	INSJ/RPLC NSTIM APNEA STM LD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0427T	E	INSJ/RPLC NSTIM APNEA PLS GN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0428T	E	RMVL NSTIM APNEA PLS GEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0429T	E	RMVL NSTIM APNEA SEN LD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0430T	E	RMVL NSTIM APNEA STIMJ LD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0431T	E	RMVL/RPLC NSTIM APNEA PLS GN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0432T	E	REPOS NSTIM APNEA STIMJ LD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0433T	E	REPOS NSTIM APNEA SENSING LD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0434T	E	INTERRO EVAL NPGS APNEA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0435T	E	PRGRMG EVAL NPGS APNEA 1 SES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0436T	E	PRGRMG EVAL NPGS APNEA STUDY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0437T	E	IMPLTJ SYNTH RNFCMT ABDL WAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0439T	E	MYOCRD CONTRAST PRFUJ ECHO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0440T	E	ABLTI PERC UXTR/PERPH NRV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0441T	E	ABLTI PERC LXTR/PERPH NRV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0442T	E	ABLTI PERC PLEX/TRNCL NRV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0443T	E	R-T SPCTRL ALYS PRST8 TISS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0444T	E	1ST PLMT DRUG ELUT OC INS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0445T	E	SBSQT PLMT DRUG ELUT OC INS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0446T	E	INSJ IMPLTBL GLUCOSE SENSOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0447T	E	RMVL IMPLTBL GLUCOSE SENSOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0448T	E	REMV LINSJ IMPLTBL GLUC SENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0449T	E	INSJ AQUEOUS DRAIN DEV 1ST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0450T	E	INSJ AQUEOUS DRAIN DEV EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0451T	E	INSJ/RPLCMT AORTIC VENTR SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0452T	E	INSJ/RPLCMT DEV VASC SEAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0453T	E	INSJ/RPLCMT MECH-ELEC NTRFCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0454T	E	INSJ/RPLCMT SUBQ ELECTRODE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0455T	E	REMV L AORTIC VENTR CMLP SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0456T	E	REMV L AORTIC DEV VASC SEAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0457T	E	REMV L MECH-ELEC SKIN NTRFCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0458T	E	REMV L SUBQ ELECTRODE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0459T	E	RELOCAJ RPLCMT AORTIC VENTR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0460T	E	REPOS AORTIC VENTR DEV ELTRD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0461T	E	REPOS AORTIC CONTRPULSJ DEV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0462T	E	PRGRMG EVAL AORTIC VENTR SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0463T	E	INTERROG AORTIC VENTR SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0464T	E	VISUAL EP TEST FOR GLAUCOMA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0465T	E	SUPCHRDL NJX RX W/O SUPPLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0466T	E	INSJ CH WAL RESPIR ELTRD/RA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0467T	E	REVJRPLMNT CH RESPIR ELTRD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0468T	E	RMVL CH WAL RESPIR ELTRD/RA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0469T	E	RTA POLARIZE SCAN OC SCR BI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0470T	E	OCT SKN IMG ACQUISJ I&R 1ST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0471T	E	OCT SKN IMG ACQUISJ I&R ADDL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0472T	E	PRGRMG IO RTA ELTRD RA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0473T	E	REPRGRMG IO RTA ELTRD RA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0474T	E	INSJ AQUEOUS DRG DEV IO RSVR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0475T	E	REC FTL CAR SGL 3 CH I&R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0476T	E	REC FTL CAR SGL ELEC TR DATA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0477T	E	REC FTL CAR SGL XRTJ ALYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0478T	E	REC FTL CAR 3 CH REV I&R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0479T	E	FXJL ABL LSR 1ST 100 SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0480T	E	FXJL ABL LSR EA ADDL 100SQCM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0481T	E	NJX AUTOL WBC CONCENTRATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
0483T	E	TMVI PERCUTANEOUS APPROACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0484T	E	TMVI TRANSTHORACIC EXPOSURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0485T	E	OCT MID EAR I&R UNILATERAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0486T	E	OCT MID EAR I&R BILATERAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0487T	E	TRVG BIOMCHN MAPG W/REPR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0488T	E	DIABETES PREV ONLINE/ELEC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0489T	E	REGN CELL TX SCLDR HANDS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0490T	E	REGN CELL TX SCLDR H MLT INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0491T	E	ABL LSR OPN WND 1ST 20 SQCM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0492T	E	ABL LSR OPN WND ADDL 20 SQCM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0493T	E	NEAR IFR SPECTRSC OF WOUNDS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0494T	E	PREP & CANNULJ CDVR DON LUNG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0495T	E	MNTR CDVR DON LNG 1ST 2 HRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0496T	E	MNTR CDVR DON LNG EA ADDL HR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0497T	E	XTRNL PT ACT ECG IN-OFF CONN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0498T	E	XTRNL PT ACT ECG R&I PR 30 D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0499T	E	CYSTO F/URTL STRIX/STENOSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0500F	E	INITIAL PRENATAL CARE VISIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0500T	E	HPV 5+ HI RISK HPV TYPES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0501F	E	PRENATAL FLOW SHEET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0501T	E	COR FFR DERIVED COR CTA DATA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0502F	E	SUBSEQUENT PRENATAL CARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0502T	E	COR FFR DATA PREP & TRANSMIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0503F	E	POSTPARTUM CARE VISIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0503T	E	COR FFR ALYS GNRJ FFR MDL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0504T	E	COR FFR DATA REVIEW I&R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0505F	E	HEMODIALYSIS PLAN DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0505T	E	EV FEMPOP ARTL REVSC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0506T	E	MAC PGMNT OPT DNS MEAS HFP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0507F	E	PERITON DIALYSIS PLAN DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0507T	E	NEAR IFR 2IMG MIBMN GLND I&R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0508T	E	PLS ECHO US B1 DNS MEAS TIB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0509F	E	URINE INCON PLAN DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0509T	E	PATTERN ERG W/I&R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0510T	E	RMVL SINUS TARSI IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0511T	E	RMVL&RINSJ SINUS TARSI IMPLT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0512T	E	ESW INTEG WND HLG 1ST WND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0513F	E	ELEV BP PLAN OF CARE DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0513T	E	ESW INTEG WND HLG EA ADDL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0514F	E	CARE PLAN HGB DOCD ESA PT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0514T	E	INTRAOP VIS AXIS ID PT FIXJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0515T	E	INSJ WCS LV COMPL SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0516F	E	ANEMIA PLAN OF CARE DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0516T	E	INSJ WCS LV ELTRD ONLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0517F	E	GLAUCOMA PLAN OF CARE DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0517T	E	INSJ WCS LV PG COMPNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0518F	E	FALL PLAN OF CARE DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0518T	E	RMVL PG COMPNT WCS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0519F	E	PLAND CHEMO DOCD B/4 TXMNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0519T	E	RMVL & RPLCMT PG COMPNT WCS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0520F	E	RAD DOS LIMTS B/4 3D RAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0520T	E	RMVL&RPLCMT PG WCS NEW ELTRD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0521F	E	PLAN OF CARE 4 PAIN DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0521T	E	INTERROG DEV EVAL WCS IP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0522T	E	PRGRMG DEV EVAL WCS IP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0523T	E	NTRAPX C FFR W/3D FUNCJL MAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
0524T	E	EV CATH DIR CHEM ABLTJ W/IMG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0525F	E	INITIAL VISIT FOR EPISODE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0525T	E	INSJ/RPLCMT COMPL IIMS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0526F	E	SUBS VISIT FOR EPISODE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0526T	E	INSJ/RPLCMT IIMS ELTRD ONLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0527T	E	INSJ/RPLCMT IIMS IMPLT MNTR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0528F	E	RCMND FLW-UP 10 YRS DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0528T	E	PRGRMG DEV EVAL IIMS IP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0529F	E	INTRVL 3/>YR PTS CLNSCP DOCD	-	-	-	Not Allowed	\$0.00	-	-	003	999	-	
0529T	E	INTERROG DEV EVAL IIMS IP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0530T	E	REMOVAL COMPLETE IIMS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0531T	E	REMOVAL IIMS ELECTRODE ONLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0532T	E	REMOVAL IIMS IMPLT MNTR ONLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0533T	E	CONT REC MVMT DO 6-10 DAYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0534T	E	CONT REC MVMT DO SETUP&TRAIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0535F	E	DYSYPNEA MNGMNT PLAN DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0535T	E	CONT REC MVMT DO REPRT CNFIG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0536T	E	CONT REC MVMT DO DL W/I&R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0537T	E	BLD DRV T LYMPHCYT CAR-T CLL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0538T	E	BLD DRV T LYMPHCYT PREP TRNS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0539T	E	RECEIPT&PREP CAR-T CLL ADMN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0540F	E	GLUCO MNGMNT PLAN DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0540T	E	CAR-T CLL ADMN AUTOLOGOUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0541T	E	MYOCARDIAL IMAGING MCG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0542T	E	MYOCARDIAL IMAGING MCG I&R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0543T	E	TA MV RPR W/ARTIF CHORD TEND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0544T	E	TCAT MV ANNULUS RCNSTJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0545F	E	FOLLOW UP CARE PLAN MDD DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0545T	E	TCAT TV ANNULUS RCNSTJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0546T	E	RF SPECTRSC NTRAOP MRGN ASMT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0547T	E	B1 MATRL QUAL TST MCRIND TIB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0548T	E	TPRNL BALO CNTNC DEV BI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0549T	E	TPRNL BALO CNTNC DEV UNI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0550F	E	CYTOPATH REPORT NONGYN SPCMN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0550T	E	TPRNL BALO CNTNC DEV RMVL EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0551F	E	CYTOPATH REPORT NON ROUTINE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0551T	E	TPRNL BALO CNTNC DEV ADJMT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0552T	E	LOW-LEVEL LASER THERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0553T	E	PERQ TCAT ILIAC ANAST IMPLT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0554T	E	B1 STR & FX RSK ANALYSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0555F	E	SYMPTOM MGMT PLAN CARE DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0555T	E	B1 STR&FX RSK TRANSMIS DATA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0556F	E	PLAN CARE LIPID CONTROL DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0556T	E	B1 STR & FX RSK ASSESSMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0557F	E	PLAN CAREMNG ANGLN SYMPTDOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0557T	E	B1 STR & FX RSK I&R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0558T	E	CT SCAN F/BIOMCHN CT ALYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0559T	E	ANTMC MDL 3D PRINT 1ST CMPNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0560T	E	ANTMC MDL 3D PRINT EA ADDL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0561T	E	ANTMC GUIDE 3D PRINT 1ST GD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0562T	E	ANTMC GUIDE 3D PRINT EA ADDL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0563T	E	EVAC MEIBOMIAN GLND HEAT BI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0564T	E	ONC CHEMO RX CYTOTOX CSC 14	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0565T	E	AUTOL CELL IMPLT ADPS HRVG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0566T	E	AUTOL CELL IMPLT ADPS NJX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0567T	E	PERM FLP TUBE OCCLS W/IMPLT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
0568T	E	INTRO MIX SALINE&AIR F/SSG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0569T	E	TTVR PERQ APPR 1ST PROSTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0570T	E	TTVR PERQ EA ADDL PROSTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0571T	E	INSJ/RPLCMT ICDS SS ELTRD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0572T	E	INSERTION SS DFB ELECTRODE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0573T	E	REMOVAL SS DFB ELECTRODE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0574T	E	REPOS PREV SS IMPL DFB ELTRD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0575F	E	HIV RNA PLAN CARE DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0575T	E	PRGRMG DEV EVAL ICDS SS IP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0576T	E	INTERROG DEV EVAL ICDS SS IP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0577T	E	EPHYS EVAL ICDS SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0578T	E	REM INTERROG DEV ICDS PHYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0579T	E	REM INTERROG DEV ICDS TECH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0580F	E	MULTIDISCIPLINARY CARE PLAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0580T	E	RMVL SS IMPL DFB PG ONLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0581F	E	PT TRNSFRD FROM ANESTH TO CC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0581T	E	ABL TJ MAL BRST TUM PERQ CRTX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0582F	E	NO TRNSFR FROM ANESTH TO CC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0582T	E	TRURL ABL TJ MAL PRST8 TISS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0583F	E	TRANSFER CARE CHECKLIST USED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0583T	E	TMPST AUTO TUBE DLVR SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0584F	E	NO TRANSFERCARE CHKLIST USED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0584T	E	PERQ ISLET CELL TRANSPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0585T	E	LAPS ISLET CELL TRANSPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0586T	E	OPEN ISLET CELL TRANSPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0587T	E	PERQ IMPLTJ/RPLCMT ISDNS PTN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0588T	E	REVISION/REMOVAL ISDNS PTN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0589T	E	ELEC ALYS SMPL PRGRMG IINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0590T	E	ELEC ALYS CPLX PRGRMG IINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0591T	E	HLTH&WB COACHING INDIV 1ST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0592T	E	HLTH&WB COACHING INDIV F-UP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0593T	E	HLTH&WB COACHING GROUP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0594T	E	OSTEOT HUM XTRNL LNGTH DEV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0596T	E	TEMP FML IU VLV-PMP 1ST INSJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0597T	E	TEMP FML IU VALVE-PMP RPLCMT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0598T	E	NCNTC R-T FLUOR WND IMG 1ST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0599T	E	NCNTC R-T FLUOR WND IMG EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0600T	E	IRE ABL TJ 1+TUM ORGAN PERQ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0601T	E	IRE ABL TJ 1+TUMORS OPEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0602T	E	TRANSDERMAL GFR MEASUREMENTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0603T	E	TRANSDERMAL GFR MONITORING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0604T	E	REM OCT RTA DEV SETUP&EDUCAJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0605T	E	REM OCT RTA TECHL SPRT MIN 8	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0606T	E	REM OCT RTA PHYS/OHP EA 30D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0607T	E	REM MNTR PULM FLU MNTR SETUP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0608T	E	REM MNTR PULM FLU MNTR ALYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0609T	E	MRS DISC PAIN ACQUISJ DATA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0610T	E	MRS DISC PAIN TRANSMIS DATA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0611T	E	MRS DISC PAIN ALG ALYS DATA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0612T	E	MRS DISCOGENIC PAIN I&R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0613T	E	PERQ TCAT INTRATRL SEPTL SHT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0614T	E	RMVL&RPLCMT SS IMPL DFB PG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0615T	E	EYE MVMT ALYS W/O CALBRJ I&R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0616T	E	INSERTION OF IRIS PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0617T	E	INSJ IRIS PROSTH W/RMVL&INSJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
0618T	E	INSJ IRIS PROSTH SEC IO LENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
0619T	E	CYSTO W/PRST8 COMMISSUROTOMY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
10004	N	FNA BX W/O IMG GDN EA ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
10005	T	FNA BX W/US GDN 1ST LES	-	05071	7.5503	APC	\$427.65	-	-	000	999	-	
10006	N	FNA BX W/US GDN EA ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
10007	T	FNA BX W/FLUOR GDN 1ST LES	-	05071	7.5503	APC	\$427.65	-	-	000	999	-	
10008	N	FNA BX W/FLUOR GDN EA ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
10009	T	FNA BX W/CT GDN 1ST LES	-	05071	7.5503	APC	\$427.65	-	-	000	999	-	
1000F	E	TOBACCO USE ASSESSED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
10010	N	FNA BX W/CT GDN EA ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
10011	T	FNA BX W/MR GDN 1ST LES	-	05071	7.5503	APC	\$427.65	-	-	000	999	-	
10012	N	FNA BX W/MR GDN EA ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
10021	T	FNA BX W/O IMG GDN 1ST LES	-	05052	3.9547	APC	\$223.99	-	-	000	999	-	
1002F	E	ASSESS ANGINAL SYMPTOM/LEVEL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
10030	T	GUIDE CATHET FLUID DRAINAGE	-	05071	7.5503	APC	\$427.65	-	-	000	999	-	
10035	T	PERQ DEV SOFT TISS 1ST IMAG	-	05071	7.5503	APC	\$427.65	-	-	000	999	-	
10036	N	PERQ DEV SOFT TISS ADD IMAG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
1003F	E	LEVEL OF ACTIVITY ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
10040	N	ACNE SURGERY	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
1004F	E	CLIN SYMP VOL OVRLD ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1005F	E	ASTHMA SYMPTOMS EVALUATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
10060	T	DRAINAGE OF SKIN ABSCESS	-	05051	2.1627	APC	\$122.50	-	-	000	999	-	
10061	T	DRAINAGE OF SKIN ABSCESS	-	05052	3.9547	APC	\$223.99	-	-	000	999	-	
1006F	E	OSTEOARTHRITIS ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1007F	E	ANTI-INFLM/ANLGSC OTC ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
10080	T	DRAINAGE OF PILONIDAL CYST	-	05071	7.5503	APC	\$427.65	-	-	000	999	-	
10081	T	DRAINAGE OF PILONIDAL CYST	-	05071	7.5503	APC	\$427.65	-	-	000	999	-	
1008F	E	GI/RENAL RISK ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1010F	E	SEVERITY ANGINA BY ACTVITY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1011F	E	ANGINA PRESENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
10120	T	REMOVE FOREIGN BODY	-	05052	3.9547	APC	\$223.99	-	-	000	999	-	
10121	T	REMOVE FOREIGN BODY	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
1012F	E	ANGINA ABSENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
10140	T	DRAINAGE OF HEMATOMA/FLUID	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
1015F	E	COPD SYMPTOMS ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
10160	T	PUNCTURE DRAINAGE OF LESION	-	05052	3.9547	APC	\$223.99	-	-	000	999	-	
10180	T	COMPLEX DRAINAGE WOUND	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
1018F	E	ASSESS DYSPNEA NOT PRESENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1019F	E	ASSESS DYSPNEA PRESENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1022F	E	PNEUMO IMM STATUS ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1026F	E	CO-MORBID CONDITION ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1030F	E	INFLUENZA IMM STATUS ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1031F	E	SMOKING & 2ND HAND ASSESSED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1032F	E	SMOKER/EXPOSED 2ND HND SMOKE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1033F	E	TOBACCO NONSMOKER NOR 2NHDND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1034F	E	CURRENT TOBACCO SMOKER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1035F	E	SMOKELESS TOBACCO USER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1036F	E	TOBACCO NON-USER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1038F	E	PERSISTENT ASTHMA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1039F	E	INTERMITTENT ASTHMA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1040F	E	DSM-5 INFO MDD DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1050F	E	HISTORY OF MOLE CHANGES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1052F	E	TYPE LOCATION ACTIVITYASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1055F	E	VISUAL FUNCT STATUS ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1060F	E	DOC PERM/CONT/PAROX ATR FIB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1061F	E	DOC LACK PERM+CONT+PAROX FIB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1065F	E	ISCHM STROKE SYMP LT3 HRSB/4	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
1066F	E	ISCHM STROKE SYMP GE3 HRSB/4	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1070F	E	ALARM SYMP ASSESSED-ABSENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1071F	E	ALARM SYMP ASSESSED-1+ PRSNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1090F	E	PRES/ABSN URINE INCON ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1091F	E	URINE INCON CHARACTERIZED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
11000	T	DEBRIDE INFECTED SKIN	-	05053	6.1518	APC	\$348.44	-	-	000	999	-	
11001	N	DEBRIDE INFECTED SKIN ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
11004	C	DEBRIDE GENITALIA & PERINEUM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
11005	C	DEBRIDE ABDOM WALL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
11006	C	DEBRIDE GENIT/PER/ABDOM WALL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
11008	C	REMOVE MESH FROM ABD WALL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
1100F	E	PTFALLS ASSESS-DOCD GE2>/YR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
11010	T	DEBRIDE SKIN AT FX SITE	-	05071	7.5503	APC	\$427.65	-	-	000	999	-	
11011	T	DEBRIDE SKIN MUSC AT FX SITE	-	05071	7.5503	APC	\$427.65	-	-	000	999	-	
11012	T	DEB SKIN BONE AT FX SITE	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
1101F	E	PT FALLS ASSESS-DOCD LE1/YR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
11042	T	DEB SUBQ TISSUE 20 SQ CM/<	-	05052	3.9547	APC	\$223.99	-	-	000	999	-	
11043	T	DEB MUSC/FASCIA 20 SQ CM/<	-	05053	6.1518	APC	\$348.44	-	-	000	999	-	
11044	T	DEB BONE 20 SQ CM/<	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
11045	N	DEB SUBQ TISSUE ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
11046	N	DEB MUSC/FASCIA ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
11047	N	DEB BONE ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
11055	N	TRIM SKIN LESION	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
11056	N	TRIM SKIN LESIONS 2 TO 4	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
11057	T	TRIM SKIN LESIONS OVER 4	-	05051	2.1627	APC	\$122.50	-	-	000	999	-	
11102	T	TANGNTL BX SKIN SINGLE LES	-	05051	2.1627	APC	\$122.50	-	-	000	999	-	
11103	N	TANGNTL BX SKIN EA SEP/ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
11104	T	PUNCH BX SKIN SINGLE LESION	-	05051	2.1627	APC	\$122.50	-	-	000	999	-	
11105	N	PUNCH BX SKIN EA SEP/ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
11106	T	INCAL BX SKN SINGLE LES	-	05052	3.9547	APC	\$223.99	-	-	000	999	-	
11107	N	INCAL BX SKN EA SEP/ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
1110F	E	PT LFT INPT FAC W/IN 60 DAYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1111F	E	DSCHRG MED/CURRENT MED MERGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1116F	E	AURIC/PERI PAIN ASSESSED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1118F	E	GERD SYMPS ASSESSED 12 MONTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1119F	E	INIT EVAL FOR CONDITION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
11200	N	REMOVAL OF SKIN TAGS <W/15	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
11201	N	REMOVE SKIN TAGS ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
1121F	E	SUBS EVAL FOR CONDITION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1123F	E	ACP DISCUSS/DSCN MKR DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1124F	E	ACP DISCUSS-NO DSCNMKR DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1125F	E	AMNT PAIN NOTED PAIN PRSNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1126F	E	AMNT PAIN NOTED NONE PRSNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1127F	E	NEW EPISODE FOR CONDITION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
1128F	E	SUBS EPISODE FOR CONDITION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
11300	N	SHAVE SKIN LESION 0.5 CM/<	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
11301	N	SHAVE SKIN LESION 0.6-1.0 CM	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
11302	N	SHAVE SKIN LESION 1.1-2.0 CM	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
11303	N	SHAVE SKIN LESION >2.0 CM	-	05052	3.9547	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
11305	N	SHAVE SKIN LESION 0.5 CM/<	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
11306	N	SHAVE SKIN LESION 0.6-1.0 CM	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
11307	T	SHAVE SKIN LESION 1.1-2.0 CM	-	05051	2.1627	APC	\$122.50	-	-	000	999	-	
11308	N	SHAVE SKIN LESION >2.0 CM	-	05052	3.9547	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
1130F	E	BK PAIN & FXN ASSESSED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
11310	T	SHAVE SKIN LESION 0.5 CM/<	-	05051	2.1627	APC	\$122.50	-	-	000	999	-	
11311	T	SHAVE SKIN LESION 0.6-1.0 CM	-	05051	2.1627	APC	\$122.50	-	-	000	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
11312	T	SHAVE SKIN LESION 1.1-2.0 CM	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
11313	T	SHAVE SKIN LESION >2.0 CM	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
1134F	E	EPSD BK PAIN FOR 6 WKS/<	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
1135F	E	EPSD BK PAIN FOR >6 WKS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
1136F	E	EPSD BK PAIN FOR 12 WKS/<	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
1137F	E	EPSD BK PAIN FOR >12 WKS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
11400	T	EXC TR-EXT B9+MARG 0.5 CM<	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
11401	T	EXC TR-EXT B9+MARG 0.6-1 CM	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
11402	T	EXC TR-EXT B9+MARG 1.1-2 CM	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
11403	T	EXC TR-EXT B9+MARG 2.1-3CM	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
11404	T	EXC TR-EXT B9+MARG 3.1-4 CM	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
11406	T	EXC TR-EXT B9+MARG >4.0 CM	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
11420	T	EXC H-F-NK-SP B9+MARG 0.5/<	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
11421	T	EXC H-F-NK-SP B9+MARG 0.6-1	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
11422	T	EXC H-F-NK-SP B9+MARG 1.1-2	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
11423	T	EXC H-F-NK-SP B9+MARG 2.1-3	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
11424	T	EXC H-F-NK-SP B9+MARG 3.1-4	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
11426	T	EXC H-F-NK-SP B9+MARG >4 CM	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
11440	T	EXC FACE-MM B9+MARG 0.5 CM/<	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
11441	T	EXC FACE-MM B9+MARG 0.6-1 CM	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
11442	T	EXC FACE-MM B9+MARG 1.1-2 CM	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
11443	T	EXC FACE-MM B9+MARG 2.1-3 CM	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
11444	T	EXC FACE-MM B9+MARG 3.1-4 CM	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
11446	T	EXC FACE-MM B9+MARG >4 CM	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
11450	T	REMOVAL SWEAT GLAND LESION	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
11451	T	REMOVAL SWEAT GLAND LESION	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
11462	T	REMOVAL SWEAT GLAND LESION	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
11463	T	REMOVAL SWEAT GLAND LESION	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
11470	T	REMOVAL SWEAT GLAND LESION	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
11471	T	REMOVAL SWEAT GLAND LESION	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
1150F	E	DOC PT RSK DEATH W/IN 1YR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
1151F	E	DOC NO PT RSK DEATH W/IN 1YR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
1152F	E	DOC ADVNCD DIS COMFORT 1ST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
1153F	E	DOC ADVNCD DIS CMFRT NOT 1ST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
1157F	E	ADVNC CARE PLAN IN RCRD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
1158F	E	ADVNC CARE PLAN TLK DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
1159F	E	MED LIST DOCD IN RCRD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
11600	T	EXC TR-EXT MAL+MARG 0.5 CM/<	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
11601	T	EXC TR-EXT MAL+MARG 0.6-1 CM	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
11602	T	EXC TR-EXT MAL+MARG 1.1-2 CM	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
11603	T	EXC TR-EXT MAL+MARG 2.1-3 CM	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
11604	T	EXC TR-EXT MAL+MARG 3.1-4 CM	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
11606	T	EXC TR-EXT MAL+MARG >4 CM	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
1160F	E	RVW MEDS BY RX/DR IN RCRD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
11620	T	EXC H-F-NK-SP MAL+MARG 0.5/<	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
11621	T	EXC S/N/H/F/G MAL+MRG 0.6-1	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
11622	T	EXC S/N/H/F/G MAL+MRG 1.1-2	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
11623	T	EXC S/N/H/F/G MAL+MRG 2.1-3	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
11624	T	EXC S/N/H/F/G MAL+MRG 3.1-4	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
11626	T	EXC S/N/H/F/G MAL+MRG >4 CM	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
11640	T	EXC F/E/E/N/L MAL+MRG 0.5CM<	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
11641	T	EXC F/E/E/N/L MAL+MRG 0.6-1	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
11642	T	EXC F/E/E/N/L MAL+MRG 1.1-2	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
11643	T	EXC F/E/E/N/L MAL+MRG 2.1-3	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
11644	T	EXC F/E/E/N/L MAL+MRG 3.1-4	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
11646	T	EXC F/E/E/N/L MAL+MRG >4 CM	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees			
1170F	E	FXNL STATUS ASSESSED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
11719	N	TRIM NAIL(S) ANY NUMBER	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
11720	N	DEBRIDE NAIL 1-5	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
11721	N	DEBRIDE NAIL 6 OR MORE	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
11730	N	REMOVAL OF NAIL PLATE	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-
11732	N	REMOVE NAIL PLATE ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
11740	N	DRAIN BLOOD FROM UNDER NAIL	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
11750	T	REMOVAL OF NAIL BED	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
11755	T	BIOPSY NAIL UNIT	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
1175F	E	FUNCTION STAT ASSESSED RVWD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
11760	T	REPAIR OF NAIL BED	-	05053	6.1518	APC	\$348.44	-	-	000	999	-
11762	T	RECONSTRUCTION OF NAIL BED	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
11765	N	EXCISION OF NAIL FOLD TOE	-	05052	3.9547	Bundled, sometimes payable	\$0.00	-	-	000	999	-
11770	T	REMOVE PILONIDAL CYST SIMPLE	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
11771	T	REMOVE PILONIDAL CYST EXTEN	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
11772	T	REMOVE PILONIDAL CYST COMPL	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
1180F	E	THROMBOEMB RISK ASSESSED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
1181F	E	NEUROPSYCHIA SYMPTS ASSESSED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
1182F	E	NEUROPSYCHI SYMPT 1+PRESENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
1183F	E	NEUROPSYCHIATRIC SYMP ABSENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
11900	N	INJECT SKIN LESIONS <W 7	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-
11901	N	INJECT SKIN LESIONS >7	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-
11920	T	CORRECT SKIN COLOR 6.0 CM/<	-	05053	6.1518	APC	\$348.44	-	-	000	999	-
11921	T	CORRECT SKN COLOR 6.1-20.0CM	-	05053	6.1518	APC	\$348.44	-	-	000	999	-
11922	N	CORRECT SKIN COLOR EA 20.0CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
11950	E	TX CONTOUR DEFECTS 1 CC/<	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
11951	E	TX CONTOUR DEFECTS 1.1-5.0CC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
11952	E	TX CONTOUR DEFECTS 5.1-10CC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
11954	E	TX CONTOUR DEFECTS >10.0 CC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
11960	T	INSERT TISSUE EXPANDER(S)	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-
11970	N	REPLACE TISSUE EXPANDER	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
11971	N	REMOVE TISSUE EXPANDER(S)	-	05073	28.7016	Bundled, sometimes payable	\$0.00	-	-	000	999	-
11976	N	REMOVE CONTRACEPTIVE CAPSULE	-	05071	7.5503	Bundled, sometimes payable	\$0.00	-	-	010	060	-
11980	N	IMPLANT HORMONE PELLET(S)	-	05735	4.5003	Bundled, sometimes payable	\$0.00	-	-	000	999	-
11981	N	INSERT DRUG IMPLANT DEVICE	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
11982	N	REMOVE DRUG IMPLANT DEVICE	-	05735	4.5003	Bundled, sometimes payable	\$0.00	-	-	000	999	-
11983	N	REMOVE/INSERT DRUG IMPLANT	-	05735	4.5003	Bundled, sometimes payable	\$0.00	-	-	000	999	-
12001	N	RPR S/N/AX/GEN/TRNK 2.5CM/<	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-
12002	N	RPR S/N/AX/GEN/TRNK2.6-7.5CM	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-
12004	N	RPR S/N/AX/GEN/TRK7.6-12.5CM	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-
12005	N	RPR S/N/A/GEN/TRK12.6-20.0CM	-	05052	3.9547	Bundled, sometimes payable	\$0.00	-	-	000	999	-
12006	N	RPR S/N/A/GEN/TRK20.1-30.0CM	-	05052	3.9547	Bundled, sometimes payable	\$0.00	-	-	000	999	-
12007	T	RPR S/N/AX/GEN/TRNK >30.0 CM	-	05051	2.1627	APC	\$122.50	-	-	000	999	-
1200F	E	SEIZURE TYPE& FREQU DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
12011	N	RPR F/E/E/N/L/M 2.5 CM/<	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-
12013	N	RPR F/E/E/N/L/M 2.6-5.0 CM	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-
12014	N	RPR F/E/E/N/L/M 5.1-7.5 CM	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-
12015	N	RPR F/E/E/N/L/M 7.6-12.5 CM	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-
12016	N	RPR FE/E/EN/L/M 12.6-20.0 CM	-	05052	3.9547	Bundled, sometimes payable	\$0.00	-	-	000	999	-
12017	N	RPR FE/E/EN/L/M 20.1-30.0 CM	-	05052	3.9547	Bundled, sometimes payable	\$0.00	-	-	000	999	-
12018	N	RPR F/E/E/N/L/M >30.0 CM	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-
12020	T	CLOSURE OF SPLIT WOUND	-	05053	6.1518	APC	\$348.44	-	-	000	999	-
12021	T	CLOSURE OF SPLIT WOUND	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
12031	T	INTMD RPR S/A/T/EXT 2.5 CM/<	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
12032	T	INTMD RPR S/A/T/EXT 2.6-7.5	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
12034	T	INTMD RPR S/T/EXT 7.6-12.5	-	05052	3.9547	APC	\$223.99	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
12035	T	INTMD RPR S/A/T/EXT 12.6-20	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
12036	T	INTMD RPR S/A/T/EXT 20.1-30	-	05053	6.1518	APC	\$348.44	-	-	000	999	-
12037	T	INTMD RPR S/T/EXT >30.0 CM	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
12041	N	INTMD RPR N-HF/GENIT 2.5CM<	-	05052	3.9547	Bundled, sometimes payable	\$0.00	-	-	000	999	-
12042	T	INTMD RPR N-HF/GENIT2.6-7.5	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
12044	T	INTMD RPR N-HF/GENIT7.6-12.5	-	05053	6.1518	APC	\$348.44	-	-	000	999	-
12045	T	INTMD RPR N-HF/GENIT12.6-20	-	05053	6.1518	APC	\$348.44	-	-	000	999	-
12046	T	INTMD RPR N-HF/GENIT20.1-30	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
12047	T	INTMD RPR N-HF/GENIT >30.0CM	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
12051	T	INTMD RPR FACE/MM 2.5 CM<	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
12052	T	INTMD RPR FACE/MM 2.6-5.0 CM	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
12053	T	INTMD RPR FACE/MM 5.1-7.5 CM	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
12054	N	INTMD RPR FACE/MM 7.6-12.5CM	-	05052	3.9547	Bundled, sometimes payable	\$0.00	-	-	000	999	-
12055	T	INTMD RPR FACE/MM 12.6-20 CM	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
12056	N	INTMD RPR FACE/MM 20.1-30.0	-	05052	3.9547	Bundled, sometimes payable	\$0.00	-	-	000	999	-
12057	T	INTMD RPR FACE/MM >30.0 CM	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
1205F	E	EPI ETIOL SYND RVWD AND DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
1220F	E	PT SCREENED FOR DEPRESSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
13100	T	CMLPX RPR TRUNK 1.1-2.5 CM	-	05053	6.1518	APC	\$348.44	-	-	000	999	-
13101	T	CMLPX RPR TRUNK 2.6-7.5 CM	-	05053	6.1518	APC	\$348.44	-	-	000	999	-
13102	N	CMLPX RPR TRUNK ADDL 5CM<	-	-	-	Bundled	\$0.00	-	-	000	999	-
13120	T	CMLPX RPR S/A/L 1.1-2.5 CM	-	05053	6.1518	APC	\$348.44	-	-	000	999	-
13121	T	CMLPX RPR S/A/L 2.6-7.5 CM	-	05053	6.1518	APC	\$348.44	-	-	000	999	-
13122	N	CMLPX RPR S/A/L ADDL 5 CM>	-	-	-	Bundled	\$0.00	-	-	000	999	-
13131	T	CMLPX RPR F/C/M/N/AX/G/H/F	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
13132	T	CMLPX RPR F/C/C/M/N/AX/G/H/F	-	05053	6.1518	APC	\$348.44	-	-	000	999	-
13133	N	CMLPX RPR F/C/C/M/N/AX/G/H/F	-	-	-	Bundled	\$0.00	-	-	000	999	-
13151	T	CMLPX RPR E/N/E/L 1.1-2.5 CM	-	05053	6.1518	APC	\$348.44	-	-	000	999	-
13152	T	CMLPX RPR E/N/E/L 2.6-7.5 CM	-	05053	6.1518	APC	\$348.44	-	-	000	999	-
13153	N	CMLPX RPR E/N/E/L ADDL 5CM<	-	-	-	Bundled	\$0.00	-	-	000	999	-
13160	T	LATE CLOSURE OF WOUND	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
14000	T	TIS TRNFR TRUNK 10 SQ CM<	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
14001	T	TIS TRNFR TRUNK 10.1-30SQCM	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
1400F	E	PRKNS DIAG RVIEWED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
14020	T	TIS TRNFR S/A/L 10 SQ CM<	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
14021	T	TIS TRNFR S/A/L 10.1-30 SQCM	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
14040	T	TIS TRNFR F/C/C/M/N/A/G/H/F	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
14041	T	TIS TRNFR F/C/C/M/N/A/G/H/F	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
14060	T	TIS TRNFR E/N/E/L 10 SQ CM<	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
14061	T	TIS TRNFR E/N/E/L10.1-30SQCM	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
14301	T	TIS TRNFR ANY 30.1-60 SQ CM	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-
14302	N	TIS TRNFR ADDL 30 SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
14350	T	FILLETED FINGER/TOE FLAP	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
1450F	E	SYMPTOMS IMPROVED/CONSIST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
1451F	E	SYMPT SHOW CLIN IMPORT DROP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
1460F	E	QUAL CARD DIAG PRIOR 12 MONS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
1461F	E	NO QUAL CARD DIAG PRIOR12MON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
1490F	E	DEM SEVERITY CLASSIFIED MILD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
1491F	E	DEM SEVERITY CLASSIFIED MOD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
1493F	E	DEM SEVERITY CLASS SEVERE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
1494F	E	COGNIT ASSESSED AND REVIEWED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15002	T	WOUND PREP TRK/ARM/LEG	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15003	N	WOUND PREP ADDL 100 CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
15004	T	WOUND PREP F/N/HF/G	-	05053	6.1518	APC	\$348.44	-	-	000	999	-
15005	N	WND PREP F/N/HF/G ADDL CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
1500F	E	SYMPTOM+SIGN SYMM POLYNEURO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
1501F	E	NOT INITIAL EVAL FOR COND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
1502F	E	PT QUERIED PAIN FXN W/ INSTR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
1503F	E	PT QUERIED SYMP RESP INSUFF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15040	T	HARVEST CULTURED SKIN GRAFT	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
1504F	E	PT HAS RESP INSUFFICIENCY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15050	T	SKIN PINCH GRAFT	-	05053	6.1518	APC	\$348.44	-	-	000	999	-
1505F	E	PT HAS NO RESP INSUFFICIENCY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15100	T	SKIN SPLT GRFT TRNK/ARM/LEG	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15101	N	SKIN SPLT GRFT T/A/L ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
15110	T	EPIDRM AUTOGRFT TRNK/ARM/LEG	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15111	N	EPIDRM AUTOGRFT T/A/L ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
15115	T	EPIDRM A-GRFT FACE/NCK/HF/G	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15116	N	EPIDRM A-GRFT F/N/HF/G ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-
15120	T	SKN SPLT A-GRFT FAC/NCK/HF/G	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-
15121	N	SKN SPLT A-GRFT F/N/HF/G ADD	-	-	-	Bundled	\$0.00	-	-	000	999	-
15130	T	DERM AUTOGRAFT TRNK/ARM/LEG	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15131	N	DERM AUTOGRAFT T/A/L ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
15135	T	DERM AUTOGRAFT FACE/NCK/HF/G	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-
15136	N	DERM AUTOGRAFT F/N/HF/G ADD	-	-	-	Bundled	\$0.00	-	-	000	999	-
15150	T	CULT SKIN GRFT T/ARM/LEG	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15151	N	CULT SKIN GRFT T/A/L ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-
15152	N	CULT SKIN GRAFT T/A/L +%	-	-	-	Bundled	\$0.00	-	-	000	999	-
15155	T	CULT SKIN GRAFT F/N/HF/G	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-
15156	N	CULT SKIN GRFT F/N/HF/G ADD	-	-	-	Bundled	\$0.00	-	-	000	999	-
15157	N	CULT EPIDERM GRFT F/N/HF/G +%	-	-	-	Bundled	\$0.00	-	-	000	999	-
15200	T	SKIN FULL GRAFT TRUNK	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15201	N	SKIN FULL GRAFT TRUNK ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
15220	T	SKIN FULL GRAFT SCLP/ARM/LEG	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15221	N	SKIN FULL GRAFT ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
15240	T	SKIN FULL GRFT FACE/GENIT/HF	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15241	N	SKIN FULL GRAFT ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
15260	T	SKIN FULL GRAFT EEN & LIPS	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15261	N	SKIN FULL GRAFT ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
15271	T	SKIN SUB GRAFT TRNK/ARM/LEG	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15272	N	SKIN SUB GRAFT T/A/L ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
15273	T	SKIN SUB GRFT T/ARM/LG CHILD	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-
15274	N	SKN SUB GRFT T/A/L CHILD ADD	-	-	-	Bundled	\$0.00	-	-	000	999	-
15275	T	SKIN SUB GRAFT FACE/NK/HF/G	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15276	N	SKIN SUB GRAFT F/N/HF/G ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-
15277	T	SKN SUB GRFT F/N/HF/G CHILD	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15278	N	SKN SUB GRFT F/N/HF/G CH ADD	-	-	-	Bundled	\$0.00	-	-	000	999	-
15570	T	SKIN PEDICLE FLAP TRUNK	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15572	T	SKIN PEDICLE FLAP ARMS/LEGS	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-
15574	T	PEDCLE FH/CH/CH/MN/AX/G/H/F	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15576	T	PEDICLE E/N/E/L/NTRORAL	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15600	T	DELAY FLAP TRUNK	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-
15610	T	DELAY FLAP ARMS/LEGS	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15620	T	DELAY FLAP F/C/C/N/AX/G/H/F	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15630	T	DELAY FLAP EYE/NOS/EAR/LIP	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15650	T	TRANSFER SKIN PEDICLE FLAP	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15730	T	MDFC FLAP W/PRSRV VASC PEDCL	-	05055	36.8508	APC	\$1,757.21	-	-	000	999	-
15731	T	FOREHEAD FLAP W/VASC PEDICLE	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-
15733	T	MUSC MYOQ/FSCQ FLP H&N PEDCL	-	05055	36.8508	APC	\$1,757.21	-	-	000	999	-
15734	T	MUSCLE-SKIN GRAFT TRUNK	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-
15736	T	MUSCLE-SKIN GRAFT ARM	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15738	T	MUSCLE-SKIN GRAFT LEG	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
15740	T	ISLAND PEDICLE FLAP GRAFT	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15750	T	NEUROVASCULAR PEDICLE FLAP	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-
15756	C	FREE MYO/SKIN FLAP MICROVASC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
15757	C	FREE SKIN FLAP MICROVASC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
15758	C	FREE FASCIAL FLAP MICROVASC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
15760	T	COMPOSITE SKIN GRAFT	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15769	T	GRFG AUTOL SOFT TISS DIR EXC	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-
15770	T	DERMA-FAT-FASCIA GRAFT	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-
15771	T	GRFG AUTOL FAT LIPO 50 CC/<	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-
15772	N	GRFG AUTOL FAT LIPO EA ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-
15773	T	GRFG AUTOL FAT LIPO 25 CC/<	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15774	N	GFRG AUTOL FAT LIPO EA ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-
15775	E	HAIR TRNSPL 1-15 PUNCH GRFTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15776	E	HAIR TRNSPL >15 PUNCH GRAFTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15777	N	ACELLULAR DERM MATRIX IMPLT	-	-	-	Bundled	\$0.00	-	-	000	999	-
15780	E	DERMABRASION TOTAL FACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15781	E	DERMABRASION SEGMENTAL FACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15782	E	DERMABRASION OTHER THAN FACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15783	E	DERMABRASION SUPRFL ANY SITE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15786	E	ABRASION LESION SINGLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15787	E	ABRASION LESIONS ADD-ON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15788	E	CHEMICAL PEEL FACE EPIDERM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15789	E	CHEMICAL PEEL FACE DERMAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15792	E	CHEMICAL PEEL NONFACIAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15793	E	CHEMICAL PEEL NONFACIAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15819	E	PLASTIC SURGERY NECK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15820	T	REVISION OF LOWER EYELID	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15821	T	REVISION OF LOWER EYELID	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15822	T	REVISION OF UPPER EYELID	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15823	T	REVISION OF UPPER EYELID	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15824	E	REMOVAL OF FOREHEAD WRINKLES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15825	E	REMOVAL OF NECK WRINKLES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15826	E	REMOVAL OF BROW WRINKLES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15828	E	REMOVAL OF FACE WRINKLES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15829	E	REMOVAL OF SKIN WRINKLES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15830	T	EXC SKIN ABD	-	05092	64.8236	APC	\$3,671.61	-	-	000	999	-
15832	E	EXCISE EXCESSIVE SKIN THIGH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15833	E	EXCISE EXCESSIVE SKIN LEG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15834	E	EXCISE EXCESSIVE SKIN HIP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15835	E	EXCISE EXCESSIVE SKIN BUTTCK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15836	E	EXCISE EXCESSIVE SKIN ARM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15837	E	EXCISE EXCESS SKIN ARM/HAND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15838	E	EXCISE EXCESS SKIN FAT PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15839	T	EXCISE EXCESS SKIN & TISSUE	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
15840	T	NERVE PALSY FASCIAL GRAFT	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-
15841	T	NERVE PALSY MUSCLE GRAFT	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-
15842	T	NERVE PALSY MICROSURG GRAFT	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15845	T	SKIN AND MUSCLE REPAIR FACE	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-
15847	N	EXC SKIN ABD ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
15850	T	REMOVE SUTURES SAME SURGEON	-	05053	6.1518	APC	\$348.44	-	-	000	999	-
15851	T	REMOVE SUTURES DIFF SURGEON	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15852	N	DRESSING CHANGE NOT FOR BURN	-	05053	6.1518	Bundled, sometimes payable	\$0.00	-	-	000	999	-
15860	N	TEST FOR BLOOD FLOW IN GRAFT	-	05735	4.5003	Bundled, sometimes payable	\$0.00	-	-	000	999	-
15876	E	SUCTION LIPECTOMY HEAD&NECK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15877	E	SUCTION LIPECTOMY TRUNK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15878	E	SUCTION LIPECTOMY UPR EXTREM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees			
15879	E	SUCTION LIPECTOMY LWR EXTREM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
15920	T	REMOVAL OF TAIL BONE ULCER	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
15922	T	REMOVAL OF TAIL BONE ULCER	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-
15931	T	REMOVE SACRUM PRESSURE SORE	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
15933	T	REMOVE SACRUM PRESSURE SORE	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
15934	T	REMOVE SACRUM PRESSURE SORE	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-
15935	T	REMOVE SACRUM PRESSURE SORE	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-
15936	T	REMOVE SACRUM PRESSURE SORE	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15937	T	REMOVE SACRUM PRESSURE SORE	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15940	T	REMOVE HIP PRESSURE SORE	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
15941	T	REMOVE HIP PRESSURE SORE	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
15944	T	REMOVE HIP PRESSURE SORE	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-
15945	T	REMOVE HIP PRESSURE SORE	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15946	T	REMOVE HIP PRESSURE SORE	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15950	T	REMOVE THIGH PRESSURE SORE	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
15951	T	REMOVE THIGH PRESSURE SORE	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
15952	T	REMOVE THIGH PRESSURE SORE	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15953	T	REMOVE THIGH PRESSURE SORE	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-
15956	T	REMOVE THIGH PRESSURE SORE	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
15958	T	REMOVE THIGH PRESSURE SORE	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-
15999	T	REMOVAL OF PRESSURE SORE	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
16000	N	INITIAL TREATMENT OF BURN(S)	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-
16020	N	DRESS/DEBRID P-THICK BURN S	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-
16025	T	DRESS/DEBRID P-THICK BURN M	-	05051	2.1627	APC	\$122.50	-	-	000	999	-
16030	T	DRESS/DEBRID P-THICK BURN L	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
16035	T	INCISION OF BURN SCAB INITI	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
16036	C	ESCHAROTOMY ADDL INCISION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
17000	N	DESTRUCT PREMALG LESION	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-
17003	N	DESTRUCT PREMALG LES 2-14	-	-	-	Bundled	\$0.00	-	-	000	999	-
17004	T	DESTROY PREMAL LESIONS 15/>	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
17106	T	DESTRUCTION OF SKIN LESIONS	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
17107	T	DESTRUCTION OF SKIN LESIONS	-	05053	6.1518	APC	\$348.44	-	-	000	999	-
17108	T	DESTRUCTION OF SKIN LESIONS	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
17110	N	DESTRUCT B9 LESION 1-14	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-
17111	N	DESTRUCT LESION 15 OR MORE	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-
17250	N	CHEM CAUT OF GRANLTJ TISSUE	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-
17260	N	DESTRUCTION OF SKIN LESIONS	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-
17261	N	DESTRUCTION OF SKIN LESIONS	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-
17262	N	DESTRUCTION OF SKIN LESIONS	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-
17263	N	DESTRUCTION OF SKIN LESIONS	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-
17264	T	DESTRUCTION OF SKIN LESIONS	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
17266	T	DESTRUCTION OF SKIN LESIONS	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
17270	T	DESTRUCTION OF SKIN LESIONS	-	05051	2.1627	APC	\$122.50	-	-	000	999	-
17271	T	DESTRUCTION OF SKIN LESIONS	-	05051	2.1627	APC	\$122.50	-	-	000	999	-
17272	N	DESTRUCTION OF SKIN LESIONS	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-
17273	T	DESTRUCTION OF SKIN LESIONS	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
17274	T	DESTRUCTION OF SKIN LESIONS	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
17276	T	DESTRUCTION OF SKIN LESIONS	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
17280	N	DESTRUCTION OF SKIN LESIONS	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-
17281	T	DESTRUCTION OF SKIN LESIONS	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
17282	T	DESTRUCTION OF SKIN LESIONS	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
17283	T	DESTRUCTION OF SKIN LESIONS	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
17284	T	DESTRUCTION OF SKIN LESIONS	-	05053	6.1518	APC	\$348.44	-	-	000	999	-
17286	T	DESTRUCTION OF SKIN LESIONS	-	05053	6.1518	APC	\$348.44	-	-	000	999	-
17311	T	MOHS 1 STAGE H/N/HF/G	-	05053	6.1518	APC	\$348.44	-	-	000	999	-
17312	N	MOHS ADDL STAGE	-	-	-	Bundled	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
17313	T	MOHS 1 STAGE T/A/L	-	05053	6.1518	APC	\$348.44	-	-	000	999	-	
17314	N	MOHS ADDL STAGE T/A/L	-	-	-	Bundled	\$0.00	-	-	000	999	-	
17315	N	MOHS SURG ADDL BLOCK	-	-	-	Bundled	\$0.00	-	-	000	999	-	
17340	N	CRYOTHERAPY OF SKIN	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
17360	N	SKIN PEEL THERAPY	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
17380	E	HAIR REMOVAL BY ELECTROLYSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
17999	N	SKIN TISSUE PROCEDURE	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
19000	T	DRAINAGE OF BREAST LESION	-	05071	7.5503	APC	\$427.65	-	-	000	999	-	
19001	N	DRAIN BREAST LESION ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
19020	T	INCISION OF BREAST LESION	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
19030	N	INJECTION FOR BREAST X-RAY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
19081	T	BX BREAST 1ST LESION STRTCTC	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
19082	N	BX BREAST ADD LESION STRTCTC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
19083	T	BX BREAST 1ST LESION US IMAG	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
19084	N	BX BREAST ADD LESION US IMAG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
19085	T	BX BREAST 1ST LESION MR IMAG	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
19086	N	BX BREAST ADD LESION MR IMAG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
19100	T	BX BREAST PERCUT W/O IMAGE	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
19101	T	BIOPSY OF BREAST OPEN	-	05091	37.4977	APC	\$2,123.87	-	-	000	999	-	
19105	T	CRYOSURG ABLATE FA EACH	-	05091	37.4977	APC	\$2,123.87	-	-	000	999	-	
19110	T	NIPPLE EXPLORATION	-	05091	37.4977	APC	\$2,123.87	-	-	000	999	-	
19112	T	EXCISE BREAST DUCT FISTULA	-	05091	37.4977	APC	\$2,123.87	-	-	000	999	-	
19120	T	REMOVAL OF BREAST LESION	-	05091	37.4977	APC	\$2,123.87	-	-	000	999	-	
19125	T	EXCISION BREAST LESION	-	05091	37.4977	APC	\$2,123.87	-	-	000	999	-	
19126	N	EXCISION ADDL BREAST LESION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
19281	N	PERQ DEVICE BREAST 1ST IMAG	-	05071	7.5503	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
19282	N	PERQ DEVICE BREAST EA IMAG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
19283	N	PERQ DEV BREAST 1ST STRTCTC	-	05071	7.5503	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
19284	N	PERQ DEV BREAST ADD STRTCTC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
19285	N	PERQ DEV BREAST 1ST US IMAG	-	05071	7.5503	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
19286	N	PERQ DEV BREAST ADD US IMAG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
19287	N	PERQ DEV BREAST 1ST MR GUIDE	-	05071	7.5503	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
19288	N	PERQ DEV BREAST ADD MR GUIDE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
19294	N	PREP TUM CAV IORT PRTL MAST	-	-	-	Bundled	\$0.00	-	-	000	999	-	
19296	N	PLACE PO BREAST CATH FOR RAD	-	05093	100.6964	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
19297	N	PLACE BREAST CATH FOR RAD	-	-	-	Bundled	\$0.00	-	-	000	999	-	
19298	N	PLACE BREAST RAD TUBE/CATHS	-	05092	64.8236	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
19300	T	REMOVAL OF BREAST TISSUE	-	05091	37.4977	APC	\$2,123.87	-	-	000	999	-	
19301	T	PARTIAL MASTECTOMY	-	05091	37.4977	APC	\$2,123.87	-	-	000	999	-	
19302	T	P-MASTECTOMY W/LN REMOVAL	-	05092	64.8236	APC	\$3,671.61	-	-	000	999	-	
19303	T	MAST SIMPLE COMPLETE	-	05092	64.8236	APC	\$3,671.61	-	-	000	999	-	
19305	C	MAST RADICAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
19306	C	MAST RAD URBAN TYPE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
19307	T	MAST MOD RAD	-	05092	64.8236	APC	\$3,671.61	-	-	000	999	-	
19316	T	SUSPENSION OF BREAST	-	05092	64.8236	APC	\$3,671.61	-	-	016	999	-	
19318	T	REDUCTION OF LARGE BREAST	-	05092	64.8236	APC	\$3,671.61	-	-	016	999	-	
19324	T	ENLARGE BREAST	-	05093	100.6964	APC	\$5,703.44	-	-	016	999	-	
19325	N	ENLARGE BREAST WITH IMPLANT	-	05093	100.6964	Bundled, sometimes payable	\$0.00	-	-	016	999	-	
19328	N	REMOVAL OF BREAST IMPLANT	-	05091	37.4977	Bundled, sometimes payable	\$0.00	-	-	016	999	-	
19330	N	REMOVAL OF IMPLANT MATERIAL	-	05091	37.4977	Bundled, sometimes payable	\$0.00	-	-	016	999	-	
19340	T	IMMEDIATE BREAST PROSTHESIS	-	05092	64.8236	APC	\$3,671.61	-	-	016	999	-	
19342	N	DELAYED BREAST PROSTHESIS	-	05093	100.6964	Bundled, sometimes payable	\$0.00	-	-	016	999	-	
19350	T	BREAST RECONSTRUCTION	-	05091	37.4977	APC	\$2,123.87	-	-	016	999	-	
19355	E	CORRECT INVERTED NIPPLE(S)	-	-	-	Not Allowed	\$0.00	-	-	016	999	-	
19357	N	BREAST RECONSTRUCTION	-	05094	171.4670	Bundled, sometimes payable	\$0.00	-	-	016	999	-	
19361	C	BREAST RECONSTR W/LAT FLAP	-	-	-	Inpatient Only	\$0.00	-	-	016	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
19364	C	BREAST RECONSTRUCTION	-	-	-	Inpatient Only	\$0.00	-	-	016	999	-
19366	T	BREAST RECONSTRUCTION	-	05092	64.8236	APC	\$3,671.61	-	-	016	999	-
19367	C	BREAST RECONSTRUCTION	-	-	-	Inpatient Only	\$0.00	-	-	016	999	-
19368	C	BREAST RECONSTRUCTION	-	-	-	Inpatient Only	\$0.00	-	-	016	999	-
19369	C	BREAST RECONSTRUCTION	-	-	-	Inpatient Only	\$0.00	-	-	016	999	-
19370	T	SURGERY OF BREAST CAPSULE	-	05091	37.4977	APC	\$2,123.87	-	-	000	999	-
19371	T	REMOVAL OF BREAST CAPSULE	-	05091	37.4977	APC	\$2,123.87	-	-	000	999	-
19380	T	REVISE BREAST RECONSTRUCTION	-	05092	64.8236	APC	\$3,671.61	-	-	016	999	-
19396	T	DESIGN CUSTOM BREAST IMPLANT	-	05091	37.4977	APC	\$2,123.87	-	-	000	999	-
19499	T	BREAST SURGERY PROCEDURE	-	05091	37.4977	APC	\$2,123.87	-	-	000	999	-
2000F	E	BLOOD PRESSURE MEASURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
2001F	E	WEIGHT RECORD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
2002F	E	CLIN SIGN VOL OVRLD ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
2004F	E	INITIAL EXAM INVOLVED JOINTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
20100	T	EXPLORE WOUND NECK	-	05162	5.4673	APC	\$309.67	-	-	000	999	-
20101	T	EXPLORE WOUND CHEST	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
20102	T	EXPLORE WOUND ABDOMEN	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
20103	T	EXPLORE WOUND EXTREMITY	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
2010F	E	VITAL SIGNS RECORDED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
2014F	E	MENTAL STATUS ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
20150	T	EXCISE EPIPHYSEAL BAR	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
2015F	E	ASTHMA IMPAIRMENT ASSESSED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
2016F	E	ASTHMA RISK ASSESSED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
2018F	E	HYDRATION STATUS ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
2019F	E	DILATED MACUL EXAM DONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
20200	T	MUSCLE BIOPSY	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
20205	T	DEEP MUSCLE BIOPSY	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
20206	T	NEEDLE BIOPSY MUSCLE	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
2020F	E	DILATED FUNDUS EVAL DONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
2021F	E	DILAT MACULAR EXAM DONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
20220	T	BONE BIOPSY TROCAR/NEEDLE	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
20225	T	BONE BIOPSY TROCAR/NEEDLE	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
2022F	E	DILAT RTA XM EVC RTNOPHTY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
2023F	E	DILAT RTA XM W/O RTNOPHTY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
20240	T	BONE BIOPSY OPEN SUPERFICIAL	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
20245	T	BONE BIOPSY OPEN DEEP	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
2024F	E	7 FLD RTA PHOTO EVC RTNOPHTY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
20250	T	OPEN BONE BIOPSY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
20251	T	OPEN BONE BIOPSY	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
2025F	E	7 FLD RTA PHOTO W/O RTNOPHTY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
2026F	E	EYE IMG VALID EVC RTNOPHTY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
2027F	E	OPTIC NERVE HEAD EVAL DONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
2028F	E	FOOT EXAM PERFORMED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
2029F	E	COMPLETE PHYS SKIN EXAM DONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
2030F	E	H2O STAT DOCD NORMAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
2031F	E	H2O STAT DOCD DEHYDRATED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
2033F	E	EYE IMG VALID W/O RTNOPHTY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
2035F	E	TYMP MEMB MOTION EXAMD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
2040F	E	BK PN XM ON INIT VISIT DATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
2044F	E	DOC MNTL TST B/4 BK TRXMNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
20500	T	INJECTION OF SINUS TRACT	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
20501	N	INJECT SINUS TRACT FOR X-RAY	-	-	-	Bundled	\$0.00	-	-	000	999	-
2050F	E	WOUND CHAR SIZE ETC DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
20520	T	REMOVAL OF FOREIGN BODY	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
20525	T	REMOVAL OF FOREIGN BODY	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
20526	T	THER INJECTION CARP TUNNEL	-	05441	3.2400	APC	\$183.51	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
				APC	Weight							
20527	T	INJ DUPUYTREN CORD W/ENZYME	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
20550	T	INJ TENDON SHEATH/LIGAMENT	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
20551	T	INJ TENDON ORIGIN/INSERTION	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
20552	T	INJ TRIGGER POINT 1/2 MUSCL	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
20553	T	INJECT TRIGGER POINTS 3/>	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
20555	T	PLACE NDL MUSC/TIS FOR RT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
20560	S	NDL INSJ W/O NJX 1 OR 2 MUSC	-	05731	0.2845	APC	\$16.11	-	-	000	999	-
20561	S	NDL INSJ W/O NJX 3+ MUSC	-	05731	0.2845	APC	\$16.11	-	-	000	999	-
20600	T	DRAIN/INJ JOINT/BURSA W/O US	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
20604	T	DRAIN/INJ JOINT/BURSA W/US	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
20605	T	DRAIN/INJ JOINT/BURSA W/O US	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
20606	T	DRAIN/INJ JOINT/BURSA W/US	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
2060F	E	PT TALK EVAL HLTHWKR RE MDD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
20610	T	DRAIN/INJ JOINT/BURSA W/O US	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
20611	T	DRAIN/INJ JOINT/BURSA W/US	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
20612	T	ASPIRATE/INJ GANGLION CYST	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
20615	T	TREATMENT OF BONE CYST	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
20650	T	INSERT AND REMOVE BONE PIN	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
20660	N	APPLY REM FIXATION DEVICE	-	05112	16.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
20661	C	APPLICATION OF HEAD BRACE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
20662	T	APPLICATION OF PELVIS BRACE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
20663	T	APPLICATION OF THIGH BRACE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
20664	C	APPLICATION OF HALO	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
20665	N	REMOVAL OF FIXATION DEVICE	-	05735	4.5003	Bundled, sometimes payable	\$0.00	-	-	000	999	-
20670	N	REMOVAL OF SUPPORT IMPLANT	-	05072	16.9891	Bundled, sometimes payable	\$0.00	-	-	000	999	-
20680	N	REMOVAL OF SUPPORT IMPLANT	-	05073	28.7016	Bundled, sometimes payable	\$0.00	-	-	000	999	-
20690	N	APPLY BONE FIXATION DEVICE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
20692	N	APPLY BONE FIXATION DEVICE	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-
20693	T	ADJUST BONE FIXATION DEVICE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
20694	N	REMOVE BONE FIXATION DEVICE	-	05112	16.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
20696	N	COMP MULTIPLANE EXT FIXATION	-	05116	197.3696	Bundled, sometimes payable	\$0.00	-	-	000	999	-
20697	T	COMP EXT FIXATE STRUT CHANGE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
20700	N	MNL PREP&INSJ DP RX DLVR DEV	-	-	-	Bundled	\$0.00	-	-	000	999	-
20701	N	RMVL DEEP RX DELIVERY DEVICE	-	-	-	Bundled	\$0.00	-	-	000	999	-
20702	N	MNL PREP&INSJ IMED RX DEV	-	-	-	Bundled	\$0.00	-	-	000	999	-
20703	N	RMVL IMED RX DELIVERY DEVICE	-	-	-	Bundled	\$0.00	-	-	000	999	-
20704	N	MNL PREP&INSJ I-ARTIC RX DEV	-	-	-	Bundled	\$0.00	-	-	000	999	-
20705	N	RMVL I-ARTIC RX DELIVERY DEV	-	-	-	Bundled	\$0.00	-	-	000	999	-
20802	C	REPLANTATION ARM COMPLETE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
20805	C	REPLANT FOREARM COMPLETE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
20808	C	REPLANTATION HAND COMPLETE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
20816	C	REPLANTATION DIGIT COMPLETE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
20822	T	REPLANTATION DIGIT COMPLETE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
20824	C	REPLANTATION THUMB COMPLETE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
20827	C	REPLANTATION THUMB COMPLETE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
20838	C	REPLANTATION FOOT COMPLETE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
20900	T	REMOVAL OF BONE FOR GRAFT	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
20902	N	REMOVAL OF BONE FOR GRAFT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
20910	T	REMOVE CARTILAGE FOR GRAFT	-	05053	6.1518	APC	\$348.44	-	-	000	999	-
20912	T	REMOVE CARTILAGE FOR GRAFT	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-
20920	T	REMOVAL OF FASCIA FOR GRAFT	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
20922	T	REMOVAL OF FASCIA FOR GRAFT	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
20924	T	REMOVAL OF TENDON FOR GRAFT	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
20930	N	SP BONE ALGRFT MORSEL ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
20931	N	SP BONE ALGRFT STRUCT ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
20932	N	OSTEOART ALGRFT W/SURF & B1	-	-	-	Bundled	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
20933	N	HEMICRTR INTRCLRLY ALGRFT PRTL	-	-	-	Bundled	\$0.00	-	-	000	999	-
20934	N	INTERCALARY ALGRFT COMPL	-	-	-	Bundled	\$0.00	-	-	000	999	-
20936	N	SP BONE AGRFT LOCAL ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
20937	N	SP BONE AGRFT MORSEL ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
20938	N	SP BONE AGRFT STRUCT ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
20939	N	BONE MARROW ASPIR BONE GRFG	-	-	-	Bundled	\$0.00	-	-	000	999	-
20950	T	FLUID PRESSURE MUSCLE	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
20955	C	FIBULA BONE GRAFT MICROVASC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
20956	C	ILIAC BONE GRAFT MICROVASC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
20957	C	MT BONE GRAFT MICROVASC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
20962	C	OTHER BONE GRAFT MICROVASC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
20969	C	BONE/SKIN GRAFT MICROVASC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
20970	C	BONE/SKIN GRAFT ILIAC CREST	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
20972	N	BONE/SKIN GRAFT METATARSAL	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
20973	N	BONE/SKIN GRAFT GREAT TOE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
20974	M	ELECTRICAL BONE STIMULATION	-	-	-	Fee Schedule	\$59.11	-	-	000	999	-
20975	N	ELECTRICAL BONE STIMULATION	-	-	-	Bundled	\$0.00	-	-	000	999	-
20979	N	US BONE STIMULATION	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-
20982	T	ABLATE BONE TUMOR(S) PERQ	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
20983	T	ABLATE BONE TUMOR(S) PERQ	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
20985	N	CPTR-ASST DIR MS PX	-	-	-	Bundled	\$0.00	-	-	000	999	-
20999	T	MUSCULOSKELETAL SURGERY	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
21010	N	INCISION OF JAW JOINT	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21011	T	EXC FACE LES SC <2 CM	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
21012	T	EXC FACE LES SBQ 2 CM/>	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
21013	T	EXC FACE TUM DEEP < 2 CM	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
21014	T	EXC FACE TUM DEEP 2 CM/>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
21015	T	RESECT FACE/SCALP TUM < 2 CM	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
21016	T	RESECT FACE/SCALP TUM 2 CM/>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
21025	N	EXCISION OF BONE LOWER JAW	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21026	T	EXCISION OF FACIAL BONE(S)	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-
21029	T	CONTOUR OF FACE BONE LESION	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
21030	T	EXCISE MAX/ZYGOMA B9 TUMOR	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-
21031	T	REMOVE EXOSTOSIS MANDIBLE	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
21032	T	REMOVE EXOSTOSIS MAXILLA	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
21034	N	EXCISE MAX/ZYGOMA MAL TUMOR	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21040	T	EXCISE MANDIBLE LESION	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
21044	N	REMOVAL OF JAW BONE LESION	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21045	C	EXTENSIVE JAW SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
21046	N	REMOVE MANDIBLE CYST COMPLEX	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21047	N	EXCISE LWR JAW CYST W/REPAIR	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21048	N	REMOVE MAXILLA CYST COMPLEX	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21049	N	EXCIS UPFR JAW CYST W/REPAIR	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21050	N	REMOVAL OF JAW JOINT	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21060	N	REMOVE JAW JOINT CARTILAGE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21070	N	REMOVE CORONOID PROCESS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21073	T	MNPJ OF TMJ W/ANESTH	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
21076	T	PREPARE FACE/ORAL PROSTHESIS	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
21077	N	PREPARE FACE/ORAL PROSTHESIS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21079	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21080	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21081	N	PREPARE FACE/ORAL PROSTHESIS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21082	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21083	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21084	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21085	T	PREPARE FACE/ORAL PROSTHESIS	-	05161	2.5205	APC	\$142.76	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
21086	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21087	N	PREPARE FACE/ORAL PROSTHESIS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21088	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21089	T	PREPARE FACE/ORAL PROSTHESIS	-	05161	2.5205	APC	\$142.76	-	-	000	999	-	
21100	N	MAXILLOFACIAL FIXATION	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21110	N	INTERDENTAL FIXATION	-	05163	16.7012	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21116	N	INJECTION JAW JOINT X-RAY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
21120	N	RECONSTRUCTION OF CHIN	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21121	T	RECONSTRUCTION OF CHIN	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
21122	T	RECONSTRUCTION OF CHIN	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-	
21123	T	RECONSTRUCTION OF CHIN	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
21125	T	AUGMENTATION LOWER JAW BONE	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-	
21127	N	AUGMENTATION LOWER JAW BONE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21137	T	REDUCTION OF FOREHEAD	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
21138	N	REDUCTION OF FOREHEAD	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21139	N	REDUCTION OF FOREHEAD	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21141	C	LEFORT I-1 PIECE W/O GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21142	C	LEFORT I-2 PIECE W/O GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21143	C	LEFORT I-3/> PIECE W/O GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21145	C	LEFORT I-1 PIECE W/ GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21146	C	LEFORT I-2 PIECE W/ GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21147	C	LEFORT I-3/> PIECE W/ GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21150	N	LEFORT II ANTERIOR INTRUSION	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21151	C	LEFORT II W/BONE GRAFTS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21154	C	LEFORT III W/O LEFORT I	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21155	C	LEFORT III W/ LEFORT I	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21159	C	LEFORT III W/FHDW/O LEFORT I	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21160	C	LEFORT III W/FHD W/ LEFORT I	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21172	N	RECONSTRUCT ORBIT/FOREHEAD	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21175	N	RECONSTRUCT ORBIT/FOREHEAD	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21179	C	RECONSTRUCT ENTIRE FOREHEAD	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21180	C	RECONSTRUCT ENTIRE FOREHEAD	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21181	N	CONTOUR CRANIAL BONE LESION	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21182	C	RECONSTRUCT CRANIAL BONE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21183	C	RECONSTRUCT CRANIAL BONE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21184	C	RECONSTRUCT CRANIAL BONE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21188	C	RECONSTRUCTION OF MIDFACE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21193	N	RECONSTR LWR JAW W/O GRAFT	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21194	C	RECONSTR LWR JAW W/GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21195	N	RECONSTR LWR JAW W/O FIXATION	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21196	C	RECONSTR LWR JAW W/FIXATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21198	T	RECONSTR LWR JAW SEGMENT	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-	
21199	N	RECONSTR LWR JAW W/ADVANCE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21206	N	RECONSTRUCT UPPER JAW BONE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21208	N	AUGMENTATION OF FACIAL BONES	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21209	N	REDUCTION OF FACIAL BONES	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21210	N	FACE BONE GRAFT	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21215	N	LOWER JAW BONE GRAFT	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21230	N	RIB CARTILAGE GRAFT	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21235	T	EAR CARTILAGE GRAFT	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-	
21240	N	RECONSTRUCTION OF JAW JOINT	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21242	N	RECONSTRUCTION OF JAW JOINT	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21243	N	RECONSTRUCTION OF JAW JOINT	-	05116	197.3696	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21244	N	RECONSTRUCTION OF LOWER JAW	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21245	N	RECONSTRUCTION OF JAW	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21246	N	RECONSTRUCTION OF JAW	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
21247	C	RECONSTRUCT LOWER JAW BONE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21248	N	RECONSTRUCTION OF JAW	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21249	N	RECONSTRUCTION OF JAW	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21255	C	RECONSTRUCT LOWER JAW BONE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21256	N	RECONSTRUCTION OF ORBIT	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21260	N	REVISE EYE SOCKETS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21261	N	REVISE EYE SOCKETS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21263	N	REVISE EYE SOCKETS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21267	N	REVISE EYE SOCKETS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21268	C	REVISE EYE SOCKETS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21270	N	AUGMENTATION CHEEK BONE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21275	N	REVISION ORBITOFACIAL BONES	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21280	N	REVISION OF EYELID	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21282	T	REVISION OF EYELID	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
21295	T	REVISION OF JAW MUSCLE/BONE	-	05163	16.7012	APC	\$945.96	-	-	000	999	-	
21296	T	REVISION OF JAW MUSCLE/BONE	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
21299	T	CRANIO/MAXILLOFACIAL SURGERY	-	05161	2.5205	APC	\$142.76	-	-	000	999	-	
21310	T	CLOSED TX NOSE FX W/O MANJ	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
21315	T	CLOSED TX NOSE FX W/O STABLJ	-	05163	16.7012	APC	\$945.96	-	-	000	999	-	
21320	T	CLOSED TX NOSE FX W/ STABLJ	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
21325	T	OPEN TX NOSE FX UNCOMPLICATD	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
21330	T	OPEN TX NOSE FX W/SKELE FIXJ	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-	
21335	T	OPEN TX NOSE & SEPTAL FX	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
21336	T	OPEN TX SEPTAL FX W/WO STABJ	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
21337	T	CLOSED TX SEPTAL&NOSE FX	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
21338	N	OPEN NASOETHMOID FX W/O FIXJ	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21339	T	OPEN NASOETHMOID FX W/ FIXJ	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-	
21340	N	PERQ TX NASOETHMOID FX	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21343	C	OPEN TX DPRSD FRONT SINUS FX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21344	C	OPEN TX COMPL FRONT SINUS FX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21345	T	CLOSED TX NOSE/JAW FX	-	05163	16.7012	APC	\$945.96	-	-	000	999	-	
21346	N	OPN TX NASOMAX FX W/FIXJ	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21347	C	OPN TX NASOMAX FX MULTIPLE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21348	C	OPN TX NASOMAX FX W/GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21355	N	PERQ TX MALAR FRACTURE	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21356	T	OPN TX DPRSD ZYGOMATIC ARCH	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-	
21360	N	OPN TX DPRSD MALAR FRACTURE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21365	N	OPN TX COMPLX MALAR FX	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21366	C	OPN TX COMPLX MALAR W/GRFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21385	N	OPN TX ORBIT FX TRANSANTRAL	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21386	N	OPN TX ORBIT FX PERIORBITAL	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21387	N	OPN TX ORBIT FX COMBINED	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21390	N	OPN TX ORBIT PERIORBTL IMPLT	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21395	N	OPN TX ORBIT PERIORBT W/GRFT	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21400	T	CLOSED TX ORBIT W/O MANIPULJ	-	05162	5.4673	APC	\$309.67	-	-	000	999	-	
21401	T	CLOSED TX ORBIT W/MANIPULJ	-	05163	16.7012	APC	\$945.96	-	-	000	999	-	
21406	N	OPN TX ORBIT FX W/O IMPLANT	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21407	N	OPN TX ORBIT FX W/IMPLANT	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21408	N	OPN TX ORBIT FX W/BONE GRFT	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21421	N	TREAT MOUTH ROOF FRACTURE	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
21422	C	TREAT MOUTH ROOF FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21423	C	TREAT MOUTH ROOF FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21431	C	TREAT CRANIOFACIAL FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21432	C	TREAT CRANIOFACIAL FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21433	C	TREAT CRANIOFACIAL FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
21435	C	TREAT CRANIOFACIAL FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	

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Outpatient Prospective Payment System Services
July 1, 2020**

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21436	C	TREAT CRANIOFACIAL FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
21440	T	TREAT DENTAL RIDGE FRACTURE	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
21445	N	TREAT DENTAL RIDGE FRACTURE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21450	T	TREAT LOWER JAW FRACTURE	-	05162	5.4673	APC	\$309.67	-	-	000	999	-
21451	T	TREAT LOWER JAW FRACTURE	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
21452	T	TREAT LOWER JAW FRACTURE	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-
21453	N	TREAT LOWER JAW FRACTURE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21454	N	TREAT LOWER JAW FRACTURE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21461	N	TREAT LOWER JAW FRACTURE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21462	N	TREAT LOWER JAW FRACTURE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21465	N	TREAT LOWER JAW FRACTURE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21470	N	TREAT LOWER JAW FRACTURE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21480	T	RESET DISLOCATED JAW	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
21485	T	RESET DISLOCATED JAW	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
21490	N	REPAIR DISLOCATED JAW	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-
21497	T	INTERDENTAL WIRING	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
21499	T	HEAD SURGERY PROCEDURE	-	05161	2.5205	APC	\$142.76	-	-	000	999	-
21501	T	DRAIN NECK/CHEST LESION	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
21502	T	DRAIN CHEST LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
21510	C	DRAINAGE OF BONE LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
21550	T	BIOPSY OF NECK/CHEST	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
21552	T	EXC NECK LES SC 3 CM>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
21554	T	EXC NECK TUM DEEP 5 CM/>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
21555	T	EXC NECK LES SC < 3 CM	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
21556	T	EXC NECK TUM DEEP < 5 CM	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
21557	T	RESECT NECK THORAX TUMOR<5CM	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
21558	T	RESECT NECK TUMOR 5 CM>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
21600	T	PARTIAL REMOVAL OF RIB	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
21601	N	EXC CHEST WALL TUMOR W/RIBS	-	05073	28.7016	Bundled, sometimes payable	\$1,625.66	-	-	000	999	-
21602	E	EXC CH WAL TUM W/O LYMPHADEC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
21603	E	EXC CH WAL TUM W/LYMPHADEC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
21610	T	PARTIAL REMOVAL OF RIB	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
21615	C	REMOVAL OF RIB	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
21616	C	REMOVAL OF RIB AND NERVES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
21620	C	PARTIAL REMOVAL OF STERNUM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
21627	C	STERNAL DEBRIDEMENT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
21630	C	EXTENSIVE STERNUM SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
21632	C	EXTENSIVE STERNUM SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
21685	T	HYOID MYOTOMY & SUSPENSION	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-
21700	T	REVISION OF NECK MUSCLE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
21705	C	REVISION OF NECK MUSCLE/RIB	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
21720	T	REVISION OF NECK MUSCLE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
21725	T	REVISION OF NECK MUSCLE	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
21740	C	RECONSTRUCTION OF STERNUM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
21742	T	REPAIR STERNUM/NUSS W/O SCOPE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
21743	T	REPAIR STERNUM/NUSS W/SCOPE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
21750	C	REPAIR OF STERNUM SEPARATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
21811	T	OPTX OF RIB FX W/FIXJ SCOPE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
21812	T	TREATMENT OF RIB FRACTURE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
21813	T	TREATMENT OF RIB FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
21820	T	TREAT STERNUM FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
21825	C	TREAT STERNUM FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
21899	T	NECK/CHEST SURGERY PROCEDURE	-	05161	2.5205	APC	\$142.76	-	-	000	999	-
21920	T	BIOPSY SOFT TISSUE OF BACK	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
21925	T	BIOPSY SOFT TISSUE OF BACK	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
21930	T	EXC BACK LES SC < 3 CM	-	05072	16.9891	APC	\$962.26	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
21931	T	EXC BACK LES SC 3 CM>	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
21932	T	EXC BACK TUM DEEP < 5 CM	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
21933	T	EXC BACK TUM DEEP 5 CM>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
21935	T	RESECT BACK TUM < 5 CM	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
21936	T	RESECT BACK TUM 5 CM>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
22010	C	I&D P-SPINE C/TI/CERV-THOR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22015	C	I&D ABSCESS P-SPINE L/S/LS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22100	T	REMOVE PART OF NECK VERTEBRA	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
22101	T	REMOVE PART THORAX VERTEBRA	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
22102	T	REMOVE PART LUMBAR VERTEBRA	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
22103	N	REMOVE EXTRA SPINE SEGMENT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
22110	C	REMOVE PART OF NECK VERTEBRA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22112	C	REMOVE PART THORAX VERTEBRA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22114	C	REMOVE PART LUMBAR VERTEBRA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22116	C	REMOVE EXTRA SPINE SEGMENT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22206	C	INCIS SPINE 3 COLUMN THORAC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22207	C	INCIS SPINE 3 COLUMN LUMBAR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22208	C	INCIS SPINE 3 COLUMN ADL SEG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22210	C	INCIS 1 VERTEBRAL SEG CERV	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22212	C	INCIS 1 VERTEBRAL SEG THORAC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22214	C	INCIS 1 VERTEBRAL SEG LUMBAR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22216	C	INCIS ADDL SPINE SEGMENT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22220	C	INCIS W/DISCECTOMY CERVICAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22222	C	INCIS W/DISCECTOMY THORACIC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22224	C	INCIS W/DISCECTOMY LUMBAR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22226	C	REVISE EXTRA SPINE SEGMENT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22310	T	CLOSED TX VERT FX W/O MANJ	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
22315	T	CLOSED TX VERT FX W/MANJ	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
22318	C	TREAT ODONTOID FX W/O GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22319	C	TREAT ODONTOID FX W/GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22325	C	TREAT SPINE FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22326	C	TREAT NECK SPINE FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22327	C	TREAT THORAX SPINE FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22328	C	TREAT EACH ADD SPINE FX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22505	T	MANIPULATION OF SPINE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
22510	T	PERQ CERVICOTHORACIC INJECT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
22511	T	PERQ LUMBOSACRAL INJECTION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
22512	N	VERTEBROPLASTY ADDL INJECT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
22513	N	PERQ VERTEBRAL AUGMENTATION	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
22514	N	PERQ VERTEBRAL AUGMENTATION	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
22515	N	PERQ VERTEBRAL AUGMENTATION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
22526	E	IDET SINGLE LEVEL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
22527	E	IDET 1 OR MORE LEVELS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
22532	C	LAT THORAX SPINE FUSION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22533	C	LAT LUMBAR SPINE FUSION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22534	C	LAT THOR/LUMB ADDL SEG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22548	C	NECK SPINE FUSION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22551	N	NECK SPINE FUSE&REMOV BEL C2	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
22552	N	ADDL NECK SPINE FUSION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
22554	N	NECK SPINE FUSION	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
22556	C	THORAX SPINE FUSION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22558	C	LUMBAR SPINE FUSION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22585	N	ADDITIONAL SPINAL FUSION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
22586	C	PRESCLR FUSE W/ INSTR L5-S1	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22590	C	SPINE & SKULL SPINAL FUSION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22595	C	NECK SPINAL FUSION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
22600	C	NECK SPINE FUSION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22610	C	THORAX SPINE FUSION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22612	N	LUMBAR SPINE FUSION	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
22614	N	SPINE FUSION EXTRA SEGMENT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
22630	C	LUMBAR SPINE FUSION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22632	C	SPINE FUSION EXTRA SEGMENT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22633	N	LUMBAR SPINE FUSION COMBINED	-	05115	147.2988	Bundled, sometimes payable	\$8,343.00	-	-	000	999	-	
22634	C	SPINE FUSION EXTRA SEGMENT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22800	C	POST FUSION <=6 VERT SEG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22802	C	POST FUSION 7-12 VERT SEG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22804	C	POST FUSION 13/> VERT SEG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22808	C	ANT FUSION 2-3 VERT SEG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22810	C	ANT FUSION 4-7 VERT SEG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22812	C	ANT FUSION 8/> VERT SEG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22818	C	KYPHECTOMY 1-2 SEGMENTS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22819	C	KYPHECTOMY 3 OR MORE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22830	C	EXPLORATION OF SPINAL FUSION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22840	N	INSERT SPINE FIXATION DEVICE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
22841	C	INSERT SPINE FIXATION DEVICE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22842	N	INSERT SPINE FIXATION DEVICE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
22843	C	INSERT SPINE FIXATION DEVICE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22844	C	INSERT SPINE FIXATION DEVICE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22845	N	INSERT SPINE FIXATION DEVICE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
22846	C	INSERT SPINE FIXATION DEVICE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22847	C	INSERT SPINE FIXATION DEVICE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22848	C	INSERT PELV FIXATION DEVICE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22849	C	REINSERT SPINAL FIXATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22850	C	REMOVE SPINE FIXATION DEVICE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22852	C	REMOVE SPINE FIXATION DEVICE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22853	N	INSJ BIOMECHANICAL DEVICE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
22854	N	INSJ BIOMECHANICAL DEVICE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
22855	C	REMOVE SPINE FIXATION DEVICE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22856	N	CERV ARTIFIC DISKECTOMY	-	05116	197.3696	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
22857	C	LUMBAR ARTIF DISKECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22858	N	SECOND LEVEL CER DISKECTOMY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
22859	N	INSJ BIOMECHANICAL DEVICE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
22861	C	REVISE CERV ARTIFIC DISC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22862	C	REVISE LUMBAR ARTIF DISC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22864	C	REMOVE CERV ARTIF DISC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22865	C	REMOVE LUMB ARTIF DISC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
22867	T	INSJ STABLJ DEV W/DCMPRN	-	05116	197.3696	APC	\$11,179.01	-	-	000	999	-	
22868	N	INSJ STABLJ DEV W/DCMPRN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
22869	T	INSJ STABLJ DEV W/O DCMPRN	-	05115	147.2988	APC	\$8,343.00	-	-	000	999	-	
22870	N	INSJ STABLJ DEV W/O DCMPRN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
22899	T	SPINE SURGERY PROCEDURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
22900	T	EXC ABDL TUM DEEP < 5 CM	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
22901	T	EXC ABDL TUM DEEP 5 CM/>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
22902	T	EXC ABD LES SC < 3 CM	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
22903	T	EXC ABD LES SC 3 CM/>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
22904	T	RADICAL RESECT ABD TUMOR<5CM	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
22905	T	RAD RESECT ABD TUMOR 5 CM/>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
22999	T	ABDOMEN SURGERY PROCEDURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
23000	T	REMOVAL OF CALCIUM DEPOSITS	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
23020	T	RELEASE SHOULDER JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
23030	T	DRAIN SHOULDER LESION	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
23031	T	DRAIN SHOULDER BURSA	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
				APC	Weight							
23035	T	DRAIN SHOULDER BONE LESION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
23040	T	EXPLORATORY SHOULDER SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
23044	T	EXPLORATORY SHOULDER SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
23065	T	BIOPSY SHOULDER TISSUES	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
23066	T	BIOPSY SHOULDER TISSUES	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
23071	T	EXC SHOULDER LES SC 3 CM/>	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
23073	T	EXC SHOULDER TUM DEEP 5 CM/>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
23075	T	EXC SHOULDER LES SC < 3 CM	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
23076	T	EXC SHOULDER TUM DEEP < 5 CM	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
23077	T	RESECT SHOULDER TUMOR < 5 CM	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
23078	T	RESECT SHOULDER TUMOR 5 CM/>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
23100	T	BIOPSY OF SHOULDER JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
23101	T	SHOULDER JOINT SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
23105	T	REMOVE SHOULDER JOINT LINING	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
23106	T	INCISION OF COLLARBONE JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
23107	T	EXPLORE TREAT SHOULDER JOINT	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
23120	T	PARTIAL REMOVAL COLLAR BONE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
23125	T	REMOVAL OF COLLAR BONE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
23130	T	REMOVE SHOULDER BONE PART	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
23140	T	REMOVAL OF BONE LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
23145	T	REMOVAL OF BONE LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
23146	N	REMOVAL OF BONE LESION	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
23150	T	REMOVAL OF HUMERUS LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
23155	T	REMOVAL OF HUMERUS LESION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
23156	N	REMOVAL OF HUMERUS LESION	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
23170	T	REMOVE COLLAR BONE LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
23172	T	REMOVE SHOULDER BLADE LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
23174	T	REMOVE HUMERUS LESION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
23180	T	REMOVE COLLAR BONE LESION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
23182	T	REMOVE SHOULDER BLADE LESION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
23184	T	REMOVE HUMERUS LESION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
23190	T	PARTIAL REMOVAL OF SCAPULA	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
23195	N	REMOVAL OF HEAD OF HUMERUS	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
23200	C	RESECT CLAVICLE TUMOR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
23210	C	RESECT SCAPULA TUMOR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
23220	C	RESECT PROX HUMERUS TUMOR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
23330	T	REMOVE SHOULDER FOREIGN BODY	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
23333	T	REMOVE SHOULDER FB DEEP	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
23334	T	SHOULDER PROSTHESIS REMOVAL	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
23335	C	SHOULDER PROSTHESIS REMOVAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
23350	N	INJECTION FOR SHOULDER X-RAY	-	-	-	Bundled	\$0.00	-	-	000	999	-
23395	N	MUSCLE TRANSFER SHOULDER/ARM	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
23397	T	MUSCLE TRANSFERS	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
23400	N	FIXATION OF SHOULDER BLADE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
23405	T	INCISION OF TENDON & MUSCLE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
23406	T	INCISE TENDON(S) & MUSCLE(S)	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
23410	N	REPAIR ROTATOR CUFF ACUTE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
23412	N	REPAIR ROTATOR CUFF CHRONIC	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
23415	T	RELEASE OF SHOULDER LIGAMENT	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
23420	N	REPAIR OF SHOULDER	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
23430	N	REPAIR BICEPS TENDON	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
23440	T	REMOVE/TRANSPLANT TENDON	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
23450	T	REPAIR SHOULDER CAPSULE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
23455	N	REPAIR SHOULDER CAPSULE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
23460	T	REPAIR SHOULDER CAPSULE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
23462	N	REPAIR SHOULDER CAPSULE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Min Age	Max Age	Comments
				APC	Weight				Fees	Fees			
23465	N	REPAIR SHOULDER CAPSULE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
23466	N	REPAIR SHOULDER CAPSULE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
23470	N	RECONSTRUCT SHOULDER JOINT	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
23472	C	RECONSTRUCT SHOULDER JOINT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
23473	N	REVIS RECONST SHOULDER JOINT	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
23474	C	REVIS RECONST SHOULDER JOINT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
23480	T	REVISION OF COLLAR BONE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
23485	N	REVISION OF COLLAR BONE	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
23490	N	REINFORCE CLAVICLE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
23491	N	REINFORCE SHOULDER BONES	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
23500	T	TREAT CLAVICLE FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
23505	T	TREAT CLAVICLE FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
23515	N	TREAT CLAVICLE FRACTURE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
23520	T	TREAT CLAVICLE DISLOCATION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
23525	T	TREAT CLAVICLE DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
23530	T	TREAT CLAVICLE DISLOCATION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
23532	N	TREAT CLAVICLE DISLOCATION	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
23540	T	TREAT CLAVICLE DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
23545	T	TREAT CLAVICLE DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
23550	N	TREAT CLAVICLE DISLOCATION	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
23552	N	TREAT CLAVICLE DISLOCATION	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
23570	T	TREAT SHOULDER BLADE FX	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
23575	T	TREAT SHOULDER BLADE FX	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
23585	N	TREAT SCAPULA FRACTURE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
23600	T	TREAT HUMERUS FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
23605	T	TREAT HUMERUS FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
23615	N	TREAT HUMERUS FRACTURE	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
23616	N	TREAT HUMERUS FRACTURE	-	05116	197.3696	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
23620	T	TREAT HUMERUS FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
23625	T	TREAT HUMERUS FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
23630	N	TREAT HUMERUS FRACTURE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
23650	T	TREAT SHOULDER DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
23655	T	TREAT SHOULDER DISLOCATION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
23660	T	TREAT SHOULDER DISLOCATION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
23665	T	TREAT DISLOCATION/FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
23670	N	TREAT DISLOCATION/FRACTURE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
23675	T	TREAT DISLOCATION/FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
23680	N	TREAT DISLOCATION/FRACTURE	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
23700	T	FIXATION OF SHOULDER	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
23800	N	FUSION OF SHOULDER JOINT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
23802	N	FUSION OF SHOULDER JOINT	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
23900	C	AMPUTATION OF ARM & GIRDLE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
23920	C	AMPUTATION AT SHOULDER JOINT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
23921	T	AMPUTATION FOLLOW-UP SURGERY	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-	
23929	T	SHOULDER SURGERY PROCEDURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
23930	T	DRAINAGE OF ARM LESION	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
23931	T	DRAINAGE OF ARM BURSA	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
23935	T	DRAIN ARM/ELBOW BONE LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
24000	T	EXPLORATORY ELBOW SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
24006	T	RELEASE ELBOW JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
24065	T	BIOPSY ARM/ELBOW SOFT TISSUE	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
24066	T	BIOPSY ARM/ELBOW SOFT TISSUE	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
24071	T	EXC ARM/ELBOW LES SC 3 CM>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
24073	T	EX ARM/ELBOW TUM DEEP 5 CM>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
24075	T	EXC ARM/ELBOW LES SC < 3 CM	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
24076	T	EX ARM/ELBOW TUM DEEP < 5 CM	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
				APC	Weight							
24077	T	RESECT ARM/ELBOW TUM < 5 CM	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
24079	T	RESECT ARM/ELBOW TUM 5 CM/>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
24100	T	BIOPSY ELBOW JOINT LINING	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
24101	T	EXPLORE/TREAT ELBOW JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
24102	T	REMOVE ELBOW JOINT LINING	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
24105	T	REMOVAL OF ELBOW BURSA	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
24110	T	REMOVE HUMERUS LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
24115	T	REMOVE/GRAFT BONE LESION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
24116	T	REMOVE/GRAFT BONE LESION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
24120	T	REMOVE ELBOW LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
24125	T	REMOVE/GRAFT BONE LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
24126	T	REMOVE/GRAFT BONE LESION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
24130	T	REMOVAL OF HEAD OF RADIUS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
24134	N	REMOVAL OF ARM BONE LESION	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
24136	T	REMOVE RADIUS BONE LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
24138	T	REMOVE ELBOW BONE LESION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
24140	T	PARTIAL REMOVAL OF ARM BONE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
24145	T	PARTIAL REMOVAL OF RADIUS	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
24147	T	PARTIAL REMOVAL OF ELBOW	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
24149	T	RADICAL RESECTION OF ELBOW	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
24150	T	RESECT DISTAL HUMERUS TUMOR	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
24152	T	RESECT RADIUS TUMOR	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
24155	T	REMOVAL OF ELBOW JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
24160	N	REMOVE ELBOW JOINT IMPLANT	-	05113	33.8823	Bundled, sometimes payable	\$0.00	-	-	000	999	-
24164	N	REMOVE RADIUS HEAD IMPLANT	-	05113	33.8823	Bundled, sometimes payable	\$0.00	-	-	000	999	-
24200	T	REMOVAL OF ARM FOREIGN BODY	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
24201	T	REMOVAL OF ARM FOREIGN BODY	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
24220	N	INJECTION FOR ELBOW X-RAY	-	-	-	Bundled	\$0.00	-	-	000	999	-
24300	T	MANIPULATE ELBOW W/ANESTH	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
24301	T	MUSCLE/TENDON TRANSFER	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
24305	T	ARM TENDON LENGTHENING	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
24310	T	REVISION OF ARM TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
24320	T	REPAIR OF ARM TENDON	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
24330	T	REVISION OF ARM MUSCLES	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
24331	T	REVISION OF ARM MUSCLES	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
24332	T	TENOLYSIS TRICEPS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
24340	N	REPAIR OF BICEPS TENDON	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
24341	T	REPAIR ARM TENDON/MUSCLE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
24342	T	REPAIR OF RUPTURED TENDON	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
24343	T	REPR ELBOW LAT LIGMNT W/TISS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
24344	N	RECONSTRUCT ELBOW LAT LIGMNT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
24345	T	REPR ELBW MED LIGMNT W/TISSU	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
24346	N	RECONSTRUCT ELBOW MED LIGMNT	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-
24357	T	REPAIR ELBOW PERC	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
24358	T	REPAIR ELBOW W/DEB OPEN	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
24359	T	REPAIR ELBOW DEB/ATTCH OPEN	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
24360	N	RECONSTRUCT ELBOW JOINT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
24361	N	RECONSTRUCT ELBOW JOINT	-	05116	197.3696	Bundled, sometimes payable	\$0.00	-	-	000	999	-
24362	N	RECONSTRUCT ELBOW JOINT	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-
24363	N	REPLACE ELBOW JOINT	-	05116	197.3696	Bundled, sometimes payable	\$0.00	-	-	000	999	-
24365	N	RECONSTRUCT HEAD OF RADIUS	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-
24366	N	RECONSTRUCT HEAD OF RADIUS	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-
24370	N	REVISE RECONST ELBOW JOINT	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-
24371	N	REVISE RECONST ELBOW JOINT	-	05116	197.3696	Bundled, sometimes payable	\$0.00	-	-	000	999	-
24400	N	REVISION OF HUMERUS	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
24410	N	REVISION OF HUMERUS	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Min Age	Max Age	Comments
				APC	Weight				Fees	Fees			
24420	T	REVISION OF HUMERUS	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
24430	N	REPAIR OF HUMERUS	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
24435	N	REPAIR HUMERUS WITH GRAFT	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
24470	T	REVISION OF ELBOW JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
24495	T	DECOMPRESSION OF FOREARM	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
24498	N	REINFORCE HUMERUS	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
24500	T	TREAT HUMERUS FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
24505	T	TREAT HUMERUS FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
24515	N	TREAT HUMERUS FRACTURE	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
24516	N	TREAT HUMERUS FRACTURE	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
24530	T	TREAT HUMERUS FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
24535	T	TREAT HUMERUS FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
24538	T	TREAT HUMERUS FRACTURE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
24545	N	TREAT HUMERUS FRACTURE	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
24546	N	TREAT HUMERUS FRACTURE	-	05116	197.3696	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
24560	T	TREAT HUMERUS FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
24565	T	TREAT HUMERUS FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
24566	T	TREAT HUMERUS FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
24575	N	TREAT HUMERUS FRACTURE	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
24576	T	TREAT HUMERUS FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
24577	T	TREAT HUMERUS FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
24579	N	TREAT HUMERUS FRACTURE	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
24582	T	TREAT HUMERUS FRACTURE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
24586	N	TREAT ELBOW FRACTURE	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
24587	N	TREAT ELBOW FRACTURE	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
24600	T	TREAT ELBOW DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
24605	T	TREAT ELBOW DISLOCATION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
24615	N	TREAT ELBOW DISLOCATION	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
24620	T	TREAT ELBOW FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
24635	N	TREAT ELBOW FRACTURE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
24640	T	TREAT ELBOW DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
24650	T	TREAT RADIUS FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
24655	T	TREAT RADIUS FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
24665	N	TREAT RADIUS FRACTURE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
24666	N	TREAT RADIUS FRACTURE	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
24670	T	TREAT ULNAR FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
24675	T	TREAT ULNAR FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
24685	N	TREAT ULNAR FRACTURE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
24800	N	FUSION OF ELBOW JOINT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
24802	N	FUSION/GRAFT OF ELBOW JOINT	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
24900	C	AMPUTATION OF UPPER ARM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
24920	C	AMPUTATION OF UPPER ARM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
24925	T	AMPUTATION FOLLOW-UP SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
24930	C	AMPUTATION FOLLOW-UP SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
24931	C	AMPUTATE UPPER ARM & IMPLANT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
24935	N	REVISION OF AMPUTATION	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
24940	C	REVISION OF UPPER ARM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
24999	T	UPPER ARM/ELBOW SURGERY	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
25000	T	INCISION OF TENDON SHEATH	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
25001	T	INCISE FLEXOR CARPI RADIALIS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
25020	T	DECOMPRESS FOREARM 1 SPACE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
25023	T	DECOMPRESS FOREARM 1 SPACE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
25024	T	DECOMPRESS FOREARM 2 SPACES	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
25025	T	DECOMPRESS FOREARM 2 SPACES	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
25028	T	DRAINAGE OF FOREARM LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
25031	T	DRAINAGE OF FOREARM BURSA	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
				APC	Weight							
25035	T	TREAT FOREARM BONE LESION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
25040	T	EXPLORE/TREAT WRIST JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25065	T	BIOPSY FOREARM SOFT TISSUES	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
25066	T	BIOPSY FOREARM SOFT TISSUES	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
25071	T	EXC FOREARM LES SC 3 CM/>	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
25073	T	EXC FOREARM TUM DEEP 3 CM/>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
25075	T	EXC FOREARM LES SC < 3 CM	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
25076	T	EXC FOREARM TUM DEEP < 3 CM	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
25077	T	RESECT FOREARM/WRIST TUM<3CM	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
25078	T	RESECT FORARM/WRIST TUM 3CM>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
25085	T	INCISION OF WRIST CAPSULE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25100	T	BIOPSY OF WRIST JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25101	T	EXPLORE/TREAT WRIST JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25105	T	REMOVE WRIST JOINT LINING	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25107	T	REMOVE WRIST JOINT CARTILAGE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25109	T	EXCISE TENDON FOREARM/WRIST	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25110	T	REMOVE WRIST TENDON LESION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
25111	T	REMOVE WRIST TENDON LESION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
25112	T	REREMOVE WRIST TENDON LESION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
25115	T	REMOVE WRIST/FOREARM LESION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
25116	T	REMOVE WRIST/FOREARM LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25118	T	EXCISE WRIST TENDON SHEATH	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
25119	T	PARTIAL REMOVAL OF ULNA	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25120	T	REMOVAL OF FOREARM LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25125	T	REMOVE/GRAFT FOREARM LESION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
25126	T	REMOVE/GRAFT FOREARM LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25130	T	REMOVAL OF WRIST LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25135	T	REMOVE & GRAFT WRIST LESION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
25136	T	REMOVE & GRAFT WRIST LESION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
25145	T	REMOVE FOREARM BONE LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25150	T	PARTIAL REMOVAL OF ULNA	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25151	T	PARTIAL REMOVAL OF RADIUS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25170	T	RESECT RADIUS/ULNAR TUMOR	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
25210	T	REMOVAL OF WRIST BONE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25215	T	REMOVAL OF WRIST BONES	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25230	T	PARTIAL REMOVAL OF RADIUS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25240	T	PARTIAL REMOVAL OF ULNA	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25246	N	INJECTION FOR WRIST X-RAY	-	-	-	Bundled	\$0.00	-	-	000	999	-
25248	T	REMOVE FOREARM FOREIGN BODY	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
25250	N	REMOVAL OF WRIST PROSTHESIS	-	05112	16.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
25251	N	REMOVAL OF WRIST PROSTHESIS	-	05113	33.8823	Bundled, sometimes payable	\$0.00	-	-	000	999	-
25259	T	MANIPULATE WRIST W/ANESTHES	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
25260	T	REPAIR FOREARM TENDON/MUSCLE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25263	T	REPAIR FOREARM TENDON/MUSCLE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
25265	T	REPAIR FOREARM TENDON/MUSCLE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25270	T	REPAIR FOREARM TENDON/MUSCLE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25272	T	REPAIR FOREARM TENDON/MUSCLE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25274	T	REPAIR FOREARM TENDON/MUSCLE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25275	T	REPAIR FOREARM TENDON SHEATH	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25280	T	REVISE WRIST/FOREARM TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25290	T	INCISE WRIST/FOREARM TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25295	T	RELEASE WRIST/FOREARM TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25300	T	FUSION OF TENDONS AT WRIST	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25301	T	FUSION OF TENDONS AT WRIST	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25310	T	TRANSPLANT FOREARM TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
25312	T	TRANSPLANT FOREARM TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Min Age	Max Age	Comments
				APC	Weight				Hospital Lab Fees	Hospital Lab Fees			
25315	T	REVISE PALSY HAND TENDON(S)	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
25316	N	REVISE PALSY HAND TENDON(S)	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25320	T	REPAIR/REVISE WRIST JOINT	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
25332	T	REVISE WRIST JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
25335	T	REALIGNMENT OF HAND	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
25337	T	RECONSTRUCT ULNA/RADIOULNAR	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
25350	N	REVISION OF RADIUS	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25355	T	REVISION OF RADIUS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
25360	N	REVISION OF ULNA	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25365	N	REVISE RADIUS & ULNA	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25370	T	REVISE RADIUS OR ULNA	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
25375	T	REVISE RADIUS & ULNA	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
25390	N	SHORTEN RADIUS OR ULNA	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25391	N	LENGTHEN RADIUS OR ULNA	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25392	T	SHORTEN RADIUS & ULNA	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
25393	T	LENGTHEN RADIUS & ULNA	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
25394	T	REPAIR CARPAL BONE SHORTEN	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
25400	N	REPAIR RADIUS OR ULNA	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25405	N	REPAIR/GRAFT RADIUS OR ULNA	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25415	N	REPAIR RADIUS & ULNA	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25420	N	REPAIR/GRAFT RADIUS & ULNA	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25425	T	REPAIR/GRAFT RADIUS OR ULNA	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
25426	T	REPAIR/GRAFT RADIUS & ULNA	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
25430	T	VASC GRAFT INTO CARPAL BONE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
25431	N	REPAIR NONUNION CARPAL BONE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25440	N	REPAIR/GRAFT WRIST BONE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25441	N	RECONSTRUCT WRIST JOINT	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25442	N	RECONSTRUCT WRIST JOINT	-	05116	197.3696	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25443	N	RECONSTRUCT WRIST JOINT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25444	N	RECONSTRUCT WRIST JOINT	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25445	N	RECONSTRUCT WRIST JOINT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25446	N	WRIST REPLACEMENT	-	05116	197.3696	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25447	T	REPAIR WRIST JOINTS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
25449	N	REMOVE WRIST JOINT IMPLANT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25450	T	REVISION OF WRIST JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
25455	T	REVISION OF WRIST JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
25490	T	REINFORCE RADIUS	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
25491	N	REINFORCE ULNA	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25492	T	REINFORCE RADIUS AND ULNA	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
25500	T	TREAT FRACTURE OF RADIUS	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
25505	T	TREAT FRACTURE OF RADIUS	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
25515	N	TREAT FRACTURE OF RADIUS	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25520	T	TREAT FRACTURE OF RADIUS	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
25525	N	TREAT FRACTURE OF RADIUS	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25526	N	TREAT FRACTURE OF RADIUS	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25530	T	TREAT FRACTURE OF ULNA	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
25535	T	TREAT FRACTURE OF ULNA	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
25545	N	TREAT FRACTURE OF ULNA	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25560	T	TREAT FRACTURE RADIUS & ULNA	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
25565	T	TREAT FRACTURE RADIUS & ULNA	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
25574	N	TREAT FRACTURE RADIUS & ULNA	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25575	N	TREAT FRACTURE RADIUS/ULNA	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25600	T	TREAT FRACTURE RADIUS/ULNA	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
25605	T	TREAT FRACTURE RADIUS/ULNA	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
25606	T	TREAT FX DISTAL RADIAL	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
25607	N	TREAT FX RAD EXTRA-ARTICUL	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab		Min Age	Max Age	Comments
				APC	Weight				Fees	Fees			
25608	N	TREAT FX RAD INTRA-ARTICUL	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25609	N	TREAT FX RADIAL 3+ FRAG	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25622	T	TREAT WRIST BONE FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
25624	T	TREAT WRIST BONE FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
25628	T	TREAT WRIST BONE FRACTURE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
25630	T	TREAT WRIST BONE FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
25635	T	TREAT WRIST BONE FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
25645	T	TREAT WRIST BONE FRACTURE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
25650	T	TREAT WRIST BONE FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
25651	T	PIN ULNAR STYLOID FRACTURE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
25652	N	TREAT FRACTURE ULNAR STYLOID	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25660	T	TREAT WRIST DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
25670	T	TREAT WRIST DISLOCATION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
25671	T	PIN RADIOULNAR DISLOCATION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
25675	T	TREAT WRIST DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
25676	N	TREAT WRIST DISLOCATION	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25680	T	TREAT WRIST FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
25685	T	TREAT WRIST FRACTURE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
25690	T	TREAT WRIST DISLOCATION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
25695	T	TREAT WRIST DISLOCATION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
25800	N	FUSION OF WRIST JOINT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25805	N	FUSION/GRAFT OF WRIST JOINT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25810	N	FUSION/GRAFT OF WRIST JOINT	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25820	N	FUSION OF HAND BONES	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25825	N	FUSE HAND BONES WITH GRAFT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25830	N	FUSION RADIOULNAR JNT/ULNA	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
25900	C	AMPUTATION OF FOREARM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
25905	C	AMPUTATION OF FOREARM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
25907	T	AMPUTATION FOLLOW-UP SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
25909	T	AMPUTATION FOLLOW-UP SURGERY	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
25915	C	AMPUTATION OF FOREARM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
25920	C	AMPUTATE HAND AT WRIST	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
25922	T	AMPUTATE HAND AT WRIST	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
25924	C	AMPUTATION FOLLOW-UP SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
25927	C	AMPUTATION OF HAND	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
25929	T	AMPUTATION FOLLOW-UP SURGERY	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-	
25931	T	AMPUTATION FOLLOW-UP SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
25999	T	FOREARM OR WRIST SURGERY	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
26010	T	DRAINAGE OF FINGER ABSCESS	-	05051	2.1627	APC	\$122.50	-	-	000	999	-	
26011	T	DRAINAGE OF FINGER ABSCESS	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
26020	T	DRAIN HAND TENDON SHEATH	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26025	T	DRAINAGE OF PALM BURSA	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26030	T	DRAINAGE OF PALM BURSAS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26034	T	TREAT HAND BONE LESION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
26035	T	DECOMPRESS FINGERS/HAND	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26037	T	DECOMPRESS FINGERS/HAND	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26040	T	RELEASE PALM CONTRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
26045	T	RELEASE PALM CONTRACTURE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26055	T	INCISE FINGER TENDON SHEATH	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
26060	T	INCISION OF FINGER TENDON	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
26070	T	EXPLORE/TREAT HAND JOINT	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
26075	T	EXPLORE/TREAT FINGER JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26080	T	EXPLORE/TREAT FINGER JOINT	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
26100	T	BIOPSY HAND JOINT LINING	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26105	T	BIOPSY FINGER JOINT LINING	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26110	T	BIOPSY FINGER JOINT LINING	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
26111	T	EXC HAND LES SC 1.5 CM>	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
26113	T	EXC HAND TUM DEEP 1.5 CM/>	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
26115	T	EXC HAND LES SC < 1.5 CM	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
26116	T	EXC HAND TUM DEEP < 1.5 CM	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
26117	T	RAD RESECT HAND TUMOR < 3 CM	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
26118	T	RAD RESECT HAND TUMOR 3 CM/>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
26121	T	RELEASE PALM CONTRACTURE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26123	T	RELEASE PALM CONTRACTURE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26125	N	RELEASE PALM CONTRACTURE	-	-	-	Bundled	\$0.00	-	-	000	999	-
26130	T	REMOVE WRIST JOINT LINING	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26135	T	REVISE FINGER JOINT EACH	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26140	T	REVISE FINGER JOINT EACH	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
26145	T	TENDON EXCISION PALM/FINGER	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
26160	T	REMOVE TENDON SHEATH LESION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
26170	T	REMOVAL OF PALM TENDON EACH	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
26180	T	REMOVAL OF FINGER TENDON	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
26185	T	REMOVE FINGER BONE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
26200	T	REMOVE HAND BONE LESION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
26205	T	REMOVE/GRAFT BONE LESION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
26210	T	REMOVAL OF FINGER LESION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
26215	T	REMOVE/GRAFT FINGER LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26230	T	PARTIAL REMOVAL OF HAND BONE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26235	T	PARTIAL REMOVAL FINGER BONE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
26236	T	PARTIAL REMOVAL FINGER BONE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
26250	T	EXTENSIVE HAND SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26260	T	RESECT PROX FINGER TUMOR	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26262	T	RESECT DISTAL FINGER TUMOR	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
26320	N	REMOVAL OF IMPLANT FROM HAND	-	05072	16.9891	Bundled, sometimes payable	\$0.00	-	-	000	999	-
26340	T	MANIPULATE FINGER W/ANESTH	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
26341	T	MANIPULAT PALM CORD POST INJ	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
26350	T	REPAIR FINGER/HAND TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26352	T	REPAIR/GRAFT HAND TENDON	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
26356	T	REPAIR FINGER/HAND TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26357	T	REPAIR FINGER/HAND TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26358	T	REPAIR/GRAFT HAND TENDON	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
26370	T	REPAIR FINGER/HAND TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26372	T	REPAIR/GRAFT HAND TENDON	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
26373	T	REPAIR FINGER/HAND TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26390	N	REVISE HAND/FINGER TENDON	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
26392	N	REPAIR/GRAFT HAND TENDON	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
26410	T	REPAIR HAND TENDON	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
26412	T	REPAIR/GRAFT HAND TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26415	T	EXCISION HAND/FINGER TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26416	T	GRAFT HAND OR FINGER TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26418	T	REPAIR FINGER TENDON	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
26420	T	REPAIR/GRAFT FINGER TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26426	T	REPAIR FINGER/HAND TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26428	T	REPAIR/GRAFT FINGER TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26432	T	REPAIR FINGER TENDON	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
26433	T	REPAIR FINGER TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26434	T	REPAIR/GRAFT FINGER TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26437	T	REALIGNMENT OF TENDONS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26440	T	RELEASE PALM/FINGER TENDON	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
26442	T	RELEASE PALM & FINGER TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26445	T	RELEASE HAND/FINGER TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26449	T	RELEASE FOREARM/HAND TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
26450	T	INCISION OF PALM TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26455	T	INCISION OF FINGER TENDON	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
26460	T	INCISE HAND/FINGER TENDON	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
26471	T	FUSION OF FINGER TENDONS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26474	T	FUSION OF FINGER TENDONS	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
26476	T	TENDON LENGTHENING	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26477	T	TENDON SHORTENING	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26478	T	LENGTHENING OF HAND TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26479	T	SHORTENING OF HAND TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26480	T	TRANSPLANT HAND TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26483	T	TRANSPLANT/GRAFT HAND TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26485	T	TRANSPLANT PALM TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26489	T	TRANSPLANT/GRAFT PALM TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26490	T	REVISE THUMB TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26492	T	TENDON TRANSFER WITH GRAFT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26494	T	HAND TENDON/MUSCLE TRANSFER	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26496	T	REVISE THUMB TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26497	T	FINGER TENDON TRANSFER	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26498	T	FINGER TENDON TRANSFER	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26499	T	REVISION OF FINGER	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26500	T	HAND TENDON RECONSTRUCTION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
26502	T	HAND TENDON RECONSTRUCTION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26508	T	RELEASE THUMB CONTRACTURE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26510	T	THUMB TENDON TRANSFER	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26516	T	FUSION OF KNUCKLE JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26517	T	FUSION OF KNUCKLE JOINTS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26518	T	FUSION OF KNUCKLE JOINTS	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
26520	T	RELEASE KNUCKLE CONTRACTURE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26525	T	RELEASE FINGER CONTRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
26530	T	REVISE KNUCKLE JOINT	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
26531	N	REVISE KNUCKLE WITH IMPLANT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
26535	T	REVISE FINGER JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26536	N	REVISE/IMPLANT FINGER JOINT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
26540	T	REPAIR HAND JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26541	T	REPAIR HAND JOINT WITH GRAFT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26542	T	REPAIR HAND JOINT WITH GRAFT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26545	T	RECONSTRUCT FINGER JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26546	T	REPAIR NONUNION HAND	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
26548	T	RECONSTRUCT FINGER JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26550	T	CONSTRUCT THUMB REPLACEMENT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26551	C	GREAT TOE-HAND TRANSFER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
26553	C	SINGLE TRANSFER TOE-HAND	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
26554	C	DOUBLE TRANSFER TOE-HAND	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
26555	T	POSITIONAL CHANGE OF FINGER	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
26556	C	TOE JOINT TRANSFER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
26560	T	REPAIR OF WEB FINGER	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
26561	T	REPAIR OF WEB FINGER	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26562	T	REPAIR OF WEB FINGER	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26565	T	CORRECT METACARPAL FLAW	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26567	T	CORRECT FINGER DEFORMITY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26568	T	LENGTHEN METACARPAL/FINGER	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
26580	T	REPAIR HAND DEFORMITY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26587	T	RECONSTRUCT EXTRA FINGER	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26590	T	REPAIR FINGER DEFORMITY	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
26591	T	REPAIR MUSCLES OF HAND	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
26593	T	RELEASE MUSCLES OF HAND	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
				APC	Weight							
26596	T	EXCISION CONSTRICTING TISSUE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26600	T	TREAT METACARPAL FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
26605	T	TREAT METACARPAL FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
26607	T	TREAT METACARPAL FRACTURE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26608	T	TREAT METACARPAL FRACTURE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26615	T	TREAT METACARPAL FRACTURE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26641	T	TREAT THUMB DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
26645	T	TREAT THUMB FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
26650	T	TREAT THUMB FRACTURE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26665	T	TREAT THUMB FRACTURE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26670	T	TREAT HAND DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
26675	T	TREAT HAND DISLOCATION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
26676	T	PIN HAND DISLOCATION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26685	T	TREAT HAND DISLOCATION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26686	T	TREAT HAND DISLOCATION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26700	T	TREAT KNUCKLE DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
26705	T	TREAT KNUCKLE DISLOCATION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
26706	T	PIN KNUCKLE DISLOCATION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26715	T	TREAT KNUCKLE DISLOCATION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26720	T	TREAT FINGER FRACTURE EACH	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
26725	T	TREAT FINGER FRACTURE EACH	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
26727	T	TREAT FINGER FRACTURE EACH	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26735	T	TREAT FINGER FRACTURE EACH	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26740	T	TREAT FINGER FRACTURE EACH	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
26742	T	TREAT FINGER FRACTURE EACH	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
26746	T	TREAT FINGER FRACTURE EACH	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26750	T	TREAT FINGER FRACTURE EACH	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
26755	T	TREAT FINGER FRACTURE EACH	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
26756	T	PIN FINGER FRACTURE EACH	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26765	T	TREAT FINGER FRACTURE EACH	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26770	T	TREAT FINGER DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
26775	T	TREAT FINGER DISLOCATION	-	05102	2.8445	APC	\$161.11	-	-	000	999	-
26776	T	PIN FINGER DISLOCATION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26785	T	TREAT FINGER DISLOCATION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26820	T	THUMB FUSION WITH GRAFT	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
26841	T	FUSION OF THUMB	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
26842	N	THUMB FUSION WITH GRAFT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
26843	N	FUSION OF HAND JOINT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
26844	N	FUSION/GRAFT OF HAND JOINT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
26850	T	FUSION OF KNUCKLE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
26852	T	FUSION OF KNUCKLE WITH GRAFT	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
26860	T	FUSION OF FINGER JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26861	N	FUSION OF FINGER JNT ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
26862	T	FUSION/GRAFT OF FINGER JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26863	N	FUSE/GRAFT ADDED JOINT	-	-	-	Bundled	\$0.00	-	-	000	999	-
26910	T	AMPUTATE METACARPAL BONE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26951	T	AMPUTATION OF FINGER/THUMB	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26952	T	AMPUTATION OF FINGER/THUMB	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26989	T	HAND/FINGER SURGERY	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
26990	T	DRAINAGE OF PELVIS LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
26991	T	DRAINAGE OF PELVIS BURSA	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
26992	C	DRAINAGE OF BONE LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27000	T	INCISION OF HIP TENDON	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
27001	T	INCISION OF HIP TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
27003	T	INCISION OF HIP TENDON	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
27005	C	INCISION OF HIP TENDON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
27006	T	INCISION OF HIP TENDONS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
27025	C	INCISION OF HIP/THIGH FASCIA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27027	T	BUTTOCK FASCIOTOMY	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
27030	C	DRAINAGE OF HIP JOINT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27033	T	EXPLORATION OF HIP JOINT	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
27035	T	DENERVATION OF HIP JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
27036	C	EXCISION OF HIP JOINT/MUSCLE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27040	T	BIOPSY OF SOFT TISSUES	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
27041	T	BIOPSY OF SOFT TISSUES	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
27043	T	EXC HIP PELVIS LES SC 3 CM/>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
27045	T	EXC HIP/PELV TUM DEEP 5 CM/>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
27047	T	EXC HIP/PELVIS LES SC < 3 CM	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
27048	T	EXC HIP/PELV TUM DEEP < 5 CM	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
27049	T	RESECT HIP/PELV TUM < 5 CM	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
27050	T	BIOPSY OF SACROILIAC JOINT	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
27052	T	BIOPSY OF HIP JOINT	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
27054	C	REMOVAL OF HIP JOINT LINING	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27057	T	BUTTOCK FASCIOTOMY W/DBRDMT	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
27059	T	RESECT HIP/PELV TUM 5 CM/>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
27060	T	REMOVAL OF ISCHIAL BURSA	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
27062	T	REMOVE FEMUR LESION/BURSA	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
27065	T	REMOVE HIP BONE LES SUPER	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
27066	T	REMOVE HIP BONE LES DEEP	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
27067	T	REMOVE/GRAFT HIP BONE LESION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
27070	C	PART REMOVE HIP BONE SUPER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27071	C	PART REMOVAL HIP BONE DEEP	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27075	C	RESECT HIP TUMOR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27076	C	RESECT HIP TUM INCL ACETABUL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27077	C	RESECT HIP TUM W/INNOB BONE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27078	C	RSECT HIP TUM INCL FEMUR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27080	T	REMOVAL OF TAIL BONE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
27086	T	REMOVE HIP FOREIGN BODY	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
27087	T	REMOVE HIP FOREIGN BODY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
27090	C	REMOVAL OF HIP PROSTHESIS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27091	C	REMOVAL OF HIP PROSTHESIS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27093	N	INJECTION FOR HIP X-RAY	-	-	-	Bundled	\$0.00	-	-	000	999	-
27095	N	INJECTION FOR HIP X-RAY	-	-	-	Bundled	\$0.00	-	-	000	999	-
27096	E	INJECT SACROILIAC JOINT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
27097	T	REVISION OF HIP TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
27098	T	TRANSFER TENDON TO PELVIS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
27100	N	TRANSFER OF ABDOMINAL MUSCLE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
27105	T	TRANSFER OF SPINAL MUSCLE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
27110	T	TRANSFER OF ILIOPSOAS MUSCLE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
27111	T	TRANSFER OF ILIOPSOAS MUSCLE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
27120	C	RECONSTRUCTION OF HIP SOCKET	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27122	C	RECONSTRUCTION OF HIP SOCKET	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27125	C	PARTIAL HIP REPLACEMENT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27130	N	TOTAL HIP ARTHROPLASTY	-	05115	147.2988	Bundled, sometimes payable	\$8,343.00	-	-	000	999	-
27132	C	TOTAL HIP ARTHROPLASTY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27134	C	REVISE HIP JOINT REPLACEMENT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27137	C	REVISE HIP JOINT REPLACEMENT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27138	C	REVISE HIP JOINT REPLACEMENT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27140	C	TRANSPLANT FEMUR RIDGE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27146	C	INCISION OF HIP BONE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27147	C	REVISION OF HIP BONE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27151	C	INCISION OF HIP BONES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
27156	C	REVISION OF HIP BONES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27158	C	REVISION OF PELVIS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27161	C	INCISION OF NECK OF FEMUR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27165	C	INCISION/FIXATION OF FEMUR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27170	C	REPAIR/GRAFT FEMUR HEAD/NECK	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27175	C	TREAT SLIPPED EPIPHYSIS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27176	C	TREAT SLIPPED EPIPHYSIS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27177	C	TREAT SLIPPED EPIPHYSIS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27178	C	TREAT SLIPPED EPIPHYSIS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27179	N	REVISE HEAD/NECK OF FEMUR	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27181	C	TREAT SLIPPED EPIPHYSIS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27185	C	REVISION OF FEMUR EPIPHYSIS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27187	C	REINFORCE HIP BONES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27197	T	CLSD TX PELVIC RING FX	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27198	T	CLSD TX PELVIC RING FX	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27200	T	TREAT TAIL BONE FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27202	T	TREAT TAIL BONE FRACTURE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27215	E	TREAT PELVIC FRACTURE(S)	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
27216	E	TREAT PELVIC RING FRACTURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
27217	E	TREAT PELVIC RING FRACTURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
27218	E	TREAT PELVIC RING FRACTURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
27220	T	TREAT HIP SOCKET FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27222	C	TREAT HIP SOCKET FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27226	C	TREAT HIP WALL FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27227	C	TREAT HIP FRACTURE(S)	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27228	C	TREAT HIP FRACTURE(S)	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27230	T	TREAT THIGH FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27232	C	TREAT THIGH FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27235	N	TREAT THIGH FRACTURE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27236	C	TREAT THIGH FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27238	T	TREAT THIGH FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
27240	C	TREAT THIGH FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27244	C	TREAT THIGH FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27245	C	TREAT THIGH FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27246	T	TREAT THIGH FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27248	C	TREAT THIGH FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27250	T	TREAT HIP DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27252	T	TREAT HIP DISLOCATION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
27253	C	TREAT HIP DISLOCATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27254	C	TREAT HIP DISLOCATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27256	T	TREAT HIP DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27257	T	TREAT HIP DISLOCATION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
27258	C	TREAT HIP DISLOCATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27259	C	TREAT HIP DISLOCATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27265	T	TREAT HIP DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27266	T	TREAT HIP DISLOCATION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
27267	T	CLTX THIGH FX	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27268	C	CLTX THIGH FX W/MNPJ	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27269	C	OPTX THIGH FX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27275	T	MANIPULATION OF HIP JOINT	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
27279	N	ARTHRODESIS SACROILIAC JOINT	-	05116	197.3696	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27280	C	FUSION OF SACROILIAC JOINT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27282	C	FUSION OF PUBIC BONES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27284	C	FUSION OF HIP JOINT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27286	C	FUSION OF HIP JOINT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27290	C	AMPUTATION OF LEG AT HIP	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
27295	C	AMPUTATION OF LEG AT HIP	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
27299	T	PELVIS/HIP JOINT SURGERY	-	05111	2.6691	APC	\$151.18	-	-	-	000	999	-
27301	T	DRAIN THIGH/KNEE LESION	-	05073	28.7016	APC	\$1,625.66	-	-	-	000	999	-
27303	C	DRAINAGE OF BONE LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
27305	T	INCISE THIGH TENDON & FASCIA	-	05113	33.8823	APC	\$1,919.09	-	-	-	000	999	-
27306	T	INCISION OF THIGH TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	-	000	999	-
27307	T	INCISION OF THIGH TENDONS	-	05113	33.8823	APC	\$1,919.09	-	-	-	000	999	-
27310	T	EXPLORATION OF KNEE JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	-	000	999	-
27323	T	BIOPSY THIGH SOFT TISSUES	-	05072	16.9891	APC	\$962.26	-	-	-	000	999	-
27324	T	BIOPSY THIGH SOFT TISSUES	-	05073	28.7016	APC	\$1,625.66	-	-	-	000	999	-
27325	T	NEURECTOMY HAMSTRING	-	05431	21.2809	APC	\$1,205.35	-	-	-	000	999	-
27326	T	NEURECTOMY POPLITEAL	-	05431	21.2809	APC	\$1,205.35	-	-	-	000	999	-
27327	T	EXC THIGH/KNEE LES SC < 3 CM	-	05072	16.9891	APC	\$962.26	-	-	-	000	999	-
27328	T	EXC THIGH/KNEE TUM DEEP <5CM	-	05073	28.7016	APC	\$1,625.66	-	-	-	000	999	-
27329	T	RESECT THIGH/KNEE TUM < 5 CM	-	05073	28.7016	APC	\$1,625.66	-	-	-	000	999	-
27330	T	BIOPSY KNEE JOINT LINING	-	05113	33.8823	APC	\$1,919.09	-	-	-	000	999	-
27331	T	EXPLORE/TREAT KNEE JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	-	000	999	-
27332	T	REMOVAL OF KNEE CARTILAGE	-	05113	33.8823	APC	\$1,919.09	-	-	-	000	999	-
27333	T	REMOVAL OF KNEE CARTILAGE	-	05113	33.8823	APC	\$1,919.09	-	-	-	000	999	-
27334	T	REMOVE KNEE JOINT LINING	-	05113	33.8823	APC	\$1,919.09	-	-	-	000	999	-
27335	N	REMOVE KNEE JOINT LINING	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
27337	T	EXC THIGH/KNEE LES SC 3 CM/>	-	05073	28.7016	APC	\$1,625.66	-	-	-	000	999	-
27339	T	EXC THIGH/KNEE TUM DEP 5CM/>	-	05073	28.7016	APC	\$1,625.66	-	-	-	000	999	-
27340	T	REMOVAL OF KNEECAP BURSA	-	05113	33.8823	APC	\$1,919.09	-	-	-	000	999	-
27345	T	REMOVAL OF KNEE CYST	-	05113	33.8823	APC	\$1,919.09	-	-	-	000	999	-
27347	T	REMOVE KNEE CYST	-	05113	33.8823	APC	\$1,919.09	-	-	-	000	999	-
27350	T	REMOVAL OF KNEECAP	-	05114	74.0404	APC	\$4,193.65	-	-	-	000	999	-
27355	T	REMOVE FEMUR LESION	-	05113	33.8823	APC	\$1,919.09	-	-	-	000	999	-
27356	N	REMOVE FEMUR LESION/GRAFT	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
27357	N	REMOVE FEMUR LESION/GRAFT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
27358	N	REMOVE FEMUR LESION/FIXATION	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
27360	T	PARTIAL REMOVAL LEG BONE(S)	-	05113	33.8823	APC	\$1,919.09	-	-	-	000	999	-
27364	T	RESECT THIGH/KNEE TUM 5 CM/>	-	05073	28.7016	APC	\$1,625.66	-	-	-	000	999	-
27365	C	RESECT FEMUR/KNEE TUMOR	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
27369	N	NJX CNTRST KNE ARTHG/CT/MRI	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
27372	T	REMOVAL OF FOREIGN BODY	-	05073	28.7016	APC	\$1,625.66	-	-	-	000	999	-
27380	T	REPAIR OF KNEECAP TENDON	-	05114	74.0404	APC	\$4,193.65	-	-	-	000	999	-
27381	N	REPAIR/GRAFT KNEECAP TENDON	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
27385	T	REPAIR OF THIGH MUSCLE	-	05114	74.0404	APC	\$4,193.65	-	-	-	000	999	-
27386	N	REPAIR/GRAFT OF THIGH MUSCLE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
27390	T	INCISION OF THIGH TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	-	000	999	-
27391	T	INCISION OF THIGH TENDONS	-	05113	33.8823	APC	\$1,919.09	-	-	-	000	999	-
27392	T	INCISION OF THIGH TENDONS	-	05113	33.8823	APC	\$1,919.09	-	-	-	000	999	-
27393	T	LENGTHENING OF THIGH TENDON	-	05114	74.0404	APC	\$4,193.65	-	-	-	000	999	-
27394	T	LENGTHENING OF THIGH TENDONS	-	05114	74.0404	APC	\$4,193.65	-	-	-	000	999	-
27395	T	LENGTHENING OF THIGH TENDONS	-	05113	33.8823	APC	\$1,919.09	-	-	-	000	999	-
27396	T	TRANSPLANT OF THIGH TENDON	-	05114	74.0404	APC	\$4,193.65	-	-	-	000	999	-
27397	T	TRANSPLANTS OF THIGH TENDONS	-	05114	74.0404	APC	\$4,193.65	-	-	-	000	999	-
27400	T	REVISE THIGH MUSCLES/TENDONS	-	05114	74.0404	APC	\$4,193.65	-	-	-	000	999	-
27403	T	REPAIR OF KNEE CARTILAGE	-	05114	74.0404	APC	\$4,193.65	-	-	-	000	999	-
27405	T	REPAIR OF KNEE LIGAMENT	-	05114	74.0404	APC	\$4,193.65	-	-	-	000	999	-
27407	N	REPAIR OF KNEE LIGAMENT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
27409	T	REPAIR OF KNEE LIGAMENTS	-	05114	74.0404	APC	\$4,193.65	-	-	-	000	999	-
27412	N	AUTOCHONDROCYTE IMPLANT KNEE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
27415	N	OSTEOCHONDRAL KNEE ALLOGRAFT	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
27416	N	OSTEOCHONDRAL KNEE AUTOGRAFT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
				APC	Weight							
27418	N	REPAIR DEGENERATED KNEECAP	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
27420	N	REVISION OF UNSTABLE KNEECAP	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
27422	T	REVISION OF UNSTABLE KNEECAP	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
27424	T	REVISION/REMOVAL OF KNEECAP	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
27425	T	LAT RETINACULAR RELEASE OPEN	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
27427	N	RECONSTRUCTION KNEE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
27428	N	RECONSTRUCTION KNEE	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-
27429	N	RECONSTRUCTION KNEE	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-
27430	T	REVISION OF THIGH MUSCLES	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
27435	T	INCISION OF KNEE JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
27437	N	REVISE KNEECAP	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
27438	N	REVISE KNEECAP WITH IMPLANT	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-
27440	N	REVISION OF KNEE JOINT	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-
27441	N	REVISION OF KNEE JOINT	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-
27442	N	REVISION OF KNEE JOINT	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-
27443	N	REVISION OF KNEE JOINT	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-
27445	C	REVISION OF KNEE JOINT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27446	N	REVISION OF KNEE JOINT	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-
27447	T	TOTAL KNEE ARTHROPLASTY	-	05115	147.2988	APC	\$6,562.73	-	-	000	999	-
27448	C	INCISION OF THIGH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27450	C	INCISION OF THIGH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27454	C	REALIGNMENT OF THIGH BONE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27455	C	REALIGNMENT OF KNEE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27457	C	REALIGNMENT OF KNEE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27465	C	SHORTENING OF THIGH BONE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27466	C	LENGTHENING OF THIGH BONE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27468	C	SHORTEN/LENGTHEN THIGHS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27470	C	REPAIR OF THIGH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27472	C	REPAIR/GRAFT OF THIGH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27475	T	SURGERY TO STOP LEG GROWTH	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
27477	T	SURGERY TO STOP LEG GROWTH	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
27479	T	SURGERY TO STOP LEG GROWTH	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
27485	T	SURGERY TO STOP LEG GROWTH	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
27486	C	REVISE/REPLACE KNEE JOINT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27487	C	REVISE/REPLACE KNEE JOINT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27488	C	REMOVAL OF KNEE PROSTHESIS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27495	C	REINFORCE THIGH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27496	T	DECOMPRESSION OF THIGH/KNEE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
27497	T	DECOMPRESSION OF THIGH/KNEE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
27498	T	DECOMPRESSION OF THIGH/KNEE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
27499	T	DECOMPRESSION OF THIGH/KNEE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
27500	T	TREATMENT OF THIGH FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
27501	T	TREATMENT OF THIGH FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
27502	T	TREATMENT OF THIGH FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
27503	T	TREATMENT OF THIGH FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
27506	C	TREATMENT OF THIGH FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27507	C	TREATMENT OF THIGH FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27508	T	TREATMENT OF THIGH FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
27509	N	TREATMENT OF THIGH FRACTURE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
27510	T	TREATMENT OF THIGH FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
27511	C	TREATMENT OF THIGH FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27513	C	TREATMENT OF THIGH FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27514	C	TREATMENT OF THIGH FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
27516	T	TREAT THIGH FX GROWTH PLATE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
27517	T	TREAT THIGH FX GROWTH PLATE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
27519	C	TREAT THIGH FX GROWTH PLATE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Min Age	Max Age	Comments
									Fees	Fees			
27520	T	TREAT KNEECAP FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27524	T	TREAT KNEECAP FRACTURE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
27530	T	TREAT KNEE FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27532	T	TREAT KNEE FRACTURE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27535	C	TREAT KNEE FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27536	C	TREAT KNEE FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27538	T	TREAT KNEE FRACTURE(S)	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27540	C	TREAT KNEE FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27550	T	TREAT KNEE DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27552	T	TREAT KNEE DISLOCATION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
27556	C	TREAT KNEE DISLOCATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27557	C	TREAT KNEE DISLOCATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27558	C	TREAT KNEE DISLOCATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27560	T	TREAT KNEECAP DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27562	T	TREAT KNEECAP DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27566	T	TREAT KNEECAP DISLOCATION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
27570	T	FIXATION OF KNEE JOINT	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
27580	C	FUSION OF KNEE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27590	C	AMPUTATE LEG AT THIGH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27591	C	AMPUTATE LEG AT THIGH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27592	C	AMPUTATE LEG AT THIGH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27594	T	AMPUTATION FOLLOW-UP SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27596	C	AMPUTATION FOLLOW-UP SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27598	C	AMPUTATE LOWER LEG AT KNEE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27599	T	LEG SURGERY PROCEDURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27600	T	DECOMPRESSION OF LOWER LEG	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27601	T	DECOMPRESSION OF LOWER LEG	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27602	T	DECOMPRESSION OF LOWER LEG	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27603	T	DRAIN LOWER LEG LESION	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
27604	T	DRAIN LOWER LEG BURSA	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27605	T	INCISION OF ACHILLES TENDON	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
27606	T	INCISION OF ACHILLES TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27607	T	TREAT LOWER LEG BONE LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27610	T	EXPLORE/TREAT ANKLE JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27612	T	EXPLORATION OF ANKLE JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27613	T	BIOPSY LOWER LEG SOFT TISSUE	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
27614	T	BIOPSY LOWER LEG SOFT TISSUE	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
27615	T	RESECT LEG/ANKLE TUM < 5 CM	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
27616	T	RESECT LEG/ANKLE TUM 5 CM/>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
27618	T	EXC LEG/ANKLE TUM < 3 CM	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
27619	T	EXC LEG/ANKLE TUM DEEP <5 CM	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
27620	T	EXPLORE/TREAT ANKLE JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27625	T	REMOVE ANKLE JOINT LINING	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27626	T	REMOVE ANKLE JOINT LINING	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27630	T	REMOVAL OF TENDON LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27632	T	EXC LEG/ANKLE LES SC 3 CM/>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
27634	T	EXC LEG/ANKLE TUM DEP 5 CM/>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
27635	T	REMOVE LOWER LEG BONE LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27637	N	REMOVE/GRAFT LEG BONE LESION	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27638	N	REMOVE/GRAFT LEG BONE LESION	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27640	T	PARTIAL REMOVAL OF TIBIA	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27641	T	PARTIAL REMOVAL OF FIBULA	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27645	C	RESECT TIBIA TUMOR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27646	C	RESECT FIBULA TUMOR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27647	T	RESECT TALUS/CALCANEUS TUM	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27648	N	INJECTION FOR ANKLE X-RAY	-	-	-	Bundled	\$0.00	-	-	000	999	-	

