

**Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
January 1, 2020**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
0042T	CT PERFUSION W/CONTRAST CBF	-	-	7/1/2018	Not Allowed	\$0.00
0054T	BONE SRGRY CMPTR FLUOR IMAGE	-	-	7/1/2018	Not Allowed	\$0.00
0055T	BONE SRGRY CMPTR CT/MRI IMAG	-	-	7/1/2018	Not Allowed	\$0.00
0071T	US LEIOMYOMATA ABLATE <200	-	Y	7/1/2018	Not Allowed	\$0.00
0072T	US LEIOMYOMATA ABLATE >200	-	Y	7/1/2018	Not Allowed	\$0.00
0100T	PROSTH RETINA RECEIVE&GEN	-	Y	7/1/2018	Not Allowed	\$0.00
0101T	EXTRACORP SHOCKWV TX HI ENRG	-	Y	7/1/2018	Not Allowed	\$0.00
0102T	EXTRACORP SHOCKWV TX ANESTH	-	Y	7/1/2018	Not Allowed	\$0.00
0126T	CHD RISK IMT STUDY	-	Y	7/1/2018	Not Allowed	\$0.00
0174T	CAD CXR WITH INTERP	-	-	7/1/2018	Not Allowed	\$0.00
0175T	CAD CXR REMOTE	-	-	7/1/2018	Not Allowed	\$0.00
0191T	INSERT ANT SEGMENT DRAIN INT	-	Y	7/1/2018	Not Allowed	\$0.00
0200T	PERQ SACRAL AUGMT UNILAT INJ	-	Y	7/1/2018	Not Allowed	\$0.00
0201T	PERQ SACRAL AUGMT BILAT INJ	-	Y	7/1/2018	Not Allowed	\$0.00
0213T	NJX PARAVERT W/US CER/THOR	-	Y	7/1/2018	Not Allowed	\$0.00
0214T	NJX PARAVERT W/US CER/THOR	-	Y	7/1/2018	No Separate Payment	\$0.00
0215T	NJX PARAVERT W/US CER/THOR	-	Y	7/1/2018	No Separate Payment	\$0.00
0216T	NJX PARAVERT W/US LUMB/SAC	-	Y	7/1/2018	Not Allowed	\$0.00
0217T	NJX PARAVERT W/US LUMB/SAC	-	Y	7/1/2018	No Separate Payment	\$0.00
0218T	NJX PARAVERT W/US LUMB/SAC	-	Y	7/1/2018	No Separate Payment	\$0.00
0228T	NJX TFRML EPRL W/US CER/THOR	-	Y	7/1/2018	Not Allowed	\$0.00
0229T	NJX TFRML EPRL W/US CER/THOR	-	Y	7/1/2018	No Separate Payment	\$0.00
0230T	NJX TFRML EPRL W/US LUMB/SAC	-	Y	7/1/2018	Not Allowed	\$0.00
0231T	NJX TFRML EPRL W/US LUMB/SAC	-	Y	7/1/2018	No Separate Payment	\$0.00
0232T	NJX PLATELET PLASMA	-	Y	7/1/2018	No Separate Payment	\$0.00
0238T	TRLUML PERIP ATHRC ILIAC ART	-	-	7/1/2018	Not Allowed	\$0.00
0250T	INSERT BRONCHIAL VALVE	-	-	7/1/2018	Not Allowed	\$0.00
0251T	REMOV BRONCHIAL VALVE	-	-	7/1/2018	Not Allowed	\$0.00
0252T	REMOV BRONCH VALVE ADDL	-	-	7/1/2018	Not Allowed	\$0.00
0253T	INSERT AQUEOUS DRAIN DEVICE	-	-	7/1/2018	Not Allowed	\$0.00
0263T	IM B1 MRW CEL THER Cmpl	-	Y	7/1/2018	Not Allowed	\$0.00
0264T	IM B1 MRW CEL THER XCL HRVST	-	Y	7/1/2018	Not Allowed	\$0.00
0265T	IM B1 MRW CEL THER HRVST ONL	-	Y	7/1/2018	Not Allowed	\$0.00
0269T	REV/REML CRTD SNS DEV TOTAL	-	Y	7/1/2018	Not Allowed	\$0.00
0270T	REV/REML CRTD SNS DEV LEAD	-	Y	7/1/2018	Not Allowed	\$0.00
0271T	REV/REML CRTD SNS DEV GEN	-	Y	7/1/2018	Not Allowed	\$0.00
0274T	PERQ LAMOT/LAM CRV/THRC	-	-	7/1/2018	Not Allowed	\$0.00
0275T	PERQ LAMOT/LAM LUMBAR	-	-	7/1/2018	Not Allowed	\$0.00
0278T	TEMPR	-	-	7/1/2018	Not Allowed	\$0.00
0290T	LASER INC FOR PKP/LKP RECIP	-	-	7/1/2018	No Separate Payment	\$0.00
0308T	INSJ OCULAR TELESCOPE PROSTH	-	-	7/1/2018	Not Allowed	\$0.00
0313T	LAPS RMVL NSTIM ARRAY VAGUS	-	-	7/1/2018	Not Allowed	\$0.00
0314T	LAPS RMVL VGL ARRY&PLS GEN	-	-	7/1/2018	Not Allowed	\$0.00
0315T	RMVL VAGUS NERVE PLS GEN	-	-	7/1/2018	Not Allowed	\$0.00
0316T	REPLC VAGUS NERVE PLS GEN	-	-	7/1/2018	Not Allowed	\$0.00
0330T	TEAR FILM IMG UNI/BI W/I&R	-	-	7/1/2018	Not Allowed	\$0.00
0331T	HEART SYMP IMAGE PLNR	-	-	7/1/2018	Not Allowed	\$0.00
0332T	HEART SYMP IMAGE PLNR SPECT	-	-	7/1/2018	Not Allowed	\$0.00
0335T	INSJ SINUS TARSII IMPLANT	-	-	7/1/2018	Not Allowed	\$0.00
0338T	TRNSCTH RENAL SYMP DENRV UNL	-	-	7/1/2018	Not Allowed	\$0.00
0339T	TRNSCTH RENAL SYMP DENRV BIL	-	-	7/1/2018	Not Allowed	\$0.00
0342T	THXP APHERESIS W/HDL DELIP	-	-	7/1/2018	Not Allowed	\$0.00
0347T	INS BONE DEVICE FOR RSA	-	-	7/1/2018	Not Allowed	\$0.00

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0348T	RSA SPINE EXAM	-	-	7/1/2018	No Separate Payment	\$0.00
0349T	RSA UPPER EXTR EXAM	-	-	7/1/2018	No Separate Payment	\$0.00
0350T	RSA LOWER EXTR EXAM	-	-	7/1/2018	No Separate Payment	\$0.00
0351T	INTRAOP OCT BRST/NODE SPEC	-	-	7/1/2018	Not Allowed	\$0.00
0353T	INTRAOP OCT BREAST CAVITY	-	-	7/1/2018	Not Allowed	\$0.00
0356T	INSRT DRUG DEVICE FOR IOP	-	-	7/1/2018	No Separate Payment	\$0.00
0376T	INSERT ANT SEGMENT DRAIN INT	-	-	7/1/2018	Not Allowed	\$0.00
0379T	VIS FIELD ASSMNT TECH SUPPT	-	-	7/1/2018	Not Allowed	\$0.00
0394T	HDR ELCTRNC SKN SURF BRCHYTX	-	-	7/1/2018	Not Allowed	\$0.00
0395T	HDR ELCTR NTRST/NTRCV BRCHTX	-	-	7/1/2018	Not Allowed	\$0.00
0396T	INTRAOP KINETIC BALNCE SENSR	-	-	7/1/2018	Not Allowed	\$0.00
0397T	ERCP W/OPTICAL ENDOMICROSCPY	-	-	7/1/2018	Not Allowed	\$0.00
0400T	MLTISPECTRL DIGITAL LES ALYS	-	-	7/1/2018	Not Allowed	\$0.00
0401T	MLTISPECTRL DIGITAL LES ALYS	-	-	7/1/2018	Not Allowed	\$0.00
0402T	COLGN CROSS-LINK CRN MED SEP	-	-	7/1/2018	Not Allowed	\$0.00
0408T	INSJ/RPLC CARDIAC MODULJ SYS	-	-	7/1/2018	Not Allowed	\$0.00
0409T	INSJ/RPLC CAR MODULJ PLS GN	-	-	7/1/2018	Not Allowed	\$0.00
0410T	INSJ/RPLC CAR MODULJ ATR ELT	-	-	7/1/2018	Not Allowed	\$0.00
0411T	INSJ/RPLC CAR MODULJ VNT ELT	-	-	7/1/2018	Not Allowed	\$0.00
0412T	RMVL CARDIAC MODULJ PLS GEN	-	-	7/1/2018	Not Allowed	\$0.00
0413T	RMVL CAR MODULJ TRANVNS ELT	-	-	7/1/2018	Not Allowed	\$0.00
0414T	RMVL & RPL CAR MODULJ PLS GN	-	-	7/1/2018	Not Allowed	\$0.00
0415T	REPOS CAR MODULJ TRANVNS ELT	-	-	7/1/2018	Not Allowed	\$0.00
0416T	RELOC SKIN POCKET PLS GEN	-	-	7/1/2018	Not Allowed	\$0.00
0419T	DSTRJ NEUROFIBROMA XTNSV	-	-	7/1/2018	Not Allowed	\$0.00
0420T	DSTRJ NEUROFIBROMA XTNSV	-	-	7/1/2018	Not Allowed	\$0.00
0421T	WATERJET PROSTATE ABLTJ Cmpl	-	-	7/1/2018	Not Allowed	\$0.00
0422T	TACTILE BREAST IMG UNI/BI	-	-	7/1/2018	Not Allowed	\$0.00
0424T	INSJ/RPLC NSTIM APNEA COMPL	-	-	7/1/2018	Not Allowed	\$0.00
0425T	INSJ/RPLC NSTIM APNEA SEN LD	-	-	7/1/2018	Not Allowed	\$0.00
0426T	INSJ/RPLC NSTIM APNEA STM LD	-	-	7/1/2018	Not Allowed	\$0.00
0427T	INSJ/RPLC NSTIM APNEA PLS GN	-	-	7/1/2018	Not Allowed	\$0.00
0428T	RMVL NSTIM APNEA PLS GEN	-	-	7/1/2018	Not Allowed	\$0.00
0429T	RMVL NSTIM APNEA SEN LD	-	-	7/1/2018	Not Allowed	\$0.00
0430T	RMVL NSTIM APNEA STIMJ LD	-	-	7/1/2018	Not Allowed	\$0.00
0431T	RMVL/RPLC NSTIM APNEA PLS GN	-	-	7/1/2018	Not Allowed	\$0.00
0432T	REPOS NSTIM APNEA STIMJ LD	-	-	7/1/2018	Not Allowed	\$0.00
0433T	REPOS NSTIM APNEA SENSING LD	-	-	7/1/2018	Not Allowed	\$0.00
0434T	INTERRO EVAL NPGS APNEA	-	-	7/1/2018	Not Allowed	\$0.00
0437T	IMPLTJ SYNTH RNFCMT ABDL WAL	-	-	7/1/2018	Not Allowed	\$0.00
0439T	MYOCDR CONTRAST PRFUJ ECHO	-	-	7/1/2018	Not Allowed	\$0.00
0440T	ABLTJ PERC UXTR/PERPH NRV	-	-	7/1/2018	Not Allowed	\$0.00
0441T	ABLTJ PERC LXTR/PERPH NRV	-	-	7/1/2018	Not Allowed	\$0.00
0442T	ABLTJ PERC PLEX/TRNCL NRV	-	-	7/1/2018	Not Allowed	\$0.00
0443T	R-T SPCTRL ALYS PRST8 TISS	-	-	7/1/2018	Not Allowed	\$0.00
0444T	1ST PLMT DRUG ELUT OC INS	-	-	7/1/2018	Not Allowed	\$0.00
0445T	SBSQT PLMT DRUG ELUT OC INS	-	-	7/1/2018	Not Allowed	\$0.00
0446T	INSJ IMPLTBL GLUCOSE SENSOR	-	-	7/1/2018	Not Allowed	\$0.00
0447T	RMVL IMPLTBL GLUCOSE SENSOR	-	-	7/1/2018	Not Allowed	\$0.00
0448T	REMLV INSJ IMPLTBL GLUC SENS	-	-	7/1/2018	Not Allowed	\$0.00
0449T	INSJ AQUEOUS DRAIN DEV 1ST	-	-	7/1/2018	Not Allowed	\$0.00
0450T	INSJ AQUEOUS DRAIN DEV EACH	-	-	7/1/2018	Not Allowed	\$0.00
0465T	SUPCHRDL NJX RX W/O SUPPLY	-	-	7/1/2018	Not Allowed	\$0.00

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0466T	INSJ CH WAL RESPIR ELTRD/RA	-	-	7/1/2018	Not Allowed	\$0.00
0467T	REVI/RPLMNT CH RESPIR ELTRD	-	-	7/1/2018	Not Allowed	\$0.00
0468T	RMVL CH WAL RESPIR ELTRD/RA	-	-	7/1/2018	Not Allowed	\$0.00
0471T	OCT SKN IMG ACQUIS I&R ADDL	-	-	7/1/2018	Not Allowed	\$0.00
0474T	INSJ AQUEOUS DRG DEV IO RSVR	-	-	7/1/2018	Not Allowed	\$0.00
0479T	FXJL ABL LSR 1ST 100 SQ CM	-	-	7/1/2018	Not Allowed	\$0.00
0480T	FXJL ABL LSR EA ADDL 100SQCM	-	-	7/1/2018	Not Allowed	\$0.00
0481T	NJX AUTOL WBC CONCENTRATE	-	-	7/1/2018	Not Allowed	\$0.00
0483T	TMVI PERCUTANEOUS APPROACH	-	-	7/1/2018	Not Allowed	\$0.00
0484T	TMVI TRANSTHORACIC EXPOSURE	-	-	7/1/2018	Not Allowed	\$0.00
0485T	OCT MID EAR I&R UNILATERAL	-	-	7/1/2018	Not Allowed	\$0.00
0486T	OCT MID EAR I&R BILATERAL	-	-	7/1/2018	Not Allowed	\$0.00
0487T	TRVG BIOMCHN MAPG W/REPR	-	-	7/1/2018	Not Allowed	\$0.00
0488T	DIABETES PREV ONLINE/ELEC	-	-	7/1/2018	Not Allowed	\$0.00
0491T	ABL LSR OPN WND 1ST 20 SQCM	-	-	7/1/2018	Not Allowed	\$0.00
0492T	ABL LSR OPN WND ADDL 20 SQCM	-	-	7/1/2018	Not Allowed	\$0.00
0493T	NEAR IFR SPECTRSC OF WOUNDS	-	-	7/1/2018	Not Allowed	\$0.00
0502T	COR FFR DATA PREP & TRANSMIS	-	-	7/1/2018	Not Allowed	\$0.00
0503T	COR FFR ALYS GNRJ FFR MDL	-	-	7/1/2018	Not Allowed	\$0.00
0508T	PLS ECHO US B1 DNS MEAS TIB	-	-	1/1/2019	Not Allowed	\$0.00
0510T	RMVL SINUS TARSII IMPLANT	-	-	1/1/2019	Not Allowed	\$0.00
0511T	RMVL&RINSJ SINUS TARSII IMPLT	-	-	1/1/2019	Not Allowed	\$0.00
0512T	ESW INTEG WND HLG 1ST WND	-	-	1/1/2019	Not Allowed	\$0.00
0513T	ESW INTEG WND HLG EA ADDL	-	-	1/1/2019	Not Allowed	\$0.00
0514T	INTRAOP VIS AXIS ID PT FIXJ	-	-	1/1/2019	Not Allowed	\$0.00
0523T	NTRAPX C FFR W/3D FUNCJL MAP	-	-	1/1/2019	Not Allowed	\$0.00
0524T	EV CATH DIR CHEM ABLTJ W/IMG	-	-	1/1/2019	Not Allowed	\$0.00
0525T	INSJ/RPLCMT COMPL IIMS	-	-	1/1/2019	Not Allowed	\$0.00
0526T	INSJ/RPLCMT IIMS ELTRD ONLY	-	-	1/1/2019	Not Allowed	\$0.00
0527T	INSJ/RPLCMT IIMS IMPLT MNTR	-	-	7/1/2019	Not Allowed	\$0.00
0530T	REMOVAL COMPLETE IIMS	-	-	7/1/2019	Not Allowed	\$0.00
0531T	REMOVAL IIMS ELECTRODE ONLY	-	-	7/1/2019	Not Allowed	\$0.00
0532T	REMOVAL IIMS IMPLT MNTR ONLY	-	-	7/1/2019	Not Allowed	\$0.00
0548T	TPRNL BALO CNTNC DEV BI	-	-	7/1/2019	Not Allowed	\$0.00
0549T	TPRNL BALO CNTNC DEV UNI	-	-	7/1/2019	Not Allowed	\$0.00
0550T	TPRNL BALO CNTNC DEV RMVL EA	-	-	7/1/2019	Not Allowed	\$0.00
0551T	TPRNL BALO CNTNC DEV ADJMT	-	-	7/1/2019	Not Allowed	\$0.00
0558T	CT SCAN F/BIOMCHN CT ALYS	-	-	7/1/2019	Not Allowed	\$0.00
0566T	AUTOL CELL IMPLT ADPS NJX	-	-	1/1/2020	Not Allowed	\$0.00
0587T	PERQ IMPLTJ/RPLCMT ISDNS PTN	-	-	1/1/2020	Not Allowed	\$0.00
0588T	REVISION/REMOVAL ISDNS PTN	-	-	1/1/2020	Not Allowed	\$0.00
10004	FNA BX W/O IMG GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
10005	FNA BX W/US GDN 1ST LES	-	-	1/1/2020	Fee Schedule	\$75.07
10006	FNA BX W/US GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
10007	FNA BX W/FLUOR GDN 1ST LES	-	-	1/1/2020	Fee Schedule	\$232.42
10008	FNA BX W/FLUOR GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
10009	FNA BX W/CT GDN 1ST LES	-	-	1/1/2020	Fee Schedule	\$308.23
10010	FNA BX W/CT GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
10011	FNA BX W/MR GDN 1ST LES	-	-	1/1/2020	Fee Schedule	\$308.23
10012	FNA BX W/MR GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
10021	FNA BX W/O IMG GDN 1ST LES	Y	-	1/1/2020	Fee Schedule	\$59.19
10030	GUIDE CATHET FLUID DRAINAGE	Y	-	1/1/2020	Fee Schedule	\$308.23
10035	PERQ DEV SOFT TISS 1ST IMAG	-	-	7/1/2018	No Separate Payment	\$0.00

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10036	PERQ DEV SOFT TISS ADD IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
10040	ACNE SURGERY	-	-	7/1/2018	No Separate Payment	\$0.00
10060	DRAINAGE OF SKIN ABSCESS	Y	-	1/1/2020	Fee Schedule	\$75.43
10061	DRAINAGE OF SKIN ABSCESS	Y	-	1/1/2020	Fee Schedule	\$115.49
10080	DRAINAGE OF PILONIDAL CYST	Y	-	1/1/2020	Fee Schedule	\$165.29
10081	DRAINAGE OF PILONIDAL CYST	Y	-	1/1/2020	Fee Schedule	\$208.60
10120	REMOVE FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$106.83
10121	REMOVE FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$576.39
10140	DRAINAGE OF HEMATOMA/FLUID	Y	-	1/1/2020	Fee Schedule	\$110.07
10160	PUNCTURE DRAINAGE OF LESION	Y	-	1/1/2020	Fee Schedule	\$83.37
10180	COMPLEX DRAINAGE WOUND	Y	-	1/1/2020	Fee Schedule	\$994.34
11000	DEBRIDE INFECTED SKIN	Y	-	1/1/2020	Fee Schedule	\$34.29
11001	DEBRIDE INFECTED SKIN ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
11010	DEBRIDE SKIN AT FX SITE	Y	-	1/1/2020	Fee Schedule	\$308.23
11011	DEBRIDE SKIN MUSC AT FX SITE	Y	-	1/1/2020	Fee Schedule	\$308.23
11012	DEB SKIN BONE AT FX SITE	Y	-	1/1/2020	Fee Schedule	\$994.34
11042	DEB SUBQ TISSUE 20 SQ CM/<	Y	-	1/1/2020	Fee Schedule	\$161.45
11043	DEB MUSC/FASCIA 20 SQ CM/<	Y	-	1/1/2020	Fee Schedule	\$251.14
11044	DEB BONE 20 SQ CM/<	Y	-	1/1/2020	Fee Schedule	\$576.39
11045	DEB SUBQ TISSUE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
11046	DEB MUSC/FASCIA ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
11047	DEB BONE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
11055	TRIM SKIN LESION	-	-	7/1/2018	No Separate Payment	\$0.00
11056	TRIM SKIN LESIONS 2 TO 4	-	-	7/1/2018	No Separate Payment	\$0.00
11057	TRIM SKIN LESIONS OVER 4	Y	-	1/1/2020	Fee Schedule	\$58.10
11102	TANGNTL BX SKIN SINGLE LES	-	-	1/1/2020	Fee Schedule	\$75.79
11103	TANGNTL BX SKIN EA SEP/ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
11104	PUNCH BX SKIN SINGLE LESION	-	-	1/1/2020	Fee Schedule	\$88.29
11105	PUNCH BX SKIN EA SEP/ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
11106	INCAL BX SKN SINGLE LES	-	-	1/1/2020	Fee Schedule	\$116.21
11107	INCAL BX SKN EA SEP/ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
11200	REMOVAL OF SKIN TAGS <W/15	-	-	7/1/2018	No Separate Payment	\$0.00
11201	REMOVE SKIN TAGS ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
11300	SHAVE SKIN LESION 0.5 CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
11301	SHAVE SKIN LESION 0.6-1.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11302	SHAVE SKIN LESION 1.1-2.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11303	SHAVE SKIN LESION >2.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11305	SHAVE SKIN LESION 0.5 CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
11306	SHAVE SKIN LESION 0.6-1.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11307	SHAVE SKIN LESION 1.1-2.0 CM	Y	-	1/1/2020	Fee Schedule	\$88.29
11308	SHAVE SKIN LESION >2.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11310	SHAVE SKIN LESION 0.5 CM/<	Y	-	1/1/2020	Fee Schedule	\$86.62
11311	SHAVE SKIN LESION 0.6-1.0 CM	Y	-	1/1/2020	Fee Schedule	\$88.29
11312	SHAVE SKIN LESION 1.1-2.0 CM	Y	-	1/1/2020	Fee Schedule	\$111.16
11313	SHAVE SKIN LESION >2.0 CM	Y	-	1/1/2020	Fee Schedule	\$123.07
11400	EXC TR-EXT B9+MARG 0.5 CM<	Y	-	1/1/2020	Fee Schedule	\$92.39
11401	EXC TR-EXT B9+MARG 0.6-1 CM	Y	-	1/1/2020	Fee Schedule	\$105.38
11402	EXC TR-EXT B9+MARG 1.1-2 CM	Y	-	1/1/2020	Fee Schedule	\$115.13
11403	EXC TR-EXT B9+MARG 2.1-3CM	Y	-	1/1/2020	Fee Schedule	\$124.87
11404	EXC TR-EXT B9+MARG 3.1-4 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
11406	EXC TR-EXT B9+MARG >4.0 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
11420	EXC H-F-NK-SP B9+MARG 0.5/<	Y	-	1/1/2020	Fee Schedule	\$88.78
11421	EXC H-F-NK-SP B9+MARG 0.6-1	Y	-	1/1/2020	Fee Schedule	\$104.30

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
11422	EXC H-F-NK-SP B9+MARG 1.1-2	Y	-	1/1/2020	Fee Schedule	\$115.49
11423	EXC H-F-NK-SP B9+MARG 2.1-3	Y	-	1/1/2020	Fee Schedule	\$125.23
11424	EXC H-F-NK-SP B9+MARG 3.1-4	Y	-	1/1/2020	Fee Schedule	\$576.39
11426	EXC H-F-NK-SP B9+MARG >4 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
11440	EXC FACE-MM B9+MARG 0.5 CM/<	Y	-	1/1/2020	Fee Schedule	\$101.41
11441	EXC FACE-MM B9+MARG 0.6-1 CM	Y	-	1/1/2020	Fee Schedule	\$114.04
11442	EXC FACE-MM B9+MARG 1.1-2 CM	Y	-	1/1/2020	Fee Schedule	\$123.43
11443	EXC FACE-MM B9+MARG 2.1-3 CM	Y	-	1/1/2020	Fee Schedule	\$136.78
11444	EXC FACE-MM B9+MARG 3.1-4 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
11446	EXC FACE-MM B9+MARG >4 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
11450	REMOVAL SWEAT GLAND LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
11451	REMOVAL SWEAT GLAND LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
11462	REMOVAL SWEAT GLAND LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
11463	REMOVAL SWEAT GLAND LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
11470	REMOVAL SWEAT GLAND LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
11471	REMOVAL SWEAT GLAND LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
11600	EXC TR-EXT MAL+MARG 0.5 CM/<	Y	-	1/1/2020	Fee Schedule	\$136.06
11601	EXC TR-EXT MAL+MARG 0.6-1 CM	Y	-	1/1/2020	Fee Schedule	\$151.58
11602	EXC TR-EXT MAL+MARG 1.1-2 CM	Y	-	1/1/2020	Fee Schedule	\$161.45
11603	EXC TR-EXT MAL+MARG 2.1-3 CM	Y	-	1/1/2020	Fee Schedule	\$175.40
11604	EXC TR-EXT MAL+MARG 3.1-4 CM	Y	-	1/1/2020	Fee Schedule	\$308.23
11606	EXC TR-EXT MAL+MARG >4 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
11620	EXC H-F-NK-SP MAL+MARG 0.5/<	Y	-	1/1/2020	Fee Schedule	\$136.42
11621	EXC S/N/H/F/G MAL+MRG 0.6-1	Y	-	1/1/2020	Fee Schedule	\$151.94
11622	EXC S/N/H/F/G MAL+MRG 1.1-2	Y	-	1/1/2020	Fee Schedule	\$164.93
11623	EXC S/N/H/F/G MAL+MRG 2.1-3	Y	-	1/1/2020	Fee Schedule	\$181.17
11624	EXC S/N/H/F/G MAL+MRG 3.1-4	Y	-	1/1/2020	Fee Schedule	\$576.39
11626	EXC S/N/H/F/G MAL+MRG >4 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
11640	EXC F/E/E/N/L MAL+MRG 0.5CM<	Y	-	1/1/2020	Fee Schedule	\$140.39
11641	EXC F/E/E/N/L MAL+MRG 0.6-1	Y	-	1/1/2020	Fee Schedule	\$156.63
11642	EXC F/E/E/N/L MAL+MRG 1.1-2	Y	-	1/1/2020	Fee Schedule	\$171.43
11643	EXC F/E/E/N/L MAL+MRG 2.1-3	Y	-	1/1/2020	Fee Schedule	\$187.67
11644	EXC F/E/E/N/L MAL+MRG 3.1-4	Y	-	1/1/2020	Fee Schedule	\$576.39
11646	EXC F/E/E/N/L MAL+MRG >4 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
11719	TRIM NAIL(S) ANY NUMBER	-	-	7/1/2018	No Separate Payment	\$0.00
11720	DEBRIDE NAIL 1-5	-	-	7/1/2018	No Separate Payment	\$0.00
11721	DEBRIDE NAIL 6 OR MORE	-	-	7/1/2018	No Separate Payment	\$0.00
11730	REMOVAL OF NAIL PLATE	-	-	7/1/2018	No Separate Payment	\$0.00
11732	REMOVE NAIL PLATE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
11740	DRAIN BLOOD FROM UNDER NAIL	-	-	7/1/2018	No Separate Payment	\$0.00
11750	REMOVAL OF NAIL BED	Y	-	1/1/2020	Fee Schedule	\$99.25
11755	BIOPSY NAIL UNIT	Y	-	1/1/2020	Fee Schedule	\$76.87
11760	REPAIR OF NAIL BED	Y	-	1/1/2020	Fee Schedule	\$251.14
11762	RECONSTRUCTION OF NAIL BED	Y	-	1/1/2020	Fee Schedule	\$186.94
11765	EXCISION OF NAIL FOLD TOE	-	-	7/1/2018	No Separate Payment	\$0.00
11770	REMOVE PILONIDAL CYST SIMPLE	Y	-	1/1/2020	Fee Schedule	\$994.34
11771	REMOVE PILONIDAL CYST EXTEN	Y	-	1/1/2020	Fee Schedule	\$994.34
11772	REMOVE PILONIDAL CYST COMPL	Y	-	1/1/2020	Fee Schedule	\$994.34
11900	INJECT SKIN LESIONS <W 7	-	-	7/1/2018	No Separate Payment	\$0.00
11901	INJECT SKIN LESIONS >7	-	-	7/1/2018	No Separate Payment	\$0.00
11920	CORRECT SKIN COLOR 6.0 CM/<	Y	-	1/1/2020	Fee Schedule	\$124.15
11921	CORRECT SKN COLOR 6.1-20.0CM	Y	-	1/1/2020	Fee Schedule	\$137.50
11922	CORRECT SKIN COLOR EA 20.0CM	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
11950	TX CONTOUR DEFECTS 1 CC/<	-	-	7/1/2018	Not Allowed	\$0.00
11951	TX CONTOUR DEFECTS 1.1-5.0CC	-	-	7/1/2018	Not Allowed	\$0.00
11952	TX CONTOUR DEFECTS 5.1-10CC	-	-	7/1/2018	Not Allowed	\$0.00
11954	TX CONTOUR DEFECTS >10.0 CC	-	-	7/1/2018	Not Allowed	\$0.00
11960	INSERT TISSUE EXPANDER(S)	Y	Y	1/1/2020	Fee Schedule	\$1,504.38
11970	REPLACE TISSUE EXPANDER	Y	Y	1/1/2020	Fee Schedule	\$2,803.36
11971	REMOVE TISSUE EXPANDER(S)	-	Y	1/1/2020	Fee Schedule	\$994.34
11976	REMOVE CONTRACEPTIVE CAPSULE	-	-	1/1/2020	Fee Schedule	\$75.43
11980	IMPLANT HORMONE PELLETT(S)	-	-	7/1/2018	No Separate Payment	\$0.00
11981	INSERT DRUG IMPLANT DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
11982	REMOVE DRUG IMPLANT DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
11983	REMOVE/INSERT DRUG IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
12001	RPR S/N/AX/GEN/TRNK 2.5CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
12002	RPR S/N/AX/GEN/TRNK2.6-7.5CM	-	-	7/1/2018	No Separate Payment	\$0.00
12004	RPR S/N/AX/GEN/TRK7.6-12.5CM	-	-	7/1/2018	No Separate Payment	\$0.00
12005	RPR S/N/A/GEN/TRK12.6-20.0CM	-	-	1/1/2020	Fee Schedule	\$161.45
12006	RPR S/N/A/GEN/TRK20.1-30.0CM	-	-	1/1/2020	Fee Schedule	\$161.45
12007	RPR S/N/AX/GEN/TRNK >30.0 CM	Y	-	1/1/2020	Fee Schedule	\$88.29
12011	RPR F/E/E/N/L/M 2.5 CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
12013	RPR F/E/E/N/L/M 2.6-5.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
12014	RPR F/E/E/N/L/M 5.1-7.5 CM	-	-	7/1/2018	No Separate Payment	\$0.00
12015	RPR F/E/E/N/L/M 7.6-12.5 CM	-	-	1/1/2020	Fee Schedule	\$88.29
12016	RPR FE/E/EN/L/M 12.6-20.0 CM	-	-	1/1/2020	Fee Schedule	\$161.45
12017	RPR FE/E/EN/L/M 20.1-30.0 CM	-	-	1/1/2020	Fee Schedule	\$161.45
12018	RPR F/E/E/N/L/M >30.0 CM	-	-	1/1/2020	Fee Schedule	\$88.29
12020	CLOSURE OF SPLIT WOUND	Y	-	1/1/2020	Fee Schedule	\$251.14
12021	CLOSURE OF SPLIT WOUND	Y	-	1/1/2020	Fee Schedule	\$161.45
12031	INTMD RPR S/A/T/EXT 2.5 CM/<	Y	-	1/1/2020	Fee Schedule	\$161.45
12032	INTMD RPR S/A/T/EXT 2.6-7.5	Y	-	1/1/2020	Fee Schedule	\$161.45
12034	INTMD RPR S/TR/EXT 7.6-12.5	Y	-	1/1/2020	Fee Schedule	\$161.45
12035	INTMD RPR S/A/T/EXT 12.6-20	Y	-	1/1/2020	Fee Schedule	\$161.45
12036	INTMD RPR S/A/T/EXT 20.1-30	Y	-	1/1/2020	Fee Schedule	\$251.14
12037	INTMD RPR S/TR/EXT >30.0 CM	Y	-	1/1/2020	Fee Schedule	\$819.95
12041	INTMD RPR N-HF/GENIT 2.5CM/<	-	-	1/1/2020	Fee Schedule	\$161.45
12042	INTMD RPR N-HF/GENIT2.6-7.5	Y	-	1/1/2020	Fee Schedule	\$161.45
12044	INTMD RPR N-HF/GENIT7.6-12.5	Y	-	1/1/2020	Fee Schedule	\$251.14
12045	INTMD RPR N-HF/GENIT12.6-20	Y	-	1/1/2020	Fee Schedule	\$251.14
12046	INTMD RPR N-HF/GENIT20.1-30	Y	-	1/1/2020	Fee Schedule	\$161.45
12047	INTMD RPR N-HF/GENIT >30.0CM	Y	-	1/1/2020	Fee Schedule	\$819.95
12051	INTMD RPR FACE/MM 2.5 CM/<	Y	-	1/1/2020	Fee Schedule	\$161.45
12052	INTMD RPR FACE/MM 2.6-5.0 CM	Y	-	1/1/2020	Fee Schedule	\$161.45
12053	INTMD RPR FACE/MM 5.1-7.5 CM	Y	-	1/1/2020	Fee Schedule	\$161.45
12054	INTMD RPR FACE/MM 7.6-12.5CM	-	-	1/1/2020	Fee Schedule	\$161.45
12055	INTMD RPR FACE/MM 12.6-20 CM	Y	-	1/1/2020	Fee Schedule	\$161.45
12056	INTMD RPR FACE/MM 20.1-30.0	-	-	1/1/2020	Fee Schedule	\$161.45
12057	INTMD RPR FACE/MM >30.0 CM	Y	-	1/1/2020	Fee Schedule	\$161.45
13100	CMPLX RPR TRUNK 1.1-2.5 CM	Y	-	1/1/2020	Fee Schedule	\$251.14
13101	CMPLX RPR TRUNK 2.6-7.5 CM	Y	-	1/1/2020	Fee Schedule	\$251.14
13102	CMPLX RPR TRUNK ADDL 5CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
13120	CMPLX RPR S/A/L 1.1-2.5 CM	Y	-	1/1/2020	Fee Schedule	\$251.14
13121	CMPLX RPR S/A/L 2.6-7.5 CM	Y	-	1/1/2020	Fee Schedule	\$251.14
13122	CMPLX RPR S/A/L ADDL 5 CM/>	-	-	7/1/2018	No Separate Payment	\$0.00
13131	CMPLX RPR F/C/C/M/N/AX/G/H/F	Y	-	1/1/2020	Fee Schedule	\$161.45

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
13132	CMPLX RPR F/C/C/M/N/AX/G/H/F	Y	-	1/1/2020	Fee Schedule	\$251.14
13133	CMPLX RPR F/C/C/M/N/AX/G/H/F	-	-	7/1/2018	No Separate Payment	\$0.00
13151	CMPLX RPR E/N/E/L 1.1-2.5 CM	Y	-	1/1/2020	Fee Schedule	\$251.14
13152	CMPLX RPR E/N/E/L 2.6-7.5 CM	Y	-	1/1/2020	Fee Schedule	\$251.14
13153	CMPLX RPR E/N/E/L ADDL 5CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
13160	LATE CLOSURE OF WOUND	Y	-	1/1/2020	Fee Schedule	\$819.95
14000	TIS TRNFR TRUNK 10 SQ CM/<	Y	-	1/1/2020	Fee Schedule	\$819.95
14001	TIS TRNFR TRUNK 10.1-30SQCM	Y	-	1/1/2020	Fee Schedule	\$819.95
14020	TIS TRNFR S/A/L 10 SQ CM/<	Y	-	1/1/2020	Fee Schedule	\$819.95
14021	TIS TRNFR S/A/L 10.1-30 SQCM	Y	-	1/1/2020	Fee Schedule	\$819.95
14040	TIS TRNFR F/C/C/M/N/A/G/H/F	Y	-	1/1/2020	Fee Schedule	\$819.95
14041	TIS TRNFR F/C/C/M/N/A/G/H/F	Y	-	1/1/2020	Fee Schedule	\$819.95
14060	TIS TRNFR E/N/E/L 10 SQ CM/<	Y	-	1/1/2020	Fee Schedule	\$819.95
14061	TIS TRNFR E/N/E/L10.1-30SQCM	Y	-	1/1/2020	Fee Schedule	\$819.95
14301	TIS TRNFR ANY 30.1-60 SQ CM	Y	-	1/1/2020	Fee Schedule	\$1,504.38
14302	TIS TRNFR ADDL 30 SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
14350	FILLETED FINGER/TOE FLAP	Y	-	1/1/2020	Fee Schedule	\$819.95
15002	WOUND PREP TRK/ARM/LEG	Y	-	1/1/2020	Fee Schedule	\$819.95
15003	WOUND PREP ADDL 100 CM	-	-	7/1/2018	No Separate Payment	\$0.00
15004	WOUND PREP F/N/HF/G	Y	-	1/1/2020	Fee Schedule	\$251.14
15005	WND PREP F/N/HF/G ADDL CM	-	-	7/1/2018	No Separate Payment	\$0.00
15040	HARVEST CULTURED SKIN GRAFT	Y	-	1/1/2020	Fee Schedule	\$819.95
15050	SKIN PINCH GRAFT	Y	-	1/1/2020	Fee Schedule	\$251.14
15100	SKIN SPLT GRFT TRNK/ARM/LEG	Y	-	1/1/2020	Fee Schedule	\$819.95
15101	SKIN SPLT GRFT T/A/L ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	Y	-	1/1/2020	Fee Schedule	\$819.95
15111	EPIDRM AUTOGRFT T/A/L ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15115	EPIDRM A-GRFT FACE/NCK/HF/G	Y	-	1/1/2020	Fee Schedule	\$819.95
15116	EPIDRM A-GRFT F/N/HF/G ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
15120	SKN SPLT A-GRFT FAC/NCK/HF/G	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15121	SKN SPLT A-GRFT F/N/HF/G ADD	-	-	7/1/2018	No Separate Payment	\$0.00
15130	DERM AUTOGRAFT TRNK/ARM/LEG	Y	-	1/1/2020	Fee Schedule	\$819.95
15131	DERM AUTOGRAFT T/A/L ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15135	DERM AUTOGRAFT FACE/NCK/HF/G	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15136	DERM AUTOGRAFT F/N/HF/G ADD	-	-	7/1/2018	No Separate Payment	\$0.00
15150	CULT SKIN GRFT T/ARM/LEG	Y	-	1/1/2020	Fee Schedule	\$819.95
15151	CULT SKIN GRFT T/A/L ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
15152	CULT SKIN GRAFT T/A/L +%	-	-	7/1/2018	No Separate Payment	\$0.00
15155	CULT SKIN GRAFT F/N/HF/G	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15156	CULT SKIN GRFT F/N/HFG ADD	-	-	7/1/2018	No Separate Payment	\$0.00
15157	CULT EPIDERM GRFT F/N/HFG +%	-	-	7/1/2018	No Separate Payment	\$0.00
15200	SKIN FULL GRAFT TRUNK	Y	-	1/1/2020	Fee Schedule	\$819.95
15201	SKIN FULL GRAFT TRUNK ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15220	SKIN FULL GRAFT SCLP/ARM/LEG	Y	-	1/1/2020	Fee Schedule	\$819.95
15221	SKIN FULL GRAFT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15240	SKIN FULL GRFT FACE/GENIT/HF	Y	-	1/1/2020	Fee Schedule	\$819.95
15241	SKIN FULL GRAFT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15260	SKIN FULL GRAFT EEN & LIPS	Y	-	1/1/2020	Fee Schedule	\$819.95
15261	SKIN FULL GRAFT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15271	SKIN SUB GRAFT TRNK/ARM/LEG	Y	-	1/1/2020	Fee Schedule	\$819.95
15272	SKIN SUB GRAFT T/A/L ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15273	SKIN SUB GRFT T/ARM/LG CHILD	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15274	SKN SUB GRFT T/A/L CHILD ADD	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
15275	SKIN SUB GRAFT FACE/NK/HF/G	Y	-	1/1/2020	Fee Schedule	\$819.95
15276	SKIN SUB GRAFT F/N/HF/G ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
15277	SKN SUB GRFT F/N/HF/G CHILD	Y	-	1/1/2020	Fee Schedule	\$819.95
15278	SKN SUB GRFT F/N/HF/G CH ADD	-	-	7/1/2018	No Separate Payment	\$0.00
15570	SKIN PEDICLE FLAP TRUNK	Y	-	1/1/2020	Fee Schedule	\$819.95
15572	SKIN PEDICLE FLAP ARMS/LEGS	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15574	PEDCLE FH/CH/CH/M/N/AX/G/H/F	Y	-	1/1/2020	Fee Schedule	\$819.95
15576	PEDICLE E/N/E/L/NTRORAL	Y	-	1/1/2020	Fee Schedule	\$819.95
15600	DELAY FLAP TRUNK	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15610	DELAY FLAP ARMS/LEGS	Y	-	1/1/2020	Fee Schedule	\$819.95
15620	DELAY FLAP F/C/C/N/AX/G/H/F	Y	-	1/1/2020	Fee Schedule	\$819.95
15630	DELAY FLAP EYE/NOS/EAR/LIP	Y	-	1/1/2020	Fee Schedule	\$819.95
15650	TRANSFER SKIN PEDICLE FLAP	Y	-	1/1/2020	Fee Schedule	\$819.95
15730	MDFC FLAP W/PRSRV VASC PEDCL	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15731	FOREHEAD FLAP W/VASC PEDICLE	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15733	MUSC MYOQ/FSCQ FLP H&N PEDCL	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15734	MUSCLE-SKIN GRAFT TRUNK	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15736	MUSCLE-SKIN GRAFT ARM	Y	-	1/1/2020	Fee Schedule	\$819.95
15738	MUSCLE-SKIN GRAFT LEG	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15740	ISLAND PEDICLE FLAP GRAFT	Y	-	1/1/2020	Fee Schedule	\$819.95
15750	NEUROVASCULAR PEDICLE FLAP	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15760	COMPOSITE SKIN GRAFT	Y	-	1/1/2020	Fee Schedule	\$819.95
15769	GRFG AUTOL SOFT TISS DIR EXC	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15770	DERMA-FAT-FASCIA GRAFT	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15771	GRFG AUTOL FAT LIPO 50 CC/<	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15773	GRFG AUTOL FAT LIPO 25 CC/<	Y	-	1/1/2020	Fee Schedule	\$819.95
15775	HAIR TRNSPL 1-15 PUNCH GRFTS	-	-	7/1/2018	Not Allowed	\$0.00
15776	HAIR TRNSPL >15 PUNCH GRAFTS	-	-	7/1/2018	Not Allowed	\$0.00
15777	ACELLULAR DERM MATRIX IMPLT	-	-	7/1/2018	No Separate Payment	\$0.00
15780	DERMABRASION TOTAL FACE	-	-	7/1/2018	Not Allowed	\$0.00
15781	DERMABRASION SEGMENTAL FACE	-	-	7/1/2018	Not Allowed	\$0.00
15782	DERMABRASION OTHER THAN FACE	-	-	7/1/2018	Not Allowed	\$0.00
15783	DERMABRASION SUPRFL ANY SITE	-	-	7/1/2018	Not Allowed	\$0.00
15786	ABRASION LESION SINGLE	-	-	7/1/2018	Not Allowed	\$0.00
15787	ABRASION LESIONS ADD-ON	-	-	7/1/2018	Not Allowed	\$0.00
15788	CHEMICAL PEEL FACE EPIDERM	-	-	7/1/2018	Not Allowed	\$0.00
15789	CHEMICAL PEEL FACE DERMAL	-	-	7/1/2018	Not Allowed	\$0.00
15792	CHEMICAL PEEL NONFACIAL	-	-	7/1/2018	Not Allowed	\$0.00
15793	CHEMICAL PEEL NONFACIAL	-	-	7/1/2018	Not Allowed	\$0.00
15819	PLASTIC SURGERY NECK	-	-	7/1/2018	Not Allowed	\$0.00
15820	REVISION OF LOWER EYELID	Y	Y	1/1/2020	Fee Schedule	\$819.95
15821	REVISION OF LOWER EYELID	Y	Y	1/1/2020	Fee Schedule	\$819.95
15822	REVISION OF UPPER EYELID	Y	Y	1/1/2020	Fee Schedule	\$819.95
15823	REVISION OF UPPER EYELID	Y	Y	1/1/2020	Fee Schedule	\$819.95
15824	REMOVAL OF FOREHEAD WRINKLES	-	-	7/1/2018	Not Allowed	\$0.00
15825	REMOVAL OF NECK WRINKLES	-	-	7/1/2018	Not Allowed	\$0.00
15826	REMOVAL OF BROW WRINKLES	-	-	7/1/2018	Not Allowed	\$0.00
15828	REMOVAL OF FACE WRINKLES	-	-	7/1/2018	Not Allowed	\$0.00
15829	REMOVAL OF SKIN WRINKLES	-	-	7/1/2018	Not Allowed	\$0.00
15830	EXC SKIN ABD	Y	Y	1/1/2020	Fee Schedule	\$2,193.27
15832	EXCISE EXCESSIVE SKIN THIGH	Y	Y	1/1/2020	Fee Schedule	\$994.34
15833	EXCISE EXCESSIVE SKIN LEG	Y	Y	1/1/2020	Fee Schedule	\$994.34
15834	EXCISE EXCESSIVE SKIN HIP	Y	Y	1/1/2020	Fee Schedule	\$994.34

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
15835	EXCISE EXCESSIVE SKIN BUTTCK	Y	Y	1/1/2020	Fee Schedule	\$994.34
15836	EXCISE EXCESSIVE SKIN ARM	Y	Y	1/1/2020	Fee Schedule	\$994.34
15837	EXCISE EXCESS SKIN ARM/HAND	Y	Y	1/1/2020	Fee Schedule	\$994.34
15838	EXCISE EXCESS SKIN FAT PAD	Y	Y	1/1/2020	Fee Schedule	\$994.34
15839	EXCISE EXCESS SKIN & TISSUE	Y	Y	1/1/2020	Fee Schedule	\$994.34
15840	NERVE PALSY FASCIAL GRAFT	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15841	NERVE PALSY MUSCLE GRAFT	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15842	NERVE PALSY MICROSURG GRAFT	Y	-	1/1/2020	Fee Schedule	\$819.95
15845	SKIN AND MUSCLE REPAIR FACE	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15847	EXC SKIN ABD ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15850	REMOVE SUTURES SAME SURGEON	Y	-	1/1/2020	Fee Schedule	\$251.14
15851	REMOVE SUTURES DIFF SURGEON	Y	-	1/1/2020	Fee Schedule	\$71.46
15852	DRESSING CHANGE NOT FOR BURN	-	-	7/1/2018	No Separate Payment	\$0.00
15860	TEST FOR BLOOD FLOW IN GRAFT	-	-	7/1/2018	No Separate Payment	\$0.00
15876	SUCTION LIPECTOMY HEAD&NECK	-	-	7/1/2018	Not Allowed	\$0.00
15877	SUCTION LIPECTOMY TRUNK	-	-	7/1/2018	Not Allowed	\$0.00
15878	SUCTION LIPECTOMY UPR EXTREM	-	-	7/1/2018	Not Allowed	\$0.00
15879	SUCTION LIPECTOMY LWR EXTREM	-	-	7/1/2018	Not Allowed	\$0.00
15920	REMOVAL OF TAIL BONE ULCER	Y	-	1/1/2020	Fee Schedule	\$994.34
15922	REMOVAL OF TAIL BONE ULCER	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15931	REMOVE SACRUM PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$994.34
15933	REMOVE SACRUM PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$994.34
15934	REMOVE SACRUM PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15935	REMOVE SACRUM PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15936	REMOVE SACRUM PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$819.95
15937	REMOVE SACRUM PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$819.95
15940	REMOVE HIP PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$994.34
15941	REMOVE HIP PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$994.34
15944	REMOVE HIP PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15945	REMOVE HIP PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$819.95
15946	REMOVE HIP PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$819.95
15950	REMOVE THIGH PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$576.39
15951	REMOVE THIGH PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$994.34
15952	REMOVE THIGH PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$819.95
15953	REMOVE THIGH PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$1,504.38
15956	REMOVE THIGH PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$819.95
15958	REMOVE THIGH PRESSURE SORE	Y	-	1/1/2020	Fee Schedule	\$1,504.38
16000	INITIAL TREATMENT OF BURN(S)	-	-	7/1/2018	No Separate Payment	\$0.00
16020	DRESS/DEBRID P-THICK BURN S	-	-	7/1/2018	No Separate Payment	\$0.00
16025	DRESS/DEBRID P-THICK BURN M	Y	-	1/1/2020	Fee Schedule	\$88.29
16030	DRESS/DEBRID P-THICK BURN L	Y	-	1/1/2020	Fee Schedule	\$161.45
16035	INCISION OF BURN SCAB INITI	Y	-	1/1/2020	Fee Schedule	\$161.45
17000	DESTRUCT PREMALG LESION	-	-	7/1/2018	No Separate Payment	\$0.00
17003	DESTRUCT PREMALG LES 2-14	-	-	7/1/2018	No Separate Payment	\$0.00
17004	DESTROY PREMAL LESIONS 15/>	Y	-	1/1/2020	Fee Schedule	\$107.91
17106	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$161.45
17107	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$251.14
17108	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$353.32
17110	DESTRUCT B9 LESION 1-14	-	-	7/1/2018	No Separate Payment	\$0.00
17111	DESTRUCT LESION 15 OR MORE	-	-	7/1/2018	No Separate Payment	\$0.00
17250	CHEM CAUT OF GRANLTJ TISSUE	-	-	7/1/2018	No Separate Payment	\$0.00
17260	DESTRUCTION OF SKIN LESIONS	-	-	7/1/2018	No Separate Payment	\$0.00
17261	DESTRUCTION OF SKIN LESIONS	-	-	7/1/2018	No Separate Payment	\$0.00

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17262	DESTRUCTION OF SKIN LESIONS	-	-	7/1/2018	No Separate Payment	\$0.00
17263	DESTRUCTION OF SKIN LESIONS	-	-	7/1/2018	No Separate Payment	\$0.00
17264	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$132.09
17266	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$145.44
17270	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$88.29
17271	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$88.29
17272	DESTRUCTION OF SKIN LESIONS	-	-	7/1/2018	No Separate Payment	\$0.00
17273	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$130.28
17274	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$146.88
17276	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$161.45
17280	DESTRUCTION OF SKIN LESIONS	-	-	7/1/2018	No Separate Payment	\$0.00
17281	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$112.96
17282	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$127.04
17283	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$143.64
17284	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$158.43
17286	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2020	Fee Schedule	\$188.75
17311	MOHS 1 STAGE H/N/HF/G	Y	-	1/1/2020	Fee Schedule	\$251.14
17312	MOHS ADDL STAGE	-	-	7/1/2018	No Separate Payment	\$0.00
17313	MOHS 1 STAGE T/A/L	Y	-	1/1/2020	Fee Schedule	\$251.14
17314	MOHS ADDL STAGE T/A/L	-	-	7/1/2018	No Separate Payment	\$0.00
17315	MOHS SURG ADDL BLOCK	-	-	7/1/2018	No Separate Payment	\$0.00
17340	CRYOTHERAPY OF SKIN	-	-	7/1/2018	No Separate Payment	\$0.00
17360	SKIN PEEL THERAPY	-	-	7/1/2018	No Separate Payment	\$0.00
17380	HAIR REMOVAL BY ELECTROLYSIS	-	-	7/1/2018	Not Allowed	\$0.00
19000	DRAINAGE OF BREAST LESION	Y	-	1/1/2020	Fee Schedule	\$77.95
19001	DRAIN BREAST LESION ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
19020	INCISION OF BREAST LESION	Y	-	1/1/2020	Fee Schedule	\$576.39
19030	INJECTION FOR BREAST X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
19081	BX BREAST 1ST LESION STRTCTC	Y	-	1/1/2020	Fee Schedule	\$576.39
19082	BX BREAST ADD LESION STRTCTC	-	-	7/1/2018	No Separate Payment	\$0.00
19083	BX BREAST 1ST LESION US IMAG	Y	-	1/1/2020	Fee Schedule	\$576.39
19084	BX BREAST ADD LESION US IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19085	BX BREAST 1ST LESION MR IMAG	Y	-	1/1/2020	Fee Schedule	\$576.39
19086	BX BREAST ADD LESION MR IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19100	BX BREAST PERCUT W/O IMAGE	Y	-	1/1/2020	Fee Schedule	\$576.39
19101	BIOPSY OF BREAST OPEN	Y	-	1/1/2020	Fee Schedule	\$1,118.44
19105	CRYOSURG ABLATE FA EACH	Y	-	1/1/2020	Fee Schedule	\$1,118.44
19110	NIPPLE EXPLORATION	Y	-	1/1/2020	Fee Schedule	\$1,118.44
19112	EXCISE BREAST DUCT FISTULA	Y	-	1/1/2020	Fee Schedule	\$1,118.44
19120	REMOVAL OF BREAST LESION	Y	-	1/1/2020	Fee Schedule	\$1,118.44
19125	EXCISION BREAST LESION	Y	-	1/1/2020	Fee Schedule	\$1,118.44
19126	EXCISION ADDL BREAST LESION	-	-	7/1/2018	No Separate Payment	\$0.00
19281	PERQ DEVICE BREAST 1ST IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19282	PERQ DEVICE BREAST EA IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19283	PERQ DEV BREAST 1ST STRTCTC	-	-	7/1/2018	No Separate Payment	\$0.00
19284	PERQ DEV BREAST ADD STRTCTC	-	-	7/1/2018	No Separate Payment	\$0.00
19285	PERQ DEV BREAST 1ST US IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19286	PERQ DEV BREAST ADD US IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19287	PERQ DEV BREAST 1ST MR GUIDE	-	-	7/1/2018	No Separate Payment	\$0.00
19288	PERQ DEV BREAST ADD MR GUIDE	-	-	7/1/2018	No Separate Payment	\$0.00
19294	PREP TUM CAV IORT PRTL MAST	-	-	7/1/2018	No Separate Payment	\$0.00
19296	PLACE PO BREAST CATH FOR RAD	Y	-	1/1/2020	Fee Schedule	\$4,175.85
19297	PLACE BREAST CATH FOR RAD	-	-	7/1/2018	No Separate Payment	\$0.00

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19298	PLACE BREAST RAD TUBE/CATHS	Y	-	1/1/2020	Fee Schedule	\$2,193.27
19300	REMOVAL OF BREAST TISSUE	Y	Y	1/1/2020	Fee Schedule	\$1,118.44
19301	PARTIAL MASTECTOMY	Y	Y	1/1/2020	Fee Schedule	\$1,118.44
19302	P-MASTECTOMY W/LN REMOVAL	Y	Y	1/1/2020	Fee Schedule	\$2,193.27
19303	MAST SIMPLE COMPLETE	Y	Y	1/1/2020	Fee Schedule	\$2,193.27
19316	SUSPENSION OF BREAST	Y	Y	1/1/2020	Fee Schedule	\$2,193.27
19318	REDUCTION OF LARGE BREAST	Y	Y	1/1/2020	Fee Schedule	\$2,193.27
19324	ENLARGE BREAST	Y	Y	1/1/2020	Fee Schedule	\$2,679.47
19325	ENLARGE BREAST WITH IMPLANT	Y	Y	1/1/2020	Fee Schedule	\$2,679.47
19328	REMOVAL OF BREAST IMPLANT	-	Y	1/1/2020	Fee Schedule	\$1,118.44
19330	REMOVAL OF IMPLANT MATERIAL	-	Y	1/1/2020	Fee Schedule	\$1,118.44
19340	IMMEDIATE BREAST PROSTHESIS	Y	Y	1/1/2020	Fee Schedule	\$2,193.27
19342	DELAYED BREAST PROSTHESIS	Y	Y	1/1/2020	Fee Schedule	\$2,679.47
19350	BREAST RECONSTRUCTION	Y	Y	1/1/2020	Fee Schedule	\$1,118.44
19355	CORRECT INVERTED NIPPLE(S)	-	-	7/1/2018	Not Allowed	\$0.00
19357	BREAST RECONSTRUCTION	Y	Y	1/1/2020	Fee Schedule	\$4,683.70
19366	BREAST RECONSTRUCTION	Y	Y	1/1/2020	Fee Schedule	\$2,193.27
19370	SURGERY OF BREAST CAPSULE	Y	Y	1/1/2020	Fee Schedule	\$1,118.44
19371	REMOVAL OF BREAST CAPSULE	Y	Y	1/1/2020	Fee Schedule	\$1,118.44
19380	REVISE BREAST RECONSTRUCTION	Y	Y	1/1/2020	Fee Schedule	\$2,193.27
19396	DESIGN CUSTOM BREAST IMPLANT	Y	Y	1/1/2020	Fee Schedule	\$1,118.44
20103	EXPLORE WOUND EXTREMITY	Y	-	1/1/2020	Fee Schedule	\$308.23
20150	EXCISE EPIPHYSEAL BAR	Y	-	1/1/2020	Fee Schedule	\$1,286.26
20200	MUSCLE BIOPSY	Y	-	1/1/2020	Fee Schedule	\$576.39
20205	DEEP MUSCLE BIOPSY	Y	-	1/1/2020	Fee Schedule	\$994.34
20206	NEEDLE BIOPSY MUSCLE	Y	-	1/1/2020	Fee Schedule	\$576.39
20220	BONE BIOPSY TROCAR/NEEDLE	Y	-	1/1/2020	Fee Schedule	\$576.39
20225	BONE BIOPSY TROCAR/NEEDLE	Y	-	1/1/2020	Fee Schedule	\$576.39
20240	BONE BIOPSY OPEN SUPERFICIAL	Y	-	1/1/2020	Fee Schedule	\$994.34
20245	BONE BIOPSY OPEN DEEP	Y	-	1/1/2020	Fee Schedule	\$994.34
20250	OPEN BONE BIOPSY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
20251	OPEN BONE BIOPSY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
20500	INJECTION OF SINUS TRACT	Y	-	1/1/2020	Fee Schedule	\$66.40
20501	INJECT SINUS TRACT FOR X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
20520	REMOVAL OF FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$138.94
20525	REMOVAL OF FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$994.34
20526	THER INJECTION CARP TUNNEL	Y	-	1/1/2020	Fee Schedule	\$41.50
20527	INJ DUPUYTREN CORD W/ENZYME	Y	-	1/1/2020	Fee Schedule	\$45.11
20550	INJ TENDON SHEATH/LIGAMENT	Y	-	1/1/2020	Fee Schedule	\$25.98
20551	INJ TENDON ORIGIN/INSERTION	Y	-	1/1/2020	Fee Schedule	\$27.43
20552	INJ TRIGGER POINT 1/2 MUSCL	Y	-	1/1/2020	Fee Schedule	\$30.32
20553	INJECT TRIGGER POINTS 3/>	Y	-	1/1/2020	Fee Schedule	\$35.37
20555	PLACE NDL MUSC/TIS FOR RT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
20600	DRAIN/INJ JOINT/BURSA W/O US	Y	-	1/1/2020	Fee Schedule	\$24.90
20604	DRAIN/INJ JOINT/BURSA W/US	Y	-	1/1/2020	Fee Schedule	\$42.95
20605	DRAIN/INJ JOINT/BURSA W/O US	Y	-	1/1/2020	Fee Schedule	\$25.98
20606	DRAIN/INJ JOINT/BURSA W/US	Y	-	1/1/2020	Fee Schedule	\$46.56
20610	DRAIN/INJ JOINT/BURSA W/O US	Y	-	1/1/2020	Fee Schedule	\$31.04
20611	DRAIN/INJ JOINT/BURSA W/US	Y	-	1/1/2020	Fee Schedule	\$52.33
20612	ASPIRATE/INJ GANGLION CYST	Y	-	1/1/2020	Fee Schedule	\$35.01
20615	TREATMENT OF BONE CYST	Y	-	1/1/2020	Fee Schedule	\$162.04
20650	INSERT AND REMOVE BONE PIN	Y	-	1/1/2020	Fee Schedule	\$1,286.26
20662	APPLICATION OF PELVIS BRACE	Y	-	1/1/2020	Fee Schedule	\$713.00

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20663	APPLICATION OF THIGH BRACE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
20665	REMOVAL OF FIXATION DEVICE	-	-	1/1/2020	Fee Schedule	\$183.72
20670	REMOVAL OF SUPPORT IMPLANT	-	-	1/1/2020	Fee Schedule	\$576.39
20680	REMOVAL OF SUPPORT IMPLANT	-	-	1/1/2020	Fee Schedule	\$994.34
20690	APPLY BONE FIXATION DEVICE	Y	-	1/1/2020	Fee Schedule	\$3,756.31
20692	APPLY BONE FIXATION DEVICE	Y	-	1/1/2020	Fee Schedule	\$8,138.25
20693	ADJUST BONE FIXATION DEVICE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
20694	REMOVE BONE FIXATION DEVICE	-	-	1/1/2020	Fee Schedule	\$713.00
20696	COMP MULTIPLANE EXT FIXATION	Y	-	1/1/2020	Fee Schedule	\$11,871.02
20697	COMP EXT FIXATE STRUT CHANGE	Y	-	1/1/2020	Fee Schedule	\$713.00
20822	REPLANTATION DIGIT COMPLETE	Y	-	1/1/2020	Fee Schedule	\$713.00
20900	REMOVAL OF BONE FOR GRAFT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
20902	REMOVAL OF BONE FOR GRAFT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
20910	REMOVE CARTILAGE FOR GRAFT	Y	-	1/1/2020	Fee Schedule	\$251.14
20912	REMOVE CARTILAGE FOR GRAFT	Y	-	1/1/2020	Fee Schedule	\$1,504.38
20920	REMOVAL OF FASCIA FOR GRAFT	Y	-	1/1/2020	Fee Schedule	\$819.95
20922	REMOVAL OF FASCIA FOR GRAFT	Y	-	1/1/2020	Fee Schedule	\$819.95
20924	REMOVAL OF TENDON FOR GRAFT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
20930	SP BONE ALGRFT MORSEL ADD-ON	-	-	7/1/2018	Not Allowed	\$0.00
20931	SP BONE ALGRFT STRUCT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
20932	OSTEOART ALGRFT W/SURF & B1	-	-	1/1/2019	No Separate Payment	\$0.00
20933	HEMICRT INTRCLRY ALGRFT PRTL	-	-	1/1/2019	No Separate Payment	\$0.00
20934	INTERCALARY ALGRFT COMPL	-	-	1/1/2019	No Separate Payment	\$0.00
20936	SP BONE AGRFT LOCAL ADD-ON	-	-	7/1/2018	Not Allowed	\$0.00
20937	SP BONE AGRFT MORSEL ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
20938	SP BONE AGRFT STRUCT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
20939	BONE MARROW ASPIR BONE GRFG	-	-	7/1/2018	No Separate Payment	\$0.00
20950	FLUID PRESSURE MUSCLE	Y	-	1/1/2020	Fee Schedule	\$308.23
20972	BONE/SKIN GRAFT METATARSAL	Y	-	1/1/2020	Fee Schedule	\$2,803.36
20973	BONE/SKIN GRAFT GREAT TOE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
20975	ELECTRICAL BONE STIMULATION	-	-	7/1/2018	No Separate Payment	\$0.00
20979	US BONE STIMULATION	-	-	7/1/2018	No Separate Payment	\$0.00
20982	ABLATE BONE TUMOR(S) PERQ	Y	-	1/1/2020	Fee Schedule	\$2,803.36
20983	ABLATE BONE TUMOR(S) PERQ	Y	-	1/1/2020	Fee Schedule	\$3,796.11
20985	CPTR-ASST DIR MS PX	-	-	7/1/2018	No Separate Payment	\$0.00
21010	INCISION OF JAW JOINT	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21011	EXC FACE LES SC <2 CM	Y	-	1/1/2020	Fee Schedule	\$247.21
21012	EXC FACE LES SBQ 2 CM/>	Y	-	1/1/2020	Fee Schedule	\$576.39
21013	EXC FACE TUM DEEP < 2 CM	Y	-	1/1/2020	Fee Schedule	\$319.75
21014	EXC FACE TUM DEEP 2 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
21015	RESECT FACE/SCALP TUM < 2 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
21016	RESECT FACE/SCALP TUM 2 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
21025	EXCISION OF BONE LOWER JAW	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21026	EXCISION OF FACIAL BONE(S)	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21029	CONTOUR OF FACE BONE LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21030	EXCISE MAX/ZYGOMA B9 TUMOR	Y	-	1/1/2020	Fee Schedule	\$313.98
21031	REMOVE EXOSTOSIS MANDIBLE	Y	-	1/1/2020	Fee Schedule	\$271.39
21032	REMOVE EXOSTOSIS MAXILLA	Y	-	1/1/2020	Fee Schedule	\$269.95
21034	EXCISE MAX/ZYGOMA MAL TUMOR	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21040	EXCISE MANDIBLE LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21044	REMOVAL OF JAW BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21046	REMOVE MANDIBLE CYST COMPLEX	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21047	EXCISE LWR JAW CYST W/REPAIR	Y	-	1/1/2020	Fee Schedule	\$2,246.55

