

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
0001A	M	ADM SARSCOV2 30MCG/0.3ML 1ST				Fee Schedule	\$15.50			000	999	-
0001F	E	HEART FAILURE COMPOSITE				Not Allowed	\$0.00			000	999	-
0001U	E	RBC DNA HEA 35 AG 11 BLD GRP				Not Allowed	\$0.00			000	999	-
0002A	M	ADM SARSCOV2 30MCG/0.3ML 2ND				Fee Schedule	\$25.50			000	999	-
0002M	E	LIVER DIS 10 ASSAYS W/ASH				Not Allowed	\$0.00			000	999	-
0002U	E	ONC CLRCT 3 UR METAB ALG PLP				Not Allowed	\$0.00			000	999	-
0003A	E	FEE COVID-19 VAC 1 BOOSTER				Not Allowed	\$0.00			000	999	-
0003M	E	LIVER DIS 10 ASSAYS W/NASH				Not Allowed	\$0.00			000	999	-
0003U	E	ONC OVAR 5 PRTN SER ALG SCOR				Not Allowed	\$0.00			000	999	-
0004A	E	FEE COVID-19 VAC 1 RES				Not Allowed	\$0.00			000	999	-
0004M	E	SCOLIOSIS DNA ALYS				Not Allowed	\$0.00			000	999	-
0004U	E	NFCT DS DNA 27 RESIST GENES				Not Allowed	\$0.00			000	999	-
0005F	E	OSTEOARTHRITIS COMPOSITE				Not Allowed	\$0.00			000	999	-
0005U	E	ONCO PRST8 3 GENE UR ALG				Not Allowed	\$0.00			000	999	-
0006M	E	ONC HEP GENE RISK CLASSIFIER				Not Allowed	\$0.00			000	999	-
0007M	E	ONC GASTRO 51 GENE NOMOGRAM				Not Allowed	\$0.00			000	999	-
0007U	E	RX TEST PRSMV UR W/DEF CONF				Not Allowed	\$0.00			000	999	-
0008U	E	HPYLORI DETCJ ABX RSTNC DNA				Not Allowed	\$0.00			000	999	-
0009U	E	ONC BRST CA ERBB2 AMP/NONAMP				Not Allowed	\$0.00			000	999	-
00100	N	ANESTH SALIVARY GLAND				Bundled	\$0.00			000	999	-
00102	N	ANESTH REPAIR OF CLEFT LIP				Bundled	\$0.00			000	999	-
00103	N	ANESTH BLEPHAROPLASTY				Bundled	\$0.00			000	999	-
00104	N	ANESTH ELECTROSHOCK				Bundled	\$0.00			000	999	-
0010M	E	ONC PROSTATE PROB SCORE				Not Allowed	\$0.00			000	999	-
0010U	E	NFCT DS STRN TYP WHL GEN SEQ				Not Allowed	\$0.00			000	999	-
0011A	M	ADM SARSCOV2 100MCG/0.5ML1ST				Fee Schedule	\$15.50			000	999	-
0011M	E	ONC PRST8 CA MRNA 12 GEN ALG				Not Allowed	\$0.00			000	999	-
0011U	E	RX MNTR LC-MS/MS ORAL FLUID				Not Allowed	\$0.00			000	999	-
00120	N	ANESTH EAR SURGERY				Bundled	\$0.00			000	999	-
00124	N	ANESTH EAR EXAM				Bundled	\$0.00			000	999	-
00126	N	ANESTH TYMPANOTOMY				Bundled	\$0.00			000	999	-
0012A	M	ADM SARSCOV2 100MCG/0.5ML2ND				Fee Schedule	\$25.50			000	999	-
0012F	E	CAP BACTERIAL ASSESS				Not Allowed	\$0.00			000	999	-
0012M	E	ONC MRNA 5 GEN RSK URTHL CA				Not Allowed	\$0.00			000	999	-
0012U	E	GERMLN DO GENE REARGMT DETCJ				Not Allowed	\$0.00			000	999	-
0013A	E	FEE COVID-19 VAC 2 BOOSTER				Not Allowed	\$0.00			000	999	-
0013M	E	ONC MRNA 5 GEN RECR URTHL CA				Not Allowed	\$0.00			000	999	-
0013U	E	ONC SLD ORG NEO GENE REARGMT				Not Allowed	\$0.00			000	999	-
00140	N	ANESTH PROCEDURES ON EYE				Bundled	\$0.00			000	999	-
00142	N	ANESTH LENS SURGERY				Bundled	\$0.00			000	999	-
00144	N	ANESTH CORNEAL TRANSPLANT				Bundled	\$0.00			000	999	-
00145	N	ANESTH VITREORETINAL SURG				Bundled	\$0.00			000	999	-
00147	N	ANESTH IRIDECTOMY				Bundled	\$0.00			000	999	-
00148	N	ANESTH EYE EXAM				Bundled	\$0.00			000	999	-
0014A	E	FEE COVID-19 VAC 2 RES				Not Allowed	\$0.00			000	999	-
0014F	E	COMP PREOP ASSESS CAT SURG				Not Allowed	\$0.00			000	999	-
0014M	E	LIVER DS ALYS 3 BMRK SRM ALG				Not Allowed	\$0.00			000	999	-
0014U	E	HEM HMTLMF NEO GENE REARGMT				Not Allowed	\$0.00			000	999	-
0015F	E	MELAN FOLLOW-UP COMPLETE				Not Allowed	\$0.00			000	999	-
0015M	E	ADRNL CORTCL TUM BCHM ASY 25				Not Allowed	\$0.00			000	999	-
0015U	E	RX METAB ADVRS RX RXN DNA				Not Allowed	\$0.00			000	999	-
00160	N	ANESTH NOSE/SINUS SURGERY				Bundled	\$0.00			000	999	-
00162	N	ANESTH NOSE/SINUS SURGERY				Bundled	\$0.00			000	999	-
00164	N	ANESTH BIOPSY OF NOSE				Bundled	\$0.00			000	999	-
0016M	E	ONC BLADDER MRNA 209 GEN ALG				Not Allowed	\$0.00			000	999	-
0016U	E	ONC HMTLMF NEO RNA BCR/ABL1				Not Allowed	\$0.00			000	999	-
00170	N	ANESTH PROCEDURE ON MOUTH				Bundled	\$0.00			000	999	-

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00172	N	ANESTH CLEFT PALATE REPAIR				Bundled	\$0.00			000	999	-
00174	N	ANESTH PHARYNGEAL SURGERY				Bundled	\$0.00			000	999	-
00176	C	ANESTH PHARYNGEAL SURGERY				Inpatient Only	\$0.00			000	999	-
0017M	E	ONC DLBCL MRNA 20 GENES ALG				Not Allowed	\$0.00			000	999	-
0017U	E	ONC HMTLMF NEO JAK2 MUT DNA				Not Allowed	\$0.00			000	999	-
0018U	E	ONC THYR 10 MICRORNA SEQ ALG				Not Allowed	\$0.00			000	999	-
00190	N	ANESTH FACE/SKULL BONE SURG				Bundled	\$0.00			000	999	-
00192	N	ANESTH FACIAL BONE SURGERY				Bundled	\$0.00			000	999	-
0019U	E	ONC RNA TISS PREDICT ALG				Not Allowed	\$0.00			000	999	-
00210	N	ANESTH CRANIAL SURG NOS				Bundled	\$0.00			000	999	-
00211	C	ANESTH CRAN SURG HEMOTOMA				Inpatient Only	\$0.00			000	999	-
00212	N	ANESTH SKULL DRAINAGE				Bundled	\$0.00			000	999	-
00214	C	ANESTH SKULL DRAINAGE				Inpatient Only	\$0.00			000	999	-
00215	C	ANESTH SKULL REPAIR/FRACT				Inpatient Only	\$0.00			000	999	-
00216	N	ANESTH HEAD VESSEL SURGERY				Bundled	\$0.00			000	999	-
00218	N	ANESTH SPECIAL HEAD SURGERY				Bundled	\$0.00			000	999	-
0021A	M	ADM SARSCOV2 5X10?10VP/5ML 1				Not Allowed	\$0.00			000	999	-
0021U	E	ONC PRST8 DETCJ 8 AUTOANTB				Not Allowed	\$0.00			000	999	-
00220	N	ANESTH INTRCRN NERVE				Bundled	\$0.00			000	999	-
00222	N	ANESTH HEAD NERVE SURGERY				Bundled	\$0.00			000	999	-
0022A	M	ADM SARSCOV2 5X10?10VP/5ML 2				Not Allowed	\$0.00			000	999	-
0022U	E	TRGT GEN SEQ DNA&RNA 23 GENE				Not Allowed	\$0.00			000	999	-
0023A	E	FEE COVID-19 VAC 3 BOOSTER				Not Allowed	\$0.00			000	999	-
0023U	E	ONC AML DNA DETCJ/NONDETCJ				Not Allowed	\$0.00			000	999	-
0024A	E	FEE COVID-19 VAC 3 RES				Not Allowed	\$0.00			000	999	-
0024U	E	GLYCA NUC MR SPECTRSC QUAN				Not Allowed	\$0.00			000	999	-
0025U	E	TENOFOVIR LIQ CHROM UR QUAN				Not Allowed	\$0.00			000	999	-
0026U	E	ONC THYR DNA&MRNA 112 GENES				Not Allowed	\$0.00			000	999	-
0027U	E	JAK2 GENE TRGT SEQ ALYS				Not Allowed	\$0.00			000	999	-
0029U	E	RX METAB ADVRS TRGT SEQ ALYS				Not Allowed	\$0.00			000	999	-
00300	N	ANESTH HEAD/NECK/PTRUNK				Bundled	\$0.00			000	999	-
0030T	E	ANTIPIROTHROMBIN ANTIBODY				Not Allowed	\$0.00			000	999	-
0030U	E	RX METAB WARF TRGT SEQ ALYS				Not Allowed	\$0.00			000	999	-
0031A	E	FEE COVID-19 VAC 4 DOSE 1				Not Allowed	\$0.00			000	999	-
0031U	E	CYP1A2 GENE				Not Allowed	\$0.00			000	999	-
00320	N	ANESTH NECK ORGAN 1YR/>				Bundled	\$0.00			000	999	-
00322	N	ANESTH BIOPSY OF THYROID				Bundled	\$0.00			000	999	-
00326	N	ANESTH LARYNX/TRACH < 1 YR				Bundled	\$0.00			000	001	-
0032A	E	FEE COVID-19 VAC 4 DOSE 2				Not Allowed	\$0.00			000	999	-
0032U	E	COMT GENE				Not Allowed	\$0.00			000	999	-
0033A	E	FEE COVID-19 VAC 4 BOOSTER				Not Allowed	\$0.00			000	999	-
0033U	E	HTR2A HTR2C GENES				Not Allowed	\$0.00			000	999	-
0034A	E	FEE COVID-19 VAC 4 RES				Not Allowed	\$0.00			000	999	-
0034U	E	TPMT NUDT15 GENES				Not Allowed	\$0.00			000	999	-
00350	N	ANESTH NECK VESSEL SURGERY				Bundled	\$0.00			000	999	-
00352	N	ANESTH NECK VESSEL SURGERY				Bundled	\$0.00			000	999	-
0035U	E	NEURO CSF PRION PRTN QUAL				Not Allowed	\$0.00			000	999	-
0036U	E	XOME TUM & NML SPEC SEQ ALYS				Not Allowed	\$0.00			000	999	-
0037U	E	TRGT GEN SEQ DNA 324 GENES				Not Allowed	\$0.00			000	999	-
0038U	E	VITAMIN D SRM MICROSAMP QUAN				Not Allowed	\$0.00			000	999	-
0039U	E	DNA ANTB 2STRAND HI AVIDITY				Not Allowed	\$0.00			000	999	-
00400	N	ANESTH SKIN EXT/PER/ATRUNK				Bundled	\$0.00			000	999	-
00402	N	ANESTH SURGERY OF BREAST				Bundled	\$0.00			000	999	-
00404	N	ANESTH SURGERY OF BREAST				Bundled	\$0.00			000	999	-
00406	N	ANESTH SURGERY OF BREAST				Bundled	\$0.00			000	999	-
0040U	E	BCR/ABL1 GENE MAJOR BP QUAN				Not Allowed	\$0.00			000	999	-
00410	N	ANESTH CORRECT HEART RHYTHM				Bundled	\$0.00			000	999	-

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

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0041A	E	FEE COVID-19 VAC 5 DOSE 1				Not Allowed	\$0.00			000	999	-
0041U	E	B BRGDRFERI ANTB 5 PRTN IGM				Not Allowed	\$0.00			000	999	-
0042A	E	FEE COVID-19 VAC 5 DOSE 2				Not Allowed	\$0.00			000	999	-
0042T	E	CT PERFUSION W/CONTRAST CBF				Not Allowed	\$0.00			000	999	-
0042U	E	B BRGDRFERI ANTB 12 PRTN IGG				Not Allowed	\$0.00			000	999	-
0043A	E	FEE COVID-19 VAC 5 BOOSTER				Not Allowed	\$0.00			000	999	-
0043U	E	TBRF B GRP ANTB 4 PRTN IGM				Not Allowed	\$0.00			000	999	-
0044A	E	FEE COVID-19 VAC 5 RES				Not Allowed	\$0.00			000	999	-
0044U	E	TBRF B GRP ANTB 4 PRTN IGG				Not Allowed	\$0.00			000	999	-
00450	N	ANESTH SURGERY OF SHOULDER				Bundled	\$0.00			000	999	-
00454	N	ANESTH COLLAR BONE BIOPSY				Bundled	\$0.00			000	999	-
0045U	E	ONC BRST DUX CARC IS 12 GENE				Not Allowed	\$0.00			000	999	-
0046U	E	FLT3 GENE ITD VARIANTS QUAN				Not Allowed	\$0.00			000	999	-
00470	N	ANESTH REMOVAL OF RIB				Bundled	\$0.00			000	999	-
00472	N	ANESTH CHEST WALL REPAIR				Bundled	\$0.00			000	999	-
00474	N	ANESTH SURGERY OF RIB				Bundled	\$0.00			000	999	-
0047U	E	ONC PRST8 MRNA 17 GENE ALG				Not Allowed	\$0.00			000	999	-
0048T	E	IMPLANT VENTRICULAR DEVICE				Not Allowed	\$0.00			000	999	-
0048U	E	ONC SLD ORG NEO DNA 468 GENE				Not Allowed	\$0.00			000	999	-
0049U	E	NPM1 GENE ANALYSIS QUAN				Not Allowed	\$0.00			000	999	-
00500	N	ANESTH ESOPHAGEAL SURGERY				Bundled	\$0.00			000	999	-
0050T	E	REMOVAL CIRCULATION ASSIST				Not Allowed	\$0.00			000	999	-
0050U	E	TRGT GEN SEQ DNA 194 GENES				Not Allowed	\$0.00			000	999	-
0051A	E	FEE COVID-19 VAC 6 DOSE 1				Not Allowed	\$0.00			000	999	-
0051U	E	RX MNTR LC-MS/MS UR 31 PNL				Not Allowed	\$0.00			000	999	-
00520	N	ANESTH CHEST PROCEDURE				Bundled	\$0.00			000	999	-
00522	N	ANESTH CHEST LINING BIOPSY				Bundled	\$0.00			000	999	-
00524	C	ANESTH CHEST DRAINAGE				Inpatient Only	\$0.00			000	999	-
00528	N	ANES MEDIASCPY & DX THORSCPY				Bundled	\$0.00			000	999	-
00529	N	ANES MEDSCPY&THORSCPY 1 LUNG				Bundled	\$0.00			000	999	-
0052A	E	FEE COVID-19 VAC 6 DOSE 2				Not Allowed	\$0.00			000	999	-
0052U	E	LPOPRTN BLD W/5 MAJ CLASSES				Not Allowed	\$0.00			000	999	-
00530	N	ANESTH PACEMAKER INSERTION				Bundled	\$0.00			000	999	-
00532	N	ANESTH VASCULAR ACCESS				Bundled	\$0.00			000	999	-
00534	N	ANESTH CARDIOVERTER/DEFIB				Bundled	\$0.00			000	999	-
00537	N	ANESTH CARDIAC ELECTROPHYS				Bundled	\$0.00			000	999	-
00539	N	ANESTH TRACH-BRONCH RECONST				Bundled	\$0.00			000	999	-
0053A	E	FEE COVID-19 VAC 6 BOOSTER				Not Allowed	\$0.00			000	999	-
0053U	E	ONC PRST8 CA FISH ALYS 4 GEN				Not Allowed	\$0.00			000	999	-
00540	C	ANESTH CHEST SURGERY				Inpatient Only	\$0.00			000	999	-
00541	N	ANESTH ONE LUNG VENTILATION				Bundled	\$0.00			000	999	-
00542	C	ANESTHESIA REMOVAL PLEURA				Inpatient Only	\$0.00			000	999	-
00546	C	ANESTH LUNG CHEST WALL SURG				Inpatient Only	\$0.00			000	999	-
00548	N	ANESTH TRACHEA BRONCHI SURG				Bundled	\$0.00			000	999	-
0054A	E	FEE COVID-19 VAC 6 RES				Not Allowed	\$0.00			000	999	-
0054T	E	BONE SRGRY CMPTR FLUOR IMAGE				Not Allowed	\$0.00			000	999	-
0054U	E	RX MNTR 14+ DRUGS & SBSTS				Not Allowed	\$0.00			000	999	-
00550	N	ANESTH STERNAL DEBRIDEMENT				Bundled	\$0.00			000	999	-
0055T	E	BONE SRGRY CMPTR CT/MRI IMAG				Not Allowed	\$0.00			000	999	-
0055U	E	CARD HRT TRNSPL 96 DNA SEQ				Not Allowed	\$0.00			000	999	-
00560	C	ANESTH HEART SURG W/O PUMP				Inpatient Only	\$0.00			000	999	-
00561	C	ANESTH HEART SURG <1 YR				Inpatient Only	\$0.00			000	000	-
00562	C	ANESTH HRT SURG W/PMP AGE 1+				Inpatient Only	\$0.00			000	999	-
00563	N	ANESTH HEART SURG W/ARREST				Bundled	\$0.00			000	999	-
00566	N	ANESTH CABG W/O PUMP				Bundled	\$0.00			000	999	-
00567	C	ANESTH CABG W/PUMP				Inpatient Only	\$0.00			000	999	-
0056U	E	HEM AML DNA GENE REARGMT				Not Allowed	\$0.00			000	999	-

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00580	C	ANESTH HEART/LUNG TRANSPLNT				Inpatient Only	\$0.00			000	999	-
0058U	E	ONC MERKEL CLL CARC SRM QUAN				Not Allowed	\$0.00			000	999	-
0059U	E	ONC MERKEL CLL CARC SRM +/-				Not Allowed	\$0.00			000	999	-
00600	N	ANESTH SPINE CORD SURGERY				Bundled	\$0.00			000	999	-
00604	N	ANESTH SITTING PROCEDURE				Bundled	\$0.00			000	999	-
0060U	E	TWN ZYG GEN SEQ ALYS CHRMS2				Not Allowed	\$0.00			000	999	-
0061A	E	FEE COVID-19 VAC 7 DOSE 1				Not Allowed	\$0.00			000	999	-
0061U	E	TC MEAS 5 BMRK SFDI M-S ALYS				Not Allowed	\$0.00			000	999	-
00620	N	ANESTH SPINE CORD SURGERY				Bundled	\$0.00			000	999	-
00625	N	ANES SPINE TRANSTHOR W/O VENT				Bundled	\$0.00			000	999	-
00626	N	ANES SPINE TRANSTHOR W/VENT				Bundled	\$0.00			000	999	-
0062A	E	FEE COVID-19 VAC 7 DOSE 2				Not Allowed	\$0.00			000	999	-
0062U	E	AI SLE IGG&IGM ALYS 80 BMRK				Not Allowed	\$0.00			000	999	-
00630	N	ANESTH SPINE CORD SURGERY				Bundled	\$0.00			000	999	-
00632	C	ANESTH REMOVAL OF NERVES				Inpatient Only	\$0.00			000	999	-
00635	N	ANESTH LUMBAR PUNCTURE				Bundled	\$0.00			000	999	-
0063A	E	FEE COVID-19 VAC 7 BOOSTER				Not Allowed	\$0.00			000	999	-
0063U	E	NEURO AUTISM 32 AMINES ALG				Not Allowed	\$0.00			000	999	-
00640	N	ANESTH SPINE MANIPULATION				Bundled	\$0.00			000	999	-
0064A	E	FEE COVID-19 VAC 7 RES				Not Allowed	\$0.00			000	999	-
0064U	E	ANTB TP TOTAL&RPR IA QUAL				Not Allowed	\$0.00			000	999	-
0065U	E	SYFLS TST NONTREPONEMAL ANTB				Not Allowed	\$0.00			000	999	-
0066U	E	PAMG-1 IA CERVICO-VAG FLUID				Not Allowed	\$0.00			000	999	-
00670	N	ANESTH SPINE CORD SURGERY				Bundled	\$0.00			000	999	-
0067U	E	ONC BRST IMHCHEM PRFL 4 BMRK				Not Allowed	\$0.00			000	999	-
0068U	E	CANDIDA SPECIES PNL AMP PRB				Not Allowed	\$0.00			000	999	-
0069U	E	ONC CLRCT MICRORNA MIR-31-3P				Not Allowed	\$0.00			000	999	-
00700	N	ANESTH ABDOMINAL WALL SURG				Bundled	\$0.00			000	999	-
00702	N	ANESTH FOR LIVER BIOPSY				Bundled	\$0.00			000	999	-
0070U	E	CYP2D6 GEN COM&SLCT RAR VRNT				Not Allowed	\$0.00			000	999	-
0071A	E	FEE COVID-19 VAC 8 DOSE 1				Not Allowed	\$0.00			000	999	-
0071T	E	US LEIOMYOMATA ABLATE <200				Not Allowed	\$0.00			000	999	-
0071U	E	CYP2D6 FULL GENE SEQUENCE				Not Allowed	\$0.00			000	999	-
0072A	E	FEE COVID-19 VAC 8 DOSE 2				Not Allowed	\$0.00			000	999	-
0072T	E	US LEIOMYOMATA ABLATE >200				Not Allowed	\$0.00			000	999	-
0072U	E	CYP2D6 GEN CYP2D6-2D7 HYBRID				Not Allowed	\$0.00			000	999	-
00730	N	ANESTH ABDOMINAL WALL SURG				Bundled	\$0.00			000	999	-
00731	N	ANES UPR GI NDSC PX NOS				Bundled	\$0.00			000	999	-
00732	N	ANES UPR GI NDSC PX ERCP				Bundled	\$0.00			000	999	-
0073A	E	FEE COVID-19 VAC 8 BOOSTER				Not Allowed	\$0.00			000	999	-
0073U	E	CYP2D6 GEN CYP2D7-2D6 HYBRID				Not Allowed	\$0.00			000	999	-
0074A	E	FEE COVID-19 VAC 8 RES				Not Allowed	\$0.00			000	999	-
0074U	E	CYP2D6 NONDUPLICATED GENE				Not Allowed	\$0.00			000	999	-
00750	N	ANESTH REPAIR OF HERNIA				Bundled	\$0.00			000	999	-
00752	N	ANESTH REPAIR OF HERNIA				Bundled	\$0.00			000	999	-
00754	N	ANESTH REPAIR OF HERNIA				Bundled	\$0.00			000	999	-
00756	N	ANESTH REPAIR OF HERNIA				Bundled	\$0.00			000	999	-
0075T	E	PERQ STENT/CHEST VERT ART				Not Allowed	\$0.00			000	999	-
0075U	E	CYP2D6 5' GENE DUP/MLT				Not Allowed	\$0.00			000	999	-
0076T	E	S&I STENT/CHEST VERT ART				Not Allowed	\$0.00			000	999	-
0076U	E	CYP2D6 3' GENE DUP/MLT				Not Allowed	\$0.00			000	999	-
00770	N	ANESTH BLOOD VESSEL REPAIR				Bundled	\$0.00			000	999	-
0077U	E	IG PARAPROTEIN QUAL BLD/UR				Not Allowed	\$0.00			000	999	-
0078U	E	PAIN MGT OPI USE GNOTYP PNL				Not Allowed	\$0.00			000	999	-
00790	N	ANESTH SURG UPPER ABDOMEN				Bundled	\$0.00			000	999	-
00792	C	ANESTH HEMORR/EXCISE LIVER				Inpatient Only	\$0.00			000	999	-
00794	C	ANESTH PANCREAS REMOVAL				Inpatient Only	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
00796	C	ANESTH FOR LIVER TRANSPLANT				Inpatient Only	\$0.00			000	999	-
00797	N	ANESTH SURGERY FOR OBESITY				Bundled	\$0.00			000	999	-
0079U	E	CMPRTV DNA ALYS MLT SNPS				Not Allowed	\$0.00			000	999	-
00800	N	ANESTH ABDOMINAL WALL SURG				Bundled	\$0.00			000	999	-
00802	N	ANESTH FAT LAYER REMOVAL				Bundled	\$0.00			000	999	-
0080U	E	ONC LNG 5 CLIN RSK FACTR ALG				Not Allowed	\$0.00			000	999	-
00811	N	ANES LWR INTST NDSC NOS				Bundled	\$0.00			000	999	-
00812	N	ANES LWR INTST SCR COLSC				Bundled	\$0.00			000	999	-
00813	N	ANES UPR LWR GI NDSC PX				Bundled	\$0.00			000	999	-
0081A	E	FEE COVID-19 VAC 9 DOSE 1				Not Allowed	\$0.00			000	999	-
00820	N	ANESTH ABDOMINAL WALL SURG				Bundled	\$0.00			000	999	-
0082A	E	FEE COVID-19 VAC 9 DOSE 2				Not Allowed	\$0.00			000	999	-
0082U	E	RX TEST DEF 90+ RX/SBSTS UR				Not Allowed	\$0.00			000	999	-
00830	N	ANESTH REPAIR OF HERNIA				Bundled	\$0.00			000	999	-
00832	N	ANESTH REPAIR OF HERNIA				Bundled	\$0.00			000	999	-
00834	N	ANESTH HERNIA REPAIR < 1 YR				Bundled	\$0.00			000	001	-
00836	N	ANESTH HERNIA REPAIR PREEMIE				Bundled	\$0.00			000	001	-
0083A	E	FEE COVID-19 VAC 9 BOOSTER				Not Allowed	\$0.00			000	999	-
0083U	E	ONC RSPSE CHEMO CNTRST TOMOG				Not Allowed	\$0.00			000	999	-
00840	N	ANESTH SURG LOWER ABDOMEN				Bundled	\$0.00			000	999	-
00842	N	ANESTH AMNIOCENTESIS				Bundled	\$0.00			000	999	-
00844	C	ANESTH PELVIS SURGERY				Inpatient Only	\$0.00			000	999	-
00846	C	ANESTH HYSTERECTOMY				Inpatient Only	\$0.00			000	999	-
00848	C	ANESTH PELVIC ORGAN SURG				Inpatient Only	\$0.00			000	999	-
0084A	E	FEE COVID-19 VAC 9 RES				Not Allowed	\$0.00			000	999	-
0084U	E	RBC DNA GNOTYP 10 BLD GROUPS				Not Allowed	\$0.00			000	999	-
00851	N	ANESTH TUBAL LIGATION				Bundled	\$0.00			010	999	-
00860	N	ANESTH SURGERY OF ABDOMEN				Bundled	\$0.00			000	999	-
00862	N	ANESTH KIDNEY/URETER SURG				Bundled	\$0.00			000	999	-
00864	C	ANESTH REMOVAL OF BLADDER				Inpatient Only	\$0.00			000	999	-
00865	N	ANESTH REMOVAL OF PROSTATE				Bundled	\$0.00			000	999	-
00866	C	ANESTH REMOVAL OF ADRENAL				Inpatient Only	\$0.00			000	999	-
00868	C	ANESTH KIDNEY TRANSPLANT				Inpatient Only	\$0.00			000	999	-
0086U	E	NFCT DS BACT&FNG ORG ID 6+				Not Allowed	\$0.00			000	999	-
00870	N	ANESTH BLADDER STONE SURG				Bundled	\$0.00			000	999	-
00872	N	ANESTH KIDNEY STONE DESTRUCT				Bundled	\$0.00			000	999	-
00873	N	ANESTH KIDNEY STONE DESTRUCT				Bundled	\$0.00			000	999	-
0087U	E	CRD HRT TRNSPL MRNA 1283 GEN				Not Allowed	\$0.00			000	999	-
00880	N	ANESTH ABDOMEN VESSEL SURG				Bundled	\$0.00			000	999	-
00882	C	ANESTH MAJOR VEIN LIGATION				Inpatient Only	\$0.00			000	999	-
0088U	E	TRNSPLJ KDN ALGRFT REJ 1494				Not Allowed	\$0.00			000	999	-
0089U	E	ONC MLNMA PRAME & LINC00518				Not Allowed	\$0.00			000	999	-
00902	N	ANESTH ANORECTAL SURGERY				Bundled	\$0.00			000	999	-
00904	N	ANESTH PERINEAL SURGERY				Bundled	\$0.00			000	999	-
00906	N	ANESTH REMOVAL OF VULVA				Bundled	\$0.00			000	999	-
00908	C	ANESTH REMOVAL OF PROSTATE				Inpatient Only	\$0.00			000	999	-
0090U	E	ONC CUTAN MLNMA MRNA 23 GENE				Not Allowed	\$0.00			000	999	-
00910	N	ANESTH BLADDER SURGERY				Bundled	\$0.00			000	999	-
00912	N	ANESTH BLADDER TUMOR SURG				Bundled	\$0.00			000	999	-
00914	N	ANESTH REMOVAL OF PROSTATE				Bundled	\$0.00			000	999	-
00916	N	ANESTH BLEEDING CONTROL				Bundled	\$0.00			000	999	-
00918	N	ANESTH STONE REMOVAL				Bundled	\$0.00			000	999	-
0091A	E	FEE COVID-19 VAC 10 DOSE 1				Not Allowed	\$0.00			000	999	-
0091U	E	ONC CLRCT SCR WHL BLD ALG				Not Allowed	\$0.00			000	999	-
00920	N	ANESTH GENITALIA SURGERY				Bundled	\$0.00			000	999	-
00921	N	ANESTH VASECTOMY				Bundled	\$0.00			000	999	-
00922	N	ANESTH SPERM DUCT SURGERY				Bundled	\$0.00			000	999	-

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00924	N	ANESTH TESTIS EXPLORATION				Bundled	\$0.00			000	999	-
00926	N	ANESTH REMOVAL OF TESTIS				Bundled	\$0.00			000	999	-
00928	N	ANESTH REMOVAL OF TESTIS				Bundled	\$0.00			000	999	-
0092A	E	FEE COVID-19 VAC 10 DOSE 2				Not Allowed	\$0.00			000	999	-
0092U	E	ONC LNG 3 PRTN BMRK PLSM ALG				Not Allowed	\$0.00			000	999	-
00930	N	ANESTH TESTIS SUSPENSION				Bundled	\$0.00			000	999	-
00932	C	ANESTH AMPUTATION OF PENIS				Inpatient Only	\$0.00			000	999	-
00934	C	ANESTH PENIS NODES REMOVAL				Inpatient Only	\$0.00			000	999	-
00936	C	ANESTH PENIS NODES REMOVAL				Inpatient Only	\$0.00			000	999	-
00938	N	ANESTH INSERT PENIS DEVICE				Bundled	\$0.00			000	999	-
0093A	E	FEE COVID-19 VAC 10 BOOSTER				Not Allowed	\$0.00			000	999	-
0093U	E	RX MNTR 65 COM DRUGS URINE				Not Allowed	\$0.00			000	999	-
00940	N	ANESTH VAGINAL PROCEDURES				Bundled	\$0.00			000	999	-
00942	N	ANESTH SURG ON VAG/URETHRAL				Bundled	\$0.00			000	999	-
00944	N	ANESTH VAGINAL HYSTERECTOMY				Bundled	\$0.00			010	999	-
00948	N	ANESTH REPAIR OF CERVIX				Bundled	\$0.00			000	999	-
0094A	E	FEE COVID-19 VAC 10 RES				Not Allowed	\$0.00			000	999	-
0094U	E	GENOME RAPID SEQUENCE ALYS				Not Allowed	\$0.00			000	999	-
00950	N	ANESTH VAGINAL ENDOSCOPY				Bundled	\$0.00			000	999	-
00952	N	ANESTH HYSTEROSCOPE/GRAPH				Bundled	\$0.00			000	999	-
0095T	E	RMVL ARTIFIC DISC ADDL CRVCL				Not Allowed	\$0.00			000	999	-
0095U	E	INFLM EE ELISA ALYS ALG				Not Allowed	\$0.00			000	999	-
0096U	E	HPV HI RISK TYPES MALE URINE				Not Allowed	\$0.00			000	999	-
0097U	E	GI PATHOGEN 22 TARGETS				Not Allowed	\$0.00			000	999	-
0098T	E	REV ARTIFIC DISC ADDL				Not Allowed	\$0.00			000	999	-
0098U	E	RESPIR PATHOGEN 14 TARGETS				Not Allowed	\$0.00			000	999	-
0099U	E	RESPIR PATHOGEN 20 TARGETS				Not Allowed	\$0.00			000	999	-
0100T	E	PROSTH RETINA RECEIVE&GEN				Not Allowed	\$0.00			000	999	-
0100U	E	RESPIR PATHOGEN 21 TARGETS				Not Allowed	\$0.00			000	999	-
0101A	E	FEE COVID-19 VAC 11 DOSE 1				Not Allowed	\$0.00			000	999	-
0101T	E	EXTRACORP SHOCKWV TX HI ENRG				Not Allowed	\$0.00			000	999	-
0101U	E	HERED COLON CA DO 15 GENES				Not Allowed	\$0.00			000	999	-
0102A	E	FEE COVID-19 VAC 11 DOSE 2				Not Allowed	\$0.00			000	999	-
0102T	E	EXTRACORP SHOCKWV TX ANESTH				Not Allowed	\$0.00			000	999	-
0102U	E	HERED BRST CA RLTD DO 17 GEN				Not Allowed	\$0.00			000	999	-
0103A	E	FEE COVID-19 VAC 11 BOOSTER				Not Allowed	\$0.00			000	999	-
0103U	E	HERED OVA CA PNL 24 GENES				Not Allowed	\$0.00			000	999	-
0104A	E	FEE COVID-19 VAC 11 RES				Not Allowed	\$0.00			000	999	-
0105U	E	NEPH CKD MULT ECLIA TUM NEC				Not Allowed	\$0.00			000	999	-
0106T	E	TOUCH QUANT SENSORY TEST				Not Allowed	\$0.00			000	999	-
0106U	E	GSTR EMPTG 7 TIMED BRTH SPEC				Not Allowed	\$0.00			000	999	-
0107T	E	VIBRATE QUANT SENSORY TEST				Not Allowed	\$0.00			000	999	-
0107U	E	C DIFF TOX AG DETCJ IA STOOL				Not Allowed	\$0.00			000	999	-
0108T	E	COOL QUANT SENSORY TEST				Not Allowed	\$0.00			000	999	-
0108U	E	GI BARRETT ESOPH 9 PRTN BMRK				Not Allowed	\$0.00			000	999	-
0109T	E	HEAT QUANT SENSORY TEST				Not Allowed	\$0.00			000	999	-
0109U	E	ID ASPERGILLUS DNA 4 SPECIES				Not Allowed	\$0.00			000	999	-
0110T	E	NOS QUANT SENSORY TEST				Not Allowed	\$0.00			000	999	-
0110U	E	RX MNTR 1+ORAL ONC RX&SBSTS				Not Allowed	\$0.00			000	999	-
01112	N	ANESTH BONE ASPIRATE/BX				Bundled	\$0.00			000	999	-
0111U	E	ONC COLON CA KRAS&NRAS ALYS				Not Allowed	\$0.00			000	999	-
01120	N	ANESTH PELVIS SURGERY				Bundled	\$0.00			000	999	-
0112U	E	IADI 16S&18S RRNA GENES				Not Allowed	\$0.00			000	999	-
01130	N	ANESTH BODY CAST PROCEDURE				Bundled	\$0.00			000	999	-
0113U	E	ONC PRST8 PCA3&TMPRSS2-ERG				Not Allowed	\$0.00			000	999	-
01140	N	ANESTH AMPUTATION AT PELVIS				Bundled	\$0.00			000	999	-
0114U	E	GI BARRETTES ESOPH VIM&CCNA1				Not Allowed	\$0.00			000	999	-

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01150	N	ANESTH PELVIC TUMOR SURGERY				Bundled	\$0.00			000	999	-
0115U	E	RESPIR IADNA 18 VIRAL&2 BACT				Not Allowed	\$0.00			000	999	-
01160	N	ANESTH PELVIS PROCEDURE				Bundled	\$0.00			000	999	-
0116U	E	RX MNTR NZM IA 35+ORAL FLU				Not Allowed	\$0.00			000	999	-
01170	N	ANESTH PELVIS SURGERY				Bundled	\$0.00			000	999	-
01173	N	ANESTH FX REPAIR PELVIS				Bundled	\$0.00			000	999	-
0117U	E	PAIN MGMT 11 ENDOGENOUS ANAL				Not Allowed	\$0.00			000	999	-
0118U	E	TRNSPLJ DON-DRV CLL-FR DNA				Not Allowed	\$0.00			000	999	-
0119U	E	CRD CERAMIDES LIQ CHROM PLSM				Not Allowed	\$0.00			000	999	-
01200	N	ANESTH HIP JOINT PROCEDURE				Bundled	\$0.00			000	999	-
01202	N	ANESTH ARTHROSCOPY OF HIP				Bundled	\$0.00			000	999	-
0120U	E	ONC B CLL LYMPHM MRNA 58 GEN				Not Allowed	\$0.00			000	999	-
01210	N	ANESTH HIP JOINT SURGERY				Bundled	\$0.00			000	999	-
01212	N	ANESTH HIP DISARTICULATION				Bundled	\$0.00			000	999	-
01214	N	ANESTH HIP ARTHROPLASTY				Bundled	\$0.00			000	999	-
01215	N	ANESTH REVISE HIP REPAIR				Bundled	\$0.00			000	999	-
0121U	E	SC DIS VCAM-1 WHOLE BLOOD				Not Allowed	\$0.00			000	999	-
01220	N	ANESTH PROCEDURE ON FEMUR				Bundled	\$0.00			000	999	-
0122U	E	SC DIS P-SELECTIN WHL BLOOD				Not Allowed	\$0.00			000	999	-
01230	N	ANESTH SURGERY OF FEMUR				Bundled	\$0.00			000	999	-
01232	N	ANESTH AMPUTATION OF FEMUR				Bundled	\$0.00			000	999	-
01234	N	ANESTH RADICAL FEMUR SURG				Bundled	\$0.00			000	999	-
0123U	E	MCHNL FRAGILITY RBC PRFLG				Not Allowed	\$0.00			000	999	-
0124U	E	FTL CGEN ABNOR 3 ANALYTES				Not Allowed	\$0.00			000	999	-
01250	N	ANESTH UPPER LEG SURGERY				Bundled	\$0.00			000	999	-
0125U	E	FTL CGEN ABNOR PRNT COMP 5				Not Allowed	\$0.00			000	999	-
01260	N	ANESTH UPPER LEG VEINS SURG				Bundled	\$0.00			000	999	-
0126U	E	FTL CGEN ABNOR PRNT COMP 5 Y				Not Allowed	\$0.00			000	999	-
01270	N	ANESTH THIGH ARTERIES SURG				Bundled	\$0.00			000	999	-
01272	C	ANESTH FEMORAL ARTERY SURG				Inpatient Only	\$0.00			000	999	-
01274	N	ANESTH FEMORAL EMBOLECTOMY				Bundled	\$0.00			000	999	-
0127U	E	OB PE 3 ANALYTES				Not Allowed	\$0.00			000	999	-
0128U	E	OB PE 3 ANALYTES Y CHRMSM				Not Allowed	\$0.00			000	999	-
0129U	E	HERED BRST CA RLTD DO PANEL				Not Allowed	\$0.00			000	999	-
0130U	E	HERED COLON CA DO MRNA PNL				Not Allowed	\$0.00			000	999	-
0131U	E	HERED BRST CA RLTD DO PNL 13				Not Allowed	\$0.00			000	999	-
01320	N	ANESTH KNEE AREA SURGERY				Bundled	\$0.00			000	999	-
0132U	E	HERED OVA CA RLTD DO PNL 17				Not Allowed	\$0.00			000	999	-
0133U	E	HERED PRST8 CA RLTD DO 11				Not Allowed	\$0.00			000	999	-
01340	N	ANESTH KNEE AREA PROCEDURE				Bundled	\$0.00			000	999	-
0134U	E	HERED PAN CA MRNA PNL 18 GEN				Not Allowed	\$0.00			000	999	-
0135U	E	HERED GYN CA MRNA PNL 12 GEN				Not Allowed	\$0.00			000	999	-
01360	N	ANESTH KNEE AREA SURGERY				Bundled	\$0.00			000	999	-
0136U	E	ATM MRNA SEQ ALYS				Not Allowed	\$0.00			000	999	-
0137U	E	PALB2 MRNA SEQ ALYS				Not Allowed	\$0.00			000	999	-
01380	N	ANESTH KNEE JOINT PROCEDURE				Bundled	\$0.00			000	999	-
01382	N	ANESTH DX KNEE ARTHROSCOPY				Bundled	\$0.00			000	999	-
0138U	E	BRCA1 BRCA2 MRNA SEQ ALYS				Not Allowed	\$0.00			000	999	-
01390	N	ANESTH KNEE AREA PROCEDURE				Bundled	\$0.00			000	999	-
01392	N	ANESTH KNEE AREA SURGERY				Bundled	\$0.00			000	999	-
0139U	E	NEURO AUSTM MEAS 6 C METABLT				Not Allowed	\$0.00			000	999	-
01400	N	ANESTH KNEE JOINT SURGERY				Bundled	\$0.00			000	999	-
01402	N	ANESTH KNEE ARTHROPLASTY				Bundled	\$0.00			000	999	-
01404	N	ANESTH AMPUTATION AT KNEE				Bundled	\$0.00			000	999	-
0140U	E	NFCT DS FUNGI DNA 15 TRGT				Not Allowed	\$0.00			000	999	-
0141U	E	NFCT DS BACT&FNG GRAM POS				Not Allowed	\$0.00			000	999	-
01420	N	ANESTH KNEE JOINT CASTING				Bundled	\$0.00			000	999	-

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0142U	E	NFCT DS BACT&FNG GRAM NEG				Not Allowed	\$0.00			000	999	-
01430	N	ANESTH KNEE VEINS SURGERY				Bundled	\$0.00			000	999	-
01432	N	ANESTH KNEE VESSEL SURG				Bundled	\$0.00			000	999	-
0143U	E	DRUG ASSAY 120+ RX/METABL				Not Allowed	\$0.00			000	999	-
01440	N	ANESTH KNEE ARTERIES SURG				Bundled	\$0.00			000	999	-
01442	C	ANESTH KNEE ARTERY SURG				Inpatient Only	\$0.00			000	999	-
01444	C	ANESTH KNEE ARTERY REPAIR				Inpatient Only	\$0.00			000	999	-
0144U	E	DRUG ASSAY 160+ RX/METABL				Not Allowed	\$0.00			000	999	-
0145U	E	DRUG ASSAY 65+ RX/METABL				Not Allowed	\$0.00			000	999	-
01462	N	ANESTH LOWER LEG PROCEDURE				Bundled	\$0.00			000	999	-
01464	N	ANESTH ANKLE/FT ARTHROSCOPY				Bundled	\$0.00			000	999	-
0146U	E	DRUG ASSAY 80+ RX/METABL				Not Allowed	\$0.00			000	999	-
01470	N	ANESTH LOWER LEG SURGERY				Bundled	\$0.00			000	999	-
01472	N	ANESTH ACHILLES TENDON SURG				Bundled	\$0.00			000	999	-
01474	N	ANESTH LOWER LEG SURGERY				Bundled	\$0.00			000	999	-
0147U	E	DRUG ASSAY 85+ RX/METABL				Not Allowed	\$0.00			000	999	-
01480	N	ANESTH LOWER LEG BONE SURG				Bundled	\$0.00			000	999	-
01482	N	ANESTH RADICAL LEG SURGERY				Bundled	\$0.00			000	999	-
01484	N	ANESTH LOWER LEG REVISION				Bundled	\$0.00			000	999	-
01486	N	ANESTH ANKLE REPLACEMENT				Bundled	\$0.00			000	999	-
0148U	E	DRUG ASSAY 100+ RX/METABL				Not Allowed	\$0.00			000	999	-
01490	N	ANESTH LOWER LEG CASTING				Bundled	\$0.00			000	999	-
0149U	E	DRUG ASSAY 60+ RX/METABL				Not Allowed	\$0.00			000	999	-
01500	N	ANESTH LEG ARTERIES SURG				Bundled	\$0.00			000	999	-
01502	C	ANESTH LWR LEG EMBOLECTOMY				Inpatient Only	\$0.00			000	999	-
0150U	E	DRUG ASSAY 120+ RX/METABL				Not Allowed	\$0.00			000	999	-
0151U	E	NFCT BCT/VIR RESP NFCTJ 33				Not Allowed	\$0.00			000	999	-
01520	N	ANESTH LOWER LEG VEIN SURG				Bundled	\$0.00			000	999	-
01522	N	ANESTH LOWER LEG VEIN SURG				Bundled	\$0.00			000	999	-
0152U	E	NFCT DS DNA UNTRGT NGRJ SEQ				Not Allowed	\$0.00			000	999	-
0153U	E	ONC BREAST MRNA 101 GENES				Not Allowed	\$0.00			000	999	-
0154U	E	ONC URTHL CA RNA FGFR3 GENE				Not Allowed	\$0.00			000	999	-
0155U	E	ONC BRST CA DNA PIK3CA GENE				Not Allowed	\$0.00			000	999	-
0156U	E	COPY NUMBER SEQUENCE ALYS				Not Allowed	\$0.00			000	999	-
0157U	E	APC MRNA SEQ ALYS				Not Allowed	\$0.00			000	999	-
0158U	E	MLH1 MRNA SEQ ALYS				Not Allowed	\$0.00			000	999	-
0159U	E	MSH2 MRNA SEQ ALYS				Not Allowed	\$0.00			000	999	-
0160U	E	MSH6 MRNA SEQ ALYS				Not Allowed	\$0.00			000	999	-
01610	N	ANESTH SURGERY OF SHOULDER				Bundled	\$0.00			000	999	-
0161U	E	PMS2 MRNA SEQ ALYS				Not Allowed	\$0.00			000	999	-
01620	N	ANESTH SHOULDER PROCEDURE				Bundled	\$0.00			000	999	-
01622	N	ANES DX SHOULDER ARTHROSCOPY				Bundled	\$0.00			000	999	-
0162U	E	HERED COLON CA TRGT MRNA PNL				Not Allowed	\$0.00			000	999	-
01630	N	ANESTH SURGERY OF SHOULDER				Bundled	\$0.00			000	999	-
01634	N	ANESTH SHOULDER JOINT AMPUT				Bundled	\$0.00			000	999	-
01636	N	ANESTH FOREQUARTER AMPUT				Bundled	\$0.00			000	999	-
01638	N	ANESTH SHOULDER REPLACEMENT				Bundled	\$0.00			000	999	-
0163T	E	LUMB ARTIF DISCECTOMY ADDL				Not Allowed	\$0.00			000	999	-
0163U	E	ONC CLRCT SCR 3 PRTN ALG				Not Allowed	\$0.00			000	999	-
0164T	E	REMOVE LUMB ARTIF DISC ADDL				Not Allowed	\$0.00			000	999	-
0164U	E	GI IBS IA ANTI-CDTB&VINCULIN				Not Allowed	\$0.00			000	999	-
01650	N	ANESTH SHOULDER ARTERY SURG				Bundled	\$0.00			000	999	-
01652	C	ANESTH SHOULDER VESSEL SURG				Inpatient Only	\$0.00			000	999	-
01654	C	ANESTH SHOULDER VESSEL SURG				Inpatient Only	\$0.00			000	999	-
01656	C	ANESTH ARM-LEG VESSEL SURG				Inpatient Only	\$0.00			000	999	-
0165T	E	REVISE LUMB ARTIF DISC ADDL				Not Allowed	\$0.00			000	999	-
0165U	E	PEANUT ALLG ASMT EPI				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
0166U	E	LIVER DS 10 BIOCHEM ASY SRM				Not Allowed	\$0.00			000	999	-
01670	N	ANESTH SHOULDER VEIN SURG				Bundled	\$0.00			000	999	-
0167U	E	CHORNC GONADOTROPIN HCG IA				Not Allowed	\$0.00			000	999	-
01680	N	ANESTH SHOULDER CASTING				Bundled	\$0.00			000	999	-
0168U	E	FTL ANEUPLOIDY DNA SEQ ALYS				Not Allowed	\$0.00			000	999	-
0169T	E	PLACE STEREO CATH BRAIN				Not Allowed	\$0.00			000	999	-
0169U	E	NUDT15&TPMT GENE COM VRNT				Not Allowed	\$0.00			000	999	-
0170U	E	NEURO ASD RNA NEXT GEN SEQ				Not Allowed	\$0.00			000	999	-
01710	N	ANESTH ELBOW AREA SURGERY				Bundled	\$0.00			000	999	-
01712	N	ANESTH UPPR ARM TENDON SURG				Bundled	\$0.00			000	999	-
01714	N	ANESTH UPPR ARM TENDON SURG				Bundled	\$0.00			000	999	-
01716	N	ANESTH BICEPS TENDON REPAIR				Bundled	\$0.00			000	999	-
0171T	E	LUMBAR SPINE PROCES DISTRACT				Not Allowed	\$0.00			000	999	-
0171U	E	TRGT GEN SEQ ALYS PNL DNA 23				Not Allowed	\$0.00			000	999	-
0172T	E	LUMBAR SPINE PROCESS ADDL				Not Allowed	\$0.00			000	999	-
0172U	E	ONC SLD TUM ALYS BRCA1 BRCA2				Not Allowed	\$0.00			000	999	-
01730	N	ANESTH UPPR ARM PROCEDURE				Bundled	\$0.00			000	999	-
01732	N	ANESTH DX ELBOW ARTHROSCOPY				Bundled	\$0.00			000	999	-
0173T	E	IOP MONIT IO PRESSURE				Not Allowed	\$0.00			000	999	-
0173U	E	PSYC GEN ALYS PANEL 14 GENES				Not Allowed	\$0.00			000	999	-
01740	N	ANESTH UPPER ARM SURGERY				Bundled	\$0.00			000	999	-
01742	N	ANESTH HUMERUS SURGERY				Bundled	\$0.00			000	999	-
01744	N	ANESTH HUMERUS REPAIR				Bundled	\$0.00			000	999	-
0174T	E	CAD CXR WITH INTERP				Not Allowed	\$0.00			000	999	-
0174U	E	ONC SOLID TUMOR 30 PRTN TRGT				Not Allowed	\$0.00			000	999	-
01756	N	ANESTH RADICAL HUMERUS SURG				Bundled	\$0.00			000	999	-
01758	N	ANESTH HUMERAL LESION SURG				Bundled	\$0.00			000	999	-
0175T	E	CAD CXR REMOTE				Not Allowed	\$0.00			000	999	-
0175U	E	PSYC GEN ALYS PANEL 15 GENES				Not Allowed	\$0.00			000	999	-
01760	N	ANESTH ELBOW REPLACEMENT				Bundled	\$0.00			000	999	-
0176U	E	CDTB&VINCULIN IGG ANTB IA				Not Allowed	\$0.00			000	999	-
01770	N	ANESTH UPPR ARM ARTERY SURG				Bundled	\$0.00			000	999	-
01772	N	ANESTH UPPR ARM EMBOLECTOMY				Bundled	\$0.00			000	999	-
0177U	E	ONC BRST CA DNA PIK3CA 11				Not Allowed	\$0.00			000	999	-
01780	N	ANESTH UPPER ARM VEIN SURG				Bundled	\$0.00			000	999	-
01782	N	ANESTH UPPR ARM VEIN REPAIR				Bundled	\$0.00			000	999	-
0178U	E	PEANUT ALLG ASMT EPI CLIN RX				Not Allowed	\$0.00			000	999	-
0179U	E	ONC NONSM CLL LNG CA ALYS 23				Not Allowed	\$0.00			000	999	-
0180U	E	ABO GNOTYP ABO 7 EXONS				Not Allowed	\$0.00			000	999	-
01810	N	ANESTH LOWER ARM SURGERY				Bundled	\$0.00			000	999	-
0181U	E	CO GNOTYP AQP1 EXON 1				Not Allowed	\$0.00			000	999	-
01820	N	ANESTH LOWER ARM PROCEDURE				Bundled	\$0.00			000	999	-
01829	N	ANESTH DX WRIST ARTHROSCOPY				Bundled	\$0.00			000	999	-
0182U	E	CROM GNOTYP CD55 EXONS 1-10				Not Allowed	\$0.00			000	999	-
01830	N	ANESTH LOWER ARM SURGERY				Bundled	\$0.00			000	999	-
01832	N	ANESTH WRIST REPLACEMENT				Bundled	\$0.00			000	999	-
0183U	E	DI GNOTYP SLC4A1 EXON 19				Not Allowed	\$0.00			000	999	-
01840	N	ANESTH LWR ARM ARTERY SURG				Bundled	\$0.00			000	999	-
01842	N	ANESTH LWR ARM EMBOLECTOMY				Bundled	\$0.00			000	999	-
01844	N	ANESTH VASCULAR SHUNT SURG				Bundled	\$0.00			000	999	-
0184T	E	EXC RECTAL TUMOR ENDOSCOPIC				Not Allowed	\$0.00			000	999	-
0184U	E	DO GNOTYP ART4 EXON 2				Not Allowed	\$0.00			000	999	-
01850	N	ANESTH LOWER ARM VEIN SURG				Bundled	\$0.00			000	999	-
01852	N	ANESTH LWR ARM VEIN REPAIR				Bundled	\$0.00			000	999	-
0185U	E	FUT1 GNOTYP FUT1 EXON 4				Not Allowed	\$0.00			000	999	-
01860	N	ANESTH LOWER ARM CASTING				Bundled	\$0.00			000	999	-
0186U	E	FUT2 GNOTYP FUT2 EXON 2				Not Allowed	\$0.00			000	999	-

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0187U	E	FY GNOTYP ACKR1 EXONS 1-2				Not Allowed	\$0.00			000	999	-
0188U	E	GE GNOTYP GYPC EXONS 1-4				Not Allowed	\$0.00			000	999	-
0189U	E	GYPA GNOTYP NTRNS 1 5 EXON 2				Not Allowed	\$0.00			000	999	-
0190U	E	GYPB GNOTYP NTRNS 1 5 SEUX 3				Not Allowed	\$0.00			000	999	-
01916	N	ANESTH DX ARTERIOGRAPHY				Bundled	\$0.00			000	999	-
0191T	E	INSERT ANT SEGMENT DRAIN INT				Not Allowed	\$0.00			000	999	-
0191U	E	IN GNOTYP CD44 EXONS 2 3 6				Not Allowed	\$0.00			000	999	-
01920	N	ANESTH CATHETERIZE HEART				Bundled	\$0.00			000	999	-
01922	N	ANESTH CAT OR MRI SCAN				Bundled	\$0.00			000	999	-
01924	N	ANES THER INTERVEN RAD ARTRL				Bundled	\$0.00			000	999	-
01925	N	ANES THER INTERVEN RAD CARD				Bundled	\$0.00			000	999	-
01926	N	ANES TX INTERV RAD HRT/CRAN				Bundled	\$0.00			000	999	-
0192U	E	JK GNOTYP SLC14A1 EXON 9				Not Allowed	\$0.00			000	999	-
01930	N	ANES THER INTERVEN RAD VEIN				Bundled	\$0.00			000	999	-
01931	N	ANES THER INTERVEN RAD TIPS				Bundled	\$0.00			000	999	-
01932	N	ANES TX INTERV RAD TH VEIN				Bundled	\$0.00			000	999	-
01933	N	ANES TX INTERV RAD CRAN VEIN				Bundled	\$0.00			000	999	-
01935	N	ANESTH PERC IMG DX SP PROC				Bundled	\$0.00			000	999	-
01936	N	ANESTH PERC IMG TX SP PROC				Bundled	\$0.00			000	999	-
0193U	E	JR GNOTYP ABCG2 EXONS 2-26				Not Allowed	\$0.00			000	999	-
0194U	E	KEL GNOTYP KEL EXON 8				Not Allowed	\$0.00			000	999	-
01951	N	ANESTH BURN LESS 4 PERCENT				Bundled	\$0.00			000	999	-
01952	N	ANESTH BURN 4-9 PERCENT				Bundled	\$0.00			000	999	-
01953	N	ANESTH BURN EACH 9 PERCENT				Bundled	\$0.00			000	999	-
01958	N	ANESTH ANTEPARTUM MANIPUL				Bundled	\$0.00			010	065	-
0195U	E	KLF1 TARGETED SEQUENCING				Not Allowed	\$0.00			000	999	-
01960	N	ANESTH VAGINAL DELIVERY				Bundled	\$0.00			010	065	-
01961	N	ANESTH CS DELIVERY				Bundled	\$0.00			010	065	-
01962	N	ANESTH EMER HYSTERECTOMY				Bundled	\$0.00			010	065	-
01963	N	ANESTH CS HYSTERECTOMY				Bundled	\$0.00			010	065	-
01965	N	ANESTH INC/MISSED AB PROC				Bundled	\$0.00			000	999	-
01966	N	ANESTH INDUCED AB PROCEDURE				Bundled	\$0.00			000	999	-
01967	N	ANESTH/ANALG VAG DELIVERY				Bundled	\$0.00			010	065	-
01968	N	ANES/ANALG CS DELIVER ADD-ON				Bundled	\$0.00			010	065	-
01969	N	ANESTH/ANALG CS HYST ADD-ON				Bundled	\$0.00			010	065	-
0196U	E	LU GNOTYP BCAM EXON 3				Not Allowed	\$0.00			000	999	-
0197U	E	LW GNOTYP ICAM4 EXON 1				Not Allowed	\$0.00			000	999	-
0198T	E	OCULAR BLOOD FLOW MEASURE				Not Allowed	\$0.00			000	999	-
0198U	E	RHD&RHCE GNTYP RHD1-10&RHCE5				Not Allowed	\$0.00			000	999	-
01990	C	SUPPORT FOR ORGAN DONOR				Inpatient Only	\$0.00			000	999	-
01991	N	ANESTH NERVE BLOCK/INJ				Bundled	\$0.00			000	999	-
01992	N	ANESTH N BLOCK/INJ PRONE				Bundled	\$0.00			000	999	-
01996	N	HOSP MANAGE CONT DRUG ADMIN				Bundled	\$0.00			000	999	-
01999	N	UNLISTED ANESTH PROCEDURE				Bundled	\$0.00			000	999	-
0199U	E	SC GNOTYP ERMAMP EXONS 4 12				Not Allowed	\$0.00			000	999	-
0200T	E	PERQ SACRAL AUGMT UNILAT INJ				Not Allowed	\$0.00			000	999	-
0200U	E	XK GNOTYP XK EXONS 1-3				Not Allowed	\$0.00			000	999	-
0201T	E	PERQ SACRAL AUGMT BILAT INJ				Not Allowed	\$0.00			000	999	-
0201U	E	YT GNOTYP ACHE EXON 2				Not Allowed	\$0.00			000	999	-
0202T	E	POST VERT ARTHRPLST 1 LUMBAR				Not Allowed	\$0.00			000	999	-
0202U	E	NFCT DS 22 TRGT SARS-COV-2				Not Allowed	\$0.00			000	999	-
0203U	E	AI IBD MRNA XPRSN PRFL 17				Not Allowed	\$0.00			000	999	-
0204U	E	ONC THYR MRNA XPRSN ALYS 593				Not Allowed	\$0.00			000	999	-
0205U	E	OPH AMD ALYS 3 GENE VARIANTS				Not Allowed	\$0.00			000	999	-
0206U	E	NEURO ALZHEIMER CELL AGGREGJ				Not Allowed	\$0.00			000	999	-
0207T	E	CLEAR EYELID GLAND W/HEAT				Not Allowed	\$0.00			000	999	-
0207U	E	NEURO ALZHEIMER QUAN IMAGING				Not Allowed	\$0.00			000	999	-

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0208T	E	AUDIOMETRY AIR ONLY				Not Allowed	\$0.00			000	999	-
0208U	E	ONC MTC MRNA XPRSN ALYS 108				Not Allowed	\$0.00			000	999	-
0209T	E	AUDIOMETRY AIR & BONE				Not Allowed	\$0.00			000	999	-
0209U	E	CYTOG CONST ALYS INTERROG				Not Allowed	\$0.00			000	999	-
0210T	E	SPEECH AUDIOMETRY THRESHOLD				Not Allowed	\$0.00			000	999	-
0210U	E	SYPHILIS TST ANTB IA QUAN				Not Allowed	\$0.00			000	999	-
0211T	E	SPEECH AUDIOM THRESH & RECOG				Not Allowed	\$0.00			000	999	-
0211U	E	ONC PAN-TUM DNA&RNA GNRJ SEQ				Not Allowed	\$0.00			000	999	-
0212T	E	COMPRES AUDIOMETRY EVALUATION				Not Allowed	\$0.00			000	999	-
0212U	E	RARE DS GEN DNA ALYS PROBAND				Not Allowed	\$0.00			000	999	-
0213T	E	NJX PARAVERT W/US CER/THOR				Not Allowed	\$0.00			000	999	-
0213U	E	RARE DS GEN DNA ALYS EA COMP				Not Allowed	\$0.00			000	999	-
0214T	E	NJX PARAVERT W/US CER/THOR				Not Allowed	\$0.00			000	999	-
0214U	E	RARE DS XOM DNA ALYS PROBAND				Not Allowed	\$0.00			000	999	-
0215T	E	NJX PARAVERT W/US CER/THOR				Not Allowed	\$0.00			000	999	-
0215U	E	RARE DS XOM DNA ALYS EA COMP				Not Allowed	\$0.00			000	999	-
0216T	E	NJX PARAVERT W/US LUMB/SAC				Not Allowed	\$0.00			000	999	-
0216U	E	NEURO INH ATAXIA DNA 12 COM				Not Allowed	\$0.00			000	999	-
0217T	E	NJX PARAVERT W/US LUMB/SAC				Not Allowed	\$0.00			000	999	-
0217U	E	NEURO INH ATAXIA DNA 51 GENE				Not Allowed	\$0.00			000	999	-
0218T	E	NJX PARAVERT W/US LUMB/SAC				Not Allowed	\$0.00			000	999	-
0218U	E	NEURO MUSC DYS DMD SEQ ALYS				Not Allowed	\$0.00			000	999	-
0219T	E	PLMT POST FACET IMPLT CERV				Not Allowed	\$0.00			000	999	-
0219U	E	NFCT AGT HIV GNRJ SEQ ALYS				Not Allowed	\$0.00			000	999	-
0220T	E	PLMT POST FACET IMPLT THOR				Not Allowed	\$0.00			000	999	-
0220U	E	ONC BRST CA AI ASSMT 12 FEAT				Not Allowed	\$0.00			000	999	-
0221T	E	PLMT POST FACET IMPLT LUMB				Not Allowed	\$0.00			000	999	-
0221U	E	ABO GNOTYP NEXT GNRJ SEQ ABO				Not Allowed	\$0.00			000	999	-
0222T	E	PLMT POST FACET IMPLT ADDL				Not Allowed	\$0.00			000	999	-
0222U	E	RHD&RHCE GNTYP NEXT GNRJ SEQ				Not Allowed	\$0.00			000	999	-
0223U	M	NFCT DS 22 TRGT SARS-COV-2				Charge Ratio	\$0.00			000	999	-
0224U	M	ANTIBODY SARS-COV-2 TITER(S)				Charge Ratio	\$0.00			000	999	-
0225U	M	NFCT DS DNA&RNA 21 SARSCOV2				Charge Ratio	\$0.00			000	999	-
0226T	E	ANOSCOPY HRA W/SPEC COLLECT				Not Allowed	\$0.00			000	999	-
0226U	M	SVNT SARSCOV2 ELISA PLSM SRM				Charge Ratio	\$0.00			000	999	-
0227T	E	ANOSCOPY HRA W/BIOPSY				Not Allowed	\$0.00			000	999	-
0227U	E	RX ASY PRSMV 30+RX/METABLT				Not Allowed	\$0.00			000	999	-
0228U	E	ONC PRST8 MA MOLEC PRFL ALG				Not Allowed	\$0.00			000	999	-
0229U	E	BCAT1 PROMOTER MTHYLTN ALYS				Not Allowed	\$0.00			000	999	-
0230U	E	AR FULL SEQUENCE ANALYSIS				Not Allowed	\$0.00			000	999	-
0231U	E	CACNA1A FULL GENE ANALYSIS				Not Allowed	\$0.00			000	999	-
0232T	E	NJX PLATELET PLASMA				Not Allowed	\$0.00			000	999	-
0232U	E	CSTB FULL GENE ANALYSIS				Not Allowed	\$0.00			000	999	-
0233U	E	FXN GENE ANALYSIS				Not Allowed	\$0.00			000	999	-
0234T	E	TRLUML PERIP ATHRC RENAL ART				Not Allowed	\$0.00			000	999	-
0234U	E	MECP2 FULL GENE ANALYSIS				Not Allowed	\$0.00			000	999	-
0235T	E	TRLUML PERIP ATHRC VISCERAL				Not Allowed	\$0.00			000	999	-
0235U	E	PTEN FULL GENE ANALYSIS				Not Allowed	\$0.00			000	999	-
0236T	E	TRLUML PERIP ATHRC ABD AORTA				Not Allowed	\$0.00			000	999	-
0236U	E	SMN1&SMN2 FULL GENE ANALYSIS				Not Allowed	\$0.00			000	999	-
0237T	E	TRLUML PERIP ATHRC BRCHIOCPH				Not Allowed	\$0.00			000	999	-
0237U	E	CAR ION CHNLPHTY GEN SEQ PNL				Not Allowed	\$0.00			000	999	-
0238T	E	TRLUML PERIP ATHRC ILIAC ART				Not Allowed	\$0.00			000	999	-
0238U	E	ONC LNCH SYN GEN DNA SEQ ALY				Not Allowed	\$0.00			000	999	-
0239U	E	TRGT GEN SEQ ALYS PNL 311+				Not Allowed	\$0.00			000	999	-
0240U	E	NFCT DS VIR RESP RNA 3 TRGT				Not Allowed	\$0.00			000	999	-
0241U	E	NFCT DS VIR RESP RNA 4 TRGT				Not Allowed	\$0.00			000	999	-

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0242T	E	GI TRACT TRANSIT & PRES MEAS				Not Allowed	\$0.00			000	999	-
0250T	E	INSERT BRONCHIAL VALVE				Not Allowed	\$0.00			000	999	-
0251T	E	REMOV BRONCHIAL VALVE				Not Allowed	\$0.00			000	999	-
0252T	E	REMOV BRONCH VALVE ADDL				Not Allowed	\$0.00			000	999	-
0253T	E	INSERT AQUEOUS DRAIN DEVICE				Not Allowed	\$0.00			000	999	-
0256T	E	EVASC AORTIC HRT VALVE				Not Allowed	\$0.00			000	999	-
0257T	E	OPN TTHRC AORTIC HRT VALVE				Not Allowed	\$0.00			000	999	-
0258T	E	AORTIC HRT VALV W/O CARD BYP				Not Allowed	\$0.00			000	999	-
0259T	E	AORTIC HRT VALVE W/CARD BYP				Not Allowed	\$0.00			000	999	-
0263T	E	IM B1 MRW CEL THER CMPL				Not Allowed	\$0.00			000	999	-
0264T	E	IM B1 MRW CEL THER XCL HRVST				Not Allowed	\$0.00			000	999	-
0265T	E	IM B1 MRW CEL THER HRVST ONL				Not Allowed	\$0.00			000	999	-
0266T	E	IMPLT/RPL CRTD SNS DEV TOTAL				Not Allowed	\$0.00			000	999	-
0267T	E	IMPLT/RPL CRTD SNS DEV LEAD				Not Allowed	\$0.00			000	999	-
0268T	E	IMPLT/RPL CRTD SNS DEV GEN				Not Allowed	\$0.00			000	999	-
0269T	E	REV/REMLV CRTD SNS DEV TOTAL				Not Allowed	\$0.00			000	999	-
0270T	E	REV/REMLV CRTD SNS DEV LEAD				Not Allowed	\$0.00			000	999	-
0271T	E	REV/REMLV CRTD SNS DEV GEN				Not Allowed	\$0.00			000	999	-
0272T	E	INTERROGATE CRTD SNS DEV				Not Allowed	\$0.00			000	999	-
0273T	E	INTERROGATE CRTD SNS W/PGRMG				Not Allowed	\$0.00			000	999	-
0274T	E	PERQ LAMOT/LAM CRV/THRC				Not Allowed	\$0.00			000	999	-
0275T	E	PERQ LAMOT/LAM LUMBAR				Not Allowed	\$0.00			000	999	-
0276T	E	BRONCH THERMOPLASTY 1 LOBE				Not Allowed	\$0.00			000	999	-
0277T	E	BRONCH THERMOPLASTY LOBES				Not Allowed	\$0.00			000	999	-
0278T	E	TEMPR				Not Allowed	\$0.00			000	999	-
0279T	E	CTC TEST				Not Allowed	\$0.00			000	999	-
0280T	E	CTC TEST W/I & R				Not Allowed	\$0.00			000	999	-
0281T	E	LAA CLOSURE W/IMPLANT				Not Allowed	\$0.00			000	999	-
0282T	E	PERIPH FIELD STIMUL TRIAL				Not Allowed	\$0.00			000	999	-
0283T	E	PERIPH FIELD STIMUL PERM				Not Allowed	\$0.00			000	999	-
0284T	E	PERIPH FIELD STIMUL REVISE				Not Allowed	\$0.00			000	999	-
0285T	E	PERIPH FIELD STIMUL ANALYS				Not Allowed	\$0.00			000	999	-
0286T	E	NEAR IFR SPECTRSC OF WOUNDS				Not Allowed	\$0.00			000	999	-
0287T	E	NEAR IFR GUIDE OF VASC SITE				Not Allowed	\$0.00			000	999	-
0288T	E	ANOSCOPY W/RF DELIVERY				Not Allowed	\$0.00			000	999	-
0289T	E	LASER INC FOR PKP/LKP DONOR				Not Allowed	\$0.00			000	999	-
0290T	E	LASER INC FOR PKP/LKP RECIP				Not Allowed	\$0.00			000	999	-
0291T	E	IV OCT FOR PROC INIT VESSEL				Not Allowed	\$0.00			000	999	-
0292T	E	IV OCT FOR PROC ADDL VESSEL				Not Allowed	\$0.00			000	999	-
0308T	E	INSJ OCULAR TELESCOPE PROSTH				Not Allowed	\$0.00			000	999	-
0312T	E	LAPS IMPLTJ NSTIM VAGUS				Not Allowed	\$0.00			000	999	-
0313T	E	LAPS RMLV NSTIM ARRAY VAGUS				Not Allowed	\$0.00			000	999	-
0314T	E	LAPS RMLV VGL ARRY&PLS GEN				Not Allowed	\$0.00			000	999	-
0315T	E	RMLV VAGUS NERVE PLS GEN				Not Allowed	\$0.00			000	999	-
0316T	E	REPLC VAGUS NERVE PLS GEN				Not Allowed	\$0.00			000	999	-
0317T	E	ELEC ALYS VAGUS NRV PLS GEN				Not Allowed	\$0.00			000	999	-
0319T	E	INSERT SUBQ DEFIB W/ELTRD				Not Allowed	\$0.00			000	999	-
0320T	E	INSERT SUBQ DEFIB ELECTRODE				Not Allowed	\$0.00			000	999	-
0321T	E	INSERT SUBQ DEFIB PLS GEN				Not Allowed	\$0.00			000	999	-
0322T	E	RMLV SUBQ DEFIB PLS GEN				Not Allowed	\$0.00			000	999	-
0323T	E	RMLV & REPLC SUBQ PLS GEN				Not Allowed	\$0.00			000	999	-
0324T	E	RMLV SUBQ DEFIB ELECTRODE				Not Allowed	\$0.00			000	999	-
0325T	E	REPOS SUBQ DEFIB ELTRD &/GEN				Not Allowed	\$0.00			000	999	-
0326T	E	EPHYS EVAL SUBQ IMPLT DEFIB				Not Allowed	\$0.00			000	999	-
0327T	E	IMPLT SUBQ DEFIB INTEROGAT				Not Allowed	\$0.00			000	999	-
0328T	E	IMPLT SUBQ DEFIB SYS DEV EVL				Not Allowed	\$0.00			000	999	-
0329T	E	MNTR IO PRESS 24HRS/> UNI/BI				Not Allowed	\$0.00			000	999	-

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

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
0330T	E	TEAR FILM IMG UNI/BI W/I&R				Not Allowed	\$0.00			000	999	-
0331T	E	HEART SYMP IMAGE PLNR				Not Allowed	\$0.00			000	999	-
0332T	E	HEART SYMP IMAGE PLNR SPECT				Not Allowed	\$0.00			000	999	-
0333T	E	VISUAL EP SCR ACUITY AUTO				Not Allowed	\$0.00			000	999	-
0335T	E	INSJ SINUS TARSI IMPLANT				Not Allowed	\$0.00			000	999	-
0336T	E	LAP ABLAT UTERINE FIBROIDS				Not Allowed	\$0.00			000	999	-
0338T	E	TRNSCTH RENAL SYMP DENRV UNL				Not Allowed	\$0.00			000	999	-
0339T	E	TRNSCTH RENAL SYMP DENRV BIL				Not Allowed	\$0.00			000	999	-
0342T	E	THXP APHERESIS W/HDL DELIP				Not Allowed	\$0.00			000	999	-
0345T	E	TRANSCATH MTRAL VLVE REPAIR				Not Allowed	\$0.00			000	999	-
0347T	E	INS BONE DEVICE FOR RSA				Not Allowed	\$0.00			000	999	-
0348T	E	RSA SPINE EXAM				Not Allowed	\$0.00			000	999	-
0349T	E	RSA UPPER EXTR EXAM				Not Allowed	\$0.00			000	999	-
0350T	E	RSA LOWER EXTR EXAM				Not Allowed	\$0.00			000	999	-
0351T	E	INTRAOP OCT BRST/NODE SPEC				Not Allowed	\$0.00			000	999	-
0352T	E	OCT BRST/NODE I&R PER SPEC				Not Allowed	\$0.00			000	999	-
0353T	E	INTRAOP OCT BREAST CAVITY				Not Allowed	\$0.00			000	999	-
0354T	E	OCT BREAST SURG CAVITY I&R				Not Allowed	\$0.00			000	999	-
0355T	E	GI TRACT CAPSULE ENDOSCOPY				Not Allowed	\$0.00			000	999	-
0356T	E	INSRT DRUG DEVICE FOR IOP				Not Allowed	\$0.00			000	999	-
0358T	E	BIA WHOLE BODY				Not Allowed	\$0.00			000	999	-
0362T	E	BHV ID SUPRT ASSMT EA 15 MIN				Not Allowed	\$0.00			000	999	-
0373T	E	ADAPT BHV TX EA 15 MIN				Not Allowed	\$0.00			000	999	-
0376T	E	INSERT ANT SEGMENT DRAIN INT				Not Allowed	\$0.00			000	999	-
0378T	E	VISUAL FIELD ASSMNT REV/RPRT				Not Allowed	\$0.00			000	999	-
0379T	E	VIS FIELD ASSMNT TECH SUPPT				Not Allowed	\$0.00			000	999	-
0392T	E	LAP ES SPH AUGMENT DEV PLACE				Not Allowed	\$0.00			000	999	-
0393T	E	ES SPH AUGMNT DEVICE REMOVAL				Not Allowed	\$0.00			000	999	-
0394T	E	HDR ELCTRNC SKN SURF BRCHYTX				Not Allowed	\$0.00			000	999	-
0395T	E	HDR ELCTR NTRST/NTRCV BRCHTX				Not Allowed	\$0.00			000	999	-
0397T	E	ERCP W/OPTICAL ENDOMICROSCPY				Not Allowed	\$0.00			000	999	-
0398T	E	MRGFUS STRTCTC LES ABLTJ				Not Allowed	\$0.00			000	999	-
0402T	E	COLGN CROSS-LINK CRN MED SEP				Not Allowed	\$0.00			000	999	-
0403T	M	DIABETES PREV STANDARD CURR				Fee Schedule	\$29.90			000	999	-
0404T	E	TRNSCRV UTERIN FIBROID ABLTJ				Not Allowed	\$0.00			000	999	-
0408T	E	INSJ/RPLC CARDIAC MODULJ SYS				Not Allowed	\$0.00			000	999	-
0409T	E	INSJ/RPLC CAR MODULJ PLS GN				Not Allowed	\$0.00			000	999	-
0410T	E	INSJ/RPLC CAR MODULJ ATR ELT				Not Allowed	\$0.00			000	999	-
0411T	E	INSJ/RPLC CAR MODULJ VNT ELT				Not Allowed	\$0.00			000	999	-
0412T	E	RMVL CARDIAC MODULJ PLS GEN				Not Allowed	\$0.00			000	999	-
0413T	E	RMVL CAR MODULJ TRANVNS ELT				Not Allowed	\$0.00			000	999	-
0414T	E	RMVL & RPL CAR MODULJ PLS GN				Not Allowed	\$0.00			000	999	-
0415T	E	REPOS CAR MODULJ TRANVNS ELT				Not Allowed	\$0.00			000	999	-
0416T	E	RELOC SKIN POCKET PLS GEN				Not Allowed	\$0.00			000	999	-
0417T	E	PRGRMG EVAL CARDIAC MODULJ				Not Allowed	\$0.00			000	999	-
0418T	E	INTERRO EVAL CARDIAC MODULJ				Not Allowed	\$0.00			000	999	-
0419T	E	DSTRJ NEUROFIBROMA XTNSV				Not Allowed	\$0.00			000	999	-
0420T	E	DSTRJ NEUROFIBROMA XTNSV				Not Allowed	\$0.00			000	999	-
0421T	E	WATERJET PROSTATE ABLTJ CMPL				Not Allowed	\$0.00			000	999	-
0422T	E	TACTILE BREAST IMG UNI/BI				Not Allowed	\$0.00			000	999	-
0423T	E	ASSAY SECRETORY TYPE II PLA2				Not Allowed	\$0.00			000	999	-
0424T	E	INSJ/RPLC NSTIM APNEA COMPL				Not Allowed	\$0.00			000	999	-
0425T	E	INSJ/RPLC NSTIM APNEA SEN LD				Not Allowed	\$0.00			000	999	-
0426T	E	INSJ/RPLC NSTIM APNEA STM LD				Not Allowed	\$0.00			000	999	-
0427T	E	INSJ/RPLC NSTIM APNEA PLS GN				Not Allowed	\$0.00			000	999	-
0428T	E	RMVL NSTIM APNEA PLS GEN				Not Allowed	\$0.00			000	999	-
0429T	E	RMVL NSTIM APNEA SEN LD				Not Allowed	\$0.00			000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
0430T	E	RMVL NSTIM APNEA STIMJ LD				Not Allowed	\$0.00			000	999	-
0431T	E	RMVL/RPLC NSTIM APNEA PLS GN				Not Allowed	\$0.00			000	999	-
0432T	E	REPOS NSTIM APNEA STIMJ LD				Not Allowed	\$0.00			000	999	-
0433T	E	REPOS NSTIM APNEA SENSING LD				Not Allowed	\$0.00			000	999	-
0434T	E	INTERRO EVAL NPGS APNEA				Not Allowed	\$0.00			000	999	-
0435T	E	PRGRMG EVAL NPGS APNEA 1 SES				Not Allowed	\$0.00			000	999	-
0436T	E	PRGRMG EVAL NPGS APNEA STUDY				Not Allowed	\$0.00			000	999	-
0437T	E	IMPLTJ SYNTH RNFCMT ABDL WAL				Not Allowed	\$0.00			000	999	-
0439T	E	MYOCRD CONTRAST PRFUJ ECHO				Not Allowed	\$0.00			000	999	-
0440T	E	ABLTJ PERC UXTR/PERPH NRV				Not Allowed	\$0.00			000	999	-
0441T	E	ABLTJ PERC LXTR/PERPH NRV				Not Allowed	\$0.00			000	999	-
0442T	E	ABLTJ PERC PLEX/TRNCL NRV				Not Allowed	\$0.00			000	999	-
0443T	E	R-T SPCTRL ALYS PRST8 TISS				Not Allowed	\$0.00			000	999	-
0444T	E	1ST PLMT DRUG ELUT OC INS				Not Allowed	\$0.00			000	999	-
0445T	E	SBSQT PLMT DRUG ELUT OC INS				Not Allowed	\$0.00			000	999	-
0446T	E	INSJ IMPLTBL GLUCOSE SENSOR				Not Allowed	\$0.00			000	999	-
0447T	E	RMVL IMPLTBL GLUCOSE SENSOR				Not Allowed	\$0.00			000	999	-
0448T	E	REMLV INSJ IMPLTBL GLUC SENS				Not Allowed	\$0.00			000	999	-
0449T	E	INSJ AQUEOUS DRAIN DEV 1ST				Not Allowed	\$0.00			000	999	-
0450T	E	INSJ AQUEOUS DRAIN DEV EACH				Not Allowed	\$0.00			000	999	-
0451T	E	INSJ/RPLCMT AORTIC VENTR SYS				Not Allowed	\$0.00			000	999	-
0452T	E	INSJ/RPLCMT DEV VASC SEAL				Not Allowed	\$0.00			000	999	-
0453T	E	INSJ/RPLCMT MECH-ELEC NTRFCE				Not Allowed	\$0.00			000	999	-
0454T	E	INSJ/RPLCMT SUBQ ELECTRODE				Not Allowed	\$0.00			000	999	-
0455T	E	REMLV AORTIC VENTR CMPL SYS				Not Allowed	\$0.00			000	999	-
0456T	E	REMLV AORTIC DEV VASC SEAL				Not Allowed	\$0.00			000	999	-
0457T	E	REMLV MECH-ELEC SKIN NTRFCE				Not Allowed	\$0.00			000	999	-
0458T	E	REMLV SUBQ ELECTRODE				Not Allowed	\$0.00			000	999	-
0459T	E	RELOCAJ RPLCMT AORTIC VENTR				Not Allowed	\$0.00			000	999	-
0460T	E	REPOS AORTIC VENTR DEV ELTRD				Not Allowed	\$0.00			000	999	-
0461T	E	REPOS AORTIC CONTRPULSJ DEV				Not Allowed	\$0.00			000	999	-
0462T	E	PRGRMG EVAL AORTIC VENTR SYS				Not Allowed	\$0.00			000	999	-
0463T	E	INTERROG AORTIC VENTR SYS				Not Allowed	\$0.00			000	999	-
0464T	E	VISUAL EP TEST FOR GLAUCOMA				Not Allowed	\$0.00			000	999	-
0465T	E	SUPCHRDL NJX RX W/O SUPPLY				Not Allowed	\$0.00			000	999	-
0466T	E	INSJ CH WAL RESPIR ELTRD/RA				Not Allowed	\$0.00			000	999	-
0467T	E	REVJ/RPLMNT CH RESPIR ELTRD				Not Allowed	\$0.00			000	999	-
0468T	E	RMVL CH WAL RESPIR ELTRD/RA				Not Allowed	\$0.00			000	999	-
0469T	E	RTA POLARIZE SCAN OC SCR BI				Not Allowed	\$0.00			000	999	-
0470T	E	OCT SKN IMG ACQUISJ I&R 1ST				Not Allowed	\$0.00			000	999	-
0471T	E	OCT SKN IMG ACQUISJ I&R ADDL				Not Allowed	\$0.00			000	999	-
0472T	E	PRGRMG IO RTA ELTRD RA				Not Allowed	\$0.00			000	999	-
0473T	E	REPRGRMG IO RTA ELTRD RA				Not Allowed	\$0.00			000	999	-
0474T	E	INSJ AQUEOUS DRG DEV IO RSVR				Not Allowed	\$0.00			000	999	-
0475T	E	REC FTL CAR SGL 3 CH I&R				Not Allowed	\$0.00			000	999	-
0476T	E	REC FTL CAR SGL ELEC TR DATA				Not Allowed	\$0.00			000	999	-
0477T	E	REC FTL CAR SGL XRTJ ALYS				Not Allowed	\$0.00			000	999	-
0478T	E	REC FTL CAR 3 CH REV I&R				Not Allowed	\$0.00			000	999	-
0479T	E	FXJL ABL LSR 1ST 100 SQ CM				Not Allowed	\$0.00			000	999	-
0480T	E	FXJL ABL LSR EA ADDL 100SQCM				Not Allowed	\$0.00			000	999	-
0481T	E	NJX AUTOL WBC CONCENTRATE				Not Allowed	\$0.00			000	999	-
0483T	E	TMVI PERCUTANEOUS APPROACH				Not Allowed	\$0.00			000	999	-
0484T	E	TMVI TRANSTHORACIC EXPOSURE				Not Allowed	\$0.00			000	999	-
0485T	E	OCT MID EAR I&R UNILATERAL				Not Allowed	\$0.00			000	999	-
0486T	E	OCT MID EAR I&R BILATERAL				Not Allowed	\$0.00			000	999	-
0487T	E	TRVG BIOMCHN MAPG W/REPRT				Not Allowed	\$0.00			000	999	-
0488T	E	DIABETES PREV ONLINE/ELEC				Not Allowed	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
0489T	E	REGN CELL TX SCLDR HANDS				Not Allowed	\$0.00			000	999	-
0490T	E	REGN CELL TX SCLDR H MLT INJ				Not Allowed	\$0.00			000	999	-
0491T	E	ABL LSR OPN WND 1ST 20 SQCM				Not Allowed	\$0.00			000	999	-
0492T	E	ABL LSR OPN WND ADDL 20 SQCM				Not Allowed	\$0.00			000	999	-
0493T	E	NEAR IFR SPECTRSC OF WOUNDS				Not Allowed	\$0.00			000	999	-
0494T	E	PREP & CANNULJ CDVR DON LUNG				Not Allowed	\$0.00			000	999	-
0495T	E	MNTR CDVR DON LNG 1ST 2 HRS				Not Allowed	\$0.00			000	999	-
0496T	E	MNTR CDVR DON LNG EA ADDL HR				Not Allowed	\$0.00			000	999	-
0497T	E	XTRNL PT ACT ECG IN-OFF CONN				Not Allowed	\$0.00			000	999	-
0498T	E	XTRNL PT ACT ECG R&I PR 30 D				Not Allowed	\$0.00			000	999	-
0499T	E	CYSTO F/URL STRIX/STENOSIS				Not Allowed	\$0.00			000	999	-
0500F	E	INITIAL PRENATAL CARE VISIT				Not Allowed	\$0.00			000	999	-
0500T	E	HPV 5+ HI RISK HPV TYPES				Not Allowed	\$0.00			000	999	-
0501F	E	PRENATAL FLOW SHEET				Not Allowed	\$0.00			000	999	-
0501T	E	COR FFR DERIVED COR CTA DATA				Not Allowed	\$0.00			000	999	-
0502F	E	SUBSEQUENT PRENATAL CARE				Not Allowed	\$0.00			000	999	-
0502T	E	COR FFR DATA PREP & TRANSMIS				Not Allowed	\$0.00			000	999	-
0503F	E	POSTPARTUM CARE VISIT				Not Allowed	\$0.00			000	999	-
0503T	E	COR FFR ALYS GNRJ FFR MDL				Not Allowed	\$0.00			000	999	-
0504T	E	COR FFR DATA REVIEW I&R				Not Allowed	\$0.00			000	999	-
0505F	E	HEMODIALYSIS PLAN DOCD				Not Allowed	\$0.00			000	999	-
0505T	E	EV FEMPOP ARTL REVSC				Not Allowed	\$0.00			000	999	-
0506T	E	MAC PGMT OPT DNS MEAS HFP				Not Allowed	\$0.00			000	999	-
0507F	E	PERITON DIALYSIS PLAN DOCD				Not Allowed	\$0.00			000	999	-
0507T	E	NEAR IFR 2IMG MIBMN GLND I&R				Not Allowed	\$0.00			000	999	-
0508T	E	PLS ECHO US B1 DNS MEAS TIB				Not Allowed	\$0.00			000	999	-
0509F	E	URINE INCON PLAN DOCD				Not Allowed	\$0.00			000	999	-
0509T	E	PATTERN ERG W/I&R				Not Allowed	\$0.00			000	999	-
0510T	E	RMVL SINUS TARSI IMPLANT				Not Allowed	\$0.00			000	999	-
0511T	E	RMVL&RINSJ SINUS TARSI IMPLT				Not Allowed	\$0.00			000	999	-
0512T	E	ESW INTEG WND HLG 1ST WND				Not Allowed	\$0.00			000	999	-
0513F	E	ELEV BP PLAN OF CARE DOCD				Not Allowed	\$0.00			000	999	-
0513T	E	ESW INTEG WND HLG EA ADDL				Not Allowed	\$0.00			000	999	-
0514F	E	CARE PLAN HGB DOCD ESA PT				Not Allowed	\$0.00			000	999	-
0514T	E	INTRAOP VIS AXIS ID PT FIXJ				Not Allowed	\$0.00			000	999	-
0515T	E	INSJ WCS LV COMPL SYS				Not Allowed	\$0.00			000	999	-
0516F	E	ANEMIA PLAN OF CARE DOCD				Not Allowed	\$0.00			000	999	-
0516T	E	INSJ WCS LV ELTRD ONLY				Not Allowed	\$0.00			000	999	-
0517F	E	GLAUCOMA PLAN OF CARE DOCD				Not Allowed	\$0.00			000	999	-
0517T	E	INSJ WCS LV PG COMPNT				Not Allowed	\$0.00			000	999	-
0518F	E	FALL PLAN OF CARE DOCD				Not Allowed	\$0.00			000	999	-
0518T	E	RMVL PG COMPNT WCS				Not Allowed	\$0.00			000	999	-
0519F	E	PLAND CEMO DOCD B/4 TXMNT				Not Allowed	\$0.00			000	999	-
0519T	E	RMVL & RPLCMT PG COMPNT WCS				Not Allowed	\$0.00			000	999	-
0520F	E	RAD DOS LIMITS B/4 3D RAD				Not Allowed	\$0.00			000	999	-
0520T	E	RMVL&RPLCMT PG WCS NEW ELTRD				Not Allowed	\$0.00			000	999	-
0521F	E	PLAN OF CARE 4 PAIN DOCD				Not Allowed	\$0.00			000	999	-
0521T	E	INTERROG DEV EVAL WCS IP				Not Allowed	\$0.00			000	999	-
0522T	E	PRGRMG DEV EVAL WCS IP				Not Allowed	\$0.00			000	999	-
0523T	E	NTRAPX C FFR W/3D FUNCJL MAP				Not Allowed	\$0.00			000	999	-
0524T	E	EV CATH DIR CHEM ABLTJ W/IMG				Not Allowed	\$0.00			000	999	-
0525F	E	INITIAL VISIT FOR EPISODE				Not Allowed	\$0.00			000	999	-
0525T	E	INSJ/RPLCMT COMPL IIMS				Not Allowed	\$0.00			000	999	-
0526F	E	SUBS VISIT FOR EPISODE				Not Allowed	\$0.00			000	999	-
0526T	E	INSJ/RPLCMT IIMS ELTRD ONLY				Not Allowed	\$0.00			000	999	-
0527T	E	INSJ/RPLCMT IIMS IMPLT MNTR				Not Allowed	\$0.00			000	999	-
0528F	E	RCMND FLW-UP 10 YRS DOCD				Not Allowed	\$0.00			000	999	-

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0528T	E	PRGRMG DEV EVAL IIMS IP				Not Allowed	\$0.00			000	999	-
0529F	E	INTRVL 3/>YR PTS CLNSCP DOCD				Not Allowed	\$0.00			003	999	-
0529T	E	INTERROG DEV EVAL IIMS IP				Not Allowed	\$0.00			000	999	-
0530T	E	REMOVAL COMPLETE IIMS				Not Allowed	\$0.00			000	999	-
0531T	E	REMOVAL IIMS ELECTRODE ONLY				Not Allowed	\$0.00			000	999	-
0532T	E	REMOVAL IIMS IMPLT MNTR ONLY				Not Allowed	\$0.00			000	999	-
0533T	E	CONT REC MVMT DO 6-10 DAYS				Not Allowed	\$0.00			000	999	-
0534T	E	CONT REC MVMT DO SETUP&TRAIN				Not Allowed	\$0.00			000	999	-
0535F	E	DYSPNEA MNGMNT PLAN DOCD				Not Allowed	\$0.00			000	999	-
0535T	E	CONT REC MVMT DO REPRT CNFIG				Not Allowed	\$0.00			000	999	-
0536T	E	CONT REC MVMT DO DL W/I&R				Not Allowed	\$0.00			000	999	-
0537T	E	BLD DRV T LYMPHCYT CAR-T CLL				Not Allowed	\$0.00			000	999	-
0538T	E	BLD DRV T LYMPHCYT PREP TRNS				Not Allowed	\$0.00			000	999	-
0539T	E	RECEIPT&PREP CAR-T CLL ADMN				Not Allowed	\$0.00			000	999	-
0540F	E	GLUCO MNGMNT PLAN DOCD				Not Allowed	\$0.00			000	999	-
0540T	E	CAR-T CLL ADMN AUTOLOGOUS				Not Allowed	\$0.00			000	999	-
0541T	E	MYOCARDIAL IMAGING MCG				Not Allowed	\$0.00			000	999	-
0542T	E	MYOCARDIAL IMAGING MCG I&R				Not Allowed	\$0.00			000	999	-
0543T	E	TA MV RPR W/ARTIF CHORD TEND				Not Allowed	\$0.00			000	999	-
0544T	E	TCAT MV ANNULUS RCNSTJ				Not Allowed	\$0.00			000	999	-
0545F	E	FOLLOW UP CARE PLAN MDD DOCD				Not Allowed	\$0.00			000	999	-
0545T	E	TCAT TV ANNULUS RCNSTJ				Not Allowed	\$0.00			000	999	-
0546T	E	RF SPECTRSC NTRAOP MRGN ASMT				Not Allowed	\$0.00			000	999	-
0547T	E	B1 MATRL QUAL TST MCRIND TIB				Not Allowed	\$0.00			000	999	-
0548T	E	TPRNL BALO CNTNC DEV BI				Not Allowed	\$0.00			000	999	-
0549T	E	TPRNL BALO CNTNC DEV UNI				Not Allowed	\$0.00			000	999	-
0550F	E	CYTOPATH REPORT NONGYN SPCMN				Not Allowed	\$0.00			000	999	-
0550T	E	TPRNL BALO CNTNC DEV RMVL EA				Not Allowed	\$0.00			000	999	-
0551F	E	CYTOPATH REPORT NON ROUTINE				Not Allowed	\$0.00			000	999	-
0551T	E	TPRNL BALO CNTNC DEV ADJMT				Not Allowed	\$0.00			000	999	-
0552T	E	LOW-LEVEL LASER THERAPY				Not Allowed	\$0.00			000	999	-
0553T	E	PERQ TCAT ILIAC ANAST IMPLT				Not Allowed	\$0.00			000	999	-
0554T	E	B1 STR & FX RSK ANALYSIS				Not Allowed	\$0.00			000	999	-
0555F	E	SYMPTOM MGMNT PLAN CARE DOCD				Not Allowed	\$0.00			000	999	-
0555T	E	B1 STR&FX RSK TRANSMIS DATA				Not Allowed	\$0.00			000	999	-
0556F	E	PLAN CARE LIPID CONTROL DOCD				Not Allowed	\$0.00			000	999	-
0556T	E	B1 STR & FX RSK ASSESSMENT				Not Allowed	\$0.00			000	999	-
0557F	E	PLAN CAREMNG ANGNL SYMPTDOCD				Not Allowed	\$0.00			000	999	-
0557T	E	B1 STR & FX RSK I&R				Not Allowed	\$0.00			000	999	-
0558T	E	CT SCAN F/BIOMCHN CT ALYS				Not Allowed	\$0.00			000	999	-
0559T	E	ANTMC MDL 3D PRINT 1ST CMPNT				Not Allowed	\$0.00			000	999	-
0560T	E	ANTMC MDL 3D PRINT EA ADDL				Not Allowed	\$0.00			000	999	-
0561T	E	ANTMC GUIDE 3D PRINT 1ST GD				Not Allowed	\$0.00			000	999	-
0562T	E	ANTMC GUIDE 3D PRINT EA ADDL				Not Allowed	\$0.00			000	999	-
0563T	E	EVAC MEIBOMIAN GLND HEAT BI				Not Allowed	\$0.00			000	999	-
0564T	E	ONC CHEMO RX CYTOTOX CSC 14				Not Allowed	\$0.00			000	999	-
0565T	E	AUTOL CELL IMPLT ADPS HRVG				Not Allowed	\$0.00			000	999	-
0566T	E	AUTOL CELL IMPLT ADPS NJX				Not Allowed	\$0.00			000	999	-
0567T	E	PERM FLP TUBE OCCLS W/IMPLT				Not Allowed	\$0.00			000	999	-
0568T	E	INTRO MIX SALINE&AIR F/SSG				Not Allowed	\$0.00			000	999	-
0569T	E	TTVR PERQ APPR 1ST PROSTH				Not Allowed	\$0.00			000	999	-
0570T	E	TTVR PERQ EA ADDL PROSTH				Not Allowed	\$0.00			000	999	-
0571T	E	INSJ/RPLCMT ICDS SS ELTRD				Not Allowed	\$0.00			000	999	-
0572T	E	INSERTION SS DFB ELECTRODE				Not Allowed	\$0.00			000	999	-
0573T	E	REMOVAL SS DFB ELECTRODE				Not Allowed	\$0.00			000	999	-
0574T	E	REPOS PREV SS IMPL DFB ELTRD				Not Allowed	\$0.00			000	999	-
0575F	E	HIV RNA PLAN CARE DOCD				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
0575T	E	PRGRMG DEV EVAL ICDS SS IP				Not Allowed	\$0.00			000	999	-
0576T	E	INTERROG DEV EVAL ICDS SS IP				Not Allowed	\$0.00			000	999	-
0577T	E	EPHYS EVAL ICDS SS				Not Allowed	\$0.00			000	999	-
0578T	E	REM INTERROG DEV ICDS PHYS				Not Allowed	\$0.00			000	999	-
0579T	E	REM INTERROG DEV ICDS TECH				Not Allowed	\$0.00			000	999	-
0580F	E	MULTIDISCIPLINARY CARE PLAN				Not Allowed	\$0.00			000	999	-
0580T	E	RMVL SS IMPL DFB PG ONLY				Not Allowed	\$0.00			000	999	-
0581F	E	PT TRNSFRD FROM ANESTH TO CC				Not Allowed	\$0.00			000	999	-
0581T	E	ABL TJ MAL BRST TUM PERQ CRTX				Not Allowed	\$0.00			000	999	-
0582F	E	NO TRNSFR FROM ANESTH TO CC				Not Allowed	\$0.00			000	999	-
0582T	E	TRURL ABL TJ MAL PRST8 TISS				Not Allowed	\$0.00			000	999	-
0583F	E	TRANSFER CARE CHECKLIST USED				Not Allowed	\$0.00			000	999	-
0583T	E	TMPST AUTO TUBE DLVR SYS				Not Allowed	\$0.00			000	999	-
0584F	E	NO TRANSFERCARE CHKLIST USED				Not Allowed	\$0.00			000	999	-
0584T	E	PERQ ISLET CELL TRANSPLANT				Not Allowed	\$0.00			000	999	-
0585T	E	LAPS ISLET CELL TRANSPLANT				Not Allowed	\$0.00			000	999	-
0586T	E	OPEN ISLET CELL TRANSPLANT				Not Allowed	\$0.00			000	999	-
0587T	E	PERQ IMPL TJ/RPLCMT ISDNS PTN				Not Allowed	\$0.00			000	999	-
0588T	E	REVISION/REMOVAL ISDNS PTN				Not Allowed	\$0.00			000	999	-
0589T	E	ELEC ALYS SMPL PRGRMG IINS				Not Allowed	\$0.00			000	999	-
0590T	E	ELEC ALYS CPLX PRGRMG IINS				Not Allowed	\$0.00			000	999	-
0591T	E	HLTH&WB COACHING INDIV 1ST				Not Allowed	\$0.00			000	999	-
0592T	E	HLTH&WB COACHING INDIV F-UP				Not Allowed	\$0.00			000	999	-
0593T	E	HLTH&WB COACHING GROUP				Not Allowed	\$0.00			000	999	-
0594T	E	OSTEOT HUM XTRNL LNGTH DEV				Not Allowed	\$0.00			000	999	-
0596T	E	TEMP FML IU VLV-PMP 1ST INSJ				Not Allowed	\$0.00			000	999	-
0597T	E	TEMP FML IU VALVE-PMP RPLCMT				Not Allowed	\$0.00			000	999	-
0598T	E	NCNTC R-T FLUOR WND IMG 1ST				Not Allowed	\$0.00			000	999	-
0599T	E	NCNTC R-T FLUOR WND IMG EA				Not Allowed	\$0.00			000	999	-
0600T	E	IRE ABL TJ 1+TUM ORGAN PERQ				Not Allowed	\$0.00			000	999	-
0601T	E	IRE ABL TJ 1+TUMORS OPEN				Not Allowed	\$0.00			000	999	-
0602T	E	TRANSDERMAL GFR MEASUREMENTS				Not Allowed	\$0.00			000	999	-
0603T	E	TRANSDERMAL GFR MONITORING				Not Allowed	\$0.00			000	999	-
0604T	E	REM OCT RTA DEV SETUP&EDUCAJ				Not Allowed	\$0.00			000	999	-
0605T	E	REM OCT RTA TECHL SPRT MIN 8				Not Allowed	\$0.00			000	999	-
0606T	E	REM OCT RTA PHYS/QHP EA 30D				Not Allowed	\$0.00			000	999	-
0607T	E	REM MNTR PULM FLU MNTR SETUP				Not Allowed	\$0.00			000	999	-
0608T	E	REM MNTR PULM FLU MNTR ALYS				Not Allowed	\$0.00			000	999	-
0609T	E	MRS DISC PAIN ACQUISJ DATA				Not Allowed	\$0.00			000	999	-
0610T	E	MRS DISC PAIN TRANSMIS DATA				Not Allowed	\$0.00			000	999	-
0611T	E	MRS DISC PAIN ALG ALYS DATA				Not Allowed	\$0.00			000	999	-
0612T	E	MRS DISCOGENIC PAIN I&R				Not Allowed	\$0.00			000	999	-
0613T	E	PERQ TCAT INTRATRL SEPTL SHT				Not Allowed	\$0.00			000	999	-
0614T	E	RMVL&RPLCMT SS IMPL DFB PG				Not Allowed	\$0.00			000	999	-
0615T	E	EYE MVMT ALYS W/O CALBRJ I&R				Not Allowed	\$0.00			000	999	-
0616T	E	INSERTION OF IRIS PROSTHESIS				Not Allowed	\$0.00			000	999	-
0617T	E	INSJ IRIS PROSTH W/RMVL&INSJ				Not Allowed	\$0.00			000	999	-
0618T	E	INSJ IRIS PROSTH SEC IO LENS				Not Allowed	\$0.00			000	999	-
0619T	E	CYSTO W/PRST8 COMMISSURATOMY				Not Allowed	\$0.00			000	999	-
0620T	E	EVASC VEN ARTLZ TIBL/PRNL VN				Not Allowed	\$0.00			000	999	-
0621T	E	TRABECULOSTOMY INTERNO LASER				Not Allowed	\$0.00			000	999	-
0622T	E	TRABECULOSTOMY INT LSR W/SCP				Not Allowed	\$0.00			000	999	-
0623T	E	AUTO QUANTIFICATION C PLAQUE				Not Allowed	\$0.00			000	999	-
0624T	E	AUTO QUAN C PLAQ DATA PREP				Not Allowed	\$0.00			000	999	-
0625T	E	AUTO QUAN C PLAQ CPTR ALYS				Not Allowed	\$0.00			000	999	-
0626T	E	AUTO QUAN C PLAQ I&R				Not Allowed	\$0.00			000	999	-
0627T	E	PERQ NJX ALGC FLUOR LMBR 1ST				Not Allowed	\$0.00			000	999	-

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

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
0628T	E	PERQ NJX ALGC FLUOR LMBR EA				Not Allowed	\$0.00			000	999	-
0629T	E	PERQ NJX ALGC CT LMBR 1ST				Not Allowed	\$0.00			000	999	-
0630T	E	PERQ NJX ALGC CT LMBR EA				Not Allowed	\$0.00			000	999	-
0631T	E	TC VIS LIT HYPER SPECTRAL IMG				Not Allowed	\$0.00			000	999	-
0632T	E	PERQ TCAT US ABLTJ NRV P-ART				Not Allowed	\$0.00			000	999	-
0633T	E	CT BREAST W/3D UNI C-				Not Allowed	\$0.00			000	999	-
0634T	E	CT BREAST W/3D UNI C+				Not Allowed	\$0.00			000	999	-
0635T	E	CT BREAST W/3D UNI C-/C+				Not Allowed	\$0.00			000	999	-
0636T	E	CT BREAST W/3D BI C-				Not Allowed	\$0.00			000	999	-
0637T	E	CT BREAST W/3D BI C+				Not Allowed	\$0.00			000	999	-
0638T	E	CT BREAST W/3D BI C-/C+				Not Allowed	\$0.00			000	999	-
0639T	E	WRLS SKN SNR ANISOTROPY MEAS				Not Allowed	\$0.00			000	999	-
10004	N	FNA BX W/O IMG GDN EA ADDL				Bundled	\$0.00			000	999	-
10005	T	FNA BX W/US GDN 1ST LES		05071	7.5120	APC	\$425.48			000	999	-
10006	N	FNA BX W/US GDN EA ADDL				Bundled	\$0.00			000	999	-
10007	T	FNA BX W/FLUOR GDN 1ST LES		05071	7.5120	APC	\$425.48			000	999	-
10008	N	FNA BX W/FLUOR GDN EA ADDL				Bundled	\$0.00			000	999	-
10009	T	FNA BX W/CT GDN 1ST LES		05071	7.5120	APC	\$425.48			000	999	-
1000F	E	TOBACCO USE ASSESSED				Not Allowed	\$0.00			000	999	-
10010	N	FNA BX W/CT GDN EA ADDL				Bundled	\$0.00			000	999	-
10011	T	FNA BX W/MR GDN 1ST LES		05071	7.5120	APC	\$425.48			000	999	-
10012	N	FNA BX W/MR GDN EA ADDL				Bundled	\$0.00			000	999	-
10021	T	FNA BX W/O IMG GDN 1ST LES		05052	4.1770	APC	\$236.59			000	999	-
1002F	E	ASSESS ANGINAL SYMPTOM/LEVEL				Not Allowed	\$0.00			000	999	-
10030	T	GUIDE CATHET FLUID DRAINAGE		05071	7.5120	APC	\$425.48			000	999	-
10035	T	PERQ DEV SOFT TISS 1ST IMAG		05071	7.5120	APC	\$425.48			000	999	-
10036	N	PERQ DEV SOFT TISS ADD IMAG				Bundled	\$0.00			000	999	-
1003F	E	LEVEL OF ACTIVITY ASSESS				Not Allowed	\$0.00			000	999	-
10040	N	ACNE SURGERY		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
1004F	E	CLIN SYMP VOL OVRLD ASSESS				Not Allowed	\$0.00			000	999	-
1005F	E	ASTHMA SYMPTOMS EVALUATE				Not Allowed	\$0.00			000	999	-
10060	T	DRAINAGE OF SKIN ABSCESS		05051	2.1685	APC	\$122.82			000	999	-
10061	T	DRAINAGE OF SKIN ABSCESS		05052	4.1770	APC	\$236.59			000	999	-
1006F	E	OSTEOARTHRITIS ASSESS				Not Allowed	\$0.00			000	999	-
1007F	E	ANTH-INFLM/ANLGSC OTC ASSESS				Not Allowed	\$0.00			000	999	-
10080	T	DRAINAGE OF PILONIDAL CYST		05071	7.5120	APC	\$425.48			000	999	-
10081	T	DRAINAGE OF PILONIDAL CYST		05071	7.5120	APC	\$425.48			000	999	-
1008F	E	GI/RENAL RISK ASSESS				Not Allowed	\$0.00			000	999	-
1010F	E	SEVERITY ANGINA BY ACTVTVY				Not Allowed	\$0.00			000	999	-
1011F	E	ANGINA PRESENT				Not Allowed	\$0.00			000	999	-
10120	T	REMOVE FOREIGN BODY		05052	4.1770	APC	\$236.59			000	999	-
10121	T	REMOVE FOREIGN BODY		05072	16.9934	APC	\$962.51			000	999	-
1012F	E	ANGINA ABSENT				Not Allowed	\$0.00			000	999	-
10140	T	DRAINAGE OF HEMATOMA/FLUID		05072	16.9934	APC	\$962.51			000	999	-
1015F	E	COPD SYMPTOMS ASSESS				Not Allowed	\$0.00			000	999	-
10160	T	PUNCTURE DRAINAGE OF LESION		05052	4.1770	APC	\$236.59			000	999	-
10180	T	COMPLEX DRAINAGE WOUND		05073	28.6243	APC	\$1,621.28			000	999	-
1018F	E	ASSESS DYSPNEA NOT PRESENT				Not Allowed	\$0.00			000	999	-
1019F	E	ASSESS DYSPNEA PRESENT				Not Allowed	\$0.00			000	999	-
1022F	E	PNEUMO IMM STATUS ASSESS				Not Allowed	\$0.00			000	999	-
1026F	E	CO-MORBID CONDITION ASSESS				Not Allowed	\$0.00			000	999	-
1030F	E	INFLUENZA IMM STATUS ASSESS				Not Allowed	\$0.00			000	999	-
1031F	E	SMOKING & 2ND HAND ASSESSED				Not Allowed	\$0.00			000	999	-
1032F	E	SMOKER/EXPOSED 2ND HND SMOKE				Not Allowed	\$0.00			000	999	-
1033F	E	TOBACCO NONSMOKER NOR 2NDHND				Not Allowed	\$0.00			000	999	-
1034F	E	CURRENT TOBACCO SMOKER				Not Allowed	\$0.00			000	999	-
1035F	E	SMOKELESS TOBACCO USER				Not Allowed	\$0.00			000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
1036F	E	TOBACCO NON-USER				Not Allowed	\$0.00			000	999	-
1038F	E	PERSISTENT ASTHMA				Not Allowed	\$0.00			000	999	-
1039F	E	INTERMITTENT ASTHMA				Not Allowed	\$0.00			000	999	-
1040F	E	DSM-5 INFO MDD DOCD				Not Allowed	\$0.00			000	999	-
1050F	E	HISTORY OF MOLE CHANGES				Not Allowed	\$0.00			000	999	-
1052F	E	TYPE LOCATION ACTIVITYASSESS				Not Allowed	\$0.00			000	999	-
1055F	E	VISUAL FUNCT STATUS ASSESS				Not Allowed	\$0.00			000	999	-
1060F	E	DOC PERM/CONT/PAROX ATR FIB				Not Allowed	\$0.00			000	999	-
1061F	E	DOC LACK PERM+CONT+PAROX FIB				Not Allowed	\$0.00			000	999	-
1065F	E	ISCHM STROKE SYMP LT3 HRSB/4				Not Allowed	\$0.00			000	999	-
1066F	E	ISCHM STROKE SYMP GE3 HRSB/4				Not Allowed	\$0.00			000	999	-
1070F	E	ALARM SYMP ASSESSED-ABSENT				Not Allowed	\$0.00			000	999	-
1071F	E	ALARM SYMP ASSESSED-1+ PRSNT				Not Allowed	\$0.00			000	999	-
1090F	E	PRES/ABSN URINE INCON ASSESS				Not Allowed	\$0.00			000	999	-
1091F	E	URINE INCON CHARACTERIZED				Not Allowed	\$0.00			000	999	-
11000	T	DEBRIDE INFECTED SKIN		05053	6.3308	APC	\$358.58			000	999	-
11001	N	DEBRIDE INFECTED SKIN ADD-ON				Bundled	\$0.00			000	999	-
11004	C	DEBRIDE GENITALIA & PERINEUM				Inpatient Only	\$0.00			000	999	-
11005	C	DEBRIDE ABDOM WALL				Inpatient Only	\$0.00			000	999	-
11006	C	DEBRIDE GENIT/PER/ABDOM WALL				Inpatient Only	\$0.00			000	999	-
11008	C	REMOVE MESH FROM ABD WALL				Inpatient Only	\$0.00			000	999	-
1100F	E	PTFALLS ASSESS-DOCD GE2>YR				Not Allowed	\$0.00			000	999	-
11010	T	DEBRIDE SKIN AT FX SITE		05071	7.5120	APC	\$425.48			000	999	-
11011	T	DEBRIDE SKIN MUSC AT FX SITE		05071	7.5120	APC	\$425.48			000	999	-
11012	T	DEB SKIN BONE AT FX SITE		05073	28.6243	APC	\$1,621.28			000	999	-
1101F	E	PT FALLS ASSESS-DOCD LE1/YR				Not Allowed	\$0.00			000	999	-
11042	T	DEB SUBQ TISSUE 20 SQ CM/<		05052	4.1770	APC	\$236.59			000	999	-
11043	T	DEB MUSC/FASCIA 20 SQ CM/<		05053	6.3308	APC	\$358.58			000	999	-
11044	T	DEB BONE 20 SQ CM/<		05072	16.9934	APC	\$962.51			000	999	-
11045	N	DEB SUBQ TISSUE ADD-ON				Bundled	\$0.00			000	999	-
11046	N	DEB MUSC/FASCIA ADD-ON				Bundled	\$0.00			000	999	-
11047	N	DEB BONE ADD-ON				Bundled	\$0.00			000	999	-
11055	N	TRIM SKIN LESION		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
11056	N	TRIM SKIN LESIONS 2 TO 4		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
11057	T	TRIM SKIN LESIONS OVER 4		05051	2.1685	APC	\$122.82			000	999	-
11102	T	TANGNTL BX SKIN SINGLE LES		05051	2.1685	APC	\$122.82			000	999	-
11103	N	TANGNTL BX SKIN EA SEP/ADDL				Bundled	\$0.00			000	999	-
11104	T	PUNCH BX SKIN SINGLE LESION		05052	4.1770	APC	\$236.59			000	999	-
11105	N	PUNCH BX SKIN EA SEP/ADDL				Bundled	\$0.00			000	999	-
11106	T	INCAL BX SKN SINGLE LES		05053	6.3308	APC	\$358.58			000	999	-
11107	N	INCAL BX SKN EA SEP/ADDL				Bundled	\$0.00			000	999	-
1110F	E	PT LFT INPT FAC W/IN 60 DAYS				Not Allowed	\$0.00			000	999	-
1111F	E	DSCHRG MED/CURRENT MED MERGE				Not Allowed	\$0.00			000	999	-
1116F	E	AURIC/PERI PAIN ASSESSED				Not Allowed	\$0.00			000	999	-
1118F	E	GERD SYMPS ASSESSED 12 MONTH				Not Allowed	\$0.00			000	999	-
1119F	E	INIT EVAL FOR CONDITION				Not Allowed	\$0.00			000	999	-
11200	N	REMOVAL OF SKIN TAGS <W/15		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
11201	N	REMOVE SKIN TAGS ADD-ON				Bundled	\$0.00			000	999	-
1121F	E	SUBS EVAL FOR CONDITION				Not Allowed	\$0.00			000	999	-
1123F	E	ACP DISCUSS/DSCN MKR DOCD				Not Allowed	\$0.00			000	999	-
1124F	E	ACP DISCUSS-NO DSCNMKR DOCD				Not Allowed	\$0.00			000	999	-
1125F	E	AMNT PAIN NOTED PAIN PRSNT				Not Allowed	\$0.00			000	999	-
1126F	E	AMNT PAIN NOTED NONE PRSNT				Not Allowed	\$0.00			000	999	-
1127F	E	NEW EPISODE FOR CONDITION				Not Allowed	\$0.00			000	999	-
1128F	E	SUBS EPISODE FOR CONDITION				Not Allowed	\$0.00			000	999	-
11300	N	SHAVE SKIN LESION 0.5 CM/<		05052	4.1770	Bundled, sometimes payable	\$236.59			000	999	-
11301	N	SHAVE SKIN LESION 0.6-1.0 CM		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
11302	N	SHAVE SKIN LESION 1.1-2.0 CM		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
11303	N	SHAVE SKIN LESION >2.0 CM		05052	4.1770	Bundled, sometimes payable	\$236.59			000	999	-
11305	N	SHAVE SKIN LESION 0.5 CM/<		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
11306	N	SHAVE SKIN LESION 0.6-1.0 CM		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
11307	T	SHAVE SKIN LESION 1.1-2.0 CM		05051	2.1685	APC	\$122.82			000	999	-
11308	N	SHAVE SKIN LESION >2.0 CM		05052	4.1770	Bundled, sometimes payable	\$236.59			000	999	-
1130F	E	BK PAIN & FXN ASSESSED				Not Allowed	\$0.00			000	999	-
11310	T	SHAVE SKIN LESION 0.5 CM/<		05051	2.1685	APC	\$122.82			000	999	-
11311	T	SHAVE SKIN LESION 0.6-1.0 CM		05051	2.1685	APC	\$122.82			000	999	-
11312	T	SHAVE SKIN LESION 1.1-2.0 CM		05052	4.1770	APC	\$236.59			000	999	-
11313	T	SHAVE SKIN LESION >2.0 CM		05052	4.1770	APC	\$236.59			000	999	-
1134F	E	EPSD BK PAIN FOR 6 WKS/<				Not Allowed	\$0.00			000	999	-
1135F	E	EPSD BK PAIN FOR >6 WKS				Not Allowed	\$0.00			000	999	-
1136F	E	EPSD BK PAIN FOR 12 WKS/<				Not Allowed	\$0.00			000	999	-
1137F	E	EPSD BK PAIN FOR >12 WKS				Not Allowed	\$0.00			000	999	-
11400	T	EXC TR-EXT B9+MARG 0.5 CM<		05071	7.5120	APC	\$425.48			000	999	-
11401	T	EXC TR-EXT B9+MARG 0.6-1 CM		05052	4.1770	APC	\$236.59			000	999	-
11402	T	EXC TR-EXT B9+MARG 1.1-2 CM		05071	7.5120	APC	\$425.48			000	999	-
11403	T	EXC TR-EXT B9+MARG 2.1-3CM		05071	7.5120	APC	\$425.48			000	999	-
11404	T	EXC TR-EXT B9+MARG 3.1-4 CM		05072	16.9934	APC	\$962.51			000	999	-
11406	T	EXC TR-EXT B9+MARG >4.0 CM		05072	16.9934	APC	\$962.51			000	999	-
11420	T	EXC H-F-NK-SP B9+MARG 0.5/<		05072	16.9934	APC	\$962.51			000	999	-
11421	T	EXC H-F-NK-SP B9+MARG 0.6-1		05071	7.5120	APC	\$425.48			000	999	-
11422	T	EXC H-F-NK-SP B9+MARG 1.1-2		05072	16.9934	APC	\$962.51			000	999	-
11423	T	EXC H-F-NK-SP B9+MARG 2.1-3		05072	16.9934	APC	\$962.51			000	999	-
11424	T	EXC H-F-NK-SP B9+MARG 3.1-4		05072	16.9934	APC	\$962.51			000	999	-
11426	T	EXC H-F-NK-SP B9+MARG >4 CM		05073	28.6243	APC	\$1,621.28			000	999	-
11440	T	EXC FACE-MM B9+MARG 0.5 CM/<		05071	7.5120	APC	\$425.48			000	999	-
11441	T	EXC FACE-MM B9+MARG 0.6-1 CM		05071	7.5120	APC	\$425.48			000	999	-
11442	T	EXC FACE-MM B9+MARG 1.1-2 CM		05071	7.5120	APC	\$425.48			000	999	-
11443	T	EXC FACE-MM B9+MARG 2.1-3 CM		05072	16.9934	APC	\$962.51			000	999	-
11444	T	EXC FACE-MM B9+MARG 3.1-4 CM		05072	16.9934	APC	\$962.51			000	999	-
11446	T	EXC FACE-MM B9+MARG >4 CM		05073	28.6243	APC	\$1,621.28			000	999	-
11450	T	REMOVAL SWEAT GLAND LESION		05073	28.6243	APC	\$1,621.28			000	999	-
11451	T	REMOVAL SWEAT GLAND LESION		05073	28.6243	APC	\$1,621.28			000	999	-
11462	T	REMOVAL SWEAT GLAND LESION		05073	28.6243	APC	\$1,621.28			000	999	-
11463	T	REMOVAL SWEAT GLAND LESION		05073	28.6243	APC	\$1,621.28			000	999	-
11470	T	REMOVAL SWEAT GLAND LESION		05073	28.6243	APC	\$1,621.28			000	999	-
11471	T	REMOVAL SWEAT GLAND LESION		05073	28.6243	APC	\$1,621.28			000	999	-
1150F	E	DOC PT RSK DEATH W/IN 1YR				Not Allowed	\$0.00			000	999	-
1151F	E	DOC NO PT RSK DEATH W/IN 1YR				Not Allowed	\$0.00			000	999	-
1152F	E	DOC ADVNCD DIS COMFORT 1ST				Not Allowed	\$0.00			000	999	-
1153F	E	DOC ADVNCD DIS CMFRT NOT 1ST				Not Allowed	\$0.00			000	999	-
1157F	E	ADVNC CARE PLAN IN RCRD				Not Allowed	\$0.00			000	999	-
1158F	E	ADVNC CARE PLAN TLK DOCD				Not Allowed	\$0.00			000	999	-
1159F	E	MED LIST DOCD IN RCRD				Not Allowed	\$0.00			000	999	-
11600	T	EXC TR-EXT MAL+MARG 0.5 CM/<		05071	7.5120	APC	\$425.48			000	999	-
11601	T	EXC TR-EXT MAL+MARG 0.6-1 CM		05071	7.5120	APC	\$425.48			000	999	-
11602	T	EXC TR-EXT MAL+MARG 1.1-2 CM		05052	4.1770	APC	\$236.59			000	999	-
11603	T	EXC TR-EXT MAL+MARG 2.1-3 CM		05071	7.5120	APC	\$425.48			000	999	-
11604	T	EXC TR-EXT MAL+MARG 3.1-4 CM		05071	7.5120	APC	\$425.48			000	999	-
11606	T	EXC TR-EXT MAL+MARG >4 CM		05072	16.9934	APC	\$962.51			000	999	-
1160F	E	RVW MEDS BY RX/DR IN RCRD				Not Allowed	\$0.00			000	999	-
11620	T	EXC H-F-NK-SP MAL+MARG 0.5/<		05072	16.9934	APC	\$962.51			000	999	-
11621	T	EXC S/N/H/F/G MAL+MRG 0.6-1		05071	7.5120	APC	\$425.48			000	999	-
11622	T	EXC S/N/H/F/G MAL+MRG 1.1-2		05071	7.5120	APC	\$425.48			000	999	-
11623	T	EXC S/N/H/F/G MAL+MRG 2.1-3		05072	16.9934	APC	\$962.51			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
11624	T	EXC S/N/H/F/G MAL+MRG 3.1-4		05072	16.9934	APC	\$962.51			000	999	-
11626	T	EXC S/N/H/F/G MAL+MRG >4 CM		05073	28.6243	APC	\$1,621.28			000	999	-
11640	T	EXC F/E/E/N/L MAL+MRG 0.5CM<		05071	7.5120	APC	\$425.48			000	999	-
11641	T	EXC F/E/E/N/L MAL+MRG 0.6-1		05071	7.5120	APC	\$425.48			000	999	-
11642	T	EXC F/E/E/N/L MAL+MRG 1.1-2		05071	7.5120	APC	\$425.48			000	999	-
11643	T	EXC F/E/E/N/L MAL+MRG 2.1-3		05072	16.9934	APC	\$962.51			000	999	-
11644	T	EXC F/E/E/N/L MAL+MRG 3.1-4		05072	16.9934	APC	\$962.51			000	999	-
11646	T	EXC F/E/E/N/L MAL+MRG >4 CM		05073	28.6243	APC	\$1,621.28			000	999	-
1170F	E	FXNL STATUS ASSESSED				Not Allowed	\$0.00			000	999	-
11719	N	TRIM NAIL(S) ANY NUMBER		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
11720	N	DEBRIDE NAIL 1-5		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
11721	N	DEBRIDE NAIL 6 OR MORE		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
11730	N	REMOVAL OF NAIL PLATE		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
11732	N	REMOVE NAIL PLATE ADD-ON				Bundled	\$0.00			000	999	-
11740	N	DRAIN BLOOD FROM UNDER NAIL		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
11750	T	REMOVAL OF NAIL BED		05052	4.1770	APC	\$236.59			000	999	-
11755	T	BIOPSY NAIL UNIT		05071	7.5120	APC	\$425.48			000	999	-
1175F	E	FUNCTION STAT ASSESSED RVWD				Not Allowed	\$0.00			000	999	-
11760	T	REPAIR OF NAIL BED		05053	6.3308	APC	\$358.58			000	999	-
11762	T	RECONSTRUCTION OF NAIL BED		05054	20.7177	APC	\$1,173.45			000	999	-
11765	N	EXCISION OF NAIL FOLD TOE		05052	4.1770	Bundled, sometimes payable	\$236.59			000	999	-
11770	T	REMOVE PILONIDAL CYST SIMPLE		05073	28.6243	APC	\$1,621.28			000	999	-
11771	T	REMOVE PILONIDAL CYST EXTEN		05073	28.6243	APC	\$1,621.28			000	999	-
11772	T	REMOVE PILONIDAL CYST COMPL		05073	28.6243	APC	\$1,621.28			000	999	-
1180F	E	THROMBOEMB RISK ASSESSED				Not Allowed	\$0.00			000	999	-
1181F	E	NEUROPSYCHIA SYMPTS ASSESSED				Not Allowed	\$0.00			000	999	-
1182F	E	NEUROPSYCHI SYMPT 1+PRESENT				Not Allowed	\$0.00			000	999	-
1183F	E	NEUROPSYCHIATRIC SYMP ABSENT				Not Allowed	\$0.00			000	999	-
11900	N	INJECT SKIN LESIONS <W 7		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
11901	N	INJECT SKIN LESIONS >7		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
11920	T	CORRECT SKIN COLOR 6.0 CM/<		05053	6.3308	APC	\$358.58			000	999	-
11921	T	CORRECT SKN COLOR 6.1-20.0CM		05053	6.3308	APC	\$358.58			000	999	-
11922	N	CORRECT SKIN COLOR EA 20.0CM				Bundled	\$0.00			000	999	-
11950	E	TX CONTOUR DEFECTS 1 CC/<				Not Allowed	\$0.00			000	999	-
11951	E	TX CONTOUR DEFECTS 1.1-5.0CC				Not Allowed	\$0.00			000	999	-
11952	E	TX CONTOUR DEFECTS 5.1-10CC				Not Allowed	\$0.00			000	999	-
11954	E	TX CONTOUR DEFECTS >10.0 CC				Not Allowed	\$0.00			000	999	-
11960	T	INSERT TISSUE EXPANDER(S)		05055	42.5396	APC	\$2,409.44			000	999	-
11970	N	REPLACE TISSUE EXPANDER		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
11971	N	RMVL TIS XPNDR WO INSJ IMPLT		05073	28.6243	Bundled, sometimes payable	\$1,621.28			000	999	-
11976	N	REMOVE CONTRACEPTIVE CAPSULE		05071	7.5120	Bundled, sometimes payable	\$425.48			010	060	-
11980	N	IMPLANT HORMONE PELLE(T)S		05735	3.2637	Bundled, sometimes payable	\$184.86			000	999	-
11981	N	INSERT DRUG IMPLANT DEVICE		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
11982	N	REMOVE DRUG IMPLANT DEVICE		05735	3.2637	Bundled, sometimes payable	\$184.86			000	999	-
11983	N	REMOVE/INSERT DRUG IMPLANT		05735	3.2637	Bundled, sometimes payable	\$184.86			000	999	-
12001	N	RPR S/N/AX/GEN/TRNK 2.5CM/<		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
12002	N	RPR S/N/AX/GEN/TRNK2.6-7.5CM		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
12004	N	RPR S/N/AX/GEN/TRK7.6-12.5CM		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
12005	N	RPR S/N/A/GEN/TRK12.6-20.0CM		05052	4.1770	Bundled, sometimes payable	\$236.59			000	999	-
12006	N	RPR S/N/A/GEN/TRK20.1-30.0CM		05052	4.1770	Bundled, sometimes payable	\$236.59			000	999	-
12007	T	RPR S/N/AX/GEN/TRNK >30.0 CM		05051	2.1685	APC	\$122.82			000	999	-
1200F	E	SEIZURE TYPE& FREQU DOCD				Not Allowed	\$0.00			000	999	-
12011	N	RPR F/E/E/N/L/M 2.5 CM/<		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
12013	N	RPR F/E/E/N/L/M 2.6-5.0 CM		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
12014	N	RPR F/E/E/N/L/M 5.1-7.5 CM		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
12015	N	RPR F/E/E/N/L/M 7.6-12.5 CM		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
12016	N	RPR FE/E/EN/L/M 12.6-20.0 CM		05052	4.1770	Bundled, sometimes payable	\$236.59			000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
12017	N	RPR FE/E/EN/L/M 20.1-30.0 CM		05052	4.1770	Bundled, sometimes payable	\$236.59			000	999	-
12018	N	RPR F/E/EN/L/M >30.0 CM		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
12020	T	CLOSURE OF SPLIT WOUND		05053	6.3308	APC	\$358.58			000	999	-
12021	T	CLOSURE OF SPLIT WOUND		05052	4.1770	APC	\$236.59			000	999	-
12031	T	INTMD RPR S/A/T/EXT 2.5 CM<		05052	4.1770	APC	\$236.59			000	999	-
12032	T	INTMD RPR S/A/T/EXT 2.6-7.5		05052	4.1770	APC	\$236.59			000	999	-
12034	T	INTMD RPR S/TR/EXT 7.6-12.5		05052	4.1770	APC	\$236.59			000	999	-
12035	T	INTMD RPR S/A/T/EXT 12.6-20		05052	4.1770	APC	\$236.59			000	999	-
12036	T	INTMD RPR S/A/T/EXT 20.1-30		05053	6.3308	APC	\$358.58			000	999	-
12037	T	INTMD RPR S/TR/EXT >30.0 CM		05054	20.7177	APC	\$1,173.45			000	999	-
12041	N	INTMD RPR N-HF/GENIT 2.5CM<		05052	4.1770	Bundled, sometimes payable	\$236.59			000	999	-
12042	T	INTMD RPR N-HF/GENIT2.6-7.5		05052	4.1770	APC	\$236.59			000	999	-
12044	T	INTMD RPR N-HF/GENIT7.6-12.5		05053	6.3308	APC	\$358.58			000	999	-
12045	T	INTMD RPR N-HF/GENIT12.6-20		05053	6.3308	APC	\$358.58			000	999	-
12046	T	INTMD RPR N-HF/GENIT20.1-30		05053	6.3308	APC	\$358.58			000	999	-
12047	T	INTMD RPR N-HF/GENIT >30.0CM		05054	20.7177	APC	\$1,173.45			000	999	-
12051	T	INTMD RPR FACE/MM 2.5 CM<		05052	4.1770	APC	\$236.59			000	999	-
12052	T	INTMD RPR FACE/MM 2.6-5.0 CM		05052	4.1770	APC	\$236.59			000	999	-
12053	T	INTMD RPR FACE/MM 5.1-7.5 CM		05052	4.1770	APC	\$236.59			000	999	-
12054	N	INTMD RPR FACE/MM 7.6-12.5CM		05052	4.1770	Bundled, sometimes payable	\$236.59			000	999	-
12055	T	INTMD RPR FACE/MM 12.6-20 CM		05052	4.1770	APC	\$236.59			000	999	-
12056	N	INTMD RPR FACE/MM 20.1-30.0		05052	4.1770	Bundled, sometimes payable	\$236.59			000	999	-
12057	T	INTMD RPR FACE/MM >30.0 CM		05052	4.1770	APC	\$236.59			000	999	-
1205F	E	EPI ETIOL SYND RVWD AND DOCD				Not Allowed	\$0.00			000	999	-
1220F	E	PT SCREENED FOR DEPRESSION				Not Allowed	\$0.00			000	999	-
13100	T	CMLPX RPR TRUNK 1.1-2.5 CM		05053	6.3308	APC	\$358.58			000	999	-
13101	T	CMLPX RPR TRUNK 2.6-7.5 CM		05053	6.3308	APC	\$358.58			000	999	-
13102	N	CMLPX RPR TRUNK ADDL 5CM<		05053	6.3308	Bundled	\$0.00			000	999	-
13120	T	CMLPX RPR S/A/L 1.1-2.5 CM		05053	6.3308	APC	\$358.58			000	999	-
13121	T	CMLPX RPR S/A/L 2.6-7.5 CM		05053	6.3308	APC	\$358.58			000	999	-
13122	N	CMLPX RPR S/A/L ADDL 5 CM/>				Bundled	\$0.00			000	999	-
13131	T	CMLPX RPR F/C/M/N/AX/G/H/F		05052	4.1770	APC	\$236.59			000	999	-
13132	T	CMLPX RPR F/C/M/N/AX/G/H/F		05053	6.3308	APC	\$358.58			000	999	-
13133	N	CMLPX RPR F/C/M/N/AX/G/H/F				Bundled	\$0.00			000	999	-
13151	T	CMLPX RPR E/N/E/L 1.1-2.5 CM		05053	6.3308	APC	\$358.58			000	999	-
13152	T	CMLPX RPR E/N/E/L 2.6-7.5 CM		05053	6.3308	APC	\$358.58			000	999	-
13153	N	CMLPX RPR E/N/E/L ADDL 5CM<				Bundled	\$0.00			000	999	-
13160	T	LATE CLOSURE OF WOUND		05054	20.7177	APC	\$1,173.45			000	999	-
14000	T	TIS TRNFR TRUNK 10 SQ CM<		05054	20.7177	APC	\$1,173.45			000	999	-
14001	T	TIS TRNFR TRUNK 10.1-30SQCM		05054	20.7177	APC	\$1,173.45			000	999	-
1400F	E	PRKNS DIAG RVIEWED				Not Allowed	\$0.00			000	999	-
14020	T	TIS TRNFR S/A/L 10 SQ CM<		05054	20.7177	APC	\$1,173.45			000	999	-
14021	T	TIS TRNFR S/A/L 10.1-30 SQCM		05054	20.7177	APC	\$1,173.45			000	999	-
14040	T	TIS TRNFR F/C/M/N/A/G/H/F		05054	20.7177	APC	\$1,173.45			000	999	-
14041	T	TIS TRNFR F/C/M/N/A/G/H/F		05054	20.7177	APC	\$1,173.45			000	999	-
14060	T	TIS TRNFR E/N/E/L 10 SQ CM<		05054	20.7177	APC	\$1,173.45			000	999	-
14061	T	TIS TRNFR E/N/E/L 10.1-30SQCM		05054	20.7177	APC	\$1,173.45			000	999	-
14301	T	TIS TRNFR ANY 30.1-60 SQ CM		05055	42.5396	APC	\$2,409.44			000	999	-
14302	N	TIS TRNFR ADDL 30 SQ CM				Bundled	\$0.00			000	999	-
14350	T	FILLETED FINGER/TOE FLAP		05054	20.7177	APC	\$1,173.45			000	999	-
1450F	E	SYMPTOMS IMPROVED/CONSIST				Not Allowed	\$0.00			000	999	-
1451F	E	SYMPT SHOW CLIN IMPORT DROP				Not Allowed	\$0.00			000	999	-
1460F	E	QUAL CARD DIAG PRIOR 12 MONS				Not Allowed	\$0.00			000	999	-
1461F	E	NO QUAL CARD DIAG PRIOR12MON				Not Allowed	\$0.00			000	999	-
1490F	E	DEM SEVERITY CLASSIFIED MILD				Not Allowed	\$0.00			000	999	-
1491F	E	DEM SEVERITY CLASSIFIED MOD				Not Allowed	\$0.00			000	999	-
1493F	E	DEM SEVERITY CLASS SEVERE				Not Allowed	\$0.00			000	999	-

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Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
1494F	E	COGNIT ASSESSED AND REVIEWED				Not Allowed	\$0.00			000	999	-
15002	T	WOUND PREP TRK/ARM/LEG		05054	20.7177	APC	\$1,173.45			000	999	-
15003	N	WOUND PREP ADDL 100 CM				Bundled	\$0.00			000	999	-
15004	T	WOUND PREP F/N/HF/G		05053	6.3308	APC	\$358.58			000	999	-
15005	N	WND PREP F/N/HF/G ADDL CM				Bundled	\$0.00			000	999	-
1500F	E	SYMPTOM+SIGN SYMM POLYNEURO				Not Allowed	\$0.00			000	999	-
1501F	E	NOT INITIAL EVAL FOR COND				Not Allowed	\$0.00			000	999	-
1502F	E	PT QUERIED PAIN FXN W/ INSTR				Not Allowed	\$0.00			000	999	-
1503F	E	PT QUERIED SYMP RESP INSUFF				Not Allowed	\$0.00			000	999	-
15040	T	HARVEST CULTURED SKIN GRAFT		05054	20.7177	APC	\$1,173.45			000	999	-
1504F	E	PT HAS RESP INSUFFICIENCY				Not Allowed	\$0.00			000	999	-
15050	T	SKIN PINCH GRAFT		05053	6.3308	APC	\$358.58			000	999	-
1505F	E	PT HAS NO RESP INSUFFICIENCY				Not Allowed	\$0.00			000	999	-
15100	T	SKIN SPLT GRFT TRNK/ARM/LEG		05054	20.7177	APC	\$1,173.45			000	999	-
15101	N	SKIN SPLT GRFT T/A/L ADD-ON				Bundled	\$0.00			000	999	-
15110	T	EPIDRM AUTOGRFT TRNK/ARM/LEG		05054	20.7177	APC	\$1,173.45			000	999	-
15111	N	EPIDRM AUTOGRFT T/A/L ADD-ON				Bundled	\$0.00			000	999	-
15115	T	EPIDRM A-GRFT FACE/NCK/HF/G		05054	20.7177	APC	\$1,173.45			000	999	-
15116	N	EPIDRM A-GRFT F/N/HF/G ADDL				Bundled	\$0.00			000	999	-
15120	T	SKN SPLT A-GRFT FAC/NCK/HF/G		05055	42.5396	APC	\$2,409.44			000	999	-
15121	N	SKN SPLT A-GRFT F/N/HF/G ADD				Bundled	\$0.00			000	999	-
15130	T	DERM AUTOGRAFT TRNK/ARM/LEG		05054	20.7177	APC	\$1,173.45			000	999	-
15131	N	DERM AUTOGRAFT T/A/L ADD-ON				Bundled	\$0.00			000	999	-
15135	T	DERM AUTOGRAFT FACE/NCK/HF/G		05055	42.5396	APC	\$2,409.44			000	999	-
15136	N	DERM AUTOGRAFT F/N/HF/G ADD				Bundled	\$0.00			000	999	-
15150	T	CULT SKIN GRFT T/ARM/LEG		05054	20.7177	APC	\$1,173.45			000	999	-
15151	N	CULT SKIN GRFT T/A/L ADDL				Bundled	\$0.00			000	999	-
15152	N	CULT SKIN GRAFT T/A/L +%				Bundled	\$0.00			000	999	-
15155	T	CULT SKIN GRAFT F/N/HF/G		05055	42.5396	APC	\$2,409.44			000	999	-
15156	N	CULT SKIN GRFT F/N/HFG ADD				Bundled	\$0.00			000	999	-
15157	N	CULT EPIDERM GRFT F/N/HFG +%				Bundled	\$0.00			000	999	-
15200	T	SKIN FULL GRAFT TRUNK		05054	20.7177	APC	\$1,173.45			000	999	-
15201	N	SKIN FULL GRAFT TRUNK ADD-ON				Bundled	\$0.00			000	999	-
15220	T	SKIN FULL GRAFT SCLP/ARM/LEG		05054	20.7177	APC	\$1,173.45			000	999	-
15221	N	SKIN FULL GRAFT ADD-ON				Bundled	\$0.00			000	999	-
15240	T	SKIN FULL GRFT FACE/GENIT/HF		05054	20.7177	APC	\$1,173.45			000	999	-
15241	N	SKIN FULL GRAFT ADD-ON				Bundled	\$0.00			000	999	-
15260	T	SKIN FULL GRAFT EEN & LIPS		05054	20.7177	APC	\$1,173.45			000	999	-
15261	N	SKIN FULL GRAFT ADD-ON				Bundled	\$0.00			000	999	-
15271	T	SKIN SUB GRAFT TRNK/ARM/LEG		05054	20.7177	APC	\$1,173.45			000	999	-
15272	N	SKIN SUB GRAFT T/A/L ADD-ON				Bundled	\$0.00			000	999	-
15273	T	SKIN SUB GRFT T/ARM/LG CHILD		05055	42.5396	APC	\$2,409.44			000	999	-
15274	N	SKN SUB GRFT T/A/L CHILD ADD				Bundled	\$0.00			000	999	-
15275	T	SKIN SUB GRAFT FACE/NK/HF/G		05054	20.7177	APC	\$1,173.45			000	999	-
15276	N	SKIN SUB GRAFT F/N/HF/G ADDL				Bundled	\$0.00			000	999	-
15277	T	SKN SUB GRFT F/N/HF/G CHILD		05054	20.7177	APC	\$1,173.45			000	999	-
15278	N	SKN SUB GRFT F/N/HF/G CH ADD				Bundled	\$0.00			000	999	-
15570	T	SKIN PEDICLE FLAP TRUNK		05054	20.7177	APC	\$1,173.45			000	999	-
15572	T	SKIN PEDICLE FLAP ARMS/LEGS		05055	42.5396	APC	\$2,409.44			000	999	-
15574	T	PEDCLE FH/CH/CH/M/N/AX/G/H/F		05054	20.7177	APC	\$1,173.45			000	999	-
15576	T	PEDICLE E/N/E/L/NTRORAL		05054	20.7177	APC	\$1,173.45			000	999	-
15600	T	DELAY FLAP TRUNK		05055	42.5396	APC	\$2,409.44			000	999	-
15610	T	DELAY FLAP ARMS/LEGS		05054	20.7177	APC	\$1,173.45			000	999	-
15620	T	DELAY FLAP F/C/C/N/AX/G/H/F		05054	20.7177	APC	\$1,173.45			000	999	-
15630	T	DELAY FLAP EYE/NOS/EAR/LIP		05054	20.7177	APC	\$1,173.45			000	999	-
15650	T	TRANSFER SKIN PEDICLE FLAP		05054	20.7177	APC	\$1,173.45			000	999	-
15730	T	MDFC FLAP W/PRSRV VASC PEDCL		05055	42.5396	APC	\$1,757.21			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
15731	T	FOREHEAD FLAP W/VASC PEDICLE		05055	42.5396	APC	\$2,409.44			000	999	-
15733	T	MUSC MYOQ/FSCQ FLP H&N PEDCL		05055	42.5396	APC	\$1,757.21			000	999	-
15734	T	MUSCLE-SKIN GRAFT TRUNK		05055	42.5396	APC	\$2,409.44			000	999	-
15736	T	MUSCLE-SKIN GRAFT ARM		05054	20.7177	APC	\$1,173.45			000	999	-
15738	T	MUSCLE-SKIN GRAFT LEG		05055	42.5396	APC	\$2,409.44			000	999	-
15740	T	ISLAND PEDICLE FLAP GRAFT		05054	20.7177	APC	\$1,173.45			000	999	-
15750	T	NEUROVASCULAR PEDICLE FLAP		05055	42.5396	APC	\$2,409.44			000	999	-
15756	C	FREE MYO/SKIN FLAP MICROVASC				Inpatient Only	\$0.00			000	999	-
15757	C	FREE SKIN FLAP MICROVASC				Inpatient Only	\$0.00			000	999	-
15758	C	FREE FASCIAL FLAP MICROVASC				Inpatient Only	\$0.00			000	999	-
15760	T	COMPOSITE SKIN GRAFT		05054	20.7177	APC	\$1,173.45			000	999	-
15769	T	GRFG AUTOL SOFT TISS DIR EXC		05055	42.5396	APC	\$2,087.23			000	999	-
15770	T	DERMA-FAT-FASCIA GRAFT		05055	42.5396	APC	\$2,409.44			000	999	-
15771	E	GRFG AUTOL FAT LIPO 50 CC/<				Not Allowed	\$0.00			000	999	-
15772	E	GRFG AUTOL FAT LIPO EA ADDL				Not Allowed	\$0.00			000	999	-
15773	E	GRFG AUTOL FAT LIPO 25 CC/<				Not Allowed	\$0.00			000	999	-
15774	E	GFRG AUTOL FAT LIPO EA ADDL				Not Allowed	\$0.00			000	999	-
15775	E	HAIR TRNSPL 1-15 PUNCH GRFTS				Not Allowed	\$0.00			000	999	-
15776	E	HAIR TRNSPL >15 PUNCH GRAFTS				Not Allowed	\$0.00			000	999	-
15777	N	ACELLULAR DERM MATRIX IMPLT				Bundled	\$0.00			000	999	-
15780	E	DERMABRASION TOTAL FACE				Not Allowed	\$0.00			000	999	-
15781	E	DERMABRASION SEGMENTAL FACE				Not Allowed	\$0.00			000	999	-
15782	E	DERMABRASION OTHER THAN FACE				Not Allowed	\$0.00			000	999	-
15783	E	DERMABRASION SUPRFL ANY SITE				Not Allowed	\$0.00			000	999	-
15786	E	ABRASION LESION SINGLE				Not Allowed	\$0.00			000	999	-
15787	E	ABRASION LESIONS ADD-ON				Not Allowed	\$0.00			000	999	-
15788	E	CHEMICAL PEEL FACE EPIDERM				Not Allowed	\$0.00			000	999	-
15789	E	CHEMICAL PEEL FACE DERMAL				Not Allowed	\$0.00			000	999	-
15792	E	CHEMICAL PEEL NONFACIAL				Not Allowed	\$0.00			000	999	-
15793	E	CHEMICAL PEEL NONFACIAL				Not Allowed	\$0.00			000	999	-
15819	E	PLASTIC SURGERY NECK				Not Allowed	\$0.00			000	999	-
15820	T	REVISION OF LOWER EYELID		05054	20.7177	APC	\$1,173.45			000	999	-
15821	T	REVISION OF LOWER EYELID		05054	20.7177	APC	\$1,173.45			000	999	-
15822	T	REVISION OF UPPER EYELID		05054	20.7177	APC	\$1,173.45			000	999	-
15823	T	REVISION OF UPPER EYELID		05054	20.7177	APC	\$1,173.45			000	999	-
15824	E	REMOVAL OF FOREHEAD WRINKLES				Not Allowed	\$0.00			000	999	-
15825	E	REMOVAL OF NECK WRINKLES				Not Allowed	\$0.00			000	999	-
15826	E	REMOVAL OF BROW WRINKLES				Not Allowed	\$0.00			000	999	-
15828	E	REMOVAL OF FACE WRINKLES				Not Allowed	\$0.00			000	999	-
15829	E	REMOVAL OF SKIN WRINKLES				Not Allowed	\$0.00			000	999	-
15830	T	EXC SKIN ABD		05092	66.8375	APC	\$3,785.68			000	999	-
15832	E	EXCISE EXCESSIVE SKIN THIGH				Not Allowed	\$0.00			000	999	-
15833	E	EXCISE EXCESSIVE SKIN LEG				Not Allowed	\$0.00			000	999	-
15834	E	EXCISE EXCESSIVE SKIN HIP				Not Allowed	\$0.00			000	999	-
15835	E	EXCISE EXCESSIVE SKIN BUTTCK				Not Allowed	\$0.00			000	999	-
15836	E	EXCISE EXCESSIVE SKIN ARM				Not Allowed	\$0.00			000	999	-
15837	E	EXCISE EXCESS SKIN ARM/HAND				Not Allowed	\$0.00			000	999	-
15838	E	EXCISE EXCESS SKIN FAT PAD				Not Allowed	\$0.00			000	999	-
15839	T	EXCISE EXCESS SKIN & TISSUE		05073	28.6243	APC	\$1,621.28			000	999	-
15840	T	NERVE PALSY FASCIAL GRAFT		05055	42.5396	APC	\$2,409.44			000	999	-
15841	T	NERVE PALSY MUSCLE GRAFT		05055	42.5396	APC	\$2,409.44			000	999	-
15842	T	NERVE PALSY MICROSURG GRAFT		05054	20.7177	APC	\$1,173.45			000	999	-
15845	T	SKIN AND MUSCLE REPAIR FACE		05055	42.5396	APC	\$2,409.44			000	999	-
15847	N	EXC SKIN ABD ADD-ON				Bundled	\$0.00			000	999	-
15850	T	REMOVE SUTURES SAME SURGEON		05053	6.3308	APC	\$358.58			000	999	-
15851	T	REMOVE SUTURES DIFF SURGEON		05054	20.7177	APC	\$1,173.45			000	999	-
15852	N	DRESSING CHANGE NOT FOR BURN		05053	6.3308	Bundled, sometimes payable	\$358.58			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
15860	N	TEST FOR BLOOD FLOW IN GRAFT		05735	3.2637	Bundled, sometimes payable	\$184.86			000	999	-
15876	E	SUCTION LIPECTOMY HEAD&NECK				Not Allowed	\$0.00			000	999	-
15877	E	SUCTION LIPECTOMY TRUNK				Not Allowed	\$0.00			000	999	-
15878	E	SUCTION LIPECTOMY UPR EXTREM				Not Allowed	\$0.00			000	999	-
15879	E	SUCTION LIPECTOMY LWR EXTREM				Not Allowed	\$0.00			000	999	-
15920	T	REMOVAL OF TAIL BONE ULCER		05073	28.6243	APC	\$1,621.28			000	999	-
15922	T	REMOVAL OF TAIL BONE ULCER		05055	42.5396	APC	\$2,409.44			000	999	-
15931	T	REMOVE SACRUM PRESSURE SORE		05073	28.6243	APC	\$1,621.28			000	999	-
15933	T	REMOVE SACRUM PRESSURE SORE		05073	28.6243	APC	\$1,621.28			000	999	-
15934	T	REMOVE SACRUM PRESSURE SORE		05055	42.5396	APC	\$2,409.44			000	999	-
15935	T	REMOVE SACRUM PRESSURE SORE		05055	42.5396	APC	\$2,409.44			000	999	-
15936	T	REMOVE SACRUM PRESSURE SORE		05054	20.7177	APC	\$1,173.45			000	999	-
15937	T	REMOVE SACRUM PRESSURE SORE		05054	20.7177	APC	\$1,173.45			000	999	-
15940	T	REMOVE HIP PRESSURE SORE		05073	28.6243	APC	\$1,621.28			000	999	-
15941	T	REMOVE HIP PRESSURE SORE		05073	28.6243	APC	\$1,621.28			000	999	-
15944	T	REMOVE HIP PRESSURE SORE		05055	42.5396	APC	\$2,409.44			000	999	-
15945	T	REMOVE HIP PRESSURE SORE		05054	20.7177	APC	\$1,173.45			000	999	-
15946	T	REMOVE HIP PRESSURE SORE		05054	20.7177	APC	\$1,173.45			000	999	-
15950	T	REMOVE THIGH PRESSURE SORE		05072	16.9934	APC	\$962.51			000	999	-
15951	T	REMOVE THIGH PRESSURE SORE		05073	28.6243	APC	\$1,621.28			000	999	-
15952	T	REMOVE THIGH PRESSURE SORE		05054	20.7177	APC	\$1,173.45			000	999	-
15953	T	REMOVE THIGH PRESSURE SORE		05055	42.5396	APC	\$2,409.44			000	999	-
15956	T	REMOVE THIGH PRESSURE SORE		05054	20.7177	APC	\$1,173.45			000	999	-
15958	T	REMOVE THIGH PRESSURE SORE		05055	42.5396	APC	\$2,409.44			000	999	-
15999	T	REMOVAL OF PRESSURE SORE		05071	7.5120	APC	\$425.48			000	999	-
16000	N	INITIAL TREATMENT OF BURN(S)		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
16020	N	DRESS/DEBRID P-THICK BURN S		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
16025	T	DRESS/DEBRID P-THICK BURN M		05051	2.1685	APC	\$122.82			000	999	-
16030	T	DRESS/DEBRID P-THICK BURN L		05052	4.1770	APC	\$236.59			000	999	-
16035	T	INCISION OF BURN SCAB INITI		05052	4.1770	APC	\$236.59			000	999	-
16036	C	ESCHAROTOMY ADDL INCISION				Inpatient Only	\$0.00			000	999	-
17000	N	DESTRUCT PREMALG LESION		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
17003	N	DESTRUCT PREMALG LES 2-14				Bundled	\$0.00			000	999	-
17004	T	DESTROY PREMAL LESIONS 15/>		05052	4.1770	APC	\$236.59			000	999	-
17106	T	DESTRUCTION OF SKIN LESIONS		05052	4.1770	APC	\$236.59			000	999	-
17107	T	DESTRUCTION OF SKIN LESIONS		05053	6.3308	APC	\$358.58			000	999	-
17108	T	DESTRUCTION OF SKIN LESIONS		05054	20.7177	APC	\$1,173.45			000	999	-
17110	N	DESTRUCT B9 LESION 1-14		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
17111	N	DESTRUCT LESION 15 OR MORE		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
17250	N	CHEM CAUT OF GRANLTJ TISSUE		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
17260	N	DESTRUCTION OF SKIN LESIONS		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
17261	N	DESTRUCTION OF SKIN LESIONS		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
17262	N	DESTRUCTION OF SKIN LESIONS		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
17263	N	DESTRUCTION OF SKIN LESIONS		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
17264	T	DESTRUCTION OF SKIN LESIONS		05052	4.1770	APC	\$236.59			000	999	-
17266	T	DESTRUCTION OF SKIN LESIONS		05052	4.1770	APC	\$236.59			000	999	-
17270	T	DESTRUCTION OF SKIN LESIONS		05051	2.1685	APC	\$122.82			000	999	-
17271	T	DESTRUCTION OF SKIN LESIONS		05051	2.1685	APC	\$122.82			000	999	-
17272	N	DESTRUCTION OF SKIN LESIONS		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
17273	T	DESTRUCTION OF SKIN LESIONS		05052	4.1770	APC	\$236.59			000	999	-
17274	T	DESTRUCTION OF SKIN LESIONS		05052	4.1770	APC	\$236.59			000	999	-
17276	T	DESTRUCTION OF SKIN LESIONS		05052	4.1770	APC	\$236.59			000	999	-
17280	N	DESTRUCTION OF SKIN LESIONS		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
17281	T	DESTRUCTION OF SKIN LESIONS		05052	4.1770	APC	\$236.59			000	999	-
17282	T	DESTRUCTION OF SKIN LESIONS		05052	4.1770	APC	\$236.59			000	999	-
17283	T	DESTRUCTION OF SKIN LESIONS		05052	4.1770	APC	\$236.59			000	999	-
17284	T	DESTRUCTION OF SKIN LESIONS		05053	6.3308	APC	\$358.58			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
17286	T	DESTRUCTION OF SKIN LESIONS		05053	6.3308	APC	\$358.58			000	999	-
17311	T	MOHS 1 STAGE H/N/HF/G		05053	6.3308	APC	\$358.58			000	999	-
17312	N	MOHS ADDL STAGE				Bundled	\$0.00			000	999	-
17313	T	MOHS 1 STAGE T/A/L		05053	6.3308	APC	\$358.58			000	999	-
17314	N	MOHS ADDL STAGE T/A/L				Bundled	\$0.00			000	999	-
17315	N	MOHS SURG ADDL BLOCK				Bundled	\$0.00			000	999	-
17340	N	CRYOTHERAPY OF SKIN		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
17360	N	SKIN PEEL THERAPY		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
17380	E	HAIR REMOVAL BY ELECTROLYSIS				Not Allowed	\$0.00			000	999	-
17999	N	SKIN TISSUE PROCEDURE		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
19000	T	DRAINAGE OF BREAST LESION		05071	7.5120	APC	\$425.48			000	999	-
19001	N	DRAIN BREAST LESION ADD-ON				Bundled	\$0.00			000	999	-
19020	T	INCISION OF BREAST LESION		05072	16.9934	APC	\$962.51			000	999	-
19030	N	INJECTION FOR BREAST X-RAY				Bundled	\$0.00			000	999	-
19081	T	BX BREAST 1ST LESION STRTCTC		05072	16.9934	APC	\$962.51			000	999	-
19082	N	BX BREAST ADD LESION STRTCTC				Bundled	\$0.00			000	999	-
19083	T	BX BREAST 1ST LESION US IMAG		05072	16.9934	APC	\$962.51			000	999	-
19084	N	BX BREAST ADD LESION US IMAG				Bundled	\$0.00			000	999	-
19085	T	BX BREAST 1ST LESION MR IMAG		05072	16.9934	APC	\$962.51			000	999	-
19086	N	BX BREAST ADD LESION MR IMAG				Bundled	\$0.00			000	999	-
19100	T	BX BREAST PERCUT W/O IMAGE		05072	16.9934	APC	\$962.51			000	999	-
19101	T	BIOPSY OF BREAST OPEN		05091	38.1383	APC	\$2,160.15			000	999	-
19105	T	CRYOSURG ABLATE FA EACH		05091	38.1383	APC	\$2,160.15			000	999	-
19110	T	NIPPLE EXPLORATION		05091	38.1383	APC	\$2,160.15			000	999	-
19112	T	EXCISE BREAST DUCT FISTULA		05091	38.1383	APC	\$2,160.15			000	999	-
19120	T	REMOVAL OF BREAST LESION		05091	38.1383	APC	\$2,160.15			000	999	-
19125	T	EXCISION BREAST LESION		05091	38.1383	APC	\$2,160.15			000	999	-
19126	N	EXCISION ADDL BREAST LESION				Bundled	\$0.00			000	999	-
19281	N	PERQ DEVICE BREAST 1ST IMAG		05071	7.5120	Bundled, sometimes payable	\$425.48			000	999	-
19282	N	PERQ DEVICE BREAST EA IMAG				Bundled	\$0.00			000	999	-
19283	N	PERQ DEV BREAST 1ST STRTCTC		05071	7.5120	Bundled, sometimes payable	\$425.48			000	999	-
19284	N	PERQ DEV BREAST ADD STRTCTC				Bundled	\$0.00			000	999	-
19285	N	PERQ DEV BREAST 1ST US IMAG		05071	7.5120	Bundled, sometimes payable	\$425.48			000	999	-
19286	N	PERQ DEV BREAST ADD US IMAG				Bundled	\$0.00			000	999	-
19287	N	PERQ DEV BREAST 1ST MR GUIDE		05071	7.5120	Bundled, sometimes payable	\$425.48			000	999	-
19288	N	PERQ DEV BREAST ADD MR GUIDE				Bundled	\$0.00			000	999	-
19294	N	PREP TUM CAV IORT PRTL MAST				Bundled	\$0.00			000	999	-
19296	N	PLACE PO BREAST CATH FOR RAD		05093	107.7339	Bundled, sometimes payable	\$6,102.05			000	999	-
19297	N	PLACE BREAST CATH FOR RAD				Bundled	\$0.00			000	999	-
19298	N	PLACE BREAST RAD TUBE/CATHS		05092	66.8375	Bundled, sometimes payable	\$3,785.68			000	999	-
19300	T	REMOVAL OF BREAST TISSUE		05091	38.1383	APC	\$2,160.15			000	999	-
19301	T	PARTIAL MASTECTOMY		05091	38.1383	APC	\$2,160.15			000	999	-
19302	T	P-MASTECTOMY W/LN REMOVAL		05092	66.8375	APC	\$3,785.68			000	999	-
19303	T	MAST SIMPLE COMPLETE		05092	66.8375	APC	\$3,785.68			000	999	-
19305	C	MAST RADICAL				Inpatient Only	\$0.00			000	999	-
19306	C	MAST RAD URBAN TYPE				Inpatient Only	\$0.00			000	999	-
19307	T	MAST MOD RAD		05092	66.8375	APC	\$3,785.68			000	999	-
19316	T	SUSPENSION OF BREAST		05092	66.8375	APC	\$3,785.68			016	999	-
19318	T	REDUCTION OF LARGE BREAST		05092	66.8375	APC	\$3,785.68			016	999	-
19325	N	ENLARGE BREAST WITH IMPLANT		05093	107.7339	Bundled, sometimes payable	\$6,102.05			016	999	-
19328	N	RMVL INTACT BREAST IMPLANT		05091	38.1383	Bundled, sometimes payable	\$2,160.15			016	999	-
19330	N	REMOVAL OF IMPLANT MATERIAL		05091	38.1383	Bundled, sometimes payable	\$2,160.15			016	999	-
19340	T	IMMEDIATE BREAST PROSTHESIS		05092	66.8375	APC	\$3,785.68			016	999	-
19342	N	DELAYED BREAST PROSTHESIS		05093	107.7339	Bundled, sometimes payable	\$6,102.05			016	999	-
19350	T	BREAST RECONSTRUCTION		05091	38.1383	APC	\$2,160.15			016	999	-
19355	E	CORRECT INVERTED NIPPLE(S)				Not Allowed	\$0.00			016	999	-
19357	N	BREAST RECONSTRUCTION		05094	180.3049	Bundled, sometimes payable	\$10,212.47			016	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
19361	C	BREAST RECONSTR W/LAT FLAP				Inpatient Only	\$0.00			016	999	-
19364	C	BREAST RECONSTRUCTION				Inpatient Only	\$0.00			016	999	-
19367	C	BREAST RECONSTRUCTION				Inpatient Only	\$0.00			016	999	-
19368	C	BREAST RECONSTRUCTION				Inpatient Only	\$0.00			016	999	-
19369	C	BREAST RECONSTRUCTION				Inpatient Only	\$0.00			016	999	-
19370	T	SURGERY OF BREAST CAPSULE		05091	38.1383	APC	\$2,160.15			000	999	-
19371	T	REMOVAL OF BREAST CAPSULE		05091	38.1383	APC	\$2,160.15			000	999	-
19380	T	REVISE BREAST RECONSTRUCTION		05092	66.8375	APC	\$3,785.68			016	999	-
19396	T	DESIGN CUSTOM BREAST IMPLANT		05091	38.1383	APC	\$2,160.15			000	999	-
19499	T	BREAST SURGERY PROCEDURE		05091	38.1383	APC	\$2,160.15			000	999	-
2000F	E	BLOOD PRESSURE MEASURE				Not Allowed	\$0.00			000	999	-
2001F	E	WEIGHT RECORD				Not Allowed	\$0.00			000	999	-
2002F	E	CLIN SIGN VOL OVRLD ASSESS				Not Allowed	\$0.00			000	999	-
2004F	E	INITIAL EXAM INVOLVED JOINTS				Not Allowed	\$0.00			000	999	-
20100	T	EXPLORE WOUND NECK		05162	5.4635	APC	\$309.45			000	999	-
20101	T	EXPLORE WOUND CHEST		05054	20.7177	APC	\$1,173.45			000	999	-
20102	T	EXPLORE WOUND ABDOMEN		05054	20.7177	APC	\$1,173.45			000	999	-
20103	T	EXPLORE WOUND EXTREMITY		05071	7.5120	APC	\$425.48			000	999	-
2010F	E	VITAL SIGNS RECORDED				Not Allowed	\$0.00			000	999	-
2014F	E	MENTAL STATUS ASSESS				Not Allowed	\$0.00			000	999	-
20150	T	EXCISE EPIPHYSEAL BAR		05113	34.1848	APC	\$1,936.23			000	999	-
2015F	E	ASTHMA IMPAIRMENT ASSESSED				Not Allowed	\$0.00			000	999	-
2016F	E	ASTHMA RISK ASSESSED				Not Allowed	\$0.00			000	999	-
2018F	E	HYDRATION STATUS ASSESS				Not Allowed	\$0.00			000	999	-
2019F	E	DILATED MACUL EXAM DONE				Not Allowed	\$0.00			000	999	-
20200	T	MUSCLE BIOPSY		05072	16.9934	APC	\$962.51			000	999	-
20205	T	DEEP MUSCLE BIOPSY		05073	28.6243	APC	\$1,621.28			000	999	-
20206	T	NEEDLE BIOPSY MUSCLE		05072	16.9934	APC	\$962.51			000	999	-
2020F	E	DILATED FUNDUS EVAL DONE				Not Allowed	\$0.00			000	999	-
2021F	E	DILAT MACULAR EXAM DONE				Not Allowed	\$0.00			000	999	-
20220	T	BONE BIOPSY TROCAR/NEEDLE		05072	16.9934	APC	\$962.51			000	999	-
20225	T	BONE BIOPSY TROCAR/NEEDLE		05072	16.9934	APC	\$962.51			000	999	-
2022F	E	DILAT RTA XM EVC RTNOPHY				Not Allowed	\$0.00			000	999	-
2023F	E	DILAT RTA XM W/O RTNOPHY				Not Allowed	\$0.00			000	999	-
20240	T	BONE BIOPSY OPEN SUPERFICIAL		05073	28.6243	APC	\$1,621.28			000	999	-
20245	T	BONE BIOPSY OPEN DEEP		05073	28.6243	APC	\$1,621.28			000	999	-
2024F	E	7 FLD RTA PHOTO EVC RTNOPHY				Not Allowed	\$0.00			000	999	-
20250	T	OPEN BONE BIOPSY		05113	34.1848	APC	\$1,936.23			000	999	-
20251	T	OPEN BONE BIOPSY		05114	75.6664	APC	\$4,285.74			000	999	-
2025F	E	7 FLD RTA PHOTO W/O RTNOPHY				Not Allowed	\$0.00			000	999	-
2026F	E	EYE IMG VALID EVC RTNOPHY				Not Allowed	\$0.00			000	999	-
2027F	E	OPTIC NERVE HEAD EVAL DONE				Not Allowed	\$0.00			000	999	-
2028F	E	FOOT EXAM PERFORMED				Not Allowed	\$0.00			000	999	-
2029F	E	COMPLETE PHYS SKIN EXAM DONE				Not Allowed	\$0.00			000	999	-
2030F	E	H2O STAT DOCD NORMAL				Not Allowed	\$0.00			000	999	-
2031F	E	H2O STAT DOCD DEHYDRATED				Not Allowed	\$0.00			000	999	-
2033F	E	EYE IMG VALID W/O RTNOPHY				Not Allowed	\$0.00			000	999	-
2035F	E	TYMP MEMB MOTION EXAMD				Not Allowed	\$0.00			000	999	-
2040F	E	BK PN XM ON INIT VISIT DATE				Not Allowed	\$0.00			000	999	-
2044F	E	DOC MNLT TST B/4 BK TRXMNT				Not Allowed	\$0.00			000	999	-
20500	T	INJECTION OF SINUS TRACT		05163	16.3386	APC	\$925.42			000	999	-
20501	N	INJECT SINUS TRACT FOR X-RAY				Bundled	\$0.00			000	999	-
2050F	E	WOUND CHAR SIZE ETC DOCD				Not Allowed	\$0.00			000	999	-
20520	T	REMOVAL OF FOREIGN BODY		05072	16.9934	APC	\$962.51			000	999	-
20525	T	REMOVAL OF FOREIGN BODY		05073	28.6243	APC	\$1,621.28			000	999	-
20526	T	THER INJECTION CARP TUNNEL		05441	3.1543	APC	\$178.66			000	999	-
20527	T	INJ DUPUYTREN CORD W/ENZYME		05441	3.1543	APC	\$178.66			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
20550	T	INJ TENDON SHEATH/LIGAMENT		05441	3.1543	APC	\$178.66			000	999	-
20551	T	INJ TENDON ORIGIN/INSERTION		05441	3.1543	APC	\$178.66			000	999	-
20552	T	INJ TRIGGER POINT 1/2 MUSCL		05441	3.1543	APC	\$178.66			000	999	-
20553	T	INJECT TRIGGER POINTS 3/>>		05441	3.1543	APC	\$178.66			000	999	-
20555	T	PLACE NDL MUSC/TIS FOR RT		05113	34.1848	APC	\$1,936.23			000	999	-
20560	E	NDL INSJ W/O NJX 1 OR 2 MUSC				Not Allowed	\$0.00			000	999	-
20561	E	NDL INSJ W/O NJX 3+ MUSC				Not Allowed	\$0.00			000	999	-
20600	T	DRAIN/INJ JOINT/BURSA W/O US		05441	3.1543	APC	\$178.66			000	999	-
20604	T	DRAIN/INJ JOINT/BURSA W/US		05441	3.1543	APC	\$178.66			000	999	-
20605	T	DRAIN/INJ JOINT/BURSA W/O US		05441	3.1543	APC	\$178.66			000	999	-
20606	T	DRAIN/INJ JOINT/BURSA W/US		05442	7.6644	APC	\$434.11			000	999	-
2060F	E	PT TALK EVAL HLTHWKR RE MDD				Not Allowed	\$0.00			000	999	-
20610	T	DRAIN/INJ JOINT/BURSA W/O US		05441	3.1543	APC	\$178.66			000	999	-
20611	T	DRAIN/INJ JOINT/BURSA W/US		05441	3.1543	APC	\$178.66			000	999	-
20612	T	ASPIRATE/INJ GANGLION CYST		05441	3.1543	APC	\$178.66			000	999	-
20615	T	TREATMENT OF BONE CYST		05071	7.5120	APC	\$425.48			000	999	-
20650	T	INSERT AND REMOVE BONE PIN		05113	34.1848	APC	\$1,936.23			000	999	-
20660	N	APPLY REM FIXATION DEVICE		05112	16.8164	Bundled, sometimes payable	\$952.48			000	999	-
20661	T	APPLICATION OF HEAD BRACE		05113	34.1848	APC	\$1,936.23			000	999	-
20662	T	APPLICATION OF PELVIS BRACE		05112	16.8164	APC	\$952.48			000	999	-
20663	T	APPLICATION OF THIGH BRACE		05113	34.1848	APC	\$1,936.23			000	999	-
20664	T	APPLICATION OF HALO		05113	34.1848	APC	\$1,936.23			000	999	-
20665	N	REMOVAL OF FIXATION DEVICE		05735	3.2637	Bundled, sometimes payable	\$184.86			000	999	-
20670	N	REMOVAL OF SUPPORT IMPLANT		05072	16.9934	Bundled, sometimes payable	\$962.51			000	999	-
20680	N	REMOVAL OF SUPPORT IMPLANT		05073	28.6243	Bundled, sometimes payable	\$1,621.28			000	999	-
20690	N	APPLY BONE FIXATION DEVICE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
20692	N	APPLY BONE FIXATION DEVICE		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
20693	T	ADJUST BONE FIXATION DEVICE		05114	75.6664	APC	\$4,285.74			000	999	-
20694	N	REMOVE BONE FIXATION DEVICE		05112	16.8164	Bundled, sometimes payable	\$952.48			000	999	-
20696	N	COMP MULTIPLANE EXT FIXATION		05116	191.6510	Bundled, sometimes payable	\$10,855.11			000	999	-
20697	T	COMP EXT FIXATE STRUT CHANGE		05112	16.8164	APC	\$952.48			000	999	-
20700	N	MNL PREP&INSJ DP RX DLVR DEV				Bundled	\$0.00			000	999	-
20701	N	RMVL DEEP RX DELIVERY DEVICE				Bundled	\$0.00			000	999	-
20702	N	MNL PREP&INSJ IMED RX DEV				Bundled	\$0.00			000	999	-
20703	N	RMVL IMED RX DELIVERY DEVICE				Bundled	\$0.00			000	999	-
20704	N	MNL PREP&INSJ I-ARTIC RX DEV				Bundled	\$0.00			000	999	-
20705	N	RMVL I-ARTIC RX DELIVERY DEV				Bundled	\$0.00			000	999	-
20802	T	REPLANTATION ARM COMPLETE		05116	191.6510	APC	\$10,855.11			000	999	-
20805	T	REPLANT FOREARM COMPLETE		05116	191.6510	APC	\$10,855.11			000	999	-
20808	T	REPLANTATION HAND COMPLETE		05116	191.6510	APC	\$10,855.11			000	999	-
20816	T	REPLANTATION DIGIT COMPLETE		05114	75.6664	APC	\$4,285.74			000	999	-
20822	T	REPLANTATION DIGIT COMPLETE		05112	16.8164	APC	\$952.48			000	999	-
20824	T	REPLANTATION THUMB COMPLETE		05114	75.6664	APC	\$4,285.74			000	999	-
20827	T	REPLANTATION THUMB COMPLETE		05114	75.6664	APC	\$4,285.74			000	999	-
20838	T	REPLANTATION FOOT COMPLETE		05116	191.6510	APC	\$10,855.11			000	999	-
20900	T	REMOVAL OF BONE FOR GRAFT		05114	75.6664	APC	\$4,285.74			000	999	-
20902	N	REMOVAL OF BONE FOR GRAFT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
20910	T	REMOVE CARTILAGE FOR GRAFT		05053	6.3308	APC	\$358.58			000	999	-
20912	T	REMOVE CARTILAGE FOR GRAFT		05055	42.5396	APC	\$2,409.44			000	999	-
20920	T	REMOVAL OF FASCIA FOR GRAFT		05054	20.7177	APC	\$1,173.45			000	999	-
20922	T	REMOVAL OF FASCIA FOR GRAFT		05054	20.7177	APC	\$1,173.45			000	999	-
20924	T	REMOVAL OF TENDON FOR GRAFT		05114	75.6664	APC	\$4,285.74			000	999	-
20930	N	SP BONE ALGRFT MORSEL ADD-ON				Bundled	\$0.00			000	999	-
20931	N	SP BONE ALGRFT STRUCT ADD-ON				Bundled	\$0.00			000	999	-
20932	N	OSTEOART ALGRFT W/SURF & B1				Bundled	\$0.00			000	999	-
20933	N	HEMICRT INTRCLRY ALGRFT PRTL				Bundled	\$0.00			000	999	-
20934	N	INTERCALARY ALGRFT COMPL				Bundled	\$0.00			000	999	-

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

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20936	N	SP BONE AGRFT LOCAL ADD-ON				Bundled	\$0.00			000	999	-
20937	N	SP BONE AGRFT MORSEL ADD-ON				Bundled	\$0.00			000	999	-
20938	N	SP BONE AGRFT STRUCT ADD-ON				Bundled	\$0.00			000	999	-
20939	N	BONE MARROW ASPIR BONE GRFG				Bundled	\$0.00			000	999	-
20950	T	FLUID PRESSURE MUSCLE		05071	7.5120	APC	\$425.48			000	999	-
20955	T	FIBULA BONE GRAFT MICROVASC		05114	75.6664	APC	\$4,285.74			000	999	-
20956	T	ILIAC BONE GRAFT MICROVASC		05114	75.6664	APC	\$4,285.74			000	999	-
20957	T	MT BONE GRAFT MICROVASC		05114	75.6664	APC	\$4,285.74			000	999	-
20962	T	OTHER BONE GRAFT MICROVASC		05114	75.6664	APC	\$4,285.74			000	999	-
20969	T	BONE/SKIN GRAFT MICROVASC		05114	75.6664	APC	\$4,285.74			000	999	-
20970	T	BONE/SKIN GRAFT ILIAC CREST		05114	75.6664	APC	\$4,285.74			000	999	-
20972	N	BONE/SKIN GRAFT METATARSAL		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
20973	N	BONE/SKIN GRAFT GREAT TOE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
20974	M	ELECTRICAL BONE STIMULATION				Fee Schedule	\$59.11			000	999	-
20975	N	ELECTRICAL BONE STIMULATION				Bundled	\$0.00			000	999	-
20979	N	US BONE STIMULATION		05731	0.2980	Bundled, sometimes payable	\$16.88			000	999	-
20982	T	ABLATE BONE TUMOR(S) PERQ		05114	75.6664	APC	\$4,285.74			000	999	-
20983	T	ABLATE BONE TUMOR(S) PERQ		05114	75.6664	APC	\$4,285.74			000	999	-
20985	N	CPTR-ASST DIR MS PX				Bundled	\$0.00			000	999	-
20999	T	MUSCULOSKELETAL SURGERY		05111	2.4903	APC	\$141.05			000	999	-
21010	N	INCISION OF JAW JOINT		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
21011	T	EXC FACE LES SC <2 CM		05072	16.9934	APC	\$962.51			000	999	-
21012	T	EXC FACE LES SBQ 2 CM/>		05072	16.9934	APC	\$962.51			000	999	-
21013	T	EXC FACE TUM DEEP < 2 CM		05072	16.9934	APC	\$962.51			000	999	-
21014	T	EXC FACE TUM DEEP 2 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
21015	T	RESECT FACE/SCALP TUM < 2 CM		05073	28.6243	APC	\$1,621.28			000	999	-
21016	T	RESECT FACE/SCALP TUM 2 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
21025	N	EXCISION OF BONE LOWER JAW		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21026	T	EXCISION OF FACIAL BONE(S)		05165	61.4280	APC	\$3,479.28			000	999	-
21029	T	CONTOUR OF FACE BONE LESION		05164	33.0494	APC	\$1,871.92			000	999	-
21030	T	EXCISE MAX/ZYGOMA B9 TUMOR		05165	61.4280	APC	\$3,479.28			000	999	-
21031	T	REMOVE EXOSTOSIS MANDIBLE		05164	33.0494	APC	\$1,871.92			000	999	-
21032	T	REMOVE EXOSTOSIS MAXILLA		05164	33.0494	APC	\$1,871.92			000	999	-
21034	N	EXCISE MAX/ZYGOMA MAL TUMOR		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21040	T	EXCISE MANDIBLE LESION		05164	33.0494	APC	\$1,871.92			000	999	-
21044	N	REMOVAL OF JAW BONE LESION		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21045	T	EXTENSIVE JAW SURGERY		05165	61.4280	APC	\$3,479.28			000	999	-
21046	N	REMOVE MANDIBLE CYST COMPLEX		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21047	N	EXCISE LWR JAW CYST W/REPAIR		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21048	N	REMOVE MAXILLA CYST COMPLEX		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21049	N	EXCIS UPPR JAW CYST W/REPAIR		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21050	N	REMOVAL OF JAW JOINT		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21060	N	REMOVE JAW JOINT CARTILAGE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21070	N	REMOVE CORONOID PROCESS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21073	T	MNPJ OF TMJ W/ANESTH		05163	16.3386	APC	\$925.42			000	999	-
21076	T	PREPARE FACE/ORAL PROSTHESIS		05163	16.3386	APC	\$925.42			000	999	-
21077	N	PREPARE FACE/ORAL PROSTHESIS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21079	N	PREPARE FACE/ORAL PROSTHESIS		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
21080	N	PREPARE FACE/ORAL PROSTHESIS		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
21081	N	PREPARE FACE/ORAL PROSTHESIS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21082	N	PREPARE FACE/ORAL PROSTHESIS		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
21083	N	PREPARE FACE/ORAL PROSTHESIS		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
21084	N	PREPARE FACE/ORAL PROSTHESIS		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
21085	T	PREPARE FACE/ORAL PROSTHESIS		05161	2.5557	APC	\$144.75			000	999	-
21086	N	PREPARE FACE/ORAL PROSTHESIS		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
21087	N	PREPARE FACE/ORAL PROSTHESIS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21088	N	PREPARE FACE/ORAL PROSTHESIS		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
21089	T	PREPARE FACE/ORAL PROSTHESIS		05161	2.5557	APC	\$144.75			000	999	-
21100	N	MAXILLOFACIAL FIXATION		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21110	N	INTERDENTAL FIXATION		05163	16.3386	Bundled, sometimes payable	\$925.42			000	999	-
21116	N	INJECTION JAW JOINT X-RAY				Bundled	\$0.00			000	999	-
21120	N	RECONSTRUCTION OF CHIN		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21121	T	RECONSTRUCTION OF CHIN		05164	33.0494	APC	\$1,871.92			000	999	-
21122	T	RECONSTRUCTION OF CHIN		05165	61.4280	APC	\$3,479.28			000	999	-
21123	T	RECONSTRUCTION OF CHIN		05164	33.0494	APC	\$1,871.92			000	999	-
21125	T	AUGMENTATION LOWER JAW BONE		05165	61.4280	APC	\$3,479.28			000	999	-
21127	N	AUGMENTATION LOWER JAW BONE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21137	T	REDUCTION OF FOREHEAD		05164	33.0494	APC	\$1,871.92			000	999	-
21138	N	REDUCTION OF FOREHEAD		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21139	N	REDUCTION OF FOREHEAD		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21141	T	LEFORT I-1 PIECE W/O GRAFT		05165	61.4280	APC	\$3,479.28			000	999	-
21142	T	LEFORT I-2 PIECE W/O GRAFT		05165	61.4280	APC	\$3,479.28			000	999	-
21143	T	LEFORT I-3/> PIECE W/O GRAFT		05165	61.4280	APC	\$3,479.28			000	999	-
21145	T	LEFORT I-1 PIECE W/ GRAFT		05165	61.4280	APC	\$3,479.28			000	999	-
21146	T	LEFORT I-2 PIECE W/ GRAFT		05165	61.4280	APC	\$3,479.28			000	999	-
21147	T	LEFORT I-3/> PIECE W/ GRAFT		05165	61.4280	APC	\$3,479.28			000	999	-
21150	N	LEFORT II ANTERIOR INTRUSION		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21151	T	LEFORT II W/BONE GRAFTS		05165	61.4280	APC	\$3,479.28			000	999	-
21154	T	LEFORT III W/O LEFORT I		05165	61.4280	APC	\$3,479.28			000	999	-
21155	T	LEFORT III W/ LEFORT I		05165	61.4280	APC	\$3,479.28			000	999	-
21159	T	LEFORT III W/FHDW/O LEFORT I		05165	61.4280	APC	\$3,479.28			000	999	-
21160	T	LEFORT III W/FHD W/ LEFORT I		05165	61.4280	APC	\$3,479.28			000	999	-
21172	N	RECONSTRUCT ORBIT/FOREHEAD		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21175	N	RECONSTRUCT ORBIT/FOREHEAD		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21179	T	RECONSTRUCT ENTIRE FOREHEAD		05165	61.4280	APC	\$3,479.28			000	999	-
21180	T	RECONSTRUCT ENTIRE FOREHEAD		05165	61.4280	APC	\$3,479.28			000	999	-
21181	N	CONTOUR CRANIAL BONE LESION		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21182	T	RECONSTRUCT CRANIAL BONE		05165	61.4280	APC	\$3,479.28			000	999	-
21183	T	RECONSTRUCT CRANIAL BONE		05165	61.4280	APC	\$3,479.28			000	999	-
21184	T	RECONSTRUCT CRANIAL BONE		05165	61.4280	APC	\$3,479.28			000	999	-
21188	T	RECONSTRUCTION OF MIDFACE		05165	61.4280	APC	\$3,479.28			000	999	-
21193	N	RECONST LWR JAW W/O GRAFT		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21194	T	RECONST LWR JAW W/GRAFT		05165	61.4280	APC	\$3,479.28			000	999	-
21195	N	RECONST LWR JAW W/O FIXATION		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21196	T	RECONST LWR JAW W/FIXATION		05165	61.4280	APC	\$3,479.28			000	999	-
21198	T	RECONSTR LWR JAW SEGMENT		05165	61.4280	APC	\$3,479.28			000	999	-
21199	N	RECONSTR LWR JAW W/ADVANCE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21206	N	RECONSTRUCT UPPER JAW BONE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21208	N	AUGMENTATION OF FACIAL BONES		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21209	N	REDUCTION OF FACIAL BONES		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21210	N	FACE BONE GRAFT		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21215	N	LOWER JAW BONE GRAFT		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21230	N	RIB CARTILAGE GRAFT		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21235	T	EAR CARTILAGE GRAFT		05165	61.4280	APC	\$3,479.28			000	999	-
21240	N	RECONSTRUCTION OF JAW JOINT		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21242	N	RECONSTRUCTION OF JAW JOINT		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21243	N	RECONSTRUCTION OF JAW JOINT		05116	191.6510	Bundled, sometimes payable	\$10,855.11			000	999	-
21244	N	RECONSTRUCTION OF LOWER JAW		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21245	N	RECONSTRUCTION OF JAW		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21246	N	RECONSTRUCTION OF JAW		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21247	T	RECONSTRUCT LOWER JAW BONE		05165	61.4280	APC	\$3,479.28			000	999	-
21248	N	RECONSTRUCTION OF JAW		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21249	N	RECONSTRUCTION OF JAW		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21255	T	RECONSTRUCT LOWER JAW BONE		05165	61.4280	APC	\$3,479.28			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
21256	N	RECONSTRUCTION OF ORBIT		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21260	N	REVISE EYE SOCKETS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21261	N	REVISE EYE SOCKETS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21263	N	REVISE EYE SOCKETS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21267	N	REVISE EYE SOCKETS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21268	T	REVISE EYE SOCKETS		05165	61.4280	APC	\$3,479.28			000	999	-
21270	N	AUGMENTATION CHEEK BONE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21275	N	REVISION ORBITOFACIAL BONES		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21280	N	REVISION OF EYELID		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
21282	T	REVISION OF EYELID		05164	33.0494	APC	\$1,871.92			000	999	-
21295	T	REVISION OF JAW MUSCLE/BONE		05163	16.3386	APC	\$925.42			000	999	-
21296	T	REVISION OF JAW MUSCLE/BONE		05164	33.0494	APC	\$1,871.92			000	999	-
21299	T	CRANIO/MAXILLOFACIAL SURGERY		05161	2.5557	APC	\$144.75			000	999	-
21310	T	CLOSED TX NOSE FX W/O MANJ		05111	2.4903	APC	\$141.05			000	999	-
21315	T	CLOSED TX NOSE FX W/O STABLJ		05163	16.3386	APC	\$925.42			000	999	-
21320	T	CLOSED TX NOSE FX W/ STABLJ		05164	33.0494	APC	\$1,871.92			000	999	-
21325	T	OPEN TX NOSE FX UNCOMPLICATD		05164	33.0494	APC	\$1,871.92			000	999	-
21330	T	OPEN TX NOSE FX W/SKELE FIXJ		05165	61.4280	APC	\$3,479.28			000	999	-
21335	T	OPEN TX NOSE & SEPTAL FX		05164	33.0494	APC	\$1,871.92			000	999	-
21336	T	OPEN TX SEPTAL FX W/WO STABJ		05113	34.1848	APC	\$1,936.23			000	999	-
21337	T	CLOSED TX SEPTAL&NOSE FX		05164	33.0494	APC	\$1,871.92			000	999	-
21338	N	OPEN NASOETHMOID FX W/O FIXJ		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21339	T	OPEN NASOETHMOID FX W/ FIXJ		05165	61.4280	APC	\$3,479.28			000	999	-
21340	N	PERQ TX NASOETHMOID FX		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
21343	T	OPEN TX DPRSD FRONT SINUS FX		05165	61.4280	APC	\$3,479.28			000	999	-
21344	T	OPEN TX COMPL FRONT SINUS FX		05165	61.4280	APC	\$3,479.28			000	999	-
21345	T	CLOSED TX NOSE/JAW FX		05163	16.3386	APC	\$925.42			000	999	-
21346	N	OPN TX NASOMAX FX W/FIXJ		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21347	T	OPN TX NASOMAX FX MULTPLE		05165	61.4280	APC	\$3,479.28			000	999	-
21348	T	OPN TX NASOMAX FX W/GRAFT		05165	61.4280	APC	\$3,479.28			000	999	-
21355	N	PERQ TX MALAR FRACTURE		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
21356	T	OPN TX DPRSD ZYGOMATIC ARCH		05165	61.4280	APC	\$3,479.28			000	999	-
21360	N	OPN TX DPRSD MALAR FRACTURE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21365	N	OPN TX COMPLX MALAR FX		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21366	T	OPN TX COMPLX MALAR W/GRFT		05165	61.4280	APC	\$3,479.28			000	999	-
21385	N	OPN TX ORBIT FX TRANSANTRAL		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21386	N	OPN TX ORBIT FX PERIORBITAL		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21387	N	OPN TX ORBIT FX COMBINED		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21390	N	OPN TX ORBIT PERIORBTL IMPLT		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21395	N	OPN TX ORBIT PERIORBT W/GRFT		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21400	T	CLOSED TX ORBIT W/O MANIPULJ		05162	5.4635	APC	\$309.45			000	999	-
21401	T	CLOSED TX ORBIT W/MANIPULJ		05163	16.3386	APC	\$925.42			000	999	-
21406	N	OPN TX ORBIT FX W/O IMPLANT		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21407	N	OPN TX ORBIT FX W/IMPLANT		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21408	N	OPN TX ORBIT FX W/BONE GRFT		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21421	N	TREAT MOUTH ROOF FRACTURE		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
21422	T	TREAT MOUTH ROOF FRACTURE		05165	61.4280	APC	\$3,479.28			000	999	-
21423	T	TREAT MOUTH ROOF FRACTURE		05165	61.4280	APC	\$3,479.28			000	999	-
21431	T	TREAT CRANIOFACIAL FRACTURE		05165	61.4280	APC	\$3,479.28			000	999	-
21432	T	TREAT CRANIOFACIAL FRACTURE		05165	61.4280	APC	\$3,479.28			000	999	-
21433	T	TREAT CRANIOFACIAL FRACTURE		05165	61.4280	APC	\$3,479.28			000	999	-
21435	T	TREAT CRANIOFACIAL FRACTURE		05165	61.4280	APC	\$3,479.28			000	999	-
21436	T	TREAT CRANIOFACIAL FRACTURE		05165	61.4280	APC	\$3,479.28			000	999	-
21440	T	TREAT DENTAL RIDGE FRACTURE		05164	33.0494	APC	\$1,871.92			000	999	-
21445	N	TREAT DENTAL RIDGE FRACTURE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21450	T	TREAT LOWER JAW FRACTURE		05162	5.4635	APC	\$309.45			000	999	-
21451	T	TREAT LOWER JAW FRACTURE		05163	16.3386	APC	\$925.42			000	999	-

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January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
21452	T	TREAT LOWER JAW FRACTURE		05165	61.4280	APC	\$3,479.28			000	999	-
21453	N	TREAT LOWER JAW FRACTURE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21454	N	TREAT LOWER JAW FRACTURE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21461	N	TREAT LOWER JAW FRACTURE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21462	N	TREAT LOWER JAW FRACTURE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21465	N	TREAT LOWER JAW FRACTURE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21470	N	TREAT LOWER JAW FRACTURE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
21480	T	RESET DISLOCATED JAW		05111	2.4903	APC	\$141.05			000	999	-
21485	T	RESET DISLOCATED JAW		05163	16.3386	APC	\$925.42			000	999	-
21490	N	REPAIR DISLOCATED JAW		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
21497	T	INTERDENTAL WIRING		05163	16.3386	APC	\$925.42			000	999	-
21499	T	HEAD SURGERY PROCEDURE		05161	2.5557	APC	\$144.75			000	999	-
21501	T	DRAIN NECK/CHEST LESION		05073	28.6243	APC	\$1,621.28			000	999	-
21502	T	DRAIN CHEST LESION		05113	34.1848	APC	\$1,936.23			000	999	-
21510	T	DRAINAGE OF BONE LESION		05114	75.6664	APC	\$4,285.74			000	999	-
21550	T	BIOPSY OF NECK/CHEST		05072	16.9934	APC	\$962.51			000	999	-
21552	T	EXC NECK LES SC 3 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
21554	T	EXC NECK TUM DEEP 5 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
21555	T	EXC NECK LES SC < 3 CM		05072	16.9934	APC	\$962.51			000	999	-
21556	T	EXC NECK TUM DEEP < 5 CM		05073	28.6243	APC	\$1,621.28			000	999	-
21557	T	RESECT NECK THORAX TUMOR<5CM		05073	28.6243	APC	\$1,621.28			000	999	-
21558	T	RESECT NECK TUMOR 5 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
21600	T	PARTIAL REMOVAL OF RIB		05114	75.6664	APC	\$4,285.74			000	999	-
21601	N	EXC CHEST WALL TUMOR W/RIBS		05073	28.6243	Bundled, sometimes payable	\$1,621.28			000	999	-
21602	E	EXC CH WAL TUM W/O LYMPHADEC				Not Allowed	\$0.00			000	999	-
21603	E	EXC CH WAL TUM W/LYMPHADEC				Not Allowed	\$0.00			000	999	-
21610	T	PARTIAL REMOVAL OF RIB		05113	34.1848	APC	\$1,936.23			000	999	-
21615	T	REMOVAL OF RIB		05114	75.6664	APC	\$4,285.74			000	999	-
21616	T	REMOVAL OF RIB AND NERVES		05114	75.6664	APC	\$4,285.74			000	999	-
21620	T	PARTIAL REMOVAL OF STERNUM		05114	75.6664	APC	\$4,285.74			000	999	-
21627	T	STERNAL DEBRIDEMENT		05114	75.6664	APC	\$4,285.74			000	999	-
21630	T	EXTENSIVE STERNUM SURGERY		05114	75.6664	APC	\$4,285.74			000	999	-
21632	T	EXTENSIVE STERNUM SURGERY		05114	75.6664	APC	\$4,285.74			000	999	-
21685	T	HYOID MYOTOMY & SUSPENSION		05165	61.4280	APC	\$3,479.28			000	999	-
21700	T	REVISION OF NECK MUSCLE		05114	75.6664	APC	\$4,285.74			000	999	-
21705	T	REVISION OF NECK MUSCLE/RIB		05114	75.6664	APC	\$4,285.74			000	999	-
21720	T	REVISION OF NECK MUSCLE		05113	34.1848	APC	\$1,936.23			000	999	-
21725	T	REVISION OF NECK MUSCLE		05071	7.5120	APC	\$425.48			000	999	-
21740	T	RECONSTRUCTION OF STERNUM		05114	75.6664	APC	\$4,285.74			000	999	-
21742	T	REPAIR STERN/NUSS W/O SCOPE		05113	34.1848	APC	\$1,936.23			000	999	-
21743	T	REPAIR STERNUM/NUSS W/SCOPE		05113	34.1848	APC	\$1,936.23			000	999	-
21750	T	REPAIR OF STERNUM SEPARATION		05114	75.6664	APC	\$4,285.74			000	999	-
21811	T	OPTX OF RIB FX W/FIXJ SCOPE		05114	75.6664	APC	\$4,285.74			000	999	-
21812	T	TREATMENT OF RIB FRACTURE		05114	75.6664	APC	\$4,285.74			000	999	-
21813	T	TREATMENT OF RIB FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
21820	T	TREAT STERNUM FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
21825	T	TREAT STERNUM FRACTURE		05114	75.6664	APC	\$4,285.74			000	999	-
21899	T	NECK/CHEST SURGERY PROCEDURE		05161	2.5557	APC	\$144.75			000	999	-
21920	T	BIOPSY SOFT TISSUE OF BACK		05072	16.9934	APC	\$962.51			000	999	-
21925	T	BIOPSY SOFT TISSUE OF BACK		05072	16.9934	APC	\$962.51			000	999	-
21930	T	EXC BACK LES SC < 3 CM		05072	16.9934	APC	\$962.51			000	999	-
21931	T	EXC BACK LES SC 3 CM/>		05072	16.9934	APC	\$962.51			000	999	-
21932	T	EXC BACK TUM DEEP < 5 CM		05073	28.6243	APC	\$1,621.28			000	999	-
21933	T	EXC BACK TUM DEEP 5 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
21935	T	RESECT BACK TUM < 5 CM		05073	28.6243	APC	\$1,621.28			000	999	-
21936	T	RESECT BACK TUM 5 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
22010	T	I&D P-SPINE C/T/CERV-THOR		05114	75.6664	APC	\$4,285.74			000	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
22015	T	I&D ABSCESS P-SPINE L/S/L		05114	75.6664	APC	\$4,285.74			000	999	-
22100	T	REMOVE PART OF NECK VERTEBRA		05114	75.6664	APC	\$4,285.74			000	999	-
22101	T	REMOVE PART THORAX VERTEBRA		05114	75.6664	APC	\$4,285.74			000	999	-
22102	T	REMOVE PART LUMBAR VERTEBRA		05114	75.6664	APC	\$4,285.74			000	999	-
22103	N	REMOVE EXTRA SPINE SEGMENT				Bundled	\$0.00			000	999	-
22110	T	REMOVE PART OF NECK VERTEBRA		05114	75.6664	APC	\$4,285.74			000	999	-
22112	T	REMOVE PART THORAX VERTEBRA		05114	75.6664	APC	\$4,285.74			000	999	-
22114	T	REMOVE PART LUMBAR VERTEBRA		05114	75.6664	APC	\$4,285.74			000	999	-
22116	N	REMOVE EXTRA SPINE SEGMENT				Bundled	\$0.00			000	999	-
22206	T	INCIS SPINE 3 COLUMN THORAC		05114	75.6664	APC	\$4,285.74			000	999	-
22207	T	INCIS SPINE 3 COLUMN LUMBAR		05114	75.6664	APC	\$4,285.74			000	999	-
22208	N	INCIS SPINE 3 COLUMN ADL SEG				Bundled	\$0.00			000	999	-
22210	T	INCIS 1 VERTEBRAL SEG CERV		05114	75.6664	APC	\$4,285.74			000	999	-
22212	T	INCIS 1 VERTEBRAL SEG THORAC		05114	75.6664	APC	\$4,285.74			000	999	-
22214	T	INCIS 1 VERTEBRAL SEG LUMBAR		05114	75.6664	APC	\$4,285.74			000	999	-
22216	N	INCIS ADDL SPINE SEGMENT				Bundled	\$0.00			000	999	-
22220	T	INCIS W/DISCECTOMY CERVICAL		05114	75.6664	APC	\$4,285.74			000	999	-
22222	T	INCIS W/DISCECTOMY THORACIC		05114	75.6664	APC	\$4,285.74			000	999	-
22224	T	INCIS W/DISCECTOMY LUMBAR		05114	75.6664	APC	\$4,285.74			000	999	-
22226	N	REVISE EXTRA SPINE SEGMENT				Bundled	\$0.00			000	999	-
22310	T	CLOSED TX VERT FX W/O MANJ		05111	2.4903	APC	\$141.05			000	999	-
22315	T	CLOSED TX VERT FX W/MANJ		05113	34.1848	APC	\$1,936.23			000	999	-
22318	T	TREAT ODONTOID FX W/O GRAFT		05115	148.7344	APC	\$8,424.32			000	999	-
22319	T	TREAT ODONTOID FX W/GRAFT		05115	148.7344	APC	\$8,424.32			000	999	-
22325	T	TREAT SPINE FRACTURE		05115	148.7344	APC	\$8,424.32			000	999	-
22326	T	TREAT NECK SPINE FRACTURE		05115	148.7344	APC	\$8,424.32			000	999	-
22327	T	TREAT THORAX SPINE FRACTURE		05115	148.7344	APC	\$8,424.32			000	999	-
22328	N	TREAT EACH ADD SPINE FX				Bundled	\$0.00			000	999	-
22505	T	MANIPULATION OF SPINE		05112	16.8164	APC	\$952.48			000	999	-
22510	T	PERQ CERVICOTHORACIC INJECT		05113	34.1848	APC	\$1,936.23			000	999	-
22511	T	PERQ LUMBOSACRAL INJECTION		05113	34.1848	APC	\$1,936.23			000	999	-
22512	N	VERTEBROPLASTY ADDL INJECT				Bundled	\$0.00			000	999	-
22513	N	PERQ VERTEBRAL AUGMENTATION		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
22514	N	PERQ VERTEBRAL AUGMENTATION		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
22515	N	PERQ VERTEBRAL AUGMENTATION				Bundled	\$0.00			000	999	-
22526	E	IDET SINGLE LEVEL				Not Allowed	\$0.00			000	999	-
22527	E	IDET 1 OR MORE LEVELS				Not Allowed	\$0.00			000	999	-
22532	T	LAT THORAX SPINE FUSION		05116	191.6510	APC	\$10,855.11			000	999	-
22533	T	LAT LUMBAR SPINE FUSION		05116	191.6510	APC	\$10,855.11			000	999	-
22534	N	LAT THOR/LUMB ADDL SEG				Bundled	\$0.00			000	999	-
22548	T	NECK SPINE FUSION		05116	191.6510	APC	\$10,855.11			000	999	-
22551	N	NECK SPINE FUSE&REMOV BEL C2		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
22552	N	ADDL NECK SPINE FUSION				Bundled	\$0.00			000	999	-
22554	N	NECK SPINE FUSION		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
22556	T	THORAX SPINE FUSION		05116	191.6510	APC	\$10,855.11			000	999	-
22558	T	LUMBAR SPINE FUSION		05116	191.6510	APC	\$10,855.11			000	999	-
22585	N	ADDITIONAL SPINAL FUSION				Bundled	\$0.00			000	999	-
22586	T	PRESCLR FUSE W/ INSTR L5-S1		05116	191.6510	APC	\$10,855.11			000	999	-
22590	T	SPINE & SKULL SPINAL FUSION		05116	191.6510	APC	\$10,855.11			000	999	-
22595	T	NECK SPINAL FUSION		05116	191.6510	APC	\$10,855.11			000	999	-
22600	T	NECK SPINE FUSION		05116	191.6510	APC	\$10,855.11			000	999	-
22610	T	THORAX SPINE FUSION		05116	191.6510	APC	\$10,855.11			000	999	-
22612	N	LUMBAR SPINE FUSION		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
22614	N	SPINE FUSION EXTRA SEGMENT				Bundled	\$0.00			000	999	-
22630	T	LUMBAR SPINE FUSION		05116	191.6510	APC	\$10,855.11			000	999	-
22632	N	SPINE FUSION EXTRA SEGMENT				Bundled	\$0.00			000	999	-
22633	N	LUMBAR SPINE FUSION COMBINED		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
22634	C	SPINE FUSION EXTRA SEGMENT				Inpatient Only	\$0.00			000	999	-
22800	T	POST FUSION <6 VERT SEG		05116	191.6510	APC	\$10,855.11			000	999	-
22802	T	POST FUSION 7-12 VERT SEG		05116	191.6510	APC	\$10,855.11			000	999	-
22804	T	POST FUSION 13/> VERT SEG		05116	191.6510	APC	\$10,855.11			000	999	-
22808	T	ANT FUSION 2-3 VERT SEG		05116	191.6510	APC	\$10,855.11			000	999	-
22810	T	ANT FUSION 4-7 VERT SEG		05116	191.6510	APC	\$10,855.11			000	999	-
22812	T	ANT FUSION 8/> VERT SEG		05116	191.6510	APC	\$10,855.11			000	999	-
22818	T	KYPHECTOMY 1-2 SEGMENTS		05116	191.6510	APC	\$10,855.11			000	999	-
22819	T	KYPHECTOMY 3 OR MORE		05116	191.6510	APC	\$10,855.11			000	999	-
22830	T	EXPLORATION OF SPINAL FUSION		05115	148.7344	APC	\$8,424.32			000	999	-
22840	N	INSERT SPINE FIXATION DEVICE				Bundled	\$0.00			000	999	-
22841	N	INSERT SPINE FIXATION DEVICE				Bundled	\$0.00			000	999	-
22842	N	INSERT SPINE FIXATION DEVICE				Bundled	\$0.00			000	999	-
22843	N	INSERT SPINE FIXATION DEVICE				Bundled	\$0.00			000	999	-
22844	N	INSERT SPINE FIXATION DEVICE				Bundled	\$0.00			000	999	-
22845	N	INSERT SPINE FIXATION DEVICE				Bundled	\$0.00			000	999	-
22846	N	INSERT SPINE FIXATION DEVICE				Bundled	\$0.00			000	999	-
22847	N	INSERT SPINE FIXATION DEVICE				Bundled	\$0.00			000	999	-
22848	N	INSERT PELV FIXATION DEVICE				Bundled	\$0.00			000	999	-
22849	T	REINSERT SPINAL FIXATION		05116	191.6510	APC	\$10,855.11			000	999	-
22850	T	REMOVE SPINE FIXATION DEVICE		05115	148.7344	APC	\$8,424.32			000	999	-
22852	T	REMOVE SPINE FIXATION DEVICE		05115	148.7344	APC	\$8,424.32			000	999	-
22853	N	INSJ BIOMECHANICAL DEVICE				Bundled	\$0.00			000	999	-
22854	N	INSJ BIOMECHANICAL DEVICE				Bundled	\$0.00			000	999	-
22855	T	REMOVE SPINE FIXATION DEVICE		05115	148.7344	APC	\$8,424.32			000	999	-
22856	N	CERV ARTIFIC DISKECTOMY		05116	191.6510	Bundled, sometimes payable	\$10,855.11			000	999	-
22857	T	LUMBAR ARTIF DISKECTOMY		05116	191.6510	APC	\$10,855.11			000	999	-
22858	N	SECOND LEVEL CER DISKECTOMY				Bundled	\$0.00			000	999	-
22859	N	INSJ BIOMECHANICAL DEVICE				Bundled	\$0.00			000	999	-
22861	T	REVISE CERV ARTIFIC DISC		05116	191.6510	APC	\$10,855.11			000	999	-
22862	T	REVISE LUMBAR ARTIF DISC		05116	191.6510	APC	\$10,855.11			000	999	-
22864	T	REMOVE CERV ARTIF DISC		05115	148.7344	APC	\$8,424.32			000	999	-
22865	T	REMOVE LUMB ARTIF DISC		05115	148.7344	APC	\$8,424.32			000	999	-
22867	T	INSJ STABLJ DEV W/DCMPRN		05116	191.6510	APC	\$10,855.11			000	999	-
22868	N	INSJ STABLJ DEV W/DCMPRN				Bundled	\$0.00			000	999	-
22869	T	INSJ STABLJ DEV W/O DCMPRN		05115	148.7344	APC	\$8,424.32			000	999	-
22870	N	INSJ STABLJ DEV W/O DCMPRN				Bundled	\$0.00			000	999	-
22899	T	SPINE SURGERY PROCEDURE		05111	2.4903	APC	\$141.05			000	999	-
22900	T	EXC ABDL TUM DEEP < 5 CM		05073	28.6243	APC	\$1,621.28			000	999	-
22901	T	EXC ABDL TUM DEEP 5 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
22902	T	EXC ABD LES SC < 3 CM		05072	16.9934	APC	\$962.51			000	999	-
22903	T	EXC ABD LES SC 3 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
22904	T	RADICAL RESECT ABD TUMOR<5CM		05073	28.6243	APC	\$1,621.28			000	999	-
22905	T	RAD RESECT ABD TUMOR 5 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
22999	T	ABDOMEN SURGERY PROCEDURE		05111	2.4903	APC	\$141.05			000	999	-
23000	T	REMOVAL OF CALCIUM DEPOSITS		05073	28.6243	APC	\$1,621.28			000	999	-
23020	T	RELEASE SHOULDER JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
23030	T	DRAIN SHOULDER LESION		05073	28.6243	APC	\$1,621.28			000	999	-
23031	T	DRAIN SHOULDER BURSA		05073	28.6243	APC	\$1,621.28			000	999	-
23035	T	DRAIN SHOULDER BONE LESION		05112	16.8164	APC	\$952.48			000	999	-
23040	T	EXPLORATORY SHOULDER SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
23044	T	EXPLORATORY SHOULDER SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
23065	T	BIOPSY SHOULDER TISSUES		05072	16.9934	APC	\$962.51			000	999	-
23066	T	BIOPSY SHOULDER TISSUES		05073	28.6243	APC	\$1,621.28			000	999	-
23071	T	EXC SHOULDER LES SC 3 CM/>		05072	16.9934	APC	\$962.51			000	999	-
23073	T	EXC SHOULDER TUM DEEP 5 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
23075	T	EXC SHOULDER LES SC < 3 CM		05072	16.9934	APC	\$962.51			000	999	-