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July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Min Age	Max Age	Comments
				APC	Weight				Fees	Fees			
27650	T	REPAIR ACHILLES TENDON	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
27652	N	REPAIR/GRAFT ACHILLES TENDON	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27654	N	REPAIR OF ACHILLES TENDON	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27656	T	REPAIR LEG FASCIA DEFECT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27658	T	REPAIR OF LEG TENDON EACH	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27659	T	REPAIR OF LEG TENDON EACH	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
27664	T	REPAIR OF LEG TENDON EACH	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
27665	N	REPAIR OF LEG TENDON EACH	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27675	T	REPAIR LOWER LEG TENDONS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27676	T	REPAIR LOWER LEG TENDONS	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
27680	T	RELEASE OF LOWER LEG TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27681	T	RELEASE OF LOWER LEG TENDONS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27685	T	REVISION OF LOWER LEG TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27686	T	REVISE LOWER LEG TENDONS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27687	T	REVISION OF CALF TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27690	T	REVISE LOWER LEG TENDON	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
27691	T	REVISE LOWER LEG TENDON	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
27692	N	REVISE ADDITIONAL LEG TENDON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
27695	T	REPAIR OF ANKLE LIGAMENT	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
27696	T	REPAIR OF ANKLE LIGAMENTS	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
27698	T	REPAIR OF ANKLE LIGAMENT	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
27700	N	REVISION OF ANKLE JOINT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27702	C	RECONSTRUCT ANKLE JOINT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27703	C	RECONSTRUCTION ANKLE JOINT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27704	N	REMOVAL OF ANKLE IMPLANT	-	05113	33.8823	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27705	T	INCISION OF TIBIA	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
27707	T	INCISION OF FIBULA	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27709	N	INCISION OF TIBIA & FIBULA	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27712	C	REALIGNMENT OF LOWER LEG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27715	C	REVISION OF LOWER LEG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27720	N	REPAIR OF TIBIA	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27722	N	REPAIR/GRAFT OF TIBIA	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27724	C	REPAIR/GRAFT OF TIBIA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27725	C	REPAIR OF LOWER LEG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27726	N	REPAIR FIBULA NONUNION	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27727	C	REPAIR OF LOWER LEG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27730	T	REPAIR OF TIBIA EPIPHYSIS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27732	T	REPAIR OF FIBULA EPIPHYSIS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27734	T	REPAIR LOWER LEG EPIPHYSES	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27740	T	REPAIR OF LEG EPIPHYSES	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27742	T	REPAIR OF LEG EPIPHYSES	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27745	N	REINFORCE TIBIA	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27750	T	TREATMENT OF TIBIA FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27752	T	TREATMENT OF TIBIA FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
27756	N	TREATMENT OF TIBIA FRACTURE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27758	N	TREATMENT OF TIBIA FRACTURE	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27759	N	TREATMENT OF TIBIA FRACTURE	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27760	T	CLTX MEDIAL ANKLE FX	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27762	T	CLTX MED ANKLE FX W/MNPJ	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
27766	T	OPTX MEDIAL ANKLE FX	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
27767	T	CLTX POST ANKLE FX	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27768	T	CLTX POST ANKLE FX W/MNPJ	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
27769	N	OPTX POST ANKLE FX	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27780	T	TREATMENT OF FIBULA FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27781	T	TREATMENT OF FIBULA FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
27784	N	TREATMENT OF FIBULA FRACTURE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab		Min Age	Max Age	Comments
				APC	Weight				Fees	Fees			
27786	T	TREATMENT OF ANKLE FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27788	T	TREATMENT OF ANKLE FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27792	N	TREATMENT OF ANKLE FRACTURE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27808	T	TREATMENT OF ANKLE FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27810	T	TREATMENT OF ANKLE FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
27814	N	TREATMENT OF ANKLE FRACTURE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27816	T	TREATMENT OF ANKLE FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27818	T	TREATMENT OF ANKLE FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
27822	N	TREATMENT OF ANKLE FRACTURE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27823	N	TREATMENT OF ANKLE FRACTURE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27824	T	TREAT LOWER LEG FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27825	T	TREAT LOWER LEG FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
27826	N	TREAT LOWER LEG FRACTURE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27827	N	TREAT LOWER LEG FRACTURE	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27828	N	TREAT LOWER LEG FRACTURE	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27829	T	TREAT LOWER LEG JOINT	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
27830	T	TREAT LOWER LEG DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27831	T	TREAT LOWER LEG DISLOCATION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27832	N	TREAT LOWER LEG DISLOCATION	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27840	T	TREAT ANKLE DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
27842	T	TREAT ANKLE DISLOCATION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
27846	T	TREAT ANKLE DISLOCATION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
27848	T	TREAT ANKLE DISLOCATION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
27860	T	FIXATION OF ANKLE JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27870	N	FUSION OF ANKLE JOINT OPEN	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27871	N	FUSION OF TIBIOFIBULAR JOINT	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
27880	C	AMPUTATION OF LOWER LEG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27881	C	AMPUTATION OF LOWER LEG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27882	C	AMPUTATION OF LOWER LEG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27884	T	AMPUTATION FOLLOW-UP SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27886	C	AMPUTATION FOLLOW-UP SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27888	C	AMPUTATION OF FOOT AT ANKLE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
27889	T	AMPUTATION OF FOOT AT ANKLE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
27892	T	DECOMPRESSION OF LEG	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27893	T	DECOMPRESSION OF LEG	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
27894	T	DECOMPRESSION OF LEG	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
27899	T	LEG/ANKLE SURGERY PROCEDURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
28001	T	DRAINAGE OF BURSA OF FOOT	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
28002	T	TREATMENT OF FOOT INFECTION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
28003	T	TREATMENT OF FOOT INFECTION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28005	T	TREAT FOOT BONE LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28008	T	INCISION OF FOOT FASCIA	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28010	T	INCISION OF TOE TENDON	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
28011	T	INCISION OF TOE TENDONS	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
28020	T	EXPLORATION OF FOOT JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28022	T	EXPLORATION OF FOOT JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28024	T	EXPLORATION OF TOE JOINT	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
28035	T	DECOMPRESSION OF TIBIA NERVE	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-	
28039	T	EXC FOOT/TOE TUM SC 1.5 CM/>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
28041	T	EXC FOOT/TOE TUM DEP 1.5CM/>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
28043	T	EXC FOOT/TOE TUM SC < 1.5 CM	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
28045	T	EXC FOOT/TOE TUM DEEP <1.5CM	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
28046	T	RESECT FOOT/TOE TUMOR < 3 CM	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
28047	T	RESECT FOOT/TOE TUMOR ≥ 3 CM/>	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
28050	T	BIOPSY OF FOOT JOINT LINING	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28052	T	BIOPSY OF FOOT JOINT LINING	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
28054	T	BIOPSY OF TOE JOINT LINING	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28055	T	NEURECTOMY FOOT	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-	
28060	T	PARTIAL REMOVAL FOOT FASCIA	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28062	T	REMOVAL OF FOOT FASCIA	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28070	T	REMOVAL OF FOOT JOINT LINING	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
28072	T	REMOVAL OF FOOT JOINT LINING	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28080	T	REMOVAL OF FOOT LESION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
28086	T	EXCISE FOOT TENDON SHEATH	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28088	T	EXCISE FOOT TENDON SHEATH	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28090	T	REMOVAL OF FOOT LESION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
28092	T	REMOVAL OF TOE LESIONS	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
28100	T	REMOVAL OF ANKLE/HEEL LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28102	N	REMOVE/GRAFT FOOT LESION	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
28103	N	REMOVE/GRAFT FOOT LESION	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
28104	T	REMOVAL OF FOOT LESION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28106	T	REMOVE/GRAFT FOOT LESION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
28107	N	REMOVE/GRAFT FOOT LESION	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
28108	T	REMOVAL OF TOE LESIONS	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
28110	T	PART REMOVAL OF METATARSAL	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28111	T	PART REMOVAL OF METATARSAL	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28112	T	PART REMOVAL OF METATARSAL	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28113	T	PART REMOVAL OF METATARSAL	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28114	T	REMOVAL OF METATARSAL HEADS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28116	T	REVISION OF FOOT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28118	T	REMOVAL OF HEEL BONE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28119	T	REMOVAL OF HEEL SPUR	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28120	T	PART REMOVAL OF ANKLE/HEEL	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28122	T	PARTIAL REMOVAL OF FOOT BONE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28124	T	PARTIAL REMOVAL OF TOE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28126	T	PARTIAL REMOVAL OF TOE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28130	T	REMOVAL OF ANKLE BONE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
28140	T	REMOVAL OF METATARSAL	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28150	T	REMOVAL OF TOE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28153	T	PARTIAL REMOVAL OF TOE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28160	T	PARTIAL REMOVAL OF TOE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28171	T	RESECT TARSAL TUMOR	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28173	T	RESECT METATARSAL TUMOR	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28175	T	RESECT PHALANX OF TOE TUMOR	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
28190	T	REMOVAL OF FOOT FOREIGN BODY	-	05071	7.5503	APC	\$427.65	-	-	000	999	-	
28192	T	REMOVAL OF FOOT FOREIGN BODY	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
28193	T	REMOVAL OF FOOT FOREIGN BODY	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
28200	T	REPAIR OF FOOT TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28202	N	REPAIR/GRAFT OF FOOT TENDON	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
28208	T	REPAIR OF FOOT TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28210	N	REPAIR/GRAFT OF FOOT TENDON	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
28220	T	RELEASE OF FOOT TENDON	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
28222	T	RELEASE OF FOOT TENDONS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28225	T	RELEASE OF FOOT TENDON	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28226	T	RELEASE OF FOOT TENDONS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28230	T	INCISION OF FOOT TENDON(S)	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
28232	T	INCISION OF TOE TENDON	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
28234	T	INCISION OF FOOT TENDON	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
28238	T	REVISION OF FOOT TENDON	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
28240	T	RELEASE OF BIG TOE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28250	T	REVISION OF FOOT FASCIA	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28260	T	RELEASE OF MIDFOOT JOINT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
				APC	Weight							
28261	T	REVISION OF FOOT TENDON	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
28262	N	REVISION OF FOOT AND ANKLE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
28264	T	RELEASE OF MIDFOOT JOINT	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
28270	T	RELEASE OF FOOT CONTRACTURE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
28272	T	RELEASE OF TOE JOINT EACH	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
28280	T	FUSION OF TOES	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
28285	T	REPAIR OF HAMMERTOE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
28286	T	REPAIR OF HAMMERTOE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
28288	T	PARTIAL REMOVAL OF FOOT BONE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
28289	T	CORRJ HALUX RIGDUS W/O IMPLT	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
28291	T	CORRJ HALUX RIGDUS W/IMPLT	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
28292	T	CORRECTION HALLUX VALGUS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
28295	T	CORRECTION HALLUX VALGUS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
28296	T	CORRECTION HALLUX VALGUS	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
28297	N	CORRECTION HALLUX VALGUS	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
28298	T	CORRECTION HALLUX VALGUS	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
28299	T	CORRECTION HALLUX VALGUS	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
28300	N	INCISION OF HEEL BONE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
28302	T	INCISION OF ANKLE BONE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
28304	N	INCISION OF MIDFOOT BONES	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
28305	N	INCISE/GRAFT MIDFOOT BONES	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
28306	T	INCISION OF METATARSAL	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
28307	T	INCISION OF METATARSAL	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
28308	T	INCISION OF METATARSAL	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
28309	N	INCISION OF METATARSALS	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
28310	T	REVISION OF BIG TOE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
28312	T	REVISION OF TOE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
28313	T	REPAIR DEFORMITY OF TOE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
28315	T	REMOVAL OF SESAMOID BONE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
28320	N	REPAIR OF FOOT BONES	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-
28322	N	REPAIR OF METATARSALS	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
28340	T	RESECT ENLARGED TOE TISSUE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
28341	T	RESECT ENLARGED TOE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
28344	T	REPAIR EXTRA TOE(S)	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
28345	T	REPAIR WEBBED TOE(S)	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
28360	N	RECONSTRUCT CLEFT FOOT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
28400	T	TREATMENT OF HEEL FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
28405	T	TREATMENT OF HEEL FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
28406	T	TREATMENT OF HEEL FRACTURE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
28415	N	TREAT HEEL FRACTURE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
28420	N	TREAT/GRAFT HEEL FRACTURE	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-
28430	T	TREATMENT OF ANKLE FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
28435	T	TREATMENT OF ANKLE FRACTURE	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
28436	T	TREATMENT OF ANKLE FRACTURE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
28445	N	TREAT ANKLE FRACTURE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
28446	N	OSTEOCHONDRAL TALUS AUTOGRFT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
28450	T	TREAT MIDFOOT FRACTURE EACH	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
28455	T	TREAT MIDFOOT FRACTURE EACH	-	05112	16.7761	APC	\$950.20	-	-	000	999	-
28456	N	TREAT MIDFOOT FRACTURE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
28465	N	TREAT MIDFOOT FRACTURE EACH	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
28470	T	TREAT METATARSAL FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
28475	T	TREAT METATARSAL FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
28476	T	TREAT METATARSAL FRACTURE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
28485	T	TREAT METATARSAL FRACTURE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
28490	T	TREAT BIG TOE FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-
28495	T	TREAT BIG TOE FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
28496	T	TREAT BIG TOE FRACTURE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28505	T	TREAT BIG TOE FRACTURE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28510	T	TREATMENT OF TOE FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
28515	T	TREATMENT OF TOE FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
28525	T	TREAT TOE FRACTURE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28530	T	TREAT SESAMOID BONE FRACTURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
28531	T	TREAT SESAMOID BONE FRACTURE	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
28540	T	TREAT FOOT DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
28545	T	TREAT FOOT DISLOCATION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28546	T	TREAT FOOT DISLOCATION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
28555	N	REPAIR FOOT DISLOCATION	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
28570	T	TREAT FOOT DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
28575	T	TREAT FOOT DISLOCATION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28576	T	TREAT FOOT DISLOCATION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
28585	T	REPAIR FOOT DISLOCATION	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
28600	T	TREAT FOOT DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
28605	T	TREAT FOOT DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
28606	T	TREAT FOOT DISLOCATION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28615	N	REPAIR FOOT DISLOCATION	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
28630	T	TREAT TOE DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
28635	T	TREAT TOE DISLOCATION	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
28636	T	TREAT TOE DISLOCATION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28645	T	REPAIR TOE DISLOCATION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28660	T	TREAT TOE DISLOCATION	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
28665	T	TREAT TOE DISLOCATION	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
28666	T	TREAT TOE DISLOCATION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28675	T	REPAIR OF TOE DISLOCATION	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28705	N	FUSION OF FOOT BONES	-	05116	197.3696	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
28715	N	FUSION OF FOOT BONES	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
28725	N	FUSION OF FOOT BONES	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
28730	N	FUSION OF FOOT BONES	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
28735	N	FUSION OF FOOT BONES	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
28737	N	REVISION OF FOOT BONES	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
28740	N	FUSION OF FOOT BONES	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
28750	N	FUSION OF BIG TOE JOINT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
28755	T	FUSION OF BIG TOE JOINT	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
28760	N	FUSION OF BIG TOE JOINT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
28800	C	AMPUTATION OF MIDFOOT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
28805	T	AMPUTATION THRU METATARSAL	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28810	T	AMPUTATION TOE & METATARSAL	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28820	T	AMPUTATION OF TOE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28825	T	PARTIAL AMPUTATION OF TOE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
28890	T	HI ENRGY ESWT PLANTAR FASCIA	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
28899	T	FOOT/TOES SURGERY PROCEDURE	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
29000	T	APPLICATION OF BODY CAST	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29010	T	APPLICATION OF BODY CAST	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29015	T	APPLICATION OF BODY CAST	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29035	T	APPLICATION OF BODY CAST	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29040	T	APPLICATION OF BODY CAST	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29044	T	APPLICATION OF BODY CAST	-	05101	1.6553	APC	\$93.76	-	-	000	999	-	
29046	T	APPLICATION OF BODY CAST	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29049	T	APPLICATION OF FIGURE EIGHT	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29055	T	APPLICATION OF SHOULDER CAST	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29058	T	APPLICATION OF SHOULDER CAST	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29065	T	APPLICATION OF LONG ARM CAST	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29075	T	APPLICATION OF FOREARM CAST	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
29085	T	APPLY HAND/WRIST CAST	-	05101	1.6553	APC	\$93.76	-	-	000	999	-	
29086	T	APPLY FINGER CAST	-	05101	1.6553	APC	\$93.76	-	-	000	999	-	
29105	T	APPLY LONG ARM SPLINT	-	05101	1.6553	APC	\$93.76	-	-	000	999	-	
29125	N	APPLY FOREARM SPLINT	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29126	N	APPLY FOREARM SPLINT	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29130	N	APPLICATION OF FINGER SPLINT	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29131	N	APPLICATION OF FINGER SPLINT	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29200	T	STRAPPING OF CHEST	-	05101	1.6553	APC	\$93.76	-	-	000	999	-	
29240	N	STRAPPING OF SHOULDER	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29260	N	STRAPPING OF ELBOW OR WRIST	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29280	N	STRAPPING OF HAND OR FINGER	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29305	T	APPLICATION OF HIP CAST	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29325	T	APPLICATION OF HIP CASTS	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29345	T	APPLICATION OF LONG LEG CAST	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29355	T	APPLICATION OF LONG LEG CAST	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29358	T	APPLY LONG LEG CAST BRACE	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29365	T	APPLICATION OF LONG LEG CAST	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29405	T	APPLY SHORT LEG CAST	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29425	T	APPLY SHORT LEG CAST	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29435	T	APPLY SHORT LEG CAST	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29440	T	ADDITION OF WALKER TO CAST	-	05101	1.6553	APC	\$93.76	-	-	000	999	-	
29445	T	APPLY RIGID LEG CAST	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29450	T	APPLICATION OF LEG CAST	-	05101	1.6553	APC	\$93.76	-	-	000	999	-	
29505	T	APPLICATION LONG LEG SPLINT	-	05101	1.6553	APC	\$93.76	-	-	000	999	-	
29515	T	APPLICATION LOWER LEG SPLINT	-	05101	1.6553	APC	\$93.76	-	-	000	999	-	
29520	N	STRAPPING OF HIP	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29530	N	STRAPPING OF KNEE	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29540	T	STRAPPING OF ANKLE AND/OR FT	-	05101	1.6553	APC	\$93.76	-	-	000	999	-	
29550	N	STRAPPING OF TOES	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29580	T	APPLICATION OF PASTE BOOT	-	05101	1.6553	APC	\$93.76	-	-	000	999	-	
29581	T	APPLY MULTLAY COMPRS LWR LEG	-	05101	1.6553	APC	\$93.76	-	-	000	999	-	
29584	T	APPL MULTLAY COMPRS ARM/HAND	-	05101	1.6553	APC	\$93.76	-	-	000	999	-	
29700	T	REMOVAL/REVISION OF CAST	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29705	T	REMOVAL/REVISION OF CAST	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29710	T	REMOVAL/REVISION OF CAST	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29720	T	REPAIR OF BODY CAST	-	05101	1.6553	APC	\$93.76	-	-	000	999	-	
29730	T	WINDOWING OF CAST	-	05101	1.6553	APC	\$93.76	-	-	000	999	-	
29740	T	WEDGING OF CAST	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29750	T	WEDGING OF CLUBFOOT CAST	-	05102	2.8445	APC	\$161.11	-	-	000	999	-	
29799	T	CASTING/STRAPPING PROCEDURE	-	05101	1.6553	APC	\$93.76	-	-	000	999	-	
29800	T	JAW ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29804	T	JAW ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29805	T	SHOULDER ARTHROSCOPY DX	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29806	N	SHOULDER ARTHROSCOPY/SURGERY	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29807	N	SHOULDER ARTHROSCOPY/SURGERY	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29819	T	SHOULDER ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29820	T	SHOULDER ARTHROSCOPY/SURGERY	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
29821	T	SHOULDER ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29822	T	SHOULDER ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29823	T	SHOULDER ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29824	T	SHOULDER ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29825	T	SHOULDER ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29826	N	SHOULDER ARTHROSCOPY/SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
29827	N	ARTHROSCOP ROTATOR CUFF REPR	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29828	N	ARTHROSCOPY BICEPS TENODESIS	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29830	T	ELBOW ARTHROSCOPY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Min Age	Max Age	Comments
				APC	Weight				Fees	Fees			
29834	T	ELBOW ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29835	T	ELBOW ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29836	T	ELBOW ARTHROSCOPY/SURGERY	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
29837	T	ELBOW ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29838	T	ELBOW ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29840	T	WRIST ARTHROSCOPY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29843	T	WRIST ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29844	T	WRIST ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29845	T	WRIST ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29846	T	WRIST ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29847	T	WRIST ARTHROSCOPY/SURGERY	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
29848	T	WRIST ENDOSCOPY/SURGERY	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
29850	T	KNEE ARTHROSCOPY/SURGERY	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
29851	T	KNEE ARTHROSCOPY/SURGERY	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
29855	N	TIBIAL ARTHROSCOPY/SURGERY	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29856	N	TIBIAL ARTHROSCOPY/SURGERY	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29860	T	HIP ARTHROSCOPY DX	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
29861	T	HIP ARTHRO W/FB REMOVAL	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
29862	N	HIP ARTHRO W/DEBRIDEMENT	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29863	T	HIP ARTHRO W/SYNOVECTOMY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29866	N	AUTGRFT IMPLNT KNEE W/SCOPE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29867	N	ALLGRFT IMPLNT KNEE W/SCOPE	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29868	N	MENISCAL TRNSPL KNEE W/SCPE	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29870	T	KNEE ARTHROSCOPY DX	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29871	T	KNEE ARTHROSCOPY/DRAINAGE	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29873	T	KNEE ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29874	T	KNEE ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29875	T	KNEE ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29876	T	KNEE ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29877	T	KNEE ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29879	T	KNEE ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29880	T	KNEE ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29881	T	KNEE ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29882	T	KNEE ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29883	T	KNEE ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29884	T	KNEE ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29885	N	KNEE ARTHROSCOPY/SURGERY	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29886	T	KNEE ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29887	T	KNEE ARTHROSCOPY/SURGERY	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
29888	N	KNEE ARTHROSCOPY/SURGERY	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29889	N	KNEE ARTHROSCOPY/SURGERY	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29891	T	ANKLE ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29892	T	ANKLE ARTHROSCOPY/SURGERY	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
29893	T	SCOPE PLANTAR FASCIOTOMY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29894	T	ANKLE ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29895	T	ANKLE ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29897	T	ANKLE ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29898	T	ANKLE ARTHROSCOPY/SURGERY	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29899	N	ANKLE ARTHROSCOPY/SURGERY	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29900	T	MCP JOINT ARTHROSCOPY DX	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29901	T	MCP JOINT ARTHROSCOPY SURG	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29902	T	MCP JOINT ARTHROSCOPY SURG	-	05112	16.7761	APC	\$950.20	-	-	000	999	-	
29904	T	SUBTALAR ARTHRO W/FB RMVL	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29905	T	SUBTALAR ARTHRO W/EXC	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
29906	T	SUBTALAR ARTHRO W/DEB	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-	
29907	N	SUBTALAR ARTHRO W/FUSION	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Min Age	Max Age	Comments
				APC	Weight				APC	Age			
29914	N	HIP ARTHRO W/FEMOROPLASTY	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29915	N	HIP ARTHRO ACETABULOPLASTY	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29916	N	HIP ARTHRO W/LABRAL REPAIR	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
29999	T	ARTHROSCOPY OF JOINT	-	05111	2.6691	APC	\$151.18	-	-	000	999	-	
30000	T	DRAINAGE OF NOSE LESION	-	05161	2.5205	APC	\$142.76	-	-	000	999	-	
30020	T	DRAINAGE OF NOSE LESION	-	05162	5.4673	APC	\$309.67	-	-	000	999	-	
3006F	E	CXR DOC REV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3008F	E	BODY MASS INDEX DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
30100	T	INTRANASAL BIOPSY	-	05163	16.7012	APC	\$945.96	-	-	000	999	-	
30110	T	REMOVAL OF NOSE POLYP(S)	-	05163	16.7012	APC	\$945.96	-	-	000	999	-	
30115	T	REMOVAL OF NOSE POLYP(S)	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
30117	T	REMOVAL OF INTRANASAL LESION	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
30118	T	REMOVAL OF INTRANASAL LESION	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
3011F	E	LIPID PANEL DOC REV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
30120	T	REVISION OF NOSE	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
30124	T	REMOVAL OF NOSE LESION	-	05163	16.7012	APC	\$945.96	-	-	000	999	-	
30125	N	REMOVAL OF NOSE LESION	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
30130	T	EXCISE INFERIOR TURBINATE	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
30140	T	RESECT INFERIOR TURBINATE	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
3014F	E	SCREEN MAMMO DOC REV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
30150	N	PARTIAL REMOVAL OF NOSE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
3015F	E	CERV CANCER SCREEN DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
30160	N	REMOVAL OF NOSE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
3016F	E	PT SCRND UNHLTHY OH USE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3017F	E	COLORECTAL CA SCREEN DOC REV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3018F	E	PRE-PRXD RSK ET AL DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3019F	E	LVEF ASSESS PLANPOST DSCHRGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
30200	T	INJECTION TREATMENT OF NOSE	-	05162	5.4673	APC	\$309.67	-	-	000	999	-	
3020F	E	LVF ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
30210	T	NASAL SINUS THERAPY	-	05163	16.7012	APC	\$945.96	-	-	000	999	-	
3021F	E	LVEF MOD/SEVER DEPRS SYST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
30220	T	INSERT NASAL SEPTAL BUTTON	-	05163	16.7012	APC	\$945.96	-	-	000	999	-	
3022F	E	LVEF >=40% SYSTOLIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3023F	E	SPIROM DOC REV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3025F	E	SPIROM FEV/FVC <70% W/COPD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3027F	E	SPIROM FEV/FVC>=70% W/OCOPD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3028F	E	O2 SATURATION DOC REV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
30300	N	REMOVE NASAL FOREIGN BODY	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
30310	T	REMOVE NASAL FOREIGN BODY	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
30320	T	REMOVE NASAL FOREIGN BODY	-	05163	16.7012	APC	\$945.96	-	-	000	999	-	
3035F	E	O2 SATURATION<=88%/PAO<=55	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3037F	E	O2 SATURATION >88%/PAO>55 HG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3038F	E	PULM FX W/IN 12 MON B/4 SURG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
30400	T	RECONSTRUCTION OF NOSE	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-	
3040F	E	FEV <40% PREDICTED VALUE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
30410	N	RECONSTRUCTION OF NOSE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
30420	N	RECONSTRUCTION OF NOSE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
3042F	E	FEV >=40% PREDICTED VALUE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
30430	T	REVISION OF NOSE	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-	
30435	N	REVISION OF NOSE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
3044F	E	HG A1C LEVEL LT 7.0%	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
30450	N	REVISION OF NOSE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
30460	N	REVISION OF NOSE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
30462	N	REVISION OF NOSE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
30465	N	REPAIR NASAL STENOSIS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
3046F	E	HEMOGLOBIN A1C LEVEL >9.0%	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
3048F	E	LDL-C <100 MG/DL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3049F	E	LDL-C 100-129 MG/DL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3050F	E	LDL-C >= 130 MG/DL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3051F	E	HG A1C>EQUAL 7.0%<8.0%	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
30520	T	REPAIR OF NASAL SEPTUM	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
3052F	E	HG A1C>EQUAL 8.0%<EQUAL 9.0%	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
30540	N	REPAIR NASAL DEFECT	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
30545	N	REPAIR NASAL DEFECT	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
3055F	E	LVEF LESS THAN/EQUAL TO 35%	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
30560	T	RELEASE OF NASAL ADHESIONS	-	05162	5.4673	APC	\$309.67	-	-	000	999	-
3056F	E	LVEF GREATER THAN 35%	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
30580	N	REPAIR UPPER JAW FISTULA	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
30600	N	REPAIR MOUTH/NOSE FISTULA	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
3060F	E	POS MICROALBUMINURIA REV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3061F	E	NEG MICROALBUMINURIA REV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
30620	N	INTRANASAL RECONSTRUCTION	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
3062F	E	POS MACROALBUMINURIA REV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
30630	T	REPAIR NASAL SEPTUM DEFECT	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
3066F	E	NEPHROPATHY DOC TX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3072F	E	LOW RISK FOR RETINOPATHY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3073F	E	PRE-SURG EYE MEASURES DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3074F	E	SYST BP LT 130 MM HG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3075F	E	SYST BP GE 130 - 139MM HG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3077F	E	SYST BP >= 140 MM HG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3078F	E	DIAST BP <80 MM HG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3079F	E	DIAST BP 80-89 MM HG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
30801	T	ABLATE INF TURBINATE SUPERF	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
30802	T	ABLATE INF TURBINATE SUBMUC	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
3080F	E	DIAST BP >= 90 MM HG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3082F	E	KT/V <1.2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3083F	E	KT/V >= 1.2 & <1.7	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3084F	E	KT/V >= 1.7	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3085F	E	SUICIDE RISK ASSESSED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3088F	E	MDD MILD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3089F	E	MDD MODERATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
30901	N	CONTROL OF NOSEBLEED	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
30903	T	CONTROL OF NOSEBLEED	-	05734	1.3495	APC	\$76.44	-	-	000	999	-
30905	T	CONTROL OF NOSEBLEED	-	05734	1.3495	APC	\$76.44	-	-	000	999	-
30906	T	REPEAT CONTROL OF NOSEBLEED	-	05161	2.5205	APC	\$142.76	-	-	000	999	-
3090F	E	MDD SEVERE W/O PSYCH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
30915	T	LIGATION NASAL SINUS ARTERY	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-
3091F	E	MDD SEVERE W/PSYCH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
30920	T	LIGATION UPPER JAW ARTERY	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-
3092F	E	MDD IN REMISSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
30930	T	THER FX NASAL INF TURBINATE	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
3093F	E	DOC NEW DIAG 1ST/ADDL MDD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3095F	E	CENTRAL DEXA RESULTS DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3096F	E	CENTRAL DEXA ORDERED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
30999	T	NASAL SURGERY PROCEDURE	-	05161	2.5205	APC	\$142.76	-	-	000	999	-
31000	T	IRRIGATION MAXILLARY SINUS	-	05161	2.5205	APC	\$142.76	-	-	000	999	-
31002	T	IRRIGATION SPHENOID SINUS	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
3100F	E	IMAGE TEST REF CAROT DIAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
31020	T	EXPLORATION MAXILLARY SINUS	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
31030	N	EXPLORATION MAXILLARY SINUS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
31032	N	EXPLORE SINUS REMOVE POLYPS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
31040	T	EXPLORATION BEHIND UPPER JAW	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
31050	N	EXPLORATION SPHENOID SINUS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
31051	N	SPHENOID SINUS SURGERY	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
31070	N	EXPLORATION OF FRONTAL SINUS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
31075	N	EXPLORATION OF FRONTAL SINUS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
31080	N	REMOVAL OF FRONTAL SINUS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
31081	N	REMOVAL OF FRONTAL SINUS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
31084	N	REMOVAL OF FRONTAL SINUS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
31085	N	REMOVAL OF FRONTAL SINUS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
31086	N	REMOVAL OF FRONTAL SINUS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
31087	N	REMOVAL OF FRONTAL SINUS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
31090	N	EXPLORATION OF SINUSES	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
3110F	E	PRES/ABSN HMRHG/LESION DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3111F	E	CT/MRI BRAIN DONE W/IN 24HRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3112F	E	CT/MRI BRAIN DONE 24 HRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3115F	E	QUANT RESULTS ACTIVITY &SYMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3117F	E	HF ASSESSMENT TOOL COMPLETED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3118F	E	NY HEART ASSOC CLASS DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3119F	E	NO EVAL ACTIVITY CLIN SYMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
31200	N	REMOVAL OF ETHMOID SINUS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
31201	T	REMOVAL OF ETHMOID SINUS	-	05163	16.7012	APC	\$945.96	-	-	000	999	-	
31205	T	REMOVAL OF ETHMOID SINUS	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
3120F	E	12-LEAD ECG PERFORMED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
31225	C	REMOVAL OF UPPER JAW	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
31230	C	REMOVAL OF UPPER JAW	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
31231	T	NASAL ENDOSCOPY DX	-	05151	1.9377	APC	\$109.75	-	-	000	999	-	
31233	T	NSL/SINS NDSC DX MAX SINUSC	-	05152	4.6773	APC	\$264.92	-	-	000	999	-	
31235	T	NSL/SINS NDSC DX SPHN SINUSC	-	05153	17.7071	APC	\$1,002.93	-	-	000	999	-	
31237	T	NASAL/SINUS ENDOSCOPY SURG	-	05153	17.7071	APC	\$1,002.93	-	-	000	999	-	
31238	T	NASAL/SINUS ENDOSCOPY SURG	-	05153	17.7071	APC	\$1,002.93	-	-	000	999	-	
31239	T	NASAL/SINUS ENDOSCOPY SURG	-	05154	36.3510	APC	\$2,058.92	-	-	000	999	-	
31240	T	NASAL/SINUS ENDOSCOPY SURG	-	05153	17.7071	APC	\$1,002.93	-	-	000	999	-	
31241	T	NSL/SINS NDSC W/ARTERY LIG	-	05153	17.7071	APC	\$1,002.93	-	-	000	999	-	
31253	T	NSL/SINS NDSC TOTAL	-	05155	67.3370	APC	\$3,813.97	-	-	000	999	-	
31254	T	NSL/SINS NDSC W/PRTL ETHMDCT	-	05155	67.3370	APC	\$3,813.97	-	-	000	999	-	
31255	T	NSL/SINS NDSC W/TOT ETHMDCT	-	05155	67.3370	APC	\$3,813.97	-	-	000	999	-	
31256	T	EXPLORATION MAXILLARY SINUS	-	05154	36.3510	APC	\$2,058.92	-	-	000	999	-	
31257	T	NSL/SINS NDSC TOT W/SPHENDT	-	05155	67.3370	APC	\$3,813.97	-	-	000	999	-	
31259	T	NSL/SINS NDSC SPHN TISS RMVL	-	05155	67.3370	APC	\$3,813.97	-	-	000	999	-	
31267	T	ENDOSCOPY MAXILLARY SINUS	-	05155	67.3370	APC	\$3,813.97	-	-	000	999	-	
3126F	E	ESOPH BX RPRT W/DYSPL INFO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
31276	T	NSL/SINS NDSC FRNT TISS RMVL	-	05155	67.3370	APC	\$3,813.97	-	-	000	999	-	
31287	T	NASAL/SINUS ENDOSCOPY SURG	-	05155	67.3370	APC	\$3,813.97	-	-	000	999	-	
31288	T	NASAL/SINUS ENDOSCOPY SURG	-	05155	67.3370	APC	\$3,813.97	-	-	000	999	-	
31290	C	NASAL/SINUS ENDOSCOPY SURG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
31291	C	NASAL/SINUS ENDOSCOPY SURG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
31292	T	NSL/SINS NDSC MED/INF DCMPRN	-	05155	67.3370	APC	\$3,813.97	-	-	000	999	-	
31293	T	NSL/SINS NDSC MED&INF DCMPRN	-	05155	67.3370	APC	\$3,813.97	-	-	000	999	-	
31294	T	NSL/SINS NDSC SURG ON DCMPRN	-	05155	67.3370	APC	\$3,813.97	-	-	000	999	-	
31295	T	NSL/SINS NDSC SURG MAX SINS	-	05155	67.3370	APC	\$3,813.97	-	-	000	999	-	
31296	T	NSL/SINS NDSC SURG FRNT SINS	-	05155	67.3370	APC	\$3,813.97	-	-	000	999	-	
31297	T	NSL/SINS NDSC SURG SPHN SINS	-	05155	67.3370	APC	\$3,813.97	-	-	000	999	-	
31298	T	NSL/SINS NDSC SURG FRNT&SPHN	-	05155	67.3370	APC	\$3,813.97	-	-	000	999	-	
31299	T	SINUS SURGERY PROCEDURE	-	05161	2.5205	APC	\$142.76	-	-	000	999	-	
31300	T	REMOVAL OF LARYNX LESION	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
3130F	E	UPPER GI ENDOSCOPY PERFORMED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3132F	E	DOC REF UPPER GI ENDOSCOPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab		Min Age	Max Age	Comments
									Fees	Fees			
31360	C	REMOVAL OF LARYNX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
31365	C	REMOVAL OF LARYNX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
31367	C	PARTIAL REMOVAL OF LARYNX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
31368	C	PARTIAL REMOVAL OF LARYNX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
31370	C	PARTIAL REMOVAL OF LARYNX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
31375	C	PARTIAL REMOVAL OF LARYNX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
31380	C	PARTIAL REMOVAL OF LARYNX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
31382	C	PARTIAL REMOVAL OF LARYNX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
31390	C	REMOVAL OF LARYNX & PHARYNX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
31395	C	RECONSTRUCT LARYNX & PHARYNX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
31400	N	REVISION OF LARYNX	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
3140F	E	UPPER GI ENDO SHOWS BARRTTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3141F	E	UPPER GI ENDO NOT BARRTTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
31420	N	REMOVAL OF EPIGLOTTIS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
3142F	E	BARIUM SWALLOW TEST ORDERED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
31500	T	INSERT EMERGENCY AIRWAY	-	05161	2.5205	APC	\$142.76	-	-	000	999	-	
31502	T	CHANGE OF WINDPIPE AIRWAY	-	05161	2.5205	APC	\$142.76	-	-	000	999	-	
31505	T	DIAGNOSTIC LARYNGOSCOPY	-	05151	1.9377	APC	\$109.75	-	-	000	999	-	
3150F	E	FORCEPS ESOPH BIOPSY DONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
31510	T	LARYNGOSCOPY WITH BIOPSY	-	05154	36.3510	APC	\$2,058.92	-	-	000	999	-	
31511	T	REMOVE FOREIGN BODY LARYNX	-	05151	1.9377	APC	\$109.75	-	-	000	999	-	
31512	T	REMOVAL OF LARYNX LESION	-	05154	36.3510	APC	\$2,058.92	-	-	000	999	-	
31513	T	INJECTION INTO VOCAL CORD	-	05152	4.6773	APC	\$264.92	-	-	000	999	-	
31515	T	LARYNGOSCOPY FOR ASPIRATION	-	05152	4.6773	APC	\$264.92	-	-	000	999	-	
31520	T	DX LARYNGOSCOPY NEWBORN	-	05152	4.6773	APC	\$264.92	-	-	000	999	-	
31525	T	DX LARYNGOSCOPY EXCL NB	-	05153	17.7071	APC	\$1,002.93	-	-	000	999	-	
31526	T	DX LARYNGOSCOPY W/OPER SCOPE	-	05153	17.7071	APC	\$1,002.93	-	-	000	999	-	
31527	T	LARYNGOSCOPY FOR TREATMENT	-	05154	36.3510	APC	\$2,058.92	-	-	000	999	-	
31528	T	LARYNGOSCOPY AND DILATION	-	05154	36.3510	APC	\$2,058.92	-	-	000	999	-	
31529	T	LARYNGOSCOPY AND DILATION	-	05154	36.3510	APC	\$2,058.92	-	-	000	999	-	
31530	T	LARYNGOSCOPY W/FB REMOVAL	-	05153	17.7071	APC	\$1,002.93	-	-	000	999	-	
31531	T	LARYNGOSCOPY W/FB & OP SCOPE	-	05154	36.3510	APC	\$2,058.92	-	-	000	999	-	
31535	T	LARYNGOSCOPY W/BIOPSY	-	05154	36.3510	APC	\$2,058.92	-	-	000	999	-	
31536	T	LARYNGOSCOPY W/BX & OP SCOPE	-	05154	36.3510	APC	\$2,058.92	-	-	000	999	-	
31540	T	LARYNGOSCOPY W/EXC OF TUMOR	-	05154	36.3510	APC	\$2,058.92	-	-	000	999	-	
31541	T	LARYNSCOP W/TUMR EXC + SCOPE	-	05154	36.3510	APC	\$2,058.92	-	-	000	999	-	
31545	T	REMOVE VC LESION W/SCOPE	-	05154	36.3510	APC	\$2,058.92	-	-	000	999	-	
31546	T	REMOVE VC LESION SCOPE/GRAFT	-	05155	67.3370	APC	\$3,813.97	-	-	000	999	-	
31551	T	LARYNGOPLASTY LARYNGEAL STEN	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-	
31552	T	LARYNGOPLASTY LARYNGEAL STEN	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-	
31553	T	LARYNGOPLASTY LARYNGEAL STEN	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-	
31554	T	LARYNGOPLASTY LARYNGEAL STEN	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-	
3155F	E	CYTOGEN TEST MARROW B/4 TX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
31560	T	LARYNGOSCOPY W/ARYTENOIDECTOM	-	05155	67.3370	APC	\$3,813.97	-	-	000	999	-	
31561	T	LARYNSCOP REMVE CART + SCOP	-	05155	67.3370	APC	\$3,813.97	-	-	000	999	-	
31570	T	LARYNGOSCOPE W/VC INJ	-	05154	36.3510	APC	\$2,058.92	-	-	000	999	-	
31571	T	LARYNGOSCOPE W/VC INJ + SCOPE	-	05154	36.3510	APC	\$2,058.92	-	-	000	999	-	
31572	T	LARGSC W/LASER DSTRJ LES	-	05154	36.3510	APC	\$2,058.92	-	-	000	999	-	
31573	T	LARGSC W/THER INJECTION	-	05153	17.7071	APC	\$1,002.93	-	-	000	999	-	
31574	T	LARGSC W/INX AUGMENTATION	-	05153	17.7071	APC	\$1,002.93	-	-	000	999	-	
31575	T	DIAGNOSTIC LARYNGOSCOPY	-	05151	1.9377	APC	\$109.75	-	-	000	999	-	
31576	T	LARYNGOSCOPY WITH BIOPSY	-	05153	17.7071	APC	\$1,002.93	-	-	000	999	-	
31577	T	LARGSC W/RMVL FOREIGN BDY(S)	-	05152	4.6773	APC	\$264.92	-	-	000	999	-	
31578	T	LARGSC W/REMOVAL LESION	-	05154	36.3510	APC	\$2,058.92	-	-	000	999	-	
31579	T	LARYNGOSCOPY TELESCOPIC	-	05152	4.6773	APC	\$264.92	-	-	000	999	-	
31580	N	LARYNGOPLASTY LARYNGEAL WEB	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab		Min Age	Max Age	Comments
				APC	Weight				Fees	Fees			
31584	T	LARYNGOPLASTY FX RDCTJ FIXJ	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-	
31587	T	LARYNGOPLASTY CRICOID SPLIT	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-	
31590	N	REINNERVATE LARYNX	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
31591	T	LARYNGOPLASTY MEDIALIZATION	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-	
31592	T	CRICOTRACHEAL RESECTION	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-	
31599	T	LARYNX SURGERY PROCEDURE	-	05161	2.5205	APC	\$142.76	-	-	000	999	-	
31600	T	INCISION OF WINDPIPE	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
31601	T	INCISION OF WINDPIPE	-	05165	60.0365	APC	\$3,400.47	-	-	000	001	-	
31603	T	INCISION OF WINDPIPE	-	05163	16.7012	APC	\$945.96	-	-	000	999	-	
31605	T	INCISION OF WINDPIPE	-	05161	2.5205	APC	\$142.76	-	-	000	999	-	
3160F	E	DOC FE+ STORES B/4 EPO THX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
31610	N	INCISION OF WINDPIPE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
31611	T	SURGERY/SPEECH PROSTHESIS	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
31612	N	PUNCTURE/CLEAR WINDPIPE	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
31613	T	REPAIR WINDPIPE OPENING	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
31614	N	REPAIR WINDPIPE OPENING	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
31615	T	VISUALIZATION OF WINDPIPE	-	05162	5.4673	APC	\$309.67	-	-	000	999	-	
31622	T	DX BRONCHOSCOPE/WASH	-	05153	17.7071	APC	\$1,002.93	-	-	000	999	-	
31623	T	DX BRONCHOSCOPE/BRUSH	-	05153	17.7071	APC	\$1,002.93	-	-	000	999	-	
31624	T	DX BRONCHOSCOPE/LAVAGE	-	05153	17.7071	APC	\$1,002.93	-	-	000	999	-	
31625	T	BRONCHOSCOPY W/BIOPSY(S)	-	05153	17.7071	APC	\$1,002.93	-	-	000	999	-	
31626	T	BRONCHOSCOPY W/MARKERS	-	05155	67.3370	APC	\$3,813.97	-	-	000	999	-	
31627	N	NAVIGATIONAL BRONCHOSCOPY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
31628	T	BRONCHOSCOPY/LUNG BX EACH	-	05154	36.3510	APC	\$2,058.92	-	-	000	999	-	
31629	T	BRONCHOSCOPY/NEEDLE BX EACH	-	05154	36.3510	APC	\$2,058.92	-	-	000	999	-	
31630	T	BRONCHOSCOPY DILATE/FX REPR	-	05154	36.3510	APC	\$2,058.92	-	-	000	999	-	
31631	T	BRONCHOSCOPY DILATE W/STENT	-	05155	67.3370	APC	\$3,813.97	-	-	000	999	-	
31632	N	BRONCHOSCOPY/LUNG BX ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
31633	N	BRONCHOSCOPY/NEEDLE BX ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
31634	T	BRONCH W/BALLOON OCCLUSION	-	05155	67.3370	APC	\$3,813.97	-	-	000	999	-	
31635	T	BRONCHOSCOPY W/FB REMOVAL	-	05153	17.7071	APC	\$1,002.93	-	-	000	999	-	
31636	T	BRONCHOSCOPY BRONCH STENTS	-	05155	67.3370	APC	\$3,813.97	-	-	000	999	-	
31637	N	BRONCHOSCOPY STENT ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
31638	T	BRONCHOSCOPY REVISE STENT	-	05155	67.3370	APC	\$3,813.97	-	-	000	999	-	
31640	T	BRONCHOSCOPY W/TUMOR EXCISE	-	05154	36.3510	APC	\$2,058.92	-	-	000	999	-	
31641	T	BRONCHOSCOPY TREAT BLOCKAGE	-	05154	36.3510	APC	\$2,058.92	-	-	000	999	-	
31643	T	DIAG BRONCHOSCOPE/CATHETER	-	05153	17.7071	APC	\$1,002.93	-	-	000	999	-	
31645	T	BRNCHSC W/THER ASPIR 1ST	-	05153	17.7071	APC	\$1,002.93	-	-	000	999	-	
31646	T	BRNCHSC W/THER ASPIR SBSQ	-	05152	4.6773	APC	\$264.92	-	-	000	999	-	
31647	T	BRONCHIAL VALVE INIT INSERT	-	05155	67.3370	APC	\$3,153.46	-	-	000	999	-	
31648	T	BRONCHIAL VALVE REMOV INIT	-	05154	36.3510	APC	\$1,696.33	-	-	000	999	-	
31649	N	BRONCHIAL VALVE REMOV ADDL	-	05153	17.7071	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
31651	N	BRONCHIAL VALVE ADDL INSERT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
31652	T	BRONCH EBUS SAMPLNG 1/2 NODE	-	05154	36.3510	APC	\$2,058.92	-	-	000	999	-	
31653	T	BRONCH EBUS SAMPLNG 3/> NODE	-	05154	36.3510	APC	\$2,058.92	-	-	000	999	-	
31654	N	BRONCH EBUS IVNTJ PERPH LES	-	-	-	Bundled	\$0.00	-	-	000	999	-	
31660	T	BRONCH THERMOPLSTY 1 LOBE	-	05155	67.3370	APC	\$3,153.46	-	-	000	999	-	
31661	T	BRONCH THERMOPLSTY 2/> LOBES	-	05155	67.3370	APC	\$3,153.46	-	-	000	999	-	
3170F	E	FLOW CYTO DONE B/4 TX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
31717	T	BRONCHIAL BRUSH BIOPSY	-	05152	4.6773	APC	\$264.92	-	-	000	999	-	
31720	N	CLEARANCE OF AIRWAYS	-	05791	2.2769	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
31725	C	CLEARANCE OF AIRWAYS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
31730	T	INTRO WINDPIPE WIRE/TUBE	-	05153	17.7071	APC	\$1,002.93	-	-	000	999	-	
31750	N	REPAIR OF WINDPIPE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
31755	N	REPAIR OF WINDPIPE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
31760	C	REPAIR OF WINDPIPE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
31766	C	RECONSTRUCTION OF WINDPIPE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
31770	C	REPAIR/GRAFT OF BRONCHUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
31775	C	RECONSTRUCT BRONCHUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
31780	C	RECONSTRUCT WINDPIPE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
31781	C	RECONSTRUCT WINDPIPE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
31785	T	REMOVE WINDPIPE LESION	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-	
31786	C	REMOVE WINDPIPE LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
31800	C	REPAIR OF WINDPIPE INJURY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
31805	C	REPAIR OF WINDPIPE INJURY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
31820	T	CLOSURE OF WINDPIPE LESION	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
31825	T	REPAIR OF WINDPIPE DEFECT	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
31830	T	REVISE WINDPIPE SCAR	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
31899	T	AIRWAYS SURGICAL PROCEDURE	-	05151	1.9377	APC	\$109.75	-	-	000	999	-	
3200F	E	BARIUM SWALLOW TEST NOT REQ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
32035	C	THORACOSTOMY W/RIB RESECTION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32036	C	THORACOSTOMY W/FLAP DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32096	C	OPEN WEDGE/BX LUNG INFILTR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32097	C	OPEN WEDGE/BX LUNG NODULE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32098	C	OPEN BIOPSY OF LUNG PLEURA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32100	C	EXPLORATION OF CHEST	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3210F	E	GRP A STREP TEST PERFORMED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
32110	C	EXPLORE/REPAIR CHEST	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32120	C	RE-EXPLORATION OF CHEST	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32124	C	EXPLORE CHEST FREE ADHESIONS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32140	C	REMOVAL OF LUNG LESION(S)	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32141	C	REMOVE/TREAT LUNG LESIONS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32150	C	REMOVAL OF LUNG LESION(S)	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32151	C	REMOVE LUNG FOREIGN BODY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3215F	E	PT IMMUNITY TO HEP A DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
32160	C	OPEN CHEST HEART MASSAGE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3216F	E	PT IMMUNITY TO HEP B DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3218F	E	RNA TSTNG HEP C DOCD DONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
32200	C	DRAIN OPEN LUNG LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3220F	E	HEP C QUANT RNA TSTNG DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
32215	C	TREAT CHEST LINING	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32220	C	RELEASE OF LUNG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32225	C	PARTIAL RELEASE OF LUNG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3230F	E	NOTE HRING TST W/IN 6 MON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
32310	C	REMOVAL OF CHEST LINING	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32320	C	FREE/REMOVE CHEST LINING	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32400	T	NEEDLE BIOPSY CHEST LINING	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
32405	T	PERCUT BX LUNG/MEDIASTINUM	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
32440	C	REMOVE LUNG PNEUMONECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32442	C	SLEEVE PNEUMONECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32445	C	REMOVAL OF LUNG EXTRAPLEURAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32480	C	PARTIAL REMOVAL OF LUNG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32482	C	BILOBECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32484	C	SEGMENTECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32486	C	SLEEVE LOBECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32488	C	COMPLETION PNEUMONECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32491	C	LUNG VOLUME REDUCTION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32501	C	REPAIR BRONCHUS ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32503	C	RESECT APICAL LUNG TUMOR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32504	C	RESECT APICAL LUNG TUM/CHEST	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32505	C	WEDGE RESECT OF LUNG INITIAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32506	C	WEDGE RESECT OF LUNG ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
32507	C	WEDGE RESECT OF LUNG DIAG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
3250F	E	NONPRIM LOC ANAT BX SITE TUM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
32540	C	REMOVAL OF LUNG LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
32550	T	INSERT PLEURAL CATH	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-
32551	T	INSERTION OF CHEST TUBE	-	05182	20.1890	APC	\$1,143.50	-	-	000	999	-
32552	N	REMOVE LUNG CATHETER	-	05181	7.8040	Bundled, sometimes payable	\$0.00	-	-	000	999	-
32553	S	INS MARK THOR FOR RT PERQ	-	05613	15.4140	APC	\$873.05	-	-	000	999	-
32554	T	ASPIRATE PLEURA W/O IMAGING	-	05181	7.8040	APC	\$397.13	-	-	000	999	-
32555	T	ASPIRATE PLEURA W/ IMAGING	-	05181	7.8040	APC	\$397.13	-	-	000	999	-
32556	T	INSERT CATH PLEURA W/O IMAGE	-	05302	19.2764	APC	\$925.38	-	-	000	999	-
32557	T	INSERT CATH PLEURA W/ IMAGE	-	05182	20.1890	APC	\$637.26	-	-	000	999	-
32560	T	TREAT PLEURODESIS W/AGENT	-	05181	7.8040	APC	\$442.02	-	-	000	999	-
32561	T	LYSE CHEST FIBRIN INIT DAY	-	05181	7.8040	APC	\$442.02	-	-	000	999	-
32562	T	LYSE CHEST FIBRIN SUBQ DAY	-	05181	7.8040	APC	\$442.02	-	-	000	999	-
32601	T	THORACOSCOPY DIAGNOSTIC	-	05361	59.8283	APC	\$3,388.67	-	-	000	999	-
32604	T	THORACOSCOPY WBX SAC	-	05361	59.8283	APC	\$3,388.67	-	-	000	999	-
32606	T	THORACOSCOPY W/BX MED SPACE	-	05361	59.8283	APC	\$3,388.67	-	-	000	999	-
32607	T	THORACOSCOPY W/BX INFILTRATE	-	05361	59.8283	APC	\$3,388.67	-	-	000	999	-
32608	T	THORACOSCOPY W/BX NODULE	-	05361	59.8283	APC	\$3,388.67	-	-	000	999	-
32609	T	THORACOSCOPY W/BX PLEURA	-	05361	59.8283	APC	\$3,388.67	-	-	000	999	-
3260F	E	PT CAT/PN CAT/HIST GRD DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
32650	C	THORACOSCOPY W/PLEURODESIS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
32651	C	THORACOSCOPY REMOVE CORTEX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
32652	C	THORACOSCOPY REM TOTL CORTEX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
32653	C	THORACOSCOPY REMOV FB/FIBRIN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
32654	C	THORACOSCOPY CONTRL BLEEDING	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
32655	C	THORACOSCOPY RESECT BULLAE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
32656	C	THORACOSCOPY W/PLEURECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
32658	C	THORACOSCOPY W/SAC FB REMOVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
32659	C	THORACOSCOPY W/SAC DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
3265F	E	RNA TSTNG HEP C VIR ORD/DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
32661	C	THORACOSCOPY W/PERICARD EXC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
32662	C	THORACOSCOPY W/MEDIAST EXC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
32663	C	THORACOSCOPY W/LOBECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
32664	C	THORACOSCOPY W/ TH NRV EXC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
32665	C	THORACOSCOPY W/ESOPH MUSC EXC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
32666	C	THORACOSCOPY W/WEDGE RESECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
32667	C	THORACOSCOPY W/W RESECT ADDL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
32668	C	THORACOSCOPY W/W RESECT DIAG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
32669	C	THORACOSCOPY REMOVE SEGMENT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
3266F	E	HEPC GN TSTNG DOCD B/4 TXMNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
32670	C	THORACOSCOPY BILOBECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
32671	C	THORACOSCOPY PNEUMONECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
32672	C	THORACOSCOPY FOR LVRS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
32673	C	THORACOSCOPY W/THYMUS RESECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
32674	C	THORACOSCOPY LYMPH NODE EXC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
3267F	E	PATH RPRT W/ PT PN CAT ET AL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3268F	E	PSA/T/GLSC DOCD B/4 TXMNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3269F	E	BONE SCN B/4 TXMNT/AFTR DX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
32701	E	THORAX STEREO RAD TARGETW/TX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3270F	E	NO BONE SCN B/4 TXMNT/AFTRDX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3271F	E	LOW RISK PROSTATE CANCER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3272F	E	MED RISK PROSTATE CANCER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3273F	E	HIGH RISK PROSTATE CANCER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3274F	E	PROST CNCR RSK NOT LW/MD/HGH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3278F	E	SERUM LVLS CA/IPTH/LPD ORD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
3279F	E	HGB LVL >= 13 G/DL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
32800	C	REPAIR LUNG HERNIA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3280F	E	HGB LVL 11-12.9 G/DL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
32810	C	CLOSE CHEST AFTER DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32815	C	CLOSE BRONCHIAL FISTULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3281F	E	HGB LVL <11 G/DL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
32820	C	RECONSTRUCT INJURED CHEST	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3284F	E	IOP DOWN >15% OF PRE-SVC LVL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
32850	C	DONOR PNEUMONECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32851	C	LUNG TRANSPLANT SINGLE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32852	C	LUNG TRANSPLANT WITH BYPASS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32853	C	LUNG TRANSPLANT DOUBLE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32854	C	LUNG TRANSPLANT WITH BYPASS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32855	C	PREPARE DONOR LUNG SINGLE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32856	C	PREPARE DONOR LUNG DOUBLE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3285F	E	IOP DOWN <15% OF PRE-SVC LVL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3288F	E	FALL RISK ASSESSMENT DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
32900	C	REMOVAL OF RIB(S)	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32905	C	REVISE & REPAIR CHEST WALL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32906	C	REVISE & REPAIR CHEST WALL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3290F	E	PT=D(RH)- AND UNSENSITIZED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3291F	E	PT=D(RH)+ OR SENSITIZED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3292F	E	HIV TSTNG ASKED/DOCD/REVWD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3293F	E	ABO RH BLOOD TYPING DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
32940	C	REVISION OF LUNG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3294F	E	GRP B STREP SCREENING DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
32960	T	THERAPEUTIC PNEUMOTHORAX	-	05181	7.8040	APC	\$442.02	-	-	000	999	-	
32994	T	ABLATE PULM TUMOR PERQ CRYBL	-	05361	59.8283	APC	\$3,388.67	-	-	000	999	-	
32997	C	TOTAL LUNG LAVAGE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
32998	T	ABLATE PULM TUMOR PERQ RF	-	05361	59.8283	APC	\$3,388.67	-	-	000	999	-	
32999	T	CHEST SURGERY PROCEDURE	-	05181	7.8040	APC	\$442.02	-	-	000	999	-	
3300F	E	AJCC STAGE DOCD B/4 THXPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33016	N	PERICARDIOCENTESIS W/IMAGING	-	05182	20.1890	Bundled, sometimes payable	\$1,143.50	-	-	000	999	-	
33017	E	PRCRD DRG 6YR+ W/O CGEN CAR	-	-	-	Not Allowed	\$0.00	-	-	006	999	-	
33018	E	PRCRD DRG 0-5YR OR W/ANOMLY	-	-	-	Not Allowed	\$0.00	-	-	005	999	-	
33019	E	PERQ PRCRD DRG INSJ CATH CT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3301F	E	CANCER STAGE DOCD METAST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33020	C	INCISION OF HEART SAC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33025	C	INCISION OF HEART SAC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33030	C	PARTIAL REMOVAL OF HEART SAC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33031	C	PARTIAL REMOVAL OF HEART SAC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33050	C	RESECT HEART SAC LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33120	C	REMOVAL OF HEART LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33130	C	REMOVAL OF HEART LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33140	C	HEART REVASCULARIZE (TMR)	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33141	C	HEART TMR W/OTHER PROCEDURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3315F	E	ER+ OR PR+ BREAST CANCER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3316F	E	ER- OR PR- BREAST CANCER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3317F	E	PATH RPT MALIG CANCER DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3318F	E	PATH RPT MALIG CANCER DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3319F	E	X-RAY/CT/ULTRSND ET AL ORD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33202	C	INSERT EPICARD ELTRD OPEN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33203	C	INSERT EPICARD ELTRD ENDO	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33206	N	INSERT HEART PM ATRIAL	-	05223	126.8914	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
33207	N	INSERT HEART PM VENTRICULAR	-	05223	126.8914	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
33208	N	INSRT HEART PM ATRIAL & VENT	-	05223	126.8914	Bundled, sometimes payable	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
3320F	E	NO XRAY/CT/ ET AL ORDD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33210	N	INSERT ELECTRD/PM CATH SNGL	-	05222	94.5856	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33211	N	INSERT CARD ELECTRODES DUAL	-	05222	94.5856	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33212	N	INSERT PULSE GEN SNGL LEAD	-	05222	94.5856	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33213	N	INSERT PULSE GEN DUAL LEADS	-	05223	126.8914	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33214	N	UPGRADE OF PACEMAKER SYSTEM	-	05223	126.8914	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33215	T	REPOSITION PACING-DEFIB LEAD	-	05183	34.3010	APC	\$1,942.81	-	-	-	000	999	-
33216	N	INSERT 1 ELECTRODE PM-DEFIB	-	05222	94.5856	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33217	N	INSERT 2 ELECTRODE PM-DEFIB	-	05222	94.5856	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33218	T	REPAIR LEAD PACE-DEFIB ONE	-	05221	36.9340	APC	\$2,091.94	-	-	-	000	999	-
3321F	E	AJCC CNCR 0/IA MELAN DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33220	T	REPAIR LEAD PACE-DEFIB DUAL	-	05221	36.9340	APC	\$2,091.94	-	-	-	000	999	-
33221	N	INSERT PULSE GEN MULT LEADS	-	05224	226.6684	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33222	T	RELOCATION POCKET PACEMAKER	-	05054	20.0852	APC	\$1,137.63	-	-	-	000	999	-
33223	T	RELOCATE POCKET FOR DEFIB	-	05054	20.0852	APC	\$1,137.63	-	-	-	000	999	-
33224	N	INSERT PACING LEAD & CONNECT	-	05223	126.8914	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33225	N	L VENTRIC PACING LEAD ADD-ON	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
33226	T	REPOSITION L VENTRIC LEAD	-	05183	34.3010	APC	\$1,942.81	-	-	-	000	999	-
33227	N	REMOVE&REPLACE PM GEN SINGL	-	05222	94.5856	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33228	N	REMOV&REPLC PM GEN DUAL LEAD	-	05223	126.8914	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33229	N	REMOV&REPLC PM GEN MULT LEADS	-	05224	226.6684	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
3322F	E	MELANOMA AJCC STAGE 0 OR IA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33230	N	INSRT PULSE GEN W/DUAL LEADS	-	05231	281.1245	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33231	N	INSRT PULSE GEN W/MULT LEADS	-	05232	399.5722	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33233	N	REMOVAL OF PM GENERATOR	-	05222	94.5856	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33234	N	REMOVAL OF PACEMAKER SYSTEM	-	05221	36.9340	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33235	N	REMOVAL PACEMAKER ELECTRODE	-	05221	36.9340	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33236	C	REMOVE ELECTRODE/THORACOTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33237	C	REMOVE ELECTRODE/THORACOTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33238	C	REMOVE ELECTRODE/THORACOTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
3323F	E	CLIN NODE STGNG DOCD B/4 SURG	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33240	N	INSRT PULSE GEN W/SINGL LEAD	-	05231	281.1245	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33241	N	REMOVE PULSE GENERATOR	-	05221	36.9340	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33243	C	REMOVE ELTRD/THORACOTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33244	N	REMOVE ELCTRD TRANSVENOUSLY	-	05221	36.9340	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33249	N	INSJ/RPLCMT DEFIB W/LEAD(S)	-	05232	399.5722	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
3324F	E	MRI CT SCAN ORD RVWD RQSTD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33250	C	ABLATE HEART DYSRHYTHM FOCUS	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33251	C	ABLATE HEART DYSRHYTHM FOCUS	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33254	C	ABLATE ATRIA LMTD	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33255	C	ABLATE ATRIA W/O BYPASS EXT	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33256	C	ABLATE ATRIA W/BYPASS EXTEN	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33257	C	ABLATE ATRIA LMTD ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33258	C	ABLATE ATRIA X10SV ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33259	C	ABLATE ATRIA W/BYPASS ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
3325F	E	PREOP ASSES 4 CATARACT SURG	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33261	C	ABLATE HEART DYSRHYTHM FOCUS	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33262	N	RMVL & REPLC PULSE GEN 1 LEAD	-	05231	281.1245	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33263	N	RMVL & RPLCMT DFB GEN 2 LEAD	-	05231	281.1245	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33264	N	RMVL & RPLCMT DFB GEN MLT LD	-	05232	399.5722	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33265	C	ABLATE ATRIA LMTD ENDO	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33266	C	ABLATE ATRIA X10SV ENDO	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33270	N	INS/REP SUBQ DEFIBRILLATOR	-	05232	399.5722	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33271	N	INSJ SUBQ IMPLTBL DFB ELCTRD	-	05222	94.5856	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33272	N	RMVL OF SUBQ DEFIBRILLATOR	-	05221	36.9340	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
33273	T	REPOS PREV IMPLTBL SUBQ DFB	-	05221	36.9340	APC	\$2,091.94	-	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
33274	T	TCAT INSJ/RPL PERM LDLS PM	-	05194	197.2940	APC	\$11,174.73	-	-	000	999	-	
33275	T	TCAT RMVL PERM LDLS PM W/IMG	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
33285	T	INSJ SUBQ CAR RHYTHM MNTR	-	05222	94.5856	APC	\$5,357.33	-	-	000	999	-	
33286	N	RMVL SUBQ CAR RHYTHM MNTR	-	05071	7.5503	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
33289	T	TCAT IMPL WRLS P-ART PRS SNR	-	05200	353.0198	APC	\$19,995.04	-	-	000	999	-	
3328F	E	PRFRMNC DOCD 2 WKS B/4 SURG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33300	C	REPAIR OF HEART WOUND	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33305	C	REPAIR OF HEART WOUND	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3330F	E	IMAGING STUDY ORDERED (BKP)	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33310	C	EXPLORATORY HEART SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33315	C	EXPLORATORY HEART SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3331F	E	BK IMAGING TST NOT ORDERED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33320	C	REPAIR MAJOR BLOOD VESSEL(S)	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33321	C	REPAIR MAJOR VESSEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33322	C	REPAIR MAJOR BLOOD VESSEL(S)	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33330	C	INSERT MAJOR VESSEL GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33335	C	INSERT MAJOR VESSEL GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33340	C	PERQ CLSR TCAT L ATR APNDGE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33361	C	REPLACE AORTIC VALVE PERQ	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33362	C	REPLACE AORTIC VALVE OPEN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33363	C	REPLACE AORTIC VALVE OPEN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33364	C	REPLACE AORTIC VALVE OPEN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33365	C	REPLACE AORTIC VALVE OPEN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33366	C	TRCATH REPLACE AORTIC VALVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33367	C	REPLACE AORTIC VALVE W/BYP	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33368	C	REPLACE AORTIC VALVE W/BYP	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33369	C	REPLACE AORTIC VALVE W/BYP	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33390	C	VALVULOPLASTY AORTIC VALVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33391	C	VALVULOPLASTY AORTIC VALVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33404	C	PREPARE HEART-AORTA CONDUIT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33405	C	REPLACEMENT AORTIC VALVE OPN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33406	C	REPLACEMENT AORTIC VALVE OPN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3340F	E	MAMMO ASSESS INC XRAY DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33410	C	REPLACEMENT AORTIC VALVE OPN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33411	C	REPLACEMENT OF AORTIC VALVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33412	C	REPLACEMENT OF AORTIC VALVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33413	C	REPLACEMENT OF AORTIC VALVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33414	C	REPAIR OF AORTIC VALVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33415	C	REVISION SUBVALVULAR TISSUE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33416	C	REVISE VENTRICLE MUSCLE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33417	C	REPAIR OF AORTIC VALVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33418	C	REPAIR TCAT MITRAL VALVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33419	N	REPAIR TCAT MITRAL VALVE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
3341F	E	MAMMO ASSESS NEGATIVE DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33420	C	REVISION OF MITRAL VALVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33422	C	REVISION OF MITRAL VALVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33425	C	REPAIR OF MITRAL VALVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33426	C	REPAIR OF MITRAL VALVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33427	C	REPAIR OF MITRAL VALVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3342F	E	MAMMO ASSESS BENGND DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33430	C	REPLACEMENT OF MITRAL VALVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3343F	E	MAMMO PROBABLY BENGND DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33440	C	RPLCMT A-VALVE TLCJ AUTOL PV	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3344F	E	MAMMO ASSESS SUSP DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3345F	E	MAMMO ASSESS HGHLYMALIG DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33460	C	REVISION OF TRICUSPID VALVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	

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July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
33463	C	VALVULOPLASTY TRICUSPID	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33464	C	VALVULOPLASTY TRICUSPID	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33465	C	REPLACE TRICUSPID VALVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33468	C	REVISION OF TRICUSPID VALVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33470	C	REVISION OF PULMONARY VALVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33471	C	VALVOTOMY PULMONARY VALVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33474	C	REVISION OF PULMONARY VALVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33475	C	REPLACEMENT PULMONARY VALVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33476	C	REVISION OF HEART CHAMBER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33477	C	IMPLANT TCAT PULM VLV PERQ	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33478	C	REVISION OF HEART CHAMBER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33496	C	REPAIR PROSTH VALVE CLOT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33500	C	REPAIR HEART VESSEL FISTULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33501	C	REPAIR HEART VESSEL FISTULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33502	C	CORONARY ARTERY CORRECTION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33503	C	CORONARY ARTERY GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33504	C	CORONARY ARTERY GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33505	C	REPAIR ARTERY W/TUNNEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33506	C	REPAIR ARTERY TRANSLOCATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33507	C	REPAIR ART INTRAMURAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33508	N	ENDOSCOPIC VEIN HARVEST	-	-	-	Bundled	\$0.00	-	-	000	999	-	
3350F	E	MAMMO BX PROVEN MALIG DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33510	C	CABG VEIN SINGLE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33511	C	CABG VEIN TWO	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33512	C	CABG VEIN THREE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33513	C	CABG VEIN FOUR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33514	C	CABG VEIN FIVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33516	C	CABG VEIN SIX OR MORE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33517	C	CABG ARTERY-VEIN SINGLE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33518	C	CABG ARTERY-VEIN TWO	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33519	C	CABG ARTERY-VEIN THREE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3351F	E	NEG SCRND DEP SYMP BY DEPTOOL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33521	C	CABG ARTERY-VEIN FOUR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33522	C	CABG ARTERY-VEIN FIVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33523	C	CABG ART-VEIN SIX OR MORE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3352F	E	NO SIG DEP SYMP BY DEPTOOL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33530	C	CORONARY ARTERY BYPASS/REOP	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33533	C	CABG ARTERIAL SINGLE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33534	C	CABG ARTERIAL TWO	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33535	C	CABG ARTERIAL THREE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33536	C	CABG ARTERIAL FOUR OR MORE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3353F	E	MILD-MOD DEP SYMP BY DEPTOOL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33542	C	REMOVAL OF HEART LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33545	C	REPAIR OF HEART DAMAGE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33548	C	RESTORE/REMODEL VENTRICLE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3354F	E	CLIN SIG DEP SYM BY DEP TOOL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33572	C	OPEN CORONARY ENDARTERECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33600	C	CLOSURE OF VALVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33602	C	CLOSURE OF VALVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33606	C	ANASTOMOSIS/ARTERY-AORTA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33608	C	REPAIR ANOMALY W/CONDUIT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33610	C	REPAIR BY ENLARGEMENT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33611	C	REPAIR DOUBLE VENTRICLE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33612	C	REPAIR DOUBLE VENTRICLE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33615	C	REPAIR MODIFIED FONTAN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33617	C	REPAIR SINGLE VENTRICLE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
33619	C	REPAIR SINGLE VENTRICLE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33620	C	APPLY R&L PULM ART BANDS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33621	C	TRANSTHOR CATH FOR STENT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33622	C	REDO COMPL CARDIAC ANOMALY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33641	C	REPAIR HEART SEPTUM DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33645	C	REVISION OF HEART VEINS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33647	C	REPAIR HEART SEPTUM DEFECTS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33660	C	REPAIR OF HEART DEFECTS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33665	C	REPAIR OF HEART DEFECTS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33670	C	REPAIR OF HEART CHAMBERS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33675	C	CLOSE MULT VSD	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33676	C	CLOSE MULT VSD W/RESECTION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33677	C	CL MULT VSD W/REM PUL BAND	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33681	C	REPAIR HEART SEPTUM DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33684	C	REPAIR HEART SEPTUM DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33688	C	REPAIR HEART SEPTUM DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33690	C	REINFORCE PULMONARY ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33692	C	REPAIR OF HEART DEFECTS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33694	C	REPAIR OF HEART DEFECTS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33697	C	REPAIR OF HEART DEFECTS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33702	C	REPAIR OF HEART DEFECTS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3370F	E	AJCC BRST CNCR STAGE 0 DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33710	C	REPAIR OF HEART DEFECTS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33720	C	REPAIR OF HEART DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33722	C	REPAIR OF HEART DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33724	C	REPAIR VENOUS ANOMALY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33726	C	REPAIR PUL VENOUS STENOSIS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3372F	E	AJCC BRST CNCR STAGE 1 DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33730	C	REPAIR HEART-VEIN DEFECT(S)	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33732	C	REPAIR HEART-VEIN DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33735	C	REVISION OF HEART CHAMBER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33736	C	REVISION OF HEART CHAMBER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33737	C	REVISION OF HEART CHAMBER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3374F	E	AJCC BRST CNCR STAGE 1 DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33750	C	MAJOR VESSEL SHUNT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33755	C	MAJOR VESSEL SHUNT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33762	C	MAJOR VESSEL SHUNT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33764	C	MAJOR VESSEL SHUNT & GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33766	C	MAJOR VESSEL SHUNT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33767	C	MAJOR VESSEL SHUNT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33768	C	CAVOPULMONARY SHUNTING	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3376F	E	AJCC BRSTCNCR STAGE 2 DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33770	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33771	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33774	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33775	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33776	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33777	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33778	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33779	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33780	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33781	C	REPAIR GREAT VESSELS DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33782	C	NIKAIDOH PROC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33783	C	NIKAIDOH PROC W/OSTIA IMPLT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33786	C	REPAIR ARTERIAL TRUNK	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33788	C	REVISION OF PULMONARY ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
3378F	E	AJCC BRSTCNCR STAGE 3 DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33800	C	AORTIC SUSPENSION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33802	C	REPAIR VESSEL DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33803	C	REPAIR VESSEL DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3380F	E	AJCC BRSTCNCR STAGE 4 DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33813	C	REPAIR SEPTAL DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33814	C	REPAIR SEPTAL DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33820	C	REVISE MAJOR VESSEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33822	C	REVISE MAJOR VESSEL	-	-	-	Inpatient Only	\$0.00	-	-	000	019	-	
33824	C	REVISE MAJOR VESSEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3382F	E	AJCC CLN CNCR STAGE 0 DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33840	C	REMOVE AORTA CONSTRICTION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33845	C	REMOVE AORTA CONSTRICTION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3384F	E	AJCC CLN CNCR STAGE 1 DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33851	C	REMOVE AORTA CONSTRICTION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33852	C	REPAIR SEPTAL DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33853	C	REPAIR SEPTAL DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33858	E	AS-AORT GRF F/AORTIC DSJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33859	E	AS-AORT GRF F/DS OTH/THN DSJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33863	C	ASCENDING AORTIC GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33864	C	ASCENDING AORTIC GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33866	N	AORTIC HEMIARCH GRAFT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
3386F	E	AJCC CLN CNCR STAGE 2 DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33871	E	TRANSVRS A-ARCH GRF HYPTRHM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33875	C	THORACIC AORTIC GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33877	C	THORACOABDOMINAL GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33880	C	ENDOVASC TAA REPR INCL SUBCL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33881	C	ENDOVASC TAA REPR W/O SUBCL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33883	C	INSERT ENDOVASC PROSTH TAA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33884	C	ENDOVASC PROSTH TAA ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33886	C	ENDOVASC PROSTH DELAYED	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33889	C	ARTERY TRANSPOSE/ENDOVAS TAA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3388F	E	AJCC CLN CNCR STAGE 3 DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33891	C	CAR-CAR BP GRFT/ENDOVAS TAA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3390F	E	AJCC CLN CNCR STAGE 4 DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33910	C	REMOVE LUNG ARTERY EMBOLI	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33915	C	REMOVE LUNG ARTERY EMBOLI	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33916	C	SURGERY OF GREAT VESSEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33917	C	REPAIR PULMONARY ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33920	C	REPAIR PULMONARY ATRESIA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33922	C	TRANSECT PULMONARY ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33924	C	REMOVE PULMONARY SHUNT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33925	C	RPR PUL ART UNIFOCAL W/O CPB	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33926	C	REPR PUL ART UNIFOCAL W/CPB	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33927	C	IMPLTJ TOT RPLCMT HRT SYS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33928	C	RMVL & RPLCMT TOT HRT SYS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33929	C	RMVL RPLCMT HRT SYS F/TRNSPL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33930	C	REMOVAL OF DONOR HEART/LUNG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33933	C	PREPARE DONOR HEART/LUNG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33935	C	TRANSPLANTATION HEART/LUNG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33940	C	REMOVAL OF DONOR HEART	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33944	C	PREPARE DONOR HEART	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33945	C	TRANSPLANTATION OF HEART	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33946	C	ECMO/ECLS INITIATION VENOUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33947	C	ECMO/ECLS INITIATION ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33948	C	ECMO/ECLS DAILY MGMT-VENOUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
33949	C	ECMO/ECLS DAILY MGMT ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3394F	E	QUANT HER2 IHC EVAL BRST CX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33951	C	ECMO/ECLS INSJ PRPH CANNULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33952	C	ECMO/ECLS INSJ PRPH CANNULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33953	C	ECMO/ECLS INSJ PRPH CANNULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33954	C	ECMO/ECLS INSJ PRPH CANNULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33955	C	ECMO/ECLS INSJ CTR CANNULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33956	C	ECMO/ECLS INSJ CTR CANNULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33957	C	ECMO/ECLS REPOS PERPH CNULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33958	C	ECMO/ECLS REPOS PERPH CNULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33959	C	ECMO/ECLS REPOS PERPH CNULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3395F	E	QUANT NONHER2 IHC BRST CX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
33962	C	ECMO/ECLS REPOS PERPH CNULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33963	C	ECMO/ECLS REPOS PERPH CNULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33964	C	ECMO/ECLS REPOS PERPH CNULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33965	C	ECMO/ECLS RMVL PERPH CANNULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33966	C	ECMO/ECLS RMVL PRPH CANNULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33967	C	INSERT I-AORT PERCUT DEVICE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33968	C	REMOVE AORTIC ASSIST DEVICE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33969	C	ECMO/ECLS RMVL PERPH CANNULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33970	C	AORTIC CIRCULATION ASSIST	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33971	C	AORTIC CIRCULATION ASSIST	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33973	C	INSERT BALLOON DEVICE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33974	C	REMOVE INTRA-AORTIC BALLOON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33975	C	IMPLANT VENTRICULAR DEVICE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33976	C	IMPLANT VENTRICULAR DEVICE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33977	C	REMOVE VENTRICULAR DEVICE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33978	C	REMOVE VENTRICULAR DEVICE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33979	C	INSERT INTRACORPOREAL DEVICE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33980	C	REMOVE INTRACORPOREAL DEVICE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33981	C	REPLACE VAD PUMP EXT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33982	C	REPLACE VAD INTRA W/O BP	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33983	C	REPLACE VAD INTRA W/BP	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33984	C	ECMO/ECLS RMVL PRPH CANNULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33985	C	ECMO/ECLS RMVL CTR CANNULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33986	C	ECMO/ECLS RMVL CTR CANNULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33987	C	ARTERY EXPOS/GRAFT ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33988	C	INSERTION OF LEFT HEART VENT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33989	C	REMOVAL OF LEFT HEART VENT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33990	C	INSERT VAD ARTERY ACCESS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33991	C	INSERT VAD ART&VEIN ACCESS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33992	C	REMOVE VAD DIFFERENT SESSION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33993	C	REPOSITION VAD DIFF SESSION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
33999	T	CARDIAC SURGERY PROCEDURE	-	05181	7.8040	APC	\$442.02	-	-	000	999	-	
34001	C	REMOVAL OF ARTERY CLOT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34051	C	REMOVAL OF ARTERY CLOT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34101	T	REMOVAL OF ARTERY CLOT	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-	
34111	T	REMOVAL OF ARM ARTERY CLOT	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-	
34151	C	REMOVAL OF ARTERY CLOT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34201	T	REMOVAL OF ARTERY CLOT	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-	
34203	T	REMOVAL OF LEG ARTERY CLOT	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-	
34401	C	REMOVAL OF VEIN CLOT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34421	T	REMOVAL OF VEIN CLOT	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
34451	C	REMOVAL OF VEIN CLOT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34471	T	REMOVAL OF VEIN CLOT	-	05181	7.8040	APC	\$442.02	-	-	000	999	-	
34490	T	REMOVAL OF VEIN CLOT	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
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									Hospital Lab Fees	Hospital Lab			
34501	T	REPAIR VALVE FEMORAL VEIN	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-	
34502	C	RECONSTRUCT VENA CAVA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3450F	E	DYSPNEA SCRND NO-MILD DYSP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
34510	T	TRANSPOSITION OF VEIN VALVE	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-	
3451F	E	DYSPNEA SCRND MOD-HIGH DYSP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
34520	T	CROSS-OVER VEIN GRAFT	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-	
3452F	E	DYSPNEA NOT SCREENED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
34530	T	LEG VEIN FUSION	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
3455F	E	TB SCRNG DONE-INTERPD 6MON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
34701	C	EVASC RPR A-AO NDGFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34702	C	EVASC RPR A-AO NDGFT RPT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34703	C	EVASC RPR A-UNILAC NDGFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34704	C	EVASC RPR A-UNILAC NDGFT RPT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34705	C	EVAC RPR A-BILIAC NDGFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34706	C	EVASC RPR A-BILIAC RPT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34707	C	EVASC RPR ILIO-ILIAC NDGFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34708	C	EVASC RPR ILIO-ILIAC RPT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34709	C	PLMT XTN PROSTH EVASC RPR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3470F	E	RA DISEASE ACTIVITY LOW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
34710	C	DLYD PLMT XTN PROSTH 1ST VSL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34711	C	DLYD PLMT XTN PROSTH EA ADDL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34712	C	TCAT DLVR ENHNCD FIXJ DEV	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34713	N	PERQ ACCESS & CLSR FEM ART	-	-	-	Bundled	\$0.00	-	-	000	999	-	
34714	N	OPN FEM ART EXPOS CNDT CRTJ	-	-	-	Bundled	\$0.00	-	-	000	999	-	
34715	N	OPN AX/SUBCLA ART EXPOS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
34716	N	OPN AX/SUBCLA ART EXPOS CNDT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
34717	E	EVASC RPR A-ILIAC NDGFT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
34718	E	EVASC RPR N/A A-ILIAC NDGFT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3471F	E	RA DISEASE ACTIVITY MOD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3472F	E	RA DISEASE ACTIVITY HIGH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3475F	E	DISEASE PROGN RA POOR DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3476F	E	DISEASE PROGN RA GOOD DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
34808	C	ENDOVAS ILIAC A DEVICE ADDON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34812	C	OPN FEM ART EXPOS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34813	C	FEMORAL ENDOVAS GRAFT ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34820	C	OPN ILIAC ART EXPOS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34830	C	OPEN AORTIC TUBE PROSTH REPR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34831	C	OPEN AORTOILIAC PROSTH REPR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34832	C	OPEN AORTOFEMOR PROSTH REPR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34833	C	OPN ILAC ART EXPOS CNDT CRTJ	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34834	C	OPN BRACH ART EXPOS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34839	E	PLNNING PT SPEC FENEST GRAFT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
34841	C	ENDOVASC VISC AORTA 1 GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34842	C	ENDOVASC VISC AORTA 2 GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34843	C	ENDOVASC VISC AORTA 3 GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34844	C	ENDOVASC VISC AORTA 4 GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34845	C	VISC & INFRAREN ABD 1 PROSTH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34846	C	VISC & INFRAREN ABD 2 PROSTH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34847	C	VISC & INFRAREN ABD 3 PROSTH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
34848	C	VISC & INFRAREN ABD 4+ PROST	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3490F	E	HISTORY AIDS-DEFINING COND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3491F	E	HIV UNSURE BABY OF HIV+MOMS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3492F	E	HISTORY CD4+ CELL COUNT <350	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3493F	E	NO HIST CD4+ CELL COUNT <350	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3494F	E	CD4+CELL COUNT <200CELLS/MM3	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3495F	E	CD4+CELL CNT 200-499 CELLS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
3496F	E	CD4+ CELL COUNT >= 500 CELLS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3497F	E	CD4+ CELL PERCENTAGE <15%	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3498F	E	CD4+ CELL =15% (HIV)	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
35001	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35002	C	REPAIR ARTERY RUPTURE NECK	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35005	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3500F	E	CD4+CELL CNT/% DOCD AS DONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
35011	T	REPAIR DEFECT OF ARTERY	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-	
35013	C	REPAIR ARTERY RUPTURE ARM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35021	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35022	C	REPAIR ARTERY RUPTURE CHEST	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3502F	E	HIV RNA VRL LD <LMTS QUANTIF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3503F	E	HIV RNA VRL LDNOT<LMTS QUNTF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
35045	T	REPAIR DEFECT OF ARM ARTERY	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-	
35081	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35082	C	REPAIR ARTERY RUPTURE AORTA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35091	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35092	C	REPAIR ARTERY RUPTURE AORTA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35102	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35103	C	REPAIR ARTERY RUPTURE AORTA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3510F	E	DOC TB SCRNG-RSLTS INTERPD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
35111	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35112	C	REPAIR ARTERY RUPTURE SPLEEN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3511F	E	CHLMYD/GONRH TSTS DOCD DONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
35121	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35122	C	REPAIR ARTERY RUPTURE BELLY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3512F	E	SYPH SCRNG DOCD AS DONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
35131	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35132	C	REPAIR ARTERY RUPTURE GROIN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3513F	E	HEP B SCRNG DOCD AS DONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
35141	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35142	C	REPAIR ARTERY RUPTURE THIGH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3514F	E	HEP C SCRNG DOCD AS DONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
35151	C	REPAIR DEFECT OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35152	C	REPAIR RUPTD POPLITEAL ART	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
3515F	E	PT HAS DOCD IMMUN TO HEP C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3517F	E	HBV ASSESS&RESULTS INTRP 1YR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
35180	T	REPAIR BLOOD VESSEL LESION	-	05181	7.8040	APC	\$442.02	-	-	000	999	-	
35182	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35184	T	REPAIR BLOOD VESSEL LESION	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
35188	T	REPAIR BLOOD VESSEL LESION	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-	
35189	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35190	T	REPAIR BLOOD VESSEL LESION	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-	
35201	T	REPAIR BLOOD VESSEL LESION	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-	
35206	T	REPAIR BLOOD VESSEL LESION	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
35207	T	REPAIR BLOOD VESSEL LESION	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
3520F	E	CDIFFICILE TESTING PERFORMED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
35211	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35216	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35221	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35226	T	REPAIR BLOOD VESSEL LESION	-	05071	7.5503	APC	\$427.65	-	-	000	999	-	
35231	T	REPAIR BLOOD VESSEL LESION	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
35236	T	REPAIR BLOOD VESSEL LESION	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-	
35241	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35246	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35251	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
				APC	Weight							
35256	T	REPAIR BLOOD VESSEL LESION	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-
35261	T	REPAIR BLOOD VESSEL LESION	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-
35266	T	REPAIR BLOOD VESSEL LESION	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-
35271	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35276	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35281	C	REPAIR BLOOD VESSEL LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35286	T	REPAIR BLOOD VESSEL LESION	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-
35301	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35302	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35303	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35304	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35305	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35306	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35311	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35321	T	RECHANNELING OF ARTERY	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-
35331	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35341	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35351	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35355	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35361	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35363	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35371	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35372	C	RECHANNELING OF ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35390	C	REOPERATION CAROTID ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35400	C	ANGIOSCOPY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35500	N	HARVEST VEIN FOR BYPASS	-	-	-	Bundled	\$0.00	-	-	000	999	-
35501	C	ART BYP GRFT IPSILAT CAROTID	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35506	C	ART BYP GRFT SUBCLAV-CAROTID	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35508	C	ART BYP GRFT CAROTID-VERTBRL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35509	C	ART BYP GRFT CONTRAL CAROTID	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
3550F	E	LOW RSK THROMBOEMBOLISM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
35510	C	ART BYP GRFT CAROTID-BRCHIAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35511	C	ART BYP GRFT SUBCLAV-SUBCLAV	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35512	C	ART BYP GRFT SUBCLAV-BRCHIAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35515	C	ART BYP GRFT SUBCLAV-VERTBRL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35516	C	ART BYP GRFT SUBCLAV-AXILARY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35518	C	ART BYP GRFT AXILLARY-AXILRY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
3551F	E	INTRMED RSK THROMBOEMBOLISM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
35521	C	ART BYP GRFT AXILL-FEMORAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35522	C	ART BYP GRFT AXILL-BRACHIAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35523	C	ART BYP GRFT BRCHL-ULNR-RDL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35525	C	ART BYP GRFT BRACHIAL-BRCHL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35526	C	ART BYP GRFT AOR/CAROT/INNOM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
3552F	E	HGH RISK FOR THROMBOEMBOLISM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
35531	C	ART BYP GRFT AORCEL/AORMESEN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35533	C	ART BYP GRFT AXILL/FEM/FEM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35535	C	ART BYP GRFT HEPATORENAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35536	C	ART BYP GRFT SPLENORENAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35537	C	ART BYP GRFT AORTOILIAC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35538	C	ART BYP GRFT AORTOBI-ILIAC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35539	C	ART BYP GRFT AORTOFEMORAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35540	C	ART BYP GRFT AORTBIFEMORAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35556	C	ART BYP GRFT FEM-POPLITEAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
35558	C	ART BYP GRFT FEM-FEMORAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
3555F	E	PT INR MEASUREMENT PERFORMED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
35560	C	ART BYP GRFT AORTORENAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
35563	C	ART BYP GRFT ILIOILIAC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35565	C	ART BYP GRFT ILIOFEMORAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35566	C	ART BYP FEM-ANT-POST TIB/PRL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35570	C	ART BYP TIBIAL-TIB/PERONEAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35571	C	ART BYP POP-TIBL-PRL-OTHER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35572	N	HARVEST FEMOROPOPLITEAL VEIN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
35583	C	VEIN BYP GRFT FEM-POPLITEAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35585	C	VEIN BYP FEM-TIBIAL PERONEAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35587	C	VEIN BYP POP-TIBL PERONEAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35600	C	HARVEST ART FOR CABG ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35601	C	ART BYP COMMON IPSI CAROTID	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35606	C	ART BYP CAROTID-SUBCLAVIAN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35612	C	ART BYP SUBCLAV-SUBCLAVIAN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35616	C	ART BYP SUBCLAV-AXILLARY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35621	C	ART BYP AXILLARY-FEMORAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35623	C	ART BYP AXILLARY-POP-TIBIAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35626	C	ART BYP AORSUBCL/CAROT/INNOM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35631	C	ART BYP AOR-CELIAC-MSN-RENAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35632	C	ART BYP ILIO-CELIAC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35633	C	ART BYP ILIO-MESENTERIC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35634	C	ART BYP ILIORENAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35636	C	ART BYP SPENORENAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35637	C	ART BYP AORTOILIAC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35638	C	ART BYP AORTOBI-ILIAC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35642	C	ART BYP CAROTID-VERTEBRAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35645	C	ART BYP SUBCLAV-VERTEBRAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35646	C	ART BYP AORTOBI-FEMORAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35647	C	ART BYP AORTO-FEMORAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35650	C	ART BYP AXILLARY-AXILLARY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35654	C	ART BYP AXILL-FEM-FEMORAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35656	C	ART BYP FEMORAL-POPLITEAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35661	C	ART BYP FEMORAL-FEMORAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35663	C	ART BYP ILIOILIAC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35665	C	ART BYP ILIOFEMORAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35666	C	ART BYP FEM-ANT-POST TIB/PRL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35671	C	ART BYP POP-TIBL-PRL-OTHER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35681	C	COMPOSITE BYP GRFT PROS&VEIN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35682	C	COMPOSITE BYP GRFT 2 VEINS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35683	C	COMPOSITE BYP GRFT 3/> SEGMT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35685	N	BYPASS GRAFT PATENCY/PATCH	-	-	-	Bundled	\$0.00	-	-	000	999	-	
35686	N	BYPASS GRAFT/AV FIST PATENCY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
35691	C	ART TRNSPOSJ VERTBRL CAROTID	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35693	C	ART TRNSPOSJ SUBCLAVIAN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35694	C	ART TRNSPOSJ SUBCLAV CAROTID	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35695	C	ART TRNSPOSJ CAROTID SUBCLAV	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35697	C	REIMPLANT ARTERY EACH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35700	C	REOPERATION BYPASS GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35701	C	EXPL N/FLWD SURG NECK ART	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35702	E	EXPL N/FLWD SURG UXTR ART	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
35703	E	EXPL N/FLWD SURG LXTR ART	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3570F	E	RPRT BONE SCINT XREF W XRAY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3572F	E	PT CONSID POSS RISK FX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3573F	E	PT NOT CONSID POSS RISK FX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
35800	C	EXPLORE NECK VESSELS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35820	C	EXPLORE CHEST VESSELS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35840	C	EXPLORE ABDOMINAL VESSELS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
35860	T	EXPLORE LIMB VESSELS	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
35870	C	REPAIR VESSEL GRAFT DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35875	T	REMOVAL OF CLOT IN GRAFT	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-	
35876	T	REMOVAL OF CLOT IN GRAFT	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-	
35879	T	REVISE GRAFT W/VEIN	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-	
35881	T	REVISE GRAFT W/VEIN	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-	
35883	T	REVISE GRAFT W/NONAUTO GRAFT	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-	
35884	T	REVISE GRAFT W/VEIN	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-	
35901	C	EXCISION GRAFT NECK	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35903	T	EXCISION GRAFT EXTREMITY	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
35905	C	EXCISION GRAFT THORAX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
35907	C	EXCISION GRAFT ABDOMEN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
36000	N	PLACE NEEDLE IN VEIN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36002	T	PSEUDOANEURYSM INJECTION TRT	-	05181	7.8040	APC	\$442.02	-	-	000	999	-	
36005	N	INJECTION EXT VENOGRAPHY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36010	N	PLACE CATHETER IN VEIN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36011	N	PLACE CATHETER IN VEIN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36012	N	PLACE CATHETER IN VEIN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36013	N	PLACE CATHETER IN ARTERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36014	N	PLACE CATHETER IN ARTERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36015	N	PLACE CATHETER IN ARTERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36100	N	ESTABLISH ACCESS TO ARTERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36140	N	INTRO NDL ICATH UPR/LXTR ART	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36160	N	ESTABLISH ACCESS TO AORTA	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36200	N	PLACE CATHETER IN AORTA	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36215	N	PLACE CATHETER IN ARTERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36216	N	PLACE CATHETER IN ARTERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36217	N	PLACE CATHETER IN ARTERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36218	N	PLACE CATHETER IN ARTERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36221	N	PLACE CATH THORACIC AORTA	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
36222	N	PLACE CATH CAROTID/INOM ART	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
36223	N	PLACE CATH CAROTID/INOM ART	-	05184	56.8885	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
36224	N	PLACE CATH CAROTD ART	-	05184	56.8885	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
36225	N	PLACE CATH SUBCLAVIAN ART	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
36226	N	PLACE CATH VERTEBRAL ART	-	05184	56.8885	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
36227	N	PLACE CATH XTRNL CAROTID	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36228	N	PLACE CATH INTRACRANIAL ART	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36245	N	INS CATH ABD/L-EXT ART 1ST	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36246	N	INS CATH ABD/L-EXT ART 2ND	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36247	N	INS CATH ABD/L-EXT ART 3RD	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36248	N	INS CATH ABD/L-EXT ART ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36251	N	INS CATH REN ART 1ST UNILAT	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
36252	N	INS CATH REN ART 1ST BILAT	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
36253	N	INS CATH REN ART 2ND+ UNILAT	-	05184	56.8885	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
36254	N	INS CATH REN ART 2ND+ BILAT	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
36260	T	INSERTION OF INFUSION PUMP	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-	
36261	T	REVISION OF INFUSION PUMP	-	05221	36.9340	APC	\$2,091.94	-	-	000	999	-	
36262	N	REMOVAL OF INFUSION PUMP	-	05221	36.9340	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
36299	N	VESSEL INJECTION PROCEDURE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36400	N	BL DRAW < 3 YRS FEM/JUGULAR	-	-	-	Bundled	\$0.00	-	-	000	002	-	
36405	N	BL DRAW <3 YRS SCALP VEIN	-	-	-	Bundled	\$0.00	-	-	000	002	-	
36406	N	BL DRAW <3 YRS OTHER VEIN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36410	N	NON-ROUTINE BL DRAW 3/> YRS	-	-	-	Bundled	\$0.00	-	-	003	999	-	
36415	M	ROUTINE VENIPUNCTURE	-	-	-	Medicare	\$3.00	-	-	000	999	-	
36416	N	CAPILLARY BLOOD DRAW	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36420	N	VEIN ACCESS CUTDOWN < 1 YR	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	001	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
36425	N	VEIN ACCESS CUTDOWN > 1 YR	-	05735	4.5003	Bundled, sometimes payable	\$0.00	-	-	001	099	-	
36430	S	BLOOD TRANSFUSION SERVICE	-	05241	4.8029	APC	\$272.04	-	-	000	999	-	
36440	S	BL PUSH TRANSFUSE 2 YR/<	-	05241	4.8029	APC	\$272.04	-	-	000	002	-	
36450	S	BL EXCHANGE/TRANSFUSE NB	-	05241	4.8029	APC	\$272.04	-	-	000	001	-	
36455	S	BL EXCHANGE/TRANSFUSE NON-NB	-	05241	4.8029	APC	\$272.04	-	-	000	999	-	
36456	S	PRTL EXCHANGE TRANSFUSE NB	-	05241	4.8029	APC	\$272.04	-	-	000	999	-	
36460	S	TRANSFUSION SERVICE FETAL	-	05241	4.8029	APC	\$272.04	-	-	000	999	-	
36465	T	NJX NONCMPND SCLRSNT 1 VEIN	-	05054	20.0852	APC	\$1,016.82	-	-	000	999	-	
36466	T	NJX NONCMPND SCLRSNT MLT VN	-	05054	20.0852	APC	\$1,016.82	-	-	000	999	-	
36468	E	NJX SCLRSNT SPIDER VEINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
36469	E	INJECTION(S) SPIDER VEINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
36470	T	NJX SCLRSNT 1 INCMPTNT VEIN	-	05052	3.9547	APC	\$223.99	-	-	000	999	-	
36471	T	NJX SCLRSNT MLT INCMPTNT VN	-	05052	3.9547	APC	\$223.99	-	-	000	999	-	
36473	T	ENDOVENOUS MCHNCHEM 1ST VEIN	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
36474	N	ENDOVENOUS MCHNCHEM ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36475	T	ENDOVENOUS RF 1ST VEIN	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
36476	N	ENDOVENOUS RF VEIN ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36478	T	ENDOVENOUS LASER 1ST VEIN	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
36479	N	ENDOVENOUS LASER VEIN ADDON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36481	N	INSERTION OF CATHETER VEIN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36482	T	ENDOVEN THER CHEM ADHES 1ST	-	05184	56.8885	APC	\$2,764.99	-	-	000	999	-	
36483	N	ENDOVEN THER CHEM ADHES SBSQ	-	-	-	Bundled	\$0.00	-	-	000	999	-	
36500	N	INSERTION OF CATHETER VEIN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
3650F	E	EEG ORDERED RVWD REQSTD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
36510	N	INSERTION OF CATHETER VEIN	-	-	-	Bundled	\$0.00	-	-	000	001	-	
36511	S	APHERESIS WBC	-	05242	16.3828	APC	\$927.92	-	-	000	999	-	
36512	S	APHERESIS RBC	-	05242	16.3828	APC	\$927.92	-	-	000	999	-	
36513	S	APHERESIS PLATELETS	-	05241	4.8029	APC	\$272.04	-	-	000	999	-	
36514	S	APHERESIS PLASMA	-	05242	16.3828	APC	\$927.92	-	-	000	999	-	
36516	S	APHERESIS IMMUNOADS SLCTV	-	05243	47.2610	APC	\$2,676.86	-	-	000	999	-	
36522	S	PHOTOPHERESIS	-	05243	47.2610	APC	\$2,676.86	-	-	000	999	-	
36555	T	INSERT NON-TUNNEL CV CATH	-	05182	20.1890	APC	\$1,143.50	-	-	000	004	-	
36556	T	INSERT NON-TUNNEL CV CATH	-	05182	20.1890	APC	\$1,143.50	-	-	005	999	-	
36557	T	INSERT TUNNELED CV CATH	-	05184	56.8885	APC	\$3,222.16	-	-	000	004	-	
36558	T	INSERT TUNNELED CV CATH	-	05183	34.3010	APC	\$1,942.81	-	-	005	999	-	
36560	T	INSERT TUNNELED CV CATH	-	05183	34.3010	APC	\$1,942.81	-	-	000	004	-	
36561	T	INSERT TUNNELED CV CATH	-	05183	34.3010	APC	\$1,942.81	-	-	005	999	-	
36563	T	INSERT TUNNELED CV CATH	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-	
36565	T	INSERT TUNNELED CV CATH	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
36566	T	INSERT TUNNELED CV CATH	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-	
36568	T	INSJ PICC <5 YR W/O IMAGING	-	05181	7.8040	APC	\$442.02	-	-	000	004	-	
36569	T	INSJ PICC 5 YR+ W/O IMAGING	-	05182	20.1890	APC	\$1,143.50	-	-	005	999	-	
36570	T	INSERT PICVAD CATH	-	05183	34.3010	APC	\$1,942.81	-	-	000	004	-	
36571	T	INSERT PICVAD CATH	-	05183	34.3010	APC	\$1,942.81	-	-	005	999	-	
36572	T	INSJ PICC RS&I <5 YR	-	05181	7.8040	APC	\$442.02	-	-	000	999	-	
36573	T	INSJ PICC RS&I 5 YR+	-	05182	20.1890	APC	\$1,143.50	-	-	000	999	-	
36575	T	REPAIR TUNNELED CV CATH	-	05181	7.8040	APC	\$442.02	-	-	000	999	-	
36576	T	REPAIR TUNNELED CV CATH	-	05182	20.1890	APC	\$1,143.50	-	-	000	999	-	
36578	T	REPLACE TUNNELED CV CATH	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
36580	T	REPLACE CVAD CATH	-	05182	20.1890	APC	\$1,143.50	-	-	000	999	-	
36581	T	REPLACE TUNNELED CV CATH	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
36582	T	REPLACE TUNNELED CV CATH	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
36583	T	REPLACE TUNNELED CV CATH	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-	
36584	T	COMPL RPLCMT PICC RS&I	-	05182	20.1890	APC	\$1,143.50	-	-	000	999	-	
36585	T	REPLACE PICVAD CATH	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
36589	N	REMOVAL TUNNELED CV CATH	-	05181	7.8040	Bundled, sometimes payable	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
36590	N	REMOVAL TUNNELED CV CATH	-	05181	7.8040	Bundled, sometimes payable	\$0.00	-	-	000	999	-
36591	N	DRAW BLOOD OFF VENOUS DEVICE	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
36592	N	COLLECT BLOOD FROM PICC	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
36593	T	DECLOT VASCULAR DEVICE	-	05694	3.8320	APC	\$217.04	-	-	000	999	-
36595	T	MECH REMOV TUNNELED CV CATH	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-
36596	T	MECH REMOV TUNNELED CV CATH	-	05182	20.1890	APC	\$1,143.50	-	-	000	999	-
36597	T	REPOSITION VENOUS CATHETER	-	05182	20.1890	APC	\$1,143.50	-	-	000	999	-
36598	T	INJ W/FLUOR EVAL CV DEVICE	-	05693	2.2742	APC	\$128.81	-	-	000	999	-
36600	N	WITHDRAWAL OF ARTERIAL BLOOD	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
36620	N	INSERTION CATHETER ARTERY	-	-	-	Bundled	\$0.00	-	-	000	999	-
36625	N	INSERTION CATHETER ARTERY	-	-	-	Bundled	\$0.00	-	-	000	999	-
36640	T	INSERTION CATHETER ARTERY	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-
36660	C	INSERTION CATHETER ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	002	-
36680	N	INSERT NEEDLE BONE CAVITY	-	05735	4.5003	Bundled, sometimes payable	\$0.00	-	-	000	999	-
36800	T	INSERTION OF CANNULA	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-
36810	T	INSERTION OF CANNULA	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-
36815	T	INSERTION OF CANNULA	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-
36818	T	AV FUSE UPPR ARM CEPHALIC	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-
36819	T	AV FUSE UPPR ARM BASILIC	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-
36820	T	AV FUSION/FOREARM VEIN	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-
36821	T	AV FUSION DIRECT ANY SITE	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-
36823	C	INSERTION OF CANNULA(S)	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
36825	T	ARTERY-VEIN AUTOGRAFT	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-
36830	T	ARTERY-VEIN NONAUTOGRAFT	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-
36831	T	OPEN THROMBECT AV FISTULA	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-
36832	T	AV FISTULA REVISION OPEN	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-
36833	T	AV FISTULA REVISION	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-
36835	T	ARTERY TO VEIN SHUNT	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-
36838	T	DIST REVAS LIGATION HEMO	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-
36860	T	EXTERNAL CANNULA DECLOTTING	-	05181	7.8040	APC	\$442.02	-	-	000	999	-
36861	T	CANNULA DECLOTTING	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-
36901	T	INTRO CATH DIALYSIS CIRCUIT	-	05182	20.1890	APC	\$1,143.50	-	-	000	999	-
36902	T	INTRO CATH DIALYSIS CIRCUIT	-	05192	61.3161	APC	\$3,472.94	-	-	000	999	-
36903	T	INTRO CATH DIALYSIS CIRCUIT	-	05193	122.6403	APC	\$6,946.35	-	-	000	999	-
36904	T	THRMBC/NFS DIALYSIS CIRCUIT	-	05192	61.3161	APC	\$3,472.94	-	-	000	999	-
36905	T	THRMBC/NFS DIALYSIS CIRCUIT	-	05193	122.6403	APC	\$6,946.35	-	-	000	999	-
36906	T	THRMBC/NFS DIALYSIS CIRCUIT	-	05194	197.2940	APC	\$11,174.73	-	-	000	999	-
36907	N	BALO ANGIOP CTR DIALYSIS SEG	-	-	-	Bundled	\$0.00	-	-	000	999	-
36908	N	STENT PLMT CTR DIALYSIS SEG	-	-	-	Bundled	\$0.00	-	-	000	999	-
36909	N	DIALYSIS CIRCUIT EMBOLJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
3700F	E	PSYCH DISORDERS ASSESSED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
37140	C	REVISION OF CIRCULATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
37145	C	REVISION OF CIRCULATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
37160	C	REVISION OF CIRCULATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
37180	C	REVISION OF CIRCULATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
37181	C	SPLICE SPLEEN/KIDNEY VEINS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
37182	C	INSERT HEPATIC SHUNT (TIPS)	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
37183	N	REMOVE HEPATIC SHUNT (TIPS)	-	05192	61.3161	Bundled, sometimes payable	\$0.00	-	-	000	999	-
37184	T	PRIM ART M-THRMBC 1ST VSL	-	05193	122.6403	APC	\$6,946.35	-	-	000	999	-
37185	N	PRIM ART M-THRMBC SBSQ VSL	-	-	-	Bundled	\$0.00	-	-	000	999	-
37186	N	SEC ART THROMBECTOMY ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
37187	T	VENOUS MECH THROMBECTOMY	-	05192	61.3161	APC	\$3,472.94	-	-	000	999	-
37188	T	VEN MECHNL THRMBC REPEAT TX	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-
37191	T	INS ENDOVAS VENA CAVA FILTR	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-
37192	T	REDO ENDOVAS VENA CAVA FILTR	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-
37193	T	REM ENDOVAS VENA CAVA FILTER	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
37195	T	THROMBOLYTIC THERAPY STROKE	-	05694	3.8320	APC	\$217.04	-	-	000	999	-
37197	T	REMOVE INTRVAS FOREIGN BODY	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-
37200	T	TRANSCATHETER BIOPSY	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-
3720F	E	COGNIT IMPAIRMENT ASSESSED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
37211	T	THROMBOLYTIC ART THERAPY	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-
37212	T	THROMBOLYTIC VENOUS THERAPY	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-
37213	T	THROMBLYTIC ART/VEN THERAPY	-	05182	20.1890	APC	\$1,143.50	-	-	000	999	-
37214	T	CESSJ THERAPY CATH REMOVAL	-	05182	20.1890	APC	\$1,143.50	-	-	000	999	-
37215	C	TRANSCATH STENT CCA W/EPS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
37216	E	TRANSCATH STENT CCA W/O EPS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
37217	C	STENT PLACEMT RETRO CAROTID	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
37218	C	STENT PLACEMT ANTE CAROTID	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
37220	N	ILIAC REVASC	-	05192	61.3161	Bundled, sometimes payable	\$0.00	-	-	000	999	-
37221	N	ILIAC REVASC W/STENT	-	05193	122.6403	Bundled, sometimes payable	\$0.00	-	-	000	999	-
37222	N	ILIAC REVASC ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
37223	N	ILIAC REVASC W/STENT ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
37224	N	FEM/POPL REVAS W/TLA	-	05192	61.3161	Bundled, sometimes payable	\$0.00	-	-	000	999	-
37225	N	FEM/POPL REVAS W/ATHER	-	05193	122.6403	Bundled, sometimes payable	\$0.00	-	-	000	999	-
37226	N	FEM/POPL REVASC W/STENT	-	05193	122.6403	Bundled, sometimes payable	\$0.00	-	-	000	999	-
37227	N	FEM/POPL REVASC STNT & ATHER	-	05194	197.2940	Bundled, sometimes payable	\$0.00	-	-	000	999	-
37228	N	TIB/PER REVASC W/TLA	-	05193	122.6403	Bundled, sometimes payable	\$0.00	-	-	000	999	-
37229	N	TIB/PER REVASC W/ATHER	-	05194	197.2940	Bundled, sometimes payable	\$0.00	-	-	000	999	-
37230	N	TIB/PER REVASC W/STENT	-	05194	197.2940	Bundled, sometimes payable	\$0.00	-	-	000	999	-
37231	N	TIB/PER REVASC STENT & ATHER	-	05194	197.2940	Bundled, sometimes payable	\$0.00	-	-	000	999	-
37232	N	TIB/PER REVASC ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
37233	N	TIBPER REVASC W/ATHER ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
37234	N	REVSC OPN/PRQ TIB/PERO STENT	-	-	-	Bundled	\$0.00	-	-	000	999	-
37235	N	TIB/PER REVASC STNT & ATHER	-	-	-	Bundled	\$0.00	-	-	000	999	-
37236	N	OPEN/PERQ PLACE STENT 1ST	-	05193	122.6403	Bundled, sometimes payable	\$0.00	-	-	000	999	-
37237	N	OPEN/PERQ PLACE STENT EA ADD	-	-	-	Bundled	\$0.00	-	-	000	999	-
37238	N	OPEN/PERQ PLACE STENT SAME	-	05193	122.6403	Bundled, sometimes payable	\$0.00	-	-	000	999	-
37239	N	OPEN/PERQ PLACE STENT EA ADD	-	-	-	Bundled	\$0.00	-	-	000	999	-
37241	N	VASC EMBOLIZE/OCCLUDE VENOUS	-	05193	122.6403	Bundled, sometimes payable	\$0.00	-	-	000	999	-
37242	N	VASC EMBOLIZE/OCCLUDE ARTERY	-	05193	122.6403	Bundled, sometimes payable	\$0.00	-	-	000	999	-
37243	N	VASC EMBOLIZE/OCCLUDE ORGAN	-	05193	122.6403	Bundled, sometimes payable	\$0.00	-	-	000	999	-
37244	N	VASC EMBOLIZE/OCCLUDE BLEED	-	05193	122.6403	Bundled, sometimes payable	\$0.00	-	-	000	999	-
37246	T	TRLUML BALO ANGIOP 1ST ART	-	05192	61.3161	APC	\$3,472.94	-	-	000	999	-
37247	N	TRLUML BALO ANGIOP ADDL ART	-	-	-	Bundled	\$0.00	-	-	000	999	-
37248	T	TRLUML BALO ANGIOP 1ST VEIN	-	05192	61.3161	APC	\$3,472.94	-	-	000	999	-
37249	N	TRLUML BALO ANGIOP ADDL VEIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
37252	N	INTRVASC US NONCORONARY 1ST	-	-	-	Bundled	\$0.00	-	-	000	999	-
37253	N	INTRVASC US NONCORONARY ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-
3725F	E	SCREEN DEPRESSION PERFORMED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
37500	T	ENDOSCOPY LIGATE PERF VEINS	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-
37501	T	VASCULAR ENDOSCOPY PROCEDURE	-	05181	7.8040	APC	\$442.02	-	-	000	999	-
3750F	E	PTNOTRCVNGSTEROID>=10MG/DAY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3751F	E	ELECTRODIAG POLYNEURO 6 MN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3752F	E	NO ELECTRODIAG POLYNEURO 6MN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3753F	E	PT HAS SYMP&SIGNS NEUROPATHY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3754F	E	SCREENING TESTS DM DONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3755F	E	COG&BEHAV IMPRMNT SCRNG DONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
37565	T	LIGATION OF NECK VEIN	-	05182	20.1890	APC	\$1,143.50	-	-	000	999	-
3756F	E	PT W/PSEUDOBULB AFFECT/ALS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3757F	E	PT W/O PSEUDOBULBAFFECT/ALS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3758F	E	PT REF PULM FX TEST/PEAKFLOW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
3759F	E	PT SCRN DYSPHAG/WT LOSS/NUTR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Min Age	Max Age	Comments
				APC	Weight								
37600	T	LIGATION OF NECK ARTERY	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
37605	T	LIGATION OF NECK ARTERY	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
37606	T	LIGATION OF NECK ARTERY	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
37607	T	LIGATION OF A-V FISTULA	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
37609	T	TEMPORAL ARTERY PROCEDURE	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
3760F	E	PT W/ DYSPHAG/WT LOSS/NUTR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
37615	T	LIGATION OF NECK ARTERY	-	05182	20.1890	APC	\$1,143.50	-	-	000	999	-	
37616	C	LIGATION OF CHEST ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
37617	C	LIGATION OF ABDOMEN ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
37618	C	LIGATION OF EXTREMITY ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
37619	T	LIGATION OF INF VENA CAVA	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-	
3761F	E	PT W/O DYSPHAG/WT LOSS/NUTR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3762F	E	PATIENT IS DYSARTHIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
3763F	E	PATIENT IS NOT DYSARTHIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
37650	T	REVISION OF MAJOR VEIN	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
37660	C	REVISION OF MAJOR VEIN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
37700	T	REVISE LEG VEIN	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
37718	T	LIGATE/STRIP SHORT LEG VEIN	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
37722	T	LIGATE/STRIP LONG LEG VEIN	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
37735	T	REMOVAL OF LEG VEINS/LESION	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
3775F	E	ADENOMA DETECTED SCREENING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
37760	T	LIGATE LEG VEINS RADICAL	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
37761	T	LIGATE LEG VEINS OPEN	-	05182	20.1890	APC	\$1,143.50	-	-	000	999	-	
37765	T	STAB PHLEB VEINS XTR 10-20	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
37766	T	PHLEB VEINS - EXTREM 20+	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
3776F	E	ADENOMA NOT DETECT SCREENING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
37780	T	REVISION OF LEG VEIN	-	05182	20.1890	APC	\$1,143.50	-	-	000	999	-	
37785	T	LIGATE/DIVIDE/EXCISE VEIN	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-	
37788	C	REVASCULARIZATION PENIS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
37790	T	PENILE VENOUS OCCLUSION	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
37799	T	VASCULAR SURGERY PROCEDURE	-	05181	7.8040	APC	\$442.02	-	-	000	999	-	
38100	C	REMOVAL OF SPLEEN TOTAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
38101	C	REMOVAL OF SPLEEN PARTIAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
38102	C	REMOVAL OF SPLEEN TOTAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
38115	C	REPAIR OF RUPTURED SPLEEN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
38120	N	LAPAROSCOPY SPLENECTOMY	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
38129	N	LAPAROSCOPE PROC SPLEEN	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
38200	N	INJECTION FOR SPLEEN X-RAY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
38204	N	BL DONOR SEARCH MANAGEMENT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
38205	E	HARVEST ALLOGENEIC STEM CELL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
38206	S	HARVEST AUTO STEM CELLS	-	05242	16.3828	APC	\$927.92	-	-	000	999	-	
38207	S	CRYOPRESERVE STEM CELLS	-	05241	4.8029	APC	\$243.16	-	-	000	999	-	
38208	S	THAW PRESERVED STEM CELLS	-	05241	4.8029	APC	\$243.16	-	-	000	999	-	
38209	S	WASH HARVEST STEM CELLS	-	05241	4.8029	APC	\$243.16	-	-	000	999	-	
38210	S	T-CELL DEPLETION OF HARVEST	-	05241	4.8029	APC	\$243.16	-	-	000	999	-	
38211	S	TUMOR CELL DEplete OF HARVST	-	05241	4.8029	APC	\$243.16	-	-	000	999	-	
38212	S	RBC DEPLETION OF HARVEST	-	05241	4.8029	APC	\$243.16	-	-	000	999	-	
38213	S	PLATELET DEplete OF HARVEST	-	05241	4.8029	APC	\$243.16	-	-	000	999	-	
38214	S	VOLUME DEplete OF HARVEST	-	05241	4.8029	APC	\$243.16	-	-	000	999	-	
38215	S	HARVEST STEM CELL CONCENTRTE	-	05241	4.8029	APC	\$243.16	-	-	000	999	-	
38220	T	DX BONE MARROW ASPIRATIONS	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
38221	T	DX BONE MARROW BIOPSIES	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
38222	T	DX BONE MARROW BX & ASPIR	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
38230	S	BONE MARROW HARVEST ALLOGEN	-	05242	16.3828	APC	\$927.92	-	-	000	999	-	
38232	S	BONE MARROW HARVEST AUTOLOG	-	05243	47.2610	APC	\$2,676.86	-	-	000	999	-	
38240	S	TRANSPLT ALLO HCT/DONOR	-	05244	463.3555	APC	\$26,244.46	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Min Age	Max Age	Comments
				APC	Weight								
38241	S	TRANSPLT AUTOL HCT/DONOR	-	05242	16.3828	APC	\$927.92	-	-	000	999	-	
38242	S	TRANSPLT ALLO LYMPHOCYTES	-	05242	16.3828	APC	\$927.92	-	-	000	999	-	
38243	S	TRANSPLJ HEMATOPOIETIC BOOST	-	05242	16.3828	APC	\$927.92	-	-	000	999	-	
38300	T	DRAINAGE LYMPH NODE LESION	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
38305	T	DRAINAGE LYMPH NODE LESION	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
38308	T	INCISION OF LYMPH CHANNELS	-	05091	37.4977	APC	\$2,123.87	-	-	000	999	-	
38380	C	THORACIC DUCT PROCEDURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
38381	C	THORACIC DUCT PROCEDURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
38382	C	THORACIC DUCT PROCEDURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
38500	T	BIOPSY/REMOVAL LYMPH NODES	-	05091	37.4977	APC	\$2,123.87	-	-	000	999	-	
38505	T	NEEDLE BIOPSY LYMPH NODES	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
38510	T	BIOPSY/REMOVAL LYMPH NODES	-	05091	37.4977	APC	\$2,123.87	-	-	000	999	-	
38520	T	BIOPSY/REMOVAL LYMPH NODES	-	05091	37.4977	APC	\$2,123.87	-	-	000	999	-	
38525	T	BIOPSY/REMOVAL LYMPH NODES	-	05091	37.4977	APC	\$2,123.87	-	-	000	999	-	
38530	T	BIOPSY/REMOVAL LYMPH NODES	-	05091	37.4977	APC	\$2,123.87	-	-	000	999	-	
38531	T	OPEN BX/EXC INGUINOFEM NODES	-	05091	37.4977	APC	\$2,123.87	-	-	000	999	-	
38542	N	EXPLORE DEEP NODE(S) NECK	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
38550	T	REMOVAL NECK/ARMPIT LESION	-	05091	37.4977	APC	\$2,123.87	-	-	000	999	-	
38555	T	REMOVAL NECK/ARMPIT LESION	-	05092	64.8236	APC	\$3,671.61	-	-	000	999	-	
38562	C	REMOVAL PELVIC LYMPH NODES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
38564	C	REMOVAL ABDOMEN LYMPH NODES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
38570	N	LAPAROSCOPY LYMPH NODE BIOP	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
38571	N	LAPAROSCOPY LYMPHADENECTOMY	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
38572	N	LAPAROSCOPY LYMPHADENECTOMY	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
38573	T	LAPS PELVIC LYMPHADEC	-	05362	104.1317	APC	\$5,898.02	-	-	000	999	-	
38589	N	LAPAROSCOPE PROC LYMPHATIC	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
38700	T	REMOVAL OF LYMPH NODES NECK	-	05092	64.8236	APC	\$3,671.61	-	-	000	999	-	
38720	T	REMOVAL OF LYMPH NODES NECK	-	05093	100.6964	APC	\$5,703.44	-	-	000	999	-	
38724	C	REMOVAL OF LYMPH NODES NECK	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
38740	N	REMOVE ARMPIT LYMPH NODES	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
38745	N	REMOVE ARMPIT LYMPH NODES	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
38746	C	REMOVE THORACIC LYMPH NODES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
38747	C	REMOVE ABDOMINAL LYMPH NODES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
38760	T	REMOVE GROIN LYMPH NODES	-	05092	64.8236	APC	\$3,671.61	-	-	000	999	-	
38765	C	REMOVE GROIN LYMPH NODES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
38770	C	REMOVE PELVIS LYMPH NODES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
38780	C	REMOVE ABDOMEN LYMPH NODES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
38790	N	INJECT FOR LYMPHATIC X-RAY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
38792	N	RA TRACER ID OF SENTINL NODE	-	05591	4.5564	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
38794	N	ACCESS THORACIC LYMPH DUCT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
38900	N	IO MAP OF SENT LYMPH NODE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
38999	S	BLOOD/LYMPH SYSTEM PROCEDURE	-	05241	4.8029	APC	\$272.04	-	-	000	999	-	
39000	C	EXPLORATION OF CHEST	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
39010	C	EXPLORATION OF CHEST	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
39200	C	RESECT MEDIASTINAL CYST	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
39220	C	RESECT MEDIASTINAL TUMOR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
39401	T	MEDIASTINOSCPY W/MEDSTNL BX	-	05361	59.8283	APC	\$3,388.67	-	-	000	999	-	
39402	T	MEDIASTINOSCPY W/LMPH NOD BX	-	05361	59.8283	APC	\$3,388.67	-	-	000	999	-	
39499	C	CHEST PROCEDURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
39501	C	REPAIR DIAPHRAGM LACERATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
39503	C	REPAIR OF DIAPHRAGM HERNIA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
39540	C	REPAIR OF DIAPHRAGM HERNIA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
39541	C	REPAIR OF DIAPHRAGM HERNIA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
39545	C	REVISION OF DIAPHRAGM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
39560	C	RESECT DIAPHRAGM SIMPLE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
39561	C	RESECT DIAPHRAGM COMPLEX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole Comm.		Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees	Hospital Lab			
39599	C	DIAPHRAGM SURGERY PROCEDURE	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
4000F	E	TOBACCO USE TXMNT COUNSELING	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4001F	E	TOBACCO USE TXMNT PHARMACOL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4003F	E	PT ED WRITE/ORAL PTS W/ HF	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4004F	E	PT TOBACCO SCREEN RCVD TLK	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4005F	E	PHARM THX FOR OP RXD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4008F	E	BETA-BLOCKER THERAPY RXD/TKN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4010F	E	ACE/ARB THERAPY RXD/TAKEN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4011F	E	ORAL ANTIPLATELET THERAPY RX	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4012F	E	WARFARIN THERAPY RX	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4013F	E	STATIN THERAPY/CURRENTLY TKN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4014F	E	WRITTEN DISCHARGE INSTR PRVD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4015F	E	PERSIST ASTHMA MEDICINE CTRL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4016F	E	ANTI-INFLM/ANLGSC AGENT RX	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4017F	E	GI PROPHYLAXIS FOR NSAID RX	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4018F	E	THERAPY EXERCISE JOINT RX	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4019F	E	DOC RECPT COUNSL VIT D/CALC+	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4025F	E	INHALED BRONCHODILATOR RX	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4030F	E	OXYGEN THERAPY RX	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4033F	E	PULMONARY REHAB REC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4035F	E	INFLUENZA IMM REC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4037F	E	INFLUENZA IMM ORDER/ADMIN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4040F	E	PNEUMOC VAC/ADMIN/RCVD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4041F	E	DOC ORDER CEFAZOLIN/CEFUROX	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4042F	E	DOC ANTIBIO NOT GIVEN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4043F	E	DOC ORDER GIVEN STOP ANTIBIO	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4044F	E	DOC ORDER GIVEN VTE PROPHYLX	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4045F	E	EMPIRIC ANTIBIOTIC RX	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4046F	E	DOC ANTIBIO GIVEN B/4 SURG	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4047F	E	DOC ANTIBIO GIVEN B/4 SURG	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4048F	E	DOC ANTIBIO GIVEN B/4 SURG	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
40490	T	BIOPSY OF LIP	-	05161	2.5205	APC	\$142.76	-	-	-	000	999	-
4049F	E	DOC ORDER GIVEN STOP ANTIBIO	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
40500	T	PARTIAL EXCISION OF LIP	-	05164	32.4198	APC	\$1,836.26	-	-	-	000	999	-
4050F	E	HT CARE PLAN DOC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
40510	T	PARTIAL EXCISION OF LIP	-	05164	32.4198	APC	\$1,836.26	-	-	-	000	999	-
4051F	E	REFERRED FOR AN AV FISTULA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
40520	T	PARTIAL EXCISION OF LIP	-	05164	32.4198	APC	\$1,836.26	-	-	-	000	999	-
40525	T	RECONSTRUCT LIP WITH FLAP	-	05164	32.4198	APC	\$1,836.26	-	-	-	000	999	-
40527	N	RECONSTRUCT LIP WITH FLAP	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
4052F	E	HEMODIALYSIS VIA AV FISTULA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
40530	T	PARTIAL REMOVAL OF LIP	-	05164	32.4198	APC	\$1,836.26	-	-	-	000	999	-
4053F	E	HEMODIALYSIS VIA AV GRAFT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4054F	E	HEMODIALYSIS VIA CATHETER	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4055F	E	PT RCVNG PERITON DIALYSIS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4056F	E	APPROP ORAL REHYD RECOMM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4058F	E	PED GASTRO ED GIVEN CAREGVR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4060F	E	PSYCH SVCS PROVIDED	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4062F	E	PT REFERRAL PSYCH DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4063F	E	ANTIDEPRES RXTHXPY NOT RXD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4064F	E	ANTIDEPRESSANT RX	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
40650	T	REPAIR LIP	-	05162	5.4673	APC	\$309.67	-	-	-	000	999	-
40652	T	REPAIR LIP	-	05162	5.4673	APC	\$309.67	-	-	-	000	999	-
40654	T	REPAIR LIP	-	05163	16.7012	APC	\$945.96	-	-	-	000	999	-
4065F	E	ANTI PSYCHOTIC RX	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4066F	E	ECT PROVIDED	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
4067F	E	PT REFERRAL FOR ECT DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4069F	E	VTE PROPHYLAXIS RCVD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
40700	N	REPAIR CLEFT LIP/NASAL	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
40701	N	REPAIR CLEFT LIP/NASAL	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
40702	N	REPAIR CLEFT LIP/NASAL	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
4070F	E	DVT PROPHYLX RECVD DAY 2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
40720	N	REPAIR CLEFT LIP/NASAL	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-
4073F	E	ORAL ANTIPLAT THX RX DISCHRG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4075F	E	ANTICOAG THX RX AT DISCHRG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
40761	N	REPAIR CLEFT LIP/NASAL	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
4077F	E	DOC T-PA ADMIN CONSIDERED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
40799	T	LIP SURGERY PROCEDURE	-	05161	2.5205	APC	\$142.76	-	-	000	999	-
4079F	E	DOC REHAB SVCS CONSIDERED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
40800	T	DRAINAGE OF MOUTH LESION	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
40801	T	DRAINAGE OF MOUTH LESION	-	05162	5.4673	APC	\$309.67	-	-	000	999	-
40804	N	REMOVAL FOREIGN BODY MOUTH	-	05301	9.7276	Bundled, sometimes payable	\$0.00	-	-	000	999	-
40805	T	REMOVAL FOREIGN BODY MOUTH	-	05162	5.4673	APC	\$309.67	-	-	000	999	-
40806	T	INCISION OF LIP FOLD	-	05162	5.4673	APC	\$309.67	-	-	000	999	-
40808	T	BIOPSY OF MOUTH LESION	-	05162	5.4673	APC	\$309.67	-	-	000	999	-
40810	T	EXCISION OF MOUTH LESION	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
40812	T	EXCISE/REPAIR MOUTH LESION	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
40814	T	EXCISE/REPAIR MOUTH LESION	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
40816	T	EXCISION OF MOUTH LESION	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
40818	T	EXCISE ORAL MUCOSA FOR GRAFT	-	05162	5.4673	APC	\$309.67	-	-	000	999	-
40819	T	EXCISE LIP OR CHEEK FOLD	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
40820	T	TREATMENT OF MOUTH LESION	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
40830	T	REPAIR MOUTH LACERATION	-	05161	2.5205	APC	\$142.76	-	-	000	999	-
40831	T	REPAIR MOUTH LACERATION	-	05162	5.4673	APC	\$309.67	-	-	000	999	-
40840	T	RECONSTRUCTION OF MOUTH	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-
40842	N	RECONSTRUCTION OF MOUTH	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
40843	T	RECONSTRUCTION OF MOUTH	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-
40844	N	RECONSTRUCTION OF MOUTH	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
40845	N	RECONSTRUCTION OF MOUTH	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
4084F	E	ASPIRIN RECVD W/IN 24 HRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4086F	E	ASPIRIN/CLOPIDOGREL RXD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
40899	T	MOUTH SURGERY PROCEDURE	-	05161	2.5205	APC	\$142.76	-	-	000	999	-
4090F	E	PT RCVNG EPO THXPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4095F	E	PT NOT RCVNG EPO THXPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
41000	T	DRAINAGE OF MOUTH LESION	-	05162	5.4673	APC	\$309.67	-	-	000	999	-
41005	T	DRAINAGE OF MOUTH LESION	-	05161	2.5205	APC	\$142.76	-	-	000	999	-
41006	T	DRAINAGE OF MOUTH LESION	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
41007	T	DRAINAGE OF MOUTH LESION	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
41008	T	DRAINAGE OF MOUTH LESION	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
41009	T	DRAINAGE OF MOUTH LESION	-	05162	5.4673	APC	\$309.67	-	-	000	999	-
4100F	E	BIPHOS THXPY VEIN ORD/RECVD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
41010	T	INCISION OF TONGUE FOLD	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
41015	T	DRAINAGE OF MOUTH LESION	-	05162	5.4673	APC	\$309.67	-	-	000	999	-
41016	T	DRAINAGE OF MOUTH LESION	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-
41017	T	DRAINAGE OF MOUTH LESION	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
41018	T	DRAINAGE OF MOUTH LESION	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
41019	T	PLACE NEEDLES H&N FOR RT	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-
41100	T	BIOPSY OF TONGUE	-	05162	5.4673	APC	\$309.67	-	-	000	999	-
41105	T	BIOPSY OF TONGUE	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
41108	T	BIOPSY OF FLOOR OF MOUTH	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
4110F	E	INT MAM ART USED FOR CABG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
41110	T	EXCISION OF TONGUE LESION	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
41112	T	EXCISION OF TONGUE LESION	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
41113	T	EXCISION OF TONGUE LESION	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
41114	T	EXCISION OF TONGUE LESION	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
41115	T	EXCISION OF TONGUE FOLD	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
41116	T	EXCISION OF MOUTH LESION	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
41120	N	PARTIAL REMOVAL OF TONGUE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
41130	C	PARTIAL REMOVAL OF TONGUE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
41135	C	TONGUE AND NECK SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
41140	C	REMOVAL OF TONGUE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
41145	C	TONGUE REMOVAL NECK SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
41150	C	TONGUE MOUTH JAW SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
41153	C	TONGUE MOUTH NECK SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
41155	C	TONGUE JAW & NECK SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
4115F	E	BETA BLCKR ADMIN W/IN 24 HRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4120F	E	ANTIBIOT RXD/GIVEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4124F	E	ANTIBIOT NOT RXD/GIVEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
41250	N	REPAIR TONGUE LACERATION	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
41251	T	REPAIR TONGUE LACERATION	-	05161	2.5205	APC	\$142.76	-	-	000	999	-
41252	T	REPAIR TONGUE LACERATION	-	05161	2.5205	APC	\$142.76	-	-	000	999	-
4130F	E	TOPICAL PREP RX AOE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4131F	E	SYST ANTIMICROBIAL THX RX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4132F	E	NO SYST ANTIMICROBIAL THX RX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4133F	E	ANTIHIST/DECONG RX/RECOM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4134F	E	NO ANTIHIST/DECONG RX/RECOM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4135F	E	SYSTEMIC CORTICOSTEROIDS RX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4136F	E	SYST CORTICOSTEROIDS NOT RX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4140F	E	INHALED CORTICOSTEROIDS RXD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4142F	E	CORTICOSTER SPARING THRPY RXD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4144F	E	ALT LONG-TERM CNTRL MED RXD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4145F	E	2+ ANTI-HYPRTNSV AGENTS TKN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4148F	E	HEP A VAC INJXN ADMIN/RECV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4149F	E	HEP B VAC INJXN ADMIN/RECV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4150F	E	PT RECVNG ANTIVIR TXMNT HEP C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
41510	T	TONGUE TO LIP SURGERY	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
41512	N	TONGUE SUSPENSION	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
4151F	E	PT NOT RECVNG ANTIV HEP C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
41520	N	RECONSTRUCTION TONGUE FOLD	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-
41530	T	TONGUE BASE VOL REDUCTION	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
4153F	E	COMBO PEGINTF/RIB RX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4155F	E	HEP A VAC SERIES PREV RECV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4157F	E	HEP B VAC SERIES PREV RECV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4158F	E	PT EDU RE ALCOH DRNKNG DONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
41599	T	TONGUE AND MOUTH SURGERY	-	05161	2.5205	APC	\$142.76	-	-	000	999	-
4159F	E	CONTRCP TALK B/4 ANTIV TXMNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4163F	E	PT COUNS 4 TXMNT OPT PROST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4164F	E	ADJV HRMNL THXPY RXD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4165F	E	3D-CRT/IMRT RECEIVED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4167F	E	HD BED TILTED 1ST DAY VENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4168F	E	PT CARE ICU&VENT W/IN 24HRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4169F	E	NO PT CARE ICU/VENT IN 24HRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4171F	E	PT RCVNG ESA THXPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4172F	E	PT NOT RCVNG ESA THXPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4174F	E	COUNS POTENT GLAUC IMPCT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4175F	E	VIS 20/40> W/IN 90 DAYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4176F	E	TALK RE UV LIGHT PT/CRGVR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4177F	E	TALK PT/CRGVR RE AREDS PREV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
4178F	E	ANTID GLBLN RCVD W/IN 26WKS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4179F	E	TAMOXIFEN/AI PRESCRIBED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
41800	N	DRAINAGE OF GUM LESION	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
41805	T	REMOVAL FOREIGN BODY GUM	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
41806	T	REMOVAL FOREIGN BODY JAWBONE	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
4180F	E	ADJV THXPYRXD/RCVD COLON CA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4181F	E	CONFORMAL RADN THXPY RCVD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
41820	T	EXCISION GUM EACH QUADRANT	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
41821	T	EXCISION OF GUM FLAP	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
41822	T	EXCISION OF GUM LESION	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
41823	N	EXCISION OF GUM LESION	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
41825	T	EXCISION OF GUM LESION	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
41826	T	EXCISION OF GUM LESION	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
41827	N	EXCISION OF GUM LESION	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
41828	T	EXCISION OF GUM LESION	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
4182F	E	NO CONFORMAL RADN THXPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
41830	T	REMOVAL OF GUM TISSUE	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
41850	T	TREATMENT OF GUM LESION	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
4185F	E	CONTINUOUS PPI OR H2RA RCVD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4186F	E	NO CONT PPI OR H2RA RCVD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
41870	N	GUM GRAFT	-	05163	16.7012	Bundled, sometimes payable	\$0.00	-	-	000	999	-
41872	N	REPAIR GUM	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-
41874	T	REPAIR TOOTH SOCKET	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
4187F	E	ANTI RHEUM DRUGTHXPYRXD/GVN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4188F	E	APPROP ACE/ARB TSTNG DONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
41899	T	DENTAL SURGERY PROCEDURE	-	05161	2.5205	APC	\$142.76	-	-	000	999	-
4189F	E	APPROP DIGOXIN TSTNG DONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4190F	E	APPROP DIURETIC TSTNG DONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4191F	E	APPROP ANTICONVULS TSTNG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4192F	E	PT NOT RCVNG GLUCOCO THXPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4193F	E	PT RCVNG<10MG DAILY PREDNISO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4194F	E	PT RCVNG10MG DAILY PREDNISO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4195F	E	PT RCVNG ANTI-RHEUM THXPY RA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4196F	E	PTNOT RCVNG ANTI-RHM THXPYRA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
42000	T	DRAINAGE MOUTH ROOF LESION	-	05161	2.5205	APC	\$142.76	-	-	000	999	-
4200F	E	EXTERNAL BEAM TO PROST ONLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4201F	E	EXTRNL BEAM OTHER THAN PROST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
42100	T	BIOPSY ROOF OF MOUTH	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
42104	T	EXCISION LESION MOUTH ROOF	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
42106	T	EXCISION LESION MOUTH ROOF	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
42107	N	EXCISION LESION MOUTH ROOF	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
4210F	E	ACE/ARB THXPY FOR MOS/>	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
42120	T	REMOVE PALATE/LESION	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-
42140	T	EXCISION OF UVULA	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
42145	N	REPAIR PALATE PHARYNX/UVULA	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
42160	T	TREATMENT MOUTH ROOF LESION	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
42180	T	REPAIR PALATE	-	05162	5.4673	APC	\$309.67	-	-	000	999	-
42182	T	REPAIR PALATE	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-
42200	N	RECONSTRUCT CLEFT PALATE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
42205	N	RECONSTRUCT CLEFT PALATE	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-
4220F	E	DIGOXIN THXPY FOR 6 MOS/>	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
42210	N	RECONSTRUCT CLEFT PALATE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
42215	N	RECONSTRUCT CLEFT PALATE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
4221F	E	DIURETIC THXPY FOR 6 MOS/>	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
42220	N	RECONSTRUCT CLEFT PALATE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
42225	N	RECONSTRUCT CLEFT PALATE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
42226	N	LENGTHENING OF PALATE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
42227	N	LENGTHENING OF PALATE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
42235	N	REPAIR PALATE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
42260	T	REPAIR NOSE TO LIP FISTULA	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-	
42280	T	PREPARATION PALATE MOLD	-	05162	5.4673	APC	\$309.67	-	-	000	999	-	
42281	T	INSERTION PALATE PROSTHESIS	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-	
42299	T	PALATE/UVULA SURGERY	-	05161	2.5205	APC	\$142.76	-	-	000	999	-	
42300	T	DRAINAGE OF SALIVARY GLAND	-	05163	16.7012	APC	\$945.96	-	-	000	999	-	
42305	T	DRAINAGE OF SALIVARY GLAND	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
4230F	E	ANTICONV THXPY FOR 6 MOS/>	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
42310	T	DRAINAGE OF SALIVARY GLAND	-	05162	5.4673	APC	\$309.67	-	-	000	999	-	
42320	T	DRAINAGE OF SALIVARY GLAND	-	05162	5.4673	APC	\$309.67	-	-	000	999	-	
42330	T	REMOVAL OF SALIVARY STONE	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
42335	T	REMOVAL OF SALIVARY STONE	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
42340	T	REMOVAL OF SALIVARY STONE	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
42400	T	BIOPSY OF SALIVARY GLAND	-	05071	7.5503	APC	\$427.65	-	-	000	999	-	
42405	T	BIOPSY OF SALIVARY GLAND	-	05163	16.7012	APC	\$945.96	-	-	000	999	-	
42408	T	EXCISION OF SALIVARY CYST	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
42409	T	DRAINAGE OF SALIVARY CYST	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
4240F	E	INSTR XRCZ BACK PAIN 12 WKS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
42410	N	EXCISE PAROTID GLAND/LESION	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
42415	N	EXCISE PAROTID GLAND/LESION	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
42420	N	EXCISE PAROTID GLAND/LESION	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
42425	N	EXCISE PAROTID GLAND/LESION	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
42426	C	EXCISE PAROTID GLAND/LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
4242F	E	SPRVSD XRCZ BACK PN >12 WKS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
42440	N	EXCISE SUBMAXILLARY GLAND	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
42450	N	EXCISE SUBLINGUAL GLAND	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
4245F	E	PT INSTR NRML LIFEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
4248F	E	PT INSTR NO BD REST 4 DAYS/>	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
42500	T	REPAIR SALIVARY DUCT	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-	
42505	N	REPAIR SALIVARY DUCT	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
42507	N	PAROTID DUCT DIVERSION	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
42509	N	PAROTID DUCT DIVERSION	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
4250F	E	WRMNG 4 SURG NORMOTHERMIA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
42510	N	PAROTID DUCT DIVERSION	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
42550	N	INJECTION FOR SALIVARY X-RAY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
4255F	E	ANESTH 60 MIN/> AS DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
4256F	E	ANESTHE <60 MIN AS DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
42600	T	CLOSURE OF SALIVARY FISTULA	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
4260F	E	WOUND SRFC CULTURETECH USED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
4261F	E	TECH OTHER THAN SURFC CULTR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
42650	T	DILATION OF SALIVARY DUCT	-	05163	16.7012	APC	\$945.96	-	-	000	999	-	
4265F	E	WET-DRY DRESSINGS RX RECMD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
42660	T	DILATION OF SALIVARY DUCT	-	05162	5.4673	APC	\$309.67	-	-	000	999	-	
42665	N	LIGATION OF SALIVARY DUCT	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
4266F	E	NO WET-DRY DRSSINGS RX RECMD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
4267F	E	COMPRSSION THXPY PRESCRIBED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
4268F	E	PT ED RE COMP THXPY RCVD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
42699	T	SALIVARY SURGERY PROCEDURE	-	05161	2.5205	APC	\$142.76	-	-	000	999	-	
4269F	E	APPROPOS MTHD OFFLOADING RXD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
42700	T	DRAINAGE OF TONSIL ABSCESS	-	05161	2.5205	APC	\$142.76	-	-	000	999	-	
4270F	E	PT RCVNG ANTI R-VIRAL THXPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
4271F	E	PT RCVNG ANTI R-VIRAL THXPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
42720	T	DRAINAGE OF THROAT ABSCESS	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
42725	N	DRAINAGE OF THROAT ABSCESS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	

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July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
4274F	E	FLU IMMUNO ADMIN RCVD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
4276F	E	POTENT ANTIVIR THXPY RXD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
4279F	E	PCP PROPHYLAXIS RXD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
42800	T	BIOPSY OF THROAT	-	05163	16.7012	APC	\$945.96	-	-	000	999	-	
42804	T	BIOPSY OF UPPER NOSE/THROAT	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
42806	T	BIOPSY OF UPPER NOSE/THROAT	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
42808	T	EXCISE PHARYNX LESION	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
42809	N	REMOVE PHARYNX FOREIGN BODY	-	05735	4.5003	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
4280F	E	PCP PROPHYLAX RXD 3MON LOW %	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
42810	T	EXCISION OF NECK CYST	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
42815	N	EXCISION OF NECK CYST	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
42820	T	REMOVE TONSILS AND ADENOIDS	-	05165	60.0365	APC	\$3,400.47	-	-	000	011	-	
42821	T	REMOVE TONSILS AND ADENOIDS	-	05164	32.4198	APC	\$1,836.26	-	-	012	099	-	
42825	N	REMOVAL OF TONSILS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	011	-	
42826	T	REMOVAL OF TONSILS	-	05164	32.4198	APC	\$1,836.26	-	-	012	099	-	
42830	N	REMOVAL OF ADENOIDS	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	011	-	
42831	T	REMOVAL OF ADENOIDS	-	05164	32.4198	APC	\$1,836.26	-	-	012	099	-	
42835	T	REMOVAL OF ADENOIDS	-	05164	32.4198	APC	\$1,836.26	-	-	000	011	-	
42836	T	REMOVAL OF ADENOIDS	-	05164	32.4198	APC	\$1,836.26	-	-	012	099	-	
42842	N	EXTENSIVE SURGERY OF THROAT	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
42844	N	EXTENSIVE SURGERY OF THROAT	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
42845	C	EXTENSIVE SURGERY OF THROAT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
42860	N	EXCISION OF TONSIL TAGS	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
42870	T	EXCISION OF LINGUAL TONSIL	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-	
42890	N	PARTIAL REMOVAL OF PHARYNX	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
42892	N	REVISION OF PHARYNGEAL WALLS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
42894	C	REVISION OF PHARYNGEAL WALLS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
42900	T	REPAIR THROAT WOUND	-	05163	16.7012	APC	\$945.96	-	-	000	999	-	
4290F	E	PT SCRND FOR INJ DRUG USE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
4293F	E	PT SCRND HGH-RISK SEX BEHAV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
42950	N	RECONSTRUCTION OF THROAT	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
42953	C	REPAIR THROAT ESOPHAGUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
42955	T	SURGICAL OPENING OF THROAT	-	05163	16.7012	APC	\$945.96	-	-	000	999	-	
42960	T	CONTROL THROAT BLEEDING	-	05162	5.4673	APC	\$309.67	-	-	000	999	-	
42961	C	CONTROL THROAT BLEEDING	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
42962	T	CONTROL THROAT BLEEDING	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
42970	T	CONTROL NOSE/THROAT BLEEDING	-	05161	2.5205	APC	\$142.76	-	-	000	999	-	
42971	C	CONTROL NOSE/THROAT BLEEDING	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
42972	T	CONTROL NOSE/THROAT BLEEDING	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
42999	T	THROAT SURGERY PROCEDURE	-	05161	2.5205	APC	\$142.76	-	-	000	999	-	
4300F	E	PT RCVNG WARF THXPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
4301F	E	PT NOT RCVNG WARF THXPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
43020	T	INCISION OF ESOPHAGUS	-	05163	16.7012	APC	\$945.96	-	-	000	999	-	
43030	N	THROAT MUSCLE SURGERY	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
43045	C	INCISION OF ESOPHAGUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
4305F	E	PT ED RE FT CARE INSPCT RCVD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
4306F	E	PT TLK PSYCH & RX OPD ADDIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
43100	C	EXCISION OF ESOPHAGUS LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43101	C	EXCISION OF ESOPHAGUS LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43107	C	REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43108	C	REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43112	C	ESPHG TOT W/THRCM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43113	C	REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43116	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43117	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43118	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
43121	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43122	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43123	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43124	C	REMOVAL OF ESOPHAGUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43130	N	REMOVAL OF ESOPHAGUS POUCH	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
43135	C	REMOVAL OF ESOPHAGUS POUCH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43180	T	ESOPHAGOSCOPY RIGID TRNSO	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-
43191	T	ESOPHAGOSCOPY RIGID TRNSO DX	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43192	T	ESOPHAGOSCP RIG TRNSO INJECT	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43193	T	ESOPHAGOSCP RIG TRNSO BIOPSY	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43194	T	ESOPHAGOSCP RIG TRNSO REM FB	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43195	T	ESOPHAGOSCOPY RIGID BALLOON	-	05303	37.1206	APC	\$2,102.51	-	-	000	999	-
43196	T	ESOPHAGOSCP GUIDE WIRE DILAT	-	05303	37.1206	APC	\$2,102.51	-	-	000	999	-
43197	T	ESOPHAGOSCOPY FLEX DX BRUSH	-	05301	9.7276	APC	\$550.97	-	-	000	999	-
43198	T	ESOPHAGOSC FLEX TRNSN BIOPSY	-	05301	9.7276	APC	\$550.97	-	-	000	999	-
43200	T	ESOPHAGOSCOPY FLEXIBLE BRUSH	-	05301	9.7276	APC	\$550.97	-	-	000	999	-
43201	T	ESOPH SCOPE W/SUBMUCOUS INJ	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43202	T	ESOPHAGOSCOPY FLEX BIOPSY	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43204	T	ESOPH SCOPE W/SCLEROSIS INJ	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43205	T	ESOPHAGUS ENDOSCOPY/LIGATION	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43206	T	ESOPH OPTICAL ENDOMICROSCOPY	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
4320F	E	PT TALK PSYCHSOC&RX OH DPND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
43210	N	EGD ESOPHAGOGASTRC FNDOPLSY	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-
43211	T	ESOPHAGOSCP MUCOSAL RESECT	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43212	N	ESOPHAGOSCP STENT PLACEMENT	-	05331	59.1738	Bundled, sometimes payable	\$0.00	-	-	000	999	-
43213	T	ESOPHAGOSCOPY RETRO BALLOON	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43214	T	ESOPHAGOSC DILATE BALLOON 30	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43215	T	ESOPHAGOSCOPY FLEX REMOVE FB	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43216	T	ESOPHAGOSCOPY LESION REMOVAL	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43217	T	ESOPHAGOSCOPY SNARE LES REMV	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43220	T	ESOPHAGOSCOPY BALLOON <30MM	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43226	T	ESOPH ENDOSCOPY DILATION	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43227	T	ESOPHAGOSCOPY CONTROL BLEED	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43229	T	ESOPHAGOSCOPY LESION ABLATE	-	05303	37.1206	APC	\$2,102.51	-	-	000	999	-
4322F	E	CRGVR PROV W/ ED ADDL RSRCS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
43231	T	ESOPHAGOSCP ULTRASOUND EXAM	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43232	T	ESOPHAGOSCOPY W/US NEEDLE BX	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43233	T	EGD BALLOON DIL ESOPH30 MM>	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43235	T	EGD DIAGNOSTIC BRUSH WASH	-	05301	9.7276	APC	\$550.97	-	-	000	999	-
43236	T	UPPR GI SCOPE W/SUBMUC INJ	-	05301	9.7276	APC	\$550.97	-	-	000	999	-
43237	T	ENDOSCOPIC US EXAM ESOPH	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43238	T	EGD US FINE NEEDLE BX/ASPIR	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43239	T	EGD BIOPSY SINGLE/MULTIPLE	-	05301	9.7276	APC	\$550.97	-	-	000	999	-
43240	T	EGD W/TRANSMURAL DRAIN CYST	-	05303	37.1206	APC	\$2,102.51	-	-	000	999	-
43241	T	EGD TUBE/CATH INSERTION	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43242	T	EGD US FINE NEEDLE BX/ASPIR	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43243	T	EGD INJECTION VARICES	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43244	T	EGD VARICES LIGATION	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43245	T	EGD DILATE STRICTURE	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43246	T	EGD PLACE GASTROSTOMY TUBE	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43247	T	EGD REMOVE FOREIGN BODY	-	05301	9.7276	APC	\$550.97	-	-	000	999	-
43248	T	EGD GUIDE WIRE INSERTION	-	05301	9.7276	APC	\$550.97	-	-	000	999	-
43249	T	ESOPH EGD DILATION <30 MM	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
4324F	E	PT QUERIED PRKNS COMPLIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
43250	T	EGD CAUTERY TUMOR POLYP	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43251	T	EGD REMOVE LESION SNARE	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
43252	T	EGD OPTICAL ENDOMICROSCOPY	-	05303	37.1206	APC	\$2,102.51	-	-	000	999	-
43253	T	EGD US TRANSMURAL INJXN/MARK	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43254	T	EGD ENDO MUCOSAL RESECTION	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43255	T	EGD CONTROL BLEEDING ANY	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43257	T	EGD W/THRML TXMNT GERD	-	05303	37.1206	APC	\$2,102.51	-	-	000	999	-
43259	T	EGD US EXAM DUODENUM/JEJUNUM	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
4325F	E	MED TXMNT OPTIONS RVWD W/PT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
43260	T	ERCP W/SPECIMEN COLLECTION	-	05303	37.1206	APC	\$2,102.51	-	-	000	999	-
43261	T	ENDO CHOLANGIOPANCREATOGRAPH	-	05303	37.1206	APC	\$2,102.51	-	-	000	999	-
43262	T	ENDO CHOLANGIOPANCREATOGRAPH	-	05303	37.1206	APC	\$2,102.51	-	-	000	999	-
43263	T	ERCP SPHINCTER PRESSURE MEAS	-	05303	37.1206	APC	\$2,102.51	-	-	000	999	-
43264	T	ERCP REMOVE DUCT CALCULI	-	05303	37.1206	APC	\$2,102.51	-	-	000	999	-
43265	T	ERCP LITHOTRIPSY CALCULI	-	05331	59.1738	APC	\$3,351.60	-	-	000	999	-
43266	N	EGD ENDOSCOPIC STENT PLACE	-	05331	59.1738	Bundled, sometimes payable	\$0.00	-	-	000	999	-
4326F	E	PT ASKED RE SYMP AUTO DYSFXN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
43270	T	EGD LESION ABLATION	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43273	N	ENDOSCOPIC PANCREATOSCOPY	-	-	-	Bundled	\$0.00	-	-	000	999	-
43274	N	ERCP DUCT STENT PLACEMENT	-	05331	59.1738	Bundled, sometimes payable	\$0.00	-	-	000	999	-
43275	T	ERCP REMOVE FORGN BODY DUCT	-	05303	37.1206	APC	\$2,102.51	-	-	000	999	-
43276	N	ERCP STENT EXCHANGE W/DILATE	-	05331	59.1738	Bundled, sometimes payable	\$0.00	-	-	000	999	-
43277	T	ERCP EA DUCT/AMPULLA DILATE	-	05303	37.1206	APC	\$2,102.51	-	-	000	999	-
43278	T	ERCP LESION ABLATE W/DILATE	-	05303	37.1206	APC	\$2,102.51	-	-	000	999	-
43279	C	LAP MYOTOMY HELLER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43280	N	LAPAROSCOPY FUNDOPLASTY	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-
43281	N	LAP PARAESOPHAG HERN REPAIR	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-
43282	T	LAP PARAESOPH HER RPR W/MESH	-	05362	104.1317	APC	\$4,924.14	-	-	000	999	-
43283	C	LAP ESOPH LENGTHENING	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43284	T	LAPS ESOPHGL SPHNCTR AGMNTJ	-	05362	104.1317	APC	\$5,898.02	-	-	000	999	-
43285	N	RMVL ESOPHGL SPHNCTR DEV	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-
43286	C	ESPHG TOT W/LAPS MOBLJ	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43287	C	ESPHG DSTL 2/3 W/LAPS MOBLJ	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43288	C	ESPHG THRSC MOBLJ	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43289	N	LAPAROSCOPE PROC ESOPH	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-
4328F	E	PT ASKED RE SLEEP DISTURB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
43300	C	REPAIR OF ESOPHAGUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43305	C	REPAIR ESOPHAGUS AND FISTULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
4330F	E	CNSLNG EPI SPEC SFTY ISSUES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
43310	C	REPAIR OF ESOPHAGUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43312	C	REPAIR ESOPHAGUS AND FISTULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43313	C	ESOPHAGOPLASTY CONGENITAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43314	C	TRACHEO-ESOPHAGOPLASTY CONG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43320	C	FUSE ESOPHAGUS & STOMACH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43325	C	REVISE ESOPHAGUS & STOMACH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43327	C	ESOPH FUNDOPLASTY LAP	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43328	C	ESOPH FUNDOPLASTY THOR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43330	C	ESOPHAGOMYOTOMY ABDOMINAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43331	C	ESOPHAGOMYOTOMY THORACIC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43332	C	TRANSAB ESOPH HIAT HERN RPR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43333	C	TRANSAB ESOPH HIAT HERN RPR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43334	C	TRANSTHOR DIAPHRAG HERN RPR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43335	C	TRANSTHOR DIAPHRAG HERN RPR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43336	C	THORABD DIAPHR HERN REPAIR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43337	C	THORABD DIAPHR HERN REPAIR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43338	C	ESOPH LENGTHENING	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43340	C	FUSE ESOPHAGUS & INTESTINE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43341	C	FUSE ESOPHAGUS & INTESTINE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
43351	C	SURGICAL OPENING ESOPHAGUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43352	C	SURGICAL OPENING ESOPHAGUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43360	C	GASTROINTESTINAL REPAIR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43361	C	GASTROINTESTINAL REPAIR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43400	C	LIGATE ESOPHAGUS VEINS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43405	C	LIGATE/STAPLE ESOPHAGUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
4340F	E	CNSLNG CHLDBRNG WOMEN EPI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
43410	C	REPAIR ESOPHAGUS WOUND	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43415	C	REPAIR ESOPHAGUS WOUND	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43420	T	REPAIR ESOPHAGUS OPENING	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
43425	C	REPAIR ESOPHAGUS OPENING	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43450	T	DILATE ESOPHAGUS 1/MULT PASS	-	05301	9.7276	APC	\$550.97	-	-	000	999	-	
43453	T	DILATE ESOPHAGUS	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-	
43460	C	PRESSURE TREATMENT ESOPHAGUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43496	C	FREE JEJUNUM FLAP MICROVASC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43499	T	ESOPHAGUS SURGERY PROCEDURE	-	05301	9.7276	APC	\$550.97	-	-	000	999	-	
43500	C	SURGICAL OPENING OF STOMACH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43501	C	SURGICAL REPAIR OF STOMACH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43502	C	SURGICAL REPAIR OF STOMACH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
4350F	E	CNSLNG PROVIDED SYMP MNGMNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
43510	T	SURGICAL OPENING OF STOMACH	-	05301	9.7276	APC	\$550.97	-	-	000	999	-	
43520	C	INCISION OF PYLORIC MUSCLE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43605	C	BIOPSY OF STOMACH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43610	C	EXCISION OF STOMACH LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43611	C	EXCISION OF STOMACH LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43620	C	REMOVAL OF STOMACH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43621	C	REMOVAL OF STOMACH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43622	C	REMOVAL OF STOMACH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43631	C	REMOVAL OF STOMACH PARTIAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43632	C	REMOVAL OF STOMACH PARTIAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43633	C	REMOVAL OF STOMACH PARTIAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43634	C	REMOVAL OF STOMACH PARTIAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43635	C	REMOVAL OF STOMACH PARTIAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43640	C	VAGOTOMY & PYLORUS REPAIR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43641	C	VAGOTOMY & PYLORUS REPAIR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
43644	E	LAP GASTRIC BYPASS/ROUX-EN-Y	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
43645	E	LAP GASTR BYPASS INCL SMLL I	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
43647	N	LAP IMPL ELECTRODE ANTRUM	-	05462	76.5800	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
43648	N	LAP REVISE/REMV ELTRD ANTRUM	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
43651	N	LAPAROSCOPY VAGUS NERVE	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
43652	N	LAPAROSCOPY VAGUS NERVE	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
43653	N	LAPAROSCOPY GASTROSTOMY	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
43659	N	LAPAROSCOPE PROC STOM	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
43752	N	NASAL/OROGASTRIC W/TUBE PLMT	-	05735	4.5003	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
43753	N	TX GASTRO INTUB W/ASP	-	05722	3.1327	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
43754	N	DX GASTR INTUB W/ASP SPEC	-	05722	3.1327	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
43755	S	DX GASTR INTUB W/ASP SPECS	-	05721	1.7124	APC	\$96.99	-	-	000	999	-	
43756	N	DX DUOD INTUB W/ASP SPEC	-	05301	9.7276	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
43757	T	DX DUOD INTUB W/ASP SPECS	-	05301	9.7276	APC	\$550.97	-	-	000	999	-	
43761	T	REPOSITION GASTROSTOMY TUBE	-	05371	2.9074	APC	\$164.68	-	-	000	999	-	
43762	T	RPLC GTUBE NO REVJ TRC	-	05371	2.9074	APC	\$164.68	-	-	000	999	-	
43763	T	RPLC GTUBE REVJ GSTRST TRC	-	05371	2.9074	APC	\$164.68	-	-	000	999	-	
43770	E	LAP PLACE GASTR ADJ DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
43771	E	LAP REVISE GASTR ADJ DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
43772	E	LAP RMVL GASTR ADJ DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
43773	E	LAP REPLACE GASTR ADJ DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
43774	E	LAP RMVL GASTR ADJ ALL PARTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
43775	E	LAP SLEEVE GASTRECTOMY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
43800	C	RECONSTRUCTION OF PYLORUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43810	C	FUSION OF STOMACH AND BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43820	C	FUSION OF STOMACH AND BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43825	C	FUSION OF STOMACH AND BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43830	T	PLACE GASTROSTOMY TUBE	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-
43831	T	PLACE GASTROSTOMY TUBE	-	05301	9.7276	APC	\$550.97	-	-	000	999	-
43832	C	PLACE GASTROSTOMY TUBE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43840	C	REPAIR OF STOMACH LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43842	E	V-BAND GASTROPLASTY	-	-	-	Not Allowed	\$0.00	-	-	018	999	-
43843	E	GASTROPLASTY W/O V-BAND	-	-	-	Not Allowed	\$0.00	-	-	018	999	-
43845	E	GASTROPLASTY DUODENAL SWITCH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
43846	E	GASTRIC BYPASS FOR OBESITY	-	-	-	Not Allowed	\$0.00	-	-	018	999	-
43847	E	GASTRIC BYPASS INCL SMALL I	-	-	-	Not Allowed	\$0.00	-	-	018	999	-
43848	E	REVISION GASTROPLASTY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
43850	C	REVISE STOMACH-BOWEL FUSION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43855	C	REVISE STOMACH-BOWEL FUSION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43860	C	REVISE STOMACH-BOWEL FUSION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43865	C	REVISE STOMACH-BOWEL FUSION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43870	T	REPAIR STOMACH OPENING	-	05303	37.1206	APC	\$2,102.51	-	-	000	999	-
43880	C	REPAIR STOMACH-BOWEL FISTULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43881	C	IMPL/REDO ELECTRD ANTRUM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43882	C	REVISE/REMOVE ELECTRD ANTRUM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
43886	E	REVISE GASTRIC PORT OPEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
43887	E	REMOVE GASTRIC PORT OPEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
43888	E	CHANGE GASTRIC PORT OPEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
43999	T	STOMACH SURGERY PROCEDURE	-	05301	9.7276	APC	\$550.97	-	-	000	999	-
44005	C	FREEING OF BOWEL ADHESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
4400F	E	REHAB THXPY OPTIONS W/PT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
44010	C	INCISION OF SMALL BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44015	C	INSERT NEEDLE CATH BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44020	C	EXPLORE SMALL INTESTINE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44021	C	DECOMPRESS SMALL BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44025	C	INCISION OF LARGE BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44050	C	REDUCE BOWEL OBSTRUCTION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44055	C	CORRECT MALROTATION OF BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44100	T	BIOPSY OF BOWEL	-	05301	9.7276	APC	\$550.97	-	-	000	999	-
44110	C	EXCISE INTESTINE LESION(S)	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44111	C	EXCISION OF BOWEL LESION(S)	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44120	C	REMOVAL OF SMALL INTESTINE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44121	C	REMOVAL OF SMALL INTESTINE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44125	C	REMOVAL OF SMALL INTESTINE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44126	C	ENTERECTOMY W/O TAPER CONG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44127	C	ENTERECTOMY W/TAPER CONG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44128	C	ENTERECTOMY CONG ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44130	C	BOWEL TO BOWEL FUSION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44132	C	ENTERECTOMY CADAVER DONOR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44133	C	ENTERECTOMY LIVE DONOR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44135	C	INTESTINE TRANSPLNT CADAVER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44136	C	INTESTINE TRANSPLANT LIVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44137	C	REMOVE INTESTINAL ALLOGRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44139	C	MOBILIZATION OF COLON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44140	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44141	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44143	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
44144	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44145	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44146	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44147	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44150	C	REMOVAL OF COLON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44151	C	REMOVAL OF COLON/ILEOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44155	C	REMOVAL OF COLON/ILEOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44156	C	REMOVAL OF COLON/ILEOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44157	C	COLECTOMY W/ILEOANAL ANAST	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44158	C	COLECTOMY W/NEO-RECTUM POUCH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44160	C	REMOVAL OF COLON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44180	N	LAP ENTEROLYSIS	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
44186	N	LAP JEJUNOSTOMY	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
44187	C	LAP ILEO/JEJUNO-STOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44188	C	LAP COLOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44202	C	LAP ENTERECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44203	C	LAP RESECT S/INTESTINE ADDL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44204	C	LAPARO PARTIAL COLECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44205	C	LAP COLECTOMY PART W/ILEUM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44206	C	LAP PART COLECTOMY W/STOMA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44207	C	L COLECTOMY/COLOPROCTOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44208	C	L COLECTOMY/COLOPROCTOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44210	C	LAPARO TOTAL PROCTOCOLECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44211	C	LAP COLECTOMY W/PROCTECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44212	C	LAPARO TOTAL PROCTOCOLECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44213	C	LAP MOBIL SPLENIC FL ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44227	C	LAP CLOSE ENTEROSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44238	N	LAPAROSCOPE PROC INTESTINE	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
44300	C	OPEN BOWEL TO SKIN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44310	C	ILEOSTOMY/JEJUNOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44312	T	REVISION OF ILEOSTOMY	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-	
44314	C	REVISION OF ILEOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44316	C	DEVISE BOWEL POUCH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44320	C	COLOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44322	C	COLOSTOMY WITH BIOPSIES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44340	T	REVISION OF COLOSTOMY	-	05055	36.8508	APC	\$2,087.23	-	-	000	999	-	
44345	C	REVISION OF COLOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44346	C	REVISION OF COLOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
44360	T	SMALL BOWEL ENDOSCOPY	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-	
44361	T	SMALL BOWEL ENDOSCOPY/BIOPSY	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-	
44363	T	SMALL BOWEL ENDOSCOPY	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-	
44364	T	SMALL BOWEL ENDOSCOPY	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-	
44365	T	SMALL BOWEL ENDOSCOPY	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-	
44366	T	SMALL BOWEL ENDOSCOPY	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-	
44369	T	SMALL BOWEL ENDOSCOPY	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-	
44370	N	SMALL BOWEL ENDOSCOPY/STENT	-	05331	59.1738	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
44372	T	SMALL BOWEL ENDOSCOPY	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-	
44373	T	SMALL BOWEL ENDOSCOPY	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-	
44376	T	SMALL BOWEL ENDOSCOPY	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-	
44377	T	SMALL BOWEL ENDOSCOPY/BIOPSY	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-	
44378	T	SMALL BOWEL ENDOSCOPY	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-	
44379	N	S BOWEL ENDOSCOPE W/STENT	-	05331	59.1738	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
44380	T	SMALL BOWEL ENDOSCOPY BR/WA	-	05301	9.7276	APC	\$550.97	-	-	000	999	-	
44381	T	SMALL BOWEL ENDOSCOPY BR/WA	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-	
44382	T	SMALL BOWEL ENDOSCOPY	-	05301	9.7276	APC	\$550.97	-	-	000	999	-	
44384	N	SMALL BOWEL ENDOSCOPY	-	05303	37.1206	Bundled, sometimes payable	\$0.00	-	-	000	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
44385	T	ENDOSCOPY OF BOWEL POUCH	-	05311	9.4548	APC	\$535.52	-	-	000	999	-
44386	T	ENDOSCOPY BOWEL POUCH/BIOP	-	05311	9.4548	APC	\$535.52	-	-	000	999	-
44388	T	COLONOSCOPY THRU STOMA SPX	-	05311	9.4548	APC	\$535.52	-	-	000	999	-
44389	T	COLONOSCOPY WITH BIOPSY	-	05312	12.4295	APC	\$704.01	-	-	000	999	-
44390	T	COLONOSCOPY FOR FOREIGN BODY	-	05311	9.4548	APC	\$535.52	-	-	000	999	-
44391	T	COLONOSCOPY FOR BLEEDING	-	05312	12.4295	APC	\$704.01	-	-	000	999	-
44392	T	COLONOSCOPY & POLYPECTOMY	-	05312	12.4295	APC	\$704.01	-	-	000	999	-
44394	T	COLONOSCOPY W/SNARE	-	05312	12.4295	APC	\$704.01	-	-	000	999	-
44401	T	COLONOSCOPY WITH ABLATION	-	05312	12.4295	APC	\$704.01	-	-	000	999	-
44402	N	COLONOSCOPY W/STENT PLCMT	-	05331	59.1738	Bundled, sometimes payable	\$0.00	-	-	000	999	-
44403	T	COLONOSCOPY W/RESECTION	-	05312	12.4295	APC	\$704.01	-	-	000	999	-
44404	T	COLONOSCOPY W/INJECTION	-	05312	12.4295	APC	\$704.01	-	-	000	999	-
44405	T	COLONOSCOPY W/DILATION	-	05312	12.4295	APC	\$704.01	-	-	000	999	-
44406	T	COLONOSCOPY W/ULTRASOUND	-	05312	12.4295	APC	\$704.01	-	-	000	999	-
44407	T	COLONOSCOPY W/NDL ASPIR/BX	-	05312	12.4295	APC	\$704.01	-	-	000	999	-
44408	T	COLONOSCOPY W/DECOMPRESSION	-	05311	9.4548	APC	\$535.52	-	-	000	999	-
44500	T	INTRO GASTROINTESTINAL TUBE	-	05301	9.7276	APC	\$550.97	-	-	000	999	-
4450F	E	SELF-CARE ED PROVIDED TO PT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
44602	C	SUTURE SMALL INTESTINE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44603	C	SUTURE SMALL INTESTINE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44604	C	SUTURE LARGE INTESTINE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44605	C	REPAIR OF BOWEL LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44615	C	INTESTINAL STRICTUROPLASTY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44620	C	REPAIR BOWEL OPENING	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44625	C	REPAIR BOWEL OPENING	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44626	C	REPAIR BOWEL OPENING	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44640	C	REPAIR BOWEL-SKIN FISTULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44650	C	REPAIR BOWEL FISTULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44660	C	REPAIR BOWEL-BLADDER FISTULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44661	C	REPAIR BOWEL-BLADDER FISTULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44680	C	SURGICAL REVISION INTESTINE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44700	C	SUSPEND BOWEL W/PROSTHESIS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44701	N	INTRAOP COLON LAVAGE ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
44705	E	PREPARE FECAL MICROBIOTA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4470F	E	ICD COUNSELING PROVIDED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
44715	C	PREPARE DONOR INTESTINE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44720	C	PREP DONOR INTESTINE/VENOUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44721	C	PREP DONOR INTESTINE/ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44799	T	UNLISTED PX SMALL INTESTINE	-	05301	9.7276	APC	\$550.97	-	-	000	999	-
44800	C	EXCISION OF BOWEL POUCH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
4480F	E	PT RCVNG ACE/ARB B-BLOCKERTX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
4481F	E	PT RCVNG ACE/ARB BLKER >3MOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
44820	C	EXCISION OF MESENTERY LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44850	C	REPAIR OF MESENTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44899	C	BOWEL SURGERY PROCEDURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44900	C	DRAIN APPENDIX ABSCESS OPEN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44950	T	APPENDECTOMY	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-
44955	N	APPENDECTOMY ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
44960	C	APPENDECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
44970	N	LAPAROSCOPY APPENDECTOMY	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-
44979	N	LAPAROSCOPE PROC APP	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-
45000	T	DRAINAGE OF PELVIC ABSCESS	-	05312	12.4295	APC	\$704.01	-	-	000	999	-
45005	T	DRAINAGE OF RECTAL ABSCESS	-	05312	12.4295	APC	\$704.01	-	-	000	999	-
4500F	E	REF TO OUTPT CARD REHAB PROG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
45020	T	DRAINAGE OF RECTAL ABSCESS	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
45100	T	BIOPSY OF RECTUM	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
45108	T	REMOVAL OF ANORECTAL LESION	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-	
4510F	E	PREV CARDREHAB QUALCARDEVENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
45110	C	REMOVAL OF RECTUM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
45111	C	PARTIAL REMOVAL OF RECTUM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
45112	C	REMOVAL OF RECTUM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
45113	C	PARTIAL PROCTECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
45114	C	PARTIAL REMOVAL OF RECTUM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
45116	C	PARTIAL REMOVAL OF RECTUM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
45119	C	REMOVE RECTUM W/RESERVOIR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
45120	C	REMOVAL OF RECTUM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
45121	C	REMOVAL OF RECTUM AND COLON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
45123	C	PARTIAL PROCTECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
45126	C	PELVIC EXENTERATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
45130	C	EXCISION OF RECTAL PROLAPSE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
45135	C	EXCISION OF RECTAL PROLAPSE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
45136	C	EXCISE ILEOANAL RESERVIOR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
45150	T	EXCISION OF RECTAL STRICTURE	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45160	T	EXCISION OF RECTAL LESION	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-	
45171	T	EXC RECT TUM TRANSANAL PART	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-	
45172	T	EXC RECT TUM TRANSANAL FULL	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-	
45190	T	DESTRUCTION RECTAL TUMOR	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-	
4525F	E	NEUROPSYCHIA INTERVEN ORDER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
4526F	E	NEUROPSYCHIA INTERVEN RCVD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
45300	T	PROCTOSIGMOIDOSCOPY DX	-	05311	9.4548	APC	\$535.52	-	-	000	999	-	
45303	T	PROCTOSIGMOIDOSCOPY DILATE	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45305	T	PROCTOSIGMOIDOSCOPY W/BX	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45307	T	PROCTOSIGMOIDOSCOPY FB	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-	
45308	T	PROCTOSIGMOIDOSCOPY REMOVAL	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-	
45309	T	PROCTOSIGMOIDOSCOPY REMOVAL	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45315	T	PROCTOSIGMOIDOSCOPY REMOVAL	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45317	T	PROCTOSIGMOIDOSCOPY BLEED	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45320	T	PROCTOSIGMOIDOSCOPY ABLATE	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-	
45321	T	PROCTOSIGMOIDOSCOPY VOLVUL	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-	
45327	N	PROCTOSIGMOIDOSCOPY W/STENT	-	05331	59.1738	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
45330	T	DIAGNOSTIC SIGMOIDOSCOPY	-	05311	9.4548	APC	\$535.52	-	-	000	999	-	
45331	T	SIGMOIDOSCOPY AND BIOPSY	-	05311	9.4548	APC	\$535.52	-	-	000	999	-	
45332	T	SIGMOIDOSCOPY W/FB REMOVAL	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45333	T	SIGMOIDOSCOPY & POLYPECTOMY	-	05311	9.4548	APC	\$535.52	-	-	000	999	-	
45334	T	SIGMOIDOSCOPY FOR BLEEDING	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45335	T	SIGMOIDOSCOPY W/SUBMUC INJ	-	05311	9.4548	APC	\$535.52	-	-	000	999	-	
45337	T	SIGMOIDOSCOPY & DECOMPRESS	-	05311	9.4548	APC	\$535.52	-	-	000	999	-	
45338	T	SIGMOIDOSCOPY W/TUMR REMOVE	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45340	T	SIG W/TNDCS BALLOON DILATION	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45341	T	SIGMOIDOSCOPY W/ULTRASOUND	-	05311	9.4548	APC	\$535.52	-	-	000	999	-	
45342	T	SIGMOIDOSCOPY W/US GUIDE BX	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45346	T	SIGMOIDOSCOPY W/ABLATION	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45347	N	SIGMOIDOSCOPY W/PLCMT STENT	-	05331	59.1738	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
45349	T	SIGMOIDOSCOPY W/RESECTION	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-	
45350	T	SGMDSC W/BAND LIGATION	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45378	T	DIAGNOSTIC COLONOSCOPY	-	05311	9.4548	APC	\$535.52	-	-	000	999	-	
45379	T	COLONOSCOPY W/FB REMOVAL	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45380	T	COLONOSCOPY AND BIOPSY	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45381	T	COLONOSCOPY SUBMUCOUS NJX	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45382	T	COLONOSCOPY W/CONTROL BLEED	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45384	T	COLONOSCOPY W/LESION REMOVAL	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45385	T	COLONOSCOPY W/LESION REMOVAL	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Min Age	Max Age	Comments
				APC	Weight				Fees	Fees			
45386	T	COLONOSCOPY W/BALLOON DILAT	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45388	T	COLONOSCOPY W/ABLATION	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45389	N	COLONOSCOPY W/STENT PLGMENT	-	05331	59.1738	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
45390	T	COLONOSCOPY W/RESECTION	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-	
45391	T	COLONOSCOPY W/ENDOSCOPE US	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45392	T	COLONOSCOPY W/ENDOSCOPIC FNB	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45393	T	COLONOSCOPY W/DECOMPRESSION	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45395	C	LAP REMOVAL OF RECTUM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
45397	C	LAP REMOVE RECTUM W/POUCH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
45398	T	COLONOSCOPY W/BAND LIGATION	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45399	T	UNLISTED PROCEDURE COLON	-	05311	9.4548	APC	\$535.52	-	-	000	999	-	
45400	C	LAPAROSCOPIC PROC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
45402	C	LAP PROCTOPEXY W/SIG RESECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
4540F	E	DISEASE MODIF PHARMACOTHXPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
4541F	E	PT OFFERED TX FOR PSEUDOBULB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
45499	N	LAPAROSCOPE PROC RECTUM	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
45500	T	REPAIR OF RECTUM	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-	
45505	T	REPAIR OF RECTUM	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-	
4550F	E	NONINVAS RESP SUPPORT TALK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
4551F	E	NUTRITIONAL SUPPORT OFFERED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
45520	N	TREATMENT OF RECTAL PROLAPSE	-	05311	9.4548	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
4552F	E	PT REF FOR SPEECH LANG PATH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
4553F	E	PT ASST RE END LIFE ISSUES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
45540	C	CORRECT RECTAL PROLAPSE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
45541	T	CORRECT RECTAL PROLAPSE	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-	
4554F	E	PT RECVD INHAL ANESTHETIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
45550	C	REPAIR RECTUM/REMOVE SIGMOID	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
4555F	E	PT RECVD NO INHAL ANESTHIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
45560	T	REPAIR OF RECTOCELE	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-	
45562	C	EXPLORATION/REPAIR OF RECTUM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
45563	C	EXPLORATION/REPAIR OF RECTUM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
4556F	E	PT W/3+ POST-OP NAUSEA&VOM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
4557F	E	PT W/O 3+ POST-OPNAUSEA&VOM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
4558F	E	PT RECVD 2 RX ANTI-EMET AGT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
4559F	E	1 BODYTEMP >=35.5CW/IN 30MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
4560F	E	ANESTH W/O GEN/NEURAX ANESTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
4561F	E	PT W/ CORONARY ARTERY STENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
4562F	E	PT W/O CORONARY ARTERY STENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
4563F	E	PT RECVD ASPIRIN W/IN 24 HRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
45800	C	REPAIR RECT/BLADDER FISTULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
45805	C	REPAIR FISTULA W/COLOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
45820	C	REPAIR RECTOURETHRAL FISTULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
45825	C	REPAIR FISTULA W/COLOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
45900	T	REDUCTION OF RECTAL PROLAPSE	-	05311	9.4548	APC	\$535.52	-	-	000	999	-	
45905	T	DILATION OF ANAL SPHINCTER	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45910	T	DILATION OF RECTAL NARROWING	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45915	T	REMOVE RECTAL OBSTRUCTION	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
45990	T	SURG DX EXAM ANORECTAL	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-	
45999	T	RECTUM SURGERY PROCEDURE	-	05311	9.4548	APC	\$535.52	-	-	000	999	-	
46020	T	PLACEMENT OF SETON	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-	
46030	T	REMOVAL OF RECTAL MARKER	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
46040	T	INCISION OF RECTAL ABSCESS	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
46045	T	INCISION OF RECTAL ABSCESS	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-	
46050	T	INCISION OF ANAL ABSCESS	-	05311	9.4548	APC	\$535.52	-	-	000	999	-	
46060	T	INCISION OF RECTAL ABSCESS	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-	
46070	T	INCISION OF ANAL SEPTUM	-	05313	29.0147	APC	\$1,643.39	-	-	000	001	-	