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21048	REMOVE MAXILLA CYST COMPLEX	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21050	REMOVAL OF JAW JOINT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21060	REMOVE JAW JOINT CARTILAGE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21070	REMOVE CORONOID PROCESS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21073	MNPJ OF TMJ W/ANESTH	Y	-	1/1/2020	Fee Schedule	\$257.32
21076	PREPARE FACE/ORAL PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$408.17
21077	PREPARE FACE/ORAL PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$990.66
21079	PREPARE FACE/ORAL PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$699.06
21080	PREPARE FACE/ORAL PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$815.99
21081	PREPARE FACE/ORAL PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$756.44
21082	PREPARE FACE/ORAL PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$714.21
21083	PREPARE FACE/ORAL PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$704.11
21084	PREPARE FACE/ORAL PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$789.64
21085	PREPARE FACE/ORAL PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$102.89
21086	PREPARE FACE/ORAL PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$744.89
21087	PREPARE FACE/ORAL PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$744.89
21088	PREPARE FACE/ORAL PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21100	MAXILLOFACIAL FIXATION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21110	INTERDENTAL FIXATION	-	-	1/1/2020	Fee Schedule	\$536.60
21116	INJECTION JAW JOINT X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
21120	RECONSTRUCTION OF CHIN	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
21121	RECONSTRUCTION OF CHIN	Y	Y	1/1/2020	Fee Schedule	\$1,055.06
21122	RECONSTRUCTION OF CHIN	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
21123	RECONSTRUCTION OF CHIN	Y	Y	1/1/2020	Fee Schedule	\$1,055.06
21125	AUGMENTATION LOWER JAW BONE	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
21127	AUGMENTATION LOWER JAW BONE	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
21137	REDUCTION OF FOREHEAD	Y	Y	1/1/2020	Fee Schedule	\$1,055.06
21138	REDUCTION OF FOREHEAD	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
21139	REDUCTION OF FOREHEAD	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
21150	LEFORT II ANTERIOR INTRUSION	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
21181	CONTOUR CRANIAL BONE LESION	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
21198	RECONSTR LWR JAW SEGMENT	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
21199	RECONSTR LWR JAW W/ADVANCE	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
21206	RECONSTRUCT UPPER JAW BONE	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
21208	AUGMENTATION OF FACIAL BONES	Y	Y	1/1/2020	Fee Schedule	\$2,946.67
21209	REDUCTION OF FACIAL BONES	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
21210	FACE BONE GRAFT	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
21215	LOWER JAW BONE GRAFT	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
21230	RIB CARTILAGE GRAFT	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
21235	EAR CARTILAGE GRAFT	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
21240	RECONSTRUCTION OF JAW JOINT	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
21242	RECONSTRUCTION OF JAW JOINT	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
21243	RECONSTRUCTION OF JAW JOINT	Y	Y	1/1/2020	Fee Schedule	\$12,108.67
21244	RECONSTRUCTION OF LOWER JAW	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
21245	RECONSTRUCTION OF JAW	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
21246	RECONSTRUCTION OF JAW	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
21248	RECONSTRUCTION OF JAW	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
21249	RECONSTRUCTION OF JAW	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
21260	REVISE EYE SOCKETS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21267	REVISE EYE SOCKETS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21270	AUGMENTATION CHEEK BONE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21275	REVISION ORBITOFACIAL BONES	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21280	REVISION OF EYELID	Y	-	1/1/2020	Fee Schedule	\$1,055.06

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

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
21282	REVISION OF EYELID	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21295	REVISION OF JAW MUSCLE/BONE	Y	-	1/1/2020	Fee Schedule	\$536.60
21296	REVISION OF JAW MUSCLE/BONE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21310	CLOSED TX NOSE FX W/O MANJ	Y	-	1/1/2020	Fee Schedule	\$108.96
21315	CLOSED TX NOSE FX W/O STABLJ	Y	-	1/1/2020	Fee Schedule	\$536.60
21320	CLOSED TX NOSE FX W/ STABLJ	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21325	OPEN TX NOSE FX UNCOMPLICATD	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21330	OPEN TX NOSE FX W/SKELE FIXJ	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21335	OPEN TX NOSE & SEPTAL FX	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21336	OPEN TX SEPTAL FX W/VO STABJ	Y	-	1/1/2020	Fee Schedule	\$1,286.26
21337	CLOSED TX SEPTAL&NOSE FX	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21338	OPEN NASOETHMOID FX W/O FIXJ	Y	-	1/1/2020	Fee Schedule	\$3,279.90
21339	OPEN NASOETHMOID FX W/ FIXJ	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21340	PERQ TX NASOETHMOID FX	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21345	CLOSED TX NOSE/JAW FX	Y	-	1/1/2020	Fee Schedule	\$536.60
21355	PERQ TX MALAR FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21356	OPN TX DPRSD ZYGOMATIC ARCH	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21360	OPN TX DPRSD MALAR FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21390	OPN TX ORBIT PERIORBTL IMPLT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21400	CLOSED TX ORBIT W/O MANIPULJ	Y	-	1/1/2020	Fee Schedule	\$223.19
21401	CLOSED TX ORBIT W/MANIPULJ	Y	-	1/1/2020	Fee Schedule	\$536.60
21406	OPN TX ORBIT FX W/O IMPLANT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21407	OPN TX ORBIT FX W/IMPLANT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21421	TREAT MOUTH ROOF FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21440	TREAT DENTAL RIDGE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$510.31
21445	TREAT DENTAL RIDGE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21450	TREAT LOWER JAW FRACTURE	Y	-	1/1/2020	Fee Schedule	\$223.19
21451	TREAT LOWER JAW FRACTURE	Y	-	1/1/2020	Fee Schedule	\$536.60
21452	TREAT LOWER JAW FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21453	TREAT LOWER JAW FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21454	TREAT LOWER JAW FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21461	TREAT LOWER JAW FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,153.64
21462	TREAT LOWER JAW FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,088.54
21465	TREAT LOWER JAW FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21480	RESET DISLOCATED JAW	Y	-	1/1/2020	Fee Schedule	\$108.96
21485	RESET DISLOCATED JAW	Y	-	1/1/2020	Fee Schedule	\$536.60
21490	REPAIR DISLOCATED JAW	Y	-	1/1/2020	Fee Schedule	\$1,055.06
21497	INTERDENTAL WIRING	Y	-	1/1/2020	Fee Schedule	\$536.60
21501	DRAIN NECK/CHEST LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
21502	DRAIN CHEST LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
21550	BIOPSY OF NECK/CHEST	Y	-	1/1/2020	Fee Schedule	\$576.39
21552	EXC NECK LES SC 3 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
21554	EXC NECK TUM DEEP 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
21555	EXC NECK LES SC < 3 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
21556	EXC NECK TUM DEEP < 5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
21557	RESECT NECK THORAX TUMOR<5CM	Y	-	1/1/2020	Fee Schedule	\$994.34
21558	RESECT NECK TUMOR 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
21600	PARTIAL REMOVAL OF RIB	Y	-	1/1/2020	Fee Schedule	\$2,803.36
21610	PARTIAL REMOVAL OF RIB	Y	-	1/1/2020	Fee Schedule	\$1,286.26
21685	HYOID MYOTOMY & SUSPENSION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
21700	REVISION OF NECK MUSCLE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
21720	REVISION OF NECK MUSCLE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
21725	REVISION OF NECK MUSCLE	Y	-	1/1/2020	Fee Schedule	\$308.23

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
21820	TREAT STERNUM FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
21920	BIOPSY SOFT TISSUE OF BACK	Y	-	1/1/2020	Fee Schedule	\$177.92
21925	BIOPSY SOFT TISSUE OF BACK	Y	-	1/1/2020	Fee Schedule	\$576.39
21930	EXC BACK LES SC < 3 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
21931	EXC BACK LES SC 3 CM/>	Y	-	1/1/2020	Fee Schedule	\$576.39
21932	EXC BACK TUM DEEP < 5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
21933	EXC BACK TUM DEEP 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
21935	RESECT BACK TUM < 5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
21936	RESECT BACK TUM 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
22102	REMOVE PART LUMBAR VERTEBRA	Y	-	1/1/2020	Fee Schedule	\$2,803.36
22103	REMOVE EXTRA SPINE SEGMENT	-	-	7/1/2018	No Separate Payment	\$0.00
22310	CLOSED TX VERT FX W/O MANJ	Y	-	1/1/2020	Fee Schedule	\$108.96
22315	CLOSED TX VERT FX W/MANJ	Y	-	1/1/2020	Fee Schedule	\$1,286.26
22505	MANIPULATION OF SPINE	Y	-	1/1/2020	Fee Schedule	\$713.00
22510	PERQ CERVICOTHORACIC INJECT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
22511	PERQ LUMBOSACRAL INJECTION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
22512	VERTEBROPLASTY ADDL INJECT	-	-	7/1/2018	No Separate Payment	\$0.00
22513	PERQ VERTEBRAL AUGMENTATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
22514	PERQ VERTEBRAL AUGMENTATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
22515	PERQ VERTEBRAL AUGMENTATION	-	-	7/1/2018	No Separate Payment	\$0.00
22526	IDET SINGLE LEVEL	-	-	7/1/2018	Not Allowed	\$0.00
22527	IDET 1 OR MORE LEVELS	-	-	7/1/2018	Not Allowed	\$0.00
22551	NECK SPINE FUSE&REMOV BEL C2	Y	-	1/1/2020	Fee Schedule	\$8,419.73
22552	ADDL NECK SPINE FUSION	-	-	7/1/2018	No Separate Payment	\$0.00
22554	NECK SPINE FUSION	Y	-	1/1/2020	Fee Schedule	\$8,427.02
22585	ADDITIONAL SPINAL FUSION	-	-	7/1/2018	No Separate Payment	\$0.00
22612	LUMBAR SPINE FUSION	Y	-	1/1/2020	Fee Schedule	\$8,607.58
22614	SPINE FUSION EXTRA SEGMENT	-	-	7/1/2018	No Separate Payment	\$0.00
22840	INSERT SPINE FIXATION DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22842	INSERT SPINE FIXATION DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22845	INSERT SPINE FIXATION DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22853	INSJ BIOMECHANICAL DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22854	INSJ BIOMECHANICAL DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22856	CERV ARTIFIC DISKECTOMY	Y	-	1/1/2020	Fee Schedule	\$11,806.75
22858	SECOND LEVEL CER DISKECTOMY	-	-	7/1/2018	No Separate Payment	\$0.00
22859	INSJ BIOMECHANICAL DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22867	INSJ STABLJ DEV W/DCMPRN	Y	-	1/1/2020	Fee Schedule	\$12,245.43
22868	INSJ STABLJ DEV W/DCMPRN	-	-	7/1/2018	No Separate Payment	\$0.00
22869	INSJ STABLJ DEV W/O DCMPRN	Y	-	1/1/2020	Fee Schedule	\$9,874.82
22870	INSJ STABLJ DEV W/O DCMPRN	-	-	7/1/2018	No Separate Payment	\$0.00
22900	EXC ABDL TUM DEEP < 5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
22901	EXC ABDL TUM DEEP 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
22902	EXC ABD LES SC < 3 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
22903	EXC ABD LES SC 3 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
22904	RADICAL RESECT ABD TUMOR<5CM	Y	-	1/1/2020	Fee Schedule	\$994.34
22905	RAD RESECT ABD TUMOR 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
23000	REMOVAL OF CALCIUM DEPOSITS	Y	-	1/1/2020	Fee Schedule	\$994.34
23020	RELEASE SHOULDER JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23030	DRAIN SHOULDER LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
23031	DRAIN SHOULDER BURSA	Y	-	1/1/2020	Fee Schedule	\$994.34
23035	DRAIN SHOULDER BONE LESION	Y	-	1/1/2020	Fee Schedule	\$713.00
23040	EXPLORATORY SHOULDER SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23044	EXPLORATORY SHOULDER SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
23065	BIOPSY SHOULDER TISSUES	Y	-	1/1/2020	Fee Schedule	\$136.06
23066	BIOPSY SHOULDER TISSUES	Y	-	1/1/2020	Fee Schedule	\$994.34
23071	EXC SHOULDER LES SC 3 CM/>	Y	-	1/1/2020	Fee Schedule	\$576.39
23073	EXC SHOULDER TUM DEEP 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
23075	EXC SHOULDER LES SC < 3 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
23076	EXC SHOULDER TUM DEEP < 5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
23077	RESECT SHOULDER TUMOR < 5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
23078	RESECT SHOULDER TUMOR 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
23100	BIOPSY OF SHOULDER JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23101	SHOULDER JOINT SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23105	REMOVE SHOULDER JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23106	INCISION OF COLLARBONE JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23107	EXPLORE TREAT SHOULDER JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23120	PARTIAL REMOVAL COLLAR BONE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23125	REMOVAL OF COLLAR BONE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23130	REMOVE SHOULDER BONE PART	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23140	REMOVAL OF BONE LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23145	REMOVAL OF BONE LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23146	REMOVAL OF BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23150	REMOVAL OF HUMERUS LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23155	REMOVAL OF HUMERUS LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23156	REMOVAL OF HUMERUS LESION	Y	-	1/1/2020	Fee Schedule	\$4,342.31
23170	REMOVE COLLAR BONE LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23172	REMOVE SHOULDER BLADE LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23174	REMOVE HUMERUS LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23180	REMOVE COLLAR BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23182	REMOVE SHOULDER BLADE LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23184	REMOVE HUMERUS LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23190	PARTIAL REMOVAL OF SCAPULA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
23195	REMOVAL OF HEAD OF HUMERUS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23330	REMOVE SHOULDER FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$308.23
23333	REMOVE SHOULDER FB DEEP	Y	-	1/1/2020	Fee Schedule	\$994.34
23334	SHOULDER PROSTHESIS REMOVAL	Y	-	1/1/2020	Fee Schedule	\$994.34
23350	INJECTION FOR SHOULDER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
23395	MUSCLE TRANSFER SHOULDER/ARM	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23397	MUSCLE TRANSFERS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23400	FIXATION OF SHOULDER BLADE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23405	INCISION OF TENDON & MUSCLE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23406	INCISE TENDON(S) & MUSCLE(S)	Y	-	1/1/2020	Fee Schedule	\$4,018.71
23410	REPAIR ROTATOR CUFF ACUTE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23412	REPAIR ROTATOR CUFF CHRONIC	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23415	RELEASE OF SHOULDER LIGAMENT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23420	REPAIR OF SHOULDER	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23430	REPAIR BICEPS TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23440	REMOVE/TRANSPLANT TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23450	REPAIR SHOULDER CAPSULE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23455	REPAIR SHOULDER CAPSULE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23460	REPAIR SHOULDER CAPSULE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23462	REPAIR SHOULDER CAPSULE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23465	REPAIR SHOULDER CAPSULE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23466	REPAIR SHOULDER CAPSULE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23480	REVISION OF COLLAR BONE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23485	REVISION OF COLLAR BONE	Y	-	1/1/2020	Fee Schedule	\$7,857.89

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23490	REINFORCE CLAVICLE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23491	REINFORCE SHOULDER BONES	Y	-	1/1/2020	Fee Schedule	\$8,004.80
23500	TREAT CLAVICLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
23505	TREAT CLAVICLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
23515	TREAT CLAVICLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,846.89
23520	TREAT CLAVICLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
23525	TREAT CLAVICLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
23530	TREAT CLAVICLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23532	TREAT CLAVICLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23540	TREAT CLAVICLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
23545	TREAT CLAVICLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
23550	TREAT CLAVICLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23552	TREAT CLAVICLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$3,822.19
23570	TREAT SHOULDER BLADE FX	Y	-	1/1/2020	Fee Schedule	\$108.96
23575	TREAT SHOULDER BLADE FX	Y	-	1/1/2020	Fee Schedule	\$713.00
23585	TREAT SCAPULA FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23600	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
23605	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
23615	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$8,289.65
23616	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$11,670.74
23620	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
23625	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
23630	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,706.63
23650	TREAT SHOULDER DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
23655	TREAT SHOULDER DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
23660	TREAT SHOULDER DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23665	TREAT DISLOCATION/FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
23670	TREAT DISLOCATION/FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23675	TREAT DISLOCATION/FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
23680	TREAT DISLOCATION/FRACTURE	Y	-	1/1/2020	Fee Schedule	\$8,372.07
23700	FIXATION OF SHOULDER	Y	-	1/1/2020	Fee Schedule	\$713.00
23800	FUSION OF SHOULDER JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
23802	FUSION OF SHOULDER JOINT	Y	-	1/1/2020	Fee Schedule	\$5,727.13
23921	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2020	Fee Schedule	\$819.95
23930	DRAINAGE OF ARM LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
23931	DRAINAGE OF ARM BURSA	Y	-	1/1/2020	Fee Schedule	\$576.39
23935	DRAIN ARM/ELBOW BONE LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24000	EXPLORATORY ELBOW SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24006	RELEASE ELBOW JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24065	BIOPSY ARM/ELBOW SOFT TISSUE	Y	-	1/1/2020	Fee Schedule	\$180.45
24066	BIOPSY ARM/ELBOW SOFT TISSUE	Y	-	1/1/2020	Fee Schedule	\$994.34
24071	EXC ARM/ELBOW LES SC 3 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
24073	EX ARM/ELBOW TUM DEEP 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
24075	EXC ARM/ELBOW LES SC < 3 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
24076	EX ARM/ELBOW TUM DEEP < 5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
24077	RESECT ARM/ELBOW TUM < 5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
24079	RESECT ARM/ELBOW TUM 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
24100	BIOPSY ELBOW JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24101	EXPLORE/TREAT ELBOW JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24102	REMOVE ELBOW JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24105	REMOVAL OF ELBOW BURSA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24110	REMOVE HUMERUS LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24115	REMOVE/GRAFT BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
24116	REMOVE/GRAFT BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24120	REMOVE ELBOW LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24125	REMOVE/GRAFT BONE LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24126	REMOVE/GRAFT BONE LESION	Y	-	1/1/2020	Fee Schedule	\$4,271.77
24130	REMOVAL OF HEAD OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24134	REMOVAL OF ARM BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24136	REMOVE RADIUS BONE LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24138	REMOVE ELBOW BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24140	PARTIAL REMOVAL OF ARM BONE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24145	PARTIAL REMOVAL OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24147	PARTIAL REMOVAL OF ELBOW	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24149	RADICAL RESECTION OF ELBOW	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24152	RESECT RADIUS TUMOR	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24155	REMOVAL OF ELBOW JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24160	REMOVE ELBOW JOINT IMPLANT	-	-	1/1/2020	Fee Schedule	\$1,286.26
24164	REMOVE RADIUS HEAD IMPLANT	-	-	1/1/2020	Fee Schedule	\$1,286.26
24200	REMOVAL OF ARM FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$147.25
24201	REMOVAL OF ARM FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$994.34
24220	INJECTION FOR ELBOW X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
24300	MANIPULATE ELBOW W/ANESTH	Y	-	1/1/2020	Fee Schedule	\$713.00
24301	MUSCLE/TENDON TRANSFER	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24305	ARM TENDON LENGTHENING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24310	REVISION OF ARM TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24320	REPAIR OF ARM TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24330	REVISION OF ARM MUSCLES	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24331	REVISION OF ARM MUSCLES	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24332	TENOLYSIS TRICEPS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24340	REPAIR OF BICEPS TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24341	REPAIR ARM TENDON/MUSCLE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24342	REPAIR OF RUPTURED TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24343	REPR ELBOW LAT LIGMNT W/TISS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24344	RECONSTRUCT ELBOW LAT LIGMNT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24345	REPR ELBW MED LIGMNT W/TISSU	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24346	RECONSTRUCT ELBOW MED LIGMNT	Y	-	1/1/2020	Fee Schedule	\$5,727.13
24357	REPAIR ELBOW PERC	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24358	REPAIR ELBOW W/DEB OPEN	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24359	REPAIR ELBOW DEB/ATTCH OPEN	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24360	RECONSTRUCT ELBOW JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24361	RECONSTRUCT ELBOW JOINT	Y	-	1/1/2020	Fee Schedule	\$12,214.05
24362	RECONSTRUCT ELBOW JOINT	Y	-	1/1/2020	Fee Schedule	\$5,727.13
24363	REPLACE ELBOW JOINT	Y	-	1/1/2020	Fee Schedule	\$12,205.08
24365	RECONSTRUCT HEAD OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$8,586.83
24366	RECONSTRUCT HEAD OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$9,129.05
24370	REVISE RECONST ELBOW JOINT	Y	-	1/1/2020	Fee Schedule	\$8,433.19
24371	REVISE RECONST ELBOW JOINT	Y	-	1/1/2020	Fee Schedule	\$10,938.36
24400	REVISION OF HUMERUS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24410	REVISION OF HUMERUS	Y	-	1/1/2020	Fee Schedule	\$5,727.13
24420	REVISION OF HUMERUS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24430	REPAIR OF HUMERUS	Y	-	1/1/2020	Fee Schedule	\$8,024.42
24435	REPAIR HUMERUS WITH GRAFT	Y	-	1/1/2020	Fee Schedule	\$8,082.17
24470	REVISION OF ELBOW JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
24495	DECOMPRESSION OF FOREARM	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24498	REINFORCE HUMERUS	Y	-	1/1/2020	Fee Schedule	\$7,912.84

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24500	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
24505	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
24515	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$7,815.83
24516	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$7,927.41
24530	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
24535	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
24538	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24545	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$8,205.54
24546	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$10,969.01
24560	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
24565	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
24566	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
24575	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$7,412.67
24576	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
24577	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
24579	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$7,539.39
24582	TREAT HUMERUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24586	TREAT ELBOW FRACTURE	Y	-	1/1/2020	Fee Schedule	\$5,727.13
24587	TREAT ELBOW FRACTURE	Y	-	1/1/2020	Fee Schedule	\$8,260.49
24600	TREAT ELBOW DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
24605	TREAT ELBOW DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
24615	TREAT ELBOW DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24620	TREAT ELBOW FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
24635	TREAT ELBOW FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,912.49
24640	TREAT ELBOW DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$55.94
24650	TREAT RADIUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
24655	TREAT RADIUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
24665	TREAT RADIUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24666	TREAT RADIUS FRACTURE	Y	-	1/1/2020	Fee Schedule	\$9,082.51
24670	TREAT ULNAR FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
24675	TREAT ULNAR FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
24685	TREAT ULNAR FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,683.30
24800	FUSION OF ELBOW JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
24802	FUSION/GRAFT OF ELBOW JOINT	Y	-	1/1/2020	Fee Schedule	\$5,727.13
24925	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25000	INCISION OF TENDON SHEATH	Y	-	1/1/2020	Fee Schedule	\$713.00
25001	INCISE FLEXOR CARPI RADIALIS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25020	DECOMPRESS FOREARM 1 SPACE	Y	-	1/1/2020	Fee Schedule	\$713.00
25023	DECOMPRESS FOREARM 1 SPACE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25024	DECOMPRESS FOREARM 2 SPACES	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25025	DECOMPRESS FOREARM 2 SPACES	Y	-	1/1/2020	Fee Schedule	\$713.00
25028	DRAINAGE OF FOREARM LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25031	DRAINAGE OF FOREARM BURSA	Y	-	1/1/2020	Fee Schedule	\$713.00
25035	TREAT FOREARM BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25040	EXPLORE/TREAT WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25065	BIOPSY FOREARM SOFT TISSUES	Y	-	1/1/2020	Fee Schedule	\$182.61
25066	BIOPSY FOREARM SOFT TISSUES	Y	-	1/1/2020	Fee Schedule	\$994.34
25071	EXC FOREARM LES SC 3 CM/>	Y	-	1/1/2020	Fee Schedule	\$576.39
25073	EXC FOREARM TUM DEEP 3 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
25075	EXC FOREARM LES SC < 3 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
25076	EXC FOREARM TUM DEEP < 3 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
25077	RESECT FOREARM/WRIST TUM<3CM	Y	-	1/1/2020	Fee Schedule	\$994.34
25078	RESECT FORARM/WRIST TUM 3CM>	Y	-	1/1/2020	Fee Schedule	\$994.34

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25085	INCISION OF WRIST CAPSULE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25100	BIOPSY OF WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25101	EXPLORE/TREAT WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25105	REMOVE WRIST JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25107	REMOVE WRIST JOINT CARTILAGE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25109	EXCISE TENDON FOREARM/WRIST	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25110	REMOVE WRIST TENDON LESION	Y	-	1/1/2020	Fee Schedule	\$713.00
25111	REMOVE WRIST TENDON LESION	Y	-	1/1/2020	Fee Schedule	\$713.00
25112	REREMOVE WRIST TENDON LESION	Y	-	1/1/2020	Fee Schedule	\$713.00
25115	REMOVE WRIST/FOREARM LESION	Y	-	1/1/2020	Fee Schedule	\$713.00
25116	REMOVE WRIST/FOREARM LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25118	EXCISE WRIST TENDON SHEATH	Y	-	1/1/2020	Fee Schedule	\$713.00
25119	PARTIAL REMOVAL OF ULNA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25120	REMOVAL OF FOREARM LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25125	REMOVE/GRAFT FOREARM LESION	Y	-	1/1/2020	Fee Schedule	\$713.00
25126	REMOVE/GRAFT FOREARM LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25130	REMOVAL OF WRIST LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25135	REMOVE & GRAFT WRIST LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25136	REMOVE & GRAFT WRIST LESION	Y	-	1/1/2020	Fee Schedule	\$3,714.04
25145	REMOVE FOREARM BONE LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25150	PARTIAL REMOVAL OF ULNA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25151	PARTIAL REMOVAL OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25210	REMOVAL OF WRIST BONE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25215	REMOVAL OF WRIST BONES	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25230	PARTIAL REMOVAL OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25240	PARTIAL REMOVAL OF ULNA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25246	INJECTION FOR WRIST X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
25248	REMOVE FOREARM FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$713.00
25250	REMOVAL OF WRIST PROSTHESIS	-	-	1/1/2020	Fee Schedule	\$713.00
25251	REMOVAL OF WRIST PROSTHESIS	-	-	1/1/2020	Fee Schedule	\$1,286.26
25259	MANIPULATE WRIST W/ANESTHES	Y	-	1/1/2020	Fee Schedule	\$713.00
25260	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25263	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25265	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25270	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25272	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25274	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25275	REPAIR FOREARM TENDON SHEATH	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25280	REVISE WRIST/FOREARM TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25290	INCISE WRIST/FOREARM TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25295	RELEASE WRIST/FOREARM TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25300	FUSION OF TENDONS AT WRIST	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25301	FUSION OF TENDONS AT WRIST	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25310	TRANSPLANT FOREARM TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25312	TRANSPLANT FOREARM TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25315	REVISE PALSY HAND TENDON(S)	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25316	REVISE PALSY HAND TENDON(S)	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25320	REPAIR/REVISE WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25332	REVISE WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25335	REALIGNMENT OF HAND	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25337	RECONSTRUCT ULNA/RADIOULNAR	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25350	REVISION OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$4,342.85
25355	REVISION OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$1,286.26

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25360	REVISION OF ULNA	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25365	REVISE RADIUS & ULNA	Y	-	1/1/2020	Fee Schedule	\$5,727.13
25370	REVISE RADIUS OR ULNA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25375	REVISE RADIUS & ULNA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25390	SHORTEN RADIUS OR ULNA	Y	-	1/1/2020	Fee Schedule	\$3,947.07
25391	LENGTHEN RADIUS OR ULNA	Y	-	1/1/2020	Fee Schedule	\$8,040.68
25392	SHORTEN RADIUS & ULNA	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25393	LENGTHEN RADIUS & ULNA	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25394	REPAIR CARPAL BONE SHORTEN	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25400	REPAIR RADIUS OR ULNA	Y	-	1/1/2020	Fee Schedule	\$3,954.48
25405	REPAIR/GRAFT RADIUS OR ULNA	Y	-	1/1/2020	Fee Schedule	\$3,910.29
25415	REPAIR RADIUS & ULNA	Y	-	1/1/2020	Fee Schedule	\$4,045.88
25420	REPAIR/GRAFT RADIUS & ULNA	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25425	REPAIR/GRAFT RADIUS OR ULNA	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25426	REPAIR/GRAFT RADIUS & ULNA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25430	VASC GRAFT INTO CARPAL BONE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25431	REPAIR NONUNION CARPAL BONE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25440	REPAIR/GRAFT WRIST BONE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25441	RECONSTRUCT WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$9,338.20
25442	RECONSTRUCT WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$12,778.27
25443	RECONSTRUCT WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$3,908.64
25444	RECONSTRUCT WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$9,415.02
25445	RECONSTRUCT WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$3,949.81
25446	WRIST REPLACEMENT	Y	-	1/1/2020	Fee Schedule	\$12,853.01
25447	REPAIR WRIST JOINTS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25449	REMOVE WRIST JOINT IMPLANT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25450	REVISION OF WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25455	REVISION OF WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25490	REINFORCE RADIUS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25491	REINFORCE ULNA	Y	-	1/1/2020	Fee Schedule	\$5,727.13
25492	REINFORCE RADIUS AND ULNA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25500	TREAT FRACTURE OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$108.96
25505	TREAT FRACTURE OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$713.00
25515	TREAT FRACTURE OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$3,762.90
25520	TREAT FRACTURE OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$713.00
25525	TREAT FRACTURE OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25526	TREAT FRACTURE OF RADIUS	Y	-	1/1/2020	Fee Schedule	\$3,726.40
25530	TREAT FRACTURE OF ULNA	Y	-	1/1/2020	Fee Schedule	\$108.96
25535	TREAT FRACTURE OF ULNA	Y	-	1/1/2020	Fee Schedule	\$108.96
25545	TREAT FRACTURE OF ULNA	Y	-	1/1/2020	Fee Schedule	\$3,690.99
25560	TREAT FRACTURE RADIUS & ULNA	Y	-	1/1/2020	Fee Schedule	\$108.96
25565	TREAT FRACTURE RADIUS & ULNA	Y	-	1/1/2020	Fee Schedule	\$713.00
25574	TREAT FRACTURE RADIUS & ULNA	Y	-	1/1/2020	Fee Schedule	\$3,969.85
25575	TREAT FRACTURE RADIUS/ULNA	Y	-	1/1/2020	Fee Schedule	\$3,859.79
25600	TREAT FRACTURE RADIUS/ULNA	Y	-	1/1/2020	Fee Schedule	\$108.96
25605	TREAT FRACTURE RADIUS/ULNA	Y	-	1/1/2020	Fee Schedule	\$713.00
25606	TREAT FX DISTAL RADIAL	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25607	TREAT FX RAD EXTRA-ARTICUL	Y	-	1/1/2020	Fee Schedule	\$4,037.10
25608	TREAT FX RAD INTRA-ARTICUL	Y	-	1/1/2020	Fee Schedule	\$4,019.81
25609	TREAT FX RADIAL 3+ FRAG	Y	-	1/1/2020	Fee Schedule	\$4,036.27
25622	TREAT WRIST BONE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
25624	TREAT WRIST BONE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
25628	TREAT WRIST BONE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36

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

**Montana Healthcare Programs Fee Schedule
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
25630	TREAT WRIST BONE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
25635	TREAT WRIST BONE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
25645	TREAT WRIST BONE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25650	TREAT WRIST BONE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
25651	PIN ULNAR STYLOID FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25652	TREAT FRACTURE ULNAR STYLOID	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25660	TREAT WRIST DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
25670	TREAT WRIST DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25671	PIN RADIOULNAR DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25675	TREAT WRIST DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
25676	TREAT WRIST DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25680	TREAT WRIST FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
25685	TREAT WRIST FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25690	TREAT WRIST DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
25695	TREAT WRIST DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
25800	FUSION OF WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$4,076.62
25805	FUSION/GRAFT OF WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$4,053.57
25810	FUSION/GRAFT OF WRIST JOINT	Y	-	1/1/2020	Fee Schedule	\$7,953.21
25820	FUSION OF HAND BONES	Y	-	1/1/2020	Fee Schedule	\$3,810.66
25825	FUSE HAND BONES WITH GRAFT	Y	-	1/1/2020	Fee Schedule	\$3,788.70
25830	FUSION RADIOULNAR JNT/ULNA	Y	-	1/1/2020	Fee Schedule	\$3,715.14
25907	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
25922	AMPUTATE HAND AT WRIST	Y	-	1/1/2020	Fee Schedule	\$713.00
25929	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2020	Fee Schedule	\$819.95
25931	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26010	DRAINAGE OF FINGER ABSCESS	Y	-	1/1/2020	Fee Schedule	\$88.29
26011	DRAINAGE OF FINGER ABSCESS	Y	-	1/1/2020	Fee Schedule	\$576.39
26020	DRAIN HAND TENDON SHEATH	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26025	DRAINAGE OF PALM BURSA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26030	DRAINAGE OF PALM BURSAS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26034	TREAT HAND BONE LESION	Y	-	1/1/2020	Fee Schedule	\$713.00
26035	DECOMPRESS FINGERS/HAND	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26037	DECOMPRESS FINGERS/HAND	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26040	RELEASE PALM CONTRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
26045	RELEASE PALM CONTRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26055	INCISE FINGER TENDON SHEATH	Y	-	1/1/2020	Fee Schedule	\$713.00
26060	INCISION OF FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$713.00
26070	EXPLORE/TREAT HAND JOINT	Y	-	1/1/2020	Fee Schedule	\$713.00
26075	EXPLORE/TREAT FINGER JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26080	EXPLORE/TREAT FINGER JOINT	Y	-	1/1/2020	Fee Schedule	\$713.00
26100	BIOPSY HAND JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26105	BIOPSY FINGER JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26110	BIOPSY FINGER JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$713.00
26111	EXC HAND LES SC 1.5 CM/>	Y	-	1/1/2020	Fee Schedule	\$576.39
26113	EXC HAND TUM DEEP 1.5 CM/>	Y	-	1/1/2020	Fee Schedule	\$576.39
26115	EXC HAND LES SC < 1.5 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
26116	EXC HAND TUM DEEP < 1.5 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
26117	RAD RESECT HAND TUMOR < 3 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
26118	RAD RESECT HAND TUMOR 3 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
26121	RELEASE PALM CONTRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26123	RELEASE PALM CONTRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26125	RELEASE PALM CONTRACTURE	-	-	7/1/2018	No Separate Payment	\$0.00
26130	REMOVE WRIST JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
26135	REVISE FINGER JOINT EACH	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26140	REVISE FINGER JOINT EACH	Y	-	1/1/2020	Fee Schedule	\$713.00
26145	TENDON EXCISION PALM/FINGER	Y	-	1/1/2020	Fee Schedule	\$713.00
26160	REMOVE TENDON SHEATH LESION	Y	-	1/1/2020	Fee Schedule	\$713.00
26170	REMOVAL OF PALM TENDON EACH	Y	-	1/1/2020	Fee Schedule	\$713.00
26180	REMOVAL OF FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$713.00
26185	REMOVE FINGER BONE	Y	-	1/1/2020	Fee Schedule	\$713.00
26200	REMOVE HAND BONE LESION	Y	-	1/1/2020	Fee Schedule	\$713.00
26205	REMOVE/GRAFT BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26210	REMOVAL OF FINGER LESION	Y	-	1/1/2020	Fee Schedule	\$713.00
26215	REMOVE/GRAFT FINGER LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26230	PARTIAL REMOVAL OF HAND BONE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26235	PARTIAL REMOVAL FINGER BONE	Y	-	1/1/2020	Fee Schedule	\$713.00
26236	PARTIAL REMOVAL FINGER BONE	Y	-	1/1/2020	Fee Schedule	\$713.00
26250	EXTENSIVE HAND SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26260	RESECT PROX FINGER TUMOR	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26262	RESECT DISTAL FINGER TUMOR	Y	-	1/1/2020	Fee Schedule	\$713.00
26320	REMOVAL OF IMPLANT FROM HAND	-	-	1/1/2020	Fee Schedule	\$576.39
26340	MANIPULATE FINGER W/ANESTH	Y	-	1/1/2020	Fee Schedule	\$713.00
26341	MANIPULAT PALM CORD POST INJ	Y	-	1/1/2020	Fee Schedule	\$71.46
26350	REPAIR FINGER/HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26352	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26356	REPAIR FINGER/HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26357	REPAIR FINGER/HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26358	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26370	REPAIR FINGER/HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26372	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26373	REPAIR FINGER/HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26390	REVISE HAND/FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$3,719.81
26392	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26410	REPAIR HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$713.00
26412	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26415	EXCISION HAND/FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26416	GRAFT HAND OR FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26418	REPAIR FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$713.00
26420	REPAIR/GRAFT FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26426	REPAIR FINGER/HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26428	REPAIR/GRAFT FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26432	REPAIR FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$713.00
26433	REPAIR FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26434	REPAIR/GRAFT FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26437	REALIGNMENT OF TENDONS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26440	RELEASE PALM/FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$713.00
26442	RELEASE PALM & FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26445	RELEASE HAND/FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26449	RELEASE FOREARM/HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26450	INCISION OF PALM TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26455	INCISION OF FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$713.00
26460	INCISE HAND/FINGER TENDON	Y	-	1/1/2020	Fee Schedule	\$713.00
26471	FUSION OF FINGER TENDONS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26474	FUSION OF FINGER TENDONS	Y	-	1/1/2020	Fee Schedule	\$713.00
26476	TENDON LENGTHENING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26477	TENDON SHORTENING	Y	-	1/1/2020	Fee Schedule	\$1,286.26

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
26478	LENGTHENING OF HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26479	SHORTENING OF HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26480	TRANSPLANT HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26483	TRANSPLANT/GRAFT HAND TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26485	TRANSPLANT PALM TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26489	TRANSPLANT/GRAFT PALM TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26490	REVISE THUMB TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26492	TENDON TRANSFER WITH GRAFT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26494	HAND TENDON/MUSCLE TRANSFER	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26496	REVISE THUMB TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26497	FINGER TENDON TRANSFER	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26498	FINGER TENDON TRANSFER	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26499	REVISION OF FINGER	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26500	HAND TENDON RECONSTRUCTION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26502	HAND TENDON RECONSTRUCTION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26508	RELEASE THUMB CONTRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26510	THUMB TENDON TRANSFER	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26516	FUSION OF KNUCKLE JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26517	FUSION OF KNUCKLE JOINTS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26518	FUSION OF KNUCKLE JOINTS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26520	RELEASE KNUCKLE CONTRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26525	RELEASE FINGER CONTRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
26530	REVISE KNUCKLE JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26531	REVISE KNUCKLE WITH IMPLANT	Y	-	1/1/2020	Fee Schedule	\$4,021.18
26535	REVISE FINGER JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26536	REVISE/IMPLANT FINGER JOINT	Y	-	1/1/2020	Fee Schedule	\$3,720.91
26540	REPAIR HAND JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26541	REPAIR HAND JOINT WITH GRAFT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26542	REPAIR HAND JOINT WITH GRAFT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26545	RECONSTRUCT FINGER JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26546	REPAIR NONUNION HAND	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26548	RECONSTRUCT FINGER JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26550	CONSTRUCT THUMB REPLACEMENT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26555	POSITIONAL CHANGE OF FINGER	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26560	REPAIR OF WEB FINGER	Y	-	1/1/2020	Fee Schedule	\$713.00
26561	REPAIR OF WEB FINGER	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26562	REPAIR OF WEB FINGER	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26565	CORRECT METACARPAL FLAW	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26567	CORRECT FINGER DEFORMITY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26568	LENGTHEN METACARPAL/FINGER	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26580	REPAIR HAND DEFORMITY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26587	RECONSTRUCT EXTRA FINGER	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26590	REPAIR FINGER DEFORMITY	Y	-	1/1/2020	Fee Schedule	\$713.00
26591	REPAIR MUSCLES OF HAND	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26593	RELEASE MUSCLES OF HAND	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26596	EXCISION CONSTRICTING TISSUE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26600	TREAT METACARPAL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
26605	TREAT METACARPAL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
26607	TREAT METACARPAL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26608	TREAT METACARPAL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26615	TREAT METACARPAL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26641	TREAT THUMB DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
26645	TREAT THUMB FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
26650	TREAT THUMB FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26665	TREAT THUMB FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26670	TREAT HAND DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
26675	TREAT HAND DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
26676	PIN HAND DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26685	TREAT HAND DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26686	TREAT HAND DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26700	TREAT KNUCKLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
26705	TREAT KNUCKLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
26706	PIN KNUCKLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26715	TREAT KNUCKLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26720	TREAT FINGER FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$108.96
26725	TREAT FINGER FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$108.96
26727	TREAT FINGER FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26735	TREAT FINGER FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26740	TREAT FINGER FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$108.96
26742	TREAT FINGER FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$713.00
26746	TREAT FINGER FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26750	TREAT FINGER FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$108.96
26755	TREAT FINGER FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$108.96
26756	PIN FINGER FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26765	TREAT FINGER FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26770	TREAT FINGER DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
26775	TREAT FINGER DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$116.12
26776	PIN FINGER DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26785	TREAT FINGER DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26820	THUMB FUSION WITH GRAFT	Y	-	1/1/2020	Fee Schedule	\$3,844.42
26841	FUSION OF THUMB	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26842	THUMB FUSION WITH GRAFT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26843	FUSION OF HAND JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26844	FUSION/GRAFT OF HAND JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26850	FUSION OF KNUCKLE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26852	FUSION OF KNUCKLE WITH GRAFT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
26860	FUSION OF FINGER JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26861	FUSION OF FINGER JNT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
26862	FUSION/GRAFT OF FINGER JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26863	FUSE/GRAFT ADDED JOINT	-	-	7/1/2018	No Separate Payment	\$0.00
26910	AMPUTATE METACARPAL BONE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26951	AMPUTATION OF FINGER/THUMB	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26952	AMPUTATION OF FINGER/THUMB	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26990	DRAINAGE OF PELVIS LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
26991	DRAINAGE OF PELVIS BURSA	Y	-	1/1/2020	Fee Schedule	\$713.00
27000	INCISION OF HIP TENDON	Y	-	1/1/2020	Fee Schedule	\$713.00
27001	INCISION OF HIP TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27003	INCISION OF HIP TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27033	EXPLORATION OF HIP JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27035	DENERVATION OF HIP JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27040	BIOPSY OF SOFT TISSUES	Y	-	1/1/2020	Fee Schedule	\$576.39
27041	BIOPSY OF SOFT TISSUES	Y	-	1/1/2020	Fee Schedule	\$576.39
27043	EXC HIP PELVIS LES SC 3 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
27045	EXC HIP/PELV TUM DEEP 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
27047	EXC HIP/PELVIS LES SC < 3 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
27048	EXC HIP/PELV TUM DEEP < 5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27049	RESECT HIP/PELV TUM < 5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
27050	BIOPSY OF SACROILIAC JOINT	Y	-	1/1/2020	Fee Schedule	\$713.00
27052	BIOPSY OF HIP JOINT	Y	-	1/1/2020	Fee Schedule	\$713.00
27059	RESECT HIP/PELV TUM 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
27060	REMOVAL OF ISCHIAL BURSA	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27062	REMOVE FEMUR LESION/BURSA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27065	REMOVE HIP BONE LES SUPER	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27066	REMOVE HIP BONE LES DEEP	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27067	REMOVE/GRAFT HIP BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27080	REMOVAL OF TAIL BONE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27086	REMOVE HIP FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$576.39
27087	REMOVE HIP FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27093	INJECTION FOR HIP X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
27095	INJECTION FOR HIP X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
27097	REVISION OF HIP TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27098	TRANSFER TENDON TO PELVIS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27100	TRANSFER OF ABDOMINAL MUSCLE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27105	TRANSFER OF SPINAL MUSCLE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27110	TRANSFER OF ILIOPSOAS MUSCLE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27111	TRANSFER OF ILIOPSOAS MUSCLE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27197	CLSD TX PELVIC RING FX	Y	-	1/1/2020	Fee Schedule	\$108.96
27198	CLSD TX PELVIC RING FX	Y	-	1/1/2020	Fee Schedule	\$108.96
27200	TREAT TAIL BONE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27202	TREAT TAIL BONE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27220	TREAT HIP SOCKET FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27230	TREAT THIGH FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27238	TREAT THIGH FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
27246	TREAT THIGH FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27250	TREAT HIP DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
27252	TREAT HIP DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
27256	TREAT HIP DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
27257	TREAT HIP DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
27265	TREAT HIP DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
27266	TREAT HIP DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
27267	CLTX THIGH FX	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27275	MANIPULATION OF HIP JOINT	Y	-	1/1/2020	Fee Schedule	\$713.00
27279	ARTHRODESIS SACROILIAC JOINT	Y	-	1/1/2020	Fee Schedule	\$12,982.29
27301	DRAIN THIGH/KNEE LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
27305	INCISE THIGH TENDON & FASCIA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27306	INCISION OF THIGH TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27307	INCISION OF THIGH TENDONS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27310	EXPLORATION OF KNEE JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27323	BIOPSY THIGH SOFT TISSUES	Y	-	1/1/2020	Fee Schedule	\$576.39
27324	BIOPSY THIGH SOFT TISSUES	Y	-	1/1/2020	Fee Schedule	\$994.34
27325	NEURECTOMY HAMSTRING	Y	-	1/1/2020	Fee Schedule	\$796.79
27326	NEURECTOMY POPLITEAL	Y	-	1/1/2020	Fee Schedule	\$796.79
27327	EXC THIGH/KNEE LES SC < 3 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
27328	EXC THIGH/KNEE TUM DEEP <5CM	Y	-	1/1/2020	Fee Schedule	\$994.34
27329	RESECT THIGH/KNEE TUM < 5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
27330	BIOPSY KNEE JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27331	EXPLORE/TREAT KNEE JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27332	REMOVAL OF KNEE CARTILAGE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27333	REMOVAL OF KNEE CARTILAGE	Y	-	1/1/2020	Fee Schedule	\$1,286.26

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27334	REMOVE KNEE JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27335	REMOVE KNEE JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27337	EXC THIGH/KNEE LES SC 3 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
27339	EXC THIGH/KNEE TUM DEP 5CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
27340	REMOVAL OF KNEECAP BURSA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27345	REMOVAL OF KNEE CYST	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27347	REMOVE KNEE CYST	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27350	REMOVAL OF KNEECAP	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27355	REMOVE FEMUR LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27356	REMOVE FEMUR LESION/GRAFT	Y	-	1/1/2020	Fee Schedule	\$5,727.13
27357	REMOVE FEMUR LESION/GRAFT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27358	REMOVE FEMUR LESION/FIXATION	-	-	7/1/2018	No Separate Payment	\$0.00
27360	PARTIAL REMOVAL LEG BONE(S)	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27364	RESECT THIGH/KNEE TUM 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
27369	NJX CNTRST KNE ARTHG/CT/MRI	-	-	1/1/2019	No Separate Payment	\$0.00
27372	REMOVAL OF FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$994.34
27380	REPAIR OF KNEECAP TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27381	REPAIR/GRAFT KNEECAP TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27385	REPAIR OF THIGH MUSCLE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27386	REPAIR/GRAFT OF THIGH MUSCLE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27390	INCISION OF THIGH TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27391	INCISION OF THIGH TENDONS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27392	INCISION OF THIGH TENDONS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27393	LENGTHENING OF THIGH TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27394	LENGTHENING OF THIGH TENDONS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27395	LENGTHENING OF THIGH TENDONS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27396	TRANSPLANT OF THIGH TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27397	TRANSPLANTS OF THIGH TENDONS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27400	REVISE THIGH MUSCLES/TENDONS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27403	REPAIR OF KNEE CARTILAGE	Y	-	1/1/2020	Fee Schedule	\$3,703.62
27405	REPAIR OF KNEE LIGAMENT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27407	REPAIR OF KNEE LIGAMENT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27409	REPAIR OF KNEE LIGAMENTS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	Y	-	1/1/2020	Fee Schedule	\$9,410.54
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27418	REPAIR DEGENERATED KNEECAP	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27420	REVISION OF UNSTABLE KNEECAP	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27422	REVISION OF UNSTABLE KNEECAP	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27424	REVISION/REMOVAL OF KNEECAP	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27425	LAT RETINACULAR RELEASE OPEN	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27427	RECONSTRUCTION KNEE	Y	-	1/1/2020	Fee Schedule	\$3,630.88
27428	RECONSTRUCTION KNEE	Y	-	1/1/2020	Fee Schedule	\$7,717.14
27429	RECONSTRUCTION KNEE	Y	-	1/1/2020	Fee Schedule	\$10,113.69
27430	REVISION OF THIGH MUSCLES	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27435	INCISION OF KNEE JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27437	REVISE KNEECAP	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27438	REVISE KNEECAP WITH IMPLANT	Y	-	1/1/2020	Fee Schedule	\$7,866.30
27440	REVISION OF KNEE JOINT	Y	-	1/1/2020	Fee Schedule	\$8,458.98
27441	REVISION OF KNEE JOINT	Y	-	1/1/2020	Fee Schedule	\$5,727.13
27442	REVISION OF KNEE JOINT	Y	-	1/1/2020	Fee Schedule	\$8,475.24
27443	REVISION OF KNEE JOINT	Y	-	1/1/2020	Fee Schedule	\$8,266.66
27446	REVISION OF KNEE JOINT	Y	-	1/1/2020	Fee Schedule	\$8,410.76
27447	TOTAL KNEE ARTHROPLASTY	Y	-	1/1/2020	Fee Schedule	\$8,609.82

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27475	SURGERY TO STOP LEG GROWTH	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27479	SURGERY TO STOP LEG GROWTH	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27496	DECOMPRESSION OF THIGH/KNEE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27497	DECOMPRESSION OF THIGH/KNEE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27498	DECOMPRESSION OF THIGH/KNEE	Y	-	1/1/2020	Fee Schedule	\$713.00
27499	DECOMPRESSION OF THIGH/KNEE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27500	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27501	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27502	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
27503	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
27508	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27509	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27510	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
27516	TREAT THIGH FX GROWTH PLATE	Y	-	1/1/2020	Fee Schedule	\$108.96
27517	TREAT THIGH FX GROWTH PLATE	Y	-	1/1/2020	Fee Schedule	\$713.00
27520	TREAT KNEECAP FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27524	TREAT KNEECAP FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27530	TREAT KNEE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27532	TREAT KNEE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27538	TREAT KNEE FRACTURE(S)	Y	-	1/1/2020	Fee Schedule	\$108.96
27550	TREAT KNEE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
27552	TREAT KNEE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
27560	TREAT KNEECAP DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
27562	TREAT KNEECAP DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
27566	TREAT KNEECAP DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27570	FIXATION OF KNEE JOINT	Y	-	1/1/2020	Fee Schedule	\$713.00
27594	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27600	DECOMPRESSION OF LOWER LEG	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27601	DECOMPRESSION OF LOWER LEG	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27602	DECOMPRESSION OF LOWER LEG	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27603	DRAIN LOWER LEG LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
27604	DRAIN LOWER LEG BURSA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27605	INCISION OF ACHILLES TENDON	Y	-	1/1/2020	Fee Schedule	\$713.00
27606	INCISION OF ACHILLES TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27607	TREAT LOWER LEG BONE LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27610	EXPLORE/TREAT ANKLE JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27612	EXPLORATION OF ANKLE JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27613	BIOPSY LOWER LEG SOFT TISSUE	Y	-	1/1/2020	Fee Schedule	\$170.34
27614	BIOPSY LOWER LEG SOFT TISSUE	Y	-	1/1/2020	Fee Schedule	\$994.34
27615	RESECT LEG/ANKLE TUM < 5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
27616	RESECT LEG/ANKLE TUM 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
27618	EXC LEG/ANKLE TUM < 3 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
27619	EXC LEG/ANKLE TUM DEEP <5 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
27620	EXPLORE/TREAT ANKLE JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27625	REMOVE ANKLE JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27626	REMOVE ANKLE JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27630	REMOVAL OF TENDON LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27632	EXC LEG/ANKLE LES SC 3 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
27634	EXC LEG/ANKLE TUM DEP 5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
27635	REMOVE LOWER LEG BONE LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27637	REMOVE/GRAFT LEG BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27638	REMOVE/GRAFT LEG BONE LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27640	PARTIAL REMOVAL OF TIBIA	Y	-	1/1/2020	Fee Schedule	\$1,286.26

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27641	PARTIAL REMOVAL OF FIBULA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27647	RESECT TALUS/CALCANEUS TUM	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27648	INJECTION FOR ANKLE X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
27650	REPAIR ACHILLES TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27652	REPAIR/GRAFT ACHILLES TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27654	REPAIR OF ACHILLES TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27656	REPAIR LEG FASCIA DEFECT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27658	REPAIR OF LEG TENDON EACH	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27659	REPAIR OF LEG TENDON EACH	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27664	REPAIR OF LEG TENDON EACH	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27665	REPAIR OF LEG TENDON EACH	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27675	REPAIR LOWER LEG TENDONS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27676	REPAIR LOWER LEG TENDONS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27680	RELEASE OF LOWER LEG TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27681	RELEASE OF LOWER LEG TENDONS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27685	REVISION OF LOWER LEG TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27686	REVISE LOWER LEG TENDONS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27687	REVISION OF CALF TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27690	REVISE LOWER LEG TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27691	REVISE LOWER LEG TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27692	REVISE ADDITIONAL LEG TENDON	-	-	7/1/2018	No Separate Payment	\$0.00
27695	REPAIR OF ANKLE LIGAMENT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27696	REPAIR OF ANKLE LIGAMENTS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27698	REPAIR OF ANKLE LIGAMENT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27700	REVISION OF ANKLE JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27704	REMOVAL OF ANKLE IMPLANT	-	-	1/1/2020	Fee Schedule	\$1,286.26
27705	INCISION OF TIBIA	Y	-	1/1/2020	Fee Schedule	\$4,037.65
27707	INCISION OF FIBULA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27709	INCISION OF TIBIA & FIBULA	Y	-	1/1/2020	Fee Schedule	\$5,727.13
27720	REPAIR OF TIBIA	Y	-	1/1/2020	Fee Schedule	\$3,847.71
27726	REPAIR FIBULA NONUNION	Y	-	1/1/2020	Fee Schedule	\$3,919.62
27730	REPAIR OF TIBIA EPIPHYSIS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27732	REPAIR OF FIBULA EPIPHYSIS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27734	REPAIR LOWER LEG EPIPHYSES	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27740	REPAIR OF LEG EPIPHYSES	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27742	REPAIR OF LEG EPIPHYSES	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27745	REINFORCE TIBIA	Y	-	1/1/2020	Fee Schedule	\$3,905.35
27750	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27752	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
27756	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2020	Fee Schedule	\$4,095.83
27758	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2020	Fee Schedule	\$8,092.83
27759	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2020	Fee Schedule	\$7,990.22
27760	CLTX MEDIAL ANKLE FX	Y	-	1/1/2020	Fee Schedule	\$108.96
27762	CLTX MED ANKLE FX W/MNPJ	Y	-	1/1/2020	Fee Schedule	\$713.00
27766	OPTX MEDIAL ANKLE FX	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27767	CLTX POST ANKLE FX	Y	-	1/1/2020	Fee Schedule	\$108.96
27768	CLTX POST ANKLE FX W/MNPJ	Y	-	1/1/2020	Fee Schedule	\$713.00
27769	OPTX POST ANKLE FX	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27780	TREATMENT OF FIBULA FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27781	TREATMENT OF FIBULA FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
27784	TREATMENT OF FIBULA FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27786	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27788	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96

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**Montana Healthcare Programs Fee Schedule
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27792	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,704.99
27808	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27810	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
27814	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,763.72
27816	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27818	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
27822	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,747.80
27823	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,735.46
27824	TREAT LOWER LEG FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
27825	TREAT LOWER LEG FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
27826	TREAT LOWER LEG FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,915.78
27827	TREAT LOWER LEG FRACTURE	Y	-	1/1/2020	Fee Schedule	\$8,017.13
27828	TREAT LOWER LEG FRACTURE	Y	-	1/1/2020	Fee Schedule	\$8,157.31
27829	TREAT LOWER LEG JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27830	TREAT LOWER LEG DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
27831	TREAT LOWER LEG DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27832	TREAT LOWER LEG DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27840	TREAT ANKLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
27842	TREAT ANKLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
27846	TREAT ANKLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27848	TREAT ANKLE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$4,129.87
27860	FIXATION OF ANKLE JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27870	FUSION OF ANKLE JOINT OPEN	Y	-	1/1/2020	Fee Schedule	\$8,448.33
27871	FUSION OF TIBIOFIBULAR JOINT	Y	-	1/1/2020	Fee Schedule	\$8,142.17
27884	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27889	AMPUTATION OF FOOT AT ANKLE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27892	DECOMPRESSION OF LEG	Y	-	1/1/2020	Fee Schedule	\$1,286.26
27893	DECOMPRESSION OF LEG	Y	-	1/1/2020	Fee Schedule	\$2,803.36
27894	DECOMPRESSION OF LEG	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28001	DRAINAGE OF BURSA OF FOOT	Y	-	1/1/2020	Fee Schedule	\$180.81
28002	TREATMENT OF FOOT INFECTION	Y	-	1/1/2020	Fee Schedule	\$713.00
28003	TREATMENT OF FOOT INFECTION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28005	TREAT FOOT BONE LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28008	INCISION OF FOOT FASCIA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28010	INCISION OF TOE TENDON	Y	-	1/1/2020	Fee Schedule	\$124.51
28011	INCISION OF TOE TENDONS	Y	-	1/1/2020	Fee Schedule	\$713.00
28020	EXPLORATION OF FOOT JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28022	EXPLORATION OF FOOT JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28024	EXPLORATION OF TOE JOINT	Y	-	1/1/2020	Fee Schedule	\$713.00
28035	DECOMPRESSION OF TIBIA NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
28039	EXC FOOT/TOE TUM SC 1.5 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
28041	EXC FOOT/TOE TUM DEP 1.5CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
28043	EXC FOOT/TOE TUM SC < 1.5 CM	Y	-	1/1/2020	Fee Schedule	\$576.39
28045	EXC FOOT/TOE TUM DEEP <1.5CM	Y	-	1/1/2020	Fee Schedule	\$994.34
28046	RESECT FOOT/TOE TUMOR < 3 CM	Y	-	1/1/2020	Fee Schedule	\$994.34
28047	RESECT FOOT/TOE TUMOR 3 CM/>	Y	-	1/1/2020	Fee Schedule	\$994.34
28050	BIOPSY OF FOOT JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28052	BIOPSY OF FOOT JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28054	BIOPSY OF TOE JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28055	NEURECTOMY FOOT	Y	-	1/1/2020	Fee Schedule	\$796.79
28060	PARTIAL REMOVAL FOOT FASCIA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28062	REMOVAL OF FOOT FASCIA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28070	REMOVAL OF FOOT JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$2,803.36

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
28072	REMOVAL OF FOOT JOINT LINING	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28080	REMOVAL OF FOOT LESION	Y	-	1/1/2020	Fee Schedule	\$713.00
28086	EXCISE FOOT TENDON SHEATH	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28088	EXCISE FOOT TENDON SHEATH	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28090	REMOVAL OF FOOT LESION	Y	-	1/1/2020	Fee Schedule	\$713.00
28092	REMOVAL OF TOE LESIONS	Y	-	1/1/2020	Fee Schedule	\$713.00
28100	REMOVAL OF ANKLE/HEEL LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28102	REMOVE/GRAFT FOOT LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28103	REMOVE/GRAFT FOOT LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28104	REMOVAL OF FOOT LESION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28106	REMOVE/GRAFT FOOT LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28107	REMOVE/GRAFT FOOT LESION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28108	REMOVAL OF TOE LESIONS	Y	-	1/1/2020	Fee Schedule	\$713.00
28110	PART REMOVAL OF METATARSAL	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28111	PART REMOVAL OF METATARSAL	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28112	PART REMOVAL OF METATARSAL	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28113	PART REMOVAL OF METATARSAL	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28114	REMOVAL OF METATARSAL HEADS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28116	REVISION OF FOOT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28118	REMOVAL OF HEEL BONE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28119	REMOVAL OF HEEL SPUR	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28120	PART REMOVAL OF ANKLE/HEEL	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28122	PARTIAL REMOVAL OF FOOT BONE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28124	PARTIAL REMOVAL OF TOE	Y	-	1/1/2020	Fee Schedule	\$301.71
28126	PARTIAL REMOVAL OF TOE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28130	REMOVAL OF ANKLE BONE	Y	-	1/1/2020	Fee Schedule	\$4,183.66
28140	REMOVAL OF METATARSAL	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28150	REMOVAL OF TOE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28153	PARTIAL REMOVAL OF TOE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28160	PARTIAL REMOVAL OF TOE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28171	RESECT TARSAL TUMOR	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28173	RESECT METATARSAL TUMOR	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28175	RESECT PHALANX OF TOE TUMOR	Y	-	1/1/2020	Fee Schedule	\$713.00
28190	REMOVAL OF FOOT FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$182.25
28192	REMOVAL OF FOOT FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$576.39
28193	REMOVAL OF FOOT FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$576.39
28200	REPAIR OF FOOT TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28202	REPAIR/GRAFT OF FOOT TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28208	REPAIR OF FOOT TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28210	REPAIR/GRAFT OF FOOT TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28220	RELEASE OF FOOT TENDON	Y	-	1/1/2020	Fee Schedule	\$285.11
28222	RELEASE OF FOOT TENDONS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28225	RELEASE OF FOOT TENDON	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28226	RELEASE OF FOOT TENDONS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28230	INCISION OF FOOT TENDON(S)	Y	-	1/1/2020	Fee Schedule	\$281.14
28232	INCISION OF TOE TENDON	Y	-	1/1/2020	Fee Schedule	\$262.37
28234	INCISION OF FOOT TENDON	Y	-	1/1/2020	Fee Schedule	\$713.00
28238	REVISION OF FOOT TENDON	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28240	RELEASE OF BIG TOE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28250	REVISION OF FOOT FASCIA	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28260	RELEASE OF MIDFOOT JOINT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28261	REVISION OF FOOT TENDON	Y	-	1/1/2020	Fee Schedule	\$713.00
28262	REVISION OF FOOT AND ANKLE	Y	-	1/1/2020	Fee Schedule	\$4,433.98

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
28264	RELEASE OF MIDFOOT JOINT	Y	-	1/1/2020	Fee Schedule	\$713.00
28270	RELEASE OF FOOT CONTRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28272	RELEASE OF TOE JOINT EACH	Y	-	1/1/2020	Fee Schedule	\$253.35
28280	FUSION OF TOES	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28285	REPAIR OF HAMMERTOES	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28286	REPAIR OF HAMMERTOES	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28288	PARTIAL REMOVAL OF FOOT BONE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28289	CORRJ HALUX RIGDUS W/O IMPLT	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28291	CORRJ HALUX RIGDUS W/IMPLT	Y	-	1/1/2020	Fee Schedule	\$4,300.59
28292	CORRECTION HALLUX VALGUS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28295	CORRECTION HALLUX VALGUS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28296	CORRECTION HALLUX VALGUS	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28297	CORRECTION HALLUX VALGUS	Y	-	1/1/2020	Fee Schedule	\$4,020.90
28298	CORRECTION HALLUX VALGUS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28299	CORRECTION HALLUX VALGUS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28300	INCISION OF HEEL BONE	Y	-	1/1/2020	Fee Schedule	\$3,749.45
28302	INCISION OF ANKLE BONE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28304	INCISION OF MIDFOOT BONES	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28305	INCISE/GRAFT MIDFOOT BONES	Y	-	1/1/2020	Fee Schedule	\$4,037.10
28306	INCISION OF METATARSAL	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28307	INCISION OF METATARSAL	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28308	INCISION OF METATARSAL	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28309	INCISION OF METATARSALS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28310	REVISION OF BIG TOE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28312	REVISION OF TOE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28313	REPAIR DEFORMITY OF TOE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28315	REMOVAL OF SESAMOID BONE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28320	REPAIR OF FOOT BONES	Y	-	1/1/2020	Fee Schedule	\$8,877.84
28322	REPAIR OF METATARSALS	Y	-	1/1/2020	Fee Schedule	\$3,823.83
28340	RESECT ENLARGED TOE TISSUE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28341	RESECT ENLARGED TOE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28344	REPAIR EXTRA TOE(S)	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28345	REPAIR WEBBED TOE(S)	Y	-	1/1/2020	Fee Schedule	\$713.00
28400	TREATMENT OF HEEL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
28405	TREATMENT OF HEEL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
28406	TREATMENT OF HEEL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28415	TREAT HEEL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,874.89
28420	TREAT/GRAFT HEEL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$8,250.40
28430	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
28435	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$713.00
28436	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28445	TREAT ANKLE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,637.74
28446	OSTEOCHONDRAL TALUS AUTOGRFT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28450	TREAT MIDFOOT FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$108.96
28455	TREAT MIDFOOT FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$167.82
28456	TREAT MIDFOOT FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28465	TREAT MIDFOOT FRACTURE EACH	Y	-	1/1/2020	Fee Schedule	\$3,831.24
28470	TREAT METATARSAL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
28475	TREAT METATARSAL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96
28476	TREAT METATARSAL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28485	TREAT METATARSAL FRACTURE	Y	-	1/1/2020	Fee Schedule	\$3,731.89
28490	TREAT BIG TOE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$98.89
28495	TREAT BIG TOE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$108.96