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

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
23076	T	EXC SHOULDER TUM DEEP < 5 CM		05073	28.6243	APC	\$1,621.28			000	999	-
23077	T	RESECT SHOULDER TUMOR < 5 CM		05073	28.6243	APC	\$1,621.28			000	999	-
23078	T	RESECT SHOULDER TUMOR 5 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
23100	T	BIOPSY OF SHOULDER JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
23101	T	SHOULDER JOINT SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
23105	T	REMOVE SHOULDER JOINT LINING		05114	75.6664	APC	\$4,285.74			000	999	-
23106	T	INCISION OF COLLARBONE JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
23107	T	EXPLORE TREAT SHOULDER JOINT		05114	75.6664	APC	\$4,285.74			000	999	-
23120	T	PARTIAL REMOVAL COLLAR BONE		05113	34.1848	APC	\$1,936.23			000	999	-
23125	T	REMOVAL OF COLLAR BONE		05113	34.1848	APC	\$1,936.23			000	999	-
23130	T	REMOVE SHOULDER BONE PART		05113	34.1848	APC	\$1,936.23			000	999	-
23140	T	REMOVAL OF BONE LESION		05113	34.1848	APC	\$1,936.23			000	999	-
23145	T	REMOVAL OF BONE LESION		05113	34.1848	APC	\$1,936.23			000	999	-
23146	N	REMOVAL OF BONE LESION		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
23150	T	REMOVAL OF HUMERUS LESION		05113	34.1848	APC	\$1,936.23			000	999	-
23155	T	REMOVAL OF HUMERUS LESION		05114	75.6664	APC	\$4,285.74			000	999	-
23156	N	REMOVAL OF HUMERUS LESION		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
23170	T	REMOVE COLLAR BONE LESION		05113	34.1848	APC	\$1,936.23			000	999	-
23172	T	REMOVE SHOULDER BLADE LESION		05113	34.1848	APC	\$1,936.23			000	999	-
23174	T	REMOVE HUMERUS LESION		05114	75.6664	APC	\$4,285.74			000	999	-
23180	T	REMOVE COLLAR BONE LESION		05114	75.6664	APC	\$4,285.74			000	999	-
23182	T	REMOVE SHOULDER BLADE LESION		05114	75.6664	APC	\$4,285.74			000	999	-
23184	T	REMOVE HUMERUS LESION		05114	75.6664	APC	\$4,285.74			000	999	-
23190	T	PARTIAL REMOVAL OF SCAPULA		05113	34.1848	APC	\$1,936.23			000	999	-
23195	N	REMOVAL OF HEAD OF HUMERUS		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
23200	T	RESECT CLAVICLE TUMOR		05114	75.6664	APC	\$4,285.74			000	999	-
23210	T	RESECT SCAPULA TUMOR		05114	75.6664	APC	\$4,285.74			000	999	-
23220	T	RESECT PROX HUMERUS TUMOR		05114	75.6664	APC	\$4,285.74			000	999	-
23330	T	REMOVE SHOULDER FOREIGN BODY		05071	7.5120	APC	\$425.48			000	999	-
23333	T	REMOVE SHOULDER FB DEEP		05073	28.6243	APC	\$1,621.28			000	999	-
23334	T	SHOULDER PROSTHESIS REMOVAL		05073	28.6243	APC	\$1,621.28			000	999	-
23335	T	SHOULDER PROSTHESIS REMOVAL		05073	28.6243	APC	\$1,621.28			000	999	-
23350	N	INJECTION FOR SHOULDER X-RAY				Bundled	\$0.00			000	999	-
23395	N	MUSCLE TRANSFER SHOULDER/ARM		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
23397	T	MUSCLE TRANSFERS		05114	75.6664	APC	\$4,285.74			000	999	-
23400	N	FIXATION OF SHOULDER BLADE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
23405	T	INCISION OF TENDON & MUSCLE		05114	75.6664	APC	\$4,285.74			000	999	-
23406	T	INCISE TENDON(S) & MUSCLE(S)		05114	75.6664	APC	\$4,285.74			000	999	-
23410	N	REPAIR ROTATOR CUFF ACUTE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
23412	N	REPAIR ROTATOR CUFF CHRONIC		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
23415	T	RELEASE OF SHOULDER LIGAMENT		05114	75.6664	APC	\$4,285.74			000	999	-
23420	N	REPAIR OF SHOULDER		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
23430	N	REPAIR BICEPS TENDON		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
23440	T	REMOVE/TRANSPLANT TENDON		05114	75.6664	APC	\$4,285.74			000	999	-
23450	T	REPAIR SHOULDER CAPSULE		05114	75.6664	APC	\$4,285.74			000	999	-
23455	N	REPAIR SHOULDER CAPSULE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
23460	T	REPAIR SHOULDER CAPSULE		05114	75.6664	APC	\$4,285.74			000	999	-
23462	N	REPAIR SHOULDER CAPSULE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
23465	N	REPAIR SHOULDER CAPSULE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
23466	N	REPAIR SHOULDER CAPSULE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
23470	N	RECONSTRUCT SHOULDER JOINT		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
23472	T	RECONSTRUCT SHOULDER JOINT		05115	148.7344	APC	\$8,424.32			000	999	-
23473	N	REVIS RECONST SHOULDER JOINT		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
23474	T	REVIS RECONST SHOULDER JOINT		05115	148.7344	APC	\$8,424.32			000	999	-
23480	T	REVISION OF COLLAR BONE		05114	75.6664	APC	\$4,285.74			000	999	-
23485	N	REVISION OF COLLAR BONE		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
23490	N	REINFORCE CLAVICLE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-

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23491	N	REINFORCE SHOULDER BONES		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
23500	T	TREAT CLAVICLE FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
23505	T	TREAT CLAVICLE FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
23515	N	TREAT CLAVICLE FRACTURE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
23520	T	TREAT CLAVICLE DISLOCATION		05112	16.8164	APC	\$952.48			000	999	-
23525	T	TREAT CLAVICLE DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
23530	T	TREAT CLAVICLE DISLOCATION		05114	75.6664	APC	\$4,285.74			000	999	-
23532	N	TREAT CLAVICLE DISLOCATION		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
23540	T	TREAT CLAVICLE DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
23545	T	TREAT CLAVICLE DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
23550	N	TREAT CLAVICLE DISLOCATION		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
23552	N	TREAT CLAVICLE DISLOCATION		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
23570	T	TREAT SHOULDER BLADE FX		05111	2.4903	APC	\$141.05			000	999	-
23575	T	TREAT SHOULDER BLADE FX		05112	16.8164	APC	\$952.48			000	999	-
23585	N	TREAT SCAPULA FRACTURE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
23600	T	TREAT HUMERUS FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
23605	T	TREAT HUMERUS FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
23615	N	TREAT HUMERUS FRACTURE		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
23616	N	TREAT HUMERUS FRACTURE		05116	191.6510	Bundled, sometimes payable	\$10,855.11			000	999	-
23620	T	TREAT HUMERUS FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
23625	T	TREAT HUMERUS FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
23630	N	TREAT HUMERUS FRACTURE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
23650	T	TREAT SHOULDER DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
23655	T	TREAT SHOULDER DISLOCATION		05112	16.8164	APC	\$952.48			000	999	-
23660	T	TREAT SHOULDER DISLOCATION		05114	75.6664	APC	\$4,285.74			000	999	-
23665	T	TREAT DISLOCATION/FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
23670	N	TREAT DISLOCATION/FRACTURE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
23675	T	TREAT DISLOCATION/FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
23680	N	TREAT DISLOCATION/FRACTURE		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
23700	T	FIXATION OF SHOULDER		05112	16.8164	APC	\$952.48			000	999	-
23800	N	FUSION OF SHOULDER JOINT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
23802	N	FUSION OF SHOULDER JOINT		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
23900	T	AMPUTATION OF ARM & GIRDLE		05115	148.7344	APC	\$8,424.32			000	999	-
23920	T	AMPUTATION AT SHOULDER JOINT		05115	148.7344	APC	\$8,424.32			000	999	-
23921	T	AMPUTATION FOLLOW-UP SURGERY		05054	20.7177	APC	\$1,173.45			000	999	-
23929	T	SHOULDER SURGERY PROCEDURE		05111	2.4903	APC	\$141.05			000	999	-
23930	T	DRAINAGE OF ARM LESION		05073	28.6243	APC	\$1,621.28			000	999	-
23931	T	DRAINAGE OF ARM BURSA		05072	16.9934	APC	\$962.51			000	999	-
23935	T	DRAIN ARM/ELBOW BONE LESION		05113	34.1848	APC	\$1,936.23			000	999	-
24000	T	EXPLORATORY ELBOW SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
24006	T	RELEASE ELBOW JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
24065	T	BIOPSY ARM/ELBOW SOFT TISSUE		05072	16.9934	APC	\$962.51			000	999	-
24066	T	BIOPSY ARM/ELBOW SOFT TISSUE		05073	28.6243	APC	\$1,621.28			000	999	-
24071	T	EXC ARM/ELBOW LES SC 3 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
24073	T	EX ARM/ELBOW TUM DEEP 5 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
24075	T	EXC ARM/ELBOW LES SC < 3 CM		05072	16.9934	APC	\$962.51			000	999	-
24076	T	EX ARM/ELBOW TUM DEEP < 5 CM		05073	28.6243	APC	\$1,621.28			000	999	-
24077	T	RESECT ARM/ELBOW TUM < 5 CM		05073	28.6243	APC	\$1,621.28			000	999	-
24079	T	RESECT ARM/ELBOW TUM 5 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
24100	T	BIOPSY ELBOW JOINT LINING		05113	34.1848	APC	\$1,936.23			000	999	-
24101	T	EXPLORE/TREAT ELBOW JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
24102	T	REMOVE ELBOW JOINT LINING		05113	34.1848	APC	\$1,936.23			000	999	-
24105	T	REMOVAL OF ELBOW BURSA		05113	34.1848	APC	\$1,936.23			000	999	-
24110	T	REMOVE HUMERUS LESION		05113	34.1848	APC	\$1,936.23			000	999	-
24115	T	REMOVE/GRAFT BONE LESION		05114	75.6664	APC	\$4,285.74			000	999	-
24116	T	REMOVE/GRAFT BONE LESION		05114	75.6664	APC	\$4,285.74			000	999	-
24120	T	REMOVE ELBOW LESION		05113	34.1848	APC	\$1,936.23			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
24125	T	REMOVE/GRAFT BONE LESION		05113	34.1848	APC	\$1,936.23			000	999	-
24126	T	REMOVE/GRAFT BONE LESION		05114	75.6664	APC	\$4,285.74			000	999	-
24130	T	REMOVAL OF HEAD OF RADIUS		05113	34.1848	APC	\$1,936.23			000	999	-
24134	N	REMOVAL OF ARM BONE LESION		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
24136	T	REMOVE RADIUS BONE LESION		05113	34.1848	APC	\$1,936.23			000	999	-
24138	T	REMOVE ELBOW BONE LESION		05114	75.6664	APC	\$4,285.74			000	999	-
24140	T	PARTIAL REMOVAL OF ARM BONE		05113	34.1848	APC	\$1,936.23			000	999	-
24145	T	PARTIAL REMOVAL OF RADIUS		05114	75.6664	APC	\$4,285.74			000	999	-
24147	T	PARTIAL REMOVAL OF ELBOW		05113	34.1848	APC	\$1,936.23			000	999	-
24149	T	RADICAL RESECTION OF ELBOW		05114	75.6664	APC	\$4,285.74			000	999	-
24150	T	RESECT DISTAL HUMERUS TUMOR		05114	75.6664	APC	\$4,285.74			000	999	-
24152	T	RESECT RADIUS TUMOR		05114	75.6664	APC	\$4,285.74			000	999	-
24155	T	REMOVAL OF ELBOW JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
24160	N	REMOVE ELBOW JOINT IMPLANT		05113	34.1848	Bundled, sometimes payable	\$1,936.23			000	999	-
24164	N	REMOVE RADIUS HEAD IMPLANT		05113	34.1848	Bundled, sometimes payable	\$1,936.23			000	999	-
24200	T	REMOVAL OF ARM FOREIGN BODY		05072	16.9934	APC	\$962.51			000	999	-
24201	T	REMOVAL OF ARM FOREIGN BODY		05073	28.6243	APC	\$1,621.28			000	999	-
24220	N	INJECTION FOR ELBOW X-RAY				Bundled	\$0.00			000	999	-
24300	T	MANIPULATE ELBOW W/ANESTH		05112	16.8164	APC	\$952.48			000	999	-
24301	T	MUSCLE/TENDON TRANSFER		05114	75.6664	APC	\$4,285.74			000	999	-
24305	T	ARM TENDON LENGTHENING		05113	34.1848	APC	\$1,936.23			000	999	-
24310	T	REVISION OF ARM TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
24320	T	REPAIR OF ARM TENDON		05114	75.6664	APC	\$4,285.74			000	999	-
24330	T	REVISION OF ARM MUSCLES		05114	75.6664	APC	\$4,285.74			000	999	-
24331	T	REVISION OF ARM MUSCLES		05114	75.6664	APC	\$4,285.74			000	999	-
24332	T	TENOLYSIS TRICEPS		05113	34.1848	APC	\$1,936.23			000	999	-
24340	N	REPAIR OF BICEPS TENDON		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
24341	T	REPAIR ARM TENDON/MUSCLE		05114	75.6664	APC	\$4,285.74			000	999	-
24342	T	REPAIR OF RUPTURED TENDON		05114	75.6664	APC	\$4,285.74			000	999	-
24343	T	REPR ELBOW LAT LIGMNT W/TISS		05113	34.1848	APC	\$1,936.23			000	999	-
24344	N	RECONSTRUCT ELBOW LAT LIGMNT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
24345	T	REPR ELBW MED LIGMNT W/TISS		05114	75.6664	APC	\$4,285.74			000	999	-
24346	N	RECONSTRUCT ELBOW MED LIGMNT		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
24357	T	REPAIR ELBOW PERC		05113	34.1848	APC	\$1,936.23			000	999	-
24358	T	REPAIR ELBOW W/DEB OPEN		05113	34.1848	APC	\$1,936.23			000	999	-
24359	T	REPAIR ELBOW DEB/ATTCH OPEN		05113	34.1848	APC	\$1,936.23			000	999	-
24360	N	RECONSTRUCT ELBOW JOINT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
24361	N	RECONSTRUCT ELBOW JOINT		05116	191.6510	Bundled, sometimes payable	\$10,855.11			000	999	-
24362	N	RECONSTRUCT ELBOW JOINT		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
24363	N	REPLACE ELBOW JOINT		05116	191.6510	Bundled, sometimes payable	\$10,855.11			000	999	-
24365	N	RECONSTRUCT HEAD OF RADIUS		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
24366	N	RECONSTRUCT HEAD OF RADIUS		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
24370	N	REVISE RECONST ELBOW JOINT		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
24371	N	REVISE RECONST ELBOW JOINT		05116	191.6510	Bundled, sometimes payable	\$10,855.11			000	999	-
24400	N	REVISION OF HUMERUS		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
24410	N	REVISION OF HUMERUS		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
24420	T	REVISION OF HUMERUS		05114	75.6664	APC	\$4,285.74			000	999	-
24430	N	REPAIR OF HUMERUS		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
24435	N	REPAIR HUMERUS WITH GRAFT		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
24470	T	REVISION OF ELBOW JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
24495	T	DECOMPRESSION OF FOREARM		05114	75.6664	APC	\$4,285.74			000	999	-
24498	N	REINFORCE HUMERUS		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
24500	T	TREAT HUMERUS FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
24505	T	TREAT HUMERUS FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
24515	N	TREAT HUMERUS FRACTURE		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
24516	N	TREAT HUMERUS FRACTURE		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
24530	T	TREAT HUMERUS FRACTURE		05111	2.4903	APC	\$141.05			000	999	-

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

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
24535	T	TREAT HUMERUS FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
24538	T	TREAT HUMERUS FRACTURE		05114	75.6664	APC	\$4,285.74			000	999	-
24545	N	TREAT HUMERUS FRACTURE		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
24546	N	TREAT HUMERUS FRACTURE		05116	191.6510	Bundled, sometimes payable	\$10,855.11			000	999	-
24560	T	TREAT HUMERUS FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
24565	T	TREAT HUMERUS FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
24566	T	TREAT HUMERUS FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
24575	N	TREAT HUMERUS FRACTURE		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
24576	T	TREAT HUMERUS FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
24577	T	TREAT HUMERUS FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
24579	N	TREAT HUMERUS FRACTURE		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
24582	T	TREAT HUMERUS FRACTURE		05114	75.6664	APC	\$4,285.74			000	999	-
24586	N	TREAT ELBOW FRACTURE		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
24587	N	TREAT ELBOW FRACTURE		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
24600	T	TREAT ELBOW DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
24605	T	TREAT ELBOW DISLOCATION		05112	16.8164	APC	\$952.48			000	999	-
24615	N	TREAT ELBOW DISLOCATION		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
24620	T	TREAT ELBOW FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
24635	N	TREAT ELBOW FRACTURE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
24640	T	TREAT ELBOW DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
24650	T	TREAT RADIUS FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
24655	T	TREAT RADIUS FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
24665	N	TREAT RADIUS FRACTURE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
24666	N	TREAT RADIUS FRACTURE		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
24670	T	TREAT ULNAR FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
24675	T	TREAT ULNAR FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
24685	N	TREAT ULNAR FRACTURE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
24800	N	FUSION OF ELBOW JOINT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
24802	N	FUSION/GRAFT OF ELBOW JOINT		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
24900	T	AMPUTATION OF UPPER ARM		05115	148.7344	APC	\$8,424.32			000	999	-
24920	T	AMPUTATION OF UPPER ARM		05115	148.7344	APC	\$8,424.32			000	999	-
24925	T	AMPUTATION FOLLOW-UP SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
24930	T	AMPUTATION FOLLOW-UP SURGERY		05114	75.6664	APC	\$4,285.74			000	999	-
24931	T	AMPUTATE UPPER ARM & IMPLANT		05115	148.7344	APC	\$8,424.32			000	999	-
24935	N	REVISION OF AMPUTATION		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
24940	T	REVISION OF UPPER ARM		05115	148.7344	APC	\$8,424.32			000	999	-
24999	T	UPPER ARM/ELBOW SURGERY		05111	2.4903	APC	\$141.05			000	999	-
25000	T	INCISION OF TENDON SHEATH		05112	16.8164	APC	\$952.48			000	999	-
25001	T	INCISE FLEXOR CARPI RADIALIS		05113	34.1848	APC	\$1,936.23			000	999	-
25020	T	DECOMPRESS FOREARM 1 SPACE		05112	16.8164	APC	\$952.48			000	999	-
25023	T	DECOMPRESS FOREARM 1 SPACE		05113	34.1848	APC	\$1,936.23			000	999	-
25024	T	DECOMPRESS FOREARM 2 SPACES		05113	34.1848	APC	\$1,936.23			000	999	-
25025	T	DECOMPRESS FOREARM 2 SPACES		05112	16.8164	APC	\$952.48			000	999	-
25028	T	DRAINAGE OF FOREARM LESION		05113	34.1848	APC	\$1,936.23			000	999	-
25031	T	DRAINAGE OF FOREARM BURSA		05112	16.8164	APC	\$952.48			000	999	-
25035	T	TREAT FOREARM BONE LESION		05114	75.6664	APC	\$4,285.74			000	999	-
25040	T	EXPLORE/TREAT WRIST JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
25065	T	BIOPSY FOREARM SOFT TISSUES		05072	16.9934	APC	\$962.51			000	999	-
25066	T	BIOPSY FOREARM SOFT TISSUES		05073	28.6243	APC	\$1,621.28			000	999	-
25071	T	EXC FOREARM LES SC 3 CM/>		05072	16.9934	APC	\$962.51			000	999	-
25073	T	EXC FOREARM TUM DEEP 3 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
25075	T	EXC FOREARM LES SC < 3 CM		05072	16.9934	APC	\$962.51			000	999	-
25076	T	EXC FOREARM TUM DEEP < 3 CM		05072	16.9934	APC	\$962.51			000	999	-
25077	T	RESECT FOREARM/WRIST TUM<3CM		05073	28.6243	APC	\$1,621.28			000	999	-
25078	T	RESECT FORARM/WRIST TUM 3CM>		05073	28.6243	APC	\$1,621.28			000	999	-
25085	T	INCISION OF WRIST CAPSULE		05113	34.1848	APC	\$1,936.23			000	999	-
25100	T	BIOPSY OF WRIST JOINT		05113	34.1848	APC	\$1,936.23			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
25101	T	EXPLORE/TREAT WRIST JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
25105	T	REMOVE WRIST JOINT LINING		05113	34.1848	APC	\$1,936.23			000	999	-
25107	T	REMOVE WRIST JOINT CARTILAGE		05113	34.1848	APC	\$1,936.23			000	999	-
25109	T	EXCISE TENDON FOREARM/WRIST		05113	34.1848	APC	\$1,936.23			000	999	-
25110	T	REMOVE WRIST TENDON LESION		05112	16.8164	APC	\$952.48			000	999	-
25111	T	REMOVE WRIST TENDON LESION		05112	16.8164	APC	\$952.48			000	999	-
25112	T	REREMOVE WRIST TENDON LESION		05112	16.8164	APC	\$952.48			000	999	-
25115	T	REMOVE WRIST/FOREARM LESION		05112	16.8164	APC	\$952.48			000	999	-
25116	T	REMOVE WRIST/FOREARM LESION		05113	34.1848	APC	\$1,936.23			000	999	-
25118	T	EXCISE WRIST TENDON SHEATH		05112	16.8164	APC	\$952.48			000	999	-
25119	T	PARTIAL REMOVAL OF ULNA		05113	34.1848	APC	\$1,936.23			000	999	-
25120	T	REMOVAL OF FOREARM LESION		05113	34.1848	APC	\$1,936.23			000	999	-
25125	T	REMOVE/GRAFT FOREARM LESION		05112	16.8164	APC	\$952.48			000	999	-
25126	T	REMOVE/GRAFT FOREARM LESION		05113	34.1848	APC	\$1,936.23			000	999	-
25130	T	REMOVAL OF WRIST LESION		05113	34.1848	APC	\$1,936.23			000	999	-
25135	T	REMOVE & GRAFT WRIST LESION		05114	75.6664	APC	\$4,285.74			000	999	-
25136	T	REMOVE & GRAFT WRIST LESION		05114	75.6664	APC	\$4,285.74			000	999	-
25145	T	REMOVE FOREARM BONE LESION		05113	34.1848	APC	\$1,936.23			000	999	-
25150	T	PARTIAL REMOVAL OF ULNA		05113	34.1848	APC	\$1,936.23			000	999	-
25151	T	PARTIAL REMOVAL OF RADIUS		05113	34.1848	APC	\$1,936.23			000	999	-
25170	T	RESECT RADIUS/ULNAR TUMOR		05114	75.6664	APC	\$4,285.74			000	999	-
25210	T	REMOVAL OF WRIST BONE		05113	34.1848	APC	\$1,936.23			000	999	-
25215	T	REMOVAL OF WRIST BONES		05113	34.1848	APC	\$1,936.23			000	999	-
25230	T	PARTIAL REMOVAL OF RADIUS		05113	34.1848	APC	\$1,936.23			000	999	-
25240	T	PARTIAL REMOVAL OF ULNA		05113	34.1848	APC	\$1,936.23			000	999	-
25246	N	INJECTION FOR WRIST X-RAY				Bundled	\$0.00			000	999	-
25248	T	REMOVE FOREARM FOREIGN BODY		05112	16.8164	APC	\$952.48			000	999	-
25250	N	REMOVAL OF WRIST PROSTHESIS		05112	16.8164	Bundled, sometimes payable	\$952.48			000	999	-
25251	N	REMOVAL OF WRIST PROSTHESIS		05113	34.1848	Bundled, sometimes payable	\$1,936.23			000	999	-
25259	T	MANIPULATE WRIST W/ANESTHES		05112	16.8164	APC	\$952.48			000	999	-
25260	T	REPAIR FOREARM TENDON/MUSCLE		05113	34.1848	APC	\$1,936.23			000	999	-
25263	T	REPAIR FOREARM TENDON/MUSCLE		05114	75.6664	APC	\$4,285.74			000	999	-
25265	T	REPAIR FOREARM TENDON/MUSCLE		05113	34.1848	APC	\$1,936.23			000	999	-
25270	T	REPAIR FOREARM TENDON/MUSCLE		05113	34.1848	APC	\$1,936.23			000	999	-
25272	T	REPAIR FOREARM TENDON/MUSCLE		05113	34.1848	APC	\$1,936.23			000	999	-
25274	T	REPAIR FOREARM TENDON/MUSCLE		05113	34.1848	APC	\$1,936.23			000	999	-
25275	T	REPAIR FOREARM TENDON SHEATH		05113	34.1848	APC	\$1,936.23			000	999	-
25280	T	REVISE WRIST/FOREARM TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
25290	T	INCISE WRIST/FOREARM TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
25295	T	RELEASE WRIST/FOREARM TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
25300	T	FUSION OF TENDONS AT WRIST		05113	34.1848	APC	\$1,936.23			000	999	-
25301	T	FUSION OF TENDONS AT WRIST		05113	34.1848	APC	\$1,936.23			000	999	-
25310	T	TRANSPLANT FOREARM TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
25312	T	TRANSPLANT FOREARM TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
25315	T	REVISE PALSY HAND TENDON(S)		05114	75.6664	APC	\$4,285.74			000	999	-
25316	N	REVISE PALSY HAND TENDON(S)		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25320	T	REPAIR/REVISE WRIST JOINT		05114	75.6664	APC	\$4,285.74			000	999	-
25332	T	REVISE WRIST JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
25335	T	REALIGNMENT OF HAND		05113	34.1848	APC	\$1,936.23			000	999	-
25337	T	RECONSTRUCT ULNA/RADIOULNAR		05114	75.6664	APC	\$4,285.74			000	999	-
25350	N	REVISION OF RADIUS		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25355	T	REVISION OF RADIUS		05113	34.1848	APC	\$1,936.23			000	999	-
25360	N	REVISION OF ULNA		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25365	N	REVISE RADIUS & ULNA		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
25370	T	REVISE RADIUS OR ULNA		05113	34.1848	APC	\$1,936.23			000	999	-
25375	T	REVISE RADIUS & ULNA		05113	34.1848	APC	\$1,936.23			000	999	-
25390	N	SHORTEN RADIUS OR ULNA		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
25391	N	LENGTHEN RADIUS OR ULNA		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
25392	T	SHORTEN RADIUS & ULNA		05114	75.6664	APC	\$4,285.74			000	999	-
25393	T	LENGTHEN RADIUS & ULNA		05114	75.6664	APC	\$4,285.74			000	999	-
25394	T	REPAIR CARPAL BONE SHORTEN		05113	34.1848	APC	\$1,936.23			000	999	-
25400	N	REPAIR RADIUS OR ULNA		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25405	N	REPAIR/GRAFT RADIUS OR ULNA		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25415	N	REPAIR RADIUS & ULNA		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25420	N	REPAIR/GRAFT RADIUS & ULNA		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25425	T	REPAIR/GRAFT RADIUS OR ULNA		05114	75.6664	APC	\$4,285.74			000	999	-
25426	T	REPAIR/GRAFT RADIUS & ULNA		05113	34.1848	APC	\$1,936.23			000	999	-
25430	T	VASC GRAFT INTO CARPAL BONE		05113	34.1848	APC	\$1,936.23			000	999	-
25431	N	REPAIR NONUNION CARPAL BONE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25440	N	REPAIR/GRAFT WRIST BONE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25441	N	RECONSTRUCT WRIST JOINT		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
25442	N	RECONSTRUCT WRIST JOINT		05116	191.6510	Bundled, sometimes payable	\$10,855.11			000	999	-
25443	N	RECONSTRUCT WRIST JOINT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25444	N	RECONSTRUCT WRIST JOINT		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
25445	N	RECONSTRUCT WRIST JOINT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25446	N	WRIST REPLACEMENT		05116	191.6510	Bundled, sometimes payable	\$10,855.11			000	999	-
25447	T	REPAIR WRIST JOINTS		05113	34.1848	APC	\$1,936.23			000	999	-
25449	N	REMOVE WRIST JOINT IMPLANT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25450	T	REVISION OF WRIST JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
25455	T	REVISION OF WRIST JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
25490	T	REINFORCE RADIUS		05114	75.6664	APC	\$4,285.74			000	999	-
25491	N	REINFORCE ULNA		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
25492	T	REINFORCE RADIUS AND ULNA		05113	34.1848	APC	\$1,936.23			000	999	-
25500	T	TREAT FRACTURE OF RADIUS		05111	2.4903	APC	\$141.05			000	999	-
25505	T	TREAT FRACTURE OF RADIUS		05112	16.8164	APC	\$952.48			000	999	-
25515	N	TREAT FRACTURE OF RADIUS		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25520	T	TREAT FRACTURE OF RADIUS		05112	16.8164	APC	\$952.48			000	999	-
25525	N	TREAT FRACTURE OF RADIUS		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25526	N	TREAT FRACTURE OF RADIUS		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25530	T	TREAT FRACTURE OF ULNA		05111	2.4903	APC	\$141.05			000	999	-
25535	T	TREAT FRACTURE OF ULNA		05111	2.4903	APC	\$141.05			000	999	-
25545	N	TREAT FRACTURE OF ULNA		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25560	T	TREAT FRACTURE RADIUS & ULNA		05111	2.4903	APC	\$141.05			000	999	-
25565	T	TREAT FRACTURE RADIUS & ULNA		05112	16.8164	APC	\$952.48			000	999	-
25574	N	TREAT FRACTURE RADIUS & ULNA		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25575	N	TREAT FRACTURE RADIUS/ULNA		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25600	T	TREAT FRACTURE RADIUS/ULNA		05111	2.4903	APC	\$141.05			000	999	-
25605	T	TREAT FRACTURE RADIUS/ULNA		05112	16.8164	APC	\$952.48			000	999	-
25606	T	TREAT FX DISTAL RADIAL		05113	34.1848	APC	\$1,936.23			000	999	-
25607	N	TREAT FX RAD EXTRA-ARTICUL		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25608	N	TREAT FX RAD INTRA-ARTICUL		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25609	N	TREAT FX RADIAL 3+ FRAG		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25622	T	TREAT WRIST BONE FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
25624	T	TREAT WRIST BONE FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
25628	T	TREAT WRIST BONE FRACTURE		05114	75.6664	APC	\$4,285.74			000	999	-
25630	T	TREAT WRIST BONE FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
25635	T	TREAT WRIST BONE FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
25645	T	TREAT WRIST BONE FRACTURE		05113	34.1848	APC	\$1,936.23			000	999	-
25650	T	TREAT WRIST BONE FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
25651	T	PIN ULNAR STYLOID FRACTURE		05113	34.1848	APC	\$1,936.23			000	999	-
25652	N	TREAT FRACTURE ULNAR STYLOID		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25660	T	TREAT WRIST DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
25670	T	TREAT WRIST DISLOCATION		05114	75.6664	APC	\$4,285.74			000	999	-
25671	T	PIN RADIOULNAR DISLOCATION		05113	34.1848	APC	\$1,936.23			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
25675	T	TREAT WRIST DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
25676	N	TREAT WRIST DISLOCATION		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25680	T	TREAT WRIST FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
25685	T	TREAT WRIST FRACTURE		05114	75.6664	APC	\$4,285.74			000	999	-
25690	T	TREAT WRIST DISLOCATION		05112	16.8164	APC	\$952.48			000	999	-
25695	T	TREAT WRIST DISLOCATION		05114	75.6664	APC	\$4,285.74			000	999	-
25800	N	FUSION OF WRIST JOINT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25805	N	FUSION/GRAFT OF WRIST JOINT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25810	N	FUSION/GRAFT OF WRIST JOINT		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
25820	N	FUSION OF HAND BONES		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25825	N	FUSE HAND BONES WITH GRAFT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25830	N	FUSION RADIOULNAR JNT/ULNA		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
25900	T	AMPUTATION OF FOREARM		05115	148.7344	APC	\$8,424.32			000	999	-
25905	T	AMPUTATION OF FOREARM		05115	148.7344	APC	\$8,424.32			000	999	-
25907	T	AMPUTATION FOLLOW-UP SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
25909	T	AMPUTATION FOLLOW-UP SURGERY		05114	75.6664	APC	\$4,285.74			000	999	-
25915	T	AMPUTATION OF FOREARM		05114	75.6664	APC	\$4,285.74			000	999	-
25920	T	AMPUTATE HAND AT WRIST		05114	75.6664	APC	\$4,285.74			000	999	-
25922	T	AMPUTATE HAND AT WRIST		05112	16.8164	APC	\$952.48			000	999	-
25924	T	AMPUTATION FOLLOW-UP SURGERY		05114	75.6664	APC	\$4,285.74			000	999	-
25927	T	AMPUTATION OF HAND		05113	34.1848	APC	\$1,936.23			000	999	-
25929	T	AMPUTATION FOLLOW-UP SURGERY		05054	20.7177	APC	\$1,173.45			000	999	-
25931	T	AMPUTATION FOLLOW-UP SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
25999	T	FOREARM OR WRIST SURGERY		05111	2.4903	APC	\$141.05			000	999	-
26010	T	DRAINAGE OF FINGER ABSCESS		05051	2.1685	APC	\$122.82			000	999	-
26011	T	DRAINAGE OF FINGER ABSCESS		05072	16.9934	APC	\$962.51			000	999	-
26020	T	DRAIN HAND TENDON SHEATH		05113	34.1848	APC	\$1,936.23			000	999	-
26025	T	DRAINAGE OF PALM BURSA		05113	34.1848	APC	\$1,936.23			000	999	-
26030	T	DRAINAGE OF PALM BURSAS		05113	34.1848	APC	\$1,936.23			000	999	-
26034	T	TREAT HAND BONE LESION		05112	16.8164	APC	\$952.48			000	999	-
26035	T	DECOMPRESS FINGERS/HAND		05113	34.1848	APC	\$1,936.23			000	999	-
26037	T	DECOMPRESS FINGERS/HAND		05113	34.1848	APC	\$1,936.23			000	999	-
26040	T	RELEASE PALM CONTRACTURE		05112	16.8164	APC	\$952.48			000	999	-
26045	T	RELEASE PALM CONTRACTURE		05113	34.1848	APC	\$1,936.23			000	999	-
26055	T	INCISE FINGER TENDON SHEATH		05112	16.8164	APC	\$952.48			000	999	-
26060	T	INCISION OF FINGER TENDON		05112	16.8164	APC	\$952.48			000	999	-
26070	T	EXPLORE/TREAT HAND JOINT		05112	16.8164	APC	\$952.48			000	999	-
26075	T	EXPLORE/TREAT FINGER JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
26080	T	EXPLORE/TREAT FINGER JOINT		05112	16.8164	APC	\$952.48			000	999	-
26100	T	BIOPSY HAND JOINT LINING		05113	34.1848	APC	\$1,936.23			000	999	-
26105	T	BIOPSY FINGER JOINT LINING		05113	34.1848	APC	\$1,936.23			000	999	-
26110	T	BIOPSY FINGER JOINT LINING		05112	16.8164	APC	\$952.48			000	999	-
26111	T	EXC HAND LES SC 1.5 CM>		05072	16.9934	APC	\$962.51			000	999	-
26113	T	EXC HAND TUM DEEP 1.5 CM>		05072	16.9934	APC	\$962.51			000	999	-
26115	T	EXC HAND LES SC < 1.5 CM		05072	16.9934	APC	\$962.51			000	999	-
26116	T	EXC HAND TUM DEEP < 1.5 CM		05072	16.9934	APC	\$962.51			000	999	-
26117	T	RAD RESECT HAND TUMOR < 3 CM		05073	28.6243	APC	\$1,621.28			000	999	-
26118	T	RAD RESECT HAND TUMOR 3 CM>		05073	28.6243	APC	\$1,621.28			000	999	-
26121	T	RELEASE PALM CONTRACTURE		05113	34.1848	APC	\$1,936.23			000	999	-
26123	T	RELEASE PALM CONTRACTURE		05113	34.1848	APC	\$1,936.23			000	999	-
26125	N	RELEASE PALM CONTRACTURE				Bundled	\$0.00			000	999	-
26130	T	REMOVE WRIST JOINT LINING		05113	34.1848	APC	\$1,936.23			000	999	-
26135	T	REVISE FINGER JOINT EACH		05113	34.1848	APC	\$1,936.23			000	999	-
26140	T	REVISE FINGER JOINT EACH		05112	16.8164	APC	\$952.48			000	999	-
26145	T	TENDON EXCISION PALM/FINGER		05112	16.8164	APC	\$952.48			000	999	-
26160	T	REMOVE TENDON SHEATH LESION		05112	16.8164	APC	\$952.48			000	999	-
26170	T	REMOVAL OF PALM TENDON EACH		05112	16.8164	APC	\$952.48			000	999	-

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

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
				APC	Weight							
26180	T	REMOVAL OF FINGER TENDON		05112	16.8164	APC	\$952.48			000	999	-
26185	T	REMOVE FINGER BONE		05112	16.8164	APC	\$952.48			000	999	-
26200	T	REMOVE HAND BONE LESION		05112	16.8164	APC	\$952.48			000	999	-
26205	T	REMOVE/GRAFT BONE LESION		05114	75.6664	APC	\$4,285.74			000	999	-
26210	T	REMOVAL OF FINGER LESION		05112	16.8164	APC	\$952.48			000	999	-
26215	T	REMOVE/GRAFT FINGER LESION		05113	34.1848	APC	\$1,936.23			000	999	-
26230	T	PARTIAL REMOVAL OF HAND BONE		05113	34.1848	APC	\$1,936.23			000	999	-
26235	T	PARTIAL REMOVAL FINGER BONE		05112	16.8164	APC	\$952.48			000	999	-
26236	T	PARTIAL REMOVAL FINGER BONE		05112	16.8164	APC	\$952.48			000	999	-
26250	T	EXTENSIVE HAND SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
26260	T	RESECT PROX FINGER TUMOR		05113	34.1848	APC	\$1,936.23			000	999	-
26262	T	RESECT DISTAL FINGER TUMOR		05112	16.8164	APC	\$952.48			000	999	-
26320	N	REMOVAL OF IMPLANT FROM HAND		05072	16.9934	Bundled, sometimes payable	\$962.51			000	999	-
26340	T	MANIPULATE FINGER W/ANESTH		05112	16.8164	APC	\$952.48			000	999	-
26341	T	MANIPULAT PALM CORD POST INJ		05111	2.4903	APC	\$141.05			000	999	-
26350	T	REPAIR FINGER/HAND TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26352	T	REPAIR/GRAFT HAND TENDON		05114	75.6664	APC	\$4,285.74			000	999	-
26356	T	REPAIR FINGER/HAND TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26357	T	REPAIR FINGER/HAND TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26358	T	REPAIR/GRAFT HAND TENDON		05114	75.6664	APC	\$4,285.74			000	999	-
26370	T	REPAIR FINGER/HAND TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26372	T	REPAIR/GRAFT HAND TENDON		05114	75.6664	APC	\$4,285.74			000	999	-
26373	T	REPAIR FINGER/HAND TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26390	N	REVISE HAND/FINGER TENDON		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
26392	N	REPAIR/GRAFT HAND TENDON		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
26410	T	REPAIR HAND TENDON		05112	16.8164	APC	\$952.48			000	999	-
26412	T	REPAIR/GRAFT HAND TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26415	T	EXCISION HAND/FINGER TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26416	T	GRAFT HAND OR FINGER TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26418	T	REPAIR FINGER TENDON		05112	16.8164	APC	\$952.48			000	999	-
26420	T	REPAIR/GRAFT FINGER TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26426	T	REPAIR FINGER/HAND TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26428	T	REPAIR/GRAFT FINGER TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26432	T	REPAIR FINGER TENDON		05112	16.8164	APC	\$952.48			000	999	-
26433	T	REPAIR FINGER TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26434	T	REPAIR/GRAFT FINGER TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26437	T	REALIGNMENT OF TENDONS		05113	34.1848	APC	\$1,936.23			000	999	-
26440	T	RELEASE PALM/FINGER TENDON		05112	16.8164	APC	\$952.48			000	999	-
26442	T	RELEASE PALM & FINGER TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26445	T	RELEASE HAND/FINGER TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26449	T	RELEASE FOREARM/HAND TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26450	T	INCISION OF PALM TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26455	T	INCISION OF FINGER TENDON		05112	16.8164	APC	\$952.48			000	999	-
26460	T	INCISE HAND/FINGER TENDON		05112	16.8164	APC	\$952.48			000	999	-
26471	T	FUSION OF FINGER TENDONS		05113	34.1848	APC	\$1,936.23			000	999	-
26474	T	FUSION OF FINGER TENDONS		05112	16.8164	APC	\$952.48			000	999	-
26476	T	TENDON LENGTHENING		05113	34.1848	APC	\$1,936.23			000	999	-
26477	T	TENDON SHORTENING		05113	34.1848	APC	\$1,936.23			000	999	-
26478	T	LENGTHENING OF HAND TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26479	T	SHORTENING OF HAND TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26480	T	TRANSPLANT HAND TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26483	T	TRANSPLANT/GRAFT HAND TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26485	T	TRANSPLANT PALM TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26489	T	TRANSPLANT/GRAFT PALM TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26490	T	REVISE THUMB TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26492	T	TENDON TRANSFER WITH GRAFT		05113	34.1848	APC	\$1,936.23			000	999	-
26494	T	HAND TENDON/MUSCLE TRANSFER		05113	34.1848	APC	\$1,936.23			000	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
26496	T	REVISE THUMB TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
26497	T	FINGER TENDON TRANSFER		05113	34.1848	APC	\$1,936.23			000	999	-
26498	T	FINGER TENDON TRANSFER		05113	34.1848	APC	\$1,936.23			000	999	-
26499	T	REVISION OF FINGER		05113	34.1848	APC	\$1,936.23			000	999	-
26500	T	HAND TENDON RECONSTRUCTION		05114	75.6664	APC	\$4,285.74			000	999	-
26502	T	HAND TENDON RECONSTRUCTION		05113	34.1848	APC	\$1,936.23			000	999	-
26508	T	RELEASE THUMB CONTRACTURE		05113	34.1848	APC	\$1,936.23			000	999	-
26510	T	THUMB TENDON TRANSFER		05113	34.1848	APC	\$1,936.23			000	999	-
26516	T	FUSION OF KNUCKLE JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
26517	T	FUSION OF KNUCKLE JOINTS		05113	34.1848	APC	\$1,936.23			000	999	-
26518	T	FUSION OF KNUCKLE JOINTS		05114	75.6664	APC	\$4,285.74			000	999	-
26520	T	RELEASE KNUCKLE CONTRACTURE		05113	34.1848	APC	\$1,936.23			000	999	-
26525	T	RELEASE FINGER CONTRACTURE		05112	16.8164	APC	\$952.48			000	999	-
26530	T	REVISE KNUCKLE JOINT		05114	75.6664	APC	\$4,285.74			000	999	-
26531	N	REVISE KNUCKLE WITH IMPLANT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
26535	T	REVISE FINGER JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
26536	N	REVISE/IMPLANT FINGER JOINT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
26540	T	REPAIR HAND JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
26541	T	REPAIR HAND JOINT WITH GRAFT		05113	34.1848	APC	\$1,936.23			000	999	-
26542	T	REPAIR HAND JOINT WITH GRAFT		05113	34.1848	APC	\$1,936.23			000	999	-
26545	T	RECONSTRUCT FINGER JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
26546	T	REPAIR NONUNION HAND		05114	75.6664	APC	\$4,285.74			000	999	-
26548	T	RECONSTRUCT FINGER JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
26550	T	CONSTRUCT THUMB REPLACEMENT		05113	34.1848	APC	\$1,936.23			000	999	-
26551	T	GREAT TOE-HAND TRANSFER		05114	75.6664	APC	\$4,285.74			000	999	-
26553	T	SINGLE TRANSFER TOE-HAND		05114	75.6664	APC	\$4,285.74			000	999	-
26554	T	DOUBLE TRANSFER TOE-HAND		05114	75.6664	APC	\$4,285.74			000	999	-
26555	T	POSITIONAL CHANGE OF FINGER		05114	75.6664	APC	\$4,285.74			000	999	-
26556	T	TOE JOINT TRANSFER		05114	75.6664	APC	\$4,285.74			000	999	-
26560	T	REPAIR OF WEB FINGER		05112	16.8164	APC	\$952.48			000	999	-
26561	T	REPAIR OF WEB FINGER		05113	34.1848	APC	\$1,936.23			000	999	-
26562	T	REPAIR OF WEB FINGER		05113	34.1848	APC	\$1,936.23			000	999	-
26565	T	CORRECT METACARPAL FLAW		05113	34.1848	APC	\$1,936.23			000	999	-
26567	T	CORRECT FINGER DEFORMITY		05113	34.1848	APC	\$1,936.23			000	999	-
26568	T	LENGTHEN METACARPAL/FINGER		05114	75.6664	APC	\$4,285.74			000	999	-
26580	T	REPAIR HAND DEFORMITY		05113	34.1848	APC	\$1,936.23			000	999	-
26587	T	RECONSTRUCT EXTRA FINGER		05113	34.1848	APC	\$1,936.23			000	999	-
26590	T	REPAIR FINGER DEFORMITY		05112	16.8164	APC	\$952.48			000	999	-
26591	T	REPAIR MUSCLES OF HAND		05113	34.1848	APC	\$1,936.23			000	999	-
26593	T	RELEASE MUSCLES OF HAND		05113	34.1848	APC	\$1,936.23			000	999	-
26596	T	EXCISION CONSTRICTING TISSUE		05113	34.1848	APC	\$1,936.23			000	999	-
26600	T	TREAT METACARPAL FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
26605	T	TREAT METACARPAL FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
26607	T	TREAT METACARPAL FRACTURE		05113	34.1848	APC	\$1,936.23			000	999	-
26608	T	TREAT METACARPAL FRACTURE		05113	34.1848	APC	\$1,936.23			000	999	-
26615	T	TREAT METACARPAL FRACTURE		05113	34.1848	APC	\$1,936.23			000	999	-
26641	T	TREAT THUMB DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
26645	T	TREAT THUMB FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
26650	T	TREAT THUMB FRACTURE		05113	34.1848	APC	\$1,936.23			000	999	-
26665	T	TREAT THUMB FRACTURE		05113	34.1848	APC	\$1,936.23			000	999	-
26670	T	TREAT HAND DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
26675	T	TREAT HAND DISLOCATION		05112	16.8164	APC	\$952.48			000	999	-
26676	T	PIN HAND DISLOCATION		05113	34.1848	APC	\$1,936.23			000	999	-
26685	T	TREAT HAND DISLOCATION		05113	34.1848	APC	\$1,936.23			000	999	-
26686	T	TREAT HAND DISLOCATION		05113	34.1848	APC	\$1,936.23			000	999	-
26700	T	TREAT KNUCKLE DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
26705	T	TREAT KNUCKLE DISLOCATION		05112	16.8164	APC	\$952.48			000	999	-

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

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
26706	T	PIN KNUCKLE DISLOCATION		05113	34.1848	APC	\$1,936.23			000	999	-
26715	T	TREAT KNUCKLE DISLOCATION		05113	34.1848	APC	\$1,936.23			000	999	-
26720	T	TREAT FINGER FRACTURE EACH		05111	2.4903	APC	\$141.05			000	999	-
26725	T	TREAT FINGER FRACTURE EACH		05111	2.4903	APC	\$141.05			000	999	-
26727	T	TREAT FINGER FRACTURE EACH		05113	34.1848	APC	\$1,936.23			000	999	-
26735	T	TREAT FINGER FRACTURE EACH		05113	34.1848	APC	\$1,936.23			000	999	-
26740	T	TREAT FINGER FRACTURE EACH		05111	2.4903	APC	\$141.05			000	999	-
26742	T	TREAT FINGER FRACTURE EACH		05112	16.8164	APC	\$952.48			000	999	-
26746	T	TREAT FINGER FRACTURE EACH		05113	34.1848	APC	\$1,936.23			000	999	-
26750	T	TREAT FINGER FRACTURE EACH		05111	2.4903	APC	\$141.05			000	999	-
26755	T	TREAT FINGER FRACTURE EACH		05111	2.4903	APC	\$141.05			000	999	-
26756	T	PIN FINGER FRACTURE EACH		05113	34.1848	APC	\$1,936.23			000	999	-
26765	T	TREAT FINGER FRACTURE EACH		05113	34.1848	APC	\$1,936.23			000	999	-
26770	T	TREAT FINGER DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
26775	T	TREAT FINGER DISLOCATION		05102	2.9128	APC	\$164.98			000	999	-
26776	T	PIN FINGER DISLOCATION		05113	34.1848	APC	\$1,936.23			000	999	-
26785	T	TREAT FINGER DISLOCATION		05113	34.1848	APC	\$1,936.23			000	999	-
26820	T	THUMB FUSION WITH GRAFT		05114	75.6664	APC	\$4,285.74			000	999	-
26841	T	FUSION OF THUMB		05114	75.6664	APC	\$4,285.74			000	999	-
26842	N	THUMB FUSION WITH GRAFT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
26843	N	FUSION OF HAND JOINT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
26844	N	FUSION/GRAFT OF HAND JOINT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
26850	T	FUSION OF KNUCKLE		05114	75.6664	APC	\$4,285.74			000	999	-
26852	T	FUSION OF KNUCKLE WITH GRAFT		05114	75.6664	APC	\$4,285.74			000	999	-
26860	T	FUSION OF FINGER JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
26861	N	FUSION OF FINGER JNT ADD-ON				Bundled	\$0.00			000	999	-
26862	T	FUSION/GRAFT OF FINGER JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
26863	N	FUSE/GRAFT ADDED JOINT				Bundled	\$0.00			000	999	-
26910	T	AMPUTATE METACARPAL BONE		05113	34.1848	APC	\$1,936.23			000	999	-
26951	T	AMPUTATION OF FINGER/THUMB		05113	34.1848	APC	\$1,936.23			000	999	-
26952	T	AMPUTATION OF FINGER/THUMB		05113	34.1848	APC	\$1,936.23			000	999	-
26989	T	HAND/FINGER SURGERY		05111	2.4903	APC	\$141.05			000	999	-
26990	T	DRAINAGE OF PELVIS LESION		05113	34.1848	APC	\$1,936.23			000	999	-
26991	T	DRAINAGE OF PELVIS BURSA		05112	16.8164	APC	\$952.48			000	999	-
26992	T	DRAINAGE OF BONE LESION		05114	75.6664	APC	\$4,285.74			000	999	-
27000	T	INCISION OF HIP TENDON		05112	16.8164	APC	\$952.48			000	999	-
27001	T	INCISION OF HIP TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
27003	T	INCISION OF HIP TENDON		05114	75.6664	APC	\$4,285.74			000	999	-
27005	T	INCISION OF HIP TENDON		05114	75.6664	APC	\$4,285.74			000	999	-
27006	T	INCISION OF HIP TENDONS		05113	34.1848	APC	\$1,936.23			000	999	-
27025	T	INCISION OF HIP/THIGH FASCIA		05114	75.6664	APC	\$4,285.74			000	999	-
27027	T	BUTTOCK FASCIOTOMY		05114	75.6664	APC	\$4,285.74			000	999	-
27030	T	DRAINAGE OF HIP JOINT		05114	75.6664	APC	\$4,285.74			000	999	-
27033	T	EXPLORATION OF HIP JOINT		05114	75.6664	APC	\$4,285.74			000	999	-
27035	T	DENERVATION OF HIP JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
27036	T	EXCISION OF HIP JOINT/MUSCLE		05114	75.6664	APC	\$4,285.74			000	999	-
27040	T	BIOPSY OF SOFT TISSUES		05072	16.9934	APC	\$962.51			000	999	-
27041	T	BIOPSY OF SOFT TISSUES		05072	16.9934	APC	\$962.51			000	999	-
27043	T	EXC HIP/PELVIS LES SC 3 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
27045	T	EXC HIP/PELV TUM DEEP 5 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
27047	T	EXC HIP/PELVIS LES SC < 3 CM		05073	28.6243	APC	\$1,621.28			000	999	-
27048	T	EXC HIP/PELV TUM DEEP < 5 CM		05073	28.6243	APC	\$1,621.28			000	999	-
27049	T	RESECT HIP/PELV TUM < 5 CM		05073	28.6243	APC	\$1,621.28			000	999	-
27050	T	BIOPSY OF SACROILIAC JOINT		05112	16.8164	APC	\$952.48			000	999	-
27052	T	BIOPSY OF HIP JOINT		05112	16.8164	APC	\$952.48			000	999	-
27054	T	REMOVAL OF HIP JOINT LINING		05113	34.1848	APC	\$1,936.23			000	999	-
27057	T	BUTTOCK FASCIOTOMY W/DBRDMT		05112	16.8164	APC	\$952.48			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
27059	T	RESECT HIP/PELV TUM 5 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
27060	T	REMOVAL OF ISCHIAL BURSA		05114	75.6664	APC	\$4,285.74			000	999	-
27062	T	REMOVE FEMUR LESION/BURSA		05113	34.1848	APC	\$1,936.23			000	999	-
27065	T	REMOVE HIP BONE LES SUPER		05114	75.6664	APC	\$4,285.74			000	999	-
27066	T	REMOVE HIP BONE LES DEEP		05113	34.1848	APC	\$1,936.23			000	999	-
27067	T	REMOVE/GRAFT HIP BONE LESION		05114	75.6664	APC	\$4,285.74			000	999	-
27070	T	PART REMOVE HIP BONE SUPER		05114	75.6664	APC	\$4,285.74			000	999	-
27071	T	PART REMOVAL HIP BONE DEEP		05114	75.6664	APC	\$4,285.74			000	999	-
27075	T	RESECT HIP TUMOR		05114	75.6664	APC	\$4,285.74			000	999	-
27076	T	RESECT HIP TUM INCL ACETABUL		05114	75.6664	APC	\$4,285.74			000	999	-
27077	T	RESECT HIP TUM W/INNOM BONE		05115	148.7344	APC	\$8,424.32			000	999	-
27078	T	RSECT HIP TUM INCL FEMUR		05115	148.7344	APC	\$8,424.32			000	999	-
27080	T	REMOVAL OF TAIL BONE		05113	34.1848	APC	\$1,936.23			000	999	-
27086	T	REMOVE HIP FOREIGN BODY		05073	28.6243	APC	\$1,621.28			000	999	-
27087	T	REMOVE HIP FOREIGN BODY		05113	34.1848	APC	\$1,936.23			000	999	-
27090	T	REMOVAL OF HIP PROSTHESIS		05073	28.6243	APC	\$1,621.28			000	999	-
27091	T	REMOVAL OF HIP PROSTHESIS		05073	28.6243	APC	\$1,621.28			000	999	-
27093	N	INJECTION FOR HIP X-RAY				Bundled	\$0.00			000	999	-
27095	N	INJECTION FOR HIP X-RAY				Bundled	\$0.00			000	999	-
27096	E	INJECT SACROILIAC JOINT				Not Allowed	\$0.00			000	999	-
27097	T	REVISION OF HIP TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
27098	T	TRANSFER TENDON TO PELVIS		05113	34.1848	APC	\$1,936.23			000	999	-
27100	N	TRANSFER OF ABDOMINAL MUSCLE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27105	T	TRANSFER OF SPINAL MUSCLE		05113	34.1848	APC	\$1,936.23			000	999	-
27110	T	TRANSFER OF ILIOPSOAS MUSCLE		05114	75.6664	APC	\$4,285.74			000	999	-
27111	T	TRANSFER OF ILIOPSOAS MUSCLE		05113	34.1848	APC	\$1,936.23			000	999	-
27120	T	RECONSTRUCTION OF HIP SOCKET		05115	148.7344	APC	\$8,424.32			000	999	-
27122	T	RECONSTRUCTION OF HIP SOCKET		05115	148.7344	APC	\$8,424.32			000	999	-
27125	T	PARTIAL HIP REPLACEMENT		05115	148.7344	APC	\$8,424.32			000	999	-
27130	N	TOTAL HIP ARTHROPLASTY		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
27132	T	TOTAL HIP ARTHROPLASTY		05115	148.7344	APC	\$8,424.32			000	999	-
27134	T	REVISE HIP JOINT REPLACEMENT		05115	148.7344	APC	\$8,424.32			000	999	-
27137	T	REVISE HIP JOINT REPLACEMENT		05115	148.7344	APC	\$8,424.32			000	999	-
27138	T	REVISE HIP JOINT REPLACEMENT		05115	148.7344	APC	\$8,424.32			000	999	-
27140	T	TRANSPLANT FEMUR RIDGE		05115	148.7344	APC	\$8,424.32			000	999	-
27146	T	INCISION OF HIP BONE		05114	75.6664	APC	\$4,285.74			000	999	-
27147	T	REVISION OF HIP BONE		05114	75.6664	APC	\$4,285.74			000	999	-
27151	T	INCISION OF HIP BONES		05114	75.6664	APC	\$4,285.74			000	999	-
27156	T	REVISION OF HIP BONES		05114	75.6664	APC	\$4,285.74			000	999	-
27158	T	REVISION OF PELVIS		05114	75.6664	APC	\$4,285.74			000	999	-
27161	T	INCISION OF NECK OF FEMUR		05114	75.6664	APC	\$4,285.74			000	999	-
27165	T	INCISION/FIXATION OF FEMUR		05114	75.6664	APC	\$4,285.74			000	999	-
27170	T	REPAIR/GRAFT FEMUR HEAD/NECK		05114	75.6664	APC	\$4,285.74			000	999	-
27175	T	TREAT SLIPPED EPIPHYSIS		05114	75.6664	APC	\$4,285.74			000	999	-
27176	T	TREAT SLIPPED EPIPHYSIS		05115	148.7344	APC	\$8,424.32			000	999	-
27177	T	TREAT SLIPPED EPIPHYSIS		05114	75.6664	APC	\$4,285.74			000	999	-
27178	T	TREAT SLIPPED EPIPHYSIS		05114	75.6664	APC	\$4,285.74			000	999	-
27179	N	REVISE HEAD/NECK OF FEMUR		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27181	T	TREAT SLIPPED EPIPHYSIS		05114	75.6664	APC	\$4,285.74			000	999	-
27185	T	REVISION OF FEMUR EPIPHYSIS		05114	75.6664	APC	\$4,285.74			000	999	-
27187	T	REINFORCE HIP BONES		05114	75.6664	APC	\$4,285.74			000	999	-
27197	T	CLSD TX PELVIC RING FX		05111	2.4903	APC	\$141.05			000	999	-
27198	T	CLSD TX PELVIC RING FX		05111	2.4903	APC	\$141.05			000	999	-
27200	T	TREAT TAIL BONE FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
27202	T	TREAT TAIL BONE FRACTURE		05113	34.1848	APC	\$1,936.23			000	999	-
27215	E	TREAT PELVIC FRACTURE(S)				Not Allowed	\$0.00			000	999	-
27216	E	TREAT PELVIC RING FRACTURE				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
27217	E	TREAT PELVIC RING FRACTURE				Not Allowed	\$0.00			000	999	-
27218	E	TREAT PELVIC RING FRACTURE				Not Allowed	\$0.00			000	999	-
27220	T	TREAT HIP SOCKET FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
27222	T	TREAT HIP SOCKET FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
27226	T	TREAT HIP WALL FRACTURE		05114	75.6664	APC	\$4,285.74			000	999	-
27227	T	TREAT HIP FRACTURE(S)		05114	75.6664	APC	\$4,285.74			000	999	-
27228	T	TREAT HIP FRACTURE(S)		05114	75.6664	APC	\$4,285.74			000	999	-
27230	T	TREAT THIGH FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
27232	T	TREAT THIGH FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
27235	N	TREAT THIGH FRACTURE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27236	T	TREAT THIGH FRACTURE		05114	75.6664	APC	\$4,285.74			000	999	-
27238	T	TREAT THIGH FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
27240	T	TREAT THIGH FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
27244	T	TREAT THIGH FRACTURE		05114	75.6664	APC	\$4,285.74			000	999	-
27245	T	TREAT THIGH FRACTURE		05114	75.6664	APC	\$4,285.74			000	999	-
27246	T	TREAT THIGH FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
27248	T	TREAT THIGH FRACTURE		05114	75.6664	APC	\$4,285.74			000	999	-
27250	T	TREAT HIP DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
27252	T	TREAT HIP DISLOCATION		05112	16.8164	APC	\$952.48			000	999	-
27253	T	TREAT HIP DISLOCATION		05113	34.1848	APC	\$1,936.23			000	999	-
27254	T	TREAT HIP DISLOCATION		05113	34.1848	APC	\$1,936.23			000	999	-
27256	T	TREAT HIP DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
27257	T	TREAT HIP DISLOCATION		05112	16.8164	APC	\$952.48			000	999	-
27258	T	TREAT HIP DISLOCATION		05113	34.1848	APC	\$1,936.23			000	999	-
27259	T	TREAT HIP DISLOCATION		05113	34.1848	APC	\$1,936.23			000	999	-
27265	T	TREAT HIP DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
27266	T	TREAT HIP DISLOCATION		05112	16.8164	APC	\$952.48			000	999	-
27267	T	CLTX THIGH FX		05113	34.1848	APC	\$1,936.23			000	999	-
27268	T	CLTX THIGH FX W/MNPJ		05113	34.1848	APC	\$1,936.23			000	999	-
27269	T	OPTX THIGH FX		05112	16.8164	APC	\$952.48			000	999	-
27275	T	MANIPULATION OF HIP JOINT		05112	16.8164	APC	\$952.48			000	999	-
27279	N	ARTHRODESIS SACROILIAC JOINT		05116	191.6510	Bundled, sometimes payable	\$10,855.11			000	999	-
27280	T	FUSION OF SACROILIAC JOINT		05116	191.6510	APC	\$10,855.11			000	999	-
27282	T	FUSION OF PUBIC BONES		05115	148.7344	APC	\$8,424.32			000	999	-
27284	T	FUSION OF HIP JOINT		05116	191.6510	APC	\$10,855.11			000	999	-
27286	T	FUSION OF HIP JOINT		05116	191.6510	APC	\$10,855.11			000	999	-
27290	T	AMPUTATION OF LEG AT HIP		05116	191.6510	APC	\$10,855.11			000	999	-
27295	T	AMPUTATION OF LEG AT HIP		05116	191.6510	APC	\$10,855.11			000	999	-
27299	T	PELVIS/HIP JOINT SURGERY		05111	2.4903	APC	\$141.05			000	999	-
27301	T	DRAIN THIGH/KNEE LESION		05073	28.6243	APC	\$1,621.28			000	999	-
27303	T	DRAINAGE OF BONE LESION		05114	75.6664	APC	\$4,285.74			000	999	-
27305	T	INCISE THIGH TENDON & FASCIA		05113	34.1848	APC	\$1,936.23			000	999	-
27306	T	INCISION OF THIGH TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
27307	T	INCISION OF THIGH TENDONS		05113	34.1848	APC	\$1,936.23			000	999	-
27310	T	EXPLORATION OF KNEE JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
27323	T	BIOPSY THIGH SOFT TISSUES		05072	16.9934	APC	\$962.51			000	999	-
27324	T	BIOPSY THIGH SOFT TISSUES		05073	28.6243	APC	\$1,621.28			000	999	-
27325	T	NEURECTOMY HAMSTRING		05431	21.1890	APC	\$1,200.14			000	999	-
27326	T	NEURECTOMY POPLITEAL		05431	21.1890	APC	\$1,200.14			000	999	-
27327	T	EXC THIGH/KNEE LES SC < 3 CM		05072	16.9934	APC	\$962.51			000	999	-
27328	T	EXC THIGH/KNEE TUM DEEP <5CM		05073	28.6243	APC	\$1,621.28			000	999	-
27329	T	RESECT THIGH/KNEE TUM < 5 CM		05073	28.6243	APC	\$1,621.28			000	999	-
27330	T	BIOPSY KNEE JOINT LINING		05113	34.1848	APC	\$1,936.23			000	999	-
27331	T	EXPLORE/TREAT KNEE JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
27332	T	REMOVAL OF KNEE CARTILAGE		05113	34.1848	APC	\$1,936.23			000	999	-
27333	T	REMOVAL OF KNEE CARTILAGE		05113	34.1848	APC	\$1,936.23			000	999	-
27334	T	REMOVE KNEE JOINT LINING		05113	34.1848	APC	\$1,936.23			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
27335	N	REMOVE KNEE JOINT LINING		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27337	T	EXC THIGH/KNEE LES SC 3 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
27339	T	EXC THIGH/KNEE TUM DEP 5CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
27340	T	REMOVAL OF KNEECAP BURSA		05113	34.1848	APC	\$1,936.23			000	999	-
27345	T	REMOVAL OF KNEE CYST		05113	34.1848	APC	\$1,936.23			000	999	-
27347	T	REMOVE KNEE CYST		05113	34.1848	APC	\$1,936.23			000	999	-
27350	T	REMOVAL OF KNEECAP		05114	75.6664	APC	\$4,285.74			000	999	-
27355	T	REMOVE FEMUR LESION		05113	34.1848	APC	\$1,936.23			000	999	-
27356	N	REMOVE FEMUR LESION/GRAFT		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
27357	N	REMOVE FEMUR LESION/GRAFT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27358	N	REMOVE FEMUR LESION/FIXATION				Bundled	\$0.00			000	999	-
27360	T	PARTIAL REMOVAL LEG BONE(S)		05113	34.1848	APC	\$1,936.23			000	999	-
27364	T	RESECT THIGH/KNEE TUM 5 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
27365	T	RESECT FEMUR/KNEE TUMOR		05114	75.6664	APC	\$4,285.74			000	999	-
27369	N	NJX CNTRST KNE ARTHG/CT/MRI				Bundled	\$0.00			000	999	-
27372	T	REMOVAL OF FOREIGN BODY		05073	28.6243	APC	\$1,621.28			000	999	-
27380	T	REPAIR OF KNEECAP TENDON		05114	75.6664	APC	\$4,285.74			000	999	-
27381	N	REPAIR/GRAFT KNEECAP TENDON		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27385	T	REPAIR OF THIGH MUSCLE		05114	75.6664	APC	\$4,285.74			000	999	-
27386	N	REPAIR/GRAFT OF THIGH MUSCLE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27390	T	INCISION OF THIGH TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
27391	T	INCISION OF THIGH TENDONS		05113	34.1848	APC	\$1,936.23			000	999	-
27392	T	INCISION OF THIGH TENDONS		05113	34.1848	APC	\$1,936.23			000	999	-
27393	T	LENGTHENING OF THIGH TENDON		05114	75.6664	APC	\$4,285.74			000	999	-
27394	T	LENGTHENING OF THIGH TENDONS		05114	75.6664	APC	\$4,285.74			000	999	-
27395	T	LENGTHENING OF THIGH TENDONS		05113	34.1848	APC	\$1,936.23			000	999	-
27396	T	TRANSPLANT OF THIGH TENDON		05114	75.6664	APC	\$4,285.74			000	999	-
27397	T	TRANSPLANTS OF THIGH TENDONS		05114	75.6664	APC	\$4,285.74			000	999	-
27400	T	REVISE THIGH MUSCLES/TENDONS		05114	75.6664	APC	\$4,285.74			000	999	-
27403	T	REPAIR OF KNEE CARTILAGE		05114	75.6664	APC	\$4,285.74			000	999	-
27405	T	REPAIR OF KNEE LIGAMENT		05114	75.6664	APC	\$4,285.74			000	999	-
27407	N	REPAIR OF KNEE LIGAMENT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27409	T	REPAIR OF KNEE LIGAMENTS		05114	75.6664	APC	\$4,285.74			000	999	-
27412	N	AUTOCHONDROCYTE IMPLANT KNEE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27415	N	OSTEOCHONDRAL KNEE ALLOGRAFT		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
27416	N	OSTEOCHONDRAL KNEE AUTOGRAFT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27418	N	REPAIR DEGENERATED KNEECAP		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27420	N	REVISION OF UNSTABLE KNEECAP		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27422	T	REVISION OF UNSTABLE KNEECAP		05114	75.6664	APC	\$4,285.74			000	999	-
27424	T	REVISION/REMOVAL OF KNEECAP		05114	75.6664	APC	\$4,285.74			000	999	-
27425	T	LAT RETINACULAR RELEASE OPEN		05113	34.1848	APC	\$1,936.23			000	999	-
27427	N	RECONSTRUCTION KNEE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27428	N	RECONSTRUCTION KNEE		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
27429	N	RECONSTRUCTION KNEE		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
27430	T	REVISION OF THIGH MUSCLES		05114	75.6664	APC	\$4,285.74			000	999	-
27435	T	INCISION OF KNEE JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
27437	N	REVISE KNEECAP		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27438	N	REVISE KNEECAP WITH IMPLANT		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
27440	N	REVISION OF KNEE JOINT		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
27441	N	REVISION OF KNEE JOINT		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
27442	N	REVISION OF KNEE JOINT		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
27443	N	REVISION OF KNEE JOINT		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
27445	T	REVISION OF KNEE JOINT		05115	148.7344	APC	\$8,424.32			000	999	-
27446	N	REVISION OF KNEE JOINT		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
27447	T	TOTAL KNEE ARTHROPLASTY		05115	148.7344	APC	\$6,562.73			000	999	-
27448	T	INCISION OF THIGH		05114	75.6664	APC	\$4,285.74			000	999	-
27450	T	INCISION OF THIGH		05114	75.6664	APC	\$4,285.74			000	999	-

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

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
27454	T	REALIGNMENT OF THIGH BONE		05114	75.6664	APC	\$4,285.74			000	999	-
27455	T	REALIGNMENT OF KNEE		05114	75.6664	APC	\$4,285.74			000	999	-
27457	T	REALIGNMENT OF KNEE		05114	75.6664	APC	\$4,285.74			000	999	-
27465	T	SHORTENING OF THIGH BONE		05114	75.6664	APC	\$4,285.74			000	999	-
27466	T	LENGTHENING OF THIGH BONE		05114	75.6664	APC	\$4,285.74			000	999	-
27468	T	SHORTEN/LENGTHEN THIGHS		05114	75.6664	APC	\$4,285.74			000	999	-
27470	T	REPAIR OF THIGH		05114	75.6664	APC	\$4,285.74			000	999	-
27472	T	REPAIR/GRAFT OF THIGH		05114	75.6664	APC	\$4,285.74			000	999	-
27475	T	SURGERY TO STOP LEG GROWTH		05114	75.6664	APC	\$4,285.74			000	999	-
27477	T	SURGERY TO STOP LEG GROWTH		05114	75.6664	APC	\$4,285.74			000	999	-
27479	T	SURGERY TO STOP LEG GROWTH		05114	75.6664	APC	\$4,285.74			000	999	-
27485	T	SURGERY TO STOP LEG GROWTH		05114	75.6664	APC	\$4,285.74			000	999	-
27486	T	REVISE/REPLACE KNEE JOINT		05115	148.7344	APC	\$8,424.32			000	999	-
27487	T	REVISE/REPLACE KNEE JOINT		05115	148.7344	APC	\$8,424.32			000	999	-
27488	T	REMOVAL OF KNEE PROSTHESIS		05114	75.6664	APC	\$4,285.74			000	999	-
27495	T	REINFORCE THIGH		05114	75.6664	APC	\$4,285.74			000	999	-
27496	T	DECOMPRESSION OF THIGH/KNEE		05113	34.1848	APC	\$1,936.23			000	999	-
27497	T	DECOMPRESSION OF THIGH/KNEE		05113	34.1848	APC	\$1,936.23			000	999	-
27498	T	DECOMPRESSION OF THIGH/KNEE		05112	16.8164	APC	\$952.48			000	999	-
27499	T	DECOMPRESSION OF THIGH/KNEE		05114	75.6664	APC	\$4,285.74			000	999	-
27500	T	TREATMENT OF THIGH FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
27501	T	TREATMENT OF THIGH FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
27502	T	TREATMENT OF THIGH FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
27503	T	TREATMENT OF THIGH FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
27506	T	TREATMENT OF THIGH FRACTURE		05114	75.6664	APC	\$4,285.74			000	999	-
27507	T	TREATMENT OF THIGH FRACTURE		05114	75.6664	APC	\$4,285.74			000	999	-
27508	T	TREATMENT OF THIGH FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
27509	N	TREATMENT OF THIGH FRACTURE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27510	T	TREATMENT OF THIGH FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
27511	T	TREATMENT OF THIGH FRACTURE		05114	75.6664	APC	\$4,285.74			000	999	-
27513	T	TREATMENT OF THIGH FRACTURE		05114	75.6664	APC	\$4,285.74			000	999	-
27514	T	TREATMENT OF THIGH FRACTURE		05114	75.6664	APC	\$4,285.74			000	999	-
27516	T	TREAT THIGH FX GROWTH PLATE		05111	2.4903	APC	\$141.05			000	999	-
27517	T	TREAT THIGH FX GROWTH PLATE		05112	16.8164	APC	\$952.48			000	999	-
27519	T	TREAT THIGH FX GROWTH PLATE		05114	75.6664	APC	\$4,285.74			000	999	-
27520	T	TREAT KNEECAP FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
27524	T	TREAT KNEECAP FRACTURE		05114	75.6664	APC	\$4,285.74			000	999	-
27530	T	TREAT KNEE FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
27532	T	TREAT KNEE FRACTURE		05113	34.1848	APC	\$1,936.23			000	999	-
27535	T	TREAT KNEE FRACTURE		05114	75.6664	APC	\$4,285.74			000	999	-
27536	T	TREAT KNEE FRACTURE		05114	75.6664	APC	\$4,285.74			000	999	-
27538	T	TREAT KNEE FRACTURE(S)		05111	2.4903	APC	\$141.05			000	999	-
27540	T	TREAT KNEE FRACTURE		05114	75.6664	APC	\$4,285.74			000	999	-
27550	T	TREAT KNEE DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
27552	T	TREAT KNEE DISLOCATION		05112	16.8164	APC	\$952.48			000	999	-
27556	T	TREAT KNEE DISLOCATION		05114	75.6664	APC	\$4,285.74			000	999	-
27557	T	TREAT KNEE DISLOCATION		05114	75.6664	APC	\$4,285.74			000	999	-
27558	T	TREAT KNEE DISLOCATION		05114	75.6664	APC	\$4,285.74			000	999	-
27560	T	TREAT KNEECAP DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
27562	T	TREAT KNEECAP DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
27566	T	TREAT KNEECAP DISLOCATION		05114	75.6664	APC	\$4,285.74			000	999	-
27570	T	FIXATION OF KNEE JOINT		05112	16.8164	APC	\$952.48			000	999	-
27580	T	FUSION OF KNEE		05115	148.7344	APC	\$8,424.32			000	999	-
27590	T	AMPUTATE LEG AT THIGH		05116	191.6510	APC	\$10,855.11			000	999	-
27591	T	AMPUTATE LEG AT THIGH		05116	191.6510	APC	\$10,855.11			000	999	-
27592	T	AMPUTATE LEG AT THIGH		05116	191.6510	APC	\$10,855.11			000	999	-
27594	T	AMPUTATION FOLLOW-UP SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
27596	T	AMPUTATION FOLLOW-UP SURGERY		05114	75.6664	APC	\$4,285.74			000	999	-
27598	T	AMPUTATE LOWER LEG AT KNEE		05115	148.7344	APC	\$8,424.32			000	999	-
27599	T	LEG SURGERY PROCEDURE		05111	2.4903	APC	\$141.05			000	999	-
27600	T	DECOMPRESSION OF LOWER LEG		05113	34.1848	APC	\$1,936.23			000	999	-
27601	T	DECOMPRESSION OF LOWER LEG		05113	34.1848	APC	\$1,936.23			000	999	-
27602	T	DECOMPRESSION OF LOWER LEG		05113	34.1848	APC	\$1,936.23			000	999	-
27603	T	DRAIN LOWER LEG LESION		05073	28.6243	APC	\$1,621.28			000	999	-
27604	T	DRAIN LOWER LEG BURSA		05113	34.1848	APC	\$1,936.23			000	999	-
27605	T	INCISION OF ACHILLES TENDON		05112	16.8164	APC	\$952.48			000	999	-
27606	T	INCISION OF ACHILLES TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
27607	T	TREAT LOWER LEG BONE LESION		05113	34.1848	APC	\$1,936.23			000	999	-
27610	T	EXPLORE/TREAT ANKLE JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
27612	T	EXPLORATION OF ANKLE JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
27613	T	BIOPSY LOWER LEG SOFT TISSUE		05072	16.9934	APC	\$962.51			000	999	-
27614	T	BIOPSY LOWER LEG SOFT TISSUE		05073	28.6243	APC	\$1,621.28			000	999	-
27615	T	RESECT LEG/ANKLE TUM < 5 CM		05073	28.6243	APC	\$1,621.28			000	999	-
27616	T	RESECT LEG/ANKLE TUM 5 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
27618	T	EXC LEG/ANKLE TUM < 3 CM		05072	16.9934	APC	\$962.51			000	999	-
27619	T	EXC LEG/ANKLE TUM DEEP <5 CM		05073	28.6243	APC	\$1,621.28			000	999	-
27620	T	EXPLORE/TREAT ANKLE JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
27625	T	REMOVE ANKLE JOINT LINING		05113	34.1848	APC	\$1,936.23			000	999	-
27626	T	REMOVE ANKLE JOINT LINING		05113	34.1848	APC	\$1,936.23			000	999	-
27630	T	REMOVAL OF TENDON LESION		05113	34.1848	APC	\$1,936.23			000	999	-
27632	T	EXC LEG/ANKLE LES SC 3 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
27634	T	EXC LEG/ANKLE TUM DEP 5 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
27635	T	REMOVE LOWER LEG BONE LESION		05113	34.1848	APC	\$1,936.23			000	999	-
27637	N	REMOVE/GRAFT LEG BONE LESION		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27638	N	REMOVE/GRAFT LEG BONE LESION		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27640	T	PARTIAL REMOVAL OF TIBIA		05113	34.1848	APC	\$1,936.23			000	999	-
27641	T	PARTIAL REMOVAL OF FIBULA		05113	34.1848	APC	\$1,936.23			000	999	-
27645	T	RESECT TIBIA TUMOR		05114	75.6664	APC	\$4,285.74			000	999	-
27646	T	RESECT FIBULA TUMOR		05114	75.6664	APC	\$4,285.74			000	999	-
27647	T	RESECT TALUS/CALCANEUS TUM		05113	34.1848	APC	\$1,936.23			000	999	-
27648	N	INJECTION FOR ANKLE X-RAY				Bundled	\$0.00			000	999	-
27650	T	REPAIR ACHILLES TENDON		05114	75.6664	APC	\$4,285.74			000	999	-
27652	N	REPAIR/GRAFT ACHILLES TENDON		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27654	N	REPAIR OF ACHILLES TENDON		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27656	T	REPAIR LEG FASCIA DEFECT		05113	34.1848	APC	\$1,936.23			000	999	-
27658	T	REPAIR OF LEG TENDON EACH		05113	34.1848	APC	\$1,936.23			000	999	-
27659	T	REPAIR OF LEG TENDON EACH		05114	75.6664	APC	\$4,285.74			000	999	-
27664	T	REPAIR OF LEG TENDON EACH		05114	75.6664	APC	\$4,285.74			000	999	-
27665	N	REPAIR OF LEG TENDON EACH		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27675	T	REPAIR LOWER LEG TENDONS		05113	34.1848	APC	\$1,936.23			000	999	-
27676	T	REPAIR LOWER LEG TENDONS		05114	75.6664	APC	\$4,285.74			000	999	-
27680	T	RELEASE OF LOWER LEG TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
27681	T	RELEASE OF LOWER LEG TENDONS		05113	34.1848	APC	\$1,936.23			000	999	-
27685	T	REVISION OF LOWER LEG TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
27686	T	REVISE LOWER LEG TENDONS		05113	34.1848	APC	\$1,936.23			000	999	-
27687	T	REVISION OF CALF TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
27690	T	REVISE LOWER LEG TENDON		05114	75.6664	APC	\$4,285.74			000	999	-
27691	T	REVISE LOWER LEG TENDON		05114	75.6664	APC	\$4,285.74			000	999	-
27692	N	REVISE ADDITIONAL LEG TENDON				Bundled	\$0.00			000	999	-
27695	T	REPAIR OF ANKLE LIGAMENT		05114	75.6664	APC	\$4,285.74			000	999	-
27696	T	REPAIR OF ANKLE LIGAMENTS		05114	75.6664	APC	\$4,285.74			000	999	-
27698	T	REPAIR OF ANKLE LIGAMENT		05114	75.6664	APC	\$4,285.74			000	999	-
27700	N	REVISION OF ANKLE JOINT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27702	T	RECONSTRUCT ANKLE JOINT		05115	148.7344	APC	\$8,424.32			000	999	-

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Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
27703	T	RECONSTRUCTION ANKLE JOINT		05115	148.7344	APC	\$8,424.32			000	999	-
27704	N	REMOVAL OF ANKLE IMPLANT		05113	34.1848	Bundled, sometimes payable	\$1,936.23			000	999	-
27705	T	INCISION OF TIBIA		05114	75.6664	APC	\$4,285.74			000	999	-
27707	T	INCISION OF FIBULA		05113	34.1848	APC	\$1,936.23			000	999	-
27709	N	INCISION OF TIBIA & FIBULA		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
27712	T	REALIGNMENT OF LOWER LEG		05115	148.7344	APC	\$8,424.32			000	999	-
27715	T	REVISION OF LOWER LEG		05115	148.7344	APC	\$8,424.32			000	999	-
27720	N	REPAIR OF TIBIA		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27722	N	REPAIR/GRAFT OF TIBIA		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27724	T	REPAIR/GRAFT OF TIBIA		05114	75.6664	APC	\$4,285.74			000	999	-
27725	T	REPAIR OF LOWER LEG		05114	75.6664	APC	\$4,285.74			000	999	-
27726	N	REPAIR FIBULA NONUNION		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27727	T	REPAIR OF LOWER LEG		05114	75.6664	APC	\$4,285.74			000	999	-
27730	T	REPAIR OF TIBIA EPIPHYSIS		05113	34.1848	APC	\$1,936.23			000	999	-
27732	T	REPAIR OF FIBULA EPIPHYSIS		05113	34.1848	APC	\$1,936.23			000	999	-
27734	T	REPAIR LOWER LEG EPIPHYSES		05113	34.1848	APC	\$1,936.23			000	999	-
27740	T	REPAIR OF LEG EPIPHYSES		05113	34.1848	APC	\$1,936.23			000	999	-
27742	T	REPAIR OF LEG EPIPHYSES		05113	34.1848	APC	\$1,936.23			000	999	-
27745	N	REINFORCE TIBIA		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27750	T	TREATMENT OF TIBIA FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
27752	T	TREATMENT OF TIBIA FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
27756	N	TREATMENT OF TIBIA FRACTURE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27758	N	TREATMENT OF TIBIA FRACTURE		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
27759	N	TREATMENT OF TIBIA FRACTURE		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
27760	T	CLTX MEDIAL ANKLE FX		05111	2.4903	APC	\$141.05			000	999	-
27762	T	CLTX MED ANKLE FX W/MNPJ		05112	16.8164	APC	\$952.48			000	999	-
27766	T	OPTX MEDIAL ANKLE FX		05114	75.6664	APC	\$4,285.74			000	999	-
27767	T	CLTX POST ANKLE FX		05111	2.4903	APC	\$141.05			000	999	-
27768	T	CLTX POST ANKLE FX W/MNPJ		05112	16.8164	APC	\$952.48			000	999	-
27769	N	OPTX POST ANKLE FX		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27780	T	TREATMENT OF FIBULA FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
27781	T	TREATMENT OF FIBULA FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
27784	N	TREATMENT OF FIBULA FRACTURE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27786	T	TREATMENT OF ANKLE FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
27788	T	TREATMENT OF ANKLE FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
27792	N	TREATMENT OF ANKLE FRACTURE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27808	T	TREATMENT OF ANKLE FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
27810	T	TREATMENT OF ANKLE FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
27814	N	TREATMENT OF ANKLE FRACTURE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27816	T	TREATMENT OF ANKLE FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
27818	T	TREATMENT OF ANKLE FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
27822	N	TREATMENT OF ANKLE FRACTURE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27823	N	TREATMENT OF ANKLE FRACTURE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27824	T	TREAT LOWER LEG FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
27825	T	TREAT LOWER LEG FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
27826	N	TREAT LOWER LEG FRACTURE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27827	N	TREAT LOWER LEG FRACTURE		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
27828	N	TREAT LOWER LEG FRACTURE		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
27829	T	TREAT LOWER LEG JOINT		05114	75.6664	APC	\$4,285.74			000	999	-
27830	T	TREAT LOWER LEG DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
27831	T	TREAT LOWER LEG DISLOCATION		05113	34.1848	APC	\$1,936.23			000	999	-
27832	N	TREAT LOWER LEG DISLOCATION		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
27840	T	TREAT ANKLE DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
27842	T	TREAT ANKLE DISLOCATION		05112	16.8164	APC	\$952.48			000	999	-
27846	T	TREAT ANKLE DISLOCATION		05114	75.6664	APC	\$4,285.74			000	999	-
27848	T	TREAT ANKLE DISLOCATION		05114	75.6664	APC	\$4,285.74			000	999	-
27860	T	FIXATION OF ANKLE JOINT		05113	34.1848	APC	\$1,936.23			000	999	-

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January 1, 2021

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
27870	N	FUSION OF ANKLE JOINT OPEN		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
27871	N	FUSION OF TIBIOFIBULAR JOINT		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
27880	T	AMPUTATION OF LOWER LEG		05116	191.6510	APC	\$10,855.11			000	999	-
27881	T	AMPUTATION OF LOWER LEG		05114	75.6664	APC	\$4,285.74			000	999	-
27882	T	AMPUTATION OF LOWER LEG		05114	75.6664	APC	\$4,285.74			000	999	-
27884	T	AMPUTATION FOLLOW-UP SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
27886	T	AMPUTATION FOLLOW-UP SURGERY		05114	75.6664	APC	\$4,285.74			000	999	-
27888	T	AMPUTATION OF FOOT AT ANKLE		05115	148.7344	APC	\$8,424.32			000	999	-
27889	T	AMPUTATION OF FOOT AT ANKLE		05114	75.6664	APC	\$4,285.74			000	999	-
27892	T	DECOMPRESSION OF LEG		05113	34.1848	APC	\$1,936.23			000	999	-
27893	T	DECOMPRESSION OF LEG		05114	75.6664	APC	\$4,285.74			000	999	-
27894	T	DECOMPRESSION OF LEG		05113	34.1848	APC	\$1,936.23			000	999	-
27899	T	LEG/ANKLE SURGERY PROCEDURE		05111	2.4903	APC	\$141.05			000	999	-
28001	T	DRAINAGE OF BURSA OF FOOT		05072	16.9934	APC	\$962.51			000	999	-
28002	T	TREATMENT OF FOOT INFECTION		05112	16.8164	APC	\$952.48			000	999	-
28003	T	TREATMENT OF FOOT INFECTION		05113	34.1848	APC	\$1,936.23			000	999	-
28005	T	TREAT FOOT BONE LESION		05113	34.1848	APC	\$1,936.23			000	999	-
28008	T	INCISION OF FOOT FASCIA		05113	34.1848	APC	\$1,936.23			000	999	-
28010	T	INCISION OF TOE TENDON		05112	16.8164	APC	\$952.48			000	999	-
28011	T	INCISION OF TOE TENDONS		05112	16.8164	APC	\$952.48			000	999	-
28020	T	EXPLORATION OF FOOT JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
28022	T	EXPLORATION OF FOOT JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
28024	T	EXPLORATION OF TOE JOINT		05112	16.8164	APC	\$952.48			000	999	-
28035	T	DECOMPRESSION OF TIBIA NERVE		05431	21.1890	APC	\$1,200.14			000	999	-
28039	T	EXC FOOT/TOE TUM SC 1.5 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
28041	T	EXC FOOT/TOE TUM DEP 1.5CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
28043	T	EXC FOOT/TOE TUM SC < 1.5 CM		05072	16.9934	APC	\$962.51			000	999	-
28045	T	EXC FOOT/TOE TUM DEEP <1.5CM		05073	28.6243	APC	\$1,621.28			000	999	-
28046	T	RESECT FOOT/TOE TUMOR < 3 CM		05073	28.6243	APC	\$1,621.28			000	999	-
28047	T	RESECT FOOT/TOE TUMOR 3 CM/>		05073	28.6243	APC	\$1,621.28			000	999	-
28050	T	BIOPSY OF FOOT JOINT LINING		05113	34.1848	APC	\$1,936.23			000	999	-
28052	T	BIOPSY OF FOOT JOINT LINING		05113	34.1848	APC	\$1,936.23			000	999	-
28054	T	BIOPSY OF TOE JOINT LINING		05113	34.1848	APC	\$1,936.23			000	999	-
28055	T	NEURECTOMY FOOT		05431	21.1890	APC	\$1,200.14			000	999	-
28060	T	PARTIAL REMOVAL FOOT FASCIA		05113	34.1848	APC	\$1,936.23			000	999	-
28062	T	REMOVAL OF FOOT FASCIA		05113	34.1848	APC	\$1,936.23			000	999	-
28070	T	REMOVAL OF FOOT JOINT LINING		05114	75.6664	APC	\$4,285.74			000	999	-
28072	T	REMOVAL OF FOOT JOINT LINING		05113	34.1848	APC	\$1,936.23			000	999	-
28080	T	REMOVAL OF FOOT LESION		05112	16.8164	APC	\$952.48			000	999	-
28086	T	EXCISE FOOT TENDON SHEATH		05113	34.1848	APC	\$1,936.23			000	999	-
28088	T	EXCISE FOOT TENDON SHEATH		05113	34.1848	APC	\$1,936.23			000	999	-
28090	T	REMOVAL OF FOOT LESION		05112	16.8164	APC	\$952.48			000	999	-
28092	T	REMOVAL OF TOE LESIONS		05112	16.8164	APC	\$952.48			000	999	-
28100	T	REMOVAL OF ANKLE/HEEL LESION		05113	34.1848	APC	\$1,936.23			000	999	-
28102	N	REMOVE/GRAFT FOOT LESION		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
28103	N	REMOVE/GRAFT FOOT LESION		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
28104	T	REMOVAL OF FOOT LESION		05113	34.1848	APC	\$1,936.23			000	999	-
28106	T	REMOVE/GRAFT FOOT LESION		05114	75.6664	APC	\$4,285.74			000	999	-
28107	N	REMOVE/GRAFT FOOT LESION		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
28108	T	REMOVAL OF TOE LESIONS		05112	16.8164	APC	\$952.48			000	999	-
28110	T	PART REMOVAL OF METATARSAL		05113	34.1848	APC	\$1,936.23			000	999	-
28111	T	PART REMOVAL OF METATARSAL		05113	34.1848	APC	\$1,936.23			000	999	-
28112	T	PART REMOVAL OF METATARSAL		05113	34.1848	APC	\$1,936.23			000	999	-
28113	T	PART REMOVAL OF METATARSAL		05113	34.1848	APC	\$1,936.23			000	999	-
28114	T	REMOVAL OF METATARSAL HEADS		05113	34.1848	APC	\$1,936.23			000	999	-
28116	T	REVISION OF FOOT		05113	34.1848	APC	\$1,936.23			000	999	-
28118	T	REMOVAL OF HEEL BONE		05113	34.1848	APC	\$1,936.23			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
28119	T	REMOVAL OF HEEL SPUR		05113	34.1848	APC	\$1,936.23			000	999	-
28120	T	PART REMOVAL OF ANKLE/HEEL		05113	34.1848	APC	\$1,936.23			000	999	-
28122	T	PARTIAL REMOVAL OF FOOT BONE		05113	34.1848	APC	\$1,936.23			000	999	-
28124	T	PARTIAL REMOVAL OF TOE		05113	34.1848	APC	\$1,936.23			000	999	-
28126	T	PARTIAL REMOVAL OF TOE		05113	34.1848	APC	\$1,936.23			000	999	-
28130	T	REMOVAL OF ANKLE BONE		05114	75.6664	APC	\$4,285.74			000	999	-
28140	T	REMOVAL OF METATARSAL		05113	34.1848	APC	\$1,936.23			000	999	-
28150	T	REMOVAL OF TOE		05113	34.1848	APC	\$1,936.23			000	999	-
28153	T	PARTIAL REMOVAL OF TOE		05113	34.1848	APC	\$1,936.23			000	999	-
28160	T	PARTIAL REMOVAL OF TOE		05113	34.1848	APC	\$1,936.23			000	999	-
28171	T	RESECT TARSAL TUMOR		05113	34.1848	APC	\$1,936.23			000	999	-
28173	T	RESECT METATARSAL TUMOR		05113	34.1848	APC	\$1,936.23			000	999	-
28175	T	RESECT PHALANX OF TOE TUMOR		05112	16.8164	APC	\$952.48			000	999	-
28190	T	REMOVAL OF FOOT FOREIGN BODY		05071	7.5120	APC	\$425.48			000	999	-
28192	T	REMOVAL OF FOOT FOREIGN BODY		05072	16.9934	APC	\$962.51			000	999	-
28193	T	REMOVAL OF FOOT FOREIGN BODY		05072	16.9934	APC	\$962.51			000	999	-
28200	T	REPAIR OF FOOT TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
28202	N	REPAIR/GRAFT OF FOOT TENDON		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
28208	T	REPAIR OF FOOT TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
28210	N	REPAIR/GRAFT OF FOOT TENDON		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
28220	T	RELEASE OF FOOT TENDON		05112	16.8164	APC	\$952.48			000	999	-
28222	T	RELEASE OF FOOT TENDONS		05113	34.1848	APC	\$1,936.23			000	999	-
28225	T	RELEASE OF FOOT TENDON		05113	34.1848	APC	\$1,936.23			000	999	-
28226	T	RELEASE OF FOOT TENDONS		05113	34.1848	APC	\$1,936.23			000	999	-
28230	T	INCISION OF FOOT TENDON(S)		05112	16.8164	APC	\$952.48			000	999	-
28232	T	INCISION OF TOE TENDON		05112	16.8164	APC	\$952.48			000	999	-
28234	T	INCISION OF FOOT TENDON		05112	16.8164	APC	\$952.48			000	999	-
28238	T	REVISION OF FOOT TENDON		05114	75.6664	APC	\$4,285.74			000	999	-
28240	T	RELEASE OF BIG TOE		05113	34.1848	APC	\$1,936.23			000	999	-
28250	T	REVISION OF FOOT FASCIA		05113	34.1848	APC	\$1,936.23			000	999	-
28260	T	RELEASE OF MIDFOOT JOINT		05113	34.1848	APC	\$1,936.23			000	999	-
28261	T	REVISION OF FOOT TENDON		05112	16.8164	APC	\$952.48			000	999	-
28262	N	REVISION OF FOOT AND ANKLE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
28264	T	RELEASE OF MIDFOOT JOINT		05112	16.8164	APC	\$952.48			000	999	-
28270	T	RELEASE OF FOOT CONTRACTURE		05113	34.1848	APC	\$1,936.23			000	999	-
28272	T	RELEASE OF TOE JOINT EACH		05112	16.8164	APC	\$952.48			000	999	-
28280	T	FUSION OF TOES		05113	34.1848	APC	\$1,936.23			000	999	-
28285	T	REPAIR OF HAMMERTOE		05113	34.1848	APC	\$1,936.23			000	999	-
28286	T	REPAIR OF HAMMERTOE		05113	34.1848	APC	\$1,936.23			000	999	-
28288	T	PARTIAL REMOVAL OF FOOT BONE		05113	34.1848	APC	\$1,936.23			000	999	-
28289	T	CORRJ HALUX RIGDUS W/O IMPLT		05113	34.1848	APC	\$1,936.23			000	999	-
28291	T	CORRJ HALUX RIGDUS W/IMPLT		05114	75.6664	APC	\$4,285.74			000	999	-
28292	T	CORRECTION HALLUX VALGUS		05113	34.1848	APC	\$1,936.23			000	999	-
28295	T	CORRECTION HALLUX VALGUS		05113	34.1848	APC	\$1,936.23			000	999	-
28296	T	CORRECTION HALLUX VALGUS		05113	34.1848	APC	\$1,936.23			000	999	-
28297	N	CORRECTION HALLUX VALGUS		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
28298	T	CORRECTION HALLUX VALGUS		05114	75.6664	APC	\$4,285.74			000	999	-
28299	T	CORRECTION HALLUX VALGUS		05114	75.6664	APC	\$4,285.74			000	999	-
28300	N	INCISION OF HEEL BONE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
28302	T	INCISION OF ANKLE BONE		05114	75.6664	APC	\$4,285.74			000	999	-
28304	N	INCISION OF MIDFOOT BONES		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
28305	N	INCISE/GRAFT MIDFOOT BONES		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
28306	T	INCISION OF METATARSAL		05114	75.6664	APC	\$4,285.74			000	999	-
28307	T	INCISION OF METATARSAL		05114	75.6664	APC	\$4,285.74			000	999	-
28308	T	INCISION OF METATARSAL		05113	34.1848	APC	\$1,936.23			000	999	-
28309	N	INCISION OF METATARSALS		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
28310	T	REVISION OF BIG TOE		05114	75.6664	APC	\$4,285.74			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
28312	T	REVISION OF TOE		05113	34.1848	APC	\$1,936.23			000	999	-
28313	T	REPAIR DEFORMITY OF TOE		05113	34.1848	APC	\$1,936.23			000	999	-
28315	T	REMOVAL OF SESAMOID BONE		05113	34.1848	APC	\$1,936.23			000	999	-
28320	N	REPAIR OF FOOT BONES		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
28322	N	REPAIR OF METATARSALS		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
28340	T	RESECT ENLARGED TOE TISSUE		05113	34.1848	APC	\$1,936.23			000	999	-
28341	T	RESECT ENLARGED TOE		05113	34.1848	APC	\$1,936.23			000	999	-
28344	T	REPAIR EXTRA TOE(S)		05113	34.1848	APC	\$1,936.23			000	999	-
28345	T	REPAIR WEBBED TOE(S)		05112	16.8164	APC	\$952.48			000	999	-
28360	N	RECONSTRUCT CLEFT FOOT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
28400	T	TREATMENT OF HEEL FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
28405	T	TREATMENT OF HEEL FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
28406	T	TREATMENT OF HEEL FRACTURE		05114	75.6664	APC	\$4,285.74			000	999	-
28415	N	TREAT HEEL FRACTURE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
28420	N	TREAT/GRAFT HEEL FRACTURE		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
28430	T	TREATMENT OF ANKLE FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
28435	T	TREATMENT OF ANKLE FRACTURE		05112	16.8164	APC	\$952.48			000	999	-
28436	T	TREATMENT OF ANKLE FRACTURE		05114	75.6664	APC	\$4,285.74			000	999	-
28445	N	TREAT ANKLE FRACTURE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
28446	N	OSTEOCHONDRAL TALUS AUTOGRFT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
28450	T	TREAT MIDFOOT FRACTURE EACH		05111	2.4903	APC	\$141.05			000	999	-
28455	T	TREAT MIDFOOT FRACTURE EACH		05112	16.8164	APC	\$952.48			000	999	-
28456	N	TREAT MIDFOOT FRACTURE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
28465	N	TREAT MIDFOOT FRACTURE EACH		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
28470	T	TREAT METATARSAL FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
28475	T	TREAT METATARSAL FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
28476	T	TREAT METATARSAL FRACTURE		05113	34.1848	APC	\$1,936.23			000	999	-
28485	T	TREAT METATARSAL FRACTURE		05114	75.6664	APC	\$4,285.74			000	999	-
28490	T	TREAT BIG TOE FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
28495	T	TREAT BIG TOE FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
28496	T	TREAT BIG TOE FRACTURE		05113	34.1848	APC	\$1,936.23			000	999	-
28505	T	TREAT BIG TOE FRACTURE		05113	34.1848	APC	\$1,936.23			000	999	-
28510	T	TREATMENT OF TOE FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
28515	T	TREATMENT OF TOE FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
28525	T	TREAT TOE FRACTURE		05113	34.1848	APC	\$1,936.23			000	999	-
28530	T	TREAT SESAMOID BONE FRACTURE		05111	2.4903	APC	\$141.05			000	999	-
28531	T	TREAT SESAMOID BONE FRACTURE		05114	75.6664	APC	\$4,285.74			000	999	-
28540	T	TREAT FOOT DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
28545	T	TREAT FOOT DISLOCATION		05113	34.1848	APC	\$1,936.23			000	999	-
28546	T	TREAT FOOT DISLOCATION		05112	16.8164	APC	\$952.48			000	999	-
28555	N	REPAIR FOOT DISLOCATION		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
28570	T	TREAT FOOT DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
28575	T	TREAT FOOT DISLOCATION		05113	34.1848	APC	\$1,936.23			000	999	-
28576	T	TREAT FOOT DISLOCATION		05114	75.6664	APC	\$4,285.74			000	999	-
28585	T	REPAIR FOOT DISLOCATION		05114	75.6664	APC	\$4,285.74			000	999	-
28600	T	TREAT FOOT DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
28605	T	TREAT FOOT DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
28606	T	TREAT FOOT DISLOCATION		05113	34.1848	APC	\$1,936.23			000	999	-
28615	N	REPAIR FOOT DISLOCATION		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
28630	T	TREAT TOE DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
28635	T	TREAT TOE DISLOCATION		05112	16.8164	APC	\$952.48			000	999	-
28636	T	TREAT TOE DISLOCATION		05113	34.1848	APC	\$1,936.23			000	999	-
28645	T	REPAIR TOE DISLOCATION		05113	34.1848	APC	\$1,936.23			000	999	-
28660	T	TREAT TOE DISLOCATION		05111	2.4903	APC	\$141.05			000	999	-
28665	T	TREAT TOE DISLOCATION		05102	2.9128	APC	\$164.98			000	999	-
28666	T	TREAT TOE DISLOCATION		05113	34.1848	APC	\$1,936.23			000	999	-
28675	T	REPAIR OF TOE DISLOCATION		05113	34.1848	APC	\$1,936.23			000	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
28705	N	FUSION OF FOOT BONES		05116	191.6510	Bundled, sometimes payable	\$10,855.11			000	999	-
28715	N	FUSION OF FOOT BONES		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
28725	N	FUSION OF FOOT BONES		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
28730	N	FUSION OF FOOT BONES		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
28735	N	FUSION OF FOOT BONES		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
28737	N	REVISION OF FOOT BONES		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
28740	N	FUSION OF FOOT BONES		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
28750	N	FUSION OF BIG TOE JOINT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
28755	T	FUSION OF BIG TOE JOINT		05114	75.6664	APC	\$4,285.74			000	999	-
28760	N	FUSION OF BIG TOE JOINT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
28800	T	AMPUTATION OF MIDFOOT		05113	34.1848	APC	\$1,936.23			000	999	-
28805	T	AMPUTATION THRU METATARSAL		05113	34.1848	APC	\$1,936.23			000	999	-
28810	T	AMPUTATION TOE & METATARSAL		05113	34.1848	APC	\$1,936.23			000	999	-
28820	T	AMPUTATION OF TOE		05113	34.1848	APC	\$1,936.23			000	999	-
28825	T	PARTIAL AMPUTATION OF TOE		05113	34.1848	APC	\$1,936.23			000	999	-
28890	T	HI ENRGY ESWT PLANTAR FASCIA		05112	16.8164	APC	\$952.48			000	999	-
28899	T	FOOT/TOES SURGERY PROCEDURE		05111	2.4903	APC	\$141.05			000	999	-
29000	T	APPLICATION OF BODY CAST		05102	2.9128	APC	\$164.98			000	999	-
29010	T	APPLICATION OF BODY CAST		05102	2.9128	APC	\$164.98			000	999	-
29015	T	APPLICATION OF BODY CAST		05102	2.9128	APC	\$164.98			000	999	-
29035	T	APPLICATION OF BODY CAST		05102	2.9128	APC	\$164.98			000	999	-
29040	T	APPLICATION OF BODY CAST		05102	2.9128	APC	\$164.98			000	999	-
29044	T	APPLICATION OF BODY CAST		05101	1.7051	APC	\$96.58			000	999	-
29046	T	APPLICATION OF BODY CAST		05102	2.9128	APC	\$164.98			000	999	-
29049	T	APPLICATION OF FIGURE EIGHT		05102	2.9128	APC	\$164.98			000	999	-
29055	T	APPLICATION OF SHOULDER CAST		05102	2.9128	APC	\$164.98			000	999	-
29058	T	APPLICATION OF SHOULDER CAST		05102	2.9128	APC	\$164.98			000	999	-
29065	T	APPLICATION OF LONG ARM CAST		05102	2.9128	APC	\$164.98			000	999	-
29075	T	APPLICATION OF FOREARM CAST		05102	2.9128	APC	\$164.98			000	999	-
29085	T	APPLY HAND/WRIST CAST		05101	1.7051	APC	\$96.58			000	999	-
29086	T	APPLY FINGER CAST		05101	1.7051	APC	\$96.58			000	999	-
29105	T	APPLY LONG ARM SPLINT		05101	1.7051	APC	\$96.58			000	999	-
29125	N	APPLY FOREARM SPLINT		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
29126	N	APPLY FOREARM SPLINT		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
29130	N	APPLICATION OF FINGER SPLINT		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
29131	N	APPLICATION OF FINGER SPLINT		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
29200	T	STRAPPING OF CHEST		05101	1.7051	APC	\$96.58			000	999	-
29240	N	STRAPPING OF SHOULDER		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
29260	N	STRAPPING OF ELBOW OR WRIST		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
29280	N	STRAPPING OF HAND OR FINGER		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
29305	T	APPLICATION OF HIP CAST		05102	2.9128	APC	\$164.98			000	999	-
29325	T	APPLICATION OF HIP CASTS		05102	2.9128	APC	\$164.98			000	999	-
29345	T	APPLICATION OF LONG LEG CAST		05102	2.9128	APC	\$164.98			000	999	-
29355	T	APPLICATION OF LONG LEG CAST		05102	2.9128	APC	\$164.98			000	999	-
29358	T	APPLY LONG LEG CAST BRACE		05102	2.9128	APC	\$164.98			000	999	-
29365	T	APPLICATION OF LONG LEG CAST		05102	2.9128	APC	\$164.98			000	999	-
29405	T	APPLY SHORT LEG CAST		05102	2.9128	APC	\$164.98			000	999	-
29425	T	APPLY SHORT LEG CAST		05102	2.9128	APC	\$164.98			000	999	-
29435	T	APPLY SHORT LEG CAST		05102	2.9128	APC	\$164.98			000	999	-
29440	T	ADDITION OF WALKER TO CAST		05101	1.7051	APC	\$96.58			000	999	-
29445	T	APPLY RIGID LEG CAST		05102	2.9128	APC	\$164.98			000	999	-
29450	T	APPLICATION OF LEG CAST		05101	1.7051	APC	\$96.58			000	999	-
29505	T	APPLICATION LONG LEG SPLINT		05101	1.7051	APC	\$96.58			000	999	-
29515	T	APPLICATION LOWER LEG SPLINT		05101	1.7051	APC	\$96.58			000	999	-
29520	N	STRAPPING OF HIP		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
29530	N	STRAPPING OF KNEE		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
29540	T	STRAPPING OF ANKLE AND/OR FT		05101	1.7051	APC	\$96.58			000	999	-

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

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
29550	N	STRAPPING OF TOES		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
29580	T	APPLICATION OF PASTE BOOT		05101	1.7051	APC	\$96.58			000	999	-
29581	T	APPLY MULTLAY COMPRS LWR LEG		05101	1.7051	APC	\$96.58			000	999	-
29584	T	APPL MULTLAY COMPRS ARM/HAND		05101	1.7051	APC	\$96.58			000	999	-
29700	T	REMOVAL/REVISION OF CAST		05102	2.9128	APC	\$164.98			000	999	-
29705	T	REMOVAL/REVISION OF CAST		05102	2.9128	APC	\$164.98			000	999	-
29710	T	REMOVAL/REVISION OF CAST		05102	2.9128	APC	\$164.98			000	999	-
29720	T	REPAIR OF BODY CAST		05101	1.7051	APC	\$96.58			000	999	-
29730	T	WINDOWING OF CAST		05101	1.7051	APC	\$96.58			000	999	-
29740	T	WEDGING OF CAST		05102	2.9128	APC	\$164.98			000	999	-
29750	T	WEDGING OF CLUBFOOT CAST		05102	2.9128	APC	\$164.98			000	999	-
29799	T	CASTING/STRAPPING PROCEDURE		05101	1.7051	APC	\$96.58			000	999	-
29800	T	JAW ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29804	T	JAW ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29805	T	SHO ARTHRS DX + SYNOVIAL BX		05113	34.1848	APC	\$1,936.23			000	999	-
29806	N	SHO ARTHRS SRG CAPSULORPAPHY		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
29807	N	SHO ARTHRS SRG RPR SLAP LES		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
29819	T	SHO ARTHRS SRG RMVL LOOSE/FB		05113	34.1848	APC	\$1,936.23			000	999	-
29820	T	SHO ARTHRS SRG PRTL SYNVTCT		05114	75.6664	APC	\$4,285.74			000	999	-
29821	T	SHO ARTHRS SRG COMPL SYNVTCT		05113	34.1848	APC	\$1,936.23			000	999	-
29822	T	SHOULDER ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29823	T	SHOULDER ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29824	T	SHO ARTHRS SRG DSTL CLAVICLC		05113	34.1848	APC	\$1,936.23			000	999	-
29825	T	SHO ARTHRS SRG LSS&RESCJ ADS		05113	34.1848	APC	\$1,936.23			000	999	-
29826	N	SHO ARTHRS SRG DECOMPRESSION				Bundled	\$0.00			000	999	-
29827	N	SHO ARTHRS SRG RT8TR CUJ RPR		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
29828	N	SHO ARTHRS SRG BICP TENODISIS		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
29830	T	ELBOW ARTHROSCOPY		05113	34.1848	APC	\$1,936.23			000	999	-
29834	T	ELBOW ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29835	T	ELBOW ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29836	T	ELBOW ARTHROSCOPY/SURGERY		05114	75.6664	APC	\$4,285.74			000	999	-
29837	T	ELBOW ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29838	T	ELBOW ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29840	T	WRIST ARTHROSCOPY		05113	34.1848	APC	\$1,936.23			000	999	-
29843	T	WRIST ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29844	T	WRIST ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29845	T	WRIST ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29846	T	WRIST ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29847	T	WRIST ARTHROSCOPY/SURGERY		05114	75.6664	APC	\$4,285.74			000	999	-
29848	T	WRIST ENDOSCOPY/SURGERY		05112	16.8164	APC	\$952.48			000	999	-
29850	T	KNEE ARTHROSCOPY/SURGERY		05112	16.8164	APC	\$952.48			000	999	-
29851	T	KNEE ARTHROSCOPY/SURGERY		05112	16.8164	APC	\$952.48			000	999	-
29855	N	TIBIAL ARTHROSCOPY/SURGERY		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
29856	N	TIBIAL ARTHROSCOPY/SURGERY		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
29860	T	HIP ARTHROSCOPY DX		05114	75.6664	APC	\$4,285.74			000	999	-
29861	T	HIP ARTHRO W/FB REMOVAL		05114	75.6664	APC	\$4,285.74			000	999	-
29862	N	HIP ARTHRO W/DEBRIDEMENT		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
29863	T	HIP ARTHRO W/SYNOVCTOMY		05113	34.1848	APC	\$1,936.23			000	999	-
29866	N	AUTGRFT IMPLNT KNEE W/SCOPE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
29867	N	ALLGRFT IMPLNT KNEE W/SCOPE		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
29868	N	MENISCAL TRNSPL KNEE W/SCPE		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
29870	T	KNEE ARTHROSCOPY DX		05113	34.1848	APC	\$1,936.23			000	999	-
29871	T	KNEE ARTHROSCOPY/DRAINAGE		05113	34.1848	APC	\$1,936.23			000	999	-
29873	T	KNEE ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29874	T	KNEE ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29875	T	KNEE ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29876	T	KNEE ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
29877	T	KNEE ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29879	T	KNEE ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29880	T	KNEE ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29881	T	KNEE ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29882	T	KNEE ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29883	T	KNEE ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29884	T	KNEE ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29885	N	KNEE ARTHROSCOPY/SURGERY		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
29886	T	KNEE ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29887	T	KNEE ARTHROSCOPY/SURGERY		05114	75.6664	APC	\$4,285.74			000	999	-
29888	N	KNEE ARTHROSCOPY/SURGERY		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
29889	N	KNEE ARTHROSCOPY/SURGERY		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
29891	T	ANKLE ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29892	T	ANKLE ARTHROSCOPY/SURGERY		05114	75.6664	APC	\$4,285.74			000	999	-
29893	T	SCOPE PLANTAR FASCIOTOMY		05113	34.1848	APC	\$1,936.23			000	999	-
29894	T	ANKLE ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29895	T	ANKLE ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29897	T	ANKLE ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29898	T	ANKLE ARTHROSCOPY/SURGERY		05113	34.1848	APC	\$1,936.23			000	999	-
29899	N	ANKLE ARTHROSCOPY/SURGERY		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
29900	T	MCP JOINT ARTHROSCOPY DX		05113	34.1848	APC	\$1,936.23			000	999	-
29901	T	MCP JOINT ARTHROSCOPY SURG		05113	34.1848	APC	\$1,936.23			000	999	-
29902	T	MCP JOINT ARTHROSCOPY SURG		05112	16.8164	APC	\$952.48			000	999	-
29904	T	SUBTALAR ARTHRO W/FB RMLV		05113	34.1848	APC	\$1,936.23			000	999	-
29905	T	SUBTALAR ARTHRO W/EXC		05114	75.6664	APC	\$4,285.74			000	999	-
29906	T	SUBTALAR ARTHRO W/DEB		05113	34.1848	APC	\$1,936.23			000	999	-
29907	N	SUBTALAR ARTHRO W/FUSION		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
29914	N	HIP ARTHRO W/FEMOROPLASTY		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
29915	N	HIP ARTHRO ACETABULOPLASTY		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
29916	N	HIP ARTHRO W/LABRAL REPAIR		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
29999	T	ARTHROSCOPY OF JOINT		05111	2.4903	APC	\$141.05			000	999	-
30000	T	DRAINAGE OF NOSE LESION		05161	2.5557	APC	\$144.75			000	999	-
30020	T	DRAINAGE OF NOSE LESION		05162	5.4635	APC	\$309.45			000	999	-
3006F	E	CXR DOC REV				Not Allowed	\$0.00			000	999	-
3008F	E	BODY MASS INDEX DOCD				Not Allowed	\$0.00			000	999	-
30100	T	INTRANASAL BIOPSY		05163	16.3386	APC	\$925.42			000	999	-
30110	T	REMOVAL OF NOSE POLYP(S)		05163	16.3386	APC	\$925.42			000	999	-
30115	T	REMOVAL OF NOSE POLYP(S)		05164	33.0494	APC	\$1,871.92			000	999	-
30117	T	REMOVAL OF INTRANASAL LESION		05164	33.0494	APC	\$1,871.92			000	999	-
30118	T	REMOVAL OF INTRANASAL LESION		05164	33.0494	APC	\$1,871.92			000	999	-
3011F	E	LIPID PANEL DOC REV				Not Allowed	\$0.00			000	999	-
30120	T	REVISION OF NOSE		05164	33.0494	APC	\$1,871.92			000	999	-
30124	T	REMOVAL OF NOSE LESION		05163	16.3386	APC	\$925.42			000	999	-
30125	N	REMOVAL OF NOSE LESION		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
30130	T	EXCISE INFERIOR TURBINATE		05164	33.0494	APC	\$1,871.92			000	999	-
30140	T	RESECT INFERIOR TURBINATE		05164	33.0494	APC	\$1,871.92			000	999	-
3014F	E	SCREEN MAMMO DOC REV				Not Allowed	\$0.00			000	999	-
30150	N	PARTIAL REMOVAL OF NOSE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
3015F	E	CERV CANCER SCREEN DOCD				Not Allowed	\$0.00			000	999	-
30160	N	REMOVAL OF NOSE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
3016F	E	PT SCRND UNHLTHY OH USE				Not Allowed	\$0.00			000	999	-
3017F	E	COLORECTAL CA SCREEN DOC REV				Not Allowed	\$0.00			000	999	-
3018F	E	PRE-PRXD RSK ET AL DOCD				Not Allowed	\$0.00			000	999	-
3019F	E	LVEF ASSESS PLANPOST DSCHRG				Not Allowed	\$0.00			000	999	-
30200	T	INJECTION TREATMENT OF NOSE		05162	5.4635	APC	\$309.45			000	999	-
3020F	E	LVF ASSESS				Not Allowed	\$0.00			000	999	-
30210	T	NASAL SINUS THERAPY		05163	16.3386	APC	\$925.42			000	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
3021F	E	LVEF MOD/SEVER DEPRS SYST				Not Allowed	\$0.00			000	999	-
30220	T	INSERT NASAL SEPTAL BUTTON		05163	16.3386	APC	\$925.42			000	999	-
3022F	E	LVEF >=40% SYSTOLIC				Not Allowed	\$0.00			000	999	-
3023F	E	SPIROM DOC REV				Not Allowed	\$0.00			000	999	-
3025F	E	SPIROM FEV/FVC <70% W/COPD				Not Allowed	\$0.00			000	999	-
3027F	E	SPIROM FEV/FVC>=70%/W/OCOPD				Not Allowed	\$0.00			000	999	-
3028F	E	O2 SATURATION DOC REV				Not Allowed	\$0.00			000	999	-
30300	N	REMOVE NASAL FOREIGN BODY		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
30310	T	REMOVE NASAL FOREIGN BODY		05164	33.0494	APC	\$1,871.92			000	999	-
30320	T	REMOVE NASAL FOREIGN BODY		05163	16.3386	APC	\$925.42			000	999	-
3035F	E	O2 SATURATION<=88%/PAO<=55				Not Allowed	\$0.00			000	999	-
3037F	E	O2 SATURATION >88%/PAO>55 HG				Not Allowed	\$0.00			000	999	-
3038F	E	PULM FX W/IN 12 MON B/4 SURG				Not Allowed	\$0.00			000	999	-
30400	T	RECONSTRUCTION OF NOSE		05165	61.4280	APC	\$3,479.28			000	999	-
3040F	E	FEV <40% PREDICTED VALUE				Not Allowed	\$0.00			000	999	-
30410	N	RECONSTRUCTION OF NOSE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
30420	N	RECONSTRUCTION OF NOSE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
3042F	E	FEV >=40% PREDICTED VALUE				Not Allowed	\$0.00			000	999	-
30430	T	REVISION OF NOSE		05165	61.4280	APC	\$3,479.28			000	999	-
30435	N	REVISION OF NOSE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
3044F	E	HG A1C LEVEL LT 7.0%				Not Allowed	\$0.00			000	999	-
30450	N	REVISION OF NOSE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
30460	N	REVISION OF NOSE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
30462	N	REVISION OF NOSE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
30465	N	REPAIR NASAL STENOSIS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
30468	T	RPR NSL VLV COLLAPSE W/IMPLT				APC	\$3,479.28			000	999	-
3046F	E	HEMOGLOBIN A1C LEVEL >9.0%				Not Allowed	\$0.00			000	999	-
3048F	E	LDL-C <100 MG/DL				Not Allowed	\$0.00			000	999	-
3049F	E	LDL-C 100-129 MG/DL				Not Allowed	\$0.00			000	999	-
3050F	E	LDL-C >= 130 MG/DL				Not Allowed	\$0.00			000	999	-
3051F	E	HG A1C>EQUAL 7.0%<8.0%				Not Allowed	\$0.00			000	999	-
30520	T	REPAIR OF NASAL SEPTUM		05164	33.0494	APC	\$1,871.92			000	999	-
3052F	E	HG A1C>EQUAL 8.0%<EQUAL 9.0%				Not Allowed	\$0.00			000	999	-
30540	N	REPAIR NASAL DEFECT		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
30545	N	REPAIR NASAL DEFECT		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
3055F	E	LVEF LESS THAN/EQUAL TO 35%				Not Allowed	\$0.00			000	999	-
30560	T	RELEASE OF NASAL ADHESIONS		05162	5.4635	APC	\$309.45			000	999	-
3056F	E	LVEF GREATER THAN 35%				Not Allowed	\$0.00			000	999	-
30580	N	REPAIR UPPER JAW FISTULA		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
30600	N	REPAIR MOUTH/NOSE FISTULA		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
3060F	E	POS MICROALBUMINURIA REV				Not Allowed	\$0.00			000	999	-
3061F	E	NEG MICROALBUMINURIA REV				Not Allowed	\$0.00			000	999	-
30620	N	INTRANASAL RECONSTRUCTION		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
3062F	E	POS MACROALBUMINURIA REV				Not Allowed	\$0.00			000	999	-
30630	T	REPAIR NASAL SEPTUM DEFECT		05164	33.0494	APC	\$1,871.92			000	999	-
3066F	E	NEPHROPATHY DOC TX				Not Allowed	\$0.00			000	999	-
3072F	E	LOW RISK FOR RETINOPATHY				Not Allowed	\$0.00			000	999	-
3073F	E	PRE-SURG EYE MEASURES DOCD				Not Allowed	\$0.00			000	999	-
3074F	E	SYST BP LT 130 MM HG				Not Allowed	\$0.00			000	999	-
3075F	E	SYST BP GE 130 - 139MM HG				Not Allowed	\$0.00			000	999	-
3077F	E	SYST BP >= 140 MM HG				Not Allowed	\$0.00			000	999	-
3078F	E	DIAST BP <80 MM HG				Not Allowed	\$0.00			000	999	-
3079F	E	DIAST BP 80-89 MM HG				Not Allowed	\$0.00			000	999	-
30801	T	ABLATE INF TURBINATE SUPERF		05163	16.3386	APC	\$925.42			000	999	-
30802	T	ABLATE INF TURBINATE SUBMUC		05163	16.3386	APC	\$925.42			000	999	-
3080F	E	DIAST BP >= 90 MM HG				Not Allowed	\$0.00			000	999	-
3082F	E	KT/V <1.2				Not Allowed	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
3083F	E	KT/V => 1.2 & <1.7				Not Allowed	\$0.00			000	999	-
3084F	E	KT/V >= 1.7				Not Allowed	\$0.00			000	999	-
3085F	E	SUICIDE RISK ASSESSED				Not Allowed	\$0.00			000	999	-
3088F	E	MDD MILD				Not Allowed	\$0.00			000	999	-
3089F	E	MDD MODERATE				Not Allowed	\$0.00			000	999	-
30901	N	CONTROL OF NOSEBLEED		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
30903	T	CONTROL OF NOSEBLEED		05734	1.3521	APC	\$76.58			000	999	-
30905	T	CONTROL OF NOSEBLEED		05734	1.3521	APC	\$76.58			000	999	-
30906	T	REPEAT CONTROL OF NOSEBLEED		05161	2.5557	APC	\$144.75			000	999	-
3090F	E	MDD SEVERE W/O PSYCH				Not Allowed	\$0.00			000	999	-
30915	T	LIGATION NASAL SINUS ARTERY		05183	34.5624	APC	\$1,957.61			000	999	-
3091F	E	MDD SEVERE W/PSYCH				Not Allowed	\$0.00			000	999	-
30920	T	LIGATION UPPER JAW ARTERY		05183	34.5624	APC	\$1,957.61			000	999	-
3092F	E	MDD IN REMISSION				Not Allowed	\$0.00			000	999	-
30930	T	THER FX NASAL INF TURBINATE		05164	33.0494	APC	\$1,871.92			000	999	-
3093F	E	DOC NEW DIAG 1ST/ADDL MDD				Not Allowed	\$0.00			000	999	-
3095F	E	CENTRAL DEXA RESULTS DOCD				Not Allowed	\$0.00			000	999	-
3096F	E	CENTRAL DEXA ORDERED				Not Allowed	\$0.00			000	999	-
30999	T	NASAL SURGERY PROCEDURE		05161	2.5557	APC	\$144.75			000	999	-
31000	T	IRRIGATION MAXILLARY SINUS		05161	2.5557	APC	\$144.75			000	999	-
31002	T	IRRIGATION SPHENOID SINUS		05163	16.3386	APC	\$925.42			000	999	-
3100F	E	IMAGE TEST REF CAROT DIAM				Not Allowed	\$0.00			000	999	-
31020	T	EXPLORATION MAXILLARY SINUS		05164	33.0494	APC	\$1,871.92			000	999	-
31030	N	EXPLORATION MAXILLARY SINUS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
31032	N	EXPLORE SINUS REMOVE POLYPS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
31040	T	EXPLORATION BEHIND UPPER JAW		05165	61.4280	APC	\$3,479.28			000	999	-
31050	N	EXPLORATION SPHENOID SINUS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
31051	N	SPHENOID SINUS SURGERY		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
31070	N	EXPLORATION OF FRONTAL SINUS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
31075	N	EXPLORATION OF FRONTAL SINUS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
31080	N	REMOVAL OF FRONTAL SINUS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
31081	N	REMOVAL OF FRONTAL SINUS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
31084	N	REMOVAL OF FRONTAL SINUS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
31085	N	REMOVAL OF FRONTAL SINUS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
31086	N	REMOVAL OF FRONTAL SINUS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
31087	N	REMOVAL OF FRONTAL SINUS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
31090	N	EXPLORATION OF SINUSES		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
3110F	E	PRES/ABSN HMRHG/LESION DOCD				Not Allowed	\$0.00			000	999	-
3111F	E	CT/MRI BRAIN DONE W/IN 24HRS				Not Allowed	\$0.00			000	999	-
3112F	E	CT/MRI BRAIN DONE 24 HRS				Not Allowed	\$0.00			000	999	-
3115F	E	QUANT RESULTS ACTIVITY &SYMP				Not Allowed	\$0.00			000	999	-
3117F	E	HF ASSESSMENT TOOL COMPLETED				Not Allowed	\$0.00			000	999	-
3118F	E	NY HEART ASSOC CLASS DOCD				Not Allowed	\$0.00			000	999	-
3119F	E	NO EVAL ACTIVITY CLIN SYMP				Not Allowed	\$0.00			000	999	-
31200	N	REMOVAL OF ETHMOID SINUS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
31201	T	REMOVAL OF ETHMOID SINUS		05163	16.3386	APC	\$925.42			000	999	-
31205	T	REMOVAL OF ETHMOID SINUS		05164	33.0494	APC	\$1,871.92			000	999	-
3120F	E	12-LEAD ECG PERFORMED				Not Allowed	\$0.00			000	999	-
31225	C	REMOVAL OF UPPER JAW				Inpatient Only	\$0.00			000	999	-
31230	C	REMOVAL OF UPPER JAW				Inpatient Only	\$0.00			000	999	-
31231	T	NASAL ENDOSCOPY DX		05151	1.9855	APC	\$112.46			000	999	-
31233	T	NSL/SINS NDSC DX MAX SINUSC		05152	4.5474	APC	\$257.56			000	999	-
31235	T	NSL/SINS NDSC DX SPHN SINUSC		05153	18.0730	APC	\$1,023.65			000	999	-
31237	T	NASAL/SINUS ENDOSCOPY SURG		05153	18.0730	APC	\$1,023.65			000	999	-
31238	T	NASAL/SINUS ENDOSCOPY SURG		05153	18.0730	APC	\$1,023.65			000	999	-
31239	T	NASAL/SINUS ENDOSCOPY SURG		05154	37.4170	APC	\$2,119.30			000	999	-
31240	T	NASAL/SINUS ENDOSCOPY SURG		05153	18.0730	APC	\$1,023.65			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
31241	T	NSL/SINS NDSC W/ARTERY LIG		05153	18.0730	APC	\$1,023.65			000	999	-
31253	T	NSL/SINS NDSC TOTAL		05155	70.3257	APC	\$3,983.25			000	999	-
31254	T	NSL/SINS NDSC W/PRTL ETHMDCT		05155	70.3257	APC	\$3,983.25			000	999	-
31255	T	NSL/SINS NDSC W/TOT ETHMDCT		05155	70.3257	APC	\$3,983.25			000	999	-
31256	T	EXPLORATION MAXILLARY SINUS		05154	37.4170	APC	\$2,119.30			000	999	-
31257	T	NSL/SINS NDSC TOT W/SPHENDT		05155	70.3257	APC	\$3,983.25			000	999	-
31259	T	NSL/SINS NDSC SPHN TISS RMVL		05155	70.3257	APC	\$3,983.25			000	999	-
31267	T	ENDOSCOPY MAXILLARY SINUS		05155	70.3257	APC	\$3,983.25			000	999	-
3126F	E	ESOPH BX RPRT W/DYSPL INFO				Not Allowed	\$0.00			000	999	-
31276	T	NSL/SINS NDSC FRNT TISS RMVL		05155	70.3257	APC	\$3,983.25			000	999	-
31287	T	NASAL/SINUS ENDOSCOPY SURG		05155	70.3257	APC	\$3,983.25			000	999	-
31288	T	NASAL/SINUS ENDOSCOPY SURG		05155	70.3257	APC	\$3,983.25			000	999	-
31290	C	NASAL/SINUS ENDOSCOPY SURG				Inpatient Only	\$0.00			000	999	-
31291	C	NASAL/SINUS ENDOSCOPY SURG				Inpatient Only	\$0.00			000	999	-
31292	T	NSL/SINS NDSC MED/INF DCMPRN		05155	70.3257	APC	\$3,983.25			000	999	-
31293	T	NSL/SINS NDSC MED&INF DCMPRN		05155	70.3257	APC	\$3,983.25			000	999	-
31294	T	NSL/SINS NDSC SURG ON DCMPRN		05155	70.3257	APC	\$3,983.25			000	999	-
31295	T	NSL/SINS NDSC SURG MAX SINS		05155	70.3257	APC	\$3,983.25			000	999	-
31296	T	NSL/SINS NDSC SURG FRNT SINS		05155	70.3257	APC	\$3,983.25			000	999	-
31297	T	NSL/SINS NDSC SURG SPHN SINS		05155	70.3257	APC	\$3,983.25			000	999	-
31298	T	NSL/SINS NDSC SURG FRNT&SPHN		05155	70.3257	APC	\$3,983.25			000	999	-
31299	T	SINUS SURGERY PROCEDURE		05161	2.5557	APC	\$144.75			000	999	-
31300	T	REMOVAL OF LARYNX LESION		05164	33.0494	APC	\$1,871.92			000	999	-
3130F	E	UPPER GI ENDOSCOPY PERFORMED				Not Allowed	\$0.00			000	999	-
3132F	E	DOC REF UPPER GI ENDOSCOPY				Not Allowed	\$0.00			000	999	-
31360	C	REMOVAL OF LARYNX				Inpatient Only	\$0.00			000	999	-
31365	C	REMOVAL OF LARYNX				Inpatient Only	\$0.00			000	999	-
31367	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only	\$0.00			000	999	-
31368	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only	\$0.00			000	999	-
31370	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only	\$0.00			000	999	-
31375	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only	\$0.00			000	999	-
31380	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only	\$0.00			000	999	-
31382	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only	\$0.00			000	999	-
31390	C	REMOVAL OF LARYNX & PHARYNX				Inpatient Only	\$0.00			000	999	-
31395	C	RECONSTRUCT LARYNX & PHARYNX				Inpatient Only	\$0.00			000	999	-
31400	N	REVISION OF LARYNX		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
3140F	E	UPPER GI ENDO SHOWS BARRTTS				Not Allowed	\$0.00			000	999	-
3141F	E	UPPER GI ENDO NOT BARRTTS				Not Allowed	\$0.00			000	999	-
31420	N	REMOVAL OF EPIGLOTTIS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
3142F	E	BARIUM SWALLOW TEST ORDERED				Not Allowed	\$0.00			000	999	-
31500	T	INSERT EMERGENCY AIRWAY		05161	2.5557	APC	\$144.75			000	999	-
31502	T	CHANGE OF WINDPIPE AIRWAY		05161	2.5557	APC	\$144.75			000	999	-
31505	T	DIAGNOSTIC LARYNGOSCOPY		05151	1.9855	APC	\$112.46			000	999	-
3150F	E	FORCEPS ESOPH BIOPSY DONE				Not Allowed	\$0.00			000	999	-
31510	T	LARYNGOSCOPY WITH BIOPSY		05154	37.4170	APC	\$2,119.30			000	999	-
31511	T	REMOVE FOREIGN BODY LARYNX		05151	1.9855	APC	\$112.46			000	999	-
31512	T	REMOVAL OF LARYNX LESION		05154	37.4170	APC	\$2,119.30			000	999	-
31513	T	INJECTION INTO VOCAL CORD		05152	4.5474	APC	\$257.56			000	999	-
31515	T	LARYNGOSCOPY FOR ASPIRATION		05152	4.5474	APC	\$257.56			000	999	-
31520	T	DX LARYNGOSCOPY NEWBORN		05152	4.5474	APC	\$257.56			000	999	-
31525	T	DX LARYNGOSCOPY EXCL NB		05153	18.0730	APC	\$1,023.65			000	999	-
31526	T	DX LARYNGOSCOPY W/OPER SCOPE		05153	18.0730	APC	\$1,023.65			000	999	-
31527	T	LARYNGOSCOPY FOR TREATMENT		05154	37.4170	APC	\$2,119.30			000	999	-
31528	T	LARYNGOSCOPY AND DILATION		05154	37.4170	APC	\$2,119.30			000	999	-
31529	T	LARYNGOSCOPY AND DILATION		05154	37.4170	APC	\$2,119.30			000	999	-
31530	T	LARYNGOSCOPY W/FB REMOVAL		05153	18.0730	APC	\$1,023.65			000	999	-
31531	T	LARYNGOSCOPY W/FB & OP SCOPE		05154	37.4170	APC	\$2,119.30			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
31535	T	LARYNGOSCOPY W/BIOPSY		05154	37.4170	APC	\$2,119.30			000	999	-
31536	T	LARYNGOSCOPY W/BX & OP SCOPE		05154	37.4170	APC	\$2,119.30			000	999	-
31540	T	LARYNGOSCOPY W/EXC OF TUMOR		05154	37.4170	APC	\$2,119.30			000	999	-
31541	T	LARYNSCOP W/TUMR EXC + SCOPE		05154	37.4170	APC	\$2,119.30			000	999	-
31545	T	REMOVE VC LESION W/SCOPE		05154	37.4170	APC	\$2,119.30			000	999	-
31546	T	REMOVE VC LESION SCOPE/GRAFT		05155	70.3257	APC	\$3,983.25			000	999	-
31551	T	LARYNGOPLASTY LARYNGEAL STEN		05165	61.4280	APC	\$3,479.28			000	999	-
31552	T	LARYNGOPLASTY LARYNGEAL STEN		05165	61.4280	APC	\$3,479.28			000	999	-
31553	T	LARYNGOPLASTY LARYNGEAL STEN		05165	61.4280	APC	\$3,479.28			000	999	-
31554	T	LARYNGOPLASTY LARYNGEAL STEN		05165	61.4280	APC	\$3,479.28			000	999	-
3155F	E	CYTOGEN TEST MARROW B/4 TX				Not Allowed	\$0.00			000	999	-
31560	T	LARYNGOSCOPY W/ARYTENOIDECTION		05155	70.3257	APC	\$3,983.25			000	999	-
31561	T	LARYNSCOP REMVE CART + SCOP		05155	70.3257	APC	\$3,983.25			000	999	-
31570	T	LARYNGOSCOPE W/VC INJ		05154	37.4170	APC	\$2,119.30			000	999	-
31571	T	LARYNGOSCOPE W/VC INJ + SCOPE		05154	37.4170	APC	\$2,119.30			000	999	-
31572	T	LARGSC W/LASER DSTRJ LES		05154	37.4170	APC	\$2,119.30			000	999	-
31573	T	LARGSC W/THER INJECTION		05153	18.0730	APC	\$1,023.65			000	999	-
31574	T	LARGSC W/NJX AUGMENTATION		05153	18.0730	APC	\$1,023.65			000	999	-
31575	T	DIAGNOSTIC LARYNGOSCOPY		05151	1.9855	APC	\$112.46			000	999	-
31576	T	LARYNGOSCOPY WITH BIOPSY		05153	18.0730	APC	\$1,023.65			000	999	-
31577	T	LARGSC W/RMVL FOREIGN BDY(S)		05152	4.5474	APC	\$257.56			000	999	-
31578	T	LARGSC W/REMOVAL LESION		05154	37.4170	APC	\$2,119.30			000	999	-
31579	T	LARYNGOSCOPY TELESCOPIC		05152	4.5474	APC	\$257.56			000	999	-
31580	N	LARYNGOPLASTY LARYNGEAL WEB		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
31584	T	LARYNGOPLASTY FX RDCTJ FIXJ		05165	61.4280	APC	\$3,479.28			000	999	-
31587	T	LARYNGOPLASTY CRICOID SPLIT		05165	61.4280	APC	\$3,479.28			000	999	-
31590	N	REINNERVATE LARYNX		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
31591	T	LARYNGOPLASTY MEDIALIZATION		05165	61.4280	APC	\$3,479.28			000	999	-
31592	T	CRICOTRACHEAL RESECTION		05165	61.4280	APC	\$3,479.28			000	999	-
31599	T	LARYNX SURGERY PROCEDURE		05161	2.5557	APC	\$144.75			000	999	-
31600	T	INCISION OF WINDPIPE		05164	33.0494	APC	\$1,871.92			000	999	-
31601	T	INCISION OF WINDPIPE		05165	61.4280	APC	\$3,479.28			000	001	-
31603	T	INCISION OF WINDPIPE		05163	16.3386	APC	\$925.42			000	999	-
31605	T	INCISION OF WINDPIPE		05161	2.5557	APC	\$144.75			000	999	-
3160F	E	DOC FE+ STORES B/4 EPO THX				Not Allowed	\$0.00			000	999	-
31610	N	INCISION OF WINDPIPE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
31611	T	SURGERY/SPEECH PROSTHESIS		05164	33.0494	APC	\$1,871.92			000	999	-
31612	N	PUNCTURE/CLEAR WINDPIPE		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
31613	T	REPAIR WINDPIPE OPENING		05164	33.0494	APC	\$1,871.92			000	999	-
31614	N	REPAIR WINDPIPE OPENING		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
31615	T	VISUALIZATION OF WINDPIPE		05162	5.4635	APC	\$309.45			000	999	-
31622	T	DX BRONCHOSCOPE/WASH		05153	18.0730	APC	\$1,023.65			000	999	-
31623	T	DX BRONCHOSCOPE/BRUSH		05153	18.0730	APC	\$1,023.65			000	999	-
31624	T	DX BRONCHOSCOPE/LAVAGE		05153	18.0730	APC	\$1,023.65			000	999	-
31625	T	BRONCHOSCOPY W/BIOPSY(S)		05153	18.0730	APC	\$1,023.65			000	999	-
31626	T	BRONCHOSCOPY W/MARKERS		05155	70.3257	APC	\$3,983.25			000	999	-
31627	N	NAVIGATIONAL BRONCHOSCOPY				Bundled	\$0.00			000	999	-
31628	T	BRONCHOSCOPY/LUNG BX EACH		05154	37.4170	APC	\$2,119.30			000	999	-
31629	T	BRONCHOSCOPY/NEEDLE BX EACH		05154	37.4170	APC	\$2,119.30			000	999	-
31630	T	BRONCHOSCOPY DILATE/FX REPR		05154	37.4170	APC	\$2,119.30			000	999	-
31631	T	BRONCHOSCOPY DILATE W/STENT		05155	70.3257	APC	\$3,983.25			000	999	-
31632	N	BRONCHOSCOPY/LUNG BX ADDL				Bundled	\$0.00			000	999	-
31633	N	BRONCHOSCOPY/NEEDLE BX ADDL				Bundled	\$0.00			000	999	-
31634	T	BRONCH W/BALLOON OCCLUSION		05155	70.3257	APC	\$3,983.25			000	999	-
31635	T	BRONCHOSCOPY W/FB REMOVAL		05153	18.0730	APC	\$1,023.65			000	999	-
31636	T	BRONCHOSCOPY BRONCH STENTS		05155	70.3257	APC	\$3,983.25			000	999	-
31637	N	BRONCHOSCOPY STENT ADD-ON				Bundled	\$0.00			000	999	-

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31638	T	BRONCHOSCOPY REVISE STENT		05155	70.3257	APC	\$3,983.25			000	999	-
31640	T	BRONCHOSCOPY W/TUMOR EXCISE		05154	37.4170	APC	\$2,119.30			000	999	-
31641	T	BRONCHOSCOPY TREAT BLOCKAGE		05154	37.4170	APC	\$2,119.30			000	999	-
31643	T	DIAG BRONCHOSCOPE/CATHETER		05153	18.0730	APC	\$1,023.65			000	999	-
31645	T	BRNCHSC W/THER ASPIR 1ST		05153	18.0730	APC	\$1,023.65			000	999	-
31646	T	BRNCHSC W/THER ASPIR SBSQ		05152	4.5474	APC	\$257.56			000	999	-
31647	T	BRONCHIAL VALVE INIT INSERT		05155	70.3257	APC	\$3,153.46			000	999	-
31648	T	BRONCHIAL VALVE REMOV INIT		05154	37.4170	APC	\$1,696.33			000	999	-
31649	N	BRONCHIAL VALVE REMOV ADDL		05153	18.0730	Bundled, sometimes payable	\$1,023.65			000	999	-
31651	N	BRONCHIAL VALVE ADDL INSERT				Bundled	\$0.00			000	999	-
31652	T	BRONCH EBUS SAMPLNG 1/2 NODE		05154	37.4170	APC	\$2,119.30			000	999	-
31653	T	BRONCH EBUS SAMPLNG 3/> NODE		05154	37.4170	APC	\$2,119.30			000	999	-
31654	N	BRONCH EBUS IVNTJ PERPH LES				Bundled	\$0.00			000	999	-
31660	T	BRONCH THERMOPLSTY 1 LOBE		05155	70.3257	APC	\$3,153.46			000	999	-
31661	T	BRONCH THERMOPLSTY 2/> LOBES		05155	70.3257	APC	\$3,153.46			000	999	-
3170F	E	BASELIN FLO CYTOMETRY B/4 TX				Not Allowed	\$0.00			000	999	-
31717	T	BRONCHIAL BRUSH BIOPSY		05152	4.5474	APC	\$257.56			000	999	-
31720	N	CLEARANCE OF AIRWAYS		05791	2.2692	Bundled, sometimes payable	\$128.53			000	999	-
31725	C	CLEARANCE OF AIRWAYS				Inpatient Only	\$0.00			000	999	-
31730	T	INTRO WINDPIPE WIRE/TUBE		05153	18.0730	APC	\$1,023.65			000	999	-
31750	N	REPAIR OF WINDPIPE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
31755	N	REPAIR OF WINDPIPE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
31760	C	REPAIR OF WINDPIPE				Inpatient Only	\$0.00			000	999	-
31766	C	RECONSTRUCTION OF WINDPIPE				Inpatient Only	\$0.00			000	999	-
31770	C	REPAIR/GRAFT OF BRONCHUS				Inpatient Only	\$0.00			000	999	-
31775	C	RECONSTRUCT BRONCHUS				Inpatient Only	\$0.00			000	999	-
31780	C	RECONSTRUCT WINDPIPE				Inpatient Only	\$0.00			000	999	-
31781	C	RECONSTRUCT WINDPIPE				Inpatient Only	\$0.00			000	999	-
31785	T	REMOVE WINDPIPE LESION		05165	61.4280	APC	\$3,479.28			000	999	-
31786	C	REMOVE WINDPIPE LESION				Inpatient Only	\$0.00			000	999	-
31800	C	REPAIR OF WINDPIPE INJURY				Inpatient Only	\$0.00			000	999	-
31805	C	REPAIR OF WINDPIPE INJURY				Inpatient Only	\$0.00			000	999	-
31820	T	CLOSURE OF WINDPIPE LESION		05164	33.0494	APC	\$1,871.92			000	999	-
31825	T	REPAIR OF WINDPIPE DEFECT		05164	33.0494	APC	\$1,871.92			000	999	-
31830	T	REVISE WINDPIPE SCAR		05164	33.0494	APC	\$1,871.92			000	999	-
31899	T	AIRWAYS SURGICAL PROCEDURE		05151	1.9855	APC	\$112.46			000	999	-
3200F	E	BARIUM SWALLOW TEST NOT REQ				Not Allowed	\$0.00			000	999	-
32035	C	THORACOSTOMY W/RIB RESECTION				Inpatient Only	\$0.00			000	999	-
32036	C	THORACOSTOMY W/FLAP DRAINAGE				Inpatient Only	\$0.00			000	999	-
32096	C	OPEN WEDGE/BX LUNG INFILTR				Inpatient Only	\$0.00			000	999	-
32097	C	OPEN WEDGE/BX LUNG NODULE				Inpatient Only	\$0.00			000	999	-
32098	C	OPEN BIOPSY OF LUNG PLEURA				Inpatient Only	\$0.00			000	999	-
32100	C	EXPLORATION OF CHEST				Inpatient Only	\$0.00			000	999	-
3210F	E	GRP A STREP TEST PERFORMED				Not Allowed	\$0.00			000	999	-
32110	C	EXPLORE/REPAIR CHEST				Inpatient Only	\$0.00			000	999	-
32120	C	RE-EXPLORATION OF CHEST				Inpatient Only	\$0.00			000	999	-
32124	C	EXPLORE CHEST FREE ADHESIONS				Inpatient Only	\$0.00			000	999	-
32140	C	REMOVAL OF LUNG LESION(S)				Inpatient Only	\$0.00			000	999	-
32141	C	REMOVE/TREAT LUNG LESIONS				Inpatient Only	\$0.00			000	999	-
32150	C	REMOVAL OF LUNG LESION(S)				Inpatient Only	\$0.00			000	999	-
32151	C	REMOVE LUNG FOREIGN BODY				Inpatient Only	\$0.00			000	999	-
3215F	E	PT IMMUNITY TO HEP A DOCD				Not Allowed	\$0.00			000	999	-
32160	C	OPEN CHEST HEART MASSAGE				Inpatient Only	\$0.00			000	999	-
3216F	E	PT IMMUNITY TO HEP B DOCD				Not Allowed	\$0.00			000	999	-
3218F	E	RNA TSTNG HEP C DOCD DONE				Not Allowed	\$0.00			000	999	-
32200	C	DRAIN OPEN LUNG LESION				Inpatient Only	\$0.00			000	999	-
3220F	E	HEP C QUANT RNA TSTNG DOCD				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
32215	C	TREAT CHEST LINING				Inpatient Only	\$0.00			000	999	-
32220	C	RELEASE OF LUNG				Inpatient Only	\$0.00			000	999	-
32225	C	PARTIAL RELEASE OF LUNG				Inpatient Only	\$0.00			000	999	-
3230F	E	NOTE HRING TST W/IN 6 MON				Not Allowed	\$0.00			000	999	-
32310	C	REMOVAL OF CHEST LINING				Inpatient Only	\$0.00			000	999	-
32320	C	FREE/REMOVE CHEST LINING				Inpatient Only	\$0.00			000	999	-
32400	T	NEEDLE BIOPSY CHEST LINING		05072	16.9934	APC	\$962.51			000	999	-
32408	T	CORE NDL BX LNG/MED PERQ		05072	16.9934	APC	\$962.51			000	999	-
32440	C	REMOVE LUNG PNEUMONECTOMY				Inpatient Only	\$0.00			000	999	-
32442	C	SLEEVE PNEUMONECTOMY				Inpatient Only	\$0.00			000	999	-
32445	C	REMOVAL OF LUNG EXTRAPLEURAL				Inpatient Only	\$0.00			000	999	-
32480	C	PARTIAL REMOVAL OF LUNG				Inpatient Only	\$0.00			000	999	-
32482	C	BILOBECTOMY				Inpatient Only	\$0.00			000	999	-
32484	C	SEGMENTECTOMY				Inpatient Only	\$0.00			000	999	-
32486	C	SLEEVE LOBECTOMY				Inpatient Only	\$0.00			000	999	-
32488	C	COMPLETION PNEUMONECTOMY				Inpatient Only	\$0.00			000	999	-
32491	C	LUNG VOLUME REDUCTION				Inpatient Only	\$0.00			000	999	-
32501	C	REPAIR BRONCHUS ADD-ON				Inpatient Only	\$0.00			000	999	-
32503	C	RESECT APICAL LUNG TUMOR				Inpatient Only	\$0.00			000	999	-
32504	C	RESECT APICAL LUNG TUM/CHEST				Inpatient Only	\$0.00			000	999	-
32505	C	WEDGE RESECT OF LUNG INITIAL				Inpatient Only	\$0.00			000	999	-
32506	C	WEDGE RESECT OF LUNG ADD-ON				Inpatient Only	\$0.00			000	999	-
32507	C	WEDGE RESECT OF LUNG DIAG				Inpatient Only	\$0.00			000	999	-
3250F	E	NONPRIM LOC ANAT BX SITE TUM				Not Allowed	\$0.00			000	999	-
32540	C	REMOVAL OF LUNG LESION				Inpatient Only	\$0.00			000	999	-
32550	T	INSERT PLEURAL CATH		05341	38.4484	APC	\$2,177.72			000	999	-
32551	T	INSERTION OF CHEST TUBE		05182	16.9830	APC	\$961.92			000	999	-
32552	N	REMOVE LUNG CATHETER		05181	6.5415	Bundled, sometimes payable	\$370.51			000	999	-
32553	S	INS MARK THOR FOR RT PERQ		05613	15.2443	APC	\$863.44			000	999	-
32554	T	ASPIRATE PLEURA W/O IMAGING		05181	6.5415	APC	\$397.13			000	999	-
32555	T	ASPIRATE PLEURA W/ IMAGING		05181	6.5415	APC	\$397.13			000	999	-
32556	T	INSERT CATH PLEURA W/O IMAGE		05302	19.6265	APC	\$925.38			000	999	-
32557	T	INSERT CATH PLEURA W/ IMAGE		05182	16.9830	APC	\$637.26			000	999	-
32560	T	TREAT PLEURODESIS W/AGENT		05181	6.5415	APC	\$370.51			000	999	-
32561	T	LYSE CHEST FIBRIN INIT DAY		05181	6.5415	APC	\$370.51			000	999	-
32562	T	LYSE CHEST FIBRIN SUBQ DAY		05181	6.5415	APC	\$370.51			000	999	-
32601	T	THORACOSCOPY DIAGNOSTIC		05361	61.1186	APC	\$3,461.76			000	999	-
32604	T	THORACOSCOPY WBX SAC		05361	61.1186	APC	\$3,461.76			000	999	-
32606	T	THORACOSCOPY W/BX MED SPACE		05361	61.1186	APC	\$3,461.76			000	999	-
32607	T	THORACOSCOPY W/BX INFILTRATE		05361	61.1186	APC	\$3,461.76			000	999	-
32608	T	THORACOSCOPY W/BX NODULE		05361	61.1186	APC	\$3,461.76			000	999	-
32609	T	THORACOSCOPY W/BX PLEURA		05361	61.1186	APC	\$3,461.76			000	999	-
3260F	E	PT CAT/PN CAT/HIST GRD DOCD				Not Allowed	\$0.00			000	999	-
32650	C	THORACOSCOPY W/PLEURODESIS				Inpatient Only	\$0.00			000	999	-
32651	C	THORACOSCOPY REMOVE CORTEX				Inpatient Only	\$0.00			000	999	-
32652	C	THORACOSCOPY REM TOTL CORTEX				Inpatient Only	\$0.00			000	999	-
32653	C	THORACOSCOPY REMOV FB/FIBRIN				Inpatient Only	\$0.00			000	999	-
32654	C	THORACOSCOPY CONTRL BLEEDING				Inpatient Only	\$0.00			000	999	-
32655	C	THORACOSCOPY RESECT BULLAE				Inpatient Only	\$0.00			000	999	-
32656	C	THORACOSCOPY W/PLEURECTOMY				Inpatient Only	\$0.00			000	999	-
32658	C	THORACOSCOPY W/SAC FB REMOVE				Inpatient Only	\$0.00			000	999	-
32659	C	THORACOSCOPY W/SAC DRAINAGE				Inpatient Only	\$0.00			000	999	-
3265F	E	RNA TSTNG HEPC VIR ORD/DOCD				Not Allowed	\$0.00			000	999	-
32661	C	THORACOSCOPY W/PERICARD EXC				Inpatient Only	\$0.00			000	999	-
32662	C	THORACOSCOPY W/MEDIAST EXC				Inpatient Only	\$0.00			000	999	-
32663	C	THORACOSCOPY W/LOBECTOMY				Inpatient Only	\$0.00			000	999	-
32664	C	THORACOSCOPY W/ TH NRV EXC				Inpatient Only	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
32665	C	THORACOSCOPY W/ESOPH MUSC EXC				Inpatient Only	\$0.00			000	999	-
32666	C	THORACOSCOPY W/WEDGE RESECT				Inpatient Only	\$0.00			000	999	-
32667	C	THORACOSCOPY W/W RESECT ADDL				Inpatient Only	\$0.00			000	999	-
32668	C	THORACOSCOPY W/W RESECT DIAG				Inpatient Only	\$0.00			000	999	-
32669	C	THORACOSCOPY REMOVE SEGMENT				Inpatient Only	\$0.00			000	999	-
3266F	E	HEPC GN TSTNG DOCD B/4TXMNT				Not Allowed	\$0.00			000	999	-
32670	C	THORACOSCOPY BILOBECTOMY				Inpatient Only	\$0.00			000	999	-
32671	C	THORACOSCOPY PNEUMONECTOMY				Inpatient Only	\$0.00			000	999	-
32672	C	THORACOSCOPY FOR LVRS				Inpatient Only	\$0.00			000	999	-
32673	C	THORACOSCOPY W/THYMUS RESECT				Inpatient Only	\$0.00			000	999	-
32674	C	THORACOSCOPY LYMPH NODE EXC				Inpatient Only	\$0.00			000	999	-
3267F	E	PATH RPRT W/ PT PN CAT ET AL				Not Allowed	\$0.00			000	999	-
3268F	E	PSA/T/GLSC DOCD B/4 TXMNT				Not Allowed	\$0.00			000	999	-
3269F	E	BONE SCN B/4 TXMNT/AFTR DX				Not Allowed	\$0.00			000	999	-
32701	E	THORAX STEREO RAD TARGETW/TX				Not Allowed	\$0.00			000	999	-
3270F	E	NO BONE SCN B/4 TXMNT/AFTRDX				Not Allowed	\$0.00			000	999	-
3271F	E	LOW RISK PROSTATE CANCER				Not Allowed	\$0.00			000	999	-
3272F	E	MED RISK PROSTATE CANCER				Not Allowed	\$0.00			000	999	-
3273F	E	HIGH RISK PROSTATE CANCER				Not Allowed	\$0.00			000	999	-
3274F	E	PROST CNCR RSK NOT LW/MD/HGH				Not Allowed	\$0.00			000	999	-
3278F	E	SERUM LVLS CA/IPTH/LPD ORD				Not Allowed	\$0.00			000	999	-
3279F	E	HGB LVL >= 13 G/DL				Not Allowed	\$0.00			000	999	-
32800	C	REPAIR LUNG HERNIA				Inpatient Only	\$0.00			000	999	-
3280F	E	HGB LVL 11-12.9 G/DL				Not Allowed	\$0.00			000	999	-
32810	C	CLOSE CHEST AFTER DRAINAGE				Inpatient Only	\$0.00			000	999	-
32815	C	CLOSE BRONCHIAL FISTULA				Inpatient Only	\$0.00			000	999	-
3281F	E	HGB LVL <11 G/DL				Not Allowed	\$0.00			000	999	-
32820	C	RECONSTRUCT INJURED CHEST				Inpatient Only	\$0.00			000	999	-
3284F	E	IOP DOWN >15% OF PRE-SVC LVL				Not Allowed	\$0.00			000	999	-
32850	C	DONOR PNEUMONECTOMY				Inpatient Only	\$0.00			000	999	-
32851	C	LUNG TRANSPLANT SINGLE				Inpatient Only	\$0.00			000	999	-
32852	C	LUNG TRANSPLANT WITH BYPASS				Inpatient Only	\$0.00			000	999	-
32853	C	LUNG TRANSPLANT DOUBLE				Inpatient Only	\$0.00			000	999	-
32854	C	LUNG TRANSPLANT WITH BYPASS				Inpatient Only	\$0.00			000	999	-
32855	C	PREPARE DONOR LUNG SINGLE				Inpatient Only	\$0.00			000	999	-
32856	C	PREPARE DONOR LUNG DOUBLE				Inpatient Only	\$0.00			000	999	-
3285F	E	IOP DOWN <15% OF PRE-SVC LVL				Not Allowed	\$0.00			000	999	-
3288F	E	FALL RISK ASSESSMENT DOCD				Not Allowed	\$0.00			000	999	-
32900	C	REMOVAL OF RIB(S)				Inpatient Only	\$0.00			000	999	-
32905	C	REVISE & REPAIR CHEST WALL				Inpatient Only	\$0.00			000	999	-
32906	C	REVISE & REPAIR CHEST WALL				Inpatient Only	\$0.00			000	999	-
3290F	E	PT=D(RH)- AND UNSENSITIZED				Not Allowed	\$0.00			000	999	-
3291F	E	PT=D(RH)+ OR SENSITIZED				Not Allowed	\$0.00			000	999	-
3292F	E	HIV TSTNG ASKED/DOCD/REVWD				Not Allowed	\$0.00			000	999	-
3293F	E	ABO RH BLOOD TYPING DOCD				Not Allowed	\$0.00			000	999	-
32940	C	REVISION OF LUNG				Inpatient Only	\$0.00			000	999	-
3294F	E	GRP B STREP SCREENING DOCD				Not Allowed	\$0.00			000	999	-
32960	T	THERAPEUTIC PNEUMOTHORAX		05181	6.5415	APC	\$370.51			000	999	-
32994	T	ABLATE PULM TUMOR PERQ CRYBL		05361	61.1186	APC	\$3,461.76			000	999	-
32997	C	TOTAL LUNG LAVAGE				Inpatient Only	\$0.00			000	999	-
32998	T	ABLATE PULM TUMOR PERQ RF		05361	61.1186	APC	\$3,461.76			000	999	-
32999	T	CHEST SURGERY PROCEDURE		05181	6.5415	APC	\$370.51			000	999	-
3300F	E	AJCC STAGE DOCD B/4 THXPY				Not Allowed	\$0.00			000	999	-
33016	N	PERICARDIOCENTESIS W/IMAGING		05182	16.9830	Bundled, sometimes payable	\$961.92			000	999	-
33017	E	PRCRD DRG 6YR+ W/O CGEN CAR				Not Allowed	\$0.00			006	999	-
33018	E	PRCRD DRG 0-5YR OR W/ANOMLY				Not Allowed	\$0.00			005	999	-
33019	E	PERQ PRCRD DRG INSJ CATH CT				Not Allowed	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
3301F	E	CANCER STAGE DOCD METAST				Not Allowed	\$0.00			000	999	-
33020	C	INCISION OF HEART SAC				Inpatient Only	\$0.00			000	999	-
33025	C	INCISION OF HEART SAC				Inpatient Only	\$0.00			000	999	-
33030	C	PARTIAL REMOVAL OF HEART SAC				Inpatient Only	\$0.00			000	999	-
33031	C	PARTIAL REMOVAL OF HEART SAC				Inpatient Only	\$0.00			000	999	-
33050	C	RESECT HEART SAC LESION				Inpatient Only	\$0.00			000	999	-
33120	C	REMOVAL OF HEART LESION				Inpatient Only	\$0.00			000	999	-
33130	C	REMOVAL OF HEART LESION				Inpatient Only	\$0.00			000	999	-
33140	C	HEART REVASCULARIZE (TMR)				Inpatient Only	\$0.00			000	999	-
33141	C	HEART TMR W/OTHER PROCEDURE				Inpatient Only	\$0.00			000	999	-
3315F	E	ER+ OR PR+ BREAST CANCER				Not Allowed	\$0.00			000	999	-
3316F	E	ER- OR PR- BREAST CANCER				Not Allowed	\$0.00			000	999	-
3317F	E	PATH RPT MALIG CANCER DOCD				Not Allowed	\$0.00			000	999	-
3318F	E	PATH RPT MALIG CANCER DOCD				Not Allowed	\$0.00			000	999	-
3319F	E	X-RAY/CT/ULTRSDND ET AL ORD				Not Allowed	\$0.00			000	999	-
33202	C	INSERT EPICARD ELTRD OPEN				Inpatient Only	\$0.00			000	999	-
33203	C	INSERT EPICARD ELTRD ENDO				Inpatient Only	\$0.00			000	999	-
33206	N	INSERT HEART PM ATRIAL		05223	125.6102	Bundled, sometimes payable	\$7,114.56			000	999	-
33207	N	INSERT HEART PM VENTRICULAR		05223	125.6102	Bundled, sometimes payable	\$7,114.56			000	999	-
33208	N	INSRT HEART PM ATRIAL & VENT		05223	125.6102	Bundled, sometimes payable	\$7,114.56			000	999	-
3320F	E	NO XRAY/CT/ ET AL ORDD				Not Allowed	\$0.00			000	999	-
33210	N	INSERT ELECTRD/PM CATH SNGL		05222	98.4647	Bundled, sometimes payable	\$5,577.04			000	999	-
33211	N	INSERT CARD ELECTRODES DUAL		05222	98.4647	Bundled, sometimes payable	\$5,577.04			000	999	-
33212	N	INSERT PULSE GEN SNGL LEAD		05222	98.4647	Bundled, sometimes payable	\$5,577.04			000	999	-
33213	N	INSERT PULSE GEN DUAL LEADS		05223	125.6102	Bundled, sometimes payable	\$7,114.56			000	999	-
33214	N	UPGRADE OF PACEMAKER SYSTEM		05223	125.6102	Bundled, sometimes payable	\$7,114.56			000	999	-
33215	T	REPOSITION PACING-DEFIB LEAD		05183	34.5624	APC	\$1,957.61			000	999	-
33216	N	INSERT 1 ELECTRODE PM-DEFIB		05222	98.4647	Bundled, sometimes payable	\$5,577.04			000	999	-
33217	N	INSERT 2 ELECTRODE PM-DEFIB		05222	98.4647	Bundled, sometimes payable	\$5,577.04			000	999	-
33218	T	REPAIR LEAD PACE-DEFIB ONE		05221	41.5519	APC	\$2,353.50			000	999	-
3321F	E	AJCC CNCR 0/IA MELAN DOCD				Not Allowed	\$0.00			000	999	-
33220	T	REPAIR LEAD PACE-DEFIB DUAL		05221	41.5519	APC	\$2,353.50			000	999	-
33221	N	INSERT PULSE GEN MULT LEADS		05224	224.7818	Bundled, sometimes payable	\$12,731.64			000	999	-
33222	T	RELOCATION POCKET PACEMAKER		05054	20.7177	APC	\$1,173.45			000	999	-
33223	T	RELOCATE POCKET FOR DEFIB		05054	20.7177	APC	\$1,173.45			000	999	-
33224	N	INSERT PACING LEAD & CONNECT		05223	125.6102	Bundled, sometimes payable	\$7,114.56			000	999	-
33225	N	L VENTRIC PACING LEAD ADD-ON				Bundled	\$0.00			000	999	-
33226	T	REPOSITION L VENTRIC LEAD		05183	34.5624	APC	\$1,957.61			000	999	-
33227	N	REMOVE&REPLACE PM GEN SINGL		05222	98.4647	Bundled, sometimes payable	\$5,577.04			000	999	-
33228	N	REMV&REPLC PM GEN DUAL LEAD		05223	125.6102	Bundled, sometimes payable	\$7,114.56			000	999	-
33229	N	REMV&REPLC PM GEN MULT LEADS		05224	224.7818	Bundled, sometimes payable	\$12,731.64			000	999	-
3322F	E	MELANOMA AJCC STAGE 0 OR IA				Not Allowed	\$0.00			000	999	-
33230	N	INSRT PULSE GEN W/DUAL LEADS		05231	278.2729	Bundled, sometimes payable	\$15,761.38			000	999	-
33231	N	INSRT PULSE GEN W/MULT LEADS		05232	396.6193	Bundled, sometimes payable	\$22,464.52			000	999	-
33233	N	REMOVAL OF PM GENERATOR		05222	98.4647	Bundled, sometimes payable	\$5,577.04			000	999	-
33234	N	REMOVAL OF PACEMAKER SYSTEM		05221	41.5519	Bundled, sometimes payable	\$2,353.50			000	999	-
33235	N	REMOVAL PACEMAKER ELECTRODE		05221	41.5519	Bundled, sometimes payable	\$2,353.50			000	999	-
33236	C	REMOVE ELECTRODE/THORACOTOMY				Inpatient Only	\$0.00			000	999	-
33237	C	REMOVE ELECTRODE/THORACOTOMY				Inpatient Only	\$0.00			000	999	-
33238	C	REMOVE ELECTRODE/THORACOTOMY				Inpatient Only	\$0.00			000	999	-
3323F	E	CLIN NODE STGNG DOCD/4 SURG				Not Allowed	\$0.00			000	999	-
33240	N	INSRT PULSE GEN W/SINGL LEAD		05231	278.2729	Bundled, sometimes payable	\$15,761.38			000	999	-
33241	N	REMOVE PULSE GENERATOR		05221	41.5519	Bundled, sometimes payable	\$2,353.50			000	999	-
33243	C	REMOVE ELTRD/THORACOTOMY				Inpatient Only	\$0.00			000	999	-
33244	N	REMOVE ELCTRD TRANSVENOUSLY		05221	41.5519	Bundled, sometimes payable	\$2,353.50			000	999	-
33249	N	INSJ/RPLCMT DEFIB W/LEAD(S)		05232	396.6193	Bundled, sometimes payable	\$22,464.52			000	999	-
3324F	E	MRI CT SCAN ORD RVWD RQSTD				Not Allowed	\$0.00			000	999	-

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33250	C	ABLATE HEART DYSRHYTHM FOCUS				Inpatient Only	\$0.00			000	999	-
33251	C	ABLATE HEART DYSRHYTHM FOCUS				Inpatient Only	\$0.00			000	999	-
33254	C	ABLATE ATRIA LMTD				Inpatient Only	\$0.00			000	999	-
33255	C	ABLATE ATRIA W/O BYPASS EXT				Inpatient Only	\$0.00			000	999	-
33256	C	ABLATE ATRIA W/BYPASS EXTEN				Inpatient Only	\$0.00			000	999	-
33257	C	ABLATE ATRIA LMTD ADD-ON				Inpatient Only	\$0.00			000	999	-
33258	C	ABLATE ATRIA X10SV ADD-ON				Inpatient Only	\$0.00			000	999	-
33259	C	ABLATE ATRIA W/BYPASS ADD-ON				Inpatient Only	\$0.00			000	999	-
3325F	E	PREOP ASSES 4 CATARACT SURG				Not Allowed	\$0.00			000	999	-
33261	C	ABLATE HEART DYSRHYTHM FOCUS				Inpatient Only	\$0.00			000	999	-
33262	N	RMVL & REPLC PULSE GEN 1 LEAD		05231	278.2729	Bundled, sometimes payable	\$15,761.38			000	999	-
33263	N	RMVL & RPLCMT DFB GEN 2 LEAD		05231	278.2729	Bundled, sometimes payable	\$15,761.38			000	999	-
33264	N	RMVL & RPLCMT DFB GEN MLT LD		05232	396.6193	Bundled, sometimes payable	\$22,464.52			000	999	-
33265	C	ABLATE ATRIA LMTD ENDO				Inpatient Only	\$0.00			000	999	-
33266	C	ABLATE ATRIA X10SV ENDO				Inpatient Only	\$0.00			000	999	-
33270	N	INS/REP SUBQ DEFIBRILLATOR		05232	396.6193	Bundled, sometimes payable	\$22,464.52			000	999	-
33271	N	INSJ SUBQ IMPLTBL DFB ELCTRD		05222	98.4647	Bundled, sometimes payable	\$5,577.04			000	999	-
33272	N	RMVL OF SUBQ DEFIBRILLATOR		05221	41.5519	Bundled, sometimes payable	\$2,353.50			000	999	-
33273	T	REPOS PREV IMPLTBL SUBQ DFB		05221	41.5519	APC	\$2,353.50			000	999	-
33274	T	TCAT INSJ/RPL PERM LDLS PM		05194	194.0167	APC	\$10,989.11			000	999	-
33275	T	TCAT RMVL PERM LDLS PM W/IMG		05183	34.5624	APC	\$1,957.61			000	999	-
33285	T	INSJ SUBQ CAR RHYTHM MNTR		05222	98.4647	APC	\$5,577.04			000	999	-
33286	N	RMVL SUBQ CAR RHYTHM MNTR		05071	7.5120	Bundled, sometimes payable	\$425.48			000	999	-
33289	T	TCAT IMPL WRLS P-ART PRS SNR		05200	348.0247	APC	\$19,712.12			000	999	-
3328F	E	PRFRMNC DOCD 2 WKS B/4 SURG				Not Allowed	\$0.00			000	999	-
33300	C	REPAIR OF HEART WOUND				Inpatient Only	\$0.00			000	999	-
33305	C	REPAIR OF HEART WOUND				Inpatient Only	\$0.00			000	999	-
3330F	E	IMAGING STUDY ORDERED (BKP)				Not Allowed	\$0.00			000	999	-
33310	C	EXPLORATORY HEART SURGERY				Inpatient Only	\$0.00			000	999	-
33315	C	EXPLORATORY HEART SURGERY				Inpatient Only	\$0.00			000	999	-
3331F	E	BK IMAGING TST NOT ORDERED				Not Allowed	\$0.00			000	999	-
33320	C	REPAIR MAJOR BLOOD VESSEL(S)				Inpatient Only	\$0.00			000	999	-
33321	C	REPAIR MAJOR VESSEL				Inpatient Only	\$0.00			000	999	-
33322	C	REPAIR MAJOR BLOOD VESSEL(S)				Inpatient Only	\$0.00			000	999	-
33330	C	INSERT MAJOR VESSEL GRAFT				Inpatient Only	\$0.00			000	999	-
33335	C	INSERT MAJOR VESSEL GRAFT				Inpatient Only	\$0.00			000	999	-
33340	C	PERQ CLSR TCAT L ATR APNDGE				Inpatient Only	\$0.00			000	999	-
33361	C	REPLACE AORTIC VALVE PERQ				Inpatient Only	\$0.00			000	999	-
33362	C	REPLACE AORTIC VALVE OPEN				Inpatient Only	\$0.00			000	999	-
33363	C	REPLACE AORTIC VALVE OPEN				Inpatient Only	\$0.00			000	999	-
33364	C	REPLACE AORTIC VALVE OPEN				Inpatient Only	\$0.00			000	999	-
33365	C	REPLACE AORTIC VALVE OPEN				Inpatient Only	\$0.00			000	999	-
33366	C	TRCATH REPLACE AORTIC VALVE				Inpatient Only	\$0.00			000	999	-
33367	C	REPLACE AORTIC VALVE W/BYP				Inpatient Only	\$0.00			000	999	-
33368	C	REPLACE AORTIC VALVE W/BYP				Inpatient Only	\$0.00			000	999	-
33369	C	REPLACE AORTIC VALVE W/BYP				Inpatient Only	\$0.00			000	999	-
33390	C	VALVULOPLASTY AORTIC VALVE				Inpatient Only	\$0.00			000	999	-
33391	C	VALVULOPLASTY AORTIC VALVE				Inpatient Only	\$0.00			000	999	-
33404	C	PREPARE HEART-AORTA CONDUIT				Inpatient Only	\$0.00			000	999	-
33405	C	REPLACEMENT AORTIC VALVE OPN				Inpatient Only	\$0.00			000	999	-
33406	C	REPLACEMENT AORTIC VALVE OPN				Inpatient Only	\$0.00			000	999	-
3340F	E	MAMMO ASSESS INC XRAY DOCD				Not Allowed	\$0.00			000	999	-
33410	C	REPLACEMENT AORTIC VALVE OPN				Inpatient Only	\$0.00			000	999	-
33411	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only	\$0.00			000	999	-
33412	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only	\$0.00			000	999	-
33413	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only	\$0.00			000	999	-
33414	C	REPAIR OF AORTIC VALVE				Inpatient Only	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
33415	C	REVISION SUBVALVULAR TISSUE				Inpatient Only	\$0.00			000	999	-
33416	C	REVISE VENTRICLE MUSCLE				Inpatient Only	\$0.00			000	999	-
33417	C	REPAIR OF AORTIC VALVE				Inpatient Only	\$0.00			000	999	-
33418	C	REPAIR TCAT MITRAL VALVE				Inpatient Only	\$0.00			000	999	-
33419	N	REPAIR TCAT MITRAL VALVE				Bundled	\$0.00			000	999	-
3341F	E	MAMMO ASSESS NEGATIVE DOCD				Not Allowed	\$0.00			000	999	-
33420	C	REVISION OF MITRAL VALVE				Inpatient Only	\$0.00			000	999	-
33422	C	REVISION OF MITRAL VALVE				Inpatient Only	\$0.00			000	999	-
33425	C	REPAIR OF MITRAL VALVE				Inpatient Only	\$0.00			000	999	-
33426	C	REPAIR OF MITRAL VALVE				Inpatient Only	\$0.00			000	999	-
33427	C	REPAIR OF MITRAL VALVE				Inpatient Only	\$0.00			000	999	-
3342F	E	MAMMO ASSESS BENGN DOCD				Not Allowed	\$0.00			000	999	-
33430	C	REPLACEMENT OF MITRAL VALVE				Inpatient Only	\$0.00			000	999	-
3343F	E	MAMMO PROBABLY BENGN DOCD				Not Allowed	\$0.00			000	999	-
33440	C	RPLCMT A-VALVE TLCJ AUTOL PV				Inpatient Only	\$0.00			000	999	-
3344F	E	MAMMO ASSESS SUSP DOCD				Not Allowed	\$0.00			000	999	-
3345F	E	MAMMO ASSESS HGHLYMALIG DOC				Not Allowed	\$0.00			000	999	-
33460	C	REVISION OF TRICUSPID VALVE				Inpatient Only	\$0.00			000	999	-
33463	C	VALVULOPLASTY TRICUSPID				Inpatient Only	\$0.00			000	999	-
33464	C	VALVULOPLASTY TRICUSPID				Inpatient Only	\$0.00			000	999	-
33465	C	REPLACE TRICUSPID VALVE				Inpatient Only	\$0.00			000	999	-
33468	C	REVISION OF TRICUSPID VALVE				Inpatient Only	\$0.00			000	999	-
33470	C	REVISION OF PULMONARY VALVE				Inpatient Only	\$0.00			000	999	-
33471	C	VALVOTOMY PULMONARY VALVE				Inpatient Only	\$0.00			000	999	-
33474	C	REVISION OF PULMONARY VALVE				Inpatient Only	\$0.00			000	999	-
33475	C	REPLACEMENT PULMONARY VALVE				Inpatient Only	\$0.00			000	999	-
33476	C	REVISION OF HEART CHAMBER				Inpatient Only	\$0.00			000	999	-
33477	C	IMPLANT TCAT PULM VLV PERQ				Inpatient Only	\$0.00			000	999	-
33478	C	REVISION OF HEART CHAMBER				Inpatient Only	\$0.00			000	999	-
33496	C	REPAIR PROSTH VALVE CLOT				Inpatient Only	\$0.00			000	999	-
33500	C	REPAIR HEART VESSEL FISTULA				Inpatient Only	\$0.00			000	999	-
33501	C	REPAIR HEART VESSEL FISTULA				Inpatient Only	\$0.00			000	999	-
33502	C	CORONARY ARTERY CORRECTION				Inpatient Only	\$0.00			000	999	-
33503	C	CORONARY ARTERY GRAFT				Inpatient Only	\$0.00			000	999	-
33504	C	CORONARY ARTERY GRAFT				Inpatient Only	\$0.00			000	999	-
33505	C	REPAIR ARTERY W/TUNNEL				Inpatient Only	\$0.00			000	999	-
33506	C	REPAIR ARTERY TRANSLOCATION				Inpatient Only	\$0.00			000	999	-
33507	C	REPAIR ART INTRAMURAL				Inpatient Only	\$0.00			000	999	-
33508	N	ENDOSCOPIC VEIN HARVEST				Bundled	\$0.00			000	999	-
3350F	E	MAMMO BX PROVEN MALIG DOCD				Not Allowed	\$0.00			000	999	-
33510	C	CABG VEIN SINGLE				Inpatient Only	\$0.00			000	999	-
33511	C	CABG VEIN TWO				Inpatient Only	\$0.00			000	999	-
33512	C	CABG VEIN THREE				Inpatient Only	\$0.00			000	999	-
33513	C	CABG VEIN FOUR				Inpatient Only	\$0.00			000	999	-
33514	C	CABG VEIN FIVE				Inpatient Only	\$0.00			000	999	-
33516	C	CABG VEIN SIX OR MORE				Inpatient Only	\$0.00			000	999	-
33517	C	CABG ARTERY-VEIN SINGLE				Inpatient Only	\$0.00			000	999	-
33518	C	CABG ARTERY-VEIN TWO				Inpatient Only	\$0.00			000	999	-
33519	C	CABG ARTERY-VEIN THREE				Inpatient Only	\$0.00			000	999	-
3351F	E	NEG SCRIN DEP SYMP BY DEPTOOL				Not Allowed	\$0.00			000	999	-
33521	C	CABG ARTERY-VEIN FOUR				Inpatient Only	\$0.00			000	999	-
33522	C	CABG ARTERY-VEIN FIVE				Inpatient Only	\$0.00			000	999	-
33523	C	CABG ART-VEIN SIX OR MORE				Inpatient Only	\$0.00			000	999	-
3352F	E	NO SIG DEP SYMP BY DEP TOOL				Not Allowed	\$0.00			000	999	-
33530	C	CORONARY ARTERY BYPASS/REOP				Inpatient Only	\$0.00			000	999	-
33533	C	CABG ARTERIAL SINGLE				Inpatient Only	\$0.00			000	999	-
33534	C	CABG ARTERIAL TWO				Inpatient Only	\$0.00			000	999	-

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33535	C	CABG ARTERIAL THREE				Inpatient Only	\$0.00			000	999	-
33536	C	CABG ARTERIAL FOUR OR MORE				Inpatient Only	\$0.00			000	999	-
3353F	E	MILD-MOD DEP SYMP BY DEPTOOL				Not Allowed	\$0.00			000	999	-
33542	C	REMOVAL OF HEART LESION				Inpatient Only	\$0.00			000	999	-
33545	C	REPAIR OF HEART DAMAGE				Inpatient Only	\$0.00			000	999	-
33548	C	RESTORE/REMODEL VENTRICLE				Inpatient Only	\$0.00			000	999	-
3354F	E	CLIN SIG DEP SYM BY DEP TOOL				Not Allowed	\$0.00			000	999	-
33572	C	OPEN CORONARY ENDARTERECTOMY				Inpatient Only	\$0.00			000	999	-
33600	C	CLOSURE OF VALVE				Inpatient Only	\$0.00			000	999	-
33602	C	CLOSURE OF VALVE				Inpatient Only	\$0.00			000	999	-
33606	C	ANASTOMOSIS/ARTERY-AORTA				Inpatient Only	\$0.00			000	999	-
33608	C	REPAIR ANOMALY W/CONDUIT				Inpatient Only	\$0.00			000	999	-
33610	C	REPAIR BY ENLARGEMENT				Inpatient Only	\$0.00			000	999	-
33611	C	REPAIR DOUBLE VENTRICLE				Inpatient Only	\$0.00			000	999	-
33612	C	REPAIR DOUBLE VENTRICLE				Inpatient Only	\$0.00			000	999	-
33615	C	REPAIR MODIFIED FONTAN				Inpatient Only	\$0.00			000	999	-
33617	C	REPAIR SINGLE VENTRICLE				Inpatient Only	\$0.00			000	999	-
33619	C	REPAIR SINGLE VENTRICLE				Inpatient Only	\$0.00			000	999	-
33620	C	APPLY R&L PULM ART BANDS				Inpatient Only	\$0.00			000	999	-
33621	C	TRANSTHOR CATH FOR STENT				Inpatient Only	\$0.00			000	999	-
33622	C	REDO COMPL CARDIAC ANOMALY				Inpatient Only	\$0.00			000	999	-
33641	C	REPAIR HEART SEPTUM DEFECT				Inpatient Only	\$0.00			000	999	-
33645	C	REVISION OF HEART VEINS				Inpatient Only	\$0.00			000	999	-
33647	C	REPAIR HEART SEPTUM DEFECTS				Inpatient Only	\$0.00			000	999	-
33660	C	REPAIR OF HEART DEFECTS				Inpatient Only	\$0.00			000	999	-
33665	C	REPAIR OF HEART DEFECTS				Inpatient Only	\$0.00			000	999	-
33670	C	REPAIR OF HEART CHAMBERS				Inpatient Only	\$0.00			000	999	-
33675	C	CLOSE MULT VSD				Inpatient Only	\$0.00			000	999	-
33676	C	CLOSE MULT VSD W/RESECTION				Inpatient Only	\$0.00			000	999	-
33677	C	CL MULT VSD W/REM PUL BAND				Inpatient Only	\$0.00			000	999	-
33681	C	REPAIR HEART SEPTUM DEFECT				Inpatient Only	\$0.00			000	999	-
33684	C	REPAIR HEART SEPTUM DEFECT				Inpatient Only	\$0.00			000	999	-
33688	C	REPAIR HEART SEPTUM DEFECT				Inpatient Only	\$0.00			000	999	-
33690	C	REINFORCE PULMONARY ARTERY				Inpatient Only	\$0.00			000	999	-
33692	C	REPAIR OF HEART DEFECTS				Inpatient Only	\$0.00			000	999	-
33694	C	REPAIR OF HEART DEFECTS				Inpatient Only	\$0.00			000	999	-
33697	C	REPAIR OF HEART DEFECTS				Inpatient Only	\$0.00			000	999	-
33702	C	REPAIR OF HEART DEFECTS				Inpatient Only	\$0.00			000	999	-
3370F	E	AJCC BRST CNCR STAGE 0 DOCD				Not Allowed	\$0.00			000	999	-
33710	C	REPAIR OF HEART DEFECTS				Inpatient Only	\$0.00			000	999	-
33720	C	REPAIR OF HEART DEFECT				Inpatient Only	\$0.00			000	999	-
33722	C	REPAIR OF HEART DEFECT				Inpatient Only	\$0.00			000	999	-
33724	C	REPAIR VENOUS ANOMALY				Inpatient Only	\$0.00			000	999	-
33726	C	REPAIR PUL VENOUS STENOSIS				Inpatient Only	\$0.00			000	999	-
3372F	E	AJCC BRST CNCR STAGE 1 DOCD				Not Allowed	\$0.00			000	999	-
33730	C	REPAIR HEART-VEIN DEFECT(S)				Inpatient Only	\$0.00			000	999	-
33732	C	REPAIR HEART-VEIN DEFECT				Inpatient Only	\$0.00			000	999	-
33735	C	REVISION OF HEART CHAMBER				Inpatient Only	\$0.00			000	999	-
33736	C	REVISION OF HEART CHAMBER				Inpatient Only	\$0.00			000	999	-
33737	C	REVISION OF HEART CHAMBER				Inpatient Only	\$0.00			000	999	-
33741	E	TAS CONGENITAL CAR ANOMAL				Not Allowed	\$0.00			000	999	-
33745	E	TIS CGEN CAR ANOMAL 1ST SHNT				Not Allowed	\$0.00			000	999	-
33746	E	TIS CGEN CAR ANOMAL EA ADDL				Not Allowed	\$0.00			000	999	-
3374F	E	AJCC BRST CNCR STAGE 1 DOCD				Not Allowed	\$0.00			000	999	-
33750	C	MAJOR VESSEL SHUNT				Inpatient Only	\$0.00			000	999	-
33755	C	MAJOR VESSEL SHUNT				Inpatient Only	\$0.00			000	999	-
33762	C	MAJOR VESSEL SHUNT				Inpatient Only	\$0.00			000	999	-

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33764	C	MAJOR VESSEL SHUNT & GRAFT				Inpatient Only	\$0.00			000	999	-
33766	C	MAJOR VESSEL SHUNT				Inpatient Only	\$0.00			000	999	-
33767	C	MAJOR VESSEL SHUNT				Inpatient Only	\$0.00			000	999	-
33768	C	CAVOPULMONARY SHUNTING				Inpatient Only	\$0.00			000	999	-
3376F	E	AJCC BRSTCNCR STAGE 2 DOCD				Not Allowed	\$0.00			000	999	-
33770	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	\$0.00			000	999	-
33771	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	\$0.00			000	999	-
33774	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	\$0.00			000	999	-
33775	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	\$0.00			000	999	-
33776	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	\$0.00			000	999	-
33777	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	\$0.00			000	999	-
33778	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	\$0.00			000	999	-
33779	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	\$0.00			000	999	-
33780	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	\$0.00			000	999	-
33781	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	\$0.00			000	999	-
33782	C	NIKAIDOH PROC				Inpatient Only	\$0.00			000	999	-
33783	C	NIKAIDOH PROC W/OSTIA IMPLT				Inpatient Only	\$0.00			000	999	-
33786	C	REPAIR ARTERIAL TRUNK				Inpatient Only	\$0.00			000	999	-
33788	C	REVISION OF PULMONARY ARTERY				Inpatient Only	\$0.00			000	999	-
3378F	E	AJCC BRSTCNCR STAGE 3 DOCD				Not Allowed	\$0.00			000	999	-
33800	C	AORTIC SUSPENSION				Inpatient Only	\$0.00			000	999	-
33802	C	REPAIR VESSEL DEFECT				Inpatient Only	\$0.00			000	999	-
33803	C	REPAIR VESSEL DEFECT				Inpatient Only	\$0.00			000	999	-
3380F	E	AJCC BRSTCNCR STAGE 4 DOCD				Not Allowed	\$0.00			000	999	-
33813	C	REPAIR SEPTAL DEFECT				Inpatient Only	\$0.00			000	999	-
33814	C	REPAIR SEPTAL DEFECT				Inpatient Only	\$0.00			000	999	-
33820	C	REVISE MAJOR VESSEL				Inpatient Only	\$0.00			000	999	-
33822	C	REVISE MAJOR VESSEL				Inpatient Only	\$0.00			000	019	-
33824	C	REVISE MAJOR VESSEL				Inpatient Only	\$0.00			000	999	-
3382F	E	AJCC CLN CNCR STAGE 0 DOCD				Not Allowed	\$0.00			000	999	-
33840	C	REMOVE AORTA CONSTRICTION				Inpatient Only	\$0.00			000	999	-
33845	C	REMOVE AORTA CONSTRICTION				Inpatient Only	\$0.00			000	999	-
3384F	E	AJCC CLN CNCR STAGE 1 DOCD				Not Allowed	\$0.00			000	999	-
33851	C	REMOVE AORTA CONSTRICTION				Inpatient Only	\$0.00			000	999	-
33852	C	REPAIR SEPTAL DEFECT				Inpatient Only	\$0.00			000	999	-
33853	C	REPAIR SEPTAL DEFECT				Inpatient Only	\$0.00			000	999	-
33858	E	AS-AORT GRF F/AORTIC DSJ				Not Allowed	\$0.00			000	999	-
33859	E	AS-AORT GRF F/DS OTH/THN DSJ				Not Allowed	\$0.00			000	999	-
33863	C	ASCENDING AORTIC GRAFT				Inpatient Only	\$0.00			000	999	-
33864	C	ASCENDING AORTIC GRAFT				Inpatient Only	\$0.00			000	999	-
33866	N	AORTIC HEMIARCH GRAFT				Bundled	\$0.00			000	999	-
3386F	E	AJCC CLN CNCR STAGE 2 DOCD				Not Allowed	\$0.00			000	999	-
33871	E	TRANSVRS A-ARCH GRF HYPHTRM				Not Allowed	\$0.00			000	999	-
33875	C	THORACIC AORTIC GRAFT				Inpatient Only	\$0.00			000	999	-
33877	C	THORACOABDOMINAL GRAFT				Inpatient Only	\$0.00			000	999	-
33880	C	ENDOVASC TAA REPR INCL SUBCL				Inpatient Only	\$0.00			000	999	-
33881	C	ENDOVASC TAA REPR W/O SUBCL				Inpatient Only	\$0.00			000	999	-
33883	C	INSERT ENDOVASC PROSTH TAA				Inpatient Only	\$0.00			000	999	-
33884	C	ENDOVASC PROSTH TAA ADD-ON				Inpatient Only	\$0.00			000	999	-
33886	C	ENDOVASC PROSTH DELAYED				Inpatient Only	\$0.00			000	999	-
33889	C	ARTERY TRANSPOSE/ENDOVAS TAA				Inpatient Only	\$0.00			000	999	-
3388F	E	AJCC CLN CNCR STAGE 3 DOCD				Not Allowed	\$0.00			000	999	-
33891	C	CAR-CAR BP GRFT/ENDOVAS TAA				Inpatient Only	\$0.00			000	999	-
3390F	E	AJCC CLN CNCR STAGE 4 DOCD				Not Allowed	\$0.00			000	999	-
33910	C	REMOVE LUNG ARTERY EMBOLI				Inpatient Only	\$0.00			000	999	-
33915	C	REMOVE LUNG ARTERY EMBOLI				Inpatient Only	\$0.00			000	999	-
33916	C	SURGERY OF GREAT VESSEL				Inpatient Only	\$0.00			000	999	-

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33917	C	REPAIR PULMONARY ARTERY				Inpatient Only	\$0.00			000	999	-
33920	C	REPAIR PULMONARY ATRESIA				Inpatient Only	\$0.00			000	999	-
33922	C	TRANSECT PULMONARY ARTERY				Inpatient Only	\$0.00			000	999	-
33924	C	REMOVE PULMONARY SHUNT				Inpatient Only	\$0.00			000	999	-
33925	C	RPR PUL ART UNIFOCAL W/O CPB				Inpatient Only	\$0.00			000	999	-
33926	C	REPR PUL ART UNIFOCAL W/CPB				Inpatient Only	\$0.00			000	999	-
33927	C	IMPLTJ TOT RPLCMT HRT SYS				Inpatient Only	\$0.00			000	999	-
33928	C	RMVL & RPLCMT TOT HRT SYS				Inpatient Only	\$0.00			000	999	-
33929	C	RMVL RPLCMT HRT SYS F/TRNSPL				Inpatient Only	\$0.00			000	999	-
33930	C	REMOVAL OF DONOR HEART/LUNG				Inpatient Only	\$0.00			000	999	-
33933	C	PREPARE DONOR HEART/LUNG				Inpatient Only	\$0.00			000	999	-
33935	C	TRANSPLANTATION HEART/LUNG				Inpatient Only	\$0.00			000	999	-
33940	C	REMOVAL OF DONOR HEART				Inpatient Only	\$0.00			000	999	-
33944	C	PREPARE DONOR HEART				Inpatient Only	\$0.00			000	999	-
33945	C	TRANSPLANTATION OF HEART				Inpatient Only	\$0.00			000	999	-
33946	C	ECMO/ECLS INITIATION VENOUS				Inpatient Only	\$0.00			000	999	-
33947	C	ECMO/ECLS INITIATION ARTERY				Inpatient Only	\$0.00			000	999	-
33948	C	ECMO/ECLS DAILY MGMT-VENOUS				Inpatient Only	\$0.00			000	999	-
33949	C	ECMO/ECLS DAILY MGMT ARTERY				Inpatient Only	\$0.00			000	999	-
3394F	E	QUANT HER2 IHC EVAL BRST CX				Not Allowed	\$0.00			000	999	-
33951	C	ECMO/ECLS INSJ PRPH CANNULA				Inpatient Only	\$0.00			000	999	-
33952	C	ECMO/ECLS INSJ PRPH CANNULA				Inpatient Only	\$0.00			000	999	-
33953	C	ECMO/ECLS INSJ PRPH CANNULA				Inpatient Only	\$0.00			000	999	-
33954	C	ECMO/ECLS INSJ PRPH CANNULA				Inpatient Only	\$0.00			000	999	-
33955	C	ECMO/ECLS INSJ CTR CANNULA				Inpatient Only	\$0.00			000	999	-
33956	C	ECMO/ECLS INSJ CTR CANNULA				Inpatient Only	\$0.00			000	999	-
33957	C	ECMO/ECLS REPOS PERPH CNULA				Inpatient Only	\$0.00			000	999	-
33958	C	ECMO/ECLS REPOS PERPH CNULA				Inpatient Only	\$0.00			000	999	-
33959	C	ECMO/ECLS REPOS PERPH CNULA				Inpatient Only	\$0.00			000	999	-
3395F	E	QUANT NONHER2 IHC BRST CX				Not Allowed	\$0.00			000	999	-
33962	C	ECMO/ECLS REPOS PERPH CNULA				Inpatient Only	\$0.00			000	999	-
33963	C	ECMO/ECLS REPOS PERPH CNULA				Inpatient Only	\$0.00			000	999	-
33964	C	ECMO/ECLS REPOS PERPH CNULA				Inpatient Only	\$0.00			000	999	-
33965	C	ECMO/ECLS RMVL PERPH CANNULA				Inpatient Only	\$0.00			000	999	-
33966	C	ECMO/ECLS RMVL PRPH CANNULA				Inpatient Only	\$0.00			000	999	-
33967	C	INSERT I-AORT PERCUT DEVICE				Inpatient Only	\$0.00			000	999	-
33968	C	REMOVE AORTIC ASSIST DEVICE				Inpatient Only	\$0.00			000	999	-
33969	C	ECMO/ECLS RMVL PERPH CANNULA				Inpatient Only	\$0.00			000	999	-
33970	C	AORTIC CIRCULATION ASSIST				Inpatient Only	\$0.00			000	999	-
33971	C	AORTIC CIRCULATION ASSIST				Inpatient Only	\$0.00			000	999	-
33973	C	INSERT BALLOON DEVICE				Inpatient Only	\$0.00			000	999	-
33974	C	REMOVE INTRA-AORTIC BALLOON				Inpatient Only	\$0.00			000	999	-
33975	C	IMPLANT VENTRICULAR DEVICE				Inpatient Only	\$0.00			000	999	-
33976	C	IMPLANT VENTRICULAR DEVICE				Inpatient Only	\$0.00			000	999	-
33977	C	REMOVE VENTRICULAR DEVICE				Inpatient Only	\$0.00			000	999	-
33978	C	REMOVE VENTRICULAR DEVICE				Inpatient Only	\$0.00			000	999	-
33979	C	INSERT INTRACORPOREAL DEVICE				Inpatient Only	\$0.00			000	999	-
33980	C	REMOVE INTRACORPOREAL DEVICE				Inpatient Only	\$0.00			000	999	-
33981	C	REPLACE VAD PUMP EXT				Inpatient Only	\$0.00			000	999	-
33982	C	REPLACE VAD INTRA W/O BP				Inpatient Only	\$0.00			000	999	-
33983	C	REPLACE VAD INTRA W/BP				Inpatient Only	\$0.00			000	999	-
33984	C	ECMO/ECLS RMVL PRPH CANNULA				Inpatient Only	\$0.00			000	999	-
33985	C	ECMO/ECLS RMVL CTR CANNULA				Inpatient Only	\$0.00			000	999	-
33986	C	ECMO/ECLS RMVL CTR CANNULA				Inpatient Only	\$0.00			000	999	-
33987	C	ARTERY EXPOS/GRAFT ARTERY				Inpatient Only	\$0.00			000	999	-
33988	C	INSERTION OF LEFT HEART VENT				Inpatient Only	\$0.00			000	999	-
33989	C	REMOVAL OF LEFT HEART VENT				Inpatient Only	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
33990	C	INSERT VAD ARTERY ACCESS				Inpatient Only	\$0.00			000	999	-
33991	C	INSERT VAD ART&VEIN ACCESS				Inpatient Only	\$0.00			000	999	-
33992	C	REMOVE VAD DIFFERENT SESSION				Inpatient Only	\$0.00			000	999	-
33993	C	REPOSITION VAD DIFF SESSION				Inpatient Only	\$0.00			000	999	-
33995	E	INSJ PERQ VAD R HRT VENOUS				Not Allowed	\$0.00			000	999	-
33997	E	RMVL PERQ RIGHT HEART VAD				Not Allowed	\$0.00			000	999	-
33999	T	CARDIAC SURGERY PROCEDURE		05181	6.5415	APC	\$370.51			000	999	-
34001	C	REMOVAL OF ARTERY CLOT				Inpatient Only	\$0.00			000	999	-
34051	C	REMOVAL OF ARTERY CLOT				Inpatient Only	\$0.00			000	999	-
34101	T	REMOVAL OF ARTERY CLOT		05184	57.6153	APC	\$3,263.33			000	999	-
34111	T	REMOVAL OF ARM ARTERY CLOT		05184	57.6153	APC	\$3,263.33			000	999	-
34151	C	REMOVAL OF ARTERY CLOT				Inpatient Only	\$0.00			000	999	-
34201	T	REMOVAL OF ARTERY CLOT		05184	57.6153	APC	\$3,263.33			000	999	-
34203	T	REMOVAL OF LEG ARTERY CLOT		05184	57.6153	APC	\$3,263.33			000	999	-
34401	C	REMOVAL OF VEIN CLOT				Inpatient Only	\$0.00			000	999	-
34421	T	REMOVAL OF VEIN CLOT		05183	34.5624	APC	\$1,957.61			000	999	-
34451	C	REMOVAL OF VEIN CLOT				Inpatient Only	\$0.00			000	999	-
34471	T	REMOVAL OF VEIN CLOT		05181	6.5415	APC	\$370.51			000	999	-
34490	T	REMOVAL OF VEIN CLOT		05183	34.5624	APC	\$1,957.61			000	999	-
34501	T	REPAIR VALVE FEMORAL VEIN		05184	57.6153	APC	\$3,263.33			000	999	-
34502	C	RECONSTRUCT VENA CAVA				Inpatient Only	\$0.00			000	999	-
3450F	E	DYSPNEA SCRND NO-MILD DYSP				Not Allowed	\$0.00			000	999	-
34510	T	TRANSPOSITION OF VEIN VALVE		05184	57.6153	APC	\$3,263.33			000	999	-
3451F	E	DYSPNEA SCRND MOD-HIGH DYSP				Not Allowed	\$0.00			000	999	-
34520	T	CROSS-OVER VEIN GRAFT		05184	57.6153	APC	\$3,263.33			000	999	-
3452F	E	DYSPNEA NOT SCREENED				Not Allowed	\$0.00			000	999	-
34530	T	LEG VEIN FUSION		05183	34.5624	APC	\$1,957.61			000	999	-
3455F	E	TB SCRNG DONE-INTERPD 6MON				Not Allowed	\$0.00			000	999	-
34701	C	EVASC RPR A-AO NDGFT				Inpatient Only	\$0.00			000	999	-
34702	C	EVASC RPR A-AO NDGFT RPT				Inpatient Only	\$0.00			000	999	-
34703	C	EVASC RPR A-UNILAC NDGFT				Inpatient Only	\$0.00			000	999	-
34704	C	EVASC RPR A-UNILAC NDGFT RPT				Inpatient Only	\$0.00			000	999	-
34705	C	EVASC RPR A-BILIAC NDGFT				Inpatient Only	\$0.00			000	999	-
34706	C	EVASC RPR A-BILIAC RPT				Inpatient Only	\$0.00			000	999	-
34707	C	EVASC RPR ILIO-ILIAC NDGFT				Inpatient Only	\$0.00			000	999	-
34708	C	EVASC RPR ILIO-ILIAC RPT				Inpatient Only	\$0.00			000	999	-
34709	C	PLMT XTN PROSTH EVASC RPR				Inpatient Only	\$0.00			000	999	-
3470F	E	RA DISEASE ACTIVITY LOW				Not Allowed	\$0.00			000	999	-
34710	C	DLYD PLMT XTN PROSTH 1ST VSL				Inpatient Only	\$0.00			000	999	-
34711	C	DLYD PLMT XTN PROSTH EA ADDL				Inpatient Only	\$0.00			000	999	-
34712	C	TCAT DLVR ENHNCD FIXJ DEV				Inpatient Only	\$0.00			000	999	-
34713	N	PERQ ACCESS & CLSR FEM ART				Bundled	\$0.00			000	999	-
34714	N	OPN FEM ART EXPOS CNDT CRTJ				Bundled	\$0.00			000	999	-
34715	N	OPN AX/SUBCLA ART EXPOS				Bundled	\$0.00			000	999	-
34716	N	OPN AX/SUBCLA ART EXPOS CNDT				Bundled	\$0.00			000	999	-
34717	E	EVASC RPR A-ILIAC NDGFT				Not Allowed	\$0.00			000	999	-
34718	E	EVASC RPR N/A A-ILIAC NDGFT				Not Allowed	\$0.00			000	999	-
3471F	E	RA DISEASE ACTIVITY MOD				Not Allowed	\$0.00			000	999	-
3472F	E	RA DISEASE ACTIVITY HIGH				Not Allowed	\$0.00			000	999	-
3475F	E	DISEASE PROGN RA POOR DOCD				Not Allowed	\$0.00			000	999	-
3476F	E	DISEASE PROGN RA GOOD DOCD				Not Allowed	\$0.00			000	999	-
34808	C	ENDOVAS ILIAC A DEVICE ADDON				Inpatient Only	\$0.00			000	999	-
34812	C	OPN FEM ART EXPOS				Inpatient Only	\$0.00			000	999	-
34813	C	FEMORAL ENDOVAS GRAFT ADD-ON				Inpatient Only	\$0.00			000	999	-
34820	C	OPN ILIAC ART EXPOS				Inpatient Only	\$0.00			000	999	-
34830	C	OPEN AORTIC TUBE PROSTH REPR				Inpatient Only	\$0.00			000	999	-
34831	C	OPEN AORTOILIAC PROSTH REPR				Inpatient Only	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
34832	C	OPEN AORTOFEMOR PROSTH REPR				Inpatient Only	\$0.00			000	999	-
34833	C	OPN ILAC ART EXPOS CNDT CRTJ				Inpatient Only	\$0.00			000	999	-
34834	C	OPN BRACH ART EXPOS				Inpatient Only	\$0.00			000	999	-
34839	E	PLNNING PT SPEC FENEST GRAFT				Not Allowed	\$0.00			000	999	-
34841	C	ENDOVASC VISC AORTA 1 GRAFT				Inpatient Only	\$0.00			000	999	-
34842	C	ENDOVASC VISC AORTA 2 GRAFT				Inpatient Only	\$0.00			000	999	-
34843	C	ENDOVASC VISC AORTA 3 GRAFT				Inpatient Only	\$0.00			000	999	-
34844	C	ENDOVASC VISC AORTA 4 GRAFT				Inpatient Only	\$0.00			000	999	-
34845	C	VISC & INFRAREN ABD 1 PROSTH				Inpatient Only	\$0.00			000	999	-
34846	C	VISC & INFRAREN ABD 2 PROSTH				Inpatient Only	\$0.00			000	999	-
34847	C	VISC & INFRAREN ABD 3 PROSTH				Inpatient Only	\$0.00			000	999	-
34848	C	VISC & INFRAREN ABD 4+ PROST				Inpatient Only	\$0.00			000	999	-
3490F	E	HISTORY AIDS-DEFINING COND				Not Allowed	\$0.00			000	999	-
3491F	E	HIV UNSURE BABY OF HIV+MOMS				Not Allowed	\$0.00			000	999	-
3492F	E	HISTORY CD4+ CELL COUNT <350				Not Allowed	\$0.00			000	999	-
3493F	E	NO HIST CD4+ CELL COUNT <350				Not Allowed	\$0.00			000	999	-
3494F	E	CD4+CELL COUNT <200CELLS/MM3				Not Allowed	\$0.00			000	999	-
3495F	E	CD4+CELL CNT 200-499 CELLS				Not Allowed	\$0.00			000	999	-
3496F	E	CD4+ CELL COUNT >= 500 CELLS				Not Allowed	\$0.00			000	999	-
3497F	E	CD4+ CELL PERCENTAGE <15%				Not Allowed	\$0.00			000	999	-
3498F	E	CD4+ CELL =15% (HIV)				Not Allowed	\$0.00			000	999	-
35001	C	REPAIR DEFECT OF ARTERY				Inpatient Only	\$0.00			000	999	-
35002	C	REPAIR ARTERY RUPTURE NECK				Inpatient Only	\$0.00			000	999	-
35005	C	REPAIR DEFECT OF ARTERY				Inpatient Only	\$0.00			000	999	-
3500F	E	CD4+CELL CNT/% DOCD AS DONE				Not Allowed	\$0.00			000	999	-
35011	T	REPAIR DEFECT OF ARTERY		05184	57.6153	APC	\$3,263.33			000	999	-
35013	C	REPAIR ARTERY RUPTURE ARM				Inpatient Only	\$0.00			000	999	-
35021	C	REPAIR DEFECT OF ARTERY				Inpatient Only	\$0.00			000	999	-
35022	C	REPAIR ARTERY RUPTURE CHEST				Inpatient Only	\$0.00			000	999	-
3502F	E	HIV RNA VRL LD <LMTS QUANTIF				Not Allowed	\$0.00			000	999	-
3503F	E	HIV RNA VRL LDNOT<LMTS QUNTF				Not Allowed	\$0.00			000	999	-
35045	T	REPAIR DEFECT OF ARM ARTERY		05184	57.6153	APC	\$3,263.33			000	999	-
35081	C	REPAIR DEFECT OF ARTERY				Inpatient Only	\$0.00			000	999	-
35082	C	REPAIR ARTERY RUPTURE AORTA				Inpatient Only	\$0.00			000	999	-
35091	C	REPAIR DEFECT OF ARTERY				Inpatient Only	\$0.00			000	999	-
35092	C	REPAIR ARTERY RUPTURE AORTA				Inpatient Only	\$0.00			000	999	-
35102	C	REPAIR DEFECT OF ARTERY				Inpatient Only	\$0.00			000	999	-
35103	C	REPAIR ARTERY RUPTURE AORTA				Inpatient Only	\$0.00			000	999	-
3510F	E	DOC TB SCRNG-RSLTS INTERPD				Not Allowed	\$0.00			000	999	-
35111	C	REPAIR DEFECT OF ARTERY				Inpatient Only	\$0.00			000	999	-
35112	C	REPAIR ARTERY RUPTURE SPLEEN				Inpatient Only	\$0.00			000	999	-
3511F	E	CHLMYD/GONRH TSTS DOCD DONE				Not Allowed	\$0.00			000	999	-
35121	C	REPAIR DEFECT OF ARTERY				Inpatient Only	\$0.00			000	999	-
35122	C	REPAIR ARTERY RUPTURE BELLY				Inpatient Only	\$0.00			000	999	-
3512F	E	SYPH SCRNG DOCD AS DONE				Not Allowed	\$0.00			000	999	-
35131	C	REPAIR DEFECT OF ARTERY				Inpatient Only	\$0.00			000	999	-
35132	C	REPAIR ARTERY RUPTURE GROIN				Inpatient Only	\$0.00			000	999	-
3513F	E	HEP B SCRNG DOCD AS DONE				Not Allowed	\$0.00			000	999	-
35141	C	REPAIR DEFECT OF ARTERY				Inpatient Only	\$0.00			000	999	-
35142	C	REPAIR ARTERY RUPTURE THIGH				Inpatient Only	\$0.00			000	999	-
3514F	E	HEP C SCRNG DOCD AS DONE				Not Allowed	\$0.00			000	999	-
35151	C	REPAIR DEFECT OF ARTERY				Inpatient Only	\$0.00			000	999	-
35152	C	REPAIR RUPTD POPLITEAL ART				Inpatient Only	\$0.00			000	999	-
3515F	E	PT HAS DOCD IMMUN TO HEP C				Not Allowed	\$0.00			000	999	-
3517F	E	HBV ASSESS&RESULTS INTRP 1YR				Not Allowed	\$0.00			000	999	-
35180	T	REPAIR BLOOD VESSEL LESION		05182	16.9830	APC	\$961.92			000	999	-
35182	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	\$0.00			000	999	-