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
				APC	Weight							
46080	T	INCISION OF ANAL SPHINCTER	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46083	T	INCISE EXTERNAL HEMORRHOID	-	05371	2.9074	APC	\$164.68	-	-	000	999	-
46200	T	REMOVAL OF ANAL FISSURE	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46220	T	EXCISE ANAL EXT TAG/PAPILLA	-	05312	12.4295	APC	\$704.01	-	-	000	999	-
46221	T	LIGATION OF HEMORRHOID(S)	-	05311	9.4548	APC	\$535.52	-	-	000	999	-
46230	T	REMOVAL OF ANAL TAGS	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46250	T	REMOVE EXT HEM GROUPS 2+	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46255	T	REMOVE INT/EXT HEM 1 GROUP	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46257	T	REMOVE IN/EX HEM GRP & FISS	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46258	T	REMOVE IN/EX HEM GRP W/FISTU	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46260	T	REMOVE IN/EX HEM GROUPS 2+	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46261	T	REMOVE IN/EX HEM GRPS & FISS	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46262	T	REMOVE IN/EX HEM GRPS W/FIST	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46270	T	REMOVE ANAL FIST SUBQ	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46275	T	REMOVE ANAL FIST INTER	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46280	T	REMOVE ANAL FIST COMPLEX	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46285	T	REMOVE ANAL FIST 2 STAGE	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46288	T	REPAIR ANAL FISTULA	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46320	T	REMOVAL OF HEMORRHOID CLOT	-	05312	12.4295	APC	\$704.01	-	-	000	999	-
46500	T	INJECTION INTO HEMORRHOID(S)	-	05311	9.4548	APC	\$535.52	-	-	000	999	-
46505	T	CHEMODENERVATION ANAL MUSC	-	05312	12.4295	APC	\$704.01	-	-	000	999	-
46600	N	DIAGNOSTIC ANOSCOPY SPX	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
46601	N	DIAGNOSTIC ANOSCOPY	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
46604	T	ANOSCOPY AND DILATION	-	05312	12.4295	APC	\$704.01	-	-	000	999	-
46606	T	ANOSCOPY AND BIOPSY	-	05312	12.4295	APC	\$704.01	-	-	000	999	-
46607	T	DIAGNOSTIC ANOSCOPY & BIOPSY	-	05312	12.4295	APC	\$704.01	-	-	000	999	-
46608	T	ANOSCOPY REMOVE FOR BODY	-	05311	9.4548	APC	\$535.52	-	-	000	999	-
46610	T	ANOSCOPY REMOVE LESION	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46611	T	ANOSCOPY	-	05311	9.4548	APC	\$535.52	-	-	000	999	-
46612	T	ANOSCOPY REMOVE LESIONS	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46614	T	ANOSCOPY CONTROL BLEEDING	-	05312	12.4295	APC	\$704.01	-	-	000	999	-
46615	T	ANOSCOPY	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46700	T	REPAIR OF ANAL STRICTURE	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46705	C	REPAIR OF ANAL STRICTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	001	-
46706	T	REPR OF ANAL FISTULA W/GLUE	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46707	T	REPAIR ANORECTAL FIST W/PLUG	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46710	C	REPR PER/VAG POUCH SNGL PROC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
46712	C	REPR PER/VAG POUCH DBL PROC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
46715	C	REP PERF ANOPER FISTU	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
46716	C	REP PERF ANOPER/VESTIB FISTU	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
46730	C	CONSTRUCTION OF ABSENT ANUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
46735	C	CONSTRUCTION OF ABSENT ANUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
46740	C	CONSTRUCTION OF ABSENT ANUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
46742	C	REPAIR OF IMPERFORATED ANUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
46744	C	REPAIR OF CLOACAL ANOMALY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
46746	C	REPAIR OF CLOACAL ANOMALY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
46748	C	REPAIR OF CLOACAL ANOMALY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
46750	T	REPAIR OF ANAL SPHINCTER	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46751	C	REPAIR OF ANAL SPHINCTER	-	-	-	Inpatient Only	\$0.00	-	-	010	020	-
46753	T	RECONSTRUCTION OF ANUS	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46754	T	REMOVAL OF SUTURE FROM ANUS	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46760	T	REPAIR OF ANAL SPHINCTER	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46761	T	REPAIR OF ANAL SPHINCTER	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46900	T	DESTRUCTION ANAL LESION(S)	-	05052	3.9547	APC	\$223.99	-	-	000	999	-
46910	T	DESTRUCTION ANAL LESION(S)	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
46916	T	CRYOSURGERY ANAL LESION(S)	-	05051	2.1627	APC	\$122.50	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
				APC	Weight							
46917	T	LASER SURGERY ANAL LESIONS	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46922	T	EXCISION OF ANAL LESION(S)	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46924	T	DESTRUCTION ANAL LESION(S)	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46930	T	DESTROY INTERNAL HEMORRHOIDS	-	05312	12.4295	APC	\$704.01	-	-	000	999	-
46940	T	TREATMENT OF ANAL FISSURE	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46942	T	TREATMENT OF ANAL FISSURE	-	05311	9.4548	APC	\$535.52	-	-	000	999	-
46945	T	INT HRHC LIG 1 HROID W/O IMG	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46946	T	INT HRHC LIG 2+HROID W/O IMG	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46947	T	HEMORRHOIDOPEXY BY STAPLING	-	05313	29.0147	APC	\$1,643.39	-	-	000	999	-
46948	N	INT HRHC TRANAL DARTLZJ 2+	-	05313	29.0147	Bundled, sometimes payable	\$1,643.39	-	-	000	999	-
46999	T	ANUS SURGERY PROCEDURE	-	05311	9.4548	APC	\$535.52	-	-	000	999	-
47000	T	NEEDLE BIOPSY OF LIVER	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
47001	N	NEEDLE BIOPSY LIVER ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
47010	C	OPEN DRAINAGE LIVER LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47015	C	INJECT/ASPIRATE LIVER CYST	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47100	C	WEDGE BIOPSY OF LIVER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47120	C	PARTIAL REMOVAL OF LIVER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47122	C	EXTENSIVE REMOVAL OF LIVER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47125	C	PARTIAL REMOVAL OF LIVER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47130	C	PARTIAL REMOVAL OF LIVER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47133	C	REMOVAL OF DONOR LIVER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47135	C	TRANSPLANTATION OF LIVER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47140	C	PARTIAL REMOVAL DONOR LIVER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47141	C	PARTIAL REMOVAL DONOR LIVER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47142	C	PARTIAL REMOVAL DONOR LIVER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47143	C	PREP DONOR LIVER WHOLE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47144	C	PREP DONOR LIVER 3-SEGMENT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47145	C	PREP DONOR LIVER LOBE SPLIT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47146	C	PREP DONOR LIVER/VENOUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47147	C	PREP DONOR LIVER/ARTERIAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47300	C	SURGERY FOR LIVER LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47350	C	REPAIR LIVER WOUND	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47360	C	REPAIR LIVER WOUND	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47361	C	REPAIR LIVER WOUND	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47362	C	REPAIR LIVER WOUND	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47370	N	LAPARO ABLATE LIVER TUMOR RF	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-
47371	N	LAPARO ABLATE LIVER CRYOSURG	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-
47379	N	LAPAROSCOPE PROCEDURE LIVER	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-
47380	C	OPEN ABLATE LIVER TUMOR RF	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47381	C	OPEN ABLATE LIVER TUMOR CRYO	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47382	T	PERCUT ABLATE LIVER RF	-	05361	59.8283	APC	\$3,388.67	-	-	000	999	-
47383	T	PERQ ABLTJ LVR CRYOABLATION	-	05361	59.8283	APC	\$3,388.67	-	-	000	999	-
47399	T	LIVER SURGERY PROCEDURE	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
47400	C	INCISION OF LIVER DUCT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47420	C	INCISION OF BILE DUCT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47425	C	INCISION OF BILE DUCT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47460	C	INCISE BILE DUCT SPHINCTER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47480	C	INCISION OF GALLBLADDER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47490	T	INCISION OF GALLBLADDER	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-
47531	N	INJECTION FOR CHOLANGIOGRAM	-	05341	38.4853	Bundled, sometimes payable	\$0.00	-	-	000	999	-
47532	N	INJECTION FOR CHOLANGIOGRAM	-	05341	38.4853	Bundled, sometimes payable	\$0.00	-	-	000	999	-
47533	T	PLMT BILIARY DRAINAGE CATH	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-
47534	T	PLMT BILIARY DRAINAGE CATH	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-
47535	T	CONVERSION EXT BIL DRG CATH	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-
47536	T	EXCHANGE BILIARY DRG CATH	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-
47537	N	REMOVAL BILIARY DRG CATH	-	05301	9.7276	Bundled, sometimes payable	\$0.00	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
47538	T	PERQ PLMT BILE DUCT STENT	-	05361	59.8283	APC	\$3,388.67	-	-	000	999	-
47539	T	PERQ PLMT BILE DUCT STENT	-	05361	59.8283	APC	\$3,388.67	-	-	000	999	-
47540	T	PERQ PLMT BILE DUCT STENT	-	05361	59.8283	APC	\$3,388.67	-	-	000	999	-
47541	T	PLMT ACCESS BIL TREE SM BWL	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-
47542	N	DILATE BILIARY DUCT/AMPULLA	-	-	-	Bundled	\$0.00	-	-	000	999	-
47543	N	ENDOLUMINAL BX BILIARY TREE	-	-	-	Bundled	\$0.00	-	-	000	999	-
47544	N	REMOVAL DUCT GLBLDR CALCULI	-	-	-	Bundled	\$0.00	-	-	000	999	-
47550	C	BILE DUCT ENDOSCOPY ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47552	T	BILIARY ENDO PERQ DX W/SPECI	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-
47553	T	BILIARY ENDOSCOPY THRU SKIN	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-
47554	T	BILIARY ENDOSCOPY THRU SKIN	-	05361	59.8283	APC	\$3,388.67	-	-	000	999	-
47555	T	BILIARY ENDOSCOPY THRU SKIN	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-
47556	T	BILIARY ENDOSCOPY THRU SKIN	-	05361	59.8283	APC	\$3,388.67	-	-	000	999	-
47562	N	LAPAROSCOPIC CHOLECYSTECTOMY	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-
47563	N	LAPARO CHOLECYSTECTOMY/GRAPH	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-
47564	N	LAPARO CHOLECYSTECTOMY/EXPLR	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-
47570	C	LAPARO CHOLECYSTOENTEROSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47579	N	LAPAROSCOPE PROC BILIARY	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-
47600	C	REMOVAL OF GALLBLADDER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47605	C	REMOVAL OF GALLBLADDER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47610	C	REMOVAL OF GALLBLADDER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47612	C	REMOVAL OF GALLBLADDER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47620	C	REMOVAL OF GALLBLADDER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47700	C	EXPLORATION OF BILE DUCTS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47701	C	BILE DUCT REVISION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47711	C	EXCISION OF BILE DUCT TUMOR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47712	C	EXCISION OF BILE DUCT TUMOR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47715	C	EXCISION OF BILE DUCT CYST	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47720	C	FUSE GALLBLADDER & BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47721	C	FUSE UPPER GI STRUCTURES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47740	C	FUSE GALLBLADDER & BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47741	C	FUSE GALLBLADDER & BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47760	C	FUSE BILE DUCTS AND BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47765	C	FUSE LIVER DUCTS & BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47780	C	FUSE BILE DUCTS AND BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47785	C	FUSE BILE DUCTS AND BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47800	C	RECONSTRUCTION OF BILE DUCTS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47801	C	PLACEMENT BILE DUCT SUPPORT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47802	C	FUSE LIVER DUCT & INTESTINE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47900	C	SUTURE BILE DUCT INJURY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
47999	T	BILE TRACT SURGERY PROCEDURE	-	05301	9.7276	APC	\$550.97	-	-	000	999	-
48000	C	DRAINAGE OF ABDOMEN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48001	C	PLACEMENT OF DRAIN PANCREAS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48020	C	REMOVAL OF PANCREATIC STONE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48100	C	BIOPSY OF PANCREAS OPEN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48102	T	NEEDLE BIOPSY PANCREAS	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
48105	C	RESECT/DEBRIDE PANCREAS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48120	C	REMOVAL OF PANCREAS LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48140	C	PARTIAL REMOVAL OF PANCREAS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48145	C	PARTIAL REMOVAL OF PANCREAS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48146	C	PANCREATECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48148	C	REMOVAL OF PANCREATIC DUCT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48150	C	PARTIAL REMOVAL OF PANCREAS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48152	C	PANCREATECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48153	C	PANCREATECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48154	C	PANCREATECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
48155	C	REMOVAL OF PANCREAS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48160	E	PANCREAS REMOVAL/TRANSPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
48400	C	INJECTION INTRAOP ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48500	C	SURGERY OF PANCREATIC CYST	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48510	C	DRAIN PANCREATIC PSEUDOCYST	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48520	C	FUSE PANCREAS CYST AND BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48540	C	FUSE PANCREAS CYST AND BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48545	C	PANCREATORRHAPHY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48547	C	DUODENAL EXCLUSION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48548	C	FUSE PANCREAS AND BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48550	E	DONOR PANCREATECTOMY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
48551	C	PREP DONOR PANCREAS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48552	C	PREP DONOR PANCREAS/VENOUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48554	C	TRANSPL ALLOGRAFT PANCREAS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48556	C	REMOVAL ALLOGRAFT PANCREAS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
48999	T	PANCREAS SURGERY PROCEDURE	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
49000	C	EXPLORATION OF ABDOMEN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
49002	C	REOPENING OF ABDOMEN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
49010	C	EXPLORATION BEHIND ABDOMEN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
49013	E	PRPERTL PEL PACK HEMRRG TRMA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
49014	E	REEXPLORATION PELVIC WOUND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
49020	C	DRAINAGE ABDOM ABSCESS OPEN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
49040	C	DRAIN OPEN ABDOM ABSCESS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
49060	C	DRAIN OPEN RETROPERI ABSCESS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
49062	C	DRAIN TO PERITONEAL CAVITY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
49082	T	ABD PARACENTESIS	-	05301	9.7276	APC	\$550.97	-	-	000	999	-
49083	T	ABD PARACENTESIS W/IMAGING	-	05301	9.7276	APC	\$550.97	-	-	000	999	-
49084	T	PERITONEAL LAVAGE	-	05301	9.7276	APC	\$550.97	-	-	000	999	-
49180	T	BIOPSY ABDOMINAL MASS	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
49185	T	SCLEROTX FLUID COLLECTION	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
49203	C	EXC ABD TUM 5 CM OR LESS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
49204	C	EXC ABD TUM OVER 5 CM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
49205	C	EXC ABD TUM OVER 10 CM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
49215	C	EXCISE SACRAL SPINE TUMOR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
49220	C	MULTIPLE SURGERY ABDOMEN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
49250	T	EXCISION OF UMBILICUS	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-
49255	C	REMOVAL OF OMENTUM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
49320	N	DIAG LAPARO SEPARATE PROC	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-
49321	N	LAPAROSCOPY BIOPSY	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-
49322	N	LAPAROSCOPY ASPIRATION	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-
49323	N	LAPARO DRAIN LYMPHOCELE	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-
49324	N	LAP INSERT TUNNEL IP CATH	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-
49325	N	LAP REVISION PERM IP CATH	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-
49326	N	LAP W/OMENTOPEXY ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
49327	N	LAP INS DEVICE FOR RT	-	-	-	Bundled	\$0.00	-	-	000	999	-
49329	N	LAPARO PROC ABDM/PER/OMENT	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-
49400	N	AIR INJECTION INTO ABDOMEN	-	-	-	Bundled	\$0.00	-	-	000	999	-
49402	T	REMOVE FOREIGN BODY ADBOMEN	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-
49405	T	IMAGE CATH FLUID COLXN VISC	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
49406	T	IMAGE CATH FLUID PERI/RETRO	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
49407	T	IMAGE CATH FLUID TRNS/VGNL	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
49411	S	INS MARK ABD/PEL FOR RT PERQ	-	05613	15.4140	APC	\$873.05	-	-	000	999	-
49412	C	INS DEVICE FOR RT GUIDE OPEN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
49418	T	INSERT TUN IP CATH PERC	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-
49419	T	INSERT TUN IP CATH W/PORT	-	05184	56.8885	APC	\$3,222.16	-	-	000	999	-
49421	T	INS TUN IP CATH FOR DIAL OPN	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
49422	N	REMOVE TUNNELED IP CATH	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
49423	T	EXCHANGE DRAINAGE CATHETER	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-	
49424	N	ASSESS CYST CONTRAST INJECT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
49425	C	INSERT ABDOMEN-VEIN DRAIN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
49426	T	REVISE ABDOMEN-VEIN SHUNT	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-	
49427	N	INJECTION ABDOMINAL SHUNT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
49428	C	LIGATION OF SHUNT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
49429	N	REMOVAL OF SHUNT	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
49435	N	INSERT SUBQ EXTEN TO IP CATH	-	-	-	Bundled	\$0.00	-	-	000	999	-	
49436	T	EMBEDDED IP CATH EXIT-SITE	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-	
49440	T	PLACE GASTROSTOMY TUBE PERC	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-	
49441	T	PLACE DUOD/JEJ TUBE PERC	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-	
49442	T	PLACE CECOSTOMY TUBE PERC	-	05312	12.4295	APC	\$704.01	-	-	000	999	-	
49446	T	CHANGE G-TUBE TO G-J PERC	-	05302	19.2764	APC	\$1,091.82	-	-	000	999	-	
49450	T	REPLACE G/C TUBE PERC	-	05301	9.7276	APC	\$550.97	-	-	000	999	-	
49451	T	REPLACE DUOD/JEJ TUBE PERC	-	05301	9.7276	APC	\$550.97	-	-	000	999	-	
49452	T	REPLACE G-J TUBE PERC	-	05301	9.7276	APC	\$550.97	-	-	000	999	-	
49460	T	FIX G/COLON TUBE W/DEVICE	-	05301	9.7276	APC	\$550.97	-	-	000	999	-	
49465	N	FLUORO EXAM OF G/COLON TUBE	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
49491	T	RPR HERN PREMIE REDUC	-	05361	59.8283	APC	\$3,388.67	-	-	000	001	-	
49492	T	RPR ING HERN PREMIE BLOCKED	-	05341	38.4853	APC	\$2,179.81	-	-	000	001	-	
49495	T	RPR ING HERNIA BABY REDUC	-	05341	38.4853	APC	\$2,179.81	-	-	000	001	-	
49496	T	RPR ING HERNIA BABY BLOCKED	-	05341	38.4853	APC	\$2,179.81	-	-	000	001	-	
49500	T	RPR ING HERNIA INIT REDUCE	-	05341	38.4853	APC	\$2,179.81	-	-	000	004	-	
49501	T	RPR ING HERNIA INIT BLOCKED	-	05341	38.4853	APC	\$2,179.81	-	-	000	004	-	
49505	T	PRP I/HERN INIT REDUC >5 YR	-	05341	38.4853	APC	\$2,179.81	-	-	005	999	-	
49507	T	PRP I/HERN INIT BLOCK >5 YR	-	05341	38.4853	APC	\$2,179.81	-	-	005	999	-	
49520	T	REREPAIR ING HERNIA REDUCE	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-	
49521	T	REREPAIR ING HERNIA BLOCKED	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-	
49525	T	REPAIR ING HERNIA SLIDING	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-	
49540	T	REPAIR LUMBAR HERNIA	-	05361	59.8283	APC	\$3,388.67	-	-	000	999	-	
49550	T	RPR REM HERNIA INIT REDUCE	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-	
49553	T	RPR FEM HERNIA INIT BLOCKED	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-	
49555	T	REREPAIR FEM HERNIA REDUCE	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-	
49557	T	REREPAIR FEM HERNIA BLOCKED	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-	
49560	T	RPR VENTRAL HERN INIT REDUC	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-	
49561	T	RPR VENTRAL HERN INIT BLOCK	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-	
49565	T	REREPAIR VENTRL HERN REDUCE	-	05361	59.8283	APC	\$3,388.67	-	-	000	999	-	
49566	T	REREPAIR VENTRL HERN BLOCK	-	05361	59.8283	APC	\$3,388.67	-	-	000	999	-	
49568	N	HERNIA REPAIR W/MESH	-	-	-	Bundled	\$0.00	-	-	000	999	-	
49570	T	RPR EPIGASTRIC HERN REDUCE	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-	
49572	T	RPR EPIGASTRIC HERN BLOCKED	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-	
49580	T	RPR UMBIL HERN REDUC < 5 YR	-	05341	38.4853	APC	\$2,179.81	-	-	000	004	-	
49582	T	RPR UMBIL HERN BLOCK < 5 YR	-	05341	38.4853	APC	\$2,179.81	-	-	000	004	-	
49585	T	RPR UMBIL HERN REDUC > 5 YR	-	05341	38.4853	APC	\$2,179.81	-	-	005	999	-	
49587	T	RPR UMBIL HERN BLOCK > 5 YR	-	05341	38.4853	APC	\$2,179.81	-	-	005	999	-	
49590	T	REPAIR SPIGELIAN HERNIA	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-	
49600	T	REPAIR UMBILICAL LESION	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-	
49605	C	REPAIR UMBILICAL LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
49606	C	REPAIR UMBILICAL LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
49610	C	REPAIR UMBILICAL LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
49611	C	REPAIR UMBILICAL LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
49650	N	LAP ING HERNIA REPAIR INIT	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
49651	N	LAP ING HERNIA REPAIR RECUR	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
49652	N	LAP VENT/ABD HERNIA REPAIR	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
49653	N	LAP VENT/ABD HERN PROC COMP	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab		Min Age	Max Age	Comments
									Fees	Fees			
49654	N	LAP INC HERNIA REPAIR	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
49655	N	LAP INC HERN REPAIR COMP	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
49656	N	LAP INC HERNIA REPAIR RECUR	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
49657	N	LAP INC HERN RECUR COMP	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
49659	N	LAPARO PROC HERNIA REPAIR	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
49900	C	REPAIR OF ABDOMINAL WALL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
49904	C	OMENTAL FLAP EXTRA-ABDOM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
49905	C	OMENTAL FLAP INTRA-ABDOM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
49906	C	FREE OMENTAL FLAP MICROVASC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
49999	T	ABDOMEN SURGERY PROCEDURE	-	05301	9.7276	APC	\$550.97	-	-	000	999	-	
50010	C	EXPLORATION OF KIDNEY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50020	T	RENAL ABSCESS OPEN DRAIN	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
50040	C	DRAINAGE OF KIDNEY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50045	C	EXPLORATION OF KIDNEY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
5005F	E	PT COUNSLD ON EXAM FOR MOLES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
50060	C	REMOVAL OF KIDNEY STONE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50065	C	INCISION OF KIDNEY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50070	C	INCISION OF KIDNEY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50075	C	REMOVAL OF KIDNEY STONE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50080	N	REMOVAL OF KIDNEY STONE	-	05376	99.8593	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
50081	N	REMOVAL OF KIDNEY STONE	-	05376	99.8593	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
50100	C	REVISE KIDNEY BLOOD VESSELS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
5010F	E	MACUL RESULT PHY/QHP MNG DM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
50120	C	EXPLORATION OF KIDNEY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50125	C	EXPLORE AND DRAIN KIDNEY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50130	C	REMOVAL OF KIDNEY STONE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50135	C	EXPLORATION OF KIDNEY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
5015F	E	DOC FX & TEST/TXMNT FOR OP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
50200	T	RENAL BIOPSY PERQ	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
50205	C	RENAL BIOPSY OPEN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
5020F	E	TXMNTS 2 PHYS/QHP BY 1 MON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
50220	C	REMOVE KIDNEY OPEN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50225	C	REMOVAL KIDNEY OPEN COMPLEX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50230	C	REMOVAL KIDNEY OPEN RADICAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50234	C	REMOVAL OF KIDNEY & URETER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50236	C	REMOVAL OF KIDNEY & URETER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50240	C	PARTIAL REMOVAL OF KIDNEY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50250	C	CRYOABLATE RENAL MASS OPEN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50280	C	REMOVAL OF KIDNEY LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50290	C	REMOVAL OF KIDNEY LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50300	C	REMOVE CADAVR DONOR KIDNEY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50320	C	REMOVE KIDNEY LIVING DONOR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50323	C	PREP CADAVR RENAL ALLOGRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50325	C	PREP DONOR RENAL GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50327	C	PREP RENAL GRAFT/VENOUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50328	C	PREP RENAL GRAFT/ARTERIAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50329	C	PREP RENAL GRAFT/URETERAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50340	C	REMOVAL OF KIDNEY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50360	C	TRANSPLANTATION OF KIDNEY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50365	C	TRANSPLANTATION OF KIDNEY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50370	C	REMOVE TRANSPLANTED KIDNEY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50380	C	REIMPLANTATION OF KIDNEY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50382	T	CHANGE URETER STENT PERCUT	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
50384	N	REMOVE URETER STENT PERCUT	-	05373	21.9270	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
50385	T	CHANGE STENT VIA TRANSURETH	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
50386	N	REMOVE STENT VIA TRANSURETH	-	05373	21.9270	Bundled, sometimes payable	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
50387	T	CHANGE NEPHROURETERAL CATH	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-
50389	N	REMOVE RENAL TUBE W/FLUORO	-	05372	6.8884	Bundled, sometimes payable	\$0.00	-	-	000	999	-
50390	T	DRAINAGE OF KIDNEY LESION	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
50391	T	INSTLL RX AGNT INTO RNAL TUB	-	05371	2.9074	APC	\$164.68	-	-	000	999	-
50396	T	MEASURE KIDNEY PRESSURE	-	05372	6.8884	APC	\$390.16	-	-	000	999	-
50400	C	REVISION OF KIDNEY/URETER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
50405	C	REVISION OF KIDNEY/URETER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
50430	N	NJX PX NFROSGRM &URTRGRM	-	05372	6.8884	Bundled, sometimes payable	\$0.00	-	-	000	999	-
50431	N	NJX PX NFROSGRM &URTRGRM	-	05372	6.8884	Bundled, sometimes payable	\$0.00	-	-	000	999	-
50432	T	PLMT NEPHROSTOMY CATHETER	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-
50433	T	PLMT NEPHROURETERAL CATHETER	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
50434	T	CONVERT NEPHROSTOMY CATHETER	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-
50435	T	EXCHANGE NEPHROSTOMY CATH	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-
50436	T	DILAT XST TRC NDURLGC PX	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-
50437	T	DILAT XST TRC NEW ACCESS RCS	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
50500	C	REPAIR OF KIDNEY WOUND	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
5050F	E	PLAN 2 MAIN DR BY 1 MONTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
50520	C	CLOSE KIDNEY-SKIN FISTULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
50525	C	CLOSE NEPHROVISCERAL FISTULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
50526	C	CLOSE NEPHROVISCERAL FISTULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
50540	C	REVISION OF HORSESHOE KIDNEY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
50541	N	LAPARO ABLATE RENAL CYST	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-
50542	N	LAPARO ABLATE RENAL MASS	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-
50543	N	LAPARO PARTIAL NEPHRECTOMY	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-
50544	N	LAPAROSCOPY PYELOPLASTY	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-
50545	C	LAPARO RADICAL NEPHRECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
50546	C	LAPAROSCOPIC NEPHRECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
50547	C	LAPARO REMOVAL DONOR KIDNEY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
50548	C	LAPARO REMOVE W/URETER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
50549	N	LAPAROSCOPE PROC RENAL	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-
50551	T	KIDNEY ENDOSCOPY	-	05375	52.3761	APC	\$2,966.58	-	-	000	999	-
50553	N	KIDNEY ENDOSCOPY	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
50555	T	KIDNEY ENDOSCOPY & BIOPSY	-	05376	99.8593	APC	\$5,656.03	-	-	000	999	-
50557	N	KIDNEY ENDOSCOPY & TREATMENT	-	05376	99.8593	Bundled, sometimes payable	\$0.00	-	-	000	999	-
50561	N	KIDNEY ENDOSCOPY & TREATMENT	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
50562	T	RENAL SCOPE W/TUMOR RESECT	-	05376	99.8593	APC	\$5,656.03	-	-	000	999	-
50570	T	KIDNEY ENDOSCOPY	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
50572	T	KIDNEY ENDOSCOPY	-	05372	6.8884	APC	\$390.16	-	-	000	999	-
50574	T	KIDNEY ENDOSCOPY & BIOPSY	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-
50575	N	KIDNEY ENDOSCOPY	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
50576	T	KIDNEY ENDOSCOPY & TREATMENT	-	05375	52.3761	APC	\$2,966.58	-	-	000	999	-
50580	T	KIDNEY ENDOSCOPY & TREATMENT	-	05375	52.3761	APC	\$2,966.58	-	-	000	999	-
50590	N	FRAGMENTING OF KIDNEY STONE	-	05374	37.3614	Bundled, sometimes payable	\$0.00	-	-	000	999	-
50592	T	PERC RF ABLATE RENAL TUMOR	-	05361	59.8283	APC	\$3,388.67	-	-	000	999	-
50593	T	PERC CRYO ABLATE RENAL TUM	-	05362	104.1317	APC	\$5,898.02	-	-	000	999	-
50600	C	EXPLORATION OF URETER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
50605	C	INSERT URETERAL SUPPORT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
50606	N	ENDOLUMINAL BX URTR RNL PLVS	-	-	-	Bundled	\$0.00	-	-	000	999	-
5060F	E	FNDNGS MAMMO 2PT W/IN 3 DAYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
50610	C	REMOVAL OF URETER STONE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
50620	C	REMOVAL OF URETER STONE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
5062F	E	MAMMO RESULT COM TO PT 5 DAY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
50630	C	REMOVAL OF URETER STONE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
50650	C	REMOVAL OF URETER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
50660	C	REMOVAL OF URETER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
50684	N	INJECTION FOR URETER X-RAY	-	-	-	Bundled	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab		Min Age	Max Age	Comments
				APC	Weight				Fees	Fees			
50686	S	MEASURE URETER PRESSURE	-	05721	1.7124	APC	\$96.99	-	-	000	999	-	
50688	T	CHANGE OF URETER TUBE/STENT	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
50690	N	INJECTION FOR URETER X-RAY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
50693	T	PLMT URETERAL STENT PRQ	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
50694	T	PLMT URETERAL STENT PRQ	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
50695	T	PLMT URETERAL STENT PRQ	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
50700	C	REVISION OF URETER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50705	N	URETERAL EMBOLIZATION/OCCL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
50706	N	BALLOON DILATE URTRL STRIX	-	-	-	Bundled	\$0.00	-	-	000	999	-	
50715	C	RELEASE OF URETER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50722	C	RELEASE OF URETER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50725	C	RELEASE/REVISE URETER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50727	T	REVISE URETER	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
50728	C	REVISE URETER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50740	C	FUSION OF URETER & KIDNEY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50750	C	FUSION OF URETER & KIDNEY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50760	C	FUSION OF URETERS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50770	C	SPLICING OF URETERS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50780	C	REIMPLANT URETER IN BLADDER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50782	C	REIMPLANT URETER IN BLADDER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50783	C	REIMPLANT URETER IN BLADDER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50785	C	REIMPLANT URETER IN BLADDER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50800	C	IMPLANT URETER IN BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50810	C	FUSION OF URETER & BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50815	C	URINE SHUNT TO INTESTINE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50820	C	CONSTRUCT BOWEL BLADDER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50825	C	CONSTRUCT BOWEL BLADDER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50830	C	REVISE URINE FLOW	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50840	C	REPLACE URETER BY BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50845	C	APPENDICO-VESICOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50860	C	TRANSPLANT URETER TO SKIN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50900	C	REPAIR OF URETER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50920	C	CLOSURE URETER/SKIN FISTULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50930	C	CLOSURE URETER/BOWEL FISTULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50940	C	RELEASE OF URETER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
50945	N	LAPAROSCOPY URETEROLITHOTOMY	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
50947	N	LAPARO NEW URETER/BLADDER	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
50948	N	LAPARO NEW URETER/BLADDER	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
50949	N	LAPAROSCOPE PROC URETER	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
50951	T	ENDOSCOPY OF URETER	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
50953	T	ENDOSCOPY OF URETER	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
50955	T	URETER ENDOSCOPY & BIOPSY	-	05375	52.3761	APC	\$2,966.58	-	-	000	999	-	
50957	N	URETER ENDOSCOPY & TREATMENT	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
50961	T	URETER ENDOSCOPY & TREATMENT	-	05375	52.3761	APC	\$2,966.58	-	-	000	999	-	
50970	T	URETER ENDOSCOPY	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
50972	T	URETER ENDOSCOPY & CATHETER	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
50974	N	URETER ENDOSCOPY & BIOPSY	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
50976	N	URETER ENDOSCOPY & TREATMENT	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
50980	T	URETER ENDOSCOPY & TREATMENT	-	05375	52.3761	APC	\$2,966.58	-	-	000	999	-	
5100F	E	RSK FX REF W/N 24 HRS XRAY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
51020	T	INCISE & TREAT BLADDER	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
51030	T	INCISE & TREAT BLADDER	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
51040	T	INCISE & DRAIN BLADDER	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
51045	T	INCISE BLADDER/DRAIN URETER	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
51050	N	REMOVAL OF BLADDER STONE	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
51060	T	REMOVAL OF URETER STONE	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
51065	N	REMOVE URETER CALCULUS	-	05374	37.3614	Bundled, sometimes payable	\$0.00	-	-	000	999	-
51080	T	DRAINAGE OF BLADDER ABSCESS	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
51100	T	DRAIN BLADDER BY NEEDLE	-	05371	2.9074	APC	\$164.68	-	-	000	999	-
51101	S	DRAIN BLADDER BY TROCAR/CATH	-	05724	11.2503	APC	\$637.22	-	-	000	999	-
51102	T	DRAIN BL W/CATH INSERTION	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-
51500	T	REMOVAL OF BLADDER CYST	-	05361	59.8283	APC	\$3,388.67	-	-	000	999	-
51520	T	REMOVAL OF BLADDER LESION	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
51525	C	REMOVAL OF BLADDER LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
51530	C	REMOVAL OF BLADDER LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
51535	T	REPAIR OF URETER LESION	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
51550	C	PARTIAL REMOVAL OF BLADDER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
51555	C	PARTIAL REMOVAL OF BLADDER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
51565	C	REVISE BLADDER & URETER(S)	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
51570	C	REMOVAL OF BLADDER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
51575	C	REMOVAL OF BLADDER & NODES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
51580	C	REMOVE BLADDER/REVISE TRACT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
51585	C	REMOVAL OF BLADDER & NODES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
51590	C	REMOVE BLADDER/REVISE TRACT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
51595	C	REMOVE BLADDER/REVISE TRACT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
51596	C	REMOVE BLADDER/CREATE POUCH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
51597	C	REMOVAL OF PELVIC STRUCTURES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
51600	N	INJECTION FOR BLADDER X-RAY	-	-	-	Bundled	\$0.00	-	-	000	999	-
51605	N	PREPARATION FOR BLADDER XRAY	-	-	-	Bundled	\$0.00	-	-	000	999	-
51610	N	INJECTION FOR BLADDER X-RAY	-	-	-	Bundled	\$0.00	-	-	000	999	-
51700	T	IRRIGATION OF BLADDER	-	05371	2.9074	APC	\$164.68	-	-	000	999	-
51701	N	INSERT BLADDER CATHETER	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
51702	N	INSERT TEMP BLADDER CATH	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
51703	S	INSERT BLADDER CATH COMPLEX	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
51705	T	CHANGE OF BLADDER TUBE	-	05371	2.9074	APC	\$164.68	-	-	000	999	-
51710	T	CHANGE OF BLADDER TUBE	-	05372	6.8884	APC	\$390.16	-	-	000	999	-
51715	T	ENDOSCOPIC INJECTION/IMPLANT	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
51720	T	TREATMENT OF BLADDER LESION	-	05371	2.9074	APC	\$164.68	-	-	000	999	-
51725	T	SIMPLE CYSTOMETROGRAM	-	05371	2.9074	APC	\$164.68	-	-	000	999	-
51726	T	COMPLEX CYSTOMETROGRAM	-	05371	2.9074	APC	\$164.68	-	-	000	999	-
51727	T	CYSTOMETROGRAM W/UP	-	05372	6.8884	APC	\$390.16	-	-	000	999	-
51728	T	CYSTOMETROGRAM W/VP	-	05372	6.8884	APC	\$390.16	-	-	000	999	-
51729	T	CYSTOMETROGRAM W/VP&UP	-	05372	6.8884	APC	\$390.16	-	-	000	999	-
51736	N	URINE FLOW MEASUREMENT	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
51741	N	ELECTRO-UROFLOWMETRY FIRST	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-
51784	S	ANAL/URINARY MUSCLE STUDY	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
51785	T	ANAL/URINARY MUSCLE STUDY	-	05371	2.9074	APC	\$164.68	-	-	000	999	-
51792	N	URINARY REFLEX STUDY	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
51797	N	INTRAABDOMINAL PRESSURE TEST	-	-	-	Bundled	\$0.00	-	-	000	999	-
51798	N	US URINE CAPACITY MEASURE	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
51800	C	REVISION OF BLADDER/URETHRA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
51820	C	REVISION OF URINARY TRACT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
51840	C	ATTACH BLADDER/URETHRA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
51841	C	ATTACH BLADDER/URETHRA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
51845	N	REPAIR BLADDER NECK	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-
51860	N	REPAIR OF BLADDER WOUND	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
51865	C	REPAIR OF BLADDER WOUND	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
51880	T	REPAIR OF BLADDER OPENING	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
51900	C	REPAIR BLADDER/VAGINA LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
51920	C	CLOSE BLADDER-UTERUS FISTULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
51925	C	HYSTERECTOMY/BLADDER REPAIR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
51940	C	CORRECTION OF BLADDER DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
51960	C	REVISION OF BLADDER & BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
51980	C	CONSTRUCT BLADDER OPENING	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
51990	N	LAPARO URETHRAL SUSPENSION	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-
51992	N	LAPARO SLING OPERATION	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-
51999	N	LAPAROSCOPE PROC BLA	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-
52000	T	CYSTOSCOPY	-	05372	6.8884	APC	\$390.16	-	-	000	999	-
52001	T	CYSTOSCOPY REMOVAL OF CLOTS	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
52005	T	CYSTOSCOPY & URETER CATHETER	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-
52007	T	CYSTOSCOPY AND BIOPSY	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
5200F	E	EVAL APPROX SURG THXPY EPI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
52010	T	CYSTOSCOPY & DUCT CATHETER	-	05372	6.8884	APC	\$390.16	-	-	000	999	-
52204	T	CYSTOSCOPY W/BIOPSY(S)	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-
52214	T	CYSTOSCOPY AND TREATMENT	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-
52224	T	CYSTOSCOPY AND TREATMENT	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-
52234	T	CYSTOSCOPY AND TREATMENT	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
52235	T	CYSTOSCOPY AND TREATMENT	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
52240	T	CYSTOSCOPY AND TREATMENT	-	05375	52.3761	APC	\$2,966.58	-	-	000	999	-
52250	T	CYSTOSCOPY AND RADIOTRACER	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
52260	T	CYSTOSCOPY AND TREATMENT	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-
52265	T	CYSTOSCOPY AND TREATMENT	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-
52270	T	CYSTOSCOPY & REVISE URETHRA	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-
52275	T	CYSTOSCOPY & REVISE URETHRA	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-
52276	T	CYSTOSCOPY AND TREATMENT	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-
52277	T	CYSTOSCOPY AND TREATMENT	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
52281	T	CYSTOSCOPY AND TREATMENT	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-
52282	T	CYSTOSCOPY IMPLANT STENT	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
52283	T	CYSTOSCOPY AND TREATMENT	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-
52285	T	CYSTOSCOPY AND TREATMENT	-	05372	6.8884	APC	\$390.16	-	-	000	999	-
52287	T	CYSTOSCOPY CHEMODENERVATION	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-
52290	T	CYSTOSCOPY AND TREATMENT	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-
52300	T	CYSTOSCOPY AND TREATMENT	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
52301	T	CYSTOSCOPY AND TREATMENT	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
52305	N	CYSTOSCOPY AND TREATMENT	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
52310	T	CYSTOSCOPY AND TREATMENT	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-
52315	T	CYSTOSCOPY AND TREATMENT	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-
52317	T	REMOVE BLADDER STONE	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
52318	N	REMOVE BLADDER STONE	-	05374	37.3614	Bundled, sometimes payable	\$0.00	-	-	000	999	-
52320	T	CYSTOSCOPY AND TREATMENT	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
52325	T	CYSTOSCOPY STONE REMOVAL	-	05375	52.3761	APC	\$2,966.58	-	-	000	999	-
52327	T	CYSTOSCOPY INJECT MATERIAL	-	05375	52.3761	APC	\$2,966.58	-	-	000	999	-
52330	T	CYSTOSCOPY AND TREATMENT	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
52332	T	CYSTOSCOPY AND TREATMENT	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
52334	T	CREATE PASSAGE TO KIDNEY	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
52341	T	CYSTO W/URETER STRICTURE TX	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
52342	T	CYSTO W/UP STRICTURE TX	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
52343	T	CYSTO W/RENAL STRICTURE TX	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-
52344	T	CYSTO/URETERO STRICTURE TX	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
52345	T	CYSTO/URETERO W/UP STRICTURE	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
52346	N	CYSTOURETERO W/RENAL STRICT	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
52351	T	CYSTOURETERO & OR PYELOSCOPE	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
52352	T	CYSTOURETERO W/STONE REMOVE	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-
52353	N	CYSTOURETERO W/LITHOTRIPSY	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
52354	T	CYSTOURETERO W/BIOPSY	-	05375	52.3761	APC	\$2,966.58	-	-	000	999	-
52355	N	CYSTOURETERO W/EXCISE TUMOR	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
52356	N	CYSTOURETERO W/LITHOTRIPSY	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
52400	T	CYSTOURETERO W/CONGEN REPR	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
52402	T	CYSTOURETHRO CUT EJACUL DUCT	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
52441	E	CYSTOURETHRO W/IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
52442	E	CYSTOURETHRO W/ADDL IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
52450	T	INCISION OF PROSTATE	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
52500	T	REVISION OF BLADDER NECK	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
5250F	E	ASTHMA DISCHARGE PLAN PRESENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
52601	N	PROSTATECTOMY (TURP)	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
52630	N	REMOVE PROSTATE REGROWTH	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
52640	T	RELIEVE BLADDER CONTRACTURE	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
52647	N	LASER SURGERY OF PROSTATE	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
52648	N	LASER SURGERY OF PROSTATE	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
52649	N	PROSTATE LASER ENUCLEATION	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
52700	T	DRAINAGE OF PROSTATE ABSCESS	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
53000	T	INCISION OF URETHRA	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
53010	N	INCISION OF URETHRA	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
53020	T	INCISION OF URETHRA	-	05373	21.9270	APC	\$1,241.95	-	-	002	099	-	
53025	T	INCISION OF URETHRA	-	05373	21.9270	APC	\$1,241.95	-	-	000	002	-	
53040	T	DRAINAGE OF URETHRA ABSCESS	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
53060	T	DRAINAGE OF URETHRA ABSCESS	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
53080	T	DRAINAGE OF URINARY LEAKAGE	-	05372	6.8884	APC	\$390.16	-	-	000	999	-	
53085	T	DRAINAGE OF URINARY LEAKAGE	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
53200	T	BIOPSY OF URETHRA	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
53210	N	REMOVAL OF URETHRA	-	05374	37.3614	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
53215	N	REMOVAL OF URETHRA	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
53220	T	TREATMENT OF URETHRA LESION	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
53230	T	REMOVAL OF URETHRA LESION	-	05375	52.3761	APC	\$2,966.58	-	-	000	999	-	
53235	N	REMOVAL OF URETHRA LESION	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
53240	N	SURGERY FOR URETHRA POUCH	-	05374	37.3614	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
53250	T	REMOVAL OF URETHRA GLAND	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
53260	T	TREATMENT OF URETHRA LESION	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
53265	T	TREATMENT OF URETHRA LESION	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
53270	T	REMOVAL OF URETHRA GLAND	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
53275	T	REPAIR OF URETHRA DEFECT	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
53400	N	REVISE URETHRA STAGE 1	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
53405	N	REVISE URETHRA STAGE 2	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
53410	N	RECONSTRUCTION OF URETHRA	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
53415	C	RECONSTRUCTION OF URETHRA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
53420	N	RECONSTRUCT URETHRA STAGE 1	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
53425	N	RECONSTRUCT URETHRA STAGE 2	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
53430	T	RECONSTRUCTION OF URETHRA	-	05375	52.3761	APC	\$2,966.58	-	-	000	999	-	
53431	N	RECONSTRUCT URETHRA/BLADDER	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
53440	N	MALE SLING PROCEDURE	-	05376	99.8593	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
53442	N	REMOVE/REVISE MALE SLING	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
53444	N	INSERT TANDEM CUFF	-	05377	217.5184	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
53445	N	INSERT URO/VES NCK SPHINCTER	-	05377	217.5184	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
53446	N	REMOVE URO SPHINCTER	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
53447	N	REMOVE/REPLACE UR SPHINCTER	-	05377	217.5184	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
53448	C	REMOV/REPLC UR SPHINCTR COMP	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
53449	N	REPAIR URO SPHINCTER	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
53450	T	REVISION OF URETHRA	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
53460	T	REVISION OF URETHRA	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
53500	T	URETHRLYS TRANSVAG W/ SCOPE	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
53502	T	REPAIR OF URETHRA INJURY	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
53505	N	REPAIR OF URETHRA INJURY	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
53510	N	REPAIR OF URETHRA INJURY	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
53515	N	REPAIR OF URETHRA INJURY	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole Comm.		Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees	Hospital Lab Fees			
53520	N	REPAIR OF URETHRA DEFECT	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
53600	T	DILATE URETHRA STRICTURE	-	05371	2.9074	APC	\$164.68	-	-	-	000	999	-
53601	N	DILATE URETHRA STRICTURE	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
53605	T	DILATE URETHRA STRICTURE	-	05373	21.9270	APC	\$1,241.95	-	-	-	000	999	-
53620	T	DILATE URETHRA STRICTURE	-	05372	6.8884	APC	\$390.16	-	-	-	000	999	-
53621	T	DILATE URETHRA STRICTURE	-	05371	2.9074	APC	\$164.68	-	-	-	000	999	-
53660	S	DILATION OF URETHRA	-	05721	1.7124	APC	\$96.99	-	-	-	000	999	-
53661	N	DILATION OF URETHRA	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
53665	T	DILATION OF URETHRA	-	05373	21.9270	APC	\$1,241.95	-	-	-	000	999	-
53850	T	PROSTATIC MICROWAVE THERMOTX	-	05374	37.3614	APC	\$2,116.15	-	-	-	000	999	-
53852	N	PROSTATIC RF THERMOTX	-	05374	37.3614	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
53854	T	TRURL DSTRJ PRST8 TISS RF WV	-	05373	21.9270	APC	\$1,241.95	-	-	-	000	999	-
53855	T	INSERT PROST URETHRAL STENT	-	05373	21.9270	APC	\$1,241.95	-	-	-	000	999	-
53860	T	TRANSURETHRAL RF TREATMENT	-	05373	21.9270	APC	\$1,241.95	-	-	-	000	999	-
53899	T	UROLOGY SURGERY PROCEDURE	-	05371	2.9074	APC	\$164.68	-	-	-	000	999	-
54000	T	SLITTING OF PREPUCE	-	05374	37.3614	APC	\$2,116.15	-	-	-	000	999	-
54001	T	SLITTING OF PREPUCE	-	05373	21.9270	APC	\$1,241.95	-	-	-	001	099	-
54015	T	DRAIN PENIS LESION	-	05072	16.9891	APC	\$962.26	-	-	-	000	999	-
54050	N	DESTRUCTION PENIS LESION(S)	-	05052	3.9547	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
54055	T	DESTRUCTION PENIS LESION(S)	-	05054	20.0852	APC	\$1,137.63	-	-	-	000	999	-
54056	N	CRYOSURGERY PENIS LESION(S)	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
54057	T	LASER SURG PENIS LESION(S)	-	05054	20.0852	APC	\$1,137.63	-	-	-	000	999	-
54060	T	EXCISION OF PENIS LESION(S)	-	05054	20.0852	APC	\$1,137.63	-	-	-	000	999	-
54065	T	DESTRUCTION PENIS LESION(S)	-	05054	20.0852	APC	\$1,137.63	-	-	-	000	999	-
54100	T	BIOPSY OF PENIS	-	05072	16.9891	APC	\$962.26	-	-	-	000	999	-
54105	T	BIOPSY OF PENIS	-	05073	28.7016	APC	\$1,625.66	-	-	-	000	999	-
54110	T	TREATMENT OF PENIS LESION	-	05374	37.3614	APC	\$2,116.15	-	-	-	000	999	-
54111	N	TREAT PENIS LESION GRAFT	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
54112	N	TREAT PENIS LESION GRAFT	-	05376	99.8593	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
54115	T	TREATMENT OF PENIS LESION	-	05073	28.7016	APC	\$1,625.66	-	-	-	000	999	-
54120	T	PARTIAL REMOVAL OF PENIS	-	05374	37.3614	APC	\$2,116.15	-	-	-	000	999	-
54125	C	REMOVAL OF PENIS	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
54130	C	REMOVE PENIS & NODES	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
54135	C	REMOVE PENIS & NODES	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
54150	T	CIRCUMCISION W/REGIONL BLOCK	-	05373	21.9270	APC	\$1,241.95	-	-	-	000	999	-
54160	T	CIRCUMCISION NEONATE	-	05372	6.8884	APC	\$390.16	-	-	-	000	000	-
54161	T	CIRCUM 28 DAYS OR OLDER	-	05373	21.9270	APC	\$1,241.95	-	-	-	000	099	-
54162	T	LYSIS PENIL CIRCUMIC LESION	-	05373	21.9270	APC	\$1,241.95	-	-	-	000	999	-
54163	T	REPAIR OF CIRCUMCISION	-	05373	21.9270	APC	\$1,241.95	-	-	-	000	999	-
54164	T	FRENULOTOMY OF PENIS	-	05373	21.9270	APC	\$1,241.95	-	-	-	000	999	-
54200	T	TREATMENT OF PENIS LESION	-	05371	2.9074	APC	\$164.68	-	-	-	000	999	-
54205	N	TREATMENT OF PENIS LESION	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
54220	T	TREATMENT OF PENIS LESION	-	05371	2.9074	APC	\$164.68	-	-	-	000	999	-
54230	E	PREPARE PENIS STUDY	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
54231	E	DYNAMIC CAVERNOSOMETRY	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
54235	E	PENILE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
54240	E	PENIS STUDY	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
54250	E	PENIS STUDY	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
54300	T	REVISION OF PENIS	-	05374	37.3614	APC	\$2,116.15	-	-	-	000	999	-
54304	T	REVISION OF PENIS	-	05374	37.3614	APC	\$2,116.15	-	-	-	000	999	-
54308	N	RECONSTRUCTION OF URETHRA	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
54312	T	RECONSTRUCTION OF URETHRA	-	05374	37.3614	APC	\$2,116.15	-	-	-	000	999	-
54316	N	RECONSTRUCTION OF URETHRA	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
54318	T	RECONSTRUCTION OF URETHRA	-	05374	37.3614	APC	\$2,116.15	-	-	-	000	999	-
54322	T	RECONSTRUCTION OF URETHRA	-	05374	37.3614	APC	\$2,116.15	-	-	-	000	999	-
54324	T	RECONSTRUCTION OF URETHRA	-	05374	37.3614	APC	\$2,116.15	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab		Min Age	Max Age	Comments
				APC	Weight				Fees	Fees			
54326	N	RECONSTRUCTION OF URETHRA	-	05373	21.9270	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
54328	T	REVISE PENIS/URETHRA	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
54332	T	REVISE PENIS/URETHRA	-	05374	37.3614	APC	\$2,116.15	-	-	000	018	-	
54336	T	REVISE PENIS/URETHRA	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
54340	T	SECONDARY URETHRAL SURGERY	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
54344	N	SECONDARY URETHRAL SURGERY	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
54348	T	SECONDARY URETHRAL SURGERY	-	05375	52.3761	APC	\$2,966.58	-	-	000	999	-	
54352	N	RECONSTRUCT URETHRA/PENIS	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
54360	E	PENIS PLASTIC SURGERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
54380	T	REPAIR PENIS	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
54385	T	REPAIR PENIS	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
54390	C	REPAIR PENIS AND BLADDER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
54400	E	INSERT SEMI-RIGID PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
54401	E	INSERT SELF-CONTD PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
54405	E	INSERT MULTI-COMP PENIS PROS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
54406	E	REMOVE MUTI-COMP PENIS PROS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
54408	E	REPAIR MULTI-COMP PENIS PROS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
54410	E	REMOVE/REPLACE PENIS PROSTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
54411	E	REMOV/REPLC PENIS PROS COMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
54415	E	REMOVE SELF-CONTD PENIS PROS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
54416	E	REMV/REPL PENIS CONTAIN PROS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
54417	E	REMV/REPLC PENIS PROS COMPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
54420	T	REVISION OF PENIS	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
54430	C	REVISION OF PENIS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
54435	T	REVISION OF PENIS	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
54437	T	REPAIR CORPOREAL TEAR	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
54438	C	REPLANTATION OF PENIS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
54440	T	REPAIR OF PENIS	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
54450	T	PREPUTIAL STRETCHING	-	05371	2.9074	APC	\$164.68	-	-	000	999	-	
54500	T	BIOPSY OF TESTIS	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
54505	T	BIOPSY OF TESTIS	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
54512	T	EXCISE LESION TESTIS	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
54520	T	REMOVAL OF TESTIS	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
54522	T	ORCHIECTOMY PARTIAL	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
54530	T	REMOVAL OF TESTIS	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-	
54535	T	EXTENSIVE TESTIS SURGERY	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
54550	T	EXPLORATION FOR TESTIS	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-	
54560	T	EXPLORATION FOR TESTIS	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
54600	T	REDUCE TESTIS TORSION	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
54620	T	SUSPENSION OF TESTIS	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
54640	T	ORCHIOPEXY INGUN/SCROT APPR	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-	
54650	T	ORCHIOPEXY (FOWLER-STEPHENS)	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-	
54660	N	REVISION OF TESTIS	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
54670	T	REPAIR TESTIS INJURY	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
54680	T	RELOCATION OF TESTIS(ES)	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
54690	N	LAPAROSCOPY ORCHIECTOMY	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
54692	N	LAPAROSCOPY ORCHIOPEXY	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
54699	N	LAPAROSCOPE PROC TESTIS	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
54700	T	DRAINAGE OF SCROTUM	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
54800	T	BIOPSY OF EPIDIDYMIS	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
54830	T	REMOVE EPIDIDYMIS LESION	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
54840	T	REMOVE EPIDIDYMIS LESION	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
54860	T	REMOVAL OF EPIDIDYMIS	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
54861	T	REMOVAL OF EPIDIDYMIS	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
54865	T	EXPLORE EPIDIDYMIS	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
54900	T	FUSION OF SPERMATIC DUCTS	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Min Age	Max Age	Comments
				APC	Weight				Fees	Fees			
54901	T	FUSION OF SPERMATIC DUCTS	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
55000	T	DRAINAGE OF HYDROCELE	-	05071	7.5503	APC	\$427.65	-	-	000	999	-	
55040	T	REMOVAL OF HYDROCELE	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-	
55041	T	REMOVAL OF HYDROCELES	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-	
55060	T	REPAIR OF HYDROCELE	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
55100	T	DRAINAGE OF SCROTUM ABSCESS	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
55110	T	EXPLORE SCROTUM	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
55120	T	REMOVAL OF SCROTUM LESION	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
55150	T	REMOVAL OF SCROTUM	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
55175	T	REVISION OF SCROTUM	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
55180	N	REVISION OF SCROTUM	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
55200	T	INCISION OF SPERM DUCT	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
55250	T	REMOVAL OF SPERM DUCT(S)	-	05373	21.9270	APC	\$1,241.95	-	-	021	999	-	
55300	N	PREPARE SPERM DUCT X-RAY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
55400	E	REPAIR OF SPERM DUCT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
55500	T	REMOVAL OF HYDROCELE	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
55520	T	REMOVAL OF SPERM CORD LESION	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
55530	T	REVISE SPERMATIC CORD VEINS	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
55535	T	REVISE SPERMATIC CORD VEINS	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-	
55540	T	REVISE HERNIA & SPERM VEINS	-	05341	38.4853	APC	\$2,179.81	-	-	000	999	-	
55550	N	LAPARO LIGATE SPERMATIC VEIN	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
55559	N	LAPARO PROC SPERMATIC CORD	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
55600	T	INCISE SPERM DUCT POUCH	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
55605	C	INCISE SPERM DUCT POUCH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
55650	C	REMOVE SPERM DUCT POUCH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
55680	T	REMOVE SPERM POUCH LESION	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
55700	T	BIOPSY OF PROSTATE	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
55705	T	BIOPSY OF PROSTATE	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
55706	T	PROSTATE SATURATION SAMPLING	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
55720	T	DRAINAGE OF PROSTATE ABSCESS	-	05373	21.9270	APC	\$1,241.95	-	-	000	999	-	
55725	T	DRAINAGE OF PROSTATE ABSCESS	-	05374	37.3614	APC	\$2,116.15	-	-	000	999	-	
55801	C	REMOVAL OF PROSTATE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
55810	C	EXTENSIVE PROSTATE SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
55812	C	EXTENSIVE PROSTATE SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
55815	C	EXTENSIVE PROSTATE SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
55821	C	REMOVAL OF PROSTATE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
55831	C	REMOVAL OF PROSTATE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
55840	C	EXTENSIVE PROSTATE SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
55842	C	EXTENSIVE PROSTATE SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
55845	C	EXTENSIVE PROSTATE SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
55860	T	SURGICAL EXPOSURE PROSTATE	-	05375	52.3761	APC	\$2,966.58	-	-	000	999	-	
55862	C	EXTENSIVE PROSTATE SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
55865	C	EXTENSIVE PROSTATE SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
55866	T	LAPARO RADICAL PROSTATECTOMY	-	05362	104.1317	APC	\$4,924.14	-	-	000	999	-	
55870	E	ELECTROEJACULATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
55873	N	CRYOABLATE PROSTATE	-	05376	99.8593	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
55874	T	TPRNL PLMT BIODEGRDABL MATRL	-	05375	52.3761	APC	\$2,402.63	-	-	000	999	-	
55875	T	TRANSPERI NEEDLE PLACE PROS	-	05375	52.3761	APC	\$2,966.58	-	-	000	999	-	
55876	S	PLACE RT DEVICE/MARKER PROS	-	05613	15.4140	APC	\$873.05	-	-	000	999	-	
55899	T	GENITAL SURGERY PROCEDURE	-	05371	2.9074	APC	\$164.68	-	-	000	999	-	
55920	T	PLACE NEEDLES PELVIC FOR RT	-	05415	52.8702	APC	\$2,994.57	-	-	000	999	-	
55970	E	SEX TRANSFORMATION M TO F	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
55980	E	SEX TRANSFORMATION F TO M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
56405	T	I & D OF VULVA/PERINEUM	-	05412	3.3508	APC	\$189.79	-	-	000	999	-	
56420	T	DRAINAGE OF GLAND ABSCESS	-	05411	2.0552	APC	\$116.41	-	-	000	999	-	
56440	T	SURGERY FOR VULVA LESION	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
				APC	Weight							
56441	T	LYSIS OF LABIAL LESION(S)	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
56442	T	HYMENOTOMY	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
56501	T	DESTROY VULVA LESIONS SIM	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
56515	T	DESTROY VULVA LESION/S COMPL	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
56605	T	BIOPSY OF VULVA/PERINEUM	-	05413	7.9024	APC	\$447.59	-	-	000	999	-
56606	N	BIOPSY OF VULVA/PERINEUM	-	-	-	Bundled	\$0.00	-	-	000	999	-
56620	T	PARTIAL REMOVAL OF VULVA	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
56625	T	COMPLETE REMOVAL OF VULVA	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
56630	C	EXTENSIVE VULVA SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
56631	C	EXTENSIVE VULVA SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
56632	C	EXTENSIVE VULVA SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
56633	C	EXTENSIVE VULVA SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
56634	C	EXTENSIVE VULVA SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
56637	C	EXTENSIVE VULVA SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
56640	C	EXTENSIVE VULVA SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
56700	T	PARTIAL REMOVAL OF HYMEN	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
56740	T	REMOVE VAGINA GLAND LESION	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
56800	T	REPAIR OF VAGINA	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
56805	T	REPAIR CLITORIS	-	05414	30.9198	APC	\$1,751.30	-	-	000	020	-
56810	T	REPAIR OF PERINEUM	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
56820	T	EXAM OF VULVA W/SCOPE	-	05411	2.0552	APC	\$116.41	-	-	000	999	-
56821	T	EXAM/BIOPSY OF VULVA W/SCOPE	-	05412	3.3508	APC	\$189.79	-	-	000	999	-
57000	T	EXPLORATION OF VAGINA	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57010	T	DRAINAGE OF PELVIC ABSCESS	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57020	T	DRAINAGE OF PELVIC FLUID	-	05415	52.8702	APC	\$2,994.57	-	-	000	999	-
57022	T	I & D VAGINAL HEMATOMA PP	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
57023	T	I & D VAG HEMATOMA NON-OB	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-
57061	T	DESTROY VAG LESIONS SIMPLE	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57065	T	DESTROY VAG LESIONS COMPLEX	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57100	T	BIOPSY OF VAGINA	-	05413	7.9024	APC	\$447.59	-	-	000	999	-
57105	T	BIOPSY OF VAGINA	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57106	T	REMOVE VAGINA WALL PARTIAL	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57107	T	REMOVE VAGINA TISSUE PART	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57109	T	VAGINECTOMY PARTIAL W/NODES	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57110	C	REMOVE VAGINA WALL COMPLETE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
57111	C	REMOVE VAGINA TISSUE COMPL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
57112	C	VAGINECTOMY W/NODES COMPL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
57120	N	CLOSURE OF VAGINA	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-
57130	T	REMOVE VAGINA LESION	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57135	T	REMOVE VAGINA LESION	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57150	N	TREAT VAGINA INFECTION	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
57155	T	INSERT UTERI TANDEM/OVOIDS	-	05415	52.8702	APC	\$2,994.57	-	-	000	999	-
57156	T	INS VAG BRACHYTX DEVICE	-	05412	3.3508	APC	\$189.79	-	-	000	999	-
57160	T	INSERT PESSARY/OTHER DEVICE	-	05411	2.0552	APC	\$116.41	-	-	000	999	-
57170	T	FITTING OF DIAPHRAGM/CAP	-	05411	2.0552	APC	\$116.41	-	-	000	999	-
57180	T	TREAT VAGINAL BLEEDING	-	05411	2.0552	APC	\$116.41	-	-	000	999	-
57200	T	REPAIR OF VAGINA	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57210	T	REPAIR VAGINA/PERINEUM	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57220	N	REVISION OF URETHRA	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-
57230	T	REPAIR OF URETHRAL LESION	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57240	N	ANTERIOR COLPORRHAPHY	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-
57250	N	REPAIR RECTUM & VAGINA	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-
57260	N	CMBN ANT PST COLPRHY	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-
57265	N	CMBN AP COLPRHY W/NTRCL RPR	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-
57267	N	INSERT MESH/PELVIC FLR ADDON	-	-	-	Bundled	\$0.00	-	-	000	999	-
57268	T	REPAIR OF BOWEL BULGE	-	05415	52.8702	APC	\$2,994.57	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
57270	C	REPAIR OF BOWEL POUCH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
57280	C	SUSPENSION OF VAGINA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
57282	N	COLPOPEXY EXTRAPERITONEAL	-	05416	82.9725	Bundled, sometimes payable	\$0.00	-	-	000	999	-
57283	N	COLPOPEXY INTRAPERITONEAL	-	05416	82.9725	Bundled, sometimes payable	\$0.00	-	-	000	999	-
57284	N	REPAIR PARAVAG DEFECT OPEN	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-
57285	N	REPAIR PARAVAG DEFECT VAG	-	05416	82.9725	Bundled, sometimes payable	\$0.00	-	-	000	999	-
57287	N	REVISE/REMOVE SLING REPAIR	-	05414	30.9198	Bundled, sometimes payable	\$0.00	-	-	000	999	-
57288	N	REPAIR BLADDER DEFECT	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-
57289	N	REPAIR BLADDER & VAGINA	-	05416	82.9725	Bundled, sometimes payable	\$0.00	-	-	000	999	-
57291	E	CONSTRUCTION OF VAGINA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
57292	E	CONSTRUCT VAGINA WITH GRAFT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
57295	T	REVISE VAG GRAFT VIA VAGINA	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57296	C	REVISE VAG GRAFT OPEN ABD	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
57300	T	REPAIR RECTUM-VAGINA FISTULA	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57305	C	REPAIR RECTUM-VAGINA FISTULA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
57307	C	FISTULA REPAIR & COLOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
57308	C	FISTULA REPAIR TRANSPERINE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
57310	N	REPAIR URETHROVAGINAL LESION	-	05416	82.9725	Bundled, sometimes payable	\$0.00	-	-	000	999	-
57311	C	REPAIR URETHROVAGINAL LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
57320	N	REPAIR BLADDER-VAGINA LESION	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-
57330	N	REPAIR BLADDER-VAGINA LESION	-	05416	82.9725	Bundled, sometimes payable	\$0.00	-	-	000	999	-
57335	T	REPAIR VAGINA	-	05415	52.8702	APC	\$2,994.57	-	-	000	020	-
57400	T	DILATION OF VAGINA	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57410	T	PELVIC EXAMINATION	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57415	T	REMOVE VAGINAL FOREIGN BODY	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57420	T	EXAM OF VAGINA W/SCOPE	-	05412	3.3508	APC	\$189.79	-	-	000	999	-
57421	T	EXAM/BIOPSY OF VAG W/SCOPE	-	05413	7.9024	APC	\$447.59	-	-	000	999	-
57423	N	REPAIR PARAVAG DEFECT LAP	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-
57425	N	LAPAROSCOPY SURG COLPOPEXY	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-
57426	N	REVISE PROSTH VAG GRAFT LAP	-	05416	82.9725	Bundled, sometimes payable	\$0.00	-	-	000	999	-
57452	T	EXAM OF CERVIX W/SCOPE	-	05411	2.0552	APC	\$116.41	-	-	000	999	-
57454	T	BX/CURETT OF CERVIX W/SCOPE	-	05412	3.3508	APC	\$189.79	-	-	000	999	-
57455	T	BIOPSY OF CERVIX W/SCOPE	-	05412	3.3508	APC	\$189.79	-	-	000	999	-
57456	T	ENDOCERV CURETTAGE W/SCOPE	-	05412	3.3508	APC	\$189.79	-	-	000	999	-
57460	T	BX OF CERVIX W/SCOPE LEEP	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57461	T	CONZ OF CERVIX W/SCOPE LEEP	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57500	T	BIOPSY OF CERVIX	-	05413	7.9024	APC	\$447.59	-	-	000	999	-
57505	T	ENDOCERVICAL CURETTAGE	-	05413	7.9024	APC	\$447.59	-	-	000	999	-
57510	T	CAUTERIZATION OF CERVIX	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57511	T	CRYOCAUTERY OF CERVIX	-	05412	3.3508	APC	\$189.79	-	-	000	999	-
57513	T	LASER SURGERY OF CERVIX	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57520	T	CONIZATION OF CERVIX	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57522	T	CONIZATION OF CERVIX	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57530	T	REMOVAL OF CERVIX	-	05415	52.8702	APC	\$2,994.57	-	-	000	999	-
57531	C	REMOVAL OF CERVIX RADICAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
57540	C	REMOVAL OF RESIDUAL CERVIX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
57545	C	REMOVE CERVIX/REPAIR PELVIS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
57550	T	REMOVAL OF RESIDUAL CERVIX	-	05415	52.8702	APC	\$2,994.57	-	-	000	999	-
57555	N	REMOVE CERVIX/REPAIR VAGINA	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-
57556	N	REMOVE CERVIX REPAIR BOWEL	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-
57558	T	D&C OF CERVICAL STUMP	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57700	T	REVISION OF CERVIX	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57720	T	REVISION OF CERVIX	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
57800	T	DILATION OF CERVICAL CANAL	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
58100	T	BIOPSY OF UTERUS LINING	-	05411	2.0552	APC	\$116.41	-	-	000	999	-
58110	N	BX DONE W/COLPOSCOPY ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
58120	T	DILATION AND CURETTAGE	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
58140	C	MYOMECTOMY ABDOM METHOD	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
58145	T	MYOMECTOMY VAG METHOD	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
58146	C	MYOMECTOMY ABDOM COMPLEX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
58150	C	TOTAL HYSTERECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
58152	C	TOTAL HYSTERECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
58180	C	PARTIAL HYSTERECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
58200	C	EXTENSIVE HYSTERECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
58210	C	EXTENSIVE HYSTERECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
58240	C	REMOVAL OF PELVIS CONTENTS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
58260	N	VAGINAL HYSTERECTOMY	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58262	N	VAG HYST INCLUDING T/O	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58263	N	VAG HYST W/T/O & VAG REPAIR	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58267	C	VAG HYST W/URINARY REPAIR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
58270	N	VAG HYST W/ENTEROCELE REPAIR	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58275	C	HYSTERECTOMY/REVISE VAGINA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
58280	C	HYSTERECTOMY/REVISE VAGINA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
58285	C	EXTENSIVE HYSTERECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
58290	N	VAG HYST COMPLEX	-	05416	82.9725	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58291	N	VAG HYST INCL T/O COMPLEX	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58292	N	VAG HYST T/O & REPAIR COMPL	-	05416	82.9725	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58293	C	VAG HYST W/URO REPAIR COMPL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
58294	N	VAG HYST W/ENTEROCELE COMPL	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58300	M	INSERT INTRAUTERINE DEVICE	-	-	-	Fee Schedule	\$62.94	-	-	010	065	-
58301	N	REMOVE INTRAUTERINE DEVICE	-	05412	3.3508	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58321	E	ARTIFICIAL INSEMINATION	-	-	-	Not Allowed	\$0.00	-	-	010	065	-
58322	E	ARTIFICIAL INSEMINATION	-	-	-	Not Allowed	\$0.00	-	-	010	065	-
58323	E	SPERM WASHING	-	-	-	Not Allowed	\$0.00	-	-	010	065	-
58340	N	CATHETER FOR HYSTEROGRAPHY	-	-	-	Bundled	\$0.00	-	-	000	999	-
58345	E	REOPEN FALLOPIAN TUBE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
58346	T	INSERT HEYMAN UTERI CAPSULE	-	05415	52.8702	APC	\$2,994.57	-	-	000	999	-
58350	N	REOPEN FALLOPIAN TUBE	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58353	N	ENDOMETR ABLATE THERMAL	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58356	N	ENDOMETRIAL CRYOABLATION	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58400	C	SUSPENSION OF UTERUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
58410	C	SUSPENSION OF UTERUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
58520	C	REPAIR OF RUPTURED UTERUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
58540	C	REVISION OF UTERUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
58541	N	LSH UTERUS 250 G OR LESS	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58542	N	LSH W/T/O UT 250 G OR LESS	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58543	N	LSH UTERUS ABOVE 250 G	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58544	N	LSH W/T/O UTERUS ABOVE 250 G	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58545	N	LAPAROSCOPIC MYOMECTOMY	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58546	N	LAPARO-MYOMECTOMY COMPLEX	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58548	C	LAP RADICAL HYST	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
58550	N	LAPARO-ASST VAG HYSTERECTOMY	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58552	N	LAPARO-VAG HYST INCL T/O	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58553	N	LAPARO-VAG HYST COMPLEX	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58554	N	LAPARO-VAG HYST W/T/O COMPL	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58555	T	HYSTEROSCOPY DX SEP PROC	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
58558	T	HYSTEROSCOPY BIOPSY	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
58559	N	HYSTEROSCOPY LYSIS	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58560	N	HYSTEROSCOPY RESECT SEPTUM	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58561	N	HYSTEROSCOPY REMOVE MYOMA	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-
58562	T	HYSTEROSCOPY REMOVE FB	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-
58563	N	HYSTEROSCOPY ABLATION	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
58565	N	HYSTEROSCOPY STERILIZATION	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	021	065	-	
58570	N	TLH UTERUS 250 G OR LESS	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
58571	N	TLH W/T/O 250 G OR LESS	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
58572	N	TLH UTERUS OVER 250 G	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
58573	N	TLH W/T/O UTERUS OVER 250 G	-	05362	104.1317	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
58575	C	LAPS TOT HYST RESJ MAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
58578	N	LAPARO PROC UTERUS	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
58579	T	HYSTEROSCOPE PROCEDURE	-	05411	2.0552	APC	\$116.41	-	-	000	999	-	
58600	T	DIVISION OF FALLOPIAN TUBE	-	05414	30.9198	APC	\$1,751.30	-	-	021	065	-	
58605	C	DIVISION OF FALLOPIAN TUBE	-	-	-	Inpatient Only	\$0.00	-	-	021	065	-	
58611	C	LIGATE OVIDUCT(S) ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	021	065	-	
58615	T	OCCLUDE FALLOPIAN TUBE(S)	-	05414	30.9198	APC	\$1,751.30	-	-	021	065	-	
58660	N	LAPAROSCOPY LYSIS	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
58661	N	LAPAROSCOPY REMOVE ADNEXA	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
58662	N	LAPAROSCOPY EXCISE LESIONS	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
58670	N	LAPAROSCOPY TUBAL CAUTERY	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	021	999	-	
58671	N	LAPAROSCOPY TUBAL BLOCK	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	021	999	-	
58672	N	LAPAROSCOPY FIMBRIOPLASTY	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
58673	N	LAPAROSCOPY SALPINGOSTOMY	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
58674	T	LAPS ABLTJ UTERINE FIBROIDS	-	05362	104.1317	APC	\$5,898.02	-	-	000	999	-	
58679	N	LAPARO PROC OVIDUCT-OVARY	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
58700	C	REMOVAL OF FALLOPIAN TUBE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
58720	C	REMOVAL OF OVARY/TUBE(S)	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
58740	C	ADHESIOLYSIS TUBE OVARY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
58750	E	REPAIR OVIDUCT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
58752	E	REVISE OVARIAN TUBE(S)	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
58760	E	FIMBRIOPLASTY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
58770	E	CREATE NEW TUBAL OPENING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
58800	T	DRAINAGE OF OVARIAN CYST(S)	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-	
58805	T	DRAINAGE OF OVARIAN CYST(S)	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-	
58820	T	DRAIN OVARY ABSCESS OPEN	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-	
58822	C	DRAIN OVARY ABSCESS PERCUT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
58825	C	TRANSPOSITION OVARY(S)	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
58900	T	BIOPSY OF OVARY(S)	-	05414	30.9198	APC	\$1,751.30	-	-	000	999	-	
58920	N	PARTIAL REMOVAL OF OVARY(S)	-	05416	82.9725	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
58925	N	REMOVAL OF OVARIAN CYST(S)	-	05415	52.8702	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
58940	C	REMOVAL OF OVARY(S)	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
58943	C	REMOVAL OF OVARY(S)	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
58950	C	RESECT OVARIAN MALIGNANCY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
58951	C	RESECT OVARIAN MALIGNANCY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
58952	C	RESECT OVARIAN MALIGNANCY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
58953	C	TAH RAD DISSECT FOR DEBULK	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
58954	C	TAH RAD DEBULK/LYMPH REMOVE	-	-	-	Inpatient Only	\$0.00	-	-	012	999	-	
58956	C	BSO OMENTECTOMY W/TAH	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
58957	C	RESECT RECURRENT GYN MAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
58958	C	RESECT RECUR GYN MAL W/LYM	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
58960	C	EXPLORATION OF ABDOMEN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
58970	E	RETRIEVAL OF OOCYTE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
58974	E	TRANSFER OF EMBRYO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
58976	E	TRANSFER OF EMBRYO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
58999	T	GENITAL SURGERY PROCEDURE	-	05411	2.0552	APC	\$116.41	-	-	000	999	-	
59000	T	AMNIOCENTESIS DIAGNOSTIC	-	05413	7.9024	APC	\$447.59	-	-	010	065	-	
59001	T	AMNIOCENTESIS THERAPEUTIC	-	05412	3.3508	APC	\$189.79	-	-	010	065	-	
59012	T	FETAL CORD PUNCTURE PRENATAL	-	05412	3.3508	APC	\$189.79	-	-	010	065	-	
59015	T	CHORION BIOPSY	-	05413	7.9024	APC	\$447.59	-	-	010	065	-	
59020	T	FETAL CONTRACT STRESS TEST	-	05411	2.0552	APC	\$116.41	-	-	010	065	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
59025	T	FETAL NON-STRESS TEST	-	05411	2.0552	APC	\$116.41	-	-	010	065	-	
59030	T	FETAL SCALP BLOOD SAMPLE	-	05412	3.3508	APC	\$189.79	-	-	010	065	-	
59050	M	FETAL MONITOR W/REPORT	-	-	-	Charge Ratio	\$0.00	-	-	010	065	-	
59051	E	FETAL MONITOR/INTERPRET ONLY	-	-	-	Not Allowed	\$0.00	-	-	010	065	-	
59070	T	TRANSABDOM AMNIOINFUS W/US	-	05412	3.3508	APC	\$189.79	-	-	010	065	-	
59072	T	UMBILICAL CORD OCCLUD W/US	-	05412	3.3508	APC	\$189.79	-	-	010	065	-	
59074	T	FETAL FLUID DRAINAGE W/US	-	05412	3.3508	APC	\$189.79	-	-	010	065	-	
59076	T	FETAL SHUNT PLACEMENT W/US	-	05412	3.3508	APC	\$189.79	-	-	010	065	-	
59100	T	REMOVE UTERUS LESION	-	05415	52.8702	APC	\$2,994.57	-	-	010	065	-	
59120	C	TREAT ECTOPIC PREGNANCY	-	-	-	Inpatient Only	\$0.00	-	-	010	065	-	
59121	C	TREAT ECTOPIC PREGNANCY	-	-	-	Inpatient Only	\$0.00	-	-	010	065	-	
59130	C	TREAT ECTOPIC PREGNANCY	-	-	-	Inpatient Only	\$0.00	-	-	010	065	-	
59135	C	TREAT ECTOPIC PREGNANCY	-	-	-	Inpatient Only	\$0.00	-	-	012	051	-	
59136	C	TREAT ECTOPIC PREGNANCY	-	-	-	Inpatient Only	\$0.00	-	-	010	065	-	
59140	C	TREAT ECTOPIC PREGNANCY	-	-	-	Inpatient Only	\$0.00	-	-	010	065	-	
59150	N	TREAT ECTOPIC PREGNANCY	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	010	065	-	
59151	N	TREAT ECTOPIC PREGNANCY	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	010	065	-	
59160	T	D & C AFTER DELIVERY	-	05414	30.9198	APC	\$1,751.30	-	-	010	065	-	
59200	T	INSERT CERVICAL DILATOR	-	05412	3.3508	APC	\$189.79	-	-	010	065	-	
59300	T	EPISIOTOMY OR VAGINAL REPAIR	-	05414	30.9198	APC	\$1,751.30	-	-	010	065	-	
59320	T	REVISION OF CERVIX	-	05414	30.9198	APC	\$1,751.30	-	-	010	065	-	
59325	C	REVISION OF CERVIX	-	-	-	Inpatient Only	\$0.00	-	-	010	065	-	
59350	C	REPAIR OF UTERUS	-	-	-	Inpatient Only	\$0.00	-	-	010	065	-	
59400	E	OBSTETRICAL CARE	-	-	-	Not Allowed	\$0.00	-	-	010	065	-	
59409	T	OBSTETRICAL CARE	-	05414	30.9198	APC	\$1,751.30	-	-	010	065	-	
59410	E	OBSTETRICAL CARE	-	-	-	Not Allowed	\$0.00	-	-	010	065	-	
59412	T	ANTEPARTUM MANIPULATION	-	05414	30.9198	APC	\$1,751.30	-	-	010	065	-	
59414	T	DELIVER PLACENTA	-	05414	30.9198	APC	\$1,751.30	-	-	010	065	-	
59425	M	ANTEPARTUM CARE ONLY	-	-	-	Fee Schedule	\$0.00	-	-	010	065	-	
59426	M	ANTEPARTUM CARE ONLY	-	-	-	Fee Schedule	\$0.00	-	-	010	065	-	
59430	M	CARE AFTER DELIVERY	-	-	-	Fee Schedule	\$0.00	-	-	010	065	-	
59510	E	CESAREAN DELIVERY	-	-	-	Not Allowed	\$0.00	-	-	010	065	-	
59514	C	CESAREAN DELIVERY ONLY	-	-	-	Inpatient Only	\$0.00	-	-	010	065	-	
59515	E	CESAREAN DELIVERY	-	-	-	Not Allowed	\$0.00	-	-	010	065	-	
59525	C	REMOVE UTERUS AFTER CESAREAN	-	-	-	Inpatient Only	\$0.00	-	-	010	065	-	
59610	E	VBAC DELIVERY	-	-	-	Not Allowed	\$0.00	-	-	010	065	-	
59612	T	VBAC DELIVERY ONLY	-	05414	30.9198	APC	\$1,751.30	-	-	010	065	-	
59614	E	VBAC CARE AFTER DELIVERY	-	-	-	Not Allowed	\$0.00	-	-	010	065	-	
59618	E	ATTEMPTED VBAC DELIVERY	-	-	-	Not Allowed	\$0.00	-	-	010	065	-	
59620	C	ATTEMPTED VBAC DELIVERY ONLY	-	-	-	Inpatient Only	\$0.00	-	-	010	065	-	
59622	E	ATTEMPTED VBAC AFTER CARE	-	-	-	Not Allowed	\$0.00	-	-	010	065	-	
59812	T	TREATMENT OF MISCARRIAGE	-	05414	30.9198	APC	\$1,751.30	-	-	010	065	-	
59820	T	CARE OF MISCARRIAGE	-	05414	30.9198	APC	\$1,751.30	-	-	010	065	-	
59821	T	TREATMENT OF MISCARRIAGE	-	05414	30.9198	APC	\$1,751.30	-	-	010	065	-	
59830	C	TREAT UTERUS INFECTION	-	-	-	Inpatient Only	\$0.00	-	-	010	065	-	
59840	T	ABORTION	-	05414	30.9198	APC	\$1,751.30	-	-	010	065	-	
59841	T	ABORTION	-	05414	30.9198	APC	\$1,751.30	-	-	010	065	-	
59850	C	ABORTION	-	-	-	Inpatient Only	\$0.00	-	-	010	065	-	
59851	C	ABORTION	-	-	-	Inpatient Only	\$0.00	-	-	010	065	-	
59852	C	ABORTION	-	-	-	Inpatient Only	\$0.00	-	-	010	065	-	
59855	C	ABORTION	-	-	-	Inpatient Only	\$0.00	-	-	010	065	-	
59856	C	ABORTION	-	-	-	Inpatient Only	\$0.00	-	-	010	065	-	
59857	C	ABORTION	-	-	-	Inpatient Only	\$0.00	-	-	010	065	-	
59866	T	ABORTION (MPR)	-	05412	3.3508	APC	\$189.79	-	-	012	055	-	
59870	T	EVACUATE MOLE OF UTERUS	-	05414	30.9198	APC	\$1,751.30	-	-	010	065	-	
59871	N	REMOVE CERCLAGE SUTURE	-	05414	30.9198	Bundled, sometimes payable	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab		Min Age	Max Age	Comments
				APC	Weight				Fees	Fees			
59897	T	FETAL INVAS PX W/US	-	05411	2.0552	APC	\$116.41	-	-	010	065	-	
59898	N	LAPARO PROC OB CARE/DELIVER	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	010	065	-	
59899	T	MATERNITY CARE PROCEDURE	-	05411	2.0552	APC	\$116.41	-	-	010	065	-	
60000	T	DRAIN THYROID/TONGUE CYST	-	05163	16.7012	APC	\$945.96	-	-	000	999	-	
6005F	E	CARE LEVEL RATIONALE DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
60100	T	BIOPSY OF THYROID	-	05071	7.5503	APC	\$427.65	-	-	000	999	-	
6010F	E	DYSPHAG TEST DONE B/4 EATING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
6015F	E	DYSPHAG TEST DONE B/4 EATING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
60200	N	REMOVE THYROID LESION	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
6020F	E	NPO (NOTHING-MOUTH) ORDERED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
60210	N	PARTIAL THYROID EXCISION	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
60212	N	PARTIAL THYROID EXCISION	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
60220	N	PARTIAL REMOVAL OF THYROID	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
60225	N	PARTIAL REMOVAL OF THYROID	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
60240	N	REMOVAL OF THYROID	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
60252	N	REMOVAL OF THYROID	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
60254	C	EXTENSIVE THYROID SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
60260	N	REPEAT THYROID SURGERY	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
60270	C	REMOVAL OF THYROID	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
60271	N	REMOVAL OF THYROID	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
60280	N	REMOVE THYROID DUCT LESION	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
60281	N	REMOVE THYROID DUCT LESION	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
60300	T	ASPIR/INJ THYROID CYST	-	05071	7.5503	APC	\$427.65	-	-	000	999	-	
6030F	E	MAX STERILE BARRIERS FOLLWD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
6040F	E	APPRO RAD DS DVCS TECHS DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
6045F	E	RADXPX IN END RPRT4FLURO PXD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
60500	N	EXPLORE PARATHYROID GLANDS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
60502	N	RE-EXPLORE PARATHYROID GLANDS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
60505	C	EXPLORE PARATHYROID GLANDS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
60512	N	AUTOTRANSPLANT PARATHYROID	-	-	-	Bundled	\$0.00	-	-	000	999	-	
60520	N	REMOVAL OF THYMUS GLAND	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
60521	C	REMOVAL OF THYMUS GLAND	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
60522	C	REMOVAL OF THYMUS GLAND	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
60540	C	EXPLORE ADRENAL GLAND	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
60545	C	EXPLORE ADRENAL GLAND	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
60600	C	REMOVE CAROTID BODY LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
60605	C	REMOVE CAROTID BODY LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
60650	C	LAPAROSCOPY ADRENALECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
60659	N	LAPARO PROC ENDOCRINE	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
60699	N	ENDOCRINE SURGERY PROCEDURE	-	05361	59.8283	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
6070F	E	PT ASKED/CNSLD AED EFFECTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
6080F	E	PT/CAREGIVER QUERIED FALLS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
6090F	E	PT/CAREGIVER COUNSEL SAFETY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
61000	T	REMOVE CRANIAL CAVITY FLUID	-	05442	7.7364	APC	\$438.19	-	-	000	002	-	
61001	T	REMOVE CRANIAL CAVITY FLUID	-	05442	7.7364	APC	\$438.19	-	-	000	002	-	
6100F	E	VERIFY PT SITE PXD DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
6101F	E	SAFETY COUNSELING DEMENTIA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
61020	T	REMOVE BRAIN CAVITY FLUID	-	05443	10.0510	APC	\$569.29	-	-	000	999	-	
61026	T	INJECTION INTO BRAIN CANAL	-	05442	7.7364	APC	\$438.19	-	-	000	999	-	
6102F	E	SAFETY COUNSELING DEM ORDER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
61050	T	REMOVE BRAIN CANAL FLUID	-	05441	3.2400	APC	\$183.51	-	-	000	999	-	
61055	T	INJECTION INTO BRAIN CANAL	-	05441	3.2400	APC	\$183.51	-	-	000	999	-	
61070	T	BRAIN CANAL SHUNT PROCEDURE	-	05442	7.7364	APC	\$438.19	-	-	000	999	-	
61105	C	TWIST DRILL HOLE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61107	C	DRILL SKULL FOR IMPLANTATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61108	C	DRILL SKULL FOR DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
6110F	E	COUNSEL PROV DRIVING RISKS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
61120	C	BURR HOLE FOR PUNCTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61140	C	PIERCE SKULL FOR BIOPSY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61150	C	PIERCE SKULL FOR DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61151	C	PIERCE SKULL FOR DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61154	C	PIERCE SKULL & REMOVE CLOT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61156	C	PIERCE SKULL FOR DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61210	C	PIERCE SKULL IMPLANT DEVICE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61215	T	INSERT BRAIN-FLUID DEVICE	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
61250	C	PIERCE SKULL & EXPLORE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61253	C	PIERCE SKULL & EXPLORE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61304	C	OPEN SKULL FOR EXPLORATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61305	C	OPEN SKULL FOR EXPLORATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61312	C	OPEN SKULL FOR DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61313	C	OPEN SKULL FOR DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61314	C	OPEN SKULL FOR DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61315	C	OPEN SKULL FOR DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61316	C	IMPLT CRAN BONE FLAP TO ABDO	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61320	C	OPEN SKULL FOR DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61321	C	OPEN SKULL FOR DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61322	C	DECOMPRESSIVE CRANIOTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61323	C	DECOMPRESSIVE LOBECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61330	N	DECOMPRESS EYE SOCKET	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-
61333	C	EXPLORE ORBIT/REMOVE LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61340	C	SUBTEMPORAL DECOMPRESSION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61343	C	INCISE SKULL (PRESS RELIEF)	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61345	C	RELIEVE CRANIAL PRESSURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61450	C	INCISE SKULL FOR SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61458	C	INCISE SKULL FOR BRAIN WOUND	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61460	C	INCISE SKULL FOR SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61500	C	REMOVAL OF SKULL LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61501	C	REMOVAL OF INFECTED SKULL BONE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
6150F	E	PT NOTRCVNG1ST ANTITNF TXMNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
61510	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61512	C	REMOVAL OF BRAIN LINING LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61514	C	REMOVAL OF BRAIN ABSCESS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61516	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61517	C	IMPLT BRAIN CHEMOTX ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61518	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61519	C	REMOVAL OF BRAIN LINING LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61520	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61521	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61522	C	REMOVAL OF BRAIN ABSCESS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61524	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61526	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61530	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61531	C	IMPLANT BRAIN ELECTRODES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61533	C	IMPLANT BRAIN ELECTRODES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61534	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61535	C	REMOVAL OF BRAIN ELECTRODES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61536	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61537	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61538	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61539	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61540	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61541	C	INCISION OF BRAIN TISSUE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
61543	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61544	C	REMOVE & TREAT BRAIN LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61545	C	EXCISION OF BRAIN TUMOR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61546	C	REMOVAL OF PITUITARY GLAND	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61548	C	REMOVAL OF PITUITARY GLAND	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61550	C	RELEASE OF SKULL SEAMS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61552	C	RELEASE OF SKULL SEAMS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61556	C	INCISE SKULL/SUTURES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61557	C	INCISE SKULL/SUTURES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61558	C	EXCISION OF SKULL/SUTURES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61559	C	EXCISION OF SKULL/SUTURES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61563	C	EXCISION OF SKULL TUMOR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61564	C	EXCISION OF SKULL TUMOR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61566	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61567	C	INCISION OF BRAIN TISSUE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61570	C	REMOVE FOREIGN BODY BRAIN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61571	C	INCISE SKULL FOR BRAIN WOUND	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61575	C	SKULL BASE/BRAINSTEM SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61576	C	SKULL BASE/BRAINSTEM SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61580	C	CRANIOFACIAL APPROACH SKULL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61581	C	CRANIOFACIAL APPROACH SKULL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61582	C	CRANIOFACIAL APPROACH SKULL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61583	C	CRANIOFACIAL APPROACH SKULL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61584	C	ORBITOCRANIAL APPROACH/SKULL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61585	C	ORBITOCRANIAL APPROACH/SKULL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61586	C	RESECT NASOPHARYNX SKULL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61590	C	INFRATEMPORAL APPROACH/SKULL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61591	C	INFRATEMPORAL APPROACH/SKULL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61592	C	ORBITOCRANIAL APPROACH/SKULL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61595	C	TRANSTEMPORAL APPROACH/SKULL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61596	C	TRANSCOCHLEAR APPROACH/SKULL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61597	C	TRANSCONDYLAR APPROACH/SKULL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61598	C	TRANSPETROSAL APPROACH/SKULL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61600	C	RESECT/EXCISE CRANIAL LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61601	C	RESECT/EXCISE CRANIAL LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61605	C	RESECT/EXCISE CRANIAL LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61606	C	RESECT/EXCISE CRANIAL LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61607	C	RESECT/EXCISE CRANIAL LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61608	C	RESECT/EXCISE CRANIAL LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61611	C	TRANSECT ARTERY SINUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61613	C	REMOVE ANEURYSM SINUS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61615	C	RESECT/EXCISE LESION SKULL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61616	C	RESECT/EXCISE LESION SKULL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61618	C	REPAIR DURA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61619	C	REPAIR DURA	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61623	N	ENDOVASC TEMPORY VESSEL OCCL	-	05193	122.6403	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
61624	C	TRANSCATH OCCLUSION CNS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61626	N	TRANSCATH OCCLUSION NON-CNS	-	05193	122.6403	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
61630	C	INTRACRANIAL ANGIOPLASTY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61635	C	INTRACRAN ANGIOPLSTY W/STENT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61640	E	DILATE IC VASOSPASM INIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
61641	E	DILAT IC VSPSM EA VSL SM TER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
61642	E	DILAT IC VSPSM EA DIFF TER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
61645	C	PERQ ART M-THROMBECT &/NFS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61650	C	EVASC PRLNG ADMN RX AGNT 1ST	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
61651	C	EVASC PRLNG ADMN RX AGNT ADD	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
61680	C	INTRACRANIAL VESSEL SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61682	C	INTRACRANIAL VESSEL SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61684	C	INTRACRANIAL VESSEL SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61686	C	INTRACRANIAL VESSEL SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61690	C	INTRACRANIAL VESSEL SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61692	C	INTRACRANIAL VESSEL SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61697	C	BRAIN ANEURYSM REPR COMPLX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61698	C	BRAIN ANEURYSM REPR COMPLX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61700	C	BRAIN ANEURYSM REPR SIMPLE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61702	C	INNER SKULL VESSEL SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61703	C	CLAMP NECK ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61705	C	REVISE CIRCULATION TO HEAD	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61708	C	REVISE CIRCULATION TO HEAD	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61710	C	REVISE CIRCULATION TO HEAD	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61711	C	FUSION OF SKULL ARTERIES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61720	T	INCISE SKULL/BRAIN SURGERY	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
61735	C	INCISE SKULL/BRAIN SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61750	C	INCISE SKULL/BRAIN BIOPSY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61751	C	BRAIN BIOPSY W/CT/MR GUIDE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61760	C	IMPLANT BRAIN ELECTRODES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61770	T	INCISE SKULL FOR TREATMENT	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
61781	N	SCAN PROC CRANIAL INTRA	-	-	-	Bundled	\$0.00	-	-	000	999	-
61782	N	SCAN PROC CRANIAL EXTRA	-	-	-	Bundled	\$0.00	-	-	000	999	-
61783	N	SCAN PROC SPINAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
61790	T	TREAT TRIGEMINAL NERVE	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
61791	T	TREAT TRIGEMINAL TRACT	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
61796	E	SRS CRANIAL LESION SIMPLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
61797	E	SRS CRAN LES SIMPLE ADDL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
61798	E	SRS CRANIAL LESION COMPLEX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
61799	E	SRS CRAN LES COMPLEX ADDL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
61800	E	APPLY SRS HEADFRAME ADD-ON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
61850	C	IMPLANT NEUROELECTRODES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61860	C	IMPLANT NEUROELECTRODES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61863	C	IMPLANT NEUROELECTRODE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61864	C	IMPLANT NEUROELECTRDE ADDL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61867	C	IMPLANT NEUROELECTRODE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61868	C	IMPLANT NEUROELECTRDE ADDL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61870	C	IMPLANT NEUROELECTRODES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
61880	N	REVISE/REMOVE NEUROELECTRODE	-	05461	38.9699	Bundled, sometimes payable	\$0.00	-	-	000	999	-
61885	N	INSRT/REDO NEUROSTIM 1 ARRAY	-	05463	238.6273	Bundled, sometimes payable	\$0.00	-	-	000	999	-
61886	N	IMPLANT NEUROSTIM ARRAYS	-	05464	360.4117	Bundled, sometimes payable	\$0.00	-	-	000	999	-
61888	N	REVISE/REMOVE NEURORECEIVER	-	05462	76.5800	Bundled, sometimes payable	\$0.00	-	-	000	999	-
62000	N	TREAT SKULL FRACTURE	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-
62005	C	TREAT SKULL FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62010	C	TREATMENT OF HEAD INJURY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62100	C	REPAIR BRAIN FLUID LEAKAGE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62115	C	REDUCTION OF SKULL DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62117	C	REDUCTION OF SKULL DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62120	C	REPAIR SKULL CAVITY LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62121	C	INCISE SKULL REPAIR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62140	C	REPAIR OF SKULL DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62141	C	REPAIR OF SKULL DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62142	C	REMOVE SKULL PLATE/FLAP	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62143	C	REPLACE SKULL PLATE/FLAP	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62145	C	REPAIR OF SKULL & BRAIN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62146	C	REPAIR OF SKULL WITH GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
62147	C	REPAIR OF SKULL WITH GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62148	C	RETR BONE FLAP TO FIX SKULL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62160	N	NEUROENDOSCOPY ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
62161	C	DISSECT BRAIN W/SCOPE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62162	C	REMOVE COLLOID CYST W/SCOPE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62163	C	ZNEUROENDOSCOPY W/FB REMOVAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62164	C	REMOVE BRAIN TUMOR W/SCOPE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62165	C	REMOVE PITUIT TUMOR W/SCOPE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62180	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62190	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62192	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62194	T	REPLACE/IRRIGATE CATHETER	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
62200	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62201	C	BRAIN CAVITY SHUNT W/SCOPE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62220	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62223	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62225	T	REPLACE/IRRIGATE CATHETER	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
62230	T	REPLACE/REVISE BRAIN SHUNT	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
62252	S	CSF SHUNT REPROGRAM	-	05743	3.3531	APC	\$189.92	-	-	000	999	-
62256	C	REMOVE BRAIN CAVITY SHUNT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62258	C	REPLACE BRAIN CAVITY SHUNT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
62263	T	EPIDURAL LYSIS MULT SESSIONS	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
62264	T	EPIDURAL LYSIS ON SINGLE DAY	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
62267	T	INTERDISCAL PERQ ASPIR DX	-	05071	7.5503	APC	\$427.65	-	-	000	999	-
62268	T	DRAIN SPINAL CORD CYST	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
62269	T	NEEDLE BIOPSY SPINAL CORD	-	05072	16.9891	APC	\$962.26	-	-	000	999	-
62270	T	DX LMBR SPI PNXR	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
62272	T	THER SPI PNXR DRG CSF	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
62273	T	INJECT EPIDURAL PATCH	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
62280	T	TREAT SPINAL CORD LESION	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
62281	T	TREAT SPINAL CORD LESION	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
62282	T	TREAT SPINAL CANAL LESION	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
62284	N	INJECTION FOR MYELOGRAM	-	-	-	Bundled	\$0.00	-	-	000	999	-
62287	T	PERCUTANEOUS DISKECTOMY	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
62290	N	NJX PX DISCOGRAPHY LUMBAR	-	-	-	Bundled	\$0.00	-	-	000	999	-
62291	N	NJX PX DISCOGRAPHY CRV/THRC	-	-	-	Bundled	\$0.00	-	-	000	999	-
62292	T	NJX CHEMONUCLEOLYSIS LMBR	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
62294	T	INJECTION INTO SPINAL ARTERY	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
62302	N	MYELOGRAPHY LUMBAR INJECTION	-	05573	8.4267	Bundled, sometimes payable	\$0.00	-	-	000	999	-
62303	N	MYELOGRAPHY LUMBAR INJECTION	-	05573	8.4267	Bundled, sometimes payable	\$0.00	-	-	000	999	-
62304	N	MYELOGRAPHY LUMBAR INJECTION	-	05573	8.4267	Bundled, sometimes payable	\$0.00	-	-	000	999	-
62305	N	MYELOGRAPHY LUMBAR INJECTION	-	05573	8.4267	Bundled, sometimes payable	\$0.00	-	-	000	999	-
62320	T	NJX INTERLAMINAR CRV/THRC	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
62321	T	NJX INTERLAMINAR CRV/THRC	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
62322	T	NJX INTERLAMINAR LMBR/SAC	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
62323	T	NJX INTERLAMINAR LMBR/SAC	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
62324	T	NJX INTERLAMINAR CRV/THRC	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
62325	T	NJX INTERLAMINAR CRV/THRC	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
62326	T	NJX INTERLAMINAR LMBR/SAC	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
62327	T	NJX INTERLAMINAR LMBR/SAC	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
62328	T	DX LMBR SPI PNXR W/FLUOR/CT	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
62329	T	THER SPI PNXR CSF FLUOR/CT	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
62350	T	IMPLANT SPINAL CANAL CATH	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
62351	N	IMPLANT SPINAL CANAL CATH	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
62355	N	REMOVE SPINAL CANAL CATHETER	-	05431	21.2809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
62360	N	INSERT SPINE INFUSION DEVICE	-	05471	204.4291	Bundled, sometimes payable	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab		Min Age	Max Age	Comments
				APC	Weight				Fees	Fees			
62361	N	IMPLANT SPINE INFUSION PUMP	-	05471	204.4291	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
62362	N	IMPLANT SPINE INFUSION PUMP	-	05471	204.4291	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
62365	N	REMOVE SPINE INFUSION DEVICE	-	05432	68.1867	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
62367	S	ANALYZE SPINE INFUS PUMP	-	05743	3.3531	APC	\$189.92	-	-	000	999	-	
62368	S	ANALYZE SP INF PUMP W/REPROG	-	05743	3.3531	APC	\$189.92	-	-	000	999	-	
62369	S	ANAL SP INF PMP W/REPRG&FILL	-	05743	3.3531	APC	\$189.92	-	-	000	999	-	
62370	S	ANL SP INF PMP W/MDREPRG&FIL	-	05743	3.3531	APC	\$189.92	-	-	000	999	-	
62380	T	NDSC DCMPRN 1 NTRSPC LUMBAR	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-	
63001	N	REMOVE SPINE LAMINA 1/2 CRVL	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63003	N	REMOVE SPINE LAMINA 1/2 THRC	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63005	N	REMOVE SPINE LAMINA 1/2 LMBR	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63011	N	REMOVE SPINE LAMINA 1/2 SCRL	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63012	N	REMOVE LAMINA/FACETS LUMBAR	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63015	N	REMOVE SPINE LAMINA >2 CRVCL	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63016	N	REMOVE SPINE LAMINA >2 THRC	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63017	N	REMOVE SPINE LAMINA >2 LMBR	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63020	N	NECK SPINE DISK SURGERY	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63030	N	LOW BACK DISK SURGERY	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63035	N	SPINAL DISK SURGERY ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
63040	N	LAMINOTOMY SINGLE CERVICAL	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63042	N	LAMINOTOMY SINGLE LUMBAR	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63043	N	LAMINOTOMY ADDL CERVICAL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
63044	N	LAMINOTOMY ADDL LUMBAR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
63045	N	REMOVE SPINE LAMINA 1 CRVL	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63046	N	REMOVE SPINE LAMINA 1 THRC	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63047	N	REMOVE SPINE LAMINA 1 LMBR	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63048	N	REMOVE SPINAL LAMINA ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
63050	C	CERVICAL LAMINOPLSTY 2/> SEG	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63051	C	C-LAMINOPLASTY W/GRAFT/PLATE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63055	N	DECOMPRESS SPINAL CORD THRC	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63056	N	DECOMPRESS SPINAL CORD LMBR	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63057	N	DECOMPRESS SPINE CORD ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
63064	N	DECOMPRESS SPINAL CORD THRC	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63066	N	DECOMPRESS SPINE CORD ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
63075	N	NECK SPINE DISK SURGERY	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63076	N	NECK SPINE DISK SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
63077	C	SPINE DISK SURGERY THORAX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63078	C	SPINE DISK SURGERY THORAX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63081	C	REMOVE VERT BODY DCMPRN CRVL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63082	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63085	C	REMOVE VERT BODY DCMPRN THRC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63086	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63087	C	REMOV VERTBR DCMPRN THRC/LMBR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63088	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63090	C	REMOVE VERT BODY DCMPRN LMBR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63091	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63101	C	REMOVE VERT BODY DCMPRN THRC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63102	C	REMOVE VERT BODY DCMPRN LMBR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63103	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63170	C	INCISE SPINAL CORD TRACT(S)	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63172	C	DRAINAGE OF SPINAL CYST	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63173	C	DRAINAGE OF SPINAL CYST	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63180	C	REVISE SPINAL CORD LIGAMENTS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63182	C	REVISE SPINAL CORD LIGAMENTS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63185	C	INCISE SPINE NRV HALF SEGMENT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63190	C	INCISE SPINE NRV >2 SEGMENTS	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
63191	C	INCISE SPINE ACCESSORY NERVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63194	C	INCISE SPINE & CORD CERVICAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63195	C	INCISE SPINE & CORD THORACIC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63196	C	INCISE SPINE&CORD 2 TRX CRVL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63197	C	INCISE SPINE&CORD 2 TRX THRC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63198	C	INCISE SPIN&CORD 2 STGS CRVL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63199	C	INCISE SPIN&CORD 2 STGS THRC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63200	C	RELEASE SPINAL CORD LUMBAR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63250	C	REVISE SPINAL CORD VSLS CRVL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63251	C	REVISE SPINAL CORD VSLS THRC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63252	C	REVISE SPINE CORD VSL THRLMB	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63265	N	EXCISE INTRASPINL LESION CRV	-	05114	74.0404	Bundled, sometimes payable	\$4,193.65	-	-	000	999	-	
63266	N	EXCISE INTRSPINL LESION THRC	-	05114	74.0404	Bundled, sometimes payable	\$4,193.65	-	-	000	999	-	
63267	N	EXCISE INTRSPINL LESION LMBR	-	05114	74.0404	Bundled, sometimes payable	\$4,193.65	-	-	000	999	-	
63268	N	EXCISE INTRSPINL LESION SCRL	-	05114	74.0404	Bundled, sometimes payable	\$4,193.65	-	-	000	999	-	
63270	C	EXCISE INTRSPINL LESION CRVL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63271	C	EXCISE INTRSPINL LESION THRC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63272	C	EXCISE INTRSPINL LESION LMBR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63273	C	EXCISE INTRSPINL LESION SCRL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63275	C	BX/EXC XDRL SPINE LESN CRVL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63276	C	BX/EXC XDRL SPINE LESN THRC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63277	C	BX/EXC XDRL SPINE LESN LMBR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63278	C	BX/EXC XDRL SPINE LESN SCRL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63280	C	BX/EXC IDRL SPINE LESN CRVL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63281	C	BX/EXC IDRL SPINE LESN THRC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63282	C	BX/EXC IDRL SPINE LESN LMBR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63283	C	BX/EXC IDRL SPINE LESN SCRL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63285	C	BX/EXC IDRL IMED LESN CERVL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63286	C	BX/EXC IDRL IMED LESN THRC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63287	C	BX/EXC IDRL IMED LESN THRLMB	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63290	C	BX/EXC XDRL/IDRL LSN ANY LVL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63295	C	REPAIR LAMINECTOMY DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63300	C	REMOVE VERT XDRL BODY CRVCL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63301	C	REMOVE VERT XDRL BODY THRC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63302	C	REMOVE VERT XDRL BODY THRLMB	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63303	C	REMOV VERT XDRL BDY LMBR/SAC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63304	C	REMOVE VERT IDRL BODY CRVCL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63305	C	REMOVE VERT IDRL BODY THRC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63306	C	REMOV VERT IDRL BDY THRC/LMBR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63307	C	REMOV VERT IDRL BDY LMBR/SAC	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63308	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63600	T	REMOVE SPINAL CORD LESION	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-	
63610	T	STIMULATION OF SPINAL CORD	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-	
63620	E	SRS SPINAL LESION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
63621	E	SRS SPINAL LESION ADDL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
63650	N	IMPLANT NEUROELECTRODES	-	05462	76.5800	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63655	N	IMPLANT NEUROELECTRODES	-	05463	238.6273	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63661	N	REMOVE SPINE ELTRD PERQ ARAY	-	05431	21.2809	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63662	N	REMOVE SPINE ELTRD PLATE	-	05461	38.9699	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63663	N	REVISE SPINE ELTRD PERQ ARAY	-	05462	76.5800	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63664	N	REVISE SPINE ELTRD PLATE	-	05463	238.6273	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63685	N	INSRT/REDO SPINE N GENERATOR	-	05464	360.4117	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63688	N	REVISE/REMOVE NEURORECEIVER	-	05461	38.9699	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
63700	C	REPAIR OF SPINAL HERNIATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63702	C	REPAIR OF SPINAL HERNIATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
63704	C	REPAIR OF SPINAL HERNIATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
63706	C	REPAIR OF SPINAL HERNIATION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
63707	C	REPAIR SPINAL FLUID LEAKAGE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
63709	C	REPAIR SPINAL FLUID LEAKAGE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
63710	C	GRAFT REPAIR OF SPINE DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
63740	C	INSTALL SPINAL SHUNT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
63741	T	INSTALL SPINAL SHUNT	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
63744	T	REVISION OF SPINAL SHUNT	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
63746	N	REMOVAL OF SPINAL SHUNT	-	05431	21.2809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
64400	T	NJX AA&/STRD TRIGEMINAL NRV	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
64405	T	NJX AA&/STRD GR OCPL NRV	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
64408	T	NJX AA&/STRD VAGUS NRV	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
64415	T	NJX AA&/STRD BRACH PLEXUS	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
64416	T	NJX AA&/STRD BRACH PLEX NFS	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
64417	T	NJX AA&/STRD AXILLARY NRV	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
64418	T	NJX AA&/STRD SPRSCAP NRV	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
64420	T	NJX AA&/STRD NTRCOST NRV 1	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
64421	T	NJX AA&/STRD NTRCOST NRV EA	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
64425	T	NJX AA&/STRD II IH NERVES	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
64430	T	NJX AA&/STRD PUDENDAL NERVE	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
64435	T	NJX AA&/STRD PARACRV NRV	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
64445	T	NJX AA&/STRD SCIATIC NERVE	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
64446	T	NJX AA&/STRD SCIATIC NRV NFS	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
64447	T	NJX AA&/STRD FEMORAL NERVE	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
64448	T	NJX AA&/STRD FEM NERVE NFS	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
64449	T	NJX AA&/STRD LMBR PLEX NFS	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
64450	T	NJX AA&/STRD OTHER PN/BRANCH	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
64451	T	NJX AA&/STRD NRV NRV TG SI JT	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
64454	T	NJX AA&/STRD GNCLR NRV BRNCH	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
64455	T	N BLOCK INJ PLANTAR DIGIT	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
64461	T	PVB THORACIC SINGLE INJ SITE	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
64462	N	PVB THORACIC 2ND+ INJ SITE	-	-	-	Bundled	\$0.00	-	-	000	999	-
64463	T	PVB THORACIC CONT INFUSION	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
64479	T	INJ FORAMEN EPIDURAL C/T	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
64480	N	INJ FORAMEN EPIDURAL ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
64483	T	INJ FORAMEN EPIDURAL L/S	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
64484	N	INJ FORAMEN EPIDURAL ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
64486	N	TAP BLOCK UNIL BY INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
64487	N	TAP BLOCK UNI BY INFUSION	-	-	-	Bundled	\$0.00	-	-	000	999	-
64488	N	TAP BLOCK BI INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
64489	N	TAP BLOCK BI BY INFUSION	-	-	-	Bundled	\$0.00	-	-	000	999	-
64490	T	INJ PARAVERT F JNT C/T 1 LEV	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
64491	N	INJ PARAVERT F JNT C/T 2 LEV	-	-	-	Bundled	\$0.00	-	-	000	999	-
64492	N	INJ PARAVERT F JNT C/T 3 LEV	-	-	-	Bundled	\$0.00	-	-	000	999	-
64493	T	INJ PARAVERT F JNT L/S 1 LEV	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
64494	N	INJ PARAVERT F JNT L/S 2 LEV	-	-	-	Bundled	\$0.00	-	-	000	999	-
64495	N	INJ PARAVERT F JNT L/S 3 LEV	-	-	-	Bundled	\$0.00	-	-	000	999	-
64505	T	N BLOCK SPENOPALATINE GANGL	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
64510	T	N BLOCK STELLATE GANGLION	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
64517	T	N BLOCK INJ HYOGAS PLXS	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
64520	T	N BLOCK LUMBAR/THORACIC	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
64530	T	N BLOCK INJ CELIAC PELUS	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
64553	N	IMPLANT NEUROELECTRODES	-	05462	76.5800	Bundled, sometimes payable	\$0.00	-	-	000	999	-
64555	N	IMPLANT NEUROELECTRODES	-	05462	76.5800	Bundled, sometimes payable	\$0.00	-	-	000	999	-
64561	N	IMPLANT NEUROELECTRODES	-	05462	76.5800	Bundled, sometimes payable	\$0.00	-	-	000	999	-
64566	T	NEUROELTRD STIM POST TIBIAL	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
64568	N	INC FOR VAGUS N ELECT IMPL	-	05464	360.4117	Bundled, sometimes payable	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
64569	N	REVISE/REPL VAGUS N ELTRD	-	05462	76.5800	Bundled, sometimes payable	\$0.00	-	-	000	999	-
64570	N	REMOVE VAGUS N ELTRD	-	05432	68.1867	Bundled, sometimes payable	\$0.00	-	-	000	999	-
64575	N	IMPLANT NEUROELECTRODES	-	05463	238.6273	Bundled, sometimes payable	\$0.00	-	-	000	999	-
64580	N	IMPLANT NEUROELECTRODES	-	05463	238.6273	Bundled, sometimes payable	\$0.00	-	-	000	999	-
64581	N	IMPLANT NEUROELECTRODES	-	05462	76.5800	Bundled, sometimes payable	\$0.00	-	-	000	999	-
64585	N	REVISE/REMOVE NEUROELECTRODE	-	05461	38.9699	Bundled, sometimes payable	\$0.00	-	-	000	999	-
64590	N	INSRT/REDO PN/GASTR STIMUL	-	05463	238.6273	Bundled, sometimes payable	\$0.00	-	-	000	999	-
64595	N	REVISE/RMV PN/GASTR STIMUL	-	05461	38.9699	Bundled, sometimes payable	\$0.00	-	-	000	999	-
64600	T	INJECTION TREATMENT OF NERVE	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
64605	T	INJECTION TREATMENT OF NERVE	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64610	T	INJECTION TREATMENT OF NERVE	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64611	T	CHEMODENERV SALIV GLANDS	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
64612	T	DESTROY NERVE FACE MUSCLE	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
64615	T	CHEMODENERV MUSC MIGRAINE	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
64616	T	CHEMODENERV MUSC NECK DYSTON	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
64617	T	CHEMODENERV MUSCLE LARYNX EMG	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
64620	T	INJECTION TREATMENT OF NERVE	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
64624	N	DSTRJ NULYT AGT GNCLR NRV	-	05431	21.2809	Bundled, sometimes payable	\$1,205.35	-	-	000	999	-
64625	N	RF ABLTJ NRV NRVTG SI JT	-	05431	21.2809	Bundled, sometimes payable	\$1,205.35	-	-	000	999	-
64630	T	INJECTION TREATMENT OF NERVE	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
64632	T	N BLOCK INJ COMMON DIGIT	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
64633	T	DESTROY CERV/THOR FACET JNT	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64634	N	DESTROY C/TH FACET JNT ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-
64635	T	DESTROY LUMB/SAC FACET JNT	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64636	N	DESTROY L/S FACET JNT ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-
64640	T	INJECTION TREATMENT OF NERVE	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
64642	T	CHEMODENERV 1 EXTREMITY 1-4	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
64643	N	CHEMODENERV 1 EXTREM 1-4 EA	-	-	-	Bundled	\$0.00	-	-	000	999	-
64644	T	CHEMODENERV 1 EXTREM 5> MUS	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
64645	N	CHEMODENERV 1 EXTREM 5> EA	-	-	-	Bundled	\$0.00	-	-	000	999	-
64646	T	CHEMODENERV TRUNK MUSC 1-5	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
64647	T	CHEMODENERV TRUNK MUSC 6>	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
64650	T	CHEMODENERV ECCRINE GLANDS	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
64653	T	CHEMODENERV ECCRINE GLANDS	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
64680	T	INJECTION TREATMENT OF NERVE	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
64681	T	INJECTION TREATMENT OF NERVE	-	05443	10.0510	APC	\$569.29	-	-	000	999	-
64702	T	REVISE FINGER/TOE NERVE	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64704	T	REVISE HAND/FOOT NERVE	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64708	T	REVISE ARM/LEG NERVE	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64712	T	REVISION OF SCIATIC NERVE	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64713	T	REVISION OF ARM NERVE(S)	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64714	T	REVISION OF LOW BACK NERVE(S)	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64716	T	REVISION OF CRANIAL NERVE	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64718	T	REVISE ULNAR NERVE AT ELBOW	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64719	T	REVISE ULNAR NERVE AT WRIST	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64721	T	CARPAL TUNNEL SURGERY	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64722	T	RELIEVE PRESSURE ON NERVE(S)	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64726	T	RELEASE FOOT/TOE NERVE	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64727	N	INTERNAL NERVE REVISION	-	-	-	Bundled	\$0.00	-	-	000	999	-
64732	T	INCISION OF BROW NERVE	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64734	T	INCISION OF CHEEK NERVE	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64736	T	INCISION OF CHIN NERVE	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64738	T	INCISION OF JAW NERVE	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64740	T	INCISION OF TONGUE NERVE	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64742	T	INCISION OF FACIAL NERVE	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64744	T	INCISE NERVE BACK OF HEAD	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
64746	T	INCISE DIAPHRAGM NERVE	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64755	C	INCISION OF STOMACH NERVES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
64760	C	INCISION OF VAGUS NERVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
64763	T	INCISE HIP/THIGH NERVE	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64766	T	INCISE HIP/THIGH NERVE	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64771	T	SEVER CRANIAL NERVE	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64772	T	INCISION OF SPINAL NERVE	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64774	T	REMOVE SKIN NERVE LESION	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64776	T	REMOVE DIGIT NERVE LESION	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64778	N	DIGIT NERVE SURGERY ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
64782	T	REMOVE LIMB NERVE LESION	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64783	N	LIMB NERVE SURGERY ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
64784	T	REMOVE NERVE LESION	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64786	T	REMOVE SCIATIC NERVE LESION	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
64787	N	IMPLANT NERVE END	-	-	-	Bundled	\$0.00	-	-	000	999	-
64788	T	REMOVE SKIN NERVE LESION	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64790	T	REMOVAL OF NERVE LESION	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64792	T	REMOVAL OF NERVE LESION	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
64795	T	BIOPSY OF NERVE	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64802	T	SYMPATHECTOMY CERVICAL	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64804	T	REMOVE SYMPATHETIC NERVES	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64809	C	REMOVE SYMPATHETIC NERVES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
64818	C	REMOVE SYMPATHETIC NERVES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
64820	T	SYMPATHECTOMY DIGITAL ARTERY	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64821	T	REMOVE SYMPATHETIC NERVES	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
64822	T	REMOVE SYMPATHETIC NERVES	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
64823	T	SYMPATHECTOMY SUPFC PALMAR	-	05113	33.8823	APC	\$1,919.09	-	-	000	999	-
64831	T	REPAIR OF DIGIT NERVE	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64832	N	REPAIR NERVE ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
64834	T	REPAIR OF HAND OR FOOT NERVE	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
64835	T	REPAIR OF HAND OR FOOT NERVE	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
64836	T	REPAIR OF HAND OR FOOT NERVE	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
64837	N	REPAIR NERVE ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
64840	T	REPAIR OF LEG NERVE	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
64856	T	REPAIR/TRANSPOSE NERVE	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
64857	T	REPAIR ARM/LEG NERVE	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
64858	T	REPAIR SCIATIC NERVE	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64859	N	NERVE SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-
64861	T	REPAIR OF ARM NERVES	-	05431	21.2809	APC	\$1,205.35	-	-	000	999	-
64862	T	REPAIR OF LOW BACK NERVES	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
64864	T	REPAIR OF FACIAL NERVE	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
64865	T	REPAIR OF FACIAL NERVE	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
64866	C	FUSION OF FACIAL/OTHER NERVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
64868	C	FUSION OF FACIAL/OTHER NERVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
64872	N	SUBSEQUENT REPAIR OF NERVE	-	-	-	Bundled	\$0.00	-	-	000	999	-
64874	N	REPAIR & REVISE NERVE ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
64876	N	REPAIR NERVE/SHORTEN BONE	-	-	-	Bundled	\$0.00	-	-	000	999	-
64885	T	NERVE GRAFT HEAD/NECK <4 CM	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
64886	T	NERVE GRAFT HEAD/NECK >4 CM	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
64890	T	NERVE GRAFT HAND/FOOT <4 CM	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
64891	T	NERVE GRAFT HAND/FOOT >4 CM	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
64892	T	NERVE GRAFT ARM/LEG <4 CM	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
64893	T	NERVE GRAFT ARM/LEG >4 CM	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
64895	T	NERVE GRAFT HAND/FOOT <4 CM	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
64896	T	NERVE GRAFT HAND/FOOT >4 CM	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-
64897	T	NERVE GRAFT ARM/LEG <4 CM	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
64898	T	NERVE GRAFT ARM/LEG >4 CM	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-	
64901	N	NERVE GRAFT ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
64902	N	NERVE GRAFT ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
64905	T	NERVE PEDICLE TRANSFER	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-	
64907	T	NERVE PEDICLE TRANSFER	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-	
64910	T	NERVE REPAIR W/ALLOGRAFT	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-	
64911	T	NEURORRAPHY W/VEIN AUTOGRAFT	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-	
64912	T	NRV RPR W/NRV ALGRFT 1ST	-	05432	68.1867	APC	\$3,862.09	-	-	000	999	-	
64913	N	NRV RPR W/NRV ALGRFT EA ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
64999	T	NERVOUS SYSTEM SURGERY	-	05441	3.2400	APC	\$183.51	-	-	000	999	-	
65091	T	REVISE EYE	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
65093	T	REVISE EYE WITH IMPLANT	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
65101	T	REMOVAL OF EYE	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
65103	T	REMOVE EYE/INSERT IMPLANT	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
65105	T	REMOVE EYE/ATTACH IMPLANT	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
65110	T	REMOVAL OF EYE	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
65112	T	REMOVE EYE/REVISE SOCKET	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
65114	T	REMOVE EYE/REVISE SOCKET	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
65125	T	REVISE OCULAR IMPLANT	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
65130	T	INSERT OCULAR IMPLANT	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
65135	T	INSERT OCULAR IMPLANT	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
65140	T	ATTACH OCULAR IMPLANT	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
65150	T	REVISE OCULAR IMPLANT	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
65155	T	REINSERT OCULAR IMPLANT	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
65175	T	REMOVAL OF OCULAR IMPLANT	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
65205	N	REMOVE FOREIGN BODY FROM EYE	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
65210	N	REMOVE FOREIGN BODY FROM EYE	-	05735	4.5003	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
65220	N	REMOVE FOREIGN BODY FROM EYE	-	05735	4.5003	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
65222	N	REMOVE FOREIGN BODY FROM EYE	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
65235	T	REMOVE FOREIGN BODY FROM EYE	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
65260	T	REMOVE FOREIGN BODY FROM EYE	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
65265	T	REMOVE FOREIGN BODY FROM EYE	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
65270	T	REPAIR OF EYE WOUND	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
65272	T	REPAIR OF EYE WOUND	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
65273	C	REPAIR OF EYE WOUND	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
65275	T	REPAIR OF EYE WOUND	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
65280	N	REPAIR OF EYE WOUND	-	05492	47.2606	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
65285	N	REPAIR OF EYE WOUND	-	05492	47.2606	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
65286	T	REPAIR OF EYE WOUND	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
65290	T	REPAIR OF EYE SOCKET WOUND	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
65400	T	REMOVAL OF EYE LESION	-	05502	9.9881	APC	\$565.73	-	-	000	999	-	
65410	T	BIOPSY OF CORNEA	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
65420	T	REMOVAL OF EYE LESION	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
65426	T	REMOVAL OF EYE LESION	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
65430	N	CORNEAL SMEAR	-	05735	4.5003	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
65435	T	CURETTE/TREAT CORNEA	-	05502	9.9881	APC	\$565.73	-	-	000	999	-	
65436	T	CURETTE/TREAT CORNEA	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
65450	T	TREATMENT OF CORNEAL LESION	-	05501	3.3479	APC	\$189.63	-	-	000	999	-	
65600	T	REVISION OF CORNEA	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
65710	N	CORNEAL TRANSPLANT	-	05492	47.2606	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
65730	N	CORNEAL TRANSPLANT	-	05492	47.2606	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
65750	N	CORNEAL TRANSPLANT	-	05492	47.2606	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
65755	N	CORNEAL TRANSPLANT	-	05492	47.2606	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
65756	N	CORNEAL TRNSPL ENDOTHELIAL	-	05492	47.2606	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
65757	N	PREP CORNEAL ENDO ALLOGRAFT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
65760	E	REVISION OF CORNEA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
65765	E	REVISION OF CORNEA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
65767	E	CORNEAL TISSUE TRANSPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
65770	N	REVISE CORNEA WITH IMPLANT	-	05493	76.7308	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
65771	E	RADIAL KERATOTOMY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
65772	T	CORRECTION OF ASTIGMATISM	-	05502	9.9881	APC	\$565.73	-	-	000	999	-	
65775	T	CORRECTION OF ASTIGMATISM	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
65778	N	COVER EYE W/MEMBRANE	-	05502	9.9881	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
65779	N	COVER EYE W/MEMBRANE SUTURE	-	05504	38.7046	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
65780	T	OCULAR RECONST TRANSPLANT	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
65781	N	OCULAR RECONST TRANSPLANT	-	05492	47.2606	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
65782	T	OCULAR RECONST TRANSPLANT	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
65785	N	IMPLTJ NTRSTRML CRNL RNG SEG	-	05492	47.2606	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
65800	T	DRAINAGE OF EYE	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
65810	T	DRAINAGE OF EYE	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
65815	T	DRAINAGE OF EYE	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
65820	N	RELIEVE INNER EYE PRESSURE	-	05492	47.2606	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
65850	T	INCISION OF EYE	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
65855	T	TRABECULOPLASTY LASER SURG	-	05481	6.2744	APC	\$355.38	-	-	000	999	-	
65860	T	INCISE INNER EYE ADHESIONS	-	05481	6.2744	APC	\$355.38	-	-	000	999	-	
65865	T	INCISE INNER EYE ADHESIONS	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
65870	T	INCISE INNER EYE ADHESIONS	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
65875	T	INCISE INNER EYE ADHESIONS	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
65880	T	INCISE INNER EYE ADHESIONS	-	05492	47.2606	APC	\$2,676.84	-	-	000	999	-	
65900	T	REMOVE EYE LESION	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
65920	T	REMOVE IMPLANT OF EYE	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
65930	T	REMOVE BLOOD CLOT FROM EYE	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
66020	T	INJECTION TREATMENT OF EYE	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
66030	T	INJECTION TREATMENT OF EYE	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
66130	T	REMOVE EYE LESION	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
66150	N	GLAUCOMA SURGERY	-	05492	47.2606	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
66155	T	GLAUCOMA SURGERY	-	05492	47.2606	APC	\$2,676.84	-	-	000	999	-	
66160	T	GLAUCOMA SURGERY	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
66170	T	GLAUCOMA SURGERY	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
66172	T	INCISION OF EYE	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
66174	T	TRANSLUM DIL EYE CANAL	-	05492	47.2606	APC	\$2,676.84	-	-	000	999	-	
66175	N	TRNSLUM DIL EYE CANAL W/STNT	-	05492	47.2606	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
66179	N	AQUEOUS SHUNT EYE W/O GRAFT	-	05492	47.2606	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
66180	N	AQUEOUS SHUNT EYE W/GRAFT	-	05492	47.2606	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
66183	N	INSERT ANT DRAINAGE DEVICE	-	05492	47.2606	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
66184	T	REVISION OF AQUEOUS SHUNT	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
66185	T	REVISE AQUEOUS SHUNT EYE	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
66225	T	REPAIR/GRAFT EYE LESION	-	05492	47.2606	APC	\$2,676.84	-	-	000	999	-	
66250	T	FOLLOW-UP SURGERY OF EYE	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
66500	T	INCISION OF IRIS	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
66505	T	INCISION OF IRIS	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
66600	T	REMOVE IRIS AND LESION	-	05492	47.2606	APC	\$2,676.84	-	-	000	999	-	
66605	T	REMOVAL OF IRIS	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
66625	T	REMOVAL OF IRIS	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
66630	T	REMOVAL OF IRIS	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
66635	T	REMOVAL OF IRIS	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
66680	T	REPAIR IRIS & CILIARY BODY	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
66682	T	REPAIR IRIS & CILIARY BODY	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
66700	T	DESTRUCTION CILIARY BODY	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
66710	T	CILIARY TRANSSLERAL THERAPY	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
66711	T	ECP CILIARY BODY DESTRUCTION	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
66720	T	DESTRUCTION CILIARY BODY	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
66740	T	DESTRUCTION CILIARY BODY	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-
66761	T	REVISION OF IRIS	-	05481	6.2744	APC	\$355.38	-	-	000	999	-
66762	T	REVISION OF IRIS	-	05481	6.2744	APC	\$355.38	-	-	000	999	-
66770	T	REMOVAL OF INNER EYE LESION	-	05481	6.2744	APC	\$355.38	-	-	000	999	-
66820	T	INCISION SECONDARY CATARACT	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-
66821	T	AFTER CATARACT LASER SURGERY	-	05481	6.2744	APC	\$355.38	-	-	000	999	-
66825	T	REPOSITION INTRAOCULAR LENS	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-
66830	T	REMOVAL OF LENS LESION	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-
66840	T	REMOVAL OF LENS MATERIAL	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-
66850	T	REMOVAL OF LENS MATERIAL	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-
66852	N	REMOVAL OF LENS MATERIAL	-	05492	47.2606	Bundled, sometimes payable	\$0.00	-	-	000	999	-
66920	T	EXTRACTION OF LENS	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-
66930	N	EXTRACTION OF LENS	-	05492	47.2606	Bundled, sometimes payable	\$0.00	-	-	000	999	-
66940	T	EXTRACTION OF LENS	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-
66982	T	XCAPSL CTRC RMVL CPLX WO ECP	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-
66983	T	CATARACT SURG W/IOL 1 STAGE	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-
66984	T	XCAPSL CTRC RMVL W/O ECP	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-
66985	T	INSERT LENS PROSTHESIS	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-
66986	T	EXCHANGE LENS PROSTHESIS	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-
66987	N	XCAPSL CTRC RMVL CPLX W/ECP	-	05492	47.2606	Bundled, sometimes payable	\$2,676.84	-	-	000	999	-
66988	N	XCAPSL CTRC RMVL W/ECP	-	05492	47.2606	Bundled, sometimes payable	\$2,676.84	-	-	000	999	-
66990	N	OPHTHALMIC ENDOSCOPE ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
66999	T	EYE SURGERY PROCEDURE	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-
67005	T	PARTIAL REMOVAL OF EYE FLUID	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-
67010	T	PARTIAL REMOVAL OF EYE FLUID	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-
67015	T	RELEASE OF EYE FLUID	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-
67025	T	REPLACE EYE FLUID	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-
67027	N	IMPLANT EYE DRUG SYSTEM	-	05494	159.3718	Bundled, sometimes payable	\$0.00	-	-	000	999	-
67028	S	INJECTION EYE DRUG	-	05694	3.8320	APC	\$217.04	-	-	000	999	-
67030	T	INCISE INNER EYE STRANDS	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-
67031	T	LASER SURGERY EYE STRANDS	-	05481	6.2744	APC	\$355.38	-	-	000	999	-
67036	T	REMOVAL OF INNER EYE FLUID	-	05492	47.2606	APC	\$2,676.84	-	-	000	999	-
67039	N	LASER TREATMENT OF RETINA	-	05492	47.2606	Bundled, sometimes payable	\$0.00	-	-	000	999	-
67040	N	LASER TREATMENT OF RETINA	-	05492	47.2606	Bundled, sometimes payable	\$0.00	-	-	000	999	-
67041	T	VIT FOR MACULAR PUCKER	-	05492	47.2606	APC	\$2,676.84	-	-	000	999	-
67042	N	VIT FOR MACULAR HOLE	-	05492	47.2606	Bundled, sometimes payable	\$0.00	-	-	000	999	-
67043	N	VIT FOR MEMBRANE DISSECT	-	05492	47.2606	Bundled, sometimes payable	\$0.00	-	-	000	999	-
67101	T	REPAIR DETACHED RETINA CRTX	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-
67105	T	REPAIR DETACHED RETINA PC	-	05481	6.2744	APC	\$355.38	-	-	000	999	-
67107	N	REPAIR DETACHED RETINA	-	05492	47.2606	Bundled, sometimes payable	\$0.00	-	-	000	999	-
67108	N	REPAIR DETACHED RETINA	-	05492	47.2606	Bundled, sometimes payable	\$0.00	-	-	000	999	-
67110	T	REPAIR DETACHED RETINA	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-
67113	N	REPAIR RETINAL DETACH CPLX	-	05492	47.2606	Bundled, sometimes payable	\$0.00	-	-	000	999	-
67115	T	RELEASE ENCIRCLING MATERIAL	-	05492	47.2606	APC	\$2,676.84	-	-	000	999	-
67120	T	REMOVE EYE IMPLANT MATERIAL	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-
67121	T	REMOVE EYE IMPLANT MATERIAL	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-
67141	T	TREATMENT OF RETINA	-	05501	3.3479	APC	\$189.63	-	-	000	999	-
67145	T	TREATMENT OF RETINA	-	05481	6.2744	APC	\$355.38	-	-	000	999	-
67208	T	TREATMENT OF RETINAL LESION	-	05501	3.3479	APC	\$189.63	-	-	000	999	-
67210	T	TREATMENT OF RETINAL LESION	-	05481	6.2744	APC	\$355.38	-	-	000	999	-
67218	T	TREATMENT OF RETINAL LESION	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-
67220	T	TREATMENT OF CHOROID LESION	-	05481	6.2744	APC	\$355.38	-	-	000	999	-
67221	T	OCULAR PHOTODYNAMIC THER	-	05481	6.2744	APC	\$355.38	-	-	000	999	-
67225	N	EYE PHOTODYNAMIC THER ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
67227	T	DSTRJ EXTENSIVE RETINOPATHY	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-
67228	T	TREATMENT X10SV RETINOPATHY	-	05481	6.2744	APC	\$355.38	-	-	000	999	-

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
67229	T	TR RETINAL LES PRETERM INF	-	05481	6.2744	APC	\$355.38	-	-	000	001	-	
67250	T	REINFORCE EYE WALL	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67255	T	REINFORCE/GRAFT EYE WALL	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
67299	T	EYE SURGERY PROCEDURE	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
67311	T	REVISE EYE MUSCLE	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67312	T	REVISE TWO EYE MUSCLES	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
67314	T	REVISE EYE MUSCLE	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67316	T	REVISE TWO EYE MUSCLES	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67318	T	REVISE EYE MUSCLE(S)	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67320	N	REVISE EYE MUSCLE(S) ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
67331	N	EYE SURGERY FOLLOW-UP ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
67332	N	REREVISE EYE MUSCLES ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
67334	N	REVISE EYE MUSCLE W/SUTURE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
67335	N	EYE SUTURE DURING SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
67340	N	REVISE EYE MUSCLE ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
67343	T	RELEASE EYE TISSUE	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67345	T	DESTROY NERVE OF EYE MUSCLE	-	05501	3.3479	APC	\$189.63	-	-	000	999	-	
67346	T	BIOPSY EYE MUSCLE	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
67399	T	UNLISTED PX EXTRAOCULAR MUSC	-	05501	3.3479	APC	\$189.63	-	-	000	999	-	
67400	T	EXPLORE/BIOPSY EYE SOCKET	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
67405	T	EXPLORE/DRAIN EYE SOCKET	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67412	T	EXPLORE/TREAT EYE SOCKET	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67413	T	EXPLORE/TREAT EYE SOCKET	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67414	T	EXPLR/DECOMPRESS EYE SOCKET	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
67415	T	ASPIRATION ORBITAL CONTENTS	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67420	T	EXPLORE/TREAT EYE SOCKET	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
67430	T	EXPLORE/TREAT EYE SOCKET	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
67440	T	EXPLORE/DRAIN EYE SOCKET	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
67445	T	EXPLR/DECOMPRESS EYE SOCKET	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
67450	T	EXPLORE/BIOPSY EYE SOCKET	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
67500	T	INJECT/TREAT EYE SOCKET	-	05501	3.3479	APC	\$189.63	-	-	000	999	-	
67505	T	INJECT/TREAT EYE SOCKET	-	05501	3.3479	APC	\$189.63	-	-	000	999	-	
67515	T	INJECT/TREAT EYE SOCKET	-	05501	3.3479	APC	\$189.63	-	-	000	999	-	
67550	T	INSERT EYE SOCKET IMPLANT	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
67560	T	REVISE EYE SOCKET IMPLANT	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
67570	T	DECOMPRESS OPTIC NERVE	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
67599	T	ORBIT SURGERY PROCEDURE	-	05501	3.3479	APC	\$189.63	-	-	000	999	-	
67700	T	DRAINAGE OF EYELID ABSCESS	-	05501	3.3479	APC	\$189.63	-	-	000	999	-	
67710	T	INCISION OF EYELID	-	05502	9.9881	APC	\$565.73	-	-	000	999	-	
67715	T	INCISION OF EYELID FOLD	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67800	T	REMOVE EYELID LESION	-	05501	3.3479	APC	\$189.63	-	-	000	999	-	
67801	T	REMOVE EYELID LESIONS	-	05502	9.9881	APC	\$565.73	-	-	000	999	-	
67805	T	REMOVE EYELID LESIONS	-	05501	3.3479	APC	\$189.63	-	-	000	999	-	
67808	T	REMOVE EYELID LESION(S)	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67810	T	BIOPSY EYELID & LID MARGIN	-	05501	3.3479	APC	\$189.63	-	-	000	999	-	
67820	N	REVISE EYELASHES	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
67825	T	REVISE EYELASHES	-	05501	3.3479	APC	\$189.63	-	-	000	999	-	
67830	T	REVISE EYELASHES	-	05502	9.9881	APC	\$565.73	-	-	000	999	-	
67835	T	REVISE EYELASHES	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67840	T	REMOVE EYELID LESION	-	05502	9.9881	APC	\$565.73	-	-	000	999	-	
67850	T	TREAT EYELID LESION	-	05502	9.9881	APC	\$565.73	-	-	000	999	-	
67875	T	CLOSURE OF EYELID BY SUTURE	-	05502	9.9881	APC	\$565.73	-	-	000	999	-	
67880	T	REVISION OF EYELID	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67882	T	REVISION OF EYELID	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67900	T	REPAIR BROW DEFECT	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67901	T	REPAIR EYELID DEFECT	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Min Age	Max Age	Comments
				APC	Weight				Hospital Lab	Hospital Lab			
67902	T	REPAIR EYELID DEFECT	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
67903	T	REPAIR EYELID DEFECT	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67904	T	REPAIR EYELID DEFECT	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67906	T	REPAIR EYELID DEFECT	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
67908	T	REPAIR EYELID DEFECT	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67909	T	REVISE EYELID DEFECT	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67911	T	REVISE EYELID DEFECT	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67912	T	CORRECTION EYELID W/IMPLANT	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67914	T	REPAIR EYELID DEFECT	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67915	T	REPAIR EYELID DEFECT	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67916	T	REPAIR EYELID DEFECT	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67917	T	REPAIR EYELID DEFECT	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67921	T	REPAIR EYELID DEFECT	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67922	T	REPAIR EYELID DEFECT	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67923	T	REPAIR EYELID DEFECT	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67924	T	REPAIR EYELID DEFECT	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67930	T	REPAIR EYELID WOUND	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67935	T	REPAIR EYELID WOUND	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67938	T	REMOVE EYELID FOREIGN BODY	-	05501	3.3479	APC	\$189.63	-	-	000	999	-	
67950	T	REVISION OF EYELID	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67961	T	REVISION OF EYELID	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67966	T	REVISION OF EYELID	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67971	T	RECONSTRUCTION OF EYELID	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67973	T	RECONSTRUCTION OF EYELID	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67974	T	RECONSTRUCTION OF EYELID	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
67975	T	RECONSTRUCTION OF EYELID	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
67999	T	REVISION OF EYELID	-	05501	3.3479	APC	\$189.63	-	-	000	999	-	
68020	T	INCISE/DRAIN EYELID LINING	-	05502	9.9881	APC	\$565.73	-	-	000	999	-	
68040	T	TREATMENT OF EYELID LESIONS	-	05501	3.3479	APC	\$189.63	-	-	000	999	-	
68100	T	BIOPSY OF EYELID LINING	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
68110	T	REMOVE EYELID LINING LESION	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
68115	T	REMOVE EYELID LINING LESION	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
68130	T	REMOVE EYELID LINING LESION	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
68135	T	REMOVE EYELID LINING LESION	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
68200	N	TREAT EYELID BY INJECTION	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
68320	T	REVISE/GRAFT EYELID LINING	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
68325	T	REVISE/GRAFT EYELID LINING	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
68326	T	REVISE/GRAFT EYELID LINING	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
68328	T	REVISE/GRAFT EYELID LINING	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
68330	T	REVISE EYELID LINING	-	05491	25.0252	APC	\$1,417.43	-	-	000	999	-	
68335	T	REVISE/GRAFT EYELID LINING	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
68340	T	SEPARATE EYELID ADHESIONS	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
68360	T	REVISE EYELID LINING	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
68362	T	REVISE EYELID LINING	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
68371	T	HARVEST EYE TISSUE ALOGRAFT	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
68399	T	EYELID LINING SURGERY	-	05501	3.3479	APC	\$189.63	-	-	000	999	-	
68400	T	INCISE/DRAIN TEAR GLAND	-	05502	9.9881	APC	\$565.73	-	-	000	999	-	
68420	T	INCISE/DRAIN TEAR SAC	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
68440	T	INCISE TEAR DUCT OPENING	-	05501	3.3479	APC	\$189.63	-	-	000	999	-	
68500	T	REMOVAL OF TEAR GLAND	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
68505	T	PARTIAL REMOVAL TEAR GLAND	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
68510	T	BIOPSY OF TEAR GLAND	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
68520	T	REMOVAL OF TEAR SAC	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
68525	T	BIOPSY OF TEAR SAC	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
68530	T	CLEARANCE OF TEAR DUCT	-	05501	3.3479	APC	\$189.63	-	-	000	999	-	
68540	T	REMOVE TEAR GLAND LESION	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Min Age	Max Age	Comments
				APC	Weight								
68550	T	REMOVE TEAR GLAND LESION	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
68700	T	REPAIR TEAR DUCTS	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
68705	T	REVISE TEAR DUCT OPENING	-	05501	3.3479	APC	\$189.63	-	-	000	999	-	
68720	T	CREATE TEAR SAC DRAIN	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
68745	T	CREATE TEAR DUCT DRAIN	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
68750	T	CREATE TEAR DUCT DRAIN	-	05504	38.7046	APC	\$2,192.23	-	-	000	999	-	
68760	T	CLOSE TEAR DUCT OPENING	-	05501	3.3479	APC	\$189.63	-	-	000	999	-	
68761	T	CLOSE TEAR DUCT OPENING	-	05501	3.3479	APC	\$189.63	-	-	000	999	-	
68770	T	CLOSE TEAR SYSTEM FISTULA	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
68801	N	DILATE TEAR DUCT OPENING	-	05735	4.5003	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
68810	T	PROBE NASOLACRIMAL DUCT	-	05501	3.3479	APC	\$189.63	-	-	000	999	-	
68811	T	PROBE NASOLACRIMAL DUCT	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
68815	T	PROBE NASOLACRIMAL DUCT	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
68816	T	PROBE NL DUCT W/BALLOON	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
68840	T	EXPLORE/IRRIGATE TEAR DUCTS	-	05501	3.3479	APC	\$189.63	-	-	000	999	-	
68850	N	INJECTION FOR TEAR SAC X-RAY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
68899	T	TEAR DUCT SYSTEM SURGERY	-	05501	3.3479	APC	\$189.63	-	-	000	999	-	
69000	T	DRAIN EXTERNAL EAR LESION	-	05071	7.5503	APC	\$427.65	-	-	000	999	-	
69005	T	DRAIN EXTERNAL EAR LESION	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
69020	T	DRAIN OUTER EAR CANAL LESION	-	05071	7.5503	APC	\$427.65	-	-	000	999	-	
69090	E	PIERCE EARLOBES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
69100	T	BIOPSY OF EXTERNAL EAR	-	05161	2.5205	APC	\$142.76	-	-	000	999	-	
69105	T	BIOPSY OF EXTERNAL EAR CANAL	-	05163	16.7012	APC	\$945.96	-	-	000	999	-	
69110	T	REMOVE EXTERNAL EAR PARTIAL	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
69120	T	REMOVAL OF EXTERNAL EAR	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-	
69140	N	REMOVE EAR CANAL LESION(S)	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
69145	T	REMOVE EAR CANAL LESION(S)	-	05073	28.7016	APC	\$1,625.66	-	-	000	999	-	
69150	T	EXTENSIVE EAR CANAL SURGERY	-	05165	60.0365	APC	\$3,400.47	-	-	000	999	-	
69155	C	EXTENSIVE EAR/NECK SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
69200	N	CLEAR OUTER EAR CANAL	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
69205	T	CLEAR OUTER EAR CANAL	-	05072	16.9891	APC	\$962.26	-	-	000	999	-	
69209	N	REMOVE IMPACTED EAR WAX UNI	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
69210	N	REMOVE IMPACTED EAR WAX UNI	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
69220	N	CLEAN OUT MASTOID CAVITY	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
69222	T	CLEAN OUT MASTOID CAVITY	-	05162	5.4673	APC	\$309.67	-	-	000	999	-	
69300	E	REVISE EXTERNAL EAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
69310	N	REBUILD OUTER EAR CANAL	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
69320	N	REBUILD OUTER EAR CANAL	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
69399	T	OUTER EAR SURGERY PROCEDURE	-	05161	2.5205	APC	\$142.76	-	-	000	999	-	
69420	T	INCISION OF EAR DRUM	-	05161	2.5205	APC	\$142.76	-	-	000	999	-	
69421	T	INCISION OF EAR DRUM	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-	
69424	N	REMOVE VENTILATING TUBE	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
69433	T	CREATE EAR DRUM OPENING	-	05162	5.4673	APC	\$309.67	-	-	000	999	-	
69436	T	CREATE EAR DRUM OPENING	-	05163	16.7012	APC	\$945.96	-	-	000	999	-	
69440	N	EXPLORATION OF MIDDLE EAR	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
69450	N	EAR DRUM REVISION	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
69501	N	MASTOIDECTOMY	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
69502	N	MASTOIDECTOMY	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
69505	N	REMOVE MASTOID STRUCTURES	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
69511	N	EXTENSIVE MASTOID SURGERY	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
69530	N	EXTENSIVE MASTOID SURGERY	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
69535	C	REMOVE PART OF TEMPORAL BONE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
69540	T	REMOVE EAR LESION	-	05163	16.7012	APC	\$945.96	-	-	000	999	-	
69550	N	REMOVE EAR LESION	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
69552	N	REMOVE EAR LESION	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
69554	C	REMOVE EAR LESION	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
				APC	Weight							
69601	N	MASTOID SURGERY REVISION	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69602	N	MASTOID SURGERY REVISION	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69603	N	MASTOID SURGERY REVISION	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69604	N	MASTOID SURGERY REVISION	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69605	N	MASTOID SURGERY REVISION	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69610	T	REPAIR OF EAR DRUM	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
69620	T	REPAIR OF EAR DRUM	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
69631	N	REPAIR EAR DRUM STRUCTURES	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69632	N	REBUILD EAR DRUM STRUCTURES	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69633	N	REBUILD EAR DRUM STRUCTURES	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69635	N	REPAIR EAR DRUM STRUCTURES	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69636	N	REBUILD EAR DRUM STRUCTURES	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69637	N	REBUILD EAR DRUM STRUCTURES	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69641	N	REVISE MIDDLE EAR & MASTOID	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69642	N	REVISE MIDDLE EAR & MASTOID	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69643	N	REVISE MIDDLE EAR & MASTOID	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69644	N	REVISE MIDDLE EAR & MASTOID	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69645	N	REVISE MIDDLE EAR & MASTOID	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69646	N	REVISE MIDDLE EAR & MASTOID	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69650	N	RELEASE MIDDLE EAR BONE	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69660	N	REVISE MIDDLE EAR BONE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69661	N	REVISE MIDDLE EAR BONE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69662	N	REVISE MIDDLE EAR BONE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69666	T	REPAIR MIDDLE EAR STRUCTURES	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
69667	T	REPAIR MIDDLE EAR STRUCTURES	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
69670	N	REMOVE MASTOID AIR CELLS	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69676	T	REMOVE MIDDLE EAR NERVE	-	05164	32.4198	APC	\$1,836.26	-	-	000	999	-
69700	T	CLOSE MASTOID FISTULA	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
69710	E	IMPLANT/REPLACE HEARING AID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
69711	N	REMOVE/REPAIR HEARING AID	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69714	N	IMPLANT TEMPLE BONE W/STIMUL	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69715	N	TEMPLE BNE IMPLNT W/STIMULAT	-	05116	197.3696	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69717	N	TEMPLE BONE IMPLANT REVISION	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69718	N	REVISE TEMPLE BONE IMPLANT	-	05115	147.2988	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69720	N	RELEASE FACIAL NERVE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69725	N	RELEASE FACIAL NERVE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69740	N	REPAIR FACIAL NERVE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69745	N	REPAIR FACIAL NERVE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69799	T	MIDDLE EAR SURGERY PROCEDURE	-	05161	2.5205	APC	\$142.76	-	-	000	999	-
69801	T	INCISE INNER EAR	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
69805	N	EXPLORE INNER EAR	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69806	N	EXPLORE INNER EAR	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69905	N	REMOVE INNER EAR	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69910	N	REMOVE INNER EAR & MASTOID	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69915	N	INCISE INNER EAR NERVE	-	05164	32.4198	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69930	N	IMPLANT COCHLEAR DEVICE	-	05166	409.7919	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69949	T	INNER EAR SURGERY PROCEDURE	-	05161	2.5205	APC	\$142.76	-	-	000	999	-
69950	C	INCISE INNER EAR NERVE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
69955	N	RELEASE FACIAL NERVE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69960	N	RELEASE INNER EAR CANAL	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69970	N	REMOVE INNER EAR LESION	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
69979	T	TEMPORAL BONE SURGERY	-	05161	2.5205	APC	\$142.76	-	-	000	999	-
69990	N	MICROSURGERY ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
70010	N	CONTRAST X-RAY OF BRAIN	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70015	N	CONTRAST X-RAY OF BRAIN	-	05573	8.4267	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70030	N	X-RAY EYE FOR FOREIGN BODY	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees			
70100	N	X-RAY EXAM OF JAW <4VIEWS	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
7010F	E	PT INFO INTO RECALL SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
70110	N	X-RAY EXAM OF JAW 4> VIEWS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70120	N	X-RAY EXAM OF MASTOIDS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70130	N	X-RAY EXAM OF MASTOIDS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70134	N	X-RAY EXAM OF MIDDLE EAR	-	05524	5.9607	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70140	N	X-RAY EXAM OF FACIAL BONES	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70150	N	X-RAY EXAM OF FACIAL BONES	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70160	N	X-RAY EXAM OF NASAL BONES	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70170	N	X-RAY EXAM OF TEAR DUCT	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70190	N	X-RAY EXAM OF EYE SOCKETS	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70200	N	X-RAY EXAM OF EYE SOCKETS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
7020F	E	MAMMO ASSESS CAT IN DBASE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
70210	N	X-RAY EXAM OF SINUSES	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70220	N	X-RAY EXAM OF SINUSES	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70240	N	X-RAY EXAM PITUITARY SADDLE	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70250	N	X-RAY EXAM OF SKULL	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
7025F	E	PT INFOSYS ALARM 4 NXT MAMMO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
70260	N	X-RAY EXAM OF SKULL	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70300	N	X-RAY EXAM OF TEETH	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70310	N	X-RAY EXAM OF TEETH	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70320	N	FULL MOUTH X-RAY OF TEETH	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70328	N	X-RAY EXAM OF JAW JOINT	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70330	N	X-RAY EXAM OF JAW JOINTS	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70332	N	X-RAY EXAM OF JAW JOINT	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70336	N	MAGNETIC IMAGE JAW JOINT	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70350	N	X-RAY HEAD FOR ORTHODONTIA	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70355	N	PANORAMIC X-RAY OF JAWS	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70360	N	X-RAY EXAM OF NECK	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70370	N	THROAT X-RAY & FLUOROSCOPY	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70371	N	SPEECH EVALUATION COMPLEX	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70380	N	X-RAY EXAM OF SALIVARY GLAND	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70390	N	X-RAY EXAM OF SALIVARY DUCT	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70450	N	CT HEAD/BRAIN W/O DYE	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70460	N	CT HEAD/BRAIN W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70470	N	CT HEAD/BRAIN W/O & W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70480	N	CT ORBIT/EAR/FOSSA W/O DYE	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70481	N	CT ORBIT/EAR/FOSSA W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70482	N	CT ORBIT/EAR/FOSSA W/O&W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70486	N	CT MAXILLOFACIAL W/O DYE	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70487	N	CT MAXILLOFACIAL W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70488	N	CT MAXILLOFACIAL W/O & W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70490	N	CT SOFT TISSUE NECK W/O DYE	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70491	N	CT SOFT TISSUE NECK W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70492	N	CT SFT TSUE NCK W/O & W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70496	N	CT ANGIOGRAPHY HEAD	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70498	N	CT ANGIOGRAPHY NECK	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70540	N	MRI ORBIT/FACE/NECK W/O DYE	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70542	N	MRI ORBIT/FACE/NECK W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70543	N	MRI ORBIT/FAC/NCK W/O &W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70544	N	MR ANGIOGRAPHY HEAD W/O DYE	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70545	N	MR ANGIOGRAPHY HEAD W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70546	N	MR ANGIOGRAPH HEAD W/O&W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70547	N	MR ANGIOGRAPHY NECK W/O DYE	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70548	N	MR ANGIOGRAPHY NECK W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
70549	N	MR ANGIOGRAPH NECK W/O&W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab		Min Age	Max Age	Comments
				APC	Weight				Fees	Fees			
70551	N	MRI BRAIN STEM W/O DYE	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
70552	N	MRI BRAIN STEM W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
70553	N	MRI BRAIN STEM W/O & W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
70554	N	FMRI BRAIN BY TECH	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
70555	S	FMRI BRAIN BY PHYS/PSYCH	-	05523	2.8844	APC	\$163.37	-	-	000	999	-	
70557	S	MRI BRAIN W/O DYE	-	05524	5.9607	APC	\$337.61	-	-	000	999	-	
70558	S	MRI BRAIN W/DYE	-	05571	2.2554	APC	\$127.75	-	-	000	999	-	
70559	S	MRI BRAIN W/O & W/DYE	-	05571	2.2554	APC	\$127.75	-	-	000	999	-	
71045	N	X-RAY EXAM CHEST 1 VIEW	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
71046	N	X-RAY EXAM CHEST 2 VIEWS	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
71047	N	X-RAY EXAM CHEST 3 VIEWS	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
71048	N	X-RAY EXAM CHEST 4+ VIEWS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
71100	N	X-RAY EXAM RIBS UNI 2 VIEWS	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
71101	M	X-RAY EXAM OF RIBS CHEST	TC	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
71101	N	X-RAY EXAM UNILAT RIBS/CHEST	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
71110	N	X-RAY EXAM RIBS BIL 3 VIEWS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
71111	N	X-RAY EXAM RIBS/CHEST4/> VWS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
71120	N	X-RAY EXAM BREASTBONE 2/>VWS	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
71130	N	X-RAY STRENOCLAVIC JT 3/>VWS	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
71250	N	CT THORAX W/O DYE	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
71260	N	CT THORAX W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
71270	N	CT THORAX W/O & W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
71275	N	CT ANGIOGRAPHY CHEST	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
71550	N	MRI CHEST W/O DYE	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
71551	N	MRI CHEST W/DYE	-	05573	8.4267	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
71552	N	MRI CHEST W/O & W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
71555	M	MRI ANGIO CHEST W OR W/O DYE	-	-	-	Fee Schedule	\$428.53	-	-	000	999	-	
72020	N	X-RAY EXAM OF SPINE 1 VIEW	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72040	M	X-RAY EXAM OF NECK SPINE	TC	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72040	N	X-RAY EXAM NECK SPINE 2-3 VW	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72050	M	X-RAY EXAM OF NECK SPINE	TC	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72050	N	X-RAY EXAM NECK SPINE 4/5VWS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72052	N	X-RAY EXAM NECK SPINE 6/>VWS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72070	M	X-RAY EXAM OF THORAX SPINE	TC	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72070	N	X-RAY EXAM THORAC SPINE 2VWS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72072	M	X-RAY EXAM OF THORACIC SPINE	TC	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72072	N	X-RAY EXAM THORAC SPINE 3VWS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72074	M	X-RAY EXAM OF THORACIC SPINE	TC	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72074	N	X-RAY EXAM THORAC SPINE4/>VW	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72080	M	X-RAY EXAM THORACOLMB 2/> VW	TC	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72080	N	X-RAY EXAM THORACOLMB 2/> VW	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72081	N	X-RAY EXAM ENTIRE SPI 1 VW	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72082	N	X-RAY EXAM ENTIRE SPI 2/3 VW	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72083	S	X-RAY EXAM ENTIRE SPI 4/5 VW	-	05522	1.3873	APC	\$78.58	-	-	000	999	-	
72084	S	X-RAY EXAM ENTIRE SPI 6/> VW	-	05522	1.3873	APC	\$78.58	-	-	000	999	-	
72100	M	X-RAY EXAM OF LOWER SPINE	TC	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72100	N	X-RAY EXAM L-S SPINE 2/3 VWS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72110	M	X-RAY EXAM OF LOWER SPINE	TC	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72110	N	X-RAY EXAM L-2 SPINE 4/>VWS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72114	N	X-RAY EXAM L-S SPINE BENDING	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72120	N	X-RAY BEND ONLY L-S SPINE	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72125	N	CT NECK SPINE W/O DYE	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72126	N	CT NECK SPINE W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72127	N	CT NECK SPINE W/O & W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72128	N	CT CHEST SPINE W/O DYE	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
72129	N	CT CHEST SPINE W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees			
72130	N	CT CHEST SPINE W/O & W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72131	N	CT LUMBAR SPINE W/O DYE	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72132	N	CT LUMBAR SPINE W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72133	N	CT LUMBAR SPINE W/O & W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72141	N	MRI NECK SPINE W/O DYE	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72142	N	MRI NECK SPINE W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72146	N	MRI CHEST SPINE W/O DYE	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72147	N	MRI CHEST SPINE W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72148	N	MRI LUMBAR SPINE W/O DYE	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72149	N	MRI LUMBAR SPINE W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72156	N	MRI NECK SPINE W/O & W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72157	N	MRI CHEST SPINE W/O & W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72158	N	MRI LUMBAR SPINE W/O & W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72159	E	MR ANGIO SPINE W/O&W/DYE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
72170	M	X-RAY EXAM OF PELVIS	TC	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72170	N	X-RAY EXAM OF PELVIS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72190	N	X-RAY EXAM OF PELVIS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72191	N	CT ANGIOGRAPH PELV W/O&W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72192	N	CT PELVIS W/O DYE	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72193	N	CT PELVIS W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72194	N	CT PELVIS W/O & W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72195	N	MRI PELVIS W/O DYE	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72196	N	MRI PELVIS W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72197	N	MRI PELVIS W/O & W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72198	E	MR ANGIO PELVIS W/O & W/DYE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
72200	N	X-RAY EXAM SI JOINTS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72202	M	X-RAY EXAM SACROILIAC JOINTS	TC	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72202	N	X-RAY EXAM SI JOINTS 3/> VWS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72220	M	X-RAY EXAM OF TAILBONE	TC	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72220	N	X-RAY EXAM SACRUM TAILBONE	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72240	N	MYELOGRAPHY NECK SPINE	-	05573	8.4267	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72255	N	MYELOGRAPHY THORACIC SPINE	-	05573	8.4267	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72265	N	MYELOGRAPHY L-S SPINE	-	05573	8.4267	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72270	N	MYELOGPHY 2/> SPINE REGIONS	-	05573	8.4267	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72275	N	EPIDUROGRAPHY	-	-	-	Bundled	\$0.00	-	-	000	999	-
72285	N	DISCOGRAPHY CERV/THOR SPINE	-	05431	21.2809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
72295	N	X-RAY OF LOWER SPINE DISK	-	05431	21.2809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73000	N	X-RAY EXAM OF COLLAR BONE	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73010	M	X-RAY EXAM OF SHOULDER BLADE	TC	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73010	N	X-RAY EXAM OF SHOULDER BLADE	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73020	N	X-RAY EXAM OF SHOULDER	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73030	M	X-RAY EXAM OF SHOULDER	TC	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73030	N	X-RAY EXAM OF SHOULDER	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73040	N	CONTRAST X-RAY OF SHOULDER	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73050	M	X-RAY EXAM OF SHOULDERS	TC	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73050	N	X-RAY EXAM OF SHOULDERS	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73060	M	X-RAY EXAM OF HUMERUS	TC	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73060	N	X-RAY EXAM OF HUMERUS	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73070	M	X-RAY EXAM OF ELBOW	TC	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73070	N	X-RAY EXAM OF ELBOW	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73080	M	X-RAY EXAM OF ELBOW	TC	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73080	N	X-RAY EXAM OF ELBOW	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73085	N	CONTRAST X-RAY OF ELBOW	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73090	M	X-RAY EXAM OF FOREARM	TC	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73090	N	X-RAY EXAM OF FOREARM	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73092	N	X-RAY EXAM OF ARM INFANT	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
73100	M	X-RAY EXAM OF WRIST	TC	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73100	N	X-RAY EXAM OF WRIST	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73110	M	X-RAY EXAM OF WRIST	TC	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73110	N	X-RAY EXAM OF WRIST	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73115	N	CONTRAST X-RAY OF WRIST	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73120	M	X-RAY EXAM OF HAND	TC	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73120	N	X-RAY EXAM OF HAND	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73130	M	X-RAY EXAM OF HAND	TC	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73130	N	X-RAY EXAM OF HAND	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73140	M	X-RAY EXAM OF FINGER(S)	TC	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73140	N	X-RAY EXAM OF FINGER(S)	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73200	N	CT UPPER EXTREMITY W/O DYE	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73201	N	CT UPPER EXTREMITY W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73202	N	CT UPRR EXTREMITY W/O&W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73206	N	CT ANGIO UPR EXTRM W/O&W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73218	N	MRI UPPER EXTREMITY W/O DYE	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73219	N	MRI UPPER EXTREMITY W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73220	N	MRI UPRR EXTREMITY W/O&W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73221	N	MRI JOINT UPR EXTREM W/O DYE	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73222	N	MRI JOINT UPR EXTREM W/DYE	-	05573	8.4267	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73223	N	MRI JOINT UPR EXTR W/O&W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73225	E	MR ANGIO UPR EXTR W/O&W/DYE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
73501	N	X-RAY EXAM HIP UNI 1 VIEW	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73502	N	X-RAY EXAM HIP UNI 2-3 VIEWS	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73503	N	X-RAY EXAM HIP UNI 4/> VIEWS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73521	N	X-RAY EXAM HIPS BI 2 VIEWS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73522	N	X-RAY EXAM HIPS BI 3-4 VIEWS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73523	S	X-RAY EXAM HIPS BI 5/> VIEWS	-	05522	1.3873	APC	\$78.58	-	-	000	999	-
73525	N	CONTRAST X-RAY OF HIP	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73551	N	X-RAY EXAM OF FEMUR 1	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73552	N	X-RAY EXAM OF FEMUR 2/>	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73560	M	X-RAY EXAM OF KNEE 1 OR 2	TC	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73560	N	X-RAY EXAM OF KNEE 1 OR 2	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73562	M	X-RAY EXAM OF KNEE 3	TC	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73562	N	X-RAY EXAM OF KNEE 3	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73564	M	X-RAY EXAM KNEE 4 OR MORE	TC	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73564	N	X-RAY EXAM KNEE 4 OR MORE	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73565	M	RADIOLOGIC EXAMINATION KNEE; BOTH KNEES STANDING AP	TC	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73565	N	X-RAY EXAM OF KNEES	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73580	N	CONTRAST X-RAY OF KNEE JOINT	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73590	M	X-RAY EXAM OF LOWER LEG	TC	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73590	N	X-RAY EXAM OF LOWER LEG	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73592	N	X-RAY EXAM OF LEG INFANT	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	002	-
73600	M	X-RAY EXAM OF ANKLE	TC	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73600	N	X-RAY EXAM OF ANKLE	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73610	M	X-RAY EXAM OF ANKLE	TC	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73610	N	X-RAY EXAM OF ANKLE	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73615	N	CONTRAST X-RAY OF ANKLE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73620	M	X-RAY EXAM OF FOOT	TC	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73620	N	X-RAY EXAM OF FOOT	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73630	M	X-RAY EXAM OF FOOT	TC	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73630	N	X-RAY EXAM OF FOOT	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73650	N	X-RAY EXAM OF HEEL	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73660	N	X-RAY EXAM OF TOE(S)	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73700	N	CT LOWER EXTREMITY W/O DYE	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73701	N	CT LOWER EXTREMITY W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
73702	N	CT LWR EXTREMITY W/O&W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73706	N	CT ANGIO LWR EXTR W/O&W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73718	N	MRI LOWER EXTREMITY W/O DYE	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73719	N	MRI LOWER EXTREMITY W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73720	N	MRI LWR EXTREMITY W/O&W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73721	N	MRI JNT OF LWR EXTRE W/O DYE	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73722	N	MRI JOINT OF LWR EXTR W/DYE	-	05573	8.4267	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73723	N	MRI JOINT LWR EXTR W/O&W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
73725	M	MR ANG LWR EXT W OR W/O DYE	-	-	-	Fee Schedule	\$431.29	-	-	000	999	-
74018	N	X-RAY EXAM ABDOMEN 1 VIEW	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74019	N	X-RAY EXAM ABDOMEN 2 VIEWS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74021	N	X-RAY EXAM ABDOMEN 3+ VIEWS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74022	M	X-RAY EXAM SERIES ABDOMEN	TC	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74022	N	X-RAY EXAM COMPLETE ABDOMEN	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74150	N	CT ABDOMEN W/O DYE	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74160	N	CT ABDOMEN W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74170	N	CT ABDOMEN W/O & W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74174	S	CT ANGIO ABD&PELV W/O&W/DYE	-	05572	4.7263	APC	\$267.70	-	-	000	999	-
74175	N	CT ANGIO ABDOM W/O & W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74176	N	CT ABD & PELVIS W/O CONTRAST	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74177	N	CT ABD & PELV W/CONTRAST	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74178	N	CT ABD & PELV 1/> REGNS	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74181	N	MRI ABDOMEN W/O DYE	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74182	N	MRI ABDOMEN W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74183	N	MRI ABDOMEN W/O & W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74185	M	MRI ANGIO ABDOM W OR/W O DYE	-	-	-	Fee Schedule	\$432.48	-	-	000	999	-
74190	N	X-RAY EXAM OF PERITONEUM	-	05524	5.9607	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74210	N	X-RAY XM PHRNX&CRV ESOPH C+	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74220	N	X-RAY XM ESOPHAGUS 1CNTRST	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74221	N	X-RAY XM ESOPHAGUS 2CNTRST	-	05571	2.2554	Bundled, sometimes payable	\$127.75	-	-	000	999	-
74230	N	X-RAY XM SWLNG FUNCJ C+	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74235	N	REMOVE ESOPHAGUS OBSTRUCTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
74240	N	X-RAY XM UPR GI TRC 1CNTRST	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74246	N	X-RAY XM UPR GI TRC 2CNTRST	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74248	N	X-RAY SM INT F-THRU STD	-	-	-	Bundled	\$0.00	-	-	000	999	-
74250	N	X-RAY XM SM INT 1CNTRST STD	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74251	S	X-RAY XM SM INT 2CNTRST STD	-	05571	2.2554	APC	\$127.75	-	-	000	999	-
74261	N	CT COLONOGRAPHY DX	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74262	N	CT COLONOGRAPHY DX W/DYE	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74263	E	CT COLONOGRAPHY SCREENING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
74270	N	X-RAY XM COLON 1CNTRST STD	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74280	S	X-RAY XM COLON 2CNTRST STD	-	05571	2.2554	APC	\$127.75	-	-	000	999	-
74283	S	THER NMA RDCTJ INTUS/OBSTRCTJ	-	05571	2.2554	APC	\$127.75	-	-	000	999	-
74290	N	CONTRAST X-RAY GALLBLADDER	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-
74300	N	X-RAY BILE DUCTS/PANCREAS	-	-	-	Bundled	\$0.00	-	-	000	999	-
74301	N	X-RAYS AT SURGERY ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
74328	N	X-RAY BILE DUCT ENDOSCOPY	-	-	-	Bundled	\$0.00	-	-	000	999	-
74329	N	X-RAY FOR PANCREAS ENDOSCOPY	-	-	-	Bundled	\$0.00	-	-	000	999	-
74330	N	X-RAY BILE/PANC ENDOSCOPY	-	-	-	Bundled	\$0.00	-	-	000	999	-
74340	N	X-RAY GUIDE FOR GI TUBE	-	-	-	Bundled	\$0.00	-	-	000	999	-
74355	N	X-RAY GUIDE INTESTINAL TUBE	-	-	-	Bundled	\$0.00	-	-	000	999	-
74360	N	X-RAY GUIDE GI DILATION	-	-	-	Bundled	\$0.00	-	-	000	999	-
74363	N	X-RAY BILE DUCT DILATION	-	-	-	Bundled	\$0.00	-	-	000	999	-
74400	S	CONTRST X-RAY URINARY TRACT	-	05571	2.2554	APC	\$127.75	-	-	000	999	-
74410	S	CONTRST X-RAY URINARY TRACT	-	05571	2.2554	APC	\$127.75	-	-	000	999	-
74415	S	CONTRST X-RAY URINARY TRACT	-	05571	2.2554	APC	\$127.75	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
74420	S	CONTRST X-RAY URINARY TRACT	-	05572	4.7263	APC	\$267.70	-	-	000	999	-	
74425	N	CONTRST X-RAY URINARY TRACT	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
74430	N	CONTRAST X-RAY BLADDER	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
74440	N	X-RAY MALE GENITAL TRACT	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
74445	N	X-RAY EXAM OF PENIS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
74450	N	X-RAY URETHRA/BLADDER	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
74455	N	X-RAY URETHRA/BLADDER	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
74470	N	X-RAY EXAM OF KIDNEY LESION	-	05524	5.9607	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
74485	N	DILATION URTR/URT RS&I	-	05373	21.9270	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
74710	N	X-RAY MEASUREMENT OF PELVIS	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
74712	S	MRI FETAL SNGL/1ST GESTATION	-	05523	2.8844	APC	\$163.37	-	-	000	999	-	
74713	N	MRI FETAL EA ADDL GESTATION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
74740	N	X-RAY FEMALE GENITAL TRACT	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
74742	N	X-RAY FALLOPIAN TUBE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
74775	S	X-RAY EXAM OF PERINEUM	-	05523	2.8844	APC	\$163.37	-	-	000	999	-	
75557	N	CARDIAC MRI FOR MORPH	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75559	N	CARDIAC MRI W/STRESS IMG	-	05524	5.9607	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75561	N	CARDIAC MRI FOR MORPH W/DYE	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75563	N	CARD MRI W/STRESS IMG & DYE	-	05573	8.4267	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75565	N	CARD MRI VELOC FLOW MAPPING	-	-	-	Bundled	\$0.00	-	-	000	999	-	
75571	N	CT HRT W/O DYE W/CA TEST	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75572	S	CT HRT W/3D IMAGE	-	05571	2.2554	APC	\$127.75	-	-	000	999	-	
75573	S	CT HRT W/3D IMAGE CONGEN	-	05571	2.2554	APC	\$127.75	-	-	000	999	-	
75574	S	CT ANGIO HRT W/3D IMAGE	-	05571	2.2554	APC	\$127.75	-	-	000	999	-	
75600	N	CONTRAST EXAM THORACIC AORTA	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75605	N	CONTRAST EXAM THORACIC AORTA	-	05184	56.8885	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75625	N	CONTRAST EXAM ABDOMINL AORTA	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75630	N	X-RAY AORTA LEG ARTERIES	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75635	N	CT ANGIO ABDOMINAL ARTERIES	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75705	N	ARTERY X-RAYS SPINE	-	05184	56.8885	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75710	N	ARTERY X-RAYS ARM/LEG	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75716	N	ARTERY X-RAYS ARMS/LEGS	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75726	N	ARTERY X-RAYS ABDOMEN	-	05184	56.8885	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75731	N	ARTERY X-RAYS ADRENAL GLAND	-	05182	20.1890	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75733	N	ARTERY X-RAYS ADRENALS	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75736	N	ARTERY X-RAYS PELVIS	-	05184	56.8885	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75741	N	ARTERY X-RAYS LUNG	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75743	N	ARTERY X-RAYS LUNGS	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75746	N	ARTERY X-RAYS LUNG	-	05182	20.1890	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75756	N	ARTERY X-RAYS CHEST	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75774	N	ARTERY X-RAY EACH VESSEL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
75801	N	LYMPH VESSEL X-RAY ARM/LEG	-	05181	7.8040	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75803	N	LYMPH VESSEL X-RAY ARMS/LEGS	-	05182	20.1890	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75805	N	LYMPH VESSEL X-RAY TRUNK	-	05182	20.1890	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75807	N	LYMPH VESSEL X-RAY TRUNK	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75809	N	NONVASCULAR SHUNT X-RAY	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75810	N	VEIN X-RAY SPLEEN/LIVER	-	05182	20.1890	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75820	N	VEIN X-RAY ARM/LEG	-	05181	7.8040	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75822	N	VEIN X-RAY ARMS/LEGS	-	05182	20.1890	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75825	N	VEIN X-RAY TRUNK	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75827	N	VEIN X-RAY CHEST	-	05181	7.8040	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75831	N	VEIN X-RAY KIDNEY	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75833	N	VEIN X-RAY KIDNEYS	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75840	N	VEIN X-RAY ADRENAL GLAND	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75842	N	VEIN X-RAY ADRENAL GLANDS	-	05184	56.8885	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75860	N	VEIN X-RAY NECK	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
75870	N	VEIN X-RAY SKULL	-	05182	20.1890	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75872	N	VEIN X-RAY SKULL EPIDURAL	-	05181	7.8040	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75880	N	VEIN X-RAY EYE SOCKET	-	05181	7.8040	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75885	N	VEIN X-RAY LIVER W/HEMODYNAM	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75887	N	VEIN X-RAY LIVER W/O HEMODYN	-	05182	20.1890	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75889	N	VEIN X-RAY LIVER W/HEMODYNAM	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75891	N	VEIN X-RAY LIVER	-	05183	34.3010	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75893	N	VENOUS SAMPLING BY CATHETER	-	05184	56.8885	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75894	N	X-RAYS TRANSCATH THERAPY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
75898	N	FOLLOW-UP ANGIOGRAPHY	-	05182	20.1890	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
75901	N	REMOVE CVA DEVICE OBSTRUCT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
75902	N	REMOVE CVA LUMEN OBSTRUCT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
75956	C	XRAY ENDOVASC THOR AO REPR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
75957	C	XRAY ENDOVASC THOR AO REPR	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
75958	C	XRAY PLACE PROX EXT THOR AO	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
75959	C	XRAY PLACE DIST EXT THOR AO	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
75970	N	VASCULAR BIOPSY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
75984	N	XRAY CONTROL CATHETER CHANGE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
75989	N	ABSCESS DRAINAGE UNDER X-RAY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
76000	S	FLUOROSCOPY <1 HR PHYS/QHP	-	05523	2.8844	APC	\$163.37	-	-	000	999	-	
76010	N	X-RAY NOSE TO RECTUM	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76080	N	X-RAY EXAM OF FISTULA	-	05524	5.9607	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76098	N	X-RAY EXAM SURGICAL SPECIMEN	-	05524	5.9607	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76100	N	X-RAY EXAM OF BODY SECTION	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76101	N	COMPLEX BODY SECTION X-RAY	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76102	S	COMPLEX BODY SECTION X-RAYS	-	05522	1.3873	APC	\$78.58	-	-	000	999	-	
76120	N	CINE/VIDEO X-RAYS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76125	N	CINE/VIDEO X-RAYS ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
76140	E	X-RAY CONSULTATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
76376	N	3D RENDER W/INTRP POSTPROCES	-	-	-	Bundled	\$0.00	-	-	000	999	-	
76377	N	3D RENDER W/INTRP POSTPROCES	-	-	-	Bundled	\$0.00	-	-	000	999	-	
76380	N	CAT SCAN FOLLOW-UP STUDY	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76390	E	MR SPECTROSCOPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
76391	N	MR ELASTOGRAPHY	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76496	N	FLUOROSCOPIC PROCEDURE	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76497	N	CT PROCEDURE	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76498	S	MRI PROCEDURE	-	05521	0.9878	APC	\$55.95	-	-	000	999	-	
76499	N	RADIOGRAPHIC PROCEDURE	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76506	N	ECHO EXAM OF HEAD	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76510	N	OPHTH US B & QUANT A	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76511	N	OPHTH US QUANT A ONLY	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76512	N	OPHTH US B W/NON-QUANT A	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76513	N	ECHO EXAM OF EYE WATER BATH	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76514	N	ECHO EXAM OF EYE THICKNESS	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76516	N	ECHO EXAM OF EYE	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76519	N	ECHO EXAM OF EYE	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76529	N	ECHO EXAM OF EYE	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76536	N	US EXAM OF HEAD AND NECK	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76604	N	US EXAM CHEST	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76641	N	ULTRASOUND BREAST COMPLETE	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76642	N	ULTRASOUND BREAST LIMITED	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76700	N	US EXAM ABDOM COMPLETE	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76705	N	ECHO EXAM OF ABDOMEN	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76706	S	US ABDL AORTA SCREEN AAA	-	05522	1.3873	APC	\$78.58	-	-	000	999	-	
76770	N	US EXAM ABDO BACK WALL COMP	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76775	N	US EXAM ABDO BACK WALL LIM	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab		Min Age	Max Age	Comments
									Fees	Fees			
76776	N	US EXAM K TRANSP L W/DOPPLER	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76800	N	US EXAM SPINAL CANAL	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76801	S	OB US < 14 WKS SINGLE FETUS	-	05522	1.3873	APC	\$78.58	-	-	000	999	-	
76802	N	OB US < 14 WKS ADDL FETUS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
76805	S	OB US >= 14 WKS SNGL FETUS	-	05522	1.3873	APC	\$78.58	-	-	010	065	-	
76810	N	OB US >= 14 WKS ADDL FETUS	-	-	-	Bundled	\$0.00	-	-	010	065	-	
76811	S	OB US DETAILED SNGL FETUS	-	05523	2.8844	APC	\$163.37	-	-	000	999	-	
76812	N	OB US DETAILED ADDL FETUS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
76813	N	OB US NUCHAL MEAS 1 GEST	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76814	N	OB US NUCHAL MEAS ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
76815	N	OB US LIMITED FETUS(S)	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	010	065	-	
76816	N	OB US FOLLOW-UP PER FETUS	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	010	065	-	
76817	N	TRANSVAGINAL US OBSTETRIC	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76818	S	FETAL BIOPHYS PROFILE W/NST	-	05522	1.3873	APC	\$78.58	-	-	010	065	-	
76819	S	FETAL BIOPHYS PROFIL W/O NST	-	05522	1.3873	APC	\$78.58	-	-	010	065	-	
76820	N	UMBILICAL ARTERY ECHO	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76821	N	MIDDLE CEREBRAL ARTERY ECHO	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76825	S	ECHO EXAM OF FETAL HEART	-	05524	5.9607	APC	\$337.61	-	-	010	065	-	
76826	S	ECHO EXAM OF FETAL HEART	-	05523	2.8844	APC	\$163.37	-	-	010	065	-	
76827	N	ECHO EXAM OF FETAL HEART	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	010	065	-	
76828	N	ECHO EXAM OF FETAL HEART	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	010	065	-	
76830	S	TRANSVAGINAL US NON-OB	-	05522	1.3873	APC	\$78.58	-	-	010	999	-	
76831	N	ECHO EXAM UTERUS	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76856	N	US EXAM PELVIC COMPLETE	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76857	N	US EXAM PELVIC LIMITED	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76870	N	US EXAM SCROTUM	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76872	S	US TRANSRECTAL	-	05522	1.3873	APC	\$78.58	-	-	000	999	-	
76873	S	ECHOGRAP TRANS R PROS STUDY	-	05522	1.3873	APC	\$78.58	-	-	000	999	-	
76881	S	US COMPL JOINT R-T W/IMG	-	05522	1.3873	APC	\$78.58	-	-	000	999	-	
76882	N	US LMTD JT/NONVASC XTR STRUX	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76885	N	US EXAM INFANT HIPS DYNAMIC	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	000	-	
76886	N	US EXAM INFANT HIPS STATIC	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	000	-	
76932	N	ECHO GUIDE FOR HEART BIOPSY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
76936	S	ECHO GUIDE FOR ARTERY REPAIR	-	05722	3.1327	APC	\$177.44	-	-	000	999	-	
76937	N	US GUIDE VASCULAR ACCESS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
76940	N	US GUIDE TISSUE ABLATION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
76941	N	ECHO GUIDE FOR TRANSFUSION	-	-	-	Bundled	\$0.00	-	-	010	065	-	
76942	N	ECHO GUIDE FOR BIOPSY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
76945	N	ECHO GUIDE VILLUS SAMPLING	-	-	-	Bundled	\$0.00	-	-	010	065	-	
76946	N	ECHO GUIDE FOR AMNIOCENTESIS	-	-	-	Bundled	\$0.00	-	-	010	065	-	
76948	N	ECHO GUIDE OVA ASPIRATION	-	-	-	Bundled	\$0.00	-	-	010	065	-	
76965	N	ECHO GUIDANCE RADIOTHERAPY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
76970	N	ULTRASOUND EXAM FOLLOW-UP	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76975	N	GI ENDOSCOPIC ULTRASOUND	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76977	S	US BONE DENSITY MEASURE	-	05522	1.3873	APC	\$78.58	-	-	000	999	-	
76978	S	US TRGT DYN MBUBB 1ST LES	-	05571	2.2554	APC	\$127.75	-	-	000	999	-	
76979	N	US TRGT DYN MBUBB EA ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
76981	N	USE PARENCHYMA	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76982	N	USE 1ST TARGET LESION	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
76983	N	USE EA ADDL TARGET LESION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
76998	N	US GUIDE INTRAOP	-	-	-	Bundled	\$0.00	-	-	000	999	-	
76999	N	ECHO EXAMINATION PROCEDURE	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
77001	N	FLUOROGUIDE FOR VEIN DEVICE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
77002	N	NEEDLE LOCALIZATION BY XRAY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
77003	N	FLUOROGUIDE FOR SPINE INJECT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
77011	N	CT SCAN FOR LOCALIZATION	-	-	-	Bundled	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
77012	N	CT SCAN FOR NEEDLE BIOPSY	-	-	-	Bundled	\$0.00	-	-	000	999	-
77013	N	CT GUIDE FOR TISSUE ABLATION	-	-	-	Bundled	\$0.00	-	-	000	999	-
77014	N	CT SCAN FOR THERAPY GUIDE	-	-	-	Bundled	\$0.00	-	-	000	999	-
77021	N	MRI GUIDANCE NDL PLMT RS&I	-	-	-	Bundled	\$0.00	-	-	000	999	-
77022	N	MRI GDN PARNCHYMA TISS ABLTJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
77046	N	MRI BREAST C- UNILATERAL	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-
77047	N	MRI BREAST C- BILATERAL	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-
77048	E	MRI BREAST C-+ W/CAD UNI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
77049	E	MRI BREAST C-+ W/CAD BI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
77053	N	X-RAY OF MAMMARY DUCT	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-
77054	N	X-RAY OF MAMMARY DUCTS	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-
77061	E	BREAST TOMOSYNTHESIS UNI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
77062	E	BREAST TOMOSYNTHESIS BI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
77063	M	BREAST TOMOSYNTHESIS BI	-	-	-	Fee Schedule	\$61.60	-	-	000	999	-
77065	M	DX MAMMO INCL CAD UNI	-	-	-	Fee Schedule	\$150.06	-	-	000	999	-
77066	M	DX MAMMO INCL CAD BI	-	-	-	Fee Schedule	\$188.78	-	-	000	999	-
77067	M	SCR MAMMO BI INCL CAD	-	-	-	Fee Schedule	\$153.22	-	-	000	999	-
77071	N	X-RAY STRESS VIEW	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
77072	N	X-RAYS FOR BONE AGE	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
77073	N	X-RAYS BONE LENGTH STUDIES	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
77074	N	X-RAYS BONE SURVEY LIMITED	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
77075	N	X-RAYS BONE SURVEY COMPLETE	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
77076	N	X-RAYS BONE SURVEY INFANT	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	001	-
77077	N	JOINT SURVEY SINGLE VIEW	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
77078	S	CT BONE DENSITY AXIAL	-	05521	0.9878	APC	\$55.95	-	-	000	999	-
77080	S	DXA BONE DENSITY AXIAL	-	05522	1.3873	APC	\$78.58	-	-	000	999	-
77081	S	DXA BONE DENSITY/PERIPHERAL	-	05521	0.9878	APC	\$55.95	-	-	000	999	-
77084	S	MAGNETIC IMAGE BONE MARROW	-	05523	2.8844	APC	\$163.37	-	-	000	999	-
77085	N	DXA BONE DENSITY STUDY	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
77086	N	FRACTURE ASSESSMENT VIA DXA	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
77261	E	RADIATION THERAPY PLANNING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
77262	E	RADIATION THERAPY PLANNING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
77263	E	RADIATION THERAPY PLANNING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
77280	S	SET RADIATION THERAPY FIELD	-	05611	1.5669	APC	\$88.75	-	-	000	999	-
77285	S	SET RADIATION THERAPY FIELD	-	05612	4.1484	APC	\$234.97	-	-	000	999	-
77290	S	SET RADIATION THERAPY FIELD	-	05612	4.1484	APC	\$234.97	-	-	000	999	-
77293	N	RESPIRATOR MOTION MGMT SIMUL	-	-	-	Bundled	\$0.00	-	-	000	999	-
77295	S	3-D RADIOTHERAPY PLAN	-	05613	15.4140	APC	\$873.05	-	-	000	999	-
77299	S	RADIATION THERAPY PLANNING	-	05611	1.5669	APC	\$88.75	-	-	000	999	-
77300	S	RADIATION THERAPY DOSE PLAN	-	05611	1.5669	APC	\$88.75	-	-	000	999	-
77301	S	RADIOTHERAPY DOSE PLAN IMRT	-	05613	15.4140	APC	\$873.05	-	-	000	999	-
77306	S	TELETHX ISODOSE PLAN SIMPLE	-	05612	4.1484	APC	\$234.97	-	-	000	999	-
77307	S	TELETHX ISODOSE PLAN CPLX	-	05612	4.1484	APC	\$234.97	-	-	000	999	-
77316	S	BRACHYTX ISODOSE PLAN SIMPLE	-	05612	4.1484	APC	\$234.97	-	-	000	999	-
77317	S	BRACHYTX ISODOSE INTERMED	-	05612	4.1484	APC	\$234.97	-	-	000	999	-
77318	S	BRACHYTX ISODOSE COMPLEX	-	05612	4.1484	APC	\$234.97	-	-	000	999	-
77321	S	SPECIAL TELETX PORT PLAN	-	05612	4.1484	APC	\$234.97	-	-	000	999	-
77331	S	SPECIAL RADIATION DOSIMETRY	-	05611	1.5669	APC	\$88.75	-	-	000	999	-
77332	S	RADIATION TREATMENT AID(S)	-	05611	1.5669	APC	\$88.75	-	-	000	999	-
77333	S	RADIATION TREATMENT AID(S)	-	05611	1.5669	APC	\$88.75	-	-	000	999	-
77334	S	RADIATION TREATMENT AID(S)	-	05612	4.1484	APC	\$234.97	-	-	000	999	-
77336	S	RADIATION PHYSICS CONSULT	-	05611	1.5669	APC	\$88.75	-	-	000	999	-
77338	S	DESIGN MLC DEVICE FOR IMRT	-	05612	4.1484	APC	\$234.97	-	-	000	999	-
77370	S	RADIATION PHYSICS CONSULT	-	05611	1.5669	APC	\$88.75	-	-	000	999	-
77371	N	SRS MULTISOURCE	-	05627	98.3057	Bundled, sometimes payable	\$0.00	-	-	000	999	-
77372	N	SRS LINEAR BASED	-	05627	98.3057	Bundled, sometimes payable	\$0.00	-	-	000	999	-