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
28496	TREAT BIG TOE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28505	TREAT BIG TOE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28510	TREATMENT OF TOE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$78.31
28515	TREATMENT OF TOE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$105.74
28525	TREAT TOE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28530	TREAT SESAMOID BONE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$75.07
28531	TREAT SESAMOID BONE FRACTURE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28540	TREAT FOOT DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
28545	TREAT FOOT DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28546	TREAT FOOT DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
28555	REPAIR FOOT DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28570	TREAT FOOT DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
28575	TREAT FOOT DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28576	TREAT FOOT DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28585	REPAIR FOOT DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$4,134.53
28600	TREAT FOOT DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
28605	TREAT FOOT DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$108.96
28606	TREAT FOOT DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28615	REPAIR FOOT DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$3,655.58
28630	TREAT TOE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$89.14
28635	TREAT TOE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$713.00
28636	TREAT TOE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28645	REPAIR TOE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28660	TREAT TOE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$68.93
28665	TREAT TOE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$116.12
28666	TREAT TOE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28675	REPAIR OF TOE DISLOCATION	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28705	FUSION OF FOOT BONES	Y	-	1/1/2020	Fee Schedule	\$11,578.82
28715	FUSION OF FOOT BONES	Y	-	1/1/2020	Fee Schedule	\$8,838.59
28725	FUSION OF FOOT BONES	Y	-	1/1/2020	Fee Schedule	\$8,118.62
28730	FUSION OF FOOT BONES	Y	-	1/1/2020	Fee Schedule	\$8,734.86
28735	FUSION OF FOOT BONES	Y	-	1/1/2020	Fee Schedule	\$8,822.33
28737	REVISION OF FOOT BONES	Y	-	1/1/2020	Fee Schedule	\$8,386.65
28740	FUSION OF FOOT BONES	Y	-	1/1/2020	Fee Schedule	\$4,144.69
28750	FUSION OF BIG TOE JOINT	Y	-	1/1/2020	Fee Schedule	\$4,068.66
28755	FUSION OF BIG TOE JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28760	FUSION OF BIG TOE JOINT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
28810	AMPUTATION TOE & METATARSAL	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28820	AMPUTATION OF TOE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28825	PARTIAL AMPUTATION OF TOE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
28890	HI ENRGY ESWT PLANTAR FASCIA	Y	-	1/1/2020	Fee Schedule	\$195.97
29000	APPLICATION OF BODY CAST	Y	-	1/1/2020	Fee Schedule	\$116.12
29010	APPLICATION OF BODY CAST	Y	-	1/1/2020	Fee Schedule	\$116.12
29015	APPLICATION OF BODY CAST	Y	-	1/1/2020	Fee Schedule	\$116.12
29035	APPLICATION OF BODY CAST	Y	-	1/1/2020	Fee Schedule	\$116.12
29040	APPLICATION OF BODY CAST	Y	-	1/1/2020	Fee Schedule	\$116.12
29044	APPLICATION OF BODY CAST	Y	-	1/1/2020	Fee Schedule	\$67.58
29046	APPLICATION OF BODY CAST	Y	-	1/1/2020	Fee Schedule	\$116.12
29049	APPLICATION OF FIGURE EIGHT	Y	-	1/1/2020	Fee Schedule	\$62.07
29055	APPLICATION OF SHOULDER CAST	Y	-	1/1/2020	Fee Schedule	\$116.12
29058	APPLICATION OF SHOULDER CAST	Y	-	1/1/2020	Fee Schedule	\$69.65
29065	APPLICATION OF LONG ARM CAST	Y	-	1/1/2020	Fee Schedule	\$60.27
29075	APPLICATION OF FOREARM CAST	Y	-	1/1/2020	Fee Schedule	\$55.22

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**Montana Healthcare Programs Fee Schedule
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
29085	APPLY HAND/WRIST CAST	Y	-	1/1/2020	Fee Schedule	\$59.91
29086	APPLY FINGER CAST	Y	-	1/1/2020	Fee Schedule	\$54.50
29105	APPLY LONG ARM SPLINT	Y	-	1/1/2020	Fee Schedule	\$49.80
29125	APPLY FOREARM SPLINT	-	-	7/1/2018	No Separate Payment	\$0.00
29126	APPLY FOREARM SPLINT	-	-	7/1/2018	No Separate Payment	\$0.00
29130	APPLICATION OF FINGER SPLINT	-	-	7/1/2018	No Separate Payment	\$0.00
29131	APPLICATION OF FINGER SPLINT	-	-	7/1/2018	No Separate Payment	\$0.00
29200	STRAPPING OF CHEST	Y	-	1/1/2020	Fee Schedule	\$18.77
29240	STRAPPING OF SHOULDER	-	-	7/1/2018	No Separate Payment	\$0.00
29260	STRAPPING OF ELBOW OR WRIST	-	-	7/1/2018	No Separate Payment	\$0.00
29280	STRAPPING OF HAND OR FINGER	-	-	7/1/2018	No Separate Payment	\$0.00
29305	APPLICATION OF HIP CAST	Y	-	1/1/2020	Fee Schedule	\$116.12
29325	APPLICATION OF HIP CASTS	Y	-	1/1/2020	Fee Schedule	\$116.12
29345	APPLICATION OF LONG LEG CAST	Y	-	1/1/2020	Fee Schedule	\$78.68
29355	APPLICATION OF LONG LEG CAST	Y	-	1/1/2020	Fee Schedule	\$80.12
29358	APPLY LONG LEG CAST BRACE	Y	-	1/1/2020	Fee Schedule	\$101.05
29365	APPLICATION OF LONG LEG CAST	Y	-	1/1/2020	Fee Schedule	\$74.34
29405	APPLY SHORT LEG CAST	Y	-	1/1/2020	Fee Schedule	\$48.36
29425	APPLY SHORT LEG CAST	Y	-	1/1/2020	Fee Schedule	\$45.47
29435	APPLY SHORT LEG CAST	Y	-	1/1/2020	Fee Schedule	\$67.13
29440	ADDITION OF WALKER TO CAST	Y	-	1/1/2020	Fee Schedule	\$22.01
29445	APPLY RIGID LEG CAST	Y	-	1/1/2020	Fee Schedule	\$62.07
29450	APPLICATION OF LEG CAST	Y	-	1/1/2020	Fee Schedule	\$65.32
29505	APPLICATION LONG LEG SPLINT	Y	-	1/1/2020	Fee Schedule	\$58.10
29515	APPLICATION LOWER LEG SPLINT	Y	-	1/1/2020	Fee Schedule	\$42.22
29520	STRAPPING OF HIP	-	-	7/1/2018	No Separate Payment	\$0.00
29530	STRAPPING OF KNEE	-	-	7/1/2018	No Separate Payment	\$0.00
29540	STRAPPING OF ANKLE AND/OR FT	Y	-	1/1/2020	Fee Schedule	\$14.07
29550	STRAPPING OF TOES	-	-	7/1/2018	No Separate Payment	\$0.00
29580	APPLICATION OF PASTE BOOT	Y	-	1/1/2020	Fee Schedule	\$42.22
29581	APPLY MULTLAY COMPRS LWR LEG	Y	-	1/1/2020	Fee Schedule	\$67.58
29584	APPL MULTLAY COMPRS ARM/HAND	Y	-	1/1/2020	Fee Schedule	\$67.58
29700	REMOVAL/REVISION OF CAST	Y	-	1/1/2020	Fee Schedule	\$40.42
29705	REMOVAL/REVISION OF CAST	Y	-	1/1/2020	Fee Schedule	\$34.29
29710	REMOVAL/REVISION OF CAST	Y	-	1/1/2020	Fee Schedule	\$67.49
29720	REPAIR OF BODY CAST	Y	-	1/1/2020	Fee Schedule	\$56.66
29730	WINDOWING OF CAST	Y	-	1/1/2020	Fee Schedule	\$32.48
29740	WEDGING OF CAST	Y	-	1/1/2020	Fee Schedule	\$53.05
29750	WEDGING OF CLUBFOOT CAST	Y	-	1/1/2020	Fee Schedule	\$55.58
29800	JAW ARTHROSCOPY/SURGERY	Y	Y	1/1/2020	Fee Schedule	\$1,286.26
29804	JAW ARTHROSCOPY/SURGERY	Y	Y	1/1/2020	Fee Schedule	\$1,286.26
29805	SHOULDER ARTHROSCOPY DX	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29806	SHOULDER ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29807	SHOULDER ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29819	SHOULDER ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29820	SHOULDER ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29821	SHOULDER ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29822	SHOULDER ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29823	SHOULDER ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29824	SHOULDER ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29825	SHOULDER ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29826	SHOULDER ARTHROSCOPY/SURGERY	-	-	7/1/2018	No Separate Payment	\$0.00
29827	ARTHROSCOP ROTATOR CUFF REPR	Y	-	1/1/2020	Fee Schedule	\$2,803.36

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
29828	ARTHROSCOPY BICEPS TENODESIS	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29830	ELBOW ARTHROSCOPY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29834	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29835	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29836	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29837	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29838	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29840	WRIST ARTHROSCOPY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29843	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29844	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29845	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29846	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29847	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29848	WRIST ENDOSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$713.00
29850	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$713.00
29851	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$713.00
29855	TIBIAL ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$4,302.78
29856	TIBIAL ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$7,843.31
29860	HIP ARTHROSCOPY DX	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29861	HIP ARTHRO W/FB REMOVAL	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29862	HIP ARTHRO W/DEBRIDEMENT	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29863	HIP ARTHRO W/SYNOVECTOMY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29866	AUTGRFT IMPLNT KNEE W/SCOPE	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29867	ALLGRFT IMPLNT KNEE W/SCOPE	Y	-	1/1/2020	Fee Schedule	\$8,485.34
29870	KNEE ARTHROSCOPY DX	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29871	KNEE ARTHROSCOPY/DRAINAGE	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29873	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29874	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29875	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29876	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29877	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29879	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29880	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29881	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29882	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29883	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29884	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29885	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29886	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29887	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29888	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$3,873.24
29889	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$7,661.63
29891	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29892	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29893	SCOPE PLANTAR FASCIOTOMY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29894	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29895	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29897	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29898	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29899	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2020	Fee Schedule	\$3,634.72
29900	MCP JOINT ARTHROSCOPY DX	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29901	MCP JOINT ARTHROSCOPY SURG	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29902	MCP JOINT ARTHROSCOPY SURG	Y	-	1/1/2020	Fee Schedule	\$713.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
29904	SUBTALAR ARTHRO W/FB RMVL	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29905	SUBTALAR ARTHRO W/EXC	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29906	SUBTALAR ARTHRO W/DEB	Y	-	1/1/2020	Fee Schedule	\$1,286.26
29907	SUBTALAR ARTHRO W/FUSION	Y	-	1/1/2020	Fee Schedule	\$7,861.81
29914	HIP ARTHRO W/FEMOROPLASTY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29915	HIP ARTHRO ACETABULOPLASTY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
29916	HIP ARTHRO W/LABRAL REPAIR	Y	-	1/1/2020	Fee Schedule	\$2,803.36
30000	DRAINAGE OF NOSE LESION	Y	-	1/1/2020	Fee Schedule	\$102.89
30020	DRAINAGE OF NOSE LESION	Y	-	1/1/2020	Fee Schedule	\$200.30
30100	INTRANASAL BIOPSY	Y	-	1/1/2020	Fee Schedule	\$107.19
30110	REMOVAL OF NOSE POLYP(S)	Y	-	1/1/2020	Fee Schedule	\$176.84
30115	REMOVAL OF NOSE POLYP(S)	Y	-	1/1/2020	Fee Schedule	\$1,055.06
30117	REMOVAL OF INTRANASAL LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
30118	REMOVAL OF INTRANASAL LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
30120	REVISION OF NOSE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
30124	REMOVAL OF NOSE LESION	Y	-	1/1/2020	Fee Schedule	\$536.60
30125	REMOVAL OF NOSE LESION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
30130	EXCISE INFERIOR TURBINATE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
30140	RESECT INFERIOR TURBINATE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
30150	PARTIAL REMOVAL OF NOSE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
30160	REMOVAL OF NOSE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
30200	INJECTION TREATMENT OF NOSE	Y	-	1/1/2020	Fee Schedule	\$82.65
30210	NASAL SINUS THERAPY	Y	-	1/1/2020	Fee Schedule	\$106.83
30220	INSERT NASAL SEPTAL BUTTON	Y	-	1/1/2020	Fee Schedule	\$536.60
30300	REMOVE NASAL FOREIGN BODY	-	-	7/1/2018	No Separate Payment	\$0.00
30310	REMOVE NASAL FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$1,055.06
30320	REMOVE NASAL FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$536.60
30400	RECONSTRUCTION OF NOSE	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
30410	RECONSTRUCTION OF NOSE	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
30420	RECONSTRUCTION OF NOSE	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
30430	REVISION OF NOSE	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
30435	REVISION OF NOSE	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
30450	REVISION OF NOSE	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
30460	REVISION OF NOSE	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
30462	REVISION OF NOSE	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
30465	REPAIR NASAL STENOSIS	Y	Y	1/1/2020	Fee Schedule	\$2,246.55
30520	REPAIR OF NASAL SEPTUM	Y	-	1/1/2020	Fee Schedule	\$1,055.06
30540	REPAIR NASAL DEFECT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
30545	REPAIR NASAL DEFECT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
30560	RELEASE OF NASAL ADHESIONS	Y	-	1/1/2020	Fee Schedule	\$223.19
30580	REPAIR UPPER JAW FISTULA	Y	-	1/1/2020	Fee Schedule	\$2,246.55
30600	REPAIR MOUTH/NOSE FISTULA	Y	-	1/1/2020	Fee Schedule	\$2,246.55
30620	INTRANASAL RECONSTRUCTION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
30630	REPAIR NASAL SEPTUM DEFECT	Y	-	1/1/2020	Fee Schedule	\$1,055.06
30801	ABLATE INF TURBINATE SUPERF	Y	-	1/1/2020	Fee Schedule	\$536.60
30802	ABLATE INF TURBINATE SUBMUC	Y	-	1/1/2020	Fee Schedule	\$536.60
30901	CONTROL OF NOSEBLEED	-	-	7/1/2018	No Separate Payment	\$0.00
30903	CONTROL OF NOSEBLEED	Y	-	1/1/2020	Fee Schedule	\$55.09
30905	CONTROL OF NOSEBLEED	Y	-	1/1/2020	Fee Schedule	\$55.09
30906	REPEAT CONTROL OF NOSEBLEED	Y	-	1/1/2020	Fee Schedule	\$102.89
30915	LIGATION NASAL SINUS ARTERY	Y	-	1/1/2020	Fee Schedule	\$1,341.23
30920	LIGATION UPPER JAW ARTERY	Y	-	1/1/2020	Fee Schedule	\$1,341.23
30930	THER FX NASAL INF TURBINATE	Y	-	1/1/2020	Fee Schedule	\$1,055.06

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
31000	IRRIGATION MAXILLARY SINUS	Y	-	1/1/2020	Fee Schedule	\$102.89
31002	IRRIGATION SPHENOID SINUS	Y	-	1/1/2020	Fee Schedule	\$536.60
31020	EXPLORATION MAXILLARY SINUS	Y	-	1/1/2020	Fee Schedule	\$1,055.06
31030	EXPLORATION MAXILLARY SINUS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31032	EXPLORE SINUS REMOVE POLYPS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31040	EXPLORATION BEHIND UPPER JAW	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31050	EXPLORATION SPHENOID SINUS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31051	SPHENOID SINUS SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31070	EXPLORATION OF FRONTAL SINUS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31075	EXPLORATION OF FRONTAL SINUS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31080	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31081	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31084	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31085	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31086	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31087	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31090	EXPLORATION OF SINUSES	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31200	REMOVAL OF ETHMOID SINUS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31201	REMOVAL OF ETHMOID SINUS	Y	-	1/1/2020	Fee Schedule	\$536.60
31205	REMOVAL OF ETHMOID SINUS	Y	-	1/1/2020	Fee Schedule	\$1,055.06
31231	NASAL ENDOSCOPY DX	Y	-	1/1/2020	Fee Schedule	\$79.10
31233	NSL/SINS NDSC DX MAX SINUSC	Y	-	1/1/2020	Fee Schedule	\$190.95
31235	NSL/SINS NDSC DX SPHN SINUSC	Y	-	1/1/2020	Fee Schedule	\$611.69
31237	NASAL/SINUS ENDOSCOPY SURG	Y	-	1/1/2020	Fee Schedule	\$611.69
31238	NASAL/SINUS ENDOSCOPY SURG	Y	-	1/1/2020	Fee Schedule	\$611.69
31239	NASAL/SINUS ENDOSCOPY SURG	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31240	NASAL/SINUS ENDOSCOPY SURG	Y	-	1/1/2020	Fee Schedule	\$611.69
31241	NSL/SINS NDSC W/ARTERY LIG	-	-	7/1/2018	Not Allowed	\$0.00
31253	NSL/SINS NDSC TOTAL	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31254	NSL/SINS NDSC W/PRTL ETHMDCT	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31255	NSL/SINS NDSC W/TOT ETHMDCT	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31256	EXPLORATION MAXILLARY SINUS	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31257	NSL/SINS NDSC TOT W/SPHENDT	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31259	NSL/SINS NDSC SPHN TISS RMVL	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31267	ENDOSCOPY MAXILLARY SINUS	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31276	NSL/SINS NDSC FRNT TISS RMVL	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31287	NASAL/SINUS ENDOSCOPY SURG	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31288	NASAL/SINUS ENDOSCOPY SURG	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31295	NSL/SINS NDSC SURG MAX SINS	Y	-	1/1/2020	Fee Schedule	\$1,821.44
31296	NSL/SINS NDSC SURG FRNT SINS	Y	-	1/1/2020	Fee Schedule	\$1,831.19
31297	NSL/SINS NDSC SURG SPHN SINS	Y	-	1/1/2020	Fee Schedule	\$1,816.75
31298	NSL/SINS NDSC SURG FRNT&SPHN	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31300	REMOVAL OF LARYNX LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
31400	REVISION OF LARYNX	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31420	REMOVAL OF EPIGLOTTIS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31500	INSERT EMERGENCY AIRWAY	Y	-	1/1/2020	Fee Schedule	\$102.89
31502	CHANGE OF WINDPIPE AIRWAY	Y	-	1/1/2020	Fee Schedule	\$102.89
31505	DIAGNOSTIC LARYNGOSCOPY	Y	-	1/1/2020	Fee Schedule	\$64.24
31510	LARYNGOSCOPY WITH BIOPSY	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31511	REMOVE FOREIGN BODY LARYNX	Y	-	1/1/2020	Fee Schedule	\$79.10
31512	REMOVAL OF LARYNX LESION	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31513	INJECTION INTO VOCAL CORD	Y	-	1/1/2020	Fee Schedule	\$190.95
31515	LARYNGOSCOPY FOR ASPIRATION	Y	-	1/1/2020	Fee Schedule	\$190.95

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
31520	DX LARYNGOSCOPY NEWBORN	Y	-	1/1/2020	Fee Schedule	\$190.95
31525	DX LARYNGOSCOPY EXCL NB	Y	-	1/1/2020	Fee Schedule	\$611.69
31526	DX LARYNGOSCOPY W/OPER SCOPE	Y	-	1/1/2020	Fee Schedule	\$611.69
31527	LARYNGOSCOPY FOR TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31528	LARYNGOSCOPY AND DILATION	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31529	LARYNGOSCOPY AND DILATION	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31530	LARYNGOSCOPY W/FB REMOVAL	Y	-	1/1/2020	Fee Schedule	\$611.69
31531	LARYNGOSCOPY W/FB & OP SCOPE	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31535	LARYNGOSCOPY W/BIOPSY	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31536	LARYNGOSCOPY W/BX & OP SCOPE	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31540	LARYNGOSCOPY W/EXC OF TUMOR	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31541	LARYNSCOP W/TUMR EXC + SCOPE	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31545	REMOVE VC LESION W/SCOPE	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31546	REMOVE VC LESION SCOPE/GRAFT	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31551	LARYNGOPLASTY LARYNGEAL STEN	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31552	LARYNGOPLASTY LARYNGEAL STEN	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31553	LARYNGOPLASTY LARYNGEAL STEN	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31554	LARYNGOPLASTY LARYNGEAL STEN	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31560	LARYNGOSCOPY W/ARYTENOIDECTOM	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31561	LARYNSCOP REMVE CART + SCOP	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31570	LARYNGOSCOPE W/VC INJ	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31571	LARYNGOSCOPY W/VC INJ + SCOPE	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31572	LARGSC W/LASER DSTRJ LES	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31573	LARGSC W/THER INJECTION	Y	-	1/1/2020	Fee Schedule	\$182.97
31574	LARGSC W/NJX AUGMENTATION	Y	-	1/1/2020	Fee Schedule	\$611.69
31575	DIAGNOSTIC LARYNGOSCOPY	Y	-	1/1/2020	Fee Schedule	\$79.10
31576	LARYNGOSCOPY WITH BIOPSY	Y	-	1/1/2020	Fee Schedule	\$611.69
31577	LARGSC W/RMVL FOREIGN BDY(S)	Y	-	1/1/2020	Fee Schedule	\$190.95
31578	LARGSC W/REMOVAL LESION	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31579	LARYNGOSCOPY TELESCOPIC	Y	-	1/1/2020	Fee Schedule	\$119.82
31580	LARYNGOPLASTY LARYNGEAL WEB	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31590	REINNERVATE LARYNX	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31591	LARYNGOPLASTY MEDIALIZATION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31592	CRICOTRACHEAL RESECTION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31603	INCISION OF WINDPIPE	Y	-	1/1/2020	Fee Schedule	\$536.60
31605	INCISION OF WINDPIPE	Y	-	1/1/2020	Fee Schedule	\$102.89
31611	SURGERY/SPEECH PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$1,055.06
31612	PUNCTURE/CLEAR WINDPIPE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
31613	REPAIR WINDPIPE OPENING	Y	-	1/1/2020	Fee Schedule	\$1,055.06
31614	REPAIR WINDPIPE OPENING	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31615	VISUALIZATION OF WINDPIPE	Y	-	1/1/2020	Fee Schedule	\$223.19
31622	DX BRONCHOSCOPE/WASH	Y	-	1/1/2020	Fee Schedule	\$611.69
31623	DX BRONCHOSCOPE/BRUSH	Y	-	1/1/2020	Fee Schedule	\$611.69
31624	DX BRONCHOSCOPE/LAVAGE	Y	-	1/1/2020	Fee Schedule	\$611.69
31625	BRONCHOSCOPY W/BIOPSY(S)	Y	-	1/1/2020	Fee Schedule	\$611.69
31626	BRONCHOSCOPY W/MARKERS	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31627	NAVIGATIONAL BRONCHOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
31628	BRONCHOSCOPY/LUNG BX EACH	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31629	BRONCHOSCOPY/NEEDLE BX EACH	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31630	BRONCHOSCOPY DILATE/FX REPR	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31631	BRONCHOSCOPY DILATE W/STENT	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31632	BRONCHOSCOPY/LUNG BX ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
31633	BRONCHOSCOPY/NEEDLE BX ADDL	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
31634	BRONCH W/BALLOON OCCLUSION	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31635	BRONCHOSCOPY W/FB REMOVAL	Y	-	1/1/2020	Fee Schedule	\$611.69
31636	BRONCHOSCOPY BRONCH STENTS	Y	-	1/1/2020	Fee Schedule	\$2,774.24
31637	BRONCHOSCOPY STENT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
31638	BRONCHOSCOPY REVISE STENT	Y	-	1/1/2020	Fee Schedule	\$1,895.89
31640	BRONCHOSCOPY W/TUMOR EXCISE	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31641	BRONCHOSCOPY TREAT BLOCKAGE	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31643	DIAG BRONCHOSCOPE/CATHETER	Y	-	1/1/2020	Fee Schedule	\$611.69
31645	BRNCHSC W/THER ASPIR 1ST	Y	-	1/1/2020	Fee Schedule	\$611.69
31646	BRNCHSC W/THER ASPIR SBSQ	Y	-	1/1/2020	Fee Schedule	\$190.95
31647	BRONCHIAL VALVE INIT INSERT	Y	-	1/1/2020	Fee Schedule	\$2,471.31
31648	BRONCHIAL VALVE REMOV INIT	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31649	BRONCHIAL VALVE REMOV ADDL	-	-	1/1/2020	Fee Schedule	\$611.69
31651	BRONCHIAL VALVE ADDL INSERT	-	-	7/1/2018	No Separate Payment	\$0.00
31652	BRONCH EBUS SAMPLNG 1/2 NODE	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31653	BRONCH EBUS SAMPLNG 3/> NODE	Y	-	1/1/2020	Fee Schedule	\$1,237.71
31654	BRONCH EBUS IVNTJ PERPH LES	-	-	7/1/2018	No Separate Payment	\$0.00
31717	BRONCHIAL BRUSH BIOPSY	Y	-	1/1/2020	Fee Schedule	\$190.95
31720	CLEARANCE OF AIRWAYS	-	-	7/1/2018	No Separate Payment	\$0.00
31730	INTRO WINDPIPE WIRE/TUBE	Y	-	1/1/2020	Fee Schedule	\$611.69
31750	REPAIR OF WINDPIPE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31755	REPAIR OF WINDPIPE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
31820	CLOSURE OF WINDPIPE LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
31825	REPAIR OF WINDPIPE DEFECT	Y	-	1/1/2020	Fee Schedule	\$1,055.06
31830	REVISE WINDPIPE SCAR	Y	-	1/1/2020	Fee Schedule	\$1,055.06
32400	NEEDLE BIOPSY CHEST LINING	Y	-	1/1/2020	Fee Schedule	\$576.39
32405	PERCUT BX LUNG/MEDIASTINUM	Y	-	1/1/2020	Fee Schedule	\$576.39
32550	INSERT PLEURAL CATH	Y	-	1/1/2020	Fee Schedule	\$1,377.21
32552	REMOVE LUNG CATHETER	-	-	1/1/2020	Fee Schedule	\$318.59
32553	INS MARK THOR FOR RT PERQ	-	-	1/1/2020	Fee Schedule	\$629.26
32554	ASPIRATE PLEURA W/O IMAGING	Y	-	1/1/2020	Fee Schedule	\$318.59
32555	ASPIRATE PLEURA W/ IMAGING	Y	-	1/1/2020	Fee Schedule	\$318.59
32556	INSERT CATH PLEURA W/O IMAGE	Y	-	1/1/2020	Fee Schedule	\$663.06
32557	INSERT CATH PLEURA W/ IMAGE	Y	-	1/1/2020	Fee Schedule	\$579.91
32960	THERAPEUTIC PNEUMOTHORAX	Y	-	1/1/2020	Fee Schedule	\$318.59
32994	ABLATE PULM TUMOR PERQ CRYBL	Y	-	1/1/2020	Fee Schedule	\$2,194.07
32998	ABLATE PULM TUMOR PERQ RF	Y	-	1/1/2020	Fee Schedule	\$2,194.07
33016	PERICARDIOCENTESIS W/IMAGING	Y	-	1/1/2020	Fee Schedule	\$579.91
33206	INSERT HEART PM ATRIAL	Y	-	1/1/2020	Fee Schedule	\$7,385.82
33207	INSERT HEART PM VENTRICULAR	Y	-	1/1/2020	Fee Schedule	\$7,633.96
33208	INSRT HEART PM ATRIAL & VENT	Y	-	1/1/2020	Fee Schedule	\$7,817.17
33210	INSERT ELECTRD/PM CATH SNGL	Y	-	1/1/2020	Fee Schedule	\$3,802.47
33211	INSERT CARD ELECTRODES DUAL	Y	-	1/1/2020	Fee Schedule	\$5,866.81
33212	INSERT PULSE GEN SNGL LEAD	Y	-	1/1/2020	Fee Schedule	\$6,201.50
33213	INSERT PULSE GEN DUAL LEADS	Y	-	1/1/2020	Fee Schedule	\$7,710.96
33214	UPGRADE OF PACEMAKER SYSTEM	Y	-	1/1/2020	Fee Schedule	\$7,566.24
33215	REPOSITION PACING-DEFIB LEAD	Y	-	1/1/2020	Fee Schedule	\$1,341.23
33216	INSERT 1 ELECTRODE PM-DEFIB	Y	-	1/1/2020	Fee Schedule	\$5,469.58
33217	INSERT 2 ELECTRODE PM-DEFIB	Y	-	1/1/2020	Fee Schedule	\$6,673.56
33218	REPAIR LEAD PACE-DEFIB ONE	Y	-	1/1/2020	Fee Schedule	\$1,507.78
33220	REPAIR LEAD PACE-DEFIB DUAL	Y	-	1/1/2020	Fee Schedule	\$2,126.91
33221	INSERT PULSE GEN MULT LEADS	Y	-	1/1/2020	Fee Schedule	\$11,728.09
33222	RELOCATION POCKET PACEMAKER	Y	-	1/1/2020	Fee Schedule	\$819.95

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
33223	RELOCATE POCKET FOR DEFIB	Y	-	1/1/2020	Fee Schedule	\$819.95
33224	INSERT PACING LEAD & CONNECT	Y	-	1/1/2020	Fee Schedule	\$7,838.04
33225	L VENTRIC PACING LEAD ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
33226	REPOSITION L VENTRIC LEAD	Y	-	1/1/2020	Fee Schedule	\$1,341.23
33227	REMOVE&REPLACE PM GEN SINGL	Y	-	1/1/2020	Fee Schedule	\$6,061.89
33228	REMOV&REPLC PM GEN DUAL LEAD	Y	-	1/1/2020	Fee Schedule	\$7,634.89
33229	REMOV&REPLC PM GEN MULT LEADS	Y	-	1/1/2020	Fee Schedule	\$11,808.20
33230	INSRT PULSE GEN W/DUAL LEADS	Y	-	1/1/2020	Fee Schedule	\$19,951.07
33231	INSRT PULSE GEN W/MULT LEADS	Y	-	1/1/2020	Fee Schedule	\$26,642.38
33233	REMOVAL OF PM GENERATOR	-	-	1/1/2020	Fee Schedule	\$5,353.05
33234	REMOVAL OF PACEMAKER SYSTEM	-	-	1/1/2020	Fee Schedule	\$1,507.78
33235	REMOVAL PACEMAKER ELECTRODE	-	-	1/1/2020	Fee Schedule	\$1,951.54
33240	INSRT PULSE GEN W/SINGL LEAD	Y	-	1/1/2020	Fee Schedule	\$19,742.59
33241	REMOVE PULSE GENERATOR	-	-	1/1/2020	Fee Schedule	\$1,507.78
33249	INSJ/RPLCMT DEFIB W/LEAD(S)	Y	-	1/1/2020	Fee Schedule	\$26,701.74
33262	RMVL& REPLC PULSE GEN 1 LEAD	Y	-	1/1/2020	Fee Schedule	\$19,504.01
33263	RMVL & RPLCMT DFB GEN 2 LEAD	Y	-	1/1/2020	Fee Schedule	\$19,779.38
33264	RMVL & RPLCMT DFB GEN MLT LD	Y	-	1/1/2020	Fee Schedule	\$26,740.33
33270	INS/REP SUBQ DEFIBRILLATOR	Y	-	1/1/2020	Fee Schedule	\$26,462.80
33271	INSJ SUBQ IMPLTBL DFB ELCTRD	Y	-	1/1/2020	Fee Schedule	\$6,259.95
33273	REPOS PREV IMPLTBL SUBQ DFB	Y	-	1/1/2020	Fee Schedule	\$1,507.78
33274	TCAT INSJ/RPL PERM LDLS PM	-	-	1/1/2020	Fee Schedule	\$11,128.72
33275	TCAT RMVL PERM LDLS PM W/IMG	Y	-	1/1/2020	Fee Schedule	\$1,341.23
33285	INSJ SUBQ CAR RHYTHM MNTR	-	-	1/1/2020	Fee Schedule	\$6,656.07
33286	RMVL SUBQ CAR RHYTHM MNTR	-	-	1/1/2020	Fee Schedule	\$308.23
33419	REPAIR TCAT MITRAL VALVE	-	-	7/1/2018	No Separate Payment	\$0.00
33508	ENDOSCOPIC VEIN HARVEST	-	-	7/1/2018	No Separate Payment	\$0.00
33866	AORTIC HEMIARCH GRAFT	-	-	1/1/2019	No Separate Payment	\$0.00
33927	IMPLTJ TOT RPLCMT HRT SYS	-	-	7/1/2018	Not Allowed	\$0.00
34490	REMOVAL OF VEIN CLOT	Y	-	1/1/2020	Fee Schedule	\$1,341.23
34713	PERQ ACCESS & CLSR FEM ART	-	-	7/1/2018	No Separate Payment	\$0.00
34714	OPN FEM ART EXPOS CNDT CRTJ	-	-	7/1/2018	No Separate Payment	\$0.00
34715	OPN AX/SUBCLA ART EXPOS	-	-	7/1/2018	No Separate Payment	\$0.00
34716	OPN AX/SUBCLA ART EXPOS CNDT	-	-	7/1/2018	No Separate Payment	\$0.00
35188	REPAIR BLOOD VESSEL LESION	Y	-	1/1/2020	Fee Schedule	\$2,321.81
35207	REPAIR BLOOD VESSEL LESION	Y	-	1/1/2020	Fee Schedule	\$1,341.23
35572	HARVEST FEMOROPLOPLITEAL VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
35875	REMOVAL OF CLOT IN GRAFT	Y	-	1/1/2020	Fee Schedule	\$2,321.81
35876	REMOVAL OF CLOT IN GRAFT	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36000	PLACE NEEDLE IN VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36002	PSEUDOANEURYSM INJECTION TRT	Y	-	1/1/2020	Fee Schedule	\$318.59
36005	INJECTION EXT VENOGRAPHY	-	-	7/1/2018	No Separate Payment	\$0.00
36010	PLACE CATHETER IN VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36011	PLACE CATHETER IN VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36012	PLACE CATHETER IN VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36013	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36014	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36015	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36100	ESTABLISH ACCESS TO ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36140	INTRO NDL ICATH UPRLXTR ART	-	-	7/1/2018	No Separate Payment	\$0.00
36160	ESTABLISH ACCESS TO AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
36200	PLACE CATHETER IN AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
36215	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00

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36216	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36217	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36218	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36221	PLACE CATH THORACIC AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
36222	PLACE CATH CAROTID/INOM ART	-	-	7/1/2018	No Separate Payment	\$0.00
36223	PLACE CATH CAROTID/INOM ART	-	-	7/1/2018	No Separate Payment	\$0.00
36224	PLACE CATH CAROTD ART	-	-	7/1/2018	No Separate Payment	\$0.00
36225	PLACE CATH SUBCLAVIAN ART	-	-	7/1/2018	No Separate Payment	\$0.00
36226	PLACE CATH VERTEBRAL ART	-	-	7/1/2018	No Separate Payment	\$0.00
36227	PLACE CATH XTRNL CAROTID	-	-	7/1/2018	No Separate Payment	\$0.00
36228	PLACE CATH INTRACRANIAL ART	-	-	7/1/2018	No Separate Payment	\$0.00
36245	INS CATH ABD/L-EXT ART 1ST	-	-	7/1/2018	No Separate Payment	\$0.00
36246	INS CATH ABD/L-EXT ART 2ND	-	-	7/1/2018	No Separate Payment	\$0.00
36247	INS CATH ABD/L-EXT ART 3RD	-	-	7/1/2018	No Separate Payment	\$0.00
36248	INS CATH ABD/L-EXT ART ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
36251	INS CATH REN ART 1ST UNILAT	-	-	7/1/2018	No Separate Payment	\$0.00
36252	INS CATH REN ART 1ST BILAT	-	-	7/1/2018	No Separate Payment	\$0.00
36253	INS CATH REN ART 2ND+ UNILAT	-	-	7/1/2018	No Separate Payment	\$0.00
36254	INS CATH REN ART 2ND+ BILAT	-	-	7/1/2018	No Separate Payment	\$0.00
36260	INSERTION OF INFUSION PUMP	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36261	REVISION OF INFUSION PUMP	Y	-	1/1/2020	Fee Schedule	\$2,628.24
36262	REMOVAL OF INFUSION PUMP	-	-	1/1/2020	Fee Schedule	\$1,507.78
36400	BL DRAW < 3 YRS FEM/JUGULAR	-	-	7/1/2018	No Separate Payment	\$0.00
36405	BL DRAW <3 YRS SCALP VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36406	BL DRAW <3 YRS OTHER VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36410	NON-ROUTINE BL DRAW 3/> YRS	-	-	7/1/2018	No Separate Payment	\$0.00
36415	ROUTINE VENIPUNCTURE	-	-	7/1/2018	No Separate Payment	\$0.00
36416	CAPILLARY BLOOD DRAW	-	-	7/1/2018	No Separate Payment	\$0.00
36420	VEIN ACCESS CUTDOWN < 1 YR	-	-	7/1/2018	No Separate Payment	\$0.00
36425	VEIN ACCESS CUTDOWN > 1 YR	-	-	7/1/2018	No Separate Payment	\$0.00
36430	BLOOD TRANSFUSION SERVICE	-	-	1/1/2020	Fee Schedule	\$35.01
36440	BL PUSH TRANSFUSE 2 YR/<	-	-	1/1/2020	Fee Schedule	\$196.07
36450	BL EXCHANGE/TRANSFUSE NB	-	-	1/1/2020	Fee Schedule	\$196.07
36455	BL EXCHANGE/TRANSFUSE NON-NB	-	-	1/1/2020	Fee Schedule	\$196.07
36465	NJX NONCMPND SCLRSNT 1 VEIN	Y	-	1/1/2020	Fee Schedule	\$819.95
36466	NJX NONCMPND SCLRSNT MLT VN	Y	-	1/1/2020	Fee Schedule	\$819.95
36468	NJX SCLRSNT SPIDER VEINS	-	-	7/1/2018	Not Allowed	\$0.00
36469	INJECTION(S) SPIDER VEINS	-	-	7/1/2018	Not Allowed	\$0.00
36470	NJX SCLRSNT 1 INCMPTNT VEIN	Y	-	1/1/2020	Fee Schedule	\$80.12
36471	NJX SCLRSNT MLT INCMPTNT VN	Y	-	1/1/2020	Fee Schedule	\$137.50
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	Y	-	1/1/2020	Fee Schedule	\$1,308.25
36474	ENDOVENOUS MCHNCHEM ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
36475	ENDOVENOUS RF 1ST VEIN	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36476	ENDOVENOUS RF VEIN ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
36478	ENDOVENOUS LASER 1ST VEIN	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36479	ENDOVENOUS LASER VEIN ADDON	-	-	7/1/2018	No Separate Payment	\$0.00
36481	INSERTION OF CATHETER VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36482	ENDOVEN THER CHEM ADHES 1ST	Y	-	1/1/2020	Fee Schedule	\$1,799.43
36483	ENDOVEN THER CHEM ADHES SBSQ	-	-	7/1/2018	No Separate Payment	\$0.00
36500	INSERTION OF CATHETER VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36510	INSERTION OF CATHETER VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36511	APHERESIS WBC	-	-	1/1/2020	Fee Schedule	\$668.81
36512	APHERESIS RBC	-	-	1/1/2020	Fee Schedule	\$668.81

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36513	APHERESIS PLATELETS	-	-	1/1/2020	Fee Schedule	\$196.07
36514	APHERESIS PLASMA	-	-	1/1/2020	Fee Schedule	\$668.81
36516	APHERESIS IMMUNOADS SLCTV	-	-	1/1/2020	Fee Schedule	\$1,929.37
36522	PHOTOPHERESIS	-	-	1/1/2020	Fee Schedule	\$1,929.37
36555	INSERT NON-TUNNEL CV CATH	Y	-	1/1/2020	Fee Schedule	\$579.91
36556	INSERT NON-TUNNEL CV CATH	Y	-	1/1/2020	Fee Schedule	\$579.91
36557	INSERT TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36558	INSERT TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36560	INSERT TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36561	INSERT TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36563	INSERT TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36565	INSERT TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36566	INSERT TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36568	INSJ PICC <5 YR W/O IMAGING	Y	-	1/1/2020	Fee Schedule	\$318.59
36569	INSJ PICC 5 YR+ W/O IMAGING	Y	-	1/1/2020	Fee Schedule	\$579.91
36570	INSERT PICVAD CATH	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36571	INSERT PICVAD CATH	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36572	INSJ PICC RS&I <5 YR	-	-	1/1/2020	Fee Schedule	\$318.59
36573	INSJ PICC RS&I 5 YR+	-	-	1/1/2020	Fee Schedule	\$579.91
36575	REPAIR TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$318.59
36576	REPAIR TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$579.91
36578	REPLACE TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36580	REPLACE CVAD CATH	Y	-	1/1/2020	Fee Schedule	\$579.91
36581	REPLACE TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36582	REPLACE TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36583	REPLACE TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$4,186.98
36584	COMPL RPLCMT PICC RS&I	Y	-	1/1/2020	Fee Schedule	\$579.91
36585	REPLACE PICVAD CATH	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36589	REMOVAL TUNNELED CV CATH	-	-	1/1/2020	Fee Schedule	\$318.59
36590	REMOVAL TUNNELED CV CATH	-	-	1/1/2020	Fee Schedule	\$318.59
36591	DRAW BLOOD OFF VENOUS DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
36592	COLLECT BLOOD FROM PICC	-	-	7/1/2018	No Separate Payment	\$0.00
36593	DECLOT VASCULAR DEVICE	Y	-	1/1/2020	Fee Schedule	\$31.40
36595	MECH REMOV TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36596	MECH REMOV TUNNELED CV CATH	Y	-	1/1/2020	Fee Schedule	\$579.91
36597	REPOSITION VENOUS CATHETER	Y	-	1/1/2020	Fee Schedule	\$579.91
36598	INJ W/FLUOR EVAL CV DEVICE	Y	-	1/1/2020	Fee Schedule	\$92.84
36600	WITHDRAWAL OF ARTERIAL BLOOD	-	-	7/1/2018	No Separate Payment	\$0.00
36620	INSERTION CATHETER ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36625	INSERTION CATHETER ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36640	INSERTION CATHETER ARTERY	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36680	INSERT NEEDLE BONE CAVITY	-	-	7/1/2018	No Separate Payment	\$0.00
36800	INSERTION OF CANNULA	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36810	INSERTION OF CANNULA	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36815	INSERTION OF CANNULA	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36818	AV FUSE UPPR ARM CEPHALIC	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36819	AV FUSE UPPR ARM BASILIC	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36820	AV FUSION/FOREARM VEIN	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36821	AV FUSION DIRECT ANY SITE	Y	-	1/1/2020	Fee Schedule	\$1,341.23
36825	ARTERY-VEIN AUTOGRAFT	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36830	ARTERY-VEIN NONAUTOGRAFT	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36831	OPEN THROMBECT AV FISTULA	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36832	AV FISTULA REVISION OPEN	Y	-	1/1/2020	Fee Schedule	\$2,321.81

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
36833	AV FISTULA REVISION	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36835	ARTERY TO VEIN SHUNT	Y	-	1/1/2020	Fee Schedule	\$1,999.65
36860	EXTERNAL CANNULA DECLOTTING	Y	-	1/1/2020	Fee Schedule	\$318.59
36861	CANNULA DECLOTTING	Y	-	1/1/2020	Fee Schedule	\$2,321.81
36901	INTRO CATH DIALYSIS CIRCUIT	Y	-	1/1/2020	Fee Schedule	\$573.46
36902	INTRO CATH DIALYSIS CIRCUIT	Y	-	1/1/2020	Fee Schedule	\$2,141.74
36903	INTRO CATH DIALYSIS CIRCUIT	Y	-	1/1/2020	Fee Schedule	\$6,319.10
36904	THRMBC/NFS DIALYSIS CIRCUIT	Y	-	1/1/2020	Fee Schedule	\$2,875.24
36905	THRMBC/NFS DIALYSIS CIRCUIT	Y	-	1/1/2020	Fee Schedule	\$4,182.94
36906	THRMBC/NFS DIALYSIS CIRCUIT	Y	-	1/1/2020	Fee Schedule	\$10,182.24
36907	BALO ANGIOP CTR DIALYSIS SEG	-	-	7/1/2018	No Separate Payment	\$0.00
36908	STENT PLMT CTR DIALYSIS SEG	-	-	7/1/2018	No Separate Payment	\$0.00
36909	DIALYSIS CIRCUIT EMBOLJ	-	-	7/1/2018	No Separate Payment	\$0.00
37184	PRIM ART M-THRMBC 1ST VSL	Y	-	1/1/2020	Fee Schedule	\$6,429.68
37185	PRIM ART M-THRMBC SBSQ VSL	-	-	7/1/2018	No Separate Payment	\$0.00
37186	SEC ART THROMBECTOMY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
37187	VENOUS MECH THROMBECTOMY	Y	-	1/1/2020	Fee Schedule	\$3,102.97
37188	VEN MECHNL THRMBC REPEAT TX	Y	-	1/1/2020	Fee Schedule	\$1,341.23
37197	REMOVE INTRVASC FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$1,341.23
37200	TRANSCATHETER BIOPSY	Y	-	1/1/2020	Fee Schedule	\$2,321.81
37211	THROMBOLYTIC ART THERAPY	Y	-	1/1/2020	Fee Schedule	\$2,321.81
37212	THROMBOLYTIC VENOUS THERAPY	Y	-	1/1/2020	Fee Schedule	\$1,341.23
37220	ILIAC REVASC	Y	-	1/1/2020	Fee Schedule	\$2,141.74
37221	ILIAC REVASC W/STENT	Y	-	1/1/2020	Fee Schedule	\$6,179.86
37222	ILIAC REVASC ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
37223	ILIAC REVASC W/STENT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
37224	FEM/POPL REVASC W/TLA	Y	-	1/1/2020	Fee Schedule	\$3,119.95
37225	FEM/POPL REVASC W/ATHER	Y	-	1/1/2020	Fee Schedule	\$6,675.40
37226	FEM/POPL REVASC W/STENT	Y	-	1/1/2020	Fee Schedule	\$6,444.83
37227	FEM/POPL REVASC STNT & ATHER	Y	-	1/1/2020	Fee Schedule	\$10,941.69
37228	TIB/PER REVASC W/TLA	Y	-	1/1/2020	Fee Schedule	\$5,670.39
37229	TIB/PER REVASC W/ATHER	Y	-	1/1/2020	Fee Schedule	\$10,286.74
37230	TIB/PER REVASC W/STENT	Y	-	1/1/2020	Fee Schedule	\$10,101.70
37231	TIB/PER REVASC STENT & ATHER	Y	-	1/1/2020	Fee Schedule	\$10,649.49
37232	TIB/PER REVASC ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
37233	TIBPER REVASC W/ATHER ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
37234	REVASC OPN/PRQ TIB/PERO STENT	-	-	7/1/2018	No Separate Payment	\$0.00
37235	TIB/PER REVASC STNT & ATHER	-	-	7/1/2018	No Separate Payment	\$0.00
37236	OPEN/PERQ PLACE STENT 1ST	Y	-	1/1/2020	Fee Schedule	\$5,945.19
37237	OPEN/PERQ PLACE STENT EA ADD	-	-	7/1/2018	No Separate Payment	\$0.00
37238	OPEN/PERQ PLACE STENT SAME	Y	-	1/1/2020	Fee Schedule	\$6,194.19
37239	OPEN/PERQ PLACE STENT EA ADD	-	-	7/1/2018	No Separate Payment	\$0.00
37241	VASC EMBOLIZE/OCCLUDE VENOUS	Y	-	1/1/2020	Fee Schedule	\$4,182.94
37242	VASC EMBOLIZE/OCCLUDE ARTERY	Y	-	1/1/2020	Fee Schedule	\$6,096.72
37243	VASC EMBOLIZE/OCCLUDE ORGAN	Y	-	1/1/2020	Fee Schedule	\$4,182.94
37246	TRLUML BALO ANGIOP 1ST ART	Y	-	1/1/2020	Fee Schedule	\$2,141.74
37247	TRLUML BALO ANGIOP ADDL ART	-	-	7/1/2018	No Separate Payment	\$0.00
37248	TRLUML BALO ANGIOP 1ST VEIN	Y	-	1/1/2020	Fee Schedule	\$2,141.74
37249	TRLUML BALO ANGIOP ADDL VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
37252	INTRVASC US NONCORONARY 1ST	-	-	7/1/2018	No Separate Payment	\$0.00
37253	INTRVASC US NONCORONARY ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
37500	ENDOSCOPY LIGATE PERF VEINS	Y	-	1/1/2020	Fee Schedule	\$2,321.81
37607	LIGATION OF A-V FISTULA	Y	-	1/1/2020	Fee Schedule	\$1,341.23

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
37609	TEMPORAL ARTERY PROCEDURE	Y	-	1/1/2020	Fee Schedule	\$576.39
37650	REVISION OF MAJOR VEIN	Y	-	1/1/2020	Fee Schedule	\$1,341.23
37700	REVISE LEG VEIN	Y	-	1/1/2020	Fee Schedule	\$1,341.23
37718	LIGATE/STRIP SHORT LEG VEIN	Y	-	1/1/2020	Fee Schedule	\$1,341.23
37722	LIGATE/STRIP LONG LEG VEIN	Y	-	1/1/2020	Fee Schedule	\$1,341.23
37735	REMOVAL OF LEG VEINS/LESION	Y	-	1/1/2020	Fee Schedule	\$1,341.23
37760	LIGATE LEG VEINS RADICAL	Y	-	1/1/2020	Fee Schedule	\$1,341.23
37761	LIGATE LEG VEINS OPEN	Y	-	1/1/2020	Fee Schedule	\$579.91
37765	STAB PHLEB VEINS XTR 10-20	Y	-	1/1/2020	Fee Schedule	\$247.94
37766	PHLEB VEINS - EXTREM 20+	Y	-	1/1/2020	Fee Schedule	\$273.20
37780	REVISION OF LEG VEIN	Y	-	1/1/2020	Fee Schedule	\$579.91
37785	LIGATE/DIVIDE/EXCISE VEIN	Y	-	1/1/2020	Fee Schedule	\$1,341.23
37790	PENILE VENOUS OCCLUSION	Y	-	1/1/2020	Fee Schedule	\$1,376.97
38200	INJECTION FOR SPLEEN X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
38204	BL DONOR SEARCH MANAGEMENT	-	-	7/1/2018	No Separate Payment	\$0.00
38205	HARVEST ALLOGENEIC STEM CELL	-	Y	7/1/2018	Not Allowed	\$0.00
38206	HARVEST AUTO STEM CELLS	-	Y	1/1/2020	Fee Schedule	\$668.81
38220	DX BONE MARROW ASPIRATIONS	Y	-	1/1/2020	Fee Schedule	\$122.34
38221	DX BONE MARROW BIOPSIES	Y	-	1/1/2020	Fee Schedule	\$111.88
38222	DX BONE MARROW BX & ASPIR	Y	-	1/1/2020	Fee Schedule	\$994.34
38230	BONE MARROW HARVEST ALLOGEN	-	Y	1/1/2020	Fee Schedule	\$668.81
38232	BONE MARROW HARVEST AUTOLOG	-	-	1/1/2020	Fee Schedule	\$1,929.37
38241	TRANSPLT AUTOL HCT/DONOR	-	Y	1/1/2020	Fee Schedule	\$668.81
38242	TRANSPLT ALLO LYMPHOCYTES	-	Y	1/1/2020	Fee Schedule	\$668.81
38243	TRANSPLJ HEMATOPOIETIC BOOST	-	-	1/1/2020	Fee Schedule	\$668.81
38300	DRAINAGE LYMPH NODE LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
38305	DRAINAGE LYMPH NODE LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
38308	INCISION OF LYMPH CHANNELS	Y	-	1/1/2020	Fee Schedule	\$1,118.44
38500	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2020	Fee Schedule	\$1,118.44
38505	NEEDLE BIOPSY LYMPH NODES	Y	-	1/1/2020	Fee Schedule	\$576.39
38510	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2020	Fee Schedule	\$1,118.44
38520	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2020	Fee Schedule	\$1,118.44
38525	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2020	Fee Schedule	\$1,118.44
38530	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2020	Fee Schedule	\$1,118.44
38542	EXPLORE DEEP NODE(S) NECK	Y	-	1/1/2020	Fee Schedule	\$2,194.07
38550	REMOVAL NECK/ARMPIT LESION	Y	-	1/1/2020	Fee Schedule	\$1,118.44
38555	REMOVAL NECK/ARMPIT LESION	Y	-	1/1/2020	Fee Schedule	\$2,193.27
38570	LAPAROSCOPY LYMPH NODE BIOP	Y	-	1/1/2020	Fee Schedule	\$2,194.07
38571	LAPAROSCOPY LYMPHADENECTOMY	Y	-	1/1/2020	Fee Schedule	\$3,588.58
38572	LAPAROSCOPY LYMPHADENECTOMY	Y	-	1/1/2020	Fee Schedule	\$3,588.58
38573	LAPS PELVIC LYMPHADEC	Y	-	1/1/2020	Fee Schedule	\$3,588.58
38700	REMOVAL OF LYMPH NODES NECK	Y	-	1/1/2020	Fee Schedule	\$2,193.27
38740	REMOVE ARMPIT LYMPH NODES	Y	-	1/1/2020	Fee Schedule	\$2,194.07
38745	REMOVE ARMPIT LYMPH NODES	Y	-	1/1/2020	Fee Schedule	\$2,194.07
38760	REMOVE GROIN LYMPH NODES	Y	-	1/1/2020	Fee Schedule	\$2,193.27
38790	INJECT FOR LYMPHATIC X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
38792	RA TRACER ID OF SENTINL NODE	-	-	7/1/2018	No Separate Payment	\$0.00
38794	ACCESS THORACIC LYMPH DUCT	-	-	7/1/2018	No Separate Payment	\$0.00
38900	IO MAP OF SENT LYMPH NODE	-	-	7/1/2018	No Separate Payment	\$0.00
40490	BIOPSY OF LIP	Y	-	1/1/2020	Fee Schedule	\$80.12
40500	PARTIAL EXCISION OF LIP	Y	-	1/1/2020	Fee Schedule	\$1,055.06
40510	PARTIAL EXCISION OF LIP	Y	-	1/1/2020	Fee Schedule	\$1,055.06
40520	PARTIAL EXCISION OF LIP	Y	-	1/1/2020	Fee Schedule	\$1,055.06

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
40525	RECONSTRUCT LIP WITH FLAP	Y	-	1/1/2020	Fee Schedule	\$1,055.06
40527	RECONSTRUCT LIP WITH FLAP	Y	-	1/1/2020	Fee Schedule	\$2,246.55
40530	PARTIAL REMOVAL OF LIP	Y	-	1/1/2020	Fee Schedule	\$1,055.06
40650	REPAIR LIP	Y	-	1/1/2020	Fee Schedule	\$223.19
40652	REPAIR LIP	Y	-	1/1/2020	Fee Schedule	\$223.19
40654	REPAIR LIP	Y	-	1/1/2020	Fee Schedule	\$536.60
40700	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2020	Fee Schedule	\$2,246.55
40701	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2020	Fee Schedule	\$2,246.55
40702	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2020	Fee Schedule	\$2,246.55
40720	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2020	Fee Schedule	\$1,055.06
40761	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2020	Fee Schedule	\$2,246.55
40800	DRAINAGE OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$166.37
40801	DRAINAGE OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$223.19
40804	REMOVAL FOREIGN BODY MOUTH	-	-	7/1/2018	No Separate Payment	\$0.00
40805	REMOVAL FOREIGN BODY MOUTH	Y	-	1/1/2020	Fee Schedule	\$196.69
40806	INCISION OF LIP FOLD	Y	-	1/1/2020	Fee Schedule	\$89.50
40808	BIOPSY OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$121.98
40810	EXCISION OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$162.04
40812	EXCISE/REPAIR MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$200.66
40814	EXCISE/REPAIR MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
40816	EXCISION OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
40818	EXCISE ORAL MUCOSA FOR GRAFT	Y	-	1/1/2020	Fee Schedule	\$223.19
40819	EXCISE LIP OR CHEEK FOLD	Y	-	1/1/2020	Fee Schedule	\$536.60
40820	TREATMENT OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$214.73
40830	REPAIR MOUTH LACERATION	Y	-	1/1/2020	Fee Schedule	\$102.89
40831	REPAIR MOUTH LACERATION	Y	-	1/1/2020	Fee Schedule	\$223.19
40840	RECONSTRUCTION OF MOUTH	Y	-	1/1/2020	Fee Schedule	\$2,246.55
40842	RECONSTRUCTION OF MOUTH	Y	-	1/1/2020	Fee Schedule	\$2,246.55
40843	RECONSTRUCTION OF MOUTH	Y	-	1/1/2020	Fee Schedule	\$2,246.55
40844	RECONSTRUCTION OF MOUTH	Y	-	1/1/2020	Fee Schedule	\$2,246.55
40845	RECONSTRUCTION OF MOUTH	Y	-	1/1/2020	Fee Schedule	\$2,246.55
41000	DRAINAGE OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$109.71
41005	DRAINAGE OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$102.89
41006	DRAINAGE OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$536.60
41007	DRAINAGE OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$536.60
41008	DRAINAGE OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
41009	DRAINAGE OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$223.19
41010	INCISION OF TONGUE FOLD	Y	-	1/1/2020	Fee Schedule	\$536.60
41015	DRAINAGE OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$223.19
41016	DRAINAGE OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
41017	DRAINAGE OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
41018	DRAINAGE OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$536.60
41019	PLACE NEEDLES H&N FOR RT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
41100	BIOPSY OF TONGUE	Y	-	1/1/2020	Fee Schedule	\$122.70
41105	BIOPSY OF TONGUE	Y	-	1/1/2020	Fee Schedule	\$122.70
41108	BIOPSY OF FLOOR OF MOUTH	Y	-	1/1/2020	Fee Schedule	\$115.49
41110	EXCISION OF TONGUE LESION	Y	-	1/1/2020	Fee Schedule	\$163.12
41112	EXCISION OF TONGUE LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
41113	EXCISION OF TONGUE LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
41114	EXCISION OF TONGUE LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
41115	EXCISION OF TONGUE FOLD	Y	-	1/1/2020	Fee Schedule	\$188.03
41116	EXCISION OF MOUTH LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
41120	PARTIAL REMOVAL OF TONGUE	Y	-	1/1/2020	Fee Schedule	\$2,246.55

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
41250	REPAIR TONGUE LACERATION	-	-	7/1/2018	No Separate Payment	\$0.00
41251	REPAIR TONGUE LACERATION	Y	-	1/1/2020	Fee Schedule	\$102.89
41252	REPAIR TONGUE LACERATION	Y	-	1/1/2020	Fee Schedule	\$102.89
41510	TONGUE TO LIP SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,055.06
41512	TONGUE SUSPENSION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
41520	RECONSTRUCTION TONGUE FOLD	Y	-	1/1/2020	Fee Schedule	\$1,055.06
41530	TONGUE BASE VOL REDUCTION	Y	-	1/1/2020	Fee Schedule	\$835.11
41800	DRAINAGE OF GUM LESION	-	-	7/1/2018	No Separate Payment	\$0.00
41805	REMOVAL FOREIGN BODY GUM	Y	-	1/1/2020	Fee Schedule	\$252.27
41806	REMOVAL FOREIGN BODY JAWBONE	Y	-	1/1/2020	Fee Schedule	\$302.79
41820	EXCISION GUM EACH QUADRANT	Y	-	1/1/2020	Fee Schedule	\$1,055.06
41821	EXCISION OF GUM FLAP	Y	-	1/1/2020	Fee Schedule	\$536.60
41822	EXCISION OF GUM LESION	Y	-	1/1/2020	Fee Schedule	\$254.07
41823	EXCISION OF GUM LESION	Y	-	1/1/2020	Fee Schedule	\$365.59
41825	EXCISION OF GUM LESION	Y	-	1/1/2020	Fee Schedule	\$167.82
41826	EXCISION OF GUM LESION	Y	-	1/1/2020	Fee Schedule	\$227.36
41827	EXCISION OF GUM LESION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
41828	EXCISION OF GUM LESION	Y	-	1/1/2020	Fee Schedule	\$226.28
41830	REMOVAL OF GUM TISSUE	Y	-	1/1/2020	Fee Schedule	\$325.53
41850	TREATMENT OF GUM LESION	Y	-	1/1/2020	Fee Schedule	\$536.60
41870	GUM GRAFT	Y	-	1/1/2020	Fee Schedule	\$536.60
41872	REPAIR GUM	Y	-	1/1/2020	Fee Schedule	\$334.91
41874	REPAIR TOOTH SOCKET	Y	-	1/1/2020	Fee Schedule	\$277.53
41899	UNLISTED PROCEDURE, DENTOALVEOLAR	Y	-	7/1/2018	Fee Schedule	\$2,042.00
42000	DRAINAGE MOUTH ROOF LESION	Y	-	1/1/2020	Fee Schedule	\$102.89
42100	BIOPSY ROOF OF MOUTH	Y	-	1/1/2020	Fee Schedule	\$97.44
42104	EXCISION LESION MOUTH ROOF	Y	-	1/1/2020	Fee Schedule	\$154.82
42106	EXCISION LESION MOUTH ROOF	Y	-	1/1/2020	Fee Schedule	\$189.11
42107	EXCISION LESION MOUTH ROOF	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42120	REMOVE PALATE/LESION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42140	EXCISION OF UVULA	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42145	REPAIR PALATE PHARYNX/UVULA	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42160	TREATMENT MOUTH ROOF LESION	Y	-	1/1/2020	Fee Schedule	\$166.73
42180	REPAIR PALATE	Y	-	1/1/2020	Fee Schedule	\$223.19
42182	REPAIR PALATE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42200	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42205	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42210	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42215	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42220	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42225	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42226	LENGTHENING OF PALATE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42227	LENGTHENING OF PALATE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42235	REPAIR PALATE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42260	REPAIR NOSE TO LIP FISTULA	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42280	PREPARATION PALATE MOLD	Y	-	1/1/2020	Fee Schedule	\$121.26
42281	INSERTION PALATE PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42300	DRAINAGE OF SALIVARY GLAND	Y	-	1/1/2020	Fee Schedule	\$536.60
42305	DRAINAGE OF SALIVARY GLAND	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42310	DRAINAGE OF SALIVARY GLAND	Y	-	1/1/2020	Fee Schedule	\$223.19
42320	DRAINAGE OF SALIVARY GLAND	Y	-	1/1/2020	Fee Schedule	\$223.19
42330	REMOVAL OF SALIVARY STONE	Y	-	1/1/2020	Fee Schedule	\$146.88
42335	REMOVAL OF SALIVARY STONE	Y	-	1/1/2020	Fee Schedule	\$277.17

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

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
42340	REMOVAL OF SALIVARY STONE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42400	BIOPSY OF SALIVARY GLAND	Y	-	1/1/2020	Fee Schedule	\$75.07
42405	BIOPSY OF SALIVARY GLAND	Y	-	1/1/2020	Fee Schedule	\$536.60
42408	EXCISION OF SALIVARY CYST	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42409	DRAINAGE OF SALIVARY CYST	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42410	EXCISE PAROTID GLAND/LESION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42415	EXCISE PAROTID GLAND/LESION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42420	EXCISE PAROTID GLAND/LESION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42425	EXCISE PAROTID GLAND/LESION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42440	EXCISE SUBMAXILLARY GLAND	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42450	EXCISE SUBLINGUAL GLAND	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42500	REPAIR SALIVARY DUCT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42505	REPAIR SALIVARY DUCT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42507	PAROTID DUCT DIVERSION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42509	PAROTID DUCT DIVERSION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42510	PAROTID DUCT DIVERSION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42550	INJECTION FOR SALIVARY X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
42600	CLOSURE OF SALIVARY FISTULA	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42650	DILATION OF SALIVARY DUCT	Y	-	1/1/2020	Fee Schedule	\$49.44
42660	DILATION OF SALIVARY DUCT	Y	-	1/1/2020	Fee Schedule	\$75.43
42665	LIGATION OF SALIVARY DUCT	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42700	DRAINAGE OF TONSIL ABSCESS	Y	-	1/1/2020	Fee Schedule	\$102.89
42720	DRAINAGE OF THROAT ABSCESS	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42725	DRAINAGE OF THROAT ABSCESS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42800	BIOPSY OF THROAT	Y	-	1/1/2020	Fee Schedule	\$103.22
42804	BIOPSY OF UPPER NOSE/THROAT	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42806	BIOPSY OF UPPER NOSE/THROAT	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42808	EXCISE PHARYNX LESION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42809	REMOVE PHARYNX FOREIGN BODY	-	-	7/1/2018	No Separate Payment	\$0.00
42810	EXCISION OF NECK CYST	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42815	EXCISION OF NECK CYST	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42820	REMOVE TONSILS AND ADENOIDS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42821	REMOVE TONSILS AND ADENOIDS	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42825	REMOVAL OF TONSILS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42826	REMOVAL OF TONSILS	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42830	REMOVAL OF ADENOIDS	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42831	REMOVAL OF ADENOIDS	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42835	REMOVAL OF ADENOIDS	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42836	REMOVAL OF ADENOIDS	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42860	EXCISION OF TONSIL TAGS	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42870	EXCISION OF LINGUAL TONSIL	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42890	PARTIAL REMOVAL OF PHARYNX	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42892	REVISION OF PHARYNGEAL WALLS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42900	REPAIR THROAT WOUND	Y	-	1/1/2020	Fee Schedule	\$536.60
42950	RECONSTRUCTION OF THROAT	Y	-	1/1/2020	Fee Schedule	\$2,246.55
42955	SURGICAL OPENING OF THROAT	Y	-	1/1/2020	Fee Schedule	\$536.60
42960	CONTROL THROAT BLEEDING	Y	-	1/1/2020	Fee Schedule	\$223.19
42962	CONTROL THROAT BLEEDING	Y	-	1/1/2020	Fee Schedule	\$1,055.06
42970	CONTROL NOSE/THROAT BLEEDING	Y	-	1/1/2020	Fee Schedule	\$102.89
42972	CONTROL NOSE/THROAT BLEEDING	Y	-	1/1/2020	Fee Schedule	\$1,055.06
43030	THROAT MUSCLE SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,246.55
43130	REMOVAL OF ESOPHAGUS POUCH	Y	-	1/1/2020	Fee Schedule	\$2,246.55
43180	ESOPHAGOSCOPY RIGID TRNSO	Y	-	1/1/2020	Fee Schedule	\$2,246.55