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

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
35184	T	REPAIR BLOOD VESSEL LESION		05183	34.5624	APC	\$1,957.61			000	999	-
35188	T	REPAIR BLOOD VESSEL LESION		05184	57.6153	APC	\$3,263.33			000	999	-
35189	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	\$0.00			000	999	-
35190	T	REPAIR BLOOD VESSEL LESION		05184	57.6153	APC	\$3,263.33			000	999	-
35201	T	REPAIR BLOOD VESSEL LESION		05184	57.6153	APC	\$3,263.33			000	999	-
35206	T	REPAIR BLOOD VESSEL LESION		05183	34.5624	APC	\$1,957.61			000	999	-
35207	T	REPAIR BLOOD VESSEL LESION		05183	34.5624	APC	\$1,957.61			000	999	-
3520F	E	CDIFFICILE TESTING PERFORMED				Not Allowed	\$0.00			000	999	-
35211	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	\$0.00			000	999	-
35216	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	\$0.00			000	999	-
35221	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	\$0.00			000	999	-
35226	T	REPAIR BLOOD VESSEL LESION		05071	7.5120	APC	\$425.48			000	999	-
35231	T	REPAIR BLOOD VESSEL LESION		05183	34.5624	APC	\$1,957.61			000	999	-
35236	T	REPAIR BLOOD VESSEL LESION		05184	57.6153	APC	\$3,263.33			000	999	-
35241	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	\$0.00			000	999	-
35246	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	\$0.00			000	999	-
35251	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	\$0.00			000	999	-
35256	T	REPAIR BLOOD VESSEL LESION		05184	57.6153	APC	\$3,263.33			000	999	-
35261	T	REPAIR BLOOD VESSEL LESION		05183	34.5624	APC	\$1,957.61			000	999	-
35266	T	REPAIR BLOOD VESSEL LESION		05184	57.6153	APC	\$3,263.33			000	999	-
35271	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	\$0.00			000	999	-
35276	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	\$0.00			000	999	-
35281	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	\$0.00			000	999	-
35286	T	REPAIR BLOOD VESSEL LESION		05184	57.6153	APC	\$3,263.33			000	999	-
35301	C	RECHANNELING OF ARTERY				Inpatient Only	\$0.00			000	999	-
35302	C	RECHANNELING OF ARTERY				Inpatient Only	\$0.00			000	999	-
35303	C	RECHANNELING OF ARTERY				Inpatient Only	\$0.00			000	999	-
35304	C	RECHANNELING OF ARTERY				Inpatient Only	\$0.00			000	999	-
35305	C	RECHANNELING OF ARTERY				Inpatient Only	\$0.00			000	999	-
35306	C	RECHANNELING OF ARTERY				Inpatient Only	\$0.00			000	999	-
35311	C	RECHANNELING OF ARTERY				Inpatient Only	\$0.00			000	999	-
35321	T	RECHANNELING OF ARTERY		05184	57.6153	APC	\$3,263.33			000	999	-
35331	C	RECHANNELING OF ARTERY				Inpatient Only	\$0.00			000	999	-
35341	C	RECHANNELING OF ARTERY				Inpatient Only	\$0.00			000	999	-
35351	C	RECHANNELING OF ARTERY				Inpatient Only	\$0.00			000	999	-
35355	C	RECHANNELING OF ARTERY				Inpatient Only	\$0.00			000	999	-
35361	C	RECHANNELING OF ARTERY				Inpatient Only	\$0.00			000	999	-
35363	C	RECHANNELING OF ARTERY				Inpatient Only	\$0.00			000	999	-
35371	C	RECHANNELING OF ARTERY				Inpatient Only	\$0.00			000	999	-
35372	T	RECHANNELING OF ARTERY		05184	57.6153	APC	\$3,263.33			000	999	-
35390	C	REOPERATION CAROTID ADD-ON				Inpatient Only	\$0.00			000	999	-
35400	C	ANGIOSCOPY				Inpatient Only	\$0.00			000	999	-
35500	N	HARVEST VEIN FOR BYPASS				Bundled	\$0.00			000	999	-
35501	C	ART BYP GRFT IPSILAT CAROTID				Inpatient Only	\$0.00			000	999	-
35506	C	ART BYP GRFT SUBCLAV-CAROTID				Inpatient Only	\$0.00			000	999	-
35508	C	ART BYP GRFT CAROTID-VERTBRL				Inpatient Only	\$0.00			000	999	-
35509	C	ART BYP GRFT CONTRAL CAROTID				Inpatient Only	\$0.00			000	999	-
3550F	E	LOW RSK THROMBOEMBOLISM				Not Allowed	\$0.00			000	999	-
35510	C	ART BYP GRFT CAROTID-BRCHIAL				Inpatient Only	\$0.00			000	999	-
35511	C	ART BYP GRFT SUBCLAV-SUBCLAV				Inpatient Only	\$0.00			000	999	-
35512	C	ART BYP GRFT SUBCLAV-BRCHIAL				Inpatient Only	\$0.00			000	999	-
35515	C	ART BYP GRFT SUBCLAV-VERTBRL				Inpatient Only	\$0.00			000	999	-
35516	C	ART BYP GRFT SUBCLAV-AXILARY				Inpatient Only	\$0.00			000	999	-
35518	C	ART BYP GRFT AXILLARY-AXILRY				Inpatient Only	\$0.00			000	999	-
3551F	E	INTRMED RSK THROMBOEMBOLISM				Not Allowed	\$0.00			000	999	-
35521	C	ART BYP GRFT AXILL-FEMORAL				Inpatient Only	\$0.00			000	999	-
35522	C	ART BYP GRFT AXILL-BRACHIAL				Inpatient Only	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
35523	C	ART BYP GRFT BRCHL-ULNR-RDL				Inpatient Only	\$0.00			000	999	-
35525	C	ART BYP GRFT BRACHIAL-BRCHL				Inpatient Only	\$0.00			000	999	-
35526	C	ART BYP GRFT AOR/CAROT/INNOM				Inpatient Only	\$0.00			000	999	-
3552F	E	HGH RISK FOR THROMBOEMBOLISM				Not Allowed	\$0.00			000	999	-
35531	C	ART BYP GRFT AORCEL/AORMESEN				Inpatient Only	\$0.00			000	999	-
35533	C	ART BYP GRFT AXILL/FEM/FEM				Inpatient Only	\$0.00			000	999	-
35535	C	ART BYP GRFT HEPATORENAL				Inpatient Only	\$0.00			000	999	-
35536	C	ART BYP GRFT SPLENORENAL				Inpatient Only	\$0.00			000	999	-
35537	C	ART BYP GRFT AORTOILIAC				Inpatient Only	\$0.00			000	999	-
35538	C	ART BYP GRFT AORTOBI-ILIAC				Inpatient Only	\$0.00			000	999	-
35539	C	ART BYP GRFT AORTOFEMORAL				Inpatient Only	\$0.00			000	999	-
35540	C	ART BYP GRFT AORTBIFEMORAL				Inpatient Only	\$0.00			000	999	-
35556	C	ART BYP GRFT FEM-POPLITEAL				Inpatient Only	\$0.00			000	999	-
35558	C	ART BYP GRFT FEM-FEMORAL				Inpatient Only	\$0.00			000	999	-
3555F	E	PT INR MEASUREMENT PERFORMED				Not Allowed	\$0.00			000	999	-
35560	C	ART BYP GRFT AORTORENAL				Inpatient Only	\$0.00			000	999	-
35563	C	ART BYP GRFT ILIOILIAC				Inpatient Only	\$0.00			000	999	-
35565	C	ART BYP GRFT ILIOFEMORAL				Inpatient Only	\$0.00			000	999	-
35566	C	ART BYP FEM-ANT-POST TIB/PRL				Inpatient Only	\$0.00			000	999	-
35570	C	ART BYP TIBIAL-TIB/PERONEAL				Inpatient Only	\$0.00			000	999	-
35571	C	ART BYP POP-TIBL-PRL-OTHER				Inpatient Only	\$0.00			000	999	-
35572	N	HARVEST FEMOROPLOPLITEAL VEIN				Bundled	\$0.00			000	999	-
35583	C	VEIN BYP GRFT FEM-POPLITEAL				Inpatient Only	\$0.00			000	999	-
35585	C	VEIN BYP FEM-TIBIAL PERONEAL				Inpatient Only	\$0.00			000	999	-
35587	C	VEIN BYP POP-TIBL PERONEAL				Inpatient Only	\$0.00			000	999	-
35600	C	HARVEST ART FOR CABG ADD-ON				Inpatient Only	\$0.00			000	999	-
35601	C	ART BYP COMMON IPSI CAROTID				Inpatient Only	\$0.00			000	999	-
35606	C	ART BYP CAROTID-SUBCLAVIAN				Inpatient Only	\$0.00			000	999	-
35612	C	ART BYP SUBCLAV-SUBCLAVIAN				Inpatient Only	\$0.00			000	999	-
35616	C	ART BYP SUBCLAV-AXILLARY				Inpatient Only	\$0.00			000	999	-
35621	C	ART BYP AXILLARY-FEMORAL				Inpatient Only	\$0.00			000	999	-
35623	C	ART BYP AXILLARY-POP-TIBIAL				Inpatient Only	\$0.00			000	999	-
35626	C	ART BYP AORSUBCL/CAROT/INNOM				Inpatient Only	\$0.00			000	999	-
35631	C	ART BYP AOR-CELIAC-MSN-RENAL				Inpatient Only	\$0.00			000	999	-
35632	C	ART BYP ILIO-CELIAC				Inpatient Only	\$0.00			000	999	-
35633	C	ART BYP ILIO-MESENTERIC				Inpatient Only	\$0.00			000	999	-
35634	C	ART BYP ILIORENAL				Inpatient Only	\$0.00			000	999	-
35636	C	ART BYP SPENORENAL				Inpatient Only	\$0.00			000	999	-
35637	C	ART BYP AORTOILIAC				Inpatient Only	\$0.00			000	999	-
35638	C	ART BYP AORTOBI-ILIAC				Inpatient Only	\$0.00			000	999	-
35642	C	ART BYP CAROTID-VERTEBRAL				Inpatient Only	\$0.00			000	999	-
35645	C	ART BYP SUBCLAV-VERTEBRAL				Inpatient Only	\$0.00			000	999	-
35646	C	ART BYP AORTOBIFEMORAL				Inpatient Only	\$0.00			000	999	-
35647	C	ART BYP AORTOFEMORAL				Inpatient Only	\$0.00			000	999	-
35650	C	ART BYP AXILLARY-AXILLARY				Inpatient Only	\$0.00			000	999	-
35654	C	ART BYP AXILL-FEM-FEMORAL				Inpatient Only	\$0.00			000	999	-
35656	C	ART BYP FEMORAL-POPLITEAL				Inpatient Only	\$0.00			000	999	-
35661	C	ART BYP FEMORAL-FEMORAL				Inpatient Only	\$0.00			000	999	-
35663	C	ART BYP ILIOILIAC				Inpatient Only	\$0.00			000	999	-
35665	C	ART BYP ILIOFEMORAL				Inpatient Only	\$0.00			000	999	-
35666	C	ART BYP FEM-ANT-POST TIB/PRL				Inpatient Only	\$0.00			000	999	-
35671	C	ART BYP POP-TIBL-PRL-OTHER				Inpatient Only	\$0.00			000	999	-
35681	C	COMPOSITE BYP GRFT PROS&VEIN				Inpatient Only	\$0.00			000	999	-
35682	C	COMPOSITE BYP GRFT 2 VEINS				Inpatient Only	\$0.00			000	999	-
35683	C	COMPOSITE BYP GRFT 3> SEGMENT				Inpatient Only	\$0.00			000	999	-
35685	N	BYPASS GRAFT PATENCY/PATCH				Bundled	\$0.00			000	999	-
35686	N	BYPASS GRAFT/AV FIST PATENCY				Bundled	\$0.00			000	999	-

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**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
35691	C	ART TRNSPOJ VERTBRL CAROTID				Inpatient Only	\$0.00			000	999	-
35693	C	ART TRNSPOJ SUBCLAVIAN				Inpatient Only	\$0.00			000	999	-
35694	C	ART TRNSPOJ SUBCLAV CAROTID				Inpatient Only	\$0.00			000	999	-
35695	C	ART TRNSPOJ CAROTID SUBCLAV				Inpatient Only	\$0.00			000	999	-
35697	C	REIMPLANT ARTERY EACH				Inpatient Only	\$0.00			000	999	-
35700	C	REOPERATION BYPASS GRAFT				Inpatient Only	\$0.00			000	999	-
35701	C	EXPL N/FLWD SURG NECK ART				Inpatient Only	\$0.00			000	999	-
35702	E	EXPL N/FLWD SURG UXTR ART				Not Allowed	\$0.00			000	999	-
35703	E	EXPL N/FLWD SURG LXTR ART				Not Allowed	\$0.00			000	999	-
3570F	E	RPRT BONE SCINT XREF W XRAY				Not Allowed	\$0.00			000	999	-
3572F	E	PT CONSID POSS RISK FX				Not Allowed	\$0.00			000	999	-
3573F	E	PT NOT CONSID POSS RISK FX				Not Allowed	\$0.00			000	999	-
35800	T	EXPLORE NECK VESSELS		05184	57.6153	APC	\$3,263.33			000	999	-
35820	C	EXPLORE CHEST VESSELS				Inpatient Only	\$0.00			000	999	-
35840	C	EXPLORE ABDOMINAL VESSELS				Inpatient Only	\$0.00			000	999	-
35860	T	EXPLORE LIMB VESSELS		05183	34.5624	APC	\$1,957.61			000	999	-
35870	C	REPAIR VESSEL GRAFT DEFECT				Inpatient Only	\$0.00			000	999	-
35875	T	REMOVAL OF CLOT IN GRAFT		05184	57.6153	APC	\$3,263.33			000	999	-
35876	T	REMOVAL OF CLOT IN GRAFT		05184	57.6153	APC	\$3,263.33			000	999	-
35879	T	REVISE GRAFT W/VEIN		05184	57.6153	APC	\$3,263.33			000	999	-
35881	T	REVISE GRAFT W/VEIN		05184	57.6153	APC	\$3,263.33			000	999	-
35883	T	REVISE GRAFT W/NONAUTO GRAFT		05184	57.6153	APC	\$3,263.33			000	999	-
35884	T	REVISE GRAFT W/VEIN		05184	57.6153	APC	\$3,263.33			000	999	-
35901	C	EXCISION GRAFT NECK				Inpatient Only	\$0.00			000	999	-
35903	T	EXCISION GRAFT EXTREMITY		05183	34.5624	APC	\$1,957.61			000	999	-
35905	C	EXCISION GRAFT THORAX				Inpatient Only	\$0.00			000	999	-
35907	C	EXCISION GRAFT ABDOMEN				Inpatient Only	\$0.00			000	999	-
36000	N	PLACE NEEDLE IN VEIN				Bundled	\$0.00			000	999	-
36002	T	PSEUDOANEURYSM INJECTION TRT		05181	6.5415	APC	\$370.51			000	999	-
36005	N	INJECTION EXT VENOGRAPHY				Bundled	\$0.00			000	999	-
36010	N	PLACE CATHETER IN VEIN				Bundled	\$0.00			000	999	-
36011	N	PLACE CATHETER IN VEIN				Bundled	\$0.00			000	999	-
36012	N	PLACE CATHETER IN VEIN				Bundled	\$0.00			000	999	-
36013	N	PLACE CATHETER IN ARTERY				Bundled	\$0.00			000	999	-
36014	N	PLACE CATHETER IN ARTERY				Bundled	\$0.00			000	999	-
36015	N	PLACE CATHETER IN ARTERY				Bundled	\$0.00			000	999	-
36100	N	ESTABLISH ACCESS TO ARTERY				Bundled	\$0.00			000	999	-
36140	N	INTRO NDL ICATH UPR/LXTR ART				Bundled	\$0.00			000	999	-
36160	N	ESTABLISH ACCESS TO AORTA				Bundled	\$0.00			000	999	-
36200	N	PLACE CATHETER IN AORTA				Bundled	\$0.00			000	999	-
36215	N	PLACE CATHETER IN ARTERY				Bundled	\$0.00			000	999	-
36216	N	PLACE CATHETER IN ARTERY				Bundled	\$0.00			000	999	-
36217	N	PLACE CATHETER IN ARTERY				Bundled	\$0.00			000	999	-
36218	N	PLACE CATHETER IN ARTERY				Bundled	\$0.00			000	999	-
36221	N	PLACE CATH THORACIC AORTA		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
36222	N	PLACE CATH CAROTID/INOM ART		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
36223	N	PLACE CATH CAROTID/INOM ART		05184	57.6153	Bundled, sometimes payable	\$3,263.33			000	999	-
36224	N	PLACE CATH CAROTD ART		05184	57.6153	Bundled, sometimes payable	\$3,263.33			000	999	-
36225	N	PLACE CATH SUBCLAVIAN ART		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
36226	N	PLACE CATH VERTEBRAL ART		05184	57.6153	Bundled, sometimes payable	\$3,263.33			000	999	-
36227	N	PLACE CATH XTRNL CAROTID				Bundled	\$0.00			000	999	-
36228	N	PLACE CATH INTRACRANIAL ART				Bundled	\$0.00			000	999	-
36245	N	INS CATH ABD/L-EXT ART 1ST				Bundled	\$0.00			000	999	-
36246	N	INS CATH ABD/L-EXT ART 2ND				Bundled	\$0.00			000	999	-
36247	N	INS CATH ABD/L-EXT ART 3RD				Bundled	\$0.00			000	999	-
36248	N	INS CATH ABD/L-EXT ART ADDL				Bundled	\$0.00			000	999	-
36251	N	INS CATH REN ART 1ST UNILAT		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-

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36252	N	INS CATH REN ART 1ST BILAT		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
36253	N	INS CATH REN ART 2ND+ UNILAT		05184	57.6153	Bundled, sometimes payable	\$3,263.33			000	999	-
36254	N	INS CATH REN ART 2ND+ BILAT		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
36260	T	INSERTION OF INFUSION PUMP		05184	57.6153	APC	\$3,263.33			000	999	-
36261	T	REVISION OF INFUSION PUMP		05221	41.5519	APC	\$2,353.50			000	999	-
36262	N	REMOVAL OF INFUSION PUMP		05221	41.5519	Bundled, sometimes payable	\$2,353.50			000	999	-
36299	N	VESSEL INJECTION PROCEDURE				Bundled	\$0.00			000	999	-
36400	N	BL DRAW < 3 YRS FEM/JUGULAR				Bundled	\$0.00			000	002	-
36405	N	BL DRAW <3 YRS SCALP VEIN				Bundled	\$0.00			000	002	-
36406	N	BL DRAW <3 YRS OTHER VEIN				Bundled	\$0.00			000	999	-
36410	N	NON-ROUTINE BL DRAW 3/> YRS				Bundled	\$0.00			003	999	-
36415	M	ROUTINE VENIPUNCTURE				Medicare	\$3.00			000	999	-
36416	N	CAPILLARY BLOOD DRAW				Bundled	\$0.00			000	999	-
36420	N	VEIN ACCESS CUTDOWN < 1 YR		05734	1.3521	Bundled, sometimes payable	\$76.58			000	001	-
36425	N	VEIN ACCESS CUTDOWN > 1 YR		05735	3.2637	Bundled, sometimes payable	\$184.86			001	099	-
36430	S	BLOOD TRANSFUSION SERVICE		05241	4.7956	APC	\$271.62			000	999	-
36440	S	BL PUSH TRANSFUSE 2 YR/<		05241	4.7956	APC	\$271.62			000	002	-
36450	S	BL EXCHANGE/TRANSFUSE NB		05241	4.7956	APC	\$271.62			000	001	-
36455	S	BL EXCHANGE/TRANSFUSE NON-NB		05241	4.7956	APC	\$271.62			000	999	-
36456	S	PRTL EXCHANGE TRANSFUSE NB		05241	4.7956	APC	\$271.62			000	999	-
36460	S	TRANSFUSION SERVICE FETAL		05241	4.7956	APC	\$271.62			000	999	-
36465	T	NJX NONCMPND SCLRSNT 1 VEIN		05054	20.7177	APC	\$1,016.82			000	999	-
36466	T	NJX NONCMPND SCLRSNT MLT VN		05054	20.7177	APC	\$1,016.82			000	999	-
36468	E	NJX SCLRSNT SPIDER VEINS				Not Allowed	\$0.00			000	999	-
36469	E	INJECTION(S) SPIDER VEINS				Not Allowed	\$0.00			000	999	-
36470	T	NJX SCLRSNT 1 INCMPTNT VEIN		05052	4.1770	APC	\$236.59			000	999	-
36471	T	NJX SCLRSNT MLT INCMPTNT VN		05052	4.1770	APC	\$236.59			000	999	-
36473	T	ENDOVENOUS MCHNCHEM 1ST VEIN		05183	34.5624	APC	\$1,957.61			000	999	-
36474	N	ENDOVENOUS MCHNCHEM ADD-ON				Bundled	\$0.00			000	999	-
36475	T	ENDOVENOUS RF 1ST VEIN		05183	34.5624	APC	\$1,957.61			000	999	-
36476	N	ENDOVENOUS RF VEIN ADD-ON				Bundled	\$0.00			000	999	-
36478	T	ENDOVENOUS LASER 1ST VEIN		05183	34.5624	APC	\$1,957.61			000	999	-
36479	N	ENDOVENOUS LASER VEIN ADDON				Bundled	\$0.00			000	999	-
36481	N	INSERTION OF CATHETER VEIN				Bundled	\$0.00			000	999	-
36482	T	ENDOVEN THER CHEM ADHES 1ST		05184	57.6153	APC	\$2,764.99			000	999	-
36483	N	ENDOVEN THER CHEM ADHES SBSQ				Bundled	\$0.00			000	999	-
36500	N	INSERTION OF CATHETER VEIN				Bundled	\$0.00			000	999	-
3650F	E	EEG ORDERED RWD REQSTD				Not Allowed	\$0.00			000	999	-
36510	N	INSERTION OF CATHETER VEIN				Bundled	\$0.00			000	001	-
36511	S	APHERESIS WBC		05242	16.4639	APC	\$932.52			000	999	-
36512	S	APHERESIS RBC		05242	16.4639	APC	\$932.52			000	999	-
36513	S	APHERESIS PLATELETS		05241	4.7956	APC	\$271.62			000	999	-
36514	S	APHERESIS PLASMA		05242	16.4639	APC	\$932.52			000	999	-
36516	S	APHERESIS IMMUNOADS SLCTV		05243	48.7664	APC	\$2,762.13			000	999	-
36522	S	PHOTOPHERESIS		05243	48.7664	APC	\$2,762.13			000	999	-
36555	T	INSERT NON-TUNNEL CV CATH		05183	34.5624	APC	\$1,957.61			000	004	-
36556	T	INSERT NON-TUNNEL CV CATH		05183	34.5624	APC	\$1,957.61			005	999	-
36557	T	INSERT TUNNELED CV CATH		05184	57.6153	APC	\$3,263.33			000	004	-
36558	T	INSERT TUNNELED CV CATH		05183	34.5624	APC	\$1,957.61			005	999	-
36560	T	INSERT TUNNELED CV CATH		05183	34.5624	APC	\$1,957.61			000	004	-
36561	T	INSERT TUNNELED CV CATH		05183	34.5624	APC	\$1,957.61			005	999	-
36563	T	INSERT TUNNELED CV CATH		05184	57.6153	APC	\$3,263.33			000	999	-
36565	T	INSERT TUNNELED CV CATH		05183	34.5624	APC	\$1,957.61			000	999	-
36566	T	INSERT TUNNELED CV CATH		05184	57.6153	APC	\$3,263.33			000	999	-
36568	T	INSJ PICC <5 YR W/O IMAGING		05182	16.9830	APC	\$961.92			000	004	-
36569	T	INSJ PICC 5 YR+ W/O IMAGING		05182	16.9830	APC	\$961.92			005	999	-
36570	T	INSERT PICVAD CATH		05183	34.5624	APC	\$1,957.61			000	004	-

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36571	T	INSERT PICVAD CATH		05183	34.5624	APC	\$1,957.61			005	999	-
36572	T	INSJ PICC RS&I <5 YR		05181	6.5415	APC	\$370.51			000	999	-
36573	T	INSJ PICC RS&I 5 YR+		05182	16.9830	APC	\$961.92			000	999	-
36575	T	REPAIR TUNNELED CV CATH		05181	6.5415	APC	\$370.51			000	999	-
36576	T	REPAIR TUNNELED CV CATH		05182	16.9830	APC	\$961.92			000	999	-
36578	T	REPLACE TUNNELED CV CATH		05183	34.5624	APC	\$1,957.61			000	999	-
36580	T	REPLACE CVAD CATH		05182	16.9830	APC	\$961.92			000	999	-
36581	T	REPLACE TUNNELED CV CATH		05183	34.5624	APC	\$1,957.61			000	999	-
36582	T	REPLACE TUNNELED CV CATH		05183	34.5624	APC	\$1,957.61			000	999	-
36583	T	REPLACE TUNNELED CV CATH		05184	57.6153	APC	\$3,263.33			000	999	-
36584	T	COMPL RPLCMT PICC RS&I		05182	16.9830	APC	\$961.92			000	999	-
36585	T	REPLACE PICVAD CATH		05183	34.5624	APC	\$1,957.61			000	999	-
36589	N	REMOVAL TUNNELED CV CATH		05181	6.5415	Bundled, sometimes payable	\$370.51			000	999	-
36590	N	REMOVAL TUNNELED CV CATH		05182	16.9830	Bundled, sometimes payable	\$961.92			000	999	-
36591	N	DRAW BLOOD OFF VENOUS DEVICE		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
36592	N	COLLECT BLOOD FROM PICC		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
36593	T	DECLOT VASCULAR DEVICE		05694	3.7532	APC	\$212.58			000	999	-
36595	T	MECH REMOV TUNNELED CV CATH		05183	34.5624	APC	\$1,957.61			000	999	-
36596	T	MECH REMOV TUNNELED CV CATH		05182	16.9830	APC	\$961.92			000	999	-
36597	T	REPOSITION VENOUS CATHETER		05182	16.9830	APC	\$961.92			000	999	-
36598	T	INJ W/FLUOR EVAL CV DEVICE		05693	2.4578	APC	\$139.21			000	999	-
36600	N	WITHDRAWAL OF ARTERIAL BLOOD		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
36620	N	INSERTION CATHETER ARTERY				Bundled	\$0.00			000	999	-
36625	N	INSERTION CATHETER ARTERY				Bundled	\$0.00			000	999	-
36640	T	INSERTION CATHETER ARTERY		05183	34.5624	APC	\$1,957.61			000	999	-
36660	C	INSERTION CATHETER ARTERY				Inpatient Only	\$0.00			000	002	-
36680	N	INSERT NEEDLE BONE CAVITY		05735	3.2637	Bundled, sometimes payable	\$184.86			000	999	-
36800	T	INSERTION OF CANNULA		05184	57.6153	APC	\$3,263.33			000	999	-
36810	T	INSERTION OF CANNULA		05183	34.5624	APC	\$1,957.61			000	999	-
36815	T	INSERTION OF CANNULA		05184	57.6153	APC	\$3,263.33			000	999	-
36818	T	AV FUSE UPPR ARM CEPHALIC		05184	57.6153	APC	\$3,263.33			000	999	-
36819	T	AV FUSE UPPR ARM BASILIC		05184	57.6153	APC	\$3,263.33			000	999	-
36820	T	AV FUSION/FOREARM VEIN		05184	57.6153	APC	\$3,263.33			000	999	-
36821	T	AV FUSION DIRECT ANY SITE		05183	34.5624	APC	\$1,957.61			000	999	-
36823	C	INSERTION OF CANNULA(S)				Inpatient Only	\$0.00			000	999	-
36825	T	ARTERY-VEIN AUTOGRAFT		05184	57.6153	APC	\$3,263.33			000	999	-
36830	T	ARTERY-VEIN NONAUTOGRAFT		05184	57.6153	APC	\$3,263.33			000	999	-
36831	T	OPEN THROMBECT AV FISTULA		05184	57.6153	APC	\$3,263.33			000	999	-
36832	T	AV FISTULA REVISION OPEN		05184	57.6153	APC	\$3,263.33			000	999	-
36833	T	AV FISTULA REVISION		05184	57.6153	APC	\$3,263.33			000	999	-
36835	T	ARTERY TO VEIN SHUNT		05183	34.5624	APC	\$1,957.61			000	999	-
36838	T	DIST REVAS LIGATION HEMO		05184	57.6153	APC	\$3,263.33			000	999	-
36860	T	EXTERNAL CANNULA DECLOTTING		05182	16.9830	APC	\$961.92			000	999	-
36861	T	CANNULA DECLOTTING		05184	57.6153	APC	\$3,263.33			000	999	-
36901	T	INTRO CATH DIALYSIS CIRCUIT		05182	16.9830	APC	\$961.92			000	999	-
36902	T	INTRO CATH DIALYSIS CIRCUIT		05192	59.8674	APC	\$3,390.89			000	999	-
36903	T	INTRO CATH DIALYSIS CIRCUIT		05193	121.2960	APC	\$6,870.21			000	999	-
36904	T	THRMBC/NFS DIALYSIS CIRCUIT		05192	59.8674	APC	\$3,390.89			000	999	-
36905	T	THRMBC/NFS DIALYSIS CIRCUIT		05193	121.2960	APC	\$6,870.21			000	999	-
36906	T	THRMBC/NFS DIALYSIS CIRCUIT		05194	194.0167	APC	\$10,989.11			000	999	-
36907	N	BALO ANGIOP CTR DIALYSIS SEG				Bundled	\$0.00			000	999	-
36908	N	STENT PLMT CTR DIALYSIS SEG				Bundled	\$0.00			000	999	-
36909	N	DIALYSIS CIRCUIT EMBOLJ				Bundled	\$0.00			000	999	-
3700F	E	PSYCH DISORDERS ASSESSED				Not Allowed	\$0.00			000	999	-
37140	C	REVISION OF CIRCULATION				Inpatient Only	\$0.00			000	999	-
37145	C	REVISION OF CIRCULATION				Inpatient Only	\$0.00			000	999	-
37160	C	REVISION OF CIRCULATION				Inpatient Only	\$0.00			000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
37180	C	REVISION OF CIRCULATION				Inpatient Only	\$0.00			000	999	-
37181	C	SPLICE SPLEEN/KIDNEY VEINS				Inpatient Only	\$0.00			000	999	-
37182	T	INSERT HEPATIC SHUNT (TIPS)		05193	121.2960	APC	\$6,870.21			000	999	-
37183	N	REMOVE HEPATIC SHUNT (TIPS)		05192	59.8674	Bundled, sometimes payable	\$3,390.89			000	999	-
37184	T	PRIM ART M-THRMBC 1ST VSL		05193	121.2960	APC	\$6,870.21			000	999	-
37185	N	PRIM ART M-THRMBC SBSQ VSL				Bundled	\$0.00			000	999	-
37186	N	SEC ART THROMBECTOMY ADD-ON				Bundled	\$0.00			000	999	-
37187	T	VENOUS MECH THROMBECTOMY		05193	121.2960	APC	\$6,870.21			000	999	-
37188	T	VEN MECHNL THRMBC REPEAT TX		05183	34.5624	APC	\$1,957.61			000	999	-
37191	T	INS ENDOVAS VENA CAVA FILTR		05184	57.6153	APC	\$3,263.33			000	999	-
37192	T	REDO ENDOVAS VENA CAVA FILTR		05183	34.5624	APC	\$1,957.61			000	999	-
37193	T	REM ENDOVAS VENA CAVA FILTER		05183	34.5624	APC	\$1,957.61			000	999	-
37195	T	THROMBOLYTIC THERAPY STROKE		05694	3.7532	APC	\$212.58			000	999	-
37197	T	REMOVE INTRVAS FOREIGN BODY		05183	34.5624	APC	\$1,957.61			000	999	-
37200	T	TRANSCATHETER BIOPSY		05184	57.6153	APC	\$3,263.33			000	999	-
3720F	E	COGNIT IMPAIRMENT ASSESSED				Not Allowed	\$0.00			000	999	-
37211	T	THROMBOLYTIC ART THERAPY		05184	57.6153	APC	\$3,263.33			000	999	-
37212	T	THROMBOLYTIC VENOUS THERAPY		05183	34.5624	APC	\$1,957.61			000	999	-
37213	T	THROMBLYTIC ART/VEN THERAPY		05183	34.5624	APC	\$1,957.61			000	999	-
37214	T	CESSJ THERAPY CATH REMOVAL		05183	34.5624	APC	\$1,957.61			000	999	-
37215	C	TRANSCATH STENT CCA W/EPS				Inpatient Only	\$0.00			000	999	-
37216	E	TRANSCATH STENT CCA W/O EPS				Not Allowed	\$0.00			000	999	-
37217	C	STENT PLACEMT RETRO CAROTID				Inpatient Only	\$0.00			000	999	-
37218	C	STENT PLACEMT ANTE CAROTID				Inpatient Only	\$0.00			000	999	-
37220	N	ILIAC REVASC		05192	59.8674	Bundled, sometimes payable	\$3,390.89			000	999	-
37221	N	ILIAC REVASC W/STENT		05193	121.2960	Bundled, sometimes payable	\$6,870.21			000	999	-
37222	N	ILIAC REVASC ADD-ON				Bundled	\$0.00			000	999	-
37223	N	ILIAC REVASC W/STENT ADD-ON				Bundled	\$0.00			000	999	-
37224	N	FEM/POPL REVAS W/TLA		05192	59.8674	Bundled, sometimes payable	\$3,390.89			000	999	-
37225	N	FEM/POPL REVAS W/ATHER		05193	121.2960	Bundled, sometimes payable	\$6,870.21			000	999	-
37226	N	FEM/POPL REVASC W/STENT		05193	121.2960	Bundled, sometimes payable	\$6,870.21			000	999	-
37227	N	FEM/POPL REVASC STNT & ATHER		05194	194.0167	Bundled, sometimes payable	\$10,989.11			000	999	-
37228	N	TIB/PER REVASC W/TLA		05193	121.2960	Bundled, sometimes payable	\$6,870.21			000	999	-
37229	N	TIB/PER REVASC W/ATHER		05194	194.0167	Bundled, sometimes payable	\$10,989.11			000	999	-
37230	N	TIB/PER REVASC W/STENT		05194	194.0167	Bundled, sometimes payable	\$10,989.11			000	999	-
37231	N	TIB/PER REVASC STENT & ATHER		05194	194.0167	Bundled, sometimes payable	\$10,989.11			000	999	-
37232	N	TIB/PER REVASC ADD-ON				Bundled	\$0.00			000	999	-
37233	N	TIBPER REVASC W/ATHER ADD-ON				Bundled	\$0.00			000	999	-
37234	N	REVSC OPN/PRQ TIB/PERO STENT				Bundled	\$0.00			000	999	-
37235	N	TIB/PER REVASC STNT & ATHER				Bundled	\$0.00			000	999	-
37236	N	OPEN/PERQ PLACE STENT 1ST		05193	121.2960	Bundled, sometimes payable	\$6,870.21			000	999	-
37237	N	OPEN/PERQ PLACE STENT EA ADD				Bundled	\$0.00			000	999	-
37238	N	OPEN/PERQ PLACE STENT SAME		05193	121.2960	Bundled, sometimes payable	\$6,870.21			000	999	-
37239	N	OPEN/PERQ PLACE STENT EA ADD				Bundled	\$0.00			000	999	-
37241	N	VASC EMBOLIZE/OCCLUDE VENOUS		05193	121.2960	Bundled, sometimes payable	\$6,870.21			000	999	-
37242	N	VASC EMBOLIZE/OCCLUDE ARTERY		05193	121.2960	Bundled, sometimes payable	\$6,870.21			000	999	-
37243	N	VASC EMBOLIZE/OCCLUDE ORGAN		05193	121.2960	Bundled, sometimes payable	\$6,870.21			000	999	-
37244	N	VASC EMBOLIZE/OCCLUDE BLEED		05193	121.2960	Bundled, sometimes payable	\$6,870.21			000	999	-
37246	T	TRLUML BALO ANGIOP 1ST ART		05192	59.8674	APC	\$3,390.89			000	999	-
37247	N	TRLUML BALO ANGIOP ADDL ART				Bundled	\$0.00			000	999	-
37248	T	TRLUML BALO ANGIOP 1ST VEIN		05192	59.8674	APC	\$3,390.89			000	999	-
37249	N	TRLUML BALO ANGIOP ADDL VEIN				Bundled	\$0.00			000	999	-
37252	N	INTRVASC US NONCORONARY 1ST				Bundled	\$0.00			000	999	-
37253	N	INTRVASC US NONCORONARY ADDL				Bundled	\$0.00			000	999	-
3725F	E	SCREEN DEPRESSION PERFORMED				Not Allowed	\$0.00			000	999	-
37500	T	ENDOSCOPY LIGATE PERF VEINS		05184	57.6153	APC	\$3,263.33			000	999	-
37501	T	VASCULAR ENDOSCOPY PROCEDURE		05181	6.5415	APC	\$370.51			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
3750F	E	PTNOTRCVNGSTEROID>=10MG/DAY				Not Allowed	\$0.00			000	999	-
3751F	E	ELECTRODIAG POLYNEURO 6 MN				Not Allowed	\$0.00			000	999	-
3752F	E	NO ELECTRODIAG POLYNEURO 6MN				Not Allowed	\$0.00			000	999	-
3753F	E	PT HAS SYMP&SIGNS NEUROPATHY				Not Allowed	\$0.00			000	999	-
3754F	E	SCREENING TESTS DM DONE				Not Allowed	\$0.00			000	999	-
3755F	E	COG&BEHAV IMPRMNT SCRNG DONE				Not Allowed	\$0.00			000	999	-
37565	T	LIGATION OF NECK VEIN		05183	34.5624	APC	\$1,957.61			000	999	-
3756F	E	PT W/PSEUDOBULB AFFECT/ALS				Not Allowed	\$0.00			000	999	-
3757F	E	PT W/O PSEUDOBULBAFFECT/ALS				Not Allowed	\$0.00			000	999	-
3758F	E	PT REF PULM FX TEST/PEAKFLOW				Not Allowed	\$0.00			000	999	-
3759F	E	PT SCRND DYSYPHAG/WT LOSS/NUTR				Not Allowed	\$0.00			000	999	-
37600	T	LIGATION OF NECK ARTERY		05183	34.5624	APC	\$1,957.61			000	999	-
37605	T	LIGATION OF NECK ARTERY		05183	34.5624	APC	\$1,957.61			000	999	-
37606	T	LIGATION OF NECK ARTERY		05183	34.5624	APC	\$1,957.61			000	999	-
37607	T	LIGATION OF A-V FISTULA		05183	34.5624	APC	\$1,957.61			000	999	-
37609	T	TEMPORAL ARTERY PROCEDURE		05072	16.9934	APC	\$962.51			000	999	-
3760F	E	PT W/ DYSYPHAG/WT LOSS/NUTR				Not Allowed	\$0.00			000	999	-
37615	T	LIGATION OF NECK ARTERY		05183	34.5624	APC	\$1,957.61			000	999	-
37616	C	LIGATION OF CHEST ARTERY				Inpatient Only	\$0.00			000	999	-
37617	T	LIGATION OF ABDOMEN ARTERY		05183	34.5624	APC	\$1,957.61			000	999	-
37618	C	LIGATION OF EXTREMITY ARTERY				Inpatient Only	\$0.00			000	999	-
37619	T	LIGATION OF INF VENA CAVA		05184	57.6153	APC	\$3,263.33			000	999	-
3761F	E	PT W/O DYSYPHAG/WT LOSS/NUTR				Not Allowed	\$0.00			000	999	-
3762F	E	PATIENT IS DYSARTHIC				Not Allowed	\$0.00			000	999	-
3763F	E	PATIENT IS NOT DYSARTHIC				Not Allowed	\$0.00			000	999	-
37650	T	REVISION OF MAJOR VEIN		05183	34.5624	APC	\$1,957.61			000	999	-
37660	C	REVISION OF MAJOR VEIN				Inpatient Only	\$0.00			000	999	-
37700	T	REVISE LEG VEIN		05183	34.5624	APC	\$1,957.61			000	999	-
37718	T	LIGATE/STRIP SHORT LEG VEIN		05183	34.5624	APC	\$1,957.61			000	999	-
37722	T	LIGATE/STRIP LONG LEG VEIN		05183	34.5624	APC	\$1,957.61			000	999	-
37735	T	REMOVAL OF LEG VEINS/LESION		05183	34.5624	APC	\$1,957.61			000	999	-
3775F	E	ADENOMA DETECTED SCREENING				Not Allowed	\$0.00			000	999	-
37760	T	LIGATE LEG VEINS RADICAL		05183	34.5624	APC	\$1,957.61			000	999	-
37761	T	LIGATE LEG VEINS OPEN		05183	34.5624	APC	\$1,957.61			000	999	-
37765	T	STAB PHLEB VEINS XTR 10-20		05183	34.5624	APC	\$1,957.61			000	999	-
37766	T	PHLEB VEINS - EXTREM 20+		05183	34.5624	APC	\$1,957.61			000	999	-
3776F	E	ADENOMA NOT DETECT SCREENING				Not Allowed	\$0.00			000	999	-
37780	T	REVISION OF LEG VEIN		05183	34.5624	APC	\$1,957.61			000	999	-
37785	T	LIGATE/DIVIDE/EXCISE VEIN		05183	34.5624	APC	\$1,957.61			000	999	-
37788	C	REVASCLARIZATION PENIS				Inpatient Only	\$0.00			000	999	-
37790	T	PENILE VENOUS OCCLUSION		05374	37.1552	APC	\$2,104.47			000	999	-
37799	T	VASCULAR SURGERY PROCEDURE		05181	6.5415	APC	\$370.51			000	999	-
38100	C	REMOVAL OF SPLEEN TOTAL				Inpatient Only	\$0.00			000	999	-
38101	C	REMOVAL OF SPLEEN PARTIAL				Inpatient Only	\$0.00			000	999	-
38102	C	REMOVAL OF SPLEEN TOTAL				Inpatient Only	\$0.00			000	999	-
38115	C	REPAIR OF RUPTURED SPLEEN				Inpatient Only	\$0.00			000	999	-
38120	N	LAPAROSCOPY SPLENECTOMY		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
38129	N	LAPAROSCOPE PROC SPLEEN		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
38200	N	INJECTION FOR SPLEEN X-RAY				Bundled	\$0.00			000	999	-
38204	N	BL DONOR SEARCH MANAGEMENT				Bundled	\$0.00			000	999	-
38205	E	HARVEST ALLOGENEIC STEM CELL				Not Allowed	\$0.00			000	999	-
38206	S	HARVEST AUTO STEM CELLS		05242	16.4639	APC	\$932.52			000	999	-
38207	S	CRYOPRESERVE STEM CELLS		05241	4.7956	APC	\$243.16			000	999	-
38208	S	THAW PRESERVED STEM CELLS		05241	4.7956	APC	\$243.16			000	999	-
38209	S	WASH HARVEST STEM CELLS		05241	4.7956	APC	\$243.16			000	999	-
38210	S	T-CELL DEPLETION OF HARVEST		05241	4.7956	APC	\$243.16			000	999	-
38211	S	TUMOR CELL DEplete OF HARVST		05241	4.7956	APC	\$243.16			000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
38212	S	RBC DEPLETION OF HARVEST		05241	4.7956	APC	\$243.16			000	999	-
38213	S	PLATELET DEplete OF HARVEST		05241	4.7956	APC	\$243.16			000	999	-
38214	S	VOLUME DEplete OF HARVEST		05241	4.7956	APC	\$243.16			000	999	-
38215	S	HARVEST STEM CELL CONCENTRATE		05241	4.7956	APC	\$243.16			000	999	-
38220	T	DX BONE MARROW ASPIRATIONS		05072	16.9934	APC	\$962.51			000	999	-
38221	T	DX BONE MARROW BIOPSIES		05072	16.9934	APC	\$962.51			000	999	-
38222	T	DX BONE MARROW BX & ASPIR		05073	28.6243	APC	\$1,621.28			000	999	-
38230	S	BONE MARROW HARVEST ALLOGEN		05242	16.4639	APC	\$932.52			000	999	-
38232	S	BONE MARROW HARVEST AUTOLOG		05243	48.7664	APC	\$2,762.13			000	999	-
38240	S	TRANSPLT ALLO HCT/DONOR		05244	384.5324	APC	\$21,779.92			000	999	-
38241	S	TRANSPLT AUTOL HCT/DONOR		05242	16.4639	APC	\$932.52			000	999	-
38242	S	TRANSPLT ALLO LYMPHOCYTES		05242	16.4639	APC	\$932.52			000	999	-
38243	S	TRANSPLJ HEMATOPOIETIC BOOST		05242	16.4639	APC	\$932.52			000	999	-
38300	T	DRAINAGE LYMPH NODE LESION		05073	28.6243	APC	\$1,621.28			000	999	-
38305	T	DRAINAGE LYMPH NODE LESION		05073	28.6243	APC	\$1,621.28			000	999	-
38308	T	INCISION OF LYMPH CHANNELS		05091	38.1383	APC	\$2,160.15			000	999	-
38380	C	THORACIC DUCT PROCEDURE				Inpatient Only	\$0.00			000	999	-
38381	C	THORACIC DUCT PROCEDURE				Inpatient Only	\$0.00			000	999	-
38382	C	THORACIC DUCT PROCEDURE				Inpatient Only	\$0.00			000	999	-
38500	T	BIOPSY/REMOVAL LYMPH NODES		05091	38.1383	APC	\$2,160.15			000	999	-
38505	T	NEEDLE BIOPSY LYMPH NODES		05072	16.9934	APC	\$962.51			000	999	-
38510	T	BIOPSY/REMOVAL LYMPH NODES		05091	38.1383	APC	\$2,160.15			000	999	-
38520	T	BIOPSY/REMOVAL LYMPH NODES		05091	38.1383	APC	\$2,160.15			000	999	-
38525	T	BIOPSY/REMOVAL LYMPH NODES		05091	38.1383	APC	\$2,160.15			000	999	-
38530	T	BIOPSY/REMOVAL LYMPH NODES		05091	38.1383	APC	\$2,160.15			000	999	-
38531	T	OPEN BX/EXC INGUINOFEM NODES		05091	38.1383	APC	\$2,160.15			000	999	-
38542	N	EXPLORE DEEP NODE(S) NECK		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
38550	T	REMOVAL NECK/ARMPIT LESION		05091	38.1383	APC	\$2,160.15			000	999	-
38555	T	REMOVAL NECK/ARMPIT LESION		05092	66.8375	APC	\$3,785.68			000	999	-
38562	T	REMOVAL PELVIC LYMPH NODES		05362	107.5843	APC	\$6,093.57			000	999	-
38564	C	REMOVAL ABDOMEN LYMPH NODES				Inpatient Only	\$0.00			000	999	-
38570	N	LAPAROSCOPY LYMPH NODE BIOP		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
38571	N	LAPAROSCOPY LYMPHADENECTOMY		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
38572	N	LAPAROSCOPY LYMPHADENECTOMY		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
38573	T	LAPS PELVIC LYMPHADEC		05362	107.5843	APC	\$6,093.57			000	999	-
38589	N	LAPAROSCOPE PROC LYMPHATIC		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
38700	T	REMOVAL OF LYMPH NODES NECK		05092	66.8375	APC	\$3,785.68			000	999	-
38720	T	REMOVAL OF LYMPH NODES NECK		05093	107.7339	APC	\$6,102.05			000	999	-
38724	C	REMOVAL OF LYMPH NODES NECK				Inpatient Only	\$0.00			000	999	-
38740	N	REMOVE ARMPIT LYMPH NODES		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
38745	N	REMOVE ARMPIT LYMPH NODES		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
38746	C	REMOVE THORACIC LYMPH NODES				Inpatient Only	\$0.00			000	999	-
38747	C	REMOVE ABDOMINAL LYMPH NODES				Inpatient Only	\$0.00			000	999	-
38760	T	REMOVE GROIN LYMPH NODES		05092	66.8375	APC	\$3,785.68			000	999	-
38765	C	REMOVE GROIN LYMPH NODES				Inpatient Only	\$0.00			000	999	-
38770	C	REMOVE PELVIS LYMPH NODES				Inpatient Only	\$0.00			000	999	-
38780	C	REMOVE ABDOMEN LYMPH NODES				Inpatient Only	\$0.00			000	999	-
38790	N	INJECT FOR LYMPHATIC X-RAY				Bundled	\$0.00			000	999	-
38792	N	RA TRACER ID OF SENTINL NODE		05591	4.5547	Bundled, sometimes payable	\$257.98			000	999	-
38794	N	ACCESS THORACIC LYMPH DUCT				Bundled	\$0.00			000	999	-
38900	N	IO MAP OF SENT LYMPH NODE				Bundled	\$0.00			000	999	-
38999	S	BLOOD/LYMPH SYSTEM PROCEDURE		05241	4.7956	APC	\$271.62			000	999	-
39000	C	EXPLORATION OF CHEST				Inpatient Only	\$0.00			000	999	-
39010	C	EXPLORATION OF CHEST				Inpatient Only	\$0.00			000	999	-
39200	C	RESECT MEDIASTINAL CYST				Inpatient Only	\$0.00			000	999	-
39220	C	RESECT MEDIASTINAL TUMOR				Inpatient Only	\$0.00			000	999	-
39401	T	MEDIASTINOSCPY W/MEDSTNL BX		05361	61.1186	APC	\$3,461.76			000	999	-

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

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
39402	T	MEDIASTINOSCPY W/LMPH NOD BX		05361	61.1186	APC	\$3,461.76			000	999	-
39499	C	CHEST PROCEDURE				Inpatient Only	\$0.00			000	999	-
39501	C	REPAIR DIAPHRAGM LACERATION				Inpatient Only	\$0.00			000	999	-
39503	C	REPAIR OF DIAPHRAGM HERNIA				Inpatient Only	\$0.00			000	999	-
39540	C	REPAIR OF DIAPHRAGM HERNIA				Inpatient Only	\$0.00			000	999	-
39541	C	REPAIR OF DIAPHRAGM HERNIA				Inpatient Only	\$0.00			000	999	-
39545	C	REVISION OF DIAPHRAGM				Inpatient Only	\$0.00			000	999	-
39560	C	RESECT DIAPHRAGM SIMPLE				Inpatient Only	\$0.00			000	999	-
39561	C	RESECT DIAPHRAGM COMPLEX				Inpatient Only	\$0.00			000	999	-
39599	C	DIAPHRAGM SURGERY PROCEDURE				Inpatient Only	\$0.00			000	999	-
4000F	E	TOBACCO USE TXMNT COUNSELING				Not Allowed	\$0.00			000	999	-
4001F	E	TOBACCO USE TXMNT PHARMACOL				Not Allowed	\$0.00			000	999	-
4003F	E	PT ED WRITE/ORAL PTS W/ HF				Not Allowed	\$0.00			000	999	-
4004F	E	PT TOBACCO SCREEN RCVD TLK				Not Allowed	\$0.00			000	999	-
4005F	E	PHARM THX FOR OP RXD				Not Allowed	\$0.00			000	999	-
4008F	E	BETA-BLOCKER THERAPY RXD/TKN				Not Allowed	\$0.00			000	999	-
4010F	E	ACE/ARB THERAPY RXD/TAKEN				Not Allowed	\$0.00			000	999	-
4011F	E	ORAL ANTIPLATELET THERAPY RX				Not Allowed	\$0.00			000	999	-
4012F	E	WARFARIN THERAPY RX				Not Allowed	\$0.00			000	999	-
4013F	E	STATIN THERAPY/CURRENTLY TKN				Not Allowed	\$0.00			000	999	-
4014F	E	WRITTEN DISCHARGE INSTR PRVD				Not Allowed	\$0.00			000	999	-
4015F	E	PERSIST ASTHMA MEDICINE CTRL				Not Allowed	\$0.00			000	999	-
4016F	E	ANTI-INFLM/ANLGS AGENT RX				Not Allowed	\$0.00			000	999	-
4017F	E	GI PROPHYLAXIS FOR NSAID RX				Not Allowed	\$0.00			000	999	-
4018F	E	THERAPY EXERCISE JOINT RX				Not Allowed	\$0.00			000	999	-
4019F	E	DOC RECPT COUNSL VIT D/CALC+				Not Allowed	\$0.00			000	999	-
4025F	E	INHALED BRONCHODILATOR RX				Not Allowed	\$0.00			000	999	-
4030F	E	OXYGEN THERAPY RX				Not Allowed	\$0.00			000	999	-
4033F	E	PULMONARY REHAB REC				Not Allowed	\$0.00			000	999	-
4035F	E	INFLUENZA IMM REC				Not Allowed	\$0.00			000	999	-
4037F	E	INFLUENZA IMM ORDER/ADMIN				Not Allowed	\$0.00			000	999	-
4040F	E	PNEUMOC VAC/ADMIN/RCVD				Not Allowed	\$0.00			000	999	-
4041F	E	DOC ORDER CEFAZOLIN/CEFUROX				Not Allowed	\$0.00			000	999	-
4042F	E	DOC ANTIBIO NOT GIVEN				Not Allowed	\$0.00			000	999	-
4043F	E	DOC ORDER GIVEN STOP ANTIBIO				Not Allowed	\$0.00			000	999	-
4044F	E	DOC ORDER GIVEN VTE PROPHYLX				Not Allowed	\$0.00			000	999	-
4045F	E	EMPIRIC ANTIBIOTIC RX				Not Allowed	\$0.00			000	999	-
4046F	E	DOC ANTIBIO GIVEN B/4 SURG				Not Allowed	\$0.00			000	999	-
4047F	E	DOC ANTIBIO GIVEN B/4 SURG				Not Allowed	\$0.00			000	999	-
4048F	E	DOC ANTIBIO GIVEN B/4 SURG				Not Allowed	\$0.00			000	999	-
40490	T	BIOPSY OF LIP		05161	2.5557	APC	\$144.75			000	999	-
4049F	E	DOC ORDER GIVEN STOP ANTIBIO				Not Allowed	\$0.00			000	999	-
40500	T	PARTIAL EXCISION OF LIP		05164	33.0494	APC	\$1,871.92			000	999	-
4050F	E	HT CARE PLAN DOC				Not Allowed	\$0.00			000	999	-
40510	T	PARTIAL EXCISION OF LIP		05164	33.0494	APC	\$1,871.92			000	999	-
4051F	E	REFERRED FOR AN AV FISTULA				Not Allowed	\$0.00			000	999	-
40520	T	PARTIAL EXCISION OF LIP		05164	33.0494	APC	\$1,871.92			000	999	-
40525	T	RECONSTRUCT LIP WITH FLAP		05164	33.0494	APC	\$1,871.92			000	999	-
40527	N	RECONSTRUCT LIP WITH FLAP		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
4052F	E	HEMODIALYSIS VIA AV FISTULA				Not Allowed	\$0.00			000	999	-
40530	T	PARTIAL REMOVAL OF LIP		05164	33.0494	APC	\$1,871.92			000	999	-
4053F	E	HEMODIALYSIS VIA AV GRAFT				Not Allowed	\$0.00			000	999	-
4054F	E	HEMODIALYSIS VIA CATHETER				Not Allowed	\$0.00			000	999	-
4055F	E	PT RCVNG PERITON DIALYSIS				Not Allowed	\$0.00			000	999	-
4056F	E	APPROP ORAL REHYD RECOMM				Not Allowed	\$0.00			000	999	-
4058F	E	PED GASTRO ED GIVEN CAREGVR				Not Allowed	\$0.00			000	999	-
4060F	E	PSYCH SVCS PROVIDED				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
4062F	E	PT REFERRAL PSYCH DOCD				Not Allowed	\$0.00			000	999	-
4063F	E	ANTIDEPRES RXTHXPY NOT RXD				Not Allowed	\$0.00			000	999	-
4064F	E	ANTIDEPRESSANT RX				Not Allowed	\$0.00			000	999	-
40650	T	REPAIR LIP		05162	5.4635	APC	\$309.45			000	999	-
40652	T	REPAIR LIP		05162	5.4635	APC	\$309.45			000	999	-
40654	T	REPAIR LIP		05163	16.3386	APC	\$925.42			000	999	-
4065F	E	ANTIPTYCHOTIC RX				Not Allowed	\$0.00			000	999	-
4066F	E	ECT PROVIDED				Not Allowed	\$0.00			000	999	-
4067F	E	PT REFERRAL FOR ECT DOCD				Not Allowed	\$0.00			000	999	-
4069F	E	VTE PROPHYLAXIS RCVD				Not Allowed	\$0.00			000	999	-
40700	N	REPAIR CLEFT LIP/NASAL		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
40701	N	REPAIR CLEFT LIP/NASAL		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
40702	N	REPAIR CLEFT LIP/NASAL		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
4070F	E	DVT PROPHYLX RECVD DAY 2				Not Allowed	\$0.00			000	999	-
40720	N	REPAIR CLEFT LIP/NASAL		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
4073F	E	ORAL ANTIPLAT THX RX DISCHRG				Not Allowed	\$0.00			000	999	-
4075F	E	ANTICOAG THX RX AT DISCHRG				Not Allowed	\$0.00			000	999	-
40761	N	REPAIR CLEFT LIP/NASAL		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
4077F	E	DOC T-PA ADMIN CONSIDERED				Not Allowed	\$0.00			000	999	-
40799	T	LIP SURGERY PROCEDURE		05161	2.5557	APC	\$144.75			000	999	-
4079F	E	DOC REHAB SVCS CONSIDERED				Not Allowed	\$0.00			000	999	-
40800	T	DRAINAGE OF MOUTH LESION		05071	7.5120	APC	\$425.48			000	999	-
40801	T	DRAINAGE OF MOUTH LESION		05162	5.4635	APC	\$309.45			000	999	-
40804	N	REMOVAL FOREIGN BODY MOUTH		05301	9.7781	Bundled, sometimes payable	\$553.83			000	999	-
40805	T	REMOVAL FOREIGN BODY MOUTH		05162	5.4635	APC	\$309.45			000	999	-
40806	T	INCISION OF LIP FOLD		05162	5.4635	APC	\$309.45			000	999	-
40808	T	BIOPSY OF MOUTH LESION		05162	5.4635	APC	\$309.45			000	999	-
40810	T	EXCISION OF MOUTH LESION		05164	33.0494	APC	\$1,871.92			000	999	-
40812	T	EXCISE/REPAIR MOUTH LESION		05163	16.3386	APC	\$925.42			000	999	-
40814	T	EXCISE/REPAIR MOUTH LESION		05164	33.0494	APC	\$1,871.92			000	999	-
40816	T	EXCISION OF MOUTH LESION		05164	33.0494	APC	\$1,871.92			000	999	-
40818	T	EXCISE ORAL MUCOSA FOR GRAFT		05162	5.4635	APC	\$309.45			000	999	-
40819	T	EXCISE LIP OR CHEEK FOLD		05163	16.3386	APC	\$925.42			000	999	-
40820	T	TREATMENT OF MOUTH LESION		05164	33.0494	APC	\$1,871.92			000	999	-
40830	T	REPAIR MOUTH LACERATION		05161	2.5557	APC	\$144.75			000	999	-
40831	T	REPAIR MOUTH LACERATION		05162	5.4635	APC	\$309.45			000	999	-
40840	T	RECONSTRUCTION OF MOUTH		05165	61.4280	APC	\$3,479.28			000	999	-
40842	N	RECONSTRUCTION OF MOUTH		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
40843	T	RECONSTRUCTION OF MOUTH		05165	61.4280	APC	\$3,479.28			000	999	-
40844	N	RECONSTRUCTION OF MOUTH		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
40845	N	RECONSTRUCTION OF MOUTH		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
4084F	E	ASPIRIN RECVD W/IN 24 HRS				Not Allowed	\$0.00			000	999	-
4086F	E	ASPIRIN/CLOPIDOGREL RXD				Not Allowed	\$0.00			000	999	-
40899	T	MOUTH SURGERY PROCEDURE		05161	2.5557	APC	\$144.75			000	999	-
4090F	E	PT RCVNG EPO THXPY				Not Allowed	\$0.00			000	999	-
4095F	E	PT NOT RCVNG EPO THXPY				Not Allowed	\$0.00			000	999	-
41000	T	DRAINAGE OF MOUTH LESION		05162	5.4635	APC	\$309.45			000	999	-
41005	T	DRAINAGE OF MOUTH LESION		05161	2.5557	APC	\$144.75			000	999	-
41006	T	DRAINAGE OF MOUTH LESION		05163	16.3386	APC	\$925.42			000	999	-
41007	T	DRAINAGE OF MOUTH LESION		05163	16.3386	APC	\$925.42			000	999	-
41008	T	DRAINAGE OF MOUTH LESION		05164	33.0494	APC	\$1,871.92			000	999	-
41009	T	DRAINAGE OF MOUTH LESION		05162	5.4635	APC	\$309.45			000	999	-
4100F	E	BIPHOS THXPY VEIN ORD/RECVD				Not Allowed	\$0.00			000	999	-
41010	T	INCISION OF TONGUE FOLD		05163	16.3386	APC	\$925.42			000	999	-
41015	T	DRAINAGE OF MOUTH LESION		05162	5.4635	APC	\$309.45			000	999	-
41016	T	DRAINAGE OF MOUTH LESION		05165	61.4280	APC	\$3,479.28			000	999	-
41017	T	DRAINAGE OF MOUTH LESION		05164	33.0494	APC	\$1,871.92			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
41018	T	DRAINAGE OF MOUTH LESION		05163	16.3386	APC	\$925.42			000	999	-
41019	T	PLACE NEEDLES H&N FOR RT		05165	61.4280	APC	\$3,479.28			000	999	-
41100	T	BIOPSY OF TONGUE		05162	5.4635	APC	\$309.45			000	999	-
41105	T	BIOPSY OF TONGUE		05164	33.0494	APC	\$1,871.92			000	999	-
41108	T	BIOPSY OF FLOOR OF MOUTH		05072	16.9934	APC	\$962.51			000	999	-
4110F	E	INT MAM ART USED FOR CABG				Not Allowed	\$0.00			000	999	-
41110	T	EXCISION OF TONGUE LESION		05164	33.0494	APC	\$1,871.92			000	999	-
41112	T	EXCISION OF TONGUE LESION		05164	33.0494	APC	\$1,871.92			000	999	-
41113	T	EXCISION OF TONGUE LESION		05164	33.0494	APC	\$1,871.92			000	999	-
41114	T	EXCISION OF TONGUE LESION		05164	33.0494	APC	\$1,871.92			000	999	-
41115	T	EXCISION OF TONGUE FOLD		05163	16.3386	APC	\$925.42			000	999	-
41116	T	EXCISION OF MOUTH LESION		05164	33.0494	APC	\$1,871.92			000	999	-
41120	N	PARTIAL REMOVAL OF TONGUE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
41130	C	PARTIAL REMOVAL OF TONGUE				Inpatient Only	\$0.00			000	999	-
41135	C	TONGUE AND NECK SURGERY				Inpatient Only	\$0.00			000	999	-
41140	C	REMOVAL OF TONGUE				Inpatient Only	\$0.00			000	999	-
41145	C	TONGUE REMOVAL NECK SURGERY				Inpatient Only	\$0.00			000	999	-
41150	C	TONGUE MOUTH JAW SURGERY				Inpatient Only	\$0.00			000	999	-
41153	C	TONGUE MOUTH NECK SURGERY				Inpatient Only	\$0.00			000	999	-
41155	C	TONGUE JAW & NECK SURGERY				Inpatient Only	\$0.00			000	999	-
4115F	E	BETA BLCKR ADMIN W/IN 24 HRS				Not Allowed	\$0.00			000	999	-
4120F	E	ANTIBIOT RXD/GIVEN				Not Allowed	\$0.00			000	999	-
4124F	E	ANTIBIOT NOT RXD/GIVEN				Not Allowed	\$0.00			000	999	-
41250	N	REPAIR TONGUE LACERATION		05735	3.2637	Bundled, sometimes payable	\$184.86			000	999	-
41251	T	REPAIR TONGUE LACERATION		05161	2.5557	APC	\$144.75			000	999	-
41252	T	REPAIR TONGUE LACERATION		05161	2.5557	APC	\$144.75			000	999	-
4130F	E	TOPICAL PREP RX AOE				Not Allowed	\$0.00			000	999	-
4131F	E	SYST ANTIMICROBIAL THX RX				Not Allowed	\$0.00			000	999	-
4132F	E	NO SYST ANTIMICROBIAL THX RX				Not Allowed	\$0.00			000	999	-
4133F	E	ANTIHIIST/DECONG RX/RECOM				Not Allowed	\$0.00			000	999	-
4134F	E	NO ANTIHIIST/DECONG RX/RECOM				Not Allowed	\$0.00			000	999	-
4135F	E	SYSTEMIC CORTICOSTEROIDS RX				Not Allowed	\$0.00			000	999	-
4136F	E	SYST CORTICOSTEROIDS NOT RX				Not Allowed	\$0.00			000	999	-
4140F	E	INHALED CORTICOSTEROIDS RXD				Not Allowed	\$0.00			000	999	-
4142F	E	CORTICOSTER SPARNG THRPY RXD				Not Allowed	\$0.00			000	999	-
4144F	E	ALT LONG-TERM CNTRL MED RXD				Not Allowed	\$0.00			000	999	-
4145F	E	2+ ANTI-HYPRTNSV AGENTS TKN				Not Allowed	\$0.00			000	999	-
4148F	E	HEP A VAC INJXN ADMIN/RECVD				Not Allowed	\$0.00			000	999	-
4149F	E	HEP B VAC INJXN ADMIN/RECVD				Not Allowed	\$0.00			000	999	-
4150F	E	PT RECVRG ANTIVIR TXMNT HEP C				Not Allowed	\$0.00			000	999	-
41510	T	TONGUE TO LIP SURGERY		05164	33.0494	APC	\$1,871.92			000	999	-
41512	N	TONGUE SUSPENSION		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
4151F	E	PT NOT RECVRG ANTIV HEP C				Not Allowed	\$0.00			000	999	-
41520	N	RECONSTRUCTION TONGUE FOLD		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
41530	T	TONGUE BASE VOL REDUCTION		05164	33.0494	APC	\$1,871.92			000	999	-
4153F	E	COMBO PEGINTF/RIB RX				Not Allowed	\$0.00			000	999	-
4155F	E	HEP A VAC SERIES PREV RECVD				Not Allowed	\$0.00			000	999	-
4157F	E	HEP B VAC SERIES PREV RECVD				Not Allowed	\$0.00			000	999	-
4158F	E	PT EDU RE ALCOH DRNKG DONE				Not Allowed	\$0.00			000	999	-
41599	T	TONGUE AND MOUTH SURGERY		05161	2.5557	APC	\$144.75			000	999	-
4159F	E	CONTRCP TALK B/4 ANTIV TXMNT				Not Allowed	\$0.00			000	999	-
4163F	E	PT COUNS 4 TXMNT OPT PROST				Not Allowed	\$0.00			000	999	-
4164F	E	ADJV HRMNL THXPY RXD				Not Allowed	\$0.00			000	999	-
4165F	E	3D-CRT/IMRT RECEIVED				Not Allowed	\$0.00			000	999	-
4167F	E	HD BED TILTED 1ST DAY VENT				Not Allowed	\$0.00			000	999	-
4168F	E	PT CARE ICU&VENT W/IN 24HRS				Not Allowed	\$0.00			000	999	-
4169F	E	NO PT CARE ICU/VENT IN 24HRS				Not Allowed	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
4171F	E	PT RCVNG ESA THXPY				Not Allowed	\$0.00			000	999	-
4172F	E	PT NOT RCVNG ESA THXPY				Not Allowed	\$0.00			000	999	-
4174F	E	COUNS POTENT GLAUC IMPCT				Not Allowed	\$0.00			000	999	-
4175F	E	VIS 20/40/> W/IN 90 DAYS				Not Allowed	\$0.00			000	999	-
4176F	E	TALK RE UV LIGHT PT/CRGVR				Not Allowed	\$0.00			000	999	-
4177F	E	TALK PT/CRGVR RE AREDS PREV				Not Allowed	\$0.00			000	999	-
4178F	E	ANTID GLBLN RCVD W/IN 26WKS				Not Allowed	\$0.00			000	999	-
4179F	E	TAMOXIFEN/AI PRESCRIBED				Not Allowed	\$0.00			000	999	-
41800	N	DRAINAGE OF GUM LESION		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
41805	T	REMOVAL FOREIGN BODY GUM		05163	16.3386	APC	\$925.42			000	999	-
41806	T	REMOVAL FOREIGN BODY JAWBONE		05163	16.3386	APC	\$925.42			000	999	-
4180F	E	ADJV THXPYRD/RCVD COLON CA				Not Allowed	\$0.00			000	999	-
4181F	E	CONFORMAL RADN THXPY RCVD				Not Allowed	\$0.00			000	999	-
41820	T	EXCISION GUM EACH QUADRANT		05164	33.0494	APC	\$1,871.92			000	999	-
41821	T	EXCISION OF GUM FLAP		05163	16.3386	APC	\$925.42			000	999	-
41822	T	EXCISION OF GUM LESION		05163	16.3386	APC	\$925.42			000	999	-
41823	N	EXCISION OF GUM LESION		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
41825	T	EXCISION OF GUM LESION		05164	33.0494	APC	\$1,871.92			000	999	-
41826	T	EXCISION OF GUM LESION		05164	33.0494	APC	\$1,871.92			000	999	-
41827	N	EXCISION OF GUM LESION		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
41828	T	EXCISION OF GUM LESION		05163	16.3386	APC	\$925.42			000	999	-
4182F	E	NO CONFORMAL RADN THXPY				Not Allowed	\$0.00			000	999	-
41830	T	REMOVAL OF GUM TISSUE		05164	33.0494	APC	\$1,871.92			000	999	-
41850	T	TREATMENT OF GUM LESION		05163	16.3386	APC	\$925.42			000	999	-
4185F	E	CONTINUOUS PPI OR H2RA RCVD				Not Allowed	\$0.00			000	999	-
4186F	E	NO CONT PPI OR H2RA RCVD				Not Allowed	\$0.00			000	999	-
41870	N	GUM GRAFT		05163	16.3386	Bundled, sometimes payable	\$925.42			000	999	-
41872	N	REPAIR GUM		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
41874	T	REPAIR TOOTH SOCKET		05164	33.0494	APC	\$1,871.92			000	999	-
4187F	E	ANTI RHEUM DRUGTHXPYRD/GVN				Not Allowed	\$0.00			000	999	-
4188F	E	APPROP ACE/ARB TSTNG DONE				Not Allowed	\$0.00			000	999	-
41899	T	DENTAL SURGERY PROCEDURE		05161	2.5557	APC	\$144.75			000	999	-
4189F	E	APPROP DIGOXIN TSTNG DONE				Not Allowed	\$0.00			000	999	-
4190F	E	APPROP DIURETIC TSTNG DONE				Not Allowed	\$0.00			000	999	-
4191F	E	APPROP ANTICONVULS TSTNG				Not Allowed	\$0.00			000	999	-
4192F	E	PT NOT RCVNG GLUCOCO THXPY				Not Allowed	\$0.00			000	999	-
4193F	E	PT RCVNG<10MG DAILY PREDNISO				Not Allowed	\$0.00			000	999	-
4194F	E	PT RCVNG10MG DAILY PREDNISO				Not Allowed	\$0.00			000	999	-
4195F	E	PT RCVNG ANTI-RHEUM THXPY RA				Not Allowed	\$0.00			000	999	-
4196F	E	PTNOT RCVNG ANTI-RHM THXPYRA				Not Allowed	\$0.00			000	999	-
42000	T	DRAINAGE MOUTH ROOF LESION		05161	2.5557	APC	\$144.75			000	999	-
4200F	E	EXTERNAL BEAM TO PROST ONLY				Not Allowed	\$0.00			000	999	-
4201F	E	EXTRNL BEAM OTHER THAN PROST				Not Allowed	\$0.00			000	999	-
42100	T	BIOPSY ROOF OF MOUTH		05163	16.3386	APC	\$925.42			000	999	-
42104	T	EXCISION LESION MOUTH ROOF		05164	33.0494	APC	\$1,871.92			000	999	-
42106	T	EXCISION LESION MOUTH ROOF		05164	33.0494	APC	\$1,871.92			000	999	-
42107	N	EXCISION LESION MOUTH ROOF		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
4210F	E	ACE/ARB THXPY FOR MOS/>				Not Allowed	\$0.00			000	999	-
42120	T	REMOVE PALATE/LESION		05165	61.4280	APC	\$3,479.28			000	999	-
42140	T	EXCISION OF UVULA		05164	33.0494	APC	\$1,871.92			000	999	-
42145	N	REPAIR PALATE PHARYNX/UVULA		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
42160	T	TREATMENT MOUTH ROOF LESION		05164	33.0494	APC	\$1,871.92			000	999	-
42180	T	REPAIR PALATE		05162	5.4635	APC	\$309.45			000	999	-
42182	T	REPAIR PALATE		05165	61.4280	APC	\$3,479.28			000	999	-
42200	N	RECONSTRUCT CLEFT PALATE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
42205	N	RECONSTRUCT CLEFT PALATE		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
4220F	E	DIGOXIN THXPY FOR 6 MOS/>				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
42210	N	RECONSTRUCT CLEFT PALATE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
42215	N	RECONSTRUCT CLEFT PALATE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
4221F	E	DIURETIC THXPY FOR 6 MOS/>>				Not Allowed	\$0.00			000	999	-
42220	N	RECONSTRUCT CLEFT PALATE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
42225	N	RECONSTRUCT CLEFT PALATE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
42226	N	LENGTHENING OF PALATE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
42227	N	LENGTHENING OF PALATE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
42235	N	REPAIR PALATE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
42260	T	REPAIR NOSE TO LIP FISTULA		05165	61.4280	APC	\$3,479.28			000	999	-
42280	T	PREPARATION PALATE MOLD		05162	5.4635	APC	\$309.45			000	999	-
42281	T	INSERTION PALATE PROSTHESIS		05165	61.4280	APC	\$3,479.28			000	999	-
42299	T	PALATE/UVULA SURGERY		05161	2.5557	APC	\$144.75			000	999	-
42300	T	DRAINAGE OF SALIVARY GLAND		05163	16.3386	APC	\$925.42			000	999	-
42305	T	DRAINAGE OF SALIVARY GLAND		05164	33.0494	APC	\$1,871.92			000	999	-
4230F	E	ANTICONV THXPY FOR 6 MOS/>>				Not Allowed	\$0.00			000	999	-
42310	T	DRAINAGE OF SALIVARY GLAND		05162	5.4635	APC	\$309.45			000	999	-
42320	T	DRAINAGE OF SALIVARY GLAND		05162	5.4635	APC	\$309.45			000	999	-
42330	T	REMOVAL OF SALIVARY STONE		05164	33.0494	APC	\$1,871.92			000	999	-
42335	T	REMOVAL OF SALIVARY STONE		05164	33.0494	APC	\$1,871.92			000	999	-
42340	T	REMOVAL OF SALIVARY STONE		05164	33.0494	APC	\$1,871.92			000	999	-
42400	T	BIOPSY OF SALIVARY GLAND		05071	7.5120	APC	\$425.48			000	999	-
42405	T	BIOPSY OF SALIVARY GLAND		05163	16.3386	APC	\$925.42			000	999	-
42408	T	EXCISION OF SALIVARY CYST		05164	33.0494	APC	\$1,871.92			000	999	-
42409	T	DRAINAGE OF SALIVARY CYST		05164	33.0494	APC	\$1,871.92			000	999	-
4240F	E	INSTR XRCZ BACK PAIN 12 WKS				Not Allowed	\$0.00			000	999	-
42410	N	EXCISE PAROTID GLAND/LESION		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
42415	N	EXCISE PAROTID GLAND/LESION		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
42420	N	EXCISE PAROTID GLAND/LESION		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
42425	N	EXCISE PAROTID GLAND/LESION		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
42426	C	EXCISE PAROTID GLAND/LESION				Inpatient Only	\$0.00			000	999	-
4242F	E	SPRVSD XRCZ BACK PN >12 WKS				Not Allowed	\$0.00			000	999	-
42440	N	EXCISE SUBMAXILLARY GLAND		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
42450	N	EXCISE SUBLINGUAL GLAND		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
4245F	E	PT INSTR NRML LIFEST				Not Allowed	\$0.00			000	999	-
4248F	E	PT INSTR NO BD REST 4 DAYS/>>				Not Allowed	\$0.00			000	999	-
42500	T	REPAIR SALIVARY DUCT		05165	61.4280	APC	\$3,479.28			000	999	-
42505	N	REPAIR SALIVARY DUCT		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
42507	N	PAROTID DUCT DIVERSION		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
42509	N	PAROTID DUCT DIVERSION		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
4250F	E	WRMNG 4 SURG NORMOTHERMIA				Not Allowed	\$0.00			000	999	-
42510	N	PAROTID DUCT DIVERSION		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
42550	N	INJECTION FOR SALIVARY X-RAY				Bundled	\$0.00			000	999	-
4255F	E	ANESTH 60 MIN/>> AS DOCD				Not Allowed	\$0.00			000	999	-
4256F	E	ANESTHE <60 MIN AS DOCD				Not Allowed	\$0.00			000	999	-
42600	T	CLOSURE OF SALIVARY FISTULA		05164	33.0494	APC	\$1,871.92			000	999	-
4260F	E	WOUND SRFC CULTURETECH USED				Not Allowed	\$0.00			000	999	-
4261F	E	TECH OTHER THAN SURFC CULTR				Not Allowed	\$0.00			000	999	-
42650	T	DILATION OF SALIVARY DUCT		05163	16.3386	APC	\$925.42			000	999	-
4265F	E	WET-DRY DRESSINGS RX RECMD				Not Allowed	\$0.00			000	999	-
42660	T	DILATION OF SALIVARY DUCT		05162	5.4635	APC	\$309.45			000	999	-
42665	N	LIGATION OF SALIVARY DUCT		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
4266F	E	NO WET-DRY DRSSINGS RX RECMD				Not Allowed	\$0.00			000	999	-
4267F	E	COMPRSSION THXPY PRESCRIBED				Not Allowed	\$0.00			000	999	-
4268F	E	PT ED RE COMP THXPY RCVD				Not Allowed	\$0.00			000	999	-
42699	T	SALIVARY SURGERY PROCEDURE		05161	2.5557	APC	\$144.75			000	999	-
4269F	E	APPROPOS MTHD OFFLOADING RXD				Not Allowed	\$0.00			000	999	-
42700	T	DRAINAGE OF TONSIL ABSCESS		05161	2.5557	APC	\$144.75			000	999	-

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

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
4270F	E	PT RCVNG ANTI R-VIRAL THXPY				Not Allowed	\$0.00			000	999	-
4271F	E	PT RCVNG ANTI R-VIRAL THXPY				Not Allowed	\$0.00			000	999	-
42720	T	DRAINAGE OF THROAT ABSCESS		05164	33.0494	APC	\$1,871.92			000	999	-
42725	N	DRAINAGE OF THROAT ABSCESS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
4274F	E	FLU IMMUNO ADMIND RCVD				Not Allowed	\$0.00			000	999	-
4276F	E	POTENT ANTIVIR THXPY RXD				Not Allowed	\$0.00			000	999	-
4279F	E	PCP PROPHYLAXIS RXD				Not Allowed	\$0.00			000	999	-
42800	T	BIOPSY OF THROAT		05163	16.3386	APC	\$925.42			000	999	-
42804	T	BIOPSY OF UPPER NOSE/THROAT		05164	33.0494	APC	\$1,871.92			000	999	-
42806	T	BIOPSY OF UPPER NOSE/THROAT		05164	33.0494	APC	\$1,871.92			000	999	-
42808	T	EXCISE PHARYNX LESION		05164	33.0494	APC	\$1,871.92			000	999	-
42809	N	REMOVE PHARYNX FOREIGN BODY		05735	3.2637	Bundled, sometimes payable	\$184.86			000	999	-
4280F	E	PCP PROPHYLAX RXD 3MON LOW %				Not Allowed	\$0.00			000	999	-
42810	T	EXCISION OF NECK CYST		05164	33.0494	APC	\$1,871.92			000	999	-
42815	N	EXCISION OF NECK CYST		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
42820	T	REMOVE TONSILS AND ADENOIDS		05165	61.4280	APC	\$3,479.28			000	011	-
42821	T	REMOVE TONSILS AND ADENOIDS		05164	33.0494	APC	\$1,871.92			012	099	-
42825	N	REMOVAL OF TONSILS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	011	-
42826	T	REMOVAL OF TONSILS		05164	33.0494	APC	\$1,871.92			012	099	-
42830	N	REMOVAL OF ADENOIDS		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	011	-
42831	T	REMOVAL OF ADENOIDS		05164	33.0494	APC	\$1,871.92			012	099	-
42835	T	REMOVAL OF ADENOIDS		05164	33.0494	APC	\$1,871.92			000	011	-
42836	T	REMOVAL OF ADENOIDS		05164	33.0494	APC	\$1,871.92			012	099	-
42842	N	EXTENSIVE SURGERY OF THROAT		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
42844	N	EXTENSIVE SURGERY OF THROAT		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
42845	C	EXTENSIVE SURGERY OF THROAT				Inpatient Only	\$0.00			000	999	-
42860	N	EXCISION OF TONSIL TAGS		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
42870	T	EXCISION OF LINGUAL TONSIL		05165	61.4280	APC	\$3,479.28			000	999	-
42890	N	PARTIAL REMOVAL OF PHARYNX		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
42892	N	REVISION OF PHARYNGEAL WALLS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
42894	C	REVISION OF PHARYNGEAL WALLS				Inpatient Only	\$0.00			000	999	-
42900	T	REPAIR THROAT WOUND		05163	16.3386	APC	\$925.42			000	999	-
4290F	E	PT SCRND FOR INJ DRUG USE				Not Allowed	\$0.00			000	999	-
4293F	E	PT SCRND HGH-RISK SEX BEHAV				Not Allowed	\$0.00			000	999	-
42950	N	RECONSTRUCTION OF THROAT		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
42953	C	REPAIR THROAT ESOPHAGUS				Inpatient Only	\$0.00			000	999	-
42955	T	SURGICAL OPENING OF THROAT		05163	16.3386	APC	\$925.42			000	999	-
42960	T	CONTROL THROAT BLEEDING		05162	5.4635	APC	\$309.45			000	999	-
42961	C	CONTROL THROAT BLEEDING				Inpatient Only	\$0.00			000	999	-
42962	T	CONTROL THROAT BLEEDING		05164	33.0494	APC	\$1,871.92			000	999	-
42970	T	CONTROL NOSE/THROAT BLEEDING		05161	2.5557	APC	\$144.75			000	999	-
42971	C	CONTROL NOSE/THROAT BLEEDING				Inpatient Only	\$0.00			000	999	-
42972	T	CONTROL NOSE/THROAT BLEEDING		05164	33.0494	APC	\$1,871.92			000	999	-
42999	T	THROAT SURGERY PROCEDURE		05161	2.5557	APC	\$144.75			000	999	-
4300F	E	PT RCVNG WARF THXPY				Not Allowed	\$0.00			000	999	-
4301F	E	PT NOT RCVNG WARF THXPY				Not Allowed	\$0.00			000	999	-
43020	T	INCISION OF ESOPHAGUS		05163	16.3386	APC	\$925.42			000	999	-
43030	N	THROAT MUSCLE SURGERY		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
43045	C	INCISION OF ESOPHAGUS				Inpatient Only	\$0.00			000	999	-
4305F	E	PT ED RE FT CARE INSPCT RCVD				Not Allowed	\$0.00			000	999	-
4306F	E	PT TLK PSYCH & RX OPD ADDIC				Not Allowed	\$0.00			000	999	-
43100	C	EXCISION OF ESOPHAGUS LESION				Inpatient Only	\$0.00			000	999	-
43101	C	EXCISION OF ESOPHAGUS LESION				Inpatient Only	\$0.00			000	999	-
43107	C	REMOVAL OF ESOPHAGUS				Inpatient Only	\$0.00			000	999	-
43108	C	REMOVAL OF ESOPHAGUS				Inpatient Only	\$0.00			000	999	-
43112	C	ESPHG TOT W/THRCM				Inpatient Only	\$0.00			000	999	-
43113	C	REMOVAL OF ESOPHAGUS				Inpatient Only	\$0.00			000	999	-

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43116	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only	\$0.00			000	999	-
43117	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only	\$0.00			000	999	-
43118	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only	\$0.00			000	999	-
43121	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only	\$0.00			000	999	-
43122	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only	\$0.00			000	999	-
43123	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only	\$0.00			000	999	-
43124	C	REMOVAL OF ESOPHAGUS				Inpatient Only	\$0.00			000	999	-
43130	N	REMOVAL OF ESOPHAGUS POUCH		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
43135	C	REMOVAL OF ESOPHAGUS POUCH				Inpatient Only	\$0.00			000	999	-
43180	T	ESOPHAGOSCOPY RIGID TRNSO		05165	61.4280	APC	\$3,479.28			000	999	-
43191	T	ESOPHAGOSCOPY RIGID TRNSO DX		05302	19.6265	APC	\$1,111.64			000	999	-
43192	T	ESOPHAGOSCP RIG TRNSO INJECT		05302	19.6265	APC	\$1,111.64			000	999	-
43193	T	ESOPHAGOSCP RIG TRNSO BIOPSY		05302	19.6265	APC	\$1,111.64			000	999	-
43194	T	ESOPHAGOSCP RIG TRNSO REM FB		05302	19.6265	APC	\$1,111.64			000	999	-
43195	T	ESOPHAGOSCOPY RIGID BALLOON		05303	37.2090	APC	\$2,107.52			000	999	-
43196	T	ESOPHAGOSCP GUIDE WIRE DILAT		05303	37.2090	APC	\$2,107.52			000	999	-
43197	T	ESOPHAGOSCOPY FLEX DX BRUSH		05301	9.7781	APC	\$553.83			000	999	-
43198	T	ESOPHAGOSC FLEX TRNSN BIOPSY		05301	9.7781	APC	\$553.83			000	999	-
43200	T	ESOPHAGOSCOPY FLEXIBLE BRUSH		05301	9.7781	APC	\$553.83			000	999	-
43201	T	ESOPH SCOPE W/SUBMUCOUS INJ		05302	19.6265	APC	\$1,111.64			000	999	-
43202	T	ESOPHAGOSCOPY FLEX BIOPSY		05302	19.6265	APC	\$1,111.64			000	999	-
43204	T	ESOPH SCOPE W/SCLEROSIS INJ		05302	19.6265	APC	\$1,111.64			000	999	-
43205	T	ESOPHAGUS ENDOSCOPY/LIGATION		05302	19.6265	APC	\$1,111.64			000	999	-
43206	T	ESOPH OPTICAL ENDOMICROSCOPY		05302	19.6265	APC	\$1,111.64			000	999	-
4320F	E	PT TALK PSYCHSOC&RX OH DPND				Not Allowed	\$0.00			000	999	-
43210	N	EGD ESOPHAGOGASTRIC FNDOPSTY		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
43211	T	ESOPHAGOSCP MUCOSAL RESECT		05302	19.6265	APC	\$1,111.64			000	999	-
43212	N	ESOPHAGOSCP STENT PLACEMENT		05331	60.7331	Bundled, sometimes payable	\$3,439.92			000	999	-
43213	T	ESOPHAGOSCOPY RETRO BALLOON		05302	19.6265	APC	\$1,111.64			000	999	-
43214	T	ESOPHAGOSC DILATE BALLOON 30		05302	19.6265	APC	\$1,111.64			000	999	-
43215	T	ESOPHAGOSCOPY FLEX REMOVE FB		05302	19.6265	APC	\$1,111.64			000	999	-
43216	T	ESOPHAGOSCOPY LESION REMOVAL		05302	19.6265	APC	\$1,111.64			000	999	-
43217	T	ESOPHAGOSCOPY SNARE LES REMV		05302	19.6265	APC	\$1,111.64			000	999	-
43220	T	ESOPHAGOSCOPY BALLOON <30MM		05302	19.6265	APC	\$1,111.64			000	999	-
43226	T	ESOPH ENDOSCOPY DILATION		05302	19.6265	APC	\$1,111.64			000	999	-
43227	T	ESOPHAGOSCOPY CONTROL BLEED		05302	19.6265	APC	\$1,111.64			000	999	-
43229	T	ESOPHAGOSCOPY LESION ABLATE		05303	37.2090	APC	\$2,107.52			000	999	-
4322F	E	CRGVR PROV W/ ED ADDL RSRCs				Not Allowed	\$0.00			000	999	-
43231	T	ESOPHAGOSCP ULTRASOUND EXAM		05302	19.6265	APC	\$1,111.64			000	999	-
43232	T	ESOPHAGOSCOPY W/US NEEDLE BX		05302	19.6265	APC	\$1,111.64			000	999	-
43233	T	EGD BALLOON DIL ESOPH30 MM/>		05302	19.6265	APC	\$1,111.64			000	999	-
43235	T	EGD DIAGNOSTIC BRUSH WASH		05301	9.7781	APC	\$553.83			000	999	-
43236	T	UPPR GI SCOPE W/SUBMUC INJ		05301	9.7781	APC	\$553.83			000	999	-
43237	T	ENDOSCOPIC US EXAM ESOPH		05302	19.6265	APC	\$1,111.64			000	999	-
43238	T	EGD US FINE NEEDLE BX/ASPIR		05302	19.6265	APC	\$1,111.64			000	999	-
43239	T	EGD BIOPSY SINGLE/MULTIPLE		05301	9.7781	APC	\$553.83			000	999	-
43240	T	EGD W/TRANSMURAL DRAIN CYST		05303	37.2090	APC	\$2,107.52			000	999	-
43241	T	EGD TUBE/CATH INSERTION		05302	19.6265	APC	\$1,111.64			000	999	-
43242	T	EGD US FINE NEEDLE BX/ASPIR		05302	19.6265	APC	\$1,111.64			000	999	-
43243	T	EGD INJECTION VARICES		05302	19.6265	APC	\$1,111.64			000	999	-
43244	T	EGD VARICES LIGATION		05302	19.6265	APC	\$1,111.64			000	999	-
43245	T	EGD DILATE STRICTURE		05302	19.6265	APC	\$1,111.64			000	999	-
43246	T	EGD PLACE GASTROSTOMY TUBE		05302	19.6265	APC	\$1,111.64			000	999	-
43247	T	EGD REMOVE FOREIGN BODY		05301	9.7781	APC	\$553.83			000	999	-
43248	T	EGD GUIDE WIRE INSERTION		05301	9.7781	APC	\$553.83			000	999	-
43249	T	ESOPH EGD DILATION <30 MM		05302	19.6265	APC	\$1,111.64			000	999	-
4324F	E	PT QUERIED PRKNS COMPLIC				Not Allowed	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
43250	T	EGD CAUTERY TUMOR POLYP		05302	19.6265	APC	\$1,111.64			000	999	-
43251	T	EGD REMOVE LESION SNARE		05302	19.6265	APC	\$1,111.64			000	999	-
43252	T	EGD OPTICAL ENDOMICROSCOPY		05303	37.2090	APC	\$2,107.52			000	999	-
43253	T	EGD US TRANSMURAL INJXN/MARK		05302	19.6265	APC	\$1,111.64			000	999	-
43254	T	EGD ENDO MUCOSAL RESECTION		05302	19.6265	APC	\$1,111.64			000	999	-
43255	T	EGD CONTROL BLEEDING ANY		05302	19.6265	APC	\$1,111.64			000	999	-
43257	T	EGD W/THRML TXMNT GERD		05303	37.2090	APC	\$2,107.52			000	999	-
43259	T	EGD US EXAM DUODENUM/JEJUNUM		05302	19.6265	APC	\$1,111.64			000	999	-
4325F	E	MED TXMNT OPTIONS RVWD W/PT				Not Allowed	\$0.00			000	999	-
43260	T	ERCP W/SPECIMEN COLLECTION		05303	37.2090	APC	\$2,107.52			000	999	-
43261	T	ENDO CHOLANGIOPANCREATOGRAPH		05303	37.2090	APC	\$2,107.52			000	999	-
43262	T	ENDO CHOLANGIOPANCREATOGRAPH		05303	37.2090	APC	\$2,107.52			000	999	-
43263	T	ERCP SPHINCTER PRESSURE MEAS		05303	37.2090	APC	\$2,107.52			000	999	-
43264	T	ERCP REMOVE DUCT CALCULI		05303	37.2090	APC	\$2,107.52			000	999	-
43265	T	ERCP LITHOTRIPSY CALCULI		05331	60.7331	APC	\$3,439.92			000	999	-
43266	N	EGD ENDOSCOPIC STENT PLACE		05331	60.7331	Bundled, sometimes payable	\$3,439.92			000	999	-
4326F	E	PT ASKED RE SYMP AUTO DYSFXN				Not Allowed	\$0.00			000	999	-
43270	T	EGD LESION ABLATION		05302	19.6265	APC	\$1,111.64			000	999	-
43273	N	ENDOSCOPIC PANCREATOSCOPY				Bundled	\$0.00			000	999	-
43274	N	ERCP DUCT STENT PLACEMENT		05331	60.7331	Bundled, sometimes payable	\$3,439.92			000	999	-
43275	T	ERCP REMOVE FORGN BODY DUCT		05303	37.2090	APC	\$2,107.52			000	999	-
43276	N	ERCP STENT EXCHANGE W/DILATE		05331	60.7331	Bundled, sometimes payable	\$3,439.92			000	999	-
43277	T	ERCP EA DUCT/AMPULLA DILATE		05303	37.2090	APC	\$2,107.52			000	999	-
43278	T	ERCP LESION ABLATE W/DILATE		05303	37.2090	APC	\$2,107.52			000	999	-
43279	C	LAP MYOTOMY HELLER				Inpatient Only	\$0.00			000	999	-
43280	N	LAPAROSCOPY FUNDOPLASTY		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
43281	N	LAP PARAESOPHAG HERN REPAIR		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
43282	T	LAP PARAESOPH HER RPR W/MESH		05362	107.5843	APC	\$4,924.14			000	999	-
43283	C	LAP ESOPH LENGTHENING				Inpatient Only	\$0.00			000	999	-
43284	T	LAPS ESOPHGL SPHNCTR AGMNTJ		05362	107.5843	APC	\$6,093.57			000	999	-
43285	N	RMVL ESOPHGL SPHNCTR DEV		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
43286	C	ESPHG TOT W/LAPS MOBLJ				Inpatient Only	\$0.00			000	999	-
43287	C	ESPHG DSTL 2/3 W/LAPS MOBLJ				Inpatient Only	\$0.00			000	999	-
43288	C	ESPHG THRSC MOBLJ				Inpatient Only	\$0.00			000	999	-
43289	N	LAPAROSCOPE PROC ESOPH		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
4328F	E	PT ASKED RE SLEEP DISTURB				Not Allowed	\$0.00			000	999	-
43300	C	REPAIR OF ESOPHAGUS				Inpatient Only	\$0.00			000	999	-
43305	C	REPAIR ESOPHAGUS AND FISTULA				Inpatient Only	\$0.00			000	999	-
4330F	E	CNSLNG EPI SPEC SFTY ISSUES				Not Allowed	\$0.00			000	999	-
43310	C	REPAIR OF ESOPHAGUS				Inpatient Only	\$0.00			000	999	-
43312	C	REPAIR ESOPHAGUS AND FISTULA				Inpatient Only	\$0.00			000	999	-
43313	C	ESOPHAGOPLASTY CONGENITAL				Inpatient Only	\$0.00			000	999	-
43314	C	TRACHEO-ESOPHAGOPLASTY CONG				Inpatient Only	\$0.00			000	999	-
43320	C	FUSE ESOPHAGUS & STOMACH				Inpatient Only	\$0.00			000	999	-
43325	C	REVISE ESOPHAGUS & STOMACH				Inpatient Only	\$0.00			000	999	-
43327	C	ESOPH FUNDOPLASTY LAP				Inpatient Only	\$0.00			000	999	-
43328	C	ESOPH FUNDOPLASTY THOR				Inpatient Only	\$0.00			000	999	-
43330	C	ESOPHAGOMYOTOMY ABDOMINAL				Inpatient Only	\$0.00			000	999	-
43331	C	ESOPHAGOMYOTOMY THORACIC				Inpatient Only	\$0.00			000	999	-
43332	C	TRANSAB ESOPH HIAT HERN RPR				Inpatient Only	\$0.00			000	999	-
43333	C	TRANSAB ESOPH HIAT HERN RPR				Inpatient Only	\$0.00			000	999	-
43334	C	TRANSTHOR DIAPHRAG HERN RPR				Inpatient Only	\$0.00			000	999	-
43335	C	TRANSTHOR DIAPHRAG HERN RPR				Inpatient Only	\$0.00			000	999	-
43336	C	THORABD DIAPHR HERN REPAIR				Inpatient Only	\$0.00			000	999	-
43337	C	THORABD DIAPHR HERN REPAIR				Inpatient Only	\$0.00			000	999	-
43338	C	ESOPH LENGTHENING				Inpatient Only	\$0.00			000	999	-
43340	C	FUSE ESOPHAGUS & INTESTINE				Inpatient Only	\$0.00			000	999	-

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43341	C	FUSE ESOPHAGUS & INTESTINE				Inpatient Only	\$0.00			000	999	-
43351	C	SURGICAL OPENING ESOPHAGUS				Inpatient Only	\$0.00			000	999	-
43352	C	SURGICAL OPENING ESOPHAGUS				Inpatient Only	\$0.00			000	999	-
43360	C	GASTROINTESTINAL REPAIR				Inpatient Only	\$0.00			000	999	-
43361	C	GASTROINTESTINAL REPAIR				Inpatient Only	\$0.00			000	999	-
43400	C	LIGATE ESOPHAGUS VEINS				Inpatient Only	\$0.00			000	999	-
43405	C	LIGATE/STAPLE ESOPHAGUS				Inpatient Only	\$0.00			000	999	-
4340F	E	CNSLNG CHLDBRNG WOMEN EPI				Not Allowed	\$0.00			000	999	-
43410	C	REPAIR ESOPHAGUS WOUND				Inpatient Only	\$0.00			000	999	-
43415	C	REPAIR ESOPHAGUS WOUND				Inpatient Only	\$0.00			000	999	-
43420	T	REPAIR ESOPHAGUS OPENING		05164	33.0494	APC	\$1,871.92			000	999	-
43425	C	REPAIR ESOPHAGUS OPENING				Inpatient Only	\$0.00			000	999	-
43450	T	DILATE ESOPHAGUS 1/MULT PASS		05301	9.7781	APC	\$553.83			000	999	-
43453	T	DILATE ESOPHAGUS		05302	19.6265	APC	\$1,111.64			000	999	-
43460	C	PRESSURE TREATMENT ESOPHAGUS				Inpatient Only	\$0.00			000	999	-
43496	C	FREE JEJUNUM FLAP MICROVASC				Inpatient Only	\$0.00			000	999	-
43499	T	ESOPHAGUS SURGERY PROCEDURE		05301	9.7781	APC	\$553.83			000	999	-
43500	C	SURGICAL OPENING OF STOMACH				Inpatient Only	\$0.00			000	999	-
43501	C	SURGICAL REPAIR OF STOMACH				Inpatient Only	\$0.00			000	999	-
43502	C	SURGICAL REPAIR OF STOMACH				Inpatient Only	\$0.00			000	999	-
4350F	E	CNSLNG PROVIDED SYMP MNGMNT				Not Allowed	\$0.00			000	999	-
43510	T	SURGICAL OPENING OF STOMACH		05301	9.7781	APC	\$553.83			000	999	-
43520	C	INCISION OF PYLORIC MUSCLE				Inpatient Only	\$0.00			000	999	-
43605	C	BIOPSY OF STOMACH				Inpatient Only	\$0.00			000	999	-
43610	C	EXCISION OF STOMACH LESION				Inpatient Only	\$0.00			000	999	-
43611	C	EXCISION OF STOMACH LESION				Inpatient Only	\$0.00			000	999	-
43620	C	REMOVAL OF STOMACH				Inpatient Only	\$0.00			000	999	-
43621	C	REMOVAL OF STOMACH				Inpatient Only	\$0.00			000	999	-
43622	C	REMOVAL OF STOMACH				Inpatient Only	\$0.00			000	999	-
43631	C	REMOVAL OF STOMACH PARTIAL				Inpatient Only	\$0.00			000	999	-
43632	C	REMOVAL OF STOMACH PARTIAL				Inpatient Only	\$0.00			000	999	-
43633	C	REMOVAL OF STOMACH PARTIAL				Inpatient Only	\$0.00			000	999	-
43634	C	REMOVAL OF STOMACH PARTIAL				Inpatient Only	\$0.00			000	999	-
43635	C	REMOVAL OF STOMACH PARTIAL				Inpatient Only	\$0.00			000	999	-
43640	C	VAGOTOMY & PYLORUS REPAIR				Inpatient Only	\$0.00			000	999	-
43641	C	VAGOTOMY & PYLORUS REPAIR				Inpatient Only	\$0.00			000	999	-
43644	E	LAP GASTRIC BYPASS/ROUX-EN-Y				Not Allowed	\$0.00			000	999	-
43645	E	LAP GASTR BYPASS INCL SMLL I				Not Allowed	\$0.00			000	999	-
43647	N	LAP IMPL ELECTRODE ANTRUM		05463	135.7079	Bundled, sometimes payable	\$7,686.50			000	999	-
43648	N	LAP REVISE/REMV ELTRD ANTRUM		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
43651	N	LAPAROSCOPY VAGUS NERVE		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
43652	N	LAPAROSCOPY VAGUS NERVE		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
43653	N	LAPAROSCOPY GASTROSTOMY		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
43659	N	LAPAROSCOPE PROC STOM		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
43752	N	NASAL/ROGASTRIC W/TUBE PLMT		05735	3.2637	Bundled, sometimes payable	\$184.86			000	999	-
43753	N	TX GASTRO INTUB W/ASP		05722	3.1939	Bundled, sometimes payable	\$180.90			000	999	-
43754	N	DX GASTR INTUB W/ASP SPEC		05722	3.1939	Bundled, sometimes payable	\$180.90			000	999	-
43755	S	DX GASTR INTUB W/ASP SPECS		05721	1.6854	APC	\$95.46			000	999	-
43756	N	DX DUOD INTUB W/ASP SPEC		05301	9.7781	Bundled, sometimes payable	\$553.83			000	999	-
43757	T	DX DUOD INTUB W/ASP SPECS		05301	9.7781	APC	\$553.83			000	999	-
43761	T	REPOSITION GASTROSTOMY TUBE		05371	3.2144	APC	\$182.06			000	999	-
43762	T	RPLC GTUBE NO REVJ TRC		05371	3.2144	APC	\$182.06			000	999	-
43763	T	RPLC GTUBE REVJ GSTRST TRC		05371	3.2144	APC	\$182.06			000	999	-
43770	E	LAP PLACE GASTR ADJ DEVICE				Not Allowed	\$0.00			000	999	-
43771	E	LAP REVISE GASTR ADJ DEVICE				Not Allowed	\$0.00			000	999	-
43772	E	LAP RMVL GASTR ADJ DEVICE				Not Allowed	\$0.00			000	999	-
43773	E	LAP REPLACE GASTR ADJ DEVICE				Not Allowed	\$0.00			000	999	-

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43774	E	LAP RMLV GASTR ADJ ALL PARTS				Not Allowed	\$0.00			000	999	-
43775	E	LAP SLEEVE GASTRECTOMY				Not Allowed	\$0.00			000	999	-
43800	C	RECONSTRUCTION OF PYLORUS				Inpatient Only	\$0.00			000	999	-
43810	C	FUSION OF STOMACH AND BOWEL				Inpatient Only	\$0.00			000	999	-
43820	C	FUSION OF STOMACH AND BOWEL				Inpatient Only	\$0.00			000	999	-
43825	C	FUSION OF STOMACH AND BOWEL				Inpatient Only	\$0.00			000	999	-
43830	T	PLACE GASTROSTOMY TUBE		05302	19.6265	APC	\$1,111.64			000	999	-
43831	T	PLACE GASTROSTOMY TUBE		05301	9.7781	APC	\$553.83			000	999	-
43832	C	PLACE GASTROSTOMY TUBE				Inpatient Only	\$0.00			000	999	-
43840	T	REPAIR OF STOMACH LESION		05331	60.7331	APC	\$3,439.92			000	999	-
43842	E	V-BAND GASTROPLASTY				Not Allowed	\$0.00			018	999	-
43843	E	GASTROPLASTY W/O V-BAND				Not Allowed	\$0.00			018	999	-
43845	E	GASTROPLASTY DUODENAL SWITCH				Not Allowed	\$0.00			000	999	-
43846	E	GASTRIC BYPASS FOR OBESITY				Not Allowed	\$0.00			018	999	-
43847	E	GASTRIC BYPASS INCL SMALL I				Not Allowed	\$0.00			018	999	-
43848	E	REVISION GASTROPLASTY				Not Allowed	\$0.00			000	999	-
43850	C	REVISE STOMACH-BOWEL FUSION				Inpatient Only	\$0.00			000	999	-
43855	C	REVISE STOMACH-BOWEL FUSION				Inpatient Only	\$0.00			000	999	-
43860	C	REVISE STOMACH-BOWEL FUSION				Inpatient Only	\$0.00			000	999	-
43865	C	REVISE STOMACH-BOWEL FUSION				Inpatient Only	\$0.00			000	999	-
43870	T	REPAIR STOMACH OPENING		05303	37.2090	APC	\$2,107.52			000	999	-
43880	C	REPAIR STOMACH-BOWEL FISTULA				Inpatient Only	\$0.00			000	999	-
43881	C	IMPL/REDO ELECTRD ANTRUM				Inpatient Only	\$0.00			000	999	-
43882	C	REVISE/REMOVE ELECTRD ANTRUM				Inpatient Only	\$0.00			000	999	-
43886	E	REVISE GASTRIC PORT OPEN				Not Allowed	\$0.00			000	999	-
43887	E	REMOVE GASTRIC PORT OPEN				Not Allowed	\$0.00			000	999	-
43888	E	CHANGE GASTRIC PORT OPEN				Not Allowed	\$0.00			000	999	-
43999	T	STOMACH SURGERY PROCEDURE		05301	9.7781	APC	\$553.83			000	999	-
44005	C	FREEING OF BOWEL ADHESION				Inpatient Only	\$0.00			000	999	-
4400F	E	REHAB THXPY OPTIONS W/PT				Not Allowed	\$0.00			000	999	-
44010	C	INCISION OF SMALL BOWEL				Inpatient Only	\$0.00			000	999	-
44015	C	INSERT NEEDLE CATH BOWEL				Inpatient Only	\$0.00			000	999	-
44020	C	EXPLORE SMALL INTESTINE				Inpatient Only	\$0.00			000	999	-
44021	C	DECOMPRESS SMALL BOWEL				Inpatient Only	\$0.00			000	999	-
44025	C	INCISION OF LARGE BOWEL				Inpatient Only	\$0.00			000	999	-
44050	C	REDUCE BOWEL OBSTRUCTION				Inpatient Only	\$0.00			000	999	-
44055	C	CORRECT MALROTATION OF BOWEL				Inpatient Only	\$0.00			000	999	-
44100	T	BIOPSY OF BOWEL		05301	9.7781	APC	\$553.83			000	999	-
44110	C	EXCISE INTESTINE LESION(S)				Inpatient Only	\$0.00			000	999	-
44111	C	EXCISION OF BOWEL LESION(S)				Inpatient Only	\$0.00			000	999	-
44120	C	REMOVAL OF SMALL INTESTINE				Inpatient Only	\$0.00			000	999	-
44121	C	REMOVAL OF SMALL INTESTINE				Inpatient Only	\$0.00			000	999	-
44125	C	REMOVAL OF SMALL INTESTINE				Inpatient Only	\$0.00			000	999	-
44126	C	ENTERECTOMY W/O TAPER CONG				Inpatient Only	\$0.00			000	999	-
44127	C	ENTERECTOMY W/TAPER CONG				Inpatient Only	\$0.00			000	999	-
44128	C	ENTERECTOMY CONG ADD-ON				Inpatient Only	\$0.00			000	999	-
44130	C	BOWEL TO BOWEL FUSION				Inpatient Only	\$0.00			000	999	-
44132	C	ENTERECTOMY CADAVER DONOR				Inpatient Only	\$0.00			000	999	-
44133	C	ENTERECTOMY LIVE DONOR				Inpatient Only	\$0.00			000	999	-
44135	C	INTESTINE TRANSPLNT CADAVER				Inpatient Only	\$0.00			000	999	-
44136	C	INTESTINE TRANSPLANT LIVE				Inpatient Only	\$0.00			000	999	-
44137	C	REMOVE INTESTINAL ALLOGRAFT				Inpatient Only	\$0.00			000	999	-
44139	C	MOBILIZATION OF COLON				Inpatient Only	\$0.00			000	999	-
44140	C	PARTIAL REMOVAL OF COLON				Inpatient Only	\$0.00			000	999	-
44141	C	PARTIAL REMOVAL OF COLON				Inpatient Only	\$0.00			000	999	-
44143	C	PARTIAL REMOVAL OF COLON				Inpatient Only	\$0.00			000	999	-
44144	C	PARTIAL REMOVAL OF COLON				Inpatient Only	\$0.00			000	999	-

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44145	C	PARTIAL REMOVAL OF COLON				Inpatient Only	\$0.00			000	999	-
44146	C	PARTIAL REMOVAL OF COLON				Inpatient Only	\$0.00			000	999	-
44147	C	PARTIAL REMOVAL OF COLON				Inpatient Only	\$0.00			000	999	-
44150	C	REMOVAL OF COLON				Inpatient Only	\$0.00			000	999	-
44151	C	REMOVAL OF COLON/ILEOSTOMY				Inpatient Only	\$0.00			000	999	-
44155	C	REMOVAL OF COLON/ILEOSTOMY				Inpatient Only	\$0.00			000	999	-
44156	C	REMOVAL OF COLON/ILEOSTOMY				Inpatient Only	\$0.00			000	999	-
44157	C	COLECTOMY W/ILEOANAL ANAST				Inpatient Only	\$0.00			000	999	-
44158	C	COLECTOMY W/NEO-RECTUM POUCH				Inpatient Only	\$0.00			000	999	-
44160	C	REMOVAL OF COLON				Inpatient Only	\$0.00			000	999	-
44180	N	LAP ENTEROLYSIS		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
44186	N	LAP JEJUNOSTOMY		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
44187	C	LAP ILEO/JEJUNO-STOMY				Inpatient Only	\$0.00			000	999	-
44188	C	LAP COLOSTOMY				Inpatient Only	\$0.00			000	999	-
44202	C	LAP ENTERECTOMY				Inpatient Only	\$0.00			000	999	-
44203	C	LAP RESECT S/INTESTINE ADDL				Inpatient Only	\$0.00			000	999	-
44204	C	LAPARO PARTIAL COLECTOMY				Inpatient Only	\$0.00			000	999	-
44205	C	LAP COLECTOMY PART W/ILEUM				Inpatient Only	\$0.00			000	999	-
44206	C	LAP PART COLECTOMY W/STOMA				Inpatient Only	\$0.00			000	999	-
44207	C	L COLECTOMY/COLOPROCTOSTOMY				Inpatient Only	\$0.00			000	999	-
44208	C	L COLECTOMY/COLOPROCTOSTOMY				Inpatient Only	\$0.00			000	999	-
44210	C	LAPARO TOTAL PROCTOCOLECTOMY				Inpatient Only	\$0.00			000	999	-
44211	C	LAP COLECTOMY W/PROCTECTOMY				Inpatient Only	\$0.00			000	999	-
44212	C	LAPARO TOTAL PROCTOCOLECTOMY				Inpatient Only	\$0.00			000	999	-
44213	C	LAP MOBIL SPLENIC FL ADD-ON				Inpatient Only	\$0.00			000	999	-
44227	C	LAP CLOSE ENTEROSTOMY				Inpatient Only	\$0.00			000	999	-
44238	N	LAPAROSCOPE PROC INTESTINE		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
44300	T	OPEN BOWEL TO SKIN		05302	19.6265	APC	\$1,111.64			000	999	-
44310	C	ILEOSTOMY/JEJUNOSTOMY				Inpatient Only	\$0.00			000	999	-
44312	T	REVISION OF ILEOSTOMY		05055	42.5396	APC	\$2,409.44			000	999	-
44314	T	REVISION OF ILEOSTOMY		05055	42.5396	APC	\$2,409.44			000	999	-
44316	C	DEVISE BOWEL POUCH				Inpatient Only	\$0.00			000	999	-
44320	C	COLOSTOMY				Inpatient Only	\$0.00			000	999	-
44322	C	COLOSTOMY WITH BIOPSIES				Inpatient Only	\$0.00			000	999	-
44340	T	REVISION OF COLOSTOMY		05055	42.5396	APC	\$2,409.44			000	999	-
44345	T	REVISION OF COLOSTOMY		05341	38.4484	APC	\$2,177.72			000	999	-
44346	T	REVISION OF COLOSTOMY		05341	38.4484	APC	\$2,177.72			000	999	-
44360	T	SMALL BOWEL ENDOSCOPY		05302	19.6265	APC	\$1,111.64			000	999	-
44361	T	SMALL BOWEL ENDOSCOPY/BIOPSY		05302	19.6265	APC	\$1,111.64			000	999	-
44363	T	SMALL BOWEL ENDOSCOPY		05302	19.6265	APC	\$1,111.64			000	999	-
44364	T	SMALL BOWEL ENDOSCOPY		05302	19.6265	APC	\$1,111.64			000	999	-
44365	T	SMALL BOWEL ENDOSCOPY		05302	19.6265	APC	\$1,111.64			000	999	-
44366	T	SMALL BOWEL ENDOSCOPY		05302	19.6265	APC	\$1,111.64			000	999	-
44369	T	SMALL BOWEL ENDOSCOPY		05302	19.6265	APC	\$1,111.64			000	999	-
44370	N	SMALL BOWEL ENDOSCOPY/STENT		05331	60.7331	Bundled, sometimes payable	\$3,439.92			000	999	-
44372	T	SMALL BOWEL ENDOSCOPY		05302	19.6265	APC	\$1,111.64			000	999	-
44373	T	SMALL BOWEL ENDOSCOPY		05302	19.6265	APC	\$1,111.64			000	999	-
44376	T	SMALL BOWEL ENDOSCOPY		05302	19.6265	APC	\$1,111.64			000	999	-
44377	T	SMALL BOWEL ENDOSCOPY/BIOPSY		05302	19.6265	APC	\$1,111.64			000	999	-
44378	T	SMALL BOWEL ENDOSCOPY		05302	19.6265	APC	\$1,111.64			000	999	-
44379	N	S BOWEL ENDOSCOPE W/STENT		05331	60.7331	Bundled, sometimes payable	\$3,439.92			000	999	-
44380	T	SMALL BOWEL ENDOSCOPY BR/WA		05301	9.7781	APC	\$553.83			000	999	-
44381	T	SMALL BOWEL ENDOSCOPY BR/WA		05302	19.6265	APC	\$1,111.64			000	999	-
44382	T	SMALL BOWEL ENDOSCOPY		05301	9.7781	APC	\$553.83			000	999	-
44384	N	SMALL BOWEL ENDOSCOPY		05303	37.2090	Bundled, sometimes payable	\$2,107.52			000	999	-
44385	T	ENDOSCOPY OF BOWEL POUCH		05311	9.5855	APC	\$542.92			000	999	-
44386	T	ENDOSCOPY BOWEL POUCH/BIOP		05311	9.5855	APC	\$542.92			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
44388	T	COLONOSCOPY THRU STOMA SPX		05311	9.5855	APC	\$542.92			000	999	-
44389	T	COLONOSCOPY WITH BIOPSY		05312	12.5241	APC	\$709.37			000	999	-
44390	T	COLONOSCOPY FOR FOREIGN BODY		05311	9.5855	APC	\$542.92			000	999	-
44391	T	COLONOSCOPY FOR BLEEDING		05312	12.5241	APC	\$709.37			000	999	-
44392	T	COLONOSCOPY & POLYPECTOMY		05312	12.5241	APC	\$709.37			000	999	-
44394	T	COLONOSCOPY W/SNARE		05312	12.5241	APC	\$709.37			000	999	-
44401	T	COLONOSCOPY WITH ABLATION		05312	12.5241	APC	\$709.37			000	999	-
44402	N	COLONOSCOPY W/STENT PLACMT		05331	60.7331	Bundled, sometimes payable	\$3,439.92			000	999	-
44403	T	COLONOSCOPY W/RESECTION		05312	12.5241	APC	\$709.37			000	999	-
44404	T	COLONOSCOPY W/INJECTION		05312	12.5241	APC	\$709.37			000	999	-
44405	T	COLONOSCOPY W/DILATION		05312	12.5241	APC	\$709.37			000	999	-
44406	T	COLONOSCOPY W/ULTRASOUND		05312	12.5241	APC	\$709.37			000	999	-
44407	T	COLONOSCOPY W/NDL ASPIR/BX		05312	12.5241	APC	\$709.37			000	999	-
44408	T	COLONOSCOPY W/DECOMPRESSION		05311	9.5855	APC	\$542.92			000	999	-
44500	T	INTRO GASTROINTESTINAL TUBE		05301	9.7781	APC	\$553.83			000	999	-
4450F	E	SELF-CARE ED PROVIDED TO PT				Not Allowed	\$0.00			000	999	-
44602	T	SUTURE SMALL INTESTINE		05303	37.2090	APC	\$2,107.52			000	999	-
44603	C	SUTURE SMALL INTESTINE				Inpatient Only	\$0.00			000	999	-
44604	C	SUTURE LARGE INTESTINE				Inpatient Only	\$0.00			000	999	-
44605	C	REPAIR OF BOWEL LESION				Inpatient Only	\$0.00			000	999	-
44615	C	INTESTINAL STRICTUROPLASTY				Inpatient Only	\$0.00			000	999	-
44620	C	REPAIR BOWEL OPENING				Inpatient Only	\$0.00			000	999	-
44625	C	REPAIR BOWEL OPENING				Inpatient Only	\$0.00			000	999	-
44626	C	REPAIR BOWEL OPENING				Inpatient Only	\$0.00			000	999	-
44640	C	REPAIR BOWEL-SKIN FISTULA				Inpatient Only	\$0.00			000	999	-
44650	C	REPAIR BOWEL FISTULA				Inpatient Only	\$0.00			000	999	-
44660	C	REPAIR BOWEL-BLADDER FISTULA				Inpatient Only	\$0.00			000	999	-
44661	C	REPAIR BOWEL-BLADDER FISTULA				Inpatient Only	\$0.00			000	999	-
44680	C	SURGICAL REVISION INTESTINE				Inpatient Only	\$0.00			000	999	-
44700	C	SUSPEND BOWEL W/PROSTHESIS				Inpatient Only	\$0.00			000	999	-
44701	N	INTRAOP COLON LAVAGE ADD-ON				Bundled	\$0.00			000	999	-
44705	E	PREPARE FECAL MICROBIOTA				Not Allowed	\$0.00			000	999	-
4470F	E	ICD COUNSELING PROVIDED				Not Allowed	\$0.00			000	999	-
44715	C	PREPARE DONOR INTESTINE				Inpatient Only	\$0.00			000	999	-
44720	C	PREP DONOR INTESTINE/VENOUS				Inpatient Only	\$0.00			000	999	-
44721	C	PREP DONOR INTESTINE/ARTERY				Inpatient Only	\$0.00			000	999	-
44799	T	UNLISTED PX SMALL INTESTINE		05301	9.7781	APC	\$553.83			000	999	-
44800	C	EXCISION OF BOWEL POUCH				Inpatient Only	\$0.00			000	999	-
4480F	E	PT RCVNG ACE/ARB B-BLOCKERTX				Not Allowed	\$0.00			000	999	-
4481F	E	PT RCVNG ACE/ARB BLKER >3MOS				Not Allowed	\$0.00			000	999	-
44820	C	EXCISION OF MESENTERY LESION				Inpatient Only	\$0.00			000	999	-
44850	C	REPAIR OF MESENTERY				Inpatient Only	\$0.00			000	999	-
44899	C	BOWEL SURGERY PROCEDURE				Inpatient Only	\$0.00			000	999	-
44900	C	DRAIN APPENDIX ABSCESS OPEN				Inpatient Only	\$0.00			000	999	-
44950	T	APPENDECTOMY		05341	38.4484	APC	\$2,177.72			000	999	-
44955	N	APPENDECTOMY ADD-ON				Bundled	\$0.00			000	999	-
44960	C	APPENDECTOMY				Inpatient Only	\$0.00			000	999	-
44970	N	LAPAROSCOPY APPENDECTOMY		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
44979	N	LAPAROSCOPE PROC APP		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
45000	T	DRAINAGE OF PELVIC ABSCESS		05312	12.5241	APC	\$709.37			000	999	-
45005	T	DRAINAGE OF RECTAL ABSCESS		05312	12.5241	APC	\$709.37			000	999	-
4500F	E	REF TO OUTPT CARD REHAB PROG				Not Allowed	\$0.00			000	999	-
45020	T	DRAINAGE OF RECTAL ABSCESS		05313	29.5106	APC	\$1,671.48			000	999	-
45100	T	BIOPSY OF RECTUM		05313	29.5106	APC	\$1,671.48			000	999	-
45108	T	REMOVAL OF ANORECTAL LESION		05313	29.5106	APC	\$1,671.48			000	999	-
4510F	E	PREV CARDREHAB QUALCARDEVENT				Not Allowed	\$0.00			000	999	-
45110	C	REMOVAL OF RECTUM				Inpatient Only	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
45111	C	PARTIAL REMOVAL OF RECTUM				Inpatient Only	\$0.00			000	999	-
45112	C	REMOVAL OF RECTUM				Inpatient Only	\$0.00			000	999	-
45113	C	PARTIAL PROCTECTOMY				Inpatient Only	\$0.00			000	999	-
45114	C	PARTIAL REMOVAL OF RECTUM				Inpatient Only	\$0.00			000	999	-
45116	C	PARTIAL REMOVAL OF RECTUM				Inpatient Only	\$0.00			000	999	-
45119	C	REMOVE RECTUM W/RESERVOIR				Inpatient Only	\$0.00			000	999	-
45120	C	REMOVAL OF RECTUM				Inpatient Only	\$0.00			000	999	-
45121	C	REMOVAL OF RECTUM AND COLON				Inpatient Only	\$0.00			000	999	-
45123	C	PARTIAL PROCTECTOMY				Inpatient Only	\$0.00			000	999	-
45126	C	PELVIC EXENTERATION				Inpatient Only	\$0.00			000	999	-
45130	C	EXCISION OF RECTAL PROLAPSE				Inpatient Only	\$0.00			000	999	-
45135	C	EXCISION OF RECTAL PROLAPSE				Inpatient Only	\$0.00			000	999	-
45136	C	EXCISE ILEOANAL RESERVIOR				Inpatient Only	\$0.00			000	999	-
45150	T	EXCISION OF RECTAL STRICTURE		05312	12.5241	APC	\$709.37			000	999	-
45160	T	EXCISION OF RECTAL LESION		05313	29.5106	APC	\$1,671.48			000	999	-
45171	T	EXC RECT TUM TRANSANAL PART		05313	29.5106	APC	\$1,671.48			000	999	-
45172	T	EXC RECT TUM TRANSANAL FULL		05313	29.5106	APC	\$1,671.48			000	999	-
45190	T	DESTRUCTION RECTAL TUMOR		05313	29.5106	APC	\$1,671.48			000	999	-
4525F	E	NEUROPSYCHIA INTERVEN ORDER				Not Allowed	\$0.00			000	999	-
4526F	E	NEUROPSYCHIA INTERVEN RCVD				Not Allowed	\$0.00			000	999	-
45300	T	PROCTOSIGMOIDOSCOPY DX		05311	9.5855	APC	\$542.92			000	999	-
45303	T	PROCTOSIGMOIDOSCOPY DILATE		05312	12.5241	APC	\$709.37			000	999	-
45305	T	PROCTOSIGMOIDOSCOPY W/BX		05312	12.5241	APC	\$709.37			000	999	-
45307	T	PROCTOSIGMOIDOSCOPY FB		05313	29.5106	APC	\$1,671.48			000	999	-
45308	T	PROCTOSIGMOIDOSCOPY REMOVAL		05313	29.5106	APC	\$1,671.48			000	999	-
45309	T	PROCTOSIGMOIDOSCOPY REMOVAL		05312	12.5241	APC	\$709.37			000	999	-
45315	T	PROCTOSIGMOIDOSCOPY REMOVAL		05312	12.5241	APC	\$709.37			000	999	-
45317	T	PROCTOSIGMOIDOSCOPY BLEED		05312	12.5241	APC	\$709.37			000	999	-
45320	T	PROCTOSIGMOIDOSCOPY ABLATE		05313	29.5106	APC	\$1,671.48			000	999	-
45321	T	PROCTOSIGMOIDOSCOPY VOLVUL		05313	29.5106	APC	\$1,671.48			000	999	-
45327	N	PROCTOSIGMOIDOSCOPY W/STENT		05331	60.7331	Bundled, sometimes payable	\$3,439.92			000	999	-
45330	T	DIAGNOSTIC SIGMOIDOSCOPY		05311	9.5855	APC	\$542.92			000	999	-
45331	T	SIGMOIDOSCOPY AND BIOPSY		05311	9.5855	APC	\$542.92			000	999	-
45332	T	SIGMOIDOSCOPY W/FB REMOVAL		05312	12.5241	APC	\$709.37			000	999	-
45333	T	SIGMOIDOSCOPY & POLYPECTOMY		05311	9.5855	APC	\$542.92			000	999	-
45334	T	SIGMOIDOSCOPY FOR BLEEDING		05312	12.5241	APC	\$709.37			000	999	-
45335	T	SIGMOIDOSCOPY W/SUBMUC INJ		05311	9.5855	APC	\$542.92			000	999	-
45337	T	SIGMOIDOSCOPY & DECOMPRESS		05311	9.5855	APC	\$542.92			000	999	-
45338	T	SIGMOIDOSCOPY W/TUMR REMOVE		05312	12.5241	APC	\$709.37			000	999	-
45340	T	SIG W/TNDSC BALLOON DILATION		05312	12.5241	APC	\$709.37			000	999	-
45341	T	SIGMOIDOSCOPY W/ULTRASOUND		05311	9.5855	APC	\$542.92			000	999	-
45342	T	SIGMOIDOSCOPY W/US GUIDE BX		05312	12.5241	APC	\$709.37			000	999	-
45346	T	SIGMOIDOSCOPY W/ABLATION		05312	12.5241	APC	\$709.37			000	999	-
45347	N	SIGMOIDOSCOPY W/PLCMT STENT		05331	60.7331	Bundled, sometimes payable	\$3,439.92			000	999	-
45349	T	SIGMOIDOSCOPY W/RESECTION		05313	29.5106	APC	\$1,671.48			000	999	-
45350	T	SGMDSC W/BAND LIGATION		05312	12.5241	APC	\$709.37			000	999	-
45378	T	DIAGNOSTIC COLONOSCOPY		05311	9.5855	APC	\$542.92			000	999	-
45379	T	COLONOSCOPY W/FB REMOVAL		05312	12.5241	APC	\$709.37			000	999	-
45380	T	COLONOSCOPY AND BIOPSY		05312	12.5241	APC	\$709.37			000	999	-
45381	T	COLONOSCOPY SUBMUCOUS NJX		05312	12.5241	APC	\$709.37			000	999	-
45382	T	COLONOSCOPY W/CONTROL BLEED		05312	12.5241	APC	\$709.37			000	999	-
45384	T	COLONOSCOPY W/LESION REMOVAL		05312	12.5241	APC	\$709.37			000	999	-
45385	T	COLONOSCOPY W/LESION REMOVAL		05312	12.5241	APC	\$709.37			000	999	-
45386	T	COLONOSCOPY W/BALLOON DILAT		05312	12.5241	APC	\$709.37			000	999	-
45388	T	COLONOSCOPY W/ABLATION		05312	12.5241	APC	\$709.37			000	999	-
45389	N	COLONOSCOPY W/STENT PLCMT		05331	60.7331	Bundled, sometimes payable	\$3,439.92			000	999	-
45390	T	COLONOSCOPY W/RESECTION		05313	29.5106	APC	\$1,671.48			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
45391	T	COLONOSCOPY W/ENDOSCOPE US		05312	12.5241	APC	\$709.37			000	999	-
45392	T	COLONOSCOPY W/ENDOSCOPIC FNB		05312	12.5241	APC	\$709.37			000	999	-
45393	T	COLONOSCOPY W/DECOMPRESSION		05312	12.5241	APC	\$709.37			000	999	-
45395	C	LAP REMOVAL OF RECTUM				Inpatient Only	\$0.00			000	999	-
45397	C	LAP REMOVE RECTUM W/POUCH				Inpatient Only	\$0.00			000	999	-
45398	T	COLONOSCOPY W/BAND LIGATION		05312	12.5241	APC	\$709.37			000	999	-
45399	T	UNLISTED PROCEDURE COLON		05311	9.5855	APC	\$542.92			000	999	-
45400	C	LAPAROSCOPIC PROC				Inpatient Only	\$0.00			000	999	-
45402	C	LAP PROCTOPEXY W/SIG RESECT				Inpatient Only	\$0.00			000	999	-
4540F	E	DISEASE MODIF PHARMACOTHXPY				Not Allowed	\$0.00			000	999	-
4541F	E	PT OFFERED TX FOR PSEUDOBULB				Not Allowed	\$0.00			000	999	-
45499	N	LAPAROSCOPE PROC RECTUM		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
45500	T	REPAIR OF RECTUM		05313	29.5106	APC	\$1,671.48			000	999	-
45505	T	REPAIR OF RECTUM		05313	29.5106	APC	\$1,671.48			000	999	-
4550F	E	NONINVAS RESP SUPPORT TALK				Not Allowed	\$0.00			000	999	-
4551F	E	NUTRITIONAL SUPPORT OFFERED				Not Allowed	\$0.00			000	999	-
45520	N	TREATMENT OF RECTAL PROLAPSE		05311	9.5855	Bundled, sometimes payable	\$542.92			000	999	-
4552F	E	PT REF FOR SPEECH LANG PATH				Not Allowed	\$0.00			000	999	-
4553F	E	PT ASST RE END LIFE ISSUES				Not Allowed	\$0.00			000	999	-
45540	C	CORRECT RECTAL PROLAPSE				Inpatient Only	\$0.00			000	999	-
45541	T	CORRECT RECTAL PROLAPSE		05313	29.5106	APC	\$1,671.48			000	999	-
4554F	E	PT RECVD INHAL ANESTHETIC				Not Allowed	\$0.00			000	999	-
45550	C	REPAIR RECTUM/REMOVE SIGMOID				Inpatient Only	\$0.00			000	999	-
4555F	E	PT RECVD NO INHAL ANESTHIC				Not Allowed	\$0.00			000	999	-
45560	T	REPAIR OF RECTOCELE		05313	29.5106	APC	\$1,671.48			000	999	-
45562	C	EXPLORATION/REPAIR OF RECTUM				Inpatient Only	\$0.00			000	999	-
45563	C	EXPLORATION/REPAIR OF RECTUM				Inpatient Only	\$0.00			000	999	-
4556F	E	PT W/3+ POST-OP NAUSEA&VOM				Not Allowed	\$0.00			000	999	-
4557F	E	PT W/O 3+ POST-OPNAUSEA&VOM				Not Allowed	\$0.00			000	999	-
4558F	E	PT RECVD 2 RX ANTI-EMET AGT				Not Allowed	\$0.00			000	999	-
4559F	E	1 BODYTEMP >=35.5CW/IN 30MIN				Not Allowed	\$0.00			000	999	-
4560F	E	ANESTH W/O GEN/NEURAX ANESTH				Not Allowed	\$0.00			000	999	-
4561F	E	PT W/ CORONARY ARTERY STENT				Not Allowed	\$0.00			000	999	-
4562F	E	PT W/O CORONARY ARTERY STENT				Not Allowed	\$0.00			000	999	-
4563F	E	PT RECVD ASPIRIN W/IN 24 HRS				Not Allowed	\$0.00			000	999	-
45800	C	REPAIR RECT/BLADDER FISTULA				Inpatient Only	\$0.00			000	999	-
45805	C	REPAIR FISTULA W/COLOSTOMY				Inpatient Only	\$0.00			000	999	-
45820	C	REPAIR RECTOURETHRAL FISTULA				Inpatient Only	\$0.00			000	999	-
45825	C	REPAIR FISTULA W/COLOSTOMY				Inpatient Only	\$0.00			000	999	-
45900	T	REDUCTION OF RECTAL PROLAPSE		05311	9.5855	APC	\$542.92			000	999	-
45905	T	DILATION OF ANAL SPHINCTER		05312	12.5241	APC	\$709.37			000	999	-
45910	T	DILATION OF RECTAL NARROWING		05312	12.5241	APC	\$709.37			000	999	-
45915	T	REMOVE RECTAL OBSTRUCTION		05312	12.5241	APC	\$709.37			000	999	-
45990	T	SURG DX EXAM ANORECTAL		05313	29.5106	APC	\$1,671.48			000	999	-
45999	T	RECTUM SURGERY PROCEDURE		05311	9.5855	APC	\$542.92			000	999	-
46020	T	PLACEMENT OF SETON		05313	29.5106	APC	\$1,671.48			000	999	-
46030	T	REMOVAL OF RECTAL MARKER		05312	12.5241	APC	\$709.37			000	999	-
46040	T	INCISION OF RECTAL ABSCESS		05312	12.5241	APC	\$709.37			000	999	-
46045	T	INCISION OF RECTAL ABSCESS		05313	29.5106	APC	\$1,671.48			000	999	-
46050	T	INCISION OF ANAL ABSCESS		05311	9.5855	APC	\$542.92			000	999	-
46060	T	INCISION OF RECTAL ABSCESS		05313	29.5106	APC	\$1,671.48			000	999	-
46070	T	INCISION OF ANAL SEPTUM		05313	29.5106	APC	\$1,671.48			000	001	-
46080	T	INCISION OF ANAL SPHINCTER		05313	29.5106	APC	\$1,671.48			000	999	-
46083	T	INCISE EXTERNAL HEMORRHOID		05371	3.2144	APC	\$182.06			000	999	-
46200	T	REMOVAL OF ANAL FISSURE		05313	29.5106	APC	\$1,671.48			000	999	-
46220	T	EXCISE ANAL EXT TAG/PAPILLA		05312	12.5241	APC	\$709.37			000	999	-
46221	T	LIGATION OF HEMORRHOID(S)		05311	9.5855	APC	\$542.92			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
46230	T	REMOVAL OF ANAL TAGS		05313	29.5106	APC	\$1,671.48			000	999	-
46250	T	REMOVE EXT HEM GROUPS 2+		05313	29.5106	APC	\$1,671.48			000	999	-
46255	T	REMOVE INT/EXT HEM 1 GROUP		05313	29.5106	APC	\$1,671.48			000	999	-
46257	T	REMOVE IN/EX HEM GRP & FISS		05313	29.5106	APC	\$1,671.48			000	999	-
46258	T	REMOVE IN/EX HEM GRP W/FISTU		05313	29.5106	APC	\$1,671.48			000	999	-
46260	T	REMOVE IN/EX HEM GROUPS 2+		05313	29.5106	APC	\$1,671.48			000	999	-
46261	T	REMOVE IN/EX HEM GRPS & FISS		05313	29.5106	APC	\$1,671.48			000	999	-
46262	T	REMOVE IN/EX HEM GRPS W/FIST		05313	29.5106	APC	\$1,671.48			000	999	-
46270	T	REMOVE ANAL FIST SUBQ		05313	29.5106	APC	\$1,671.48			000	999	-
46275	T	REMOVE ANAL FIST INTER		05313	29.5106	APC	\$1,671.48			000	999	-
46280	T	REMOVE ANAL FIST COMPLEX		05313	29.5106	APC	\$1,671.48			000	999	-
46285	T	REMOVE ANAL FIST 2 STAGE		05313	29.5106	APC	\$1,671.48			000	999	-
46288	T	REPAIR ANAL FISTULA		05313	29.5106	APC	\$1,671.48			000	999	-
46320	T	REMOVAL OF HEMORRHOID CLOT		05312	12.5241	APC	\$709.37			000	999	-
46500	T	INJECTION INTO HEMORRHOID(S)		05311	9.5855	APC	\$542.92			000	999	-
46505	T	CHEMODENERVATION ANAL MUSC		05312	12.5241	APC	\$709.37			000	999	-
46600	N	DIAGNOSTIC ANOSCOPY SPX		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
46601	N	DIAGNOSTIC ANOSCOPY		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
46604	T	ANOSCOPY AND DILATION		05312	12.5241	APC	\$709.37			000	999	-
46606	T	ANOSCOPY AND BIOPSY		05312	12.5241	APC	\$709.37			000	999	-
46607	T	DIAGNOSTIC ANOSCOPY & BIOPSY		05312	12.5241	APC	\$709.37			000	999	-
46608	T	ANOSCOPY REMOVE FOR BODY		05311	9.5855	APC	\$542.92			000	999	-
46610	T	ANOSCOPY REMOVE LESION		05313	29.5106	APC	\$1,671.48			000	999	-
46611	T	ANOSCOPY		05311	9.5855	APC	\$542.92			000	999	-
46612	T	ANOSCOPY REMOVE LESIONS		05313	29.5106	APC	\$1,671.48			000	999	-
46614	T	ANOSCOPY CONTROL BLEEDING		05312	12.5241	APC	\$709.37			000	999	-
46615	T	ANOSCOPY		05313	29.5106	APC	\$1,671.48			000	999	-
46700	T	REPAIR OF ANAL STRICTURE		05313	29.5106	APC	\$1,671.48			000	999	-
46705	C	REPAIR OF ANAL STRICTURE				Inpatient Only	\$0.00			000	001	-
46706	T	REPR OF ANAL FISTULA W/GLUE		05313	29.5106	APC	\$1,671.48			000	999	-
46707	T	REPAIR ANORECTAL FIST W/PLUG		05313	29.5106	APC	\$1,671.48			000	999	-
46710	C	REPR PER/VAG POUCH SNGL PROC				Inpatient Only	\$0.00			000	999	-
46712	C	REPR PER/VAG POUCH DBL PROC				Inpatient Only	\$0.00			000	999	-
46715	C	REP PERF ANOPER FISTU				Inpatient Only	\$0.00			000	999	-
46716	C	REP PERF ANOPER/VESTIB FISTU				Inpatient Only	\$0.00			000	999	-
46730	C	CONSTRUCTION OF ABSENT ANUS				Inpatient Only	\$0.00			000	999	-
46735	C	CONSTRUCTION OF ABSENT ANUS				Inpatient Only	\$0.00			000	999	-
46740	C	CONSTRUCTION OF ABSENT ANUS				Inpatient Only	\$0.00			000	999	-
46742	C	REPAIR OF IMPERFORATED ANUS				Inpatient Only	\$0.00			000	999	-
46744	C	REPAIR OF CLOACAL ANOMALY				Inpatient Only	\$0.00			000	999	-
46746	C	REPAIR OF CLOACAL ANOMALY				Inpatient Only	\$0.00			000	999	-
46748	C	REPAIR OF CLOACAL ANOMALY				Inpatient Only	\$0.00			000	999	-
46750	T	REPAIR OF ANAL SPHINCTER		05313	29.5106	APC	\$1,671.48			000	999	-
46751	C	REPAIR OF ANAL SPHINCTER				Inpatient Only	\$0.00			010	020	-
46753	T	RECONSTRUCTION OF ANUS		05313	29.5106	APC	\$1,671.48			000	999	-
46754	T	REMOVAL OF SUTURE FROM ANUS		05313	29.5106	APC	\$1,671.48			000	999	-
46760	T	REPAIR OF ANAL SPHINCTER		05313	29.5106	APC	\$1,671.48			000	999	-
46761	T	REPAIR OF ANAL SPHINCTER		05313	29.5106	APC	\$1,671.48			000	999	-
46900	T	DESTRUCTION ANAL LESION(S)		05052	4.1770	APC	\$236.59			000	999	-
46910	T	DESTRUCTION ANAL LESION(S)		05054	20.7177	APC	\$1,173.45			000	999	-
46916	T	CRYOSURGERY ANAL LESION(S)		05051	2.1685	APC	\$122.82			000	999	-
46917	T	LASER SURGERY ANAL LESIONS		05313	29.5106	APC	\$1,671.48			000	999	-
46922	T	EXCISION OF ANAL LESION(S)		05313	29.5106	APC	\$1,671.48			000	999	-
46924	T	DESTRUCTION ANAL LESION(S)		05313	29.5106	APC	\$1,671.48			000	999	-
46930	T	DESTROY INTERNAL HEMORRHOIDS		05312	12.5241	APC	\$709.37			000	999	-
46940	T	TREATMENT OF ANAL FISSURE		05313	29.5106	APC	\$1,671.48			000	999	-
46942	T	TREATMENT OF ANAL FISSURE		05311	9.5855	APC	\$542.92			000	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
46945	T	INT HRHC LIG 1 HROID W/O IMG		05313	29.5106	APC	\$1,671.48			000	999	-
46946	T	INT HRHC LIG 2+HROID W/O IMG		05313	29.5106	APC	\$1,671.48			000	999	-
46947	T	HEMORRHOIDOPEXY BY STAPLING		05313	29.5106	APC	\$1,671.48			000	999	-
46948	N	INT HRHC TRANAL DARTLZJ 2+		05313	29.5106	Bundled, sometimes payable	\$1,671.48			000	999	-
46999	T	ANUS SURGERY PROCEDURE		05311	9.5855	APC	\$542.92			000	999	-
47000	T	NEEDLE BIOPSY OF LIVER		05072	16.9934	APC	\$962.51			000	999	-
47001	N	NEEDLE BIOPSY LIVER ADD-ON				Bundled	\$0.00			000	999	-
47010	C	OPEN DRAINAGE LIVER LESION				Inpatient Only	\$0.00			000	999	-
47015	C	INJECT/ASPIRATE LIVER CYST				Inpatient Only	\$0.00			000	999	-
47100	C	WEDGE BIOPSY OF LIVER				Inpatient Only	\$0.00			000	999	-
47120	C	PARTIAL REMOVAL OF LIVER				Inpatient Only	\$0.00			000	999	-
47122	C	EXTENSIVE REMOVAL OF LIVER				Inpatient Only	\$0.00			000	999	-
47125	C	PARTIAL REMOVAL OF LIVER				Inpatient Only	\$0.00			000	999	-
47130	C	PARTIAL REMOVAL OF LIVER				Inpatient Only	\$0.00			000	999	-
47133	C	REMOVAL OF DONOR LIVER				Inpatient Only	\$0.00			000	999	-
47135	C	TRANSPLANTATION OF LIVER				Inpatient Only	\$0.00			000	999	-
47140	C	PARTIAL REMOVAL DONOR LIVER				Inpatient Only	\$0.00			000	999	-
47141	C	PARTIAL REMOVAL DONOR LIVER				Inpatient Only	\$0.00			000	999	-
47142	C	PARTIAL REMOVAL DONOR LIVER				Inpatient Only	\$0.00			000	999	-
47143	C	PREP DONOR LIVER WHOLE				Inpatient Only	\$0.00			000	999	-
47144	C	PREP DONOR LIVER 3-SEGMENT				Inpatient Only	\$0.00			000	999	-
47145	C	PREP DONOR LIVER LOBE SPLIT				Inpatient Only	\$0.00			000	999	-
47146	C	PREP DONOR LIVER/VENOUS				Inpatient Only	\$0.00			000	999	-
47147	C	PREP DONOR LIVER/ARTERIAL				Inpatient Only	\$0.00			000	999	-
47300	C	SURGERY FOR LIVER LESION				Inpatient Only	\$0.00			000	999	-
47350	C	REPAIR LIVER WOUND				Inpatient Only	\$0.00			000	999	-
47360	C	REPAIR LIVER WOUND				Inpatient Only	\$0.00			000	999	-
47361	C	REPAIR LIVER WOUND				Inpatient Only	\$0.00			000	999	-
47362	C	REPAIR LIVER WOUND				Inpatient Only	\$0.00			000	999	-
47370	N	LAPARO ABLATE LIVER TUMOR RF		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
47371	N	LAPARO ABLATE LIVER CRYOSURG		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
47379	N	LAPAROSCOPE PROCEDURE LIVER		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
47380	C	OPEN ABLATE LIVER TUMOR RF				Inpatient Only	\$0.00			000	999	-
47381	C	OPEN ABLATE LIVER TUMOR CRYO				Inpatient Only	\$0.00			000	999	-
47382	T	PERCUT ABLATE LIVER RF		05361	61.1186	APC	\$3,461.76			000	999	-
47383	T	PERQ ABLTJ LVR CRYOABLATION		05361	61.1186	APC	\$3,461.76			000	999	-
47399	T	LIVER SURGERY PROCEDURE		05071	7.5120	APC	\$425.48			000	999	-
47400	C	INCISION OF LIVER DUCT				Inpatient Only	\$0.00			000	999	-
47420	C	INCISION OF BILE DUCT				Inpatient Only	\$0.00			000	999	-
47425	C	INCISION OF BILE DUCT				Inpatient Only	\$0.00			000	999	-
47460	C	INCISE BILE DUCT SPHINCTER				Inpatient Only	\$0.00			000	999	-
47480	C	INCISION OF GALLBLADDER				Inpatient Only	\$0.00			000	999	-
47490	T	INCISION OF GALLBLADDER		05341	38.4484	APC	\$2,177.72			000	999	-
47531	N	INJECTION FOR CHOLANGIOGRAM		05341	38.4484	Bundled, sometimes payable	\$2,177.72			000	999	-
47532	N	INJECTION FOR CHOLANGIOGRAM		05341	38.4484	Bundled, sometimes payable	\$2,177.72			000	999	-
47533	T	PLMT BILIARY DRAINAGE CATH		05341	38.4484	APC	\$2,177.72			000	999	-
47534	T	PLMT BILIARY DRAINAGE CATH		05341	38.4484	APC	\$2,177.72			000	999	-
47535	T	CONVERSION EXT BIL DRG CATH		05341	38.4484	APC	\$2,177.72			000	999	-
47536	T	EXCHANGE BILIARY DRG CATH		05341	38.4484	APC	\$2,177.72			000	999	-
47537	N	REMOVAL BILIARY DRG CATH		05301	9.7781	Bundled, sometimes payable	\$553.83			000	999	-
47538	T	PERQ PLMT BILE DUCT STENT		05361	61.1186	APC	\$3,461.76			000	999	-
47539	T	PERQ PLMT BILE DUCT STENT		05361	61.1186	APC	\$3,461.76			000	999	-
47540	T	PERQ PLMT BILE DUCT STENT		05361	61.1186	APC	\$3,461.76			000	999	-
47541	T	PLMT ACCESS BIL TREE SM BWL		05341	38.4484	APC	\$2,177.72			000	999	-
47542	N	DILATE BILIARY DUCT/AMPULLA				Bundled	\$0.00			000	999	-
47543	N	ENDOLUMINAL BX BILIARY TREE				Bundled	\$0.00			000	999	-
47544	N	REMOVAL DUCT GLBLDR CALCULI				Bundled	\$0.00			000	999	-

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

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
47550	C	BILE DUCT ENDOSCOPY ADD-ON				Inpatient Only	\$0.00			000	999	-
47552	T	BILIARY ENDO PERQ DX W/SPECI		05341	38.4484	APC	\$2,177.72			000	999	-
47553	T	BILIARY ENDOSCOPY THRU SKIN		05341	38.4484	APC	\$2,177.72			000	999	-
47554	T	BILIARY ENDOSCOPY THRU SKIN		05361	61.1186	APC	\$3,461.76			000	999	-
47555	T	BILIARY ENDOSCOPY THRU SKIN		05341	38.4484	APC	\$2,177.72			000	999	-
47556	T	BILIARY ENDOSCOPY THRU SKIN		05361	61.1186	APC	\$3,461.76			000	999	-
47562	N	LAPAROSCOPIC CHOLECYSTECTOMY		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
47563	N	LAPARO CHOLECYSTECTOMY/GRAPH		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
47564	N	LAPARO CHOLECYSTECTOMY/EXPLR		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
47570	C	LAPARO CHOLECYSTOENTEROSTOMY				Inpatient Only	\$0.00			000	999	-
47579	N	LAPAROSCOPE PROC BILIARY		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
47600	C	REMOVAL OF GALLBLADDER				Inpatient Only	\$0.00			000	999	-
47605	C	REMOVAL OF GALLBLADDER				Inpatient Only	\$0.00			000	999	-
47610	C	REMOVAL OF GALLBLADDER				Inpatient Only	\$0.00			000	999	-
47612	C	REMOVAL OF GALLBLADDER				Inpatient Only	\$0.00			000	999	-
47620	C	REMOVAL OF GALLBLADDER				Inpatient Only	\$0.00			000	999	-
47700	C	EXPLORATION OF BILE DUCTS				Inpatient Only	\$0.00			000	999	-
47701	C	BILE DUCT REVISION				Inpatient Only	\$0.00			000	999	-
47711	C	EXCISION OF BILE DUCT TUMOR				Inpatient Only	\$0.00			000	999	-
47712	C	EXCISION OF BILE DUCT TUMOR				Inpatient Only	\$0.00			000	999	-
47715	C	EXCISION OF BILE DUCT CYST				Inpatient Only	\$0.00			000	999	-
47720	C	FUSE GALLBLADDER & BOWEL				Inpatient Only	\$0.00			000	999	-
47721	C	FUSE UPPER GI STRUCTURES				Inpatient Only	\$0.00			000	999	-
47740	C	FUSE GALLBLADDER & BOWEL				Inpatient Only	\$0.00			000	999	-
47741	C	FUSE GALLBLADDER & BOWEL				Inpatient Only	\$0.00			000	999	-
47760	C	FUSE BILE DUCTS AND BOWEL				Inpatient Only	\$0.00			000	999	-
47765	C	FUSE LIVER DUCTS & BOWEL				Inpatient Only	\$0.00			000	999	-
47780	C	FUSE BILE DUCTS AND BOWEL				Inpatient Only	\$0.00			000	999	-
47785	C	FUSE BILE DUCTS AND BOWEL				Inpatient Only	\$0.00			000	999	-
47800	C	RECONSTRUCTION OF BILE DUCTS				Inpatient Only	\$0.00			000	999	-
47801	C	PLACEMENT BILE DUCT SUPPORT				Inpatient Only	\$0.00			000	999	-
47802	C	FUSE LIVER DUCT & INTESTINE				Inpatient Only	\$0.00			000	999	-
47900	C	SUTURE BILE DUCT INJURY				Inpatient Only	\$0.00			000	999	-
47999	T	BILE TRACT SURGERY PROCEDURE		05301	9.7781	APC	\$553.83			000	999	-
48000	C	DRAINAGE OF ABDOMEN				Inpatient Only	\$0.00			000	999	-
48001	C	PLACEMENT OF DRAIN PANCREAS				Inpatient Only	\$0.00			000	999	-
48020	C	REMOVAL OF PANCREATIC STONE				Inpatient Only	\$0.00			000	999	-
48100	C	BIOPSY OF PANCREAS OPEN				Inpatient Only	\$0.00			000	999	-
48102	T	NEEDLE BIOPSY PANCREAS		05072	16.9934	APC	\$962.51			000	999	-
48105	C	RESECT/DEBRIDE PANCREAS				Inpatient Only	\$0.00			000	999	-
48120	C	REMOVAL OF PANCREAS LESION				Inpatient Only	\$0.00			000	999	-
48140	C	PARTIAL REMOVAL OF PANCREAS				Inpatient Only	\$0.00			000	999	-
48145	C	PARTIAL REMOVAL OF PANCREAS				Inpatient Only	\$0.00			000	999	-
48146	C	PANCREATECTOMY				Inpatient Only	\$0.00			000	999	-
48148	C	REMOVAL OF PANCREATIC DUCT				Inpatient Only	\$0.00			000	999	-
48150	C	PARTIAL REMOVAL OF PANCREAS				Inpatient Only	\$0.00			000	999	-
48152	C	PANCREATECTOMY				Inpatient Only	\$0.00			000	999	-
48153	C	PANCREATECTOMY				Inpatient Only	\$0.00			000	999	-
48154	C	PANCREATECTOMY				Inpatient Only	\$0.00			000	999	-
48155	C	REMOVAL OF PANCREAS				Inpatient Only	\$0.00			000	999	-
48160	E	PANCREAS REMOVAL/TRANSPLANT				Not Allowed	\$0.00			000	999	-
48400	C	INJECTION INTRAOP ADD-ON				Inpatient Only	\$0.00			000	999	-
48500	C	SURGERY OF PANCREATIC CYST				Inpatient Only	\$0.00			000	999	-
48510	C	DRAIN PANCREATIC PSEUDOCYST				Inpatient Only	\$0.00			000	999	-
48520	C	FUSE PANCREAS CYST AND BOWEL				Inpatient Only	\$0.00			000	999	-
48540	C	FUSE PANCREAS CYST AND BOWEL				Inpatient Only	\$0.00			000	999	-
48545	C	PANCREATORRHAPHY				Inpatient Only	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
48547	C	DUODENAL EXCLUSION				Inpatient Only	\$0.00			000	999	-
48548	C	FUSE PANCREAS AND BOWEL				Inpatient Only	\$0.00			000	999	-
48550	E	DONOR PANCREATECTOMY				Not Allowed	\$0.00			000	999	-
48551	C	PREP DONOR PANCREAS				Inpatient Only	\$0.00			000	999	-
48552	C	PREP DONOR PANCREAS/VENOUS				Inpatient Only	\$0.00			000	999	-
48554	C	TRANSPL ALLOGRAFT PANCREAS				Inpatient Only	\$0.00			000	999	-
48556	C	REMOVAL ALLOGRAFT PANCREAS				Inpatient Only	\$0.00			000	999	-
48999	T	PANCREAS SURGERY PROCEDURE		05071	7.5120	APC	\$425.48			000	999	-
49000	C	EXPLORATION OF ABDOMEN				Inpatient Only	\$0.00			000	999	-
49002	C	REOPENING OF ABDOMEN				Inpatient Only	\$0.00			000	999	-
49010	T	EXPLORATION BEHIND ABDOMEN		05341	38.4484	APC	\$2,177.72			000	999	-
49013	E	PRPERTL PEL PACK HEMRRG TRMA				Not Allowed	\$0.00			000	999	-
49014	E	REEXPLORATION PELVIC WOUND				Not Allowed	\$0.00			000	999	-
49020	C	DRAINAGE ABDOM ABSCESS OPEN				Inpatient Only	\$0.00			000	999	-
49040	C	DRAIN OPEN ABDOM ABSCESS				Inpatient Only	\$0.00			000	999	-
49060	C	DRAIN OPEN RETROPERI ABSCESS				Inpatient Only	\$0.00			000	999	-
49062	C	DRAIN TO PERITONEAL CAVITY				Inpatient Only	\$0.00			000	999	-
49082	T	ABD PARACENTESIS		05301	9.7781	APC	\$553.83			000	999	-
49083	T	ABD PARACENTESIS W/IMAGING		05301	9.7781	APC	\$553.83			000	999	-
49084	T	PERITONEAL LAVAGE		05301	9.7781	APC	\$553.83			000	999	-
49180	T	BIOPSY ABDOMINAL MASS		05072	16.9934	APC	\$962.51			000	999	-
49185	T	SCLEROTX FLUID COLLECTION		05071	7.5120	APC	\$425.48			000	999	-
49203	C	EXC ABD TUM 5 CM OR LESS				Inpatient Only	\$0.00			000	999	-
49204	C	EXC ABD TUM OVER 5 CM				Inpatient Only	\$0.00			000	999	-
49205	C	EXC ABD TUM OVER 10 CM				Inpatient Only	\$0.00			000	999	-
49215	C	EXCISE SACRAL SPINE TUMOR				Inpatient Only	\$0.00			000	999	-
49250	T	EXCISION OF UMBILICUS		05341	38.4484	APC	\$2,177.72			000	999	-
49255	T	REMOVAL OF OMENTUM		05341	38.4484	APC	\$2,177.72			000	999	-
49320	N	DIAG LAPARO SEPARATE PROC		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
49321	N	LAPAROSCOPY BIOPSY		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
49322	N	LAPAROSCOPY ASPIRATION		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
49323	N	LAPARO DRAIN LYMPHOCELE		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
49324	N	LAP INSERT TUNNEL IP CATH		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
49325	N	LAP REVISION PERM IP CATH		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
49326	N	LAP W/OMENTOPEXY ADD-ON				Bundled	\$0.00			000	999	-
49327	N	LAP INS DEVICE FOR RT				Bundled	\$0.00			000	999	-
49329	N	LAPARO PROC ABDM/PER/OMENT		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
49400	N	AIR INJECTION INTO ABDOMEN				Bundled	\$0.00			000	999	-
49402	T	REMOVE FOREIGN BODY ADBOMEN		05341	38.4484	APC	\$2,177.72			000	999	-
49405	T	IMAGE CATH FLUID COLXN VISC		05072	16.9934	APC	\$962.51			000	999	-
49406	T	IMAGE CATH FLUID PERI/RETRO		05072	16.9934	APC	\$962.51			000	999	-
49407	T	IMAGE CATH FLUID TRNS/VGNL		05072	16.9934	APC	\$962.51			000	999	-
49411	S	INS MARK ABD/PEL FOR RT PERQ		05613	15.2443	APC	\$863.44			000	999	-
49412	C	INS DEVICE FOR RT GUIDE OPEN				Inpatient Only	\$0.00			000	999	-
49418	T	INSERT TUN IP CATH PERC		05341	38.4484	APC	\$2,177.72			000	999	-
49419	T	INSERT TUN IP CATH W/PORT		05184	57.6153	APC	\$3,263.33			000	999	-
49421	T	INS TUN IP CATH FOR DIAL OPN		05341	38.4484	APC	\$2,177.72			000	999	-
49422	N	REMOVE TUNNELED IP CATH		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
49423	T	EXCHANGE DRAINAGE CATHETER		05302	19.6265	APC	\$1,111.64			000	999	-
49424	N	ASSESS CYST CONTRAST INJECT				Bundled	\$0.00			000	999	-
49425	C	INSERT ABDOMEN-VENOUS DRAIN				Inpatient Only	\$0.00			000	999	-
49426	T	REVISE ABDOMEN-VENOUS SHUNT		05341	38.4484	APC	\$2,177.72			000	999	-
49427	N	INJECTION ABDOMINAL SHUNT				Bundled	\$0.00			000	999	-
49428	C	LIGATION OF SHUNT				Inpatient Only	\$0.00			000	999	-
49429	N	REMOVAL OF SHUNT		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
49435	N	INSERT SUBQ EXTEN TO IP CATH				Bundled	\$0.00			000	999	-
49436	T	EMBEDDED IP CATH EXIT-SITE		05302	19.6265	APC	\$1,111.64			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
49440	T	PLACE GASTROSTOMY TUBE PERC		05302	19.6265	APC	\$1,111.64			000	999	-
49441	T	PLACE DUOD/JEJ TUBE PERC		05302	19.6265	APC	\$1,111.64			000	999	-
49442	T	PLACE CECOSTOMY TUBE PERC		05312	12.5241	APC	\$709.37			000	999	-
49446	T	CHANGE G-TUBE TO G-J PERC		05302	19.6265	APC	\$1,111.64			000	999	-
49450	T	REPLACE G/C TUBE PERC		05301	9.7781	APC	\$553.83			000	999	-
49451	T	REPLACE DUOD/JEJ TUBE PERC		05301	9.7781	APC	\$553.83			000	999	-
49452	T	REPLACE G-J TUBE PERC		05301	9.7781	APC	\$553.83			000	999	-
49460	T	FIX G/COLON TUBE W/DEVICE		05301	9.7781	APC	\$553.83			000	999	-
49465	N	FLUORO EXAM OF G/COLON TUBE		05623	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
49491	T	RPR HERN PREMIE REDUC		05361	61.1186	APC	\$3,461.76			000	001	-
49492	T	RPR ING HERN PREMIE BLOCKED		05341	38.4484	APC	\$2,177.72			000	001	-
49495	T	RPR ING HERNIA BABY REDUC		05341	38.4484	APC	\$2,177.72			000	001	-
49496	T	RPR ING HERNIA BABY BLOCKED		05341	38.4484	APC	\$2,177.72			000	001	-
49500	T	RPR ING HERNIA INIT REDUCE		05341	38.4484	APC	\$2,177.72			000	004	-
49501	T	RPR ING HERNIA INIT BLOCKED		05341	38.4484	APC	\$2,177.72			000	004	-
49505	T	PRP I/HERN INIT REDUC >5 YR		05341	38.4484	APC	\$2,177.72			005	999	-
49507	T	PRP I/HERN INIT BLOCK >5 YR		05341	38.4484	APC	\$2,177.72			005	999	-
49520	T	REREPAIR ING HERNIA REDUCE		05341	38.4484	APC	\$2,177.72			000	999	-
49521	T	REREPAIR ING HERNIA BLOCKED		05341	38.4484	APC	\$2,177.72			000	999	-
49525	T	REPAIR ING HERNIA SLIDING		05341	38.4484	APC	\$2,177.72			000	999	-
49540	T	REPAIR LUMBAR HERNIA		05361	61.1186	APC	\$3,461.76			000	999	-
49550	T	RPR REM HERNIA INIT REDUCE		05341	38.4484	APC	\$2,177.72			000	999	-
49553	T	RPR FEM HERNIA INIT BLOCKED		05341	38.4484	APC	\$2,177.72			000	999	-
49555	T	REREPAIR FEM HERNIA REDUCE		05341	38.4484	APC	\$2,177.72			000	999	-
49557	T	REREPAIR FEM HERNIA BLOCKED		05341	38.4484	APC	\$2,177.72			000	999	-
49560	T	RPR VENTRAL HERN INIT REDUC		05341	38.4484	APC	\$2,177.72			000	999	-
49561	T	RPR VENTRAL HERN INIT BLOCK		05341	38.4484	APC	\$2,177.72			000	999	-
49565	T	REREPAIR VENTRL HERN REDUCE		05361	61.1186	APC	\$3,461.76			000	999	-
49566	T	REREPAIR VENTRL HERN BLOCK		05361	61.1186	APC	\$3,461.76			000	999	-
49568	N	HERNIA REPAIR W/MESH				Bundled	\$0.00			000	999	-
49570	T	RPR EPIGASTRIC HERN REDUCE		05341	38.4484	APC	\$2,177.72			000	999	-
49572	T	RPR EPIGASTRIC HERN BLOCKED		05341	38.4484	APC	\$2,177.72			000	999	-
49580	T	RPR UMBIL HERN REDUC < 5 YR		05341	38.4484	APC	\$2,177.72			000	004	-
49582	T	RPR UMBIL HERN BLOCK < 5 YR		05341	38.4484	APC	\$2,177.72			000	004	-
49585	T	RPR UMBIL HERN REDUC > 5 YR		05341	38.4484	APC	\$2,177.72			005	999	-
49587	T	RPR UMBIL HERN BLOCK > 5 YR		05341	38.4484	APC	\$2,177.72			005	999	-
49590	T	REPAIR SPIGELIAN HERNIA		05341	38.4484	APC	\$2,177.72			000	999	-
49600	T	REPAIR UMBILICAL LESION		05341	38.4484	APC	\$2,177.72			000	999	-
49605	C	REPAIR UMBILICAL LESION				Inpatient Only	\$0.00			000	999	-
49606	C	REPAIR UMBILICAL LESION				Inpatient Only	\$0.00			000	999	-
49610	C	REPAIR UMBILICAL LESION				Inpatient Only	\$0.00			000	999	-
49611	C	REPAIR UMBILICAL LESION				Inpatient Only	\$0.00			000	999	-
49650	N	LAP ING HERNIA REPAIR INIT		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
49651	N	LAP ING HERNIA REPAIR RECUR		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
49652	N	LAP VENT/ABD HERNIA REPAIR		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
49653	N	LAP VENT/ABD HERN PROC COMP		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
49654	N	LAP INC HERNIA REPAIR		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
49655	N	LAP INC HERN REPAIR COMP		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
49656	N	LAP INC HERNIA REPAIR RECUR		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
49657	N	LAP INC HERN RECUR COMP		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
49659	N	LAPARO PROC HERNIA REPAIR		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
49900	C	REPAIR OF ABDOMINAL WALL				Inpatient Only	\$0.00			000	999	-
49904	C	OMENTAL FLAP EXTRA-ABDOM				Inpatient Only	\$0.00			000	999	-
49905	C	OMENTAL FLAP INTRA-ABDOM				Inpatient Only	\$0.00			000	999	-
49906	C	FREE OMENTAL FLAP MICROVASC				Inpatient Only	\$0.00			000	999	-
49999	T	ABDOMEN SURGERY PROCEDURE		05301	9.7781	APC	\$553.83			000	999	-
50010	C	EXPLORATION OF KIDNEY				Inpatient Only	\$0.00			000	999	-

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

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
50020	T	RENAL ABSCESS OPEN DRAIN		05373	21.6552	APC	\$1,226.55			000	999	-
50040	C	DRAINAGE OF KIDNEY				Inpatient Only	\$0.00			000	999	-
50045	C	EXPLORATION OF KIDNEY				Inpatient Only	\$0.00			000	999	-
5005F	E	PT COUNSLD ON EXAM FOR MOLES				Not Allowed	\$0.00			000	999	-
50060	C	REMOVAL OF KIDNEY STONE				Inpatient Only	\$0.00			000	999	-
50065	C	INCISION OF KIDNEY				Inpatient Only	\$0.00			000	999	-
50070	C	INCISION OF KIDNEY				Inpatient Only	\$0.00			000	999	-
50075	C	REMOVAL OF KIDNEY STONE				Inpatient Only	\$0.00			000	999	-
50080	N	REMOVAL OF KIDNEY STONE		05376	99.7395	Bundled, sometimes payable	\$5,649.25			000	999	-
50081	N	REMOVAL OF KIDNEY STONE		05376	99.7395	Bundled, sometimes payable	\$5,649.25			000	999	-
50100	C	REVISE KIDNEY BLOOD VESSELS				Inpatient Only	\$0.00			000	999	-
5010F	E	MACUL RESULT PHY/QHP MNG DM				Not Allowed	\$0.00			000	999	-
50120	C	EXPLORATION OF KIDNEY				Inpatient Only	\$0.00			000	999	-
50125	C	EXPLORE AND DRAIN KIDNEY				Inpatient Only	\$0.00			000	999	-
50130	C	REMOVAL OF KIDNEY STONE				Inpatient Only	\$0.00			000	999	-
50135	C	EXPLORATION OF KIDNEY				Inpatient Only	\$0.00			000	999	-
5015F	E	DOC FX & TEST/TXMNT FOR OP				Not Allowed	\$0.00			000	999	-
50200	T	RENAL BIOPSY PERQ		05072	16.9934	APC	\$962.51			000	999	-
50205	C	RENAL BIOPSY OPEN				Inpatient Only	\$0.00			000	999	-
5020F	E	TXMNTS 2 PHYS/QHP BY 1 MON				Not Allowed	\$0.00			000	999	-
50220	C	REMOVE KIDNEY OPEN				Inpatient Only	\$0.00			000	999	-
50225	C	REMOVAL KIDNEY OPEN COMPLEX				Inpatient Only	\$0.00			000	999	-
50230	C	REMOVAL KIDNEY OPEN RADICAL				Inpatient Only	\$0.00			000	999	-
50234	C	REMOVAL OF KIDNEY & URETER				Inpatient Only	\$0.00			000	999	-
50236	C	REMOVAL OF KIDNEY & URETER				Inpatient Only	\$0.00			000	999	-
50240	C	PARTIAL REMOVAL OF KIDNEY				Inpatient Only	\$0.00			000	999	-
50250	C	CRYOABLATE RENAL MASS OPEN				Inpatient Only	\$0.00			000	999	-
50280	C	REMOVAL OF KIDNEY LESION				Inpatient Only	\$0.00			000	999	-
50290	C	REMOVAL OF KIDNEY LESION				Inpatient Only	\$0.00			000	999	-
50300	C	REMOVE CADAVER DONOR KIDNEY				Inpatient Only	\$0.00			000	999	-
50320	C	REMOVE KIDNEY LIVING DONOR				Inpatient Only	\$0.00			000	999	-
50323	C	PREP CADAVER RENAL ALLOGRAFT				Inpatient Only	\$0.00			000	999	-
50325	C	PREP DONOR RENAL GRAFT				Inpatient Only	\$0.00			000	999	-
50327	C	PREP RENAL GRAFT/VENOUS				Inpatient Only	\$0.00			000	999	-
50328	C	PREP RENAL GRAFT/ARTERIAL				Inpatient Only	\$0.00			000	999	-
50329	C	PREP RENAL GRAFT/URETERAL				Inpatient Only	\$0.00			000	999	-
50340	C	REMOVAL OF KIDNEY				Inpatient Only	\$0.00			000	999	-
50360	C	TRANSPLANTATION OF KIDNEY				Inpatient Only	\$0.00			000	999	-
50365	C	TRANSPLANTATION OF KIDNEY				Inpatient Only	\$0.00			000	999	-
50370	C	REMOVE TRANSPLANTED KIDNEY				Inpatient Only	\$0.00			000	999	-
50380	C	REIMPLANTATION OF KIDNEY				Inpatient Only	\$0.00			000	999	-
50382	T	CHANGE URETER STENT PERCUT		05373	21.6552	APC	\$1,226.55			000	999	-
50384	N	REMOVE URETER STENT PERCUT		05373	21.6552	Bundled, sometimes payable	\$1,226.55			000	999	-
50385	T	CHANGE STENT VIA TRANSURETH		05373	21.6552	APC	\$1,226.55			000	999	-
50386	N	REMOVE STENT VIA TRANSURETH		05373	21.6552	Bundled, sometimes payable	\$1,226.55			000	999	-
50387	T	CHANGE NEPHROURETERAL CATH		05373	21.6552	APC	\$1,226.55			000	999	-
50389	N	REMOVE RENAL TUBE W/FLUORO		05372	6.9419	Bundled, sometimes payable	\$393.19			000	999	-
50390	T	DRAINAGE OF KIDNEY LESION		05071	7.5120	APC	\$425.48			000	999	-
50391	T	INSTLL RX AGNT INTO RNAL TUB		05371	3.2144	APC	\$182.06			000	999	-
50396	T	MEASURE KIDNEY PRESSURE		05372	6.9419	APC	\$393.19			000	999	-
50400	C	REVISION OF KIDNEY/URETER				Inpatient Only	\$0.00			000	999	-
50405	C	REVISION OF KIDNEY/URETER				Inpatient Only	\$0.00			000	999	-
50430	N	NJX PX NFROSGRM &URTRGRM		05372	6.9419	Bundled, sometimes payable	\$393.19			000	999	-
50431	N	NJX PX NFROSGRM &URTRGRM		05372	6.9419	Bundled, sometimes payable	\$393.19			000	999	-
50432	T	PLMT NEPHROSTOMY CATHETER		05373	21.6552	APC	\$1,226.55			000	999	-
50433	T	PLMT NEPHROURETERAL CATHETER		05374	37.1552	APC	\$2,104.47			000	999	-
50434	T	CONVERT NEPHROSTOMY CATHETER		05373	21.6552	APC	\$1,226.55			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
50435	T	EXCHANGE NEPHROSTOMY CATH		05373	21.6552	APC	\$1,226.55			000	999	-
50436	T	DILAT XST TRC NDURLGC FX		05374	37.1552	APC	\$2,104.47			000	999	-
50437	T	DILAT XST TRC NEW ACCESS RCS		05374	37.1552	APC	\$2,104.47			000	999	-
50500	C	REPAIR OF KIDNEY WOUND				Inpatient Only	\$0.00			000	999	-
5050F	E	PLAN 2 MAIN DR BY 1 MONTH				Not Allowed	\$0.00			000	999	-
50520	C	CLOSE KIDNEY-SKIN FISTULA				Inpatient Only	\$0.00			000	999	-
50525	C	CLOSE NEPHROVISCERAL FISTULA				Inpatient Only	\$0.00			000	999	-
50526	C	CLOSE NEPHROVISCERAL FISTULA				Inpatient Only	\$0.00			000	999	-
50540	C	REVISION OF HORSESHOE KIDNEY				Inpatient Only	\$0.00			000	999	-
50541	N	LAPARO ABLATE RENAL CYST		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
50542	N	LAPARO ABLATE RENAL MASS		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
50543	N	LAPARO PARTIAL NEPHRECTOMY		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
50544	N	LAPAROSCOPY PYELOPLASTY		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
50545	C	LAPARO RADICAL NEPHRECTOMY				Inpatient Only	\$0.00			000	999	-
50546	C	LAPAROSCOPIC NEPHRECTOMY				Inpatient Only	\$0.00			000	999	-
50547	C	LAPARO REMOVAL DONOR KIDNEY				Inpatient Only	\$0.00			000	999	-
50548	C	LAPARO REMOVE W/URETER				Inpatient Only	\$0.00			000	999	-
50549	N	LAPAROSCOPE PROC RENAL		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
50551	T	KIDNEY ENDOSCOPY		05375	53.3099	APC	\$3,019.47			000	999	-
50553	N	KIDNEY ENDOSCOPY		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
50555	T	KIDNEY ENDOSCOPY & BIOPSY		05376	99.7395	APC	\$5,649.25			000	999	-
50557	N	KIDNEY ENDOSCOPY & TREATMENT		05376	99.7395	Bundled, sometimes payable	\$5,649.25			000	999	-
50561	N	KIDNEY ENDOSCOPY & TREATMENT		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
50562	T	RENAL SCOPE W/TUMOR RESECT		05376	99.7395	APC	\$5,649.25			000	999	-
50570	T	KIDNEY ENDOSCOPY		05374	37.1552	APC	\$2,104.47			000	999	-
50572	T	KIDNEY ENDOSCOPY		05372	6.9419	APC	\$393.19			000	999	-
50574	T	KIDNEY ENDOSCOPY & BIOPSY		05374	37.1552	APC	\$2,104.47			000	999	-
50575	N	KIDNEY ENDOSCOPY		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
50576	T	KIDNEY ENDOSCOPY & TREATMENT		05375	53.3099	APC	\$3,019.47			000	999	-
50580	T	KIDNEY ENDOSCOPY & TREATMENT		05375	53.3099	APC	\$3,019.47			000	999	-
50590	N	FRAGMENTING OF KIDNEY STONE		05374	37.1552	Bundled, sometimes payable	\$2,104.47			000	999	-
50592	T	PERC RF ABLATE RENAL TUMOR		05361	61.1186	APC	\$3,461.76			000	999	-
50593	T	PERC CRYO ABLATE RENAL TUM		05362	107.5843	APC	\$6,093.57			000	999	-
50600	C	EXPLORATION OF URETER				Inpatient Only	\$0.00			000	999	-
50605	C	INSERT URETERAL SUPPORT				Inpatient Only	\$0.00			000	999	-
50606	N	ENDOLUMINAL BX URTR RNL PLVS				Bundled	\$0.00			000	999	-
5060F	E	FNDNGS MAMMO 2PT W/IN 3 DAYS				Not Allowed	\$0.00			000	999	-
50610	C	REMOVAL OF URETER STONE				Inpatient Only	\$0.00			000	999	-
50620	C	REMOVAL OF URETER STONE				Inpatient Only	\$0.00			000	999	-
5062F	E	MAMMO RESULT COM TO PT 5 DAY				Not Allowed	\$0.00			000	999	-
50630	C	REMOVAL OF URETER STONE				Inpatient Only	\$0.00			000	999	-
50650	C	REMOVAL OF URETER				Inpatient Only	\$0.00			000	999	-
50660	C	REMOVAL OF URETER				Inpatient Only	\$0.00			000	999	-
50684	N	INJECTION FOR URETER X-RAY				Bundled	\$0.00			000	999	-
50686	S	MEASURE URETER PRESSURE		05721	1.6854	APC	\$95.46			000	999	-
50688	T	CHANGE OF URETER TUBE/STENT		05373	21.6552	APC	\$1,226.55			000	999	-
50690	N	INJECTION FOR URETER X-RAY				Bundled	\$0.00			000	999	-
50693	T	PLMT URETERAL STENT PRQ		05374	37.1552	APC	\$2,104.47			000	999	-
50694	T	PLMT URETERAL STENT PRQ		05374	37.1552	APC	\$2,104.47			000	999	-
50695	T	PLMT URETERAL STENT PRQ		05374	37.1552	APC	\$2,104.47			000	999	-
50700	C	REVISION OF URETER				Inpatient Only	\$0.00			000	999	-
50705	N	URETERAL EMBOLIZATION/OCCL				Bundled	\$0.00			000	999	-
50706	N	BALLOON DILATE URTRL STRIX				Bundled	\$0.00			000	999	-
50715	C	RELEASE OF URETER				Inpatient Only	\$0.00			000	999	-
50722	C	RELEASE OF URETER				Inpatient Only	\$0.00			000	999	-
50725	C	RELEASE/REVISE URETER				Inpatient Only	\$0.00			000	999	-
50727	T	REVISE URETER		05374	37.1552	APC	\$2,104.47			000	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
50728	C	REVISE URETER				Inpatient Only	\$0.00			000	999	-
50740	C	FUSION OF URETER & KIDNEY				Inpatient Only	\$0.00			000	999	-
50750	C	FUSION OF URETER & KIDNEY				Inpatient Only	\$0.00			000	999	-
50760	C	FUSION OF URETERS				Inpatient Only	\$0.00			000	999	-
50770	C	SPLICING OF URETERS				Inpatient Only	\$0.00			000	999	-
50780	C	REIMPLANT URETER IN BLADDER				Inpatient Only	\$0.00			000	999	-
50782	C	REIMPLANT URETER IN BLADDER				Inpatient Only	\$0.00			000	999	-
50783	C	REIMPLANT URETER IN BLADDER				Inpatient Only	\$0.00			000	999	-
50785	C	REIMPLANT URETER IN BLADDER				Inpatient Only	\$0.00			000	999	-
50800	C	IMPLANT URETER IN BOWEL				Inpatient Only	\$0.00			000	999	-
50810	C	FUSION OF URETER & BOWEL				Inpatient Only	\$0.00			000	999	-
50815	C	URINE SHUNT TO INTESTINE				Inpatient Only	\$0.00			000	999	-
50820	C	CONSTRUCT BOWEL BLADDER				Inpatient Only	\$0.00			000	999	-
50825	C	CONSTRUCT BOWEL BLADDER				Inpatient Only	\$0.00			000	999	-
50830	C	REVISE URINE FLOW				Inpatient Only	\$0.00			000	999	-
50840	C	REPLACE URETER BY BOWEL				Inpatient Only	\$0.00			000	999	-
50845	C	APPENDICO-VESICOSTOMY				Inpatient Only	\$0.00			000	999	-
50860	C	TRANSPLANT URETER TO SKIN				Inpatient Only	\$0.00			000	999	-
50900	C	REPAIR OF URETER				Inpatient Only	\$0.00			000	999	-
50920	C	CLOSURE URETER/SKIN FISTULA				Inpatient Only	\$0.00			000	999	-
50930	C	CLOSURE URETER/BOWEL FISTULA				Inpatient Only	\$0.00			000	999	-
50940	C	RELEASE OF URETER				Inpatient Only	\$0.00			000	999	-
50945	N	LAPAROSCOPY URETEROLITHOTOMY		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
50947	N	LAPARO NEW URETER/BLADDER		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
50948	N	LAPARO NEW URETER/BLADDER		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
50949	N	LAPAROSCOPE PROC URETER		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
50951	T	ENDOSCOPY OF URETER		05374	37.1552	APC	\$2,104.47			000	999	-
50953	T	ENDOSCOPY OF URETER		05374	37.1552	APC	\$2,104.47			000	999	-
50955	T	URETER ENDOSCOPY & BIOPSY		05375	53.3099	APC	\$3,019.47			000	999	-
50957	N	URETER ENDOSCOPY & TREATMENT		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
50961	T	URETER ENDOSCOPY & TREATMENT		05375	53.3099	APC	\$3,019.47			000	999	-
50970	T	URETER ENDOSCOPY		05374	37.1552	APC	\$2,104.47			000	999	-
50972	T	URETER ENDOSCOPY & CATHETER		05374	37.1552	APC	\$2,104.47			000	999	-
50974	N	URETER ENDOSCOPY & BIOPSY		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
50976	N	URETER ENDOSCOPY & TREATMENT		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
50980	T	URETER ENDOSCOPY & TREATMENT		05375	53.3099	APC	\$3,019.47			000	999	-
5100F	E	RSK FX REF W/N 24 HRS XRAY				Not Allowed	\$0.00			000	999	-
51020	T	INCISE & TREAT BLADDER		05374	37.1552	APC	\$2,104.47			000	999	-
51030	T	INCISE & TREAT BLADDER		05374	37.1552	APC	\$2,104.47			000	999	-
51040	T	INCISE & DRAIN BLADDER		05373	21.6552	APC	\$1,226.55			000	999	-
51045	T	INCISE BLADDER/DRAIN URETER		05373	21.6552	APC	\$1,226.55			000	999	-
51050	N	REMOVAL OF BLADDER STONE		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
51060	T	REMOVAL OF URETER STONE		05373	21.6552	APC	\$1,226.55			000	999	-
51065	N	REMOVE URETER CALCULUS		05374	37.1552	Bundled, sometimes payable	\$2,104.47			000	999	-
51080	T	DRAINAGE OF BLADDER ABSCESS		05073	28.6243	APC	\$1,621.28			000	999	-
51100	T	DRAIN BLADDER BY NEEDLE		05371	3.2144	APC	\$182.06			000	999	-
51101	S	DRAIN BLADDER BY TROCAR/CATH		05724	11.1093	APC	\$629.23			000	999	-
51102	T	DRAIN BL W/CATH INSERTION		05373	21.6552	APC	\$1,226.55			000	999	-
51500	T	REMOVAL OF BLADDER CYST		05361	61.1186	APC	\$3,461.76			000	999	-
51520	T	REMOVAL OF BLADDER LESION		05374	37.1552	APC	\$2,104.47			000	999	-
51525	C	REMOVAL OF BLADDER LESION				Inpatient Only	\$0.00			000	999	-
51530	C	REMOVAL OF BLADDER LESION				Inpatient Only	\$0.00			000	999	-
51535	T	REPAIR OF URETER LESION		05374	37.1552	APC	\$2,104.47			000	999	-
51550	C	PARTIAL REMOVAL OF BLADDER				Inpatient Only	\$0.00			000	999	-
51555	C	PARTIAL REMOVAL OF BLADDER				Inpatient Only	\$0.00			000	999	-
51565	C	REVISE BLADDER & URETER(S)				Inpatient Only	\$0.00			000	999	-
51570	C	REMOVAL OF BLADDER				Inpatient Only	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
51575	C	REMOVAL OF BLADDER & NODES				Inpatient Only	\$0.00			000	999	-
51580	C	REMOVE BLADDER/REVISE TRACT				Inpatient Only	\$0.00			000	999	-
51585	C	REMOVAL OF BLADDER & NODES				Inpatient Only	\$0.00			000	999	-
51590	C	REMOVE BLADDER/REVISE TRACT				Inpatient Only	\$0.00			000	999	-
51595	C	REMOVE BLADDER/REVISE TRACT				Inpatient Only	\$0.00			000	999	-
51596	C	REMOVE BLADDER/CREATE POUCH				Inpatient Only	\$0.00			000	999	-
51597	C	REMOVAL OF PELVIC STRUCTURES				Inpatient Only	\$0.00			000	999	-
51600	N	INJECTION FOR BLADDER X-RAY				Bundled	\$0.00			000	999	-
51605	N	PREPARATION FOR BLADDER XRAY				Bundled	\$0.00			000	999	-
51610	N	INJECTION FOR BLADDER X-RAY				Bundled	\$0.00			000	999	-
51700	T	IRRIGATION OF BLADDER		05371	3.2144	APC	\$182.06			000	999	-
51701	N	INSERT BLADDER CATHETER		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
51702	N	INSERT TEMP BLADDER CATH		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
51703	S	INSERT BLADDER CATH COMPLEX		05721	1.6854	APC	\$95.46			000	999	-
51705	T	CHANGE OF BLADDER TUBE		05371	3.2144	APC	\$182.06			000	999	-
51710	T	CHANGE OF BLADDER TUBE		05372	6.9419	APC	\$393.19			000	999	-
51715	T	ENDOSCOPIC INJECTION/IMPLANT		05374	37.1552	APC	\$2,104.47			000	999	-
51720	T	TREATMENT OF BLADDER LESION		05371	3.2144	APC	\$182.06			000	999	-
51725	T	SIMPLE CYSTOMETROGRAM		05371	3.2144	APC	\$182.06			000	999	-
51726	T	COMPLEX CYSTOMETROGRAM		05371	3.2144	APC	\$182.06			000	999	-
51727	T	CYSTOMETROGRAM W/UP		05372	6.9419	APC	\$393.19			000	999	-
51728	T	CYSTOMETROGRAM W/VP		05372	6.9419	APC	\$393.19			000	999	-
51729	T	CYSTOMETROGRAM W/VP&UP		05372	6.9419	APC	\$393.19			000	999	-
51736	N	URINE FLOW MEASUREMENT		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
51741	N	ELECTRO-UROFLOWMETRY FIRST		05721	1.6854	Bundled, sometimes payable	\$95.46			000	999	-
51784	S	ANAL/URINARY MUSCLE STUDY		05721	1.6854	APC	\$95.46			000	999	-
51785	T	ANAL/URINARY MUSCLE STUDY		05371	3.2144	APC	\$182.06			000	999	-
51792	N	URINARY REFLEX STUDY		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
51797	N	INTRAABDOMINAL PRESSURE TEST				Bundled	\$0.00			000	999	-
51798	N	US URINE CAPACITY MEASURE		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
51800	C	REVISION OF BLADDER/URETHRA				Inpatient Only	\$0.00			000	999	-
51820	C	REVISION OF URINARY TRACT				Inpatient Only	\$0.00			000	999	-
51840	T	ATTACH BLADDER/URETHRA		05415	53.2572	APC	\$3,016.49			000	999	-
51841	C	ATTACH BLADDER/URETHRA				Inpatient Only	\$0.00			000	999	-
51845	N	REPAIR BLADDER NECK		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
51860	N	REPAIR OF BLADDER WOUND		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
51865	C	REPAIR OF BLADDER WOUND				Inpatient Only	\$0.00			000	999	-
51880	T	REPAIR OF BLADDER OPENING		05374	37.1552	APC	\$2,104.47			000	999	-
51900	C	REPAIR BLADDER/VAGINA LESION				Inpatient Only	\$0.00			000	999	-
51920	C	CLOSE BLADDER-UTERUS FISTULA				Inpatient Only	\$0.00			000	999	-
51925	C	HYSTERECTOMY/BLADDER REPAIR				Inpatient Only	\$0.00			000	999	-
51940	C	CORRECTION OF BLADDER DEFECT				Inpatient Only	\$0.00			000	999	-
51960	C	REVISION OF BLADDER & BOWEL				Inpatient Only	\$0.00			000	999	-
51980	C	CONSTRUCT BLADDER OPENING				Inpatient Only	\$0.00			000	999	-
51990	N	LAPARO URETHRAL SUSPENSION		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
51992	N	LAPARO SLING OPERATION		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
51999	N	LAPAROSCOPE PROC BLA		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
52000	T	CYSTOSCOPY		05372	6.9419	APC	\$393.19			000	999	-
52001	T	CYSTOSCOPY REMOVAL OF CLOTS		05374	37.1552	APC	\$2,104.47			000	999	-
52005	T	CYSTOSCOPY & URETER CATHETER		05373	21.6552	APC	\$1,226.55			000	999	-
52007	T	CYSTOSCOPY AND BIOPSY		05374	37.1552	APC	\$2,104.47			000	999	-
5200F	E	EVAL APPROS SURG THXPY EPI				Not Allowed	\$0.00			000	999	-
52010	T	CYSTOSCOPY & DUCT CATHETER		05372	6.9419	APC	\$393.19			000	999	-
52204	T	CYSTOSCOPY W/BIOPSY(S)		05373	21.6552	APC	\$1,226.55			000	999	-
52214	T	CYSTOSCOPY AND TREATMENT		05374	37.1552	APC	\$2,104.47			000	999	-
52224	T	CYSTOSCOPY AND TREATMENT		05374	37.1552	APC	\$2,104.47			000	999	-
52234	T	CYSTOSCOPY AND TREATMENT		05374	37.1552	APC	\$2,104.47			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
52235	T	CYSTOSCOPY AND TREATMENT		05374	37.1552	APC	\$2,104.47			000	999	-
52240	T	CYSTOSCOPY AND TREATMENT		05375	53.3099	APC	\$3,019.47			000	999	-
52250	T	CYSTOSCOPY AND RADIOTRACER		05374	37.1552	APC	\$2,104.47			000	999	-
52260	T	CYSTOSCOPY AND TREATMENT		05373	21.6552	APC	\$1,226.55			000	999	-
52265	T	CYSTOSCOPY AND TREATMENT		05373	21.6552	APC	\$1,226.55			000	999	-
52270	T	CYSTOSCOPY & REVISE URETHRA		05373	21.6552	APC	\$1,226.55			000	999	-
52275	T	CYSTOSCOPY & REVISE URETHRA		05373	21.6552	APC	\$1,226.55			000	999	-
52276	T	CYSTOSCOPY AND TREATMENT		05373	21.6552	APC	\$1,226.55			000	999	-
52277	T	CYSTOSCOPY AND TREATMENT		05374	37.1552	APC	\$2,104.47			000	999	-
52281	T	CYSTOSCOPY AND TREATMENT		05373	21.6552	APC	\$1,226.55			000	999	-
52282	T	CYSTOSCOPY IMPLANT STENT		05374	37.1552	APC	\$2,104.47			000	999	-
52283	T	CYSTOSCOPY AND TREATMENT		05373	21.6552	APC	\$1,226.55			000	999	-
52285	T	CYSTOSCOPY AND TREATMENT		05372	6.9419	APC	\$393.19			000	999	-
52287	T	CYSTOSCOPY CHEMODENERVATION		05373	21.6552	APC	\$1,226.55			000	999	-
52290	T	CYSTOSCOPY AND TREATMENT		05373	21.6552	APC	\$1,226.55			000	999	-
52300	T	CYSTOSCOPY AND TREATMENT		05374	37.1552	APC	\$2,104.47			000	999	-
52301	T	CYSTOSCOPY AND TREATMENT		05374	37.1552	APC	\$2,104.47			000	999	-
52305	N	CYSTOSCOPY AND TREATMENT		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
52310	T	CYSTOSCOPY AND TREATMENT		05373	21.6552	APC	\$1,226.55			000	999	-
52315	T	CYSTOSCOPY AND TREATMENT		05373	21.6552	APC	\$1,226.55			000	999	-
52317	T	REMOVE BLADDER STONE		05374	37.1552	APC	\$2,104.47			000	999	-
52318	N	REMOVE BLADDER STONE		05374	37.1552	Bundled, sometimes payable	\$2,104.47			000	999	-
52320	T	CYSTOSCOPY AND TREATMENT		05374	37.1552	APC	\$2,104.47			000	999	-
52325	T	CYSTOSCOPY STONE REMOVAL		05375	53.3099	APC	\$3,019.47			000	999	-
52327	T	CYSTOSCOPY INJECT MATERIAL		05375	53.3099	APC	\$3,019.47			000	999	-
52330	T	CYSTOSCOPY AND TREATMENT		05374	37.1552	APC	\$2,104.47			000	999	-
52332	T	CYSTOSCOPY AND TREATMENT		05374	37.1552	APC	\$2,104.47			000	999	-
52334	T	CREATE PASSAGE TO KIDNEY		05374	37.1552	APC	\$2,104.47			000	999	-
52341	T	CYSTO W/URETER STRICTURE TX		05374	37.1552	APC	\$2,104.47			000	999	-
52342	T	CYSTO W/UP STRICTURE TX		05374	37.1552	APC	\$2,104.47			000	999	-
52343	T	CYSTO W/RENAL STRICTURE TX		05374	37.1552	APC	\$2,104.47			000	999	-
52344	T	CYSTO/URETERO STRICTURE TX		05374	37.1552	APC	\$2,104.47			000	999	-
52345	T	CYSTO/URETERO W/UP STRICTURE		05374	37.1552	APC	\$2,104.47			000	999	-
52346	N	CYSTOURETERO W/RENAL STRICT		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
52351	T	CYSTOURETERO & OR PYELOSCOPE		05374	37.1552	APC	\$2,104.47			000	999	-
52352	T	CYSTOURETERO W/STONE REMOVE		05374	37.1552	APC	\$2,104.47			000	999	-
52353	N	CYSTOURETERO W/LITHOTRIPSY		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
52354	T	CYSTOURETERO W/BIOPSY		05375	53.3099	APC	\$3,019.47			000	999	-
52355	N	CYSTOURETERO W/EXCISE TUMOR		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
52356	N	CYSTO/URETERO W/LITHOTRIPSY		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
52400	T	CYSTOURETERO W/CONGEN REPR		05374	37.1552	APC	\$2,104.47			000	999	-
52402	T	CYSTOURETHRO CUT EJACUL DUCT		05374	37.1552	APC	\$2,104.47			000	999	-
52441	E	CYSTOURETHRO W/IMPLANT				Not Allowed	\$0.00			000	999	-
52442	E	CYSTOURETHRO W/ADDL IMPLANT				Not Allowed	\$0.00			000	999	-
52450	T	INCISION OF PROSTATE		05374	37.1552	APC	\$2,104.47			000	999	-
52500	T	REVISION OF BLADDER NECK		05374	37.1552	APC	\$2,104.47			000	999	-
5250F	E	ASTHMA DISCHARGE PLAN PRESNT				Not Allowed	\$0.00			000	999	-
52601	N	PROSTATECTOMY (TURP)		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
52630	N	REMOVE PROSTATE REGROWTH		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
52640	T	RELIEVE BLADDER CONTRACTURE		05374	37.1552	APC	\$2,104.47			000	999	-
52647	N	LASER SURGERY OF PROSTATE		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
52648	N	LASER SURGERY OF PROSTATE		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
52649	N	PROSTATE LASER ENUCLEATION		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
52700	T	DRAINAGE OF PROSTATE ABSCESS		05374	37.1552	APC	\$2,104.47			000	999	-
53000	T	INCISION OF URETHRA		05373	21.6552	APC	\$1,226.55			000	999	-
53010	N	INCISION OF URETHRA		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
53020	T	INCISION OF URETHRA		05373	21.6552	APC	\$1,226.55			002	099	-