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July 1, 2020**

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77373	S	SBRT DELIVERY	-	05626	21.8887	APC	\$1,239.78	-	-	000	999	-
77385	S	NTSTY MODUL RAD TX DLVR SMPL	-	05623	6.6693	APC	\$377.75	-	-	000	999	-
77386	S	NTSTY MODUL RAD TX DLVR CPLX	-	05623	6.6693	APC	\$377.75	-	-	000	999	-
77387	N	GUIDANCE FOR RADJ TX DLVR	-	-	-	Bundled	\$0.00	-	-	000	999	-
77399	S	EXTERNAL RADIATION DOSIMETRY	-	05611	1.5669	APC	\$88.75	-	-	000	999	-
77401	S	RADIATION TREATMENT DELIVERY	-	05621	1.5188	APC	\$86.02	-	-	000	999	-
77402	S	RADIATION TREATMENT DELIVERY	-	05621	1.5188	APC	\$86.02	-	-	000	999	-
77407	S	RADIATION TREATMENT DELIVERY	-	05622	2.9255	APC	\$165.70	-	-	000	999	-
77412	S	RADIATION TREATMENT DELIVERY	-	05622	2.9255	APC	\$165.70	-	-	000	999	-
77417	N	RADIOLOGY PORT IMAGES(S)	-	-	-	Bundled	\$0.00	-	-	000	999	-
77423	S	NEUTRON BEAM TX COMPLEX	-	05623	6.6693	APC	\$377.75	-	-	000	999	-
77424	N	IO RAD TX DELIVERY BY X-RAY	-	05627	98.3057	Bundled, sometimes payable	\$0.00	-	-	000	999	-
77425	N	IO RAD TX DELIVER BY ELCTRNS	-	05627	98.3057	Bundled, sometimes payable	\$0.00	-	-	000	999	-
77427	M	RADIATION TX MANAGEMENT X5	-	-	-	Fee Schedule	\$217.94	-	-	000	999	-
77431	M	RADIATION THERAPY MANAGEMENT	-	-	-	Fee Schedule	\$120.90	-	-	000	999	-
77432	M	STEREOTACTIC RADIATION TRMT	-	-	-	Fee Schedule	\$487.16	-	-	000	999	-
77435	N	SBRT MANAGEMENT	-	-	-	Bundled	\$0.00	-	-	000	999	-
77469	E	IO RADIATION TX MANAGEMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
77470	S	SPECIAL RADIATION TREATMENT	-	05623	6.6693	APC	\$377.75	-	-	000	999	-
77499	M	RADIATION THERAPY MANAGEMENT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
77520	S	PROTON TRMT SIMPLE W/O COMP	-	05623	6.6693	APC	\$377.75	-	-	000	999	-
77522	S	PROTON TRMT SIMPLE W/COMP	-	05625	15.4315	APC	\$874.04	-	-	000	999	-
77523	S	PROTON TRMT INTERMEDIATE	-	05625	15.4315	APC	\$874.04	-	-	000	999	-
77525	S	PROTON TREATMENT COMPLEX	-	05625	15.4315	APC	\$874.04	-	-	000	999	-
77600	S	HYPERTHERMIA TREATMENT	-	05622	2.9255	APC	\$165.70	-	-	000	999	-
77605	S	HYPERTHERMIA TREATMENT	-	05624	9.1657	APC	\$519.15	-	-	000	999	-
77610	S	HYPERTHERMIA TREATMENT	-	05623	6.6693	APC	\$377.75	-	-	000	999	-
77615	S	HYPERTHERMIA TREATMENT	-	05623	6.6693	APC	\$377.75	-	-	000	999	-
77620	S	HYPERTHERMIA TREATMENT	-	05623	6.6693	APC	\$377.75	-	-	000	999	-
77750	S	INFUSE RADIOACTIVE MATERIALS	-	05622	2.9255	APC	\$165.70	-	-	000	999	-
77761	S	APPLY INTRCAV RADIAT SIMPLE	-	05623	6.6693	APC	\$377.75	-	-	000	999	-
77762	S	APPLY INTRCAV RADIAT INTERM	-	05623	6.6693	APC	\$377.75	-	-	000	999	-
77763	S	APPLY INTRCAV RADIAT COMPL	-	05624	9.1657	APC	\$519.15	-	-	000	999	-
77767	S	HDR RDNCL SKN SURF BRACHYTX	-	05622	2.9255	APC	\$165.70	-	-	000	999	-
77768	S	HDR RDNCL SKN SURF BRACHYTX	-	05622	2.9255	APC	\$165.70	-	-	000	999	-
77770	S	HDR RDNCL NTRSTL/ICAV BRCHTX	-	05624	9.1657	APC	\$519.15	-	-	000	999	-
77771	S	HDR RDNCL NTRSTL/ICAV BRCHTX	-	05624	9.1657	APC	\$519.15	-	-	000	999	-
77772	S	HDR RDNCL NTRSTL/ICAV BRCHTX	-	05624	9.1657	APC	\$519.15	-	-	000	999	-
77778	S	APPLY INTERSTIT RADIAT COMPL	-	05624	9.1657	APC	\$519.15	-	-	000	999	-
77789	S	APPLY SURF LDR RADIONUCLIDE	-	05621	1.5188	APC	\$86.02	-	-	000	999	-
77790	N	RADIATION HANDLING	-	-	-	Bundled	\$0.00	-	-	000	999	-
77799	S	RADIUM/RADIOISOTOPE THERAPY	-	05621	1.5188	APC	\$86.02	-	-	000	999	-
78012	S	THYROID UPTAKE MEASUREMENT	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78013	S	THYROID IMAGING W/BLOOD FLOW	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78014	S	THYROID IMAGING W/BLOOD FLOW	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78015	S	THYROID MET IMAGING	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78016	S	THYROID MET IMAGING/STUDIES	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78018	S	THYROID MET IMAGING BODY	-	05592	5.8419	APC	\$330.89	-	-	000	999	-
78020	N	THYROID MET UPTAKE	-	-	-	Bundled	\$0.00	-	-	000	999	-
78070	S	PARATHYROID PLANAR IMAGING	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78071	S	PARATHYRD PLANAR W/WO SUBTRJ	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78072	S	PARATHYRD PLANAR W/SPECT&CT	-	05592	5.8419	APC	\$330.89	-	-	000	999	-
78075	S	ADRENAL CORTEX & MEDULLA IMG	-	05593	15.7463	APC	\$891.87	-	-	000	999	-
78099	S	ENDOCRINE NUCLEAR PROCEDURE	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78102	S	BONE MARROW IMAGING LTD	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78103	S	BONE MARROW IMAGING MULT	-	05591	4.5564	APC	\$258.07	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
				APC	Weight							
78104	S	BONE MARROW IMAGING BODY	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78110	S	PLASMA VOLUME SINGLE	-	05593	15.7463	APC	\$891.87	-	-	000	999	-
78111	S	PLASMA VOLUME MULTIPLE	-	05593	15.7463	APC	\$891.87	-	-	000	999	-
78120	S	RED CELL MASS SINGLE	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78121	S	RED CELL MASS MULTIPLE	-	05592	5.8419	APC	\$330.89	-	-	000	999	-
78122	S	BLOOD VOLUME	-	05592	5.8419	APC	\$330.89	-	-	000	999	-
78130	S	RED CELL SURVIVAL STUDY	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78135	S	RED CELL SURVIVAL KINETICS	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78140	S	RED CELL SEQUESTRATION	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78185	S	SPLEEN IMAGING	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78191	S	PLATELET SURVIVAL	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78195	S	LYMPH SYSTEM IMAGING	-	05592	5.8419	APC	\$330.89	-	-	000	999	-
78199	S	BLOOD/LYMPH NUCLEAR EXAM	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78201	S	LIVER IMAGING	-	05593	15.7463	APC	\$891.87	-	-	000	999	-
78202	S	LIVER IMAGING WITH FLOW	-	05593	15.7463	APC	\$891.87	-	-	000	999	-
78215	S	LIVER AND SPLEEN IMAGING	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78216	S	LIVER & SPLEEN IMAGE/FLOW	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78226	S	HEPATOBIILIARY SYSTEM IMAGING	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78227	S	HEPATOBIOL SYST IMAGE W/DRUG	-	05592	5.8419	APC	\$330.89	-	-	000	999	-
78230	S	SALIVARY GLAND IMAGING	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78231	S	SERIAL SALIVARY IMAGING	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78232	S	SALIVARY GLAND FUNCTION EXAM	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78258	S	ESOPHAGEAL MOTILITY STUDY	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78261	S	GASTRIC MUCOSA IMAGING	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78262	S	GASTROESOPHAGEAL REFLUX EXAM	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78264	S	GASTRIC EMPTYING IMAG STUDY	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78265	S	GASTRIC EMPTYING IMAG STUDY	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78266	S	GASTRIC EMPTYING IMAG STUDY	-	05592	5.8419	APC	\$330.89	-	-	000	999	-
78267	Q	BREATH TST ATTAIN/ANAL C-14	-	-	-	Medicare	\$18.43	\$11.43	\$11.06	000	999	-
78268	Q	BREATH TEST ANALYSIS C-14	-	-	-	Medicare	\$157.35	\$97.56	\$94.41	000	999	-
78278	S	ACUTE GI BLOOD LOSS IMAGING	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78282	S	GI PROTEIN LOSS EXAM	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78290	S	MECKELS DIVERT EXAM	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78291	S	LEVEEN/SHUNT PATENCY EXAM	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78299	S	GI NUCLEAR PROCEDURE	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78300	S	BONE IMAGING LIMITED AREA	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78305	S	BONE IMAGING MULTIPLE AREAS	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78306	S	BONE IMAGING WHOLE BODY	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78315	S	BONE IMAGING 3 PHASE	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78350	E	BONE MINERAL SINGLE PHOTON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
78351	E	BONE MINERAL DUAL PHOTON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
78399	S	MUSCULOSKELETAL NUCLEAR EXAM	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78414	S	NON-IMAGING HEART FUNCTION	-	05592	5.8419	APC	\$330.89	-	-	000	999	-
78428	S	CARDIAC SHUNT IMAGING	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78429	S	MYOCDR IMG PET 1 STD W/CT	-	05594	17.8616	APC	\$1,011.73	-	-	000	999	-
78430	S	MYOCDR IMG PET RST/STRS W/CT	-	05594	17.8616	APC	\$1,011.73	-	-	000	999	-
78431	S	MYOCDR IMG PET RST&STRS CT	-	01522	39.7334	APC	\$2,250.50	-	-	000	999	-
78432	S	MYOCDR IMG PET 2RTRACER	-	01523	48.5611	APC	\$2,750.50	-	-	000	999	-
78433	S	MYOCDR IMG PET 2RTRACER CT	-	01523	48.5611	APC	\$2,750.50	-	-	000	999	-
78434	N	AQMBF PET REST & RX STRESS	-	-	-	Bundled	\$0.00	-	-	000	999	-
78445	S	VASCULAR FLOW IMAGING	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
78451	S	HT MUSCLE IMAGE SPECT SING	-	05593	15.7463	APC	\$891.87	-	-	000	999	-
78452	S	HT MUSCLE IMAGE SPECT MULT	-	05593	15.7463	APC	\$891.87	-	-	000	999	-
78453	S	HT MUSCLE IMAGE PLANAR SING	-	05593	15.7463	APC	\$891.87	-	-	000	999	-
78454	S	HT MUSC IMAGE PLANAR MULT	-	05593	15.7463	APC	\$891.87	-	-	000	999	-
78456	S	ACUTE VENOUS THROMBUS IMAGE	-	05593	15.7463	APC	\$891.87	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
78457	S	VENOUS THROMBOSIS IMAGING	-	05593	15.7463	APC	\$891.87	-	-	000	999	-	
78458	S	VEN THROMBOSIS IMAGES BILAT	-	05591	4.5564	APC	\$258.07	-	-	000	999	-	
78459	S	MYOCRD IMG PET SINGLE STUDY	-	05593	15.7463	APC	\$891.87	-	-	000	999	-	
78466	S	HEART INFARCT IMAGE	-	05591	4.5564	APC	\$258.07	-	-	000	999	-	
78468	S	HEART INFARCT IMAGE (EF)	-	05592	5.8419	APC	\$330.89	-	-	000	999	-	
78469	S	HEART INFARCT IMAGE (3D)	-	05593	15.7463	APC	\$891.87	-	-	000	999	-	
78472	S	GATED HEART PLANAR SINGLE	-	05591	4.5564	APC	\$258.07	-	-	000	999	-	
78473	S	GATED HEART MULTIPLE	-	05591	4.5564	APC	\$258.07	-	-	000	999	-	
78481	S	HEART FIRST PASS SINGLE	-	05592	5.8419	APC	\$330.89	-	-	000	999	-	
78483	S	HEART FIRST PASS MULTIPLE	-	05592	5.8419	APC	\$330.89	-	-	000	999	-	
78491	S	MYOCRD IMG PET 1STD RST/STRS	-	05594	17.8616	APC	\$1,011.68	-	-	000	999	-	
78492	S	MYOCRD IMG PET MLT RST&STRS	-	05594	17.8616	APC	\$1,011.68	-	-	000	999	-	
78494	S	HEART IMAGE SPECT	-	05591	4.5564	APC	\$258.07	-	-	000	999	-	
78496	N	HEART FIRST PASS ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
78499	S	CARDIOVASCULAR NUCLEAR EXAM	-	05591	4.5564	APC	\$258.07	-	-	000	999	-	
78579	S	LUNG VENTILATION IMAGING	-	05591	4.5564	APC	\$258.07	-	-	000	999	-	
78580	S	LUNG PERFUSION IMAGING	-	05591	4.5564	APC	\$258.07	-	-	000	999	-	
78582	S	LUNG VENTILAT&PERFUS IMAGING	-	05592	5.8419	APC	\$330.89	-	-	000	999	-	
78597	S	LUNG PERFUSION DIFFERENTIAL	-	05591	4.5564	APC	\$258.07	-	-	000	999	-	
78598	S	LUNG PERF&VENTILAT DIFERENTL	-	05592	5.8419	APC	\$330.89	-	-	000	999	-	
78599	S	RESPIRATORY NUCLEAR EXAM	-	05591	4.5564	APC	\$258.07	-	-	000	999	-	
78600	S	BRAIN IMAGE < 4 VIEWS	-	05591	4.5564	APC	\$258.07	-	-	000	999	-	
78601	S	BRAIN IMAGE W/FLOW < 4 VIEWS	-	05591	4.5564	APC	\$258.07	-	-	000	999	-	
78605	S	BRAIN IMAGE 4+ VIEWS	-	05592	5.8419	APC	\$330.89	-	-	000	999	-	
78606	S	BRAIN IMAGE W/FLOW 4 + VIEWS	-	05592	5.8419	APC	\$330.89	-	-	000	999	-	
78608	S	BRAIN IMAGING (PET)	-	05594	17.8616	APC	\$1,011.68	-	-	000	999	-	
78609	E	BRAIN IMAGING (PET)	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
78610	S	BRAIN FLOW IMAGING ONLY	-	05592	5.8419	APC	\$330.89	-	-	000	999	-	
78630	S	CEREBROSPINAL FLUID SCAN	-	05592	5.8419	APC	\$330.89	-	-	000	999	-	
78635	S	CSF VENTRICULOGRAPHY	-	05592	5.8419	APC	\$330.89	-	-	000	999	-	
78645	S	CSF SHUNT EVALUATION	-	05592	5.8419	APC	\$330.89	-	-	000	999	-	
78650	S	CSF LEAKAGE IMAGING	-	05593	15.7463	APC	\$891.87	-	-	000	999	-	
78660	S	NUCLEAR EXAM OF TEAR FLOW	-	05591	4.5564	APC	\$258.07	-	-	000	999	-	
78699	S	NERVOUS SYSTEM NUCLEAR EXAM	-	05591	4.5564	APC	\$258.07	-	-	000	999	-	
78700	S	KIDNEY IMAGING MORPHOL	-	05591	4.5564	APC	\$258.07	-	-	000	999	-	
78701	S	KIDNEY IMAGING WITH FLOW	-	05591	4.5564	APC	\$258.07	-	-	000	999	-	
78707	S	K FLOW/FUNCT IMAGE W/O DRUG	-	05592	5.8419	APC	\$330.89	-	-	000	999	-	
78708	S	K FLOW/FUNCT IMAGE W/DRUG	-	05592	5.8419	APC	\$330.89	-	-	000	999	-	
78709	S	K FLOW/FUNCT IMAGE MULTIPLE	-	05592	5.8419	APC	\$330.89	-	-	000	999	-	
78725	S	KIDNEY FUNCTION STUDY	-	05591	4.5564	APC	\$258.07	-	-	000	999	-	
78730	N	URINARY BLADDER RETENTION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
78740	S	URETERAL REFLUX STUDY	-	05591	4.5564	APC	\$258.07	-	-	000	999	-	
78761	S	TESTICULAR IMAGING W/FLOW	-	05591	4.5564	APC	\$258.07	-	-	000	999	-	
78799	S	GENITOURINARY NUCLEAR EXAM	-	05591	4.5564	APC	\$258.07	-	-	000	999	-	
78800	S	RP LOCLZJ TUM 1 AREA 1 D IMG	-	05591	4.5564	APC	\$258.07	-	-	000	999	-	
78801	S	RP LOCLZJ TUM 2+AREA 1+D IMG	-	05591	4.5564	APC	\$258.07	-	-	000	999	-	
78802	S	RP LOCLZJ TUM WHBDY 1 D IMG	-	05593	15.7463	APC	\$891.87	-	-	000	999	-	
78803	S	RP LOCLZJ TUM SPECT 1 AREA	-	05593	15.7463	APC	\$891.87	-	-	000	999	-	
78804	S	RP LOCLZJ TUM WHBDY 2+D IMG	-	05593	15.7463	APC	\$891.87	-	-	000	999	-	
78808	N	IV INJ RA DRUG DX STUDY	-	05591	4.5564	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
78811	S	PET IMAGE LTD AREA	-	05593	15.7463	APC	\$891.87	-	-	000	999	-	
78812	S	PET IMAGE SKULL-THIGH	-	05594	17.8616	APC	\$1,011.68	-	-	000	999	-	
78813	S	PET IMAGE FULL BODY	-	05594	17.8616	APC	\$1,011.68	-	-	000	999	-	
78814	S	PET IMAGE W/CT LMTD	-	05594	17.8616	APC	\$1,011.68	-	-	000	999	-	
78815	S	PET IMAGE W/CT SKULL-THIGH	-	05594	17.8616	APC	\$1,011.68	-	-	000	999	-	
78816	S	PET IMAGE W/CT FULL BODY	-	05594	17.8616	APC	\$1,011.68	-	-	000	999	-	

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July 1, 2020**

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78830	S	RP LOCLZJ TUM SPECT W/CT 1	-	05593	15.7463	APC	\$891.87	-	-	000	999	-
78831	S	RP LOCLZJ TUM SPECT 2 AREAS	-	05593	15.7463	APC	\$891.87	-	-	000	999	-
78832	S	RP LOCLZJ TUM SPECT W/CT 2	-	05594	17.8616	APC	\$1,011.73	-	-	000	999	-
78835	N	RP QUAN MEAS SINGLE AREA	-	-	-	Bundled	\$0.00	-	-	000	999	-
78999	S	NUCLEAR DIAGNOSTIC EXAM	-	05591	4.5564	APC	\$258.07	-	-	000	999	-
79005	S	NUCLEAR RX ORAL ADMIN	-	05661	2.9384	APC	\$166.43	-	-	000	999	-
79101	S	NUCLEAR RX IV ADMIN	-	05661	2.9384	APC	\$166.43	-	-	000	999	-
79200	S	NUCLEAR RX INTRACAV ADMIN	-	05661	2.9384	APC	\$166.43	-	-	000	999	-
79300	S	NUCLR RX INTERSTIT COLLOID	-	05661	2.9384	APC	\$166.43	-	-	000	999	-
79403	S	HEMATOPOIETIC NUCLEAR TX	-	05661	2.9384	APC	\$166.43	-	-	000	999	-
79440	S	NUCLEAR RX INTRA-ARTICULAR	-	05661	2.9384	APC	\$166.43	-	-	000	999	-
79445	S	NUCLEAR RX INTRA-ARTERIAL	-	05661	2.9384	APC	\$166.43	-	-	000	999	-
79999	S	NUCLEAR MEDICINE THERAPY	-	05661	2.9384	APC	\$166.43	-	-	000	999	-
80047	Q	METABOLIC PANEL IONIZED CA	-	-	-	Medicare	\$22.88	\$14.19	\$13.73	000	999	-
80048	Q	METABOLIC PANEL TOTAL CA	-	-	-	Medicare	\$14.10	\$8.74	\$8.46	000	999	-
80050	Q	GENERAL HEALTH PANEL	-	-	-	Fee Schedule	\$57.29	-	-	000	999	-
80051	Q	ELECTROLYTE PANEL	-	-	-	Medicare	\$11.68	\$7.24	\$7.01	000	999	-
80053	Q	COMPREHEN METABOLIC PANEL	-	-	-	Medicare	\$17.60	\$10.91	\$10.56	000	999	-
80055	Q	OBSTETRIC PANEL	-	-	-	Medicare	\$79.68	\$49.40	\$47.81	010	065	-
80061	Q	LIPID PANEL	-	-	-	Medicare	\$22.32	\$13.84	\$13.39	000	999	-
80069	Q	RENAL FUNCTION PANEL	-	-	-	Medicare	\$14.47	\$8.97	\$8.68	000	999	-
80074	Q	ACUTE HEPATITIS PANEL	-	-	-	Medicare	\$79.38	\$49.22	\$47.63	000	999	-
80076	Q	HEPATIC FUNCTION PANEL	-	-	-	Medicare	\$13.62	\$8.44	\$8.17	000	999	-
80081	Q	OBSTETRIC PANEL	-	-	-	Medicare	\$124.77	\$77.36	\$74.86	000	999	-
80145	N	DRUG ASSAY ADALIMUMAB	-	-	-	Bundled	\$0.00	-	-	000	999	-
80150	Q	ASSAY OF AMIKACIN	-	-	-	Medicare	\$25.13	\$15.58	\$15.08	000	999	-
80155	Q	DRUG ASSAY CAFFEINE	-	-	-	Medicare	\$64.28	\$39.85	\$38.57	000	999	-
80156	Q	ASSAY CARBAMAZEPINE TOTAL	-	-	-	Medicare	\$24.28	\$15.05	\$14.57	000	999	-
80157	Q	ASSAY CARBAMAZEPINE FREE	-	-	-	Medicare	\$22.08	\$13.69	\$13.25	000	999	-
80158	Q	DRUG ASSAY CYCLOSPORINE	-	-	-	Medicare	\$30.08	\$18.65	\$18.05	000	999	-
80159	Q	DRUG ASSAY CLOZAPINE	-	-	-	Medicare	\$33.58	\$20.82	\$20.15	000	999	-
80162	Q	ASSAY OF DIGOXIN TOTAL	-	-	-	Medicare	\$22.13	\$13.72	\$13.28	000	999	-
80163	Q	ASSAY OF DIGOXIN FREE	-	-	-	Medicare	\$22.13	\$13.72	\$13.28	000	999	-
80164	Q	ASSAY DIPROPYLACETIC ACD TOT	-	-	-	Medicare	\$22.57	\$13.99	\$13.54	000	999	-
80165	Q	DIPROPYLACETIC ACID FREE	-	-	-	Medicare	\$22.57	\$13.99	\$13.54	000	999	-
80168	Q	ASSAY OF ETHOSUXIMIDE	-	-	-	Medicare	\$27.23	\$16.88	\$16.34	000	999	-
80169	Q	DRUG ASSAY EVEROLIMUS	-	-	-	Medicare	\$22.88	\$14.19	\$13.73	000	999	-
80170	Q	ASSAY OF GENTAMICIN	-	-	-	Medicare	\$27.30	\$16.93	\$16.38	000	999	-
80171	Q	DRUG SCREEN QUANT GABAPENTIN	-	-	-	Medicare	\$36.12	\$22.39	\$21.67	000	999	-
80173	Q	ASSAY OF HALOPERIDOL	-	-	-	Medicare	\$26.30	\$16.31	\$15.78	000	999	-
80175	Q	DRUG SCREEN QUAN LAMOTRIGINE	-	-	-	Medicare	\$22.08	\$13.69	\$13.25	000	999	-
80176	Q	ASSAY OF LIDOCAINE	-	-	-	Medicare	\$24.48	\$15.18	\$14.69	000	999	-
80177	Q	DRUG SCR N QUAN LEVETIRACETAM	-	-	-	Medicare	\$22.08	\$13.69	\$13.25	000	999	-
80178	Q	ASSAY OF LITHIUM	-	-	-	Medicare	\$11.02	\$6.83	\$6.61	000	999	-
80180	Q	DRUG SCR N QUAN MYCOPHENOLATE	-	-	-	Medicare	\$30.08	\$18.65	\$18.05	000	999	-
80183	Q	DRUG SCR N QUAN OXCARBAZEPIN	-	-	-	Medicare	\$22.08	\$13.69	\$13.25	000	999	-
80184	Q	ASSAY OF PHENOBARBITAL	-	-	-	Medicare	\$25.50	\$15.81	\$15.30	000	999	-
80185	Q	ASSAY OF PHENYTOIN TOTAL	-	-	-	Medicare	\$22.08	\$13.69	\$13.25	000	999	-
80186	Q	ASSAY OF PHENYTOIN FREE	-	-	-	Medicare	\$22.93	\$14.22	\$13.76	000	999	-
80187	N	DRUG ASSAY POSACONAZOLE	-	-	-	Bundled	\$0.00	-	-	000	999	-
80188	Q	ASSAY OF PRIMIDONE	-	-	-	Medicare	\$27.65	\$17.14	\$16.59	000	999	-
80190	Q	ASSAY OF PROCAINAMIDE	-	-	-	Medicare	\$100.00	\$62.00	\$60.00	000	999	-
80192	Q	ASSAY OF PROCAINAMIDE	-	-	-	Medicare	\$27.92	\$17.31	\$16.75	000	999	-
80194	Q	ASSAY OF QUINIDINE	-	-	-	Medicare	\$24.33	\$15.08	\$14.60	000	999	-
80195	Q	ASSAY OF SIROLIMUS	-	-	-	Medicare	\$22.88	\$14.19	\$13.73	000	999	-
80197	Q	ASSAY OF TACROLIMUS	-	-	-	Medicare	\$22.88	\$14.19	\$13.73	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.			Min Age	Max Age	Comments
								Sole Comm. Hospital Lab Fees	Hospital Lab Fees	Hospital Lab Fees			
80198	Q	ASSAY OF THEOPHYLLINE	-	-	-	Medicare	\$23.57	\$14.61	\$14.14	000	999	-	
80199	Q	DRUG SCREEN QUANT TIAGABINE	-	-	-	Medicare	\$45.18	\$28.01	\$27.11	000	999	-	
80200	Q	ASSAY OF TOBRAMYCIN	-	-	-	Medicare	\$26.88	\$16.67	\$16.13	000	999	-	
80201	Q	ASSAY OF TOPIRAMATE	-	-	-	Medicare	\$19.87	\$12.32	\$11.92	000	999	-	
80202	Q	ASSAY OF VANCOMYCIN	-	-	-	Medicare	\$22.57	\$13.99	\$13.54	000	999	-	
80203	Q	DRUG SCREEN QUANT ZONISAMIDE	-	-	-	Medicare	\$22.08	\$13.69	\$13.25	000	999	-	
80230	N	DRUG ASSAY INFLIXIMAB	-	-	-	Bundled	\$0.00	-	-	000	999	-	
80235	N	DRUG ASSAY LACOSAMIDE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
80280	N	DRUG ASSAY VEDOLIZUMAB	-	-	-	Bundled	\$0.00	-	-	000	999	-	
80285	N	DRUG ASSAY VORICONAZOLE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
80299	Q	QUANTITATIVE ASSAY DRUG	-	-	-	Medicare	\$31.07	\$19.26	\$18.64	000	999	-	
80305	Q	DRUG TEST PRSMV DIR OPT OBS	-	-	-	Medicare	\$21.00	\$13.02	\$12.60	000	999	-	
80306	Q	DRUG TEST PRSMV INSTRMNT	-	-	-	Medicare	\$28.57	\$17.71	\$17.14	000	999	-	
80307	Q	DRUG TEST PRSMV CHEM ANALYZR	-	-	-	Medicare	\$103.57	\$64.21	\$62.14	000	999	-	
80320	E	DRUG SCREEN QUANTALCOHOLS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80321	E	ALCOHOLS BIOMARKERS 1OR 2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80322	E	ALCOHOLS BIOMARKERS 3/MORE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80323	E	ALKALOIDS NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80324	E	DRUG SCREEN AMPHETAMINES 1/2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80325	E	AMPHETAMINES 3OR 4	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80326	E	AMPHETAMINES 5 OR MORE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80327	E	ANABOLIC STEROID 1 OR 2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80328	E	ANABOLIC STEROID 3 OR MORE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80329	E	ANALGESICS NON-OPIOID 1 OR 2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80330	E	ANALGESICS NON-OPIOID 3-5	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80331	E	ANALGESICS NON-OPIOID 6/MORE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80332	E	ANTIDEPRESSANTS CLASS 1 OR 2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80333	E	ANTIDEPRESSANTS CLASS 3-5	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80334	E	ANTIDEPRESSANTS CLASS 6/MORE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80335	E	ANTIDEPRESSANT TRICYCLIC 1/2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80336	E	ANTIDEPRESSANT TRICYCLIC 3-5	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80337	E	TRICYCLIC & CYCLICALS 6/MORE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80338	E	ANTIDEPRESSANT NOT SPECIFIED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80339	E	ANTIEPILEPTICS NOS 1-3	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80340	E	ANTIEPILEPTICS NOS 4-6	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80341	E	ANTIEPILEPTICS NOS 7/MORE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80342	E	ANTIPSYCHOTICS NOS 1-3	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80343	E	ANTIPSYCHOTICS NOS 4-6	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80344	E	ANTIPSYCHOTICS NOS 7/MORE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80345	E	DRUG SCREENING BARBITURATES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80346	E	BENZODIAZEPINES1-12	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80347	E	BENZODIAZEPINES 13 OR MORE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80348	E	DRUG SCREENING BUPRENORPHINE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80349	E	CANNABINOIDS NATURAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80350	E	CANNABINOIDS SYNTHETIC 1-3	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80351	E	CANNABINOIDS SYNTHETIC 4-6	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80352	E	CANNABINOID SYNTHETIC 7/MORE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80353	E	DRUG SCREENING COCAINE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80354	E	DRUG SCREENING FENTANYL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80355	E	GABAPENTIN NON-BLOOD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80356	E	HEROIN METABOLITE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80357	E	KETAMINE AND NORKETAMINE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80358	E	DRUG SCREENING METHADONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80359	E	METHYLENEDIAMPHETAMINES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80360	E	METHYLPHENIDATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
80361	E	OPIATES 1 OR MORE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees			
80362	E	OPIOIDS & OPIATE ANALOGS 1/2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
80363	E	OPIOIDS & OPIATE ANALOGS 3/4	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
80364	E	OPIOID & OPIATE ANALOG 5/MORE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
80365	E	DRUG SCREENING OXYCODONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
80366	E	DRUG SCREENING PREGABALIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
80367	E	DRUG SCREENING PROPOXYPHENE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
80368	E	SEDATIVE HYPNOTICS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
80369	E	SKELETAL MUSCLE RELAXANT 1/2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
80370	E	SKEL MUSC RELAXANT 3 OR MORE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
80371	E	STIMULANTS SYNTHETIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
80372	E	DRUG SCREENING TAPENTADOL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
80373	E	DRUG SCREENING TRAMADOL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
80374	E	STEREOISOMER ANALYSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
80375	E	DRUG/SUBSTANCE NOS 1-3	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
80376	E	DRUG/SUBSTANCE NOS 4-6	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
80377	E	DRUG/SUBSTANCE NOS 7/MORE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
80400	Q	ACTH STIMULATION PANEL	-	-	-	Medicare	\$54.37	\$33.71	\$32.62	000	999	-
80402	Q	ACTH STIMULATION PANEL	-	-	-	Medicare	\$144.93	\$89.86	\$86.96	000	999	-
80406	Q	ACTH STIMULATION PANEL	-	-	-	Medicare	\$130.43	\$80.87	\$78.26	000	999	-
80408	Q	ALDOSTERONE SUPPRESSION EVAL	-	-	-	Medicare	\$209.17	\$129.69	\$125.50	000	999	-
80410	Q	CALCITONIN STIMUL PANEL	-	-	-	Medicare	\$133.95	\$83.05	\$80.37	000	999	-
80412	Q	CRH STIMULATION PANEL	-	-	-	Medicare	\$1,336.03	\$828.34	\$801.62	000	999	-
80414	Q	TESTOSTERONE RESPONSE	-	-	-	Medicare	\$86.07	\$53.36	\$51.64	000	999	-
80415	Q	ESTRADIOL RESPONSE PANEL	-	-	-	Medicare	\$93.15	\$57.75	\$55.89	000	999	-
80416	Q	RENIN STIMULATION PANEL	-	-	-	Medicare	\$348.87	\$216.30	\$209.32	000	999	-
80417	Q	RENIN STIMULATION PANEL	-	-	-	Medicare	\$73.32	\$45.46	\$43.99	000	999	-
80418	Q	PITUITARY EVALUATION PANEL	-	-	-	Medicare	\$965.80	\$598.80	\$579.48	000	999	-
80420	Q	DEXAMETHASONE PANEL	-	-	-	Medicare	\$269.80	\$167.28	\$161.88	000	999	-
80422	Q	GLUCAGON TOLERANCE PANEL	-	-	-	Medicare	\$76.78	\$47.60	\$46.07	000	999	-
80424	Q	GLUCAGON TOLERANCE PANEL	-	-	-	Medicare	\$84.17	\$52.19	\$50.50	000	999	-
80426	Q	GONADOTROPIN HORMONE PANEL	-	-	-	Medicare	\$247.35	\$153.36	\$148.41	000	999	-
80428	Q	GROWTH HORMONE PANEL	-	-	-	Medicare	\$111.17	\$68.93	\$66.70	000	999	-
80430	Q	GROWTH HORMONE PANEL	-	-	-	Medicare	\$215.55	\$133.64	\$129.33	000	999	-
80432	Q	INSULIN SUPPRESSION PANEL	-	-	-	Medicare	\$276.02	\$171.13	\$165.61	000	999	-
80434	Q	INSULIN TOLERANCE PANEL	-	-	-	Medicare	\$475.05	\$294.53	\$285.03	000	999	-
80435	Q	INSULIN TOLERANCE PANEL	-	-	-	Medicare	\$171.67	\$106.44	\$103.00	000	999	-
80436	Q	METYRAPONE PANEL	-	-	-	Medicare	\$151.93	\$94.20	\$91.16	000	999	-
80438	Q	TRH STIMULATION PANEL	-	-	-	Medicare	\$84.02	\$52.09	\$50.41	000	999	-
80439	Q	TRH STIMULATION PANEL	-	-	-	Medicare	\$112.02	\$69.45	\$67.21	000	999	-
80500	N	LAB PATHOLOGY CONSULTATION	-	05671	0.6123	Bundled, sometimes payable	\$0.00	-	-	000	999	-
80502	N	LAB PATHOLOGY CONSULTATION	-	05671	0.6123	Bundled, sometimes payable	\$0.00	-	-	000	999	-
81000	Q	URINALYSIS NONAUTO W/SCOPE	-	-	-	Medicare	\$6.70	\$4.15	\$4.02	000	999	-
81001	Q	URINALYSIS AUTO W/SCOPE	-	-	-	Medicare	\$5.28	\$3.27	\$3.17	000	999	-
81002	Q	URINALYSIS NONAUTO W/O SCOPE	-	-	-	Medicare	\$5.80	\$3.60	\$3.48	000	999	-
81003	Q	URINALYSIS AUTO W/O SCOPE	-	-	-	Medicare	\$3.75	\$2.33	\$2.25	000	999	-
81005	Q	URINALYSIS	-	-	-	Medicare	\$3.62	\$2.24	\$2.17	000	999	-
81007	Q	URINE SCREEN FOR BACTERIA	-	-	-	Medicare	\$49.97	\$30.98	\$29.98	000	999	-
81015	Q	MICROSCOPIC EXAM OF URINE	-	-	-	Medicare	\$5.08	\$3.15	\$3.05	000	999	-
81020	Q	URINALYSIS GLASS TEST	-	-	-	Medicare	\$7.83	\$4.85	\$4.70	000	999	-
81025	Q	URINE PREGNANCY TEST	-	-	-	Medicare	\$14.35	\$8.90	\$8.61	000	999	-
81050	Q	URINALYSIS VOLUME MEASURE	-	-	-	Medicare	\$6.07	\$3.76	\$3.64	000	999	-
81099	N	URINALYSIS TEST PROCEDURE	-	-	-	Bundled	\$0.00	-	-	000	999	-
81105	Q	HPA-1 GENOTYPING	-	-	-	Medicare	\$203.70	\$126.29	\$122.22	000	999	-
81106	Q	HPA-2 GENOTYPING	-	-	-	Medicare	\$203.70	\$126.29	\$122.22	000	999	-
81107	Q	HPA-3 GENOTYPING	-	-	-	Medicare	\$203.70	\$126.29	\$122.22	000	999	-
81108	Q	HPA-4 GENOTYPING	-	-	-	Medicare	\$203.70	\$126.29	\$122.22	000	999	-

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Non-sole Comm.			Min Age	Max Age	Comments
							Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Hospital Lab Fees			
81109	Q	HPA-5 GENOTYPING	-	-	-	Medicare	\$203.70	\$126.29	\$122.22	000	999	-
81110	Q	HPA-6 GENOTYPING	-	-	-	Medicare	\$203.70	\$126.29	\$122.22	000	999	-
81111	Q	HPA-9 GENOTYPING	-	-	-	Medicare	\$203.70	\$126.29	\$122.22	000	999	-
81112	Q	HPA-15 GENOTYPING	-	-	-	Medicare	\$203.70	\$126.29	\$122.22	000	999	-
81120	Q	IDH1 COMMON VARIANTS	-	-	-	Medicare	\$322.08	\$199.69	\$193.25	000	999	-
81121	Q	IDH2 COMMON VARIANTS	-	-	-	Medicare	\$492.98	\$305.65	\$295.79	000	999	-
81161	Q	DMD DUP/DELET ANALYSIS	-	-	-	Medicare	\$465.00	\$288.30	\$279.00	000	999	-
81162	Q	BRCA1&2 GEN FULL SEQ DUP/DEL	-	-	-	Medicare	\$3,041.47	\$1,885.71	\$1,824.88	000	999	-
81163	Q	BRCA1&2 GENE FULL SEQ ALYS	-	-	-	Medicare	\$1,560.00	\$967.20	\$936.00	000	999	-
81164	Q	BRCA1&2 GEN FUL DUP/DEL ALYS	-	-	-	Medicare	\$973.72	\$603.71	\$584.23	000	999	-
81165	Q	BRCA1 GENE FULL SEQ ALYS	-	-	-	Medicare	\$942.93	\$584.62	\$565.76	000	999	-
81166	Q	BRCA1 GENE FULL DUP/DEL ALYS	-	-	-	Medicare	\$502.25	\$311.40	\$301.35	000	999	-
81167	Q	BRCA2 GENE FULL DUP/DEL ALYS	-	-	-	Medicare	\$471.47	\$292.31	\$282.88	000	999	-
81170	Q	ABL1 GENE	-	-	-	Medicare	\$500.00	\$310.00	\$300.00	000	999	-
81171	Q	AFF2 GENE DETC ABNOR ALLELES	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81172	Q	AFF2 GENE CHARAC ALLELES	-	-	-	Medicare	\$458.05	\$283.99	\$274.83	000	999	-
81173	Q	AR GENE FULL GENE SEQUENCE	-	-	-	Medicare	\$502.25	\$311.40	\$301.35	000	999	-
81174	Q	AR GENE KNOWN FAMIL VARIANT	-	-	-	Medicare	\$308.67	\$191.38	\$185.20	000	999	-
81175	Q	ASXL1 FULL GENE SEQUENCE	-	-	-	Medicare	\$1,127.50	\$699.05	\$676.50	000	999	-
81176	Q	ASXL1 GENE TARGET SEQ ALYS	-	-	-	Medicare	\$403.17	\$249.97	\$241.90	000	999	-
81177	Q	ATN1 GENE DETC ABNOR ALLELES	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81178	Q	ATXN1 GENE DETC ABNOR ALLELE	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81179	Q	ATXN2 GENE DETC ABNOR ALLELE	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81180	Q	ATXN3 GENE DETC ABNOR ALLELE	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81181	Q	ATXN7 GENE DETC ABNOR ALLELE	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81182	Q	ATXN8OS GEN DETC ABNOR ALLEL	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81183	Q	ATXN10 GENE DETC ABNOR ALLEL	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81184	Q	CACNA1A GEN DETC ABNOR ALLEL	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81185	Q	CACNA1A GENE FULL GENE SEQ	-	-	-	Medicare	\$1,410.45	\$874.48	\$846.27	000	999	-
81186	Q	CACNA1A GEN KNOWN FAMIL VRNT	-	-	-	Medicare	\$308.67	\$191.38	\$185.20	000	999	-
81187	Q	CNBP GENE DETC ABNOR ALLELE	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81188	Q	CSTB GENE DETC ABNOR ALLELE	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81189	Q	CSTB GENE FULL GENE SEQUENCE	-	-	-	Medicare	\$458.05	\$283.99	\$274.83	000	999	-
81190	Q	CSTB GENE KNOWN FAMIL VRNT	-	-	-	Medicare	\$308.67	\$191.38	\$185.20	000	999	-
81200	Q	ASPA GENE	-	-	-	Medicare	\$78.75	\$48.83	\$47.25	000	999	-
81201	Q	APC GENE FULL SEQUENCE	-	-	-	Medicare	\$1,300.00	\$806.00	\$780.00	000	999	-
81202	Q	APC GENE KNOWN FAM VARIANTS	-	-	-	Medicare	\$466.67	\$289.34	\$280.00	000	999	-
81203	Q	APC GENE DUP/DELET VARIANTS	-	-	-	Medicare	\$333.33	\$206.66	\$200.00	000	999	-
81204	Q	AR GENE CHARAC ALLELES	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81205	Q	BCKDHB GENE	-	-	-	Medicare	\$158.32	\$98.16	\$94.99	000	999	-
81206	Q	BCR/ABL1 GENE MAJOR BP	-	-	-	Medicare	\$273.27	\$169.43	\$163.96	000	999	-
81207	Q	BCR/ABL1 GENE MINOR BP	-	-	-	Medicare	\$241.40	\$149.67	\$144.84	000	999	-
81208	Q	BCR/ABL1 GENE OTHER BP	-	-	-	Medicare	\$357.70	\$221.77	\$214.62	000	999	-
81209	Q	BLM GENE	-	-	-	Medicare	\$65.52	\$40.62	\$39.31	000	999	-
81210	Q	BRAF GENE	-	-	-	Medicare	\$292.33	\$181.24	\$175.40	000	999	-
81212	Q	BRCA1&2 185&5385&6174 VRNT	-	-	-	Medicare	\$733.33	\$454.66	\$440.00	000	999	-
81215	Q	BRCA1 GENE KNOWN FAMIL VRNT	-	-	-	Medicare	\$625.42	\$387.76	\$375.25	000	999	-
81216	Q	BRCA2 GENE FULL SEQ ALYS	-	-	-	Medicare	\$308.53	\$191.29	\$185.12	000	999	-
81217	Q	BRCA2 GENE KNOWN FAMIL VRNT	-	-	-	Medicare	\$625.42	\$387.76	\$375.25	000	999	-
81218	Q	CEBPA GENE FULL SEQUENCE	-	-	-	Medicare	\$403.17	\$249.97	\$241.90	000	999	-
81219	Q	CALR GENE COM VARIANTS	-	-	-	Medicare	\$202.72	\$125.69	\$121.63	000	999	-
81220	Q	CFTR GENE COM VARIANTS	-	-	-	Medicare	\$927.67	\$575.16	\$556.60	000	999	-
81221	Q	CFTR GENE KNOWN FAM VARIANTS	-	-	-	Medicare	\$162.03	\$100.46	\$97.22	000	999	-
81222	Q	CFTR GENE DUP/DELET VARIANTS	-	-	-	Medicare	\$725.12	\$449.57	\$435.07	000	999	-
81223	Q	CFTR GENE FULL SEQUENCE	-	-	-	Medicare	\$831.67	\$515.64	\$499.00	000	999	-
81224	Q	CFTR GENE INTRON POLY T	-	-	-	Medicare	\$281.25	\$174.38	\$168.75	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
81225	Q	CYP2C19 GENE COM VARIANTS	-	-	-	Medicare	\$485.60	\$301.07	\$291.36	000	999	PA applies to under 18 w/ MH Dx only
81226	Q	CYP2D6 GENE COM VARIANTS	-	-	-	Medicare	\$751.52	\$465.94	\$450.91	000	999	PA applies to under 18 w/ MH Dx only
81227	Q	CYP2C9 GENE COM VARIANTS	-	-	-	Medicare	\$291.35	\$180.64	\$174.81	000	999	-
81228	Q	CYTOGEN MICRARRAY COPY NMBR	-	-	-	Medicare	\$1,500.00	\$930.00	\$900.00	000	999	-
81229	Q	CYTOGEN M ARRAY COPY NO&SNP	-	-	-	Medicare	\$1,933.33	\$1,198.66	\$1,160.00	000	999	-
81230	Q	CYP3A4 GENE COMMON VARIANTS	-	-	-	Medicare	\$291.35	\$180.64	\$174.81	000	999	-
81231	Q	CYP3A5 GENE COMMON VARIANTS	-	-	-	Medicare	\$291.35	\$180.64	\$174.81	000	999	-
81232	Q	DPYD GENE COMMON VARIANTS	-	-	-	Medicare	\$291.35	\$180.64	\$174.81	000	999	-
81233	Q	BTX GENE COMMON VARIANTS	-	-	-	Medicare	\$292.33	\$181.24	\$175.40	000	999	-
81234	Q	DMPK GENE DETC ABNOR ALLELE	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81235	Q	EGFR GENE COM VARIANTS	-	-	-	Medicare	\$540.97	\$335.40	\$324.58	000	999	-
81236	Q	EZH2 GENE FULL GENE SEQUENCE	-	-	-	Medicare	\$471.47	\$292.31	\$282.88	000	999	-
81237	Q	EZH2 GENE COMMON VARIANTS	-	-	-	Medicare	\$292.33	\$181.24	\$175.40	000	999	-
81238	Q	F9 FULL GENE SEQUENCE	-	-	-	Medicare	\$1,000.00	\$620.00	\$600.00	000	999	-
81239	Q	DMPK GENE CHARAC ALLELES	-	-	-	Medicare	\$458.05	\$283.99	\$274.83	000	999	-
81240	Q	F2 GENE	-	-	-	Medicare	\$109.48	\$67.88	\$65.69	000	999	-
81241	Q	F5 GENE	-	-	-	Medicare	\$122.28	\$75.81	\$73.37	000	999	-
81242	Q	FANCC GENE	-	-	-	Medicare	\$61.03	\$37.84	\$36.62	000	999	-
81243	Q	FMR1 GENE DETECTION	-	-	-	Medicare	\$95.07	\$58.94	\$57.04	000	999	-
81244	Q	FMR1 GENE CHARAC ALLELES	-	-	-	Medicare	\$74.82	\$46.39	\$44.89	000	999	-
81245	Q	FLT3 GENE	-	-	-	Medicare	\$275.85	\$171.03	\$165.51	000	999	-
81246	Q	FLT3 GENE ANALYSIS	-	-	-	Medicare	\$138.33	\$85.76	\$83.00	000	999	-
81247	Q	G6PD GENE ALYS CMN VARIANT	-	-	-	Medicare	\$291.35	\$180.64	\$174.81	000	999	-
81248	Q	G6PD KNOWN FAMILIAL VARIANT	-	-	-	Medicare	\$625.42	\$387.76	\$375.25	000	999	-
81249	Q	G6PD FULL GENE SEQUENCE	-	-	-	Medicare	\$1,000.00	\$620.00	\$600.00	000	999	-
81250	Q	G6PC GENE	-	-	-	Medicare	\$97.48	\$60.44	\$58.49	000	999	-
81251	Q	GBA GENE	-	-	-	Medicare	\$78.75	\$48.83	\$47.25	000	999	-
81252	Q	GJB2 GENE FULL SEQUENCE	-	-	-	Medicare	\$168.53	\$104.49	\$101.12	000	999	-
81253	Q	GJB2 GENE KNOWN FAM VARIANTS	-	-	-	Medicare	\$102.53	\$63.57	\$61.52	000	999	-
81254	Q	GJB6 GENE COM VARIANTS	-	-	-	Medicare	\$58.33	\$36.16	\$35.00	000	999	-
81255	Q	HEXA GENE	-	-	-	Medicare	\$85.75	\$53.17	\$51.45	000	999	-
81256	Q	HFE GENE	-	-	-	Medicare	\$108.93	\$67.54	\$65.36	000	999	-
81257	Q	HBA1/HBA2 GENE	-	-	-	Medicare	\$170.43	\$105.67	\$102.26	000	999	-
81258	Q	HBA1/HBA2 GENE FAM VRNT	-	-	-	Medicare	\$625.42	\$387.76	\$375.25	000	999	-
81259	Q	HBA1/HBA2 FULL GENE SEQUENCE	-	-	-	Medicare	\$1,000.00	\$620.00	\$600.00	000	999	-
81260	Q	IKBKAP GENE	-	-	-	Medicare	\$65.52	\$40.62	\$39.31	000	999	-
81261	Q	IGH GENE REARRANGE AMP METH	-	-	-	Medicare	\$329.98	\$204.59	\$197.99	000	999	-
81262	Q	IGH GENE REARRANG DIR PROBE	-	-	-	Medicare	\$114.25	\$70.84	\$68.55	000	999	-
81263	Q	IGH VARI REGIONAL MUTATION	-	-	-	Medicare	\$490.87	\$304.34	\$294.52	000	999	-
81264	Q	IGK REARRANGEABN CLONAL POP	-	-	-	Medicare	\$287.88	\$178.49	\$172.73	000	999	-
81265	Q	STR MARKERS SPECIMEN ANAL	-	-	-	Medicare	\$388.45	\$240.84	\$233.07	000	999	-
81266	Q	STR MARKERS SPEC ANAL ADDL	-	-	-	Medicare	\$508.02	\$314.97	\$304.81	000	999	-
81267	Q	CHIMERISM ANAL NO CELL SELEC	-	-	-	Medicare	\$345.77	\$214.38	\$207.46	000	999	-
81268	Q	CHIMERISM ANAL W/CELL SELECT	-	-	-	Medicare	\$434.65	\$269.48	\$260.79	000	999	-
81269	Q	HBA1/HBA2 GENE DUP/DEL VRNTS	-	-	-	Medicare	\$337.33	\$209.14	\$202.40	000	999	-
81270	Q	JAK2 GENE	-	-	-	Medicare	\$152.77	\$94.72	\$91.66	000	999	-
81271	Q	HTT GENE DETC ABNOR ALLELES	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81272	Q	KIT GENE TARGETED SEQ ANALYS	-	-	-	Medicare	\$549.18	\$340.49	\$329.51	000	999	-
81273	Q	KIT GENE ANALYS D816 VARIANT	-	-	-	Medicare	\$208.12	\$129.03	\$124.87	000	999	-
81274	Q	HTT GENE CHARAC ALLELES	-	-	-	Medicare	\$458.05	\$283.99	\$274.83	000	999	-
81275	Q	KRAS GENE VARIANTS EXON 2	-	-	-	Medicare	\$322.08	\$199.69	\$193.25	000	999	-
81276	Q	KRAS GENE ADDL VARIANTS	-	-	-	Medicare	\$322.08	\$199.69	\$193.25	000	999	-
81277	E	CYTOGENOMIC NEO MICRORA ALYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81283	Q	IFNL3 GENE	-	-	-	Medicare	\$122.28	\$75.81	\$73.37	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
81284	Q	FXN GENE DETC ABNOR ALLELES	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	000	999	-	
81285	Q	FXN GENE CHARAC ALLELES	-	-	-	Medicare	\$458.05	\$283.99	\$274.83	000	999	-	
81286	Q	FXN GENE FULL GENE SEQUENCE	-	-	-	Medicare	\$458.05	\$283.99	\$274.83	000	999	-	
81287	Q	MGMT GENE PRMTR MTHYLTN ALYS	-	-	-	Medicare	\$207.73	\$128.79	\$124.64	000	999	-	
81288	Q	MLH1 GENE	-	-	-	Medicare	\$320.53	\$198.73	\$192.32	000	999	-	
81289	Q	FXN GENE KNOWN FAMIL VARIANT	-	-	-	Medicare	\$308.67	\$191.38	\$185.20	000	999	-	
81290	Q	MCOLN1 GENE	-	-	-	Medicare	\$65.52	\$40.62	\$39.31	000	999	-	
81291	Q	MTHFR GENE	-	-	-	Medicare	\$108.90	\$67.52	\$65.34	000	999	PA applies to under 18 w/ MH Dx only	
81292	Q	MLH1 GENE FULL SEQ	-	-	-	Medicare	\$1,125.67	\$697.92	\$675.40	000	999	-	
81293	Q	MLH1 GENE KNOWN VARIANTS	-	-	-	Medicare	\$551.67	\$342.04	\$331.00	000	999	-	
81294	Q	MLH1 GENE DUP/DELETE VARIANT	-	-	-	Medicare	\$337.33	\$209.14	\$202.40	000	999	-	
81295	Q	MSH2 GENE FULL SEQ	-	-	-	Medicare	\$636.17	\$394.43	\$381.70	000	999	-	
81296	Q	MSH2 GENE KNOWN VARIANTS	-	-	-	Medicare	\$562.88	\$348.99	\$337.73	000	999	-	
81297	Q	MSH2 GENE DUP/DELETE VARIANT	-	-	-	Medicare	\$355.50	\$220.41	\$213.30	000	999	-	
81298	Q	MSH6 GENE FULL SEQ	-	-	-	Medicare	\$1,069.75	\$663.25	\$641.85	000	999	-	
81299	Q	MSH6 GENE KNOWN VARIANTS	-	-	-	Medicare	\$513.33	\$318.26	\$308.00	000	999	-	
81300	Q	MSH6 GENE DUP/DELETE VARIANT	-	-	-	Medicare	\$396.67	\$245.94	\$238.00	000	999	-	
81301	Q	MICROSATELLITE INSTABILITY	-	-	-	Medicare	\$580.93	\$360.18	\$348.56	000	999	-	
81302	Q	MECP2 GENE FULL SEQ	-	-	-	Medicare	\$879.78	\$545.46	\$527.87	000	999	-	
81303	Q	MECP2 GENE KNOWN VARIANT	-	-	-	Medicare	\$200.00	\$124.00	\$120.00	000	999	-	
81304	Q	MECP2 GENE DUP/DELET VARIANT	-	-	-	Medicare	\$250.00	\$155.00	\$150.00	000	999	-	
81305	Q	MYD88 GENE P.LEU265PRO VRNT	-	-	-	Medicare	\$292.33	\$181.24	\$175.40	000	999	-	
81306	Q	NUDT15 GENE COMMON VARIANTS	-	-	-	Medicare	\$485.60	\$301.07	\$291.36	000	999	-	
81307	E	PALB2 GENE FULL GENE SEQ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
81308	E	PALB2 GENE KNOWN FAMIL VRNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
81309	E	PIK3CA GENE TRGT SEQ ALYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
81310	Q	NPM1 GENE	-	-	-	Medicare	\$410.87	\$254.74	\$246.52	000	999	-	
81311	Q	NRAS GENE VARIANTS EXON 2&3	-	-	-	Medicare	\$492.98	\$305.65	\$295.79	000	999	-	
81312	Q	PABPN1 GENE DETC ABNOR ALLEL	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	000	999	-	
81313	Q	PCA3/KLK3 ANTIGEN	-	-	-	Medicare	\$425.08	\$263.55	\$255.05	000	999	-	
81314	Q	PDGFRA GENE	-	-	-	Medicare	\$549.18	\$340.49	\$329.51	000	999	-	
81315	Q	PML/RARALPHA COM BREAKPOINTS	-	-	-	Medicare	\$345.52	\$214.22	\$207.31	000	999	-	
81316	Q	PML/RARALPHA 1 BREAKPOINT	-	-	-	Medicare	\$345.52	\$214.22	\$207.31	000	999	-	
81317	Q	PMS2 GENE FULL SEQ ANALYSIS	-	-	-	Medicare	\$1,127.50	\$699.05	\$676.50	000	999	-	
81318	Q	PMS2 KNOWN FAMILIAL VARIANTS	-	-	-	Medicare	\$551.67	\$342.04	\$331.00	000	999	-	
81319	Q	PMS2 GENE DUP/DELET VARIANTS	-	-	-	Medicare	\$339.17	\$210.29	\$203.50	000	999	-	
81320	Q	PLCG2 GENE COMMON VARIANTS	-	-	-	Medicare	\$485.60	\$301.07	\$291.36	000	999	-	
81321	Q	PTEN GENE FULL SEQUENCE	-	-	-	Medicare	\$1,000.00	\$620.00	\$600.00	000	999	-	
81322	Q	PTEN GENE KNOWN FAM VARIANT	-	-	-	Medicare	\$77.67	\$48.16	\$46.60	000	999	-	
81323	Q	PTEN GENE DUP/DELET VARIANT	-	-	-	Medicare	\$500.00	\$310.00	\$300.00	000	999	-	
81324	Q	PMP22 GENE DUP/DELET	-	-	-	Medicare	\$1,263.93	\$783.64	\$758.36	000	999	-	
81325	Q	PMP22 GENE FULL SEQUENCE	-	-	-	Medicare	\$1,282.63	\$795.23	\$769.58	000	999	-	
81326	Q	PMP22 GENE KNOWN FAM VARIANT	-	-	-	Medicare	\$77.67	\$48.16	\$46.60	000	999	-	
81327	Q	SEPT9 GEN PRMTR MTHYLTN ALYS	-	-	-	Medicare	\$320.00	\$198.40	\$192.00	000	999	-	
81328	Q	SLCO1B1 GENE COM VARIANTS	-	-	-	Medicare	\$291.35	\$180.64	\$174.81	000	999	-	
81329	Q	SMN1 GENE DOS/DELETION ALYS	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	000	999	-	
81330	Q	SMPD1 GENE COMMON VARIANTS	-	-	-	Medicare	\$78.33	\$48.56	\$47.00	000	999	-	
81331	Q	SNRPN/UBE3A GENE	-	-	-	Medicare	\$85.12	\$52.77	\$51.07	000	999	-	
81332	Q	SERPINA1 GENE	-	-	-	Medicare	\$72.75	\$45.11	\$43.65	000	999	-	
81333	Q	TGFBI GENE COMMON VARIANTS	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	000	999	-	
81334	Q	RUNX1 GENE TARGETED SEQ ALYS	-	-	-	Medicare	\$549.18	\$340.49	\$329.51	000	999	-	
81335	Q	TPMT GENE COM VARIANTS	-	-	-	Medicare	\$291.35	\$180.64	\$174.81	000	999	-	
81336	Q	SMN1 GENE FULL GENE SEQUENCE	-	-	-	Medicare	\$502.25	\$311.40	\$301.35	000	999	-	
81337	Q	SMN1 GEN NOWN FAMIL SEQ VRNT	-	-	-	Medicare	\$308.67	\$191.38	\$185.20	000	999	-	
81340	Q	TRB@ GENE REARRANGE AMPLIFY	-	-	-	Medicare	\$348.20	\$215.88	\$208.92	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
81341	Q	TRB@ GENE REARRANGE DIRPROBE	-	-	-	Medicare	\$82.65	\$51.24	\$49.59	000	999	-
81342	Q	TRG GENE REARRANGEMENT ANAL	-	-	-	Medicare	\$335.83	\$208.21	\$201.50	000	999	-
81343	Q	PPP2R2B GEN DETC ABNOR ALLEL	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81344	Q	TBP GENE DETC ABNOR ALLELES	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81345	Q	TERT GENE TARGETED SEQ ALYS	-	-	-	Medicare	\$308.67	\$191.38	\$185.20	000	999	-
81346	Q	TYMS GENE COM VARIANTS	-	-	-	Medicare	\$291.35	\$180.64	\$174.81	000	999	-
81350	Q	UGT1A1 GENE COMMON VARIANTS	-	-	-	Medicare	\$390.00	\$241.80	\$234.00	000	999	-
81355	Q	VKORC1 GENE	-	-	-	Medicare	\$147.00	\$91.14	\$88.20	000	999	-
81361	Q	HBB GENE COM VARIANTS	-	-	-	Medicare	\$291.35	\$180.64	\$174.81	000	999	-
81362	Q	HBB GENE KNOWN FAM VARIANT	-	-	-	Medicare	\$625.42	\$387.76	\$375.25	000	999	-
81363	Q	HBB GENE DUP/DEL VARIANTS	-	-	-	Medicare	\$337.33	\$209.14	\$202.40	000	999	-
81364	Q	HBB FULL GENE SEQUENCE	-	-	-	Medicare	\$540.97	\$335.40	\$324.58	000	999	-
81370	Q	HLA I & II TYPING LR	-	-	-	Medicare	\$670.20	\$415.52	\$402.12	000	999	-
81371	Q	HLA I & II TYPE VERIFY LR	-	-	-	Medicare	\$674.20	\$418.00	\$404.52	000	999	-
81372	Q	HLA I TYPING COMPLETE LR	-	-	-	Medicare	\$672.65	\$417.04	\$403.59	000	999	-
81373	Q	HLA I TYPING 1 LOCUS LR	-	-	-	Medicare	\$212.38	\$131.68	\$127.43	000	999	-
81374	Q	HLA I TYPING 1 ANTIGEN LR	-	-	-	Medicare	\$123.88	\$76.81	\$74.33	000	999	-
81375	Q	HLA II TYPING AG EQUIV LR	-	-	-	Medicare	\$367.90	\$228.10	\$220.74	000	999	-
81376	Q	HLA II TYPING 1 LOCUS LR	-	-	-	Medicare	\$203.70	\$126.29	\$122.22	000	999	-
81377	Q	HLA II TYPE 1 AG EQUIV LR	-	-	-	Medicare	\$157.90	\$97.90	\$94.74	000	999	-
81378	Q	HLA I & II TYPING HR	-	-	-	Medicare	\$575.95	\$357.09	\$345.57	000	999	-
81379	Q	HLA I TYPING COMPLETE HR	-	-	-	Medicare	\$558.97	\$346.56	\$335.38	000	999	-
81380	Q	HLA I TYPING 1 LOCUS HR	-	-	-	Medicare	\$295.42	\$183.16	\$177.25	000	999	-
81381	Q	HLA I TYPING 1 ALLELE HR	-	-	-	Medicare	\$283.17	\$175.57	\$169.90	000	999	-
81382	Q	HLA II TYPING 1 LOC HR	-	-	-	Medicare	\$206.13	\$127.80	\$123.68	000	999	-
81383	Q	HLA II TYPING 1 ALLELE HR	-	-	-	Medicare	\$181.88	\$112.77	\$109.13	000	999	-
81400	Q	MOPATH PROCEDURE LEVEL 1	-	-	-	Medicare	\$106.60	\$66.09	\$63.96	000	999	-
81401	Q	MOPATH PROCEDURE LEVEL 2	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	000	999	PA applies to under 18 w/ MH Dx only
81402	Q	MOPATH PROCEDURE LEVEL 3	-	-	-	Medicare	\$250.55	\$155.34	\$150.33	000	999	-
81403	Q	MOPATH PROCEDURE LEVEL 4	-	-	-	Medicare	\$308.67	\$191.38	\$185.20	000	999	-
81404	Q	MOPATH PROCEDURE LEVEL 5	-	-	-	Medicare	\$458.05	\$283.99	\$274.83	000	999	-
81405	Q	MOPATH PROCEDURE LEVEL 6	-	-	-	Medicare	\$502.25	\$311.40	\$301.35	000	999	-
81406	Q	MOPATH PROCEDURE LEVEL 7	-	-	-	Medicare	\$471.47	\$292.31	\$282.88	000	999	-
81407	Q	MOPATH PROCEDURE LEVEL 8	-	-	-	Medicare	\$1,410.45	\$874.48	\$846.27	000	999	-
81408	Q	MOPATH PROCEDURE LEVEL 9	-	-	-	Medicare	\$3,333.33	\$2,066.66	\$2,000.00	000	999	-
81410	Q	AORTIC DYSFUNCTION/DILATION	-	-	-	Medicare	\$840.00	\$520.80	\$504.00	000	999	-
81411	Q	AORTIC DYSFUNCTION/DILATION	-	-	-	Medicare	\$2,250.32	\$1,395.20	\$1,350.19	000	999	-
81412	E	ASHKENAZI JEWISH ASSOC DIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81413	Q	CAR ION CHNNLPATH INC 10 GNS	-	-	-	Medicare	\$974.83	\$604.39	\$584.90	000	999	-
81414	Q	CAR ION CHNNLPATH INC 2 GNS	-	-	-	Medicare	\$974.83	\$604.39	\$584.90	000	999	-
81415	Q	EXOME SEQUENCE ANALYSIS	-	-	-	Medicare	\$7,966.67	\$4,939.34	\$4,780.00	000	999	-
81416	Q	EXOME SEQUENCE ANALYSIS	-	-	-	Medicare	\$20,000.00	\$12,400.00	\$12,000.00	000	999	-
81417	Q	EXOME RE-EVALUATION	-	-	-	Medicare	\$533.33	\$330.66	\$320.00	000	999	-
81420	Q	FETAL CHRMOML ANEUPLOIDY	-	-	-	Medicare	\$1,265.08	\$784.35	\$759.05	010	061	-
81422	Q	FETAL CHRMOML MICRODEL TJ	-	-	-	Medicare	\$1,265.08	\$784.35	\$759.05	000	999	-
81425	E	GENOME SEQUENCE ANALYSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81426	E	GENOME SEQUENCE ANALYSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81427	E	GENOME RE-EVALUATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81430	Q	HEARING LOSS SEQUENCE ANALYS	-	-	-	Medicare	\$2,708.33	\$1,679.16	\$1,625.00	000	999	-
81431	Q	HEARING LOSS DUP/DEL ANALYS	-	-	-	Medicare	\$1,132.62	\$702.22	\$679.57	000	999	-
81432	E	HRDTRY BRST CA-RLATD DSORDRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81433	E	HRDTRY BRST CA-RLATD DSORDRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81434	E	HEREDITARY RETINAL DISORDERS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81435	Q	HEREDITARY COLON CA DSORDRS	-	-	-	Medicare	\$974.83	\$604.39	\$584.90	000	999	-
81436	Q	HEREDITARY COLON CA DSORDRS	-	-	-	Medicare	\$974.83	\$604.39	\$584.90	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees			
81437	E	HEREDTRY NURONDCRN TUM DSRDR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81438	E	HEREDTRY NURONDCRN TUM DSRDR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81439	Q	HRDTRY CARDMYPY GENE PANEL	-	-	-	Medicare	\$974.83	\$604.39	\$584.90	000	999	-
81440	Q	MITOCHONDRIAL GENE	-	-	-	Medicare	\$5,540.00	\$3,434.80	\$3,324.00	000	999	-
81442	E	NOONAN SPECTRUM DISORDERS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81443	Q	GENETIC TSTG SEVERE INH COND	-	-	-	Medicare	\$4,080.93	\$2,530.18	\$2,448.56	000	999	-
81445	Q	TARGETED GENOMIC SEQ ANALYS	-	-	-	Medicare	\$996.52	\$617.84	\$597.91	000	999	-
81448	Q	HRDTRY PERPH NEURPHY PANEL	-	-	-	Medicare	\$974.83	\$604.39	\$584.90	000	999	-
81450	Q	TARGETED GENOMIC SEQ ANALYS	-	-	-	Medicare	\$1,265.88	\$784.85	\$759.53	000	999	-
81455	Q	TARGETED GENOMIC SEQ ANALYS	-	-	-	Medicare	\$4,866.00	\$3,016.92	\$2,919.60	000	999	-
81460	Q	WHOLE MITOCHONDRIAL GENOME	-	-	-	Medicare	\$2,145.00	\$1,329.90	\$1,287.00	000	999	-
81465	Q	WHOLE MITOCHONDRIAL GENOME	-	-	-	Medicare	\$1,560.00	\$967.20	\$936.00	000	999	-
81470	E	X-LINKED INTELLECTUAL DBLT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81471	E	X-LINKED INTELLECTUAL DBLT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81479	N	UNLISTED MOLECULAR PATHOLOGY	-	-	-	Bundled	\$0.00	-	-	000	999	PA applies to under 18 w/ MH Dx only
81490	E	AUTOIMMUNE RHEUMATOID ARTHR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81493	E	COR ARTERY DISEASE MRNA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81500	E	ONCO (OVAR) TWO PROTEINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81503	E	ONCO (OVAR) FIVE PROTEINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81504	E	ONCOLOGY TISSUE OF ORIGIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81506	E	ENDO ASSAY SEVEN ANAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81507	E	FETAL ANEUPLOIDY TRISOM RISK	-	-	-	Not Allowed	\$0.00	-	-	010	061	-
81508	E	FTL CGEN ABNOR TWO PROTEINS	-	-	-	Not Allowed	\$0.00	-	-	010	061	-
81509	E	FTL CGEN ABNOR 3 PROTEINS	-	-	-	Not Allowed	\$0.00	-	-	010	061	-
81510	E	FTL CGEN ABNOR THREE ANAL	-	-	-	Not Allowed	\$0.00	-	-	010	061	-
81511	E	FTL CGEN ABNOR FOUR ANAL	-	-	-	Not Allowed	\$0.00	-	-	010	061	-
81512	E	FTL CGEN ABNOR FIVE ANAL	-	-	-	Not Allowed	\$0.00	-	-	010	061	-
81518	Q	ONC BRST MRNA 11 GENES	-	-	-	Medicare	\$6,455.00	\$4,002.10	\$3,873.00	000	999	-
81519	Q	ONCOLOGY BREAST MRNA	-	-	-	Medicare	\$6,455.00	\$4,002.10	\$3,873.00	000	999	-
81520	Q	ONC BREAST MRNA 58 GENES	-	-	-	Medicare	\$4,183.68	\$2,593.88	\$2,510.21	000	999	-
81521	Q	ONC BREAST MRNA 70 GENES	-	-	-	Medicare	\$6,455.00	\$4,002.10	\$3,873.00	000	999	-
81522	Q	ONC BREAST MRNA 12 GENES	-	-	-	Medicare	\$6,455.00	\$4,002.10	\$3,873.00	000	999	-
81525	E	ONCOLOGY COLON MRNA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81528	Q	ONCOLOGY COLORECTAL SCR	-	-	-	Medicare	\$848.12	\$525.83	\$508.87	000	999	-
81535	Q	ONCOLOGY GYNECOLOGIC	-	-	-	Medicare	\$965.77	\$598.78	\$579.46	000	999	-
81536	Q	ONCOLOGY GYNECOLOGIC	-	-	-	Medicare	\$295.93	\$183.48	\$177.56	000	999	-
81538	E	ONCOLOGY LUNG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81539	Q	ONCOLOGY PROSTATE PROB SCORE	-	-	-	Medicare	\$1,266.67	\$785.34	\$760.00	000	999	-
81540	E	ONCOLOGY TUM UNKNOWN ORIGIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81541	Q	ONC PROSTATE MRNA 46 GENES	-	-	-	Medicare	\$6,455.00	\$4,002.10	\$3,873.00	000	999	-
81542	E	ONC PROSTATE MRNA 22 CNT GEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81545	E	ONCOLOGY THYROID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81551	Q	ONC PROSTATE 3 GENES	-	-	-	Medicare	\$3,383.33	\$2,097.66	\$2,030.00	000	999	-
81552	E	ONC UVEAL MLNMA MRNA 15 GENE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81595	E	CARDIOLOGY HRT TRNSPL MRNA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81596	Q	NFCT DS CHRNC HCV 6 ASSAYS	-	-	-	Medicare	\$120.32	\$74.60	\$72.19	000	999	-
81599	E	UNLISTED MAAA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
82009	Q	TEST FOR ACETONE/KETONES	-	-	-	Medicare	\$7.53	\$4.67	\$4.52	000	999	-
82010	Q	ACETONE ASSAY	-	-	-	Medicare	\$13.62	\$8.44	\$8.17	000	999	-
82013	Q	ACETYLCHOLINESTERASE ASSAY	-	-	-	Medicare	\$20.48	\$12.70	\$12.29	000	999	-
82016	Q	ACYLCARNITINES QUAL	-	-	-	Medicare	\$27.48	\$17.04	\$16.49	000	999	-
82017	Q	ACYLCARNITINES QUANT	-	-	-	Medicare	\$28.12	\$17.43	\$16.87	000	999	-
82024	Q	ASSAY OF ACTH	-	-	-	Medicare	\$64.37	\$39.91	\$38.62	000	999	-
82030	Q	ASSAY OF ADP & AMP	-	-	-	Medicare	\$43.00	\$26.66	\$25.80	000	999	-
82040	Q	ASSAY OF SERUM ALBUMIN	-	-	-	Medicare	\$8.25	\$5.12	\$4.95	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Non-sole			Min Age	Max Age	Comments
							Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Hospital Lab Fees			
82042	Q	OTHER SOURCE ALBUMIN QUAN EA	-	-	-	Medicare	\$12.97	\$8.04	\$7.78	000	999	-
82043	Q	UR ALBUMIN QUANTITATIVE	-	-	-	Medicare	\$9.63	\$5.97	\$5.78	000	999	-
82044	Q	UR ALBUMIN SEMIQUANTITATIVE	-	-	-	Medicare	\$10.38	\$6.44	\$6.23	000	999	-
82045	Q	ALBUMIN ISCHEMIA MODIFIED	-	-	-	Medicare	\$56.57	\$35.07	\$33.94	000	999	-
82075	Q	ASSAY OF BREATH ETHANOL	-	-	-	Medicare	\$50.00	\$31.00	\$30.00	000	999	-
82085	Q	ASSAY OF ALDOLASE	-	-	-	Medicare	\$16.18	\$10.03	\$9.71	000	999	-
82088	Q	ASSAY OF ALDOSTERONE	-	-	-	Medicare	\$67.92	\$42.11	\$40.75	000	999	-
82103	Q	ALPHA-1-ANTITRYPSIN TOTAL	-	-	-	Medicare	\$22.40	\$13.89	\$13.44	000	999	-
82104	Q	ALPHA-1-ANTITRYPSIN PHENO	-	-	-	Medicare	\$24.10	\$14.94	\$14.46	000	999	-
82105	Q	ALPHA-FETOPROTEIN SERUM	-	-	-	Medicare	\$27.95	\$17.33	\$16.77	000	999	-
82106	Q	ALPHA-FETOPROTEIN AMNIOTIC	-	-	-	Medicare	\$28.33	\$17.56	\$17.00	000	999	-
82107	Q	ALPHA-FETOPROTEIN L3	-	-	-	Medicare	\$107.35	\$66.56	\$64.41	000	999	-
82108	Q	ASSAY OF ALUMINUM	-	-	-	Medicare	\$42.47	\$26.33	\$25.48	000	999	-
82120	Q	AMINES VAGINAL FLUID QUAL	-	-	-	Medicare	\$9.98	\$6.19	\$5.99	000	999	-
82127	Q	AMINO ACID SINGLE QUAL	-	-	-	Medicare	\$23.63	\$14.65	\$14.18	000	999	-
82128	Q	AMINO ACIDS MULT QUAL	-	-	-	Medicare	\$23.12	\$14.33	\$13.87	000	999	-
82131	Q	AMINO ACIDS SINGLE QUANT	-	-	-	Medicare	\$38.30	\$23.75	\$22.98	000	999	-
82135	Q	ASSAY AMINOLEVULINIC ACID	-	-	-	Medicare	\$27.42	\$17.00	\$16.45	000	999	-
82136	Q	AMINO ACIDS QUANT 2-5	-	-	-	Medicare	\$32.68	\$20.26	\$19.61	000	999	-
82139	Q	AMINO ACIDS QUAN 6 OR MORE	-	-	-	Medicare	\$28.12	\$17.43	\$16.87	000	999	-
82140	Q	ASSAY OF AMMONIA	-	-	-	Medicare	\$24.28	\$15.05	\$14.57	000	999	-
82143	Q	AMNIOTIC FLUID SCAN	-	-	-	Medicare	\$15.58	\$9.66	\$9.35	000	999	-
82150	Q	ASSAY OF AMYLASE	-	-	-	Medicare	\$10.80	\$6.70	\$6.48	000	999	-
82154	Q	ANDROSTANEDIOL GLUCURONIDE	-	-	-	Medicare	\$48.05	\$29.79	\$28.83	000	999	-
82157	Q	ASSAY OF ANDROSTENEDIONE	-	-	-	Medicare	\$48.80	\$30.26	\$29.28	000	999	-
82160	Q	ASSAY OF ANDROSTERONE	-	-	-	Medicare	\$42.58	\$26.40	\$25.55	000	999	-
82163	Q	ASSAY OF ANGIOTENSIN II	-	-	-	Medicare	\$34.20	\$21.20	\$20.52	000	999	-
82164	Q	ANGIOTENSIN I ENZYME TEST	-	-	-	Medicare	\$24.33	\$15.08	\$14.60	000	999	-
82172	Q	ASSAY OF APOLIPROTEIN	-	-	-	Medicare	\$35.15	\$21.79	\$21.09	000	999	-
82175	Q	ASSAY OF ARSENIC	-	-	-	Medicare	\$31.62	\$19.60	\$18.97	000	999	-
82180	Q	ASSAY OF ASCORBIC ACID	-	-	-	Medicare	\$16.48	\$10.22	\$9.89	000	999	-
82190	Q	ATOMIC ABSORPTION	-	-	-	Medicare	\$26.50	\$16.43	\$15.90	000	999	-
82232	Q	ASSAY OF BETA-2 PROTEIN	-	-	-	Medicare	\$26.97	\$16.72	\$16.18	000	999	-
82239	Q	BILE ACIDS TOTAL	-	-	-	Medicare	\$28.53	\$17.69	\$17.12	000	999	-
82240	Q	BILE ACIDS CHOLYLGLYCINE	-	-	-	Medicare	\$44.30	\$27.47	\$26.58	000	999	-
82247	Q	BILIRUBIN TOTAL	-	-	-	Medicare	\$8.37	\$5.19	\$5.02	000	999	-
82248	Q	BILIRUBIN DIRECT	-	-	-	Medicare	\$8.37	\$5.19	\$5.02	000	999	-
82252	Q	FECAL BILIRUBIN TEST	-	-	-	Medicare	\$7.60	\$4.71	\$4.56	000	999	-
82261	Q	ASSAY OF BIOTINIDASE	-	-	-	Medicare	\$28.12	\$17.43	\$16.87	000	999	-
82270	Q	OCCULT BLOOD FECES	-	-	-	Medicare	\$7.30	\$4.53	\$4.38	000	999	-
82271	Q	OCCULT BLOOD OTHER SOURCES	-	-	-	Medicare	\$8.87	\$5.50	\$5.32	000	999	-
82272	Q	OCCULT BLD FECES 1-3 TESTS	-	-	-	Medicare	\$7.05	\$4.37	\$4.23	000	999	-
82274	Q	ASSAY TEST FOR BLOOD FECAL	-	-	-	Medicare	\$26.53	\$16.45	\$15.92	000	999	-
82286	Q	ASSAY OF BRADYKININ	-	-	-	Medicare	\$8.60	\$5.33	\$5.16	000	999	-
82300	Q	ASSAY OF CADMIUM	-	-	-	Medicare	\$39.40	\$24.43	\$23.64	000	999	-
82306	Q	VITAMIN D 25 HYDROXY	-	-	-	Medicare	\$49.33	\$30.58	\$29.60	000	999	-
82308	Q	ASSAY OF CALCITONIN	-	-	-	Medicare	\$44.65	\$27.68	\$26.79	000	999	-
82310	Q	ASSAY OF CALCIUM	-	-	-	Medicare	\$8.60	\$5.33	\$5.16	000	999	-
82330	Q	ASSAY OF CALCIUM	-	-	-	Medicare	\$22.80	\$14.14	\$13.68	000	999	-
82331	Q	CALCIUM INFUSION TEST	-	-	-	Medicare	\$22.23	\$13.78	\$13.34	000	999	-
82340	Q	ASSAY OF CALCIUM IN URINE	-	-	-	Medicare	\$10.05	\$6.23	\$6.03	000	999	-
82355	Q	CALCULUS ANALYSIS QUAL	-	-	-	Medicare	\$19.30	\$11.97	\$11.58	000	999	-
82360	Q	CALCULUS ASSAY QUANT	-	-	-	Medicare	\$21.45	\$13.30	\$12.87	000	999	-
82365	Q	CALCULUS SPECTROSCOPY	-	-	-	Medicare	\$21.50	\$13.33	\$12.90	000	999	-
82370	Q	X-RAY ASSAY CALCULUS	-	-	-	Medicare	\$20.87	\$12.94	\$12.52	000	999	-
82373	Q	ASSAY C-D TRANSFER MEASURE	-	-	-	Medicare	\$30.10	\$18.66	\$18.06	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee	Non-sole Comm.			Min Age	Max Age	Comments
								Sole Comm. Hospital Lab Fees	Hospital Lab Fees	Hospital Lab Fees			
82374	Q	ASSAY BLOOD CARBON DIOXIDE	-	-	-	Medicare	\$8.13	\$5.04	\$4.88	000	999	-	
82375	Q	ASSAY CARBOXYHB QUANT	-	-	-	Medicare	\$20.53	\$12.73	\$12.32	000	999	-	
82376	Q	ASSAY CARBOXYHB QUAL	-	-	-	Medicare	\$23.45	\$14.54	\$14.07	000	999	-	
82378	Q	CARCINOEMBRYONIC ANTIGEN	-	-	-	Medicare	\$31.60	\$19.59	\$18.96	000	999	-	
82379	Q	ASSAY OF CARNITINE	-	-	-	Medicare	\$28.12	\$17.43	\$16.87	000	999	-	
82380	Q	ASSAY OF CAROTENE	-	-	-	Medicare	\$15.37	\$9.53	\$9.22	000	999	-	
82382	Q	ASSAY URINE CATECHOLAMINES	-	-	-	Medicare	\$45.50	\$28.21	\$27.30	000	999	-	
82383	Q	ASSAY BLOOD CATECHOLAMINES	-	-	-	Medicare	\$48.47	\$30.05	\$29.08	000	999	-	
82384	Q	ASSAY THREE CATECHOLAMINES	-	-	-	Medicare	\$42.08	\$26.09	\$25.25	000	999	-	
82387	Q	ASSAY OF CATHEPSIN-D	-	-	-	Medicare	\$30.10	\$18.66	\$18.06	000	999	-	
82390	Q	ASSAY OF CERULOPLASMIN	-	-	-	Medicare	\$17.90	\$11.10	\$10.74	000	999	-	
82397	Q	CHEMILUMINESCENT ASSAY	-	-	-	Medicare	\$23.53	\$14.59	\$14.12	000	999	-	
82415	Q	ASSAY OF CHLORAMPHENICOL	-	-	-	Medicare	\$21.12	\$13.09	\$12.67	000	999	-	
82435	Q	ASSAY OF BLOOD CHLORIDE	-	-	-	Medicare	\$7.67	\$4.76	\$4.60	000	999	-	
82436	Q	ASSAY OF URINE CHLORIDE	-	-	-	Medicare	\$9.58	\$5.94	\$5.75	000	999	-	
82438	Q	ASSAY OTHER FLUID CHLORIDES	-	-	-	Medicare	\$8.33	\$5.16	\$5.00	000	999	-	
82441	Q	TEST FOR CHLOROHYDROCARBONS	-	-	-	Medicare	\$10.02	\$6.21	\$6.01	000	999	-	
82465	Q	ASSAY BLD/SERUM CHOLESTEROL	-	-	-	Medicare	\$7.25	\$4.50	\$4.35	000	999	-	
82480	Q	ASSAY SERUM CHOLINESTERASE	-	-	-	Medicare	\$13.12	\$8.13	\$7.87	000	999	-	
82482	Q	ASSAY RBC CHOLINESTERASE	-	-	-	Medicare	\$16.35	\$10.14	\$9.81	000	999	-	
82485	Q	ASSAY CHONDROITIN SULFATE	-	-	-	Medicare	\$34.42	\$21.34	\$20.65	000	999	-	
82495	Q	ASSAY OF CHROMIUM	-	-	-	Medicare	\$33.80	\$20.96	\$20.28	000	999	-	
82507	Q	ASSAY OF CITRATE	-	-	-	Medicare	\$46.33	\$28.72	\$27.80	000	999	-	
82523	Q	COLLAGEN CROSSLINKS	-	-	-	Medicare	\$31.13	\$19.30	\$18.68	000	999	-	
82525	Q	ASSAY OF COPPER	-	-	-	Medicare	\$20.68	\$12.82	\$12.41	000	999	-	
82528	Q	ASSAY OF CORTICOSTERONE	-	-	-	Medicare	\$37.53	\$23.27	\$22.52	000	999	-	
82530	Q	CORTISOL FREE	-	-	-	Medicare	\$27.85	\$17.27	\$16.71	000	999	-	
82533	Q	TOTAL CORTISOL	-	-	-	Medicare	\$27.17	\$16.85	\$16.30	000	999	-	
82540	Q	ASSAY OF CREATINE	-	-	-	Medicare	\$7.73	\$4.79	\$4.64	000	999	-	
82542	Q	COL CHROMOTOGRAPHY QUAL/QUAN	-	-	-	Medicare	\$40.15	\$24.89	\$24.09	000	999	-	
82550	Q	ASSAY OF CK (CPK)	-	-	-	Medicare	\$10.85	\$6.73	\$6.51	000	999	-	
82552	Q	ASSAY OF CPK IN BLOOD	-	-	-	Medicare	\$22.32	\$13.84	\$13.39	000	999	-	
82553	Q	CREATINE MB FRACTION	-	-	-	Medicare	\$19.25	\$11.94	\$11.55	000	999	-	
82554	Q	CREATINE ISOFORMS	-	-	-	Medicare	\$19.78	\$12.26	\$11.87	000	999	-	
82565	Q	ASSAY OF CREATININE	-	-	-	Medicare	\$8.53	\$5.29	\$5.12	000	999	-	
82570	Q	ASSAY OF URINE CREATININE	-	-	-	Medicare	\$8.63	\$5.35	\$5.18	000	999	-	
82575	Q	CREATININE CLEARANCE TEST	-	-	-	Medicare	\$15.77	\$9.78	\$9.46	000	999	-	
82585	Q	ASSAY OF CRYOFIBRINOGEN	-	-	-	Medicare	\$23.57	\$14.61	\$14.14	000	999	-	
82595	Q	ASSAY OF CRYOGLOBULIN	-	-	-	Medicare	\$10.78	\$6.68	\$6.47	000	999	-	
82600	Q	ASSAY OF CYANIDE	-	-	-	Medicare	\$32.33	\$20.04	\$19.40	000	999	-	
82607	Q	VITAMIN B-12	-	-	-	Medicare	\$25.13	\$15.58	\$15.08	000	999	-	
82608	Q	B-12 BINDING CAPACITY	-	-	-	Medicare	\$23.87	\$14.80	\$14.32	000	999	-	
82610	Q	CYSTATIN C	-	-	-	Medicare	\$30.87	\$19.14	\$18.52	000	999	-	
82615	Q	TEST FOR URINE CYSTINES	-	-	-	Medicare	\$15.92	\$9.87	\$9.55	000	999	-	
82626	Q	DEHYDROEPIANDROSTERONE	-	-	-	Medicare	\$42.12	\$26.11	\$25.27	000	999	-	
82627	Q	DEHYDROEPIANDROSTERONE	-	-	-	Medicare	\$37.05	\$22.97	\$22.23	000	999	-	
82633	Q	DESOXYCORTICOSTERONE	-	-	-	Medicare	\$51.63	\$32.01	\$30.98	000	999	-	
82634	Q	DEOXYCORTISOL	-	-	-	Medicare	\$48.80	\$30.26	\$29.28	000	999	-	
82638	Q	ASSAY OF DIBUCAINE NUMBER	-	-	-	Medicare	\$20.42	\$12.66	\$12.25	000	999	-	
82642	Q	DIHYDROTESTOSTERONE	-	-	-	Medicare	\$48.80	\$30.26	\$29.28	000	999	-	
82652	Q	VIT D 1 25-DIHYDROXY	-	-	-	Medicare	\$64.17	\$39.79	\$38.50	000	999	-	
82656	Q	PANCREATIC ELASTASE FECAL	-	-	-	Medicare	\$19.22	\$11.92	\$11.53	000	999	-	
82657	Q	ENZYME CELL ACTIVITY	-	-	-	Medicare	\$36.95	\$22.91	\$22.17	000	999	-	
82658	Q	ENZYME CELL ACTIVITY RA	-	-	-	Medicare	\$73.38	\$45.50	\$44.03	000	999	-	
82664	Q	ELECTROPHORETIC TEST	-	-	-	Medicare	\$102.50	\$63.55	\$61.50	000	999	-	
82668	Q	ASSAY OF ERYTHROPOIETIN	-	-	-	Medicare	\$31.32	\$19.42	\$18.79	000	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Hospital Lab Fees			
82670	Q	ASSAY OF ESTRADIOL	-	-	-	Medicare	\$46.57	\$28.87	\$27.94	000	999	-
82671	Q	ASSAY OF ESTROGENS	-	-	-	Medicare	\$53.83	\$33.37	\$32.30	000	999	-
82672	Q	ASSAY OF ESTROGEN	-	-	-	Medicare	\$36.17	\$22.43	\$21.70	000	999	-
82677	Q	ASSAY OF ESTRIOI	-	-	-	Medicare	\$40.30	\$24.99	\$24.18	000	999	-
82679	Q	ASSAY OF ESTRONE	-	-	-	Medicare	\$41.58	\$25.78	\$24.95	000	999	-
82693	Q	ASSAY OF ETHYLENE GLYCOL	-	-	-	Medicare	\$24.83	\$15.39	\$14.90	000	999	-
82696	Q	ASSAY OF ETIOCHOLANOLONE	-	-	-	Medicare	\$43.73	\$27.11	\$26.24	000	999	-
82705	Q	FATS/LIPIDS FECES QUAL	-	-	-	Medicare	\$8.50	\$5.27	\$5.10	000	999	-
82710	Q	FATS/LIPIDS FECES QUANT	-	-	-	Medicare	\$28.00	\$17.36	\$16.80	000	999	-
82715	Q	ASSAY OF FECAL FAT	-	-	-	Medicare	\$38.28	\$23.73	\$22.97	000	999	-
82725	Q	ASSAY OF BLOOD FATTY ACIDS	-	-	-	Medicare	\$31.28	\$19.39	\$18.77	000	999	-
82726	Q	LONG CHAIN FATTY ACIDS	-	-	-	Medicare	\$32.92	\$20.41	\$19.75	000	999	-
82728	Q	ASSAY OF FERRITIN	-	-	-	Medicare	\$22.72	\$14.09	\$13.63	000	999	-
82731	Q	ASSAY OF FETAL FIBRONECTIN	-	-	-	Medicare	\$107.35	\$66.56	\$64.41	010	061	-
82735	Q	ASSAY OF FLUORIDE	-	-	-	Medicare	\$30.90	\$19.16	\$18.54	000	999	-
82746	Q	ASSAY OF FOLIC ACID SERUM	-	-	-	Medicare	\$24.50	\$15.19	\$14.70	000	999	-
82747	Q	ASSAY OF FOLIC ACID RBC	-	-	-	Medicare	\$29.42	\$18.24	\$17.65	000	999	-
82757	Q	ASSAY OF SEMEN FRUCTOSE	-	-	-	Medicare	\$28.90	\$17.92	\$17.34	000	999	-
82759	Q	ASSAY OF RBC GALACTOKINASE	-	-	-	Medicare	\$35.80	\$22.20	\$21.48	000	999	-
82760	Q	ASSAY OF GALACTOSE	-	-	-	Medicare	\$18.67	\$11.58	\$11.20	000	999	-
82775	Q	ASSAY GALACTOSE TRANSFERASE	-	-	-	Medicare	\$35.12	\$21.77	\$21.07	000	999	-
82776	Q	GALACTOSE TRANSFERASE TEST	-	-	-	Medicare	\$19.57	\$12.13	\$11.74	000	999	-
82777	Q	GALECTIN-3	-	-	-	Medicare	\$73.75	\$45.73	\$44.25	000	999	-
82784	Q	ASSAY IGA/IGD/IGG/IGM EACH	-	-	-	Medicare	\$15.50	\$9.61	\$9.30	000	999	-
82785	Q	ASSAY OF IGE	-	-	-	Medicare	\$27.43	\$17.01	\$16.46	000	999	-
82787	Q	IGG 1 2 3 OR 4 EACH	-	-	-	Medicare	\$13.37	\$8.29	\$8.02	000	999	-
82800	Q	BLOOD PH	-	-	-	Medicare	\$18.33	\$11.36	\$11.00	000	999	-
82803	Q	BLOOD GASES ANY COMBINATION	-	-	-	Medicare	\$43.45	\$26.94	\$26.07	000	999	-
82805	Q	BLOOD GASES W/O2 SATURATION	-	-	-	Medicare	\$131.28	\$81.39	\$78.77	000	999	-
82810	Q	BLOOD GASES O2 SAT ONLY	-	-	-	Medicare	\$16.28	\$10.09	\$9.77	000	999	-
82820	Q	HEMOGLOBIN-OXYGEN AFFINITY	-	-	-	Medicare	\$22.23	\$13.78	\$13.34	000	999	-
82930	Q	GASTRIC ANALY W/PH EA SPEC	-	-	-	Medicare	\$11.18	\$6.93	\$6.71	000	999	-
82938	Q	GASTRIN TEST	-	-	-	Medicare	\$29.48	\$18.28	\$17.69	000	999	-
82941	Q	ASSAY OF GASTRIN	-	-	-	Medicare	\$29.38	\$18.22	\$17.63	000	999	-
82943	Q	ASSAY OF GLUCAGON	-	-	-	Medicare	\$23.82	\$14.77	\$14.29	000	999	-
82945	Q	GLUCOSE OTHER FLUID	-	-	-	Medicare	\$6.55	\$4.06	\$3.93	000	999	-
82946	Q	GLUCAGON TOLERANCE TEST	-	-	-	Medicare	\$29.62	\$18.36	\$17.77	000	999	-
82947	Q	ASSAY GLUCOSE BLOOD QUANT	-	-	-	Medicare	\$6.55	\$4.06	\$3.93	000	999	-
82948	Q	REAGENT STRIP/BLOOD GLUCOSE	-	-	-	Medicare	\$8.40	\$5.21	\$5.04	000	999	-
82950	Q	GLUCOSE TEST	-	-	-	Medicare	\$7.92	\$4.91	\$4.75	000	999	-
82951	Q	GLUCOSE TOLERANCE TEST (GTT)	-	-	-	Medicare	\$21.45	\$13.30	\$12.87	000	999	-
82952	Q	GTT-ADDED SAMPLES	-	-	-	Medicare	\$6.53	\$4.05	\$3.92	000	999	-
82955	Q	ASSAY OF G6PD ENZYME	-	-	-	Medicare	\$16.17	\$10.03	\$9.70	000	999	-
82960	Q	TEST FOR G6PD ENZYME	-	-	-	Medicare	\$10.08	\$6.25	\$6.05	000	999	-
82962	Q	GLUCOSE BLOOD TEST	-	-	-	Medicare	\$5.47	\$3.39	\$3.28	000	999	-
82963	Q	ASSAY OF GLUCOSIDASE	-	-	-	Medicare	\$35.80	\$22.20	\$21.48	000	999	-
82965	Q	ASSAY OF GDH ENZYME	-	-	-	Medicare	\$21.92	\$13.59	\$13.15	000	999	-
82977	Q	ASSAY OF GGT	-	-	-	Medicare	\$12.00	\$7.44	\$7.20	000	999	-
82978	Q	ASSAY OF GLUTATHIONE	-	-	-	Medicare	\$25.75	\$15.97	\$15.45	000	999	-
82979	Q	ASSAY RBC GLUTATHIONE	-	-	-	Medicare	\$15.73	\$9.75	\$9.44	000	999	-
82985	Q	ASSAY OF GLYCATED PROTEIN	-	-	-	Medicare	\$27.93	\$17.32	\$16.76	000	999	-
83001	Q	ASSAY OF GONADOTROPIN (FSH)	-	-	-	Medicare	\$30.97	\$19.20	\$18.58	000	999	-
83002	Q	ASSAY OF GONADOTROPIN (LH)	-	-	-	Medicare	\$30.87	\$19.14	\$18.52	000	999	-
83003	Q	ASSAY GROWTH HORMONE (HGH)	-	-	-	Medicare	\$27.78	\$17.22	\$16.67	000	999	-
83006	Q	GROWTH STIMULATION GENE 2	-	-	-	Medicare	\$126.00	\$78.12	\$75.60	000	999	-
83009	Q	H PYLORI (C-13) BLOOD	-	-	-	Medicare	\$112.27	\$69.61	\$67.36	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
83010	Q	ASSAY OF HAPTOGLOBIN QUANT	-	-	-	Medicare	\$20.97	\$13.00	\$12.58	000	999	-
83012	Q	ASSAY OF HAPTOGLOBINS	-	-	-	Medicare	\$44.82	\$27.79	\$26.89	000	999	-
83013	Q	H PYLORI (C-13) BREATH	-	-	-	Medicare	\$112.27	\$69.61	\$67.36	000	999	-
83014	Q	H PYLORI DRUG ADMIN	-	-	-	Medicare	\$13.10	\$8.12	\$7.86	000	999	-
83015	Q	HEAVY METAL QUAL ANY ANAL	-	-	-	Medicare	\$34.90	\$21.64	\$20.94	000	999	-
83018	Q	HEAVY METAL QUANT EACH NES	-	-	-	Medicare	\$36.60	\$22.69	\$21.96	000	999	-
83020	Q	HEMOGLOBIN ELECTROPHORESIS	-	-	-	Medicare	\$21.45	\$13.30	\$12.87	000	999	-
83021	Q	HEMOGLOBIN CHROMOTOGRAPHY	-	-	-	Medicare	\$30.10	\$18.66	\$18.06	000	999	-
83026	Q	HEMOGLOBIN COPPER SULFATE	-	-	-	Medicare	\$6.68	\$4.14	\$4.01	000	999	-
83030	Q	FETAL HEMOGLOBIN CHEMICAL	-	-	-	Medicare	\$17.90	\$11.10	\$10.74	000	999	-
83033	Q	FETAL HEMOGLOBIN ASSAY QUAL	-	-	-	Medicare	\$13.33	\$8.26	\$8.00	000	999	-
83036	Q	GLYCOSYLATED HEMOGLOBIN TEST	-	-	-	Medicare	\$16.18	\$10.03	\$9.71	000	999	-
83037	E	GLYCOSYLATED HB HOME DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
83045	Q	BLOOD METHEMOGLOBIN TEST	-	-	-	Medicare	\$10.82	\$6.71	\$6.49	000	999	-
83050	Q	BLOOD METHEMOGLOBIN ASSAY	-	-	-	Medicare	\$13.67	\$8.48	\$8.20	000	999	-
83051	Q	ASSAY OF PLASMA HEMOGLOBIN	-	-	-	Medicare	\$12.18	\$7.55	\$7.31	000	999	-
83060	Q	BLOOD SULFHEMOGLOBIN ASSAY	-	-	-	Medicare	\$14.67	\$9.10	\$8.80	000	999	-
83065	Q	ASSAY OF HEMOGLOBIN HEAT	-	-	-	Medicare	\$15.00	\$9.30	\$9.00	000	999	-
83068	Q	HEMOGLOBIN STABILITY SCREEN	-	-	-	Medicare	\$15.78	\$9.78	\$9.47	000	999	-
83069	Q	ASSAY OF URINE HEMOGLOBIN	-	-	-	Medicare	\$6.58	\$4.08	\$3.95	000	999	-
83070	Q	ASSAY OF HEMOSIDERIN QUAL	-	-	-	Medicare	\$7.92	\$4.91	\$4.75	000	999	-
83080	Q	ASSAY OF B HEXOSAMINIDASE	-	-	-	Medicare	\$28.12	\$17.43	\$16.87	000	999	-
83088	Q	ASSAY OF HISTAMINE	-	-	-	Medicare	\$49.22	\$30.52	\$29.53	000	999	-
83090	Q	ASSAY OF HOMOCYSTEINE	-	-	-	Medicare	\$29.87	\$18.52	\$17.92	000	999	-
83150	Q	ASSAY OF HOMOVANILLIC ACID	-	-	-	Medicare	\$37.35	\$23.16	\$22.41	000	999	-
83491	Q	ASSAY OF CORTICOSTEROIDS 17	-	-	-	Medicare	\$29.83	\$18.49	\$17.90	000	999	-
83497	Q	ASSAY OF 5-HIAA	-	-	-	Medicare	\$21.50	\$13.33	\$12.90	000	999	-
83498	Q	ASSAY OF PROGESTERONE 17-D	-	-	-	Medicare	\$45.28	\$28.07	\$27.17	000	999	-
83500	Q	ASSAY FREE HYDROXYPROLINE	-	-	-	Medicare	\$37.75	\$23.41	\$22.65	000	999	-
83505	Q	ASSAY TOTAL HYDROXYPROLINE	-	-	-	Medicare	\$40.50	\$25.11	\$24.30	000	999	-
83516	Q	IMMUNOASSAY NONANTIBODY	-	-	-	Medicare	\$19.22	\$11.92	\$11.53	000	999	-
83518	Q	IMMUNOASSAY DIPSTICK	-	-	-	Medicare	\$16.07	\$9.96	\$9.64	000	999	-
83519	Q	RIA NONANTIBODY	-	-	-	Medicare	\$30.67	\$19.02	\$18.40	000	999	-
83520	Q	IMMUNOASSAY QUANT NOS NONAB	-	-	-	Medicare	\$28.78	\$17.84	\$17.27	000	999	-
83525	Q	ASSAY OF INSULIN	-	-	-	Medicare	\$19.05	\$11.81	\$11.43	000	999	-
83527	Q	ASSAY OF INSULIN	-	-	-	Medicare	\$21.58	\$13.38	\$12.95	000	999	-
83528	Q	ASSAY OF INTRINSIC FACTOR	-	-	-	Medicare	\$33.03	\$20.48	\$19.82	000	999	-
83540	Q	ASSAY OF IRON	-	-	-	Medicare	\$10.78	\$6.68	\$6.47	000	999	-
83550	Q	IRON BINDING TEST	-	-	-	Medicare	\$14.57	\$9.03	\$8.74	000	999	-
83570	Q	ASSAY OF IDH ENZYME	-	-	-	Medicare	\$14.75	\$9.15	\$8.85	000	999	-
83582	Q	ASSAY OF KETOGENIC STEROIDS	-	-	-	Medicare	\$25.78	\$15.98	\$15.47	000	999	-
83586	Q	ASSAY 17- KETOSTEROIDS	-	-	-	Medicare	\$21.33	\$13.22	\$12.80	000	999	-
83593	Q	FRACTIONATION KETOSTEROIDS	-	-	-	Medicare	\$47.50	\$29.45	\$28.50	000	999	-
83605	Q	ASSAY OF LACTIC ACID	-	-	-	Medicare	\$19.28	\$11.95	\$11.57	000	999	-
83615	Q	LACTATE (LD) (LDH) ENZYME	-	-	-	Medicare	\$10.07	\$6.24	\$6.04	000	999	-
83625	Q	ASSAY OF LDH ENZYMES	-	-	-	Medicare	\$21.32	\$13.22	\$12.79	000	999	-
83630	Q	LACTOFERRIN FECAL (QUAL)	-	-	-	Medicare	\$32.83	\$20.35	\$19.70	000	999	-
83631	Q	LACTOFERRIN FECAL (QUANT)	-	-	-	Medicare	\$32.72	\$20.29	\$19.63	000	999	-
83632	Q	PLACENTAL LACTOGEN	-	-	-	Medicare	\$33.70	\$20.89	\$20.22	000	999	-
83633	Q	TEST URINE FOR LACTOSE	-	-	-	Medicare	\$18.75	\$11.63	\$11.25	000	999	-
83655	Q	ASSAY OF LEAD	-	-	-	Medicare	\$20.18	\$12.51	\$12.11	000	999	-
83661	Q	L/S RATIO FETAL LUNG	-	-	-	Medicare	\$36.65	\$22.72	\$21.99	000	999	-
83662	Q	FOAM STABILITY FETAL LUNG	-	-	-	Medicare	\$31.52	\$19.54	\$18.91	000	999	-
83663	Q	FLUORO POLARIZE FETAL LUNG	-	-	-	Medicare	\$31.52	\$19.54	\$18.91	000	999	-
83664	Q	LAMELLAR BDY FETAL LUNG	-	-	-	Medicare	\$32.20	\$19.96	\$19.32	000	999	-
83670	Q	ASSAY OF LAP ENZYME	-	-	-	Medicare	\$16.35	\$10.14	\$9.81	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Non-sole			Min Age	Max Age	Comments
							Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees			
83690	Q	ASSAY OF LIPASE	-	-	-	Medicare	\$11.48	\$7.12	\$6.89	000	999	-
83695	Q	ASSAY OF LIPOPROTEIN(A)	-	-	-	Medicare	\$23.87	\$14.80	\$14.32	000	999	-
83698	Q	ASSAY LIPOPROTEIN PLA2	-	-	-	Medicare	\$77.18	\$47.85	\$46.31	000	999	-
83700	Q	LIOPRO BLD ELECTROPHORETIC	-	-	-	Medicare	\$18.77	\$11.64	\$11.26	000	999	-
83701	Q	LIOPROTEIN BLD HR FRACTION	-	-	-	Medicare	\$56.43	\$34.99	\$33.86	000	999	-
83704	Q	LIOPROTEIN BLD QUAN PART	-	-	-	Medicare	\$56.98	\$35.33	\$34.19	000	999	-
83718	Q	ASSAY OF LIPOPROTEIN	-	-	-	Medicare	\$13.65	\$8.46	\$8.19	000	999	-
83719	Q	ASSAY OF BLOOD LIPOPROTEIN	-	-	-	Medicare	\$21.25	\$13.18	\$12.75	000	999	-
83721	Q	ASSAY OF BLOOD LIPOPROTEIN	-	-	-	Medicare	\$17.50	\$10.85	\$10.50	000	999	-
83722	Q	LIOPRTRN DIR MEAS SD LDL CHL	-	-	-	Medicare	\$56.98	\$35.33	\$34.19	000	999	-
83727	Q	ASSAY OF LRH HORMONE	-	-	-	Medicare	\$28.65	\$17.76	\$17.19	000	999	-
83735	Q	ASSAY OF MAGNESIUM	-	-	-	Medicare	\$11.17	\$6.93	\$6.70	000	999	-
83775	Q	ASSAY MALATE DEHYDROGENASE	-	-	-	Medicare	\$12.28	\$7.61	\$7.37	000	999	-
83785	Q	ASSAY OF MANGANESE	-	-	-	Medicare	\$44.42	\$27.54	\$26.65	000	999	-
83789	Q	MASS SPECTROMETRY QUAL/QUAN	-	-	-	Medicare	\$40.18	\$24.91	\$24.11	000	999	-
83825	Q	ASSAY OF MERCURY	-	-	-	Medicare	\$27.10	\$16.80	\$16.26	000	999	-
83835	Q	ASSAY OF METANEPHRINES	-	-	-	Medicare	\$28.23	\$17.50	\$16.94	000	999	-
83857	Q	ASSAY OF METHEMALBUMIN	-	-	-	Medicare	\$17.90	\$11.10	\$10.74	000	999	-
83861	Q	MICROFLUID ANALY TEARS	-	-	-	Medicare	\$37.47	\$23.23	\$22.48	000	999	-
83864	Q	MUCOPOLYSACCHARIDES	-	-	-	Medicare	\$47.50	\$29.45	\$28.50	000	999	-
83872	Q	ASSAY SYNOVIAL FLUID MUCIN	-	-	-	Medicare	\$9.77	\$6.06	\$5.86	000	999	-
83873	Q	ASSAY OF CSF PROTEIN	-	-	-	Medicare	\$28.67	\$17.78	\$17.20	000	999	-
83874	Q	ASSAY OF MYOGLOBIN	-	-	-	Medicare	\$21.53	\$13.35	\$12.92	000	999	-
83876	Q	ASSAY MYELOPEROXIDASE	-	-	-	Medicare	\$84.77	\$52.56	\$50.86	000	999	-
83880	Q	ASSAY OF NATRIURETIC PEPTIDE	-	-	-	Medicare	\$65.43	\$40.57	\$39.26	000	999	-
83883	Q	ASSAY NEPHELOMETRY NOT SPEC	-	-	-	Medicare	\$22.67	\$14.06	\$13.60	000	999	-
83885	Q	ASSAY OF NICKEL	-	-	-	Medicare	\$40.85	\$25.33	\$24.51	000	999	-
83915	Q	ASSAY OF NUCLEOTIDASE	-	-	-	Medicare	\$18.58	\$11.52	\$11.15	000	999	-
83916	Q	OLIGOCLONAL BANDS	-	-	-	Medicare	\$45.65	\$28.30	\$27.39	000	999	-
83918	Q	ORGANIC ACIDS TOTAL QUANT	-	-	-	Medicare	\$39.33	\$24.38	\$23.60	000	999	-
83919	Q	ORGANIC ACIDS QUAL EACH	-	-	-	Medicare	\$27.42	\$17.00	\$16.45	000	999	-
83921	Q	ORGANIC ACID SINGLE QUANT	-	-	-	Medicare	\$35.35	\$21.92	\$21.21	000	999	-
83930	Q	ASSAY OF BLOOD OSMOLALITY	-	-	-	Medicare	\$11.02	\$6.83	\$6.61	000	999	-
83935	Q	ASSAY OF URINE OSMOLALITY	-	-	-	Medicare	\$11.37	\$7.05	\$6.82	000	999	-
83937	Q	ASSAY OF OSTEOCALCIN	-	-	-	Medicare	\$49.75	\$30.85	\$29.85	000	999	-
83945	Q	ASSAY OF OXALATE	-	-	-	Medicare	\$24.08	\$14.93	\$14.45	000	999	-
83950	Q	ONCOPROTEIN HER-2/NEU	-	-	-	Medicare	\$107.35	\$66.56	\$64.41	000	999	-
83951	Q	ONCOPROTEIN DCP	-	-	-	Medicare	\$107.35	\$66.56	\$64.41	000	999	-
83970	Q	ASSAY OF PARATHORMONE	-	-	-	Medicare	\$68.80	\$42.66	\$41.28	000	999	-
83986	Q	ASSAY PH BODY FLUID NOS	-	-	-	Medicare	\$5.97	\$3.70	\$3.58	000	999	-
83987	Q	EXHALED BREATH CONDENSATE	-	-	-	Medicare	\$5.97	\$3.70	\$3.58	000	999	-
83992	E	ASSAY FOR PHENCYCLIDINE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
83993	Q	ASSAY FOR CALPROTECTIN FECAL	-	-	-	Medicare	\$32.72	\$20.29	\$19.63	000	999	-
84030	Q	ASSAY OF BLOOD PKU	-	-	-	Medicare	\$9.17	\$5.69	\$5.50	000	999	-
84035	Q	ASSAY OF PHENYLKETONES	-	-	-	Medicare	\$6.63	\$4.11	\$3.98	000	999	-
84060	Q	ASSAY ACID PHOSPHATASE	-	-	-	Medicare	\$12.73	\$7.89	\$7.64	000	999	-
84066	Q	ASSAY PROSTATE PHOSPHATASE	-	-	-	Medicare	\$16.10	\$9.98	\$9.66	000	999	-
84075	Q	ASSAY ALKALINE PHOSPHATASE	-	-	-	Medicare	\$8.63	\$5.35	\$5.18	000	999	-
84078	Q	ASSAY ALKALINE PHOSPHATASE	-	-	-	Medicare	\$13.77	\$8.54	\$8.26	000	999	-
84080	Q	ASSAY ALKALINE PHOSPHATASES	-	-	-	Medicare	\$24.63	\$15.27	\$14.78	000	999	-
84081	Q	ASSAY PHOSPHATIDYLGLYCEROL	-	-	-	Medicare	\$27.53	\$17.07	\$16.52	000	999	-
84085	Q	ASSAY OF RBC PG6D ENZYME	-	-	-	Medicare	\$15.73	\$9.75	\$9.44	000	999	-
84087	Q	ASSAY PHOSPHOHEXOSE ENZYMES	-	-	-	Medicare	\$17.88	\$11.09	\$10.73	000	999	-
84100	Q	ASSAY OF PHOSPHORUS	-	-	-	Medicare	\$7.90	\$4.90	\$4.74	000	999	-
84105	Q	ASSAY OF URINE PHOSPHORUS	-	-	-	Medicare	\$9.63	\$5.97	\$5.78	000	999	-
84106	Q	TEST FOR PORPHOBILINOGEN	-	-	-	Medicare	\$9.70	\$6.01	\$5.82	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
84110	Q	ASSAY OF PORPHOBILINOGEN	-	-	-	Medicare	\$14.07	\$8.72	\$8.44	000	999	-
84112	Q	EVAL AMNIOTIC FLUID PROTEIN	-	-	-	Medicare	\$163.52	\$101.38	\$98.11	010	061	-
84119	Q	TEST URINE FOR PORPHYRINS	-	-	-	Medicare	\$22.27	\$13.81	\$13.36	000	999	-
84120	Q	ASSAY OF URINE PORPHYRINS	-	-	-	Medicare	\$24.52	\$15.20	\$14.71	000	999	-
84126	Q	ASSAY OF FECES PORPHYRINS	-	-	-	Medicare	\$65.18	\$40.41	\$39.11	000	999	-
84132	Q	ASSAY OF SERUM POTASSIUM	-	-	-	Medicare	\$7.93	\$4.92	\$4.76	000	999	-
84133	Q	ASSAY OF URINE POTASSIUM	-	-	-	Medicare	\$7.88	\$4.89	\$4.73	000	999	-
84134	Q	ASSAY OF PREALBUMIN	-	-	-	Medicare	\$24.32	\$15.08	\$14.59	000	999	-
84135	Q	ASSAY OF PREGNANEDIOL	-	-	-	Medicare	\$35.45	\$21.98	\$21.27	000	999	-
84138	Q	ASSAY OF PREGNANETRIOL	-	-	-	Medicare	\$35.08	\$21.75	\$21.05	000	999	-
84140	Q	ASSAY OF PREGNENOLONE	-	-	-	Medicare	\$34.45	\$21.36	\$20.67	000	999	-
84143	Q	ASSAY OF 17-HYDROXY-PREGNENO	-	-	-	Medicare	\$38.02	\$23.57	\$22.81	000	999	-
84144	Q	ASSAY OF PROGESTERONE	-	-	-	Medicare	\$34.77	\$21.56	\$20.86	000	999	-
84145	Q	PROCALCITONIN (PCT)	-	-	-	Medicare	\$45.37	\$28.13	\$27.22	000	999	-
84146	Q	ASSAY OF PROLACTIN	-	-	-	Medicare	\$32.30	\$20.03	\$19.38	000	999	-
84150	Q	ASSAY OF PROSTAGLANDIN	-	-	-	Medicare	\$69.62	\$43.16	\$41.77	000	999	-
84152	Q	ASSAY OF PSA COMPLEXED	-	-	-	Medicare	\$30.65	\$19.00	\$18.39	000	999	-
84153	Q	ASSAY OF PSA TOTAL	-	-	-	Medicare	\$30.65	\$19.00	\$18.39	000	999	-
84154	Q	ASSAY OF PSA FREE	-	-	-	Medicare	\$30.65	\$19.00	\$18.39	000	999	-
84155	Q	ASSAY OF PROTEIN SERUM	-	-	-	Medicare	\$6.12	\$3.79	\$3.67	000	999	-
84156	Q	ASSAY OF PROTEIN URINE	-	-	-	Medicare	\$6.12	\$3.79	\$3.67	000	999	-
84157	Q	ASSAY OF PROTEIN OTHER	-	-	-	Medicare	\$6.67	\$4.14	\$4.00	000	999	-
84160	Q	ASSAY OF PROTEIN ANY SOURCE	-	-	-	Medicare	\$9.35	\$5.80	\$5.61	000	999	-
84163	Q	PAPPA SERUM	-	-	-	Medicare	\$25.08	\$15.55	\$15.05	010	061	-
84165	Q	PROTEIN E-PHORESIS SERUM	-	-	-	Medicare	\$17.90	\$11.10	\$10.74	000	999	-
84166	Q	PROTEIN E-PHORESIS/URINE/CSF	-	-	-	Medicare	\$29.72	\$18.43	\$17.83	000	999	-
84181	Q	WESTERN BLOT TEST	-	-	-	Medicare	\$28.38	\$17.60	\$17.03	000	999	-
84182	Q	PROTEIN WESTERN BLOT TEST	-	-	-	Medicare	\$48.68	\$30.18	\$29.21	000	999	-
84202	Q	ASSAY RBC PROTOPORPHYRIN	-	-	-	Medicare	\$23.92	\$14.83	\$14.35	000	999	-
84203	Q	TEST RBC PROTOPORPHYRIN	-	-	-	Medicare	\$16.23	\$10.06	\$9.74	000	999	-
84206	Q	ASSAY OF PROINSULIN	-	-	-	Medicare	\$44.48	\$27.58	\$26.69	000	999	-
84207	Q	ASSAY OF VITAMIN B-6	-	-	-	Medicare	\$46.83	\$29.03	\$28.10	000	999	-
84210	Q	ASSAY OF PYRUVATE	-	-	-	Medicare	\$24.13	\$14.96	\$14.48	000	999	-
84220	Q	ASSAY OF PYRUVATE KINASE	-	-	-	Medicare	\$15.73	\$9.75	\$9.44	000	999	-
84228	Q	ASSAY OF QUININE	-	-	-	Medicare	\$19.38	\$12.02	\$11.63	000	999	-
84233	Q	ASSAY OF ESTROGEN	-	-	-	Medicare	\$146.47	\$90.81	\$87.88	000	999	-
84234	Q	ASSAY OF PROGESTERONE	-	-	-	Medicare	\$108.13	\$67.04	\$64.88	000	999	-
84235	Q	ASSAY OF ENDOCRINE HORMONE	-	-	-	Medicare	\$118.72	\$73.61	\$71.23	000	999	-
84238	Q	ASSAY NONENDOCRINE RECEPTOR	-	-	-	Medicare	\$60.95	\$37.79	\$36.57	000	999	-
84244	Q	ASSAY OF RENIN	-	-	-	Medicare	\$36.65	\$22.72	\$21.99	000	999	-
84252	Q	ASSAY OF VITAMIN B-2	-	-	-	Medicare	\$33.73	\$20.91	\$20.24	000	999	-
84255	Q	ASSAY OF SELENIUM	-	-	-	Medicare	\$42.55	\$26.38	\$25.53	000	999	-
84260	Q	ASSAY OF SEROTONIN	-	-	-	Medicare	\$51.63	\$32.01	\$30.98	000	999	-
84270	Q	ASSAY OF SEX HORMONE GLOBUL	-	-	-	Medicare	\$36.22	\$22.46	\$21.73	000	999	-
84275	Q	ASSAY OF SIALIC ACID	-	-	-	Medicare	\$22.40	\$13.89	\$13.44	000	999	-
84285	Q	ASSAY OF SILICA	-	-	-	Medicare	\$42.02	\$26.05	\$25.21	000	999	-
84295	Q	ASSAY OF SERUM SODIUM	-	-	-	Medicare	\$8.02	\$4.97	\$4.81	000	999	-
84300	Q	ASSAY OF URINE SODIUM	-	-	-	Medicare	\$8.43	\$5.23	\$5.06	000	999	-
84302	Q	ASSAY OF SWEAT SODIUM	-	-	-	Medicare	\$8.10	\$5.02	\$4.86	000	999	-
84305	Q	ASSAY OF SOMATOMEDIN	-	-	-	Medicare	\$35.43	\$21.97	\$21.26	000	999	-
84307	Q	ASSAY OF SOMATOSTATIN	-	-	-	Medicare	\$30.47	\$18.89	\$18.28	000	999	-
84311	Q	SPECTROPHOTOMETRY	-	-	-	Medicare	\$13.50	\$8.37	\$8.10	000	999	-
84315	Q	BODY FLUID SPECIFIC GRAVITY	-	-	-	Medicare	\$5.47	\$3.39	\$3.28	000	999	-
84375	Q	CHROMATOGRAM ASSAY SUGARS	-	-	-	Medicare	\$65.00	\$40.30	\$39.00	000	999	-
84376	Q	SUGARS SINGLE QUAL	-	-	-	Medicare	\$9.17	\$5.69	\$5.50	000	999	-
84377	Q	SUGARS MULTIPLE QUAL	-	-	-	Medicare	\$9.17	\$5.69	\$5.50	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Non-sole			Min Age	Max Age	Comments
							Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees			
84378	Q	SUGARS SINGLE QUANT	-	-	-	Medicare	\$19.22	\$11.92	\$11.53	000	999	-
84379	Q	SUGARS MULTIPLE QUANT	-	-	-	Medicare	\$19.22	\$11.92	\$11.53	000	999	-
84392	Q	ASSAY OF URINE SULFATE	-	-	-	Medicare	\$9.15	\$5.67	\$5.49	000	999	-
84402	Q	ASSAY OF FREE TESTOSTERONE	-	-	-	Medicare	\$42.45	\$26.32	\$25.47	000	999	-
84403	Q	ASSAY OF TOTAL TESTOSTERONE	-	-	-	Medicare	\$43.02	\$26.67	\$25.81	000	999	-
84410	Q	TESTOSTERONE BIOAVAILABLE	-	-	-	Medicare	\$85.47	\$52.99	\$51.28	000	999	-
84425	Q	ASSAY OF VITAMIN B-1	-	-	-	Medicare	\$35.38	\$21.94	\$21.23	000	999	-
84430	Q	ASSAY OF THIOCYANATE	-	-	-	Medicare	\$19.38	\$12.02	\$11.63	000	999	-
84431	Q	THROMBOXANE URINE	-	-	-	Medicare	\$58.52	\$36.28	\$35.11	000	999	-
84432	Q	ASSAY OF THYROGLOBULIN	-	-	-	Medicare	\$26.77	\$16.60	\$16.06	000	999	-
84436	Q	ASSAY OF TOTAL THYROXINE	-	-	-	Medicare	\$11.45	\$7.10	\$6.87	000	999	-
84437	Q	ASSAY OF NEONATAL THYROXINE	-	-	-	Medicare	\$10.78	\$6.68	\$6.47	000	999	-
84439	Q	ASSAY OF FREE THYROXINE	-	-	-	Medicare	\$15.03	\$9.32	\$9.02	000	999	-
84442	Q	ASSAY OF THYROID ACTIVITY	-	-	-	Medicare	\$24.63	\$15.27	\$14.78	000	999	-
84443	Q	ASSAY THYROID STIM HORMONE	-	-	-	Medicare	\$28.00	\$17.36	\$16.80	000	999	-
84445	Q	ASSAY OF TSI GLOBULIN	-	-	-	Medicare	\$84.77	\$52.56	\$50.86	000	999	-
84446	Q	ASSAY OF VITAMIN E	-	-	-	Medicare	\$23.63	\$14.65	\$14.18	000	999	-
84449	Q	ASSAY OF TRANSCORTIN	-	-	-	Medicare	\$30.00	\$18.60	\$18.00	000	999	-
84450	Q	TRANSFERASE (AST) (SGOT)	-	-	-	Medicare	\$8.63	\$5.35	\$5.18	000	999	-
84460	Q	ALANINE AMINO (ALT) (SGPT)	-	-	-	Medicare	\$8.83	\$5.47	\$5.30	000	999	-
84466	Q	ASSAY OF TRANSFERRIN	-	-	-	Medicare	\$21.27	\$13.19	\$12.76	000	999	-
84478	Q	ASSAY OF TRIGLYCERIDES	-	-	-	Medicare	\$9.57	\$5.93	\$5.74	000	999	-
84479	Q	ASSAY OF THYROID (T3 OR T4)	-	-	-	Medicare	\$10.78	\$6.68	\$6.47	000	999	-
84480	Q	ASSAY TRIIODOTHYRONINE (T3)	-	-	-	Medicare	\$23.63	\$14.65	\$14.18	000	999	-
84481	Q	FREE ASSAY (FT-3)	-	-	-	Medicare	\$28.23	\$17.50	\$16.94	000	999	-
84482	Q	T3 REVERSE	-	-	-	Medicare	\$26.27	\$16.29	\$15.76	000	999	-
84484	Q	ASSAY OF TROPONIN QUANT	-	-	-	Medicare	\$20.78	\$12.88	\$12.47	000	999	-
84485	Q	ASSAY DUODENAL FLUID TRYPSIN	-	-	-	Medicare	\$12.00	\$7.44	\$7.20	000	999	-
84488	Q	TEST FECES FOR TRYPSIN	-	-	-	Medicare	\$12.17	\$7.55	\$7.30	000	999	-
84490	Q	ASSAY OF FECES FOR TRYPSIN	-	-	-	Medicare	\$16.55	\$10.26	\$9.93	000	999	-
84510	Q	ASSAY OF TYROSINE	-	-	-	Medicare	\$17.72	\$10.99	\$10.63	000	999	-
84512	Q	ASSAY OF TROPONIN QUAL	-	-	-	Medicare	\$16.82	\$10.43	\$10.09	000	999	-
84520	Q	ASSAY OF UREA NITROGEN	-	-	-	Medicare	\$6.58	\$4.08	\$3.95	000	999	-
84525	Q	UREA NITROGEN SEMI-QUANT	-	-	-	Medicare	\$8.55	\$5.30	\$5.13	000	999	-
84540	Q	ASSAY OF URINE/UREA-N	-	-	-	Medicare	\$9.27	\$5.75	\$5.56	000	999	-
84545	Q	UREA-N CLEARANCE TEST	-	-	-	Medicare	\$12.00	\$7.44	\$7.20	000	999	-
84550	Q	ASSAY OF BLOOD/URIC ACID	-	-	-	Medicare	\$7.53	\$4.67	\$4.52	000	999	-
84560	Q	ASSAY OF URINE/URIC ACID	-	-	-	Medicare	\$8.47	\$5.25	\$5.08	000	999	-
84577	Q	ASSAY OF FECES/UROBILINOGEN	-	-	-	Medicare	\$28.00	\$17.36	\$16.80	000	999	-
84578	Q	TEST URINE UROBILINOGEN	-	-	-	Medicare	\$7.45	\$4.62	\$4.47	000	999	-
84580	Q	ASSAY OF URINE UROBILINOGEN	-	-	-	Medicare	\$15.92	\$9.87	\$9.55	000	999	-
84583	Q	ASSAY OF URINE UROBILINOGEN	-	-	-	Medicare	\$10.08	\$6.25	\$6.05	000	999	-
84585	Q	ASSAY OF URINE VMA	-	-	-	Medicare	\$25.83	\$16.01	\$15.50	000	999	-
84586	Q	ASSAY OF VIP	-	-	-	Medicare	\$58.88	\$36.51	\$35.33	000	999	-
84588	Q	ASSAY OF VASOPRESSIN	-	-	-	Medicare	\$56.57	\$35.07	\$33.94	000	999	-
84590	Q	ASSAY OF VITAMIN A	-	-	-	Medicare	\$19.35	\$12.00	\$11.61	000	999	-
84591	Q	ASSAY OF NOS VITAMIN	-	-	-	Medicare	\$28.43	\$17.63	\$17.06	000	999	-
84597	Q	ASSAY OF VITAMIN K	-	-	-	Medicare	\$22.87	\$14.18	\$13.72	000	999	-
84600	Q	ASSAY OF VOLATILES	-	-	-	Medicare	\$28.52	\$17.68	\$17.11	000	999	-
84620	Q	XYLOSE TOLERANCE TEST	-	-	-	Medicare	\$21.52	\$13.34	\$12.91	000	999	-
84630	Q	ASSAY OF ZINC	-	-	-	Medicare	\$18.98	\$11.77	\$11.39	000	999	-
84681	Q	ASSAY OF C-PEPTIDE	-	-	-	Medicare	\$34.68	\$21.50	\$20.81	000	999	-
84702	Q	CHORIONIC GONADOTROPIN TEST	-	-	-	Medicare	\$25.08	\$15.55	\$15.05	000	999	-
84703	Q	CHORIONIC GONADOTROPIN ASSAY	-	-	-	Medicare	\$12.53	\$7.77	\$7.52	009	999	-
84704	Q	HCG FREE BETA CHAIN TEST	-	-	-	Medicare	\$25.48	\$15.80	\$15.29	000	999	-
84830	Q	OVULATION TESTS	-	-	-	Medicare	\$21.17	\$13.13	\$12.70	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole Comm.		Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees	Hospital Lab Fees			
84999	N	CLINICAL CHEMISTRY TEST	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
85002	Q	BLEEDING TIME TEST	-	-	-	Medicare	\$8.03	\$4.98	\$4.82	-	000	999	-
85004	Q	AUTOMATED DIFF WBC COUNT	-	-	-	Medicare	\$10.78	\$6.68	\$6.47	-	000	999	-
85007	Q	BL SMEAR W/DIFF WBC COUNT	-	-	-	Medicare	\$6.33	\$3.92	\$3.80	-	000	999	-
85008	Q	BL SMEAR W/O DIFF WBC COUNT	-	-	-	Medicare	\$5.72	\$3.55	\$3.43	-	000	999	-
85009	Q	MANUAL DIFF WBC COUNT B-COAT	-	-	-	Medicare	\$8.45	\$5.24	\$5.07	-	000	999	-
85013	Q	SPUN MICROHEMATOCRIT	-	-	-	Medicare	\$11.67	\$7.24	\$7.00	-	000	999	-
85014	Q	HEMATOCRIT	-	-	-	Medicare	\$3.95	\$2.45	\$2.37	-	000	999	-
85018	Q	HEMOGLOBIN	-	-	-	Medicare	\$3.95	\$2.45	\$2.37	-	000	999	-
85025	Q	COMPLETE CBC W/AUTO DIFF WBC	-	-	-	Medicare	\$12.95	\$8.03	\$7.77	-	000	999	-
85027	Q	COMPLETE CBC AUTOMATED	-	-	-	Medicare	\$10.78	\$6.68	\$6.47	-	000	999	-
85032	Q	MANUAL CELL COUNT EACH	-	-	-	Medicare	\$7.18	\$4.45	\$4.31	-	000	999	-
85041	Q	AUTOMATED RBC COUNT	-	-	-	Medicare	\$5.03	\$3.12	\$3.02	-	000	999	-
85044	Q	MANUAL RETICULOCYTE COUNT	-	-	-	Medicare	\$7.18	\$4.45	\$4.31	-	000	999	-
85045	Q	AUTOMATED RETICULOCYTE COUNT	-	-	-	Medicare	\$6.65	\$4.12	\$3.99	-	000	999	-
85046	Q	RETICYTE/HGB CONCENTRATE	-	-	-	Medicare	\$9.28	\$5.75	\$5.57	-	000	999	-
85048	Q	AUTOMATED LEUKOCYTE COUNT	-	-	-	Medicare	\$4.23	\$2.62	\$2.54	-	000	999	-
85049	Q	AUTOMATED PLATELET COUNT	-	-	-	Medicare	\$7.47	\$4.63	\$4.48	-	000	999	-
85055	Q	RETICULATED PLATELET ASSAY	-	-	-	Medicare	\$59.57	\$36.93	\$35.74	-	000	999	-
85060	E	BLOOD SMEAR INTERPRETATION	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
85097	N	BONE MARROW INTERPRETATION	-	05674	7.7754	Bundled, sometimes payable	\$0.00	-	-	-	000	999	-
85130	Q	CHROMOGENIC SUBSTRATE ASSAY	-	-	-	Medicare	\$19.82	\$12.29	\$11.89	-	000	999	-
85170	Q	BLOOD CLOT RETRACTION	-	-	-	Medicare	\$27.17	\$16.85	\$16.30	-	000	999	-
85175	Q	BLOOD CLOT LYSIS TIME	-	-	-	Medicare	\$33.95	\$21.05	\$20.37	-	000	999	-
85210	Q	CLOT FACTOR II PROTHROM SPEC	-	-	-	Medicare	\$21.63	\$13.41	\$12.98	-	000	999	-
85220	Q	BLOOC CLOT FACTOR V TEST	-	-	-	Medicare	\$29.42	\$18.24	\$17.65	-	000	999	-
85230	Q	CLOT FACTOR VII PROCONVERTIN	-	-	-	Medicare	\$29.83	\$18.49	\$17.90	-	000	999	-
85240	Q	CLOT FACTOR VIII AHG 1 STAGE	-	-	-	Medicare	\$29.83	\$18.49	\$17.90	-	000	999	-
85244	Q	CLOT FACTOR VIII RELTD ANTGN	-	-	-	Medicare	\$34.03	\$21.10	\$20.42	-	000	999	-
85245	Q	CLOT FACTOR VIII VW RISTOCTN	-	-	-	Medicare	\$38.23	\$23.70	\$22.94	-	000	999	-
85246	Q	CLOT FACTOR VIII VW ANTIGEN	-	-	-	Medicare	\$38.23	\$23.70	\$22.94	-	000	999	-
85247	Q	CLOT FACTOR VIII MULTIMETRIC	-	-	-	Medicare	\$38.23	\$23.70	\$22.94	-	000	999	-
85250	Q	CLOT FACTOR IX PTC/CHRSTMAS	-	-	-	Medicare	\$31.73	\$19.67	\$19.04	-	000	999	-
85260	Q	CLOT FACTOR X STUART-POWER	-	-	-	Medicare	\$29.83	\$18.49	\$17.90	-	000	999	-
85270	Q	CLOT FACTOR XI PTA	-	-	-	Medicare	\$29.83	\$18.49	\$17.90	-	000	999	-
85280	Q	CLOT FACTOR XII HAGEMAN	-	-	-	Medicare	\$32.25	\$20.00	\$19.35	-	000	999	-
85290	Q	CLOT FACTOR XIII FIBRIN STAB	-	-	-	Medicare	\$27.23	\$16.88	\$16.34	-	000	999	-
85291	Q	CLOT FACTOR XIII FIBRIN SCRIN	-	-	-	Medicare	\$15.18	\$9.41	\$9.11	-	000	999	-
85292	Q	CLOT FACTOR FLETCHER FACT	-	-	-	Medicare	\$31.55	\$19.56	\$18.93	-	000	999	-
85293	Q	CLOT FACTOR WGHT KININOGEN	-	-	-	Medicare	\$31.55	\$19.56	\$18.93	-	000	999	-
85300	Q	ANTITHROMBIN III ACTIVITY	-	-	-	Medicare	\$19.75	\$12.25	\$11.85	-	000	999	-
85301	Q	ANTITHROMBIN III ANTIGEN	-	-	-	Medicare	\$18.02	\$11.17	\$10.81	-	000	999	-
85302	Q	CLOT INHIBIT PROT C ANTIGEN	-	-	-	Medicare	\$20.02	\$12.41	\$12.01	-	000	999	-
85303	Q	CLOT INHIBIT PROT C ACTIVITY	-	-	-	Medicare	\$23.07	\$14.30	\$13.84	-	000	999	-
85305	Q	CLOT INHIBIT PROT S TOTAL	-	-	-	Medicare	\$19.35	\$12.00	\$11.61	-	000	999	-
85306	Q	CLOT INHIBIT PROT S FREE	-	-	-	Medicare	\$25.53	\$15.83	\$15.32	-	000	999	-
85307	Q	ASSAY ACTIVATED PROTEIN C	-	-	-	Medicare	\$25.53	\$15.83	\$15.32	-	000	999	-
85335	Q	FACTOR INHIBITOR TEST	-	-	-	Medicare	\$21.45	\$13.30	\$12.87	-	000	999	-
85337	Q	THROMBOMODULIN	-	-	-	Medicare	\$28.78	\$17.84	\$17.27	-	000	999	-
85345	Q	COAGULATION TIME LEE & WHITE	-	-	-	Medicare	\$7.82	\$4.85	\$4.69	-	000	999	-
85347	Q	COAGULATION TIME ACTIVATED	-	-	-	Medicare	\$7.13	\$4.42	\$4.28	-	000	999	-
85348	Q	COAGULATION TIME OTR METHOD	-	-	-	Medicare	\$7.48	\$4.64	\$4.49	-	000	999	-
85360	Q	EUGLOBULIN LYSIS	-	-	-	Medicare	\$14.02	\$8.69	\$8.41	-	000	999	-
85362	Q	FIBRIN DEGRADATION PRODUCTS	-	-	-	Medicare	\$11.48	\$7.12	\$6.89	-	000	999	-
85366	Q	FIBRINOGEN TEST	-	-	-	Medicare	\$134.10	\$83.14	\$80.46	-	000	999	-
85370	Q	FIBRINOGEN TEST	-	-	-	Medicare	\$20.72	\$12.85	\$12.43	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.			Min Age	Max Age	Comments
								Sole Comm. Hospital Lab Fees	Hospital Lab Fees	Hospital Lab Fees			
85378	Q	FIBRIN DEGRADE SEMIQUANT	-	-	-	Medicare	\$16.20	\$10.04	\$9.72	000	999	-	
85379	Q	FIBRIN DEGRADATION QUANT	-	-	-	Medicare	\$16.97	\$10.52	\$10.18	000	999	-	
85380	Q	FIBRIN DEGRADJ D-DIMER	-	-	-	Medicare	\$16.97	\$10.52	\$10.18	000	999	-	
85384	Q	FIBRINOGEN ACTIVITY	-	-	-	Medicare	\$16.20	\$10.04	\$9.72	000	999	-	
85385	Q	FIBRINOGEN ANTIGEN	-	-	-	Medicare	\$24.10	\$14.94	\$14.46	000	999	-	
85390	Q	FIBRINOLYSINS SCREEN I&R	-	-	-	Medicare	\$25.80	\$16.00	\$15.48	000	999	-	
85396	N	CLOTTING ASSAY WHOLE BLOOD	-	-	-	Bundled	\$0.00	-	-	000	999	-	
85397	Q	CLOTTING FUNCT ACTIVITY	-	-	-	Medicare	\$51.43	\$31.89	\$30.86	000	999	-	
85400	Q	FIBRINOLYTIC PLASMIN	-	-	-	Medicare	\$12.85	\$7.97	\$7.71	000	999	-	
85410	Q	FIBRINOLYTIC ANTIPLASMIN	-	-	-	Medicare	\$12.85	\$7.97	\$7.71	000	999	-	
85415	Q	FIBRINOLYTIC PLASMINOGEN	-	-	-	Medicare	\$28.65	\$17.76	\$17.19	000	999	-	
85420	Q	FIBRINOLYTIC PLASMINOGEN	-	-	-	Medicare	\$10.88	\$6.75	\$6.53	000	999	-	
85421	Q	FIBRINOLYTIC PLASMINOGEN	-	-	-	Medicare	\$16.97	\$10.52	\$10.18	000	999	-	
85441	Q	HEINZ BODIES DIRECT	-	-	-	Medicare	\$7.00	\$4.34	\$4.20	000	999	-	
85445	Q	HEINZ BODIES INDUCED	-	-	-	Medicare	\$11.37	\$7.05	\$6.82	000	999	-	
85460	Q	HEMOGLOBIN FETAL	-	-	-	Medicare	\$12.88	\$7.99	\$7.73	000	999	-	
85461	Q	HEMOGLOBIN FETAL	-	-	-	Medicare	\$15.60	\$9.67	\$9.36	000	999	-	
85475	Q	HEMOLYSIN ACID	-	-	-	Medicare	\$14.78	\$9.16	\$8.87	000	999	-	
85520	Q	HEPARIN ASSAY	-	-	-	Medicare	\$21.82	\$13.53	\$13.09	000	999	-	
85525	Q	HEPARIN NEUTRALIZATION	-	-	-	Medicare	\$19.73	\$12.23	\$11.84	000	999	-	
85530	Q	HEPARIN-PROTAMINE TOLERANCE	-	-	-	Medicare	\$21.82	\$13.53	\$13.09	000	999	-	
85536	Q	IRON STAIN PERIPHERAL BLOOD	-	-	-	Medicare	\$11.47	\$7.11	\$6.88	000	999	-	
85540	Q	WBC ALKALINE PHOSPHATASE	-	-	-	Medicare	\$14.33	\$8.88	\$8.60	000	999	-	
85547	Q	RBC MECHANICAL FRAGILITY	-	-	-	Medicare	\$14.33	\$8.88	\$8.60	000	999	-	
85549	Q	MURAMIDASE	-	-	-	Medicare	\$31.25	\$19.38	\$18.75	000	999	-	
85555	Q	RBC OSMOTIC FRAGILITY	-	-	-	Medicare	\$12.45	\$7.72	\$7.47	000	999	-	
85557	Q	RBC OSMOTIC FRAGILITY	-	-	-	Medicare	\$22.27	\$13.81	\$13.36	000	999	-	
85576	Q	BLOOD PLATELET AGGREGATION	-	-	-	Medicare	\$41.52	\$25.74	\$24.91	000	999	-	
85597	Q	PHOSPHOLIPID PLTLT NEUTRALIZ	-	-	-	Medicare	\$29.97	\$18.58	\$17.98	000	999	-	
85598	Q	HEXAGNAL PHOSPH PLTLT NEUTRL	-	-	-	Medicare	\$29.97	\$18.58	\$17.98	000	999	-	
85610	Q	PROTHROMBIN TIME	-	-	-	Medicare	\$7.15	\$4.43	\$4.29	000	999	-	
85611	Q	PROTHROMBIN TEST	-	-	-	Medicare	\$6.57	\$4.07	\$3.94	000	999	-	
85612	Q	VIPER VENOM PROTHROMBIN TIME	-	-	-	Medicare	\$29.15	\$18.07	\$17.49	000	999	-	
85613	Q	RUSSELL VIPER VENOM DILUTED	-	-	-	Medicare	\$15.97	\$9.90	\$9.58	000	999	-	
85635	Q	REPTILASE TEST	-	-	-	Medicare	\$16.42	\$10.18	\$9.85	000	999	-	
85651	Q	RBC SED RATE NONAUTOMATED	-	-	-	Medicare	\$7.12	\$4.41	\$4.27	000	999	-	
85652	Q	RBC SED RATE AUTOMATED	-	-	-	Medicare	\$4.50	\$2.79	\$2.70	000	999	-	
85660	Q	RBC SICKLE CELL TEST	-	-	-	Medicare	\$9.18	\$5.69	\$5.51	000	999	-	
85670	Q	THROMBIN TIME PLASMA	-	-	-	Medicare	\$9.62	\$5.96	\$5.77	000	999	-	
85675	Q	THROMBIN TIME TITER	-	-	-	Medicare	\$11.42	\$7.08	\$6.85	000	999	-	
85705	Q	THROMBOPLASTIN INHIBITION	-	-	-	Medicare	\$16.05	\$9.95	\$9.63	000	999	-	
85730	Q	THROMBOPLASTIN TIME PARTIAL	-	-	-	Medicare	\$10.02	\$6.21	\$6.01	000	999	-	
85732	Q	THROMBOPLASTIN TIME PARTIAL	-	-	-	Medicare	\$10.78	\$6.68	\$6.47	000	999	-	
85810	Q	BLOOD VISCOSITY EXAMINATION	-	-	-	Medicare	\$19.45	\$12.06	\$11.67	000	999	-	
85999	N	HEMATOLOGY PROCEDURE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
86000	Q	AGGLUTININS FEBRILE ANTIGEN	-	-	-	Medicare	\$11.63	\$7.21	\$6.98	000	999	-	
86001	Q	ALLERGEN SPECIFIC IGG	-	-	-	Medicare	\$13.03	\$8.08	\$7.82	000	999	-	
86003	Q	ALLG SPEC IGE CRUDE XTRC EA	-	-	-	Medicare	\$8.70	\$5.39	\$5.22	000	999	-	
86005	Q	ALLG SPEC IGE MULTIALLG SCR	-	-	-	Medicare	\$13.28	\$8.23	\$7.97	000	999	-	
86008	Q	ALLG SPEC IGE RECOMB EA	-	-	-	Medicare	\$29.88	\$18.53	\$17.93	000	999	-	
86021	Q	WBC ANTIBODY IDENTIFICATION	-	-	-	Medicare	\$25.08	\$15.55	\$15.05	000	999	-	
86022	Q	PLATELET ANTIBODIES	-	-	-	Medicare	\$30.62	\$18.98	\$18.37	000	999	-	
86023	Q	IMMUNOGLOBULIN ASSAY	-	-	-	Medicare	\$20.77	\$12.88	\$12.46	000	999	-	
86038	Q	ANTINUCLEAR ANTIBODIES	-	-	-	Medicare	\$20.15	\$12.49	\$12.09	000	999	-	
86039	Q	ANTINUCLEAR ANTIBODIES (ANA)	-	-	-	Medicare	\$18.60	\$11.53	\$11.16	000	999	-	
86060	Q	ANTISTREPTOLYSIN O TITER	-	-	-	Medicare	\$12.17	\$7.55	\$7.30	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees			
86063	Q	ANTISTREPTOLYSIN O SCREEN	-	-	-	Medicare	\$9.62	\$5.96	\$5.77	000	999	-
86077	N	PHYS BLOOD BANK SERV XMATCH	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86078	N	PHYS BLOOD BANK SERV REACTJ	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86079	N	PHYS BLOOD BANK SERV AUTHRJ	-	05671	0.6123	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86140	Q	C-REACTIVE PROTEIN	-	-	-	Medicare	\$8.63	\$5.35	\$5.18	000	999	-
86141	Q	C-REACTIVE PROTEIN HS	-	-	-	Medicare	\$21.58	\$13.38	\$12.95	000	999	-
86146	Q	BETA-2 GLYCOPROTEIN ANTIBODY	-	-	-	Medicare	\$42.42	\$26.30	\$25.45	000	999	-
86147	Q	CARDIOLIPIN ANTIBODY EA IG	-	-	-	Medicare	\$42.42	\$26.30	\$25.45	000	999	-
86148	Q	ANTI-PHOSPHOLIPID ANTIBODY	-	-	-	Medicare	\$26.78	\$16.60	\$16.07	000	999	-
86152	Q	CELL ENUMERATION & ID	-	-	-	Medicare	\$417.97	\$259.14	\$250.78	000	999	-
86153	E	CELL ENUMERATION PHYS INTERP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
86155	Q	CHEMOTAXIS ASSAY	-	-	-	Medicare	\$26.65	\$16.52	\$15.99	000	999	-
86156	Q	COLD AGGLUTININ SCREEN	-	-	-	Medicare	\$13.45	\$8.34	\$8.07	000	999	-
86157	Q	COLD AGGLUTININ TITER	-	-	-	Medicare	\$13.43	\$8.33	\$8.06	000	999	-
86160	Q	COMPLEMENT ANTIGEN	-	-	-	Medicare	\$20.00	\$12.40	\$12.00	000	999	-
86161	Q	COMPLEMENT/FUNCTION ACTIVITY	-	-	-	Medicare	\$20.00	\$12.40	\$12.00	000	999	-
86162	Q	COMPLEMENT TOTAL (CH50)	-	-	-	Medicare	\$33.87	\$21.00	\$20.32	000	999	-
86171	Q	COMPLEMENT FIXATION EACH	-	-	-	Medicare	\$16.68	\$10.34	\$10.01	000	999	-
86200	Q	CCP ANTIBODY	-	-	-	Medicare	\$21.58	\$13.38	\$12.95	000	999	-
86215	Q	DEOXYRIBONUCLEASE ANTIBODY	-	-	-	Medicare	\$22.08	\$13.69	\$13.25	000	999	-
86225	Q	DNA ANTIBODY NATIVE	-	-	-	Medicare	\$22.90	\$14.20	\$13.74	000	999	-
86226	Q	DNA ANTIBODY SINGLE STRAND	-	-	-	Medicare	\$20.18	\$12.51	\$12.11	000	999	-
86235	Q	NUCLEAR ANTIGEN ANTIBODY	-	-	-	Medicare	\$29.88	\$18.53	\$17.93	000	999	-
86255	Q	FLUORESCENT ANTIBODY SCREEN	-	-	-	Medicare	\$20.08	\$12.45	\$12.05	000	999	-
86256	Q	FLUORESCENT ANTIBODY TITER	-	-	-	Medicare	\$20.08	\$12.45	\$12.05	000	999	-
86277	Q	GROWTH HORMONE ANTIBODY	-	-	-	Medicare	\$26.23	\$16.26	\$15.74	000	999	-
86280	Q	HEMAGGLUTINATION INHIBITION	-	-	-	Medicare	\$13.65	\$8.46	\$8.19	000	999	-
86294	Q	IMMUNOASSAY TUMOR QUAL	-	-	-	Medicare	\$42.62	\$26.42	\$25.57	000	999	-
86300	Q	IMMUNOASSAY TUMOR CA 15-3	-	-	-	Medicare	\$34.68	\$21.50	\$20.81	000	999	-
86301	Q	IMMUNOASSAY TUMOR CA 19-9	-	-	-	Medicare	\$34.68	\$21.50	\$20.81	000	999	-
86304	Q	IMMUNOASSAY TUMOR CA 125	-	-	-	Medicare	\$34.68	\$21.50	\$20.81	000	999	-
86305	Q	HUMAN EPIDIDYMIS PROTEIN 4	-	-	-	Medicare	\$34.68	\$21.50	\$20.81	000	999	-
86308	Q	HETEROPHILE ANTIBODY SCREEN	-	-	-	Medicare	\$8.63	\$5.35	\$5.18	000	999	-
86309	Q	HETEROPHILE ANTIBODY TITER	-	-	-	Medicare	\$10.78	\$6.68	\$6.47	000	999	-
86310	Q	HETEROPHILE ANTIBODY ABSRBJ	-	-	-	Medicare	\$12.28	\$7.61	\$7.37	000	999	-
86316	Q	IMMUNOASSAY TUMOR OTHER	-	-	-	Medicare	\$34.68	\$21.50	\$20.81	000	999	-
86317	Q	IMMUNOASSAY INFECTIOUS AGENT	-	-	-	Medicare	\$24.98	\$15.49	\$14.99	000	999	-
86318	Q	IA INFECTIOUS AGENT ANTIBODY	-	-	-	Medicare	\$30.15	\$18.69	\$18.09	000	999	-
86320	Q	SERUM IMMUNOELECTROPHORESIS	-	-	-	Medicare	\$49.87	\$30.92	\$29.92	000	999	-
86325	Q	OTHER IMMUNOELECTROPHORESIS	-	-	-	Medicare	\$38.55	\$23.90	\$23.13	000	999	-
86327	Q	IMMUNOELECTROPHORESIS ASSAY	-	-	-	Medicare	\$49.87	\$30.92	\$29.92	000	999	-
86328	Q	IA NFCT AB SARSCOV2 COVID19	-	-	-	Medicare	\$75.38	\$46.74	\$45.23	000	999	-
86329	Q	IMMUNODIFFUSION NES	-	-	-	Medicare	\$23.42	\$14.52	\$14.05	000	999	-
86331	Q	IMMUNODIFFUSION OUCHTERLONY	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	000	999	-
86332	Q	IMMUNE COMPLEX ASSAY	-	-	-	Medicare	\$40.62	\$25.18	\$24.37	000	999	-
86334	Q	IMMUNOFIX E-PHORESIS SERUM	-	-	-	Medicare	\$37.23	\$23.08	\$22.34	000	999	-
86335	Q	IMMUNIFIX E-PHORSIS/URINE/CSF	-	-	-	Medicare	\$48.92	\$30.33	\$29.35	000	999	-
86336	Q	INHIBIN A	-	-	-	Medicare	\$25.98	\$16.11	\$15.59	000	999	-
86337	Q	INSULIN ANTIBODIES	-	-	-	Medicare	\$35.68	\$22.12	\$21.41	000	999	-
86340	Q	INTRINSIC FACTOR ANTIBODY	-	-	-	Medicare	\$25.13	\$15.58	\$15.08	000	999	-
86341	Q	ISLET CELL ANTIBODY	-	-	-	Medicare	\$39.28	\$24.35	\$23.57	000	999	-
86343	Q	LEUKOCYTE HISTAMINE RELEASE	-	-	-	Medicare	\$20.77	\$12.88	\$12.46	000	999	-
86344	Q	LEUKOCYTE PHAGOCYTOSIS	-	-	-	Medicare	\$17.32	\$10.74	\$10.39	000	999	-
86352	Q	CELL FUNCTION ASSAY W/STIM	-	-	-	Medicare	\$226.43	\$140.39	\$135.86	000	999	-
86353	Q	LYMPHOCYTE TRANSFORMATION	-	-	-	Medicare	\$81.72	\$50.67	\$49.03	000	999	-
86355	Q	B CELLS TOTAL COUNT	-	-	-	Medicare	\$62.88	\$38.99	\$37.73	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees			
86356	Q	MONONUCLEAR CELL ANTIGEN	-	-	-	Medicare	\$44.63	\$27.67	\$26.78	000	999	-
86357	Q	NK CELLS TOTAL COUNT	-	-	-	Medicare	\$62.88	\$38.99	\$37.73	000	999	-
86359	Q	T CELLS TOTAL COUNT	-	-	-	Medicare	\$62.88	\$38.99	\$37.73	000	999	-
86360	Q	T CELL ABSOLUTE COUNT/RATIO	-	-	-	Medicare	\$78.30	\$48.55	\$46.98	000	999	-
86361	Q	T CELL ABSOLUTE COUNT	-	-	-	Medicare	\$44.63	\$27.67	\$26.78	000	999	-
86367	Q	STEM CELLS TOTAL COUNT	-	-	-	Medicare	\$129.63	\$80.37	\$77.78	000	999	-
86376	Q	MICROSOMAL ANTIBODY EACH	-	-	-	Medicare	\$24.25	\$15.04	\$14.55	000	999	-
86382	Q	NEUTRALIZATION TEST VIRAL	-	-	-	Medicare	\$28.18	\$17.47	\$16.91	000	999	-
86384	Q	NITROBLUE TETRAZOLIUM DYE	-	-	-	Medicare	\$22.68	\$14.06	\$13.61	000	999	-
86386	Q	NUCLEAR MATRIX PROTEIN 22	-	-	-	Medicare	\$36.30	\$22.51	\$21.78	000	999	-
86403	Q	PARTICLE AGGLUT ANTBODY SCRIN	-	-	-	Medicare	\$19.23	\$11.92	\$11.54	000	999	-
86406	Q	PARTICLE AGGLUT ANTBODY TITR	-	-	-	Medicare	\$17.73	\$10.99	\$10.64	000	999	-
86430	Q	RHEUMATOID FACTOR TEST QUAL	-	-	-	Medicare	\$10.23	\$6.34	\$6.14	000	999	-
86431	Q	RHEUMATOID FACTOR QUANT	-	-	-	Medicare	\$9.45	\$5.86	\$5.67	000	999	-
86480	Q	TB TEST CELL IMMUN MEASURE	-	-	-	Medicare	\$103.30	\$64.05	\$61.98	000	999	-
86481	Q	TB AG RESPONSE T-CELL SUSP	-	-	-	Medicare	\$166.67	\$103.34	\$100.00	000	999	-
86485	N	SKIN TEST CANDIDA	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86486	N	SKIN TEST NOS ANTIGEN	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86490	N	COCCIDIOIDOMYCOSIS SKIN TEST	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86510	N	HISTOPLASMOSIS SKIN TEST	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86580	N	TB INTRADERMAL TEST	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86590	Q	STREPTOKINASE ANTIBODY	-	-	-	Medicare	\$21.10	\$13.08	\$12.66	000	999	-
86592	Q	SYPHILIS TEST NON-TREP QUAL	-	-	-	Medicare	\$7.12	\$4.41	\$4.27	000	999	-
86593	Q	SYPHILIS TEST NON-TREP QUANT	-	-	-	Medicare	\$7.33	\$4.54	\$4.40	000	999	-
86602	Q	ANTINOMYCES ANTIBODY	-	-	-	Medicare	\$16.97	\$10.52	\$10.18	000	999	-
86603	Q	ADENOVIRUS ANTIBODY	-	-	-	Medicare	\$21.45	\$13.30	\$12.87	000	999	-
86606	Q	ASPERGILLUS ANTIBODY	-	-	-	Medicare	\$25.08	\$15.55	\$15.05	000	999	-
86609	Q	BACTERIUM ANTIBODY	-	-	-	Medicare	\$21.47	\$13.31	\$12.88	000	999	-
86611	Q	BARTONELLA ANTIBODY	-	-	-	Medicare	\$16.97	\$10.52	\$10.18	000	999	-
86612	Q	BLASTOMYCES ANTIBODY	-	-	-	Medicare	\$21.50	\$13.33	\$12.90	000	999	-
86615	Q	BORDETELLA ANTIBODY	-	-	-	Medicare	\$21.98	\$13.63	\$13.19	000	999	-
86617	Q	LYME DISEASE ANTIBODY	-	-	-	Medicare	\$25.82	\$16.01	\$15.49	000	999	-
86618	Q	LYME DISEASE ANTIBODY	-	-	-	Medicare	\$28.38	\$17.60	\$17.03	000	999	-
86619	Q	BORRELIA ANTIBODY	-	-	-	Medicare	\$22.30	\$13.83	\$13.38	000	999	-
86622	Q	BRUCELLA ANTIBODY	-	-	-	Medicare	\$14.88	\$9.23	\$8.93	000	999	-
86625	Q	CAMPYLOBACTER ANTIBODY	-	-	-	Medicare	\$21.87	\$13.56	\$13.12	000	999	-
86628	Q	CANDIDA ANTIBODY	-	-	-	Medicare	\$20.02	\$12.41	\$12.01	000	999	-
86631	Q	CHLAMYDIA ANTIBODY	-	-	-	Medicare	\$19.70	\$12.21	\$11.82	000	999	-
86632	Q	CHLAMYDIA IGM ANTIBODY	-	-	-	Medicare	\$21.13	\$13.10	\$12.68	000	999	-
86635	Q	COCCIDIOIDES ANTIBODY	-	-	-	Medicare	\$19.12	\$11.85	\$11.47	000	999	-
86638	Q	Q FEVER ANTIBODY	-	-	-	Medicare	\$20.20	\$12.52	\$12.12	000	999	-
86641	Q	CRYPTOCOCCUS ANTIBODY	-	-	-	Medicare	\$24.02	\$14.89	\$14.41	000	999	-
86644	Q	CMV ANTIBODY	-	-	-	Medicare	\$23.98	\$14.87	\$14.39	000	999	-
86645	Q	CMV ANTIBODY IGM	-	-	-	Medicare	\$28.08	\$17.41	\$16.85	000	999	-
86648	Q	DIPHTHERIA ANTIBODY	-	-	-	Medicare	\$25.35	\$15.72	\$15.21	000	999	-
86651	Q	ENCEPHALITIS CALIFORN ANTBODY	-	-	-	Medicare	\$21.98	\$13.63	\$13.19	000	999	-
86652	Q	ENCEPHALITIS EAST EQNE ANBNDY	-	-	-	Medicare	\$21.98	\$13.63	\$13.19	000	999	-
86653	Q	ENCEPHALITIS ST LOUIS ANTBODY	-	-	-	Medicare	\$21.98	\$13.63	\$13.19	000	999	-
86654	Q	ENCEPHALITIS WEST EQNE ANTBODY	-	-	-	Medicare	\$21.98	\$13.63	\$13.19	000	999	-
86658	Q	ENTEROVIRUS ANTIBODY	-	-	-	Medicare	\$21.72	\$13.47	\$13.03	000	999	-
86663	Q	EPSTEIN-BARR ANTIBODY	-	-	-	Medicare	\$21.87	\$13.56	\$13.12	000	999	-
86664	Q	EPSTEIN-BARR NUCLEAR ANTIGEN	-	-	-	Medicare	\$25.48	\$15.80	\$15.29	000	999	-
86665	Q	EPSTEIN-BARR CAPSID VCA	-	-	-	Medicare	\$30.23	\$18.74	\$18.14	000	999	-
86666	Q	EHRlichia ANTIBODY	-	-	-	Medicare	\$16.97	\$10.52	\$10.18	000	999	-
86668	Q	FRANCISELLA TULARENSIS	-	-	-	Medicare	\$23.60	\$14.63	\$14.16	000	999	-
86671	Q	FUNGUS NES ANTIBODY	-	-	-	Medicare	\$20.42	\$12.66	\$12.25	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
86674	Q	GIARDIA LAMBLIA ANTIBODY	-	-	-	Medicare	\$24.53	\$15.21	\$14.72	000	999	-
86677	Q	HELICOBACTER PYLORI ANTIBODY	-	-	-	Medicare	\$28.08	\$17.41	\$16.85	000	999	-
86682	Q	HELMINTH ANTIBODY	-	-	-	Medicare	\$21.68	\$13.44	\$13.01	000	999	-
86684	Q	HEMOPHILUS INFLUENZA ANTIBDY	-	-	-	Medicare	\$26.40	\$16.37	\$15.84	000	999	-
86687	Q	HTLV-I ANTIBODY	-	-	-	Medicare	\$15.15	\$9.39	\$9.09	000	999	-
86688	Q	HTLV-II ANTIBODY	-	-	-	Medicare	\$23.33	\$14.46	\$14.00	000	999	-
86689	Q	HTLV/HIV CONFIRMJ ANTIBODY	-	-	-	Medicare	\$32.25	\$20.00	\$19.35	000	999	-
86692	Q	HEPATITIS DELTA AGENT ANTBDY	-	-	-	Medicare	\$28.60	\$17.73	\$17.16	000	999	-
86694	Q	HERPES SIMPLEX NES ANTBDY	-	-	-	Medicare	\$23.98	\$14.87	\$14.39	000	999	-
86695	Q	HERPES SIMPLEX TYPE 1 TEST	-	-	-	Medicare	\$21.98	\$13.63	\$13.19	000	999	-
86696	Q	HERPES SIMPLEX TYPE 2 TEST	-	-	-	Medicare	\$32.25	\$20.00	\$19.35	000	999	-
86698	Q	HISTOPLASMA ANTIBODY	-	-	-	Medicare	\$22.98	\$14.25	\$13.79	000	999	-
86701	Q	HIV-1 ANTIBODY	-	-	-	Medicare	\$14.82	\$9.19	\$8.89	000	999	-
86702	Q	HIV-2 ANTIBODY	-	-	-	Medicare	\$22.53	\$13.97	\$13.52	000	999	-
86703	Q	HIV-1/HIV-2 1 RESULT ANTBDY	-	-	-	Medicare	\$22.85	\$14.17	\$13.71	000	999	-
86704	Q	HEP B CORE ANTIBODY TOTAL	-	-	-	Medicare	\$20.08	\$12.45	\$12.05	000	999	-
86705	Q	HEP B CORE ANTIBODY IGM	-	-	-	Medicare	\$19.62	\$12.16	\$11.77	000	999	-
86706	Q	HEP B SURFACE ANTIBODY	-	-	-	Medicare	\$17.90	\$11.10	\$10.74	000	999	-
86707	Q	HEPATITIS BE ANTIBODY	-	-	-	Medicare	\$19.28	\$11.95	\$11.57	000	999	-
86708	Q	HEPATITIS A ANTIBODY	-	-	-	Medicare	\$20.65	\$12.80	\$12.39	000	999	-
86709	Q	HEPATITIS A IGM ANTIBODY	-	-	-	Medicare	\$18.77	\$11.64	\$11.26	000	999	-
86710	Q	INFLUENZA VIRUS ANTIBODY	-	-	-	Medicare	\$22.58	\$14.00	\$13.55	000	999	-
86711	Q	JOHN CUNNINGHAM ANTIBODY	-	-	-	Medicare	\$28.15	\$17.45	\$16.89	000	999	-
86713	Q	LEGIONELLA ANTIBODY	-	-	-	Medicare	\$25.50	\$15.81	\$15.30	000	999	-
86717	Q	LEISHMANIA ANTIBODY	-	-	-	Medicare	\$20.42	\$12.66	\$12.25	000	999	-
86720	Q	LEPTOSPIRA ANTIBODY	-	-	-	Medicare	\$27.00	\$16.74	\$16.20	000	999	-
86723	Q	LISTERIA MONOCYTOGENES	-	-	-	Medicare	\$21.98	\$13.63	\$13.19	000	999	-
86727	Q	LYMPH CHORIOMENINGITIS AB	-	-	-	Medicare	\$21.45	\$13.30	\$12.87	000	999	-
86732	Q	MUCORMYCOSIS ANTIBODY	-	-	-	Medicare	\$25.00	\$15.50	\$15.00	000	999	-
86735	Q	MUMPS ANTIBODY	-	-	-	Medicare	\$21.75	\$13.49	\$13.05	000	999	-
86738	Q	MYCOPLASMA ANTIBODY	-	-	-	Medicare	\$22.07	\$13.68	\$13.24	000	999	-
86741	Q	NEISSERIA MENINGITIDIS	-	-	-	Medicare	\$21.98	\$13.63	\$13.19	000	999	-
86744	Q	NOCARDIA ANTIBODY	-	-	-	Medicare	\$26.65	\$16.52	\$15.99	000	999	-
86747	Q	PARVOVIRUS ANTIBODY	-	-	-	Medicare	\$25.05	\$15.53	\$15.03	000	999	-
86750	Q	MALARIA ANTIBODY	-	-	-	Medicare	\$21.98	\$13.63	\$13.19	000	999	-
86753	Q	PROTOZOA ANTIBODY NOS	-	-	-	Medicare	\$20.65	\$12.80	\$12.39	000	999	-
86756	Q	RESPIRATORY VIRUS ANTIBODY	-	-	-	Medicare	\$26.48	\$16.42	\$15.89	000	999	-
86757	Q	RICKETTSIA ANTIBODY	-	-	-	Medicare	\$32.25	\$20.00	\$19.35	000	999	-
86759	Q	ROTAVIRUS ANTIBODY	-	-	-	Medicare	\$30.38	\$18.84	\$18.23	000	999	-
86762	Q	RUBELLA ANTIBODY	-	-	-	Medicare	\$23.98	\$14.87	\$14.39	000	999	-
86765	Q	RUBEOLA ANTIBODY	-	-	-	Medicare	\$21.47	\$13.31	\$12.88	000	999	-
86768	Q	SALMONELLA ANTIBODY	-	-	-	Medicare	\$21.98	\$13.63	\$13.19	000	999	-
86769	Q	SARS-COV-2 COVID-19 ANTIBODY	-	-	-	Medicare	\$70.22	\$43.54	\$42.13	000	999	-
86771	Q	SHIGELLA ANTIBODY	-	-	-	Medicare	\$40.80	\$25.30	\$24.48	000	999	-
86774	Q	TETANUS ANTIBODY	-	-	-	Medicare	\$24.67	\$15.30	\$14.80	000	999	-
86777	Q	TOXOPLASMA ANTIBODY	-	-	-	Medicare	\$23.98	\$14.87	\$14.39	000	999	-
86778	Q	TOXOPLASMA ANTIBODY IGM	-	-	-	Medicare	\$24.02	\$14.89	\$14.41	000	999	-
86780	Q	TREPONEMA PALLIDUM	-	-	-	Medicare	\$22.07	\$13.68	\$13.24	000	999	-
86784	Q	TRICHINELLA ANTIBODY	-	-	-	Medicare	\$20.93	\$12.98	\$12.56	000	999	-
86787	Q	VARICELLA-ZOSTER ANTIBODY	-	-	-	Medicare	\$21.47	\$13.31	\$12.88	000	999	-
86788	Q	WEST NILE VIRUS AB IGM	-	-	-	Medicare	\$28.08	\$17.41	\$16.85	000	999	-
86789	Q	WEST NILE VIRUS ANTIBODY	-	-	-	Medicare	\$23.98	\$14.87	\$14.39	000	999	-
86790	Q	VIRUS ANTIBODY NOS	-	-	-	Medicare	\$21.47	\$13.31	\$12.88	000	999	-
86793	Q	YERSINIA ANTIBODY	-	-	-	Medicare	\$21.98	\$13.63	\$13.19	000	999	-
86794	Q	ZIKA VIRUS IGM ANTIBODY	-	-	-	Medicare	\$28.08	\$17.41	\$16.85	000	999	-
86800	Q	THYROGLOBULIN ANTIBODY	-	-	-	Medicare	\$26.52	\$16.44	\$15.91	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees			
86803	Q	HEPATITIS C AB TEST	-	-	-	Medicare	\$23.78	\$14.74	\$14.27	000	999	-
86804	Q	HEP C AB TEST CONFIRM	-	-	-	Medicare	\$25.82	\$16.01	\$15.49	000	999	-
86805	Q	LYMPHOCYTOTOXICITY ASSAY	-	-	-	Medicare	\$315.85	\$195.83	\$189.51	000	999	-
86806	Q	LYMPHOCYTOTOXICITY ASSAY	-	-	-	Medicare	\$79.32	\$49.18	\$47.59	000	999	-
86807	Q	CYTOTOXIC ANTIBODY SCREENING	-	-	-	Medicare	\$131.08	\$81.27	\$78.65	000	999	-
86808	Q	CYTOTOXIC ANTIBODY SCREENING	-	-	-	Medicare	\$49.47	\$30.67	\$29.68	000	999	-
86812	Q	HLA TYPING A B OR C	-	-	-	Medicare	\$43.02	\$26.67	\$25.81	000	999	-
86813	Q	HLA TYPING A B OR C	-	-	-	Medicare	\$96.67	\$59.94	\$58.00	000	999	-
86816	Q	HLA TYPING DR/DQ	-	-	-	Medicare	\$50.28	\$31.17	\$30.17	000	999	-
86817	Q	HLA TYPING DR/DQ	-	-	-	Medicare	\$176.90	\$109.68	\$106.14	000	999	-
86821	Q	LYMPHOCYTE CULTURE MIXED	-	-	-	Medicare	\$60.93	\$37.78	\$36.56	000	999	-
86825	Q	HLA X-MATH NON-CYTOTOXIC	-	-	-	Medicare	\$182.48	\$113.14	\$109.49	000	999	-
86826	Q	HLA X-MATCH NONCYTOTOXIC ADDL	-	-	-	Medicare	\$60.88	\$37.75	\$36.53	000	999	-
86828	Q	HLA CLASS I&II ANTIBODY QUAL	-	-	-	Medicare	\$106.98	\$66.33	\$64.19	000	999	-
86829	Q	HLA CLASS III ANTIBODY QUAL	-	-	-	Medicare	\$106.98	\$66.33	\$64.19	000	999	-
86830	Q	HLA CLASS I PHENOTYPE QUAL	-	-	-	Medicare	\$159.20	\$98.70	\$95.52	000	999	-
86831	Q	HLA CLASS II PHENOTYPE QUAL	-	-	-	Medicare	\$136.47	\$84.61	\$81.88	000	999	-
86832	Q	HLA CLASS I HIGH DEFIN QUAL	-	-	-	Medicare	\$539.58	\$334.54	\$323.75	000	999	-
86833	Q	HLA CLASS II HIGH DEFIN QUAL	-	-	-	Medicare	\$543.00	\$336.66	\$325.80	000	999	-
86834	Q	HLA CLASS I SEMIQUANT PANEL	-	-	-	Medicare	\$595.93	\$369.48	\$357.56	000	999	-
86835	Q	HLA CLASS II SEMIQUANT PANEL	-	-	-	Medicare	\$538.27	\$333.73	\$322.96	000	999	-
86849	N	IMMUNOLOGY PROCEDURE	-	-	-	Bundled	\$0.00	-	-	000	999	-
86850	N	RBC ANTIBODY SCREEN	-	05671	0.6123	Bundled, sometimes payable	\$34.68	-	-	000	999	-
86860	N	RBC ANTIBODY ELUTION	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86870	N	RBC ANTIBODY IDENTIFICATION	-	05673	3.5078	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86880	N	COOMBS TEST DIRECT	-	05732	0.4138	Bundled, sometimes payable	\$23.44	-	-	000	999	-
86885	N	COOMBS TEST INDIRECT QUAL	-	05672	1.7761	Bundled, sometimes payable	\$100.60	-	-	000	999	-
86886	N	COOMBS TEST INDIRECT TITER	-	05672	1.7761	Bundled, sometimes payable	\$100.60	-	-	000	999	-
86890	N	AUTOLOGOUS BLOOD PROCESS	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86891	N	AUTOLOGOUS BLOOD OP SALVAGE	-	05674	7.7754	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86900	N	BLOOD TYPING SEROLOGIC ABO	-	05734	1.3495	Bundled, sometimes payable	\$76.44	-	-	000	999	-
86901	N	BLOOD TYPING SEROLOGIC RH(D)	-	05732	0.4138	Bundled, sometimes payable	\$23.44	-	-	000	999	-
86902	N	BLOOD TYPE ANTIGEN DONOR EA	-	05673	3.5078	Bundled, sometimes payable	\$198.68	-	-	000	999	-
86904	N	BLOOD TYPING PATIENT SERUM	-	05732	0.4138	Bundled, sometimes payable	\$23.44	-	-	000	999	-
86905	N	BLOOD TYPING RBC ANTIGENS	-	05673	3.5078	Bundled, sometimes payable	\$198.68	-	-	000	999	-
86906	N	BLD TYPING SEROLOGIC RH PHNT	-	05732	0.4138	Bundled, sometimes payable	\$23.44	-	-	000	999	-
86910	E	BLOOD TYPING PATERNITY TEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
86911	E	BLOOD TYPING ANTIGEN SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
86920	N	COMPATIBILITY TEST SPIN	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86921	N	COMPATIBILITY TEST INCUBATE	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86922	N	COMPATIBILITY TEST ANTIGLOB	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86923	N	COMPATIBILITY TEST ELECTRIC	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86927	S	PLASMA FRESH FROZEN	-	05672	1.7761	APC	\$100.60	-	-	000	999	-
86930	N	FROZEN BLOOD PREP	-	05673	3.5078	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86931	N	FROZEN BLOOD THAW	-	05673	3.5078	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86932	N	FROZEN BLOOD FREEZE/THAW	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86940	Q	HEMOLYSINS/AGGLUTININS AUTO	-	-	-	Medicare	\$14.62	\$9.06	\$8.77	000	999	-
86941	Q	HEMOLYSINS/AGGLUTININS	-	-	-	Medicare	\$20.18	\$12.51	\$12.11	000	999	-
86945	N	BLOOD PRODUCT/IRRADIATION	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86950	N	LEUKACYTE TRANSFUSION	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86960	N	VOL REDUCTION OF BLOOD/PROD	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86965	N	POOLING BLOOD PLATELETS	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86970	N	RBC PRETX INCUBATJ W/CHEMICAL	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86971	N	RBC PRETX INCUBATJ W/ENZYMES	-	05673	3.5078	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86972	N	RBC PRETX INCUBATJ W/DENSITY	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86975	N	RBC SERUM PRETX INCUBJ DRUGS	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
86976	N	RBC SERUM PRETX ID DILUTION	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86977	N	RBC SERUM PRETX INCUBJ/INHIB	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86978	N	RBC PRETREATMENT SERUM	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86985	N	SPLIT BLOOD OR PRODUCTS	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
86999	N	TRANSFUSION PROCEDURE	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-
87003	Q	SMALL ANIMAL INOCULATION	-	-	-	Medicare	\$28.07	\$17.40	\$16.84	000	999	-
87015	Q	SPECIMEN INFECT AGNT CONCNTJ	-	-	-	Medicare	\$11.13	\$6.90	\$6.68	000	999	-
87040	Q	BLOOD CULTURE FOR BACTERIA	-	-	-	Medicare	\$17.20	\$10.66	\$10.32	000	999	-
87045	Q	FECES CULTURE AEROBIC BACT	-	-	-	Medicare	\$15.73	\$9.75	\$9.44	000	999	-
87046	Q	STOOL CULTR AEROBIC BACT EA	-	-	-	Medicare	\$15.73	\$9.75	\$9.44	000	999	-
87070	Q	CULTURE OTHR SPECIMN AEROBIC	-	-	-	Medicare	\$14.37	\$8.91	\$8.62	000	999	-
87071	Q	CULTURE AEROBIC QUANT OTHER	-	-	-	Medicare	\$16.48	\$10.22	\$9.89	000	999	-
87073	Q	CULTURE BACTERIA ANAEROBIC	-	-	-	Medicare	\$16.10	\$9.98	\$9.66	000	999	-
87075	Q	CULTR BACTERIA EXCEPT BLOOD	-	-	-	Medicare	\$15.78	\$9.78	\$9.47	000	999	-
87076	Q	CULTURE ANAEROBE IDENT EACH	-	-	-	Medicare	\$13.47	\$8.35	\$8.08	000	999	-
87077	Q	CULTURE AEROBIC IDENTIFY	-	-	-	Medicare	\$13.47	\$8.35	\$8.08	000	999	-
87081	Q	CULTURE SCREEN ONLY	-	-	-	Medicare	\$11.05	\$6.85	\$6.63	000	999	-
87084	Q	CULTURE OF SPECIMEN BY KIT	-	-	-	Medicare	\$45.12	\$27.97	\$27.07	000	999	-
87086	Q	URINE CULTURE/COLONY COUNT	-	-	-	Medicare	\$13.45	\$8.34	\$8.07	000	999	-
87088	Q	URINE BACTERIA CULTURE	-	-	-	Medicare	\$13.48	\$8.36	\$8.09	000	999	-
87101	Q	SKIN FUNGI CULTURE	-	-	-	Medicare	\$12.85	\$7.97	\$7.71	000	999	-
87102	Q	FUNGUS ISOLATION CULTURE	-	-	-	Medicare	\$14.02	\$8.69	\$8.41	000	999	-
87103	Q	BLOOD FUNGUS CULTURE	-	-	-	Medicare	\$34.10	\$21.14	\$20.46	000	999	-
87106	Q	FUNGI IDENTIFICATION YEAST	-	-	-	Medicare	\$17.20	\$10.66	\$10.32	000	999	-
87107	Q	FUNGI IDENTIFICATION MOLD	-	-	-	Medicare	\$17.20	\$10.66	\$10.32	000	999	-
87109	Q	MYCOPLASMA	-	-	-	Medicare	\$25.65	\$15.90	\$15.39	000	999	-
87110	Q	CHLAMYDIA CULTURE	-	-	-	Medicare	\$32.67	\$20.26	\$19.60	000	999	-
87116	Q	MYCOBACTERIA CULTURE	-	-	-	Medicare	\$18.00	\$11.16	\$10.80	000	999	-
87118	Q	MYCOBACTERIC IDENTIFICATION	-	-	-	Medicare	\$24.35	\$15.10	\$14.61	000	999	-
87140	Q	CULTURE TYPE IMMUNOFLUORESC	-	-	-	Medicare	\$9.28	\$5.75	\$5.57	000	999	-
87143	Q	CULTURE TYPING GLC/HPLC	-	-	-	Medicare	\$20.87	\$12.94	\$12.52	000	999	-
87147	Q	CULTURE TYPE IMMUNOLOGIC	-	-	-	Medicare	\$8.63	\$5.35	\$5.18	000	999	-
87149	Q	DNA/RNA DIRECT PROBE	-	-	-	Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87150	Q	DNA/RNA AMPLIFIED PROBE	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87152	Q	CULTURE TYPE PULSE FIELD GEL	-	-	-	Medicare	\$12.90	\$8.00	\$7.74	000	999	-
87153	Q	DNA/RNA SEQUENCING	-	-	-	Medicare	\$192.27	\$119.21	\$115.36	000	999	-
87158	Q	CULTURE TYPING ADDED METHOD	-	-	-	Medicare	\$12.90	\$8.00	\$7.74	000	999	-
87164	Q	DARK FIELD EXAMINATION	-	-	-	Medicare	\$17.90	\$11.10	\$10.74	000	999	-
87166	Q	DARK FIELD EXAMINATION	-	-	-	Medicare	\$18.83	\$11.67	\$11.30	000	999	-
87168	Q	MACROSCOPIC EXAM ARTHROPOD	-	-	-	Medicare	\$7.12	\$4.41	\$4.27	000	999	-
87169	Q	MACROSCOPIC EXAM PARASITE	-	-	-	Medicare	\$7.18	\$4.45	\$4.31	000	999	-
87172	Q	PINWORM EXAM	-	-	-	Medicare	\$7.12	\$4.41	\$4.27	000	999	-
87176	Q	TISSUE HOMOGENIZATION CULTR	-	-	-	Medicare	\$9.80	\$6.08	\$5.88	000	999	-
87177	Q	OVA AND PARASITES SMEARS	-	-	-	Medicare	\$14.83	\$9.19	\$8.90	000	999	-
87181	Q	MICROBE SUSCEPTIBLE DIFFUSE	-	-	-	Medicare	\$7.92	\$4.91	\$4.75	000	999	-
87184	Q	MICROBE SUSCEPTIBLE DISK	-	-	-	Medicare	\$12.47	\$7.73	\$7.48	000	999	-
87185	Q	MICROBE SUSCEPTIBLE ENZYME	-	-	-	Medicare	\$7.92	\$4.91	\$4.75	000	999	-
87186	Q	MICROBE SUSCEPTIBLE MIC	-	-	-	Medicare	\$14.42	\$8.94	\$8.65	000	999	-
87187	Q	MICROBE SUSCEPTIBLE MLC	-	-	-	Medicare	\$66.95	\$41.51	\$40.17	000	999	-
87188	Q	MICROBE SUSCEPT MACROBROTH	-	-	-	Medicare	\$11.07	\$6.86	\$6.64	000	999	-
87190	Q	MICROBE SUSCEPT MYCOBACTERI	-	-	-	Medicare	\$12.18	\$7.55	\$7.31	000	999	-
87197	Q	BACTERICIDAL LEVEL SERUM	-	-	-	Medicare	\$25.03	\$15.52	\$15.02	000	999	-
87205	Q	SMEAR GRAM STAIN	-	-	-	Medicare	\$7.12	\$4.41	\$4.27	000	999	-
87206	Q	SMEAR FLUORESCENT/ACID STAI	-	-	-	Medicare	\$8.98	\$5.57	\$5.39	000	999	-
87207	Q	SMEAR SPECIAL STAIN	-	-	-	Medicare	\$9.98	\$6.19	\$5.99	000	999	-
87209	Q	SMEAR COMPLEX STAIN	-	-	-	Medicare	\$29.97	\$18.58	\$17.98	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees			
87210	Q	SMEAR WET MOUNT SALINE/INK	-	-	-	Medicare	\$9.70	\$6.01	\$5.82	000	999	-
87220	Q	TISSUE EXAM FOR FUNGI	-	-	-	Medicare	\$7.12	\$4.41	\$4.27	000	999	-
87230	Q	ASSAY TOXIN OR ANTITOXIN	-	-	-	Medicare	\$32.90	\$20.40	\$19.74	000	999	-
87250	Q	VIRUS INOCULATE EGGS/ANIMAL	-	-	-	Medicare	\$32.60	\$20.21	\$19.56	000	999	-
87252	Q	VIRUS INOCULATION TISSUE	-	-	-	Medicare	\$43.45	\$26.94	\$26.07	000	999	-
87253	Q	VIRUS INOCULATE TISSUE ADDL	-	-	-	Medicare	\$33.67	\$20.88	\$20.20	000	999	-
87254	Q	VIRUS INOCULATION SHELL VIA	-	-	-	Medicare	\$32.60	\$20.21	\$19.56	000	999	-
87255	Q	GENET VIRUS ISOLATE HSV	-	-	-	Medicare	\$56.43	\$34.99	\$33.86	000	999	-
87260	Q	ADENOVIRUS AG IF	-	-	-	Medicare	\$24.05	\$14.91	\$14.43	000	999	-
87265	Q	PERTUSSIS AG IF	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87267	Q	ENTEROVIRUS ANTIBODY DFA	-	-	-	Medicare	\$22.37	\$13.87	\$13.42	000	999	-
87269	Q	GIARDIA AG IF	-	-	-	Medicare	\$22.68	\$14.06	\$13.61	000	999	-
87270	Q	CHLAMYDIA TRACHOMATIS AG IF	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87271	Q	CYTOMEGALOVIRUS DFA	-	-	-	Medicare	\$22.37	\$13.87	\$13.42	000	999	-
87272	Q	CRYPTOSPORIDIUM AG IF	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87273	Q	HERPES SIMPLEX 2 AG IF	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87274	Q	HERPES SIMPLEX 1 AG IF	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87275	Q	INFLUENZA B AG IF	-	-	-	Medicare	\$20.42	\$12.66	\$12.25	000	999	-
87276	Q	INFLUENZA A AG IF	-	-	-	Medicare	\$26.78	\$16.60	\$16.07	000	999	-
87278	Q	LEGION PNEUMOPHILIA AG IF	-	-	-	Medicare	\$26.00	\$16.12	\$15.60	000	999	-
87279	Q	PARAINFLUENZA AG IF	-	-	-	Medicare	\$27.38	\$16.98	\$16.43	000	999	-
87280	Q	RESPIRATORY SYNCYTIAL AG IF	-	-	-	Medicare	\$22.37	\$13.87	\$13.42	000	999	-
87281	Q	PNEUMOCYSTIS CARINII AG IF	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87283	Q	RUBEOLA AG IF	-	-	-	Medicare	\$101.33	\$62.82	\$60.80	000	999	-
87285	Q	TREPONEMA PALLIDUM AG IF	-	-	-	Medicare	\$20.30	\$12.59	\$12.18	000	999	-
87290	Q	VARICELLA ZOSTER AG IF	-	-	-	Medicare	\$22.37	\$13.87	\$13.42	000	999	-
87299	Q	ANTIBODY DETECTION NOS IF	-	-	-	Medicare	\$26.83	\$16.63	\$16.10	000	999	-
87300	Q	AG DETECTION POLYVAL IF	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87301	Q	ADENOVIRUS AG IA	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87305	Q	ASPERGILLUS AG IA	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87320	Q	CHYLMD TRACH AG IA	-	-	-	Medicare	\$25.00	\$15.50	\$15.00	000	999	-
87324	Q	CLOSTRIDIUM AG IA	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87327	Q	CRYPTOCOCCUS NEOFORM AG IA	-	-	-	Medicare	\$22.37	\$13.87	\$13.42	000	999	-
87328	Q	CRYPTOSPORIDIUM AG IA	-	-	-	Medicare	\$23.03	\$14.28	\$13.82	000	999	-
87329	Q	GIARDIA AG IA	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87332	Q	CYTOMEGALOVIRUS AG IA	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87335	Q	E COLI 0157 AG IA	-	-	-	Medicare	\$21.10	\$13.08	\$12.66	000	999	-
87336	Q	ENTAMOEB HIST DISPR AG IA	-	-	-	Medicare	\$26.67	\$16.54	\$16.00	000	999	-
87337	Q	ENTAMOEB HIST GROUP AG IA	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87338	Q	HPYLORI STOOL IA	-	-	-	Medicare	\$23.97	\$14.86	\$14.38	000	999	-
87339	Q	H PYLORI AG IA	-	-	-	Medicare	\$26.67	\$16.54	\$16.00	000	999	-
87340	Q	HEPATITIS B SURFACE AG IA	-	-	-	Medicare	\$17.22	\$10.68	\$10.33	000	999	-
87341	Q	HEPATITIS B SURFACE AG IA	-	-	-	Medicare	\$17.22	\$10.68	\$10.33	000	999	-
87350	Q	HEPATITIS BE AG IA	-	-	-	Medicare	\$19.22	\$11.92	\$11.53	000	999	-
87380	Q	HEPATITIS DELTA AG IA	-	-	-	Medicare	\$30.60	\$18.97	\$18.36	000	999	-
87385	Q	HISTOPLASMA CAPSUL AG IA	-	-	-	Medicare	\$22.08	\$13.69	\$13.25	000	999	-
87389	Q	HIV-1 AG W/HIV-1 & HIV-2 AB	-	-	-	Medicare	\$40.13	\$24.88	\$24.08	000	999	-
87390	Q	HIV-1 AG IA	-	-	-	Medicare	\$40.10	\$24.86	\$24.06	000	999	-
87391	Q	HIV-2 AG IA	-	-	-	Medicare	\$36.50	\$22.63	\$21.90	000	999	-
87400	Q	INFLUENZA A/B AG IA	-	-	-	Medicare	\$23.55	\$14.60	\$14.13	000	999	-
87420	Q	RESP SYNCYTIAL AG IA	-	-	-	Medicare	\$23.18	\$14.37	\$13.91	000	999	-
87425	Q	ROTAVIRUS AG IA	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87426	M	SARES-COV, SARS-COV-2 [COVID-19])	-	-	-	Charge Ratio	\$0.00	-	-	000	999	-
87427	Q	SHIGA-LIKE TOXIN AG IA	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87430	Q	STREP A AG IA	-	-	-	Medicare	\$28.02	\$17.37	\$16.81	000	999	-
87449	Q	AG DETECT NOS IA MULT	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
87450	Q	AG DETECT NOS IA SINGLE	-	-	-	Medicare	\$15.98	\$9.91	\$9.99	000	999	-
87451	Q	AG DETECT POLYVAL IA MULT	-	-	-	Medicare	\$17.52	\$10.86	\$10.51	000	999	-
87471	Q	BARTONELLA DNA AMP PROBE	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87472	Q	BARTONELLA DNA QUANT	-	-	-	Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87475	Q	LYME DIS DNA DIR PROBE	-	-	-	Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87476	Q	LYME DIS DNA AMP PROBE	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87480	Q	CANDIDA DNA DIR PROBE	-	-	-	Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87481	Q	CANDIDA DNA AMP PROBE	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87482	Q	CANDIDA DNA QUANT	-	-	-	Medicare	\$92.90	\$57.60	\$55.74	000	999	-
87483	Q	CNS DNA AMP PROBE TYPE 12-25	-	-	-	Medicare	\$694.63	\$430.67	\$416.78	000	999	-
87485	Q	CHYLM D PNEUM DNA DIR PROBE	-	-	-	Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87486	Q	CHYLM D PNEUM DNA AMP PROBE	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87487	Q	CHYLM D PNEUM DNA QUANT	-	-	-	Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87490	Q	CHYLM D TRACH DNA DIR PROBE	-	-	-	Medicare	\$37.92	\$23.51	\$22.75	000	999	-
87491	Q	CHYLM D TRACH DNA AMP PROBE	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87492	Q	CHYLM D TRACH DNA QUANT	-	-	-	Medicare	\$89.12	\$55.25	\$53.47	000	999	-
87493	Q	C DIFF AMPLIFIED PROBE	-	-	-	Medicare	\$62.12	\$38.51	\$37.27	000	999	-
87495	Q	CYTOMEG DNA DIR PROBE	-	-	-	Medicare	\$50.05	\$31.03	\$30.03	000	999	-
87496	Q	CYTOMEG DNA AMP PROBE	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87497	Q	CYTOMEG DNA QUANT	-	-	-	Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87498	Q	ENTEROVIRUS PROBE&REVRS TRNS	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87500	Q	VANOMYCIN DNA AMP PROBE	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87501	Q	INFLUENZA DNA AMP PROB 1+	-	-	-	Medicare	\$85.52	\$53.02	\$51.31	000	999	-
87502	Q	INFLUENZA DNA AMP PROBE	-	-	-	Medicare	\$159.67	\$99.00	\$95.80	000	999	-
87503	Q	INFLUENZA DNA AMP PROB ADDL	-	-	-	Medicare	\$48.70	\$30.19	\$29.22	000	999	-
87505	Q	NFCT AGENT DETECTION GI	-	-	-	Medicare	\$213.82	\$132.57	\$128.29	000	999	-
87506	Q	IADNA-DNA/RNA PROBE TQ 6-11	-	-	-	Medicare	\$438.32	\$271.76	\$262.99	000	999	-
87507	Q	IADNA-DNA/RNA PROBE TQ 12-25	-	-	-	Medicare	\$694.63	\$430.67	\$416.78	000	999	-
87510	Q	GARDNER VAG DNA DIR PROBE	-	-	-	Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87511	Q	GARDNER VAG DNA AMP PROBE	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87512	Q	GARDNER VAG DNA QUANT	-	-	-	Medicare	\$69.60	\$43.15	\$41.76	000	999	-
87516	Q	HEPATITIS B DNA AMP PROBE	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87517	Q	HEPATITIS B DNA QUANT	-	-	-	Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87520	Q	HEPATITIS C RNA DIR PROBE	-	-	-	Medicare	\$52.03	\$32.26	\$31.22	000	999	-
87521	Q	HEPATITIS C PROBE&RVRS TRNSC	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87522	Q	HEPATITIS C REVRS TRNSCRPJ	-	-	-	Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87525	Q	HEPATITIS G DNA DIR PROBE	-	-	-	Medicare	\$49.67	\$30.80	\$29.80	000	999	-
87526	Q	HEPATITIS G DNA AMP PROBE	-	-	-	Medicare	\$65.43	\$40.57	\$39.26	000	999	-
87527	Q	HEPATITIS G DNA QUANT	-	-	-	Medicare	\$69.60	\$43.15	\$41.76	000	999	-
87528	Q	HSV DNA DIR PROBE	-	-	-	Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87529	Q	HSV DNA AMP PROBE	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87530	Q	HSV DNA QUANT	-	-	-	Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87531	Q	HHV-6 DNA DIR PROBE	-	-	-	Medicare	\$96.67	\$59.94	\$58.00	000	999	-
87532	Q	HHV-6 DNA AMP PROBE	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87533	Q	HHV-6 DNA QUANT	-	-	-	Medicare	\$69.60	\$43.15	\$41.76	000	999	-
87534	Q	HIV-1 DNA DIR PROBE	-	-	-	Medicare	\$36.53	\$22.65	\$21.92	000	999	-
87535	Q	HIV-1 PROBE&REVERSE TRNSCRPJ	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87536	Q	HIV-1 QUANT&REVRS TRNSCRPJ	-	-	-	Medicare	\$141.83	\$87.93	\$85.10	000	999	-
87537	Q	HIV-2 DNA DIR PROBE	-	-	-	Medicare	\$36.53	\$22.65	\$21.92	000	999	-
87538	Q	HIV-2 PROBE&REVRS TRNSCRPJ	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87539	Q	HIV-2 QUANT&REVRS TRNSCRPJ	-	-	-	Medicare	\$97.70	\$60.57	\$58.62	000	999	-
87540	Q	LEGION PNEUMO DNA DIR PROB	-	-	-	Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87541	Q	LEGION PNEUMO DNA AMP PROB	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87542	Q	LEGION PNEUMO DNA QUANT	-	-	-	Medicare	\$69.60	\$43.15	\$41.76	000	999	-
87550	Q	MYCOBACTERIA DNA DIR PROBE	-	-	-	Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87551	Q	MYCOBACTERIA DNA AMP PROBE	-	-	-	Medicare	\$80.40	\$49.85	\$48.24	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
87552	Q	MYCOBACTERIA DNA QUANT	-	-	-	Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87555	Q	M.TUBERCULO DNA DIR PROBE	-	-	-	Medicare	\$44.80	\$27.78	\$26.88	000	999	-
87556	Q	M.TUBERCULO DNA AMP PROBE	-	-	-	Medicare	\$69.47	\$43.07	\$41.68	000	999	-
87557	Q	M.TUBERCULO DNA QUANT	-	-	-	Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87560	Q	M.AVIUM-INTRA DNA DIR PROB	-	-	-	Medicare	\$45.48	\$28.20	\$27.29	000	999	-
87561	Q	M.AVIUM-INTRA DNA AMP PROB	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87562	Q	M.AVIUM-INTRA DNA QUANT	-	-	-	Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87563	N	M. GENITALIUM AMP PROBE	-	-	-	Bundled	\$0.00	-	-	000	999	-
87580	Q	M.PNEUMON DNA DIR PROBE	-	-	-	Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87581	Q	M.PNEUMON DNA AMP PROBE	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87582	Q	M.PNEUMON DNA QUANT	-	-	-	Medicare	\$504.37	\$312.71	\$302.62	000	999	-
87590	Q	N.GONORRHOEAE DNA DIR PROB	-	-	-	Medicare	\$44.80	\$27.78	\$26.88	000	999	-
87591	Q	N.GONORRHOEAE DNA AMP PROB	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87592	Q	N.GONORRHOEAE DNA QUANT	-	-	-	Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87623	Q	HPV LOW-RISK TYPES	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87624	Q	HPV HIGH-RISK TYPES	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87625	Q	HPV TYPES 16 & 18 ONLY	-	-	-	Medicare	\$67.58	\$41.90	\$40.55	000	999	-
87631	Q	RESP VIRUS 3-5 TARGETS	-	-	-	Medicare	\$237.72	\$147.39	\$142.63	000	999	-
87632	Q	RESP VIRUS 6-11 TARGETS	-	-	-	Medicare	\$363.43	\$225.33	\$218.06	000	999	-
87633	Q	RESP VIRUS 12-25 TARGETS	-	-	-	Medicare	\$694.63	\$430.67	\$416.78	000	999	-
87634	Q	RSV DNA/RNA AMP PROBE	-	-	-	Medicare	\$117.00	\$72.54	\$70.20	000	999	-
87635	Q	SARS-COV-2 COVID-19 AMP PRB	-	-	-	Medicare	\$85.52	\$53.02	\$51.31	000	999	-
87640	Q	STAPH A DNA AMP PROBE	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87641	Q	MR-STAPH DNA AMP PROBE	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87650	Q	STREP A DNA DIR PROBE	-	-	-	Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87651	Q	STREP A DNA AMP PROBE	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87652	Q	STREP A DNA QUANT	-	-	-	Medicare	\$69.60	\$43.15	\$41.76	000	999	-
87653	Q	STREP B DNA AMP PROBE	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87660	Q	TRICHOMONAS VAGIN DIR PROBE	-	-	-	Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87661	Q	TRICHOMONAS VAGINALIS AMPLIF	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87662	Q	ZIKA VIRUS DNA/RNA AMP PROBE	-	-	-	Medicare	\$85.52	\$53.02	\$51.31	000	999	-
87797	Q	DETECT AGENT NOS DNA DIR	-	-	-	Medicare	\$50.05	\$31.03	\$30.03	000	999	-
87798	Q	DETECT AGENT NOS DNA AMP	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87799	Q	DETECT AGENT NOS DNA QUANT	-	-	-	Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87800	Q	DETECT AGNT MULT DNA DIREC	-	-	-	Medicare	\$72.78	\$45.12	\$43.67	000	999	-
87801	Q	DETECT AGNT MULT DNA AMPLI	-	-	-	Medicare	\$117.00	\$72.54	\$70.20	000	999	-
87802	Q	STREP B ASSAY W/OPTIC	-	-	-	Medicare	\$21.22	\$13.16	\$12.73	000	999	-
87803	Q	CLOSTRIDIUM TOXIN A W/OPTIC	-	-	-	Medicare	\$26.67	\$16.54	\$16.00	000	999	-
87804	Q	INFLUENZA ASSAY W/OPTIC	-	-	-	Medicare	\$27.58	\$17.10	\$16.55	000	999	-
87806	Q	HIV ANTIGEN W/HIV ANTIBODIES	-	-	-	Medicare	\$54.62	\$33.86	\$32.77	000	999	-
87807	Q	RSV ASSAY W/OPTIC	-	-	-	Medicare	\$21.83	\$13.53	\$13.10	000	999	-
87808	Q	TRICHOMONAS ASSAY W/OPTIC	-	-	-	Medicare	\$25.48	\$15.80	\$15.29	000	999	-
87809	Q	ADENOVIRUS ASSAY W/OPTIC	-	-	-	Medicare	\$36.27	\$22.49	\$21.76	000	999	-
87810	Q	CHYLM D TRACH ASSAY W/OPTIC	-	-	-	Medicare	\$58.82	\$36.47	\$35.29	000	999	-
87850	Q	N. GONORRHOEAE ASSAY W/OPTIC	-	-	-	Medicare	\$40.93	\$25.38	\$24.56	000	999	-
87880	Q	STREP A ASSAY W/OPTIC	-	-	-	Medicare	\$27.55	\$17.08	\$16.53	000	999	-
87899	Q	AGENT NOS ASSAY W/OPTIC	-	-	-	Medicare	\$26.78	\$16.60	\$16.07	000	999	-
87900	Q	PHENOTYPE INFECT AGENT DRUG	-	-	-	Medicare	\$217.25	\$134.70	\$130.35	000	999	-
87901	Q	GENOTYPE DNA HIV REVERSE T	-	-	-	Medicare	\$429.08	\$266.03	\$257.45	000	999	-
87902	Q	GENOTYPE DNA/RNA HEP C	-	-	-	Medicare	\$429.08	\$266.03	\$257.45	000	999	-
87903	Q	PHENOTYPE DNA HIV W/CULTURE	-	-	-	Medicare	\$814.43	\$504.95	\$488.66	000	999	-
87904	Q	PHENOTYPE DNA HIV W/CLT ADD	-	-	-	Medicare	\$43.45	\$26.94	\$26.07	000	999	-
87905	Q	SIALIDASE ENZYME ASSAY	-	-	-	Medicare	\$20.37	\$12.63	\$12.22	000	999	-
87906	Q	GENOTYPE DNA/RNA HIV	-	-	-	Medicare	\$214.55	\$133.02	\$128.73	000	999	-
87910	Q	GENOTYPE CYTOMEGALOVIRUS	-	-	-	Medicare	\$429.08	\$266.03	\$257.45	000	999	-
87912	Q	GENOTYPE DNA HEPATITIS B	-	-	-	Medicare	\$429.08	\$266.03	\$257.45	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
87999	N	MICROBIOLOGY PROCEDURE	-	-	-	Bundled	\$0.00	-	-	000	999	-
88000	E	AUTOPSY (NECROPSY) GROSS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
88005	E	AUTOPSY (NECROPSY) GROSS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
88007	E	AUTOPSY (NECROPSY) GROSS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
88012	E	AUTOPSY (NECROPSY) GROSS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
88014	E	AUTOPSY (NECROPSY) GROSS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
88016	E	AUTOPSY (NECROPSY) GROSS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
88020	E	AUTOPSY (NECROPSY) COMPLETE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
88025	E	AUTOPSY (NECROPSY) COMPLETE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
88027	E	AUTOPSY (NECROPSY) COMPLETE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
88028	E	AUTOPSY (NECROPSY) COMPLETE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
88029	E	AUTOPSY (NECROPSY) COMPLETE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
88036	E	LIMITED AUTOPSY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
88037	E	LIMITED AUTOPSY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
88040	E	FORENSIC AUTOPSY (NECROPSY)	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
88045	E	CORONERS AUTOPSY (NECROPSY)	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
88099	E	NECROPSY (AUTOPSY) PROCEDURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
88104	N	CYTOPATH FL NONGYN SMEARS	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88106	N	CYTOPATH FL NONGYN FILTER	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88108	N	CYTOPATH CONCENTRATE TECH	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88112	N	CYTOPATH CELL ENHANCE TECH	-	05671	0.6123	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88120	N	CYTP URINE 3-5 PROBES EA SPEC	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88121	N	CYTP URINE 3-5 PROBES CMPTR	-	05673	3.5078	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88125	N	FORENSIC CYTOPATHOLOGY	-	05671	0.6123	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88130	Q	SEX CHROMATIN IDENTIFICATION	-	-	-	Medicare	\$29.97	\$18.58	\$17.98	000	999	-
88140	Q	SEX CHROMATIN IDENTIFICATION	-	-	-	Medicare	\$13.32	\$8.26	\$7.99	000	999	-
88141	N	CYTOPATH C/V INTERPRET	-	-	-	Bundled	\$0.00	-	-	000	999	-
88142	Q	CYTOPATH C/V THIN LAYER	-	-	-	Medicare	\$33.77	\$20.94	\$20.26	000	999	-
88143	Q	CYTOPATH C/V THIN LAYER REDO	-	-	-	Medicare	\$38.40	\$23.81	\$23.04	000	999	-
88147	Q	CYTOPATH C/V AUTOMATED	-	-	-	Medicare	\$84.27	\$52.25	\$50.56	000	999	-
88148	Q	CYTOPATH C/V AUTO RESCREEN	-	-	-	Medicare	\$26.67	\$16.54	\$16.00	000	999	-
88150	Q	CYTOPATH C/V MANUAL	-	-	-	Medicare	\$25.20	\$15.62	\$15.12	000	999	-
88152	Q	CYTOPATH C/V AUTO REDO	-	-	-	Medicare	\$46.07	\$28.56	\$27.64	000	999	-
88153	Q	CYTOPATH C/V REDO	-	-	-	Medicare	\$40.05	\$24.83	\$24.03	000	999	-
88155	Q	CYTOPATH C/V INDEX ADD-ON	-	-	-	Medicare	\$24.42	\$15.14	\$14.65	000	999	-
88160	N	CYTOPATH SMEAR OTHER SOURCE	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88161	N	CYTOPATH SMEAR OTHER SOURCE	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88162	N	CYTOPATH SMEAR OTHER SOURCE	-	05671	0.6123	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88164	Q	CYTOPATH TBS C/V MANUAL	-	-	-	Medicare	\$25.20	\$15.62	\$15.12	000	999	-
88165	Q	CYTOPATH TBS C/V REDO	-	-	-	Medicare	\$70.37	\$43.63	\$42.22	000	999	-
88166	Q	CYTOPATH TBS C/V AUTO REDO	-	-	-	Medicare	\$25.20	\$15.62	\$15.12	000	999	-
88167	Q	CYTOPATH TBS C/V SELECT	-	-	-	Medicare	\$25.20	\$15.62	\$15.12	000	999	-
88172	N	CYTP DX EVAL FNA 1ST EA SITE	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88173	N	CYTOPATH EVAL FNA REPORT	-	05671	0.6123	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88174	Q	CYTOPATH C/V AUTO IN FLUID	-	-	-	Medicare	\$42.28	\$26.21	\$25.37	000	999	-
88175	Q	CYTOPATH C/V AUTO FLUID REDO	-	-	-	Medicare	\$44.35	\$27.50	\$26.61	000	999	-
88177	N	CYTP FNA EVAL EA ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-
88182	N	CELL MARKER STUDY	-	05671	0.6123	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88184	N	FLOWCYTOMETRY/ TC 1 MARKER	-	05673	3.5078	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88185	N	FLOWCYTOMETRY/TC ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
88187	E	FLOWCYTOMETRY/READ 2-8	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
88188	E	FLOWCYTOMETRY/READ 9-15	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
88189	E	FLOWCYTOMETRY/READ 16 & >	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
88199	N	CYTOPATHOLOGY PROCEDURE	-	05671	0.6123	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88230	Q	TISSUE CULTURE LYMPHOCYTE	-	-	-	Medicare	\$194.15	\$120.37	\$116.49	000	999	-
88233	Q	TISSUE CULTURE SKIN/BIOPSY	-	-	-	Medicare	\$234.55	\$145.42	\$140.73	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees			
88235	Q	TISSUE CULTURE PLACENTA	-	-	-	Medicare	\$250.50	\$155.31	\$150.30	000	999	-
88237	Q	TISSUE CULTURE BONE MARROW	-	-	-	Medicare	\$239.58	\$148.54	\$143.75	000	999	-
88239	Q	TISSUE CULTURE TUMOR	-	-	-	Medicare	\$245.87	\$152.44	\$147.52	000	999	-
88240	Q	CELL CRYOPRESERVE/STORAGE	-	-	-	Medicare	\$21.78	\$13.50	\$13.07	000	999	-
88241	Q	FROZEN CELL PREPARATION	-	-	-	Medicare	\$20.15	\$12.49	\$12.09	000	999	-
88245	Q	CHROMOSOME ANALYSIS 20-25	-	-	-	Medicare	\$288.62	\$178.94	\$173.17	000	999	-
88248	Q	CHROMOSOME ANALYSIS 50-100	-	-	-	Medicare	\$288.62	\$178.94	\$173.17	000	999	-
88249	Q	CHROMOSOME ANALYSIS 100	-	-	-	Medicare	\$288.62	\$178.94	\$173.17	000	999	-
88261	Q	CHROMOSOME ANALYSIS 5	-	-	-	Medicare	\$440.57	\$273.15	\$264.34	000	999	-
88262	Q	CHROMOSOME ANALYSIS 15-20	-	-	-	Medicare	\$209.15	\$129.67	\$125.49	000	999	-
88263	Q	CHROMOSOME ANALYSIS 45	-	-	-	Medicare	\$250.48	\$155.30	\$150.29	000	999	-
88264	Q	CHROMOSOME ANALYSIS 20-25	-	-	-	Medicare	\$241.02	\$149.43	\$144.61	000	999	-
88267	Q	CHROMOSOME ANALYS PLACENTA	-	-	-	Medicare	\$314.28	\$194.85	\$188.57	000	999	-
88269	Q	CHROMOSOME ANALYS AMNIOTIC	-	-	-	Medicare	\$289.43	\$179.45	\$173.66	000	999	-
88271	Q	CYTOGENETICS DNA PROBE	-	-	-	Medicare	\$35.70	\$22.13	\$21.42	000	999	-
88272	Q	CYTOGENETICS 3-5	-	-	-	Medicare	\$67.83	\$42.05	\$40.70	000	999	-
88273	Q	CYTOGENETICS 10-30	-	-	-	Medicare	\$58.02	\$35.97	\$34.81	000	999	-
88274	Q	CYTOGENETICS 25-99	-	-	-	Medicare	\$70.63	\$43.79	\$42.38	000	999	-
88275	Q	CYTOGENETICS 100-300	-	-	-	Medicare	\$85.32	\$52.90	\$51.19	000	999	-
88280	Q	CHROMOSOME KARYOTYPE STUDY	-	-	-	Medicare	\$55.78	\$34.58	\$33.47	000	999	-
88283	Q	CHROMOSOME BANDING STUDY	-	-	-	Medicare	\$114.33	\$70.88	\$68.60	000	999	-
88285	Q	CHROMOSOME COUNT ADDITIONAL	-	-	-	Medicare	\$44.85	\$27.81	\$26.91	000	999	-
88289	Q	CHROMOSOME STUDY ADDITIONAL	-	-	-	Medicare	\$57.38	\$35.58	\$34.43	000	999	-
88291	E	CYTO/MOLECULAR REPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
88299	N	CYTOGENETIC STUDY	-	05671	0.6123	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88300	N	SURGICAL PATH GROSS	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88302	N	TISSUE EXAM BY PATHOLOGIST	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88304	N	TISSUE EXAM BY PATHOLOGIST	-	05671	0.6123	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88305	N	TISSUE EXAM BY PATHOLOGIST	-	05671	0.6123	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88307	N	TISSUE EXAM BY PATHOLOGIST	-	05673	3.5078	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88309	N	TISSUE EXAM BY PATHOLOGIST	-	05674	7.7754	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88311	N	DECALCIFY TISSUE	-	-	-	Bundled	\$0.00	-	-	000	999	-
88312	N	SPECIAL STAINS GROUP 1	-	05671	0.6123	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88313	N	SPECIAL STAINS GROUP 2	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88314	N	HISTOCHEMICAL STAINS ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
88319	N	ENZYME HISTOCHEMISTRY	-	05674	7.7754	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88321	N	MICROSLIDE CONSULTATION	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88323	N	MICROSLIDE CONSULTATION	-	05671	0.6123	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88325	N	COMPREHENSIVE REVIEW OF DATA	-	05671	0.6123	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88329	N	PATH CONSULT INTRAP	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88331	N	PATH CONSULT INTRAOP 1 BLOC	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88332	N	PATH CONSULT INTRAOP ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-
88333	N	INTRAOP CYTO PATH CONSULT 1	-	05674	7.7754	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88334	N	INTRAOP CYTO PATH CONSULT 2	-	-	-	Bundled	\$0.00	-	-	000	999	-
88341	N	IMMUNOHISTO ANTB ADDL SLIDE	-	-	-	Bundled	\$0.00	-	-	000	999	-
88342	N	IMMUNOHISTO ANTB 1ST STAIN	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88344	N	IMMUNOHISTO ANTIBODY SLIDE	-	05673	3.5078	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88346	N	IMMUNOFUOR ANTB 1ST STAIN	-	05673	3.5078	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88348	N	ELECTRON MICROSCOPY	-	05674	7.7754	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88350	N	IMMUNOFUOR ANTB ADDL STAIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
88355	N	ANALYSIS SKELETAL MUSCLE	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88356	N	ANALYSIS NERVE	-	05671	0.6123	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88358	N	ANALYSIS TUMOR	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88360	N	TUMOR IMMUNOHISTOCHEM/MANUAL	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88361	N	TUMOR IMMUNOHISTOCHEM/COMPUT	-	05673	3.5078	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88362	N	NERVE TEASING PREPARATIONS	-	05674	7.7754	Bundled, sometimes payable	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
88363	N	XM ARCHIVE TISSUE MOLEC ANAL	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88364	N	INSITU HYBRIDIZATION (FISH)	-	-	-	Bundled	\$0.00	-	-	000	999	-
88365	N	INSITU HYBRIDIZATION (FISH)	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88366	N	INSITU HYBRIDIZATION (FISH)	-	05673	3.5078	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88367	N	INSITU HYBRIDIZATION AUTO	-	05673	3.5078	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88368	N	INSITU HYBRIDIZATION MANUAL	-	05673	3.5078	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88369	N	M/PHMTRC ALYSISHQUANT/SEMIQ	-	-	-	Bundled	\$0.00	-	-	000	999	-
88371	N	PROTEIN WESTERN BLOT TISSUE	-	-	-	Bundled	\$0.00	-	-	000	999	-
88372	N	PROTEIN ANALYSIS W/PROBE	-	-	-	Bundled	\$0.00	-	-	000	999	-
88373	N	M/PHMTRC ALYS ISHQUANT/SEMIQ	-	-	-	Bundled	\$0.00	-	-	000	999	-
88374	N	M/PHMTRC ALYS ISHQUANT/SEMIQ	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88375	E	OPTICAL ENDOMICROSCOPY INTERP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
88377	N	M/PHMTRC ALYS ISHQUANT/SEMIQ	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88380	N	MICRODISSECTION LASER	-	-	-	Bundled	\$0.00	-	-	000	999	-
88381	N	MICRODISSECTION MANUAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
88387	N	TISS EXAM MOLECULAR STUDY	-	-	-	Bundled	\$0.00	-	-	000	999	-
88388	N	TISS EX MOLECUL STUDY ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
88399	N	SURGICAL PATHOLOGY PROCEDURE	-	05671	0.6123	Bundled, sometimes payable	\$0.00	-	-	000	999	-
88720	Q	BILIRUBIN TOTAL TRANSCUT	-	-	-	Medicare	\$8.37	\$5.19	\$5.02	000	999	-
88738	Q	HGB QUANT TRANSCUTANEOUS	-	-	-	Medicare	\$8.37	\$5.19	\$5.02	000	999	-
88740	Q	TRANSCUTANEOUS CARBOXYHB	-	-	-	Medicare	\$15.62	\$9.68	\$9.37	000	999	-
88741	Q	TRANSCUTANEOUS METHB	-	-	-	Medicare	\$15.62	\$9.68	\$9.37	000	999	-
88749	N	IN VIVO LAB SERVICE	-	-	-	Bundled	\$0.00	-	-	000	999	-
89049	N	CHCT FOR MAL HYPERTHERMIA	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
89050	Q	BODY FLUID CELL COUNT	-	-	-	Medicare	\$7.87	\$4.88	\$4.72	000	999	-
89051	Q	BODY FLUID CELL COUNT	-	-	-	Medicare	\$9.33	\$5.78	\$5.60	000	999	-
89055	Q	LEUKOCYTE ASSESSMENT FECAL	-	-	-	Medicare	\$7.12	\$4.41	\$4.27	000	999	-
89060	Q	EXAM SYNOVIAL FLUID CRYSTALS	-	-	-	Medicare	\$12.22	\$7.58	\$7.33	000	999	-
89125	Q	SPECIMEN FAT STAIN	-	-	-	Medicare	\$9.80	\$6.08	\$5.88	000	999	-
89160	Q	EXAM FECES FOR MEAT FIBERS	-	-	-	Medicare	\$8.08	\$5.01	\$4.85	000	999	-
89190	Q	NASAL SMEAR FOR EOSINOPHILS	-	-	-	Medicare	\$9.65	\$5.98	\$5.79	000	999	-
89220	N	SPUTUM SPECIMEN COLLECTION	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
89230	N	COLLECT SWEAT FOR TEST	-	05671	0.6123	Bundled, sometimes payable	\$0.00	-	-	000	999	-
89240	N	PATHOLOGY LAB PROCEDURE	-	05671	0.6123	Bundled, sometimes payable	\$0.00	-	-	000	999	-
89250	E	CULTR OOCYTE/EMBRYO <4 DAYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
89251	E	CULTR OOCYTE/EMBRYO <4 DAYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
89253	E	EMBRYO HATCHING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
89254	E	OOCYTE IDENTIFICATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
89255	E	PREPARE EMBRYO FOR TRANSFER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
89257	E	SPERM IDENTIFICATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
89258	E	CRYOPRESERVATION EMBRYO(S)	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
89259	E	CRYOPRESERVATION SPERM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
89260	E	SPERM ISOLATION SIMPLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
89261	E	SPERM ISOLATION COMPLEX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
89264	E	IDENTIFY SPERM TISSUE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
89268	E	INSEMINATION OF OOCYTES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
89272	E	EXTENDED CULTURE OF OOCYTES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
89280	E	ASSIST OOCYTE FERTILIZATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
89281	E	ASSIST OOCYTE FERTILIZATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
89290	E	BIOPSY OOCYTE POLAR BODY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
89291	E	BIOPSY OOCYTE POLAR BODY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
89300	E	SEMEN ANALYSIS W/HUHNER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
89310	E	SEMEN ANALYSIS W/COUNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
89320	E	SEMEN ANAL VOL/COUNT/MOT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
89321	E	SEMEN ANAL SPERM DETECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
89322	E	SEMEN ANAL STRICT CRITERIA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
89325	E	SPERM ANTIBODY TEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
89329	E	SPERM EVALUATION TEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
89330	E	EVALUATION CERVICAL MUCUS	-	-	-	Not Allowed	\$0.00	-	-	010	061	-	
89331	E	RETROGRADE EJACULATION ANAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
89335	E	CRYOPRESERVE TESTICULAR TISS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
89337	N	CRYOPRESERVATION OOCYTE(S)	-	05672	1.7761	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
89342	E	STORAGE/YEAR EMBRYO(S)	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
89343	E	STORAGE/YEAR SPERM/SEMEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
89344	E	STORAGE/YEAR REPROD TISSUE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
89346	E	STORAGE/YEAR OOCYTE(S)	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
89352	E	THAWING CRYOPRESERVED EMBRYO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
89353	E	THAWING CRYOPRESERVED SPERM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
89354	E	THAW CRYOPRESERVED REPROD TISS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
89356	E	THAWING CRYOPRESERVED OOCYTE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
89398	E	UNLISTED REPROD MED LAB PROC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
9001F	E	AORTIC ANEURYSM<5CM DIAM CT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
9002F	E	AORTIC ANEURYSM 5-5.4CM DIAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
9003F	E	AORTIC ANEURYSM5.5-5.9CM DIAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
9004F	E	AORTIC ANEURYSM 6/> CM DIAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
9005F	E	ASYMPT CAROT/VRTBRBAS STEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
9006F	E	SYMPT STEN-TIA/STRK<120DAYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
9007F	E	OTHER CAROT STEN 120 DAYS/>	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90281	E	HUMAN IG IM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90283	E	HUMAN IG IV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90284	E	HUMAN IG SC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90287	E	BOTULINUM ANTITOXIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90288	E	BOTULISM IG IV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90291	E	CMV IG IV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90296	N	DIPHtheria ANTITOXIN	-	09315	52.2203	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
90371	K	HEP B IG IM	-	01630	2.0461	APC (blood and non-blood product codes)	\$115.89	-	-	000	999	-	
90375	K	RABIES IG IM/SC	-	09133	4.5825	APC (blood and non-blood product codes)	\$259.55	-	-	000	999	-	
90376	K	RABIES IG HEAT TREATED	-	09134	5.2544	APC (blood and non-blood product codes)	\$297.61	-	-	000	999	-	
90378	E	RSV MAB IM 50MG	-	-	-	Not Allowed	\$0.00	-	-	000	003	-	
90384	E	RH IG FULL-DOSE IM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90385	N	RH IG MINIDOSE IM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
90386	E	RH IG IV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90389	E	TETANUS IG IM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90393	E	VACCINA IG IM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90396	K	VARICELLA-ZOSTER IG IM	-	09135	30.0842	APC (blood and non-blood product codes)	\$1,703.97	-	-	000	999	-	
90399	E	IMMUNE GLOBULIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90460	E	IM ADMIN 1ST/ONLY COMPONENT	-	-	-	Not Allowed	\$0.00	-	-	000	018	-	
90461	E	IM ADMIN EACH ADDL COMPONENT	-	-	-	Not Allowed	\$0.00	-	-	000	018	-	
90471	E	IMMUNIZATION ADMIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90472	E	IMMUNIZATION ADMIN EACH ADD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90473	E	IMMUNE ADMIN ORAL/NASAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90474	E	IMMUNE ADMIN ORAL/NASAL ADDL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90476	N	ADENOVIRUS VACCINE TYPE 4	-	-	-	Bundled	\$0.00	-	-	000	999	-	
90477	E	ADENOVIRUS VACCINE TYPE 7	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90581	E	ANTHRAX VACCINE SC OR IM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90585	E	BCG VACCINE PERCUT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90586	M	BCG VACCINE INTRAVESICAL	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
90587	E	DENGUE VACC QUAD 3 DOSE SUBQ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90619	E	MENACWY-TT VACCINE IM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90620	M	MENB-4C VACC 2 DOSE IM	-	-	-	Fee Schedule	\$0.00	-	-	019	999	-	
90621	M	MENB-FHBP VACC 2/3 DOSE IM	-	-	-	Fee Schedule	\$152.63	-	-	019	999	-	
90625	E	CHOLERA VACCINE LIVE ORAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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									Hospital Lab Fees	Hospital Lab Fees			
90630	M	FLU VACC IIV4 NO PRESERV ID	-	-	-	Fee Schedule	\$17.54	-	-	018	064	-	
90632	N	HEPA VACCINE ADULT IM	-	-	-	Bundled	\$0.00	-	-	019	999	-	
90633	N	HEPA VACC PED/ADOL 2 DOSE IM	-	-	-	Bundled	\$0.00	-	-	998	999	-	
90634	N	HEPA VACC PED/ADOL 3 DOSE	-	-	-	Bundled	\$0.00	-	-	000	017	-	
90636	N	HEP A/HEP B VACC ADULT IM	-	-	-	Bundled	\$0.00	-	-	018	999	-	
90644	M	HIB-MENCY VACC 6WK-18M0 IM	-	-	-	Fee Schedule	\$0.00	-	-	000	001	-	
90647	N	HIB PRP-OMP VACC 3 DOSE IM	-	-	-	Bundled	\$0.00	-	-	998	999	-	
90648	N	HIB PRP-T VACCINE 4 DOSE IM	-	-	-	Bundled	\$0.00	-	-	998	999	-	
90649	E	4VHPV VACCINE 3 DOSE IM	-	-	-	Not Allowed	\$0.00	-	-	019	026	-	
90650	E	2VHPV VACCINE 3 DOSE IM	-	-	-	Not Allowed	\$0.00	-	-	019	026	-	
90651	M	9VHPV VACCINE 2/3 DOSE IM	-	-	-	Fee Schedule	\$232.10	-	-	019	026	-	
90653	E	IIV ADJUVANT VACCINE IM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90654	M	FLU VACC IIV3 NO PRESERV ID	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
90655	E	IIV3 VACC NO PRSV 0.25 ML IM	-	-	-	Not Allowed	\$0.00	-	-	998	999	-	
90656	M	IIV3 VACC NO PRSV 0.5 ML IM	-	-	-	Fee Schedule	\$20.13	-	-	019	999	-	
90657	E	IIV3 VACCINE SPLT 0.25 ML IM	-	-	-	Not Allowed	\$0.00	-	-	998	999	-	
90658	M	IIV3 VACCINE SPLT 0.5 ML IM	-	-	-	Fee Schedule	\$0.00	-	-	019	999	-	
90660	M	LAIV3 VACCINE INTRANASAL	-	-	-	Fee Schedule	\$0.00	-	-	019	049	-	
90661	M	CCIIV3 VAC NO PRSV 0.5 ML IM	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
90662	M	IIV NO PRSV INCREASED AG IM	-	-	-	Fee Schedule	\$56.01	-	-	065	999	-	
90664	E	LAIV VACC PANDEMIC INTRANASL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90666	E	FLU VAC PANDEM PRSRV FREE IM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90667	E	IIV VACC PANDEMIC ADJUVT IM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90668	E	IIV VACCINE PANDEMIC IM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90670	M	PCV13 VACCINE IM	-	-	-	Fee Schedule	\$230.14	-	-	019	999	-	
90672	E	LAIV4 VACCINE INTRANASAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90673	M	RIV3 VACCINE NO PRESERV IM	-	-	-	Fee Schedule	\$37.01	-	-	000	999	-	
90674	M	CCIIV4 VAC NO PRSV 0.5 ML IM	-	-	-	Fee Schedule	\$28.64	-	-	000	999	-	
90675	K	RABIES VACCINE IM	-	09139	5.2034	APC (blood and non-blood product codes)	\$294.72	-	-	000	999	-	
90676	K	RABIES VACCINE ID	-	09140	4.0171	APC (blood and non-blood product codes)	\$227.53	-	-	000	999	-	
90680	N	RV5 VACC 3 DOSE LIVE ORAL	-	-	-	Bundled	\$0.00	-	-	998	999	-	
90681	M	RV1 VACC 2 DOSE LIVE ORAL	-	-	-	Fee Schedule	\$0.00	-	-	998	999	-	
90682	M	RIV4 VACC RECOMBINANT DNA IM	-	-	-	Fee Schedule	\$57.03	-	-	000	999	-	
90685	M	IIV4 VACC NO PRSV 0.25 ML IM	-	-	-	Fee Schedule	\$20.34	-	-	998	999	-	
90686	M	IIV4 VACC NO PRSV 0.5 ML IM	-	-	-	Fee Schedule	\$19.38	-	-	019	999	-	
90687	M	IIV4 VACCINE SPLT 0.25 ML IM	-	-	-	Fee Schedule	\$9.40	-	-	998	999	-	
90688	M	IIV4 VACCINE SPLT 0.5 ML IM	-	-	-	Fee Schedule	\$18.17	-	-	019	999	-	
90689	E	VACC IIV4 NO PRSRV 0.25ML IM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90690	N	TYPHOID VACCINE ORAL	-	-	-	Bundled	\$0.00	-	-	006	999	-	
90691	N	TYPHOID VACCINE IM	-	-	-	Bundled	\$0.00	-	-	002	999	-	
90694	E	VACC AIIV4 NO PRSRV 0.5ML IM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90696	N	DTAP-IPV VACCINE 4-6 YRS IM	-	-	-	Bundled	\$0.00	-	-	998	999	-	
90697	E	DTAP-IPV-HIB-HEPB VACCINE IM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90698	N	DTAP-IPV/HIB VACCINE IM	-	-	-	Bundled	\$0.00	-	-	998	999	-	
90700	N	DTAP VACCINE < 7 YRS IM	-	-	-	Bundled	\$0.00	-	-	998	999	-	
90702	N	DT VACCINE UNDER 7 YRS IM	-	-	-	Bundled	\$0.00	-	-	000	006	-	
90707	N	MMR VACCINE SC	-	-	-	Bundled	\$0.00	-	-	019	999	-	
90710	N	MMRV VACCINE SC	-	-	-	Bundled	\$0.00	-	-	998	999	-	
90713	N	POLIOVIRUS IPV SC/IM	-	-	-	Bundled	\$0.00	-	-	019	999	-	
90714	N	TD VACC NO PRESV 7 YRS+ IM	-	-	-	Bundled	\$0.00	-	-	019	999	-	
90715	N	TDAP VACCINE 7 YRS+ IM	-	-	-	Bundled	\$0.00	-	-	019	999	-	
90716	M	VAR VACCINE LIVE SUBQ	-	-	-	Fee Schedule	\$0.00	-	-	019	999	-	
90717	N	YELLOW FEVER VACCINE SUBQ	-	-	-	Bundled	\$0.00	-	-	000	999	-	
90723	M	DTAP-HEP B-IPV VACCINE IM	-	-	-	Fee Schedule	\$0.00	-	-	998	999	-	
90732	M	PPSV23 VACC 2 YRS+ SUBQ/IM	-	-	-	Fee Schedule	\$119.92	-	-	019	999	-	
90733	E	MPSV4 VACCINE SUBQ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
90734	M	MENACWYD/MENACWYCRM VACC IM	-	-	-	Fee Schedule	\$0.00	-	-	019	999	-	
90736	M	HZV VACCINE LIVE SUBQ	-	-	-	Fee Schedule	\$227.20	-	-	050	999	-	
90738	E	INACTIVATED JE VACC IM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90739	M	HEPB VACC 2 DOSE ADULT IM	-	-	-	Fee Schedule	\$133.50	-	-	018	999	-	
90740	M	HEPB VACC 3 DOSE IMMUNSUP IM	-	-	-	Fee Schedule	\$140.76	-	-	000	999	-	
90743	M	HEPB VACC 2 DOSE ADOLESC IM	-	-	-	Fee Schedule	\$24.39	-	-	998	999	-	
90744	M	HEPB VACC 3 DOSE PED/ADOL IM	-	-	-	Fee Schedule	\$28.21	-	-	998	999	-	
90746	M	HEPB VACCINE 3 DOSE ADULT IM	-	-	-	Fee Schedule	\$69.65	-	-	019	999	-	
90747	M	HEPB VACC 4 DOSE IMMUNSUP IM	-	-	-	Fee Schedule	\$140.76	-	-	000	999	-	
90748	M	HIB-HEPB VACCINE IM	-	-	-	Fee Schedule	\$0.00	-	-	998	999	-	
90749	N	VACCINE TOXOID	-	-	-	Bundled	\$0.00	-	-	000	999	-	
90750	M	HZV VACC RECOMBINANT IM	-	-	-	Fee Schedule	\$154.18	-	-	000	999	-	
90756	M	CCIIV4 VACC ABX FREE IM	-	-	-	Fee Schedule	\$27.15	-	-	000	999	-	
90785	N	PSYTX COMPLEX INTERACTIVE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
90791	N	PSYCH DIAGNOSTIC EVALUATION	-	05823	1.6259	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
90792	N	PSYCH DIAG EVAL W/MED SRVCS	-	05823	1.6259	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
90832	N	PSYTX W PT 30 MINUTES	-	05823	1.6259	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
90833	N	PSYTX W PT W E/M 30 MIN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
90834	N	PSYTX W PT 45 MINUTES	-	05823	1.6259	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
90836	N	PSYTX W PT W E/M 45 MIN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
90837	N	PSYTX W PT 60 MINUTES	-	05823	1.6259	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
90838	N	PSYTX W PT W E/M 60 MIN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
90839	N	PSYTX CRISIS INITIAL 60 MIN	-	05823	1.6259	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
90840	N	PSYTX CRISIS EA ADDL 30 MIN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
90845	N	PSYCHOANALYSIS	-	05823	1.6259	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
90846	N	FAMILY PSYTX W/O PT 50 MIN	-	05823	1.6259	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
90847	N	FAMILY PSYTX W/PT 50 MIN	-	05823	1.6259	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
90849	N	MULTIPLE FAMILY GROUP PSYTX	-	05823	1.6259	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
90853	N	GROUP PSYCHOTHERAPY	-	05822	0.9721	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
90863	E	PHARMACOLOGIC MGMT W/PSYTX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90865	N	NARCOSYNTHESIS	-	05823	1.6259	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
90867	S	TCRANIAL MAGN STIM TX PLAN	-	05722	3.1327	APC	\$177.44	-	-	000	999	-	
90868	S	TCRANIAL MAGN STIM TX DELI	-	05721	1.7124	APC	\$96.99	-	-	000	999	-	
90869	S	TCRAN MAGN STIM REDETERMINE	-	05721	1.7124	APC	\$96.99	-	-	000	999	-	
90870	S	ELECTROCONVULSIVE THERAPY	-	05723	6.0105	APC	\$340.43	-	-	000	999	-	
90875	E	PSYCHOPHYSIOLOGICAL THERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90876	E	PSYCHOPHYSIOLOGICAL THERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90880	N	HYPNOTHERAPY	-	05822	0.9721	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
90882	E	ENVIRONMENTAL MANIPULATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90885	N	PSY EVALUATION OF RECORDS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
90887	N	CONSULTATION WITH FAMILY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
90889	N	PREPARATION OF REPORT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
90899	N	PSYCHIATRIC SERVICE/THERAPY	-	05821	0.3382	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
90901	M	BIOFEEDBACK TRAIN ANY METH	-	-	-	Fee Schedule	\$22.76	-	-	000	999	-	
90912	E	BFB TRAINING 1ST 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90913	E	BFB TRAINING EA ADDL 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
90935	S	HEMODIALYSIS ONE EVALUATION	-	05401	7.9219	APC	\$448.70	-	-	000	999	-	
90937	M	HEMODIALYSIS REPEATED EVAL	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
90940	N	HEMODIALYSIS ACCESS STUDY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
90945	V	DIALYSIS ONE EVALUATION	-	05024	4.3542	APC	\$246.62	-	-	000	999	-	
90947	M	DIALYSIS REPEATED EVAL	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
90951	E	ESRD SERV 4 VISITS P MO <2YR	-	-	-	Not Allowed	\$0.00	-	-	000	001	-	
90952	E	ESRD SERV 2-3 VSTS P MO <2YR	-	-	-	Not Allowed	\$0.00	-	-	000	001	-	
90953	E	ESRD SERV 1 VISIT P MO <2YRS	-	-	-	Not Allowed	\$0.00	-	-	000	001	-	
90954	E	ESRD SERV 4 VSTS P MO 2-11	-	-	-	Not Allowed	\$0.00	-	-	002	011	-	
90955	E	ESRD SRV 2-3 VSTS P MO 2-11	-	-	-	Not Allowed	\$0.00	-	-	002	011	-	