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
43191	ESOPHAGOSCOPY RIGID TRNSO DX	Y	-	1/1/2020	Fee Schedule	\$663.06
43192	ESOPHAGOSCP RIG TRNSO INJECT	Y	-	1/1/2020	Fee Schedule	\$663.06
43193	ESOPHAGOSCP RIG TRNSO BIOPSY	Y	-	1/1/2020	Fee Schedule	\$663.06
43194	ESOPHAGOSCP RIG TRNSO REM FB	Y	-	1/1/2020	Fee Schedule	\$663.06
43195	ESOPHAGOSCOPY RIGID BALLOON	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43196	ESOPHAGOSCP GUIDE WIRE DILAT	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43197	ESOPHAGOSCOPY FLEX DX BRUSH	Y	-	1/1/2020	Fee Schedule	\$135.34
43198	ESOPHAGOSC FLEX TRNSN BIOPSY	Y	-	1/1/2020	Fee Schedule	\$144.36
43200	ESOPHAGOSCOPY FLEXIBLE BRUSH	Y	-	1/1/2020	Fee Schedule	\$397.12
43201	ESOPH SCOPE W/SUBMUCOUS INJ	Y	-	1/1/2020	Fee Schedule	\$663.06
43202	ESOPHAGOSCOPY FLEX BIOPSY	Y	-	1/1/2020	Fee Schedule	\$663.06
43204	ESOPH SCOPE W/SCLEROSIS INJ	Y	-	1/1/2020	Fee Schedule	\$663.06
43205	ESOPHAGUS ENDOSCOPY/LIGATION	Y	-	1/1/2020	Fee Schedule	\$663.06
43206	ESOPH OPTICAL ENDOMICROSCOPY	Y	-	1/1/2020	Fee Schedule	\$663.06
43210	EGD ESOPHAGOGASTRC FNDOPLASTY	Y	-	1/1/2020	Fee Schedule	\$3,588.58
43211	ESOPHAGOSCP MUCOSAL RESECT	Y	-	1/1/2020	Fee Schedule	\$663.06
43212	ESOPHAGOSCP STENT PLACEMENT	Y	-	1/1/2020	Fee Schedule	\$3,124.58
43213	ESOPHAGOSCOPY RETRO BALLOON	Y	-	1/1/2020	Fee Schedule	\$663.06
43214	ESOPHAGOSC DILATE BALLOON 30	Y	-	1/1/2020	Fee Schedule	\$663.06
43215	ESOPHAGOSCOPY FLEX REMOVE FB	Y	-	1/1/2020	Fee Schedule	\$663.06
43216	ESOPHAGOSCOPY LESION REMOVAL	Y	-	1/1/2020	Fee Schedule	\$663.06
43217	ESOPHAGOSCOPY SNARE LES REMV	Y	-	1/1/2020	Fee Schedule	\$663.06
43220	ESOPHAGOSCOPY BALLOON <30MM	Y	-	1/1/2020	Fee Schedule	\$663.06
43226	ESOPH ENDOSCOPY DILATION	Y	-	1/1/2020	Fee Schedule	\$663.06
43227	ESOPHAGOSCOPY CONTROL BLEED	Y	-	1/1/2020	Fee Schedule	\$663.06
43229	ESOPHAGOSCOPY LESION ABLATE	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43231	ESOPHAGOSCP ULTRASOUND EXAM	Y	-	1/1/2020	Fee Schedule	\$663.06
43232	ESOPHAGOSCOPY W/US NEEDLE BX	Y	-	1/1/2020	Fee Schedule	\$663.06
43233	EGD BALLOON DIL ESOPH30 MM/>	Y	-	1/1/2020	Fee Schedule	\$663.06
43235	EGD DIAGNOSTIC BRUSH WASH	Y	-	1/1/2020	Fee Schedule	\$397.12
43236	UPPR GI SCOPE W/SUBMUC INJ	Y	-	1/1/2020	Fee Schedule	\$397.12
43237	ENDOSCOPIC US EXAM ESOPH	Y	-	1/1/2020	Fee Schedule	\$663.06
43238	EGD US FINE NEEDLE BX/ASPIR	Y	-	1/1/2020	Fee Schedule	\$663.06
43239	EGD BIOPSY SINGLE/MULTIPLE	Y	-	1/1/2020	Fee Schedule	\$397.12
43240	EGD W/TRANSMURAL DRAIN CYST	Y	-	1/1/2020	Fee Schedule	\$1,967.54
43241	EGD TUBE/CATH INSERTION	Y	-	1/1/2020	Fee Schedule	\$663.06
43242	EGD US FINE NEEDLE BX/ASPIR	Y	-	1/1/2020	Fee Schedule	\$663.06
43243	EGD INJECTION VARICES	Y	-	1/1/2020	Fee Schedule	\$663.06
43244	EGD VARICES LIGATION	Y	-	1/1/2020	Fee Schedule	\$663.06
43245	EGD DILATE STRICTURE	Y	-	1/1/2020	Fee Schedule	\$663.06
43246	EGD PLACE GASTROSTOMY TUBE	Y	-	1/1/2020	Fee Schedule	\$663.06
43247	EGD REMOVE FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$397.12
43248	EGD GUIDE WIRE INSERTION	Y	-	1/1/2020	Fee Schedule	\$397.12
43249	ESOPH EGD DILATION <30 MM	Y	-	1/1/2020	Fee Schedule	\$663.06
43250	EGD CAUTERY TUMOR POLYP	Y	-	1/1/2020	Fee Schedule	\$663.06
43251	EGD REMOVE LESION SNARE	Y	-	1/1/2020	Fee Schedule	\$663.06
43252	EGD OPTICAL ENDOMICROSCOPY	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43253	EGD US TRANSMURAL INJXN/MARK	Y	-	1/1/2020	Fee Schedule	\$663.06
43254	EGD ENDO MUCOSAL RESECTION	Y	-	1/1/2020	Fee Schedule	\$663.06
43255	EGD CONTROL BLEEDING ANY	Y	-	1/1/2020	Fee Schedule	\$663.06
43257	EGD W/THRML TXMNT GERD	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43259	EGD US EXAM DUODENUM/JEJUNUM	Y	-	1/1/2020	Fee Schedule	\$663.06
43260	ERCP W/SPECIMEN COLLECTION	Y	-	1/1/2020	Fee Schedule	\$1,306.14

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
43261	ENDO CHOLANGIOPANCREATOGRAPH	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43262	ENDO CHOLANGIOPANCREATOGRAPH	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43263	ERCP SPHINCTER PRESSURE MEAS	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43264	ERCP REMOVE DUCT CALCULI	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43265	ERCP LITHOTRIPSY CALCULI	Y	-	1/1/2020	Fee Schedule	\$1,960.57
43266	EGD ENDOSCOPIC STENT PLACE	Y	-	1/1/2020	Fee Schedule	\$3,165.28
43270	EGD LESION ABLATION	Y	-	1/1/2020	Fee Schedule	\$663.06
43273	ENDOSCOPIC PANCREATOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
43274	ERCP DUCT STENT PLACEMENT	Y	-	1/1/2020	Fee Schedule	\$1,960.57
43275	ERCP REMOVE FORGN BODY DUCT	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43276	ERCP STENT EXCHANGE W/DILATE	Y	-	1/1/2020	Fee Schedule	\$1,960.57
43277	ERCP EA DUCT/AMPULLA DILATE	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43278	ERCP LESION ABLATE W/DILATE	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43284	LAPS ESOPHGL SPHNCNTR AGMNTJ	Y	-	1/1/2020	Fee Schedule	\$5,121.86
43285	RMVL ESOPHGL SPHNCNTR DEV	-	-	1/1/2020	Fee Schedule	\$2,194.07
43450	DILATE ESOPHAGUS 1/MULT PASS	Y	-	1/1/2020	Fee Schedule	\$397.12
43453	DILATE ESOPHAGUS	Y	-	1/1/2020	Fee Schedule	\$663.06
43653	LAPAROSCOPY GASTROSTOMY	Y	-	1/1/2020	Fee Schedule	\$2,194.07
43752	NASAL/OROGASTRIC W/TUBE PLMT	-	-	1/1/2020	Fee Schedule	\$183.72
43753	TX GASTRO INTUB W/ASP	-	-	7/1/2018	No Separate Payment	\$0.00
43754	DX GASTR INTUB W/ASP SPEC	-	-	7/1/2018	No Separate Payment	\$0.00
43755	DX GASTR INTUB W/ASP SPECS	-	-	1/1/2020	Fee Schedule	\$69.91
43756	DX DUOD INTUB W/ASP SPEC	-	-	1/1/2020	Fee Schedule	\$397.12
43757	DX DUOD INTUB W/ASP SPECS	Y	-	1/1/2020	Fee Schedule	\$397.12
43761	REPOSITION GASTROSTOMY TUBE	Y	-	1/1/2020	Fee Schedule	\$118.69
43762	RPLC GTUBE NO REVJ TRC	-	-	1/1/2020	Fee Schedule	\$118.69
43763	RPLC GTUBE REVJ GSTRST TRC	-	-	1/1/2020	Fee Schedule	\$118.69
43870	REPAIR STOMACH OPENING	Y	-	1/1/2020	Fee Schedule	\$1,306.14
43886	REVISE GASTRIC PORT OPEN	-	-	7/1/2018	Not Allowed	\$0.00
43887	REMOVE GASTRIC PORT OPEN	-	-	7/1/2018	Not Allowed	\$0.00
43888	CHANGE GASTRIC PORT OPEN	-	-	7/1/2018	Not Allowed	\$0.00
44100	BIOPSY OF BOWEL	Y	-	1/1/2020	Fee Schedule	\$397.12
44312	REVISION OF ILEOSTOMY	Y	-	1/1/2020	Fee Schedule	\$1,504.38
44340	REVISION OF COLOSTOMY	Y	-	1/1/2020	Fee Schedule	\$1,504.38
44360	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$663.06
44361	SMALL BOWEL ENDOSCOPY/BIOPSY	Y	-	1/1/2020	Fee Schedule	\$663.06
44363	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$663.06
44364	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$663.06
44365	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$663.06
44366	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$663.06
44369	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$663.06
44370	SMALL BOWEL ENDOSCOPY/STENT	Y	-	1/1/2020	Fee Schedule	\$3,168.54
44372	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$663.06
44373	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$663.06
44376	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$663.06
44377	SMALL BOWEL ENDOSCOPY/BIOPSY	Y	-	1/1/2020	Fee Schedule	\$663.06
44378	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$663.06
44379	S BOWEL ENDOSCOPE W/STENT	Y	-	1/1/2020	Fee Schedule	\$1,960.57
44380	SMALL BOWEL ENDOSCOPY BR/WA	Y	-	1/1/2020	Fee Schedule	\$397.12
44381	SMALL BOWEL ENDOSCOPY BR/WA	Y	-	1/1/2020	Fee Schedule	\$663.06
44382	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$397.12
44384	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$1,306.14
44385	ENDOSCOPY OF BOWEL POUCH	Y	-	1/1/2020	Fee Schedule	\$385.98

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
44386	ENDOSCOPY BOWEL POUCH/BIOP	Y	-	1/1/2020	Fee Schedule	\$385.98
44388	COLONOSCOPY THRU STOMA SPX	Y	-	1/1/2020	Fee Schedule	\$385.98
44389	COLONOSCOPY WITH BIOPSY	Y	-	1/1/2020	Fee Schedule	\$507.42
44390	COLONOSCOPY FOR FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$385.98
44391	COLONOSCOPY FOR BLEEDING	Y	-	1/1/2020	Fee Schedule	\$507.42
44392	COLONOSCOPY & POLYPECTOMY	Y	-	1/1/2020	Fee Schedule	\$507.42
44394	COLONOSCOPY W/SNARE	Y	-	1/1/2020	Fee Schedule	\$507.42
44401	COLONOSCOPY WITH ABLATION	Y	-	1/1/2020	Fee Schedule	\$507.42
44402	COLONOSCOPY W/STENT PLGMT	Y	-	1/1/2020	Fee Schedule	\$2,943.57
44403	COLONOSCOPY W/RESECTION	Y	-	1/1/2020	Fee Schedule	\$507.42
44404	COLONOSCOPY W/INJECTION	Y	-	1/1/2020	Fee Schedule	\$507.42
44405	COLONOSCOPY W/DILATION	Y	-	1/1/2020	Fee Schedule	\$507.42
44406	COLONOSCOPY W/ULTRASOUND	Y	-	1/1/2020	Fee Schedule	\$507.42
44407	COLONOSCOPY W/NDL ASPIR/BX	Y	-	1/1/2020	Fee Schedule	\$507.42
44408	COLONOSCOPY W/DECOMPRESSION	Y	-	1/1/2020	Fee Schedule	\$385.98
44500	INTRO GASTROINTESTINAL TUBE	Y	-	1/1/2020	Fee Schedule	\$397.12
44701	INTRAOP COLON LAVAGE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
45000	DRAINAGE OF PELVIC ABSCESS	Y	-	1/1/2020	Fee Schedule	\$507.42
45005	DRAINAGE OF RECTAL ABSCESS	Y	-	1/1/2020	Fee Schedule	\$507.42
45020	DRAINAGE OF RECTAL ABSCESS	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45100	BIOPSY OF RECTUM	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45108	REMOVAL OF ANORECTAL LESION	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45150	EXCISION OF RECTAL STRICTURE	Y	-	1/1/2020	Fee Schedule	\$507.42
45160	EXCISION OF RECTAL LESION	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45171	EXC RECT TUM TRANSANAL PART	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45172	EXC RECT TUM TRANSANAL FULL	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45190	DESTRUCTION RECTAL TUMOR	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45300	PROCTOSIGMOIDOSCOPY DX	Y	-	1/1/2020	Fee Schedule	\$94.19
45303	PROCTOSIGMOIDOSCOPY DILATE	Y	-	1/1/2020	Fee Schedule	\$507.42
45305	PROCTOSIGMOIDOSCOPY W/BX	Y	-	1/1/2020	Fee Schedule	\$507.42
45307	PROCTOSIGMOIDOSCOPY FB	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45308	PROCTOSIGMOIDOSCOPY REMOVAL	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45309	PROCTOSIGMOIDOSCOPY REMOVAL	Y	-	1/1/2020	Fee Schedule	\$507.42
45315	PROCTOSIGMOIDOSCOPY REMOVAL	Y	-	1/1/2020	Fee Schedule	\$507.42
45317	PROCTOSIGMOIDOSCOPY BLEED	Y	-	1/1/2020	Fee Schedule	\$507.42
45320	PROCTOSIGMOIDOSCOPY ABLATE	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45321	PROCTOSIGMOIDOSCOPY VOLVUL	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45327	PROCTOSIGMOIDOSCOPY W/STENT	Y	-	1/1/2020	Fee Schedule	\$2,537.40
45330	DIAGNOSTIC SIGMOIDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$145.44
45331	SIGMOIDOSCOPY AND BIOPSY	Y	-	1/1/2020	Fee Schedule	\$385.98
45332	SIGMOIDOSCOPY W/FB REMOVAL	Y	-	1/1/2020	Fee Schedule	\$507.42
45333	SIGMOIDOSCOPY & POLYPECTOMY	Y	-	1/1/2020	Fee Schedule	\$385.98
45334	SIGMOIDOSCOPY FOR BLEEDING	Y	-	1/1/2020	Fee Schedule	\$507.42
45335	SIGMOIDOSCOPY W/SUBMUC INJ	Y	-	1/1/2020	Fee Schedule	\$385.98
45337	SIGMOIDOSCOPY & DECOMPRESS	Y	-	1/1/2020	Fee Schedule	\$385.98
45338	SIGMOIDOSCOPY W/TUMR REMOVE	Y	-	1/1/2020	Fee Schedule	\$507.42
45340	SIG W/TNDS BALLOON DILATION	Y	-	1/1/2020	Fee Schedule	\$507.42
45341	SIGMOIDOSCOPY W/ULTRASOUND	Y	-	1/1/2020	Fee Schedule	\$385.98
45342	SIGMOIDOSCOPY W/US GUIDE BX	Y	-	1/1/2020	Fee Schedule	\$507.42
45346	SIGMOIDOSCOPY W/ABLATION	Y	-	1/1/2020	Fee Schedule	\$507.42
45347	SIGMOIDOSCOPY W/PLGMT STENT	Y	-	1/1/2020	Fee Schedule	\$3,247.24
45349	SIGMOIDOSCOPY W/RESECTION	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45350	SGMDSC W/BAND LIGATION	Y	-	1/1/2020	Fee Schedule	\$507.42

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**Montana Healthcare Programs Fee Schedule
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
45378	DIAGNOSTIC COLONOSCOPY	Y	-	1/1/2020	Fee Schedule	\$385.98
45379	COLONOSCOPY W/FB REMOVAL	Y	-	1/1/2020	Fee Schedule	\$507.42
45380	COLONOSCOPY AND BIOPSY	Y	-	1/1/2020	Fee Schedule	\$507.42
45381	COLONOSCOPY SUBMUCOUS NJX	Y	-	1/1/2020	Fee Schedule	\$507.42
45382	COLONOSCOPY W/CONTROL BLEED	Y	-	1/1/2020	Fee Schedule	\$507.42
45384	COLONOSCOPY W/LESION REMOVAL	Y	-	1/1/2020	Fee Schedule	\$507.42
45385	COLONOSCOPY W/LESION REMOVAL	Y	-	1/1/2020	Fee Schedule	\$507.42
45386	COLONOSCOPY W/BALLOON DILAT	Y	-	1/1/2020	Fee Schedule	\$507.42
45388	COLONOSCOPY W/ABLATION	Y	-	1/1/2020	Fee Schedule	\$507.42
45389	COLONOSCOPY W/STENT PLCMT	Y	-	1/1/2020	Fee Schedule	\$3,132.65
45390	COLONOSCOPY W/RESECTION	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45391	COLONOSCOPY W/ENDOSCOPE US	Y	-	1/1/2020	Fee Schedule	\$507.42
45392	COLONOSCOPY W/ENDOSCOPIC FNB	Y	-	1/1/2020	Fee Schedule	\$507.42
45393	COLONOSCOPY W/DECOMPRESSION	Y	-	1/1/2020	Fee Schedule	\$507.42
45398	COLONOSCOPY W/BAND LIGATION	Y	-	1/1/2020	Fee Schedule	\$507.42
45500	REPAIR OF RECTUM	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45505	REPAIR OF RECTUM	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45520	TREATMENT OF RECTAL PROLAPSE	-	-	7/1/2018	No Separate Payment	\$0.00
45541	CORRECT RECTAL PROLAPSE	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45560	REPAIR OF RECTOCELE	Y	-	1/1/2020	Fee Schedule	\$1,100.20
45900	REDUCTION OF RECTAL PROLAPSE	Y	-	1/1/2020	Fee Schedule	\$385.98
45905	DILATION OF ANAL SPHINCTER	Y	-	1/1/2020	Fee Schedule	\$507.42
45910	DILATION OF RECTAL NARROWING	Y	-	1/1/2020	Fee Schedule	\$507.42
45915	REMOVE RECTAL OBSTRUCTION	Y	-	1/1/2020	Fee Schedule	\$507.42
45990	SURG DX EXAM ANORECTAL	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46020	PLACEMENT OF SETON	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46030	REMOVAL OF RECTAL MARKER	Y	-	1/1/2020	Fee Schedule	\$507.42
46040	INCISION OF RECTAL ABSCESS	Y	-	1/1/2020	Fee Schedule	\$507.42
46045	INCISION OF RECTAL ABSCESS	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46050	INCISION OF ANAL ABSCESS	Y	-	1/1/2020	Fee Schedule	\$385.98
46060	INCISION OF RECTAL ABSCESS	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46070	INCISION OF ANAL SEPTUM	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46080	INCISION OF ANAL SPHINCTER	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46083	INCISE EXTERNAL HEMORRHOID	Y	-	1/1/2020	Fee Schedule	\$118.69
46200	REMOVAL OF ANAL FISSURE	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46220	EXCISE ANAL EXT TAG/PAPILLA	Y	-	1/1/2020	Fee Schedule	\$507.42
46221	LIGATION OF HEMORRHOID(S)	Y	-	1/1/2020	Fee Schedule	\$186.22
46230	REMOVAL OF ANAL TAGS	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46250	REMOVE EXT HEM GROUPS 2+	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46255	REMOVE INT/EXT HEM 1 GROUP	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46257	REMOVE IN/EX HEM GRP & FISS	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46258	REMOVE IN/EX HEM GRP W/FISTU	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46260	REMOVE IN/EX HEM GROUPS 2+	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46261	REMOVE IN/EX HEM GRPS & FISS	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46262	REMOVE IN/EX HEM GRPS W/FIST	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46270	REMOVE ANAL FIST SUBQ	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46275	REMOVE ANAL FIST INTER	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46280	REMOVE ANAL FIST COMPLEX	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46285	REMOVE ANAL FIST 2 STAGE	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46288	REPAIR ANAL FISTULA	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46320	REMOVAL OF HEMORRHOID CLOT	Y	-	1/1/2020	Fee Schedule	\$134.61
46500	INJECTION INTO HEMORRHOID(S)	Y	-	1/1/2020	Fee Schedule	\$235.67
46505	CHEMODENERVATION ANAL MUSC	Y	-	1/1/2020	Fee Schedule	\$507.42

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
46600	DIAGNOSTIC ANOSCOPY SPX	-	-	7/1/2018	No Separate Payment	\$0.00
46601	DIAGNOSTIC ANOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
46604	ANOSCOPY AND DILATION	Y	-	1/1/2020	Fee Schedule	\$507.42
46606	ANOSCOPY AND BIOPSY	Y	-	1/1/2020	Fee Schedule	\$213.65
46607	DIAGNOSTIC ANOSCOPY & BIOPSY	Y	-	1/1/2020	Fee Schedule	\$507.42
46608	ANOSCOPY REMOVE FOR BODY	Y	-	1/1/2020	Fee Schedule	\$385.98
46610	ANOSCOPY REMOVE LESION	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46611	ANOSCOPY	Y	-	1/1/2020	Fee Schedule	\$385.98
46612	ANOSCOPY REMOVE LESIONS	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46614	ANOSCOPY CONTROL BLEEDING	Y	-	1/1/2020	Fee Schedule	\$110.43
46615	ANOSCOPY	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46700	REPAIR OF ANAL STRICTURE	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46706	REPR OF ANAL FISTULA W/GLUE	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46707	REPAIR ANORECTAL FIST W/PLUG	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46750	REPAIR OF ANAL SPHINCTER	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46753	RECONSTRUCTION OF ANUS	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46754	REMOVAL OF SUTURE FROM ANUS	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46760	REPAIR OF ANAL SPHINCTER	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46761	REPAIR OF ANAL SPHINCTER	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46900	DESTRUCTION ANAL LESION(S)	Y	-	1/1/2020	Fee Schedule	\$161.45
46910	DESTRUCTION ANAL LESION(S)	Y	-	1/1/2020	Fee Schedule	\$186.94
46916	CRYOSURGERY ANAL LESION(S)	Y	-	1/1/2020	Fee Schedule	\$88.29
46917	LASER SURGERY ANAL LESIONS	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46922	EXCISION OF ANAL LESION(S)	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46924	DESTRUCTION ANAL LESION(S)	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46930	DESTROY INTERNAL HEMORRHOIDS	Y	-	1/1/2020	Fee Schedule	\$154.82
46940	TREATMENT OF ANAL FISSURE	Y	-	1/1/2020	Fee Schedule	\$158.07
46942	TREATMENT OF ANAL FISSURE	Y	-	1/1/2020	Fee Schedule	\$157.71
46945	INT HRHC LIG 1 HROID W/O IMG	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46946	INT HRHC LIG 2+HROID W/O IMG	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46947	HEMORRHOIDOPEXY BY STAPLING	Y	-	1/1/2020	Fee Schedule	\$1,100.20
46948	INT HRHC TRANAL DARTLZJ 2+	Y	-	1/1/2020	Fee Schedule	\$1,100.20
47000	NEEDLE BIOPSY OF LIVER	Y	-	1/1/2020	Fee Schedule	\$576.39
47001	NEEDLE BIOPSY LIVER ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
47382	PERCUT ABLATE LIVER RF	Y	-	1/1/2020	Fee Schedule	\$2,194.07
47383	PERQ ABLTJ LVR CRYOABLATION	Y	-	1/1/2020	Fee Schedule	\$3,102.53
47531	INJECTION FOR CHOLANGIOGRAM	-	-	7/1/2018	No Separate Payment	\$0.00
47532	INJECTION FOR CHOLANGIOGRAM	-	-	7/1/2018	No Separate Payment	\$0.00
47533	PLMT BILIARY DRAINAGE CATH	Y	-	1/1/2020	Fee Schedule	\$1,377.21
47534	PLMT BILIARY DRAINAGE CATH	Y	-	1/1/2020	Fee Schedule	\$1,377.21
47535	CONVERSION EXT BIL DRG CATH	Y	-	1/1/2020	Fee Schedule	\$1,377.21
47536	EXCHANGE BILIARY DRG CATH	Y	-	1/1/2020	Fee Schedule	\$1,377.21
47537	REMOVAL BILIARY DRG CATH	-	-	1/1/2020	Fee Schedule	\$397.12
47538	PERQ PLMT BILE DUCT STENT	Y	-	1/1/2020	Fee Schedule	\$3,329.38
47539	PERQ PLMT BILE DUCT STENT	Y	-	1/1/2020	Fee Schedule	\$2,194.07
47540	PERQ PLMT BILE DUCT STENT	Y	-	1/1/2020	Fee Schedule	\$3,119.29
47541	PLMT ACCESS BIL TREE SM BWL	Y	-	1/1/2020	Fee Schedule	\$1,377.21
47542	DILATE BILIARY DUCT/AMPULLA	-	-	7/1/2018	No Separate Payment	\$0.00
47543	ENDOLUMINAL BX BILIARY TREE	-	-	7/1/2018	No Separate Payment	\$0.00
47544	REMOVAL DUCT GLBLDR CALCULI	-	-	7/1/2018	No Separate Payment	\$0.00
47552	BILIARY ENDO PERQ DX W/SPECI	Y	-	1/1/2020	Fee Schedule	\$1,377.21
47553	BILIARY ENDOSCOPY THRU SKIN	Y	-	1/1/2020	Fee Schedule	\$1,377.21
47554	BILIARY ENDOSCOPY THRU SKIN	Y	-	1/1/2020	Fee Schedule	\$2,194.07

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47555	BILIARY ENDOSCOPY THRU SKIN	Y	-	1/1/2020	Fee Schedule	\$1,377.21
47556	BILIARY ENDOSCOPY THRU SKIN	Y	-	1/1/2020	Fee Schedule	\$3,252.04
47562	LAPAROSCOPIC CHOLECYSTECTOMY	Y	-	1/1/2020	Fee Schedule	\$2,194.07
47563	LAPARO CHOLECYSTECTOMY/GRAPH	Y	-	1/1/2020	Fee Schedule	\$2,194.07
47564	LAPARO CHOLECYSTECTOMY/EXPLR	Y	-	1/1/2020	Fee Schedule	\$2,194.07
48102	NEEDLE BIOPSY PANCREAS	Y	-	1/1/2020	Fee Schedule	\$576.39
49082	ABD PARACENTESIS	Y	-	1/1/2020	Fee Schedule	\$397.12
49083	ABD PARACENTESIS W/IMAGING	Y	-	1/1/2020	Fee Schedule	\$397.12
49084	PERITONEAL LAVAGE	Y	-	1/1/2020	Fee Schedule	\$397.12
49180	BIOPSY ABDOMINAL MASS	Y	-	1/1/2020	Fee Schedule	\$576.39
49250	EXCISION OF UMBILICUS	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49320	DIAG LAPARO SEPARATE PROC	Y	-	1/1/2020	Fee Schedule	\$2,194.07
49321	LAPAROSCOPY BIOPSY	Y	-	1/1/2020	Fee Schedule	\$2,194.07
49322	LAPAROSCOPY ASPIRATION	Y	-	1/1/2020	Fee Schedule	\$2,194.07
49324	LAP INSERT TUNNEL IP CATH	Y	-	1/1/2020	Fee Schedule	\$2,194.07
49325	LAP REVISION PERM IP CATH	Y	-	1/1/2020	Fee Schedule	\$2,194.07
49326	LAP W/OMENTOPEXY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
49327	LAP INS DEVICE FOR RT	-	-	7/1/2018	No Separate Payment	\$0.00
49400	AIR INJECTION INTO ABDOMEN	-	-	7/1/2018	No Separate Payment	\$0.00
49402	REMOVE FOREIGN BODY ADBOMEN	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49406	IMAGE CATH FLUID PERI/RETRO	Y	-	1/1/2020	Fee Schedule	\$576.39
49407	IMAGE CATH FLUID TRNS/VGNL	Y	-	1/1/2020	Fee Schedule	\$576.39
49411	INS MARK ABD/PEL FOR RT PERQ	-	-	1/1/2020	Fee Schedule	\$362.70
49418	INSERT TUN IP CATH PERC	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49419	INSERT TUN IP CATH W/PORT	Y	-	1/1/2020	Fee Schedule	\$2,321.81
49421	INS TUN IP CATH FOR DIAL OPN	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49422	REMOVE TUNNELED IP CATH	-	-	1/1/2020	Fee Schedule	\$1,341.23
49423	EXCHANGE DRAINAGE CATHETER	Y	-	1/1/2020	Fee Schedule	\$663.06
49424	ASSESS CYST CONTRAST INJECT	-	-	7/1/2018	No Separate Payment	\$0.00
49426	REVISE ABDOMEN-VENOUS SHUNT	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49427	INJECTION ABDOMINAL SHUNT	-	-	7/1/2018	No Separate Payment	\$0.00
49429	REMOVAL OF SHUNT	-	-	1/1/2020	Fee Schedule	\$1,341.23
49435	INSERT SUBQ EXTEN TO IP CATH	-	-	7/1/2018	No Separate Payment	\$0.00
49436	EMBEDDED IP CATH EXIT-SITE	Y	-	1/1/2020	Fee Schedule	\$663.06
49440	PLACE GASTROSTOMY TUBE PERC	Y	-	1/1/2020	Fee Schedule	\$663.06
49441	PLACE DUOD/JEJ TUBE PERC	Y	-	1/1/2020	Fee Schedule	\$663.06
49442	PLACE CECOSTOMY TUBE PERC	Y	-	1/1/2020	Fee Schedule	\$507.42
49446	CHANGE G-TUBE TO G-J PERC	Y	-	1/1/2020	Fee Schedule	\$663.06
49450	REPLACE G/C TUBE PERC	Y	-	1/1/2020	Fee Schedule	\$397.12
49451	REPLACE DUOD/JEJ TUBE PERC	Y	-	1/1/2020	Fee Schedule	\$397.12
49452	REPLACE G-J TUBE PERC	Y	-	1/1/2020	Fee Schedule	\$397.12
49460	FIX G/COLON TUBE W/DEVICE	Y	-	1/1/2020	Fee Schedule	\$397.12
49465	FLUORO EXAM OF G/COLON TUBE	-	-	1/1/2020	Fee Schedule	\$117.75
49495	RPR ING HERNIA BABY REDUC	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49496	RPR ING HERNIA BABY BLOCKED	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49500	RPR ING HERNIA INIT REDUCE	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49501	RPR ING HERNIA INIT BLOCKED	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49505	PRP I/HERN INIT REDUC >5 YR	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49507	PRP I/HERN INIT BLOCK >5 YR	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49520	REREPAIR ING HERNIA REDUCE	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49521	REREPAIR ING HERNIA BLOCKED	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49525	REPAIR ING HERNIA SLIDING	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49540	REPAIR LUMBAR HERNIA	Y	-	1/1/2020	Fee Schedule	\$2,194.07

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49550	RPR REM HERNIA INIT REDUCE	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49553	RPR FEM HERNIA INIT BLOCKED	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49555	REREPAIR FEM HERNIA REDUCE	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49557	REREPAIR FEM HERNIA BLOCKED	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49560	RPR VENTRAL HERN INIT REDUC	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49561	RPR VENTRAL HERN INIT BLOCK	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49565	REREPAIR VENTRL HERN REDUCE	Y	-	1/1/2020	Fee Schedule	\$2,194.07
49566	REREPAIR VENTRL HERN BLOCK	Y	-	1/1/2020	Fee Schedule	\$2,194.07
49568	HERNIA REPAIR W/MESH	-	-	7/1/2018	No Separate Payment	\$0.00
49570	RPR EPIGASTRIC HERN REDUCE	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49572	RPR EPIGASTRIC HERN BLOCKED	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49580	RPR UMBIL HERN REDUC < 5 YR	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49582	RPR UMBIL HERN BLOCK < 5 YR	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49585	RPR UMBIL HERN REDUC > 5 YR	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49587	RPR UMBIL HERN BLOCK > 5 YR	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49590	REPAIR SPIGELIAN HERNIA	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49600	REPAIR UMBILICAL LESION	Y	-	1/1/2020	Fee Schedule	\$1,377.21
49650	LAP ING HERNIA REPAIR INIT	Y	-	1/1/2020	Fee Schedule	\$2,194.07
49651	LAP ING HERNIA REPAIR RECUR	Y	-	1/1/2020	Fee Schedule	\$2,194.07
49652	LAP VENT/ABD HERNIA REPAIR	Y	-	1/1/2020	Fee Schedule	\$2,194.07
49653	LAP VENT/ABD HERN PROC COMP	Y	-	1/1/2020	Fee Schedule	\$2,194.07
49654	LAP INC HERNIA REPAIR	Y	-	1/1/2020	Fee Schedule	\$3,588.58
49655	LAP INC HERN REPAIR COMP	Y	-	1/1/2020	Fee Schedule	\$3,588.58
49656	LAP INC HERNIA REPAIR RECUR	Y	-	1/1/2020	Fee Schedule	\$3,588.58
49657	LAP INC HERN RECUR COMP	Y	-	1/1/2020	Fee Schedule	\$3,588.58
50080	REMOVAL OF KIDNEY STONE	Y	-	1/1/2020	Fee Schedule	\$3,995.65
50081	REMOVAL OF KIDNEY STONE	Y	-	1/1/2020	Fee Schedule	\$3,995.65
50200	RENAL BIOPSY PERQ	Y	-	1/1/2020	Fee Schedule	\$576.39
50382	CHANGE URETER STENT PERCUT	Y	-	1/1/2020	Fee Schedule	\$789.71
50384	REMOVE URETER STENT PERCUT	-	-	1/1/2020	Fee Schedule	\$789.71
50385	CHANGE STENT VIA TRANSURETH	Y	-	1/1/2020	Fee Schedule	\$789.71
50386	REMOVE STENT VIA TRANSURETH	-	-	1/1/2020	Fee Schedule	\$639.51
50387	CHANGE NEPHROURETERAL CATH	Y	-	1/1/2020	Fee Schedule	\$789.71
50389	REMOVE RENAL TUBE W/FLURO	-	-	1/1/2020	Fee Schedule	\$281.21
50390	DRAINAGE OF KIDNEY LESION	Y	-	1/1/2020	Fee Schedule	\$308.23
50391	INSTLL RX AGNT INTO RNAL TUB	Y	-	1/1/2020	Fee Schedule	\$49.08
50396	MEASURE KIDNEY PRESSURE	Y	-	1/1/2020	Fee Schedule	\$281.21
50430	NJX PX NFROSGRM &/URTRGRM	-	-	7/1/2018	No Separate Payment	\$0.00
50431	NJX PX NFROSGRM &/URTRGRM	-	-	7/1/2018	No Separate Payment	\$0.00
50432	PLMT NEPHROSTOMY CATHETER	Y	-	1/1/2020	Fee Schedule	\$789.71
50433	PLMT NEPHROURETERAL CATHETER	Y	-	1/1/2020	Fee Schedule	\$1,376.97
50434	CONVERT NEPHROSTOMY CATHETER	Y	-	1/1/2020	Fee Schedule	\$1,058.01
50435	EXCHANGE NEPHROSTOMY CATH	Y	-	1/1/2020	Fee Schedule	\$789.71
50436	DILAT XST TRC NDURLGC PX	-	-	1/1/2020	Fee Schedule	\$789.71
50437	DILAT XST TRC NEW ACCESS RCS	-	-	1/1/2020	Fee Schedule	\$1,376.97
50551	KIDNEY ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
50553	KIDNEY ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
50555	KIDNEY ENDOSCOPY & BIOPSY	Y	-	1/1/2020	Fee Schedule	\$3,995.65
50557	KIDNEY ENDOSCOPY & TREATMENT	Y	-	1/1/2020	Fee Schedule	\$3,995.65
50561	KIDNEY ENDOSCOPY & TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,976.27
50562	RENAL SCOPE W/TUMOR RESECT	Y	-	1/1/2020	Fee Schedule	\$3,995.65
50570	KIDNEY ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$1,376.97
50572	KIDNEY ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$281.21

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
50574	KIDNEY ENDOSCOPY & BIOPSY	Y	-	1/1/2020	Fee Schedule	\$789.71
50575	KIDNEY ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
50576	KIDNEY ENDOSCOPY & TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,976.27
50580	KIDNEY ENDOSCOPY & TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,976.27
50590	FRAGMENTING OF KIDNEY STONE	Y	-	1/1/2020	Fee Schedule	\$1,376.97
50592	PERC RF ABLATE RENAL TUMOR	Y	-	1/1/2020	Fee Schedule	\$2,194.07
50593	PERC CRYO ABLATE RENAL TUM	Y	-	1/1/2020	Fee Schedule	\$4,916.67
50606	ENDOLUMINAL BX URTR RNL PLVS	-	-	7/1/2018	No Separate Payment	\$0.00
5060F	FNDNGS MAMMO 2PT W/IN 3 DAYS	-	-	7/1/2018	No Separate Payment	\$0.00
50684	INJECTION FOR URETER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
50686	MEASURE URETER PRESSURE	-	-	1/1/2020	Fee Schedule	\$69.91
50688	CHANGE OF URETER TUBE/STENT	Y	-	1/1/2020	Fee Schedule	\$789.71
50690	INJECTION FOR URETER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
50693	PLMT URETERAL STENT PRQ	Y	-	1/1/2020	Fee Schedule	\$1,376.97
50694	PLMT URETERAL STENT PRQ	Y	-	1/1/2020	Fee Schedule	\$1,376.97
50695	PLMT URETERAL STENT PRQ	Y	-	1/1/2020	Fee Schedule	\$1,376.97
50705	URETERAL EMBOLIZATION/OCCL	-	-	7/1/2018	No Separate Payment	\$0.00
50706	BALLOON DILATE URTRL STRIX	-	-	7/1/2018	No Separate Payment	\$0.00
50727	REVISE URETER	Y	-	1/1/2020	Fee Schedule	\$1,376.97
50947	LAPARO NEW URETER/BLADDER	Y	-	1/1/2020	Fee Schedule	\$2,194.07
50948	LAPARO NEW URETER/BLADDER	Y	-	1/1/2020	Fee Schedule	\$3,588.58
50951	ENDOSCOPY OF URETER	Y	-	1/1/2020	Fee Schedule	\$1,376.97
50953	ENDOSCOPY OF URETER	Y	-	1/1/2020	Fee Schedule	\$1,376.97
50955	URETER ENDOSCOPY & BIOPSY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
50957	URETER ENDOSCOPY & TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,976.27
50961	URETER ENDOSCOPY & TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,976.27
50970	URETER ENDOSCOPY	Y	-	1/1/2020	Fee Schedule	\$1,376.97
50972	URETER ENDOSCOPY & CATHETER	Y	-	1/1/2020	Fee Schedule	\$1,376.97
50974	URETER ENDOSCOPY & BIOPSY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
50976	URETER ENDOSCOPY & TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,976.27
50980	URETER ENDOSCOPY & TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,976.27
51020	INCISE & TREAT BLADDER	Y	-	1/1/2020	Fee Schedule	\$1,376.97
51030	INCISE & TREAT BLADDER	Y	-	1/1/2020	Fee Schedule	\$1,376.97
51040	INCISE & DRAIN BLADDER	Y	-	1/1/2020	Fee Schedule	\$789.71
51045	INCISE BLADDER/DRAIN URETER	Y	-	1/1/2020	Fee Schedule	\$789.71
51050	REMOVAL OF BLADDER STONE	Y	-	1/1/2020	Fee Schedule	\$1,976.27
51065	REMOVE URETER CALCULUS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
51080	DRAINAGE OF BLADDER ABSCESS	Y	-	1/1/2020	Fee Schedule	\$994.34
51100	DRAIN BLADDER BY NEEDLE	Y	-	1/1/2020	Fee Schedule	\$38.98
51101	DRAIN BLADDER BY TROCAR/CATH	-	-	1/1/2020	Fee Schedule	\$105.38
51102	DRAIN BL W/CATH INSERTION	Y	-	1/1/2020	Fee Schedule	\$789.71
51500	REMOVAL OF BLADDER CYST	Y	-	1/1/2020	Fee Schedule	\$2,194.07
51520	REMOVAL OF BLADDER LESION	Y	-	1/1/2020	Fee Schedule	\$1,376.97
51535	REPAIR OF URETER LESION	Y	-	1/1/2020	Fee Schedule	\$1,376.97
51600	INJECTION FOR BLADDER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
51605	PREPARATION FOR BLADDER XRAY	-	-	7/1/2018	No Separate Payment	\$0.00
51610	INJECTION FOR BLADDER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
51700	IRRIGATION OF BLADDER	Y	-	1/1/2020	Fee Schedule	\$52.33
51701	INSERT BLADDER CATHETER	-	-	7/1/2018	No Separate Payment	\$0.00
51702	INSERT TEMP BLADDER CATH	-	-	7/1/2018	No Separate Payment	\$0.00
51703	INSERT BLADDER CATH COMPLEX	-	-	1/1/2020	Fee Schedule	\$69.91
51705	CHANGE OF BLADDER TUBE	Y	-	1/1/2020	Fee Schedule	\$61.35
51710	CHANGE OF BLADDER TUBE	Y	-	1/1/2020	Fee Schedule	\$281.21

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
51715	ENDOSCOPIC INJECTION/IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,826.17
51720	TREATMENT OF BLADDER LESION	Y	-	1/1/2020	Fee Schedule	\$51.25
51725	SIMPLE CYSTOMETROGRAM	Y	-	1/1/2020	Fee Schedule	\$118.69
51726	COMPLEX CYSTOMETROGRAM	Y	-	1/1/2020	Fee Schedule	\$118.69
51727	CYSTOMETROGRAM W/UP	Y	-	1/1/2020	Fee Schedule	\$244.69
51728	CYSTOMETROGRAM W/VP	Y	-	1/1/2020	Fee Schedule	\$251.18
51729	CYSTOMETROGRAM W/VP&UP	Y	-	1/1/2020	Fee Schedule	\$252.27
51736	URINE FLOW MEASUREMENT	-	-	7/1/2018	No Separate Payment	\$0.00
51741	ELECTRO-UROFLOWMETRY FIRST	-	-	7/1/2018	No Separate Payment	\$0.00
51784	ANAL/URINARY MUSCLE STUDY	-	-	1/1/2020	Fee Schedule	\$29.23
51785	ANAL/URINARY MUSCLE STUDY	Y	-	1/1/2020	Fee Schedule	\$118.69
51792	URINARY REFLEX STUDY	-	-	7/1/2018	No Separate Payment	\$0.00
51797	INTRAABDOMINAL PRESSURE TEST	-	-	7/1/2018	No Separate Payment	\$0.00
51798	US URINE CAPACITY MEASURE	-	-	7/1/2018	No Separate Payment	\$0.00
51880	REPAIR OF BLADDER OPENING	Y	-	1/1/2020	Fee Schedule	\$1,376.97
51992	LAPARO SLING OPERATION	Y	-	1/1/2020	Fee Schedule	\$2,924.02
52000	CYSTOSCOPY	Y	-	1/1/2020	Fee Schedule	\$281.21
52001	CYSTOSCOPY REMOVAL OF CLOTS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52005	CYSTOSCOPY & URETER CATHETER	Y	-	1/1/2020	Fee Schedule	\$789.71
52007	CYSTOSCOPY AND BIOPSY	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52010	CYSTOSCOPY & DUCT CATHETER	Y	-	1/1/2020	Fee Schedule	\$281.21
52204	CYSTOSCOPY W/BIOPSY(S)	Y	-	1/1/2020	Fee Schedule	\$789.71
52214	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$789.71
52224	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$789.71
52234	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52235	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52240	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52250	CYSTOSCOPY AND RADIOTRACER	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52260	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$789.71
52265	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$271.75
52270	CYSTOSCOPY & REVISE URETHRA	Y	-	1/1/2020	Fee Schedule	\$789.71
52275	CYSTOSCOPY & REVISE URETHRA	Y	-	1/1/2020	Fee Schedule	\$789.71
52276	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$789.71
52277	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52281	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$789.71
52282	CYSTOSCOPY IMPLANT STENT	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52283	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$789.71
52285	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$281.21
52287	CYSTOSCOPY CHEMODENERVATION	Y	-	1/1/2020	Fee Schedule	\$789.71
52290	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$789.71
52300	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52301	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52305	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52310	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$789.71
52315	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$789.71
52317	REMOVE BLADDER STONE	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52318	REMOVE BLADDER STONE	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52320	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52325	CYSTOSCOPY STONE REMOVAL	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52327	CYSTOSCOPY INJECT MATERIAL	Y	-	1/1/2020	Fee Schedule	\$2,687.93
52330	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52332	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52334	CREATE PASSAGE TO KIDNEY	Y	-	1/1/2020	Fee Schedule	\$1,376.97

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
52341	CYSTO W/URETER STRICTURE TX	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52342	CYSTO W/UP STRICTURE TX	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52343	CYSTO W/RENAL STRICTURE TX	Y	-	1/1/2020	Fee Schedule	\$789.71
52344	CYSTO/URETERO STRICTURE TX	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52345	CYSTO/URETERO W/UP STRICTURE	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52346	CYSTOURETERO W/RENAL STRICT	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52351	CYSTOURETERO & OR PYELOSCOPE	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52352	CYSTOURETERO W/STONE REMOVE	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52353	CYSTOURETERO W/LITHOTRIPSY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52354	CYSTOURETERO W/BIOPSY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52355	CYSTOURETERO W/EXCISE TUMOR	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52356	CYSTO/URETERO W/LITHOTRIPSY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52400	CYSTOURETERO W/CONGEN REPR	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52402	CYSTOURETHRO CUT EJACUL DUCT	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52450	INCISION OF PROSTATE	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52500	REVISION OF BLADDER NECK	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52601	PROSTATECTOMY (TURP)	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52630	REMOVE PROSTATE REGROWTH	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52640	RELIEVE BLADDER CONTRACTURE	Y	-	1/1/2020	Fee Schedule	\$1,376.97
52647	LASER SURGERY OF PROSTATE	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52648	LASER SURGERY OF PROSTATE	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52649	PROSTATE LASER ENUCLEATION	Y	-	1/1/2020	Fee Schedule	\$1,976.27
52700	DRAINAGE OF PROSTATE ABSCESS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
53000	INCISION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$789.71
53010	INCISION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53020	INCISION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$789.71
53025	INCISION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$789.71
53040	DRAINAGE OF URETHRA ABSCESS	Y	-	1/1/2020	Fee Schedule	\$789.71
53060	DRAINAGE OF URETHRA ABSCESS	Y	-	1/1/2020	Fee Schedule	\$81.92
53080	DRAINAGE OF URINARY LEAKAGE	Y	-	1/1/2020	Fee Schedule	\$281.21
53085	DRAINAGE OF URINARY LEAKAGE	Y	-	1/1/2020	Fee Schedule	\$789.71
53200	BIOPSY OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$789.71
53210	REMOVAL OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,376.97
53215	REMOVAL OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53220	TREATMENT OF URETHRA LESION	Y	-	1/1/2020	Fee Schedule	\$1,376.97
53230	REMOVAL OF URETHRA LESION	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53235	REMOVAL OF URETHRA LESION	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53240	SURGERY FOR URETHRA POUCH	Y	-	1/1/2020	Fee Schedule	\$1,376.97
53250	REMOVAL OF URETHRA GLAND	Y	-	1/1/2020	Fee Schedule	\$1,376.97
53260	TREATMENT OF URETHRA LESION	Y	-	1/1/2020	Fee Schedule	\$789.71
53265	TREATMENT OF URETHRA LESION	Y	-	1/1/2020	Fee Schedule	\$789.71
53270	REMOVAL OF URETHRA GLAND	Y	-	1/1/2020	Fee Schedule	\$789.71
53275	REPAIR OF URETHRA DEFECT	Y	-	1/1/2020	Fee Schedule	\$789.71
53400	REVISE URETHRA STAGE 1	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53405	REVISE URETHRA STAGE 2	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53410	RECONSTRUCTION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53420	RECONSTRUCT URETHRA STAGE 1	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53425	RECONSTRUCT URETHRA STAGE 2	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53430	RECONSTRUCTION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53431	RECONSTRUCT URETHRA/BLADDER	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53440	MALE SLING PROCEDURE	Y	-	1/1/2020	Fee Schedule	\$6,546.69
53442	REMOVE/REVISE MALE SLING	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53444	INSERT TANDEM CUFF	Y	-	1/1/2020	Fee Schedule	\$13,701.13

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
53445	INSERT URO/VES NCK SPHINCTER	Y	-	1/1/2020	Fee Schedule	\$14,937.33
53446	REMOVE URO SPHINCTER	-	-	1/1/2020	Fee Schedule	\$1,976.27
53447	REMOVE/REPLACE UR SPHINCTER	Y	-	1/1/2020	Fee Schedule	\$14,483.43
53449	REPAIR URO SPHINCTER	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53450	REVISION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,376.97
53460	REVISION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,376.97
53502	REPAIR OF URETHRA INJURY	Y	-	1/1/2020	Fee Schedule	\$1,376.97
53505	REPAIR OF URETHRA INJURY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53510	REPAIR OF URETHRA INJURY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53515	REPAIR OF URETHRA INJURY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53520	REPAIR OF URETHRA DEFECT	Y	-	1/1/2020	Fee Schedule	\$1,976.27
53600	DILATE URETHRA STRICTURE	Y	-	1/1/2020	Fee Schedule	\$39.34
53601	DILATE URETHRA STRICTURE	-	-	7/1/2018	No Separate Payment	\$0.00
53605	DILATE URETHRA STRICTURE	Y	-	1/1/2020	Fee Schedule	\$789.71
53620	DILATE URETHRA STRICTURE	Y	-	1/1/2020	Fee Schedule	\$87.34
53621	DILATE URETHRA STRICTURE	Y	-	1/1/2020	Fee Schedule	\$89.50
53660	DILATION OF URETHRA	-	-	1/1/2020	Fee Schedule	\$44.03
53661	DILATION OF URETHRA	-	-	7/1/2018	No Separate Payment	\$0.00
53665	DILATION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$789.71
53850	PROSTATIC MICROWAVE THERMOTX	Y	-	1/1/2020	Fee Schedule	\$1,376.97
53852	PROSTATIC RF THERMOTX	Y	-	1/1/2020	Fee Schedule	\$1,314.02
53854	TRURL DSTRJ PRST8 TISS RF WV	-	-	1/1/2020	Fee Schedule	\$789.71
53855	INSERT PROST URETHRAL STENT	Y	-	1/1/2020	Fee Schedule	\$695.09
53860	TRANSURETHRAL RF TREATMENT	Y	-	1/1/2020	Fee Schedule	\$789.71
54000	SLITTING OF PREPUCE	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54001	SLITTING OF PREPUCE	Y	-	1/1/2020	Fee Schedule	\$789.71
54015	DRAIN PENIS LESION	Y	-	1/1/2020	Fee Schedule	\$576.39
54050	DESTRUCTION PENIS LESION(S)	-	-	7/1/2018	No Separate Payment	\$0.00
54055	DESTRUCTION PENIS LESION(S)	Y	-	1/1/2020	Fee Schedule	\$79.76
54056	CRYOSURGERY PENIS LESION(S)	-	-	7/1/2018	No Separate Payment	\$0.00
54057	LASER SURG PENIS LESION(S)	Y	-	1/1/2020	Fee Schedule	\$819.95
54060	EXCISION OF PENIS LESION(S)	Y	-	1/1/2020	Fee Schedule	\$819.95
54065	DESTRUCTION PENIS LESION(S)	Y	-	1/1/2020	Fee Schedule	\$819.95
54100	BIOPSY OF PENIS	Y	-	1/1/2020	Fee Schedule	\$576.39
54105	BIOPSY OF PENIS	Y	-	1/1/2020	Fee Schedule	\$994.34
54110	TREATMENT OF PENIS LESION	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54111	TREAT PENIS LESION GRAFT	Y	-	1/1/2020	Fee Schedule	\$1,976.27
54112	TREAT PENIS LESION GRAFT	Y	-	1/1/2020	Fee Schedule	\$3,995.65
54115	TREATMENT OF PENIS LESION	Y	-	1/1/2020	Fee Schedule	\$994.34
54120	PARTIAL REMOVAL OF PENIS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54150	CIRCUMCISION W/REGIONL BLOCK	Y	-	1/1/2020	Fee Schedule	\$789.71
54160	CIRCUMCISION NEONATE	Y	-	1/1/2020	Fee Schedule	\$281.21
54161	CIRCUM 28 DAYS OR OLDER	Y	-	1/1/2020	Fee Schedule	\$789.71
54162	LYSIS PENIL CIRCUMIC LESION	Y	-	1/1/2020	Fee Schedule	\$789.71
54163	REPAIR OF CIRCUMCISION	Y	-	1/1/2020	Fee Schedule	\$789.71
54164	FRENULOTOMY OF PENIS	Y	-	1/1/2020	Fee Schedule	\$789.71
54200	TREATMENT OF PENIS LESION	Y	-	1/1/2020	Fee Schedule	\$70.01
54205	TREATMENT OF PENIS LESION	Y	-	1/1/2020	Fee Schedule	\$1,976.27
54220	TREATMENT OF PENIS LESION	Y	-	1/1/2020	Fee Schedule	\$118.69
54230	PREPARE PENIS STUDY	-	-	7/1/2018	Not Allowed	\$0.00
54231	DYNAMIC CAVERNOSOMETRY	-	-	7/1/2018	Not Allowed	\$0.00
54235	PENILE INJECTION	-	-	7/1/2018	Not Allowed	\$0.00
54240	PENIS STUDY	-	-	7/1/2018	Not Allowed	\$0.00

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

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
54250	PENIS STUDY	-	-	7/1/2018	Not Allowed	\$0.00
54300	REVISION OF PENIS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54304	REVISION OF PENIS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54308	RECONSTRUCTION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,976.27
54312	RECONSTRUCTION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54316	RECONSTRUCTION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,976.27
54318	RECONSTRUCTION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54322	RECONSTRUCTION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54324	RECONSTRUCTION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54326	RECONSTRUCTION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$789.71
54328	REVISE PENIS/URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54340	SECONDARY URETHRAL SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54344	SECONDARY URETHRAL SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
54348	SECONDARY URETHRAL SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,976.27
54352	RECONSTRUCT URETHRA/PENIS	Y	-	1/1/2020	Fee Schedule	\$1,976.27
54360	PENIS PLASTIC SURGERY	-	-	7/1/2018	Not Allowed	\$0.00
54380	REPAIR PENIS	Y	-	1/1/2020	Fee Schedule	\$789.71
54385	REPAIR PENIS	Y	-	1/1/2020	Fee Schedule	\$789.71
54400	INSERT SEMI-RIGID PROSTHESIS	-	-	7/1/2018	Not Allowed	\$0.00
54401	INSERT SELF-CONTD PROSTHESIS	-	-	7/1/2018	Not Allowed	\$0.00
54405	INSERT MULTI-COMP PENIS PROS	-	-	7/1/2018	Not Allowed	\$0.00
54406	REMOVE MUTI-COMP PENIS PROS	-	-	7/1/2018	Not Allowed	\$0.00
54408	REPAIR MULTI-COMP PENIS PROS	-	-	7/1/2018	Not Allowed	\$0.00
54410	REMOVE/REPLACE PENIS PROSTH	-	-	7/1/2018	Not Allowed	\$0.00
54415	REMOVE SELF-CONTD PENIS PROS	-	-	7/1/2018	Not Allowed	\$0.00
54416	REMOV/REPL PENIS CONTAIN PROS	-	-	7/1/2018	Not Allowed	\$0.00
54420	REVISION OF PENIS	Y	-	1/1/2020	Fee Schedule	\$789.71
54435	REVISION OF PENIS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54437	REPAIR CORPOREAL TEAR	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54440	REPAIR OF PENIS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54450	PREPUTIAL STRETCHING	Y	-	1/1/2020	Fee Schedule	\$118.69
54500	BIOPSY OF TESTIS	Y	-	1/1/2020	Fee Schedule	\$994.34
54505	BIOPSY OF TESTIS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54512	EXCISE LESION TESTIS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54520	REMOVAL OF TESTIS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54522	ORCHIECTOMY PARTIAL	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54530	REMOVAL OF TESTIS	Y	-	1/1/2020	Fee Schedule	\$1,377.21
54550	EXPLORATION FOR TESTIS	Y	-	1/1/2020	Fee Schedule	\$1,377.21
54560	EXPLORATION FOR TESTIS	Y	-	1/1/2020	Fee Schedule	\$789.71
54600	REDUCE TESTIS TORSION	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54620	SUSPENSION OF TESTIS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54640	ORCHIOPEXY INGUN/SCROT APPR	Y	-	1/1/2020	Fee Schedule	\$1,377.21
54660	REVISION OF TESTIS	Y	-	1/1/2020	Fee Schedule	\$2,742.11
54670	REPAIR TESTIS INJURY	Y	-	1/1/2020	Fee Schedule	\$789.71
54680	RELOCATION OF TESTIS(ES)	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54690	LAPAROSCOPY ORCHIECTOMY	Y	-	1/1/2020	Fee Schedule	\$2,194.07
54692	LAPAROSCOPY ORCHIOPEXY	Y	-	1/1/2020	Fee Schedule	\$2,194.07
54700	DRAINAGE OF SCROTUM	Y	-	1/1/2020	Fee Schedule	\$789.71
54800	BIOPSY OF EPIDIDYMIS	Y	-	1/1/2020	Fee Schedule	\$576.39
54830	REMOVE EPIDIDYMIS LESION	Y	-	1/1/2020	Fee Schedule	\$789.71
54840	REMOVE EPIDIDYMIS LESION	Y	-	1/1/2020	Fee Schedule	\$789.71
54860	REMOVAL OF EPIDIDYMIS	Y	-	1/1/2020	Fee Schedule	\$789.71
54861	REMOVAL OF EPIDIDYMIS	Y	-	1/1/2020	Fee Schedule	\$1,376.97

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
54865	EXPLORE EPIDIDYMIS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
54900	FUSION OF SPERMATIC DUCTS	Y	-	1/1/2020	Fee Schedule	\$789.71
54901	FUSION OF SPERMATIC DUCTS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55000	DRAINAGE OF HYDROCELE	Y	-	1/1/2020	Fee Schedule	\$64.24
55040	REMOVAL OF HYDROCELE	Y	-	1/1/2020	Fee Schedule	\$1,377.21
55041	REMOVAL OF HYDROCELES	Y	-	1/1/2020	Fee Schedule	\$1,377.21
55060	REPAIR OF HYDROCELE	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55100	DRAINAGE OF SCROTUM ABSCESS	Y	-	1/1/2020	Fee Schedule	\$576.39
55110	EXPLORE SCROTUM	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55120	REMOVAL OF SCROTUM LESION	Y	-	1/1/2020	Fee Schedule	\$789.71
55150	REMOVAL OF SCROTUM	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55175	REVISION OF SCROTUM	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55180	REVISION OF SCROTUM	Y	-	1/1/2020	Fee Schedule	\$1,976.27
55200	INCISION OF SPERM DUCT	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55250	REMOVAL OF SPERM DUCT(S)	Y	-	1/1/2020	Fee Schedule	\$789.71
55300	PREPARE SPERM DUCT X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
55400	REPAIR OF SPERM DUCT	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55500	REMOVAL OF HYDROCELE	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55520	REMOVAL OF SPERM CORD LESION	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55530	REVISE SPERMATIC CORD VEINS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55535	REVISE SPERMATIC CORD VEINS	Y	-	1/1/2020	Fee Schedule	\$1,377.21
55540	REVISE HERNIA & SPERM VEINS	Y	-	1/1/2020	Fee Schedule	\$1,377.21
55550	LAPARO LIGATE SPERMATIC VEIN	Y	-	1/1/2020	Fee Schedule	\$2,194.07
55600	INCISE SPERM DUCT POUCH	Y	-	1/1/2020	Fee Schedule	\$789.71
55680	REMOVE SPERM POUCH LESION	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55700	BIOPSY OF PROSTATE	Y	-	1/1/2020	Fee Schedule	\$789.71
55705	BIOPSY OF PROSTATE	Y	-	1/1/2020	Fee Schedule	\$789.71
55706	PROSTATE SATURATION SAMPLING	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55720	DRAINAGE OF PROSTATE ABSCESS	Y	-	1/1/2020	Fee Schedule	\$789.71
55725	DRAINAGE OF PROSTATE ABSCESS	Y	-	1/1/2020	Fee Schedule	\$1,376.97
55860	SURGICAL EXPOSURE PROSTATE	Y	-	1/1/2020	Fee Schedule	\$1,976.27
55870	ELECTROEJACULATION	-	-	7/1/2018	Not Allowed	\$0.00
55873	CRYOABLATE PROSTATE	Y	-	1/1/2020	Fee Schedule	\$6,194.61
55874	TPRNL PLMT BIODEGRDABL MATRL	Y	-	1/1/2020	Fee Schedule	\$1,976.27
55875	TRANSPERI NEEDLE PLACE PROS	-	-	1/1/2020	Fee Schedule	\$1,976.27
55876	PLACE RT DEVICE/MARKER PROS	-	-	1/1/2020	Fee Schedule	\$81.20
55920	PLACE NEEDLES PELVIC FOR RT	Y	-	1/1/2020	Fee Schedule	\$1,816.36
56405	I & D OF VULVA/PERINEUM	Y	-	1/1/2020	Fee Schedule	\$70.01
56420	DRAINAGE OF GLAND ABSCESS	Y	-	1/1/2020	Fee Schedule	\$83.90
56440	SURGERY FOR VULVA LESION	Y	-	1/1/2020	Fee Schedule	\$1,235.31
56441	LYSIS OF LABIAL LESION(S)	Y	-	1/1/2020	Fee Schedule	\$1,235.31
56442	HYMENOTOMY	Y	-	1/1/2020	Fee Schedule	\$1,235.31
56501	DESTROY VULVA LESIONS SIM	Y	-	1/1/2020	Fee Schedule	\$103.58
56515	DESTROY VULVA LESION/S COMPL	Y	-	1/1/2020	Fee Schedule	\$819.95
56605	BIOPSY OF VULVA/PERINEUM	Y	-	1/1/2020	Fee Schedule	\$47.64
56606	BIOPSY OF VULVA/PERINEUM	-	-	7/1/2018	No Separate Payment	\$0.00
56620	PARTIAL REMOVAL OF VULVA	Y	-	1/1/2020	Fee Schedule	\$1,235.31
56625	COMPLETE REMOVAL OF VULVA	Y	-	1/1/2020	Fee Schedule	\$1,235.31
56700	PARTIAL REMOVAL OF HYMEN	Y	-	1/1/2020	Fee Schedule	\$1,235.31
56740	REMOVE VAGINA GLAND LESION	Y	-	1/1/2020	Fee Schedule	\$1,235.31
56800	REPAIR OF VAGINA	Y	-	1/1/2020	Fee Schedule	\$1,235.31
56805	REPAIR CLITORIS	Y	-	1/1/2020	Fee Schedule	\$1,235.31
56810	REPAIR OF PERINEUM	Y	-	1/1/2020	Fee Schedule	\$1,235.31