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

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
53025	T	INCISION OF URETHRA		05373	21.6552	APC	\$1,226.55			000	002	-
53040	T	DRAINAGE OF URETHRA ABSCESS		05374	37.1552	APC	\$2,104.47			000	999	-
53060	T	DRAINAGE OF URETHRA ABSCESS		05373	21.6552	APC	\$1,226.55			000	999	-
53080	T	DRAINAGE OF URINARY LEAKAGE		05372	6.9419	APC	\$393.19			000	999	-
53085	T	DRAINAGE OF URINARY LEAKAGE		05373	21.6552	APC	\$1,226.55			000	999	-
53200	T	BIOPSY OF URETHRA		05373	21.6552	APC	\$1,226.55			000	999	-
53210	N	REMOVAL OF URETHRA		05374	37.1552	Bundled, sometimes payable	\$2,104.47			000	999	-
53215	N	REMOVAL OF URETHRA		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
53220	T	TREATMENT OF URETHRA LESION		05374	37.1552	APC	\$2,104.47			000	999	-
53230	T	REMOVAL OF URETHRA LESION		05375	53.3099	APC	\$3,019.47			000	999	-
53235	N	REMOVAL OF URETHRA LESION		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
53240	N	SURGERY FOR URETHRA POUCH		05374	37.1552	Bundled, sometimes payable	\$2,104.47			000	999	-
53250	T	REMOVAL OF URETHRA GLAND		05374	37.1552	APC	\$2,104.47			000	999	-
53260	T	TREATMENT OF URETHRA LESION		05374	37.1552	APC	\$2,104.47			000	999	-
53265	T	TREATMENT OF URETHRA LESION		05373	21.6552	APC	\$1,226.55			000	999	-
53270	T	REMOVAL OF URETHRA GLAND		05374	37.1552	APC	\$2,104.47			000	999	-
53275	T	REPAIR OF URETHRA DEFECT		05374	37.1552	APC	\$2,104.47			000	999	-
53400	N	REVISE URETHRA STAGE 1		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
53405	N	REVISE URETHRA STAGE 2		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
53410	N	RECONSTRUCTION OF URETHRA		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
53415	C	RECONSTRUCTION OF URETHRA				Inpatient Only	\$0.00			000	999	-
53420	N	RECONSTRUCT URETHRA STAGE 1		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
53425	N	RECONSTRUCT URETHRA STAGE 2		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
53430	T	RECONSTRUCTION OF URETHRA		05375	53.3099	APC	\$3,019.47			000	999	-
53431	N	RECONSTRUCT URETHRA/BLADDER		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
53440	N	MALE SLING PROCEDURE		05377	138.7492	Bundled, sometimes payable	\$7,858.75			000	999	-
53442	N	REMOVE/REVISE MALE SLING		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
53444	N	INSERT TANDEM CUFF		05378	220.5195	Bundled, sometimes payable	\$12,490.22			000	999	-
53445	N	INSERT URO/VES NCK SPHINCTER		05378	220.5195	Bundled, sometimes payable	\$12,490.22			000	999	-
53446	N	REMOVE URO SPHINCTER		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
53447	N	REMOVE/REPLACE UR SPHINCTER		05378	220.5195	Bundled, sometimes payable	\$12,490.22			000	999	-
53448	C	REMOV/REPLC UR SPHINCTR COMP				Inpatient Only	\$0.00			000	999	-
53449	N	REPAIR URO SPHINCTER		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
53450	T	REVISION OF URETHRA		05374	37.1552	APC	\$2,104.47			000	999	-
53460	T	REVISION OF URETHRA		05374	37.1552	APC	\$2,104.47			000	999	-
53500	T	URETHRLYS TRANSVAG W/ SCOPE		05374	37.1552	APC	\$2,104.47			000	999	-
53502	T	REPAIR OF URETHRA INJURY		05374	37.1552	APC	\$2,104.47			000	999	-
53505	N	REPAIR OF URETHRA INJURY		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
53510	N	REPAIR OF URETHRA INJURY		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
53515	N	REPAIR OF URETHRA INJURY		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
53520	N	REPAIR OF URETHRA DEFECT		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
53600	T	DILATE URETHRA STRICTURE		05371	3.2144	APC	\$182.06			000	999	-
53601	N	DILATE URETHRA STRICTURE		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
53605	T	DILATE URETHRA STRICTURE		05374	37.1552	APC	\$2,104.47			000	999	-
53620	T	DILATE URETHRA STRICTURE		05372	6.9419	APC	\$393.19			000	999	-
53621	T	DILATE URETHRA STRICTURE		05371	3.2144	APC	\$182.06			000	999	-
53660	S	DILATION OF URETHRA		05721	1.6854	APC	\$95.46			000	999	-
53661	N	DILATION OF URETHRA		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
53665	T	DILATION OF URETHRA		05373	21.6552	APC	\$1,226.55			000	999	-
53850	T	PROSTATIC MICROWAVE THERMOTX		05374	37.1552	APC	\$2,104.47			000	999	-
53852	N	PROSTATIC RF THERMOTX		05374	37.1552	Bundled, sometimes payable	\$2,104.47			000	999	-
53854	T	TRURL DSTRJ PRST8 TISS RF WV		05373	21.6552	APC	\$1,226.55			000	999	-
53855	T	INSERT PROST URETHRAL STENT		05373	21.6552	APC	\$1,226.55			000	999	-
53860	T	TRANSURETHRAL RF TREATMENT		05373	21.6552	APC	\$1,226.55			000	999	-
53899	T	UROLOGY SURGERY PROCEDURE		05371	3.2144	APC	\$182.06			000	999	-
54000	T	SLITTING OF PREPUCE		05374	37.1552	APC	\$2,104.47			000	999	-
54001	T	SLITTING OF PREPUCE		05373	21.6552	APC	\$1,226.55			001	099	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
54015	T	DRAIN PENIS LESION		05072	16.9934	APC	\$962.51			000	999	-
54050	N	DESTRUCTION PENIS LESION(S)		05052	4.1770	Bundled, sometimes payable	\$236.59			000	999	-
54055	T	DESTRUCTION PENIS LESION(S)		05054	20.7177	APC	\$1,173.45			000	999	-
54056	N	CRYOSURGERY PENIS LESION(S)		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
54057	T	LASER SURG PENIS LESION(S)		05054	20.7177	APC	\$1,173.45			000	999	-
54060	T	EXCISION OF PENIS LESION(S)		05054	20.7177	APC	\$1,173.45			000	999	-
54065	T	DESTRUCTION PENIS LESION(S)		05054	20.7177	APC	\$1,173.45			000	999	-
54100	T	BIOPSY OF PENIS		05072	16.9934	APC	\$962.51			000	999	-
54105	T	BIOPSY OF PENIS		05073	28.6243	APC	\$1,621.28			000	999	-
54110	T	TREATMENT OF PENIS LESION		05374	37.1552	APC	\$2,104.47			000	999	-
54111	N	TREAT PENIS LESION GRAFT		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
54112	N	TREAT PENIS LESION GRAFT		05376	99.7395	Bundled, sometimes payable	\$5,649.25			000	999	-
54115	T	TREATMENT OF PENIS LESION		05073	28.6243	APC	\$1,621.28			000	999	-
54120	T	PARTIAL REMOVAL OF PENIS		05374	37.1552	APC	\$2,104.47			000	999	-
54125	C	REMOVAL OF PENIS				Inpatient Only	\$0.00			000	999	-
54130	C	REMOVE PENIS & NODES				Inpatient Only	\$0.00			000	999	-
54135	C	REMOVE PENIS & NODES				Inpatient Only	\$0.00			000	999	-
54150	T	CIRCUMCISION W/REGIONL BLOCK		05373	21.6552	APC	\$1,226.55			000	999	-
54160	T	CIRCUMCISION NEONATE		05372	6.9419	APC	\$393.19			000	000	-
54161	T	CIRCUM 28 DAYS OR OLDER		05373	21.6552	APC	\$1,226.55			000	099	-
54162	T	LYSIS PENIL CIRCUMIC LESION		05373	21.6552	APC	\$1,226.55			000	999	-
54163	T	REPAIR OF CIRCUMCISION		05373	21.6552	APC	\$1,226.55			000	999	-
54164	T	FRENULOTOMY OF PENIS		05373	21.6552	APC	\$1,226.55			000	999	-
54200	T	TREATMENT OF PENIS LESION		05371	3.2144	APC	\$182.06			000	999	-
54205	N	TREATMENT OF PENIS LESION		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
54220	T	TREATMENT OF PENIS LESION		05371	3.2144	APC	\$182.06			000	999	-
54230	E	PREPARE PENIS STUDY				Not Allowed	\$0.00			000	999	-
54231	E	DYNAMIC CAVERNOSOMETRY				Not Allowed	\$0.00			000	999	-
54235	E	PENILE INJECTION				Not Allowed	\$0.00			000	999	-
54240	E	PENIS STUDY				Not Allowed	\$0.00			000	999	-
54250	E	PENIS STUDY				Not Allowed	\$0.00			000	999	-
54300	T	REVISION OF PENIS		05374	37.1552	APC	\$2,104.47			000	999	-
54304	T	REVISION OF PENIS		05374	37.1552	APC	\$2,104.47			000	999	-
54308	N	RECONSTRUCTION OF URETHRA		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
54312	T	RECONSTRUCTION OF URETHRA		05374	37.1552	APC	\$2,104.47			000	999	-
54316	N	RECONSTRUCTION OF URETHRA		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
54318	T	RECONSTRUCTION OF URETHRA		05374	37.1552	APC	\$2,104.47			000	999	-
54322	T	RECONSTRUCTION OF URETHRA		05374	37.1552	APC	\$2,104.47			000	999	-
54324	T	RECONSTRUCTION OF URETHRA		05374	37.1552	APC	\$2,104.47			000	999	-
54326	N	RECONSTRUCTION OF URETHRA		05374	37.1552	Bundled, sometimes payable	\$2,104.47			000	999	-
54328	T	REVISE PENIS/URETHRA		05374	37.1552	APC	\$2,104.47			000	999	-
54332	T	REVISE PENIS/URETHRA		05374	37.1552	APC	\$2,104.47			000	018	-
54336	T	REVISE PENIS/URETHRA		05374	37.1552	APC	\$2,104.47			000	999	-
54340	T	SECONDARY URETHRAL SURGERY		05374	37.1552	APC	\$2,104.47			000	999	-
54344	N	SECONDARY URETHRAL SURGERY		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
54348	T	SECONDARY URETHRAL SURGERY		05375	53.3099	APC	\$3,019.47			000	999	-
54352	N	RECONSTRUCT URETHRA/PENIS		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
54360	E	PENIS PLASTIC SURGERY				Not Allowed	\$0.00			000	999	-
54380	T	REPAIR PENIS		05373	21.6552	APC	\$1,226.55			000	999	-
54385	T	REPAIR PENIS		05373	21.6552	APC	\$1,226.55			000	999	-
54390	C	REPAIR PENIS AND BLADDER				Inpatient Only	\$0.00			000	999	-
54400	E	INSERT SEMI-RIGID PROSTHESIS				Not Allowed	\$0.00			000	999	-
54401	E	INSERT SELF-CONTD PROSTHESIS				Not Allowed	\$0.00			000	999	-
54405	E	INSERT MULTI-COMP PENIS PROS				Not Allowed	\$0.00			000	999	-
54406	E	REMOVE MUTI-COMP PENIS PROS				Not Allowed	\$0.00			000	999	-
54408	E	REPAIR MULTI-COMP PENIS PROS				Not Allowed	\$0.00			000	999	-
54410	E	REMOVE/REPLACE PENIS PROSTH				Not Allowed	\$0.00			000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
54411	E	REMOV/REPLC PENIS PROS COMP				Not Allowed	\$0.00			000	999	-
54415	E	REMOVE SELF-CONTD PENIS PROS				Not Allowed	\$0.00			000	999	-
54416	E	REMOV/REPL PENIS CONTAIN PROS				Not Allowed	\$0.00			000	999	-
54417	E	REMOV/REPLC PENIS PROS COMPL				Not Allowed	\$0.00			000	999	-
54420	T	REVISION OF PENIS		05374	37.1552	APC	\$2,104.47			000	999	-
54430	C	REVISION OF PENIS				Inpatient Only	\$0.00			000	999	-
54435	T	REVISION OF PENIS		05374	37.1552	APC	\$2,104.47			000	999	-
54437	T	REPAIR CORPOREAL TEAR		05374	37.1552	APC	\$2,104.47			000	999	-
54438	C	REPLANTATION OF PENIS				Inpatient Only	\$0.00			000	999	-
54440	T	REPAIR OF PENIS		05374	37.1552	APC	\$2,104.47			000	999	-
54450	T	PREPUTIAL STRETCHING		05371	3.2144	APC	\$182.06			000	999	-
54500	T	BIOPSY OF TESTIS		05073	28.6243	APC	\$1,621.28			000	999	-
54505	T	BIOPSY OF TESTIS		05374	37.1552	APC	\$2,104.47			000	999	-
54512	T	EXCISE LESION TESTIS		05374	37.1552	APC	\$2,104.47			000	999	-
54520	T	REMOVAL OF TESTIS		05374	37.1552	APC	\$2,104.47			000	999	-
54522	T	ORCHIECTOMY PARTIAL		05374	37.1552	APC	\$2,104.47			000	999	-
54530	T	REMOVAL OF TESTIS		05341	38.4484	APC	\$2,177.72			000	999	-
54535	T	EXTENSIVE TESTIS SURGERY		05374	37.1552	APC	\$2,104.47			000	999	-
54550	T	EXPLORATION FOR TESTIS		05341	38.4484	APC	\$2,177.72			000	999	-
54560	T	EXPLORATION FOR TESTIS		05373	21.6552	APC	\$1,226.55			000	999	-
54600	T	REDUCE TESTIS TORSION		05374	37.1552	APC	\$2,104.47			000	999	-
54620	T	SUSPENSION OF TESTIS		05374	37.1552	APC	\$2,104.47			000	999	-
54640	T	ORCHIOPEXY INGUN/SCROT APPR		05341	38.4484	APC	\$2,177.72			000	999	-
54650	T	ORCHIOPEXY (FOWLER-STEPHENS)		05341	38.4484	APC	\$2,177.72			000	999	-
54660	N	REVISION OF TESTIS		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
54670	T	REPAIR TESTIS INJURY		05374	37.1552	APC	\$2,104.47			000	999	-
54680	T	RELOCATION OF TESTIS(ES)		05374	37.1552	APC	\$2,104.47			000	999	-
54690	N	LAPAROSCOPY ORCHIECTOMY		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
54692	N	LAPAROSCOPY ORCHIOPEXY		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
54699	N	LAPAROSCOPE PROC TESTIS		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
54700	T	DRAINAGE OF SCROTUM		05373	21.6552	APC	\$1,226.55			000	999	-
54800	T	BIOPSY OF EPIDIDYMIS		05072	16.9934	APC	\$962.51			000	999	-
54830	T	REMOVE EPIDIDYMIS LESION		05374	37.1552	APC	\$2,104.47			000	999	-
54840	T	REMOVE EPIDIDYMIS LESION		05373	21.6552	APC	\$1,226.55			000	999	-
54860	T	REMOVAL OF EPIDIDYMIS		05374	37.1552	APC	\$2,104.47			000	999	-
54861	T	REMOVAL OF EPIDIDYMIS		05374	37.1552	APC	\$2,104.47			000	999	-
54865	T	EXPLORE EPIDIDYMIS		05374	37.1552	APC	\$2,104.47			000	999	-
54900	T	FUSION OF SPERMATIC DUCTS		05373	21.6552	APC	\$1,226.55			000	999	-
54901	T	FUSION OF SPERMATIC DUCTS		05374	37.1552	APC	\$2,104.47			000	999	-
55000	T	DRAINAGE OF HYDROCELE		05071	7.5120	APC	\$425.48			000	999	-
55040	T	REMOVAL OF HYDROCELE		05341	38.4484	APC	\$2,177.72			000	999	-
55041	T	REMOVAL OF HYDROCELES		05341	38.4484	APC	\$2,177.72			000	999	-
55060	T	REPAIR OF HYDROCELE		05374	37.1552	APC	\$2,104.47			000	999	-
55100	T	DRAINAGE OF SCROTUM ABSCESS		05072	16.9934	APC	\$962.51			000	999	-
55110	T	EXPLORE SCROTUM		05374	37.1552	APC	\$2,104.47			000	999	-
55120	T	REMOVAL OF SCROTUM LESION		05373	21.6552	APC	\$1,226.55			000	999	-
55150	T	REMOVAL OF SCROTUM		05374	37.1552	APC	\$2,104.47			000	999	-
55175	T	REVISION OF SCROTUM		05374	37.1552	APC	\$2,104.47			000	999	-
55180	N	REVISION OF SCROTUM		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
55200	T	INCISION OF SPERM DUCT		05374	37.1552	APC	\$2,104.47			000	999	-
55250	T	REMOVAL OF SPERM DUCT(S)		05373	21.6552	APC	\$1,226.55			021	999	-
55300	N	PREPARE SPERM DUCT X-RAY				Bundled	\$0.00			000	999	-
55400	E	REPAIR OF SPERM DUCT				Not Allowed	\$0.00			000	999	-
55500	T	REMOVAL OF HYDROCELE		05374	37.1552	APC	\$2,104.47			000	999	-
55520	T	REMOVAL OF SPERM CORD LESION		05374	37.1552	APC	\$2,104.47			000	999	-
55530	T	REVISE SPERMATIC CORD VEINS		05374	37.1552	APC	\$2,104.47			000	999	-
55535	T	REVISE SPERMATIC CORD VEINS		05341	38.4484	APC	\$2,177.72			000	999	-

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Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
55540	T	REVISE HERNIA & SPERM VEINS		05341	38.4484	APC	\$2,177.72			000	999	-
55550	N	LAPARO LIGATE SPERMATIC VEIN		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
55559	N	LAPARO PROC SPERMATIC CORD		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
55600	T	INCISE SPERM DUCT POUCH		05373	21.6552	APC	\$1,226.55			000	999	-
55605	C	INCISE SPERM DUCT POUCH				Inpatient Only	\$0.00			000	999	-
55650	C	REMOVE SPERM DUCT POUCH				Inpatient Only	\$0.00			000	999	-
55680	T	REMOVE SPERM POUCH LESION		05374	37.1552	APC	\$2,104.47			000	999	-
55700	T	BIOPSY OF PROSTATE		05373	21.6552	APC	\$1,226.55			000	999	-
55705	T	BIOPSY OF PROSTATE		05374	37.1552	APC	\$2,104.47			000	999	-
55706	T	PROSTATE SATURATION SAMPLING		05374	37.1552	APC	\$2,104.47			000	999	-
55720	T	DRAINAGE OF PROSTATE ABSCESS		05374	37.1552	APC	\$2,104.47			000	999	-
55725	T	DRAINAGE OF PROSTATE ABSCESS		05374	37.1552	APC	\$2,104.47			000	999	-
55801	C	REMOVAL OF PROSTATE				Inpatient Only	\$0.00			000	999	-
55810	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	\$0.00			000	999	-
55812	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	\$0.00			000	999	-
55815	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	\$0.00			000	999	-
55821	C	REMOVAL OF PROSTATE				Inpatient Only	\$0.00			000	999	-
55831	C	REMOVAL OF PROSTATE				Inpatient Only	\$0.00			000	999	-
55840	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	\$0.00			000	999	-
55842	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	\$0.00			000	999	-
55845	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	\$0.00			000	999	-
55860	T	SURGICAL EXPOSURE PROSTATE		05375	53.3099	APC	\$3,019.47			000	999	-
55862	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	\$0.00			000	999	-
55865	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	\$0.00			000	999	-
55866	T	LAPARO RADICAL PROSTATECTOMY		05362	107.5843	APC	\$4,924.14			000	999	-
55870	E	ELECTROEJACULATION				Not Allowed	\$0.00			000	999	-
55873	N	CRYOABLATE PROSTATE		05376	99.7395	Bundled, sometimes payable	\$5,649.25			000	999	-
55874	T	TPRNL PLMT BIODEGRDABL MATRL		05375	53.3099	APC	\$2,402.63			000	999	-
55875	T	TRANSPERI NEEDLE PLACE PROS		05375	53.3099	APC	\$3,019.47			000	999	-
55876	S	PLACE RT DEVICE/MARKER PROS		05613	15.2443	APC	\$863.44			000	999	-
55880	T	ABL TJ MAL PRST8 TISS HIFU		05375	53.3099	APC	\$3,019.47			000	999	-
55899	T	GENITAL SURGERY PROCEDURE		05371	3.2144	APC	\$182.06			000	999	-
55920	T	PLACE NEEDLES PELVIC FOR RT		05415	53.2572	APC	\$3,016.49			000	999	-
55970	E	SEX TRANSFORMATION M TO F				Not Allowed	\$0.00			000	999	-
55980	E	SEX TRANSFORMATION F TO M				Not Allowed	\$0.00			000	999	-
56405	T	I & D OF VULVA/PERINEUM		05412	3.3997	APC	\$192.56			000	999	-
56420	T	DRAINAGE OF GLAND ABSCESS		05411	2.0571	APC	\$116.51			000	999	-
56440	T	SURGERY FOR VULVA LESION		05414	31.6824	APC	\$1,794.49			000	999	-
56441	T	LYSIS OF LABIAL LESION(S)		05414	31.6824	APC	\$1,794.49			000	999	-
56442	T	HYMENOTOMY		05414	31.6824	APC	\$1,794.49			000	999	-
56501	T	DESTROY VULVA LESIONS SIM		05054	20.7177	APC	\$1,173.45			000	999	-
56515	T	DESTROY VULVA LESION/S COMPL		05054	20.7177	APC	\$1,173.45			000	999	-
56605	T	BIOPSY OF VULVA/PERINEUM		05413	7.6501	APC	\$433.30			000	999	-
56606	N	BIOPSY OF VULVA/PERINEUM				Bundled	\$0.00			000	999	-
56620	T	PARTIAL REMOVAL OF VULVA		05414	31.6824	APC	\$1,794.49			000	999	-
56625	T	COMPLETE REMOVAL OF VULVA		05414	31.6824	APC	\$1,794.49			000	999	-
56630	T	EXTENSIVE VULVA SURGERY		05415	53.2572	APC	\$3,016.49			000	999	-
56631	C	EXTENSIVE VULVA SURGERY				Inpatient Only	\$0.00			000	999	-
56632	C	EXTENSIVE VULVA SURGERY				Inpatient Only	\$0.00			000	999	-
56633	C	EXTENSIVE VULVA SURGERY				Inpatient Only	\$0.00			000	999	-
56634	C	EXTENSIVE VULVA SURGERY				Inpatient Only	\$0.00			000	999	-
56637	C	EXTENSIVE VULVA SURGERY				Inpatient Only	\$0.00			000	999	-
56640	C	EXTENSIVE VULVA SURGERY				Inpatient Only	\$0.00			000	999	-
56700	T	PARTIAL REMOVAL OF HYMEN		05414	31.6824	APC	\$1,794.49			000	999	-
56740	T	REMOVE VAGINA GLAND LESION		05414	31.6824	APC	\$1,794.49			000	999	-
56800	T	REPAIR OF VAGINA		05414	31.6824	APC	\$1,794.49			000	999	-
56805	T	REPAIR CLITORIS		05414	31.6824	APC	\$1,794.49			000	020	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
56810	T	REPAIR OF PERINEUM		05414	31.6824	APC	\$1,794.49			000	999	-
56820	T	EXAM OF VULVA W/SCOPE		05411	2.0571	APC	\$116.51			000	999	-
56821	T	EXAM/BIOPSY OF VULVA W/SCOPE		05412	3.3997	APC	\$192.56			000	999	-
57000	T	EXPLORATION OF VAGINA		05414	31.6824	APC	\$1,794.49			000	999	-
57010	T	DRAINAGE OF PELVIC ABSCESS		05414	31.6824	APC	\$1,794.49			000	999	-
57020	T	DRAINAGE OF PELVIC FLUID		05415	53.2572	APC	\$3,016.49			000	999	-
57022	T	I & D VAGINAL HEMATOMA PP		05073	28.6243	APC	\$1,621.28			000	999	-
57023	T	I & D VAG HEMATOMA NON-OB		05073	28.6243	APC	\$1,621.28			000	999	-
57061	T	DESTROY VAG LESIONS SIMPLE		05414	31.6824	APC	\$1,794.49			000	999	-
57065	T	DESTROY VAG LESIONS COMPLEX		05414	31.6824	APC	\$1,794.49			000	999	-
57100	T	BIOPSY OF VAGINA		05413	7.6501	APC	\$433.30			000	999	-
57105	T	BIOPSY OF VAGINA		05414	31.6824	APC	\$1,794.49			000	999	-
57106	T	REMOVE VAGINA WALL PARTIAL		05414	31.6824	APC	\$1,794.49			000	999	-
57107	T	REMOVE VAGINA TISSUE PART		05414	31.6824	APC	\$1,794.49			000	999	-
57109	T	VAGINECTOMY PARTIAL W/NODES		05414	31.6824	APC	\$1,794.49			000	999	-
57110	C	REMOVE VAGINA WALL COMPLETE				Inpatient Only	\$0.00			000	999	-
57111	C	REMOVE VAGINA TISSUE COMPL				Inpatient Only	\$0.00			000	999	-
57120	N	CLOSURE OF VAGINA		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
57130	T	REMOVE VAGINA LESION		05414	31.6824	APC	\$1,794.49			000	999	-
57135	T	REMOVE VAGINA LESION		05414	31.6824	APC	\$1,794.49			000	999	-
57150	N	TREAT VAGINA INFECTION		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
57155	T	INSERT UTERI TANDEM/OVOIDS		05415	53.2572	APC	\$3,016.49			000	999	-
57156	T	INS VAG BRACHYTX DEVICE		05412	3.3997	APC	\$192.56			000	999	-
57160	T	INSERT PESSARY/OTHER DEVICE		05411	2.0571	APC	\$116.51			000	999	-
57170	T	FITTING OF DIAPHRAGM/CAP		05411	2.0571	APC	\$116.51			000	999	-
57180	T	TREAT VAGINAL BLEEDING		05411	2.0571	APC	\$116.51			000	999	-
57200	T	REPAIR OF VAGINA		05414	31.6824	APC	\$1,794.49			000	999	-
57210	T	REPAIR VAGINA/PERINEUM		05414	31.6824	APC	\$1,794.49			000	999	-
57220	N	REVISION OF URETHRA		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
57230	T	REPAIR OF URETHRAL LESION		05414	31.6824	APC	\$1,794.49			000	999	-
57240	N	ANTERIOR COLPORRHAPHY		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
57250	N	REPAIR RECTUM & VAGINA		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
57260	N	CMBN ANT PST COLPRHY		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
57265	N	CMBN AP COLPRHY W/NTRCL RPR		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
57267	N	INSERT MESH/PELVIC FLR ADDON				Bundled	\$0.00			000	999	-
57268	T	REPAIR OF BOWEL BULGE		05415	53.2572	APC	\$3,016.49			000	999	-
57270	C	REPAIR OF BOWEL POUCH				Inpatient Only	\$0.00			000	999	-
57280	C	SUSPENSION OF VAGINA				Inpatient Only	\$0.00			000	999	-
57282	N	COLPOPEXY EXTRAPERITONEAL		05416	82.0598	Bundled, sometimes payable	\$4,647.87			000	999	-
57283	N	COLPOPEXY INTRAPERITONEAL		05416	82.0598	Bundled, sometimes payable	\$4,647.87			000	999	-
57284	N	REPAIR PARAVAG DEFECT OPEN		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
57285	N	REPAIR PARAVAG DEFECT VAG		05416	82.0598	Bundled, sometimes payable	\$4,647.87			000	999	-
57287	N	REVISE/REMOVE SLING REPAIR		05414	31.6824	Bundled, sometimes payable	\$1,794.49			000	999	-
57288	N	REPAIR BLADDER DEFECT		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
57289	N	REPAIR BLADDER & VAGINA		05416	82.0598	Bundled, sometimes payable	\$4,647.87			000	999	-
57291	E	CONSTRUCTION OF VAGINA				Not Allowed	\$0.00			000	999	-
57292	E	CONSTRUCT VAGINA WITH GRAFT				Not Allowed	\$0.00			000	999	-
57295	T	REVISE VAG GRAFT VIA VAGINA		05414	31.6824	APC	\$1,794.49			000	999	-
57296	C	REVISE VAG GRAFT OPEN ABD				Inpatient Only	\$0.00			000	999	-
57300	T	REPAIR RECTUM-VAGINA FISTULA		05414	31.6824	APC	\$1,794.49			000	999	-
57305	C	REPAIR RECTUM-VAGINA FISTULA				Inpatient Only	\$0.00			000	999	-
57307	C	FISTULA REPAIR & COLOSTOMY				Inpatient Only	\$0.00			000	999	-
57308	C	FISTULA REPAIR TRANSPERINE				Inpatient Only	\$0.00			000	999	-
57310	N	REPAIR URETHROVAGINAL LESION		05416	82.0598	Bundled, sometimes payable	\$4,647.87			000	999	-
57311	C	REPAIR URETHROVAGINAL LESION				Inpatient Only	\$0.00			000	999	-
57320	N	REPAIR BLADDER-VAGINA LESION		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
57330	N	REPAIR BLADDER-VAGINA LESION		05416	82.0598	Bundled, sometimes payable	\$4,647.87			000	999	-

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January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
57335	T	REPAIR VAGINA		05415	53.2572	APC	\$3,016.49			000	020	-
57400	T	DILATION OF VAGINA		05414	31.6824	APC	\$1,794.49			000	999	-
57410	T	PELVIC EXAMINATION		05414	31.6824	APC	\$1,794.49			000	999	-
57415	T	REMOVE VAGINAL FOREIGN BODY		05414	31.6824	APC	\$1,794.49			000	999	-
57420	T	EXAM OF VAGINA W/SCOPE		05412	3.3997	APC	\$192.56			000	999	-
57421	T	EXAM/BIOPSY OF VAG W/SCOPE		05413	7.6501	APC	\$433.30			000	999	-
57423	N	REPAIR PARAVAG DEFECT LAP		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
57425	N	LAPAROSCOPY SURG COLPOPEXY		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
57426	N	REVISE PROSTH VAG GRAFT LAP		05416	82.0598	Bundled, sometimes payable	\$4,647.87			000	999	-
57452	T	EXAM OF CERVIX W/SCOPE		05411	2.0571	APC	\$116.51			000	999	-
57454	T	BX/CURETT OF CERVIX W/SCOPE		05412	3.3997	APC	\$192.56			000	999	-
57455	T	BIOPSY OF CERVIX W/SCOPE		05412	3.3997	APC	\$192.56			000	999	-
57456	T	ENDOCERV CURETTAGE W/SCOPE		05412	3.3997	APC	\$192.56			000	999	-
57460	T	BX OF CERVIX W/SCOPE LEEP		05414	31.6824	APC	\$1,794.49			000	999	-
57461	T	CONZ OF CERVIX W/SCOPE LEEP		05414	31.6824	APC	\$1,794.49			000	999	-
57465	N	CAM CERVIX UTERI DRG COLP				Bundled	\$0.00			000	999	-
57500	T	BIOPSY OF CERVIX		05413	7.6501	APC	\$433.30			000	999	-
57505	T	ENDOCERVICAL CURETTAGE		05413	7.6501	APC	\$433.30			000	999	-
57510	T	CAUTERIZATION OF CERVIX		05414	31.6824	APC	\$1,794.49			000	999	-
57511	T	CRYOCAUTERY OF CERVIX		05412	3.3997	APC	\$192.56			000	999	-
57513	T	LASER SURGERY OF CERVIX		05414	31.6824	APC	\$1,794.49			000	999	-
57520	T	CONIZATION OF CERVIX		05414	31.6824	APC	\$1,794.49			000	999	-
57522	T	CONIZATION OF CERVIX		05414	31.6824	APC	\$1,794.49			000	999	-
57530	T	REMOVAL OF CERVIX		05415	53.2572	APC	\$3,016.49			000	999	-
57531	C	REMOVAL OF CERVIX RADICAL				Inpatient Only	\$0.00			000	999	-
57540	C	REMOVAL OF RESIDUAL CERVIX				Inpatient Only	\$0.00			000	999	-
57545	C	REMOVE CERVIX/REPAIR PELVIS				Inpatient Only	\$0.00			000	999	-
57550	T	REMOVAL OF RESIDUAL CERVIX		05415	53.2572	APC	\$3,016.49			000	999	-
57555	N	REMOVE CERVIX/REPAIR VAGINA		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
57556	N	REMOVE CERVIX REPAIR BOWEL		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
57558	T	D&C OF CERVICAL STUMP		05414	31.6824	APC	\$1,794.49			000	999	-
57700	T	REVISION OF CERVIX		05414	31.6824	APC	\$1,794.49			000	999	-
57720	T	REVISION OF CERVIX		05414	31.6824	APC	\$1,794.49			000	999	-
57800	T	DILATION OF CERVICAL CANAL		05414	31.6824	APC	\$1,794.49			000	999	-
58100	T	BIOPSY OF UTERUS LINING		05411	2.0571	APC	\$116.51			000	999	-
58110	N	BX DONE W/COLPOSCOPY ADD-ON				Bundled	\$0.00			000	999	-
58120	T	DILATION AND CURETTAGE		05414	31.6824	APC	\$1,794.49			000	999	-
58140	C	MYOMECTOMY ABDOM METHOD				Inpatient Only	\$0.00			000	999	-
58145	T	MYOMECTOMY VAG METHOD		05414	31.6824	APC	\$1,794.49			000	999	-
58146	C	MYOMECTOMY ABDOM COMPLEX				Inpatient Only	\$0.00			000	999	-
58150	C	TOTAL HYSTERECTOMY				Inpatient Only	\$0.00			000	999	-
58152	C	TOTAL HYSTERECTOMY				Inpatient Only	\$0.00			000	999	-
58180	C	PARTIAL HYSTERECTOMY				Inpatient Only	\$0.00			000	999	-
58200	C	EXTENSIVE HYSTERECTOMY				Inpatient Only	\$0.00			000	999	-
58210	C	EXTENSIVE HYSTERECTOMY				Inpatient Only	\$0.00			000	999	-
58240	C	REMOVAL OF PELVIS CONTENTS				Inpatient Only	\$0.00			000	999	-
58260	N	VAGINAL HYSTERECTOMY		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
58262	N	VAG HYST INCLUDING T/O		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
58263	N	VAG HYST W/T/O & VAG REPAIR		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
58267	C	VAG HYST W/URINARY REPAIR				Inpatient Only	\$0.00			000	999	-
58270	N	VAG HYST W/ENTEROCLE REPAIR		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
58275	C	HYSTERECTOMY/REVISE VAGINA				Inpatient Only	\$0.00			000	999	-
58280	C	HYSTERECTOMY/REVISE VAGINA				Inpatient Only	\$0.00			000	999	-
58285	C	EXTENSIVE HYSTERECTOMY				Inpatient Only	\$0.00			000	999	-
58290	N	VAG HYST COMPLEX		05416	82.0598	Bundled, sometimes payable	\$4,647.87			000	999	-
58291	N	VAG HYST INCL T/O COMPLEX		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
58292	N	VAG HYST T/O & REPAIR COMPL		05416	82.0598	Bundled, sometimes payable	\$4,647.87			000	999	-

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Outpatient Prospective Payment System Services
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58294	N	VAG HYST W/ENTEROCELE COMPL		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
58300	M	INSERT INTRAUTERINE DEVICE				Fee Schedule	\$62.94			010	065	-
58301	N	REMOVE INTRAUTERINE DEVICE		05412	3.3997	Bundled, sometimes payable	\$192.56			000	999	-
58321	E	ARTIFICIAL INSEMINATION				Not Allowed	\$0.00			010	065	-
58322	E	ARTIFICIAL INSEMINATION				Not Allowed	\$0.00			010	065	-
58323	E	SPERM WASHING				Not Allowed	\$0.00			010	065	-
58340	N	CATHETER FOR HYSTEROGRAPHY				Bundled	\$0.00			000	999	-
58345	E	REOPEN FALLOPIAN TUBE				Not Allowed	\$0.00			000	999	-
58346	T	INSERT HEYMAN UTERI CAPSULE		05415	53.2572	APC	\$3,016.49			000	999	-
58350	N	REOPEN FALLOPIAN TUBE		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
58353	N	ENDOMETR ABLATE THERMAL		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
58356	N	ENDOMETRIAL CRYOABLATION		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
58400	C	SUSPENSION OF UTERUS				Inpatient Only	\$0.00			000	999	-
58410	C	SUSPENSION OF UTERUS				Inpatient Only	\$0.00			000	999	-
58520	C	REPAIR OF RUPTURED UTERUS				Inpatient Only	\$0.00			000	999	-
58540	C	REVISION OF UTERUS				Inpatient Only	\$0.00			000	999	-
58541	N	LSH UTERUS 250 G OR LESS		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
58542	N	LSH W/T/O UT 250 G OR LESS		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
58543	N	LSH UTERUS ABOVE 250 G		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
58544	N	LSH W/T/O UTERUS ABOVE 250 G		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
58545	N	LAPAROSCOPIC MYOMECTOMY		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
58546	N	LAPARO-MYOMECTOMY COMPLEX		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
58548	C	LAP RADICAL HYST				Inpatient Only	\$0.00			000	999	-
58550	N	LAPARO-ASST VAG HYSTERECTOMY		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
58552	N	LAPARO-VAG HYST INCL T/O		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
58553	N	LAPARO-VAG HYST COMPLEX		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
58554	N	LAPARO-VAG HYST W/T/O COMPL		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
58555	T	HYSTEROSCOPY DX SEP PROC		05414	31.6824	APC	\$1,794.49			000	999	-
58558	T	HYSTEROSCOPY BIOPSY		05414	31.6824	APC	\$1,794.49			000	999	-
58559	N	HYSTEROSCOPY LYSIS		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
58560	N	HYSTEROSCOPY RESECT SEPTUM		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
58561	N	HYSTEROSCOPY REMOVE MYOMA		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
58562	T	HYSTEROSCOPY REMOVE FB		05414	31.6824	APC	\$1,794.49			000	999	-
58563	N	HYSTEROSCOPY ABLATION		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
58565	N	HYSTEROSCOPY STERILIZATION		05415	53.2572	Bundled, sometimes payable	\$3,016.49			021	065	-
58570	N	TLH UTERUS 250 G OR LESS		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
58571	N	TLH W/T/O 250 G OR LESS		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
58572	N	TLH UTERUS OVER 250 G		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
58573	N	TLH W/T/O UTERUS OVER 250 G		05362	107.5843	Bundled, sometimes payable	\$6,093.57			000	999	-
58575	C	LAPS TOT HYST RESJ MAL				Inpatient Only	\$0.00			000	999	-
58578	N	LAPARO PROC UTERUS		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
58579	T	HYSTEROSCOPE PROCEDURE		05411	2.0571	APC	\$116.51			000	999	-
58600	T	DIVISION OF FALLOPIAN TUBE		05414	31.6824	APC	\$1,794.49			021	065	-
58605	C	DIVISION OF FALLOPIAN TUBE				Inpatient Only	\$0.00			021	065	-
58611	C	LIGATE OVIDUCT(S) ADD-ON				Inpatient Only	\$0.00			021	065	-
58615	T	OCCLUDE FALLOPIAN TUBE(S)		05414	31.6824	APC	\$1,794.49			021	065	-
58660	N	LAPAROSCOPY LYSIS		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
58661	N	LAPAROSCOPY REMOVE ADNEXA		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
58662	N	LAPAROSCOPY EXCISE LESIONS		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
58670	N	LAPAROSCOPY TUBAL CAUTERY		05361	61.1186	Bundled, sometimes payable	\$3,461.76			021	999	-
58671	N	LAPAROSCOPY TUBAL BLOCK		05361	61.1186	Bundled, sometimes payable	\$3,461.76			021	999	-
58672	N	LAPAROSCOPY FIMBRIOPLASTY		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
58673	N	LAPAROSCOPY SALPINGOSTOMY		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
58674	T	LAPS ABLTJ UTERINE FIBROIDS		05362	107.5843	APC	\$6,093.57			000	999	-
58679	N	LAPARO PROC OVIDUCT-OVARY		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
58700	C	REMOVAL OF FALLOPIAN TUBE				Inpatient Only	\$0.00			000	999	-
58720	C	REMOVAL OF OVARY/TUBE(S)				Inpatient Only	\$0.00			000	999	-

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

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
58740	C	ADHESIOLYSIS TUBE OVARY				Inpatient Only	\$0.00			000	999	-
58750	E	REPAIR OVIDUCT				Not Allowed	\$0.00			000	999	-
58752	E	REVISE OVARIAN TUBE(S)				Not Allowed	\$0.00			000	999	-
58760	E	FIMBRIOPLASTY				Not Allowed	\$0.00			000	999	-
58770	E	CREATE NEW TUBAL OPENING				Not Allowed	\$0.00			000	999	-
58800	T	DRAINAGE OF OVARIAN CYST(S)		05414	31.6824	APC	\$1,794.49			000	999	-
58805	T	DRAINAGE OF OVARIAN CYST(S)		05414	31.6824	APC	\$1,794.49			000	999	-
58820	T	DRAIN OVARY ABSCESS OPEN		05414	31.6824	APC	\$1,794.49			000	999	-
58822	C	DRAIN OVARY ABSCESS PERCUT				Inpatient Only	\$0.00			000	999	-
58825	C	TRANSPOSITION OVARY(S)				Inpatient Only	\$0.00			000	999	-
58900	T	BIOPSY OF OVARY(S)		05414	31.6824	APC	\$1,794.49			000	999	-
58920	N	PARTIAL REMOVAL OF OVARY(S)		05416	82.0598	Bundled, sometimes payable	\$4,647.87			000	999	-
58925	N	REMOVAL OF OVARIAN CYST(S)		05415	53.2572	Bundled, sometimes payable	\$3,016.49			000	999	-
58940	C	REMOVAL OF OVARY(S)				Inpatient Only	\$0.00			000	999	-
58943	C	REMOVAL OF OVARY(S)				Inpatient Only	\$0.00			000	999	-
58950	C	RESECT OVARIAN MALIGNANCY				Inpatient Only	\$0.00			000	999	-
58951	C	RESECT OVARIAN MALIGNANCY				Inpatient Only	\$0.00			000	999	-
58952	C	RESECT OVARIAN MALIGNANCY				Inpatient Only	\$0.00			000	999	-
58953	C	TAH RAD DISSECT FOR DEBULK				Inpatient Only	\$0.00			000	999	-
58954	C	TAH RAD DEBULK/LYMPH REMOVE				Inpatient Only	\$0.00			012	999	-
58956	C	BSO OMENTECTOMY W/TAH				Inpatient Only	\$0.00			000	999	-
58957	C	RESECT RECURRENT GYN MAL				Inpatient Only	\$0.00			000	999	-
58958	C	RESECT RECUR GYN MAL W/LYM				Inpatient Only	\$0.00			000	999	-
58960	C	EXPLORATION OF ABDOMEN				Inpatient Only	\$0.00			000	999	-
58970	E	RETRIEVAL OF OOCYTE				Not Allowed	\$0.00			000	999	-
58974	E	TRANSFER OF EMBRYO				Not Allowed	\$0.00			000	999	-
58976	E	TRANSFER OF EMBRYO				Not Allowed	\$0.00			000	999	-
58999	T	GENITAL SURGERY PROCEDURE		05411	2.0571	APC	\$116.51			000	999	-
59000	T	AMNIOCENTESIS DIAGNOSTIC		05413	7.6501	APC	\$433.30			010	065	-
59001	T	AMNIOCENTESIS THERAPEUTIC		05412	3.3997	APC	\$192.56			010	065	-
59012	T	FETAL CORD PUNCTURE PRENATAL		05412	3.3997	APC	\$192.56			010	065	-
59015	T	CHORION BIOPSY		05413	7.6501	APC	\$433.30			010	065	-
59020	T	FETAL CONTRACT STRESS TEST		05411	2.0571	APC	\$116.51			010	065	-
59025	T	FETAL NON-STRESS TEST		05411	2.0571	APC	\$116.51			010	065	-
59030	T	FETAL SCALP BLOOD SAMPLE		05412	3.3997	APC	\$192.56			010	065	-
59050	M	FETAL MONITOR W/REPORT				Charge Ratio	\$0.00			010	065	-
59051	E	FETAL MONITOR/INTERPRET ONLY				Not Allowed	\$0.00			010	065	-
59070	T	TRANSABDOM AMNIOINFUS W/US		05412	3.3997	APC	\$192.56			010	065	-
59072	T	UMBILICAL CORD OCCLUD W/US		05412	3.3997	APC	\$192.56			010	065	-
59074	T	FETAL FLUID DRAINAGE W/US		05412	3.3997	APC	\$192.56			010	065	-
59076	T	FETAL SHUNT PLACEMENT W/US		05412	3.3997	APC	\$192.56			010	065	-
59100	T	REMOVE UTERUS LESION		05415	53.2572	APC	\$3,016.49			010	065	-
59120	C	TREAT ECTOPIC PREGNANCY				Inpatient Only	\$0.00			010	065	-
59121	C	TREAT ECTOPIC PREGNANCY				Inpatient Only	\$0.00			010	065	-
59130	C	TREAT ECTOPIC PREGNANCY				Inpatient Only	\$0.00			010	065	-
59135	C	TREAT ECTOPIC PREGNANCY				Inpatient Only	\$0.00			012	051	-
59136	C	TREAT ECTOPIC PREGNANCY				Inpatient Only	\$0.00			010	065	-
59140	C	TREAT ECTOPIC PREGNANCY				Inpatient Only	\$0.00			010	065	-
59150	N	TREAT ECTOPIC PREGNANCY		05361	61.1186	Bundled, sometimes payable	\$3,461.76			010	065	-
59151	N	TREAT ECTOPIC PREGNANCY		05361	61.1186	Bundled, sometimes payable	\$3,461.76			010	065	-
59160	T	D & C AFTER DELIVERY		05414	31.6824	APC	\$1,794.49			010	065	-
59200	T	INSERT CERVICAL DILATOR		05412	3.3997	APC	\$192.56			010	065	-
59300	T	EPISIOTOMY OR VAGINAL REPAIR		05414	31.6824	APC	\$1,794.49			010	065	-
59320	T	REVISION OF CERVIX		05414	31.6824	APC	\$1,794.49			010	065	-
59325	C	REVISION OF CERVIX				Inpatient Only	\$0.00			010	065	-
59350	C	REPAIR OF UTERUS				Inpatient Only	\$0.00			010	065	-
59400	E	OBSTETRICAL CARE				Not Allowed	\$0.00			010	065	-

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Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
59409	T	OBSTETRICAL CARE		05414	31.6824	APC	\$1,794.49			010	065	-
59410	E	OBSTETRICAL CARE				Not Allowed	\$0.00			010	065	-
59412	T	ANTEPARTUM MANIPULATION		05414	31.6824	APC	\$1,794.49			010	065	-
59414	T	DELIVER PLACENTA		05414	31.6824	APC	\$1,794.49			010	065	-
59425	M	ANTEPARTUM CARE ONLY				Fee Schedule	\$0.00			010	065	-
59426	M	ANTEPARTUM CARE ONLY				Fee Schedule	\$0.00			010	065	-
59430	M	CARE AFTER DELIVERY				Fee Schedule	\$0.00			010	065	-
59510	E	CESAREAN DELIVERY				Not Allowed	\$0.00			010	065	-
59514	C	CESAREAN DELIVERY ONLY				Inpatient Only	\$0.00			010	065	-
59515	E	CESAREAN DELIVERY				Not Allowed	\$0.00			010	065	-
59525	C	REMOVE UTERUS AFTER CESAREAN				Inpatient Only	\$0.00			010	065	-
59610	E	VBAC DELIVERY				Not Allowed	\$0.00			010	065	-
59612	T	VBAC DELIVERY ONLY		05414	31.6824	APC	\$1,794.49			010	065	-
59614	E	VBAC CARE AFTER DELIVERY				Not Allowed	\$0.00			010	065	-
59618	E	ATTEMPTED VBAC DELIVERY				Not Allowed	\$0.00			010	065	-
59620	C	ATTEMPTED VBAC DELIVERY ONLY				Inpatient Only	\$0.00			010	065	-
59622	E	ATTEMPTED VBAC AFTER CARE				Not Allowed	\$0.00			010	065	-
59812	T	TREATMENT OF MISCARRIAGE		05414	31.6824	APC	\$1,794.49			010	065	-
59820	T	CARE OF MISCARRIAGE		05414	31.6824	APC	\$1,794.49			010	065	-
59821	T	TREATMENT OF MISCARRIAGE		05414	31.6824	APC	\$1,794.49			010	065	-
59830	C	TREAT UTERUS INFECTION				Inpatient Only	\$0.00			010	065	-
59840	T	ABORTION		05414	31.6824	APC	\$1,794.49			010	065	-
59841	T	ABORTION		05414	31.6824	APC	\$1,794.49			010	065	-
59850	C	ABORTION				Inpatient Only	\$0.00			010	065	-
59851	C	ABORTION				Inpatient Only	\$0.00			010	065	-
59852	C	ABORTION				Inpatient Only	\$0.00			010	065	-
59855	C	ABORTION				Inpatient Only	\$0.00			010	065	-
59856	C	ABORTION				Inpatient Only	\$0.00			010	065	-
59857	C	ABORTION				Inpatient Only	\$0.00			010	065	-
59866	T	ABORTION (MPR)		05412	3.3997	APC	\$192.56			012	055	-
59870	T	EVACUATE MOLE OF UTERUS		05414	31.6824	APC	\$1,794.49			010	065	-
59871	N	REMOVE CERCLAGE SUTURE		05414	31.6824	Bundled, sometimes payable	\$1,794.49			000	999	-
59897	T	FETAL INVAS PX W/US		05411	2.0571	APC	\$116.51			010	065	-
59898	N	LAPARO PROC OB CARE/DELIVER		05361	61.1186	Bundled, sometimes payable	\$3,461.76			010	065	-
59899	T	MATERNITY CARE PROCEDURE		05411	2.0571	APC	\$116.51			010	065	-
60000	T	DRAIN THYROID/TONGUE CYST		05163	16.3386	APC	\$925.42			000	999	-
6005F	E	CARE LEVEL RATIONALE DOC				Not Allowed	\$0.00			000	999	-
60100	T	BIOPSY OF THYROID		05071	7.5120	APC	\$425.48			000	999	-
6010F	E	DYSPHAG TEST DONE B/4 EATING				Not Allowed	\$0.00			000	999	-
6015F	E	DYSPHAG TEST DONE B/4 EATING				Not Allowed	\$0.00			000	999	-
60200	N	REMOVE THYROID LESION		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
6020F	E	NPO (NOTHING-MOUTH) ORDERED				Not Allowed	\$0.00			000	999	-
60210	N	PARTIAL THYROID EXCISION		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
60212	N	PARTIAL THYROID EXCISION		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
60220	N	PARTIAL REMOVAL OF THYROID		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
60225	N	PARTIAL REMOVAL OF THYROID		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
60240	N	REMOVAL OF THYROID		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
60252	N	REMOVAL OF THYROID		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
60254	C	EXTENSIVE THYROID SURGERY				Inpatient Only	\$0.00			000	999	-
60260	N	REPEAT THYROID SURGERY		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
60270	C	REMOVAL OF THYROID				Inpatient Only	\$0.00			000	999	-
60271	N	REMOVAL OF THYROID		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
60280	N	REMOVE THYROID DUCT LESION		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
60281	N	REMOVE THYROID DUCT LESION		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
60300	T	ASPIR/INJ THYROID CYST		05071	7.5120	APC	\$425.48			000	999	-
6030F	E	MAX STERILE BARRIERS FOLLWD				Not Allowed	\$0.00			000	999	-
6040F	E	APPRO RAD DS DVCS TECHS DOCD				Not Allowed	\$0.00			000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
6045F	E	RADXPS IN END RPRT4FLURO PXD				Not Allowed	\$0.00			000	999	-
60500	N	EXPLORE PARATHYROID GLANDS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
60502	N	RE-EXPLORE PARATHYROIDS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
60505	C	EXPLORE PARATHYROID GLANDS				Inpatient Only	\$0.00			000	999	-
60512	N	AUTOTRANSPLANT PARATHYROID				Bundled	\$0.00			000	999	-
60520	N	REMOVAL OF THYMUS GLAND		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
60521	C	REMOVAL OF THYMUS GLAND				Inpatient Only	\$0.00			000	999	-
60522	C	REMOVAL OF THYMUS GLAND				Inpatient Only	\$0.00			000	999	-
60540	C	EXPLORE ADRENAL GLAND				Inpatient Only	\$0.00			000	999	-
60545	C	EXPLORE ADRENAL GLAND				Inpatient Only	\$0.00			000	999	-
60600	C	REMOVE CAROTID BODY LESION				Inpatient Only	\$0.00			000	999	-
60605	C	REMOVE CAROTID BODY LESION				Inpatient Only	\$0.00			000	999	-
60650	C	LAPAROSCOPY ADRENALECTOMY				Inpatient Only	\$0.00			000	999	-
60659	N	LAPARO PROC ENDOCRINE		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
60699	N	ENDOCRINE SURGERY PROCEDURE		05361	61.1186	Bundled, sometimes payable	\$3,461.76			000	999	-
6070F	E	PT ASKED/CNSLD AED EFFECTS				Not Allowed	\$0.00			000	999	-
6080F	E	PT/CAREGIVER QUERIED FALLS				Not Allowed	\$0.00			000	999	-
6090F	E	PT/CAREGIVER COUNSEL SAFETY				Not Allowed	\$0.00			000	999	-
61000	T	REMOVE CRANIAL CAVITY FLUID		05442	7.6644	APC	\$434.11			000	002	-
61001	T	REMOVE CRANIAL CAVITY FLUID		05442	7.6644	APC	\$434.11			000	002	-
6100F	E	VERIFY PT SITE PXD DOCD				Not Allowed	\$0.00			000	999	-
6101F	E	SAFETY COUNSELING DEMENTIA				Not Allowed	\$0.00			000	999	-
61020	T	REMOVE BRAIN CAVITY FLUID		05443	9.9334	APC	\$562.63			000	999	-
61026	T	INJECTION INTO BRAIN CANAL		05442	7.6644	APC	\$434.11			000	999	-
6102F	E	SAFETY COUNSELING DEM ORDER				Not Allowed	\$0.00			000	999	-
61050	T	REMOVE BRAIN CANAL FLUID		05441	3.1543	APC	\$178.66			000	999	-
61055	T	INJECTION INTO BRAIN CANAL		05441	3.1543	APC	\$178.66			000	999	-
61070	T	BRAIN CANAL SHUNT PROCEDURE		05442	7.6644	APC	\$434.11			000	999	-
61105	C	TWIST DRILL HOLE				Inpatient Only	\$0.00			000	999	-
61107	C	DRILL SKULL FOR IMPLANTATION				Inpatient Only	\$0.00			000	999	-
61108	C	DRILL SKULL FOR DRAINAGE				Inpatient Only	\$0.00			000	999	-
6110F	E	COUNSEL PROV DRIVING RISKS				Not Allowed	\$0.00			000	999	-
61120	C	BURR HOLE FOR PUNCTURE				Inpatient Only	\$0.00			000	999	-
61140	C	PIERCE SKULL FOR BIOPSY				Inpatient Only	\$0.00			000	999	-
61150	C	PIERCE SKULL FOR DRAINAGE				Inpatient Only	\$0.00			000	999	-
61151	C	PIERCE SKULL FOR DRAINAGE				Inpatient Only	\$0.00			000	999	-
61154	C	PIERCE SKULL & REMOVE CLOT				Inpatient Only	\$0.00			000	999	-
61156	C	PIERCE SKULL FOR DRAINAGE				Inpatient Only	\$0.00			000	999	-
61210	C	PIERCE SKULL IMPLANT DEVICE				Inpatient Only	\$0.00			000	999	-
61215	T	INSERT BRAIN-FLUID DEVICE		05432	68.8466	APC	\$3,899.47			000	999	-
61250	C	PIERCE SKULL & EXPLORE				Inpatient Only	\$0.00			000	999	-
61253	C	PIERCE SKULL & EXPLORE				Inpatient Only	\$0.00			000	999	-
61304	C	OPEN SKULL FOR EXPLORATION				Inpatient Only	\$0.00			000	999	-
61305	C	OPEN SKULL FOR EXPLORATION				Inpatient Only	\$0.00			000	999	-
61312	C	OPEN SKULL FOR DRAINAGE				Inpatient Only	\$0.00			000	999	-
61313	C	OPEN SKULL FOR DRAINAGE				Inpatient Only	\$0.00			000	999	-
61314	C	OPEN SKULL FOR DRAINAGE				Inpatient Only	\$0.00			000	999	-
61315	C	OPEN SKULL FOR DRAINAGE				Inpatient Only	\$0.00			000	999	-
61316	C	IMPLT CRAN BONE FLAP TO ABDO				Inpatient Only	\$0.00			000	999	-
61320	C	OPEN SKULL FOR DRAINAGE				Inpatient Only	\$0.00			000	999	-
61321	C	OPEN SKULL FOR DRAINAGE				Inpatient Only	\$0.00			000	999	-
61322	C	DECOMPRESSIVE CRANIOTOMY				Inpatient Only	\$0.00			000	999	-
61323	C	DECOMPRESSIVE LOBECTOMY				Inpatient Only	\$0.00			000	999	-
61330	N	DECOMPRESS EYE SOCKET		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
61333	C	EXPLORE ORBIT/REMOVE LESION				Inpatient Only	\$0.00			000	999	-
61340	C	SUBTEMPORAL DECOMPRESSION				Inpatient Only	\$0.00			000	999	-
61343	C	INCISE SKULL (PRESS RELIEF)				Inpatient Only	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
61345	C	RELIEVE CRANIAL PRESSURE				Inpatient Only	\$0.00			000	999	-
61450	C	INCISE SKULL FOR SURGERY				Inpatient Only	\$0.00			000	999	-
61458	C	INCISE SKULL FOR BRAIN WOUND				Inpatient Only	\$0.00			000	999	-
61460	C	INCISE SKULL FOR SURGERY				Inpatient Only	\$0.00			000	999	-
61500	C	REMOVAL OF SKULL LESION				Inpatient Only	\$0.00			000	999	-
61501	C	REMOVE INFECTED SKULL BONE				Inpatient Only	\$0.00			000	999	-
6150F	E	PT NOTRCVNG1ST ANTITNF TXMNT				Not Allowed	\$0.00			000	999	-
61510	C	REMOVAL OF BRAIN LESION				Inpatient Only	\$0.00			000	999	-
61512	C	REMOVE BRAIN LINING LESION				Inpatient Only	\$0.00			000	999	-
61514	C	REMOVAL OF BRAIN ABSCESS				Inpatient Only	\$0.00			000	999	-
61516	C	REMOVAL OF BRAIN LESION				Inpatient Only	\$0.00			000	999	-
61517	C	IMPLT BRAIN CHEMOTX ADD-ON				Inpatient Only	\$0.00			000	999	-
61518	C	REMOVAL OF BRAIN LESION				Inpatient Only	\$0.00			000	999	-
61519	C	REMOVE BRAIN LINING LESION				Inpatient Only	\$0.00			000	999	-
61520	C	REMOVAL OF BRAIN LESION				Inpatient Only	\$0.00			000	999	-
61521	C	REMOVAL OF BRAIN LESION				Inpatient Only	\$0.00			000	999	-
61522	C	REMOVAL OF BRAIN ABSCESS				Inpatient Only	\$0.00			000	999	-
61524	C	REMOVAL OF BRAIN LESION				Inpatient Only	\$0.00			000	999	-
61526	C	REMOVAL OF BRAIN LESION				Inpatient Only	\$0.00			000	999	-
61530	C	REMOVAL OF BRAIN LESION				Inpatient Only	\$0.00			000	999	-
61531	C	IMPLANT BRAIN ELECTRODES				Inpatient Only	\$0.00			000	999	-
61533	C	IMPLANT BRAIN ELECTRODES				Inpatient Only	\$0.00			000	999	-
61534	C	REMOVAL OF BRAIN LESION				Inpatient Only	\$0.00			000	999	-
61535	C	REMOVE BRAIN ELECTRODES				Inpatient Only	\$0.00			000	999	-
61536	C	REMOVAL OF BRAIN LESION				Inpatient Only	\$0.00			000	999	-
61537	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	\$0.00			000	999	-
61538	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	\$0.00			000	999	-
61539	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	\$0.00			000	999	-
61540	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	\$0.00			000	999	-
61541	C	INCISION OF BRAIN TISSUE				Inpatient Only	\$0.00			000	999	-
61543	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	\$0.00			000	999	-
61544	C	REMOVE & TREAT BRAIN LESION				Inpatient Only	\$0.00			000	999	-
61545	C	EXCISION OF BRAIN TUMOR				Inpatient Only	\$0.00			000	999	-
61546	C	REMOVAL OF PITUITARY GLAND				Inpatient Only	\$0.00			000	999	-
61548	C	REMOVAL OF PITUITARY GLAND				Inpatient Only	\$0.00			000	999	-
61550	C	RELEASE OF SKULL SEAMS				Inpatient Only	\$0.00			000	999	-
61552	C	RELEASE OF SKULL SEAMS				Inpatient Only	\$0.00			000	999	-
61556	C	INCISE SKULL/SUTURES				Inpatient Only	\$0.00			000	999	-
61557	C	INCISE SKULL/SUTURES				Inpatient Only	\$0.00			000	999	-
61558	C	EXCISION OF SKULL/SUTURES				Inpatient Only	\$0.00			000	999	-
61559	C	EXCISION OF SKULL/SUTURES				Inpatient Only	\$0.00			000	999	-
61563	C	EXCISION OF SKULL TUMOR				Inpatient Only	\$0.00			000	999	-
61564	C	EXCISION OF SKULL TUMOR				Inpatient Only	\$0.00			000	999	-
61566	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	\$0.00			000	999	-
61567	C	INCISION OF BRAIN TISSUE				Inpatient Only	\$0.00			000	999	-
61570	C	REMOVE FOREIGN BODY BRAIN				Inpatient Only	\$0.00			000	999	-
61571	C	INCISE SKULL FOR BRAIN WOUND				Inpatient Only	\$0.00			000	999	-
61575	C	SKULL BASE/BRAINSTEM SURGERY				Inpatient Only	\$0.00			000	999	-
61576	C	SKULL BASE/BRAINSTEM SURGERY				Inpatient Only	\$0.00			000	999	-
61580	C	CRANIOFACIAL APPROACH SKULL				Inpatient Only	\$0.00			000	999	-
61581	C	CRANIOFACIAL APPROACH SKULL				Inpatient Only	\$0.00			000	999	-
61582	C	CRANIOFACIAL APPROACH SKULL				Inpatient Only	\$0.00			000	999	-
61583	C	CRANIOFACIAL APPROACH SKULL				Inpatient Only	\$0.00			000	999	-
61584	C	ORBITOCRANIAL APPROACH/SKULL				Inpatient Only	\$0.00			000	999	-
61585	C	ORBITOCRANIAL APPROACH/SKULL				Inpatient Only	\$0.00			000	999	-
61586	C	RESECT NASOPHARYNX SKULL				Inpatient Only	\$0.00			000	999	-
61590	C	INFRATEMPORAL APPROACH/SKULL				Inpatient Only	\$0.00			000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
61591	C	INFRATEMPORAL APPROACH/SKULL				Inpatient Only	\$0.00			000	999	-
61592	C	ORBITOCRANIAL APPROACH/SKULL				Inpatient Only	\$0.00			000	999	-
61595	C	TRANSTEMPORAL APPROACH/SKULL				Inpatient Only	\$0.00			000	999	-
61596	C	TRANSCOCHLEAR APPROACH/SKULL				Inpatient Only	\$0.00			000	999	-
61597	C	TRANSCONDYLAR APPROACH/SKULL				Inpatient Only	\$0.00			000	999	-
61598	C	TRANSPETROSAL APPROACH/SKULL				Inpatient Only	\$0.00			000	999	-
61600	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only	\$0.00			000	999	-
61601	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only	\$0.00			000	999	-
61605	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only	\$0.00			000	999	-
61606	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only	\$0.00			000	999	-
61607	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only	\$0.00			000	999	-
61608	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only	\$0.00			000	999	-
61611	C	TRANSECT ARTERY SINUS				Inpatient Only	\$0.00			000	999	-
61613	C	REMOVE ANEURYSM SINUS				Inpatient Only	\$0.00			000	999	-
61615	C	RESECT/EXCISE LESION SKULL				Inpatient Only	\$0.00			000	999	-
61616	C	RESECT/EXCISE LESION SKULL				Inpatient Only	\$0.00			000	999	-
61618	C	REPAIR DURA				Inpatient Only	\$0.00			000	999	-
61619	C	REPAIR DURA				Inpatient Only	\$0.00			000	999	-
61623	N	ENDOVASC TEMPORY VESSEL OCCL		05193	121.2960	Bundled, sometimes payable	\$6,870.21			000	999	-
61624	T	TRANSCATH OCCLUSION CNS		05194	194.0167	APC	\$10,989.11			000	999	-
61626	N	TRANSCATH OCCLUSION NON-CNS		05193	121.2960	Bundled, sometimes payable	\$6,870.21			000	999	-
61630	C	INTRACRANIAL ANGIOPLASTY				Inpatient Only	\$0.00			000	999	-
61635	C	INTRACRAN ANGIOPLSTY W/STENT				Inpatient Only	\$0.00			000	999	-
61640	E	DILATE IC VASOSPASM INIT				Not Allowed	\$0.00			000	999	-
61641	E	DILAT IC VSPSM EA VSL SM TER				Not Allowed	\$0.00			000	999	-
61642	E	DILAT IC VSPSM EA DIFF TER				Not Allowed	\$0.00			000	999	-
61645	C	PERQ ART M-THROMBECT &NFS				Inpatient Only	\$0.00			000	999	-
61650	C	EVASC PRLNG ADMN RX AGNT 1ST				Inpatient Only	\$0.00			000	999	-
61651	C	EVASC PRLNG ADMN RX AGNT ADD				Inpatient Only	\$0.00			000	999	-
61680	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only	\$0.00			000	999	-
61682	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only	\$0.00			000	999	-
61684	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only	\$0.00			000	999	-
61686	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only	\$0.00			000	999	-
61690	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only	\$0.00			000	999	-
61692	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only	\$0.00			000	999	-
61697	C	BRAIN ANEURYSM REPR COMPLX				Inpatient Only	\$0.00			000	999	-
61698	C	BRAIN ANEURYSM REPR COMPLX				Inpatient Only	\$0.00			000	999	-
61700	C	BRAIN ANEURYSM REPR SIMPLE				Inpatient Only	\$0.00			000	999	-
61702	C	INNER SKULL VESSEL SURGERY				Inpatient Only	\$0.00			000	999	-
61703	C	CLAMP NECK ARTERY				Inpatient Only	\$0.00			000	999	-
61705	C	REVISE CIRCULATION TO HEAD				Inpatient Only	\$0.00			000	999	-
61708	C	REVISE CIRCULATION TO HEAD				Inpatient Only	\$0.00			000	999	-
61710	C	REVISE CIRCULATION TO HEAD				Inpatient Only	\$0.00			000	999	-
61711	C	FUSION OF SKULL ARTERIES				Inpatient Only	\$0.00			000	999	-
61720	T	INCISE SKULL/BRAIN SURGERY		05432	68.8466	APC	\$3,899.47			000	999	-
61735	C	INCISE SKULL/BRAIN SURGERY				Inpatient Only	\$0.00			000	999	-
61750	C	INCISE SKULL/BRAIN BIOPSY				Inpatient Only	\$0.00			000	999	-
61751	C	BRAIN BIOPSY W/CT/MR GUIDE				Inpatient Only	\$0.00			000	999	-
61760	C	IMPLANT BRAIN ELECTRODES				Inpatient Only	\$0.00			000	999	-
61770	T	INCISE SKULL FOR TREATMENT		05432	68.8466	APC	\$3,899.47			000	999	-
61781	N	SCAN PROC CRANIAL INTRA				Bundled	\$0.00			000	999	-
61782	N	SCAN PROC CRANIAL EXTRA				Bundled	\$0.00			000	999	-
61783	N	SCAN PROC SPINAL				Bundled	\$0.00			000	999	-
61790	T	TREAT TRIGEMINAL NERVE		05431	21.1890	APC	\$1,200.14			000	999	-
61791	T	TREAT TRIGEMINAL TRACT		05431	21.1890	APC	\$1,200.14			000	999	-
61796	E	SRS CRANIAL LESION SIMPLE				Not Allowed	\$0.00			000	999	-
61797	E	SRS CRAN LES SIMPLE ADDL				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
61798	E	SRS CRANIAL LESION COMPLEX				Not Allowed	\$0.00			000	999	-
61799	E	SRS CRAN LES COMPLEX ADDL				Not Allowed	\$0.00			000	999	-
61800	E	APPLY SRS HEADFRAME ADD-ON				Not Allowed	\$0.00			000	999	-
61850	C	IMPLANT NEUROELECTRODES				Inpatient Only	\$0.00			000	999	-
61860	C	IMPLANT NEUROELECTRODES				Inpatient Only	\$0.00			000	999	-
61863	C	IMPLANT NEUROELECTRODE				Inpatient Only	\$0.00			000	999	-
61864	C	IMPLANT NEUROELECTRDE ADDL				Inpatient Only	\$0.00			000	999	-
61867	C	IMPLANT NEUROELECTRODE				Inpatient Only	\$0.00			000	999	-
61868	C	IMPLANT NEUROELECTRDE ADDL				Inpatient Only	\$0.00			000	999	-
61880	N	REVISE/REMOVE NEUROELECTRODE		05461	39.5582	Bundled, sometimes payable	\$2,240.58			000	999	-
61885	N	INSRT/REDO NEUROSTIM 1 ARRAY		05464	247.3493	Bundled, sometimes payable	\$14,009.86			000	999	-
61886	N	IMPLANT NEUROSTIM ARRAYS		05465	355.6230	Bundled, sometimes payable	\$20,142.49			000	999	-
61888	N	REVISE/REMOVE NEURORCEIVER		05463	135.7079	Bundled, sometimes payable	\$7,686.50			000	999	-
62000	N	TREAT SKULL FRACTURE		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
62005	C	TREAT SKULL FRACTURE				Inpatient Only	\$0.00			000	999	-
62010	C	TREATMENT OF HEAD INJURY				Inpatient Only	\$0.00			000	999	-
62100	C	REPAIR BRAIN FLUID LEAKAGE				Inpatient Only	\$0.00			000	999	-
62115	C	REDUCTION OF SKULL DEFECT				Inpatient Only	\$0.00			000	999	-
62117	C	REDUCTION OF SKULL DEFECT				Inpatient Only	\$0.00			000	999	-
62120	C	REPAIR SKULL CAVITY LESION				Inpatient Only	\$0.00			000	999	-
62121	C	INCISE SKULL REPAIR				Inpatient Only	\$0.00			000	999	-
62140	C	REPAIR OF SKULL DEFECT				Inpatient Only	\$0.00			000	999	-
62141	C	REPAIR OF SKULL DEFECT				Inpatient Only	\$0.00			000	999	-
62142	C	REMOVE SKULL PLATE/FLAP				Inpatient Only	\$0.00			000	999	-
62143	C	REPLACE SKULL PLATE/FLAP				Inpatient Only	\$0.00			000	999	-
62145	C	REPAIR OF SKULL & BRAIN				Inpatient Only	\$0.00			000	999	-
62146	C	REPAIR OF SKULL WITH GRAFT				Inpatient Only	\$0.00			000	999	-
62147	C	REPAIR OF SKULL WITH GRAFT				Inpatient Only	\$0.00			000	999	-
62148	C	RETR BONE FLAP TO FIX SKULL				Inpatient Only	\$0.00			000	999	-
62160	N	NEUROENDOSCOPY ADD-ON				Bundled	\$0.00			000	999	-
62161	C	DISSECT BRAIN W/SCOPE				Inpatient Only	\$0.00			000	999	-
62162	C	REMOVE COLLOID CYST W/SCOPE				Inpatient Only	\$0.00			000	999	-
62164	C	REMOVE BRAIN TUMOR W/SCOPE				Inpatient Only	\$0.00			000	999	-
62165	C	REMOVE PITUIT TUMOR W/SCOPE				Inpatient Only	\$0.00			000	999	-
62180	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only	\$0.00			000	999	-
62190	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only	\$0.00			000	999	-
62192	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only	\$0.00			000	999	-
62194	T	REPLACE/IRRIGATE CATHETER		05431	21.1890	APC	\$1,200.14			000	999	-
62200	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only	\$0.00			000	999	-
62201	C	BRAIN CAVITY SHUNT W/SCOPE				Inpatient Only	\$0.00			000	999	-
62220	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only	\$0.00			000	999	-
62223	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only	\$0.00			000	999	-
62225	T	REPLACE/IRRIGATE CATHETER		05432	68.8466	APC	\$3,899.47			000	999	-
62230	T	REPLACE/REVISE BRAIN SHUNT		05432	68.8466	APC	\$3,899.47			000	999	-
62252	S	CSF SHUNT REPROGRAM		05743	3.2908	APC	\$186.39			000	999	-
62256	C	REMOVE BRAIN CAVITY SHUNT				Inpatient Only	\$0.00			000	999	-
62258	C	REPLACE BRAIN CAVITY SHUNT				Inpatient Only	\$0.00			000	999	-
62263	T	EPIDURAL LYSIS MULT SESSIONS		05443	9.9334	APC	\$562.63			000	999	-
62264	T	EPIDURAL LYSIS ON SINGLE DAY		05443	9.9334	APC	\$562.63			000	999	-
62267	T	INTERDISCAL PERQ ASPIR DX		05071	7.5120	APC	\$425.48			000	999	-
62268	T	DRAIN SPINAL CORD CYST		05443	9.9334	APC	\$562.63			000	999	-
62269	T	NEEDLE BIOPSY SPINAL CORD		05072	16.9934	APC	\$962.51			000	999	-
62270	T	DX LMBR SPI PNXR		05442	7.6644	APC	\$434.11			000	999	-
62272	T	THER SPI PNXR DRG CSF		05442	7.6644	APC	\$434.11			000	999	-
62273	T	INJECT EPIDURAL PATCH		05442	7.6644	APC	\$434.11			000	999	-
62280	T	TREAT SPINAL CORD LESION		05443	9.9334	APC	\$562.63			000	999	-
62281	T	TREAT SPINAL CORD LESION		05443	9.9334	APC	\$562.63			000	999	-

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Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole Comm.	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees			
62282	T	TREAT SPINAL CANAL LESION		05443	9.9334	APC	\$562.63			000	999	-
62284	N	INJECTION FOR MYELOGRAM				Bundled	\$0.00			000	999	-
62287	T	PERCUTANEOUS DISKECTOMY		05431	21.1890	APC	\$1,200.14			000	999	-
62290	N	NJX PX DISCOGRAPHY LUMBAR				Bundled	\$0.00			000	999	-
62291	N	NJX PX DISCOGRAPHY CRV/THRC				Bundled	\$0.00			000	999	-
62292	T	NJX CHEMONUCLEOLYSIS LMBR		05431	21.1890	APC	\$1,200.14			000	999	-
62294	T	INJECTION INTO SPINAL ARTERY		05443	9.9334	APC	\$562.63			000	999	-
62302	N	MYELOGRAPHY LUMBAR INJECTION		05573	8.6377	Bundled, sometimes payable	\$489.24			000	999	-
62303	N	MYELOGRAPHY LUMBAR INJECTION		05573	8.6377	Bundled, sometimes payable	\$489.24			000	999	-
62304	N	MYELOGRAPHY LUMBAR INJECTION		05573	8.6377	Bundled, sometimes payable	\$489.24			000	999	-
62305	N	MYELOGRAPHY LUMBAR INJECTION		05573	8.6377	Bundled, sometimes payable	\$489.24			000	999	-
62320	T	NJX INTERLAMINAR CRV/THRC		05442	7.6644	APC	\$434.11			000	999	-
62321	T	NJX INTERLAMINAR CRV/THRC		05442	7.6644	APC	\$434.11			000	999	-
62322	T	NJX INTERLAMINAR LMBR/SAC		05442	7.6644	APC	\$434.11			000	999	-
62323	T	NJX INTERLAMINAR LMBR/SAC		05442	7.6644	APC	\$434.11			000	999	-
62324	T	NJX INTERLAMINAR CRV/THRC		05443	9.9334	APC	\$562.63			000	999	-
62325	T	NJX INTERLAMINAR CRV/THRC		05443	9.9334	APC	\$562.63			000	999	-
62326	T	NJX INTERLAMINAR LMBR/SAC		05443	9.9334	APC	\$562.63			000	999	-
62327	T	NJX INTERLAMINAR LMBR/SAC		05443	9.9334	APC	\$562.63			000	999	-
62328	T	DX LMBR SPI PNXR W/FLUOR/CT		05442	7.6644	APC	\$438.19			000	999	-
62329	T	THER SPI PNXR CSF FLUOR/CT		05442	7.6644	APC	\$438.19			000	999	-
62350	T	IMPLANT SPINAL CANAL CATH		05432	68.8466	APC	\$3,899.47			000	999	-
62351	N	IMPLANT SPINAL CANAL CATH		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
62355	N	REMOVE SPINAL CANAL CATHETER		05431	21.1890	Bundled, sometimes payable	\$1,200.14			000	999	-
62360	N	INSERT SPINE INFUSION DEVICE		05471	205.7067	Bundled, sometimes payable	\$11,651.23			000	999	-
62361	N	IMPLANT SPINE INFUSION PUMP		05471	205.7067	Bundled, sometimes payable	\$11,651.23			000	999	-
62362	N	IMPLANT SPINE INFUSION PUMP		05471	205.7067	Bundled, sometimes payable	\$11,651.23			000	999	-
62365	N	REMOVE SPINE INFUSION DEVICE		05432	68.8466	Bundled, sometimes payable	\$3,899.47			000	999	-
62367	S	ANALYZE SPINE INFUS PUMP		05743	3.2908	APC	\$186.39			000	999	-
62368	S	ANALYZE SP INF PUMP W/REPROG		05743	3.2908	APC	\$186.39			000	999	-
62369	S	ANAL SP INF PMP W/REPRG&FILL		05743	3.2908	APC	\$186.39			000	999	-
62370	S	ANL SP INF PMP W/MDREPRG&FIL		05743	3.2908	APC	\$186.39			000	999	-
62380	T	NDSC DCMPRN 1 NTRSPC LUMBAR		05114	75.6664	APC	\$4,285.74			000	999	-
63001	N	REMOVE SPINE LAMINA 1/2 CRVL		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
63003	N	REMOVE SPINE LAMINA 1/2 THRC		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
63005	N	REMOVE SPINE LAMINA 1/2 LMBR		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
63011	N	REMOVE SPINE LAMINA 1/2 SCRL		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
63012	N	REMOVE LAMINA/FACETS LUMBAR		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
63015	N	REMOVE SPINE LAMINA >2 CRVCL		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
63016	N	REMOVE SPINE LAMINA >2 THRC		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
63017	N	REMOVE SPINE LAMINA >2 LMBR		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
63020	N	NECK SPINE DISK SURGERY		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
63030	N	LOW BACK DISK SURGERY		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
63035	N	SPINAL DISK SURGERY ADD-ON				Bundled	\$0.00			000	999	-
63040	N	LAMINOTOMY SINGLE CERVICAL		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
63042	N	LAMINOTOMY SINGLE LUMBAR		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
63043	N	LAMINOTOMY ADDL CERVICAL				Bundled	\$0.00			000	999	-
63044	N	LAMINOTOMY ADDL LUMBAR				Bundled	\$0.00			000	999	-
63045	N	REMOVE SPINE LAMINA 1 CRVL		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
63046	N	REMOVE SPINE LAMINA 1 THRC		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
63047	N	REMOVE SPINE LAMINA 1 LMBR		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
63048	N	REMOVE SPINAL LAMINA ADD-ON				Bundled	\$0.00			000	999	-
63050	C	CERVICAL LAMINOPLSTY 2>/ SEG				Inpatient Only	\$0.00			000	999	-
63051	C	C-LAMINOPLASTY W/GRAFT/PLATE				Inpatient Only	\$0.00			000	999	-
63055	N	DECOMPRESS SPINAL CORD THRC		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
63056	N	DECOMPRESS SPINAL CORD LMBR		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
63057	N	DECOMPRESS SPINE CORD ADD-ON				Bundled	\$0.00			000	999	-

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

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
63064	N	DECOMPRESS SPINAL CORD THRC		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
63066	N	DECOMPRESS SPINE CORD ADD-ON				Bundled	\$0.00			000	999	-
63075	N	NECK SPINE DISK SURGERY		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
63076	N	NECK SPINE DISK SURGERY				Bundled	\$0.00			000	999	-
63077	C	SPINE DISK SURGERY THORAX				Inpatient Only	\$0.00			000	999	-
63078	C	SPINE DISK SURGERY THORAX				Inpatient Only	\$0.00			000	999	-
63081	C	REMOVE VERT BODY DCMPRN CRVL				Inpatient Only	\$0.00			000	999	-
63082	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only	\$0.00			000	999	-
63085	C	REMOVE VERT BODY DCMPRN THRC				Inpatient Only	\$0.00			000	999	-
63086	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only	\$0.00			000	999	-
63087	C	REMOV VERTBR DCMPRN THRC LMBR				Inpatient Only	\$0.00			000	999	-
63088	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only	\$0.00			000	999	-
63090	C	REMOVE VERT BODY DCMPRN LMBR				Inpatient Only	\$0.00			000	999	-
63091	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only	\$0.00			000	999	-
63101	C	REMOVE VERT BODY DCMPRN THRC				Inpatient Only	\$0.00			000	999	-
63102	C	REMOVE VERT BODY DCMPRN LMBR				Inpatient Only	\$0.00			000	999	-
63103	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only	\$0.00			000	999	-
63170	C	INCISE SPINAL CORD TRACT(S)				Inpatient Only	\$0.00			000	999	-
63172	C	DRAINAGE OF SPINAL CYST				Inpatient Only	\$0.00			000	999	-
63173	C	DRAINAGE OF SPINAL CYST				Inpatient Only	\$0.00			000	999	-
63185	C	INCISE SPINE NRV HALF SEGMNT				Inpatient Only	\$0.00			000	999	-
63190	C	INCISE SPINE NRV >2 SEGMNTS				Inpatient Only	\$0.00			000	999	-
63191	C	INCISE SPINE ACCESSORY NERVE				Inpatient Only	\$0.00			000	999	-
63194	C	INCISE SPINE & CORD CERVICAL				Inpatient Only	\$0.00			000	999	-
63195	C	INCISE SPINE & CORD THORACIC				Inpatient Only	\$0.00			000	999	-
63196	C	INCISE SPINE&CORD 2 TRX CRVL				Inpatient Only	\$0.00			000	999	-
63197	C	INCISE SPINE&CORD 2 TRX THRC				Inpatient Only	\$0.00			000	999	-
63198	C	INCISE SPIN&CORD 2 STGS CRVL				Inpatient Only	\$0.00			000	999	-
63199	C	INCISE SPIN&CORD 2 STGS THRC				Inpatient Only	\$0.00			000	999	-
63200	C	RELEASE SPINAL CORD LUMBAR				Inpatient Only	\$0.00			000	999	-
63250	C	REVISE SPINAL CORD VSL S CRVL				Inpatient Only	\$0.00			000	999	-
63251	C	REVISE SPINAL CORD VSL S THRC				Inpatient Only	\$0.00			000	999	-
63252	C	REVISE SPINE CORD VSL THRLMB				Inpatient Only	\$0.00			000	999	-
63265	N	EXCISE INTRASPINL LESION CRV		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
63266	N	EXCISE INTRSPINL LESION THRC		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
63267	N	EXCISE INTRSPINL LESION LMBR		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
63268	N	EXCISE INTRSPINL LESION SCRL		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
63270	C	EXCISE INTRSPINL LESION CRVL				Inpatient Only	\$0.00			000	999	-
63271	C	EXCISE INTRSPINL LESION THRC				Inpatient Only	\$0.00			000	999	-
63272	C	EXCISE INTRSPINL LESION LMBR				Inpatient Only	\$0.00			000	999	-
63273	C	EXCISE INTRSPINL LESION SCRL				Inpatient Only	\$0.00			000	999	-
63275	C	BX/EXC XDRL SPINE LESN CRVL				Inpatient Only	\$0.00			000	999	-
63276	C	BX/EXC XDRL SPINE LESN THRC				Inpatient Only	\$0.00			000	999	-
63277	C	BX/EXC XDRL SPINE LESN LMBR				Inpatient Only	\$0.00			000	999	-
63278	C	BX/EXC XDRL SPINE LESN SCRL				Inpatient Only	\$0.00			000	999	-
63280	C	BX/EXC IDRL SPINE LESN CRVL				Inpatient Only	\$0.00			000	999	-
63281	C	BX/EXC IDRL SPINE LESN THRC				Inpatient Only	\$0.00			000	999	-
63282	C	BX/EXC IDRL SPINE LESN LMBR				Inpatient Only	\$0.00			000	999	-
63283	C	BX/EXC IDRL SPINE LESN SCRL				Inpatient Only	\$0.00			000	999	-
63285	C	BX/EXC IDRL IMED LESN CERVL				Inpatient Only	\$0.00			000	999	-
63286	C	BX/EXC IDRL IMED LESN THRC				Inpatient Only	\$0.00			000	999	-
63287	C	BX/EXC IDRL IMED LESN THRLMB				Inpatient Only	\$0.00			000	999	-
63290	C	BX/EXC XDRL/IDRL LSN ANY LVL				Inpatient Only	\$0.00			000	999	-
63295	C	REPAIR LAMINECTOMY DEFECT				Inpatient Only	\$0.00			000	999	-
63300	C	REMOVE VERT XDRL BODY CRVCL				Inpatient Only	\$0.00			000	999	-
63301	C	REMOVE VERT XDRL BODY THRC				Inpatient Only	\$0.00			000	999	-
63302	C	REMOVE VERT XDRL BODY THRLMB				Inpatient Only	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
63303	C	REMOV VERT XDRL BDY LMBR/SAC				Inpatient Only	\$0.00			000	999	-
63304	C	REMOVE VERT IDRL BODY CRVCL				Inpatient Only	\$0.00			000	999	-
63305	C	REMOVE VERT IDRL BODY THRC				Inpatient Only	\$0.00			000	999	-
63306	C	REMOV VERT IDRL BDY THRCLMBR				Inpatient Only	\$0.00			000	999	-
63307	C	REMOV VERT IDRL BDY LMBR/SAC				Inpatient Only	\$0.00			000	999	-
63308	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only	\$0.00			000	999	-
63600	T	REMOVE SPINAL CORD LESION		05431	21.1890	APC	\$1,200.14			000	999	-
63610	T	STIMULATION OF SPINAL CORD		05431	21.1890	APC	\$1,200.14			000	999	-
63620	E	SRS SPINAL LESION				Not Allowed	\$0.00			000	999	-
63621	E	SRS SPINAL LESION ADDL				Not Allowed	\$0.00			000	999	-
63650	N	IMPLANT NEUROELECTRODES		05462	74.4071	Bundled, sometimes payable	\$4,214.42			000	999	-
63655	N	IMPLANT NEUROELECTRODES		05464	247.3493	Bundled, sometimes payable	\$14,009.86			000	999	-
63661	N	REMOVE SPINE ELTRD PERQ ARAY		05431	21.1890	Bundled, sometimes payable	\$1,200.14			000	999	-
63662	N	REMOVE SPINE ELTRD PLATE		05461	39.5582	Bundled, sometimes payable	\$2,240.58			000	999	-
63663	N	REVISE SPINE ELTRD PERQ ARAY		05462	74.4071	Bundled, sometimes payable	\$4,214.42			000	999	-
63664	N	REVISE SPINE ELTRD PLATE		05463	135.7079	Bundled, sometimes payable	\$7,686.50			000	999	-
63685	N	INSRT/REDO SPINE N GENERATOR		05465	355.6230	Bundled, sometimes payable	\$20,142.49			000	999	-
63688	N	REVISE/REMOVE NEURORECEIVER		05461	39.5582	Bundled, sometimes payable	\$2,240.58			000	999	-
63700	C	REPAIR OF SPINAL HERNIATION				Inpatient Only	\$0.00			000	999	-
63702	C	REPAIR OF SPINAL HERNIATION				Inpatient Only	\$0.00			000	999	-
63704	C	REPAIR OF SPINAL HERNIATION				Inpatient Only	\$0.00			000	999	-
63706	C	REPAIR OF SPINAL HERNIATION				Inpatient Only	\$0.00			000	999	-
63707	C	REPAIR SPINAL FLUID LEAKAGE				Inpatient Only	\$0.00			000	999	-
63709	C	REPAIR SPINAL FLUID LEAKAGE				Inpatient Only	\$0.00			000	999	-
63710	C	GRAFT REPAIR OF SPINE DEFECT				Inpatient Only	\$0.00			000	999	-
63740	C	INSTALL SPINAL SHUNT				Inpatient Only	\$0.00			000	999	-
63741	T	INSTALL SPINAL SHUNT		05432	68.8466	APC	\$3,899.47			000	999	-
63744	T	REVISION OF SPINAL SHUNT		05432	68.8466	APC	\$3,899.47			000	999	-
63746	N	REMOVAL OF SPINAL SHUNT		05431	21.1890	Bundled, sometimes payable	\$1,200.14			000	999	-
64400	T	NJX AA&/STRD TRIGEMINAL NRV		05441	3.1543	APC	\$178.66			000	999	-
64405	T	NJX AA&/STRD GR OCPL NRV		05441	3.1543	APC	\$178.66			000	999	-
64408	T	NJX AA&/STRD VAGUS NRV		05441	3.1543	APC	\$178.66			000	999	-
64415	T	NJX AA&/STRD BRACH PLEXUS		05443	9.9334	APC	\$562.63			000	999	-
64416	T	NJX AA&/STRD BRACH PLEX NFS		05443	9.9334	APC	\$562.63			000	999	-
64417	T	NJX AA&/STRD AXILLARY NRV		05443	9.9334	APC	\$562.63			000	999	-
64418	T	NJX AA&/STRD SPRSCAP NRV		05442	7.6644	APC	\$434.11			000	999	-
64420	T	NJX AA&/STRD NTRCOST NRV 1		05442	7.6644	APC	\$434.11			000	999	-
64421	T	NJX AA&/STRD NTRCOST NRV EA		05443	9.9334	APC	\$562.63			000	999	-
64425	T	NJX AA&/STRD II IH NERVES		05442	7.6644	APC	\$434.11			000	999	-
64430	T	NJX AA&/STRD PUDENDAL NERVE		05443	9.9334	APC	\$562.63			000	999	-
64435	T	NJX AA&/STRD PARACRV NRV		05442	7.6644	APC	\$434.11			000	999	-
64445	T	NJX AA&/STRD SCIATIC NERVE		05442	7.6644	APC	\$434.11			000	999	-
64446	T	NJX AA&/STRD SCIATIC NRV NFS		05443	9.9334	APC	\$562.63			000	999	-
64447	T	NJX AA&/STRD FEMORAL NERVE		05442	7.6644	APC	\$434.11			000	999	-
64448	T	NJX AA&/STRD FEM NERVE NFS		05443	9.9334	APC	\$562.63			000	999	-
64449	T	NJX AA&/STRD LMBR PLEX NFS		05443	9.9334	APC	\$562.63			000	999	-
64450	T	NJX AA&/STRD OTHER PN/BRANCH		05442	7.6644	APC	\$434.11			000	999	-
64451	T	NJX AA&/STRD NRV NRV TG SI JT		05442	7.6644	APC	\$438.19			000	999	-
64454	T	NJX AA&/STRD GNCLR NRV BRNCH		05442	7.6644	APC	\$438.19			000	999	-
64455	T	NJX AA&/STRD PLTR COM DG NRV		05441	3.1543	APC	\$178.66			000	999	-
64461	T	PVB THORACIC SINGLE INJ SITE		05442	7.6644	APC	\$434.11			000	999	-
64462	N	PVB THORACIC 2ND+ INJ SITE				Bundled	\$0.00			000	999	-
64463	T	PVB THORACIC CONT INFUSION		05442	7.6644	APC	\$434.11			000	999	-
64479	T	INJ FORAMEN EPIDURAL C/T		05443	9.9334	APC	\$562.63			000	999	-
64480	N	INJ FORAMEN EPIDURAL ADD-ON				Bundled	\$0.00			000	999	-
64483	T	INJ FORAMEN EPIDURAL L/S		05443	9.9334	APC	\$562.63			000	999	-
64484	N	INJ FORAMEN EPIDURAL ADD-ON				Bundled	\$0.00			000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
64486	N	TAP BLOCK UNIL BY INJECTION				Bundled	\$0.00			000	999	-
64487	N	TAP BLOCK UNI BY INFUSION				Bundled	\$0.00			000	999	-
64488	N	TAP BLOCK BI INJECTION				Bundled	\$0.00			000	999	-
64489	N	TAP BLOCK BI BY INFUSION				Bundled	\$0.00			000	999	-
64490	T	INJ PARAVERT F JNT C/T 1 LEV		05443	9.9334	APC	\$562.63			000	999	-
64491	N	INJ PARAVERT F JNT C/T 2 LEV				Bundled	\$0.00			000	999	-
64492	N	INJ PARAVERT F JNT C/T 3 LEV				Bundled	\$0.00			000	999	-
64493	T	INJ PARAVERT F JNT L/S 1 LEV		05443	9.9334	APC	\$562.63			000	999	-
64494	N	INJ PARAVERT F JNT L/S 2 LEV				Bundled	\$0.00			000	999	-
64495	N	INJ PARAVERT F JNT L/S 3 LEV				Bundled	\$0.00			000	999	-
64505	T	N BLOCK SPENOPALATINE GANGL		05441	3.1543	APC	\$178.66			000	999	-
64510	T	N BLOCK STELLATE GANGLION		05443	9.9334	APC	\$562.63			000	999	-
64517	T	N BLOCK INJ HYPOGAS PLXS		05443	9.9334	APC	\$562.63			000	999	-
64520	T	N BLOCK LUMBAR/THORACIC		05443	9.9334	APC	\$562.63			000	999	-
64530	T	N BLOCK INJ CELIAC PELUS		05443	9.9334	APC	\$562.63			000	999	-
64553	N	IMPLANT NEUROELECTRODES		05463	135.7079	Bundled, sometimes payable	\$7,686.50			000	999	-
64555	N	IMPLANT NEUROELECTRODES		05462	74.4071	Bundled, sometimes payable	\$4,214.42			000	999	-
64561	N	IMPLANT NEUROELECTRODES		05462	74.4071	Bundled, sometimes payable	\$4,214.42			000	999	-
64566	T	NEUROELTRD STIM POST TIBIAL		05441	3.1543	APC	\$178.66			000	999	-
64568	N	INC FOR VAGUS N ELECT IMPL		05465	355.6230	Bundled, sometimes payable	\$20,142.49			000	999	-
64569	N	REVISE/REPL VAGUS N ELTRD		05463	135.7079	Bundled, sometimes payable	\$7,686.50			000	999	-
64570	N	REMOVE VAGUS N ELTRD		05432	68.8466	Bundled, sometimes payable	\$3,899.47			000	999	-
64575	N	IMPLANT NEUROELECTRODES		05463	135.7079	Bundled, sometimes payable	\$7,686.50			000	999	-
64580	N	IMPLANT NEUROELECTRODES		05464	247.3493	Bundled, sometimes payable	\$14,009.86			000	999	-
64581	N	IMPLANT NEUROELECTRODES		05462	74.4071	Bundled, sometimes payable	\$4,214.42			000	999	-
64585	N	REVISE/REMOVE NEUROELECTRODE		05461	39.5582	Bundled, sometimes payable	\$2,240.58			000	999	-
64590	N	INSRT/REDO PN/GASTR STIMUL		05464	247.3493	Bundled, sometimes payable	\$14,009.86			000	999	-
64595	N	REVISE/RMV PN/GASTR STIMUL		05461	39.5582	Bundled, sometimes payable	\$2,240.58			000	999	-
64600	T	INJECTION TREATMENT OF NERVE		05443	9.9334	APC	\$562.63			000	999	-
64605	T	INJECTION TREATMENT OF NERVE		05431	21.1890	APC	\$1,200.14			000	999	-
64610	T	INJECTION TREATMENT OF NERVE		05431	21.1890	APC	\$1,200.14			000	999	-
64611	T	CHEMODENERV SALIV GLANDS		05441	3.1543	APC	\$178.66			000	999	-
64612	T	DESTROY NERVE FACE MUSCLE		05441	3.1543	APC	\$178.66			000	999	-
64615	T	CHEMODENERV MUSC MIGRAINE		05441	3.1543	APC	\$178.66			000	999	-
64616	T	CHEMODENERV MUSC NECK DYSTON		05441	3.1543	APC	\$178.66			000	999	-
64617	T	CHEMODENERV MUSCLE LARYNX EMG		05441	3.1543	APC	\$178.66			000	999	-
64620	T	INJECTION TREATMENT OF NERVE		05443	9.9334	APC	\$562.63			000	999	-
64624	N	DSTRJ NULYT AGT GNCLR NRV		05431	21.1890	Bundled, sometimes payable	\$1,200.14			000	999	-
64625	N	RF ABLTJ NRV NRVTG SI JT		05431	21.1890	Bundled, sometimes payable	\$1,200.14			000	999	-
64630	T	INJECTION TREATMENT OF NERVE		05443	9.9334	APC	\$562.63			000	999	-
64632	T	N BLOCK INJ COMMON DIGIT		05441	3.1543	APC	\$178.66			000	999	-
64633	T	DESTROY CERV/THOR FACET JNT		05431	21.1890	APC	\$1,200.14			000	999	-
64634	N	DESTROY C/TH FACET JNT ADDL				Bundled	\$0.00			000	999	-
64635	T	DESTROY LUMB/SAC FACET JNT		05431	21.1890	APC	\$1,200.14			000	999	-
64636	N	DESTROY L/S FACET JNT ADDL				Bundled	\$0.00			000	999	-
64640	T	INJECTION TREATMENT OF NERVE		05443	9.9334	APC	\$562.63			000	999	-
64642	T	CHEMODENERV 1 EXTREMITY 1-4		05442	7.6644	APC	\$434.11			000	999	-
64643	N	CHEMODENERV 1 EXTREM 1-4 EA				Bundled	\$0.00			000	999	-
64644	T	CHEMODENERV 1 EXTREM 5/> MUS		05442	7.6644	APC	\$434.11			000	999	-
64645	N	CHEMODENERV 1 EXTREM 5/> EA				Bundled	\$0.00			000	999	-
64646	T	CHEMODENERV TRUNK MUSC 1-5		05442	7.6644	APC	\$434.11			000	999	-
64647	T	CHEMODENERV TRUNK MUSC 6/>		05442	7.6644	APC	\$434.11			000	999	-
64650	T	CHEMODENERV ECCRINE GLANDS		05441	3.1543	APC	\$178.66			000	999	-
64653	T	CHEMODENERV ECCRINE GLANDS		05441	3.1543	APC	\$178.66			000	999	-
64680	T	INJECTION TREATMENT OF NERVE		05443	9.9334	APC	\$562.63			000	999	-
64681	T	INJECTION TREATMENT OF NERVE		05443	9.9334	APC	\$562.63			000	999	-
64702	T	REVISE FINGER/TOE NERVE		05431	21.1890	APC	\$1,200.14			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
64704	T	REVISE HAND/FOOT NERVE		05431	21.1890	APC	\$1,200.14			000	999	-
64708	T	REVISE ARM/LEG NERVE		05431	21.1890	APC	\$1,200.14			000	999	-
64712	T	REVISION OF SCIATIC NERVE		05431	21.1890	APC	\$1,200.14			000	999	-
64713	T	REVISION OF ARM NERVE(S)		05431	21.1890	APC	\$1,200.14			000	999	-
64714	T	REVISE LOW BACK NERVE(S)		05431	21.1890	APC	\$1,200.14			000	999	-
64716	T	REVISION OF CRANIAL NERVE		05431	21.1890	APC	\$1,200.14			000	999	-
64718	T	REVISE ULNAR NERVE AT ELBOW		05431	21.1890	APC	\$1,200.14			000	999	-
64719	T	REVISE ULNAR NERVE AT WRIST		05431	21.1890	APC	\$1,200.14			000	999	-
64721	T	CARPAL TUNNEL SURGERY		05431	21.1890	APC	\$1,200.14			000	999	-
64722	T	RELIEVE PRESSURE ON NERVE(S)		05431	21.1890	APC	\$1,200.14			000	999	-
64726	T	RELEASE FOOT/TOE NERVE		05431	21.1890	APC	\$1,200.14			000	999	-
64727	N	INTERNAL NERVE REVISION				Bundled	\$0.00			000	999	-
64732	T	INCISION OF BROW NERVE		05431	21.1890	APC	\$1,200.14			000	999	-
64734	T	INCISION OF CHEEK NERVE		05431	21.1890	APC	\$1,200.14			000	999	-
64736	T	INCISION OF CHIN NERVE		05431	21.1890	APC	\$1,200.14			000	999	-
64738	T	INCISION OF JAW NERVE		05431	21.1890	APC	\$1,200.14			000	999	-
64740	T	INCISION OF TONGUE NERVE		05431	21.1890	APC	\$1,200.14			000	999	-
64742	T	INCISION OF FACIAL NERVE		05431	21.1890	APC	\$1,200.14			000	999	-
64744	T	INCISE NERVE BACK OF HEAD		05431	21.1890	APC	\$1,200.14			000	999	-
64746	T	INCISE DIAPHRAGM NERVE		05431	21.1890	APC	\$1,200.14			000	999	-
64755	C	INCISION OF STOMACH NERVES				Inpatient Only	\$0.00			000	999	-
64760	C	INCISION OF VAGUS NERVE				Inpatient Only	\$0.00			000	999	-
64763	T	INCISE HIP/THIGH NERVE		05431	21.1890	APC	\$1,200.14			000	999	-
64766	T	INCISE HIP/THIGH NERVE		05431	21.1890	APC	\$1,200.14			000	999	-
64771	T	SEVER CRANIAL NERVE		05431	21.1890	APC	\$1,200.14			000	999	-
64772	T	INCISION OF SPINAL NERVE		05431	21.1890	APC	\$1,200.14			000	999	-
64774	T	REMOVE SKIN NERVE LESION		05431	21.1890	APC	\$1,200.14			000	999	-
64776	T	REMOVE DIGIT NERVE LESION		05431	21.1890	APC	\$1,200.14			000	999	-
64778	N	DIGIT NERVE SURGERY ADD-ON				Bundled	\$0.00			000	999	-
64782	T	REMOVE LIMB NERVE LESION		05431	21.1890	APC	\$1,200.14			000	999	-
64783	N	LIMB NERVE SURGERY ADD-ON				Bundled	\$0.00			000	999	-
64784	T	REMOVE NERVE LESION		05431	21.1890	APC	\$1,200.14			000	999	-
64786	T	REMOVE SCIATIC NERVE LESION		05432	68.8466	APC	\$3,899.47			000	999	-
64787	N	IMPLANT NERVE END				Bundled	\$0.00			000	999	-
64788	T	REMOVE SKIN NERVE LESION		05431	21.1890	APC	\$1,200.14			000	999	-
64790	T	REMOVAL OF NERVE LESION		05431	21.1890	APC	\$1,200.14			000	999	-
64792	T	REMOVAL OF NERVE LESION		05432	68.8466	APC	\$3,899.47			000	999	-
64795	T	BIOPSY OF NERVE		05431	21.1890	APC	\$1,200.14			000	999	-
64802	T	SYMPATHECTOMY CERVICAL		05431	21.1890	APC	\$1,200.14			000	999	-
64804	T	REMOVE SYMPATHETIC NERVES		05431	21.1890	APC	\$1,200.14			000	999	-
64809	C	REMOVE SYMPATHETIC NERVES				Inpatient Only	\$0.00			000	999	-
64818	C	REMOVE SYMPATHETIC NERVES				Inpatient Only	\$0.00			000	999	-
64820	T	SYMPATHECTOMY DIGITAL ARTERY		05431	21.1890	APC	\$1,200.14			000	999	-
64821	T	REMOVE SYMPATHETIC NERVES		05113	34.1848	APC	\$1,936.23			000	999	-
64822	T	REMOVE SYMPATHETIC NERVES		05113	34.1848	APC	\$1,936.23			000	999	-
64823	T	SYMPATHECTOMY SUPFC PALMAR		05113	34.1848	APC	\$1,936.23			000	999	-
64831	T	REPAIR OF DIGIT NERVE		05431	21.1890	APC	\$1,200.14			000	999	-
64832	N	REPAIR NERVE ADD-ON				Bundled	\$0.00			000	999	-
64834	T	REPAIR OF HAND OR FOOT NERVE		05432	68.8466	APC	\$3,899.47			000	999	-
64835	T	REPAIR OF HAND OR FOOT NERVE		05432	68.8466	APC	\$3,899.47			000	999	-
64836	T	REPAIR OF HAND OR FOOT NERVE		05432	68.8466	APC	\$3,899.47			000	999	-
64837	N	REPAIR NERVE ADD-ON				Bundled	\$0.00			000	999	-
64840	T	REPAIR OF LEG NERVE		05432	68.8466	APC	\$3,899.47			000	999	-
64856	T	REPAIR/TRANSPOSE NERVE		05432	68.8466	APC	\$3,899.47			000	999	-
64857	T	REPAIR ARM/LEG NERVE		05432	68.8466	APC	\$3,899.47			000	999	-
64858	T	REPAIR SCIATIC NERVE		05431	21.1890	APC	\$1,200.14			000	999	-
64859	N	NERVE SURGERY				Bundled	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
64861	T	REPAIR OF ARM NERVES		05431	21.1890	APC	\$1,200.14			000	999	-
64862	T	REPAIR OF LOW BACK NERVES		05432	68.8466	APC	\$3,899.47			000	999	-
64864	T	REPAIR OF FACIAL NERVE		05432	68.8466	APC	\$3,899.47			000	999	-
64865	T	REPAIR OF FACIAL NERVE		05432	68.8466	APC	\$3,899.47			000	999	-
64866	C	FUSION OF FACIAL/OTHER NERVE				Inpatient Only	\$0.00			000	999	-
64868	C	FUSION OF FACIAL/OTHER NERVE				Inpatient Only	\$0.00			000	999	-
64872	N	SUBSEQUENT REPAIR OF NERVE				Bundled	\$0.00			000	999	-
64874	N	REPAIR & REVISE NERVE ADD-ON				Bundled	\$0.00			000	999	-
64876	N	REPAIR NERVE/SHORTEN BONE				Bundled	\$0.00			000	999	-
64885	T	NERVE GRAFT HEAD/NECK <4 CM		05432	68.8466	APC	\$3,899.47			000	999	-
64886	T	NERVE GRAFT HEAD/NECK >4 CM		05432	68.8466	APC	\$3,899.47			000	999	-
64890	T	NERVE GRAFT HAND/FOOT <4 CM		05432	68.8466	APC	\$3,899.47			000	999	-
64891	T	NERVE GRAFT HAND/FOOT >4 CM		05432	68.8466	APC	\$3,899.47			000	999	-
64892	T	NERVE GRAFT ARM/LEG <4 CM		05432	68.8466	APC	\$3,899.47			000	999	-
64893	T	NERVE GRAFT ARM/LEG >4 CM		05432	68.8466	APC	\$3,899.47			000	999	-
64895	T	NERVE GRAFT HAND/FOOT <4 CM		05432	68.8466	APC	\$3,899.47			000	999	-
64896	T	NERVE GRAFT HAND/FOOT >4 CM		05432	68.8466	APC	\$3,899.47			000	999	-
64897	T	NERVE GRAFT ARM/LEG <4 CM		05432	68.8466	APC	\$3,899.47			000	999	-
64898	T	NERVE GRAFT ARM/LEG >4 CM		05432	68.8466	APC	\$3,899.47			000	999	-
64901	N	NERVE GRAFT ADD-ON				Bundled	\$0.00			000	999	-
64902	N	NERVE GRAFT ADD-ON				Bundled	\$0.00			000	999	-
64905	T	NERVE PEDICLE TRANSFER		05432	68.8466	APC	\$3,899.47			000	999	-
64907	T	NERVE PEDICLE TRANSFER		05432	68.8466	APC	\$3,899.47			000	999	-
64910	T	NERVE REPAIR W/ALLOGRAFT		05432	68.8466	APC	\$3,899.47			000	999	-
64911	T	NEURORRAPHY W/VEIN AUTOGRAFT		05432	68.8466	APC	\$3,899.47			000	999	-
64912	T	NRV RPR W/NRV ALGRFT 1ST		05432	68.8466	APC	\$3,899.47			000	999	-
64913	N	NRV RPR W/NRV ALGRFT EA ADDL				Bundled	\$0.00			000	999	-
64999	T	NERVOUS SYSTEM SURGERY		05441	3.1543	APC	\$178.66			000	999	-
65091	T	REVISE EYE		05504	39.9223	APC	\$2,261.20			000	999	-
65093	T	REVISE EYE WITH IMPLANT		05504	39.9223	APC	\$2,261.20			000	999	-
65101	T	REMOVAL OF EYE		05504	39.9223	APC	\$2,261.20			000	999	-
65103	T	REMOVE EYE/INSERT IMPLANT		05504	39.9223	APC	\$2,261.20			000	999	-
65105	T	REMOVE EYE/ATTACH IMPLANT		05504	39.9223	APC	\$2,261.20			000	999	-
65110	T	REMOVAL OF EYE		05504	39.9223	APC	\$2,261.20			000	999	-
65112	T	REMOVE EYE/REVISE SOCKET		05504	39.9223	APC	\$2,261.20			000	999	-
65114	T	REMOVE EYE/REVISE SOCKET		05504	39.9223	APC	\$2,261.20			000	999	-
65125	T	REVISE OCULAR IMPLANT		05503	24.1839	APC	\$1,369.78			000	999	-
65130	T	INSERT OCULAR IMPLANT		05504	39.9223	APC	\$2,261.20			000	999	-
65135	T	INSERT OCULAR IMPLANT		05504	39.9223	APC	\$2,261.20			000	999	-
65140	T	ATTACH OCULAR IMPLANT		05504	39.9223	APC	\$2,261.20			000	999	-
65150	T	REVISE OCULAR IMPLANT		05504	39.9223	APC	\$2,261.20			000	999	-
65155	T	REINSERT OCULAR IMPLANT		05504	39.9223	APC	\$2,261.20			000	999	-
65175	T	REMOVAL OF OCULAR IMPLANT		05504	39.9223	APC	\$2,261.20			000	999	-
65205	N	REMOVE FOREIGN BODY FROM EYE		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
65210	N	REMOVE FOREIGN BODY FROM EYE		05735	3.2637	Bundled, sometimes payable	\$184.86			000	999	-
65220	N	REMOVE FOREIGN BODY FROM EYE		05735	3.2637	Bundled, sometimes payable	\$184.86			000	999	-
65222	N	REMOVE FOREIGN BODY FROM EYE		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
65235	T	REMOVE FOREIGN BODY FROM EYE		05491	25.1115	APC	\$1,422.32			000	999	-
65260	T	REMOVE FOREIGN BODY FROM EYE		05491	25.1115	APC	\$1,422.32			000	999	-
65265	T	REMOVE FOREIGN BODY FROM EYE		05491	25.1115	APC	\$1,422.32			000	999	-
65270	T	REPAIR OF EYE WOUND		05503	24.1839	APC	\$1,369.78			000	999	-
65272	T	REPAIR OF EYE WOUND		05503	24.1839	APC	\$1,369.78			000	999	-
65273	C	REPAIR OF EYE WOUND				Inpatient Only	\$0.00			000	999	-
65275	T	REPAIR OF EYE WOUND		05504	39.9223	APC	\$2,261.20			000	999	-
65280	N	REPAIR OF EYE WOUND		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
65285	N	REPAIR OF EYE WOUND		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
65286	T	REPAIR OF EYE WOUND		05491	25.1115	APC	\$1,422.32			000	999	-

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

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
65290	T	REPAIR OF EYE SOCKET WOUND		05504	39.9223	APC	\$2,261.20			000	999	-
65400	T	REMOVAL OF EYE LESION		05502	9.7774	APC	\$553.79			000	999	-
65410	T	BIOPSY OF CORNEA		05503	24.1839	APC	\$1,369.78			000	999	-
65420	T	REMOVAL OF EYE LESION		05503	24.1839	APC	\$1,369.78			000	999	-
65426	T	REMOVAL OF EYE LESION		05503	24.1839	APC	\$1,369.78			000	999	-
65430	N	CORNEAL SMEAR		05735	3.2637	Bundled, sometimes payable	\$184.86			000	999	-
65435	T	CURETTE/TREAT CORNEA		05502	9.7774	APC	\$553.79			000	999	-
65436	T	CURETTE/TREAT CORNEA		05503	24.1839	APC	\$1,369.78			000	999	-
65450	T	TREATMENT OF CORNEAL LESION		05501	3.1557	APC	\$178.74			000	999	-
65600	T	REVISION OF CORNEA		05503	24.1839	APC	\$1,369.78			000	999	-
65710	N	CORNEAL TRANSPLANT		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
65730	N	CORNEAL TRANSPLANT		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
65750	N	CORNEAL TRANSPLANT		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
65755	N	CORNEAL TRANSPLANT		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
65756	N	CORNEAL TRNSPL ENDOTHELIAL		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
65757	N	PREP CORNEAL ENDO ALLOGRAFT				Bundled	\$0.00			000	999	-
65760	E	REVISION OF CORNEA				Not Allowed	\$0.00			000	999	-
65765	E	REVISION OF CORNEA				Not Allowed	\$0.00			000	999	-
65767	E	CORNEAL TISSUE TRANSPLANT				Not Allowed	\$0.00			000	999	-
65770	N	REVISE CORNEA WITH IMPLANT		05493	88.6006	Bundled, sometimes payable	\$5,018.34			000	999	-
65771	E	RADIAL KERATOTOMY				Not Allowed	\$0.00			000	999	-
65772	T	CORRECTION OF ASTIGMATISM		05502	9.7774	APC	\$553.79			000	999	-
65775	T	CORRECTION OF ASTIGMATISM		05503	24.1839	APC	\$1,369.78			000	999	-
65778	N	COVER EYE W/MEMBRANE		05502	9.7774	Bundled, sometimes payable	\$553.79			000	999	-
65779	N	COVER EYE W/MEMBRANE SUTURE		05504	39.9223	Bundled, sometimes payable	\$2,261.20			000	999	-
65780	T	OCULAR RECONST TRANSPLANT		05504	39.9223	APC	\$2,261.20			000	999	-
65781	N	OCULAR RECONST TRANSPLANT		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
65782	T	OCULAR RECONST TRANSPLANT		05504	39.9223	APC	\$2,261.20			000	999	-
65785	N	IMPLTJ NTRSTRML CRNL RNG SEG		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
65800	T	DRAINAGE OF EYE		05491	25.1115	APC	\$1,422.32			000	999	-
65810	T	DRAINAGE OF EYE		05491	25.1115	APC	\$1,422.32			000	999	-
65815	T	DRAINAGE OF EYE		05491	25.1115	APC	\$1,422.32			000	999	-
65820	N	RELIEVE INNER EYE PRESSURE		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
65850	T	INCISION OF EYE		05491	25.1115	APC	\$1,422.32			000	999	-
65855	T	TRABECULOPLASTY LASER SURG		05481	6.0855	APC	\$344.68			000	999	-
65860	T	INCISE INNER EYE ADHESIONS		05481	6.0855	APC	\$344.68			000	999	-
65865	T	INCISE INNER EYE ADHESIONS		05491	25.1115	APC	\$1,422.32			000	999	-
65870	T	INCISE INNER EYE ADHESIONS		05491	25.1115	APC	\$1,422.32			000	999	-
65875	T	INCISE INNER EYE ADHESIONS		05491	25.1115	APC	\$1,422.32			000	999	-
65880	T	INCISE INNER EYE ADHESIONS		05492	47.3174	APC	\$2,680.06			000	999	-
65900	T	REMOVE EYE LESION		05491	25.1115	APC	\$1,422.32			000	999	-
65920	T	REMOVE IMPLANT OF EYE		05491	25.1115	APC	\$1,422.32			000	999	-
65930	T	REMOVE BLOOD CLOT FROM EYE		05491	25.1115	APC	\$1,422.32			000	999	-
66020	T	INJECTION TREATMENT OF EYE		05491	25.1115	APC	\$1,422.32			000	999	-
66030	T	INJECTION TREATMENT OF EYE		05491	25.1115	APC	\$1,422.32			000	999	-
66130	T	REMOVE EYE LESION		05503	24.1839	APC	\$1,369.78			000	999	-
66150	N	GLAUCOMA SURGERY		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
66155	T	GLAUCOMA SURGERY		05492	47.3174	APC	\$2,680.06			000	999	-
66160	T	GLAUCOMA SURGERY		05491	25.1115	APC	\$1,422.32			000	999	-
66170	T	GLAUCOMA SURGERY		05491	25.1115	APC	\$1,422.32			000	999	-
66172	T	INCISION OF EYE		05491	25.1115	APC	\$1,422.32			000	999	-
66174	T	TRANSLUM DIL EYE CANAL		05492	47.3174	APC	\$2,680.06			000	999	-
66175	N	TRNSLUM DIL EYE CANAL W/STNT		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
66179	N	AQUEOUS SHUNT EYE W/O GRAFT		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
66180	N	AQUEOUS SHUNT EYE W/GRAFT		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
66183	N	INSERT ANT DRAINAGE DEVICE		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
66184	T	REVISION OF AQUEOUS SHUNT		05491	25.1115	APC	\$1,422.32			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
66185	T	REVISE AQUEOUS SHUNT EYE		05491	25.1115	APC	\$1,422.32			000	999	-
66225	T	REPAIR/GRAFT EYE LESION		05492	47.3174	APC	\$2,680.06			000	999	-
66250	T	FOLLOW-UP SURGERY OF EYE		05503	24.1839	APC	\$1,369.78			000	999	-
66500	T	INCISION OF IRIS		05491	25.1115	APC	\$1,422.32			000	999	-
66505	T	INCISION OF IRIS		05491	25.1115	APC	\$1,422.32			000	999	-
66600	T	REMOVE IRIS AND LESION		05492	47.3174	APC	\$2,680.06			000	999	-
66605	T	REMOVAL OF IRIS		05491	25.1115	APC	\$1,422.32			000	999	-
66625	T	REMOVAL OF IRIS		05491	25.1115	APC	\$1,422.32			000	999	-
66630	T	REMOVAL OF IRIS		05491	25.1115	APC	\$1,422.32			000	999	-
66635	T	REMOVAL OF IRIS		05491	25.1115	APC	\$1,422.32			000	999	-
66680	T	REPAIR IRIS & CILIARY BODY		05491	25.1115	APC	\$1,422.32			000	999	-
66682	T	REPAIR IRIS & CILIARY BODY		05491	25.1115	APC	\$1,422.32			000	999	-
66700	T	DESTRUCTION CILIARY BODY		05491	25.1115	APC	\$1,422.32			000	999	-
66710	T	CILIARY TRANSSLERAL THERAPY		05503	24.1839	APC	\$1,369.78			000	999	-
66711	T	ECP CILIARY BODY DESTRUCTION		05491	25.1115	APC	\$1,422.32			000	999	-
66720	T	DESTRUCTION CILIARY BODY		05503	24.1839	APC	\$1,369.78			000	999	-
66740	T	DESTRUCTION CILIARY BODY		05503	24.1839	APC	\$1,369.78			000	999	-
66761	T	REVISION OF IRIS		05481	6.0855	APC	\$344.68			000	999	-
66762	T	REVISION OF IRIS		05481	6.0855	APC	\$344.68			000	999	-
66770	T	REMOVAL OF INNER EYE LESION		05481	6.0855	APC	\$344.68			000	999	-
66820	T	INCISION SECONDARY CATARACT		05491	25.1115	APC	\$1,422.32			000	999	-
66821	T	AFTER CATARACT LASER SURGERY		05481	6.0855	APC	\$344.68			000	999	-
66825	T	REPOSITION INTRAOCULAR LENS		05491	25.1115	APC	\$1,422.32			000	999	-
66830	T	REMOVAL OF LENS LESION		05491	25.1115	APC	\$1,422.32			000	999	-
66840	T	REMOVAL OF LENS MATERIAL		05491	25.1115	APC	\$1,422.32			000	999	-
66850	T	REMOVAL OF LENS MATERIAL		05491	25.1115	APC	\$1,422.32			000	999	-
66852	N	REMOVAL OF LENS MATERIAL		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
66920	T	EXTRACTION OF LENS		05491	25.1115	APC	\$1,422.32			000	999	-
66930	N	EXTRACTION OF LENS		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
66940	T	EXTRACTION OF LENS		05491	25.1115	APC	\$1,422.32			000	999	-
66982	T	XCAPSL CTRC RMVL CPLX WO ECP		05491	25.1115	APC	\$1,422.32			000	999	-
66983	T	CATARACT SURG W/IOL 1 STAGE		05491	25.1115	APC	\$1,422.32			000	999	-
66984	T	XCAPSL CTRC RMVL W/O ECP		05491	25.1115	APC	\$1,422.32			000	999	-
66985	T	INSERT LENS PROSTHESIS		05491	25.1115	APC	\$1,422.32			000	999	-
66986	T	EXCHANGE LENS PROSTHESIS		05491	25.1115	APC	\$1,422.32			000	999	-
66987	N	XCAPSL CTRC RMVL CPLX W/ECP		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
66988	N	XCAPSL CTRC RMVL W/ECP		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
66990	N	OPHTHALMIC ENDOSCOPE ADD-ON				Bundled	\$0.00			000	999	-
66999	T	EYE SURGERY PROCEDURE		05491	25.1115	APC	\$1,422.32			000	999	-
67005	T	PARTIAL REMOVAL OF EYE FLUID		05491	25.1115	APC	\$1,422.32			000	999	-
67010	T	PARTIAL REMOVAL OF EYE FLUID		05491	25.1115	APC	\$1,422.32			000	999	-
67015	T	RELEASE OF EYE FLUID		05491	25.1115	APC	\$1,422.32			000	999	-
67025	T	REPLACE EYE FLUID		05491	25.1115	APC	\$1,422.32			000	999	-
67027	N	IMPLANT EYE DRUG SYSTEM		05494	181.2793	Bundled, sometimes payable	\$10,267.66			000	999	-
67028	S	INJECTION EYE DRUG		05694	3.7532	APC	\$212.58			000	999	-
67030	T	INCISE INNER EYE STRANDS		05491	25.1115	APC	\$1,422.32			000	999	-
67031	T	LASER SURGERY EYE STRANDS		05481	6.0855	APC	\$344.68			000	999	-
67036	T	REMOVAL OF INNER EYE FLUID		05492	47.3174	APC	\$2,680.06			000	999	-
67039	N	LASER TREATMENT OF RETINA		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
67040	N	LASER TREATMENT OF RETINA		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
67041	T	VIT FOR MACULAR PUCKER		05492	47.3174	APC	\$2,680.06			000	999	-
67042	N	VIT FOR MACULAR HOLE		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
67043	N	VIT FOR MEMBRANE DISSECT		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
67101	T	REPAIR DETACHED RETINA CRTX		05491	25.1115	APC	\$1,422.32			000	999	-
67105	T	REPAIR DETACHED RETINA PC		05481	6.0855	APC	\$344.68			000	999	-
67107	N	REPAIR DETACHED RETINA		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
67108	N	REPAIR DETACHED RETINA		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
67110	T	REPAIR DETACHED RETINA		05491	25.1115	APC	\$1,422.32			000	999	-
67113	N	REPAIR RETINAL DETACH CPLX		05492	47.3174	Bundled, sometimes payable	\$2,680.06			000	999	-
67115	T	RELEASE ENCIRCLING MATERIAL		05492	47.3174	APC	\$2,680.06			000	999	-
67120	T	REMOVE EYE IMPLANT MATERIAL		05491	25.1115	APC	\$1,422.32			000	999	-
67121	T	REMOVE EYE IMPLANT MATERIAL		05491	25.1115	APC	\$1,422.32			000	999	-
67141	T	TREATMENT OF RETINA		05501	3.1557	APC	\$178.74			000	999	-
67145	T	TREATMENT OF RETINA		05481	6.0855	APC	\$344.68			000	999	-
67208	T	TREATMENT OF RETINAL LESION		05501	3.1557	APC	\$178.74			000	999	-
67210	T	TREATMENT OF RETINAL LESION		05481	6.0855	APC	\$344.68			000	999	-
67218	T	TREATMENT OF RETINAL LESION		05504	39.9223	APC	\$2,261.20			000	999	-
67220	T	TREATMENT OF CHOROID LESION		05481	6.0855	APC	\$344.68			000	999	-
67221	T	OCULAR PHOTODYNAMIC THER		05481	6.0855	APC	\$344.68			000	999	-
67225	N	EYE PHOTODYNAMIC THER ADD-ON				Bundled	\$0.00			000	999	-
67227	T	DSTRJ EXTENSIVE RETINOPATHY		05504	39.9223	APC	\$2,261.20			000	999	-
67228	T	TREATMENT X10SV RETINOPATHY		05481	6.0855	APC	\$344.68			000	999	-
67229	T	TR RETINAL LES PRETERM INF		05481	6.0855	APC	\$344.68			000	001	-
67250	T	REINFORCE EYE WALL		05503	24.1839	APC	\$1,369.78			000	999	-
67255	T	REINFORCE/GRAFT EYE WALL		05491	25.1115	APC	\$1,422.32			000	999	-
67299	T	EYE SURGERY PROCEDURE		05491	25.1115	APC	\$1,422.32			000	999	-
67311	T	REVISE EYE MUSCLE		05503	24.1839	APC	\$1,369.78			000	999	-
67312	T	REVISE TWO EYE MUSCLES		05504	39.9223	APC	\$2,261.20			000	999	-
67314	T	REVISE EYE MUSCLE		05503	24.1839	APC	\$1,369.78			000	999	-
67316	T	REVISE TWO EYE MUSCLES		05503	24.1839	APC	\$1,369.78			000	999	-
67318	T	REVISE EYE MUSCLE(S)		05503	24.1839	APC	\$1,369.78			000	999	-
67320	N	REVISE EYE MUSCLE(S) ADD-ON				Bundled	\$0.00			000	999	-
67331	N	EYE SURGERY FOLLOW-UP ADD-ON				Bundled	\$0.00			000	999	-
67332	N	REREVISE EYE MUSCLES ADD-ON				Bundled	\$0.00			000	999	-
67334	N	REVISE EYE MUSCLE W/SUTURE				Bundled	\$0.00			000	999	-
67335	N	EYE SUTURE DURING SURGERY				Bundled	\$0.00			000	999	-
67340	N	REVISE EYE MUSCLE ADD-ON				Bundled	\$0.00			000	999	-
67343	T	RELEASE EYE TISSUE		05503	24.1839	APC	\$1,369.78			000	999	-
67345	T	DESTROY NERVE OF EYE MUSCLE		05501	3.1557	APC	\$178.74			000	999	-
67346	T	BIOPSY EYE MUSCLE		05504	39.9223	APC	\$2,261.20			000	999	-
67399	T	UNLISTED PX EXTRAOCULAR MUSC		05501	3.1557	APC	\$178.74			000	999	-
67400	T	EXPLORE/BIOPSY EYE SOCKET		05504	39.9223	APC	\$2,261.20			000	999	-
67405	T	EXPLORE/DRAIN EYE SOCKET		05503	24.1839	APC	\$1,369.78			000	999	-
67412	T	EXPLORE/TREAT EYE SOCKET		05503	24.1839	APC	\$1,369.78			000	999	-
67413	T	EXPLORE/TREAT EYE SOCKET		05503	24.1839	APC	\$1,369.78			000	999	-
67414	T	EXPLR/DECOMPRESS EYE SOCKET		05504	39.9223	APC	\$2,261.20			000	999	-
67415	T	ASPIRATION ORBITAL CONTENTS		05503	24.1839	APC	\$1,369.78			000	999	-
67420	T	EXPLORE/TREAT EYE SOCKET		05504	39.9223	APC	\$2,261.20			000	999	-
67430	T	EXPLORE/TREAT EYE SOCKET		05504	39.9223	APC	\$2,261.20			000	999	-
67440	T	EXPLORE/DRAIN EYE SOCKET		05504	39.9223	APC	\$2,261.20			000	999	-
67445	T	EXPLR/DECOMPRESS EYE SOCKET		05504	39.9223	APC	\$2,261.20			000	999	-
67450	T	EXPLORE/BIOPSY EYE SOCKET		05504	39.9223	APC	\$2,261.20			000	999	-
67500	T	INJECT/TREAT EYE SOCKET		05501	3.1557	APC	\$178.74			000	999	-
67505	T	INJECT/TREAT EYE SOCKET		05501	3.1557	APC	\$178.74			000	999	-
67515	T	INJECT/TREAT EYE SOCKET		05501	3.1557	APC	\$178.74			000	999	-
67550	T	INSERT EYE SOCKET IMPLANT		05504	39.9223	APC	\$2,261.20			000	999	-
67560	T	REVISE EYE SOCKET IMPLANT		05504	39.9223	APC	\$2,261.20			000	999	-
67570	T	DECOMPRESS OPTIC NERVE		05504	39.9223	APC	\$2,261.20			000	999	-
67599	T	ORBIT SURGERY PROCEDURE		05501	3.1557	APC	\$178.74			000	999	-
67700	T	DRAINAGE OF EYELID ABSCESS		05501	3.1557	APC	\$178.74			000	999	-
67710	T	INCISION OF EYELID		05502	9.7774	APC	\$553.79			000	999	-
67715	T	INCISION OF EYELID FOLD		05503	24.1839	APC	\$1,369.78			000	999	-
67800	T	REMOVE EYELID LESION		05501	3.1557	APC	\$178.74			000	999	-
67801	T	REMOVE EYELID LESIONS		05502	9.7774	APC	\$553.79			000	999	-

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January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
67805	T	REMOVE EYELID LESIONS		05501	3.1557	APC	\$178.74			000	999	-
67808	T	REMOVE EYELID LESION(S)		05503	24.1839	APC	\$1,369.78			000	999	-
67810	T	BIOPSY EYELID & LID MARGIN		05501	3.1557	APC	\$178.74			000	999	-
67820	N	REVISE EYELASHES		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
67825	T	REVISE EYELASHES		05501	3.1557	APC	\$178.74			000	999	-
67830	T	REVISE EYELASHES		05502	9.7774	APC	\$553.79			000	999	-
67835	T	REVISE EYELASHES		05503	24.1839	APC	\$1,369.78			000	999	-
67840	T	REMOVE EYELID LESION		05502	9.7774	APC	\$553.79			000	999	-
67850	T	TREAT EYELID LESION		05502	9.7774	APC	\$553.79			000	999	-
67875	T	CLOSURE OF EYELID BY SUTURE		05502	9.7774	APC	\$553.79			000	999	-
67880	T	REVISION OF EYELID		05503	24.1839	APC	\$1,369.78			000	999	-
67882	T	REVISION OF EYELID		05503	24.1839	APC	\$1,369.78			000	999	-
67900	T	REPAIR BROW DEFECT		05503	24.1839	APC	\$1,369.78			000	999	-
67901	T	REPAIR EYELID DEFECT		05503	24.1839	APC	\$1,369.78			000	999	-
67902	T	REPAIR EYELID DEFECT		05504	39.9223	APC	\$2,261.20			000	999	-
67903	T	REPAIR EYELID DEFECT		05503	24.1839	APC	\$1,369.78			000	999	-
67904	T	REPAIR EYELID DEFECT		05503	24.1839	APC	\$1,369.78			000	999	-
67906	T	REPAIR EYELID DEFECT		05504	39.9223	APC	\$2,261.20			000	999	-
67908	T	REPAIR EYELID DEFECT		05503	24.1839	APC	\$1,369.78			000	999	-
67909	T	REPAIR EYELID DEFECT		05503	24.1839	APC	\$1,369.78			000	999	-
67911	T	REPAIR EYELID DEFECT		05503	24.1839	APC	\$1,369.78			000	999	-
67912	T	CORRECTION EYELID W/IMPLANT		05503	24.1839	APC	\$1,369.78			000	999	-
67914	T	REPAIR EYELID DEFECT		05503	24.1839	APC	\$1,369.78			000	999	-
67915	T	REPAIR EYELID DEFECT		05503	24.1839	APC	\$1,369.78			000	999	-
67916	T	REPAIR EYELID DEFECT		05503	24.1839	APC	\$1,369.78			000	999	-
67917	T	REPAIR EYELID DEFECT		05503	24.1839	APC	\$1,369.78			000	999	-
67921	T	REPAIR EYELID DEFECT		05503	24.1839	APC	\$1,369.78			000	999	-
67922	T	REPAIR EYELID DEFECT		05503	24.1839	APC	\$1,369.78			000	999	-
67923	T	REPAIR EYELID DEFECT		05503	24.1839	APC	\$1,369.78			000	999	-
67924	T	REPAIR EYELID DEFECT		05503	24.1839	APC	\$1,369.78			000	999	-
67930	T	REPAIR EYELID WOUND		05503	24.1839	APC	\$1,369.78			000	999	-
67935	T	REPAIR EYELID WOUND		05503	24.1839	APC	\$1,369.78			000	999	-
67938	T	REMOVE EYELID FOREIGN BODY		05501	3.1557	APC	\$178.74			000	999	-
67950	T	REVISION OF EYELID		05503	24.1839	APC	\$1,369.78			000	999	-
67961	T	REVISION OF EYELID		05503	24.1839	APC	\$1,369.78			000	999	-
67966	T	REVISION OF EYELID		05503	24.1839	APC	\$1,369.78			000	999	-
67971	T	RECONSTRUCTION OF EYELID		05503	24.1839	APC	\$1,369.78			000	999	-
67973	T	RECONSTRUCTION OF EYELID		05503	24.1839	APC	\$1,369.78			000	999	-
67974	T	RECONSTRUCTION OF EYELID		05504	39.9223	APC	\$2,261.20			000	999	-
67975	T	RECONSTRUCTION OF EYELID		05503	24.1839	APC	\$1,369.78			000	999	-
67999	T	REVISION OF EYELID		05501	3.1557	APC	\$178.74			000	999	-
68020	T	INCISE/DRAIN EYELID LINING		05502	9.7774	APC	\$553.79			000	999	-
68040	T	TREATMENT OF EYELID LESIONS		05501	3.1557	APC	\$178.74			000	999	-
68100	T	BIOPSY OF EYELID LINING		05503	24.1839	APC	\$1,369.78			000	999	-
68110	T	REMOVE EYELID LINING LESION		05503	24.1839	APC	\$1,369.78			000	999	-
68115	T	REMOVE EYELID LINING LESION		05503	24.1839	APC	\$1,369.78			000	999	-
68130	T	REMOVE EYELID LINING LESION		05503	24.1839	APC	\$1,369.78			000	999	-
68135	T	REMOVE EYELID LINING LESION		05503	24.1839	APC	\$1,369.78			000	999	-
68200	N	TREAT EYELID BY INJECTION		05735	3.2637	Bundled, sometimes payable	\$184.86			000	999	-
68320	T	REVISE/GRAFT EYELID LINING		05503	24.1839	APC	\$1,369.78			000	999	-
68325	T	REVISE/GRAFT EYELID LINING		05504	39.9223	APC	\$2,261.20			000	999	-
68326	T	REVISE/GRAFT EYELID LINING		05504	39.9223	APC	\$2,261.20			000	999	-
68328	T	REVISE/GRAFT EYELID LINING		05503	24.1839	APC	\$1,369.78			000	999	-
68330	T	REVISE EYELID LINING		05491	25.1115	APC	\$1,422.32			000	999	-
68335	T	REVISE/GRAFT EYELID LINING		05504	39.9223	APC	\$2,261.20			000	999	-
68340	T	SEPARATE EYELID ADHESIONS		05503	24.1839	APC	\$1,369.78			000	999	-
68360	T	REVISE EYELID LINING		05504	39.9223	APC	\$2,261.20			000	999	-

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68362	T	REVISE EYELID LINING		05503	24.1839	APC	\$1,369.78			000	999	-
68371	T	HARVEST EYE TISSUE ALOGRAFT		05503	24.1839	APC	\$1,369.78			000	999	-
68399	T	EYELID LINING SURGERY		05501	3.1557	APC	\$178.74			000	999	-
68400	T	INCISE/DRAIN TEAR GLAND		05502	9.7774	APC	\$553.79			000	999	-
68420	T	INCISE/DRAIN TEAR SAC		05503	24.1839	APC	\$1,369.78			000	999	-
68440	T	INCISE TEAR DUCT OPENING		05501	3.1557	APC	\$178.74			000	999	-
68500	T	REMOVAL OF TEAR GLAND		05504	39.9223	APC	\$2,261.20			000	999	-
68505	T	PARTIAL REMOVAL TEAR GLAND		05504	39.9223	APC	\$2,261.20			000	999	-
68510	T	BIOPSY OF TEAR GLAND		05503	24.1839	APC	\$1,369.78			000	999	-
68520	T	REMOVAL OF TEAR SAC		05504	39.9223	APC	\$2,261.20			000	999	-
68525	T	BIOPSY OF TEAR SAC		05503	24.1839	APC	\$1,369.78			000	999	-
68530	T	CLEARANCE OF TEAR DUCT		05501	3.1557	APC	\$178.74			000	999	-
68540	T	REMOVE TEAR GLAND LESION		05503	24.1839	APC	\$1,369.78			000	999	-
68550	T	REMOVE TEAR GLAND LESION		05504	39.9223	APC	\$2,261.20			000	999	-
68700	T	REPAIR TEAR DUCTS		05503	24.1839	APC	\$1,369.78			000	999	-
68705	T	REVISE TEAR DUCT OPENING		05501	3.1557	APC	\$178.74			000	999	-
68720	T	CREATE TEAR SAC DRAIN		05504	39.9223	APC	\$2,261.20			000	999	-
68745	T	CREATE TEAR DUCT DRAIN		05504	39.9223	APC	\$2,261.20			000	999	-
68750	T	CREATE TEAR DUCT DRAIN		05504	39.9223	APC	\$2,261.20			000	999	-
68760	T	CLOSE TEAR DUCT OPENING		05501	3.1557	APC	\$178.74			000	999	-
68761	T	CLOSE TEAR DUCT OPENING		05501	3.1557	APC	\$178.74			000	999	-
68770	T	CLOSE TEAR SYSTEM FISTULA		05503	24.1839	APC	\$1,369.78			000	999	-
68801	N	DILATE TEAR DUCT OPENING		05735	3.2637	Bundled, sometimes payable	\$184.86			000	999	-
68810	T	PROBE NASOLACRIMAL DUCT		05501	3.1557	APC	\$178.74			000	999	-
68811	T	PROBE NASOLACRIMAL DUCT		05503	24.1839	APC	\$1,369.78			000	999	-
68815	T	PROBE NASOLACRIMAL DUCT		05503	24.1839	APC	\$1,369.78			000	999	-
68816	T	PROBE NL DUCT W/BALLOON		05503	24.1839	APC	\$1,369.78			000	999	-
68840	T	EXPLORE/IRRIGATE TEAR DUCTS		05501	3.1557	APC	\$178.74			000	999	-
68850	N	INJECTION FOR TEAR SAC X-RAY				Bundled	\$0.00			000	999	-
68899	T	TEAR DUCT SYSTEM SURGERY		05501	3.1557	APC	\$178.74			000	999	-
69000	T	DRAIN EXTERNAL EAR LESION		05071	7.5120	APC	\$425.48			000	999	-
69005	T	DRAIN EXTERNAL EAR LESION		05072	16.9934	APC	\$962.51			000	999	-
69020	T	DRAIN OUTER EAR CANAL LESION		05071	7.5120	APC	\$425.48			000	999	-
69090	E	PIERCE EARLOBES				Not Allowed	\$0.00			000	999	-
69100	T	BIOPSY OF EXTERNAL EAR		05161	2.5557	APC	\$144.75			000	999	-
69105	T	BIOPSY OF EXTERNAL EAR CANAL		05163	16.3386	APC	\$925.42			000	999	-
69110	T	REMOVE EXTERNAL EAR PARTIAL		05073	28.6243	APC	\$1,621.28			000	999	-
69120	T	REMOVAL OF EXTERNAL EAR		05165	61.4280	APC	\$3,479.28			000	999	-
69140	N	REMOVE EAR CANAL LESION(S)		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69145	T	REMOVE EAR CANAL LESION(S)		05073	28.6243	APC	\$1,621.28			000	999	-
69150	T	EXTENSIVE EAR CANAL SURGERY		05165	61.4280	APC	\$3,479.28			000	999	-
69155	C	EXTENSIVE EAR/NECK SURGERY				Inpatient Only	\$0.00			000	999	-
69200	N	CLEAR OUTER EAR CANAL		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
69205	T	CLEAR OUTER EAR CANAL		05072	16.9934	APC	\$962.51			000	999	-
69209	N	REMOVE IMPACTED EAR WAX UNI		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
69210	N	REMOVE IMPACTED EAR WAX UNI		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
69220	N	CLEAN OUT MASTOID CAVITY		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
69222	T	CLEAN OUT MASTOID CAVITY		05162	5.4635	APC	\$309.45			000	999	-
69300	E	REVISE EXTERNAL EAR				Not Allowed	\$0.00			000	999	-
69310	N	REBUILD OUTER EAR CANAL		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69320	N	REBUILD OUTER EAR CANAL		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69399	T	OUTER EAR SURGERY PROCEDURE		05161	2.5557	APC	\$144.75			000	999	-
69420	T	INCISION OF EAR DRUM		05161	2.5557	APC	\$144.75			000	999	-
69421	T	INCISION OF EAR DRUM		05164	33.0494	APC	\$1,871.92			000	999	-
69424	N	REMOVE VENTILATING TUBE		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
69433	T	CREATE EAR DRUM OPENING		05162	5.4635	APC	\$309.45			000	999	-
69436	T	CREATE EAR DRUM OPENING		05163	16.3386	APC	\$925.42			000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
69440	N	EXPLORATION OF MIDDLE EAR		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
69450	N	EARDRUM REVISION		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
69501	N	MASTOIDECTOMY		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69502	N	MASTOIDECTOMY		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69505	N	REMOVE MASTOID STRUCTURES		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69511	N	EXTENSIVE MASTOID SURGERY		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69530	N	EXTENSIVE MASTOID SURGERY		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69535	C	REMOVE PART OF TEMPORAL BONE				Inpatient Only	\$0.00			000	999	-
69540	T	REMOVE EAR LESION		05163	16.3386	APC	\$925.42			000	999	-
69550	N	REMOVE EAR LESION		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69552	N	REMOVE EAR LESION		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69554	C	REMOVE EAR LESION				Inpatient Only	\$0.00			000	999	-
69601	N	MASTOID SURGERY REVISION		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69602	N	MASTOID SURGERY REVISION		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69603	N	MASTOID SURGERY REVISION		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69604	N	MASTOID SURGERY REVISION		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69610	T	REPAIR OF EARDRUM		05163	16.3386	APC	\$925.42			000	999	-
69620	T	REPAIR OF EARDRUM		05164	33.0494	APC	\$1,871.92			000	999	-
69631	N	REPAIR EARDRUM STRUCTURES		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69632	N	REBUILD EARDRUM STRUCTURES		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69633	N	REBUILD EARDRUM STRUCTURES		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69635	N	REPAIR EARDRUM STRUCTURES		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69636	N	REBUILD EARDRUM STRUCTURES		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69637	N	REBUILD EARDRUM STRUCTURES		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69641	N	REVISE MIDDLE EAR & MASTOID		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69642	N	REVISE MIDDLE EAR & MASTOID		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69643	N	REVISE MIDDLE EAR & MASTOID		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69644	N	REVISE MIDDLE EAR & MASTOID		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69645	N	REVISE MIDDLE EAR & MASTOID		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69646	N	REVISE MIDDLE EAR & MASTOID		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69650	N	RELEASE MIDDLE EAR BONE		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
69660	N	REVISE MIDDLE EAR BONE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69661	N	REVISE MIDDLE EAR BONE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69662	N	REVISE MIDDLE EAR BONE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69666	T	REPAIR MIDDLE EAR STRUCTURES		05164	33.0494	APC	\$1,871.92			000	999	-
69667	T	REPAIR MIDDLE EAR STRUCTURES		05164	33.0494	APC	\$1,871.92			000	999	-
69670	N	REMOVE MASTOID AIR CELLS		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69676	T	REMOVE MIDDLE EAR NERVE		05164	33.0494	APC	\$1,871.92			000	999	-
69700	T	CLOSE MASTOID FISTULA		05163	16.3386	APC	\$925.42			000	999	-
69705	T	NPS SURG DILAT EUST TUBE UNI		05165	61.4280	APC	\$3,479.28			000	999	-
69706	T	NPS SURG DILAT EUST TUBE BI		05165	61.4280	APC	\$3,479.28			000	999	-
69710	E	IMPLANT/REPLACE HEARING AID				Not Allowed	\$0.00			000	999	-
69711	N	REMOVE/REPAIR HEARING AID		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
69714	N	IMPLANT TEMPLE BONE W/STIMUL		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
69715	N	TEMPLE BNE IMPLNT W/STIMULAT		05116	191.6510	Bundled, sometimes payable	\$10,855.11			000	999	-
69717	N	TEMPLE BONE IMPLANT REVISION		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-
69718	N	REVISE TEMPLE BONE IMPLANT		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
69720	N	RELEASE FACIAL NERVE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69725	N	RELEASE FACIAL NERVE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69740	N	REPAIR FACIAL NERVE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69745	N	REPAIR FACIAL NERVE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69799	T	MIDDLE EAR SURGERY PROCEDURE		05161	2.5557	APC	\$144.75			000	999	-
69801	T	INCISE INNER EAR		05163	16.3386	APC	\$925.42			000	999	-
69805	N	EXPLORE INNER EAR		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69806	N	EXPLORE INNER EAR		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69905	N	REMOVE INNER EAR		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69910	N	REMOVE INNER EAR & MASTOID		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
69915	N	INCISE INNER EAR NERVE		05164	33.0494	Bundled, sometimes payable	\$1,871.92			000	999	-
69930	N	IMPLANT COCHLEAR DEVICE		05166	415.8068	Bundled, sometimes payable	\$23,551.30			000	999	-
69949	T	INNER EAR SURGERY PROCEDURE		05161	2.5557	APC	\$144.75			000	999	-
69950	C	INCISE INNER EAR NERVE				Inpatient Only	\$0.00			000	999	-
69955	N	RELEASE FACIAL NERVE		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69960	N	RELEASE INNER EAR CANAL		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69970	N	REMOVE INNER EAR LESION		05165	61.4280	Bundled, sometimes payable	\$3,479.28			000	999	-
69979	T	TEMPORAL BONE SURGERY		05161	2.5557	APC	\$144.75			000	999	-
69990	N	MICROSURGERY ADD-ON				Bundled	\$0.00			000	999	-
70010	N	CONTRAST X-RAY OF BRAIN		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
70015	N	CONTRAST X-RAY OF BRAIN		05573	8.6377	Bundled, sometimes payable	\$489.24			000	999	-
70030	N	X-RAY EYE FOR FOREIGN BODY		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
70100	N	X-RAY EXAM OF JAW <4VIEWS		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
7010F	E	PT INFO INTO RECALL SYSTEM				Not Allowed	\$0.00			000	999	-
70110	N	X-RAY EXAM OF JAW 4/> VIEWS		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
70120	N	X-RAY EXAM OF MASTOIDS		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
70130	N	X-RAY EXAM OF MASTOIDS		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
70134	N	X-RAY EXAM OF MIDDLE EAR		05524	5.8322	Bundled, sometimes payable	\$330.34			000	999	-
70140	N	X-RAY EXAM OF FACIAL BONES		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
70150	N	X-RAY EXAM OF FACIAL BONES		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
70160	N	X-RAY EXAM OF NASAL BONES		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
70170	N	X-RAY EXAM OF TEAR DUCT		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
70190	N	X-RAY EXAM OF EYE SOCKETS		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
70200	N	X-RAY EXAM OF EYE SOCKETS		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
7020F	E	MAMMO ASSESS CAT IN DBASE				Not Allowed	\$0.00			000	999	-
70210	N	X-RAY EXAM OF SINUSES		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
70220	N	X-RAY EXAM OF SINUSES		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
70240	N	X-RAY EXAM PITUITARY SADDLE		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
70250	N	X-RAY EXAM OF SKULL		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
7025F	E	PT INFOSYS ALARM 4 NXT MAMMO				Not Allowed	\$0.00			000	999	-
70260	N	X-RAY EXAM OF SKULL		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
70300	N	X-RAY EXAM OF TEETH		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
70310	N	X-RAY EXAM OF TEETH		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
70320	N	FULL MOUTH X-RAY OF TEETH		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
70328	N	X-RAY EXAM OF JAW JOINT		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
70330	N	X-RAY EXAM OF JAW JOINTS		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
70332	N	X-RAY EXAM OF JAW JOINT		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
70336	N	MAGNETIC IMAGE JAW JOINT		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
70350	N	X-RAY HEAD FOR ORTHODONTIA		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
70355	N	PANORAMIC X-RAY OF JAWS		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
70360	N	X-RAY EXAM OF NECK		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
70370	N	THROAT X-RAY & FLUOROSCOPY		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
70371	N	SPEECH EVALUATION COMPLEX		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
70380	N	X-RAY EXAM OF SALIVARY GLAND		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
70390	N	X-RAY EXAM OF SALIVARY DUCT		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
70450	N	CT HEAD/BRAIN W/O DYE		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
70460	N	CT HEAD/BRAIN W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
70470	N	CT HEAD/BRAIN W/O & W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
70480	N	CT ORBIT/EAR/FOSSA W/O DYE		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
70481	N	CT ORBIT/EAR/FOSSA W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
70482	N	CT ORBIT/EAR/FOSSA W/O&W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
70486	N	CT MAXILLOFACIAL W/O DYE		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
70487	N	CT MAXILLOFACIAL W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
70488	N	CT MAXILLOFACIAL W/O & W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
70490	N	CT SOFT TISSUE NECK W/O DYE		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
70491	N	CT SOFT TISSUE NECK W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
70492	N	CT SFT TSUE NCK W/O & W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-

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70496	N	CT ANGIOGRAPHY HEAD		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
70498	N	CT ANGIOGRAPHY NECK		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
70540	N	MRI ORBIT/FACE/NECK W/O DYE		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
70542	N	MRI ORBIT/FACE/NECK W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
70543	N	MRI ORBT/FAC/NCK W/O &W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
70544	N	MR ANGIOGRAPHY HEAD W/O DYE		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
70545	N	MR ANGIOGRAPHY HEAD W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
70546	N	MR ANGIOGRAPH HEAD W/O&W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
70547	N	MR ANGIOGRAPHY NECK W/O DYE		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
70548	N	MR ANGIOGRAPHY NECK W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
70549	N	MR ANGIOGRAPH NECK W/O&W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
70551	N	MRI BRAIN STEM W/O DYE		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
70552	N	MRI BRAIN STEM W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
70553	N	MRI BRAIN STEM W/O & W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
70554	N	FMRI BRAIN BY TECH		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
70555	S	FMRI BRAIN BY PHYS/PSYCH		05523	2.7794	APC	\$157.43			000	999	-
70557	S	MRI BRAIN W/O DYE		05524	5.8322	APC	\$330.34			000	999	-
70558	S	MRI BRAIN W/DYE		05571	2.1565	APC	\$122.14			000	999	-
70559	S	MRI BRAIN W/O & W/DYE		05571	2.1565	APC	\$122.14			000	999	-
71045	N	X-RAY EXAM CHEST 1 VIEW		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
71046	N	X-RAY EXAM CHEST 2 VIEWS		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
71047	N	X-RAY EXAM CHEST 3 VIEWS		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
71048	N	X-RAY EXAM CHEST 4+ VIEWS		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
71100	N	X-RAY EXAM RIBS UNI 2 VIEWS		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
71101	N	X-RAY EXAM UNILAT RIBS/CHEST		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
71110	N	X-RAY EXAM RIBS BIL 3 VIEWS		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
71111	N	X-RAY EXAM RIBS/CHEST4+ VWS		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
71120	N	X-RAY EXAM BREASTBONE 2/>VWS		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
71130	N	X-RAY STRENOCLAVIC JT 3/>VWS		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
71250	N	CT THORAX W/O DYE		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
71260	N	CT THORAX W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
71270	N	CT THORAX W/O & W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
71271	S	CT THORAX LUNG CANCER SCR C-		05521	0.9771	APC	\$55.34			000	999	-
71275	N	CT ANGIOGRAPHY CHEST		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
71550	N	MRI CHEST W/O DYE		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
71551	N	MRI CHEST W/DYE		05573	8.6377	Bundled, sometimes payable	\$489.24			000	999	-
71552	N	MRI CHEST W/O & W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
71555	M	MRI ANGIO CHEST W OR W/O DYE				Fee Schedule	\$428.53			000	999	-
72020	N	X-RAY EXAM OF SPINE 1 VIEW		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
72040	N	X-RAY EXAM NECK SPINE 2-3 VW		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
72050	N	X-RAY EXAM NECK SPINE 4/5VWS		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
72052	N	X-RAY EXAM NECK SPINE 6/>VWS		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
72070	N	X-RAY EXAM THORAC SPINE 2VWS		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
72072	N	X-RAY EXAM THORAC SPINE 3VWS		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
72074	N	X-RAY EXAM THORAC SPINE4/>VW		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
72080	N	X-RAY EXAM THORACOLMB 2/> VW		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
72081	N	X-RAY EXAM ENTIRE SPI 1 VW		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
72082	N	X-RAY EXAM ENTIRE SPI 2/3 VW		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
72083	S	X-RAY EXAM ENTIRE SPI 4/5 VW		05522	1.3161	APC	\$74.54			000	999	-
72084	S	X-RAY EXAM ENTIRE SPI 6/> VW		05522	1.3161	APC	\$74.54			000	999	-
72100	N	X-RAY EXAM L-S SPINE 2/3 VWS		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
72110	N	X-RAY EXAM L-2 SPINE 4/>VWS		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
72114	N	X-RAY EXAM L-S SPINE BENDING		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
72120	N	X-RAY BEND ONLY L-S SPINE		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
72125	N	CT NECK SPINE W/O DYE		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
72126	N	CT NECK SPINE W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
72127	N	CT NECK SPINE W/O & W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
72128	N	CT CHEST SPINE W/O DYE		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
72129	N	CT CHEST SPINE W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
72130	N	CT CHEST SPINE W/O & W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
72131	N	CT LUMBAR SPINE W/O DYE		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
72132	N	CT LUMBAR SPINE W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
72133	N	CT LUMBAR SPINE W/O & W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
72141	N	MRI NECK SPINE W/O DYE		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
72142	N	MRI NECK SPINE W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
72146	N	MRI CHEST SPINE W/O DYE		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
72147	N	MRI CHEST SPINE W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
72148	N	MRI LUMBAR SPINE W/O DYE		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
72149	N	MRI LUMBAR SPINE W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
72156	N	MRI NECK SPINE W/O & W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
72157	N	MRI CHEST SPINE W/O & W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
72158	N	MRI LUMBAR SPINE W/O & W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
72159	E	MR ANGIO SPINE W/O&W/DYE				Not Allowed	\$0.00			000	999	-
72170	N	X-RAY EXAM OF PELVIS		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
72190	N	X-RAY EXAM OF PELVIS		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
72191	N	CT ANGIOGRAPHY PELV W/O&W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
72192	N	CT PELVIS W/O DYE		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
72193	N	CT PELVIS W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
72194	N	CT PELVIS W/O & W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
72195	N	MRI PELVIS W/O DYE		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
72196	N	MRI PELVIS W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
72197	N	MRI PELVIS W/O & W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
72198	E	MR ANGIO PELVIS W/O & W/DYE				Not Allowed	\$0.00			000	999	-
72200	N	X-RAY EXAM SI JOINTS		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
72202	N	X-RAY EXAM SI JOINTS 3/> VWS		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
72220	N	X-RAY EXAM SACRUM TAILBONE		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
72240	N	MYELOGRAPHY NECK SPINE		05573	8.6377	Bundled, sometimes payable	\$489.24			000	999	-
72255	N	MYELOGRAPHY THORACIC SPINE		05573	8.6377	Bundled, sometimes payable	\$489.24			000	999	-
72265	N	MYELOGRAPHY L-S SPINE		05573	8.6377	Bundled, sometimes payable	\$489.24			000	999	-
72270	N	MYELOGPHY 2/> SPINE REGIONS		05573	8.6377	Bundled, sometimes payable	\$489.24			000	999	-
72275	N	EPIDUROGRAPHY				Bundled	\$0.00			000	999	-
72285	N	DISCOGRAPHY CERV/THOR SPINE		05431	21.1890	Bundled, sometimes payable	\$1,200.14			000	999	-
72295	N	X-RAY OF LOWER SPINE DISK		05431	21.1890	Bundled, sometimes payable	\$1,200.14			000	999	-
73000	N	X-RAY EXAM OF COLLAR BONE		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73010	N	X-RAY EXAM OF SHOULDER BLADE		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
73020	N	X-RAY EXAM OF SHOULDER		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73030	N	X-RAY EXAM OF SHOULDER		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73040	N	CONTRAST X-RAY OF SHOULDER		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
73050	N	X-RAY EXAM OF SHOULDERS		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73060	N	X-RAY EXAM OF HUMERUS		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73070	N	X-RAY EXAM OF ELBOW		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73080	N	X-RAY EXAM OF ELBOW		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73085	N	CONTRAST X-RAY OF ELBOW		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
73090	N	X-RAY EXAM OF FOREARM		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73092	N	X-RAY EXAM OF ARM INFANT		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
73100	N	X-RAY EXAM OF WRIST		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73110	N	X-RAY EXAM OF WRIST		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73115	N	CONTRAST X-RAY OF WRIST		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
73120	N	X-RAY EXAM OF HAND		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
73130	N	X-RAY EXAM OF HAND		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73140	N	X-RAY EXAM OF FINGER(S)		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73200	N	CT UPPER EXTREMITY W/O DYE		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
73201	N	CT UPPER EXTREMITY W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
73202	N	CT UPRR EXTREMITY W/O&W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
73206	N	CT ANGIO UPR EXTRM W/O&W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
73218	N	MRI UPPER EXTREMITY W/O DYE		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
73219	N	MRI UPPER EXTREMITY W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
73220	N	MRI UPPR EXTREMITY W/O&W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
73221	N	MRI JOINT UPR EXTREM W/O DYE		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
73222	N	MRI JOINT UPR EXTREM W/DYE		05573	8.6377	Bundled, sometimes payable	\$489.24			000	999	-
73223	N	MRI JOINT UPR EXTR W/O&W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
73225	E	MR ANGIO UPR EXTR W/O&W/DYE				Not Allowed	\$0.00			000	999	-
73501	N	X-RAY EXAM HIP UNI 1 VIEW		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73502	N	X-RAY EXAM HIP UNI 2-3 VIEWS		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73503	N	X-RAY EXAM HIP UNI 4/> VIEWS		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
73521	N	X-RAY EXAM HIPS BI 2 VIEWS		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
73522	N	X-RAY EXAM HIPS BI 3-4 VIEWS		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
73523	S	X-RAY EXAM HIPS BI 5/> VIEWS		05522	1.3161	APC	\$74.54			000	999	-
73525	N	CONTRAST X-RAY OF HIP		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
73551	N	X-RAY EXAM OF FEMUR 1		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73552	N	X-RAY EXAM OF FEMUR 2/>		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73560	N	X-RAY EXAM OF KNEE 1 OR 2		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73562	N	X-RAY EXAM OF KNEE 3		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73564	N	X-RAY EXAM KNEE 4 OR MORE		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
73565	N	X-RAY EXAM OF KNEES		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73580	N	CONTRAST X-RAY OF KNEE JOINT		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
73590	N	X-RAY EXAM OF LOWER LEG		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73592	N	X-RAY EXAM OF LEG INFANT		05521	0.9771	Bundled, sometimes payable	\$55.34			000	002	-
73600	N	X-RAY EXAM OF ANKLE		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73610	N	X-RAY EXAM OF ANKLE		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73615	N	CONTRAST X-RAY OF ANKLE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
73620	N	X-RAY EXAM OF FOOT		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73630	N	X-RAY EXAM OF FOOT		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73650	N	X-RAY EXAM OF HEEL		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73660	N	X-RAY EXAM OF TOE(S)		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
73700	N	CT LOWER EXTREMITY W/O DYE		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
73701	N	CT LOWER EXTREMITY W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
73702	N	CT LWR EXTREMITY W/O&W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
73706	N	CT ANGIO LWR EXTR W/O&W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
73718	N	MRI LOWER EXTREMITY W/O DYE		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
73719	N	MRI LOWER EXTREMITY W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
73720	N	MRI LWR EXTREMITY W/O&W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
73721	N	MRI JNT OF LWR EXTRE W/O DYE		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
73722	N	MRI JOINT OF LWR EXTR W/DYE		05573	8.6377	Bundled, sometimes payable	\$489.24			000	999	-
73723	N	MRI JOINT LWR EXTR W/O&W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
73725	M	MR ANG LWR EXT W OR W/O DYE				Fee Schedule	\$431.29			000	999	-
74018	N	X-RAY EXAM ABDOMEN 1 VIEW		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
74019	N	X-RAY EXAM ABDOMEN 2 VIEWS		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
74021	N	X-RAY EXAM ABDOMEN 3+ VIEWS		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
74022	N	X-RAY EXAM COMPLETE ABDOMEN		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
74150	N	CT ABDOMEN W/O DYE		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
74160	N	CT ABDOMEN W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
74170	N	CT ABDOMEN W/O & W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
74174	S	CT ANGIO ABD&PELV W/O&W/DYE		05572	4.4460	APC	\$251.82			000	999	-
74175	N	CT ANGIO ABDOM W/O & W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
74176	N	CT ABD & PELVIS W/O CONTRAST		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
74177	N	CT ABD & PELV W/CONTRAST		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
74178	N	CT ABD & PELV 1/> REGNS		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
74181	N	MRI ABDOMEN W/O DYE		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
74182	N	MRI ABDOMEN W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
74183	N	MRI ABDOMEN W/O & W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-

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74185	M	MRI ANGIO ABDOM W ORW/O DYE				Fee Schedule	\$432.48			000	999	-
74190	N	X-RAY EXAM OF PERITONEUM		05524	5.8322	Bundled, sometimes payable	\$330.34			000	999	-
74210	N	X-RAY XM PHRN&/CRV ESOPH C+		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
74220	N	X-RAY XM ESOPHAGUS 1CNTRST		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
74221	N	X-RAY XM ESOPHAGUS 2CNTRST		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
74230	N	X-RAY XM SWLNG FUNCJ C+		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
74235	N	REMOVE ESOPHAGUS OBSTRUCTION				Bundled	\$0.00			000	999	-
74240	N	X-RAY XM UPR GI TRC 1CNTRST		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
74246	N	X-RAY XM UPR GI TRC 2CNTRST		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
74248	N	X-RAY SM INT F-THRU STD				Bundled	\$0.00			000	999	-
74250	N	X-RAY XM SM INT 1CNTRST STD		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
74251	S	X-RAY XM SM INT 2CNTRST STD		05571	2.1565	APC	\$122.14			000	999	-
74261	N	CT COLONOGRAPHY DX		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
74262	N	CT COLONOGRAPHY DX W/DYE		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
74263	E	CT COLONOGRAPHY SCREENING				Not Allowed	\$0.00			000	999	-
74270	N	X-RAY XM COLON 1CNTRST STD		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
74280	S	X-RAY XM COLON 2CNTRST STD		05571	2.1565	APC	\$122.14			000	999	-
74283	S	THER NMA RDCTJ INTUS/OBSTRCTJ		05571	2.1565	APC	\$122.14			000	999	-
74290	N	CONTRAST X-RAY GALLBLADDER		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
74300	N	X-RAY BILE DUCTS/PANCREAS				Bundled	\$0.00			000	999	-
74301	N	X-RAYS AT SURGERY ADD-ON				Bundled	\$0.00			000	999	-
74328	N	X-RAY BILE DUCT ENDOSCOPY				Bundled	\$0.00			000	999	-
74329	N	X-RAY FOR PANCREAS ENDOSCOPY				Bundled	\$0.00			000	999	-
74330	N	X-RAY BILE/PANC ENDOSCOPY				Bundled	\$0.00			000	999	-
74340	N	X-RAY GUIDE FOR GI TUBE				Bundled	\$0.00			000	999	-
74355	N	X-RAY GUIDE INTESTINAL TUBE				Bundled	\$0.00			000	999	-
74360	N	X-RAY GUIDE GI DILATION				Bundled	\$0.00			000	999	-
74363	N	X-RAY BILE DUCT DILATION				Bundled	\$0.00			000	999	-
74400	S	UROGRAPHY IV +-KUB TOMOG		05571	2.1565	APC	\$122.14			000	999	-
74410	S	UROGRAPHY NFS DRIP&BOLUS		05571	2.1565	APC	\$122.14			000	999	-
74415	S	UROGRAPHY NFS DRIP&BLS W/NF		05571	2.1565	APC	\$122.14			000	999	-
74420	S	UROGRAPHY RTRGR +-KUB		05572	4.4460	APC	\$251.82			000	999	-
74425	N	CONTRST X-RAY URINARY TRACT		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
74430	N	CONTRAST X-RAY BLADDER		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
74440	N	X-RAY MALE GENITAL TRACT		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
74445	N	X-RAY EXAM OF PENIS		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
74450	N	X-RAY URETHRA/BLADDER		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
74455	N	X-RAY URETHRA/BLADDER		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
74470	N	X-RAY EXAM OF KIDNEY LESION		05524	5.8322	Bundled, sometimes payable	\$330.34			000	999	-
74485	N	DILATION URTR/JRT RS&I		05373	21.6552	Bundled, sometimes payable	\$1,226.55			000	999	-
74710	N	X-RAY MEASUREMENT OF PELVIS		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
74712	S	MRI FETAL SNGL/1ST GESTATION		05523	2.7794	APC	\$157.43			000	999	-
74713	N	MRI FETAL EA ADDL GESTATION				Bundled	\$0.00			000	999	-
74740	N	X-RAY FEMALE GENITAL TRACT		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
74742	N	X-RAY FALLOPIAN TUBE				Bundled	\$0.00			000	999	-
74775	S	X-RAY EXAM OF PERINEUM		05523	2.7794	APC	\$157.43			000	999	-
75557	N	CARDIAC MRI FOR MORPH		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
75559	N	CARDIAC MRI W/STRESS IMG		05524	5.8322	Bundled, sometimes payable	\$330.34			000	999	-
75561	N	CARDIAC MRI FOR MORPH W/DYE		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
75563	N	CARD MRI W/STRESS IMG & DYE		05573	8.6377	Bundled, sometimes payable	\$489.24			000	999	-
75565	N	CARD MRI VELOC FLOW MAPPING				Bundled	\$0.00			000	999	-
75571	N	CT HRT W/O DYE W/CA TEST		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
75572	S	CT HRT W/3D IMAGE		05571	2.1565	APC	\$122.14			000	999	-
75573	S	CT HRT W/3D IMAGE CONGEN		05571	2.1565	APC	\$122.14			000	999	-
75574	S	CT ANGIO HRT W/3D IMAGE		05571	2.1565	APC	\$122.14			000	999	-
75600	N	CONTRAST EXAM THORACIC AORTA		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75605	N	CONTRAST EXAM THORACIC AORTA		05184	57.6153	Bundled, sometimes payable	\$3,263.33			000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
75625	N	CONTRAST EXAM ABDOMINL AORTA		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75630	N	X-RAY AORTA LEG ARTERIES		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75635	N	CT ANGIO ABDOMINAL ARTERIES		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
75705	N	ARTERY X-RAYS SPINE		05184	57.6153	Bundled, sometimes payable	\$3,263.33			000	999	-
75710	N	ARTERY X-RAYS ARM/LEG		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75716	N	ARTERY X-RAYS ARMS/LEGS		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75726	N	ARTERY X-RAYS ABDOMEN		05184	57.6153	Bundled, sometimes payable	\$3,263.33			000	999	-
75731	N	ARTERY X-RAYS ADRENAL GLAND		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75733	N	ARTERY X-RAYS ADRENALS		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75736	N	ARTERY X-RAYS PELVIS		05184	57.6153	Bundled, sometimes payable	\$3,263.33			000	999	-
75741	N	ARTERY X-RAYS LUNG		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75743	N	ARTERY X-RAYS LUNGS		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75746	N	ARTERY X-RAYS LUNG		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75756	N	ARTERY X-RAYS CHEST		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75774	N	ARTERY X-RAY EACH VESSEL				Bundled	\$0.00			000	999	-
75801	N	LYMPH VESSEL X-RAY ARM/LEG		05181	6.5415	Bundled, sometimes payable	\$370.51			000	999	-
75803	N	LYMPH VESSEL X-RAY ARMS/LEGS		05182	16.9830	Bundled, sometimes payable	\$961.92			000	999	-
75805	N	LYMPH VESSEL X-RAY TRUNK		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75807	N	LYMPH VESSEL X-RAY TRUNK		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75809	N	NONVASCULAR SHUNT X-RAY		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
75810	N	VEIN X-RAY SPLEEN/LIVER		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75820	N	VEIN X-RAY ARM/LEG		05182	16.9830	Bundled, sometimes payable	\$961.92			000	999	-
75822	N	VEIN X-RAY ARMS/LEGS		05182	16.9830	Bundled, sometimes payable	\$961.92			000	999	-
75825	N	VEIN X-RAY TRUNK		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75827	N	VEIN X-RAY CHEST		05182	16.9830	Bundled, sometimes payable	\$961.92			000	999	-
75831	N	VEIN X-RAY KIDNEY		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75833	N	VEIN X-RAY KIDNEYS		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75840	N	VEIN X-RAY ADRENAL GLAND		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75842	N	VEIN X-RAY ADRENAL GLANDS		05184	57.6153	Bundled, sometimes payable	\$3,263.33			000	999	-
75860	N	VEIN X-RAY NECK		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75870	N	VEIN X-RAY SKULL		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75872	N	VEIN X-RAY SKULL EPIDURAL		05181	6.5415	Bundled, sometimes payable	\$370.51			000	999	-
75880	N	VEIN X-RAY EYE SOCKET		05181	6.5415	Bundled, sometimes payable	\$370.51			000	999	-
75885	N	VEIN X-RAY LIVER W/HEMODYNAM		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75887	N	VEIN X-RAY LIVER W/O HEMODYNAM		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75889	N	VEIN X-RAY LIVER W/HEMODYNAM		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75891	N	VEIN X-RAY LIVER		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75893	N	VENOUS SAMPLING BY CATHETER		05184	57.6153	Bundled, sometimes payable	\$3,263.33			000	999	-
75894	N	X-RAYS TRANSCATH THERAPY				Bundled	\$0.00			000	999	-
75898	N	FOLLOW-UP ANGIOGRAPHY		05183	34.5624	Bundled, sometimes payable	\$1,957.61			000	999	-
75901	N	REMOVE CVA DEVICE OBSTRUCT				Bundled	\$0.00			000	999	-
75902	N	REMOVE CVA LUMEN OBSTRUCT				Bundled	\$0.00			000	999	-
75956	C	XRAY ENDOVASC THOR AO REPR				Inpatient Only	\$0.00			000	999	-
75957	C	XRAY ENDOVASC THOR AO REPR				Inpatient Only	\$0.00			000	999	-
75958	C	XRAY PLACE PROX EXT THOR AO				Inpatient Only	\$0.00			000	999	-
75959	C	XRAY PLACE DIST EXT THOR AO				Inpatient Only	\$0.00			000	999	-
75970	N	VASCULAR BIOPSY				Bundled	\$0.00			000	999	-
75984	N	XRAY CONTROL CATHETER CHANGE				Bundled	\$0.00			000	999	-
75989	N	ABSCESS DRAINAGE UNDER X-RAY				Bundled	\$0.00			000	999	-
76000	S	FLUOROSCOPY <1 HR PHYS/QHP		05523	2.7794	APC	\$157.43			000	999	-
76010	N	X-RAY NOSE TO RECTUM		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
76080	N	X-RAY EXAM OF FISTULA		05524	5.8322	Bundled, sometimes payable	\$330.34			000	999	-
76098	N	X-RAY EXAM SURGICAL SPECIMEN		05524	5.8322	Bundled, sometimes payable	\$330.34			000	999	-
76100	N	X-RAY EXAM OF BODY SECTION		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76101	N	COMPLEX BODY SECTION X-RAY		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76102	S	COMPLEX BODY SECTION X-RAYS		05522	1.3161	APC	\$74.54			000	999	-
76120	N	CINE/VIDEO X-RAYS		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-

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76125	N	CINE/VIDEO X-RAYS ADD-ON				Bundled	\$0.00			000	999	-
76140	E	X-RAY CONSULTATION				Not Allowed	\$0.00			000	999	-
76145	S	MED PHYSIC DOS EVAL RAD EXPS		05611	1.5323	APC	\$86.79			000	999	-
76376	N	3D RENDER W/INTRP POSTPROCES				Bundled	\$0.00			000	999	-
76377	N	3D RENDER W/INTRP POSTPROCES				Bundled	\$0.00			000	999	-
76380	N	CAT SCAN FOLLOW-UP STUDY		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
76390	E	MR SPECTROSCOPY				Not Allowed	\$0.00			000	999	-
76391	N	MR ELASTOGRAPHY		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
76496	N	FLUOROSCOPIC PROCEDURE		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
76497	N	CT PROCEDURE		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
76498	S	MRI PROCEDURE		05521	0.9771	APC	\$55.34			000	999	-
76499	N	RADIOGRAPHIC PROCEDURE		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
76506	N	ECHO EXAM OF HEAD		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76510	N	OPH US DX B-SCAN&QUAN A-SCAN		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
76511	N	OPH US DX QUAN A-SCAN ONLY		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76512	N	OPH US DX B-SCAN		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76513	N	OPH US DX ANT SGM US UNI/BI		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76514	N	ECHO EXAM OF EYE THICKNESS		05731	0.2980	Bundled, sometimes payable	\$16.88			000	999	-
76516	N	ECHO EXAM OF EYE		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76519	N	ECHO EXAM OF EYE		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76529	N	ECHO EXAM OF EYE		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
76536	N	US EXAM OF HEAD AND NECK		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76604	N	US EXAM CHEST		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76641	N	ULTRASOUND BREAST COMPLETE		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76642	N	ULTRASOUND BREAST LIMITED		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
76700	N	US EXAM ABDOM COMPLETE		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76705	N	ECHO EXAM OF ABDOMEN		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76706	S	US ABDL AORTA SCREEN AAA		05522	1.3161	APC	\$74.54			000	999	-
76770	N	US EXAM ABDO BACK WALL COMP		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76775	N	US EXAM ABDO BACK WALL LIM		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76776	N	US EXAM K TRANSPL W/DOPPLER		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76800	N	US EXAM SPINAL CANAL		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76801	S	OB US < 14 WKS SINGLE FETUS		05522	1.3161	APC	\$74.54			000	999	-
76802	N	OB US < 14 WKS ADDL FETUS				Bundled	\$0.00			000	999	-
76805	S	OB US >= 14 WKS SNGL FETUS		05522	1.3161	APC	\$74.54			010	065	-
76810	N	OB US >= 14 WKS ADDL FETUS				Bundled	\$0.00			010	065	-
76811	S	OB US DETAILED SNGL FETUS		05523	2.7794	APC	\$157.43			000	999	-
76812	N	OB US DETAILED ADDL FETUS				Bundled	\$0.00			000	999	-
76813	N	OB US NUCHAL MEAS 1 GEST		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76814	N	OB US NUCHAL MEAS ADD-ON				Bundled	\$0.00			000	999	-
76815	N	OB US LIMITED FETUS(S)		05522	1.3161	Bundled, sometimes payable	\$74.54			010	065	-
76816	N	OB US FOLLOW-UP PER FETUS		05522	1.3161	Bundled, sometimes payable	\$74.54			010	065	-
76817	N	TRANSVAGINAL US OBSTETRIC		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76818	S	FETAL BIOPHYS PROFILE W/NST		05522	1.3161	APC	\$74.54			010	065	-
76819	S	FETAL BIOPHYS PROFIL W/O NST		05522	1.3161	APC	\$74.54			010	065	-
76820	N	UMBILICAL ARTERY ECHO		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76821	N	MIDDLE CEREBRAL ARTERY ECHO		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76825	S	ECHO EXAM OF FETAL HEART		05524	5.8322	APC	\$330.34			010	065	-
76826	S	ECHO EXAM OF FETAL HEART		05523	2.7794	APC	\$157.43			010	065	-
76827	N	ECHO EXAM OF FETAL HEART		05522	1.3161	Bundled, sometimes payable	\$74.54			010	065	-
76828	N	ECHO EXAM OF FETAL HEART		05522	1.3161	Bundled, sometimes payable	\$74.54			010	065	-
76830	S	TRANSVAGINAL US NON-OB		05522	1.3161	APC	\$74.54			010	999	-
76831	N	ECHO EXAM UTERUS		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
76856	N	US EXAM PELVIC COMPLETE		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76857	N	US EXAM PELVIC LIMITED		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76870	N	US EXAM SCROTUM		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76872	S	US TRANSRECTAL		05522	1.3161	APC	\$74.54			000	999	-

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76873	S	ECHOGRAP TRANS R PROS STUDY		05522	1.3161	APC	\$74.54			000	999	-
76881	S	US COMPL JOINT R-T W/IMG		05522	1.3161	APC	\$74.54			000	999	-
76882	N	US LMTD JT/NONVASC XTR STRUX		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76885	N	US EXAM INFANT HIPS DYNAMIC		05521	0.9771	Bundled, sometimes payable	\$55.34			000	000	-
76886	N	US EXAM INFANT HIPS STATIC		05521	0.9771	Bundled, sometimes payable	\$55.34			000	000	-
76932	N	ECHO GUIDE FOR HEART BIOPSY				Bundled	\$0.00			000	999	-
76936	S	ECHO GUIDE FOR ARTERY REPAIR		05722	3.1939	APC	\$180.90			000	999	-
76937	N	US GUIDE VASCULAR ACCESS				Bundled	\$0.00			000	999	-
76940	N	US GUIDE TISSUE ABLATION				Bundled	\$0.00			000	999	-
76941	N	ECHO GUIDE FOR TRANSFUSION				Bundled	\$0.00			010	065	-
76942	N	ECHO GUIDE FOR BIOPSY				Bundled	\$0.00			000	999	-
76945	N	ECHO GUIDE VILLUS SAMPLING				Bundled	\$0.00			010	065	-
76946	N	ECHO GUIDE FOR AMNIOCENTESIS				Bundled	\$0.00			010	065	-
76948	N	ECHO GUIDE OVA ASPIRATION				Bundled	\$0.00			010	065	-
76965	N	ECHO GUIDANCE RADIOTHERAPY				Bundled	\$0.00			000	999	-
76975	N	GI ENDOSCOPIC ULTRASOUND		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
76977	S	US BONE DENSITY MEASURE		05522	1.3161	APC	\$74.54			000	999	-
76978	S	US TRGT DYN MBUBB 1ST LES		05571	2.1565	APC	\$122.14			000	999	-
76979	N	US TRGT DYN MBUBB EA ADDL				Bundled	\$0.00			000	999	-
76981	N	USE PARENCHYMA		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76982	N	USE 1ST TARGET LESION		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
76983	N	USE EA ADDL TARGET LESION				Bundled	\$0.00			000	999	-
76998	N	US GUIDE INTRAOP				Bundled	\$0.00			000	999	-
76999	N	ECHO EXAMINATION PROCEDURE		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
77001	N	FLUOROGUIDE FOR VEIN DEVICE				Bundled	\$0.00			000	999	-
77002	N	NEEDLE LOCALIZATION BY XRAY				Bundled	\$0.00			000	999	-
77003	N	FLUOROGUIDE FOR SPINE INJECT				Bundled	\$0.00			000	999	-
77011	N	CT SCAN FOR LOCALIZATION				Bundled	\$0.00			000	999	-
77012	N	CT SCAN FOR NEEDLE BIOPSY				Bundled	\$0.00			000	999	-
77013	N	CT GUIDE FOR TISSUE ABLATION				Bundled	\$0.00			000	999	-
77014	N	CT SCAN FOR THERAPY GUIDE				Bundled	\$0.00			000	999	-
77021	N	MRI GUIDANCE NDL PLMT RS&I				Bundled	\$0.00			000	999	-
77022	N	MRI GDN PARNCHYMA TISS ABLTJ				Bundled	\$0.00			000	999	-
77046	N	MRI BREAST C- UNILATERAL		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
77047	N	MRI BREAST C- BILATERAL		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
77048	E	MRI BREAST C-+ W/CAD UNI				Not Allowed	\$0.00			000	999	-
77049	E	MRI BREAST C-+ W/CAD BI				Not Allowed	\$0.00			000	999	-
77053	N	X-RAY OF MAMMARY DUCT		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
77054	N	X-RAY OF MAMMARY DUCTS		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
77061	E	BREAST TOMOSYNTHESIS UNI				Not Allowed	\$0.00			000	999	-
77062	E	BREAST TOMOSYNTHESIS BI				Not Allowed	\$0.00			000	999	-
77063	M	BREAST TOMOSYNTHESIS BI				Fee Schedule	\$61.60			000	999	-
77065	M	DX MAMMO INCL CAD UNI				Fee Schedule	\$150.06			000	999	-
77066	M	DX MAMMO INCL CAD BI				Fee Schedule	\$188.78			000	999	-
77067	M	SCR MAMMO BI INCL CAD				Fee Schedule	\$153.22			000	999	-
77071	N	X-RAY STRESS VIEW		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
77072	N	X-RAYS FOR BONE AGE		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
77073	N	X-RAYS BONE LENGTH STUDIES		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
77074	N	X-RAYS BONE SURVEY LIMITED		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
77075	N	X-RAYS BONE SURVEY COMPLETE		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
77076	N	X-RAYS BONE SURVEY INFANT		05522	1.3161	Bundled, sometimes payable	\$74.54			000	001	-
77077	N	JOINT SURVEY SINGLE VIEW		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
77078	S	CT BONE DENSITY AXIAL		05521	0.9771	APC	\$55.34			000	999	-
77080	S	DXA BONE DENSITY AXIAL		05522	1.3161	APC	\$74.54			000	999	-
77081	S	DXA BONE DENSITY/PERIPHERAL		05521	0.9771	APC	\$55.34			000	999	-
77084	S	MAGNETIC IMAGE BONE MARROW		05523	2.7794	APC	\$157.43			000	999	-
77085	N	DXA BONE DENSITY STUDY		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-

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77086	N	FRACTURE ASSESSMENT VIA DXA		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
77261	E	RADIATION THERAPY PLANNING				Not Allowed	\$0.00			000	999	-
77262	E	RADIATION THERAPY PLANNING				Not Allowed	\$0.00			000	999	-
77263	E	RADIATION THERAPY PLANNING				Not Allowed	\$0.00			000	999	-
77280	S	SET RADIATION THERAPY FIELD		05611	1.5323	APC	\$86.79			000	999	-
77285	S	SET RADIATION THERAPY FIELD		05612	4.0905	APC	\$231.69			000	999	-
77290	S	SET RADIATION THERAPY FIELD		05612	4.0905	APC	\$231.69			000	999	-
77293	N	RESPIRATOR MOTION MGMT SIMUL				Bundled	\$0.00			000	999	-
77295	S	3-D RADIOTHERAPY PLAN		05613	15.2443	APC	\$863.44			000	999	-
77299	S	RADIATION THERAPY PLANNING		05611	1.5323	APC	\$86.79			000	999	-
77300	S	RADIATION THERAPY DOSE PLAN		05611	1.5323	APC	\$86.79			000	999	-
77301	S	RADIOTHERAPY DOSE PLAN IMRT		05613	15.2443	APC	\$863.44			000	999	-
77306	S	TELETHX ISODOSE PLAN SIMPLE		05612	4.0905	APC	\$231.69			000	999	-
77307	S	TELETHX ISODOSE PLAN CPLX		05612	4.0905	APC	\$231.69			000	999	-
77316	S	BRACHYTX ISODOSE PLAN SIMPLE		05612	4.0905	APC	\$231.69			000	999	-
77317	S	BRACHYTX ISODOSE INTERMED		05612	4.0905	APC	\$231.69			000	999	-
77318	S	BRACHYTX ISODOSE COMPLEX		05612	4.0905	APC	\$231.69			000	999	-
77321	S	SPECIAL TELETX PORT PLAN		05612	4.0905	APC	\$231.69			000	999	-
77331	S	SPECIAL RADIATION DOSIMETRY		05611	1.5323	APC	\$86.79			000	999	-
77332	S	RADIATION TREATMENT AID(S)		05611	1.5323	APC	\$86.79			000	999	-
77333	S	RADIATION TREATMENT AID(S)		05611	1.5323	APC	\$86.79			000	999	-
77334	S	RADIATION TREATMENT AID(S)		05612	4.0905	APC	\$231.69			000	999	-
77336	S	RADIATION PHYSICS CONSULT		05611	1.5323	APC	\$86.79			000	999	-
77338	S	DESIGN MLC DEVICE FOR IMRT		05612	4.0905	APC	\$231.69			000	999	-
77370	S	RADIATION PHYSICS CONSULT		05611	1.5323	APC	\$86.79			000	999	-
77371	N	SRS MULTISOURCE		05627	93.8773	Bundled, sometimes payable	\$5,317.21			000	999	-
77372	N	SRS LINEAR BASED		05627	93.8773	Bundled, sometimes payable	\$5,317.21			000	999	-
77373	S	SBRT DELIVERY		05626	20.9396	APC	\$1,186.02			000	999	-
77385	S	NTSTY MODUL RAD TX DLVR SMPL		05623	6.5528	APC	\$371.15			000	999	-
77386	S	NTSTY MODUL RAD TX DLVR CPLX		05623	6.5528	APC	\$371.15			000	999	-
77387	N	GUIDANCE FOR RADJ TX DLVR				Bundled	\$0.00			000	999	-
77399	S	EXTERNAL RADIATION DOSIMETRY		05611	1.5323	APC	\$86.79			000	999	-
77401	S	RADIATION TREATMENT DELIVERY		05621	1.4559	APC	\$82.46			000	999	-
77402	S	RADIATION TREATMENT DELIVERY		05621	1.4559	APC	\$82.46			000	999	-
77407	S	RADIATION TREATMENT DELIVERY		05622	2.9190	APC	\$165.33			000	999	-
77412	S	RADIATION TREATMENT DELIVERY		05622	2.9190	APC	\$165.33			000	999	-
77417	N	RADIOLOGY PORT IMAGES(S)				Bundled	\$0.00			000	999	-
77423	S	NEUTRON BEAM TX COMPLEX		05623	6.5528	APC	\$371.15			000	999	-
77424	N	IO RAD TX DELIVERY BY X-RAY		05627	93.8773	Bundled, sometimes payable	\$5,317.21			000	999	-
77425	N	IO RAD TX DELIVER BY ELCTRNS		05627	93.8773	Bundled, sometimes payable	\$5,317.21			000	999	-
77427	M	RADIATION TX MANAGEMENT X5				Fee Schedule	\$217.94			000	999	-
77431	M	RADIATION THERAPY MANAGEMENT				Fee Schedule	\$120.90			000	999	-
77432	M	STEREOTACTIC RADIATION TRMT				Fee Schedule	\$487.16			000	999	-
77435	N	SBRT MANAGEMENT				Bundled	\$0.00			000	999	-
77469	E	IO RADIATION TX MANAGEMENT				Not Allowed	\$0.00			000	999	-
77470	S	SPECIAL RADIATION TREATMENT		05623	6.5528	APC	\$371.15			000	999	-
77499	M	RADIATION THERAPY MANAGEMENT				Fee Schedule	\$0.00			000	999	-
77520	S	PROTON TRMT SIMPLE W/O COMP		05623	6.5528	APC	\$371.15			000	999	-
77522	S	PROTON TRMT SIMPLE W/COMP		05625	15.6759	APC	\$887.88			000	999	-
77523	S	PROTON TRMT INTERMEDIATE		05625	15.6759	APC	\$887.88			000	999	-
77525	S	PROTON TREATMENT COMPLEX		05625	15.6759	APC	\$887.88			000	999	-
77600	S	HYPERTHERMIA TREATMENT		05622	2.9190	APC	\$165.33			000	999	-
77605	S	HYPERTHERMIA TREATMENT		05624	8.5566	APC	\$484.65			000	999	-
77610	S	HYPERTHERMIA TREATMENT		05623	6.5528	APC	\$371.15			000	999	-
77615	S	HYPERTHERMIA TREATMENT		05623	6.5528	APC	\$371.15			000	999	-
77620	S	HYPERTHERMIA TREATMENT		05623	6.5528	APC	\$371.15			000	999	-
77750	S	INFUSE RADIOACTIVE MATERIALS		05622	2.9190	APC	\$165.33			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
77761	S	APPLY INTRCAV RADIAT SIMPLE		05623	6.5528	APC	\$371.15			000	999	-
77762	S	APPLY INTRCAV RADIAT INTERM		05623	6.5528	APC	\$371.15			000	999	-
77763	S	APPLY INTRCAV RADIAT COMPL		05624	8.5566	APC	\$484.65			000	999	-
77767	S	HDR RDNCL SKN SURF BRACHYTX		05622	2.9190	APC	\$165.33			000	999	-
77768	S	HDR RDNCL SKN SURF BRACHYTX		05622	2.9190	APC	\$165.33			000	999	-
77770	S	HDR RDNCL NTRSTL/ICAV BRCHTX		05624	8.5566	APC	\$484.65			000	999	-
77771	S	HDR RDNCL NTRSTL/ICAV BRCHTX		05624	8.5566	APC	\$484.65			000	999	-
77772	S	HDR RDNCL NTRSTL/ICAV BRCHTX		05624	8.5566	APC	\$484.65			000	999	-
77778	S	APPLY INTERSTIT RADIAT COMPL		05624	8.5566	APC	\$484.65			000	999	-
77789	S	APPLY SURF LDR RADIONUCLIDE		05621	1.4559	APC	\$82.46			000	999	-
77790	N	RADIATION HANDLING				Bundled	\$0.00			000	999	-
77799	S	RADIUM/RADIOISOTOPE THERAPY		05621	1.4559	APC	\$82.46			000	999	-
78012	S	THYROID UPTAKE MEASUREMENT		05591	4.5547	APC	\$257.98			000	999	-
78013	S	THYROID IMAGING W/BLOOD FLOW		05591	4.5547	APC	\$257.98			000	999	-
78014	S	THYROID IMAGING W/BLOOD FLOW		05591	4.5547	APC	\$257.98			000	999	-
78015	S	THYROID MET IMAGING		05591	4.5547	APC	\$257.98			000	999	-
78016	S	THYROID MET IMAGING/STUDIES		05591	4.5547	APC	\$257.98			000	999	-
78018	S	THYROID MET IMAGING BODY		05592	5.9108	APC	\$334.79			000	999	-
78020	N	THYROID MET UPTAKE				Bundled	\$0.00			000	999	-
78070	S	PARATHYROID PLANAR IMAGING		05591	4.5547	APC	\$257.98			000	999	-
78071	S	PARATHYRD PLANAR W/WO SUBTRJ		05591	4.5547	APC	\$257.98			000	999	-
78072	S	PARATHYRD PLANAR W/SPECT&CT		05592	5.9108	APC	\$334.79			000	999	-
78075	S	ADRENAL CORTEX & MEDULLA IMG		05593	15.7728	APC	\$893.37			000	999	-
78099	S	ENDOCRINE NUCLEAR PROCEDURE		05591	4.5547	APC	\$257.98			000	999	-
78102	S	BONE MARROW IMAGING LTD		05591	4.5547	APC	\$257.98			000	999	-
78103	S	BONE MARROW IMAGING MULT		05591	4.5547	APC	\$257.98			000	999	-
78104	S	BONE MARROW IMAGING BODY		05591	4.5547	APC	\$257.98			000	999	-
78110	S	PLASMA VOLUME SINGLE		05593	15.7728	APC	\$893.37			000	999	-
78111	S	PLASMA VOLUME MULTIPLE		05593	15.7728	APC	\$893.37			000	999	-
78120	S	RED CELL MASS SINGLE		05591	4.5547	APC	\$257.98			000	999	-
78121	S	RED CELL MASS MULTIPLE		05592	5.9108	APC	\$334.79			000	999	-
78122	S	BLOOD VOLUME		05592	5.9108	APC	\$334.79			000	999	-
78130	S	RED CELL SURVIVAL STUDY		05591	4.5547	APC	\$257.98			000	999	-
78140	S	RED CELL SEQUESTRATION		05591	4.5547	APC	\$257.98			000	999	-
78185	S	SPLEEN IMAGING		05591	4.5547	APC	\$257.98			000	999	-
78191	S	PLATELET SURVIVAL		05591	4.5547	APC	\$257.98			000	999	-
78195	S	LYMPH SYSTEM IMAGING		05592	5.9108	APC	\$334.79			000	999	-
78199	S	BLOOD/LYMPH NUCLEAR EXAM		05591	4.5547	APC	\$257.98			000	999	-
78201	S	LIVER IMAGING		05592	5.9108	APC	\$334.79			000	999	-
78202	S	LIVER IMAGING WITH FLOW		05592	5.9108	APC	\$334.79			000	999	-
78215	S	LIVER AND SPLEEN IMAGING		05591	4.5547	APC	\$257.98			000	999	-
78216	S	LIVER & SPLEEN IMAGE/FLOW		05591	4.5547	APC	\$257.98			000	999	-
78226	S	HEPATOBILIARY SYSTEM IMAGING		05591	4.5547	APC	\$257.98			000	999	-
78227	S	HEPATOBIL SYST IMAGE W/DRUG		05592	5.9108	APC	\$334.79			000	999	-
78230	S	SALIVARY GLAND IMAGING		05591	4.5547	APC	\$257.98			000	999	-
78231	S	SERIAL SALIVARY IMAGING		05591	4.5547	APC	\$257.98			000	999	-
78232	S	SALIVARY GLAND FUNCTION EXAM		05591	4.5547	APC	\$257.98			000	999	-
78258	S	ESOPHAGEAL MOTILITY STUDY		05591	4.5547	APC	\$257.98			000	999	-
78261	S	GASTRIC MUCOSA IMAGING		05591	4.5547	APC	\$257.98			000	999	-
78262	S	GASTROESOPHAGEAL REFLUX EXAM		05591	4.5547	APC	\$257.98			000	999	-
78264	S	GASTRIC EMPTYING IMAG STUDY		05591	4.5547	APC	\$257.98			000	999	-
78265	S	GASTRIC EMPTYING IMAG STUDY		05591	4.5547	APC	\$257.98			000	999	-
78266	S	GASTRIC EMPTYING IMAG STUDY		05592	5.9108	APC	\$334.79			000	999	-
78267	Q	BREATH TST ATTAIN/ANAL C-14				Medicare	\$18.43	\$11.43	\$11.06	000	999	-
78268	Q	BREATH TEST ANALYSIS C-14				Medicare	\$157.35	\$97.56	\$94.41	000	999	-
78278	S	ACUTE GI BLOOD LOSS IMAGING		05591	4.5547	APC	\$257.98			000	999	-
78282	S	GI PROTEIN LOSS EXAM		05591	4.5547	APC	\$257.98			000	999	-

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January 1, 2021**

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78290	S	MECKELS DIVERT EXAM		05591	4.5547	APC	\$257.98			000	999	-
78291	S	LEVEEN/SHUNT PATENCY EXAM		05591	4.5547	APC	\$257.98			000	999	-
78299	S	GI NUCLEAR PROCEDURE		05591	4.5547	APC	\$257.98			000	999	-
78300	S	BONE IMAGING LIMITED AREA		05591	4.5547	APC	\$257.98			000	999	-
78305	S	BONE IMAGING MULTIPLE AREAS		05591	4.5547	APC	\$257.98			000	999	-
78306	S	BONE IMAGING WHOLE BODY		05591	4.5547	APC	\$257.98			000	999	-
78315	S	BONE IMAGING 3 PHASE		05591	4.5547	APC	\$257.98			000	999	-
78350	E	BONE MINERAL SINGLE PHOTON				Not Allowed	\$0.00			000	999	-
78351	E	BONE MINERAL DUAL PHOTON				Not Allowed	\$0.00			000	999	-
78399	S	MUSCULOSKELETAL NUCLEAR EXAM		05591	4.5547	APC	\$257.98			000	999	-
78414	S	NON-IMAGING HEART FUNCTION		05592	5.9108	APC	\$334.79			000	999	-
78428	S	CARDIAC SHUNT IMAGING		05591	4.5547	APC	\$257.98			000	999	-
78429	S	MYOCDR IMG PET 1 STD W/CT		05594	17.8791	APC	\$1,011.73			000	999	-
78430	S	MYOCDR IMG PET RST/STRS W/CT		05594	17.8791	APC	\$1,011.73			000	999	-
78431	S	MYOCDR IMG PET RST&STRS CT		01522	39.7334	APC	\$2,250.50			000	999	-
78432	S	MYOCDR IMG PET 2RTRACER		01523	48.5611	APC	\$2,750.50			000	999	-
78433	S	MYOCDR IMG PET 2RTRACER CT		01523	48.5611	APC	\$2,750.50			000	999	-
78434	N	AQMBF PET REST & RX STRESS				Bundled	\$0.00			000	999	-
78445	S	VASCULAR FLOW IMAGING		05591	4.5547	APC	\$257.98			000	999	-
78451	S	HT MUSCLE IMAGE SPECT SING		05593	15.7728	APC	\$893.37			000	999	-
78452	S	HT MUSCLE IMAGE SPECT MULT		05593	15.7728	APC	\$893.37			000	999	-
78453	S	HT MUSCLE IMAGE PLANAR SING		05593	15.7728	APC	\$893.37			000	999	-
78454	S	HT MUSC IMAGE PLANAR MULT		05593	15.7728	APC	\$893.37			000	999	-
78456	S	ACUTE VENOUS THROMBUS IMAGE		05593	15.7728	APC	\$893.37			000	999	-
78457	S	VENOUS THROMBOSIS IMAGING		05592	5.9108	APC	\$334.79			000	999	-
78458	S	VEN THROMBOSIS IMAGES BILAT		05591	4.5547	APC	\$257.98			000	999	-
78459	S	MYOCDR IMG PET SINGLE STUDY		05593	15.7728	APC	\$893.37			000	999	-
78466	S	HEART INFARCT IMAGE		05591	4.5547	APC	\$257.98			000	999	-
78468	S	HEART INFARCT IMAGE (EF)		05592	5.9108	APC	\$334.79			000	999	-
78469	S	HEART INFARCT IMAGE (3D)		05592	5.9108	APC	\$334.79			000	999	-
78472	S	GATED HEART PLANAR SINGLE		05591	4.5547	APC	\$257.98			000	999	-
78473	S	GATED HEART MULTIPLE		05591	4.5547	APC	\$257.98			000	999	-
78481	S	HEART FIRST PASS SINGLE		05592	5.9108	APC	\$334.79			000	999	-
78483	S	HEART FIRST PASS MULTIPLE		05592	5.9108	APC	\$334.79			000	999	-
78491	S	MYOCDR IMG PET 1STD RST/STRS		05594	17.8791	APC	\$1,012.67			000	999	-
78492	S	MYOCDR IMG PET MLT RST&STRS		05594	17.8791	APC	\$1,012.67			000	999	-
78494	S	HEART IMAGE SPECT		05591	4.5547	APC	\$257.98			000	999	-
78496	N	HEART FIRST PASS ADD-ON				Bundled	\$0.00			000	999	-
78499	S	CARDIOVASCULAR NUCLEAR EXAM		05591	4.5547	APC	\$257.98			000	999	-
78579	S	LUNG VENTILATION IMAGING		05591	4.5547	APC	\$257.98			000	999	-
78580	S	LUNG PERFUSION IMAGING		05591	4.5547	APC	\$257.98			000	999	-
78582	S	LUNG VENTILAT&PERFUS IMAGING		05592	5.9108	APC	\$334.79			000	999	-
78597	S	LUNG PERFUSION DIFFERENTIAL		05591	4.5547	APC	\$257.98			000	999	-
78598	S	LUNG PERF&VENTILAT DIFERENTL		05592	5.9108	APC	\$334.79			000	999	-
78599	S	RESPIRATORY NUCLEAR EXAM		05591	4.5547	APC	\$257.98			000	999	-
78600	S	BRAIN IMAGE < 4 VIEWS		05591	4.5547	APC	\$257.98			000	999	-
78601	S	BRAIN IMAGE W/FLOW < 4 VIEWS		05591	4.5547	APC	\$257.98			000	999	-
78605	S	BRAIN IMAGE 4+ VIEWS		05592	5.9108	APC	\$334.79			000	999	-
78606	S	BRAIN IMAGE W/FLOW 4 + VIEWS		05592	5.9108	APC	\$334.79			000	999	-
78608	S	BRAIN IMAGING (PET)		05594	17.8791	APC	\$1,012.67			000	999	-
78609	E	BRAIN IMAGING (PET)				Not Allowed	\$0.00			000	999	-
78610	S	BRAIN FLOW IMAGING ONLY		05592	5.9108	APC	\$334.79			000	999	-
78630	S	CEREBROSPINAL FLUID SCAN		05592	5.9108	APC	\$334.79			000	999	-
78635	S	CSF VENTRICULOGRAPHY		05592	5.9108	APC	\$334.79			000	999	-
78645	S	CSF SHUNT EVALUATION		05592	5.9108	APC	\$334.79			000	999	-
78650	S	CSF LEAKAGE IMAGING		05593	15.7728	APC	\$893.37			000	999	-
78660	S	NUCLEAR EXAM OF TEAR FLOW		05591	4.5547	APC	\$257.98			000	999	-