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July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
90956	E	ESRD SRV 1 VISIT P MO 2-11	-	-	-	Not Allowed	\$0.00	-	-	002	011	-	
90957	E	ESRD SRV 4 VSTS P MO 12-19	-	-	-	Not Allowed	\$0.00	-	-	012	019	-	
90958	E	ESRD SRV 2-3 VSTS P MO 12-19	-	-	-	Not Allowed	\$0.00	-	-	012	019	-	
90959	E	ESRD SERV 1 VST P MO 12-19	-	-	-	Not Allowed	\$0.00	-	-	012	019	-	
90960	E	ESRD SRV 4 VISITS P MO 20+	-	-	-	Not Allowed	\$0.00	-	-	020	999	-	
90961	E	ESRD SRV 2-3 VSTS P MO 20+	-	-	-	Not Allowed	\$0.00	-	-	020	999	-	
90962	E	ESRD SERV 1 VISIT P MO 20+	-	-	-	Not Allowed	\$0.00	-	-	020	999	-	
90963	E	ESRD HOME PT SERV P MO <2YRS	-	-	-	Not Allowed	\$0.00	-	-	000	001	-	
90964	E	ESRD HOME PT SERV P MO 2-11	-	-	-	Not Allowed	\$0.00	-	-	002	011	-	
90965	E	ESRD HOME PT SERV P MO 12-19	-	-	-	Not Allowed	\$0.00	-	-	012	019	-	
90966	E	ESRD HOME PT SERV P MO 20+	-	-	-	Not Allowed	\$0.00	-	-	020	999	-	
90967	E	ESRD SVC PR DAY PT <2	-	-	-	Not Allowed	\$0.00	-	-	000	001	-	
90968	E	ESRD SVC PR DAY PT 2-11	-	-	-	Not Allowed	\$0.00	-	-	002	011	-	
90969	E	ESRD SVC PR DAY PT 12-19	-	-	-	Not Allowed	\$0.00	-	-	012	019	-	
90970	E	ESRD SVC PR DAY PT 20+	-	-	-	Not Allowed	\$0.00	-	-	020	999	-	
90989	M	DIALYSIS TRAINING COMPLETE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
90993	M	DIALYSIS TRAINING INCOMPL	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
90997	M	HEMOPERFUSION	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
90999	M	DIALYSIS PROCEDURE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
91010	S	ESOPHAGUS MOTILITY STUDY	-	05723	6.0105	APC	\$340.43	-	-	000	999	-	
91013	N	ESOPHGL MOTIL W/STIM/PERFUS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
91020	S	GASTRIC MOTILITY STUDIES	-	05723	6.0105	APC	\$340.43	-	-	000	999	-	
91022	S	DUODENAL MOTILITY STUDY	-	05723	6.0105	APC	\$340.43	-	-	000	999	-	
91030	S	ACID PERFUSION OF ESOPHAGUS	-	05723	6.0105	APC	\$340.43	-	-	000	999	-	
91034	S	GASTROESOPHAGEAL REFLUX TEST	-	05723	6.0105	APC	\$340.43	-	-	000	999	-	
91035	S	G-ESOPH REFLX TST W/ELECTROD	-	05723	6.0105	APC	\$340.43	-	-	000	999	-	
91037	S	ESOPH IMPED FUNCTION TEST	-	05722	3.1327	APC	\$177.44	-	-	000	999	-	
91038	S	ESOPH IMPED FUNCT TEST > 1HR	-	05723	6.0105	APC	\$340.43	-	-	000	999	-	
91040	S	ESOPH BALLOON DISTENSION TST	-	05723	6.0105	APC	\$340.43	-	-	000	999	-	
91065	S	BREATH HYDROGEN/METHANE TEST	-	05721	1.7124	APC	\$96.99	-	-	000	999	-	
91110	T	GI TRACT CAPSULE ENDOSCOPY	-	05301	9.7276	APC	\$550.97	-	-	000	999	-	
91111	T	ESOPHAGEAL CAPSULE ENDOSCOPY	-	05301	9.7276	APC	\$550.97	-	-	000	999	-	
91112	T	GI WIRELESS CAPSULE MEASURE	-	05301	9.7276	APC	\$550.97	-	-	000	999	-	
91117	T	COLON MOTILITY 6 HR STUDY	-	05371	2.9074	APC	\$164.68	-	-	000	999	-	
91120	S	RECTAL SENSATION TEST	-	05721	1.7124	APC	\$96.99	-	-	000	999	-	
91122	T	ANAL PRESSURE RECORD	-	05371	2.9074	APC	\$164.68	-	-	000	999	-	
91132	S	ELECTROGASTROGRAPHY	-	05721	1.7124	APC	\$96.99	-	-	000	999	-	
91133	N	ELECTROGASTROGRAPHY W/TEST	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
91200	S	LIVER ELASTOGRAPHY	-	05721	1.7124	APC	\$96.99	-	-	000	999	-	
91299	S	GASTROENTEROLOGY PROCEDURE	-	05721	1.7124	APC	\$96.99	-	-	000	999	-	
92002	M	EYE EXAM NEW PATIENT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
92004	M	EYE EXAM NEW PATIENT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
92012	M	EYE EXAM ESTABLISH PATIENT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
92014	M	EYE EXAM&TX ESTAB PT 1/>VST	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
92015	E	DETERMINE REFRACTIVE STATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
92018	T	NEW EYE EXAM & TREATMENT	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
92019	T	EYE EXAM & TREATMENT	-	05503	23.9526	APC	\$1,356.68	-	-	000	999	-	
92020	N	SPECIAL EYE EVALUATION	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
92025	N	CORNEAL TOPOGRAPHY	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
92060	N	SPECIAL EYE EVALUATION	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
92065	N	ORTHOPTIC/PLEOPTIC TRAINING	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
92071	N	CONTACT LENS FITTING FOR TX	-	-	-	Bundled	\$0.00	-	-	000	999	-	
92072	N	FIT CONTACT LENS FOR MANAGMNT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
92081	N	VISUAL FIELD EXAMINATION(S)	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
92082	N	VISUAL FIELD EXAMINATION(S)	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
92083	N	VISUAL FIELD EXAMINATION(S)	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-	

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92100	N	SERIAL TONOMETRY EXAM(S)	-	-	-	Bundled	\$0.00	-	-	000	999	-
92132	N	CMPTR OPHTH DX IMG ANT SEGMENT	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92133	N	CMPTR OPHTH IMG OPTIC NERVE	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92134	N	CPTR OPHTH DX IMG POST SEGMENT	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92136	N	OPHTHALMIC BIOMETRY	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92145	N	CORNEAL HYSTERESIS DETER	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92201	N	OPSCPY EXTND RTA DRAW UNI/BI	-	05733	0.6809	Bundled, sometimes payable	\$38.57	-	-	000	999	-
92202	N	OPSCPY EXTND ON/MAC DRAW	-	05733	0.6809	Bundled, sometimes payable	\$38.57	-	-	000	999	-
92227	N	REMOTE DX RETINAL IMAGING	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92228	N	REMOTE RETINAL IMAGING MGMT	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92230	N	EYE EXAM WITH PHOTOS	-	05723	6.0105	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92235	S	FLUORESCIN ANGRPH UNI/BI	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
92240	S	ICG ANGIOGRAPHY UNI/BI	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
92242	S	FLUORESCIN ICG ANGIOGRAPHY	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
92250	N	EYE EXAM WITH PHOTOS	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92260	N	OPHTHALMOSCOPY/DYNAMOMETRY	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92265	N	EYE MUSCLE EVALUATION	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92270	N	ELECTRO-OCULOGRAPHY	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92273	S	FULL FIELD ERG W/I&R	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
92274	S	MULTIFOCAL ERG W/I&R	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
92283	N	COLOR VISION EXAMINATION	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92284	N	DARK ADAPTATION EYE EXAM	-	05735	4.5003	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92285	N	EYE PHOTOGRAPHY	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92286	N	INTERNAL EYE PHOTOGRAPHY	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92287	N	INTERNAL EYE PHOTOGRAPHY	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92310	E	CONTACT LENS FITTING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92311	E	CONTACT LENS FITTING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92312	E	CONTACT LENS FITTING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92313	E	CONTACT LENS FITTING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92314	E	PRESCRIPTION OF CONTACT LENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92315	E	RX CONTACT LENS APHAKIA 1 EYE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92316	E	RX CONTACT LENS APHAKIA 2 EYE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92317	E	RX CORNEOSCLERAL CONTACT LENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92325	E	MODIFICATION OF CONTACT LENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92326	E	REPLACEMENT OF CONTACT LENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92340	M	FIT SPECTACLES MONOFOCAL	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
92341	M	FIT SPECTACLES BIFOCAL	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
92342	M	FIT SPECTACLES MULTIFOCAL	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
92352	E	FIT APHAKIA SPECTCL MONOFOCAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92353	E	FIT APHAKIA SPECTCL MULTIFOCAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92354	E	FIT SPECTACLES SINGLE SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92355	E	FIT SPECTACLES COMPOUND LENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92358	N	APHAKIA PROSTH SERVICE TEMP	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92370	E	REPAIR & ADJUST SPECTACLES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92371	E	REPAIR & ADJUST SPECTACLES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92499	N	EYE SERVICE OR PROCEDURE	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92502	T	EAR AND THROAT EXAMINATION	-	05162	5.4673	APC	\$309.67	-	-	000	999	-
92504	N	EAR MICROSCOPY EXAMINATION	-	-	-	Bundled	\$0.00	-	-	000	999	-
92507	Y	SPEECH/HEARING THERAPY	-	-	-	Fee Schedule	\$55.85	-	-	000	999	-
92508	Y	SPEECH/HEARING THERAPY	-	-	-	Fee Schedule	\$16.84	-	-	000	999	-
92511	T	NASOPHARYNGOSCOPY	-	05151	1.9377	APC	\$109.75	-	-	000	999	-
92512	S	NASAL FUNCTION STUDIES	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
92516	S	FACIAL NERVE FUNCTION TEST	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
92520	N	LARYNGEAL FUNCTION STUDIES	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92521	Y	EVALUATION OF SPEECH FLUENCY	-	-	-	Fee Schedule	\$79.75	-	-	000	999	-
92522	Y	EVALUATE SPEECH PRODUCTION	-	-	-	Fee Schedule	\$65.20	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
92523	Y	SPEECH SOUND LANG COMPREHEN	-	-	-	Fee Schedule	\$136.44	-	-	000	999	-
92524	Y	BEHAVRAL QUALIT ANALYS VOICE	-	-	-	Fee Schedule	\$63.72	-	-	000	999	-
92526	Y	ORAL FUNCTION THERAPY	-	-	-	Fee Schedule	\$61.53	-	-	000	999	-
92531	N	SPONTANEOUS NYSTAGMUS STUDY	-	-	-	Bundled	\$0.00	-	-	000	999	-
92532	N	POSITIONAL NYSTAGMUS TEST	-	-	-	Bundled	\$0.00	-	-	000	999	-
92533	N	CALORIC VESTIBULAR TEST	-	-	-	Bundled	\$0.00	-	-	000	999	-
92534	N	OPTOKINETIC NYSTAGMUS TEST	-	-	-	Bundled	\$0.00	-	-	000	999	-
92537	S	CALORIC VSTBLR TEST W/REC	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
92538	S	CALORIC VSTBLR TEST W/REC	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
92540	S	BASIC VESTIBULAR EVALUATION	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
92541	N	SPONTANEOUS NYSTAGMUS TEST	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92542	N	POSITIONAL NYSTAGMUS TEST	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92544	S	OPTOKINETIC NYSTAGMUS TEST	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
92545	S	OSCILLATING TRACKING TEST	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
92546	S	SINUSOIDAL ROTATIONAL TEST	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
92547	N	SUPPLEMENTAL ELECTRICAL TEST	-	-	-	Bundled	\$0.00	-	-	000	999	-
92548	N	CDP-SOT 6 COND W/I&R	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92549	N	CDP-SOT 6 COND W/I&R MCT&ADT	-	05734	1.3495	Bundled, sometimes payable	\$76.44	-	-	000	999	-
92550	N	TYMPANOMETRY & REFLEX THRESH	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92551	M	PURE TONE HEARING TEST AIR	-	-	-	Fee Schedule	\$13.16	-	-	000	999	-
92552	N	PURE TONE AUDIOMETRY AIR	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92553	N	AUDIOMETRY AIR & BONE	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92555	N	SPEECH THRESHOLD AUDIOMETRY	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92556	N	SPEECH AUDIOMETRY COMPLETE	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92557	N	COMPREHENSIVE HEARING TEST	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92558	E	EVOKED AUDITORY TEST QUAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92559	E	GROUP AUDIOMETRIC TESTING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92560	E	BEKESY AUDIOMETRY SCREEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92561	N	BEKESY AUDIOMETRY DIAGNOSIS	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92562	N	LOUDNESS BALANCE TEST	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92563	N	TONE DECAY HEARING TEST	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92564	N	SISI HEARING TEST	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92565	N	STENGER TEST PURE TONE	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92567	N	TYMPANOMETRY	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92568	N	ACOUSTIC REFL THRESHOLD TST	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92570	N	ACOUSTIC IMMITANCE TESTING	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92571	N	FILTERED SPEECH HEARING TEST	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92572	N	STAGGERED SPONDAIC WORD TEST	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92575	N	SENSORINEURAL ACUITY TEST	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92576	N	SYNTHETIC SENTENCE TEST	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92577	N	STENGER TEST SPEECH	-	05723	6.0105	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92579	N	VISUAL AUDIOMETRY (VRA)	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92582	N	CONDITIONING PLAY AUDIOMETRY	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92583	N	SELECT PICTURE AUDIOMETRY	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
92584	S	ELECTROCOCHLEOGRAPHY	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
92585	S	AUDITOR EVOKE POTENT COMPRE	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
92586	S	AUDITOR EVOKE POTENT LIMIT	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
92587	S	EVOKED AUDITORY TEST LIMITED	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
92588	S	EVOKED AUDITORY TST COMPLETE	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
92590	E	HEARING AID EXAM ONE EAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92591	E	HEARING AID EXAM BOTH EARS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92592	M	HEARING AID CHECK ONE EAR	-	-	-	Fee Schedule	\$13.26	-	-	000	999	-
92593	M	HEARING AID CHECK BOTH EARS	-	-	-	Fee Schedule	\$21.13	-	-	000	999	-
92594	E	ELECTRO HEARNG AID TEST ONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92595	E	ELECTRO HEARNG AID TST BOTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92596	N	EAR PROTECTOR EVALUATION	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab		Min Age	Max Age	Comments
									Fees	Fees			
92597	Y	ORAL SPEECH DEVICE EVAL	-	-	-	Fee Schedule	\$51.74	-	-	000	999	-	
92601	S	COCHLEAR IMPLT F/UP EXAM <7	-	05721	1.7124	APC	\$96.99	-	-	000	007	-	
92602	S	REPROGRAM COCHLEAR IMPLT <7	-	05721	1.7124	APC	\$96.99	-	-	000	007	-	
92603	S	COCHLEAR IMPLT F/UP EXAM 7/>	-	05721	1.7124	APC	\$96.99	-	-	007	999	-	
92604	S	REPROGRAM COCHLEAR IMPLT 7/>	-	05721	1.7124	APC	\$96.99	-	-	007	999	-	
92605	M	EX FOR NONSPEECH DEVICE RX	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
92606	N	NON-SPEECH DEVICE SERVICE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
92607	Y	EX FOR SPEECH DEVICE RX 1HR	-	-	-	Fee Schedule	\$90.85	-	-	000	999	-	
92608	Y	EX FOR SPEECH DEVICE RX ADDL	-	-	-	Fee Schedule	\$36.47	-	-	000	999	-	
92609	Y	USE OF SPEECH DEVICE SERVICE	-	-	-	Fee Schedule	\$76.40	-	-	000	999	-	
92610	Y	EVALUATE SWALLOWING FUNCTION	-	-	-	Fee Schedule	\$51.49	-	-	000	999	-	
92611	Y	MOTION FLUOROSCOPY/SWALLOW	-	-	-	Fee Schedule	\$65.28	-	-	000	999	-	
92612	M	ENDOSCOPY SWALLOW (FEES) VID	-	-	-	Fee Schedule	\$48.68	-	-	000	999	-	
92613	E	ENDOSCOPY SWALLOW (FEES) I&R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
92614	M	LARYNGOSCOPIC SENSORY VID	-	-	-	Fee Schedule	\$47.77	-	-	000	999	-	
92615	E	LARYNGOSCOPIC SENSORY I&R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
92616	M	FEES W/LARYNGEAL SENSE TEST	-	-	-	Fee Schedule	\$71.09	-	-	000	999	-	
92617	E	FEES W/LARYNGEAL SENSE I&R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
92618	E	EX FOR NONSPEECH DEV RX ADD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
92620	N	AUDITORY FUNCTION 60 MIN	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
92621	N	AUDITORY FUNCTION + 15 MIN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
92625	N	TINNITUS ASSESSMENT	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
92626	N	Eval AUD FUNCJ 1ST HOUR	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
92627	N	Eval AUD FUNCJ EA ADDL 15	-	-	-	Bundled	\$0.00	-	-	000	999	-	
92630	E	AUD REHAB PRE-LING HEAR LOSS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
92633	E	AUD REHAB POSTLING HEAR LOSS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
92640	S	AUD BRAINSTEM IMPLT PROGRAMG	-	05721	1.7124	APC	\$96.99	-	-	000	999	-	
92700	N	ENT PROCEDURE/SERVICE	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
92920	N	PRQ CARDIAC ANGIOPLAST 1 ART	-	05192	61.3161	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
92921	N	PRQ CARDIAC ANGIO ADDL ART	-	-	-	Bundled	\$0.00	-	-	000	999	-	
92924	N	PRQ CARD ANGIO/ATHRECT 1 ART	-	05193	122.6403	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
92925	N	PRQ CARD ANGIO/ATHRECT ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
92928	N	PRQ CARD STENT W/ANGIO 1 VSL	-	05193	122.6403	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
92929	N	PRQ CARD STENT W/ANGIO ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
92933	N	PRQ CARD STENT/ATH/ANGIO	-	05194	197.2940	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
92934	N	PRQ CARD STENT/ATH/ANGIO	-	-	-	Bundled	\$0.00	-	-	000	999	-	
92937	N	PRQ REVASC BYP GRAFT 1 VSL	-	05193	122.6403	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
92938	N	PRQ REVASC BYP GRAFT ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
92941	C	PRQ CARD REVASC MI 1 VSL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
92943	N	PRQ CARD REVASC CHRONIC 1VSL	-	05193	122.6403	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
92944	N	PRQ CARD REVASC CHRONIC ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
92950	S	HEART/LUNG RESUSCITATION CPR	-	05722	3.1327	APC	\$177.44	-	-	000	999	-	
92953	N	TEMPORARY EXTERNAL PACING	-	05781	6.6399	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
92960	S	CARDIOVERSION ELECTRIC EXT	-	05781	6.6399	APC	\$376.08	-	-	000	999	-	
92961	S	CARDIOVERSION ELECTRIC INT	-	05781	6.6399	APC	\$376.08	-	-	000	999	-	
92970	C	CARDIOASSIST INTERNAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
92971	C	CARDIOASSIST EXTERNAL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
92973	N	PRQ CORONARY MECH THROMBECT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
92974	N	CATH PLACE CARDIO BRACHYTX	-	-	-	Bundled	\$0.00	-	-	000	999	-	
92975	C	DISSOLVE CLOT HEART VESSEL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
92977	T	DISSOLVE CLOT HEART VESSEL	-	05694	3.8320	APC	\$217.04	-	-	000	999	-	
92978	N	ENDOLUMINL IVUS OCT C 1ST	-	-	-	Bundled	\$0.00	-	-	000	999	-	
92979	N	ENDOLUMINL IVUS OCT C EA	-	-	-	Bundled	\$0.00	-	-	000	999	-	
92986	N	REVISION OF AORTIC VALVE	-	05192	61.3161	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
92987	N	REVISION OF MITRAL VALVE	-	05193	122.6403	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
92990	N	REVISION OF PULMONARY VALVE	-	05193	122.6403	Bundled, sometimes payable	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
92992	C	REVISION OF HEART CHAMBER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
92993	C	REVISION OF HEART CHAMBER	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
92997	N	PUL ART BALLOON REPR PERCUT	-	05193	122.6403	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
92998	N	PUL ART BALLOON REPR PERCUT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
93000	M	ELECTROCARDIOGRAM COMPLETE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
93005	N	ELECTROCARDIOGRAM TRACING	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93010	M	ELECTROCARDIOGRAM REPORT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
93015	M	CARDIOVASCULAR STRESS TEST	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
93016	M	CARDIOVASCULAR STRESS TEST	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
93017	N	CARDIOVASCULAR STRESS TEST	-	05722	3.1327	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93018	M	CARDIOVASCULAR STRESS TEST	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
93024	N	CARDIAC DRUG STRESS TEST	-	05735	4.5003	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93025	S	MICROVOLT T-WAVE ASSESS	-	05721	1.7124	APC	\$96.99	-	-	000	999	-	
93040	M	RHYTHM ECG WITH REPORT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
93041	N	RHYTHM ECG TRACING	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93042	M	RHYTHM ECG REPORT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
93050	N	ART PRESSURE WAVEFORM ANALYS	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93224	E	ECG MONIT/REPR UP TO 48 HRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
93225	N	ECG MONIT/REPR UP TO 48 HRS	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93226	N	ECG MONIT/REPR UP TO 48 HRS	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93227	E	ECG MONIT/REPR UP TO 48 HRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
93228	E	REMOTE 30 DAY ECG REV/REPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
93229	S	REMOTE 30 DAY ECG TECH SUPP	-	05721	1.7124	APC	\$96.99	-	-	000	999	-	
93260	N	PRGRMG DEV EVAL IMPLTBL SYS	-	05741	0.4487	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93261	N	INTERROGATE SUBQ DEFIB	-	05741	0.4487	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93264	E	REM MNTR WRLS P-ART PRS SNR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
93268	E	ECG RECORD/REVIEW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
93270	N	REMOTE 30 DAY ECG REV/REPORT	-	05741	0.4487	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93271	S	ECG/MONITORING AND ANALYSIS	-	05742	1.4039	APC	\$79.52	-	-	000	999	-	
93272	E	ECG/REVIEW INTERPRET ONLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
93278	N	ECG/SIGNAL-AVERAGED	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93279	N	PRGRMG DEV EVAL PM/LDLS PM	-	05741	0.4487	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93280	N	PM DEVICE PROGR EVAL DUAL	-	05741	0.4487	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93281	N	PM DEVICE PROGR EVAL MULTI	-	05741	0.4487	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93282	N	PRGRMG EVAL IMPLANTABLE DFB	-	05741	0.4487	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93283	N	PRGRMG EVAL IMPLANTABLE DFB	-	05741	0.4487	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93284	N	PRGRMG EVAL IMPLANTABLE DFB	-	05741	0.4487	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93285	N	PRGRMG DEV EVAL SCRMS IP	-	05741	0.4487	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93286	N	PERI-PX EVAL PM/LDLS PM IP	-	-	-	Bundled	\$0.00	-	-	000	999	-	
93287	N	PERI-PX DEVICE EVAL & PRGR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
93288	N	INTERROG EVL PM/LDLS PM IP	-	05741	0.4487	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93289	N	INTERROG DEVICE EVAL HEART	-	05741	0.4487	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93290	N	INTERROG DEV EVAL ICPMS IP	-	05741	0.4487	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93291	N	INTERROG DEV EVAL SCRMS IP	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93292	N	WCD DEVICE INTERROGATE	-	05741	0.4487	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93293	N	PM PHONE R-STRIP DEVICE EVAL	-	05741	0.4487	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93294	E	REM INTERROG EVL PM/LDLS PM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
93295	E	DEV INTERROG REMOTE 1/2MLT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
93296	N	REM INTERROG EVL PM/IDS	-	05741	0.4487	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93297	E	REM INTERROG DEV EVAL ICPMS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
93298	E	REM INTERROG DEV EVAL SCRMS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
93303	S	ECHO TRANSTHORACIC	-	05524	5.9607	APC	\$337.61	-	-	000	999	-	
93304	S	ECHO TRANSTHORACIC	-	05524	5.9607	APC	\$337.61	-	-	000	999	-	
93306	S	TTE W/DOPPLER COMPLETE	-	05524	5.9607	APC	\$337.61	-	-	000	999	-	
93307	S	TTE W/O DOPPLER COMPLETE	-	05523	2.8844	APC	\$163.37	-	-	000	999	-	
93308	S	TTE F-UP OR LMTD	-	05523	2.8844	APC	\$163.37	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
93312	S	ECHO TRANSESOPHAGEAL	-	05524	5.9607	APC	\$337.61	-	-	000	999	-
93313	S	ECHO TRANSESOPHAGEAL	-	05524	5.9607	APC	\$337.61	-	-	000	999	-
93314	N	ECHO TRANSESOPHAGEAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
93315	S	ECHO TRANSESOPHAGEAL	-	05524	5.9607	APC	\$337.61	-	-	000	999	-
93316	S	ECHO TRANSESOPHAGEAL	-	05524	5.9607	APC	\$337.61	-	-	000	999	-
93317	N	ECHO TRANSESOPHAGEAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
93318	S	ECHO TRANSESOPHAGEAL INTRAOP	-	05524	5.9607	APC	\$337.61	-	-	000	999	-
93320	N	DOPPLER ECHO EXAM HEART	-	-	-	Bundled	\$0.00	-	-	000	999	-
93321	N	DOPPLER ECHO EXAM HEART	-	-	-	Bundled	\$0.00	-	-	000	999	-
93325	N	DOPPLER COLOR FLOW ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
93350	S	STRESS TTE ONLY	-	05524	5.9607	APC	\$337.61	-	-	000	999	-
93351	S	STRESS TTE COMPLETE	-	05524	5.9607	APC	\$337.61	-	-	000	999	-
93352	E	ADMIN ECG CONTRAST AGENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
93355	N	ECHO TRANSESOPHAGEAL (TEE)	-	-	-	Bundled	\$0.00	-	-	000	999	-
93356	N	MYOCRD STRAIN IMG SPCKL TRCK	-	-	-	Bundled	\$0.00	-	-	000	999	-
93451	T	RIGHT HEART CATH	-	05191	35.2747	APC	\$1,997.96	-	-	000	999	-
93452	T	LEFT HRT CATH W/VENTRCLGRPHY	-	05191	35.2747	APC	\$1,997.96	-	-	000	999	-
93453	T	R&L HRT CATH W/VENTRCLGRPHY	-	05191	35.2747	APC	\$1,997.96	-	-	000	999	-
93454	T	CORONARY ARTERY ANGIO S&I	-	05191	35.2747	APC	\$1,997.96	-	-	000	999	-
93455	T	CORONARY ART/GRFT ANGIO S&I	-	05191	35.2747	APC	\$1,997.96	-	-	000	999	-
93456	T	R HRT CORONARY ARTERY ANGIO	-	05191	35.2747	APC	\$1,997.96	-	-	000	999	-
93457	T	R HRT ART/GRFT ANGIO	-	05191	35.2747	APC	\$1,997.96	-	-	000	999	-
93458	T	L HRT ARTERY/VENTRICLE ANGIO	-	05191	35.2747	APC	\$1,997.96	-	-	000	999	-
93459	T	L HRT ART/GRFT ANGIO	-	05191	35.2747	APC	\$1,997.96	-	-	000	999	-
93460	T	R&L HRT ART/VENTRICLE ANGIO	-	05191	35.2747	APC	\$1,997.96	-	-	000	999	-
93461	T	R&L HRT ART/VENTRICLE ANGIO	-	05191	35.2747	APC	\$1,997.96	-	-	000	999	-
93462	N	L HRT CATH TRNSPTL PUNCTURE	-	-	-	Bundled	\$0.00	-	-	000	999	-
93463	N	DRUG ADMIN & HEMODYNIC MEAS	-	-	-	Bundled	\$0.00	-	-	000	999	-
93464	N	EXERCISE W/HEMODYNIC MEAS	-	-	-	Bundled	\$0.00	-	-	000	999	-
93503	T	INSERT/PLACE HEART CATHETER	-	05182	20.1890	APC	\$1,143.50	-	-	000	999	-
93505	T	BIOPSY OF HEART LINING	-	05183	34.3010	APC	\$1,942.81	-	-	000	999	-
93530	T	RT HEART CATH CONGENITAL	-	05191	35.2747	APC	\$1,997.96	-	-	000	999	-
93531	T	R & L HEART CATH CONGENITAL	-	05191	35.2747	APC	\$1,997.96	-	-	000	999	-
93532	T	R & L HEART CATH CONGENITAL	-	05191	35.2747	APC	\$1,997.96	-	-	000	999	-
93533	T	R & L HEART CATH CONGENITAL	-	05191	35.2747	APC	\$1,997.96	-	-	000	999	-
93561	N	CARDIAC OUTPUT MEASUREMENT	-	-	-	Bundled	\$0.00	-	-	000	999	-
93562	N	CARD OUTPUT MEASURE SUBSQ	-	-	-	Bundled	\$0.00	-	-	000	999	-
93563	N	INJECT CONGENITAL CARD CATH	-	-	-	Bundled	\$0.00	-	-	000	999	-
93564	N	INJECT HRT CONGNTL ART/GRFT	-	-	-	Bundled	\$0.00	-	-	000	999	-
93565	N	INJECT L VENTR/ATRIAL ANGIO	-	-	-	Bundled	\$0.00	-	-	000	999	-
93566	N	INJECT R VENTR/ATRIAL ANGIO	-	-	-	Bundled	\$0.00	-	-	000	999	-
93567	N	INJECT SUPRVLV AORTOGRAPHY	-	-	-	Bundled	\$0.00	-	-	000	999	-
93568	N	INJECT PULM ART HRT CATH	-	-	-	Bundled	\$0.00	-	-	000	999	-
93571	N	HEART FLOW RESERVE MEASURE	-	-	-	Bundled	\$0.00	-	-	000	999	-
93572	N	HEART FLOW RESERVE MEASURE	-	-	-	Bundled	\$0.00	-	-	000	999	-
93580	N	TRANSCATH CLOSURE OF ASD	-	05194	197.2940	Bundled, sometimes payable	\$0.00	-	-	000	999	-
93581	N	TRANSCATH CLOSURE OF VSD	-	05194	197.2940	Bundled, sometimes payable	\$0.00	-	-	000	999	-
93582	N	PERQ TRANSCATH CLOSURE PDA	-	05194	197.2940	Bundled, sometimes payable	\$0.00	-	-	000	999	-
93583	C	PERQ TRANSCATH SEPTAL REDUXN	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
93590	T	PERQ TRANSCATH CLS MITRAL	-	05194	197.2940	APC	\$11,174.73	-	-	000	999	-
93591	T	PERQ TRANSCATH CLS AORTIC	-	05194	197.2940	APC	\$11,174.73	-	-	000	999	-
93592	N	PERQ TRANSCATH CLOSURE EACH	-	-	-	Bundled	\$0.00	-	-	000	999	-
93600	N	BUNDLE OF HIS RECORDING	-	05212	72.8493	Bundled, sometimes payable	\$0.00	-	-	000	999	-
93602	N	INTRA-ATRIAL RECORDING	-	05212	72.8493	Bundled, sometimes payable	\$0.00	-	-	000	999	-
93603	N	RIGHT VENTRICULAR RECORDING	-	05211	12.2233	Bundled, sometimes payable	\$0.00	-	-	000	999	-
93609	N	MAP TACHYCARDIA ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab		Min Age	Max Age	Comments
				APC	Weight				Fees	Fees			
93610	N	INTRA-ATRIAL PACING	-	05212	72.8493	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93612	N	INTRAVENTRICULAR PACING	-	05212	72.8493	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93613	N	ELECTROPHYS MAP 3D ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
93615	N	ESOPHAGEAL RECORDING	-	05211	12.2233	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93616	N	ESOPHAGEAL RECORDING	-	05211	12.2233	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93618	N	HEART RHYTHM PACING	-	05211	12.2233	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93619	N	ELECTROPHYSIOLOGY EVALUATION	-	05212	72.8493	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93620	N	ELECTROPHYSIOLOGY EVALUATION	-	05212	72.8493	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93621	N	ELECTROPHYSIOLOGY EVALUATION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
93622	N	ELECTROPHYSIOLOGY EVALUATION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
93623	N	STIMULATION PACING HEART	-	-	-	Bundled	\$0.00	-	-	000	999	-	
93624	N	ELECTROPHYSIOLOGIC STUDY	-	05212	72.8493	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93631	N	HEART PACING MAPPING	-	-	-	Bundled	\$0.00	-	-	000	999	-	
93640	N	EVALUATION HEART DEVICE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
93641	N	ELECTROPHYSIOLOGY EVALUATION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
93642	N	ELECTROPHYSIOLOGY EVALUATION	-	05211	12.2233	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93644	N	ELECTROPHYSIOLOGY EVALUATION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
93650	N	ABLATE HEART DYSRHYTHM FOCUS	-	05212	72.8493	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93653	N	EP & ABLATE SUPRAVENT ARRHYT	-	05213	252.9337	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93654	N	EP & ABLATE VENTRIC TACHY	-	05213	252.9337	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93655	N	ABLATE ARRHYTHMIA ADD ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
93656	N	TX ATRIAL FIB PULM VEIN ISOL	-	05213	252.9337	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93657	N	TX L/R ATRIAL FIB ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
93660	S	TILT TABLE EVALUATION	-	05723	6.0105	APC	\$340.43	-	-	000	999	-	
93662	N	INTRACARDIAC ECG (ICE)	-	-	-	Bundled	\$0.00	-	-	000	999	-	
93668	S	PERIPHERAL VASCULAR REHAB	-	05733	0.6809	APC	\$38.57	-	-	000	999	-	
93701	N	BIOIMPEDANCE CV ANALYSIS	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93702	S	BIS XTRACELL FLUID ANALYSIS	-	05721	1.7124	APC	\$96.99	-	-	000	999	-	
93724	S	ANALYZE PACEMAKER SYSTEM	-	05743	3.3531	APC	\$189.92	-	-	000	999	-	
93740	N	TEMPERATURE GRADIENT STUDIES	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93745	S	SET-UP CARDIOVERT-DEFIBRILL	-	05743	3.3531	APC	\$189.92	-	-	000	999	-	
93750	S	INTERROGATION VAD IN PERSON	-	05742	1.4039	APC	\$79.52	-	-	000	999	-	
93770	N	MEASURE VENOUS PRESSURE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
93784	M	AMBL BP MNTR W/SOFTWARE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
93786	N	AMBL BP MNTR W/SW REC ONLY	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93788	N	AMBL BP MNTR W/SW A/R	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93790	E	AMBL BP MNTR W/SW I&R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
93792	E	PT/CAREGIVER TRAING HOME INR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
93793	E	ANTICOAG MGMT PT WARFARIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
93797	S	CARDIAC REHAB	-	05771	1.3619	APC	\$77.14	-	-	000	999	-	
93798	S	CARDIAC REHAB/MONITOR	-	05771	1.3619	APC	\$77.14	-	-	000	999	-	
93799	S	CARDIOVASCULAR PROCEDURE	-	05721	1.7124	APC	\$96.99	-	-	000	999	-	
93880	S	EXTRACRANIAL BILAT STUDY	-	05523	2.8844	APC	\$163.37	-	-	000	999	-	
93882	S	EXTRACRANIAL UNILTD STUDY	-	05522	1.3873	APC	\$78.58	-	-	000	999	-	
93886	S	INTRACRANIAL COMPLETE STUDY	-	05523	2.8844	APC	\$163.37	-	-	000	999	-	
93888	S	INTRACRANIAL LIMITED STUDY	-	05522	1.3873	APC	\$78.58	-	-	000	999	-	
93890	N	TCD VASOREACTIVITY STUDY	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93892	N	TCD EMBOLI DETECT W/O INJ	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93893	N	TCD EMBOLI DETECT W/INJ	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93895	E	CAROTID INTIMA ATHEROMA EVAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
93922	N	UPR/L XTREMITY ART 2 LEVELS	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
93923	S	UPR/LXTR ART STDY 3+ LVLS	-	05721	1.7124	APC	\$96.99	-	-	000	999	-	
93924	S	LWR XTR VASC STDY BILAT	-	05721	1.7124	APC	\$96.99	-	-	000	999	-	
93925	S	LOWER EXTREMITY STUDY	-	05523	2.8844	APC	\$163.37	-	-	000	999	-	
93926	S	LOWER EXTREMITY STUDY	-	05522	1.3873	APC	\$78.58	-	-	000	999	-	
93930	S	UPPER EXTREMITY STUDY	-	05523	2.8844	APC	\$163.37	-	-	000	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
93931	S	UPPER EXTREMITY STUDY	-	05522	1.3873	APC	\$78.58	-	-	000	999	-
93970	S	EXTREMITY STUDY	-	05523	2.8844	APC	\$163.37	-	-	000	999	-
93971	S	EXTREMITY STUDY	-	05522	1.3873	APC	\$78.58	-	-	000	999	-
93975	S	VASCULAR STUDY	-	05523	2.8844	APC	\$163.37	-	-	000	999	-
93976	S	VASCULAR STUDY	-	05522	1.3873	APC	\$78.58	-	-	000	999	-
93978	S	VASCULAR STUDY	-	05523	2.8844	APC	\$163.37	-	-	000	999	-
93979	N	VASCULAR STUDY	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
93980	S	PENILE VASCULAR STUDY	-	05522	1.3873	APC	\$78.58	-	-	000	999	-
93981	S	PENILE VASCULAR STUDY	-	05522	1.3873	APC	\$78.58	-	-	000	999	-
93985	S	DUP-SCAN HEMO COMPL BI STD	-	05523	2.8844	APC	\$163.37	-	-	000	999	-
93986	S	DUP-SCAN HEMO COMPL UNI STD	-	05522	1.3873	APC	\$78.58	-	-	000	999	-
93990	N	DOPPLER FLOW TESTING	-	05522	1.3873	Bundled, sometimes payable	\$0.00	-	-	000	999	-
93998	N	NONINVAS VASC DX STUDY PROC	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94002	N	VENT MGMT INPAT INIT DAY	-	05801	5.7496	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94003	N	VENT MGMT INPAT SUBQ DAY	-	05801	5.7496	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94004	E	VENT MGMT NF PER DAY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
94005	E	HOME VENT MGMT SUPERVISION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
94010	N	BREATHING CAPACITY TEST	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94011	N	SPIROMETRY UP TO 2 YRS OLD	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	002	-
94012	N	SPIRMTRY W/BRNCHDIL INF-2 YR	-	05722	3.1327	Bundled, sometimes payable	\$0.00	-	-	000	002	-
94013	S	MEAS LUNG VOL THRU 2 YRS	-	05723	6.0105	APC	\$340.43	-	-	000	002	-
94014	N	PATIENT RECORDED SPIROMETRY	-	05735	4.5003	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94015	N	PATIENT RECORDED SPIROMETRY	-	05722	3.1327	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94016	M	REVIEW PATIENT SPIROMETRY	-	-	-	Fee Schedule	\$28.68	-	-	000	999	-
94060	S	EVALUATION OF WHEEZING	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
94070	S	EVALUATION OF WHEEZING	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
94150	N	VITAL CAPACITY TEST	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94200	N	LUNG FUNCTION TEST (MBC/MVV)	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94250	N	EXPIRED GAS COLLECTION	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94375	N	RESPIRATORY FLOW VOLUME LOOP	-	05722	3.1327	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94400	N	CO2 BREATHING RESPONSE CURVE	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94450	N	HYPOXIA RESPONSE CURVE	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94452	N	HAST W/REPORT	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94453	N	HAST W/OXYGEN TITRATE	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94610	N	SURFACTANT ADMIN THRU TUBE	-	05791	2.2769	Bundled, sometimes payable	\$0.00	-	-	000	000	-
94617	N	EXERCISE TST BRNCSPSM	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94618	N	PULMONARY STRESS TESTING	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94621	S	CARDIOPULM EXERCISE TESTING	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
94640	N	AIRWAY INHALATION TREATMENT	-	05791	2.2769	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94642	N	AEROSOL INHALATION TREATMENT	-	05791	2.2769	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94644	N	CBT 1ST HOUR	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94645	N	CBT EACH ADDL HOUR	-	-	-	Bundled	\$0.00	-	-	000	999	-
94660	N	POS AIRWAY PRESSURE CPAP	-	05791	2.2769	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94662	N	NEG PRESS VENTILATION CNP	-	05801	5.7496	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94664	N	EVALUATE PT USE OF INHALER	-	05791	2.2769	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94667	N	CHEST WALL MANIPULATION	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94668	N	CHEST WALL MANIPULATION	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94669	N	MECHANICAL CHEST WALL OSCILL	-	05791	2.2769	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94680	N	EXHALED AIR ANALYSIS O2	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94681	N	EXHALED AIR ANALYSIS O2/CO2	-	05722	3.1327	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94690	N	EXHALED AIR ANALYSIS	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94726	N	PULM FUNCT TST PLETHYSMOGRAP	-	05722	3.1327	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94727	N	PULM FUNCTION TEST BY GAS	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94728	N	AIRWY RESIST BY OSCILLOMETRY	-	05722	3.1327	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94729	N	CO/MEMBRANE DIFFUSE CAPACITY	-	-	-	Bundled	\$0.00	-	-	000	999	-
94750	N	PULMONARY COMPLIANCE STUDY	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
94760	N	MEASURE BLOOD OXYGEN LEVEL	-	-	-	Bundled	\$0.00	-	-	000	999	-
94761	N	MEASURE BLOOD OXYGEN LEVEL	-	-	-	Bundled	\$0.00	-	-	000	999	-
94762	N	MEASURE BLOOD OXYGEN LEVEL	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94770	S	EXHALED CARBON DIOXIDE TEST	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
94772	S	BREATH RECORDING INFANT	-	05723	6.0105	APC	\$340.43	-	-	000	001	-
94774	E	PED HOME APNEA REC COMPL	-	-	-	Not Allowed	\$0.00	-	-	000	019	-
94775	S	PED HOME APNEA REC HK-UP	-	05721	1.7124	APC	\$96.99	-	-	000	019	-
94776	S	PED HOME APNEA REC DOWNLD	-	05721	1.7124	APC	\$96.99	-	-	000	019	-
94777	E	PED HOME APNEA REC REPORT	-	-	-	Not Allowed	\$0.00	-	-	000	019	-
94780	N	CARS/BD TST INFT-12MO 60 MIN	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
94781	N	CARS/BD TST INFT-12MO +30MIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
94799	N	PULMONARY SERVICE/PROCEDURE	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95004	N	PERCUT ALLERGY SKIN TESTS	-	05724	11.2503	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95012	N	EXHALED NITRIC OXIDE MEAS	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95017	N	PERQ & ICUT ALLG TEST VENOMS	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95018	N	PERQ&IC ALLG TEST DRUGS/BIOL	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95024	N	ICUT ALLERGY TEST DRUG/BUG	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95027	N	ICUT ALLERGY TITRATE-AIRBORN	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95028	N	ICUT ALLERGY TEST-DELAYED	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95044	N	ALLERGY PATCH TESTS	-	05724	11.2503	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95052	N	PHOTO PATCH TEST	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95056	N	PHOTOSENSITIVITY TESTS	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95060	N	EYE ALLERGY TESTS	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95065	N	NOSE ALLERGY TEST	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95070	S	BRONCHIAL ALLERGY TESTS	-	05723	6.0105	APC	\$340.43	-	-	000	999	-
95071	N	BRONCHIAL ALLERGY TESTS	-	05722	3.1327	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95076	S	INGEST CHALLENGE INI 120 MIN	-	05723	6.0105	APC	\$340.43	-	-	000	999	-
95079	N	INGEST CHALLENGE ADDL 60 MIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
95115	N	IMMUNOTHERAPY ONE INJECTION	-	05691	0.4717	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95117	N	IMMUNOTHERAPY INJECTIONS	-	05691	0.4717	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95120	E	IMMUNOTHERAPY ONE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
95125	E	IMMUNOTHERAPY 2/> INJECTIONS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
95130	E	IMMNTX 1 STING INSECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
95131	E	IMMNTX 2 STING INSECTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
95132	E	IMMNTX 3 STING INSECTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
95133	E	IMMNTX 4 STING INSECTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
95134	E	IMMNTX 5 STING INSECTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
95144	N	ANTIGEN THERAPY SERVICES	-	05691	0.4717	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95145	N	ANTIGEN THERAPY SERVICES	-	05691	0.4717	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95146	N	ANTIGEN THERAPY SERVICES	-	05691	0.4717	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95147	N	ANTIGEN THERAPY SERVICES	-	05692	0.7484	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95148	N	ANTIGEN THERAPY SERVICES	-	05692	0.7484	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95149	N	ANTIGEN THERAPY SERVICES	-	05692	0.7484	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95165	N	ANTIGEN THERAPY SERVICES	-	05691	0.4717	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95170	N	ANTIGEN THERAPY SERVICES	-	05691	0.4717	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95180	N	RAPID DESENSITIZATION	-	05735	4.5003	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95199	N	ALLERGY IMMUNOLOGY SERVICES	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95249	S	CONT GLUC MNTR PT PROV EQP	-	05733	0.6809	APC	\$38.57	-	-	000	999	-
95250	M	CONT GLUC MNTR PHYS/QHP EQP	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
95251	E	CONT GLUC MNTR ANALYSIS I&R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
95700	S	EEG CONT REC W/VID EEG TECH	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
95705	S	EEG W/O VID 2-12 HR UNMNTR	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
95706	S	EEG WO VID 2-12HR INTMT MNTR	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
95707	S	EEG W/O VID 2-12HR CONT MNTR	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
95708	S	EEG WO VID EA 12-26HR UNMNTR	-	05723	6.0105	APC	\$340.43	-	-	000	999	-
95709	S	EEG W/O VID EA 12-26HR INTMT	-	05723	6.0105	APC	\$340.43	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
				APC	Weight							
95710	S	EEG W/O VID EA 12-26HR CONT	-	05723	6.0105	APC	\$340.43	-	-	000	999	-
95711	S	VEEG 2-12 HR UNMONITORED	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
95712	S	VEEG 2-12 HR INTMT MNTR	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
95713	S	VEEG 2-12 HR CONT MNTR	-	05723	6.0105	APC	\$340.43	-	-	000	999	-
95714	S	VEEG EA 12-26 HR UNMNTR	-	05723	6.0105	APC	\$340.43	-	-	000	999	-
95715	S	VEEG EA 12-26HR INTMT MNTR	-	05723	6.0105	APC	\$340.43	-	-	000	999	-
95716	S	VEEG EA 12-26HR CONT MNTR	-	05724	11.2503	APC	\$637.22	-	-	000	999	-
95717	E	EEG PHYS/QHP 2-12 HR W/O VID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
95718	E	EEG PHYS/QHP 2-12 HR W/VEEG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
95719	E	EEG PHYS/QHP EA INCR W/O VID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
95720	E	EEG PHY/QHP EA INCR W/VEEG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
95721	E	EEG PHY/QHP>36<60 HR W/O VID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
95722	E	EEG PHY/QHP>36<60 HR W/VEEG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
95723	E	EEG PHY/QHP>60<84 HR W/O VID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
95724	E	EEG PHY/QHP>60<84 HR W/VEEG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
95725	E	EEG PHY/QHP>84 HR W/O VID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
95726	E	EEG PHY/QHP>84 HR W/VEEG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
95782	S	POLYSOM <6 YRS 4/> PARAMTRS	-	05724	11.2503	APC	\$637.22	-	-	000	006	-
95783	S	POLYSOM <6 YRS CPAP/BILVL	-	05724	11.2503	APC	\$637.22	-	-	000	006	-
95800	S	SLP STDY UNATTENDED	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
95801	N	SLP STDY UNATND W/ANAL	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95803	N	ACTIGRAPHY TESTING	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95805	S	MULTIPLE SLEEP LATENCY TEST	-	05723	6.0105	APC	\$340.43	-	-	000	999	-
95806	S	SLEEP STUDY UNATT&RESP EFFT	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
95807	S	SLEEP STUDY ATTENDED	-	05723	6.0105	APC	\$340.43	-	-	000	999	-
95808	S	POLYSOM ANY AGE 1-3> PARAM	-	05724	11.2503	APC	\$637.22	-	-	000	999	-
95810	S	POLYSOM 6/> YRS 4/> PARAM	-	05724	11.2503	APC	\$637.22	-	-	000	999	-
95811	S	POLYSOM 6/>YRS CPAP 4/> PARM	-	05724	11.2503	APC	\$637.22	-	-	000	999	-
95812	S	EEG 41-60 MINUTES	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
95813	S	EEG EXTND MNTR 61-119 MIN	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
95816	S	EEG AWAKE AND DROWSY	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
95819	S	EEG AWAKE AND ASLEEP	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
95822	S	EEG COMA OR SLEEP ONLY	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
95824	S	EEG CEREBRAL DEATH ONLY	-	05723	6.0105	APC	\$340.43	-	-	000	999	-
95829	N	SURGERY ELECTROCORTICOGRAM	-	-	-	Bundled	\$0.00	-	-	000	999	-
95830	M	INSERT ELECTRODES FOR EEG	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
95836	S	ECOG IMPLTD BRN NPGT <30 D	-	05741	0.4487	APC	\$25.41	-	-	000	999	-
95851	M	RANGE OF MOTION MEASUREMENTS	-	-	-	Fee Schedule	\$9.21	-	-	000	999	-
95852	M	RANGE OF MOTION MEASUREMENTS	-	-	-	Fee Schedule	\$6.84	-	-	000	999	-
95857	S	CHOLINESTERASE CHALLENGE	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
95860	N	MUSCLE TEST ONE LIMB	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95861	N	MUSCLE TEST 2 LIMBS	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95863	S	MUSCLE TEST 3 LIMBS	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
95864	S	MUSCLE TEST 4 LIMBS	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
95865	N	MUSCLE TEST LARYNX	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95866	N	MUSCLE TEST HEMIDIAPHRAGM	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95867	S	MUSCLE TEST CRAN NERV UNILAT	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
95868	S	MUSCLE TEST CRAN NERVE BILAT	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
95869	N	MUSCLE TEST THOR PARASPINAL	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95870	N	MUSCLE TEST NONPARASPINAL	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95872	S	MUSCLE TEST ONE FIBER	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
95873	N	GUIDE NERV DESTR ELEC STIM	-	-	-	Bundled	\$0.00	-	-	000	999	-
95874	N	GUIDE NERV DESTR NEEDLE EMG	-	-	-	Bundled	\$0.00	-	-	000	999	-
95875	S	LIMB EXERCISE TEST	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
95885	N	MUSC TST DONE W/NERV TST LIM	-	-	-	Bundled	\$0.00	-	-	000	999	-
95886	N	MUSC TEST DONE W/N TEST COMP	-	-	-	Bundled	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
95887	N	MUSC TST DONE W/N TST NONEXT	-	-	-	Bundled	\$0.00	-	-	000	999	-
95905	N	MOTOR &/ SENS NRVE CNDJ TEST	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95907	S	NVR CNDJ TST 1-2 STUDIES	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
95908	S	NRV CNDJ TST 3-4 STUDIES	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
95909	S	NRV CNDJ TST 5-6 STUDIES	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
95910	S	NRV CNDJ TEST 7-8 STUDIES	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
95911	S	NRV CNDJ TEST 9-10 STUDIES	-	05723	6.0105	APC	\$340.43	-	-	000	999	-
95912	S	NRV CNDJ TEST 11-12 STUDIES	-	05723	6.0105	APC	\$340.43	-	-	000	999	-
95913	S	NRV CNDJ TEST 13/> STUDIES	-	05723	6.0105	APC	\$340.43	-	-	000	999	-
95921	S	AUTONOMIC NRV PARASYM INERVJ	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
95922	N	AUTONOMIC NRV ADRENRG INERVJ	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95923	N	AUTONOMIC NRV SYST FUNJ TEST	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95924	S	ANS PARASYMP & SYMP W/TILT	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
95925	S	SOMATOSENSORY TESTING	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
95926	S	SOMATOSENSORY TESTING	-	05722	3.1327	APC	\$177.44	-	-	000	999	-
95927	S	SOMATOSENSORY TESTING	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
95928	S	C MOTOR EVOKED UPRR LIMBS	-	05724	11.2503	APC	\$637.22	-	-	000	999	-
95929	S	C MOTOR EVOKED LWR LIMBS	-	05723	6.0105	APC	\$340.43	-	-	000	999	-
95930	S	VISUAL EP TEST CNS W/I&R	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
95933	N	BLINK REFLEX TEST	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95937	S	NEUROMUSCULAR JUNCTION TEST	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
95938	S	SOMATOSENSORY TESTING	-	05723	6.0105	APC	\$340.43	-	-	000	999	-
95939	S	C MOTOR EVOKED UPR&LWR LIMBS	-	05724	11.2503	APC	\$637.22	-	-	000	999	-
95940	N	IONM IN OPERATNG ROOM 15 MIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
95941	N	IONM REMOTE/>1 PT OR PER HR	-	-	-	Bundled	\$0.00	-	-	000	999	-
95943	S	PARASYMP&SYMP HRT RATE TEST	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
95954	S	EEG MONITORING/GIVING DRUGS	-	05723	6.0105	APC	\$340.43	-	-	000	999	-
95955	N	EEG DURING SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-
95957	N	EEG DIGITAL ANALYSIS	-	-	-	Bundled	\$0.00	-	-	000	999	-
95958	S	EEG MONITORING/FUNCTION TEST	-	05724	11.2503	APC	\$637.22	-	-	000	999	-
95961	S	ELECTRODE STIMULATION BRAIN	-	05724	11.2503	APC	\$637.22	-	-	000	999	-
95962	N	ELECTRODE STIM BRAIN ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
95965	S	MEG SPONTANEOUS	-	05724	11.2503	APC	\$637.22	-	-	000	999	-
95966	S	MEG EVOKED SINGLE	-	05724	11.2503	APC	\$637.22	-	-	000	999	-
95967	N	MEG EVOKED EACH ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-
95970	N	ALYS NPGT W/O PRGRMG	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95971	S	ALYS SMPL SP/PN NPGT W/PRGRM	-	05742	1.4039	APC	\$79.52	-	-	000	999	-
95972	S	ALYS CPLX SP/PN NPGT W/PRGRM	-	05742	1.4039	APC	\$79.52	-	-	000	999	-
95976	S	ALYS SMPL CN NPGT PRGRMG	-	05741	0.4487	APC	\$25.41	-	-	000	999	-
95977	S	ALYS CPLX CN NPGT PRGRMG	-	05742	1.4039	APC	\$79.52	-	-	000	999	-
95980	N	IO ANAL GAST N-STIM INIT	-	-	-	Bundled	\$0.00	-	-	000	999	-
95981	N	IO ANAL GAST N-STIM SUBSQ	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95982	N	IO GA N-STIM SUBSQ W/REPROG	-	05741	0.4487	Bundled, sometimes payable	\$0.00	-	-	000	999	-
95983	S	ALYS BRN NPGT PRGRMG 15 MIN	-	05742	1.4039	APC	\$79.52	-	-	000	999	-
95984	N	ALYS BRN NPGT PRGRMG ADDL 15	-	-	-	Bundled	\$0.00	-	-	000	999	-
95990	S	SPIN/BRAIN PUMP REFIL & MAIN	-	05694	3.8320	APC	\$217.04	-	-	000	999	-
95991	T	SPIN/BRAIN PUMP REFIL & MAIN	-	05441	3.2400	APC	\$183.51	-	-	000	999	-
95992	M	CANALITH REPOSITIONING PROC	-	-	-	Fee Schedule	\$27.00	-	-	000	999	-
95999	N	NEUROLOGICAL PROCEDURE	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-
96000	S	MOTION ANALYSIS VIDEO/3D	-	05723	6.0105	APC	\$340.43	-	-	000	999	-
96001	S	MOTION TEST W/FT PRESS MEAS	-	05724	11.2503	APC	\$637.22	-	-	000	999	-
96002	S	DYNAMIC SURFACE EMG	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
96003	N	DYNAMIC FINE WIRE EMG	-	05722	3.1327	Bundled, sometimes payable	\$0.00	-	-	000	999	-
96004	M	PHYS REVIEW OF MOTION TESTS	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
96020	E	FUNCTIONAL BRAIN MAPPING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
96040	E	GENETIC COUNSELING 30 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
96105	Y	ASSESSMENT OF APHASIA	-	-	-	Fee Schedule	\$72.92	-	-	000	999	-
96110	E	DEVELOPMENTAL SCREEN W/SCORE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
96112	N	DEVEL TST PHYS/QHP 1ST HR	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-
96113	N	DEVEL TST PHYS/QHP EA ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-
96116	N	NUBHVL XM PHYS/QHP 1ST HR	-	05722	3.1327	Bundled, sometimes payable	\$0.00	-	-	000	999	-
96121	N	NUBHVL XM PHY/QHP EA ADDL HR	-	-	-	Bundled	\$0.00	-	-	000	999	-
96125	M	COGNITIVE TEST BY HC PRO	-	-	-	Fee Schedule	\$77.04	-	-	000	999	-
96127	N	BRIEF EMOTIONAL/BEHAV ASSMT	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
96130	N	PSYCL TST EVAL PHYS/QHP 1ST	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-
96131	N	PSYCL TST EVAL PHYS/QHP EA	-	-	-	Bundled	\$0.00	-	-	000	999	-
96132	N	NRPSYC TST EVAL PHYS/QHP 1ST	-	05721	1.7124	Bundled, sometimes payable	\$0.00	-	-	000	999	-
96133	N	NRPSYC TST EVAL PHYS/QHP EA	-	-	-	Bundled	\$0.00	-	-	000	999	-
96136	N	PSYCL/NRPSYC TST PHY/QHP 1ST	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-
96137	N	PSYCL/NRPSYC TST PHY/QHP EA	-	-	-	Bundled	\$0.00	-	-	000	999	-
96138	N	PSYCL/NRPSYC TECH 1ST	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-
96139	N	PSYCL/NRPSYC TST TECH EA	-	-	-	Bundled	\$0.00	-	-	000	999	-
96146	N	PSYCL/NRPSYC TST AUTO RESULT	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-
96156	N	HLTH BHV ASSMT/REASSESSMENT	-	05822	0.9721	Bundled, sometimes payable	\$55.06	-	-	000	999	-
96158	N	HLTH BHV IVNTJ INDIV 1ST 30	-	05822	0.9721	Bundled, sometimes payable	\$55.06	-	-	000	999	-
96159	N	HLTH BHV IVNTJ INDIV EA ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-
96160	S	PT-FOCUSED HLTH RISK ASSMT	-	05821	0.3382	APC	\$19.16	-	-	000	999	-
96161	S	CAREGIVER HEALTH RISK ASSMT	-	05821	0.3382	APC	\$19.16	-	-	000	999	-
96164	N	HLTH BHV IVNTJ GRP 1ST 30	-	05821	0.3382	Bundled, sometimes payable	\$19.16	-	-	000	999	-
96165	N	HLTH BHV IVNTJ GRP EA ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-
96167	N	HLTH BHV IVNTJ FAM 1ST 30	-	05821	0.3382	Bundled, sometimes payable	\$19.16	-	-	000	999	-
96168	N	HLTH BHV IVNTJ FAM EA ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-
96170	E	HLTH BHV IVNTJ FAM WO PT 1ST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
96171	E	HLTH BHV IVNTJ FAM W/O PT EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
96360	S	HYDRATION IV INFUSION INIT	-	05693	2.2742	APC	\$128.81	-	-	000	999	-
96361	S	HYDRATE IV INFUSION ADD-ON	-	05691	0.4717	APC	\$26.72	-	-	000	999	-
96365	S	THER/PROPH/DIAG IV INF INIT	-	05693	2.2742	APC	\$128.81	-	-	000	999	-
96366	S	THER/PROPH/DIAG IV INF ADDON	-	05691	0.4717	APC	\$26.72	-	-	000	999	-
96367	S	TX/PROPH/DG ADDL SEQ IV INF	-	05692	0.7484	APC	\$42.39	-	-	000	999	-
96368	N	THER/DIAG CONCURRENT INF	-	-	-	Bundled	\$0.00	-	-	000	999	-
96369	S	SC THER INFUSION UP TO 1 HR	-	05693	2.2742	APC	\$128.81	-	-	000	999	-
96370	S	SC THER INFUSION ADDL HR	-	05691	0.4717	APC	\$26.72	-	-	000	999	-
96371	N	SC THER INFUSION RESET PUMP	-	05692	0.7484	Bundled, sometimes payable	\$0.00	-	-	000	999	-
96372	N	THER/PROPH/DIAG INJ SC/IM	-	05692	0.7484	Bundled, sometimes payable	\$42.39	-	-	000	999	-
96373	S	THER/PROPH/DIAG INJ IA	-	05693	2.2742	APC	\$128.81	-	-	000	999	-
96374	S	THER/PROPH/DIAG INJ IV PUSH	-	05693	2.2742	APC	\$128.81	-	-	000	999	-
96375	S	TX/PRO/DX INJ NEW DRUG ADDON	-	05691	0.4717	APC	\$26.72	-	-	000	999	-
96376	N	TX/PRO/DX INJ SAME DRUG ADON	-	-	-	Bundled	\$0.00	-	-	000	999	-
96377	N	APPLICATION ON-BODY INJECTOR	-	05691	0.4717	Bundled, sometimes payable	\$0.00	-	-	000	999	-
96379	N	THER/PROPH/DIAG INJ/INF PROC	-	05691	0.4717	Bundled, sometimes payable	\$0.00	-	-	000	999	-
96401	N	CHEMO ANTI-NEOPL SQ/IM	-	05692	0.7484	Bundled, sometimes payable	\$0.00	-	-	000	999	-
96402	N	CHEMO HORMON ANTINEOPL SQ/IM	-	05692	0.7484	Bundled, sometimes payable	\$0.00	-	-	000	999	-
96405	N	CHEMO INTRALESIONAL UP TO 7	-	05692	0.7484	Bundled, sometimes payable	\$0.00	-	-	000	999	-
96406	S	CHEMO INTRALESIONAL OVER 7	-	05693	2.2742	APC	\$128.81	-	-	000	999	-
96409	S	CHEMO IV PUSH SNGL DRUG	-	05693	2.2742	APC	\$128.81	-	-	000	999	-
96411	S	CHEMO IV PUSH ADDL DRUG	-	05692	0.7484	APC	\$42.39	-	-	000	999	-
96413	S	CHEMO IV INFUSION 1 HR	-	05694	3.8320	APC	\$217.04	-	-	000	999	-
96415	S	CHEMO IV INFUSION ADDL HR	-	05692	0.7484	APC	\$42.39	-	-	000	999	-
96416	S	CHEMO PROLONG INFUSE W/PUMP	-	05694	3.8320	APC	\$217.04	-	-	000	999	-
96417	S	CHEMO IV INFUS EACH ADDL SEQ	-	05692	0.7484	APC	\$42.39	-	-	000	999	-
96420	S	CHEMO IA PUSH TECHNIQUE	-	05694	3.8320	APC	\$217.04	-	-	000	999	-
96422	S	CHEMO IA INFUSION UP TO 1 HR	-	05693	2.2742	APC	\$128.81	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Min Age	Max Age	Comments
				APC	Weight				Hospital Lab	Hospital Lab			
96423	S	CHEMO IA INFUSE EACH ADDL HR	-	05691	0.4717	APC	\$26.72	-	-	000	999	-	
96425	S	CHEMOTHERAPY INFUSION METHOD	-	05694	3.8320	APC	\$217.04	-	-	000	999	-	
96440	S	CHEMOTHERAPY INTRACAVITARY	-	05694	3.8320	APC	\$217.04	-	-	000	999	-	
96446	S	CHEMOTX ADMN PRTL CAVITY	-	05694	3.8320	APC	\$217.04	-	-	000	999	-	
96450	S	CHEMOTHERAPY INTO CNS	-	05694	3.8320	APC	\$217.04	-	-	000	999	-	
96521	S	REFILL/MAINT PORTABLE PUMP	-	05693	2.2742	APC	\$128.81	-	-	000	999	-	
96522	S	REFILL/MAINT PUMP/RESVR SYST	-	05693	2.2742	APC	\$128.81	-	-	000	999	-	
96523	N	IRRIG DRUG DELIVERY DEVICE	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
96542	S	CHEMOTHERAPY INJECTION	-	05693	2.2742	APC	\$128.81	-	-	000	999	-	
96549	N	CHEMOTHERAPY UNSPECIFIED	-	05691	0.4717	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
96567	N	PDT DSTR PRMLG LES SKN	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
96570	N	PHOTODYNAMC TX 30 MIN ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
96571	N	PHOTODYNAMIC TX ADDL 15 MIN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
96573	N	PDT DSTR PRMLG LES PHYS/QHP	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
96574	N	DBRDMT PRMLG LES W/PDT	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
96900	N	ULTRAVIOLET LIGHT THERAPY	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
96902	N	TRICHOGRAM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
96904	N	WHOLE BODY PHOTOGRAPHY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
96910	N	PHOTOCHEMOTHERAPY WITH UV-B	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
96912	N	PHOTOCHEMOTHERAPY WITH UV-A	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
96913	T	PHOTOCHEMOTHERAPY UV-A OR B	-	05052	3.9547	APC	\$223.99	-	-	000	999	-	
96920	N	LASER TX SKIN < 250 SQ CM	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
96921	N	LASER TX SKIN 250-500 SQ CM	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
96922	N	LASER TX SKIN >500 SQ CM	-	05052	3.9547	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
96931	E	RCM CELULR SUBCELULR IMG SKN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
96932	N	RCM CELULR SUBCELULR IMG SKN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
96933	E	RCM CELULR SUBCELULR IMG SKN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
96934	N	RCM CELULR SUBCELULR IMG SKN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
96935	N	RCM CELULR SUBCELULR IMG SKN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
96936	N	RCM CELULR SUBCELULR IMG SKN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
96999	N	DERMATOLOGICAL PROCEDURE	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
97010	E	HOT OR COLD PACKS THERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
97012	Y	MECHANICAL TRACTION THERAPY	-	-	-	Fee Schedule	\$10.68	-	-	000	999	-	
97014	E	ELECTRIC STIMULATION THERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
97016	Y	VASOPNEUMATIC DEVICE THERAPY	-	-	-	Fee Schedule	\$8.70	-	-	000	999	-	
97018	Y	PARAFFIN BATH THERAPY	-	-	-	Fee Schedule	\$4.27	-	-	000	999	-	
97022	Y	WHIRLPOOL THERAPY	-	-	-	Fee Schedule	\$12.65	-	-	000	999	-	
97024	Y	DIATHERMY EG MICROWAVE	-	-	-	Fee Schedule	\$5.01	-	-	000	999	-	
97026	Y	INFRARED THERAPY	-	-	-	Fee Schedule	\$4.51	-	-	000	999	-	
97028	Y	ULTRAVIOLET THERAPY	-	-	-	Fee Schedule	\$5.75	-	-	000	999	-	
97032	Y	ELECTRICAL STIMULATION	-	-	-	Fee Schedule	\$10.43	-	-	000	999	-	
97033	Y	ELECTRIC CURRENT THERAPY	-	-	-	Fee Schedule	\$14.62	-	-	000	999	-	
97034	Y	CONTRAST BATH THERAPY	-	-	-	Fee Schedule	\$10.68	-	-	000	999	-	
97035	Y	ULTRASOUND THERAPY	-	-	-	Fee Schedule	\$10.18	-	-	000	999	-	
97036	Y	HYDROTHERAPY	-	-	-	Fee Schedule	\$24.73	-	-	000	999	-	
97039	E	PHYSICAL THERAPY TREATMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
97110	Y	THERAPEUTIC EXERCISES	-	-	-	Fee Schedule	\$21.60	-	-	000	999	-	
97112	Y	NEUROMUSCULAR REEDUCATION	-	-	-	Fee Schedule	\$24.81	-	-	000	999	-	
97113	Y	AQUATIC THERAPY/EXERCISES	-	-	-	Fee Schedule	\$27.27	-	-	000	999	-	
97116	Y	GAIT TRAINING THERAPY	-	-	-	Fee Schedule	\$21.36	-	-	000	999	-	
97124	Y	MASSAGE THERAPY	-	-	-	Fee Schedule	\$20.54	-	-	000	999	-	
97129	E	THER IVNTJ 1ST 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
97130	E	THER IVNTJ EA ADDL 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
97139	Y	PHYSICAL MEDICINE PROCEDURE	-	-	-	Charge Ratio	\$0.00	-	-	000	999	-	
97140	Y	MANUAL THERAPY 1/- REGIONS	-	-	-	Fee Schedule	\$19.88	-	-	000	999	-	
97150	Y	GROUP THERAPEUTIC PROCEDURES	-	-	-	Fee Schedule	\$12.90	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
97151	N	BHV ID ASSMT BY PHYS/QHP	-	05821	0.3382	Bundled, sometimes payable	\$0.00	-	-	000	999	-
97152	N	BHV ID SUPRT ASSMT BY 1 TECH	-	05821	0.3382	Bundled, sometimes payable	\$0.00	-	-	000	999	-
97153	N	ADAPTIVE BEHAVIOR TX BY TECH	-	05821	0.3382	Bundled, sometimes payable	\$0.00	-	-	000	999	-
97154	N	GRP ADAPT BHV TX BY TECH	-	05821	0.3382	Bundled, sometimes payable	\$0.00	-	-	000	999	-
97155	N	ADAPT BEHAVIOR TX PHYS/QHP	-	05821	0.3382	Bundled, sometimes payable	\$0.00	-	-	000	999	-
97156	N	FAM ADAPT BHV TX GDN PHY/QHP	-	05821	0.3382	Bundled, sometimes payable	\$0.00	-	-	000	999	-
97157	N	MULT FAM ADAPT BHV TX GDN	-	05821	0.3382	Bundled, sometimes payable	\$0.00	-	-	000	999	-
97158	N	GRP ADAPT BHV TX BY PHY/QHP	-	05821	0.3382	Bundled, sometimes payable	\$0.00	-	-	000	999	-
97161	M	PT EVAL LOW COMPLEX 20 MIN	-	-	-	Fee Schedule	\$60.29	-	-	000	999	-
97162	M	PT EVAL MOD COMPLEX 30 MIN	-	-	-	Fee Schedule	\$60.29	-	-	000	999	-
97163	M	PT EVAL HIGH COMPLEX 45 MIN	-	-	-	Fee Schedule	\$60.29	-	-	000	999	-
97164	M	PT RE-EVAL EST PLAN CARE	-	-	-	Fee Schedule	\$41.40	-	-	000	999	-
97165	M	OT EVAL LOW COMPLEX 30 MIN	-	-	-	Fee Schedule	\$63.99	-	-	000	999	-
97166	M	OT EVAL MOD COMPLEX 45 MIN	-	-	-	Fee Schedule	\$63.75	-	-	000	999	-
97167	M	OT EVAL HIGH COMPLEX 60 MIN	-	-	-	Fee Schedule	\$63.75	-	-	000	999	-
97168	M	OT RE-EVAL EST PLAN CARE	-	-	-	Fee Schedule	\$44.12	-	-	000	999	-
97169	E	ATHLETIC TRN EVAL LOW CMLPX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
97170	E	ATHLETIC TRN EVAL MOD CMLPX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
97171	E	ATHLETIC TRN EVAL HIGH CMLPX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
97172	E	ATHLETIC TRN RE-EVAL PLAN CR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
97530	Y	THERAPEUTIC ACTIVITIES	-	-	-	Fee Schedule	\$27.77	-	-	000	999	-
97533	Y	SENSORY INTEGRATION	-	-	-	Fee Schedule	\$36.40	-	-	000	999	-
97535	Y	SELF CARE MNGMENT TRAINING	-	-	-	Fee Schedule	\$24.07	-	-	000	999	-
97537	Y	COMMUNITY/WORK REINTEGRATION	-	-	-	Fee Schedule	\$23.08	-	-	000	999	-
97542	Y	WHEELCHAIR MNGMENT TRAINING	-	-	-	Fee Schedule	\$23.33	-	-	000	999	-
97545	E	WORK HARDENING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
97546	E	WORK HARDENING ADD-ON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
97597	T	RMVL DEVITAL TIS 20 CM/<	-	05051	2.1627	APC	\$122.50	-	-	000	999	-
97598	N	RMVL DEVITAL TIS ADDL 20CM/<	-	-	-	Bundled	\$0.00	-	-	000	999	-
97602	M	WOUND(S) CARE NON-SELECTIVE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
97605	M	NEG PRESS WOUND TX <=50 CM	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
97606	M	NEG PRESS WOUND TX >50 CM	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
97607	T	NEG PRESS WND TX <=50 SQ CM	-	05052	3.9547	APC	\$201.49	-	-	000	999	-
97608	T	NEG PRESS WOUND TX >50 CM	-	05052	3.9547	APC	\$201.49	-	-	000	999	-
97610	M	LOW FREQUENCY NON-THERMAL US	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
97750	Y	PHYSICAL PERFORMANCE TEST	-	-	-	Fee Schedule	\$24.56	-	-	000	999	-
97755	Y	ASSISTIVE TECHNOLOGY ASSESS	-	-	-	Fee Schedule	\$27.03	-	-	000	999	-
97760	Y	ORTHOTIC MGMT&TRAIING 1ST ENC	-	-	-	Fee Schedule	\$34.67	-	-	000	999	-
97761	M	PROSTHETIC TRAIING 1ST ENC	-	-	-	Fee Schedule	\$47.25	-	-	000	999	-
97763	M	ORTHC/PROSTC MGMT SBSQ ENC	-	-	-	Fee Schedule	\$37.14	-	-	000	999	-
97799	E	PHYSICAL MEDICINE PROCEDURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
97802	M	MEDICAL NUTRITION INDIV IN	-	-	-	Fee Schedule	\$38.17	-	-	000	020	-
97803	M	MED NUTRITION INDIV SUBSEQ	-	-	-	Fee Schedule	\$32.24	-	-	000	020	-
97804	M	MEDICAL NUTRITION GROUP	-	-	-	Fee Schedule	\$17.90	-	-	000	020	-
97810	E	ACUPUNCT W/O STIMUL 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
97811	E	ACUPUNCT W/O STIMUL ADDL 15M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
97813	E	ACUPUNCT W/STIMUL 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
97814	E	ACUPUNCT W/STIMUL ADDL 15M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
98925	N	OSTEOPATH MANJ 1-2 REGIONS	-	05811	0.3035	Bundled, sometimes payable	\$0.00	-	-	000	999	-
98926	N	OSTEOPATH MANJ 3-4 REGIONS	-	05811	0.3035	Bundled, sometimes payable	\$0.00	-	-	000	999	-
98927	N	OSTEOPATH MANJ 5-6 REGIONS	-	05811	0.3035	Bundled, sometimes payable	\$0.00	-	-	000	999	-
98928	N	OSTEOPATH MANJ 7-8 REGIONS	-	05811	0.3035	Bundled, sometimes payable	\$0.00	-	-	000	999	-
98929	N	OSTEOPATH MANJ 9-10 REGIONS	-	05811	0.3035	Bundled, sometimes payable	\$0.00	-	-	000	999	-
98940	N	CHIROPRACT MANJ 1-2 REGIONS	-	05811	0.3035	Bundled, sometimes payable	\$0.00	-	-	000	999	-
98941	N	CHIROPRACT MANJ 3-4 REGIONS	-	05811	0.3035	Bundled, sometimes payable	\$0.00	-	-	000	999	-
98942	N	CHIROPRACTIC MANJ 5 REGIONS	-	05811	0.3035	Bundled, sometimes payable	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
98943	E	CHIROPRACT MANJ XTRSPINL 1/>	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
98960	E	SELF-MGMT EDUC & TRAIN 1 PT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
98961	E	SELF-MGMT EDUC/TRAIN 2-4 PT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
98962	E	SELF-MGMT EDUC/TRAIN 5-8 PT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
98966	M	HC PRO PHONE CALL 5-10 MIN	-	-	-	Fee Schedule	\$9.27	-	-	000	999	-	
98967	M	HC PRO PHONE CALL 11-20 MIN	-	-	-	Fee Schedule	\$18.62	-	-	000	999	-	
98968	M	HC PRO PHONE CALL 21-30 MIN	-	-	-	Fee Schedule	\$27.57	-	-	000	999	-	
98970	N	QNHP OL DIG E/M SVC 5-10MIN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
98971	N	QNHP OL DIG EM SVC 11-20MIN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
98972	N	QNHP OL DIG E/M SVC 21+ MIN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
99000	E	SPECIMEN HANDLING OFFICE-LAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99001	E	SPECIMEN HANDLING PT-LAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99002	M	DEVICE HANDLING PHYS/QHP	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99024	M	POSTOP FOLLOW-UP VISIT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99026	E	IN-HOSPITAL ON CALL SERVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99027	E	OUT-OF-HOSP ON CALL SERVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99050	E	MEDICAL SERVICES AFTER HRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99051	M	MED SERV EVE/WKEND/HOLIDAY	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99053	M	MED SERV 10PM-8AM 24 HR FAC	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99056	E	MED SERVICE OUT OF OFFICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99058	E	OFFICE EMERGENCY CARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99060	M	OUT OF OFFICE EMERG MED SERV	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99070	M	SPECIAL SUPPLIES PHYS/QHP	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99071	M	PATIENT EDUCATION MATERIALS	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99075	E	MEDICAL TESTIMONY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99078	M	GROUP HEALTH EDUCATION	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99080	E	SPECIAL REPORTS OR FORMS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99082	E	UNUSUAL PHYSICIAN TRAVEL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99091	E	COLLJ & INTERPJ DATA EA 30 D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99100	M	SPECIAL ANESTHESIA SERVICE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99116	M	ANESTHESIA WITH HYPOTHERMIA	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99135	M	SPECIAL ANESTHESIA PROCEDURE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99140	M	EMERGENCY ANESTHESIA	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99151	N	MOD SED SAME PHYS/QHP <5 YRS	-	-	-	Bundled	\$0.00	-	-	000	005	-	
99152	N	MOD SED SAME PHYS/QHP 5/>YRS	-	-	-	Bundled	\$0.00	-	-	005	999	-	
99153	N	MOD SED SAME PHYS/QHP EA	-	-	-	Bundled	\$0.00	-	-	000	999	-	
99155	N	MOD SED OTH PHYS/QHP <5 YRS	-	-	-	Bundled	\$0.00	-	-	000	004	-	
99156	N	MOD SED OTH PHYS/QHP 5/>YRS	-	-	-	Bundled	\$0.00	-	-	005	999	-	
99157	N	MOD SED OTHER PHYS/QHP EA	-	-	-	Bundled	\$0.00	-	-	000	999	-	
99170	T	ANOGENITAL EXAM CHILD W IMAG	-	05411	2.0552	APC	\$116.41	-	-	000	999	-	
99172	E	OCULAR FUNCTION SCREEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99173	E	VISUAL ACUITY SCREEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99174	E	OCULAR INSTRUMNT SCREEN BIL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99175	N	INDUCTION OF VOMITING	-	-	-	Bundled	\$0.00	-	-	000	999	-	
99177	E	OCULAR INSTRUMNT SCREEN BIL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99183	E	HYPERBARIC OXYGEN THERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99184	C	HYPOTHERMIA ILL NEONATE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
99188	E	APP TOPICAL FLUORIDE VARNISH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99190	C	SPECIAL PUMP SERVICES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
99191	C	SPECIAL PUMP SERVICES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
99192	C	SPECIAL PUMP SERVICES	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-	
99195	N	PHLEBOTOMY	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
99199	E	SPECIAL SERVICE/PROC/REPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99201	M	OFFICE/OUTPATIENT VISIT NEW	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99202	M	OFFICE/OUTPATIENT VISIT NEW	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99203	M	OFFICE/OUTPATIENT VISIT NEW	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
99204	M	OFFICE/OUTPATIENT VISIT NEW	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99205	M	OFFICE/OUTPATIENT VISIT NEW	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99211	M	OFFICE/OUTPATIENT VISIT EST	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99212	M	OFFICE/OUTPATIENT VISIT EST	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99213	M	OFFICE/OUTPATIENT VISIT EST	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99214	M	OFFICE/OUTPATIENT VISIT EST	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99215	M	OFFICE/OUTPATIENT VISIT EST	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99217	M	OBSERVATION CARE DISCHARGE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99218	M	INITIAL OBSERVATION CARE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99219	M	INITIAL OBSERVATION CARE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99220	M	INITIAL OBSERVATION CARE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99221	M	INITIAL HOSPITAL CARE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99222	M	INITIAL HOSPITAL CARE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99223	M	INITIAL HOSPITAL CARE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99224	E	SUBSEQUENT OBSERVATION CARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99225	E	SUBSEQUENT OBSERVATION CARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99226	E	SUBSEQUENT OBSERVATION CARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99231	M	SUBSEQUENT HOSPITAL CARE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99232	M	SUBSEQUENT HOSPITAL CARE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99233	M	SUBSEQUENT HOSPITAL CARE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99234	M	OBSERV/HOSP SAME DATE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99235	M	OBSERV/HOSP SAME DATE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99236	M	OBSERV/HOSP SAME DATE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99238	M	HOSPITAL DISCHARGE DAY	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99239	M	HOSPITAL DISCHARGE DAY	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99241	E	OFFICE CONSULTATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99242	E	OFFICE CONSULTATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99243	E	OFFICE CONSULTATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99244	E	OFFICE CONSULTATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99245	E	OFFICE CONSULTATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99251	E	INPATIENT CONSULTATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99252	E	INPATIENT CONSULTATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99253	E	INPATIENT CONSULTATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99254	E	INPATIENT CONSULTATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99255	E	INPATIENT CONSULTATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99281	N	EMERGENCY DEPT VISIT	-	05021	1.4349	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
99282	N	EMERGENCY DEPT VISIT	-	05022	1.4349	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
99283	N	EMERGENCY DEPT VISIT	-	05023	2.7643	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
99284	N	EMERGENCY DEPT VISIT	-	05024	4.3542	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
99285	N	EMERGENCY DEPT VISIT	-	05025	6.2445	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
99288	E	DIRECT ADVANCED LIFE SUPPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99291	N	CRITICAL CARE FIRST HOUR	-	05041	8.2514	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
99292	N	CRITICAL CARE ADDL 30 MIN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
99304	M	NURSING FACILITY CARE INIT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99305	M	NURSING FACILITY CARE INIT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99306	M	NURSING FACILITY CARE INIT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99307	M	NURSING FAC CARE SUBSEQ	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99308	M	NURSING FAC CARE SUBSEQ	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99309	M	NURSING FAC CARE SUBSEQ	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99310	M	NURSING FAC CARE SUBSEQ	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99315	M	NURSING FAC DISCHARGE DAY	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99316	M	NURSING FAC DISCHARGE DAY	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99318	M	ANNUAL NURSING FAC ASSESSMNT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99324	M	DOMICIL/R-HOME VISIT NEW PAT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99325	M	DOMICIL/R-HOME VISIT NEW PAT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
99326	M	DOMICIL/R-HOME VISIT NEW PAT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees			
99327	M	DOMICIL/R-HOME VISIT NEW PAT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99328	M	DOMICIL/R-HOME VISIT NEW PAT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99334	M	DOMICIL/R-HOME VISIT EST PAT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99335	M	DOMICIL/R-HOME VISIT EST PAT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99336	M	DOMICIL/R-HOME VISIT EST PAT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99337	M	DOMICIL/R-HOME VISIT EST PAT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99339	M	DOMICIL/R-HOME CARE SUPERVIS	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99340	M	DOMICIL/R-HOME CARE SUPERVIS	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99341	M	HOME VISIT NEW PATIENT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99342	M	HOME VISIT NEW PATIENT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99343	M	HOME VISIT NEW PATIENT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99344	M	HOME VISIT NEW PATIENT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99345	M	HOME VISIT NEW PATIENT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99347	M	HOME VISIT EST PATIENT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99348	M	HOME VISIT EST PATIENT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99349	M	HOME VISIT EST PATIENT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99350	M	HOME VISIT EST PATIENT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99354	N	PROLONG E&M/PSYCTX SERV O/P	-	-	-	Bundled	\$0.00	-	-	000	999	-
99355	N	PROLONG E&M/PSYCTX SERV O/P	-	-	-	Bundled	\$0.00	-	-	000	999	-
99356	C	PROLONGED SERVICE INPATIENT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
99357	C	PROLONGED SERVICE INPATIENT	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
99358	N	PROLONG SERVICE W/O CONTACT	-	-	-	Bundled	\$0.00	-	-	000	999	-
99359	N	PROLONG SERV W/O CONTACT ADD	-	-	-	Bundled	\$0.00	-	-	000	999	-
99360	E	PHYSICIAN STANDBY SERVICES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99366	E	TEAM CONF W/PAT BY HC PROF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99367	N	TEAM CONF W/O PAT BY PHYS	-	-	-	Bundled	\$0.00	-	-	000	999	-
99368	E	TEAM CONF W/O PAT BY HC PRO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99374	E	HOME HEALTH CARE SUPERVISION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99375	E	HOME HEALTH CARE SUPERVISION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99377	E	HOSPICE CARE SUPERVISION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99378	E	HOSPICE CARE SUPERVISION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99379	E	NURSING FAC CARE SUPERVISION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99380	E	NURSING FAC CARE SUPERVISION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99381	M	INIT PM E/M NEW PAT INFANT	-	-	-	Fee Schedule	\$0.00	-	-	000	000	-
99382	M	INIT PM E/M NEW PAT 1-4 YRS	-	-	-	Fee Schedule	\$0.00	-	-	001	004	-
99383	M	PREV VISIT NEW AGE 5-11	-	-	-	Fee Schedule	\$0.00	-	-	005	011	-
99384	M	PREV VISIT NEW AGE 12-17	-	-	-	Fee Schedule	\$0.00	-	-	012	017	-
99385	M	PREV VISIT NEW AGE 18-39	-	-	-	Fee Schedule	\$0.00	-	-	018	039	-
99386	M	PREV VISIT NEW AGE 40-64	-	-	-	Fee Schedule	\$0.00	-	-	040	064	-
99387	M	INIT PM E/M NEW PAT 65+ YRS	-	-	-	Fee Schedule	\$0.00	-	-	065	999	-
99391	M	PER PM REEVAL EST PAT INFANT	-	-	-	Fee Schedule	\$0.00	-	-	000	000	-
99392	M	PREV VISIT EST AGE 1-4	-	-	-	Fee Schedule	\$0.00	-	-	001	004	-
99393	M	PREV VISIT EST AGE 5-11	-	-	-	Fee Schedule	\$0.00	-	-	005	011	-
99394	M	PREV VISIT EST AGE 12-17	-	-	-	Fee Schedule	\$0.00	-	-	012	017	-
99395	M	PREV VISIT EST AGE 18-39	-	-	-	Fee Schedule	\$0.00	-	-	018	039	-
99396	M	PREV VISIT EST AGE 40-64	-	-	-	Fee Schedule	\$0.00	-	-	040	064	-
99397	M	PER PM REEVAL EST PAT 65+ YR	-	-	-	Fee Schedule	\$0.00	-	-	065	999	-
99401	M	PREVENTIVE COUNSELING INDIV	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99402	M	PREVENTIVE COUNSELING INDIV	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99403	M	PREVENTIVE COUNSELING INDIV	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99404	M	PREVENTIVE COUNSELING INDIV	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99406	S	BEHAV CHNG SMOKING 3-10 MIN	-	05821	0.3382	APC	\$19.16	-	-	000	999	-
99407	S	BEHAV CHNG SMOKING > 10 MIN	-	05821	0.3382	APC	\$19.16	-	-	000	999	-
99408	M	AUDIT/DAST 15-30 MIN	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99409	M	AUDIT/DAST OVER 30 MIN	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99411	M	PREVENTIVE COUNSELING GROUP	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
99412	M	PREVENTIVE COUNSELING GROUP	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99415	N	PROLONG CLINCL STAFF SVC	-	-	-	Bundled	\$0.00	-	-	000	999	-
99416	N	PROLONG CLINCL STAFF SVC ADD	-	-	-	Bundled	\$0.00	-	-	000	999	-
99421	N	OL DIG E/M SVC 5-10 MIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
99422	N	OL DIG E/M SVC 11-20 MIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
99423	N	OL DIG E/M SVC 21+ MIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
99429	M	UNLISTED PREVENTIVE SERVICE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99441	M	PHONE E/M PHYS/QHP 5-10 MIN	-	-	-	Fee Schedule	\$29.43	-	-	000	999	-
99442	M	PHONE E/M PHYS/QHP 11-20 MIN	-	-	-	Fee Schedule	\$58.24	-	-	000	999	-
99443	M	PHONE E/M PHYS/QHP 21-30 MIN	-	-	-	Fee Schedule	\$89.41	-	-	000	999	-
99446	E	NTRPROF PH1/NTRNET/EHR 5-10	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99447	E	NTRPROF PH1/NTRNET/EHR 11-20	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99448	E	NTRPROF PH1/NTRNET/EHR 21-30	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99449	E	NTRPROF PH1/NTRNET/EHR 31->	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99450	E	BASIC LIFE DISABILITY EXAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99451	E	NTRPROF PH1/NTRNET/EHR 5->	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99452	E	NTRPROF PH1/NTRNET/EHR RFRL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99453	E	REM MNTR PHYSIOL PARAM SETUP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99454	S	REM MNTR PHYSIOL PARAM DEV	-	05741	0.4487	APC	\$25.41	-	-	000	999	-
99455	E	WORK RELATED DISABILITY EXAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99456	E	DISABILITY EXAMINATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99457	M	REM PHYSIOL MNTR 1ST 20 MIN	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99458	M	REM PHYSIOL MNTR EA ADDL 20	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99460	M	INIT NB EM PER DAY HOSP	-	-	-	Fee Schedule	\$0.00	-	-	000	000	-
99461	E	INIT NB EM PER DAY NON-FAC	-	-	-	Not Allowed	\$0.00	-	-	000	000	-
99462	C	SBSQ NB EM PER DAY HOSP	-	-	-	Inpatient Only	\$0.00	-	-	000	000	-
99463	M	SAME DAY NB DISCHARGE	-	-	-	Fee Schedule	\$0.00	-	-	000	000	-
99464	N	ATTENDANCE AT DELIVERY	-	-	-	Bundled	\$0.00	-	-	000	000	-
99465	S	NB RESUSCITATION	-	05781	6.6399	APC	\$376.08	-	-	000	000	-
99466	N	PED CRIT CARE TRANSPORT	-	-	-	Bundled	\$0.00	-	-	000	001	-
99467	N	PED CRIT CARE TRANSPORT ADDL	-	-	-	Bundled	\$0.00	-	-	000	001	-
99468	C	NEONATE CRIT CARE INITIAL	-	-	-	Inpatient Only	\$0.00	-	-	000	000	-
99469	C	NEONATE CRIT CARE SUBSQ	-	-	-	Inpatient Only	\$0.00	-	-	000	000	-
99471	C	PED CRITICAL CARE INITIAL	-	-	-	Inpatient Only	\$0.00	-	-	000	001	-
99472	C	PED CRITICAL CARE SUBSQ	-	-	-	Inpatient Only	\$0.00	-	-	000	001	-
99473	E	SELF-MEAS BP PT EDUCAJ/TRAIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99474	M	SELF-MEAS BP 2 READG BID 30D	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99475	C	PED CRIT CARE AGE 2-5 INIT	-	-	-	Inpatient Only	\$0.00	-	-	002	005	-
99476	C	PED CRIT CARE AGE 2-5 SUBSQ	-	-	-	Inpatient Only	\$0.00	-	-	002	005	-
99477	C	INIT DAY HOSP NEONATE CARE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
99478	C	IC LBW INF < 1500 GM SUBSQ	-	-	-	Inpatient Only	\$0.00	-	-	000	000	-
99479	C	IC LBW INF 1500-2500 G SUBSQ	-	-	-	Inpatient Only	\$0.00	-	-	000	000	-
99480	C	IC INF PBW 2501-5000 G SUBSQ	-	-	-	Inpatient Only	\$0.00	-	-	000	000	-
99483	S	ASSMT & CARE PLN PT COG IMP	-	05822	0.9721	APC	\$55.06	-	-	000	999	-
99484	S	CARE MGMT SVC BHVL HLTH COND	-	05821	0.3382	APC	\$19.16	-	-	000	999	-
99485	E	SUPRV INTERFACILITY TRANSPORT	-	-	-	Not Allowed	\$0.00	-	-	000	002	-
99486	E	SUPRV INTERFAC TRNSPORT ADDL	-	-	-	Not Allowed	\$0.00	-	-	000	002	-
99487	S	CMLPX CHRON CARE W/O PT VISIT	-	05822	0.9721	APC	\$55.06	-	-	000	999	-
99489	N	CMLPX CHRON CARE ADDL 30 MIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
99490	S	CHRON CARE MGMT SRVC 20 MIN	-	05822	0.9721	APC	\$55.06	-	-	000	999	-
99491	M	CHRN C CARE MGMT SVC 30 MIN	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99492	S	1ST PSYC COLLAB CARE MGMT	-	05822	0.9721	APC	\$55.06	-	-	000	999	-
99493	S	SBSQ PSYC COLLAB CARE MGMT	-	05822	0.9721	APC	\$55.06	-	-	000	999	-
99494	N	1ST/SBSQ PSYC COLLAB CARE	-	-	-	Bundled	\$0.00	-	-	000	999	-
99495	M	TRANS CARE MGMT 14 DAY DISCH	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99496	M	TRANS CARE MGMT 7 DAY DISCH	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees			
99497	N	ADVNCDC CARE PLAN 30 MIN	-	05822	0.9721	Bundled, sometimes payable	\$0.00	-	-	000	999	-
99498	N	ADVNCDC CARE PLAN ADDL 30 MIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
99499	M	UNLISTED E&M SERVICE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99500	M	HOME VISIT PRENATAL	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99501	M	HOME VISIT POSTNATAL	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99502	M	HOME VISIT NB CARE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99503	E	HOME VISIT RESP THERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99504	E	HOME VISIT MECH VENTILATOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99505	E	HOME VISIT STOMA CARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99506	E	HOME VISIT IM INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99507	E	HOME VISIT CATH MAINTAIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99509	E	HOME VISIT DAY LIFE ACTIVITY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99510	E	HOME VISIT SING/M/FAM COUNS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99511	E	HOME VISIT FECAL/ENEMA MGMT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99512	E	HOME VISIT FOR HEMODIALYSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99600	E	HOME VISIT NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99601	E	HOME INFUSION/VISIT 2 HRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99602	E	HOME INFUSION EACH ADDTL HR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
99605	M	MTMS BY PHARM NP 15 MIN	-	-	-	Fee Schedule	\$58.45	-	-	000	999	-
99606	M	MTMS BY PHARM EST 15 MIN	-	-	-	Fee Schedule	\$39.75	-	-	000	999	-
99607	M	MTMS BY PHARM ADDL 15 MIN	-	-	-	Fee Schedule	\$16.04	-	-	000	999	-
A0021	E	OUTSIDE STATE AMBULANCE SERV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0080	E	NONINTEREST ESCORT IN NON ER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0090	E	INTEREST ESCORT IN NON ER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0100	E	NONEMERGENCY TRANSPORT TAXI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0110	E	NONEMERGENCY TRANSPORT BUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0120	E	NONER TRANSPORT MINI-BUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0130	E	NONER TRANSPORT WHEELCH VAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0140	E	NONEMERGENCY TRANSPORT AIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0160	E	NONER TRANSPORT CASE WORKER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0170	E	TRANSPORT PARKING FEES/TOLLS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0180	E	NONER TRANSPORT LODGNG RECIP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0190	E	NONER TRANSPORT MEALS RECIP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0200	E	NONER TRANSPORT LODGNG ESCRT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0210	E	NONER TRANSPORT MEALS ESCORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0225	E	NEONATAL EMERGENCY TRANSPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0380	E	BASIC LIFE SUPPORT MILEAGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0382	E	BASIC SUPPORT ROUTINE SUPPLS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0384	E	BLS DEFIBRILLATION SUPPLIES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0390	E	ADVANCED LIFE SUPPORT MILEAG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0392	E	ALS DEFIBRILLATION SUPPLIES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0394	E	ALS IV DRUG THERAPY SUPPLIES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0396	E	ALS ESOPHAGEAL INTUB SUPPLS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0398	E	ALS ROUTINE DISPOSBLE SUPPLS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0420	E	AMBULANCE WAITING 1/2 HR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0422	E	AMBULANCE 02 LIFE SUSTAINING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0424	E	EXTRA AMBULANCE ATTENDANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0425	E	GROUND MILEAGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0426	E	ALS 1	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0427	E	ALS1-EMERGENCY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0428	E	BLS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0429	E	BLS-EMERGENCY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0430	E	FIXED WING AIR TRANSPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0431	E	ROTARY WING AIR TRANSPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0432	E	PI VOLUNTEER AMBULANCE CO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0433	E	ALS 2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