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56820	EXAM OF VULVA W/SCOPE	Y	-	1/1/2020	Fee Schedule	\$60.99
56821	EXAM/BIOPSY OF VULVA W/SCOPE	Y	-	1/1/2020	Fee Schedule	\$79.40
57000	EXPLORATION OF VAGINA	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57010	DRAINAGE OF PELVIC ABSCESS	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57020	DRAINAGE OF PELVIC FLUID	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57022	I & D VAGINAL HEMATOMA PP	Y	-	1/1/2020	Fee Schedule	\$994.34
57023	I & D VAG HEMATOMA NON-OB	Y	-	1/1/2020	Fee Schedule	\$994.34
57061	DESTROY VAG LESIONS SIMPLE	Y	-	1/1/2020	Fee Schedule	\$91.67
57065	DESTROY VAG LESIONS COMPLEX	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57100	BIOPSY OF VAGINA	Y	-	1/1/2020	Fee Schedule	\$49.80
57105	BIOPSY OF VAGINA	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57120	CLOSURE OF VAGINA	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57130	REMOVE VAGINA LESION	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57135	REMOVE VAGINA LESION	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57150	TREAT VAGINA INFECTION	-	-	7/1/2018	No Separate Payment	\$0.00
57155	INSERT UTERI TANDEM/OVOIDS	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57156	INS VAG BRACHYTX DEVICE	Y	-	1/1/2020	Fee Schedule	\$136.79
57160	INSERT PESSARY/OTHER DEVICE	Y	-	1/1/2020	Fee Schedule	\$33.92
57170	FITTING OF DIAPHRAGM/CAP	Y	-	1/1/2020	Fee Schedule	\$35.37
57180	TREAT VAGINAL BLEEDING	Y	-	1/1/2020	Fee Schedule	\$83.90
57200	REPAIR OF VAGINA	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57210	REPAIR VAGINA/PERINEUM	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57220	REVISION OF URETHRA	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57230	REPAIR OF URETHRAL LESION	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57240	ANTERIOR COLPORRHAPHY	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57250	REPAIR RECTUM & VAGINA	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57260	CMBN ANT PST COLPRHY	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57265	CMBN AP COLPRHY W/NTRCL RPR	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57267	INSERT MESH/PELVIC FLR ADDON	-	-	7/1/2018	No Separate Payment	\$0.00
57268	REPAIR OF BOWEL BULGE	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57287	REVISE/REMOVE SLING REPAIR	-	-	1/1/2020	Fee Schedule	\$1,235.31
57288	REPAIR BLADDER DEFECT	Y	-	1/1/2020	Fee Schedule	\$2,451.77
57289	REPAIR BLADDER & VAGINA	Y	-	1/1/2020	Fee Schedule	\$2,730.33
57291	CONSTRUCTION OF VAGINA	-	-	7/1/2018	Not Allowed	\$0.00
57295	REVISE VAG GRAFT VIA VAGINA	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57300	REPAIR RECTUM-VAGINA FISTULA	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57310	REPAIR URETHROVAGINAL LESION	Y	-	1/1/2020	Fee Schedule	\$2,730.33
57320	REPAIR BLADDER-VAGINA LESION	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57400	DILATION OF VAGINA	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57410	PELVIC EXAMINATION	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57415	REMOVE VAGINAL FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57420	EXAM OF VAGINA W/SCOPE	Y	-	1/1/2020	Fee Schedule	\$63.16
57421	EXAM/BIOPSY OF VAG W/SCOPE	Y	-	1/1/2020	Fee Schedule	\$83.37
57426	REVISE PROSTH VAG GRAFT LAP	Y	-	1/1/2020	Fee Schedule	\$2,730.33
57452	EXAM OF CERVIX W/SCOPE	Y	-	1/1/2020	Fee Schedule	\$61.71
57454	BX/CURETT OF CERVIX W/SCOPE	Y	-	1/1/2020	Fee Schedule	\$72.54
57455	BIOPSY OF CERVIX W/SCOPE	Y	-	1/1/2020	Fee Schedule	\$77.23
57456	ENDOCERV CURETTAGE W/SCOPE	Y	-	1/1/2020	Fee Schedule	\$73.62
57460	BX OF CERVIX W/SCOPE LEEP	Y	-	1/1/2020	Fee Schedule	\$198.85
57461	CONZ OF CERVIX W/SCOPE LEEP	Y	-	1/1/2020	Fee Schedule	\$212.21
57500	BIOPSY OF CERVIX	Y	-	1/1/2020	Fee Schedule	\$98.16
57505	ENDOCERVICAL CURETTAGE	Y	-	1/1/2020	Fee Schedule	\$83.73
57510	CAUTERIZATION OF CERVIX	Y	-	1/1/2020	Fee Schedule	\$76.87

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57511	CRYOCAUTERY OF CERVIX	Y	-	1/1/2020	Fee Schedule	\$98.89
57513	LASER SURGERY OF CERVIX	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57520	CONIZATION OF CERVIX	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57522	CONIZATION OF CERVIX	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57530	REMOVAL OF CERVIX	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57550	REMOVAL OF RESIDUAL CERVIX	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57556	REMOVE CERVIX REPAIR BOWEL	Y	-	1/1/2020	Fee Schedule	\$1,816.36
57558	D&C OF CERVICAL STUMP	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57700	REVISION OF CERVIX	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57720	REVISION OF CERVIX	Y	-	1/1/2020	Fee Schedule	\$1,235.31
57800	DILATION OF CERVICAL CANAL	Y	-	1/1/2020	Fee Schedule	\$40.42
58100	BIOPSY OF UTERUS LINING	Y	-	1/1/2020	Fee Schedule	\$50.53
58110	BX DONE W/COLPOSCOPY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
58120	DILATION AND CURETTAGE	Y	-	1/1/2020	Fee Schedule	\$1,235.31
58145	MYOMECTOMY VAG METHOD	Y	-	1/1/2020	Fee Schedule	\$1,235.31
58260	VAGINAL HYSTERECTOMY	Y	-	1/1/2020	Fee Schedule	\$1,816.36
58262	VAG HYST INCLUDING T/O	Y	-	1/1/2020	Fee Schedule	\$1,816.36
58301	REMOVE INTRAUTERINE DEVICE	-	-	1/1/2020	Fee Schedule	\$52.33
58321	ARTIFICIAL INSEMINATION	-	-	7/1/2018	Not Allowed	\$0.00
58322	ARTIFICIAL INSEMINATION	-	-	7/1/2018	Not Allowed	\$0.00
58323	SPERM WASHING	-	-	7/1/2018	Not Allowed	\$0.00
58340	CATHETER FOR HYSTEROGRAPHY	-	-	7/1/2018	No Separate Payment	\$0.00
58345	REOPEN FALLOPIAN TUBE	-	-	7/1/2018	Not Allowed	\$0.00
58346	INSERT HEYMAN UTERI CAPSULE	Y	-	1/1/2020	Fee Schedule	\$1,816.36
58350	REOPEN FALLOPIAN TUBE	Y	-	1/1/2020	Fee Schedule	\$1,816.36
58353	ENDOMETR ABLATE THERMAL	Y	-	1/1/2020	Fee Schedule	\$1,816.36
58356	ENDOMETRIAL CRYOABLATION	Y	-	1/1/2020	Fee Schedule	\$1,610.32
58541	LSH UTERUS 250 G OR LESS	Y	-	1/1/2020	Fee Schedule	\$2,194.07
58542	LSH W/T/O UT 250 G OR LESS	Y	-	1/1/2020	Fee Schedule	\$3,588.58
58543	LSH UTERUS ABOVE 250 G	Y	-	1/1/2020	Fee Schedule	\$3,588.58
58544	LSH W/T/O UTERUS ABOVE 250 G	Y	-	1/1/2020	Fee Schedule	\$3,588.58
58545	LAPAROSCOPIC MYOMECTOMY	Y	-	1/1/2020	Fee Schedule	\$2,194.07
58546	LAPARO-MYOMECTOMY COMPLEX	Y	-	1/1/2020	Fee Schedule	\$3,588.58
58550	LAPARO-ASST VAG HYSTERECTOMY	Y	-	1/1/2020	Fee Schedule	\$2,194.07
58552	LAPARO-VAG HYST INCL T/O	Y	-	1/1/2020	Fee Schedule	\$3,588.58
58553	LAPARO-VAG HYST COMPLEX	Y	-	1/1/2020	Fee Schedule	\$3,588.58
58554	LAPARO-VAG HYST W/T/O COMPL	Y	-	1/1/2020	Fee Schedule	\$3,588.58
58555	HYSTEROSCOPY DX SEP PROC	Y	-	1/1/2020	Fee Schedule	\$1,235.31
58558	HYSTEROSCOPY BIOPSY	Y	-	1/1/2020	Fee Schedule	\$1,235.31
58559	HYSTEROSCOPY LYSIS	Y	-	1/1/2020	Fee Schedule	\$1,816.36
58560	HYSTEROSCOPY RESECT SEPTUM	Y	-	1/1/2020	Fee Schedule	\$1,816.36
58561	HYSTEROSCOPY REMOVE MYOMA	Y	-	1/1/2020	Fee Schedule	\$1,816.36
58562	HYSTEROSCOPY REMOVE FB	Y	-	1/1/2020	Fee Schedule	\$1,235.31
58563	HYSTEROSCOPY ABLATION	Y	-	1/1/2020	Fee Schedule	\$1,816.36
58565	HYSTEROSCOPY STERILIZATION	Y	-	1/1/2020	Fee Schedule	\$1,816.36
58570	TLH UTERUS 250 G OR LESS	Y	-	1/1/2020	Fee Schedule	\$3,588.58
58571	TLH W/T/O 250 G OR LESS	Y	-	1/1/2020	Fee Schedule	\$3,588.58
58572	TLH UTERUS OVER 250 G	Y	-	1/1/2020	Fee Schedule	\$3,588.58
58573	TLH W/T/O UTERUS OVER 250 G	Y	-	1/1/2020	Fee Schedule	\$3,588.58
58600	DIVISION OF FALLOPIAN TUBE	Y	-	1/1/2020	Fee Schedule	\$1,235.31
58615	OCCCLUDE FALLOPIAN TUBE(S)	Y	-	1/1/2020	Fee Schedule	\$1,235.31
58660	LAPAROSCOPY LYSIS	Y	-	1/1/2020	Fee Schedule	\$2,194.07
58661	LAPAROSCOPY REMOVE ADNEXA	Y	-	1/1/2020	Fee Schedule	\$2,194.07

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58662	LAPAROSCOPY EXCISE LESIONS	Y	-	1/1/2020	Fee Schedule	\$2,194.07
58670	LAPAROSCOPY TUBAL CAUTERY	Y	-	1/1/2020	Fee Schedule	\$2,194.07
58671	LAPAROSCOPY TUBAL BLOCK	Y	-	1/1/2020	Fee Schedule	\$2,194.07
58672	LAPAROSCOPY FIMBRIOPLASTY	Y	-	1/1/2020	Fee Schedule	\$2,194.07
58673	LAPAROSCOPY SALPINGOSTOMY	Y	-	1/1/2020	Fee Schedule	\$2,194.07
58674	LAPS ABLTJ UTERINE FIBROIDS	Y	-	1/1/2020	Fee Schedule	\$3,588.58
58800	DRAINAGE OF OVARIAN CYST(S)	Y	-	1/1/2020	Fee Schedule	\$1,235.31
58805	DRAINAGE OF OVARIAN CYST(S)	Y	-	1/1/2020	Fee Schedule	\$1,235.31
58820	DRAIN OVARY ABSCESS OPEN	Y	-	1/1/2020	Fee Schedule	\$1,235.31
58900	BIOPSY OF OVARY(S)	Y	-	1/1/2020	Fee Schedule	\$1,235.31
58970	RETRIEVAL OF OOCYTE	-	-	7/1/2018	Not Allowed	\$0.00
58974	TRANSFER OF EMBRYO	-	-	7/1/2018	Not Allowed	\$0.00
58976	TRANSFER OF EMBRYO	-	-	7/1/2018	Not Allowed	\$0.00
59000	AMNIOCENTESIS DIAGNOSTIC	Y	-	1/1/2020	Fee Schedule	\$65.68
59001	AMNIOCENTESIS THERAPEUTIC	Y	-	1/1/2020	Fee Schedule	\$136.79
59012	FETAL CORD PUNCTURE PRENATAL	Y	-	1/1/2020	Fee Schedule	\$136.79
59015	CHORION BIOPSY	Y	-	1/1/2020	Fee Schedule	\$61.71
59020	FETAL CONTRACT STRESS TEST	Y	-	1/1/2020	Fee Schedule	\$33.20
59025	FETAL NON-STRESS TEST	Y	-	1/1/2020	Fee Schedule	\$18.77
59070	TRANSABDOM AMNIOINFUS W/US	Y	-	1/1/2020	Fee Schedule	\$136.79
59072	UMBILICAL CORD OCCLUD W/US	Y	-	1/1/2020	Fee Schedule	\$191.22
59074	FETAL FLUID DRAINAGE W/US	Y	-	1/1/2020	Fee Schedule	\$136.79
59076	FETAL SHUNT PLACEMENT W/US	Y	-	1/1/2020	Fee Schedule	\$136.79
59100	REMOVE UTERUS LESION	Y	-	1/1/2020	Fee Schedule	\$1,816.36
59150	TREAT ECTOPIC PREGNANCY	Y	-	1/1/2020	Fee Schedule	\$2,194.07
59151	TREAT ECTOPIC PREGNANCY	Y	-	1/1/2020	Fee Schedule	\$2,194.07
59160	D & C AFTER DELIVERY	Y	-	1/1/2020	Fee Schedule	\$1,235.31
59200	INSERT CERVICAL DILATOR	Y	-	1/1/2020	Fee Schedule	\$56.30
59300	EPISIOTOMY OR VAGINAL REPAIR	Y	-	1/1/2020	Fee Schedule	\$111.88
59320	REVISION OF CERVIX	Y	-	1/1/2020	Fee Schedule	\$1,235.31
59412	ANTEPARTUM MANIPULATION	Y	-	1/1/2020	Fee Schedule	\$1,235.31
59414	DELIVER PLACENTA	Y	-	1/1/2020	Fee Schedule	\$1,235.31
59812	TREATMENT OF MISCARRIAGE	Y	-	1/1/2020	Fee Schedule	\$1,235.31
59820	CARE OF MISCARRIAGE	Y	-	1/1/2020	Fee Schedule	\$1,235.31
59821	TREATMENT OF MISCARRIAGE	Y	-	1/1/2020	Fee Schedule	\$1,235.31
59840	ABORTION	Y	-	1/1/2020	Fee Schedule	\$1,235.31
59841	ABORTION	Y	-	1/1/2020	Fee Schedule	\$1,235.31
59866	ABORTION (MPR)	Y	-	1/1/2020	Fee Schedule	\$136.79
59870	EVACUATE MOLE OF UTERUS	Y	-	1/1/2020	Fee Schedule	\$1,235.31
59871	REMOVE CERCLAGE SUTURE	-	-	1/1/2020	Fee Schedule	\$1,235.31
60000	DRAIN THYROID/TONGUE CYST	Y	-	1/1/2020	Fee Schedule	\$536.60
60100	BIOPSY OF THYROID	Y	-	1/1/2020	Fee Schedule	\$53.77
60200	REMOVE THYROID LESION	Y	-	1/1/2020	Fee Schedule	\$2,194.07
60210	PARTIAL THYROID EXCISION	Y	-	1/1/2020	Fee Schedule	\$2,194.07
60212	PARTIAL THYROID EXCISION	Y	-	1/1/2020	Fee Schedule	\$2,194.07
60220	PARTIAL REMOVAL OF THYROID	Y	-	1/1/2020	Fee Schedule	\$2,194.07
60225	PARTIAL REMOVAL OF THYROID	Y	-	1/1/2020	Fee Schedule	\$2,194.07
60240	REMOVAL OF THYROID	Y	-	1/1/2020	Fee Schedule	\$2,194.07
60280	REMOVE THYROID DUCT LESION	Y	-	1/1/2020	Fee Schedule	\$2,194.07
60281	REMOVE THYROID DUCT LESION	Y	-	1/1/2020	Fee Schedule	\$2,194.07
60300	ASPIR/INJ THYROID CYST	Y	-	1/1/2020	Fee Schedule	\$78.68
60500	EXPLORE PARATHYROID GLANDS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
61000	REMOVE CRANIAL CAVITY FLUID	Y	-	1/1/2020	Fee Schedule	\$315.83

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
61001	REMOVE CRANIAL CAVITY FLUID	Y	-	1/1/2020	Fee Schedule	\$315.83
61020	REMOVE BRAIN CAVITY FLUID	Y	-	1/1/2020	Fee Schedule	\$410.32
61026	INJECTION INTO BRAIN CANAL	Y	-	1/1/2020	Fee Schedule	\$315.83
61050	REMOVE BRAIN CANAL FLUID	Y	-	1/1/2020	Fee Schedule	\$132.27
61055	INJECTION INTO BRAIN CANAL	Y	-	1/1/2020	Fee Schedule	\$132.27
61070	BRAIN CANAL SHUNT PROCEDURE	Y	-	1/1/2020	Fee Schedule	\$315.83
61215	INSERT BRAIN-FLUID DEVICE	Y	-	1/1/2020	Fee Schedule	\$2,170.24
61330	DECOMPRESS EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$1,055.06
61770	INCISE SKULL FOR TREATMENT	Y	-	1/1/2020	Fee Schedule	\$2,170.24
61781	SCAN PROC CRANIAL INTRA	-	-	7/1/2018	No Separate Payment	\$0.00
61782	SCAN PROC CRANIAL EXTRA	-	-	7/1/2018	No Separate Payment	\$0.00
61783	SCAN PROC SPINAL	-	-	7/1/2018	No Separate Payment	\$0.00
61790	TREAT TRIGEMINAL NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
61791	TREAT TRIGEMINAL TRACT	Y	-	1/1/2020	Fee Schedule	\$796.79
61880	REVISE/REMOVE NEUROELECTRODE	-	-	1/1/2020	Fee Schedule	\$1,845.95
61885	INSRT/REDO NEUROSTIM 1 ARRAY	-	-	1/1/2020	Fee Schedule	\$17,307.68
61886	IMPLANT NEUROSTIM ARRAYS	-	-	1/1/2020	Fee Schedule	\$23,562.06
61888	REVISE/REMOVE NEURORECEIVER	-	-	1/1/2020	Fee Schedule	\$4,478.72
62160	NEUROENDOSCOPY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
62194	REPLACE/IRRIGATE CATHETER	Y	-	1/1/2020	Fee Schedule	\$796.79
62225	REPLACE/IRRIGATE CATHETER	Y	-	1/1/2020	Fee Schedule	\$2,170.24
62230	REPLACE/REVISE BRAIN SHUNT	Y	-	1/1/2020	Fee Schedule	\$2,170.24
62252	CSF SHUNT REPROGRAM	-	-	1/1/2020	Fee Schedule	\$35.01
62263	EPIDURAL LYSIS MULT SESSIONS	Y	-	1/1/2020	Fee Schedule	\$410.32
62264	EPIDURAL LYSIS ON SINGLE DAY	Y	-	1/1/2020	Fee Schedule	\$410.32
62267	INTERDISCAL PERQ ASPIR DX	Y	-	1/1/2020	Fee Schedule	\$308.23
62268	DRAIN SPINAL CORD CYST	Y	-	1/1/2020	Fee Schedule	\$410.32
62269	NEEDLE BIOPSY SPINAL CORD	Y	-	1/1/2020	Fee Schedule	\$576.39
62270	DX LMBR SPI PNXR	Y	-	1/1/2020	Fee Schedule	\$315.83
62272	THER SPI PNXR DRG CSF	Y	-	1/1/2020	Fee Schedule	\$315.83
62273	INJECT EPIDURAL PATCH	Y	-	1/1/2020	Fee Schedule	\$315.83
62280	TREAT SPINAL CORD LESION	Y	-	1/1/2020	Fee Schedule	\$410.32
62281	TREAT SPINAL CORD LESION	Y	-	1/1/2020	Fee Schedule	\$410.32
62282	TREAT SPINAL CANAL LESION	Y	-	1/1/2020	Fee Schedule	\$410.32
62284	INJECTION FOR MYELOGRAM	-	-	7/1/2018	No Separate Payment	\$0.00
62287	PERCUTANEOUS DISKECTOMY	Y	-	1/1/2020	Fee Schedule	\$796.79
62290	NJX PX DISCOGRAPHY LUMBAR	-	-	7/1/2018	No Separate Payment	\$0.00
62291	NJX PX DISCOGRAPHY CRV/THRC	-	-	7/1/2018	No Separate Payment	\$0.00
62292	NJX CHEMONUCLEOLYSIS LMBR	Y	-	1/1/2020	Fee Schedule	\$796.79
62294	INJECTION INTO SPINAL ARTERY	Y	-	1/1/2020	Fee Schedule	\$410.32
62302	MYELOGRAPHY LUMBAR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
62303	MYELOGRAPHY LUMBAR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
62304	MYELOGRAPHY LUMBAR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
62305	MYELOGRAPHY LUMBAR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
62320	NJX INTERLAMINAR CRV/THRC	Y	-	1/1/2020	Fee Schedule	\$315.83
62321	NJX INTERLAMINAR CRV/THRC	Y	-	1/1/2020	Fee Schedule	\$315.83
62322	NJX INTERLAMINAR LMBR/SAC	Y	-	1/1/2020	Fee Schedule	\$315.83
62323	NJX INTERLAMINAR LMBR/SAC	Y	-	1/1/2020	Fee Schedule	\$315.83
62324	NJX INTERLAMINAR CRV/THRC	Y	-	1/1/2020	Fee Schedule	\$410.32
62325	NJX INTERLAMINAR CRV/THRC	Y	-	1/1/2020	Fee Schedule	\$410.32
62326	NJX INTERLAMINAR LMBR/SAC	Y	-	1/1/2020	Fee Schedule	\$410.32
62327	NJX INTERLAMINAR LMBR/SAC	Y	-	1/1/2020	Fee Schedule	\$410.32
62328	DX LMBR SPI PNXR W/FLUOR/CT	Y	-	1/1/2020	Fee Schedule	\$315.83

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
62329	THER SPI PNXR CSF FLUOR/CT	Y	-	1/1/2020	Fee Schedule	\$315.83
62350	IMPLANT SPINAL CANAL CATH	Y	-	1/1/2020	Fee Schedule	\$2,897.99
62355	REMOVE SPINAL CANAL CATHETER	-	-	1/1/2020	Fee Schedule	\$796.79
62360	INSERT SPINE INFUSION DEVICE	Y	-	1/1/2020	Fee Schedule	\$13,824.96
62361	IMPLANT SPINE INFUSION PUMP	Y	-	1/1/2020	Fee Schedule	\$14,241.99
62362	IMPLANT SPINE INFUSION PUMP	Y	-	1/1/2020	Fee Schedule	\$13,667.72
62365	REMOVE SPINE INFUSION DEVICE	-	-	1/1/2020	Fee Schedule	\$2,170.24
62367	ANALYZE SPINE INFUS PUMP	-	-	1/1/2020	Fee Schedule	\$13.71
62368	ANALYZE SP INF PUMP W/REPROG	-	-	1/1/2020	Fee Schedule	\$19.13
62369	ANAL SP INF PMP W/REPRG&FILL	-	-	1/1/2020	Fee Schedule	\$71.10
62370	ANL SP INF PMP W/MDREPRG&FIL	-	-	1/1/2020	Fee Schedule	\$66.40
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	Y	-	1/1/2020	Fee Schedule	\$2,803.36
63001	REMOVE SPINE LAMINA 1/2 CRVL	Y	-	1/1/2020	Fee Schedule	\$2,803.36
63003	REMOVE SPINE LAMINA 1/2 THRC	Y	-	1/1/2020	Fee Schedule	\$2,803.36
63005	REMOVE SPINE LAMINA 1/2 LMBR	Y	-	1/1/2020	Fee Schedule	\$2,803.36
63020	NECK SPINE DISK SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
63030	LOW BACK DISK SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,803.36
63042	LAMINOTOMY SINGLE LUMBAR	Y	-	1/1/2020	Fee Schedule	\$2,803.36
63044	LAMINOTOMY ADDL LUMBAR	-	-	7/1/2018	No Separate Payment	\$0.00
63045	REMOVE SPINE LAMINA 1 CRVL	Y	-	1/1/2020	Fee Schedule	\$2,803.36
63046	REMOVE SPINE LAMINA 1 THRC	Y	-	1/1/2020	Fee Schedule	\$2,803.36
63047	REMOVE SPINE LAMINA 1 LMBR	Y	-	1/1/2020	Fee Schedule	\$2,803.36
63055	DECOMPRESS SPINAL CORD THRC	Y	-	1/1/2020	Fee Schedule	\$2,803.36
63056	DECOMPRESS SPINAL CORD LMBR	Y	-	1/1/2020	Fee Schedule	\$2,803.36
63600	REMOVE SPINAL CORD LESION	Y	-	1/1/2020	Fee Schedule	\$796.79
63610	STIMULATION OF SPINAL CORD	Y	-	1/1/2020	Fee Schedule	\$1,177.57
63650	IMPLANT NEUROELECTRODES	-	-	1/1/2020	Fee Schedule	\$4,514.86
63655	IMPLANT NEUROELECTRODES	-	-	1/1/2020	Fee Schedule	\$15,943.63
63661	REMOVE SPINE ELTRD PERQ ARAY	-	-	1/1/2020	Fee Schedule	\$796.79
63662	REMOVE SPINE ELTRD PLATE	-	-	1/1/2020	Fee Schedule	\$1,845.95
63663	REVISE SPINE ELTRD PERQ ARAY	-	-	1/1/2020	Fee Schedule	\$4,413.49
63664	REVISE SPINE ELTRD PLATE	-	-	1/1/2020	Fee Schedule	\$14,523.52
63685	INSRT/REDO SPINE N GENERATOR	-	-	1/1/2020	Fee Schedule	\$23,468.24
63688	REVISE/REMOVE NEURORECEIVER	-	-	1/1/2020	Fee Schedule	\$1,845.95
63744	REVISION OF SPINAL SHUNT	Y	-	1/1/2020	Fee Schedule	\$2,170.24
63746	REMOVAL OF SPINAL SHUNT	-	-	1/1/2020	Fee Schedule	\$796.79
64400	NJX AA&/STRD TRIGEMINAL NRV	Y	-	1/1/2020	Fee Schedule	\$76.51
64405	NJX AA&/STRD GR OCPL NRV	Y	-	1/1/2020	Fee Schedule	\$33.20
64408	NJX AA&/STRD VAGUS NRV	Y	-	1/1/2020	Fee Schedule	\$40.78
64415	NJX AA&/STRD BRACH PLEXUS	Y	-	1/1/2020	Fee Schedule	\$410.32
64416	NJX AA&/STRD BRACH PLEX NFS	Y	-	1/1/2020	Fee Schedule	\$410.32
64417	NJX AA&/STRD AXILLARY NRV	Y	-	1/1/2020	Fee Schedule	\$410.32
64418	NJX AA&/STRD SPRSCAP NRV	Y	-	1/1/2020	Fee Schedule	\$43.31
64420	NJX AA&/STRD NTRCOST NRV 1	Y	-	1/1/2020	Fee Schedule	\$315.83
64421	NJX AA&/STRD NTRCOST NRV EA	Y	-	1/1/2020	Fee Schedule	\$410.32
64425	NJX AA&/STRD II IH NERVES	Y	-	1/1/2020	Fee Schedule	\$75.07
64430	NJX AA&/STRD PUDENDAL NERVE	Y	-	1/1/2020	Fee Schedule	\$410.32
64435	NJX AA&/STRD PARACRV NRV	Y	-	1/1/2020	Fee Schedule	\$44.39
64445	NJX AA&/STRD SCIATIC NERVE	Y	-	1/1/2020	Fee Schedule	\$89.50
64446	NJX AA&/STRD SCIATIC NRV NFS	Y	-	1/1/2020	Fee Schedule	\$410.32
64447	NJX AA&/STRD FEMORAL NERVE	Y	-	1/1/2020	Fee Schedule	\$48.36
64448	NJX AA&/STRD FEM NERVE NFS	Y	-	1/1/2020	Fee Schedule	\$410.32
64449	NJX AA&/STRD LMBR PLEX NFS	Y	-	1/1/2020	Fee Schedule	\$410.32

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
64450	NJX AA&/STRD OTHER PN/BRANCH	Y	-	1/1/2020	Fee Schedule	\$48.36
64451	NJX AA&/STRD NRV NRVGT SIJT	Y	-	1/1/2020	Fee Schedule	\$315.83
64454	NJX AA&/STRD GNCLR NRV BRNCH	Y	-	1/1/2020	Fee Schedule	\$158.07
64455	N BLOCK INJ PLANTAR DIGIT	Y	-	1/1/2020	Fee Schedule	\$20.57
64461	PVB THORACIC SINGLE INJ SITE	Y	-	1/1/2020	Fee Schedule	\$315.83
64462	PVB THORACIC 2ND+ INJ SITE	-	-	7/1/2018	No Separate Payment	\$0.00
64463	PVB THORACIC CONT INFUSION	Y	-	1/1/2020	Fee Schedule	\$315.83
64479	INJ FORAMEN EPIDURAL C/T	Y	-	1/1/2020	Fee Schedule	\$410.32
64480	INJ FORAMEN EPIDURAL ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64483	INJ FORAMEN EPIDURAL L/S	Y	-	1/1/2020	Fee Schedule	\$410.32
64484	INJ FORAMEN EPIDURAL ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64486	TAP BLOCK UNIL BY INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
64487	TAP BLOCK UNI BY INFUSION	-	-	7/1/2018	No Separate Payment	\$0.00
64488	TAP BLOCK BI INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
64489	TAP BLOCK BI BY INFUSION	-	-	7/1/2018	No Separate Payment	\$0.00
64490	INJ PARAVERT F JNT C/T 1 LEV	Y	-	1/1/2020	Fee Schedule	\$410.32
64491	INJ PARAVERT F JNT C/T 2 LEV	-	-	7/1/2018	No Separate Payment	\$0.00
64492	INJ PARAVERT F JNT C/T 3 LEV	-	-	7/1/2018	No Separate Payment	\$0.00
64493	INJ PARAVERT F JNT L/S 1 LEV	Y	-	1/1/2020	Fee Schedule	\$410.32
64494	INJ PARAVERT F JNT L/S 2 LEV	-	-	7/1/2018	No Separate Payment	\$0.00
64495	INJ PARAVERT F JNT L/S 3 LEV	-	-	7/1/2018	No Separate Payment	\$0.00
64505	N BLOCK SPENOPALATINE GANGL	Y	-	1/1/2020	Fee Schedule	\$71.46
64510	N BLOCK STELLATE GANGLION	Y	-	1/1/2020	Fee Schedule	\$410.32
64517	N BLOCK INJ HYPOGAS PLXS	Y	-	1/1/2020	Fee Schedule	\$410.32
64520	N BLOCK LUMBAR/THORACIC	Y	-	1/1/2020	Fee Schedule	\$410.32
64530	N BLOCK INJ CELIAC PELUS	Y	-	1/1/2020	Fee Schedule	\$410.32
64553	IMPLANT NEUROELECTRODES	-	-	1/1/2020	Fee Schedule	\$5,163.00
64555	IMPLANT NEUROELECTRODES	-	-	1/1/2020	Fee Schedule	\$4,686.15
64561	IMPLANT NEUROELECTRODES	-	-	1/1/2020	Fee Schedule	\$4,683.79
64566	NEUROELTRD STIM POST TIBIAL	Y	-	1/1/2020	Fee Schedule	\$104.66
64568	INC FOR VAGUS N ELECT IMPL	-	-	1/1/2020	Fee Schedule	\$23,947.36
64569	REVISE/REPL VAGUS N ELTRD	-	-	1/1/2020	Fee Schedule	\$5,465.32
64570	REMOVE VAGUS N ELTRD	-	-	1/1/2020	Fee Schedule	\$2,170.24
64575	IMPLANT NEUROELECTRODES	-	-	1/1/2020	Fee Schedule	\$15,672.48
64580	IMPLANT NEUROELECTRODES	-	-	1/1/2020	Fee Schedule	\$17,039.28
64581	IMPLANT NEUROELECTRODES	-	-	1/1/2020	Fee Schedule	\$4,844.21
64585	REVISE/REMOVE NEUROELECTRODE	-	-	1/1/2020	Fee Schedule	\$1,845.95
64590	INSRT/REDO PN/GASTR STIMUL	-	-	1/1/2020	Fee Schedule	\$17,292.97
64595	REVISE/RMV PN/GASTR STIMUL	-	-	1/1/2020	Fee Schedule	\$1,845.95
64600	INJECTION TREATMENT OF NERVE	Y	-	1/1/2020	Fee Schedule	\$410.32
64605	INJECTION TREATMENT OF NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64610	INJECTION TREATMENT OF NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64611	CHEMODENERV SALIV GLANDS	Y	-	1/1/2020	Fee Schedule	\$75.43
64612	DESTROY NERVE FACE MUSCLE	Y	-	1/1/2020	Fee Schedule	\$77.23
64615	CHEMODENERV MUSC MIGRAINE	Y	-	1/1/2020	Fee Schedule	\$68.21
64616	CHEMODENERV MUSC NECK DYSTON	Y	-	1/1/2020	Fee Schedule	\$65.32
64617	CHEMODENERV MUSC LARYNX EMG	Y	-	1/1/2020	Fee Schedule	\$88.78
64620	INJECTION TREATMENT OF NERVE	Y	-	1/1/2020	Fee Schedule	\$410.32
64624	DSTRJ NULYT AGT GNCLR NRV	Y	-	1/1/2020	Fee Schedule	\$318.67
64625	RF ABLTJ NRV NRVGT SIJT	Y	-	1/1/2020	Fee Schedule	\$796.79
64630	INJECTION TREATMENT OF NERVE	Y	-	1/1/2020	Fee Schedule	\$410.32
64632	N BLOCK INJ COMMON DIGIT	Y	-	1/1/2020	Fee Schedule	\$42.59
64633	DESTROY CERV/THOR FACET JNT	Y	-	1/1/2020	Fee Schedule	\$796.79

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64634	DESTROY C/TH FACET JNT ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
64635	DESTROY LUMB/SAC FACET JNT	Y	-	1/1/2020	Fee Schedule	\$796.79
64636	DESTROY L/S FACET JNT ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
64640	INJECTION TREATMENT OF NERVE	Y	-	1/1/2020	Fee Schedule	\$176.48
64642	CHEMODENERV 1 EXTREMITY 1-4	Y	-	1/1/2020	Fee Schedule	\$79.04
64643	CHEMODENERV 1 EXTREM 1-4 EA	-	-	7/1/2018	No Separate Payment	\$0.00
64644	CHEMODENERV 1 EXTREM 5/> MUS	Y	-	1/1/2020	Fee Schedule	\$97.44
64645	CHEMODENERV 1 EXTREM 5/> EA	-	-	7/1/2018	No Separate Payment	\$0.00
64646	CHEMODENERV TRUNK MUSC 1-5	Y	-	1/1/2020	Fee Schedule	\$79.40
64647	CHEMODENERV TRUNK MUSC 6/>	Y	-	1/1/2020	Fee Schedule	\$87.34
64650	CHEMODENERV ECCRINE GLANDS	Y	-	1/1/2020	Fee Schedule	\$53.77
64653	CHEMODENERV ECCRINE GLANDS	Y	-	1/1/2020	Fee Schedule	\$62.07
64680	INJECTION TREATMENT OF NERVE	Y	-	1/1/2020	Fee Schedule	\$410.32
64681	INJECTION TREATMENT OF NERVE	Y	-	1/1/2020	Fee Schedule	\$410.32
64702	REVISE FINGER/TOE NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64704	REVISE HAND/FOOT NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64708	REVISE ARM/LEG NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64712	REVISION OF SCIATIC NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64713	REVISION OF ARM NERVE(S)	Y	-	1/1/2020	Fee Schedule	\$796.79
64714	REVISION OF LOW BACK NERVE(S)	Y	-	1/1/2020	Fee Schedule	\$796.79
64716	REVISION OF CRANIAL NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64718	REVISION OF ULNAR NERVE AT ELBOW	Y	-	1/1/2020	Fee Schedule	\$796.79
64719	REVISION OF ULNAR NERVE AT WRIST	Y	-	1/1/2020	Fee Schedule	\$796.79
64721	CARPAL TUNNEL SURGERY	Y	-	1/1/2020	Fee Schedule	\$796.79
64722	RELIEVE PRESSURE ON NERVE(S)	Y	-	1/1/2020	Fee Schedule	\$796.79
64726	RELEASE FOOT/TOE NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64727	INTERNAL NERVE REVISION	-	-	7/1/2018	No Separate Payment	\$0.00
64732	INCISION OF BROW NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64734	INCISION OF CHEEK NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64736	INCISION OF CHIN NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64738	INCISION OF JAW NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64740	INCISION OF TONGUE NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64742	INCISION OF FACIAL NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64744	INCISE NERVE BACK OF HEAD	Y	-	1/1/2020	Fee Schedule	\$796.79
64746	INCISE DIAPHRAGM NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64763	INCISE HIP/THIGH NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64766	INCISE HIP/THIGH NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64771	SEVER CRANIAL NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64772	INCISION OF SPINAL NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64774	REMOVE SKIN NERVE LESION	Y	-	1/1/2020	Fee Schedule	\$796.79
64776	REMOVE DIGIT NERVE LESION	Y	-	1/1/2020	Fee Schedule	\$796.79
64778	DIGIT NERVE SURGERY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64782	REMOVE LIMB NERVE LESION	Y	-	1/1/2020	Fee Schedule	\$796.79
64783	LIMB NERVE SURGERY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64784	REMOVE NERVE LESION	Y	-	1/1/2020	Fee Schedule	\$796.79
64786	REMOVE SCIATIC NERVE LESION	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64787	IMPLANT NERVE END	-	-	7/1/2018	No Separate Payment	\$0.00
64788	REMOVE SKIN NERVE LESION	Y	-	1/1/2020	Fee Schedule	\$796.79
64790	REMOVAL OF NERVE LESION	Y	-	1/1/2020	Fee Schedule	\$796.79
64792	REMOVAL OF NERVE LESION	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64795	BIOPSY OF NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64802	SYMPATHECTOMY CERVICAL	Y	-	1/1/2020	Fee Schedule	\$796.79
64820	SYMPATHECTOMY DIGITAL ARTERY	Y	-	1/1/2020	Fee Schedule	\$796.79

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
64821	REMOVE SYMPATHETIC NERVES	Y	-	1/1/2020	Fee Schedule	\$1,286.26
64822	REMOVE SYMPATHETIC NERVES	Y	-	1/1/2020	Fee Schedule	\$1,286.26
64823	SYMPATHECTOMY SUPFC PALMAR	Y	-	1/1/2020	Fee Schedule	\$1,286.26
64831	REPAIR OF DIGIT NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64832	REPAIR NERVE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64834	REPAIR OF HAND OR FOOT NERVE	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64835	REPAIR OF HAND OR FOOT NERVE	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64836	REPAIR OF HAND OR FOOT NERVE	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64837	REPAIR NERVE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64840	REPAIR OF LEG NERVE	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64856	REPAIR/TRANSPOSE NERVE	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64857	REPAIR ARM/LEG NERVE	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64858	REPAIR SCIATIC NERVE	Y	-	1/1/2020	Fee Schedule	\$796.79
64859	NERVE SURGERY	-	-	7/1/2018	No Separate Payment	\$0.00
64861	REPAIR OF ARM NERVES	Y	-	1/1/2020	Fee Schedule	\$796.79
64862	REPAIR OF LOW BACK NERVES	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64864	REPAIR OF FACIAL NERVE	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64865	REPAIR OF FACIAL NERVE	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64872	SUBSEQUENT REPAIR OF NERVE	-	-	7/1/2018	No Separate Payment	\$0.00
64874	REPAIR & REVISE NERVE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64876	REPAIR NERVE/SHORTEN BONE	-	-	7/1/2018	No Separate Payment	\$0.00
64885	NERVE GRAFT HEAD/NECK <4 CM	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64886	NERVE GRAFT HEAD/NECK >4 CM	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64890	NERVE GRAFT HAND/FOOT <4 CM	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64891	NERVE GRAFT HAND/FOOT >4 CM	Y	-	1/1/2020	Fee Schedule	\$2,828.93
64892	NERVE GRAFT ARM/LEG <4 CM	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64893	NERVE GRAFT ARM/LEG >4 CM	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64895	NERVE GRAFT HAND/FOOT <4 CM	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64896	NERVE GRAFT HAND/FOOT >4 CM	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64897	NERVE GRAFT ARM/LEG <4 CM	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64898	NERVE GRAFT ARM/LEG >4 CM	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64901	NERVE GRAFT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64902	NERVE GRAFT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64905	NERVE PEDICLE TRANSFER	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64907	NERVE PEDICLE TRANSFER	Y	-	1/1/2020	Fee Schedule	\$2,170.24
64910	NERVE REPAIR W/ALLOGRAFT	Y	-	1/1/2020	Fee Schedule	\$3,132.78
64912	NRV RPR W/NRV ALGRFT 1ST	Y	-	1/1/2020	Fee Schedule	\$3,421.97
64913	NRV RPR W/NRV ALGRFT EA ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
65091	REVISE EYE	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65093	REVISE EYE WITH IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65101	REMOVAL OF EYE	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65103	REMOVE EYE/INSERT IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65105	REMOVE EYE/ATTACH IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65110	REMOVAL OF EYE	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65112	REMOVE EYE/REVISE SOCKET	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65114	REMOVE EYE/REVISE SOCKET	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65125	REVISE OCULAR IMPLANT	Y	-	1/1/2020	Fee Schedule	\$836.94
65130	INSERT OCULAR IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65135	INSERT OCULAR IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65140	ATTACH OCULAR IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65150	REVISE OCULAR IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65155	REINSERT OCULAR IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65175	REMOVAL OF OCULAR IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
65205	REMOVE FOREIGN BODY FROM EYE	-	-	7/1/2018	No Separate Payment	\$0.00
65210	REMOVE FOREIGN BODY FROM EYE	-	-	7/1/2018	No Separate Payment	\$0.00
65220	REMOVE FOREIGN BODY FROM EYE	-	-	7/1/2018	No Separate Payment	\$0.00
65222	REMOVE FOREIGN BODY FROM EYE	-	-	7/1/2018	No Separate Payment	\$0.00
65235	REMOVE FOREIGN BODY FROM EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
65260	REMOVE FOREIGN BODY FROM EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
65265	REMOVE FOREIGN BODY FROM EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
65270	REPAIR OF EYE WOUND	Y	-	1/1/2020	Fee Schedule	\$836.94
65272	REPAIR OF EYE WOUND	Y	-	1/1/2020	Fee Schedule	\$836.94
65275	REPAIR OF EYE WOUND	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65280	REPAIR OF EYE WOUND	Y	-	1/1/2020	Fee Schedule	\$1,835.84
65285	REPAIR OF EYE WOUND	Y	-	1/1/2020	Fee Schedule	\$1,835.84
65286	REPAIR OF EYE WOUND	Y	-	1/1/2020	Fee Schedule	\$462.67
65290	REPAIR OF EYE SOCKET WOUND	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65400	REMOVAL OF EYE LESION	Y	-	1/1/2020	Fee Schedule	\$407.75
65410	BIOPSY OF CORNEA	Y	-	1/1/2020	Fee Schedule	\$836.94
65420	REMOVAL OF EYE LESION	Y	-	1/1/2020	Fee Schedule	\$836.94
65426	REMOVAL OF EYE LESION	Y	-	1/1/2020	Fee Schedule	\$836.94
65430	CORNEAL SMEAR	-	-	7/1/2018	No Separate Payment	\$0.00
65435	CURETTE/TREAT CORNEA	Y	-	1/1/2020	Fee Schedule	\$48.00
65436	CURETTE/TREAT CORNEA	Y	-	1/1/2020	Fee Schedule	\$208.96
65450	TREATMENT OF CORNEAL LESION	Y	-	1/1/2020	Fee Schedule	\$136.68
65600	REVISION OF CORNEA	Y	-	1/1/2020	Fee Schedule	\$260.21
65710	CORNEAL TRANSPLANT	Y	-	1/1/2020	Fee Schedule	\$1,835.84
65730	CORNEAL TRANSPLANT	Y	-	1/1/2020	Fee Schedule	\$1,835.84
65750	CORNEAL TRANSPLANT	Y	-	1/1/2020	Fee Schedule	\$1,835.84
65755	CORNEAL TRANSPLANT	Y	-	1/1/2020	Fee Schedule	\$1,835.84
65756	CORNEAL TRNSPL ENDOTHELIAL	Y	-	1/1/2020	Fee Schedule	\$1,835.84
65757	PREP CORNEAL ENDO ALLOGRAFT	-	-	7/1/2018	No Separate Payment	\$0.00
65770	REVISE CORNEA WITH IMPLANT	Y	-	1/1/2020	Fee Schedule	\$8,885.26
65772	CORRECTION OF ASTIGMATISM	Y	-	1/1/2020	Fee Schedule	\$407.75
65775	CORRECTION OF ASTIGMATISM	Y	-	1/1/2020	Fee Schedule	\$836.94
65778	COVER EYE W/MEMBRANE	-	-	7/1/2018	No Separate Payment	\$0.00
65779	COVER EYE W/MEMBRANE SUTURE	-	-	7/1/2018	No Separate Payment	\$0.00
65780	OCULAR RECONST TRANSPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65781	OCULAR RECONST TRANSPLANT	Y	-	1/1/2020	Fee Schedule	\$1,835.84
65782	OCULAR RECONST TRANSPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
65785	IMPLTJ NTRSTRML CRNL RNG SEG	Y	-	1/1/2020	Fee Schedule	\$1,835.84
65800	DRAINAGE OF EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
65810	DRAINAGE OF EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
65815	DRAINAGE OF EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
65820	RELIEVE INNER EYE PRESSURE	Y	-	1/1/2020	Fee Schedule	\$1,835.84
65850	INCISION OF EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
65855	TRABECULOPLASTY LASER SURG	Y	-	1/1/2020	Fee Schedule	\$135.70
65860	INCISE INNER EYE ADHESIONS	Y	-	1/1/2020	Fee Schedule	\$177.20
65865	INCISE INNER EYE ADHESIONS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
65870	INCISE INNER EYE ADHESIONS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
65875	INCISE INNER EYE ADHESIONS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
65880	INCISE INNER EYE ADHESIONS	Y	-	1/1/2020	Fee Schedule	\$1,835.84
65900	REMOVE EYE LESION	Y	-	1/1/2020	Fee Schedule	\$1,012.72
65920	REMOVE IMPLANT OF EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
65930	REMOVE BLOOD CLOT FROM EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66020	INJECTION TREATMENT OF EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
66030	INJECTION TREATMENT OF EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66130	REMOVE EYE LESION	Y	-	1/1/2020	Fee Schedule	\$836.94
66150	GLAUCOMA SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,835.84
66155	GLAUCOMA SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,835.84
66160	GLAUCOMA SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66170	GLAUCOMA SURGERY	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66172	INCISION OF EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66174	TRANSLUM DIL EYE CANAL	Y	-	1/1/2020	Fee Schedule	\$1,835.84
66175	TRNSLUM DIL EYE CANAL W/STNT	Y	-	1/1/2020	Fee Schedule	\$1,835.84
66179	AQUEOUS SHUNT EYE W/O GRAFT	Y	-	1/1/2020	Fee Schedule	\$1,835.84
66180	AQUEOUS SHUNT EYE W/GRAFT	Y	-	1/1/2020	Fee Schedule	\$2,462.24
66183	INSERT ANT DRAINAGE DEVICE	Y	-	1/1/2020	Fee Schedule	\$2,592.01
66184	REVISION OF AQUEOUS SHUNT	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66185	REVISE AQUEOUS SHUNT EYE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66225	REPAIR/GRAFT EYE LESION	Y	-	1/1/2020	Fee Schedule	\$1,835.84
66250	FOLLOW-UP SURGERY OF EYE	Y	-	1/1/2020	Fee Schedule	\$836.94
66500	INCISION OF IRIS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66505	INCISION OF IRIS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66600	REMOVE IRIS AND LESION	Y	-	1/1/2020	Fee Schedule	\$1,835.84
66605	REMOVAL OF IRIS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66625	REMOVAL OF IRIS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66630	REMOVAL OF IRIS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66635	REMOVAL OF IRIS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66680	REPAIR IRIS & CILIARY BODY	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66682	REPAIR IRIS & CILIARY BODY	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66700	DESTRUCTION CILIARY BODY	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66710	CILIARY TRANSSLERAL THERAPY	Y	-	1/1/2020	Fee Schedule	\$836.94
66711	ECP CILIARY BODY DESTRUCTION	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66720	DESTRUCTION CILIARY BODY	Y	-	1/1/2020	Fee Schedule	\$836.94
66740	DESTRUCTION CILIARY BODY	Y	-	1/1/2020	Fee Schedule	\$836.94
66761	REVISION OF IRIS	Y	-	1/1/2020	Fee Schedule	\$189.83
66762	REVISION OF IRIS	Y	-	1/1/2020	Fee Schedule	\$256.14
66770	REMOVAL OF INNER EYE LESION	Y	-	1/1/2020	Fee Schedule	\$256.14
66820	INCISION SECONDARY CATARACT	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66821	AFTER CATARACT LASER SURGERY	Y	-	1/1/2020	Fee Schedule	\$256.14
66825	REPOSITION INTRAOCULAR LENS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66830	REMOVAL OF LENS LESION	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66840	REMOVAL OF LENS MATERIAL	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66850	REMOVAL OF LENS MATERIAL	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66852	REMOVAL OF LENS MATERIAL	Y	-	1/1/2020	Fee Schedule	\$1,835.84
66920	EXTRACTION OF LENS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66930	EXTRACTION OF LENS	Y	-	1/1/2020	Fee Schedule	\$1,835.84
66940	EXTRACTION OF LENS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66982	XCAPSL CTRC RMVL CPLX WO ECP	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66983	CATARACT SURG W/IOL 1 STAGE	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66984	XCAPSL CTRC RMVL W/O ECP	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66985	INSERT LENS PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66986	EXCHANGE LENS PROSTHESIS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
66987	XCAPSL CTRC RMVL CPLX W/ECP	Y	-	1/1/2020	Fee Schedule	\$2,393.04
66988	XCAPSL CTRC RMVL W/ECP	Y	-	1/1/2020	Fee Schedule	\$2,393.04
66990	OPHTHALMIC ENDOSCOPE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67005	PARTIAL REMOVAL OF EYE FLUID	Y	-	1/1/2020	Fee Schedule	\$1,012.72
67010	PARTIAL REMOVAL OF EYE FLUID	Y	-	1/1/2020	Fee Schedule	\$1,012.72

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
67015	RELEASE OF EYE FLUID	Y	-	1/1/2020	Fee Schedule	\$1,012.72
67025	REPLACE EYE FLUID	Y	-	1/1/2020	Fee Schedule	\$1,012.72
67027	IMPLANT EYE DRUG SYSTEM	Y	-	1/1/2020	Fee Schedule	\$1,629.26
67028	INJECTION EYE DRUG	-	-	1/1/2020	Fee Schedule	\$47.28
67030	INCISE INNER EYE STRANDS	Y	-	1/1/2020	Fee Schedule	\$1,012.72
67031	LASER SURGERY EYE STRANDS	Y	-	1/1/2020	Fee Schedule	\$256.14
67036	REMOVAL OF INNER EYE FLUID	Y	-	1/1/2020	Fee Schedule	\$1,835.84
67039	LASER TREATMENT OF RETINA	Y	-	1/1/2020	Fee Schedule	\$1,835.84
67040	LASER TREATMENT OF RETINA	Y	-	1/1/2020	Fee Schedule	\$1,835.84
67041	VIT FOR MACULAR PUCKER	Y	-	1/1/2020	Fee Schedule	\$1,835.84
67042	VIT FOR MACULAR HOLE	Y	-	1/1/2020	Fee Schedule	\$1,835.84
67043	VIT FOR MEMBRANE DISSECT	Y	-	1/1/2020	Fee Schedule	\$1,835.84
67101	REPAIR DETACHED RETINA CRTX	Y	-	1/1/2020	Fee Schedule	\$202.82
67105	REPAIR DETACHED RETINA PC	Y	-	1/1/2020	Fee Schedule	\$171.43
67107	REPAIR DETACHED RETINA	Y	-	1/1/2020	Fee Schedule	\$1,835.84
67108	REPAIR DETACHED RETINA	Y	-	1/1/2020	Fee Schedule	\$1,835.84
67110	REPAIR DETACHED RETINA	Y	-	1/1/2020	Fee Schedule	\$508.50
67113	REPAIR RETINAL DETACH CPLX	Y	-	1/1/2020	Fee Schedule	\$1,835.84
67115	RELEASE ENCIRCLING MATERIAL	Y	-	1/1/2020	Fee Schedule	\$1,835.84
67120	REMOVE EYE IMPLANT MATERIAL	Y	-	1/1/2020	Fee Schedule	\$1,012.72
67121	REMOVE EYE IMPLANT MATERIAL	Y	-	1/1/2020	Fee Schedule	\$1,012.72
67141	TREATMENT OF RETINA	Y	-	1/1/2020	Fee Schedule	\$136.68
67145	TREATMENT OF RETINA	Y	-	1/1/2020	Fee Schedule	\$256.14
67208	TREATMENT OF RETINAL LESION	Y	-	1/1/2020	Fee Schedule	\$136.68
67210	TREATMENT OF RETINAL LESION	Y	-	1/1/2020	Fee Schedule	\$256.14
67218	TREATMENT OF RETINAL LESION	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67220	TREATMENT OF CHOROID LESION	Y	-	1/1/2020	Fee Schedule	\$256.14
67221	OCULAR PHOTODYNAMIC THER	Y	-	1/1/2020	Fee Schedule	\$153.02
67225	EYE PHOTODYNAMIC THER ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67227	DSTRJ EXTENSIVE RETINOPATHY	Y	-	1/1/2020	Fee Schedule	\$164.57
67228	TREATMENT X10SV RETINOPATHY	Y	-	1/1/2020	Fee Schedule	\$179.00
67229	TR RETINAL LES PRETERM INF	Y	-	1/1/2020	Fee Schedule	\$256.14
67250	REINFORCE EYE WALL	Y	-	1/1/2020	Fee Schedule	\$836.94
67255	REINFORCE/GRAFT EYE WALL	Y	-	1/1/2020	Fee Schedule	\$1,012.72
67311	REVISE EYE MUSCLE	Y	-	1/1/2020	Fee Schedule	\$836.94
67312	REVISE TWO EYE MUSCLES	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67314	REVISE EYE MUSCLE	Y	-	1/1/2020	Fee Schedule	\$836.94
67316	REVISE TWO EYE MUSCLES	Y	-	1/1/2020	Fee Schedule	\$836.94
67318	REVISE EYE MUSCLE(S)	Y	-	1/1/2020	Fee Schedule	\$836.94
67320	REVISE EYE MUSCLE(S) ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67331	EYE SURGERY FOLLOW-UP ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67332	REREVISE EYE MUSCLES ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67334	REVISE EYE MUSCLE W/SUTURE	-	-	7/1/2018	No Separate Payment	\$0.00
67335	EYE SUTURE DURING SURGERY	-	-	7/1/2018	No Separate Payment	\$0.00
67340	REVISE EYE MUSCLE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67343	RELEASE EYE TISSUE	Y	-	1/1/2020	Fee Schedule	\$836.94
67345	DESTROY NERVE OF EYE MUSCLE	Y	-	1/1/2020	Fee Schedule	\$126.31
67346	BIOPSY EYE MUSCLE	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67400	EXPLORE/BIOPSY EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67405	EXPLORE/DRAIN EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$836.94
67412	EXPLORE/TREAT EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$836.94
67413	EXPLORE/TREAT EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$836.94
67414	EXPLR/DECOMPRESS EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$1,355.63

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**Montana Healthcare Programs Fee Schedule
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
67415	ASPIRATION ORBITAL CONTENTS	Y	-	1/1/2020	Fee Schedule	\$836.94
67420	EXPLORE/TREAT EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67430	EXPLORE/TREAT EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67440	EXPLORE/DRAIN EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67445	EXPLR/DECOMPRESS EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67450	EXPLORE/BIOPSY EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67500	INJECT/TREAT EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$136.68
67505	INJECT/TREAT EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$38.98
67515	INJECT/TREAT EYE SOCKET	Y	-	1/1/2020	Fee Schedule	\$36.09
67550	INSERT EYE SOCKET IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67560	REVISE EYE SOCKET IMPLANT	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67570	DECOMPRESS OPTIC NERVE	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67700	DRAINAGE OF EYELID ABSCESS	Y	-	1/1/2020	Fee Schedule	\$136.68
67710	INCISION OF EYELID	Y	-	1/1/2020	Fee Schedule	\$199.21
67715	INCISION OF EYELID FOLD	Y	-	1/1/2020	Fee Schedule	\$836.94
67800	REMOVE EYELID LESION	Y	-	1/1/2020	Fee Schedule	\$76.51
67801	REMOVE EYELID LESIONS	Y	-	1/1/2020	Fee Schedule	\$92.75
67805	REMOVE EYELID LESIONS	Y	-	1/1/2020	Fee Schedule	\$118.73
67808	REMOVE EYELID LESION(S)	Y	-	1/1/2020	Fee Schedule	\$836.94
67810	BIOPSY EYELID & LID MARGIN	Y	-	1/1/2020	Fee Schedule	\$136.68
67820	REVISE EYELASHES	-	-	7/1/2018	No Separate Payment	\$0.00
67825	REVISE EYELASHES	Y	-	1/1/2020	Fee Schedule	\$80.48
67830	REVISE EYELASHES	Y	-	1/1/2020	Fee Schedule	\$407.75
67835	REVISE EYELASHES	Y	-	1/1/2020	Fee Schedule	\$836.94
67840	REMOVE EYELID LESION	Y	-	1/1/2020	Fee Schedule	\$204.27
67850	TREAT EYELID LESION	Y	-	1/1/2020	Fee Schedule	\$153.38
67875	CLOSURE OF EYELID BY SUTURE	Y	-	1/1/2020	Fee Schedule	\$407.75
67880	REVISION OF EYELID	Y	-	1/1/2020	Fee Schedule	\$836.94
67882	REVISION OF EYELID	Y	-	1/1/2020	Fee Schedule	\$836.94
67900	REPAIR BROW DEFECT	Y	Y	1/1/2020	Fee Schedule	\$836.94
67901	REPAIR EYELID DEFECT	Y	Y	1/1/2020	Fee Schedule	\$836.94
67902	REPAIR EYELID DEFECT	Y	Y	1/1/2020	Fee Schedule	\$1,355.63
67903	REPAIR EYELID DEFECT	Y	Y	1/1/2020	Fee Schedule	\$836.94
67904	REPAIR EYELID DEFECT	Y	Y	1/1/2020	Fee Schedule	\$836.94
67906	REPAIR EYELID DEFECT	Y	Y	1/1/2020	Fee Schedule	\$1,355.63
67908	REPAIR EYELID DEFECT	Y	Y	1/1/2020	Fee Schedule	\$836.94
67909	REVISE EYELID DEFECT	Y	Y	1/1/2020	Fee Schedule	\$836.94
67911	REVISE EYELID DEFECT	Y	Y	1/1/2020	Fee Schedule	\$836.94
67912	CORRECTION EYELID W/IMPLANT	Y	-	1/1/2020	Fee Schedule	\$836.94
67914	REPAIR EYELID DEFECT	Y	Y	1/1/2020	Fee Schedule	\$836.94
67915	REPAIR EYELID DEFECT	Y	Y	1/1/2020	Fee Schedule	\$233.86
67916	REPAIR EYELID DEFECT	Y	Y	1/1/2020	Fee Schedule	\$836.94
67917	REPAIR EYELID DEFECT	Y	Y	1/1/2020	Fee Schedule	\$836.94
67921	REPAIR EYELID DEFECT	Y	Y	1/1/2020	Fee Schedule	\$836.94
67922	REPAIR EYELID DEFECT	Y	Y	1/1/2020	Fee Schedule	\$225.92
67923	REPAIR EYELID DEFECT	Y	Y	1/1/2020	Fee Schedule	\$836.94
67924	REPAIR EYELID DEFECT	Y	Y	1/1/2020	Fee Schedule	\$836.94
67930	REPAIR EYELID WOUND	Y	-	1/1/2020	Fee Schedule	\$235.30
67935	REPAIR EYELID WOUND	Y	-	1/1/2020	Fee Schedule	\$836.94
67938	REMOVE EYELID FOREIGN BODY	Y	-	1/1/2020	Fee Schedule	\$136.68
67950	REVISION OF EYELID	Y	-	1/1/2020	Fee Schedule	\$836.94
67961	REVISION OF EYELID	Y	-	1/1/2020	Fee Schedule	\$836.94
67966	REVISION OF EYELID	Y	-	1/1/2020	Fee Schedule	\$836.94

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
67971	RECONSTRUCTION OF EYELID	Y	-	1/1/2020	Fee Schedule	\$836.94
67973	RECONSTRUCTION OF EYELID	Y	-	1/1/2020	Fee Schedule	\$836.94
67974	RECONSTRUCTION OF EYELID	Y	-	1/1/2020	Fee Schedule	\$1,355.63
67975	RECONSTRUCTION OF EYELID	Y	-	1/1/2020	Fee Schedule	\$836.94
68020	INCISE/DRAIN EYELID LINING	Y	-	1/1/2020	Fee Schedule	\$68.57
68040	TREATMENT OF EYELID LESIONS	Y	-	1/1/2020	Fee Schedule	\$31.76
68100	BIOPSY OF EYELID LINING	Y	-	1/1/2020	Fee Schedule	\$129.92
68110	REMOVE EYELID LINING LESION	Y	-	1/1/2020	Fee Schedule	\$168.90
68115	REMOVE EYELID LINING LESION	Y	-	1/1/2020	Fee Schedule	\$836.94
68130	REMOVE EYELID LINING LESION	Y	-	1/1/2020	Fee Schedule	\$836.94
68135	REMOVE EYELID LINING LESION	Y	-	1/1/2020	Fee Schedule	\$88.06
68200	TREAT EYELID BY INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
68320	REVISE/GRAFT EYELID LINING	Y	-	1/1/2020	Fee Schedule	\$836.94
68325	REVISE/GRAFT EYELID LINING	Y	-	1/1/2020	Fee Schedule	\$1,355.63
68326	REVISE/GRAFT EYELID LINING	Y	-	1/1/2020	Fee Schedule	\$1,355.63
68328	REVISE/GRAFT EYELID LINING	Y	-	1/1/2020	Fee Schedule	\$836.94
68330	REVISE EYELID LINING	Y	-	1/1/2020	Fee Schedule	\$1,012.72
68335	REVISE/GRAFT EYELID LINING	Y	-	1/1/2020	Fee Schedule	\$1,355.63
68340	SEPARATE EYELID ADHESIONS	Y	-	1/1/2020	Fee Schedule	\$836.94
68360	REVISE EYELID LINING	Y	-	1/1/2020	Fee Schedule	\$1,355.63
68362	REVISE EYELID LINING	Y	-	1/1/2020	Fee Schedule	\$836.94
68371	HARVEST EYE TISSUE ALOGRAFT	Y	-	1/1/2020	Fee Schedule	\$836.94
68400	INCISE/DRAIN TEAR GLAND	Y	-	1/1/2020	Fee Schedule	\$232.06
68420	INCISE/DRAIN TEAR SAC	Y	-	1/1/2020	Fee Schedule	\$245.77
68440	INCISE TEAR DUCT OPENING	Y	-	1/1/2020	Fee Schedule	\$66.40
68500	REMOVAL OF TEAR GLAND	Y	-	1/1/2020	Fee Schedule	\$1,355.63
68505	PARTIAL REMOVAL TEAR GLAND	Y	-	1/1/2020	Fee Schedule	\$1,355.63
68510	BIOPSY OF TEAR GLAND	Y	-	1/1/2020	Fee Schedule	\$836.94
68520	REMOVAL OF TEAR SAC	Y	-	1/1/2020	Fee Schedule	\$1,355.63
68525	BIOPSY OF TEAR SAC	Y	-	1/1/2020	Fee Schedule	\$836.94
68530	CLEARANCE OF TEAR DUCT	Y	-	1/1/2020	Fee Schedule	\$136.68
68540	REMOVE TEAR GLAND LESION	Y	-	1/1/2020	Fee Schedule	\$836.94
68550	REMOVE TEAR GLAND LESION	Y	-	1/1/2020	Fee Schedule	\$1,355.63
68700	REPAIR TEAR DUCTS	Y	-	1/1/2020	Fee Schedule	\$836.94
68705	REVISE TEAR DUCT OPENING	Y	-	1/1/2020	Fee Schedule	\$136.68
68720	CREATE TEAR SAC DRAIN	Y	-	1/1/2020	Fee Schedule	\$1,355.63
68745	CREATE TEAR DUCT DRAIN	Y	-	1/1/2020	Fee Schedule	\$1,355.63
68750	CREATE TEAR DUCT DRAIN	Y	-	1/1/2020	Fee Schedule	\$1,355.63
68760	CLOSE TEAR DUCT OPENING	Y	-	1/1/2020	Fee Schedule	\$136.68
68761	CLOSE TEAR DUCT OPENING	Y	-	1/1/2020	Fee Schedule	\$97.44
68770	CLOSE TEAR SYSTEM FISTULA	Y	-	1/1/2020	Fee Schedule	\$836.94
68801	DILATE TEAR DUCT OPENING	-	-	7/1/2018	No Separate Payment	\$0.00
68810	PROBE NASOLACRIMAL DUCT	Y	-	1/1/2020	Fee Schedule	\$136.68
68811	PROBE NASOLACRIMAL DUCT	Y	-	1/1/2020	Fee Schedule	\$836.94
68815	PROBE NASOLACRIMAL DUCT	Y	-	1/1/2020	Fee Schedule	\$836.94
68816	PROBE NL DUCT W/BALLOON	Y	-	1/1/2020	Fee Schedule	\$836.94
68840	EXPLORE/IRRIGATE TEAR DUCTS	Y	-	1/1/2020	Fee Schedule	\$83.37
68850	INJECTION FOR TEAR SAC X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
69000	DRAIN EXTERNAL EAR LESION	Y	-	1/1/2020	Fee Schedule	\$130.28
69005	DRAIN EXTERNAL EAR LESION	Y	-	1/1/2020	Fee Schedule	\$133.89
69020	DRAIN OUTER EAR CANAL LESION	Y	-	1/1/2020	Fee Schedule	\$173.23
69100	BIOPSY OF EXTERNAL EAR	Y	-	1/1/2020	Fee Schedule	\$68.21
69105	BIOPSY OF EXTERNAL EAR CANAL	Y	-	1/1/2020	Fee Schedule	\$109.71