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78699	S	NERVOUS SYSTEM NUCLEAR EXAM		05591	4.5547	APC	\$257.98			000	999	-
78700	S	KIDNEY IMAGING MORPHOL		05591	4.5547	APC	\$257.98			000	999	-
78701	S	KIDNEY IMAGING WITH FLOW		05591	4.5547	APC	\$257.98			000	999	-
78707	S	K FLOW/FUNCT IMAGE W/O DRUG		05592	5.9108	APC	\$334.79			000	999	-
78708	S	K FLOW/FUNCT IMAGE W/DRUG		05592	5.9108	APC	\$334.79			000	999	-
78709	S	K FLOW/FUNCT IMAGE MULTIPLE		05592	5.9108	APC	\$334.79			000	999	-
78725	S	KIDNEY FUNCTION STUDY		05591	4.5547	APC	\$257.98			000	999	-
78730	N	URINARY BLADDER RETENTION				Bundled	\$0.00			000	999	-
78740	S	URETERAL REFLUX STUDY		05591	4.5547	APC	\$257.98			000	999	-
78761	S	TESTICULAR IMAGING W/FLOW		05591	4.5547	APC	\$257.98			000	999	-
78799	S	GENITOURINARY NUCLEAR EXAM		05591	4.5547	APC	\$257.98			000	999	-
78800	S	RP LOCLZJ TUM 1 AREA 1 D IMG		05591	4.5547	APC	\$257.98			000	999	-
78801	S	RP LOCLZJ TUM 2+AREA 1+D IMG		05591	4.5547	APC	\$257.98			000	999	-
78802	S	RP LOCLZJ TUM WHBDY 1 D IMG		05593	15.7728	APC	\$893.37			000	999	-
78803	S	RP LOCLZJ TUM SPECT 1 AREA		05593	15.7728	APC	\$893.37			000	999	-
78804	S	RP LOCLZJ TUM WHBDY 2+D IMG		05593	15.7728	APC	\$893.37			000	999	-
78808	N	IV INJ RA DRUG DX STUDY		05591	4.5547	Bundled, sometimes payable	\$257.98			000	999	-
78811	S	PET IMAGE LTD AREA		05593	15.7728	APC	\$893.37			000	999	-
78812	S	PET IMAGE SKULL-THIGH		05594	17.8791	APC	\$1,012.67			000	999	-
78813	S	PET IMAGE FULL BODY		05594	17.8791	APC	\$1,012.67			000	999	-
78814	S	PET IMAGE W/CT LMTD		05594	17.8791	APC	\$1,012.67			000	999	-
78815	S	PET IMAGE W/CT SKULL-THIGH		05594	17.8791	APC	\$1,012.67			000	999	-
78816	S	PET IMAGE W/CT FULL BODY		05594	17.8791	APC	\$1,012.67			000	999	-
78830	S	RP LOCLZJ TUM SPECT W/CT 1		05593	15.7728	APC	\$891.87			000	999	-
78831	S	RP LOCLZJ TUM SPECT 2 AREAS		05593	15.7728	APC	\$891.87			000	999	-
78832	S	RP LOCLZJ TUM SPECT W/CT 2		05594	17.8791	APC	\$1,011.73			000	999	-
78835	N	RP QUAN MEAS SINGLE AREA				Bundled	\$0.00			000	999	-
78999	S	NUCLEAR DIAGNOSTIC EXAM		05591	4.5547	APC	\$257.98			000	999	-
79005	S	NUCLEAR RX ORAL ADMIN		05661	3.0149	APC	\$170.76			000	999	-
79101	S	NUCLEAR RX IV ADMIN		05661	3.0149	APC	\$170.76			000	999	-
79200	S	NUCLEAR RX INTRACAV ADMIN		05661	3.0149	APC	\$170.76			000	999	-
79300	S	NUCLR RX INTERSTIT COLLOID		05661	3.0149	APC	\$170.76			000	999	-
79403	S	HEMATOPOIETIC NUCLEAR TX		05661	3.0149	APC	\$170.76			000	999	-
79440	S	NUCLEAR RX INTRA-ARTICULAR		05661	3.0149	APC	\$170.76			000	999	-
79445	S	NUCLEAR RX INTRA-ARTERIAL		05661	3.0149	APC	\$170.76			000	999	-
79999	S	NUCLEAR MEDICINE THERAPY		05661	3.0149	APC	\$170.76			000	999	-
80047	Q	METABOLIC PANEL IONIZED CA				Medicare	\$22.88	\$14.19	\$13.73	000	999	-
80048	Q	METABOLIC PANEL TOTAL CA				Medicare	\$14.10	\$8.74	\$8.46	000	999	-
80050	Q	GENERAL HEALTH PANEL				Fee Schedule	\$58.34			000	999	-
80051	Q	ELECTROLYTE PANEL				Medicare	\$11.68	\$7.24	\$7.01	000	999	-
80053	Q	COMPREHEN METABOLIC PANEL				Medicare	\$17.60	\$10.91	\$10.56	000	999	-
80055	Q	OBSTETRIC PANEL				Medicare	\$79.68	\$49.40	\$47.81	010	065	-
80061	Q	LIPID PANEL				Medicare	\$22.32	\$13.84	\$13.39	000	999	-
80069	Q	RENAL FUNCTION PANEL				Medicare	\$14.47	\$8.97	\$8.68	000	999	-
80074	Q	ACUTE HEPATITIS PANEL				Medicare	\$79.38	\$49.22	\$47.63	000	999	-
80076	Q	HEPATIC FUNCTION PANEL				Medicare	\$13.62	\$8.44	\$8.17	000	999	-
80081	Q	OBSTETRIC PANEL				Medicare	\$124.77	\$77.36	\$74.86	000	999	-
80143	Q	DRUG ASSAY ACETAMINOPHEN				Medicare	\$31.07	\$19.26	\$18.64	000	999	-
80145	N	DRUG ASSAY ADALIMUMAB				Bundled, sometimes payable	\$64.28			000	999	-
80150	Q	ASSAY OF AMIKACIN				Medicare	\$25.13	\$15.58	\$15.08	000	999	-
80151	Q	DRUG ASSAY AMIODARONE				Medicare	\$31.07	\$19.26	\$18.64	000	999	-
80155	Q	DRUG ASSAY CAFFEINE				Medicare	\$64.28	\$39.85	\$38.57	000	999	-
80156	Q	ASSAY CARBAMAZEPINE TOTAL				Medicare	\$24.28	\$15.05	\$14.57	000	999	-
80157	Q	ASSAY CARBAMAZEPINE FREE				Medicare	\$22.08	\$13.69	\$13.25	000	999	-
80158	Q	DRUG ASSAY CYCLOSPORINE				Medicare	\$30.08	\$18.65	\$18.05	000	999	-
80159	Q	DRUG ASSAY CLOZAPINE				Medicare	\$33.58	\$20.82	\$20.15	000	999	-
80161	Q	ASY CARBAMAZEPIN 10,11-EPXID				Medicare	\$31.07	\$19.26	\$18.64	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
80162	Q	ASSAY OF DIGOXIN TOTAL				Medicare	\$22.13	\$13.72	\$13.28	000	999	-
80163	Q	ASSAY OF DIGOXIN FREE				Medicare	\$22.13	\$13.72	\$13.28	000	999	-
80164	Q	ASSAY DIPROPYLACETIC ACD TOT				Medicare	\$22.57	\$13.99	\$13.54	000	999	-
80165	Q	DIPROPYLACETIC ACID FREE				Medicare	\$22.57	\$13.99	\$13.54	000	999	-
80167	Q	DRUG ASSAY FELBAMATE				Medicare	\$31.07	\$19.26	\$18.64	000	999	-
80168	Q	ASSAY OF ETHOSUXIMIDE				Medicare	\$27.23	\$16.88	\$16.34	000	999	-
80169	Q	DRUG ASSAY EVEROLIMUS				Medicare	\$22.88	\$14.19	\$13.73	000	999	-
80170	Q	ASSAY OF GENTAMICIN				Medicare	\$27.30	\$16.93	\$16.38	000	999	-
80171	Q	DRUG SCREEN QUANT GABAPENTIN				Medicare	\$36.12	\$22.39	\$21.67	000	999	-
80173	Q	ASSAY OF HALOPERIDOL				Medicare	\$26.30	\$16.31	\$15.78	000	999	-
80175	Q	DRUG SCREEN QUAN LAMOTRIGINE				Medicare	\$22.08	\$13.69	\$13.25	000	999	-
80176	Q	ASSAY OF LIDOCAINE				Medicare	\$24.48	\$15.18	\$14.69	000	999	-
80177	Q	DRUG SCR N QUAN LEVETIRACETAM				Medicare	\$22.08	\$13.69	\$13.25	000	999	-
80178	Q	ASSAY OF LITHIUM				Medicare	\$11.02	\$6.83	\$6.61	000	999	-
80179	Q	DRUG ASSAY SALICYLATE				Medicare	\$31.07	\$19.26	\$18.64	000	999	-
80180	Q	DRUG SCR N QUAN MYCOPHENOLATE				Medicare	\$30.08	\$18.65	\$18.05	000	999	-
80181	Q	DRUG ASSAY FLECAINIDE				Medicare	\$31.07	\$19.26	\$18.64	000	999	-
80183	Q	DRUG SCR N QUAN OXCARBAZEPIN				Medicare	\$22.08	\$13.69	\$13.25	000	999	-
80184	Q	ASSAY OF PHENOBARBITAL				Medicare	\$25.50	\$15.81	\$15.30	000	999	-
80185	Q	ASSAY OF PHENYTOIN TOTAL				Medicare	\$22.08	\$13.69	\$13.25	000	999	-
80186	Q	ASSAY OF PHENYTOIN FREE				Medicare	\$22.93	\$14.22	\$13.76	000	999	-
80187	Q	DRUG ASSAY POSACONAZOLE				Medicare	\$45.18	\$28.01	\$27.11	000	999	-
80188	Q	ASSAY OF PRIMIDONE				Medicare	\$27.65	\$17.14	\$16.59	000	999	-
80189	Q	DRUG ASSAY ITRACONZAOLE				Medicare	\$45.18	\$28.01	\$27.11	000	999	-
80190	Q	ASSAY OF PROCAINAMIDE				Medicare	\$100.00	\$62.00	\$60.00	000	999	-
80192	Q	ASSAY OF PROCAINAMIDE				Medicare	\$27.92	\$17.31	\$16.75	000	999	-
80193	Q	DRUG ASSAY LEFLUNOMIDE				Medicare	\$64.28	\$39.85	\$38.57	000	999	-
80194	Q	ASSAY OF QUINIDINE				Medicare	\$24.33	\$15.08	\$14.60	000	999	-
80195	Q	ASSAY OF SIROLIMUS				Medicare	\$22.88	\$14.19	\$13.73	000	999	-
80197	Q	ASSAY OF TACROLIMUS				Medicare	\$22.88	\$14.19	\$13.73	000	999	-
80198	Q	ASSAY OF THEOPHYLLINE				Medicare	\$23.57	\$14.61	\$14.14	000	999	-
80199	Q	DRUG SCREEN QUANT TIAGABINE				Medicare	\$45.18	\$28.01	\$27.11	000	999	-
80200	Q	ASSAY OF TOBRAMYCIN				Medicare	\$26.88	\$16.67	\$16.13	000	999	-
80201	Q	ASSAY OF TOPIRAMATE				Medicare	\$19.87	\$12.32	\$11.92	000	999	-
80202	Q	ASSAY OF VANCOMYCIN				Medicare	\$22.57	\$13.99	\$13.54	000	999	-
80203	Q	DRUG SCREEN QUANT ZONISAMIDE				Medicare	\$22.08	\$13.69	\$13.25	000	999	-
80204	Q	DRUG ASSAY METHOTREXATE				Medicare	\$64.28	\$39.85	\$38.57	000	999	-
80210	Q	DRUG ASSAY RUFINAMIDE				Medicare	\$45.18	\$28.01	\$27.11	000	999	-
80230	N	DRUG ASSAY INFLIXIMAB				Bundled, sometimes payable	\$64.28			000	999	-
80235	Q	DRUG ASSAY LACOSAMIDE				Medicare	\$45.18	\$28.01	\$27.11	000	999	-
80280	N	DRUG ASSAY VEDOLIZUMAB				Bundled, sometimes payable	\$64.28			000	999	-
80285	Q	DRUG ASSAY VORICONAZOLE				Medicare	\$45.18	\$28.01	\$27.11	000	999	-
80299	Q	QUANTITATIVE ASSAY DRUG				Medicare	\$31.07	\$19.26	\$18.64	000	999	-
80305	Q	DRUG TEST PRSMV DIR OPT OBS				Medicare	\$21.00	\$13.02	\$12.60	000	999	-
80306	Q	DRUG TEST PRSMV INSTRMNT				Medicare	\$28.57	\$17.71	\$17.14	000	999	-
80307	Q	DRUG TEST PRSMV CHEM ANLYZR				Medicare	\$103.57	\$64.21	\$62.14	000	999	-
80320	E	DRUG SCREEN QUANTALCOHOLS				Not Allowed	\$0.00			000	999	-
80321	E	ALCOHOLS BIOMARKERS 1OR 2				Not Allowed	\$0.00			000	999	-
80322	E	ALCOHOLS BIOMARKERS 3/MORE				Not Allowed	\$0.00			000	999	-
80323	E	ALKALOIDS NOS				Not Allowed	\$0.00			000	999	-
80324	E	DRUG SCREEN AMPHETAMINES 1/2				Not Allowed	\$0.00			000	999	-
80325	E	AMPHETAMINES 3OR 4				Not Allowed	\$0.00			000	999	-
80326	E	AMPHETAMINES 5 OR MORE				Not Allowed	\$0.00			000	999	-
80327	E	ANABOLIC STEROID 1 OR 2				Not Allowed	\$0.00			000	999	-
80328	E	ANABOLIC STEROID 3 OR MORE				Not Allowed	\$0.00			000	999	-
80329	E	ANALGESICS NON-OPIOID 1 OR 2				Not Allowed	\$0.00			000	999	-
80330	E	ANALGESICS NON-OPIOID 3-5				Not Allowed	\$0.00			000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
80331	E	ANALGESICS NON-OPIOID 6/MORE				Not Allowed	\$0.00			000	999	-
80332	E	ANTIDEPRESSANTS CLASS 1 OR 2				Not Allowed	\$0.00			000	999	-
80333	E	ANTIDEPRESSANTS CLASS 3-5				Not Allowed	\$0.00			000	999	-
80334	E	ANTIDEPRESSANTS CLASS 6/MORE				Not Allowed	\$0.00			000	999	-
80335	E	ANTIDEPRESSANT TRICYCLIC 1/2				Not Allowed	\$0.00			000	999	-
80336	E	ANTIDEPRESSANT TRICYCLIC 3-5				Not Allowed	\$0.00			000	999	-
80337	E	TRICYCLIC & CYCLICALS 6/MORE				Not Allowed	\$0.00			000	999	-
80338	E	ANTIDEPRESSANT NOT SPECIFIED				Not Allowed	\$0.00			000	999	-
80339	E	ANTIEPILEPTICS NOS 1-3				Not Allowed	\$0.00			000	999	-
80340	E	ANTIEPILEPTICS NOS 4-6				Not Allowed	\$0.00			000	999	-
80341	E	ANTIEPILEPTICS NOS 7/MORE				Not Allowed	\$0.00			000	999	-
80342	E	ANTI PSYCHOTICS NOS 1-3				Not Allowed	\$0.00			000	999	-
80343	E	ANTI PSYCHOTICS NOS 4-6				Not Allowed	\$0.00			000	999	-
80344	E	ANTI PSYCHOTICS NOS 7/MORE				Not Allowed	\$0.00			000	999	-
80345	E	DRUG SCREENING BARBITURATES				Not Allowed	\$0.00			000	999	-
80346	E	BENZODIAZEPINES 1-12				Not Allowed	\$0.00			000	999	-
80347	E	BENZODIAZEPINES 13 OR MORE				Not Allowed	\$0.00			000	999	-
80348	E	DRUG SCREENING BUPRENORPHINE				Not Allowed	\$0.00			000	999	-
80349	E	CANNABINOIDS NATURAL				Not Allowed	\$0.00			000	999	-
80350	E	CANNABINOIDS SYNTHETIC 1-3				Not Allowed	\$0.00			000	999	-
80351	E	CANNABINOIDS SYNTHETIC 4-6				Not Allowed	\$0.00			000	999	-
80352	E	CANNABINOID SYNTHETIC 7/MORE				Not Allowed	\$0.00			000	999	-
80353	E	DRUG SCREENING COCAINE				Not Allowed	\$0.00			000	999	-
80354	E	DRUG SCREENING FENTANYL				Not Allowed	\$0.00			000	999	-
80355	E	GABAPENTIN NON-BLOOD				Not Allowed	\$0.00			000	999	-
80356	E	HEROIN METABOLITE				Not Allowed	\$0.00			000	999	-
80357	E	KETAMINE AND NORKETAMINE				Not Allowed	\$0.00			000	999	-
80358	E	DRUG SCREENING METHADONE				Not Allowed	\$0.00			000	999	-
80359	E	METHYLENEDIOXYAMPHETAMINES				Not Allowed	\$0.00			000	999	-
80360	E	METHYLPHENIDATE				Not Allowed	\$0.00			000	999	-
80361	E	OPIATES 1 OR MORE				Not Allowed	\$0.00			000	999	-
80362	E	OPIOIDS & OPIATE ANALOGS 1/2				Not Allowed	\$0.00			000	999	-
80363	E	OPIOIDS & OPIATE ANALOGS 3/4				Not Allowed	\$0.00			000	999	-
80364	E	OPIOID & OPIATE ANALOG 5/MORE				Not Allowed	\$0.00			000	999	-
80365	E	DRUG SCREENING OXYCODONE				Not Allowed	\$0.00			000	999	-
80366	E	DRUG SCREENING PREGABALIN				Not Allowed	\$0.00			000	999	-
80367	E	DRUG SCREENING PROPOXYPHENE				Not Allowed	\$0.00			000	999	-
80368	E	SEDATIVE HYPNOTICS				Not Allowed	\$0.00			000	999	-
80369	E	SKELETAL MUSCLE RELAXANT 1/2				Not Allowed	\$0.00			000	999	-
80370	E	SKEL MUSC RELAXANT 3 OR MORE				Not Allowed	\$0.00			000	999	-
80371	E	STIMULANTS SYNTHETIC				Not Allowed	\$0.00			000	999	-
80372	E	DRUG SCREENING TAPENTADOL				Not Allowed	\$0.00			000	999	-
80373	E	DRUG SCREENING TRAMADOL				Not Allowed	\$0.00			000	999	-
80374	E	STEREOISOMER ANALYSIS				Not Allowed	\$0.00			000	999	-
80375	E	DRUG/SUBSTANCE NOS 1-3				Not Allowed	\$0.00			000	999	-
80376	E	DRUG/SUBSTANCE NOS 4-6				Not Allowed	\$0.00			000	999	-
80377	E	DRUG/SUBSTANCE NOS 7/MORE				Not Allowed	\$0.00			000	999	-
80400	Q	ACTH STIMULATION PANEL				Medicare	\$54.37	\$33.71	\$32.62	000	999	-
80402	Q	ACTH STIMULATION PANEL				Medicare	\$144.93	\$89.86	\$86.96	000	999	-
80406	Q	ACTH STIMULATION PANEL				Medicare	\$130.43	\$80.87	\$78.26	000	999	-
80408	Q	ALDOSTERONE SUPPRESSION EVAL				Medicare	\$209.17	\$129.69	\$125.50	000	999	-
80410	Q	CALCITONIN STIMUL PANEL				Medicare	\$133.95	\$83.05	\$80.37	000	999	-
80412	Q	CRH STIMULATION PANEL				Medicare	\$1,336.03	\$828.34	\$801.62	000	999	-
80414	Q	TESTOSTERONE RESPONSE PANEL				Medicare	\$86.07	\$53.36	\$51.64	000	999	-
80415	Q	TOT ESTRADIOL RESPONSE PANEL				Medicare	\$93.15	\$57.75	\$55.89	000	999	-
80416	Q	RENIN STIMULATION PANEL				Medicare	\$348.87	\$216.30	\$209.32	000	999	-
80417	Q	RENIN STIMULATION PANEL				Medicare	\$73.32	\$45.46	\$43.99	000	999	-

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80418	Q	PITUITARY EVALUATION PANEL				Medicare	\$965.80	\$598.80	\$579.48	000	999	-
80420	Q	DEXAMETHASONE PANEL				Medicare	\$269.80	\$167.28	\$161.88	000	999	-
80422	Q	GLUCAGON TOLERANCE PANEL				Medicare	\$76.78	\$47.60	\$46.07	000	999	-
80424	Q	GLUCAGON TOLERANCE PANEL				Medicare	\$84.17	\$52.19	\$50.50	000	999	-
80426	Q	GONADOTROPIN HORMONE PANEL				Medicare	\$247.35	\$153.36	\$148.41	000	999	-
80428	Q	GROWTH HORMONE PANEL				Medicare	\$111.17	\$68.93	\$66.70	000	999	-
80430	Q	GROWTH HORMONE PANEL				Medicare	\$215.55	\$133.64	\$129.33	000	999	-
80432	Q	INSULIN SUPPRESSION PANEL				Medicare	\$276.02	\$171.13	\$165.61	000	999	-
80434	Q	INSULIN TOLERANCE PANEL				Medicare	\$475.05	\$294.53	\$285.03	000	999	-
80435	Q	INSULIN TOLERANCE PANEL				Medicare	\$171.67	\$106.44	\$103.00	000	999	-
80436	Q	METYRAPONE PANEL				Medicare	\$151.93	\$94.20	\$91.16	000	999	-
80438	Q	TRH STIMULATION PANEL				Medicare	\$84.02	\$52.09	\$50.41	000	999	-
80439	Q	TRH STIMULATION PANEL				Medicare	\$112.02	\$69.45	\$67.21	000	999	-
80500	N	LAB PATHOLOGY CONSULTATION		05671	0.6010	Bundled, sometimes payable	\$34.04			000	999	-
80502	N	LAB PATHOLOGY CONSULTATION		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
81000	Q	URINALYSIS NONAUTO W/SCOPE				Medicare	\$6.70	\$4.15	\$4.02	000	999	-
81001	Q	URINALYSIS AUTO W/SCOPE				Medicare	\$5.28	\$3.27	\$3.17	000	999	-
81002	Q	URINALYSIS NONAUTO W/O SCOPE				Medicare	\$5.80	\$3.60	\$3.48	000	999	-
81003	Q	URINALYSIS AUTO W/O SCOPE				Medicare	\$3.75	\$2.33	\$2.25	000	999	-
81005	Q	URINALYSIS				Medicare	\$3.62	\$2.24	\$2.17	000	999	-
81007	Q	URINE SCREEN FOR BACTERIA				Medicare	\$49.97	\$30.98	\$29.98	000	999	-
81015	Q	MICROSCOPIC EXAM OF URINE				Medicare	\$5.08	\$3.15	\$3.05	000	999	-
81020	Q	URINALYSIS GLASS TEST				Medicare	\$7.83	\$4.85	\$4.70	000	999	-
81025	Q	URINE PREGNANCY TEST				Medicare	\$14.35	\$8.90	\$8.61	000	999	-
81050	Q	URINALYSIS VOLUME MEASURE				Medicare	\$6.07	\$3.76	\$3.64	000	999	-
81099	N	URINALYSIS TEST PROCEDURE				Bundled	\$0.00			000	999	-
81105	Q	HPA-1 GENOTYPING				Medicare	\$203.70	\$126.29	\$122.22	000	999	-
81106	Q	HPA-2 GENOTYPING				Medicare	\$203.70	\$126.29	\$122.22	000	999	-
81107	Q	HPA-3 GENOTYPING				Medicare	\$203.70	\$126.29	\$122.22	000	999	-
81108	Q	HPA-4 GENOTYPING				Medicare	\$203.70	\$126.29	\$122.22	000	999	-
81109	Q	HPA-5 GENOTYPING				Medicare	\$203.70	\$126.29	\$122.22	000	999	-
81110	Q	HPA-6 GENOTYPING				Medicare	\$203.70	\$126.29	\$122.22	000	999	-
81111	Q	HPA-9 GENOTYPING				Medicare	\$203.70	\$126.29	\$122.22	000	999	-
81112	Q	HPA-15 GENOTYPING				Medicare	\$203.70	\$126.29	\$122.22	000	999	-
81120	Q	IDH1 COMMON VARIANTS				Medicare	\$322.08	\$199.69	\$193.25	000	999	-
81121	Q	IDH2 COMMON VARIANTS				Medicare	\$492.98	\$305.65	\$295.79	000	999	-
81161	Q	DMD DUP/DELET ANALYSIS				Medicare	\$465.00	\$288.30	\$279.00	000	999	-
81162	Q	BRCA1&2 GEN FULL SEQ DUP/DEL				Medicare	\$3,041.47	\$1,885.71	\$1,824.88	000	999	-
81163	Q	BRCA1&2 GENE FULL SEQ ALYS				Medicare	\$780.00	\$483.60	\$468.00	000	999	-
81164	Q	BRCA1&2 GEN FUL DUP/DEL ALYS				Medicare	\$973.72	\$603.71	\$584.23	000	999	-
81165	Q	BRCA1 GENE FULL SEQ ALYS				Medicare	\$471.47	\$292.31	\$282.88	000	999	-
81166	Q	BRCA1 GENE FULL DUP/DEL ALYS				Medicare	\$502.25	\$311.40	\$301.35	000	999	-
81167	Q	BRCA2 GENE FULL DUP/DEL ALYS				Medicare	\$471.47	\$292.31	\$282.88	000	999	-
81168	Q	CCND1/IGH TRANSLOCATION ALYS				Medicare	\$345.52	\$214.22	\$207.31	000	999	-
81170	Q	ABL1 GENE				Medicare	\$500.00	\$310.00	\$300.00	000	999	-
81171	Q	AFF2 GENE DETC ABNOR ALLELES				Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81172	Q	AFF2 GENE CHARAC ALLELES				Medicare	\$458.05	\$283.99	\$274.83	000	999	-
81173	Q	AR GENE FULL GENE SEQUENCE				Medicare	\$502.25	\$311.40	\$301.35	000	999	-
81174	Q	AR GENE KNOWN FAMIL VARIANT				Medicare	\$308.67	\$191.38	\$185.20	000	999	-
81175	Q	ASXL1 FULL GENE SEQUENCE				Medicare	\$1,127.50	\$699.05	\$676.50	000	999	-
81176	Q	ASXL1 GENE TARGET SEQ ALYS				Medicare	\$403.17	\$249.97	\$241.90	000	999	-
81177	Q	ATN1 GENE DETC ABNOR ALLELES				Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81178	Q	ATXN1 GENE DETC ABNOR ALLELE				Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81179	Q	ATXN2 GENE DETC ABNOR ALLELE				Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81180	Q	ATXN3 GENE DETC ABNOR ALLELE				Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81181	Q	ATXN7 GENE DETC ABNOR ALLELE				Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81182	Q	ATXN8OS GEN DETC ABNOR ALLEL				Medicare	\$228.33	\$141.56	\$137.00	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
81183	Q	ATXN10 GENE DETC ABNOR ALLELE				Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81184	Q	CACNA1A GEN DETC ABNOR ALLELE				Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81185	Q	CACNA1A GENE FULL GENE SEQ				Medicare	\$1,410.45	\$874.48	\$846.27	000	999	-
81186	Q	CACNA1A GEN KNOWN FAMIL VRNT				Medicare	\$308.67	\$191.38	\$185.20	000	999	-
81187	Q	CNBP GENE DETC ABNOR ALLELE				Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81188	Q	CSTB GENE DETC ABNOR ALLELE				Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81189	Q	CSTB GENE FULL GENE SEQUENCE				Medicare	\$458.05	\$283.99	\$274.83	000	999	-
81190	Q	CSTB GENE KNOWN FAMIL VRNT				Medicare	\$308.67	\$191.38	\$185.20	000	999	-
81191	Q	NTRK1 TRANSLOCATION ANALYSIS				Medicare	\$345.52	\$214.22	\$207.31	000	999	-
81192	Q	NTRK2 TRANSLOCATION ANALYSIS				Medicare	\$345.52	\$214.22	\$207.31	000	999	-
81193	Q	NTRK3 TRANSLOCATION ANALYSIS				Medicare	\$345.52	\$214.22	\$207.31	000	999	-
81194	Q	NTRK TRANSLOCATION ANALYSIS				Medicare	\$863.80	\$535.56	\$518.28	000	999	-
81200	Q	ASPA GENE				Medicare	\$78.75	\$48.83	\$47.25	000	999	-
81201	Q	APC GENE FULL SEQUENCE				Medicare	\$1,300.00	\$806.00	\$780.00	000	999	-
81202	Q	APC GENE KNOWN FAM VARIANTS				Medicare	\$466.67	\$289.34	\$280.00	000	999	-
81203	Q	APC GENE DUP/DELET VARIANTS				Medicare	\$333.33	\$206.66	\$200.00	000	999	-
81204	Q	AR GENE CHARAC ALLELES				Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81205	Q	BCKDHB GENE				Medicare	\$158.32	\$98.16	\$94.99	000	999	-
81206	Q	BCR/ABL1 GENE MAJOR BP				Medicare	\$273.27	\$169.43	\$163.96	000	999	-
81207	Q	BCR/ABL1 GENE MINOR BP				Medicare	\$241.40	\$149.67	\$144.84	000	999	-
81208	Q	BCR/ABL1 GENE OTHER BP				Medicare	\$357.70	\$221.77	\$214.62	000	999	-
81209	Q	BLM GENE				Medicare	\$65.52	\$40.62	\$39.31	000	999	-
81210	Q	BRAF GENE				Medicare	\$292.33	\$181.24	\$175.40	000	999	-
81212	Q	BRCA1&2 185&5385&6174 VRNT				Medicare	\$733.33	\$454.66	\$440.00	000	999	-
81215	Q	BRCA1 GENE KNOWN FAMIL VRNT				Medicare	\$625.42	\$387.76	\$375.25	000	999	-
81216	Q	BRCA2 GENE FULL SEQ ALYS				Medicare	\$308.53	\$191.29	\$185.12	000	999	-
81217	Q	BRCA2 GENE KNOWN FAMIL VRNT				Medicare	\$625.42	\$387.76	\$375.25	000	999	-
81218	Q	CEBPA GENE FULL SEQUENCE				Medicare	\$403.17	\$249.97	\$241.90	000	999	-
81219	Q	CALR GENE COM VARIANTS				Medicare	\$202.72	\$125.69	\$121.63	000	999	-
81220	Q	CFTR GENE COM VARIANTS				Medicare	\$927.67	\$575.16	\$556.60	000	999	-
81221	Q	CFTR GENE KNOWN FAM VARIANTS				Medicare	\$162.03	\$100.46	\$97.22	000	999	-
81222	Q	CFTR GENE DUP/DELET VARIANTS				Medicare	\$725.12	\$449.57	\$435.07	000	999	-
81223	Q	CFTR GENE FULL SEQUENCE				Medicare	\$831.67	\$515.64	\$499.00	000	999	-
81224	Q	CFTR GENE INTRON POLY T				Medicare	\$281.25	\$174.38	\$168.75	000	999	-
81225	Q	CYP2C19 GENE COM VARIANTS				Medicare	\$485.60	\$301.07	\$291.36	000	999	PA applies to under 18 with mental health DX only
81226	Q	CYP2D6 GENE COM VARIANTS				Medicare	\$751.52	\$465.94	\$450.91	000	999	PA applies to under 18 with mental health DX only
81227	Q	CYP2C9 GENE COM VARIANTS				Medicare	\$291.35	\$180.64	\$174.81	000	999	-
81228	Q	CYTOGEN MICRARRAY COPY NMBR				Medicare	\$1,500.00	\$930.00	\$900.00	000	999	-
81229	Q	CYTOGEN M ARRAY COPY NO&SNP				Medicare	\$1,933.33	\$1,198.66	\$1,160.00	000	999	-
81230	Q	CYP3A4 GENE COMMON VARIANTS				Medicare	\$291.35	\$180.64	\$174.81	000	999	-
81231	Q	CYP3A5 GENE COMMON VARIANTS				Medicare	\$291.35	\$180.64	\$174.81	000	999	-
81232	Q	DPYD GENE COMMON VARIANTS				Medicare	\$291.35	\$180.64	\$174.81	000	999	-
81233	Q	BTK GENE COMMON VARIANTS				Medicare	\$292.33	\$181.24	\$175.40	000	999	-
81234	Q	DMPK GENE DETC ABNOR ALLELE				Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81235	Q	EGFR GENE COM VARIANTS				Medicare	\$540.97	\$335.40	\$324.58	000	999	-
81236	Q	EZH2 GENE FULL GENE SEQUENCE				Medicare	\$471.47	\$292.31	\$282.88	000	999	-
81237	Q	EZH2 GENE COMMON VARIANTS				Medicare	\$292.33	\$181.24	\$175.40	000	999	-
81238	Q	F9 FULL GENE SEQUENCE				Medicare	\$1,000.00	\$620.00	\$600.00	000	999	-
81239	Q	DMPK GENE CHARAC ALLELES				Medicare	\$458.05	\$283.99	\$274.83	000	999	-
81240	Q	F2 GENE				Medicare	\$109.48	\$67.88	\$65.69	000	999	-
81241	Q	F5 GENE				Medicare	\$122.28	\$75.81	\$73.37	000	999	-
81242	Q	FANCC GENE				Medicare	\$61.03	\$37.84	\$36.62	000	999	-
81243	Q	FMR1 GENE DETECTION				Medicare	\$95.07	\$58.94	\$57.04	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
81244	Q	FMR1 GENE CHARAC ALLELES				Medicare	\$74.82	\$46.39	\$44.89	000	999	-
81245	Q	FLT3 GENE				Medicare	\$275.85	\$171.03	\$165.51	000	999	-
81246	Q	FLT3 GENE ANALYSIS				Medicare	\$138.33	\$85.76	\$83.00	000	999	-
81247	Q	G6PD GENE ALYS CMN VARIANT				Medicare	\$291.35	\$180.64	\$174.81	000	999	-
81248	Q	G6PD KNOWN FAMILIAL VARIANT				Medicare	\$625.42	\$387.76	\$375.25	000	999	-
81249	Q	G6PD FULL GENE SEQUENCE				Medicare	\$1,000.00	\$620.00	\$600.00	000	999	-
81250	Q	G6PC GENE				Medicare	\$97.48	\$60.44	\$58.49	000	999	-
81251	Q	GBA GENE				Medicare	\$78.75	\$48.83	\$47.25	000	999	-
81252	Q	GJB2 GENE FULL SEQUENCE				Medicare	\$168.53	\$104.49	\$101.12	000	999	-
81253	Q	GJB2 GENE KNOWN FAM VARIANTS				Medicare	\$102.53	\$63.57	\$61.52	000	999	-
81254	Q	GJB6 GENE COM VARIANTS				Medicare	\$58.33	\$36.16	\$35.00	000	999	-
81255	Q	HEXA GENE				Medicare	\$85.75	\$53.17	\$51.45	000	999	-
81256	Q	HFE GENE				Medicare	\$108.93	\$67.54	\$65.36	000	999	-
81257	Q	HBA1/HBA2 GENE				Medicare	\$170.43	\$105.67	\$102.26	000	999	-
81258	Q	HBA1/HBA2 GENE FAM VRNT				Medicare	\$625.42	\$387.76	\$375.25	000	999	-
81259	Q	HBA1/HBA2 FULL GENE SEQUENCE				Medicare	\$1,000.00	\$620.00	\$600.00	000	999	-
81260	Q	IKBKAP GENE				Medicare	\$65.52	\$40.62	\$39.31	000	999	-
81261	Q	IGH GENE REARRANGE AMP METH				Medicare	\$329.98	\$204.59	\$197.99	000	999	-
81262	Q	IGH GENE REARRANG DIR PROBE				Medicare	\$114.25	\$70.84	\$68.55	000	999	-
81263	Q	IGH VARI REGIONAL MUTATION				Medicare	\$490.87	\$304.34	\$294.52	000	999	-
81264	Q	IGK REARRANGEABN CLONAL POP				Medicare	\$287.88	\$178.49	\$172.73	000	999	-
81265	Q	STR MARKERS SPECIMEN ANAL				Medicare	\$388.45	\$240.84	\$233.07	000	999	-
81266	Q	STR MARKERS SPEC ANAL ADDL				Medicare	\$508.02	\$314.97	\$304.81	000	999	-
81267	Q	CHIMERISM ANAL NO CELL SELEC				Medicare	\$345.77	\$214.38	\$207.46	000	999	-
81268	Q	CHIMERISM ANAL W/CELL SELECT				Medicare	\$434.65	\$269.48	\$260.79	000	999	-
81269	Q	HBA1/HBA2 GENE DUP/DEL VRNTS				Medicare	\$337.33	\$209.14	\$202.40	000	999	-
81270	Q	JAK2 GENE				Medicare	\$152.77	\$94.72	\$91.66	000	999	-
81271	Q	HTT GENE DETC ABNOR ALLELES				Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81272	Q	KIT GENE TARGETED SEQ ANALYS				Medicare	\$549.18	\$340.49	\$329.51	000	999	-
81273	Q	KIT GENE ANALYS D816 VARIANT				Medicare	\$208.12	\$129.03	\$124.87	000	999	-
81274	Q	HTT GENE CHARAC ALLELES				Medicare	\$458.05	\$283.99	\$274.83	000	999	-
81275	Q	KRAS GENE VARIANTS EXON 2				Medicare	\$322.08	\$199.69	\$193.25	000	999	-
81276	Q	KRAS GENE ADDL VARIANTS				Medicare	\$322.08	\$199.69	\$193.25	000	999	-
81277	E	CYTOGENOMIC NEO MICRORA ALYS				Not Allowed	\$0.00			000	999	-
81278	Q	IGH@/BCL2 TRANSLOCATION ALYS				Medicare	\$345.52	\$214.22	\$207.31	000	999	-
81279	Q	JAK2 GENE TRGT SEQUENCE ALYS				Medicare	\$308.67	\$191.38	\$185.20	000	999	-
81283	Q	IFNL3 GENE				Medicare	\$122.28	\$75.81	\$73.37	000	999	-
81284	Q	FXN GENE DETC ABNOR ALLELES				Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81285	Q	FXN GENE CHARAC ALLELES				Medicare	\$458.05	\$283.99	\$274.83	000	999	-
81286	Q	FXN GENE FULL GENE SEQUENCE				Medicare	\$458.05	\$283.99	\$274.83	000	999	-
81287	Q	MGMT GENE PRMTR MTHYLTN ALYS				Medicare	\$207.73	\$128.79	\$124.64	000	999	-
81288	Q	MLH1 GENE				Medicare	\$320.53	\$198.73	\$192.32	000	999	-
81289	Q	FXN GENE KNOWN FAMIL VARIANT				Medicare	\$308.67	\$191.38	\$185.20	000	999	-
81290	Q	MCOLN1 GENE				Medicare	\$65.52	\$40.62	\$39.31	000	999	-
81291	Q	MTHFR GENE				Medicare	\$108.90	\$67.52	\$65.34	000	999	PA applies to under 18 with mental health DX only
81292	Q	MLH1 GENE FULL SEQ				Medicare	\$1,125.67	\$697.92	\$675.40	000	999	-
81293	Q	MLH1 GENE KNOWN VARIANTS				Medicare	\$551.67	\$342.04	\$331.00	000	999	-
81294	Q	MLH1 GENE DUP/DELETE VARIANT				Medicare	\$337.33	\$209.14	\$202.40	000	999	-
81295	Q	MSH2 GENE FULL SEQ				Medicare	\$636.17	\$394.43	\$381.70	000	999	-
81296	Q	MSH2 GENE KNOWN VARIANTS				Medicare	\$562.88	\$348.99	\$337.73	000	999	-
81297	Q	MSH2 GENE DUP/DELETE VARIANT				Medicare	\$355.50	\$220.41	\$213.30	000	999	-
81298	Q	MSH6 GENE FULL SEQ				Medicare	\$1,069.75	\$663.25	\$641.85	000	999	-
81299	Q	MSH6 GENE KNOWN VARIANTS				Medicare	\$513.33	\$318.26	\$308.00	000	999	-
81300	Q	MSH6 GENE DUP/DELETE VARIANT				Medicare	\$396.67	\$245.94	\$238.00	000	999	-
81301	Q	MICROSATELLITE INSTABILITY				Medicare	\$580.93	\$360.18	\$348.56	000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
81302	Q	MECP2 GENE FULL SEQ				Medicare	\$879.78	\$545.46	\$527.87	000	999	-
81303	Q	MECP2 GENE KNOWN VARIANT				Medicare	\$200.00	\$124.00	\$120.00	000	999	-
81304	Q	MECP2 GENE DUP/DELET VARIANT				Medicare	\$250.00	\$155.00	\$150.00	000	999	-
81305	Q	MYD88 GENE P.LEU265PRO VRNT				Medicare	\$292.33	\$181.24	\$175.40	000	999	-
81306	Q	NUDT15 GENE COMMON VARIANTS				Medicare	\$485.60	\$301.07	\$291.36	000	999	-
81307	E	PALB2 GENE FULL GENE SEQ				Not Allowed	\$0.00			000	999	-
81308	E	PALB2 GENE KNOWN FAMIL VRNT				Not Allowed	\$0.00			000	999	-
81309	E	PIK3CA GENE TRGT SEQ ALYS				Not Allowed	\$0.00			000	999	-
81310	Q	NPM1 GENE				Medicare	\$410.87	\$254.74	\$246.52	000	999	-
81311	Q	NRAS GENE VARIANTS EXON 2&3				Medicare	\$492.98	\$305.65	\$295.79	000	999	-
81312	Q	PABPN1 GENE DETC ABNOR ALLEL				Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81313	Q	PCA3/KLK3 ANTIGEN				Medicare	\$425.08	\$263.55	\$255.05	000	999	-
81314	Q	PDGFRA GENE				Medicare	\$549.18	\$340.49	\$329.51	000	999	-
81315	Q	PML/RARALPHA COM BREAKPOINTS				Medicare	\$345.52	\$214.22	\$207.31	000	999	-
81316	Q	PML/RARALPHA 1 BREAKPOINT				Medicare	\$345.52	\$214.22	\$207.31	000	999	-
81317	Q	PMS2 GENE FULL SEQ ANALYSIS				Medicare	\$1,127.50	\$699.05	\$676.50	000	999	-
81318	Q	PMS2 KNOWN FAMILIAL VARIANTS				Medicare	\$551.67	\$342.04	\$331.00	000	999	-
81319	Q	PMS2 GENE DUP/DELET VARIANTS				Medicare	\$339.17	\$210.29	\$203.50	000	999	-
81320	Q	PLCG2 GENE COMMON VARIANTS				Medicare	\$485.60	\$301.07	\$291.36	000	999	-
81321	Q	PTEN GENE FULL SEQUENCE				Medicare	\$1,000.00	\$620.00	\$600.00	000	999	-
81322	Q	PTEN GENE KNOWN FAM VARIANT				Medicare	\$77.67	\$48.16	\$46.60	000	999	-
81323	Q	PTEN GENE DUP/DELET VARIANT				Medicare	\$500.00	\$310.00	\$300.00	000	999	-
81324	Q	PMP22 GENE DUP/DELET				Medicare	\$1,263.93	\$783.64	\$758.36	000	999	-
81325	Q	PMP22 GENE FULL SEQUENCE				Medicare	\$1,282.63	\$795.23	\$769.58	000	999	-
81326	Q	PMP22 GENE KNOWN FAM VARIANT				Medicare	\$77.67	\$48.16	\$46.60	000	999	-
81327	Q	SEPT9 GEN PRMTR MTHYLTN ALYS				Medicare	\$320.00	\$198.40	\$192.00	000	999	-
81328	Q	SLCO1B1 GENE COM VARIANTS				Medicare	\$291.35	\$180.64	\$174.81	000	999	-
81329	Q	SMN1 GENE DOS/DELETION ALYS				Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81330	Q	SMPD1 GENE COMMON VARIANTS				Medicare	\$78.33	\$48.56	\$47.00	000	999	-
81331	Q	SNRPN/UBE3A GENE				Medicare	\$85.12	\$52.77	\$51.07	000	999	-
81332	Q	SERPINA1 GENE				Medicare	\$72.75	\$45.11	\$43.65	000	999	-
81333	Q	TGFBI GENE COMMON VARIANTS				Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81334	Q	RUNX1 GENE TARGETED SEQ ALYS				Medicare	\$549.18	\$340.49	\$329.51	000	999	-
81335	Q	TPMT GENE COM VARIANTS				Medicare	\$291.35	\$180.64	\$174.81	000	999	-
81336	Q	SMN1 GENE FULL GENE SEQUENCE				Medicare	\$502.25	\$311.40	\$301.35	000	999	-
81337	Q	SMN1 GEN NOWN FAMIL SEQ VRNT				Medicare	\$308.67	\$191.38	\$185.20	000	999	-
81338	Q	MPL GENE COMMON VARIANTS				Medicare	\$250.55	\$155.34	\$150.33	000	999	-
81339	Q	MPL GENE SEQ ALYS EXON 10				Medicare	\$308.67	\$191.38	\$185.20	000	999	-
81340	Q	TRB@ GENE REARRANGE AMPLIFY				Medicare	\$348.20	\$215.88	\$208.92	000	999	-
81341	Q	TRB@ GENE REARRANGE DIRPROBE				Medicare	\$82.65	\$51.24	\$49.59	000	999	-
81342	Q	TRG GENE REARRANGEMENT ANAL				Medicare	\$335.83	\$208.21	\$201.50	000	999	-
81343	Q	PPP2R2B GEN DETC ABNOR ALLEL				Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81344	Q	TBP GENE DETC ABNOR ALLELES				Medicare	\$228.33	\$141.56	\$137.00	000	999	-
81345	Q	TERT GENE TARGETED SEQ ALYS				Medicare	\$308.67	\$191.38	\$185.20	000	999	-
81346	Q	TYMS GENE COM VARIANTS				Medicare	\$291.35	\$180.64	\$174.81	000	999	-
81347	Q	SF3B1 GENE COMMON VARIANTS				Medicare	\$322.08	\$199.69	\$193.25	000	999	-
81348	Q	SRSF2 GENE COMMON VARIANTS				Medicare	\$292.33	\$181.24	\$175.40	000	999	-
81350	Q	UGT1A1 GENE COMMON VARIANTS				Medicare	\$390.00	\$241.80	\$234.00	000	999	-
81351	Q	TP53 GENE FULL GENE SEQUENCE				Medicare	\$1,069.75	\$663.25	\$641.85	000	999	-
81352	E	TP53 GENE TRGT SEQUENCE ALYS				Not Allowed	\$0.00			000	999	-
81353	Q	TP53 GENE KNOWN FAMIL VRNT				Medicare	\$513.33	\$318.26	\$308.00	000	999	-
81355	Q	VKORC1 GENE				Medicare	\$147.00	\$91.14	\$88.20	000	999	-
81357	E	U2AF1 GENE COMMON VARIANTS				Not Allowed	\$0.00			000	999	-
81360	E	ZRSR2 GENE COMMON VARIANTS				Not Allowed	\$0.00			000	999	-
81361	Q	HBB GENE COM VARIANTS				Medicare	\$291.35	\$180.64	\$174.81	000	999	-
81362	Q	HBB GENE KNOWN FAM VARIANT				Medicare	\$625.42	\$387.76	\$375.25	000	999	-
81363	Q	HBB GENE DUP/DEL VARIANTS				Medicare	\$337.33	\$209.14	\$202.40	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
81364	Q	HBB FULL GENE SEQUENCE				Medicare	\$540.97	\$335.40	\$324.58	000	999	-
81370	Q	HLA I & II TYPING LR				Medicare	\$670.20	\$415.52	\$402.12	000	999	-
81371	Q	HLA I & II TYPE VERIFY LR				Medicare	\$674.20	\$418.00	\$404.52	000	999	-
81372	Q	HLA I TYPING COMPLETE LR				Medicare	\$672.65	\$417.04	\$403.59	000	999	-
81373	Q	HLA I TYPING 1 LOCUS LR				Medicare	\$212.38	\$131.68	\$127.43	000	999	-
81374	Q	HLA I TYPING 1 ANTIGEN LR				Medicare	\$123.88	\$76.81	\$74.33	000	999	-
81375	Q	HLA II TYPING AG EQUIV LR				Medicare	\$367.90	\$228.10	\$220.74	000	999	-
81376	Q	HLA II TYPING 1 LOCUS LR				Medicare	\$203.70	\$126.29	\$122.22	000	999	-
81377	Q	HLA II TYPE 1 AG EQUIV LR				Medicare	\$157.90	\$97.90	\$94.74	000	999	-
81378	Q	HLA I & II TYPING HR				Medicare	\$575.95	\$357.09	\$345.57	000	999	-
81379	Q	HLA I TYPING COMPLETE HR				Medicare	\$558.97	\$346.56	\$335.38	000	999	-
81380	Q	HLA I TYPING 1 LOCUS HR				Medicare	\$295.42	\$183.16	\$177.25	000	999	-
81381	Q	HLA I TYPING 1 ALLELE HR				Medicare	\$283.17	\$175.57	\$169.90	000	999	-
81382	Q	HLA II TYPING 1 LOC HR				Medicare	\$206.13	\$127.80	\$123.68	000	999	-
81383	Q	HLA II TYPING 1 ALLELE HR				Medicare	\$181.88	\$112.77	\$109.13	000	999	-
81400	Q	MOPATH PROCEDURE LEVEL 1				Medicare	\$106.60	\$66.09	\$63.96	000	999	-
81401	Q	MOPATH PROCEDURE LEVEL 2				Medicare	\$228.33	\$141.56	\$137.00	000	999	PA applies to under 18 with mental health DX only
81402	Q	MOPATH PROCEDURE LEVEL 3				Medicare	\$250.55	\$155.34	\$150.33	000	999	-
81403	Q	MOPATH PROCEDURE LEVEL 4				Medicare	\$308.67	\$191.38	\$185.20	000	999	-
81404	Q	MOPATH PROCEDURE LEVEL 5				Medicare	\$458.05	\$283.99	\$274.83	000	999	-
81405	Q	MOPATH PROCEDURE LEVEL 6				Medicare	\$502.25	\$311.40	\$301.35	000	999	-
81406	Q	MOPATH PROCEDURE LEVEL 7				Medicare	\$471.47	\$292.31	\$282.88	000	999	-
81407	Q	MOPATH PROCEDURE LEVEL 8				Medicare	\$1,410.45	\$874.48	\$846.27	000	999	-
81408	Q	MOPATH PROCEDURE LEVEL 9				Medicare	\$3,333.33	\$2,066.66	\$2,000.00	000	999	-
81410	Q	AORTIC DYSFUNCTION/DILATION				Medicare	\$840.00	\$520.80	\$504.00	000	999	-
81411	Q	AORTIC DYSFUNCTION/DILATION				Medicare	\$2,250.32	\$1,395.20	\$1,350.19	000	999	-
81412	E	ASHKENAZI JEWISH ASSOC DIS				Not Allowed	\$0.00			000	999	-
81413	Q	CAR ION CHNNLPATH INC 10 GNS				Medicare	\$974.83	\$604.39	\$584.90	000	999	-
81414	Q	CAR ION CHNNLPATH INC 2 GNS				Medicare	\$974.83	\$604.39	\$584.90	000	999	-
81415	Q	EXOME SEQUENCE ANALYSIS				Medicare	\$7,966.67	\$4,939.34	\$4,780.00	000	999	-
81416	Q	EXOME SEQUENCE ANALYSIS				Medicare	\$20,000.00	\$12,400.00	\$12,000.00	000	999	-
81417	Q	EXOME RE-EVALUATION				Medicare	\$533.33	\$330.66	\$320.00	000	999	-
81419	E	EPILEPSY GEN SEQ ALYS PANEL				Not Allowed	\$0.00			000	999	-
81420	Q	FETAL CHRMOML ANEUPLOIDY				Medicare	\$1,265.08	\$784.35	\$759.05	010	061	-
81422	Q	FETAL CHRMOML MICRODELTY				Medicare	\$1,265.08	\$784.35	\$759.05	000	999	-
81425	E	GENOME SEQUENCE ANALYSIS				Not Allowed	\$0.00			000	999	-
81426	E	GENOME SEQUENCE ANALYSIS				Not Allowed	\$0.00			000	999	-
81427	E	GENOME RE-EVALUATION				Not Allowed	\$0.00			000	999	-
81430	Q	HEARING LOSS SEQUENCE ANALYS				Medicare	\$2,708.33	\$1,679.16	\$1,625.00	000	999	-
81431	Q	HEARING LOSS DUP/DEL ANALYS				Medicare	\$1,132.62	\$702.22	\$679.57	000	999	-
81432	E	HRDTRY BRST CA-RLATD DSORDRS				Not Allowed	\$0.00			000	999	-
81433	E	HRDTRY BRST CA-RLATD DSORDRS				Not Allowed	\$0.00			000	999	-
81434	E	HEREDITARY RETINAL DISORDERS				Not Allowed	\$0.00			000	999	-
81435	Q	HEREDITARY COLON CA DSORDRS				Medicare	\$974.83	\$604.39	\$584.90	000	999	-
81436	Q	HEREDITARY COLON CA DSORDRS				Medicare	\$974.83	\$604.39	\$584.90	000	999	-
81437	E	HEREDTRY NURONDCRN TUM DSRDR				Not Allowed	\$0.00			000	999	-
81438	E	HEREDTRY NURONDCRN TUM DSRDR				Not Allowed	\$0.00			000	999	-
81439	Q	HRDTRY CARDMYPY GENE PANEL				Medicare	\$974.83	\$604.39	\$584.90	000	999	-
81440	Q	MITOCHONDRIAL GENE				Medicare	\$5,540.00	\$3,434.80	\$3,324.00	000	999	-
81442	E	NOONAN SPECTRUM DISORDERS				Not Allowed	\$0.00			000	999	-
81443	Q	GENETIC TSTG SEVERE INH COND				Medicare	\$4,080.93	\$2,530.18	\$2,448.56	000	999	-
81445	Q	TARGETED GENOMIC SEQ ANALYS				Medicare	\$996.52	\$617.84	\$597.91	000	999	-
81448	Q	HRDTRY PERPH NEURPHY PANEL				Medicare	\$974.83	\$604.39	\$584.90	000	999	-
81450	Q	TARGETED GENOMIC SEQ ANALYS				Medicare	\$1,265.88	\$784.85	\$759.53	000	999	-
81455	Q	TARGETED GENOMIC SEQ ANALYS				Medicare	\$4,866.00	\$3,016.92	\$2,919.60	000	999	-

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

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
81460	Q	WHOLE MITOCHONDRIAL GENOME				Medicare	\$2,145.00	\$1,329.90	\$1,287.00	000	999	-
81465	Q	WHOLE MITOCHONDRIAL GENOME				Medicare	\$1,560.00	\$967.20	\$936.00	000	999	-
81470	E	X-LINKED INTELLECTUAL DBLT				Not Allowed	\$0.00			000	999	-
81471	E	X-LINKED INTELLECTUAL DBLT				Not Allowed	\$0.00			000	999	-
81479	N	UNLISTED MOLECULAR PATHOLOGY				Bundled	\$0.00			000	999	PA applies to under 18 with mental health DX only
81490	E	AUTOIMMUNE RHEUMATOID ARTHR				Not Allowed	\$0.00			000	999	-
81493	E	COR ARTERY DISEASE MRNA				Not Allowed	\$0.00			000	999	-
81500	E	ONCO (OVAR) TWO PROTEINS				Not Allowed	\$0.00			000	999	-
81503	E	ONCO (OVAR) FIVE PROTEINS				Not Allowed	\$0.00			000	999	-
81504	E	ONCOLOGY TISSUE OF ORIGIN				Not Allowed	\$0.00			000	999	-
81506	E	ENDO ASSAY SEVEN ANAL				Not Allowed	\$0.00			000	999	-
81507	E	FETAL ANEUPLOIDY TRISOM RISK				Not Allowed	\$0.00			010	061	-
81508	E	FTL CGEN ABNOR TWO PROTEINS				Not Allowed	\$0.00			010	061	-
81509	E	FTL CGEN ABNOR 3 PROTEINS				Not Allowed	\$0.00			010	061	-
81510	E	FTL CGEN ABNOR THREE ANAL				Not Allowed	\$0.00			010	061	-
81511	E	FTL CGEN ABNOR FOUR ANAL				Not Allowed	\$0.00			010	061	-
81512	E	FTL CGEN ABNOR FIVE ANAL				Not Allowed	\$0.00			010	061	-
81513	E	NFCT DS BV RNA VAG FLU ALG				Not Allowed	\$0.00			000	999	-
81514	E	NFCT DS BV&VAGINITIS DNA ALG				Not Allowed	\$0.00			000	999	-
81518	Q	ONC BRST MRNA 11 GENES				Medicare	\$6,455.00	\$4,002.10	\$3,873.00	000	999	-
81519	Q	ONCOLOGY BREAST MRNA				Medicare	\$6,455.00	\$4,002.10	\$3,873.00	000	999	-
81520	Q	ONC BREAST MRNA 58 GENES				Medicare	\$4,183.68	\$2,593.88	\$2,510.21	000	999	-
81521	Q	ONC BREAST MRNA 70 GENES				Medicare	\$6,455.00	\$4,002.10	\$3,873.00	000	999	-
81522	Q	ONC BREAST MRNA 12 GENES				Medicare	\$6,455.00	\$4,002.10	\$3,873.00	000	999	-
81525	E	ONCOLOGY COLON MRNA				Not Allowed	\$0.00			000	999	-
81528	Q	ONCOLOGY COLORECTAL SCR				Medicare	\$848.12	\$525.83	\$508.87	000	999	-
81529	E	ONC CUTAN MLNMA MRNA 31 GENE				Not Allowed	\$0.00			000	999	-
81535	Q	ONCOLOGY GYNECOLOGIC				Medicare	\$965.77	\$598.78	\$579.46	000	999	-
81536	Q	ONCOLOGY GYNECOLOGIC				Medicare	\$295.93	\$183.48	\$177.56	000	999	-
81538	E	ONCOLOGY LUNG				Not Allowed	\$0.00			000	999	-
81539	Q	ONCOLOGY PROSTATE PROB SCORE				Medicare	\$1,266.67	\$785.34	\$760.00	000	999	-
81540	E	ONCOLOGY TUM UNKNOWN ORIGIN				Not Allowed	\$0.00			000	999	-
81541	Q	ONC PROSTATE MRNA 46 GENES				Medicare	\$6,455.00	\$4,002.10	\$3,873.00	000	999	-
81542	E	ONC PROSTATE MRNA 22 CNT GEN				Not Allowed	\$0.00			000	999	-
81546	E	ONC THYR MRNA 10,196 GEN ALG				Not Allowed	\$0.00			000	999	-
81551	Q	ONC PROSTATE 3 GENES				Medicare	\$3,383.33	\$2,097.66	\$2,030.00	000	999	-
81552	E	ONC UVEAL MLNMA MRNA 15 GENE				Not Allowed	\$0.00			000	999	-
81554	E	PULM DS IPF MRNA 190 GEN ALG				Not Allowed	\$0.00			000	999	-
81595	E	CARDIOLOGY HRT TRNSPL MRNA				Not Allowed	\$0.00			000	999	-
81596	Q	NFCT DS CHRNC HCV 6 ASSAYS				Medicare	\$120.32	\$74.60	\$72.19	000	999	-
81599	E	UNLISTED MAAA				Not Allowed	\$0.00			000	999	-
82009	Q	TEST FOR ACETONE/KETONES				Medicare	\$7.53	\$4.67	\$4.52	000	999	-
82010	Q	ACETONE ASSAY				Medicare	\$13.62	\$8.44	\$8.17	000	999	-
82013	Q	ACETYLCHOLINESTERASE ASSAY				Medicare	\$20.48	\$12.70	\$12.29	000	999	-
82016	Q	ACYLCARNITINES QUAL				Medicare	\$27.48	\$17.04	\$16.49	000	999	-
82017	Q	ACYLCARNITINES QUANT				Medicare	\$28.12	\$17.43	\$16.87	000	999	-
82024	Q	ASSAY OF ACTH				Medicare	\$64.37	\$39.91	\$38.62	000	999	-
82030	Q	ASSAY OF ADP & AMP				Medicare	\$43.00	\$26.66	\$25.80	000	999	-
82040	Q	ASSAY OF SERUM ALBUMIN				Medicare	\$8.25	\$5.12	\$4.95	000	999	-
82042	Q	OTHER SOURCE ALBUMIN QUAN EA				Medicare	\$12.97	\$8.04	\$7.78	000	999	-
82043	Q	UR ALBUMIN QUANTITATIVE				Medicare	\$9.63	\$5.97	\$5.78	000	999	-
82044	Q	UR ALBUMIN SEMIQUANTITATIVE				Medicare	\$10.38	\$6.44	\$6.23	000	999	-
82045	Q	ALBUMIN ISCHEMIA MODIFIED				Medicare	\$56.57	\$35.07	\$33.94	000	999	-
82075	Q	ASSAY OF BREATH ETHANOL				Medicare	\$50.00	\$31.00	\$30.00	000	999	-
82077	Q	ASSAY SPEC XCP UR&BREATH IA				Medicare	\$28.78	\$17.84	\$17.27	000	999	-

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Outpatient Prospective Payment System Services
January 1, 2021

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
82085	Q	ASSAY OF ALDOLASE				Medicare	\$16.18	\$10.03	\$9.71	000	999	-
82088	Q	ASSAY OF ALDOSTERONE				Medicare	\$67.92	\$42.11	\$40.75	000	999	-
82103	Q	ALPHA-1-ANTITRYPSIN TOTAL				Medicare	\$22.40	\$13.89	\$13.44	000	999	-
82104	Q	ALPHA-1-ANTITRYPSIN PHENO				Medicare	\$24.10	\$14.94	\$14.46	000	999	-
82105	Q	ALPHA-FETOPROTEIN SERUM				Medicare	\$27.95	\$17.33	\$16.77	000	999	-
82106	Q	ALPHA-FETOPROTEIN AMNIOTIC				Medicare	\$28.33	\$17.56	\$17.00	000	999	-
82107	Q	ALPHA-FETOPROTEIN L3				Medicare	\$107.35	\$66.56	\$64.41	000	999	-
82108	Q	ASSAY OF ALUMINUM				Medicare	\$42.47	\$26.33	\$25.48	000	999	-
82120	Q	AMINES VAGINAL FLUID QUAL				Medicare	\$9.98	\$6.19	\$5.99	000	999	-
82127	Q	AMINO ACID SINGLE QUAL				Medicare	\$23.63	\$14.65	\$14.18	000	999	-
82128	Q	AMINO ACIDS MULT QUAL				Medicare	\$23.12	\$14.33	\$13.87	000	999	-
82131	Q	AMINO ACIDS SINGLE QUANT				Medicare	\$38.30	\$23.75	\$22.98	000	999	-
82135	Q	ASSAY AMINOLEVULINIC ACID				Medicare	\$27.42	\$17.00	\$16.45	000	999	-
82136	Q	AMINO ACIDS QUANT 2-5				Medicare	\$32.68	\$20.26	\$19.61	000	999	-
82139	Q	AMINO ACIDS QUAN 6 OR MORE				Medicare	\$28.12	\$17.43	\$16.87	000	999	-
82140	Q	ASSAY OF AMMONIA				Medicare	\$24.28	\$15.05	\$14.57	000	999	-
82143	Q	AMNIOTIC FLUID SCAN				Medicare	\$15.58	\$9.66	\$9.35	000	999	-
82150	Q	ASSAY OF AMYLASE				Medicare	\$10.80	\$6.70	\$6.48	000	999	-
82154	Q	ANDROSTANEDIOL GLUCURONIDE				Medicare	\$48.05	\$29.79	\$28.83	000	999	-
82157	Q	ASSAY OF ANDROSTENEDIONE				Medicare	\$48.80	\$30.26	\$29.28	000	999	-
82160	Q	ASSAY OF ANDROSTERONE				Medicare	\$42.58	\$26.40	\$25.55	000	999	-
82163	Q	ASSAY OF ANGIOTENSIN II				Medicare	\$34.20	\$21.20	\$20.52	000	999	-
82164	Q	ANGIOTENSIN I ENZYME TEST				Medicare	\$24.33	\$15.08	\$14.60	000	999	-
82172	Q	ASSAY OF APOLIPOPROTEIN				Medicare	\$35.15	\$21.79	\$21.09	000	999	-
82175	Q	ASSAY OF ARSENIC				Medicare	\$31.62	\$19.60	\$18.97	000	999	-
82180	Q	ASSAY OF ASCORBIC ACID				Medicare	\$16.48	\$10.22	\$9.89	000	999	-
82190	Q	ATOMIC ABSORPTION				Medicare	\$26.50	\$16.43	\$15.90	000	999	-
82232	Q	ASSAY OF BETA-2 PROTEIN				Medicare	\$26.97	\$16.72	\$16.18	000	999	-
82239	Q	BILE ACIDS TOTAL				Medicare	\$28.53	\$17.69	\$17.12	000	999	-
82240	Q	BILE ACIDS CHOLYLGLYCINE				Medicare	\$44.30	\$27.47	\$26.58	000	999	-
82247	Q	BILIRUBIN TOTAL				Medicare	\$8.37	\$5.19	\$5.02	000	999	-
82248	Q	BILIRUBIN DIRECT				Medicare	\$8.37	\$5.19	\$5.02	000	999	-
82252	Q	FECAL BILIRUBIN TEST				Medicare	\$7.60	\$4.71	\$4.56	000	999	-
82261	Q	ASSAY OF BIOTINIDASE				Medicare	\$28.12	\$17.43	\$16.87	000	999	-
82270	Q	OCCULT BLOOD FECES				Medicare	\$7.30	\$4.53	\$4.38	000	999	-
82271	Q	OCCULT BLOOD OTHER SOURCES				Medicare	\$8.87	\$5.50	\$5.32	000	999	-
82272	Q	OCCULT BLD FECES 1-3 TESTS				Medicare	\$7.05	\$4.37	\$4.23	000	999	-
82274	Q	ASSAY TEST FOR BLOOD FECAL				Medicare	\$26.53	\$16.45	\$15.92	000	999	-
82286	Q	ASSAY OF BRADYKININ				Medicare	\$8.60	\$5.33	\$5.16	000	999	-
82300	Q	ASSAY OF CADMIUM				Medicare	\$39.40	\$24.43	\$23.64	000	999	-
82306	Q	VITAMIN D 25 HYDROXY				Medicare	\$49.33	\$30.58	\$29.60	000	999	-
82308	Q	ASSAY OF CALCITONIN				Medicare	\$44.65	\$27.68	\$26.79	000	999	-
82310	Q	ASSAY OF CALCIUM				Medicare	\$8.60	\$5.33	\$5.16	000	999	-
82330	Q	ASSAY OF CALCIUM				Medicare	\$22.80	\$14.14	\$13.68	000	999	-
82331	Q	CALCIUM INFUSION TEST				Medicare	\$22.23	\$13.78	\$13.34	000	999	-
82340	Q	ASSAY OF CALCIUM IN URINE				Medicare	\$10.05	\$6.23	\$6.03	000	999	-
82355	Q	CALCULUS ANALYSIS QUAL				Medicare	\$19.30	\$11.97	\$11.58	000	999	-
82360	Q	CALCULUS ASSAY QUANT				Medicare	\$21.45	\$13.30	\$12.87	000	999	-
82365	Q	CALCULUS SPECTROSCOPY				Medicare	\$21.50	\$13.33	\$12.90	000	999	-
82370	Q	X-RAY ASSAY CALCULUS				Medicare	\$20.87	\$12.94	\$12.52	000	999	-
82373	Q	ASSAY C-D TRANSFER MEASURE				Medicare	\$30.10	\$18.66	\$18.06	000	999	-
82374	Q	ASSAY BLOOD CARBON DIOXIDE				Medicare	\$8.13	\$5.04	\$4.88	000	999	-
82375	Q	ASSAY CARBOXYHB QUANT				Medicare	\$20.53	\$12.73	\$12.32	000	999	-
82376	Q	ASSAY CARBOXYHB QUAL				Medicare	\$23.45	\$14.54	\$14.07	000	999	-
82378	Q	CARCINOEMBRYONIC ANTIGEN				Medicare	\$31.60	\$19.59	\$18.96	000	999	-
82379	Q	ASSAY OF CARNITINE				Medicare	\$28.12	\$17.43	\$16.87	000	999	-
82380	Q	ASSAY OF CAROTENE				Medicare	\$15.37	\$9.53	\$9.22	000	999	-

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January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
82382	Q	ASSAY URINE CATECHOLAMINES				Medicare	\$45.50	\$28.21	\$27.30	000	999	-
82383	Q	ASSAY BLOOD CATECHOLAMINES				Medicare	\$48.47	\$30.05	\$29.08	000	999	-
82384	Q	ASSAY THREE CATECHOLAMINES				Medicare	\$42.08	\$26.09	\$25.25	000	999	-
82387	Q	ASSAY OF CATHEPSIN-D				Medicare	\$30.10	\$18.66	\$18.06	000	999	-
82390	Q	ASSAY OF CERULOPLASMIN				Medicare	\$17.90	\$11.10	\$10.74	000	999	-
82397	Q	CHEMILUMINESCENT ASSAY				Medicare	\$23.53	\$14.59	\$14.12	000	999	-
82415	Q	ASSAY OF CHLORAMPHENICOL				Medicare	\$21.12	\$13.09	\$12.67	000	999	-
82435	Q	ASSAY OF BLOOD CHLORIDE				Medicare	\$7.67	\$4.76	\$4.60	000	999	-
82436	Q	ASSAY OF URINE CHLORIDE				Medicare	\$9.58	\$5.94	\$5.75	000	999	-
82438	Q	ASSAY OTHER FLUID CHLORIDES				Medicare	\$8.33	\$5.16	\$5.00	000	999	-
82441	Q	TEST FOR CHLOROHYDROCARBONS				Medicare	\$10.02	\$6.21	\$6.01	000	999	-
82465	Q	ASSAY BLD/SERUM CHOLESTEROL				Medicare	\$7.25	\$4.50	\$4.35	000	999	-
82480	Q	ASSAY SERUM CHOLINESTERASE				Medicare	\$13.12	\$8.13	\$7.87	000	999	-
82482	Q	ASSAY RBC CHOLINESTERASE				Medicare	\$16.35	\$10.14	\$9.81	000	999	-
82485	Q	ASSAY CHONDROITIN SULFATE				Medicare	\$34.42	\$21.34	\$20.65	000	999	-
82495	Q	ASSAY OF CHROMIUM				Medicare	\$33.80	\$20.96	\$20.28	000	999	-
82507	Q	ASSAY OF CITRATE				Medicare	\$46.33	\$28.72	\$27.80	000	999	-
82523	Q	COLLAGEN CROSSLINKS				Medicare	\$31.13	\$19.30	\$18.68	000	999	-
82525	Q	ASSAY OF COPPER				Medicare	\$20.68	\$12.82	\$12.41	000	999	-
82528	Q	ASSAY OF CORTICOSTERONE				Medicare	\$37.53	\$23.27	\$22.52	000	999	-
82530	Q	CORTISOL FREE				Medicare	\$27.85	\$17.27	\$16.71	000	999	-
82533	Q	TOTAL CORTISOL				Medicare	\$27.17	\$16.85	\$16.30	000	999	-
82540	Q	ASSAY OF CREATINE				Medicare	\$7.73	\$4.79	\$4.64	000	999	-
82542	Q	COL CHROMOTOGRAPHY QUAL/QUAN				Medicare	\$40.15	\$24.89	\$24.09	000	999	-
82550	Q	ASSAY OF CK (CPK)				Medicare	\$10.85	\$6.73	\$6.51	000	999	-
82552	Q	ASSAY OF CPK IN BLOOD				Medicare	\$22.32	\$13.84	\$13.39	000	999	-
82553	Q	CREATINE MB FRACTION				Medicare	\$19.25	\$11.94	\$11.55	000	999	-
82554	Q	CREATINE ISOFORMS				Medicare	\$19.78	\$12.26	\$11.87	000	999	-
82565	Q	ASSAY OF CREATININE				Medicare	\$8.53	\$5.29	\$5.12	000	999	-
82570	Q	ASSAY OF URINE CREATININE				Medicare	\$8.63	\$5.35	\$5.18	000	999	-
82575	Q	CREATININE CLEARANCE TEST				Medicare	\$15.77	\$9.78	\$9.46	000	999	-
82585	Q	ASSAY OF CRYOFIBRINOGEN				Medicare	\$23.57	\$14.61	\$14.14	000	999	-
82595	Q	ASSAY OF CRYOGLOBULIN				Medicare	\$10.78	\$6.68	\$6.47	000	999	-
82600	Q	ASSAY OF CYANIDE				Medicare	\$32.33	\$20.04	\$19.40	000	999	-
82607	Q	VITAMIN B-12				Medicare	\$25.13	\$15.58	\$15.08	000	999	-
82608	Q	B-12 BINDING CAPACITY				Medicare	\$23.87	\$14.80	\$14.32	000	999	-
82610	Q	CYSTATIN C				Medicare	\$30.87	\$19.14	\$18.52	000	999	-
82615	Q	TEST FOR URINE CYSTINES				Medicare	\$15.92	\$9.87	\$9.55	000	999	-
82626	Q	DEHYDROEPIANDROSTERONE				Medicare	\$42.12	\$26.11	\$25.27	000	999	-
82627	Q	DEHYDROEPIANDROSTERONE				Medicare	\$37.05	\$22.97	\$22.23	000	999	-
82633	Q	DESOXYCORTICOSTERONE				Medicare	\$51.63	\$32.01	\$30.98	000	999	-
82634	Q	DEOXYCORTISOL				Medicare	\$48.80	\$30.26	\$29.28	000	999	-
82638	Q	ASSAY OF DIBUCAINE NUMBER				Medicare	\$20.42	\$12.66	\$12.25	000	999	-
82642	Q	DIHYDROTESTOSTERONE				Medicare	\$48.80	\$30.26	\$29.28	000	999	-
82652	Q	VIT D 1 25-DIHYDROXY				Medicare	\$64.17	\$39.79	\$38.50	000	999	-
82656	Q	PANCREATIC ELASTASE FECAL				Medicare	\$19.22	\$11.92	\$11.53	000	999	-
82657	Q	ENZYME CELL ACTIVITY				Medicare	\$36.95	\$22.91	\$22.17	000	999	-
82658	Q	ENZYME CELL ACTIVITY RA				Medicare	\$73.38	\$45.50	\$44.03	000	999	-
82664	Q	ELECTROPHORETIC TEST				Medicare	\$102.50	\$63.55	\$61.50	000	999	-
82668	Q	ASSAY OF ERYTHROPOIETIN				Medicare	\$31.32	\$19.42	\$18.79	000	999	-
82670	Q	ASSAY OF ESTRADIOL				Medicare	\$46.57	\$28.87	\$27.94	000	999	-
82671	Q	ASSAY OF ESTROGENS				Medicare	\$53.83	\$33.37	\$32.30	000	999	-
82672	Q	ASSAY OF ESTROGEN				Medicare	\$36.17	\$22.43	\$21.70	000	999	-
82677	Q	ASSAY OF ESTRIBOL				Medicare	\$40.30	\$24.99	\$24.18	000	999	-
82679	Q	ASSAY OF ESTRONE				Medicare	\$41.58	\$25.78	\$24.95	000	999	-
82681	Q	ASSAY DIR MEAS FR ESTRADIOL				Medicare	\$46.57	\$28.87	\$27.94	000	999	-
82693	Q	ASSAY OF ETHYLENE GLYCOL				Medicare	\$24.83	\$15.39	\$14.90	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
82696	Q	ASSAY OF ETIOCHOLANOLONE				Medicare	\$43.73	\$27.11	\$26.24	000	999	-
82705	Q	FATS/LIPIDS FECES QUAL				Medicare	\$8.50	\$5.27	\$5.10	000	999	-
82710	Q	FATS/LIPIDS FECES QUANT				Medicare	\$28.00	\$17.36	\$16.80	000	999	-
82715	Q	ASSAY OF FECAL FAT				Medicare	\$38.28	\$23.73	\$22.97	000	999	-
82725	Q	ASSAY OF BLOOD FATTY ACIDS				Medicare	\$31.28	\$19.39	\$18.77	000	999	-
82726	Q	LONG CHAIN FATTY ACIDS				Medicare	\$32.92	\$20.41	\$19.75	000	999	-
82728	Q	ASSAY OF FERRITIN				Medicare	\$22.72	\$14.09	\$13.63	000	999	-
82731	Q	ASSAY OF FETAL FIBRONECTIN				Medicare	\$107.35	\$66.56	\$64.41	010	061	-
82735	Q	ASSAY OF FLUORIDE				Medicare	\$30.90	\$19.16	\$18.54	000	999	-
82746	Q	ASSAY OF FOLIC ACID SERUM				Medicare	\$24.50	\$15.19	\$14.70	000	999	-
82747	Q	ASSAY OF FOLIC ACID RBC				Medicare	\$29.42	\$18.24	\$17.65	000	999	-
82757	Q	ASSAY OF SEMEN FRUCTOSE				Medicare	\$28.90	\$17.92	\$17.34	000	999	-
82759	Q	ASSAY OF RBC GALACTOKINASE				Medicare	\$35.80	\$22.20	\$21.48	000	999	-
82760	Q	ASSAY OF GALACTOSE				Medicare	\$18.67	\$11.58	\$11.20	000	999	-
82775	Q	ASSAY GALACTOSE TRANSFERASE				Medicare	\$35.12	\$21.77	\$21.07	000	999	-
82776	Q	GALACTOSE TRANSFERASE TEST				Medicare	\$19.57	\$12.13	\$11.74	000	999	-
82777	Q	GALECTIN-3				Medicare	\$73.75	\$45.73	\$44.25	000	999	-
82784	Q	ASSAY IGA/IGD/IGG/IGM EACH				Medicare	\$15.50	\$9.61	\$9.30	000	999	-
82785	Q	ASSAY OF IGE				Medicare	\$27.43	\$17.01	\$16.46	000	999	-
82787	Q	IGG 1 2 3 OR 4 EACH				Medicare	\$13.37	\$8.29	\$8.02	000	999	-
82800	Q	BLOOD PH				Medicare	\$18.33	\$11.36	\$11.00	000	999	-
82803	Q	BLOOD GASES ANY COMBINATION				Medicare	\$43.45	\$26.94	\$26.07	000	999	-
82805	Q	BLOOD GASES W/O2 SATURATION				Medicare	\$131.28	\$81.39	\$78.77	000	999	-
82810	Q	BLOOD GASES O2 SAT ONLY				Medicare	\$16.28	\$10.09	\$9.77	000	999	-
82820	Q	HEMOGLOBIN-OXYGEN AFFINITY				Medicare	\$22.23	\$13.78	\$13.34	000	999	-
82930	Q	GASTRIC ANALY W/PH EA SPEC				Medicare	\$11.18	\$6.93	\$6.71	000	999	-
82938	Q	GASTRIN TEST				Medicare	\$29.48	\$18.28	\$17.69	000	999	-
82941	Q	ASSAY OF GASTRIN				Medicare	\$29.38	\$18.22	\$17.63	000	999	-
82943	Q	ASSAY OF GLUCAGON				Medicare	\$23.82	\$14.77	\$14.29	000	999	-
82945	Q	GLUCOSE OTHER FLUID				Medicare	\$6.55	\$4.06	\$3.93	000	999	-
82946	Q	GLUCAGON TOLERANCE TEST				Medicare	\$29.62	\$18.36	\$17.77	000	999	-
82947	Q	ASSAY GLUCOSE BLOOD QUANT				Medicare	\$6.55	\$4.06	\$3.93	000	999	-
82948	Q	REAGENT STRIP/BLOOD GLUCOSE				Medicare	\$8.40	\$5.21	\$5.04	000	999	-
82950	Q	GLUCOSE TEST				Medicare	\$7.92	\$4.91	\$4.75	000	999	-
82951	Q	GLUCOSE TOLERANCE TEST (GTT)				Medicare	\$21.45	\$13.30	\$12.87	000	999	-
82952	Q	GTT-ADDED SAMPLES				Medicare	\$6.53	\$4.05	\$3.92	000	999	-
82955	Q	ASSAY OF G6PD ENZYME				Medicare	\$16.17	\$10.03	\$9.70	000	999	-
82960	Q	TEST FOR G6PD ENZYME				Medicare	\$10.08	\$6.25	\$6.05	000	999	-
82962	Q	GLUCOSE BLOOD TEST				Medicare	\$5.47	\$3.39	\$3.28	000	999	-
82963	Q	ASSAY OF GLUCOSIDASE				Medicare	\$35.80	\$22.20	\$21.48	000	999	-
82965	Q	ASSAY OF GDH ENZYME				Medicare	\$21.92	\$13.59	\$13.15	000	999	-
82977	Q	ASSAY OF GGT				Medicare	\$12.00	\$7.44	\$7.20	000	999	-
82978	Q	ASSAY OF GLUTATHIONE				Medicare	\$25.75	\$15.97	\$15.45	000	999	-
82979	Q	ASSAY RBC GLUTATHIONE				Medicare	\$15.73	\$9.75	\$9.44	000	999	-
82985	Q	ASSAY OF GLYCATED PROTEIN				Medicare	\$27.93	\$17.32	\$16.76	000	999	-
83001	Q	ASSAY OF GONADOTROPIN (FSH)				Medicare	\$30.97	\$19.20	\$18.58	000	999	-
83002	Q	ASSAY OF GONADOTROPIN (LH)				Medicare	\$30.87	\$19.14	\$18.52	000	999	-
83003	Q	ASSAY GROWTH HORMONE (HGH)				Medicare	\$27.78	\$17.22	\$16.67	000	999	-
83006	Q	GROWTH STIMULATION GENE 2				Medicare	\$126.00	\$78.12	\$75.60	000	999	-
83009	Q	H PYLORI (C-13) BLOOD				Medicare	\$112.27	\$69.61	\$67.36	000	999	-
83010	Q	ASSAY OF HAPTOGLOBIN QUANT				Medicare	\$20.97	\$13.00	\$12.58	000	999	-
83012	Q	ASSAY OF HAPTOGLOBINS				Medicare	\$44.82	\$27.79	\$26.89	000	999	-
83013	Q	H PYLORI (C-13) BREATH				Medicare	\$112.27	\$69.61	\$67.36	000	999	-
83014	Q	H PYLORI DRUG ADMIN				Medicare	\$13.10	\$8.12	\$7.86	000	999	-
83015	Q	HEAVY METAL QUAL ANY ANAL				Medicare	\$34.90	\$21.64	\$20.94	000	999	-
83018	Q	HEAVY METAL QUANT EACH NES				Medicare	\$36.60	\$22.69	\$21.96	000	999	-
83020	Q	HEMOGLOBIN ELECTROPHORESIS				Medicare	\$21.45	\$13.30	\$12.87	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
83021	Q	HEMOGLOBIN CHROMOTOGRAPHY				Medicare	\$30.10	\$18.66	\$18.06	000	999	-
83026	Q	HEMOGLOBIN COPPER SULFATE				Medicare	\$6.68	\$4.14	\$4.01	000	999	-
83030	Q	FETAL HEMOGLOBIN CHEMICAL				Medicare	\$17.90	\$11.10	\$10.74	000	999	-
83033	Q	FETAL HEMOGLOBIN ASSAY QUAL				Medicare	\$13.33	\$8.26	\$8.00	000	999	-
83036	Q	GLYCOSYLATED HEMOGLOBIN TEST				Medicare	\$16.18	\$10.03	\$9.71	000	999	-
83037	E	GLYCOSYLATED HB HOME DEVICE				Not Allowed	\$0.00			000	999	-
83045	Q	BLOOD METHEMOGLOBIN TEST				Medicare	\$10.82	\$6.71	\$6.49	000	999	-
83050	Q	BLOOD METHEMOGLOBIN ASSAY				Medicare	\$13.67	\$8.48	\$8.20	000	999	-
83051	Q	ASSAY OF PLASMA HEMOGLOBIN				Medicare	\$12.18	\$7.55	\$7.31	000	999	-
83060	Q	BLOOD SULFHEMOGLOBIN ASSAY				Medicare	\$14.67	\$9.10	\$8.80	000	999	-
83065	Q	ASSAY OF HEMOGLOBIN HEAT				Medicare	\$15.00	\$9.30	\$9.00	000	999	-
83068	Q	HEMOGLOBIN STABILITY SCREEN				Medicare	\$15.78	\$9.78	\$9.47	000	999	-
83069	Q	ASSAY OF URINE HEMOGLOBIN				Medicare	\$6.58	\$4.08	\$3.95	000	999	-
83070	Q	ASSAY OF HEMOSIDERIN QUAL				Medicare	\$7.92	\$4.91	\$4.75	000	999	-
83080	Q	ASSAY OF B HEXOSAMINIDASE				Medicare	\$28.12	\$17.43	\$16.87	000	999	-
83088	Q	ASSAY OF HISTAMINE				Medicare	\$49.22	\$30.52	\$29.53	000	999	-
83090	Q	ASSAY OF HOMOCYSTEINE				Medicare	\$29.87	\$18.52	\$17.92	000	999	-
83150	Q	ASSAY OF HOMOVANILLIC ACID				Medicare	\$37.35	\$23.16	\$22.41	000	999	-
83491	Q	ASSAY OF CORTICOSTEROIDS 17				Medicare	\$29.83	\$18.49	\$17.90	000	999	-
83497	Q	ASSAY OF 5-HIAA				Medicare	\$21.50	\$13.33	\$12.90	000	999	-
83498	Q	ASSAY OF PROGESTERONE 17-D				Medicare	\$45.28	\$28.07	\$27.17	000	999	-
83500	Q	ASSAY FREE HYDROXYPROLINE				Medicare	\$37.75	\$23.41	\$22.65	000	999	-
83505	Q	ASSAY TOTAL HYDROXYPROLINE				Medicare	\$40.50	\$25.11	\$24.30	000	999	-
83516	Q	IMMUNOASSAY NONANTIBODY				Medicare	\$19.22	\$11.92	\$11.53	000	999	-
83518	Q	IMMUNOASSAY DIPSTICK				Medicare	\$16.07	\$9.96	\$9.64	000	999	-
83519	Q	RIA NONANTIBODY				Medicare	\$30.67	\$19.02	\$18.40	000	999	-
83520	Q	IMMUNOASSAY QUANT NOS NONAB				Medicare	\$28.78	\$17.84	\$17.27	000	999	-
83525	Q	ASSAY OF INSULIN				Medicare	\$19.05	\$11.81	\$11.43	000	999	-
83527	Q	ASSAY OF INSULIN				Medicare	\$21.58	\$13.38	\$12.95	000	999	-
83528	Q	ASSAY OF INTRINSIC FACTOR				Medicare	\$33.03	\$20.48	\$19.82	000	999	-
83540	Q	ASSAY OF IRON				Medicare	\$10.78	\$6.68	\$6.47	000	999	-
83550	Q	IRON BINDING TEST				Medicare	\$14.57	\$9.03	\$8.74	000	999	-
83570	Q	ASSAY OF IDH ENZYME				Medicare	\$14.75	\$9.15	\$8.85	000	999	-
83582	Q	ASSAY OF KETOGENIC STEROIDS				Medicare	\$25.78	\$15.98	\$15.47	000	999	-
83586	Q	ASSAY 17- KETOSTEROIDS				Medicare	\$21.33	\$13.22	\$12.80	000	999	-
83593	Q	FRACTIONATION KETOSTEROIDS				Medicare	\$47.50	\$29.45	\$28.50	000	999	-
83605	Q	ASSAY OF LACTIC ACID				Medicare	\$19.28	\$11.95	\$11.57	000	999	-
83615	Q	LACTATE (LD) (LDH) ENZYME				Medicare	\$10.07	\$6.24	\$6.04	000	999	-
83625	Q	ASSAY OF LDH ENZYMES				Medicare	\$21.32	\$13.22	\$12.79	000	999	-
83630	Q	LACTOFERRIN FECAL (QUAL)				Medicare	\$32.83	\$20.35	\$19.70	000	999	-
83631	Q	LACTOFERRIN FECAL (QUANT)				Medicare	\$32.72	\$20.29	\$19.63	000	999	-
83632	Q	PLACENTAL LACTOGEN				Medicare	\$33.70	\$20.89	\$20.22	000	999	-
83633	Q	TEST URINE FOR LACTOSE				Medicare	\$18.75	\$11.63	\$11.25	000	999	-
83655	Q	ASSAY OF LEAD				Medicare	\$20.18	\$12.51	\$12.11	000	999	-
83661	Q	L/S RATIO FETAL LUNG				Medicare	\$36.65	\$22.72	\$21.99	000	999	-
83662	Q	FOAM STABILITY FETAL LUNG				Medicare	\$31.52	\$19.54	\$18.91	000	999	-
83663	Q	FLUORO POLARIZE FETAL LUNG				Medicare	\$31.52	\$19.54	\$18.91	000	999	-
83664	Q	LAMELLAR BDY FETAL LUNG				Medicare	\$32.20	\$19.96	\$19.32	000	999	-
83670	Q	ASSAY OF LAP ENZYME				Medicare	\$16.35	\$10.14	\$9.81	000	999	-
83690	Q	ASSAY OF LIPASE				Medicare	\$11.48	\$7.12	\$6.89	000	999	-
83695	Q	ASSAY OF LIPOPROTEIN(A)				Medicare	\$23.87	\$14.80	\$14.32	000	999	-
83698	Q	ASSAY LIPOPROTEIN PLA2				Medicare	\$77.18	\$47.85	\$46.31	000	999	-
83700	Q	LIPOPRO BLD ELECTROPHORETIC				Medicare	\$18.77	\$11.64	\$11.26	000	999	-
83701	Q	LIPOPROTEIN BLD HR FRACTION				Medicare	\$56.43	\$34.99	\$33.86	000	999	-
83704	Q	LIPOPROTEIN BLD QUAN PART				Medicare	\$56.98	\$35.33	\$34.19	000	999	-
83718	Q	ASSAY OF LIPOPROTEIN				Medicare	\$13.65	\$8.46	\$8.19	000	999	-
83719	Q	ASSAY OF BLOOD LIPOPROTEIN				Medicare	\$21.25	\$13.18	\$12.75	000	999	-

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Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
83721	Q	ASSAY OF BLOOD LIPOPROTEIN				Medicare	\$17.50	\$10.85	\$10.50	000	999	-
83722	Q	LIPOPRTN DIR MEAS SD LDL CHL				Medicare	\$56.98	\$35.33	\$34.19	000	999	-
83727	Q	ASSAY OF LRH HORMONE				Medicare	\$28.65	\$17.76	\$17.19	000	999	-
83735	Q	ASSAY OF MAGNESIUM				Medicare	\$11.17	\$6.93	\$6.70	000	999	-
83775	Q	ASSAY MALATE DEHYDROGENASE				Medicare	\$12.28	\$7.61	\$7.37	000	999	-
83785	Q	ASSAY OF MANGANESE				Medicare	\$44.42	\$27.54	\$26.65	000	999	-
83789	Q	MASS SPECTROMETRY QUAL/QUAN				Medicare	\$40.18	\$24.91	\$24.11	000	999	-
83825	Q	ASSAY OF MERCURY				Medicare	\$27.10	\$16.80	\$16.26	000	999	-
83835	Q	ASSAY OF METANEPHRINES				Medicare	\$28.23	\$17.50	\$16.94	000	999	-
83857	Q	ASSAY OF METHEMALBUMIN				Medicare	\$17.90	\$11.10	\$10.74	000	999	-
83861	Q	MICROFLUID ANALY TEARS				Medicare	\$37.47	\$23.23	\$22.48	000	999	-
83864	Q	MUCOPOLYSACCHARIDES				Medicare	\$47.50	\$29.45	\$28.50	000	999	-
83872	Q	ASSAY SYNOVIAL FLUID MUCIN				Medicare	\$9.77	\$6.06	\$5.86	000	999	-
83873	Q	ASSAY OF CSF PROTEIN				Medicare	\$28.67	\$17.78	\$17.20	000	999	-
83874	Q	ASSAY OF MYOGLOBIN				Medicare	\$21.53	\$13.35	\$12.92	000	999	-
83876	Q	ASSAY MYELOPEROXIDASE				Medicare	\$84.77	\$52.56	\$50.86	000	999	-
83880	Q	ASSAY OF NATRIURETIC PEPTIDE				Medicare	\$65.43	\$40.57	\$39.26	000	999	-
83883	Q	ASSAY NEPHELOMETRY NOT SPEC				Medicare	\$22.67	\$14.06	\$13.60	000	999	-
83885	Q	ASSAY OF NICKEL				Medicare	\$40.85	\$25.33	\$24.51	000	999	-
83915	Q	ASSAY OF NUCLEOTIDASE				Medicare	\$18.58	\$11.52	\$11.15	000	999	-
83916	Q	OLIGOCLONAL BANDS				Medicare	\$45.65	\$28.30	\$27.39	000	999	-
83918	Q	ORGANIC ACIDS TOTAL QUANT				Medicare	\$39.33	\$24.38	\$23.60	000	999	-
83919	Q	ORGANIC ACIDS QUAL EACH				Medicare	\$27.42	\$17.00	\$16.45	000	999	-
83921	Q	ORGANIC ACID SINGLE QUANT				Medicare	\$35.35	\$21.92	\$21.21	000	999	-
83930	Q	ASSAY OF BLOOD OSMOLALITY				Medicare	\$11.02	\$6.83	\$6.61	000	999	-
83935	Q	ASSAY OF URINE OSMOLALITY				Medicare	\$11.37	\$7.05	\$6.82	000	999	-
83937	Q	ASSAY OF OSTEOCALCIN				Medicare	\$49.75	\$30.85	\$29.85	000	999	-
83945	Q	ASSAY OF OXALATE				Medicare	\$24.08	\$14.93	\$14.45	000	999	-
83950	Q	ONCOPROTEIN HER-2/NEU				Medicare	\$107.35	\$66.56	\$64.41	000	999	-
83951	Q	ONCOPROTEIN DCP				Medicare	\$107.35	\$66.56	\$64.41	000	999	-
83970	Q	ASSAY OF PARATHORMONE				Medicare	\$68.80	\$42.66	\$41.28	000	999	-
83986	Q	ASSAY PH BODY FLUID NOS				Medicare	\$5.97	\$3.70	\$3.58	000	999	-
83987	Q	EXHALED BREATH CONDENSATE				Medicare	\$5.97	\$3.70	\$3.58	000	999	-
83992	E	ASSAY FOR PHENCYCLIDINE				Not Allowed	\$0.00			000	999	-
83993	Q	ASSAY FOR CALPROTECTIN FECAL				Medicare	\$32.72	\$20.29	\$19.63	000	999	-
84030	Q	ASSAY OF BLOOD PKU				Medicare	\$9.17	\$5.69	\$5.50	000	999	-
84035	Q	ASSAY OF PHENYLKETONES				Medicare	\$6.63	\$4.11	\$3.98	000	999	-
84060	Q	ASSAY ACID PHOSPHATASE				Medicare	\$12.73	\$7.89	\$7.64	000	999	-
84066	Q	ASSAY PROSTATE PHOSPHATASE				Medicare	\$16.10	\$9.98	\$9.66	000	999	-
84075	Q	ASSAY ALKALINE PHOSPHATASE				Medicare	\$8.63	\$5.35	\$5.18	000	999	-
84078	Q	ASSAY ALKALINE PHOSPHATASE				Medicare	\$13.77	\$8.54	\$8.26	000	999	-
84080	Q	ASSAY ALKALINE PHOSPHATASES				Medicare	\$24.63	\$15.27	\$14.78	000	999	-
84081	Q	ASSAY PHOSPHATIDYLGLYCEROL				Medicare	\$27.53	\$17.07	\$16.52	000	999	-
84085	Q	ASSAY OF RBC PG6D ENZYME				Medicare	\$15.73	\$9.75	\$9.44	000	999	-
84087	Q	ASSAY PHOSPHOHEXOSE ENZYMES				Medicare	\$17.88	\$11.09	\$10.73	000	999	-
84100	Q	ASSAY OF PHOSPHORUS				Medicare	\$7.90	\$4.90	\$4.74	000	999	-
84105	Q	ASSAY OF URINE PHOSPHORUS				Medicare	\$9.63	\$5.97	\$5.78	000	999	-
84106	Q	TEST FOR PORPHOBILINOGEN				Medicare	\$9.70	\$6.01	\$5.82	000	999	-
84110	Q	ASSAY OF PORPHOBILINOGEN				Medicare	\$14.07	\$8.72	\$8.44	000	999	-
84112	Q	EVAL AMNIOTIC FLUID PROTEIN				Medicare	\$163.52	\$101.38	\$98.11	010	061	-
84119	Q	TEST URINE FOR PORPHYRINS				Medicare	\$22.27	\$13.81	\$13.36	000	999	-
84120	Q	ASSAY OF URINE PORPHYRINS				Medicare	\$24.52	\$15.20	\$14.71	000	999	-
84126	Q	ASSAY OF FECES PORPHYRINS				Medicare	\$65.18	\$40.41	\$39.11	000	999	-
84132	Q	ASSAY OF SERUM POTASSIUM				Medicare	\$7.93	\$4.92	\$4.76	000	999	-
84133	Q	ASSAY OF URINE POTASSIUM				Medicare	\$7.88	\$4.89	\$4.73	000	999	-
84134	Q	ASSAY OF PREALBUMIN				Medicare	\$24.32	\$15.08	\$14.59	000	999	-
84135	Q	ASSAY OF PREGNANEDIOL				Medicare	\$35.45	\$21.98	\$21.27	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
84138	Q	ASSAY OF PREGNANETRIOL				Medicare	\$35.08	\$21.75	\$21.05	000	999	-
84140	Q	ASSAY OF PREGNENOLONE				Medicare	\$34.45	\$21.36	\$20.67	000	999	-
84143	Q	ASSAY OF 17-HYDROXYPREGNENO				Medicare	\$38.02	\$23.57	\$22.81	000	999	-
84144	Q	ASSAY OF PROGESTERONE				Medicare	\$34.77	\$21.56	\$20.86	000	999	-
84145	Q	PROCALCITONIN (PCT)				Medicare	\$45.37	\$28.13	\$27.22	000	999	-
84146	Q	ASSAY OF PROLACTIN				Medicare	\$32.30	\$20.03	\$19.38	000	999	-
84150	Q	ASSAY OF PROSTAGLANDIN				Medicare	\$69.62	\$43.16	\$41.77	000	999	-
84152	Q	ASSAY OF PSA COMPLEXED				Medicare	\$30.65	\$19.00	\$18.39	000	999	-
84153	Q	ASSAY OF PSA TOTAL				Medicare	\$30.65	\$19.00	\$18.39	000	999	-
84154	Q	ASSAY OF PSA FREE				Medicare	\$30.65	\$19.00	\$18.39	000	999	-
84155	Q	ASSAY OF PROTEIN SERUM				Medicare	\$6.12	\$3.79	\$3.67	000	999	-
84156	Q	ASSAY OF PROTEIN URINE				Medicare	\$6.12	\$3.79	\$3.67	000	999	-
84157	Q	ASSAY OF PROTEIN OTHER				Medicare	\$6.67	\$4.14	\$4.00	000	999	-
84160	Q	ASSAY OF PROTEIN ANY SOURCE				Medicare	\$9.35	\$5.80	\$5.61	000	999	-
84163	Q	PAPPA SERUM				Medicare	\$25.08	\$15.55	\$15.05	010	061	-
84165	Q	PROTEIN E-PHORESIS SERUM				Medicare	\$17.90	\$11.10	\$10.74	000	999	-
84166	Q	PROTEIN E-PHORESIS/URINE/CSF				Medicare	\$29.72	\$18.43	\$17.83	000	999	-
84181	Q	WESTERN BLOT TEST				Medicare	\$28.38	\$17.60	\$17.03	000	999	-
84182	Q	PROTEIN WESTERN BLOT TEST				Medicare	\$48.68	\$30.18	\$29.21	000	999	-
84202	Q	ASSAY RBC PROTOPORPHYRIN				Medicare	\$23.92	\$14.83	\$14.35	000	999	-
84203	Q	TEST RBC PROTOPORPHYRIN				Medicare	\$16.23	\$10.06	\$9.74	000	999	-
84206	Q	ASSAY OF PROINSULIN				Medicare	\$44.48	\$27.58	\$26.69	000	999	-
84207	Q	ASSAY OF VITAMIN B-6				Medicare	\$46.83	\$29.03	\$28.10	000	999	-
84210	Q	ASSAY OF PYRUVATE				Medicare	\$24.13	\$14.96	\$14.48	000	999	-
84220	Q	ASSAY OF PYRUVATE KINASE				Medicare	\$15.73	\$9.75	\$9.44	000	999	-
84228	Q	ASSAY OF QUININE				Medicare	\$19.38	\$12.02	\$11.63	000	999	-
84233	Q	ASSAY OF ESTROGEN				Medicare	\$146.47	\$90.81	\$87.88	000	999	-
84234	Q	ASSAY OF PROGESTERONE				Medicare	\$108.13	\$67.04	\$64.88	000	999	-
84235	Q	ASSAY OF ENDOCRINE HORMONE				Medicare	\$118.72	\$73.61	\$71.23	000	999	-
84238	Q	ASSAY NONENDOCRINE RECEPTOR				Medicare	\$60.95	\$37.79	\$36.57	000	999	-
84244	Q	ASSAY OF RENIN				Medicare	\$36.65	\$22.72	\$21.99	000	999	-
84252	Q	ASSAY OF VITAMIN B-2				Medicare	\$33.73	\$20.91	\$20.24	000	999	-
84255	Q	ASSAY OF SELENIUM				Medicare	\$42.55	\$26.38	\$25.53	000	999	-
84260	Q	ASSAY OF SEROTONIN				Medicare	\$51.63	\$32.01	\$30.98	000	999	-
84270	Q	ASSAY OF SEX HORMONE GLOBUL				Medicare	\$36.22	\$22.46	\$21.73	000	999	-
84275	Q	ASSAY OF SIALIC ACID				Medicare	\$22.40	\$13.89	\$13.44	000	999	-
84285	Q	ASSAY OF SILICA				Medicare	\$42.02	\$26.05	\$25.21	000	999	-
84295	Q	ASSAY OF SERUM SODIUM				Medicare	\$8.02	\$4.97	\$4.81	000	999	-
84300	Q	ASSAY OF URINE SODIUM				Medicare	\$8.43	\$5.23	\$5.06	000	999	-
84302	Q	ASSAY OF SWEAT SODIUM				Medicare	\$8.10	\$5.02	\$4.86	000	999	-
84305	Q	ASSAY OF SOMATOMEDIN				Medicare	\$35.43	\$21.97	\$21.26	000	999	-
84307	Q	ASSAY OF SOMATOSTATIN				Medicare	\$30.47	\$18.89	\$18.28	000	999	-
84311	Q	SPECTROPHOTOMETRY				Medicare	\$13.50	\$8.37	\$8.10	000	999	-
84315	Q	BODY FLUID SPECIFIC GRAVITY				Medicare	\$5.47	\$3.39	\$3.28	000	999	-
84375	Q	CHROMATOGRAM ASSAY SUGARS				Medicare	\$65.00	\$40.30	\$39.00	000	999	-
84376	Q	SUGARS SINGLE QUAL				Medicare	\$9.17	\$5.69	\$5.50	000	999	-
84377	Q	SUGARS MULTIPLE QUAL				Medicare	\$9.17	\$5.69	\$5.50	000	999	-
84378	Q	SUGARS SINGLE QUANT				Medicare	\$19.22	\$11.92	\$11.53	000	999	-
84379	Q	SUGARS MULTIPLE QUANT				Medicare	\$19.22	\$11.92	\$11.53	000	999	-
84392	Q	ASSAY OF URINE SULFATE				Medicare	\$9.15	\$5.67	\$5.49	000	999	-
84402	Q	ASSAY OF FREE TESTOSTERONE				Medicare	\$42.45	\$26.32	\$25.47	000	999	-
84403	Q	ASSAY OF TOTAL TESTOSTERONE				Medicare	\$43.02	\$26.67	\$25.81	000	999	-
84410	Q	TESTOSTERONE BIOAVAILABLE				Medicare	\$85.47	\$52.99	\$51.28	000	999	-
84425	Q	ASSAY OF VITAMIN B-1				Medicare	\$35.38	\$21.94	\$21.23	000	999	-
84430	Q	ASSAY OF THIOCYANATE				Medicare	\$19.38	\$12.02	\$11.63	000	999	-
84431	Q	THROMBOXANE URINE				Medicare	\$58.52	\$36.28	\$35.11	000	999	-
84432	Q	ASSAY OF THYROGLOBULIN				Medicare	\$26.77	\$16.60	\$16.06	000	999	-

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Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
84436	Q	ASSAY OF TOTAL THYROXINE				Medicare	\$11.45	\$7.10	\$6.87	000	999	-
84437	Q	ASSAY OF NEONATAL THYROXINE				Medicare	\$10.78	\$6.68	\$6.47	000	999	-
84439	Q	ASSAY OF FREE THYROXINE				Medicare	\$15.03	\$9.32	\$9.02	000	999	-
84442	Q	ASSAY OF THYROID ACTIVITY				Medicare	\$24.63	\$15.27	\$14.78	000	999	-
84443	Q	ASSAY THYROID STIM HORMONE				Medicare	\$28.00	\$17.36	\$16.80	000	999	-
84445	Q	ASSAY OF TSI GLOBULIN				Medicare	\$84.77	\$52.56	\$50.86	000	999	-
84446	Q	ASSAY OF VITAMIN E				Medicare	\$23.63	\$14.65	\$14.18	000	999	-
84449	Q	ASSAY OF TRANSCORTIN				Medicare	\$30.00	\$18.60	\$18.00	000	999	-
84450	Q	TRANSFERASE (AST) (SGOT)				Medicare	\$8.63	\$5.35	\$5.18	000	999	-
84460	Q	ALANINE AMINO (ALT) (SGPT)				Medicare	\$8.83	\$5.47	\$5.30	000	999	-
84466	Q	ASSAY OF TRANSFERRIN				Medicare	\$21.27	\$13.19	\$12.76	000	999	-
84478	Q	ASSAY OF TRIGLYCERIDES				Medicare	\$9.57	\$5.93	\$5.74	000	999	-
84479	Q	ASSAY OF THYROID (T3 OR T4)				Medicare	\$10.78	\$6.68	\$6.47	000	999	-
84480	Q	ASSAY TRIIODOTHYRONINE (T3)				Medicare	\$23.63	\$14.65	\$14.18	000	999	-
84481	Q	FREE ASSAY (FT-3)				Medicare	\$28.23	\$17.50	\$16.94	000	999	-
84482	Q	T3 REVERSE				Medicare	\$26.27	\$16.29	\$15.76	000	999	-
84484	Q	ASSAY OF TROPONIN QUANT				Medicare	\$20.78	\$12.88	\$12.47	000	999	-
84485	Q	ASSAY DUODENAL FLUID TRYPSIN				Medicare	\$12.00	\$7.44	\$7.20	000	999	-
84488	Q	TEST FECES FOR TRYPSIN				Medicare	\$12.17	\$7.55	\$7.30	000	999	-
84490	Q	ASSAY OF FECES FOR TRYPSIN				Medicare	\$16.55	\$10.26	\$9.93	000	999	-
84510	Q	ASSAY OF TYROSINE				Medicare	\$17.72	\$10.99	\$10.63	000	999	-
84512	Q	ASSAY OF TROPONIN QUAL				Medicare	\$16.82	\$10.43	\$10.09	000	999	-
84520	Q	ASSAY OF UREA NITROGEN				Medicare	\$6.58	\$4.08	\$3.95	000	999	-
84525	Q	UREA NITROGEN SEMI-QUANT				Medicare	\$8.55	\$5.30	\$5.13	000	999	-
84540	Q	ASSAY OF URINE/UREA-N				Medicare	\$9.27	\$5.75	\$5.56	000	999	-
84545	Q	UREA-N CLEARANCE TEST				Medicare	\$12.00	\$7.44	\$7.20	000	999	-
84550	Q	ASSAY OF BLOOD/URIC ACID				Medicare	\$7.53	\$4.67	\$4.52	000	999	-
84560	Q	ASSAY OF URINE/URIC ACID				Medicare	\$8.47	\$5.25	\$5.08	000	999	-
84577	Q	ASSAY OF FECES/UROBILINOGEN				Medicare	\$28.00	\$17.36	\$16.80	000	999	-
84578	Q	TEST URINE UROBILINOGEN				Medicare	\$7.45	\$4.62	\$4.47	000	999	-
84580	Q	ASSAY OF URINE UROBILINOGEN				Medicare	\$15.92	\$9.87	\$9.55	000	999	-
84583	Q	ASSAY OF URINE UROBILINOGEN				Medicare	\$10.08	\$6.25	\$6.05	000	999	-
84585	Q	ASSAY OF URINE VMA				Medicare	\$25.83	\$16.01	\$15.50	000	999	-
84586	Q	ASSAY OF VIP				Medicare	\$58.88	\$36.51	\$35.33	000	999	-
84588	Q	ASSAY OF VASOPRESSIN				Medicare	\$56.57	\$35.07	\$33.94	000	999	-
84590	Q	ASSAY OF VITAMIN A				Medicare	\$19.35	\$12.00	\$11.61	000	999	-
84591	Q	ASSAY OF NOS VITAMIN				Medicare	\$28.43	\$17.63	\$17.06	000	999	-
84597	Q	ASSAY OF VITAMIN K				Medicare	\$22.87	\$14.18	\$13.72	000	999	-
84600	Q	ASSAY OF VOLATILES				Medicare	\$28.52	\$17.68	\$17.11	000	999	-
84620	Q	XYLOSE TOLERANCE TEST				Medicare	\$21.52	\$13.34	\$12.91	000	999	-
84630	Q	ASSAY OF ZINC				Medicare	\$18.98	\$11.77	\$11.39	000	999	-
84681	Q	ASSAY OF C-PEPTIDE				Medicare	\$34.68	\$21.50	\$20.81	000	999	-
84702	Q	CHORIONIC GONADOTROPIN TEST				Medicare	\$25.08	\$15.55	\$15.05	000	999	-
84703	Q	CHORIONIC GONADOTROPIN ASSAY				Medicare	\$12.53	\$7.77	\$7.52	009	999	-
84704	Q	HCG FREE BETA CHAIN TEST				Medicare	\$25.48	\$15.80	\$15.29	000	999	-
84830	Q	OVULATION TESTS				Medicare	\$21.17	\$13.13	\$12.70	000	999	-
84999	N	CLINICAL CHEMISTRY TEST				Bundled	\$0.00			000	999	-
85002	Q	BLEEDING TIME TEST				Medicare	\$8.03	\$4.98	\$4.82	000	999	-
85004	Q	AUTOMATED DIFF WBC COUNT				Medicare	\$10.78	\$6.68	\$6.47	000	999	-
85007	Q	BL SMEAR W/DIFF WBC COUNT				Medicare	\$6.33	\$3.92	\$3.80	000	999	-
85008	Q	BL SMEAR W/O DIFF WBC COUNT				Medicare	\$5.72	\$3.55	\$3.43	000	999	-
85009	Q	MANUAL DIFF WBC COUNT B-COAT				Medicare	\$8.45	\$5.24	\$5.07	000	999	-
85013	Q	SPUN MICROHEMATOCRIT				Medicare	\$11.67	\$7.24	\$7.00	000	999	-
85014	Q	HEMATOCRIT				Medicare	\$3.95	\$2.45	\$2.37	000	999	-
85018	Q	HEMOGLOBIN				Medicare	\$3.95	\$2.45	\$2.37	000	999	-
85025	Q	COMPLETE CBC W/AUTO DIFF WBC				Medicare	\$12.95	\$8.03	\$7.77	000	999	-
85027	Q	COMPLETE CBC AUTOMATED				Medicare	\$10.78	\$6.68	\$6.47	000	999	-

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85032	Q	MANUAL CELL COUNT EACH				Medicare	\$7.18	\$4.45	\$4.31	000	999	-
85041	Q	AUTOMATED RBC COUNT				Medicare	\$5.03	\$3.12	\$3.02	000	999	-
85044	Q	MANUAL RETICULOCYTE COUNT				Medicare	\$7.18	\$4.45	\$4.31	000	999	-
85045	Q	AUTOMATED RETICULOCYTE COUNT				Medicare	\$6.65	\$4.12	\$3.99	000	999	-
85046	Q	RETICYTE/HGB CONCENTRATE				Medicare	\$9.28	\$5.75	\$5.57	000	999	-
85048	Q	AUTOMATED LEUKOCYTE COUNT				Medicare	\$4.23	\$2.62	\$2.54	000	999	-
85049	Q	AUTOMATED PLATELET COUNT				Medicare	\$7.47	\$4.63	\$4.48	000	999	-
85055	Q	RETICULATED PLATELET ASSAY				Medicare	\$59.57	\$36.93	\$35.74	000	999	-
85060	E	BLOOD SMEAR INTERPRETATION				Not Allowed	\$0.00			000	999	-
85097	N	BONE MARROW INTERPRETATION		05674	7.9248	Bundled, sometimes payable	\$448.86			000	999	-
85130	Q	CHROMOGENIC SUBSTRATE ASSAY				Medicare	\$19.82	\$12.29	\$11.89	000	999	-
85170	Q	BLOOD CLOT RETRACTION				Medicare	\$27.17	\$16.85	\$16.30	000	999	-
85175	Q	BLOOD CLOT LYSIS TIME				Medicare	\$33.95	\$21.05	\$20.37	000	999	-
85210	Q	CLOT FACTOR II PROTHROM SPEC				Medicare	\$21.63	\$13.41	\$12.98	000	999	-
85220	Q	BLOOC CLOT FACTOR V TEST				Medicare	\$29.42	\$18.24	\$17.65	000	999	-
85230	Q	CLOT FACTOR VII PROCONVERTIN				Medicare	\$29.83	\$18.49	\$17.90	000	999	-
85240	Q	CLOT FACTOR VIII AHG 1 STAGE				Medicare	\$29.83	\$18.49	\$17.90	000	999	-
85244	Q	CLOT FACTOR VIII RELTD ANTGN				Medicare	\$34.03	\$21.10	\$20.42	000	999	-
85245	Q	CLOT FACTOR VIII VW RISTOCTN				Medicare	\$38.23	\$23.70	\$22.94	000	999	-
85246	Q	CLOT FACTOR VIII VW ANTIGEN				Medicare	\$38.23	\$23.70	\$22.94	000	999	-
85247	Q	CLOT FACTOR VIII MULTIMETRIC				Medicare	\$38.23	\$23.70	\$22.94	000	999	-
85250	Q	CLOT FACTOR IX PTC/CHRSTMAS				Medicare	\$31.73	\$19.67	\$19.04	000	999	-
85260	Q	CLOT FACTOR X STUART-POWER				Medicare	\$29.83	\$18.49	\$17.90	000	999	-
85270	Q	CLOT FACTOR XI PTA				Medicare	\$29.83	\$18.49	\$17.90	000	999	-
85280	Q	CLOT FACTOR XII HAGEMAN				Medicare	\$32.25	\$20.00	\$19.35	000	999	-
85290	Q	CLOT FACTOR XIII FIBRIN STAB				Medicare	\$27.23	\$16.88	\$16.34	000	999	-
85291	Q	CLOT FACTOR XIII FIBRIN SCRIN				Medicare	\$15.18	\$9.41	\$9.11	000	999	-
85292	Q	CLOT FACTOR FLETCHER FACT				Medicare	\$31.55	\$19.56	\$18.93	000	999	-
85293	Q	CLOT FACTOR WGHT KININOGEN				Medicare	\$31.55	\$19.56	\$18.93	000	999	-
85300	Q	ANTITHROMBIN III ACTIVITY				Medicare	\$19.75	\$12.25	\$11.85	000	999	-
85301	Q	ANTITHROMBIN III ANTIGEN				Medicare	\$18.02	\$11.17	\$10.81	000	999	-
85302	Q	CLOT INHIBIT PROT C ANTIGEN				Medicare	\$20.02	\$12.41	\$12.01	000	999	-
85303	Q	CLOT INHIBIT PROT C ACTIVITY				Medicare	\$23.07	\$14.30	\$13.84	000	999	-
85305	Q	CLOT INHIBIT PROT S TOTAL				Medicare	\$19.35	\$12.00	\$11.61	000	999	-
85306	Q	CLOT INHIBIT PROT S FREE				Medicare	\$25.53	\$15.83	\$15.32	000	999	-
85307	Q	ASSAY ACTIVATED PROTEIN C				Medicare	\$25.53	\$15.83	\$15.32	000	999	-
85335	Q	FACTOR INHIBITOR TEST				Medicare	\$21.45	\$13.30	\$12.87	000	999	-
85337	Q	THROMBOMODULIN				Medicare	\$28.78	\$17.84	\$17.27	000	999	-
85345	Q	COAGULATION TIME LEE & WHITE				Medicare	\$7.82	\$4.85	\$4.69	000	999	-
85347	Q	COAGULATION TIME ACTIVATED				Medicare	\$7.13	\$4.42	\$4.28	000	999	-
85348	Q	COAGULATION TIME OTR METHOD				Medicare	\$7.48	\$4.64	\$4.49	000	999	-
85360	Q	EUGLOBULIN LYSIS				Medicare	\$14.02	\$8.69	\$8.41	000	999	-
85362	Q	FIBRIN DEGRADATION PRODUCTS				Medicare	\$11.48	\$7.12	\$6.89	000	999	-
85366	Q	FIBRINOGEN TEST				Medicare	\$134.10	\$83.14	\$80.46	000	999	-
85370	Q	FIBRINOGEN TEST				Medicare	\$20.72	\$12.85	\$12.43	000	999	-
85378	Q	FIBRIN DEGRADE SEMIQUANT				Medicare	\$16.20	\$10.04	\$9.72	000	999	-
85379	Q	FIBRIN DEGRADATION QUANT				Medicare	\$16.97	\$10.52	\$10.18	000	999	-
85380	Q	FIBRIN DEGRADJ D-DIMER				Medicare	\$16.97	\$10.52	\$10.18	000	999	-
85384	Q	FIBRINOGEN ACTIVITY				Medicare	\$16.20	\$10.04	\$9.72	000	999	-
85385	Q	FIBRINOGEN ANTIGEN				Medicare	\$24.10	\$14.94	\$14.46	000	999	-
85390	Q	FIBRINOLYSINS SCREEN I&R				Medicare	\$25.80	\$16.00	\$15.48	000	999	-
85396	N	CLOTTING ASSAY WHOLE BLOOD				Bundled	\$0.00			000	999	-
85397	Q	CLOTTING FUNCT ACTIVITY				Medicare	\$51.43	\$31.89	\$30.86	000	999	-
85400	Q	FIBRINOLYTIC PLASMIN				Medicare	\$12.85	\$7.97	\$7.71	000	999	-
85410	Q	FIBRINOLYTIC ANTIPLASMIN				Medicare	\$12.85	\$7.97	\$7.71	000	999	-
85415	Q	FIBRINOLYTIC PLASMINOGEN				Medicare	\$28.65	\$17.76	\$17.19	000	999	-
85420	Q	FIBRINOLYTIC PLASMINOGEN				Medicare	\$10.88	\$6.75	\$6.53	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
85421	Q	FIBRINOLYTIC PLASMINOGEN				Medicare	\$16.97	\$10.52	\$10.18	000	999	-
85441	Q	HEINZ BODIES DIRECT				Medicare	\$7.00	\$4.34	\$4.20	000	999	-
85445	Q	HEINZ BODIES INDUCED				Medicare	\$11.37	\$7.05	\$6.82	000	999	-
85460	Q	HEMOGLOBIN FETAL				Medicare	\$12.88	\$7.99	\$7.73	000	999	-
85461	Q	HEMOGLOBIN FETAL				Medicare	\$15.60	\$9.67	\$9.36	000	999	-
85475	Q	HEMOLYSIN ACID				Medicare	\$14.78	\$9.16	\$8.87	000	999	-
85520	Q	HEPARIN ASSAY				Medicare	\$21.82	\$13.53	\$13.09	000	999	-
85525	Q	HEPARIN NEUTRALIZATION				Medicare	\$19.73	\$12.23	\$11.84	000	999	-
85530	Q	HEPARIN-PROTAMINE TOLERANCE				Medicare	\$21.82	\$13.53	\$13.09	000	999	-
85536	Q	IRON STAIN PERIPHERAL BLOOD				Medicare	\$11.47	\$7.11	\$6.88	000	999	-
85540	Q	WBC ALKALINE PHOSPHATASE				Medicare	\$14.33	\$8.88	\$8.60	000	999	-
85547	Q	RBC MECHANICAL FRAGILITY				Medicare	\$14.33	\$8.88	\$8.60	000	999	-
85549	Q	MURAMIDASE				Medicare	\$31.25	\$19.38	\$18.75	000	999	-
85555	Q	RBC OSMOTIC FRAGILITY				Medicare	\$12.45	\$7.72	\$7.47	000	999	-
85557	Q	RBC OSMOTIC FRAGILITY				Medicare	\$22.27	\$13.81	\$13.36	000	999	-
85576	Q	BLOOD PLATELET AGGREGATION				Medicare	\$41.52	\$25.74	\$24.91	000	999	-
85597	Q	PHOSPHOLIPID PLTLT NEUTRALIZ				Medicare	\$29.97	\$18.58	\$17.98	000	999	-
85598	Q	HEXAGNAL PHOSPH PLTLT NEUTRL				Medicare	\$29.97	\$18.58	\$17.98	000	999	-
85610	Q	PROTHROMBIN TIME				Medicare	\$7.15	\$4.43	\$4.29	000	999	-
85611	Q	PROTHROMBIN TEST				Medicare	\$6.57	\$4.07	\$3.94	000	999	-
85612	Q	VIPER VENOM PROTHROMBIN TIME				Medicare	\$29.15	\$18.07	\$17.49	000	999	-
85613	Q	RUSSELL VIPER VENOM DILUTED				Medicare	\$15.97	\$9.90	\$9.58	000	999	-
85635	Q	REPTILASE TEST				Medicare	\$16.42	\$10.18	\$9.85	000	999	-
85651	Q	RBC SED RATE NONAUTOMATED				Medicare	\$7.12	\$4.41	\$4.27	000	999	-
85652	Q	RBC SED RATE AUTOMATED				Medicare	\$4.50	\$2.79	\$2.70	000	999	-
85660	Q	RBC SICKLE CELL TEST				Medicare	\$9.18	\$5.69	\$5.51	000	999	-
85670	Q	THROMBIN TIME PLASMA				Medicare	\$9.62	\$5.96	\$5.77	000	999	-
85675	Q	THROMBIN TIME TITER				Medicare	\$11.42	\$7.08	\$6.85	000	999	-
85705	Q	THROMBOPLASTIN INHIBITION				Medicare	\$16.05	\$9.95	\$9.63	000	999	-
85730	Q	THROMBOPLASTIN TIME PARTIAL				Medicare	\$10.02	\$6.21	\$6.01	000	999	-
85732	Q	THROMBOPLASTIN TIME PARTIAL				Medicare	\$10.78	\$6.68	\$6.47	000	999	-
85810	Q	BLOOD VISCOSITY EXAMINATION				Medicare	\$19.45	\$12.06	\$11.67	000	999	-
85999	N	HEMATOLOGY PROCEDURE				Bundled	\$0.00			000	999	-
86000	Q	AGGLUTININS FEBRILE ANTIGEN				Medicare	\$11.63	\$7.21	\$6.98	000	999	-
86001	Q	ALLERGEN SPECIFIC IGG				Medicare	\$13.03	\$8.08	\$7.82	000	999	-
86003	Q	ALLG SPEC IGE CRUDE XTRC EA				Medicare	\$8.70	\$5.39	\$5.22	000	999	-
86005	Q	ALLG SPEC IGE MULTIALLG SCR				Medicare	\$13.28	\$8.23	\$7.97	000	999	-
86008	Q	ALLG SPEC IGE RECOMB EA				Medicare	\$29.88	\$18.53	\$17.93	000	999	-
86021	Q	WBC ANTIBODY IDENTIFICATION				Medicare	\$25.08	\$15.55	\$15.05	000	999	-
86022	Q	PLATELET ANTIBODIES				Medicare	\$30.62	\$18.98	\$18.37	000	999	-
86023	Q	IMMUNOGLOBULIN ASSAY				Medicare	\$20.77	\$12.88	\$12.46	000	999	-
86038	Q	ANTINUCLEAR ANTIBODIES				Medicare	\$20.15	\$12.49	\$12.09	000	999	-
86039	Q	ANTINUCLEAR ANTIBODIES (ANA)				Medicare	\$18.60	\$11.53	\$11.16	000	999	-
86060	Q	ANTISTREPTOLYSIN O TITER				Medicare	\$12.17	\$7.55	\$7.30	000	999	-
86063	Q	ANTISTREPTOLYSIN O SCREEN				Medicare	\$9.62	\$5.96	\$5.77	000	999	-
86077	N	PHYS BLOOD BANK SERV XMATCH		05731	0.2980	Bundled, sometimes payable	\$16.88			000	999	-
86078	N	PHYS BLOOD BANK SERV REACTJ		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
86079	N	PHYS BLOOD BANK SERV AUTHRJ		05671	0.6010	Bundled, sometimes payable	\$34.04			000	999	-
86140	Q	C-REACTIVE PROTEIN				Medicare	\$8.63	\$5.35	\$5.18	000	999	-
86141	Q	C-REACTIVE PROTEIN HS				Medicare	\$21.58	\$13.38	\$12.95	000	999	-
86146	Q	BETA-2 GLYCOPROTEIN ANTIBODY				Medicare	\$42.42	\$26.30	\$25.45	000	999	-
86147	Q	CARDIOLIPIN ANTIBODY EA IG				Medicare	\$42.42	\$26.30	\$25.45	000	999	-
86148	Q	ANTI-PHOSPHOLIPID ANTIBODY				Medicare	\$26.78	\$16.60	\$16.07	000	999	-
86152	Q	CELL ENUMERATION & ID				Medicare	\$417.97	\$259.14	\$250.78	000	999	-
86153	E	CELL ENUMERATION PHYS INTERP				Not Allowed	\$0.00			000	999	-
86155	Q	CHEMOTAXIS ASSAY				Medicare	\$26.65	\$16.52	\$15.99	000	999	-
86156	Q	COLD AGGLUTININ SCREEN				Medicare	\$13.45	\$8.34	\$8.07	000	999	-

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Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
86157	Q	COLD AGGLUTININ TITER				Medicare	\$13.43	\$8.33	\$8.06	000	999	-
86160	Q	COMPLEMENT ANTIGEN				Medicare	\$20.00	\$12.40	\$12.00	000	999	-
86161	Q	COMPLEMENT/FUNCTION ACTIVITY				Medicare	\$20.00	\$12.40	\$12.00	000	999	-
86162	Q	COMPLEMENT TOTAL (CH50)				Medicare	\$33.87	\$21.00	\$20.32	000	999	-
86171	Q	COMPLEMENT FIXATION EACH				Medicare	\$16.68	\$10.34	\$10.01	000	999	-
86200	Q	CCP ANTIBODY				Medicare	\$21.58	\$13.38	\$12.95	000	999	-
86215	Q	DEOXYRIBONUCLEASE ANTIBODY				Medicare	\$22.08	\$13.69	\$13.25	000	999	-
86225	Q	DNA ANTIBODY NATIVE				Medicare	\$22.90	\$14.20	\$13.74	000	999	-
86226	Q	DNA ANTIBODY SINGLE STRAND				Medicare	\$20.18	\$12.51	\$12.11	000	999	-
86235	Q	NUCLEAR ANTIGEN ANTIBODY				Medicare	\$29.88	\$18.53	\$17.93	000	999	-
86255	Q	FLUORESCENT ANTIBODY SCREEN				Medicare	\$20.08	\$12.45	\$12.05	000	999	-
86256	Q	FLUORESCENT ANTIBODY TITER				Medicare	\$20.08	\$12.45	\$12.05	000	999	-
86277	Q	GROWTH HORMONE ANTIBODY				Medicare	\$26.23	\$16.26	\$15.74	000	999	-
86280	Q	HEMAGGLUTINATION INHIBITION				Medicare	\$13.65	\$8.46	\$8.19	000	999	-
86294	Q	IMMUNOASSAY TUMOR QUAL				Medicare	\$42.62	\$26.42	\$25.57	000	999	-
86300	Q	IMMUNOASSAY TUMOR CA 15-3				Medicare	\$34.68	\$21.50	\$20.81	000	999	-
86301	Q	IMMUNOASSAY TUMOR CA 19-9				Medicare	\$34.68	\$21.50	\$20.81	000	999	-
86304	Q	IMMUNOASSAY TUMOR CA 125				Medicare	\$34.68	\$21.50	\$20.81	000	999	-
86305	Q	HUMAN EPIDIDYMIS PROTEIN 4				Medicare	\$34.68	\$21.50	\$20.81	000	999	-
86308	Q	HETEROPHILE ANTIBODY SCREEN				Medicare	\$8.63	\$5.35	\$5.18	000	999	-
86309	Q	HETEROPHILE ANTIBODY TITER				Medicare	\$10.78	\$6.68	\$6.47	000	999	-
86310	Q	HETEROPHILE ANTIBODY ABSRBJ				Medicare	\$12.28	\$7.61	\$7.37	000	999	-
86316	Q	IMMUNOASSAY TUMOR OTHER				Medicare	\$34.68	\$21.50	\$20.81	000	999	-
86317	Q	IMMUNOASSAY INFECTIOUS AGENT				Medicare	\$24.98	\$15.49	\$14.99	000	999	-
86318	Q	IA INFECTIOUS AGENT ANTIBODY				Medicare	\$30.15	\$18.69	\$18.09	000	999	-
86320	Q	SERUM IMMUNOELECTROPHORESIS				Medicare	\$49.87	\$30.92	\$29.92	000	999	-
86325	Q	OTHER IMMUNOELECTROPHORESIS				Medicare	\$38.55	\$23.90	\$23.13	000	999	-
86327	Q	IMMUNOELECTROPHORESIS ASSAY				Medicare	\$49.87	\$30.92	\$29.92	000	999	-
86328	Q	IA NFCT AB SARSCOV2 COVID19				Medicare	\$75.38	\$46.74	\$45.23	000	999	-
86329	Q	IMMUNODIFFUSION NES				Medicare	\$23.42	\$14.52	\$14.05	000	999	-
86331	Q	IMMUNODIFFUSION OUCHTERLONY				Medicare	\$19.97	\$12.38	\$11.98	000	999	-
86332	Q	IMMUNE COMPLEX ASSAY				Medicare	\$40.62	\$25.18	\$24.37	000	999	-
86334	Q	IMMUNOFIX E-PHORESIS SERUM				Medicare	\$37.23	\$23.08	\$22.34	000	999	-
86335	Q	IMMUNIFIX E-PHORSIS/URINE/CSF				Medicare	\$48.92	\$30.33	\$29.35	000	999	-
86336	Q	INHIBIN A				Medicare	\$25.98	\$16.11	\$15.59	000	999	-
86337	Q	INSULIN ANTIBODIES				Medicare	\$35.68	\$22.12	\$21.41	000	999	-
86340	Q	INTRINSIC FACTOR ANTIBODY				Medicare	\$25.13	\$15.58	\$15.08	000	999	-
86341	Q	ISLET CELL ANTIBODY				Medicare	\$39.28	\$24.35	\$23.57	000	999	-
86343	Q	LEUKOCYTE HISTAMINE RELEASE				Medicare	\$20.77	\$12.88	\$12.46	000	999	-
86344	Q	LEUKOCYTE PHAGOCYTOSIS				Medicare	\$17.32	\$10.74	\$10.39	000	999	-
86352	Q	CELL FUNCTION ASSAY W/STIM				Medicare	\$226.43	\$140.39	\$135.86	000	999	-
86353	Q	LYMPHOCYTE TRANSFORMATION				Medicare	\$81.72	\$50.67	\$49.03	000	999	-
86355	Q	B CELLS TOTAL COUNT				Medicare	\$62.88	\$38.99	\$37.73	000	999	-
86356	Q	MONONUCLEAR CELL ANTIGEN				Medicare	\$44.63	\$27.67	\$26.78	000	999	-
86357	Q	NK CELLS TOTAL COUNT				Medicare	\$62.88	\$38.99	\$37.73	000	999	-
86359	Q	T CELLS TOTAL COUNT				Medicare	\$62.88	\$38.99	\$37.73	000	999	-
86360	Q	T CELL ABSOLUTE COUNT/RATIO				Medicare	\$78.30	\$48.55	\$46.98	000	999	-
86361	Q	T CELL ABSOLUTE COUNT				Medicare	\$44.63	\$27.67	\$26.78	000	999	-
86367	Q	STEM CELLS TOTAL COUNT				Medicare	\$129.63	\$80.37	\$77.78	000	999	-
86376	Q	MICROSOMAL ANTIBODY EACH				Medicare	\$24.25	\$15.04	\$14.55	000	999	-
86382	Q	NEUTRALIZATION TEST VIRAL				Medicare	\$28.18	\$17.47	\$16.91	000	999	-
86384	Q	NITROBLUE TETRAZOLIUM DYE				Medicare	\$22.68	\$14.06	\$13.61	000	999	-
86386	Q	NUCLEAR MATRIX PROTEIN 22				Medicare	\$36.30	\$22.51	\$21.78	000	999	-
86403	Q	PARTICLE AGGLUT ANTBODY SCRIN				Medicare	\$19.23	\$11.92	\$11.54	000	999	-
86406	Q	PARTICLE AGGLUT ANTBODY TITR				Medicare	\$17.73	\$10.99	\$10.64	000	999	-
86408	M	NEUTRLZG ANTB SARSCOV2 SCR				Charge Ratio	\$0.00			000	999	-
86409	M	NEUTRLZG ANTB SARSCOV2 TITER				Charge Ratio	\$0.00			000	999	-

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86413	M	SARS-COV-2 ANTB QUANTITATIVE				Charge Ratio	\$0.00			000	999	-
86430	Q	RHEUMATOID FACTOR TEST QUAL				Medicare	\$10.23	\$6.34	\$6.14	000	999	-
86431	Q	RHEUMATOID FACTOR QUANT				Medicare	\$9.45	\$5.86	\$5.67	000	999	-
86480	Q	TB TEST CELL IMMUN MEASURE				Medicare	\$103.30	\$64.05	\$61.98	000	999	-
86481	Q	TB AG RESPONSE T-CELL SUSP				Medicare	\$166.67	\$103.34	\$100.00	000	999	-
86485	N	SKIN TEST CANDIDA		05731	0.2980	Bundled, sometimes payable	\$16.88			000	999	-
86486	N	SKIN TEST NOS ANTIGEN		05731	0.2980	Bundled, sometimes payable	\$16.88			000	999	-
86490	N	COCCIDIOIDOMYCOSIS SKIN TEST		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
86510	N	HISTOPLASMOSIS SKIN TEST		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
86580	N	TB INTRADERMAL TEST		05731	0.2980	Bundled, sometimes payable	\$16.88			000	999	-
86590	Q	STREPTOKINASE ANTIBODY				Medicare	\$21.10	\$13.08	\$12.66	000	999	-
86592	Q	SYPHILIS TEST NON-TREP QUAL				Medicare	\$7.12	\$4.41	\$4.27	000	999	-
86593	Q	SYPHILIS TEST NON-TREP QUANT				Medicare	\$7.33	\$4.54	\$4.40	000	999	-
86602	Q	ANTINOMYCES ANTIBODY				Medicare	\$16.97	\$10.52	\$10.18	000	999	-
86603	Q	ADENOVIRUS ANTIBODY				Medicare	\$21.45	\$13.30	\$12.87	000	999	-
86606	Q	ASPERGILLUS ANTIBODY				Medicare	\$25.08	\$15.55	\$15.05	000	999	-
86609	Q	BACTERIUM ANTIBODY				Medicare	\$21.47	\$13.31	\$12.88	000	999	-
86611	Q	BARTONELLA ANTIBODY				Medicare	\$16.97	\$10.52	\$10.18	000	999	-
86612	Q	BLASTOMYCES ANTIBODY				Medicare	\$21.50	\$13.33	\$12.90	000	999	-
86615	Q	BORDETELLA ANTIBODY				Medicare	\$21.98	\$13.63	\$13.19	000	999	-
86617	Q	LYME DISEASE ANTIBODY				Medicare	\$25.82	\$16.01	\$15.49	000	999	-
86618	Q	LYME DISEASE ANTIBODY				Medicare	\$28.38	\$17.60	\$17.03	000	999	-
86619	Q	BORRELIA ANTIBODY				Medicare	\$22.30	\$13.83	\$13.38	000	999	-
86622	Q	BRUCELLA ANTIBODY				Medicare	\$14.88	\$9.23	\$8.93	000	999	-
86625	Q	CAMPYLOBACTER ANTIBODY				Medicare	\$21.87	\$13.56	\$13.12	000	999	-
86628	Q	CANDIDA ANTIBODY				Medicare	\$20.02	\$12.41	\$12.01	000	999	-
86631	Q	CHLAMYDIA ANTIBODY				Medicare	\$19.70	\$12.21	\$11.82	000	999	-
86632	Q	CHLAMYDIA IGM ANTIBODY				Medicare	\$21.13	\$13.10	\$12.68	000	999	-
86635	Q	COCCIDIOIDES ANTIBODY				Medicare	\$19.12	\$11.85	\$11.47	000	999	-
86638	Q	Q FEVER ANTIBODY				Medicare	\$20.20	\$12.52	\$12.12	000	999	-
86641	Q	CRYPTOCOCCUS ANTIBODY				Medicare	\$24.02	\$14.89	\$14.41	000	999	-
86644	Q	CMV ANTIBODY				Medicare	\$23.98	\$14.87	\$14.39	000	999	-
86645	Q	CMV ANTIBODY IGM				Medicare	\$28.08	\$17.41	\$16.85	000	999	-
86648	Q	DIPHThERIA ANTIBODY				Medicare	\$25.35	\$15.72	\$15.21	000	999	-
86651	Q	ENCEPHALITIS CALIFORN ANTBODY				Medicare	\$21.98	\$13.63	\$13.19	000	999	-
86652	Q	ENCEPHALITIS EAST EQNE ANBDY				Medicare	\$21.98	\$13.63	\$13.19	000	999	-
86653	Q	ENCEPHALITIS ST LOUIS ANTBODY				Medicare	\$21.98	\$13.63	\$13.19	000	999	-
86654	Q	ENCEPHALITIS WEST EQNE ANTBODY				Medicare	\$21.98	\$13.63	\$13.19	000	999	-
86658	Q	ENTEROVIRUS ANTIBODY				Medicare	\$21.72	\$13.47	\$13.03	000	999	-
86663	Q	EPSTEIN-BARR ANTIBODY				Medicare	\$21.87	\$13.56	\$13.12	000	999	-
86664	Q	EPSTEIN-BARR NUCLEAR ANTIGEN				Medicare	\$25.48	\$15.80	\$15.29	000	999	-
86665	Q	EPSTEIN-BARR CAPSID VCA				Medicare	\$30.23	\$18.74	\$18.14	000	999	-
86666	Q	EHRlichIA ANTIBODY				Medicare	\$16.97	\$10.52	\$10.18	000	999	-
86668	Q	FRANCISELLA TULARENSIS				Medicare	\$23.60	\$14.63	\$14.16	000	999	-
86671	Q	FUNGUS NES ANTIBODY				Medicare	\$20.42	\$12.66	\$12.25	000	999	-
86674	Q	GIARDIA LAMBLIA ANTIBODY				Medicare	\$24.53	\$15.21	\$14.72	000	999	-
86677	Q	HELICOBACTER PYLORI ANTIBODY				Medicare	\$28.08	\$17.41	\$16.85	000	999	-
86682	Q	HELMINTH ANTIBODY				Medicare	\$21.68	\$13.44	\$13.01	000	999	-
86684	Q	HEMOPHILUS INFLUENZA ANTIBDY				Medicare	\$26.40	\$16.37	\$15.84	000	999	-
86687	Q	HTLV-I ANTIBODY				Medicare	\$15.15	\$9.39	\$9.09	000	999	-
86688	Q	HTLV-II ANTIBODY				Medicare	\$23.33	\$14.46	\$14.00	000	999	-
86689	Q	HTLV/HIV CONFIRMJ ANTIBODY				Medicare	\$32.25	\$20.00	\$19.35	000	999	-
86692	Q	HEPATITIS DELTA AGENT ANTBODY				Medicare	\$28.60	\$17.73	\$17.16	000	999	-
86694	Q	HERPES SIMPLEX NES ANTBODY				Medicare	\$23.98	\$14.87	\$14.39	000	999	-
86695	Q	HERPES SIMPLEX TYPE 1 TEST				Medicare	\$21.98	\$13.63	\$13.19	000	999	-
86696	Q	HERPES SIMPLEX TYPE 2 TEST				Medicare	\$32.25	\$20.00	\$19.35	000	999	-
86698	Q	HISTOPLASMA ANTIBODY				Medicare	\$22.98	\$14.25	\$13.79	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
86701	Q	HIV-1ANTIBODY				Medicare	\$14.82	\$9.19	\$8.89	000	999	-
86702	Q	HIV-2 ANTIBODY				Medicare	\$22.53	\$13.97	\$13.52	000	999	-
86703	Q	HIV-1/HIV-2 1 RESULT ANTBDY				Medicare	\$22.85	\$14.17	\$13.71	000	999	-
86704	Q	HEP B CORE ANTIBODY TOTAL				Medicare	\$20.08	\$12.45	\$12.05	000	999	-
86705	Q	HEP B CORE ANTIBODY IGM				Medicare	\$19.62	\$12.16	\$11.77	000	999	-
86706	Q	HEP B SURFACE ANTIBODY				Medicare	\$17.90	\$11.10	\$10.74	000	999	-
86707	Q	HEPATITIS BE ANTIBODY				Medicare	\$19.28	\$11.95	\$11.57	000	999	-
86708	Q	HEPATITIS A ANTIBODY				Medicare	\$20.65	\$12.80	\$12.39	000	999	-
86709	Q	HEPATITIS A IGM ANTIBODY				Medicare	\$18.77	\$11.64	\$11.26	000	999	-
86710	Q	INFLUENZA VIRUS ANTIBODY				Medicare	\$22.58	\$14.00	\$13.55	000	999	-
86711	Q	JOHN CUNNINGHAM ANTIBODY				Medicare	\$28.15	\$17.45	\$16.89	000	999	-
86713	Q	LEGIONELLA ANTIBODY				Medicare	\$25.50	\$15.81	\$15.30	000	999	-
86717	Q	LEISHMANIA ANTIBODY				Medicare	\$20.42	\$12.66	\$12.25	000	999	-
86720	Q	LEPTOSPIRA ANTIBODY				Medicare	\$27.00	\$16.74	\$16.20	000	999	-
86723	Q	LISTERIA MONOCYTOGENES				Medicare	\$21.98	\$13.63	\$13.19	000	999	-
86727	Q	LYMPH CHORIOMENINGITIS AB				Medicare	\$21.45	\$13.30	\$12.87	000	999	-
86732	Q	MUCORMYCOSIS ANTIBODY				Medicare	\$25.00	\$15.50	\$15.00	000	999	-
86735	Q	MUMPS ANTIBODY				Medicare	\$21.75	\$13.49	\$13.05	000	999	-
86738	Q	MYCOPLASMA ANTIBODY				Medicare	\$22.07	\$13.68	\$13.24	000	999	-
86741	Q	NEISSERIA MENINGITIDIS				Medicare	\$21.98	\$13.63	\$13.19	000	999	-
86744	Q	NOCARDIA ANTIBODY				Medicare	\$26.65	\$16.52	\$15.99	000	999	-
86747	Q	PARVOVIRUS ANTIBODY				Medicare	\$25.05	\$15.53	\$15.03	000	999	-
86750	Q	MALARIA ANTIBODY				Medicare	\$21.98	\$13.63	\$13.19	000	999	-
86753	Q	PROTOZOA ANTIBODY NOS				Medicare	\$20.65	\$12.80	\$12.39	000	999	-
86756	Q	RESPIRATORY VIRUS ANTIBODY				Medicare	\$26.48	\$16.42	\$15.89	000	999	-
86757	Q	RICKETTSIA ANTIBODY				Medicare	\$32.25	\$20.00	\$19.35	000	999	-
86759	Q	ROTAVIRUS ANTIBODY				Medicare	\$30.38	\$18.84	\$18.23	000	999	-
86762	Q	RUBELLA ANTIBODY				Medicare	\$23.98	\$14.87	\$14.39	000	999	-
86765	Q	RUBEOLA ANTIBODY				Medicare	\$21.47	\$13.31	\$12.88	000	999	-
86768	Q	SALMONELLA ANTIBODY				Medicare	\$21.98	\$13.63	\$13.19	000	999	-
86769	Q	SARS-COV-2 COVID-19 ANTIBODY				Medicare	\$70.22	\$43.54	\$42.13	000	999	-
86771	Q	SHIGELLA ANTIBODY				Medicare	\$40.80	\$25.30	\$24.48	000	999	-
86774	Q	TETANUS ANTIBODY				Medicare	\$24.67	\$15.30	\$14.80	000	999	-
86777	Q	TOXOPLASMA ANTIBODY				Medicare	\$23.98	\$14.87	\$14.39	000	999	-
86778	Q	TOXOPLASMA ANTIBODY IGM				Medicare	\$24.02	\$14.89	\$14.41	000	999	-
86780	Q	TREPONEMA PALLIDUM				Medicare	\$22.07	\$13.68	\$13.24	000	999	-
86784	Q	TRICHINELLA ANTIBODY				Medicare	\$20.93	\$12.98	\$12.56	000	999	-
86787	Q	VARICELLA-ZOSTER ANTIBODY				Medicare	\$21.47	\$13.31	\$12.88	000	999	-
86788	Q	WEST NILE VIRUS AB IGM				Medicare	\$28.08	\$17.41	\$16.85	000	999	-
86789	Q	WEST NILE VIRUS ANTIBODY				Medicare	\$23.98	\$14.87	\$14.39	000	999	-
86790	Q	VIRUS ANTIBODY NOS				Medicare	\$21.47	\$13.31	\$12.88	000	999	-
86793	Q	YERSINIA ANTIBODY				Medicare	\$21.98	\$13.63	\$13.19	000	999	-
86794	Q	ZIKA VIRUS IGM ANTIBODY				Medicare	\$28.08	\$17.41	\$16.85	000	999	-
86800	Q	THYROGLOBULIN ANTIBODY				Medicare	\$26.52	\$16.44	\$15.91	000	999	-
86803	Q	HEPATITIS C AB TEST				Medicare	\$23.78	\$14.74	\$14.27	000	999	-
86804	Q	HEP C AB TEST CONFIRM				Medicare	\$25.82	\$16.01	\$15.49	000	999	-
86805	Q	LYMPHOCYTOTOXICITY ASSAY				Medicare	\$315.85	\$195.83	\$189.51	000	999	-
86806	Q	LYMPHOCYTOTOXICITY ASSAY				Medicare	\$79.32	\$49.18	\$47.59	000	999	-
86807	Q	CYTOTOXIC ANTIBODY SCREENING				Medicare	\$131.08	\$81.27	\$78.65	000	999	-
86808	Q	CYTOTOXIC ANTIBODY SCREENING				Medicare	\$49.47	\$30.67	\$29.68	000	999	-
86812	Q	HLA TYPING A B OR C				Medicare	\$43.02	\$26.67	\$25.81	000	999	-
86813	Q	HLA TYPING A B OR C				Medicare	\$96.67	\$59.94	\$58.00	000	999	-
86816	Q	HLA TYPING DR/DQ				Medicare	\$50.28	\$31.17	\$30.17	000	999	-
86817	Q	HLA TYPING DR/DQ				Medicare	\$176.90	\$109.68	\$106.14	000	999	-
86821	Q	LYMPHOCYTE CULTURE MIXED				Medicare	\$60.93	\$37.78	\$36.56	000	999	-
86825	Q	HLA X-MATH NON-CYTOTOXIC				Medicare	\$182.48	\$113.14	\$109.49	000	999	-
86826	Q	HLA X-MATCH NONCYTOTOXC ADDL				Medicare	\$60.88	\$37.75	\$36.53	000	999	-

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Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
86828	Q	HLA CLASS I&II ANTIBODY QUAL				Medicare	\$106.98	\$66.33	\$64.19	000	999	-
86829	Q	HLA CLASS I/II ANTIBODY QUAL				Medicare	\$106.98	\$66.33	\$64.19	000	999	-
86830	Q	HLA CLASS I PHENOTYPE QUAL				Medicare	\$159.20	\$98.70	\$95.52	000	999	-
86831	Q	HLA CLASS II PHENOTYPE QUAL				Medicare	\$136.47	\$84.61	\$81.88	000	999	-
86832	Q	HLA CLASS I HIGH DEFIN QUAL				Medicare	\$539.58	\$334.54	\$323.75	000	999	-
86833	Q	HLA CLASS II HIGH DEFIN QUAL				Medicare	\$543.00	\$336.66	\$325.80	000	999	-
86834	Q	HLA CLASS I SEMIQUANT PANEL				Medicare	\$595.93	\$369.48	\$357.56	000	999	-
86835	Q	HLA CLASS II SEMIQUANT PANEL				Medicare	\$538.27	\$333.73	\$322.96	000	999	-
86849	N	IMMUNOLOGY PROCEDURE				Bundled	\$0.00			000	999	-
86850	N	RBC ANTIBODY SCREEN		05671	0.6010	Bundled, sometimes payable	\$16.28			000	999	-
86860	N	RBC ANTIBODY ELUTION		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
86870	N	RBC ANTIBODY IDENTIFICATION		05673	3.5177	Bundled, sometimes payable	\$199.24			000	999	-
86880	N	COOMBS TEST DIRECT		05733	0.6722	Bundled, sometimes payable	\$8.98			000	999	-
86885	N	COOMBS TEST INDIRECT QUAL		05672	1.8015	Bundled, sometimes payable	\$9.53			000	999	-
86886	N	COOMBS TEST INDIRECT TITER		05672	1.8015	Bundled, sometimes payable	\$8.63			000	999	-
86890	N	AUTOLOGOUS BLOOD PROCESS		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
86891	N	AUTOLOGOUS BLOOD OP SALVAGE		05674	7.9248	Bundled, sometimes payable	\$448.86			000	999	-
86900	N	BLOOD TYPING SEROLOGIC ABO		05734	1.3521	Bundled, sometimes payable	\$4.98			000	999	-
86901	N	BLOOD TYPING SEROLOGIC RH(D)		05732	0.4087	Bundled, sometimes payable	\$4.98			000	999	-
86902	N	BLOOD TYPE ANTIGEN DONOR EA		05673	3.5177	Bundled, sometimes payable	\$10.58			000	999	-
86904	N	BLOOD TYPING PATIENT SERUM		05732	0.4087	Bundled, sometimes payable	\$27.23			000	999	-
86905	N	BLOOD TYPING RBC ANTIGENS		05673	3.5177	Bundled, sometimes payable	\$6.38			000	999	-
86906	N	BLD TYPING SEROLOGIC RH PHNT		05732	0.4087	Bundled, sometimes payable	\$12.92			000	999	-
86910	E	BLOOD TYPING PATERNITY TEST				Not Allowed	\$0.00			000	999	-
86911	E	BLOOD TYPING ANTIGEN SYSTEM				Not Allowed	\$0.00			000	999	-
86920	N	COMPATIBILITY TEST SPIN		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
86921	N	COMPATIBILITY TEST INCUBATE		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
86922	N	COMPATIBILITY TEST ANTIGLOB		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
86923	N	COMPATIBILITY TEST ELECTRIC		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
86927	S	PLASMA FRESH FROZEN		05672	1.8015	APC	\$102.04			000	999	-
86930	N	FROZEN BLOOD PREP		05673	3.5177	Bundled, sometimes payable	\$199.24			000	999	-
86931	N	FROZEN BLOOD THAW		05673	3.5177	Bundled, sometimes payable	\$199.24			000	999	-
86932	N	FROZEN BLOOD FREEZE/THAW		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
86940	Q	HEMOLYSINS/AGGLUTININS AUTO				Medicare	\$14.62	\$9.06	\$8.77	000	999	-
86941	Q	HEMOLYSINS/AGGLUTININS				Medicare	\$20.18	\$12.51	\$12.11	000	999	-
86945	N	BLOOD PRODUCT/IRRADIATION		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
86950	N	LEUKACYTE TRANSFUSION		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
86960	N	VOL REDUCTION OF BLOOD/PROD		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
86965	N	POOLING BLOOD PLATELETS		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
86970	N	RBC PRETX INCUBATJ W/CHEMICAL		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
86971	N	RBC PRETX INCUBATJ W/ENZYMES		05673	3.5177	Bundled, sometimes payable	\$199.24			000	999	-
86972	N	RBC PRETX INCUBATJ W/DENSITY		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
86975	N	RBC SERUM PRETX INCUBJ DRUGS		05735	3.2637	Bundled, sometimes payable	\$184.86			000	999	-
86976	N	RBC SERUM PRETX ID DILUTION		05731	0.2980	Bundled, sometimes payable	\$16.88			000	999	-
86977	N	RBC SERUM PRETX INCUBJ/INHIB		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
86978	N	RBC PRETREATMENT SERUM		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
86985	N	SPLIT BLOOD OR PRODUCTS		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
86999	N	TRANSFUSION PROCEDURE		05731	0.2980	Bundled, sometimes payable	\$16.88			000	999	-
87003	Q	SMALL ANIMAL INOCULATION				Medicare	\$28.07	\$17.40	\$16.84	000	999	-
87015	Q	SPECIMEN INFECT AGNT CONCNTJ				Medicare	\$11.13	\$6.90	\$6.68	000	999	-
87040	Q	BLOOD CULTURE FOR BACTERIA				Medicare	\$17.20	\$10.66	\$10.32	000	999	-
87045	Q	FECES CULTURE AEROBIC BACT				Medicare	\$15.73	\$9.75	\$9.44	000	999	-
87046	Q	STOOL CULTR AEROBIC BACT EA				Medicare	\$15.73	\$9.75	\$9.44	000	999	-
87070	Q	CULTURE OTHR SPECIMN AEROBIC				Medicare	\$14.37	\$8.91	\$8.62	000	999	-
87071	Q	CULTURE AEROBIC QUANT OTHER				Medicare	\$16.48	\$10.22	\$9.89	000	999	-
87073	Q	CULTURE BACTERIA ANAEROBIC				Medicare	\$16.10	\$9.98	\$9.66	000	999	-
87075	Q	CULTR BACTERIA EXCEPT BLOOD				Medicare	\$15.78	\$9.78	\$9.47	000	999	-

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87076	Q	CULTURE ANAEROBE IDENT EACH				Medicare	\$13.47	\$8.35	\$8.08	000	999	-
87077	Q	CULTURE AEROBIC IDENTIFY				Medicare	\$13.47	\$8.35	\$8.08	000	999	-
87081	Q	CULTURE SCREEN ONLY				Medicare	\$11.05	\$6.85	\$6.63	000	999	-
87084	Q	CULTURE OF SPECIMEN BY KIT				Medicare	\$45.12	\$27.97	\$27.07	000	999	-
87086	Q	URINE CULTURE/COLONY COUNT				Medicare	\$13.45	\$8.34	\$8.07	000	999	-
87088	Q	URINE BACTERIA CULTURE				Medicare	\$13.48	\$8.36	\$8.09	000	999	-
87101	Q	SKIN FUNGI CULTURE				Medicare	\$12.85	\$7.97	\$7.71	000	999	-
87102	Q	FUNGUS ISOLATION CULTURE				Medicare	\$14.02	\$8.69	\$8.41	000	999	-
87103	Q	BLOOD FUNGUS CULTURE				Medicare	\$34.10	\$21.14	\$20.46	000	999	-
87106	Q	FUNGI IDENTIFICATION YEAST				Medicare	\$17.20	\$10.66	\$10.32	000	999	-
87107	Q	FUNGI IDENTIFICATION MOLD				Medicare	\$17.20	\$10.66	\$10.32	000	999	-
87109	Q	MYCOPLASMA				Medicare	\$25.65	\$15.90	\$15.39	000	999	-
87110	Q	CHLAMYDIA CULTURE				Medicare	\$32.67	\$20.26	\$19.60	000	999	-
87116	Q	MYCOBACTERIA CULTURE				Medicare	\$18.00	\$11.16	\$10.80	000	999	-
87118	Q	MYCOBACTERIC IDENTIFICATION				Medicare	\$24.35	\$15.10	\$14.61	000	999	-
87140	Q	CULTURE TYPE IMMUNOFLUORESC				Medicare	\$9.28	\$5.75	\$5.57	000	999	-
87143	Q	CULTURE TYPING GLC/HPLC				Medicare	\$20.87	\$12.94	\$12.52	000	999	-
87147	Q	CULTURE TYPE IMMUNOLOGIC				Medicare	\$8.63	\$5.35	\$5.18	000	999	-
87149	Q	DNA/RNA DIRECT PROBE				Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87150	Q	DNA/RNA AMPLIFIED PROBE				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87152	Q	CULTURE TYPE PULSE FIELD GEL				Medicare	\$12.90	\$8.00	\$7.74	000	999	-
87153	Q	DNA/RNA SEQUENCING				Medicare	\$192.27	\$119.21	\$115.36	000	999	-
87158	Q	CULTURE TYPING ADDED METHOD				Medicare	\$12.90	\$8.00	\$7.74	000	999	-
87164	Q	DARK FIELD EXAMINATION				Medicare	\$17.90	\$11.10	\$10.74	000	999	-
87166	Q	DARK FIELD EXAMINATION				Medicare	\$18.83	\$11.67	\$11.30	000	999	-
87168	Q	MACROSCOPIC EXAM ARTHROPOD				Medicare	\$7.12	\$4.41	\$4.27	000	999	-
87169	Q	MACROSCOPIC EXAM PARASITE				Medicare	\$7.18	\$4.45	\$4.31	000	999	-
87172	Q	PINWORM EXAM				Medicare	\$7.12	\$4.41	\$4.27	000	999	-
87176	Q	TISSUE HOMOGENIZATION CULTR				Medicare	\$9.80	\$6.08	\$5.88	000	999	-
87177	Q	OVA AND PARASITES SMEARS				Medicare	\$14.83	\$9.19	\$8.90	000	999	-
87181	Q	MICROBE SUSCEPTIBLE DIFFUSE				Medicare	\$7.92	\$4.91	\$4.75	000	999	-
87184	Q	MICROBE SUSCEPTIBLE DISK				Medicare	\$12.47	\$7.73	\$7.48	000	999	-
87185	Q	MICROBE SUSCEPTIBLE ENZYME				Medicare	\$7.92	\$4.91	\$4.75	000	999	-
87186	Q	MICROBE SUSCEPTIBLE MIC				Medicare	\$14.42	\$8.94	\$8.65	000	999	-
87187	Q	MICROBE SUSCEPTIBLE MLC				Medicare	\$66.95	\$41.51	\$40.17	000	999	-
87188	Q	MICROBE SUSCEPT MACROBROTH				Medicare	\$11.07	\$6.86	\$6.64	000	999	-
87190	Q	MICROBE SUSCEPT MYCOBACTERI				Medicare	\$12.18	\$7.55	\$7.31	000	999	-
87197	Q	BACTERICIDAL LEVEL SERUM				Medicare	\$25.03	\$15.52	\$15.02	000	999	-
87205	Q	SMEAR GRAM STAIN				Medicare	\$7.12	\$4.41	\$4.27	000	999	-
87206	Q	SMEAR FLUORESCENT/ACID STAI				Medicare	\$8.98	\$5.57	\$5.39	000	999	-
87207	Q	SMEAR SPECIAL STAIN				Medicare	\$9.98	\$6.19	\$5.99	000	999	-
87209	Q	SMEAR COMPLEX STAIN				Medicare	\$29.97	\$18.58	\$17.98	000	999	-
87210	Q	SMEAR WET MOUNT SALINE/INK				Medicare	\$9.70	\$6.01	\$5.82	000	999	-
87220	Q	TISSUE EXAM FOR FUNGI				Medicare	\$7.12	\$4.41	\$4.27	000	999	-
87230	Q	ASSAY TOXIN OR ANTITOXIN				Medicare	\$32.90	\$20.40	\$19.74	000	999	-
87250	Q	VIRUS INOCULATE EGGS/ANIMAL				Medicare	\$32.60	\$20.21	\$19.56	000	999	-
87252	Q	VIRUS INOCULATION TISSUE				Medicare	\$43.45	\$26.94	\$26.07	000	999	-
87253	Q	VIRUS INOCULATE TISSUE ADDL				Medicare	\$33.67	\$20.88	\$20.20	000	999	-
87254	Q	VIRUS INOCULATION SHELL VIA				Medicare	\$32.60	\$20.21	\$19.56	000	999	-
87255	Q	GENET VIRUS ISOLATE HSV				Medicare	\$56.43	\$34.99	\$33.86	000	999	-
87260	Q	ADENOVIRUS AG IF				Medicare	\$24.05	\$14.91	\$14.43	000	999	-
87265	Q	PERTUSSIS AG IF				Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87267	Q	ENTEROVIRUS ANTIBODY DFA				Medicare	\$22.37	\$13.87	\$13.42	000	999	-
87269	Q	GIARDIA AG IF				Medicare	\$22.68	\$14.06	\$13.61	000	999	-
87270	Q	CHLAMYDIA TRACHOMATIS AG IF				Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87271	Q	CYTOMEGALOVIRUS DFA				Medicare	\$22.37	\$13.87	\$13.42	000	999	-
87272	Q	CRYPTOSPORIDIUM AG IF				Medicare	\$19.97	\$12.38	\$11.98	000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
87273	Q	HERPES SIMPLEX 2 AG IF				Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87274	Q	HERPES SIMPLEX 1 AG IF				Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87275	Q	INFLUENZA B AG IF				Medicare	\$20.42	\$12.66	\$12.25	000	999	-
87276	Q	INFLUENZA A AG IF				Medicare	\$26.78	\$16.60	\$16.07	000	999	-
87278	Q	LEGION PNEUMOPHILIA AG IF				Medicare	\$26.00	\$16.12	\$15.60	000	999	-
87279	Q	PARAINFLUENZA AG IF				Medicare	\$27.38	\$16.98	\$16.43	000	999	-
87280	Q	RESPIRATORY SYNCYTIAL AG IF				Medicare	\$22.37	\$13.87	\$13.42	000	999	-
87281	Q	PNEUMOCYSTIS CARINII AG IF				Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87283	Q	RUBEOLA AG IF				Medicare	\$101.33	\$62.82	\$60.80	000	999	-
87285	Q	TREPONEMA PALLIDUM AG IF				Medicare	\$20.30	\$12.59	\$12.18	000	999	-
87290	Q	VARICELLA ZOSTER AG IF				Medicare	\$22.37	\$13.87	\$13.42	000	999	-
87299	Q	ANTIBODY DETECTION NOS IF				Medicare	\$26.83	\$16.63	\$16.10	000	999	-
87300	Q	AG DETECTION POLYVAL IF				Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87301	Q	ADENOVIRUS AG IA				Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87305	Q	ASPERGILLUS AG IA				Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87320	Q	CHYLMD TRACH AG IA				Medicare	\$25.00	\$15.50	\$15.00	000	999	-
87324	Q	CLOSTRIDIUM AG IA				Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87327	Q	CRYPTOCOCCUS NEOFORM AG IA				Medicare	\$22.37	\$13.87	\$13.42	000	999	-
87328	Q	CRYPTOSPORIDIUM AG IA				Medicare	\$23.03	\$14.28	\$13.82	000	999	-
87329	Q	GIARDIA AG IA				Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87332	Q	CYTOMEGALOVIRUS AG IA				Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87335	Q	E COLI 0157 AG IA				Medicare	\$21.10	\$13.08	\$12.66	000	999	-
87336	Q	ENTAMOEB HIST DISPR AG IA				Medicare	\$26.67	\$16.54	\$16.00	000	999	-
87337	Q	ENTAMOEB HIST GROUP AG IA				Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87338	Q	HPYLORI STOOL AG IA				Medicare	\$23.97	\$14.86	\$14.38	000	999	-
87339	Q	H PYLORI AG IA				Medicare	\$26.67	\$16.54	\$16.00	000	999	-
87340	Q	HEPATITIS B SURFACE AG IA				Medicare	\$17.22	\$10.68	\$10.33	000	999	-
87341	Q	HEPATITIS B SURFACE AG IA				Medicare	\$17.22	\$10.68	\$10.33	000	999	-
87350	Q	HEPATITIS BE AG IA				Medicare	\$19.22	\$11.92	\$11.53	000	999	-
87380	Q	HEPATITIS DELTA AGENT AG IA				Medicare	\$30.60	\$18.97	\$18.36	000	999	-
87385	Q	HISTOPLASMA CAPSUL AG IA				Medicare	\$22.08	\$13.69	\$13.25	000	999	-
87389	Q	HIV-1 AG W/HIV-1&2 AB AG IA				Medicare	\$40.13	\$24.88	\$24.08	000	999	-
87390	Q	HIV-1 AG IA				Medicare	\$40.10	\$24.86	\$24.06	000	999	-
87391	Q	HIV-2 AG IA				Medicare	\$36.50	\$22.63	\$21.90	000	999	-
87400	Q	INFLUENZA A/B EACH AG IA				Medicare	\$23.55	\$14.60	\$14.13	000	999	-
87420	Q	RESP SYNCYTIAL VIRUS AG IA				Medicare	\$23.18	\$14.37	\$13.91	000	999	-
87425	Q	ROTAVIRUS AG IA				Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87426	M	SARSCOV CORONAVIRUS AG IA				Charge Ratio	\$0.00			000	999	-
87427	Q	SHIGA-LIKE TOXIN AG IA				Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87428	M	SARSCOV & INF VIR A&B AG IA				Charge Ratio	\$0.00			000	999	-
87430	Q	STREP A AG IA				Medicare	\$28.02	\$17.37	\$16.81	000	999	-
87449	Q	NOS EACH ORGANISM AG IA				Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87451	Q	POLYVALENT MULT ORG EA AG IA				Medicare	\$17.52	\$10.86	\$10.51	000	999	-
87471	Q	BARTONELLA DNA AMP PROBE				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87472	Q	BARTONELLA DNA QUANT				Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87475	Q	LYME DIS DNA DIR PROBE				Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87476	Q	LYME DIS DNA AMP PROBE				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87480	Q	CANDIDA DNA DIR PROBE				Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87481	Q	CANDIDA DNA AMP PROBE				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87482	Q	CANDIDA DNA QUANT				Medicare	\$92.90	\$57.60	\$55.74	000	999	-
87483	Q	CNS DNA AMP PROBE TYPE 12-25				Medicare	\$694.63	\$430.67	\$416.78	000	999	-
87485	Q	CHYLMD PNEUM DNA DIR PROBE				Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87486	Q	CHYLMD PNEUM DNA AMP PROBE				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87487	Q	CHYLMD PNEUM DNA QUANT				Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87490	Q	CHYLMD TRACH DNA DIR PROBE				Medicare	\$37.92	\$23.51	\$22.75	000	999	-
87491	Q	CHYLMD TRACH DNA AMP PROBE				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87492	Q	CHYLMD TRACH DNA QUANT				Medicare	\$89.12	\$55.25	\$53.47	000	999	-

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Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
87493	Q	C DIFF AMPLIFIED PROBE				Medicare	\$62.12	\$38.51	\$37.27	000	999	-
87495	Q	CYTOMEG DNA DIR PROBE				Medicare	\$50.05	\$31.03	\$30.03	000	999	-
87496	Q	CYTOMEG DNA AMP PROBE				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87497	Q	CYTOMEG DNA QUANT				Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87498	Q	ENTEROVIRUS PROBE&REVRS TRNS				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87500	Q	VANOMYCIN DNA AMP PROBE				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87501	Q	INFLUENZA DNA AMP PROB 1+				Medicare	\$85.52	\$53.02	\$51.31	000	999	-
87502	Q	INFLUENZA DNA AMP PROBE				Medicare	\$159.67	\$99.00	\$95.80	000	999	-
87503	Q	INFLUENZA DNA AMP PROB ADDL				Medicare	\$48.70	\$30.19	\$29.22	000	999	-
87505	Q	NFCT AGENT DETECTION GI				Medicare	\$213.82	\$132.57	\$128.29	000	999	-
87506	Q	IADNA-DNA/RNA PROBE TQ 6-11				Medicare	\$438.32	\$271.76	\$262.99	000	999	-
87507	Q	IADNA-DNA/RNA PROBE TQ 12-25				Medicare	\$694.63	\$430.67	\$416.78	000	999	-
87510	Q	GARDNER VAG DNA DIR PROBE				Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87511	Q	GARDNER VAG DNA AMP PROBE				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87512	Q	GARDNER VAG DNA QUANT				Medicare	\$69.60	\$43.15	\$41.76	000	999	-
87516	Q	HEPATITIS B DNA AMP PROBE				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87517	Q	HEPATITIS B DNA QUANT				Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87520	Q	HEPATITIS C RNA DIR PROBE				Medicare	\$52.03	\$32.26	\$31.22	000	999	-
87521	Q	HEPATITIS C PROBE&RVRS TRNSC				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87522	Q	HEPATITIS C REVRS TRNSCRPJ				Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87525	Q	HEPATITIS G DNA DIR PROBE				Medicare	\$49.67	\$30.80	\$29.80	000	999	-
87526	Q	HEPATITIS G DNA AMP PROBE				Medicare	\$65.43	\$40.57	\$39.26	000	999	-
87527	Q	HEPATITIS G DNA QUANT				Medicare	\$69.60	\$43.15	\$41.76	000	999	-
87528	Q	HSV DNA DIR PROBE				Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87529	Q	HSV DNA AMP PROBE				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87530	Q	HSV DNA QUANT				Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87531	Q	HHV-6 DNA DIR PROBE				Medicare	\$96.67	\$59.94	\$58.00	000	999	-
87532	Q	HHV-6 DNA AMP PROBE				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87533	Q	HHV-6 DNA QUANT				Medicare	\$69.60	\$43.15	\$41.76	000	999	-
87534	Q	HIV-1 DNA DIR PROBE				Medicare	\$36.53	\$22.65	\$21.92	000	999	-
87535	Q	HIV-1 PROBE&REVERSE TRNSCRPJ				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87536	Q	HIV-1 QUANT&REVRSE TRNSCRPJ				Medicare	\$141.83	\$87.93	\$85.10	000	999	-
87537	Q	HIV-2 DNA DIR PROBE				Medicare	\$36.53	\$22.65	\$21.92	000	999	-
87538	Q	HIV-2 PROBE&REVRSE TRNSCRIPJ				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87539	Q	HIV-2 QUANT&REVRSE TRNSCRIPJ				Medicare	\$97.70	\$60.57	\$58.62	000	999	-
87540	Q	LEGION PNEUMO DNA DIR PROB				Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87541	Q	LEGION PNEUMO DNA AMP PROB				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87542	Q	LEGION PNEUMO DNA QUANT				Medicare	\$69.60	\$43.15	\$41.76	000	999	-
87550	Q	MYCOBACTERIA DNA DIR PROBE				Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87551	Q	MYCOBACTERIA DNA AMP PROBE				Medicare	\$80.40	\$49.85	\$48.24	000	999	-
87552	Q	MYCOBACTERIA DNA QUANT				Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87555	Q	M.TUBERCULO DNA DIR PROBE				Medicare	\$44.80	\$27.78	\$26.88	000	999	-
87556	Q	M.TUBERCULO DNA AMP PROBE				Medicare	\$69.47	\$43.07	\$41.88	000	999	-
87557	Q	M.TUBERCULO DNA QUANT				Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87560	Q	M.AVIUM-INTRA DNA DIR PROB				Medicare	\$45.48	\$28.20	\$27.29	000	999	-
87561	Q	M.AVIUM-INTRA DNA AMP PROB				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87562	Q	M.AVIUM-INTRA DNA QUANT				Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87563	N	M. GENITALIUM AMP PROBE				Bundled, sometimes payable	\$58.48			000	999	-
87580	Q	M.PNEUMON DNA DIR PROBE				Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87581	Q	M.PNEUMON DNA AMP PROBE				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87582	Q	M.PNEUMON DNA QUANT				Medicare	\$504.37	\$312.71	\$302.62	000	999	-
87590	Q	N.GONORRHOEAE DNA DIR PROB				Medicare	\$44.80	\$27.78	\$26.88	000	999	-
87591	Q	N.GONORRHOEAE DNA AMP PROB				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87592	Q	N.GONORRHOEAE DNA QUANT				Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87623	Q	HPV LOW-RISK TYPES				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87624	Q	HPV HIGH-RISK TYPES				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87625	Q	HPV TYPES 16 & 18 ONLY				Medicare	\$67.58	\$41.90	\$40.55	000	999	-

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Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
87631	Q	RESP VIRUS 3-5 TARGETS				Medicare	\$237.72	\$147.39	\$142.63	000	999	-
87632	Q	RESP VIRUS 6-11 TARGETS				Medicare	\$363.43	\$225.33	\$218.06	000	999	-
87633	Q	RESP VIRUS 12-25 TARGETS				Medicare	\$694.63	\$430.67	\$416.78	000	999	-
87634	Q	RSV DNA/RNA AMP PROBE				Medicare	\$117.00	\$72.54	\$70.20	000	999	-
87635	Q	SARS-COV-2 COVID-19 AMP PRB				Medicare	\$85.52	\$53.02	\$51.31	000	999	-
87636	M	SARSCOV2 & INF A&B AMP PRB				Charge Ratio	\$0.00			000	999	-
87637	M	SARSCOV2&INF A&B&RSV AMP PRB				Charge Ratio	\$0.00			000	999	-
87640	Q	STAPH A DNA AMP PROBE				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87641	Q	MR-STAPH DNA AMP PROBE				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87650	Q	STREP A DNA DIR PROBE				Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87651	Q	STREP A DNA AMP PROBE				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87652	Q	STREP A DNA QUANT				Medicare	\$69.60	\$43.15	\$41.76	000	999	-
87653	Q	STREP B DNA AMP PROBE				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87660	Q	TRICHOMONAS VAGIN DIR PROBE				Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87661	Q	TRICHOMONAS VAGINALIS AMPLIF				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87662	Q	ZIKA VIRUS DNA/RNA AMP PROBE				Medicare	\$85.52	\$53.02	\$51.31	000	999	-
87797	Q	DETECT AGENT NOS DNA DIR				Medicare	\$50.05	\$31.03	\$30.03	000	999	-
87798	Q	DETECT AGENT NOS DNA AMP				Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87799	Q	DETECT AGENT NOS DNA QUANT				Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87800	Q	DETECT AGNT MULT DNA DIREC				Medicare	\$72.78	\$45.12	\$43.67	000	999	-
87801	Q	DETECT AGNT MULT DNA AMPLI				Medicare	\$117.00	\$72.54	\$70.20	000	999	-
87802	Q	STREP B ASSAY W/OPTIC				Medicare	\$21.22	\$13.16	\$12.73	000	999	-
87803	Q	CLOSTRIDIUM TOXIN A W/OPTIC				Medicare	\$26.67	\$16.54	\$16.00	000	999	-
87804	Q	INFLUENZA ASSAY W/OPTIC				Medicare	\$27.58	\$17.10	\$16.55	000	999	-
87806	Q	HIV W/HIV1&2 ANTB W/OPTIC				Medicare	\$54.62	\$33.86	\$32.77	000	999	-
87807	Q	RSV ASSAY W/OPTIC				Medicare	\$21.83	\$13.53	\$13.10	000	999	-
87808	Q	TRICHOMONAS ASSAY W/OPTIC				Medicare	\$25.48	\$15.80	\$15.29	000	999	-
87809	Q	ADENOVIRUS ASSAY W/OPTIC				Medicare	\$36.27	\$22.49	\$21.76	000	999	-
87810	Q	CHYLMD TRACH ASSAY W/OPTIC				Medicare	\$58.82	\$36.47	\$35.29	000	999	-
87811	M	SARS-COV-2 COVID19 W/OPTIC				Charge Ratio	\$0.00			000	999	-
87850	Q	N. GONORRHOEAE ASSAY W/OPTIC				Medicare	\$40.93	\$25.38	\$24.56	000	999	-
87880	Q	STREP A ASSAY W/OPTIC				Medicare	\$27.55	\$17.08	\$16.53	000	999	-
87899	Q	AGENT NOS ASSAY W/OPTIC				Medicare	\$26.78	\$16.60	\$16.07	000	999	-
87900	Q	PHENOTYPE INFECT AGENT DRUG				Medicare	\$217.25	\$134.70	\$130.35	000	999	-
87901	Q	GENOTYPE DNA HIV REVERSE T				Medicare	\$429.08	\$266.03	\$257.45	000	999	-
87902	Q	GENOTYPE DNA/RNA HEP C				Medicare	\$429.08	\$266.03	\$257.45	000	999	-
87903	Q	PHENOTYPE DNA HIV W/CULTURE				Medicare	\$814.43	\$504.95	\$488.66	000	999	-
87904	Q	PHENOTYPE DNA HIV W/CLT ADD				Medicare	\$43.45	\$26.94	\$26.07	000	999	-
87905	Q	SIALIDASE ENZYME ASSAY				Medicare	\$20.37	\$12.63	\$12.22	000	999	-
87906	Q	GENOTYPE DNA/RNA HIV				Medicare	\$214.55	\$133.02	\$128.73	000	999	-
87910	Q	GENOTYPE CYTOMEGALOVIRUS				Medicare	\$429.08	\$266.03	\$257.45	000	999	-
87912	Q	GENOTYPE DNA HEPATITIS B				Medicare	\$429.08	\$266.03	\$257.45	000	999	-
87999	N	MICROBIOLOGY PROCEDURE				Bundled	\$0.00			000	999	-
88000	E	AUTOPSY (NECROPSY) GROSS				Not Allowed	\$0.00			000	999	-
88005	E	AUTOPSY (NECROPSY) GROSS				Not Allowed	\$0.00			000	999	-
88007	E	AUTOPSY (NECROPSY) GROSS				Not Allowed	\$0.00			000	999	-
88012	E	AUTOPSY (NECROPSY) GROSS				Not Allowed	\$0.00			000	999	-
88014	E	AUTOPSY (NECROPSY) GROSS				Not Allowed	\$0.00			000	999	-
88016	E	AUTOPSY (NECROPSY) GROSS				Not Allowed	\$0.00			000	999	-
88020	E	AUTOPSY (NECROPSY) COMPLETE				Not Allowed	\$0.00			000	999	-
88025	E	AUTOPSY (NECROPSY) COMPLETE				Not Allowed	\$0.00			000	999	-
88027	E	AUTOPSY (NECROPSY) COMPLETE				Not Allowed	\$0.00			000	999	-
88028	E	AUTOPSY (NECROPSY) COMPLETE				Not Allowed	\$0.00			000	999	-
88029	E	AUTOPSY (NECROPSY) COMPLETE				Not Allowed	\$0.00			000	999	-
88036	E	LIMITED AUTOPSY				Not Allowed	\$0.00			000	999	-
88037	E	LIMITED AUTOPSY				Not Allowed	\$0.00			000	999	-
88040	E	FORENSIC AUTOPSY (NECROPSY)				Not Allowed	\$0.00			000	999	-

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88045	E	CORONERS AUTOPSY (NECROPSY)				Not Allowed	\$0.00			000	999	-
88099	E	NECROPSY (AUTOPSY) PROCEDURE				Not Allowed	\$0.00			000	999	-
88104	N	CYTOPATH FL NONGYN SMEARS		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
88106	N	CYTOPATH FL NONGYN FILTER		05731	0.2980	Bundled, sometimes payable	\$16.88			000	999	-
88108	N	CYTOPATH CONCENTRATE TECH		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
88112	N	CYTOPATH CELL ENHANCE TECH		05671	0.6010	Bundled, sometimes payable	\$34.04			000	999	-
88120	N	CYTP URNE 3-5 PROBES EA SPEC		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
88121	N	CYTP URINE 3-5 PROBES CMPTR		05673	3.5177	Bundled, sometimes payable	\$199.24			000	999	-
88125	N	FORENSIC CYTOPATHOLOGY		05671	0.6010	Bundled, sometimes payable	\$34.04			000	999	-
88130	Q	SEX CHROMATIN IDENTIFICATION				Medicare	\$29.97	\$18.58	\$17.98	000	999	-
88140	Q	SEX CHROMATIN IDENTIFICATION				Medicare	\$13.32	\$8.26	\$7.99	000	999	-
88141	N	CYTOPATH C/V INTERPRET				Bundled	\$0.00			000	999	-
88142	Q	CYTOPATH C/V THIN LAYER				Medicare	\$33.77	\$20.94	\$20.26	000	999	-
88143	Q	CYTOPATH C/V THIN LAYER REDO				Medicare	\$38.40	\$23.81	\$23.04	000	999	-
88147	Q	CYTOPATH C/V AUTOMATED				Medicare	\$84.27	\$52.25	\$50.56	000	999	-
88148	Q	CYTOPATH C/V AUTO RESCREEN				Medicare	\$26.67	\$16.54	\$16.00	000	999	-
88150	Q	CYTOPATH C/V MANUAL				Medicare	\$25.25	\$15.66	\$15.15	000	999	-
88152	Q	CYTOPATH C/V AUTO REDO				Medicare	\$46.07	\$28.56	\$27.64	000	999	-
88153	Q	CYTOPATH C/V REDO				Medicare	\$40.05	\$24.83	\$24.03	000	999	-
88155	Q	CYTOPATH C/V INDEX ADD-ON				Medicare	\$24.42	\$15.14	\$14.65	000	999	-
88160	N	CYTOPATH SMEAR OTHER SOURCE		05731	0.2980	Bundled, sometimes payable	\$16.88			000	999	-
88161	N	CYTOPATH SMEAR OTHER SOURCE		05731	0.2980	Bundled, sometimes payable	\$16.88			000	999	-
88162	N	CYTOPATH SMEAR OTHER SOURCE		05671	0.6010	Bundled, sometimes payable	\$34.04			000	999	-
88164	Q	CYTOPATH TBS C/V MANUAL				Medicare	\$25.25	\$15.66	\$15.15	000	999	-
88165	Q	CYTOPATH TBS C/V REDO				Medicare	\$70.37	\$43.63	\$42.22	000	999	-
88166	Q	CYTOPATH TBS C/V AUTO REDO				Medicare	\$25.25	\$15.66	\$15.15	000	999	-
88167	Q	CYTOPATH TBS C/V SELECT				Medicare	\$25.25	\$15.66	\$15.15	000	999	-
88172	N	CYTP DX EVAL FNA 1ST EA SITE		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
88173	N	CYTOPATH EVAL FNA REPORT		05671	0.6010	Bundled, sometimes payable	\$34.04			000	999	-
88174	Q	CYTOPATH C/V AUTO IN FLUID				Medicare	\$42.28	\$26.21	\$25.37	000	999	-
88175	Q	CYTOPATH C/V AUTO FLUID REDO				Medicare	\$44.35	\$27.50	\$26.61	000	999	-
88177	N	CYTP FNA EVAL EA ADDL				Bundled	\$0.00			000	999	-
88182	N	CELL MARKER STUDY		05671	0.6010	Bundled, sometimes payable	\$34.04			000	999	-
88184	N	FLOWCYTOMETRY/ TC 1 MARKER		05673	3.5177	Bundled, sometimes payable	\$199.24			000	999	-
88185	N	FLOWCYTOMETRY/TC ADD-ON				Bundled	\$0.00			000	999	-
88187	E	FLOWCYTOMETRY/READ 2-8				Not Allowed	\$0.00			000	999	-
88188	E	FLOWCYTOMETRY/READ 9-15				Not Allowed	\$0.00			000	999	-
88189	E	FLOWCYTOMETRY/READ 16 & >				Not Allowed	\$0.00			000	999	-
88199	N	CYTOPATHOLOGY PROCEDURE		05671	0.6010	Bundled, sometimes payable	\$34.04			000	999	-
88230	Q	TISSUE CULTURE LYMPHOCYTE				Medicare	\$194.15	\$120.37	\$116.49	000	999	-
88233	Q	TISSUE CULTURE SKIN/BIOPSY				Medicare	\$234.55	\$145.42	\$140.73	000	999	-
88235	Q	TISSUE CULTURE PLACENTA				Medicare	\$250.50	\$155.31	\$150.30	000	999	-
88237	Q	TISSUE CULTURE BONE MARROW				Medicare	\$239.58	\$148.54	\$143.75	000	999	-
88239	Q	TISSUE CULTURE TUMOR				Medicare	\$245.87	\$152.44	\$147.52	000	999	-
88240	Q	CELL CRYOPRESERVE/STORAGE				Medicare	\$21.78	\$13.50	\$13.07	000	999	-
88241	Q	FROZEN CELL PREPARATION				Medicare	\$20.15	\$12.49	\$12.09	000	999	-
88245	Q	CHROMOSOME ANALYSIS 20-25				Medicare	\$288.62	\$178.94	\$173.17	000	999	-
88248	Q	CHROMOSOME ANALYSIS 50-100				Medicare	\$288.62	\$178.94	\$173.17	000	999	-
88249	Q	CHROMOSOME ANALYSIS 100				Medicare	\$288.62	\$178.94	\$173.17	000	999	-
88261	Q	CHROMOSOME ANALYSIS 5				Medicare	\$440.57	\$273.15	\$264.34	000	999	-
88262	Q	CHROMOSOME ANALYSIS 15-20				Medicare	\$209.15	\$129.67	\$125.49	000	999	-
88263	Q	CHROMOSOME ANALYSIS 45				Medicare	\$250.48	\$155.30	\$150.29	000	999	-
88264	Q	CHROMOSOME ANALYSIS 20-25				Medicare	\$241.02	\$149.43	\$144.61	000	999	-
88267	Q	CHROMOSOME ANALYS PLACENTA				Medicare	\$314.28	\$194.85	\$188.57	000	999	-
88269	Q	CHROMOSOME ANALYS AMNIOTIC				Medicare	\$289.43	\$179.45	\$173.66	000	999	-
88271	Q	CYTOGENETICS DNA PROBE				Medicare	\$35.70	\$22.13	\$21.42	000	999	-
88272	Q	CYTOGENETICS 3-5				Medicare	\$67.83	\$42.05	\$40.70	000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
88273	Q	CYTOGENETICS 10-30				Medicare	\$58.02	\$35.97	\$34.81	000	999	-
88274	Q	CYTOGENETICS 25-99				Medicare	\$70.63	\$43.79	\$42.38	000	999	-
88275	Q	CYTOGENETICS 100-300				Medicare	\$85.32	\$52.90	\$51.19	000	999	-
88280	Q	CHROMOSOME KARYOTYPE STUDY				Medicare	\$55.78	\$34.58	\$33.47	000	999	-
88283	Q	CHROMOSOME BANDING STUDY				Medicare	\$114.33	\$70.88	\$68.60	000	999	-
88285	Q	CHROMOSOME COUNT ADDITIONAL				Medicare	\$44.85	\$27.81	\$26.91	000	999	-
88289	Q	CHROMOSOME STUDY ADDITIONAL				Medicare	\$57.38	\$35.58	\$34.43	000	999	-
88291	E	CYTO/MOLECULAR REPORT				Not Allowed	\$0.00			000	999	-
88299	N	CYTOGENETIC STUDY		05671	0.6010	Bundled, sometimes payable	\$34.04			000	999	-
88300	N	SURGICAL PATH GROSS		05731	0.2980	Bundled, sometimes payable	\$16.88			000	999	-
88302	N	TISSUE EXAM BY PATHOLOGIST		05731	0.2980	Bundled, sometimes payable	\$16.88			000	999	-
88304	N	TISSUE EXAM BY PATHOLOGIST		05671	0.6010	Bundled, sometimes payable	\$34.04			000	999	-
88305	N	TISSUE EXAM BY PATHOLOGIST		05671	0.6010	Bundled, sometimes payable	\$34.04			000	999	-
88307	N	TISSUE EXAM BY PATHOLOGIST		05673	3.5177	Bundled, sometimes payable	\$199.24			000	999	-
88309	N	TISSUE EXAM BY PATHOLOGIST		05674	7.9248	Bundled, sometimes payable	\$448.86			000	999	-
88311	N	DECALCIFY TISSUE				Bundled	\$0.00			000	999	-
88312	N	SPECIAL STAINS GROUP 1		05671	0.6010	Bundled, sometimes payable	\$34.04			000	999	-
88313	N	SPECIAL STAINS GROUP 2		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
88314	N	HISTOCHEMICAL STAINS ADD-ON				Bundled	\$0.00			000	999	-
88319	N	ENZYME HISTOCHEMISTRY		05674	7.9248	Bundled, sometimes payable	\$448.86			000	999	-
88321	N	MICROSLIDE CONSULTATION		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
88323	N	MICROSLIDE CONSULTATION		05671	0.6010	Bundled, sometimes payable	\$34.04			000	999	-
88325	N	COMPREHENSIVE REVIEW OF DATA		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
88329	N	PATH CONSULT INTROP		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
88331	N	PATH CONSULT INTRAOP 1 BLOC		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
88332	N	PATH CONSULT INTRAOP ADDL				Bundled	\$0.00			000	999	-
88333	N	INTRAOP CYTO PATH CONSULT 1		05674	7.9248	Bundled, sometimes payable	\$448.86			000	999	-
88334	N	INTRAOP CYTO PATH CONSULT 2				Bundled	\$0.00			000	999	-
88341	N	IMMUNOHISTO ANTB ADDL SLIDE				Bundled	\$0.00			000	999	-
88342	N	IMMUNOHISTO ANTB 1ST STAIN		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
88344	N	IMMUNOHISTO ANTIBODY SLIDE		05673	3.5177	Bundled, sometimes payable	\$199.24			000	999	-
88346	N	IMMUNOFLUOR ANTB 1ST STAIN		05673	3.5177	Bundled, sometimes payable	\$199.24			000	999	-
88348	N	ELECTRON MICROSCOPY		05674	7.9248	Bundled, sometimes payable	\$448.86			000	999	-
88350	N	IMMUNOFLUOR ANTB ADDL STAIN				Bundled	\$0.00			000	999	-
88355	N	ANALYSIS SKELETAL MUSCLE		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
88356	N	ANALYSIS NERVE		05671	0.6010	Bundled, sometimes payable	\$34.04			000	999	-
88358	N	ANALYSIS TUMOR		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
88360	N	TUMOR IMMUNOHISTOCHEM/MANUAL		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
88361	N	TUMOR IMMUNOHISTOCHEM/COMPUT		05673	3.5177	Bundled, sometimes payable	\$199.24			000	999	-
88362	N	NERVE TEASING PREPARATIONS		05674	7.9248	Bundled, sometimes payable	\$448.86			000	999	-
88363	N	XM ARCHIVE TISSUE MOLEC ANAL		05731	0.2980	Bundled, sometimes payable	\$16.88			000	999	-
88364	N	INSITU HYBRIDIZATION (FISH)				Bundled	\$0.00			000	999	-
88365	N	INSITU HYBRIDIZATION (FISH)		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
88366	N	INSITU HYBRIDIZATION (FISH)		05673	3.5177	Bundled, sometimes payable	\$199.24			000	999	-
88367	N	INSITU HYBRIDIZATION AUTO		05673	3.5177	Bundled, sometimes payable	\$199.24			000	999	-
88368	N	INSITU HYBRIDIZATION MANUAL		05673	3.5177	Bundled, sometimes payable	\$199.24			000	999	-
88369	N	M/PHMTRC ALYSISHQUANT/SEMIQ				Bundled	\$0.00			000	999	-
88371	N	PROTEIN WESTERN BLOT TISSUE				Bundled, sometimes payable	\$37.05			000	999	-
88372	N	PROTEIN ANALYSIS W/PROBE				Bundled, sometimes payable	\$43.70			000	999	-
88373	N	M/PHMTRC ALYS ISHQUANT/SEMIQ				Bundled	\$0.00			000	999	-
88374	N	M/PHMTRC ALYS ISHQUANT/SEMIQ		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
88375	E	OPTICAL ENDOMICROSCOPY INTERP				Not Allowed	\$0.00			000	999	-
88377	N	M/PHMTRC ALYS ISHQUANT/SEMIQ		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
88380	N	MICRODISSECTION LASER				Bundled	\$0.00			000	999	-
88381	N	MICRODISSECTION MANUAL				Bundled	\$0.00			000	999	-
88387	N	TISS EXAM MOLECULAR STUDY				Bundled	\$0.00			000	999	-
88388	N	TISS EX MOLECUL STUDY ADD-ON				Bundled	\$0.00			000	999	-

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

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
88399	N	SURGICAL PATHOLOGY PROCEDURE		05671	0.6010	Bundled, sometimes payable	\$34.04			000	999	-
88720	Q	BILIRUBIN TOTAL TRANSCUT				Medicare	\$8.37	\$5.19	\$5.02	000	999	-
88738	Q	HGB QUANT TRANSCUTANEOUS				Medicare	\$8.37	\$5.19	\$5.02	000	999	-
88740	Q	TRANSCUTANEOUS CARBOXYHB				Medicare	\$15.62	\$9.68	\$9.37	000	999	-
88741	Q	TRANSCUTANEOUS METHB				Medicare	\$15.62	\$9.68	\$9.37	000	999	-
88749	N	IN VIVO LAB SERVICE				Bundled	\$0.00			000	999	-
89049	N	CHCT FOR MAL HYPERTHERMIA		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
89050	Q	BODY FLUID CELL COUNT				Medicare	\$7.87	\$4.88	\$4.72	000	999	-
89051	Q	BODY FLUID CELL COUNT				Medicare	\$9.33	\$5.78	\$5.60	000	999	-
89055	Q	LEUKOCYTE ASSESSMENT FECAL				Medicare	\$7.12	\$4.41	\$4.27	000	999	-
89060	Q	EXAM SYNOVIAL FLUID CRYSTALS				Medicare	\$12.22	\$7.58	\$7.33	000	999	-
89125	Q	SPECIMEN FAT STAIN				Medicare	\$9.80	\$6.08	\$5.88	000	999	-
89160	Q	EXAM FECES FOR MEAT FIBERS				Medicare	\$8.08	\$5.01	\$4.85	000	999	-
89190	Q	NASAL SMEAR FOR EOSINOPHILS				Medicare	\$9.65	\$5.98	\$5.79	000	999	-
89220	N	SPUTUM SPECIMEN COLLECTION		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
89230	N	COLLECT SWEAT FOR TEST		05671	0.6010	Bundled, sometimes payable	\$34.04			000	999	-
89240	N	PATHOLOGY LAB PROCEDURE		05671	0.6010	Bundled, sometimes payable	\$34.04			000	999	-
89250	E	CULTR OOCYTE/EMBRYO <4 DAYS				Not Allowed	\$0.00			000	999	-
89251	E	CULTR OOCYTE/EMBRYO <4 DAYS				Not Allowed	\$0.00			000	999	-
89253	E	EMBRYO HATCHING				Not Allowed	\$0.00			000	999	-
89254	E	OOCYTE IDENTIFICATION				Not Allowed	\$0.00			000	999	-
89255	E	PREPARE EMBRYO FOR TRANSFER				Not Allowed	\$0.00			000	999	-
89257	E	SPERM IDENTIFICATION				Not Allowed	\$0.00			000	999	-
89258	E	CRYOPRESERVATION EMBRYO(S)				Not Allowed	\$0.00			000	999	-
89259	E	CRYOPRESERVATION SPERM				Not Allowed	\$0.00			000	999	-
89260	E	SPERM ISOLATION SIMPLE				Not Allowed	\$0.00			000	999	-
89261	E	SPERM ISOLATION COMPLEX				Not Allowed	\$0.00			000	999	-
89264	E	IDENTIFY SPERM TISSUE				Not Allowed	\$0.00			000	999	-
89268	E	INSEMINATION OF OOCYTES				Not Allowed	\$0.00			000	999	-
89272	E	EXTENDED CULTURE OF OOCYTES				Not Allowed	\$0.00			000	999	-
89280	E	ASSIST OOCYTE FERTILIZATION				Not Allowed	\$0.00			000	999	-
89281	E	ASSIST OOCYTE FERTILIZATION				Not Allowed	\$0.00			000	999	-
89290	E	BIOPSY OOCYTE POLAR BODY				Not Allowed	\$0.00			000	999	-
89291	E	BIOPSY OOCYTE POLAR BODY				Not Allowed	\$0.00			000	999	-
89300	E	SEMEN ANALYSIS W/HUHNER				Not Allowed	\$0.00			000	999	-
89310	E	SEMEN ANALYSIS W/COUNT				Not Allowed	\$0.00			000	999	-
89320	E	SEMEN ANAL VOL/COUNT/MOT				Not Allowed	\$0.00			000	999	-
89321	E	SEMEN ANAL SPERM DETECTION				Not Allowed	\$0.00			000	999	-
89322	E	SEMEN ANAL STRICT CRITERIA				Not Allowed	\$0.00			000	999	-
89325	E	SPERM ANTIBODY TEST				Not Allowed	\$0.00			000	999	-
89329	E	SPERM EVALUATION TEST				Not Allowed	\$0.00			000	999	-
89330	E	EVALUATION CERVICAL MUCUS				Not Allowed	\$0.00			010	061	-
89331	E	RETROGRADE EJACULATION ANAL				Not Allowed	\$0.00			000	999	-
89335	E	CRYOPRESERVE TESTICULAR TISS				Not Allowed	\$0.00			000	999	-
89337	N	CRYOPRESERVATION OOCYTE(S)		05672	1.8015	Bundled, sometimes payable	\$102.04			000	999	-
89342	E	STORAGE/YEAR EMBRYO(S)				Not Allowed	\$0.00			000	999	-
89343	E	STORAGE/YEAR SPERM/SEMEN				Not Allowed	\$0.00			000	999	-
89344	E	STORAGE/YEAR REPROD TISSUE				Not Allowed	\$0.00			000	999	-
89346	E	STORAGE/YEAR OOCYTE(S)				Not Allowed	\$0.00			000	999	-
89352	E	THAWING CRYOPRESERVED EMBRYO				Not Allowed	\$0.00			000	999	-
89353	E	THAWING CRYOPRESERVED SPERM				Not Allowed	\$0.00			000	999	-
89354	E	THAW CRYOPRESERVED REPROD TISS				Not Allowed	\$0.00			000	999	-
89356	E	THAWING CRYOPRESERVED OOCYTE				Not Allowed	\$0.00			000	999	-
89398	E	UNLISTED REPROD MED LAB PROC				Not Allowed	\$0.00			000	999	-
9001F	E	AORTIC ANEURYSM<5CM DIAM CT				Not Allowed	\$0.00			000	999	-
9002F	E	AORTIC ANEURYSM 5-5.4CM DIAM				Not Allowed	\$0.00			000	999	-
9003F	E	AORTIC ANEURYSM5.5-5.9CM DIAM				Not Allowed	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
9004F	E	AORTIC ANRYSM 6/> CM DIAM				Not Allowed	\$0.00			000	999	-
9005F	E	ASYMPT CAROT/VRTBRBAS STEN				Not Allowed	\$0.00			000	999	-
9006F	E	SYMPT STEN-TIA/STRK<120DAYS				Not Allowed	\$0.00			000	999	-
9007F	E	OTHER CAROT STEN 120 DAYS/>				Not Allowed	\$0.00			000	999	-
90281	E	HUMAN IG IM				Not Allowed	\$0.00			000	999	-
90283	E	HUMAN IG IV				Not Allowed	\$0.00			000	999	-
90284	E	HUMAN IG SC				Not Allowed	\$0.00			000	999	-
90287	E	BOTULINUM ANTITOXIN				Not Allowed	\$0.00			000	999	-
90288	E	BOTULISM IG IV				Not Allowed	\$0.00			000	999	-
90291	E	CMV IG IV				Not Allowed	\$0.00			000	999	-
90296	N	DIPHThERIA ANTITOXIN				Bundled	\$0.00			000	999	-
90371	K	HEP B IG IM		01630	2.2397	APC (blood and non-blood product codes)	\$126.86			000	999	-
90375	K	RABIES IG IM/SC		09133	4.7911	APC (blood and non-blood product codes)	\$271.37			000	999	-
90376	K	RABIES IG HEAT TREATED		09134	4.1908	APC (blood and non-blood product codes)	\$237.37			000	999	-
90377	E	RABIES IG HT&SOL HUMAN IM/SC				Not Allowed	\$0.00			000	999	-
90378	E	RSV MAB IM 50MG				Not Allowed	\$0.00			000	003	-
90384	E	RH IG FULL-DOSE IM				Not Allowed	\$0.00			000	999	-
90385	K	RH IG MINIDOSE IM		09063	2.6732	APC (blood and non-blood product codes)	\$151.41			000	999	-
90386	E	RH IG IV				Not Allowed	\$0.00			000	999	-
90389	E	TETANUS IG IM				Not Allowed	\$0.00			000	999	-
90393	E	VACCINA IG IM				Not Allowed	\$0.00			000	999	-
90396	K	VARICELLA-ZOSTER IG IM		09135	33.7639	APC (blood and non-blood product codes)	\$1,912.39			000	999	-
90399	E	IMMUNE GLOBULIN				Not Allowed	\$0.00			000	999	-
90460	E	IM ADMIN 1ST/ONLY COMPONENT				Not Allowed	\$0.00			000	018	-
90461	E	IM ADMIN EACH ADDL COMPONENT				Not Allowed	\$0.00			000	018	-
90471	E	IMMUNIZATION ADMIN				Not Allowed	\$0.00			000	999	-
90472	E	IMMUNIZATION ADMIN EACH ADD				Not Allowed	\$0.00			000	999	-
90473	E	IMMUNE ADMIN ORAL/NASAL				Not Allowed	\$0.00			000	999	-
90474	E	IMMUNE ADMIN ORAL/NASAL ADDL				Not Allowed	\$0.00			000	999	-
90476	N	ADENOVIRUS VACCINE TYPE 4				Bundled	\$0.00			000	999	-
90477	E	ADENOVIRUS VACCINE TYPE 7				Not Allowed	\$0.00			000	999	-
90581	E	ANTHRAX VACCINE SC OR IM				Not Allowed	\$0.00			000	999	-
90585	E	BCG VACCINE PERCUT				Not Allowed	\$0.00			000	999	-
90586	M	BCG VACCINE INTRAVESICAL				Fee Schedule	\$142.50			000	999	-
90587	E	DENGUE VACC QUAD 3 DOSE SUBQ				Not Allowed	\$0.00			000	999	-
90619	E	MENACWY-TT VACCINE IM				Not Allowed	\$0.00			000	999	-
90620	M	MENB-4C VACC 2 DOSE IM				Fee Schedule	\$0.00			019	999	-
90621	M	MENB-FHBP VACC 2/3 DOSE IM				Fee Schedule	\$149.89			019	999	-
90625	E	CHOLERA VACCINE LIVE ORAL				Not Allowed	\$0.00			000	999	-
90630	M	FLU VACC IIV4 NO PRESERV ID				Fee Schedule	\$17.22			018	064	-
90632	N	HEPA VACCINE ADULT IM				Bundled	\$0.00			019	999	-
90633	N	HEPA VACC PED/ADOL 2 DOSE IM				Bundled	\$0.00			998	999	-
90634	N	HEPA VACC PED/ADOL 3 DOSE				Bundled	\$0.00			000	017	-
90636	N	HEP A/HEP B VACC ADULT IM				Bundled	\$0.00			018	999	-
90644	M	HIB-MENCY VACC 6WK-18M0 IM				Fee Schedule	\$0.00			000	001	-
90647	N	HIB PRP-OMP VACC 3 DOSE IM				Bundled	\$0.00			998	999	-
90648	N	HIB PRP-T VACCINE 4 DOSE IM				Bundled	\$0.00			998	999	-
90649	E	4VHPV VACCINE 3 DOSE IM				Not Allowed	\$0.00			019	026	-
90650	E	2VHPV VACCINE 3 DOSE IM				Not Allowed	\$0.00			019	026	-
90651	M	9VHPV VACCINE 2/3 DOSE IM				Fee Schedule	\$227.93			019	026	-
90653	E	IIV ADJUVANT VACCINE IM				Not Allowed	\$0.00			000	999	-
90654	M	FLU VACC IIV3 NO PRESERV ID				Fee Schedule	\$0.00			000	999	-
90655	E	IIV3 VACC NO PRSV 0.25 ML IM				Not Allowed	\$0.00			998	999	-
90656	M	IIV3 VACC NO PRSV 0.5 ML IM				Fee Schedule	\$20.13			019	999	-
90657	E	IIV3 VACCINE SPLT 0.25 ML IM				Not Allowed	\$0.00			998	999	-
90658	M	IIV3 VACCINE SPLT 0.5 ML IM				Fee Schedule	\$0.00			019	999	-
90660	M	LAIV3 VACCINE INTRANASAL				Fee Schedule	\$0.00			019	049	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
90661	M	CCIIV3 VAC NO PRSV 0.5 ML IM				Fee Schedule	\$0.00			000	999	-
90662	M	IIV NO PRSV INCREASED AG IM				Fee Schedule	\$60.98			065	999	-
90664	E	LAIV VACC PANDEMIC INTRANASL				Not Allowed	\$0.00			000	999	-
90666	E	FLU VAC PANDEM PRSRV FREE IM				Not Allowed	\$0.00			000	999	-
90667	E	IIV VACC PANDEMIC ADJUVT IM				Not Allowed	\$0.00			000	999	-
90668	E	IIV VACCINE PANDEMIC IM				Not Allowed	\$0.00			000	999	-
90670	M	PCV13 VACCINE IM				Fee Schedule	\$230.14			019	999	-
90672	E	LAIV4 VACCINE INTRANASAL				Not Allowed	\$0.00			000	999	-
90673	M	RIV3 VACCINE NO PRESERV IM				Fee Schedule	\$36.34			000	999	-
90674	M	CCIIV4 VAC NO PRSV 0.5 ML IM				Fee Schedule	\$29.23			000	999	-
90675	K	RABIES VACCINE IM		09139	5.6154	APC (blood and non-blood product codes)	\$318.06			000	999	-
90676	K	RABIES VACCINE ID		09140	3.3480	APC (blood and non-blood product codes)	\$189.63			000	999	-
90680	N	RV5 VACC 3 DOSE LIVE ORAL				Bundled	\$0.00			998	999	-
90681	M	RV1 VACC 2 DOSE LIVE ORAL				Fee Schedule	\$0.00			998	999	-
90682	M	RIV4 VACC RECOMBINANT DNA IM				Fee Schedule	\$60.98			000	999	-
90685	M	IIV4 VACC NO PRSV 0.25 ML IM				Fee Schedule	\$21.13			998	999	-
90686	M	IIV4 VACC NO PRSV 0.5 ML IM				Fee Schedule	\$19.58			019	999	-
90687	M	IIV4 VACCINE SPLT 0.25 ML IM				Fee Schedule	\$9.58			998	999	-
90688	M	IIV4 VACCINE SPLT 0.5 ML IM				Fee Schedule	\$19.17			019	999	-
90689	E	VACC IIV4 NO PRSRV 0.25ML IM				Not Allowed	\$0.00			000	999	-
90690	N	TYPHOID VACCINE ORAL				Bundled	\$0.00			006	999	-
90691	N	TYPHOID VACCINE IM				Bundled	\$0.00			002	999	-
90694	E	VACC AIIV4 NO PRSRV 0.5ML IM				Not Allowed	\$0.00			000	999	-
90696	N	DTAP-IPV VACCINE 4-6 YRS IM				Bundled	\$0.00			998	999	-
90697	E	DTAP-IPV-HIB-HEPB VACCINE IM				Not Allowed	\$0.00			000	999	-
90698	N	DTAP-IPV/HIB VACCINE IM				Bundled	\$0.00			998	999	-
90700	N	DTAP VACCINE < 7 YRS IM				Bundled	\$0.00			998	999	-
90702	N	DT VACCINE UNDER 7 YRS IM				Bundled	\$0.00			000	006	-
90707	N	MMR VACCINE SC				Bundled	\$0.00			019	999	-
90710	N	MMRV VACCINE SC				Bundled	\$0.00			998	999	-
90713	N	POLIOVIRUS IPV SC/IM				Bundled	\$0.00			019	999	-
90714	N	TD VACC NO PRESV 7 YRS+ IM				Bundled	\$0.00			019	999	-
90715	N	TDAP VACCINE 7 YRS/> IM				Bundled	\$0.00			019	999	-
90716	M	VAR VACCINE LIVE SUBQ				Fee Schedule	\$0.00			019	999	-
90717	N	YELLOW FEVER VACCINE SUBQ				Bundled	\$0.00			000	999	-
90723	M	DTAP-HEP B-IPV VACCINE IM				Fee Schedule	\$0.00			998	999	-
90732	M	PPSV23 VACC 2 YRS+ SUBQ/IM				Fee Schedule	\$119.92			019	999	-
90733	E	MPSV4 VACCINE SUBQ				Not Allowed	\$0.00			000	999	-
90734	M	MENACWYD/MENACWYCRM VACC IM				Fee Schedule	\$0.00			019	999	-
90736	M	HZV VACCINE LIVE SUBQ				Fee Schedule	\$223.12			050	999	-
90738	E	INACTIVATED JE VACC IM				Not Allowed	\$0.00			000	999	-
90739	M	HEPB VACC 2 DOSE ADULT IM				Fee Schedule	\$131.10			018	999	-
90740	M	HEPB VACC 3 DOSE IMMUNSUP IM				Fee Schedule	\$140.76			000	999	-
90743	M	HEPB VACC 2 DOSE ADOLESC IM				Fee Schedule	\$23.95			998	999	-
90744	M	HEPB VACC 3 DOSE PED/ADOL IM				Fee Schedule	\$28.21			998	999	-
90746	M	HEPB VACCINE 3 DOSE ADULT IM				Fee Schedule	\$69.65			019	999	-
90747	M	HEPB VACC 4 DOSE IMMUNSUP IM				Fee Schedule	\$140.76			000	999	-
90748	M	HIB-HEPB VACCINE IM				Fee Schedule	\$0.00			998	999	-
90749	N	VACCINE TOXOID				Bundled	\$0.00			000	999	-
90750	M	HZV VACC RECOMBINANT IM				Fee Schedule	\$151.41			000	999	-
90756	M	CCIIV4 VACC ABX FREE IM				Fee Schedule	\$27.70			000	999	-
90785	N	PSYTX COMPLEX INTERACTIVE				Bundled	\$0.00			000	999	-
90791	N	PSYCH DIAGNOSTIC EVALUATION		05823	1.6139	Bundled, sometimes payable	\$91.41			000	999	-
90792	N	PSYCH DIAG EVAL W/MED SRVCS		05823	1.6139	Bundled, sometimes payable	\$91.41			000	999	-
90832	N	PSYTX W PT 30 MINUTES		05823	1.6139	Bundled, sometimes payable	\$91.41			000	999	-
90833	N	PSYTX W PT W E/M 30 MIN				Bundled	\$0.00			000	999	-
90834	N	PSYTX W PT 45 MINUTES		05823	1.6139	Bundled, sometimes payable	\$91.41			000	999	-