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							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
A0434	E	SPECIALTY CARE TRANSPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0435	E	FIXED WING AIR MILEAGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0436	E	ROTARY WING AIR MILEAGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0888	E	NONCOVERED AMBULANCE MILEAGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0998	E	AMBULANCE RESPONSE/TREATMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A0999	E	UNLISTED AMBULANCE SERVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4206	E	1 CC STERILE SYRINGE&NEEDLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4207	E	2 CC STERILE SYRINGE&NEEDLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4208	E	3 CC STERILE SYRINGE&NEEDLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4209	E	5+ CC STERILE SYRINGE&NEEDLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4210	E	NONNEEDLE INJECTION DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4211	E	SUPP FOR SELF-ADM INJECTIONS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4212	E	NON CORING NEEDLE OR STYLET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4213	E	20+ CC SYRINGE ONLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4215	E	STERILE NEEDLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4216	E	STERILE WATER/SALINE, 10 ML	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4217	E	STERILE WATER/SALINE, 500 ML	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4218	N	STERILE SALINE OR WATER	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4220	N	INFUSION PUMP REFILL KIT	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4221	E	SUPP NON-INSULIN INF CATH/WK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4222	E	INFUSION SUPPLIES WITH PUMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4223	E	INFUSION SUPPLIES W/O PUMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4224	N	SUPPLY INSULIN INF CATH/WK	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4225	N	SUP/EXT INSULIN INF PUMP SYR	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4226	N	WEEKLY SUPPLY MAINT CGS PUMP	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4230	N	INFUS INSULIN PUMP NON NEEDL	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4231	N	INFUSION INSULIN PUMP NEEDLE	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4232	E	SYRINGE W/NEEDLE INSULIN 3CC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4233	E	ALKALIN BATT FOR GLUCOSE MON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4234	E	J-CELL BATT FOR GLUCOSE MON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4235	E	LITHIUM BATT FOR GLUCOSE MON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4236	E	SILVR OXIDE BATT GLUCOSE MON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4244	E	ALCOHOL OR PEROXIDE PER PINT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4245	E	ALCOHOL WIPES PER BOX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4246	E	BETADINE/PHISOHEX SOLUTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4247	E	BETADINE/IODINE SWABS/WIPES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4248	N	CHLORHEXIDINE ANTISEPT	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4250	E	URINE REAGENT STRIPS/TABLETS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4252	E	BLOOD KETONE TEST OR STRIP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4253	E	BLOOD GLUCOSE/REAGENT STRIPS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4255	E	GLUCOSE MONITOR PLATFORMS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4256	E	CALIBRATOR SOLUTION/CHIPS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4257	E	REPLACE LENS/SHIELD CARTRIDGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4258	E	LANCET DEVICE EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4259	E	LANCETS PER BOX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4261	E	CERVICAL CAP CONTRACEPTIVE	-	-	-	Not Allowed	\$0.00	-	-	011	060	-
A4262	N	TEMPORARY TEAR DUCT PLUG	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4263	N	PERMANENT TEAR DUCT PLUG	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4264	E	INTRATUBAL OCCLUSION DEVICE	-	-	-	Not Allowed	\$0.00	-	-	011	060	-
A4265	E	PARAFFIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4266	E	DIAPHRAGM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4267	E	MALE CONDOM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4268	N	FEMALE CONDOM	-	-	-	Bundled	\$0.00	-	-	010	999	-
A4269	N	SPERMICIDE	-	-	-	Bundled	\$0.00	-	-	010	999	-
A4270	N	DISPOSABLE ENDOSCOPE SHEATH	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4280	N	BRST PRSTHS ADHSV ATTCHMNT	-	-	-	Bundled	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
A4281	E	REPLACEMENT BREASTPUMP TUBE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4282	E	REPLACEMENT BREASTPUMP ADPT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4283	E	REPLACEMENT BREASTPUMP CAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4284	E	REPLCMNT BREAST PUMP SHIELD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4285	E	REPLCMNT BREAST PUMP BOTTLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4286	E	REPLCMNT BREASTPUMP LOK RING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4290	E	SACRAL NERVE STIM TEST LEAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4300	N	CATH IMPL VASC ACCESS PORTAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4301	N	IMPLANTABLE ACCESS SYST PERC	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4305	N	DRUG DELIVERY SYSTEM >=50 ML	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4306	N	DRUG DELIVERY SYSTEM <=50 ML	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4310	N	INSERT TRAY W/O BAG/CATH	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4311	N	CATHETER W/O BAG 2-WAY LATEX	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4312	N	CATH W/O BAG 2-WAY SILICONE	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4313	N	CATHETER W/BAG 3-WAY	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4314	N	CATH W/DRAINAGE 2-WAY LATEX	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4315	N	CATH W/DRAINAGE 2-WAY SILCNE	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4316	N	CATH W/DRAINAGE 3-WAY	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4320	N	IRRIGATION TRAY	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4321	N	CATH THERAPEUTIC IRRIG AGENT	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4322	N	IRRIGATION SYRINGE	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4326	N	MALE EXTERNAL CATHETER	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4327	N	FEM URINARY COLLECT DEV CUP	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4328	N	FEM URINARY COLLECT POUCH	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4330	N	STOOL COLLECTION POUCH	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4331	N	EXTENSION DRAINAGE TUBING	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4332	N	LUBE STERILE PACKET	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4333	N	URINARY CATH ANCHOR DEVICE	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4334	N	URINARY CATH LEG STRAP	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4335	N	INCONTINENCE SUPPLY	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4336	N	URETHRAL INSERT	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4337	N	INCONTINENT RECTAL INSERT	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4338	N	INDWELLING CATHETER LATEX	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4340	N	INDWELLING CATHETER SPECIAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4344	N	CATH INDW FOLEY 2 WAY SILICN	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4346	N	CATH INDW FOLEY 3 WAY	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4349	E	DISPOSABLE MALE EXTERNAL CAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4351	N	STRAIGHT TIP URINE CATHETER	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4352	N	COUDE TIP URINARY CATHETER	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4353	N	INTERMITTENT URINARY CATH	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4354	N	CATH INSERTION TRAY W/BAG	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4355	N	BLADDER IRRIGATION TUBING	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4356	N	EXT URETH CLMP OR COMPR DVC	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4357	N	BEDSIDE DRAINAGE BAG	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4358	N	URINARY LEG OR ABDOMEN BAG	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4360	N	DISPOSABLE EXT URETHRAL DEV	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4361	N	OSTOMY FACE PLATE	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4362	N	SOLID SKIN BARRIER	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4363	E	OSTOMY CLAMP, REPLACEMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4364	N	ADHESIVE, LIQUID OR EQUAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4366	E	OSTOMY VENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4367	N	OSTOMY BELT	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4368	N	OSTOMY FILTER	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4369	N	SKIN BARRIER LIQUID PER OZ	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4371	N	SKIN BARRIER POWDER PER OZ	-	-	-	Bundled	\$0.00	-	-	000	999	-
A4372	N	SKIN BARRIER SOLID 4X4 EQUIV	-	-	-	Bundled	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole		Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Fees	Hospital Lab			
A4373	N	SKIN BARRIER WITH FLANGE	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4375	N	DRAINABLE PLASTIC PCH W FCPL	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4376	N	DRAINABLE RUBBER PCH W FCPLT	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4377	N	DRAINABLE PLSTIC PCH W/O FP	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4378	N	DRAINABLE RUBBER PCH W/O FP	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4379	N	URINARY PLASTIC POUCH W FCPL	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4380	N	URINARY RUBBER POUCH W FCPLT	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4381	N	URINARY PLASTIC POUCH W/O FP	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4382	N	URINARY HVY PLSTC PCH W/O FP	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4383	N	URINARY RUBBER POUCH W/O FP	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4384	N	OSTOMY FACEPLT/SILICONE RING	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4385	N	OST SKN BARRIER SLD EXT WEAR	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4387	N	OST CLSD POUCH W ATT ST BARR	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4388	N	DRAINABLE PCH W EX WEAR BARR	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4389	N	DRAINABLE PCH W ST WEAR BARR	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4390	N	DRAINABLE PCH EX WEAR CONVEX	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4391	N	URINARY POUCH W EX WEAR BARR	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4392	N	URINARY POUCH W ST WEAR BARR	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4393	N	URINE PCH W EX WEAR BAR CONV	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4394	N	OSTOMY POUCH LIQ DEODORANT	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4395	N	OSTOMY POUCH SOLID DEODORANT	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4396	N	PERISTOMAL HERNIA SUPPRT BLT	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4397	N	IRRIGATION SUPPLY SLEEVE	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4398	N	OSTOMY IRRIGATION BAG	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4399	N	OSTOMY IRRIG CONE/CATH W BRS	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4400	N	OSTOMY IRRIGATION SET	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4402	N	LUBRICANT PER OUNCE	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4404	N	OSTOMY RING EACH	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4405	N	NONPECTIN BASED OSTOMY PASTE	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4406	N	PECTIN BASED OSTOMY PASTE	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4407	N	EXT WEAR OST SKN BARR <=4SQ"	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4408	N	EXT WEAR OST SKN BARR >4SQ"	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4409	N	OST SKN BARR CONVEX <=4 SQ I	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4410	N	OST SKN BARR EXTND >4 SQ	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4411	E	OST SKN BARR EXTND =4SQ	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A4412	E	OST POUCH DRAIN HIGH OUTPUT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A4413	N	2 PC DRAINABLE OST POUCH	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4414	N	OST SKNBAR W/O CONV<=4 SQ IN	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4415	N	OST SKN BARR W/O CONV >4 SQI	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4416	E	OST PCH CLSD W BARRIER/FILTR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A4417	E	OST PCH W BAR/BLTINCONV/FLTR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A4418	E	OST PCH CLSD W/O BAR W FILTR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A4419	E	OST PCH FOR BAR W FLANGE/FLT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A4420	E	OST PCH CLSD FOR BAR W LK FL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A4421	E	OSTOMY SUPPLY MISC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A4422	N	OST POUCH ABSORBENT MATERIAL	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4423	E	OST PCH FOR BAR W LK FL/FLTR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A4424	E	OST PCH DRAIN W BAR & FILTER	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A4425	E	OST PCH DRAIN FOR BARRIER FL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A4426	E	OST PCH DRAIN 2 PIECE SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A4427	E	OST PCH DRAIN/BARR LK FLNG/F	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A4428	E	URINE OST POUCH W FAUCET/TAP	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A4429	E	URINE OST POUCH W BLTINCONV	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A4430	E	OST URINE PCH W B/BLTIN CONV	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A4431	E	OST PCH URINE W BARRIER/TAPV	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A4432	E	OS PCH URINE W BAR/FANGE/TAP	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
A4433	E	URINE OST PCH BAR W LOCK FLN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4434	E	OST PCH URINE W LOCK FLNG/FT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4435	E	1PC OST PCH DRAIN HIGH OUTPUT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4450	N	NON-WATERPROOF TAPE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4452	N	WATERPROOF TAPE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4455	N	ADHESIVE REMOVER PER OUNCE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4456	N	ADHESIVE REMOVER, WIPES	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4458	E	REUSABLE ENEMA BAG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4459	N	MANUAL PUMP ENEMA, REUSABLE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4461	E	SURGICAL DRESS HOLD NON-REUSE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4463	E	SURGICAL DRESS HOLDER REUSE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4465	N	NON-ELASTIC EXTREMITY BINDER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4467	E	BELT STRAP SLEEV GRMNT COVER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4470	N	GRAVLEE JET WASHER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4480	N	VABRA ASPIRATOR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4481	N	TRACHEOSTOMA FILTER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4483	N	MOISTURE EXCHANGER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4490	E	ABOVE KNEE SURGICAL STOCKING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4495	E	THIGH LENGTH SURG STOCKING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4500	E	BELOW KNEE SURGICAL STOCKING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4510	E	FULL LENGTH SURG STOCKING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4520	E	INCONTINENCE GARMENT ANYTYPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4550	E	SURGICAL TRAYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4553	E	NONDISP UNDERPADS, ALL SIZES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4554	E	DISPOSABLE UNDERPADS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4555	E	CA TX E-STIM ELECTR/TRANSDUC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4556	E	ELECTRODES, PAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4557	E	LEAD WIRES, PAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4558	E	CONDUCTIVE GEL OR PASTE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4559	E	COUPLING GEL OR PASTE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4561	N	PESSARY RUBBER, ANY TYPE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4562	N	PESSARY, NON RUBBER, ANY TYPE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4563	E	VAG INSER RECTAL CONTROL SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4565	N	SLINGS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4566	E	SHOULD SLING/VEST/ABRESTRAIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4570	E	SPLINT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4575	E	HYPERBARIC O2 CHAMBER DISPS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4580	E	CAST SUPPLIES (PLASTER)	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4590	E	SPECIAL CASTING MATERIAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4595	E	TENS SUPPL 2 LEAD PER MONTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4600	E	SLEEVE, INTER LIMB COMP DEV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4601	E	LITH ION NON PROSTH RECHARGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4602	N	REPLACE LITHIUM BATTERY 1.5V	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4604	E	TUBING WITH HEATING ELEMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4605	E	TRACH SUCTION CATH CLOSE SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4606	N	OXYGEN PROBE USED W OXIMETER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4608	E	TRANSTRACHEAL OXYGEN CATH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4611	E	HEAVY DUTY BATTERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4612	E	BATTERY CABLES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4613	E	BATTERY CHARGER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4614	E	HAND-HELD PEFR METER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4615	E	CANNULA NASAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4616	E	TUBING (OXYGEN) PER FOOT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4617	E	MOUTH PIECE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4618	E	BREATHING CIRCUITS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4619	E	FACE TENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
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July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
A4620	E	VARIABLE CONCENTRATION MASK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4623	N	TRACHEOSTOMY INNER CANNULA	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4624	E	TRACHEAL SUCTION TUBE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4625	N	TRACH CARE KIT FOR NEW TRACH	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4626	N	TRACHEOSTOMY CLEANING BRUSH	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4627	E	SPACER BAG/RESERVOIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4628	E	OROPHARYNGEAL SUCTION CATH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4629	N	TRACHEOSTOMY CARE KIT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4630	E	REPL BAT T.E.N.S. OWN BY PT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4633	E	UVL REPLACEMENT BULB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4634	N	REPLACEMENT BULB TH LIGHTBOX	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4635	E	UNDERARM CRUTCH PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4636	E	HANDGRIP FOR CANE ETC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4637	E	REPL TIP CANE/CRUTCH/WALKER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4638	E	REPL BATT PULSE GEN SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4639	E	INFRARED HT SYS REPLCMNT PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4640	E	ALTERNATING PRESSURE PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4641	N	RADIOPHARM DX AGENT NOC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4642	N	IN111 SATUMOMAB	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4648	N	IMPLANTABLE TISSUE MARKER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4649	N	SURGICAL SUPPLIES	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4650	N	IMPLANT RADIATION DOSIMETER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4651	N	CALIBRATED MICROCAP TUBE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4652	N	MICROCAPILLARY TUBE SEALANT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4653	N	PD CATHETER ANCHOR BELT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4657	N	SYRINGE W/WO NEEDLE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4660	N	SPHYG/BP APP W CUFF AND STET	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4663	N	DIALYSIS BLOOD PRESSURE CUFF	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4670	E	AUTOMATIC BP MONITOR, DIAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4671	E	DISPOSABLE CYCLER SET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4672	E	DRAINAGE EXT LINE, DIALYSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4673	E	EXT LINE W EASY LOCK CONNECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4674	E	CHEM/ANTISEPT SOLUTION, 8OZ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4680	N	ACTIVATED CARBON FILTER, EA	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4690	N	DIALYZER, EACH	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4706	N	BICARBONATE CONC SOL PER GAL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4707	N	BICARBONATE CONC POW PER PAC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4708	N	ACETATE CONC SOL PER GALLON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4709	N	ACID CONC SOL PER GALLON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4714	N	TREATED WATER PER GALLON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4719	N	"Y SET" TUBING	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4720	N	DIALYSAT SOL FLD VOL > 249CC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4721	N	DIALYSAT SOL FLD VOL > 999CC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4722	N	DIALYS SOL FLD VOL > 1999CC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4723	N	DIALYS SOL FLD VOL > 2999CC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4724	N	DIALYS SOL FLD VOL > 3999CC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4725	N	DIALYS SOL FLD VOL > 4999CC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4726	N	DIALYS SOL FLD VOL > 5999CC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4728	E	DIALYSATE SOLUTION, NON-DEX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4730	N	FISTULA CANNULATION SET, EA	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4736	N	TOPICAL ANESTHETIC, PER GRAM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4737	N	INJ ANESTHETIC PER 10 ML	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4740	N	SHUNT ACCESSORY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4750	N	ART OR VENOUS BLOOD TUBING	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4755	N	COMB ART/VENOUS BLOOD TUBING	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4760	N	DIALYSATE SOL TEST KIT, EACH	-	-	-	Bundled	\$0.00	-	-	000	999	-	

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									Hospital Lab Fees	Hospital Lab Fees			
A4765	N	DIALYSATE CONC POW PER PACK	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4766	N	DIALYSATE CONC SOL ADD 10 ML	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4770	N	BLOOD COLLECTION TUBE/VACUUM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4771	N	SERUM CLOTTING TIME TUBE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4772	N	BLOOD GLUCOSE TEST STRIPS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4773	N	OCCULT BLOOD TEST STRIPS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4774	N	AMMONIA TEST STRIPS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4802	N	PROTAMINE SULFATE PER 50 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4860	N	DISPOSABLE CATHETER TIPS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4870	N	PLUMB/ELEC WK HM HEMO EQUIP	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4890	N	REPAIR/MAINT CONT HEMO EQUIP	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4911	N	DRAIN BAG/BOTTLE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4913	N	MISC DIALYSIS SUPPLIES NOC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4918	N	VENOUS PRESSURE CLAMP	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4927	N	NON-STERILE GLOVES	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4928	N	SURGICAL MASK	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4929	N	TOURNIQUET FOR DIALYSIS, EA	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4930	N	STERILE, GLOVES PER PAIR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4931	N	REUSABLE ORAL THERMOMETER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4932	E	REUSABLE RECTAL THERMOMETER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A5051	N	POUCH CLSD W BARR ATTACHED	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A5052	N	CLSD OSTOMY POUCH W/O BARR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A5053	N	CLSD OSTOMY POUCH FACEPLATE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A5054	N	CLSD OSTOMY POUCH W/FLANGE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A5055	N	STOMA CAP	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A5056	E	1 PC OST POUCH W FILTER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A5057	E	1 PC OST POU W BUILT-IN CONV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A5061	N	POUCH DRAINABLE W BARRIER AT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A5062	N	DRNBL E OSTOMY POUCH W/O BARR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A5063	N	DRAIN OSTOMY POUCH W/FLANGE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A5071	N	URINARY POUCH W/BARRIER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A5072	N	URINARY POUCH W/O BARRIER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A5073	N	URINARY POUCH ON BARR W/FLNG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A5081	N	STOMA PLUG OR SEAL, ANY TYPE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A5082	N	CONTINENT STOMA CATHETER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A5083	N	STOMA ABSORPTIVE COVER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A5093	N	OSTOMY ACCESSORY CONVEX INSE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A5102	N	BEDSIDE DRAIN BTL W/WO TUBE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A5105	N	URINARY SUSPENSORY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A5112	N	URINARY LEG BAG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A5113	E	LATEX LEG STRAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A5114	E	FOAM/FABRIC LEG STRAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A5120	E	SKIN BARRIER, WIPE OR SWAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A5121	N	SOLID SKIN BARRIER 6X6	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A5122	N	SOLID SKIN BARRIER 8X8	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A5126	N	DISK/FOAM PAD +OR- ADHESIVE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A5131	N	APPLIANCE CLEANER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A5200	N	PERCUTANEOUS CATHETER ANCHOR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A5500	E	DIAB SHOE FOR DENSITY INSERT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A5501	E	DIABETIC CUSTOM MOLDED SHOE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A5503	E	DIABETIC SHOE W/ROLLER/ROCKR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A5504	E	DIABETIC SHOE WITH WEDGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A5505	E	DIAB SHOE W/METATARSAL BAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A5506	E	DIABETIC SHOE W/OFF SET HEEL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A5507	E	MODIFICATION DIABETIC SHOE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A5508	E	DIABETIC DELUXE SHOE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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A5510	E	COMPRESSION FORM SHOE INSERT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A5512	E	MULTI DEN INSERT DIRECT FORM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A5513	E	MULTI DEN INSERT CUSTOM MOLD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A5514	E	MULT DEN INSERT DIR CARV/CAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6000	E	WOUND WARMING WOUND COVER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6010	N	COLLAGEN BASED WOUND FILLER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6011	N	COLLAGEN GEL/PASTE WOUND FIL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6021	N	COLLAGEN DRESSING <=16 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6022	N	COLLAGEN DRSG>16<=48 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6023	N	COLLAGEN DRESSING >48 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6024	N	COLLAGEN DSG WOUND FILLER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6025	E	SILICONE GEL SHEET, EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6154	N	WOUND POUCH EACH	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6196	N	ALGINATE DRESSING <=16 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6197	N	ALGINATE DRSG >16 <=48 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6198	N	ALGINATE DRESSING > 48 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6199	N	ALGINATE DRSG WOUND FILLER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6203	N	COMPOSITE DRSG <= 16 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6204	N	COMPOSITE DRSG >16<=48 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6205	N	COMPOSITE DRSG > 48 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6206	N	CONTACT LAYER <= 16 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6207	N	CONTACT LAYER >16<= 48 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6208	N	CONTACT LAYER > 48 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6209	N	FOAM DRSG <=16 SQ IN W/O BDR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6210	N	FOAM DRG >16<=48 SQ IN W/O B	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6211	N	FOAM DRG > 48 SQ IN W/O BRDR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6212	N	FOAM DRG <=16 SQ IN W/BORDER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6213	N	FOAM DRG >16<=48 SQ IN W/BDR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6214	N	FOAM DRG > 48 SQ IN W/BORDER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6215	N	FOAM DRESSING WOUND FILLER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6216	N	NON-STERILE GAUZE<=16 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6217	N	NON-STERILE GAUZE>16<=48 SQ	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6218	N	NON-STERILE GAUZE > 48 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6219	N	GAUZE <= 16 SQ IN W/BORDER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6220	N	GAUZE >16 <=48 SQ IN W/BORDER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6221	N	GAUZE > 48 SQ IN W/BORDER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6222	N	GAUZE <=16 IN NO W/SAL W/O B	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6223	N	GAUZE >16<=48 NO W/SAL W/O B	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6224	N	GAUZE > 48 IN NO W/SAL W/O B	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6228	N	GAUZE <= 16 SQ IN WATER/SAL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6229	N	GAUZE >16<=48 SQ IN WATR/SAL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6230	N	GAUZE > 48 SQ IN WATER/SALNE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6231	N	HYDROGEL DSG<=16 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6232	N	HYDROGEL DSG>16<=48 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6233	N	HYDROGEL DRESSING >48 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6234	N	HYDROCOLLD DRG <=16 W/O BDR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6235	N	HYDROCOLLD DRG >16<=48 W/O B	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6236	N	HYDROCOLLD DRG > 48 IN W/O B	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6237	N	HYDROCOLLD DRG <=16 IN W/BDR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6238	N	HYDROCOLLD DRG >16<=48 W/BDR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6239	N	HYDROCOLLD DRG > 48 IN W/BDR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6240	N	HYDROCOLLD DRG FILLER PASTE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6241	N	HYDROCOLLOID DRG FILLER DRY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6242	N	HYDROGEL DRG <=16 IN W/O BDR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6243	N	HYDROGEL DRG >16<=48 W/O BDR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6244	N	HYDROGEL DRG >48 IN W/O BDR	-	-	-	Bundled	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
A6245	N	HYDROGEL DRG <= 16 IN W/BDR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6246	N	HYDROGEL DRG >16<=48 IN W/B	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6247	N	HYDROGEL DRG > 48 SQ IN W/B	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6248	N	HYDROGEL DRSG GEL FILLER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6250	N	SKIN SEAL PROTECT MOISTURIZR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6251	N	ABSORPT DRG <=16 SQ IN W/O B	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6252	N	ABSORPT DRG >16 <=48 W/O BDR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6253	N	ABSORPT DRG > 48 SQ IN W/O B	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6254	N	ABSORPT DRG <=16 SQ IN W/BDR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6255	N	ABSORPT DRG >16<=48 IN W/BDR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6256	N	ABSORPT DRG > 48 SQ IN W/BDR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6257	N	TRANSPARENT FILM <= 16 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6258	N	TRANSPARENT FILM >16<=48 IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6259	N	TRANSPARENT FILM > 48 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6260	N	WOUND CLEANSER ANY TYPE/SIZE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6261	N	WOUND FILLER GEL/PASTE /OZ	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6262	N	WOUND FILLER DRY FORM / GRAM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6266	N	IMPREG GAUZE NO H20/SAL/YARD	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6402	N	STERILE GAUZE <= 16 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6403	N	STERILE GAUZE>16 <= 48 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6404	N	STERILE GAUZE > 48 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6407	E	PACKING STRIPS, NON-IMPREG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6410	N	STERILE EYE PAD	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6411	N	NON-STERILE EYE PAD	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6412	N	OCCLUSIVE EYE PATCH	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6413	E	ADHESIVE BANDAGE, FIRST-AID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6441	E	PAD BAND W>=3" <5"/YD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6442	E	CONFORM BAND N/S W<3"/YD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6443	E	CONFORM BAND N/S W>=3" <5"/YD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6444	E	CONFORM BAND N/S W>=5"/YD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6445	E	CONFORM BAND S W <3"/YD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6446	E	CONFORM BAND S W>=3" <5"/YD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6447	E	CONFORM BAND S W >=5"/YD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6448	E	LT COMPRES BAND <3"/YD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6449	E	LT COMPRES BAND >=3" <5"/YD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6450	E	LT COMPRES BAND >=5"/YD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6451	E	MOD COMPRES BAND W>=3" <5"/YD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6452	E	HIGH COMPRES BAND W>=3" <5"/YD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6453	E	SELF-ADHER BAND W <3"/YD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6454	E	SELF-ADHER BAND W>=3" <5"/YD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6455	E	SELF-ADHER BAND >=5"/YD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6456	E	ZINC PASTE BAND W >=3" <5"/YD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6457	E	TUBULAR DRESSING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6460	N	SYNTHETIC DRSG <= 16 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6461	N	SYNTHETIC DRSG >16<=48 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6501	N	COMPRES BURNGARMENT BODYSUIT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6502	N	COMPRES BURNGARMENT CHINSTRP	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6503	N	COMPRES BURNGARMENT FACEHOOD	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6504	N	CMPRSBURNGARMENT GLOVE-WRIST	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6505	N	CMPRSBURNGARMENT GLOVE-ELBOW	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6506	N	CMPRSBURNGRMT GLOVE-AXILLA	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6507	N	CMPRSBURNGARMENT FOOT-KNEE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6508	N	CMPRSBURNGARMENT FOOT-THIGH	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6509	N	COMPRES BURN GARMENT JACKET	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6510	N	COMPRES BURN GARMENT LEOTARD	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6511	N	COMPRES BURN GARMENT PANTY	-	-	-	Bundled	\$0.00	-	-	000	999	-	

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Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
A6512	N	COMPRES BURN GARMENT, NOC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A6513	E	COMPRESS BURN MASK FACE/NECK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6530	E	COMPRESSION STOCKING BK18-30	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6531	E	COMPRESSION STOCKING BK30-40	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6532	E	COMPRESSION STOCKING BK40-50	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6533	E	GC STOCKING THIGHLNGTH 18-30	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6534	E	GC STOCKING THIGHLNGTH 30-40	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6535	E	GC STOCKING THIGHLNGTH 40-50	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6536	E	GC STOCKING FULL LNGTH 18-30	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6537	E	GC STOCKING FULL LNGTH 30-40	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6538	E	GC STOCKING FULL LNGTH 40-50	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6539	E	GC STOCKING WAISTLNGTH 18-30	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6540	E	GC STOCKING WAISTLNGTH 30-40	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6541	E	GC STOCKING WAISTLNGTH 40-50	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6544	E	GC STOCKING GARTER BELT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6545	E	GRAD COMP NON-ELASTIC BK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6549	E	G COMPRESSION STOCKING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A6550	E	NEG PRES WOUND THER DRSG SET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7000	E	DISPOSABLE CANISTER FOR PUMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7001	E	NONDISPOSABLE PUMP CANISTER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7002	E	TUBING USED W SUCTION PUMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7003	E	NEBULIZER ADMINISTRATION SET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7004	E	DISPOSABLE NEBULIZER SML VOL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7005	E	NONDISPOSABLE NEBULIZER SET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7006	E	FILTERED NEBULIZER ADMIN SET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7007	E	LG VOL NEBULIZER DISPOSABLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7008	E	DISPOSABLE NEBULIZER PREFILL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7009	E	NEBULIZER RESERVOIR BOTTLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7010	E	DISPOSABLE CORRUGATED TUBING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7012	E	NEBULIZER WATER COLLEC DEVIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7013	E	DISPOSABLE COMPRESSOR FILTER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7014	E	COMPRESSOR NONDISPOS FILTER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7015	E	AEROSOL MASK USED W NEBULIZE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7016	E	NEBULIZER DOME & MOUTHPIECE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7017	E	NEBULIZER NOT USED W OXYGEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7018	E	WATER DISTILLED W/NEBULIZER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7020	E	INTERFACE, COUGH STIM DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7025	E	REPLACE CHEST COMPRESS VEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7026	E	REPLACE CHST CMPRSS SYS HOSE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7027	E	COMBINATION ORAL/NASAL MASK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7028	E	REPL ORAL CUSHION COMBO MASK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7029	E	REPL NASAL PILLOW COMB MASK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7030	E	CPAP FULL FACE MASK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7031	E	REPLACEMENT FACEMASK INTERFA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7032	E	REPLACEMENT NASAL CUSHION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7033	E	REPLACEMENT NASAL PILLOWS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7034	E	NASAL APPLICATION DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7035	E	POS AIRWAY PRESS HEADGEAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7036	E	POS AIRWAY PRESS CHINSTRAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7037	E	POS AIRWAY PRESSURE TUBING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7038	E	POS AIRWAY PRESSURE FILTER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7039	E	FILTER, NON DISPOSABLE W PAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7040	E	ONE WAY CHEST DRAIN VALVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7041	E	WATER SEAL DRAIN CONTAINER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7044	E	PAP ORAL INTERFACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A7045	E	REPL EXHALATION PORT FOR PAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees				
A7046	E	REPL WATER CHAMBER, PAP DEV	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A7047	N	RESP SUCTION ORAL INTERFACE	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A7048	N	VACUUM DRAIN BOTTLE/TUBE KIT	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A7501	N	TRACHEOSTOMA VALVE W DIAPHRA	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A7502	N	REPLACEMENT DIAPHRAGM/FPLATE	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A7503	N	HMES FILTER HOLDER OR CAP	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A7504	N	TRACHEOSTOMA HMES FILTER	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A7505	N	HMES OR TRACH VALVE HOUSING	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A7506	N	HMES/TRACHVALVE ADHESIVEDISK	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A7507	N	INTEGRATED FILTER & HOLDER	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A7508	N	HOUSING & INTEGRATED ADHESIV	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A7509	N	HEAT & MOISTURE EXCHANGE SYS	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A7520	E	TRACH/LARYN TUBE NON-CUFFED	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A7521	E	TRACH/LARYN TUBE CUFFED	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A7522	E	TRACH/LARYN TUBE STAINLESS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A7523	E	TRACHEOSTOMY SHOWER PROTECT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A7524	E	TRACHEOSTOMA STENT/STUD/BTTN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A7525	E	TRACHEOSTOMY MASK	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A7526	E	TRACHEOSTOMY TUBE COLLAR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A7527	E	TRACH/LARYN TUBE PLUG/STOP	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A8000	E	SOFT PROTECT HELMET PREFAB	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A8001	E	HARD PROTECT HELMET PREFAB	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A8002	E	SOFT PROTECT HELMET CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A8003	E	HARD PROTECT HELMET CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A8004	E	REPL SOFT INTERFACE, HELMET	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A9150	E	MISC/EXPER NON-PRESCRIPT DRU	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A9152	E	SINGLE VITAMIN NOS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A9153	E	MULTI-VITAMIN NOS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A9155	E	ARTIFICIAL SALIVA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A9180	E	LICE TREATMENT, TOPICAL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A9270	E	NON-COVERED ITEM OR SERVICE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A9272	E	DISP WOUND SUCT, DRSG/ACCESS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A9273	E	HOT/COLD BOTLE/CAP/COL/WRAP	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A9274	E	EXT AMB INSULIN DELIVERY SYS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A9275	E	DISP HOME GLUCOSE MONITOR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A9276	E	DISPOSABLE SENSOR, CGM SYS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A9277	E	EXTERNAL TRANSMITTER, CGM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A9278	E	EXTERNAL RECEIVER, CGM SYS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A9279	E	MONITORING FEATURE/DEVICENOC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A9280	E	ALERT DEVICE, NOC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A9281	E	REACHING/GRABBING DEVICE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A9282	E	WIG ANY TYPE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A9283	E	FOOT PRESS OFF LOAD SUPP DEV	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A9284	N	NON-ELECTRONIC SPIROMETER	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A9285	E	INVERSION EVERSION COR DEVIC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A9286	E	ANY HYGIENIC ITEM, DEVICE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A9300	E	EXERCISE EQUIPMENT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A9500	N	TC99M SESTAMIBI	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A9501	N	TECHNETIUM TC-99M TEBOROXIME	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A9502	N	TC99M TETROFOSMIN	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A9503	N	TC99M MEDRONATE	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A9504	N	TC99M APCITIDE	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A9505	N	TL201 THALLIUM	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A9507	N	IN111 CAPROMAB	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A9508	N	I131 IODOBENGUATE, DX	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A9509	N	IODINE I-123 SOD IODIDE MIL	-	-	-	Bundled	\$0.00	-	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
A9510	N	TC99M DISOFENIN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9512	N	TC99M PERTECHNETATE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9513	G	LUTETIUM LU 177 DOTATAT THER	-	09067	-	APC – pays by fee schedule amount	\$266.59	-	-	000	999	-	
A9515	N	CHOLINE C-11	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9516	N	IODINE I-123 SOD IODIDE MIC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9517	K	I131 IODIDE CAP, RX	-	01064	0.3653	APC (blood and non-blood product codes)	\$20.69	-	-	000	999	-	
A9520	N	TC99 TILMANOCEPT DIAG 0.5MCI	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9521	N	TC99M EXAMETAZIME	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9524	N	I131 SERUM ALBUMIN, DX	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9526	N	NITROGEN N-13 AMMONIA	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9527	U	IODINE I-125 SODIUM IODIDE	-	02632	0.3870	APC	\$21.92	-	-	000	999	-	
A9528	N	IODINE I-131 IODIDE CAP, DX	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9529	N	I131 IODIDE SOL, DX	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9530	K	I131 IODIDE SOL, RX	-	01150	0.2359	APC (blood and non-blood product codes)	\$13.36	-	-	000	999	-	
A9531	N	I131 MAX 100UCI	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9532	N	I125 SERUM ALBUMIN, DX	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9536	N	TC99M DEPREOTIDE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9537	N	TC99M MEBROFENIN	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9538	N	TC99M PYROPHOSPHATE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9539	N	TC99M PENTETATE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9540	N	TC99M MAA	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9541	N	TC99M SULFUR COLLOID	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9542	N	IN111 IBRITUMOMAB, DX	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9543	K	Y90 IBRITUMOMAB, RX	-	01643	1012.3675	APC (blood and non-blood product codes)	\$57,340.50	-	-	000	999	-	
A9546	N	CO57/58	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9547	N	IN111 OXYQUINOLINE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9548	N	IN111 PENTETATE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9550	N	TC99M GLUCEPTATE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9551	N	TC99M SUCCIMER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9552	N	F18 FDG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9553	N	CR51 CHROMATE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9554	N	I125 IOTHALAMATE, DX	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9555	N	RB82 RUBIDIUM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9556	N	GA67 GALLIUM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9557	N	TC99M BICISATE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9558	N	XE133 XENON 10MCI	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9559	N	CO57 CYANO	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9560	N	TC99M LABELED RBC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9561	N	TC99M OXIDRONATE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9562	N	TC99M MERTIATIDE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9563	K	P32 NA PHOSPHATE	-	01675	7.9327	APC (blood and non-blood product codes)	\$449.31	-	-	000	999	-	
A9564	E	P32 CHROMIC PHOSPHATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A9566	N	TC99M FANOLESOMAB	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9567	N	TECHNETIUM TC-99M AEROSOL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9568	N	TECHNETIUM TC99M ARCITUMOMAB	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9569	N	TECHNETIUM TC-99M AUTO WBC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9570	N	INDIUM IN-111 AUTO WBC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9571	N	INDIUM IN-111 AUTO PLATELET	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9572	N	INDIUM IN-111 PENTETREOTIDE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9575	N	INJ GADOTERATE MEGLUMI 0.1ML	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9576	N	INJ PROHANCE MULTIPACK	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9577	N	INJ MULTIHANCE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9578	N	INJ MULTIHANCE MULTIPACK	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9579	N	GAD-BASE MR CONTRAST NOS,1ML	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9580	N	SODIUM FLUORIDE F-18	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9581	N	GADOXETATE DISODIUM INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
A9582	N	IODINE I-123 IOBENGUANE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9583	N	GADOFOSVESET TRISODIUM INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9584	N	IODINE I-123 IOFLUPANE	-	-	-	Bundled	\$0.00	-	-	018	999	-	
A9585	N	GADOBUTROL INJECTION	-	-	-	Bundled	\$0.00	-	-	002	999	-	
A9586	G	FLORBETAPIR F18	-	09084	-	APC – pays by fee schedule amount	\$3,028.84	-	-	000	999	-	
A9587	N	GALLIUM GA-68	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9588	N	FLUCICLOVINE F-18	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9589	N	INSTI HEXAMINOLEVULINATE HCL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9590	G	IODINE I-131 IOBENGUANE 1MCI	-	09339	-	APC – pays by fee schedule amount	\$320.12	-	-	000	999	-	
A9597	N	PET, DX, FOR TUMOR ID, NOC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9598	N	PET DX FOR NON-TUMOR ID, NOC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9600	K	SR89 STRONTIUM	-	00701	36.1176	APC (blood and non-blood product codes)	\$2,045.70	-	-	000	999	-	
A9604	K	SM 153 LEXIDRONAM	-	01295	304.7290	APC (blood and non-blood product codes)	\$17,259.85	-	-	000	999	-	
A9606	K	RADIUM RA223 DICHLORIDE THER	-	01745	2.4996	APC (blood and non-blood product codes)	\$141.58	-	-	000	999	-	
A9698	N	NON-RAD CONTRAST MATERIALNOC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9699	N	RADIOPHARM RX AGENT NOC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9700	N	ECHOCARDIOGRAPHY CONTRAST	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9900	N	SUPPLY/ACCESSORY/SERVICE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A9901	E	DELIVERY/SET UP/DISPENSING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A9999	E	DME SUPPLY OR ACCESSORY, NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4034	E	ENTER FEED SUPKIT SYR BY DAY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4035	E	ENTERAL FEED SUPP PUMP PER D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4036	E	ENTERAL FEED SUP KIT GRAV BY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4081	E	ENTERAL NG TUBING W/ STYLET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4082	E	ENTERAL NG TUBING W/O STYLET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4083	E	ENTERAL STOMACH TUBE LEVINE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4087	M	GASTRO/JEJUNO TUBE, STD	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
B4088	M	GASTRO/JEJUNO TUBE, LOW-PRO	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
B4100	E	FOOD THICKENER ORAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4102	E	EF ADULT FLUIDS AND ELECTRO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4103	E	EF PED FLUID AND ELECTROLYTE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4104	E	ADDITIVE FOR ENTERAL FORMULA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4105	E	ENZYME CARTRIDGE ENTERAL NUT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4149	E	EF BLENDERIZED FOODS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4150	E	EF COMPLET W/INTACT NUTRIENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4152	E	EF CALORIE DENSE>=1.5KCAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4153	E	EF HYDROLYZED/AMINO ACIDS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4154	E	EF SPEC METABOLIC NONINHERIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4155	E	EF INCOMPLETE/MODULAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4157	E	EF SPECIAL METABOLIC INHERIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4158	E	EF PED COMPLETE INTACT NUT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4159	E	EF PED COMPLETE SOY BASED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4160	E	EF PED CALORIC DENSE>=0.7KC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4161	E	EF PED HYDROLYZED/AMINO ACID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4162	E	EF PED SPECMETABOLIC INHERIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4164	E	PARENTERAL 50% DEXTROSE SOLU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4168	E	PARENTERAL SOL AMINO ACID 3.	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4172	E	PARENTERAL SOL AMINO ACID 5.	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4176	E	PARENTERAL SOL AMINO ACID 7-	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4178	E	PARENTERAL SOL AMINO ACID >	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4180	E	PARENTERAL SOL CARB > 50%	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4185	E	PN SOLN NOS 10 GRAMS LIPIDS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4187	E	OMEGAVEN, 10 GRAMS LIPIDS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4189	E	PARENTERAL SOL AMINO ACID &	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4193	E	PARENTERAL SOL 52-73 GM PROT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
B4197	E	PARENTERAL SOL 74-100 GM PRO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
B4199	E	PARENTERAL SOL > 100GM PROTE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
B4216	E	PARENTERAL NUTRITION ADDITIV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
B4220	E	PARENTERAL SUPPLY KIT PREMIX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
B4222	E	PARENTERAL SUPPLY KIT HOMEMI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
B4224	E	PARENTERAL ADMINISTRATION KI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
B5000	E	PARENTERAL SOL RENAL-AMIROSY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
B5100	E	PARENTERAL SOLUTION HEPATIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
B5200	E	PARENTERAL SOL HEPATIC FREAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
B9002	E	ENTER NUTR INF PUMP ANY TYPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
B9004	E	PARENTERAL INFUS PUMP PORTAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
B9006	E	PARENTERAL INFUS PUMP STATIO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
B9998	E	ENTERAL SUPP NOT OTHERWISE C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
B9999	E	PARENTERAL SUPP NOT OTHRWS C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C1713	N	ANCHOR/SCREW BN/BN,TIS/BN	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1714	N	CATH, TRANS ATHERECTOMY, DIR	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1715	N	BRACHYTHERAPY NEEDLE	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1716	U	BRACHYTX, NON-STR, GOLD-198	-	02645	1.4414	APC	\$81.64	-	-	000	999	-
C1717	U	BRACHYTX, NON-STR,HDR IR-192	-	02646	3.9857	APC	\$225.75	-	-	000	999	-
C1719	U	BRACHYTX, NS, NON-HDRIR-192	-	02647	0.7794	APC	\$44.15	-	-	000	999	-
C1721	N	AICD, DUAL CHAMBER	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1722	N	AICD, SINGLE CHAMBER	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1724	N	CATH, TRANS ATHEREC.ROTATION	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1725	N	CATH, TRANSLUMIN NON-LASER	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1726	N	CATH, BAL DIL, NON-VASCULAR	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1727	N	CATH, BAL TIS DIS, NON-VAS	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1728	N	CATH, BRACHYTX SEED ADM	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1729	N	CATH, DRAINAGE	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1730	N	CATH, EP, 19 OR FEW ELECT	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1731	N	CATH, EP, 20 OR MORE ELEC	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1732	N	CATH, EP, DIAG/ABL, 3D/VECT	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1733	N	CATH, EP, OTHR THAN COOL-TIP	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1734	M	ORTH/DEVIC/DRUG BN/BN,TIS/BN	-	02026	-	Charge Ratio	\$0.00	-	-	000	999	-
C1748	H	ENDOSCOPE, SINGLE, UGI	-	2029	-	Charge Ratio	\$0.00	-	-	000	999	-
C1749	N	ENDO, COLON, RETRO IMAGING	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1750	N	CATH, HEMODIALYSIS, LONG-TERM	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1751	N	CATH, INF, PER/CENT/MIDLINE	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1752	N	CATH, HEMODIALYSIS, SHORT-TERM	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1753	N	CATH, INTRAVAS ULTRASOUND	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1754	N	CATHETER, INTRADISCAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1755	N	CATHETER, INTRASPINAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1756	N	CATH, PACING, TRANSESOPH	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1757	N	CATH, THROMBECTOMY/EMBOLECT	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1758	N	CATHETER, URETERAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1759	N	CATH, INTRA ECHOCARDIOGRAPHY	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1760	N	CLOSURE DEV, VASC	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1762	N	CONN TISS, HUMAN(INC FASCIA)	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1763	N	CONN TISS, NON-HUMAN	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1764	N	EVENT RECORDER, CARDIAC	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1765	N	ADHESION BARRIER	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1766	N	INTRO/SHEATH, STRBLE, NON-PEEL	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1767	N	GENERATOR, NEURO NON-RECHARG	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1768	N	GRAFT, VASCULAR	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1769	N	GUIDE WIRE	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1770	N	IMAGING COIL, MR, INSERTABLE	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1771	N	REP DEV, URINARY, W/SLING	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1772	N	INFUSION PUMP, PROGRAMMABLE	-	-	-	Bundled	\$0.00	-	-	000	999	-

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
C1773	N	RET DEV, INSERTABLE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1776	N	JOINT DEVICE (IMPLANTABLE)	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1777	N	LEAD, AICD, ENDO SINGLE COIL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1778	N	LEAD, NEUROSTIMULATOR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1779	N	LEAD, PMKR, TRANSVENOUS VDD	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1780	N	LENS, INTRAOCULAR (NEW TECH)	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1781	N	MESH (IMPLANTABLE)	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1782	N	MORCELLATOR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1783	N	OCULAR IMP, AQUEOUS DRAIN DE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1784	N	OCULAR DEV, INTRAOP, DET RET	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1785	N	PMKR, DUAL, RATE-RESP	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1786	N	PMKR, SINGLE, RATE-RESP	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1787	N	PATIENT PROGR, NEUROSTIM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1788	N	PORT, INDWELLING, IMP	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1789	N	PROSTHESIS, BREAST, IMP	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1813	E	PROSTHESIS, PENILE, INFLATAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
C1814	N	RETINAL TAMP, SILICONE OIL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1815	N	PROS, URINARY SPH, IMP	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1816	N	RECEIVER/TRANSMITTER, NEURO	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1817	N	SEPTAL DEFECT IMP SYS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1818	N	INTEGRATED KERATOPROSTHESIS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1819	N	TISSUE LOCALIZATION-EXCISION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1820	N	GENERATOR NEURO RECHG BAT SY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1821	N	INTERSPINOUS IMPLANT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1822	N	GEN, NEURO, HF, RECHG BAT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1823	E	GEN, NEURO, TRANS SEN/STIM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
C1824	M	GENERATOR, CCM, IMPLANT	-	02024	-	Charge Ratio	\$0.00	-	-	000	999	-	
C1830	N	POWER BONE MARROW BX NEEDLE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1839	M	IRIS PROSTHESIS	-	02028	-	Charge Ratio	\$0.00	-	-	000	999	-	
C1840	N	TELESCOPIC INTRAOCULAR LENS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1841	N	RETINAL PROSTH INT/EXT COMP	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1842	E	RETINAL PROSTH, ADD-ON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
C1849	N	SKIN SUBSTITUTE, SYNTHETIC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1874	N	STENT, COATED/COV W/DEL SYS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1875	N	STENT, COATED/COV W/O DEL SY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1876	N	STENT, NON-COA/NON-COV W/DEL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1877	N	STENT, NON-COAT/COV W/O DEL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1878	N	MATRL FOR VOCAL CORD	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1880	N	VENA CAVA FILTER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1881	N	DIALYSIS ACCESS SYSTEM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1882	N	AICD, OTHER THAN SING/DUAL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1883	N	ADAPT/EXT, PACING/NEURO LEAD	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1884	N	EMBOLIZATION PROTECT SYST	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1885	N	CATH, TRANSLUMIN ANGIO LASER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1886	N	CATHETER, ABLATION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1887	N	CATHETER, GUIDING	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1888	N	ENDOVAS NON-CARDIAC ABL CATH	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1889	N	IMPLANT/INSERT DEVICE, NOC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1890	E	NO DEVICE W/DEV-INTENSIVE PX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
C1891	N	INFUSION PUMP, NON-PROG, PERM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1892	N	INTRO/SHEATH, FIXED, PEEL-AWAY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1893	N	INTRO/SHEATH, FIXED, NON-PEEL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1894	N	INTRO/SHEATH, NON-LASER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1895	N	LEAD, AICD, ENDO DUAL COIL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1896	N	LEAD, AICD, NON SING/DUAL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1897	N	LEAD, NEUROSTIM TEST KIT	-	-	-	Bundled	\$0.00	-	-	000	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
C1898	N	LEAD, PMKR, OTHER THAN TRANS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1899	N	LEAD, PMKR/AICD COMBINATION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1900	N	LEAD, CORONARY VENOUS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C1982	M	CATH, PRESSURE,VALVE-OCCLU	-	02025	-	Charge Ratio	\$0.00	-	-	000	999	-	
C2596	M	PROBE, ROBOTIC, WATER-JET	-	02027	-	Charge Ratio	\$0.00	-	-	000	999	-	
C2613	N	LUNG BX PLUG W/DEL SYS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C2614	N	PROBE, PERC LUMB DISC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C2615	N	SEALANT, PULMONARY, LIQUID	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C2616	U	BRACHYTX, NON-STR,YTTRIUM-90	-	02616	211.5476	APC	\$11,982.06	-	-	000	999	-	
C2617	N	STENT, NON-COR, TEM W/O DEL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C2618	N	PROBE/NEEDLE, CRYO	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C2619	N	PMKR, DUAL, NON RATE-RESP	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C2620	N	PMKR, SINGLE, NON RATE-RESP	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C2621	N	PMKR, OTHER THAN SING/DUAL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C2622	E	PROSTHESIS, PENILE, NON-INF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
C2623	N	CATH, TRANSLUMIN, DRUG-COAT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C2624	N	WIRELESS PRESSURE SENSOR	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C2625	N	STENT, NON-COR, TEM W/DEL SY	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C2626	N	INFUSION PUMP, NON-PROG,TEMP	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C2627	N	CATH, SUPRAPUBIC/CYSTOSCOPIC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C2628	N	CATHETER, OCCLUSION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C2629	N	INTRO/SHEATH, LASER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C2630	N	CATH, EP, COOL-TIP	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C2631	N	REP DEV, URINARY, W/O SLING	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C2634	U	BRACHYTX, NON-STR, HA, I-125	-	02634	2.2515	APC	\$127.52	-	-	000	999	-	
C2635	U	BRACHYTX, NON-STR, HA, P-103	-	02635	0.6978	APC	\$39.52	-	-	000	999	-	
C2636	U	BRACHY LINEAR, NON-STR,P-103	-	02636	0.4460	APC	\$25.26	-	-	000	999	-	
C2637	E	BRACHY,NON-STR,YTTERBIUM-169	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
C2638	U	BRACHYTX, STRANDED, I-125	-	02638	0.4276	APC	\$24.22	-	-	000	999	-	
C2639	U	BRACHYTX, NON-STRANDED,I-125	-	02639	0.4411	APC	\$24.98	-	-	000	999	-	
C2640	U	BRACHYTX, STRANDED, P-103	-	02640	1.0347	APC	\$58.61	-	-	000	999	-	
C2641	U	BRACHYTX, NON-STRANDED,P-103	-	02641	0.8589	APC	\$48.65	-	-	000	999	-	
C2642	U	BRACHYTX, STRANDED, C-131	-	02642	0.9495	APC	\$53.78	-	-	000	999	-	
C2643	U	BRACHYTX, NON-STRANDED,C-131	-	02643	1.1847	APC	\$67.10	-	-	000	999	-	
C2644	E	BRACHYTX CESIUM-131 CHLORIDE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
C2645	U	BRACHYTX PLANAR, P-103	-	02648	0.0580	APC	\$3.29	-	-	000	999	-	
C2698	U	BRACHYTX, STRANDED, NOS	-	02698	0.4276	APC	\$24.22	-	-	000	999	-	
C2699	U	BRACHYTX, NON-STRANDED, NOS	-	02699	0.4411	APC	\$24.98	-	-	000	999	-	
C5271	T	LOW COST SKIN SUBSTITUTE APP	-	05053	6.1518	APC	\$348.44	-	-	000	999	-	
C5272	N	LOW COST SKIN SUBSTITUTE APP	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C5273	T	LOW COST SKIN SUBSTITUTE APP	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-	
C5274	N	LOW COST SKIN SUBSTITUTE APP	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C5275	T	LOW COST SKIN SUBSTITUTE APP	-	05053	6.1518	APC	\$348.44	-	-	000	999	-	
C5276	N	LOW COST SKIN SUBSTITUTE APP	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C5277	T	LOW COST SKIN SUBSTITUTE APP	-	05053	6.1518	APC	\$348.44	-	-	000	999	-	
C5278	N	LOW COST SKIN SUBSTITUTE APP	-	-	-	Bundled	\$0.00	-	-	000	999	-	
C8900	N	MRA W/CONT, ABD	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
C8901	N	MRA W/O CONT, ABD	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
C8902	N	MRA W/O FOL W/CONT, ABD	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
C8903	N	MRI W/CONT, BREAST, UNI	-	05571	2.2554	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
C8905	N	MRI W/O FOL W/CONT, BRST, UN	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
C8906	N	MRI W/CONT, BREAST, BI	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
C8908	N	MRI W/O FOL W/CONT, BREAST,	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
C8909	N	MRA W/CONT, CHEST	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
C8910	N	MRA W/O CONT, CHEST	-	05523	2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
C8911	N	MRA W/O FOL W/CONT, CHEST	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
								Hospital Lab Fees	Hospital Lab Fees			
C8912	N	MRA W/CONT, LWR EXT	-	05572 4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
C8913	N	MRA W/O CONT, LWR EXT	-	05523 2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
C8914	N	MRA W/O FOL W/CONT, LWR EXT	-	05572 4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
C8918	N	MRA W/CONT, PELVIS	-	05572 4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
C8919	N	MRA W/O CONT, PELVIS	-	05523 2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
C8920	N	MRA W/O FOL W/CONT, PELVIS	-	05572 4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
C8921	S	TTE W OR W/O FOL W/CONT, COM	-	05573 8.4267	APC	\$477.29	-	-	000	999	-	
C8922	S	TTE W OR W/O FOL W/CONT, F/U	-	05573 8.4267	APC	\$477.29	-	-	000	999	-	
C8923	S	2D TTE W OR W/O FOL W/CON,CO	-	05573 8.4267	APC	\$477.29	-	-	000	999	-	
C8924	S	2D TTE W OR W/O FOL W/CON,FU	-	05572 4.7263	APC	\$267.70	-	-	000	999	-	
C8925	S	2D TEE W OR W/O FOL W/CON,IN	-	05573 8.4267	APC	\$477.29	-	-	000	999	-	
C8926	S	TEE W OR W/O FOL W/CONT,CONG	-	05573 8.4267	APC	\$477.29	-	-	000	999	-	
C8927	S	TEE W OR W/O FOL W/CONT, MON	-	05573 8.4267	APC	\$477.29	-	-	000	999	-	
C8928	S	TTE W OR W/O FOL W/CON,STRES	-	05573 8.4267	APC	\$477.29	-	-	000	999	-	
C8929	S	TTE W OR WO FOL WCON,DOPPLER	-	05573 8.4267	APC	\$477.29	-	-	000	999	-	
C8930	S	TTE W OR W/O CONTR, CONT ECG	-	05573 8.4267	APC	\$477.29	-	-	000	999	-	
C8931	N	MRA, W/DYE, SPINAL CANAL	-	05572 4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
C8932	N	MRA, W/O DYE, SPINAL CANAL	-	05523 2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
C8933	N	MRA, W/O&W/DYE, SPINAL CANAL	-	05572 4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
C8934	N	MRA, W/DYE, UPPER EXTREMITY	-	05572 4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
C8935	N	MRA, W/O DYE, UPPER EXTR	-	05523 2.8844	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
C8936	N	MRA, W/O&W/DYE, UPPER EXTR	-	05572 4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
C8937	N	CAD BREAST MRI	-	-	Bundled	\$0.00	-	-	000	999	-	
C8957	S	PROLONGED IV INF, REQ PUMP	-	05694 3.8320	APC	\$217.04	-	-	000	999	-	
C9046	G	COCAINE HCL NASAL SOLUTION	-	09307 -	APC – pays by fee schedule amount	\$1.26	-	-	000	999	-	
C9047	G	INJECTION, CAPLACIZUMAB-YHDP	-	09199 -	APC – pays by fee schedule amount	\$691.92	-	-	000	999	-	
C9055	G	INJ, BREXANOLONE	-	09333 -	APC – pays by fee schedule amount	\$77.04	-	-	000	999	-	
C9059	G	INJECTION, MELOXICAM	-	9371 -	APC – pays by fee schedule amount	\$3.23	-	-	000	999	-	
C9061	G	INJECTION, TEPROTUMUMAB-TRBW	-	9355 -	APC – pays by fee schedule amount	\$306.94	-	-	000	999	-	
C9063	G	INJECTION, EPTINEZUMAB-JJMR	-	9357 -	APC – pays by fee schedule amount	\$15.40	-	-	000	999	-	
C9113	N	INJ PANTOPRAZOLE SODIUM, VIA	-	-	Bundled	\$0.00	-	-	000	999	-	
C9122	G	MOMETASONE FUROATE (SINUVA)	-	9346 -	APC – pays by fee schedule amount	\$10.19	-	-	000	999	-	
C9132	K	KCENTRA, PER I.U.	-	09132 0.0369	APC (blood and non-blood product codes)	\$2.09	-	-	000	999	-	
C9248	N	INJ, CLEVIDIPINE BUTYRATE	-	-	Bundled	\$0.00	-	-	000	999	-	
C9250	K	ARTISS FIBRIN SEALANT	-	01848 2.7691	APC (blood and non-blood product codes)	\$156.84	-	-	000	999	-	
C9254	N	INJECTION, LACOSAMIDE	-	-	Bundled	\$0.00	-	-	000	999	-	
C9257	K	BEVACIZUMAB INJECTION	-	01281 0.0346	APC (blood and non-blood product codes)	\$1.96	-	-	000	999	-	
C9285	N	PATCH, LIDOCAINE/TETRACAINE	-	-	Bundled	\$0.00	-	-	003	999	-	
C9290	N	INJ, BUPIVACAINE LIPOSOME	-	-	Bundled	\$0.00	-	-	000	999	-	
C9293	N	INJECTION, GLUCARPIDASE	-	-	Bundled	\$0.00	-	-	000	999	-	
C9352	N	NEURAGEN NERVE GUIDE, PER CM	-	-	Bundled	\$0.00	-	-	000	999	-	
C9353	N	NEURAWRAP NERVE PROTECTOR,CM	-	-	Bundled	\$0.00	-	-	000	999	-	
C9354	N	VERITAS COLLAGEN MATRIX, CM2	-	-	Bundled	\$0.00	-	-	000	999	-	
C9355	N	NEUROMATRIX NERVE CUFF, CM	-	-	Bundled	\$0.00	-	-	000	999	-	
C9356	N	TENOGLIDE TENDON PROT, CM2	-	-	Bundled	\$0.00	-	-	000	999	-	
C9358	N	SURGIMEND, FETAL	-	-	Bundled	\$0.00	-	-	000	999	-	
C9359	N	IMPLNT,BON VOID FILLER-PUTTY	-	-	Bundled	\$0.00	-	-	000	999	-	
C9360	N	SURGIMEND, NEONATAL	-	-	Bundled	\$0.00	-	-	000	999	-	
C9361	N	NEUROMEND NERVE WRAP	-	-	Bundled	\$0.00	-	-	000	999	-	
C9362	N	IMPLNT,BON VOID FILLER-STRIP	-	-	Bundled	\$0.00	-	-	000	999	-	
C9363	N	INTEGRA MESHED BIL WOUND MAT	-	-	Bundled	\$0.00	-	-	000	999	-	
C9364	N	PORCINE IMPLANT, PERMACOL	-	-	Bundled	\$0.00	-	-	000	999	-	
C9399	M	UNCLASSIFIED DRUGS OR BIOLOG	-	-	Charge Ratio	\$0.00	-	-	000	999	-	
C9460	K	INJECTION, CANGRELOR	-	09460 0.2720	APC (blood and non-blood product codes)	\$15.41	-	-	000	999	-	
C9462	G	INJECTION, DELAFLOXACIN	-	09462 -	APC – pays by fee schedule amount	\$0.47	-	-	000	999	-	
C9482	K	SOTALOL HYDROCHLORIDE IV	-	09482 0.2825	APC (blood and non-blood product codes)	\$16.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees			
C9488	K	CONIVAPTAN HCL	-	09488	0.5839	APC (blood and non-blood product codes)	\$33.07	-	-	000	999	-
C9600	N	PERC DRUG-EL COR STENT SING	-	05193	122.6403	Bundled, sometimes payable	\$0.00	-	-	000	999	-
C9601	N	PERC DRUG-EL COR STENT BRAN	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9602	N	PERC D-E COR STENT ATHER S	-	05194	197.2940	Bundled, sometimes payable	\$0.00	-	-	000	999	-
C9603	N	PERC D-E COR STENT ATHER BR	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9604	N	PERC D-E COR REVASC T CABG S	-	05193	122.6403	Bundled, sometimes payable	\$0.00	-	-	000	999	-
C9605	N	PERC D-E COR REVASC T CABG B	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9606	C	PERC D-E COR REVASC W AMI S	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
C9607	N	PERC D-E COR REVASC CHRO SIN	-	05194	197.2940	Bundled, sometimes payable	\$0.00	-	-	000	999	-
C9608	N	PERC D-E COR REVASC CHRO ADD	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9725	T	PLACE ENDORECTAL APP	-	05311	9.4548	APC	\$535.52	-	-	000	999	-
C9726	N	RXT BREAST APPL PLACE/REMOV	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9727	T	INSERT PALATE IMPLANTS	-	05163	16.7012	APC	\$945.96	-	-	000	999	-
C9728	S	PLACE DEVICE/MARKER, NON PRO	-	05613	15.4140	APC	\$873.05	-	-	000	999	-
C9733	N	NON-OPHTHALMIC FVA	-	05572	4.7263	Bundled, sometimes payable	\$0.00	-	-	000	999	-
C9734	T	U/S TRTMT, NOT LEIOMYOMATA	-	05115	147.2988	APC	\$8,343.00	-	-	000	999	-
C9738	N	BLUE LIGHT CYSTO IMAG AGENT	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9739	N	CYSTOSCOPY PROSTATIC IMP 1-3	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
C9740	T	CYSTO IMPL 4 OR MORE	-	05376	99.8593	APC	\$5,656.03	-	-	000	999	-
C9745	N	NASAL ENDO EUSTACHIAN TUBE	-	05165	60.0365	Bundled, sometimes payable	\$0.00	-	-	000	999	-
C9747	N	ABLATION, HIFU, PROSTATE	-	05375	52.3761	Bundled, sometimes payable	\$0.00	-	-	000	999	-
C9749	N	REPAIR NASAL STENOSIS W/IMP	-	05165	60.0365	Bundled, sometimes payable	\$3,400.47	-	-	000	999	-
C9751	T	MICROWAVE BRONCH, 3D, EBUS	-	01571	145.6656	APC	\$8,250.50	-	-	000	999	-
C9752	T	INTRAOSSEOUS DES LUMB/SACRUM	-	05115	147.2988	APC	\$8,343.00	-	-	000	999	-
C9753	N	INTRAOSSEOUS DESTRUCT ADD'L	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9756	N	FLUORESCENCE LYMPH MAP W/ICG	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9757	N	SPINE/LUMBAR DISK SURGERY	-	05115	147.2988	Bundled, sometimes payable	\$8,343.00	-	-	000	999	-
C9758	T	BLIND INTERATRIAL SHUNT IDE	-	01589	220.7009	APC	\$12,500.50	-	-	000	999	-
C9759	N	TRANSCATH INTRAOP MICROINF	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9760	T	NON-BLIND INTERATRIAL SHUNT	-	1589	220.7009	APC	\$12,500.50	-	-	000	999	-
C9762	N	CARDIAC MRI SEG DYS STRAIN	-	5524	5.9607	Bundled, sometimes payable	\$337.61	-	-	000	999	-
C9763	N	CARDIAC MRI SEG DYS STRESS	-	5524	5.9607	Bundled, sometimes payable	\$337.61	-	-	000	999	-
C9764	N	REVASC INTRAVASC LITHOTRIPSY	-	5192	61.3161	Bundled, sometimes payable	\$3,472.94	-	-	000	999	-
C9765	N	REVASC INTRA LITHOTRIP-STENT	-	5193	122.6403	Bundled, sometimes payable	\$6,946.35	-	-	000	999	-
C9766	N	REVASC INTRA LITHOTRIP-ATHER	-	5193	122.6403	Bundled, sometimes payable	\$6,946.35	-	-	000	999	-
C9767	N	REVASC LITHOTRIP-STENT-ATHER	-	5194	197.2940	Bundled, sometimes payable	\$11,174.73	-	-	000	999	-
C9803	N	HOPD COVID-19 SPEC COLLECT	-	05731	0.2845	Bundled, sometimes payable	\$0.00	-	-	000	999	-
C9898	N	INPNT STAY RADIOLABELED ITEM	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9899	E	INPT IMPLANT PROS DEV,NO COV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D0120	M	PERIODIC ORAL EVALUATION	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D0140	M	LIMIT ORAL EVAL PROBLM FOCUS	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D0145	M	ORAL EVALUATION, PT < 3YRS	-	-	-	Fee Schedule	\$68.64	-	-	000	002	-
D0150	S	COMPREHENSVE ORAL EVALUATION	-	05871	12.0688	APC	\$683.58	-	-	000	999	-
D0160	E	EXTENSV ORAL EVAL PROB FOCUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D0170	M	RE-EVAL,EST PT,PROBLEM FOCUS	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
D0171	M	RE-EVAL POST-OP VISIT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
D0180	E	COMP PERIODONTAL EVALUATION	-	-	-	Not Allowed	\$0.00	-	-	000	020	-
D0190	M	SCREENING OF A PATIENT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
D0191	M	ASSESSMENT OF A PATIENT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
D0210	M	INTRAOR COMPLETE FILM SERIES	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
D0220	M	INTRAORAL PERIAPICAL FIRST	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
D0230	M	INTRAORAL PERIAPICAL EA ADD	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
D0240	M	INTRAORAL OCCLUSAL FILM	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
D0250	S	EXTRAORAL 2D PROJECT IMAGE	-	05871	12.0688	APC	\$683.58	-	-	000	999	-
D0251	N	EXTRAORAL POSTERIOR IMAGE	-	05521	0.9878	Bundled, sometimes payable	\$0.00	-	-	000	999	-
D0270	M	DENTAL BITEWING SINGLE IMAGE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
D0272	M	DENTAL BITEWINGS TWO IMAGES	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
D0273	M	BITEWINGS - THREE IMAGES	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
D0274	M	BITEWINGS FOUR IMAGES	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
D0277	S	VERT BITEWINGS 7 TO 8 IMAGES	-	05871	12.0688	APC	\$683.58	-	-	000	999	-	
D0310	E	DENTAL SALIOGRAPHY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0320	E	DENTAL TMJ ARTHROGRAM INCL I	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0321	E	OTHER TMJ IMAGES BY REPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0322	E	DENTAL TOMOGRAPHIC SURVEY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0330	M	PANORAMIC IMAGE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
D0340	M	2D CEPHALOMETRIC IMAGE	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D0350	M	ORAL/FACIAL PHOTO IMAGES	-	-	-	Fee Schedule	\$68.64	-	-	018	020	-	
D0351	E	3D PHOTOGRAPHIC IMAGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0360	E	CONE BEAM CT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0362	E	CONE BEAM, TWO DIMENSIONAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0364	E	CONE BEAM CT CAPT & INTERP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0365	E	CONE BEAM CT INTERPRETE MAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0366	E	CONE BEAM CT INTERPRETE MAX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0367	M	CONE BEAM CT INTERP BOTH JAW	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D0368	E	CONE BEAM CT INTERPRETE TMJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0369	E	MAX MRI CAPTURE & INTERPRETE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0370	E	MAX ULTRASOUND CAPT & INTERP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0371	E	SIALOENDOSCOPY CAPT & INTERP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0380	E	CONE BEAM CT CAPTURE LIMITED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0381	E	CONE BEAM CT CAPT MANDIBLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0382	E	CONE BEAM CT CAPT MAXILLA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0383	E	CONE BEAM CT BOTH JAWS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0384	E	CONE BEAM CT CAPTURE TMJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0385	E	MAX MRI IMAGE CAPTURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0386	E	MAX ULTRASOUND IMAGE CAPTURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0391	E	INTERPRETE DIAGNOSTIC IMAGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0393	E	TRTMNT SIMULATION 3D IMAGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0394	E	DIGITAL SUB 2 OR MORE IMAGES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0395	E	FUSION 2 OR MORE 3D IMAGES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0411	E	HBA1C IN OFFICE TESTING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0412	E	BLOOD GLUCOSE LEVEL TEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0414	E	LAB PROCESS MICROBIAL SPEC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0415	E	COLLECTION OF MICROORGANISMS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0416	E	VIRAL CULTURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0417	E	COLLECT & PREP SALIVA SAMPLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0418	E	ANALYSIS OF SALIVA SAMPLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0419	E	ASSESS OF SALIVARY FLOW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0422	E	COLLECT & PREP GENETIC SAMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0423	E	GENETIC TEST SPEC ANALYSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0425	M	CARIES SUSCEPTIBILITY TEST	-	-	-	Fee Schedule	\$68.64	-	-	000	002	-	
D0431	E	DIAG TST DETECT MUCOS ABNORM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0460	S	PULP VITALITY TEST	-	05871	12.0688	APC	\$683.58	-	-	000	020	-	
D0470	M	DIAGNOSTIC CASTS	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D0472	E	GROSS EXAM, PREP & REPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0473	E	MICRO EXAM, PREP & REPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0474	E	MICRO W EXAM OF SURG MARGINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0475	E	DECALCIFICATION PROCEDURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0476	E	SPEC STAINS FOR MICROORGANIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0477	E	SPEC STAINS NOT FOR MICROORG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0478	E	IMMUNOHISTOCHEMICAL STAINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0479	E	TISSUE IN-SITU HYBRIDIZATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0480	E	CYTOPATH SMEAR PREP & REPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
D0481	E	ELECTRON MICROSCOPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D0482	E	DIRECT IMMUNOFLUORESCENCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D0483	E	INDIRECT IMMUNOFLUORESCENCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D0484	E	CONSULT SLIDES PREP ELSEWHERE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D0485	E	CONSULT INC PREP OF SLIDES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D0486	M	ACCESS OF TRANSEP CYTOL SAMP	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-
D0502	E	OTHER ORAL PATHOLOGY PROCEDU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D0600	S	NON-IONIZING DIAG PROC	-	05871	12.0688	APC	\$683.58	-	-	000	999	-
D0601	M	CARIES RISK ASSESS LOW RISK	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D0602	M	CARIES RISK ASSESS MOD RISK	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D0603	M	CARIES RISK ASSESS HIGH RISK	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D0999	E	UNSPECIFIED DIAGNOSTIC PROCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D1110	M	DENTAL PROPHYLAXIS ADULT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
D1120	M	DENTAL PROPHYLAXIS CHILD	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
D1206	M	TOPICAL FLUORIDE VARNISH	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D1208	M	TOPICAL APP FLUORID EX VRNSH	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
D1310	M	NUTRI COUNSEL-CONTROL CARIES	-	-	-	Fee Schedule	\$68.64	-	-	000	005	-
D1320	M	TOBACCO COUNSELING	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
D1330	M	ORAL HYGIENE INSTRUCTION	-	-	-	Fee Schedule	\$68.64	-	-	000	005	-
D1351	M	DENTAL SEALANT PER TOOTH	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
D1352	M	PREV RESIN REST, PERM TOOTH	-	-	-	Fee Schedule	\$0.00	-	-	000	020	-
D1353	M	SEALANT REPAIR PER TOOTH	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
D1354	M	INT CARIES MED APP PER TOOTH	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D1510	S	SPACE MAINTAINER FXD UNILAT	-	05871	12.0688	APC	\$683.58	-	-	000	020	-
D1516	S	FIXED BILAT SPACE MAINT, MAX	-	05871	12.0688	APC	\$683.58	-	-	000	020	-
D1517	S	FIXED BILAT SPACE MAINT, MAN	-	05871	12.0688	APC	\$683.58	-	-	000	020	-
D1520	E	REMOVE UNILAT SPACE MAINTAIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D1526	E	REMOVE BILAT SPACE MAIN, MAX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D1527	E	REMOVE BILAT SPACE MAIN, MAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D1551	S	RECEMENT SPACE MAINT - MAX	-	05871	12.0688	APC	\$683.58	-	-	000	999	-
D1552	S	RECEMENT SPACE MAINT - MAN	-	05871	12.0688	APC	\$683.58	-	-	000	999	-
D1553	S	RECEMENT UNILAT SPACE MAINT	-	05871	12.0688	APC	\$683.58	-	-	000	999	-
D1556	E	REM FIXED UNILAT SPACE MAINT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D1557	E	REMOVE FIXED BILAT MAINT MAX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D1558	E	REMOVE FIXED BILAT MAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D1575	S	DIST SPACE MAINT, FIXED UNIL	-	05871	12.0688	APC	\$683.58	-	-	000	999	-
D1999	E	UNSPECIFIED PREVENTIVE PROC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D2140	M	AMALGAM ONE SURFACE PERMANEN	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2150	M	AMALGAM TWO SURFACES PERMANE	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2160	M	AMALGAM THREE SURFACES PERMA	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2161	M	AMALGAM 4 OR > SURFACES PERM	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2330	M	RESIN ONE SURFACE-ANTERIOR	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2331	M	RESIN TWO SURFACES-ANTERIOR	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2332	M	RESIN THREE SURFACES-ANTERIO	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2335	M	RESIN 4/> SURF OR W INCIS AN	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2390	M	ANT RESIN-BASED CMPST CROWN	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2391	M	POST 1 SRFC RESINBASED CMPST	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2392	M	POST 2 SRFC RESINBASED CMPST	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2393	M	POST 3 SRFC RESINBASED CMPST	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2394	M	POST >=4SRFC RESINBASED CMPST	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2410	E	DENTAL GOLD FOIL ONE SURFACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D2420	E	DENTAL GOLD FOIL TWO SURFACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D2430	E	DENTAL GOLD FOIL THREE SURFA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D2510	E	DENTAL INLAY METALIC 1 SURF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D2520	E	DENTAL INLAY METALIC 2 SURF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D2530	E	DENTAL INLAY METL 3/MORE SUR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

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July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
D2542	E	DENTAL ONLAY METALLIC 2 SURF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2543	E	DENTAL ONLAY METALLIC 3 SURF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2544	E	DENTAL ONLAY METL 4/MORE SUR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2610	E	INLAY PORCELAIN/CERAMIC 1 SU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2620	E	INLAY PORCELAIN/CERAMIC 2 SU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2630	E	DENTAL ONLAY PORC 3/MORE SUR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2642	E	DENTAL ONLAY PORCELIN 2 SURF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2643	E	DENTAL ONLAY PORCELIN 3 SURF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2644	E	DENTAL ONLAY PORC 4/MORE SUR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2650	E	INLAY COMPOSITE/RESIN ONE SU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2651	E	INLAY COMPOSITE/RESIN TWO SU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2652	E	DENTAL INLAY RESIN 3/MRE SUR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2662	E	DENTAL ONLAY RESIN 2 SURFACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2663	E	DENTAL ONLAY RESIN 3 SURFACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2664	E	DENTAL ONLAY RESIN 4/MRE SUR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2710	M	CROWN RESIN-BASED INDIRECT	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D2712	M	CROWN 3/4 RESIN-BASED COMPOS	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D2720	M	CROWN RESIN W/ HIGH NOBLE ME	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D2721	M	CROWN RESIN W/ BASE METAL	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D2722	M	CROWN RESIN W/ NOBLE METAL	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D2740	M	CROWN PORCELAIN/CERAMIC	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D2750	M	CROWN PORCELAIN W/ H NOBLE M	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D2751	M	CROWN PORCELAIN FUSED BASE M	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D2752	M	CROWN PORCELAIN W/ NOBLE MET	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D2753	E	CROWN PORC FUSED TO TITANIUM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2780	M	CROWN 3/4 CAST HI NOBLE MET	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D2781	M	CROWN 3/4 CAST BASE METAL	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D2782	M	CROWN 3/4 CAST NOBLE METAL	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D2783	M	CROWN 3/4 PORCELAIN/CERAMIC	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D2790	M	CROWN FULL CAST HIGH NOBLE M	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D2791	M	CROWN FULL CAST BASE METAL	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D2792	M	CROWN FULL CAST NOBLE METAL	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D2794	M	CROWN-TITANIUM	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D2799	M	PROVISIONAL CROWN	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D2910	M	RECEMENT INLAY ONLAY OR PART	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D2915	E	RECEMENT CAST OR PREFAB POST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2920	M	RE-CEMENT OR RE-BOND CROWN	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D2921	M	REATTACH TOOTH FRAGMENT	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D2929	M	PREFAB PORC/CERAM CROWN PRI	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D2930	M	PREFAB STNLSS STEEL CRWN PRI	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D2931	M	PREFAB STNLSS STEEL CROWN PE	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D2932	M	PREFABRICATED RESIN CROWN	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D2933	M	PREFAB STAINLESS STEEL CROWN	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D2934	E	PREFAB STEEL CROWN PRIMARY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2940	M	PROTECTIVE RESTORATION	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D2941	E	INT THERAPEUTIC RESTORATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2949	E	RESTORATIVE FOUNDATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2950	M	CORE BUILD-UP INCL ANY PINS	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D2951	M	TOOTH PIN RETENTION	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D2952	M	POST AND CORE CAST + CROWN	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D2953	M	EACH ADDTNL CAST POST	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D2954	M	PREFAB POST/CORE + CROWN	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D2955	E	POST REMOVAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2957	M	EACH ADDTNL PREFAB POST	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D2960	M	LAMINATE LABIAL VENEER	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D2961	M	LAB LABIAL VENEER RESIN	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
D2962	M	LAB LABIAL VENEER PORCELAIN	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D2971	E	ADD PROC CONSTRUCT NEW CROWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2975	E	COPING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2980	M	CROWN REPAIR	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D2981	E	INLAY REPAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2982	E	ONLAY REPAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2983	E	VENEER REPAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2990	E	RESIN INFILTRATION OF LESION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D2999	E	DENTAL UNSPEC RESTORATIVE PR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D3110	M	PULP CAP DIRECT	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D3120	M	PULP CAP INDIRECT	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D3220	M	THERAPEUTIC PULPOTOMY	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D3221	M	GROSS PULPAL DEBRIDEMENT	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D3222	E	PART PULP FOR APEXOGENESIS	-	-	-	Not Allowed	\$0.00	-	-	000	020	-	
D3230	M	PULPAL THERAPY ANTERIOR PRIM	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D3240	M	PULPAL THERAPY POSTERIOR PRI	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D3310	M	END THXPY, ANTERIOR TOOTH	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D3320	M	END THXPY, PREMOLAR TOOTH	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D3330	M	END THXPY, MOLAR TOOTH	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D3331	M	NON-SURG TX ROOT CANAL OBS	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D3332	E	INCOMPLETE ENDODONTIC TX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D3333	E	INTERNAL ROOT REPAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D3346	M	RETREAT ROOT CANAL ANTERIOR	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D3347	M	RETREAT ROOT CANAL PREMOLAR	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D3348	M	RETREAT ROOT CANAL MOLAR	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D3351	E	APEXIFICATION/RECALC INITIAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D3352	E	APEXIFICATION/RECALC INTERIM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D3353	E	APEXIFICATION/RECALC FINAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D3355	E	PULPAL REGENERATION INITIAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D3356	E	PULPAL REGENERATION INTERIM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D3357	E	PULPAL REGENERATION COMPLETE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D3410	M	APICOECTOMY - ANTERIOR	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D3421	M	ROOT SURGERY PREMOLAR	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D3425	M	ROOT SURGERY MOLAR	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D3426	M	ROOT SURGERY EA ADD ROOT	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D3427	E	PERIRADICULAR SURGERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D3428	E	BONE GRAFT PERI PER TOOTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D3429	E	BONE GRAFT PERI EACH ADDL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D3430	M	RETROGRADE FILLING	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D3431	E	BIOLOGICAL MATERIALS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D3432	E	GUIDED TISSUE REGENERATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D3450	E	ROOT AMPUTATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D3460	E	ENDODONTIC ENDOSSEOUS IMPLAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D3470	E	INTENTIONAL REPLANTATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D3910	E	ISOLATION- TOOTH W RUBB DAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D3920	E	TOOTH SPLITTING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D3950	E	CANAL PREP/FITTING OF DOWEL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D3999	E	ENDODONTIC PROCEDURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D4210	M	GINGIVECTOMY/PLASTY 4 OR MOR	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D4211	M	GINGIVECTOMY/PLASTY 1 TO 3	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D4212	M	GINGIVECTOMY/PLASTY REST	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D4230	M	ANA CROWN EXP 4 OR> PER QUAD	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D4231	M	ANA CROWN EXP 1-3 PER QUAD	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D4240	M	GINGIVAL FLAP PROC W/ PLANIN	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D4241	M	GNGLV FLAP W ROOTPLAN 1-3 TH	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D4245	E	APICALLY POSITIONED FLAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
D4249	E	CROWN LENGTHEN HARD TISSUE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D4260	S	OSSEOUS SURGERY 4 OR MORE	-	05871	12.0688	APC	\$683.58	-	-	000	999	-
D4261	M	OSSEOUS SURG 1 TO 3 TEETH	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D4263	E	BONE REPLCE GRAFT FIRST SITE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D4264	E	BONE REPLCE GRAFT EACH ADD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D4265	E	BIO MTRLS TO AID SOFT/OS REG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D4266	E	GUIDED TISS REGEN RESORBLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D4267	E	GUIDED TISS REGEN NONRESORB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D4268	E	SURGICAL REVISION PROCEDURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D4270	S	PEDICLE SOFT TISSUE GRAFT PR	-	05871	12.0688	APC	\$683.58	-	-	000	999	-
D4273	S	AUTO TISSUE GRAFT 1ST TOOTH	-	05871	12.0688	APC	\$683.58	-	-	000	999	-
D4274	E	MESIAL/DISTAL WEDGE PROC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D4275	M	NON-AUTO GRAFT 1ST TOOTH	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
D4276	E	CON TISSUE W DBLE PED GRAFT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D4277	M	SOFT TISSUE GRAFT FIRSTTOOTH	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D4278	M	SOFT TISSUE GRAFT ADDL TOOTH	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D4283	E	AUTO TISSUE GRAFT ADDL TOOTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D4285	E	NON-AUTO GRAFT ADDL TOOTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D4320	M	PROVISION SPLNT INTRACORONAL	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D4321	M	PROVISIONAL SPLINT EXTRACORO	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D4341	M	PERIODONTAL SCALING & ROOT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
D4342	M	PERIODONTAL SCALING 1-3TEETH	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
D4346	E	SCALING GINGIV INFLAMMATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D4355	S	FULL MOUTH DEBRIDEMENT	-	05871	12.0688	APC	\$683.58	-	-	000	999	-
D4381	E	LOCALIZED DELIVERY ANTIMICRO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D4910	M	PERIODONTAL MAINT PROCEDURES	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D4920	M	UNSCHEDULED DRESSING CHANGE	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D4921	E	GINGIVAL IRRIGATION PER QUAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D4999	E	UNSPECIFIED PERIODONTAL PROC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5110	M	DENTURES COMPLETE MAXILLARY	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5120	M	DENTURES COMPLETE MANDIBLE	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5130	M	DENTURES IMMEDIAT MAXILLARY	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5140	M	DENTURES IMMEDIAT MANDIBLE	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5211	M	DENTURES MAXILL PART RESIN	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5212	M	DENTURES MAND PART RESIN	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5213	M	DENTURES MAXILL PART METAL	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5214	M	DENTURES MANDIBL PART METAL	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5221	E	IMMED MAX PART DENTURE RESIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5222	E	IMMED MAN PART DENTURE RESIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5223	E	IMMED MAX PART DENT METAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5224	E	IMMED MAND PART DENT METAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5225	M	MAXILLARY PART DENTURE FLEX	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5226	M	MANDIBULAR PART DENTURE FLEX	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5282	E	REMOVE UNIL PART DENTURE MAX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5283	E	REMOVE UNIL PART DENTURE MAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5284	E	REM UNILAT DENT FLEX BASE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5286	E	REM UNILAT DENT 1 PC RESIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5410	M	DENTURES ADJUST CMPLT MAXIL	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5411	M	DENTURES ADJUST CMPLT MAND	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5421	M	DENTURES ADJUST PART MAXILL	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5422	M	DENTURES ADJUST PART MANDBL	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5511	M	REP BROKE COMP DENT BASE MAN	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5512	M	REP BROKE COMP DENT BASE MAX	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5520	M	REPLACE DENTURE TEETH COMPLT	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5611	M	REP RESIN PART DENT BASE MAN	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5612	M	REP RESIN PART DENT BASE MAX	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-

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July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
D5621	M	REP CAST PART FRAME MAN	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D5622	M	REP CAST PART FRAME MAX	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D5630	M	REP PARTIAL DENTURE CLASP	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D5640	M	REPLACE PART DENTURE TEETH	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D5650	M	ADD TOOTH TO PARTIAL DENTURE	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D5660	M	ADD CLASP TO PARTIAL DENTURE	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D5670	E	REPLC TTH&ACRLC ON MTL FRMWK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5671	E	REPLC TTH&ACRLC MANDIBULAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5710	M	DENTURES REBASE CMPLT MAXIL	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D5711	M	DENTURES REBASE CMPLT MAND	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D5720	M	DENTURES REBASE PART MAXILL	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D5721	M	DENTURES REBASE PART MANDBL	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D5730	M	DENTURE RELN CMPLT MAXIL CH	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D5731	M	DENTURE RELN CMPLT MAND CHR	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D5740	M	DENTURE RELN PART MAXIL CHR	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D5741	M	DENTURE RELN PART MAND CHR	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D5750	M	DENTURE RELN CMPLT MAX LAB	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D5751	M	DENTURE RELN CMPLT MAND LAB	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D5760	M	DENTURE RELN PART MAXIL LAB	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D5761	M	DENTURE RELN PART MAND LAB	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D5810	M	DENTURE INTERM CMPLT MAXILL	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D5811	E	DENTURE INTERM CMPLT MANDBL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5820	M	DENTURE INTERM PART MAXILL	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D5821	M	DENTURE INTERM PART MANDBL	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D5850	M	DENTURE TISS CONDITN MAXILL	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D5851	M	DENTURE TISS CONDITN MANDBL	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D5862	E	PRECISION ATTACHMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5863	E	OVERDENTURE COMPLETE MAX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5864	E	OVERDENTURE PARTIAL MAX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5865	E	OVERDENTURE COMPLETE MANDIB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5866	E	OVERDENTURE PARTIAL MANDIB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5867	E	REPLACEMENT OF PRECISION ATT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5875	E	PROSTHESIS MODIFICATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5876	E	ADD METAL SUB TO ACRYLC DENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5899	E	REMOVABLE PROSTHODONTIC PROC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5911	E	FACIAL MOULAGE SECTIONAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5912	E	FACIAL MOULAGE COMPLETE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5913	E	NASAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5914	E	AURICULAR PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5915	E	ORBITAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5916	E	OCULAR PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5919	E	FACIAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5922	E	NASAL SEPTAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5923	E	OCULAR PROSTHESIS INTERIM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5924	E	CRANIAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5925	E	FACIAL AUGMENTATION IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5926	E	REPLACEMENT NASAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5927	E	AURICULAR REPLACEMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5928	E	ORBITAL REPLACEMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5929	E	FACIAL REPLACEMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5931	E	SURGICAL OBTURATOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5932	E	POSTSURGICAL OBTURATOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5933	E	REFITTING OF OBTURATOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5934	E	MANDIBULAR FLANGE PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5935	E	MANDIBULAR DENTURE PROSTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5936	E	TEMP OBTURATOR PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
D5937	E	TRISMUS APPLIANCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5951	E	FEEDING AID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5952	E	PEDIATRIC SPEECH AID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5953	E	ADULT SPEECH AID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5954	E	SUPERIMPOSED PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5955	E	PALATAL LIFT PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5958	E	INTRAORAL CON DEF INTER PLT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5959	E	INTRAORAL CON DEF MOD PALAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5960	E	MODIFY SPEECH AID PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5982	E	SURGICAL STENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5983	E	RADIATION APPLICATOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5984	E	RADIATION SHIELD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5985	E	RADIATION CONE LOCATOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5986	E	FLUORIDE APPLICATOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5987	E	COMMISSURE SPLINT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5988	E	SURGICAL SPLINT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5991	E	VESICULOBULLOUS DISEASE CARR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5992	E	ADJUST MAX PROST APPLIANCE	-	-	-	Not Allowed	\$0.00	-	-	018	999	-	
D5993	E	MAIN/CLEAN MAX PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	018	999	-	
D5994	E	PERIDONTAL MEDICAMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D5999	E	MAXILLOFACIAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6010	E	ODONTICS ENDOSTEAL IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6011	E	SECOND STAGE IMPLANT SURGERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6012	E	ENDOSTEAL IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6013	E	SURGICAL PLACE MINI IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6040	E	ODONTICS EPOSTEAL IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6050	E	ODONTICS TRANSOSTEAL IMPLNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6051	E	INTERIM ABUTMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6052	E	SEMI PRECISION ATTACH ABUT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6053	E	IMPLNT/ABTMNT SPRT REMV DNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6054	E	IMPLNT/ABTMNT SPRT REMV PRTL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6055	E	IMPLANT CONNECTING BAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6056	E	PREFABRICATED ABUTMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6057	E	CUSTOM ABUTMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6058	E	ABUTMENT SUPPORTED CROWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6059	E	ABUTMENT SUPPORTED MTL CROWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6060	E	ABUTMENT SUPPORTED MTL CROWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6061	E	ABUTMENT SUPPORTED MTL CROWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6062	E	ABUTMENT SUPPORTED MTL CROWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6063	E	ABUTMENT SUPPORTED MTL CROWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6064	E	ABUTMENT SUPPORTED MTL CROWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6065	E	IMPLANT SUPPORTED CROWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6066	E	IMPLANT SUPPORTED MTL CROWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6067	E	IMPLANT SUPPORTED MTL CROWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6068	E	ABUTMENT SUPPORTED RETAINER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6069	E	ABUTMENT SUPPORTED RETAINER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6070	E	ABUTMENT SUPPORTED RETAINER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6071	E	ABUTMENT SUPPORTED RETAINER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6072	E	ABUTMENT SUPPORTED RETAINER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6073	E	ABUTMENT SUPPORTED RETAINER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6074	E	ABUTMENT SUPPORTED RETAINER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6075	E	IMPLANT SUPPORTED RETAINER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6076	E	IMPLANT SUPPORTED RETAINER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6077	E	IMPLANT SUPPORTED RETAINER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6078	E	IMPLNT/ABUT SUPRTD FIXD DENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6079	E	IMPLNT/ABUT SUPRTD FIXD DENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
D6080	E	IMPLANT MAINTENANCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6081	E	SCALE & DEBRIDE, SINGLE IMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6082	E	IMP CROWN PORC TO BASE ALLOY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6083	E	IMP CROWN PORC TO NOBLE ALLO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6084	E	IMP CROWN PORC TO TITANIUM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6085	E	PROVISIONAL IMPLANT CROWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6086	E	IMP CROWN BASE ALLOYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6087	E	IMPLANT CROWN NOBLE ALLOYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6088	E	IMP CROWN TITANIUM ALLOYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6090	E	REPAIR IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6091	E	REPL SEMI/PRECISION ATTACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6092	E	RECEMENT SUPP CROWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6093	E	RECEMENT SUPP PART DENTURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6094	E	ABUT SUPPORT CROWN TITANIUM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6095	E	ODONTICS REPR ABUTMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6096	E	REMOVE BROKEN IMP RET SCREW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6097	E	ABUT CROWN PORC TO TITANIUM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6098	E	IMP RETAIN PORC TO BASE ALLO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6099	E	IMP RETAINER FOR FPD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6100	E	REMOVAL OF IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	018	999	-	
D6101	E	DEBRIDEMENT OF A PERIIMPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6102	E	DEBRIDEMENT & CONTOURING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6103	E	BONE GRAFT REPAIR PERIIMPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6104	E	BONE GRAFT TIME OF IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6110	E	IMPLNT/ABUT REMOV DENT MAX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6111	E	IMPLNT/ABUT REMOV DENT MAND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6112	E	IMP/ABUT REM DENT PART MAX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6113	E	IMP/ABUT REM DENT PART MAND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6114	E	IMPLNT/ABUT FIXED DENT MAX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6115	E	IMPLNT/ABUT FIXED DENT MAND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6116	E	IMP/ABUT FIXED DENT PART MAX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6117	E	IMP/ABUT FIXED DENT PART MAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6118	E	IMP/ABUT INT FIXED DENT MAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6119	E	INT/ABUT INT FIXED DENT MAX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6120	E	IMP RETAIN PORC TO TITANIUM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6121	E	RETAIN METAL FPD BASE ALLOYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6122	E	RETAIN METAL FPD NOBLE ALLOY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6123	E	RETAIN METAL FPD TITANIUM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6190	E	RADIO/SURGICAL IMPLANT INDEX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6194	E	ABUT SUPPORT RETAINER TITANI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6195	E	ABUT RETAIN PORC TO TITANIUM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6199	E	IMPLANT PROCEDURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6205	M	PONTIC-INDIRECT RESIN BASED	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6210	M	PROSTHODONT HIGH NOBLE METAL	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6211	M	BRIDGE BASE METAL CAST	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6212	M	BRIDGE NOBLE METAL CAST	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6214	M	PONTIC TITANIUM	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6240	M	BRIDGE PORCELAIN HIGH NOBLE	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6241	M	BRIDGE PORCELAIN BASE METAL	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6242	M	BRIDGE PORCELAIN NOBEL METAL	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6243	E	PONTIC PORCELAIN TO TITANIUM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6245	M	BRIDGE PORCELAIN/CERAMIC	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6250	M	BRIDGE RESIN W/HIGH NOBLE	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6251	M	BRIDGE RESIN BASE METAL	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6252	M	BRIDGE RESIN W/NOBLE METAL	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6253	E	PROVISIONAL PONTIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
D6254	E	INTERIM PONTIC	-	-	-	Not Allowed	\$0.00	-	-	018	020	-	
D6545	E	DENTAL RETAINR CAST METL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6548	E	PORCELAIN/CERAMIC RETAINER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6549	E	RESIN RETAINER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6600	E	PORCELAIN/CERAMIC INLAY 2SRF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6601	E	PORC/CERAM INLAY >= 3 SURFAC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6602	E	CST HGH NBLE MTL INLAY 2 SRF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6603	E	CST HGH NBLE MTL INLAY >=3SR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6604	E	CST BSE MTL INLAY 2 SURFACES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6605	E	CST BSE MTL INLAY >= 3 SURFA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6606	E	CAST NOBLE METAL INLAY 2 SUR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6607	E	CST NOBLE MTL INLAY >=3 SURF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6608	E	ONLAY PORC/CRMC 2 SURFACES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6609	E	ONLAY PORC/CRMC >=3 SURFACES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6610	E	ONLAY CST HGH NBL MTL 2 SRFC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6611	E	ONLAY CST HGH NBL MTL >=3SRF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6612	E	ONLAY CST BASE MTL 2 SURFACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6613	E	ONLAY CST BASE MTL >=3 SURFA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6614	E	ONLAY CST NBL MTL 2 SURFACES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6615	E	ONLAY CST NBL MTL >=3 SURFAC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6624	E	INLAY TITANIUM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6634	E	ONLAY TITANIUM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6710	M	CROWN-INDIRECT RESIN BASED	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6720	M	RETAIN CROWN RESIN W HI NBLE	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6721	M	CROWN RESIN W/BASE METAL	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6722	M	CROWN RESIN W/NOBLE METAL	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6740	M	CROWN PORCELAIN/CERAMIC	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6750	M	CROWN PORCELAIN HIGH NOBLE	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6751	M	CROWN PORCELAIN BASE METAL	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6752	M	CROWN PORCELAIN NOBLE METAL	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6753	E	RETAIN CROWN PORC TO TITANIU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6780	M	CROWN 3/4 HIGH NOBLE METAL	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6781	M	CROWN 3/4 CAST BASED METAL	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6782	M	CROWN 3/4 CAST NOBLE METAL	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6783	M	CROWN 3/4 PORCELAIN/CERAMIC	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6784	E	RETAINER CROWN 3/4 TITANIUM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6790	M	CROWN FULL HIGH NOBLE METAL	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6791	M	CROWN FULL BASE METAL CAST	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6792	M	CROWN FULL NOBLE METAL CAST	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6793	E	PROVISIONAL RETAINER CROWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6794	M	CROWN TITANIUM	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6795	E	INTERIM RETAINER CROWN	-	-	-	Not Allowed	\$0.00	-	-	018	020	-	
D6920	E	DENTAL CONNECTOR BAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6930	M	RECEMENT/BOND PART DENTURE	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D6940	E	STRESS BREAKER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6950	M	PRECISION ATTACHMENT	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D6970	E	POST & CORE PLUS RETAINER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6972	E	PREFAB POST & CORE PLUS RETA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6973	E	CORE BUILD UP FOR RETAINER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6975	E	COPING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6976	E	EACH ADDTNL CAST POST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6977	E	EACH ADDTL PREFAB POST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6980	M	FIXED PARTIAL REPAIR	-	-	-	Fee Schedule	\$189.39	-	-	000	020	-	
D6985	E	PEDIATRIC PARTIAL DENTURE FX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D6999	E	FIXED PROSTHODONTIC PROC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7111	S	EXTRACTION CORONAL REMNANTS	-	05871	12.0688	APC	\$683.58	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
D7140	S	EXTRACTION ERUPTED TOOTH/EXR	-	05871	12.0688	APC	\$683.58	-	-	000	999	-
D7210	S	REM IMP TOOTH W MUCOPER FLP	-	05871	12.0688	APC	\$683.58	-	-	000	999	-
D7220	S	IMPACT TOOTH REMOV SOFT TISS	-	05871	12.0688	APC	\$683.58	-	-	000	999	-
D7230	S	IMPACT TOOTH REMOV PART BONY	-	05871	12.0688	APC	\$683.58	-	-	000	999	-
D7240	S	IMPACT TOOTH REMOV COMP BONY	-	05871	12.0688	APC	\$683.58	-	-	000	999	-
D7241	S	IMPACT TOOTH REM BONY W/COMP	-	05871	12.0688	APC	\$683.58	-	-	000	999	-
D7250	S	TOOTH ROOT REMOVAL	-	05871	12.0688	APC	\$683.58	-	-	000	999	-
D7251	E	CORONECTOMY	-	-	-	Not Allowed	\$0.00	-	-	018	999	-
D7260	E	ORAL ANTRAL FISTULA CLOSURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7261	E	PRIMARY CLOSURE SINUS PERF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7270	M	TOOTH REIMPLANTATION	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D7272	E	TOOTH TRANSPLANTATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7280	M	EXPOSURE OF UNERUPTED TOOTH	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D7282	M	MOBILIZE ERUPTED/MALPOS TOOT	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D7283	M	PLACE DEVICE IMPACTED TOOTH	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-
D7285	E	BIOPSY OF ORAL TISSUE HARD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7286	E	BIOPSY OF ORAL TISSUE SOFT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7287	E	EXFOLIATIVE CYTOLOG COLLECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7288	E	BRUSH BIOPSY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7290	E	REPOSITIONING OF TEETH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7291	E	TRANSSEPTAL FIBEROTOMY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7292	E	SCREW RETAINED PLATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7293	E	TEMP ANCHORAGE DEV W FLAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7294	E	TEMP ANCHORAGE DEV W/O FLAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7295	E	BONE HARVEST,AUTO GRAFT PROC	-	-	-	Not Allowed	\$0.00	-	-	018	999	-
D7296	E	CORTICOTOMY, 1-3 TEETH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7297	E	CORTICOTOMY, 4 OR MORE TEETH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7310	M	ALVEOPLASTY W/ EXTRACTION	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D7311	M	ALVEOLOPLASTY W/EXTRACT 1-3	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D7320	M	ALVEOPLASTY W/O EXTRACTION	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D7321	M	ALVEOLOPLASTY NOT W/EXTRACTS	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D7340	E	VESTIBULOPLASTY RIDGE EXTENS	-	-	-	Not Allowed	\$0.00	-	-	000	020	-
D7350	E	VESTIBULOPLASTY EXTEN GRAFT	-	-	-	Not Allowed	\$0.00	-	-	000	020	-
D7410	E	RAD EXC LESION UP TO 1.25 CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7411	E	EXCISION BENIGN LESION>1.25C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7412	E	EXCISION BENIGN LESION COMPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7413	E	EXCISION MALIG LESION<=1.25C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7414	E	EXCISION MALIG LESION>1.25CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7415	E	EXCISION MALIG LES COMPLICAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7440	E	MALIG TUMOR EXC TO 1.25 CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7441	E	MALIG TUMOR > 1.25 CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7450	E	REM ODONTOGEN CYST TO 1.25CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7451	E	REM ODONTOGEN CYST > 1.25 CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7460	E	REM NONODONTO CYST TO 1.25CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7461	E	REM NONODONTO CYST > 1.25 CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7465	E	LESION DESTRUCTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7471	E	REM EXOSTOSIS ANY SITE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7472	E	REMOVAL OF TORUS PALATINUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7473	E	REMOVE TORUS MANDIBULARIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7485	E	SURG REDUCT OSSEOSTUBEROSIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7490	E	MAXILLA OR MANDIBLE RESECTIO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7510	M	I&D ABSC INTRAORAL SOFT TISS	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D7511	M	INCISION/DRAIN ABSCESS INTRA	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D7520	M	I&D ABSCESS EXTRAORAL	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D7521	M	INCISION/DRAIN ABSCESS EXTRA	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D7530	E	REMOVAL FB SKIN/AREOLAR TISS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
D7540	M	REMOVAL OF FB REACTION	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D7550	M	REMOVAL OF SLOUGHED OFF BONE	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D7560	M	MAXILLARY SINUSOTOMY	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D7610	E	MAXILLA OPEN REDUCT SIMPLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7620	E	CLSD REDUCT SIMPL MAXILLA FX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7630	E	OPEN RED SIMPL MANDIBLE FX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7640	E	CLSD RED SIMPL MANDIBLE FX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7650	E	OPEN RED SIMP MALAR/ZYGOM FX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7660	E	CLSD RED SIMP MALAR/ZYGOM FX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7670	E	CLOSD RDUCTN SPLINT ALVEOLUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7671	E	ALVEOLUS OPEN REDUCTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7680	E	REDUCT SIMPLE FACIAL BONE FX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7710	E	MAXILLA OPEN REDUCT COMPOUND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7720	E	CLSD REDUCT COMPD MAXILLA FX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7730	E	OPEN REDUCT COMPD MANDBLE FX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7740	E	CLSD REDUCT COMPD MANDBLE FX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7750	E	OPEN RED COMP MALAR/ZYGMA FX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7760	E	CLSD RED COMP MALAR/ZYGMA FX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7770	E	OPEN REDUC COMPD ALVEOLUS FX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7771	E	ALVEOLUS CLSD REDUC STBLZ TE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7780	E	REDUCT COMPND FACIAL BONE FX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7810	E	TMJ OPEN REDUCT-DISLOCATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7820	E	CLOSED TMP MANIPULATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7830	E	TMJ MANIPULATION UNDER ANEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7840	E	REMOVAL OF TMJ CONDYLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7850	E	TMJ MENISCECTOMY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7852	E	TMJ REPAIR OF JOINT DISC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7854	E	TMJ EXCISN OF JOINT MEMBRANE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7856	E	TMJ CUTTING OF A MUSCLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7858	E	TMJ RECONSTRUCTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7860	E	TMJ CUTTING INTO JOINT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7865	E	TMJ RESHAPING COMPONENTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7870	E	TMJ ASPIRATION JOINT FLUID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7871	E	LYSIS + LAVAGE W CATHETERS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7872	E	TMJ DIAGNOSTIC ARTHROSCOPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7873	E	TMJ ARTHROSCOPY LYSIS ADHESN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7874	E	TMJ ARTHROSCOPY DISC REPOSIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7875	E	TMJ ARTHROSCOPY SYNOVECTOMY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7876	E	TMJ ARTHROSCOPY DISCECTOMY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7877	E	TMJ ARTHROSCOPY DEBRIDEMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7880	E	OCCCLUSAL ORTHOTIC APPLIANCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7881	E	OCC ORTHOTIC DEVICE ADJUST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7899	E	TMJ UNSPECIFIED THERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7910	M	DENT SUTUR RECENT WND TO 5CM	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D7911	M	DENTAL SUTURE WOUND TO 5 CM	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D7912	M	SUTURE COMPLICATE WND > 5 CM	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D7920	E	DENTAL SKIN GRAFT	-	-	-	Not Allowed	\$0.00	-	-	000	020	-	
D7921	E	COLLECT & APPL BLOOD PRODUCT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7922	E	PLACE INTRA-SOCKET BIO DRESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7940	E	RESHAPING BONE ORTHOGNATHIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7941	E	BONE CUTTING RAMUS CLOSED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7943	E	CUTTING RAMUS OPEN W/GRAFT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7944	E	BONE CUTTING SEGMENTED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7945	E	BONE CUTTING BODY MANDIBLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7946	E	RECONSTRUCTION MAXILLA TOTAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7947	E	RECONSTRUCT MAXILLA SEGMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
D7948	E	RECONSTRUCT MIDFACE NO GRAFT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7949	E	RECONSTRUCT MIDFACE W/GRAFT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7950	E	MANDIBLE GRAFT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7951	M	SINUS AUG W BONE OR BONE SUB	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D7952	E	SINUS AUGMENTATION VERTICAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7953	E	BONE REPLACEMENT GRAFT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7955	E	REPAIR MAXILLOFACIAL DEFECTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7960	M	FRENULECTOMY/FRENECTOMY	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D7963	E	FRENULOPLASTY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7970	M	EXCISION HYPERPLASTIC TISSUE	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D7971	E	EXCISION PERICORONAL GINGIVA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7972	E	SURG REDCT FIBROUS TUBEROSIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7979	E	NON-SURGICAL SIALOLITHOTOMY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7980	E	SURGICAL SIALOLITHOTOMY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7981	E	EXCISION OF SALIVARY GLAND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7982	E	SIALODOCHOPLASTY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7983	E	CLOSURE OF SALIVARY FISTULA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7990	E	EMERGENCY TRACHEOTOMY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7991	E	DENTAL CORONOIDECTOMY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7995	E	SYNTHETIC GRAFT FACIAL BONES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7996	E	IMPLANT MANDIBLE FOR AUGMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7997	E	APPLIANCE REMOVAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7998	M	INTRAORAL PLACE OF FIX DEV	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D7999	E	ORAL SURGERY PROCEDURE	-	-	-	Not Allowed	\$0.00	-	-	000	020	-	
D8010	E	LIMITED DENTAL TX PRIMARY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D8020	E	LIMITED DENTAL TX TRANSITION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D8030	E	LIMITED DENTAL TX ADOLESCENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D8040	E	LIMITED DENTAL TX ADULT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D8050	M	INTERCEP DENTAL TX PRIMARY	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D8060	M	INTERCEP DENTAL TX TRANSITN	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D8070	M	COMPRE DENTAL TX TRANSITION	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D8080	M	COMPRE DENTAL TX ADOLESCENT	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D8090	M	COMPRE DENTAL TX ADULT	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D8210	E	ORTHODONTIC REM APPLIANCE TX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D8220	M	FIXED APPLIANCE THERAPY HABT	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D8660	E	PREORTHODONTIC TX VISIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D8670	M	PERIODIC ORTHODONTIC TX VISIT	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D8680	M	ORTHODONTIC RETENTION	-	-	-	Fee Schedule	\$68.64	-	-	000	020	-	
D8681	E	REMOVABLE RETAINER ADJUST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D8690	E	ORTHODONTIC TREATMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D8695	E	REMOVE FIXED ORTHO APPLIANCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D8696	E	REP OF ORTHO APPLIANCE MAX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D8697	E	REP OF ORTHO APPLIANCE MAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D8698	E	RECEMENT FIXED RETAINER MAX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D8699	E	RECEMENT FIXED RETAINER MAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D8701	E	REPAIR FIXED RETAINER MAX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D8702	E	REPAIR OF FIXED RETAINER MAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D8703	E	REPLACE BROKEN RETAINER MAX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D8704	E	REPLACE BROKEN RETAINER MAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D8999	E	ORTHODONTIC PROCEDURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9110	N	TX DENTAL PAIN MINOR PROC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
D9120	E	FIX PARTIAL DENTURE SECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9130	E	TEMPOROMANDIBULAR JOINT DYSF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9210	E	DENT ANESTHESIA W/O SURGERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9211	E	REGIONAL BLOCK ANESTHESIA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9212	E	TRIGEMINAL BLOCK ANESTHESIA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
D9215	E	LOCAL ANESTHESIA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9219	E	EVAL MOD/DEEP SED/GEN ANEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9222	M	DEEP ANEST, 1ST 15 MIN	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D9223	M	GENERAL ANESTH EA ADDL 15 MI	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D9230	M	ANALGESIA	-	-	-	Fee Schedule	\$0.00	-	-	000	012	-	
D9239	M	IV MOD SEDATION, 1ST 15 MIN	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D9243	M	IV SEDATION EA ADDL 15M	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D9248	M	SEDATION (NON-IV)	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
D9310	M	DENTAL CONSULTATION	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D9311	E	CONSULT W/MED HLTH CARE PROF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9410	M	DENTAL HOUSE CALL	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D9420	M	HOSPITAL/ASC CALL	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D9430	E	OFFICE VISIT DURING HOURS	-	-	-	Not Allowed	\$0.00	-	-	000	020	-	
D9440	M	OFFICE VISIT AFTER HOURS	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D9450	E	CASE PRESENTATION TX PLAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9610	E	DENT THERAPEUTIC DRUG INJECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9612	M	THERA PAR DRUGS 2 OR > ADMIN	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
D9613	E	INFILTRATION THERA DRUG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9630	M	DRUGS/MEDS DISP FOR HOME USE	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D9910	E	DENT APPL DESENSITIZING MED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9911	E	APPL DESENSITIZING RESIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9920	M	BEHAVIOR MANAGEMENT	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D9930	E	TREATMENT OF COMPLICATIONS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9932	E	CLEAN & INSPECT REM DENT MAX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9933	E	CLEAN & INSPECT REM DENT MAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9934	E	CLEAN REM PART DENTURE MAX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9935	E	CLEAN REM PART DENTURE MAND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9941	E	FABRICATION ATHLETIC GUARD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9942	E	REPAIR/RELIN OCCLUSAL GUARD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9943	E	OCCLUSAL GUARD ADJUSTMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9944	S	OCC GUARD, HARD, FULL ARCH	-	05871	12.0688	APC	\$683.58	-	-	000	020	-	
D9945	S	OCC GUARD, SOFT, FULL ARCH	-	05871	12.0688	APC	\$683.58	-	-	000	020	-	
D9946	S	OCC GUARD, HARD, PART ARCH	-	05871	12.0688	APC	\$683.58	-	-	000	020	-	
D9950	E	OCCLUSION ANALYSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9951	E	LIMITED OCCLUSAL ADJUSTMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9952	E	COMPLETE OCCLUSAL ADJUSTMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9961	E	DUP/COPY PATIENT'S RECORDS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9970	E	ENAMEL MICROABRASION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9971	E	ODONTOPLASTY 1-2 TEETH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9972	E	EXTRNL BLEACHING PER ARCH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9973	E	EXTRNL BLEACHING PER TOOTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9974	E	INTRNL BLEACHING PER TOOTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9975	E	EXTERNAL BLEACHING HOME APP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9985	E	SALES TAX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9986	E	MISSED APPOINTMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9987	E	CANCELLED APPOINTMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9990	E	TRANS OR SIGN LANGUAGE SVCS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9991	E	CASE MGMT, APPT BARRIERS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9992	M	CASE MGMT, CARE COORDINATION	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
D9993	E	CASE MGMT, INTERVIEWING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9994	E	CASE MGMT, PT EDUCATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9995	M	TELEDENTISTRY REAL-TIME	-	-	-	Fee Schedule	\$26.65	-	-	000	999	-	
D9996	M	TELEDENTISTRY DENT REVIEW	-	-	-	Fee Schedule	\$26.65	-	-	000	999	-	
D9997	E	DENT CASE MGMT SPECIAL NEEDS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D9999	M	ADJUNCTIVE PROCEDURE	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
E0100	E	CANE ADJUST/FIXED WITH TIP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
E0105	E	CANE ADJUST/FIXED QUAD/3 PRO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0110	E	CRUTCH FOREARM PAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0111	E	CRUTCH FOREARM EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0112	E	CRUTCH UNDERARM PAIR WOOD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0113	E	CRUTCH UNDERARM EACH WOOD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0114	E	CRUTCH UNDERARM PAIR NO WOOD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0116	E	CRUTCH UNDERARM EACH NO WOOD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0117	E	UNDERARM SPRINGASSIST CRUTCH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0118	E	CRUTCH SUBSTITUTE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0130	E	WALKER RIGID ADJUST/FIXED HT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0135	E	WALKER FOLDING ADJUST/FIXED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0140	E	WALKER W TRUNK SUPPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0141	E	RIGID WHEELED WALKER ADJ/FIX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0143	E	WALKER FOLDING WHEELED W/O S	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0144	E	ENCLOSED WALKER W REAR SEAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0147	E	WALKER VARIABLE WHEEL RESIST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0148	E	HEAVYDUTY WALKER NO WHEELS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0149	E	HEAVY DUTY WHEELED WALKER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0153	E	FOREARM CRUTCH PLATFORM ATTA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0154	E	WALKER PLATFORM ATTACHMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0155	E	WALKER WHEEL ATTACHMENT PAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0156	E	WALKER SEAT ATTACHMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0157	E	WALKER CRUTCH ATTACHMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0158	E	WALKER LEG EXTENDERS SET OF4	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0159	E	BRAKE FOR WHEELED WALKER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0160	E	SITZ TYPE BATH OR EQUIPMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0161	E	SITZ BATH/EQUIPMENT W/FAUCET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0162	E	SITZ BATH CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0163	E	COMMODE CHAIR WITH FIXED ARM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0165	E	COMMODE CHAIR WITH DETACHARM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0167	E	COMMODE CHAIR PAIL OR PAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0168	E	HEAVYDUTY/WIDE COMMODE CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0170	E	COMMODE CHAIR ELECTRIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0171	E	COMMODE CHAIR NON-ELECTRIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0172	E	SEAT LIFT MECHANISM TOILET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0175	E	COMMODE CHAIR FOOT REST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0181	E	PRESS PAD ALTERNATING W/ PUM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0182	E	REPLACE PUMP, ALT PRESS PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0184	E	DRY PRESSURE MATTRESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0185	E	GEL PRESSURE MATTRESS PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0186	E	AIR PRESSURE MATTRESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0187	E	WATER PRESSURE MATTRESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0188	E	SYNTHETIC SHEEPSKIN PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0189	E	LAMBSWOOL SHEEPSKIN PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0190	E	POSITIONING CUSHION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0191	E	PROTECTOR HEEL OR ELBOW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0193	E	POWERED AIR FLOTATION BED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0194	E	AIR FLUIDIZED BED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0196	E	GEL PRESSURE MATTRESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0197	E	AIR PRESSURE PAD FOR MATTRES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0198	E	WATER PRESSURE PAD FOR MATTR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0199	E	DRY PRESSURE PAD FOR MATTRES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0200	E	HEAT LAMP WITHOUT STAND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0202	E	PHOTOTHERAPY LIGHT W/ PHOTOM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0203	E	THERAPEUTIC LIGHTBOX TABLETP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0205	E	HEAT LAMP WITH STAND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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									Hospital Lab Fees	Hospital Lab			
E0210	E	ELECTRIC HEAT PAD STANDARD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0215	E	ELECTRIC HEAT PAD MOIST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0217	E	WATER CIRC HEAT PAD W PUMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0218	E	FLUID CIRC COLD PAD W PUMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0221	E	INFRARED HEATING PAD SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0225	E	HYDROCOLLATOR UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0231	E	WOUND WARMING DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0232	E	WARMING CARD FOR NWT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0235	E	PARAFFIN BATH UNIT PORTABLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0236	E	PUMP FOR WATER CIRCULATING P	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0239	E	HYDROCOLLATOR UNIT PORTABLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0240	E	BATH/SHOWER CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0241	E	BATH TUB WALL RAIL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0242	E	BATH TUB RAIL FLOOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0243	E	TOILET RAIL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0244	E	TOILET SEAT RAISED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0245	E	TUB STOOL OR BENCH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0246	E	TRANSFER TUB RAIL ATTACHMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0247	E	TRANS BENCH W/WO COMM OPEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0248	E	HDTRANS BENCH W/WO COMM OPEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0249	E	PAD WATER CIRCULATING HEAT U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0250	E	HOSP BED FIXED HT W/ MATTRES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0251	E	HOSP BED FIXD HT W/O MATTRES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0255	E	HOSPITAL BED VAR HT W/ MATTR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0256	E	HOSPITAL BED VAR HT W/O MATT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0260	E	HOSP BED SEMI-ELECTR W/ MATT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0261	E	HOSP BED SEMI-ELECTR W/O MAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0265	E	HOSP BED TOTAL ELECTR W/ MAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0266	E	HOSP BED TOTAL ELEC W/O MATT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0270	E	HOSPITAL BED INSTITUTIONAL T	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0271	E	MATTRESS INNERSPRING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0272	E	MATTRESS FOAM RUBBER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0273	E	BED BOARD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0274	E	OVER-BED TABLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0275	E	BED PAN STANDARD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0276	E	BED PAN FRACTURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0277	E	POWERED PRES-REDU AIR MATTRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0280	E	BED CRADLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0290	E	HOSP BED FX HT W/O RAILS W/M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0291	E	HOSP BED FX HT W/O RAIL W/O	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0292	E	HOSP BED VAR HT NO SR W/MATT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0293	E	HOSP BED VAR HT NO SR NO MAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0294	E	HOSP BED SEMI-ELECT W/ MATTR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0295	E	HOSP BED SEMI-ELECT W/O MATT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0296	E	HOSP BED TOTAL ELECT W/ MATT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0297	E	HOSP BED TOTAL ELECT W/O MAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0300	E	ENCLOSED PED CRIB HOSP GRADE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0301	E	HD HOSP BED, 350-600 LBS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0302	E	EX HD HOSP BED > 600 LBS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0303	E	HOSP BED HVY DTY XTRA WIDE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0304	E	HOSP BED XTRA HVY DTY X WIDE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0305	E	RAILS BED SIDE HALF LENGTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0310	E	RAILS BED SIDE FULL LENGTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0315	E	BED ACCESSORY BRD/TBL/SUPPRT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0316	E	BED SAFETY ENCLOSURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0325	E	URINAL MALE JUG-TYPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
E0326	E	URINAL FEMALE JUG-TYPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0328	E	PED HOSPITAL BED, MANUAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0329	E	PED HOSPITAL BED SEMI/ELECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0350	E	CONTROL UNIT BOWEL SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0352	E	DISPOSABLE PACK W/BOWEL SYST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0370	E	AIR ELEVATOR FOR HEEL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0371	E	NONPOWER MATTRESS OVERLAY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0372	E	POWERED AIR MATTRESS OVERLAY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0373	E	NONPOWERED PRESSURE MATTRESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0424	E	STATIONARY COMPRESSED GAS 02	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0425	E	GAS SYSTEM STATIONARY COMPRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0430	E	OXYGEN SYSTEM GAS PORTABLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0431	E	PORTABLE GASEOUS 02	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0433	E	PORTABLE LIQUID OXYGEN SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0434	E	PORTABLE LIQUID 02	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0435	E	OXYGEN SYSTEM LIQUID PORTABL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0439	E	STATIONARY LIQUID 02	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0440	E	OXYGEN SYSTEM LIQUID STATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0441	E	STATIONARY O2 CONTENTS, GAS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0442	E	STATIONARY O2 CONTENTS, LIQ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0443	E	PORTABLE O2 CONTENTS, GAS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0444	E	PORTABLE O2 CONTENTS, LIQUID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0445	E	OXIMETER NON-INVASIVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0446	E	TOPICAL OX DELIVER SYS, NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0447	E	PORT O2 CONT, LIQ OVER 4 LPM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0455	E	OXYGEN TENT EXCL CROUP/PED T	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0457	E	CHEST SHELL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0459	E	CHEST WRAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0462	E	ROCKING BED W/ OR W/O SIDE R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0465	E	HOME VENT INVASIVE INTERFACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0466	E	HOME VENT NON-INVASIVE INTER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0467	E	HOME VENT MULTI-FUNCTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0470	E	RAD W/O BACKUP NON-INV INTFC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0471	E	RAD W/BACKUP NON INV INTRFC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0472	E	RAD W BACKUP INVASIVE INTRFC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0480	E	PERCUSSOR ELECT/PNEUM HOME M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0481	E	INTRPULMNRY PERCUSS VENT SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0482	E	COUGH STIMULATING DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0483	E	HI FREQ CHEST WALL OSCIL SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0484	E	NON-ELEC OSCILLATORY PEP DVC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0485	E	ORAL DEVICE/APPLIANCE PREFAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0486	E	ORAL DEVICE/APPLIANCE CUSFAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0487	N	ELECTRONIC SPIROMETER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
E0500	E	IPPB ALL TYPES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0550	E	HUMIDIF EXTENS SUPPLE W IPPB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0555	E	HUMIDIFIER FOR USE W/ REGULA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0560	E	HUMIDIFIER SUPPLEMENTAL W/ I	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0561	E	HUMIDIFIER NONHEATED W PAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0562	E	HUMIDIFIER HEATED USED W PAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0565	E	COMPRESSOR AIR POWER SOURCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0570	E	NEBULIZER WITH COMPRESSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0572	E	AEROSOL COMPRESSOR ADJUST PR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0574	E	ULTRASONIC GENERATOR W SVNEB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0575	E	NEBULIZER ULTRASONIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0580	E	NEBULIZER FOR USE W/ REGULAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0585	E	NEBULIZER W/ COMPRESSOR & HE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
E0600	E	SUCTION PUMP PORTAB HOM MODL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0601	E	CONT AIRWAY PRESSURE DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0602	E	MANUAL BREAST PUMP	-	-	-	Not Allowed	\$0.00	-	-	009	999	-	
E0603	E	ELECTRIC BREAST PUMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0604	E	HOSP GRADE ELEC BREAST PUMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0605	E	VAPORIZER ROOM TYPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0606	E	DRAINAGE BOARD POSTURAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0607	E	BLOOD GLUCOSE MONITOR HOME	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0610	E	PACEMAKER MONITR AUDIBLE/VIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0615	E	PACEMAKER MONITR DIGITAL/VIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0616	N	CARDIAC EVENT RECORDER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
E0617	E	AUTOMATIC EXT DEFIBRILLATOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0618	E	APNEA MONITOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0619	E	APNEA MONITOR W RECORDER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0620	E	CAP BLD SKIN PIERCING LASER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0621	E	PATIENT LIFT SLING OR SEAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0625	E	PATIENT LIFT BATHROOM OR TOI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0627	E	SEAT LIFT MECH, ELECTRIC ANY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0629	E	SEAT LIFT MECH, NON-ELECTRIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0630	E	PATIENT LIFT HYDRAULIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0635	E	PATIENT LIFT ELECTRIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0636	E	PT SUPPORT & POSITIONING SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0637	E	COMBINATION SIT TO STAND SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0638	E	STANDING FRAME SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0639	E	MOVEABLE PATIENT LIFT SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0640	E	FIXED PATIENT LIFT SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0641	E	MULTI-POSITION STND FRAM SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0642	E	DYNAMIC STANDING FRAME	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0650	E	PNEUMA COMPRESOR NON-SEGMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0651	E	PNEUM COMPRESSOR SEGMENTAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0652	E	PNEUM COMPRES W/CAL PRESSURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0655	E	PNEUMATIC APPLIANCE HALF ARM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0656	E	SEGMENTAL PNEUMATIC TRUNK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0657	E	SEGMENTAL PNEUMATIC CHEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0660	E	PNEUMATIC APPLIANCE FULL LEG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0665	E	PNEUMATIC APPLIANCE FULL ARM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0666	E	PNEUMATIC APPLIANCE HALF LEG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0667	E	SEG PNEUMATIC APPL FULL LEG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0668	E	SEG PNEUMATIC APPL FULL ARM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0669	E	SEG PNEUMATIC APPLI HALF LEG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0670	E	SEG PNEUM INT LEGS/TRUNK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0671	E	PRESSURE PNEUM APPL FULL LEG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0672	E	PRESSURE PNEUM APPL FULL ARM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0673	E	PRESSURE PNEUM APPL HALF LEG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0675	E	PNEUMATIC COMPRESSION DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0676	E	INTER LIMB COMPRESS DEV NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0691	E	UVL PNL 2 SQ FT OR LESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0692	E	UVL SYS PANEL 4 FT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0693	E	UVL SYS PANEL 6 FT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0694	E	UVL MD CABINET SYS 6 FT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0700	E	SAFETY EQUIPMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0705	E	TRANSFER DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0710	E	RESTRAINTS ANY TYPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0720	E	TENS TWO LEAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0730	E	TENS FOUR LEAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0731	E	CONDUCTIVE GARMENT FOR TENS/	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees	Hospital Lab Fees			
E0740	E	NON-IMPLANT PELV FLR E-STIM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0744	E	NEUROMUSCULAR STIM FOR SCOLI	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0745	E	NEUROMUSCULAR STIM FOR SHOCK	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0746	E	ELECTROMYOGRAPH BIOFEEDBACK	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0747	E	ELEC OSTEOGEN STIM NOT SPINE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0748	E	ELEC OSTEOGEN STIM SPINAL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0749	N	ELEC OSTEOGEN STIM IMPLANTED	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
E0755	E	ELECTRONIC SALIVARY REFLEX S	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0760	E	OSTEOGEN ULTRASOUND STIMLTOR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0761	E	NONTHERM ELECTROMGNTC DEVICE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0762	E	TRANS ELEC JT STIM DEV SYS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0764	E	FUNCTIONAL NEUROMUSCULARSTIM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0765	E	NERVE STIMULATOR FOR TX N&V	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0766	E	ELEC STIM CANCER TREATMENT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0769	E	ELECTRIC WOUND TREATMENT DEV	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0770	E	FUNCTIONAL ELECTRIC STIM NOS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0776	E	IV POLE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0779	E	AMB INFUSION PUMP MECHANICAL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0780	E	MECH AMB INFUSION PUMP <8HRS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0781	E	EXTERNAL AMBULATORY INFUS PU	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0782	N	NON-PROGRAMBLE INFUSION PUMP	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
E0783	N	PROGRAMMABLE INFUSION PUMP	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
E0784	E	EXT AMB INFUSN PUMP INSULIN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0785	N	REPLACEMENT IMPL PUMP CATHET	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
E0786	N	IMPLANTABLE PUMP REPLACEMENT	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
E0787	E	CGS DOSE ADJ INSULIN INF PMP	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0791	E	PARENTERAL INFUSION PUMP STA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0830	N	AMBULATORY TRACTION DEVICE	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
E0840	E	TRACT FRAME ATTACH HEADBOARD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0849	E	CERVICAL PNEUM TRAC EQUIP	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0850	E	TRACTION STAND FREE STANDING	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0855	E	CERVICAL TRACTION EQUIPMENT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0856	E	CERVIC COLLAR W AIR BLADDERS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0860	E	TRACT EQUIP CERVICAL TRACT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0870	E	TRACT FRAME ATTACH FOOTBOARD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0880	E	TRAC STAND FREE STAND EXTREM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0890	E	TRACTION FRAME ATTACH PELVIC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0900	E	TRAC STAND FREE STAND PELVIC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0910	E	TRAPEZE BAR ATTACHED TO BED	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0911	E	HD TRAPEZE BAR ATTACH TO BED	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0912	E	HD TRAPEZE BAR FREE STANDING	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0920	E	FRACTURE FRAME ATTACHED TO B	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0930	E	FRACTURE FRAME FREE STANDING	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0935	E	CONT PAS MOTION EXERCISE DEV	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0936	E	CPM DEVICE, OTHER THAN KNEE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0940	E	TRAPEZE BAR FREE STANDING	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0941	E	GRAVITY ASSISTED TRACTION DE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0942	E	CERVICAL HEAD HARNESS/HALTER	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0944	E	PELVIC BELT/HARNESS/BOOT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0945	E	BELT/HARNESS EXTREMITY	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0946	E	FRACTURE FRAME DUAL W CROSS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0947	E	FRACTURE FRAME ATTACHMNTS PE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0948	E	FRACTURE FRAME ATTACHMNTS CE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0950	E	TRAY	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0951	E	LOOP HEEL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0952	E	TOE LOOP/HOLDER, EACH	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
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July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
E0953	E	W/C LATERAL THIGH/KNEE SUP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0954	E	FOOT BOX, ANY TYPE EACH FOOT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0955	E	CUSHIONED HEADREST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0956	E	W/C LATERAL TRUNK/HIP SUPPOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0957	E	W/C MEDIAL THIGH SUPPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0958	E	WHLCHR ATT- CONV 1 ARM DRIVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0959	E	AMPUTEE ADAPTER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0960	E	W/C SHOULDER HARNESS/STRAPS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0961	E	WHEELCHAIR BRAKE EXTENSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0966	E	WHEELCHAIR HEAD REST EXTENSI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0967	E	MAN WC RIM/PROJECTION REP EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0968	E	WHEELCHAIR COMMODE SEAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0969	E	WHEELCHAIR NARROWING DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0970	E	WHEELCHAIR NO. 2 FOOTPLATES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0971	E	WHEELCHAIR ANTI-TIPPING DEVI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0973	E	W/CH ACCESS DET ADJ ARMREST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0974	E	W/CH ACCESS ANTI-ROLLBACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0978	E	W/C ACC.SAF BELT PELV STRAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0980	E	WHEELCHAIR SAFETY VEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0981	E	SEAT UPHOLSTERY, REPLACEMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0982	E	BACK UPHOLSTERY, REPLACEMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0983	E	ADD PWR JOYSTICK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0984	E	ADD PWR TILLER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0985	E	W/C SEAT LIFT MECHANISM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0986	E	MAN W/C PUSH-RIM POWR SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0988	E	LEVER-ACTIVATED WHEEL DRIVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0990	E	WHEELCHAIR ELEVATING LEG RES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0992	E	WHEELCHAIR SOLID SEAT INSERT	-	-	-	Not Allowed	\$0.00	-	-	100	999	-	
E0994	E	WHEELCHAIR ARM REST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E0995	E	WC CALF REST, PAD REPLACEMNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1002	E	PWR SEAT TILT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1003	E	PWR SEAT RECLINE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1004	E	PWR SEAT RECLINE MECH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1005	E	PWR SEAT RECLINE PWR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1006	E	PWR SEAT COMBO W/O SHEAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1007	E	PWR SEAT COMBO W/SHEAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1008	E	PWR SEAT COMBO PWR SHEAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1009	E	ADD MECH LEG ELEVATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1010	E	ADD PWR LEG ELEVATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1011	E	PED WC MODIFY WIDTH ADJUSTM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1012	E	CTR MOUNT PWR ELEV LEG REST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1014	E	RECLINING BACK ADD PED W/C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1015	E	SHOCK ABSORBER FOR MAN W/C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1016	E	SHOCK ABSORBER FOR POWER W/C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1017	E	HD SHCK ABSRBR FOR HD MAN W/C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1018	E	HD SHCK ABSRBR FOR HD POWW/C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1020	E	RESIDUAL LIMB SUPPORT SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1028	E	W/C MANUAL SWINGAWAY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1029	E	W/C VENT TRAY FIXED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1030	E	W/C VENT TRAY GIMBALED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1031	E	ROLLABOUT CHAIR WITH CASTERS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1035	E	PATIENT TRANSFER SYSTEM <300	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1036	E	PATIENT TRANSFER SYSTEM >300	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1037	E	TRANSPORT CHAIR, PED SIZE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1038	E	TRANSPORT CHAIR PT WT<=300LB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1039	E	TRANSPORT CHAIR PT WT >300LB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
E1050	E	WHELCHR FXD FULL LENGTH ARMS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1060	E	WHEELCHAIR DETACHABLE ARMS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1070	E	WHEELCHAIR DETACHABLE FOOT R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1083	E	HEMI-WHEELCHAIR FIXED ARMS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1084	E	HEMI-WHEELCHAIR DETACHABLE A	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1085	E	HEMI-WHEELCHAIR FIXED ARMS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1086	E	HEMI-WHEELCHAIR DETACHABLE A	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1087	E	WHEELCHAIR LIGHTWT FIXED ARM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1088	E	WHEELCHAIR LIGHTWEIGHT DET A	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1089	E	WHEELCHAIR LIGHTWT FIXED ARM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1090	E	WHEELCHAIR LIGHTWEIGHT DET A	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1092	E	WHEELCHAIR WIDE W/ LEG RESTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1093	E	WHEELCHAIR WIDE W/ FOOT REST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1100	E	WHCHR S-RECL FXD ARM LEG RES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1110	E	WHEELCHAIR SEMI-RECL DETACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1130	E	WHLCHR STAND FXD ARM FT REST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1140	E	WHEELCHAIR STANDARD DETACH A	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1150	E	WHEELCHAIR STANDARD W/ LEG R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1160	E	WHEELCHAIR FIXED ARMS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1161	E	MANUAL ADULT WC W TILTINSPAC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1170	E	WHLCHR AMPU FXD ARM LEG REST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1171	E	WHEELCHAIR AMPUTEE W/O LEG R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1172	E	WHEELCHAIR AMPUTEE DETACH AR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1180	E	WHEELCHAIR AMPUTEE W/ FOOT R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1190	E	WHEELCHAIR AMPUTEE W/ LEG RE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1195	E	WHEELCHAIR AMPUTEE HEAVY DUT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1200	E	WHEELCHAIR AMPUTEE FIXED ARM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1220	E	WHLCHR SPECIAL SIZE/CONSTRC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1221	E	WHEELCHAIR SPEC SIZE W FOOT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1222	E	WHEELCHAIR SPEC SIZE W/ LEG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1223	E	WHEELCHAIR SPEC SIZE W FOOT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1224	E	WHEELCHAIR SPEC SIZE W/ LEG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1225	E	MANUAL SEMI-RECLINING BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1226	E	MANUAL FULLY RECLINING BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1227	E	WHEELCHAIR SPEC SZ SPEC HT A	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1228	E	WHEELCHAIR SPEC SZ SPEC HT B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1229	E	PEDIATRIC WHEELCHAIR NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1230	E	POWER OPERATED VEHICLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1231	E	RIGID PED W/C TILT-IN-SPACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1232	E	FOLDING PED WC TILT-IN-SPACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1233	E	RIG PED WC TLTNSPC W/O SEAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1234	E	FLD PED WC TLTNSPC W/O SEAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1235	E	RIGID PED WC ADJUSTABLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1236	E	FOLDING PED WC ADJUSTABLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1237	E	RGD PED WC ADJUSTABL W/O SEAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1238	E	FLD PED WC ADJUSTABL W/O SEAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1239	E	PED POWER WHEELCHAIR NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1240	E	WHCHR LITWT DET ARM LEG REST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1250	E	WHEELCHAIR LIGHTWT FIXED ARM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1260	E	WHEELCHAIR LIGHTWT FOOT REST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1270	E	WHEELCHAIR LIGHTWEIGHT LEG R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1280	E	WHCHR H-DUTY DET ARM LEG RES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1285	E	WHEELCHAIR HEAVY DUTY FIXED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1290	E	WHEELCHAIR HVY DUTY DETACH A	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1295	E	WHEELCHAIR HEAVY DUTY FIXED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1296	E	WHEELCHAIR SPECIAL SEAT HEIG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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									Hospital Lab Fees	Hospital Lab Fees			
E1297	E	WHEELCHAIR SPECIAL SEAT DEPT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1298	E	WHEELCHAIR SPEC SEAT DEPTH/W	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1300	E	WHIRLPOOL PORTABLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1310	E	WHIRLPOOL NON-PORTABLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1352	E	O2 FLOW REG POS INSPIR PRESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1353	E	OXYGEN SUPPLIES REGULATOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1354	E	WHEELED CART, PORT CYL/CONC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1355	E	OXYGEN SUPPLIES STAND/RACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1356	E	BATT PACK/CART, PORT CONC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1357	E	BATTERY CHARGER, PORT CONC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1358	E	DC POWER ADAPTER, PORT CONC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1372	E	OXY SUPPL HEATER FOR NEBULIZ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1390	E	OXYGEN CONCENTRATOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1391	E	OXYGEN CONCENTRATOR, DUAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1392	E	PORTABLE OXYGEN CONCENTRATOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1399	E	DURABLE MEDICAL EQUIPMENT MI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1405	E	O2/WATER VAPOR ENRICH W/HEAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1406	E	O2/WATER VAPOR ENRICH W/O HE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1500	E	CENTRIFUGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1510	E	KIDNEY DIALYSATE DELIVRY SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1520	E	HEPARIN INFUSION PUMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1530	E	REPLACEMENT AIR BUBBLE DETEC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1540	E	REPLACEMENT PRESSURE ALARM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1550	E	BATH CONDUCTIVITY METER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1560	E	REPLACE BLOOD LEAK DETECTOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1570	E	ADJUSTABLE CHAIR FOR ESRD PT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1575	E	TRANSDUCER PROTECT/FLD BAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1580	E	UNIPUNCTURE CONTROL SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1590	E	HEMODIALYSIS MACHINE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1592	E	AUTO INTERM PERITONEAL DIALY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1594	E	CYCLER DIALYSIS MACHINE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1600	E	DELI/INSTALL CHRG HEMO EQUIP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1610	E	REVERSE OSMOSIS H2O PURI SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1615	E	DEIONIZER H2O PURI SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1620	E	REPLACEMENT BLOOD PUMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1625	E	WATER SOFTENING SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1630	E	RECIPROCATING PERITONEAL DIA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1632	E	WEARABLE ARTIFICIAL KIDNEY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1634	E	PERITONEAL DIALYSIS CLAMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1635	E	COMPACT TRAVEL HEMODIALYZER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1636	E	SORBENT CARTRIDGES PER 10	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1637	E	HEMOSTATS FOR DIALYSIS, EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1639	E	SCALE, EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1699	E	DIALYSIS EQUIPMENT NOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1700	E	JAW MOTION REHAB SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1701	E	REPL CUSHIONS FOR JAW MOTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1702	E	REPL MEASR SCALES JAW MOTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1800	E	ADJUST ELBOW EXT/FLEX DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1801	E	SPS ELBOW DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1802	E	ADJUST FOREARM PRO/SUP DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1805	E	ADJUST WRIST EXT/FLEX DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1806	E	SPS WRIST DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1810	E	ADJUST KNEE EXT/FLEX DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1811	E	SPS KNEE DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1812	E	KNEE EXT/FLEX W ACT RES CTRL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1815	E	ADJUST ANKLE EXT/FLEX DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
E1816	E	SPS ANKLE DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1818	E	SPS FOREARM DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1820	E	SOFT INTERFACE MATERIAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1821	E	REPLACEMENT INTERFACE SPSD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1825	E	ADJUST FINGER EXT/FLEX DEVC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1830	E	ADJUST TOE EXT/FLEX DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1831	E	STATIC STR TOE DEV EXT/FLEX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1840	E	ADJ SHOULDER EXT/FLEX DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1841	E	STATIC STR SHLDR DEV ROM ADJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E1902	E	AAC NON-ELECTRONIC BOARD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2000	E	GASTRIC SUCTION PUMP HME MDL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2100	E	BLD GLUCOSE MONITOR W VOICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2101	E	BLD GLUCOSE MONITOR W LANCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2120	E	PULSE GEN SYS TX ENDOLYMP FL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2201	E	MAN W/CH ACC SEAT W>=20"<24"	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2202	E	SEAT WIDTH 24-27 IN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2203	E	FRAME DEPTH LESS THAN 22 IN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2204	E	FRAME DEPTH 22 TO 25 IN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2205	E	MANUAL WC ACCESSORY, HANDRIM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2206	E	MAN WC WHL LOCK COMP REPL EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2207	E	CRUTCH AND CANE HOLDER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2208	E	CYLINDER TANK CARRIER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2209	E	ARM TROUGH EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2210	E	WHEELCHAIR BEARINGS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2211	E	PNEUMATIC PROPULSION TIRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2212	E	PNEUMATIC PROP TIRE TUBE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2213	E	PNEUMATIC PROP TIRE INSERT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2214	E	PNEUMATIC CASTER TIRE EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2215	E	PNEUMATIC CASTER TIRE TUBE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2216	E	FOAM FILLED PROPULSION TIRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2217	E	FOAM FILLED CASTER TIRE EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2218	E	FOAM PROPULSION TIRE EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2219	E	FOAM CASTER TIRE ANY SIZE EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2220	E	SOLID PROPULS TIRE, REPL, EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2221	E	SOLID CASTER TIRE REPL, EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2222	E	SOLID CASTER INTEG WHL, REPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2224	E	PROPULSION WHL EXCL TIRE REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2225	E	CASTER WHEEL EXCLUDES TIRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2226	E	CASTER FORK REPLACEMENT ONLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2227	E	GEAR REDUCTION DRIVE WHEEL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2228	E	MWC ACC, WHEELCHAIR BRAKE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2230	E	MANUAL STANDING SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2231	E	SOLID SEAT SUPPORT BASE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2291	E	PLANAR BACK FOR PED SIZE WC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2292	E	PLANAR SEAT FOR PED SIZE WC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2293	E	CONTOUR BACK FOR PED SIZE WC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2294	E	CONTOUR SEAT FOR PED SIZE WC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2295	E	PED DYNAMIC SEATING FRAME	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2300	E	PWR SEAT ELEVATION SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2301	E	PWR STANDING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2310	E	ELECTRO CONNECT BTW CONTROL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2311	E	ELECTRO CONNECT BTW 2 SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2312	E	MINI-PROP REMOTE JOYSTICK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2313	E	PWC HARNESS, EXPAND CONTROL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2321	E	HAND INTERFACE JOYSTICK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2322	E	MULT MECH SWITCHES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
E2323	E	SPECIAL JOYSTICK HANDLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2324	E	CHIN CUP INTERFACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2325	E	SIP AND PUFF INTERFACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2326	E	BREATH TUBE KIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2327	E	HEAD CONTROL INTERFACE MECH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2328	E	HEAD/EXTREMITY CONTROL INTER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2329	E	HEAD CONTROL NONPROPORTIONAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2330	E	HEAD CONTROL PROXIMITY SWITC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2331	E	ATTENDANT CONTROL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2340	E	W/C WIDTH 20-23 IN SEAT FRAME	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2341	E	W/C WIDTH 24-27 IN SEAT FRAME	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2342	E	W/C DPTH 20-21 IN SEAT FRAME	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2343	E	W/C DPTH 22-25 IN SEAT FRAME	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2351	E	ELECTRONIC SGD INTERFACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2358	E	GR 34 NONSEALED LEADACID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2359	E	GR34 SEALED LEADACID BATTERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2360	E	22NF NONSEALED LEADACID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2361	E	22NF SEALED LEADACID BATTERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2362	E	GR24 NONSEALED LEADACID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2363	E	GR24 SEALED LEADACID BATTERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2364	E	U1NONSEALED LEADACID BATTERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2365	E	U1 SEALED LEADACID BATTERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2366	E	BATTERY CHARGER, SINGLE MODE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2367	E	BATTERY CHARGER, DUAL MODE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2368	E	PWR WC DRIVEWHEEL MOTOR REPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2369	E	PWR WC DRIVEWHEEL GEAR REPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2370	E	PWR WC DR WH MOTOR/GEAR COMB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2371	E	GR27 SEALED LEADACID BATTERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2372	E	GR27 NON-SEALED LEADACID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2373	E	HAND/CHIN CTRL SPEC JOYSTICK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2374	E	HAND/CHIN CTRL STD JOYSTICK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2375	E	NON-EXPANDABLE CONTROLLER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2376	E	EXPANDABLE CONTROLLER, REPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2377	E	EXPANDABLE CONTROLLER, INITL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2378	E	PW ACTUATOR REPLACEMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2381	E	PNEUM DRIVE WHEEL TIRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2382	E	TUBE, PNEUM WHEEL DRIVE TIRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2383	E	INSERT, PNEUM WHEEL DRIVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2384	E	PNEUMATIC CASTER TIRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2385	E	TUBE, PNEUMATIC CASTER TIRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2386	E	FOAM FILLED DRIVE WHEEL TIRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2387	E	FOAM FILLED CASTER TIRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2388	E	FOAM DRIVE WHEEL TIRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2389	E	FOAM CASTER TIRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2390	E	SOLID DRIVE WHEEL TIRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2391	E	SOLID CASTER TIRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2392	E	SOLID CASTER TIRE, INTEGRATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2394	E	DRIVE WHEEL EXCLUDES TIRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2395	E	CASTER WHEEL EXCLUDES TIRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2396	E	CASTER FORK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2397	E	PWC ACC, LITH-BASED BATTERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2398	E	WC DYNAMIC POS BACK HARDWARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2402	E	NEG PRESS WOUND THERAPY PUMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2500	E	SGD DIGITIZED PRE-REC <=8MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2502	E	SGD PREREC MSG >8MIN <=20MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2504	E	SGD PREREC MSG>20MIN <=40MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
E2506	E	SGD PREREC MSG > 40 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2508	E	SGD SPELLING PHYS CONTACT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2510	E	SGD W MULTI METHODS MSG/ACCS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2511	E	SGD SFTWRE PRGRM FOR PC/PDA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2512	E	SGD ACCESSORY, MOUNTING SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2599	E	SGD ACCESSORY NOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2601	E	GEN W/C CUSHION WIDTH < 22 IN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2602	E	GEN W/C CUSHION WIDTH >=22 IN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2603	E	SKIN PROTECT WC CUS WD <22IN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2604	E	SKIN PROTECT WC CUS WD>=22IN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2605	E	POSITION WC CUSH WIDTH <22 IN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2606	E	POSITION WC CUSH WIDTH>=22 IN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2607	E	SKIN PRO/POS WC CUS WD <22IN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2608	E	SKIN PRO/POS WC CUS WD>=22IN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2609	E	CUSTOM FABRICATE W/C CUSHION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2610	E	POWERED W/C CUSHION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2611	E	GEN USE BACK CUSH WIDTH <22IN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2612	E	GEN USE BACK CUSH WIDTH>=22IN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2613	E	POSITION BACK CUSH WD <22IN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2614	E	POSITION BACK CUSH WD>=22IN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2615	E	POS BACK POST/LAT WIDTH <22IN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2616	E	POS BACK POST/LAT WIDTH>=22IN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2617	E	CUSTOM FAB W/C BACK CUSHION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2619	E	REPLACE COVER W/C SEAT CUSH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2620	E	WC PLANAR BACK CUSH WD <22IN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2621	E	WC PLANAR BACK CUSH WD>=22IN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2622	E	ADJ SKIN PRO W/C CUS WD<22IN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2623	E	ADJ SKIN PRO WC CUS WD>=22IN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2624	E	ADJ SKIN PRO/POS CUS<22IN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2625	E	ADJ SKIN PRO/POS WC CUS>=22	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2626	E	SEO MOBILE ARM SUP ATT TO WC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2627	E	ARM SUPP ATT TO WC RANCHO TY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2628	E	MOBILE ARM SUPPORTS RECLININ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2629	E	FRICITION DAMPENING ARM SUPP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2630	E	MONOSUSPENSION ARM/HAND SUPP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2631	E	ELEVAT PROXIMAL ARM SUPPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2632	E	OFFSET/LAT ROCKER ARM W/ELA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E2633	E	MOBILE ARM SUPPORT SUPINATOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E8000	E	POSTERIOR GAIT TRAINER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E8001	E	UPRIGHT GAIT TRAINER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
E8002	E	ANTERIOR GAIT TRAINER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0008	E	ADMIN INFLUENZA VIRUS VAC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0009	E	ADMIN PNEUMOCOCCAL VACCINE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0010	E	ADMIN HEPATITIS B VACCINE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0027	E	SEMEN ANALYSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0068	E	ADM OF INFUSION DRUG IN HOME	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0069	E	ADM OF IMMUNE DRUG IN HOME	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0070	E	ADM OF CHEMO DRUG IN HOME	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0071	E	COMM SVCS BY RHC/FQHC 5 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0076	E	CARE MANAG H VST NEW PT 20 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0077	E	CARE MANAG H VST NEW PT 30 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0078	E	CARE MANAG H VST NEW PT 45 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0079	E	CARE MANAG H VST NEW PT 60 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0080	E	CARE MANAG H VST NEW PT 75 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0081	E	CARE MAN H V EXT PT 20 MI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0082	E	CARE MAN H V EXT PT 30 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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									Hospital Lab Fees	Hospital Lab Fees			
G0083	E	CARE MAN H V EXT PT 45 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0084	E	CARE MAN H V EXT PT 60 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0085	E	CARE MAN H V EXT PT 75 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0086	E	CARE MAN HOME CARE PLAN 30 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0087	E	CARE MAN HOME CARE PLAN 60 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0101	S	CA SCREEN;PELVIC/BREAST EXAM	-	05822	0.9721	APC	\$55.06	-	-	000	999	-	
G0102	N	PROSTATE CA SCREENING; DRE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
G0103	Q	PSA SCREENING	-	-	-	Medicare	\$32.18	\$19.95	\$19.31	000	999	-	
G0104	T	CA SCREEN;FLEXI SIGMOIDSCOPE	-	05311	9.4548	APC	\$535.52	-	-	000	999	-	
G0105	T	COLORECTAL SCRIN; HI RISK IND	-	05311	9.4548	APC	\$535.52	-	-	000	999	-	
G0106	S	COLON CA SCREEN;BARIUM ENEMA	-	05571	2.2554	APC	\$127.75	-	-	000	999	-	
G0108	M	DIAB MANAGE TRN PER INDIV	-	-	-	Fee Schedule	\$63.02	-	-	000	999	-	
G0109	M	DIAB MANAGE TRN IND/GROUP	-	-	-	Fee Schedule	\$17.50	-	-	000	999	-	
G0117	S	GLAUCOMA SCRIN HGH RISK DIREC	-	05731	0.2845	APC	\$16.11	-	-	000	999	-	
G0118	S	GLAUCOMA SCRIN HGH RISK DIREC	-	05732	0.4138	APC	\$23.44	-	-	000	999	-	
G0120	S	COLON CA SCRIN; BARIUM ENEMA	-	05572	4.7263	APC	\$267.70	-	-	000	999	-	
G0121	T	COLON CA SCRIN NOT HI RSK IND	-	05311	9.4548	APC	\$535.52	-	-	000	999	-	
G0122	E	COLON CA SCRIN; BARIUM ENEMA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0123	Q	SCREEN CERV/VAG THIN LAYER	-	-	-	Medicare	\$33.77	\$20.94	\$20.26	000	999	-	
G0124	E	SCREEN C/V THIN LAYER BY MD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0127	N	TRIM NAIL(S)	-	05733	0.6809	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
G0128	E	CORF SKILLED NURSING SERVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0129	E	PARTIAL HOSP PROG SERVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0130	S	SINGLE ENERGY X-RAY STUDY	-	05522	1.3873	APC	\$78.58	-	-	000	999	-	
G0141	E	SCR C/V CYTO,AUTOSYS AND MD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0143	Q	SCR C/V CYTO,THINLAYER,RESCR	-	-	-	Medicare	\$45.08	\$27.95	\$27.05	000	999	-	
G0144	Q	SCR C/V CYTO,THINLAYER,RESCR	-	-	-	Medicare	\$73.28	\$45.43	\$43.97	000	999	-	
G0145	Q	SCR C/V CYTO,THINLAYER,RESCR	-	-	-	Medicare	\$44.15	\$27.37	\$26.49	000	999	-	
G0147	Q	SCR C/V CYTO, AUTOMATED SYS	-	-	-	Medicare	\$25.20	\$15.62	\$15.12	000	999	-	
G0148	Q	SCR C/V CYTO, AUTOSYS, RESCR	-	-	-	Medicare	\$53.23	\$33.00	\$31.94	000	999	-	
G0151	M	HHCP-SERV OF PT,EA 15 MIN	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
G0152	M	HHCP-SERV OF OT,EA 15 MIN	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
G0153	M	HHCP-SVS OF S/L PATH,EA 15MN	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
G0155	M	HHCP-SVS OF CSW,EA 15 MIN	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
G0156	M	HHCP-SVS OF AIDE,EA 15 MIN	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
G0157	E	HHC PT ASSISTANT EA 15	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0158	E	HHC OT ASSISTANT EA 15	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0159	E	HHC PT MAINT EA 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0160	E	HHC OCCUP THERAPY EA 15	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0161	E	HHC SLP EA 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0162	E	HHC RN E&M PLAN SVS, 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0166	N	EXTRNL COUNTERPULSE, PER TX	-	05734	1.3495	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
G0168	E	WOUND CLOSURE BY ADHESIVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0175	V	OPPS SERVICE,SCHED TEAM CONF	-	05024	4.3542	APC	\$246.62	-	-	000	999	-	
G0176	E	OPPS/PHP;ACTIVITY THERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0177	E	OPPS/PHP; TRAIN & EDUC SERV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0179	E	MD RECERTIFICATION HHA PT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0180	E	MD CERTIFICATION HHA PATIENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0181	E	HOME HEALTH CARE SUPERVISION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0182	E	HOSPICE CARE SUPERVISION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0186	T	DSTRY EYE LESN,FDR VSSL TECH	-	05481	6.2744	APC	\$355.38	-	-	000	999	-	
G0219	E	PET IMG WHOLBOD MELANO NONCO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0235	E	PET NOT OTHERWISE SPECIFIED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G0237	S	THERAPEUTIC PROCD STRG ENDUR	-	05731	0.2845	APC	\$16.11	-	-	000	999	-	
G0238	S	OTH RESP PROC, INDIV	-	05731	0.2845	APC	\$16.11	-	-	000	999	-	
G0239	S	OTH RESP PROC, GROUP	-	05732	0.4138	APC	\$23.44	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
G0245	M	INITIAL FOOT EXAM PT LOPS	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G0246	M	FOLLOWUP EVAL OF FOOT PT LOP	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G0247	N	ROUTINE FOOTCARE PT W LOPS	-	05051	2.1627	Bundled, sometimes payable	\$0.00	-	-	000	999	-
G0248	M	DEMONSTRATE USE HOME INR MON	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G0249	M	PROVIDE INR TEST MATER/EQUIP	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G0250	E	MD INR TEST REVIE INTER MGMT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0252	E	PET IMAGING INITIAL DX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0255	E	CURRENT PERCEP THRESHOLD TST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0257	S	UNSCHED DIALYSIS ESRD PT HOS	-	05401	7.9219	APC	\$448.70	-	-	000	999	-
G0259	N	INJECT FOR SACROILIAC JOINT	-	-	-	Bundled	\$0.00	-	-	000	999	-
G0260	T	INJ FOR SACROILIAC JT ANESTH	-	05442	7.7364	APC	\$438.19	-	-	000	999	-
G0268	N	REMOVAL OF IMPACTED WAX MD	-	-	-	Bundled	\$0.00	-	-	000	999	-
G0269	N	OCCLUSIVE DEVICE IN VEIN ART	-	-	-	Bundled	\$0.00	-	-	000	999	-
G0270	M	MNT SUBS TX FOR CHANGE DX	-	-	-	Fee Schedule	\$32.24	-	-	000	020	-
G0271	M	GROUP MNT 2 OR MORE 30 MINS	-	-	-	Fee Schedule	\$17.90	-	-	000	020	-
G0276	N	PILD/PLACEBO CONTROL CLIN TR	-	05114	74.0404	Bundled, sometimes payable	\$0.00	-	-	000	999	-
G0277	S	HBOT, FULL BODY CHAMBER, 30M	-	05061	1.4241	APC	\$80.66	-	-	000	999	-
G0278	N	ILIAC ART ANGIO,CARDIAC CATH	-	-	-	Bundled	\$0.00	-	-	000	999	-
G0279	M	TOMOSYNTHESIS, MAMMO	-	-	-	Fee Schedule	\$61.60	-	-	000	999	-
G0281	E	ELEC STIM UNATTEND FOR PRESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0282	E	ELECT STIM WOUND CARE NOT PD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0283	Y	ELEC STIM OTHER THAN WOUND	-	-	-	Fee Schedule	\$15.53	-	-	000	999	-
G0288	N	RECON, CTA FOR SURG PLAN	-	-	-	Bundled	\$0.00	-	-	000	999	-
G0289	N	ARTHRO, LOOSE BODY + CHONDRO	-	-	-	Bundled	\$0.00	-	-	000	999	-
G0293	N	NON-COV SURG PROC,CLIN TRIAL	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
G0294	N	NON-COV PROC, CLINICAL TRIAL	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-
G0295	E	ELECTROMAGNETIC THERAPY ONC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0296	S	VISIT TO DETERM LDCT ELIG	-	05822	0.9721	APC	\$55.06	-	-	000	999	-
G0297	S	LDCT FOR LUNG CA SCREEN	-	05521	0.9878	APC	\$55.95	-	-	000	999	-
G0299	M	HHS/HOSPICE OF RN EA 15 MIN	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G0300	M	HHS/HOSPICE OF LPN EA 15 MIN	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G0302	S	PRE-OP SERVICE LVRS COMPLETE	-	05723	6.0105	APC	\$340.43	-	-	000	999	-
G0303	S	PRE-OP SERVICE LVRS 10-15DOS	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
G0304	S	PRE-OP SERVICE LVRS 1-9 DOS	-	05723	6.0105	APC	\$340.43	-	-	000	999	-
G0305	S	POST OP SERVICE LVRS MIN 6	-	05723	6.0105	APC	\$340.43	-	-	000	999	-
G0306	Q	CBC/DIFFWBC W/O PLATELET	-	-	-	Medicare	\$12.95	\$8.03	\$7.77	000	999	-
G0307	Q	CBC WITHOUT PLATELET	-	-	-	Medicare	\$10.78	\$6.68	\$6.47	000	999	-
G0328	Q	FECAL BLOOD SCRNM IMMUNOASSAY	-	-	-	Medicare	\$30.08	\$18.65	\$18.05	000	999	-
G0329	M	ELECTROMAGNTIC TX FOR ULCERS	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G0333	E	DISPENSE FEE INITIAL 30 DAY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0337	M	HOSPICE EVALUATION PREELECTI	-	-	-	Fee Schedule	\$80.77	-	-	000	999	-
G0339	E	ROBOT LIN-RADSURG COM, FIRST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0340	E	ROBT LIN-RADSURG FRACTX 2-5	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0341	C	PERCUTANEOUS ISLET CELLTRANS	-	-	-	Inpatient Only	\$0.00	-	-	000	020	-
G0342	C	LAPAROSCOPY ISLET CELL TRANS	-	-	-	Inpatient Only	\$0.00	-	-	000	020	-
G0343	C	LAPAROTOMY ISLET CELL TRANSP	-	-	-	Inpatient Only	\$0.00	-	-	000	020	-
G0372	E	MD SERVICE REQUIRED FOR PMD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0378	N	HOSPITAL OBSERVATION PER HR	-	-	-	Bundled	\$0.00	-	-	000	999	-
G0379	N	DIRECT REFER HOSPITAL OBSERV	-	05025	6.2445	Bundled, sometimes payable	\$0.00	-	-	000	999	-
G0380	E	LEV 1 HOSP TYPE B ED VISIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0381	E	LEV 2 HOSP TYPE B ED VISIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0382	E	LEV 3 HOSP TYPE B ED VISIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0383	E	LEV 4 HOSP TYPE B ED VISIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0384	E	LEV 5 HOSP TYPE B ED VISIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0390	S	TRAUMA RESPNS W/HOSP CRITI	-	05045	11.0301	APC	\$624.74	-	-	000	999	-
G0396	S	ALCOHOL/SUBS INTERV 15-30MN	-	05821	0.3382	APC	\$19.16	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
G0397	S	ALCOHOL/SUBS INTERV >30 MIN	-	05822	0.9721	APC	\$55.06	-	-	000	999	-
G0398	S	HOME SLEEP TEST/TYPE 2 PORTA	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
G0399	S	HOME SLEEP TEST/TYPE 3 PORTA	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
G0400	S	HOME SLEEP TEST/TYPE 4 PORTA	-	05721	1.7124	APC	\$96.99	-	-	000	999	-
G0402	M	INITIAL PREVENTIVE EXAM	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G0403	E	EKG FOR INITIAL PREVENT EXAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0404	S	EKG TRACING FOR INITIAL PREV	-	05731	0.2845	APC	\$16.11	-	-	000	999	-
G0405	E	EKG INTERPRET & REPORT PREVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0406	E	INPT/TELE FOLLOW UP 15	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0407	E	INPT/TELE FOLLOW UP 25	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0408	E	INPT/TELE FOLLOW UP 35	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0409	E	CORF RELATED SERV 15 MINS EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0410	E	GRP PSYCH PARTIAL HOSP 45-50	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0411	E	INTER ACTIVE GRP PSYCH PARTI	-	-	-	Not Allowed	\$0.00	-	-	000	012	-
G0412	C	OPEN TX ILIAC SPINE UNI/BIL	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
G0413	T	PELVIC RING FRACTURE UNIBIL	-	05114	74.0404	APC	\$4,193.65	-	-	000	999	-
G0414	C	PELVIC RING FX TREAT INT FIX	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
G0415	C	OPEN TX POST PELVIC FXCTURE	-	-	-	Inpatient Only	\$0.00	-	-	000	999	-
G0416	N	PROSTATE BIOPSY, ANY MTHD	-	05673	3.5078	Bundled, sometimes payable	\$0.00	-	-	000	999	-
G0420	E	ED SVC CKD IND PER SESSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0421	E	ED SVC CKD GRP PER SESSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0422	S	INTENS CARDIAC REHAB W/EXERC	-	05771	1.3619	APC	\$77.14	-	-	000	999	-
G0423	S	INTENS CARDIAC REHAB NO EXER	-	05771	1.3619	APC	\$77.14	-	-	000	999	-
G0424	S	PULMONARY REHAB W EXER	-	05733	0.6809	APC	\$38.57	-	-	000	999	-
G0425	E	INPT/ED TELECONSULT30	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0426	E	INPT/ED TELECONSULT50	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0427	E	INPT/ED TELECONSULT70	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0428	E	COLLAGEN MENISCUS IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0429	T	DERMAL FILLER INJECTION(S)	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
G0432	Q	EIA HIV-1/HIV-2 SCREEN	-	-	-	Medicare	\$32.62	\$20.22	\$19.57	000	999	-
G0433	Q	ELISA HIV-1/HIV-2 SCREEN	-	-	-	Medicare	\$30.48	\$18.90	\$18.29	000	999	-
G0435	Q	ORAL HIV-1/HIV-2 SCREEN	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	000	999	-
G0438	M	PPPS, INITIAL VISIT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G0439	M	PPPS, SUBSEQ VISIT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G0442	S	ANNUAL ALCOHOL SCREEN 15 MIN	-	05821	0.3382	APC	\$19.16	-	-	000	999	-
G0443	S	BRIEF ALCOHOL MISUSE COUNSEL	-	05822	0.9721	APC	\$55.06	-	-	000	999	-
G0444	S	DEPRESSION SCREEN ANNUAL	-	05821	0.3382	APC	\$19.16	-	-	000	999	-
G0445	S	HIGH INTEN BEH COUNS STD 30M	-	05822	0.9721	APC	\$55.06	-	-	000	999	-
G0446	S	INTENS BEHAVE THER CARDIO DX	-	05821	0.3382	APC	\$19.16	-	-	000	999	-
G0447	S	BEHAVIOR COUNSEL OBESITY 15M	-	05822	0.9721	APC	\$55.06	-	-	000	999	-
G0448	E	PLACE PERM PACING CARDIOVERT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0451	N	DEVELOPMENT TEST INTERPT&REP	-	05822	0.9721	Bundled, sometimes payable	\$0.00	-	-	000	999	-
G0452	E	MOLECULAR PATHOLOGY INTERPR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0453	N	CONT INTRAOP NEURO MONITOR	-	-	-	Bundled	\$0.00	-	-	000	999	-
G0454	E	MD DOCUMENT VISIT BY NPP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0455	N	FECAL MICROBIOTA PREP INSTIL	-	05301	9.7276	Bundled, sometimes payable	\$0.00	-	-	000	999	-
G0458	E	LDR PROSTATE BRACHY COMP RAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0459	E	TELEHEALTH INPT PHARM MGMT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0460	T	AUTOLOGOUS PRP FOR ULCERS	-	05054	20.0852	APC	\$1,137.63	-	-	000	999	-
G0463	M	HOSPITAL OUTPT CLINIC VISIT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G0464	Q	COLOREC CA SCR, STO BAS DNA	-	-	-	Medicare	\$607.68	\$376.76	\$364.61	000	999	-
G0466	M	FQHC VISIT NEW PATIENT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G0467	M	FQHC VISIT, ESTAB PT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G0468	M	FQHC VISIT, IPPE OR AWW	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G0469	M	FQHC VISIT, MH NEW PT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G0470	M	FQHC VISIT, MH ESTAB PT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-