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**Montana Healthcare Programs Fee Schedule
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
69110	REMOVE EXTERNAL EAR PARTIAL	Y	-	1/1/2020	Fee Schedule	\$994.34
69120	REMOVAL OF EXTERNAL EAR	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69140	REMOVE EAR CANAL LESION(S)	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69145	REMOVE EAR CANAL LESION(S)	Y	-	1/1/2020	Fee Schedule	\$994.34
69150	EXTENSIVE EAR CANAL SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69200	CLEAR OUTER EAR CANAL	-	-	7/1/2018	No Separate Payment	\$0.00
69205	CLEAR OUTER EAR CANAL	Y	-	1/1/2020	Fee Schedule	\$576.39
69209	REMOVE IMPACTED EAR WAX UNI	-	-	7/1/2018	No Separate Payment	\$0.00
69210	REMOVE IMPACTED EAR WAX UNI	-	-	7/1/2018	No Separate Payment	\$0.00
69220	CLEAN OUT MASTOID CAVITY	-	-	7/1/2018	No Separate Payment	\$0.00
69222	CLEAN OUT MASTOID CAVITY	Y	-	1/1/2020	Fee Schedule	\$157.35
69300	REVISE EXTERNAL EAR	-	-	7/1/2018	Not Allowed	\$0.00
69310	REBUILD OUTER EAR CANAL	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69320	REBUILD OUTER EAR CANAL	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69420	INCISION OF EARDRUM	Y	-	1/1/2020	Fee Schedule	\$102.89
69421	INCISION OF EARDRUM	Y	-	1/1/2020	Fee Schedule	\$1,055.06
69424	REMOVE VENTILATING TUBE	-	-	1/1/2020	Fee Schedule	\$96.00
69433	CREATE EARDRUM OPENING	Y	-	1/1/2020	Fee Schedule	\$138.22
69436	CREATE EARDRUM OPENING	Y	-	1/1/2020	Fee Schedule	\$536.60
69440	EXPLORATION OF MIDDLE EAR	Y	-	1/1/2020	Fee Schedule	\$1,055.06
69450	EARDRUM REVISION	Y	-	1/1/2020	Fee Schedule	\$1,055.06
69501	MASTOIDECTOMY	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69502	MASTOIDECTOMY	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69505	REMOVE MASTOID STRUCTURES	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69511	EXTENSIVE MASTOID SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69530	EXTENSIVE MASTOID SURGERY	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69540	REMOVE EAR LESION	Y	-	1/1/2020	Fee Schedule	\$158.79
69550	REMOVE EAR LESION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69552	REMOVE EAR LESION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69601	MASTOID SURGERY REVISION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69602	MASTOID SURGERY REVISION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69603	MASTOID SURGERY REVISION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69604	MASTOID SURGERY REVISION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69605	MASTOID SURGERY REVISION	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69610	REPAIR OF EARDRUM	Y	-	1/1/2020	Fee Schedule	\$204.27
69620	REPAIR OF EARDRUM	Y	-	1/1/2020	Fee Schedule	\$1,055.06
69631	REPAIR EARDRUM STRUCTURES	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69632	REBUILD EARDRUM STRUCTURES	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69633	REBUILD EARDRUM STRUCTURES	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69635	REPAIR EARDRUM STRUCTURES	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69636	REBUILD EARDRUM STRUCTURES	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69637	REBUILD EARDRUM STRUCTURES	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69641	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69642	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69643	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69644	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69645	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69646	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69650	RELEASE MIDDLE EAR BONE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
69660	REVISE MIDDLE EAR BONE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69661	REVISE MIDDLE EAR BONE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69662	REVISE MIDDLE EAR BONE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69666	REPAIR MIDDLE EAR STRUCTURES	Y	-	1/1/2020	Fee Schedule	\$1,055.06

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
69667	REPAIR MIDDLE EAR STRUCTURES	Y	-	1/1/2020	Fee Schedule	\$1,055.06
69670	REMOVE MASTOID AIR CELLS	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69676	REMOVE MIDDLE EAR NERVE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
69700	CLOSE MASTOID FISTULA	Y	-	1/1/2020	Fee Schedule	\$536.60
69711	REMOVE/REPAIR HEARING AID	-	-	1/1/2020	Fee Schedule	\$1,055.06
69714	IMPLANT TEMPLE BONE W/STIMUL	Y	-	1/1/2020	Fee Schedule	\$9,457.64
69715	TEMPLE BNE IMPLNT W/STIMULAT	Y	-	1/1/2020	Fee Schedule	\$10,770.96
69717	TEMPLE BONE IMPLANT REVISION	Y	-	1/1/2020	Fee Schedule	\$4,375.24
69718	REVISE TEMPLE BONE IMPLANT	Y	-	1/1/2020	Fee Schedule	\$5,727.13
69720	RELEASE FACIAL NERVE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69740	REPAIR FACIAL NERVE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69745	REPAIR FACIAL NERVE	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69801	INCISE INNER EAR	Y	-	1/1/2020	Fee Schedule	\$133.89
69805	EXPLORE INNER EAR	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69806	EXPLORE INNER EAR	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69905	REMOVE INNER EAR	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69910	REMOVE INNER EAR & MASTOID	Y	-	1/1/2020	Fee Schedule	\$2,246.55
69915	INCISE INNER EAR NERVE	Y	-	1/1/2020	Fee Schedule	\$1,055.06
69930	IMPLANT COCHLEAR DEVICE	Y	-	1/1/2020	Fee Schedule	\$30,697.92
69990	MICROSURGERY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
70010	CONTRAST X-RAY OF BRAIN	-	-	7/1/2018	No Separate Payment	\$0.00
70015	CONTRAST X-RAY OF BRAIN	-	-	7/1/2018	No Separate Payment	\$0.00
70030	X-RAY EYE FOR FOREIGN BODY	-	-	7/1/2018	No Separate Payment	\$0.00
70100	X-RAY EXAM OF JAW <4VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
70110	X-RAY EXAM OF JAW 4/> VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
70120	X-RAY EXAM OF MASTOIDS	-	-	7/1/2018	No Separate Payment	\$0.00
70130	X-RAY EXAM OF MASTOIDS	-	-	7/1/2018	No Separate Payment	\$0.00
70134	X-RAY EXAM OF MIDDLE EAR	-	-	7/1/2018	No Separate Payment	\$0.00
70140	X-RAY EXAM OF FACIAL BONES	-	-	7/1/2018	No Separate Payment	\$0.00
70150	X-RAY EXAM OF FACIAL BONES	-	-	7/1/2018	No Separate Payment	\$0.00
70160	X-RAY EXAM OF NASAL BONES	-	-	7/1/2018	No Separate Payment	\$0.00
70170	X-RAY EXAM OF TEAR DUCT	-	-	7/1/2018	No Separate Payment	\$0.00
70190	X-RAY EXAM OF EYE SOCKETS	-	-	7/1/2018	No Separate Payment	\$0.00
70200	X-RAY EXAM OF EYE SOCKETS	-	-	7/1/2018	No Separate Payment	\$0.00
70210	X-RAY EXAM OF SINUSES	-	-	7/1/2018	No Separate Payment	\$0.00
70220	X-RAY EXAM OF SINUSES	-	-	7/1/2018	No Separate Payment	\$0.00
70240	X-RAY EXAM PITUITARY SADDLE	-	-	7/1/2018	No Separate Payment	\$0.00
70250	X-RAY EXAM OF SKULL	-	-	7/1/2018	No Separate Payment	\$0.00
70260	X-RAY EXAM OF SKULL	-	-	7/1/2018	No Separate Payment	\$0.00
70300	X-RAY EXAM OF TEETH	-	-	7/1/2018	No Separate Payment	\$0.00
70310	X-RAY EXAM OF TEETH	-	-	7/1/2018	No Separate Payment	\$0.00
70320	FULL MOUTH X-RAY OF TEETH	-	-	7/1/2018	No Separate Payment	\$0.00
70328	X-RAY EXAM OF JAW JOINT	-	-	7/1/2018	No Separate Payment	\$0.00
70330	X-RAY EXAM OF JAW JOINTS	-	-	7/1/2018	No Separate Payment	\$0.00
70332	X-RAY EXAM OF JAW JOINT	-	-	7/1/2018	No Separate Payment	\$0.00
70336	MAGNETIC IMAGE JAW JOINT	-	-	1/1/2020	Fee Schedule	\$117.75
70350	X-RAY HEAD FOR ORTHODONTIA	-	-	7/1/2018	No Separate Payment	\$0.00
70355	PANORAMIC X-RAY OF JAWS	-	-	7/1/2018	No Separate Payment	\$0.00
70360	X-RAY EXAM OF NECK	-	-	7/1/2018	No Separate Payment	\$0.00
70370	THROAT X-RAY & FLUOROSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
70371	SPEECH EVALUATION COMPLEX	-	-	7/1/2018	No Separate Payment	\$0.00
70380	X-RAY EXAM OF SALIVARY GLAND	-	-	7/1/2018	No Separate Payment	\$0.00
70390	X-RAY EXAM OF SALIVARY DUCT	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
70450	CT HEAD/BRAIN W/O DYE	-	-	1/1/2020	Fee Schedule	\$56.63
70460	CT HEAD/BRAIN W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
70470	CT HEAD/BRAIN W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
70480	CT ORBIT/EAR/FOSSA W/O DYE	-	-	1/1/2020	Fee Schedule	\$56.63
70481	CT ORBIT/EAR/FOSSA W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
70486	CT MAXILLOFACIAL W/O DYE	-	-	1/1/2020	Fee Schedule	\$56.63
70487	CT MAXILLOFACIAL W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
70488	CT MAXILLOFACIAL W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
70490	CT SOFT TISSUE NECK W/O DYE	-	-	1/1/2020	Fee Schedule	\$56.63
70491	CT SOFT TISSUE NECK W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
70492	CT SFT TSUE NCK W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
70496	CT ANGIOGRAPHY HEAD	-	-	1/1/2020	Fee Schedule	\$92.08
70498	CT ANGIOGRAPHY NECK	-	-	1/1/2020	Fee Schedule	\$92.08
70540	MRI ORBIT/FACE/NECK W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
70542	MRI ORBIT/FACE/NECK W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
70543	MRI ORBT/FAC/NCK W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
70544	MR ANGIOGRAPHY HEAD W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
70545	MR ANGIOGRAPHY HEAD W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
70546	MR ANGIOGRAPH HEAD W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
70547	MR ANGIOGRAPHY NECK W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
70548	MR ANGIOGRAPHY NECK W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
70549	MR ANGIOGRAPH NECK W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
70551	MRI BRAIN STEM W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
70552	MRI BRAIN STEM W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
70553	MRI BRAIN STEM W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
70554	FMRI BRAIN BY TECH	-	-	1/1/2020	Fee Schedule	\$117.75
70555	FMRI BRAIN BY PHYS/PSYCH	-	-	1/1/2020	Fee Schedule	\$117.75
70557	MRI BRAIN W/O DYE	-	-	1/1/2020	Fee Schedule	\$243.34
70558	MRI BRAIN W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
70559	MRI BRAIN W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
71045	X-RAY EXAM CHEST 1 VIEW	-	-	1/1/2020	Fee Schedule	\$16.24
71046	X-RAY EXAM CHEST 2 VIEWS	-	-	1/1/2020	Fee Schedule	\$21.65
71047	X-RAY EXAM CHEST 3 VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
71048	X-RAY EXAM CHEST 4+ VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
71100	X-RAY EXAM RIBS UNI 2 VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
71101	X-RAY EXAM UNILAT RIBS/CHEST	-	-	7/1/2018	No Separate Payment	\$0.00
71110	X-RAY EXAM RIBS BIL 3 VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
71111	X-RAY EXAM RIBS/CHEST4/> VWS	-	-	7/1/2018	No Separate Payment	\$0.00
71120	X-RAY EXAM BREASTBONE 2/>VWS	-	-	7/1/2018	No Separate Payment	\$0.00
71130	X-RAY STRENOCLAVIC JT 3/>VWS	-	-	7/1/2018	No Separate Payment	\$0.00
71250	CT THORAX W/O DYE	-	-	1/1/2020	Fee Schedule	\$56.63
71260	CT THORAX W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
71270	CT THORAX W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
71275	CT ANGIOGRAPHY CHEST	-	-	1/1/2020	Fee Schedule	\$92.08
71550	MRI CHEST W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
71551	MRI CHEST W/DYE	-	-	1/1/2020	Fee Schedule	\$344.01
71552	MRI CHEST W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
72020	X-RAY EXAM OF SPINE 1 VIEW	-	-	7/1/2018	No Separate Payment	\$0.00
72040	X-RAY EXAM NECK SPINE 2-3 VW	-	-	7/1/2018	No Separate Payment	\$0.00
72050	X-RAY EXAM NECK SPINE 4/5VWS	-	-	7/1/2018	No Separate Payment	\$0.00
72052	X-RAY EXAM NECK SPINE 6/>VWS	-	-	7/1/2018	No Separate Payment	\$0.00
72070	X-RAY EXAM THORAC SPINE 2VWS	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
72072	X-RAY EXAM THORAC SPINE 3VWS	-	-	7/1/2018	No Separate Payment	\$0.00
72074	X-RAY EXAM THORAC SPINE4/>VW	-	-	7/1/2018	No Separate Payment	\$0.00
72080	X-RAY EXAM THORACOLMB 2/> VW	-	-	7/1/2018	No Separate Payment	\$0.00
72081	X-RAY EXAM ENTIRE SPI 1 VW	-	-	7/1/2018	No Separate Payment	\$0.00
72082	X-RAY EXAM ENTIRE SPI 2/3 VW	-	-	7/1/2018	No Separate Payment	\$0.00
72083	X-RAY EXAM ENTIRE SPI 4/5 VW	-	-	1/1/2020	Fee Schedule	\$56.63
72084	X-RAY EXAM ENTIRE SPI 6/> VW	-	-	1/1/2020	Fee Schedule	\$56.63
72100	X-RAY EXAM L-S SPINE 2/3 VWS	-	-	7/1/2018	No Separate Payment	\$0.00
72110	X-RAY EXAM L-2 SPINE 4/>VWS	-	-	7/1/2018	No Separate Payment	\$0.00
72114	X-RAY EXAM L-S SPINE BENDING	-	-	7/1/2018	No Separate Payment	\$0.00
72120	X-RAY BEND ONLY L-S SPINE	-	-	7/1/2018	No Separate Payment	\$0.00
72125	CT NECK SPINE W/O DYE	-	-	1/1/2020	Fee Schedule	\$56.63
72126	CT NECK SPINE W/DYE	-	-	1/1/2020	Fee Schedule	\$135.70
72127	CT NECK SPINE W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
72128	CT CHEST SPINE W/O DYE	-	-	1/1/2020	Fee Schedule	\$56.63
72129	CT CHEST SPINE W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
72130	CT CHEST SPINE W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
72131	CT LUMBAR SPINE W/O DYE	-	-	1/1/2020	Fee Schedule	\$56.63
72132	CT LUMBAR SPINE W/DYE	-	-	1/1/2020	Fee Schedule	\$136.06
72133	CT LUMBAR SPINE W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
72141	MRI NECK SPINE W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
72142	MRI NECK SPINE W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
72146	MRI CHEST SPINE W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
72147	MRI CHEST SPINE W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
72148	MRI LUMBAR SPINE W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
72149	MRI LUMBAR SPINE W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
72156	MRI NECK SPINE W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
72157	MRI CHEST SPINE W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
72158	MRI LUMBAR SPINE W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
72170	X-RAY EXAM OF PELVIS	-	-	7/1/2018	No Separate Payment	\$0.00
72190	X-RAY EXAM OF PELVIS	-	-	7/1/2018	No Separate Payment	\$0.00
72191	CT ANGIOGRAPH PELV W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
72192	CT PELVIS W/O DYE	-	-	1/1/2020	Fee Schedule	\$56.63
72193	CT PELVIS W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
72194	CT PELVIS W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
72195	MRI PELVIS W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
72196	MRI PELVIS W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
72197	MRI PELVIS W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
72200	X-RAY EXAM SI JOINTS	-	-	7/1/2018	No Separate Payment	\$0.00
72202	X-RAY EXAM SI JOINTS 3/> VWS	-	-	7/1/2018	No Separate Payment	\$0.00
72220	X-RAY EXAM SACRUM TAILBONE	-	-	7/1/2018	No Separate Payment	\$0.00
72240	MYELOGRAPHY NECK SPINE	-	-	7/1/2018	No Separate Payment	\$0.00
72255	MYELOGRAPHY THORACIC SPINE	-	-	7/1/2018	No Separate Payment	\$0.00
72265	MYELOGRAPHY L-S SPINE	-	-	7/1/2018	No Separate Payment	\$0.00
72270	MYELOGPHY 2/> SPINE REGIONS	-	-	7/1/2018	No Separate Payment	\$0.00
72275	EPIDUROGRAPHY	-	-	7/1/2018	No Separate Payment	\$0.00
72285	DISCOGRAPHY CERV/THOR SPINE	-	-	7/1/2018	No Separate Payment	\$0.00
72295	X-RAY OF LOWER SPINE DISK	-	-	7/1/2018	No Separate Payment	\$0.00
73000	X-RAY EXAM OF COLLAR BONE	-	-	7/1/2018	No Separate Payment	\$0.00
73010	X-RAY EXAM OF SHOULDER BLADE	-	-	7/1/2018	No Separate Payment	\$0.00
73020	X-RAY EXAM OF SHOULDER	-	-	7/1/2018	No Separate Payment	\$0.00
73030	X-RAY EXAM OF SHOULDER	-	-	7/1/2018	No Separate Payment	\$0.00
73040	CONTRAST X-RAY OF SHOULDER	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
73050	X-RAY EXAM OF SHOULDERS	-	-	7/1/2018	No Separate Payment	\$0.00
73060	X-RAY EXAM OF HUMERUS	-	-	7/1/2018	No Separate Payment	\$0.00
73070	X-RAY EXAM OF ELBOW	-	-	7/1/2018	No Separate Payment	\$0.00
73080	X-RAY EXAM OF ELBOW	-	-	7/1/2018	No Separate Payment	\$0.00
73085	CONTRAST X-RAY OF ELBOW	-	-	7/1/2018	No Separate Payment	\$0.00
73090	X-RAY EXAM OF FOREARM	-	-	7/1/2018	No Separate Payment	\$0.00
73092	X-RAY EXAM OF ARM INFANT	-	-	7/1/2018	No Separate Payment	\$0.00
73100	X-RAY EXAM OF WRIST	-	-	7/1/2018	No Separate Payment	\$0.00
73110	X-RAY EXAM OF WRIST	-	-	7/1/2018	No Separate Payment	\$0.00
73115	CONTRAST X-RAY OF WRIST	-	-	7/1/2018	No Separate Payment	\$0.00
73120	X-RAY EXAM OF HAND	-	-	7/1/2018	No Separate Payment	\$0.00
73130	X-RAY EXAM OF HAND	-	-	7/1/2018	No Separate Payment	\$0.00
73140	X-RAY EXAM OF FINGER(S)	-	-	7/1/2018	No Separate Payment	\$0.00
73200	CT UPPER EXTREMITY W/O DYE	-	-	1/1/2020	Fee Schedule	\$56.63
73201	CT UPPER EXTREMITY W/DYE	-	-	1/1/2020	Fee Schedule	\$166.37
73202	CT UPRR EXTREMITY W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
73206	CT ANGIO UPR EXTRM W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
73218	MRI UPPER EXTREMITY W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
73219	MRI UPPER EXTREMITY W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
73220	MRI UPRR EXTREMITY W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
73221	MRI JOINT UPR EXTREM W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
73222	MRI JOINT UPR EXTREM W/DYE	-	-	1/1/2020	Fee Schedule	\$286.91
73223	MRI JOINT UPR EXTR W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
73501	X-RAY EXAM HIP UNI 1 VIEW	-	-	7/1/2018	No Separate Payment	\$0.00
73502	X-RAY EXAM HIP UNI 2-3 VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
73503	X-RAY EXAM HIP UNI 4/> VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
73521	X-RAY EXAM HIPS BI 2 VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
73522	X-RAY EXAM HIPS BI 3-4 VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
73523	X-RAY EXAM HIPS BI 5/> VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
73525	CONTRAST X-RAY OF HIP	-	-	7/1/2018	No Separate Payment	\$0.00
73551	X-RAY EXAM OF FEMUR 1	-	-	7/1/2018	No Separate Payment	\$0.00
73552	X-RAY EXAM OF FEMUR 2/>	-	-	7/1/2018	No Separate Payment	\$0.00
73560	X-RAY EXAM OF KNEE 1 OR 2	-	-	7/1/2018	No Separate Payment	\$0.00
73562	X-RAY EXAM OF KNEE 3	-	-	7/1/2018	No Separate Payment	\$0.00
73564	X-RAY EXAM KNEE 4 OR MORE	-	-	7/1/2018	No Separate Payment	\$0.00
73565	X-RAY EXAM OF KNEES	-	-	7/1/2018	No Separate Payment	\$0.00
73580	CONTRAST X-RAY OF KNEE JOINT	-	-	7/1/2018	No Separate Payment	\$0.00
73590	X-RAY EXAM OF LOWER LEG	-	-	7/1/2018	No Separate Payment	\$0.00
73592	X-RAY EXAM OF LEG INFANT	-	-	7/1/2018	No Separate Payment	\$0.00
73600	X-RAY EXAM OF ANKLE	-	-	7/1/2018	No Separate Payment	\$0.00
73610	X-RAY EXAM OF ANKLE	-	-	7/1/2018	No Separate Payment	\$0.00
73615	CONTRAST X-RAY OF ANKLE	-	-	7/1/2018	No Separate Payment	\$0.00
73620	X-RAY EXAM OF FOOT	-	-	7/1/2018	No Separate Payment	\$0.00
73630	X-RAY EXAM OF FOOT	-	-	7/1/2018	No Separate Payment	\$0.00
73650	X-RAY EXAM OF HEEL	-	-	7/1/2018	No Separate Payment	\$0.00
73660	X-RAY EXAM OF TOE(S)	-	-	7/1/2018	No Separate Payment	\$0.00
73700	CT LOWER EXTREMITY W/O DYE	-	-	1/1/2020	Fee Schedule	\$56.63
73701	CT LOWER EXTREMITY W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
73702	CT LWR EXTREMITY W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
73706	CT ANGIO LWR EXTR W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
73718	MRI LOWER EXTREMITY W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
73719	MRI LOWER EXTREMITY W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
73720	MRI LWR EXTREMITY W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
73721	MRI JNT OF LWR EXTRE W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
73722	MRI JOINT OF LWR EXTR W/DYE	-	-	1/1/2020	Fee Schedule	\$287.63
73723	MRI JOINT LWR EXTR W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
74018	X-RAY EXAM ABDOMEN 1 VIEW	-	-	7/1/2018	No Separate Payment	\$0.00
74019	X-RAY EXAM ABDOMEN 2 VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
74021	X-RAY EXAM ABDOMEN 3+ VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
74022	X-RAY EXAM COMPLETE ABDOMEN	-	-	7/1/2018	No Separate Payment	\$0.00
74150	CT ABDOMEN W/O DYE	-	-	1/1/2020	Fee Schedule	\$56.63
74160	CT ABDOMEN W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
74170	CT ABDOMEN W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
74174	CT ANGIO ABD&PELV W/O&W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
74175	CT ANGIO ABDOM W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
74176	CT ABD & PELVIS W/O CONTRAST	-	-	1/1/2020	Fee Schedule	\$113.68
74177	CT ABD & PELV W/CONTRAST	-	-	1/1/2020	Fee Schedule	\$192.95
74178	CT ABD & PELV I/> REGNS	-	-	1/1/2020	Fee Schedule	\$192.95
74181	MRI ABDOMEN W/O DYE	-	-	1/1/2020	Fee Schedule	\$117.75
74182	MRI ABDOMEN W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
74183	MRI ABDOMEN W/O & W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
74190	X-RAY EXAM OF PERITONEUM	-	-	7/1/2018	No Separate Payment	\$0.00
74210	X-RAY XM PHRN&/CRV ESOPH C+	-	-	7/1/2018	No Separate Payment	\$0.00
74220	X-RAY XM ESOPHAGUS 1CNTRST	-	-	7/1/2018	No Separate Payment	\$0.00
74230	X-RAY XM SWLNG FUNCJ C+	-	-	1/1/2020	Fee Schedule	\$92.08
74235	REMOVE ESOPHAGUS OBSTRUCTION	-	-	7/1/2018	No Separate Payment	\$0.00
74240	X-RAY XM UPR GI TRC 1CNTRST	-	-	1/1/2020	Fee Schedule	\$80.48
74246	X-RAY XM UPR GI TRC 2CNTRST	-	-	1/1/2020	Fee Schedule	\$92.08
74250	X-RAY XM SM INT 1CNTRST STD	-	-	1/1/2020	Fee Schedule	\$80.84
74251	X-RAY XM SM INT 2CNTRST STD	-	-	1/1/2020	Fee Schedule	\$92.08
74261	CT COLONOGRAPHY DX	-	-	1/1/2020	Fee Schedule	\$56.63
74262	CT COLONOGRAPHY DX W/DYE	-	-	1/1/2020	Fee Schedule	\$92.08
74270	X-RAY XM COLON 1CNTRST STD	-	-	7/1/2018	No Separate Payment	\$0.00
74280	X-RAY XM COLON 2CNTRST STD	-	-	1/1/2020	No Separate Payment	\$0.00
74283	THER NMA RDCTJ INTUS/OBSTR CJ	-	-	1/1/2020	Fee Schedule	\$92.08
74290	CONTRST X-RAY GALLBLADDER	-	-	7/1/2018	No Separate Payment	\$0.00
74300	X-RAY BILE DUCTS/PANCREAS	-	-	7/1/2018	No Separate Payment	\$0.00
74301	X-RAYS AT SURGERY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
74328	X-RAY BILE DUCT ENDOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
74329	X-RAY FOR PANCREAS ENDOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
74330	X-RAY BILE/PANC ENDOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
74340	X-RAY GUIDE FOR GI TUBE	-	-	7/1/2018	No Separate Payment	\$0.00
74355	X-RAY GUIDE INTESTINAL TUBE	-	-	7/1/2018	No Separate Payment	\$0.00
74360	X-RAY GUIDE GI DILATION	-	-	7/1/2018	No Separate Payment	\$0.00
74363	X-RAY BILE DUCT DILATION	-	-	7/1/2018	No Separate Payment	\$0.00
74400	CONTRST X-RAY URINARY TRACT	-	-	1/1/2020	Fee Schedule	\$92.08
74410	CONTRST X-RAY URINARY TRACT	-	-	1/1/2020	Fee Schedule	\$92.08
74415	CONTRST X-RAY URINARY TRACT	-	-	1/1/2020	Fee Schedule	\$92.08
74420	CONTRST X-RAY URINARY TRACT	-	-	1/1/2020	Fee Schedule	\$192.95
74425	CONTRST X-RAY URINARY TRACT	-	-	7/1/2018	No Separate Payment	\$0.00
74430	CONTRAST X-RAY BLADDER	-	-	7/1/2018	No Separate Payment	\$0.00
74440	X-RAY MALE GENITAL TRACT	-	-	7/1/2018	No Separate Payment	\$0.00
74445	X-RAY EXAM OF PENIS	-	-	7/1/2018	No Separate Payment	\$0.00
74450	X-RAY URETHRA/BLADDER	-	-	7/1/2018	No Separate Payment	\$0.00
74455	X-RAY URETHRA/BLADDER	-	-	7/1/2018	No Separate Payment	\$0.00
74470	X-RAY EXAM OF KIDNEY LESION	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
74485	DILATION URTR/URT RS&I	-	-	7/1/2018	No Separate Payment	\$0.00
74710	X-RAY MEASUREMENT OF PELVIS	-	-	7/1/2018	No Separate Payment	\$0.00
74712	MRI FETAL SNGL/1ST GESTATION	-	-	1/1/2020	Fee Schedule	\$117.75
74713	MRI FETAL EA ADDL GESTATION	-	-	7/1/2018	No Separate Payment	\$0.00
74740	X-RAY FEMALE GENITAL TRACT	-	-	7/1/2018	No Separate Payment	\$0.00
74742	X-RAY FALLOPIAN TUBE	-	-	7/1/2018	No Separate Payment	\$0.00
74775	X-RAY EXAM OF PERINEUM	-	-	1/1/2020	Fee Schedule	\$117.75
75557	CARDIAC MRI FOR MORPH	-	-	1/1/2020	Fee Schedule	\$117.75
75559	CARDIAC MRI W/STRESS IMG	-	-	1/1/2020	Fee Schedule	\$243.34
75561	CARDIAC MRI FOR MORPH W/DYE	-	-	1/1/2020	Fee Schedule	\$192.95
75563	CARD MRI W/STRESS IMG & DYE	-	-	1/1/2020	Fee Schedule	\$344.01
75565	CARD MRI VELOC FLOW MAPPING	-	-	7/1/2018	No Separate Payment	\$0.00
75571	CT HRT W/O DYE W/CA TEST	-	-	7/1/2018	No Separate Payment	\$0.00
75572	CT HRT W/3D IMAGE	-	-	1/1/2020	Fee Schedule	\$92.08
75573	CT HRT W/3D IMAGE CONGEN	-	-	1/1/2020	Fee Schedule	\$92.08
75574	CT ANGIO HRT W/3D IMAGE	-	-	1/1/2020	Fee Schedule	\$92.08
75600	CONTRAST EXAM THORACIC AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
75605	CONTRAST EXAM THORACIC AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
75625	CONTRAST EXAM ABDOMINL AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
75630	X-RAY AORTA LEG ARTERIES	-	-	7/1/2018	No Separate Payment	\$0.00
75635	CT ANGIO ABDOMINAL ARTERIES	-	-	7/1/2018	No Separate Payment	\$0.00
75705	ARTERY X-RAYS SPINE	-	-	7/1/2018	No Separate Payment	\$0.00
75710	ARTERY X-RAYS ARM/LEG	-	-	7/1/2018	No Separate Payment	\$0.00
75716	ARTERY X-RAYS ARMS/LEGS	-	-	7/1/2018	No Separate Payment	\$0.00
75726	ARTERY X-RAYS ABDOMEN	-	-	7/1/2018	No Separate Payment	\$0.00
75731	ARTERY X-RAYS ADRENAL GLAND	-	-	1/1/2020	Fee Schedule	\$106.83
75733	ARTERY X-RAYS ADRENALS	-	-	7/1/2018	No Separate Payment	\$0.00
75736	ARTERY X-RAYS PELVIS	-	-	7/1/2018	No Separate Payment	\$0.00
75741	ARTERY X-RAYS LUNG	-	-	7/1/2018	No Separate Payment	\$0.00
75743	ARTERY X-RAYS LUNGS	-	-	7/1/2018	No Separate Payment	\$0.00
75746	ARTERY X-RAYS LUNG	-	-	1/1/2020	Fee Schedule	\$89.50
75756	ARTERY X-RAYS CHEST	-	-	7/1/2018	No Separate Payment	\$0.00
75774	ARTERY X-RAY EACH VESSEL	-	-	7/1/2018	No Separate Payment	\$0.00
75801	LYMPH VESSEL X-RAY ARM/LEG	-	-	7/1/2018	No Separate Payment	\$0.00
75803	LYMPH VESSEL X-RAY ARMS/LEGS	-	-	1/1/2020	Fee Schedule	\$579.91
75805	LYMPH VESSEL X-RAY TRUNK	-	-	1/1/2020	Fee Schedule	\$579.91
75807	LYMPH VESSEL X-RAY TRUNK	-	-	7/1/2018	No Separate Payment	\$0.00
75809	NONVASCULAR SHUNT X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
75810	VEIN X-RAY SPLEEN/LIVER	-	-	1/1/2020	Fee Schedule	\$579.91
75820	VEIN X-RAY ARM/LEG	-	-	7/1/2018	No Separate Payment	\$0.00
75822	VEIN X-RAY ARMS/LEGS	-	-	1/1/2020	Fee Schedule	\$75.07
75825	VEIN X-RAY TRUNK	-	-	7/1/2018	No Separate Payment	\$0.00
75827	VEIN X-RAY CHEST	-	-	7/1/2018	No Separate Payment	\$0.00
75831	VEIN X-RAY KIDNEY	-	-	7/1/2018	No Separate Payment	\$0.00
75833	VEIN X-RAY KIDNEYS	-	-	7/1/2018	No Separate Payment	\$0.00
75840	VEIN X-RAY ADRENAL GLAND	-	-	7/1/2018	No Separate Payment	\$0.00
75842	VEIN X-RAY ADRENAL GLANDS	-	-	7/1/2018	No Separate Payment	\$0.00
75860	VEIN X-RAY NECK	-	-	7/1/2018	No Separate Payment	\$0.00
75870	VEIN X-RAY SKULL	-	-	1/1/2020	Fee Schedule	\$120.90
75872	VEIN X-RAY SKULL EPIDURAL	-	-	7/1/2018	No Separate Payment	\$0.00
75880	VEIN X-RAY EYE SOCKET	-	-	7/1/2018	No Separate Payment	\$0.00
75885	VEIN X-RAY LIVER W/HEMODYNAM	-	-	7/1/2018	No Separate Payment	\$0.00
75887	VEIN X-RAY LIVER W/O HEMODYN	-	-	1/1/2020	Fee Schedule	\$82.28

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75889	VEIN X-RAY LIVER W/HEMODYNAM	-	-	7/1/2018	No Separate Payment	\$0.00
75891	VEIN X-RAY LIVER	-	-	7/1/2018	No Separate Payment	\$0.00
75893	VENOUS SAMPLING BY CATHETER	-	-	7/1/2018	No Separate Payment	\$0.00
75894	X-RAYS TRANSCATH THERAPY	-	-	7/1/2018	No Separate Payment	\$0.00
75898	FOLLOW-UP ANGIOGRAPHY	-	-	1/1/2020	Fee Schedule	\$579.91
75901	REMOVE CVA DEVICE OBSTRUCT	-	-	7/1/2018	No Separate Payment	\$0.00
75902	REMOVE CVA LUMEN OBSTRUCT	-	-	7/1/2018	No Separate Payment	\$0.00
75970	VASCULAR BIOPSY	-	-	7/1/2018	No Separate Payment	\$0.00
75984	XRAY CONTROL CATHETER CHANGE	-	-	7/1/2018	No Separate Payment	\$0.00
75989	ABSCESS DRAINAGE UNDER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
76000	FLUOROSCOPY <1 HR PHYS/QHP	-	-	1/1/2020	Fee Schedule	\$26.35
76010	X-RAY NOSE TO RECTUM	-	-	7/1/2018	No Separate Payment	\$0.00
76080	X-RAY EXAM OF FISTULA	-	-	7/1/2018	No Separate Payment	\$0.00
76098	X-RAY EXAM SURGICAL SPECIMEN	-	-	7/1/2018	No Separate Payment	\$0.00
76100	X-RAY EXAM OF BODY SECTION	-	-	7/1/2018	No Separate Payment	\$0.00
76101	COMPLEX BODY SECTION X-RAY	-	-	1/1/2020	Fee Schedule	\$56.63
76102	COMPLEX BODY SECTION X-RAYS	-	-	1/1/2020	Fee Schedule	\$56.63
76120	CINE/VIDEO X-RAYS	-	-	7/1/2018	No Separate Payment	\$0.00
76125	CINE/VIDEO X-RAYS ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
76376	3D RENDER W/INTRP POSTPROCES	-	-	7/1/2018	No Separate Payment	\$0.00
76377	3D RENDER W/INTRP POSTPROCES	-	-	7/1/2018	No Separate Payment	\$0.00
76380	CAT SCAN FOLLOW-UP STUDY	-	-	7/1/2018	No Separate Payment	\$0.00
76391	MR ELASTOGRAPHY	-	-	1/1/2020	Fee Schedule	\$117.75
76496	FLUOROSCOPIC PROCEDURE	-	-	7/1/2018	No Separate Payment	\$0.00
76497	CT PROCEDURE	-	-	7/1/2018	No Separate Payment	\$0.00
76498	MRI PROCEDURE	-	-	1/1/2020	Fee Schedule	\$40.33
76499	RADIOGRAPHIC PROCEDURE	-	-	7/1/2018	No Separate Payment	\$0.00
76506	ECHO EXAM OF HEAD	-	-	7/1/2018	No Separate Payment	\$0.00
76510	OPHTH US B & QUANT A	-	-	7/1/2018	No Separate Payment	\$0.00
76511	OPHTH US QUANT A ONLY	-	-	7/1/2018	No Separate Payment	\$0.00
76512	OPHTH US B W/NON-QUANT A	-	-	7/1/2018	No Separate Payment	\$0.00
76513	ECHO EXAM OF EYE WATER BATH	-	-	7/1/2018	No Separate Payment	\$0.00
76514	ECHO EXAM OF EYE THICKNESS	-	-	7/1/2018	No Separate Payment	\$0.00
76516	ECHO EXAM OF EYE	-	-	7/1/2018	No Separate Payment	\$0.00
76519	ECHO EXAM OF EYE	-	-	7/1/2018	No Separate Payment	\$0.00
76529	ECHO EXAM OF EYE	-	-	7/1/2018	No Separate Payment	\$0.00
76536	US EXAM OF HEAD AND NECK	-	-	7/1/2018	No Separate Payment	\$0.00
76604	US EXAM CHEST	-	-	7/1/2018	No Separate Payment	\$0.00
76641	ULTRASOUND BREAST COMPLETE	-	-	7/1/2018	No Separate Payment	\$0.00
76642	ULTRASOUND BREAST LIMITED	-	-	7/1/2018	No Separate Payment	\$0.00
76700	US EXAM ABDOM COMPLETE	-	-	1/1/2020	Fee Schedule	\$56.63
76705	ECHO EXAM OF ABDOMEN	-	-	1/1/2020	Fee Schedule	\$56.63
76770	US EXAM ABDO BACK WALL COMP	-	-	1/1/2020	Fee Schedule	\$56.63
76775	US EXAM ABDO BACK WALL LIM	-	-	7/1/2018	No Separate Payment	\$0.00
76776	US EXAM K TRANSP L W/DOPPLER	-	-	1/1/2020	Fee Schedule	\$56.63
76800	US EXAM SPINAL CANAL	-	-	7/1/2018	No Separate Payment	\$0.00
76801	OB US < 14 WKS SINGLE FETUS	-	-	1/1/2020	Fee Schedule	\$56.63
76802	OB US < 14 WKS ADDL FETUS	-	-	7/1/2018	No Separate Payment	\$0.00
76805	OB US >= 14 WKS SNGL FETUS	-	-	1/1/2020	Fee Schedule	\$56.63
76810	OB US >= 14 WKS ADDL FETUS	-	-	7/1/2018	No Separate Payment	\$0.00
76811	OB US DETAILED SNGL FETUS	-	-	1/1/2020	Fee Schedule	\$83.37
76812	OB US DETAILED ADDL FETUS	-	-	7/1/2018	No Separate Payment	\$0.00
76813	OB US NUCHAL MEAS 1 GEST	-	-	7/1/2018	No Separate Payment	\$0.00

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76814	OB US NUCHAL MEAS ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
76815	OB US LIMITED FETUS(S)	-	-	7/1/2018	No Separate Payment	\$0.00
76816	OB US FOLLOW-UP PER FETUS	-	-	7/1/2018	No Separate Payment	\$0.00
76817	TRANSVAGINAL US OBSTETRIC	-	-	7/1/2018	No Separate Payment	\$0.00
76818	FETAL BIOPHYS PROFILE W/NST	-	-	1/1/2020	Fee Schedule	\$56.63
76819	FETAL BIOPHYS PROFIL W/O NST	-	-	1/1/2020	Fee Schedule	\$48.72
76820	UMBILICAL ARTERY ECHO	-	-	7/1/2018	No Separate Payment	\$0.00
76821	MIDDLE CEREBRAL ARTERY ECHO	-	-	7/1/2018	No Separate Payment	\$0.00
76825	ECHO EXAM OF FETAL HEART	-	-	1/1/2020	Fee Schedule	\$193.44
76826	ECHO EXAM OF FETAL HEART	-	-	1/1/2020	Fee Schedule	\$117.75
76827	ECHO EXAM OF FETAL HEART	-	-	7/1/2018	No Separate Payment	\$0.00
76828	ECHO EXAM OF FETAL HEART	-	-	7/1/2018	No Separate Payment	\$0.00
76830	TRANSVAGINAL US NON-OB	-	-	1/1/2020	Fee Schedule	\$56.63
76831	ECHO EXAM UTERUS	-	-	1/1/2020	Fee Schedule	\$84.09
76856	US EXAM PELVIC COMPLETE	-	-	1/1/2020	Fee Schedule	\$56.63
76857	US EXAM PELVIC LIMITED	-	-	1/1/2020	Fee Schedule	\$23.82
76870	US EXAM SCROTUM	-	-	7/1/2018	No Separate Payment	\$0.00
76872	US TRANSRECTAL	-	-	1/1/2020	Fee Schedule	\$56.63
76873	ECHOGRAP TRANS R PROS STUDY	-	-	1/1/2020	Fee Schedule	\$56.63
76881	US COMPL JOINT R-T W/IMG	-	-	1/1/2020	Fee Schedule	\$46.56
76882	US LMTD JT/NONVASC XTR STRUX	-	-	7/1/2018	No Separate Payment	\$0.00
76885	US EXAM INFANT HIPS DYNAMIC	-	-	7/1/2018	No Separate Payment	\$0.00
76886	US EXAM INFANT HIPS STATIC	-	-	7/1/2018	No Separate Payment	\$0.00
76932	ECHO GUIDE FOR HEART BIOPSY	-	-	7/1/2018	No Separate Payment	\$0.00
76936	ECHO GUIDE FOR ARTERY REPAIR	-	-	1/1/2020	Fee Schedule	\$127.89
76937	US GUIDE VASCULAR ACCESS	-	-	7/1/2018	No Separate Payment	\$0.00
76940	US GUIDE TISSUE ABLATION	-	-	7/1/2018	No Separate Payment	\$0.00
76941	ECHO GUIDE FOR TRANSFUSION	-	-	7/1/2018	No Separate Payment	\$0.00
76942	ECHO GUIDE FOR BIOPSY	-	-	7/1/2018	No Separate Payment	\$0.00
76945	ECHO GUIDE VILLUS SAMPLING	-	-	7/1/2018	No Separate Payment	\$0.00
76946	ECHO GUIDE FOR AMNIOCENTESIS	-	-	7/1/2018	No Separate Payment	\$0.00
76948	ECHO GUIDE OVA ASPIRATION	-	-	7/1/2018	No Separate Payment	\$0.00
76965	ECHO GUIDANCE RADIOTHERAPY	-	-	7/1/2018	No Separate Payment	\$0.00
76970	ULTRASOUND EXAM FOLLOW-UP	-	-	7/1/2018	No Separate Payment	\$0.00
76975	GI ENDOSCOPIC ULTRASOUND	-	-	7/1/2018	No Separate Payment	\$0.00
76977	US BONE DENSITY MEASURE	-	-	1/1/2020	Fee Schedule	\$3.97
76978	US TRGT DYN MBUBB 1ST LES	-	-	1/1/2020	Fee Schedule	\$92.08
76979	US TRGT DYN MBUBB EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
76981	USE PARENCHYMA	-	-	1/1/2020	Fee Schedule	\$56.63
76982	USE 1ST TARGET LESION	-	-	1/1/2020	Fee Schedule	\$56.63
76983	USE EA ADDL TARGET LESION	-	-	1/1/2019	No Separate Payment	\$0.00
76998	US GUIDE INTRAOP	-	-	7/1/2018	No Separate Payment	\$0.00
76999	ECHO EXAMINATION PROCEDURE	-	-	7/1/2018	No Separate Payment	\$0.00
77001	FLUOROGUIDE FOR VEIN DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
77002	NEEDLE LOCALIZATION BY XRAY	-	-	7/1/2018	No Separate Payment	\$0.00
77003	FLUOROGUIDE FOR SPINE INJECT	-	-	7/1/2018	No Separate Payment	\$0.00
77011	CT SCAN FOR LOCALIZATION	-	-	7/1/2018	No Separate Payment	\$0.00
77012	CT SCAN FOR NEEDLE BIOPSY	-	-	7/1/2018	No Separate Payment	\$0.00
77013	CT GUIDE FOR TISSUE ABLATION	-	-	7/1/2018	No Separate Payment	\$0.00
77014	CT SCAN FOR THERAPY GUIDE	-	-	7/1/2018	No Separate Payment	\$0.00
77021	MRI GUIDANCE NDL PLMT RS&I	-	-	7/1/2018	No Separate Payment	\$0.00
77022	MRI GDN PARNCHYMA TISS ABLTJ	-	-	7/1/2018	No Separate Payment	\$0.00
77046	MRI BREAST C- UNILATERAL	-	-	1/1/2020	Fee Schedule	\$117.75

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77047	MRI BREAST C- BILATERAL	-	-	1/1/2020	Fee Schedule	\$117.75
77053	X-RAY OF MAMMARY DUCT	-	-	7/1/2018	No Separate Payment	\$0.00
77054	X-RAY OF MAMMARY DUCTS	-	-	7/1/2018	No Separate Payment	\$0.00
77071	X-RAY STRESS VIEW	-	-	7/1/2018	No Separate Payment	\$0.00
77072	X-RAYS FOR BONE AGE	-	-	7/1/2018	No Separate Payment	\$0.00
77073	X-RAYS BONE LENGTH STUDIES	-	-	7/1/2018	No Separate Payment	\$0.00
77074	X-RAYS BONE SURVEY LIMITED	-	-	7/1/2018	No Separate Payment	\$0.00
77075	X-RAYS BONE SURVEY COMPLETE	-	-	7/1/2018	No Separate Payment	\$0.00
77076	X-RAYS BONE SURVEY INFANT	-	-	7/1/2018	No Separate Payment	\$0.00
77077	JOINT SURVEY SINGLE VIEW	-	-	7/1/2018	No Separate Payment	\$0.00
77078	CT BONE DENSITY AXIAL	-	-	1/1/2020	Fee Schedule	\$40.33
77080	DXA BONE DENSITY AXIAL	-	-	1/1/2020	Fee Schedule	\$29.59
77081	DXA BONE DENSITY/PERIPHERAL	-	-	1/1/2020	Fee Schedule	\$22.01
77084	MAGNETIC IMAGE BONE MARROW	-	-	1/1/2020	Fee Schedule	\$117.75
77085	DXA BONE DENSITY STUDY	-	-	7/1/2018	No Separate Payment	\$0.00
77086	FRACTURE ASSESSMENT VIA DXA	-	-	7/1/2018	No Separate Payment	\$0.00
77280	SET RADIATION THERAPY FIELD	-	-	1/1/2020	Fee Schedule	\$63.97
77285	SET RADIATION THERAPY FIELD	-	-	1/1/2020	Fee Schedule	\$169.35
77290	SET RADIATION THERAPY FIELD	-	-	1/1/2020	Fee Schedule	\$169.35
77293	RESPIRATOR MOTION MGMT SIMUL	-	-	7/1/2018	No Separate Payment	\$0.00
77295	3-D RADIOTHERAPY PLAN	-	-	1/1/2020	Fee Schedule	\$263.45
77299	RADIATION THERAPY PLANNING	-	-	1/1/2020	Fee Schedule	\$63.97
77300	RADIATION THERAPY DOSE PLAN	-	-	1/1/2020	Fee Schedule	\$33.92
77301	RADIOTHERAPY DOSE PLAN IMRT	-	-	1/1/2020	Fee Schedule	\$629.26
77306	TELETHX ISODOSE PLAN SIMPLE	-	-	1/1/2020	Fee Schedule	\$75.79
77307	TELETHX ISODOSE PLAN CPLX	-	-	1/1/2020	Fee Schedule	\$136.78
77316	BRACHYTX ISODOSE PLAN SIMPLE	-	-	1/1/2020	Fee Schedule	\$144.72
77317	BRACHYTX ISODOSE INTERMED	-	-	1/1/2020	Fee Schedule	\$169.35
77318	BRACHYTX ISODOSE COMPLEX	-	-	1/1/2020	Fee Schedule	\$169.35
77321	SPECIAL TELETX PORT PLAN	-	-	1/1/2020	Fee Schedule	\$44.03
77331	SPECIAL RADIATION DOSIMETRY	-	-	1/1/2020	Fee Schedule	\$18.77
77332	RADIATION TREATMENT AID(S)	-	-	1/1/2020	Fee Schedule	\$23.46
77333	RADIATION TREATMENT AID(S)	-	-	1/1/2020	Fee Schedule	\$63.97
77334	RADIATION TREATMENT AID(S)	-	-	1/1/2020	Fee Schedule	\$67.13
77336	RADIATION PHYSICS CONSULT	-	-	1/1/2020	Fee Schedule	\$63.97
77338	DESIGN MLC DEVICE FOR IMRT	-	-	1/1/2020	Fee Schedule	\$169.35
77370	RADIATION PHYSICS CONSULT	-	-	1/1/2020	Fee Schedule	\$63.97
77371	SRS MULTISOURCE	-	-	7/1/2018	Fee Schedule	\$1,942.53
77372	SRS LINEAR BASED	-	-	7/1/2018	Fee Schedule	\$1,066.15
77373	SBRT DELIVERY	-	-	7/1/2018	Fee Schedule	\$1,042.88
77385	NTSTY MODUL RAD TX DLVR SMPL	-	-	1/1/2020	Fee Schedule	\$272.27
77386	NTSTY MODUL RAD TX DLVR CPLX	-	-	1/1/2020	Fee Schedule	\$272.27
77387	GUIDANCE FOR RADJ TX DLVR	-	-	7/1/2018	No Separate Payment	\$0.00
77399	EXTERNAL RADIATION DOSIMETRY	-	-	1/1/2020	Fee Schedule	\$63.97
77401	RADIATION TREATMENT DELIVERY	-	-	1/1/2020	Fee Schedule	\$24.54
77402	RADIATION TREATMENT DELIVERY	-	-	1/1/2020	Fee Schedule	\$62.00
77407	RADIATION TREATMENT DELIVERY	-	-	1/1/2020	Fee Schedule	\$119.43
77412	RADIATION TREATMENT DELIVERY	-	-	1/1/2020	Fee Schedule	\$119.43
77417	RADIOLOGY PORT IMAGES(S)	-	-	7/1/2018	No Separate Payment	\$0.00
77423	NEUTRON BEAM TX COMPLEX	-	-	1/1/2020	Fee Schedule	\$26.71
77424	IO RAD TX DELIVERY BY X-RAY	-	-	1/1/2020	Fee Schedule	\$1,922.61
77425	IO RAD TX DELIVER BY ELCTRNS	-	-	1/1/2020	Fee Schedule	\$1,922.61
77435	SBRT MANAGEMENT	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
77469	IO RADIATION TX MANAGEMENT	-	-	7/1/2018	No Separate Payment	\$0.00
77470	SPECIAL RADIATION TREATMENT	-	-	1/1/2020	Fee Schedule	\$25.62
77520	PROTON TRMT SIMPLE W/O COMP	-	-	1/1/2020	Fee Schedule	\$272.27
77522	PROTON TRMT SIMPLE W/COMP	-	-	1/1/2020	Fee Schedule	\$629.97
77523	PROTON TRMT INTERMEDIATE	-	-	1/1/2020	Fee Schedule	\$629.97
77525	PROTON TREATMENT COMPLEX	-	-	1/1/2020	Fee Schedule	\$629.97
77600	HYPERTHERMIA TREATMENT	-	-	1/1/2020	Fee Schedule	\$119.43
77605	HYPERTHERMIA TREATMENT	-	-	1/1/2020	Fee Schedule	\$374.18
77610	HYPERTHERMIA TREATMENT	-	-	1/1/2020	Fee Schedule	\$272.27
77615	HYPERTHERMIA TREATMENT	-	-	1/1/2020	Fee Schedule	\$272.27
77620	HYPERTHERMIA TREATMENT	-	-	1/1/2020	Fee Schedule	\$272.27
77750	INFUSE RADIOACTIVE MATERIALS	-	-	1/1/2020	Fee Schedule	\$119.43
77761	APPLY INTRCAV RADIAT SIMPLE	-	-	1/1/2020	Fee Schedule	\$202.10
77762	APPLY INTRCAV RADIAT INTERM	-	-	1/1/2020	Fee Schedule	\$231.33
77763	APPLY INTRCAV RADIAT COMPL	-	-	1/1/2020	Fee Schedule	\$298.46
77767	HDR RDNCL SKN SURF BRACHYTX	-	-	1/1/2020	Fee Schedule	\$119.43
77768	HDR RDNCL SKN SURF BRACHYTX	-	-	1/1/2020	Fee Schedule	\$119.43
77770	HDR RDNCL NTRSTL/ICAV BRCHTX	-	-	1/1/2020	Fee Schedule	\$235.30
77771	HDR RDNCL NTRSTL/ICAV BRCHTX	-	-	1/1/2020	Fee Schedule	\$374.18
77772	HDR RDNCL NTRSTL/ICAV BRCHTX	-	-	1/1/2020	Fee Schedule	\$374.18
77778	APPLY INTERSTIT RADIAT COMPL	-	-	1/1/2020	Fee Schedule	\$374.18
77789	APPLY SURF LDR RADIONUCLIDE	-	-	1/1/2020	Fee Schedule	\$62.00
77790	RADIATION HANDLING	-	-	7/1/2018	No Separate Payment	\$0.00
77799	RADIUM/RADIOISOTOPE THERAPY	-	-	1/1/2020	Fee Schedule	\$62.00
78012	THYROID UPTAKE MEASUREMENT	-	-	1/1/2020	Fee Schedule	\$186.01
78013	THYROID IMAGING W/BLOOD FLOW	-	-	1/1/2020	Fee Schedule	\$186.01
78014	THYROID IMAGING W/BLOOD FLOW	-	-	1/1/2020	Fee Schedule	\$186.01
78015	THYROID MET IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78016	THYROID MET IMAGING/STUDIES	-	-	1/1/2020	Fee Schedule	\$186.01
78018	THYROID MET IMAGING BODY	-	-	1/1/2020	Fee Schedule	\$238.49
78020	THYROID MET UPTAKE	-	-	7/1/2018	No Separate Payment	\$0.00
78070	PARATHYROID PLANAR IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78071	PARATHYRD PLANAR W/WO SUBTRJ	-	-	1/1/2020	Fee Schedule	\$186.01
78072	PARATHYRD PLANAR W/SPECT&CT	-	-	1/1/2020	Fee Schedule	\$238.49
78075	ADRENAL CORTEX & MEDULLA IMG	-	-	1/1/2020	Fee Schedule	\$642.82
78099	ENDOCRINE NUCLEAR PROCEDURE	-	-	1/1/2020	Fee Schedule	\$186.01
78102	BONE MARROW IMAGING LTD	-	-	1/1/2020	Fee Schedule	\$186.01
78103	BONE MARROW IMAGING MULT	-	-	1/1/2020	Fee Schedule	\$186.01
78104	BONE MARROW IMAGING BODY	-	-	1/1/2020	Fee Schedule	\$186.01
78110	PLASMA VOLUME SINGLE	-	-	1/1/2020	Fee Schedule	\$642.82
78111	PLASMA VOLUME MULTIPLE	-	-	1/1/2020	Fee Schedule	\$642.82
78120	RED CELL MASS SINGLE	-	-	1/1/2020	Fee Schedule	\$186.01
78121	RED CELL MASS MULTIPLE	-	-	1/1/2020	Fee Schedule	\$238.49
78122	BLOOD VOLUME	-	-	1/1/2020	Fee Schedule	\$238.49
78130	RED CELL SURVIVAL STUDY	-	-	1/1/2020	Fee Schedule	\$186.01
78135	RED CELL SURVIVAL KINETICS	-	-	1/1/2020	Fee Schedule	\$186.01
78140	RED CELL SEQUESTRATION	-	-	1/1/2020	Fee Schedule	\$186.01
78185	SPLEEN IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78191	PLATELET SURVIVAL	-	-	1/1/2020	Fee Schedule	\$186.01
78195	LYMPH SYSTEM IMAGING	-	-	1/1/2020	Fee Schedule	\$238.49
78199	BLOOD/LYMPH NUCLEAR EXAM	-	-	1/1/2020	Fee Schedule	\$186.01
78201	LIVER IMAGING	-	-	1/1/2020	Fee Schedule	\$642.82
78202	LIVER IMAGING WITH FLOW	-	-	1/1/2020	Fee Schedule	\$642.82

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
78215	LIVER AND SPLEEN IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78216	LIVER & SPLEEN IMAGE/FLOW	-	-	1/1/2020	Fee Schedule	\$186.01
78226	HEPATOBIILIARY SYSTEM IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78227	HEPATOBIIL SYST IMAGE W/DRUG	-	-	1/1/2020	Fee Schedule	\$238.49
78230	SALIVARY GLAND IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78231	SERIAL SALIVARY IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78232	SALIVARY GLAND FUNCTION EXAM	-	-	1/1/2020	Fee Schedule	\$186.01
78258	ESOPHAGEAL MOTILITY STUDY	-	-	1/1/2020	Fee Schedule	\$186.01
78261	GASTRIC MUCOSA IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78262	GASTROESOPHAGEAL REFLUX EXAM	-	-	1/1/2020	Fee Schedule	\$186.01
78264	GASTRIC EMPTYING IMAG STUDY	-	-	1/1/2020	Fee Schedule	\$186.01
78265	GASTRIC EMPTYING IMAG STUDY	-	-	1/1/2020	Fee Schedule	\$186.01
78266	GASTRIC EMPTYING IMAG STUDY	-	-	1/1/2020	Fee Schedule	\$238.49
78278	ACUTE GI BLOOD LOSS IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78282	GI PROTEIN LOSS EXAM	-	-	1/1/2020	Fee Schedule	\$186.01
78290	MECKELS DIVERT EXAM	-	-	1/1/2020	Fee Schedule	\$186.01
78291	LEVEEN/SHUNT PATENCY EXAM	-	-	1/1/2020	Fee Schedule	\$186.01
78299	GI NUCLEAR PROCEDURE	-	-	1/1/2020	Fee Schedule	\$186.01
78300	BONE IMAGING LIMITED AREA	-	-	1/1/2020	Fee Schedule	\$186.01
78305	BONE IMAGING MULTIPLE AREAS	-	-	1/1/2020	Fee Schedule	\$186.01
78306	BONE IMAGING WHOLE BODY	-	-	1/1/2020	Fee Schedule	\$186.01
78315	BONE IMAGING 3 PHASE	-	-	1/1/2020	Fee Schedule	\$186.01
78399	MUSCULOSKELETAL NUCLEAR EXAM	-	-	1/1/2020	Fee Schedule	\$186.01
78414	NON-IMAGING HEART FUNCTION	-	-	1/1/2020	Fee Schedule	\$238.49
78428	CARDIAC SHUNT IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78429	MYOCDR IMG PET 1 STD W/CT	-	-	1/1/2020	Fee Schedule	\$729.21
78430	MYOCDR IMG PET RST/STRS W/CT	-	-	1/1/2020	Fee Schedule	\$729.21
78431	MYOCDR IMG PET RST&STRS CT	-	-	1/1/2020	Fee Schedule	\$1,137.15
78432	MYOCDR IMG PET 2RTRACER	-	-	1/1/2020	Fee Schedule	\$1,389.79
78433	MYOCDR IMG PET 2RTRACER CT	-	-	1/1/2020	Fee Schedule	\$1,389.79
78434	AQMBF PET REST & RX STRESS	-	-	1/1/2020	No Separate Payment	\$0.00
78445	VASCULAR FLOW IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78451	HT MUSCLE IMAGE SPECT SING	-	-	1/1/2020	Fee Schedule	\$642.82
78452	HT MUSCLE IMAGE SPECT MULT	-	-	1/1/2020	Fee Schedule	\$642.82
78453	HT MUSCLE IMAGE PLANAR SING	-	-	1/1/2020	Fee Schedule	\$642.82
78454	HT MUSC IMAGE PLANAR MULT	-	-	1/1/2020	Fee Schedule	\$642.82
78456	ACUTE VENOUS THROMBUS IMAGE	-	-	1/1/2020	Fee Schedule	\$642.82
78457	VENOUS THROMBOSIS IMAGING	-	-	1/1/2020	Fee Schedule	\$642.82
78458	VEN THROMBOSIS IMAGES BILAT	-	-	1/1/2020	Fee Schedule	\$186.01
78459	MYOCDR IMG PET SINGLE STUDY	-	-	1/1/2020	Fee Schedule	\$642.82
78466	HEART INFARCT IMAGE	-	-	1/1/2020	Fee Schedule	\$186.01
78468	HEART INFARCT IMAGE (EF)	-	-	1/1/2020	Fee Schedule	\$238.49
78469	HEART INFARCT IMAGE (3D)	-	-	1/1/2020	Fee Schedule	\$642.82
78472	GATED HEART PLANAR SINGLE	-	-	1/1/2020	Fee Schedule	\$186.01
78473	GATED HEART MULTIPLE	-	-	1/1/2020	Fee Schedule	\$186.01
78481	HEART FIRST PASS SINGLE	-	-	1/1/2020	Fee Schedule	\$238.49
78483	HEART FIRST PASS MULTIPLE	-	-	1/1/2020	Fee Schedule	\$238.49
78491	MYOCDR IMG PET 1STD RST/STRS	-	-	1/1/2020	Fee Schedule	\$729.21
78492	MYOCDR IMG PET MLT RST&STRS	-	-	1/1/2020	Fee Schedule	\$729.21
78494	HEART IMAGE SPECT	-	-	1/1/2020	Fee Schedule	\$186.01
78496	HEART FIRST PASS ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
78499	CARDIOVASCULAR NUCLEAR EXAM	-	-	1/1/2020	Fee Schedule	\$186.01
78579	LUNG VENTILATION IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
78580	LUNG PERFUSION IMAGING	-	-	1/1/2020	Fee Schedule	\$186.01
78582	LUNG VENTILAT&PERFUS IMAGING	-	-	1/1/2020	Fee Schedule	\$238.49
78597	LUNG PERFUSION DIFFERENTIAL	-	-	1/1/2020	Fee Schedule	\$186.01
78598	LUNG PERF&VENTILAT DIFERENTL	-	-	1/1/2020	Fee Schedule	\$238.49
78599	RESPIRATORY NUCLEAR EXAM	-	-	1/1/2020	Fee Schedule	\$186.01
78600	BRAIN IMAGE < 4 VIEWS	-	-	1/1/2020	Fee Schedule	\$186.01
78601	BRAIN IMAGE W/FLOW < 4 VIEWS	-	-	1/1/2020	Fee Schedule	\$186.01
78605	BRAIN IMAGE 4+ VIEWS	-	-	1/1/2020	Fee Schedule	\$238.49
78606	BRAIN IMAGE W/FLOW 4 + VIEWS	-	-	1/1/2020	Fee Schedule	\$238.49
78608	BRAIN IMAGING (PET)	-	-	1/1/2020	Fee Schedule	\$729.21
78610	BRAIN FLOW IMAGING ONLY	-	-	1/1/2020	Fee Schedule	\$238.49
78630	CEREBROSPINAL FLUID SCAN	-	-	1/1/2020	Fee Schedule	\$238.49
78635	CSF VENTRICULOGRAPHY	-	-	1/1/2020	Fee Schedule	\$238.49
78645	CSF SHUNT EVALUATION	-	-	1/1/2020	Fee Schedule	\$238.49
78650	CSF LEAKAGE IMAGING	-	-	1/1/2020	Fee Schedule	\$642.82
78660	NUCLEAR EXAM OF TEAR FLOW	-	-	1/1/2020	Fee Schedule	\$186.01
78699	NERVOUS SYSTEM NUCLEAR EXAM	-	-	1/1/2020	Fee Schedule	\$186.01
78700	KIDNEY IMAGING MORPHOL	-	-	1/1/2020	Fee Schedule	\$186.01
78701	KIDNEY IMAGING WITH FLOW	-	-	1/1/2020	Fee Schedule	\$186.01
78707	K FLOW/FUNCT IMAGE W/O DRUG	-	-	1/1/2020	Fee Schedule	\$238.49
78708	K FLOW/FUNCT IMAGE W/DRUG	-	-	1/1/2020	Fee Schedule	\$238.49
78709	K FLOW/FUNCT IMAGE MULTIPLE	-	-	1/1/2020	Fee Schedule	\$238.49
78725	KIDNEY FUNCTION STUDY	-	-	1/1/2020	Fee Schedule	\$186.01
78730	URINARY BLADDER RETENTION	-	-	7/1/2018	No Separate Payment	\$0.00
78740	URETERAL REFLUX STUDY	-	-	1/1/2020	Fee Schedule	\$186.01
78761	TESTICULAR IMAGING W/FLOW	-	-	1/1/2020	Fee Schedule	\$186.01
78799	GENITOURINARY NUCLEAR EXAM	-	-	1/1/2020	Fee Schedule	\$186.01
78800	RP LOCLZJ TUM 1 AREA 1 D IMG	-	-	1/1/2020	Fee Schedule	\$186.01
78801	RP LOCLZJ TUM 2+AREA 1+D IMG	-	-	1/1/2020	Fee Schedule	\$186.01
78802	RP LOCLZJ TUM WHBDY 1 D IMG	-	-	1/1/2020	Fee Schedule	\$642.82
78803	RP LOCLZJ TUM SPECT 1 AREA	-	-	1/1/2020	Fee Schedule	\$642.82
78804	RP LOCLZJ TUM WHBDY 2+D IMG	-	-	1/1/2020	Fee Schedule	\$642.82
78808	IV INJ RA DRUG DX STUDY	-	-	7/1/2018	No Separate Payment	\$0.00
78811	PET IMAGE LTD AREA	-	-	1/1/2020	Fee Schedule	\$642.82
78812	PET IMAGE SKULL-THIGH	-	-	1/1/2020	Fee Schedule	\$729.21
78813	PET IMAGE FULL BODY	-	-	1/1/2020	Fee Schedule	\$729.21
78814	PET IMAGE W/CT LMTD	-	-	1/1/2020	Fee Schedule	\$729.21
78815	PET IMAGE W/CT SKULL-THIGH	-	-	1/1/2020	Fee Schedule	\$729.21
78816	PET IMAGE W/CT FULL BODY	-	-	1/1/2020	Fee Schedule	\$729.21
78830	RP LOCLZJ TUM SPECT W/CT 1	-	-	1/1/2020	Fee Schedule	\$642.82
78831	RP LOCLZJ TUM SPECT 2 AREAS	-	-	1/1/2020	Fee Schedule	\$642.82
78832	RP LOCLZJ TUM SPECT W/CT 2	-	-	1/1/2020	Fee Schedule	\$729.21
78999	NUCLEAR DIAGNOSTIC EXAM	-	-	1/1/2020	Fee Schedule	\$186.01
79005	NUCLEAR RX ORAL ADMIN	-	-	1/1/2020	Fee Schedule	\$50.53
79101	NUCLEAR RX IV ADMIN	-	-	1/1/2020	Fee Schedule	\$51.25
79200	NUCLEAR RX INTRACAV ADMIN	-	-	1/1/2020	Fee Schedule	\$53.41
79300	NUCLR RX INTERSTIT COLLOID	-	-	1/1/2020	Fee Schedule	\$119.95
79403	HEMATOPOIETIC NUCLEAR TX	-	-	1/1/2020	Fee Schedule	\$81.92
79440	NUCLEAR RX INTRA-ARTICULAR	-	-	1/1/2020	Fee Schedule	\$39.70
79445	NUCLEAR RX INTRA-ARTERIAL	-	-	1/1/2020	Fee Schedule	\$119.95
79999	NUCLEAR MEDICINE THERAPY	-	-	1/1/2020	Fee Schedule	\$119.95
90296	DIPHThERIA ANTITOXIN	-	-	7/1/2018	Not Allowed	\$0.00
90371	HEP B IG IM	-	-	1/1/2020	Fee Schedule	\$115.94