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**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
90836	N	PSYTX W PT W E/M 45 MIN				Bundled	\$0.00			000	999	-
90837	N	PSYTX W PT 60 MINUTES		05823	1.6139	Bundled, sometimes payable	\$91.41			000	999	-
90838	N	PSYTX W PT W E/M 60 MIN				Bundled	\$0.00			000	999	-
90839	N	PSYTX CRISIS INITIAL 60 MIN		05823	1.6139	Bundled, sometimes payable	\$91.41			000	999	-
90840	N	PSYTX CRISIS EA ADDL 30 MIN				Bundled	\$0.00			000	999	-
90845	N	PSYCHOANALYSIS		05823	1.6139	Bundled, sometimes payable	\$91.41			000	999	-
90846	N	FAMILY PSYTX W/O PT 50 MIN		05823	1.6139	Bundled, sometimes payable	\$91.41			000	999	-
90847	N	FAMILY PSYTX W/PT 50 MIN		05823	1.6139	Bundled, sometimes payable	\$91.41			000	999	-
90849	N	MULTIPLE FAMILY GROUP PSYTX		05823	1.6139	Bundled, sometimes payable	\$91.41			000	999	-
90853	N	GROUP PSYCHOTHERAPY		05822	0.9043	Bundled, sometimes payable	\$51.22			000	999	-
90863	E	PHARMACOLOGIC MGMT W/PSYTX				Not Allowed	\$0.00			000	999	-
90865	N	NARCOSYNTHESIS		05823	1.6139	Bundled, sometimes payable	\$91.41			000	999	-
90867	S	TCRANIAL MAGN STIM TX PLAN		05722	3.1939	APC	\$180.90			000	999	-
90868	S	TCRANIAL MAGN STIM TX DELI		05722	3.1939	APC	\$180.90			000	999	-
90869	S	TCRAN MAGN STIM REDETERMINE		05722	3.1939	APC	\$180.90			000	999	-
90870	S	ELECTROCONVULSIVE THERAPY		05723	5.8913	APC	\$333.68			000	999	-
90875	E	PSYCHOPHYSIOLOGICAL THERAPY				Not Allowed	\$0.00			000	999	-
90876	E	PSYCHOPHYSIOLOGICAL THERAPY				Not Allowed	\$0.00			000	999	-
90880	N	HYPNOTHERAPY		05822	0.9043	Bundled, sometimes payable	\$51.22			000	999	-
90882	E	ENVIRONMENTAL MANIPULATION				Not Allowed	\$0.00			000	999	-
90885	N	PSY EVALUATION OF RECORDS				Bundled	\$0.00			000	999	-
90887	N	CONSULTATION WITH FAMILY				Bundled	\$0.00			000	999	-
90889	N	PREPARATION OF REPORT				Bundled	\$0.00			000	999	-
90899	N	PSYCHIATRIC SERVICE/THERAPY		05821	0.3168	Bundled, sometimes payable	\$17.94			000	999	-
90901	M	BIOFEEDBACK TRAIN ANY METH				Fee Schedule	\$22.76			000	999	-
90912	E	BFB TRAINING 1ST 15 MIN				Not Allowed	\$0.00			000	999	-
90913	E	BFB TRAINING EA ADDL 15 MIN				Not Allowed	\$0.00			000	999	-
90935	S	HEMODIALYSIS ONE EVALUATION		05401	7.9030	APC	\$447.63			000	999	-
90937	M	HEMODIALYSIS REPEATED EVAL				Fee Schedule	\$0.00			000	999	-
90940	N	HEMODIALYSIS ACCESS STUDY				Bundled	\$0.00			000	999	-
90945	V	DIALYSIS ONE EVALUATION		05024	4.3931	APC	\$248.83			000	999	-
90947	M	DIALYSIS REPEATED EVAL				Fee Schedule	\$0.00			000	999	-
90951	E	ESRD SERV 4 VISITS P MO <2YR				Not Allowed	\$0.00			000	001	-
90952	E	ESRD SERV 2-3 VSTS P MO <2YR				Not Allowed	\$0.00			000	001	-
90953	E	ESRD SERV 1 VISIT P MO <2YRS				Not Allowed	\$0.00			000	001	-
90954	E	ESRD SERV 4 VSTS P MO 2-11				Not Allowed	\$0.00			002	011	-
90955	E	ESRD SRV 2-3 VSTS P MO 2-11				Not Allowed	\$0.00			002	011	-
90956	E	ESRD SRV 1 VISIT P MO 2-11				Not Allowed	\$0.00			002	011	-
90957	E	ESRD SRV 4 VSTS P MO 12-19				Not Allowed	\$0.00			012	019	-
90958	E	ESRD SRV 2-3 VSTS P MO 12-19				Not Allowed	\$0.00			012	019	-
90959	E	ESRD SERV 1 VST P MO 12-19				Not Allowed	\$0.00			012	019	-
90960	E	ESRD SRV 4 VISITS P MO 20+				Not Allowed	\$0.00			020	999	-
90961	E	ESRD SRV 2-3 VSTS P MO 20+				Not Allowed	\$0.00			020	999	-
90962	E	ESRD SERV 1 VISIT P MO 20+				Not Allowed	\$0.00			020	999	-
90963	E	ESRD HOME PT SERV P MO <2YRS				Not Allowed	\$0.00			000	001	-
90964	E	ESRD HOME PT SERV P MO 2-11				Not Allowed	\$0.00			002	011	-
90965	E	ESRD HOME PT SERV P MO 12-19				Not Allowed	\$0.00			012	019	-
90966	E	ESRD HOME PT SERV P MO 20+				Not Allowed	\$0.00			020	999	-
90967	E	ESRD SVC PR DAY PT <2				Not Allowed	\$0.00			000	001	-
90968	E	ESRD SVC PR DAY PT 2-11				Not Allowed	\$0.00			002	011	-
90969	E	ESRD SVC PR DAY PT 12-19				Not Allowed	\$0.00			012	019	-
90970	E	ESRD SVC PR DAY PT 20+				Not Allowed	\$0.00			020	999	-
90989	M	DIALYSIS TRAINING COMPLETE				Fee Schedule	\$0.00			000	999	-
90993	M	DIALYSIS TRAINING INCOMPL				Fee Schedule	\$0.00			000	999	-
90997	M	HEMOPERFUSION				Fee Schedule	\$0.00			000	999	-
90999	M	DIALYSIS PROCEDURE				Fee Schedule	\$0.00			000	999	-
91010	S	ESOPHAGUS MOTILITY STUDY		05723	5.8913	APC	\$333.68			000	999	-

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91013	N	ESOPHGL MOTIL W/STIM/PERFUS				Bundled	\$0.00			000	999	-
91020	S	GASTRIC MOTILITY STUDIES		05723	5.8913	APC	\$333.68			000	999	-
91022	S	DUODENAL MOTILITY STUDY		05723	5.8913	APC	\$333.68			000	999	-
91030	S	ACID PERFUSION OF ESOPHAGUS		05723	5.8913	APC	\$333.68			000	999	-
91034	S	GASTROESOPHAGEAL REFLUX TEST		05723	5.8913	APC	\$333.68			000	999	-
91035	S	G-ESOPH REFLX TST W/ELECTROD		05723	5.8913	APC	\$333.68			000	999	-
91037	S	ESOPH IMPED FUNCTION TEST		05722	3.1939	APC	\$180.90			000	999	-
91038	S	ESOPH IMPED FUNCT TEST > 1HR		05723	5.8913	APC	\$333.68			000	999	-
91040	S	ESOPH BALLOON DISTENSION TST		05723	5.8913	APC	\$333.68			000	999	-
91065	S	BREATH HYDROGEN/METHANE TEST		05721	1.6854	APC	\$95.46			000	999	-
91110	T	GI TRACT CAPSULE ENDOSCOPY		05301	9.7781	APC	\$553.83			000	999	-
91111	T	ESOPHAGEAL CAPSULE ENDOSCOPY		05301	9.7781	APC	\$553.83			000	999	-
91112	T	GI WIRELESS CAPSULE MEASURE		05301	9.7781	APC	\$553.83			000	999	-
91117	T	COLON MOTILITY 6 HR STUDY		05371	3.2144	APC	\$182.06			000	999	-
91120	S	RECTAL SENSATION TEST		05722	3.1939	APC	\$180.90			000	999	-
91122	T	ANAL PRESSURE RECORD		05371	3.2144	APC	\$182.06			000	999	-
91132	S	ELECTROGASTROGRAPHY		05722	3.1939	APC	\$180.90			000	999	-
91133	N	ELECTROGASTROGRAPHY W/TEST		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
91200	S	LIVER ELASTOGRAPHY		05721	1.6854	APC	\$95.46			000	999	-
91299	S	GASTROENTEROLOGY PROCEDURE		05721	1.6854	APC	\$95.46			000	999	-
91300	M	SARSCOV2 VAC 30MCG/0.3ML IM				Fee Schedule	\$0.01			000	999	-
91301	M	SARSCOV2 VAC 100MCG/0.5ML IM				Fee Schedule	\$0.01			000	999	-
91302	M	SARSCOV2 VAC 5X10?10VP/.5MLIM				Fee Schedule	\$0.01			000	999	-
91303	E	CORONAVIRUS VACCINE 4				Not Allowed	\$0.00			000	999	-
91304	E	CORONAVIRUS VACCINE 5				Not Allowed	\$0.00			000	999	-
91305	E	CORONAVIRUS VACCINE 6				Not Allowed	\$0.00			000	999	-
91306	E	CORONAVIRUS VACCINE 7				Not Allowed	\$0.00			000	999	-
91307	E	CORONAVIRUS VACCINE 8				Not Allowed	\$0.00			000	999	-
91308	E	CORONAVIRUS VACCINE 9				Not Allowed	\$0.00			000	999	-
91309	E	CORONAVIRUS VACCINE 10				Not Allowed	\$0.00			000	999	-
91310	E	CORONAVIRUS VACCINE 11				Not Allowed	\$0.00			000	999	-
92002	M	EYE EXAM NEW PATIENT				Fee Schedule	\$0.00			000	999	-
92004	M	EYE EXAM NEW PATIENT				Fee Schedule	\$0.00			000	999	-
92012	M	EYE EXAM ESTABLISH PATIENT				Fee Schedule	\$0.00			000	999	-
92014	M	EYE EXAM&TX ESTAB PT 1/>VST				Fee Schedule	\$0.00			000	999	-
92015	E	DETERMINE REFRACTIVE STATE				Not Allowed	\$0.00			000	999	-
92018	T	NEW EYE EXAM & TREATMENT		05503	24.1839	APC	\$1,369.78			000	999	-
92019	T	EYE EXAM & TREATMENT		05503	24.1839	APC	\$1,369.78			000	999	-
92020	N	SPECIAL EYE EVALUATION		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
92025	N	CORNEAL TOPOGRAPHY		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
92060	N	SPECIAL EYE EVALUATION		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
92065	N	ORTHOPTIC/PLEOPTIC TRAINING		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
92071	N	CONTACT LENS FITTING FOR TX				Bundled	\$0.00			000	999	-
92072	N	FIT CONTACT LENS FOR MANAGMNT				Bundled	\$0.00			000	999	-
92081	N	VISUAL FIELD EXAMINATION(S)		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
92082	N	VISUAL FIELD EXAMINATION(S)		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
92083	N	VISUAL FIELD EXAMINATION(S)		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
92100	N	SERIAL TONOMETRY EXAM(S)				Bundled	\$0.00			000	999	-
92132	N	CMPTR OPHTH DX IMG ANT SEGMT		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
92133	N	CMPTR OPHTH IMG OPTIC NERVE		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
92134	N	CPTR OPHTH DX IMG POST SEGMT		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
92136	N	OPHTHALMIC BIOMETRY		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
92145	N	CORNEAL HYSTERESIS DETER		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
92201	N	OPSCPY EXTND RTA DRAW UNI/BI		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
92202	N	OPSCPY EXTND ON/MAC DRAW		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
92227	N	REMOTE DX RETINAL IMAGING		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
92228	N	REMOTE RETINAL IMAGING MGMT		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-

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92229	S	IMG RTA DETC/MNTR DS POC ALY		05733	0.6722	APC	\$38.07			000	999	-
92230	N	EYE EXAM WITH PHOTOS		05723	5.8913	Bundled, sometimes payable	\$333.68			000	999	-
92235	S	FLUORESCIN ANGRPH UNI/BI		05722	3.1939	APC	\$180.90			000	999	-
92240	S	ICG ANGIOGRAPHY UNI/BI		05722	3.1939	APC	\$180.90			000	999	-
92242	S	FLUORESCIN ICG ANGIOGRAPHY		05722	3.1939	APC	\$180.90			000	999	-
92250	N	EYE EXAM WITH PHOTOS		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
92260	N	OPHTHALMOSCOPY/DYNAMOMETRY		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
92265	N	EYE MUSCLE EVALUATION		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
92270	N	ELECTRO-OCULOGRAPHY		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
92273	S	FULL FIELD ERG W/I&R		05722	3.1939	APC	\$180.90			000	999	-
92274	S	MULTIFOCAL ERG W/I&R		05721	1.6854	APC	\$95.46			000	999	-
92283	N	COLOR VISION EXAMINATION		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
92284	N	DARK ADAPTATION EYE EXAM		05735	3.2637	Bundled, sometimes payable	\$184.86			000	999	-
92285	N	EYE PHOTOGRAPHY		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
92286	N	INTERNAL EYE PHOTOGRAPHY		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
92287	N	INTERNAL EYE PHOTOGRAPHY		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
92310	E	CONTACT LENS FITTING				Not Allowed	\$0.00			000	999	-
92311	E	CONTACT LENS FITTING				Not Allowed	\$0.00			000	999	-
92312	E	CONTACT LENS FITTING				Not Allowed	\$0.00			000	999	-
92313	E	CONTACT LENS FITTING				Not Allowed	\$0.00			000	999	-
92314	E	PRESCRIPTION OF CONTACT LENS				Not Allowed	\$0.00			000	999	-
92315	E	RX CNTACT LENS APHAKIA 1 EYE				Not Allowed	\$0.00			000	999	-
92316	E	RX CNTACT LENS APHAKIA 2 EYE				Not Allowed	\$0.00			000	999	-
92317	E	RX CORNEOSCLERAL CNTACT LENS				Not Allowed	\$0.00			000	999	-
92325	E	MODIFICATION OF CONTACT LENS				Not Allowed	\$0.00			000	999	-
92326	E	REPLACEMENT OF CONTACT LENS				Not Allowed	\$0.00			000	999	-
92340	M	FIT SPECTACLES MONOFOCAL				Fee Schedule	\$0.00			000	999	-
92341	M	FIT SPECTACLES BIFOCAL				Fee Schedule	\$0.00			000	999	-
92342	M	FIT SPECTACLES MULTIFOCAL				Fee Schedule	\$0.00			000	999	-
92352	E	FIT APHAKIA SPECTCL MONOFOCL				Not Allowed	\$0.00			000	999	-
92353	E	FIT APHAKIA SPECTCL MULTIFOC				Not Allowed	\$0.00			000	999	-
92354	E	FIT SPECTACLES SINGLE SYSTEM				Not Allowed	\$0.00			000	999	-
92355	E	FIT SPECTACLES COMPOUND LENS				Not Allowed	\$0.00			000	999	-
92358	N	APHAKIA PROSTH SERVICE TEMP		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
92370	E	REPAIR & ADJUST SPECTACLES				Not Allowed	\$0.00			000	999	-
92371	E	REPAIR & ADJUST SPECTACLES				Not Allowed	\$0.00			000	999	-
92499	N	EYE SERVICE OR PROCEDURE		05731	0.2980	Bundled, sometimes payable	\$16.88			000	999	-
92502	T	EAR AND THROAT EXAMINATION		05162	5.4635	APC	\$309.45			000	999	-
92504	N	EAR MICROSCOPY EXAMINATION				Bundled	\$0.00			000	999	-
92507	Y	SPEECH/HEARING THERAPY				Fee Schedule	\$55.85			000	999	-
92508	Y	SPEECH/HEARING THERAPY				Fee Schedule	\$16.84			000	999	-
92511	T	NASOPHARYNGOSCOPY		05151	1.9855	APC	\$112.46			000	999	-
92512	S	NASAL FUNCTION STUDIES		05722	3.1939	APC	\$180.90			000	999	-
92516	S	FACIAL NERVE FUNCTION TEST		05722	3.1939	APC	\$180.90			000	999	-
92517	S	VEMP TEST I&R CERVICAL		05721	1.6854	APC	\$95.46			000	999	-
92518	S	VEMP TEST I&R OCULAR		05721	1.6854	APC	\$95.46			000	999	-
92519	S	VEMP TST I&R CERVICAL&OCULAR		05722	3.1939	APC	\$180.90			000	999	-
92520	N	LARYNGEAL FUNCTION STUDIES		05734	1.3521	Bundled, sometimes payable	\$0.00			000	999	-
92521	Y	EVALUATION OF SPEECH FLUENCY				Fee Schedule	\$79.75			000	999	-
92522	Y	EVALUATE SPEECH PRODUCTION				Fee Schedule	\$65.20			000	999	-
92523	Y	SPEECH SOUND LANG COMPREHEN				Fee Schedule	\$136.44			000	999	-
92524	Y	BEHAVRAL QUALIT ANALYS VOICE				Fee Schedule	\$63.72			000	999	-
92526	Y	ORAL FUNCTION THERAPY				Fee Schedule	\$61.53			000	999	-
92531	N	SPONTANEOUS NYSTAGMUS STUDY				Bundled	\$0.00			000	999	-
92532	N	POSITIONAL NYSTAGMUS TEST				Bundled	\$0.00			000	999	-
92533	N	CALORIC VESTIBULAR TEST				Bundled	\$0.00			000	999	-
92534	N	OPTOKINETIC NYSTAGMUS TEST				Bundled	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
92537	S	CALORIC VSTBLR TEST W/REC		05721	1.6854	APC	\$95.46			000	999	-
92538	S	CALORIC VSTBLR TEST W/REC		05721	1.6854	APC	\$95.46			000	999	-
92540	S	BASIC VESTIBULAR EVALUATION		05721	1.6854	APC	\$95.46			000	999	-
92541	N	SPONTANEOUS NYSTAGMUS TEST		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
92542	N	POSITIONAL NYSTAGMUS TEST		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
92544	S	OPTOKINETIC NYSTAGMUS TEST		05721	1.6854	APC	\$95.46			000	999	-
92545	S	OSCILLATING TRACKING TEST		05722	3.1939	APC	\$180.90			000	999	-
92546	S	SINUSOIDAL ROTATIONAL TEST		05721	1.6854	APC	\$95.46			000	999	-
92547	N	SUPPLEMENTAL ELECTRICAL TEST				Bundled	\$0.00			000	999	-
92548	N	CDP-SOT 6 COND W/I&R		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
92549	N	CDP-SOT 6 COND W/I&R MCT&ADT		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
92550	N	TYMPANOMETRY & REFLEX THRESH		05721	1.6854	Bundled, sometimes payable	\$95.46			000	999	-
92551	M	PURE TONE HEARING TEST AIR				Fee Schedule	\$13.16			000	999	-
92552	N	PURE TONE AUDIOMETRY AIR		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
92553	N	AUDIOMETRY AIR & BONE		05721	1.6854	Bundled, sometimes payable	\$95.46			000	999	-
92555	N	SPEECH THRESHOLD AUDIOMETRY		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
92556	N	SPEECH AUDIOMETRY COMPLETE		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
92557	N	COMPREHENSIVE HEARING TEST		05721	1.6854	Bundled, sometimes payable	\$95.46			000	999	-
92558	E	EVOKED AUDITORY TEST QUAL				Not Allowed	\$0.00			000	999	-
92559	E	GROUP AUDIOMETRIC TESTING				Not Allowed	\$0.00			000	999	-
92560	E	BEKESY AUDIOMETRY SCREEN				Not Allowed	\$0.00			000	999	-
92561	N	BEKESY AUDIOMETRY DIAGNOSIS		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
92562	N	LOUDNESS BALANCE TEST		05721	1.6854	Bundled, sometimes payable	\$95.46			000	999	-
92563	N	tone DECAY HEARING TEST		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
92564	N	SISI HEARING TEST		05731	0.2980	Bundled, sometimes payable	\$16.88			000	999	-
92565	N	STENGER TEST PURE TONE		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
92567	N	TYMPANOMETRY		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
92568	N	ACOUSTIC REFL THRESHOLD TST		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
92570	N	ACOUSTIC IMMITANCE TESTING		05721	1.6854	Bundled, sometimes payable	\$95.46			000	999	-
92571	N	FILTERED SPEECH HEARING TEST		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
92572	N	STAGGERED SPONDAIC WORD TEST		05721	1.6854	Bundled, sometimes payable	\$95.46			000	999	-
92575	N	SENSORINEURAL ACUITY TEST		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
92576	N	SYNTHETIC SENTENCE TEST		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
92577	N	STENGER TEST SPEECH		05723	5.8913	Bundled, sometimes payable	\$333.68			000	999	-
92579	N	VISUAL AUDIOMETRY (VRA)		05721	1.6854	Bundled, sometimes payable	\$95.46			000	999	-
92582	N	CONDITIONING PLAY AUDIOMETRY		05721	1.6854	Bundled, sometimes payable	\$95.46			000	999	-
92583	N	SELECT PICTURE AUDIOMETRY		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
92584	S	ELECTROCOCHLEOGRAPHY		05721	1.6854	APC	\$95.46			000	999	-
92587	S	EVOKED AUDITORY TEST LIMITED		05722	3.1939	APC	\$180.90			000	999	-
92588	S	EVOKED AUDITORY TST COMPLETE		05722	3.1939	APC	\$180.90			000	999	-
92590	E	HEARING AID EXAM ONE EAR				Not Allowed	\$0.00			000	999	-
92591	E	HEARING AID EXAM BOTH EARS				Not Allowed	\$0.00			000	999	-
92592	M	HEARING AID CHECK ONE EAR				Fee Schedule	\$13.26			000	999	-
92593	M	HEARING AID CHECK BOTH EARS				Fee Schedule	\$21.13			000	999	-
92594	E	ELECTRO HEARNG AID TEST ONE				Not Allowed	\$0.00			000	999	-
92595	E	ELECTRO HEARNG AID TST BOTH				Not Allowed	\$0.00			000	999	-
92596	N	EAR PROTECTOR EVALUATION		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
92597	Y	ORAL SPEECH DEVICE EVAL				Fee Schedule	\$51.74			000	999	-
92601	S	COCHLEAR IMPLT F/UP EXAM <7		05721	1.6854	APC	\$95.46			000	007	-
92602	S	REPROGRAM COCHLEAR IMPLT <7		05721	1.6854	APC	\$95.46			000	007	-
92603	S	COCHLEAR IMPLT F/UP EXAM 7/>		05721	1.6854	APC	\$95.46			007	999	-
92604	S	REPROGRAM COCHLEAR IMPLT 7/>		05721	1.6854	APC	\$95.46			007	999	-
92605	M	EX FOR NONSPEECH DEVICE RX				Fee Schedule	\$0.00			000	999	-
92606	N	NON-SPEECH DEVICE SERVICE				Bundled	\$0.00			000	999	-
92607	Y	EX FOR SPEECH DEVICE RX 1HR				Fee Schedule	\$90.85			000	999	-
92608	Y	EX FOR SPEECH DEVICE RX ADDL				Fee Schedule	\$36.47			000	999	-
92609	Y	USE OF SPEECH DEVICE SERVICE				Fee Schedule	\$76.40			000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
92610	Y	EVALUATE SWALLOWING FUNCTION				Fee Schedule	\$51.49			000	999	-
92611	Y	MOTION FLUOROSCOPY/SWALLOW				Fee Schedule	\$65.28			000	999	-
92611	Y	MOTION FLUOROSCOPY/SWALLOW				Fee Schedule	\$65.28			000	999	-
92612	M	ENDOSCOPY SWALLOW (FEES) VID				Fee Schedule	\$48.68			000	999	-
92612	M	ENDOSCOPY SWALLOW (FEES) VID				Fee Schedule	\$48.68			000	999	-
92613	E	ENDOSCOPY SWALLOW (FEES) I&R				Not Allowed	\$0.00			000	999	-
92613	E	ENDOSCOPY SWALLOW (FEES) I&R				Not Allowed	\$0.00			000	999	-
92614	M	LARYNGOSCOPIC SENSORY VID				Fee Schedule	\$47.77			000	999	-
92614	M	LARYNGOSCOPIC SENSORY VID				Fee Schedule	\$47.77			000	999	-
92615	E	LARYNGOSCOPIC SENSORY I&R				Not Allowed	\$0.00			000	999	-
92615	E	LARYNGOSCOPIC SENSORY I&R				Not Allowed	\$0.00			000	999	-
92616	M	FEES W/LARYNGEAL SENSE TEST				Fee Schedule	\$71.09			000	999	-
92616	M	FEES W/LARYNGEAL SENSE TEST				Fee Schedule	\$71.09			000	999	-
92617	E	FEES W/LARYNGEAL SENSE I&R				Not Allowed	\$0.00			000	999	-
92617	E	FEES W/LARYNGEAL SENSE I&R				Not Allowed	\$0.00			000	999	-
92618	E	EX FOR NONSPEECH DEV RX ADD				Not Allowed	\$0.00			000	999	-
92620	N	AUDITORY FUNCTION 60 MIN		05721	1.6854	Bundled, sometimes payable	\$95.46			000	999	-
92621	N	AUDITORY FUNCTION + 15 MIN				Bundled	\$0.00			000	999	-
92625	N	TINNITUS ASSESSMENT		05721	1.6854	Bundled, sometimes payable	\$95.46			000	999	-
92626	N	EVAL AUD FUNCJ 1ST HOUR		05721	1.6854	Bundled, sometimes payable	\$95.46			000	999	-
92627	N	EVAL AUD FUNCJ EA ADDL 15				Bundled	\$0.00			000	999	-
92630	E	AUD REHAB PRE-LING HEAR LOSS				Not Allowed	\$0.00			000	999	-
92633	E	AUD REHAB POSTLING HEAR LOSS				Not Allowed	\$0.00			000	999	-
92640	S	AUD BRAINSTEM IMPLT PROGRAMG		05721	1.6854	APC	\$95.46			000	999	-
92650	E	AEP SCR AUDITORY POTENTIAL				Not Allowed	\$0.00			000	999	-
92651	S	AEP HEARING STATUS DETER I&R		05721	1.6854	APC	\$95.46			000	999	-
92652	S	AEP THRSGLD EST MLT FREQ I&R		05722	3.1939	APC	\$180.90			000	999	-
92653	S	AEP NEURODIAGNOSTIC I&R		05722	3.1939	APC	\$180.90			000	999	-
92700	N	ENT PROCEDURE/SERVICE		05731	0.2980	Bundled, sometimes payable	\$16.88			000	999	-
92920	N	PRQ CARDIAC ANGIOPLAST 1 ART		05192	59.8674	Bundled, sometimes payable	\$3,390.89			000	999	-
92921	N	PRQ CARDIAC ANGIO ADDL ART				Bundled	\$0.00			000	999	-
92924	N	PRQ CARD ANGIO/ATHRECT 1 ART		05193	121.2960	Bundled, sometimes payable	\$6,870.21			000	999	-
92925	N	PRQ CARD ANGIO/ATHRECT ADDL				Bundled	\$0.00			000	999	-
92928	N	PRQ CARD STENT W/ANGIO 1 VSL		05193	121.2960	Bundled, sometimes payable	\$6,870.21			000	999	-
92929	N	PRQ CARD STENT W/ANGIO ADDL				Bundled	\$0.00			000	999	-
92933	N	PRQ CARD STENT/ATH/ANGIO		05194	194.0167	Bundled, sometimes payable	\$10,989.11			000	999	-
92934	N	PRQ CARD STENT/ATH/ANGIO				Bundled	\$0.00			000	999	-
92937	N	PRQ REVASC BYP GRAFT 1 VSL		05193	121.2960	Bundled, sometimes payable	\$6,870.21			000	999	-
92938	N	PRQ REVASC BYP GRAFT ADDL				Bundled	\$0.00			000	999	-
92941	C	PRQ CARD REVASC MI 1 VSL				Inpatient Only	\$0.00			000	999	-
92943	N	PRQ CARD REVASC CHRONIC 1VSL		05193	121.2960	Bundled, sometimes payable	\$6,870.21			000	999	-
92944	N	PRQ CARD REVASC CHRONIC ADDL				Bundled	\$0.00			000	999	-
92950	S	HEART/LUNG RESUSCITATION CPR		05722	3.1939	APC	\$180.90			000	999	-
92953	N	TEMPORARY EXTERNAL PACING		05781	6.7866	Bundled, sometimes payable	\$384.39			000	999	-
92960	S	CARDIOVERSION ELECTRIC EXT		05781	6.7866	APC	\$384.39			000	999	-
92961	S	CARDIOVERSION ELECTRIC INT		05781	6.7866	APC	\$384.39			000	999	-
92970	C	CARDIOASSIST INTERNAL				Inpatient Only	\$0.00			000	999	-
92971	C	CARDIOASSIST EXTERNAL				Inpatient Only	\$0.00			000	999	-
92973	N	PRQ CORONARY MECH THROMBECT				Bundled	\$0.00			000	999	-
92974	N	CATH PLACE CARDIO BRACHYTX				Bundled	\$0.00			000	999	-
92975	C	DISSOLVE CLOT HEART VESSEL				Inpatient Only	\$0.00			000	999	-
92977	T	DISSOLVE CLOT HEART VESSEL		05694	3.7532	APC	\$212.58			000	999	-
92978	N	ENDOLUMINL IVUS OCT C 1ST				Bundled	\$0.00			000	999	-
92979	N	ENDOLUMINL IVUS OCT C EA				Bundled	\$0.00			000	999	-
92986	N	REVISION OF AORTIC VALVE		05192	59.8674	Bundled, sometimes payable	\$3,390.89			000	999	-
92987	N	REVISION OF MITRAL VALVE		05193	121.2960	Bundled, sometimes payable	\$6,870.21			000	999	-
92990	N	REVISION OF PULMONARY VALVE		05193	121.2960	Bundled, sometimes payable	\$6,870.21			000	999	-

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92997	N	PUL ART BALLOON REPR PERCUT		05193	121.2960	Bundled, sometimes payable	\$6,870.21			000	999	-
92998	N	PUL ART BALLOON REPR PERCUT				Bundled	\$0.00			000	999	-
93000	M	ELECTROCARDIOGRAM COMPLETE				Fee Schedule	\$0.00			000	999	-
93005	N	ELECTROCARDIOGRAM TRACING		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
93010	M	ELECTROCARDIOGRAM REPORT				Fee Schedule	\$0.00			000	999	-
93015	M	CARDIOVASCULAR STRESS TEST				Fee Schedule	\$0.00			000	999	-
93016	M	CARDIOVASCULAR STRESS TEST				Fee Schedule	\$0.00			000	999	-
93017	N	CARDIOVASCULAR STRESS TEST		05722	3.1939	Bundled, sometimes payable	\$180.90			000	999	-
93018	M	CARDIOVASCULAR STRESS TEST				Fee Schedule	\$0.00			000	999	-
93024	N	CARDIAC DRUG STRESS TEST		05735	3.2637	Bundled, sometimes payable	\$184.86			000	999	-
93025	S	MICROVOLT T-WAVE ASSESS		05721	1.6854	APC	\$95.46			000	999	-
93040	M	RHYTHM ECG WITH REPORT				Fee Schedule	\$0.00			000	999	-
93041	N	RHYTHM ECG TRACING		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
93042	M	RHYTHM ECG REPORT				Fee Schedule	\$0.00			000	999	-
93050	N	ART PRESSURE WAVEFORM ANALYS		05731	0.2980	Bundled, sometimes payable	\$16.88			000	999	-
93224	E	ECG MONIT/REPR UP TO 48 HRS				Not Allowed	\$0.00			000	999	-
93225	N	ECG MONIT/REPR UP TO 48 HRS		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
93226	N	ECG MONIT/REPR UP TO 48 HRS		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
93227	E	ECG MONIT/REPR UP TO 48 HRS				Not Allowed	\$0.00			000	999	-
93228	E	REMOTE 30 DAY ECG REV/REPORT				Not Allowed	\$0.00			000	999	-
93229	S	REMOTE 30 DAY ECG TECH SUPP		05721	1.6854	APC	\$95.46			000	999	-
93241	E	EXT ECG>48HR<7D REC SCAN A/R				Not Allowed	\$0.00			000	999	-
93242	N	EXT ECG>48HR<7D RECORDING		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
93243	N	EXT ECG>48HR<7D SCAN A/R		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
93244	E	EXT ECG>48HR<7D REV&INTERPJ				Not Allowed	\$0.00			000	999	-
93245	E	EXT ECG>7D<15D REC SCAN A/R				Not Allowed	\$0.00			000	999	-
93246	N	EXT ECG>7D<15D RECORDING		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
93247	N	EXT ECG>7D<15D SCAN A/R		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
93248	E	EXT ECG>7D<15D REV&INTERPJ				Not Allowed	\$0.00			000	999	-
93260	N	PRGRMG DEV EVAL IMPLTBL SYS		05741	0.4487	Bundled, sometimes payable	\$25.41			000	999	-
93261	N	INTERROGATE SUBQ DEFIB		05741	0.4487	Bundled, sometimes payable	\$25.41			000	999	-
93264	E	REM MNTR WRLS P-ART PRS SNR				Not Allowed	\$0.00			000	999	-
93268	E	ECG RECORD/REVIEW				Not Allowed	\$0.00			000	999	-
93270	N	REMOTE 30 DAY ECG REV/REPORT		05741	0.4487	Bundled, sometimes payable	\$25.41			000	999	-
93271	S	ECG/MONITORING AND ANALYSIS		05742	1.2115	APC	\$68.62			000	999	-
93272	E	ECG/REVIEW INTERPRET ONLY				Not Allowed	\$0.00			000	999	-
93278	N	ECG/SIGNAL-AVERAGED		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
93279	N	PRGRMG DEV EVAL PM/LDLS PM		05741	0.4487	Bundled, sometimes payable	\$25.41			000	999	-
93280	N	PM DEVICE PROGR EVAL DUAL		05741	0.4487	Bundled, sometimes payable	\$25.41			000	999	-
93281	N	PM DEVICE PROGR EVAL MULTI		05741	0.4487	Bundled, sometimes payable	\$25.41			000	999	-
93282	N	PRGRMG EVAL IMPLANTABLE DFB		05741	0.4487	Bundled, sometimes payable	\$25.41			000	999	-
93283	N	PRGRMG EVAL IMPLANTABLE DFB		05741	0.4487	Bundled, sometimes payable	\$25.41			000	999	-
93284	N	PRGRMG EVAL IMPLANTABLE DFB		05741	0.4487	Bundled, sometimes payable	\$25.41			000	999	-
93285	N	PRGRMG DEV EVAL SCRMS IP		05741	0.4487	Bundled, sometimes payable	\$25.41			000	999	-
93286	N	PERI-PX EVAL PM/LDLS PM IP				Bundled	\$0.00			000	999	-
93287	N	PERI-PX DEVICE EVAL & PRGR				Bundled	\$0.00			000	999	-
93288	N	INTERROG EVL PM/LDLS PM IP		05741	0.4487	Bundled, sometimes payable	\$25.41			000	999	-
93289	N	INTERROG DEVICE EVAL HEART		05741	0.4487	Bundled, sometimes payable	\$25.41			000	999	-
93290	N	INTERROG DEV EVAL ICPMS IP		05741	0.4487	Bundled, sometimes payable	\$25.41			000	999	-
93291	N	INTERROG DEV EVAL SCRMS IP		05731	0.2980	Bundled, sometimes payable	\$16.88			000	999	-
93292	N	WCD DEVICE INTERROGATE		05741	0.4487	Bundled, sometimes payable	\$25.41			000	999	-
93293	N	PM PHONE R-STRIP DEVICE EVAL		05741	0.4487	Bundled, sometimes payable	\$25.41			000	999	-
93294	E	REM INTERROG EVL PM/LDLS PM				Not Allowed	\$0.00			000	999	-
93295	E	DEV INTERROG REMOTE 1/2/MLT				Not Allowed	\$0.00			000	999	-
93296	N	REM INTERROG EVL PM/IDS		05741	0.4487	Bundled, sometimes payable	\$25.41			000	999	-
93297	E	REM INTERROG DEV EVAL ICPMS				Not Allowed	\$0.00			000	999	-
93298	E	REM INTERROG DEV EVAL SCRMS				Not Allowed	\$0.00			000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
93303	S	ECHO TRANSTHORACIC		05524	5.8322	APC	\$330.34			000	999	-
93304	S	ECHO TRANSTHORACIC		05524	5.8322	APC	\$330.34			000	999	-
93306	S	TTE W/DOPPLER COMPLETE		05524	5.8322	APC	\$330.34			000	999	-
93307	S	TTE W/O DOPPLER COMPLETE		05523	2.7794	APC	\$157.43			000	999	-
93308	S	TTE F-UP OR LMTD		05523	2.7794	APC	\$157.43			000	999	-
93312	S	ECHO TRANSESOPHAGEAL		05524	5.8322	APC	\$330.34			000	999	-
93313	S	ECHO TRANSESOPHAGEAL		05524	5.8322	APC	\$330.34			000	999	-
93314	N	ECHO TRANSESOPHAGEAL				Bundled	\$0.00			000	999	-
93315	S	ECHO TRANSESOPHAGEAL		05524	5.8322	APC	\$330.34			000	999	-
93316	S	ECHO TRANSESOPHAGEAL		05524	5.8322	APC	\$330.34			000	999	-
93317	N	ECHO TRANSESOPHAGEAL				Bundled	\$0.00			000	999	-
93318	S	ECHO TRANSESOPHAGEAL INTRAOP		05524	5.8322	APC	\$330.34			000	999	-
93320	N	DOPPLER ECHO EXAM HEART				Bundled	\$0.00			000	999	-
93321	N	DOPPLER ECHO EXAM HEART				Bundled	\$0.00			000	999	-
93325	N	DOPPLER COLOR FLOW ADD-ON				Bundled	\$0.00			000	999	-
93350	S	STRESS TTE ONLY		05524	5.8322	APC	\$330.34			000	999	-
93351	S	STRESS TTE COMPLETE		05524	5.8322	APC	\$330.34			000	999	-
93352	E	ADMIN ECG CONTRAST AGENT				Not Allowed	\$0.00			000	999	-
93355	N	ECHO TRANSESOPHAGEAL (TEE)				Bundled	\$0.00			000	999	-
93356	N	MYOCRD STRAIN IMG SPCKL TRCK				Bundled	\$0.00			000	999	-
93451	T	RIGHT HEART CATH		05191	35.0136	APC	\$1,983.17			000	999	-
93452	T	LEFT HRT CATH W/VENTRCLGRPHY		05191	35.0136	APC	\$1,983.17			000	999	-
93453	T	R&L HRT CATH W/VENTRCLGRPHY		05191	35.0136	APC	\$1,983.17			000	999	-
93454	T	CORONARY ARTERY ANGIO S&I		05191	35.0136	APC	\$1,983.17			000	999	-
93455	T	CORONARY ART/GRFT ANGIO S&I		05191	35.0136	APC	\$1,983.17			000	999	-
93456	T	R HRT CORONARY ARTERY ANGIO		05191	35.0136	APC	\$1,983.17			000	999	-
93457	T	R HRT ART/GRFT ANGIO		05191	35.0136	APC	\$1,983.17			000	999	-
93458	T	L HRT ARTERY/VENTRICLE ANGIO		05191	35.0136	APC	\$1,983.17			000	999	-
93459	T	L HRT ART/GRFT ANGIO		05191	35.0136	APC	\$1,983.17			000	999	-
93460	T	R&L HRT ART/VENTRICLE ANGIO		05191	35.0136	APC	\$1,983.17			000	999	-
93461	T	R&L HRT ART/VENTRICLE ANGIO		05191	35.0136	APC	\$1,983.17			000	999	-
93462	N	L HRT CATH TRNSPTL PUNCTURE				Bundled	\$0.00			000	999	-
93463	N	DRUG ADMIN & HEMODYNMIC MEAS				Bundled	\$0.00			000	999	-
93464	N	EXERCISE W/HEMODYNAMIC MEAS				Bundled	\$0.00			000	999	-
93503	T	INSERT/PLACE HEART CATHETER		05182	16.9830	APC	\$961.92			000	999	-
93505	T	BIOPSY OF HEART LINING		05183	34.5624	APC	\$1,957.61			000	999	-
93530	T	RT HEART CATH CONGENITAL		05191	35.0136	APC	\$1,983.17			000	999	-
93531	T	R & L HEART CATH CONGENITAL		05191	35.0136	APC	\$1,983.17			000	999	-
93532	T	R & L HEART CATH CONGENITAL		05191	35.0136	APC	\$1,983.17			000	999	-
93533	T	R & L HEART CATH CONGENITAL		05191	35.0136	APC	\$1,983.17			000	999	-
93561	N	CARDIAC OUTPUT MEASUREMENT				Bundled	\$0.00			000	999	-
93562	N	CARD OUTPUT MEASURE SUBSQ				Bundled	\$0.00			000	999	-
93563	N	INJECT CONGENITAL CARD CATH				Bundled	\$0.00			000	999	-
93564	N	INJECT HRT CONGNL ART/GRFT				Bundled	\$0.00			000	999	-
93565	N	INJECT L VENTR/ATRIAL ANGIO				Bundled	\$0.00			000	999	-
93566	N	INJECT R VENTR/ATRIAL ANGIO				Bundled	\$0.00			000	999	-
93567	N	INJECT SUPRVLV AORTOGRAPHY				Bundled	\$0.00			000	999	-
93568	N	INJECT PULM ART HRT CATH				Bundled	\$0.00			000	999	-
93571	N	HEART FLOW RESERVE MEASURE				Bundled	\$0.00			000	999	-
93572	N	HEART FLOW RESERVE MEASURE				Bundled	\$0.00			000	999	-
93580	N	TRANSCATH CLOSURE OF ASD		05194	194.0167	Bundled, sometimes payable	\$10,989.11			000	999	-
93581	N	TRANSCATH CLOSURE OF VSD		05194	194.0167	Bundled, sometimes payable	\$10,989.11			000	999	-
93582	N	PERQ TRANSCATH CLOSURE PDA		05194	194.0167	Bundled, sometimes payable	\$10,989.11			000	999	-
93583	C	PERQ TRANSCATH SEPTAL REDUXN				Inpatient Only	\$0.00			000	999	-
93590	T	PERQ TRANSCATH CLS MITRAL		05194	194.0167	APC	\$10,989.11			000	999	-
93591	T	PERQ TRANSCATH CLS AORTIC		05194	194.0167	APC	\$10,989.11			000	999	-
93592	N	PERQ TRANSCATH CLOSURE EACH				Bundled	\$0.00			000	999	-

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Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
93600	N	BUNDLE OF HIS RECORDING		05212	73.4142	Bundled, sometimes payable	\$4,158.18			000	999	-
93602	N	INTRA-ATRIAL RECORDING		05212	73.4142	Bundled, sometimes payable	\$4,158.18			000	999	-
93603	N	RIGHT VENTRICULAR RECORDING		05211	13.4398	Bundled, sometimes payable	\$761.23			000	999	-
93609	N	MAP TACHYCARDIA ADD-ON				Bundled	\$0.00			000	999	-
93610	N	INTRA-ATRIAL PACING		05212	73.4142	Bundled, sometimes payable	\$4,158.18			000	999	-
93612	N	INTRAVENTRICULAR PACING		05212	73.4142	Bundled, sometimes payable	\$4,158.18			000	999	-
93613	N	ELECTROPHYS MAP 3D ADD-ON				Bundled	\$0.00			000	999	-
93615	N	ESOPHAGEAL RECORDING		05211	13.4398	Bundled, sometimes payable	\$761.23			000	999	-
93616	N	ESOPHAGEAL RECORDING		05211	13.4398	Bundled, sometimes payable	\$761.23			000	999	-
93618	N	HEART RHYTHM PACING		05211	13.4398	Bundled, sometimes payable	\$761.23			000	999	-
93619	N	ELECTROPHYSIOLOGY EVALUATION		05212	73.4142	Bundled, sometimes payable	\$4,158.18			000	999	-
93620	N	ELECTROPHYSIOLOGY EVALUATION		05212	73.4142	Bundled, sometimes payable	\$4,158.18			000	999	-
93621	N	ELECTROPHYSIOLOGY EVALUATION				Bundled	\$0.00			000	999	-
93622	N	ELECTROPHYSIOLOGY EVALUATION				Bundled	\$0.00			000	999	-
93623	N	STIMULATION PACING HEART				Bundled	\$0.00			000	999	-
93624	N	ELECTROPHYSIOLOGIC STUDY		05212	73.4142	Bundled, sometimes payable	\$4,158.18			000	999	-
93631	N	HEART PACING MAPPING				Bundled	\$0.00			000	999	-
93640	N	EVALUATION HEART DEVICE				Bundled	\$0.00			000	999	-
93641	N	ELECTROPHYSIOLOGY EVALUATION				Bundled	\$0.00			000	999	-
93642	N	ELECTROPHYSIOLOGY EVALUATION		05211	13.4398	Bundled, sometimes payable	\$761.23			000	999	-
93644	N	ELECTROPHYSIOLOGY EVALUATION				Bundled	\$0.00			000	999	-
93650	N	ABLATE HEART DYSRHYTHM FOCUS		05212	73.4142	Bundled, sometimes payable	\$4,158.18			000	999	-
93653	N	EP & ABLATE SUPRAVENT ARRHYT		05213	259.2414	Bundled, sometimes payable	\$14,683.43			000	999	-
93654	N	EP & ABLATE VENTRIC TACHY		05213	259.2414	Bundled, sometimes payable	\$14,683.43			000	999	-
93655	N	ABLATE ARRHYTHMIA ADD ON				Bundled	\$0.00			000	999	-
93656	N	TX ATRIAL FIB PULM VEIN ISOL		05213	259.2414	Bundled, sometimes payable	\$14,683.43			000	999	-
93657	N	TX L/R ATRIAL FIB ADDL				Bundled	\$0.00			000	999	-
93660	S	TILT TABLE EVALUATION		05723	5.8913	APC	\$333.68			000	999	-
93662	N	INTRACARDIAC ECG (ICE)				Bundled	\$0.00			000	999	-
93668	S	PERIPHERAL VASCULAR REHAB		05733	0.6722	APC	\$38.07			000	999	-
93701	N	BIOIMPEDANCE CV ANALYSIS		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
93702	S	BIS XTRACELL FLUID ANALYSIS		05721	1.6854	APC	\$95.46			000	999	-
93724	S	ANALYZE PACEMAKER SYSTEM		05743	3.2908	APC	\$186.39			000	999	-
93740	N	TEMPERATURE GRADIENT STUDIES		05721	1.6854	Bundled, sometimes payable	\$95.46			000	999	-
93745	S	SET-UP RADIOVERT-DEFIBRILL		05743	3.2908	APC	\$186.39			000	999	-
93750	S	INTERROGATION VAD IN PERSON		05742	1.2115	APC	\$68.62			000	999	-
93770	N	MEASURE VENOUS PRESSURE				Bundled	\$0.00			000	999	-
93784	M	AMBL BP MNTR W/SOFTWARE				Fee Schedule	\$0.00			000	999	-
93786	N	AMBL BP MNTR W/SW REC ONLY		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
93788	N	AMBL BP MNTR W/SW A/R		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
93790	E	AMBL BP MNTR W/SW I&R				Not Allowed	\$0.00			000	999	-
93792	E	PT/CAREGIVER TRAING HOME INR				Not Allowed	\$0.00			000	999	-
93793	E	ANTICOAG MGMT PT WARFARIN				Not Allowed	\$0.00			000	999	-
93797	S	CARDIAC REHAB		05771	1.4018	APC	\$79.40			000	999	-
93798	S	CARDIAC REHAB/MONITOR		05771	1.4018	APC	\$79.40			000	999	-
93799	S	CARDIOVASCULAR PROCEDURE		05721	1.6854	APC	\$95.46			000	999	-
93880	S	EXTRACRANIAL BILAT STUDY		05523	2.7794	APC	\$157.43			000	999	-
93882	S	EXTRACRANIAL UNILTD STUDY		05522	1.3161	APC	\$74.54			000	999	-
93886	S	INTRACRANIAL COMPLETE STUDY		05523	2.7794	APC	\$157.43			000	999	-
93888	S	INTRACRANIAL LIMITED STUDY		05522	1.3161	APC	\$74.54			000	999	-
93890	N	TCD VASOREACTIVITY STUDY		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
93892	N	TCD EMBOLI DETECT W/O INJ		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
93893	N	TCD EMBOLI DETECT W/INJ		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
93895	E	CAROTID INTIMA ATHEROMA EVAL				Not Allowed	\$0.00			000	999	-
93922	N	UPR/L XTREMITY ART 2 LEVELS		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
93923	S	UPR/LXTR ART STDY 3+ LVLS		05721	1.6854	APC	\$95.46			000	999	-
93924	S	LWR XTR VASC STDY BILAT		05722	3.1939	APC	\$180.90			000	999	-

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93925	S	LOWER EXTREMITY STUDY		05523	2.7794	APC	\$157.43			000	999	-
93926	S	LOWER EXTREMITY STUDY		05522	1.3161	APC	\$74.54			000	999	-
93930	S	UPPER EXTREMITY STUDY		05523	2.7794	APC	\$157.43			000	999	-
93931	S	UPPER EXTREMITY STUDY		05522	1.3161	APC	\$74.54			000	999	-
93970	S	EXTREMITY STUDY		05523	2.7794	APC	\$157.43			000	999	-
93971	S	EXTREMITY STUDY		05522	1.3161	APC	\$74.54			000	999	-
93975	S	VASCULAR STUDY		05523	2.7794	APC	\$157.43			000	999	-
93976	S	VASCULAR STUDY		05522	1.3161	APC	\$74.54			000	999	-
93978	S	VASCULAR STUDY		05523	2.7794	APC	\$157.43			000	999	-
93979	N	VASCULAR STUDY		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
93980	S	PENILE VASCULAR STUDY		05522	1.3161	APC	\$74.54			000	999	-
93981	S	PENILE VASCULAR STUDY		05522	1.3161	APC	\$74.54			000	999	-
93985	S	DUP-SCAN HEMO COMPL BI STD		05523	2.7794	APC	\$163.37			000	999	-
93986	S	DUP-SCAN HEMO COMPL UNI STD		05522	1.3161	APC	\$78.58			000	999	-
93990	N	DOPPLER FLOW TESTING		05522	1.3161	Bundled, sometimes payable	\$74.54			000	999	-
93998	N	NONINVAS VASC DX STUDY PROC		05731	0.2980	Bundled, sometimes payable	\$16.88			000	999	-
94002	N	VENT MGMT INPAT INIT DAY		05801	5.8609	Bundled, sometimes payable	\$331.96			000	999	-
94003	N	VENT MGMT INPAT SUBQ DAY		05801	5.8609	Bundled, sometimes payable	\$331.96			000	999	-
94004	E	VENT MGMT NF PER DAY				Not Allowed	\$0.00			000	999	-
94005	E	HOME VENT MGMT SUPERVISION				Not Allowed	\$0.00			000	999	-
94010	N	BREATHING CAPACITY TEST		05721	1.6854	Bundled, sometimes payable	\$95.46			000	999	-
94011	N	SPIROMETRY UP TO 2 YRS OLD		05721	1.6854	Bundled, sometimes payable	\$95.46			000	002	-
94012	N	SPIRMTRY W/BRNCHDIL INF-2 YR		05722	3.1939	Bundled, sometimes payable	\$180.90			000	002	-
94013	S	MEAS LUNG VOL THRU 2 YRS		05723	5.8913	APC	\$333.68			000	002	-
94014	N	PATIENT RECORDED SPIROMETRY		05735	3.2637	Bundled, sometimes payable	\$184.86			000	999	-
94015	N	PATIENT RECORDED SPIROMETRY		05722	3.1939	Bundled, sometimes payable	\$180.90			000	999	-
94016	M	REVIEW PATIENT SPIROMETRY				Fee Schedule	\$28.68			000	999	-
94060	S	EVALUATION OF WHEEZING		05722	3.1939	APC	\$180.90			000	999	-
94070	S	EVALUATION OF WHEEZING		05722	3.1939	APC	\$180.90			000	999	-
94150	N	VITAL CAPACITY TEST		05721	1.6854	Bundled, sometimes payable	\$95.46			000	999	-
94200	N	LUNG FUNCTION TEST (MBC/MVV)		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
94375	N	RESPIRATORY FLOW VOLUME LOOP		05722	3.1939	Bundled, sometimes payable	\$180.90			000	999	-
94450	N	HYPOXIA RESPONSE CURVE		05722	3.1939	Bundled, sometimes payable	\$180.90			000	999	-
94452	N	HAST W/REPORT		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
94453	N	HAST W/OXYGEN TITRATE		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
94610	N	SURFACTANT ADMIN THRU TUBE		05791	2.2692	Bundled, sometimes payable	\$128.53			000	000	-
94617	N	EXERCISE TST BRNCSPSM		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
94618	N	PULMONARY STRESS TESTING		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
94619	N	EXERCISE TST BRNCSPSM WO ECG		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
94621	S	CARDIOPULM EXERCISE TESTING		05722	3.1939	APC	\$180.90			000	999	-
94640	N	AIRWAY INHALATION TREATMENT		05791	2.2692	Bundled, sometimes payable	\$128.53			000	999	-
94642	N	AEROSOL INHALATION TREATMENT		05791	2.2692	Bundled, sometimes payable	\$128.53			000	999	-
94644	N	CBT 1ST HOUR		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
94645	N	CBT EACH ADDL HOUR				Bundled	\$0.00			000	999	-
94660	N	POS AIRWAY PRESSURE CPAP		05791	2.2692	Bundled, sometimes payable	\$128.53			000	999	-
94662	N	NEG PRESS VENTILATION CNP		05801	5.8609	Bundled, sometimes payable	\$331.96			000	999	-
94664	N	EVALUATE PT USE OF INHALER		05791	2.2692	Bundled, sometimes payable	\$128.53			000	999	-
94667	N	CHEST WALL MANIPULATION		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
94668	N	CHEST WALL MANIPULATION		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
94669	N	MECHANICAL CHEST WALL OSCILL		05791	2.2692	Bundled, sometimes payable	\$128.53			000	999	-
94680	N	EXHALED AIR ANALYSIS O2		05721	1.6854	Bundled, sometimes payable	\$95.46			000	999	-
94681	N	EXHALED AIR ANALYSIS O2/CO2		05722	3.1939	Bundled, sometimes payable	\$180.90			000	999	-
94690	N	EXHALED AIR ANALYSIS		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
94726	N	PULM FUNCT TST PLETHYSMOGRAP		05722	3.1939	Bundled, sometimes payable	\$180.90			000	999	-
94727	N	PULM FUNCTION TEST BY GAS		05721	1.6854	Bundled, sometimes payable	\$95.46			000	999	-
94728	N	AIRWY RESIST BY OSCILLOMETRY		05722	3.1939	Bundled, sometimes payable	\$180.90			000	999	-
94729	N	CO/MEMBANE DIFFUSE CAPACITY				Bundled	\$0.00			000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
94760	N	MEASURE BLOOD OXYGEN LEVEL				Bundled	\$0.00			000	999	-
94761	N	MEASURE BLOOD OXYGEN LEVEL				Bundled	\$0.00			000	999	-
94762	N	MEASURE BLOOD OXYGEN LEVEL		05721	1.6854	Bundled, sometimes payable	\$95.46			000	999	-
94772	S	BREATH RECORDING INFANT		05723	5.8913	APC	\$333.68			000	001	-
94774	E	PED HOME APNEA REC COMPL				Not Allowed	\$0.00			000	019	-
94775	S	PED HOME APNEA REC HK-UP		05721	1.6854	APC	\$95.46			000	019	-
94776	S	PED HOME APNEA REC DOWNLD		05721	1.6854	APC	\$95.46			000	019	-
94777	E	PED HOME APNEA REC REPORT				Not Allowed	\$0.00			000	019	-
94780	N	CARS/BD TST INFT-12MO 60 MIN		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
94781	N	CARS/BD TST INFT-12MO +30MIN				Bundled	\$0.00			000	999	-
94799	N	PULMONARY SERVICE/PROCEDURE		05721	1.6854	Bundled, sometimes payable	\$95.46			000	999	-
95004	N	PERCUT ALLERGY SKIN TESTS		05724	11.1093	Bundled, sometimes payable	\$629.23			000	999	-
95012	N	EXHALED NITRIC OXIDE MEAS		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
95017	N	PERQ & ICUT ALLG TEST VENOMS		05731	0.2980	Bundled, sometimes payable	\$16.88			000	999	-
95018	N	PERQ&IC ALLG TEST DRUGS/BIOL		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
95024	N	ICUT ALLERGY TEST DRUG/BUG		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
95027	N	ICUT ALLERGY TITRATE-AIRBORN		05731	0.2980	Bundled, sometimes payable	\$16.88			000	999	-
95028	N	ICUT ALLERGY TEST-DELAYED		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
95044	N	ALLERGY PATCH TESTS		05724	11.1093	Bundled, sometimes payable	\$629.23			000	999	-
95052	N	PHOTO PATCH TEST		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
95056	N	PHOTOSENSITIVITY TESTS		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
95060	N	EYE ALLERGY TESTS		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
95065	N	NOSE ALLERGY TEST		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
95070	S	BRONCHIAL ALLERGY TESTS		05723	5.8913	APC	\$333.68			000	999	-
95076	S	INGEST CHALLENGE INI 120 MIN		05723	5.8913	APC	\$333.68			000	999	-
95079	N	INGEST CHALLENGE ADDL 60 MIN				Bundled	\$0.00			000	999	-
95115	N	IMMUNOTHERAPY ONE INJECTION		05691	0.4831	Bundled, sometimes payable	\$27.36			000	999	-
95117	N	IMMUNOTHERAPY INJECTIONS		05691	0.4831	Bundled, sometimes payable	\$27.36			000	999	-
95120	E	IMMUNOTHERAPY ONE INJECTION				Not Allowed	\$0.00			000	999	-
95125	E	IMMUNOTHERAPY 2/> INJECTIONS				Not Allowed	\$0.00			000	999	-
95130	E	IMMNTX 1 STING INSECT				Not Allowed	\$0.00			000	999	-
95131	E	IMMNTX 2 STING INSECTS				Not Allowed	\$0.00			000	999	-
95132	E	IMMNTX 3 STING INSECTS				Not Allowed	\$0.00			000	999	-
95133	E	IMMNTX 4 STING INSECTS				Not Allowed	\$0.00			000	999	-
95134	E	IMMNTX 5 STING INSECTS				Not Allowed	\$0.00			000	999	-
95144	N	ANTIGEN THERAPY SERVICES		05691	0.4831	Bundled, sometimes payable	\$27.36			000	999	-
95145	N	ANTIGEN THERAPY SERVICES		05691	0.4831	Bundled, sometimes payable	\$27.36			000	999	-
95146	N	ANTIGEN THERAPY SERVICES		05691	0.4831	Bundled, sometimes payable	\$27.36			000	999	-
95147	N	ANTIGEN THERAPY SERVICES		05692	0.7485	Bundled, sometimes payable	\$42.40			000	999	-
95148	N	ANTIGEN THERAPY SERVICES		05692	0.7485	Bundled, sometimes payable	\$42.40			000	999	-
95149	N	ANTIGEN THERAPY SERVICES		05692	0.7485	Bundled, sometimes payable	\$42.40			000	999	-
95165	N	ANTIGEN THERAPY SERVICES		05691	0.4831	Bundled, sometimes payable	\$27.36			000	999	-
95170	N	ANTIGEN THERAPY SERVICES		05691	0.4831	Bundled, sometimes payable	\$27.36			000	999	-
95180	N	RAPID DESENSITIZATION		05735	3.2637	Bundled, sometimes payable	\$184.86			000	999	-
95199	N	ALLERGY IMMUNOLOGY SERVICES		05731	0.2980	Bundled, sometimes payable	\$16.88			000	999	-
95249	S	CONT GLUC MNTR PT PROV EQP		05733	0.6722	APC	\$38.07			000	999	-
95250	M	CONT GLUC MNTR PHYS/QHP EQP				Fee Schedule	\$0.00			000	999	-
95251	E	CONT GLUC MNTR ANALYSIS I&R				Not Allowed	\$0.00			000	999	-
95700	S	EEG CONT REC W/VID EEG TECH		05722	3.1939	APC	\$177.44			000	999	-
95705	S	EEG W/O VID 2-12 HR UNMNTR		05722	3.1939	APC	\$177.44			000	999	-
95706	S	EEG WO VID 2-12HR INTMT MNTR		05722	3.1939	APC	\$177.44			000	999	-
95707	S	EEG W/O VID 2-12HR CONT MNTR		05722	3.1939	APC	\$177.44			000	999	-
95708	S	EEG WO VID EA 12-26HR UNMNTR		05723	5.8913	APC	\$340.43			000	999	-
95709	S	EEG W/O VID EA 12-26HR INTMT		05723	5.8913	APC	\$340.43			000	999	-
95710	S	EEG W/O VID EA 12-26HR CONT		05723	5.8913	APC	\$340.43			000	999	-
95711	S	VEEG 2-12 HR UNMONITORED		05722	3.1939	APC	\$177.44			000	999	-
95712	S	VEEG 2-12 HR INTMT MNTR		05722	3.1939	APC	\$177.44			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
95713	S	VEEG 2-12 HR CONT MNTR		05723	5.8913	APC	\$340.43			000	999	-
95714	S	VEEG EA 12-26 HR UNMNTR		05723	5.8913	APC	\$340.43			000	999	-
95715	S	VEEG EA 12-26HR INTMT MNTR		05723	5.8913	APC	\$340.43			000	999	-
95716	S	VEEG EA 12-26HR CONT MNTR		05724	11.1093	APC	\$637.22			000	999	-
95717	E	EEG PHYS/QHP 2-12 HR W/O VID				Not Allowed	\$0.00			000	999	-
95718	E	EEG PHYS/QHP 2-12 HR W/VEEG				Not Allowed	\$0.00			000	999	-
95719	E	EEG PHYS/QHP EA INCR W/O VID				Not Allowed	\$0.00			000	999	-
95720	E	EEG PHY/QHP EA INCR W/VEEG				Not Allowed	\$0.00			000	999	-
95721	E	EEG PHY/QHP>36<60 HR W/O VID				Not Allowed	\$0.00			000	999	-
95722	E	EEG PHY/QHP>36<60 HR W/VEEG				Not Allowed	\$0.00			000	999	-
95723	E	EEG PHY/QHP>60<84 HR W/O VID				Not Allowed	\$0.00			000	999	-
95724	E	EEG PHY/QHP>60<84 HR W/VEEG				Not Allowed	\$0.00			000	999	-
95725	E	EEG PHY/QHP>84 HR W/O VID				Not Allowed	\$0.00			000	999	-
95726	E	EEG PHY/QHP>84 HR W/VEEG				Not Allowed	\$0.00			000	999	-
95782	S	POLYSOM <6 YRS 4/> PARAMTRS		05724	11.1093	APC	\$629.23			000	006	-
95783	S	POLYSOM <6 YRS CPAP/BILVL		05724	11.1093	APC	\$629.23			000	006	-
95800	S	SLP STDY UNATTENDED		05721	1.6854	APC	\$95.46			000	999	-
95801	N	SLP STDY UNATND W/ANAL		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
95803	N	ACTIGRAPHY TESTING		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
95805	S	MULTIPLE SLEEP LATENCY TEST		05723	5.8913	APC	\$333.68			000	999	-
95806	S	SLEEP STUDY UNATT&RESP EFFT		05721	1.6854	APC	\$95.46			000	999	-
95807	S	SLEEP STUDY ATTENDED		05723	5.8913	APC	\$333.68			000	999	-
95808	S	POLYSOM ANY AGE 1-3> PARAM		05724	11.1093	APC	\$629.23			000	999	-
95810	S	POLYSOM 6/> YRS 4/> PARAM		05724	11.1093	APC	\$629.23			000	999	-
95811	S	POLYSOM 6/>YRS CPAP 4/> PARM		05724	11.1093	APC	\$629.23			000	999	-
95812	S	EEG 41-60 MINUTES		05722	3.1939	APC	\$180.90			000	999	-
95813	S	EEG EXTND MNTR 61-119 MIN		05722	3.1939	APC	\$180.90			000	999	-
95816	S	EEG AWAKE AND DROWSY		05722	3.1939	APC	\$180.90			000	999	-
95819	S	EEG AWAKE AND ASLEEP		05722	3.1939	APC	\$180.90			000	999	-
95822	S	EEG COMA OR SLEEP ONLY		05722	3.1939	APC	\$180.90			000	999	-
95824	S	EEG CEREBRAL DEATH ONLY		05723	5.8913	APC	\$333.68			000	999	-
95829	N	SURGERY ELECTROCORTICOGRAM				Bundled	\$0.00			000	999	-
95830	M	INSERT ELECTRODES FOR EEG				Fee Schedule	\$0.00			000	999	-
95836	S	ECOG IMPLTD BRN NPGT <30 D		05741	0.4487	APC	\$25.41			000	999	-
95851	M	RANGE OF MOTION MEASUREMENTS				Fee Schedule	\$9.21			000	999	-
95852	M	RANGE OF MOTION MEASUREMENTS				Fee Schedule	\$6.84			000	999	-
95857	S	CHOLINESTERASE CHALLENGE		05722	3.1939	APC	\$180.90			000	999	-
95860	N	MUSCLE TEST ONE LIMB		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
95861	N	MUSCLE TEST 2 LIMBS		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
95863	S	MUSCLE TEST 3 LIMBS		05721	1.6854	APC	\$95.46			000	999	-
95864	S	MUSCLE TEST 4 LIMBS		05721	1.6854	APC	\$95.46			000	999	-
95865	N	MUSCLE TEST LARYNX		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
95866	N	MUSCLE TEST HEMIDIAPHRAGM		05721	1.6854	Bundled, sometimes payable	\$95.46			000	999	-
95867	S	MUSCLE TEST CRAN NERV UNILAT		05722	3.1939	APC	\$180.90			000	999	-
95868	S	MUSCLE TEST CRAN NERVE BILAT		05722	3.1939	APC	\$180.90			000	999	-
95869	N	MUSCLE TEST THOR PARASPINAL		05721	1.6854	Bundled, sometimes payable	\$95.46			000	999	-
95870	N	MUSCLE TEST NONPARASPINAL		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
95872	S	MUSCLE TEST ONE FIBER		05721	1.6854	APC	\$95.46			000	999	-
95873	N	GUIDE NERV DESTR ELEC STIM				Bundled	\$0.00			000	999	-
95874	N	GUIDE NERV DESTR NEEDLE EMG				Bundled	\$0.00			000	999	-
95875	S	LIMB EXERCISE TEST		05721	1.6854	APC	\$95.46			000	999	-
95885	N	MUSC TST DONE W/NERV TST LIM				Bundled	\$0.00			000	999	-
95886	N	MUSC TEST DONE W/N TEST COMP				Bundled	\$0.00			000	999	-
95887	N	MUSC TST DONE W/N TST NONEXT				Bundled	\$0.00			000	999	-
95905	N	MOTOR & SENS NERVE CNDJ TEST		05735	3.2637	Bundled, sometimes payable	\$184.86			000	999	-
95907	S	NVR CNDJ TST 1-2 STUDIES		05721	1.6854	APC	\$95.46			000	999	-
95908	S	NRV CNDJ TST 3-4 STUDIES		05722	3.1939	APC	\$180.90			000	999	-

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95909	S	NRV CNDJ TST 5-6 STUDIES		05722	3.1939	APC	\$180.90			000	999	-
95910	S	NRV CNDJ TEST 7-8 STUDIES		05722	3.1939	APC	\$180.90			000	999	-
95911	S	NRV CNDJ TEST 9-10 STUDIES		05723	5.8913	APC	\$333.68			000	999	-
95912	S	NRV CNDJ TEST 11-12 STUDIES		05723	5.8913	APC	\$333.68			000	999	-
95913	S	NRV CNDJ TEST 13/> STUDIES		05723	5.8913	APC	\$333.68			000	999	-
95921	S	AUTONOMIC NRV PARASYM INERVJ		05721	1.6854	APC	\$95.46			000	999	-
95922	N	AUTONOMIC NRV ADRENRG INERVJ		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
95923	N	AUTONOMIC NRV SYST FUNJ TEST		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
95924	S	ANS PARASYMP & SYMP W/TILT		05722	3.1939	APC	\$180.90			000	999	-
95925	S	SOMATOSENSORY TESTING		05722	3.1939	APC	\$180.90			000	999	-
95926	S	SOMATOSENSORY TESTING		05722	3.1939	APC	\$180.90			000	999	-
95927	S	SOMATOSENSORY TESTING		05722	3.1939	APC	\$180.90			000	999	-
95928	S	C MOTOR EVOKED UPPR LIMBS		05724	11.1093	APC	\$629.23			000	999	-
95929	S	C MOTOR EVOKED LWR LIMBS		05723	5.8913	APC	\$333.68			000	999	-
95930	S	VISUAL EP TEST CNS W/I&R		05723	3.1939	APC	\$180.90			000	999	-
95933	N	BLINK REFLEX TEST		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
95937	S	NEUROMUSCULAR JUNCTION TEST		05721	1.6854	APC	\$95.46			000	999	-
95938	S	SOMATOSENSORY TESTING		05723	5.8913	APC	\$333.68			000	999	-
95939	S	C MOTOR EVOKED UPR&LWR LIMBS		05724	11.1093	APC	\$629.23			000	999	-
95940	N	IONM IN OPERATNG ROOM 15 MIN				Bundled	\$0.00			000	999	-
95941	N	IONM REMOTE/>1 PT OR PER HR				Bundled	\$0.00			000	999	-
95943	S	PARASYMP&SYMP HRT RATE TEST		05721	1.6854	APC	\$95.46			000	999	-
95954	S	EEG MONITORING/GIVING DRUGS		05723	5.8913	APC	\$333.68			000	999	-
95955	N	EEG DURING SURGERY				Bundled	\$0.00			000	999	-
95957	N	EEG DIGITAL ANALYSIS				Bundled	\$0.00			000	999	-
95958	S	EEG MONITORING/FUNCTION TEST		05724	11.1093	APC	\$629.23			000	999	-
95961	S	ELECTRODE STIMULATION BRAIN		05724	11.1093	APC	\$629.23			000	999	-
95962	N	ELECTRODE STIM BRAIN ADD-ON				Bundled	\$0.00			000	999	-
95965	S	MEG SPONTANEOUS		05724	11.1093	APC	\$629.23			000	999	-
95966	S	MEG EVOKED SINGLE		05724	11.1093	APC	\$629.23			000	999	-
95967	N	MEG EVOKED EACH ADDL				Bundled	\$0.00			000	999	-
95970	N	ALYS NPGT W/O PRGRMG		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
95971	S	ALYS SMPL SP/PN NPGT W/PRGRM		05742	1.2115	APC	\$68.62			000	999	-
95972	S	ALYS CPLX SP/PN NPGT W/PRGRM		05742	1.2115	APC	\$68.62			000	999	-
95976	S	ALYS SMPL CN NPGT PRGRMG		05741	0.4487	APC	\$25.41			000	999	-
95977	S	ALYS CPLX CN NPGT PRGRMG		05742	1.2115	APC	\$68.62			000	999	-
95980	N	IO ANAL GAST N-STIM INIT				Bundled	\$0.00			000	999	-
95981	N	IO ANAL GAST N-STIM SUBSQ		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
95982	N	IO GA N-STIM SUBSQ W/REPROG		05741	0.4487	Bundled, sometimes payable	\$25.41			000	999	-
95983	S	ALYS BRN NPGT PRGRMG 15 MIN		05742	1.2115	APC	\$68.62			000	999	-
95984	N	ALYS BRN NPGT PRGRMG ADDL 15				Bundled	\$0.00			000	999	-
95990	S	SPIN/BRAIN PUMP REFIL & MAIN		05694	3.7532	APC	\$212.58			000	999	-
95991	T	SPIN/BRAIN PUMP REFIL & MAIN		05441	3.1543	APC	\$178.66			000	999	-
95992	M	CANALITH REPOSITIONING PROC				Fee Schedule	\$27.00			000	999	-
95999	N	NEUROLOGICAL PROCEDURE		05721	1.6854	Bundled, sometimes payable	\$95.46			000	999	-
96000	S	MOTION ANALYSIS VIDEO/3D		05723	5.8913	APC	\$333.68			000	999	-
96001	S	MOTION TEST W/FT PRESS MEAS		05724	11.1093	APC	\$629.23			000	999	-
96002	S	DYNAMIC SURFACE EMG		05721	1.6854	APC	\$95.46			000	999	-
96003	N	DYNAMIC FINE WIRE EMG		05722	3.1939	Bundled, sometimes payable	\$180.90			000	999	-
96004	M	PHYS REVIEW OF MOTION TESTS				Fee Schedule	\$0.00			000	999	-
96020	E	FUNCTIONAL BRAIN MAPPING				Not Allowed	\$0.00			000	999	-
96040	E	GENETIC COUNSELING 30 MIN				Not Allowed	\$0.00			000	999	-
96105	Y	ASSESSMENT OF APHASIA				Fee Schedule	\$72.92			000	999	-
96110	E	DEVELOPMENTAL SCREEN W/SCORE				Not Allowed	\$0.00			000	999	-
96112	N	DEVEL TST PHYS/QHP 1ST HR		05722	3.1939	Bundled, sometimes payable	\$180.90			000	999	-
96113	N	DEVEL TST PHYS/QHP EA ADDL				Bundled	\$0.00			000	999	-
96116	N	NUBHLV XM PHYS/QHP 1ST HR		05722	3.1939	Bundled, sometimes payable	\$180.90			000	999	-

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96121	N	NUBHVL XM PHY/QHP EA ADDL HR				Bundled	\$0.00			000	999	-
96125	M	COGNITIVE TEST BY HC PRO				Fee Schedule	\$77.04			000	999	-
96127	N	BRIEF EMOTIONAL/BEHAV ASSMT		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
96130	N	PSYCL TST EVAL PHYS/QHP 1ST		05722	3.1939	Bundled, sometimes payable	\$180.90			000	999	-
96131	N	PSYCL TST EVAL PHYS/QHP EA				Bundled	\$0.00			000	999	-
96132	N	NRPSYC TST EVAL PHYS/QHP 1ST		05722	3.1939	Bundled, sometimes payable	\$180.90			000	999	-
96133	N	NRPSYC TST EVAL PHYS/QHP EA				Bundled	\$0.00			000	999	-
96136	N	PSYCL/NRPSYC TST PHY/QHP 1ST		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
96137	N	PSYCL/NRPSYC TST PHY/QHP EA				Bundled	\$0.00			000	999	-
96138	N	PSYCL/NRPSYC TECH 1ST		05735	3.2637	Bundled, sometimes payable	\$184.86			000	999	-
96139	N	PSYCL/NRPSYC TST TECH EA				Bundled	\$0.00			000	999	-
96146	N	PSYCL/NRPSYC TST AUTO RESULT		05731	0.2980	Bundled, sometimes payable	\$16.88			000	999	-
96156	N	HLTH BHV ASSMT/REASSESSMENT		05822	0.9043	Bundled, sometimes payable	\$51.22			000	999	-
96158	N	HLTH BHV IVNTJ INDIV 1ST 30		05822	0.9043	Bundled, sometimes payable	\$51.22			000	999	-
96159	N	HLTH BHV IVNTJ INDIV EA ADDL				Bundled	\$0.00			000	999	-
96160	S	PT-FOCUSED HLTH RISK ASSMT		05821	0.3168	APC	\$17.94			000	999	-
96161	S	CAREGIVER HEALTH RISK ASSMT		05821	0.3168	APC	\$17.94			000	999	-
96164	N	HLTH BHV IVNTJ GRP 1ST 30		05821	0.3168	Bundled, sometimes payable	\$17.94			000	999	-
96165	N	HLTH BHV IVNTJ GRP EA ADDL				Bundled	\$0.00			000	999	-
96167	N	HLTH BHV IVNTJ FAM 1ST 30		05821	0.3168	Bundled, sometimes payable	\$17.94			000	999	-
96168	N	HLTH BHV IVNTJ FAM EA ADDL				Bundled	\$0.00			000	999	-
96170	E	HLTH BHV IVNTJ FAM WO PT 1ST				Not Allowed	\$0.00			000	999	-
96171	E	HLTH BHV IVNTJ FAM W/O PT EA				Not Allowed	\$0.00			000	999	-
96360	S	HYDRATION IV INFUSION INIT		05693	2.4578	APC	\$139.21			000	999	-
96361	S	HYDRATE IV INFUSION ADD-ON		05691	0.4831	APC	\$27.36			000	999	-
96365	S	THER/PROPH/DIAG IV INF INIT		05693	2.4578	APC	\$139.21			000	999	-
96366	S	THER/PROPH/DIAG IV INF ADDON		05691	0.4831	APC	\$27.36			000	999	-
96367	S	TX/PROPH/DG ADDL SEQ IV INF		05692	0.7485	APC	\$42.40			000	999	-
96368	N	THER/DIAG CONCURRENT INF				Bundled	\$0.00			000	999	-
96369	S	SC THER INFUSION UP TO 1 HR		05693	2.4578	APC	\$139.21			000	999	-
96370	S	SC THER INFUSION ADDL HR		05691	0.4831	APC	\$27.36			000	999	-
96371	N	SC THER INFUSION RESET PUMP		05692	0.7485	Bundled, sometimes payable	\$42.40			000	999	-
96372	N	THER/PROPH/DIAG INJ SC/IM		05692	0.7485	Bundled, sometimes payable	\$42.40			000	999	-
96373	S	THER/PROPH/DIAG INJ IA		05693	2.4578	APC	\$139.21			000	999	-
96374	S	THER/PROPH/DIAG INJ IV PUSH		05693	2.4578	APC	\$139.21			000	999	-
96375	S	TX/PRO/DX INJ NEW DRUG ADDON		05691	0.4831	APC	\$27.36			000	999	-
96376	N	TX/PRO/DX INJ SAME DRUG ADDON				Bundled	\$0.00			000	999	-
96377	N	APPLICATION ON-BODY INJECTOR		05691	0.4831	Bundled, sometimes payable	\$27.36			000	999	-
96379	N	THER/PROP/DIAG INJ/INF PROC		05691	0.4831	Bundled, sometimes payable	\$27.36			000	999	-
96401	N	CHEMO ANTI-NEOPL SQ/IM		05692	0.7485	Bundled, sometimes payable	\$42.40			000	999	-
96402	N	CHEMO HORMON ANTINEOPL SQ/IM		05692	0.7485	Bundled, sometimes payable	\$42.40			000	999	-
96405	N	CHEMO INTRALESIONAL UP TO 7		05692	0.7485	Bundled, sometimes payable	\$42.40			000	999	-
96406	S	CHEMO INTRALESIONAL OVER 7		05693	2.4578	APC	\$139.21			000	999	-
96409	S	CHEMO IV PUSH SNGL DRUG		05693	2.4578	APC	\$139.21			000	999	-
96411	S	CHEMO IV PUSH ADDL DRUG		05692	0.7485	APC	\$42.40			000	999	-
96413	S	CHEMO IV INFUSION 1 HR		05694	3.7532	APC	\$212.58			000	999	-
96415	S	CHEMO IV INFUSION ADDL HR		05692	0.7485	APC	\$42.40			000	999	-
96416	S	CHEMO PROLONG INFUSE W/PUMP		05694	3.7532	APC	\$212.58			000	999	-
96417	S	CHEMO IV INFUS EACH ADDL SEQ		05692	0.7485	APC	\$42.40			000	999	-
96420	S	CHEMO IA PUSH TECHNIQUE		05694	3.7532	APC	\$212.58			000	999	-
96422	S	CHEMO IA INFUSION UP TO 1 HR		05693	2.4578	APC	\$139.21			000	999	-
96423	S	CHEMO IA INFUSE EACH ADDL HR		05691	0.4831	APC	\$27.36			000	999	-
96425	S	CHEMOTHERAPY INFUSION METHOD		05694	3.7532	APC	\$212.58			000	999	-
96440	S	CHEMOTHERAPY INTRACAVITARY		05694	3.7532	APC	\$212.58			000	999	-
96446	S	CHEMOTX ADMN PRTL CAVITY		05694	3.7532	APC	\$212.58			000	999	-
96450	S	CHEMOTHERAPY INTO CNS		05694	3.7532	APC	\$212.58			000	999	-
96521	S	REFILL/MAINT PORTABLE PUMP		05693	2.4578	APC	\$139.21			000	999	-

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Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
96522	S	REFILL/MAINT PUMP/RESVR SYST		05693	2.4578	APC	\$139.21			000	999	-
96523	N	IRRRIG DRUG DELIVERY DEVICE		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
96542	S	CHEMOTHERAPY INJECTION		05693	2.4578	APC	\$139.21			000	999	-
96549	N	CHEMOTHERAPY UNSPECIFIED		05691	0.4831	Bundled, sometimes payable	\$27.36			000	999	-
96567	N	PDT DSTR PRMLG LES SKN		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
96570	N	PHOTODYNAMC TX 30 MIN ADD-ON				Bundled	\$0.00			000	999	-
96571	N	PHOTODYNAMIC TX ADDL 15 MIN				Bundled	\$0.00			000	999	-
96573	N	PDT DSTR PRMLG LES PHYS/QHP		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
96574	N	DBRDMT PRMLG LES W/PDT		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
96900	N	ULTRAVIOLET LIGHT THERAPY		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
96902	N	TRICHOGRAM				Bundled	\$0.00			000	999	-
96904	N	WHOLE BODY PHOTOGRAPHY				Bundled	\$0.00			000	999	-
96910	N	PHOTOCHEMOTHERAPY WITH UV-B		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
96912	N	PHOTOCHEMOTHERAPY WITH UV-A		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
96913	T	PHOTOCHEMOTHERAPY UV-A OR B		05052	4.1770	APC	\$236.59			000	999	-
96920	N	LASER TX SKIN < 250 SQ CM		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
96921	N	LASER TX SKIN 250-500 SQ CM		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
96922	N	LASER TX SKIN >500 SQ CM		05052	4.1770	Bundled, sometimes payable	\$236.59			000	999	-
96931	E	RCM CELULR SUBCELULR IMG SKN				Not Allowed	\$0.00			000	999	-
96932	N	RCM CELULR SUBCELULR IMG SKN				Bundled	\$0.00			000	999	-
96933	E	RCM CELULR SUBCELULR IMG SKN				Not Allowed	\$0.00			000	999	-
96934	N	RCM CELULR SUBCELULR IMG SKN				Bundled	\$0.00			000	999	-
96935	N	RCM CELULR SUBCELULR IMG SKN				Bundled	\$0.00			000	999	-
96936	N	RCM CELULR SUBCELULR IMG SKN				Bundled	\$0.00			000	999	-
96999	N	DERMATOLOGICAL PROCEDURE		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
97010	E	HOT OR COLD PACKS THERAPY				Not Allowed	\$0.00			000	999	-
97012	Y	MECHANICAL TRACTION THERAPY				Fee Schedule	\$10.68			000	999	-
97014	E	ELECTRIC STIMULATION THERAPY				Not Allowed	\$0.00			000	999	-
97016	Y	VASOPNEUMATIC DEVICE THERAPY				Fee Schedule	\$8.70			000	999	-
97018	Y	PARAFFIN BATH THERAPY				Fee Schedule	\$4.27			000	999	-
97022	Y	WHIRLPOOL THERAPY				Fee Schedule	\$12.65			000	999	-
97024	Y	DIATHERMY EG MICROWAVE				Fee Schedule	\$5.01			000	999	-
97026	Y	INFRARED THERAPY				Fee Schedule	\$4.51			000	999	-
97028	Y	ULTRAVIOLET THERAPY				Fee Schedule	\$5.75			000	999	-
97032	Y	ELECTRICAL STIMULATION				Fee Schedule	\$10.43			000	999	-
97033	Y	ELECTRIC CURRENT THERAPY				Fee Schedule	\$14.62			000	999	-
97034	Y	CONTRAST BATH THERAPY				Fee Schedule	\$10.68			000	999	-
97035	Y	ULTRASOUND THERAPY				Fee Schedule	\$10.18			000	999	-
97036	Y	HYDROTHERAPY				Fee Schedule	\$24.73			000	999	-
97039	E	PHYSICAL THERAPY TREATMENT				Not Allowed	\$0.00			000	999	-
97110	Y	THERAPEUTIC EXERCISES				Fee Schedule	\$21.60			000	999	-
97112	Y	NEUROMUSCULAR REEDUCATION				Fee Schedule	\$24.81			000	999	-
97113	Y	AQUATIC THERAPY/EXERCISES				Fee Schedule	\$27.27			000	999	-
97116	Y	GAIT TRAINING THERAPY				Fee Schedule	\$21.36			000	999	-
97124	Y	MASSAGE THERAPY				Fee Schedule	\$20.54			000	999	-
97129	E	THER IVNTJ 1ST 15 MIN				Not Allowed	\$0.00			000	999	-
97130	E	THER IVNTJ EA ADDL 15 MIN				Not Allowed	\$0.00			000	999	-
97139	Y	PHYSICAL MEDICINE PROCEDURE				Charge Ratio	\$0.00			000	999	-
97140	Y	MANUAL THERAPY 1/> REGIONS				Fee Schedule	\$19.88			000	999	-
97150	Y	GROUP THERAPEUTIC PROCEDURES				Fee Schedule	\$12.90			000	999	-
97151	N	BHV ID ASSMT BY PHYS/QHP		05822	0.9043	Bundled, sometimes payable	\$51.22			000	999	-
97152	N	BHV ID SUPRT ASSMT BY 1 TECH		05822	0.9043	Bundled, sometimes payable	\$51.22			000	999	-
97153	N	ADAPTIVE BEHAVIOR TX BY TECH		05822	0.9043	Bundled, sometimes payable	\$51.22			000	999	-
97154	N	GRP ADAPT BHV TX BY TECH		05821	0.3168	Bundled, sometimes payable	\$17.94			000	999	-
97155	N	ADAPT BEHAVIOR TX PHYS/QHP		05822	0.9043	Bundled, sometimes payable	\$51.22			000	999	-
97156	N	FAM ADAPT BHV TX GDN PHY/QHP		05821	0.3168	Bundled, sometimes payable	\$17.94			000	999	-
97157	N	MULT FAM ADAPT BHV TX GDN		05821	0.3168	Bundled, sometimes payable	\$17.94			000	999	-

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January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
97158	N	GRP ADAPT BHV TX BY PHY/QHP		05821	0.3168	Bundled, sometimes payable	\$17.94			000	999	-
97161	M	PT EVAL LOW COMPLEX 20 MIN				Fee Schedule	\$60.29			000	999	-
97162	M	PT EVAL MOD COMPLEX 30 MIN				Fee Schedule	\$60.29			000	999	-
97163	M	PT EVAL HIGH COMPLEX 45 MIN				Fee Schedule	\$60.29			000	999	-
97164	M	PT RE-EVAL EST PLAN CARE				Fee Schedule	\$41.40			000	999	-
97165	M	OT EVAL LOW COMPLEX 30 MIN				Fee Schedule	\$63.99			000	999	-
97166	M	OT EVAL MOD COMPLEX 45 MIN				Fee Schedule	\$63.75			000	999	-
97167	M	OT EVAL HIGH COMPLEX 60 MIN				Fee Schedule	\$63.75			000	999	-
97168	M	OT RE-EVAL EST PLAN CARE				Fee Schedule	\$44.12			000	999	-
97169	E	ATHLETIC TRN EVAL LOW CMLPX				Not Allowed	\$0.00			000	999	-
97170	E	ATHLETIC TRN EVAL MOD CMLPX				Not Allowed	\$0.00			000	999	-
97171	E	ATHLETIC TRN EVAL HIGH CMLPX				Not Allowed	\$0.00			000	999	-
97172	E	ATHLETIC TRN RE-EVAL PLAN CR				Not Allowed	\$0.00			000	999	-
97530	Y	THERAPEUTIC ACTIVITIES				Fee Schedule	\$27.77			000	999	-
97533	Y	SENSORY INTEGRATION				Fee Schedule	\$36.40			000	999	-
97535	Y	SELF CARE MNGMENT TRAINING				Fee Schedule	\$24.07			000	999	-
97537	Y	COMMUNITY/WORK REINTEGRATION				Fee Schedule	\$23.08			000	999	-
97542	Y	WHEELCHAIR MNGMENT TRAINING				Fee Schedule	\$23.33			000	999	-
97545	E	WORK HARDENING				Not Allowed	\$0.00			000	999	-
97546	E	WORK HARDENING ADD-ON				Not Allowed	\$0.00			000	999	-
97597	T	RMVL DEVITAL TIS 20 CM<		05051	2.1685	APC	\$122.82			000	999	-
97598	N	RMVL DEVITAL TIS ADDL 20CM/<				Bundled	\$0.00			000	999	-
97602	M	WOUND(S) CARE NON-SELECTIVE				Fee Schedule	\$0.00			000	999	-
97605	M	NEG PRESS WOUND TX <=50 CM				Fee Schedule	\$0.00			000	999	-
97606	M	NEG PRESS WOUND TX >50 CM				Fee Schedule	\$0.00			000	999	-
97607	T	NEG PRESS WND TX <=50 SQ CM		05052	4.1770	APC	\$201.49			000	999	-
97608	T	NEG PRESS WOUND TX >50 CM		05052	4.1770	APC	\$201.49			000	999	-
97610	M	LOW FREQUENCY NON-THERMAL US				Fee Schedule	\$0.00			000	999	-
97750	Y	PHYSICAL PERFORMANCE TEST				Fee Schedule	\$24.56			000	999	-
97755	Y	ASSISTIVE TECHNOLOGY ASSESS				Fee Schedule	\$27.03			000	999	-
97760	Y	ORTHOTIC MGMT&TRAIING 1ST ENC				Fee Schedule	\$34.67			000	999	-
97761	M	PROSTHETIC TRAIING 1ST ENC				Fee Schedule	\$47.25			000	999	-
97763	M	ORTHC/PROSTC MGMT SBSQ ENC				Fee Schedule	\$37.14			000	999	-
97799	E	PHYSICAL MEDICINE PROCEDURE				Not Allowed	\$0.00			000	999	-
97802	M	MEDICAL NUTRITION INDIV IN				Fee Schedule	\$38.17			000	020	-
97803	M	MED NUTRITION INDIV SUBSEQ				Fee Schedule	\$32.24			000	020	-
97804	M	MEDICAL NUTRITION GROUP				Fee Schedule	\$17.90			000	020	-
97810	E	ACUPUNCT W/O STIMUL 15 MIN				Not Allowed	\$0.00			000	999	-
97811	E	ACUPUNCT W/O STIMUL ADDL 15M				Not Allowed	\$0.00			000	999	-
97813	E	ACUPUNCT W/STIMUL 15 MIN				Not Allowed	\$0.00			000	999	-
97814	E	ACUPUNCT W/STIMUL ADDL 15M				Not Allowed	\$0.00			000	999	-
98925	N	OSTEOPATH MANJ 1-2 REGIONS		05811	0.3207	Bundled, sometimes payable	\$18.16			000	999	-
98926	N	OSTEOPATH MANJ 3-4 REGIONS		05811	0.3207	Bundled, sometimes payable	\$18.16			000	999	-
98927	N	OSTEOPATH MANJ 5-6 REGIONS		05811	0.3207	Bundled, sometimes payable	\$18.16			000	999	-
98928	N	OSTEOPATH MANJ 7-8 REGIONS		05811	0.3207	Bundled, sometimes payable	\$18.16			000	999	-
98929	N	OSTEOPATH MANJ 9-10 REGIONS		05811	0.3207	Bundled, sometimes payable	\$18.16			000	999	-
98940	N	CHIROPRACT MANJ 1-2 REGIONS		05811	0.3207	Bundled, sometimes payable	\$18.16			000	999	-
98941	N	CHIROPRACT MANJ 3-4 REGIONS		05811	0.3207	Bundled, sometimes payable	\$18.16			000	999	-
98942	N	CHIROPRACTIC MANJ 5 REGIONS		05811	0.3207	Bundled, sometimes payable	\$18.16			000	999	-
98943	E	CHIROPRACT MANJ XTRSPINL 1/>				Not Allowed	\$0.00			000	999	-
98960	E	SELF-MGMT EDUC & TRAIN 1 PT				Not Allowed	\$0.00			000	999	-
98961	E	SELF-MGMT EDUC/TRAIN 2-4 PT				Not Allowed	\$0.00			000	999	-
98962	E	SELF-MGMT EDUC/TRAIN 5-8 PT				Not Allowed	\$0.00			000	999	-
98966	M	HC PRO PHONE CALL 5-10 MIN				Fee Schedule	\$9.27			000	999	-
98967	M	HC PRO PHONE CALL 11-20 MIN				Fee Schedule	\$18.62			000	999	-
98968	M	HC PRO PHONE CALL 21-30 MIN				Fee Schedule	\$27.57			000	999	-
98970	N	QNHP OL DIG ASSMT&MGMT 5-10				Bundled	\$0.00			000	999	-

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98971	N	QNHP OL DIG ASSMT&MGMT 11-20				Bundled	\$0.00			000	999	-
98972	N	QNHP OL DIG ASSMT&MGMT 21+				Bundled	\$0.00			000	999	-
99000	E	SPECIMEN HANDLING OFFICE-LAB				Not Allowed	\$0.00			000	999	-
99001	E	SPECIMEN HANDLING PT-LAB				Not Allowed	\$0.00			000	999	-
99002	M	DEVICE HANDLING PHYS/QHP				Fee Schedule	\$0.00			000	999	-
99024	M	POSTOP FOLLOW-UP VISIT				Fee Schedule	\$0.00			000	999	-
99026	E	IN-HOSPITAL ON CALL SERVICE				Not Allowed	\$0.00			000	999	-
99027	E	OUT-OF-HOSP ON CALL SERVICE				Not Allowed	\$0.00			000	999	-
99050	E	MEDICAL SERVICES AFTER HRS				Not Allowed	\$0.00			000	999	-
99051	M	MED SERV EVE/WKEND/HOLIDAY				Fee Schedule	\$0.00			000	999	-
99053	M	MED SERV 10PM-8AM 24 HR FAC				Fee Schedule	\$0.00			000	999	-
99056	E	MED SERVICE OUT OF OFFICE				Not Allowed	\$0.00			000	999	-
99058	E	OFFICE EMERGENCY CARE				Not Allowed	\$0.00			000	999	-
99060	M	OUT OF OFFICE EMERG MED SERV				Fee Schedule	\$0.00			000	999	-
99070	M	SPECIAL SUPPLIES PHYS/QHP				Fee Schedule	\$0.00			000	999	-
99071	M	PATIENT EDUCATION MATERIALS				Fee Schedule	\$0.00			000	999	-
99072	M	ADDL SUPL MATRL&STAF TM PHE				Charge Ratio	\$0.00			000	999	-
99075	E	MEDICAL TESTIMONY				Not Allowed	\$0.00			000	999	-
99078	M	GROUP HEALTH EDUCATION				Fee Schedule	\$0.00			000	999	-
99080	E	SPECIAL REPORTS OR FORMS				Not Allowed	\$0.00			000	999	-
99082	E	UNUSUAL PHYSICIAN TRAVEL				Not Allowed	\$0.00			000	999	-
99091	E	COLLJ & INTERPJ DATA EA 30 D				Not Allowed	\$0.00			000	999	-
99100	M	SPECIAL ANESTHESIA SERVICE				Fee Schedule	\$0.00			000	999	-
99116	M	ANESTHESIA WITH HYPOTHERMIA				Fee Schedule	\$0.00			000	999	-
99135	M	SPECIAL ANESTHESIA PROCEDURE				Fee Schedule	\$0.00			000	999	-
99140	M	EMERGENCY ANESTHESIA				Fee Schedule	\$0.00			000	999	-
99151	N	MOD SED SAME PHYS/QHP <5 YRS				Bundled	\$0.00			000	005	-
99152	N	MOD SED SAME PHYS/QHP 5/>YRS				Bundled	\$0.00			005	999	-
99153	N	MOD SED SAME PHYS/QHP EA				Bundled	\$0.00			000	999	-
99155	N	MOD SED OTH PHYS/QHP <5 YRS				Bundled	\$0.00			000	004	-
99156	N	MOD SED OTH PHYS/QHP 5/>YRS				Bundled	\$0.00			005	999	-
99157	N	MOD SED OTHER PHYS/QHP EA				Bundled	\$0.00			000	999	-
99170	T	ANOGENITAL EXAM CHILD W IMAG		05411	2.0571	APC	\$116.51			000	999	-
99172	E	OCULAR FUNCTION SCREEN				Not Allowed	\$0.00			000	999	-
99173	E	VISUAL ACUITY SCREEN				Not Allowed	\$0.00			000	999	-
99174	E	OCULAR INSTRUMNT SCREEN BIL				Not Allowed	\$0.00			000	999	-
99175	N	INDUCTION OF VOMITING				Bundled	\$0.00			000	999	-
99177	E	OCULAR INSTRUMNT SCREEN BIL				Not Allowed	\$0.00			000	999	-
99183	E	HYPERBARIC OXYGEN THERAPY				Not Allowed	\$0.00			000	999	-
99184	C	HYPOTHERMIA ILL NEONATE				Inpatient Only	\$0.00			000	999	-
99188	E	APP TOPICAL FLUORIDE VARNISH				Not Allowed	\$0.00			000	999	-
99190	C	SPECIAL PUMP SERVICES				Inpatient Only	\$0.00			000	999	-
99191	C	SPECIAL PUMP SERVICES				Inpatient Only	\$0.00			000	999	-
99192	C	SPECIAL PUMP SERVICES				Inpatient Only	\$0.00			000	999	-
99195	N	PHLEBOTOMY		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
99199	E	SPECIAL SERVICE/PROC/REPORT				Not Allowed	\$0.00			000	999	-
99202	M	OFFICE/OUTPATIENT VISIT NEW				Fee Schedule	\$0.00			000	999	-
99203	M	OFFICE/OUTPATIENT VISIT NEW				Fee Schedule	\$0.00			000	999	-
99204	M	OFFICE/OUTPATIENT VISIT NEW				Fee Schedule	\$0.00			000	999	-
99205	M	OFFICE/OUTPATIENT VISIT NEW				Fee Schedule	\$0.00			000	999	-
99211	M	OFFICE/OUTPATIENT VISIT EST				Fee Schedule	\$0.00			000	999	-
99212	M	OFFICE/OUTPATIENT VISIT EST				Fee Schedule	\$0.00			000	999	-
99213	M	OFFICE/OUTPATIENT VISIT EST				Fee Schedule	\$0.00			000	999	-
99214	M	OFFICE/OUTPATIENT VISIT EST				Fee Schedule	\$0.00			000	999	-
99215	M	OFFICE/OUTPATIENT VISIT EST				Fee Schedule	\$0.00			000	999	-
99217	M	OBSERVATION CARE DISCHARGE				Fee Schedule	\$0.00			000	999	-
99218	M	INITIAL OBSERVATION CARE				Fee Schedule	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
99219	M	INITIAL OBSERVATION CARE				Fee Schedule	\$0.00			000	999	-
99220	M	INITIAL OBSERVATION CARE				Fee Schedule	\$0.00			000	999	-
99221	M	INITIAL HOSPITAL CARE				Fee Schedule	\$0.00			000	999	-
99222	M	INITIAL HOSPITAL CARE				Fee Schedule	\$0.00			000	999	-
99223	M	INITIAL HOSPITAL CARE				Fee Schedule	\$0.00			000	999	-
99224	E	SUBSEQUENT OBSERVATION CARE				Not Allowed	\$0.00			000	999	-
99225	E	SUBSEQUENT OBSERVATION CARE				Not Allowed	\$0.00			000	999	-
99226	E	SUBSEQUENT OBSERVATION CARE				Not Allowed	\$0.00			000	999	-
99231	M	SUBSEQUENT HOSPITAL CARE				Fee Schedule	\$0.00			000	999	-
99232	M	SUBSEQUENT HOSPITAL CARE				Fee Schedule	\$0.00			000	999	-
99233	M	SUBSEQUENT HOSPITAL CARE				Fee Schedule	\$0.00			000	999	-
99234	M	OBSERV/HOSP SAME DATE				Fee Schedule	\$0.00			000	999	-
99235	M	OBSERV/HOSP SAME DATE				Fee Schedule	\$0.00			000	999	-
99236	M	OBSERV/HOSP SAME DATE				Fee Schedule	\$0.00			000	999	-
99238	M	HOSPITAL DISCHARGE DAY				Fee Schedule	\$0.00			000	999	-
99239	M	HOSPITAL DISCHARGE DAY				Fee Schedule	\$0.00			000	999	-
99241	E	OFFICE CONSULTATION				Not Allowed	\$0.00			000	999	-
99242	E	OFFICE CONSULTATION				Not Allowed	\$0.00			000	999	-
99243	E	OFFICE CONSULTATION				Not Allowed	\$0.00			000	999	-
99244	E	OFFICE CONSULTATION				Not Allowed	\$0.00			000	999	-
99245	E	OFFICE CONSULTATION				Not Allowed	\$0.00			000	999	-
99251	E	INPATIENT CONSULTATION				Not Allowed	\$0.00			000	999	-
99252	E	INPATIENT CONSULTATION				Not Allowed	\$0.00			000	999	-
99253	E	INPATIENT CONSULTATION				Not Allowed	\$0.00			000	999	-
99254	E	INPATIENT CONSULTATION				Not Allowed	\$0.00			000	999	-
99255	E	INPATIENT CONSULTATION				Not Allowed	\$0.00			000	999	-
99281	N	EMERGENCY DEPT VISIT		05021	1.4341	Bundled, sometimes payable	\$81.23			000	999	-
99282	N	EMERGENCY DEPT VISIT		05022	1.4341	Bundled, sometimes payable	\$81.23			000	999	-
99283	N	EMERGENCY DEPT VISIT		05023	2.7972	Bundled, sometimes payable	\$158.43			000	999	-
99284	N	EMERGENCY DEPT VISIT		05024	4.3931	Bundled, sometimes payable	\$248.83			000	999	-
99285	N	EMERGENCY DEPT VISIT		05025	6.3060	Bundled, sometimes payable	\$357.17			000	999	-
99288	E	DIRECT ADVANCED LIFE SUPPORT				Not Allowed	\$0.00			000	999	-
99291	N	CRITICAL CARE FIRST HOUR		05041	8.3660	Bundled, sometimes payable	\$473.85			000	999	-
99292	N	CRITICAL CARE ADDL 30 MIN				Bundled	\$0.00			000	999	-
99304	M	NURSING FACILITY CARE INIT				Fee Schedule	\$0.00			000	999	-
99305	M	NURSING FACILITY CARE INIT				Fee Schedule	\$0.00			000	999	-
99306	M	NURSING FACILITY CARE INIT				Fee Schedule	\$0.00			000	999	-
99307	M	NURSING FAC CARE SUBSEQ				Fee Schedule	\$0.00			000	999	-
99308	M	NURSING FAC CARE SUBSEQ				Fee Schedule	\$0.00			000	999	-
99309	M	NURSING FAC CARE SUBSEQ				Fee Schedule	\$0.00			000	999	-
99310	M	NURSING FAC CARE SUBSEQ				Fee Schedule	\$0.00			000	999	-
99315	M	NURSING FAC DISCHARGE DAY				Fee Schedule	\$0.00			000	999	-
99316	M	NURSING FAC DISCHARGE DAY				Fee Schedule	\$0.00			000	999	-
99318	M	ANNUAL NURSING FAC ASSESSMNT				Fee Schedule	\$0.00			000	999	-
99324	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	\$0.00			000	999	-
99325	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	\$0.00			000	999	-
99326	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	\$0.00			000	999	-
99327	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	\$0.00			000	999	-
99328	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	\$0.00			000	999	-
99334	M	DOMICIL/R-HOME VISIT EST PAT				Fee Schedule	\$0.00			000	999	-
99335	M	DOMICIL/R-HOME VISIT EST PAT				Fee Schedule	\$0.00			000	999	-
99336	M	DOMICIL/R-HOME VISIT EST PAT				Fee Schedule	\$0.00			000	999	-
99337	M	DOMICIL/R-HOME VISIT EST PAT				Fee Schedule	\$0.00			000	999	-
99339	M	DOMICIL/R-HOME CARE SUPERVIS				Fee Schedule	\$0.00			000	999	-
99340	M	DOMICIL/R-HOME CARE SUPERVIS				Fee Schedule	\$0.00			000	999	-
99341	M	HOME VISIT NEW PATIENT				Fee Schedule	\$0.00			000	999	-
99342	M	HOME VISIT NEW PATIENT				Fee Schedule	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
99343	M	HOME VISIT NEW PATIENT				Fee Schedule	\$0.00			000	999	-
99344	M	HOME VISIT NEW PATIENT				Fee Schedule	\$0.00			000	999	-
99345	M	HOME VISIT NEW PATIENT				Fee Schedule	\$0.00			000	999	-
99347	M	HOME VISIT EST PATIENT				Fee Schedule	\$0.00			000	999	-
99348	M	HOME VISIT EST PATIENT				Fee Schedule	\$0.00			000	999	-
99349	M	HOME VISIT EST PATIENT				Fee Schedule	\$0.00			000	999	-
99350	M	HOME VISIT EST PATIENT				Fee Schedule	\$0.00			000	999	-
99354	N	PROLONG E&M/PSYCTX SERV O/P				Bundled	\$0.00			000	999	-
99355	N	PROLONG E&M/PSYCTX SERV O/P				Bundled	\$0.00			000	999	-
99356	C	PROLONGED SERVICE INPATIENT				Inpatient Only	\$0.00			000	999	-
99357	C	PROLNG SVC IP/OBS EA ADDL				Inpatient Only	\$0.00			000	999	-
99358	N	PROLONG SERVICE W/O CONTACT				Bundled	\$0.00			000	999	-
99359	N	PROLONG SERV W/O CONTACT ADD				Bundled	\$0.00			000	999	-
99360	E	PHYSICIAN STANDBY SERVICES				Not Allowed	\$0.00			000	999	-
99366	E	TEAM CONF W/PAT BY HC PROF				Not Allowed	\$0.00			000	999	-
99367	N	TEAM CONF W/O PAT BY PHYS				Bundled	\$0.00			000	999	-
99368	E	TEAM CONF W/O PAT BY HC PRO				Not Allowed	\$0.00			000	999	-
99374	E	HOME HEALTH CARE SUPERVISION				Not Allowed	\$0.00			000	999	-
99375	E	HOME HEALTH CARE SUPERVISION				Not Allowed	\$0.00			000	999	-
99377	E	HOSPICE CARE SUPERVISION				Not Allowed	\$0.00			000	999	-
99378	E	HOSPICE CARE SUPERVISION				Not Allowed	\$0.00			000	999	-
99379	E	NURSING FAC CARE SUPERVISION				Not Allowed	\$0.00			000	999	-
99380	E	NURSING FAC CARE SUPERVISION				Not Allowed	\$0.00			000	999	-
99381	M	INIT PM E/M NEW PAT INFANT				Fee Schedule	\$0.00			000	000	-
99382	M	INIT PM E/M NEW PAT 1-4 YRS				Fee Schedule	\$0.00			001	004	-
99383	M	PREV VISIT NEW AGE 5-11				Fee Schedule	\$0.00			005	011	-
99384	M	PREV VISIT NEW AGE 12-17				Fee Schedule	\$0.00			012	017	-
99385	M	PREV VISIT NEW AGE 18-39				Fee Schedule	\$0.00			018	039	-
99386	M	PREV VISIT NEW AGE 40-64				Fee Schedule	\$0.00			040	064	-
99387	M	INIT PM E/M NEW PAT 65+ YRS				Fee Schedule	\$0.00			065	999	-
99391	M	PER PM REEVAL EST PAT INFANT				Fee Schedule	\$0.00			000	000	-
99392	M	PREV VISIT EST AGE 1-4				Fee Schedule	\$0.00			001	004	-
99393	M	PREV VISIT EST AGE 5-11				Fee Schedule	\$0.00			005	011	-
99394	M	PREV VISIT EST AGE 12-17				Fee Schedule	\$0.00			012	017	-
99395	M	PREV VISIT EST AGE 18-39				Fee Schedule	\$0.00			018	039	-
99396	M	PREV VISIT EST AGE 40-64				Fee Schedule	\$0.00			040	064	-
99397	M	PER PM REEVAL EST PAT 65+ YR				Fee Schedule	\$0.00			065	999	-
99401	M	PREVENTIVE COUNSELING INDIV				Fee Schedule	\$0.00			000	999	-
99402	M	PREVENTIVE COUNSELING INDIV				Fee Schedule	\$0.00			000	999	-
99403	M	PREVENTIVE COUNSELING INDIV				Fee Schedule	\$0.00			000	999	-
99404	M	PREVENTIVE COUNSELING INDIV				Fee Schedule	\$0.00			000	999	-
99406	S	BEHAV CHNG SMOKING 3-10 MIN		05821	0.3168	APC	\$17.94			000	999	-
99407	S	BEHAV CHNG SMOKING > 10 MIN		05821	0.3168	APC	\$17.94			000	999	-
99408	M	AUDIT/DAST 15-30 MIN				Fee Schedule	\$0.00			000	999	-
99409	M	AUDIT/DAST OVER 30 MIN				Fee Schedule	\$0.00			000	999	-
99411	M	PREVENTIVE COUNSELING GROUP				Fee Schedule	\$0.00			000	999	-
99412	M	PREVENTIVE COUNSELING GROUP				Fee Schedule	\$0.00			000	999	-
99415	N	PROLONG CLINCL STAFF SVC				Bundled	\$0.00			000	999	-
99416	N	PROLONG CLINCL STAFF SVC ADD				Bundled	\$0.00			000	999	-
99421	N	OL DIG E/M SVC 5-10 MIN				Bundled	\$0.00			000	999	-
99422	N	OL DIG E/M SVC 11-20 MIN				Bundled	\$0.00			000	999	-
99423	N	OL DIG E/M SVC 21+ MIN				Bundled	\$0.00			000	999	-
99429	M	UNLISTED PREVENTIVE SERVICE				Fee Schedule	\$0.00			000	999	-
99439	N	CHRN CARE MGMT SVC EA ADDL				Bundled	\$0.00			000	999	-
99441	M	PHONE E/M PHYS/QHP 5-10 MIN				Fee Schedule	\$29.43			000	999	-
99442	M	PHONE E/M PHYS/QHP 11-20 MIN				Fee Schedule	\$58.24			000	999	-
99443	M	PHONE E/M PHYS/QHP 21-30 MIN				Fee Schedule	\$89.41			000	999	-

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99446	E	NTRPROF PH1/NTRNET/EHR 5-10				Not Allowed	\$0.00			000	999	-
99447	E	NTRPROF PH1/NTRNET/EHR 11-20				Not Allowed	\$0.00			000	999	-
99448	E	NTRPROF PH1/NTRNET/EHR 21-30				Not Allowed	\$0.00			000	999	-
99449	E	NTRPROF PH1/NTRNET/EHR 31/>				Not Allowed	\$0.00			000	999	-
99450	E	BASIC LIFE DISABILITY EXAM				Not Allowed	\$0.00			000	999	-
99451	E	NTRPROF PH1/NTRNET/EHR 5/>				Not Allowed	\$0.00			000	999	-
99452	E	NTRPROF PH1/NTRNET/EHR RFRL				Not Allowed	\$0.00			000	999	-
99453	E	REM MNTR PHYSIOL PARAM SETUP				Not Allowed	\$0.00			000	999	-
99454	S	REM MNTR PHYSIOL PARAM DEV		05741	0.4487	APC	\$25.41			000	999	-
99455	E	WORK RELATED DISABILITY EXAM				Not Allowed	\$0.00			000	999	-
99456	E	DISABILITY EXAMINATION				Not Allowed	\$0.00			000	999	-
99457	M	REM PHYSIOL MNTR 1ST 20 MIN				Fee Schedule	\$0.00			000	999	-
99458	M	REM PHYSIOL MNTR EA ADDL 20				Fee Schedule	\$0.00			000	999	-
99460	M	INIT NB EM PER DAY HOSP				Fee Schedule	\$0.00			000	000	-
99461	E	INIT NB EM PER DAY NON-FAC				Not Allowed	\$0.00			000	000	-
99462	C	SBSQ NB EM PER DAY HOSP				Inpatient Only	\$0.00			000	000	-
99463	M	SAME DAY NB DISCHARGE				Fee Schedule	\$0.00			000	000	-
99464	N	ATTENDANCE AT DELIVERY				Bundled	\$0.00			000	000	-
99465	S	NB RESUSCITATION		05781	6.7866	APC	\$384.39			000	000	-
99466	N	PED CRIT CARE TRANSPORT				Bundled	\$0.00			000	001	-
99467	N	PED CRIT CARE TRANSPORT ADDL				Bundled	\$0.00			000	001	-
99468	C	NEONATE CRIT CARE INITIAL				Inpatient Only	\$0.00			000	000	-
99469	C	NEONATE CRIT CARE SUBSQ				Inpatient Only	\$0.00			000	000	-
99471	C	PED CRITICAL CARE INITIAL				Inpatient Only	\$0.00			000	001	-
99472	C	PED CRITICAL CARE SUBSQ				Inpatient Only	\$0.00			000	001	-
99473	E	SELF-MEAS BP PT EDUCAJ/TRAIN				Not Allowed	\$0.00			000	999	-
99474	M	SELF-MEAS BP 2 READG BID 30D				Fee Schedule	\$0.00			000	999	-
99475	C	PED CRIT CARE AGE 2-5 INIT				Inpatient Only	\$0.00			002	005	-
99476	C	PED CRIT CARE AGE 2-5 SUBSQ				Inpatient Only	\$0.00			002	005	-
99477	C	INIT DAY HOSP NEONATE CARE				Inpatient Only	\$0.00			000	999	-
99478	C	IC LBW INF < 1500 GM SUBSQ				Inpatient Only	\$0.00			000	000	-
99479	C	IC LBW INF 1500-2500 G SUBSQ				Inpatient Only	\$0.00			000	000	-
99480	C	IC INF PBW 2501-5000 G SUBSQ				Inpatient Only	\$0.00			000	000	-
99483	S	ASSMT & CARE PLN PT COG IMP		05822	0.9043	APC	\$51.22			000	999	-
99484	S	CARE MGMT SVC BHVL HLTH COND		05821	0.3168	APC	\$17.94			000	999	-
99485	E	SUPRV INTERFACILITY TRANSPORT				Not Allowed	\$0.00			000	002	-
99486	E	SUPRV INTERFAC TRNSPORT ADDL				Not Allowed	\$0.00			000	002	-
99487	S	CMLPX CHRON CARE W/O PT VSIT		05823	1.6139	APC	\$91.41			000	999	-
99489	N	CMLPX CHRON CARE ADDL 30 MIN				Bundled	\$0.00			000	999	-
99490	S	CHRON CARE MGMT SRVC 20 MIN		05822	0.9043	APC	\$51.22			000	999	-
99491	M	CHRNC CARE MGMT SVC 30 MIN				Fee Schedule	\$0.00			000	999	-
99492	S	1ST PSYC COLLAB CARE MGMT		05822	0.9043	APC	\$51.22			000	999	-
99493	S	SBSQ PSYC COLLAB CARE MGMT		05822	0.9043	APC	\$51.22			000	999	-
99494	N	1ST/SBSQ PSYC COLLAB CARE				Bundled	\$0.00			000	999	-
99495	M	TRANS CARE MGMT 14 DAY DISCH				Fee Schedule	\$0.00			000	999	-
99496	M	TRANS CARE MGMT 7 DAY DISCH				Fee Schedule	\$0.00			000	999	-
99497	N	ADVNCDC CARE PLAN 30 MIN		05822	0.9043	Bundled, sometimes payable	\$51.22			000	999	-
99498	N	ADVNCDC CARE PLAN ADDL 30 MIN				Bundled	\$0.00			000	999	-
99499	M	UNLISTED E&M SERVICE				Fee Schedule	\$0.00			000	999	-
99500	M	HOME VISIT PRENATAL				Fee Schedule	\$0.00			000	999	-
99501	M	HOME VISIT POSTNATAL				Fee Schedule	\$0.00			000	999	-
99502	M	HOME VISIT NB CARE				Fee Schedule	\$0.00			000	999	-
99503	E	HOME VISIT RESP THERAPY				Not Allowed	\$0.00			000	999	-
99504	E	HOME VISIT MECH VENTILATOR				Not Allowed	\$0.00			000	999	-
99505	E	HOME VISIT STOMA CARE				Not Allowed	\$0.00			000	999	-
99506	E	HOME VISIT IM INJECTION				Not Allowed	\$0.00			000	999	-
99507	E	HOME VISIT CATH MAINTAIN				Not Allowed	\$0.00			000	999	-

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99509	E	HOME VISIT DAY LIFE ACTIVITY				Not Allowed	\$0.00			000	999	-
99510	E	HOME VISIT SING/M/FAM COUNS				Not Allowed	\$0.00			000	999	-
99511	E	HOME VISIT FECAL/ENEMA MGMT				Not Allowed	\$0.00			000	999	-
99512	E	HOME VISIT FOR HEMODIALYSIS				Not Allowed	\$0.00			000	999	-
99600	E	HOME VISIT NOS				Not Allowed	\$0.00			000	999	-
99601	E	HOME INFUSION/VISIT 2 HRS				Not Allowed	\$0.00			000	999	-
99602	E	HOME INFUSION EACH ADDTL HR				Not Allowed	\$0.00			000	999	-
99605	M	MTMS BY PHARM NP 15 MIN				Fee Schedule	\$58.45			000	999	-
99606	M	MTMS BY PHARM EST 15 MIN				Fee Schedule	\$39.75			000	999	-
99607	M	MTMS BY PHARM ADDL 15 MIN				Fee Schedule	\$16.04			000	999	-
A0021	E	OUTSIDE STATE AMBULANCE SERV				Not Allowed	\$0.00			000	999	-
A0080	E	NONINTEREST ESCORT IN NON ER				Not Allowed	\$0.00			000	999	-
A0090	E	INTEREST ESCORT IN NON ER				Not Allowed	\$0.00			000	999	-
A0100	E	NONEMERGENCY TRANSPORT TAXI				Not Allowed	\$0.00			000	999	-
A0110	E	NONEMERGENCY TRANSPORT BUS				Not Allowed	\$0.00			000	999	-
A0120	E	NONER TRANSPORT MINI-BUS				Not Allowed	\$0.00			000	999	-
A0130	E	NONER TRANSPORT WHEELCH VAN				Not Allowed	\$0.00			000	999	-
A0140	E	NONEMERGENCY TRANSPORT AIR				Not Allowed	\$0.00			000	999	-
A0160	E	NONER TRANSPORT CASE WORKER				Not Allowed	\$0.00			000	999	-
A0170	E	TRANSPORT PARKING FEES/TOLLS				Not Allowed	\$0.00			000	999	-
A0180	E	NONER TRANSPORT LODGNG RECIP				Not Allowed	\$0.00			000	999	-
A0190	E	NONER TRANSPORT MEALS RECIP				Not Allowed	\$0.00			000	999	-
A0200	E	NONER TRANSPORT LODGNG ESCRT				Not Allowed	\$0.00			000	999	-
A0210	E	NONER TRANSPORT MEALS ESCORT				Not Allowed	\$0.00			000	999	-
A0225	E	NEONATAL EMERGENCY TRANSPORT				Not Allowed	\$0.00			000	999	-
A0380	E	BASIC LIFE SUPPORT MILEAGE				Not Allowed	\$0.00			000	999	-
A0382	E	BASIC SUPPORT ROUTINE SUPPLS				Not Allowed	\$0.00			000	999	-
A0384	E	BLS DEFIBRILLATION SUPPLIES				Not Allowed	\$0.00			000	999	-
A0390	E	ADVANCED LIFE SUPPORT MILEAG				Not Allowed	\$0.00			000	999	-
A0392	E	ALS DEFIBRILLATION SUPPLIES				Not Allowed	\$0.00			000	999	-
A0394	E	ALS IV DRUG THERAPY SUPPLIES				Not Allowed	\$0.00			000	999	-
A0396	E	ALS ESOPHAGEAL INTUB SUPPLS				Not Allowed	\$0.00			000	999	-
A0398	E	ALS ROUTINE DISPOSBLE SUPPLS				Not Allowed	\$0.00			000	999	-
A0420	E	AMBULANCE WAITING 1/2 HR				Not Allowed	\$0.00			000	999	-
A0422	E	AMBULANCE 02 LIFE SUSTAINING				Not Allowed	\$0.00			000	999	-
A0424	E	EXTRA AMBULANCE ATTENDANT				Not Allowed	\$0.00			000	999	-
A0425	E	GROUND MILEAGE				Not Allowed	\$0.00			000	999	-
A0426	E	ALS 1				Not Allowed	\$0.00			000	999	-
A0427	E	ALS1-EMERGENCY				Not Allowed	\$0.00			000	999	-
A0428	E	BLS				Not Allowed	\$0.00			000	999	-
A0429	E	BLS-EMERGENCY				Not Allowed	\$0.00			000	999	-
A0430	E	FIXED WING AIR TRANSPORT				Not Allowed	\$0.00			000	999	-
A0431	E	ROTARY WING AIR TRANSPORT				Not Allowed	\$0.00			000	999	-
A0432	E	PI VOLUNTEER AMBULANCE CO				Not Allowed	\$0.00			000	999	-
A0433	E	ALS 2				Not Allowed	\$0.00			000	999	-
A0434	E	SPECIALTY CARE TRANSPORT				Not Allowed	\$0.00			000	999	-
A0435	E	FIXED WING AIR MILEAGE				Not Allowed	\$0.00			000	999	-
A0436	E	ROTARY WING AIR MILEAGE				Not Allowed	\$0.00			000	999	-
A0888	E	NONCOVERED AMBULANCE MILEAGE				Not Allowed	\$0.00			000	999	-
A0998	E	AMBULANCE RESPONSE/TREATMENT				Not Allowed	\$0.00			000	999	-
A0999	E	UNLISTED AMBULANCE SERVICE				Not Allowed	\$0.00			000	999	-
A4206	E	1 CC STERILE SYRINGE&NEEDLE				Not Allowed	\$0.00			000	999	-
A4207	E	2 CC STERILE SYRINGE&NEEDLE				Not Allowed	\$0.00			000	999	-
A4208	E	3 CC STERILE SYRINGE&NEEDLE				Not Allowed	\$0.00			000	999	-
A4209	E	5+ CC STERILE SYRINGE&NEEDLE				Not Allowed	\$0.00			000	999	-
A4210	E	NONNEEDLE INJECTION DEVICE				Not Allowed	\$0.00			000	999	-
A4211	E	SUPP FOR SELF-ADM INJECTIONS				Not Allowed	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
A4212	E	NON CORING NEEDLE OR STYLET				Not Allowed	\$0.00			000	999	-
A4213	E	20+ CC SYRINGE ONLY				Not Allowed	\$0.00			000	999	-
A4215	E	STERILE NEEDLE				Not Allowed	\$0.00			000	999	-
A4216	E	STERILE WATER/SALINE, 10 ML				Not Allowed	\$0.00			000	999	-
A4217	E	STERILE WATER/SALINE, 500 ML				Not Allowed	\$0.00			000	999	-
A4218	N	STERILE SALINE OR WATER				Bundled	\$0.00			000	999	-
A4220	N	INFUSION PUMP REFILL KIT				Bundled	\$0.00			000	999	-
A4221	E	SUPP NON-INSULIN INF CATH/WK				Not Allowed	\$0.00			000	999	-
A4222	E	INFUSION SUPPLIES WITH PUMP				Not Allowed	\$0.00			000	999	-
A4223	E	INFUSION SUPPLIES W/O PUMP				Not Allowed	\$0.00			000	999	-
A4224	N	SUPPLY INSULIN INF CATH/WK				Bundled	\$0.00			000	999	-
A4225	N	SUP/EXT INSULIN INF PUMP SYR				Bundled	\$0.00			000	999	-
A4226	E	WEEKLY SUPPLY MAINT CGS PUMP				Not Allowed	\$0.00			000	999	-
A4230	N	INFUS INSULIN PUMP NON NEEDL				Bundled	\$0.00			000	999	-
A4231	N	INFUSION INSULIN PUMP NEEDLE				Bundled	\$0.00			000	999	-
A4232	E	SYRINGE W/NEEDLE INSULIN 3CC				Not Allowed	\$0.00			000	999	-
A4233	E	ALKALIN BATT FOR GLUCOSE MON				Not Allowed	\$0.00			000	999	-
A4234	E	J-CELL BATT FOR GLUCOSE MON				Not Allowed	\$0.00			000	999	-
A4235	E	LITHIUM BATT FOR GLUCOSE MON				Not Allowed	\$0.00			000	999	-
A4236	E	SILVR OXIDE BATT GLUCOSE MON				Not Allowed	\$0.00			000	999	-
A4244	E	ALCOHOL OR PEROXIDE PER PINT				Not Allowed	\$0.00			000	999	-
A4245	E	ALCOHOL WIPES PER BOX				Not Allowed	\$0.00			000	999	-
A4246	E	BETADINE/PHISOHEX SOLUTION				Not Allowed	\$0.00			000	999	-
A4247	E	BETADINE/IODINE SWABS/WIPES				Not Allowed	\$0.00			000	999	-
A4248	N	CHLORHEXIDINE ANTISEPT				Bundled	\$0.00			000	999	-
A4250	E	URINE REAGENT STRIPS/TABLETS				Not Allowed	\$0.00			000	999	-
A4252	E	BLOOD KETONE TEST OR STRIP				Not Allowed	\$0.00			000	999	-
A4253	E	BLOOD GLUCOSE/REAGENT STRIPS				Not Allowed	\$0.00			000	999	-
A4255	E	GLUCOSE MONITOR PLATFORMS				Not Allowed	\$0.00			000	999	-
A4256	E	CALIBRATOR SOLUTION/CHIPS				Not Allowed	\$0.00			000	999	-
A4257	E	REPLACE LENS/SHIELD CARTRIDGE				Not Allowed	\$0.00			000	999	-
A4258	E	LANCET DEVICE EACH				Not Allowed	\$0.00			000	999	-
A4259	E	LANCETS PER BOX				Not Allowed	\$0.00			000	999	-
A4261	E	CERVICAL CAP CONTRACEPTIVE				Not Allowed	\$0.00			011	060	-
A4262	N	TEMPORARY TEAR DUCT PLUG				Bundled	\$0.00			000	999	-
A4263	N	PERMANENT TEAR DUCT PLUG				Bundled	\$0.00			000	999	-
A4264	E	INTRATUBAL OCCLUSION DEVICE				Not Allowed	\$0.00			011	060	-
A4265	E	PARAFFIN				Not Allowed	\$0.00			000	999	-
A4266	E	DIAPHRAGM				Not Allowed	\$0.00			000	999	-
A4267	E	MALE CONDOM				Not Allowed	\$0.00			000	999	-
A4268	N	FEMALE CONDOM				Bundled	\$0.00			010	999	-
A4269	N	SPERMICIDE				Bundled	\$0.00			010	999	-
A4270	N	DISPOSABLE ENDOSCOPE SHEATH				Bundled	\$0.00			000	999	-
A4280	N	BRST PRSTHS ADHSV ATTCHMNT				Bundled	\$0.00			000	999	-
A4281	E	REPLACEMENT BREASTPUMP TUBE				Not Allowed	\$0.00			000	999	-
A4282	E	REPLACEMENT BREASTPUMP ADPT				Not Allowed	\$0.00			000	999	-
A4283	E	REPLACEMENT BREASTPUMP CAP				Not Allowed	\$0.00			000	999	-
A4284	E	REPLCMNT BREAST PUMP SHIELD				Not Allowed	\$0.00			000	999	-
A4285	E	REPLCMNT BREAST PUMP BOTTLE				Not Allowed	\$0.00			000	999	-
A4286	E	REPLCMNT BREASTPUMP LOK RING				Not Allowed	\$0.00			000	999	-
A4290	E	SACRAL NERVE STIM TEST LEAD				Not Allowed	\$0.00			000	999	-
A4300	N	CATH IMPL VASC ACCESS PORTAL				Bundled	\$0.00			000	999	-
A4301	N	IMPLANTABLE ACCESS SYST PERC				Bundled	\$0.00			000	999	-
A4305	N	DRUG DELIVERY SYSTEM >=50 ML				Bundled	\$0.00			000	999	-
A4306	N	DRUG DELIVERY SYSTEM <=50 ML				Bundled	\$0.00			000	999	-
A4310	N	INSERT TRAY W/O BAG/CATH				Bundled	\$0.00			000	999	-
A4311	N	CATHETER W/O BAG 2-WAY LATEX				Bundled	\$0.00			000	999	-

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A4312	N	CATH W/O BAG 2-WAY SILICONE				Bundled	\$0.00			000	999	-
A4313	N	CATHETER W/BAG 3-WAY				Bundled	\$0.00			000	999	-
A4314	N	CATH W/DRAINAGE 2-WAY LATEX				Bundled	\$0.00			000	999	-
A4315	N	CATH W/DRAINAGE 2-WAY SILCNE				Bundled	\$0.00			000	999	-
A4316	N	CATH W/DRAINAGE 3-WAY				Bundled	\$0.00			000	999	-
A4320	N	IRRIGATION TRAY				Bundled	\$0.00			000	999	-
A4321	N	CATH THERAPEUTIC IRRIG AGENT				Bundled	\$0.00			000	999	-
A4322	N	IRRIGATION SYRINGE				Bundled	\$0.00			000	999	-
A4326	N	MALE EXTERNAL CATHETER				Bundled	\$0.00			000	999	-
A4327	N	FEM URINARY COLLECT DEV CUP				Bundled	\$0.00			000	999	-
A4328	N	FEM URINARY COLLECT POUCH				Bundled	\$0.00			000	999	-
A4330	N	STOOL COLLECTION POUCH				Bundled	\$0.00			000	999	-
A4331	N	EXTENSION DRAINAGE TUBING				Bundled	\$0.00			000	999	-
A4332	N	LUBE STERILE PACKET				Bundled	\$0.00			000	999	-
A4333	N	URINARY CATH ANCHOR DEVICE				Bundled	\$0.00			000	999	-
A4334	N	URINARY CATH LEG STRAP				Bundled	\$0.00			000	999	-
A4335	N	INCONTINENCE SUPPLY				Bundled	\$0.00			000	999	-
A4336	N	URETHRAL INSERT				Bundled	\$0.00			000	999	-
A4337	N	INCONTINENT RECTAL INSERT				Bundled	\$0.00			000	999	-
A4338	N	INDWELLING CATHETER LATEX				Bundled	\$0.00			000	999	-
A4340	N	INDWELLING CATHETER SPECIAL				Bundled	\$0.00			000	999	-
A4344	N	CATH INDW FOLEY 2 WAY SILICN				Bundled	\$0.00			000	999	-
A4346	N	CATH INDW FOLEY 3 WAY				Bundled	\$0.00			000	999	-
A4349	E	DISPOSABLE MALE EXTERNAL CAT				Not Allowed	\$0.00			000	999	-
A4351	N	STRAIGHT TIP URINE CATHETER				Bundled	\$0.00			000	999	-
A4352	N	COUDE TIP URINARY CATHETER				Bundled	\$0.00			000	999	-
A4353	N	INTERMITTENT URINARY CATH				Bundled	\$0.00			000	999	-
A4354	N	CATH INSERTION TRAY W/BAG				Bundled	\$0.00			000	999	-
A4355	N	BLADDER IRRIGATION TUBING				Bundled	\$0.00			000	999	-
A4356	N	EXT URETH CLMP OR COMPR DVC				Bundled	\$0.00			000	999	-
A4357	N	BEDSIDE DRAINAGE BAG				Bundled	\$0.00			000	999	-
A4358	N	URINARY LEG OR ABDOMEN BAG				Bundled	\$0.00			000	999	-
A4360	N	DISPOSABLE EXT URETHRAL DEV				Bundled	\$0.00			000	999	-
A4361	N	OSTOMY FACE PLATE				Bundled	\$0.00			000	999	-
A4362	N	SOLID SKIN BARRIER				Bundled	\$0.00			000	999	-
A4363	E	OSTOMY CLAMP, REPLACEMENT				Not Allowed	\$0.00			000	999	-
A4364	N	ADHESIVE, LIQUID OR EQUAL				Bundled	\$0.00			000	999	-
A4366	E	OSTOMY VENT				Not Allowed	\$0.00			000	999	-
A4367	N	OSTOMY BELT				Bundled	\$0.00			000	999	-
A4368	N	OSTOMY FILTER				Bundled	\$0.00			000	999	-
A4369	N	SKIN BARRIER LIQUID PER OZ				Bundled	\$0.00			000	999	-
A4371	N	SKIN BARRIER POWDER PER OZ				Bundled	\$0.00			000	999	-
A4372	N	SKIN BARRIER SOLID 4X4 EQUIV				Bundled	\$0.00			000	999	-
A4373	N	SKIN BARRIER WITH FLANGE				Bundled	\$0.00			000	999	-
A4375	N	DRAINABLE PLASTIC PCH W FCPL				Bundled	\$0.00			000	999	-
A4376	N	DRAINABLE RUBBER PCH W FCPLT				Bundled	\$0.00			000	999	-
A4377	N	DRAINABLE PLSTIC PCH W/O FP				Bundled	\$0.00			000	999	-
A4378	N	DRAINABLE RUBBER PCH W/O FP				Bundled	\$0.00			000	999	-
A4379	N	URINARY PLASTIC POUCH W FCPL				Bundled	\$0.00			000	999	-
A4380	N	URINARY RUBBER POUCH W FCPLT				Bundled	\$0.00			000	999	-
A4381	N	URINARY PLASTIC POUCH W/O FP				Bundled	\$0.00			000	999	-
A4382	N	URINARY HVY PLSTC PCH W/O FP				Bundled	\$0.00			000	999	-
A4383	N	URINARY RUBBER POUCH W/O FP				Bundled	\$0.00			000	999	-
A4384	N	OSTOMY FACEPLT/SILICONE RING				Bundled	\$0.00			000	999	-
A4385	N	OST SKN BARRIER SLD EXT WEAR				Bundled	\$0.00			000	999	-
A4387	N	OST CLSD POUCH W ATT ST BARR				Bundled	\$0.00			000	999	-
A4388	N	DRAINABLE PCH W EX WEAR BARR				Bundled	\$0.00			000	999	-

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A4389	N	DRAINABLE PCH W ST WEAR BARR				Bundled	\$0.00			000	999	-
A4390	N	DRAINABLE PCH EX WEAR CONVEX				Bundled	\$0.00			000	999	-
A4391	N	URINARY POUCH W EX WEAR BARR				Bundled	\$0.00			000	999	-
A4392	N	URINARY POUCH W ST WEAR BARR				Bundled	\$0.00			000	999	-
A4393	N	URINE PCH W EX WEAR BAR CONV				Bundled	\$0.00			000	999	-
A4394	N	OSTOMY POUCH LIQ DEODORANT				Bundled	\$0.00			000	999	-
A4395	N	OSTOMY POUCH SOLID DEODORANT				Bundled	\$0.00			000	999	-
A4396	N	PERISTOMAL HERNIA SUPPRT BLT				Bundled	\$0.00			000	999	-
A4397	N	IRRIGATION SUPPLY SLEEVE				Bundled	\$0.00			000	999	-
A4398	N	OSTOMY IRRIGATION BAG				Bundled	\$0.00			000	999	-
A4399	N	OSTOMY IRRIG CONE/CATH W BRS				Bundled	\$0.00			000	999	-
A4400	N	OSTOMY IRRIGATION SET				Bundled	\$0.00			000	999	-
A4402	N	LUBRICANT PER OUNCE				Bundled	\$0.00			000	999	-
A4404	N	OSTOMY RING EACH				Bundled	\$0.00			000	999	-
A4405	N	NONPECTIN BASED OSTOMY PASTE				Bundled	\$0.00			000	999	-
A4406	N	PECTIN BASED OSTOMY PASTE				Bundled	\$0.00			000	999	-
A4407	N	EXT WEAR OST SKN BARR <=4SQ"				Bundled	\$0.00			000	999	-
A4408	N	EXT WEAR OST SKN BARR >4SQ"				Bundled	\$0.00			000	999	-
A4409	N	OST SKN BARR CONVEX <=4 SQ I				Bundled	\$0.00			000	999	-
A4410	N	OST SKN BARR EXTND >4 SQ				Bundled	\$0.00			000	999	-
A4411	E	OST SKN BARR EXTND =4SQ				Not Allowed	\$0.00			000	999	-
A4412	E	OST POUCH DRAIN HIGH OUTPUT				Not Allowed	\$0.00			000	999	-
A4413	N	2 PC DRAINABLE OST POUCH				Bundled	\$0.00			000	999	-
A4414	N	OST SKNBAR W/O CONV<=4 SQ IN				Bundled	\$0.00			000	999	-
A4415	N	OST SKN BARR W/O CONV >4 SQI				Bundled	\$0.00			000	999	-
A4416	E	OST PCH CLSD W BARRIER/FILTR				Not Allowed	\$0.00			000	999	-
A4417	E	OST PCH W BAR/BLTINCONV/FLTR				Not Allowed	\$0.00			000	999	-
A4418	E	OST PCH CLSD W/O BAR W FILTR				Not Allowed	\$0.00			000	999	-
A4419	E	OST PCH FOR BAR W FLANGE/FLT				Not Allowed	\$0.00			000	999	-
A4420	E	OST PCH CLSD FOR BAR W LK FL				Not Allowed	\$0.00			000	999	-
A4421	E	OSTOMY SUPPLY MISC				Not Allowed	\$0.00			000	999	-
A4422	N	OST POUCH ABSORBENT MATERIAL				Bundled	\$0.00			000	999	-
A4423	E	OST PCH FOR BAR W LK FL/FLTR				Not Allowed	\$0.00			000	999	-
A4424	E	OST PCH DRAIN W BAR & FILTER				Not Allowed	\$0.00			000	999	-
A4425	E	OST PCH DRAIN FOR BARRIER FL				Not Allowed	\$0.00			000	999	-
A4426	E	OST PCH DRAIN 2 PIECE SYSTEM				Not Allowed	\$0.00			000	999	-
A4427	E	OST PCH DRAIN/BARR LK FLNG/F				Not Allowed	\$0.00			000	999	-
A4428	E	URINE OST POUCH W FAUCET/TAP				Not Allowed	\$0.00			000	999	-
A4429	E	URINE OST POUCH W BLTINCONV				Not Allowed	\$0.00			000	999	-
A4430	E	OST URINE PCH W B/BLTIN CONV				Not Allowed	\$0.00			000	999	-
A4431	E	OST PCH URINE W BARRIER/TAPV				Not Allowed	\$0.00			000	999	-
A4432	E	OS PCH URINE W BAR/FANGE/TAP				Not Allowed	\$0.00			000	999	-
A4433	E	URINE OST PCH BAR W LOCK FLN				Not Allowed	\$0.00			000	999	-
A4434	E	OST PCH URINE W LOCK FLNG/FT				Not Allowed	\$0.00			000	999	-
A4435	E	1PC OST PCH DRAIN GHG OUTPUT				Not Allowed	\$0.00			000	999	-
A4450	N	NON-WATERPROOF TAPE				Bundled	\$0.00			000	999	-
A4452	N	WATERPROOF TAPE				Bundled	\$0.00			000	999	-
A4455	N	ADHESIVE REMOVER PER OUNCE				Bundled	\$0.00			000	999	-
A4456	N	ADHESIVE REMOVER, WIPES				Bundled	\$0.00			000	999	-
A4458	E	REUSABLE ENEMA BAG				Not Allowed	\$0.00			000	999	-
A4459	N	MANUAL PUMP ENEMA, REUSABLE				Bundled	\$0.00			000	999	-
A4461	E	SURGICL DRESS HOLD NON-REUSE				Not Allowed	\$0.00			000	999	-
A4463	E	SURGICAL DRESS HOLDER REUSE				Not Allowed	\$0.00			000	999	-
A4465	N	NON-ELASTIC EXTREMITY BINDER				Bundled	\$0.00			000	999	-
A4467	E	BELT STRAP SLEEV GRMNT COVER				Not Allowed	\$0.00			000	999	-
A4470	N	GRAVLEE JET WASHER				Bundled	\$0.00			000	999	-
A4480	N	VABRA ASPIRATOR				Bundled	\$0.00			000	999	-

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A4481	N	TRACHEOSTOMA FILTER				Bundled	\$0.00			000	999	-
A4483	N	MOISTURE EXCHANGER				Bundled	\$0.00			000	999	-
A4490	E	ABOVE KNEE SURGICAL STOCKING				Not Allowed	\$0.00			000	999	-
A4495	E	THIGH LENGTH SURG STOCKING				Not Allowed	\$0.00			000	999	-
A4500	E	BELOW KNEE SURGICAL STOCKING				Not Allowed	\$0.00			000	999	-
A4510	E	FULL LENGTH SURG STOCKING				Not Allowed	\$0.00			000	999	-
A4520	E	INCONTINENCE GARMENT ANYTYPE				Not Allowed	\$0.00			000	999	-
A4550	E	SURGICAL TRAYS				Not Allowed	\$0.00			000	999	-
A4553	E	NONDISP UNDERPADS, ALL SIZES				Not Allowed	\$0.00			000	999	-
A4554	E	DISPOSABLE UNDERPADS				Not Allowed	\$0.00			000	999	-
A4555	E	CA TX E-STIM ELECTR/TRANSDUC				Not Allowed	\$0.00			000	999	-
A4556	E	ELECTRODES, PAIR				Not Allowed	\$0.00			000	999	-
A4557	E	LEAD WIRES, PAIR				Not Allowed	\$0.00			000	999	-
A4558	E	CONDUCTIVE GEL OR PASTE				Not Allowed	\$0.00			000	999	-
A4559	E	COUPLING GEL OR PASTE				Not Allowed	\$0.00			000	999	-
A4561	N	PESSARY RUBBER, ANY TYPE				Bundled	\$0.00			000	999	-
A4562	N	PESSARY, NON RUBBER, ANY TYPE				Bundled	\$0.00			000	999	-
A4563	E	VAG INSER RECTAL CONTROL SYS				Not Allowed	\$0.00			000	999	-
A4565	N	SLINGS				Bundled	\$0.00			000	999	-
A4566	E	SHOULD SLING/VEST/ABRESTRAIN				Not Allowed	\$0.00			000	999	-
A4570	E	SPLINT				Not Allowed	\$0.00			000	999	-
A4575	E	HYPERBARIC O2 CHAMBER DISPS				Not Allowed	\$0.00			000	999	-
A4580	E	CAST SUPPLIES (PLASTER)				Not Allowed	\$0.00			000	999	-
A4590	E	SPECIAL CASTING MATERIAL				Not Allowed	\$0.00			000	999	-
A4595	E	TENS SUPPL 2 LEAD PER MONTH				Not Allowed	\$0.00			000	999	-
A4600	E	SLEEVE, INTER LIMB COMP DEV				Not Allowed	\$0.00			000	999	-
A4601	E	LITH ION NON PROSTH RECHARGE				Not Allowed	\$0.00			000	999	-
A4602	N	REPLACE LITHIUM BATTERY 1.5V				Bundled	\$0.00			000	999	-
A4604	E	TUBING WITH HEATING ELEMENT				Not Allowed	\$0.00			000	999	-
A4605	E	TRACH SUCTION CATH CLOSE SYS				Not Allowed	\$0.00			000	999	-
A4606	N	OXYGEN PROBE USED W OXIMETER				Bundled	\$0.00			000	999	-
A4608	E	TRANSTRACHEAL OXYGEN CATH				Not Allowed	\$0.00			000	999	-
A4611	E	HEAVY DUTY BATTERY				Not Allowed	\$0.00			000	999	-
A4612	E	BATTERY CABLES				Not Allowed	\$0.00			000	999	-
A4613	E	BATTERY CHARGER				Not Allowed	\$0.00			000	999	-
A4614	E	HAND-HELD PEFR METER				Not Allowed	\$0.00			000	999	-
A4615	E	CANNULA NASAL				Not Allowed	\$0.00			000	999	-
A4616	E	TUBING (OXYGEN) PER FOOT				Not Allowed	\$0.00			000	999	-
A4617	E	MOUTH PIECE				Not Allowed	\$0.00			000	999	-
A4618	E	BREATHING CIRCUITS				Not Allowed	\$0.00			000	999	-
A4619	E	FACE TENT				Not Allowed	\$0.00			000	999	-
A4620	E	VARIABLE CONCENTRATION MASK				Not Allowed	\$0.00			000	999	-
A4623	N	TRACHEOSTOMY INNER CANNULA				Bundled	\$0.00			000	999	-
A4624	E	TRACHEAL SUCTION TUBE				Not Allowed	\$0.00			000	999	-
A4625	N	TRACH CARE KIT FOR NEW TRACH				Bundled	\$0.00			000	999	-
A4626	N	TRACHEOSTOMY CLEANING BRUSH				Bundled	\$0.00			000	999	-
A4627	E	SPACER BAG/RESERVOIR				Not Allowed	\$0.00			000	999	-
A4628	E	OROPHARYNGEAL SUCTION CATH				Not Allowed	\$0.00			000	999	-
A4629	N	TRACHEOSTOMY CARE KIT				Bundled	\$0.00			000	999	-
A4630	E	REPL BAT T.E.N.S. OWN BY PT				Not Allowed	\$0.00			000	999	-
A4633	E	UVL REPLACEMENT BULB				Not Allowed	\$0.00			000	999	-
A4634	N	REPLACEMENT BULB TH LIGHTBOX				Bundled	\$0.00			000	999	-
A4635	E	UNDERARM CRUTCH PAD				Not Allowed	\$0.00			000	999	-
A4636	E	HANDGRIP FOR CANE ETC				Not Allowed	\$0.00			000	999	-
A4637	E	REPL TIP CANE/CRUTCH/WALKER				Not Allowed	\$0.00			000	999	-
A4638	E	REPL BATT PULSE GEN SYS				Not Allowed	\$0.00			000	999	-
A4639	E	INFRARED HT SYS REPLCMNT PAD				Not Allowed	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
A4640	E	ALTERNATING PRESSURE PAD				Not Allowed	\$0.00			000	999	-
A4641	N	RADIOPHARM DX AGENT NOC				Bundled	\$0.00			000	999	-
A4642	N	IN111 SATUMOMAB				Bundled	\$0.00			000	999	-
A4648	N	IMPLANTABLE TISSUE MARKER				Bundled	\$0.00			000	999	-
A4649	N	SURGICAL SUPPLIES				Bundled	\$0.00			000	999	-
A4650	N	IMPLANT RADIATION DOSIMETER				Bundled	\$0.00			000	999	-
A4651	N	CALIBRATED MICROCAP TUBE				Bundled	\$0.00			000	999	-
A4652	N	MICROCAPILLARY TUBE SEALANT				Bundled	\$0.00			000	999	-
A4653	N	PD CATHETER ANCHOR BELT				Bundled	\$0.00			000	999	-
A4657	N	SYRINGE W/WO NEEDLE				Bundled	\$0.00			000	999	-
A4660	N	SPHYG/BP APP W CUFF AND STET				Bundled	\$0.00			000	999	-
A4663	N	DIALYSIS BLOOD PRESSURE CUFF				Bundled	\$0.00			000	999	-
A4670	E	AUTOMATIC BP MONITOR, DIAL				Not Allowed	\$0.00			000	999	-
A4671	E	DISPOSABLE CYCLER SET				Not Allowed	\$0.00			000	999	-
A4672	E	DRAINAGE EXT LINE, DIALYSIS				Not Allowed	\$0.00			000	999	-
A4673	E	EXT LINE W EASY LOCK CONNECT				Not Allowed	\$0.00			000	999	-
A4674	E	CHEM/ANTISEPT SOLUTION, 8OZ				Not Allowed	\$0.00			000	999	-
A4680	N	ACTIVATED CARBON FILTER, EA				Bundled	\$0.00			000	999	-
A4690	N	DIALYZER, EACH				Bundled	\$0.00			000	999	-
A4706	N	BICARBONATE CONC SOL PER GAL				Bundled	\$0.00			000	999	-
A4707	N	BICARBONATE CONC POW PER PAC				Bundled	\$0.00			000	999	-
A4708	N	ACETATE CONC SOL PER GALLON				Bundled	\$0.00			000	999	-
A4709	N	ACID CONC SOL PER GALLON				Bundled	\$0.00			000	999	-
A4714	N	TREATED WATER PER GALLON				Bundled	\$0.00			000	999	-
A4719	N	"Y SET" TUBING				Bundled	\$0.00			000	999	-
A4720	N	DIALYSAT SOL FLD VOL > 249CC				Bundled	\$0.00			000	999	-
A4721	N	DIALYSAT SOL FLD VOL > 999CC				Bundled	\$0.00			000	999	-
A4722	N	DIALYS SOL FLD VOL > 1999CC				Bundled	\$0.00			000	999	-
A4723	N	DIALYS SOL FLD VOL > 2999CC				Bundled	\$0.00			000	999	-
A4724	N	DIALYS SOL FLD VOL > 3999CC				Bundled	\$0.00			000	999	-
A4725	N	DIALYS SOL FLD VOL > 4999CC				Bundled	\$0.00			000	999	-
A4726	N	DIALYS SOL FLD VOL > 5999CC				Bundled	\$0.00			000	999	-
A4728	E	DIALYSATE SOLUTION, NON-DEX				Not Allowed	\$0.00			000	999	-
A4730	N	FISTULA CANNULATION SET, EA				Bundled	\$0.00			000	999	-
A4736	N	TOPICAL ANESTHETIC, PER GRAM				Bundled	\$0.00			000	999	-
A4737	N	INJ ANESTHETIC PER 10 ML				Bundled	\$0.00			000	999	-
A4740	N	SHUNT ACCESSORY				Bundled	\$0.00			000	999	-
A4750	N	ART OR VENOUS BLOOD TUBING				Bundled	\$0.00			000	999	-
A4755	N	COMB ART/VENOUS BLOOD TUBING				Bundled	\$0.00			000	999	-
A4760	N	DIALYSATE SOL TEST KIT, EACH				Bundled	\$0.00			000	999	-
A4765	N	DIALYSATE CONC POW PER PACK				Bundled	\$0.00			000	999	-
A4766	N	DIALYSATE CONC SOL ADD 10 ML				Bundled	\$0.00			000	999	-
A4770	N	BLOOD COLLECTION TUBE/VACUUM				Bundled	\$0.00			000	999	-
A4771	N	SERUM CLOTTING TIME TUBE				Bundled	\$0.00			000	999	-
A4772	N	BLOOD GLUCOSE TEST STRIPS				Bundled	\$0.00			000	999	-
A4773	N	OCCULT BLOOD TEST STRIPS				Bundled	\$0.00			000	999	-
A4774	N	AMMONIA TEST STRIPS				Bundled	\$0.00			000	999	-
A4802	N	PROTAMINE SULFATE PER 50 MG				Bundled	\$0.00			000	999	-
A4860	N	DISPOSABLE CATHETER TIPS				Bundled	\$0.00			000	999	-
A4870	N	PLUMB/ELEC WK HM HEMO EQUIP				Bundled	\$0.00			000	999	-
A4890	N	REPAIR/MAINT CONT HEMO EQUIP				Bundled	\$0.00			000	999	-
A4911	N	DRAIN BAG/BOTTLE				Bundled	\$0.00			000	999	-
A4913	N	MISC DIALYSIS SUPPLIES NOC				Bundled	\$0.00			000	999	-
A4918	N	VENOUS PRESSURE CLAMP				Bundled	\$0.00			000	999	-
A4927	N	NON-STERILE GLOVES				Bundled	\$0.00			000	999	-
A4928	N	SURGICAL MASK				Bundled	\$0.00			000	999	-
A4929	N	TOURNIQUET FOR DIALYSIS, EA				Bundled	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
A4930	N	STERILE, GLOVES PER PAIR				Bundled	\$0.00			000	999	-
A4931	N	REUSABLE ORAL THERMOMETER				Bundled	\$0.00			000	999	-
A4932	E	REUSABLE RECTAL THERMOMETER				Not Allowed	\$0.00			000	999	-
A5051	N	POUCH CLSD W BARR ATTACHED				Bundled	\$0.00			000	999	-
A5052	N	CLSD OSTOMY POUCH W/O BARR				Bundled	\$0.00			000	999	-
A5053	N	CLSD OSTOMY POUCH FACEPLATE				Bundled	\$0.00			000	999	-
A5054	N	CLSD OSTOMY POUCH W/FLANGE				Bundled	\$0.00			000	999	-
A5055	N	STOMA CAP				Bundled	\$0.00			000	999	-
A5056	E	1 PC OST POUCH W FILTER				Not Allowed	\$0.00			000	999	-
A5057	E	1 PC OST POU W BUILT-IN CONV				Not Allowed	\$0.00			000	999	-
A5061	N	POUCH DRAINABLE W BARRIER AT				Bundled	\$0.00			000	999	-
A5062	N	DRNBLE OSTOMY POUCH W/O BARR				Bundled	\$0.00			000	999	-
A5063	N	DRAIN OSTOMY POUCH W/FLANGE				Bundled	\$0.00			000	999	-
A5071	N	URINARY POUCH W/BARRIER				Bundled	\$0.00			000	999	-
A5072	N	URINARY POUCH W/O BARRIER				Bundled	\$0.00			000	999	-
A5073	N	URINARY POUCH ON BARR W/FLNG				Bundled	\$0.00			000	999	-
A5081	N	STOMA PLUG OR SEAL, ANY TYPE				Bundled	\$0.00			000	999	-
A5082	N	CONTINENT STOMA CATHETER				Bundled	\$0.00			000	999	-
A5083	N	STOMA ABSORPTIVE COVER				Bundled	\$0.00			000	999	-
A5093	N	OSTOMY ACCESSORY CONVEX INSE				Bundled	\$0.00			000	999	-
A5102	N	BEDSIDE DRAIN BTL W/WO TUBE				Bundled	\$0.00			000	999	-
A5105	N	URINARY SUSPENSORY				Bundled	\$0.00			000	999	-
A5112	N	URINARY LEG BAG				Bundled	\$0.00			000	999	-
A5113	E	LATEX LEG STRAP				Not Allowed	\$0.00			000	999	-
A5114	E	FOAM/FABRIC LEG STRAP				Not Allowed	\$0.00			000	999	-
A5120	E	SKIN BARRIER, WIPE OR SWAB				Not Allowed	\$0.00			000	999	-
A5121	N	SOLID SKIN BARRIER 6X6				Bundled	\$0.00			000	999	-
A5122	N	SOLID SKIN BARRIER 8X8				Bundled	\$0.00			000	999	-
A5126	N	DISK/FOAM PAD +OR- ADHESIVE				Bundled	\$0.00			000	999	-
A5131	N	APPLIANCE CLEANER				Bundled	\$0.00			000	999	-
A5200	N	PERCUTANEOUS CATHETER ANCHOR				Bundled	\$0.00			000	999	-
A5500	E	DIAB SHOE FOR DENSITY INSERT				Not Allowed	\$0.00			000	999	-
A5501	E	DIABETIC CUSTOM MOLDED SHOE				Not Allowed	\$0.00			000	999	-
A5503	E	DIABETIC SHOE W/ROLLER/ROCKR				Not Allowed	\$0.00			000	999	-
A5504	E	DIABETIC SHOE WITH WEDGE				Not Allowed	\$0.00			000	999	-
A5505	E	DIAB SHOE W/METATARSAL BAR				Not Allowed	\$0.00			000	999	-
A5506	E	DIABETIC SHOE W/OFF SET HEEL				Not Allowed	\$0.00			000	999	-
A5507	E	MODIFICATION DIABETIC SHOE				Not Allowed	\$0.00			000	999	-
A5508	E	DIABETIC DELUXE SHOE				Not Allowed	\$0.00			000	999	-
A5510	E	COMPRESSION FORM SHOE INSERT				Not Allowed	\$0.00			000	999	-
A5512	E	MULTI DEN INSERT DIRECT FORM				Not Allowed	\$0.00			000	999	-
A5513	E	MULTI DEN INSERT CUSTOM MOLD				Not Allowed	\$0.00			000	999	-
A5514	E	MULT DEN INSERT DIR CARV/CAM				Not Allowed	\$0.00			000	999	-
A6000	E	WOUND WARMING WOUND COVER				Not Allowed	\$0.00			000	999	-
A6010	N	COLLAGEN BASED WOUND FILLER				Bundled	\$0.00			000	999	-
A6011	N	COLLAGEN GEL/PASTE WOUND FIL				Bundled	\$0.00			000	999	-
A6021	N	COLLAGEN DRESSING <=16 SQ IN				Bundled	\$0.00			000	999	-
A6022	N	COLLAGEN DRSG>16<=48 SQ IN				Bundled	\$0.00			000	999	-
A6023	N	COLLAGEN DRESSING >48 SQ IN				Bundled	\$0.00			000	999	-
A6024	N	COLLAGEN DSG WOUND FILLER				Bundled	\$0.00			000	999	-
A6025	E	SILICONE GEL SHEET, EACH				Not Allowed	\$0.00			000	999	-
A6154	N	WOUND POUCH EACH				Bundled	\$0.00			000	999	-
A6196	N	ALGINATE DRESSING <=16 SQ IN				Bundled	\$0.00			000	999	-
A6197	N	ALGINATE DRSG >16 <=48 SQ IN				Bundled	\$0.00			000	999	-
A6198	N	ALGINATE DRESSING > 48 SQ IN				Bundled	\$0.00			000	999	-
A6199	N	ALGINATE DRSG WOUND FILLER				Bundled	\$0.00			000	999	-
A6203	N	COMPOSITE DRSG <= 16 SQ IN				Bundled	\$0.00			000	999	-

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A6204	N	COMPOSITE DRSG >16<=48 SQ IN				Bundled	\$0.00			000	999	-
A6205	N	COMPOSITE DRSG > 48 SQ IN				Bundled	\$0.00			000	999	-
A6206	N	CONTACT LAYER <= 16 SQ IN				Bundled	\$0.00			000	999	-
A6207	N	CONTACT LAYER >16<= 48 SQ IN				Bundled	\$0.00			000	999	-
A6208	N	CONTACT LAYER > 48 SQ IN				Bundled	\$0.00			000	999	-
A6209	N	FOAM DRSG <=16 SQ IN W/O BDR				Bundled	\$0.00			000	999	-
A6210	N	FOAM DRG >16<=48 SQ IN W/O B				Bundled	\$0.00			000	999	-
A6211	N	FOAM DRG > 48 SQ IN W/O BRDR				Bundled	\$0.00			000	999	-
A6212	N	FOAM DRG <=16 SQ IN W/BORDER				Bundled	\$0.00			000	999	-
A6213	N	FOAM DRG >16<=48 SQ IN W/BDR				Bundled	\$0.00			000	999	-
A6214	N	FOAM DRG > 48 SQ IN W/BORDER				Bundled	\$0.00			000	999	-
A6215	N	FOAM DRESSING WOUND FILLER				Bundled	\$0.00			000	999	-
A6216	N	NON-STERILE GAUZE<=16 SQ IN				Bundled	\$0.00			000	999	-
A6217	N	NON-STERILE GAUZE>16<=48 SQ				Bundled	\$0.00			000	999	-
A6218	N	NON-STERILE GAUZE > 48 SQ IN				Bundled	\$0.00			000	999	-
A6219	N	GAUZE <= 16 SQ IN W/BORDER				Bundled	\$0.00			000	999	-
A6220	N	GAUZE >16 <=48 SQ IN W/BORDR				Bundled	\$0.00			000	999	-
A6221	N	GAUZE > 48 SQ IN W/BORDER				Bundled	\$0.00			000	999	-
A6222	N	GAUZE <=16 IN NO W/SAL W/O B				Bundled	\$0.00			000	999	-
A6223	N	GAUZE >16<=48 NO W/SAL W/O B				Bundled	\$0.00			000	999	-
A6224	N	GAUZE > 48 IN NO W/SAL W/O B				Bundled	\$0.00			000	999	-
A6228	N	GAUZE <= 16 SQ IN WATER/SAL				Bundled	\$0.00			000	999	-
A6229	N	GAUZE >16<=48 SQ IN WATR/SAL				Bundled	\$0.00			000	999	-
A6230	N	GAUZE > 48 SQ IN WATER/SALNE				Bundled	\$0.00			000	999	-
A6231	N	HYDROGEL DSG<=16 SQ IN				Bundled	\$0.00			000	999	-
A6232	N	HYDROGEL DSG>16<=48 SQ IN				Bundled	\$0.00			000	999	-
A6233	N	HYDROGEL DRESSING >48 SQ IN				Bundled	\$0.00			000	999	-
A6234	N	HYDROCOLLD DRG <=16 W/O BDR				Bundled	\$0.00			000	999	-
A6235	N	HYDROCOLLD DRG >16<=48 W/O B				Bundled	\$0.00			000	999	-
A6236	N	HYDROCOLLD DRG > 48 IN W/O B				Bundled	\$0.00			000	999	-
A6237	N	HYDROCOLLD DRG <=16 IN W/BDR				Bundled	\$0.00			000	999	-
A6238	N	HYDROCOLLD DRG >16<=48 W/BDR				Bundled	\$0.00			000	999	-
A6239	N	HYDROCOLLD DRG > 48 IN W/BDR				Bundled	\$0.00			000	999	-
A6240	N	HYDROCOLLD DRG FILLER PASTE				Bundled	\$0.00			000	999	-
A6241	N	HYDROCOLLOID DRG FILLER DRY				Bundled	\$0.00			000	999	-
A6242	N	HYDROGEL DRG <=16 IN W/O BDR				Bundled	\$0.00			000	999	-
A6243	N	HYDROGEL DRG >16<=48 W/O BDR				Bundled	\$0.00			000	999	-
A6244	N	HYDROGEL DRG >48 IN W/O BDR				Bundled	\$0.00			000	999	-
A6245	N	HYDROGEL DRG <= 16 IN W/BDR				Bundled	\$0.00			000	999	-
A6246	N	HYDROGEL DRG >16<=48 IN W/B				Bundled	\$0.00			000	999	-
A6247	N	HYDROGEL DRG > 48 SQ IN W/B				Bundled	\$0.00			000	999	-
A6248	N	HYDROGEL DRSG GEL FILLER				Bundled	\$0.00			000	999	-
A6250	N	SKIN SEAL PROTECT MOISTURIZR				Bundled	\$0.00			000	999	-
A6251	N	ABSORPT DRG <=16 SQ IN W/O B				Bundled	\$0.00			000	999	-
A6252	N	ABSORPT DRG >16 <=48 W/O BDR				Bundled	\$0.00			000	999	-
A6253	N	ABSORPT DRG > 48 SQ IN W/O B				Bundled	\$0.00			000	999	-
A6254	N	ABSORPT DRG <=16 SQ IN W/BDR				Bundled	\$0.00			000	999	-
A6255	N	ABSORPT DRG >16<=48 IN W/BDR				Bundled	\$0.00			000	999	-
A6256	N	ABSORPT DRG > 48 SQ IN W/BDR				Bundled	\$0.00			000	999	-
A6257	N	TRANSPARENT FILM <= 16 SQ IN				Bundled	\$0.00			000	999	-
A6258	N	TRANSPARENT FILM >16<=48 IN				Bundled	\$0.00			000	999	-
A6259	N	TRANSPARENT FILM > 48 SQ IN				Bundled	\$0.00			000	999	-
A6260	N	WOUND CLEANSER ANY TYPE/SIZE				Bundled	\$0.00			000	999	-
A6261	N	WOUND FILLER GEL/PASTE /OZ				Bundled	\$0.00			000	999	-
A6262	N	WOUND FILLER DRY FORM / GRAM				Bundled	\$0.00			000	999	-
A6266	N	IMPREG GAUZE NO H2O/SAL/YARD				Bundled	\$0.00			000	999	-
A6402	N	STERILE GAUZE <= 16 SQ IN				Bundled	\$0.00			000	999	-

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A6403	N	STERILE GAUZE>16 <= 48 SQ IN				Bundled	\$0.00			000	999	-
A6404	N	STERILE GAUZE > 48 SQ IN				Bundled	\$0.00			000	999	-
A6407	E	PACKING STRIPS, NON-IMPREG				Not Allowed	\$0.00			000	999	-
A6410	N	STERILE EYE PAD				Bundled	\$0.00			000	999	-
A6411	N	NON-STERILE EYE PAD				Bundled	\$0.00			000	999	-
A6412	N	OCCLUSIVE EYE PATCH				Bundled	\$0.00			000	999	-
A6413	E	ADHESIVE BANDAGE, FIRST-AID				Not Allowed	\$0.00			000	999	-
A6441	E	PAD BAND W>=3" <5"/YD				Not Allowed	\$0.00			000	999	-
A6442	E	CONFORM BAND N/S W<3"/YD				Not Allowed	\$0.00			000	999	-
A6443	E	CONFORM BAND N/S W>=3"<5"/YD				Not Allowed	\$0.00			000	999	-
A6444	E	CONFORM BAND N/S W>=5"/YD				Not Allowed	\$0.00			000	999	-
A6445	E	CONFORM BAND S W <3"/YD				Not Allowed	\$0.00			000	999	-
A6446	E	CONFORM BAND S W>=3" <5"/YD				Not Allowed	\$0.00			000	999	-
A6447	E	CONFORM BAND S W >=5"/YD				Not Allowed	\$0.00			000	999	-
A6448	E	LT COMPRES BAND <3"/YD				Not Allowed	\$0.00			000	999	-
A6449	E	LT COMPRES BAND >=3" <5"/YD				Not Allowed	\$0.00			000	999	-
A6450	E	LT COMPRES BAND >=5"/YD				Not Allowed	\$0.00			000	999	-
A6451	E	MOD COMPRES BAND W>=3"<5"/YD				Not Allowed	\$0.00			000	999	-
A6452	E	HIGH COMPRES BAND W>=3"<5"/YD				Not Allowed	\$0.00			000	999	-
A6453	E	SELF-ADHER BAND W <3"/YD				Not Allowed	\$0.00			000	999	-
A6454	E	SELF-ADHER BAND W>=3" <5"/YD				Not Allowed	\$0.00			000	999	-
A6455	E	SELF-ADHER BAND >=5"/YD				Not Allowed	\$0.00			000	999	-
A6456	E	ZINC PASTE BAND W >=3"<5"/YD				Not Allowed	\$0.00			000	999	-
A6457	E	TUBULAR DRESSING				Not Allowed	\$0.00			000	999	-
A6460	N	SYNTHETIC DRSG <= 16 SQ IN				Bundled	\$0.00			000	999	-
A6461	N	SYNTHETIC DRSG >16<=48 SQ IN				Bundled	\$0.00			000	999	-
A6501	N	COMPRES BURNGARMENT BODYSUIT				Bundled	\$0.00			000	999	-
A6502	N	COMPRES BURNGARMENT CHINSTRP				Bundled	\$0.00			000	999	-
A6503	N	COMPRES BURNGARMENT FACEHOOD				Bundled	\$0.00			000	999	-
A6504	N	CMPRS BURNGARMENT GLOVE-WRIST				Bundled	\$0.00			000	999	-
A6505	N	CMPRS BURNGARMENT GLOVE-ELBOW				Bundled	\$0.00			000	999	-
A6506	N	CMPRS BURNGRMNT GLOVE-AXILLA				Bundled	\$0.00			000	999	-
A6507	N	CMPRS BURNGARMENT FOOT-KNEE				Bundled	\$0.00			000	999	-
A6508	N	CMPRS BURNGARMENT FOOT-THIGH				Bundled	\$0.00			000	999	-
A6509	N	COMPRES BURN GARMENT JACKET				Bundled	\$0.00			000	999	-
A6510	N	COMPRES BURN GARMENT LEOTARD				Bundled	\$0.00			000	999	-
A6511	N	COMPRES BURN GARMENT PANTY				Bundled	\$0.00			000	999	-
A6512	N	COMPRES BURN GARMENT, NOC				Bundled	\$0.00			000	999	-
A6513	E	COMPRESS BURN MASK FACE/NECK				Not Allowed	\$0.00			000	999	-
A6530	E	COMPRESSION STOCKING BK18-30				Not Allowed	\$0.00			000	999	-
A6531	E	COMPRESSION STOCKING BK30-40				Not Allowed	\$0.00			000	999	-
A6532	E	COMPRESSION STOCKING BK40-50				Not Allowed	\$0.00			000	999	-
A6533	E	GC STOCKING THIGHLNGTH 18-30				Not Allowed	\$0.00			000	999	-
A6534	E	GC STOCKING THIGHLNGTH 30-40				Not Allowed	\$0.00			000	999	-
A6535	E	GC STOCKING THIGHLNGTH 40-50				Not Allowed	\$0.00			000	999	-
A6536	E	GC STOCKING FULL LNPTH 18-30				Not Allowed	\$0.00			000	999	-
A6537	E	GC STOCKING FULL LNPTH 30-40				Not Allowed	\$0.00			000	999	-
A6538	E	GC STOCKING FULL LNPTH 40-50				Not Allowed	\$0.00			000	999	-
A6539	E	GC STOCKING WAISTLNPTH 18-30				Not Allowed	\$0.00			000	999	-
A6540	E	GC STOCKING WAISTLNPTH 30-40				Not Allowed	\$0.00			000	999	-
A6541	E	GC STOCKING WAISTLNPTH 40-50				Not Allowed	\$0.00			000	999	-
A6544	E	GC STOCKING GARTER BELT				Not Allowed	\$0.00			000	999	-
A6545	E	GRAD COMP NON-ELASTIC BK				Not Allowed	\$0.00			000	999	-
A6549	E	G COMPRESSION STOCKING				Not Allowed	\$0.00			000	999	-
A6550	E	NEG PRES WOUND THER DRSG SET				Not Allowed	\$0.00			000	999	-
A7000	E	DISPOSABLE CANISTER FOR PUMP				Not Allowed	\$0.00			000	999	-
A7001	E	NONDISPOSABLE PUMP CANISTER				Not Allowed	\$0.00			000	999	-

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

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
A7002	E	TUBING USED W SUCTION PUMP				Not Allowed	\$0.00			000	999	-
A7003	E	NEBULIZER ADMINISTRATION SET				Not Allowed	\$0.00			000	999	-
A7004	E	DISPOSABLE NEBULIZER SML VOL				Not Allowed	\$0.00			000	999	-
A7005	E	NONDISPOSABLE NEBULIZER SET				Not Allowed	\$0.00			000	999	-
A7006	E	FILTERED NEBULIZER ADMIN SET				Not Allowed	\$0.00			000	999	-
A7007	E	LG VOL NEBULIZER DISPOSABLE				Not Allowed	\$0.00			000	999	-
A7008	E	DISPOSABLE NEBULIZER PREFILL				Not Allowed	\$0.00			000	999	-
A7009	E	NEBULIZER RESERVOIR BOTTLE				Not Allowed	\$0.00			000	999	-
A7010	E	DISPOSABLE CORRUGATED TUBING				Not Allowed	\$0.00			000	999	-
A7012	E	NEBULIZER WATER COLLEC DEVIC				Not Allowed	\$0.00			000	999	-
A7013	E	DISPOSABLE COMPRESSOR FILTER				Not Allowed	\$0.00			000	999	-
A7014	E	COMPRESSOR NONDISPOS FILTER				Not Allowed	\$0.00			000	999	-
A7015	E	AEROSOL MASK USED W NEBULIZE				Not Allowed	\$0.00			000	999	-
A7016	E	NEBULIZER DOME & MOUTHPIECE				Not Allowed	\$0.00			000	999	-
A7017	E	NEBULIZER NOT USED W OXYGEN				Not Allowed	\$0.00			000	999	-
A7018	E	WATER DISTILLED W/NEBULIZER				Not Allowed	\$0.00			000	999	-
A7020	E	INTERFACE, COUGH STIM DEVICE				Not Allowed	\$0.00			000	999	-
A7025	E	REPLACE CHEST COMPRESS VEST				Not Allowed	\$0.00			000	999	-
A7026	E	REPLACE CHST CMPRSS SYS HOSE				Not Allowed	\$0.00			000	999	-
A7027	E	COMBINATION ORAL/NASAL MASK				Not Allowed	\$0.00			000	999	-
A7028	E	REPL ORAL CUSHION COMBO MASK				Not Allowed	\$0.00			000	999	-
A7029	E	REPL NASAL PILLOW COMB MASK				Not Allowed	\$0.00			000	999	-
A7030	E	CPAP FULL FACE MASK				Not Allowed	\$0.00			000	999	-
A7031	E	REPLACEMENT FACEMASK INTERFA				Not Allowed	\$0.00			000	999	-
A7032	E	REPLACEMENT NASAL CUSHION				Not Allowed	\$0.00			000	999	-
A7033	E	REPLACEMENT NASAL PILLOWS				Not Allowed	\$0.00			000	999	-
A7034	E	NASAL APPLICATION DEVICE				Not Allowed	\$0.00			000	999	-
A7035	E	POS AIRWAY PRESS HEADGEAR				Not Allowed	\$0.00			000	999	-
A7036	E	POS AIRWAY PRESS CHINSTRAP				Not Allowed	\$0.00			000	999	-
A7037	E	POS AIRWAY PRESSURE TUBING				Not Allowed	\$0.00			000	999	-
A7038	E	POS AIRWAY PRESSURE FILTER				Not Allowed	\$0.00			000	999	-
A7039	E	FILTER, NON DISPOSABLE W PAP				Not Allowed	\$0.00			000	999	-
A7040	E	ONE WAY CHEST DRAIN VALVE				Not Allowed	\$0.00			000	999	-
A7041	E	WATER SEAL DRAIN CONTAINER				Not Allowed	\$0.00			000	999	-
A7044	E	PAP ORAL INTERFACE				Not Allowed	\$0.00			000	999	-
A7045	E	REPL EXHALATION PORT FOR PAP				Not Allowed	\$0.00			000	999	-
A7046	E	REPL WATER CHAMBER, PAP DEV				Not Allowed	\$0.00			000	999	-
A7047	N	RESP SUCTION ORAL INTERFACE				Bundled	\$0.00			000	999	-
A7048	N	VACUUM DRAIN BOTTLE/TUBE KIT				Bundled	\$0.00			000	999	-
A7501	N	TRACHEOSTOMA VALVE W DIAPHRA				Bundled	\$0.00			000	999	-
A7502	N	REPLACEMENT DIAPHRAGM/FPLATE				Bundled	\$0.00			000	999	-
A7503	N	HMES FILTER HOLDER OR CAP				Bundled	\$0.00			000	999	-
A7504	N	TRACHEOSTOMA HMES FILTER				Bundled	\$0.00			000	999	-
A7505	N	HMES OR TRACH VALVE HOUSING				Bundled	\$0.00			000	999	-
A7506	N	HMES/TRACHVALVE ADHESIVEDISK				Bundled	\$0.00			000	999	-
A7507	N	INTEGRATED FILTER & HOLDER				Bundled	\$0.00			000	999	-
A7508	N	HOUSING & INTEGRATED ADHESIV				Bundled	\$0.00			000	999	-
A7509	N	HEAT & MOISTURE EXCHANGE SYS				Bundled	\$0.00			000	999	-
A7520	E	TRACH/LARYN TUBE NON-CUFFED				Not Allowed	\$0.00			000	999	-
A7521	E	TRACH/LARYN TUBE CUFFED				Not Allowed	\$0.00			000	999	-
A7522	E	TRACH/LARYN TUBE STAINLESS				Not Allowed	\$0.00			000	999	-
A7523	E	TRACHEOSTOMY SHOWER PROTECT				Not Allowed	\$0.00			000	999	-
A7524	E	TRACHEOSTOMA STENT/STUD/BTTN				Not Allowed	\$0.00			000	999	-
A7525	E	TRACHEOSTOMY MASK				Not Allowed	\$0.00			000	999	-
A7526	E	TRACHEOSTOMY TUBE COLLAR				Not Allowed	\$0.00			000	999	-
A7527	E	TRACH/LARYN TUBE PLUG/STOP				Not Allowed	\$0.00			000	999	-
A8000	E	SOFT PROTECT HELMET PREFAB				Not Allowed	\$0.00			000	999	-

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A8001	E	HARD PROTECT HELMET PREFAB				Not Allowed	\$0.00			000	999	-
A8002	E	SOFT PROTECT HELMET CUSTOM				Not Allowed	\$0.00			000	999	-
A8003	E	HARD PROTECT HELMET CUSTOM				Not Allowed	\$0.00			000	999	-
A8004	E	REPL SOFT INTERFACE, HELMET				Not Allowed	\$0.00			000	999	-
A9150	E	MISC/EXPER NON-PRESCRIPT DRU				Not Allowed	\$0.00			000	999	-
A9152	E	SINGLE VITAMIN NOS				Not Allowed	\$0.00			000	999	-
A9153	E	MULTI-VITAMIN NOS				Not Allowed	\$0.00			000	999	-
A9155	E	ARTIFICIAL SALIVA				Not Allowed	\$0.00			000	999	-
A9180	E	LICE TREATMENT, TOPICAL				Not Allowed	\$0.00			000	999	-
A9270	E	NON-COVERED ITEM OR SERVICE				Not Allowed	\$0.00			000	999	-
A9272	E	DISP WOUND SUCT, DRSG/ACCESS				Not Allowed	\$0.00			000	999	-
A9273	E	HOT/COLD BOTTLE/CAP/COL/WRAP				Not Allowed	\$0.00			000	999	-
A9274	E	EXT AMB INSULIN DELIVERY SYS				Not Allowed	\$0.00			000	999	-
A9275	E	DISP HOME GLUCOSE MONITOR				Not Allowed	\$0.00			000	999	-
A9276	E	DISPOSABLE SENSOR, CGM SYS				Not Allowed	\$0.00			000	999	-
A9277	E	EXTERNAL TRANSMITTER, CGM				Not Allowed	\$0.00			000	999	-
A9278	E	EXTERNAL RECEIVER, CGM SYS				Not Allowed	\$0.00			000	999	-
A9279	E	MONITORING FEATURE/DEVICENOC				Not Allowed	\$0.00			000	999	-
A9280	E	ALERT DEVICE, NOC				Not Allowed	\$0.00			000	999	-
A9281	E	REACHING/GRABBING DEVICE				Not Allowed	\$0.00			000	999	-
A9282	E	WIG ANY TYPE				Not Allowed	\$0.00			000	999	-
A9283	E	FOOT PRESS OFF LOAD SUPP DEV				Not Allowed	\$0.00			000	999	-
A9284	N	NON-ELECTRONIC SPIROMETER				Bundled	\$0.00			000	999	-
A9285	E	INVERSION EVERSION COR DEVIC				Not Allowed	\$0.00			000	999	-
A9286	E	ANY HYGIENIC ITEM, DEVICE				Not Allowed	\$0.00			000	999	-
A9300	E	EXERCISE EQUIPMENT				Not Allowed	\$0.00			000	999	-
A9500	N	TC99M SESTAMIBI				Bundled	\$0.00			000	999	-
A9501	N	TECHNETIUM TC-99M TEBOROXIME				Bundled	\$0.00			000	999	-
A9502	N	TC99M TETROFOSMIN				Bundled	\$0.00			000	999	-
A9503	N	TC99M MEDRONATE				Bundled	\$0.00			000	999	-
A9504	N	TC99M APCITIDE				Bundled	\$0.00			000	999	-
A9505	N	TL201 THALLIUM				Bundled	\$0.00			000	999	-
A9507	N	IN111 CAPROMAB				Bundled	\$0.00			000	999	-
A9508	N	I131 IODOBENGUATE, DX				Bundled	\$0.00			000	999	-
A9509	N	IODINE I-123 SOD IODIDE MIL				Bundled	\$0.00			000	999	-
A9510	N	TC99M DISOFENIN				Bundled	\$0.00			000	999	-
A9512	N	TC99M PERTECHNETATE				Bundled	\$0.00			000	999	-
A9513	G	LUTETIUM LU 177 DOTATAT THER		09067		APC – pays by fee schedule amount	\$266.59			000	999	-
A9515	N	CHOLINE C-11				Bundled	\$0.00			000	999	-
A9516	N	IODINE I-123 SOD IODIDE MIC				Bundled	\$0.00			000	999	-
A9517	K	I131 IODIDE CAP, RX		01064	0.3552	APC (blood and non-blood product codes)	\$20.12			000	999	-
A9520	N	TC99 TILMANOCEPT DIAG 0.5MCI				Bundled	\$0.00			000	999	-
A9521	N	TC99M EXAMETAZIME				Bundled	\$0.00			000	999	-
A9524	N	I131 SERUM ALBUMIN, DX				Bundled	\$0.00			000	999	-
A9526	N	NITROGEN N-13 AMMONIA				Bundled	\$0.00			000	999	-
A9527	U	IODINE I-125 SODIUM IODIDE		02632	0.3228	APC	\$18.28			000	999	-
A9528	N	IODINE I-131 IODIDE CAP, DX				Bundled	\$0.00			000	999	-
A9529	N	I131 IODIDE SOL, DX				Bundled	\$0.00			000	999	-
A9530	K	I131 IODIDE SOL, RX		01150	0.2355	APC (blood and non-blood product codes)	\$13.34			000	999	-
A9531	N	I131 MAX 100UCI				Bundled	\$0.00			000	999	-
A9532	N	I125 SERUM ALBUMIN, DX				Bundled	\$0.00			000	999	-
A9536	N	TC99M DEPREOTIDE				Bundled	\$0.00			000	999	-
A9537	N	TC99M MEBROFENIN				Bundled	\$0.00			000	999	-
A9538	N	TC99M PYROPHOSPHATE				Bundled	\$0.00			000	999	-
A9539	N	TC99M PENTETATE				Bundled	\$0.00			000	999	-
A9540	N	TC99M MAA				Bundled	\$0.00			000	999	-
A9541	N	TC99M SULFUR COLLOID				Bundled	\$0.00			000	999	-

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A9542	N	IN111 IBRITUMOMAB, DX				Bundled	\$0.00			000	999	-
A9543	K	Y90 IBRITUMOMAB, RX		01643	1040.0808	APC (blood and non-blood product codes)	\$58,910.18			000	999	-
A9546	N	CO57/58				Bundled	\$0.00			000	999	-
A9547	N	IN111 OXYQUINOLINE				Bundled	\$0.00			000	999	-
A9548	N	IN111 PENTETATE				Bundled	\$0.00			000	999	-
A9550	N	TC99M GLUCEPTATE				Bundled	\$0.00			000	999	-
A9551	N	TC99M SUCCIMER				Bundled	\$0.00			000	999	-
A9552	N	F18 FDG				Bundled	\$0.00			000	999	-
A9553	N	CR51 CHROMATE				Bundled	\$0.00			000	999	-
A9554	N	I125 IOTHALAMATE, DX				Bundled	\$0.00			000	999	-
A9555	N	RB82 RUBIDIUM				Bundled	\$0.00			000	999	-
A9556	N	GA67 GALLIUM				Bundled	\$0.00			000	999	-
A9557	N	TC99M BICISATE				Bundled	\$0.00			000	999	-
A9558	N	XE133 XENON 10MCI				Bundled	\$0.00			000	999	-
A9559	N	CO57 CYANO				Bundled	\$0.00			000	999	-
A9560	N	TC99M LABELED RBC				Bundled	\$0.00			000	999	-
A9561	N	TC99M OXIDRONATE				Bundled	\$0.00			000	999	-
A9562	N	TC99M MERTIATIDE				Bundled	\$0.00			000	999	-
A9563	K	P32 NA PHOSPHATE		01675	8.0922	APC (blood and non-blood product codes)	\$458.34			000	999	-
A9564	E	P32 CHROMIC PHOSPHATE				Not Allowed	\$0.00			000	999	-
A9566	N	TC99M FANOLESOMAB				Bundled	\$0.00			000	999	-
A9567	N	TECHNETIUM TC-99M AEROSOL				Bundled	\$0.00			000	999	-
A9568	N	TECHNETIUM TC99M ARCITUMOMAB				Bundled	\$0.00			000	999	-
A9569	N	TECHNETIUM TC-99M AUTO WBC				Bundled	\$0.00			000	999	-
A9570	N	INDIUM IN-111 AUTO WBC				Bundled	\$0.00			000	999	-
A9571	N	INDIUM IN-111 AUTO PLATELET				Bundled	\$0.00			000	999	-
A9572	N	INDIUM IN-111 PENTETREOTIDE				Bundled	\$0.00			000	999	-
A9575	N	INJ GADOTERATE MEGLUMI 0.1ML				Bundled	\$0.00			000	999	-
A9576	N	INJ PROHANCE MULTIPACK				Bundled	\$0.00			000	999	-
A9577	N	INJ MULTIHANCE				Bundled	\$0.00			000	999	-
A9578	N	INJ MULTIHANCE MULTIPACK				Bundled	\$0.00			000	999	-
A9579	N	GAD-BASE MR CONTRAST NOS,1ML				Bundled	\$0.00			000	999	-
A9580	N	SODIUM FLUORIDE F-18				Bundled	\$0.00			000	999	-
A9581	N	GADOXETATE DISODIUM INJ				Bundled	\$0.00			000	999	-
A9582	N	IODINE I-123 IOBENGUANE				Bundled	\$0.00			000	999	-
A9583	N	GADOFOSVESET TRISODIUM INJ				Bundled	\$0.00			000	999	-
A9584	N	IODINE I-123 IOFLUPANE				Bundled	\$0.00			018	999	-
A9585	N	GADOBUTROL INJECTION				Bundled	\$0.00			002	999	-
A9586	N	FLORBETAPIR F18				Bundled	\$0.00			000	999	-
A9587	N	GALLIUM GA-68				Bundled	\$0.00			000	999	-
A9588	N	FLUCICLOVINE F-18				Bundled	\$0.00			000	999	-
A9589	N	INSTI HEXAMINOLEVULINATE HCL				Bundled	\$0.00			000	999	-
A9590	G	IODINE I-131 IOBENGUANE 1MCI		09339		APC – pays by fee schedule amount	\$320.12			000	999	-
A9591	G	FLUOROESTRADIOL F 18		09370		APC – pays by fee schedule amount	\$0.77			000	999	-
A9597	N	PET, DX, FOR TUMOR ID, NOC				Bundled	\$0.00			000	999	-
A9598	N	PET DX FOR NON-TUMOR ID, NOC				Bundled	\$0.00			000	999	-
A9600	K	SR89 STRONTIUM		00701	70.1801	APC (blood and non-blood product codes)	\$3,975.00			000	999	-
A9604	K	SM 153 LEXIDRONAM		01295	301.7233	APC (blood and non-blood product codes)	\$17,089.61			000	999	-
A9606	K	RADIUM RA223 DICHLORIDE THER		01745	2.5316	APC (blood and non-blood product codes)	\$143.39			000	999	-
A9698	N	NON-RAD CONTRAST MATERIALNOC				Bundled	\$0.00			000	999	-
A9699	N	RADIOPHARM RX AGENT NOC				Bundled	\$0.00			000	999	-
A9700	N	ECHOCARDIOGRAPHY CONTRAST				Bundled	\$0.00			000	999	-
A9900	N	SUPPLY/ACCESSORY/SERVICE				Bundled	\$0.00			000	999	-
A9901	E	DELIVERY/SET UP/DISPENSING				Not Allowed	\$0.00			000	999	-
A9999	E	DME SUPPLY OR ACCESSORY, NOS				Not Allowed	\$0.00			000	999	-
B4034	E	ENTER FEED SUPKIT SYR BY DAY				Not Allowed	\$0.00			000	999	-
B4035	E	ENTERAL FEED SUPP PUMP PER D				Not Allowed	\$0.00			000	999	-

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B4036	E	ENTERAL FEED SUP KIT GRAV BY				Not Allowed	\$0.00			000	999	-
B4081	E	ENTERAL NG TUBING W/ STYLET				Not Allowed	\$0.00			000	999	-
B4082	E	ENTERAL NG TUBING W/O STYLET				Not Allowed	\$0.00			000	999	-
B4083	E	ENTERAL STOMACH TUBE LEVINE				Not Allowed	\$0.00			000	999	-
B4087	M	GASTRO/JEJUNO TUBE, STD				Fee Schedule	\$0.00			000	999	-
B4088	M	GASTRO/JEJUNO TUBE, LOW-PRO				Fee Schedule	\$0.00			000	999	-
B4100	E	FOOD THICKENER ORAL				Not Allowed	\$0.00			000	999	-
B4102	E	EF ADULT FLUIDS AND ELECTRO				Not Allowed	\$0.00			000	999	-
B4103	E	EF PED FLUID AND ELECTROLYTE				Not Allowed	\$0.00			000	999	-
B4104	E	ADDITIVE FOR ENTERAL FORMULA				Not Allowed	\$0.00			000	999	-
B4105	E	ENZYME CARTRIDGE ENTERAL NUT				Not Allowed	\$0.00			000	999	-
B4149	E	EF BLENDERIZED FOODS				Not Allowed	\$0.00			000	999	-
B4150	E	EF COMPLET W/INTACT NUTRIENT				Not Allowed	\$0.00			000	999	-
B4152	E	EF CALORIE DENSE>=1.5KCAL				Not Allowed	\$0.00			000	999	-
B4153	E	EF HYDROLYZED/AMINO ACIDS				Not Allowed	\$0.00			000	999	-
B4154	E	EF SPEC METABOLIC NONINHERIT				Not Allowed	\$0.00			000	999	-
B4155	E	EF INCOMPLETE/MODULAR				Not Allowed	\$0.00			000	999	-
B4157	E	EF SPECIAL METABOLIC INHERIT				Not Allowed	\$0.00			000	999	-
B4158	E	EF PED COMPLETE INTACT NUT				Not Allowed	\$0.00			000	999	-
B4159	E	EF PED COMPLETE SOY BASED				Not Allowed	\$0.00			000	999	-
B4160	E	EF PED CALORIC DENSE>=0.7KC				Not Allowed	\$0.00			000	999	-
B4161	E	EF PED HYDROLYZED/AMINO ACID				Not Allowed	\$0.00			000	999	-
B4162	E	EF PED SPECMETABOLIC INHERIT				Not Allowed	\$0.00			000	999	-
B4164	E	PARENTERAL 50% DEXTROSE SOLU				Not Allowed	\$0.00			000	999	-
B4168	E	PARENTERAL SOL AMINO ACID 3.				Not Allowed	\$0.00			000	999	-
B4172	E	PARENTERAL SOL AMINO ACID 5.				Not Allowed	\$0.00			000	999	-
B4176	E	PARENTERAL SOL AMINO ACID 7-				Not Allowed	\$0.00			000	999	-
B4178	E	PARENTERAL SOL AMINO ACID >				Not Allowed	\$0.00			000	999	-
B4180	E	PARENTERAL SOL CARB > 50%				Not Allowed	\$0.00			000	999	-
B4185	E	PN SOLN NOS 10 GRAMS LIPIDS				Not Allowed	\$0.00			000	999	-
B4187	E	OMEGAVEN, 10 GRAMS LIPIDS				Not Allowed	\$0.00			000	999	-
B4189	E	PARENTERAL SOL AMINO ACID &				Not Allowed	\$0.00			000	999	-
B4193	E	PARENTERAL SOL 52-73 GM PROT				Not Allowed	\$0.00			000	999	-
B4197	E	PARENTERAL SOL 74-100 GM PRO				Not Allowed	\$0.00			000	999	-
B4199	E	PARENTERAL SOL > 100GM PROTE				Not Allowed	\$0.00			000	999	-
B4216	E	PARENTERAL NUTRITION ADDITIV				Not Allowed	\$0.00			000	999	-
B4220	E	PARENTERAL SUPPLY KIT PREMIX				Not Allowed	\$0.00			000	999	-
B4222	E	PARENTERAL SUPPLY KIT HOMEMI				Not Allowed	\$0.00			000	999	-
B4224	E	PARENTERAL ADMINISTRATION KI				Not Allowed	\$0.00			000	999	-
B5000	E	PARENTERAL SOL RENAL-AMIROSY				Not Allowed	\$0.00			000	999	-
B5100	E	PARENTERAL SOLUTION HEPATIC				Not Allowed	\$0.00			000	999	-
B5200	E	PARENTERAL SOL HEPATIC FREAM				Not Allowed	\$0.00			000	999	-
B9002	E	ENTER NUTR INF PUMP ANY TYPE				Not Allowed	\$0.00			000	999	-
B9004	E	PARENTERAL INFUS PUMP PORTAB				Not Allowed	\$0.00			000	999	-
B9006	E	PARENTERAL INFUS PUMP STATIO				Not Allowed	\$0.00			000	999	-
B9998	E	ENTERAL SUPP NOT OTHERWISE C				Not Allowed	\$0.00			000	999	-
B9999	E	PARENTERAL SUPP NOT OTHRWS C				Not Allowed	\$0.00			000	999	-
C1713	N	ANCHOR/SCREW BN/BN,TIS/BN				Bundled	\$0.00			000	999	-
C1714	N	CATH, TRANS ATHERECTOMY, DIR				Bundled	\$0.00			000	999	-
C1715	N	BRACHYTHERAPY NEEDLE				Bundled	\$0.00			000	999	-
C1716	U	BRACHYTX, NON-STR, GOLD-198		02645	3.4827	APC	\$197.26			000	999	-
C1717	U	BRACHYTX, NON-STR,HDR IR-192		02646	4.0423	APC	\$228.96			000	999	-
C1719	U	BRACHYTX, NS, NON-HDRIR-192		02647	3.4112	APC	\$193.21			000	999	-
C1721	N	AICD, DUAL CHAMBER				Bundled	\$0.00			000	999	-
C1722	N	AICD, SINGLE CHAMBER				Bundled	\$0.00			000	999	-
C1724	N	CATH, TRANS ATHEREC.ROTATION				Bundled	\$0.00			000	999	-
C1725	N	CATH, TRANSLUMIN NON-LASER				Bundled	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
C1726	N	CATH, BAL DIL, NON-VASCULAR				Bundled	\$0.00			000	999	-
C1727	N	CATH, BAL TIS DIS, NON-VAS				Bundled	\$0.00			000	999	-
C1728	N	CATH, BRACHYTX SEED ADM				Bundled	\$0.00			000	999	-
C1729	N	CATH, DRAINAGE				Bundled	\$0.00			000	999	-
C1730	N	CATH, EP, 19 OR FEW ELECT				Bundled	\$0.00			000	999	-
C1731	N	CATH, EP, 20 OR MORE ELEC				Bundled	\$0.00			000	999	-
C1732	N	CATH, EP, DIAG/ABL, 3D/VECT				Bundled	\$0.00			000	999	-
C1733	N	CATH, EP, OTHR THAN COOL-TIP				Bundled	\$0.00			000	999	-
C1734	M	ORTH/DEVIC/DRUG BN/BN,TIS/BN				Charge Ratio	\$0.00			000	999	-
C1748	M	ENDOSCOPE, SINGLE, UGI				Charge Ratio	\$0.00			000	999	-
C1749	N	ENDO, COLON, RETRO IMAGING				Bundled	\$0.00			000	999	-
C1750	N	CATH, HEMODIALYSIS, LONG-TERM				Bundled	\$0.00			000	999	-
C1751	N	CATH, INF, PER/CENT/MIDLIN				Bundled	\$0.00			000	999	-
C1752	N	CATH, HEMODIALYSIS, SHORT-TERM				Bundled	\$0.00			000	999	-
C1753	N	CATH, INTRAVAS ULTRASOUND				Bundled	\$0.00			000	999	-
C1754	N	CATHETER, INTRADISCAL				Bundled	\$0.00			000	999	-
C1755	N	CATHETER, INTRASPINAL				Bundled	\$0.00			000	999	-
C1756	N	CATH, PACING, TRANSESOPH				Bundled	\$0.00			000	999	-
C1757	N	CATH, THROMBECTOMY/EMBOLECT				Bundled	\$0.00			000	999	-
C1758	N	CATHETER, URETERAL				Bundled	\$0.00			000	999	-
C1759	N	CATH, INTRA ECHOCARDIOGRAPHY				Bundled	\$0.00			000	999	-
C1760	N	CLOSURE DEV, VASC				Bundled	\$0.00			000	999	-
C1762	N	CONN TISS, HUMAN(INC FASCIA)				Bundled	\$0.00			000	999	-
C1763	N	CONN TISS, NON-HUMAN				Bundled	\$0.00			000	999	-
C1764	N	EVENT RECORDER, CARDIAC				Bundled	\$0.00			000	999	-
C1765	N	ADHESION BARRIER				Bundled	\$0.00			000	999	-
C1766	N	INTRO/SHEATH, STRBLE, NON-PEEL				Bundled	\$0.00			000	999	-
C1767	N	GENERATOR, NEURO NON-RECHARG				Bundled	\$0.00			000	999	-
C1768	N	GRAFT, VASCULAR				Bundled	\$0.00			000	999	-
C1769	N	GUIDE WIRE				Bundled	\$0.00			000	999	-
C1770	N	IMAGING COIL, MR, INSERTABLE				Bundled	\$0.00			000	999	-
C1771	N	REP DEV, URINARY, W/SLING				Bundled	\$0.00			000	999	-
C1772	N	INFUSION PUMP, PROGRAMMABLE				Bundled	\$0.00			000	999	-
C1773	N	RET DEV, INSERTABLE				Bundled	\$0.00			000	999	-
C1776	N	JOINT DEVICE (IMPLANTABLE)				Bundled	\$0.00			000	999	-
C1777	N	LEAD, AICD, ENDO SINGLE COIL				Bundled	\$0.00			000	999	-
C1778	N	LEAD, NEUROSTIMULATOR				Bundled	\$0.00			000	999	-
C1779	N	LEAD, PMKR, TRANSVENOUS VDD				Bundled	\$0.00			000	999	-
C1780	N	LENS, INTRAOCULAR (NEW TECH)				Bundled	\$0.00			000	999	-
C1781	N	MESH (IMPLANTABLE)				Bundled	\$0.00			000	999	-
C1782	N	MORCELLATOR				Bundled	\$0.00			000	999	-
C1783	N	OCULAR IMP, AQUEOUS DRAIN DE				Bundled	\$0.00			000	999	-
C1784	N	OCULAR DEV, INTRAOP, DET RET				Bundled	\$0.00			000	999	-
C1785	N	PMKR, DUAL, RATE-RESP				Bundled	\$0.00			000	999	-
C1786	N	PMKR, SINGLE, RATE-RESP				Bundled	\$0.00			000	999	-
C1787	N	PATIENT PROGR, NEUROSTIM				Bundled	\$0.00			000	999	-
C1788	N	PORT, INDWELLING, IMP				Bundled	\$0.00			000	999	-
C1789	N	PROSTHESIS, BREAST, IMP				Bundled	\$0.00			000	999	-
C1813	E	PROSTHESIS, PENILE, INFLATAB				Not Allowed	\$0.00			000	999	-
C1814	N	RETINAL TAMP, SILICONE OIL				Bundled	\$0.00			000	999	-
C1815	N	PROS, URINARY SPH, IMP				Bundled	\$0.00			000	999	-
C1816	N	RECEIVER/TRANSMITTER, NEURO				Bundled	\$0.00			000	999	-
C1817	N	SEPTAL DEFECT IMP SYS				Bundled	\$0.00			000	999	-
C1818	N	INTEGRATED KERATOPROSTHESIS				Bundled	\$0.00			000	999	-
C1819	N	TISSUE LOCALIZATION-EXCISION				Bundled	\$0.00			000	999	-
C1820	N	GENERATOR NEURO RECHG BAT SY				Bundled	\$0.00			000	999	-
C1821	N	INTERSPINOUS IMPLANT				Bundled	\$0.00			000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
C1822	N	GEN, NEURO, HF, RECHG BAT				Bundled	\$0.00			000	999	-
C1823	E	GEN, NEURO, TRANS SEN/STIM				Not Allowed	\$0.00			000	999	-
C1824	M	GENERATOR, CCM, IMPLANT				Charge Ratio	\$0.00			000	999	-
C1830	N	POWER BONE MARROW BX NEEDLE				Bundled	\$0.00			000	999	-
C1839	M	IRIS PROSTHESIS				Charge Ratio	\$0.00			000	999	-
C1840	N	TELESCOPIC INTRAOCULAR LENS				Bundled	\$0.00			000	999	-
C1841	N	RETINAL PROSTH INT/EXT COMP				Bundled	\$0.00			000	999	-
C1842	E	RETINAL PROSTH, ADD-ON				Not Allowed	\$0.00			000	999	-
C1849	N	SKIN SUBSTITUTE, SYNTHETIC				Bundled	\$0.00			000	999	-
C1874	N	STENT, COATED/COV W/DEL SYS				Bundled	\$0.00			000	999	-
C1875	N	STENT, COATED/COV W/O DEL SY				Bundled	\$0.00			000	999	-
C1876	N	STENT, NON-COA/NON-COV W/DEL				Bundled	\$0.00			000	999	-
C1877	N	STENT, NON-COAT/COV W/O DEL				Bundled	\$0.00			000	999	-
C1878	N	MATRL FOR VOCAL CORD				Bundled	\$0.00			000	999	-
C1880	N	VENA CAVA FILTER				Bundled	\$0.00			000	999	-
C1881	N	DIALYSIS ACCESS SYSTEM				Bundled	\$0.00			000	999	-
C1882	N	AICD, OTHER THAN SING/DUAL				Bundled	\$0.00			000	999	-
C1883	N	ADAPT/EXT, PACING/NEURO LEAD				Bundled	\$0.00			000	999	-
C1884	N	EMBOIZATION PROTECT SYST				Bundled	\$0.00			000	999	-
C1885	N	CATH, TRANSLUMIN ANGIO LASER				Bundled	\$0.00			000	999	-
C1886	N	CATHETER, ABLATION				Bundled	\$0.00			000	999	-
C1887	N	CATHETER, GUIDING				Bundled	\$0.00			000	999	-
C1888	N	ENDOVAS NON-CARDIAC ABL CATH				Bundled	\$0.00			000	999	-
C1889	N	IMPLANT/INSERT DEVICE, NOC				Bundled	\$0.00			000	999	-
C1890	E	NO DEVICE W/DEV-INTENSIVE PX				Not Allowed	\$0.00			000	999	-
C1891	N	INFUSION PUMP, NON-PROG, PERM				Bundled	\$0.00			000	999	-
C1892	N	INTRO/SHEATH, FIXED, PEEL-AWAY				Bundled	\$0.00			000	999	-
C1893	N	INTRO/SHEATH, FIXED, NON-PEEL				Bundled	\$0.00			000	999	-
C1894	N	INTRO/SHEATH, NON-LASER				Bundled	\$0.00			000	999	-
C1895	N	LEAD, AICD, ENDO DUAL COIL				Bundled	\$0.00			000	999	-
C1896	N	LEAD, AICD, NON SING/DUAL				Bundled	\$0.00			000	999	-
C1897	N	LEAD, NEUROSTIM TEST KIT				Bundled	\$0.00			000	999	-
C1898	N	LEAD, PMKR, OTHER THAN TRANS				Bundled	\$0.00			000	999	-
C1899	N	LEAD, PMKR/AICD COMBINATION				Bundled	\$0.00			000	999	-
C1900	N	LEAD, CORONARY VENOUS				Bundled	\$0.00			000	999	-
C1982	M	CATH, PRESSURE, VALVE-OCCLU				Charge Ratio	\$0.00			000	999	-
C2596	M	PROBE, ROBOTIC, WATER-JET				Charge Ratio	\$0.00			000	999	-
C2613	N	LUNG BX PLUG W/DEL SYS				Bundled	\$0.00			000	999	-
C2614	N	PROBE, PERC LUMB DISC				Bundled	\$0.00			000	999	-
C2615	N	SEALANT, PULMONARY, LIQUID				Bundled	\$0.00			000	999	-
C2616	U	BRACHYTX, NON-STR, YTTRIUM-90		02616	210.1240	APC	\$11,901.42			000	999	-
C2617	N	STENT, NON-COR, TEM W/O DEL				Bundled	\$0.00			000	999	-
C2618	N	PROBE/NEEDLE, CRYO				Bundled	\$0.00			000	999	-
C2619	N	PMKR, DUAL, NON RATE-RESP				Bundled	\$0.00			000	999	-
C2620	N	PMKR, SINGLE, NON RATE-RESP				Bundled	\$0.00			000	999	-
C2621	N	PMKR, OTHER THAN SING/DUAL				Bundled	\$0.00			000	999	-
C2622	E	PROSTHESIS, PENILE, NON-INF				Not Allowed	\$0.00			000	999	-
C2623	N	CATH, TRANSLUMIN, DRUG-COAT				Bundled	\$0.00			000	999	-
C2624	N	WIRELESS PRESSURE SENSOR				Bundled	\$0.00			000	999	-
C2625	N	STENT, NON-COR, TEM W/DEL SY				Bundled	\$0.00			000	999	-
C2626	N	INFUSION PUMP, NON-PROG, TEMP				Bundled	\$0.00			000	999	-
C2627	N	CATH, SUPRAPUBIC/CYSTOSCOPIC				Bundled	\$0.00			000	999	-
C2628	N	CATHETER, OCCLUSION				Bundled	\$0.00			000	999	-
C2629	N	INTRO/SHEATH, LASER				Bundled	\$0.00			000	999	-
C2630	N	CATH, EP, COOL-TIP				Bundled	\$0.00			000	999	-
C2631	N	REP DEV, URINARY, W/O SLING				Bundled	\$0.00			000	999	-
C2634	U	BRACHYTX, NON-STR, HA, I-125		02634	1.7886	APC	\$101.31			000	999	-