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July 1, 2020**

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							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees			
G0471	Q	VEN BLOOD COLL SNF/HHA	-	-	-	Medicare	\$8.33	\$5.16	\$5.00	000	999	-
G0472	Q	HEP C SCREEN HIGH RISK/OTHER	-	-	-	Medicare	\$77.25	\$47.90	\$46.35	000	999	-
G0473	S	GROUP BEHAVE COUNS 2-10	-	05821	0.3382	APC	\$19.16	-	-	000	999	-
G0475	E	HIV COMBINATION ASSAY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0476	E	HPV COMBO ASSAY CA SCREEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0480	Q	DRUG TEST DEF 1-7 CLASSES	-	-	-	Medicare	\$190.72	\$118.25	\$114.43	000	999	-
G0481	Q	DRUG TEST DEF 8-14 CLASSES	-	-	-	Medicare	\$260.98	\$161.81	\$156.59	000	999	-
G0482	Q	DRUG TEST DEF 15-21 CLASSES	-	-	-	Medicare	\$331.23	\$205.36	\$198.74	000	999	-
G0483	Q	DRUG TEST DEF 22+ CLASSES	-	-	-	Medicare	\$411.53	\$255.15	\$246.92	000	999	-
G0490	M	HOME VISIT RN, LPN BY RHC/FQ	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G0491	E	DIALYSIS ACU KIDNEY NO ESRD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0492	E	MD/OTH EVAL ACUT KID NO ESRD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0493	E	RN CARE EA 15 MIN HH/HOSPICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0494	E	LPN CARE EA 15MIN HH/HOSPICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0495	E	RN CARE TRAIN/EDU IN HH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0496	E	LPN CARE TRAIN/EDU IN HH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0498	S	CHEMO EXTEND IV INFUS W/PUMP	-	05694	3.8320	APC	\$217.04	-	-	000	999	-
G0499	E	HEPB SCREEN HIGH RISK INDIV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0500	N	MOD SEDAT ENDO SERVICE >5YRS	-	-	-	Bundled	\$0.00	-	-	000	999	-
G0501	N	RESOURCE-INTEN SVC DURING OV	-	-	-	Bundled	\$0.00	-	-	000	999	-
G0502	M	INIT PSYCH CARE MANAG, 70MIN	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G0503	M	SUBSEQ PSYCH CARE MAN,60MI	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G0504	M	INIT/SUB PSYCH CARE ADD 30 M	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G0505	M	COG/FUNC ASSESSMENT OUTPT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G0506	M	COMP ASSES CARE PLAN CCM SVC	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G0507	M	CARE MANAGE SERV MINIMUM 20	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G0508	E	CRIT CARE TELEHEA CONSULT 60	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0509	E	CRIT CARE TELEHEA CONSULT 50	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0511	E	CCM/BHI BY RHC/FOHC 20MIN MO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0512	E	COCM BY RHC/FOHC 60 MIN MO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0513	N	PROLONG PREV SVCS, FIRST 30M	-	-	-	Bundled	\$0.00	-	-	000	999	-
G0514	N	PROLONG PREV SVCS, ADDL 30M	-	-	-	Bundled	\$0.00	-	-	000	999	-
G0516	N	INSERT DRUG DEL IMPLANT, >=4	-	05735	4.5003	Bundled, sometimes payable	\$0.00	-	-	000	999	-
G0517	N	REMOVE DRUG IMPLANT	-	05735	4.5003	Bundled, sometimes payable	\$0.00	-	-	000	999	-
G0518	N	REMOVE W INSERT DRUG IMPLANT	-	05735	4.5003	Bundled, sometimes payable	\$0.00	-	-	000	999	-
G0659	Q	DRUG TEST DEF SIMPLE ALL CL	-	-	-	Medicare	\$103.57	\$64.21	\$62.14	000	999	-
G0911	E	ASSESS ACTIVITY SYMPTOMS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0912	E	NO ASSESS ACTIVITY SYMPTOMS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0913	E	IMPROVE VISUAL FUNCT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0914	E	SURVEY NOT COMPLETE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0915	E	NO IMPROVE VISUAL FUNCT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0916	E	SATISFY WITH CARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0917	E	SATISFY SURVEY NOT COMPLETE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0918	E	NO SATISFY WITH CARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1001	E	CDSM EVICORE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1002	E	CDSM MEDCURRENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1003	E	CDSM MEDICALIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1004	E	CDSM NDSC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1005	E	CDSM NIA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1006	E	CDSM TEST APPROP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1007	E	CDSM AIM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1008	E	CDSM CRANBERRY PK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1009	E	CDSM SAGE HEALTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1010	E	CDSM STANSON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1011	E	CDSM QUALIFIED NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1012	E	CDSM AGILEMD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
G1013	E	CDSM EVIDENCECARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1014	E	CDSM INVENIQA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1015	E	CDSM RELIANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1016	E	CDSM SPEED OF CARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1017	E	CDSM HEALTHHELP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1018	E	CDSM INFINX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1019	E	CDSM LOGICNETS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2000	E	BLINDED CONV. TX MDD CLIN TR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2001	E	POST-D/C H VST NEW PT 20 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2002	E	POST-D/C H VST NEW PT 30 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2003	E	POST-D/C H VST NEW PT 45 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2004	E	POST-D/C H VST NEW PT 60 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2005	E	POST-D/C H VST NEW PT 75 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2006	E	POST-D/C H VST EXT PT 20 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2007	E	POST-D/C H VST EXT PT 30 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2008	E	POST-D/C H VST EXT PT 45 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2009	E	POST-D/C H VST EXT PT 60 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2010	E	REMOT IMAGE SUBMIT BY PT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2011	S	ALCOHOL/SUB ABUSE ASSESS	-	05731	0.2845	APC	\$16.11	-	-	000	999	-
G2012	E	BRIEF CHECK IN BY MD/QHP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2013	E	POST-D/C H VST EXT PT 75 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2014	E	POST-D/C CARE PLAN OVERS 30M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2015	E	POST-D/C CARE PLAN OVERS 60M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2021	E	HEA CARE PRACT TX IN PLACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2022	E	BENEF REFUSES SERVICE, MOD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2023	Q	SPECIMEN COLLECT COVID-19	-	-	-	Fee Schedule	\$23.46	-	-	000	999	-
G2024	Q	SPEC COLL SNF/LAB COVID-19	-	-	-	Fee Schedule	\$25.46	-	-	000	999	-
G2025	M	DIS SITE TELE SVCS RHC/FQHC	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G2058	N	CCM ADD 20MIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
G2061	M	QUAL NONMD EST PT 5-10M	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G2062	M	QUAL NONMD EST PT 11-20M	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G2063	M	QUAL NONMD EST PT 21>MIN	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G2064	E	MD MANG HIGH RISK DX 30	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2065	S	CLIN MANG H RISK DX 30	-	05822	0.9721	APC	\$55.06	-	-	000	999	-
G2066	N	INTER DEVC REMOTE 30D	-	05741	0.4487	Bundled, sometimes payable	\$25.41	-	-	000	999	-
G2067	E	MED ASSIST TX METH WK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2068	E	MED ASSIST TX BUPRE ORAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2069	E	MED ASSIST TX INJECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2070	E	MED ASSIST TX IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2071	E	MED TX REMOVE IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2072	E	MED TX INSERT/REMOVE IMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2073	E	MED TX NALTREXONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2074	E	MED ASSIST TX NO DRUG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2075	E	MED TX MEDS NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2076	E	INTAKE ACT W/MED EXAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2077	E	PERIODIC ASSESSMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2078	E	TAKE-HOME METH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2079	E	TAKE-HOM BUPRENORPHINE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2080	E	ADD 30 MINS COUNSEL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2081	E	PT 66+ SNP OR LTC POS > 90D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2082	S	VISIT ESKETAMINE 56M OR LESS	-	01508	11.4848	APC	\$650.50	-	-	000	999	-
G2083	S	VISIT ESKETAMINE, > 56M	-	01511	16.7814	APC	\$950.50	-	-	000	999	-
G2086	S	OFF BASE OPIOID TX 70MIN	-	05823	1.6259	APC	\$92.09	-	-	000	999	-
G2087	S	OFF BASE OPIOID TX, 60 M	-	05823	1.6259	APC	\$92.09	-	-	000	999	-
G2088	N	OFF BASE OPIOID TX, ADD30	-	-	-	Bundled	\$0.00	-	-	000	999	-
G2089	E	A1C LEVEL 7 TO 9%	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
G2090	E	PT 66+ FRAILTY AND MED DEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2091	E	PT 66+ FRAILTY AND ADV ILL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2092	E	ACE ARB ARNI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2093	E	MED DOC RSN NO ACE ARN ARNI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2094	E	PT RSN NO ACE ARN ARNI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2095	E	SYS RSN NO ACE ARN ARNI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2096	E	NO RSN ACE ARB ARNI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2097	E	CHILD DX URI 3D OF OTHER DX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2098	E	PT 66+ FRAILTY AND MED DEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2099	E	PT 66+ FRAILTY AND ADV ILL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2100	E	PT 66+ FRAILTY AND MED DEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2101	E	PT 66+ FRAILTY AND ADV ILL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2102	E	DIL RETINAL EYE EXAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2103	E	7 STEREO PHOTOS INTERPRET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2104	E	EYE IMG VALID W/7 STEREO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2105	E	PT 66+ LT INTS > 90	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2106	E	PT 66+ LT INTS > 90	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2107	E	PT 66+ FRAILTY AND ADV ILL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2108	E	PT 66+ LT INTS > 90	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2109	E	PT 66+ FRAILTY AND MED DEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2110	E	PT 66+ FRAILTY AND ADV ILL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2112	E	PRED<=5 MG RA GLU <6M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2113	E	PRED>5 MG >6M, NO CHG DA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2114	E	PT 66-80 FRAILTY AND MED DEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2115	E	PT 66+ FRAILTY AND MED DEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2116	E	PT 66+ FRAILTY AND ADV ILL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2117	E	PT 66-80 FRAILTY AND ADV ILL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2118	E	PT 81+ FRAILTY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2119	E	CALC VITD OPT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2120	E	NO CALC VITD OPT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2121	E	PSY DEP ANX AP AND ICD ASSE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2122	E	PSY/DEP/ANX/APANDICD NOASSE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2123	E	PT 66-80 FRAILTY MED DEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2124	E	PT 66-80 FRAILTY ADV ILL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2125	E	PT 81+ FRAILTY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2126	E	PT 66+ FRAILTY ADV ILL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2127	E	PT 66+ FRAILTY MED DEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2128	E	NO ASPIRIN MED RSN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2129	E	NO BP OUTPT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2130	E	PT 66+ LT INST > 90	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2131	E	PT 81+ FRAILTY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2132	E	PT 66-80 FRAILTY AND MED DEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2133	E	PT 66-80 FRAILTY AND ADV ILL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2134	E	PT 66+ FRAILTY AND MED DEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2135	E	PT 66+ FRAILTY AND ADV ILL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2136	E	BK PAIN VAS 6-20WK = 3	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2137	E	BK PAIN VAS 6-20WK > 3	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2138	E	BK PAIN VAS 9-15MO = 3	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2139	E	BK PAIN VAS 9-20MO > 3	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2140	E	LEG PAIN VAS 6-20WK = 3	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2141	E	LEG PAIN VAS 6-20WK > 3	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2142	E	FS ODI 9-15MO POSTOP<= 22	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2143	E	FS ODI 9-15MO > 22	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2144	E	FS ODI 6-20WK POSTOP > 22	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2145	E	FSODI 6-20WK >22 OR CHG 30PT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G2146	E	LEG PAIN VAS 9-15MO <= 3	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
G2147	E	LEG PAIN VAS 9-15MO > 3	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2148	E	MPM USED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2149	E	NO MPM MED RSN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2150	E	NO MPM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2151	E	DX DEGEN NEURO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2152	E	RES CHANGE SC =0	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2153	E	HOSP DUR MEAS PD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2154	E	TD 9 YRS START END MEAS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2155	E	HIST CONTRAINDICATIONS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2156	E	NO PRIOR TD OR HX CONTRA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2157	E	PNEUM VACC 12 MO 60+	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2158	E	PNEUM VACC ADV RX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2159	E	NO PNEUM VACC 12 MO 60+	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2160	E	HERPZOS 50+	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2161	E	ADV RX ZOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2162	E	NO HERPZOS 50+	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2163	E	INFL VACC 07/01 TO 06/30	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2164	E	ADV RX INFL VACC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2165	E	NO INFL VACC 07/01 TO 06/30	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2166	E	NO PT ADM DX NO NECK FS PROM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2167	E	RES CHANGE SC < 0	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2168	E	SVS BY PT IN HOME HEALTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2169	E	SVS BY OT IN HOME HEALTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2170	N	AVF BY TISSUE W THERMAL E	-	5194	197.2940	Bundled, sometimes payable	\$11,174.73	-	-	000	999	-
G2171	N	AVF USE MAGNETIC/ART/VEN	-	5194	197.2940	Bundled, sometimes payable	\$11,174.73	-	-	000	999	-
G6001	E	ECHO GUIDANCE RADIOOTHERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G6002	E	STEREOSCOPIC X-RAY GUIDANCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G6003	E	RADIATION TREATMENT DELIVERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G6004	E	RADIATION TREATMENT DELIVERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G6005	E	RADIATION TREATMENT DELIVERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G6006	E	RADIATION TREATMENT DELIVERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G6007	E	RADIATION TREATMENT DELIVERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G6008	E	RADIATION TREATMENT DELIVERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G6009	E	RADIATION TREATMENT DELIVERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G6010	E	RADIATION TREATMENT DELIVERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G6011	E	RADIATION TREATMENT DELIVERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G6012	E	RADIATION TREATMENT DELIVERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G6013	E	RADIATION TREATMENT DELIVERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G6014	E	RADIATION TREATMENT DELIVERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G6015	E	RADIATION TX DELIVERY IMRT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G6016	E	DELIVERY COMP IMRT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G6017	E	INTRAFACTION TRACK MOTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8126	E	PT TREAT W/ANTIDEPRESS12WKS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8127	E	PT NOT TREAT W/ANTIDEPRES12W	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8128	E	PT INELIG FOR ANTIDEPRES MED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8395	E	LVEF>=40% DOC NORMAL OR MILD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8396	E	LVEF NOT PERFORMED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8397	E	DIL MACULA/FUNDUS EXAM/W DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8398	E	DIL MACULAR/FUNDUS NOT PERFO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8399	E	PT W/DXA RESULTS DOCUMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8400	E	PT W/DXA NO RESULTS DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8404	E	LOW EXTEMITY NEUR EXAM DOCUM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8405	E	LOW EXTEMITY NEUR NOT PERFOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8410	E	EVAL ON FOOT DOCUMENTED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8415	E	EVAL ON FOOT NOT PERFORMED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8416	E	PT INELIG FOOTWEAR EVALUATIO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule
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July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
G8417	E	CALC BMI ABV UP PARAM F/U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8418	E	CALC BMI BLW LOW PARAM F/U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8419	E	CALC BMI OUT NRM PARAM NOF/U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8420	E	CALC BMI NORM PARAMETERS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8421	E	BMI NOT CALCULATED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8422	E	PT INELIG BMI CALCULATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8427	E	DOCREV CUR MEDS BY ELIG CLIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8428	E	CUR MEDS NOT DOCUMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8430	E	EC AT DOC MEDREC PT NOT ELIG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8431	E	POS CLIN DEPRES SCRIN F/U DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8432	E	DEP SCR NOT DOC, RNG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8433	E	SCR FOR DEP NOT CPT DOC RSN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8442	E	DOC PAIN AS NT PERF, NOT ELG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8447	E	PT VIS DOC USE EHR CER ATCB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8448	E	PT VIS DOC W/PQRI QUAL EHR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8450	E	BETA-BLOC RX PT W/ABN LVEF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8451	E	PT W/ABN LVEF INELIG B-BLOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8452	E	PT W/ABN LVEF B-BLOC NO RX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8465	E	HIGH RISK RECURRENCE PRO CA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8468	E	ACE/ARB RX PT W/ABN LVEF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8469	E	PT W/ABN LVEF INELIG ACE/ARB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8470	E	PT W/ NORMAL LVEF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8471	E	LVEF NOT PERFORMED/DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8472	E	ACE/ARB NO RX PT W/ABN LVEF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8473	E	ACE/ARB THXPY RX'D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8474	E	ACE/ARB NOT RX'D: DOC REAS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8475	E	ACE/ARB THXPY NOT RX'D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8476	E	BP SYS <140 AND DIAS <90	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8477	E	BP SYS>=140 AND/OR DIAS >=90	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8478	E	BP NOT PERFORMED/DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8482	E	FLU IMMUNIZE ORDER/ADMIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8483	E	FLU IMM NO ADMIN DOC REA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8484	E	FLU IMMUNIZE NO ADMIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8506	E	PT REC ACE/ARB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8509	E	POS PAIN ASSESS NO F/U DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8510	E	SCR DEP NEG, NO PLAN REQD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8511	E	SCR DEP POS, NO PLAN DOC RNG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8524	E	PATCH CLOSURE CONV CEA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8525	E	NO PATCH CLOSURE CEA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8526	E	NO PATCH CLOSURE CONV CEA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8535	E	ELD MALTREATMENT NOT DOC	-	-	-	Not Allowed	\$0.00	-	-	060	999	-	
G8536	E	NO DOC ELDER MAL SCRIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8539	E	DOC FUNCT AND CARE PLAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8540	E	FOA NOT DOC AS BEING PERF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8541	E	NO DOC CUR FUNCT ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8542	E	DOC FUNCT NO DEFICIENCIES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8543	E	CUR FUNCT ASSES; NO CARE PLN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8546	E	CAP MEASURES GRP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8550	E	CAP MG QUAL ACT PERFORM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8559	E	PT REF DOC OTO EVAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8560	E	PT HX ACT DRAIN PREV 90 DAYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8561	E	PT INELIG FOR REF OTO EVAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8562	E	PT NO HX ACT DRAIN 90 D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8563	E	PT NO REF OTO REAS NO SPEC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8564	E	PT REF OTO EVAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8565	E	VER DOC HEAR LOSS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
G8566	E	PT INELIG REF OTO EVAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8567	E	PT NO DOC HEAR LOSS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8568	E	PT NO REF OTOLO NO SPEC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8569	E	PROL INTUBATION REQ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8570	E	NO PROL INTUB REQ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8571	E	STER WD IFX 30 D POSTOP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8572	E	NO STER WD IFX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8573	E	STK CABG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8574	E	NO STRK CABG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8575	E	POSTOP REN FAIL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8576	E	NO POSTOP REN FAIL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8577	E	REOP REQ BLD GRFT OTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8578	E	NO REOP REQ BLD GRFT OTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8598	E	ASA/ANTIPLAT THER USED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8599	E	NO ASA/ANTIPLAT THER USE RNG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8600	E	TPA INITI W/IN 3 HRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8601	E	NO ELIG TPA INIT W/IN 3 HRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8602	E	NO TPA INIT W/IN 3 HRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8627	E	SURG PROC W/IN 30 DAYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8628	E	NO SURG PROC W/IN 30 DAYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8633	E	PHARM THER OSTEO RX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8635	E	NO PHARM THER OSTEO RX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8647	E	RAFSCRS KI SCOR >= 0	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8648	E	RAFSCRS KI SCOR < 0	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8650	E	RAFS CRS KI NO SCOR NO SURV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8651	E	RAFSCRS HI SCOR >=0	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8652	E	RAFSCRS HI SCOR < 0	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8654	E	RAFS CRS HI NO SCOR NO SURV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8655	E	RAFSCRS LLFAI SCOR >= 0	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8656	E	RAFSCRS LLFAI SCOR < 0	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8658	E	RAFSCRS LLFAI NO SCOR + SURV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8659	E	RAFSCRS LBI SCOR >= 0	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8660	E	RAFSCRS LBI SCOR < 0	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8661	E	RAFSCRS LBI NO SCOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8662	E	RAFS CRS LBI NO SCOR NO SURV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8663	E	RAFSCRS SI SCOR >= 0	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8664	E	RAFSCRS SI SCOR < 0	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8666	E	RAFS CRS SI NO SCOR NO SURV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8667	E	RAFSCRS EWH SCOR >= 0	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8668	E	RAFSCRS EWH SCOR < 0	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8670	E	RAFS CRS EWH NO SCOR NO SURV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8671	E	RAFSCRS GOI SCOR >= 0	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8672	E	RAFSCRS GOI SCOR < 0	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8674	E	RAFSCRS NECK, NO MSR/NO FOTO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8675	E	BP SYST >= 140 MMHG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8676	E	BP DIAST >= 90 MMHG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8677	E	BP SYST < 130 MMHG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8678	E	BP SYST >=130 - 139 MMHG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8679	E	BP DIAST < 80 MMHG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8680	E	BP DIAST 80-89 MMHG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8694	E	LVEF <40%	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8695	E	LVEF >=40%	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8708	E	ANTIBIOTIC NOT PRES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8709	E	PT PRESC DOC MED RSN ID URI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8710	E	PT PRES ANTIBIOTIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8711	E	PRES ANTIBIOTIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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									Hospital Lab Fees	Hospital Lab			
G8712	E	NOT PRES ANTIBIOTIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8715	E	HEMODIALYSIS NOT 3 TIMES WK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8716	E	PT REAS NOT GREAT 1.2KT/V	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8721	E	PT, PN, HIST GRADE DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8722	E	MED REAS PT, PN, NOT DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8723	E	SPEC SIT NOT PRIM TUMOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8724	E	PT, PN, HIST GRADE NOT DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8727	E	HEMO, PERIT, OR KIDNEY TRANS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8730	E	PAIN DOC POS AND PLAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8731	E	PAIN NEG NO PLAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8732	E	NO DOC OF PAIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8733	E	DOC POS ELDER MAL SCR N PLAN	-	-	-	Not Allowed	\$0.00	-	-	060	999	-	
G8734	E	DOC NEG ELDER MAL NO PLAN	-	-	-	Not Allowed	\$0.00	-	-	060	999	-	
G8735	E	ELD MAL SCR N POS NO PLAN	-	-	-	Not Allowed	\$0.00	-	-	060	999	-	
G8749	E	NO SIGNS MELANOMA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8750	E	SIGNS OF MELANOMA PRESENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8752	E	SYS BP LESS 140	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8753	E	SYS BP > OR = 140	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8754	E	DIAS BP LESS 90	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8755	E	DIAS BP > OR = 90	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8756	E	NO BP MEASURE DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8760	E	EPILEPSY MG QUAL ACT PERFORM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8783	E	BP SCR N PERF REC INTERVAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8785	E	BP SCR N NO PERF AT INTERVAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8786	E	SEVERITY OF ANGINA ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8787	E	ANGINA PRESENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8788	E	ANGINA ABSENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8789	E	SEVERITY ANGINA NOT ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8797	E	SPECIMEN SITE NOT ESOPHAGUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8798	E	SPECIMEN SITE NOT PROSTATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8802	E	PREGNANCY TEST ORDER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8803	E	DOC REAS NO PREGNANCY TEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8805	E	PREGNANCY TEST NOT ORDER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8806	E	PERF ULTR SND TO LCT PREG DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8807	E	NO TA TV ULTR SND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8808	E	ULTRASOUND NOT PERF, RNG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8809	E	RH-IMMUNOGLOBULIN ORDER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8810	E	DOC REAS NO RH-IMMUNO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8811	E	NO RH-IMMUNOGLOBULIN ORDER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8815	E	DOC REAS NO STATIN THERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8816	E	STATIN MED PRES AT DISCH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8817	E	DOC REAS NO STATIN MED DISCH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8818	E	PT DISCH TO HOME BY DAY#7	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8819	E	ANEURYSM <= 5.5 CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8820	E	ANEURYSM 5.6-6.0 CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8821	E	ANEURYSM NOT INFARENAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8822	E	MALE ANEURYSMS >6CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8823	E	FEMALE ANEURYSM >6CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8824	E	FEMALE ANEURYSM 5.6-6.0 CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8825	E	PT NOT DISCH TO HOME DAY#7	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8826	E	PT DISCH HOME DAY #2 EVAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8828	E	ANEURYSM <= 5.5CM FOR MEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8829	E	ANEURYSM 5.6-6.0 CM FOR MEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8830	E	ANEURYSM >6CM FOR MEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8831	E	ANEURYSM >6CM FOR WOMEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8832	E	ANEURYSM 5.6-6.0 WOMEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

Please see [cover sheet](#) for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
G8833	E	PT NOT DISCH HOME DAY#2 EVAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8834	E	PT DISCH HOME DAY #2 CEA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8836	E	STROKE OR TIA <120 DAYS CEA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8837	E	STROKE OR TIA >120 DAYS CEA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8838	E	NOT DISCH HOME BY DAY #2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8839	E	SLEEP APNEA ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8840	E	DOC REAS NO SLEEP APNEA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8841	E	NO SLEEP APNEA ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8842	E	AHI OR RDI INITIAL DX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8843	E	DOC REAS NO AHI OR RDI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8844	E	NO AHI OR RDI INITIAL DX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8845	E	POS AIRWAY PRESS PRESCRIBED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8846	E	MOD OR SEVERE OSA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8847	E	POS AIR PRESS NOT PRESCRIBED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8849	E	DOC REAS NO POS AIR PRESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8850	E	NO PAP PRESCRIBED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8851	E	ADHERE POS AIR PRESS THERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8852	E	POS AIR PRESS PRESCRIBE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8854	E	REAS NO ADHERE POS AIR PRES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8855	E	POS AIR PRESS ADHERE NO PERF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8856	E	REF FOR OTO EVAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8857	E	NO ELIG REF FOR OTO EVAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8858	E	NOT REF FOR OTO EVAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8860	E	CORTICOSTEROID 10 MG 60 DAYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8863	E	NO ASSESS BONE LOSS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8864	E	PNEUMOCOCCAL VACCINE ADMIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8865	E	DOC MED REAS NO PNEUMOCOCCAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8866	E	DOC PT REAS NO PNEUMOCOCCAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8867	E	NO PNEUMOCOCCAL ADMIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8869	E	DOC IMMUNE HEP B ANTITNF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8872	E	INTRAOP IMAGE CONFIRM EXCISE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8873	E	SPECIMEN NOT INTRAOP IMAGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8874	E	TISSUE NOT IMAGE INTRAOP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8875	E	BREAST CANCER DX MIN INVISIVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8876	E	DOC REAS NO MIN INV DX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8877	E	NO BRST CNCR DX MIN INVASIVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8878	E	SENT LYMPH NODE BIOPSY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8880	E	SEN LYM P NODE BIOP NOT PERF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8881	E	BRST CNCR STAGE > T1N0M0	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8882	E	NO SENT LYMPH NODE BIOPSY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8883	E	REV. COMM, TRACK, DOC BIOPSY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8884	E	DOC REAS BIOPSY NOT REVIEW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8885	E	NO REV, COMM, TRACK BIOPSY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8901	E	EPILEPSY MEASURES GROUP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8907	E	PT DOC NO EVENTS ON DISCHARG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8908	E	PT DOC W BURN PRIOR TO D/C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8909	E	PT DOC NO BURN PRIOR TO D/C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8910	E	PT DOC TO HAVE FALL IN ASC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8911	E	PT DOC NO FALL IN ASC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8912	E	PT DOC WITH WRONG EVENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8913	E	PT DOC NO WRONG EVENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8914	E	PT TRANS TO HOSP POST D/C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8915	E	PT NOT TRANS TO HOSP AT D/C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8916	E	PT W IV AB GIVEN ON TIME	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8917	E	PT W IV AB NOT GIVEN ON TIME	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8918	E	PT W/O PREOP ORDER IV AB PRO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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									Hospital Lab Fees	Hospital Lab			
G8923	E	LVEF < 40% OR LVSD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8924	E	SPIR FEV1/FVC<70%,FEV<60%	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8925	E	SPIR FEV1/FVC>=60% & NO COPD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8926	E	SPIRO NO PERF OR DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8934	E	LVEF <40% OR DEP LV SYS FCN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8935	E	RX ACE OR ARB THERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8936	E	PT NOT ELIGIBLE ACE/ARB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8937	E	NO RX ACE/ARB THERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8938	E	BMI DOC ONL FUP NT DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8939	E	PAIN AS DOC POSITIVE, NO F/U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8941	E	ELD MALTREATMENT DOC AS POS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8942	E	DOC FCN/CARE PLAN W/30 DAYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8944	E	AJCC MEL CNR STG 0 - IIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8946	E	MIBM BUT NO DX OF BREAST CA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8950	E	PRE-HTN OR HTN DOC, F/U INDC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8952	E	PRE-HTN/HTN, NO F/U, NOT GVN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8955	E	MOST RECENT ASSESS VOL MGMT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8956	E	PT RCV HEDIA OUTPT DYLS FAC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8958	E	ASSESS VOL MGMT NOT DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8959	E	CLIN TX MDD COMM TO TX CLIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8960	E	CLIN TX MDD NOT COMM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8961	E	CSIT LOWRISK SURG PTS PREOP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8962	E	CSIT ON PT ANY REAS 30 DAYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8963	E	CSI PER ASX PT W/PCI 2 YRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8964	E	CSI ANY OTHER THAN PCI 2 YR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8965	E	CSIT PERF ON LOW CHD RSK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8966	E	CSIT PERF SX OR HIGH CHD RSK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8967	E	WARF OR OTHER FDA DRUG PRESC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8968	E	DOC MED NOT PRESB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8969	E	DOC PT RSN NO PRESC WARF/FDA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8970	E	NO RSK FAC OR 1 MOD RISK TE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8973	E	MST RCNT HBB < 10G/DL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8974	E	HGB NOT DOC RNS NOT GVN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8975	E	HGB <10G/DL, MED RSN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G8976	E	HGB >= 10 G/DL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9001	E	MCCD, INITIAL RATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9002	E	MCCD,MAINTENANCE RATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9003	E	MCCD, RISK ADJ HI, INITIAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9004	E	MCCD, RISK ADJ LO, INITIAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9005	E	MCCD, RISK ADJ, MAINTENANCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9006	E	MCCD, HOME MONITORING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9007	E	MCCD, SCH TEAM CONF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9008	E	MCCD,PHYS COOR-CARE OVRSGHT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9009	E	MCCD, RISK ADJ, LEVEL 3	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9010	E	MCCD, RISK ADJ, LEVEL 4	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9011	E	MCCD, RISK ADJ, LEVEL 5	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9012	E	OTHER SPECIFIED CASE MGMT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9013	E	ESRD DEMO BUNDLE LEVEL I	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9014	E	ESRD DEMO BUNDLE-LEVEL II	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9016	E	DEMO-SMOKING CESSATION COUN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9050	E	ONCOLOGY WORK-UP EVALUATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9051	E	ONCOLOGY TX DECISION-MGMT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9052	E	ONC SURVEILLANCE FOR DISEASE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9053	E	ONC EXPECTANT MANAGEMENT PT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9054	E	ONC SUPERVISION PALLIATIVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9055	E	ONC VISIT UNSPECIFIED NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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									Hospital Lab Fees	Hospital Lab Fees			
G9056	E	ONC PRAC MGMT ADHERES GUIDE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9057	E	ONC PRACT MGMT DIFFERS TRIAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9058	E	ONC PRAC MGMT DISAGREE W/GUI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9059	E	ONC PRAC MGMT PT OPT ALTERNA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9060	E	ONC PRAC MGMT DIF PT COMORB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9061	E	ONC PRAC COND NOADD BY GUIDE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9062	E	ONC PRAC GUIDE DIFFERS NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9063	E	ONC DX NSCLC STG1 NO PROGRES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9064	E	ONC DX NSCLC STG2 NO PROGRES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9065	E	ONC DX NSCLC STG3A NO PROGRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9066	E	ONC DX NSCLC STG3B-4 METASTA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9067	E	ONC DX NSCLC DX UNKNOWN NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9068	E	ONC DX SCLC/NSCLC LIMITED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9069	E	ONC DX SCLC/NSCLC EXT AT DX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9070	E	ONC DX SCLC/NSCLC EXT UNKNWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9071	E	ONC DX BRST STG1-2B HR,NOPRO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9072	E	ONC DX BRST STG1-2 NOPROGRES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9073	E	ONC DX BRST STG3-HR, NO PRO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9074	E	ONC DX BRST STG3-NOPROGRESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9075	E	ONC DX BRST METASTIC/ RECUR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9077	E	ONC DX PROSTATE T1NO PROGRES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9078	E	ONC DX PROSTATE T2NO PROGRES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9079	E	ONC DX PROSTATE T3B-T4NOPROG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9080	E	ONC DX PROSTATE W/RISE PSA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9083	E	ONC DX PROSTATE UNKNWN NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9084	E	ONC DX COLON T1-3,N1-2.NO PR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9085	E	ONC DX COLON T4, N0 W/O PROG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9086	E	ONC DX COLON T1-4 NO DX PROG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9087	E	ONC DX COLON METAS EVID DX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9088	E	ONC DX COLON METAS NOEVID DX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9089	E	ONC DX COLON EXTENT UNKNOWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9090	E	ONC DX RECTAL T1-2 NO PROGR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9091	E	ONC DX RECTAL T3 NO NO PROG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9092	E	ONC DX RECTAL T1-3,N1-2NOPRG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9093	E	ONC DX RECTAL T4,N,M0 NO PRG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9094	E	ONC DX RECTAL M1 W/METS PROG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9095	E	ONC DX RECTAL EXTENT UNKNWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9096	E	ONC DX ESOPHAG T1-T3 NOPROG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9097	E	ONC DX ESOPHAGEAL T4 NO PROG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9098	E	ONC DX ESOPHAGEAL METS RECUR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9099	E	ONC DX ESOPHAGEAL UNKNOWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9100	E	ONC DX GASTRIC NO RECURRENCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9101	E	ONC DX GASTRIC P R1-R2NOPROG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9102	E	ONC DX GASTRIC UNRESECTABLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9103	E	ONC DX GASTRIC RECURRENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9104	E	ONC DX GASTRIC UNKNOWN NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9105	E	ONC DX PANCREATC P R0 RES NO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9106	E	ONC DX PANCREATC P R1/R2 NO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9107	E	ONC DX PANCREATIC UNRESECTAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9108	E	ONC DX PANCREATIC UNKNWN NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9109	E	ONC DX HEAD/NECK T1-T2NO PRG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9110	E	ONC DX HEAD/NECK T3-4 NOPROG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9111	E	ONC DX HEAD/NECK M1 METS REC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9112	E	ONC DX HEAD/NECK EXT UNKNOWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9113	E	ONC DX OVARIAN STG1A-B NO PR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9114	E	ONC DX OVARIAN STG1A-B OR 2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
G9115	E	ONC DX OVARIAN STG3/4 NOPROG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9116	E	ONC DX OVARIAN RECURRENCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9117	E	ONC DX OVARIAN UNKNOWN NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9123	E	ONC DX CML CHRONIC PHASE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9124	E	ONC DX CML ACCELER PHASE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9125	E	ONC DX CML BLAST PHASE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9126	E	ONC DX CML REMISSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9128	E	ONC DX MULTI MYELOMA STAGE I	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9129	E	ONC DX MULT MYELOMA STG2 HIG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9130	E	ONC DX MULTI MYELOMA UNKNOWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9131	E	ONC DX BRST UNKNOWN NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9132	E	ONC DX PROSTATE METS NO CAST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9133	E	ONC DX PROSTATE CLINICAL MET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9134	E	ONC NHLSTG 1-2 NO RELAP NO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9135	E	ONC DX NHL STG 3-4 NOT RELAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9136	E	ONC DX NHL TRANS TO LG BCELL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9137	E	ONC DX NHL RELAPSE/REFRACTOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9138	E	ONC DX NHL STG UNKNOWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9139	E	ONC DX CML DX STATUS UNKNOWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9140	E	FRONTIER EXTENDED STAY DEMO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9141	E	INFLUENZA A H1N1,ADMIN W COU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9142	E	INFLUENZA A H1N1, VACCINE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9143	N	WARFARIN RESPON GENETIC TEST	-	-	-	Bundled	\$0.00	-	-	000	999	-	
G9147	E	OUTPT IV INSULIN TX ANY MEA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9148	E	MEDICAL HOME LEVEL 1	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9149	E	MEDICAL HOME LEVEL II	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9150	E	MEDICAL HOME LEVEL III	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9151	E	MAPCP DEMO STATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9152	E	MAPCP DEMO COMMUNITY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9153	E	MAPCP DEMO PHYSICIAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9156	E	EVALUATION FOR WHEELCHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9157	E	TRANSESOPH DOPPL CARDIAC MON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9187	E	BPCI HOME VISIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9188	E	BETA NOT GIVEN NO REASON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9189	E	BETA PRES OR ALREADY TAKING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9190	E	MEDICAL REASON FOR NO BETA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9191	E	PT REASON FOR NO BETA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9192	E	SYSTEM REASON FOR NO BETA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9196	E	MED REASON FOR NO CEPH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9197	E	ORDER FOR CEPH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9198	E	NO ORDER FOR CEPH NO REASON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9212	E	DOC OF DSM-IV INIT EVAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9213	E	NO DOC OF DSM-IV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9223	E	PJP PROPH ORDERED CD4 LOW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9225	E	NORSN NO FOOT EXAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9226	E	3 COMP FOOT EXAM COMPLETED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9227	E	FOA DOC, CARE PLAN NOT DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9228	E	GC CHL SYP DOCUMENTED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9229	E	PTRSN NO GC CHL SYP TEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9230	E	NORSN FOR GC CHL SYP TEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9231	E	DOC ESRD DIA TRANS PREG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9232	E	PTRSN NO COMM COMORBID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9239	E	DOC RSN HEMOD & CATH ACC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9240	E	DOC PT W CATH MAINT DIA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9241	E	DOC PT W OUT CATH MAINT DIA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9242	E	DOC VIRAL LOAD >=200	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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									Hospital Lab Fees	Hospital Lab			
G9243	E	DOC VIRAL LOAD <200	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9246	E	NO MED VISIT IN 24MO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9247	E	1 MED VISIT IN 24MO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9250	E	DOC OF PAIN COMFORT 48HR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9251	E	DOC NO PAIN COMFORT 48HR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9254	E	DOC PT DISCHG >2D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9255	E	DOC PT DISCHG <=2D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9256	E	DOC OF PAT DEATH AFTER CAS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9257	E	DOC OF PAT STROKE AFTER CAS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9258	E	DOC OF PAT STROKE AFTER CEA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9259	E	SURVIVE/NO STROKE POST CAS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9260	E	DOC OF PAT DEATH AFTER CEA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9261	E	SURVIVE/NO STROKE POST CEA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9262	E	DOC OF DEATH POST-AAA REPAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9263	E	DOC OF DISCH POST-AAA REPAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9264	E	DOC RSN HEMOD W/CATH >=90D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9265	E	DOC CATH >90D FOR MAINT DIA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9266	E	NORSN PT CATH >=90D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9267	E	DOC COMP OR MORT W IN 30D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9268	E	DOC COMP OR MORT W IN 90D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9269	E	DOC NO COMP OR MORT W IN 30D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9270	E	DOC NO COMP OR MORT W IN 90D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9273	E	SYS<140 AND DIA<90	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9274	E	BP OUT OF NRML LIMITS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9275	E	DOC OF NON TOBACCO USER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9276	E	DOC OF TOBACCO USER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9277	E	DOC DAILY ASPIRIN OR CONTRA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9278	E	DOC NO DAILY ASPIRIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9279	E	PNE SCRND DONE DOC VAC DONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9280	E	PNE NOT GIVEN NORSN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9281	E	PNE SCRND DONE DOC NOT IND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9282	E	DOC MEDRSN NO HISTO TYPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9283	E	HIST TYPE DOC ON REPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9284	E	NO HIST TYPE DOC ON REPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9285	E	SITE NOT SMALL CELL LUNG CA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9286	E	ANTIBIO RX W IN 10D OF SYMPT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9287	E	NO ANTIBIO W IN 10D OF SYMPT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9288	E	DOC MEDRSN NO HIST TYPE RPT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9289	E	DOC TYPE NSM LUNG CA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9290	E	NO DOC TYPE NSM LUNG CA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9291	E	NOT NSM LUNG CA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9292	E	MEDRSN NO PT CATEGORY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9293	E	NO PT CATEGORY ON REPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9294	E	PT CAT AND THCK ON REPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9295	E	NON CUTANEOUS LOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9296	E	DOC SHARE DEC PRIOR PROC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9297	E	NO DOC SHARE DEC PRIOR PROC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9298	E	Eval RISK VTE CARD 30D PRIOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9299	E	NO EVAL RISK VTE CARD PRIOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9300	E	DOC MEDRSN NO COMPL ANTIBIO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9301	E	DOC COMPL INF ANTIBIO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9302	E	NORSN INCOMP INF ANTIBIO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9303	E	NORSN NO PROS INFO OP RPT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9304	E	PROS INFO OP RPT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9305	E	NO INTERV REQ FOR LEAK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9306	E	INTERV REQ FOR LEAK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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									Hospital Lab Fees	Hospital Lab			
G9307	E	NO RET FOR SURG W IN 30D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9308	E	UNPL RET OR W/COMPL W/IN 30D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9309	E	NO UNPLND HOSP READM IN 30D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9310	E	UNPLND HOSP READM IN 30D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9311	E	NO SURG SITE INFECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9312	E	SURGICAL SITE INFECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9313	E	AMOXIC NOT PRESC AS 1ST LINE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9314	E	NORSN NOT FIRST LINE AMOX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9315	E	DOC FIRST LINE AMOX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9316	E	DOC COMM RISK CALC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9317	E	NO DOC COMM RISK CALC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9318	E	IMAGE STD NOMENCLATURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9319	E	IMAGE NOT STD NOMENCLATURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9321	E	DOC COUNT OF CT IN 12MO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9322	E	NO DOC COUNT OF CT IN 12MO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9326	E	CT DONE NO RAD DS INDEX, NRG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9327	E	CT DONE RAD DS INDEX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9329	E	NORSN NO DICOM FORMAT DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9340	E	DICOM FORMAT DOC ON RPT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9341	E	SRCH FOR CT W IN 12 MOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9342	E	NO SRCH FOR CT IN 12MO NORSN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9344	E	SYSRSN NO DICOM SRCH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9345	E	FOLLOW UP PULM NOD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9347	E	NO FOLLOW UP PULM NOD NORSN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9348	E	DOC RSN FOR ORD CT SCAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9349	E	CT WITHIN 28 DAYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9350	E	NO DOC SINUS CT 28D OR DX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9351	E	DOC >1 SINUS CT W 90D DX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9352	E	NOT >1 SINUS CT W 90D DX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9353	E	MEDRSN >1 SINUS CT W 90D DX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9354	E	1 OR NO CT SINUS W/IN 90D DX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9355	E	NO EARLY IND/DELIVERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9356	E	EARLY IND/DELIVERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9357	E	PP EVAL/EDU PERF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9358	E	PP EVAL/EDU NOT PERF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9359	E	NEG MGD POS TB NOTACT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9360	E	NO DOC OF NEG OR MAN POS TB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9361	E	DOC RSN ELECT C-SEC/INDUCT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9364	E	SINUS CAUS BAC INX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9365	E	1HIGH RISK MED ORD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9366	E	1HIGH RISK NO ORD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9367	E	>= 2 SAME HI-RSK MED ORD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9368	E	>= 2 SAME HI-RSK MED NOT ORD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9380	E	OFF ASSIS EOL ISS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9382	E	NO OFF ASSIS EOL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9383	E	RECD SCR N HCV INFE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9384	E	DOC MED RSN NO HCV SCR N	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9385	E	DOC PT REAS NOT REC HCV SR N	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9386	E	SCR N HCV INFE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9389	E	UNPLN RUP POST CAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9390	E	NO UNPLN RUP POST CAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9393	E	INI PHQ9 >9 REMISS <5	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9394	E	DX BIPOL, DEATH, NHRES, HOSP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9395	E	INI PHQ9 >9 NO REMISS >=5	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9396	E	INI PHQ9 >9 NOT ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9399	E	DOC DISC TX CHOICES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
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July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
G9400	E	DOC REAS NO DISC TX OPT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9401	E	NO DISC TX CHOICES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9402	E	RECD F/U W/IN 30D DISCH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9403	E	DOC REAS NO 30 DAY F/U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9404	E	NO 30 DAY F/U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9405	E	RECD F/U W/IN 7D DC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9406	E	DOC REAS NO 7D F/U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9407	E	NO 7D F/U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9408	E	CARD TAMP W/IN 30D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9409	E	NO CARD TAMP E/IN 30D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9410	E	ADMIT W/IN 180D REQ REMOV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9411	E	NO ADMIT W/IN 180D REQ REMOV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9412	E	ADMIT W/IN 180D REQ SURG REV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9413	E	NO ADMIT REQ SURG REV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9414	E	1DOSE MENIG VAC BTWN 11 & 13	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9415	E	NO 1DOSE MENI VAC BTWN 11&13	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9416	E	PT 1 TDAP BETW 10-13 YRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9417	E	PT NOT 1 TDAP BETW 10-13 YRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9418	E	LUNG CX BX RPT DOCS CLASS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9419	E	MED REAS NOT INCL HISTO TYPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9420	E	SPEC SITE NO LUNG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9421	E	LUNG CX BX RPT NO DOC CLASS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9422	E	RPT DOC CLASS HISTO TYPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9423	E	MED REAS RPT NO HISTO TYPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9424	E	SITE NO LUNG OR LUNG CX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9425	E	SPEC RPT NO DOC CLASS HISTO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9426	E	IMPR MED TIME EDARR PAIN MED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9427	E	NO IMPRO MED TIME PAIN MED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9428	E	PATHO RPT INCL PT CTG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9429	E	DOC MED RSN NO PT CAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9430	E	SPEC SITE NO CUTANEOUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9431	E	PATHO RPT NO PT CTG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9432	E	ASTH CONTROLLED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9434	E	ASTH NOT CONTROLLED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9448	E	BORN 1945-1965	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9449	E	HX BLD TRANSF B/F 1992	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9450	E	HX INJEC DRUG USE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9451	E	1X SCR N HCV INFECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9452	E	DOC MED REAS NO SCR N HCV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9453	E	PT REAS NO HCV INFECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9454	E	NO SCR HCV INF 12 MTH RP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9455	E	ABD IMAG W/US, CT OR MRI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9456	E	DOC MED PT REAS NO HCC SCR N	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9457	E	PT NO ABD IMG NO DOC RSN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9458	E	TOB USER RECD CESS INTERV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9459	E	TOB NON-USER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9460	E	NO TOB ASSESS OR CESS INTER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9468	E	NO RECD CORTICO>=10MG/D >60D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9469	E	REC CORTICO>90D OR 1RX 900MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9470	E	NO REC CORTICO>60D 1RX 600MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9471	E	W/IN 2YR DXA NOT ORDER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9473	E	CHAP SERVICES AT HOSPICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9474	E	DIET COUNSEL AT HOSPICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9475	E	OTHER COUNSELOR AT HOSPICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9476	E	VOLUN SERVICE AT HOSPICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9477	E	CARE COORD AT HOSPICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
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July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
G9478	E	OTHE THERAPIST AT HOSPICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9479	E	PHARMACIST AT HOSPICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9480	E	ADMISSION TO MCCM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9481	E	REMOTE E/M NEW PT 10MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9482	E	REMOTE E/M NEW PT 20MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9483	E	REMOTE E/M NEW PT 30MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9484	E	REMOTE E/M NEW PT 45MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9485	E	REMOTE E/M NEW PT 60MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9486	E	REMOTE E/M EST. PT 10MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9487	E	REMOTE E/M EST. PT 15MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9488	E	REMOTE E/M EST. PT 25MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9489	E	REMOTE E/M EST. PT 40MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9490	E	CMMI MOD HOME VISIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9497	E	REC INST NO SMOKE DAY SURG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9498	E	ABX REG PRESCRIBED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9500	E	RAD EXPOS IND/EXP TM DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9501	E	RAD EXPOS IND/EXP TM NO DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9502	E	MED REAS NO PERF FOOT EXAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9503	E	PT TK TAMS HCL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9504	E	DOC RSN HEP B STAT NOT ASSES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9505	E	ABX PRES W/IN 10 DYS OF SYMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9506	E	BIO IMM RESP MOD PRESC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9507	E	DOC REAS ON STATIN OR CONTRA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9508	E	DOC PT NOT ON STATIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9509	E	ADIT MDD DYS REM 12 MNTHS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9510	E	REMIS12M NOT PHQ-9 SCORE <5	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9511	E	IDX EVT DTE PHQ>9 DOC 12 MO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9512	E	INDIV PDC > 0.8	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9513	E	INDIV PDC NOT > 0.8	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9514	E	REQ RET OR W/IN 90D OF SURG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9515	E	NO REAS, NO RET OR W/IN 90D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9516	E	IMPR VIS ACUIT W/IN 90D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9517	E	NO IMPR VIS ACUIT W/IN 90D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9518	E	DOC ACTIVE INJ DRUG USE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9519	E	FINAL REF +/- 1.0 W/IN 90D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9520	E	REFRACT NOT +/- 1.0 W/IN 90D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9521	E	ER AND IP HOSP <2 IN 12 MOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9522	E	ER/IP HOSP =>2 IN 12 MOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9523	E	D/C HEMO OR PERIT DIALYSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9524	E	REFER TO HOSPICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9525	E	DOC PT REAS NO HOSPICE REFER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9526	E	NO REASON, NO REFER HOSPICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9529	E	MINOR BLUNT TRAUMA W/HEAD CT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9530	E	PT MBHT HD CT ORD EC PROV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9531	E	PT DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9532	E	PT HD CT ORD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9533	E	INDIC FOR HEAD CT NOT VALID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9537	E	DOC SYSM RSN IMG HD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9539	E	INTENT POT REMV TIME PLACEMT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9540	E	PT ALIVE 3 MOS POST PROC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9541	E	FILTER REM 3 MON PLMT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9542	E	DOC REASS APPR REMO FILT 3MS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9543	E	DOC 2X RE-ASSESS FILT REMOV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9544	E	NO FILT REMOV W/IN 3MOS PLCM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9547	E	CYS REN LES OR ADREN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9548	E	NO F/U REC IMAGE STUDY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
G9549	E	DOC MED RSN FOR F/U IMAG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9550	E	IMAG REC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9551	E	IMAG NO LES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9552	E	INC THYR NODE <1.0 IN RPT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9553	E	PRIOR THYROID DISE DX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9554	E	CT/CTA/MRI/A CHST FOLL REC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9555	E	DOC MED RSN FOR FOLLUP IMAGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9556	E	CT/CTA/MRI/A NO FOLLUP IMAG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9557	E	CT/CTA/MRI/A NO THYR <1.0CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9558	E	TX BETA-LACTAM ABX THERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9559	E	DOC MED REAS NO ABX THERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9560	E	NO BETA-LACTAM ABX THER, RNG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9561	E	PRESC OPIATES >6 WKS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9562	E	FOLL-UP EVAL Q3MO OPIOID TX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9563	E	NO F/U EVAL Q3MO OPIOID TX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9573	E	ADL PT MD OR DYS REM 6 MON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9574	E	ADL PT MD DYS NO REM 6 MON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9577	E	PRESC OPIATES >6 WKS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9578	E	DOC OPIOID TX 1X DURING THER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9579	E	NO DOC OPIOID TX 1X AT THER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9580	E	DOOR TO PUNC TIME <2HRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9582	E	DOOR TO PUNC TIME >2HR, NRG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9583	E	PRESC OPIATES >6 WKS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9584	E	EVAL OPIOID USE INSTR/PT INT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9585	E	NO EVAL OPI USE INSTR/INTV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9593	E	LOW PECARN PED HEAD TRAUMA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9594	E	PT MBHT HD CT ORD EC PROV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9595	E	DOC SHNT/TUM/COAG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9596	E	PED PT HD CT ORD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9597	E	NO LOW PECARN PED HEAD TRAUM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9598	E	AOR ANE 5.5-5.9 CM MAX DIAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9599	E	AOR ANE >=6.0 CM MAX DIAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9600	E	SYMP AAA URGENT REPAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9601	E	PT DCHG HOME POST OP DAY 7	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9602	E	PT NO DCHG HOME POSTOP DAY 7	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9603	E	PT SURV IMPROV BSLINE TX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9604	E	PT SURV RESULTS NOT AVAIL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9605	E	SURV SCORE NO IMPROV W/TX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9606	E	INTRAOP CYST EVAL TRAC INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9607	E	DOC MED RSN NOT PERF CYSTOSC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9608	E	INTRAOP CYST EVAL NOT DONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9609	E	DOC ORDER ANTI-PLAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9610	E	DOC MD RSN NO ANTIPLA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9611	E	NO DOC ORDER ANTI-PLAT RNG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9612	E	PHODOC 2 MR CEC LNDMK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9613	E	DOC POST SURG ANATOMY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9614	E	PHOTODOC < 2 CEC LNDMK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9615	E	PRE-OP ASST DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9616	E	DOC RSN NO PREOP ASSMT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9617	E	PRE-OP ASST NOT DOC, RNG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9618	E	DOC SCR UTER MAL OR US/SAMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9620	E	NO SCR UTR MALIG/US/SAMP RNG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9621	E	SCR UNHEAL ETOH W/COUNSEL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9622	E	NO UNHEAL ETOH USER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9623	E	DOC MED RSN NO SCR ETOH USE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9624	E	PT NOT SCR OR NO COUNSELING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
G9625	E	PT BL SRG 30 DAY PST SRG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9626	E	MED RSN NO RPT BALDDER INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9627	E	PT NO BL SRG 30 DAY PST SRG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9628	E	PT BWLI SRG 30 DAY PST SRG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9629	E	MED RSN NO RPT BOWEL INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9630	E	PT NO BWLI SRG 30 DAY SRG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9631	E	PT UI SRG 30 DAY PST SRG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9632	E	MED RSN FOR NO RPT URET INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9633	E	PT NO UI SRG 30 DAY PST SRG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9634	E	QUAL LIFE TOOL 2X SAME/IMPR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9635	E	NO DOC RSN DO QUAL LIFE ASSM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9636	E	NO LIFE ASST 2X SAME/DECR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9637	E	DOC >1 DOSE REDUC TECH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9638	E	NO DOC >1 DOSE REDUC TECH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9639	E	AMP NO REQD IN48H IELER PROC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9640	E	DOC PLAN HYBRID/STAGE PROC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9641	E	AMP REQD W/IN 48H IELER PROC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9642	E	CURRENT SMOKER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9643	E	ELECTIVE SURGERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9644	E	NO SMOK B/4 ANES DAY OF SURG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9645	E	HAD SMOKE B/4 ANES DAY SURG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9646	E	PT W/90D MRS 0-2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9647	E	NO MRS SCORE IN 90D FOLLOWUP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9648	E	PT W/90D MRS >2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9649	E	PSOR AS DOC SPC BM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9651	E	PSOR AS DOC NO SPC BM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9654	E	MON ANESTH CARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9655	E	TOC TOOL INCL KEY ELEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9656	E	PT TRANS FROM ANESTH TO PACU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9658	E	TOC TOOL INCL ELEM NOT USED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9659	E	>85Y NO HX COLO CA/RSN SCOPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9660	E	DOC MED RSN SCOPE PT >85Y	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9661	E	>85Y SCOPE OTHR RSN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9662	E	PRIOR DX/ACTIVE CLIN ASCVD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9663	E	FAST/DIR LDL <= 190 MG/DL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9664	E	TAKING STATIN OR REC'D ORDER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9665	E	NO STATIN/NO ORDER STATIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9666	E	FAS/DIR LDL 70-189MG/DL MST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9674	E	PT W/CLIN ASCVD DX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9675	E	PT W/FAST/DIR LAB LDL-C >190	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9676	E	40-75Y W/TYP 1/2 W/LDL-C RS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9678	E	ONCOLOGY CARE MODEL SERVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9679	E	ACUTE CARE PNEUMONIA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9680	E	ACUTE CARE CONGESTIVE HEART	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9681	E	ACUTE CARE CHRONIC OBSTRUCT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9682	E	ACUTE CARE SKIN INFECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9683	E	ACUTE FLUID/ELECTRO DISORDER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9684	E	ACUTE CARE URINARY TRACT INF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9685	E	ACUTE NURSING FACILITY CARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9687	E	HOSPICE ANYTIME MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9688	E	PT W/HOSP ANYTIME MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9689	E	INPT ELECT CAROTID INTERVENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9690	E	PT IN HOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9691	E	PT HOSP DUR MSMT PERIOD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9692	E	HOSP RECD BY PT DUR MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9693	E	PT USE HOSP DURING MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
G9694	E	HOSP SRV USED PT IN MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9695	E	LONG ACT INHAL BRONCHDIL PRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9696	E	MED RSN NO PRESC BRONCHDIL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9697	E	PT RSN NO PRESC BRONCHDIL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9698	E	SYS RSN NO PRESC BRONCHDIL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9699	E	LONG INHAL BRONCHDIL NO PRES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9700	E	PT IS W/HOSP DURING MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9701	E	CHILD ANBX 30 PRIOR DX ESTAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9702	E	PT USE HOSP DURING MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9703	E	CHILD ANBX 30 PRIOR DX PHARY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9704	E	AJCC BR CA STG I: T1 MIC/T1A	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9705	E	AJCC BR CA STG IB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9706	E	LOW RECUR PROST CA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9707	E	PT HAD HOSP DUR MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9708	E	BILAT MAST/HX BI/JUNILAT MAS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9709	E	HOSP SRV USED PT IN MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9710	E	PT PROV HOSP SRV MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9711	E	PT HX TOT COL OR COLON CA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9712	E	DOC MED RSN PRESC ANBX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9713	E	PT USE HOSP DURING MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9714	E	PT IS W/HOSP DURING MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9715	E	PT W/HOSP ANYTIME MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9716	E	BMI DOC ONL FUP NOT CMLTLD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9717	E	DOC PT DX DEP/BP F/U NT REQ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9718	E	HOSPICE ANYTIME MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9719	E	PT NOT AMBUL/IMMOB/WC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9720	E	HOSPICE ANYTIME MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9721	E	PT NOT AMBUL/IMMOB/WC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9722	E	DOC HX RENAL FAIL OR CR+ >4	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9723	E	HOSP RECD BY PT DUR MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9724	E	PT W/DOC USE ANTICOAG MST YR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9725	E	PT W/HOSP ANYTIME MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9726	E	REFUSED TO PARTICIPATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9727	E	PT UNABLE CMLPT KNEE FS PROM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9728	E	REFUSED TO PARTICIPATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9729	E	PT UNBL CMLPT HIP FS PROM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9730	E	REFUSED TO PARTICIPATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9731	E	PT UNBL CMLPT FT/ANK FS PROM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9732	E	REFUSED TO PARTICIPATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9733	E	PT UNBL CMLPT LB FS PROM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9734	E	REFUSED TO PARTICIPATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9735	E	PT UNBL CMLPT SHLD FS PROM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9736	E	REFUSED TO PARTICIPATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9737	E	PT UNBL CMLPT EWH FS PROM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9738	E	REFUSED TO PARTICIPATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9739	E	PT UNBL CMLPT GO FS PROM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9740	E	HOSP SRV TO PT DUR MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9741	E	PT W/HOSP ANYTIME MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9744	E	PT NOT ELI D/T ACT DIG HTN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9745	E	DOC RSN NO HBP SCRIN OR F/U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9746	E	MIT STEN, VALVE OR TRANS AF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9747	E	PALL DIALYSIS WITH CATHETER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9748	E	APP TRANSPL LVG KIDNEY DONOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9749	E	PALL DIALYSIS WITH CATHETER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9750	E	APP TRANSPL LVG KIDNEY DONOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9751	E	PT DIED W/IN 24 MOS RPT TIME	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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									Hospital Lab Fees	Hospital Lab			
G9752	E	URGENT SURGERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9753	E	DOC NO DICOM, CT OTHER FAC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9754	E	INCID PULM NODULE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9755	E	DOC MED RSN NO FLLW UP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9756	E	SURG PROC W/SILICONE OIL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9757	E	SURG PROC W/SILICONE OIL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9758	E	PT IN HOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9759	E	HX PREOP POST CAP RUP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9760	E	PT W/HOSP ANYTIME MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9761	E	PT W/HOSP ANYTIME MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9762	E	PT HAD >= 2-3 HPV VACCINES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9763	E	PT NOT HAVE 2-3 HPV VACCINES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9764	E	PT TREATD W/ORAL SYST OR BIO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9765	E	DOC PAT DECLINED THERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9766	E	CVA STROKE DX TX TRANSF FAC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9767	E	HOSP NEW DX CVA CONSID EVST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9768	E	PT W/HOSP ANYTIME MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9769	E	BN DEN 2YR/GOT OST MED/THER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9770	E	PERIP NERVE BLOCK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9771	E	ANES END, 1 TEMP >35.5(95.9)	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9772	E	DOC MED RSN NO TEMP >= 35.5	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9773	E	1 BOD TEMP >=35.5	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9774	E	PT HAD HYST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9775	E	RECD 2 ANTI-EMET PRE/INTRAOP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9776	E	DOC MED RSN NO PROPH ANTIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9777	E	PT NO ANTIEMET PRE/INTRAOP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9778	E	PTS DX W/PREGN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9779	E	PTS BREASTFEEDING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9780	E	PTS DX W/RHABDOMYOLYSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9781	E	DOC RSN NO STATIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9782	E	HX DX FAM/PURE HYPERCHOLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9783	E	DOC DX DM, FAST <70, NO STAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9784	E	PATH/DERM PROV 2ND BIOP OPIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9785	E	PATH REPORT SENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9786	E	PATH REPORT NOT SENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9787	E	PT ALIVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9788	E	MOST RCT BP <=/= 140/90	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9789	E	RECORD BP IP, ER, URG/SELF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9790	E	MOST RCT BP >/= 140/90	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9791	E	MOST RCT TOB STAT FREE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9792	E	MOST RCT TOB STAT NOT FREE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9793	E	PT ON DAILY ASA/ANTIPLAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9794	E	DOC MED RSN NO DAILY ASPIRIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9795	E	PT NO DAILY ASA/ANTIPLAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9796	E	PT NOT CURRENTLY ON STATIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9797	E	PT CURRENTLY ON STATIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9798	E	D/C AMI BTW 7/1-6/30 MEAS PD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9799	E	MED DISP EVT INDIC HX ASTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9800	E	PT ID INTOL/ALLEG BETA-BLOCK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9801	E	NONACUT TRANSF FROM INPT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9802	E	PT W/HOSP ANYTIME MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9803	E	PT PRESC 135 DAY TRMT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9804	E	PT NOT PRESC 135 DAY TRMT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9805	E	PT W/HOSP ANYTIME MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9806	E	PT RECD CERV CYTO/HPV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9807	E	PT NO RECD CERV CYTO/HPV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
G9808	E	PT NO ASTHM CONT MED MST PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9809	E	PT W/HOSP ANYTIME MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9810	E	PDC 75% W/ASTH CONT MED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9811	E	NO PDC 75% W/ASTH CONT MED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9812	E	PT DIED DURING INPT/30D AFT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9813	E	PT NOT DIED W/IN 30D OF PROC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9814	E	DEATH DURING INDEX HOSP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9815	E	DEATH NOT DURING INDEX HOSP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9816	E	DEATH <30 DAY POST DISCHARGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9817	E	NO DEATH 30-DAYS POST-DISCH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9818	E	DOC SEX ACTIVITY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9819	E	PT W/HOSP ANYTIME MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9820	E	DOC CHLAM SCR TEST W/FOLLOW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9821	E	NO DOC CHLAM SCR TS W/FOLLOW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9822	E	ENDO ABL PROC YR PREV IND DT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9823	E	ENDO SMPL/HYST BX RES DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9824	E	ENDO SMPL/HYST BX RES NO DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9825	E	HER-2 NEG,UNDOC/JUNK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9826	E	TRANSF PRACT AFT INIT CHEMO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9827	E	HER-2 TARG THER NO INIT TX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9828	E	HER-2 TARG THER DUR INIT TX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9829	E	BREAST ADJ CHEMO ADMIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9830	E	HER-2 POS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9831	E	AJCC STG BRT CA DX II OR III	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9832	E	BRT CA DX I, NO T1/T1A/T1B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9833	E	TRANSF PRACT AFT INIT CHEMO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9834	E	PT MET DIS AT DX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9835	E	TRASTUZ GIVEN W/IN 12 MOS DX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9836	E	RSN NO TRAST GIVEN DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9837	E	TRASTUZ NOT IN 12 MOS DX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9838	E	PT MET DIS AT DX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9839	E	ANTI-EGFR MON ANTI THER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9840	E	GENE TESTING PERFORMED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9841	E	GENE TESTING NOT PERFORMED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9842	E	PT MET DIS AT DX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9843	E	KRAS OR NRAS GENE MUTATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9844	E	PT NO RECD ANTI-EGFR THER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9845	E	PT RECD ANTI-EGFR THER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9846	E	PT DIED FROM CANCER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9847	E	PT RECD CHEMO LAST 14D LIFE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9848	E	PT NO CHEMO LAST 14D LIFE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9849	E	PT DIED FROM CANCER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9850	E	1/MORE ED LAST 30D LIFE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9851	E	1/NO ED VISIT LAST 30D LIFE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9852	E	PT DIED FROM CANCER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9853	E	ICU STAY LAST 30D LIFE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9854	E	NO ICU STAY LAST 30D LIFE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9855	E	PT DIED FROM CANCER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9856	E	PT NO HOSPICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9857	E	PT ADMIT HOSPICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9858	E	PT ENROLL HOSPICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9859	E	PT DIED FROM CANCER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9860	E	PT LESS 3D HOSPICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9861	E	PT MORE THAN 3D HOSPICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9862	E	DOC RSN NO 10 YR FOLLOW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9868	E	NEXT GEN ACO MODEL <10MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
G9869	E	NEXT GEN ACO MODEL 10-20MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9870	E	NEXT GEN ACO MODEL >20MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9873	E	1 EM CORE SESSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9874	E	4 EM CORE SESSIONS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9875	E	9 EM CORE SESSIONS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9876	E	2 EM CORE MS MO 7-9 NO WL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9877	E	2 EM CORE MS MO 10-12 NO WL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9878	E	2 EM CORE MS MO 7-9 WL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9879	E	2 EM CORE MS MO 10-12 WL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9880	E	EM 5 PERCENT WL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9881	E	EM 9 PERCENT WL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9882	E	2 EM ONGOING MS MO 13-15 WL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9883	E	2 EM ONGOING MS MO 16-18 WL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9884	E	2 EM ONGOING MS MO 19-21 WL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9885	E	2 EM ONGOING MS MO 22-24 WL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9890	E	EM BRIDGE PAYMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9891	E	EM SESSION REPORTING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9892	E	DOC PT RSN NO DIL MAC EXAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9893	E	NO MAC EXAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9894	E	ADR DEP THRYPY PRESCRIBED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9895	E	DOC MED RSN NO ADR DEP THRYPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9896	E	DOC PT RSN NO ADR DEP THRYPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9897	E	PT NT PRSC ADR DEP THRYPY RNG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9898	E	PT 66+ SNP OR LTC POS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9899	E	SCRN MAM PERF RSLTS DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9900	E	SCRN MAM PERF RSLTS NOT DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9901	E	PT 66+ SNP OR LTC POS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9902	E	PT SCR N TBCO AND ID AS USER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9903	E	PT SCR N TBCO ID AS NON USER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9904	E	DOC MED RSN NO TBCO SCR N	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9905	E	NO PT TBCO SCR N RNG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9906	E	PT REC V TBCO CESS INTERV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9907	E	DOC MED RSN NO TBCO INTERV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9908	E	NO PT TBCO CESS INTERV RNG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9909	E	DOC MED RSN NO TBCO INTERV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9910	E	PT 66+ SNP OR LTC POS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9911	E	NODE NEG PRE/POST SYST THER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9912	E	HBV STATUS ASSESED AND INT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9913	E	NO HBV STATUS ASSESD AND INT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9914	E	PT RECEIVING ANTI-TNF AGENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9915	E	NO DOCUMNTD HBV RESULTS RCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9916	E	FUNCT STATUS PAST 12 MONTHS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9917	E	ADV DEM CRGVR LIMITED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9918	E	NO FUNCT STAT PERF, RSN NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9919	E	SCR N ND POS ND PROV OF REC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9920	E	SCR NING PERF AND NEGATIVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9921	E	NO OR PART SCR N ND RNG OR OS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9922	E	SFTY CNCRNS SCR N ND MIT RECS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9923	E	SAFTY CNCRNS SCR N AND NEG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9924	E	DOC MED RSN NO SCR N OR RECS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9925	E	NO SCR N PROV RSN NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9926	E	SFTY CNCRNS SCR N BUT NO RECS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9927	E	DOC NO WARF /FDA PT TRIAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9928	E	NO WARF OR FDA DRUG PRESC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9929	E	TRS/REV AF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9930	E	COM CARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
G9931	E	NO CHAD OR CHAD SCR 0 OR 1	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9932	E	DOC PT RSN NO TB SCR N RECRDS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9933	E	CANC DETECTD DURING COL SCR N	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9934	E	DOC RSN NOT DETECTING CANCER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9935	E	CANC NOT DETECTD DURING SRC N	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9936	E	PMH PLYP/NEO CO/RECT/JUN/ANS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9937	E	DIG OR SURV COLSCO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9938	E	PT 66+ SNP OR LTC POS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9939	E	SAME PATH/DERM PERF BIOPSY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9940	E	DOC REAS NO STATIN THERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9942	E	ADTL SPINE PROC ON SAME DATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9943	E	BK PN NT MSR VAS SCL PRE/PST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9945	E	PT W/CANCER SCOLIOSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9946	E	BK PAIN NO VAS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9948	E	ADTL SPINE PROC ON SAME DATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9949	E	LEG PAIN NO VAS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9954	E	PT >2 RSK FAC POST-OP VOMIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9955	E	INHLNT ANESTH ONLY FOR INDUC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9956	E	COMBO THRYPY OF >= 2 PROPHLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9957	E	DOC MED RSN NO COMBO THRYPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9958	E	NO COMBO PROHPYL THRYP FOR PT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9959	E	SYSTEMIC ANTIMICRO NOT PRESC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9960	E	MED RSN SYS ANTIMI NT RX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9961	E	SYSTEMIC ANTIMICRO PRESC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9962	E	EMBOLIZATION DOC SEPARATLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9963	E	EMBOLIZATION NOT DOC SEPARAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9964	E	PT RECV >=1 WELL-CHLD VIST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9965	E	NO WELL-CHLD VIST RECV BY PT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9966	E	SCRN, INTER, REPORT CHILD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9967	E	NO SCR N, INTER, REPR T CHILD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9968	E	PT REFRD 2 PVDR/SPCLST IN PP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9969	E	PVDR RFRD PT RPRT RCVD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9970	E	PVDR RFRD PT NO RPRT RCVD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9974	E	MAC EXAM PERF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9975	E	DOC MED RSN NO DIL MAC EXAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9976	E	DOC PAT RSN NO MAC EXM PERF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9977	E	DIL MAC EXAM NO PERF RSN NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9978	E	REMOTE E/M NEW PT 10MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9979	E	REMOTE E/M NEW PT 20MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9980	E	REMOTE E/M NEW PT 30 MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9981	E	REMOTE E/M NEW PT 45MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9982	E	REMOTE E/M NEW PT 60MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9983	E	REMOTE E/M EST. PT 10MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9984	E	REMOTE E/M EST. PT 15MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9985	E	REMOTE E/M EST. PT 25MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9986	E	REMOTE E/M EST. PT 40MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
G9987	E	BPCI ADVANCED IN HOME VISIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0001	E	ALCOHOL AND/OR DRUG ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0002	E	ALCOHOL AND/OR DRUG SCREENIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0003	E	ALCOHOL AND/OR DRUG SCREENIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0004	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0005	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0006	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0007	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0008	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0009	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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									Hospital Lab Fees	Hospital Lab			
H0010	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0011	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0012	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0013	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0014	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0015	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0016	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0017	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0018	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0019	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0020	E	ALCOHOL AND/OR DRUG SERVICES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0021	E	ALCOHOL AND/OR DRUG TRAINING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0022	E	ALCOHOL AND/OR DRUG INTERVEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0023	E	ALCOHOL AND/OR DRUG OUTREACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0024	E	ALCOHOL AND/OR DRUG PREVENTI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0025	E	ALCOHOL AND/OR DRUG PREVENTI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0026	E	ALCOHOL AND/OR DRUG PREVENTI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0027	E	ALCOHOL AND/OR DRUG PREVENTI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0028	E	ALCOHOL AND/OR DRUG PREVENTI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0029	E	ALCOHOL AND/OR DRUG PREVENTI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0030	E	ALCOHOL AND/OR DRUG HOTLINE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0031	E	MH HEALTH ASSESS BY NON-MD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0032	E	MH SVC PLAN DEV BY NON-MD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0033	E	ORAL MED ADM DIRECT OBSERVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0034	E	MED TRNG & SUPPORT PER 15MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0035	M	MH PARTIAL HOSP TX UNDER 24H	-	-	-	Fee Schedule	\$83.77	-	-	000	999	-	
H0036	E	COMM PSY FACE-FACE PER 15MIN	-	-	-	Not Allowed	\$0.00	-	-	000	020	-	
H0037	E	COMM PSY SUP TX PGM PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0038	M	SELF-HELP/PEER SVC PER 15MIN	-	-	-	Fee Schedule	\$13.48	-	-	018	999	-	
H0039	E	ASSER COM TX FACE-FACE/15MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0040	E	ASSERT COMM TX PGM PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0041	E	FOS C CHLD NON-THER PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0042	E	FOS C CHLD NON-THER PER MON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0043	E	SUPPORTED HOUSING PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0044	E	SUPPORTED HOUSING PER MONTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0045	E	RESPIRE NOT-IN-HOME PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0046	E	MENTAL HEALTH SERVICE NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0047	E	ALCOHOL/DRUG ABUSE SVC NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0048	E	SPEC COLL NON-BLOOD:A/D TEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0049	E	ALCOHOL/DRUG SCREENING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H0050	E	ALCOHOL/DRUG SERVICE 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H1000	E	PRENATAL CARE ATRISK ASSESSM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H1001	E	ANTEPARTUM MANAGEMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H1002	E	CARECOORDINATION PRENATAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H1003	E	PRENATAL AT RISK EDUCATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H1004	E	FOLLOW UP HOME VISIT/PRENATAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H1005	E	PRENATALCARE ENHANCED SRV PK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H1010	E	NONMED FAMILY PLANNING ED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H1011	E	FAMILY ASSESSMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2000	E	COMP MULTIDISIPLN EVALUATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2001	E	REHABILITATION PROGRAM 1/2 D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2010	E	COMPREHENSIVE MED SVC 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2011	M	CRISIS INTERVEN SVC, 15 MIN	-	-	-	Fee Schedule	\$12.24	-	-	018	999	-	
H2012	E	BEHAV HLTH DAY TREAT, PER HR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2013	E	PSYCH HLTH FAC SVC, PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2014	E	SKILLS TRAIN AND DEV, 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
H2015	E	COMP COMM SUPP SVC, 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2016	E	COMP COMM SUPP SVC, PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2017	E	PSYSOC REHAB SVC, PER 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2018	E	PSYSOC REHAB SVC, PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2019	E	THER BEHAV SVC, PER 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2020	E	THER BEHAV SVC, PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2021	E	COM WRAP-AROUND SV, 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2022	E	COM WRAP-AROUND SV, PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2023	E	SUPPORTED EMPLOY, PER 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2024	E	SUPPORTED EMPLOY, PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2025	E	SUPP MAINT EMPLOY, 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2026	E	SUPP MAINT EMPLOY, PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2027	E	PSYCHOED SVC, PER 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2028	E	SEX OFFEND TX SVC, 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2029	E	SEX OFFEND TX SVC, PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2030	E	MH CLUBHOUSE SVC, PER 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2031	E	MH CLUBHOUSE SVC, PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2032	E	ACTIVITY THERAPY, PER 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2033	E	MULTISYS THER/JUVENILE 15MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2034	E	A/D HALFWAY HOUSE, PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2035	E	A/D TX PROGRAM, PER HOUR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2036	E	A/D TX PROGRAM, PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
H2037	E	DEV DELAY PREV DP CH, 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J0120	N	TETRACYCLIN INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J0121	G	INJ., OMADACYCLINE, 1 MG	-	09311	-	APC – pays by fee schedule amount	\$3.21	-	-	000	999	-	
J0122	K	INJ., ERAVACYCLINE, 1 MG	-	09325	0.0181	APC (blood and non-blood product codes)	\$1.03	-	-	000	999	-	
J0129	K	ABATACEPT INJECTION	-	09230	1.0017	APC (blood and non-blood product codes)	\$56.74	-	-	000	999	-	
J0130	N	ABCIXIMAB INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J0131	N	ACETAMINOPHEN INJECTION	-	-	-	Bundled	\$0.00	-	-	002	999	-	
J0132	N	ACETYLCYSTEINE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J0133	N	ACYCLOVIR INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J0135	K	ADALIMUMAB INJECTION	-	01083	25.9992	APC (blood and non-blood product codes)	\$1,472.60	-	-	000	999	-	
J0153	N	ADENOSINE INJ 1MG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J0171	N	ADRENALIN EPINEPHRINE INJECT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J0178	K	AFLIBERCEPT INJECTION	-	01420	16.4507	APC (blood and non-blood product codes)	\$931.77	-	-	000	999	-	
J0179	K	INJ, BROLCUCIZUMAB-DBLL, 1 MG	-	09340	5.5817	APC (blood and non-blood product codes)	\$316.15	-	-	000	999	-	
J0180	K	AGALSIDASE BETA INJECTION	-	09208	3.3183	APC (blood and non-blood product codes)	\$187.95	-	-	000	999	-	
J0185	G	INJ., APREPITANT, 1 MG	-	09463	-	APC – pays by fee schedule amount	\$1.88	-	-	000	999	-	
J0190	E	INJ BIPERIDEN LACTATE/5 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J0200	E	ALATROFLOXACIN MESYLATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J0202	K	INJECTION, ALEMTUZUMAB	-	01809	35.0711	APC (blood and non-blood product codes)	\$1,986.43	-	-	000	999	-	
J0205	E	ALGLUCERASE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J0207	K	AMIFOSTINE	-	07000	20.0510	APC (blood and non-blood product codes)	\$1,135.69	-	-	000	999	-	
J0210	N	METHYLDOPATE HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J0215	E	ALEFACEPT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J0220	K	ALGLUCOSIDASE ALFA INJECTION	-	09234	1.3031	APC (blood and non-blood product codes)	\$73.81	-	-	000	999	-	
J0221	K	LUMIZYME INJECTION	-	01413	3.0696	APC (blood and non-blood product codes)	\$173.86	-	-	000	999	-	
J0222	G	INJ., PATISIRAN, 0.1 MG	-	09180	-	APC – pays by fee schedule amount	\$98.21	-	-	000	999	-	
J0223	G	INJ GIVOSIRAN 0.5 MG	-	9343	-	APC – pays by fee schedule amount	\$107.18	-	-	000	999	-	
J0256	K	ALPHA 1 PROTEINASE INHIBITOR	-	00901	0.0773	APC (blood and non-blood product codes)	\$4.38	-	-	000	999	-	
J0257	K	GLASSIA INJECTION	-	01415	0.0850	APC (blood and non-blood product codes)	\$4.81	-	-	018	999	-	
J0270	E	ALPROSTADIL FOR INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J0275	E	ALPROSTADIL URETHRAL SUPPOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J0278	N	AMIKACIN SULFATE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J0280	N	AMINOPHYLLIN 250 MG INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J0282	N	AMIODARONE HCL	-	-	-	Bundled	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees			
J0285	N	AMPHOTERICIN B	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0287	K	AMPHOTERICIN B LIPID COMPLEX	-	09024	0.1643	APC (blood and non-blood product codes)	\$9.31	-	-	000	999	-
J0288	E	AMPHO B CHOLESTERYL SULFATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0289	K	AMPHOTERICIN B LIPOSOME INJ	-	00736	0.4686	APC (blood and non-blood product codes)	\$26.54	-	-	000	999	-
J0290	N	AMPICILLIN 500 MG INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0291	G	INJ., PLAZOMICIN, 5 MG	-	09183	-	APC – pays by fee schedule amount	\$3.08	-	-	000	999	-
J0295	N	AMPICILLIN SULBACTAM 1.5 GM	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0300	K	AMOBARBITAL 125 MG INJ	-	01341	1.6801	APC (blood and non-blood product codes)	\$95.16	-	-	000	999	-
J0330	N	SUCCINYCHOLINE CHLORIDE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0348	N	ANIDULAFUNGIN INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0350	E	INJECTION ANISTREPLASE 30 U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0360	N	HYDRALAZINE HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0364	E	APOMORPHINE HYDROCHLORIDE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0365	E	APROTONIN, 10,000 KIU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0380	N	INJ METARAMINOL BITARTRATE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0390	N	CHLOROQUINE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0395	E	ARBUTAMINE HCL INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0400	N	ARIPIPRAZOLE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0401	K	INJ ARIPIPRAZOLE EXT REL 1MG	-	01468	0.1006	APC (blood and non-blood product codes)	\$5.70	-	-	000	999	-
J0456	N	AZITHROMYCIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0461	N	ATROPINE SULFATE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0470	N	DIMECAPROL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0475	K	BACLOFEN 10 MG INJECTION	-	09032	3.0925	APC (blood and non-blood product codes)	\$175.16	-	-	000	999	-
J0476	N	BACLOFEN INTRATHECAL TRIAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0480	K	BASILIXIMAB	-	01683	70.9144	APC (blood and non-blood product codes)	\$4,016.59	-	-	000	999	-
J0485	K	BELATACEPT INJECTION	-	09286	0.0665	APC (blood and non-blood product codes)	\$3.77	-	-	000	999	-
J0490	K	BELIMUMAB INJECTION	-	01353	0.8151	APC (blood and non-blood product codes)	\$46.17	-	-	018	999	-
J0500	N	DICYCLOMINE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0515	N	INJ BENZTROPINE MESYLATE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0517	G	INJ., BENRALIZUMAB, 1 MG	-	09466	-	APC – pays by fee schedule amount	\$171.90	-	-	000	999	-
J0520	N	BETHANECHOL CHLORIDE INJECT	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0558	K	PENG BENZATHINE/PROCAINE INJ	-	09088	0.2062	APC (blood and non-blood product codes)	\$11.68	-	-	000	999	-
J0561	K	PENICILLIN G BENZATHINE INJ	-	01829	0.2654	APC (blood and non-blood product codes)	\$15.03	-	-	000	999	-
J0565	K	INJ, BEZLOTOXUMAB, 10 MG	-	09490	0.7011	APC (blood and non-blood product codes)	\$39.71	-	-	000	999	-
J0567	G	INJ., CERLIPONASE ALFA 1 MG	-	09014	-	APC – pays by fee schedule amount	\$95.26	-	-	000	999	-
J0570	K	BUPRENORPHINE IMPLANT 74.2MG	-	09058	22.4257	APC (blood and non-blood product codes)	\$1,270.19	-	-	000	999	-
J0571	E	BUPRENORPHINE ORAL 1MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0572	E	BUPREN/NAL UP TO 3MG BUPRENO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0573	E	BUPREN/NAL 3.1 TO 6MG BUPREN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0574	E	BUPREN/NAL 6.1 TO 10MG BUPRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0575	E	BUPREN/NAL OVER 10MG BUPRENO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0583	N	BIVALIRUDIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0584	K	INJECTION, BUROSUMAB-TWZA 1M	-	09187	6.3885	APC (blood and non-blood product codes)	\$361.85	-	-	000	999	-
J0585	K	INJECTION,ONABOTULINUMTOXINA	-	00902	0.1076	APC (blood and non-blood product codes)	\$6.10	-	-	000	999	-
J0586	K	ABOBOTULINUMTOXINA	-	01289	0.1479	APC (blood and non-blood product codes)	\$8.38	-	-	000	999	-
J0587	K	INJ, RIMABOTULINUMTOXINB	-	09018	0.2114	APC (blood and non-blood product codes)	\$11.97	-	-	000	999	-
J0588	K	INCOBOTULINUMTOXIN A	-	09278	0.0886	APC (blood and non-blood product codes)	\$5.02	-	-	018	999	-
J0591	E	INJ DEOXYCHOLIC ACID, 1 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0592	N	BUPRENORPHINE HYDROCHLORIDE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0593	K	INJ., LANADELUMAB-FLYO, 1 MG	-	09326	1.3877	APC (blood and non-blood product codes)	\$78.60	-	-	000	999	-
J0594	K	BUSULFAN INJECTION	-	01178	0.0648	APC (blood and non-blood product codes)	\$3.67	-	-	000	999	-
J0595	N	BUTORPHANOL TARTRATE 1 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0596	K	INJECTION, RUCONEST	-	09445	0.5161	APC (blood and non-blood product codes)	\$29.23	-	-	000	999	-
J0597	K	C-1 ESTERASE, BERINERT	-	09269	0.9050	APC (blood and non-blood product codes)	\$51.26	-	-	000	999	-
J0598	K	C-1 ESTERASE, CINRYZE	-	09251	0.9909	APC (blood and non-blood product codes)	\$56.13	-	-	000	999	-
J0599	G	INJ., HAEGARDA 10 UNITS	-	09015	-	APC – pays by fee schedule amount	\$9.67	-	-	000	999	-

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
J0600	K	EDETATE CALCIUM DISODIUM INJ	-	01274	98.7716	APC (blood and non-blood product codes)	\$5,594.42	-	-	000	999	-
J0604	M	CINACALCET, ESRD ON DIALYSIS	-	-	-	Fee Schedule	\$0.92	-	-	000	999	-
J0606	K	INJ, ETELALCETIDE, 0.1 MG	-	09031	0.0396	APC (blood and non-blood product codes)	\$2.24	-	-	000	999	-
J0610	N	CALCIUM GLUCONATE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0620	N	CALCIUM GLYCER & LACT/10 ML	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0630	K	CALCITONIN SALMON INJECTION	-	01433	49.9911	APC (blood and non-blood product codes)	\$2,831.50	-	-	000	999	-
J0636	N	INJ CALCITRIOL PER 0.1 MCG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0637	N	CASPOFUNGIN ACETATE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0638	K	CANAKINUMAB INJECTION	-	01311	1.9972	APC (blood and non-blood product codes)	\$113.12	-	-	000	999	-
J0640	N	LEUCOVORIN CALCIUM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0641	K	INJ LEVOLEUCOVORIN NOS 0.5MG	-	01236	0.0050	APC (blood and non-blood product codes)	\$0.28	-	-	000	999	-
J0642	G	INJECTION, KHAPZORY, 0.5 MG	-	09334	-	APC – pays by fee schedule amount	\$1.94	-	-	000	999	-
J0670	N	INJ MEPIVACAINE HCL/10 ML	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0690	N	CEFAZOLIN SODIUM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0691	G	INJ LEFAMULIN 1 MG	-	9332	-	APC – pays by fee schedule amount	\$0.72	-	-	000	999	-
J0692	N	CEFEPIME HCL FOR INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0694	N	CEFOXITIN SODIUM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0695	K	INJ CEFTOLOZANE TAZOBACTAM	-	09452	0.1150	APC (blood and non-blood product codes)	\$6.52	-	-	000	999	-
J0696	N	CEFTRIAZONE SODIUM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0697	N	STERILE CEFUROXIME INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0698	N	CEFOTAXIME SODIUM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0702	N	BETAMETHASONE ACET&SOD PHOSP	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0706	N	CAFFEINE CITRATE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0710	E	CEPHAPIRIN SODIUM INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0712	K	CEFTAROLINE FOSAMIL INJ	-	01824	0.0588	APC (blood and non-blood product codes)	\$3.33	-	-	018	999	-
J0713	N	INJ CEFTAZIDIME PER 500 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0714	K	CEFTAZIDIME AND AVIBACTAM	-	01825	1.6223	APC (blood and non-blood product codes)	\$91.89	-	-	000	999	-
J0715	N	CEFTIZOXIME SODIUM / 500 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0716	K	CENTRUROIDES IMMUNE F(AB)	-	01431	88.4637	APC (blood and non-blood product codes)	\$5,010.58	-	-	000	999	-
J0717	K	CERTOLIZUMAB PEGOL INJ 1MG	-	01474	0.1461	APC (blood and non-blood product codes)	\$8.28	-	-	000	999	-
J0720	N	CHLORAMPHENICOL SODIUM INJEC	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0725	E	CHORIONIC GONADOTROPIN/1000U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0735	N	CLONIDINE HYDROCHLORIDE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0740	K	CIDOFOVIR INJECTION	-	09033	10.3963	APC (blood and non-blood product codes)	\$588.85	-	-	000	999	-
J0742	G	INJ IMP 4 CILAS 4 RELEB 2MG	-	9362	-	APC – pays by fee schedule amount	\$2.20	-	-	000	999	-
J0743	N	CILASTATIN SODIUM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0744	N	CIPROFLOXACIN IV	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0745	N	INJ CODEINE PHOSPHATE /30 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0770	N	COLISTIMETHATE SODIUM INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0775	K	COLLAGENASE, CLOST HIST INJ	-	01340	0.8952	APC (blood and non-blood product codes)	\$50.70	-	-	000	999	-
J0780	N	PROCHLORPERAZINE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0791	G	INJ CRIZANLIZUMAB-TMCA 5MG	-	9359	-	APC – pays by fee schedule amount	\$122.44	-	-	000	999	-
J0795	K	CORTICORELIN OVINE TRIFLUTAL	-	01684	0.1654	APC (blood and non-blood product codes)	\$9.37	-	-	000	999	-
J0800	N	CORTICOTROPIN INJECTION	-	09316	70.5477	Bundled, sometimes payable	\$0.00	-	-	000	999	-
J0834	N	INJ., COSYNTROPIN, 0.25 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0840	K	CROTALIDAE POLY IMMUNE FAB	-	09274	54.7205	APC (blood and non-blood product codes)	\$3,099.37	-	-	000	999	-
J0841	K	INJ CROTALIDAE IM F(AB)2 EQ	-	09188	22.3234	APC (blood and non-blood product codes)	\$1,264.40	-	-	000	999	-
J0850	K	CYTOMEGALOVIRUS IMM IV /IAL	-	00903	26.1254	APC (blood and non-blood product codes)	\$1,479.74	-	-	000	999	-
J0875	K	INJECTION, DALBAVANCIN	-	01823	0.2709	APC (blood and non-blood product codes)	\$15.35	-	-	000	999	-
J0878	K	DAPTOMYCIN INJECTION	-	09124	0.0024	APC (blood and non-blood product codes)	\$0.14	-	-	000	999	-
J0881	K	DARBEPOETIN ALFA, NON-ESRD	-	01685	0.0668	APC (blood and non-blood product codes)	\$3.79	-	-	000	999	-
J0882	K	DARBEPOETIN ALFA, ESRD USE	-	01482	0.0668	APC (blood and non-blood product codes)	\$3.79	-	-	000	999	-
J0883	K	ARGATROBAN NONESRD USE 1MG	-	01859	0.0236	APC (blood and non-blood product codes)	\$1.34	-	-	000	999	-
J0884	K	ARGATROBAN ESRD DIALYSIS 1MG	-	09065	0.0236	APC (blood and non-blood product codes)	\$1.34	-	-	000	999	-
J0885	K	EPOETIN ALFA, NON-ESRD	-	01686	0.1712	APC (blood and non-blood product codes)	\$9.70	-	-	000	999	-
J0887	N	EPOETIN BETA ESRD USE	-	-	-	Bundled	\$0.00	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
J0888	N	EPOETIN BETA NON ESRD	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0890	M	PEGINESATIDE INJECTION	-	-	-	Fee Schedule	\$8.35	-	-	000	999	-
J0894	K	DECITABINE INJECTION	-	09231	0.0756	APC (blood and non-blood product codes)	\$4.28	-	-	000	999	-
J0895	N	DEFEROXAMINE MESYLATE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0896	G	INJ LUSPATERCEPT-AAMT 0.25MG	-	9347	-	APC – pays by fee schedule amount	\$36.38	-	-	000	999	-
J0897	K	DENOSUMAB INJECTION	-	09272	0.3514	APC (blood and non-blood product codes)	\$19.90	-	-	018	999	-
J0945	N	BROMPHENIRAMINE MALEATE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1000	N	DEPO-ESTRADIOL CYPIONATE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1020	N	METHYLPREDNISOLONE 20 MG INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1030	N	METHYLPREDNISOLONE 40 MG INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1040	N	METHYLPREDNISOLONE 80 MG INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1050	N	MEDROXYPROGESTERONE ACETATE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1071	N	INJ TESTOSTERONE CYPIONATE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1094	N	INJ DEXAMETHASONE ACETATE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1095	G	INJECTION, DEXAMETHASONE 9%	-	09172	-	APC – pays by fee schedule amount	\$1.13	-	-	000	999	-
J1096	G	DEXAMETHA OPTH INSERT 0.1 MG	-	09308	-	APC – pays by fee schedule amount	\$139.81	-	-	000	999	-
J1097	G	PHENYLEP KETOROLAC OPTH SOLN	-	09324	-	APC – pays by fee schedule amount	\$104.33	-	-	000	999	-
J1100	N	DEXAMETHASONE SODIUM PHOS	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1110	N	INJ DIHYDROERGOTAMINE MESYLT	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1120	N	ACETAZOLAMID SODIUM INJECTIO	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1130	N	INJ DICLOFENAC SODIUM 0.5MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1160	N	DIGOXIN INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1162	K	DIGOXIN IMMUNE FAB (OVINE)	-	01687	70.0072	APC (blood and non-blood product codes)	\$3,965.21	-	-	000	999	-
J1165	N	PHENYTOIN SODIUM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1170	N	HYDROMORPHONE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1180	E	DYPHYLLINE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J1190	K	DEXRAZOXANE HCL INJECTION	-	00726	3.7334	APC (blood and non-blood product codes)	\$211.46	-	-	000	999	-
J1200	N	DIPHENHYDRAMINE HCL INJECTIO	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1201	G	INJ. CETIRIZINE HCL 0.5MG	-	9361	-	APC – pays by fee schedule amount	\$15.45	-	-	000	999	-
J1205	N	CHLOROTHIAZIDE SODIUM INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1212	K	DIMETHYL SULFOXIDE 50% 50 ML	-	01832	11.1753	APC (blood and non-blood product codes)	\$632.97	-	-	000	999	-
J1230	N	METHADONE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1240	N	DIMENHYDRINATE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1245	N	DIPYRIDAMOLE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1250	N	INJ DOBUTAMINE HCL/250 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1260	N	DOLASETRON MESYLATE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1265	N	DOPAMINE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1267	N	DORIPENEM INJECTION	-	09317	0.0203	Bundled, sometimes payable	\$0.00	-	-	018	999	-
J1270	N	INJECTION, DOXERCALCIFEROL	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1290	K	ECALLANTIDE INJECTION	-	09263	8.5680	APC (blood and non-blood product codes)	\$485.29	-	-	000	999	-
J1300	K	ECULIZUMAB INJECTION	-	09236	4.0692	APC (blood and non-blood product codes)	\$230.48	-	-	000	999	-
J1301	G	INJECTION, EDARAVONE, 1 MG	-	09493	-	APC – pays by fee schedule amount	\$19.89	-	-	000	999	-
J1303	G	INJ., RAVULIZUMAB-CWVZ 10 MG	-	09312	-	APC – pays by fee schedule amount	\$226.28	-	-	000	999	-
J1320	N	AMITRIPTYLINE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1322	K	ELOSULFASE ALFA, INJECTION	-	01480	4.3439	APC (blood and non-blood product codes)	\$246.04	-	-	000	999	-
J1324	E	ENFUVRTIDE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J1325	N	EPOPROSTENOL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1327	K	EPTIFIBATIDE INJECTION	-	01607	0.0693	APC (blood and non-blood product codes)	\$3.92	-	-	000	999	-
J1330	M	ERGONOVINE MALEATE INJECTION	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
J1335	N	ERTAPENEM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1364	N	ERYTHRO LACTOBIONATE /500 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1380	N	ESTRADIOL VALERATE 10 MG INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1410	K	INJ ESTROGEN CONJUGATE 25 MG	-	09038	5.6948	APC (blood and non-blood product codes)	\$322.55	-	-	000	999	-
J1428	K	INJ, ETEPLIRSEN, 10 MG	-	09484	2.9546	APC (blood and non-blood product codes)	\$167.35	-	-	000	999	-
J1429	G	INJ GOLODIRSEN 10 MG	-	-	-	APC – pays by fee schedule amount	\$166.24	-	-	000	999	-
J1430	K	ETHANOLAMINE OLEATE 100 MG	-	01688	7.8407	APC (blood and non-blood product codes)	\$444.10	-	-	000	999	-

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
J1435	E	INJECTION ESTRONE PER 1 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J1436	E	ETIDRONATE DISODIUM INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J1438	K	ETANERCEPT INJECTION	-	01608	12.9996	APC (blood and non-blood product codes)	\$736.30	-	-	000	999	-
J1439	K	INJ FERRIC CARBOXYMALTOS 1MG	-	09441	0.0198	APC (blood and non-blood product codes)	\$1.12	-	-	000	999	-
J1442	K	INJ FILGRASTIM EXCL BIOSIMIL	-	01469	0.0162	APC (blood and non-blood product codes)	\$0.92	-	-	000	999	-
J1443	M	INJ FERRIC PYROPHOSPHATE CIT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
J1444	N	FE PYRO CIT POW 0.1 MG IRON	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1447	K	INJ TBO FILGRASTIM 1 MICROG	-	01748	0.0084	APC (blood and non-blood product codes)	\$0.48	-	-	000	999	-
J1450	N	FLUCONAZOLE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1451	K	FOMEPIZOLE, 15 MG	-	01689	0.1467	APC (blood and non-blood product codes)	\$8.31	-	-	000	999	-
J1452	E	INTRAOCULAR FOMIVIRSEN NA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J1453	K	FOSAPREPITANT INJECTION	-	09242	0.0190	APC (blood and non-blood product codes)	\$1.08	-	-	000	999	-
J1454	G	INJ FOSNETUPITANT, PALONOSET	-	09099	-	APC – pays by fee schedule amount	\$375.17	-	-	000	999	-
J1455	K	FOSCARNET SODIUM INJECTION	-	01849	1.4525	APC (blood and non-blood product codes)	\$82.27	-	-	000	999	-
J1457	E	GALLIUM NITRATE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J1458	K	GALSULFASE INJECTION	-	09224	7.1604	APC (blood and non-blood product codes)	\$405.56	-	-	000	999	-
J1459	K	INJ IVIG PRIVIGEN 500 MG	-	01214	0.7287	APC (blood and non-blood product codes)	\$41.28	-	-	000	999	-
J1460	K	GAMMA GLOBULIN 1 CC INJ	-	01850	0.7538	APC (blood and non-blood product codes)	\$42.69	-	-	000	999	-
J1555	K	INJ CUVITRU, 100 MG	-	09034	0.2457	APC (blood and non-blood product codes)	\$13.92	-	-	000	999	-
J1556	N	INJ, IMM GLOB BIVIGAM, 500MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1557	K	GAMMAPLEX INJECTION	-	09270	0.9452	APC (blood and non-blood product codes)	\$53.54	-	-	000	999	-
J1558	K	INJ. XEMBIIFY, 100 MG	-	9372	0.2974	APC (blood and non-blood product codes)	\$16.84	-	-	000	999	-
J1559	K	HIZENTRA INJECTION	-	01312	0.1906	APC (blood and non-blood product codes)	\$10.79	-	-	000	999	-
J1560	K	GAMMA GLOBULIN > 10 CC INJ	-	01851	7.5376	APC (blood and non-blood product codes)	\$426.93	-	-	000	999	-
J1561	K	GAMUNEX-C/GAMMAKED	-	00948	0.7361	APC (blood and non-blood product codes)	\$41.69	-	-	000	999	-
J1562	E	VIVAGLOBIN, INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J1566	K	IMMUNE GLOBULIN, POWDER	-	02731	1.1818	APC (blood and non-blood product codes)	\$66.94	-	-	000	999	-
J1568	K	OCTAGAM INJECTION	-	00943	0.6879	APC (blood and non-blood product codes)	\$38.96	-	-	000	999	-
J1569	K	GAMMAGARD LIQUID INJECTION	-	00944	0.7421	APC (blood and non-blood product codes)	\$42.03	-	-	000	999	-
J1570	N	GANCICLOVIR SODIUM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1571	K	HEPAGAM B IIM INJECTION	-	00946	1.1241	APC (blood and non-blood product codes)	\$63.67	-	-	000	999	-
J1572	K	FLEBOGAMMA INJECTION	-	00947	0.6609	APC (blood and non-blood product codes)	\$37.43	-	-	000	999	-
J1573	K	HEPAGAM B INTRAVENOUS, INJ	-	01138	1.1678	APC (blood and non-blood product codes)	\$66.15	-	-	000	999	-
J1575	K	HYQVIA 100MG IMMUNEGLOBULIN	-	01826	0.2484	APC (blood and non-blood product codes)	\$14.07	-	-	000	999	-
J1580	N	GARAMYCIN GENTAMICIN INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1595	K	INJECTION GLATIRAMER ACETATE	-	01015	2.7687	APC (blood and non-blood product codes)	\$156.82	-	-	000	999	-
J1599	N	IVIG NON-LYOPHILIZED, NOS	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1600	E	GOLD SODIUM THIOAMALEATE INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J1602	K	GOLIMUMAB FOR IV USE 1MG	-	01475	0.3530	APC (blood and non-blood product codes)	\$20.00	-	-	000	999	-
J1610	K	GLUCAGON HYDROCHLORIDE/1 MG	-	09042	3.5158	APC (blood and non-blood product codes)	\$199.13	-	-	000	999	-
J1620	E	GONADORELIN HYDROCH/ 100 MCG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J1626	N	GRANISETRON HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1627	K	INJ, GRANISETRON, XR, 0.1 MG	-	-	-	APC (blood and non-blood product codes)	\$0.00	-	-	000	999	-
J1628	G	INJ., GUSELKUMAB, 1 MG	-	09029	-	APC – pays by fee schedule amount	\$97.85	-	-	000	999	-
J1630	N	HALOPERIDOL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1631	N	HALOPERIDOL DECANOATE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1640	K	HEMIN, 1 MG	-	01690	0.4293	APC (blood and non-blood product codes)	\$24.31	-	-	000	999	-
J1642	N	INJ HEPARIN SODIUM PER 10 U	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1644	N	INJ HEPARIN SODIUM PER 1000U	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1645	N	DALTEPARIN SODIUM	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1650	N	INJ ENOXAPARIN SODIUM	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1652	N	FONDAPARINUX SODIUM	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1655	N	TINZAPARIN SODIUM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1670	K	TETANUS IMMUNE GLOBULIN INJ	-	01670	9.4594	APC (blood and non-blood product codes)	\$535.78	-	-	000	999	-
J1675	E	HISTRELIN ACETATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J1680	E	HUMAN FIBRINOGEN CONC INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
J1700	N	HYDROCORTISONE ACETATE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1710	N	HYDROCORTISONE SODIUM PH INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1720	N	HYDROCORTISONE SODIUM SUCC I	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1726	K	MAKENA, 10 MG	-	09074	0.2946	APC (blood and non-blood product codes)	\$16.68	-	-	000	999	-
J1729	K	INJ HYDROXYPROGST CAPOAT NOS	-	09318	0.1909	APC (blood and non-blood product codes)	\$10.81	-	-	000	999	-
J1730	E	DIAZOXIDE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J1740	K	IBANDRONATE SODIUM INJECTION	-	09229	0.8397	APC (blood and non-blood product codes)	\$47.56	-	-	000	999	-
J1741	N	IBUPROFEN INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1742	K	IBUTILIDE FUMARATE INJECTION	-	09044	4.2017	APC (blood and non-blood product codes)	\$237.99	-	-	000	999	-
J1743	K	IDURSULFASE INJECTION	-	09232	9.5854	APC (blood and non-blood product codes)	\$542.92	-	-	000	999	-
J1744	K	ICATIBANT INJECTION	-	01443	5.4432	APC (blood and non-blood product codes)	\$308.30	-	-	000	999	-
J1745	K	INFLIXIMAB NOT BIOSIMIL 10MG	-	07043	0.9040	APC (blood and non-blood product codes)	\$51.20	-	-	000	999	-
J1746	K	INJ., IBALIZUMAB-UIYK, 10 MG	-	09189	1.0621	APC (blood and non-blood product codes)	\$60.16	-	-	000	999	-
J1750	K	INJ IRON DEXTRAN	-	01237	0.2652	APC (blood and non-blood product codes)	\$15.02	-	-	000	999	-
J1756	N	IRON SUCROSE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1786	K	IMUGLUCERASE INJECTION	-	01327	0.7634	APC (blood and non-blood product codes)	\$43.24	-	-	000	999	-
J1790	N	DROPERIDOL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1800	N	PROPRANLOL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1810	E	DROPERIDOL/FENTANYL INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J1815	N	INSULIN INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1817	N	INSULIN FOR INSULIN PUMP USE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1826	K	INTERFERON BETA-1A INJ	-	01852	40.1944	APC (blood and non-blood product codes)	\$2,276.61	-	-	000	999	-
J1830	K	INTERFERON BETA-1B / 25 MG	-	00910	7.1283	APC (blood and non-blood product codes)	\$403.75	-	-	000	999	-
J1833	K	INJECTION, ISAVUCONAZONIUM	-	09456	0.0140	APC (blood and non-blood product codes)	\$0.79	-	-	000	999	-
J1835	E	ITRACONAZOLE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J1840	N	KANAMYCIN SULFATE 500 MG INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1850	N	KANAMYCIN SULFATE 75 MG INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1885	N	KETOROLAC TROMETHAMINE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1890	N	CEPHALOTHIN SODIUM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1930	K	LANREOTIDE INJECTION	-	09237	1.2432	APC (blood and non-blood product codes)	\$70.42	-	-	000	999	-
J1931	K	LARONIDASE INJECTION	-	09209	0.5816	APC (blood and non-blood product codes)	\$32.94	-	-	000	999	-
J1940	N	FUROSEMIDE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1943	G	INJ., ARISTADA INITIO, 1 MG	-	09179	-	APC – pays by fee schedule amount	\$2.76	-	-	000	999	-
J1944	K	ARIPRAZOLE LAUROXIL 1 MG	-	09470	0.0476	APC (blood and non-blood product codes)	\$2.70	-	-	000	999	-
J1945	E	LEPIRUDIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J1950	K	LEUPROLIDE ACETATE /3.75 MG	-	00800	21.9692	APC (blood and non-blood product codes)	\$1,244.34	-	-	000	999	-
J1953	N	LEVETIRACETAM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1955	M	INJ LEVOCARNITINE PER 1 GM	-	-	-	Fee Schedule	\$20.84	-	-	000	999	-
J1956	N	LEVOFLOXACIN INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1960	N	LEVORPHANOL TARTRATE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1980	N	HYOSCYAMINE SULFATE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1990	N	CHLORDIAZEPOXIDE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2001	N	LIDOCAINE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2010	N	LINCOMYCIN INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2020	N	LINEZOLID INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2060	N	LORAZEPAM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2062	N	LOXAPINE FOR INHALATION 1 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2150	N	MANNITOL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2170	N	MECASERMIN INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2175	N	MEPERIDINE HYDROCHL /100 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2180	N	MEPERIDINE/PROMETHAZINE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2182	K	INJECTION, MEPOLIZUMAB, 1MG	-	09473	0.5128	APC (blood and non-blood product codes)	\$29.05	-	-	000	999	-
J2185	N	MEROPENEM	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2186	K	INJ., MEROPENEM, VABORBACTAM	-	09178	0.0315	APC (blood and non-blood product codes)	\$1.78	-	-	000	999	-
J2210	N	METHYLERGONOVIN MALEATE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2212	N	METHYLNALTREXONE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
J2248	N	MICAFUNGIN SODIUM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2250	N	INJ MIDAZOLAM HYDROCHLORIDE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2260	N	INJ MILRINONE LACTATE / 5 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2265	K	MINOCYCLINE HYDROCHLORIDE	-	01853	0.0349	APC (blood and non-blood product codes)	\$1.98	-	-	008	999	-
J2270	N	MORPHINE SULFATE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2274	N	INJ MORPHINE PF EPID ITHC	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2278	K	ZICONOTIDE INJECTION	-	01694	0.1466	APC (blood and non-blood product codes)	\$8.30	-	-	000	999	-
J2280	N	INJ, MOXIFLOXACIN 100 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2300	N	INJ NALBUPHINE HYDROCHLORIDE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2310	N	INJ NALOXONE HYDROCHLORIDE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2315	K	NALTREXONE, DEPOT FORM	-	00759	0.0572	APC (blood and non-blood product codes)	\$3.24	-	-	000	999	-
J2320	N	NANDROLONE DECANOATE 50 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2323	K	NATALIZUMAB INJECTION	-	09126	0.3815	APC (blood and non-blood product codes)	\$21.61	-	-	000	999	-
J2325	K	NESIRITIDE INJECTION	-	01695	1.3206	APC (blood and non-blood product codes)	\$74.80	-	-	000	999	-
J2326	K	INJ, NUSINERSEN, 0.1MG	-	09489	19.8261	APC (blood and non-blood product codes)	\$1,122.95	-	-	000	999	-
J2350	G	INJECTION, OCRELIZUMAB, 1 MG	-	09494	-	APC - pays by fee schedule amount	\$57.40	-	-	000	999	-
J2353	K	OCTREOTIDE INJECTION, DEPOT	-	01207	3.6585	APC (blood and non-blood product codes)	\$207.22	-	-	000	999	-
J2354	N	OCTREOTIDE INJ, NON-DEPOT	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2355	K	OPRELVEKIN INJECTION	-	07011	0.0237	APC (blood and non-blood product codes)	\$1.34	-	-	000	999	-
J2357	K	OMALIZUMAB INJECTION	-	09300	0.6655	APC (blood and non-blood product codes)	\$37.69	-	-	000	999	-
J2358	N	OLANZAPINE LONG-ACTING INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2360	N	ORPHENADRINE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2370	N	PHENYLEPHRINE HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2400	N	CHLOROPROCAINE HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2405	N	ONDANSETRON HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2407	K	INJECTION, ORITAVANCIN	-	01660	0.4231	APC (blood and non-blood product codes)	\$23.96	-	-	000	999	-
J2410	N	OXYMORPHONE HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2425	K	PALIFERMIN INJECTION	-	01696	0.4026	APC (blood and non-blood product codes)	\$22.80	-	-	000	999	-
J2426	K	PALIPERIDONE PALMITATE INJ	-	09255	0.2124	APC (blood and non-blood product codes)	\$12.03	-	-	000	999	-
J2430	N	PAMIDRONATE DISODIUM /30 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2440	N	PAPAVERIN HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2460	E	OXYTETRACYCLINE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J2469	N	PALONOSETRON HCL	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2501	N	PARICALCITOL	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2502	K	INJ, PASIREOTIDE LONG ACTING	-	09454	5.7558	APC (blood and non-blood product codes)	\$326.01	-	-	000	999	-
J2503	N	PEGAPTANIB SODIUM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2504	K	PEGADEMASE BOVINE, 25 IU	-	01739	25.9860	APC (blood and non-blood product codes)	\$1,471.85	-	-	000	999	-
J2505	K	INJECTION, PEGFILGRASTIM 6MG	-	09119	67.2192	APC (blood and non-blood product codes)	\$3,807.30	-	-	000	999	-
J2507	K	PEGLOTICASE INJECTION	-	09281	48.1215	APC (blood and non-blood product codes)	\$2,725.60	-	-	018	999	-
J2510	N	PENICILLIN G PROCAINE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2513	E	PENTASTARCH 10% SOLUTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J2515	K	PENTOBARBITAL SODIUM INJ	-	01854	0.6270	APC (blood and non-blood product codes)	\$35.52	-	-	000	999	-
J2540	N	PENICILLIN G POTASSIUM INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2543	N	PIPERACILLIN/TAZOBACTAM	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2545	M	PENTAMIDINE NON-COMP UNIT	-	-	-	Fee Schedule	\$107.35	-	-	000	999	-
J2547	K	INJECTION, PERAMIVIR	-	09451	0.0285	APC (blood and non-blood product codes)	\$1.61	-	-	000	999	-
J2550	N	PROMETHAZINE HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2560	N	PHENOBARBITAL SODIUM INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2562	K	PLERIXAFOR INJECTION	-	09252	6.4308	APC (blood and non-blood product codes)	\$364.24	-	-	000	999	-
J2590	N	OXYTOCIN INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2597	K	INJ DESMOPRESSIN ACETATE	-	01440	0.1952	APC (blood and non-blood product codes)	\$11.06	-	-	000	999	-
J2650	N	PREDNISOLONE ACETATE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2670	M	TOTAZOLINE HCL INJECTION	-	-	-	Fee Schedule	\$3.50	-	-	000	999	-
J2675	N	INJ PROGESTERONE PER 50 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2680	N	FLUPHENAZINE DECANOATE 25 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2690	N	PROCAINAMIDE HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-

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J2700	N	OXACILLIN SODIUM INJECTON	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2704	N	INJ, PROPOFOL, 10 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2710	N	NEOSTIGMINE METHYLSLFTE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2720	N	INJ PROTAMINE SULFATE/10 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2724	K	PROTEIN C CONCENTRATE	-	01139	0.2660	APC (blood and non-blood product codes)	\$15.06	-	-	000	999	-
J2725	E	INJ PROTIRELIN PER 250 MCG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J2730	N	PRALIDOXIME CHLORIDE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2760	K	PHENTOLAMINE MESYLATE INJ	-	01458	6.6162	APC (blood and non-blood product codes)	\$374.74	-	-	000	999	-
J2765	N	METOCLOPRAMIDE HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2770	K	QUINUPRISTIN/DALFOPRISTIN	-	02770	8.0840	APC (blood and non-blood product codes)	\$457.88	-	-	000	999	-
J2778	K	RANIBIZUMAB INJECTION	-	09233	5.8858	APC (blood and non-blood product codes)	\$333.37	-	-	000	999	-
J2780	N	RANITIDINE HYDROCHLORIDE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2783	K	RASBURICASE	-	00738	5.3229	APC (blood and non-blood product codes)	\$301.49	-	-	000	999	-
J2785	N	REGADENOSON INJECTION	-	-	-	Bundled	\$0.00	-	-	018	999	-
J2786	K	INJECTION, RESLIZUMAB, 1MG	-	09481	0.1727	APC (blood and non-blood product codes)	\$9.78	-	-	000	999	-
J2787	N	RIBOFLAVIN 5'PHOS OPTH<=3ML	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2788	N	RHO D IMMUNE GLOBULIN 50 MCG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2790	N	RHO D IMMUNE GLOBULIN INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2791	N	RHOPHYLAC INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2792	K	RHO(D) IMMUNE GLOBULIN H, SD	-	01609	0.5246	APC (blood and non-blood product codes)	\$29.72	-	-	000	999	-
J2793	N	RILONACEPT INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2794	K	INJ RISPERDAL CONSTA, 0.5 MG	-	09125	0.1842	APC (blood and non-blood product codes)	\$10.44	-	-	000	999	-
J2795	N	ROIIVACAINE HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2796	K	ROMIPLOSTIM INJECTION	-	09245	1.3707	APC (blood and non-blood product codes)	\$77.64	-	-	000	999	-
J2797	G	INJ., ROLAPITANT, 0.5 MG	-	09464	-	APC – pays by fee schedule amount	\$0.94	-	-	000	999	-
J2798	G	INJ., PERSERIS, 0.5 MG	-	09181	-	APC – pays by fee schedule amount	\$10.19	-	-	000	999	-
J2800	N	METHOCARBAMOL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2805	N	SINCALIDE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2810	N	INJ THEOPHYLLINE PER 40 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2820	K	SARGRAMOSTIM INJECTION	-	00731	0.8467	APC (blood and non-blood product codes)	\$47.96	-	-	000	999	-
J2840	K	INJ SEBELIPASE ALFA 1 MG	-	09478	9.5538	APC (blood and non-blood product codes)	\$541.13	-	-	000	999	-
J2850	K	INJ SECRETIN SYNTHETIC HUMAN	-	01700	0.6141	APC (blood and non-blood product codes)	\$34.78	-	-	000	999	-
J2860	K	INJECTION, SILTUXIMAB	-	09455	1.9938	APC (blood and non-blood product codes)	\$112.93	-	-	000	999	-
J2910	N	AUROTHIOGLUCOSE INJECTON	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2916	N	NA FERRIC GLUCONATE COMPLEX	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2920	N	METHYLPREDNISOLONE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2930	N	METHYLPREDNISOLONE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2940	E	SOMATREM INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J2941	N	SOMATROPIN INJECTION	-	09319	1.4853	Bundled, sometimes payable	\$0.00	-	-	000	999	-
J2950	N	PROMAZINE HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2993	N	RETEPLASE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2995	M	INJ STREPTOKINASE /250000 IU	-	-	-	Fee Schedule	\$80.95	-	-	000	999	-
J2997	K	ALTEPLASE RECOMBINANT	-	07048	1.5516	APC (blood and non-blood product codes)	\$87.89	-	-	000	999	-
J3000	N	STREPTOMYCIN INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J3010	N	FENTANYL CITRATE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J3030	N	SUMATRIPTAN SUCCINATE / 6 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J3031	G	INJ., FREMANEZUMAB-VFRM 1 MG	-	09197	-	APC – pays by fee schedule amount	\$2.31	-	-	000	999	-
J3060	K	INJ, TALIGLUCERASE ALFA 10 U	-	09294	0.7169	APC (blood and non-blood product codes)	\$40.60	-	-	000	999	-
J3070	N	PENTAZOCINE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J3090	K	INJ TEDIZOLID PHOSPHATE	-	01662	0.0281	APC (blood and non-blood product codes)	\$1.59	-	-	000	999	-
J3095	K	TELAVANCIN INJECTION	-	09258	0.0972	APC (blood and non-blood product codes)	\$5.51	-	-	000	999	-
J3101	K	TENECTEPLASE INJECTION	-	09002	2.2786	APC (blood and non-blood product codes)	\$129.06	-	-	018	999	-
J3105	N	TERBUTALINE SULFATE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J3110	E	TERIPARATIDE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J3111	G	INJ. ROMOSOZUMAB-AQQG 1 MG	-	09327	-	APC – pays by fee schedule amount	\$9.05	-	-	000	999	-
J3121	N	INJ TESTOSTERO ENANTHATE 1MG	-	-	-	Bundled	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
J3145	K	TESTOSTERONE UNDECANOATE 1MG	-	09078	0.0263	APC (blood and non-blood product codes)	\$1.49	-	-	000	999	-	
J3230	N	CHLORPROMAZINE HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3240	K	THYROTROPIN INJECTION	-	09108	31.0730	APC (blood and non-blood product codes)	\$1,759.98	-	-	000	999	-	
J3243	K	TIGECYCLINE INJECTION	-	09228	0.0255	APC (blood and non-blood product codes)	\$1.45	-	-	000	999	-	
J3245	G	INJ., TILDRAKIZUMAB, 1 MG	-	09306	-	APC – pays by fee schedule amount	\$137.06	-	-	000	999	-	
J3246	K	TIROFIBAN HCL	-	07041	0.0931	APC (blood and non-blood product codes)	\$5.27	-	-	000	999	-	
J3250	N	TRIMETHOBENZAMIDE HCL INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3260	N	TOBRAMYCIN SULFATE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3262	K	TOCILIZUMAB INJECTION	-	09264	0.0935	APC (blood and non-blood product codes)	\$5.30	-	-	000	999	-	
J3265	N	INJECTION TORSEMIDE 10 MG/ML	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3280	E	THIETHYLPERAZINE MALEATE INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J3285	K	TREPROSTINIL INJECTION	-	01701	1.0842	APC (blood and non-blood product codes)	\$61.41	-	-	000	999	-	
J3300	N	TRIAMCINOLONE A INJ PRS-FREE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3301	N	TRIAMCINOLONE ACET INJ NOS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3302	N	TRIAMCINOLONE DIACETATE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3303	N	TRIAMCINOLONE HEXACETONL INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3304	G	INJ TRIAMCINOLONE ACE XR 1MG	-	09469	-	APC – pays by fee schedule amount	\$18.31	-	-	000	999	-	
J3305	E	INJ TRIMETREXATE GLUCORONATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J3310	N	PERPHENAZINE INJECTON	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3315	K	TRIPTORELIN PAMOATE	-	09122	4.9900	APC (blood and non-blood product codes)	\$282.64	-	-	000	999	-	
J3316	G	INJ., TRIPTORELIN XR 3.75 MG	-	09016	-	APC – pays by fee schedule amount	\$2,969.77	-	-	000	999	-	
J3320	E	SPECTINOMYCN DI-HCL INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J3350	N	UREA INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3355	E	UROFOLLITROPIN, 75 IU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J3357	K	USTEKINUMAB SUB CU INJ, 1 MG	-	09261	3.3235	APC (blood and non-blood product codes)	\$188.24	-	-	000	999	-	
J3358	K	USTEKINUMAB, IV INJECT, 1 MG	-	09487	0.2149	APC (blood and non-blood product codes)	\$12.17	-	-	000	999	-	
J3360	N	DIAZEPAM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3364	N	UROKINASE 5000 IU INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3365	E	UROKINASE 250,000 IU INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J3370	N	VANCOMYCIN HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3380	K	INJECTION, VEDOLIZUMAB	-	01489	0.3647	APC (blood and non-blood product codes)	\$20.66	-	-	000	999	-	
J3385	K	VELAGLUCERASE ALFA	-	09271	6.1048	APC (blood and non-blood product codes)	\$345.78	-	-	000	999	-	
J3396	K	VERTEPORFIN INJECTION	-	01203	0.1977	APC (blood and non-blood product codes)	\$11.20	-	-	000	999	-	
J3397	K	INJ., VESTRONIDASE ALFA-VJBK	-	09190	3.9367	APC (blood and non-blood product codes)	\$222.98	-	-	000	999	-	
J3398	G	INJ LUXTURN A 1 BILLION VEC G	-	09070	-	APC – pays by fee schedule amount	\$2,910.50	-	-	000	999	-	
J3399	K	INJ ONASE ABEPAR-XIOI TREAT	-	9373	-	APC (blood and non-blood product codes)	\$2,222,890.60	-	-	000	999	Requires PA	
J3400	E	TRIFLUPROMAZINE HCL INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J3410	N	HYDROXYZINE HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3411	N	THIAMINE HCL 100 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3415	N	PYRIDOXINE HCL 100 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3420	N	VITAMIN B12 INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3430	N	VITAMIN K PHYTONADIONE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3465	N	INJECTION, VORICONAZOLE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3470	N	HYALURONIDASE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3471	N	OVINE, UP TO 999 USP UNITS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3472	N	OVINE, 1000 USP UNITS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3473	N	HYALURONIDASE RECOMBINANT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3475	N	INJ MAGNESIUM SULFATE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3480	N	INJ POTASSIUM CHLORIDE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3485	N	ZIDOVDINE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3486	N	ZIPRASIDONE MESYLATE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3489	N	ZOLEDRONIC ACID 1MG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3490	N	DRUGS UNCLASSIFIED INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3520	E	EDETATE DISODIUM PER 150 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J3530	N	NASAL VACCINE INHALATION	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J3535	E	METERED DOSE INHALER DRUG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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J3570	E	LAETRILE AMYGDALIN VIT B17	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J3590	N	UNCLASSIFIED BIOLOGICS	-	-	-	Bundled	\$0.00	-	-	000	999	-
J3591	M	ESRD ON DIALYSI DRUG/BIO NOC	-	-	-	Charge Ratio	\$0.00	-	-	000	999	-
J7030	N	NORMAL SALINE SOLUTION INFUS	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7040	N	NORMAL SALINE SOLUTION INFUS	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7042	N	5% DEXTROSE/NORMAL SALINE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7050	N	NORMAL SALINE SOLUTION INFUS	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7060	N	5% DEXTROSE/WATER	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7070	N	D5W INFUSION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7100	N	DEXTRAN 40 INFUSION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7110	N	DEXTRAN 75 INFUSION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7120	N	RINGERS LACTATE INFUSION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7121	N	5% DEXTROSE IN LAC RINGERS	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7131	N	HYPERTONIC SALINE SOL	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7169	G	INJ ANDEXXA, 10 MG	-	9198	-	APC – pays by fee schedule amount	\$291.50	-	-	000	999	-
J7170	G	INJ., EMICIZUMAB-KXWH 0.5 MG	-	09257	-	APC – pays by fee schedule amount	\$47.73	-	-	000	999	-
J7175	K	INJ, FACTOR X, (HUMAN), 1IU	-	01857	0.1391	APC (blood and non-blood product codes)	\$7.88	-	-	000	999	-
J7177	K	INJ., FIBRYGA, 1 MG	-	09191	0.0210	APC (blood and non-blood product codes)	\$1.19	-	-	000	999	-
J7178	K	INJ HUMAN FIBRINOGEN CON NOS	-	01478	0.0220	APC (blood and non-blood product codes)	\$1.24	-	-	000	999	-
J7179	K	VONVENDI INJ 1 IU VWF:RCO	-	09059	0.0317	APC (blood and non-blood product codes)	\$1.80	-	-	000	999	-
J7180	K	FACTOR XIII ANTI-HEM FACTOR	-	01416	0.1550	APC (blood and non-blood product codes)	\$8.78	-	-	000	999	-
J7181	K	FACTOR XIII RECOMB A-SUBUNIT	-	01746	0.2748	APC (blood and non-blood product codes)	\$15.57	-	-	000	999	-
J7182	K	FACTOR VIII RECOMB NOVOEIGHT	-	01856	0.0229	APC (blood and non-blood product codes)	\$1.30	-	-	000	999	-
J7183	K	WILATE INJECTION	-	01352	0.0172	APC (blood and non-blood product codes)	\$0.97	-	-	000	999	-
J7185	K	XYNTHA INJ	-	01268	0.0221	APC (blood and non-blood product codes)	\$1.25	-	-	000	999	-
J7186	K	ANTHEMOPHILIC VIII/VWF COMP	-	01213	0.0195	APC (blood and non-blood product codes)	\$1.11	-	-	000	999	-
J7187	K	HUMATE-P, INJ	-	01704	0.0213	APC (blood and non-blood product codes)	\$1.21	-	-	000	999	-
J7188	K	FACTOR VIII RECOMB OBIZUR	-	01827	0.0563	APC (blood and non-blood product codes)	\$3.19	-	-	000	999	-
J7189	K	FACTOR VIIIA	-	01705	0.0397	APC (blood and non-blood product codes)	\$2.25	-	-	000	999	-
J7190	K	FACTOR VIII	-	00925	0.0212	APC (blood and non-blood product codes)	\$1.20	-	-	000	999	-
J7191	E	FACTOR VIII (PORCINE)	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7192	K	FACTOR VIII RECOMBINANT NOS	-	00927	0.0243	APC (blood and non-blood product codes)	\$1.37	-	-	000	999	-
J7193	K	FACTOR IX NON-RECOMBINANT	-	00931	0.0206	APC (blood and non-blood product codes)	\$1.17	-	-	000	999	-
J7194	K	FACTOR IX COMPLEX	-	00928	0.0266	APC (blood and non-blood product codes)	\$1.51	-	-	000	999	-
J7195	K	FACTOR IX RECOMBINANT NOS	-	00932	0.0272	APC (blood and non-blood product codes)	\$1.54	-	-	000	999	-
J7196	K	ANTITHROMBIN RECOMBINANT	-	09177	1.8247	APC (blood and non-blood product codes)	\$103.35	-	-	000	999	-
J7197	K	ANTITHROMBIN III INJECTION	-	01263	0.0612	APC (blood and non-blood product codes)	\$3.47	-	-	000	999	-
J7198	K	ANTI-INHIBITOR	-	00929	0.0358	APC (blood and non-blood product codes)	\$2.03	-	-	000	999	-
J7199	M	HEMOPHILIA CLOT FACTOR NOC	-	-	-	Charge Ratio	\$0.00	-	-	000	999	-
J7200	K	FACTOR IX RECOMBINAN RIXUBIS	-	01467	0.0256	APC (blood and non-blood product codes)	\$1.45	-	-	000	999	-
J7201	K	FACTOR IX ALPROLIX RECOMB	-	01486	0.0574	APC (blood and non-blood product codes)	\$3.25	-	-	000	999	-
J7202	K	FACTOR IX IDELVION INJ	-	09171	0.0783	APC (blood and non-blood product codes)	\$4.44	-	-	000	999	-
J7203	G	FACTOR IX RECOMB GLY REBINYN	-	09468	-	APC – pays by fee schedule amount	\$4.05	-	-	000	999	-
J7204	G	INJ RECOMBIN ESPEROCT PER IU	-	-	-	APC – pays by fee schedule amount	\$2.52	-	-	000	999	-
J7205	K	FACTOR VIII FC FUSION RECOMB	-	01656	0.0381	APC (blood and non-blood product codes)	\$2.16	-	-	000	999	-
J7207	K	FACTOR VIII PEGYLATED RECOMB	-	01844	0.0330	APC (blood and non-blood product codes)	\$1.87	-	-	000	999	-
J7208	G	INJ. JIVI 1 IU	-	09299	-	APC – pays by fee schedule amount	\$2.02	-	-	000	999	-
J7209	K	FACTOR VIII NUWIQ RECOMB 1IU	-	01846	0.0236	APC (blood and non-blood product codes)	\$1.34	-	-	000	999	-
J7210	G	INJ, AFSTYLA, 1 I.U.	-	09043	-	APC – pays by fee schedule amount	\$1.35	-	-	000	999	-
J7211	N	INJ, KOVALTRY, 1 I.U.	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7296	M	KYLEENA, 19.5 MG	-	-	-	Fee Schedule	\$953.51	-	-	000	999	-
J7297	M	LILETTA, 52 MG	-	-	-	Fee Schedule	\$786.87	-	-	000	999	-
J7298	M	MIRENA, 52 MG	-	-	-	Fee Schedule	\$953.51	-	-	000	999	-
J7300	M	INTRAUT COPPER CONTRACEPTIVE	-	-	-	Fee Schedule	\$884.50	-	-	010	065	-
J7301	M	SKYLA, 13.5 MG	-	-	-	Fee Schedule	\$793.96	-	-	000	999	-
J7302	E	LEVONORGESTREL IU 52 MG	-	-	-	Not Allowed	\$0.00	-	-	010	065	-

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J7303	M	CONTRACEPTIVE VAGINAL RING	-	-	-	Fee Schedule	\$162.63	-	-	010	065	-
J7304	M	CONTRACEPTIVE HORMONE PATCH	-	-	-	Fee Schedule	\$40.72	-	-	010	065	-
J7306	E	LEVONORGESTREL IMPLANT SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7307	M	ETONOGESTREL IMPLANT SYSTEM	-	-	-	Fee Schedule	\$934.82	-	-	000	999	-
J7308	K	AMINOLEVULINIC ACID HCL TOP	-	07308	6.9673	APC (blood and non-blood product codes)	\$394.63	-	-	000	999	-
J7309	M	METHYL AMINOLEVULINATE, TOP	-	-	-	Fee Schedule	\$85.22	-	-	000	999	-
J7310	E	GANCICLOVIR LONG ACT IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7311	K	INJ., RETISERT, 0.01 MG	-	09225	6.0257	APC (blood and non-blood product codes)	\$341.30	-	-	000	999	-
J7312	K	DEXAMETHASONE INTRA IMPLANT	-	09256	3.5325	APC (blood and non-blood product codes)	\$200.08	-	-	000	999	-
J7313	K	INJ., ILUVIEN, 0.01 MG	-	09450	8.6653	APC (blood and non-blood product codes)	\$490.80	-	-	000	999	-
J7314	K	INJ., YUTIQ, 0.01 MG	-	09328	8.6711	APC (blood and non-blood product codes)	\$491.13	-	-	000	999	-
J7315	N	OPHTHALMIC MITOMYCIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7316	K	INJ, OCRIPLASMIN, 0.125 MG	-	09298	18.4839	APC (blood and non-blood product codes)	\$1,046.93	-	-	000	999	-
J7318	G	INJ, DUROLANE 1 MG	-	09174	-	APC – pays by fee schedule amount	\$17.23	-	-	000	999	-
J7320	K	GENVISC 850, INJ, 1MG	-	09079	0.2987	APC (blood and non-blood product codes)	\$16.92	-	-	000	999	-
J7321	N	HYALGAN OR SUPARTZ INJ DOSE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7322	K	HYMOVIS INJECTION 1 MG	-	09471	0.5591	APC (blood and non-blood product codes)	\$31.67	-	-	000	999	-
J7323	K	EUFLEXXA INJ PER DOSE	-	00875	2.6347	APC (blood and non-blood product codes)	\$149.23	-	-	000	999	-
J7324	K	ORTHOVISC INJ PER DOSE	-	00877	2.3576	APC (blood and non-blood product codes)	\$133.54	-	-	000	999	-
J7325	K	SYNVISC OR SYNVISC-ONE	-	00874	0.1975	APC (blood and non-blood product codes)	\$11.19	-	-	000	999	-
J7326	K	GEL-ONE	-	01417	20.5862	APC (blood and non-blood product codes)	\$1,166.00	-	-	000	999	-
J7327	K	MONOVISC INJ PER DOSE	-	01747	13.5301	APC (blood and non-blood product codes)	\$766.34	-	-	000	999	-
J7328	G	GELSYN-3 INJECTION 0.1 MG	-	01862	-	APC – pays by fee schedule amount	\$2.18	-	-	000	999	-
J7329	K	INJ, TRIVISC 1 MG	-	09196	0.1270	APC (blood and non-blood product codes)	\$7.20	-	-	000	999	-
J7330	E	CULTURED CHONDROCYTES IMPLNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7331	K	SYNOJOYNT, INJ., 1 MG	-	09337	0.0877	APC (blood and non-blood product codes)	\$4.97	-	-	000	999	-
J7332	K	INJ., TRILURON, 1 MG	-	09338	0.4576	APC (blood and non-blood product codes)	\$25.92	-	-	000	999	-
J7333	N	VISCO-3 INJ DOSE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7336	K	CAPSAICIN 8% PATCH	-	09071	0.0574	APC (blood and non-blood product codes)	\$3.25	-	-	000	999	-
J7340	N	CARBIDOPA LEVODOPA ENT 100ML	-	09320	3.9188	Bundled, sometimes payable	\$0.00	-	-	000	999	-
J7342	K	CIPROFLOXACIN OTIC SUSP 6 MG	-	09479	0.5292	APC (blood and non-blood product codes)	\$29.98	-	-	000	999	-
J7345	G	AMINOLEVULINIC ACID, 10% GEL	-	09301	-	APC – pays by fee schedule amount	\$1.53	-	-	000	999	-
J7401	E	MOMETASONE FUROATE SINUS IMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7500	N	AZATHIOPRINE ORAL 50MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7501	K	AZATHIOPRINE PARENTERAL	-	00887	3.9017	APC (blood and non-blood product codes)	\$220.99	-	-	000	999	-
J7502	N	CYCLOSPORINE ORAL 100 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7503	N	TACROL ENVARUSUS EX REL ORAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7504	K	LYMPHOCYTE IMMUNE GLOBULIN	-	00890	39.2941	APC (blood and non-blood product codes)	\$2,225.62	-	-	000	999	-
J7505	N	MONOCLONAL ANTIBODIES	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7507	N	TACROLIMUS IMME REL ORAL 1MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7508	N	TACROL ASTAGRAF EX REL ORAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7509	N	METHYLPREDNISOLONE ORAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7510	N	PREDNISOLONE ORAL PER 5 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7511	K	ANTITHYMOCYTE GLOBULN RABBIT	-	09104	13.7534	APC (blood and non-blood product codes)	\$779.00	-	-	000	999	-
J7512	N	PREDNISONE IR OR DR ORAL 1MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7513	E	DACLIZUMAB, PARENTERAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7515	N	CYCLOSPORINE ORAL 25 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7516	N	CYCLOSPORIN PARENTERAL 250MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7517	N	MYCOPHENOLATE MOFETIL ORAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7518	N	MYCOPHENOLIC ACID	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7520	N	SIROLIMUS, ORAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7525	K	TACROLIMUS INJECTION	-	09006	3.7459	APC (blood and non-blood product codes)	\$212.17	-	-	000	999	-
J7527	N	ORAL EVEROLIMUS	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7599	N	IMMUNOSUPPRESSIVE DRUG NOC	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7604	E	ACETYLCYSTEINE COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7605	E	ARFORMOTEROL NON-COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
J7606	E	FORMOTEROL FUMARATE, INH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7607	E	LEVALBUTEROL COMP CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7608	E	ACETYLCYSTEINE NON-COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7609	E	ALBUTEROL COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7610	E	ALBUTEROL COMP CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7611	E	ALBUTEROL NON-COMP CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7612	E	LEVALBUTEROL NON-COMP CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7613	E	ALBUTEROL NON-COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7614	E	LEVALBUTEROL NON-COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7615	E	LEVALBUTEROL COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7620	E	ALBUTEROL IPRATROP NON-COMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7622	E	BECLOMETHASONE COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7624	E	BETAMETHASONE COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7626	E	BUDESONIDE NON-COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7627	E	BUDESONIDE COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7628	E	BITOLTEROL MESYLATE COMP CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7629	E	BITOLTEROL MESYLATE COMP UNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7631	E	CROMOLYN SODIUM NONCOMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7632	E	CROMOLYN SODIUM COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7633	E	BUDESONIDE NON-COMP CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7634	E	BUDESONIDE COMP CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7635	E	ATROPINE COMP CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7636	E	ATROPINE COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7637	E	DEXAMETHASONE COMP CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7638	E	DEXAMETHASONE COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7639	E	DORNASE ALFA NON-COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7640	E	FORMOTEROL COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7641	E	FLUNISOLIDE COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7642	E	GLYCOPYRROLATE COMP CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7643	E	GLYCOPYRROLATE COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7644	E	IPRATROPIUM BROMIDE NON-COMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7645	E	IPRATROPIUM BROMIDE COMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7647	E	ISOETHARINE COMP CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7648	E	ISOETHARINE NON-COMP CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7649	E	ISOETHARINE NON-COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7650	E	ISOETHARINE COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7657	E	ISOPROTERENOL COMP CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7658	E	ISOPROTERENOL NON-COMP CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7659	E	ISOPROTERENOL NON-COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7660	E	ISOPROTERENOL COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7665	N	MANNITOL FOR INHALER	-	-	-	Bundled	\$0.00	-	-	006	999	-	
J7667	E	METAPROTERENOL COMP CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7668	E	METAPROTERENOL NON-COMP CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7669	E	METAPROTERENOL NON-COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7670	E	METAPROTERENOL COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7674	N	METHACHOLINE CHLORIDE, NEB	-	-	-	Bundled	\$0.00	-	-	000	999	-	
J7676	E	PENTAMIDINE COMP UNIT DOSE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7677	E	REVEFENACIN INH NON-COM 1MCG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7680	E	TERBUTALINE SULF COMP CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7681	E	TERBUTALINE SULF COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7682	E	TOBRAMYCIN NON-COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7683	E	TRIAMCINOLONE COMP CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7684	E	TRIAMCINOLONE COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7685	E	TOBRAMYCIN COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7686	E	TREPROSTINIL, NON-COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
J7699	E	INHALATION SOLUTION FOR DME	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
J7799	N	NON-INHALATION DRUG FOR DME	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7999	N	COMPOUNDED DRUG, NOC	-	-	-	Bundled	\$0.00	-	-	000	999	-
J8498	E	ANTIEMETIC RECTAL/SUPP NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J8499	E	ORAL PRESCRIP DRUG NON CHEMO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J8501	N	ORAL APREPITANT	-	-	-	Bundled	\$0.00	-	-	000	999	-
J8510	K	ORAL BUSULFAN	-	09335	0.4213	APC (blood and non-blood product codes)	\$23.86	-	-	000	999	-
J8515	E	CABERGOLINE, ORAL 0.25MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J8520	N	CAPECITABINE, ORAL, 150 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J8521	N	CAPECITABINE, ORAL, 500 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J8530	N	CYCLOPHOSPHAMIDE ORAL 25 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J8540	N	ORAL DEXAMETHASONE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J8560	K	ETOPOSIDE ORAL 50 MG	-	00802	1.3293	APC (blood and non-blood product codes)	\$75.29	-	-	000	999	-
J8562	N	ORAL FLUDARABINE PHOSPHATE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J8565	E	GEFITINIB ORAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J8597	N	ANTIEMETIC DRUG ORAL NOS	-	-	-	Bundled	\$0.00	-	-	000	999	-
J8600	N	MELPHALAN ORAL 2 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J8610	N	METHOTREXATE ORAL 2.5 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J8650	E	NABILONE ORAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J8655	K	ORAL NETUPITANT, PALONOSETRO	-	09448	4.1669	APC (blood and non-blood product codes)	\$236.02	-	-	000	999	-
J8670	K	ROLAPITANT, ORAL, 1MG	-	01761	0.0484	APC (blood and non-blood product codes)	\$2.74	-	-	000	999	-
J8700	N	TEMOZOLOMIDE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J8705	N	TOPOTECAN ORAL	-	-	-	Bundled	\$0.00	-	-	005	999	-
J8999	E	ORAL PRESCRIPTION DRUG CHEMO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J9000	N	DOXORUBICIN HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9001	E	DOXORUBICIN HCL LIPOSOME INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J9015	K	ALDESLEUKIN INJECTION	-	00807	87.6521	APC (blood and non-blood product codes)	\$4,964.62	-	-	000	999	-
J9017	K	ARSENIC TRIOXIDE INJECTION	-	09012	0.5062	APC (blood and non-blood product codes)	\$28.67	-	-	000	999	-
J9019	K	ERWINAZE INJECTION	-	09289	7.3857	APC (blood and non-blood product codes)	\$418.32	-	-	000	999	-
J9020	M	ASPARAGINASE, NOS	-	-	-	Fee Schedule	\$65.74	-	-	000	999	-
J9022	K	INJ, ATEZOLIZUMAB, 10 MG	-	09483	1.3858	APC (blood and non-blood product codes)	\$78.49	-	-	000	999	-
J9023	G	INJECTION, AVELUMAB, 10 MG	-	09491	-	APC – pays by fee schedule amount	\$85.09	-	-	000	999	-
J9025	K	AZACITIDINE INJECTION	-	01709	0.0193	APC (blood and non-blood product codes)	\$1.09	-	-	000	999	-
J9027	K	CLOFARABINE INJECTION	-	01710	1.0219	APC (blood and non-blood product codes)	\$57.88	-	-	000	999	-
J9030	K	BCG LIVE INTRAVESICAL 1MG	-	09322	0.0497	APC (blood and non-blood product codes)	\$2.82	-	-	000	999	-
J9032	K	INJECTION, BELINOSTAT, 10MG	-	01658	0.7485	APC (blood and non-blood product codes)	\$42.39	-	-	000	999	-
J9033	K	INJ., TREANDA 1 MG	-	09243	0.4454	APC (blood and non-blood product codes)	\$25.23	-	-	018	999	-
J9034	K	INJ., BENDEKA 1 MG	-	01861	0.3608	APC (blood and non-blood product codes)	\$20.44	-	-	000	999	-
J9035	K	BEVACIZUMAB INJECTION	-	09214	1.3842	APC (blood and non-blood product codes)	\$78.40	-	-	000	999	-
J9036	G	INJ. BELRAPZO/BENDAMUSTINE	-	09313	-	APC – pays by fee schedule amount	\$22.21	-	-	000	999	-
J9039	K	INJECTION, BLINATUMOMAB	-	09449	2.0791	APC (blood and non-blood product codes)	\$117.76	-	-	000	999	-
J9040	N	BLEOMYCIN SULFATE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9041	K	INJ., VELCADE 0.1 MG	-	09207	0.7943	APC (blood and non-blood product codes)	\$44.99	-	-	000	999	-
J9042	K	BRENTUXIMAB VEDOTIN INJ	-	09287	3.1049	APC (blood and non-blood product codes)	\$175.86	-	-	000	999	-
J9043	K	CABAZITAXEL INJECTION	-	09276	3.2040	APC (blood and non-blood product codes)	\$181.47	-	-	018	999	-
J9044	K	INJ, BORTEZOMIB, NOS, 0.1 MG	-	09192	0.4267	APC (blood and non-blood product codes)	\$24.17	-	-	000	999	-
J9045	N	CARBOPLATIN INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9047	K	INJECTION, CARFILZOMIB, 1 MG	-	09295	0.6881	APC (blood and non-blood product codes)	\$38.97	-	-	000	999	-
J9050	K	CARMUSTINE INJECTION	-	00812	34.8463	APC (blood and non-blood product codes)	\$1,973.69	-	-	000	999	-
J9055	K	CETUXIMAB INJECTION	-	09215	1.1425	APC (blood and non-blood product codes)	\$64.71	-	-	000	999	-
J9057	G	INJ., COPANLISIB, 1 MG	-	09030	-	APC – pays by fee schedule amount	\$79.01	-	-	000	999	-
J9060	N	CISPLATIN 10 MG INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9065	K	INJ CLADRIBINE PER 1 MG	-	00858	0.3646	APC (blood and non-blood product codes)	\$20.65	-	-	000	999	-
J9070	K	CYCLOPHOSPHAMIDE 100 MG INJ	-	01408	0.6103	APC (blood and non-blood product codes)	\$34.57	-	-	000	999	-
J9098	K	CYTARABINE LIPOSOME INJ	-	01166	8.7027	APC (blood and non-blood product codes)	\$492.92	-	-	000	999	-
J9100	N	CYTARABINE HCL 100 MG INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9118	E	INJ. CALASPARGASE PEGOL-MKNL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