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
90375	RABIES IG IM/SC	-	-	1/1/2020	Fee Schedule	\$277.34
90376	RABIES IG HEAT TREATED	-	-	1/1/2020	Fee Schedule	\$278.70
90378	RSV MAB IM 50MG	-	-	1/1/2020	Fee Schedule	\$1,838.68
90385	RH IG MINIDOSE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90393	VACCINA IG IM	-	-	7/1/2018	Not Allowed	\$0.00
90396	VARICELLA-ZOSTER IG IM	-	-	1/1/2020	Fee Schedule	\$1,705.32
90476	ADENOVIRUS VACCINE TYPE 4	-	-	7/1/2018	No Separate Payment	\$0.00
90477	ADENOVIRUS VACCINE TYPE 7	-	-	7/1/2018	Not Allowed	\$0.00
90581	ANTHRAX VACCINE SC OR IM	-	-	7/1/2018	No Separate Payment	\$0.00
90585	BCG VACCINE PERCUT	-	-	7/1/2018	Fee Schedule	\$123.20
90620	MENB RP W/OMV VACCINE IM	-	-	7/1/2018	Fee Schedule	\$147.37
90621	MENB RLP VACCINE IM	-	-	7/1/2018	Fee Schedule	\$122.70
90630	FLU VACC IIV4 NO PRESERV ID	-	-	7/1/2018	No Separate Payment	\$0.00
90632	HEPA VACCINE ADULT IM	-	-	7/1/2018	No Separate Payment	\$0.00
90633	HEPA VACC PED/ADOL 2 DOSE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90634	HEPA VACC PED/ADOL 3 DOSE	-	-	1/1/2020	No Separate Payment	\$0.00
90636	HEP A/HEP B VACC ADULT IM	-	-	7/1/2018	No Separate Payment	\$0.00
90644	HIB-MENCY VACCINE 4 DOSE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90647	HIB PRP-OMP VACC 3 DOSE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90648	HIB PRP-T VACCINE 4 DOSE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90653	IIV ADJUVANT VACCINE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90654	FLU VACC IIV3 NO PRESERV ID	-	-	7/1/2018	No Separate Payment	\$0.00
90655	IIV3 VACC NO PRSV 0.25 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90656	IIV3 VACC NO PRSV 0.5 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90657	IIV3 VACCINE SPLT 0.25 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90660	LAIV3 VACCINE INTRANASAL	-	-	7/1/2018	No Separate Payment	\$0.00
90661	CCIIV3 VAC NO PRSV 0.5 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90662	IIV NO PRSV INCREASED AG IM	-	-	7/1/2018	No Separate Payment	\$0.00
90670	PCV13 VACCINE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90672	LAIV4 VACCINE INTRANASAL	-	-	7/1/2018	No Separate Payment	\$0.00
90673	RIV3 VACCINE NO PRESERV IM	-	-	7/1/2018	No Separate Payment	\$0.00
90674	CCIIV4 VAC NO PRSV 0.5 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90675	RABIES VACCINE IM	-	-	1/1/2020	Fee Schedule	\$277.82
90676	RABIES VACCINE ID	-	-	1/1/2020	Fee Schedule	\$227.53
90680	RV5 VACC 3 DOSE LIVE ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
90681	RV1 VACC 2 DOSE LIVE ORAL	-	-	7/1/2018	Fee Schedule	\$108.65
90682	RIV4 VACC RECOMBINANT DNA IM	-	-	7/1/2018	No Separate Payment	\$0.00
90685	IIV4 VACC NO PRSV 0.25 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90686	IIV4 VACC NO PRSV 0.5 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90687	IIV4 VACCINE SPLT 0.25 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90688	IIV4 VACCINE SPLT 0.5 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90689	VACC IIV4 NO PRSRV 0.25ML IM	-	-	7/1/2019	No Separate Payment	\$0.00
90690	TYPHOID VACCINE ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
90691	TYPHOID VACCINE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90696	DTAP-IPV VACCINE 4-6 YRS IM	-	-	7/1/2018	No Separate Payment	\$0.00
90698	DTAP-IPV/HIB VACCINE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90700	DTAP VACCINE < 7 YRS IM	-	-	7/1/2018	No Separate Payment	\$0.00
90702	DT VACCINE UNDER 7 YRS IM	-	-	7/1/2018	No Separate Payment	\$0.00
90707	MMR VACCINE SC	-	-	7/1/2018	No Separate Payment	\$0.00
90710	MMRV VACCINE SC	-	-	7/1/2018	No Separate Payment	\$0.00
90713	POLIOVIRUS IPV SC/IM	-	-	7/1/2018	No Separate Payment	\$0.00
90714	TD VACC NO PRESV 7 YRS+ IM	-	-	7/1/2018	No Separate Payment	\$0.00
90715	TDAP VACCINE 7 YRS/> IM	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
90717	YELLOW FEVER VACCINE SUBQ	-	-	7/1/2018	No Separate Payment	\$0.00
90732	PPSV23 VACC 2 YRS+ SUBQ/IM	-	-	7/1/2018	No Separate Payment	\$0.00
90733	MPSV4 VACCINE SUBQ	-	-	7/1/2018	Fee Schedule	\$106.49
90734	MENACWYD/MENACWYCRM VACC IM	-	-	7/1/2018	Fee Schedule	\$97.49
90740	HEPB VACC 3 DOSE IMMUNSUP IM	-	-	7/1/2018	No Separate Payment	\$0.00
90743	HEPB VACC 2 DOSE ADOLESC IM	-	-	7/1/2018	No Separate Payment	\$0.00
90744	HEPB VACC 3 DOSE PED/ADOL IM	-	-	7/1/2018	No Separate Payment	\$0.00
90746	HEPB VACCINE 3 DOSE ADULT IM	-	-	7/1/2018	No Separate Payment	\$0.00
90747	HEPB VACC 4 DOSE IMMUNSUP IM	-	-	7/1/2018	No Separate Payment	\$0.00
90749	VACCINE TOXOID	-	-	7/1/2018	No Separate Payment	\$0.00
90756	CCIIV4 VACC ABX FREE IM	-	-	7/1/2018	No Separate Payment	\$0.00
91035	G-ESOPH REFLX TST W/ELECTROD	-	-	1/1/2020	Fee Schedule	\$245.37
91200	LIVER ELASTOGRAPHY	-	-	7/1/2018	No Separate Payment	\$0.00
92018	NEW EYE EXAM & TREATMENT	-	-	7/1/2018	Fee Schedule	\$505.41
92071	CONTACT LENS FITTING FOR TX	-	-	7/1/2018	No Separate Payment	\$0.00
92072	FIT CONTAC LENS FOR MANAGMNT	-	-	7/1/2018	No Separate Payment	\$0.00
92920	PRQ CARDIAC ANGIOPLAST 1 ART	Y	-	1/1/2020	Fee Schedule	\$3,021.61
92921	PRQ CARDIAC ANGIO ADDL ART	-	-	1/1/2020	No Separate Payment	\$0.00
92928	PRQ CARD STENT W/ANGIO 1 VSL	Y	-	1/1/2020	Fee Schedule	\$6,057.81
92929	PRQ CARD STENT W/ANGIO ADDL	-	-	1/1/2020	No Separate Payment	\$0.00
93451	RIGHT HEART CATH	-	-	1/1/2020	Fee Schedule	\$1,374.36
93452	LEFT HRT CATH W/VENTRCLGRPHY	-	-	1/1/2020	Fee Schedule	\$1,374.36
93453	R&L HRT CATH W/VENTRCLGRPHY	-	-	1/1/2020	Fee Schedule	\$1,374.36
93454	CORONARY ARTERY ANGIO S&I	-	-	1/1/2020	Fee Schedule	\$1,374.36
93455	CORONARY ART/GRFT ANGIO S&I	-	-	1/1/2020	Fee Schedule	\$1,374.36
93456	R HRT CORONARY ARTERY ANGIO	-	-	1/1/2020	Fee Schedule	\$1,374.36
93457	R HRT ART/GRFT ANGIO	-	-	1/1/2020	Fee Schedule	\$1,374.36
93458	L HRT ARTERY/VENTRICLE ANGIO	-	-	1/1/2020	Fee Schedule	\$1,374.36
93459	L HRT ART/GRFT ANGIO	-	-	1/1/2020	Fee Schedule	\$1,374.36
93460	R&L HRT ART/VENTRICLE ANGIO	-	-	1/1/2020	Fee Schedule	\$1,374.36
93461	R&L HRT ART/VENTRICLE ANGIO	-	-	1/1/2020	Fee Schedule	\$1,374.36
93462	L HRT CATH TRNSPTL PUNCTURE	-	-	1/1/2019	No Separate Payment	\$0.00
93566	INJECT R VENTR/ATRIAL ANGIO	-	-	1/1/2019	No Separate Payment	\$0.00
93567	INJECT SUPRVLV AORTOGRAPHY	-	-	1/1/2019	No Separate Payment	\$0.00
93568	INJECT PULM ART HRT CATH	-	-	1/1/2019	No Separate Payment	\$0.00
93571	HEART FLOW RESERVE MEASURE	-	-	1/1/2019	No Separate Payment	\$0.00
93572	HEART FLOW RESERVE MEASURE	-	-	1/1/2019	No Separate Payment	\$0.00
93590	PERQ TRANSCATH CLS MITRAL	Y	-	7/1/2018	Fee Schedule	\$8,850.26
93591	PERQ TRANSCATH CLS AORTIC	Y	-	7/1/2018	Fee Schedule	\$8,850.26
93985	DUP-SCAN HEMO COMPL BI STD	-	-	1/1/2020	Fee Schedule	\$117.75
93986	DUP-SCAN HEMO COMPL UNI STD	-	-	1/1/2020	Fee Schedule	\$56.63
95940	IONM IN OPERATNG ROOM 15 MIN	-	-	7/1/2018	No Separate Payment	\$0.00
95941	IONM REMOTE>1 PT OR PER HR	-	-	7/1/2018	No Separate Payment	\$0.00
A4216	STERILE WATER/SALINE, 10 ML	-	-	7/1/2018	No Separate Payment	\$0.00
A4217	STERILE WATER/SALINE, 500 ML	-	-	7/1/2018	No Separate Payment	\$0.00
A4218	STERILE SALINE OR WATER	-	-	7/1/2018	No Separate Payment	\$0.00
A4220	INFUSION PUMP REFILL KIT	-	-	7/1/2018	No Separate Payment	\$0.00
A4244	ALCOHOL OR PEROXIDE PER PINT	-	-	7/1/2018	No Separate Payment	\$0.00
A4245	ALCOHOL WIPES PER BOX	-	-	7/1/2018	No Separate Payment	\$0.00
A4246	BETADINE/PHISOHEX SOLUTION	-	-	7/1/2018	No Separate Payment	\$0.00
A4247	BETADINE/IODINE SWABS/WIPES	-	-	7/1/2018	No Separate Payment	\$0.00
A4248	CHLORHEXIDINE ANTISEPT	-	-	7/1/2018	No Separate Payment	\$0.00
A4262	TEMPORARY TEAR DUCT PLUG	-	-	7/1/2018	No Separate Payment	\$0.00

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**Montana Healthcare Programs Fee Schedule
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
A4263	PERMANENT TEAR DUCT PLUG	-	-	7/1/2018	No Separate Payment	\$0.00
A4270	DISPOSABLE ENDOSCOPE SHEATH	-	-	7/1/2018	No Separate Payment	\$0.00
A4300	CATH IMPL VASC ACCESS PORTAL	-	-	7/1/2018	No Separate Payment	\$0.00
A4301	IMPLANTABLE ACCESS SYST PERC	-	-	7/1/2018	No Separate Payment	\$0.00
A4305	DRUG DELIVERY SYSTEM >=50 ML	-	-	7/1/2018	No Separate Payment	\$0.00
A4306	DRUG DELIVERY SYSTEM <=50 ML	-	-	7/1/2018	No Separate Payment	\$0.00
A4641	RADIOPHARM DX AGENT NOC	-	-	7/1/2018	No Separate Payment	\$0.00
A4642	IN111 SATUMOMAB	-	-	7/1/2018	No Separate Payment	\$0.00
A4648	IMPLANTABLE TISSUE MARKER	-	-	7/1/2018	No Separate Payment	\$0.00
A4650	IMPLANT RADIATION DOSIMETER	-	-	7/1/2018	No Separate Payment	\$0.00
A9500	TC99M SESTAMIBI	-	-	7/1/2018	No Separate Payment	\$0.00
A9501	TECHNETIUM TC-99M TEBOROXIME	-	-	7/1/2018	No Separate Payment	\$0.00
A9502	TC99M TETROFOSMIN	-	-	7/1/2018	No Separate Payment	\$0.00
A9503	TC99M MEDRONATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9504	TC99M APCITIDE	-	-	7/1/2018	No Separate Payment	\$0.00
A9505	TL201 THALLIUM	-	-	7/1/2018	No Separate Payment	\$0.00
A9507	IN111 CAPROMAB	-	-	7/1/2018	No Separate Payment	\$0.00
A9508	I131 IODOBENGUATE, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9509	IODINE I-123 SOD IODIDE MIL	-	-	7/1/2018	No Separate Payment	\$0.00
A9510	TC99M DISOFENIN	-	-	7/1/2018	No Separate Payment	\$0.00
A9512	TC99M PERTECHNETATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9515	CHOLINE C-11	-	-	1/1/2019	No Separate Payment	\$0.00
A9516	IODINE I-123 SOD IODIDE MIC	-	-	7/1/2018	No Separate Payment	\$0.00
A9520	TC99 TILMANOCEPT DIAG 0.5MCI	-	-	7/1/2018	No Separate Payment	\$0.00
A9521	TC99M EXAMETAZIME	-	-	7/1/2018	No Separate Payment	\$0.00
A9524	I131 SERUM ALBUMIN, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9526	NITROGEN N-13 AMMONIA	-	-	7/1/2018	No Separate Payment	\$0.00
A9527	IODINE I-125 SODIUM IODIDE	-	-	1/1/2020	Fee Schedule	\$31.26
A9528	IODINE I-131 IODIDE CAP, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9529	I131 IODIDE SOL, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9531	I131 MAX 100UCI	-	-	7/1/2018	No Separate Payment	\$0.00
A9532	I125 SERUM ALBUMIN, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9536	TC99M DEPREOTIDE	-	-	7/1/2018	No Separate Payment	\$0.00
A9537	TC99M MEBROFENIN	-	-	7/1/2018	No Separate Payment	\$0.00
A9538	TC99M PYROPHOSPHATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9539	TC99M PENTETATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9540	TC99M MAA	-	-	7/1/2018	No Separate Payment	\$0.00
A9541	TC99M SULFUR COLLOID	-	-	7/1/2018	No Separate Payment	\$0.00
A9542	IN111 IBRITUMOMAB, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9546	CO57/58	-	-	7/1/2018	No Separate Payment	\$0.00
A9547	IN111 OXYQUINOLINE	-	-	7/1/2018	No Separate Payment	\$0.00
A9548	IN111 PENTETATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9550	TC99M GLUCEPTATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9551	TC99M SUCCIMER	-	-	7/1/2018	No Separate Payment	\$0.00
A9552	F18 FDG	-	-	7/1/2018	No Separate Payment	\$0.00
A9553	CR51 CHROMATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9554	I125 IOTHALAMATE, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9555	RB82 RUBIDIUM	-	-	7/1/2018	No Separate Payment	\$0.00
A9556	GA67 GALLIUM	-	-	7/1/2018	No Separate Payment	\$0.00
A9557	TC99M BICISATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9558	XE133 XENON 10MCI	-	-	7/1/2018	No Separate Payment	\$0.00
A9559	CO57 CYANO	-	-	7/1/2018	No Separate Payment	\$0.00
A9560	TC99M LABELED RBC	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
A9561	TC99M OXIDRONATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9562	TC99M MERTIATIDE	-	-	7/1/2018	No Separate Payment	\$0.00
A9566	TC99M FANOLESOMAB	-	-	7/1/2018	No Separate Payment	\$0.00
A9567	TECHNETIUM TC-99M AEROSOL	-	-	7/1/2018	No Separate Payment	\$0.00
A9568	TECHNETIUM TC99M ARCITUMOMAB	-	-	7/1/2018	No Separate Payment	\$0.00
A9569	TECHNETIUM TC-99M AUTO WBC	-	-	7/1/2018	No Separate Payment	\$0.00
A9570	INDIUM IN-111 AUTO WBC	-	-	7/1/2018	No Separate Payment	\$0.00
A9571	INDIUM IN-111 AUTO PLATELET	-	-	7/1/2018	No Separate Payment	\$0.00
A9572	INDIUM IN-111 PENTETREOTIDE	-	-	7/1/2018	No Separate Payment	\$0.00
A9575	INJ GADOTERATE MEGLUMI 0.1ML	-	-	7/1/2018	No Separate Payment	\$0.00
A9576	INJ PROHANCE MULTIPACK	-	-	7/1/2018	No Separate Payment	\$0.00
A9577	INJ MULTIHANCE	-	-	7/1/2018	No Separate Payment	\$0.00
A9578	INJ MULTIHANCE MULTIPACK	-	-	7/1/2018	No Separate Payment	\$0.00
A9579	GAD-BASE MR CONTRAST NOS,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
A9580	SODIUM FLUORIDE F-18	-	-	7/1/2018	No Separate Payment	\$0.00
A9581	GADOXETATE DISODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
A9582	IODINE I-123 IOBENGUANE	-	-	7/1/2018	No Separate Payment	\$0.00
A9583	GADOFOSVESET TRISODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
A9584	IODINE I-123 IOFLUPANE	-	-	7/1/2018	No Separate Payment	\$0.00
A9585	GADOBUTROL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
A9586	FLORBETAPIR F18	-	-	7/1/2019	Fee Schedule	\$3,028.84
A9587	GALLIUM GA-68	-	-	1/1/2020	No Separate Payment	\$0.00
A9588	FLUCICLOVINE F-18	-	-	1/1/2020	No Separate Payment	\$0.00
A9597	PET, DX, FOR TUMOR ID, NOC	-	-	7/1/2018	No Separate Payment	\$0.00
A9598	PET DX FOR NON-TUMOR ID, NOC	-	-	7/1/2018	No Separate Payment	\$0.00
A9698	NON-RAD CONTRAST MATERIALNOC	-	-	7/1/2018	No Separate Payment	\$0.00
A9700	ECHOCARDIOGRAPHY CONTRAST	-	-	7/1/2018	No Separate Payment	\$0.00
C1713	ANCHOR/SCREW BN/BN,TIS/BN	-	-	7/1/2018	No Separate Payment	\$0.00
C1714	CATH, TRANS ATHERECTOMY, DIR	-	-	7/1/2018	No Separate Payment	\$0.00
C1715	BRACHYTHERAPY NEEDLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1716	BRACHYTX, NON-STR, GOLD-198	-	-	1/1/2020	Fee Schedule	\$116.44
C1717	BRACHYTX, NON-STR,HDR IR-192	-	-	1/1/2020	Fee Schedule	\$321.98
C1719	BRACHYTX, NS, NON-HDRIR-192	-	-	1/1/2020	Fee Schedule	\$62.96
C1721	AICD, DUAL CHAMBER	-	-	7/1/2018	No Separate Payment	\$0.00
C1722	AICD, SINGLE CHAMBER	-	-	7/1/2018	No Separate Payment	\$0.00
C1724	CATH, TRANS ATHEREC,ROTATION	-	-	7/1/2018	No Separate Payment	\$0.00
C1725	CATH, TRANSLUMIN NON-LASER	-	-	7/1/2018	No Separate Payment	\$0.00
C1726	CATH, BAL DIL, NON-VASCULAR	-	-	7/1/2018	No Separate Payment	\$0.00
C1727	CATH, BAL TIS DIS, NON-VAS	-	-	7/1/2018	No Separate Payment	\$0.00
C1728	CATH, BRACHYTX SEED ADM	-	-	7/1/2018	No Separate Payment	\$0.00
C1729	CATH, DRAINAGE	-	-	7/1/2018	No Separate Payment	\$0.00
C1730	CATH, EP, 19 OR FEW ELECT	-	-	7/1/2018	No Separate Payment	\$0.00
C1731	CATH, EP, 20 OR MORE ELEC	-	-	7/1/2018	No Separate Payment	\$0.00
C1732	CATH, EP, DIAG/ABL, 3D/VECT	-	-	7/1/2018	No Separate Payment	\$0.00
C1733	CATH, EP, OTHR THAN COOL-TIP	-	-	7/1/2018	No Separate Payment	\$0.00
C1734	ORTH/DEVIC/DRUG BN/BN,TIS/BN	-	-	1/1/2020	No Separate Payment	\$0.00
C1749	ENDO, COLON, RETRO IMAGING	-	-	7/1/2018	No Separate Payment	\$0.00
C1750	CATH, HEMODIALYSIS, LONG-TERM	-	-	7/1/2018	No Separate Payment	\$0.00
C1751	CATH, INF, PER/CENT/MIDLINE	-	-	7/1/2018	No Separate Payment	\$0.00
C1752	CATH,HEMODIALYSIS,SHORT-TERM	-	-	7/1/2018	No Separate Payment	\$0.00
C1753	CATH, INTRAVAS ULTRASOUND	-	-	7/1/2018	No Separate Payment	\$0.00
C1754	CATHETER, INTRADISCAL	-	-	7/1/2018	No Separate Payment	\$0.00
C1755	CATHETER, INTRASPINAL	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C1756	CATH, PACING, TRANSESEPH	-	-	7/1/2018	No Separate Payment	\$0.00
C1757	CATH, THROMBECTOMY/EMBOLECT	-	-	7/1/2018	No Separate Payment	\$0.00
C1758	CATHETER, URETERAL	-	-	7/1/2018	No Separate Payment	\$0.00
C1759	CATH, INTRA ECHOCARDIOGRAPHY	-	-	7/1/2018	No Separate Payment	\$0.00
C1760	CLOSURE DEV, VASC	-	-	7/1/2018	No Separate Payment	\$0.00
C1762	CONN TISS, HUMAN(INC FASCIA)	-	-	7/1/2018	No Separate Payment	\$0.00
C1763	CONN TISS, NON-HUMAN	-	-	7/1/2018	No Separate Payment	\$0.00
C1764	EVENT RECORDER, CARDIAC	-	-	7/1/2018	No Separate Payment	\$0.00
C1765	ADHESION BARRIER	-	-	7/1/2018	No Separate Payment	\$0.00
C1766	INTRO/SHEATH,STRBLE,NON-PEEL	-	-	7/1/2018	No Separate Payment	\$0.00
C1767	GENERATOR, NEURO NON-RECHARG	-	-	7/1/2018	No Separate Payment	\$0.00
C1768	GRAFT, VASCULAR	-	-	7/1/2018	No Separate Payment	\$0.00
C1769	GUIDE WIRE	-	-	7/1/2018	No Separate Payment	\$0.00
C1770	IMAGING COIL, MR, INSERTABLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1771	REP DEV, URINARY, W/SLING	-	-	7/1/2018	No Separate Payment	\$0.00
C1772	INFUSION PUMP, PROGRAMMABLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1773	RET DEV, INSERTABLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1776	JOINT DEVICE (IMPLANTABLE)	-	-	7/1/2018	No Separate Payment	\$0.00
C1777	LEAD, AICD, ENDO SINGLE COIL	-	-	7/1/2018	No Separate Payment	\$0.00
C1778	LEAD, NEUROSTIMULATOR	-	-	7/1/2018	No Separate Payment	\$0.00
C1779	LEAD, PMKR, TRANSVENOUS VDD	-	-	7/1/2018	No Separate Payment	\$0.00
C1780	LENS, INTRAOCULAR (NEW TECH)	-	-	7/1/2018	No Separate Payment	\$0.00
C1781	MESH (IMPLANTABLE)	-	-	7/1/2018	No Separate Payment	\$0.00
C1782	MORCELLATOR	-	-	7/1/2018	No Separate Payment	\$0.00
C1783	OCULAR IMP, AQUEOUS DRAIN DE	-	-	7/1/2018	No Separate Payment	\$0.00
C1784	OCULAR DEV, INTRAOP, DET RET	-	-	7/1/2018	No Separate Payment	\$0.00
C1785	PMKR, DUAL, RATE-RESP	-	-	7/1/2018	No Separate Payment	\$0.00
C1786	PMKR, SINGLE, RATE-RESP	-	-	7/1/2018	No Separate Payment	\$0.00
C1787	PATIENT PROGR, NEUROSTIM	-	-	7/1/2018	No Separate Payment	\$0.00
C1788	PORT, INDWELLING, IMP	-	-	7/1/2018	No Separate Payment	\$0.00
C1789	PROSTHESIS, BREAST, IMP	-	-	7/1/2018	No Separate Payment	\$0.00
C1813	PROSTHESIS, PENILE, INFLATAB	-	-	7/1/2018	Not Allowed	\$0.00
C1814	RETINAL TAMP, SILICONE OIL	-	-	7/1/2018	No Separate Payment	\$0.00
C1815	PROS, URINARY SPH, IMP	-	-	7/1/2018	No Separate Payment	\$0.00
C1816	RECEIVER/TRANSMITTER, NEURO	-	-	7/1/2018	No Separate Payment	\$0.00
C1817	SEPTAL DEFECT IMP SYS	-	-	7/1/2018	No Separate Payment	\$0.00
C1818	INTEGRATED KERATOPROSTHESIS	-	-	7/1/2018	No Separate Payment	\$0.00
C1819	TISSUE LOCALIZATION-EXCISION	-	-	7/1/2018	No Separate Payment	\$0.00
C1820	GENERATOR NEURO RECHG BAT SY	-	-	7/1/2018	No Separate Payment	\$0.00
C1821	INTERSPINOUS IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
C1822	GEN, NEURO, HF, RECHG BAT	-	-	7/1/2018	No Separate Payment	\$0.00
C1823	GEN, NEURO, TRANS SEN/STIM	-	-	1/1/2019	No Separate Payment	\$0.00
C1824	GENERATOR, CCM, IMPLANT	-	-	1/1/2020	No Separate Payment	\$0.00
C1830	POWER BONE MARROW BX NEEDLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1839	IRIS PROSTHESIS	-	-	1/1/2020	No Separate Payment	\$0.00
C1840	TELESCOPIC INTRAOCULAR LENS	-	-	7/1/2018	No Separate Payment	\$0.00
C1841	RETINAL PROSTH INT/EXT COMP	-	-	7/1/2018	Not Allowed	\$0.00
C1842	RETINAL PROSTH, ADD-ON	-	-	4/1/2019	Not Allowed	\$0.00
C1874	STENT, COATED/COV W/DEL SYS	-	-	7/1/2018	No Separate Payment	\$0.00
C1875	STENT, COATED/COV W/O DEL SY	-	-	7/1/2018	No Separate Payment	\$0.00
C1876	STENT, NON-COA/NON-COV W/DEL	-	-	7/1/2018	No Separate Payment	\$0.00
C1877	STENT, NON-COAT/COV W/O DEL	-	-	7/1/2018	No Separate Payment	\$0.00
C1878	MATRL FOR VOCAL CORD	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C1880	VENA CAVA FILTER	-	-	7/1/2018	No Separate Payment	\$0.00
C1881	DIALYSIS ACCESS SYSTEM	-	-	7/1/2018	No Separate Payment	\$0.00
C1882	AICD, OTHER THAN SING/DUAL	-	-	7/1/2018	No Separate Payment	\$0.00
C1883	ADAPT/EXT, PACING/NEURO LEAD	-	-	7/1/2018	No Separate Payment	\$0.00
C1884	EMBOLIZATION PROTECT SYST	-	-	7/1/2018	No Separate Payment	\$0.00
C1885	CATH, TRANSLUMIN ANGIO LASER	-	-	7/1/2018	No Separate Payment	\$0.00
C1886	CATHETER, ABLATION	-	-	7/1/2018	No Separate Payment	\$0.00
C1887	CATHETER, GUIDING	-	-	7/1/2018	No Separate Payment	\$0.00
C1888	ENDOVAS NON-CARDIAC ABL CATH	-	-	7/1/2018	No Separate Payment	\$0.00
C1889	IMPLANT/INSERT DEVICE, NOC	-	-	7/1/2018	No Separate Payment	\$0.00
C1890	NO DEVICE W/DEV-INTENSIVE PX	-	-	1/1/2019	No Separate Payment	\$0.00
C1891	INFUSION PUMP, NON-PROG, PERM	-	-	7/1/2018	No Separate Payment	\$0.00
C1892	INTRO/SHEATH, FIXED, PEEL-AWAY	-	-	7/1/2018	No Separate Payment	\$0.00
C1893	INTRO/SHEATH, FIXED, NON-PEEL	-	-	7/1/2018	No Separate Payment	\$0.00
C1894	INTRO/SHEATH, NON-LASER	-	-	7/1/2018	No Separate Payment	\$0.00
C1895	LEAD, AICD, ENDO DUAL COIL	-	-	7/1/2018	No Separate Payment	\$0.00
C1896	LEAD, AICD, NON SING/DUAL	-	-	7/1/2018	No Separate Payment	\$0.00
C1897	LEAD, NEUROSTIM TEST KIT	-	-	7/1/2018	No Separate Payment	\$0.00
C1898	LEAD, PMKR, OTHER THAN TRANS	-	-	7/1/2018	No Separate Payment	\$0.00
C1899	LEAD, PMKR/AICD COMBINATION	-	-	7/1/2018	No Separate Payment	\$0.00
C1900	LEAD, CORONARY VENOUS	-	-	7/1/2018	No Separate Payment	\$0.00
C1982	CATH, PRESSURE, VALVE-OCCLU	-	-	1/1/2020	No Separate Payment	\$0.00
C2596	PROBE, ROBOTIC, WATER-JET	-	-	1/1/2020	No Separate Payment	\$0.00
C2613	LUNG BX PLUG W/DEL SYS	-	-	7/1/2018	No Separate Payment	\$0.00
C2614	PROBE, PERC LUMB DISC	-	-	7/1/2018	No Separate Payment	\$0.00
C2615	SEALANT, PULMONARY, LIQUID	-	-	7/1/2018	No Separate Payment	\$0.00
C2616	BRACHYTX, NON-STR, YTTRIUM-90	-	-	1/1/2020	Fee Schedule	\$17,089.66
C2617	STENT, NON-COR, TEM W/O DEL	-	-	7/1/2018	No Separate Payment	\$0.00
C2618	PROBE/NEEDLE, CRYO	-	-	7/1/2018	No Separate Payment	\$0.00
C2619	PMKR, DUAL, NON RATE-RESP	-	-	7/1/2018	No Separate Payment	\$0.00
C2620	PMKR, SINGLE, NON RATE-RESP	-	-	7/1/2018	No Separate Payment	\$0.00
C2621	PMKR, OTHER THAN SING/DUAL	-	-	7/1/2018	No Separate Payment	\$0.00
C2622	PROSTHESIS, PENILE, NON-INF	-	-	7/1/2018	Not Allowed	\$0.00
C2623	CATH, TRANSLUMIN, DRUG-COAT	-	-	7/1/2018	No Separate Payment	\$0.00
C2624	WIRELESS PRESSURE SENSOR	-	-	7/1/2018	No Separate Payment	\$0.00
C2625	STENT, NON-COR, TEM W/DEL SY	-	-	7/1/2018	No Separate Payment	\$0.00
C2626	INFUSION PUMP, NON-PROG, TEMP	-	-	7/1/2018	No Separate Payment	\$0.00
C2627	CATH, SUPRAPUBIC/CYSTOSCOPIC	-	-	7/1/2018	No Separate Payment	\$0.00
C2628	CATHETER, OCCLUSION	-	-	7/1/2018	No Separate Payment	\$0.00
C2629	INTRO/SHEATH, LASER	-	-	7/1/2018	No Separate Payment	\$0.00
C2630	CATH, EP, COOL-TIP	-	-	7/1/2018	No Separate Payment	\$0.00
C2631	REP DEV, URINARY, W/O SLING	-	-	7/1/2018	No Separate Payment	\$0.00
C2634	BRACHYTX, NON-STR, HA, I-125	-	-	1/1/2020	Fee Schedule	\$181.89
C2635	BRACHYTX, NON-STR, HA, P-103	-	-	1/1/2020	Fee Schedule	\$56.37
C2636	BRACHY LINEAR, NON-STR, P-103	-	-	1/1/2020	Fee Schedule	\$36.03
C2638	BRACHYTX, STRANDED, I-125	-	-	1/1/2020	Fee Schedule	\$34.54
C2639	BRACHYTX, NON-STRANDED, I-125	-	-	1/1/2020	Fee Schedule	\$35.63
C2640	BRACHYTX, STRANDED, P-103	-	-	1/1/2020	Fee Schedule	\$83.59
C2641	BRACHYTX, NON-STRANDED, P-103	-	-	1/1/2020	Fee Schedule	\$69.39
C2642	BRACHYTX, STRANDED, C-131	-	-	1/1/2020	Fee Schedule	\$76.70
C2643	BRACHYTX, NON-STRANDED, C-131	-	-	1/1/2020	Fee Schedule	\$95.70
C2644	BRACHYTX CESIUM-131 CHLORIDE	-	-	7/1/2018	Fee Schedule	\$105.09
C2645	BRACHYTX PLANAR, P-103	-	-	7/1/2018	Fee Schedule	\$4.69

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C2698	BRACHYTX, STRANDED, NOS	-	-	1/1/2020	Fee Schedule	\$34.54
C2699	BRACHYTX, NON-STRANDED, NOS	-	-	1/1/2020	Fee Schedule	\$35.63
C5271	LOW COST SKIN SUBSTITUTE APP	Y	-	1/1/2020	Fee Schedule	\$251.14
C5272	LOW COST SKIN SUBSTITUTE APP	-	-	7/1/2018	No Separate Payment	\$0.00
C5273	LOW COST SKIN SUBSTITUTE APP	Y	-	1/1/2020	Fee Schedule	\$819.95
C5274	LOW COST SKIN SUBSTITUTE APP	-	-	7/1/2018	No Separate Payment	\$0.00
C5275	LOW COST SKIN SUBSTITUTE APP	Y	-	1/1/2020	Fee Schedule	\$251.14
C5276	LOW COST SKIN SUBSTITUTE APP	-	-	7/1/2018	No Separate Payment	\$0.00
C5277	LOW COST SKIN SUBSTITUTE APP	Y	-	1/1/2020	Fee Schedule	\$251.14
C5278	LOW COST SKIN SUBSTITUTE APP	-	-	7/1/2018	No Separate Payment	\$0.00
C8900	MRA W/CONT, ABD	-	-	1/1/2020	Fee Schedule	\$192.95
C8901	MRA W/O CONT, ABD	-	-	1/1/2020	Fee Schedule	\$117.75
C8902	MRA W/O FOL W/CONT, ABD	-	-	1/1/2020	Fee Schedule	\$192.95
C8903	MRI W/CONT, BREAST, UNI	-	-	1/1/2020	Fee Schedule	\$92.08
C8905	MRI W/O FOL W/CONT, BRST, UN	-	-	1/1/2020	Fee Schedule	\$192.95
C8906	MRI W/CONT, BREAST, BI	-	-	1/1/2020	Fee Schedule	\$192.95
C8908	MRI W/O FOL W/CONT, BREAST,	-	-	1/1/2020	Fee Schedule	\$192.95
C8909	MRA W/CONT, CHEST	-	-	1/1/2020	Fee Schedule	\$192.95
C8910	MRA W/O CONT, CHEST	-	-	1/1/2020	Fee Schedule	\$117.75
C8911	MRA W/O FOL W/CONT, CHEST	-	-	1/1/2020	Fee Schedule	\$192.95
C8912	MRA W/CONT, LWR EXT	-	-	1/1/2020	Fee Schedule	\$192.95
C8913	MRA W/O CONT, LWR EXT	-	-	1/1/2020	Fee Schedule	\$117.75
C8914	MRA W/O FOL W/CONT, LWR EXT	-	-	1/1/2020	Fee Schedule	\$192.95
C8918	MRA W/CONT, PELVIS	-	-	1/1/2020	Fee Schedule	\$192.95
C8919	MRA W/O CONT, PELVIS	-	-	1/1/2020	Fee Schedule	\$117.75
C8920	MRA W/O FOL W/CONT, PELVIS	-	-	1/1/2020	Fee Schedule	\$192.95
C8931	MRA, W/DYE, SPINAL CANAL	-	-	1/1/2020	Fee Schedule	\$192.95
C8932	MRA, W/O DYE, SPINAL CANAL	-	-	1/1/2020	Fee Schedule	\$117.75
C8933	MRA, W/O&W/DYE, SPINAL CANAL	-	-	1/1/2020	Fee Schedule	\$192.95
C8934	MRA, W/DYE, UPPER EXTREMITY	-	-	1/1/2020	Fee Schedule	\$192.95
C8935	MRA, W/O DYE, UPPER EXTR	-	-	1/1/2020	Fee Schedule	\$117.75
C8936	MRA, W/O&W/DYE, UPPER EXTR	-	-	1/1/2020	Fee Schedule	\$192.95
C9034	INJECTION, DEXAMETHASONE 9%	-	-	4/1/2019	Fee Schedule	\$1.11
C9041	INJ, COAGULATION FACTOR XA	-	-	1/1/2020	Fee Schedule	\$291.50
C9046	COCAINE HCL NASAL SOLUTION	-	-	1/1/2020	Fee Schedule	\$0.86
C9047	INJECTION, CAPLACIZUMAB-YHDP	-	-	1/1/2020	Fee Schedule	\$689.39
C9054	INJECTION, LEFAMULIN	-	-	1/1/2020	Fee Schedule	\$0.70
C9055	INJ, BREXANOLONE	-	-	1/1/2020	Fee Schedule	\$77.38
C9113	INJ PANTOPRAZOLE SODIUM, VIA	-	-	7/1/2018	No Separate Payment	\$0.00
C9132	KCENTRA, PER I.U.	-	-	1/1/2020	Fee Schedule	\$2.01
C9248	INJ, CLEVIDIPINE BUTYRATE	-	-	1/1/2020	No Separate Payment	\$0.00
C9250	ARTISS FIBRIN SEALANT	-	-	1/1/2020	Fee Schedule	\$156.84
C9254	INJECTION, LACOSAMIDE	-	-	7/1/2018	No Separate Payment	\$0.00
C9257	BEVACIZUMAB INJECTION	-	-	1/1/2020	Fee Schedule	\$2.02
C9285	PATCH, LIDOCAINE/TETRACAINE	-	-	7/1/2018	No Separate Payment	\$0.00
C9290	INJ, BUPIVACAINE LIPOSOME	-	-	10/1/2019	Fee Schedule	\$1.25
C9293	INJECTION, GLUCARPIDASE	-	-	1/1/2020	No Separate Payment	\$0.00
C9352	NEURAGEN NERVE GUIDE, PER CM	-	-	7/1/2018	No Separate Payment	\$0.00
C9353	NEURAWRAP NERVE PROTECTOR,CM	-	-	7/1/2018	No Separate Payment	\$0.00
C9354	VERITAS COLLAGEN MATRIX, CM2	-	-	7/1/2018	No Separate Payment	\$0.00
C9355	NEUROMATRIX NERVE CUFF, CM	-	-	7/1/2018	No Separate Payment	\$0.00
C9356	TENOGLIDE TENDON PROT, CM2	-	-	7/1/2018	No Separate Payment	\$0.00
C9358	SURGIMEND, FETAL	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C9359	IMPLNT_BON VOID FILLER-PUTTY	-	-	7/1/2018	No Separate Payment	\$0.00
C9360	SURGIMEND, NEONATAL	-	-	7/1/2018	No Separate Payment	\$0.00
C9361	NEUROMEND NERVE WRAP	-	-	7/1/2018	No Separate Payment	\$0.00
C9362	IMPLNT_BON VOID FILLER-STRIP	-	-	7/1/2018	No Separate Payment	\$0.00
C9363	INTEGRA MESHED BIL WOUND MAT	-	-	7/1/2018	No Separate Payment	\$0.00
C9364	PORCINE IMPLANT, PERMACOL	-	-	7/1/2018	No Separate Payment	\$0.00
C9367	ENDOFORM DERMAL TEMPLATE	-	-	7/1/2018	Fee Schedule	\$4.35
C9399	UNCLASSIFIED DRUGS OR BIOLOG	-	-	7/1/2018	Not Allowed	\$0.00
C9460	INJECTION, CANGRELOR	-	-	1/1/2020	Fee Schedule	\$15.33
C9462	INJECTION, DELAFLOXACIN	-	-	1/1/2020	Fee Schedule	\$0.46
C9482	SOTALOL HYDROCHLORIDE IV	-	-	7/1/2018	Fee Schedule	\$9.99
C9488	CONIVAPTAN HCL	-	-	1/1/2020	Fee Schedule	\$31.37
C9600	PERC DRUG-EL COR STENT SING	Y	-	1/1/2020	Fee Schedule	\$6,189.28
C9601	PERC DRUG-EL COR STENT BRAN	-	-	1/1/2020	No Separate Payment	\$0.00
C9725	PLACE ENDORECTAL APP	Y	-	1/1/2020	Fee Schedule	\$385.98
C9726	RXT BREAST APPL PLACE/REMOV	-	-	7/1/2018	No Separate Payment	\$0.00
C9727	INSERT PALATE IMPLANTS	Y	-	1/1/2020	Fee Schedule	\$536.60
C9728	PLACE DEVICE/MARKER, NON PRO	-	-	1/1/2020	Fee Schedule	\$629.26
C9733	NON-OPHTHALMIC FVA	-	-	7/1/2018	No Separate Payment	\$0.00
C9738	BLUE LIGHT CYSTO IMAG AGENT	-	-	7/1/2018	No Separate Payment	\$0.00
C9739	CYSTOSCOPY PROSTATIC IMP 1-3	Y	-	1/1/2020	Fee Schedule	\$3,281.75
C9740	CYSTO IMPL 4 OR MORE	Y	-	1/1/2020	Fee Schedule	\$6,908.94
C9745	NASAL ENDO EUSTACHIAN TUBE	Y	-	1/1/2020	Fee Schedule	\$3,358.64
C9747	ABLATION, HIFU, PROSTATE	Y	-	1/1/2020	Fee Schedule	\$1,976.27
C9749	REPAIR NASAL STENOSIS W/IMP	-	-	1/1/2020	Fee Schedule	\$3,418.03
C9752	INTRAOSSEOUS DES LUMB/SACRUM	-	-	1/1/2020	Fee Schedule	\$7,465.38
C9753	INTRAOSSEOUS DESTRUCT ADD'L	-	-	7/1/2019	No Separate Payment	\$0.00
C9754	PERC AV FISTULA, DIRECT	-	-	1/1/2020	Fee Schedule	\$8,861.68
C9755	RF MAGNETIC-GUIDE AV FISTULA	-	-	1/1/2020	Fee Schedule	\$8,861.68
C9757	SPINE/LUMBAR DISK SURGERY	Y	-	1/1/2020	Fee Schedule	\$7,465.38
E0616	CARDIAC EVENT RECORDER	-	-	7/1/2018	Not Allowed	\$0.00
E0749	ELEC OSTEOGEN STIM IMPLANTED	-	-	7/1/2018	No Separate Payment	\$0.00
E0782	NON-PROGRAMBLE INFUSION PUMP	-	-	7/1/2018	No Separate Payment	\$0.00
E0783	PROGRAMMABLE INFUSION PUMP	-	-	7/1/2018	No Separate Payment	\$0.00
E0785	REPLACEMENT IMPL PUMP CATHET	-	-	7/1/2018	No Separate Payment	\$0.00
E0786	IMPLANTABLE PUMP REPLACEMENT	-	-	7/1/2018	Not Allowed	\$0.00
G0104	CA SCREEN;FLEXI SIGMOIDSCOPE	Y	-	1/1/2020	Fee Schedule	\$145.44
G0105	COLORECTAL SCRNI; HI RISK IND	Y	-	1/1/2020	Fee Schedule	\$385.98
G0121	COLON CA SCRNI NOT HI RSK IND	Y	-	1/1/2020	Fee Schedule	\$385.98
G0127	TRIM NAIL(S)	-	-	7/1/2018	No Separate Payment	\$0.00
G0130	SINGLE ENERGY X-RAY STUDY	-	-	1/1/2020	Fee Schedule	\$23.82
G0186	DSTRY EYE LESN,FDR VSSL TECH	Y	-	1/1/2020	Fee Schedule	\$256.14
G0247	ROUTINE FOOTCARE PT W LOPS	-	-	7/1/2018	No Separate Payment	\$0.00
G0259	INJECT FOR SACROILIAC JOINT	-	-	7/1/2018	No Separate Payment	\$0.00
G0260	INJ FOR SACROILIAC JT ANESTH	Y	-	1/1/2020	Fee Schedule	\$315.83
G0268	REMOVAL OF IMPACTED WAX MD	-	-	7/1/2018	No Separate Payment	\$0.00
G0269	OCCLUSIVE DEVICE IN VEIN ART	-	-	7/1/2018	No Separate Payment	\$0.00
G0276	PILD/PLACEBO CONTROL CLIN TR	Y	-	1/1/2020	Fee Schedule	\$2,803.36
G0288	RECON, CTA FOR SURG PLAN	-	-	7/1/2018	No Separate Payment	\$0.00
G0289	ARTHRO, LOOSE BODY + CHONDRO	-	-	7/1/2018	No Separate Payment	\$0.00
G0339	ROBOT LIN-RADSURG COM, FIRST	-	-	7/1/2018	Fee Schedule	\$1,852.08
G0340	ROBT LIN-RADSURG FRACTX 2-5	-	-	7/1/2018	Fee Schedule	\$1,321.34
G0364	BONE MARROW ASPIRATE & BIOPSY	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
G0429	DERMAL FILLER INJECTION(S)	Y	-	1/1/2020	Fee Schedule	\$52.69
G0448	PLACE PERM PACING CARDIOVERT	-	-	7/1/2018	Fee Schedule	\$29,599.81
G0453	CONT INTRAOP NEURO MONITOR	-	-	7/1/2018	No Separate Payment	\$0.00
G0458	LDR PROSTATE BRACHY COMP RAT	-	-	7/1/2018	Fee Schedule	\$1,892.55
G0516	INSERT DRUG DEL IMPLANT, >=4	-	-	7/1/2019	No Separate Payment	\$0.00
G0517	REMOVE DRUG IMPLANT	-	-	7/1/2019	No Separate Payment	\$0.00
G0518	REMOVE W INSERT DRUG IMPLANT	-	-	7/1/2019	No Separate Payment	\$0.00
G2001	POST D/C H VST NEW PT 20 M	-	-	4/1/2019	Not Allowed	\$0.00
G2002	POST-D/C H VST NEW PT 30 M	-	-	4/1/2019	Not Allowed	\$0.00
G2003	POST-D/C H VST NEW PT 45 M	-	-	4/1/2019	Not Allowed	\$0.00
G2004	POST-D/C H VST NEW PT 60 M	-	-	4/1/2019	Not Allowed	\$0.00
G2005	POST-D/C H VST NEW PT 75 M	-	-	4/1/2019	Not Allowed	\$0.00
G2006	POST-D/C H VST EXT PT 20 M	-	-	4/1/2019	Not Allowed	\$0.00
G2007	POST-D/C H VST EXT PT 30 M	-	-	4/1/2019	Not Allowed	\$0.00
G2008	POST-D/C H VST EXT PT 45 M	-	-	4/1/2019	Not Allowed	\$0.00
G2009	POST-D/C H VST EXT PT 60 M	-	-	4/1/2019	Not Allowed	\$0.00
G2013	POST-D/C H VST EXT PT 75 M	-	-	4/1/2019	Not Allowed	\$0.00
G2014	POST-D/C CARE PLAN OVERS 30M	-	-	4/1/2019	Not Allowed	\$0.00
G2015	POST-D/C CARE PLAN OVERS 60M	-	-	4/1/2019	Not Allowed	\$0.00
G8907	PT DOC NO EVENTS ON DISCHARGE	-	-	7/1/2018	No Separate Payment	\$0.00
G8908	PT DOC W BURN PRIOR TO D/C	-	-	7/1/2018	No Separate Payment	\$0.00
G8909	PT DOC NO BURN PRIOR TO D/C	-	-	7/1/2018	No Separate Payment	\$0.00
G8910	PT DOC TO HAVE FALL IN ASC	-	-	7/1/2018	No Separate Payment	\$0.00
G8911	PT DOC NO FALL IN ASC	-	-	7/1/2018	No Separate Payment	\$0.00
G8912	PT DOC WITH WRONG EVENT	-	-	7/1/2018	No Separate Payment	\$0.00
G8913	PT DOC NO WRONG EVENT	-	-	7/1/2018	No Separate Payment	\$0.00
G8914	PT TRANS TO HOSP POST D/C	-	-	7/1/2018	No Separate Payment	\$0.00
G8915	PT NOT TRANS TO HOSP AT D/C	-	-	7/1/2018	No Separate Payment	\$0.00
G8916	PT W IV AB GIVEN ON TIME	-	-	7/1/2018	No Separate Payment	\$0.00
G8917	PT W IV AB NOT GIVEN ON TIME	-	-	7/1/2018	No Separate Payment	\$0.00
G8918	PT W/O PREOP ORDER IV AB PROP	-	-	7/1/2018	No Separate Payment	\$0.00
J0120	TETRACYCLIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0121	INJ., OMADACYCLINE, 1 MG	-	-	1/1/2020	Fee Schedule	\$3.44
J0122	INJ., ERAVACYCLINE, 1 MG	-	-	1/1/2020	Fee Schedule	\$1.02
J0129	ABATACEPT INJECTION	-	-	1/1/2020	Fee Schedule	\$54.85
J0130	ABCIXIMAB INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0131	ACETAMINOPHEN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0132	ACETYLCYSTEINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0133	ACYCLOVIR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0135	ADALIMUMAB INJECTION	-	-	1/1/2020	Fee Schedule	\$1,371.13
J0153	ADENOSINE INJ IMG	-	-	7/1/2018	No Separate Payment	\$0.00
J0171	ADRENALIN EPINEPHRINE INJECT	-	-	7/1/2018	No Separate Payment	\$0.00
J0178	AFLIBERCEPT INJECTION	-	-	1/1/2020	Fee Schedule	\$945.03
J0179	INJ, BROLUCIZUMAB-DBLL, 1 MG	-	-	1/1/2020	Fee Schedule	\$317.58
J0180	AGALSIDASE BETA INJECTION	-	-	1/1/2020	Fee Schedule	\$183.75
J0185	INJ., APREPITANT, 1 MG	-	-	1/1/2020	Fee Schedule	\$2.09
J0190	INJ BIPERIDEN LACTATE/5 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J0200	ALATROFLOXACIN MESYLATE	-	-	7/1/2018	No Separate Payment	\$0.00
J0202	INJECTION, ALEMTUZUMAB	-	-	1/1/2020	Fee Schedule	\$1,949.17
J0205	ALGLUCERASE INJECTION	-	-	7/1/2018	Fee Schedule	\$42.03
J0207	AMIFOSTINE	-	-	1/1/2020	Fee Schedule	\$1,011.89
J0210	METHYLDOPATE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0215	ALEFACEPT	-	-	7/1/2018	Fee Schedule	\$41.64

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J0220	ALGLUCOSIDASE ALFA INJECTION	-	-	1/1/2020	Fee Schedule	\$73.81
J0221	LUMIZYME INJECTION	-	-	1/1/2020	Fee Schedule	\$171.21
J0222	INJ., PATISIRAN, 0.1 MG	-	-	1/1/2020	Fee Schedule	\$98.35
J0256	ALPHA 1 PROTEINASE INHIBITOR	-	-	1/1/2020	Fee Schedule	\$4.45
J0257	GLASSIA INJECTION	-	-	1/1/2020	Fee Schedule	\$4.86
J0278	AMIKACIN SULFATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0280	AMINOPHYLLIN 250 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J0282	AMIODARONE HCL	-	-	7/1/2018	No Separate Payment	\$0.00
J0285	AMPHOTERICIN B	-	-	7/1/2018	No Separate Payment	\$0.00
J0287	AMPHOTERICIN B LIPID COMPLEX	-	-	1/1/2020	Fee Schedule	\$9.06
J0288	AMPHO B CHOLESTERYL SULFATE	-	-	7/1/2018	No Separate Payment	\$0.00
J0289	AMPHOTERICIN B LIPOSOME INJ	-	-	1/1/2020	Fee Schedule	\$26.73
J0290	AMPICILLIN 500 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J0291	INJ., PLAZOMICIN, 5 MG	-	-	1/1/2020	Fee Schedule	\$3.34
J0295	AMPICILLIN SULBACTAM 1.5 GM	-	-	7/1/2018	No Separate Payment	\$0.00
J0300	AMOBARBITAL 125 MG INJ	-	-	1/1/2020	Fee Schedule	\$95.16
J0330	SUCCINYCHOLINE CHLORIDE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J0348	ANIDULAFUNGIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0350	INJECTION ANISTREPLASE 30 U	-	-	7/1/2018	No Separate Payment	\$0.00
J0360	HYDRALAZINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0364	APOMORPHINE HYDROCHLORIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J0365	APROTONIN, 10,000 KIU	-	-	7/1/2018	Fee Schedule	\$174.42
J0380	INJ METARAMINOL BITARTRATE	-	-	7/1/2018	No Separate Payment	\$0.00
J0390	CHLOROQUINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0395	ARBUTAMINE HCL INJECTION	-	-	7/1/2018	Fee Schedule	\$86.37
J0400	ARIPRAZOLE INJECTION	-	-	1/1/2019	No Separate Payment	\$0.00
J0401	INJ ARIPIRAZOLE EXT REL 1MG	-	-	10/1/2019	Fee Schedule	\$5.70
J0456	AZITHROMYCIN	-	-	7/1/2018	No Separate Payment	\$0.00
J0461	ATROPINE SULFATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0470	DIMECAPROL INJECTION	-	-	1/1/2019	No Separate Payment	\$0.00
J0475	BACLOFEN 10 MG INJECTION	-	-	1/1/2020	Fee Schedule	\$173.60
J0476	BACLOFEN INTRATHECAL TRIAL	-	-	1/1/2019	No Separate Payment	\$0.00
J0480	BASILIXIMAB	-	-	1/1/2020	Fee Schedule	\$3,808.08
J0485	BELATACEPT INJECTION	-	-	1/1/2020	Fee Schedule	\$3.77
J0490	BELIMUMAB INJECTION	-	-	1/1/2020	Fee Schedule	\$45.49
J0500	DICYCLOMINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0515	INJ BENZTROPINE MESYLATE	-	-	7/1/2018	No Separate Payment	\$0.00
J0517	INJ., BENRALIZUMAB, 1 MG	-	-	1/1/2020	Fee Schedule	\$170.49
J0520	BETHANECHOL CHLORIDE INJECT	-	-	7/1/2018	No Separate Payment	\$0.00
J0558	PENG BENZATHINE/PROCAINE INJ	-	-	1/1/2020	Fee Schedule	\$10.87
J0561	PENICILLIN G BENZATHINE INJ	-	-	1/1/2020	Fee Schedule	\$13.76
J0565	INJ, BEZLOTOXUMAB, 10 MG	-	-	1/1/2020	Fee Schedule	\$39.79
J0567	INJ., CERLIPONASE ALFA 1 MG	-	-	1/1/2020	Fee Schedule	\$93.49
J0570	BUPRENORPHINE IMPLANT 74.2MG	-	-	1/1/2020	Fee Schedule	\$1,211.27
J0583	BIVALIRUDIN	-	-	7/1/2018	No Separate Payment	\$0.00
J0584	INJECTION, BUROSUMAB-TWZA 1M	-	-	1/1/2020	Fee Schedule	\$353.29
J0585	INJECTION,ONABOTULINUMTOXINA	-	-	4/1/2019	Fee Schedule	\$6.14
J0586	ABOBOTULINUMTOXINA	-	-	1/1/2020	Fee Schedule	\$8.40
J0587	INJ, RIMABOTULINUMTOXINB	-	-	10/1/2019	Fee Schedule	\$11.99
J0588	INCOBOTULINUMTOXIN A	-	-	1/1/2020	Fee Schedule	\$5.01
J0592	BUPRENORPHINE HYDROCHLORIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J0593	INJ., LANADELUMAB-FLYO, 1 MG	-	-	1/1/2020	Fee Schedule	\$76.36
J0594	BUSULFAN INJECTION	-	-	1/1/2020	Fee Schedule	\$4.89

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J0595	BUTORPHANOL TARTRATE 1 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J0596	INJECTION, RUCONEST	-	-	1/1/2020	Fee Schedule	\$28.08
J0597	C-1 ESTERASE, BERINERT	-	-	1/1/2020	Fee Schedule	\$51.32
J0598	C-1 ESTERASE, CINRYZE	-	-	1/1/2020	Fee Schedule	\$56.48
J0599	INJ., HAEGARDA 10 UNITS	-	-	1/1/2019	Fee Schedule	\$9.67
J0600	EDETATE CALCIUM DISODIUM INJ	-	-	7/1/2018	Fee Schedule	\$5,594.42
J0606	INJ, ETELCALCETIDE, 0.1 MG	-	-	1/1/2020	Fee Schedule	\$2.45
J0610	CALCIUM GLUCONATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0620	CALCIUM GLYCER & LACT/10 ML	-	-	7/1/2018	No Separate Payment	\$0.00
J0630	CALCITONIN SALMON INJECTION	-	-	1/1/2020	Fee Schedule	\$2,656.48
J0636	INJ CALCITRIOL PER 0.1 MCG	-	-	7/1/2018	No Separate Payment	\$0.00
J0637	CASPOFUNGIN ACETATE	-	-	1/1/2020	No Separate Payment	\$0.00
J0638	CANAKINUMAB INJECTION	-	-	1/1/2020	Fee Schedule	\$111.00
J0640	LEUCOVORIN CALCIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0641	INJ LEVULEUCOVORIN NOS 0.5MG	-	-	1/1/2020	Fee Schedule	\$0.17
J0642	INJECTION, KHAPZORY, 0.5 MG	-	-	1/1/2020	Fee Schedule	\$2.01
J0670	INJ MEPIVACAINE HCL/10 ML	-	-	7/1/2018	No Separate Payment	\$0.00
J0690	CEFAZOLIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0692	CEFEPIME HCL FOR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0694	CEFOXITIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0695	INJ CEFTOLOZANE TAZOBACTAM	-	-	1/1/2020	Fee Schedule	\$5.93
J0696	CEFTRIAZONE SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0697	STERILE CEFUROXIME INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0698	CEFOTAXIME SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0702	BETAMETHASONE ACET&SOD PHOSP	-	-	7/1/2018	No Separate Payment	\$0.00
J0706	CAFFEINE CITRATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0710	CEPHAPIRIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0712	CEFTAROLINE FOSAMIL INJ	-	-	1/1/2020	Fee Schedule	\$3.18
J0713	INJ CEFTAZIDIME PER 500 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J0714	CEFTAZIDIME AND AVIBACTAM	-	-	1/1/2020	Fee Schedule	\$92.03
J0715	CEFTIZOXIME SODIUM / 500 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J0716	CENTRUROIDES IMMUNE F(AB)	-	-	7/1/2019	Fee Schedule	\$4,822.43
J0717	CERTOLIZUMAB PEGOL INJ 1MG	-	-	1/1/2020	Fee Schedule	\$8.21
J0720	CHLORAMPHENICOL SODIUM INJEC	-	-	7/1/2018	No Separate Payment	\$0.00
J0725	CHORIONIC GONADOTROPIN/1000U	-	-	1/1/2020	No Separate Payment	\$0.00
J0735	CLONIDINE HYDROCHLORIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J0740	CIDOFOVIR INJECTION	-	-	1/1/2020	Fee Schedule	\$633.40
J0743	CILASTATIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0744	CIPROFLOXACIN IV	-	-	7/1/2018	No Separate Payment	\$0.00
J0745	INJ CODEINE PHOSPHATE /30 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J0770	COLISTIMETHATE SODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J0775	COLLAGENASE, CLOST HIST INJ	-	-	1/1/2020	Fee Schedule	\$48.73
J0780	PROCHLORPERAZINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0795	CORTICORELIN OVINE TRIFLUTAL	-	-	1/1/2020	Fee Schedule	\$9.24
J0800	CORTICOTROPIN INJECTION	-	-	1/1/2020	Fee Schedule	\$3,923.78
J0834	INJ., COSYNTROPIN, 0.25 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J0840	CROTALIDAE POLY IMMUNE FAB	-	-	1/1/2020	Fee Schedule	\$3,284.72
J0841	INJ CROTALIDAE IM F(AB) ² EQ	-	-	1/1/2020	Fee Schedule	\$1,260.96
J0850	CYTOMEGALOVIRUS IMM IV /VIAL	-	-	10/1/2018	Fee Schedule	\$1,129.15
J0875	INJECTION, DALBAVANCIN	-	-	1/1/2020	Fee Schedule	\$15.06
J0878	DAPTOMYCIN INJECTION	-	-	1/1/2020	Fee Schedule	\$0.29
J0881	DARBEOETIN ALFA, NON-ESRD	-	-	1/1/2020	Fee Schedule	\$3.82
J0882	DARBEOETIN ALFA, ESRD USE	-	-	1/1/2020	Fee Schedule	\$3.82