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C2635	U	BRACHYTX, NON-STR, HA, P-103		02635	0.5501	APC	\$31.16			000	999	-
C2636	U	BRACHY LINEAR, NON-STR,P-103		02636	0.3793	APC	\$21.48			000	999	-
C2637	E	BRACHY,NON-STR,YTTERBIUM-169				Not Allowed	\$0.00			000	999	-
C2638	U	BRACHYTX, STRANDED, I-125		02638	0.4517	APC	\$25.58			000	999	-
C2639	U	BRACHYTX, NON-STRANDED,I-125		02639	0.4119	APC	\$23.33			000	999	-
C2640	U	BRACHYTX, STRANDED, P-103		02640	1.0598	APC	\$60.03			000	999	-
C2641	U	BRACHYTX, NON-STRANDED,P-103		02641	0.8394	APC	\$47.54			000	999	-
C2642	U	BRACHYTX, STRANDED, C-131		02642	0.8679	APC	\$49.16			000	999	-
C2643	U	BRACHYTX, NON-STRANDED,C-131		02643	0.9705	APC	\$54.97			000	999	-
C2644	E	BRACHYTX CESIUM-131 CHLORIDE				Not Allowed	\$0.00			000	999	-
C2645	U	BRACHYTX PLANAR, P-103		02648	0.0566	APC	\$3.21			000	999	-
C2698	U	BRACHYTX, STRANDED, NOS		02698	0.4517	APC	\$25.58			000	999	-
C2699	U	BRACHYTX, NON-STRANDED, NOS		02699	0.3793	APC	\$21.48			000	999	-
C5271	T	LOW COST SKIN SUBSTITUTE APP		05053	6.3308	APC	\$358.58			000	999	-
C5272	N	LOW COST SKIN SUBSTITUTE APP				Bundled	\$0.00			000	999	-
C5273	T	LOW COST SKIN SUBSTITUTE APP		05054	20.7177	APC	\$1,173.45			000	999	-
C5274	N	LOW COST SKIN SUBSTITUTE APP				Bundled	\$0.00			000	999	-
C5275	T	LOW COST SKIN SUBSTITUTE APP		05053	6.3308	APC	\$358.58			000	999	-
C5276	N	LOW COST SKIN SUBSTITUTE APP				Bundled	\$0.00			000	999	-
C5277	T	LOW COST SKIN SUBSTITUTE APP		05053	6.3308	APC	\$358.58			000	999	-
C5278	N	LOW COST SKIN SUBSTITUTE APP				Bundled	\$0.00			000	999	-
C8900	N	MRA W/CONT, ABD		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
C8901	N	MRA W/O CONT, ABD		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
C8902	N	MRA W/O FOL W/CONT, ABD		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
C8903	N	MRI W/CONT, BREAST, UNI		05571	2.1565	Bundled, sometimes payable	\$122.14			000	999	-
C8905	N	MRI W/O FOL W/CONT, BRST, UN		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
C8906	N	MRI W/CONT, BREAST, BI		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
C8908	N	MRI W/O FOL W/CONT, BREAST,		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
C8909	N	MRA W/CONT, CHEST		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
C8910	N	MRA W/O CONT, CHEST		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
C8911	N	MRA W/O FOL W/CONT, CHEST		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
C8912	N	MRA W/CONT, LWR EXT		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
C8913	N	MRA W/O CONT, LWR EXT		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
C8914	N	MRA W/O FOL W/CONT, LWR EXT		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
C8918	N	MRA W/CONT, PELVIS		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
C8919	N	MRA W/O CONT, PELVIS		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
C8920	N	MRA W/O FOL W/CONT, PELVIS		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
C8921	S	TTE W OR W/O FOL W/CONT, COM		05573	8.6377	APC	\$489.24			000	999	-
C8922	S	TTE W OR W/O FOL W/CONT, F/U		05573	8.6377	APC	\$489.24			000	999	-
C8923	S	2D TTE W OR W/O FOL W/CON,CO		05573	8.6377	APC	\$489.24			000	999	-
C8924	S	2D TTE W OR W/O FOL W/CON,FU		05572	4.4460	APC	\$251.82			000	999	-
C8925	S	2D TEE W OR W/O FOL W/CON,IN		05573	8.6377	APC	\$489.24			000	999	-
C8926	S	TEE W OR W/O FOL W/CONT,CONG		05573	8.6377	APC	\$489.24			000	999	-
C8927	S	TEE W OR W/O FOL W/CONT, MON		05573	8.6377	APC	\$489.24			000	999	-
C8928	S	TTE W OR W/O FOL W/CON,STRES		05573	8.6377	APC	\$489.24			000	999	-
C8929	S	TTE W OR WO FOL WCON,DOPPLER		05573	8.6377	APC	\$489.24			000	999	-
C8930	S	TTE W OR W/O CONTR, CONT ECG		05573	8.6377	APC	\$489.24			000	999	-
C8931	N	MRA, W/DYE, SPINAL CANAL		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
C8932	N	MRA, W/O DYE, SPINAL CANAL		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
C8933	N	MRA, W/O&W/DYE, SPINAL CANAL		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
C8934	N	MRA, W/DYE, UPPER EXTREMITY		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
C8935	N	MRA, W/O DYE, UPPER EXTR		05523	2.7794	Bundled, sometimes payable	\$157.43			000	999	-
C8936	N	MRA, W/O&W/DYE, UPPER EXTR		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
C8937	N	CAD BREAST MRI				Bundled	\$0.00			000	999	-
C8957	S	PROLONGED IV INF, REQ PUMP		05694	3.7532	APC	\$212.58			000	999	-
C9046	G	COCAINE HCL NASAL SOLUTION		09307		APC - pays by fee schedule amount	\$1.26			000	999	-
C9047	G	INJECTION, CAPLACIZUMAB-YHDP		09199		APC - pays by fee schedule amount	\$691.29			000	999	-

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

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
C9065	G	ROMIDEPSIN NON-LYOPHILIZED		09379		APC – pays by fee schedule amount	\$311.84			000	999	-
C9067	G	GALLIUM GA-68 DOTATOC		09323		APC – pays by fee schedule amount	\$8.64			000	999	-
C9068	G	COPPER CU-64, DOTATATE, DX		09383		APC – pays by fee schedule amount	\$901.25			000	999	-
C9069	G	BELANTAMAB MAFODONTIN-BLMF		09384		APC – pays by fee schedule amount	\$42.63			000	999	-
C9070	G	INJECTION, TAFASITAMAB-CXIX		09385		APC – pays by fee schedule amount	\$12.36			000	999	-
C9071	G	INJECTION, VILTOLARSEN		09386		APC – pays by fee schedule amount	\$58.09			000	999	-
C9072	G	INJ, IMM GLOB ASCENIV		09392		APC – pays by fee schedule amount	\$481.77			000	999	-
C9073	G	BREXUCABTAGENE AUTOLEUCEL CA		09391		APC – pays by fee schedule amount	\$384,190.00			000	999	-
C9113	N	INJ PANTOPRAZOLE SODIUM, VIA				Bundled	\$0.00			000	999	-
C9122	G	MOMETASONE FUROATE (SINUVA)		09346		APC – pays by fee schedule amount	\$10.25			000	999	-
C9132	K	KCENTRA, PER I.U.		09132	0.0371	APC (blood and non-blood product codes)	\$2.10			000	999	-
C9248	K	INJ, CLEVIDIPINE BUTYRATE		09087	0.0507	APC (blood and non-blood product codes)	\$2.87			000	999	-
C9250	K	ARTISS FIBRIN SEALANT		01848	2.7691	APC (blood and non-blood product codes)	\$156.84			000	999	-
C9254	N	INJECTION, LACOSAMIDE				Bundled	\$0.00			000	999	-
C9257	K	BEVACIZUMAB INJECTION		01281	0.0332	APC (blood and non-blood product codes)	\$1.88			000	999	-
C9285	N	PATCH, LIDOCAINE/TETRACAINE				Bundled	\$0.00			003	999	-
C9290	N	INJ, BUPIVACAINE LIPOSOME				Bundled	\$0.00			000	999	-
C9293	N	INJECTION, GLUCARPIDASE				Bundled	\$0.00			000	999	-
C9352	N	NEURAGEN NERVE GUIDE, PER CM				Bundled	\$0.00			000	999	-
C9353	N	NEURAWRAP NERVE PROTECTOR,CM				Bundled	\$0.00			000	999	-
C9354	N	VERITAS COLLAGEN MATRIX, CM2				Bundled	\$0.00			000	999	-
C9355	N	NEUROMATRIX NERVE CUFF, CM				Bundled	\$0.00			000	999	-
C9356	N	TENOGLIDE TENDON PROT, CM2				Bundled	\$0.00			000	999	-
C9358	N	SURGIMEND, FETAL				Bundled	\$0.00			000	999	-
C9359	N	IMPLNT,BON VOID FILLER-PUTTY				Bundled	\$0.00			000	999	-
C9360	N	SURGIMEND, NEONATAL				Bundled	\$0.00			000	999	-
C9361	N	NEUROMEND NERVE WRAP				Bundled	\$0.00			000	999	-
C9362	N	IMPLNT,BON VOID FILLER-STRIP				Bundled	\$0.00			000	999	-
C9363	N	INTEGRA MESHED BIL WOUND MAT				Bundled	\$0.00			000	999	-
C9364	N	PORCINE IMPLANT, PERMACOL				Bundled	\$0.00			000	999	-
C9399	M	UNCLASSIFIED DRUGS OR BIOLOG				Charge Ratio	\$0.00			000	999	-
C9460	K	INJECTION, CANGRELOR		09460	0.2730	APC (blood and non-blood product codes)	\$15.46			000	999	-
C9462	G	INJECTION, DELAFLOXACIN		09462		APC – pays by fee schedule amount	\$0.29			000	999	-
C9482	K	SOTALOL HYDROCHLORIDE IV		09482	0.2825	APC (blood and non-blood product codes)	\$16.00			000	999	-
C9488	K	CONIVAPTAN HCL		09488	0.6386	APC (blood and non-blood product codes)	\$36.17			000	999	-
C9600	N	PERC DRUG-EL COR STENT SING		05193	121.2960	Bundled, sometimes payable	\$6,870.21			000	999	-
C9601	N	PERC DRUG-EL COR STENT BRAN				Bundled	\$0.00			000	999	-
C9602	N	PERC D-E COR STENT ATHER S		05194	194.0167	Bundled, sometimes payable	\$10,989.11			000	999	-
C9603	N	PERC D-E COR STENT ATHER BR				Bundled	\$0.00			000	999	-
C9604	N	PERC D-E COR REVASC T CABG S		05193	121.2960	Bundled, sometimes payable	\$6,870.21			000	999	-
C9605	N	PERC D-E COR REVASC T CABG B				Bundled	\$0.00			000	999	-
C9606	C	PERC D-E COR REVASC W AMI S				Inpatient Only	\$0.00			000	999	-
C9607	N	PERC D-E COR REVASC CHRO SIN		05194	194.0167	Bundled, sometimes payable	\$10,989.11			000	999	-
C9608	N	PERC D-E COR REVASC CHRO ADD				Bundled	\$0.00			000	999	-
C9725	T	PLACE ENDORECTAL APP		05311	9.5855	APC	\$542.92			000	999	-
C9726	N	RXT BREAST APPL PLACE/REMOV				Bundled	\$0.00			000	999	-
C9727	T	INSERT PALATE IMPLANTS		05163	16.3386	APC	\$925.42			000	999	-
C9728	S	PLACE DEVICE/MARKER, NON PRO		05613	15.2443	APC	\$863.44			000	999	-
C9733	N	NON-OPHTHALMIC FVA		05572	4.4460	Bundled, sometimes payable	\$251.82			000	999	-
C9734	T	U/S TRTMT, NOT LEIOMYOMATA		05115	148.7344	APC	\$8,424.32			000	999	-
C9738	N	BLUE LIGHT CYSTO IMAG AGENT				Bundled	\$0.00			000	999	-
C9739	N	CYSTOSCOPY PROSTATIC IMP 1-3		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
C9740	T	CYSTO IMPL 4 OR MORE		05376	99.7395	APC	\$5,649.25			000	999	-
C9751	T	MICROWAVE BRONCH, 3D, EBUS		01562	66.2165	APC	\$3,750.50			000	999	-
C9752	T	INTRAOSSEOUS DES LUMB/SACRUM		05115	148.7344	APC	\$8,424.32			000	999	-
C9753	N	INTRAOSSEOUS DESTRUCT ADD'L				Bundled	\$0.00			000	999	-
C9756	N	FLUORESCENCE LYMPH MAP W/ICG				Bundled	\$0.00			000	999	-

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C9757	N	SPINE/LUMBAR DISK SURGERY		05115	148.7344	Bundled, sometimes payable	\$8,424.32			000	999	-
C9758	T	BLIND INTERATRIAL SHUNT IDE		01590	308.9778	APC	\$12,500.50			000	999	-
C9759	N	TRANSCATH INTRAOP MICROINF				Bundled	\$0.00			000	999	-
C9760	T	NON-BLIND INTERATRIAL SHUNT		01592	485.5314	APC	\$12,500.50			000	999	-
C9761	N	CYSTO, LITHO, VACUUM KIDNEY		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
C9762	N	CARDIAC MRI SEG DYS STRAIN		05524	5.8322	Bundled, sometimes payable	\$330.34			000	999	-
C9763	N	CARDIAC MRI SEG DYS STRESS		05524	5.8322	Bundled, sometimes payable	\$330.34			000	999	-
C9764	N	REVASC INTRAVASC LITHOTRIPSY		05192	59.8674	Bundled, sometimes payable	\$3,390.89			000	999	-
C9765	N	REVASC INTRA LITHOTRIP-STENT		05193	121.2960	Bundled, sometimes payable	\$6,870.21			000	999	-
C9766	N	REVASC INTRA LITHOTRIP-ATHER		05193	121.2960	Bundled, sometimes payable	\$6,870.21			000	999	-
C9767	N	REVASC LITHOTRIP-STENT-ATHER		05194	194.0167	Bundled, sometimes payable	\$10,989.11			000	999	-
C9768	N	ENDO US-GUIDE HEP PORTO GRAD				Bundled	\$0.00			000	999	-
C9769	N	CYSTO W/TEMP PROS IMPLANT		05375	53.3099	Bundled, sometimes payable	\$3,019.47			000	999	-
C9770	T	VITREC/MECH PARS, SUBRET INJ		01561	57.3888	APC	\$3,250.50			000	999	-
C9771	T	NSL/SINS CRYO POST NASAL TIS		05164	33.0494	APC	\$1,871.92			000	999	-
C9772	T	REVASC LITHOTRIP TIBI/PERONE		05193	121.2960	APC	\$6,870.21			000	999	-
C9773	T	REVASC LITHOTR-STENT TIB/PER		05194	194.0167	APC	\$10,989.11			000	999	-
C9774	T	REVASC LITHOTR-ATHER TIB/PER		05194	194.0167	APC	\$10,989.11			000	999	-
C9775	T	REVASC LITH-STEN-ATH TIB/PER		05194	194.0167	APC	\$10,989.11			000	999	-
C9803	N	HOPD COVID-19 SPEC COLLECT		05731	0.2980	Bundled, sometimes payable	\$16.11			000	999	-
C9898	N	INPNT STAY RADIOLABELED ITEM				Bundled	\$0.00			000	999	-
C9899	E	INPT IMPLANT PROS DEV,NO COV				Not Allowed	\$0.00			000	999	-
D0120	M	PERIODIC ORAL EVALUATION				Fee Schedule	\$68.64			000	999	-
D0140	M	LIMIT ORAL EVAL PROBLM FOCUS				Fee Schedule	\$68.64			000	999	-
D0145	M	ORAL EVALUATION, PT < 3YRS				Fee Schedule	\$68.64			000	002	-
D0150	S	COMPREHENSVE ORAL EVALUATION		05871	16.8307	APC	\$953.29			000	999	-
D0160	E	EXTENSV ORAL EVAL PROB FOCUS				Not Allowed	\$0.00			000	999	-
D0170	M	RE-EVAL,EST PT,PROBLEM FOCUS				Fee Schedule	\$0.00			000	999	-
D0171	M	RE-EVAL POST-OP VISIT				Fee Schedule	\$0.00			000	999	-
D0180	E	COMP PERIODONTAL EVALUATION				Not Allowed	\$0.00			000	020	-
D0190	M	SCREENING OF A PATIENT				Fee Schedule	\$0.00			000	999	-
D0191	M	ASSESSMENT OF A PATIENT				Fee Schedule	\$0.00			000	999	-
D0210	M	INTRAOR COMPLETE FILM SERIES				Fee Schedule	\$0.00			000	999	-
D0220	M	INTRAORAL PERIAPICAL FIRST				Fee Schedule	\$0.00			000	999	-
D0230	M	INTRAORAL PERIAPICAL EA ADD				Fee Schedule	\$0.00			000	999	-
D0240	M	INTRAORAL OCCLUSAL FILM				Fee Schedule	\$0.00			000	999	-
D0250	S	EXTRAORAL 2D PROJECT IMAGE		05871	16.8307	APC	\$953.29			000	999	-
D0251	N	EXTRAORAL POSTERIOR IMAGE		05521	0.9771	Bundled, sometimes payable	\$55.34			000	999	-
D0270	M	DENTAL BITEWING SINGLE IMAGE				Fee Schedule	\$0.00			000	999	-
D0272	M	DENTAL BITEWINGS TWO IMAGES				Fee Schedule	\$0.00			000	999	-
D0273	M	BITEWINGS - THREE IMAGES				Fee Schedule	\$0.00			000	999	-
D0274	M	BITEWINGS FOUR IMAGES				Fee Schedule	\$0.00			000	999	-
D0277	S	VERT BITEWINGS 7 TO 8 IMAGES		05871	16.8307	APC	\$953.29			000	999	-
D0310	E	DENTAL SALIOGRAPHY				Not Allowed	\$0.00			000	999	-
D0320	E	DENTAL TMJ ARTHROGRAM INCL I				Not Allowed	\$0.00			000	999	-
D0321	E	OTHER TMJ IMAGES BY REPORT				Not Allowed	\$0.00			000	999	-
D0322	E	DENTAL TOMOGRAPHIC SURVEY				Not Allowed	\$0.00			000	999	-
D0330	M	PANORAMIC IMAGE				Fee Schedule	\$0.00			000	999	-
D0340	M	2D CEPHALOMETRIC IMAGE				Fee Schedule	\$68.64			000	999	-
D0350	M	ORAL/FACIAL PHOTO IMAGES				Fee Schedule	\$68.64			018	020	-
D0351	E	3D PHOTOGRAPHIC IMAGE				Not Allowed	\$0.00			000	999	-
D0360	E	CONE BEAM CT				Not Allowed	\$0.00			000	999	-
D0362	E	CONE BEAM, TWO DIMENSIONAL				Not Allowed	\$0.00			000	999	-
D0364	E	CONE BEAM CT CAPT & INTERP				Not Allowed	\$0.00			000	999	-
D0365	E	CONE BEAM CT INTERPRETE MAN				Not Allowed	\$0.00			000	999	-
D0366	E	CONE BEAM CT INTERPRETE MAX				Not Allowed	\$0.00			000	999	-
D0367	M	CONE BEAM CT INTERP BOTH JAW				Fee Schedule	\$68.64			000	999	-

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D0368	E	CONE BEAM CT INTERPRETE TMJ				Not Allowed	\$0.00			000	999	-
D0369	E	MAX MRI CAPTURE & INTERPRETE				Not Allowed	\$0.00			000	999	-
D0370	E	MAX ULTRASOUND CAPT & INTERP				Not Allowed	\$0.00			000	999	-
D0371	E	SIALOENDOSCOPY CAPT & INTERP				Not Allowed	\$0.00			000	999	-
D0380	E	CONE BEAM CT CAPTURE LIMITED				Not Allowed	\$0.00			000	999	-
D0381	E	CONE BEAM CT CAPT MANDIBLE				Not Allowed	\$0.00			000	999	-
D0382	E	CONE BEAM CT CAPT MAXILLA				Not Allowed	\$0.00			000	999	-
D0383	E	CONE BEAM CT BOTH JAWS				Not Allowed	\$0.00			000	999	-
D0384	E	CONE BEAM CT CAPTURE TMJ				Not Allowed	\$0.00			000	999	-
D0385	E	MAX MRI IMAGE CAPTURE				Not Allowed	\$0.00			000	999	-
D0386	E	MAX ULTRASOUND IMAGE CAPTURE				Not Allowed	\$0.00			000	999	-
D0391	E	IMTERPRETE DIAGNOSTIC IMAGE				Not Allowed	\$0.00			000	999	-
D0393	E	TRTMNT SIMULATION 3D IMAGE				Not Allowed	\$0.00			000	999	-
D0394	E	DIGITAL SUB 2 OR MORE IMAGES				Not Allowed	\$0.00			000	999	-
D0395	E	FUSION 2 OR MORE 3D IMAGES				Not Allowed	\$0.00			000	999	-
D0411	E	HBA1C IN OFFICE TESTING				Not Allowed	\$0.00			000	999	-
D0412	E	BLOOD GLUCOSE LEVEL TEST				Not Allowed	\$0.00			000	999	-
D0414	E	LAB PROCESS MICROBIAL SPEC				Not Allowed	\$0.00			000	999	-
D0415	E	COLLECTION OF MICROORGANISMS				Not Allowed	\$0.00			000	999	-
D0416	E	VIRAL CULTURE				Not Allowed	\$0.00			000	999	-
D0417	E	COLLECT & PREP SALIVA SAMPLE				Not Allowed	\$0.00			000	999	-
D0418	E	ANALYSIS OF SALIVA SAMPLE				Not Allowed	\$0.00			000	999	-
D0419	E	ASSESS OF SALIVARY FLOW				Not Allowed	\$0.00			000	999	-
D0422	E	COLLECT & PREP GENETIC SAMP				Not Allowed	\$0.00			000	999	-
D0423	E	GENETIC TEST SPEC ANALYSIS				Not Allowed	\$0.00			000	999	-
D0425	M	CARIES SUSCEPTIBILITY TEST				Fee Schedule	\$68.64			000	002	-
D0431	E	DIAG TST DETECT MUCOS ABNORM				Not Allowed	\$0.00			000	999	-
D0460	S	PULP VITALITY TEST		05871	16.8307	APC	\$953.29			000	020	-
D0470	M	DIAGNOSTIC CASTS				Fee Schedule	\$68.64			000	020	-
D0472	E	GROSS EXAM, PREP & REPORT				Not Allowed	\$0.00			000	999	-
D0473	E	MICRO EXAM, PREP & REPORT				Not Allowed	\$0.00			000	999	-
D0474	E	MICRO W EXAM OF SURG MARGINS				Not Allowed	\$0.00			000	999	-
D0475	E	DECALCIFICATION PROCEDURE				Not Allowed	\$0.00			000	999	-
D0476	E	SPEC STAINS FOR MICROORGANIS				Not Allowed	\$0.00			000	999	-
D0477	E	SPEC STAINS NOT FOR MICROORG				Not Allowed	\$0.00			000	999	-
D0478	E	IMMUNOHISTOCHEMICAL STAINS				Not Allowed	\$0.00			000	999	-
D0479	E	TISSUE IN-SITU HYBRIDIZATION				Not Allowed	\$0.00			000	999	-
D0480	E	CYTOPATH SMEAR PREP & REPORT				Not Allowed	\$0.00			000	999	-
D0481	E	ELECTRON MICROSCOPY				Not Allowed	\$0.00			000	999	-
D0482	E	DIRECT IMMUNOFUORESCENCE				Not Allowed	\$0.00			000	999	-
D0483	E	INDIRECT IMMUNOFUORESCENCE				Not Allowed	\$0.00			000	999	-
D0484	E	CONSULT SLIDES PREP ELSEWHERE				Not Allowed	\$0.00			000	999	-
D0485	E	CONSULT INC PREP OF SLIDES				Not Allowed	\$0.00			000	999	-
D0486	M	ACCESS OF TRANSEP CYTOL SAMP				Fee Schedule	\$68.64			000	020	-
D0502	E	OTHER ORAL PATHOLOGY PROCEDU				Not Allowed	\$0.00			000	999	-
D0600	S	NON-IONIZING DIAG PROC		05871	16.8307	APC	\$953.29			000	999	-
D0601	M	CARIES RISK ASSESS LOW RISK				Fee Schedule	\$68.64			000	999	-
D0602	M	CARIES RISK ASSESS MOD RISK				Fee Schedule	\$68.64			000	999	-
D0603	M	CARIES RISK ASSESS HIGH RISK				Fee Schedule	\$68.64			000	999	-
D0604	E	ANTIGEN TEST PUB HLTH PATHOG				Not Allowed	\$0.00			000	999	-
D0605	E	ANTIBODY TEST PUB HLTH PATH				Not Allowed	\$0.00			000	999	-
D0701	E	PANO RADIO IMAGE				Not Allowed	\$0.00			000	999	-
D0702	E	2D CEPHAL RADIO IMAGE				Not Allowed	\$0.00			000	999	-
D0703	E	2D ORAL/FACIAL PHOTO IMAGE				Not Allowed	\$0.00			000	999	-
D0704	E	3D PHOTO IMAGE CAPTURE ONLY				Not Allowed	\$0.00			000	999	-
D0705	E	EXTRA ORAL POST RADIO IMAGE				Not Allowed	\$0.00			000	999	-
D0706	E	INTRAORAL OCCLUS RADIO IMAGE				Not Allowed	\$0.00			000	999	-

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D0707	E	INTRAORAL PERIAP RADIO IMAGE				Not Allowed	\$0.00			000	999	-
D0708	E	INTRAORAL BITE RADIO IMAGE				Not Allowed	\$0.00			000	999	-
D0709	E	INTRAORAL CMPLT RADIO IMAGES				Not Allowed	\$0.00			000	999	-
D0999	E	UNSPECIFIED DIAGNOSTIC PROCE				Not Allowed	\$0.00			000	999	-
D1110	M	DENTAL PROPHYLAXIS ADULT				Fee Schedule	\$0.00			000	999	-
D1120	M	DENTAL PROPHYLAXIS CHILD				Fee Schedule	\$0.00			000	999	-
D1206	M	TOPICAL FLUORIDE VARNISH				Fee Schedule	\$68.64			000	999	-
D1208	M	TOPICAL APP FLUORID EX VRNSH				Fee Schedule	\$0.00			000	999	-
D1310	M	NUTRI COUNSEL-CONTROL CARIES				Fee Schedule	\$68.64			000	005	-
D1320	M	TOBACCO COUNSELING				Fee Schedule	\$0.00			000	999	-
D1321	E	COUNS FOR HIGH RISK SUB USE				Not Allowed	\$0.00			000	999	-
D1330	M	ORAL HYGIENE INSTRUCTION				Fee Schedule	\$68.64			000	005	-
D1351	M	DENTAL SEALANT PER TOOTH				Fee Schedule	\$0.00			000	999	-
D1352	M	PREV RESIN REST, PERM TOOTH				Fee Schedule	\$0.00			000	020	-
D1353	M	SEALANT REPAIR PER TOOTH				Fee Schedule	\$0.00			000	999	-
D1354	M	INT CARIES MED APP PER TOOTH				Fee Schedule	\$68.64			000	999	-
D1355	E	CARIES MED APP PER TOOTH				Not Allowed	\$0.00			000	999	-
D1510	S	SPACE MAINTAINER FXD UNILAT		05871	16.8307	APC	\$953.29			000	020	-
D1516	S	FIXED BILAT SPACE MAINT, MAX		05871	16.8307	APC	\$953.29			000	020	-
D1517	S	FIXED BILAT SPACE MAINT, MAN		05871	16.8307	APC	\$953.29			000	020	-
D1520	E	REMOVE UNILAT SPACE MAINTAIN				Not Allowed	\$0.00			000	999	-
D1526	E	REMOVE BILAT SPACE MAIN, MAX				Not Allowed	\$0.00			000	999	-
D1527	E	REMOVE BILAT SPACE MAIN, MAN				Not Allowed	\$0.00			000	999	-
D1551	S	RECEMENT SPACE MAINT - MAX		05871	16.8307	APC	\$683.58			000	999	-
D1552	S	RECEMENT SPACE MAINT - MAN		05871	16.8307	APC	\$683.58			000	999	-
D1553	S	RECEMENT UNILAT SPACE MAINT		05871	16.8307	APC	\$683.58			000	999	-
D1556	E	REM FIXED UNILAT SPACE MAINT				Not Allowed	\$0.00			000	999	-
D1557	E	REMOVE FIXED BILAT MAINT MAX				Not Allowed	\$0.00			000	999	-
D1558	E	REMOVE FIXED BILAT MAN				Not Allowed	\$0.00			000	999	-
D1575	S	DIST SPACE MAINT, FIXED UNIL		05871	16.8307	APC	\$953.29			000	999	-
D1999	E	UNSPECIFIED PREVENTIVE PROC				Not Allowed	\$0.00			000	999	-
D2140	M	AMALGAM ONE SURFACE PERMANEN				Fee Schedule	\$68.64			000	999	-
D2150	M	AMALGAM TWO SURFACES PERMANE				Fee Schedule	\$68.64			000	999	-
D2160	M	AMALGAM THREE SURFACES PERMA				Fee Schedule	\$68.64			000	999	-
D2161	M	AMALGAM 4 OR > SURFACES PERM				Fee Schedule	\$68.64			000	999	-
D2330	M	RESIN ONE SURFACE-ANTERIOR				Fee Schedule	\$68.64			000	999	-
D2331	M	RESIN TWO SURFACES-ANTERIOR				Fee Schedule	\$68.64			000	999	-
D2332	M	RESIN THREE SURFACES-ANTERIO				Fee Schedule	\$68.64			000	999	-
D2335	M	RESIN 4/> SURF OR W INCIS AN				Fee Schedule	\$68.64			000	999	-
D2390	M	ANT RESIN-BASED CMPST CROWN				Fee Schedule	\$68.64			000	999	-
D2391	M	POST 1 SRFC RESINBASED CMPST				Fee Schedule	\$68.64			000	999	-
D2392	M	POST 2 SRFC RESINBASED CMPST				Fee Schedule	\$68.64			000	999	-
D2393	M	POST 3 SRFC RESINBASED CMPST				Fee Schedule	\$68.64			000	999	-
D2394	M	POST >=4SRFC RESINBASED CMPST				Fee Schedule	\$68.64			000	999	-
D2410	E	DENTAL GOLD FOIL ONE SURFACE				Not Allowed	\$0.00			000	999	-
D2420	E	DENTAL GOLD FOIL TWO SURFACE				Not Allowed	\$0.00			000	999	-
D2430	E	DENTAL GOLD FOIL THREE SURFA				Not Allowed	\$0.00			000	999	-
D2510	E	DENTAL INLAY METALLIC 1 SURF				Not Allowed	\$0.00			000	999	-
D2520	E	DENTAL INLAY METALLIC 2 SURF				Not Allowed	\$0.00			000	999	-
D2530	E	DENTAL INLAY METL 3/MORE SUR				Not Allowed	\$0.00			000	999	-
D2542	E	DENTAL ONLAY METALLIC 2 SURF				Not Allowed	\$0.00			000	999	-
D2543	E	DENTAL ONLAY METALLIC 3 SURF				Not Allowed	\$0.00			000	999	-
D2544	E	DENTAL ONLAY METL 4/MORE SUR				Not Allowed	\$0.00			000	999	-
D2610	E	INLAY PORCELAIN/CERAMIC 1 SU				Not Allowed	\$0.00			000	999	-
D2620	E	INLAY PORCELAIN/CERAMIC 2 SU				Not Allowed	\$0.00			000	999	-
D2630	E	DENTAL ONLAY PORC 3/MORE SUR				Not Allowed	\$0.00			000	999	-
D2642	E	DENTAL ONLAY PORCELIN 2 SURF				Not Allowed	\$0.00			000	999	-

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

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
D2643	E	DENTAL ONLAY PORCELIN 3 SURF				Not Allowed	\$0.00			000	999	-
D2644	E	DENTAL ONLAY PORC 4/MORE SUR				Not Allowed	\$0.00			000	999	-
D2650	E	INLAY COMPOSITE/RESIN ONE SU				Not Allowed	\$0.00			000	999	-
D2651	E	INLAY COMPOSITE/RESIN TWO SU				Not Allowed	\$0.00			000	999	-
D2652	E	DENTAL INLAY RESIN 3/MRE SUR				Not Allowed	\$0.00			000	999	-
D2662	E	DENTAL ONLAY RESIN 2 SURFACE				Not Allowed	\$0.00			000	999	-
D2663	E	DENTAL ONLAY RESIN 3 SURFACE				Not Allowed	\$0.00			000	999	-
D2664	E	DENTAL ONLAY RESIN 4/MRE SUR				Not Allowed	\$0.00			000	999	-
D2710	M	CROWN RESIN-BASED INDIRECT				Fee Schedule	\$68.64			000	020	-
D2712	M	CROWN 3/4 RESIN-BASED COMPOS				Fee Schedule	\$68.64			000	020	-
D2720	M	CROWN RESIN W/ HIGH NOBLE ME				Fee Schedule	\$68.64			000	020	-
D2721	M	CROWN RESIN W/ BASE METAL				Fee Schedule	\$68.64			000	020	-
D2722	M	CROWN RESIN W/ NOBLE METAL				Fee Schedule	\$68.64			000	020	-
D2740	M	CROWN PORCELAIN/CERAMIC				Fee Schedule	\$68.64			000	999	-
D2750	M	CROWN PORCELAIN W/ H NOBLE M				Fee Schedule	\$68.64			000	020	-
D2751	M	CROWN PORCELAIN FUSED BASE M				Fee Schedule	\$68.64			000	999	-
D2752	M	CROWN PORCELAIN W/ NOBLE MET				Fee Schedule	\$68.64			000	020	-
D2753	E	CROWN PORC FUSED TO TITANIUM				Not Allowed	\$0.00			000	999	-
D2780	M	CROWN 3/4 CAST HI NOBLE MET				Fee Schedule	\$68.64			000	020	-
D2781	M	CROWN 3/4 CAST BASE METAL				Fee Schedule	\$68.64			000	999	-
D2782	M	CROWN 3/4 CAST NOBLE METAL				Fee Schedule	\$68.64			000	020	-
D2783	M	CROWN 3/4 PORCELAIN/CERAMIC				Fee Schedule	\$68.64			000	020	-
D2790	M	CROWN FULL CAST HIGH NOBLE M				Fee Schedule	\$68.64			000	020	-
D2791	M	CROWN FULL CAST BASE METAL				Fee Schedule	\$68.64			000	999	-
D2792	M	CROWN FULL CAST NOBLE METAL				Fee Schedule	\$68.64			000	020	-
D2794	M	CROWN-TITANIUM				Fee Schedule	\$68.64			000	020	-
D2799	M	PROVISIONAL CROWN				Fee Schedule	\$68.64			000	020	-
D2910	M	RECEMENT INLAY ONLAY OR PART				Fee Schedule	\$68.64			000	999	-
D2915	E	RECEMENT CAST OR PREFAB POST				Not Allowed	\$0.00			000	999	-
D2920	M	RE-CEMENT OR RE-BOND CROWN				Fee Schedule	\$68.64			000	999	-
D2921	M	REATTACH TOOTH FRAGMENT				Fee Schedule	\$68.64			000	999	-
D2928	E	PREFAB PORC/CER CROWN PERM				Not Allowed	\$0.00			000	999	-
D2929	M	PREFAB PORC/CERAM CROWN PRI				Fee Schedule	\$68.64			000	999	-
D2930	M	PREFAB STNLSS STEEL CRWN PRI				Fee Schedule	\$68.64			000	999	-
D2931	M	PREFAB STNLSS STEEL CROWN PE				Fee Schedule	\$68.64			000	999	-
D2932	M	PREFABRICATED RESIN CROWN				Fee Schedule	\$68.64			000	999	-
D2933	M	PREFAB STAINLESS STEEL CROWN				Fee Schedule	\$68.64			000	999	-
D2934	E	PREFAB STEEL CROWN PRIMARY				Not Allowed	\$0.00			000	999	-
D2940	M	PROTECTIVE RESTORATION				Fee Schedule	\$68.64			000	999	-
D2941	E	INT THERAPEUTIC RESTORATION				Not Allowed	\$0.00			000	999	-
D2949	E	RESTORATIVE FOUNDATION				Not Allowed	\$0.00			000	999	-
D2950	M	CORE BUILD-UP INCL ANY PINS				Fee Schedule	\$68.64			000	999	-
D2951	M	TOOTH PIN RETENTION				Fee Schedule	\$68.64			000	020	-
D2952	M	POST AND CORE CAST + CROWN				Fee Schedule	\$68.64			000	999	-
D2953	M	EACH ADDTNL CAST POST				Fee Schedule	\$68.64			000	999	-
D2954	M	PREFAB POST/CORE + CROWN				Fee Schedule	\$68.64			000	999	-
D2955	E	POST REMOVAL				Not Allowed	\$0.00			000	999	-
D2957	M	EACH ADDTNL PREFAB POST				Fee Schedule	\$68.64			000	999	-
D2960	M	LAMINATE LABIAL VENEER				Fee Schedule	\$68.64			000	020	-
D2961	M	LAB LABIAL VENEER RESIN				Fee Schedule	\$68.64			000	020	-
D2962	M	LAB LABIAL VENEER PORCELAIN				Fee Schedule	\$68.64			000	020	-
D2971	E	ADD PROC CONSTRUCT NEW CROWN				Not Allowed	\$0.00			000	999	-
D2975	E	COPING				Not Allowed	\$0.00			000	999	-
D2980	M	CROWN REPAIR				Fee Schedule	\$68.64			000	999	-
D2981	E	INLAY REPAIR				Not Allowed	\$0.00			000	999	-
D2982	E	ONLAY REPAIR				Not Allowed	\$0.00			000	999	-
D2983	E	VENEER REPAIR				Not Allowed	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
D2990	E	RESIN INFILTRATION OF LESION				Not Allowed	\$0.00			000	999	-
D2999	E	DENTAL UNSPEC RESTORATIVE PR				Not Allowed	\$0.00			000	999	-
D3110	M	PULP CAP DIRECT				Fee Schedule	\$68.64			000	999	-
D3120	M	PULP CAP INDIRECT				Fee Schedule	\$68.64			000	999	-
D3220	M	THERAPEUTIC PULPOTOMY				Fee Schedule	\$68.64			000	020	-
D3221	M	GROSS PULPAL DEBRIDEMENT				Fee Schedule	\$68.64			000	999	-
D3222	E	PART PULP FOR APEXOGENESIS				Not Allowed	\$0.00			000	020	-
D3230	M	PULPAL THERAPY ANTERIOR PRIM				Fee Schedule	\$68.64			000	020	-
D3240	M	PULPAL THERAPY POSTERIOR PRI				Fee Schedule	\$68.64			000	020	-
D3310	M	END THXPY, ANTERIOR TOOTH				Fee Schedule	\$68.64			000	999	-
D3320	M	END THXPY, PREMOLAR TOOTH				Fee Schedule	\$68.64			000	999	-
D3330	M	END THXPY, MOLAR TOOTH				Fee Schedule	\$68.64			000	999	-
D3331	M	NON-SURG TX ROOT CANAL OBS				Fee Schedule	\$68.64			000	999	-
D3332	E	INCOMPLETE ENDODONTIC TX				Not Allowed	\$0.00			000	999	-
D3333	E	INTERNAL ROOT REPAIR				Not Allowed	\$0.00			000	999	-
D3346	M	RETREAT ROOT CANAL ANTERIOR				Fee Schedule	\$68.64			000	999	-
D3347	M	RETREAT ROOT CANAL PREMOLAR				Fee Schedule	\$68.64			000	999	-
D3348	M	RETREAT ROOT CANAL MOLAR				Fee Schedule	\$68.64			000	999	-
D3351	E	APEXIFICATION/RECALC INITIAL				Not Allowed	\$0.00			000	999	-
D3352	E	APEXIFICATION/RECALC INTERIM				Not Allowed	\$0.00			000	999	-
D3353	E	APEXIFICATION/RECALC FINAL				Not Allowed	\$0.00			000	999	-
D3355	E	PULPAL REGENERATION INITIAL				Not Allowed	\$0.00			000	999	-
D3356	E	PULPAL REGENERATION INTERIM				Not Allowed	\$0.00			000	999	-
D3357	E	PULPAL REGENERATION COMPLETE				Not Allowed	\$0.00			000	999	-
D3410	M	APICOECTOMY - ANTERIOR				Fee Schedule	\$68.64			000	020	-
D3421	M	ROOT SURGERY PREMOLAR				Fee Schedule	\$68.64			000	020	-
D3425	M	ROOT SURGERY MOLAR				Fee Schedule	\$68.64			000	020	-
D3426	M	ROOT SURGERY EA ADD ROOT				Fee Schedule	\$68.64			000	020	-
D3428	E	BONE GRAFT PERI PER TOOTH				Not Allowed	\$0.00			000	999	-
D3429	E	BONE GRAFT PERI EACH ADDL				Not Allowed	\$0.00			000	999	-
D3430	M	RETROGRADE FILLING				Fee Schedule	\$68.64			000	999	-
D3431	E	BIOLOGICAL MATERIALS				Not Allowed	\$0.00			000	999	-
D3432	E	GUIDED TISSUE REGENERATION				Not Allowed	\$0.00			000	999	-
D3450	E	ROOT AMPUTATION				Not Allowed	\$0.00			000	999	-
D3460	E	ENDODONTIC ENDOSSEOUS IMPLAN				Not Allowed	\$0.00			000	999	-
D3470	E	INTENTIONAL REPLANTATION				Not Allowed	\$0.00			000	999	-
D3471	E	SURG REP ROOT RES ANTERIOR				Not Allowed	\$0.00			000	999	-
D3472	E	SURG REP ROOT RES PREMOLAR				Not Allowed	\$0.00			000	999	-
D3473	E	SURG REP ROOT RES MOLAR				Not Allowed	\$0.00			000	999	-
D3501	E	SURG EXP ROOT SURF ANTERIOR				Not Allowed	\$0.00			000	999	-
D3502	E	SURG EXP ROOT SURF PREMOLAR				Not Allowed	\$0.00			000	999	-
D3503	E	SURG EXP ROOT SURF MOLAR				Not Allowed	\$0.00			000	999	-
D3910	E	ISOLATION- TOOTH W RUBB DAM				Not Allowed	\$0.00			000	999	-
D3920	E	TOOTH SPLITTING				Not Allowed	\$0.00			000	999	-
D3950	E	CANAL PREP/FITTING OF DOWEL				Not Allowed	\$0.00			000	999	-
D3999	E	ENDODONTIC PROCEDURE				Not Allowed	\$0.00			000	999	-
D4210	M	GINGIVECTOMY/PLASTY 4 OR MOR				Fee Schedule	\$68.64			000	020	-
D4211	M	GINGIVECTOMY/PLASTY 1 TO 3				Fee Schedule	\$68.64			000	020	-
D4212	M	GINGIVECTOMY/PLASTY REST				Fee Schedule	\$68.64			000	999	-
D4230	M	ANA CROWN EXP 4 OR> PER QUAD				Fee Schedule	\$68.64			000	020	-
D4231	M	ANA CROWN EXP 1-3 PER QUAD				Fee Schedule	\$68.64			000	020	-
D4240	M	GINGIVAL FLAP PROC W/ PLANIN				Fee Schedule	\$68.64			000	020	-
D4241	M	GNGVL FLAP W ROOTPLAN 1-3 TH				Fee Schedule	\$68.64			000	020	-
D4245	E	APICALLY POSITIONED FLAP				Not Allowed	\$0.00			000	999	-
D4249	E	CROWN LENGTHEN HARD TISSUE				Not Allowed	\$0.00			000	999	-
D4260	S	OSSEOUS SURGERY 4 OR MORE		05871	16.8307	APC	\$953.29			000	999	-
D4261	M	OSSEOUS SURG 1 TO 3 TEETH				Fee Schedule	\$68.64			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
D4263	E	BONE REPLCE GRAFT FIRST SITE				Not Allowed	\$0.00			000	999	-
D4264	E	BONE REPLCE GRAFT EACH ADD				Not Allowed	\$0.00			000	999	-
D4265	E	BIO MTRLS TO AID SOFT/OS REG				Not Allowed	\$0.00			000	999	-
D4266	E	GUIDED TISS REGEN RESORBLE				Not Allowed	\$0.00			000	999	-
D4267	E	GUIDED TISS REGEN NONRESORB				Not Allowed	\$0.00			000	999	-
D4268	E	SURGICAL REVISION PROCEDURE				Not Allowed	\$0.00			000	999	-
D4270	S	PEDICLE SOFT TISSUE GRAFT PR		05871	16.8307	APC	\$953.29			000	999	-
D4273	S	AUTO TISSUE GRAFT 1ST TOOTH		05871	16.8307	APC	\$953.29			000	999	-
D4274	E	MESIAL/DISTAL WEDGE PROC				Not Allowed	\$0.00			000	999	-
D4275	M	NON-AUTO GRAFT 1ST TOOTH				Fee Schedule	\$0.00			000	999	-
D4276	E	CON TISSUE W DBLE PED GRAFT				Not Allowed	\$0.00			000	999	-
D4277	M	SOFT TISSUE GRAFT FIRSTTOOTH				Fee Schedule	\$68.64			000	999	-
D4278	M	SOFT TISSUE GRAFT ADDL TOOTH				Fee Schedule	\$68.64			000	999	-
D4283	E	AUTO TISSUE GRAFT ADDL TOOTH				Not Allowed	\$0.00			000	999	-
D4285	E	NON-AUTO GRAFT ADDL TOOTH				Not Allowed	\$0.00			000	999	-
D4320	M	PROVISION SPLNT INTRACORONAL				Fee Schedule	\$68.64			000	999	-
D4321	M	PROVISIONAL SPLINT EXTRACORO				Fee Schedule	\$68.64			000	999	-
D4341	M	PERIODONTAL SCALING & ROOT				Fee Schedule	\$0.00			000	999	-
D4342	M	PERIODONTAL SCALING 1-3TEETH				Fee Schedule	\$0.00			000	999	-
D4346	E	SCALING GINGIV INFLAMMATION				Not Allowed	\$0.00			000	999	-
D4355	S	FULL MOUTH DEBRIDEMENT		05871	16.8307	APC	\$953.29			000	999	-
D4381	E	LOCALIZED DELIVERY ANTIMICRO				Not Allowed	\$0.00			000	999	-
D4910	M	PERIODONTAL MAINT PROCEDURES				Fee Schedule	\$68.64			000	999	-
D4920	M	UNSCHEDULED DRESSING CHANGE				Fee Schedule	\$68.64			000	999	-
D4921	E	GINGIVAL IRRIGATION PER QUAD				Not Allowed	\$0.00			000	999	-
D4999	E	UNSPECIFIED PERIODONTAL PROC				Not Allowed	\$0.00			000	999	-
D5110	M	DENTURES COMPLETE MAXILLARY				Fee Schedule	\$68.64			000	999	-
D5120	M	DENTURES COMPLETE MANDIBLE				Fee Schedule	\$68.64			000	999	-
D5130	M	DENTURES IMMEDIAT MAXILLARY				Fee Schedule	\$68.64			000	999	-
D5140	M	DENTURES IMMEDIAT MANDIBLE				Fee Schedule	\$68.64			000	999	-
D5211	M	DENTURES MAXILL PART RESIN				Fee Schedule	\$68.64			000	999	-
D5212	M	DENTURES MAND PART RESIN				Fee Schedule	\$68.64			000	999	-
D5213	M	DENTURES MAXILL PART METAL				Fee Schedule	\$68.64			000	999	-
D5214	M	DENTURES MANDIBL PART METAL				Fee Schedule	\$68.64			000	999	-
D5221	E	IMMED MAX PART DENTURE RESIN				Not Allowed	\$0.00			000	999	-
D5222	E	IMMED MAN PART DENTURE RESIN				Not Allowed	\$0.00			000	999	-
D5223	E	IMMED MAX PART DENT METAL				Not Allowed	\$0.00			000	999	-
D5224	E	IMMED MAND PART DENT METAL				Not Allowed	\$0.00			000	999	-
D5225	M	MAXILLARY PART DENTURE FLEX				Fee Schedule	\$68.64			000	999	-
D5226	M	MANDIBULAR PART DENTURE FLEX				Fee Schedule	\$68.64			000	999	-
D5282	E	REMOVE UNIL PART DENTURE,MAX				Not Allowed	\$0.00			000	999	-
D5283	E	REMOVE UNIL PART DENTURE,MAN				Not Allowed	\$0.00			000	999	-
D5284	E	REM UNILAT DENT FLEX BASE				Not Allowed	\$0.00			000	999	-
D5286	E	REM UNILAT DENT 1 PC RESIN				Not Allowed	\$0.00			000	999	-
D5410	M	DENTURES ADJUST CMLPT MAXIL				Fee Schedule	\$68.64			000	999	-
D5411	M	DENTURES ADJUST CMLPT MAND				Fee Schedule	\$68.64			000	999	-
D5421	M	DENTURES ADJUST PART MAXILL				Fee Schedule	\$68.64			000	999	-
D5422	M	DENTURES ADJUST PART MANDBL				Fee Schedule	\$68.64			000	999	-
D5511	M	REP BROKE COMP DENT BASE MAN				Fee Schedule	\$68.64			000	999	-
D5512	M	REP BROKE COMP DENT BASE MAX				Fee Schedule	\$68.64			000	999	-
D5520	M	REPLACE DENTURE TEETH COMPLT				Fee Schedule	\$68.64			000	999	-
D5611	M	REP RESIN PART DENT BASE MAN				Fee Schedule	\$68.64			000	999	-
D5612	M	REP RESIN PART DENT BASE MAX				Fee Schedule	\$68.64			000	999	-
D5621	M	REP CAST PART FRAME MAN				Fee Schedule	\$68.64			000	999	-
D5622	M	REP CAST PART FRAME MAX				Fee Schedule	\$68.64			000	999	-
D5630	M	REP PARTIAL DENTURE CLASP				Fee Schedule	\$68.64			000	999	-
D5640	M	REPLACE PART DENTURE TEETH				Fee Schedule	\$68.64			000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
D5650	M	ADD TOOTH TO PARTIAL DENTURE				Fee Schedule	\$68.64			000	999	-
D5660	M	ADD CLASP TO PARTIAL DENTURE				Fee Schedule	\$68.64			000	999	-
D5670	E	REPLC TTH&ACRLC ON MTL FRMWWK				Not Allowed	\$0.00			000	999	-
D5671	E	REPLC TTH&ACRLC MANDIBULAR				Not Allowed	\$0.00			000	999	-
D5710	M	DENTURES REBASE CMPLT MAXIL				Fee Schedule	\$68.64			000	999	-
D5711	M	DENTURES REBASE CMPLT MAND				Fee Schedule	\$68.64			000	999	-
D5720	M	DENTURES REBASE PART MAXILL				Fee Schedule	\$68.64			000	999	-
D5721	M	DENTURES REBASE PART MANDBL				Fee Schedule	\$68.64			000	999	-
D5730	M	DENTURE RELN CMPLT MAXIL CH				Fee Schedule	\$68.64			000	999	-
D5731	M	DENTURE RELN CMPLT MAND CHR				Fee Schedule	\$68.64			000	999	-
D5740	M	DENTURE RELN PART MAXIL CHR				Fee Schedule	\$68.64			000	999	-
D5741	M	DENTURE RELN PART MAND CHR				Fee Schedule	\$68.64			000	999	-
D5750	M	DENTURE RELN CMPLT MAX LAB				Fee Schedule	\$68.64			000	999	-
D5751	M	DENTURE RELN CMPLT MAND LAB				Fee Schedule	\$68.64			000	999	-
D5760	M	DENTURE RELN PART MAXIL LAB				Fee Schedule	\$68.64			000	999	-
D5761	M	DENTURE RELN PART MAND LAB				Fee Schedule	\$68.64			000	999	-
D5810	M	DENTURE INTERM CMPLT MAXILL				Fee Schedule	\$68.64			000	999	-
D5811	E	DENTURE INTERM CMPLT MANDBL				Not Allowed	\$0.00			000	999	-
D5820	M	DENTURE INTERM PART MAXILL				Fee Schedule	\$68.64			000	999	-
D5821	M	DENTURE INTERM PART MANDBL				Fee Schedule	\$68.64			000	999	-
D5850	M	DENTURE TISS CONDITN MAXILL				Fee Schedule	\$68.64			000	999	-
D5851	M	DENTURE TISS CONDITN MANDBL				Fee Schedule	\$68.64			000	999	-
D5862	E	PRECISION ATTACHMENT				Not Allowed	\$0.00			000	999	-
D5863	E	OVERDENTURE COMPLETE MAX				Not Allowed	\$0.00			000	999	-
D5864	E	OVERDENTURE PARTIAL MAX				Not Allowed	\$0.00			000	999	-
D5865	E	OVERDENTURE COMPLETE MANDIB				Not Allowed	\$0.00			000	999	-
D5866	E	OVERDENTURE PARTIAL MANDIB				Not Allowed	\$0.00			000	999	-
D5867	E	REPLACEMENT OF PRECISION ATT				Not Allowed	\$0.00			000	999	-
D5875	E	PROSTHESIS MODIFICATION				Not Allowed	\$0.00			000	999	-
D5876	E	ADD METAL SUB TO ACRYLC DENT				Not Allowed	\$0.00			000	999	-
D5899	E	REMOVABLE PROSTHODONTIC PROC				Not Allowed	\$0.00			000	999	-
D5911	E	FACIAL MOULAGE SECTIONAL				Not Allowed	\$0.00			000	999	-
D5912	E	FACIAL MOULAGE COMPLETE				Not Allowed	\$0.00			000	999	-
D5913	E	NASAL PROSTHESIS				Not Allowed	\$0.00			000	999	-
D5914	E	AURICULAR PROSTHESIS				Not Allowed	\$0.00			000	999	-
D5915	E	ORBITAL PROSTHESIS				Not Allowed	\$0.00			000	999	-
D5916	E	OCULAR PROSTHESIS				Not Allowed	\$0.00			000	999	-
D5919	E	FACIAL PROSTHESIS				Not Allowed	\$0.00			000	999	-
D5922	E	NASAL SEPTAL PROSTHESIS				Not Allowed	\$0.00			000	999	-
D5923	E	OCULAR PROSTHESIS INTERIM				Not Allowed	\$0.00			000	999	-
D5924	E	CRANIAL PROSTHESIS				Not Allowed	\$0.00			000	999	-
D5925	E	FACIAL AUGMENTATION IMPLANT				Not Allowed	\$0.00			000	999	-
D5926	E	REPLACEMENT NASAL PROSTHESIS				Not Allowed	\$0.00			000	999	-
D5927	E	AURICULAR REPLACEMENT				Not Allowed	\$0.00			000	999	-
D5928	E	ORBITAL REPLACEMENT				Not Allowed	\$0.00			000	999	-
D5929	E	FACIAL REPLACEMENT				Not Allowed	\$0.00			000	999	-
D5931	E	SURGICAL OBTURATOR				Not Allowed	\$0.00			000	999	-
D5932	E	POSTSURGICAL OBTURATOR				Not Allowed	\$0.00			000	999	-
D5933	E	REFITTING OF OBTURATOR				Not Allowed	\$0.00			000	999	-
D5934	E	MANDIBULAR FLANGE PROSTHESIS				Not Allowed	\$0.00			000	999	-
D5935	E	MANDIBULAR DENTURE PROSTH				Not Allowed	\$0.00			000	999	-
D5936	E	TEMP OBTURATOR PROSTHESIS				Not Allowed	\$0.00			000	999	-
D5937	E	TRISMUS APPLIANCE				Not Allowed	\$0.00			000	999	-
D5951	E	FEEDING AID				Not Allowed	\$0.00			000	999	-
D5952	E	PEDIATRIC SPEECH AID				Not Allowed	\$0.00			000	999	-
D5953	E	ADULT SPEECH AID				Not Allowed	\$0.00			000	999	-
D5954	E	SUPERIMPOSED PROSTHESIS				Not Allowed	\$0.00			000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
D5955	E	PALATAL LIFT PROSTHESIS				Not Allowed	\$0.00			000	999	-
D5958	E	INTRAORAL CON DEF INTER PLT				Not Allowed	\$0.00			000	999	-
D5959	E	INTRAORAL CON DEF MOD PALAT				Not Allowed	\$0.00			000	999	-
D5960	E	MODIFY SPEECH AID PROSTHESIS				Not Allowed	\$0.00			000	999	-
D5982	E	SURGICAL STENT				Not Allowed	\$0.00			000	999	-
D5983	E	RADIATION APPLICATOR				Not Allowed	\$0.00			000	999	-
D5984	E	RADIATION SHIELD				Not Allowed	\$0.00			000	999	-
D5985	E	RADIATION CONE LOCATOR				Not Allowed	\$0.00			000	999	-
D5986	E	FLUORIDE APPLICATOR				Not Allowed	\$0.00			000	999	-
D5987	E	COMMISSURE SPLINT				Not Allowed	\$0.00			000	999	-
D5988	E	SURGICAL SPLINT				Not Allowed	\$0.00			000	999	-
D5991	E	VESICULOBULLOUS DISEASE CARR				Not Allowed	\$0.00			000	999	-
D5992	E	ADJUST MAX PROST APPLIANCE				Not Allowed	\$0.00			018	999	-
D5993	E	MAIN/CLEAN MAX PROSTHESIS				Not Allowed	\$0.00			018	999	-
D5995	E	PERI MEDICAMENT W/SEAL, MAX				Not Allowed	\$0.00			000	999	-
D5996	E	PERI MEDICAMENT W/SEAL, MAND				Not Allowed	\$0.00			000	999	-
D5999	E	MAXILLOFACIAL PROSTHESIS				Not Allowed	\$0.00			000	999	-
D6010	E	ODONTICS ENDOSTEAL IMPLANT				Not Allowed	\$0.00			000	999	-
D6011	E	SECOND STAGE IMPLANT SURGERY				Not Allowed	\$0.00			000	999	-
D6012	E	ENDOSTEAL IMPLANT				Not Allowed	\$0.00			000	999	-
D6013	E	SURGICAL PLACE MINI IMPLANT				Not Allowed	\$0.00			000	999	-
D6040	E	ODONTICS EPOSTEAL IMPLANT				Not Allowed	\$0.00			000	999	-
D6050	E	ODONTICS TRANSOSTEAL IMPLNT				Not Allowed	\$0.00			000	999	-
D6051	E	INTERIM ABUTMENT				Not Allowed	\$0.00			000	999	-
D6053	E	IMPLNT/ABTMNT SPPRT REMV DNT				Not Allowed	\$0.00			000	999	-
D6054	E	IMPLNT/ABTMNT SPPRT REMVPRTL				Not Allowed	\$0.00			000	999	-
D6055	E	IMPLANT CONNECTING BAR				Not Allowed	\$0.00			000	999	-
D6056	E	PREFABRICATED ABUTMENT				Not Allowed	\$0.00			000	999	-
D6057	E	CUSTOM ABUTMENT				Not Allowed	\$0.00			000	999	-
D6058	E	ABUTMENT SUPPORTED CROWN				Not Allowed	\$0.00			000	999	-
D6059	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed	\$0.00			000	999	-
D6060	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed	\$0.00			000	999	-
D6061	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed	\$0.00			000	999	-
D6062	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed	\$0.00			000	999	-
D6063	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed	\$0.00			000	999	-
D6064	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed	\$0.00			000	999	-
D6065	E	IMPLANT SUPPORTED CROWN				Not Allowed	\$0.00			000	999	-
D6066	E	IMPLANT SUPPORTED MTL CROWN				Not Allowed	\$0.00			000	999	-
D6067	E	IMPLANT SUPPORTED MTL CROWN				Not Allowed	\$0.00			000	999	-
D6068	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	\$0.00			000	999	-
D6069	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	\$0.00			000	999	-
D6070	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	\$0.00			000	999	-
D6071	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	\$0.00			000	999	-
D6072	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	\$0.00			000	999	-
D6073	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	\$0.00			000	999	-
D6074	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	\$0.00			000	999	-
D6075	E	IMPLANT SUPPORTED RETAINER				Not Allowed	\$0.00			000	999	-
D6076	E	IMPLANT SUPPORTED RETAINER				Not Allowed	\$0.00			000	999	-
D6077	E	IMPLANT SUPPORTED RETAINER				Not Allowed	\$0.00			000	999	-
D6078	E	IMPLNT/ABUT SUPRTD FIXD DENT				Not Allowed	\$0.00			000	999	-
D6079	E	IMPLNT/ABUT SUPRTD FIXD DENT				Not Allowed	\$0.00			000	999	-
D6080	E	IMPLANT MAINTENANCE				Not Allowed	\$0.00			000	999	-
D6081	E	SCALE & DEBRIDE, SINGLE IMP				Not Allowed	\$0.00			000	999	-
D6082	E	IMP CROWN PORC TO BASE ALLOY				Not Allowed	\$0.00			000	999	-
D6083	E	IMP CROWN PORC TO NOBLE ALLO				Not Allowed	\$0.00			000	999	-
D6084	E	IMP CROWN PORC TO TITANIUM				Not Allowed	\$0.00			000	999	-
D6085	E	PROVISIONAL IMPLANT CROWN				Not Allowed	\$0.00			000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
D6086	E	IMP CROWN BASE ALLOYS				Not Allowed	\$0.00			000	999	-
D6087	E	IMPLANT CROWN NOBLE ALLOYS				Not Allowed	\$0.00			000	999	-
D6088	E	IMP CROWN TITANIUM ALLOYS				Not Allowed	\$0.00			000	999	-
D6090	E	REPAIR IMPLANT				Not Allowed	\$0.00			000	999	-
D6091	E	REPL SEMI/PRECISION ATTACH				Not Allowed	\$0.00			000	999	-
D6092	E	RECEMENT SUPP CROWN				Not Allowed	\$0.00			000	999	-
D6093	E	RECEMENT SUPP PART DENTURE				Not Allowed	\$0.00			000	999	-
D6094	E	ABUT SUPPORT CROWN TITANIUM				Not Allowed	\$0.00			000	999	-
D6095	E	ODONTICS REPR ABUTMENT				Not Allowed	\$0.00			000	999	-
D6096	E	REMOVE BROKEN IMP RET SCREW				Not Allowed	\$0.00			000	999	-
D6097	E	ABUT CROWN PORC TO TITANIUM				Not Allowed	\$0.00			000	999	-
D6098	E	IMP RETAIN PORC TO BASE ALLO				Not Allowed	\$0.00			000	999	-
D6099	E	IMP RETAINER FOR FPD				Not Allowed	\$0.00			000	999	-
D6100	E	REMOVAL OF IMPLANT				Not Allowed	\$0.00			018	999	-
D6101	E	DEBRIDEMENT OF A PERIIMPLANT				Not Allowed	\$0.00			000	999	-
D6102	E	DEBRIDEMENT & CONTOURING				Not Allowed	\$0.00			000	999	-
D6103	E	BONE GRAFT REPAIR PERIIMPLANT				Not Allowed	\$0.00			000	999	-
D6104	E	BONE GRAFT TIME OF IMPLANT				Not Allowed	\$0.00			000	999	-
D6110	E	IMPLNT/ABUT REMOV DENT MAX				Not Allowed	\$0.00			000	999	-
D6111	E	IMPLNT/ABUT REMOV DENT MAND				Not Allowed	\$0.00			000	999	-
D6112	E	IMP/ABUT REM DENT PART MAX				Not Allowed	\$0.00			000	999	-
D6113	E	IMP/ABUT REM DENT PART MAND				Not Allowed	\$0.00			000	999	-
D6114	E	IMPLNT/ABUT FIXED DENT MAX				Not Allowed	\$0.00			000	999	-
D6115	E	IMPLNT/ABUT FIXED DENT MAND				Not Allowed	\$0.00			000	999	-
D6116	E	IMP/ABUT FIXED DENT PART MAX				Not Allowed	\$0.00			000	999	-
D6117	E	IMP/ABUT FIXED DENT PART MAN				Not Allowed	\$0.00			000	999	-
D6118	E	IMP/ABUT INT FIXED DENT MAN				Not Allowed	\$0.00			000	999	-
D6119	E	INT/ABUT INT FIXED DENT MAX				Not Allowed	\$0.00			000	999	-
D6120	E	IMP RETAIN PORC TO TITANIUM				Not Allowed	\$0.00			000	999	-
D6121	E	RETAIN METAL FPD BASE ALLOYS				Not Allowed	\$0.00			000	999	-
D6122	E	RETAIN METAL FPD NOBLE ALLOY				Not Allowed	\$0.00			000	999	-
D6123	E	RETAIN METAL FPD TITANIUM				Not Allowed	\$0.00			000	999	-
D6190	E	RADIO/SURGICAL IMPLANT INDEX				Not Allowed	\$0.00			000	999	-
D6191	E	SEMI PRECISION ABUTMENT				Not Allowed	\$0.00			000	999	-
D6192	E	SEMI PRECISION ATTACHMENT				Not Allowed	\$0.00			000	999	-
D6194	E	ABUT SUPPORT RETAINER TITANI				Not Allowed	\$0.00			000	999	-
D6195	E	ABUT RETAIN PORC TO TITANIUM				Not Allowed	\$0.00			000	999	-
D6199	E	IMPLANT PROCEDURE				Not Allowed	\$0.00			000	999	-
D6205	M	PONTIC-INDIRECT RESIN BASED				Fee Schedule	\$68.64			000	020	-
D6210	M	PROSTHODONT HIGH NOBLE METAL				Fee Schedule	\$68.64			000	020	-
D6211	M	BRIDGE BASE METAL CAST				Fee Schedule	\$68.64			000	020	-
D6212	M	BRIDGE NOBLE METAL CAST				Fee Schedule	\$68.64			000	020	-
D6214	M	PONTIC TITANIUM				Fee Schedule	\$68.64			000	020	-
D6240	M	BRIDGE PORCELAIN HIGH NOBLE				Fee Schedule	\$68.64			000	020	-
D6241	M	BRIDGE PORCELAIN BASE METAL				Fee Schedule	\$68.64			000	020	-
D6242	M	BRIDGE PORCELAIN NOBEL METAL				Fee Schedule	\$68.64			000	020	-
D6243	E	PONTIC PORCELAIN TO TITANIUM				Not Allowed	\$0.00			000	999	-
D6245	M	BRIDGE PORCELAIN/CERAMIC				Fee Schedule	\$68.64			000	020	-
D6250	M	BRIDGE RESIN W/HIGH NOBLE				Fee Schedule	\$68.64			000	020	-
D6251	M	BRIDGE RESIN BASE METAL				Fee Schedule	\$68.64			000	020	-
D6252	M	BRIDGE RESIN W/NOBLE METAL				Fee Schedule	\$68.64			000	020	-
D6253	E	PROVISIONAL PONTIC				Not Allowed	\$0.00			000	999	-
D6254	E	INTERIM PONTIC				Not Allowed	\$0.00			018	020	-
D6545	E	DENTAL RETAINR CAST METL				Not Allowed	\$0.00			000	999	-
D6548	E	PORCELAIN/CERAMIC RETAINER				Not Allowed	\$0.00			000	999	-
D6549	E	RESIN RETAINER				Not Allowed	\$0.00			000	999	-
D6600	E	PORCELAIN/CERAMIC INLAY 2SRF				Not Allowed	\$0.00			000	999	-

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D6601	E	PORC/CERAM INLAY >= 3 SURFAC				Not Allowed	\$0.00			000	999	-
D6602	E	CST HGH NBLE MTL INLAY 2 SRF				Not Allowed	\$0.00			000	999	-
D6603	E	CST HGH NBLE MTL INLAY >=3SR				Not Allowed	\$0.00			000	999	-
D6604	E	CST BSE MTL INLAY 2 SURFACES				Not Allowed	\$0.00			000	999	-
D6605	E	CST BSE MTL INLAY >= 3 SURFA				Not Allowed	\$0.00			000	999	-
D6606	E	CAST NOBLE METAL INLAY 2 SUR				Not Allowed	\$0.00			000	999	-
D6607	E	CST NOBLE MTL INLAY >=3 SURF				Not Allowed	\$0.00			000	999	-
D6608	E	ONLAY PORC/CRMC 2 SURFACES				Not Allowed	\$0.00			000	999	-
D6609	E	ONLAY PORC/CRMC >=3 SURFACES				Not Allowed	\$0.00			000	999	-
D6610	E	ONLAY CST HGH NBL MTL 2 SRFC				Not Allowed	\$0.00			000	999	-
D6611	E	ONLAY CST HGH NBL MTL >=3SRF				Not Allowed	\$0.00			000	999	-
D6612	E	ONLAY CST BASE MTL 2 SURFACE				Not Allowed	\$0.00			000	999	-
D6613	E	ONLAY CST BASE MTL >=3 SURFA				Not Allowed	\$0.00			000	999	-
D6614	E	ONLAY CST NBL MTL 2 SURFACES				Not Allowed	\$0.00			000	999	-
D6615	E	ONLAY CST NBL MTL >=3 SURFAC				Not Allowed	\$0.00			000	999	-
D6624	E	INLAY TITANIUM				Not Allowed	\$0.00			000	999	-
D6634	E	ONLAY TITANIUM				Not Allowed	\$0.00			000	999	-
D6710	M	CROWN-INDIRECT RESIN BASED				Fee Schedule	\$68.64			000	020	-
D6720	M	RETAIN CROWN RESIN W HI NBLE				Fee Schedule	\$68.64			000	020	-
D6721	M	CROWN RESIN W/BASE METAL				Fee Schedule	\$68.64			000	020	-
D6722	M	CROWN RESIN W/NOBLE METAL				Fee Schedule	\$68.64			000	020	-
D6740	M	CROWN PORCELAIN/CERAMIC				Fee Schedule	\$68.64			000	020	-
D6750	M	CROWN PORCELAIN HIGH NOBLE				Fee Schedule	\$68.64			000	020	-
D6751	M	CROWN PORCELAIN BASE METAL				Fee Schedule	\$68.64			000	020	-
D6752	M	CROWN PORCELAIN NOBLE METAL				Fee Schedule	\$68.64			000	020	-
D6753	E	RETAIN CROWN PORC TO TITANIU				Not Allowed	\$0.00			000	999	-
D6780	M	CROWN 3/4 HIGH NOBLE METAL				Fee Schedule	\$68.64			000	020	-
D6781	M	CROWN 3/4 CAST BASED METAL				Fee Schedule	\$68.64			000	020	-
D6782	M	CROWN 3/4 CAST NOBLE METAL				Fee Schedule	\$68.64			000	020	-
D6783	M	CROWN 3/4 PORCELAIN/CERAMIC				Fee Schedule	\$68.64			000	020	-
D6784	E	RETAINER CROWN 3/4 TITANIUM				Not Allowed	\$0.00			000	999	-
D6790	M	CROWN FULL HIGH NOBLE METAL				Fee Schedule	\$68.64			000	020	-
D6791	M	CROWN FULL BASE METAL CAST				Fee Schedule	\$68.64			000	020	-
D6792	M	CROWN FULL NOBLE METAL CAST				Fee Schedule	\$68.64			000	020	-
D6793	E	PROVISIONAL RETAINER CROWN				Not Allowed	\$0.00			000	999	-
D6794	M	CROWN TITANIUM				Fee Schedule	\$68.64			000	020	-
D6795	E	INTERIM RETAINER CROWN				Not Allowed	\$0.00			018	020	-
D6920	E	DENTAL CONNECTOR BAR				Not Allowed	\$0.00			000	999	-
D6930	M	RECEMENT/BOND PART DENTURE				Fee Schedule	\$68.64			000	020	-
D6940	E	STRESS BREAKER				Not Allowed	\$0.00			000	999	-
D6950	M	PRECISION ATTACHMENT				Fee Schedule	\$68.64			000	999	-
D6970	E	POST & CORE PLUS RETAINER				Not Allowed	\$0.00			000	999	-
D6972	E	PREFAB POST & CORE PLUS RETA				Not Allowed	\$0.00			000	999	-
D6973	E	CORE BUILD UP FOR RETAINER				Not Allowed	\$0.00			000	999	-
D6975	E	COPING				Not Allowed	\$0.00			000	999	-
D6976	E	EACH ADDTNL CAST POST				Not Allowed	\$0.00			000	999	-
D6977	E	EACH ADDTL PREFAB POST				Not Allowed	\$0.00			000	999	-
D6980	M	FIXED PARTIAL REPAIR				Fee Schedule	\$189.39			000	020	-
D6985	E	PEDIATRIC PARTIAL DENTURE FX				Not Allowed	\$0.00			000	999	-
D6999	E	FIXED PROSTHODONTIC PROC				Not Allowed	\$0.00			000	999	-
D7111	S	EXTRACTION CORONAL REMNANTS		05871	16.8307	APC	\$953.29			000	999	-
D7140	S	EXTRACTION ERUPTED TOOTH/EXR		05871	16.8307	APC	\$953.29			000	999	-
D7210	S	REM IMP TOOTH W MUCOPER FLP		05871	16.8307	APC	\$953.29			000	999	-
D7220	S	IMPACT TOOTH REMOV SOFT TISS		05871	16.8307	APC	\$953.29			000	999	-
D7230	S	IMPACT TOOTH REMOV PART BONY		05871	16.8307	APC	\$953.29			000	999	-
D7240	S	IMPACT TOOTH REMOV COMP BONY		05871	16.8307	APC	\$953.29			000	999	-
D7241	S	IMPACT TOOTH REM BONY W/COMP		05871	16.8307	APC	\$953.29			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
D7250	S	TOOTH ROOT REMOVAL		05871	16.8307	APC	\$953.29			000	999	-
D7251	E	CORONECTOMY				Not Allowed	\$0.00			018	999	-
D7260	E	ORAL ANTRAL FISTULA CLOSURE				Not Allowed	\$0.00			000	999	-
D7261	E	PRIMARY CLOSURE SINUS PERF				Not Allowed	\$0.00			000	999	-
D7270	M	TOOTH REIMPLANTATION				Fee Schedule	\$68.64			000	999	-
D7272	E	TOOTH TRANSPLANTATION				Not Allowed	\$0.00			000	999	-
D7280	M	EXPOSURE OF UNERUPTED TOOTH				Fee Schedule	\$68.64			000	999	-
D7282	M	MOBILIZE ERUPTED/MALPOS TOOT				Fee Schedule	\$68.64			000	999	-
D7283	M	PLACE DEVICE IMPACTED TOOTH				Fee Schedule	\$68.64			000	020	-
D7285	E	BIOPSY OF ORAL TISSUE HARD				Not Allowed	\$0.00			000	999	-
D7286	E	BIOPSY OF ORAL TISSUE SOFT				Not Allowed	\$0.00			000	999	-
D7287	E	EXFOLIATIVE CYTOLOG COLLECT				Not Allowed	\$0.00			000	999	-
D7288	E	BRUSH BIOPSY				Not Allowed	\$0.00			000	999	-
D7290	E	REPOSITIONING OF TEETH				Not Allowed	\$0.00			000	999	-
D7291	E	TRANSSEPTAL FIBEROTOMY				Not Allowed	\$0.00			000	999	-
D7292	E	SCREW RETAINED PLATE				Not Allowed	\$0.00			000	999	-
D7293	E	TEMP ANCHORAGE DEV W FLAP				Not Allowed	\$0.00			000	999	-
D7294	E	TEMP ANCHORAGE DEV W/O FLAP				Not Allowed	\$0.00			000	999	-
D7295	E	BONE HARVEST,AUTO GRAFT PROC				Not Allowed	\$0.00			018	999	-
D7296	E	CORTICOTOMY, 1-3 TEETH				Not Allowed	\$0.00			000	999	-
D7297	E	CORTICOTOMY, 4 OR MORE TEETH				Not Allowed	\$0.00			000	999	-
D7310	M	ALVEOLOPLASTY W/ EXTRACTION				Fee Schedule	\$68.64			000	999	-
D7311	M	ALVEOLOPLASTY W/EXTRACT 1-3				Fee Schedule	\$68.64			000	999	-
D7320	M	ALVEOLOPLASTY W/O EXTRACTION				Fee Schedule	\$68.64			000	999	-
D7321	M	ALVEOLOPLASTY NOT W/EXTRACTS				Fee Schedule	\$68.64			000	999	-
D7340	E	VESTIBULOPLASTY RIDGE EXTENS				Not Allowed	\$0.00			000	020	-
D7350	E	VESTIBULOPLASTY EXTEN GRAFT				Not Allowed	\$0.00			000	020	-
D7410	E	RAD EXC LESION UP TO 1.25 CM				Not Allowed	\$0.00			000	999	-
D7411	E	EXCISION BENIGN LESION>1.25C				Not Allowed	\$0.00			000	999	-
D7412	E	EXCISION BENIGN LESION COMPL				Not Allowed	\$0.00			000	999	-
D7413	E	EXCISION MALIG LESION<=1.25C				Not Allowed	\$0.00			000	999	-
D7414	E	EXCISION MALIG LESION>1.25CM				Not Allowed	\$0.00			000	999	-
D7415	E	EXCISION MALIG LES COMPLICAT				Not Allowed	\$0.00			000	999	-
D7440	E	MALIG TUMOR EXC TO 1.25 CM				Not Allowed	\$0.00			000	999	-
D7441	E	MALIG TUMOR > 1.25 CM				Not Allowed	\$0.00			000	999	-
D7450	E	REM ODONTOGEN CYST TO 1.25CM				Not Allowed	\$0.00			000	999	-
D7451	E	REM ODONTOGEN CYST > 1.25 CM				Not Allowed	\$0.00			000	999	-
D7460	E	REM NONODONTO CYST TO 1.25CM				Not Allowed	\$0.00			000	999	-
D7461	E	REM NONODONTO CYST > 1.25 CM				Not Allowed	\$0.00			000	999	-
D7465	E	LESION DESTRUCTION				Not Allowed	\$0.00			000	999	-
D7471	E	REM EXOSTOSIS ANY SITE				Not Allowed	\$0.00			000	999	-
D7472	E	REMOVAL OF TORUS PALATINUS				Not Allowed	\$0.00			000	999	-
D7473	E	REMOVE TORUS MANDIBULARIS				Not Allowed	\$0.00			000	999	-
D7485	E	SURG REDUCT OSSEOSTUBEROSIT				Not Allowed	\$0.00			000	999	-
D7490	E	MAXILLA OR MANDIBLE RESECTIO				Not Allowed	\$0.00			000	999	-
D7510	M	I&D ABSX INTRAORAL SOFT TISS				Fee Schedule	\$68.64			000	999	-
D7511	M	INCISION/DRAIN ABSCESS INTRA				Fee Schedule	\$68.64			000	999	-
D7520	M	I&D ABSCESS EXTRAORAL				Fee Schedule	\$68.64			000	999	-
D7521	M	INCISION/DRAIN ABSCESS EXTRA				Fee Schedule	\$68.64			000	999	-
D7530	E	REMOVAL FB SKIN/AREOLAR TISS				Not Allowed	\$0.00			000	999	-
D7540	M	REMOVAL OF FB REACTION				Fee Schedule	\$68.64			000	999	-
D7550	M	REMOVAL OF SLOUGHED OFF BONE				Fee Schedule	\$68.64			000	999	-
D7560	M	MAXILLARY SINUSOTOMY				Fee Schedule	\$68.64			000	999	-
D7610	E	MAXILLA OPEN REDUCT SIMPLE				Not Allowed	\$0.00			000	999	-
D7620	E	CLSD REDUCT SIMPL MAXILLA FX				Not Allowed	\$0.00			000	999	-
D7630	E	OPEN RED SIMPL MANDIBLE FX				Not Allowed	\$0.00			000	999	-
D7640	E	CLSD RED SIMPL MANDIBLE FX				Not Allowed	\$0.00			000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
D7650	E	OPEN RED SIMP MALAR/ZYGOM FX				Not Allowed	\$0.00			000	999	-
D7660	E	CLSD RED SIMP MALAR/ZYGOM FX				Not Allowed	\$0.00			000	999	-
D7670	E	CLOSD RDUCTN SPLINT ALVEOLUS				Not Allowed	\$0.00			000	999	-
D7671	E	ALVEOLUS OPEN REDUCTION				Not Allowed	\$0.00			000	999	-
D7680	E	REDUCT SIMPLE FACIAL BONE FX				Not Allowed	\$0.00			000	999	-
D7710	E	MAXILLA OPEN REDUCT COMPOUND				Not Allowed	\$0.00			000	999	-
D7720	E	CLSD REDUCT COMPD MAXILLA FX				Not Allowed	\$0.00			000	999	-
D7730	E	OPEN REDUCT COMPD MANDBLE FX				Not Allowed	\$0.00			000	999	-
D7740	E	CLSD REDUCT COMPD MANDBLE FX				Not Allowed	\$0.00			000	999	-
D7750	E	OPEN RED COMP MALAR/ZYGMA FX				Not Allowed	\$0.00			000	999	-
D7760	E	CLSD RED COMP MALAR/ZYGMA FX				Not Allowed	\$0.00			000	999	-
D7770	E	OPEN REDUC COMPD ALVEOLUS FX				Not Allowed	\$0.00			000	999	-
D7771	E	ALVEOLUS CLSD REDUC STBLZ TE				Not Allowed	\$0.00			000	999	-
D7780	E	REDUCT COMPD FACIAL BONE FX				Not Allowed	\$0.00			000	999	-
D7810	E	TMJ OPEN REDUCT-DISLOCATION				Not Allowed	\$0.00			000	999	-
D7820	E	CLOSED TMP MANIPULATION				Not Allowed	\$0.00			000	999	-
D7830	E	TMJ MANIPULATION UNDER ANEST				Not Allowed	\$0.00			000	999	-
D7840	E	REMOVAL OF TMJ CONDYLE				Not Allowed	\$0.00			000	999	-
D7850	E	TMJ MENISCECTOMY				Not Allowed	\$0.00			000	999	-
D7852	E	TMJ REPAIR OF JOINT DISC				Not Allowed	\$0.00			000	999	-
D7854	E	TMJ EXCISN OF JOINT MEMBRANE				Not Allowed	\$0.00			000	999	-
D7856	E	TMJ CUTTING OF A MUSCLE				Not Allowed	\$0.00			000	999	-
D7858	E	TMJ RECONSTRUCTION				Not Allowed	\$0.00			000	999	-
D7860	E	TMJ CUTTING INTO JOINT				Not Allowed	\$0.00			000	999	-
D7865	E	TMJ RESHAPING COMPONENTS				Not Allowed	\$0.00			000	999	-
D7870	E	TMJ ASPIRATION JOINT FLUID				Not Allowed	\$0.00			000	999	-
D7871	E	LYSIS + LAVAGE W CATHETERS				Not Allowed	\$0.00			000	999	-
D7872	E	TMJ DIAGNOSTIC ARTHROSCOPY				Not Allowed	\$0.00			000	999	-
D7873	E	TMJ ARTHROSCOPY LYSIS ADHESN				Not Allowed	\$0.00			000	999	-
D7874	E	TMJ ARTHROSCOPY DISC REPOSIT				Not Allowed	\$0.00			000	999	-
D7875	E	TMJ ARTHROSCOPY SYNOVECTOMY				Not Allowed	\$0.00			000	999	-
D7876	E	TMJ ARTHROSCOPY DISCECTOMY				Not Allowed	\$0.00			000	999	-
D7877	E	TMJ ARTHROSCOPY DEBRIDEMENT				Not Allowed	\$0.00			000	999	-
D7880	E	OCCLUSAL ORTHOTIC APPLIANCE				Not Allowed	\$0.00			000	999	-
D7881	E	OCC ORTHOTIC DEVICE ADJUST				Not Allowed	\$0.00			000	999	-
D7899	E	TMJ UNSPECIFIED THERAPY				Not Allowed	\$0.00			000	999	-
D7910	M	DENT SUTUR RECENT WND TO 5CM				Fee Schedule	\$68.64			000	999	-
D7911	M	DENTAL SUTURE WOUND TO 5 CM				Fee Schedule	\$68.64			000	999	-
D7912	M	SUTURE COMPLICATE WND > 5 CM				Fee Schedule	\$68.64			000	999	-
D7920	E	DENTAL SKIN GRAFT				Not Allowed	\$0.00			000	020	-
D7921	E	COLLECT & APPL BLOOD PRODUCT				Not Allowed	\$0.00			000	999	-
D7922	E	PLACE INTRA-SOCKET BIO DRESS				Not Allowed	\$0.00			000	999	-
D7940	E	RESHAPING BONE ORTHOGNATHIC				Not Allowed	\$0.00			000	999	-
D7941	E	BONE CUTTING RAMUS CLOSED				Not Allowed	\$0.00			000	999	-
D7943	E	CUTTING RAMUS OPEN W/GRAFT				Not Allowed	\$0.00			000	999	-
D7944	E	BONE CUTTING SEGMENTED				Not Allowed	\$0.00			000	999	-
D7945	E	BONE CUTTING BODY MANDIBLE				Not Allowed	\$0.00			000	999	-
D7946	E	RECONSTRUCTION MAXILLA TOTAL				Not Allowed	\$0.00			000	999	-
D7947	E	RECONSTRUCT MAXILLA SEGMENT				Not Allowed	\$0.00			000	999	-
D7948	E	RECONSTRUCT MIDFACE NO GRAFT				Not Allowed	\$0.00			000	999	-
D7949	E	RECONSTRUCT MIDFACE W/GRAFT				Not Allowed	\$0.00			000	999	-
D7950	E	MANDIBLE GRAFT				Not Allowed	\$0.00			000	999	-
D7951	M	SINUS AUG W BONE OR BONE SUB				Fee Schedule	\$68.64			000	020	-
D7952	E	SINUS AUGMENTATION VERTICAL				Not Allowed	\$0.00			000	999	-
D7953	E	BONE REPLACEMENT GRAFT				Not Allowed	\$0.00			000	999	-
D7955	E	REPAIR MAXILL OFACIAL DEFECTS				Not Allowed	\$0.00			000	999	-
D7961	M	BUCCAL/LABIAL FRENECTOMY				Fee Schedule	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
D7962	M	LINGUAL FRENECTOMY				Fee Schedule	\$0.00			000	999	-
D7963	E	FRENULOPLASTY				Not Allowed	\$0.00			000	999	-
D7970	M	EXCISION HYPERPLASTIC TISSUE				Fee Schedule	\$68.64			000	020	-
D7971	E	EXCISION PERICORONAL GINGIVA				Not Allowed	\$0.00			000	999	-
D7972	E	SURG REDCT FIBROUS TUBEROSIT				Not Allowed	\$0.00			000	999	-
D7979	E	NON-SURGICAL SIALOLITHOTOMY				Not Allowed	\$0.00			000	999	-
D7980	E	SURGICAL SIALOLITHOTOMY				Not Allowed	\$0.00			000	999	-
D7981	E	EXCISION OF SALIVARY GLAND				Not Allowed	\$0.00			000	999	-
D7982	E	SIALODOCHOPLASTY				Not Allowed	\$0.00			000	999	-
D7983	E	CLOSURE OF SALIVARY FISTULA				Not Allowed	\$0.00			000	999	-
D7990	E	EMERGENCY TRACHEOTOMY				Not Allowed	\$0.00			000	999	-
D7991	E	DENTAL CORONOIDECTOMY				Not Allowed	\$0.00			000	999	-
D7993	E	SURG PLACE CRANIOFACIAL IMPL				Not Allowed	\$0.00			000	999	-
D7994	E	SURG PLACE ZYGOMATIC IMPL				Not Allowed	\$0.00			000	999	-
D7995	E	SYNTHETIC GRAFT FACIAL BONES				Not Allowed	\$0.00			000	999	-
D7996	E	IMPLANT MANDIBLE FOR AUGMENT				Not Allowed	\$0.00			000	999	-
D7997	E	APPLIANCE REMOVAL				Not Allowed	\$0.00			000	999	-
D7998	M	INTRAORAL PLACE OF FIX DEV				Fee Schedule	\$68.64			000	020	-
D7999	E	ORAL SURGERY PROCEDURE				Not Allowed	\$0.00			000	020	-
D8010	E	LIMITED DENTAL TX PRIMARY				Not Allowed	\$0.00			000	999	-
D8020	E	LIMITED DENTAL TX TRANSITION				Not Allowed	\$0.00			000	999	-
D8030	E	LIMITED DENTAL TX ADOLESCENT				Not Allowed	\$0.00			000	999	-
D8040	E	LIMITED DENTAL TX ADULT				Not Allowed	\$0.00			000	999	-
D8050	M	INTERCEP DENTAL TX PRIMARY				Fee Schedule	\$68.64			000	020	-
D8060	M	INTERCEP DENTAL TX TRANSITN				Fee Schedule	\$68.64			000	020	-
D8070	M	COMPRE DENTAL TX TRANSITION				Fee Schedule	\$68.64			000	020	-
D8080	M	COMPRE DENTAL TX ADOLESCENT				Fee Schedule	\$68.64			000	020	-
D8090	M	COMPRE DENTAL TX ADULT				Fee Schedule	\$68.64			000	020	-
D8210	E	ORTHODONTIC REM APPLIANCE TX				Not Allowed	\$0.00			000	999	-
D8220	M	FIXED APPLIANCE THERAPY HABT				Fee Schedule	\$68.64			000	999	-
D8660	E	PREORTHODONTIC TX VISIT				Not Allowed	\$0.00			000	999	-
D8670	M	PERIODIC ORTHODONTIC TX VISIT				Fee Schedule	\$68.64			000	020	-
D8680	M	ORTHODONTIC RETENTION				Fee Schedule	\$68.64			000	020	-
D8681	E	REMOVABLE RETAINER ADJUST				Not Allowed	\$0.00			000	999	-
D8690	E	ORTHODONTIC TREATMENT				Not Allowed	\$0.00			000	999	-
D8695	E	REMOVE FIXED ORTHO APPLIANCE				Not Allowed	\$0.00			000	999	-
D8696	E	REP OF ORTHO APPLIANCE MAX				Not Allowed	\$0.00			000	999	-
D8697	E	REP OF ORTHO APPLIANCE MAN				Not Allowed	\$0.00			000	999	-
D8698	E	RECEMENT FIXED RETAINER MAX				Not Allowed	\$0.00			000	999	-
D8699	E	RECEMENT FIXED RETAINER MAN				Not Allowed	\$0.00			000	999	-
D8701	E	REPAIR FIXED RETAINER MAX				Not Allowed	\$0.00			000	999	-
D8702	E	REPAIR OF FIXED RETAINER MAN				Not Allowed	\$0.00			000	999	-
D8703	E	REPLACE BROKEN RETAINER MAX				Not Allowed	\$0.00			000	999	-
D8704	E	REPLACE BROKEN RETAINER MAN				Not Allowed	\$0.00			000	999	-
D8999	E	ORTHODONTIC PROCEDURE				Not Allowed	\$0.00			000	999	-
D9110	N	TX DENTAL PAIN MINOR PROC				Bundled	\$0.00			000	999	-
D9120	E	FIX PARTIAL DENTURE SECTION				Not Allowed	\$0.00			000	999	-
D9130	E	TEMPOROMANDIBULAR JOINT DYSF				Not Allowed	\$0.00			000	999	-
D9210	E	DENT ANESTHESIA W/O SURGERY				Not Allowed	\$0.00			000	999	-
D9211	E	REGIONAL BLOCK ANESTHESIA				Not Allowed	\$0.00			000	999	-
D9212	E	TRIGEMINAL BLOCK ANESTHESIA				Not Allowed	\$0.00			000	999	-
D9215	E	LOCAL ANESTHESIA				Not Allowed	\$0.00			000	999	-
D9219	E	EVAL MOD/DEEP SED/GEN ANEST				Not Allowed	\$0.00			000	999	-
D9222	M	DEEP ANEST, 1ST 15 MIN				Fee Schedule	\$68.64			000	999	-
D9223	M	GENERAL ANESTH EA ADDL 15 MI				Fee Schedule	\$68.64			000	999	-
D9230	M	ANALGESIA				Fee Schedule	\$0.00			000	012	-
D9239	M	IV MOD SEDATION, 1ST 15 MIN				Fee Schedule	\$68.64			000	999	-

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D9243	M	IV SEDATION EA ADDL 15M				Fee Schedule	\$68.64			000	999	-
D9248	M	SEDATION (NON-IV)				Fee Schedule	\$0.00			000	999	-
D9310	M	DENTAL CONSULTATION				Fee Schedule	\$68.64			000	999	-
D9311	E	CONSULT W/MED HLTH CARE PROF				Not Allowed	\$0.00			000	999	-
D9410	M	DENTAL HOUSE CALL				Fee Schedule	\$68.64			000	999	-
D9420	M	HOSPITAL/ASC CALL				Fee Schedule	\$68.64			000	999	-
D9430	E	OFFICE VISIT DURING HOURS				Not Allowed	\$0.00			000	020	-
D9440	M	OFFICE VISIT AFTER HOURS				Fee Schedule	\$68.64			000	999	-
D9450	E	CASE PRESENTATION TX PLAN				Not Allowed	\$0.00			000	999	-
D9610	E	DENT THERAPEUTIC DRUG INJECT				Not Allowed	\$0.00			000	999	-
D9612	M	THERA PAR DRUGS 2 OR > ADMIN				Fee Schedule	\$0.00			000	999	-
D9613	E	INFILTRATION THERA DRUG				Not Allowed	\$0.00			000	999	-
D9630	M	DRUGS/MEDS DISP FOR HOME USE				Fee Schedule	\$68.64			000	999	-
D9910	E	DENT APPL DESENSITIZING MED				Not Allowed	\$0.00			000	999	-
D9911	E	APPL DESENSITIZING RESIN				Not Allowed	\$0.00			000	999	-
D9920	M	BEHAVIOR MANAGEMENT				Fee Schedule	\$68.64			000	999	-
D9930	E	TREATMENT OF COMPLICATIONS				Not Allowed	\$0.00			000	999	-
D9932	E	CLEAN & INSPECT REM DENT MAX				Not Allowed	\$0.00			000	999	-
D9933	E	CLEAN & INSPECT REM DENT MAN				Not Allowed	\$0.00			000	999	-
D9934	E	CLEAN REM PART DENTURE MAX				Not Allowed	\$0.00			000	999	-
D9935	E	CLEAN REM PART DENTURE MAND				Not Allowed	\$0.00			000	999	-
D9941	E	FABRICATION ATHLETIC GUARD				Not Allowed	\$0.00			000	999	-
D9942	E	REPAIR/RELIN OCCLUSAL GUARD				Not Allowed	\$0.00			000	999	-
D9943	E	OCCLUSAL GUARD ADJUSTMENT				Not Allowed	\$0.00			000	999	-
D9944	S	OCC GUARD, HARD, FULL ARCH		05871	16.8307	APC	\$953.29			000	020	-
D9945	S	OCC GUARD, SOFT, FULL ARCH		05871	16.8307	APC	\$953.29			000	020	-
D9946	S	OCC GUARD, HARD, PART ARCH		05871	16.8307	APC	\$953.29			000	020	-
D9950	E	OCCLUSION ANALYSIS				Not Allowed	\$0.00			000	999	-
D9951	E	LIMITED OCCLUSAL ADJUSTMENT				Not Allowed	\$0.00			000	999	-
D9952	E	COMPLETE OCCLUSAL ADJUSTMENT				Not Allowed	\$0.00			000	999	-
D9961	E	DUP/COPY PATIENT'S RECORDS				Not Allowed	\$0.00			000	999	-
D9970	E	ENAMEL MICROABRASION				Not Allowed	\$0.00			000	999	-
D9971	E	ODONTOPLASTY 1-2 TEETH				Not Allowed	\$0.00			000	999	-
D9972	E	EXTRNL BLEACHING PER ARCH				Not Allowed	\$0.00			000	999	-
D9973	E	EXTRNL BLEACHING PER TOOTH				Not Allowed	\$0.00			000	999	-
D9974	E	INTRNL BLEACHING PER TOOTH				Not Allowed	\$0.00			000	999	-
D9975	E	EXTERNAL BLEACHING HOME APP				Not Allowed	\$0.00			000	999	-
D9985	E	SALES TAX				Not Allowed	\$0.00			000	999	-
D9986	E	MISSED APPOINTMENT				Not Allowed	\$0.00			000	999	-
D9987	E	CANCELLED APPOINTMENT				Not Allowed	\$0.00			000	999	-
D9990	E	TRANS OR SIGN LANGUAGE SVCS				Not Allowed	\$0.00			000	999	-
D9991	E	CASE MGMT, APPT BARRIERS				Not Allowed	\$0.00			000	999	-
D9992	M	CASE MGMT, CARE COORDINATION				Fee Schedule	\$0.00			000	999	-
D9993	E	CASE MGMT, INTERVIEWING				Not Allowed	\$0.00			000	999	-
D9994	E	CASE MGMT, PT EDUCATION				Not Allowed	\$0.00			000	999	-
D9995	M	TELEDENTISTRY REAL-TIME				Fee Schedule	\$26.65			000	999	-
D9996	M	TELEDENTISTRY DENT REVIEW				Fee Schedule	\$26.65			000	999	-
D9997	E	DENT CASE MGMT SPECIAL NEEDS				Not Allowed	\$0.00			000	999	-
D9999	M	ADJUNCTIVE PROCEDURE				Fee Schedule	\$68.64			000	999	-
E0100	E	CANE ADJUST/FIXED WITH TIP				Not Allowed	\$0.00			000	999	-
E0105	E	CANE ADJUST/FIXED QUAD/3 PRO				Not Allowed	\$0.00			000	999	-
E0110	E	CRUTCH FOREARM PAIR				Not Allowed	\$0.00			000	999	-
E0111	E	CRUTCH FOREARM EACH				Not Allowed	\$0.00			000	999	-
E0112	E	CRUTCH UNDERARM PAIR WOOD				Not Allowed	\$0.00			000	999	-
E0113	E	CRUTCH UNDERARM EACH WOOD				Not Allowed	\$0.00			000	999	-
E0114	E	CRUTCH UNDERARM PAIR NO WOOD				Not Allowed	\$0.00			000	999	-
E0116	E	CRUTCH UNDERARM EACH NO WOOD				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
E0117	E	UNDERARM SPRINGASSIST CRUTCH				Not Allowed	\$0.00			000	999	-
E0118	E	CRUTCH SUBSTITUTE				Not Allowed	\$0.00			000	999	-
E0130	E	WALKER RIGID ADJUST/FIXED HT				Not Allowed	\$0.00			000	999	-
E0135	E	WALKER FOLDING ADJUST/FIXED				Not Allowed	\$0.00			000	999	-
E0140	E	WALKER W TRUNK SUPPORT				Not Allowed	\$0.00			000	999	-
E0141	E	RIGID WHEELED WALKER ADJ/FIX				Not Allowed	\$0.00			000	999	-
E0143	E	WALKER FOLDING WHEELED W/O S				Not Allowed	\$0.00			000	999	-
E0144	E	ENCLOSED WALKER W REAR SEAT				Not Allowed	\$0.00			000	999	-
E0147	E	WALKER VARIABLE WHEEL RESIST				Not Allowed	\$0.00			000	999	-
E0148	E	HEAVYDUTY WALKER NO WHEELS				Not Allowed	\$0.00			000	999	-
E0149	E	HEAVY DUTY WHEELED WALKER				Not Allowed	\$0.00			000	999	-
E0153	E	FOREARM CRUTCH PLATFORM ATTA				Not Allowed	\$0.00			000	999	-
E0154	E	WALKER PLATFORM ATTACHMENT				Not Allowed	\$0.00			000	999	-
E0155	E	WALKER WHEEL ATTACHMENT,PAIR				Not Allowed	\$0.00			000	999	-
E0156	E	WALKER SEAT ATTACHMENT				Not Allowed	\$0.00			000	999	-
E0157	E	WALKER CRUTCH ATTACHMENT				Not Allowed	\$0.00			000	999	-
E0158	E	WALKER LEG EXTENDERS SET OF4				Not Allowed	\$0.00			000	999	-
E0159	E	BRAKE FOR WHEELED WALKER				Not Allowed	\$0.00			000	999	-
E0160	E	SITZ TYPE BATH OR EQUIPMENT				Not Allowed	\$0.00			000	999	-
E0161	E	SITZ BATH/EQUIPMENT W/FAUCET				Not Allowed	\$0.00			000	999	-
E0162	E	SITZ BATH CHAIR				Not Allowed	\$0.00			000	999	-
E0163	E	COMMODE CHAIR WITH FIXED ARM				Not Allowed	\$0.00			000	999	-
E0165	E	COMMODE CHAIR WITH DETACHARM				Not Allowed	\$0.00			000	999	-
E0167	E	COMMODE CHAIR PAIL OR PAN				Not Allowed	\$0.00			000	999	-
E0168	E	HEAVYDUTY/WIDE COMMODE CHAIR				Not Allowed	\$0.00			000	999	-
E0170	E	COMMODE CHAIR ELECTRIC				Not Allowed	\$0.00			000	999	-
E0171	E	COMMODE CHAIR NON-ELECTRIC				Not Allowed	\$0.00			000	999	-
E0172	E	SEAT LIFT MECHANISM TOILET				Not Allowed	\$0.00			000	999	-
E0175	E	COMMODE CHAIR FOOT REST				Not Allowed	\$0.00			000	999	-
E0181	E	PRESS PAD ALTERNATING W/ PUM				Not Allowed	\$0.00			000	999	-
E0182	E	REPLACE PUMP, ALT PRESS PAD				Not Allowed	\$0.00			000	999	-
E0184	E	DRY PRESSURE MATTRESS				Not Allowed	\$0.00			000	999	-
E0185	E	GEL PRESSURE MATTRESS PAD				Not Allowed	\$0.00			000	999	-
E0186	E	AIR PRESSURE MATTRESS				Not Allowed	\$0.00			000	999	-
E0187	E	WATER PRESSURE MATTRESS				Not Allowed	\$0.00			000	999	-
E0188	E	SYNTHETIC SHEEPSKIN PAD				Not Allowed	\$0.00			000	999	-
E0189	E	LAMBSWOOL SHEEPSKIN PAD				Not Allowed	\$0.00			000	999	-
E0190	E	POSITIONING CUSHION				Not Allowed	\$0.00			000	999	-
E0191	E	PROTECTOR HEEL OR ELBOW				Not Allowed	\$0.00			000	999	-
E0193	E	POWERED AIR FLOTATION BED				Not Allowed	\$0.00			000	999	-
E0194	E	AIR FLUIDIZED BED				Not Allowed	\$0.00			000	999	-
E0196	E	GEL PRESSURE MATTRESS				Not Allowed	\$0.00			000	999	-
E0197	E	AIR PRESSURE PAD FOR MATTRES				Not Allowed	\$0.00			000	999	-
E0198	E	WATER PRESSURE PAD FOR MATTR				Not Allowed	\$0.00			000	999	-
E0199	E	DRY PRESSURE PAD FOR MATTRES				Not Allowed	\$0.00			000	999	-
E0200	E	HEAT LAMP WITHOUT STAND				Not Allowed	\$0.00			000	999	-
E0202	E	PHOTOTHERAPY LIGHT W/ PHOTOM				Not Allowed	\$0.00			000	999	-
E0203	E	THERAPEUTIC LIGHTBOX TABLETP				Not Allowed	\$0.00			000	999	-
E0205	E	HEAT LAMP WITH STAND				Not Allowed	\$0.00			000	999	-
E0210	E	ELECTRIC HEAT PAD STANDARD				Not Allowed	\$0.00			000	999	-
E0215	E	ELECTRIC HEAT PAD MOIST				Not Allowed	\$0.00			000	999	-
E0217	E	WATER CIRC HEAT PAD W PUMP				Not Allowed	\$0.00			000	999	-
E0218	E	FLUID CIRC COLD PAD W PUMP				Not Allowed	\$0.00			000	999	-
E0221	E	INFRARED HEATING PAD SYSTEM				Not Allowed	\$0.00			000	999	-
E0225	E	HYDROCOLLATOR UNIT				Not Allowed	\$0.00			000	999	-
E0231	E	WOUND WARMING DEVICE				Not Allowed	\$0.00			000	999	-
E0232	E	WARMING CARD FOR NWT				Not Allowed	\$0.00			000	999	-

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E0235	E	PARAFFIN BATH UNIT PORTABLE				Not Allowed	\$0.00			000	999	-
E0236	E	PUMP FOR WATER CIRCULATING P				Not Allowed	\$0.00			000	999	-
E0239	E	HYDROCOLLATOR UNIT PORTABLE				Not Allowed	\$0.00			000	999	-
E0240	E	BATH/SHOWER CHAIR				Not Allowed	\$0.00			000	999	-
E0241	E	BATH TUB WALL RAIL				Not Allowed	\$0.00			000	999	-
E0242	E	BATH TUB RAIL FLOOR				Not Allowed	\$0.00			000	999	-
E0243	E	TOILET RAIL				Not Allowed	\$0.00			000	999	-
E0244	E	TOILET SEAT RAISED				Not Allowed	\$0.00			000	999	-
E0245	E	TUB STOOL OR BENCH				Not Allowed	\$0.00			000	999	-
E0246	E	TRANSFER TUB RAIL ATTACHMENT				Not Allowed	\$0.00			000	999	-
E0247	E	TRANS BENCH W/WO COMM OPEN				Not Allowed	\$0.00			000	999	-
E0248	E	HDTRANS BENCH W/WO COMM OPEN				Not Allowed	\$0.00			000	999	-
E0249	E	PAD WATER CIRCULATING HEAT U				Not Allowed	\$0.00			000	999	-
E0250	E	HOSP BED FIXED HT W/ MATTRES				Not Allowed	\$0.00			000	999	-
E0251	E	HOSP BED FIXD HT W/O MATTRES				Not Allowed	\$0.00			000	999	-
E0255	E	HOSPITAL BED VAR HT W/ MATTR				Not Allowed	\$0.00			000	999	-
E0256	E	HOSPITAL BED VAR HT W/O MATT				Not Allowed	\$0.00			000	999	-
E0260	E	HOSP BED SEMI-ELECTR W/ MATT				Not Allowed	\$0.00			000	999	-
E0261	E	HOSP BED SEMI-ELECTR W/O MAT				Not Allowed	\$0.00			000	999	-
E0265	E	HOSP BED TOTAL ELECTR W/ MAT				Not Allowed	\$0.00			000	999	-
E0266	E	HOSP BED TOTAL ELEC W/O MATT				Not Allowed	\$0.00			000	999	-
E0270	E	HOSPITAL BED INSTITUTIONAL T				Not Allowed	\$0.00			000	999	-
E0271	E	MATTRESS INNERSPRING				Not Allowed	\$0.00			000	999	-
E0272	E	MATTRESS FOAM RUBBER				Not Allowed	\$0.00			000	999	-
E0273	E	BED BOARD				Not Allowed	\$0.00			000	999	-
E0274	E	OVER-BED TABLE				Not Allowed	\$0.00			000	999	-
E0275	E	BED PAN STANDARD				Not Allowed	\$0.00			000	999	-
E0276	E	BED PAN FRACTURE				Not Allowed	\$0.00			000	999	-
E0277	E	POWERED PRES-REDU AIR MATTRS				Not Allowed	\$0.00			000	999	-
E0280	E	BED CRADLE				Not Allowed	\$0.00			000	999	-
E0290	E	HOSP BED FX HT W/O RAILS W/M				Not Allowed	\$0.00			000	999	-
E0291	E	HOSP BED FX HT W/O RAIL W/O				Not Allowed	\$0.00			000	999	-
E0292	E	HOSP BED VAR HT NO SR W/MATT				Not Allowed	\$0.00			000	999	-
E0293	E	HOSP BED VAR HT NO SR NO MAT				Not Allowed	\$0.00			000	999	-
E0294	E	HOSP BED SEMI-ELECT W/ MATTR				Not Allowed	\$0.00			000	999	-
E0295	E	HOSP BED SEMI-ELECT W/O MATT				Not Allowed	\$0.00			000	999	-
E0296	E	HOSP BED TOTAL ELECT W/ MATT				Not Allowed	\$0.00			000	999	-
E0297	E	HOSP BED TOTAL ELECT W/O MAT				Not Allowed	\$0.00			000	999	-
E0300	E	ENCLOSED PED CRIB HOSP GRADE				Not Allowed	\$0.00			000	999	-
E0301	E	HD HOSP BED, 350-600 LBS				Not Allowed	\$0.00			000	999	-
E0302	E	EX HD HOSP BED > 600 LBS				Not Allowed	\$0.00			000	999	-
E0303	E	HOSP BED HVY DTY XTRA WIDE				Not Allowed	\$0.00			000	999	-
E0304	E	HOSP BED XTRA HVY DTY X WIDE				Not Allowed	\$0.00			000	999	-
E0305	E	RAILS BED SIDE HALF LENGTH				Not Allowed	\$0.00			000	999	-
E0310	E	RAILS BED SIDE FULL LENGTH				Not Allowed	\$0.00			000	999	-
E0315	E	BED ACCESSORY BRD/TBL/SUPPRT				Not Allowed	\$0.00			000	999	-
E0316	E	BED SAFETY ENCLOSURE				Not Allowed	\$0.00			000	999	-
E0325	E	URINAL MALE JUG-TYPE				Not Allowed	\$0.00			000	999	-
E0326	E	URINAL FEMALE JUG-TYPE				Not Allowed	\$0.00			000	999	-
E0328	E	PED HOSPITAL BED, MANUAL				Not Allowed	\$0.00			000	999	-
E0329	E	PED HOSPITAL BED SEM/ELECT				Not Allowed	\$0.00			000	999	-
E0350	E	CONTROL UNIT BOWEL SYSTEM				Not Allowed	\$0.00			000	999	-
E0352	E	DISPOSABLE PACK W/BOWEL SYST				Not Allowed	\$0.00			000	999	-
E0370	E	AIR ELEVATOR FOR HEEL				Not Allowed	\$0.00			000	999	-
E0371	E	NONPOWER MATTRESS OVERLAY				Not Allowed	\$0.00			000	999	-
E0372	E	POWERED AIR MATTRESS OVERLAY				Not Allowed	\$0.00			000	999	-
E0373	E	NONPOWERED PRESSURE MATTRESS				Not Allowed	\$0.00			000	999	-

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E0424	E	STATIONARY COMPRESSED GAS O2				Not Allowed	\$0.00			000	999	-
E0425	E	GAS SYSTEM STATIONARY COMPRE				Not Allowed	\$0.00			000	999	-
E0430	E	OXYGEN SYSTEM GAS PORTABLE				Not Allowed	\$0.00			000	999	-
E0431	E	PORTABLE GASEOUS O2				Not Allowed	\$0.00			000	999	-
E0433	E	PORTABLE LIQUID OXYGEN SYS				Not Allowed	\$0.00			000	999	-
E0434	E	PORTABLE LIQUID O2				Not Allowed	\$0.00			000	999	-
E0435	E	OXYGEN SYSTEM LIQUID PORTABL				Not Allowed	\$0.00			000	999	-
E0439	E	STATIONARY LIQUID O2				Not Allowed	\$0.00			000	999	-
E0440	E	OXYGEN SYSTEM LIQUID STATION				Not Allowed	\$0.00			000	999	-
E0441	E	STATIONARY O2 CONTENTS, GAS				Not Allowed	\$0.00			000	999	-
E0442	E	STATIONARY O2 CONTENTS, LIQ				Not Allowed	\$0.00			000	999	-
E0443	E	PORTABLE O2 CONTENTS, GAS				Not Allowed	\$0.00			000	999	-
E0444	E	PORTABLE O2 CONTENTS, LIQUID				Not Allowed	\$0.00			000	999	-
E0445	E	OXIMETER NON-INVASIVE				Not Allowed	\$0.00			000	999	-
E0446	E	TOPICAL OX DELIVER SYS, NOS				Not Allowed	\$0.00			000	999	-
E0447	E	PORT O2 CONT, LIQ OVER 4 LPM				Not Allowed	\$0.00			000	999	-
E0455	E	OXYGEN TENT EXCL CROUP/PED T				Not Allowed	\$0.00			000	999	-
E0457	E	CHEST SHELL				Not Allowed	\$0.00			000	999	-
E0459	E	CHEST WRAP				Not Allowed	\$0.00			000	999	-
E0462	E	ROCKING BED W/ OR W/O SIDE R				Not Allowed	\$0.00			000	999	-
E0465	E	HOME VENT INVASIVE INTERFACE				Not Allowed	\$0.00			000	999	-
E0466	E	HOME VENT NON-INVASIVE INTER				Not Allowed	\$0.00			000	999	-
E0467	E	HOME VENT MULTI-FUNCTION				Not Allowed	\$0.00			000	999	-
E0470	E	RAD W/O BACKUP NON-INV INTFC				Not Allowed	\$0.00			000	999	-
E0471	E	RAD W/BACKUP NON INV INTRFC				Not Allowed	\$0.00			000	999	-
E0472	E	RAD W BACKUP INVASIVE INTRFC				Not Allowed	\$0.00			000	999	-
E0480	E	PERCUSSOR ELECT/PNEUM HOME M				Not Allowed	\$0.00			000	999	-
E0481	E	INTRPULMNRY PERCUSS VENT SYS				Not Allowed	\$0.00			000	999	-
E0482	E	COUGH STIMULATING DEVICE				Not Allowed	\$0.00			000	999	-
E0483	E	HI FREQ CHEST WALL OSCIL SYS				Not Allowed	\$0.00			000	999	-
E0484	E	NON-ELEC OSCILLATORY PEP DVC				Not Allowed	\$0.00			000	999	-
E0485	E	ORAL DEVICE/APPLIANCE PREFAB				Not Allowed	\$0.00			000	999	-
E0486	E	ORAL DEVICE/APPLIANCE CUSFAB				Not Allowed	\$0.00			000	999	-
E0487	N	ELECTRONIC SPIROMETER				Bundled	\$0.00			000	999	-
E0500	E	IPPB ALL TYPES				Not Allowed	\$0.00			000	999	-
E0550	E	HUMIDIF EXTENS SUPPLE W IPPB				Not Allowed	\$0.00			000	999	-
E0555	E	HUMIDIFIER FOR USE W/ REGULA				Not Allowed	\$0.00			000	999	-
E0560	E	HUMIDIFIER SUPPLEMENTAL W/ I				Not Allowed	\$0.00			000	999	-
E0561	E	HUMIDIFIER NONHEATED W PAP				Not Allowed	\$0.00			000	999	-
E0562	E	HUMIDIFIER HEATED USED W PAP				Not Allowed	\$0.00			000	999	-
E0565	E	COMPRESSOR AIR POWER SOURCE				Not Allowed	\$0.00			000	999	-
E0570	E	NEBULIZER WITH COMPRESSION				Not Allowed	\$0.00			000	999	-
E0572	E	AEROSOL COMPRESSOR ADJUST PR				Not Allowed	\$0.00			000	999	-
E0574	E	ULTRASONIC GENERATOR W SVNEB				Not Allowed	\$0.00			000	999	-
E0575	E	NEBULIZER ULTRASONIC				Not Allowed	\$0.00			000	999	-
E0580	E	NEBULIZER FOR USE W/ REGULAT				Not Allowed	\$0.00			000	999	-
E0585	E	NEBULIZER W/ COMPRESSOR & HE				Not Allowed	\$0.00			000	999	-
E0600	E	SUCTION PUMP PORTAB HOM MODL				Not Allowed	\$0.00			000	999	-
E0601	E	CONT AIRWAY PRESSURE DEVICE				Not Allowed	\$0.00			000	999	-
E0602	E	MANUAL BREAST PUMP				Not Allowed	\$0.00			009	999	-
E0603	E	ELECTRIC BREAST PUMP				Not Allowed	\$0.00			000	999	-
E0604	E	HOSP GRADE ELEC BREAST PUMP				Not Allowed	\$0.00			000	999	-
E0605	E	VAPORIZER ROOM TYPE				Not Allowed	\$0.00			000	999	-
E0606	E	DRAINAGE BOARD POSTURAL				Not Allowed	\$0.00			000	999	-
E0607	E	BLOOD GLUCOSE MONITOR HOME				Not Allowed	\$0.00			000	999	-
E0610	E	PACEMAKER MONITR AUDIBLE/VIS				Not Allowed	\$0.00			000	999	-
E0615	E	PACEMAKER MONITR DIGITAL/VIS				Not Allowed	\$0.00			000	999	-

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E0616	N	CARDIAC EVENT RECORDER				Bundled	\$0.00			000	999	-
E0617	E	AUTOMATIC EXT DEFIBRILLATOR				Not Allowed	\$0.00			000	999	-
E0618	E	APNEA MONITOR				Not Allowed	\$0.00			000	999	-
E0619	E	APNEA MONITOR W RECORDER				Not Allowed	\$0.00			000	999	-
E0620	E	CAP BLD SKIN PIERCING LASER				Not Allowed	\$0.00			000	999	-
E0621	E	PATIENT LIFT SLING OR SEAT				Not Allowed	\$0.00			000	999	-
E0625	E	PATIENT LIFT BATHROOM OR TOI				Not Allowed	\$0.00			000	999	-
E0627	E	SEAT LIFT MECH, ELECTRIC ANY				Not Allowed	\$0.00			000	999	-
E0629	E	SEAT LIFT MECH, NON-ELECTRIC				Not Allowed	\$0.00			000	999	-
E0630	E	PATIENT LIFT HYDRAULIC				Not Allowed	\$0.00			000	999	-
E0635	E	PATIENT LIFT ELECTRIC				Not Allowed	\$0.00			000	999	-
E0636	E	PT SUPPORT & POSITIONING SYS				Not Allowed	\$0.00			000	999	-
E0637	E	COMBINATION SIT TO STAND SYS				Not Allowed	\$0.00			000	999	-
E0638	E	STANDING FRAME SYS				Not Allowed	\$0.00			000	999	-
E0639	E	MOVEABLE PATIENT LIFT SYSTEM				Not Allowed	\$0.00			000	999	-
E0640	E	FIXED PATIENT LIFT SYSTEM				Not Allowed	\$0.00			000	999	-
E0641	E	MULTI-POSITION STND FRAM SYS				Not Allowed	\$0.00			000	999	-
E0642	E	DYNAMIC STANDING FRAME				Not Allowed	\$0.00			000	999	-
E0650	E	PNEUMA COMPRESOR NON-SEGMENT				Not Allowed	\$0.00			000	999	-
E0651	E	PNEUM COMPRESSOR SEGMENTAL				Not Allowed	\$0.00			000	999	-
E0652	E	PNEUM COMPRES W/CAL PRESSURE				Not Allowed	\$0.00			000	999	-
E0655	E	PNEUMATIC APPLIANCE HALF ARM				Not Allowed	\$0.00			000	999	-
E0656	E	SEGMENTAL PNEUMATIC TRUNK				Not Allowed	\$0.00			000	999	-
E0657	E	SEGMENTAL PNEUMATIC CHEST				Not Allowed	\$0.00			000	999	-
E0660	E	PNEUMATIC APPLIANCE FULL LEG				Not Allowed	\$0.00			000	999	-
E0665	E	PNEUMATIC APPLIANCE FULL ARM				Not Allowed	\$0.00			000	999	-
E0666	E	PNEUMATIC APPLIANCE HALF LEG				Not Allowed	\$0.00			000	999	-
E0667	E	SEG PNEUMATIC APPL FULL LEG				Not Allowed	\$0.00			000	999	-
E0668	E	SEG PNEUMATIC APPL FULL ARM				Not Allowed	\$0.00			000	999	-
E0669	E	SEG PNEUMATIC APPLI HALF LEG				Not Allowed	\$0.00			000	999	-
E0670	E	SEG PNEUM INT LEGS/TRUNK				Not Allowed	\$0.00			000	999	-
E0671	E	PRESSURE PNEUM APPL FULL LEG				Not Allowed	\$0.00			000	999	-
E0672	E	PRESSURE PNEUM APPL FULL ARM				Not Allowed	\$0.00			000	999	-
E0673	E	PRESSURE PNEUM APPL HALF LEG				Not Allowed	\$0.00			000	999	-
E0675	E	PNEUMATIC COMPRESSION DEVICE				Not Allowed	\$0.00			000	999	-
E0676	E	INTER LIMB COMPRESS DEV NOS				Not Allowed	\$0.00			000	999	-
E0691	E	UVL PNL 2 SQ FT OR LESS				Not Allowed	\$0.00			000	999	-
E0692	E	UVL SYS PANEL 4 FT				Not Allowed	\$0.00			000	999	-
E0693	E	UVL SYS PANEL 6 FT				Not Allowed	\$0.00			000	999	-
E0694	E	UVL MD CABINET SYS 6 FT				Not Allowed	\$0.00			000	999	-
E0700	E	SAFETY EQUIPMENT				Not Allowed	\$0.00			000	999	-
E0705	E	TRANSFER DEVICE				Not Allowed	\$0.00			000	999	-
E0710	E	RESTRAINTS ANY TYPE				Not Allowed	\$0.00			000	999	-
E0720	E	TENS TWO LEAD				Not Allowed	\$0.00			000	999	-
E0730	E	TENS FOUR LEAD				Not Allowed	\$0.00			000	999	-
E0731	E	CONDUCTIVE GARMENT FOR TENS/				Not Allowed	\$0.00			000	999	-
E0740	E	NON-IMPLANT PELV FLR E-STIM				Not Allowed	\$0.00			000	999	-
E0744	E	NEUROMUSCULAR STIM FOR SCOLI				Not Allowed	\$0.00			000	999	-
E0745	E	NEUROMUSCULAR STIM FOR SHOCK				Not Allowed	\$0.00			000	999	-
E0746	E	ELECTROMYOGRAPH BIOFEEDBACK				Not Allowed	\$0.00			000	999	-
E0747	E	ELEC OSTEOGEN STIM NOT SPINE				Not Allowed	\$0.00			000	999	-
E0748	E	ELEC OSTEOGEN STIM SPINAL				Not Allowed	\$0.00			000	999	-
E0749	N	ELEC OSTEOGEN STIM IMPLANTED				Bundled	\$0.00			000	999	-
E0755	E	ELECTRONIC SALIVARY REFLEX S				Not Allowed	\$0.00			000	999	-
E0760	E	OSTEOGEN ULTRASOUND STIMLTOR				Not Allowed	\$0.00			000	999	-
E0761	E	NONTHERM ELECTROMGNTC DEVICE				Not Allowed	\$0.00			000	999	-
E0762	E	TRANS ELEC JT STIM DEV SYS				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
E0764	E	FUNCTIONAL NEUROMUSCULARSTIM				Not Allowed	\$0.00			000	999	-
E0765	E	NERVE STIMULATOR FOR TX N&V				Not Allowed	\$0.00			000	999	-
E0766	E	ELEC STIM CANCER TREATMENT				Not Allowed	\$0.00			000	999	-
E0769	E	ELECTRIC WOUND TREATMENT DEV				Not Allowed	\$0.00			000	999	-
E0770	E	FUNCTIONAL ELECTRIC STIM NOS				Not Allowed	\$0.00			000	999	-
E0776	E	IV POLE				Not Allowed	\$0.00			000	999	-
E0779	E	AMB INFUSION PUMP MECHANICAL				Not Allowed	\$0.00			000	999	-
E0780	E	MECH AMB INFUSION PUMP <8HRS				Not Allowed	\$0.00			000	999	-
E0781	E	EXTERNAL AMBULATORY INFUS PU				Not Allowed	\$0.00			000	999	-
E0782	N	NON-PROGRAMBLE INFUSION PUMP				Bundled	\$0.00			000	999	-
E0783	N	PROGRAMMABLE INFUSION PUMP				Bundled	\$0.00			000	999	-
E0784	E	EXT AMB INFUSN PUMP INSULIN				Not Allowed	\$0.00			000	999	-
E0785	N	REPLACEMENT IMPL PUMP CATHET				Bundled	\$0.00			000	999	-
E0786	N	IMPLANTABLE PUMP REPLACEMENT				Bundled	\$0.00			000	999	-
E0787	E	CGS DOSE ADJ INSULIN INF PMP				Not Allowed	\$0.00			000	999	-
E0791	E	PARENTERAL INFUSION PUMP STA				Not Allowed	\$0.00			000	999	-
E0830	N	AMBULATORY TRACTION DEVICE				Bundled	\$0.00			000	999	-
E0840	E	TRACT FRAME ATTACH HEADBOARD				Not Allowed	\$0.00			000	999	-
E0849	E	CERVICAL PNEUM TRAC EQUIP				Not Allowed	\$0.00			000	999	-
E0850	E	TRACTION STAND FREE STANDING				Not Allowed	\$0.00			000	999	-
E0855	E	CERVICAL TRACTION EQUIPMENT				Not Allowed	\$0.00			000	999	-
E0856	E	CERVIC COLLAR W AIR BLADDERS				Not Allowed	\$0.00			000	999	-
E0860	E	TRACT EQUIP CERVICAL TRACT				Not Allowed	\$0.00			000	999	-
E0870	E	TRACT FRAME ATTACH FOOTBOARD				Not Allowed	\$0.00			000	999	-
E0880	E	TRAC STAND FREE STAND EXTREM				Not Allowed	\$0.00			000	999	-
E0890	E	TRACTION FRAME ATTACH PELVIC				Not Allowed	\$0.00			000	999	-
E0900	E	TRAC STAND FREE STAND PELVIC				Not Allowed	\$0.00			000	999	-
E0910	E	TRAPEZE BAR ATTACHED TO BED				Not Allowed	\$0.00			000	999	-
E0911	E	HD TRAPEZE BAR ATTACH TO BED				Not Allowed	\$0.00			000	999	-
E0912	E	HD TRAPEZE BAR FREE STANDING				Not Allowed	\$0.00			000	999	-
E0920	E	FRACTURE FRAME ATTACHED TO B				Not Allowed	\$0.00			000	999	-
E0930	E	FRACTURE FRAME FREE STANDING				Not Allowed	\$0.00			000	999	-
E0935	E	CONT PAS MOTION EXERCISE DEV				Not Allowed	\$0.00			000	999	-
E0936	E	CPM DEVICE, OTHER THAN KNEE				Not Allowed	\$0.00			000	999	-
E0940	E	TRAPEZE BAR FREE STANDING				Not Allowed	\$0.00			000	999	-
E0941	E	GRAVITY ASSISTED TRACTION DE				Not Allowed	\$0.00			000	999	-
E0942	E	CERVICAL HEAD HARNESS/HALTER				Not Allowed	\$0.00			000	999	-
E0944	E	PELVIC BELT/HARNESS/BOOT				Not Allowed	\$0.00			000	999	-
E0945	E	BELT/HARNESS EXTREMITY				Not Allowed	\$0.00			000	999	-
E0946	E	FRACTURE FRAME DUAL W CROSS				Not Allowed	\$0.00			000	999	-
E0947	E	FRACTURE FRAME ATTACHMNTS PE				Not Allowed	\$0.00			000	999	-
E0948	E	FRACTURE FRAME ATTACHMNTS CE				Not Allowed	\$0.00			000	999	-
E0950	E	TRAY				Not Allowed	\$0.00			000	999	-
E0951	E	LOOP HEEL				Not Allowed	\$0.00			000	999	-
E0952	E	TOE LOOP/HOLDER, EACH				Not Allowed	\$0.00			000	999	-
E0953	E	W/C LATERAL THIGH/KNEE SUP				Not Allowed	\$0.00			000	999	-
E0954	E	FOOT BOX, ANY TYPE EACH FOOT				Not Allowed	\$0.00			000	999	-
E0955	E	CUSHIONED HEADREST				Not Allowed	\$0.00			000	999	-
E0956	E	W/C LATERAL TRUNK/HIP SUPPOR				Not Allowed	\$0.00			000	999	-
E0957	E	W/C MEDIAL THIGH SUPPORT				Not Allowed	\$0.00			000	999	-
E0958	E	WHLCHR ATT- CONV 1 ARM DRIVE				Not Allowed	\$0.00			000	999	-
E0959	E	AMPUTEE ADAPTER				Not Allowed	\$0.00			000	999	-
E0960	E	W/C SHOULDER HARNESS/STRAPS				Not Allowed	\$0.00			000	999	-
E0961	E	WHEELCHAIR BRAKE EXTENSION				Not Allowed	\$0.00			000	999	-
E0966	E	WHEELCHAIR HEAD REST EXTENSI				Not Allowed	\$0.00			000	999	-
E0967	E	MAN WC RIM/PROJECTION REP EA				Not Allowed	\$0.00			000	999	-
E0968	E	WHEELCHAIR COMMODE SEAT				Not Allowed	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
E0969	E	WHEELCHAIR NARROWING DEVICE				Not Allowed	\$0.00			000	999	-
E0970	E	WHEELCHAIR NO. 2 FOOTPLATES				Not Allowed	\$0.00			000	999	-
E0971	E	WHEELCHAIR ANTI-TIPPING DEVI				Not Allowed	\$0.00			000	999	-
E0973	E	W/CH ACCESS DET ADJ ARMREST				Not Allowed	\$0.00			000	999	-
E0974	E	W/CH ACCESS ANTI-ROLLBACK				Not Allowed	\$0.00			000	999	-
E0978	E	W/C ACC.SAF BELT PELV STRAP				Not Allowed	\$0.00			000	999	-
E0980	E	WHEELCHAIR SAFETY VEST				Not Allowed	\$0.00			000	999	-
E0981	E	SEAT UPHOLSTERY, REPLACEMENT				Not Allowed	\$0.00			000	999	-
E0982	E	BACK UPHOLSTERY, REPLACEMENT				Not Allowed	\$0.00			000	999	-
E0983	E	ADD PWR JOYSTICK				Not Allowed	\$0.00			000	999	-
E0984	E	ADD PWR TILLER				Not Allowed	\$0.00			000	999	-
E0985	E	W/C SEAT LIFT MECHANISM				Not Allowed	\$0.00			000	999	-
E0986	E	MAN W/C PUSH-RIM POWR SYSTEM				Not Allowed	\$0.00			000	999	-
E0988	E	LEVER-ACTIVATED WHEEL DRIVE				Not Allowed	\$0.00			000	999	-
E0990	E	WHEELCHAIR ELEVATING LEG RES				Not Allowed	\$0.00			000	999	-
E0992	E	WHEELCHAIR SOLID SEAT INSERT				Not Allowed	\$0.00			100	999	-
E0994	E	WHEELCHAIR ARM REST				Not Allowed	\$0.00			000	999	-
E0995	E	WC CALF REST, PAD REPLACEMNT				Not Allowed	\$0.00			000	999	-
E1002	E	PWR SEAT TILT				Not Allowed	\$0.00			000	999	-
E1003	E	PWR SEAT RECLINE				Not Allowed	\$0.00			000	999	-
E1004	E	PWR SEAT RECLINE MECH				Not Allowed	\$0.00			000	999	-
E1005	E	PWR SEAT RECLINE PWR				Not Allowed	\$0.00			000	999	-
E1006	E	PWR SEAT COMBO W/O SHEAR				Not Allowed	\$0.00			000	999	-
E1007	E	PWR SEAT COMBO W/SHEAR				Not Allowed	\$0.00			000	999	-
E1008	E	PWR SEAT COMBO PWR SHEAR				Not Allowed	\$0.00			000	999	-
E1009	E	ADD MECH LEG ELEVATION				Not Allowed	\$0.00			000	999	-
E1010	E	ADD PWR LEG ELEVATION				Not Allowed	\$0.00			000	999	-
E1011	E	PED WC MODIFY WIDTH ADJUSTM				Not Allowed	\$0.00			000	999	-
E1012	E	CTR MOUNT PWR ELEV LEG REST				Not Allowed	\$0.00			000	999	-
E1014	E	RECLINING BACK ADD PED W/C				Not Allowed	\$0.00			000	999	-
E1015	E	SHOCK ABSORBER FOR MAN W/C				Not Allowed	\$0.00			000	999	-
E1016	E	SHOCK ABSORBER FOR POWER W/C				Not Allowed	\$0.00			000	999	-
E1017	E	HD SHCK ABSRBR FOR HD MAN WC				Not Allowed	\$0.00			000	999	-
E1018	E	HD SHCK ABSRBER FOR HD POWWC				Not Allowed	\$0.00			000	999	-
E1020	E	RESIDUAL LIMB SUPPORT SYSTEM				Not Allowed	\$0.00			000	999	-
E1028	E	W/C MANUAL SWINGAWAY				Not Allowed	\$0.00			000	999	-
E1029	E	W/C VENT TRAY FIXED				Not Allowed	\$0.00			000	999	-
E1030	E	W/C VENT TRAY GIMBALED				Not Allowed	\$0.00			000	999	-
E1031	E	ROLLABOUT CHAIR WITH CASTERS				Not Allowed	\$0.00			000	999	-
E1035	E	PATIENT TRANSFER SYSTEM <300				Not Allowed	\$0.00			000	999	-
E1036	E	PATIENT TRANSFER SYSTEM >300				Not Allowed	\$0.00			000	999	-
E1037	E	TRANSPORT CHAIR, PED SIZE				Not Allowed	\$0.00			000	999	-
E1038	E	TRANSPORT CHAIR PT WT<=300LB				Not Allowed	\$0.00			000	999	-
E1039	E	TRANSPORT CHAIR PT WT >300LB				Not Allowed	\$0.00			000	999	-
E1050	E	WHELCHR FXD FULL LENGTH ARMS				Not Allowed	\$0.00			000	999	-
E1060	E	WHEELCHAIR DETACHABLE ARMS				Not Allowed	\$0.00			000	999	-
E1070	E	WHEELCHAIR DETACHABLE FOOT R				Not Allowed	\$0.00			000	999	-
E1083	E	HEMI-WHEELCHAIR FIXED ARMS				Not Allowed	\$0.00			000	999	-
E1084	E	HEMI-WHEELCHAIR DETACHABLE A				Not Allowed	\$0.00			000	999	-
E1085	E	HEMI-WHEELCHAIR FIXED ARMS				Not Allowed	\$0.00			000	999	-
E1086	E	HEMI-WHEELCHAIR DETACHABLE A				Not Allowed	\$0.00			000	999	-
E1087	E	WHEELCHAIR LIGHTWT FIXED ARM				Not Allowed	\$0.00			000	999	-
E1088	E	WHEELCHAIR LIGHTWEIGHT DET A				Not Allowed	\$0.00			000	999	-
E1089	E	WHEELCHAIR LIGHTWT FIXED ARM				Not Allowed	\$0.00			000	999	-
E1090	E	WHEELCHAIR LIGHTWEIGHT DET A				Not Allowed	\$0.00			000	999	-
E1092	E	WHEELCHAIR WIDE W/ LEG RESTS				Not Allowed	\$0.00			000	999	-
E1093	E	WHEELCHAIR WIDE W/ FOOT REST				Not Allowed	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
E1100	E	WHCHR S-RECL FXD ARM LEG RES				Not Allowed	\$0.00			000	999	-
E1110	E	WHEELCHAIR SEMI-RECL DETACH				Not Allowed	\$0.00			000	999	-
E1130	E	WHLCHR STAND FXD ARM FT REST				Not Allowed	\$0.00			000	999	-
E1140	E	WHEELCHAIR STANDARD DETACH A				Not Allowed	\$0.00			000	999	-
E1150	E	WHEELCHAIR STANDARD W/ LEG R				Not Allowed	\$0.00			000	999	-
E1160	E	WHEELCHAIR FIXED ARMS				Not Allowed	\$0.00			000	999	-
E1161	E	MANUAL ADULT WC W TILTINSPAC				Not Allowed	\$0.00			000	999	-
E1170	E	WHLCHR AMPU FXD ARM LEG REST				Not Allowed	\$0.00			000	999	-
E1171	E	WHEELCHAIR AMPUTEE W/O LEG R				Not Allowed	\$0.00			000	999	-
E1172	E	WHEELCHAIR AMPUTEE DETACH AR				Not Allowed	\$0.00			000	999	-
E1180	E	WHEELCHAIR AMPUTEE W/ FOOT R				Not Allowed	\$0.00			000	999	-
E1190	E	WHEELCHAIR AMPUTEE W/ LEG RE				Not Allowed	\$0.00			000	999	-
E1195	E	WHEELCHAIR AMPUTEE HEAVY DUT				Not Allowed	\$0.00			000	999	-
E1200	E	WHEELCHAIR AMPUTEE FIXED ARM				Not Allowed	\$0.00			000	999	-
E1220	E	WHLCHR SPECIAL SIZE/CONSTRC				Not Allowed	\$0.00			000	999	-
E1221	E	WHEELCHAIR SPEC SIZE W FOOT				Not Allowed	\$0.00			000	999	-
E1222	E	WHEELCHAIR SPEC SIZE W/ LEG				Not Allowed	\$0.00			000	999	-
E1223	E	WHEELCHAIR SPEC SIZE W FOOT				Not Allowed	\$0.00			000	999	-
E1224	E	WHEELCHAIR SPEC SIZE W/ LEG				Not Allowed	\$0.00			000	999	-
E1225	E	MANUAL SEMI-RECLINING BACK				Not Allowed	\$0.00			000	999	-
E1226	E	MANUAL FULLY RECLINING BACK				Not Allowed	\$0.00			000	999	-
E1227	E	WHEELCHAIR SPEC SZ SPEC HT A				Not Allowed	\$0.00			000	999	-
E1228	E	WHEELCHAIR SPEC SZ SPEC HT B				Not Allowed	\$0.00			000	999	-
E1229	E	PEDIATRIC WHEELCHAIR NOS				Not Allowed	\$0.00			000	999	-
E1230	E	POWER OPERATED VEHICLE				Not Allowed	\$0.00			000	999	-
E1231	E	RIGID PED W/C TILT-IN-SPACE				Not Allowed	\$0.00			000	999	-
E1232	E	FOLDING PED WC TILT-IN-SPACE				Not Allowed	\$0.00			000	999	-
E1233	E	RIG PED WC TLTNSPC W/O SEAT				Not Allowed	\$0.00			000	999	-
E1234	E	FLD PED WC TLTNSPC W/O SEAT				Not Allowed	\$0.00			000	999	-
E1235	E	RIGID PED WC ADJUSTABLE				Not Allowed	\$0.00			000	999	-
E1236	E	FOLDING PED WC ADJUSTABLE				Not Allowed	\$0.00			000	999	-
E1237	E	RGD PED WC ADJSTABL W/O SEAT				Not Allowed	\$0.00			000	999	-
E1238	E	FLD PED WC ADJSTABL W/O SEAT				Not Allowed	\$0.00			000	999	-
E1239	E	PED POWER WHEELCHAIR NOS				Not Allowed	\$0.00			000	999	-
E1240	E	WHCHR LITWT DET ARM LEG REST				Not Allowed	\$0.00			000	999	-
E1250	E	WHEELCHAIR LIGHTWT FIXED ARM				Not Allowed	\$0.00			000	999	-
E1260	E	WHEELCHAIR LIGHTWT FOOT REST				Not Allowed	\$0.00			000	999	-
E1270	E	WHEELCHAIR LIGHTWEIGHT LEG R				Not Allowed	\$0.00			000	999	-
E1280	E	WHCHR H-DUTY DET ARM LEG RES				Not Allowed	\$0.00			000	999	-
E1285	E	WHEELCHAIR HEAVY DUTY FIXED				Not Allowed	\$0.00			000	999	-
E1290	E	WHEELCHAIR HVY DUTY DETACH A				Not Allowed	\$0.00			000	999	-
E1295	E	WHEELCHAIR HEAVY DUTY FIXED				Not Allowed	\$0.00			000	999	-
E1296	E	WHEELCHAIR SPECIAL SEAT HEIG				Not Allowed	\$0.00			000	999	-
E1297	E	WHEELCHAIR SPECIAL SEAT DEPT				Not Allowed	\$0.00			000	999	-
E1298	E	WHEELCHAIR SPEC SEAT DEPTH/W				Not Allowed	\$0.00			000	999	-
E1300	E	WHIRLPOOL PORTABLE				Not Allowed	\$0.00			000	999	-
E1310	E	WHIRLPOOL NON-PORTABLE				Not Allowed	\$0.00			000	999	-
E1352	E	O2 FLOW REG POS INSPIR PRESS				Not Allowed	\$0.00			000	999	-
E1353	E	OXYGEN SUPPLIES REGULATOR				Not Allowed	\$0.00			000	999	-
E1354	E	WHEELED CART, PORT CYL/CONC				Not Allowed	\$0.00			000	999	-
E1355	E	OXYGEN SUPPLIES STAND/RACK				Not Allowed	\$0.00			000	999	-
E1356	E	BATT PACK/CART, PORT CONC				Not Allowed	\$0.00			000	999	-
E1357	E	BATTERY CHARGER, PORT CONC				Not Allowed	\$0.00			000	999	-
E1358	E	DC POWER ADAPTER, PORT CONC				Not Allowed	\$0.00			000	999	-
E1372	E	OXY SUPPL HEATER FOR NEBULIZ				Not Allowed	\$0.00			000	999	-
E1390	E	OXYGEN CONCENTRATOR				Not Allowed	\$0.00			000	999	-
E1391	E	OXYGEN CONCENTRATOR, DUAL				Not Allowed	\$0.00			000	999	-

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

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
E1392	E	PORTABLE OXYGEN CONCENTRATOR				Not Allowed	\$0.00			000	999	-
E1399	E	DURABLE MEDICAL EQUIPMENT MI				Not Allowed	\$0.00			000	999	-
E1405	E	O2/WATER VAPOR ENRICH W/HEAT				Not Allowed	\$0.00			000	999	-
E1406	E	O2/WATER VAPOR ENRICH W/O HE				Not Allowed	\$0.00			000	999	-
E1500	E	CENTRIFUGE				Not Allowed	\$0.00			000	999	-
E1510	E	KIDNEY DIALYSATE DELIVRY SYS				Not Allowed	\$0.00			000	999	-
E1520	E	HEPARIN INFUSION PUMP				Not Allowed	\$0.00			000	999	-
E1530	E	REPLACEMENT AIR BUBBLE DETEC				Not Allowed	\$0.00			000	999	-
E1540	E	REPLACEMENT PRESSURE ALARM				Not Allowed	\$0.00			000	999	-
E1550	E	BATH CONDUCTIVITY METER				Not Allowed	\$0.00			000	999	-
E1560	E	REPLACE BLOOD LEAK DETECTOR				Not Allowed	\$0.00			000	999	-
E1570	E	ADJUSTABLE CHAIR FOR ESRD PT				Not Allowed	\$0.00			000	999	-
E1575	E	TRANSDUCER PROTECT/FLD BAR				Not Allowed	\$0.00			000	999	-
E1580	E	UNIPUNCTURE CONTROL SYSTEM				Not Allowed	\$0.00			000	999	-
E1590	E	HEMODIALYSIS MACHINE				Not Allowed	\$0.00			000	999	-
E1592	E	AUTO INTERM PERITONEAL DIALY				Not Allowed	\$0.00			000	999	-
E1594	E	CYCLER DIALYSIS MACHINE				Not Allowed	\$0.00			000	999	-
E1600	E	DELI/INSTALL CHRG HEMO EQUIP				Not Allowed	\$0.00			000	999	-
E1610	E	REVERSE OSMOSIS H2O PURI SYS				Not Allowed	\$0.00			000	999	-
E1615	E	DEIONIZER H2O PURI SYSTEM				Not Allowed	\$0.00			000	999	-
E1620	E	REPLACEMENT BLOOD PUMP				Not Allowed	\$0.00			000	999	-
E1625	E	WATER SOFTENING SYSTEM				Not Allowed	\$0.00			000	999	-
E1630	E	RECIPROCATING PERITONEAL DIA				Not Allowed	\$0.00			000	999	-
E1632	E	WEARABLE ARTIFICIAL KIDNEY				Not Allowed	\$0.00			000	999	-
E1634	E	PERITONEAL DIALYSIS CLAMP				Not Allowed	\$0.00			000	999	-
E1635	E	COMPACT TRAVEL HEMODIALYZER				Not Allowed	\$0.00			000	999	-
E1636	E	SORBENT CARTRIDGES PER 10				Not Allowed	\$0.00			000	999	-
E1637	E	HEMOSTATS FOR DIALYSIS, EACH				Not Allowed	\$0.00			000	999	-
E1639	E	SCALE, EACH				Not Allowed	\$0.00			000	999	-
E1699	E	DIALYSIS EQUIPMENT NOC				Not Allowed	\$0.00			000	999	-
E1700	E	JAW MOTION REHAB SYSTEM				Not Allowed	\$0.00			000	999	-
E1701	E	REPL CUSHIONS FOR JAW MOTION				Not Allowed	\$0.00			000	999	-
E1702	E	REPL MEASR SCALES JAW MOTION				Not Allowed	\$0.00			000	999	-
E1800	E	ADJUST ELBOW EXT/FLEX DEVICE				Not Allowed	\$0.00			000	999	-
E1801	E	SPS ELBOW DEVICE				Not Allowed	\$0.00			000	999	-
E1802	E	ADJUST FOREARM PRO/SUP DEVICE				Not Allowed	\$0.00			000	999	-
E1805	E	ADJUST WRIST EXT/FLEX DEVICE				Not Allowed	\$0.00			000	999	-
E1806	E	SPS WRIST DEVICE				Not Allowed	\$0.00			000	999	-
E1810	E	ADJUST KNEE EXT/FLEX DEVICE				Not Allowed	\$0.00			000	999	-
E1811	E	SPS KNEE DEVICE				Not Allowed	\$0.00			000	999	-
E1812	E	KNEE EXT/FLEX W ACT RES CTRL				Not Allowed	\$0.00			000	999	-
E1815	E	ADJUST ANKLE EXT/FLEX DEVICE				Not Allowed	\$0.00			000	999	-
E1816	E	SPS ANKLE DEVICE				Not Allowed	\$0.00			000	999	-
E1818	E	SPS FOREARM DEVICE				Not Allowed	\$0.00			000	999	-
E1820	E	SOFT INTERFACE MATERIAL				Not Allowed	\$0.00			000	999	-
E1821	E	REPLACEMENT INTERFACE SPSD				Not Allowed	\$0.00			000	999	-
E1825	E	ADJUST FINGER EXT/FLEX DEVC				Not Allowed	\$0.00			000	999	-
E1830	E	ADJUST TOE EXT/FLEX DEVICE				Not Allowed	\$0.00			000	999	-
E1831	E	STATIC STR TOE DEV EXT/FLEX				Not Allowed	\$0.00			000	999	-
E1840	E	ADJ SHOULDER EXT/FLEX DEVICE				Not Allowed	\$0.00			000	999	-
E1841	E	STATIC STR SHLDR DEV ROM ADJ				Not Allowed	\$0.00			000	999	-
E1902	E	AAC NON-ELECTRONIC BOARD				Not Allowed	\$0.00			000	999	-
E2000	E	GASTRIC SUCTION PUMP HME MDL				Not Allowed	\$0.00			000	999	-
E2100	E	BLD GLUCOSE MONITOR W VOICE				Not Allowed	\$0.00			000	999	-
E2101	E	BLD GLUCOSE MONITOR W LANCE				Not Allowed	\$0.00			000	999	-
E2120	E	PULSE GEN SYS TX ENDOLYMP FL				Not Allowed	\$0.00			000	999	-
E2201	E	MAN W/CH ACC SEAT W>=20"<24"				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
E2202	E	SEAT WIDTH 24-27 IN				Not Allowed	\$0.00			000	999	-
E2203	E	FRAME DEPTH LESS THAN 22 IN				Not Allowed	\$0.00			000	999	-
E2204	E	FRAME DEPTH 22 TO 25 IN				Not Allowed	\$0.00			000	999	-
E2205	E	MANUAL WC ACCESSORY, HANDRIM				Not Allowed	\$0.00			000	999	-
E2206	E	MAN WC WHL LOCK COMP REPL EA				Not Allowed	\$0.00			000	999	-
E2207	E	CRUTCH AND CANE HOLDER				Not Allowed	\$0.00			000	999	-
E2208	E	CYLINDER TANK CARRIER				Not Allowed	\$0.00			000	999	-
E2209	E	ARM TROUGH EACH				Not Allowed	\$0.00			000	999	-
E2210	E	WHEELCHAIR BEARINGS				Not Allowed	\$0.00			000	999	-
E2211	E	PNEUMATIC PROPULSION TIRE				Not Allowed	\$0.00			000	999	-
E2212	E	PNEUMATIC PROP TIRE TUBE				Not Allowed	\$0.00			000	999	-
E2213	E	PNEUMATIC PROP TIRE INSERT				Not Allowed	\$0.00			000	999	-
E2214	E	PNEUMATIC CASTER TIRE EACH				Not Allowed	\$0.00			000	999	-
E2215	E	PNEUMATIC CASTER TIRE TUBE				Not Allowed	\$0.00			000	999	-
E2216	E	FOAM FILLED PROPULSION TIRE				Not Allowed	\$0.00			000	999	-
E2217	E	FOAM FILLED CASTER TIRE EACH				Not Allowed	\$0.00			000	999	-
E2218	E	FOAM PROPULSION TIRE EACH				Not Allowed	\$0.00			000	999	-
E2219	E	FOAM CASTER TIRE ANY SIZE EA				Not Allowed	\$0.00			000	999	-
E2220	E	SOLID PROPULS TIRE, REPL, EA				Not Allowed	\$0.00			000	999	-
E2221	E	SOLID CASTER TIRE REPL, EACH				Not Allowed	\$0.00			000	999	-
E2222	E	SOLID CASTER INTEG WHL, REPL				Not Allowed	\$0.00			000	999	-
E2224	E	PROPULSION WHL EXCL TIRE REP				Not Allowed	\$0.00			000	999	-
E2225	E	CASTER WHEEL EXCLUDES TIRE				Not Allowed	\$0.00			000	999	-
E2226	E	CASTER FORK REPLACEMENT ONLY				Not Allowed	\$0.00			000	999	-
E2227	E	GEAR REDUCTION DRIVE WHEEL				Not Allowed	\$0.00			000	999	-
E2228	E	MWC ACC, WHEELCHAIR BRAKE				Not Allowed	\$0.00			000	999	-
E2230	E	MANUAL STANDING SYSTEM				Not Allowed	\$0.00			000	999	-
E2231	E	SOLID SEAT SUPPORT BASE				Not Allowed	\$0.00			000	999	-
E2291	E	PLANAR BACK FOR PED SIZE WC				Not Allowed	\$0.00			000	999	-
E2292	E	PLANAR SEAT FOR PED SIZE WC				Not Allowed	\$0.00			000	999	-
E2293	E	CONTOUR BACK FOR PED SIZE WC				Not Allowed	\$0.00			000	999	-
E2294	E	CONTOUR SEAT FOR PED SIZE WC				Not Allowed	\$0.00			000	999	-
E2295	E	PED DYNAMIC SEATING FRAME				Not Allowed	\$0.00			000	999	-
E2300	E	PWR SEAT ELEVATION SYS				Not Allowed	\$0.00			000	999	-
E2301	E	PWR STANDING				Not Allowed	\$0.00			000	999	-
E2310	E	ELECTRO CONNECT BTW CONTROL				Not Allowed	\$0.00			000	999	-
E2311	E	ELECTRO CONNECT BTW 2 SYS				Not Allowed	\$0.00			000	999	-
E2312	E	MINI-PROP REMOTE JOYSTICK				Not Allowed	\$0.00			000	999	-
E2313	E	PWC HARNESS, EXPAND CONTROL				Not Allowed	\$0.00			000	999	-
E2321	E	HAND INTERFACE JOYSTICK				Not Allowed	\$0.00			000	999	-
E2322	E	MULT MECH SWITCHES				Not Allowed	\$0.00			000	999	-
E2323	E	SPECIAL JOYSTICK HANDLE				Not Allowed	\$0.00			000	999	-
E2324	E	CHIN CUP INTERFACE				Not Allowed	\$0.00			000	999	-
E2325	E	SIP AND PUFF INTERFACE				Not Allowed	\$0.00			000	999	-
E2326	E	BREATH TUBE KIT				Not Allowed	\$0.00			000	999	-
E2327	E	HEAD CONTROL INTERFACE MECH				Not Allowed	\$0.00			000	999	-
E2328	E	HEAD/EXTREMITY CONTROL INTER				Not Allowed	\$0.00			000	999	-
E2329	E	HEAD CONTROL NONPROPORTIONAL				Not Allowed	\$0.00			000	999	-
E2330	E	HEAD CONTROL PROXIMITY SWITC				Not Allowed	\$0.00			000	999	-
E2331	E	ATTENDANT CONTROL				Not Allowed	\$0.00			000	999	-
E2340	E	W/C WDTN 20-23 IN SEAT FRAME				Not Allowed	\$0.00			000	999	-
E2341	E	W/C WDTN 24-27 IN SEAT FRAME				Not Allowed	\$0.00			000	999	-
E2342	E	W/C DPTH 20-21 IN SEAT FRAME				Not Allowed	\$0.00			000	999	-
E2343	E	W/C DPTH 22-25 IN SEAT FRAME				Not Allowed	\$0.00			000	999	-
E2351	E	ELECTRONIC SGD INTERFACE				Not Allowed	\$0.00			000	999	-
E2358	E	GR 34 NONSEALED LEADACID				Not Allowed	\$0.00			000	999	-
E2359	E	GR34 SEALED LEADACID BATTERY				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
E2360	E	22NF NONSEALED LEADACID				Not Allowed	\$0.00			000	999	-
E2361	E	22NF SEALED LEADACID BATTERY				Not Allowed	\$0.00			000	999	-
E2362	E	GR24 NONSEALED LEADACID				Not Allowed	\$0.00			000	999	-
E2363	E	GR24 SEALED LEADACID BATTERY				Not Allowed	\$0.00			000	999	-
E2364	E	U1NONSEALED LEADACID BATTERY				Not Allowed	\$0.00			000	999	-
E2365	E	U1 SEALED LEADACID BATTERY				Not Allowed	\$0.00			000	999	-
E2366	E	BATTERY CHARGER, SINGLE MODE				Not Allowed	\$0.00			000	999	-
E2367	E	BATTERY CHARGER, DUAL MODE				Not Allowed	\$0.00			000	999	-
E2368	E	PWR WC DRIVEWHEEL MOTOR REPL				Not Allowed	\$0.00			000	999	-
E2369	E	PWR WC DRIVEWHEEL GEAR REPL				Not Allowed	\$0.00			000	999	-
E2370	E	PWR WC DR WH MOTOR/GEAR COMB				Not Allowed	\$0.00			000	999	-
E2371	E	GR27 SEALED LEADACID BATTERY				Not Allowed	\$0.00			000	999	-
E2372	E	GR27 NON-SEALED LEADACID				Not Allowed	\$0.00			000	999	-
E2373	E	HAND/CHIN CTRL SPEC JOYSTICK				Not Allowed	\$0.00			000	999	-
E2374	E	HAND/CHIN CTRL STD JOYSTICK				Not Allowed	\$0.00			000	999	-
E2375	E	NON-EXPANDABLE CONTROLLER				Not Allowed	\$0.00			000	999	-
E2376	E	EXPANDABLE CONTROLLER, REPL				Not Allowed	\$0.00			000	999	-
E2377	E	EXPANDABLE CONTROLLER, INITL				Not Allowed	\$0.00			000	999	-
E2378	E	PW ACTUATOR REPLACEMENT				Not Allowed	\$0.00			000	999	-
E2381	E	PNEUM DRIVE WHEEL TIRE				Not Allowed	\$0.00			000	999	-
E2382	E	TUBE, PNEUM WHEEL DRIVE TIRE				Not Allowed	\$0.00			000	999	-
E2383	E	INSERT, PNEUM WHEEL DRIVE				Not Allowed	\$0.00			000	999	-
E2384	E	PNEUMATIC CASTER TIRE				Not Allowed	\$0.00			000	999	-
E2385	E	TUBE, PNEUMATIC CASTER TIRE				Not Allowed	\$0.00			000	999	-
E2386	E	FOAM FILLED DRIVE WHEEL TIRE				Not Allowed	\$0.00			000	999	-
E2387	E	FOAM FILLED CASTER TIRE				Not Allowed	\$0.00			000	999	-
E2388	E	FOAM DRIVE WHEEL TIRE				Not Allowed	\$0.00			000	999	-
E2389	E	FOAM CASTER TIRE				Not Allowed	\$0.00			000	999	-
E2390	E	SOLID DRIVE WHEEL TIRE				Not Allowed	\$0.00			000	999	-
E2391	E	SOLID CASTER TIRE				Not Allowed	\$0.00			000	999	-
E2392	E	SOLID CASTER TIRE, INTEGRATE				Not Allowed	\$0.00			000	999	-
E2394	E	DRIVE WHEEL EXCLUDES TIRE				Not Allowed	\$0.00			000	999	-
E2395	E	CASTER WHEEL EXCLUDES TIRE				Not Allowed	\$0.00			000	999	-
E2396	E	CASTER FORK				Not Allowed	\$0.00			000	999	-
E2397	E	PWC ACC, LITH-BASED BATTERY				Not Allowed	\$0.00			000	999	-
E2398	E	WC DYNAMIC POS BACK HARDWARE				Not Allowed	\$0.00			000	999	-
E2402	E	NEG PRESS WOUND THERAPY PUMP				Not Allowed	\$0.00			000	999	-
E2500	E	SGD DIGITIZED PRE-REC <=8MIN				Not Allowed	\$0.00			000	999	-
E2502	E	SGD PREREC MSG >8MIN <=20MIN				Not Allowed	\$0.00			000	999	-
E2504	E	SGD PREREC MSG>20MIN <=40MIN				Not Allowed	\$0.00			000	999	-
E2506	E	SGD PREREC MSG > 40 MIN				Not Allowed	\$0.00			000	999	-
E2508	E	SGD SPELLING PHYS CONTACT				Not Allowed	\$0.00			000	999	-
E2510	E	SGD W MULTI METHODS MSG/ACCS				Not Allowed	\$0.00			000	999	-
E2511	E	SGD SFTWRE PRGRM FOR PC/PDA				Not Allowed	\$0.00			000	999	-
E2512	E	SGD ACCESSORY, MOUNTING SYS				Not Allowed	\$0.00			000	999	-
E2599	E	SGD ACCESSORY NOC				Not Allowed	\$0.00			000	999	-
E2601	E	GEN W/C CUSHION WDTN < 22 IN				Not Allowed	\$0.00			000	999	-
E2602	E	GEN W/C CUSHION WDTN >=22 IN				Not Allowed	\$0.00			000	999	-
E2603	E	SKIN PROTECT WC CUS WD <22IN				Not Allowed	\$0.00			000	999	-
E2604	E	SKIN PROTECT WC CUS WD>=22IN				Not Allowed	\$0.00			000	999	-
E2605	E	POSITION WC CUSH WDTN <22 IN				Not Allowed	\$0.00			000	999	-
E2606	E	POSITION WC CUSH WDTN>=22 IN				Not Allowed	\$0.00			000	999	-
E2607	E	SKIN PRO/POS WC CUS WD <22IN				Not Allowed	\$0.00			000	999	-
E2608	E	SKIN PRO/POS WC CUS WD>=22IN				Not Allowed	\$0.00			000	999	-
E2609	E	CUSTOM FABRICATE W/C CUSHION				Not Allowed	\$0.00			000	999	-
E2610	E	POWERED W/C CUSHION				Not Allowed	\$0.00			000	999	-
E2611	E	GEN USE BACK CUSH WDTN <22IN				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
E2612	E	GEN USE BACK CUSH WIDTH>=22IN				Not Allowed	\$0.00			000	999	-
E2613	E	POSITION BACK CUSH WD <22IN				Not Allowed	\$0.00			000	999	-
E2614	E	POSITION BACK CUSH WD>=22IN				Not Allowed	\$0.00			000	999	-
E2615	E	POS BACK POST/LAT WIDTH <22IN				Not Allowed	\$0.00			000	999	-
E2616	E	POS BACK POST/LAT WIDTH>=22IN				Not Allowed	\$0.00			000	999	-
E2617	E	CUSTOM FAB W/C BACK CUSHION				Not Allowed	\$0.00			000	999	-
E2619	E	REPLACE COVER W/C SEAT CUSH				Not Allowed	\$0.00			000	999	-
E2620	E	WC PLANAR BACK CUSH WD <22IN				Not Allowed	\$0.00			000	999	-
E2621	E	WC PLANAR BACK CUSH WD>=22IN				Not Allowed	\$0.00			000	999	-
E2622	E	ADJ SKIN PRO W/C CUS WD<22IN				Not Allowed	\$0.00			000	999	-
E2623	E	ADJ SKIN PRO WC CUS WD>=22IN				Not Allowed	\$0.00			000	999	-
E2624	E	ADJ SKIN PRO/POS CUS<22IN				Not Allowed	\$0.00			000	999	-
E2625	E	ADJ SKIN PRO/POS WC CUS>=22				Not Allowed	\$0.00			000	999	-
E2626	E	SEO MOBILE ARM SUP ATT TO WC				Not Allowed	\$0.00			000	999	-
E2627	E	ARM SUPP ATT TO WC RANCHO TY				Not Allowed	\$0.00			000	999	-
E2628	E	MOBILE ARM SUPPORTS RECLININ				Not Allowed	\$0.00			000	999	-
E2629	E	FRICTION DAMPENING ARM SUPP				Not Allowed	\$0.00			000	999	-
E2630	E	MONOSUSPENSION ARM/HAND SUPP				Not Allowed	\$0.00			000	999	-
E2631	E	ELEVAT PROXIMAL ARM SUPPORT				Not Allowed	\$0.00			000	999	-
E2632	E	OFFSET/LAT ROCKER ARM W/ELA				Not Allowed	\$0.00			000	999	-
E2633	E	MOBILE ARM SUPPORT SUPINATOR				Not Allowed	\$0.00			000	999	-
E8000	E	POSTERIOR GAIT TRAINER				Not Allowed	\$0.00			000	999	-
E8001	E	UPRIGHT GAIT TRAINER				Not Allowed	\$0.00			000	999	-
E8002	E	ANTERIOR GAIT TRAINER				Not Allowed	\$0.00			000	999	-
G0008	E	ADMIN INFLUENZA VIRUS VAC				Not Allowed	\$0.00			000	999	-
G0009	E	ADMIN PNEUMOCOCCAL VACCINE				Not Allowed	\$0.00			000	999	-
G0010	E	ADMIN HEPATITIS B VACCINE				Not Allowed	\$0.00			000	999	-
G0027	E	SEMEN ANALYSIS				Not Allowed	\$0.00			000	999	-
G0068	E	ADM IV INFUSION DRUG IN HOME				Not Allowed	\$0.00			000	999	-
G0069	E	ADM SQ INFUSION DRUG IN HOME				Not Allowed	\$0.00			000	999	-
G0070	E	ADM OF CHEMO DRUG IN HOME				Not Allowed	\$0.00			000	999	-
G0071	E	COMM SVCS BY RHC/FQHC 5 MIN				Not Allowed	\$0.00			000	999	-
G0076	E	CARE MANAG H VST NEW PT 20 M				Not Allowed	\$0.00			000	999	-
G0077	E	CARE MANAG H VST NEW PT 30 M				Not Allowed	\$0.00			000	999	-
G0078	E	CARE MANAG H VST NEW PT 45 M				Not Allowed	\$0.00			000	999	-
G0079	E	CARE MANAG H VST NEW PT 60 M				Not Allowed	\$0.00			000	999	-
G0080	E	CARE MANAG H VST NEW PT 75 M				Not Allowed	\$0.00			000	999	-
G0081	E	CARE MAN H V EXT PT 20 MI				Not Allowed	\$0.00			000	999	-
G0082	E	CARE MAN H V EXT PT 30 M				Not Allowed	\$0.00			000	999	-
G0083	E	CARE MAN H V EXT PT 45 M				Not Allowed	\$0.00			000	999	-
G0084	E	CARE MAN H V EXT PT 60 M				Not Allowed	\$0.00			000	999	-
G0085	E	CARE MAN H V EXT PT 75 M				Not Allowed	\$0.00			000	999	-
G0086	E	CARE MAN HOME CARE PLAN 30 M				Not Allowed	\$0.00			000	999	-
G0087	E	CARE MAN HOME CARE PLAN 60 M				Not Allowed	\$0.00			000	999	-
G0088	E	ADM IV DRUG 1ST HOME VISIT				Not Allowed	\$0.00			000	999	-
G0089	E	ADM SUBQ DRUG 1ST HOME VISIT				Not Allowed	\$0.00			000	999	-
G0090	E	ADM IV CHEMO 1ST HOME VISIT				Not Allowed	\$0.00			000	999	-
G0101	S	CA SCREEN;PELVIC/BREAST EXAM		05822	0.9043	APC	\$51.22			000	999	-
G0102	N	PROSTATE CA SCREENING; DRE				Bundled	\$0.00			000	999	-
G0103	Q	PSA SCREENING				Medicare	\$32.18	\$19.95	\$19.31	000	999	-
G0104	T	CA SCREEN;FLEXI SIGMOIDSCOPE		05311	9.5855	APC	\$542.92			000	999	-
G0105	T	COLORECTAL SCRIN; HI RISK IND		05311	9.5855	APC	\$542.92			000	999	-
G0106	S	COLON CA SCREEN;BARIUM ENEMA		05571	2.1565	APC	\$122.14			000	999	-
G0108	M	DIAB MANAGE TRN PER INDIV				Fee Schedule	\$63.02			000	999	-
G0109	M	DIAB MANAGE TRN IND/GROUP				Fee Schedule	\$17.50			000	999	-
G0117	S	GLAUCOMA SCRIN HGH RISK DIREC		05731	0.2980	APC	\$16.88			000	999	-
G0118	S	GLAUCOMA SCRIN HGH RISK DIREC		05732	0.4087	APC	\$23.15			000	999	-

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

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole Comm.	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees			
G0120	S	COLON CA SCRNI; BARIUM ENEMA		05572	4.4460	APC	\$251.82			000	999	-
G0121	T	COLON CA SCRNI NOT HI RSK IND		05311	9.5855	APC	\$542.92			000	999	-
G0122	E	COLON CA SCRNI; BARIUM ENEMA				Not Allowed	\$0.00			000	999	-
G0123	Q	SCREEN CERV/VAG THIN LAYER				Medicare	\$33.77	\$20.94	\$20.26	000	999	-
G0124	E	SCREEN C/V THIN LAYER BY MD				Not Allowed	\$0.00			000	999	-
G0127	N	TRIM NAIL(S)		05733	0.6722	Bundled, sometimes payable	\$38.07			000	999	-
G0128	E	CORF SKILLED NURSING SERVICE				Not Allowed	\$0.00			000	999	-
G0129	E	PARTIAL HOSP PROG SERVICE				Not Allowed	\$0.00			000	999	-
G0130	S	SINGLE ENERGY X-RAY STUDY		05522	1.3161	APC	\$74.54			000	999	-
G0141	E	SCR C/V CYTO,AUTOSYS AND MD				Not Allowed	\$0.00			000	999	-
G0143	Q	SCR C/V CYTO,THINLAYER,RESCR				Medicare	\$45.08	\$27.95	\$27.05	000	999	-
G0144	Q	SCR C/V CYTO,THINLAYER,RESCR				Medicare	\$73.28	\$45.43	\$43.97	000	999	-
G0145	Q	SCR C/V CYTO,THINLAYER,RESCR				Medicare	\$44.15	\$27.37	\$26.49	000	999	-
G0147	Q	SCR C/V CYTO, AUTOMATED SYS				Medicare	\$25.25	\$15.66	\$15.15	000	999	-
G0148	Q	SCR C/V CYTO, AUTOSYS, RESCR				Medicare	\$53.23	\$33.00	\$31.94	000	999	-
G0151	M	HHCP-SERV OF PT,EA 15 MIN				Fee Schedule	\$0.00			000	999	-
G0152	M	HHCP-SERV OF OT,EA 15 MIN				Fee Schedule	\$0.00			000	999	-
G0153	M	HHCP-SVS OF S/L PATH,EA 15MN				Fee Schedule	\$0.00			000	999	-
G0155	M	HHCP-SVS OF CSW,EA 15 MIN				Fee Schedule	\$0.00			000	999	-
G0156	M	HHCP-SVS OF AIDE,EA 15 MIN				Fee Schedule	\$0.00			000	999	-
G0157	E	HHC PT ASSISTANT EA 15				Not Allowed	\$0.00			000	999	-
G0158	E	HHC OT ASSISTANT EA 15				Not Allowed	\$0.00			000	999	-
G0159	E	HHC PT MAINT EA 15 MIN				Not Allowed	\$0.00			000	999	-
G0160	E	HHC OCCUP THERAPY EA 15				Not Allowed	\$0.00			000	999	-
G0161	E	HHC SLP EA 15 MIN				Not Allowed	\$0.00			000	999	-
G0162	E	HHC RN E&M PLAN SVS, 15 MIN				Not Allowed	\$0.00			000	999	-
G0166	N	EXTRNL COUNTERPULSE, PER TX		05734	1.3521	Bundled, sometimes payable	\$76.58			000	999	-
G0168	E	WOUND CLOSURE BY ADHESIVE				Not Allowed	\$0.00			000	999	-
G0175	V	OPPS SERVICE,SCHED TEAM CONF		05024	4.3931	APC	\$248.83			000	999	-
G0176	E	OPPS/PHP;ACTIVITY THERAPY				Not Allowed	\$0.00			000	999	-
G0177	E	OPPS/PHP; TRAIN & EDUC SERV				Not Allowed	\$0.00			000	999	-
G0179	E	MD RECERTIFICATION HHA PT				Not Allowed	\$0.00			000	999	-
G0180	E	MD CERTIFICATION HHA PATIENT				Not Allowed	\$0.00			000	999	-
G0181	E	HOME HEALTH CARE SUPERVISION				Not Allowed	\$0.00			000	999	-
G0182	E	HOSPICE CARE SUPERVISION				Not Allowed	\$0.00			000	999	-
G0186	T	DSTRY EYE LESN,FDR VSSL TECH		05481	6.0855	APC	\$344.68			000	999	-
G0219	E	PET IMG WHOLBOD MELANO NONCO				Not Allowed	\$0.00			000	999	-
G0235	E	PET NOT OTHERWISE SPECIFIED				Not Allowed	\$0.00			000	999	-
G0237	S	THERAPEUTIC PROCD STRG ENDUR		05731	0.2980	APC	\$16.88			000	999	-
G0238	S	OTH RESP PROC, INDIV		05731	0.2980	APC	\$16.88			000	999	-
G0239	S	OTH RESP PROC, GROUP		05732	0.4087	APC	\$23.15			000	999	-
G0245	M	INITIAL FOOT EXAM PT LOPS				Fee Schedule	\$0.00			000	999	-
G0246	M	FOLLOWUP EVAL OF FOOT PT LOP				Fee Schedule	\$0.00			000	999	-
G0247	N	ROUTINE FOOTCARE PT W LOPS		05051	2.1685	Bundled, sometimes payable	\$122.82			000	999	-
G0248	M	DEMONSTRATE USE HOME INR MON				Fee Schedule	\$0.00			000	999	-
G0249	M	PROVIDE INR TEST MATER/EQUIP				Fee Schedule	\$0.00			000	999	-
G0250	E	MD INR TEST REVIE INTER MGMT				Not Allowed	\$0.00			000	999	-
G0252	E	PET IMAGING INITIAL DX				Not Allowed	\$0.00			000	999	-
G0255	E	CURRENT PERCEP THRESHOLD TST				Not Allowed	\$0.00			000	999	-
G0257	S	UNSCHED DIALYSIS ESRD PT HOS		05401	7.9030	APC	\$447.63			000	999	-
G0259	N	INJECT FOR SACROILIAC JOINT				Bundled	\$0.00			000	999	-
G0260	T	INJ FOR SACROILIAC JT ANESTH		05442	7.6644	APC	\$434.11			000	999	-
G0268	N	REMOVAL OF IMPACTED WAX MD				Bundled	\$0.00			000	999	-
G0269	N	OCCLUSIVE DEVICE IN VEIN ART				Bundled	\$0.00			000	999	-
G0270	M	MNT SUBS TX FOR CHANGE DX				Fee Schedule	\$32.24			000	020	-
G0271	M	GROUP MNT 2 OR MORE 30 MINS				Fee Schedule	\$17.90			000	020	-
G0276	N	PILD/PLACEBO CONTROL CLIN TR		05114	75.6664	Bundled, sometimes payable	\$4,285.74			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
G0277	S	HBOT, FULL BODY CHAMBER, 30M		05061	1.4406	APC	\$81.60			000	999	-
G0278	N	ILIAC ART ANGIO,CARDIAC CATH				Bundled	\$0.00			000	999	-
G0279	M	TOMOSYNTHESIS, MAMMO				Fee Schedule	\$61.60			000	999	-
G0281	E	ELEC STIM UNATTEND FOR PRESS				Not Allowed	\$0.00			000	999	-
G0282	E	ELECT STIM WOUND CARE NOT PD				Not Allowed	\$0.00			000	999	-
G0283	Y	ELEC STIM OTHER THAN WOUND				Fee Schedule	\$15.53			000	999	-
G0288	N	RECON, CTA FOR SURG PLAN				Bundled	\$0.00			000	999	-
G0289	N	ARTHRO, LOOSE BODY + CHONDRO				Bundled	\$0.00			000	999	-
G0293	N	NON-COV SURG PROC,CLIN TRIAL		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
G0294	N	NON-COV PROC, CLINICAL TRIAL		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
G0295	E	ELECTROMAGNETIC THERAPY ONC				Not Allowed	\$0.00			000	999	-
G0296	S	VISIT TO DETERM LDCT ELIG		05822	0.9043	APC	\$51.22			000	999	-
G0299	M	HHS/HOSPICE OF RN EA 15 MIN				Fee Schedule	\$0.00			000	999	-
G0300	M	HHS/HOSPICE OF LPN EA 15 MIN				Fee Schedule	\$0.00			000	999	-
G0302	S	PRE-OP SERVICE LVRS COMPLETE		05723	5.8913	APC	\$333.68			000	999	-
G0303	S	PRE-OP SERVICE LVRS 10-15DOS		05722	3.1939	APC	\$180.90			000	999	-
G0304	S	PRE-OP SERVICE LVRS 1-9 DOS		05723	5.8913	APC	\$333.68			000	999	-
G0305	S	POST OP SERVICE LVRS MIN 6		05723	5.8913	APC	\$333.68			000	999	-
G0306	Q	CBC/DIFFWBC W/O PLATELET				Medicare	\$12.95	\$8.03	\$7.77	000	999	-
G0307	Q	CBC WITHOUT PLATELET				Medicare	\$10.78	\$6.68	\$6.47	000	999	-
G0328	Q	FECAL BLOOD SCRIN IMMUNOASSAY				Medicare	\$30.08	\$18.65	\$18.05	000	999	-
G0329	M	ELECTROMAGNTIC TX FOR ULCERS				Fee Schedule	\$0.00			000	999	-
G0333	E	DISPENSE FEE INITIAL 30 DAY				Not Allowed	\$0.00			000	999	-
G0337	M	HOSPICE EVALUATION PREELECTI				Fee Schedule	\$80.77			000	999	-
G0339	E	ROBOT LIN-RADSURG COM, FIRST				Not Allowed	\$0.00			000	999	-
G0340	E	ROBT LIN-RADSURG FRACTX 2-5				Not Allowed	\$0.00			000	999	-
G0341	C	PERCUTANEOUS ISLET CELLTRANS				Inpatient Only	\$0.00			000	020	-
G0342	C	LAPAROSCOPY ISLET CELL TRANS				Inpatient Only	\$0.00			000	020	-
G0343	C	LAPAROTOMY ISLET CELL TRANSP				Inpatient Only	\$0.00			000	020	-
G0372	E	MD SERVICE REQUIRED FOR PMD				Not Allowed	\$0.00			000	999	-
G0378	N	HOSPITAL OBSERVATION PER HR				Bundled	\$0.00			000	999	-
G0379	N	DIRECT REFER HOSPITAL OBSERV		05025	6.3060	Bundled, sometimes payable	\$357.17			000	999	-
G0380	E	LEV 1 HOSP TYPE B ED VISIT				Not Allowed	\$0.00			000	999	-
G0381	E	LEV 2 HOSP TYPE B ED VISIT				Not Allowed	\$0.00			000	999	-
G0382	E	LEV 3 HOSP TYPE B ED VISIT				Not Allowed	\$0.00			000	999	-
G0383	E	LEV 4 HOSP TYPE B ED VISIT				Not Allowed	\$0.00			000	999	-
G0384	E	LEV 5 HOSP TYPE B ED VISIT				Not Allowed	\$0.00			000	999	-
G0390	S	TRAUMA RESPONS W/HOSP CRITI		05045	11.3852	APC	\$644.86			000	999	-
G0396	S	ALCOHOL/SUBS INTERV 15-30MN		05821	0.3168	APC	\$17.94			000	999	-
G0397	S	ALCOHOL/SUBS INTERV >30 MIN		05823	1.6139	APC	\$91.41			000	999	-
G0398	S	HOME SLEEP TEST/TYPE 2 PORTA		05721	1.6854	APC	\$95.46			000	999	-
G0399	S	HOME SLEEP TEST/TYPE 3 PORTA		05721	1.6854	APC	\$95.46			000	999	-
G0400	S	HOME SLEEP TEST/TYPE 4 PORTA		05722	3.1939	APC	\$180.90			000	999	-
G0402	M	INITIAL PREVENTIVE EXAM				Fee Schedule	\$0.00			000	999	-
G0403	E	EKG FOR INITIAL PREVENT EXAM				Not Allowed	\$0.00			000	999	-
G0404	S	EKG TRACING FOR INITIAL PREV		05731	0.2980	APC	\$16.88			000	999	-
G0405	E	EKG INTERPRET & REPORT PREVE				Not Allowed	\$0.00			000	999	-
G0406	E	INPT/TELE FOLLOW UP 15				Not Allowed	\$0.00			000	999	-
G0407	E	INPT/TELE FOLLOW UP 25				Not Allowed	\$0.00			000	999	-
G0408	E	INPT/TELE FOLLOW UP 35				Not Allowed	\$0.00			000	999	-
G0409	E	CORF RELATED SERV 15 MINS EA				Not Allowed	\$0.00			000	999	-
G0410	E	GRP PSYCH PARTIAL HOSP 45-50				Not Allowed	\$0.00			000	999	-
G0411	E	INTER ACTIVE GRP PSYCH PARTI				Not Allowed	\$0.00			000	012	-
G0412	T	OPEN TX ILIAC SPINE UNI/BIL		05114	75.6664	APC	\$4,285.74			000	999	-
G0413	T	PELVIC RING FRACTURE UNI/BIL		05114	75.6664	APC	\$4,285.74			000	999	-
G0414	T	PELVIC RING FX TREAT INT FIX		05115	148.7344	APC	\$8,424.32			000	999	-
G0415	T	OPEN TX POST PELVIC FXCTURE		05115	148.7344	APC	\$8,424.32			000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
G0416	N	PROSTATE BIOPSY, ANY MTHD		05673	3.5177	Bundled, sometimes payable	\$199.24			000	999	-
G0420	E	ED SVC CKD IND PER SESSION				Not Allowed	\$0.00			000	999	-
G0421	E	ED SVC CKD GRP PER SESSION				Not Allowed	\$0.00			000	999	-
G0422	S	INTENS CARDIAC REHAB W/EXERC		05771	1.4018	APC	\$79.40			000	999	-
G0423	S	INTENS CARDIAC REHAB NO EXER		05771	1.4018	APC	\$79.40			000	999	-
G0424	S	PULMONARY REHAB W EXER		05733	0.6722	APC	\$38.07			000	999	-
G0425	E	INPT/ED TELECONSULT30				Not Allowed	\$0.00			000	999	-
G0426	E	INPT/ED TELECONSULT50				Not Allowed	\$0.00			000	999	-
G0427	E	INPT/ED TELECONSULT70				Not Allowed	\$0.00			000	999	-
G0428	E	COLLAGEN MENISCUS IMPLANT				Not Allowed	\$0.00			000	999	-
G0429	T	DERMAL FILLER INJECTION(S)		05054	20.7177	APC	\$1,173.45			000	999	-
G0432	Q	EIA HIV-1/HIV-2 SCREEN				Medicare	\$32.62	\$20.22	\$19.57	000	999	-
G0433	Q	ELISA HIV-1/HIV-2 SCREEN				Medicare	\$30.48	\$18.90	\$18.29	000	999	-
G0435	Q	ORAL HIV-1/HIV-2 SCREEN				Medicare	\$19.97	\$12.38	\$11.98	000	999	-
G0438	M	PPPS, INITIAL VISIT				Fee Schedule	\$0.00			000	999	-
G0439	M	PPPS, SUBSEQ VISIT				Fee Schedule	\$0.00			000	999	-
G0442	S	ANNUAL ALCOHOL SCREEN 15 MIN		05821	0.3168	APC	\$17.94			000	999	-
G0443	S	BRIEF ALCOHOL MISUSE COUNSEL		05822	0.9043	APC	\$51.22			000	999	-
G0444	S	DEPRESSION SCREEN ANNUAL		05821	0.3168	APC	\$17.94			000	999	-
G0445	S	HIGH INTEN BEH COUNS STD 30M		05822	0.9043	APC	\$51.22			000	999	-
G0446	S	INTENS BEHAVE THER CARDIO DX		05821	0.3168	APC	\$17.94			000	999	-
G0447	S	BEHAVIOR COUNSEL OBESITY 15M		05822	0.9043	APC	\$51.22			000	999	-
G0448	E	PLACE PERM PACING CARDIOVERT				Not Allowed	\$0.00			000	999	-
G0451	N	DEVELOPMENT TEST INTERPT&REP		05822	0.9043	Bundled, sometimes payable	\$51.22			000	999	-
G0452	E	MOLECULAR PATHOLOGY INTERPR				Not Allowed	\$0.00			000	999	-
G0453	N	CONT INTRAOP NEURO MONITOR				Bundled	\$0.00			000	999	-
G0454	E	MD DOCUMENT VISIT BY NPP				Not Allowed	\$0.00			000	999	-
G0455	N	FECAL MICROBIOTA PREP INSTIL		05301	9.7781	Bundled, sometimes payable	\$553.83			000	999	-
G0458	E	LDR PROSTATE BRACHY COMP RAT				Not Allowed	\$0.00			000	999	-
G0459	E	TELEHEALTH INPT PHARM MGMT				Not Allowed	\$0.00			000	999	-
G0460	T	AUTOLOGOUS PRP FOR ULCERS		05054	20.7177	APC	\$1,173.45			000	999	-
G0463	M	HOSPITAL OUTPT CLINIC VISIT				Fee Schedule	\$0.00			000	999	-
G0466	M	FQHC VISIT NEW PATIENT				Fee Schedule	\$0.00			000	999	-
G0467	M	FQHC VISIT, ESTAB PT				Fee Schedule	\$0.00			000	999	-
G0468	M	FQHC VISIT, IPPE OR AWW				Fee Schedule	\$0.00			000	999	-
G0469	M	FQHC VISIT, MH NEW PT				Fee Schedule	\$0.00			000	999	-
G0470	M	FQHC VISIT, MH ESTAB PT				Fee Schedule	\$0.00			000	999	-
G0471	Q	VEN BLOOD COLL SNF/HHA				Medicare	\$8.33	\$5.16	\$5.00	000	999	-
G0472	Q	HEP C SCREEN HIGH RISK/OTHER				Medicare	\$77.25	\$47.90	\$46.35	000	999	-
G0473	S	GROUP BEHAVE COUNS 2-10		05821	0.3168	APC	\$17.94			000	999	-
G0475	E	HIV COMBINATION ASSAY				Not Allowed	\$0.00			000	999	-
G0476	E	HPV COMBO ASSAY CA SCREEN				Not Allowed	\$0.00			000	999	-
G0480	Q	DRUG TEST DEF 1-7 CLASSES				Medicare	\$190.72	\$118.25	\$114.43	000	999	-
G0481	Q	DRUG TEST DEF 8-14 CLASSES				Medicare	\$260.98	\$161.81	\$156.59	000	999	-
G0482	Q	DRUG TEST DEF 15-21 CLASSES				Medicare	\$331.23	\$205.36	\$198.74	000	999	-
G0483	Q	DRUG TEST DEF 22+ CLASSES				Medicare	\$411.53	\$255.15	\$246.92	000	999	-
G0490	M	HOME VISIT RN, LPN BY RHC/FQ				Fee Schedule	\$0.00			000	999	-
G0491	E	DIALYSIS ACU KIDNEY NO ESRD				Not Allowed	\$0.00			000	999	-
G0492	E	MD/OTH EVAL ACUT KID NO ESRD				Not Allowed	\$0.00			000	999	-
G0493	E	RN CARE EA 15 MIN HH/HOSPICE				Not Allowed	\$0.00			000	999	-
G0494	E	LPN CARE EA 15MIN HH/HOSPICE				Not Allowed	\$0.00			000	999	-
G0495	E	RN CARE TRAIN/EDU IN HH				Not Allowed	\$0.00			000	999	-
G0496	E	LPN CARE TRAIN/EDU IN HH				Not Allowed	\$0.00			000	999	-
G0498	S	CHEMO EXTEND IV INFUS W/PUMP		05694	3.7532	APC	\$212.58			000	999	-
G0499	E	HEPB SCREEN HIGH RISK INDIV				Not Allowed	\$0.00			000	999	-
G0500	N	MOD SEDAT ENDO SERVICE >5YRS				Bundled	\$0.00			000	999	-
G0501	N	RESOURCE-INTEN SVC DURING OV				Bundled	\$0.00			000	999	-

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G0506	M	COMP ASSES CARE PLAN CCM SVC				Fee Schedule	\$0.00			000	999	-
G0508	E	CRIT CARE TELEHEA CONSULT 60				Not Allowed	\$0.00			000	999	-
G0509	E	CRIT CARE TELEHEA CONSULT 50				Not Allowed	\$0.00			000	999	-
G0511	E	CCM/BHI BY RHC/FQHC 20MIN MO				Not Allowed	\$0.00			000	999	-
G0512	E	COCM BY RHC/FQHC 60 MIN MO				Not Allowed	\$0.00			000	999	-
G0513	N	PROLONG PREV SVCS, FIRST 30M				Bundled	\$0.00			000	999	-
G0514	N	PROLONG PREV SVCS, ADDL 30M				Bundled	\$0.00			000	999	-
G0516	N	INSERT DRUG DEL IMPLANT, >=4		05735	3.2637	Bundled, sometimes payable	\$184.86			000	999	-
G0517	N	REMOVE DRUG IMPLANT		05735	3.2637	Bundled, sometimes payable	\$184.86			000	999	-
G0518	N	REMOVE W INSERT DRUG IMPLANT		05735	3.2637	Bundled, sometimes payable	\$184.86			000	999	-
G0659	Q	DRUG TEST DEF SIMPLE ALL CL				Medicare	\$103.57	\$64.21	\$62.14	000	999	-
G0911	E	ASSESS ACTIVITY SYMPTOMS				Not Allowed	\$0.00			000	999	-
G0912	E	NO ASSESS ACTIVITY SYMPTOMS				Not Allowed	\$0.00			000	999	-
G0913	E	IMPROVE VISUAL FUNCT				Not Allowed	\$0.00			000	999	-
G0914	E	SURVEY NOT COMPLETE				Not Allowed	\$0.00			000	999	-
G0915	E	NO IMPROVE VISUAL FUNCT				Not Allowed	\$0.00			000	999	-
G0916	E	SATISFY WITH CARE				Not Allowed	\$0.00			000	999	-
G0917	E	SATISFY SURVEY NOT COMPLETE				Not Allowed	\$0.00			000	999	-
G0918	E	NO SATISFY WITH CARE				Not Allowed	\$0.00			000	999	-
G1001	E	CDSM EVICORE				Not Allowed	\$0.00			000	999	-
G1002	E	CDSM MEDCURRENT				Not Allowed	\$0.00			000	999	-
G1003	E	CDSM MEDICALIS				Not Allowed	\$0.00			000	999	-
G1004	E	CDSM NDSC				Not Allowed	\$0.00			000	999	-
G1007	E	CDSM AIM				Not Allowed	\$0.00			000	999	-
G1008	E	CDSM CRANBERRY PK				Not Allowed	\$0.00			000	999	-
G1009	E	CDSM SAGE HEALTH				Not Allowed	\$0.00			000	999	-
G1010	E	CDSM STANSON				Not Allowed	\$0.00			000	999	-
G1011	E	CDSM QUALIFIED NOS				Not Allowed	\$0.00			000	999	-
G1012	E	CDSM AGILEMD				Not Allowed	\$0.00			000	999	-
G1013	E	CDSM EVIDENCECARE				Not Allowed	\$0.00			000	999	-
G1014	E	CDSM INVENIQ				Not Allowed	\$0.00			000	999	-
G1015	E	CDSM RELIANT				Not Allowed	\$0.00			000	999	-
G1016	E	CDSM SPEED OF CARE				Not Allowed	\$0.00			000	999	-
G1017	E	CDSM HEALTHHELP				Not Allowed	\$0.00			000	999	-
G1018	E	CDSM INFIX				Not Allowed	\$0.00			000	999	-
G1019	E	CDSM LOGICNETS				Not Allowed	\$0.00			000	999	-
G1020	E	CDSM CURBSIDE				Not Allowed	\$0.00			000	999	-
G1021	E	CDSM EHEALTHLINE				Not Allowed	\$0.00			000	999	-
G1022	E	CDSM INTERMOUNTAIN				Not Allowed	\$0.00			000	999	-
G1023	E	CDSM PERSIVIA				Not Allowed	\$0.00			000	999	-
G2000	E	BLINDED CONV. TX MDD CLIN TR				Not Allowed	\$0.00			000	999	-
G2001	E	POST D/C H VST NEW PT 20 M				Not Allowed	\$0.00			000	999	-
G2002	E	POST-D/C H VST NEW PT 30 M				Not Allowed	\$0.00			000	999	-
G2003	E	POST-D/C H VST NEW PT 45 M				Not Allowed	\$0.00			000	999	-
G2004	E	POST-D/C H VST NEW PT 60 M				Not Allowed	\$0.00			000	999	-
G2005	E	POST-D/C H VST NEW PT 75 M				Not Allowed	\$0.00			000	999	-
G2006	E	POST-D/C H VST EXT PT 20 M				Not Allowed	\$0.00			000	999	-
G2007	E	POST-D/C H VST EXT PT 30 M				Not Allowed	\$0.00			000	999	-
G2008	E	POST-D/C H VST EXT PT 45 M				Not Allowed	\$0.00			000	999	-
G2009	E	POST-D/C H VST EXT PT 60 M				Not Allowed	\$0.00			000	999	-
G2010	E	RE MOT IMAGE SUBMIT BY PT				Not Allowed	\$0.00			000	999	-
G2011	S	ALCOHOL/SUB MISUSE ASSESS		05731	0.2980	APC	\$16.88			000	999	-
G2012	E	BRIEF CHECK IN BY MD/QHP				Not Allowed	\$0.00			000	999	-
G2013	E	POST-D/C H VST EXT PT 75 M				Not Allowed	\$0.00			000	999	-
G2014	E	POST-D/C CARE PLAN OVERS 30M				Not Allowed	\$0.00			000	999	-
G2015	E	POST-D/C CARE PLAN OVERS 60M				Not Allowed	\$0.00			000	999	-
G2021	E	HEA CARE PRACT TX IN PLACE				Not Allowed	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
G2022	E	BENEF REFUSES SERVICE, MOD				Not Allowed	\$0.00			000	999	-
G2023	Q	SPECIMEN COLLECT COVID-19				Fee Schedule	\$39.10			000	999	-
G2024	Q	SPEC COLL SNF/LAB COVID-19				Fee Schedule	\$42.43			000	999	-
G2025	M	DIS SITE TELE SVCS RHC/FQHC				Fee Schedule	\$0.00			000	999	-
G2061	M	QUAL NONMD EST PT 5-10M				Fee Schedule	\$0.00			000	999	-
G2062	M	QUAL NONMD EST PT 11-20M				Fee Schedule	\$0.00			000	999	-
G2063	M	QUAL NONMD EST PT 21>MIN				Fee Schedule	\$0.00			000	999	-
G2064	E	MD MANG HIGH RISK DX 30				Not Allowed	\$0.00			000	999	-
G2065	S	CLIN MANG H RISK DX 30		05822	0.9043	APC	\$55.06			000	999	-
G2066	N	INTER DEVC REMOTE 30D		05741	0.4487	Bundled, sometimes payable	\$25.41			000	999	-
G2067	E	MED ASSIST TX METH WK				Not Allowed	\$0.00			000	999	-
G2068	E	MED ASSIST TX BUPRE ORAL				Not Allowed	\$0.00			000	999	-
G2069	E	MED ASSIST TX INJECT				Not Allowed	\$0.00			000	999	-
G2070	E	MED ASSIST TX IMPLANT				Not Allowed	\$0.00			000	999	-
G2071	E	MED TX REMOVE IMPLANT				Not Allowed	\$0.00			000	999	-
G2072	E	MED TX INSERT/REMOVE IMP				Not Allowed	\$0.00			000	999	-
G2073	E	MED TX NALTREXONE				Not Allowed	\$0.00			000	999	-
G2074	E	MED ASSIST TX NO DRUG				Not Allowed	\$0.00			000	999	-
G2075	E	MED TX MEDS NOS				Not Allowed	\$0.00			000	999	-
G2076	E	INTAKE ACT W/MED EXAM				Not Allowed	\$0.00			000	999	-
G2077	E	PERIODIC ASSESSMENT				Not Allowed	\$0.00			000	999	-
G2078	E	TAKE-HOME METH				Not Allowed	\$0.00			000	999	-
G2079	E	TAKE-HOM BUPRENORPHINE				Not Allowed	\$0.00			000	999	-
G2080	E	ADD 30 MINS COUNSEL				Not Allowed	\$0.00			000	999	-
G2081	E	PT 66+ SNP OR LTC POS > 90D				Not Allowed	\$0.00			000	999	-
G2082	S	VISIT ESKETAMINE 56M OR LESS		01508	11.4848	APC	\$650.50			000	999	-
G2083	S	VISIT ESKETAMINE, > 56M		01511	16.7814	APC	\$950.50			000	999	-
G2086	S	OFF BASE OPIOID TX 70MIN		05823	1.6139	APC	\$92.09			000	999	-
G2087	S	OFF BASE OPIOID TX, 60 M		05823	1.6139	APC	\$92.09			000	999	-
G2088	N	OFF BASE OPIOID TX, ADD30				Bundled	\$0.00			000	999	-
G2090	E	PT 66+ FRAILTY AND MED DEM				Not Allowed	\$0.00			000	999	-
G2091	E	PT 66+ FRAILTY AND ADV ILL				Not Allowed	\$0.00			000	999	-
G2092	E	ACE ARB ARNI				Not Allowed	\$0.00			000	999	-
G2093	E	MED DOC RSN NO ACE ARN ARNI				Not Allowed	\$0.00			000	999	-
G2094	E	PT RSN NO ACE ARN ARNI				Not Allowed	\$0.00			000	999	-
G2095	E	SYS RSN NO ACE ARN ARNI				Not Allowed	\$0.00			000	999	-
G2096	E	NO RSN ACE ARB ARNI				Not Allowed	\$0.00			000	999	-
G2097	E	CHILD DX URI 3D OF OTHER DX				Not Allowed	\$0.00			000	999	-
G2098	E	PT 66+ FRAILTY AND MED DEM				Not Allowed	\$0.00			000	999	-
G2099	E	PT 66+ FRAILTY AND ADV ILL				Not Allowed	\$0.00			000	999	-
G2100	E	PT 66+ FRAILTY AND MED DEM				Not Allowed	\$0.00			000	999	-
G2101	E	PT 66+ FRAILTY AND ADV ILL				Not Allowed	\$0.00			000	999	-
G2105	E	PT 66+ LT INTS > 90				Not Allowed	\$0.00			000	999	-
G2106	E	PT 66+ LT INTS > 90				Not Allowed	\$0.00			000	999	-
G2107	E	PT 66+ FRAILTY AND ADV ILL				Not Allowed	\$0.00			000	999	-
G2108	E	PT 66+ LT INTS > 90				Not Allowed	\$0.00			000	999	-
G2109	E	PT 66+ FRAILTY AND MED DEM				Not Allowed	\$0.00			000	999	-
G2110	E	PT 66+ FRAILTY AND ADV ILL				Not Allowed	\$0.00			000	999	-
G2112	E	PRED<=5 MG RA GLU <6M				Not Allowed	\$0.00			000	999	-
G2113	E	PRED>5 MG >6M, NO CHG DA				Not Allowed	\$0.00			000	999	-
G2115	E	PT 66+ FRAILTY AND MED DEM				Not Allowed	\$0.00			000	999	-
G2116	E	PT 66+ FRAILTY AND ADV ILL				Not Allowed	\$0.00			000	999	-
G2118	E	PT 81+ FRAILTY				Not Allowed	\$0.00			000	999	-
G2121	E	PSY DEP ANX AP AND ICD ASSE				Not Allowed	\$0.00			000	999	-
G2122	E	PSY/DEP/ANX/APANDICD NOASSE				Not Allowed	\$0.00			000	999	-
G2125	E	PT 81+ FRAILTY				Not Allowed	\$0.00			000	999	-
G2126	E	PT 66+ FRAILTY ADV ILL				Not Allowed	\$0.00			000	999	-

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G2127	E	PT 66+ FRAILTY MED DEM				Not Allowed	\$0.00			000	999	-
G2128	E	NO ASPIRIN MED RSN				Not Allowed	\$0.00			000	999	-
G2129	E	NO BP OUTPT				Not Allowed	\$0.00			000	999	-
G2136	E	BK PAIN VAS 6-20WK <= 3				Not Allowed	\$0.00			000	999	-
G2137	E	BK PAIN VAS 6-20WK > 3				Not Allowed	\$0.00			000	999	-
G2138	E	BK PAIN VAS 9-15MO <= 3				Not Allowed	\$0.00			000	999	-
G2139	E	BK PAIN VAS 9-20MO > 3				Not Allowed	\$0.00			000	999	-
G2140	E	LEG PAIN VAS 6-20WK = 3				Not Allowed	\$0.00			000	999	-
G2141	E	LEG PAIN VAS 6-20WK > 3				Not Allowed	\$0.00			000	999	-
G2142	E	FS ODI 9-15MO POSTOP<= 22				Not Allowed	\$0.00			000	999	-
G2143	E	FS ODI 9-15MO > 22				Not Allowed	\$0.00			000	999	-
G2144	E	FS ODI 6-20WK POSTOP <= 22				Not Allowed	\$0.00			000	999	-
G2145	E	FSODI 6-20WK >22 OR CHG 30PT				Not Allowed	\$0.00			000	999	-
G2146	E	LEG PAIN VAS 9-15MO <= 3				Not Allowed	\$0.00			000	999	-
G2147	E	LEG PAIN VAS 9-15MO > 3				Not Allowed	\$0.00			000	999	-
G2148	E	MPM USED				Not Allowed	\$0.00			000	999	-
G2149	E	NO MPM MED RSN				Not Allowed	\$0.00			000	999	-
G2150	E	NO MPM				Not Allowed	\$0.00			000	999	-
G2151	E	DX DEGEN NEURO				Not Allowed	\$0.00			000	999	-
G2152	E	RES CHANGE SC =0				Not Allowed	\$0.00			000	999	-
G2167	E	RES CHANGE SC < 0				Not Allowed	\$0.00			000	999	-
G2168	E	SVS BY PT IN HOME HEALTH				Not Allowed	\$0.00			000	999	-
G2169	E	SVS BY OT IN HOME HEALTH				Not Allowed	\$0.00			000	999	-
G2170	N	AVF BY TISSUE W THERMAL E		05194	194.0167	Bundled, sometimes payable	\$10,989.11			000	999	-
G2171	N	AVF USE MAGNETIC/ART/VEN		05194	194.0167	Bundled, sometimes payable	\$10,989.11			000	999	-
G2173	E	URI W COMORB 12M OTH DX				Not Allowed	\$0.00			000	999	-
G2174	E	URI NEW RX ANTIBIOTIC 30D				Not Allowed	\$0.00			000	999	-
G2175	E	PT COMORB DX 12M OF EPI				Not Allowed	\$0.00			000	999	-
G2176	E	OUTPT ED OBS W INPT ADMIT				Not Allowed	\$0.00			000	999	-
G2177	E	BRONCH W RX ANTIBX 30D				Not Allowed	\$0.00			000	999	-
G2178	E	PT NOT ELIG LOW NEURO EX				Not Allowed	\$0.00			000	999	-
G2179	E	MED DOC RSN NO LOW EX				Not Allowed	\$0.00			000	999	-
G2180	E	INELIG FOOTWR EVAL				Not Allowed	\$0.00			000	999	-
G2181	E	BMI NOT DOC MEDRSN PTREF				Not Allowed	\$0.00			000	999	-
G2182	E	PT 1ST BIOLOG ANTIRHEUM				Not Allowed	\$0.00			000	999	-
G2183	E	DOC PT UNABLE COMM				Not Allowed	\$0.00			000	999	-
G2184	E	NO CAREGIVER				Not Allowed	\$0.00			000	999	-
G2185	E	CAREGIVER DEM TRAINED				Not Allowed	\$0.00			000	999	-
G2186	E	PT REF APP RSRCS				Not Allowed	\$0.00			000	999	-
G2187	E	CLIN IND IMG HD TRAUMA				Not Allowed	\$0.00			000	999	-
G2188	E	PT 50 YRS W/CLIN IND HD				Not Allowed	\$0.00			050	999	-
G2189	E	IMG HD ABNML NEURO EXAM				Not Allowed	\$0.00			000	999	-
G2190	E	IND IMG HD RAD NECK				Not Allowed	\$0.00			000	999	-
G2191	E	IND IMG HD POS HD ACHE				Not Allowed	\$0.00			000	999	-
G2192	E	>55 YRS TEMP HD ACHE				Not Allowed	\$0.00			055	999	-
G2193	E	<6YR NEW ONSET HD ACHE				Not Allowed	\$0.00			000	006	-
G2194	E	NEW HDACHE PED PT DIS				Not Allowed	\$0.00			000	999	-
G2195	E	OCCIP HDACHE CHILD				Not Allowed	\$0.00			000	999	-
G2196	E	SCREEN UNHLTHY ETOH USE				Not Allowed	\$0.00			000	999	-
G2197	E	SCREEN HLTHY ETOH USE				Not Allowed	\$0.00			000	999	-
G2198	E	MED RSN NO UNHLTHY ETOH				Not Allowed	\$0.00			000	999	-
G2199	E	NOT SCR N ETOH NO RSN				Not Allowed	\$0.00			000	999	-
G2200	E	UNHLTHY ETOH RCVD COUNS				Not Allowed	\$0.00			000	999	-
G2201	E	MED RSN NO BRIEF COUNS				Not Allowed	\$0.00			000	999	-
G2202	E	NO RSN NO BRIEF COUNS				Not Allowed	\$0.00			000	999	-
G2203	E	MED RSN NO ETOH COUNS				Not Allowed	\$0.00			000	999	-
G2204	E	PT 50-85 W/ SCOPE				Not Allowed	\$0.00			050	085	-