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J9119	G	INJ., CEMPLIMAB-RWLC, 1 MG	-	09304	-	APC – pays by fee schedule amount	\$27.41	-	-	000	999	-
J9120	K	DACTINOMYCIN INJECTION	-	00752	19.4515	APC (blood and non-blood product codes)	\$1,101.73	-	-	000	999	-
J9130	N	DACARBAZINE 100 MG INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9145	K	INJECTION, DARATUMUMAB 10 MG	-	09476	0.9898	APC (blood and non-blood product codes)	\$56.06	-	-	000	999	-
J9150	K	DAUNORUBICIN INJECTION	-	00820	0.8140	APC (blood and non-blood product codes)	\$46.11	-	-	000	999	-
J9151	N	DAUNORUBICIN CITRATE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9153	G	INJ DAUNORUBICIN, CYTARABINE	-	09302	-	APC – pays by fee schedule amount	\$198.08	-	-	000	999	-
J9155	K	DEGARELIX INJECTION	-	01296	0.0701	APC (blood and non-blood product codes)	\$3.97	-	-	000	999	-
J9160	E	DENILEUKIN DIFTITOX INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J9165	E	DIETHYLSTILBESTROL INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J9171	K	DOCETAXEL INJECTION	-	00823	0.0153	APC (blood and non-blood product codes)	\$0.87	-	-	000	999	-
J9173	G	INJ., DURVALUMAB, 10 MG	-	09492	-	APC – pays by fee schedule amount	\$76.18	-	-	000	999	-
J9175	N	ELLIOTTS B SOLUTION PER ML	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9176	K	INJECTION, ELOTUZUMAB, 1MG	-	09477	0.1178	APC (blood and non-blood product codes)	\$6.67	-	-	000	999	-
J9177	G	INJ ENFORT VEDO-EJFV 0.25MG	-	9364	-	APC – pays by fee schedule amount	\$27.96	-	-	000	999	-
J9178	N	INJ, EPIRUBICIN HCL, 2 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9179	K	ERIBULIN MESYLATE INJECTION	-	01426	2.0731	APC (blood and non-blood product codes)	\$117.42	-	-	018	999	-
J9181	N	ETOPOSIDE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9185	N	FLUDARABINE PHOSPHATE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9190	N	FLUOROURACIL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9198	N	INJ. INFUGEM, 100 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9200	N	FLOXURIDINE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9201	N	IN GEMCITABINE HCL NOS 200MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9202	K	GOSERELIN ACETATE IMPLANT	-	00810	8.9035	APC (blood and non-blood product codes)	\$504.30	-	-	000	999	-
J9203	G	GEMTUZUMAB OZOGAMICIN 0.1 MG	-	09495	-	APC – pays by fee schedule amount	\$204.99	-	-	000	999	-
J9204	G	INJ MOGAMULIZUMAB-KPKC, 1 MG	-	09182	-	APC – pays by fee schedule amount	\$203.23	-	-	000	999	-
J9205	K	INJ IRINOTECAN LIPOSOME 1 MG	-	09474	0.9573	APC (blood and non-blood product codes)	\$54.22	-	-	000	999	-
J9206	N	IRINOTECAN INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9207	K	IXABEPILONE INJECTION	-	09240	1.7629	APC (blood and non-blood product codes)	\$99.85	-	-	018	999	-
J9208	N	IFOSFAMIDE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9209	N	MESNA INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9210	G	INJ., EMAPALUMAB-LZSG, 1 MG	-	09310	-	APC – pays by fee schedule amount	\$211.01	-	-	000	999	-
J9211	N	IDARUBICIN HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9212	E	INTERFERON ALFACON-1 INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J9213	K	INTERFERON ALFA-2A INJ	-	09092	7.1900	APC (blood and non-blood product codes)	\$407.24	-	-	000	999	-
J9214	K	INTERFERON ALFA-2B INJ	-	00836	0.6082	APC (blood and non-blood product codes)	\$34.45	-	-	000	999	-
J9215	N	INTERFERON ALFA-N3 INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9216	E	INTERFERON GAMMA 1-B INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J9217	K	LEUPROLIDE ACETATE SUSPNSION	-	09217	3.6350	APC (blood and non-blood product codes)	\$205.89	-	-	000	999	-
J9218	N	LEUPROLIDE ACETATE INJECTON	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9219	E	LEUPROLIDE ACETATE IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J9225	K	VANTAS IMPLANT	-	01711	76.8012	APC (blood and non-blood product codes)	\$4,350.02	-	-	000	999	-
J9226	K	SUPPRELIN LA IMPLANT	-	01142	678.2304	APC (blood and non-blood product codes)	\$38,414.97	-	-	000	999	-
J9228	K	IPILIMUMAB INJECTION	-	09284	2.7770	APC (blood and non-blood product codes)	\$157.29	-	-	018	999	-
J9229	G	INJ INOTUZUMAB OZOGAM 0.1 MG	-	09028	-	APC – pays by fee schedule amount	\$2,337.87	-	-	000	999	-
J9230	K	MECHLORETHAMINE HCL INJ	-	00751	5.7961	APC (blood and non-blood product codes)	\$328.29	-	-	000	999	-
J9245	K	INJ MELPHA HYDROCH NOS 50 MG	-	00840	3.2272	APC (blood and non-blood product codes)	\$182.79	-	-	000	999	-
J9246	K	INJ., EVOMELA, 1 MG	-	9375	0.5437	APC (blood and non-blood product codes)	\$30.79	-	-	000	999	-
J9250	N	METHOTREXATE SODIUM INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9260	N	METHOTREXATE SODIUM INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9261	K	NELARABINE INJECTION	-	00825	2.6904	APC (blood and non-blood product codes)	\$152.39	-	-	000	999	-
J9262	K	INJ, OMACETAXINE MEP, 0.01MG	-	09297	0.0585	APC (blood and non-blood product codes)	\$3.31	-	-	000	999	-
J9263	N	OXALIPLATIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9264	K	PACLITAXEL PROTEIN BOUND	-	01712	0.2343	APC (blood and non-blood product codes)	\$13.27	-	-	000	999	-
J9266	K	PEGASPARGASE INJECTION	-	00843	341.3625	APC (blood and non-blood product codes)	\$19,334.77	-	-	000	999	-
J9267	N	PACLITAXEL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
J9268	K	PENTOSTATIN INJECTION	-	00844	36.5432	APC (blood and non-blood product codes)	\$2,069.81	-	-	000	999	-
J9269	G	INJ. TAGRAXOFUSP-ERZS 10 MCG	-	09309	-	APC – pays by fee schedule amount	\$270.61	-	-	000	999	-
J9270	N	PLICAMYCIN (MITHRAMYCIN) INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9271	K	INJ PEMBROLIZUMAB	-	01490	0.8991	APC (blood and non-blood product codes)	\$50.93	-	-	000	999	-
J9280	K	MITOMYCIN INJECTION	-	01232	1.0101	APC (blood and non-blood product codes)	\$57.21	-	-	000	999	-
J9285	K	INJ. OLARATUMAB, 10 MG	-	09485	0.9193	APC (blood and non-blood product codes)	\$52.07	-	-	000	999	-
J9293	K	MITOXANTRONE HYDROCHL / 5 MG	-	00864	0.5252	APC (blood and non-blood product codes)	\$29.75	-	-	000	999	-
J9295	K	INJECTION, NECITUMUMAB, 1 MG	-	09475	0.1012	APC (blood and non-blood product codes)	\$5.73	-	-	000	999	-
J9299	K	INJECTION, NIVOLUMAB	-	09453	0.5038	APC (blood and non-blood product codes)	\$28.53	-	-	000	999	-
J9301	K	OBINUTUZUMAB INJ	-	01476	1.1333	APC (blood and non-blood product codes)	\$64.19	-	-	000	999	-
J9302	K	OFATUMUMAB INJECTION	-	09260	1.0919	APC (blood and non-blood product codes)	\$61.84	-	-	000	999	-
J9303	K	PANITUMUMAB INJECTION	-	09235	2.1681	APC (blood and non-blood product codes)	\$122.80	-	-	000	999	-
J9305	K	PEMETREXED INJECTION	-	09213	1.2783	APC (blood and non-blood product codes)	\$72.41	-	-	000	999	-
J9306	K	INJECTION, PERTUZUMAB, 1 MG	-	01471	0.2285	APC (blood and non-blood product codes)	\$12.94	-	-	000	999	-
J9307	K	PRALATREXATE INJECTION	-	09259	5.3967	APC (blood and non-blood product codes)	\$305.67	-	-	000	999	-
J9308	K	INJECTION, RAMUCIRUMAB	-	01488	1.0781	APC (blood and non-blood product codes)	\$61.06	-	-	000	999	-
J9309	G	INJ, POLATUZUMAB VEDOTIN 1MG	-	09331	-	APC – pays by fee schedule amount	\$111.30	-	-	000	999	-
J9311	G	INJ RITUXIMAB, HYALURONIDASE	-	09467	-	APC – pays by fee schedule amount	\$41.78	-	-	000	999	-
J9312	K	INJ., RITUXIMAB, 10 MG	-	09186	1.6484	APC (blood and non-blood product codes)	\$93.37	-	-	000	999	-
J9313	G	INJ., LUMOXITI, 0.01 MG	-	09305	-	APC – pays by fee schedule amount	\$22.45	-	-	000	999	-
J9315	K	ROMIDEPSIN INJECTION	-	09265	5.8269	APC (blood and non-blood product codes)	\$330.04	-	-	000	999	-
J9320	K	STREPTOZOCIN INJECTION	-	00850	6.2326	APC (blood and non-blood product codes)	\$353.01	-	-	000	999	-
J9325	K	INJ TALIMOGENE LAHERPAREPVEC	-	09472	0.9448	APC (blood and non-blood product codes)	\$53.51	-	-	000	999	-
J9328	K	TEMOZOLOMIDE INJECTION	-	09253	0.1835	APC (blood and non-blood product codes)	\$10.39	-	-	000	999	-
J9330	K	TEMSIROLIMUS INJECTION	-	01168	0.7859	APC (blood and non-blood product codes)	\$44.51	-	-	018	999	-
J9340	K	THIOTEPA INJECTION	-	00851	7.7068	APC (blood and non-blood product codes)	\$436.51	-	-	000	999	-
J9351	N	TOPOTECAN INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9352	K	INJECTION TRABECTEDIN 0.1MG	-	09480	5.6129	APC (blood and non-blood product codes)	\$317.92	-	-	000	999	-
J9354	K	INJ, ADO-TRASTUZUMAB EMT 1MG	-	09131	0.5794	APC (blood and non-blood product codes)	\$32.82	-	-	000	999	-
J9355	K	INJ TRASTUZUMAB EXCL BIOSIMI	-	01613	1.8064	APC (blood and non-blood product codes)	\$102.32	-	-	000	999	-
J9356	G	INJ. HERCEPTIN HYLECTA, 10MG	-	09314	-	APC – pays by fee schedule amount	\$77.01	-	-	000	999	-
J9357	K	VALRUBICIN INJECTION	-	01235	25.0401	APC (blood and non-blood product codes)	\$1,418.27	-	-	000	999	-
J9358	G	INJ FAM-TRASTU DERU-NXKI 1MG	-	-	-	APC – pays by fee schedule amount	\$24.19	-	-	000	999	-
J9360	N	VINBLASTINE SULFATE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9370	N	VINCRISTINE SULFATE 1 MG INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9371	K	INJ, VINCRISTINE SUL LIP 1MG	-	01466	56.4150	APC (blood and non-blood product codes)	\$3,195.35	-	-	000	999	-
J9390	N	VINORELBINE TARTRATE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9395	K	INJECTION, FULVESTRANT	-	09120	0.8736	APC (blood and non-blood product codes)	\$49.48	-	-	000	999	-
J9400	K	INJ, ZIV-AFLIBERCEPT, 1MG	-	09296	0.1427	APC (blood and non-blood product codes)	\$8.08	-	-	000	999	-
J9600	K	PORFIMER SODIUM INJECTION	-	00856	385.8819	APC (blood and non-blood product codes)	\$21,856.35	-	-	000	999	-
J9999	N	CHEMOTHERAPY DRUG	-	-	-	Bundled	\$0.00	-	-	000	999	-
K0001	E	STANDARD WHEELCHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0002	E	STND HEMI (LOW SEAT) WHLCHR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0003	E	LIGHTWEIGHT WHEELCHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0004	E	HIGH STRENGTH LTWT WHLCHR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0005	E	ULTRALIGHTWEIGHT WHEELCHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0006	E	HEAVY DUTY WHEELCHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0007	E	EXTRA HEAVY DUTY WHEELCHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0008	E	CSTM MANUAL WHEELCHAIR/BASE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0009	E	OTHER MANUAL WHEELCHAIR/BASE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0010	E	STND WT FRAME POWER WHLCHR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0011	E	STND WT PWR WHLCHR W CONTROL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0012	E	LTWT PORTBL POWER WHLCHR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0013	E	CUSTOM POWER WHLCHR BASE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0014	E	OTHER POWER WHLCHR BASE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0015	E	DETACH NON-ADJ HT ARMRST REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

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									Hospital Lab Fees	Hospital Lab Fees			
K0017	E	DETACH ADJUST ARMREST BASE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0018	E	DETACH ADJUST ARMREST UPPER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0019	E	ARM PAD REPL, EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0020	E	FIXED ADJUST ARMREST PAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0037	E	HI MOUNT FLIP-UP FOOTREST EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0038	E	LEG STRAP EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0039	E	LEG STRAP H STYLE EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0040	E	ADJUSTABLE ANGLE FOOTPLATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0041	E	LARGE SIZE FOOTPLATE EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0042	E	STANDARD SIZE FTPLATE REP EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0043	E	FTRST LOWR EXTEN TUBE REP EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0044	E	FTRST UPR HANGER BRAC REP EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0045	E	FTRST COMPL ASSEMBLY REPL EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0046	E	ELEV LGRST LWR EXTEN REPL EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0047	E	ELEV LEGRST UPR HANGR REP EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0050	E	RATCHET ASSEMBLY REPLACEMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0051	E	CAM REL ASM FT/LEGRST REP EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0052	E	SWINGAWAY DETACH FTREST REPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0053	E	ELEVATE FOOTREST ARTICULATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0056	E	SEAT HT <17 OR >=21 LTWT WC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0065	E	SPOKE PROTECTORS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0069	E	RR WHL COMPL SOL TIRE REP EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0070	E	RR WHL COMPL PNE TIRE REP EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0071	E	FR CSTR COMP PNE TIRE REP EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0072	E	FR CSTR SEMI-PNE TIRE REP EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0073	E	CASTER PIN LOCK EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0077	E	FR CSTR ASMB SOL TIRE REP EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0098	E	DRIVE BELT FOR PWC, REPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0105	E	IV HANGER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0108	E	W/C COMPONENT-ACCESSORY NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0195	E	ELEVATING WHLCHAIR LEG RESTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0455	E	PUMP UNINTERRUPTED INFUSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0462	E	TEMPORARY REPLACEMENT EQPMNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0552	E	SUP/EXT NON-INS INF PUMP SYR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0553	E	THER CGM SUPPLY ALLOWANCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0554	E	THER CGM RECEIVER/MONITOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0601	E	REPL BATT SILVER OXIDE 1.5 V	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0602	E	REPL BATT SILVER OXIDE 3 V	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0603	E	REPL BATT ALKALINE 1.5 V	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0604	E	REPL BATT LITHIUM 3.6 V	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0605	E	REPL BATT LITHIUM 4.5 V	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0606	E	AED GARMENT W ELEC ANALYSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0607	E	REPL BATT FOR AED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0608	E	REPL GARMENT FOR AED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0609	E	REPL ELECTRODE FOR AED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0669	E	SEAT/BACK CUS NO DMEPADAC VER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0672	E	REMOVABLE SOFT INTERFACE LE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0730	E	CTRL DOSE INH DRUG DELIV SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0733	E	12-24HR SEALED LEAD ACID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0738	E	PORTABLE GAS OXYGEN SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0739	E	REPAIR/SVC DME NON-OXYGEN EQ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0740	E	REPAIR/SVC OXYGEN EQUIPMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0741	E	PORTABLE GASEOUS OXYGEN SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0742	E	PORTABLE GASEOUS OXYGEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0743	E	PORTABLE HOME SUCTION PUMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0744	E	ABSORP DRG <= 16 SUC PUMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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									Hospital Lab Fees	Hospital Lab			
K0745	E	ABSORP DRG >16<=48 SUC PUMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0746	E	ABSORP DRG >48 SUC PUMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0800	E	POV GROUP 1 STD UP TO 300LBS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0801	E	POV GROUP 1 HD 301-450 LBS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0802	E	POV GROUP 1 VHD 451-600 LBS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0806	E	POV GROUP 2 STD UP TO 300LBS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0807	E	POV GROUP 2 HD 301-450 LBS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0808	E	POV GROUP 2 VHD 451-600 LBS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0812	E	POWER OPERATED VEHICLE NOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0813	E	PWC GP 1 STD PORT SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0814	E	PWC GP 1 STD PORT CAP CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0815	E	PWC GP 1 STD SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0816	E	PWC GP 1 STD CAP CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0820	E	PWC GP 2 STD PORT SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0821	E	PWC GP 2 STD PORT CAP CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0822	E	PWC GP 2 STD SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0823	E	PWC GP 2 STD CAP CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0824	E	PWC GP 2 HD SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0825	E	PWC GP 2 HD CAP CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0826	E	PWC GP 2 VHD SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0827	E	PWC GP VHD CAP CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0828	E	PWC GP 2 XTRA HD SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0829	E	PWC GP 2 XTRA HD CAP CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0830	E	PWC GP2 STD SEAT ELEVATE S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0831	E	PWC GP2 STD SEAT ELEVATE CAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0835	E	PWC GP2 STD SING POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0836	E	PWC GP2 STD SING POW OPT CAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0837	E	PWC GP 2 HD SING POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0838	E	PWC GP 2 HD SING POW OPT CAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0839	E	PWC GP2 VHD SING POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0840	E	PWC GP2 XHD SING POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0841	E	PWC GP2 STD MULT POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0842	E	PWC GP2 STD MULT POW OPT CAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0843	E	PWC GP2 HD MULT POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0848	E	PWC GP 3 STD SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0849	E	PWC GP 3 STD CAP CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0850	E	PWC GP 3 HD SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0851	E	PWC GP 3 HD CAP CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0852	E	PWC GP 3 VHD SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0853	E	PWC GP 3 VHD CAP CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0854	E	PWC GP 3 XHD SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0855	E	PWC GP 3 XHD CAP CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0856	E	PWC GP3 STD SING POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0857	E	PWC GP3 STD SING POW OPT CAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0858	E	PWC GP3 HD SING POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0859	E	PWC GP3 HD SING POW OPT CAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0860	E	PWC GP3 VHD SING POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0861	E	PWC GP3 STD MULT POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0862	E	PWC GP3 HD MULT POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0863	E	PWC GP3 VHD MULT POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0864	E	PWC GP3 XHD MULT POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0868	E	PWC GP 4 STD SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0869	E	PWC GP 4 STD CAP CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0870	E	PWC GP 4 HD SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0871	E	PWC GP 4 VHD SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0877	E	PWC GP4 STD SING POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
K0878	E	PWC GP4 STD SING POW OPT CAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0879	E	PWC GP4 HD SING POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0880	E	PWC GP4 VHD SING POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0884	E	PWC GP4 STD MULT POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0885	E	PWC GP4 STD MULT POW OPT CAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0886	E	PWC GP4 HD MULT POW S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0890	E	PWC GP5 PED SING POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0891	E	PWC GP5 PED MULT POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0898	E	POWER WHEELCHAIR NOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0899	E	POW MOBIL DEV NO DMEPDAC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K0900	E	CSTM DME OTHER THAN WHEELCHR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K1001	E	ELECTRONIC POSA TREATMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K1002	E	CES SYSTEM W/SUPPLIES ACCESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K1003	E	WHIRLPOOL TUB WALKIN PORTABL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K1004	E	LO FREQ US DIATHERMY DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
K1005	E	DISP COL STO BAG BREAST MILK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0112	E	CRANIAL CERVICAL ORTHOSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0113	E	CRANIAL CERVICAL TORTICOLLIS	-	-	-	Not Allowed	\$0.00	-	-	018	999	-	
L0120	E	CERV FLEX N/ADJ FOAM PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0130	E	FLEX THERMOPLASTIC COLLAR MO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0140	E	CERVICAL SEMI-RIGID ADJUSTAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0150	E	CERV SEMI-RIG ADJ MOLDED CHN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0160	E	CERV SR WIRE OCC/MAN PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0170	E	CERVICAL COLLAR MOLDED TO PT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0172	E	CERV COL SR FOAM 2PC PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0174	E	CERV SR 2PC THOR EXT PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0180	E	CER POST COL OCC/MAN SUP ADJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0190	E	CERV COLLAR SUPP ADJ CERV BA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0200	E	CERV COL SUPP ADJ BAR & THOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0220	E	THOR RIB BELT CUSTOM FABRICA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0450	E	TLSO FLEX TRUNK/THOR PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0452	E	TLSO FLEX CUSTOM FAB THORACI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0454	E	TLSO TRNK SJ-T9 PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0455	E	TLSO FLEX TRNK SJ-T9 PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0456	E	TLSO FLEX TRNK SJ-SS PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0457	E	TLSO FLEX TRNK SJ-SS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0458	E	TLSO 2MOD SYMPHIS-XIPHO PRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0460	E	TLSO 2 SHL SYMPHYS-STERN CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0462	E	TLSO 3MOD SACRO-SCAP PRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0464	E	TLSO 4MOD SACRO-SCAP PRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0466	E	TLSO R FRAM SOFT ANT PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0467	E	TLSO R FRAM SOFT PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0468	E	TLSO RIG FRAM PELVIC PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0469	E	TLSO RIG FRAM PELVIC PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0470	E	TLSO RIGID FRAME PRE SUBCLAV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0472	E	TLSO RIGID FRAME HYPEREX PRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0480	E	TLSO RIGID PLASTIC CUSTOM FA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0482	E	TLSO RIGID LINED CUSTOM FAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0484	E	TLSO RIGID PLASTIC CUST FAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0486	E	TLSO RIGIDLINED CUST FAB TWO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0488	E	TLSO RIGID LINED PRE ONE PIE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0490	E	TLSO RIGID PLASTIC PRE ONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0491	E	TLSO 2 PIECE RIGID SHELL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0492	E	TLSO 3 PIECE RIGID SHELL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0621	E	SIO FLEX PELVIC/SACR PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L0622	E	SIO FLEX PELVISACRAL CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole Comm.		Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees	Hospital Lab			
L0623	E	SIO RIG PNL PELV/SAC PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0624	E	SIO PANEL CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0625	E	LO FLEX L1-BELOW L5 PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0626	E	LO SAG RIG PNL STAYS PRE CST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0627	E	LO SAG RI AN/POS PNL PRE CST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0628	E	LSO FLEX NO RI STAYS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0629	E	LSO FLEX W/RIGID STAYS CUST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0630	E	LSO R POST PNL SJ-T9 PRE CST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0631	E	LSO SAG R AN/POS PNL PRE CST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0632	E	LSO SAG RIGID FRAME CUST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0633	E	LSO SC R POS/LAT PNL PRE CST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0634	E	LSO FLEXION CONTROL CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0635	E	LSO SAGIT RIGID PANEL PREFAB	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0636	E	LSO SAGITTAL RIGID PANEL CUS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0637	E	LSO SC R ANT/POS PNL PRE CST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0638	E	LSO SAG-CORONAL PANEL CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0639	E	LSO S/C SHELL/PANEL PREFAB	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0640	E	LSO S/C SHELL/PANEL CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0641	E	LO RIG POS PNL L1-L5 PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0642	E	LO SAG RI AN/POS PNL PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0643	E	LSO SAG CTR RIGI POS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0648	E	LSO SAG R AN/POS PNL PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0649	E	LSO SC R POS/LAT PNL PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0650	E	LSO SC R ANT/POS PNL PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0651	E	LSO SAG-CO SHELL PNL PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0700	E	CTL SO A-P-L CONTROL MOLDED	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0710	E	CTL SO A-P-L CONTROL W/ INTER	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0810	E	HALO CERVICAL INTO JCKT VEST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0820	E	HALO CERVICAL INTO BODY JACK	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0830	E	HALO CERV INTO MILWAUKEE TYP	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0859	E	MRI COMPATIBLE SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0861	E	HALO REPL LINER/INTERFACE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0970	E	TL SO CORSET FRONT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0972	E	LSO CORSET FRONT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0974	E	TL SO FULL CORSET	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0976	E	LSO FULL CORSET	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0978	E	AXILLARY CRUTCH EXTENSION	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0980	E	PERONEAL STRAPS PAIR PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0982	E	STOCKING SUP GRIPS 4 PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0984	E	PROTECT BODY SOCK EA PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L0999	E	ADD TO SPINAL ORTHOSIS NOS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1000	E	CTL SO MILWAUKEE INITIAL MODEL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1001	E	CTL SO INFANT IMMOBILIZER	-	-	-	Not Allowed	\$0.00	-	-	-	000	001	-
L1005	E	TENSION BASED SCOLIOSIS ORTH	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1010	E	CTL SO AXILLA SLING	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1020	E	KYPHOSIS PAD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1025	E	KYPHOSIS PAD FLOATING	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1030	E	LUMBAR BOLSTER PAD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1040	E	LUMBAR OR LUMBAR RIB PAD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1050	E	STERNAL PAD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1060	E	THORACIC PAD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1070	E	TRAPEZIUS SLING	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1080	E	OUTRIGGER	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1085	E	OUTRIGGER BIL W/ VERT EXTENS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1090	E	LUMBAR SLING	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1100	E	RING FLANGE PLASTIC/LEATHER	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-

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									Hospital Lab Fees	Hospital Lab			
L1110	E	RING FLANGE PLAS/LEATHER MOL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1120	E	COVERS FOR UPRIGHT EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1200	E	FURNISH INITIAL ORTHOSIS ONLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1210	E	LATERAL THORACIC EXTENSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1220	E	ANTERIOR THORACIC EXTENSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1230	E	MILWAUKEE TYPE SUPERSTRUCTUR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1240	E	LUMBAR DEROTATION PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1250	E	ANTERIOR ASIS PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1260	E	ANTERIOR THORACIC DEROTATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1270	E	ABDOMINAL PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1280	E	RIB GUSSET (ELASTIC) EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1290	E	LATERAL TROCHANTERIC PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1300	E	BODY JACKET MOLD TO PATIENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1310	E	POST-OPERATIVE BODY JACKET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1499	E	SPINAL ORTHOSIS NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1600	E	HO FLEX FREJKA W/COV PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1610	E	HO FREJKA COV ONLY PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1620	E	HO FLEX PAVLIK HARNIS PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1630	E	ABDUCT CONTROL HIP SEMI-FLEX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1640	E	PELV BAND/SPREAD BAR THIGH C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1650	E	HO ABDUCTION HIP ADJUSTABLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1652	E	HO BI THIGHCUFFS W SPRDR BAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1660	E	HO ABDUCTION STATIC PLASTIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1680	E	PELVIC & HIP CONTROL THIGH C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1685	E	POST-OP HIP ABDUCT CUSTOM FA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1686	E	HO POST-OP HIP ABDUCTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1690	E	COMBINATION BILATERAL HO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1700	E	LEG PERTHES ORTH TORONTO TYP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1710	E	LEGG PERTHES ORTH NEWINGTON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1720	E	LEGG PERTHES ORTHOSIS TRILAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1730	E	LEGG PERTHES ORTH SCOTTISH R	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1755	E	LEGG PERTHES PATTEN BOTTOM T	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1810	E	KO ELASTIC WITH JOINTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1812	E	KO ELASTIC W/JOINTS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1820	E	KO ELAS W/ CONDYLE PADS & JO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1830	E	KO IMMOB CANVAS LONG PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1831	E	KNEE ORTH POS LOCKING JOINT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1832	E	KO ADJ JNT POS R SUP PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1833	E	KO ADJ JNT POS R SUP PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1834	E	KO W/O JOINT RIGID MOLDED TO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1836	E	KO RIGID W/O JOINTS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1840	E	KO DEROT ANT CRUCIATE CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1843	E	KO SINGLE UPRIGHT PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1844	E	KO W/ADJ JT ROT CNTRL MOLDED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1845	E	KO DOUBLE UPRIGHT PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1846	E	KO W ADJ FLEX/EXT ROTAT MOLD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1847	E	KO DBL UPRIGHT W/AIR PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1848	E	KO DBL UPRIGHT W/AIR PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1850	E	KO SWEDISH TYPE PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1851	E	KO SINGLE UPRIGHT PREFAB OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1852	E	KO DOUBLE UPRIGHT PREFAB OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1860	E	KO SUPRACONDYLAR SOCKET MOLD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1900	E	AFO SPRNG WIR DRNFLX CALF BD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1902	E	AFO ANKLE GAUNTLET PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1904	E	AFO MOLDED ANKLE GAUNTLET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1906	E	AFO MULTILIG ANK SUP PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
L1907	E	AFO SUPRAMALLEOLAR CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1910	E	AFO SING BAR CLASP ATTACH SH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1920	E	AFO SING UPRIGHT W/ ADJUST S	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1930	E	AFO PLASTIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1932	E	AFO RIG ANT TIB PREFAB TCF/=	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1940	E	AFO MOLDED TO PATIENT PLASTI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1945	E	AFO MOLDED PLAS RIG ANT TIB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1950	E	AFO SPIRAL MOLDED TO PT PLAS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1951	E	AFO SPIRAL PREFABRICATED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1960	E	AFO POS SOLID ANK PLASTIC MO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1970	E	AFO PLASTIC MOLDED W/ANKLE J	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1971	E	AFO W/ANKLE JOINT, PREFAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1980	E	AFO SING SOLID STIRRUP CALF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L1990	E	AFO DOUB SOLID STIRRUP CALF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2000	E	KAFO SING FRE STIRR TH/CALF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2005	E	KAFO SNG/DBL MECHANICAL ACT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2006	E	KAF SNG/DBL SWG/STN MCPR CUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2010	E	KAFO SNG SOLID STIRRUP W/O J	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2020	E	KAFO DBL SOLID STIRRUP BAND/	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2030	E	KAFO DBL SOLID STIRRUP W/O J	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2034	E	KAFO PLA SIN UP W/WO K/A CUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2035	E	KAFO PLASTIC PEDIATRIC SIZE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2036	E	KAFO PLAS DOUB FREE KNEE MOL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2037	E	KAFO PLAS SING FREE KNEE MOL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2038	E	KAFO W/O JOINT MULTI-AXIS AN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2040	E	HKAFO TORSION BIL ROT STRAPS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2050	E	HKAFO TORSION CABLE HIP PELV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2060	E	HKAFO TORSION BALL BEARING J	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2070	E	HKAFO TORSION UNILAT ROT STR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2080	E	HKAFO UNILAT TORSION CABLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2090	E	HKAFO UNILAT TORSION BALL BR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2106	E	AFO TIB FX CAST PLASTER MOLD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2108	E	AFO TIB FX CAST MOLDED TO PT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2112	E	AFO TIBIAL FRACTURE SOFT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2114	E	AFO TIB FX SEMI-RIGID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2116	E	AFO TIBIAL FRACTURE RIGID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2126	E	KAFO FEM FX CAST THERMOPLAS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2128	E	KAFO FEM FX CAST MOLDED TO P	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2132	E	KAFO FEMORAL FX CAST SOFT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2134	E	KAFO FEM FX CAST SEMI-RIGID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2136	E	KAFO FEMORAL FX CAST RIGID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2180	E	PLAS SHOE INSERT W ANK JOINT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2182	E	DROP LOCK KNEE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2184	E	LIMITED MOTION KNEE JOINT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2186	E	ADJ MOTION KNEE JNT LERMAN T	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2188	E	QUADRILATERAL BRIM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2190	E	WAIST BELT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2192	E	PELVIC BAND & BELT THIGH FLA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2200	E	LIMITED ANKLE MOTION EA JNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2210	E	DORSIFLEXION ASSIST EACH JOI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2220	E	DORSI & PLANTAR FLEX ASS/RES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2230	E	SPLIT FLAT CALIPER STIRR & P	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2232	E	ROCKER BOTTOM, CONTACT AFO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2240	E	ROUND CALIPER AND PLATE ATTA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2250	E	FOOT PLATE MOLDED STIRRUP AT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2260	E	REINFORCED SOLID STIRRUP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
L2265	E	LONG TONGUE STIRRUP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2270	E	VARUS/VALGUS STRAP PADDED/LI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2275	E	PLASTIC MOD LOW EXT PAD/LINE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2280	E	MOLDED INNER BOOT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2300	E	ABDUCTION BAR JOINTED ADJUST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2310	E	ABDUCTION BAR-STRAIGHT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2320	E	NON-MOLDED LACER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2330	E	LACER MOLDED TO PATIENT MODE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2335	E	ANTERIOR SWING BAND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2340	E	PRE-TIBIAL SHELL MOLDED TO P	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2350	E	PROSTHETIC TYPE SOCKET MOLDE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2360	E	EXTENDED STEEL SHANK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2370	E	PATTEN BOTTOM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2375	E	TORSION ANK & HALF SOLID STI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2380	E	TORSION STRAIGHT KNEE JOINT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2385	E	STRAIGHT KNEE JOINT HEAVY DU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2387	E	ADD LE POLY KNEE CUSTOM KAFO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2390	E	OFFSET KNEE JOINT EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2395	E	OFFSET KNEE JOINT HEAVY DUTY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2397	E	SUSPENSION SLEEVE LOWER EXT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2405	E	KNEE JOINT DROP LOCK EA JNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2415	E	KNEE JOINT CAM LOCK EACH JOI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2425	E	KNEE DISC/DIAL LOCK/ADJ FLEX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2430	E	KNEE JNT RATCHET LOCK EA JNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2492	E	KNEE LIFT LOOP DROP LOCK RIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2500	E	THI/GLUT/ISCHIA WGT BEARING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2510	E	TH/WGHT BEAR QUAD-LAT BRIM M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2520	E	TH/WGHT BEAR QUAD-LAT BRIM C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2525	E	TH/WGHT BEAR NAR M-L BRIM MO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2526	E	TH/WGHT BEAR NAR M-L BRIM CU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2530	E	THIGH/WGHT BEAR LACER NON-MO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2540	E	THIGH/WGHT BEAR LACER MOLDED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2550	E	THIGH/WGHT BEAR HIGH ROLL CU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2570	E	HIP CLEVIS TYPE 2 POSIT JNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2580	E	PELVIC CONTROL PELVIC SLING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2600	E	HIP CLEVIS/THRUST BEARING FR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2610	E	HIP CLEVIS/THRUST BEARING LO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2620	E	PELVIC CONTROL HIP HEAVY DUT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2622	E	HIP JOINT ADJUSTABLE FLEXION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2624	E	HIP ADJ FLEX EXT ABDUCT CONT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2627	E	PLASTIC MOLD RECIPRO HIP & C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2628	E	METAL FRAME RECIPRO HIP & CA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2630	E	PELVIC CONTROL BAND & BELT U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2640	E	PELVIC CONTROL BAND & BELT B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2650	E	PELV & THOR CONTROL GLUTEAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2660	E	THORACIC CONTROL THORACIC BA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2670	E	THORAC CONT PARASPINAL UPRI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2680	E	THORAC CONT LAT SUPPORT UPRI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2750	E	PLATING CHROME/NICKEL PR BAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2755	E	CARBON GRAPHITE LAMINATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2760	E	EXTENSION PER EXTENSION PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2768	E	ORTHO SIDEBAR DISCONNECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2780	E	NON-CORROSIVE FINISH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2785	E	DROP LOCK RETAINER EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2795	E	KNEE CONTROL FULL KNEECAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2800	E	KNEE CAP MEDIAL OR LATERAL P	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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									Hospital Lab Fees	Hospital Lab			
L2810	E	KNEE CONTROL CONDYLAR PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2820	E	SOFT INTERFACE BELOW KNEE SE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2830	E	SOFT INTERFACE ABOVE KNEE SE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2840	E	TIBIAL LENGTH SOCK FX OR EQU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2850	E	FEMORAL LGTH SOCK FX OR EQUA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2861	E	TORSION MECHANISM KNEE/ANKLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L2999	E	LOWER EXTREMITY ORTHOSIS NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3000	E	FT INSERT UCB BERKELEY SHELL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3001	E	FOOT INSERT REMOV MOLDED SPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3002	E	FOOT INSERT PLASTAZOTE OR EQ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3003	E	FOOT INSERT SILICONE GEL EAC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3010	E	FOOT LONGITUDINAL ARCH SUPPO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3020	E	FOOT LONGITUD/METATARSAL SUP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3030	E	FOOT ARCH SUPPORT REMOV PREM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3031	E	FOOT LAMIN/PREPREG COMPOSITE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3040	E	FT ARCH SUPRT PREMOLD LONGIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3050	E	FOOT ARCH SUPP PREMOLD METAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3060	E	FOOT ARCH SUPP LONGITUD/META	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3070	E	ARCH SUPRT ATT TO SHO LONGIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3080	E	ARCH SUPP ATT TO SHOE METATA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3090	E	ARCH SUPP ATT TO SHOE LONG/M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3100	E	HALLUS-VALGUS NT DYN PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3140	E	ABDUCTION ROTATION BAR SHOE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3150	E	ABDUCT ROTATION BAR W/O SHOE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3160	E	SHOE STYLED POSITIONING DEV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3170	E	FOOT PLAS HEEL STABI PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3201	E	OXFORD W SUPINAT/PRONAT INF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3202	E	OXFORD W/ SUPINAT/PRONATOR C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3203	E	OXFORD W/ SUPINATOR/PRONATOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3204	E	HIGHTOP W/ SUPP/PRONATOR INF	-	-	-	Not Allowed	\$0.00	-	-	000	001	-	
L3206	E	HIGHTOP W/ SUPP/PRONATOR CHI	-	-	-	Not Allowed	\$0.00	-	-	000	005	-	
L3207	E	HIGHTOP W/ SUPP/PRONATOR JUN	-	-	-	Not Allowed	\$0.00	-	-	000	019	-	
L3208	E	SURGICAL BOOT EACH INFANT	-	-	-	Not Allowed	\$0.00	-	-	000	001	-	
L3209	E	SURGICAL BOOT EACH CHILD	-	-	-	Not Allowed	\$0.00	-	-	000	005	-	
L3211	E	SURGICAL BOOT EACH JUNIOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3212	E	BENESCH BOOT PAIR INFANT	-	-	-	Not Allowed	\$0.00	-	-	000	001	-	
L3213	E	BENESCH BOOT PAIR CHILD	-	-	-	Not Allowed	\$0.00	-	-	000	005	-	
L3214	E	BENESCH BOOT PAIR JUNIOR	-	-	-	Not Allowed	\$0.00	-	-	000	019	-	
L3215	E	ORTHOPEDIC FTWEAR LADIES OXF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3216	E	ORTHOPED LADIES SHOES DPTH I	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3217	E	LADIES SHOES HIGHTOP DEPTH I	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3219	E	ORTHOPEDIC MENS SHOES OXFORD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3221	E	ORTHOPEDIC MENS SHOES DPTH I	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3222	E	MENS SHOES HIGHTOP DEPTH INL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3224	E	WOMAN'S SHOE OXFORD BRACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3225	E	MAN'S SHOE OXFORD BRACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3230	E	CUSTOM SHOES DEPTH INLAY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3250	E	CUSTOM MOLD SHOE REMOV PROST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3251	E	SHOE MOLDED TO PT SILICONE S	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3252	E	SHOE MOLDED PLASTAZOTE CUST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3253	E	SHOE MOLDED PLASTAZOTE CUST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3254	E	ORTH FOOT NON-STANDARD SIZE/W	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3255	E	ORTH FOOT NON-STANDARD SIZE/	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3257	E	ORTH FOOT ADD CHARGE SPLIT S	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3260	E	AMBULATORY SURGICAL BOOT EAC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3265	E	PLASTAZOTE SANDAL EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
L3300	E	SHO LIFT TAPER TO METATARSAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3310	E	SHOE LIFT ELEV HEEL/SOLE NEO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3320	E	SHOE LIFT ELEV HEEL/SOLE COR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3330	E	LIFTS ELEVATION METAL EXTENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3332	E	SHOE LIFTS TAPERED TO ONE-HA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3334	E	SHOE LIFTS ELEVATION HEEL /I	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3340	E	SHOE WEDGE SACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3350	E	SHOE HEEL WEDGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3360	E	SHOE SOLE WEDGE OUTSIDE SOLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3370	E	SHOE SOLE WEDGE BETWEEN SOLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3380	E	SHOE CLUBFOOT WEDGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3390	E	SHOE OUTFLARE WEDGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3400	E	SHOE METATARSAL BAR WEDGE RO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3410	E	SHOE METATARSAL BAR BETWEEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3420	E	FULL SOLE/HEEL WEDGE BTWEEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3430	E	SHO HEEL COUNT PLAST REINFOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3440	E	HEEL LEATHER REINFORCED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3450	E	SHOE HEEL SACH CUSHION TYPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3455	E	SHOE HEEL NEW LEATHER STANDA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3460	E	SHOE HEEL NEW RUBBER STANDAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3465	E	SHOE HEEL THOMAS WITH WEDGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3470	E	SHOE HEEL THOMAS EXTEND TO B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3480	E	SHOE HEEL PAD & DEPRESS FOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3485	E	SHOE HEEL PAD REMOVABLE FOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3500	E	ORTHO SHOE ADD LEATHER INSOL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3510	E	ORTHOPEDIC SHOE ADD RUB INSL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3520	E	O SHOE ADD FELT W LEATH INSL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3530	E	ORTHO SHOE ADD HALF SOLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3540	E	ORTHO SHOE ADD FULL SOLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3550	E	O SHOE ADD STANDARD TOE TAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3560	E	O SHOE ADD HORSESHOE TOE TAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3570	E	O SHOE ADD INSTEP EXTENSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3580	E	O SHOE ADD INSTEP VELCRO CLO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3590	E	O SHOE CONVERT TO SOF COUNTE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3595	E	ORTHO SHOE ADD MARCH BAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3600	E	TRANS SHOE CALIP PLATE EXIST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3610	E	TRANS SHOE CALIPER PLATE NEW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3620	E	TRANS SHOE SOLID STIRRUP EXI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3630	E	TRANS SHOE SOLID STIRRUP NEW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3640	E	SHOE DENNIS BROWNE SPLINT BO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3649	E	ORTHOPEDIC SHOE MODIFICA NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3650	E	SO 8 ABD RESTRAINT PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3660	E	SO 8 AB RSTR CAN/WEB PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3670	E	SO ACRO/CLAV CAN WEB PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3671	E	SO CAP DESIGN W/O JNTS CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3674	E	SO AIRPLANE W/WO JOINT CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3675	E	SO VEST CANVAS/WEB PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3677	E	SO HARD PLAS STABILI PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3678	E	SO HARD PLAS STABILI PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3702	E	EO W/O JOINTS CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3710	E	EO ELAS W/METAL JNTS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3720	E	FOREARM/ARM CUFFS FREE MOTIO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3730	E	FOREARM/ARM CUFFS EXT/FLEX A	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3740	E	CUFFS ADJ LOCK W/ ACTIVE CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3760	E	EO ADJ JT PREFAB CUSTOM FIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3761	E	EO, ADJ LOCK JOINT PREFAB OT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
L3762	E	EO RIGID W/O JOINTS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3763	E	EWHO RIGID W/O JNTS CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3764	E	EWHO W/JOINT(S) CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3765	E	EWHFO RIGID W/O JNTS CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3766	E	EWHFO W/JOINT(S) CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3806	E	WHFO W/JOINT(S) CUSTOM FAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3807	E	WHFO W/O JOINTS PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3808	E	WHFO, RIGID W/O JOINTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3809	E	WHFO W/O JOINTS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3891	E	TORSION MECHANISM WRIST/ELBO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3900	E	HINGE EXTENSION/FLEX WRIST/F	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3901	E	HINGE EXT/FLEX WRIST FINGER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3904	E	WHFO ELECTRIC CUSTOM FITTED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3905	E	WHO W/NONTORSION JNT(S) CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3906	E	WHO W/O JOINTS CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3908	E	WHO COCK-UP NONMOLDE PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3912	E	HFO FLEXION GLOVE PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3913	E	HFO W/O JOINTS CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3915	E	WHO NONTORSION JNTS PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3916	E	WHO NONTORSION JNTS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3917	E	METACARP FX ORTHOSIS PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3918	E	METACARP FX ORTHOSIS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3919	E	HO W/O JOINTS CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3921	E	HFO W/JOINT(S) CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3923	E	HFO WITHOUT JOINTS PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3924	E	HFO WITHOUT JOINTS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3925	E	FO PIP DIP JNT/SPRNG PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3927	E	FO PIP DIP NO JT SPR PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3929	E	HFO NONTORSION JNTS PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3930	E	HFO NONTORSION JNTS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3931	E	WHFO NONTORSION JOINT PREFAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3933	E	FO W/O JOINTS CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3935	E	FO NONTORSION JOINT CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3956	E	ADD JOINT UPPER EXT ORTHOSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3960	E	SEWHO AIRPLAN DESIG ABDU POS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3961	E	SEWHO CAP DESIGN W/O JNTS CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3962	E	SEWHO ERBS PALSEY DESIGN ABD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3967	E	SEWHO AIRPLANE W/O JNTS CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3971	E	SEWHO CAP DESIGN W/JNT(S) CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3973	E	SEWHO AIRPLANE W/JNT(S) CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3975	E	SEWHFO CAP DESIGN W/O JNT CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3976	E	SEWHFO AIRPLANE W/O JNTS CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3977	E	SEWHFO CAP DESGN W/JNT(S) CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3978	E	SEWHFO AIRPLANE W/JNT(S) CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3980	E	UP EXT FX ORTHOS HUMERAL NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3981	E	UE FX ORTH SHOUL CAP FOREARM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3982	E	UPPER EXT FX ORTHOSIS RAD/UL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3984	E	UPPER EXT FX ORTHOSIS WRIST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3995	E	SOCK FRACTURE OR EQUAL EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L3999	E	UPPER LIMB ORTHOSIS NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L4000	E	REPL GIRDLE MILWAUKEE ORTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L4002	E	REPLACE STRAP, ANY ORTHOSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L4010	E	REPLACE TRILATERAL SOCKET BR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L4020	E	REPLACE QUADLAT SOCKET BRIM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L4030	E	REPLACE SOCKET BRIM CUST FIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L4040	E	REPLACE MOLDED THIGH LACER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
L4045	E	REPLACE NON-MOLDED THIGH LAC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4050	E	REPLACE MOLDED CALF LACER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4055	E	REPLACE NON-MOLDED CALF LACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4060	E	REPLACE HIGH ROLL CUFF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4070	E	REPLACE PROX & DIST UPRIGHT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4080	E	REPL MET BAND KAFO-AFO PROX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4090	E	REPL MET BAND KAFO-AFO CALF/	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4100	E	REPL LEATH CUFF KAFO PROX TH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4110	E	REPL LEATH CUFF KAFO-AFO CAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4130	E	REPLACE PRETIBIAL SHELL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4205	E	ORTHO DVC REPAIR PER 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4210	E	ORTH DEV REPAIR/REPL MINOR P	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4350	E	ANKLE CONTROL ORTHO PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4360	E	PNEUMAT WALKING BOOT PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4361	E	PNEUMA/VAC WALK BOOT PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4370	E	PNEUM FULL LEG SPLNT PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4386	E	NON-PNEUM WALK BOOT PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4387	E	NON-PNEUM WALK BOOT PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4392	E	REPLACE AFO SOFT INTERFACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4394	E	REPLACE FOOT DROP SPINT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4396	E	STATIC OR DYNAMI AFO PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4397	E	STATIC OR DYNAMI AFO PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4398	E	FOOT DROP SPLINT PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4631	E	AFO, WALK BOOT TYPE, CUS FAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5000	E	SHO INSERT W ARCH TOE FILLER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5010	E	MOLD SOCKET ANK HGT W/ TOE F	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5020	E	TIBIAL TUBERCLE HGT W/ TOE F	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5050	E	ANK SYMES MOLD SCKT SACH FT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5060	E	SYMES MET FR LEATH SOCKET AR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5100	E	MOLDED SOCKET SHIN SACH FOOT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5105	E	PLAST SOCKET JTS/THGH LACER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5150	E	MOLD SCKT EXT KNEE SHIN SACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5160	E	MOLD SOCKET BENT KNEE SHIN S	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5200	E	KNE SING AXIS FRIC SHIN SACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5210	E	NO KNEE/ANKLE JOINTS W/ FT B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5220	E	NO KNEE JOINT WITH ARTIC ALI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5230	E	FEM FOCAL DEFIC CONSTANT FRI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5250	E	HIP CANAD SING AXI CONS FRIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5270	E	TILT TABLE LOCKING HIP SING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5280	E	HEMIPELVECT CANAD SING AXIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5301	E	BK MOLD SOCKET SACH FT ENDO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5312	E	KNEE DISART, SACH FT, ENDO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5321	E	AK OPEN END SACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5331	E	HIP DISART CANADIAN SACH FT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5341	E	HEMIPELVECTOMY CANADIAN SACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5400	E	POSTOP DRESS & 1 CAST CHG BK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5410	E	POSTOP DSG BK EA ADD CAST CH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5420	E	POSTOP DSG & 1 CAST CHG AK/D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5430	E	POSTOP DSG AK EA ADD CAST CH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5450	E	POSTOP APP NON-WGT BEAR DSG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5460	E	POSTOP APP NON-WGT BEAR DSG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5500	E	INIT BK PTB PLASTER DIRECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5505	E	INIT AK ISCHAL PLSTR DIRECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5510	E	PREP BK PTB PLASTER MOLDED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5520	E	PERP BK PTB THERMOPLS DIRECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5530	E	PREP BK PTB THERMOPLS MOLDED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
L5535	E	PREP BK PTB OPEN END SOCKET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5540	E	PREP BK PTB LAMINATED SOCKET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5560	E	PREP AK ISCHIAL PLAST MOLDED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5570	E	PREP AK ISCHIAL DIRECT FORM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5580	E	PREP AK ISCHIAL THERMO MOLD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5585	E	PREP AK ISCHIAL OPEN END	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5590	E	PREP AK ISCHIAL LAMINATED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5595	E	HIP DISARTIC SACH THERMOPLS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5600	E	HIP DISART SACH LAMINAT MOLD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5610	E	ABOVE KNEE HYDRACADENCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5611	E	AK 4 BAR LINK W/FRIC SWING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5613	E	AK 4 BAR LING W/HYDRAUL SWIG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5614	E	4-BAR LINK ABOVE KNEE W/SWNG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5616	E	AK UNIV MULTIPLEX SYS FRICT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5617	E	AK/BK SELF-ALIGNING UNIT EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5618	E	TEST SOCKET SYMES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5620	E	TEST SOCKET BELOW KNEE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5622	E	TEST SOCKET KNEE DISARTICULA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5624	E	TEST SOCKET ABOVE KNEE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5626	E	TEST SOCKET HIP DISARTICULAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5628	E	TEST SOCKET HEMIPELVECTOMY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5629	E	BELOW KNEE ACRYLIC SOCKET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5630	E	SYME TYP EXPANDABL WALL SCKT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5631	E	AK/KNEE DISARTIC ACRYLIC SOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5632	E	SYMES TYPE PTB BRIM DESIGN S	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5634	E	SYMES TYPE POSTER OPENING SO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5636	E	SYMES TYPE MEDIAL OPENING SO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5637	E	BELOW KNEE TOTAL CONTACT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5638	E	BELOW KNEE LEATHER SOCKET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5639	E	BELOW KNEE WOOD SOCKET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5640	E	KNEE DISARTICULAT LEATHER SO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5642	E	ABOVE KNEE LEATHER SOCKET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5643	E	HIP FLEX INNER SOCKET EXT FR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5644	E	ABOVE KNEE WOOD SOCKET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5645	E	BK FLEX INNER SOCKET EXT FRA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5646	E	BELOW KNEE CUSHION SOCKET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5647	E	BELOW KNEE SUCTION SOCKET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5648	E	ABOVE KNEE CUSHION SOCKET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5649	E	ISCH CONTAINMT/NARROW M-L SO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5650	E	TOT CONTACT AK/KNEE DISART S	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5651	E	AK FLEX INNER SOCKET EXT FRA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5652	E	SUCTION SUSP AK/KNEE DISART	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5653	E	KNEE DISART EXPAND WALL SOCK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5654	E	SOCKET INSERT SYMES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5655	E	SOCKET INSERT BELOW KNEE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5656	E	SOCKET INSERT KNEE ARTICULAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5658	E	SOCKET INSERT ABOVE KNEE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5661	E	MULTI-DUROMETER SYMES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5665	E	MULTI-DUROMETER BELOW KNEE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5666	E	BELOW KNEE CUFF SUSPENSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5668	E	BK MOLDED DISTAL CUSHION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5670	E	BK MOLDED SUPRACONDYLAR SUSP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5671	E	BK/AK LOCKING MECHANISM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5672	E	BK REMOVABLE MEDIAL BRIM SUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5673	E	SOCKET INSERT W LOCK MECH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5676	E	BK KNEE JOINTS SINGLE AXIS P	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole Comm.		Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees	Hospital Lab Fees			
L5677	E	BK KNEE JOINTS POLYCENTRIC P	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5678	E	BK JOINT COVERS PAIR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5679	E	SOCKET INSERT W/O LOCK MECH	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5680	E	BK THIGH LACER NON-MOLDED	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5681	E	INTL CUSTM CONG/LATYP INSERT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5682	E	BK THIGH LACER GLUT/ISCHIA M	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5683	E	INITIAL CUSTOM SOCKET INSERT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5684	E	BK FORK STRAP	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5685	E	BELOW KNEE SUS/SEAL SLEEVE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5686	E	BK BACK CHECK	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5688	E	BK WAIST BELT WEBBING	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5690	E	BK WAIST BELT PADDED AND LIN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5692	E	AK PELVIC CONTROL BELT LIGHT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5694	E	AK PELVIC CONTROL BELT PAD/L	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5695	E	AK SLEEVE SUSP NEOPRENE/EQUA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5696	E	AK/KNEE DISARTIC PELVIC JOIN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5697	E	AK/KNEE DISARTIC PELVIC BAND	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5698	E	AK/KNEE DISARTIC SILESIA BA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5699	E	SHOULDER HARNESS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5700	E	REPLACE SOCKET BELOW KNEE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5701	E	REPLACE SOCKET ABOVE KNEE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5702	E	REPLACE SOCKET HIP	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5703	E	SYMES ANKLE W/O (SACH) FOOT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5704	E	CUSTOM SHAPE COVER BK	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5705	E	CUSTOM SHAPE COVER AK	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5706	E	CUSTOM SHAPE CVR KNEE DISART	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5707	E	CUSTOM SHAPE CVR HIP DISART	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5710	E	KNEE-SHIN EXO SNG AXI MNL LOC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5711	E	KNEE-SHIN EXO MNL LOCK ULTRA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5712	E	KNEE-SHIN EXO FRICT SWG & ST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5714	E	KNEE-SHIN EXO VARIABLE FRICT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5716	E	KNEE-SHIN EXO MECH STANCE PH	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5718	E	KNEE-SHIN EXO FRCT SWG & STA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5722	E	KNEE-SHIN PNEUM SWG FRCT EXO	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5724	E	KNEE-SHIN EXO FLUID SWING PH	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5726	E	KNEE-SHIN EXT JNTS FLD SWG E	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5728	E	KNEE-SHIN FLUID SWG & STANCE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5780	E	KNEE-SHIN PNEUM/HYDRA PNEUM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5781	E	LOWER LIMB PROS VACUUM PUMP	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5782	E	HD LOW LIMB PROS VACUUM PUMP	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5785	E	EXOSKELETAL BK ULTRALT MATER	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5790	E	EXOSKELETAL AK ULTRA-LIGHT M	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5795	E	EXOSKEL HIP ULTRA-LIGHT MATE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5810	E	ENDOSKEL KNEE-SHIN MNL LOCK	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5811	E	ENDO KNEE-SHIN MNL LCK ULTRA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5812	E	ENDO KNEE-SHIN FRCT SWG & ST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5814	E	ENDO KNEE-SHIN HYDRAL SWG PH	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5816	E	ENDO KNEE-SHIN POLYC MCH STA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5818	E	ENDO KNEE-SHIN FRCT SWG & ST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5822	E	ENDO KNEE-SHIN PNEUM SWG FRC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5824	E	ENDO KNEE-SHIN FLUID SWING P	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5826	E	MINIATURE KNEE JOINT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5828	E	ENDO KNEE-SHIN FLUID SWG/STA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5830	E	ENDO KNEE-SHIN PNEUM/SWG PHA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5840	E	MULTI-AXIAL KNEE/SHIN SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5845	E	KNEE-SHIN SYS STANCE FLEXION	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-

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									Hospital Lab Fees	Hospital Lab			
L5848	E	KNEE-SHIN SYS HYDRAUL STANCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5850	E	ENDO AK/HIP KNEE EXTENS ASSI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5855	E	MECH HIP EXTENSION ASSIST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5856	E	ELEC KNEE-SHIN SWING/STANCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5857	E	ELEC KNEE-SHIN SWING ONLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5858	E	STANCE PHASE ONLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5859	E	KNEE-SHIN PRO FLEX/EXT CONT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5910	E	ENDO BELOW KNEE ALIGNABLE SY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5920	E	ENDO AK/HIP ALIGNABLE SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5925	E	ABOVE KNEE MANUAL LOCK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5930	E	HIGH ACTIVITY KNEE FRAME	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5940	E	ENDO BK ULTRA-LIGHT MATERIAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5950	E	ENDO AK ULTRA-LIGHT MATERIAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5960	E	ENDO HIP ULTRA-LIGHT MATERIA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5961	E	ENDO POLY HIP, PNEU/HYD/ROT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5962	E	BELOW KNEE FLEX COVER SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5964	E	ABOVE KNEE FLEX COVER SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5966	E	HIP FLEXIBLE COVER SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5968	E	MULTIAXIAL ANKLE W DORSIFLEX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5969	E	AK/FT POWER ASST INCL MOTORS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5970	E	FOOT EXTERNAL KEEL SACH FOOT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5971	E	SACH FOOT, REPLACEMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5972	E	FLEXIBLE KEEL FOOT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5973	E	ANK-FOOT SYS DORS-PLANT FLEX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5974	E	FOOT SINGLE AXIS ANKLE/FOOT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5975	E	COMBO ANKLE/FOOT PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5976	E	ENERGY STORING FOOT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5978	E	FT PROSTH MULTIAXIAL ANKL/FT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5979	E	MULTI-AXIAL ANKLE/FT PROSTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5980	E	FLEX FOOT SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5981	E	FLEX-WALK SYS LOW EXT PROSTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5982	E	EXOSKELETAL AXIAL ROTATION U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5984	E	ENDOSKELETAL AXIAL ROTATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5985	E	LWR EXT DYNAMIC PROSTH PYLON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5986	E	MULTI-AXIAL ROTATION UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5987	E	SHANK FT W VERT LOAD PYLON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5988	E	VERTICAL SHOCK REDUCING PYLO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5990	E	USER ADJUSTABLE HEEL HEIGHT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L5999	E	LOWR EXTREMITY PROSTHES NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6000	E	PART HAND THUMB REM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6010	E	PART HAND LITTLE/RING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6020	E	PART HAND NO FINGERS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6025	E	PART HAND DISART MYOELECTRIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6026	E	PART HAND MYO EXCLU TERM DEV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6050	E	WRST MLD SCK FLX HNG TRI PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6055	E	WRST MOLD SOCK W/EXP INTERFA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6100	E	ELB MOLD SOCK FLEX HINGE PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6110	E	ELBOW MOLD SOCK SUSPENSION T	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6120	E	ELBOW MOLD DOUB SPLT SOC STE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6130	E	ELBOW STUMP ACTIVATED LOCK H	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6200	E	ELBOW MOLD OUTSID LOCK HINGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6205	E	ELBOW MOLDED W/ EXPAND INTER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6250	E	ELBOW INTER LOC ELBOW FORARM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6300	E	SHLDER DISART INT LOCK ELBOW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6310	E	SHOULDER PASSIVE RESTOR COMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6320	E	SHOULDER PASSIVE RESTOR CAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
L6350	E	THORACIC INTERN LOCK ELBOW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6360	E	THORACIC PASSIVE RESTOR COMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6370	E	THORACIC PASSIVE RESTOR CAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6380	E	POSTOP DSG CAST CHG WRST/ELB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6382	E	POSTOP DSG CAST CHG ELB DIS/	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6384	E	POSTOP DSG CAST CHG SHLDR/T	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6386	E	POSTOP EA CAST CHG & REALIGN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6388	E	POSTOP APPLICAT RIGID DSG ON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6400	E	BELOW ELBOW PROSTH TISS SHAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6450	E	ELB DISART PROSTH TISS SHAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6500	E	ABOVE ELBOW PROSTH TISS SHAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6550	E	SHLDR DISAR PROSTH TISS SHAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6570	E	SCAP THORAC PROSTH TISS SHAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6580	E	WRIST/ELBOW BOWDEN CABLE MOL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6582	E	WRIST/ELBOW BOWDEN CBL DIR F	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6584	E	ELBOW FAIR LEAD CABLE MOLDED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6586	E	ELBOW FAIR LEAD CABLE DIR FO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6588	E	SHDR FAIR LEAD CABLE MOLDED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6590	E	SHDR FAIR LEAD CABLE DIRECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6600	E	POLYCENTRIC HINGE PAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6605	E	SINGLE PIVOT HINGE PAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6610	E	FLEXIBLE METAL HINGE PAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6611	E	ADDITIONAL SWITCH, EXT POWER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6615	E	DISCONNECT LOCKING WRIST UNI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6616	E	DISCONNECT INSERT LOCKING WR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6620	E	FLEXION/EXTENSION WRIST UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6621	E	FLEX/EXT WRIST W/WO FRICTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6623	E	SPRING-ASS ROT WRST W/ LATCH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6624	E	FLEX/EXT/ROTATION WRIST UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6625	E	ROTATION WRST W/ CABLE LOCK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6628	E	QUICK DISCONN HOOK ADAPTER O	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6629	E	LAMINATION COLLAR W/ COUPLIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6630	E	STAINLESS STEEL ANY WRIST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6632	E	LATEX SUSPENSION SLEEVE EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6635	E	LIFT ASSIST FOR ELBOW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6637	E	NUDGE CONTROL ELBOW LOCK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6638	E	ELEC LOCK ON MANUAL PW ELBOW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6640	E	SHOULDER ABDUCTION JOINT PAI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6641	E	EXCURSION AMPLIFIER PULLEY T	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6642	E	EXCURSION AMPLIFIER LEVER TY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6645	E	SHOULDER FLEXION-ABDUCTION J	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6646	E	MULTIPO LOCKING SHOULDER JNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6647	E	SHOULDER LOCK ACTUATOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6648	E	EXT PWRD SHLDR LOCK/UNLOCK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6650	E	SHOULDER UNIVERSAL JOINT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6655	E	STANDARD CONTROL CABLE EXTRA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6660	E	HEAVY DUTY CONTROL CABLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6665	E	TEFLON OR EQUAL CABLE LINING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6670	E	HOOK TO HAND CABLE ADAPTER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6672	E	HARNESS CHEST/SHLDR SADDLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6675	E	HARNESS FIGURE OF 8 SING CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6676	E	HARNESS FIGURE OF 8 DUAL CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6677	E	UE TRIPLE CONTROL HARNESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6680	E	TEST SOCK WRIST DISART/BEL E	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6682	E	TEST SOCK ELBW DISART/ABOVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6684	E	TEST SOCKET SHLDR DISART/THO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
L6686	E	SUCTION SOCKET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6687	E	FRAME TYP SOCKET BEL ELBOW/W	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6688	E	FRAME TYP SOCK ABOVE ELB/DIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6689	E	FRAME TYP SOCKET SHOULDER DI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6690	E	FRAME TYP SOCK INTERSCAP-THO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6691	E	REMOVABLE INSERT EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6692	E	SILICONE GEL INSERT OR EQUAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6693	E	LOCKINGELBOW FOREARM CNTRBAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6694	E	ELBOW SOCKET INS USE W/LOCK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6695	E	ELBOW SOCKET INS USE W/O LCK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6696	E	CUS ELBO SKT IN FOR CON/ATYP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6697	E	CUS ELBO SKT IN NOT CON/ATYP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6698	E	BELOW/ABOVE ELBOW LOCK MECH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6703	E	TERM DEV. PASSIVE HAND MITT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6704	E	TERM DEV. SPORT/REC/WORK ATT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6706	E	TERM DEV MECH HOOK VOL OPEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6707	E	TERM DEV MECH HOOK VOL CLOSE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6708	E	TERM DEV MECH HAND VOL OPEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6709	E	TERM DEV MECH HAND VOL CLOSE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6711	E	PED TERM DEV, HOOK, VOL OPEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6712	E	PED TERM DEV, HOOK, VOL CLOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6713	E	PED TERM DEV, HAND, VOL OPEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6714	E	PED TERM DEV, HAND, VOL CLOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6715	E	TERM DEVICE, MULTI ART DIGIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6721	E	HOOK/HAND, HVY DTY, VOL OPEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6722	E	HOOK/HAND, HVY DTY, VOL CLOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6805	E	TERM DEV MODIFIER WRIST UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6810	E	TERM DEV PRECISION PINCH DEV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6880	E	ELEC HAND IND ART DIGITS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6881	E	TERM DEV AUTO GRASP FEATURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6882	E	MICROPROCESSOR CONTROL UPLMB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6883	E	REPLC SOCKT BELOW E/W DISA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6884	E	REPLC SOCKT ABOVE ELBOW DISA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6885	E	REPLC SOCKT SHLDR DIS/INTERC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6890	E	PREFAB GLOVE FOR TERM DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6895	E	CUSTOM GLOVE FOR TERM DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6900	E	HAND RESTORAT THUMB/1 FINGER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6905	E	HAND RESTORATION MULTIPLE FI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6910	E	HAND RESTORATION NO FINGERS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6915	E	HAND RESTORATION REPLACMNT G	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6920	E	WRIST DISARTICUL SWITCH CTRL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6925	E	WRIST DISART MYOELECTRONIC C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6930	E	BELOW ELBOW SWITCH CONTROL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6935	E	BELOW ELBOW MYOELECTRONIC CT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6940	E	ELBOW DISARTICULATION SWITCH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6945	E	ELBOW DISART MYOELECTRONIC C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6950	E	ABOVE ELBOW SWITCH CONTROL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6955	E	ABOVE ELBOW MYOELECTRONIC CT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6960	E	SHLDR DISARTIC SWITCH CONTRO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6965	E	SHLDR DISARTIC MYOELECTRONIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6970	E	INTERSCAPULAR-THOR SWITCH CT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L6975	E	INTERSCAP-THOR MYOELECTRONIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7007	E	ADULT ELECTRIC HAND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7008	E	PEDIATRIC ELECTRIC HAND	-	-	-	Not Allowed	\$0.00	-	-	000	019	-	
L7009	E	ADULT ELECTRIC HOOK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7040	E	PREHENSILE ACTUATOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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									Hospital Lab Fees	Hospital Lab Fees			
L7045	E	PEDIATRIC ELECTRIC HOOK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7170	E	ELECTRONIC ELBOW HOSMER SWIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7180	E	ELECTRONIC ELBOW SEQUENTIAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7181	E	ELECTRONIC ELBO SIMULTANEOUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7185	E	ELECTRON ELBOW ADOLESCENT SW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7186	E	ELECTRON ELBOW CHILD SWITCH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7190	E	ELBOW ADOLESCENT MYOELECTRON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7191	E	ELBOW CHILD MYOELECTRONIC CT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7259	E	ELECTRONIC WRIST ROTATOR ANY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7260	E	ELECTRON WRIST ROTATOR OTTO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7261	E	ELECTRON WRIST ROTATOR UTAH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7360	E	SIX VOLT BAT OTTO BOCK/EQ EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7362	E	BATTERY CHRGR SIX VOLT OTTO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7364	E	TWELVE VOLT BATTERY UTAH/EQU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7366	E	BATTERY CHRGR 12 VOLT UTAH/E	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7367	E	REPLACMNT LITHIUM IONBATTER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7368	E	LITHIUM ION BATTERY CHARGER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7400	E	ADD UE PROST BE/WD, ULTLITE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7401	E	ADD UE PROST A/E ULTLITE MAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7402	E	ADD UE PROST S/D ULTLITE MAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7403	E	ADD UE PROST B/E ACRYLIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7404	E	ADD UE PROST A/E ACRYLIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7405	E	ADD UE PROST S/D ACRYLIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7499	E	UPPER EXTREMITY PROSTHES NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7510	E	PROSTHETIC DEVICE REPAIR REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7520	E	REPAIR PROSTHESIS PER 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7600	E	PROSTHETIC DONNING SLEEVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7700	E	PROS SOC INSERT GASKET/SEAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7900	E	MALE VACUUM ERECTION SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L7902	E	TENSION RING, VAC ERECT DEV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8000	E	MASTECTOMY BRA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8001	E	BREAST PROSTHESIS BRA & FORM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8002	E	BRST PRSTH BRA & BILAT FORM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8010	E	MASTECTOMY SLEEVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8015	E	EXT BREASTPROSTHESIS GARMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8020	E	MASTECTOMY FORM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8030	E	BREAST PROSTHES W/O ADHESIVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8031	E	BREAST PROSTHESIS W ADHESIVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8032	E	REUSABLE NIPPLE PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8033	E	NIPPLE PROSTHESIS CUSTOM, EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8035	E	CUSTOM BREAST PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8039	E	BREAST PROSTHESIS NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8040	E	NASAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8041	E	MIDFACIAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8042	E	ORBITAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8043	E	UPPER FACIAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8044	E	HEMI-FACIAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8045	E	AURICULAR PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8046	E	PARTIAL FACIAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8047	E	NASAL SEPTAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8048	E	UNSPEC MAXILLOFACIAL PROSTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8049	E	REPAIR MAXILLOFACIAL PROSTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8300	E	TRUSS SINGLE W/ STANDARD PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8310	E	TRUSS DOUBLE W/ STANDARD PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8320	E	TRUSS ADDITION TO STD PAD WA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8330	E	TRUSS ADD TO STD PAD SCROTAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
L8400	E	SHEATH BELOW KNEE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8410	E	SHEATH ABOVE KNEE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8415	E	SHEATH UPPER LIMB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8417	E	PROS SHEATH/SOCK W GEL CUSHN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8420	E	PROSTHETIC SOCK MULTI PLY BK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8430	E	PROSTHETIC SOCK MULTI PLY AK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8435	E	PROS SOCK MULTI PLY UPPER LM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8440	E	SHRINKER BELOW KNEE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8460	E	SHRINKER ABOVE KNEE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8465	E	SHRINKER UPPER LIMB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8470	E	PROS SOCK SINGLE PLY BK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8480	E	PROS SOCK SINGLE PLY AK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8485	E	PROS SOCK SINGLE PLY UPPER L	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8499	E	UNLISTED MISC PROSTHETIC SER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8500	E	ARTIFICIAL LARYNX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8501	E	TRACHEOSTOMY SPEAKING VALVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8505	E	ARTIFICIAL LARYNX, ACCESSORY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8507	E	TRACH-ESOPH VOICE PROS PT IN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8509	E	TRACH-ESOPH VOICE PROS MD IN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8510	E	VOICE AMPLIFIER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8511	E	INDWELLING TRACH INSERT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8512	E	GEL CAP FOR TRACH VOICE PROS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8513	E	TRACH PROS CLEANING DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8514	E	REPL TRACH PUNCTURE DILATOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8515	E	GEL CAP APP DEVICE FOR TRACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8600	N	IMPLANT BREAST SILICONE/EQ	-	-	-	Bundled	\$0.00	-	-	000	999	-	
L8603	N	COLLAGEN IMP URINARY 2.5 ML	-	-	-	Bundled	\$0.00	-	-	000	999	-	
L8604	N	DEXTRANOMER/HYALURONIC ACID	-	-	-	Bundled	\$0.00	-	-	000	999	-	
L8605	N	INJ BULKING AGENT ANAL CANAL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
L8606	N	SYNTHETIC IMPLNT URINARY 1ML	-	-	-	Bundled	\$0.00	-	-	000	999	-	
L8607	N	INJ VOCAL CORD BULKING AGENT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
L8608	N	ARG II EXT COM/SUP/ACC MISC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
L8609	N	ARTIFICIAL CORNEA	-	-	-	Bundled	\$0.00	-	-	000	999	-	
L8610	N	OCULAR IMPLANT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
L8612	N	AQUEOUS SHUNT PROSTHESIS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
L8613	N	OSSICULAR IMPLANT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
L8614	N	COCHLEAR DEVICE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
L8615	E	COCH IMPLANT HEADSET REPLACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8616	E	COCH IMPLANT MICROPHONE REPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8617	E	COCH IMPLANT TRANS COIL REPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8618	E	COCH IMPLANT TRAN CABLE REPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8619	E	COCH IMP EXT PROC/CONTR RPLC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8621	E	REPL ZINC AIR BATTERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8622	E	REPL ALKALINE BATTERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8623	E	LITH ION BATT CID, NON-EARLVL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8624	E	LITH ION BATT CID, EAR LEVEL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8625	E	CHARGER COCH IMPL/AOI BATTTRY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8627	E	CID EXT SPEECH PROCESS REPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8628	E	CID EXT CONTROLLER REPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8629	E	CID TRANSMIT COIL AND CABLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8630	N	METACARPPOPHALANGEAL IMPLANT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
L8631	N	MCP JOINT REPL 2 PC OR MORE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
L8641	N	METATARSAL JOINT IMPLANT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
L8642	N	HALLUX IMPLANT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
L8658	N	INTERPHALANGEAL JOINT SPACER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
L8659	N	INTERPHALANGEAL JOINT REPL	-	-	-	Bundled	\$0.00	-	-	000	999	-	

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									Hospital Lab Fees	Hospital Lab			
L8670	N	VASCULAR GRAFT, SYNTHETIC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
L8679	E	IMP NEUROSTI PLS GN ANY TYPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8680	E	IMPLT NEUROSTIM ELCTR EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8681	E	PT PRGRM FOR IMPLT NEUROSTIM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8682	E	IMPLT NEUROSTIM RADIOFQ REC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8683	E	RADIOFQ TRSMTR FOR IMPLT NEU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8684	E	RADIOF TRSMTR IMPLT SCRL NEU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8685	E	IMPLT NROSTM PLS GEN SNG REC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8686	E	IMPLT NROSTM PLS GEN SNG NON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8687	E	IMPLT NROSTM PLS GEN DUA REC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8688	E	IMPLT NROSTM PLS GEN DUA NON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8689	E	EXTERNAL RECHARG SYS INTERN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8690	N	AUD OSSEO DEV, INT/EXT COMP	-	-	-	Bundled	\$0.00	-	-	000	999	-	
L8691	E	AOI SND PROC REPL EXCL ACTUA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8692	E	NON-OSSEOINTEGRATED SND PROC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8693	E	AUD OSSEO DEV, ABUTMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8694	E	AOI TRANSDUCER/ACTUATOR REPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8695	E	EXTERNAL RECHARG SYS EXTERN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8696	E	EXT ANTENNA PHREN NERVE STIM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8698	E	MISC USED WITH TOT ART HEART	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8699	N	PROSTHETIC IMPLANT NOS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
L8701	E	POW UE ROM DEV EWH UPRT CUST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L8702	E	POW UE ROM DEV EWHF UPRT CUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
L9900	E	O&P SUPPLY/ACCESSORY/SERVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M0075	E	CELLULAR THERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M0076	E	PROLOTHERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M0100	E	INTRAGASTRIC HYPOTHERMIA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M0300	E	IV CHELATIONTHERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M0301	E	FABRIC WRAPPING OF ANEURYSM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1003	E	TB SCR 12 MO PRI FST BIO DZ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1004	E	DOC MED RSN NO SRN TB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1005	E	TB SCR NO PERF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1006	E	DZ NOT ASES, NO RSN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1007	E	>=50% TOTAL PT OUTPT RA ENCT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1008	E	<50% TOTAL PT OUTPT RA ENCTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1009	E	DC EOC DOC MED REC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1010	E	DC EOC DOC MED REC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1011	E	DC EOC DOC MED REC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1012	E	DC EOC DOC MED REC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1013	E	DC EOC DOC MED REC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1014	E	DC EPI CARE DOC MEDREC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1015	E	DC EOC DOC MED REC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1016	E	PT DX MEOP OR SUR STERI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1017	E	PT ADMT TO PALITVE SERV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1018	E	PT DX HST CR PT SK LG CR SCR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1019	E	ADL PT MJ DEP DS RS 12 PHQ<5	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1020	E	ADL PT MJ DEP DS NO RS 12 MO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1021	E	PT UC IN PP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1022	E	PT HOSPICE DURING PERF PD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1023	E	ADL PT MJ DEP DS RS 6 PHQ<5	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1024	E	ADL PT MJ DEP DS NO RS 6 MO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1025	E	PT HOSPICE DURING PERF PD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1026	E	PT HOSPICE DURING PERF PD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1027	E	IMG HEAD (CT OR MRI) OBTND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1028	E	DOC OF PT PRM HDA DX AND OTR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1029	E	DOC SYSM RSN IMG HD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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									Hospital Lab Fees	Hospital Lab			
M1031	E	PT CLIN IND IMG HD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1032	E	ADT TKNG PHARMTHRY FOR OUD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1033	E	PHARMTHRY FOR OUD AFR 6.30	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1034	E	ADT 180 DYS PHARMTHRY OUD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1035	E	ADT PD OUT MAT PR 180 DYS TX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1036	E	ADT NO 180 DYS PHARMTHRY OUD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1037	E	PT DX LUM SP REG CACR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1038	E	PT DX LUM SP REG FRACT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1039	E	PT DX LUM SP REG INF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1040	E	PT DX LUM IDI OR CONG SCOL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1041	E	PT CR FT INF LM OR PT ID SL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1043	E	FS NO ODI 9-15MO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1045	E	FS OKS 9-15MO = 37	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1046	E	FS OKS 9-15MO = 37	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1049	E	FS WTH SCR NO ODI PRE AND P	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1051	E	PT W/CANCER SCOLIOSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1052	E	LG PN NOT MEAS W/ VAS 1YR PO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1054	E	PT UC IN PP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1055	E	ASPIRIN USED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1056	E	PRESC ANTICO MED IN PP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1057	E	ASPIRIN NOT USED, NO RSN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1058	E	PT PRM NURS HM RES IN PP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1059	E	PT NO PRM NURS HM RES IN PP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1060	E	PT DIED IN PP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1061	E	PT PREG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1062	E	PT IMCOMPRMD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1063	E	PT REC HG DOS IMSUP THPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1064	E	SHING VAC DOC ADM OR PV REC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1065	E	SHING VAC NO ADM CLINC RSN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1066	E	SHING VAC NO DOC NO RSN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1067	E	HSPC PT PRV TIME MEAM PER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1068	E	PT NOT AMBULATORY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1069	E	PT SCR FT FALL RSK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1070	E	PT NOT SCRNI FUT FALL NO RSN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1071	E	PT HAD ADD'L SP PCR PERF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1106	E	START EOC DOC MED REC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1107	E	DOCU DX DEGEN NEURO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1108	E	OC NI PT 1-2 VIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1109	E	OC NI PT DC 1-2 VIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1110	E	OC NI PT SELFDC 1-2 VIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1111	E	START EOC DOC MED REC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1112	E	DOCU DX DEGEN NEURO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1113	E	OC NI PT 1-2 VIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1114	E	OC NI PT DC 1-2 VIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1115	E	OC NI PT SELFDC 1-2 VIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1116	E	START EOC DOC MED REC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1117	E	DOCU DX DEGEN NEURO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1118	E	OC NI PT 1-2 VIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1119	E	OC NI PT DC 1-2 VIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1120	E	OC NI PT SELFDC 1-2 VIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1121	E	START EOC DOC MED REC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1122	E	DOCU DX DEGEN NEURO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1123	E	OC NI PT 1-2 VIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1124	E	OC NI PT DC 1-2 VIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1125	E	OC NI PT SELFDC 1-2 VIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1126	E	START EOC DOC MED REC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees			
M1127	E	DOCU DX DEGEN NEURO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1128	E	OC NI PT 1-2 VIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1129	E	OC NI PT DC 1-2 VIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1130	E	OC NI PT SELF DC 1-2 VIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1131	E	DOCU DX DEGEN NEURO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1132	E	OC NI PT 1-2 VIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1133	E	OC NI PT DC 1-2 VIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1134	E	OC NI PT SELF DC 1-2 VIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1135	E	START EOC DOC MED REC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1136	E	START EOC DOC MED REC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1137	E	DOCU DX DEGEN NEURO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1138	E	OC NI PT 1-2 VIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1139	E	OC NI PT SELF DC 1-2 VIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1140	E	OC NI PT DC 1-2 VIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1141	E	FS NO OKS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1142	E	EMERGE CASES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1143	E	NI REHAB MED CHIRO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1144	E	OC NO IND PT 1-2 VIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
P2028	Q	CEPHALIN FLOCCULATION TEST	-	-	-	Medicare	\$8.25	\$5.12	\$4.95	000	999	-
P2029	Q	CONGO RED BLOOD TEST	-	-	-	Medicare	\$8.25	\$5.12	\$4.95	000	999	-
P2031	E	HAIR ANALYSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
P2033	Q	BLOOD THYMOL TURBIDITY	-	-	-	Medicare	\$8.25	\$5.12	\$4.95	000	999	-
P2038	Q	BLOOD MUCOPROTEIN	-	-	-	Medicare	\$8.25	\$5.12	\$4.95	000	999	-
P3000	Q	SCREEN PAP BY TECH W MD SUPV	-	-	-	Medicare	\$25.20	\$15.62	\$15.12	000	999	-
P3001	E	SCREENING PAP SMEAR BY PHYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
P7001	E	CULTURE BACTERIAL URINE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
P9010	R	WHOLE BLOOD FOR TRANSFUSION	-	09510	1.5744	APC	\$89.17	-	-	000	999	-
P9011	R	BLOOD SPLIT UNIT	-	09520	1.6645	APC	\$94.28	-	-	000	999	-
P9012	R	CRYOPRECIPITATE EACH UNIT	-	09511	0.6243	APC	\$35.36	-	-	000	999	-
P9016	R	RBC LEUKOCYTES REDUCED	-	09512	2.3313	APC	\$132.04	-	-	000	999	-
P9017	R	PLASMA 1 DONOR FRZ W/IN 8 HR	-	09508	1.0366	APC	\$58.71	-	-	000	999	-
P9019	R	PLATELETS, EACH UNIT	-	09515	1.3372	APC	\$75.74	-	-	000	999	-
P9020	R	PLALET RICH PLASMA UNIT	-	09516	1.7481	APC	\$99.01	-	-	000	999	-
P9021	R	RED BLOOD CELLS UNIT	-	09517	1.7299	APC	\$97.98	-	-	000	999	-
P9022	R	WASHED RED BLOOD CELLS UNIT	-	09518	4.7000	APC	\$266.21	-	-	000	999	-
P9023	R	FROZEN PLASMA, POOLED, SD	-	09509	0.9919	APC	\$56.18	-	-	000	999	-
P9031	R	PLATELETS LEUKOCYTES REDUCED	-	09526	1.5639	APC	\$88.58	-	-	000	999	-
P9032	R	PLATELETS, IRRADIATED	-	09500	1.7285	APC	\$97.90	-	-	000	999	-
P9033	R	PLATELETS LEUKOREduced IRRAD	-	09521	2.6874	APC	\$152.21	-	-	000	999	-
P9034	R	PLATELETS, PHERESIS	-	09507	4.0105	APC	\$227.15	-	-	000	999	-
P9035	R	PLATELET PHERES LEUKOREduced	-	09501	6.1838	APC	\$350.25	-	-	000	999	-
P9036	R	PLATELET PHERESIS IRRADIATED	-	09502	8.5698	APC	\$485.39	-	-	000	999	-
P9037	R	PLATE PHERES LEUKOREDU IRRAD	-	09530	7.8558	APC	\$444.95	-	-	000	999	-
P9038	R	RBC IRRADIATED	-	09505	2.3618	APC	\$133.77	-	-	000	999	-
P9039	R	RBC DEGLYCEROLIZED	-	09504	3.9664	APC	\$224.66	-	-	000	999	-
P9040	R	RBC LEUKOREduced IRRADIATED	-	09522	3.2523	APC	\$184.21	-	-	000	999	-
P9041	K	ALBUMIN (HUMAN),5%, 50ML	-	00961	0.1852	APC (blood and non-blood product codes)	\$10.49	-	-	000	999	-
P9043	R	PLASMA PROTEIN FRACT,5%,50ML	-	09514	0.2281	APC	\$9.98	-	-	000	999	-
P9044	R	CRYOPRECIPITATEREDUCEDPLASMA	-	09523	1.1314	APC	\$64.08	-	-	000	999	-
P9045	K	ALBUMIN (HUMAN), 5%, 250 ML	-	00963	0.9260	APC (blood and non-blood product codes)	\$52.45	-	-	000	999	-
P9046	K	ALBUMIN (HUMAN), 25%, 20 ML	-	00964	0.3704	APC (blood and non-blood product codes)	\$20.98	-	-	000	999	-
P9047	K	ALBUMIN (HUMAN), 25%, 50ML	-	00965	0.9260	APC (blood and non-blood product codes)	\$52.45	-	-	000	999	-
P9048	R	PLASMAPROTEIN FRACT,5%,250ML	-	09519	1.3825	APC	\$30.40	-	-	000	999	-
P9050	E	GRANULOCYTES, PHERESIS UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
P9051	R	BLOOD, L/R, CMV-NEG	-	09524	2.3283	APC	\$131.87	-	-	000	999	-
P9052	R	PLATELETS, HLA-M, L/R, UNIT	-	09525	10.5754	APC	\$598.99	-	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Min Age	Max Age	Comments
				APC	Weight				Hospital Lab	Hospital Lab			
P9053	R	PLT, PHER, L/R CMV-NEG, IRR	-	09531	6.2164	APC	\$352.10	-	-	000	999	-	
P9054	R	BLOOD, L/R, FROZ/DEGLY/WASH	-	09527	3.4793	APC	\$197.07	-	-	000	999	-	
P9055	R	PLT, APH/PHER, L/R, CMV-NEG	-	09528	6.0051	APC	\$340.13	-	-	000	999	-	
P9056	R	BLOOD, L/R, IRRADIATED	-	09529	2.5167	APC	\$142.55	-	-	000	999	-	
P9057	R	RBC, FRZ/DEG/WSH, L/R, IRRAD	-	09532	2.9909	APC	\$169.40	-	-	000	999	-	
P9058	R	RBC, L/R, CMV-NEG, IRRAD	-	09533	3.0548	APC	\$173.02	-	-	000	999	-	
P9059	R	PLASMA, FRZ BETWEEN 8-24HOUR	-	09513	0.9396	APC	\$53.22	-	-	000	999	-	
P9060	R	FR FRZ PLASMA DONOR RETESTED	-	09503	0.6187	APC	\$35.04	-	-	000	999	-	
P9070	R	PATHOGEN REDUCED PLASMA POOL	-	09534	0.3998	APC	\$22.64	-	-	000	999	-	
P9071	R	PATHOGEN REDUCED PLASMA SING	-	09535	0.9915	APC	\$56.16	-	-	000	999	-	
P9073	R	PLATELETS PHERESIS PATH REDU	-	09536	7.5750	APC	\$429.05	-	-	000	999	-	
P9099	E	BLOOD COMPONENT/PRODUCT NOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
P9100	S	PATHOGEN TEST FOR PLATELETS	-	01494	0.6268	APC	\$35.50	-	-	000	999	-	
P9603	E	ONE-WAY ALLOW PRORATED MILES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
P9604	E	ONE-WAY ALLOW PRORATED TRIP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
P9612	M	CATHETERIZE FOR URINE SPEC	-	-	-	Medicare	\$5.00	-	-	000	999	-	
P9615	N	URINE SPECIMEN COLLECT MULT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q0035	N	CARDIOKYMOGRAPHY	-	05732	0.4138	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
Q0081	E	INFUSION THER OTHER THAN CHE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q0083	E	CHEMO BY OTHER THAN INFUSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q0084	E	CHEMOTHERAPY BY INFUSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q0085	E	CHEMO BY BOTH INFUSION AND O	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q0091	S	OBTAINING SCREEN PAP SMEAR	-	05731	0.2845	APC	\$16.11	-	-	000	999	-	
Q0092	N	SET UP PORT XRAY EQUIPMENT	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q0111	Q	WET MOUNTS/ W PREPARATIONS	-	-	-	Medicare	\$25.20	\$15.62	\$15.12	000	999	-	
Q0112	Q	POTASSIUM HYDROXIDE PREPS	-	-	-	Medicare	\$9.72	\$6.03	\$5.83	000	999	-	
Q0113	Q	PINWORM EXAMINATIONS	-	-	-	Medicare	\$7.12	\$4.41	\$4.27	000	999	-	
Q0114	Q	FERN TEST	-	-	-	Medicare	\$16.23	\$10.06	\$9.74	000	999	-	
Q0115	E	POST-COITAL MUCOUS EXAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q0138	K	FERUMOXYTOL, NON-ESRD	-	01297	0.0186	APC (blood and non-blood product codes)	\$1.06	-	-	000	999	-	
Q0139	K	FERUMOXYTOL, ESRD USE	-	01485	0.0186	APC (blood and non-blood product codes)	\$1.06	-	-	000	999	-	
Q0144	E	AZITHROMYCIN DIHYDRATE, ORAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q0161	N	CHLORPROMAZINE HCL 5MG ORAL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q0162	N	ONDANSETRON ORAL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q0163	N	DIPHENHYDRAMINE HCL 50MG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q0164	N	PROCHLORPERAZINE MALEATE 5MG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q0166	N	GRANISETRON HCL 1 MG ORAL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q0167	N	DRONABINOL 2.5MG ORAL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q0169	N	PROMETHAZINE HCL 12.5MG ORAL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q0173	N	TRIMETHOBENZAMIDE HCL 250MG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q0174	E	THIETHYLPERAZINE MALEATE10MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q0175	N	PERPHENAZINE 4MG ORAL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q0177	N	HYDROXYZINE PAMOATE 25MG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q0180	N	DOLASETRON MESYLATE ORAL	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q0181	N	UNSPECIFIED ORAL ANTI-EMETIC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q0477	E	PWR MODULE PT CABLE LVAD RPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q0478	E	POWER ADAPTER, COMBO VAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q0479	E	POWER MODULE COMBO VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q0480	E	DRIVER PNEUMATIC VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q0481	E	MICROPRCSR CU ELEC VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q0482	E	MICROPRCSR CU COMBO VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q0483	E	MONITOR ELEC VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q0484	E	MONITOR ELEC OR COMB VAD REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q0485	E	MONITOR CABLE ELEC VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q0486	E	MON CABLE ELEC/PNEUM VAD REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q0487	E	LEADS ANY TYPE VAD, REP ONLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
Q0488	E	PWR PACK BASE ELEC VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0489	E	PWR PCK BASE COMBO VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0490	E	EMR PWR SOURCE ELEC VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0491	E	EMR PWR SOURCE COMBO VAD REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0492	E	EMR PWR CBL ELEC VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0493	E	EMR PWR CBL COMBO VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0494	E	EMR HD PMP ELEC/COMBO, REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0495	E	CHARGER ELEC/COMBO VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0496	E	BATTERY ELEC/COMBO VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0497	E	BAT CLPS ELEC/COMB VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0498	E	HOLSTER ELEC/COMBO VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0499	E	BELT/VEST ELEC/COMBO VAD REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0500	E	FILTERS ELEC/COMBO VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0501	E	SHWR COV ELEC/COMBO VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0502	E	MOBILITY CART PNEUM VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0503	E	BATTERY PNEUM VAD REPLACEMNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0504	E	PWR ADPT PNEUM VAD, REP VEH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0506	E	LITH-ION BATT ELEC/PNEUM VAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0507	E	MISC SUP/ACC EXT VAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0508	E	MIS SUP/ACC IMP VAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0509	E	MIS SUP/AC IMP VAD NOPAY MED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0510	E	DISPENS FEE IMMUNOSUPPRESSIVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0511	E	SUP FEE ANTIEM,ANTICA,IMMUNO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0512	E	PX SUP FEE ANTI-CAN SUB PRES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0513	E	DISP FEE INHAL DRUGS/30 DAYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0514	E	DISP FEE INHAL DRUGS/90 DAYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0515	E	SERMORELIN ACETATE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q1004	E	NTIOL CATEGORY 4	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q1005	E	NTIOL CATEGORY 5	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q2004	N	BLADDER CALCULI IRRIG SOL	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q2009	N	FOSPHENYTOIN INJ PE	-	09321	0.0326	Bundled, sometimes payable	\$0.00	-	-	000	999	-
Q2017	K	TENIPOSIDE, 50 MG	-	07035	46.7109	APC (blood and non-blood product codes)	\$2,645.71	-	-	000	999	-
Q2026	K	RADIESSE INJECTION	-	09094	3.9211	APC (blood and non-blood product codes)	\$222.09	-	-	000	999	-
Q2028	K	INJ, SCULPTRA, 0.5MG	-	09095	0.0563	APC (blood and non-blood product codes)	\$3.19	-	-	000	999	-
Q2033	E	INFLUENZA VACCINE, (FLUBLOK)	-	-	-	Not Allowed	\$0.00	-	-	018	049	-
Q2034	E	AGRIFLU VACCINE	-	-	-	Not Allowed	\$0.00	-	-	018	999	-
Q2035	M	AFLURIA VACC, 3 YRS >, IM	-	-	-	Fee Schedule	\$18.57	-	-	019	999	-
Q2036	M	FLULAVAL VACC, 3 YRS >, IM	-	-	-	Fee Schedule	\$16.07	-	-	019	999	-
Q2037	M	FLUVIRIN VACC, 3 YRS >, IM	-	-	-	Fee Schedule	\$16.26	-	-	019	999	-
Q2038	M	FLUZONE VACC, 3 YRS >, IM	-	-	-	Fee Schedule	\$17.56	-	-	019	999	-
Q2039	M	INFLUENZA VIRUS VACCINE, NOS	-	-	-	Charge Ratio	\$0.00	-	-	019	999	-
Q2041	G	AXICABTAGENE CILOLEUCEL CAR+	-	09035	-	APC – pays by fee schedule amount	\$395,380.00	-	-	000	999	Requires PA
Q2042	G	TISAGENLEUCLEUCEL CAR-POS T	-	09194	-	APC – pays by fee schedule amount	\$427,836.49	-	-	000	999	Requires PA
Q2043	K	SIPULEUCEL-T AUTO CD54+	-	09273	840.7109	APC (blood and non-blood product codes)	\$47,617.87	-	-	000	999	-
Q2047	E	PEGINESATIDE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q2049	K	IMPORTED LIPODOX INJ	-	01421	8.5109	APC (blood and non-blood product codes)	\$482.06	-	-	000	999	-
Q2050	K	DOXORUBICIN INJ 10MG	-	07046	5.6092	APC (blood and non-blood product codes)	\$317.70	-	-	000	999	-
Q2052	E	IVIG DEMO, SERVICES/SUPPLIES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q3001	E	BRACHYTHERAPY RADIOELEMENTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q3014	M	TELEHEALTH FACILITY FEE	-	-	-	Fee Schedule	\$26.65	-	-	000	999	-
Q3027	K	INJ BETA INTERFERON IM 1 MCG	-	01472	0.9536	APC (blood and non-blood product codes)	\$54.01	-	-	000	999	-
Q3028	E	INJ BETA INTERFERON SQ 1 MCG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q3031	N	COLLAGEN SKIN TEST	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4001	E	CAST SUP BODY CAST PLASTER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q4002	E	CAST SUP BODY CAST FIBERGLAS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q4003	E	CAST SUP SHOULDER CAST PLSTR	-	-	-	Not Allowed	\$0.00	-	-	011	999	-

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
Q4004	E	CAST SUP SHOULDER CAST FBRGL	-	-	-	Not Allowed	\$0.00	-	-	011	999	-	
Q4005	E	CAST SUP LONG ARM ADULT PLST	-	-	-	Not Allowed	\$0.00	-	-	011	999	-	
Q4006	E	CAST SUP LONG ARM ADULT FBRG	-	-	-	Not Allowed	\$0.00	-	-	011	999	-	
Q4007	E	CAST SUP LONG ARM PED PLSTER	-	-	-	Not Allowed	\$0.00	-	-	000	010	-	
Q4008	E	CAST SUP LONG ARM PED FBRGLS	-	-	-	Not Allowed	\$0.00	-	-	000	010	-	
Q4009	E	CAST SUP SHT ARM ADULT PLSTR	-	-	-	Not Allowed	\$0.00	-	-	011	999	-	
Q4010	E	CAST SUP SHT ARM ADULT FBRGL	-	-	-	Not Allowed	\$0.00	-	-	011	999	-	
Q4011	E	CAST SUP SHT ARM PED PLASTER	-	-	-	Not Allowed	\$0.00	-	-	000	010	-	
Q4012	E	CAST SUP SHT ARM PED FBRGLAS	-	-	-	Not Allowed	\$0.00	-	-	000	010	-	
Q4013	E	CAST SUP GAUNTLET PLASTER	-	-	-	Not Allowed	\$0.00	-	-	011	999	-	
Q4014	E	CAST SUP GAUNTLET FIBERGLASS	-	-	-	Not Allowed	\$0.00	-	-	011	999	-	
Q4015	E	CAST SUP GAUNTLET PED PLSTER	-	-	-	Not Allowed	\$0.00	-	-	000	010	-	
Q4016	E	CAST SUP GAUNTLET PED FBRGLS	-	-	-	Not Allowed	\$0.00	-	-	000	010	-	
Q4017	E	CAST SUP LNG ARM SPLINT PLST	-	-	-	Not Allowed	\$0.00	-	-	011	999	-	
Q4018	E	CAST SUP LNG ARM SPLINT FBRG	-	-	-	Not Allowed	\$0.00	-	-	011	999	-	
Q4019	E	CAST SUP LNG ARM SPLNT PED P	-	-	-	Not Allowed	\$0.00	-	-	000	010	-	
Q4020	E	CAST SUP LNG ARM SPLNT PED F	-	-	-	Not Allowed	\$0.00	-	-	000	010	-	
Q4021	E	CAST SUP SHT ARM SPLINT PLST	-	-	-	Not Allowed	\$0.00	-	-	011	999	-	
Q4022	E	CAST SUP SHT ARM SPLINT FBRG	-	-	-	Not Allowed	\$0.00	-	-	011	999	-	
Q4023	E	CAST SUP SHT ARM SPLNT PED P	-	-	-	Not Allowed	\$0.00	-	-	000	010	-	
Q4024	E	CAST SUP SHT ARM SPLNT PED F	-	-	-	Not Allowed	\$0.00	-	-	000	010	-	
Q4025	E	CAST SUP HIP SPICA PLASTER	-	-	-	Not Allowed	\$0.00	-	-	011	999	-	
Q4026	E	CAST SUP HIP SPICA FIBERGLAS	-	-	-	Not Allowed	\$0.00	-	-	011	999	-	
Q4027	E	CAST SUP HIP SPICA PED PLSTR	-	-	-	Not Allowed	\$0.00	-	-	000	010	-	
Q4028	E	CAST SUP HIP SPICA PED FBRGL	-	-	-	Not Allowed	\$0.00	-	-	000	010	-	
Q4029	E	CAST SUP LONG LEG PLASTER	-	-	-	Not Allowed	\$0.00	-	-	011	999	-	
Q4030	E	CAST SUP LONG LEG FIBERGLASS	-	-	-	Not Allowed	\$0.00	-	-	011	999	-	
Q4031	E	CAST SUP LNG LEG PED PLASTER	-	-	-	Not Allowed	\$0.00	-	-	000	010	-	
Q4032	E	CAST SUP LNG LEG PED FBRGLS	-	-	-	Not Allowed	\$0.00	-	-	000	010	-	
Q4033	E	CAST SUP LNG LEG CYLINDER PL	-	-	-	Not Allowed	\$0.00	-	-	011	999	-	
Q4034	E	CAST SUP LNG LEG CYLINDER FB	-	-	-	Not Allowed	\$0.00	-	-	011	999	-	
Q4035	E	CAST SUP LNGLEG CYLNDR PED P	-	-	-	Not Allowed	\$0.00	-	-	000	010	-	
Q4036	E	CAST SUP LNGLEG CYLNDR PED F	-	-	-	Not Allowed	\$0.00	-	-	000	010	-	
Q4037	E	CAST SUP SHRT LEG PLASTER	-	-	-	Not Allowed	\$0.00	-	-	011	999	-	
Q4038	E	CAST SUP SHRT LEG FIBERGLASS	-	-	-	Not Allowed	\$0.00	-	-	011	999	-	
Q4039	E	CAST SUP SHRT LEG PED PLSTER	-	-	-	Not Allowed	\$0.00	-	-	000	010	-	
Q4040	E	CAST SUP SHRT LEG PED FBRGLS	-	-	-	Not Allowed	\$0.00	-	-	000	010	-	
Q4041	E	CAST SUP LNG LEG SPLNT PLSTR	-	-	-	Not Allowed	\$0.00	-	-	011	999	-	
Q4042	E	CAST SUP LNG LEG SPLNT FBRGL	-	-	-	Not Allowed	\$0.00	-	-	011	999	-	
Q4043	E	CAST SUP LNG LEG SPLNT PED P	-	-	-	Not Allowed	\$0.00	-	-	000	010	-	
Q4044	E	CAST SUP LNG LEG SPLNT PED F	-	-	-	Not Allowed	\$0.00	-	-	000	010	-	
Q4045	E	CAST SUP SHT LEG SPLNT PLSTR	-	-	-	Not Allowed	\$0.00	-	-	011	999	-	
Q4046	E	CAST SUP SHT LEG SPLNT FBRGL	-	-	-	Not Allowed	\$0.00	-	-	011	999	-	
Q4047	E	CAST SUP SHT LEG SPLNT PED P	-	-	-	Not Allowed	\$0.00	-	-	000	010	-	
Q4048	E	CAST SUP SHT LEG SPLNT PED F	-	-	-	Not Allowed	\$0.00	-	-	000	010	-	
Q4049	E	FINGER SPLINT, STATIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q4050	E	CAST SUPPLIES UNLISTED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q4051	E	SPLINT SUPPLIES MISC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q4074	E	ILOPROST NON-COMP UNIT DOSE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q4081	E	EPOETIN ALFA, 100 UNITS ESRD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q4082	E	DRUG/BIO NOC PART B DRUG CAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q4100	N	SKIN SUBSTITUTE, NOS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4101	N	APLIGRAF	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4102	N	OASIS WOUND MATRIX	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4103	N	OASIS BURN MATRIX	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4104	N	INTEGRA BMWWD	-	-	-	Bundled	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees			
Q4105	N	INTEGRA DRT OR OMNIGRAFT	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4106	N	DERMAGRAFT	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4107	N	GRAFTJACKET	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4108	N	INTEGRA MATRIX	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4110	N	PRIMATRIX	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4111	N	GAMMAGRAFT	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4112	N	CYMETRA INJECTABLE	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4113	N	GRAFTJACKET XPRESS	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4114	N	INTEGRA FLOWABLE WOUND MATRI	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4115	N	ALLOSKIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4116	N	ALLODERM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4117	N	HYALOMATRIX	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4118	N	MATRISTEM MICROMATRIX	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4121	N	THERASKIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4122	N	DERMACELL, AWM, POROUS SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4123	N	ALLOSKIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4124	N	OASIS TRI-LAYER WOUND MATRIX	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4125	N	ARTHROFLEX	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4126	N	MEMODERM/DERMA/TRANZ/INTEGUP	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4127	N	TALYMED	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4128	N	FLEXHD/ALLOPATCHHD/MATRIXHD	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4130	N	STRATTICE TM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4132	N	GRAFIX CORE, GRAFIXPL CORE	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4133	N	GRAFIX STRAVIX PRIME PL SQCM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4134	N	HMATRIX	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4135	N	MEDISKIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4136	N	EZDERM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4137	N	AMNIOEXCEL BIODExcel 1SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4138	N	BIODFENCE DRYFLEX, 1CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4139	N	AMNIO OR BIODMATRIX, INJ 1CC	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4140	N	BIODFENCE 1CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4141	N	ALLOSKIN AC, 1 CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4142	N	XCM BIOLOGIC TISS MATRIX 1CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4143	N	REPRIZA, 1CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4145	N	EPIFIX, INJ, 1MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4146	N	TENSIX, 1CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4147	N	ARCHITECT ECM PX FX 1 SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4148	N	NEOX NEOX RT OR CLARIX CORD	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4149	N	EXCELLAGEN, 0.1 CC	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4150	N	ALLOWRAP DS OR DRY 1 SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4151	N	AMNIOBAND, GUARDIAN 1 SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4152	N	DERMAPURE 1 SQUARE CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4153	N	DERMAVEST, PLURIVEST SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4154	N	BIOVANCE 1 SQUARE CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4155	N	NEOXFLO OR CLARIXFLO 1 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4156	N	NEOX 100 OR CLARIX 100	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4157	N	REVITALON 1 SQUARE CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4158	N	KERECIS OMEGA3, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4159	N	AFFINITY1 SQUARE CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4160	N	NUSHIELD 1 SQUARE CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4161	N	BIO-CONNKT PER SQUARE CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4162	N	WNDEX FLW, BIOSKN FLW, 0.5CC	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4163	N	WOUNDEX, BIOSKIN, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4164	N	HELICOLL, PER SQUARE CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4165	N	KERAMATRIX, KERASORB SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4166	N	CYTAL, PER SQUARE CENTIMETER	-	-	-	Bundled	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
Q4167	N	TRUSKIN, PER SQ CENTIMETER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4168	N	AMNIOBAND, 1 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4169	N	ARTACENT WOUND, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4170	N	CYGNUS, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4171	N	INTERFYL, 1 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4173	N	PALINGEN OR PALINGEN XPLUS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4174	N	PALINGEN OR PROMATRX	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4175	N	MIRODERM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4176	N	NEOPATCH OR THERION, 1 SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4177	N	FLOWERAMNIOFLO, 0.1 CC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4178	N	FLOWERAMNIOPATCH, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4179	N	FLOWERDERM, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4180	N	REVITA, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4181	N	AMNIO WOUND, PER SQUARE CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4182	N	TRANSCYTE, PER SQ CENTIMETER	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4183	N	SURGIGRAFT, 1 SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4184	N	CELLESTA OR DUO PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4185	N	CELLESTA FLOWAB AMNION 0.5CC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4186	N	EPIFIX 1 SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4187	N	EPICORD 1 SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4188	N	AMNIOARMOR 1 SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4189	N	ARTACENT AC, 1 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4190	N	ARTACENT AC 1 SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4191	N	RESTORIGIN 1 SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4192	N	RESTORIGIN, 1 CC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4193	N	COLL-E-DERM 1 SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4194	N	NOVACHOR 1 SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4195	G	PURAPLY 1 SQ CM	-	09175	-	APC – pays by fee schedule amount	\$103.10	-	-	000	999	-	
Q4196	G	PURAPLY AM 1 SQ CM	-	09176	-	APC – pays by fee schedule amount	\$109.52	-	-	000	999	-	
Q4197	N	PURAPLY XT 1 SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4198	N	GENESIS AMNIO MEMBRANE 1SQCM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4200	N	SKIN TE 1 SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4201	N	MATRION 1 SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4202	N	KEROXX (2.5G/CC), 1CC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4203	N	DERMA-GIDE, 1 SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4204	N	XWRAP 1 SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4205	E	MEMBRANE GRAFT OR WRAP SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q4206	E	FLUID FLOW OR FLUID GF 1 CC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q4208	E	NOVAFIX PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q4209	E	SURGRAFT PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q4210	E	AXOLOTL GRAF DUALGRAF SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q4211	E	AMNION BIO OR AXOBIO SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q4212	E	ALLOGEN, PER CC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q4213	E	ASCENT, 0.5 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q4214	E	CELLESTA CORD PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q4215	E	AXOLOTL AMBIENT, CRYO 0.1 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q4216	E	ARTACENT CORD PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q4217	E	WOUNDFIX BIOWOUND PLUS XPLUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q4218	E	SURGICORD PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q4219	E	SURGIGRAFT DUAL PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q4220	E	BELLACELL HD, SUREDERM SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q4221	E	AMNIOWRAP2 PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q4222	E	PROGENAMATRIX, PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q4226	E	MYOWN HARV PREP PROC SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q4227	N	AMNIOCORE PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4228	N	BIONEXTPATCH, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
Q4229	N	COGENEX AMNIO MEMB PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4230	N	COGENEX FLOW AMNION 0.5 CC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4231	N	CORPLEX P, PER CC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4232	N	CORPLEX, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4233	N	SURFACTOR /NUDYN PER 0.5 CC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4234	N	XCELLERATE, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4235	N	AMNIOREPAIR OR ALTIPLY SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4236	N	CAREPATCH PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4237	N	CRYO-CORD, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4238	N	DERM-MAXX, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4239	N	AMNIO-MAXX OR LITE PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4240	N	CORECYTE TOPICAL ONLY 0.5 CC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4241	N	POLYCYTE, TOPICAL ONLY 0.5CC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4242	N	AMNIOCYTE PLUS, PER 0.5 CC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4244	N	PROCENTA, PER 200 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4245	N	AMNIOTEXT, PER CC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4246	N	CORETEXT OR PROTEXT, PER CC	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4247	N	AMNIOTEXT PATCH, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q4248	N	DERMACYTE AMN MEM ALLO SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q5001	M	HOSPICE OR HOME HLTH IN HOME	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
Q5002	M	HOSPICE/HOME HLTH IN ASST LV	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
Q5003	M	HOSPICE IN LT/NON-SKILLED NF	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
Q5004	M	HOSPICE IN SNF	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
Q5005	M	HOSPICE, INPATIENT HOSPITAL	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
Q5006	M	HOSPICE IN HOSPICE FACILITY	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
Q5007	M	HOSPICE IN LTCH	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
Q5008	M	HOSPICE IN INPATIENT PSYCH	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
Q5009	M	HOSPICE/HOME HLTH, PLACE NOS	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
Q5010	M	HOSPICE HOME CARE IN HOSPICE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
Q5101	K	INJECTION, ZARXIO	-	01822	0.0085	APC (blood and non-blood product codes)	\$0.48	-	-	000	999	-	
Q5103	K	INJECTION, INFLECTRA	-	01847	0.8320	APC (blood and non-blood product codes)	\$47.13	-	-	000	999	-	
Q5104	G	INJECTION, RENFLEXIS	-	09036	-	APC – pays by fee schedule amount	\$48.64	-	-	000	999	-	
Q5105	G	INJ RETACRIT ESRD ON DIALYSI	-	09096	-	APC – pays by fee schedule amount	\$0.90	-	-	000	999	-	
Q5106	G	INJ RETACRIT NON-ESRD USE	-	09097	-	APC – pays by fee schedule amount	\$8.97	-	-	000	999	-	
Q5107	K	INJ MVASI 10 MG	-	09329	1.1021	APC (blood and non-blood product codes)	\$62.42	-	-	000	999	-	
Q5108	G	INJECTION, FULPHILA	-	09173	-	APC – pays by fee schedule amount	\$294.34	-	-	000	999	-	
Q5109	E	INJECTION, IXIFI, 10 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q5110	G	NIVESTYM	-	09193	-	APC – pays by fee schedule amount	\$0.62	-	-	000	999	-	
Q5111	G	INJECTION, UDENYCA 0.5 MG	-	09195	-	APC – pays by fee schedule amount	\$301.80	-	-	000	999	-	
Q5112	E	INJ ONTRUZANT 10 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q5113	E	INJ HERZUMA 10 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q5114	K	INJ OGIVRI 10 MG	-	09341	1.6475	APC (blood and non-blood product codes)	\$93.31	-	-	000	999	-	
Q5115	K	INJ TRUXIMA 10 MG	-	09336	1.2216	APC (blood and non-blood product codes)	\$69.19	-	-	000	999	-	
Q5116	E	INJ., TRAZIMERA, 10 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q5117	K	INJ., KANJINTI, 10 MG	-	09330	1.4286	APC (blood and non-blood product codes)	\$80.92	-	-	000	999	-	
Q5118	G	INJ., ZIRABEV, 10 MG	-	09348	-	APC – pays by fee schedule amount	\$63.18	-	-	000	999	-	
Q5119	G	INJ RUXIENCE, 10 MG	-	9367	-	APC – pays by fee schedule amount	\$73.83	-	-	000	999	-	
Q5120	G	INJ PEGFILGRASTIM-BMEZ 0.5MG	-	9345	-	APC – pays by fee schedule amount	\$317.28	-	-	000	999	-	
Q5121	E	INJ. AVSOLA, 10 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
Q9950	G	INJ SULF HEXA LIPID MICROSPH	-	09085	-	APC – pays by fee schedule amount	\$18.58	-	-	000	999	-	
Q9951	N	LOCM >= 400 MG/ML IODINE,1ML	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q9953	N	INJ FE-BASED MR CONTRAST,1ML	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q9954	N	ORAL MR CONTRAST, 100 ML	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q9955	N	INJ PERFLEXANE LIP MICROS,ML	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q9956	N	INJ OCTAFLUOROPROPANE MIC,ML	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q9957	N	INJ PERFLUTREN LIP MICROS,ML	-	-	-	Bundled	\$0.00	-	-	000	999	-	

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July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
Q9958	N	HOCM <=149 MG/ML IODINE, 1ML	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q9959	N	HOCM 150-199MG/ML IODINE, 1ML	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q9960	N	HOCM 200-249MG/ML IODINE, 1ML	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q9961	N	HOCM 250-299MG/ML IODINE, 1ML	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q9962	N	HOCM 300-349MG/ML IODINE, 1ML	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q9963	N	HOCM 350-399MG/ML IODINE, 1ML	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q9964	N	HOCM>= 400MG/ML IODINE, 1ML	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q9965	N	LOCM 100-199MG/ML IODINE, 1ML	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q9966	N	LOCM 200-299MG/ML IODINE, 1ML	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q9967	N	LOCM 300-399MG/ML IODINE, 1ML	-	-	-	Bundled	\$0.00	-	-	000	999	-	
Q9968	K	VISUALIZATION ADJUNCT	-	01446	0.1283	APC (blood and non-blood product codes)	\$7.27	-	-	000	999	-	
Q9969	K	NON-HEU TC-99M ADD-ON/DOSE	-	01442	0.1766	APC (blood and non-blood product codes)	\$10.00	-	-	000	999	-	
Q9982	N	FLUTEMETAMOL F18 DIAGNOSTIC	-	09459	61.7585	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
Q9983	N	FLORBETABEN F18 DIAGNOSTIC	-	09458	52.4011	Bundled, sometimes payable	\$0.00	-	-	000	999	-	
Q9991	G	BUPRENORPH XR 100 MG OR LESS	-	09073	-	APC – pays by fee schedule amount	\$1,744.52	-	-	000	999	-	
Q9992	G	BUPRENORPHINE XR OVER 100 MG	-	09239	-	APC – pays by fee schedule amount	\$1,744.52	-	-	000	999	-	
R0070	E	TRANSPORT PORTABLE X-RAY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
R0075	E	TRANSPORT PORT X-RAY MULTIPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
R0076	E	TRANSPORT PORTABLE EKG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0073	E	INJECTION, AZTREONAM, 500 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0074	E	INJECTION, CEFOTETAN DISODIU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0078	E	INJECTION, FOSPHENYTOIN SODI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0080	E	INJECTION, PENTAMIDINE ISETH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0081	E	INJECTION, PIPERACILLIN SODI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0086	E	INJECTION, VERTEPORFIN, 15MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0088	E	IMATINIB 100 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0090	E	SILDENAFIL CITRATE, 25 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0106	E	BUPROPION HCL SR 60 TABLETS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0108	E	MERCAPTOPYRINE ORAL 50 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0117	E	TRETINOIN TOPICAL 5 G	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0122	E	INJECTION MENOTROPINS 75 IU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0126	E	INJECTION FOLLITROPIN ALFA 75 IU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0128	E	INJECTION FOLLITROPIN BETA 75 IU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0132	E	INJECTION GANIRELIX ACETATE 250 MCG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0145	E	PEG INTERFERON ALFA-2A/180	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0155	E	EPOPROSTENOL DILUTANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0156	E	EXEMESTANE, 25 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0157	E	BECAPLERMIN GEL 1%, 0.5 GM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0160	E	DEXTROAMPHETAMINE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0164	E	INJECTION PANTROPRAZOLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0170	E	ANASTROZOLE 1 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0171	E	BUMETANIDE 0.5 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0172	E	CHLORAMBUCIL 2 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0174	E	DOLASETRON 50 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0175	E	FLUTAMIDE 125 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0176	E	HYDROXYUREA 500 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0177	E	LEVAMISOLE 50 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0178	E	LOMUSTINE 10 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0179	E	MEGESTROL 20 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0182	E	PROCARBAZINE 5 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0183	E	PROCHLORPERAZINE 5 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0187	E	TAMOXIFEN 10 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0189	E	TESTOSTERONE PELLET 75 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0190	M	MITEPRISTONE, ORAL, 200MG	-	-	-	Fee Schedule	\$76.50	-	-	010	999	-	
S0191	M	MISOPROSTOL, ORAL, 200 MCG	-	-	-	Fee Schedule	\$1.02	-	-	010	999	-	
S0194	E	VITAMIN SUPPL 100 CAPS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
S0208	E	PARAMED INTRCEPT NONVOL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0209	E	WC VAN MILEAGE PER MI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0215	E	NONEMERG TRANSP MILEAGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0220	E	MEDICAL CONFERENCE BY PHYSIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0221	E	MEDICAL CONFERENCE, 60 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0250	E	COMP GERIATR ASSMT TEAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0255	E	HOSPICE REFER VISIT NONMD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0257	E	END OF LIFE COUNSELING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0260	E	H&P FOR SURGERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0265	E	GENETIC COUNSEL 15 MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0280	E	MEDICAL HOME, INITIAL PLAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0302	E	COMPLETED EPSDT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0310	E	HOSPITALIST VISIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0340	E	LIFESTYLE MOD 1ST STAGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0341	E	LIFESTYLE MOD 2 OR 3 STAGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0342	E	LIFESTYLE MOD 4TH STAGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0353	E	CANCER TREATMENT PLAN INITIAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0354	E	CANCER TREATMENT PLAN CHANGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0390	E	ROUTINE FOOT CARE PER VISIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0395	E	IMPRESSION CASTING FT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0400	E	GLOBAL ESWL KIDNEY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0500	E	DISPOS CONT LENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0504	E	SINGL PRSCR LENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0506	E	BIFOC PRSCP LENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0508	E	TRIFOC PRSCR LENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0510	E	NON-PRSCR LENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0512	E	DAILY CONT LENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0514	E	COLOR CONT LENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0516	E	SAFETY FRAMES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0518	E	SUNGLASS FRAMES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0580	E	POLYCARB LENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0581	E	NONSTND LENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0590	E	MISC INTEGRAL LENS SERV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0592	E	COMP CONT LENS EVAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0596	E	PHAKIC IOL REFRACTIVE ERROR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0601	E	SCREENING PROCTOSCOPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0610	E	ANNUAL GYNECOLOGICAL EXAMINA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0612	E	ANNUAL GYNECOLOGICAL EXAMINA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0613	M	ANN BREAST EXAM	-	-	-	Charge Ratio	\$0.00	-	-	010	065	-	
S0618	E	AUDIOMETRY FOR HEARING AID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0620	E	ROUTINE OPHTHALMOLOGICAL EXA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0621	E	ROUTINE OPHTHALMOLOGICAL EXA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0622	E	PHYS EXAM FOR COLLEGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0630	E	REMOVAL OF SUTURES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0800	E	LASER IN SITU KERATOMILEUSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0810	E	PHOTOREFRACTIVE KERATECTOMY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S0812	E	PHOTOTHERAP KERATECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S1001	E	DELUXE ITEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S1002	E	CUSTOM ITEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S1015	E	IV TUBING EXTENSION SET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S1016	E	NON-PVC INTRAVENOUS ADMINIST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S1030	E	GLUC MONITOR PURCHASE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S1031	E	GLUC MONITOR RENTAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2053	E	TRANSPLANTATION OF SMALL INT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2054	E	TRANSPLANTATION OF MULTIVISC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2055	E	HARVESTING OF DONOR MULTIVISC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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									Hospital Lab Fees	Hospital Lab			
S2060	E	LOBAR LUNG TRANSPLANTATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2061	E	DONOR LOBECTOMY (LUNG)	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2065	E	SIMULT PANC KIDN TRANS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2068	E	BREAST DIEP FLAP RECONSTRUCT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2070	E	CYSTO LASER TX URETERAL CALC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2079	E	LAP ESOPHAGOMYOTOMY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2080	E	LAUP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2083	E	ADJUSTMENT GASTRIC BAND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2095	E	TRANSCATH EMBOLIZ MICROSPHER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2102	E	ISLET CELL TISSUE TRANSPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2103	E	ADRENAL TISSUE TRANSPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2107	E	ADOPTIVE IMMUNOTHERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2109	E	AUTOLOGOUS CHONDROCYTE TRANSPLANTATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2112	E	KNEE ARTHROSCP HARV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2115	E	PERIACETABULAR OSTEOTOMY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2120	E	LOW DENSITY LIPOPROTEIN(LDL)	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2140	E	CORD BLOOD HARVESTING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2142	E	CORD BLOOD-DERIVED STEM-CELL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2150	E	BMT HARV/TRANSPL 28D PKG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2152	E	SOLID ORGAN TRANSPL PKG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2202	E	ECHOSCLEROTHERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2205	E	MINIMALLY INVASIVE DIRECT CO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2206	E	MINIMALLY INVASIVE DIRECT CO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2207	E	MINIMALLY INVASIVE DIRECT CO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2208	E	MINIMALLY INVASIVE DIRECT CO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2209	E	MINIMALLY INVASIVE DIRECT CO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2225	E	MYRINGOTOMY LASER-ASSIST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2230	E	IMPLANT SEMI-IMP HEAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2235	E	IMPLANT AUDITORY BRAIN IMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2260	E	INDUCED ABORTION 17-24 WEEKS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2300	E	ARTHROSCOPY, SHOULDER, SURGI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2340	E	CHEMODENERVATION OF ABDUCTOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2341	E	CHEMODENERV ADDUCT VOCAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2342	E	NASAL ENDOSCOPO DEBRID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2348	E	DECOMPRESS DISC RF LUMBAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2350	E	DISKECTOMY, ANTERIOR, WITH D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2351	E	DISKECTOMY, ANTERIOR, WITH D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2400	E	FETAL SURG CONGEN HERNIA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2401	E	FETAL SURG URIN TRAC OBSTR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2402	E	FETAL SURG CONG CYST MALF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2403	E	FETAL SURG PULMON SEQUEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2404	E	FETAL SURG MYELOMENINGO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2405	E	FETAL SURG SACROCOC TERATOMA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2409	E	FETAL SURG NOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2411	E	FETOSCOPO LASER THER TTTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S2900	E	ROBOTIC SURGICAL SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S3600	E	STAT LAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S3601	E	STAT LAB HOME/NF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S3620	E	NEWBORN METABOLIC SCREENING	-	-	-	Not Allowed	\$0.00	-	-	000	001	-	
S3630	E	EOSINOPHIL BLOOD COUNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S3645	E	HIV-1 ANTIBODY TESTING OF OR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S3650	E	SALIVA TEST, HORMONE LEVEL;	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S3652	E	SALIVA TEST, HORMONE LEVEL;	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S3708	E	GASTROINTESTINAL FAT ABSORPT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S3853	E	GENE TEST MYO MUSCLR DYST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S3900	E	SURFACE EMG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
S3902	E	BALLISTOCARDIOGRAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S3904	E	MASTERS TWO STEP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4005	E	INTERIM LABOR FACILITY GLOBAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4011	E	IVF PACKAGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4013	E	COMPLETE GIFT CASE RATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4014	E	COMPLETE ZIFT CASE RATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4015	E	COMPLETE IVF NOS CASE RATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4016	E	FROZEN IVF CASE RATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4017	E	IVF CANC A STIM CASE RATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4018	E	F EMB TRNS CANC CASE RATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4020	E	IVF CANC A ASPIR CASE RATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4021	E	IVF CANC P ASPIR CASE RATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4022	E	ASST OOCYTE FERT CASE RATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4023	E	DONOR EGG CYCLE INCOMPLETE CASE RATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4025	E	DONOR SERV IVF CASE RATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4026	E	PROCURE DONOR SPERM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4027	E	STORE PREV FROZ EMBRYOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4028	E	MICROSURG EPI SPERM ASP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4030	E	SPERM PROCURE INIT VISIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4031	E	SPERM PROCURE SUBS VISIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4035	E	STIMULATED INTRAUTERINE INSEMINATION (IUI) CASE RATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4037	E	CRYOPRESERVED EMBRYO TRANSFER CASE RATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4040	E	MONITORING AND STORAGE OF CRYOPRESERVED EMBRYOS PER 30 DAYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4042	E	OVULATION MGMT PER CYCLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4980	E	LEVONORGESTREL - RELEASING INTRAUTERINE SYSTEM EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4981	E	INSERT LEVONORGESTREL IUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4989	E	CONTRACEPT IUD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4990	E	NICOTINE PATCH LEGEND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4991	E	NICOTINE PATCH NONLEGEND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S4993	N	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	-	-	-	Bundled	\$0.00	-	-	010	999	-	
S4995	E	SMOKING CESSATION GUM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5000	E	PRESCRIPTION DRUG, GENERIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5001	E	PRESCRIPTION DRUG, BRAND NAME	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5010	E	5% DEXTROSE AND 0.45% SALINE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5012	E	5% DEXTROSE WITH POTASSIUM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5014	E	D5W/0.45NS W KCL AND MGS04	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5016	E	ANTIBIOTIC ADMIN SUPPLIES W/	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5017	E	ANTIBIOTIC ADMIN SUPPLIES W/O	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5018	E	PAIN THERAPY ADMIN SUPPLIES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5020	E	CHEMOTHERAPY ADMIN SUPPLIES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5021	E	HYDRATION THERAPY ADMIN SUPP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5022	E	GROWTH HORMONE THERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5025	E	INFUSION PUMP RENTAL, PERDIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5035	E	HIT ROUTINE DEVICE MAINT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5497	E	HIT CATH CARE NOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5498	E	HIT SIMPLE CATH CARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5501	E	HIT COMPLEX CATH CARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5502	E	HIT INTERIM CATH CARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5517	E	HIT DECLOTTING KIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5518	E	HIT CATH REPAIR KIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5520	E	HIT PICC INSERT KIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5521	E	HIT MIDLINE CATH INSERT KIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5522	E	HIT PICC INSERT NO SUPP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5523	E	HIP MIDLINE CATH INSERT KIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5550	E	INSULIN RAPID 5 U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5551	E	INSULIN MOST RAPID 5 U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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									Hospital Lab Fees	Hospital Lab			
S5552	E	INSULIN INTERMED 5 U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5553	E	INSULIN LONG ACTING 5 U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5560	E	INSULIN REUSE PEN 1.5 ML	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5561	E	INSULIN REUSE PEN 3 ML	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5565	E	INSULIN CARTRIDGE 150 U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5566	E	INSULIN CARTRIDGE 300 U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5570	E	INSULIN DISPOS PEN 1.5 ML	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S5571	E	INSULIN DISPOS PEN 3 ML	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8030	E	TANTALUM RING APPLICATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8035	E	MAGNETIC SOURCE IMAGING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8037	E	MRCP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8040	E	TOPOGRAPHIC BRAIN MAPPING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8042	E	MAGNETIC RESONANCE IMAGING (MRI) LOW-FIELD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8055	E	US GUIDANCE FETAL REDUCT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8080	E	SCINTIMAMMOGRAPHY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8085	E	FLUORINE-18 FLUORODEOXYGLUCO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8092	E	ELECTRON BEAM COMPUTED TOMOG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8096	E	PORTABLE PEAK FLOW METER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8097	E	ASTHMA KIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8100	E	SPACER WITHOUT MASK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8101	E	SPACER WITH MASK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8110	E	PEAK EXPIRATORY FLOW RATE (P	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8120	E	O2 CONTENTS GAS CUBIC FT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8121	E	O2 CONTENTS LIQUID LB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8185	E	FLUTTER DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8186	E	SWIVEL ADAPTOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8189	E	TRACH SUPPLY NOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8205	E	CHEST COMPRESSION SYSTEM GEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8210	E	MUCUS TRAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8265	E	HABERMAN FEEDER FOR CLEFT LIP/PALATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8270	E	ENURESIS ALARM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8300	E	SACRAL NERVE STIMULATION TEST LEAD KIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8301	E	INFECT CONTROL SUPPLIES NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8400	E	INCONTINENCE PANTS, EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8402	E	DIAPERS, EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8415	E	SUPPLIES FOR HOME DELIVERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8420	E	CUSTOM GRADIENT SLEEVE/GLOV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8421	E	READY GRADIENT SLEEVE/GLOV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8422	E	CUSTOM GRAD SLEEVE MED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8423	E	CUSTOM GRAD SLEEVE HEAVY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8424	E	READY GRADIENT SLEEVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8425	E	CUSTOM GRAD GLOVE MED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8426	E	CUSTOM GRAD GLOVE HEAVY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8427	E	READY GRADIENT GLOVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8428	E	READY GRADIENT GAUNTLET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8429	E	GRADIENT PRESSURE WRAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8430	E	PADDING FOR COMPRSSN BDG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8431	E	COMPRESSION BANDAGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8450	E	SPLINT DIGIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8451	E	SPLINT WRIST OR ANKLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8452	E	SPLINT ELBOW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8490	E	100 INSULIN SYRINGES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8930	E	AURICULAR ELECTROSTIMULATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8948	E	LOW-LEVEL LASER TRMT 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8950	E	COMPLEX LYMPHEDEMA THERAPY,	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S8999	E	RESUSCITATION BAG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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									Hospital Lab Fees	Hospital Lab			
S9001	E	HOME UTERINE MONITOR WITH OR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9007	E	ULTRAFILTRATION MONITOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9024	E	PARANASAL SINUS ULTRASOUND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9025	E	OMNICARDIOGRAM/CARDIOINTEGRA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9034	E	ESWL FOR GALLSTONES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9055	E	PROCUREN OR OTHER GROWTH FAC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9056	E	COMA STIMULATION PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9061	E	MEDICAL SUPPLIES AND EQUIPME	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9083	E	URGENT CARE CENTER GLOBAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9088	E	SERVICES PROVIDED IN URGENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9090	E	VERTEBRAL AXIAL DECOMPRESSIO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9097	E	HOME VISIT FOR WOUND CARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9098	E	HOME PHOTOTHERAPY VISIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9109	E	CHF TELEMONITORING MONTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9117	E	BACK SCHOOL VISIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9122	E	HOME HEALTH AIDE OR CERTIFIE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9123	E	NURSING CARE IN HOME RN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9124	E	NURSING CARE, IN THE HOME; B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9125	E	RESPIRE CARE, IN THE HOME, P	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9126	E	HOSPICE CARE, IN THE HOME, P	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9127	E	SOCIAL WORK VISIT, IN THE HO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9128	E	SPEECH THERAPY, IN THE HOME,	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9129	E	OCCUPATIONAL THERAPY, IN THE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9131	E	PT IN THE HOME PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9140	E	DIABETIC MANAGEMENT PROGRAM,	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9141	E	DIABETIC MANAGEMENT PROGRAM,	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9145	E	INSULIN PUMP INITIATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9208	E	HOME MGMT PRETERM LABOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9209	E	HOME MGMT PPRM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9211	E	HOME MGMT GEST HYPERTENSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9212	E	HM POSTPAR HYPER PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9213	E	HM PREECLAMP PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9214	E	HM GEST DM PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9325	E	HIT PAIN MGMT PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9326	E	HIT CONT PAIN PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9327	E	HIT INT PAIN PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9328	E	HIT PAIN IMP PUMP DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9329	E	HIT CHEMO PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9330	E	HIT CONT CHEM DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9331	E	HIT INTERMIT CHEMO DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9336	E	HIT CONT ANTICOAG DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9338	E	HIT IMMUNOTHERAPY DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9339	E	HIT PERITON DIALYSIS DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9340	E	HIT ENTERAL PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9341	E	HIT ENTERAL GRAV DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9342	E	HIT ENTERAL PUMP DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9343	E	HIT ENTERAL BOLUS NURS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9345	E	HIT ANTI-HEMOPHIL DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9346	E	HIT ALPHA-1-PROTEINAS DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9347	E	HIT LONGTERM INFUSION DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9348	E	HIT SYMPATHOMIM DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9349	E	HIT TOCOLYSIS DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9351	E	HIT CONT ANTIEMETIC DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9353	E	HIT CONT INSULIN DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9355	E	HIT CHELATION DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9357	E	HIT ENZYME REPLACE DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
S9359	E	HIT ANTI-TNF PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9361	E	HIT DIURETIC INFUS DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9363	E	HIT ANTI-SPASMOTIC DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9364	E	HIT TPN TOTAL DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9365	E	HIT TPN 1 LITER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9366	E	HIT TPN 2 LITER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9367	E	HIT TPN 3 LITER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9368	E	HIT TPN OVER 3L DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9370	E	HT INJ ANTIEMETIC DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9372	E	HT INJ ANTICOAG DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9373	E	HIT HYDRA TOTAL DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9374	E	HIT HYDRA 1 LITER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9375	E	HIT HYDRA 2 LITER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9376	E	HIT HYDRA 3 LITER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9377	E	HIT HYDRA OVER 3L DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9379	E	HIT NOC PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9381	E	HIT HIGH RISK/ESCORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9401	E	ANTICOAGULATION CLINIC PER SESSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9430	E	PHARMACY COMPOUNDING AND DISPENSING SERVICES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9435	E	MEDICAL FOODS FOR INBORN ERR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9436	E	LAMAZE CLASS PER SESSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9437	E	CHILDBIRTH REFRESHER CLASSES PER SESSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9438	E	CESAREAN BIRTH CLASS PER SESSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9439	E	VBAC CLASS PER SESSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9441	E	ASTHMA EDUCATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9442	E	BIRTHING CLASS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9443	M	LACTATION CLASS	-	-	-	Fee Schedule	\$15.00	-	-	000	999	-	
S9444	E	PARENTING CLASSES NON-PHYSICIAN PROVIDER PER SESSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9445	M	PT EDUCATION NOC INDIVID	-	-	-	Fee Schedule	\$30.00	-	-	000	999	-	
S9446	E	PT EDUCATION NOC GROUP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9447	E	INFANT SAFETY CLASS PER SESSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9449	E	WEIGHT MANAGEMENT CLASSES PER SESSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9451	E	EXERCISE CLASS NON-PHYSICIAN PROVIDER PER SESSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9452	E	NUTRITION CLASSES NON-PHYSICIAN PROVIDER PER SESSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9453	E	SMOKING CESSATION CLASS PER SESSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9454	E	STRESS MANAGEMENT CLASS PER SESSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9455	E	DIABETIC MANAGEMENT PROGRAM, GROUP SESSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9460	E	DIABETIC MANAGEMENT PROGRAM, NURSE VISIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9465	E	DIABETIC MANAGEMENT PROGRAM, DIETICIAN VISIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9470	E	NUTRITIONAL COUNSELING, DIET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9472	E	CARDIAC REHABILITATION PROGR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9473	E	PULMONARY REHABILITATION PRO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9474	E	ENTEROSTOMAL THERAPY BY A RE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9475	E	AMBULATORY SETTING SUBSTANCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9476	E	VESTIBULAR REHAB PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9480	E	INTENSIVE OUTPATIENT PSYCHIA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9482	E	FAMILY STABILIZATION 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9484	E	CRISIS INTERVENTION PER HOUR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9484	M	CRISIS INTERVENTION MH PER HOUR	U2	-	-	Not Allowed	\$13.53	-	-	018	999	-	
S9484	M	CRISIS INTERVENTION MH SERVICES PER HOUR	U3	-	-	Not Allowed	\$9.02	-	-	018	999	-	
S9484	M	CRISIS INTERVENTION MH SRVS PER HOUR	U1	-	-	Not Allowed	\$27.06	-	-	018	999	-	
S9485	E	CRISIS INTERVENTION PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9494	E	HIT ANTIBIOTIC TOTAL DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9497	E	HIT ANTIBIOTIC Q3H DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9500	E	HIT ANTIBIOTIC Q24H DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9501	E	HIT ANTIBIOTIC Q12H DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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									Hospital Lab Fees	Hospital Lab			
S9502	E	HIT ANTIBIOTIC Q8H DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9503	E	HIT ANTIBIOTIC Q6H DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9504	E	HIT ANTIBIOTIC Q4H DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9529	E	VENIPUNCTURE HOME/SNF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9537	E	HT HEM HORM INJ DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9538	E	HIT BLOOD PRODUCTS DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9542	E	HT INJ NOC PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9558	E	HT INJ GROWTH HORM DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9559	E	HIT INJ INTERFERON DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9560	E	HT INJ HORMONE DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9562	E	PALIVIZUMAB HOME INJ PERDIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9590	E	IN HOME IRRIGATION THERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9810	E	HT PHARM PER HOUR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9970	E	HEALTH CLUB MEMBERSHIP ANNUAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9975	E	TRANSPLANT RELATED PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9976	E	LODGING PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9977	E	MEALS PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9981	E	MED RECORD COPY ADMIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9982	E	MED RECORD COPY PER PAGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9986	E	NOT MEDICALLY NECESSARY SVC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9988	E	SERV PART OF PHASE I TRIAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9989	E	SERVICES OUTSIDE US	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9990	E	SERVICES PROVIDED AS PART OF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9991	E	SERVICES PROVIDED AS PART OF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
S9992	E	TRANSPORTATION COSTS TO AND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1000	E	PRIVATE DUTY/INDEPENDENT NSG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1001	E	NURSING ASSESSMENT/EVALUATN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1002	E	RN SERVICES UP TO 15 MINUTES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1003	E	LPN/LVN SERVICES UP TO 15MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1004	E	NSG AIDE SERVICE UP TO 15MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1005	E	RESPIRE CARE SERVICE 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1006	E	FAMILY/COUPLE COUNSELING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1007	E	TREATMENT PLAN DEVELOPMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1009	E	CHILD SITTING SERVICES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1010	E	MEALS WHEN RECEIVE SERVICES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1012	E	ALCOHOL/SUBSTANCE ABUSE SKIL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1013	E	SIGN LANG/ORAL INTERPRETER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1014	E	TELEHEALTH TRANSMIT, PER MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1015	E	CLINIC SERVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1016	M	CASE MANAGEMENT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
T1016	M	CASE MANAGEMENT, EACH 15 MINUTES	HD	-	-	Fee Schedule	\$0.00	-	-	009	065	-	
T1017	M	TARGETED CASE MANAGEMENT	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-	
T1018	E	SCHOOL-BASED IEP SER BUNDLED	-	-	-	Not Allowed	\$0.00	-	-	000	020	-	
T1019	E	PERSONAL CARE SER PER 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1020	E	EXCISION COMPLETE PLANTAR VERRUCA MULTIPLE SITE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1021	E	HH AIDE OR CN AIDE PER VISIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1022	E	CONTRACTED SERVICES PER DAY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1023	E	PROGRAM INTAKE ASSESSMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1024	M	TEAM EVALUATION & MANAGEMENT	-	-	-	Fee Schedule	\$100.00	-	-	000	020	-	
T1025	M	PED COMPR CARE PKG PER DIEM	-	-	-	Fee Schedule	\$1,000.00	-	-	000	020	-	
T1026	E	PED COMPR CARE PKG PER HOUR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1027	E	FAMILY TRAINING & COUNSELING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1028	E	HOME ENVIRONMENT ASSESSMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1029	E	NOT OTHERWISE CLASSIFIED SKIN SUBCUTANEOUS AND AREOLAR TISS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1030	E	REMOVAL OF SUTURES BY ANOTHER PHYSICIAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1031	E	LPN HOME CARE PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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									Hospital Lab Fees	Hospital Lab Fees			
T1502	E	MEDICATION ADMIN VISIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1505	E	ELEC MED COMP DEV, NOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T1999	E	NOC RETAIL ITEMS AND SUPPLIES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2001	E	N-ET; PATIENT ATTEND/ESCORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2002	E	N-ET; PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2003	E	N-ET; ENCOUNTER/TRIP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2004	E	N-ET; COMMERC CARRIER PASS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2005	E	N-ET; STRETCHER VAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2007	E	NON-EMER TRANSPORT WAIT TIME	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2010	E	PASRR LEVEL I	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2011	E	PASRR LEVEL II	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2012	E	HABIL ED WAIVER, PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2013	E	HABIL ED WAIVER PER HOUR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2014	E	HABIL PREVOC WAIVER, PER D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2015	E	HABIL PREVOC WAIVER PER HR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2016	E	HABIL RES WAIVER PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2017	E	HABIL RES WAIVER 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2018	E	HABIL SUP EMPL WAIVER/DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2019	E	HABIL SUP EMPL WAIVER 15MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2020	E	DAY HABIL WAIVER PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2021	E	DAY HABIL WAIVER PER 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2022	E	CASE MANAGEMENT, PER MONTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2023	E	TARGETED CASE MGMT PER MONTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2024	E	SERV ASMNT/CARE PLAN WAIVER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2025	E	WAIVER SERVICE, NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2026	E	SPECIAL CHILDCARE WAIVER/D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2027	E	SPEC CHILDCARE WAIVER 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2028	E	SPECIAL SUPPLY, NOS WAIVER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2029	E	SPECIAL MED EQUIP, NOSWAIVER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2030	E	ASSIST LIVING WAIVER/MONTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2031	E	ASSIST LIVING WAIVER/DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2032	E	RES CARE, NOS WAIVER/MONTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2033	E	RES, NOS WAIVER PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2034	E	CRISIS INTERVEN WAIVER/DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2035	E	UTILITY SERVICES WAIVER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2036	E	CAMP OVERNITE WAIVER/SESSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2037	E	CAMP DAY WAIVER/SESSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2038	E	COMM TRANS WAIVER/SERVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2039	E	VEHICLE MOD WAIVER/SERVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2040	E	FINANCIAL MGT WAIVER/15MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2041	E	SUPPORT BROKER WAIVER/15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2042	E	HOSPICE ROUTINE HOME CARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2043	E	HOSPICE CONTINUOUS HOME CARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2044	E	HOSPICE RESPITE CARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2045	E	HOSPICE GENERAL CARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2046	E	HOSPICE LONG TERM CARE R&B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2048	E	BH LTC RES R&B, PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2049	E	N-ET; STRETCHER VAN MILEAGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T2101	E	BREAST MILK PROC/STORE/DIST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T4521	E	ADULT SIZE BRIEF/DIAPER SM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T4522	E	ADULT SIZE BRIEF/DIAPER MED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T4523	E	ADULT SIZE BRIEF/DIAPER LG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T4524	E	ADULT SIZE BRIEF/DIAPER XL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T4525	E	ADULT SIZE PULL-ON SM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T4526	E	ADULT SIZE PULL-ON MED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T4527	E	ADULT SIZE PULL-ON LG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees			
T4528	E	ADULT SIZE PULL-ON XL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T4529	E	PED SIZE BRIEF/DIAPER SM/MED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T4530	E	PED SIZE BRIEF/DIAPER LG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T4531	E	PED SIZE PULL-ON SM/MED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T4532	E	PED SIZE PULL-ON LG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T4533	E	YOUTH SIZE BRIEF/DIAPER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T4534	E	YOUTH SIZE PULL-ON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T4535	E	DISPOSABLE LINER/SHIELD/PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T4536	E	REUSABLE PULL-ON ANY SIZE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T4537	E	REUSABLE UNDERPAD BED SIZE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T4538	E	DIAPER SERV REUSABLE DIAPER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T4539	E	REUSE DIAPER/BRIEF ANY SIZE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T4540	E	REUSABLE UNDERPAD CHAIR SIZE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T4541	E	LARGE DISPOSABLE UNDERPAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T4542	E	SMALL DISPOSABLE UNDERPAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T5001	E	SPECIAL POSITION SEAT/VEHICL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
T5999	E	SUPPLY, NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
U0001	Q	2019 ?NCOV DIAGNOSTIC P	-	-	-	Fee Schedule	\$35.91	-	-	000	999	-	
U0002	Q	COVID-19 LAB TEST NON-CDC?	-	-	-	Fee Schedule	\$51.31	-	-	000	999	-	
U0003	Q	COV-19 AMP PRB HGH THRUPUT	-	-	-	Fee Schedule	\$100.00	-	-	000	999	-	
U0004	Q	COV-19 TEST NON-CDC HGH THRU	-	-	-	Fee Schedule	\$100.00	-	-	000	999	-	
V2020	E	VISION SVCS FRAMES PURCHASES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2025	E	EYEGLASSES DELUX FRAMES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2100	E	LENS SPHER SINGLE PLANO 4.00	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2101	E	SINGLE VISN SPHERE 4.12-7.00	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2102	E	SINGL VISN SPHERE 7.12-20.00	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2103	E	SPHEROCYLINDR 4.00D/12-2.00D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2104	E	SPHEROCYLINDR 4.00D/2.12-4D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2105	E	SPHEROCYLINDER 4.00D/4.25-6D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2106	E	SPHEROCYLINDER 4.00D/>6.00D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2107	E	SPHEROCYLINDER 4.25D/12-2D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2108	E	SPHEROCYLINDER 4.25D/2.12-4D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2109	E	SPHEROCYLINDER 4.25D/4.25-6D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2110	E	SPHEROCYLINDER 4.25D/OVER 6D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2111	E	SPHEROCYLINDR 7.25D/.25-2.25	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2112	E	SPHEROCYLINDR 7.25D/2.25-4D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2113	E	SPHEROCYLINDR 7.25D/4.25-6D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2114	E	SPHEROCYLINDER OVER 12.00D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2115	E	LENS LENTICULAR BIFOCAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2118	E	LENS ANISEIKONIC SINGLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2121	E	LENTICULAR LENS, SINGLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2199	E	LENS SINGLE VISION NOT OTH C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2200	E	LENS SPHER BIFOC PLANO 4.00D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2201	E	LENS SPHERE BIFOCAL 4.12-7.0	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2202	E	LENS SPHERE BIFOCAL 7.12-20.	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2203	E	LENS SPHCYL BIFOCAL 4.00D/.1	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2204	E	LENS SPHCY BIFOCAL 4.00D/2.1	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2205	E	LENS SPHCY BIFOCAL 4.00D/4.2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2206	E	LENS SPHCY BIFOCAL 4.00D/OVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2207	E	LENS SPHCY BIFOCAL 4.25-7D/.	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2208	E	LENS SPHCY BIFOCAL 4.25-7/2.	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2209	E	LENS SPHCY BIFOCAL 4.25-7/4.	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2210	E	LENS SPHCY BIFOCAL 4.25-7/OV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2211	E	LENS SPHCY BIFO 7.25-12/.25-	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2212	E	LENS SPHCYL BIFO 7.25-12/2.2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2213	E	LENS SPHCYL BIFO 7.25-12/4.2	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
V2214	E	LENS SPHCYL BIFOCAL OVER 12.	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2215	E	LENS LENTICULAR BIFOCAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2218	E	LENS ANISEIKONIC BIFOCAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2219	E	LENS BIFOCAL SEG WIDTH OVER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2220	E	LENS BIFOCAL ADD OVER 3.25D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2221	E	LENTICULAR LENS, BIFOCAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2299	E	LENS BIFOCAL SPECIALITY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2300	E	LENS SPHERE TRIFOCAL 4.00D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2301	E	LENS SPHERE TRIFOCAL 4.12-7.	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2302	E	LENS SPHERE TRIFOCAL 7.12-20	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2303	E	LENS SPHCY TRIFOCAL 4.0/12-	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2304	E	LENS SPHCY TRIFOCAL 4.0/2.25	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2305	E	LENS SPHCY TRIFOCAL 4.0/4.25	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2306	E	LENS SPHCYL TRIFOCAL 4.00/>6	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2307	E	LENS SPHCY TRIFOCAL 4.25-7/.	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2308	E	LENS SPHC TRIFOCAL 4.25-7/2.	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2309	E	LENS SPHC TRIFOCAL 4.25-7/4.	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2310	E	LENS SPHC TRIFOCAL 4.25-7/>6	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2311	E	LENS SPHC TRIFO 7.25-12/2.25-	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2312	E	LENS SPHC TRIFO 7.25-12/2.25	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2313	E	LENS SPHC TRIFO 7.25-12/4.25	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2314	E	LENS SPHCYL TRIFOCAL OVER 12	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2315	E	LENS LENTICULAR TRIFOCAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2318	E	LENS ANISEIKONIC TRIFOCAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2319	E	LENS TRIFOCAL SEG WIDTH > 28	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2320	E	LENS TRIFOCAL ADD OVER 3.25D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2321	E	LENTICULAR LENS, TRIFOCAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2399	E	LENS TRIFOCAL SPECIALITY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2410	E	LENS VARIAB ASPHERICITY SING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2430	E	LENS VARIABLE ASPHERICITY BI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2499	E	VARIABLE ASPHERICITY LENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2500	E	CONTACT LENS PMMA SPHERICAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2501	E	CNTCT LENS PMMA-TORIC/PRISM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2502	E	CONTACT LENS PMMA BIFOCAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2503	E	CNTCT LENS PMMA COLOR VISION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2510	E	CNTCT GAS PERMEABLE SPHERICL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2511	E	CNTCT TORIC PRISM BALLAST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2512	E	CNTCT LENS GAS PERMBL BIFOCL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2513	E	CONTACT LENS EXTENDED WEAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2520	E	CONTACT LENS HYDROPHILIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2521	E	CNTCT LENS HYDROPHILIC TORIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2522	E	CNTCT LENS HYDROPHIL BIFOCL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2523	E	CNTCT LENS HYDROPHIL EXTEND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2530	E	CONTACT LENS GAS IMPERMEABLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2531	E	CONTACT LENS GAS PERMEABLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2599	E	CONTACT LENS/ES OTHER TYPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2600	E	HAND HELD LOW VISION AIDS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2610	E	SINGLE LENS SPECTACLE MOUNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2615	E	TELESCOP/OTHR COMPOUND LENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2623	E	PLASTIC EYE PROSTH CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2624	E	POLISHING ARTIFICIAL EYE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2625	E	ENLARGEMNT OF EYE PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2626	E	REDUCTION OF EYE PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2627	E	SCLERAL COVER SHELL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2628	E	FABRICATION & FITTING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2629	E	PROSTHETIC EYE OTHER TYPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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									Hospital Lab Fees	Hospital Lab			
V2630	N	ANTER CHAMBER INTRAOCUL LENS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
V2631	N	IRIS SUPPORT INTRAOCLR LENS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
V2632	N	POST CHMBR INTRAOCULAR LENS	-	-	-	Bundled	\$0.00	-	-	000	999	-	
V2700	E	BALANCE LENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2702	E	DELUXE LENS FEATURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2710	E	GLASS/PLASTIC SLAB OFF PRISM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2715	E	PRISM LENS/ES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2718	E	FRESNELL PRISM PRESS-ON LENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2730	E	SPECIAL BASE CURVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2744	E	TINT PHOTOCHROMATIC LENS/ES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2745	E	TINT, ANY COLOR/SOLID/GRAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2750	E	ANTI-REFLECTIVE COATING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2755	E	UV LENS/ES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2756	E	EYE GLASS CASE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2760	E	SCRATCH RESISTANT COATING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2761	E	MIRROR COATING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2762	E	POLARIZATION, ANY LENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2770	E	OCCLUDE LENS/ES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2780	E	OVERSIZE LENS/ES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2781	E	PROGRESSIVE LENS PER LENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2782	E	LENS, 1.54-1.65 P/1.60-1.79G	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2783	E	LENS, >= 1.66 P/>=1.80 G	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2784	E	LENS POLYCARB OR EQUAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2785	M	CORNEAL TISSUE PROCESSING	-	-	-	Fee Schedule	\$1,100.00	-	-	000	999	-	
V2786	E	OCCUPATIONAL MULTIFOCAL LENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2787	E	ASTIGMATISM-CORRECT FUNCTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2788	E	PRESBYOPIA-CORRECT FUNCTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2790	N	AMNIOTIC MEMBRANE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
V2797	E	VIS ITEM/SVC IN OTHER CODE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V2799	E	MISC VISION ITEM OR SERVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5008	E	HEARING SCREENING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5010	E	ASSESSMENT FOR HEARING AID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5011	E	HEARING AID FITTING/CHECKING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5014	E	HEARING AID REPAIR/MODIFYING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5020	E	CONFORMITY EVALUATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5030	E	BODY-WORN HEARING AID AIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5040	E	BODY-WORN HEARING AID BONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5050	E	HEARING AID MONAURAL IN EAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5060	E	BEHIND EAR HEARING AID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5070	E	GLASSES AIR CONDUCTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5080	E	GLASSES BONE CONDUCTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5090	E	HEARING AID DISPENSING FEE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5095	E	IMPLANT MID EAR HEARING PROS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5100	E	BODY-WORN BILAT HEARING AID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5110	E	HEARING AID DISPENSING FEE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5120	E	BODY-WORN BINAURAL HEARING AID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5130	E	IN EAR BINAURAL HEARING AID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5140	E	BEHIND EAR BINAURAL HEARING AI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5150	E	GLASSES BINAURAL HEARING AID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5160	E	DISPENSING FEE BINAURAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5171	E	HEARING AID MONAURAL ITE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5172	E	HEARING AID MONAURAL ITC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5181	E	HEARING AID MONAURAL BTE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5190	E	HEARING AID MONAURAL GLASSES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5200	E	DISP FEE CONTRALATERAL MONAU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5211	E	HEARING AID BINAURAL ITE/ITE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

Please see **cover sheet** for a complete description of information contained in the fee schedules.

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
July 1, 2020**

Proc Cd	2019 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab			
V5212	E	HEARING AID BINAURAL ITE/ITC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5213	E	HEARING AID BINAURAL ITE/BTE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5214	E	HEARING AID BINAURAL ITC/ITC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5215	E	HEARING AID BINAURAL ITC/BTE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5221	E	HEARING AID BINAURAL BTE/BTE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5230	E	HEARING AID BINAURAL GLASSES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5240	E	DISP FEE CONTRALATERAL BINAU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5241	E	DISPENSING FEE, MONAURAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5242	E	HEARING AID, MONAURAL, CIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5243	E	HEARING AID, MONAURAL, ITC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5244	E	HEARING AID, PROG, MON, CIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5245	E	HEARING AID, PROG, MON, ITC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5246	E	HEARING AID, PROG, MON, ITE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5247	E	HEARING AID, PROG, MON, BTE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5248	E	HEARING AID, BINAURAL, CIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5249	E	HEARING AID, BINAURAL, ITC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5250	E	HEARING AID, PROG, BIN, CIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5251	E	HEARING AID, PROG, BIN, ITC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5252	E	HEARING AID, PROG, BIN, ITE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5253	E	HEARING AID, PROG, BIN, BTE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5254	E	HEARING ID, DIGIT, MON, CIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5255	E	HEARING AID, DIGIT, MON, ITC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5256	E	HEARING AID, DIGIT, MON, ITE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5257	E	HEARING AID, DIGIT, MON, BTE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5258	E	HEARING AID, DIGIT, BIN, CIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5259	E	HEARING AID, DIGIT, BIN, ITC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5260	E	HEARING AID, DIGIT, BIN, ITE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5261	E	HEARING AID, DIGIT, BIN, BTE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5262	E	HEARING AID, DISP, MONAURAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5263	E	HEARING AID, DISP, BINAURAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5264	E	EAR MOLD/INSERT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5265	E	EAR MOLD/INSERT, DISP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5266	E	BATTERY FOR HEARING DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5267	E	HEARING AID SUP/ACCESS/DEV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5268	E	ALD TELEPHONE AMPLIFIER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5269	E	ALERTING DEVICE, ANY TYPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5270	E	ALD, TV AMPLIFIER, ANY TYPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5271	E	ALD, TV CAPTION DECODER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5272	E	TDD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5273	E	ALD FOR COCHLEAR IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5274	E	ALD UNSPECIFIED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5275	E	EAR IMPRESSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5281	E	ALD FM/DM SYSTEM, MONAURAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5282	E	ALD FM/DM SYSTEM BINAURAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5283	E	ALD NECK, LOOP IND RECEIVER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5284	E	ALD FM/DM EAR LEVEL RECEIVER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5285	E	ALD FM/DM AUD INPUT RECEIVER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5286	E	ALD BLU TOOTH FM/DM RECEIVER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5287	E	ALD FM/DM RECEIVER, NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5288	E	ALD FM/DM TRANSMITTER ALD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5289	E	ALD FM/DM ADAPT/BOOT COUPLIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5290	E	ALD TRANSMITTER MICROPHONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5298	E	HEARING AID NOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5299	E	HEARING SERVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5336	E	REPAIR COMMUNICATION DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
V5362	E	SPEECH SCREENING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	

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V5363	E	LANGUAGE SCREENING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V5364	E	DYSPHAGIA SCREENING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-