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J0883	ARGATROBAN NONESRD USE 1MG	-	-	1/1/2020	Fee Schedule	\$1.22
J0884	ARGATROBAN ESRD DIALYSIS 1MG	-	-	1/1/2020	Fee Schedule	\$1.22
J0885	EPOETIN ALFA, NON-ESRD	-	-	1/1/2020	Fee Schedule	\$10.56
J0887	EPOETIN BETA ESRD USE	-	-	7/1/2018	No Separate Payment	\$0.00
J0888	EPOETIN BETA NON ESRD	-	-	1/1/2019	No Separate Payment	\$0.00
J0894	DECITABINE INJECTION	-	-	1/1/2020	Fee Schedule	\$4.30
J0895	DEFEROXAMINE MESYLATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J0897	DENOSUMAB INJECTION	-	-	10/1/2019	Fee Schedule	\$19.28
J0945	BROMPHENIRAMINE MALEATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1000	DEPO-ESTRADIOL CYPIONATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1020	METHYLPREDNISOLONE 20 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1030	METHYLPREDNISOLONE 40 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1040	METHYLPREDNISOLONE 80 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1050	MEDROXYPROGESTERONE ACETATE	-	-	7/1/2018	No Separate Payment	\$0.00
J1071	INJ TESTOSTERONE CYPIONATE	-	-	7/1/2018	No Separate Payment	\$0.00
J1094	INJ DEXAMETHASONE ACETATE	-	-	7/1/2018	No Separate Payment	\$0.00
J1095	INJECTION, DEXAMETHASONE 9%	-	-	1/1/2020	Fee Schedule	\$1.21
J1096	DEXAMETHA OPTH INSERT 0.1 MG	-	-	1/1/2020	Fee Schedule	\$135.64
J1097	PHENYLEP KETOROLAC OPTH SOLN	-	-	1/1/2020	Fee Schedule	\$109.70
J1100	DEXAMETHASONE SODIUM PHOS	-	-	7/1/2018	No Separate Payment	\$0.00
J1110	INJ DIHYDROERGOTAMINE MESYLT	-	-	1/1/2019	No Separate Payment	\$0.00
J1120	ACETAZOLAMID SODIUM INJECTIO	-	-	7/1/2018	No Separate Payment	\$0.00
J1130	INJ DICLOFENAC SODIUM 0.5MG	-	-	1/1/2019	No Separate Payment	\$0.00
J1160	DIGOXIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1162	DIGOXIN IMMUNE FAB (OVINE)	-	-	10/1/2019	Fee Schedule	\$3,780.19
J1165	PHENYTOIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1170	HYDROMORPHONE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1180	DYPHYLLINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1190	DEXRAZOXANE HCL INJECTION	-	-	1/1/2020	Fee Schedule	\$197.52
J1200	DIPHENHYDRAMINE HCL INJECTIO	-	-	7/1/2018	No Separate Payment	\$0.00
J1205	CHLOROTHIAZIDE SODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1212	DIMETHYL SULFOXIDE 50% 50 ML	-	-	1/1/2020	Fee Schedule	\$616.79
J1230	METHADONE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1240	DIMENHYDRINATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1245	DIPYRIDAMOLE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1250	INJ DOBUTAMINE HCL/250 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J1260	DOLASETRON MESYLATE	-	-	7/1/2018	No Separate Payment	\$0.00
J1265	DOPAMINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1267	DORIPENEM INJECTION	-	-	1/1/2020	Fee Schedule	\$0.88
J1270	INJECTION, DOXERCALCIFEROL	-	-	7/1/2018	No Separate Payment	\$0.00
J1290	ECALLANTIDE INJECTION	-	-	1/1/2020	Fee Schedule	\$497.05
J1300	ECULIZUMAB INJECTION	-	-	7/1/2018	Fee Schedule	\$230.48
J1301	INJECTION, EDARAVONE, 1 MG	-	-	10/1/2019	Fee Schedule	\$19.49
J1303	INJ., RAVULIZUMAB-CWVZ 10 MG	-	-	10/1/2019	Fee Schedule	\$226.28
J1320	AMITRIPTYLINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1322	ELOSULFASE ALFA, INJECTION	-	-	1/1/2020	Fee Schedule	\$241.42
J1324	ENFUVIRTIDE INJECTION	-	-	7/1/2018	Fee Schedule	\$18.63
J1325	EPOPROSTENOL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1327	EPTIFIBATIDE INJECTION	-	-	1/1/2020	Fee Schedule	\$3.36
J1330	ERGONOVINE MALEATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1335	ERTAPENEM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1364	ERYTHRO LACTOBIONATE /500 MG	-	-	1/1/2020	No Separate Payment	\$0.00
J1380	ESTRADIOL VALERATE 10 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J1410	INJ ESTROGEN CONJUGATE 25 MG	-	-	1/1/2020	Fee Schedule	\$308.70
J1428	INJ, ETEPLIRSEN, 10 MG	-	-	1/1/2020	Fee Schedule	\$167.35
J1430	ETHANOLAMINE OLEATE 100 MG	-	-	7/1/2018	Fee Schedule	\$444.10
J1435	INJECTION ESTRONE PER 1 MG	-	-	7/1/2018	Fee Schedule	\$1.54
J1436	ETIDRONATE DISODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1438	ETANERCEPT INJECTION	-	-	4/1/2019	Fee Schedule	\$645.54
J1439	INJ FERRIC CARBOXYMALTOS 1MG	-	-	1/1/2020	Fee Schedule	\$1.11
J1442	INJ FILGRASTIM EXCL BIOSIMIL	-	-	10/1/2019	Fee Schedule	\$0.96
J1443	INJ FERRIC PYROPHOSPHATE CIT	-	-	7/1/2018	No Separate Payment	\$0.00
J1447	INJ TBO FILGRASTIM 1 MICROG	-	-	1/1/2020	Fee Schedule	\$0.53
J1450	FLUCONAZOLE	-	-	7/1/2018	No Separate Payment	\$0.00
J1451	FOMEPIZOLE, 15 MG	-	-	1/1/2020	Fee Schedule	\$8.57
J1452	INTRAOCULAR FOMIVIRSEN NA	-	-	7/1/2018	No Separate Payment	\$0.00
J1453	FOSAPREPITANT INJECTION	-	-	1/1/2020	Fee Schedule	\$1.98
J1454	INJ FOSNETUPITANT, PALONOSET	-	-	1/1/2020	Fee Schedule	\$301.87
J1455	FOSCARNET SODIUM INJECTION	-	-	7/1/2018	Fee Schedule	\$82.27
J1457	GALLIUM NITRATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1458	GALSULFASE INJECTION	-	-	1/1/2020	Fee Schedule	\$397.86
J1459	INJ IVIG PRIVIGEN 500 MG	-	-	1/1/2020	Fee Schedule	\$40.84
J1460	GAMMA GLOBULIN 1 CC INJ	-	-	1/1/2020	Fee Schedule	\$40.85
J1555	INJ CUVITRU, 100 MG	-	-	1/1/2020	Fee Schedule	\$14.01
J1556	INJ, IMM GLOB BIVIGAM, 500MG	-	-	1/1/2020	No Separate Payment	\$0.00
J1557	GAMMAPLEX INJECTION	-	-	1/1/2020	Fee Schedule	\$46.23
J1559	HIZENTRA INJECTION	-	-	1/1/2020	Fee Schedule	\$10.50
J1560	GAMMA GLOBULIN > 10 CC INJ	-	-	1/1/2020	Fee Schedule	\$408.54
J1561	GAMUNEX-C/GAMMAKED	-	-	1/1/2020	Fee Schedule	\$40.35
J1562	VIVAGLOBIN, INJ	-	-	7/1/2018	Fee Schedule	\$12.72
J1566	IMMUNE GLOBULIN, POWDER	-	-	1/1/2020	Fee Schedule	\$63.19
J1568	OCTAGAM INJECTION	-	-	1/1/2020	Fee Schedule	\$38.22
J1569	GAMMAGARD LIQUID INJECTION	-	-	1/1/2020	Fee Schedule	\$39.92
J1570	GANCICLOVIR SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1571	HEPAGAM B IM INJECTION	-	-	1/1/2020	Fee Schedule	\$58.96
J1572	FLEBOGAMMA INJECTION	-	-	1/1/2020	Fee Schedule	\$35.77
J1573	HEPAGAM B INTRAVENOUS, INJ	-	-	1/1/2020	Fee Schedule	\$58.96
J1575	HYQVIA 100MG IMMUNEGLOBULIN	-	-	1/1/2020	Fee Schedule	\$14.64
J1580	GARAMYCIN GENTAMICIN INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1595	INJECTION GLATIRAMER ACETATE	-	-	1/1/2020	Fee Schedule	\$161.32
J1599	IVIG NON-LYOPHILIZED, NOS	-	-	7/1/2018	No Separate Payment	\$0.00
J1600	GOLD SODIUM THIOMALEATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1602	GOLIMUMAB FOR IV USE 1MG	-	-	1/1/2020	Fee Schedule	\$20.66
J1610	GLUCAGON HYDROCHLORIDE/1 MG	-	-	1/1/2020	Fee Schedule	\$217.56
J1620	GONADORELIN HYDROCH/ 100 MCG	-	-	7/1/2018	Fee Schedule	\$6.06
J1626	GRANISETRON HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1627	INJ, GRANISETRON, XR, 0.1 MG	-	-	1/1/2020	Fee Schedule	\$1.65
J1628	INJ., GUSELKUMAB, 1 MG	-	-	1/1/2020	Fee Schedule	\$99.41
J1630	HALOPERIDOL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1631	HALOPERIDOL DECANOATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1640	HEMIN, 1 MG	-	-	10/1/2019	Fee Schedule	\$23.72
J1642	INJ HEPARIN SODIUM PER 10 U	-	-	7/1/2018	No Separate Payment	\$0.00
J1644	INJ HEPARIN SODIUM PER 1000U	-	-	7/1/2018	No Separate Payment	\$0.00
J1645	DALTEPARIN SODIUM	-	-	7/1/2018	No Separate Payment	\$0.00
J1650	INJ ENOXAPARIN SODIUM	-	-	7/1/2018	No Separate Payment	\$0.00
J1652	FONDAPARINUX SODIUM	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J1655	TINZAPARIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1670	TETANUS IMMUNE GLOBULIN INJ	-	-	1/1/2020	Fee Schedule	\$462.99
J1680	HUMAN FIBRINOGEN CONC INJ	-	-	7/1/2018	Not Allowed	\$0.00
J1700	HYDROCORTISONE ACETATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1710	HYDROCORTISONE SODIUM PH INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1720	HYDROCORTISONE SODIUM SUCC I	-	-	7/1/2018	No Separate Payment	\$0.00
J1726	MAKENA, 10 MG	-	-	1/1/2020	Fee Schedule	\$20.11
J1729	INJ HYDROXYPROGST CAPOAT NOS	-	-	1/1/2020	Fee Schedule	\$10.81
J1730	DIAZOXIDE INJECTION	-	-	7/1/2018	Fee Schedule	\$690.03
J1740	IBANDRONATE SODIUM INJECTION	-	-	1/1/2020	Fee Schedule	\$44.27
J1741	IBUPROFEN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1742	IBUTILIDE FUMARATE INJECTION	-	-	1/1/2020	Fee Schedule	\$258.22
J1743	IDURSULFASE INJECTION	-	-	7/1/2019	Fee Schedule	\$542.89
J1744	ICATIBANT INJECTION	-	-	1/1/2020	Fee Schedule	\$371.79
J1745	INFLIXIMAB NOT BIOSIMIL 10MG	-	-	1/1/2020	Fee Schedule	\$57.35
J1746	INJ., IBALIZUMAB-UIYK, 10 MG	-	-	1/1/2020	Fee Schedule	\$58.38
J1750	INJ IRON DEXTRAN	-	-	1/1/2020	Fee Schedule	\$14.38
J1756	IRON SUCROSE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1786	IMUGLUCERASE INJECTION	-	-	1/1/2020	Fee Schedule	\$42.64
J1790	DROPERIDOL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1800	PROPRANOLOL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1815	INSULIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1817	INSULIN FOR INSULIN PUMP USE	-	-	7/1/2018	No Separate Payment	\$0.00
J1826	INTERFERON BETA-1A INJ	-	-	1/1/2020	Fee Schedule	\$2,276.61
J1830	INTERFERON BETA-1B / .25 MG	-	-	1/1/2020	Fee Schedule	\$376.15
J1833	INJECTION, ISAVUONAZONIUM	-	-	1/1/2020	Fee Schedule	\$0.79
J1835	ITRACONAZOLE INJECTION	-	-	7/1/2018	Fee Schedule	\$0.28
J1840	KANAMYCIN SULFATE 500 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1850	KANAMYCIN SULFATE 75 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1885	KETOROLAC TROMETHAMINE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1890	CEPHALOTHIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1930	LANREOTIDE INJECTION	-	-	1/1/2020	Fee Schedule	\$63.65
J1931	LARONIDASE INJECTION	-	-	1/1/2020	Fee Schedule	\$32.15
J1940	FUROSEMIDE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1943	INJ., ARISTADA INITIO, 1 MG	-	-	1/1/2020	Fee Schedule	\$2.77
J1944	ARIPRAZOLE LAUROXIL 1 MG	-	-	1/1/2020	Fee Schedule	\$2.73
J1945	LEPIRUDIN	-	-	7/1/2018	Fee Schedule	\$12.71
J1950	LEUPROLIDE ACETATE /3.75 MG	-	-	1/1/2020	Fee Schedule	\$1,271.10
J1953	LEVETIRACETAM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1956	LEVOFLOXACIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1960	LEVORPHANOL TARTRATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1980	HYOSCYAMINE SULFATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1990	CHLORDIAZEPOXIDE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2001	LIDOCAINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2010	LINCOMYCIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2020	LINEZOLID INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2060	LORAZEPAM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2062	LOXAPINE FOR INHALATION 1 MG	-	-	1/1/2020	No Separate Payment	\$0.00
J2150	MANNITOL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2170	MECASERMIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2175	MEPERIDINE HYDROCHL /100 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2180	MEPERIDINE/PROMETHAZINE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2182	INJECTION, MEPOLIZUMAB, 1MG	-	-	1/1/2020	Fee Schedule	\$29.29

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

**Montana Healthcare Programs Fee Schedule
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J2185	MEROPENEM	-	-	7/1/2018	No Separate Payment	\$0.00
J2186	INJ, MEROPENEM, VABORBACTAM	-	-	1/1/2020	Fee Schedule	\$1.80
J2210	METHYLERGONOVIN MALEATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2212	METHYLNALTREXONE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2248	MICAFUNGIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2250	INJ MIDAZOLAM HYDROCHLORIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J2260	INJ MILRINONE LACTATE / 5 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2265	MINOCYCLINE HYDROCHLORIDE	-	-	10/1/2019	Fee Schedule	\$1.81
J2270	MORPHINE SULFATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2274	INJ MORPHINE PF EPID ITHC	-	-	7/1/2018	No Separate Payment	\$0.00
J2278	ZICONOTIDE INJECTION	-	-	7/1/2019	Fee Schedule	\$7.91
J2280	INJ, MOXIFLOXACIN 100 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2300	INJ NALBUPHINE HYDROCHLORIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J2310	INJ NALOXONE HYDROCHLORIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J2315	NALTREXONE, DEPOT FORM	-	-	1/1/2020	Fee Schedule	\$3.24
J2320	NANDROLONE DECANOATE 50 MG	-	-	1/1/2020	No Separate Payment	\$0.00
J2323	NATALIZUMAB INJECTION	-	-	1/1/2020	Fee Schedule	\$20.90
J2325	NESIRITIDE INJECTION	-	-	1/1/2019	Fee Schedule	\$74.80
J2326	INJ, NUSINERSEN, 0.1MG	-	-	1/1/2020	Fee Schedule	\$1,101.76
J2350	INJECTION, OCRELIZUMAB, 1 MG	-	-	7/1/2019	Fee Schedule	\$57.42
J2353	OCTREOTIDE INJECTION, DEPOT	-	-	1/1/2020	Fee Schedule	\$206.09
J2354	OCTREOTIDE INJ, NON-DEPOT	-	-	7/1/2018	No Separate Payment	\$0.00
J2355	OPRELVEKIN INJECTION	-	-	1/1/2020	Fee Schedule	\$1.34
J2357	OMALIZUMAB INJECTION	-	-	1/1/2020	Fee Schedule	\$37.36
J2358	OLANZAPINE LONG-ACTING INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2360	ORPHENADRINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2370	PHENYLEPHRINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2400	CHLOROPROCAINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2405	ONDANSETRON HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2407	INJECTION, ORITAVANCIN	-	-	1/1/2020	Fee Schedule	\$23.76
J2410	OXYMORPHONE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2425	PALIFERMIN INJECTION	-	-	1/1/2020	Fee Schedule	\$21.26
J2426	PALIPERIDONE PALMITATE INJ	-	-	1/1/2020	Fee Schedule	\$11.58
J2430	PAMIDRONATE DISODIUM /30 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2440	PAPAVERIN HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2460	OXYTETRACYCLINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2469	PALONOSETRON HCL	-	-	1/1/2020	No Separate Payment	\$0.00
J2501	PARICALCITOL	-	-	7/1/2018	No Separate Payment	\$0.00
J2502	INJ, PASIREOTIDE LONG ACTING	-	-	1/1/2020	Fee Schedule	\$318.82
J2503	PEGAPTANIB SODIUM INJECTION	-	-	1/1/2019	No Separate Payment	\$0.00
J2504	PEGADEMASE BOVINE, 25 IU	-	-	7/1/2018	Fee Schedule	\$367.96
J2505	INJECTION, PEGFILGRASTIM 6MG	-	-	1/1/2020	Fee Schedule	\$4,257.10
J2507	PEGLOTICASE INJECTION	-	-	1/1/2020	Fee Schedule	\$2,621.77
J2510	PENICILLIN G PROCAINE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2513	PENTASTARCH 10% SOLUTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2515	PENTOBARBITAL SODIUM INJ	-	-	1/1/2020	Fee Schedule	\$34.98
J2540	PENICILLIN G POTASSIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2543	PIPERACILLIN/TAZOBACTAM	-	-	7/1/2018	No Separate Payment	\$0.00
J2547	INJECTION, PERAMIVIR	-	-	1/1/2020	Fee Schedule	\$1.68
J2550	PROMETHAZINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2560	PHENOBARBITAL SODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2562	PLERIXAFOR INJECTION	-	-	1/1/2020	Fee Schedule	\$347.73
J2590	OXYTOCIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J2597	INJ DESMOPRESSIN ACETATE	-	-	1/1/2020	Fee Schedule	\$11.52
J2650	PREDNISOLONE ACETATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2670	TOTAZOLINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2675	INJ PROGESTERONE PER 50 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2680	FLUPHENAZINE DECANOATE 25 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2690	PROCAINAMIDE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2700	OXACILLIN SODIUM INJECTON	-	-	7/1/2018	No Separate Payment	\$0.00
J2704	INJ, PROPOFOL, 10 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2710	NEOSTIGMINE METHYLSLFTE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2720	INJ PROTAMINE SULFATE/10 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2724	PROTEIN C CONCENTRATE	-	-	1/1/2020	Fee Schedule	\$15.08
J2725	INJ PROTIRELIN PER 250 MCG	-	-	7/1/2018	Fee Schedule	\$29.74
J2730	PRALIDOXIME CHLORIDE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2760	PHENTOLAIN MESYLATE INJ	-	-	1/1/2020	Fee Schedule	\$381.90
J2765	METOCLOPRAMIDE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2770	QUINUPRISTIN/DALFOPRISTIN	-	-	1/1/2020	Fee Schedule	\$417.77
J2778	RANIBIZUMAB INJECTION	-	-	1/1/2020	Fee Schedule	\$347.28
J2780	RANITIDINE HYDROCHLORIDE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2783	RASBURICASE	-	-	1/1/2020	Fee Schedule	\$292.33
J2785	REGADENOSON INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2786	INJECTION, RESLIZUMAB, 1MG	-	-	1/1/2020	Fee Schedule	\$9.63
J2788	RHO D IMMUNE GLOBULIN 50 MCG	-	-	7/1/2018	No Separate Payment	\$0.00
J2790	RHO D IMMUNE GLOBULIN INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2791	RHOPHYLAC INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2792	RHO(D) IMMUNE GLOBULIN H, SD	-	-	1/1/2020	Fee Schedule	\$29.79
J2793	RILONACEPT INJECTION	-	-	1/1/2019	No Separate Payment	\$0.00
J2794	RISPERIDONE, LONG ACTING	-	-	1/1/2020	Fee Schedule	\$10.05
J2795	ROPIVACAINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2796	ROMIPLOSTIM INJECTION	-	-	1/1/2020	Fee Schedule	\$74.26
J2797	INJ., ROLAPITANT, 0.5 MG	-	-	1/1/2019	Fee Schedule	\$0.94
J2798	INJ., PERSERIS, 0.5 MG	-	-	1/1/2020	Fee Schedule	\$9.84
J2800	METHOCARBAMOL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2805	SINCALIDE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2810	INJ THEOPHYLLINE PER 40 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2820	SARGRAMOSTIM INJECTION	-	-	1/1/2020	Fee Schedule	\$43.50
J2840	INJ SEBELIPASE ALFA 1 MG	-	-	10/1/2018	Fee Schedule	\$541.13
J2850	INJ SECRETIN SYNTHETIC HUMAN	-	-	7/1/2018	Fee Schedule	\$34.78
J2860	INJECTION, SILTUXIMAB	-	-	1/1/2020	Fee Schedule	\$103.54
J2910	AUROTHIOGLUCOSE INJECTON	-	-	7/1/2018	No Separate Payment	\$0.00
J2916	NA FERRIC GLUCONATE COMPLEX	-	-	7/1/2018	No Separate Payment	\$0.00
J2920	METHYLPREDNISOLONE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2930	METHYLPREDNISOLONE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2940	SOMATREM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2941	SOMATROPIN INJECTION	-	-	1/1/2020	Fee Schedule	\$84.13
J2950	PROMAZINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2993	RETEPLASE INJECTION	-	-	1/1/2020	No Separate Payment	\$0.00
J2995	INJ STREPTOKINASE /250000 IU	-	-	7/1/2018	No Separate Payment	\$0.00
J2997	ALTEPLASE RECOMBINANT	-	-	1/1/2020	Fee Schedule	\$87.85
J3000	STREPTOMYCIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3010	FENTANYL CITRATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3030	SUMATRIPTAN SUCCINATE / 6 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J3031	INJ., FREMANEZUMAB-VFRM 1 MG	-	-	1/1/2020	Fee Schedule	\$2.42
J3060	INJ, TALIGLUCERASE ALFA 10 U	-	-	1/1/2020	Fee Schedule	\$39.96

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J3070	PENTAZOCINE INJECTION	-	-	1/1/2019	No Separate Payment	\$0.00
J3090	INJ TEDIZOLID PHOSPHATE	-	-	1/1/2020	Fee Schedule	\$1.55
J3095	TELAVANCIN INJECTION	-	-	1/1/2020	Fee Schedule	\$5.63
J3101	TENECTEPLASE INJECTION	-	-	1/1/2020	Fee Schedule	\$125.42
J3105	TERBUTALINE SULFATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3111	INJ. ROMOSOZUMAB-AQQG 1 MG	-	Y	1/1/2020	Fee Schedule	\$9.09
J3121	INJ TESTOSTERO ENANTHATE 1MG	-	-	7/1/2018	No Separate Payment	\$0.00
J3145	TESTOSTERONE UNDECANOATE 1MG	-	-	1/1/2020	Fee Schedule	\$1.45
J3230	CHLORPROMAZINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3240	THYROTROPIN INJECTION	-	-	1/1/2020	Fee Schedule	\$1,700.41
J3243	TIGECYCLINE INJECTION	-	-	1/1/2020	Fee Schedule	\$1.64
J3245	INJ., TILDRAKIZUMAB, 1 MG	-	-	1/1/2020	Fee Schedule	\$131.71
J3246	TIROFIBAN HCL	-	-	1/1/2020	Fee Schedule	\$6.34
J3250	TRIMETHOBENZAMIDE HCL INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3260	TOBRAMYCIN SULFATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3262	TOCILIZUMAB INJECTION	-	-	1/1/2020	Fee Schedule	\$5.08
J3265	INJECTION TORSEMIDE 10 MG/ML	-	-	7/1/2018	No Separate Payment	\$0.00
J3280	THIETHYLPERAZINE MALEATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3285	TREPROSTINIL INJECTION	-	-	1/1/2020	Fee Schedule	\$62.51
J3300	TRIAMCINOLONE A INJ PRS-FREE	-	-	1/1/2020	No Separate Payment	\$0.00
J3301	TRIAMCINOLONE ACET INJ NOS	-	-	7/1/2018	No Separate Payment	\$0.00
J3302	TRIAMCINOLONE DIACETATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3303	TRIAMCINOLONE HEXACETONL INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3304	INJ TRIAMCINOLONE ACE XR 1MG	-	-	1/1/2019	Fee Schedule	\$18.88
J3305	INJ TRIMETREXATE GLUCORONATE	-	-	7/1/2018	No Separate Payment	\$0.00
J3310	PERPHENAZINE INJECTON	-	-	7/1/2018	No Separate Payment	\$0.00
J3315	TRIPTORELIN PAMOATE	-	-	1/1/2020	Fee Schedule	\$263.74
J3316	INJ., TRIPTORELIN XR 3.75 MG	-	-	10/1/2019	Fee Schedule	\$2,897.33
J3320	SPECTINOMYCN DI-HCL INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3350	UREA INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3355	UROFOLLITROPIN, 75 IU	-	-	7/1/2018	Fee Schedule	\$132.66
J3357	USTEKINUMAB SUB CU INJ, 1 MG	-	-	1/1/2020	Fee Schedule	\$190.36
J3358	USTEKINUMAB, IV INJECT, 1 MG	-	-	1/1/2020	Fee Schedule	\$11.93
J3360	DIAZEPAM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3364	UROKINASE 5000 IU INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3365	UROKINASE 250,000 IU INJ	-	-	7/1/2018	Fee Schedule	\$262.79
J3370	VANCOMYCIN HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3380	INJECTION, VEDOLIZUMAB	-	-	1/1/2020	Fee Schedule	\$20.24
J3385	VELAGLUCERASE ALFA	-	-	1/1/2020	Fee Schedule	\$345.42
J3396	VERTEPORFIN INJECTION	-	-	1/1/2020	Fee Schedule	\$11.11
J3397	INJ., VESTRONIDASE ALFA-VJBK	-	-	1/1/2020	Fee Schedule	\$218.77
J3398	INJ LUXTURN A 1 BILLION VEC G	-	-	1/1/2020	Fee Schedule	\$2,912.39
J3400	TRIFLUPROMAZINE HCL INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3410	HYDROXYZINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3411	THIAMINE HCL 100 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J3415	PYRIDOXINE HCL 100 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J3420	VITAMIN B12 INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3430	VITAMIN K PHYTONADIONE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3465	INJECTION, VORICONAZOLE	-	-	1/1/2019	No Separate Payment	\$0.00
J3470	HYALURONIDASE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3471	OVINE, UP TO 999 USP UNITS	-	-	7/1/2018	No Separate Payment	\$0.00
J3472	OVINE, 1000 USP UNITS	-	-	7/1/2018	No Separate Payment	\$0.00
J3473	HYALURONIDASE RECOMBINANT	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J3475	INJ MAGNESIUM SULFATE	-	-	7/1/2018	No Separate Payment	\$0.00
J3480	INJ POTASSIUM CHLORIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J3485	ZIDOVUDINE	-	-	7/1/2018	No Separate Payment	\$0.00
J3486	ZIPRASIDONE MESYLATE	-	-	7/1/2018	No Separate Payment	\$0.00
J3489	ZOLEDRONIC ACID 1MG	-	-	7/1/2018	No Separate Payment	\$0.00
J3490	DRUGS UNCLASSIFIED INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3530	NASAL VACCINE INHALATION	-	-	7/1/2018	No Separate Payment	\$0.00
J3590	UNCLASSIFIED BIOLOGICS	-	-	7/1/2018	No Separate Payment	\$0.00
J7030	NORMAL SALINE SOLUTION INFUS	-	-	7/1/2018	No Separate Payment	\$0.00
J7040	NORMAL SALINE SOLUTION INFUS	-	-	7/1/2018	No Separate Payment	\$0.00
J7042	5% DEXTROSE/NORMAL SALINE	-	-	7/1/2018	No Separate Payment	\$0.00
J7050	NORMAL SALINE SOLUTION INFUS	-	-	7/1/2018	No Separate Payment	\$0.00
J7060	5% DEXTROSE/WATER	-	-	7/1/2018	No Separate Payment	\$0.00
J7070	D5W INFUSION	-	-	7/1/2018	No Separate Payment	\$0.00
J7100	DEXTRAN 40 INFUSION	-	-	7/1/2018	No Separate Payment	\$0.00
J7110	DEXTRAN 75 INFUSION	-	-	7/1/2018	No Separate Payment	\$0.00
J7120	RINGERS LACTATE INFUSION	-	-	7/1/2018	No Separate Payment	\$0.00
J7121	5% DEXTROSE IN LAC RINGERS	-	-	7/1/2018	No Separate Payment	\$0.00
J7131	HYPERTONIC SALINE SOL	-	-	7/1/2018	No Separate Payment	\$0.00
J7170	INJ., EMICIZUMAB-KXWH 0.5 MG	-	-	10/1/2019	Fee Schedule	\$47.35
J7175	INJ, FACTOR X, (HUMAN), 1IU	-	-	1/1/2020	Fee Schedule	\$7.52
J7177	INJ., FIBRYGA, 1 MG	-	-	1/1/2020	Fee Schedule	\$2.24
J7178	INJ HUMAN FIBRINOGEN CON NOS	-	-	4/1/2019	Fee Schedule	\$1.17
J7179	VONVENDI INJ 1 IU VWF:RCO	-	-	1/1/2020	Fee Schedule	\$1.90
J7180	FACTOR XIII ANTI-HEM FACTOR	-	-	1/1/2020	Fee Schedule	\$8.46
J7181	FACTOR XIII RECOMB A-SUBUNIT	-	-	1/1/2020	Fee Schedule	\$15.47
J7182	FACTOR VIII RECOMB NOVOEIGHT	-	-	1/1/2020	Fee Schedule	\$1.30
J7183	WILATE INJECTION	-	-	1/1/2020	Fee Schedule	\$1.03
J7185	XYNTHA INJ	-	-	1/1/2020	Fee Schedule	\$1.26
J7186	ANTIHEMOPHILIC VIII/VWF COMP	-	-	1/1/2020	Fee Schedule	\$1.07
J7187	HUMATE-P, INJ	-	-	1/1/2020	Fee Schedule	\$1.17
J7188	FACTOR VIII RECOMB OBIZUR	-	-	10/1/2019	Fee Schedule	\$3.18
J7189	FACTOR VIIIA	-	-	1/1/2020	Fee Schedule	\$2.16
J7190	FACTOR VIII	-	-	1/1/2020	Fee Schedule	\$1.10
J7191	FACTOR VIII (PORCINE)	-	-	7/1/2018	Fee Schedule	\$0.20
J7192	FACTOR VIII RECOMBINANT NOS	-	-	1/1/2020	Fee Schedule	\$1.29
J7193	FACTOR IX NON-RECOMBINANT	-	-	1/1/2020	Fee Schedule	\$1.17
J7194	FACTOR IX COMPLEX	-	-	1/1/2020	Fee Schedule	\$1.48
J7195	FACTOR IX RECOMBINANT NOS	-	-	1/1/2020	Fee Schedule	\$1.53
J7196	ANTITHROMBIN RECOMBINANT	-	-	7/1/2018	Fee Schedule	\$103.35
J7197	ANTITHROMBIN III INJECTION	-	-	1/1/2020	Fee Schedule	\$3.28
J7198	ANTI-INHIBITOR	-	-	1/1/2020	Fee Schedule	\$1.87
J7200	FACTOR IX RECOMBINAN RIXUBIS	-	-	1/1/2020	Fee Schedule	\$1.33
J7201	FACTOR IX ALPROLIX RECOMB	-	-	1/1/2020	Fee Schedule	\$3.14
J7202	FACTOR IX IDELVION INJ	-	-	1/1/2020	Fee Schedule	\$4.31
J7203	FACTOR IX RECOMB GLY REBINYN	-	-	1/1/2020	Fee Schedule	\$3.96
J7205	FACTOR VIII FC FUSION RECOMB	-	-	1/1/2020	Fee Schedule	\$2.11
J7207	FACTOR VIII PEGYLATED RECOMB	-	-	1/1/2020	Fee Schedule	\$1.79
J7208	INJ, JIVI 1 IU	-	-	1/1/2020	Fee Schedule	\$2.01
J7209	FACTOR VIII NUWIQ RECOMB 1IU	-	-	1/1/2020	Fee Schedule	\$1.21
J7210	INJ, AFSTYLA, 1 I.U.	-	-	10/1/2018	Fee Schedule	\$1.36
J7211	INJ, KOVALTRY, 1 I.U.	-	-	1/1/2020	No Separate Payment	\$0.00
J7308	AMINOLEVULINIC ACID HCL TOP	-	-	1/1/2020	Fee Schedule	\$392.37

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J7309	METHYL AMINOLEVULINATE, TOP	-	-	7/1/2018	No Separate Payment	\$0.00
J7310	GANCICLOVIR LONG ACT IMPLANT	-	Y	7/1/2018	Fee Schedule	\$11.71
J7311	FLUOCINOLONE ACETONIDE IMPLT	-	Y	1/1/2020	Fee Schedule	\$341.55
J7312	DEXAMETHASONE INTRA IMPLANT	-	-	1/1/2020	Fee Schedule	\$200.10
J7313	FLUOCINOL ACET INTRAVIT IMP	-	-	1/1/2020	Fee Schedule	\$490.81
J7314	INJ., YUTIQ, 0.01 MG	-	-	10/1/2019	Fee Schedule	\$491.13
J7315	OPHTHALMIC MITOMYCIN	-	-	7/1/2018	No Separate Payment	\$0.00
J7316	INJ, OCRIPLASMIN, 0.125 MG	-	-	7/1/2019	Fee Schedule	\$1,046.93
J7318	INJ, DUROLANE 1 MG	-	-	1/1/2019	Fee Schedule	\$17.23
J7320	GENVISC 850, INJ, 1MG	-	-	7/1/2019	Fee Schedule	\$16.92
J7321	HYALGAN SUPARTZ VISCO-3 DOSE	-	-	1/1/2020	No Separate Payment	\$0.00
J7322	HYMOVIS INJECTION 1 MG	-	-	10/1/2019	Fee Schedule	\$31.67
J7323	EUFLEXA INJ PER DOSE	-	-	1/1/2020	Fee Schedule	\$144.69
J7324	ORTHOVISC INJ PER DOSE	-	-	1/1/2020	Fee Schedule	\$140.42
J7325	SYNVISC OR SYNVISC-ONE	-	-	1/1/2020	Fee Schedule	\$11.03
J7326	GEL-ONE	-	-	7/1/2019	Fee Schedule	\$1,166.00
J7327	MONOVISC INJ PER DOSE	-	-	1/1/2020	Fee Schedule	\$781.27
J7328	GELSYN-3 INJECTION 0.1 MG	-	-	7/1/2018	Fee Schedule	\$2.18
J7329	INJ, TRIVISC 1 MG	-	-	7/1/2019	Fee Schedule	\$7.20
J7331	SYNOJOYNT, INJ., 1 MG	-	-	1/1/2020	Fee Schedule	\$12.16
J7332	INJ., TRILURON, 1 MG	-	-	1/1/2020	Fee Schedule	\$25.18
J7336	CAPSAICIN 8% PATCH	-	-	1/1/2020	Fee Schedule	\$3.25
J7340	CARBIDOPA LEVODOPA ENT 100ML	-	-	1/1/2020	Fee Schedule	\$212.63
J7342	CIPROFLOXACIN OTIC SUSP 6 MG	-	-	1/1/2020	Fee Schedule	\$29.98
J7345	AMINOLEVULINIC ACID, 10% GEL	-	-	10/1/2019	Fee Schedule	\$1.45
J7500	AZATHIOPRINE ORAL 50MG	-	-	7/1/2018	No Separate Payment	\$0.00
J7501	AZATHIOPRINE PARENTERAL	-	-	1/1/2020	Fee Schedule	\$224.70
J7502	CYCLOSPORINE ORAL 100 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J7503	TACROL ENVARUS EX REL ORAL	-	-	1/1/2019	No Separate Payment	\$0.00
J7504	LYMPHOCYTE IMMUNE GLOBULIN	-	-	1/1/2020	Fee Schedule	\$2,060.04
J7505	MONOCLONAL ANTIBODIES	-	-	1/1/2019	No Separate Payment	\$0.00
J7507	TACROLIMUS IMME REL ORAL 1MG	-	-	7/1/2018	No Separate Payment	\$0.00
J7508	TACROL ASTAGRAF EX REL ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
J7509	METHYLPREDNISOLONE ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
J7510	PREDNISOLONE ORAL PER 5 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J7511	ANTITHYMOCYTE GLOBULN RABBIT	-	-	1/1/2020	Fee Schedule	\$765.74
J7512	PREDNISON IR OR DR ORAL 1MG	-	-	7/1/2018	No Separate Payment	\$0.00
J7513	DACLIZUMAB, PARENTERAL	-	-	7/1/2018	Fee Schedule	\$10.00
J7515	CYCLOSPORINE ORAL 25 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J7516	CYCLOSPORIN PARENTERAL 250MG	-	-	7/1/2018	No Separate Payment	\$0.00
J7517	MYCOPHENOLATE MOFETIL ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
J7518	MYCOPHENOLIC ACID	-	-	7/1/2018	No Separate Payment	\$0.00
J7520	SIROLIMUS, ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
J7525	TACROLIMUS INJECTION	-	-	1/1/2020	Fee Schedule	\$211.60
J7527	ORAL EVEROLIMUS	-	-	7/1/2018	No Separate Payment	\$0.00
J7599	IMMUNOSUPPRESSIVE DRUG NOC	-	-	7/1/2018	No Separate Payment	\$0.00
J7665	MANNITOL FOR INHALER	-	-	7/1/2018	No Separate Payment	\$0.00
J7674	METHACHOLINE CHLORIDE, NEB	-	-	7/1/2018	No Separate Payment	\$0.00
J7799	NON-INHALATION DRUG FOR DME	-	-	7/1/2018	No Separate Payment	\$0.00
J7999	COMPOUNDED DRUG, NOC	-	-	7/1/2018	No Separate Payment	\$0.00
J8501	ORAL APREPITANT	-	-	1/1/2019	No Separate Payment	\$0.00
J8510	ORAL BUSULFAN	-	-	1/1/2020	Fee Schedule	\$24.83
J8520	CAPECITABINE, ORAL, 150 MG	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J8521	CAPECITABINE, ORAL, 500 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J8530	CYCLOPHOSPHAMIDE ORAL 25 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J8540	ORAL DEXAMETHASONE	-	-	7/1/2018	No Separate Payment	\$0.00
J8560	ETOPOSIDE ORAL 50 MG	-	-	1/1/2020	Fee Schedule	\$75.27
J8562	ORAL FLUDARABINE PHOSPHATE	-	-	7/1/2018	No Separate Payment	\$0.00
J8597	ANTIEMETIC DRUG ORAL NOS	-	-	7/1/2018	No Separate Payment	\$0.00
J8600	MELPHALAN ORAL 2 MG	-	-	1/1/2020	No Separate Payment	\$0.00
J8610	METHOTREXATE ORAL 2.5 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J8650	NABILONE ORAL	-	-	7/1/2018	Fee Schedule	\$38.20
J8655	ORAL NETUPITANT, PALONOSETRO	-	-	1/1/2020	Fee Schedule	\$246.92
J8670	ROLAPITANT, ORAL, 1MG	-	-	1/1/2020	Fee Schedule	\$2.08
J8700	TEMOZOLOMIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J8705	TOPOTECAN ORAL	-	-	1/1/2019	No Separate Payment	\$0.00
J9000	DOXORUBICIN HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9001	DOXORUBICIN HCL LIPOSOME INJ	-	-	7/1/2018	Not Allowed	\$0.00
J9015	ALDESLEUKIN INJECTION	-	-	10/1/2019	Fee Schedule	\$4,964.62
J9017	ARSENIC TRIOXIDE INJECTION	-	-	1/1/2020	Fee Schedule	\$44.07
J9019	ERWINAZE INJECTION	-	-	1/1/2020	Fee Schedule	\$414.82
J9020	ASPARAGINASE, NOS	-	-	7/1/2018	No Separate Payment	\$0.00
J9022	INJ, ATEZOLIZUMAB, 10 MG	-	-	1/1/2020	Fee Schedule	\$77.86
J9023	INJECTION, AVELUMAB, 10 MG	-	-	1/1/2020	Fee Schedule	\$84.12
J9025	AZACITIDINE INJECTION	-	-	1/1/2020	Fee Schedule	\$1.02
J9027	CLOFARABINE INJECTION	-	-	1/1/2020	Fee Schedule	\$54.22
J9030	BCG LIVE INTRAVESICAL 1MG	-	-	1/1/2020	Fee Schedule	\$2.83
J9032	INJECTION, BELINOSTAT, 10MG	-	-	1/1/2020	Fee Schedule	\$40.83
J9033	INJ., TREANDA 1 MG	-	-	1/1/2020	Fee Schedule	\$26.89
J9034	INJ., BENDEKA 1 MG	-	-	1/1/2020	Fee Schedule	\$21.73
J9035	BEVACIZUMAB INJECTION	-	-	1/1/2020	Fee Schedule	\$80.64
J9036	INJ. BELRAPZO/BENDAMUSTINE	-	-	1/1/2020	Fee Schedule	\$23.87
J9039	INJECTION, BLINATUMOMAB	-	-	1/1/2020	Fee Schedule	\$113.34
J9040	BLEOMYCIN SULFATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9041	INJ., VELCADE 0.1 MG	-	-	1/1/2020	Fee Schedule	\$44.86
J9042	BRENTUXIMAB VEDOTIN INJ	-	-	1/1/2020	Fee Schedule	\$169.37
J9043	CABAZITAXEL INJECTION	-	-	1/1/2020	Fee Schedule	\$176.04
J9044	INJ, BORTEZOMIB, NOS, 0.1 MG	-	-	1/1/2020	Fee Schedule	\$22.70
J9045	CARBOPLATIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9047	INJECTION, CARFILZOMIB, 1 MG	-	-	1/1/2020	Fee Schedule	\$37.54
J9050	CARMUSTINE INJECTION	-	-	1/1/2020	Fee Schedule	\$2,618.62
J9055	CETUXIMAB INJECTION	-	-	1/1/2020	Fee Schedule	\$63.21
J9057	INJ., COPANLISIB, 1 MG	-	-	1/1/2020	Fee Schedule	\$79.37
J9060	CISPLATIN 10 MG INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9065	INJ CLADRIBINE PER 1 MG	-	-	1/1/2020	Fee Schedule	\$20.18
J9070	CYCLOPHOSPHAMIDE 100 MG INJ	-	-	1/1/2020	Fee Schedule	\$33.24
J9098	CYTARABINE LIPOSOME INJ	-	-	1/1/2020	Fee Schedule	\$492.92
J9100	CYTARABINE HCL 100 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9119	INJ., CEMIPIMAB-RWLC, 1 MG	-	-	1/1/2020	Fee Schedule	\$27.43
J9120	DACTINOMYCIN INJECTION	-	-	1/1/2020	Fee Schedule	\$1,106.46
J9130	DACARBAZINE 100 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9145	INJECTION, DARATUMUMAB 10 MG	-	-	1/1/2020	Fee Schedule	\$54.03
J9150	DAUNORUBICIN INJECTION	-	-	1/1/2020	Fee Schedule	\$48.40
J9151	DAUNORUBICIN CITRATE INJ	-	-	7/1/2018	Fee Schedule	\$243.80
J9153	INJ DAUNORUBICIN, CYTARABINE	-	-	1/1/2020	Fee Schedule	\$195.42
J9155	DEGARELIX INJECTION	-	-	1/1/2020	Fee Schedule	\$3.96

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J9160	DENILEUKIN DIFTITOX INJ	-	-	7/1/2018	Fee Schedule	\$1,646.18
J9165	DIETHYLSTILBESTROL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9171	DOCETAXEL INJECTION	-	-	1/1/2020	Fee Schedule	\$0.97
J9173	INJ., DURVALUMAB, 10 MG	-	-	1/1/2020	Fee Schedule	\$75.58
J9175	ELLIOTTS B SOLUTION PER ML	-	-	7/1/2018	No Separate Payment	\$0.00
J9176	INJECTION, ELOTUZUMAB, 1MG	-	-	1/1/2020	Fee Schedule	\$6.58
J9178	INJ, EPIRUBICIN HCL, 2 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J9179	ERIBULIN MESYLATE INJECTION	-	-	1/1/2020	Fee Schedule	\$116.24
J9181	ETOPOSIDE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9185	FLUDARABINE PHOSPHATE INJ	-	-	1/1/2019	No Separate Payment	\$0.00
J9190	FLUOROURACIL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9200	FLOXURIDINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9201	IN GEMCITABINE HCL NOS 200MG	-	-	7/1/2018	No Separate Payment	\$0.00
J9202	GOSERELIN ACETATE IMPLANT	-	-	1/1/2020	Fee Schedule	\$503.98
J9203	GEMTUZUMAB OZOGAMICIN 0.1 MG	-	-	1/1/2020	Fee Schedule	\$199.55
J9204	INJ MOGAMULIZUMAB-KPKC, 1 MG	-	-	10/1/2019	Fee Schedule	\$200.87
J9205	INJ IRINOTECAN LIPOSOME 1 MG	-	-	1/1/2020	Fee Schedule	\$49.84
J9206	IRINOTECAN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9207	IXABEPILONE INJECTION	-	-	1/1/2020	Fee Schedule	\$96.07
J9208	IFOSFAMIDE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9209	MESNA INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9210	INJ., EMAPALUMAB-LZSG, 1 MG	-	-	1/1/2020	Fee Schedule	\$786.73
J9211	IDARUBICIN HCL INJECTION	-	-	1/1/2019	No Separate Payment	\$0.00
J9212	INTERFERON ALFACON-1 INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9213	INTERFERON ALFA-2A INJ	-	-	1/1/2020	Fee Schedule	\$407.24
J9214	INTERFERON ALFA-2B INJ	-	-	1/1/2020	Fee Schedule	\$34.21
J9215	INTERFERON ALFA-N3 INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9216	INTERFERON GAMMA 1-B INJ	-	-	7/1/2018	Fee Schedule	\$6,932.64
J9217	LEUPROLIDE ACETATE SUSPNSION	-	-	1/1/2020	Fee Schedule	\$230.07
J9218	LEUPROLIDE ACETATE INJECTON	-	-	1/1/2019	No Separate Payment	\$0.00
J9219	LEUPROLIDE ACETATE IMPLANT	-	-	7/1/2018	Fee Schedule	\$168.48
J9225	VANTAS IMPLANT	-	-	1/1/2020	Fee Schedule	\$4,119.79
J9226	SUPPRELIN LA IMPLANT	-	-	1/1/2020	Fee Schedule	\$36,674.54
J9228	IPILIMUMAB INJECTION	-	-	1/1/2020	Fee Schedule	\$155.18
J9229	INJ INOTUZUMAB OZOGAM 0.1 MG	-	-	1/1/2020	Fee Schedule	\$2,273.76
J9230	MECHLORETHAMINE HCL INJ	-	-	7/1/2019	Fee Schedule	\$328.29
J9245	INJ MELPHALAN HYDROCHL 50 MG	-	-	1/1/2020	Fee Schedule	\$633.39
J9250	METHOTREXATE SODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9260	METHOTREXATE SODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9261	NELARABINE INJECTION	-	-	1/1/2020	Fee Schedule	\$152.71
J9262	INJ, OMACETAXINE MEP, 0.01MG	-	-	1/1/2020	Fee Schedule	\$2.91
J9263	OXALIPLATIN	-	-	7/1/2018	No Separate Payment	\$0.00
J9264	PACLITAXEL PROTEIN BOUND	-	-	1/1/2020	Fee Schedule	\$12.55
J9266	PEGASPARGASE INJECTION	-	-	1/1/2020	Fee Schedule	\$17,571.62
J9267	PACLITAXEL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9268	PENTOSTATIN INJECTION	-	-	1/1/2020	Fee Schedule	\$2,109.35
J9269	INJ. TAGRAXOFUSP-ERZS 10 MCG	-	-	1/1/2020	Fee Schedule	\$262.82
J9270	PLICAMYCIN (MITHRAMYCIN) INJ	-	-	1/1/2020	No Separate Payment	\$0.00
J9271	INJ PEMBROLIZUMAB	-	-	1/1/2020	Fee Schedule	\$50.26
J9280	MITOMYCIN INJECTION	-	-	1/1/2020	Fee Schedule	\$79.89
J9285	INJ, OLARATUMAB, 10 MG	-	-	1/1/2020	Fee Schedule	\$52.17
J9293	MITOXANTRONE HYDROCHL / 5 MG	-	-	1/1/2020	Fee Schedule	\$27.81
J9295	INJECTION, NECITUMUMAB, 1 MG	-	-	7/1/2019	Fee Schedule	\$5.74

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J9299	INJECTION, NIVOLUMAB	-	-	1/1/2020	Fee Schedule	\$28.16
J9301	OBINUTUZUMAB INJ	-	-	1/1/2020	Fee Schedule	\$63.52
J9302	OFATUMUMAB INJECTION	-	-	1/1/2020	Fee Schedule	\$60.08
J9303	PANITUMUMAB INJECTION	-	-	1/1/2020	Fee Schedule	\$118.52
J9305	PEMETREXED INJECTION	-	-	1/1/2020	Fee Schedule	\$70.79
J9306	INJECTION, PERTUZUMAB, 1 MG	-	-	1/1/2020	Fee Schedule	\$12.62
J9307	PRALATREXATE INJECTION	-	-	1/1/2020	Fee Schedule	\$295.52
J9308	INJECTION, RAMUCIRUMAB	-	-	1/1/2020	Fee Schedule	\$59.67
J9309	INJ, POLATUZUMAB VEDOTIN 1MG	-	-	1/1/2020	Fee Schedule	\$113.38
J9311	INJ RITUXIMAB, HYALURONIDASE	-	-	1/1/2020	Fee Schedule	\$42.87
J9312	INJ., RITUXIMAB, 10 MG	-	-	1/1/2020	Fee Schedule	\$94.41
J9313	INJ., LUMOXITI, 0.01 MG	-	-	10/1/2019	Fee Schedule	\$22.08
J9315	ROMIDEPSIN INJECTION	-	-	1/1/2020	Fee Schedule	\$220.88
J9320	STREPTOZOCIN INJECTION	-	-	1/1/2020	Fee Schedule	\$352.65
J9325	INJ TALIMOGENE LAHERPAREPVEC	-	-	1/1/2020	Fee Schedule	\$51.44
J9328	TEMOZOLOMIDE INJECTION	-	-	10/1/2019	Fee Schedule	\$10.39
J9330	TEMSIROLIMUS INJECTION	-	-	1/1/2020	Fee Schedule	\$47.93
J9340	THIOTEPA INJECTION	-	-	1/1/2020	Fee Schedule	\$412.01
J9351	TOPOTECAN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9352	INJECTION TRABECTEDIN 0.1MG	-	-	1/1/2020	Fee Schedule	\$312.94
J9354	INJ, ADO-TRASTUZUMAB EMT 1MG	-	-	1/1/2020	Fee Schedule	\$32.11
J9355	TRASTUZUMAB INJECTION	-	-	1/1/2020	Fee Schedule	\$105.86
J9356	INJ. HERCEPTIN HYLECTA, 10MG	-	-	1/1/2020	Fee Schedule	\$79.18
J9357	VALRUBICIN INJECTION	-	-	1/1/2020	Fee Schedule	\$1,426.35
J9360	VINBLASTINE SULFATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9370	VINCISTINE SULFATE 1 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9371	INJ, VINCISTINE SUL LIP 1MG	-	-	1/1/2020	Fee Schedule	\$3,075.83
J9390	VINORELBINE TARTRATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9395	INJECTION, FULVESTRANT	-	-	1/1/2020	Fee Schedule	\$84.96
J9400	INJ, ZIV-AFLIBERCEPT, 1MG	-	-	1/1/2020	Fee Schedule	\$8.40
J9600	PORFIMER SODIUM INJECTION	-	-	1/1/2020	Fee Schedule	\$21,856.35
J9999	CHEMOTHERAPY DRUG	-	-	7/1/2018	No Separate Payment	\$0.00
L8600	IMPLANT BREAST SILICONE/EQ	-	-	7/1/2018	No Separate Payment	\$0.00
L8603	COLLAGEN IMP URINARY 2.5 ML	-	-	7/1/2018	No Separate Payment	\$0.00
L8604	DEXTRANOMER/HYALURONIC ACID	-	-	7/1/2018	No Separate Payment	\$0.00
L8605	INJ BULKING AGENT ANAL CANAL	-	-	7/1/2018	No Separate Payment	\$0.00
L8606	SYNTHETIC IMPLNT URINARY 1ML	-	-	7/1/2018	Not Allowed	\$0.00
L8607	INJ VOCAL CORD BULKING AGENT	-	-	7/1/2018	No Separate Payment	\$0.00
L8609	ARTIFICIAL CORNEA	-	-	7/1/2018	No Separate Payment	\$0.00
L8610	OCULAR IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
L8612	AQUEOUS SHUNT PROSTHESIS	-	-	7/1/2018	No Separate Payment	\$0.00
L8613	OSSICULAR IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
L8614	COCHLEAR DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
L8630	METACARPOPHALANGEAL IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
L8631	MCP JOINT REPL 2 PC OR MORE	-	-	7/1/2018	No Separate Payment	\$0.00
L8641	METATARSAL JOINT IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
L8642	HALLUX IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
L8658	INTERPHALANGEAL JOINT SPACER	-	-	7/1/2018	No Separate Payment	\$0.00
L8659	INTERPHALANGEAL JOINT REPL	-	-	7/1/2018	No Separate Payment	\$0.00
L8670	VASCULAR GRAFT, SYNTHETIC	-	-	7/1/2018	No Separate Payment	\$0.00
L8679	IMP NEUROSTI PLS GN ANY TYPE	-	-	7/1/2018	No Separate Payment	\$0.00
L8682	IMPLT NEUROSTIM RADIOFQ REC	-	-	7/1/2018	No Separate Payment	\$0.00
L8690	AUD OSSEO DEV, INT/EXT COMP	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
L8699	PROSTHETIC IMPLANT NOS	-	-	7/1/2018	No Separate Payment	\$0.00
L9900	O&P SUPPLY/ACCESSORY/SERVICE	-	-	7/1/2018	No Separate Payment	\$0.00
P9041	ALBUMIN (HUMAN),5%, 50ML	-	-	10/1/2018	Fee Schedule	\$10.49
P9045	ALBUMIN (HUMAN), 5%, 250 ML	-	-	10/1/2018	Fee Schedule	\$52.45
P9046	ALBUMIN (HUMAN), 25%, 20 ML	-	-	10/1/2018	Fee Schedule	\$20.98
P9047	ALBUMIN (HUMAN), 25%, 50ML	-	-	10/1/2018	Fee Schedule	\$52.45
Q0138	FERUMOXYTOL, NON-ESRD	-	-	1/1/2020	Fee Schedule	\$1.04
Q0139	FERUMOXYTOL, ESRD USE	-	-	1/1/2020	Fee Schedule	\$1.04
Q0161	CHLORPROMAZINE HCL 5MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0162	ONDANSETRON ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0163	DIPHENHYDRAMINE HCL 50MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q0164	PROCHLORPERAZINE MALEATE 5MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q0166	GRANISETRON HCL 1 MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0167	DRONABINOL 2.5MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0169	PROMETHAZINE HCL 12.5MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0173	TRIMETHOBENZAMIDE HCL 250MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q0174	THIETHYLPERAZINE MALEATE10MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q0175	PERPHENAZINE 4MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0177	HYDROXYZINE PAMOATE 25MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q0180	DOLASETRON MESYLATE ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0181	UNSPECIFIED ORAL ANTI-EMETIC	-	-	7/1/2018	No Separate Payment	\$0.00
Q0507	MISC SUP/ACC EXT VAD	-	-	7/1/2018	No Separate Payment	\$0.00
Q0508	MIS SUP/ACC IMP VAD	-	-	7/1/2018	No Separate Payment	\$0.00
Q0509	MIS SUP/AC IMP VAD NOPAY MED	-	-	7/1/2018	No Separate Payment	\$0.00
Q0515	SERMORELIN ACETATE INJECTION	-	-	7/1/2018	Fee Schedule	\$1.80
Q2004	BLADDER CALCULI IRRIG SOL	-	-	7/1/2018	No Separate Payment	\$0.00
Q2009	FOSPHENYTOIN INJ PE	-	-	1/1/2020	Fee Schedule	\$1.38
Q2017	TENIPOSIDE, 50 MG	-	-	4/1/2019	Fee Schedule	\$2,583.97
Q2026	RADIESSE INJECTION	-	-	1/1/2020	Fee Schedule	\$222.09
Q2028	INJ, SCULPTRA, 0.5MG	-	-	1/1/2020	Fee Schedule	\$3.19
Q2033	INFLUENZA VACCINE, (FLUBLOK)	-	-	7/1/2018	No Separate Payment	\$0.00
Q2034	AGRIFLU VACCINE	-	-	7/1/2018	No Separate Payment	\$0.00
Q2035	AFLURIA VACC, 3 YRS & >, IM	-	-	7/1/2018	No Separate Payment	\$0.00
Q2036	FLULAVAL VACC, 3 YRS & >, IM	-	-	7/1/2018	No Separate Payment	\$0.00
Q2037	FLUVIRIN VACC, 3 YRS & >, IM	-	-	7/1/2018	No Separate Payment	\$0.00
Q2038	FLUZONE VACC, 3 YRS & >, IM	-	-	7/1/2018	No Separate Payment	\$0.00
Q2039	INFLUENZA VIRUS VACCINE, NOS	-	-	7/1/2018	No Separate Payment	\$0.00
Q2043	SIPULEUCEL-T AUTO CD54+	-	-	1/1/2020	Fee Schedule	\$45,942.63
Q2049	IMPORTED LIPODOX INJ	-	-	1/1/2020	Fee Schedule	\$482.06
Q2050	DOXORUBICIN INJ 10MG	-	-	1/1/2020	Fee Schedule	\$295.52
Q3027	INJ BETA INTERFERON IM 1 MCG	-	-	1/1/2020	Fee Schedule	\$53.56
Q3031	COLLAGEN SKIN TEST	-	-	7/1/2018	No Separate Payment	\$0.00
Q4100	SKIN SUBSTITUTE, NOS	-	-	7/1/2018	No Separate Payment	\$0.00
Q4101	APLIGRAF	-	-	7/1/2018	No Separate Payment	\$0.00
Q4102	OASIS WOUND MATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4103	OASIS BURN MATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4104	INTEGRA BMWWD	-	-	7/1/2018	No Separate Payment	\$0.00
Q4105	INTEGRA DRT OR OMNIGRAFT	-	-	7/1/2018	No Separate Payment	\$0.00
Q4106	DERMAGRAFT	-	-	7/1/2018	No Separate Payment	\$0.00
Q4107	GRAFTJACKET	-	-	7/1/2018	No Separate Payment	\$0.00
Q4108	INTEGRA MATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4110	PRIMATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4111	GAMMAGRAFT	-	-	7/1/2018	No Separate Payment	\$0.00

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Q4112	CYMETRA INJECTABLE	-	-	7/1/2018	No Separate Payment	\$0.00
Q4113	GRAFTJACKET XPRESS	-	-	7/1/2018	No Separate Payment	\$0.00
Q4114	INTEGRA FLOWABLE WOUND MATRI	-	-	7/1/2018	No Separate Payment	\$0.00
Q4115	ALLOSKIN	-	-	7/1/2018	No Separate Payment	\$0.00
Q4116	ALLODERM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4117	HYALOMATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4118	MATRISTEM MICROMATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4121	THERASKIN	-	-	7/1/2018	No Separate Payment	\$0.00
Q4122	DERMACELL	-	-	7/1/2018	No Separate Payment	\$0.00
Q4123	ALLOSKIN	-	-	7/1/2018	No Separate Payment	\$0.00
Q4124	OASIS TRI-LAYER WOUND MATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4125	ARTHROFLEX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4126	MEMODERM/DERMA/TRANZ/INTEGUP	-	-	7/1/2018	No Separate Payment	\$0.00
Q4127	TALYMED	-	-	7/1/2018	No Separate Payment	\$0.00
Q4128	FLEXHD/ALLOPATCHHD/MATRIXHD	-	-	7/1/2018	No Separate Payment	\$0.00
Q4130	STRATTICE TM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4132	GRAFIX CORE, GRAFIXPL CORE	-	-	7/1/2018	No Separate Payment	\$0.00
Q4133	GRAFIX STRAVIX PRIME PL SQCM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4134	HMATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4135	MEDISKIN	-	-	7/1/2018	No Separate Payment	\$0.00
Q4136	EZDERM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4137	AMNIOEXCEL BIODEXCEL 1SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4138	BIODFENCE DRYFLEX, 1CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4139	AMNIO OR BIODMATRIX, INJ 1CC	-	-	7/1/2018	No Separate Payment	\$0.00
Q4140	BIODFENCE 1CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4141	ALLOSKIN AC, 1 CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4142	XCM BIOLOGIC TISS MATRIX 1CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4143	REPRIZA, 1CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4145	EPIFIX, INJ, 1MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q4146	TENSIX, 1CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4147	ARCHITECT ECM PX FX 1 SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4148	NEOX NEOX RT OR CLARIX CORD	-	-	7/1/2018	No Separate Payment	\$0.00
Q4149	EXCELLAGEN, 0.1 CC	-	-	7/1/2018	No Separate Payment	\$0.00
Q4150	ALLOWRAP DS OR DRY 1 SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4151	AMNIOBAND, GUARDIAN 1 SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4152	DERMAPURE 1 SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4153	DERMAVEST, PLURIVEST SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4154	BIOVANCE 1 SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4155	NEOXFLO OR CLARIXFLO 1 MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q4156	NEOX 100 OR CLARIX 100	-	-	7/1/2018	No Separate Payment	\$0.00
Q4157	REVITALON 1 SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4158	KERECIS OMEGA3, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4159	AFFINITY1 SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4160	NUSHIELD 1 SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4161	BIO-CONNKT PER SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4162	WNDEX FLW, BIOSKN FLW, 0.5CC	-	-	7/1/2018	No Separate Payment	\$0.00
Q4163	WOUNDEX, BIOSKIN, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4164	HELICOLL, PER SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4165	KERAMATRIX, PER SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4166	CYTAL, PER SQUARE CENTIMETER	-	-	7/1/2018	No Separate Payment	\$0.00
Q4167	TRUSKIN, PER SQ CENTIMETER	-	-	7/1/2018	No Separate Payment	\$0.00
Q4168	AMNIOBAND, 1 MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q4169	ARTACENT WOUND, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q4170	CYGNUS, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4171	INTERFYL, 1 MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q4173	PALINGEN OR PALINGEN XPLUS	-	-	7/1/2018	No Separate Payment	\$0.00
Q4174	PALINGEN OR PROMATRX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4175	MIRODERM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4176	NEOPATCH, PER SQ CENTIMETER	-	-	7/1/2018	No Separate Payment	\$0.00
Q4177	FLOWERAMNIOFLO, 0.1 CC	-	-	7/1/2018	No Separate Payment	\$0.00
Q4178	FLOWERAMNIOPATCH, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4179	FLOWERDERM, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4180	REVITA, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4181	AMNIO WOUND, PER SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4182	TRANSCYTE, PER SQ CENTIMETER	-	-	7/1/2018	No Separate Payment	\$0.00
Q4183	SURGIGRAFT, 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4184	CELLESTA, 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4185	CELLESTA FLOWAB AMNION 0.5CC	-	-	1/1/2019	No Separate Payment	\$0.00
Q4186	EPIFIX 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4187	EPICORD 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4188	AMNIOARMOR 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4189	ARTACENT AC, 1 MG	-	-	1/1/2019	No Separate Payment	\$0.00
Q4190	ARTACENT AC 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4191	RESTORIGIN 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4192	RESTORIGIN, 1 CC	-	-	1/1/2019	No Separate Payment	\$0.00
Q4193	COLL-E-DERM 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4194	NOVACHOR 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4195	PURAPLY 1 SQ CM	-	-	1/1/2020	Fee Schedule	\$119.99
Q4196	PURAPLY AM 1 SQ CM	-	-	1/1/2020	Fee Schedule	\$113.86
Q4197	PURAPLY XT 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4198	GENESIS AMNIO MEMBRANE 1SQCM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4200	SKIN TE 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4201	MATRION 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4202	KEROXX (2.5G/CC), 1CC	-	-	1/1/2019	No Separate Payment	\$0.00
Q4203	DERMA-GIDE, 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4204	XWRAP 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q5101	INJECTION, ZARXIO	-	-	1/1/2020	Fee Schedule	\$0.55
Q5103	INJECTION, INFLECTRA	-	-	1/1/2020	Fee Schedule	\$47.77
Q5104	INJECTION, RENFLEXIS	-	-	1/1/2020	Fee Schedule	\$51.75
Q5105	INJ RETACRIT ESRD ON DIALYSI	-	-	1/1/2020	Fee Schedule	\$0.93
Q5106	INJ RETACRIT NON-ESRD USE	-	-	1/1/2020	Fee Schedule	\$9.33
Q5107	INJ MVASI 10 MG	-	-	10/1/2019	Fee Schedule	\$69.77
Q5108	INJECTION, FULPHILA	-	-	1/1/2020	Fee Schedule	\$311.62
Q5110	NIVESTYM	-	-	1/1/2020	Fee Schedule	\$0.63
Q5111	INJECTION, UDENYCA 0.5 MG	-	-	1/1/2020	Fee Schedule	\$336.52
Q5117	INJ., KANJINTI, 10 MG	-	-	10/1/2019	Fee Schedule	\$90.67
Q9950	INJ SULF HEXA LIPID MICROSOPH	-	-	1/1/2020	Fee Schedule	\$19.59
Q9951	LOCM >= 400 MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9953	INJ FE-BASED MR CONTRAST,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9954	ORAL MR CONTRAST, 100 ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9955	INJ PERFLEXANE LIP MICROS,ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9956	INJ OCTAFLUOROPROPANE MIC,ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9957	INJ PERFLUTREN LIP MICROS,ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9958	HOCM <=149 MG/ML IODINE, 1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9959	HOCM 150-199MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9960	HOCM 200-249MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q9961	HOCM 250-299MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9962	HOCM 300-349MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9963	HOCM 350-399MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9964	HOCM>= 400MG/ML IODINE, 1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9965	LOCM 100-199MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9966	LOCM 200-299MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9967	LOCM 300-399MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9968	VISUALIZATION ADJUNCT	-	-	1/1/2020	Fee Schedule	\$6.11
Q9982	FLUTEMETAMOL F18 DIAGNOSTIC	-	-	1/1/2019	No Separate Payment	\$0.00
Q9983	FLORBETABEN F18 DIAGNOSTIC	-	-	1/1/2019	No Separate Payment	\$0.00
Q9991	BUPRENORPH XR 100 MG OR LESS	-	-	1/1/2020	Fee Schedule	\$1,672.45
Q9992	BUPRENORPHINE XR OVER 100 MG	-	-	1/1/2020	Fee Schedule	\$1,672.45
V2630	ANTER CHAMBER INTRAOCUL LENS	-	-	7/1/2018	No Separate Payment	\$0.00
V2631	IRIS SUPPORT INTRAOCLR LENS	-	-	7/1/2018	No Separate Payment	\$0.00
V2632	POST CHMBR INTRAOCULAR LENS	-	-	7/1/2018	No Separate Payment	\$0.00
V2785	CORNEAL TISSUE PROCESSING	-	-	7/1/2018	No Separate Payment	\$0.00
V2790	AMNIOTIC MEMBRANE	-	-	7/1/2018	No Separate Payment	\$0.00