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G2205	E	PREG DRNG ADJV TRTMT				Not Allowed	\$0.00			000	999	-
G2206	E	ADJV TRTMT CHEMO HER2				Not Allowed	\$0.00			000	999	-
G2207	E	RSN NO TRTMT CHEM HER2				Not Allowed	\$0.00			000	999	-
G2208	E	NO TRTMT CHEMO AND HER2				Not Allowed	\$0.00			000	999	-
G2209	E	REFUSED TO PARTICIPATE				Not Allowed	\$0.00			000	999	-
G2210	E	NO NECK FS PROM NO RSN				Not Allowed	\$0.00			000	999	-
G2211	E	COMPLEX E/M VISIT ADD ON				Not Allowed	\$0.00			000	999	-
G2212	E	PROLONG OUTPT/OFFICE VIS				Not Allowed	\$0.00			000	999	-
G2213	E	INITIAT MED ASSIST TX IN ER				Not Allowed	\$0.00			000	999	-
G2214	E	INIT/SUB PSYCH CARE M 1ST 30				Not Allowed	\$0.00			000	999	-
G2215	E	HOME SUPPLY NASAL NALOXONE				Not Allowed	\$0.00			000	999	-
G2216	E	HOME SUPPLY INJECT NALOXON				Not Allowed	\$0.00			000	999	-
G2250	E	REMOT IMG SUB BY PT, NON E/M				Not Allowed	\$0.00			000	999	-
G2251	E	BRIEF CHKIN, 5-10, NON-E/M				Not Allowed	\$0.00			000	999	-
G2252	E	BRIEF CHKIN BY MD/QHP, 11-20				Not Allowed	\$0.00			000	999	-
G6001	E	ECHO GUIDANCE RADIOTHERAPY				Not Allowed	\$0.00			000	999	-
G6002	E	STEREOSCOPIC X-RAY GUIDANCE				Not Allowed	\$0.00			000	999	-
G6003	E	RADIATION TREATMENT DELIVERY				Not Allowed	\$0.00			000	999	-
G6004	E	RADIATION TREATMENT DELIVERY				Not Allowed	\$0.00			000	999	-
G6005	E	RADIATION TREATMENT DELIVERY				Not Allowed	\$0.00			000	999	-
G6006	E	RADIATION TREATMENT DELIVERY				Not Allowed	\$0.00			000	999	-
G6007	E	RADIATION TREATMENT DELIVERY				Not Allowed	\$0.00			000	999	-
G6008	E	RADIATION TREATMENT DELIVERY				Not Allowed	\$0.00			000	999	-
G6009	E	RADIATION TREATMENT DELIVERY				Not Allowed	\$0.00			000	999	-
G6010	E	RADIATION TREATMENT DELIVERY				Not Allowed	\$0.00			000	999	-
G6011	E	RADIATION TREATMENT DELIVERY				Not Allowed	\$0.00			000	999	-
G6012	E	RADIATION TREATMENT DELIVERY				Not Allowed	\$0.00			000	999	-
G6013	E	RADIATION TREATMENT DELIVERY				Not Allowed	\$0.00			000	999	-
G6014	E	RADIATION TREATMENT DELIVERY				Not Allowed	\$0.00			000	999	-
G6015	E	RADIATION TX DELIVERY IMRT				Not Allowed	\$0.00			000	999	-
G6016	E	DELIVERY COMP IMRT				Not Allowed	\$0.00			000	999	-
G6017	E	INTRAFRACTION TRACK MOTION				Not Allowed	\$0.00			000	999	-
G8126	E	PT TREAT W/ANTIDEPRESS12WKS				Not Allowed	\$0.00			000	999	-
G8127	E	PT NOT TREAT W/ANTIDEPRES12W				Not Allowed	\$0.00			000	999	-
G8128	E	PT INELIG FOR ANTIDEPRES MED				Not Allowed	\$0.00			000	999	-
G8395	E	LVEF>=40% DOC NORMAL OR MILD				Not Allowed	\$0.00			000	999	-
G8396	E	LVEF NOT PERFORMED				Not Allowed	\$0.00			000	999	-
G8397	E	DIL MACULA/FUNDUS EXAM/W DOC				Not Allowed	\$0.00			000	999	-
G8399	E	PT W/DXA RESULTS DOCUMENT				Not Allowed	\$0.00			000	999	-
G8400	E	PT W/DXA NO RESULTS DOC				Not Allowed	\$0.00			000	999	-
G8404	E	LOW EXTEMITY NEUR EXAM DOCUM				Not Allowed	\$0.00			000	999	-
G8405	E	LOW EXTEMITY NEUR NOT PERFOR				Not Allowed	\$0.00			000	999	-
G8410	E	EVAL ON FOOT DOCUMENTED				Not Allowed	\$0.00			000	999	-
G8415	E	EVAL ON FOOT NOT PERFORMED				Not Allowed	\$0.00			000	999	-
G8416	E	PT INELIG FOOTWEAR EVALUATIO				Not Allowed	\$0.00			000	999	-
G8417	E	CALC BMI ABV UP PARAM F/U				Not Allowed	\$0.00			000	999	-
G8418	E	CALC BMI BLW LOW PARAM F/U				Not Allowed	\$0.00			000	999	-
G8419	E	CALC BMI OUT NRM PARAM NOF/U				Not Allowed	\$0.00			000	999	-
G8420	E	CALC BMI NORM PARAMETERS				Not Allowed	\$0.00			000	999	-
G8421	E	BMI NOT CALCULATED				Not Allowed	\$0.00			000	999	-
G8422	E	PT INELIG BMI CALCULATION				Not Allowed	\$0.00			000	999	-
G8427	E	DOCREV CUR MEDS BY ELIG CLIN				Not Allowed	\$0.00			000	999	-
G8428	E	CUR MEDS NOT DOCUMENT				Not Allowed	\$0.00			000	999	-
G8430	E	EC AT DOC MEDREC PT NOT ELIG				Not Allowed	\$0.00			000	999	-
G8431	E	POS CLIN DEPRES SCRIN F/U DOC				Not Allowed	\$0.00			000	999	-
G8432	E	DEP SCR NOT DOC, RNG				Not Allowed	\$0.00			000	999	-
G8433	E	SCR FOR DEP NOT CPT DOC RSN				Not Allowed	\$0.00			000	999	-

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G8447	E	PT VIS DOC USE EHR CER ATCB				Not Allowed	\$0.00			000	999	-
G8448	E	PT VIS DOC W/PQRI QUAL EHR				Not Allowed	\$0.00			000	999	-
G8450	E	BETA-BLOC RX PT W/ABN LVEF				Not Allowed	\$0.00			000	999	-
G8451	E	PT W/ABN LVEF INELIG B-BLOC				Not Allowed	\$0.00			000	999	-
G8452	E	PT W/ABN LVEF B-BLOC NO RX				Not Allowed	\$0.00			000	999	-
G8465	E	HIGH RISK RECURRENCE PRO CA				Not Allowed	\$0.00			000	999	-
G8468	E	ACE/ARB RX PT W/ABN LVEF				Not Allowed	\$0.00			000	999	-
G8469	E	PT W/ABN LVEF INELIG ACE/ARB				Not Allowed	\$0.00			000	999	-
G8470	E	PT W/ NORMAL LVEF				Not Allowed	\$0.00			000	999	-
G8471	E	LVEF NOT PERFORMED/DOC				Not Allowed	\$0.00			000	999	-
G8472	E	ACE/ARB NO RX PT W/ABN LVEF				Not Allowed	\$0.00			000	999	-
G8473	E	ACE/ARB THXPY RX'D				Not Allowed	\$0.00			000	999	-
G8474	E	ACE/ARB NOT RX'D; DOC REAS				Not Allowed	\$0.00			000	999	-
G8475	E	ACE/ARB THXPY NOT RX'D				Not Allowed	\$0.00			000	999	-
G8476	E	BP SYS <140 AND DIAS <90				Not Allowed	\$0.00			000	999	-
G8477	E	BP SYS>=140 AND/OR DIAS >=90				Not Allowed	\$0.00			000	999	-
G8478	E	BP NOT PERFORMED/DOC				Not Allowed	\$0.00			000	999	-
G8482	E	FLU IMMUNIZE ORDER/ADMIN				Not Allowed	\$0.00			000	999	-
G8483	E	FLU IMM NO ADMIN DOC REA				Not Allowed	\$0.00			000	999	-
G8484	E	FLU IMMUNIZE NO ADMIN				Not Allowed	\$0.00			000	999	-
G8506	E	PT REC ACE/ARB				Not Allowed	\$0.00			000	999	-
G8510	E	SCR DEP NEG, NO PLAN REQD				Not Allowed	\$0.00			000	999	-
G8511	E	SCR DEP POS, NO PLAN DOC RNG				Not Allowed	\$0.00			000	999	-
G8524	E	PATCH CLOSURE CONV CEA				Not Allowed	\$0.00			000	999	-
G8525	E	NO PATCH CLOSURE CEA				Not Allowed	\$0.00			000	999	-
G8526	E	NO PATCH CLOSURE CONV CEA				Not Allowed	\$0.00			000	999	-
G8535	E	ELD MALTREATMENT NOT DOC				Not Allowed	\$0.00			060	999	-
G8536	E	NO DOC ELDER MAL SCRNI				Not Allowed	\$0.00			000	999	-
G8539	E	DOC FUNCT AND CARE PLAN				Not Allowed	\$0.00			000	999	-
G8540	E	FOA NOT DOC AS BEING PERF				Not Allowed	\$0.00			000	999	-
G8541	E	NO DOC CUR FUNCT ASSESS				Not Allowed	\$0.00			000	999	-
G8542	E	DOC FUNCT NO DEFICIENCIES				Not Allowed	\$0.00			000	999	-
G8543	E	CUR FUNCT ASSES; NO CARE PLN				Not Allowed	\$0.00			000	999	-
G8546	E	CAP MEASURES GRP				Not Allowed	\$0.00			000	999	-
G8550	E	CAP MG QUAL ACT PERFORM				Not Allowed	\$0.00			000	999	-
G8559	E	PT REF DOC OTO EVAL				Not Allowed	\$0.00			000	999	-
G8560	E	PT HX ACT DRAIN PREV 90 DAYS				Not Allowed	\$0.00			000	999	-
G8561	E	PT INELIG FOR REF OTO EVAL				Not Allowed	\$0.00			000	999	-
G8562	E	PT NO HX ACT DRAIN 90 D				Not Allowed	\$0.00			000	999	-
G8563	E	PT NO REF OTO REAS NO SPEC				Not Allowed	\$0.00			000	999	-
G8564	E	PT REF OTO EVAL				Not Allowed	\$0.00			000	999	-
G8565	E	VER DOC HEAR LOSS				Not Allowed	\$0.00			000	999	-
G8566	E	PT INELIG REF OTO EVAL				Not Allowed	\$0.00			000	999	-
G8567	E	PT NO DOC HEAR LOSS				Not Allowed	\$0.00			000	999	-
G8568	E	PT NO REF OTOLO NO SPEC				Not Allowed	\$0.00			000	999	-
G8569	E	PROL INTUBATION REQ				Not Allowed	\$0.00			000	999	-
G8570	E	NO PROL INTUB REQ				Not Allowed	\$0.00			000	999	-
G8575	E	POSTOP REN FAIL				Not Allowed	\$0.00			000	999	-
G8576	E	NO POSTOP REN FAIL				Not Allowed	\$0.00			000	999	-
G8577	E	REOP REQ BLD GRFT OTH				Not Allowed	\$0.00			000	999	-
G8578	E	NO REOP REQ BLD GRFT OTH				Not Allowed	\$0.00			000	999	-
G8598	E	ASA/ANTIPLAT THER USED				Not Allowed	\$0.00			000	999	-
G8599	E	NO ASA/ANTIPLAT THER USE RNG				Not Allowed	\$0.00			000	999	-
G8600	E	TPA INITI W/IN 3 HRS				Not Allowed	\$0.00			000	999	-
G8601	E	NO ELIG TPA INIT W/IN 3 HRS				Not Allowed	\$0.00			000	999	-
G8602	E	NO TPA INIT W/IN 3 HRS				Not Allowed	\$0.00			000	999	-
G8633	E	PHARM THER OSTEO RX				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
G8635	E	NO PHARM THER OSTEO RX				Not Allowed	\$0.00			000	999	-
G8647	E	RAFSCRS KI SCOR >= 0				Not Allowed	\$0.00			000	999	-
G8648	E	RAFSCRS KI SCOR < 0				Not Allowed	\$0.00			000	999	-
G8650	E	RAFS CRS KI NO SCOR NO SURV				Not Allowed	\$0.00			000	999	-
G8651	E	RAFSCRS HI SCOR >=0				Not Allowed	\$0.00			000	999	-
G8652	E	RAFSCRS HI SCOR < 0				Not Allowed	\$0.00			000	999	-
G8654	E	RAFS CRS HI NO SCOR NO SURV				Not Allowed	\$0.00			000	999	-
G8655	E	RAFSCRS LLFAI SCOR >= 0				Not Allowed	\$0.00			000	999	-
G8656	E	RAFSCRS LLFAI SCOR < 0				Not Allowed	\$0.00			000	999	-
G8658	E	RAFSCRS LLFAI NO SCOR + SURV				Not Allowed	\$0.00			000	999	-
G8659	E	RAFSCRS LBI SCOR >= 0				Not Allowed	\$0.00			000	999	-
G8660	E	RAFSCRS LBI SCOR < 0				Not Allowed	\$0.00			000	999	-
G8661	E	RAFSCRS LBI NO SCOR				Not Allowed	\$0.00			000	999	-
G8662	E	RAFS CRS LBI NO SCOR NO SURV				Not Allowed	\$0.00			000	999	-
G8663	E	RAFSCRS SI SCOR >= 0				Not Allowed	\$0.00			000	999	-
G8664	E	RAFSCRS SI SCOR < 0				Not Allowed	\$0.00			000	999	-
G8666	E	RAFS CRS SI NO SCOR NO SURV				Not Allowed	\$0.00			000	999	-
G8667	E	RAFSCRS EWH SCOR >= 0				Not Allowed	\$0.00			000	999	-
G8668	E	RAFSCRS EWH SCOR < 0				Not Allowed	\$0.00			000	999	-
G8670	E	RAFS CRS EWH NO SCOR NO SURV				Not Allowed	\$0.00			000	999	-
G8675	E	BP SYST >= 140 MMHG				Not Allowed	\$0.00			000	999	-
G8676	E	BP DIAST >= 90 MMHG				Not Allowed	\$0.00			000	999	-
G8677	E	BP SYST < 130 MMHG				Not Allowed	\$0.00			000	999	-
G8678	E	BP SYST >=130 - 139 MMHG				Not Allowed	\$0.00			000	999	-
G8679	E	BP DIAST < 80 MMHG				Not Allowed	\$0.00			000	999	-
G8680	E	BP DIAST 80-89 MMHG				Not Allowed	\$0.00			000	999	-
G8694	E	LVEF <40%				Not Allowed	\$0.00			000	999	-
G8695	E	LVEF >=40%				Not Allowed	\$0.00			000	999	-
G8708	E	ANTIBIOTIC NOT PRES				Not Allowed	\$0.00			000	999	-
G8709	E	PT PRESC DOC MED RSN ID URI				Not Allowed	\$0.00			000	999	-
G8710	E	PT PRES ANTIBIOTIC				Not Allowed	\$0.00			000	999	-
G8711	E	PRES ANTIBIOTIC				Not Allowed	\$0.00			000	999	-
G8712	E	NOT PRES ANTIBIOTIC				Not Allowed	\$0.00			000	999	-
G8715	E	HEMODIALYSIS NOT 3 TIMES WK				Not Allowed	\$0.00			000	999	-
G8716	E	PT REAS NOT GREAT 1.2KT/V				Not Allowed	\$0.00			000	999	-
G8721	E	PT, PN, HIST GRADE DOC				Not Allowed	\$0.00			000	999	-
G8722	E	MED REAS PT, PN, NOT DOC				Not Allowed	\$0.00			000	999	-
G8723	E	SPEC SIT NOT PRIM TUMOR				Not Allowed	\$0.00			000	999	-
G8724	E	PT, PN, HIST GRADE NOT DOC				Not Allowed	\$0.00			000	999	-
G8727	E	HEMO, PERIT, OR KIDNEY TRANS				Not Allowed	\$0.00			000	999	-
G8733	E	DOC POS ELDER MAL SCR N PLAN				Not Allowed	\$0.00			060	999	-
G8734	E	DOC NEG ELDER MAL NO PLAN				Not Allowed	\$0.00			060	999	-
G8735	E	ELD MAL SCR N POS NO PLAN				Not Allowed	\$0.00			060	999	-
G8749	E	NO SIGNS MELANOMA				Not Allowed	\$0.00			000	999	-
G8750	E	SIGNS OF MELANOMA PRESENT				Not Allowed	\$0.00			000	999	-
G8752	E	SYS BP LESS 140				Not Allowed	\$0.00			000	999	-
G8753	E	SYS BP > OR = 140				Not Allowed	\$0.00			000	999	-
G8754	E	DIAS BP LESS 90				Not Allowed	\$0.00			000	999	-
G8755	E	DIAS BP > OR = 90				Not Allowed	\$0.00			000	999	-
G8756	E	NO BP MEASURE DOC				Not Allowed	\$0.00			000	999	-
G8760	E	EPILEPSY MG QUAL ACT PERFORM				Not Allowed	\$0.00			000	999	-
G8783	E	BP SCR N PERF REC INTERVAL				Not Allowed	\$0.00			000	999	-
G8785	E	BP SCR N NO PERF AT INTERVAL				Not Allowed	\$0.00			000	999	-
G8786	E	SEVERITY OF ANGINA ASSESS				Not Allowed	\$0.00			000	999	-
G8787	E	ANGINA PRESENT				Not Allowed	\$0.00			000	999	-
G8788	E	ANGINA ABSENT				Not Allowed	\$0.00			000	999	-
G8789	E	SEVERITY ANGINA NOT ASSESS				Not Allowed	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
G8797	E	SPECIMEN SITE NOT ESOPHAGUS				Not Allowed	\$0.00			000	999	-
G8798	E	SPECIMEN SITE NOT PROSTATE				Not Allowed	\$0.00			000	999	-
G8802	E	PREGNANCY TEST ORDER				Not Allowed	\$0.00			000	999	-
G8803	E	DOC REAS NO PREGNANCY TEST				Not Allowed	\$0.00			000	999	-
G8805	E	PREGNANCY TEST NOT ORDER				Not Allowed	\$0.00			000	999	-
G8806	E	PERF ULTRSDN TO LCT PREG DOC				Not Allowed	\$0.00			000	999	-
G8807	E	NO TA TV ULTRASND				Not Allowed	\$0.00			000	999	-
G8808	E	ULTRASOUND NOT PERF, RNG				Not Allowed	\$0.00			000	999	-
G8815	E	DOC REAS NO STATIN THERAPY				Not Allowed	\$0.00			000	999	-
G8816	E	STATIN MED PRES AT DISCH				Not Allowed	\$0.00			000	999	-
G8817	E	DOC REAS NO STATIN MED DISCH				Not Allowed	\$0.00			000	999	-
G8818	E	PT DISCH TO HOME BY DAY#7				Not Allowed	\$0.00			000	999	-
G8819	E	ANEURYSM <= 5.5 CM				Not Allowed	\$0.00			000	999	-
G8820	E	ANEURYSM 5.6-6.0 CM				Not Allowed	\$0.00			000	999	-
G8821	E	ANEURYSM NOT INFARENAL				Not Allowed	\$0.00			000	999	-
G8822	E	MALE ANEURYSMS >6CM				Not Allowed	\$0.00			000	999	-
G8823	E	FEMALE ANEURYSM >6CM				Not Allowed	\$0.00			000	999	-
G8824	E	FEMALE ANEURYSM 5.6-6.0 CM				Not Allowed	\$0.00			000	999	-
G8825	E	PT NOT DISCH TO HOME DAY#7				Not Allowed	\$0.00			000	999	-
G8826	E	PT DISCH HOME DAY #2 EVAR				Not Allowed	\$0.00			000	999	-
G8828	E	ANEURYSM <= 5.5CM FOR MEN				Not Allowed	\$0.00			000	999	-
G8829	E	ANEURYSM 5.6-6.0 CM FOR MEN				Not Allowed	\$0.00			000	999	-
G8830	E	ANEURYSM >6CM FOR MEN				Not Allowed	\$0.00			000	999	-
G8831	E	ANEURYSM >6CM FOR WOMEN				Not Allowed	\$0.00			000	999	-
G8832	E	ANEURYSM 5.6-6.0 WOMEN				Not Allowed	\$0.00			000	999	-
G8833	E	PT NOT DISCH HOME DAY#2 EVAR				Not Allowed	\$0.00			000	999	-
G8834	E	PT DISCH HOME DAY #2 CEA				Not Allowed	\$0.00			000	999	-
G8836	E	STROKE OR TIA <120 DAYS CEA				Not Allowed	\$0.00			000	999	-
G8837	E	STROKE OR TIA >120 DAYS CEA				Not Allowed	\$0.00			000	999	-
G8838	E	NOT DISCH HOME BY DAY #2				Not Allowed	\$0.00			000	999	-
G8839	E	SLEEP APNEA ASSESS				Not Allowed	\$0.00			000	999	-
G8840	E	DOC REAS NO SLEEP APNEA				Not Allowed	\$0.00			000	999	-
G8841	E	NO SLEEP APNEA ASSESS				Not Allowed	\$0.00			000	999	-
G8842	E	AHI OR RDI INITIAL DX				Not Allowed	\$0.00			000	999	-
G8843	E	DOC REAS NO AHI OR RDI				Not Allowed	\$0.00			000	999	-
G8844	E	NO AHI OR RDI INITIAL DX				Not Allowed	\$0.00			000	999	-
G8845	E	POS AIRWAY PRESS PRESCRIBED				Not Allowed	\$0.00			000	999	-
G8846	E	MOD OR SEVERE OSA				Not Allowed	\$0.00			000	999	-
G8847	E	POS AIR PRESS NOT PRESCRIBED				Not Allowed	\$0.00			000	999	-
G8849	E	DOC REAS NO POS AIR PRESS				Not Allowed	\$0.00			000	999	-
G8850	E	NO PAP PRESCRIBED				Not Allowed	\$0.00			000	999	-
G8851	E	ADHERE POS AIR PRESS THERAPY				Not Allowed	\$0.00			000	999	-
G8852	E	POS AIR PRESS PRESCRIBE				Not Allowed	\$0.00			000	999	-
G8854	E	REAS NO ADHERE POS AIR PRES				Not Allowed	\$0.00			000	999	-
G8855	E	POS AIR PRESS ADHERE NO PERF				Not Allowed	\$0.00			000	999	-
G8856	E	REF FOR OTO EVAL				Not Allowed	\$0.00			000	999	-
G8857	E	NO ELIG REF FOR OTO EVAL				Not Allowed	\$0.00			000	999	-
G8858	E	NOT REF FOR OTO EVAL				Not Allowed	\$0.00			000	999	-
G8860	E	CORTICOSTEROID 10 MG 60 DAYS				Not Allowed	\$0.00			000	999	-
G8863	E	NO ASSESS BONE LOSS				Not Allowed	\$0.00			000	999	-
G8864	E	PNEUMOCOCCAL VACCINE ADMIN				Not Allowed	\$0.00			000	999	-
G8865	E	DOC MED REAS NO PNEUMOCOCCAL				Not Allowed	\$0.00			000	999	-
G8866	E	DOC PT REAS NO PNEUMOCOCCAL				Not Allowed	\$0.00			000	999	-
G8867	E	NO PNEUMOCOCCAL ADMIN				Not Allowed	\$0.00			000	999	-
G8869	E	DOC IMMUNE HEP B ANTITNF				Not Allowed	\$0.00			000	999	-
G8875	E	BREAST CANCER DX MIN INVSIVE				Not Allowed	\$0.00			000	999	-
G8876	E	DOC REAS NO MIN INV DX				Not Allowed	\$0.00			000	999	-

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G8877	E	NO BRST CNCR DX MIN INVASIVE				Not Allowed	\$0.00			000	999	-
G8878	E	SENT LYMPH NODE BIOPSY				Not Allowed	\$0.00			000	999	-
G8880	E	SEN LYM P NODE BIOP NOT PERF				Not Allowed	\$0.00			000	999	-
G8881	E	BRST CNCR STAGE > T1N0M0				Not Allowed	\$0.00			000	999	-
G8882	E	NO SENT LYMPH NODE BIOPSY				Not Allowed	\$0.00			000	999	-
G8883	E	REV, COMM, TRACK, DOC BIOPSY				Not Allowed	\$0.00			000	999	-
G8884	E	DOC REAS BIOPSY NOT REVIEW				Not Allowed	\$0.00			000	999	-
G8885	E	NO REV, COMM, TRACK BIOPSY				Not Allowed	\$0.00			000	999	-
G8901	E	EPILEPSY MEASURES GROUP				Not Allowed	\$0.00			000	999	-
G8907	E	PT DOC NO EVENTS ON DISCHARG				Not Allowed	\$0.00			000	999	-
G8908	E	PT DOC W BURN PRIOR TO D/C				Not Allowed	\$0.00			000	999	-
G8909	E	PT DOC NO BURN PRIOR TO D/C				Not Allowed	\$0.00			000	999	-
G8910	E	PT DOC TO HAVE FALL IN ASC				Not Allowed	\$0.00			000	999	-
G8911	E	PT DOC NO FALL IN ASC				Not Allowed	\$0.00			000	999	-
G8912	E	PT DOC WITH WRONG EVENT				Not Allowed	\$0.00			000	999	-
G8913	E	PT DOC NO WRONG EVENT				Not Allowed	\$0.00			000	999	-
G8914	E	PT TRANS TO HOSP POST D/C				Not Allowed	\$0.00			000	999	-
G8915	E	PT NOT TRANS TO HOSP AT D/C				Not Allowed	\$0.00			000	999	-
G8916	E	PT W IV AB GIVEN ON TIME				Not Allowed	\$0.00			000	999	-
G8917	E	PT W IV AB NOT GIVEN ON TIME				Not Allowed	\$0.00			000	999	-
G8918	E	PT W/O PREOP ORDER IV AB PRO				Not Allowed	\$0.00			000	999	-
G8923	E	LVEF < 40% OR LVSD				Not Allowed	\$0.00			000	999	-
G8924	E	SPIR FEV1/FVC<70%,FEV<60%				Not Allowed	\$0.00			000	999	-
G8925	E	SPIR FEV1/FVC>=60% & NO COPD				Not Allowed	\$0.00			000	999	-
G8926	E	SPIRO NO PERF OR DOC				Not Allowed	\$0.00			000	999	-
G8934	E	LVEF <40% OR DEP LV SYS FCN				Not Allowed	\$0.00			000	999	-
G8935	E	RX ACE OR ARB THERAPY				Not Allowed	\$0.00			000	999	-
G8936	E	PT NOT ELIGIBLE ACE/ARB				Not Allowed	\$0.00			000	999	-
G8937	E	NO RX ACE/ARB THERAPY				Not Allowed	\$0.00			000	999	-
G8938	E	BMI DOC ONL FUP NT DOC				Not Allowed	\$0.00			000	999	-
G8941	E	ELD MALTREATMENT DOC AS POS				Not Allowed	\$0.00			000	999	-
G8942	E	DOC FCN/CARE PLAN W/30 DAYS				Not Allowed	\$0.00			000	999	-
G8944	E	AJCC MEL CNR STG 0 - IIC				Not Allowed	\$0.00			000	999	-
G8946	E	MIBM BUT NO DX OF BREAST CA				Not Allowed	\$0.00			000	999	-
G8950	E	PRE-HTN OR HTN DOC, F/U INDC				Not Allowed	\$0.00			000	999	-
G8952	E	PRE-HTN/HTN, NO F/U, NOT GVN				Not Allowed	\$0.00			000	999	-
G8955	E	MOST RECENT ASSESS VOL MGMT				Not Allowed	\$0.00			000	999	-
G8956	E	PT RCV HEDIA OUTPT DYLS FAC				Not Allowed	\$0.00			000	999	-
G8958	E	ASSESS VOL MGMT NOT DOC				Not Allowed	\$0.00			000	999	-
G8961	E	CSIT LOWRISK SURG PTS PREOP				Not Allowed	\$0.00			000	999	-
G8962	E	CSIT ON PT ANY REAS 30 DAYS				Not Allowed	\$0.00			000	999	-
G8963	E	CSI PER ASX PT W/PCI 2 YRS				Not Allowed	\$0.00			000	999	-
G8964	E	CSI ANY OTHER THAN PCI 2 YR				Not Allowed	\$0.00			000	999	-
G8965	E	CSIT PERF ON LOW CHD RSK				Not Allowed	\$0.00			000	999	-
G8966	E	CSIT PERF SX OR HIGH CHD RSK				Not Allowed	\$0.00			000	999	-
G8967	E	WARF OR OTHER FDA DRUG PRESC				Not Allowed	\$0.00			000	999	-
G8968	E	DOC MED NOT PRESB				Not Allowed	\$0.00			000	999	-
G8969	E	DOC PT RSN NO PRESC WARF/FDA				Not Allowed	\$0.00			000	999	-
G8970	E	NO RSK FAC OR 1 MOD RISK TE				Not Allowed	\$0.00			000	999	-
G9001	E	MCCD, INITIAL RATE				Not Allowed	\$0.00			000	999	-
G9002	E	MCCD, MAINTENANCE RATE				Not Allowed	\$0.00			000	999	-
G9003	E	MCCD, RISK ADJ HI, INITIAL				Not Allowed	\$0.00			000	999	-
G9004	E	MCCD, RISK ADJ LO, INITIAL				Not Allowed	\$0.00			000	999	-
G9005	E	MCCD, RISK ADJ, MAINTENANCE				Not Allowed	\$0.00			000	999	-
G9006	E	MCCD, HOME MONITORING				Not Allowed	\$0.00			000	999	-
G9007	E	MCCD, SCH TEAM CONF				Not Allowed	\$0.00			000	999	-
G9008	E	MCCD, PHYS COOR-CARE OVRSGHT				Not Allowed	\$0.00			000	999	-

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G9009	E	MCCD, RISK ADJ, LEVEL 3				Not Allowed	\$0.00			000	999	-
G9010	E	MCCD, RISK ADJ, LEVEL 4				Not Allowed	\$0.00			000	999	-
G9011	E	MCCD, RISK ADJ, LEVEL 5				Not Allowed	\$0.00			000	999	-
G9012	E	OTHER SPECIFIED CASE MGMT				Not Allowed	\$0.00			000	999	-
G9013	E	ESRD DEMO BUNDLE LEVEL I				Not Allowed	\$0.00			000	999	-
G9014	E	ESRD DEMO BUNDLE-LEVEL II				Not Allowed	\$0.00			000	999	-
G9016	E	DEMO-SMOKING CESSATION COUN				Not Allowed	\$0.00			000	999	-
G9050	E	ONCOLOGY WORK-UP EVALUATION				Not Allowed	\$0.00			000	999	-
G9051	E	ONCOLOGY TX DECISION-MGMT				Not Allowed	\$0.00			000	999	-
G9052	E	ONC SURVEILLANCE FOR DISEASE				Not Allowed	\$0.00			000	999	-
G9053	E	ONC EXPECTANT MANAGEMENT PT				Not Allowed	\$0.00			000	999	-
G9054	E	ONC SUPERVISION PALLIATIVE				Not Allowed	\$0.00			000	999	-
G9055	E	ONC VISIT UNSPECIFIED NOS				Not Allowed	\$0.00			000	999	-
G9056	E	ONC PRAC MGMT ADHERES GUIDE				Not Allowed	\$0.00			000	999	-
G9057	E	ONC PRACT MGMT DIFFERS TRIAL				Not Allowed	\$0.00			000	999	-
G9058	E	ONC PRAC MGMT DISAGREE W/GUI				Not Allowed	\$0.00			000	999	-
G9059	E	ONC PRAC MGMT PT OPT ALTERNA				Not Allowed	\$0.00			000	999	-
G9060	E	ONC PRAC MGMT DIF PT COMORB				Not Allowed	\$0.00			000	999	-
G9061	E	ONC PRAC COND NOADD BY GUIDE				Not Allowed	\$0.00			000	999	-
G9062	E	ONC PRAC GUIDE DIFFERS NOS				Not Allowed	\$0.00			000	999	-
G9063	E	ONC DX NSCLC STG1 NO PROGRES				Not Allowed	\$0.00			000	999	-
G9064	E	ONC DX NSCLC STG2 NO PROGRES				Not Allowed	\$0.00			000	999	-
G9065	E	ONC DX NSCLC STG3A NO PROGRE				Not Allowed	\$0.00			000	999	-
G9066	E	ONC DX NSCLC STG3B-4 METASTA				Not Allowed	\$0.00			000	999	-
G9067	E	ONC DX NSCLC DX UNKNOWN NOS				Not Allowed	\$0.00			000	999	-
G9068	E	ONC DX SCLC/NSCLC LIMITED				Not Allowed	\$0.00			000	999	-
G9069	E	ONC DX SCLC/NSCLC EXT AT DX				Not Allowed	\$0.00			000	999	-
G9070	E	ONC DX SCLC/NSCLC EXT UNKNWN				Not Allowed	\$0.00			000	999	-
G9071	E	ONC DX BRST STG1-2B HR,NOPRO				Not Allowed	\$0.00			000	999	-
G9072	E	ONC DX BRST STG1-2 NOPROGRES				Not Allowed	\$0.00			000	999	-
G9073	E	ONC DX BRST STG3-HR, NO PRO				Not Allowed	\$0.00			000	999	-
G9074	E	ONC DX BRST STG3-NOPROGRESS				Not Allowed	\$0.00			000	999	-
G9075	E	ONC DX BRST METASTIC/ RECUR				Not Allowed	\$0.00			000	999	-
G9077	E	ONC DX PROSTATE T1NO PROGRES				Not Allowed	\$0.00			000	999	-
G9078	E	ONC DX PROSTATE T2NO PROGRES				Not Allowed	\$0.00			000	999	-
G9079	E	ONC DX PROSTATE T3B-T4NOPROG				Not Allowed	\$0.00			000	999	-
G9080	E	ONC DX PROSTATE W/RISE PSA				Not Allowed	\$0.00			000	999	-
G9083	E	ONC DX PROSTATE UNKNWN NOS				Not Allowed	\$0.00			000	999	-
G9084	E	ONC DX COLON T1-3,N1-2,NO PR				Not Allowed	\$0.00			000	999	-
G9085	E	ONC DX COLON T4, N0 W/O PROG				Not Allowed	\$0.00			000	999	-
G9086	E	ONC DX COLON T1-4 NO DX PROG				Not Allowed	\$0.00			000	999	-
G9087	E	ONC DX COLON METAS EVID DX				Not Allowed	\$0.00			000	999	-
G9088	E	ONC DX COLON METAS NOEVID DX				Not Allowed	\$0.00			000	999	-
G9089	E	ONC DX COLON EXTENT UNKNOWN				Not Allowed	\$0.00			000	999	-
G9090	E	ONC DX RECTAL T1-2 NO PROGR				Not Allowed	\$0.00			000	999	-
G9091	E	ONC DX RECTAL T3 N0 NO PROG				Not Allowed	\$0.00			000	999	-
G9092	E	ONC DX RECTAL T1-3,N1-2NOPRG				Not Allowed	\$0.00			000	999	-
G9093	E	ONC DX RECTAL T4,N,M0 NO PRG				Not Allowed	\$0.00			000	999	-
G9094	E	ONC DX RECTAL M1 W/METS PROG				Not Allowed	\$0.00			000	999	-
G9095	E	ONC DX RECTAL EXTENT UNKNWN				Not Allowed	\$0.00			000	999	-
G9096	E	ONC DX ESOPHAG T1-T3 NOPROG				Not Allowed	\$0.00			000	999	-
G9097	E	ONC DX ESOPHAGEAL T4 NO PROG				Not Allowed	\$0.00			000	999	-
G9098	E	ONC DX ESOPHAGEAL METS RECUR				Not Allowed	\$0.00			000	999	-
G9099	E	ONC DX ESOPHAGEAL UNKNOWN				Not Allowed	\$0.00			000	999	-
G9100	E	ONC DX GASTRIC NO RECURRENCE				Not Allowed	\$0.00			000	999	-
G9101	E	ONC DX GASTRIC P R1-R2NOPROG				Not Allowed	\$0.00			000	999	-
G9102	E	ONC DX GASTRIC UNRESECTABLE				Not Allowed	\$0.00			000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
G9103	E	ONC DX GASTRIC RECURRENT				Not Allowed	\$0.00			000	999	-
G9104	E	ONC DX GASTRIC UNKNOWN NOS				Not Allowed	\$0.00			000	999	-
G9105	E	ONC DX PANCREATC P R0 RES NO				Not Allowed	\$0.00			000	999	-
G9106	E	ONC DX PANCREATC P R1/R2 NO				Not Allowed	\$0.00			000	999	-
G9107	E	ONC DX PANCREATIC UNRESECTAB				Not Allowed	\$0.00			000	999	-
G9108	E	ONC DX PANCREATIC UNKNWN NOS				Not Allowed	\$0.00			000	999	-
G9109	E	ONC DX HEAD/NECK T1-T2NO PRG				Not Allowed	\$0.00			000	999	-
G9110	E	ONC DX HEAD/NECK T3-4 NOPROG				Not Allowed	\$0.00			000	999	-
G9111	E	ONC DX HEAD/NECK M1 METS REC				Not Allowed	\$0.00			000	999	-
G9112	E	ONC DX HEAD/NECK EXT UNKNOWN				Not Allowed	\$0.00			000	999	-
G9113	E	ONC DX OVARIAN STG1A-B NO PR				Not Allowed	\$0.00			000	999	-
G9114	E	ONC DX OVARIAN STG1A-B OR 2				Not Allowed	\$0.00			000	999	-
G9115	E	ONC DX OVARIAN STG3/4 NOPROG				Not Allowed	\$0.00			000	999	-
G9116	E	ONC DX OVARIAN RECURRENCE				Not Allowed	\$0.00			000	999	-
G9117	E	ONC DX OVARIAN UNKNOWN NOS				Not Allowed	\$0.00			000	999	-
G9123	E	ONC DX CML CHRONIC PHASE				Not Allowed	\$0.00			000	999	-
G9124	E	ONC DX CML ACCELER PHASE				Not Allowed	\$0.00			000	999	-
G9125	E	ONC DX CML BLAST PHASE				Not Allowed	\$0.00			000	999	-
G9126	E	ONC DX CML REMISSION				Not Allowed	\$0.00			000	999	-
G9128	E	ONC DX MULTI MYELOMA STAGE I				Not Allowed	\$0.00			000	999	-
G9129	E	ONC DX MULT MYELOMA STG2 HIG				Not Allowed	\$0.00			000	999	-
G9130	E	ONC DX MULTI MYELOMA UNKNOWN				Not Allowed	\$0.00			000	999	-
G9131	E	ONC DX BRST UNKNOWN NOS				Not Allowed	\$0.00			000	999	-
G9132	E	ONC DX PROSTATE METS NO CAST				Not Allowed	\$0.00			000	999	-
G9133	E	ONC DX PROSTATE CLINICAL MET				Not Allowed	\$0.00			000	999	-
G9134	E	ONC NHLSTG 1-2 NO RELAP NO				Not Allowed	\$0.00			000	999	-
G9135	E	ONC DX NHL STG 3-4 NOT RELAP				Not Allowed	\$0.00			000	999	-
G9136	E	ONC DX NHL TRANS TO LG BCELL				Not Allowed	\$0.00			000	999	-
G9137	E	ONC DX NHL RELAPSE/REFRACTOR				Not Allowed	\$0.00			000	999	-
G9138	E	ONC DX NHL STG UNKNOWN				Not Allowed	\$0.00			000	999	-
G9139	E	ONC DX CML DX STATUS UNKNOWN				Not Allowed	\$0.00			000	999	-
G9140	E	FRONTIER EXTENDED STAY DEMO				Not Allowed	\$0.00			000	999	-
G9141	E	INFLUENZA A H1N1_ADMIN W COU				Not Allowed	\$0.00			000	999	-
G9142	E	INFLUENZA A H1N1_VACCINE				Not Allowed	\$0.00			000	999	-
G9143	N	WARFARIN RESPON GENETIC TEST				Bundled	\$0.00			000	999	-
G9147	E	OUTPT IV INSULIN TX ANY MEA				Not Allowed	\$0.00			000	999	-
G9148	E	MEDICAL HOME LEVEL 1				Not Allowed	\$0.00			000	999	-
G9149	E	MEDICAL HOME LEVEL II				Not Allowed	\$0.00			000	999	-
G9150	E	MEDICAL HOME LEVEL III				Not Allowed	\$0.00			000	999	-
G9151	E	MAPCP DEMO STATE				Not Allowed	\$0.00			000	999	-
G9152	E	MAPCP DEMO COMMUNITY				Not Allowed	\$0.00			000	999	-
G9153	E	MAPCP DEMO PHYSICIAN				Not Allowed	\$0.00			000	999	-
G9156	E	EVALUATION FOR WHEELCHAIR				Not Allowed	\$0.00			000	999	-
G9157	E	TRANSESOPH DOPPL CARDIAC MON				Not Allowed	\$0.00			000	999	-
G9187	E	BPCI HOME VISIT				Not Allowed	\$0.00			000	999	-
G9188	E	BETA NOT GIVEN NO REASON				Not Allowed	\$0.00			000	999	-
G9189	E	BETA PRES OR ALREADY TAKING				Not Allowed	\$0.00			000	999	-
G9190	E	MEDICAL REASON FOR NO BETA				Not Allowed	\$0.00			000	999	-
G9191	E	PT REASON FOR NO BETA				Not Allowed	\$0.00			000	999	-
G9192	E	SYSTEM REASON FOR NO BETA				Not Allowed	\$0.00			000	999	-
G9196	E	MED REASON FOR NO CEPH				Not Allowed	\$0.00			000	999	-
G9197	E	ORDER FOR CEPH				Not Allowed	\$0.00			000	999	-
G9198	E	NO ORDER FOR CEPH NO REASON				Not Allowed	\$0.00			000	999	-
G9212	E	DOC OF DSM-IV INIT EVAL				Not Allowed	\$0.00			000	999	-
G9213	E	NO DOC OF DSM-IV				Not Allowed	\$0.00			000	999	-
G9223	E	PJP PROPH ORDERED CD4 LOW				Not Allowed	\$0.00			000	999	-
G9225	E	NORSN NO FOOT EXAM				Not Allowed	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
G9226	E	3 COMP FOOT EXAM COMPLETED				Not Allowed	\$0.00			000	999	-
G9227	E	FOA DOC, CARE PLAN NOT DOC				Not Allowed	\$0.00			000	999	-
G9228	E	GC CHL SYP DOCUMENTED				Not Allowed	\$0.00			000	999	-
G9229	E	PTRSN NO GC CHL SYP TEST				Not Allowed	\$0.00			000	999	-
G9230	E	NORSN FOR GC CHL SYP TEST				Not Allowed	\$0.00			000	999	-
G9231	E	DOC ESRD DIA TRANS PREG				Not Allowed	\$0.00			000	999	-
G9242	E	DOC VIRAL LOAD >=200				Not Allowed	\$0.00			000	999	-
G9243	E	DOC VIRAL LOAD <200				Not Allowed	\$0.00			000	999	-
G9246	E	NO MED VISIT IN 24MO				Not Allowed	\$0.00			000	999	-
G9247	E	1 MED VISIT IN 24MO				Not Allowed	\$0.00			000	999	-
G9250	E	DOC OF PAIN COMFORT 48HR				Not Allowed	\$0.00			000	999	-
G9251	E	DOC NO PAIN COMFORT 48HR				Not Allowed	\$0.00			000	999	-
G9254	E	DOC PT DISCHG >2D				Not Allowed	\$0.00			000	999	-
G9255	E	DOC PT DISCHG <=2D				Not Allowed	\$0.00			000	999	-
G9267	E	DOC COMP OR MORT W IN 30D				Not Allowed	\$0.00			000	999	-
G9268	E	DOC COMP OR MORT W IN 90D				Not Allowed	\$0.00			000	999	-
G9269	E	DOC NO COMP OR MORT W IN 30D				Not Allowed	\$0.00			000	999	-
G9270	E	DOC NO COMP OR MORT W IN 90D				Not Allowed	\$0.00			000	999	-
G9273	E	SYS<140 AND DIA<90				Not Allowed	\$0.00			000	999	-
G9274	E	BP OUT OF NRML LIMITS				Not Allowed	\$0.00			000	999	-
G9275	E	DOC OF NON TOBACCO USER				Not Allowed	\$0.00			000	999	-
G9276	E	DOC OF TOBACCO USER				Not Allowed	\$0.00			000	999	-
G9277	E	DOC DAILY ASPIRIN OR CONTRA				Not Allowed	\$0.00			000	999	-
G9278	E	DOC NO DAILY ASPIRIN				Not Allowed	\$0.00			000	999	-
G9279	E	PNE SCRNDONE DOC VAC DONE				Not Allowed	\$0.00			000	999	-
G9280	E	PNE NOT GIVEN NORSN				Not Allowed	\$0.00			000	999	-
G9281	E	PNE SCRNDONE DOC NOT IND				Not Allowed	\$0.00			000	999	-
G9282	E	DOC MEDRSN NO HISTO TYPE				Not Allowed	\$0.00			000	999	-
G9283	E	HIST TYPE DOC ON REPORT				Not Allowed	\$0.00			000	999	-
G9284	E	NO HIST TYPE DOC ON REPORT				Not Allowed	\$0.00			000	999	-
G9285	E	SITE NOT SMALL CELL LUNG CA				Not Allowed	\$0.00			000	999	-
G9286	E	ANTIBIO RX W IN 10D OF SYMPT				Not Allowed	\$0.00			000	999	-
G9287	E	NO ANTIBIO W IN 10D OF SYMPT				Not Allowed	\$0.00			000	999	-
G9288	E	DOC MEDRSN NO HIST TYPE RPT				Not Allowed	\$0.00			000	999	-
G9289	E	DOC TYPE NSM LUNG CA				Not Allowed	\$0.00			000	999	-
G9290	E	NO DOC TYPE NSM LUNG CA				Not Allowed	\$0.00			000	999	-
G9291	E	NOT NSM LUNG CA				Not Allowed	\$0.00			000	999	-
G9292	E	MEDRSN NO PT CATEGORY				Not Allowed	\$0.00			000	999	-
G9293	E	NO PT CATEGORY ON REPORT				Not Allowed	\$0.00			000	999	-
G9294	E	PT CAT AND THCK ON REPORT				Not Allowed	\$0.00			000	999	-
G9295	E	NON CUTANEOUS LOC				Not Allowed	\$0.00			000	999	-
G9296	E	DOC SHARE DEC PRIOR PROC				Not Allowed	\$0.00			000	999	-
G9297	E	NO DOC SHARE DEC PRIOR PROC				Not Allowed	\$0.00			000	999	-
G9298	E	EVAL RISK VTE CARD 30D PRIOR				Not Allowed	\$0.00			000	999	-
G9299	E	NO EVAL RISK VTE CARD PRIOR				Not Allowed	\$0.00			000	999	-
G9305	E	NO INTERV REQ FOR LEAK				Not Allowed	\$0.00			000	999	-
G9306	E	INTERV REQ FOR LEAK				Not Allowed	\$0.00			000	999	-
G9307	E	NO RET FOR SURG W IN 30D				Not Allowed	\$0.00			000	999	-
G9308	E	UNPL RET OR W/COMPL W/IN 30D				Not Allowed	\$0.00			000	999	-
G9309	E	NO UNPLND HOSP READM IN 30D				Not Allowed	\$0.00			000	999	-
G9310	E	UNPLND HOSP READM IN 30D				Not Allowed	\$0.00			000	999	-
G9311	E	NO SURG SITE INFECTION				Not Allowed	\$0.00			000	999	-
G9312	E	SURGICAL SITE INFECTION				Not Allowed	\$0.00			000	999	-
G9313	E	AMOXIC NOT PRESC AS 1ST LINE				Not Allowed	\$0.00			000	999	-
G9314	E	NORSN NOT FIRST LINE AMOX				Not Allowed	\$0.00			000	999	-
G9315	E	DOC FIRST LINE AMOX				Not Allowed	\$0.00			000	999	-
G9316	E	DOC COMM RISK CALC				Not Allowed	\$0.00			000	999	-

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G9317	E	NO DOC COMM RISK CALC				Not Allowed	\$0.00			000	999	-
G9318	E	IMAGE STD NOMENCLATURE				Not Allowed	\$0.00			000	999	-
G9319	E	IMAGE NOT STD NOMENCLATURE				Not Allowed	\$0.00			000	999	-
G9321	E	DOC COUNT OF CT IN 12MO				Not Allowed	\$0.00			000	999	-
G9322	E	NO DOC COUNT OF CT IN 12MO				Not Allowed	\$0.00			000	999	-
G9341	E	SRCH FOR CT W IN 12 MOS				Not Allowed	\$0.00			000	999	-
G9342	E	NO SRCH FOR CT IN 12MO NORSN				Not Allowed	\$0.00			000	999	-
G9344	E	SYSRSN NO DICOM SRCH				Not Allowed	\$0.00			000	999	-
G9345	E	FOLLOW UP PULM NOD				Not Allowed	\$0.00			000	999	-
G9347	E	NO FOLLOW UP PULM NOD NORSN				Not Allowed	\$0.00			000	999	-
G9348	E	DOC RSN FOR ORD CT SCAN				Not Allowed	\$0.00			000	999	-
G9349	E	CT WITHIN 28 DAYS				Not Allowed	\$0.00			000	999	-
G9350	E	NO DOC SINUS CT 28D OR DX				Not Allowed	\$0.00			000	999	-
G9351	E	DOC >1 SINUS CT W 90D DX				Not Allowed	\$0.00			000	999	-
G9352	E	NOT >1 SINUS CT W 90D DX				Not Allowed	\$0.00			000	999	-
G9353	E	MEDRSN >1 SINUS CT W 90D DX				Not Allowed	\$0.00			000	999	-
G9354	E	1 OR NO CT SINUS W/IN 90D DX				Not Allowed	\$0.00			000	999	-
G9355	E	NO EARLY IND/DELIVERY				Not Allowed	\$0.00			000	999	-
G9356	E	EARLY IND/DELIVERY				Not Allowed	\$0.00			000	999	-
G9357	E	PP EVAL/EDU PERF				Not Allowed	\$0.00			000	999	-
G9358	E	PP EVAL/EDU NOT PERF				Not Allowed	\$0.00			000	999	-
G9359	E	NEG MGD POS TB NOTACT				Not Allowed	\$0.00			000	999	-
G9360	E	NO DOC OF NEG OR MAN POS TB				Not Allowed	\$0.00			000	999	-
G9361	E	DOC RSN ELECT C-SEC/INDUCT				Not Allowed	\$0.00			000	999	-
G9364	E	SINUS CAUS BAC INX				Not Allowed	\$0.00			000	999	-
G9367	E	>= 2 SAME HI-RSK MED ORD				Not Allowed	\$0.00			000	999	-
G9368	E	>= 2 SAME HI-RSK MED NOT ORD				Not Allowed	\$0.00			000	999	-
G9380	E	OFF ASSIS EOL ISS				Not Allowed	\$0.00			000	999	-
G9382	E	NO OFF ASSIS EOL				Not Allowed	\$0.00			000	999	-
G9383	E	RECD SCRIN HCV INFEC				Not Allowed	\$0.00			000	999	-
G9384	E	DOC MED RSN NO HCV SCRIN				Not Allowed	\$0.00			000	999	-
G9385	E	DOC PT REAS NOT REC HCV SRN				Not Allowed	\$0.00			000	999	-
G9386	E	SCRIN HCV INFEC NOT RECD				Not Allowed	\$0.00			000	999	-
G9393	E	INI PHQ9 >9 REMISS <5				Not Allowed	\$0.00			000	999	-
G9394	E	DX BIPOL, DEATH, NHRES, HOSP				Not Allowed	\$0.00			000	999	-
G9395	E	INI PHQ9 >9 NO REMISS >=5				Not Allowed	\$0.00			000	999	-
G9396	E	INI PHQ9 >9 NOT ASSESS				Not Allowed	\$0.00			000	999	-
G9399	E	DOC DISC TX CHOICES				Not Allowed	\$0.00			000	999	-
G9400	E	DOC REAS NO DISC TX OPT				Not Allowed	\$0.00			000	999	-
G9401	E	NO DISC TX CHOICES				Not Allowed	\$0.00			000	999	-
G9402	E	RECD F/U W/IN 30D DISCH				Not Allowed	\$0.00			000	999	-
G9403	E	DOC REAS NO 30 DAY F/U				Not Allowed	\$0.00			000	999	-
G9404	E	NO 30 DAY F/U				Not Allowed	\$0.00			000	999	-
G9405	E	RECD F/U W/IN 7D DC				Not Allowed	\$0.00			000	999	-
G9406	E	DOC REAS NO 7D F/U				Not Allowed	\$0.00			000	999	-
G9407	E	NO 7D F/U				Not Allowed	\$0.00			000	999	-
G9408	E	CARD TAMP W/IN 30D				Not Allowed	\$0.00			000	999	-
G9409	E	NO CARD TAMP E/IN 30D				Not Allowed	\$0.00			000	999	-
G9410	E	ADMIT W/IN 180D REQ REMOV				Not Allowed	\$0.00			000	999	-
G9411	E	NO ADMIT W/IN 180D REQ REMOV				Not Allowed	\$0.00			000	999	-
G9412	E	ADMIT W/IN 180D REQ SURG REV				Not Allowed	\$0.00			000	999	-
G9413	E	NO ADMIT REQ SURG REV				Not Allowed	\$0.00			000	999	-
G9414	E	1DOSE MENIG VAC BTWN 11 & 13				Not Allowed	\$0.00			000	999	-
G9415	E	NO 1DOSE MENI VAC BTWN 11&13				Not Allowed	\$0.00			000	999	-
G9416	E	PT 1 TDAP BETW 10-13 YRS				Not Allowed	\$0.00			000	999	-
G9417	E	PT NOT 1 TDAP BETW 10-13 YRS				Not Allowed	\$0.00			000	999	-
G9418	E	LUNGCX BX RPT DOCS CLASS				Not Allowed	\$0.00			000	999	-

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G9419	E	MED REAS NOT INCL HISTO TYPE				Not Allowed	\$0.00			000	999	-
G9420	E	SPEC SITE NO LUNG				Not Allowed	\$0.00			000	999	-
G9421	E	LUNG CX BX RPT NO DOC CLASS				Not Allowed	\$0.00			000	999	-
G9422	E	RPT DOC CLASS HISTO TYPE				Not Allowed	\$0.00			000	999	-
G9423	E	MED REAS RPT NO HISTO TYPE				Not Allowed	\$0.00			000	999	-
G9424	E	SITE NO LUNG OR LUNG CX				Not Allowed	\$0.00			000	999	-
G9425	E	SPEC RPT NO DOC CLASS HISTO				Not Allowed	\$0.00			000	999	-
G9426	E	IMPR MED TIME EDARR PAIN MED				Not Allowed	\$0.00			000	999	-
G9427	E	NO IMPRO MED TIME PAIN MED				Not Allowed	\$0.00			000	999	-
G9428	E	PATHO RPT INCL PT CTG				Not Allowed	\$0.00			000	999	-
G9429	E	DOC MED RSN NO PT CAT				Not Allowed	\$0.00			000	999	-
G9430	E	SPEC SITE NO CUTANEOUS				Not Allowed	\$0.00			000	999	-
G9431	E	PATHO RPT NO PT CTG				Not Allowed	\$0.00			000	999	-
G9432	E	ASTH CONTROLLED				Not Allowed	\$0.00			000	999	-
G9434	E	ASTH NOT CONTROLLED				Not Allowed	\$0.00			000	999	-
G9448	E	BORN 1945-1965				Not Allowed	\$0.00			000	999	-
G9449	E	HX BLD TRANSF B/F 1992				Not Allowed	\$0.00			000	999	-
G9450	E	HX INJEC DRUG USE				Not Allowed	\$0.00			000	999	-
G9451	E	1X SCR N HCV INFECT				Not Allowed	\$0.00			000	999	-
G9452	E	DOC MED REAS NO SCR N HCV				Not Allowed	\$0.00			000	999	-
G9453	E	PT REAS NO HCV INFECT				Not Allowed	\$0.00			000	999	-
G9454	E	NO SCR HCV INF 12 MTH RP				Not Allowed	\$0.00			000	999	-
G9455	E	ABD IMAG W/US, CT OR MRI				Not Allowed	\$0.00			000	999	-
G9456	E	DOC MED PT REAS NO HCC SCR N				Not Allowed	\$0.00			000	999	-
G9457	E	PT NO ABD IMG NO DOC RSN				Not Allowed	\$0.00			000	999	-
G9458	E	TOB USER RECD CESS INTERV				Not Allowed	\$0.00			000	999	-
G9459	E	TOB NON-USER				Not Allowed	\$0.00			000	999	-
G9460	E	NO TOB ASSESS OR CESS INTER				Not Allowed	\$0.00			000	999	-
G9468	E	NO RECD CORTICO>=10MG/D >60D				Not Allowed	\$0.00			000	999	-
G9470	E	NO REC CORTICO>60D 1RX 600MG				Not Allowed	\$0.00			000	999	-
G9471	E	W/IN 2YR DXA NOT ORDER				Not Allowed	\$0.00			000	999	-
G9473	E	CHAP SERVICES AT HOSPICE				Not Allowed	\$0.00			000	999	-
G9474	E	DIET COUNSEL AT HOSPICE				Not Allowed	\$0.00			000	999	-
G9475	E	OTHER COUNSELOR AT HOSPICE				Not Allowed	\$0.00			000	999	-
G9476	E	VOLUN SERVICE AT HOSPICE				Not Allowed	\$0.00			000	999	-
G9477	E	CARE COORD AT HOSPICE				Not Allowed	\$0.00			000	999	-
G9478	E	OTHE THERAPIST AT HOSPICE				Not Allowed	\$0.00			000	999	-
G9479	E	PHARMACIST AT HOSPICE				Not Allowed	\$0.00			000	999	-
G9480	E	ADMISSION TO MCCM				Not Allowed	\$0.00			000	999	-
G9481	E	REMOTE E/M NEW PT 10MINS				Not Allowed	\$0.00			000	999	-
G9482	E	REMOTE E/M NEW PT 20MINS				Not Allowed	\$0.00			000	999	-
G9483	E	REMOTE E/M NEW PT 30MINS				Not Allowed	\$0.00			000	999	-
G9484	E	REMOTE E/M NEW PT 45MINS				Not Allowed	\$0.00			000	999	-
G9485	E	REMOTE E/M NEW PT 60MINS				Not Allowed	\$0.00			000	999	-
G9486	E	REMOTE E/M EST. PT 10MINS				Not Allowed	\$0.00			000	999	-
G9487	E	REMOTE E/M EST. PT 15MINS				Not Allowed	\$0.00			000	999	-
G9488	E	REMOTE E/M EST. PT 25MINS				Not Allowed	\$0.00			000	999	-
G9489	E	REMOTE E/M EST. PT 40MINS				Not Allowed	\$0.00			000	999	-
G9490	E	CMMI MOD HOME VISIT				Not Allowed	\$0.00			000	999	-
G9497	E	REC INST NO SMOKE DAY SURG				Not Allowed	\$0.00			000	999	-
G9498	E	ABX REG PRESCRIBED				Not Allowed	\$0.00			000	999	-
G9500	E	RAD EXPOS IND/EXP TM DOC				Not Allowed	\$0.00			000	999	-
G9501	E	RAD EXPOS IND/EXP TM NO DOC				Not Allowed	\$0.00			000	999	-
G9502	E	MED REAS NO PERF FOOT EXAM				Not Allowed	\$0.00			000	999	-
G9504	E	DOC RSN HEP B STAT NOT ASSES				Not Allowed	\$0.00			000	999	-
G9505	E	ABX PRES W/IN 10 DYS OF SYMP				Not Allowed	\$0.00			000	999	-
G9506	E	BIO IMM RESP MOD PRESC				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
G9507	E	DOC REAS ON STATIN OR CONTRA				Not Allowed	\$0.00			000	999	-
G9508	E	DOC PT NOT ON STATIN				Not Allowed	\$0.00			000	999	-
G9509	E	ADIT MDD DYS REM 12 MNTHS				Not Allowed	\$0.00			000	999	-
G9510	E	REMISS12M NOT PHQ-9 SCORE <5				Not Allowed	\$0.00			000	999	-
G9511	E	IDX EVT DTE PHQ>9 DOC 12 MO				Not Allowed	\$0.00			000	999	-
G9512	E	INDIV PDC > 0.8				Not Allowed	\$0.00			000	999	-
G9513	E	INDIV PDC NOT > 0.8				Not Allowed	\$0.00			000	999	-
G9514	E	REQ RET OR W/IN 90D OF SURG				Not Allowed	\$0.00			000	999	-
G9515	E	NO REAS, NO RET OR W/IN 90D				Not Allowed	\$0.00			000	999	-
G9516	E	IMPR VIS ACUIT W/IN 90D				Not Allowed	\$0.00			000	999	-
G9517	E	NO IMPR VIS ACUIT W/IN 90D				Not Allowed	\$0.00			000	999	-
G9518	E	DOC ACTIVE INJ DRUG USE				Not Allowed	\$0.00			000	999	-
G9519	E	FINAL REF +/- 1.0 W/IN 90D				Not Allowed	\$0.00			000	999	-
G9520	E	REFRACT NOT +/- 1.0 W/IN 90D				Not Allowed	\$0.00			000	999	-
G9521	E	ER AND IP HOSP <2 IN 12 MOS				Not Allowed	\$0.00			000	999	-
G9522	E	ER/IP HOSP =>2 IN 12 MOS				Not Allowed	\$0.00			000	999	-
G9529	E	MINOR BLUNT TRAUMA W/HEAD CT				Not Allowed	\$0.00			000	999	-
G9530	E	PT MBHT HD CT ORD EC PROV				Not Allowed	\$0.00			000	999	-
G9531	E	PT DOC				Not Allowed	\$0.00			000	999	-
G9533	E	INDIC FOR HEAD CT NOT VALID				Not Allowed	\$0.00			000	999	-
G9537	E	DOC SYSM RSN IMG HD				Not Allowed	\$0.00			000	999	-
G9539	E	INTENT POT REMV TIME PLACEMT				Not Allowed	\$0.00			000	999	-
G9540	E	PT ALIVE 3 MOS POST PROC				Not Allowed	\$0.00			000	999	-
G9541	E	FILTER REM 3 MON PLMT				Not Allowed	\$0.00			000	999	-
G9542	E	DOC REASS APPR REMO FILT 3MS				Not Allowed	\$0.00			000	999	-
G9543	E	DOC 2X RE-ASSESS FILT REMOV				Not Allowed	\$0.00			000	999	-
G9544	E	NO FILT REMOV W/IN 3MOS PLCM				Not Allowed	\$0.00			000	999	-
G9547	E	CYS REN LES OR ADREN				Not Allowed	\$0.00			000	999	-
G9548	E	NO F/U REC IMAGE STUDY				Not Allowed	\$0.00			000	999	-
G9549	E	DOC MED RSN FOR F/U IMAG				Not Allowed	\$0.00			000	999	-
G9550	E	IMAG REC				Not Allowed	\$0.00			000	999	-
G9551	E	IMAG NO LES				Not Allowed	\$0.00			000	999	-
G9552	E	INC THYR NODE <1.0 IN RPT				Not Allowed	\$0.00			000	999	-
G9553	E	PRIOR THYROID DISE DX				Not Allowed	\$0.00			000	999	-
G9554	E	CT/CTA/MRI/A CHST FOLL REC				Not Allowed	\$0.00			000	999	-
G9555	E	DOC MED RSN FOR FOLLUP IMAGE				Not Allowed	\$0.00			000	999	-
G9556	E	CT/CTA/MRI/A NO FOLLUP IMAG				Not Allowed	\$0.00			000	999	-
G9557	E	CT/CTA/MRI/A NO THYR <1.0CM				Not Allowed	\$0.00			000	999	-
G9561	E	PRESC OPIATES >6 WKS				Not Allowed	\$0.00			000	999	-
G9562	E	FOLL-UP EVAL Q3MO OPIOD TX				Not Allowed	\$0.00			000	999	-
G9563	E	NO F/U EVAL Q3MO OPIOD TX				Not Allowed	\$0.00			000	999	-
G9577	E	PRESC OPIATES >6 WKS				Not Allowed	\$0.00			000	999	-
G9578	E	DOC OPIOD TX 1X DURING THER				Not Allowed	\$0.00			000	999	-
G9579	E	NO DOC OPIOD TX 1X AT THER				Not Allowed	\$0.00			000	999	-
G9580	E	DOOR TO PUNC TIME <2HRS				Not Allowed	\$0.00			000	999	-
G9582	E	DOOR TO PUNC TIME >2HR, NRG				Not Allowed	\$0.00			000	999	-
G9583	E	PRESC OPIATES >6 WKS				Not Allowed	\$0.00			000	999	-
G9584	E	EVAL OPIOD USE INSTR/PT INT				Not Allowed	\$0.00			000	999	-
G9585	E	NO EVAL OPI USE INSTR/INTV				Not Allowed	\$0.00			000	999	-
G9593	E	LOW PECARN PED HEAD TRAUMA				Not Allowed	\$0.00			000	999	-
G9594	E	PT MBHT HD CT ORD EC PROV				Not Allowed	\$0.00			000	999	-
G9595	E	DOC SHNT/TUM/COAG				Not Allowed	\$0.00			000	999	-
G9596	E	PED PT HD CT ORD				Not Allowed	\$0.00			000	999	-
G9597	E	NO LOW PECARN PED HEAD TRAUM				Not Allowed	\$0.00			000	999	-
G9598	E	AOR ANE 5.5-5.9 CM MAX DIAM				Not Allowed	\$0.00			000	999	-
G9599	E	AOR ANE >=6.0 CM MAX DIAM				Not Allowed	\$0.00			000	999	-
G9603	E	PT SURV IMPROV BSLINE TX				Not Allowed	\$0.00			000	999	-

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

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
G9604	E	PT SURV RESULTS NOT AVAIL				Not Allowed	\$0.00			000	999	-
G9605	E	SURV SCORE NO IMPROV W/TX				Not Allowed	\$0.00			000	999	-
G9606	E	INTRAOP CYST EVAL TRAC INJ				Not Allowed	\$0.00			000	999	-
G9607	E	DOC MED RSN NOT PERF CYSTOSC				Not Allowed	\$0.00			000	999	-
G9608	E	INTRAOP CYST EVAL NOT DONE				Not Allowed	\$0.00			000	999	-
G9609	E	DOC ORDER ANTI-PLAT				Not Allowed	\$0.00			000	999	-
G9610	E	DOC MD RSN NO ANTIPLA				Not Allowed	\$0.00			000	999	-
G9611	E	NO DOC ORDER ANTI-PLAT RNG				Not Allowed	\$0.00			000	999	-
G9612	E	PHODOC 2 MR CEC LNDMK				Not Allowed	\$0.00			000	999	-
G9613	E	DOC POST SURG ANATOMY				Not Allowed	\$0.00			000	999	-
G9614	E	PHOTODOC < 2 CEC LNDMK				Not Allowed	\$0.00			000	999	-
G9618	E	DOC SCR UTER MAL OR US/SAMP				Not Allowed	\$0.00			000	999	-
G9620	E	NO SCR UTR MALIG/US/SAMP RNG				Not Allowed	\$0.00			000	999	-
G9621	E	SCR UNHEAL ETOH W/COUNSEL				Not Allowed	\$0.00			000	999	-
G9622	E	NO UNHEAL ETOH USER				Not Allowed	\$0.00			000	999	-
G9623	E	DOC MED RSN NO SCR ETOH USE				Not Allowed	\$0.00			000	999	-
G9624	E	PT NOT SCR N OR NO COUNSELING				Not Allowed	\$0.00			000	999	-
G9625	E	PT BL SRG 30 DAY PST SRG				Not Allowed	\$0.00			000	999	-
G9626	E	MED RSN NO RPT BALDDER INJ				Not Allowed	\$0.00			000	999	-
G9627	E	PT NO BL SRG 30 DAY PST SRG				Not Allowed	\$0.00			000	999	-
G9628	E	PT BWLI SRG 30 DAY PST SRG				Not Allowed	\$0.00			000	999	-
G9629	E	MED RSN NO RPT BOWEL INJ				Not Allowed	\$0.00			000	999	-
G9630	E	PT NO BWLI SRG 30 DAY SRG				Not Allowed	\$0.00			000	999	-
G9631	E	PT UI SRG 30 DAY PST SRG				Not Allowed	\$0.00			000	999	-
G9632	E	MED RSN FOR NO RPT URET INJ				Not Allowed	\$0.00			000	999	-
G9633	E	PT NO UI SRG 30 DAY PST SRG				Not Allowed	\$0.00			000	999	-
G9634	E	QUAL LIFE TOOL 2X SAME/IMPR				Not Allowed	\$0.00			000	999	-
G9635	E	NO DOC RSN DO QUAL LIFE ASSM				Not Allowed	\$0.00			000	999	-
G9636	E	NO LIFE ASST 2X SAME/DECR				Not Allowed	\$0.00			000	999	-
G9637	E	DOC >1 DOSE REDUC TECH				Not Allowed	\$0.00			000	999	-
G9638	E	NO DOC >1 DOSE REDUC TECH				Not Allowed	\$0.00			000	999	-
G9639	E	AMP NO REQD IN48H IELER PROC				Not Allowed	\$0.00			000	999	-
G9640	E	DOC PLAN HYBRID/STAGE PROC				Not Allowed	\$0.00			000	999	-
G9641	E	AMP REQD W/IN 48H IELER PROC				Not Allowed	\$0.00			000	999	-
G9642	E	CURRENT SMOKER				Not Allowed	\$0.00			000	999	-
G9643	E	ELECTIVE SURGERY				Not Allowed	\$0.00			000	999	-
G9644	E	NO SMOK B/4 ANES DAY OF SURG				Not Allowed	\$0.00			000	999	-
G9645	E	HAD SMOKE B/4 ANES DAY SURG				Not Allowed	\$0.00			000	999	-
G9646	E	PT W/90D MRS 0-2				Not Allowed	\$0.00			000	999	-
G9647	E	NO MRS SCORE IN 90D FOLLOWUP				Not Allowed	\$0.00			000	999	-
G9648	E	PT W/90D MRS >2				Not Allowed	\$0.00			000	999	-
G9649	E	PSOR AS DOC SPC BM				Not Allowed	\$0.00			000	999	-
G9651	E	PSOR AS DOC NO SPC BM				Not Allowed	\$0.00			000	999	-
G9654	E	MON ANESTH CARE				Not Allowed	\$0.00			000	999	-
G9655	E	TOC TOOL INCL KEY ELEM				Not Allowed	\$0.00			000	999	-
G9656	E	PT TRANS FROM ANEST TO PACU				Not Allowed	\$0.00			000	999	-
G9658	E	TOC TOOL INCL ELEM NOT USED				Not Allowed	\$0.00			000	999	-
G9659	E	>85Y NO HX COLO CA/RSN SCOPE				Not Allowed	\$0.00			000	999	-
G9660	E	DOC MED RSN SCOPE PT >85Y				Not Allowed	\$0.00			000	999	-
G9661	E	>85Y SCOPE OTHR RSN				Not Allowed	\$0.00			000	999	-
G9662	E	PRIOR DX/ACTIVE CLIN ASCVD				Not Allowed	\$0.00			000	999	-
G9663	E	FAST/DIR LDL <= 190 MG/DL				Not Allowed	\$0.00			000	999	-
G9664	E	TAKING STATIN OR REC'D ORDER				Not Allowed	\$0.00			000	999	-
G9665	E	NO STATIN/NO ORDER STATIN				Not Allowed	\$0.00			000	999	-
G9666	E	FAS/DIR LDL 70-189MG/DL MST				Not Allowed	\$0.00			000	999	-
G9674	E	PT W/CLIN ASCVD DX				Not Allowed	\$0.00			000	999	-
G9675	E	PT W/FAST/DIR LAB LDL-C >190				Not Allowed	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
G9676	E	40-75Y W/TYPE 1/2 W/LDL-C RS				Not Allowed	\$0.00			000	999	-
G9678	E	ONCOLOGY CARE MODEL SERVICE				Not Allowed	\$0.00			000	999	-
G9679	E	ACUTE CARE PNEUMONIA				Not Allowed	\$0.00			000	999	-
G9680	E	ACUTE CARE CONGESTIVE HEART				Not Allowed	\$0.00			000	999	-
G9681	E	ACUTE CARE CHRONIC OBSTRUCT				Not Allowed	\$0.00			000	999	-
G9682	E	ACUTE CARE SKIN INFECTION				Not Allowed	\$0.00			000	999	-
G9683	E	ACUTE FLUID/ELECTRO DISORDER				Not Allowed	\$0.00			000	999	-
G9684	E	ACUTE CARE URINARY TRACT INF				Not Allowed	\$0.00			000	999	-
G9685	E	ACUTE NURSING FACILITY CARE				Not Allowed	\$0.00			000	999	-
G9687	E	HOSPICE ANYTIME MSMT PER				Not Allowed	\$0.00			000	999	-
G9688	E	PT W/HOSP ANYTIME MSMT PER				Not Allowed	\$0.00			000	999	-
G9689	E	INPT ELECT CAROTID INTERVENT				Not Allowed	\$0.00			000	999	-
G9690	E	PT IN HOS				Not Allowed	\$0.00			000	999	-
G9691	E	PT HOSP DUR MSMT PERIOD				Not Allowed	\$0.00			000	999	-
G9692	E	HOSP RECD BY PT DUR MSMT PER				Not Allowed	\$0.00			000	999	-
G9693	E	PT USE HOSP DURING MSMT PER				Not Allowed	\$0.00			000	999	-
G9694	E	HOSP SRV USED PT IN MSMT PER				Not Allowed	\$0.00			000	999	-
G9695	E	LONG ACT INHAL BRONCHDIL PRE				Not Allowed	\$0.00			000	999	-
G9696	E	MED RSN NO PRESC BRONCHDIL				Not Allowed	\$0.00			000	999	-
G9697	E	PT RSN NO PRESC BRONCHDIL				Not Allowed	\$0.00			000	999	-
G9698	E	SYS RSN NO PRESC BRONCHDIL				Not Allowed	\$0.00			000	999	-
G9699	E	LONG INHAL BRONCHDIL NO PRES				Not Allowed	\$0.00			000	999	-
G9700	E	PT IS W/HOSP DURING MSMT PER				Not Allowed	\$0.00			000	999	-
G9702	E	PT USE HOSP DURING MSMT PER				Not Allowed	\$0.00			000	999	-
G9703	E	CHILD ANBX 30 PRIOR DX PHARY				Not Allowed	\$0.00			000	999	-
G9704	E	AJCC BR CA STG I: T1 MIC/T1A				Not Allowed	\$0.00			000	999	-
G9705	E	AJCC BR CA STG IB				Not Allowed	\$0.00			000	999	-
G9706	E	LOW RECUR PROST CA				Not Allowed	\$0.00			000	999	-
G9707	E	PT HAD HOSP DUR MSMT PER				Not Allowed	\$0.00			000	999	-
G9708	E	BILAT MAST/HX BI /UNILAT MAS				Not Allowed	\$0.00			000	999	-
G9709	E	HOSP SRV USED PT IN MSMT PER				Not Allowed	\$0.00			000	999	-
G9710	E	PT PROV HOSP SRV MSMT PER				Not Allowed	\$0.00			000	999	-
G9711	E	PT HX TOT COL OR COLON CA				Not Allowed	\$0.00			000	999	-
G9712	E	DOC MED RSN PRESC ANBX				Not Allowed	\$0.00			000	999	-
G9713	E	PT USE HOSP DURING MSMT PER				Not Allowed	\$0.00			000	999	-
G9714	E	PT IS W/HOSP DURING MSMT PER				Not Allowed	\$0.00			000	999	-
G9715	E	PT W/HOSP ANYTIME MSMT PER				Not Allowed	\$0.00			000	999	-
G9716	E	BMI DOC ONL FUP NOT CMLTD				Not Allowed	\$0.00			000	999	-
G9717	E	DOC PT DX DEP/BP F/U NT REQ				Not Allowed	\$0.00			000	999	-
G9718	E	HOSPICE ANYTIME MSMT PER				Not Allowed	\$0.00			000	999	-
G9719	E	PT NOT AMBUL/IMMOB/WC				Not Allowed	\$0.00			000	999	-
G9720	E	HOSPICE ANYTIME MSMT PER				Not Allowed	\$0.00			000	999	-
G9721	E	PT NOT AMBUL/IMMOB/WC				Not Allowed	\$0.00			000	999	-
G9722	E	DOC HX RENAL FAIL OR CR+ >4				Not Allowed	\$0.00			000	999	-
G9723	E	HOSP RECD BY PT DUR MSMT PER				Not Allowed	\$0.00			000	999	-
G9724	E	PT W/DOC USE ANTICOAG MST YR				Not Allowed	\$0.00			000	999	-
G9725	E	PT W/HOSP ANYTIME MSMT PER				Not Allowed	\$0.00			000	999	-
G9726	E	REFUSED TO PARTICIPATE				Not Allowed	\$0.00			000	999	-
G9727	E	PT UNABLE CMLPT KNEE FS PROM				Not Allowed	\$0.00			000	999	-
G9728	E	REFUSED TO PARTICIPATE				Not Allowed	\$0.00			000	999	-
G9729	E	PT UNBL CMLPT HIP FS PROM				Not Allowed	\$0.00			000	999	-
G9730	E	REFUSED TO PARTICIPATE				Not Allowed	\$0.00			000	999	-
G9731	E	PT UNBL CMLPT FT/ANK FS PROM				Not Allowed	\$0.00			000	999	-
G9732	E	REFUSED TO PARTICIPATE				Not Allowed	\$0.00			000	999	-
G9733	E	PT UNBL CMLPT LB FS PROM				Not Allowed	\$0.00			000	999	-
G9734	E	REFUSED TO PARTICIPATE				Not Allowed	\$0.00			000	999	-
G9735	E	PT UNBL CMLPT SHLD FS PROM				Not Allowed	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
G9736	E	REFUSED TO PARTICIPATE				Not Allowed	\$0.00			000	999	-
G9737	E	PT UNBL CMLPT EWH FS PROM				Not Allowed	\$0.00			000	999	-
G9740	E	HOSP SRV TO PT DUR MSMT PER				Not Allowed	\$0.00			000	999	-
G9741	E	PT W/HOSP ANYTIME MSMT PER				Not Allowed	\$0.00			000	999	-
G9744	E	PT NOT ELI D/T ACT DIG HTN				Not Allowed	\$0.00			000	999	-
G9745	E	DOC RSN NO HBP SCR N OR F/U				Not Allowed	\$0.00			000	999	-
G9746	E	MIT STEN, VALVE OR TRANS AF				Not Allowed	\$0.00			000	999	-
G9751	E	PT DIED W/IN 24 MOS RPT TIME				Not Allowed	\$0.00			000	999	-
G9752	E	URGENT SURGERY				Not Allowed	\$0.00			000	999	-
G9753	E	DOC NO DICOM, CT OTHER FAC				Not Allowed	\$0.00			000	999	-
G9754	E	INCLD PULM NODULE				Not Allowed	\$0.00			000	999	-
G9755	E	DOC MED RSN NO FLLW UP				Not Allowed	\$0.00			000	999	-
G9756	E	SURG PROC W/SILICONE OIL				Not Allowed	\$0.00			000	999	-
G9757	E	SURG PROC W/SILICONE OIL				Not Allowed	\$0.00			000	999	-
G9758	E	PT IN HOS				Not Allowed	\$0.00			000	999	-
G9760	E	PT W/HOSP ANYTIME MSMT PER				Not Allowed	\$0.00			000	999	-
G9761	E	PT W/HOSP ANYTIME MSMT PER				Not Allowed	\$0.00			000	999	-
G9762	E	PT HAD >= 2-3 HPV VACCINES				Not Allowed	\$0.00			000	999	-
G9763	E	PT NOT HAVE 2-3 HPV VACCINES				Not Allowed	\$0.00			000	999	-
G9764	E	PT TREATD W/ORAL SYST OR BIO				Not Allowed	\$0.00			000	999	-
G9765	E	DOC PAT DECLINED THERAPY				Not Allowed	\$0.00			000	999	-
G9766	E	CVA STROKE DX TX TRANSF FAC				Not Allowed	\$0.00			000	999	-
G9767	E	HOSP NEW DX CVA CONSID EVST				Not Allowed	\$0.00			000	999	-
G9768	E	PT W/HOSP ANYTIME MSMT PER				Not Allowed	\$0.00			000	999	-
G9769	E	BN DEN 2YR/GOT OST MED/THER				Not Allowed	\$0.00			000	999	-
G9770	E	PERIP NERVE BLOCK				Not Allowed	\$0.00			000	999	-
G9771	E	ANES END, 1 TEMP >35.5(95.9)				Not Allowed	\$0.00			000	999	-
G9772	E	DOC MED RSN NO TEMP >= 35.5				Not Allowed	\$0.00			000	999	-
G9773	E	1 BOD TEMP >=35.5				Not Allowed	\$0.00			000	999	-
G9774	E	PT HAD HYST				Not Allowed	\$0.00			000	999	-
G9775	E	RECD 2 ANTI-EMET PRE/INTRAOP				Not Allowed	\$0.00			000	999	-
G9776	E	DOC MED RSN NO PROPH ANTIEM				Not Allowed	\$0.00			000	999	-
G9777	E	PT NO ANTIEMET PRE/INTRAOP				Not Allowed	\$0.00			000	999	-
G9778	E	PTS DX W/PREGN				Not Allowed	\$0.00			000	999	-
G9779	E	PTS BREASTFEEDING				Not Allowed	\$0.00			000	999	-
G9780	E	PTS DX W/RHABDOMYOLYSIS				Not Allowed	\$0.00			000	999	-
G9781	E	DOC RSN NO STATIN				Not Allowed	\$0.00			000	999	-
G9782	E	HX DX FAM/PURE HYPERCHOLE				Not Allowed	\$0.00			000	999	-
G9783	E	DOC DX DM, FAST <70, NO STAT				Not Allowed	\$0.00			000	999	-
G9784	E	PATH/DERM PROV 2ND BIOP OPIN				Not Allowed	\$0.00			000	999	-
G9785	E	PATH REPORT SENT				Not Allowed	\$0.00			000	999	-
G9786	E	PATH REPORT NOT SENT				Not Allowed	\$0.00			000	999	-
G9787	E	PT ALIVE				Not Allowed	\$0.00			000	999	-
G9788	E	MOST RCT BP <= 140/90				Not Allowed	\$0.00			000	999	-
G9789	E	RECORD BP IP, ER, URG/SELF				Not Allowed	\$0.00			000	999	-
G9790	E	MOST RCT BP >= 140/90				Not Allowed	\$0.00			000	999	-
G9791	E	MOST RCT TOB STAT FREE				Not Allowed	\$0.00			000	999	-
G9792	E	MOST RCT TOB STAT NOT FREE				Not Allowed	\$0.00			000	999	-
G9793	E	PT ON DAILY ASA/ANTIPLAT				Not Allowed	\$0.00			000	999	-
G9794	E	DOC MED RSN NO DAILY ASPIRIN				Not Allowed	\$0.00			000	999	-
G9795	E	PT NO DAILY ASA/ANTIPLAT				Not Allowed	\$0.00			000	999	-
G9796	E	PT NOT CURRENTLY ON STATIN				Not Allowed	\$0.00			000	999	-
G9797	E	PT CURRENTLY ON STATIN				Not Allowed	\$0.00			000	999	-
G9805	E	PT W/HOSP ANYTIME MSMT PER				Not Allowed	\$0.00			000	999	-
G9806	E	PT RECD CERV CYTO/HPV				Not Allowed	\$0.00			000	999	-
G9807	E	PT NO RECD CERV CYTO/HPV				Not Allowed	\$0.00			000	999	-
G9808	E	PT NO ASTHM CONT MED MST PER				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
G9809	E	PT W/HOSP ANYTIME MSMT PER				Not Allowed	\$0.00			000	999	-
G9810	E	PDC 75% W/ASTH CONT MED				Not Allowed	\$0.00			000	999	-
G9811	E	NO PDC 75% W/ASTH CONT MED				Not Allowed	\$0.00			000	999	-
G9812	E	PT DIED DURING INPT/30D AFT				Not Allowed	\$0.00			000	999	-
G9813	E	PT NOT DIED W/IN 30D OF PROC				Not Allowed	\$0.00			000	999	-
G9818	E	DOC SEX ACTIVITY				Not Allowed	\$0.00			000	999	-
G9819	E	PT W/HOSP ANYTIME MSMT PER				Not Allowed	\$0.00			000	999	-
G9820	E	DOC CHLAM SCR TEST W/FOLLOW				Not Allowed	\$0.00			000	999	-
G9821	E	NO DOC CHLAM SCR TS W/FOLLOW				Not Allowed	\$0.00			000	999	-
G9822	E	ENDO ABL PROC YR PREV IND DT				Not Allowed	\$0.00			000	999	-
G9823	E	ENDO SMPL/HYST BX RES DOC				Not Allowed	\$0.00			000	999	-
G9824	E	ENDO SMPL/HYST BX RES NO DOC				Not Allowed	\$0.00			000	999	-
G9830	E	HER-2 POS				Not Allowed	\$0.00			000	999	-
G9831	E	AJCC STG BRT CA DX II OR III				Not Allowed	\$0.00			000	999	-
G9832	E	BRT CA DX I, NO T1/T1A/T1B				Not Allowed	\$0.00			000	999	-
G9838	E	PT MET DIS AT DX				Not Allowed	\$0.00			000	999	-
G9839	E	ANTI-EGFR MON ANTI THER				Not Allowed	\$0.00			000	999	-
G9840	E	GENE TESTING PERFORMED				Not Allowed	\$0.00			000	999	-
G9841	E	GENE TESTING NOT PERFORMED				Not Allowed	\$0.00			000	999	-
G9842	E	PT MET DIS AT DX				Not Allowed	\$0.00			000	999	-
G9843	E	KRAS OR NRAS GENE MUTATION				Not Allowed	\$0.00			000	999	-
G9844	E	PT NO RECD ANTI-EGFR THER				Not Allowed	\$0.00			000	999	-
G9845	E	PT RECD ANTI-EGFR THER				Not Allowed	\$0.00			000	999	-
G9846	E	PT DIED FROM CANCER				Not Allowed	\$0.00			000	999	-
G9847	E	PT RECD CHEMO LAST 14D LIFE				Not Allowed	\$0.00			000	999	-
G9848	E	PT NO CHEMO LAST 14D LIFE				Not Allowed	\$0.00			000	999	-
G9852	E	PT DIED FROM CANCER				Not Allowed	\$0.00			000	999	-
G9853	E	ICU STAY LAST 30D LIFE				Not Allowed	\$0.00			000	999	-
G9854	E	NO ICU STAY LAST 30D LIFE				Not Allowed	\$0.00			000	999	-
G9858	E	PT ENROLL HOSPICE				Not Allowed	\$0.00			000	999	-
G9859	E	PT DIED FROM CANCER				Not Allowed	\$0.00			000	999	-
G9860	E	PT LESS 3D HOSPICE				Not Allowed	\$0.00			000	999	-
G9861	E	PT MORE THAN 3D HOSPICE				Not Allowed	\$0.00			000	999	-
G9862	E	DOC RSN NO 10 YR FOLLOW				Not Allowed	\$0.00			000	999	-
G9868	E	NEXT GEN ACO MODEL <10MIN				Not Allowed	\$0.00			000	999	-
G9869	E	NEXT GEN ACO MODEL 10-20MIN				Not Allowed	\$0.00			000	999	-
G9870	E	NEXT GEN ACO MODEL >20MIN				Not Allowed	\$0.00			000	999	-
G9873	E	1 EM CORE SESSION				Not Allowed	\$0.00			000	999	-
G9874	E	4 EM CORE SESSIONS				Not Allowed	\$0.00			000	999	-
G9875	E	9 EM CORE SESSIONS				Not Allowed	\$0.00			000	999	-
G9876	E	2 EM CORE MS MO 7-9 NO WL				Not Allowed	\$0.00			000	999	-
G9877	E	2 EM CORE MS MO 10-12 NO WL				Not Allowed	\$0.00			000	999	-
G9878	E	2 EM CORE MS MO 7-9 WL				Not Allowed	\$0.00			000	999	-
G9879	E	2 EM CORE MS MO 10-12 WL				Not Allowed	\$0.00			000	999	-
G9880	E	EM 5 PERCENT WL				Not Allowed	\$0.00			000	999	-
G9881	E	EM 9 PERCENT WL				Not Allowed	\$0.00			000	999	-
G9882	E	2 EM ONGOING MS MO 13-15 WL				Not Allowed	\$0.00			000	999	-
G9883	E	2 EM ONGOING MS MO 16-18 WL				Not Allowed	\$0.00			000	999	-
G9884	E	2 EM ONGOING MS MO 19-21 WL				Not Allowed	\$0.00			000	999	-
G9885	E	2 EM ONGOING MS MO 22-24 WL				Not Allowed	\$0.00			000	999	-
G9890	E	EM BRIDGE PAYMENT				Not Allowed	\$0.00			000	999	-
G9891	E	EM SESSION REPORTING				Not Allowed	\$0.00			000	999	-
G9892	E	DOC PT RSN NO DIL MAC EXAM				Not Allowed	\$0.00			000	999	-
G9893	E	NO MAC EXAM				Not Allowed	\$0.00			000	999	-
G9894	E	ADR DEP THRPY PRESCRIBED				Not Allowed	\$0.00			000	999	-
G9895	E	DOC MED RSN NO ADR DEP THRPY				Not Allowed	\$0.00			000	999	-
G9896	E	DOC PT RSN NO ADR DEP THRPY				Not Allowed	\$0.00			000	999	-

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

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
G9897	E	PT NT PRSC ADR DEP THRPY RNG				Not Allowed	\$0.00			000	999	-
G9898	E	PT 66+ SNP OR LTC POS				Not Allowed	\$0.00			000	999	-
G9899	E	SCRN MAM PERF RSLTS DOC				Not Allowed	\$0.00			000	999	-
G9900	E	SCRN MAM PERF RSLTS NOT DOC				Not Allowed	\$0.00			000	999	-
G9901	E	PT 66+ SNP OR LTC POS				Not Allowed	\$0.00			000	999	-
G9902	E	PT SCR N TBCO AND ID AS USER				Not Allowed	\$0.00			000	999	-
G9903	E	PT SCR N TBCO ID AS NON USER				Not Allowed	\$0.00			000	999	-
G9904	E	DOC MED RSN NO TBCO SCR N				Not Allowed	\$0.00			000	999	-
G9905	E	NO PT TBCO SCR N RNG				Not Allowed	\$0.00			000	999	-
G9906	E	PT REC V TBCO CESS INTERV				Not Allowed	\$0.00			000	999	-
G9907	E	DOC MED RSN NO TBCO INTERV				Not Allowed	\$0.00			000	999	-
G9908	E	NO PT TBCO CESS INTERV RNG				Not Allowed	\$0.00			000	999	-
G9909	E	DOC MED RSN NO TBCO INTERV				Not Allowed	\$0.00			000	999	-
G9910	E	PT 66+ SNP OR LTC POS				Not Allowed	\$0.00			000	999	-
G9911	E	NODE NEG PRE/POST SYST THER				Not Allowed	\$0.00			000	999	-
G9912	E	HBV STATUS ASSESED AND INT				Not Allowed	\$0.00			000	999	-
G9913	E	NO HBV STATUS ASSESED AND INT				Not Allowed	\$0.00			000	999	-
G9914	E	PT RECEIVING ANTI-TNF AGENT				Not Allowed	\$0.00			000	999	-
G9915	E	NO DOCUMNTD HBV RESULTS RCD				Not Allowed	\$0.00			000	999	-
G9916	E	FUNCT STATUS PAST 12 MONTHS				Not Allowed	\$0.00			000	999	-
G9917	E	ADV DEM CRGVR LIMITED				Not Allowed	\$0.00			000	999	-
G9918	E	NO FUNCT STAT PERF. RSN NOS				Not Allowed	\$0.00			000	999	-
G9919	E	SCR N ND POS ND PROV OF REC				Not Allowed	\$0.00			000	999	-
G9920	E	SCR NING PERF AND NEGATIVE				Not Allowed	\$0.00			000	999	-
G9921	E	NO OR PART SCR N ND RNG OR OS				Not Allowed	\$0.00			000	999	-
G9922	E	SFTY CNCRNS SCR N ND MIT RECS				Not Allowed	\$0.00			000	999	-
G9923	E	SAFTY CNCRNS SCR N AND NEG				Not Allowed	\$0.00			000	999	-
G9925	E	NO SCR N PROV RSN NOS				Not Allowed	\$0.00			000	999	-
G9926	E	SFTY CNCRNS SCR N BUT NO RECS				Not Allowed	\$0.00			000	999	-
G9927	E	DOC NO WARF /FDA PT TRIAL				Not Allowed	\$0.00			000	999	-
G9928	E	NO WARF OR FDA DRUG PRESC				Not Allowed	\$0.00			000	999	-
G9929	E	TRS/REV AF				Not Allowed	\$0.00			000	999	-
G9930	E	COM CARE				Not Allowed	\$0.00			000	999	-
G9931	E	NO CHAD OR CHAD SCR 0 OR 1				Not Allowed	\$0.00			000	999	-
G9932	E	DOC PT RSN NO TB SCR N RECRDS				Not Allowed	\$0.00			000	999	-
G9938	E	PT 66+ SNP OR LTC POS				Not Allowed	\$0.00			000	999	-
G9939	E	SAME PATH/DERM PERF BIOPSY				Not Allowed	\$0.00			000	999	-
G9940	E	DOC REAS NO STATIN THERAPY				Not Allowed	\$0.00			000	999	-
G9942	E	ADTL SPINE PROC ON SAME DATE				Not Allowed	\$0.00			000	999	-
G9943	E	BK PN NT MSR VAS SCL PRE/PST				Not Allowed	\$0.00			000	999	-
G9945	E	PT W/CANCER SCOLIOSIS				Not Allowed	\$0.00			000	999	-
G9946	E	BK PAIN NO VAS				Not Allowed	\$0.00			000	999	-
G9948	E	ADTL SPINE PROC ON SAME DATE				Not Allowed	\$0.00			000	999	-
G9949	E	LEG PAIN NO VAS				Not Allowed	\$0.00			000	999	-
G9954	E	PT >2 RSK FAC POST-OP VOMIT				Not Allowed	\$0.00			000	999	-
G9955	E	INHLNT ANESTH ONLY FOR INDUC				Not Allowed	\$0.00			000	999	-
G9956	E	COMBO THRPY OF >= 2 PROPHLY				Not Allowed	\$0.00			000	999	-
G9957	E	DOC MED RSN NO COMBO THRPY				Not Allowed	\$0.00			000	999	-
G9958	E	NO COMBO PROHPYL THRP FOR PT				Not Allowed	\$0.00			000	999	-
G9959	E	SYSTEMIC ANTIMICRO NOT PRESC				Not Allowed	\$0.00			000	999	-
G9960	E	MED RSN SYS ANTIMI NT RX				Not Allowed	\$0.00			000	999	-
G9961	E	SYSTEMIC ANTIMICRO PRESC				Not Allowed	\$0.00			000	999	-
G9962	E	EMBOLIZATION DOC SEPARATLY				Not Allowed	\$0.00			000	999	-
G9963	E	EMBOLIZATION NOT DOC SEPARAT				Not Allowed	\$0.00			000	999	-
G9964	E	PT REC V >=1 WELL-CHLD VISIT				Not Allowed	\$0.00			000	999	-
G9965	E	NO WELL-CHLD VIST REC V BY PT				Not Allowed	\$0.00			000	999	-
G9968	E	PT REFRD 2 PVDR/SPCLST IN PP				Not Allowed	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
G9969	E	PVDR RFRD PT RPRT RCVD				Not Allowed	\$0.00			000	999	-
G9970	E	PVDR RFRD PT NO RPRT RCVD				Not Allowed	\$0.00			000	999	-
G9974	E	MAC EXAM PERF				Not Allowed	\$0.00			000	999	-
G9975	E	DOC MED RSN NO DIL MAC EXAM				Not Allowed	\$0.00			000	999	-
G9976	E	DOC PAT RSN NO MAC EXM PERF				Not Allowed	\$0.00			000	999	-
G9977	E	DIL MAC EXAM NO PERF RSN NOS				Not Allowed	\$0.00			000	999	-
G9978	E	REMOTE E/M NEW PT 10MINS				Not Allowed	\$0.00			000	999	-
G9979	E	REMOTE E/M NEW PT 20MINS				Not Allowed	\$0.00			000	999	-
G9980	E	REMOTE E/M NEW PT 30 MINS				Not Allowed	\$0.00			000	999	-
G9981	E	REMOTE E/M NEW PT 45MINS				Not Allowed	\$0.00			000	999	-
G9982	E	REMOTE E/M NEW PT 60MINS				Not Allowed	\$0.00			000	999	-
G9983	E	REMOTE E/M EST. PT 10MINS				Not Allowed	\$0.00			000	999	-
G9984	E	REMOTE E/M EST. PT 15MINS				Not Allowed	\$0.00			000	999	-
G9985	E	REMOTE E/M EST. PT 25MINS				Not Allowed	\$0.00			000	999	-
G9986	E	REMOTE E/M EST. PT 40MINS				Not Allowed	\$0.00			000	999	-
G9987	E	BPCI ADVANCED IN HOME VISIT				Not Allowed	\$0.00			000	999	-
H0001	E	ALCOHOL AND/OR DRUG ASSESS				Not Allowed	\$0.00			000	999	-
H0002	E	ALCOHOL AND/OR DRUG SCREENIN				Not Allowed	\$0.00			000	999	-
H0003	E	ALCOHOL AND/OR DRUG SCREENIN				Not Allowed	\$0.00			000	999	-
H0004	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	\$0.00			000	999	-
H0005	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	\$0.00			000	999	-
H0006	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	\$0.00			000	999	-
H0007	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	\$0.00			000	999	-
H0008	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	\$0.00			000	999	-
H0009	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	\$0.00			000	999	-
H0010	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	\$0.00			000	999	-
H0011	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	\$0.00			000	999	-
H0012	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	\$0.00			000	999	-
H0013	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	\$0.00			000	999	-
H0014	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	\$0.00			000	999	-
H0015	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	\$0.00			000	999	-
H0016	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	\$0.00			000	999	-
H0017	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	\$0.00			000	999	-
H0018	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	\$0.00			000	999	-
H0019	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	\$0.00			000	999	-
H0020	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	\$0.00			000	999	-
H0021	E	ALCOHOL AND/OR DRUG TRAINING				Not Allowed	\$0.00			000	999	-
H0022	E	ALCOHOL AND/OR DRUG INTERVEN				Not Allowed	\$0.00			000	999	-
H0023	E	ALCOHOL AND/OR DRUG OUTREACH				Not Allowed	\$0.00			000	999	-
H0024	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed	\$0.00			000	999	-
H0025	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed	\$0.00			000	999	-
H0026	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed	\$0.00			000	999	-
H0027	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed	\$0.00			000	999	-
H0028	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed	\$0.00			000	999	-
H0029	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed	\$0.00			000	999	-
H0030	E	ALCOHOL AND/OR DRUG HOTLINE				Not Allowed	\$0.00			000	999	-
H0031	E	MH HEALTH ASSESS BY NON-MD				Not Allowed	\$0.00			000	999	-
H0032	E	MH SVC PLAN DEV BY NON-MD				Not Allowed	\$0.00			000	999	-
H0033	E	ORAL MED ADM DIRECT OBSERVE				Not Allowed	\$0.00			000	999	-
H0034	E	MED TRNG & SUPPORT PER 15MIN				Not Allowed	\$0.00			000	999	-
H0036	E	COMM PSY FACE-FACE PER 15MIN				Not Allowed	\$0.00			000	020	-
H0037	E	COMM PSY SUP TX PGM PER DIEM				Not Allowed	\$0.00			000	999	-
H0039	E	ASSER COM TX FACE-FACE/15MIN				Not Allowed	\$0.00			000	999	-
H0040	E	ASSERT COMM TX PGM PER DIEM				Not Allowed	\$0.00			000	999	-
H0041	E	FOS C CHLD NON-THER PER DIEM				Not Allowed	\$0.00			000	999	-
H0042	E	FOS C CHLD NON-THER PER MON				Not Allowed	\$0.00			000	999	-
H0043	E	SUPPORTED HOUSING PER DIEM				Not Allowed	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
H0044	E	SUPPORTED HOUSING PER MONTH				Not Allowed	\$0.00			000	999	-
H0045	E	RESPITE NOT-IN-HOME PER DIEM				Not Allowed	\$0.00			000	999	-
H0046	E	MENTAL HEALTH SERVICE NOS				Not Allowed	\$0.00			000	999	-
H0047	E	ALCOHOL/DRUG ABUSE SVC NOS				Not Allowed	\$0.00			000	999	-
H0048	E	SPEC COLL NON-BLOOD:A/D TEST				Not Allowed	\$0.00			000	999	-
H0049	E	ALCOHOL/DRUG SCREENING				Not Allowed	\$0.00			000	999	-
H0050	E	ALCOHOL/DRUG SERVICE 15 MIN				Not Allowed	\$0.00			000	999	-
H1000	E	PRENATAL CARE ATRISK ASSESSM				Not Allowed	\$0.00			000	999	-
H1001	E	ANTEPARTUM MANAGEMENT				Not Allowed	\$0.00			000	999	-
H1002	E	CARECOORDINATION PRENATAL				Not Allowed	\$0.00			000	999	-
H1003	E	PRENATAL AT RISK EDUCATION				Not Allowed	\$0.00			000	999	-
H1004	E	FOLLOW UP HOME VISIT/PRENATAL				Not Allowed	\$0.00			000	999	-
H1005	E	PRENATALCARE ENHANCED SRV PK				Not Allowed	\$0.00			000	999	-
H1010	E	NONMED FAMILY PLANNING ED				Not Allowed	\$0.00			000	999	-
H1011	E	FAMILY ASSESSMENT				Not Allowed	\$0.00			000	999	-
H2000	E	COMP MULTIDISCIPLN EVALUATION				Not Allowed	\$0.00			000	999	-
H2001	E	REHABILITATION PROGRAM 1/2 D				Not Allowed	\$0.00			000	999	-
H2010	E	COMPREHENSIVE MED SVC 15 MIN				Not Allowed	\$0.00			000	999	-
H2012	E	BEHAV HLTH DAY TREAT, PER HR				Not Allowed	\$0.00			000	999	-
H2013	E	PSYCH HLTH FAC SVC, PER DIEM				Not Allowed	\$0.00			000	999	-
H2014	E	SKILLS TRAIN AND DEV, 15 MIN				Not Allowed	\$0.00			000	999	-
H2015	E	COMP COMM SUPP SVC, 15 MIN				Not Allowed	\$0.00			000	999	-
H2016	E	COMP COMM SUPP SVC, PER DIEM				Not Allowed	\$0.00			000	999	-
H2017	E	PSYSOC REHAB SVC, PER 15 MIN				Not Allowed	\$0.00			000	999	-
H2018	E	PSYSOC REHAB SVC, PER DIEM				Not Allowed	\$0.00			000	999	-
H2019	E	THER BEHAV SVC, PER 15 MIN				Not Allowed	\$0.00			000	999	-
H2020	E	THER BEHAV SVC, PER DIEM				Not Allowed	\$0.00			000	999	-
H2021	E	COM WRAP-AROUND SV, 15 MIN				Not Allowed	\$0.00			000	999	-
H2022	E	COM WRAP-AROUND SV, PER DIEM				Not Allowed	\$0.00			000	999	-
H2023	E	SUPPORTED EMPLOY, PER 15 MIN				Not Allowed	\$0.00			000	999	-
H2024	E	SUPPORTED EMPLOY, PER DIEM				Not Allowed	\$0.00			000	999	-
H2025	E	SUPP MAINT EMPLOY, 15 MIN				Not Allowed	\$0.00			000	999	-
H2026	E	SUPP MAINT EMPLOY, PER DIEM				Not Allowed	\$0.00			000	999	-
H2027	E	PSYCHOED SVC, PER 15 MIN				Not Allowed	\$0.00			000	999	-
H2028	E	SEX OFFEND TX SVC, 15 MIN				Not Allowed	\$0.00			000	999	-
H2029	E	SEX OFFEND TX SVC, PER DIEM				Not Allowed	\$0.00			000	999	-
H2030	E	MH CLUBHOUSE SVC, PER 15 MIN				Not Allowed	\$0.00			000	999	-
H2031	E	MH CLUBHOUSE SVC, PER DIEM				Not Allowed	\$0.00			000	999	-
H2032	E	ACTIVITY THERAPY, PER 15 MIN				Not Allowed	\$0.00			000	999	-
H2033	E	MULTISYS THER/JUVENILE 15MIN				Not Allowed	\$0.00			000	999	-
H2034	E	A/D HALFWAY HOUSE, PER DIEM				Not Allowed	\$0.00			000	999	-
H2035	E	A/D TX PROGRAM, PER HOUR				Not Allowed	\$0.00			000	999	-
H2036	E	A/D TX PROGRAM, PER DIEM				Not Allowed	\$0.00			000	999	-
H2037	E	DEV DELAY PREV DP CH, 15 MIN				Not Allowed	\$0.00			000	999	-
J0120	N	TETRACYCLIN INJECTION				Bundled	\$0.00			000	999	-
J0121	G	INJ., OMADACYCLINE, 1 MG		09311		APC – pays by fee schedule amount	\$3.27			000	999	-
J0122	N	INJ., ERAVACYCLINE, 1 MG				Bundled	\$0.00			000	999	-
J0129	K	ABATACEPT INJECTION		09230	1.0040	APC (blood and non-blood product codes)	\$56.87			000	999	-
J0130	N	ABCIXIMAB INJECTION				Bundled	\$0.00			000	999	-
J0131	N	ACETAMINOPHEN INJECTION				Bundled	\$0.00			002	999	-
J0132	N	ACETYLCYSTEINE INJECTION				Bundled	\$0.00			000	999	-
J0133	N	ACYCLOVIR INJECTION				Bundled	\$0.00			000	999	-
J0135	K	ADALIMUMAB INJECTION		01083	25.2635	APC (blood and non-blood product codes)	\$1,430.92			000	999	-
J0153	N	ADENOSINE INJ 1MG				Bundled	\$0.00			000	999	-
J0171	N	ADRENALIN EPINEPHRINE INJECT				Bundled	\$0.00			000	999	-
J0178	K	AFLIBERCEPT INJECTION		01420	16.2739	APC (blood and non-blood product codes)	\$921.76			000	999	-
J0179	K	INJ, BROLUCIZUMAB-DBLL, 1 MG		09340	5.5605	APC (blood and non-blood product codes)	\$314.95			000	999	-

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Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
J0180	K	AGALSIDASE BETA INJECTION		09208	3.3419	APC (blood and non-blood product codes)	\$189.29			000	999	-
J0185	G	INJ., APREPITANT, 1 MG		09463		APC – pays by fee schedule amount	\$1.59			000	999	-
J0190	E	INJ BIPERIDEN LACTATE/5 MG				Not Allowed	\$0.00			000	999	-
J0200	E	ALATROFLOXACIN MESYLATE				Not Allowed	\$0.00			000	999	-
J0202	K	INJECTION, ALEMTUZUMAB		01809	35.6188	APC (blood and non-blood product codes)	\$2,017.45			000	999	-
J0205	E	ALGLUCERASE INJECTION				Not Allowed	\$0.00			000	999	-
J0207	K	AMIFOSTINE		07000	20.0510	APC (blood and non-blood product codes)	\$1,135.69			000	999	-
J0210	N	METHYLDOPATE HCL INJECTION				Bundled	\$0.00			000	999	-
J0215	E	ALEFACEPT				Not Allowed	\$0.00			000	999	-
J0220	K	ALGLUCOSIDASE ALFA INJECTION		09234	2.0669	APC (blood and non-blood product codes)	\$117.07			000	999	-
J0221	K	LUMIZYME INJECTION		01413	3.0832	APC (blood and non-blood product codes)	\$174.63			000	999	-
J0222	G	INJ., PATISIRAN, 0.1 MG		09180		APC – pays by fee schedule amount	\$97.68			000	999	-
J0223	G	INJ GIVOSIRAN 0.5 MG		09343		APC – pays by fee schedule amount	\$106.88			000	999	-
J0256	K	ALPHA 1 PROTEINASE INHIBITOR		00901	0.0799	APC (blood and non-blood product codes)	\$4.52			000	999	-
J0257	K	GLASSIA INJECTION		01415	0.0863	APC (blood and non-blood product codes)	\$4.89			018	999	-
J0270	E	ALPROSTADIL FOR INJECTION				Not Allowed	\$0.00			000	999	-
J0275	E	ALPROSTADIL URETHRAL SUPPOS				Not Allowed	\$0.00			000	999	-
J0278	N	AMIKACIN SULFATE INJECTION				Bundled	\$0.00			000	999	-
J0280	N	AMINOPHYLLIN 250 MG INJ				Bundled	\$0.00			000	999	-
J0282	N	AMIODARONE HCL				Bundled	\$0.00			000	999	-
J0285	N	AMPHOTERICIN B				Bundled	\$0.00			000	999	-
J0287	K	AMPHOTERICIN B LIPID COMPLEX		09024	0.1655	APC (blood and non-blood product codes)	\$9.37			000	999	-
J0288	E	AMPHO B CHOLESTERYL SULFATE				Not Allowed	\$0.00			000	999	-
J0289	K	AMPHOTERICIN B LIPOSOME INJ		00736	0.4809	APC (blood and non-blood product codes)	\$27.24			000	999	-
J0290	N	AMPICILLIN 500 MG INJ				Bundled	\$0.00			000	999	-
J0291	G	INJ., PLAZOMICIN, 5 MG		09183		APC – pays by fee schedule amount	\$3.07			000	999	-
J0295	N	AMPICILLIN SULBACTAM 1.5 GM				Bundled	\$0.00			000	999	-
J0300	K	AMOBARBITAL 125 MG INJ		01341	2.2108	APC (blood and non-blood product codes)	\$125.22			000	999	-
J0330	N	SUCCINYCHOLINE CHLORIDE INJ				Bundled	\$0.00			000	999	-
J0348	N	ANIDULAFUNGIN INJECTION				Bundled	\$0.00			000	999	-
J0350	E	INJECTION ANISTREPLASE 30 U				Not Allowed	\$0.00			000	999	-
J0360	N	HYDRALAZINE HCL INJECTION				Bundled	\$0.00			000	999	-
J0364	E	APOMORPHINE HYDROCHLORIDE				Not Allowed	\$0.00			000	999	-
J0365	E	APROTONIN, 10,000 KIU				Not Allowed	\$0.00			000	999	-
J0380	N	INJ METARAMINOL BITARTRATE				Bundled	\$0.00			000	999	-
J0390	K	CHLOROQUINE INJECTION		09352	2.9170	APC (blood and non-blood product codes)	\$165.22			000	999	-
J0395	E	ARBUTAMINE HCL INJECTION				Not Allowed	\$0.00			000	999	-
J0400	N	ARIPIRAZOLE INJECTION				Bundled	\$0.00			000	999	-
J0401	K	INJ ARIPIRAZOLE EXT REL 1MG		01468	0.1006	APC (blood and non-blood product codes)	\$5.70			000	999	-
J0456	N	AZITHROMYCIN				Bundled	\$0.00			000	999	-
J0461	N	ATROPINE SULFATE INJECTION				Bundled	\$0.00			000	999	-
J0470	N	DIMECAPROL INJECTION				Bundled	\$0.00			000	999	-
J0475	K	BACLOFEN 10 MG INJECTION		09032	3.0505	APC (blood and non-blood product codes)	\$172.78			000	999	-
J0476	N	BACLOFEN INTRATHECAL TRIAL				Bundled	\$0.00			000	999	-
J0480	K	BASILIXIMAB		01683	70.9582	APC (blood and non-blood product codes)	\$4,019.07			000	999	-
J0485	K	BELATACEPT INJECTION		09286	0.0669	APC (blood and non-blood product codes)	\$3.79			000	999	-
J0490	K	BELIMUMAB INJECTION		01353	0.8269	APC (blood and non-blood product codes)	\$46.84			018	999	-
J0500	N	DICYCLOMINE INJECTION				Bundled	\$0.00			000	999	-
J0515	N	INJ BENZTROPINE MESYLATE				Bundled	\$0.00			000	999	-
J0517	G	INJ., BENRALIZUMAB, 1 MG		09466		APC – pays by fee schedule amount	\$171.30			000	999	-
J0520	N	BETHANECHOL CHLORIDE INJECT				Bundled	\$0.00			000	999	-
J0558	K	PENG BENZATHINE/PROCAINE INJ		09088	0.2120	APC (blood and non-blood product codes)	\$12.01			000	999	-
J0561	K	PENICILLIN G BENZATHINE INJ		01829	0.2667	APC (blood and non-blood product codes)	\$15.10			000	999	-
J0565	K	INJ, BEZLOTOXUMAB, 10 MG		09490	0.7003	APC (blood and non-blood product codes)	\$39.67			000	999	-
J0567	N	INJ., CERLIPONASE ALFA 1 MG				Bundled	\$0.00			000	999	-
J0570	K	BUPRENORPHINE IMPLANT 74.2MG		09058	21.2745	APC (blood and non-blood product codes)	\$1,204.99			000	999	-
J0571	E	BUPRENORPHINE ORAL 1MG				Not Allowed	\$0.00			000	999	-

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J0572	E	BUPREN/NAL UP TO 3MG BUPRENO				Not Allowed	\$0.00			000	999	-
J0573	E	BUPREN/NAL 3.1 TO 6MG BUPREN				Not Allowed	\$0.00			000	999	-
J0574	E	BUPREN/NAL 6.1 TO 10MG BUPRE				Not Allowed	\$0.00			000	999	-
J0575	E	BUPREN/NAL OVER 10MG BUPRENO				Not Allowed	\$0.00			000	999	-
J0583	N	BIVALIRUDIN				Bundled	\$0.00			000	999	-
J0584	K	INJECTION, BUROSUMAB-TWZA 1M		09187	6.3904	APC (blood and non-blood product codes)	\$361.95			000	999	-
J0585	K	INJECTION,ONABOTULINUMTOXINA		00902	0.1070	APC (blood and non-blood product codes)	\$6.06			000	999	-
J0586	K	ABOBOTULINUMTOXINA		01289	0.1460	APC (blood and non-blood product codes)	\$8.27			000	999	-
J0587	K	INJ., RIMABOTULINUMTOXINB		09018	0.2113	APC (blood and non-blood product codes)	\$11.97			000	999	-
J0588	K	INCOBOTULINUMTOXIN A		09278	0.0892	APC (blood and non-blood product codes)	\$5.06			018	999	-
J0591	E	INJ DEOXYCHOLIC ACID, 1 MG				Not Allowed	\$0.00			000	999	-
J0592	N	BUPRENORPHINE HYDROCHLORIDE				Bundled	\$0.00			000	999	-
J0593	N	INJ., LANADELUMAB-FLYO, 1 MG				Bundled	\$0.00			000	999	-
J0594	K	BUSULFAN INJECTION		01178	0.0376	APC (blood and non-blood product codes)	\$2.13			000	999	-
J0595	N	BUTORPHANOL TARTRATE 1 MG				Bundled	\$0.00			000	999	-
J0596	K	INJECTION, RUCONEST		09445	0.5117	APC (blood and non-blood product codes)	\$28.98			000	999	-
J0597	K	C-1 ESTERASE, BERINERT		09269	0.9591	APC (blood and non-blood product codes)	\$54.33			000	999	-
J0598	K	C-1 ESTERASE, CINRYZE		09251	0.9960	APC (blood and non-blood product codes)	\$56.41			000	999	-
J0599	K	INJ., HAEGARDA 10 UNITS		09015	0.1751	APC (blood and non-blood product codes)	\$9.92			000	999	-
J0600	K	EDETATE CALCIUM DISODIUM INJ		01274	98.7716	APC (blood and non-blood product codes)	\$5,594.42			000	999	-
J0604	M	CINACALCET, ESRD ON DIALYSIS				Fee Schedule	\$0.92			000	999	-
J0606	N	INJ, ETELCALCETIDE, 0.1 MG				Bundled	\$0.00			000	999	-
J0610	N	CALCIUM GLUCONATE INJECTION				Bundled	\$0.00			000	999	-
J0620	N	CALCIUM GLYCER & LACT/10 ML				Bundled	\$0.00			000	999	-
J0630	K	CALCITONIN SALMON INJECTION		01433	49.9744	APC (blood and non-blood product codes)	\$2,830.55			000	999	-
J0636	N	INJ CALCITRIOL PER 0.1 MCG				Bundled	\$0.00			000	999	-
J0637	N	CASPOFUNGIN ACETATE				Bundled	\$0.00			000	999	-
J0638	K	CANAKINUMAB INJECTION		01311	1.9996	APC (blood and non-blood product codes)	\$113.26			000	999	-
J0640	N	LEUCOVORIN CALCIUM INJECTION				Bundled	\$0.00			000	999	-
J0641	K	INJ LEVOLEUCOVORIN NOS 0.5MG		01236	0.0020	APC (blood and non-blood product codes)	\$0.12			000	999	-
J0642	G	INJECTION, KHAPZORY, 0.5 MG		09334		APC – pays by fee schedule amount	\$1.87			000	999	-
J0670	N	INJ MEPIVACAINE HCL/10 ML				Bundled	\$0.00			000	999	-
J0690	N	CEFAZOLIN SODIUM INJECTION				Bundled	\$0.00			000	999	-
J0691	G	INJ LEFAMULIN 1 MG		09332		APC – pays by fee schedule amount	\$0.72			000	999	-
J0692	N	CEFEPIME HCL FOR INJECTION				Bundled	\$0.00			000	999	-
J0693	G	INJ., CEFIDEROCOL, 5 MG		09380		APC – pays by fee schedule amount	\$0.97			000	999	-
J0694	N	CEFOXITIN SODIUM INJECTION				Bundled	\$0.00			000	999	-
J0695	K	INJ CEFTOLOZANE TAZOBACTAM		09452	0.1135	APC (blood and non-blood product codes)	\$6.43			000	999	-
J0696	N	CEFTRIAXONE SODIUM INJECTION				Bundled	\$0.00			000	999	-
J0697	N	STERILE CEFUROXIME INJECTION				Bundled	\$0.00			000	999	-
J0698	N	CEFOTAXIME SODIUM INJECTION				Bundled	\$0.00			000	999	-
J0702	N	BETAMETHASONE ACET&SOD PHOSP				Bundled	\$0.00			000	999	-
J0706	N	CAFFEINE CITRATE INJECTION				Bundled	\$0.00			000	999	-
J0710	E	CEPHAPIRIN SODIUM INJECTION				Not Allowed	\$0.00			000	999	-
J0712	K	CEFTAROLINE FOSAMIL INJ		01824	0.0591	APC (blood and non-blood product codes)	\$3.35			018	999	-
J0713	N	INJ CEFTAZIDIME PER 500 MG				Bundled	\$0.00			000	999	-
J0714	K	CEFTAZIDIME AND AVIBACTAM		01825	1.6293	APC (blood and non-blood product codes)	\$92.28			000	999	-
J0715	N	CEFTIZOXIME SODIUM / 500 MG				Bundled	\$0.00			000	999	-
J0716	K	CENTRUROIDES IMMUNE F(AB)		01431	89.3990	APC (blood and non-blood product codes)	\$5,063.56			000	999	-
J0717	K	CERTOLIZUMAB PEGOL INJ 1MG		01474	0.1445	APC (blood and non-blood product codes)	\$8.18			000	999	-
J0720	N	CHLORAMPHENICOL SODIUM INJEC				Bundled	\$0.00			000	999	-
J0725	E	CHORIONIC GONADOTROPIN/1000U				Not Allowed	\$0.00			000	999	-
J0735	N	CLONIDINE HYDROCHLORIDE				Bundled	\$0.00			000	999	-
J0740	K	CIDOFIVIR INJECTION		09033	10.4218	APC (blood and non-blood product codes)	\$590.29			000	999	-
J0742	G	INJ IMIP 4 CILAS 4 RELEB 2MG		09362		APC – pays by fee schedule amount	\$2.26			000	999	-
J0743	N	CILASTATIN SODIUM INJECTION				Bundled	\$0.00			000	999	-
J0744	N	CIPROFLOXACIN IV				Bundled	\$0.00			000	999	-

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J0745	K	INJ CODEINE PHOSPHATE /30 MG		09393	2.3948	APC (blood and non-blood product codes)	\$135.64			000	999	-
J0770	N	COLISTIMETHATE SODIUM INJ				Bundled	\$0.00			000	999	-
J0775	K	COLLAGENASE, CLOST HIST INJ		01340	0.9290	APC (blood and non-blood product codes)	\$52.62			000	999	-
J0780	N	PROCHLORPERAZINE INJECTION				Bundled	\$0.00			000	999	-
J0791	G	INJ CRIZANLIZUMAB-TMCA 5MG		09359		APC – pays by fee schedule amount	\$122.43			000	999	-
J0795	K	CORTICORELIN OVINE TRIFLUTAL		01684	0.1690	APC (blood and non-blood product codes)	\$9.57			000	999	-
J0800	N	CORTICOTROPIN INJECTION				Bundled	\$0.00			000	999	-
J0834	N	INJ., COSYNTROPIN, 0.25 MG				Bundled	\$0.00			000	999	-
J0840	K	CROTALIDAE POLY IMMUNE FAB		09274	51.3455	APC (blood and non-blood product codes)	\$2,908.21			000	999	-
J0841	K	INJ CROTALIDAE IM F(AB')2 EQ		09188	22.3074	APC (blood and non-blood product codes)	\$1,263.49			000	999	-
J0850	K	CYTOMEGALOVIRUS IMM IV /VIAL		00903	25.9007	APC (blood and non-blood product codes)	\$1,467.02			000	999	-
J0875	K	INJECTION, DALBAVANCIN		01823	0.2718	APC (blood and non-blood product codes)	\$15.39			000	999	-
J0878	N	DAPTOMYCIN INJECTION				Bundled	\$0.00			000	999	-
J0881	K	DARBEPOETIN ALFA, NON-ESRD		01685	0.0628	APC (blood and non-blood product codes)	\$3.56			000	999	-
J0882	K	DARBEPOETIN ALFA, ESRD USE		01482	0.0628	APC (blood and non-blood product codes)	\$3.56			000	999	-
J0883	K	ARGATROBAN NONESRD USE 1MG		01859	0.0257	APC (blood and non-blood product codes)	\$1.45			000	999	-
J0884	K	ARGATROBAN ESRD DIALYSIS 1MG		09065	0.0257	APC (blood and non-blood product codes)	\$1.45			000	999	-
J0885	K	EPOETIN ALFA, NON-ESRD		01686	0.1558	APC (blood and non-blood product codes)	\$8.82			000	999	-
J0887	N	EPOETIN BETA ESRD USE				Bundled	\$0.00			000	999	-
J0888	K	EPOETIN BETA NON ESRD		09077	0.0264	APC (blood and non-blood product codes)	\$1.50			000	999	-
J0890	M	PEGINESATIDE INJECTION				Fee Schedule	\$8.35			000	999	-
J0894	K	DECITABINE INJECTION		09231	0.0605	APC (blood and non-blood product codes)	\$3.43			000	999	-
J0895	N	DEFEROXAMINE MESYLATE INJ				Bundled	\$0.00			000	999	-
J0896	G	INJ LUSPATERCEPT-AAMT 0.25MG		09347		APC – pays by fee schedule amount	\$36.31			000	999	-
J0897	K	DENOSUMAB INJECTION		09272	0.3550	APC (blood and non-blood product codes)	\$20.11			018	999	-
J0945	N	BROMPHENIRAMINE MALEATE INJ				Bundled	\$0.00			000	999	-
J1000	N	DEPO-ESTRADIOL CYPIONATE INJ				Bundled	\$0.00			000	999	-
J1020	N	METHYLPREDNISOLONE 20 MG INJ				Bundled	\$0.00			000	999	-
J1030	N	METHYLPREDNISOLONE 40 MG INJ				Bundled	\$0.00			000	999	-
J1040	N	METHYLPREDNISOLONE 80 MG INJ				Bundled	\$0.00			000	999	-
J1050	N	MEDROXYPROGESTERONE ACETATE				Bundled	\$0.00			000	999	-
J1071	N	INJ TESTOSTERONE CYPIONATE				Bundled	\$0.00			000	999	-
J1094	N	INJ DEXAMETHASONE ACETATE				Bundled	\$0.00			000	999	-
J1095	G	INJECTION, DEXAMETHASONE 9%		09172		APC – pays by fee schedule amount	\$1.11			000	999	-
J1096	G	DEXAMETHA OPTH INSERT 0.1 MG		09308		APC – pays by fee schedule amount	\$139.47			000	999	-
J1097	N	PHENYLEP KETOROLAC OPTH SOLN				Bundled	\$0.00			000	999	-
J1100	N	DEXAMETHASONE SODIUM PHOS				Bundled	\$0.00			000	999	-
J1110	N	INJ DIHYDROERGOTAMINE MESYLT				Bundled	\$0.00			000	999	-
J1120	N	ACETAZOLAMID SODIUM INJECTIO				Bundled	\$0.00			000	999	-
J1130	N	INJ DICLOFENAC SODIUM 0.5MG				Bundled	\$0.00			000	999	-
J1160	N	DIGOXIN INJECTION				Bundled	\$0.00			000	999	-
J1162	K	DIGOXIN IMMUNE FAB (OVINE)		01687	70.0789	APC (blood and non-blood product codes)	\$3,969.27			000	999	-
J1165	N	PHENYTOIN SODIUM INJECTION				Bundled	\$0.00			000	999	-
J1170	N	HYDROMORPHONE INJECTION				Bundled	\$0.00			000	999	-
J1180	E	DYPHYLLINE INJECTION				Not Allowed	\$0.00			000	999	-
J1190	K	DEXRAZOXANE HCL INJECTION		00726	3.4602	APC (blood and non-blood product codes)	\$195.98			000	999	-
J1200	N	DIPHENHYDRAMINE HCL INJECTIO				Bundled	\$0.00			000	999	-
J1201	G	INJ. CETIRIZINE HCL 0.5MG		09361		APC – pays by fee schedule amount	\$15.39			000	999	-
J1205	N	CHLOROTHIAZIDE SODIUM INJ				Bundled	\$0.00			000	999	-
J1212	K	DIMETHYL SULFOXIDE 50% 50 ML		01832	11.2266	APC (blood and non-blood product codes)	\$635.87			000	999	-
J1230	N	METHADONE INJECTION				Bundled	\$0.00			000	999	-
J1240	N	DIMENHYDRINATE INJECTION				Bundled	\$0.00			000	999	-
J1245	N	DIPYRIDAMOLE INJECTION				Bundled	\$0.00			000	999	-
J1250	N	INJ DOBUTAMINE HCL/250 MG				Bundled	\$0.00			000	999	-
J1260	N	DOLASETRON MESYLATE				Bundled	\$0.00			000	999	-
J1265	N	DOPAMINE INJECTION				Bundled	\$0.00			000	999	-
J1267	N	DORIPENEM INJECTION				Bundled	\$0.00			018	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
J1270	N	INJECTION, DOXERCALCIFEROL				Bundled	\$0.00			000	999	-
J1290	K	ECALANTIDE INJECTION		09263	8.6885	APC (blood and non-blood product codes)	\$492.12			000	999	-
J1300	K	ECULIZUMAB INJECTION		09236	4.0663	APC (blood and non-blood product codes)	\$230.32			000	999	-
J1301	K	INJECTION, EDARAVONE, 1 MG		09493	0.3513	APC (blood and non-blood product codes)	\$19.90			000	999	-
J1303	G	INJ., RAVULIZUMAB-CWVZ 10 MG		09312		APC – pays by fee schedule amount	\$226.18			000	999	-
J1320	N	AMITRIPTYLINE INJECTION				Bundled	\$0.00			000	999	-
J1322	K	ELOSULFASE ALFA, INJECTION		01480	4.3316	APC (blood and non-blood product codes)	\$245.34			000	999	-
J1324	E	ENFUVIRTIDE INJECTION				Not Allowed	\$0.00			000	999	-
J1325	N	EPOPROSTENOL INJECTION				Bundled	\$0.00			000	999	-
J1327	N	EPTIFIBATIDE INJECTION				Bundled	\$0.00			000	999	-
J1330	M	ERGONOVINE MALEATE INJECTION				Fee Schedule	\$0.00			000	999	-
J1335	N	ERTAPENEM INJECTION				Bundled	\$0.00			000	999	-
J1364	K	ERYTHRO LACTOBIONATE /500 MG		01669	1.3567	APC (blood and non-blood product codes)	\$76.85			000	999	-
J1380	N	ESTRADIOL VALERATE 10 MG INJ				Bundled	\$0.00			000	999	-
J1410	K	INJ ESTROGEN CONJUGATE 25 MG		09038	5.7469	APC (blood and non-blood product codes)	\$325.51			000	999	-
J1428	N	INJ, ETEPLIRSEN, 10 MG				Bundled	\$0.00			000	999	-
J1429	G	INJ GOLODIRSEN 10 MG		09356		APC – pays by fee schedule amount	\$166.53			000	999	-
J1430	K	ETHANOLAMINE OLEATE 100 MG		01688	7.8407	APC (blood and non-blood product codes)	\$444.10			000	999	-
J1435	E	INJECTION ESTRONE PER 1 MG				Not Allowed	\$0.00			000	999	-
J1436	E	ETIDRONATE DISODIUM INJ				Not Allowed	\$0.00			000	999	-
J1437	G	INJ. FE DERISOMALTOSE 10 MG		09388		APC – pays by fee schedule amount	\$25.38			000	999	-
J1438	K	ETANERCEPT INJECTION		01608	12.9996	APC (blood and non-blood product codes)	\$736.30			000	999	-
J1439	K	INJ FERRIC CARBOXYMALTOS 1MG		09441	0.0200	APC (blood and non-blood product codes)	\$1.13			000	999	-
J1442	K	INJ FILGRASTIM EXCL BIOSIMIL		01469	0.0166	APC (blood and non-blood product codes)	\$0.94			000	999	-
J1443	M	INJ FERRIC PYROPHOSPHATE CIT				Fee Schedule	\$0.00			000	999	-
J1444	N	FE PYRO CIT POW 0.1 MG IRON				Bundled	\$0.00			000	999	-
J1447	K	INJ TBO FILGRASTIM 1 MICROG		01748	0.0081	APC (blood and non-blood product codes)	\$0.46			000	999	-
J1450	N	FLUCONAZOLE				Bundled	\$0.00			000	999	-
J1451	K	FOMEPIZOLE, 15 MG		01689	0.1305	APC (blood and non-blood product codes)	\$7.39			000	999	-
J1452	E	INTRAOCULAR FOMVIRSEN NA				Not Allowed	\$0.00			000	999	-
J1453	K	FOSAPREPITANT INJECTION		09242	0.0074	APC (blood and non-blood product codes)	\$0.42			000	999	-
J1454	G	INJ FOSNETUPITANT, PALONOSET		09099		APC – pays by fee schedule amount	\$695.56			000	999	-
J1455	K	FOSCARNET SODIUM INJECTION		01849	1.4525	APC (blood and non-blood product codes)	\$82.27			000	999	-
J1457	E	GALLIUM NITRATE INJECTION				Not Allowed	\$0.00			000	999	-
J1458	K	GALSULFASE INJECTION		09224	7.1340	APC (blood and non-blood product codes)	\$404.07			000	999	-
J1459	K	INJ IVIG PRIVIGEN 500 MG		01214	0.7491	APC (blood and non-blood product codes)	\$42.43			000	999	-
J1460	K	GAMMA GLOBULIN 1 CC INJ		01850	0.7644	APC (blood and non-blood product codes)	\$43.30			000	999	-
J1555	K	INJ CUVITRU, 100 MG		09034	0.2462	APC (blood and non-blood product codes)	\$13.94			000	999	-
J1556	K	INJ, IMM GLOB BIVIGAM, 500MG		09130	1.2445	APC (blood and non-blood product codes)	\$70.49			000	999	-
J1557	K	GAMMAPLEX INJECTION		09270	0.8794	APC (blood and non-blood product codes)	\$49.81			000	999	-
J1558	K	INJ. XEMBIFY, 100 MG		09372	0.2593	APC (blood and non-blood product codes)	\$14.69			000	999	-
J1559	K	HIZENTRA INJECTION		01312	0.1959	APC (blood and non-blood product codes)	\$11.09			000	999	-
J1560	K	GAMMA GLOBULIN > 10 CC INJ		01851	7.6440	APC (blood and non-blood product codes)	\$432.96			000	999	-
J1561	K	GAMUNEX-C/GAMMAKED		00948	0.7711	APC (blood and non-blood product codes)	\$43.67			000	999	-
J1562	E	VIVAGLOBIN, INJ				Not Allowed	\$0.00			000	999	-
J1566	K	IMMUNE GLOBULIN, POWDER		02731	1.1824	APC (blood and non-blood product codes)	\$66.97			000	999	-
J1568	K	OCTAGAM INJECTION		00943	0.7350	APC (blood and non-blood product codes)	\$41.63			000	999	-
J1569	K	GAMMAGARD LIQUID INJECTION		00944	0.7702	APC (blood and non-blood product codes)	\$43.63			000	999	-
J1570	N	GANCICLOVIR SODIUM INJECTION				Bundled	\$0.00			000	999	-
J1571	K	HEPAGAM B IM INJECTION		00946	1.1583	APC (blood and non-blood product codes)	\$65.61			000	999	-
J1572	K	FLEBOGAMMA INJECTION		00947	0.6508	APC (blood and non-blood product codes)	\$36.86			000	999	-
J1573	K	HEPAGAM B INTRAVENOUS, INJ		01138	1.1785	APC (blood and non-blood product codes)	\$66.75			000	999	-
J1575	K	HYQVIA 100MG IMMUNEGLOBULIN		01826	0.2531	APC (blood and non-blood product codes)	\$14.34			000	999	-
J1580	N	GARAMYCIN GENTAMICIN INJ				Bundled	\$0.00			000	999	-
J1595	K	INJECTION GLATIRAMER ACETATE		01015	2.7034	APC (blood and non-blood product codes)	\$153.12			000	999	-
J1599	N	IVIG NON-LYOPHILIZED, NOS				Bundled	\$0.00			000	999	-
J1600	E	GOLD SODIUM THIOAMALATE INJ				Not Allowed	\$0.00			000	999	-

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

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
J1602	K	GOLIMUMAB FOR IV USE 1MG		01475	0.3200	APC (blood and non-blood product codes)	\$18.12			000	999	-
J1610	K	GLUCAGON HYDROCHLORIDE/1 MG		09042	3.4326	APC (blood and non-blood product codes)	\$194.42			000	999	-
J1620	E	GONADORELIN HYDROCH/ 100 MCG				Not Allowed	\$0.00			000	999	-
J1626	N	GRANISETRON HCL INJECTION				Bundled	\$0.00			000	999	-
J1627	K	INJ., GRANISETRON, XR, 0.1 MG				APC (blood and non-blood product codes)	\$0.00			000	999	-
J1628	K	INJ., GUSELKUMAB, 1 MG		09029	1.5607	APC (blood and non-blood product codes)	\$88.40			000	999	-
J1630	N	HALOPERIDOL INJECTION				Bundled	\$0.00			000	999	-
J1631	N	HALOPERIDOL DECANOATE INJ				Bundled	\$0.00			000	999	-
J1632	G	INJ., BREXANOLONE, 1 MG		09333		APC – pays by fee schedule amount	\$76.14			000	999	-
J1640	K	HEMIN, 1 MG		01690	0.4314	APC (blood and non-blood product codes)	\$24.43			000	999	-
J1642	N	INJ HEPARIN SODIUM PER 10 U				Bundled	\$0.00			000	999	-
J1644	N	INJ HEPARIN SODIUM PER 1000U				Bundled	\$0.00			000	999	-
J1645	N	DALTEPARIN SODIUM				Bundled	\$0.00			000	999	-
J1650	N	INJ ENOXAPARIN SODIUM				Bundled	\$0.00			000	999	-
J1652	N	FONDAPARINUX SODIUM				Bundled	\$0.00			000	999	-
J1655	N	TINZAPARIN SODIUM INJECTION				Bundled	\$0.00			000	999	-
J1670	K	TETANUS IMMUNE GLOBULIN INJ		01670	8.2971	APC (blood and non-blood product codes)	\$469.95			000	999	-
J1675	E	HISTRELIN ACETATE				Not Allowed	\$0.00			000	999	-
J1680	E	HUMAN FIBRINOGEN CONC INJ				Not Allowed	\$0.00			000	999	-
J1700	N	HYDROCORTISONE ACETATE INJ				Bundled	\$0.00			000	999	-
J1710	N	HYDROCORTISONE SODIUM PH INJ				Bundled	\$0.00			000	999	-
J1720	N	HYDROCORTISONE SODIUM SUCC I				Bundled	\$0.00			000	999	-
J1726	K	MAKENA, 10 MG		09074	0.2834	APC (blood and non-blood product codes)	\$16.05			000	999	-
J1729	K	INJ HYDROXYPROGST CAPOAT NOS		09318	0.3803	APC (blood and non-blood product codes)	\$21.54			000	999	-
J1730	E	DIAZOXIDE INJECTION				Not Allowed	\$0.00			000	999	-
J1738	G	INJ. MELOXICAM 1 MG		09371		APC – pays by fee schedule amount	\$3.26			000	999	-
J1740	K	IBANDRONATE SODIUM INJECTION		09229	0.7334	APC (blood and non-blood product codes)	\$41.54			000	999	-
J1741	N	IBUPROFEN INJECTION				Bundled	\$0.00			000	999	-
J1742	K	IBUTILIDE FUMARATE INJECTION		09044	4.8227	APC (blood and non-blood product codes)	\$273.16			000	999	-
J1743	N	IDURSULFASE INJECTION				Bundled	\$0.00			000	999	-
J1744	K	ICATIBANT INJECTION		01443	4.8306	APC (blood and non-blood product codes)	\$273.60			000	999	-
J1745	K	INFLIXIMAB NOT BIOSIMIL 10MG		07043	0.7928	APC (blood and non-blood product codes)	\$44.90			000	999	-
J1746	K	INJ., IBALIZUMAB-UIYK, 10 MG		09189	1.1308	APC (blood and non-blood product codes)	\$64.05			000	999	-
J1750	K	INJ IRON DEXTRAN		01237	0.2658	APC (blood and non-blood product codes)	\$15.05			000	999	-
J1756	N	IRON SUCROSE INJECTION				Bundled	\$0.00			000	999	-
J1786	K	IMUGLUCERASE INJECTION		01327	0.7659	APC (blood and non-blood product codes)	\$43.38			000	999	-
J1790	N	DROPERIDOL INJECTION				Bundled	\$0.00			000	999	-
J1800	N	PROPRANOLOL INJECTION				Bundled	\$0.00			000	999	-
J1810	E	DROPERIDOL/FENTANYL INJ				Not Allowed	\$0.00			000	999	-
J1815	N	INSULIN INJECTION				Bundled	\$0.00			000	999	-
J1817	N	INSULIN FOR INSULIN PUMP USE				Bundled	\$0.00			000	999	-
J1823	K	INJ. INEBILIZUMAB-CDON, 1 MG		09394	7.9408	APC (blood and non-blood product codes)	\$449.77			000	999	-
J1826	K	INTERFERON BETA-1A INJ		01852	40.4988	APC (blood and non-blood product codes)	\$2,293.85			000	999	-
J1830	K	INTERFERON BETA-1B / .25 MG		00910	6.9468	APC (blood and non-blood product codes)	\$393.47			000	999	-
J1833	K	INJECTION, ISAVUCONAZONIUM		09456	0.0138	APC (blood and non-blood product codes)	\$0.78			000	999	-
J1835	E	ITRACONAZOLE INJECTION				Not Allowed	\$0.00			000	999	-
J1840	N	KANAMYCIN SULFATE 500 MG INJ				Bundled	\$0.00			000	999	-
J1850	N	KANAMYCIN SULFATE 75 MG INJ				Bundled	\$0.00			000	999	-
J1885	N	KETOROLAC TROMETHAMINE INJ				Bundled	\$0.00			000	999	-
J1890	N	CEPHALOTHIN SODIUM INJECTION				Bundled	\$0.00			000	999	-
J1930	K	LANREOTIDE INJECTION		09237	1.2087	APC (blood and non-blood product codes)	\$68.46			000	999	-
J1931	K	LARONIDASE INJECTION		09209	0.5848	APC (blood and non-blood product codes)	\$33.12			000	999	-
J1940	N	FUROSEMIDE INJECTION				Bundled	\$0.00			000	999	-
J1943	G	INJ., ARISTADA INITIO, 1 MG		09179		APC – pays by fee schedule amount	\$2.91			000	999	-
J1944	K	ARIPIRAZOLE LAUROXIL 1 MG		09470	0.0513	APC (blood and non-blood product codes)	\$2.90			000	999	-
J1945	E	LEPIRUDIN				Not Allowed	\$0.00			000	999	-
J1950	K	LEUPROLIDE ACETATE /3.75 MG		00800	27.9331	APC (blood and non-blood product codes)	\$1,582.13			000	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
J1953	N	LEVETIRACETAM INJECTION				Bundled	\$0.00			000	099	-
J1955	M	INJ LEVOCARNITINE PER 1 GM				Fee Schedule	\$20.99			000	999	-
J1956	N	LEVOFLOXACIN INJECTION				Bundled	\$0.00			000	999	-
J1960	N	LEVORPHANOL TARTRATE INJ				Bundled	\$0.00			000	999	-
J1980	N	HYOSCYAMINE SULFATE INJ				Bundled	\$0.00			000	999	-
J1990	N	CHLORDIAZEPOXIDE INJECTION				Bundled	\$0.00			000	999	-
J2001	N	LIDOCAINE INJECTION				Bundled	\$0.00			000	999	-
J2010	N	LINCOMYCIN INJECTION				Bundled	\$0.00			000	999	-
J2020	N	LINEZOLID INJECTION				Bundled	\$0.00			000	999	-
J2060	N	LORAZEPAM INJECTION				Bundled	\$0.00			000	999	-
J2062	N	LOXAPINE FOR INHALATION 1 MG				Bundled	\$0.00			000	999	-
J2150	N	MANNITOL INJECTION				Bundled	\$0.00			000	999	-
J2170	N	MECASERMIN INJECTION				Bundled	\$0.00			000	999	-
J2175	N	MEPERIDINE HYDROCHL /100 MG				Bundled	\$0.00			000	999	-
J2180	N	MEPERIDINE/PROMETHAZINE INJ				Bundled	\$0.00			000	999	-
J2182	K	INJECTION, MEPOLIZUMAB, 1MG		09473	0.5095	APC (blood and non-blood product codes)	\$28.86			000	999	-
J2185	N	MEROPENEM				Bundled	\$0.00			000	999	-
J2186	K	INJ., MEROPENEM, VABORBACTAM		09178	0.0312	APC (blood and non-blood product codes)	\$1.77			000	999	-
J2210	N	METHYLERGONOVIN MALEATE INJ				Bundled	\$0.00			000	999	-
J2212	N	METHYLNALTREXONE INJECTION				Bundled	\$0.00			000	999	-
J2248	K	MICAFUNGIN SODIUM INJECTION		09227	0.0192	APC (blood and non-blood product codes)	\$1.09			000	999	-
J2250	N	INJ MIDAZOLAM HYDROCHLORIDE				Bundled	\$0.00			000	999	-
J2260	N	INJ MILRINONE LACTATE / 5 MG				Bundled	\$0.00			000	999	-
J2265	K	MINOCYCLINE HYDROCHLORIDE		01853	0.0351	APC (blood and non-blood product codes)	\$2.00			008	999	-
J2270	N	MORPHINE SULFATE INJECTION				Bundled	\$0.00			000	999	-
J2274	N	INJ MORPHINE PF EPID ITHC				Bundled	\$0.00			000	999	-
J2278	K	ZICONOTIDE INJECTION		01694	0.1497	APC (blood and non-blood product codes)	\$8.48			000	999	-
J2280	N	INJ, MOXIFLOXACIN 100 MG				Bundled	\$0.00			000	999	-
J2300	N	INJ NALBUPHINE HYDROCHLORIDE				Bundled	\$0.00			000	999	-
J2310	N	INJ NALOXONE HYDROCHLORIDE				Bundled	\$0.00			000	999	-
J2315	K	NALTREXONE, DEPOT FORM		00759	0.0605	APC (blood and non-blood product codes)	\$3.43			000	999	-
J2320	N	NANDROLONE DECANOATE 50 MG				Bundled	\$0.00			000	999	-
J2323	K	NATALIZUMAB INJECTION		09126	0.3952	APC (blood and non-blood product codes)	\$22.39			000	999	-
J2325	E	NESIRITIDE INJECTION				Not Allowed	\$0.00			000	999	-
J2326	K	INJ, NUSINERSEN, 0.1MG		09489	19.8104	APC (blood and non-blood product codes)	\$1,122.06			000	999	-
J2350	K	INJECTION, OCRELIZUMAB, 1 MG		09494	1.0121	APC (blood and non-blood product codes)	\$57.33			000	999	-
J2353	K	OCTREOTIDE INJECTION, DEPOT		01207	3.6310	APC (blood and non-blood product codes)	\$205.66			000	999	-
J2354	N	OCTREOTIDE INJ, NON-DEPOT				Bundled	\$0.00			000	999	-
J2355	N	OPRELVEKIN INJECTION				Bundled	\$0.00			000	999	-
J2357	K	OMALIZUMAB INJECTION		09300	0.6606	APC (blood and non-blood product codes)	\$37.42			000	999	-
J2358	K	OLANZAPINE LONG-ACTING INJ		01331	0.0515	APC (blood and non-blood product codes)	\$2.92			000	999	-
J2360	N	ORPHENADRINE INJECTION				Bundled	\$0.00			000	999	-
J2370	N	PHENYLEPHRINE HCL INJECTION				Bundled	\$0.00			000	999	-
J2400	N	CHLOROPROCAINE HCL INJECTION				Bundled	\$0.00			000	999	-
J2405	N	ONDANSETRON HCL INJECTION				Bundled	\$0.00			000	999	-
J2407	K	INJECTION, ORITAVANCIN		01660	0.4205	APC (blood and non-blood product codes)	\$23.82			000	999	-
J2410	N	OXYMORPHONE HCL INJECTION				Bundled	\$0.00			000	999	-
J2425	K	PALIFERMIN INJECTION		01696	0.4029	APC (blood and non-blood product codes)	\$22.82			000	999	-
J2426	K	PALIPERIDONE PALMITATE INJ		09255	0.2140	APC (blood and non-blood product codes)	\$12.12			000	999	-
J2430	N	PAMIDRONATE DISODIUM /30 MG				Bundled	\$0.00			000	999	-
J2440	N	PAPAVERIN HCL INJECTION				Bundled	\$0.00			000	999	-
J2460	E	OXYTETRACYCLINE INJECTION				Not Allowed	\$0.00			000	999	-
J2469	N	PALONOSETRON HCL				Bundled	\$0.00			000	999	-
J2501	N	PARICALCITOL				Bundled	\$0.00			000	999	-
J2502	K	INJ, PASIREOTIDE LONG ACTING		09454	5.5763	APC (blood and non-blood product codes)	\$315.84			000	999	-
J2503	N	PEGAPTANIB SODIUM INJECTION				Bundled	\$0.00			000	999	-
J2504	K	PEGADEMASE BOVINE, 25 IU		01739	25.9860	APC (blood and non-blood product codes)	\$1,471.85			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
J2505	K	INJECTION, PEGFILGRASTIM 6MG		09119	54.3695	APC (blood and non-blood product codes)	\$3,079.49			000	999	-
J2507	K	PEGLOTICASE INJECTION		09281	48.9281	APC (blood and non-blood product codes)	\$2,771.29			018	999	-
J2510	N	PENICILLIN G PROCAINE INJ				Bundled	\$0.00			000	999	-
J2513	E	PENTASTARCH 10% SOLUTION				Not Allowed	\$0.00			000	999	-
J2515	K	PENTOBARBITAL SODIUM INJ		01854	0.5274	APC (blood and non-blood product codes)	\$29.87			000	999	-
J2540	N	PENICILLIN G POTASSIUM INJ				Bundled	\$0.00			000	999	-
J2543	N	PIPERACILLIN/TAZOBACTAM				Bundled	\$0.00			000	999	-
J2545	M	PENTAMIDINE NON-COMP UNIT				Fee Schedule	\$92.77			000	999	-
J2547	K	INJECTION, PERAMIVIR		09451	0.0282	APC (blood and non-blood product codes)	\$1.60			000	999	-
J2550	N	PROMETHAZINE HCL INJECTION				Bundled	\$0.00			000	999	-
J2560	K	PHENOBARBITAL SODIUM INJ		09069	0.8061	APC (blood and non-blood product codes)	\$45.66			000	999	-
J2562	K	PLERIXAFOR INJECTION		09252	6.4445	APC (blood and non-blood product codes)	\$365.02			000	999	-
J2590	N	OXYTOCIN INJECTION				Bundled	\$0.00			000	999	-
J2597	K	INJ DESMOPRESSIN ACETATE		01440	0.1867	APC (blood and non-blood product codes)	\$10.57			000	999	-
J2650	N	PREDNISOLONE ACETATE INJ				Bundled	\$0.00			000	999	-
J2670	M	TOTAZOLINE HCL INJECTION				Fee Schedule	\$3.50			000	999	-
J2675	N	INJ PROGESTERONE PER 50 MG				Bundled	\$0.00			000	999	-
J2680	N	FLUPHENAZINE DECANOATE 25 MG				Bundled	\$0.00			000	999	-
J2690	N	PROCAINAMIDE HCL INJECTION				Bundled	\$0.00			000	999	-
J2700	N	OXACILLIN SODIUM INJECTON				Bundled	\$0.00			000	999	-
J2704	N	INJ, PROPOFOL, 10 MG				Bundled	\$0.00			000	999	-
J2710	N	NEOSTIGMINE METHYLSLFTE INJ				Bundled	\$0.00			000	999	-
J2720	N	INJ PROTAMINE SULFATE/10 MG				Bundled	\$0.00			000	999	-
J2724	K	PROTEIN C CONCENTRATE		01139	0.2663	APC (blood and non-blood product codes)	\$15.08			000	999	-
J2725	E	INJ PROTIRELIN PER 250 MCG				Not Allowed	\$0.00			000	999	-
J2730	N	PRALIDOXIME CHLORIDE INJ				Bundled	\$0.00			000	999	-
J2760	K	PHENTOLAMINE MESYLATE INJ		01458	6.3009	APC (blood and non-blood product codes)	\$356.88			000	999	-
J2765	N	METOCLOPRAMIDE HCL INJECTION				Bundled	\$0.00			000	999	-
J2770	K	QUINUPRISTIN/DALFOPRISTIN		02770	8.1008	APC (blood and non-blood product codes)	\$458.83			000	999	-
J2778	K	RANIBIZUMAB INJECTION		09233	5.7001	APC (blood and non-blood product codes)	\$322.85			000	999	-
J2780	N	RANITIDINE HYDROCHLORIDE INJ				Bundled	\$0.00			000	999	-
J2783	K	RASBURICASE		00738	5.4049	APC (blood and non-blood product codes)	\$306.14			000	999	-
J2785	N	REGADENOSON INJECTION				Bundled	\$0.00			018	999	-
J2786	K	INJECTION, RESLIZUMAB, 1MG		09481	0.1722	APC (blood and non-blood product codes)	\$9.75			000	999	-
J2787	N	RIBOFLAVIN 5'PHOS OPTH<=3ML				Bundled	\$0.00			000	999	-
J2788	N	RHO D IMMUNE GLOBULIN 50 MCG				Bundled	\$0.00			000	999	-
J2790	N	RHO D IMMUNE GLOBULIN INJ				Bundled	\$0.00			000	999	-
J2791	N	RHOPHYLAC INJECTION				Bundled	\$0.00			000	999	-
J2792	K	RHO(D) IMMUNE GLOBULIN H, SD		01609	0.5191	APC (blood and non-blood product codes)	\$29.40			000	999	-
J2793	N	RILONACEPT INJECTION				Bundled	\$0.00			000	999	-
J2794	K	INJ RISPERDAL CONSTA, 0.5 MG		09125	0.1859	APC (blood and non-blood product codes)	\$10.53			000	999	-
J2795	N	ROPIVACAINE HCL INJECTION				Bundled	\$0.00			000	999	-
J2796	K	ROMIPLOSTIM INJECTION		09245	1.3967	APC (blood and non-blood product codes)	\$79.11			000	999	-
J2797	E	INJ., ROLAPITANT, 0.5 MG				Not Allowed	\$0.00			000	999	-
J2798	G	INJ., PERSERIS, 0.5 MG		09181		APC – pays by fee schedule amount	\$10.16			000	999	-
J2800	N	METHOCARBAMOL INJECTION				Bundled	\$0.00			000	999	-
J2805	N	SINCALIDE INJECTION				Bundled	\$0.00			000	999	-
J2810	N	INJ THEOPHYLLINE PER 40 MG				Bundled	\$0.00			000	999	-
J2820	K	SARGRAMOSTIM INJECTION		00731	0.8621	APC (blood and non-blood product codes)	\$48.83			000	999	-
J2840	K	INJ SEBELIPASE ALFA 1 MG		09478	9.5412	APC (blood and non-blood product codes)	\$540.41			000	999	-
J2850	K	INJ SECRETIN SYNTHETIC HUMAN		01700	0.6141	APC (blood and non-blood product codes)	\$34.78			000	999	-
J2860	K	INJECTION, SILTUXIMAB		09455	1.9685	APC (blood and non-blood product codes)	\$111.50			000	999	-
J2910	N	AUROTHIOGLUCOSE INJECTON				Bundled	\$0.00			000	999	-
J2916	N	NA FERRIC GLUCONATE COMPLEX				Bundled	\$0.00			000	999	-
J2920	N	METHYLPREDNISOLONE INJECTION				Bundled	\$0.00			000	999	-
J2930	N	METHYLPREDNISOLONE INJECTION				Bundled	\$0.00			000	999	-
J2940	E	SOMATREM INJECTION				Not Allowed	\$0.00			000	999	-

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**Montana Healthcare Programs Fee Schedule
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J2941	N	SOMATROPIN INJECTION		09319	0.6451	Bundled, sometimes payable	\$36.54			000	999	-
J2950	N	PROMAZINE HCL INJECTION				Bundled	\$0.00			000	999	-
J2993	K	RETEPLASE INJECTION		09005	42.3012	APC (blood and non-blood product codes)	\$2,395.94			000	999	-
J2995	M	INJ STREPTOKINASE /250000 IU				Fee Schedule	\$80.95			000	999	-
J2997	K	ALTEPLASE RECOMBINANT		07048	1.5436	APC (blood and non-blood product codes)	\$87.43			000	999	-
J3000	N	STREPTOMYCIN INJECTION				Bundled	\$0.00			000	999	-
J3010	N	FENTANYL CITRATE INJECTION				Bundled	\$0.00			000	999	-
J3030	N	SUMATRIPTAN SUCCINATE / 6 MG				Bundled	\$0.00			000	999	-
J3031	G	INJ., FREMANEZUMAB-VFRM 1 MG		09197		APC – pays by fee schedule amount	\$2.28			000	999	-
J3032	G	INJ. EPTINEZUMAB-JJMR 1 MG		09357		APC – pays by fee schedule amount	\$15.60			000	999	-
J3060	K	INJ., TALIGLUCERASE ALFA 10 U		09294	0.7232	APC (blood and non-blood product codes)	\$40.96			000	999	-
J3070	N	PENTAZOCINE INJECTION				Bundled	\$0.00			000	999	-
J3090	K	INJ TEDIZOLID PHOSPHATE		01662	0.0281	APC (blood and non-blood product codes)	\$1.59			000	999	-
J3095	K	TELAVANCIN INJECTION		09258	0.1049	APC (blood and non-blood product codes)	\$5.94			000	999	-
J3101	K	TENECTEPLASE INJECTION		09002	2.2824	APC (blood and non-blood product codes)	\$129.27			018	999	-
J3105	N	TERBUTALINE SULFATE INJ				Bundled	\$0.00			000	999	-
J3110	E	TERIPARATIDE INJECTION				Not Allowed	\$0.00			000	999	-
J3111	G	INJ. ROMOSUZUMAB-AQQG 1 MG		09327		APC – pays by fee schedule amount	\$9.00			000	999	-
J3121	N	INJ TESTOSTERO ENANTHATE 1MG				Bundled	\$0.00			000	999	-
J3145	K	TESTOSTERONE UNDECANOATE 1MG		09078	0.0270	APC (blood and non-blood product codes)	\$1.53			000	999	-
J3230	N	CHLORPROMAZINE HCL INJECTION				Bundled	\$0.00			000	999	-
J3240	K	THYROTROPIN INJECTION		09108	31.3597	APC (blood and non-blood product codes)	\$1,776.21			000	999	-
J3241	G	INJ. TEPROTUMUMAB-TRBW 10 MG		09355		APC – pays by fee schedule amount	\$315.88			000	999	-
J3243	K	TIGECYCLINE INJECTION		09228	0.0211	APC (blood and non-blood product codes)	\$1.19			000	999	-
J3245	G	INJ., TILDRAKIZUMAB, 1 MG		09306		APC – pays by fee schedule amount	\$132.71			000	999	-
J3246	K	TIROFIBAN HCL		07041	0.0425	APC (blood and non-blood product codes)	\$2.41			000	999	-
J3250	N	TRIMETHOENZAMIDE HCL INJ				Bundled	\$0.00			000	999	-
J3260	N	TOBRAMYCIN SULFATE INJECTION				Bundled	\$0.00			000	999	-
J3262	K	TOCILIZUMAB INJECTION		09264	0.0966	APC (blood and non-blood product codes)	\$5.47			000	999	-
J3265	N	INJECTION TORSEMIDE 10 MG/ML				Bundled	\$0.00			000	999	-
J3280	E	THIETHYLPERAZINE MALEATE INJ				Not Allowed	\$0.00			000	999	-
J3285	K	TREPROSTINIL INJECTION		01701	1.1305	APC (blood and non-blood product codes)	\$64.03			000	999	-
J3300	N	TRIAMCINOLONE A INJ PRS-FREE				Bundled	\$0.00			000	999	-
J3301	N	TRIAMCINOLONE ACET INJ NOS				Bundled	\$0.00			000	999	-
J3302	N	TRIAMCINOLONE DIACETATE INJ				Bundled	\$0.00			000	999	-
J3303	N	TRIAMCINOLONE HEXACETONL INJ				Bundled	\$0.00			000	999	-
J3304	G	INJ TRIAMCINOLONE ACE XR 1MG		09469		APC – pays by fee schedule amount	\$18.01			000	999	-
J3305	E	INJ TRIMETREXATE GLUCORONATE				Not Allowed	\$0.00			000	999	-
J3310	N	PERPHENAZINE INJECTION				Bundled	\$0.00			000	999	-
J3315	K	TRIPTORELIN PAMOATE		09122	8.8949	APC (blood and non-blood product codes)	\$503.81			000	999	-
J3316	K	INJ., TRIPTORELIN XR 3.75 MG		09016	53.7431	APC (blood and non-blood product codes)	\$3,044.01			000	999	-
J3320	E	SPECTINOMYCIN DI-HCL INJ				Not Allowed	\$0.00			000	999	-
J3350	N	UREA INJECTION				Bundled	\$0.00			000	999	-
J3355	E	UROFOLLITROPIN, 75 IU				Not Allowed	\$0.00			000	999	-
J3357	K	USTEKINUMAB SUB CU INJ, 1 MG		09261	3.1800	APC (blood and non-blood product codes)	\$180.12			000	999	-
J3358	K	USTEKINUMAB, IV INJECT, 1 MG		09487	0.2110	APC (blood and non-blood product codes)	\$11.95			000	999	-
J3360	N	DIAZEPAM INJECTION				Bundled	\$0.00			000	999	-
J3364	N	UROKINASE 5000 IU INJECTION				Bundled	\$0.00			000	999	-
J3365	E	UROKINASE 250,000 IU INJ				Not Allowed	\$0.00			000	999	-
J3370	N	VANCOMYCIN HCL INJECTION				Bundled	\$0.00			000	999	-
J3380	K	INJECTION, VEDOLIZUMAB		01489	0.3593	APC (blood and non-blood product codes)	\$20.35			000	999	-
J3385	K	VELAGLUCERASE ALFA		09271	6.1198	APC (blood and non-blood product codes)	\$346.63			000	999	-
J3396	K	VERTEPORFIN INJECTION		01203	0.1986	APC (blood and non-blood product codes)	\$11.25			000	999	-
J3397	N	INJ., VESTRONIDASE ALFA-VJBK				Bundled	\$0.00			000	999	-
J3398	G	INJ LUXTURNA 1 BILLION VEC G		09070		APC – pays by fee schedule amount	\$2,915.24			000	999	-
J3399	K	INJ ONASE ABEPAR-XIOI TREAT		09373	38959.9396	APC (blood and non-blood product codes)	\$2,206,690.98			000	999	Requires PA

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J3400	E	TRIFLUPROMAZINE HCL INJ				Not Allowed	\$0.00			000	999	-
J3410	N	HYDROXYZINE HCL INJECTION				Bundled	\$0.00			000	999	-
J3411	N	THIAMINE HCL 100 MG				Bundled	\$0.00			000	999	-
J3415	N	PYRIDOXINE HCL 100 MG				Bundled	\$0.00			000	999	-
J3420	N	VITAMIN B12 INJECTION				Bundled	\$0.00			000	999	-
J3430	N	VITAMIN K PHYTONADIONE INJ				Bundled	\$0.00			000	999	-
J3465	N	INJECTION, VORICONAZOLE				Bundled	\$0.00			000	999	-
J3470	N	HYALURONIDASE INJECTION				Bundled	\$0.00			000	999	-
J3471	N	OVINE, UP TO 999 USP UNITS				Bundled	\$0.00			000	999	-
J3472	N	OVINE, 1000 USP UNITS				Bundled	\$0.00			000	999	-
J3473	N	HYALURONIDASE RECOMBINANT				Bundled	\$0.00			000	999	-
J3475	N	INJ MAGNESIUM SULFATE				Bundled	\$0.00			000	999	-
J3480	N	INJ POTASSIUM CHLORIDE				Bundled	\$0.00			000	999	-
J3485	N	ZIDOVUDINE				Bundled	\$0.00			000	999	-
J3486	N	ZIPRASIDONE MESYLATE				Bundled	\$0.00			000	999	-
J3489	N	ZOLEDRONIC ACID 1MG				Bundled	\$0.00			000	999	-
J3490	N	DRUGS UNCLASSIFIED INJECTION				Bundled	\$0.00			000	999	-
J3520	E	EDETATE DISODIUM PER 150 MG				Not Allowed	\$0.00			000	999	-
J3530	N	NASAL VACCINE INHALATION				Bundled	\$0.00			000	999	-
J3535	E	METERED DOSE INHALER DRUG				Not Allowed	\$0.00			000	999	-
J3570	E	LAETRILE AMYGDALIN VIT B17				Not Allowed	\$0.00			000	999	-
J3590	N	UNCLASSIFIED BIOLOGICS				Bundled	\$0.00			000	999	-
J3591	M	ESRD ON DIALYSI DRUG/BIO NOC				Charge Ratio	\$0.00			000	999	-
J7030	N	NORMAL SALINE SOLUTION INFUS				Bundled	\$0.00			000	999	-
J7040	N	NORMAL SALINE SOLUTION INFUS				Bundled	\$0.00			000	999	-
J7042	N	5% DEXTROSE/NORMAL SALINE				Bundled	\$0.00			000	999	-
J7050	N	NORMAL SALINE SOLUTION INFUS				Bundled	\$0.00			000	999	-
J7060	N	5% DEXTROSE/WATER				Bundled	\$0.00			000	999	-
J7070	N	D5W INFUSION				Bundled	\$0.00			000	999	-
J7100	N	DEXTRAN 40 INFUSION				Bundled	\$0.00			000	999	-
J7110	N	DEXTRAN 75 INFUSION				Bundled	\$0.00			000	999	-
J7120	N	RINGERS LACTATE INFUSION				Bundled	\$0.00			000	999	-
J7121	N	5% DEXTROSE IN LAC RINGERS				Bundled	\$0.00			000	999	-
J7131	N	HYPERTONIC SALINE SOL				Bundled	\$0.00			000	999	-
J7169	G	INJ ANDEXXA, 10 MG		09198		APC – pays by fee schedule amount	\$291.50			000	999	-
J7170	G	INJ., EMICIZUMAB-KXWH 0.5 MG		09257		APC – pays by fee schedule amount	\$47.75			000	999	-
J7175	K	INJ, FACTOR X, (HUMAN), 1IU		01857	0.1393	APC (blood and non-blood product codes)	\$7.89			000	999	-
J7177	N	INJ., FIBRYGA, 1 MG				Bundled	\$0.00			000	999	-
J7178	K	INJ HUMAN FIBRINOGEN CON NOS		01478	0.0222	APC (blood and non-blood product codes)	\$1.26			000	999	-
J7179	K	VONVENDI INJ 1 IU VWF:RCO		09059	0.0334	APC (blood and non-blood product codes)	\$1.89			000	999	-
J7180	K	FACTOR XIII ANTI-HEM FACTOR		01416	0.1551	APC (blood and non-blood product codes)	\$8.78			000	999	-
J7181	K	FACTOR XIII RECOMB A-SUBUNIT		01746	0.2728	APC (blood and non-blood product codes)	\$15.45			000	999	-
J7182	K	FACTOR VIII RECOMB NOVOEIGHT		01856	0.0240	APC (blood and non-blood product codes)	\$1.36			000	999	-
J7183	K	WILATE INJECTION		01352	0.0183	APC (blood and non-blood product codes)	\$1.04			000	999	-
J7185	K	XYNTHA INJ		01268	0.0217	APC (blood and non-blood product codes)	\$1.23			000	999	-
J7186	K	ANTIHEMOPHILIC VIII/VWF COMP		01213	0.0198	APC (blood and non-blood product codes)	\$1.12			000	999	-
J7187	K	HUMATE-P, INJ		01704	0.0215	APC (blood and non-blood product codes)	\$1.22			000	999	-
J7188	K	FACTOR VIII RECOMB OBIZUR		01827	0.0563	APC (blood and non-blood product codes)	\$3.19			000	999	-
J7189	K	FACTOR VIIA		01705	0.0400	APC (blood and non-blood product codes)	\$2.26			000	999	-
J7190	K	FACTOR VIII		00925	0.0189	APC (blood and non-blood product codes)	\$1.07			000	999	-
J7191	E	FACTOR VIII (PORCINE)				Not Allowed	\$0.00			000	999	-
J7192	K	FACTOR VIII RECOMBINANT NOS		00927	0.0238	APC (blood and non-blood product codes)	\$1.35			000	999	-
J7193	K	FACTOR IX NON-RECOMBINANT		00931	0.0210	APC (blood and non-blood product codes)	\$1.19			000	999	-
J7194	K	FACTOR IX COMPLEX		00928	0.0261	APC (blood and non-blood product codes)	\$1.48			000	999	-
J7195	K	FACTOR IX RECOMBINANT NOS		00932	0.0271	APC (blood and non-blood product codes)	\$1.53			000	999	-
J7196	N	ANTITHROMBIN RECOMBINANT				Bundled	\$0.00			000	999	-
J7197	K	ANTITHROMBIN III INJECTION		01263	0.0614	APC (blood and non-blood product codes)	\$3.48			000	999	-

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J7198	K	ANTI-INHIBITOR		00929	0.0368	APC (blood and non-blood product codes)	\$2.09			000	999	-
J7199	M	HEMOPHILIA CLOT FACTOR NOC				Charge Ratio	\$0.00			000	999	-
J7200	K	FACTOR IX RECOMBINAN RIXUBIS		01467	0.0257	APC (blood and non-blood product codes)	\$1.46			000	999	-
J7201	K	FACTOR IX ALPROLIX RECOMB		01486	0.0575	APC (blood and non-blood product codes)	\$3.26			000	999	-
J7202	K	FACTOR IX IDELVION INJ		09171	0.0788	APC (blood and non-blood product codes)	\$4.46			000	999	-
J7203	G	FACTOR IX RECOMB GLY REBINYN		09468		APC – pays by fee schedule amount	\$3.96			000	999	-
J7204	G	INJ RECOMBIN ESPEROCT PER IU		09354		APC – pays by fee schedule amount	\$2.25			000	999	-
J7205	K	FACTOR VIII FC FUSION RECOMB		01656	0.0383	APC (blood and non-blood product codes)	\$2.17			000	999	-
J7207	K	FACTOR VIII PEGYLATED RECOMB		01844	0.0326	APC (blood and non-blood product codes)	\$1.85			000	999	-
J7208	G	INJ. JIVI 1 IU		09299		APC – pays by fee schedule amount	\$2.03			000	999	-
J7209	K	FACTOR VIII NUWIQ RECOMB 1IU		01846	0.0222	APC (blood and non-blood product codes)	\$1.26			000	999	-
J7210	G	INJ, AFSTYLA, 1 I.U.		09043		APC – pays by fee schedule amount	\$1.35			000	999	-
J7211	K	INJ, KOVALTRY, 1 I.U.		09075	0.0216	APC (blood and non-blood product codes)	\$1.22			000	999	-
J7212	K	FACTOR VIIA RECOMB SEVENFACT		09395	0.0456	APC (blood and non-blood product codes)	\$2.59			000	999	-
J7296	M	KYLEENA, 19.5 MG				Fee Schedule	\$953.51			000	999	-
J7297	M	LILETTA, 52 MG				Fee Schedule	\$786.87			000	999	-
J7298	M	MIRENA, 52 MG				Fee Schedule	\$953.51			000	999	-
J7300	M	INTRAUT COPPER CONTRACEPTIVE				Fee Schedule	\$884.50			010	065	-
J7301	M	SKYLA, 13.5 MG				Fee Schedule	\$793.96			000	999	-
J7302	E	LEVONORGESTREL IU 52 MG				Not Allowed	\$0.00			010	065	-
J7303	M	CONTRACEPTIVE VAGINAL RING				Fee Schedule	\$162.63			010	065	-
J7304	M	CONTRACEPTIVE HORMONE PATCH				Fee Schedule	\$40.72			010	065	-
J7306	E	LEVONORGESTREL IMPLANT SYS				Not Allowed	\$0.00			000	999	-
J7307	M	ETONOGESTREL IMPLANT SYSTEM				Fee Schedule	\$981.56			000	999	-
J7308	K	AMINOLEVULINIC ACID HCL TOP		07308	6.8577	APC (blood and non-blood product codes)	\$388.42			000	999	-
J7309	M	METHYL AMINOLEVULINATE, TOP				Fee Schedule	\$85.22			000	999	-
J7310	E	GANCICLOVIR LONG ACT IMPLANT				Not Allowed	\$0.00			000	999	-
J7311	K	INJ., RETISERT, 0.01 MG		09225	6.0243	APC (blood and non-blood product codes)	\$341.22			000	999	-
J7312	K	DEXAMETHASONE INTRA IMPLANT		09256	3.5284	APC (blood and non-blood product codes)	\$199.85			000	999	-
J7313	K	INJ., ILUVIEN, 0.01 MG		09450	8.6676	APC (blood and non-blood product codes)	\$490.93			000	999	-
J7314	K	INJ., YUTIQ, 0.01 MG		09328	8.7644	APC (blood and non-blood product codes)	\$496.42			000	999	-
J7315	N	OPHTHALMIC MITOMYCIN				Bundled	\$0.00			000	999	-
J7316	K	INJ, OCRIPLASMIN, 0.125 MG		09298	18.4839	APC (blood and non-blood product codes)	\$1,046.93			000	999	-
J7318	G	INJ, DUROLANE 1 MG		09174		APC – pays by fee schedule amount	\$17.23			000	999	-
J7320	K	GENVISC 850, INJ, 1MG		09079	0.2987	APC (blood and non-blood product codes)	\$16.92			000	999	-
J7321	N	HYALGAN OR SUPARTZ INJ DOSE				Bundled	\$0.00			000	999	-
J7322	K	HYMOVIS INJECTION 1 MG		09471	0.5591	APC (blood and non-blood product codes)	\$31.67			000	999	-
J7323	K	EUFLEXA INJ PER DOSE		00875	2.3859	APC (blood and non-blood product codes)	\$135.14			000	999	-
J7324	K	ORTHOVISC INJ PER DOSE		00877	2.2695	APC (blood and non-blood product codes)	\$128.55			000	999	-
J7325	K	SYNVISC OR SYNVISC-ONE		00874	0.1884	APC (blood and non-blood product codes)	\$10.67			000	999	-
J7326	K	GEL-ONE		01417	21.5219	APC (blood and non-blood product codes)	\$1,219.00			000	999	-
J7327	K	MONOVISC INJ PER DOSE		01747	13.8628	APC (blood and non-blood product codes)	\$785.19			000	999	-
J7328	G	GELSYN-3 INJECTION 0.1 MG		01862		APC – pays by fee schedule amount	\$2.18			000	999	-
J7329	K	INJ, TRIVISC 1 MG		09196	0.1270	APC (blood and non-blood product codes)	\$7.20			000	999	-
J7330	E	CULTURED CHONDROCYTES IMPLNT				Not Allowed	\$0.00			000	999	-
J7331	K	SYNOJOYNT, INJ., 1 MG		09337	0.3181	APC (blood and non-blood product codes)	\$18.02			000	999	-
J7332	N	INJ., TRILURON, 1 MG				Bundled	\$0.00			000	999	-
J7333	N	VISCO-3 INJ DOSE				Bundled	\$0.00			000	999	-
J7336	K	CAPSAICIN 8% PATCH		09071	0.0574	APC (blood and non-blood product codes)	\$3.25			000	999	-
J7340	N	CARBIDOPA LEVODOPA ENT 100ML		09320	3.7741	Bundled, sometimes payable	\$213.77			000	999	-
J7342	K	CIPROFLOXACIN OTIC SUSP 6 MG		09479	0.5294	APC (blood and non-blood product codes)	\$29.98			000	999	-
J7345	K	AMINOLEVULINIC ACID, 10% GEL		09301	0.0269	APC (blood and non-blood product codes)	\$1.52			000	999	-
J7351	G	INJ BIMATOPROST ITC IMP1MCG		09351		APC – pays by fee schedule amount	\$206.38			000	999	-
J7352	K	AFAMELANOTIDE IMPLANT, 1 MG		09396	56.8308	APC (blood and non-blood product codes)	\$3,218.90			000	999	-
J7401	E	MOMETASONE FUROATE SINUS IMP				Not Allowed	\$0.00			000	999	-
J7500	N	AZATHIOPRINE ORAL 50MG				Bundled	\$0.00			000	999	-
J7501	K	AZATHIOPRINE PARENTERAL		00887	4.3286	APC (blood and non-blood product codes)	\$245.17			000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
J7502	N	CYCLOSPORINE ORAL 100 MG				Bundled	\$0.00			000	999	-
J7503	N	TACROL ENVARSUS EX REL ORAL				Bundled	\$0.00			000	999	-
J7504	K	LYMPHOCYTE IMMUNE GLOBULIN		00890	39.8596	APC (blood and non-blood product codes)	\$2,257.65			000	999	-
J7505	N	MONOCLONAL ANTIBODIES				Bundled	\$0.00			000	999	-
J7507	N	TACROLIMUS IMME REL ORAL 1MG				Bundled	\$0.00			000	999	-
J7508	N	TACROL ASTAGRAF EX REL ORAL				Bundled	\$0.00			000	999	-
J7509	N	METHYLPREDNISOLONE ORAL				Bundled	\$0.00			000	999	-
J7510	N	PREDNISOLONE ORAL PER 5 MG				Bundled	\$0.00			000	999	-
J7511	K	ANTITHYMOCYTE GLOBULN RABBIT		09104	13.9584	APC (blood and non-blood product codes)	\$790.60			000	999	-
J7512	N	PREDNISONE IR OR DR ORAL 1MG				Bundled	\$0.00			000	999	-
J7513	E	DACLIZUMAB, PARENTERAL				Not Allowed	\$0.00			000	999	-
J7515	N	CYCLOSPORINE ORAL 25 MG				Bundled	\$0.00			000	999	-
J7516	N	CYCLOSPORIN PARENTERAL 250MG				Bundled	\$0.00			000	999	-
J7517	N	MYCOPHENOLATE MOFETIL ORAL				Bundled	\$0.00			000	999	-
J7518	N	MYCOPHENOLIC ACID				Bundled	\$0.00			000	999	-
J7520	N	SIROLIMUS, ORAL				Bundled	\$0.00			000	999	-
J7525	K	TACROLIMUS INJECTION		09006	3.7468	APC (blood and non-blood product codes)	\$212.22			000	999	-
J7527	N	ORAL EVEROLIMUS				Bundled	\$0.00			000	999	-
J7599	N	IMMUNOSUPPRESSIVE DRUG NOC				Bundled	\$0.00			000	999	-
J7604	E	ACETYLCYSTEINE COMP UNIT				Not Allowed	\$0.00			000	999	-
J7605	E	ARFORMOTEROL NON-COMP UNIT				Not Allowed	\$0.00			000	999	-
J7606	E	FORMOTEROL FUMARATE, INH				Not Allowed	\$0.00			000	999	-
J7607	E	LEVALBUTEROL COMP CON				Not Allowed	\$0.00			000	999	-
J7608	E	ACETYLCYSTEINE NON-COMP UNIT				Not Allowed	\$0.00			000	999	-
J7609	E	ALBUTEROL COMP UNIT				Not Allowed	\$0.00			000	999	-
J7610	E	ALBUTEROL COMP CON				Not Allowed	\$0.00			000	999	-
J7611	E	ALBUTEROL NON-COMP CON				Not Allowed	\$0.00			000	999	-
J7612	E	LEVALBUTEROL NON-COMP CON				Not Allowed	\$0.00			000	999	-
J7613	E	ALBUTEROL NON-COMP UNIT				Not Allowed	\$0.00			000	999	-
J7614	E	LEVALBUTEROL NON-COMP UNIT				Not Allowed	\$0.00			000	999	-
J7615	E	LEVALBUTEROL COMP UNIT				Not Allowed	\$0.00			000	999	-
J7620	E	ALBUTEROL IPRATROP NON-COMP				Not Allowed	\$0.00			000	999	-
J7622	E	BECLOMETHASONE COMP UNIT				Not Allowed	\$0.00			000	999	-
J7624	E	BETAMETHASONE COMP UNIT				Not Allowed	\$0.00			000	999	-
J7626	E	BUDESONIDE NON-COMP UNIT				Not Allowed	\$0.00			000	999	-
J7627	E	BUDESONIDE COMP UNIT				Not Allowed	\$0.00			000	999	-
J7628	E	BITOLTEROL MESYLATE COMP CON				Not Allowed	\$0.00			000	999	-
J7629	E	BITOLTEROL MESYLATE COMP UNT				Not Allowed	\$0.00			000	999	-
J7631	E	CROMOLYN SODIUM NONCOMP UNIT				Not Allowed	\$0.00			000	999	-
J7632	E	CROMOLYN SODIUM COMP UNIT				Not Allowed	\$0.00			000	999	-
J7633	E	BUDESONIDE NON-COMP CON				Not Allowed	\$0.00			000	999	-
J7634	E	BUDESONIDE COMP CON				Not Allowed	\$0.00			000	999	-
J7635	E	ATROPINE COMP CON				Not Allowed	\$0.00			000	999	-
J7636	E	ATROPINE COMP UNIT				Not Allowed	\$0.00			000	999	-
J7637	E	DEXAMETHASONE COMP CON				Not Allowed	\$0.00			000	999	-
J7638	E	DEXAMETHASONE COMP UNIT				Not Allowed	\$0.00			000	999	-
J7639	E	DORNASE ALFA NON-COMP UNIT				Not Allowed	\$0.00			000	999	-
J7640	E	FORMOTEROL COMP UNIT				Not Allowed	\$0.00			000	999	-
J7641	E	FLUNISOLIDE COMP UNIT				Not Allowed	\$0.00			000	999	-
J7642	E	GLYCOPYRROLATE COMP CON				Not Allowed	\$0.00			000	999	-
J7643	E	GLYCOPYRROLATE COMP UNIT				Not Allowed	\$0.00			000	999	-
J7644	E	IPRATROPIUM BROMIDE NON-COMP				Not Allowed	\$0.00			000	999	-
J7645	E	IPRATROPIUM BROMIDE COMP				Not Allowed	\$0.00			000	999	-
J7647	E	ISOETHARINE COMP CON				Not Allowed	\$0.00			000	999	-
J7648	E	ISOETHARINE NON-COMP CON				Not Allowed	\$0.00			000	999	-
J7649	E	ISOETHARINE NON-COMP UNIT				Not Allowed	\$0.00			000	999	-
J7650	E	ISOETHARINE COMP UNIT				Not Allowed	\$0.00			000	999	-

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Outpatient Prospective Payment System Services
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
J7657	E	ISOPROTERENOL COMP CON				Not Allowed	\$0.00			000	999	-
J7658	E	ISOPROTERENOL NON-COMP CON				Not Allowed	\$0.00			000	999	-
J7659	E	ISOPROTERENOL NON-COMP UNIT				Not Allowed	\$0.00			000	999	-
J7660	E	ISOPROTERENOL COMP UNIT				Not Allowed	\$0.00			000	999	-
J7665	N	MANNITOL FOR INHALER				Bundled	\$0.00			006	999	-
J7667	E	METAPROTERENOL COMP CON				Not Allowed	\$0.00			000	999	-
J7668	E	METAPROTERENOL NON-COMP CON				Not Allowed	\$0.00			000	999	-
J7669	E	METAPROTERENOL NON-COMP UNIT				Not Allowed	\$0.00			000	999	-
J7670	E	METAPROTERENOL COMP UNIT				Not Allowed	\$0.00			000	999	-
J7674	N	METHACHOLINE CHLORIDE, NEB				Bundled	\$0.00			000	999	-
J7676	E	PENTAMIDINE COMP UNIT DOSE				Not Allowed	\$0.00			000	999	-
J7677	E	REVEFENACIN INH NON-COM 1MCG				Not Allowed	\$0.00			000	999	-
J7680	E	TERBUTALINE SULF COMP CON				Not Allowed	\$0.00			000	999	-
J7681	E	TERBUTALINE SULF COMP UNIT				Not Allowed	\$0.00			000	999	-
J7682	E	TOBRAMYCIN NON-COMP UNIT				Not Allowed	\$0.00			000	999	-
J7683	E	TRIAMCINOLONE COMP CON				Not Allowed	\$0.00			000	999	-
J7684	E	TRIAMCINOLONE COMP UNIT				Not Allowed	\$0.00			000	999	-
J7685	E	TOBRAMYCIN COMP UNIT				Not Allowed	\$0.00			000	999	-
J7686	E	TREPROSTINIL, NON-COMP UNIT				Not Allowed	\$0.00			000	999	-
J7699	E	INHALATION SOLUTION FOR DME				Not Allowed	\$0.00			000	999	-
J7799	N	NON-INHALATION DRUG FOR DME				Bundled	\$0.00			000	999	-
J7999	N	COMPOUNDED DRUG, NOC				Bundled	\$0.00			000	999	-
J8498	E	ANTIEMETIC RECTAL/SUPP NOS				Not Allowed	\$0.00			000	999	-
J8499	E	ORAL PRESCRIP DRUG NON CHEMO				Not Allowed	\$0.00			000	999	-
J8501	N	ORAL APREPITANT				Bundled	\$0.00			000	999	-
J8510	N	ORAL BUSULFAN				Bundled	\$0.00			000	999	-
J8515	E	CABERGOLINE, ORAL 0.25MG				Not Allowed	\$0.00			000	999	-
J8520	N	CAPECITABINE, ORAL, 150 MG				Bundled	\$0.00			000	999	-
J8521	N	CAPECITABINE, ORAL, 500 MG				Bundled	\$0.00			000	999	-
J8530	N	CYCLOPHOSPHAMIDE ORAL 25 MG				Bundled	\$0.00			000	999	-
J8540	N	ORAL DEXAMETHASONE				Bundled	\$0.00			000	999	-
J8560	K	ETOPOSIDE ORAL 50 MG		00802	1.3377	APC (blood and non-blood product codes)	\$75.77			000	999	-
J8562	N	ORAL FLUDARABINE PHOSPHATE				Bundled	\$0.00			000	999	-
J8565	E	GEFITINIB ORAL				Not Allowed	\$0.00			000	999	-
J8597	N	ANTIEMETIC DRUG ORAL NOS				Bundled	\$0.00			000	999	-
J8600	N	MELPHALAN ORAL 2 MG				Bundled	\$0.00			000	999	-
J8610	N	METHOTREXATE ORAL 2.5 MG				Bundled	\$0.00			000	999	-
J8650	E	NABILONE ORAL				Not Allowed	\$0.00			000	999	-
J8655	K	ORAL NETUPITANT, PALONOSETRO		09448	4.7784	APC (blood and non-blood product codes)	\$270.65			000	999	-
J8670	K	ROLAPITANT, ORAL, 1MG		01761	0.0413	APC (blood and non-blood product codes)	\$2.34			000	999	-
J8700	N	TEMOZOLOMIDE				Bundled	\$0.00			000	999	-
J8705	N	TOPOTECAN ORAL				Bundled	\$0.00			005	999	-
J8999	E	ORAL PRESCRIPTION DRUG CHEMO				Not Allowed	\$0.00			000	999	-
J9000	N	DOXORUBICIN HCL INJECTION				Bundled	\$0.00			000	999	-
J9001	E	DOXORUBICIN HCL LIPOSOME INJ				Not Allowed	\$0.00			000	999	-
J9015	K	ALDESLEUKIN INJECTION		00807	67.0067	APC (blood and non-blood product codes)	\$3,795.26			000	999	-
J9017	K	ARSENIC TRIOXIDE INJECTION		09012	0.3147	APC (blood and non-blood product codes)	\$17.82			000	999	-
J9019	K	ERWINAZE INJECTION		09289	7.5436	APC (blood and non-blood product codes)	\$427.27			000	999	-
J9020	M	ASPARAGINASE, NOS				Fee Schedule	\$65.74			000	999	-
J9022	K	INJ, ATEZOLIZUMAB, 10 MG		09483	1.3803	APC (blood and non-blood product codes)	\$78.18			000	999	-
J9023	K	INJECTION, AVELUMAB, 10 MG		09491	1.5066	APC (blood and non-blood product codes)	\$85.33			000	999	-
J9025	K	AZACITIDINE INJECTION		01709	0.0161	APC (blood and non-blood product codes)	\$0.91			000	999	-
J9027	K	CLOFARABINE INJECTION		01710	0.5328	APC (blood and non-blood product codes)	\$30.18			000	999	-
J9030	N	BCG LIVE INTRAVESICAL 1MG				Bundled	\$0.00			000	999	-
J9032	K	INJECTION, BELINOSTAT, 10MG		01658	0.7539	APC (blood and non-blood product codes)	\$42.70			000	999	-
J9033	K	INJ., TREANDA 1 MG		09243	0.4340	APC (blood and non-blood product codes)	\$24.58			018	999	-
J9034	K	INJ., BENDEKA 1 MG		01861	0.3562	APC (blood and non-blood product codes)	\$20.17			000	999	-

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J9035	K	BEVACIZUMAB INJECTION		09214	1.3269	APC (blood and non-blood product codes)	\$75.16			000	999	-
J9036	G	INJ. BELRAPZO/BENDAMUSTINE		09313		APC – pays by fee schedule amount	\$22.27			000	999	-
J9039	K	INJECTION, BLINATUMOMAB		09449	2.0854	APC (blood and non-blood product codes)	\$118.12			000	999	-
J9040	N	BLEOMYCIN SULFATE INJECTION				Bundled	\$0.00			000	999	-
J9041	K	INJ., VELCADE 0.1 MG		09207	0.7886	APC (blood and non-blood product codes)	\$44.67			000	999	-
J9042	K	BRENTUXIMAB VEDOTIN INJ		09287	3.2147	APC (blood and non-blood product codes)	\$182.08			000	999	-
J9043	K	CABAZITAXEL INJECTION		09276	3.2635	APC (blood and non-blood product codes)	\$184.85			018	999	-
J9044	K	INJ, BORTEZOMIB, NOS, 0.1 MG		09192	0.3725	APC (blood and non-blood product codes)	\$21.10			000	999	-
J9045	N	CARBOPLATIN INJECTION				Bundled	\$0.00			000	999	-
J9047	K	INJECTION, CARFILZOMIB, 1 MG		09295	0.6947	APC (blood and non-blood product codes)	\$39.35			000	999	-
J9050	K	CARMUSTINE INJECTION		00812	30.7776	APC (blood and non-blood product codes)	\$1,743.25			000	999	-
J9055	K	CETUXIMAB INJECTION		09215	1.1561	APC (blood and non-blood product codes)	\$65.48			000	999	-
J9057	G	INJ., COPANLISIB, 1 MG		09030		APC – pays by fee schedule amount	\$79.09			000	999	-
J9060	N	CISPLATIN 10 MG INJECTION				Bundled	\$0.00			000	999	-
J9065	K	INJ CLADRIBINE PER 1 MG		00858	0.3712	APC (blood and non-blood product codes)	\$21.02			000	999	-
J9070	K	CYCLOPHOSPHAMIDE 100 MG INJ		01408	0.5502	APC (blood and non-blood product codes)	\$31.16			000	999	-
J9098	N	CYTARABINE LIPOSOME INJ				Bundled	\$0.00			000	999	-
J9100	N	CYTARABINE HCL 100 MG INJ				Bundled	\$0.00			000	999	-
J9118	E	INJ. CALASPARGASE PEGOL-MKNL				Not Allowed	\$0.00			000	999	-
J9119	G	INJ., CEMIPIMAB-RWLC, 1 MG		09304		APC – pays by fee schedule amount	\$27.40			000	999	-
J9120	K	DACTINOMYCIN INJECTION		00752	16.4929	APC (blood and non-blood product codes)	\$934.16			000	999	-
J9130	N	DACARBAZINE 100 MG INJ				Bundled	\$0.00			000	999	-
J9144	G	DARATUMUMAB, HYALURONIDASE		09378		APC – pays by fee schedule amount	\$43.85			000	999	-
J9145	K	INJECTION, DARATUMUMAB 10 MG		09476	0.9894	APC (blood and non-blood product codes)	\$56.04			000	999	-
J9150	K	DAUNORUBICIN INJECTION		00820	0.7507	APC (blood and non-blood product codes)	\$42.52			000	999	-
J9151	N	DAUNORUBICIN CITRATE INJ				Bundled	\$0.00			000	999	-
J9153	K	INJ DAUNORUBICIN, CYTARABINE		09302	3.5608	APC (blood and non-blood product codes)	\$201.69			000	999	-
J9155	K	DEGARELIX INJECTION		01296	0.0687	APC (blood and non-blood product codes)	\$3.89			000	999	-
J9160	E	DENILEUKIN DIFTITOX INJ				Not Allowed	\$0.00			000	999	-
J9165	E	DIETHYLSTILBESTROL INJECTION				Not Allowed	\$0.00			000	999	-
J9171	N	DOCETAXEL INJECTION				Bundled	\$0.00			000	999	-
J9173	K	INJ., DURVALUMAB, 10 MG		09492	1.3604	APC (blood and non-blood product codes)	\$77.05			000	999	-
J9175	N	ELLIOTTS B SOLUTION PER ML				Bundled	\$0.00			000	999	-
J9176	K	INJECTION, ELOTUZUMAB, 1MG		09477	0.1178	APC (blood and non-blood product codes)	\$6.67			000	999	-
J9177	G	INJ ENFORT VEDO-EJFV 0.25MG		09364		APC – pays by fee schedule amount	\$27.96			000	999	-
J9178	N	INJ, EPIRUBICIN HCL, 2 MG				Bundled	\$0.00			000	999	-
J9179	K	ERIBULIN MESYLATE INJECTION		01426	2.0791	APC (blood and non-blood product codes)	\$117.76			018	999	-
J9181	N	ETOPOSIDE INJECTION				Bundled	\$0.00			000	999	-
J9185	N	FLUDARABINE PHOSPHATE INJ				Bundled	\$0.00			000	999	-
J9190	N	FLUOROURACIL INJECTION				Bundled	\$0.00			000	999	-
J9198	G	INJ. INFUGEM, 100 MG		09387		APC – pays by fee schedule amount	\$39.14			000	999	-
J9200	N	FLOXURIDINE INJECTION				Bundled	\$0.00			000	999	-
J9201	N	IN GEMCITABINE HCL NOS 200MG				Bundled	\$0.00			000	999	-
J9202	K	GOSERELIN ACETATE IMPLANT		00810	8.8500	APC (blood and non-blood product codes)	\$501.27			000	999	-
J9203	K	GEMTUZUMAB OZOGAMICIN 0.1 MG		09495	3.6257	APC (blood and non-blood product codes)	\$205.36			000	999	-
J9204	G	INJ MOGAMULIZUMAB-KPKC, 1 MG		09182		APC – pays by fee schedule amount	\$206.42			000	999	-
J9205	K	INJ IRINOTECAN LIPOSOME 1 MG		09474	0.9588	APC (blood and non-blood product codes)	\$54.31			000	999	-
J9206	N	IRINOTECAN INJECTION				Bundled	\$0.00			000	999	-
J9207	K	IXABEPILONE INJECTION		09240	1.8029	APC (blood and non-blood product codes)	\$102.12			018	999	-
J9208	N	IFOSFAMIDE INJECTION				Bundled	\$0.00			000	999	-
J9209	N	MESNA INJECTION				Bundled	\$0.00			000	999	-
J9210	G	INJ., EMAPALUMAB-LZSG, 1 MG		09310		APC – pays by fee schedule amount	\$393.16			000	999	-
J9211	N	IDARUBICIN HCL INJECTION				Bundled	\$0.00			000	999	-
J9212	E	INTERFERON ALFACON-1 INJ				Not Allowed	\$0.00			000	999	-
J9213	N	INTERFERON ALFA-2A INJ				Bundled	\$0.00			000	999	-
J9214	K	INTERFERON ALFA-2B INJ		00836	0.6001	APC (blood and non-blood product codes)	\$33.99			000	999	-
J9215	N	INTERFERON ALFA-N3 INJ				Bundled	\$0.00			000	999	-

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**Montana Healthcare Programs Fee Schedule
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January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
J9216	E	INTERFERON GAMMA 1-B INJ				Not Allowed	\$0.00			000	999	-
J9217	K	LEUPROLIDE ACETATE SUSPNSION		09217	4.0419	APC (blood and non-blood product codes)	\$228.93			000	999	-
J9218	N	LEUPROLIDE ACETATE INJECITON				Bundled	\$0.00			000	999	-
J9219	E	LEUPROLIDE ACETATE IMPLANT				Not Allowed	\$0.00			000	999	-
J9223	G	INJ. LURBINCTEDIN, 0.1 MG		09389		APC – pays by fee schedule amount	\$170.80			000	999	-
J9225	K	VANTAS IMPLANT		01711	80.9713	APC (blood and non-blood product codes)	\$4,586.21			000	999	-
J9226	K	SUPPRELIN LA IMPLANT		01142	708.2627	APC (blood and non-blood product codes)	\$40,116.00			000	999	-
J9227	G	INJ. ISATUXIMAB-IRFC 10 MG		09377		APC – pays by fee schedule amount	\$66.37			000	999	-
J9228	K	IPILIMUMAB INJECTION		09284	2.7759	APC (blood and non-blood product codes)	\$157.23			018	999	-
J9229	K	INJ INOTUZUMAB OZOGAM 0.1 MG		09028	41.3365	APC (blood and non-blood product codes)	\$2,341.30			000	999	-
J9230	K	MECHLORETHAMINE HCL INJ		00751	5.7961	APC (blood and non-blood product codes)	\$328.29			000	999	-
J9245	K	INJ MELPHA HYDROCH NOS 50 MG		00840	4.0393	APC (blood and non-blood product codes)	\$228.79			000	999	-
J9246	K	INJ., EVOMELA, 1 MG		09375	0.4167	APC (blood and non-blood product codes)	\$23.60			000	999	-
J9250	N	METHOTREXATE SODIUM INJ				Bundled	\$0.00			000	999	-
J9260	N	METHOTREXATE SODIUM INJ				Bundled	\$0.00			000	999	-
J9261	K	NELARABINE INJECTION		00825	2.6816	APC (blood and non-blood product codes)	\$151.89			000	999	-
J9262	K	INJ. OMACETAXINE MEP, 0.01MG		09297	0.0585	APC (blood and non-blood product codes)	\$3.31			000	999	-
J9263	N	OXALIPLATIN				Bundled	\$0.00			000	999	-
J9264	K	PACLITAXEL PROTEIN BOUND		01712	0.2371	APC (blood and non-blood product codes)	\$13.43			000	999	-
J9266	K	PEGASPARGASE INJECTION		00843	348.1191	APC (blood and non-blood product codes)	\$19,717.46			000	999	-
J9267	N	PACLITAXEL INJECTION				Bundled	\$0.00			000	999	-
J9268	K	PENTOSTATIN INJECTION		00844	35.3442	APC (blood and non-blood product codes)	\$2,001.90			000	999	-
J9269	G	INJ. TAGRAXOFUSP-ERZS 10 MCG		09309		APC – pays by fee schedule amount	\$283.33			000	999	-
J9270	K	PLICAMYCIN (MITHRAMYCIN) INJ		09093	2.0374	APC (blood and non-blood product codes)	\$115.40			000	999	-
J9271	K	INJ PEMBROLIZUMAB		01490	0.8942	APC (blood and non-blood product codes)	\$50.65			000	999	-
J9280	K	MITOMYCIN INJECTION		01232	0.9576	APC (blood and non-blood product codes)	\$54.24			000	999	-
J9281	G	MITOMYCIN INSTILLATION		09374		APC – pays by fee schedule amount	\$282.17			000	999	-
J9285	K	INJ. OLARATUMAB, 10 MG		09485	0.9193	APC (blood and non-blood product codes)	\$52.07			000	999	-
J9293	K	MITOXANTRONE HYDROCHL / 5 MG		00864	0.4262	APC (blood and non-blood product codes)	\$24.14			000	999	-
J9295	K	INJECTION, NECITUMUMAB, 1 MG		09475	0.1013	APC (blood and non-blood product codes)	\$5.74			000	999	-
J9299	K	INJECTION, NIVOLUMAB		09453	0.5039	APC (blood and non-blood product codes)	\$28.54			000	999	-
J9301	K	OBINUTUZUMAB INJ		01476	1.1219	APC (blood and non-blood product codes)	\$63.54			000	999	-
J9302	K	OFATUMUMAB INJECTION		09260	1.0972	APC (blood and non-blood product codes)	\$62.15			000	999	-
J9303	K	PANITUMUMAB INJECTION		09235	2.1922	APC (blood and non-blood product codes)	\$124.17			000	999	-
J9304	E	INJ. PEMETREXED, 10 MG				Not Allowed	\$0.00			000	999	-
J9305	K	INJ. PEMETREXED NOS 10MG		09213	1.2921	APC (blood and non-blood product codes)	\$73.19			000	999	-
J9306	K	INJECTION, PERTUZUMAB, 1 MG		01471	0.2293	APC (blood and non-blood product codes)	\$12.99			000	999	-
J9307	K	PRALATREXATE INJECTION		09259	5.4896	APC (blood and non-blood product codes)	\$310.93			000	999	-
J9308	K	INJECTION, RAMUCIRUMAB		01488	1.0886	APC (blood and non-blood product codes)	\$61.66			000	999	-
J9309	G	INJ. POLATUZUMAB VEDOTIN 1MG		09331		APC – pays by fee schedule amount	\$112.12			000	999	-
J9311	G	INJ RITUXIMAB, HYALURONIDASE		09467		APC – pays by fee schedule amount	\$40.23			000	999	-
J9312	K	INJ., RITUXIMAB, 10 MG		09186	1.6113	APC (blood and non-blood product codes)	\$91.26			000	999	-
J9313	G	INJ., LUMOXITI, 0.01 MG		09305		APC – pays by fee schedule amount	\$22.48			000	999	-
J9315	K	ROMIDEPSIN INJECTION		09265	5.9439	APC (blood and non-blood product codes)	\$336.66			000	999	-
J9316	G	PERTUZU, TRASTUZU, 10 MG		09390		APC – pays by fee schedule amount	\$72.71			000	999	-
J9317	G	SACITUZUMAB GOVITECAN-HZIY		09376		APC – pays by fee schedule amount	\$29.51			000	999	-
J9320	K	STREPTOZOCIN INJECTION		00850	6.1569	APC (blood and non-blood product codes)	\$348.73			000	999	-
J9325	K	INJ TALIMOGENE LAHERPAREPVEC		09472	0.9537	APC (blood and non-blood product codes)	\$54.02			000	999	-
J9328	K	TEMOZOLOMIDE INJECTION		09253	0.1832	APC (blood and non-blood product codes)	\$10.38			000	999	-
J9330	K	TEMSIROLIMUS INJECTION		01168	0.7567	APC (blood and non-blood product codes)	\$42.86			018	999	-
J9340	K	THIOTEPA INJECTION		00851	8.0300	APC (blood and non-blood product codes)	\$454.82			000	999	-
J9351	N	TOPOTECAN INJECTION				Bundled	\$0.00			000	999	-
J9352	K	INJECTION TRABECTEDIN 0.1MG		09480	5.6306	APC (blood and non-blood product codes)	\$318.92			000	999	-
J9354	K	INJ. ADO-TRASTUZUMAB EMT 1MG		09131	0.5799	APC (blood and non-blood product codes)	\$32.85			000	999	-
J9355	K	INJ TRASTUZUMAB EXCL BIOSIMI		01613	1.7288	APC (blood and non-blood product codes)	\$97.92			000	999	-
J9356	G	INJ. HERCEPTIN HYLECTA, 10MG		09314		APC – pays by fee schedule amount	\$74.59			000	999	-
J9357	K	VALRUBICIN INJECTION		01235	26.7197	APC (blood and non-blood product codes)	\$1,513.40			000	999	-

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J9358	G	INJ FAM-TRASTU DERU-NXKI 1MG		09353		APC – pays by fee schedule amount	\$24.13			000	999	-
J9360	N	VINBLASTINE SULFATE INJ				Bundled	\$0.00			000	999	-
J9370	N	VINCRISTINE SULFATE 1 MG INJ				Bundled	\$0.00			000	999	-
J9371	K	INJ, VINCRISTINE SUL LIP 1MG		01466	58.6228	APC (blood and non-blood product codes)	\$3,320.40			000	999	-
J9390	N	VINORELBINE TARTRATE INJ				Bundled	\$0.00			000	999	-
J9395	K	INJECTION, FULVESTRANT		09120	0.9669	APC (blood and non-blood product codes)	\$54.77			000	999	-
J9400	K	INJ, ZIV-AFLIBERCEPT, 1MG		09296	0.1500	APC (blood and non-blood product codes)	\$8.50			000	999	-
J9600	K	PORFIMER SODIUM INJECTION		00856	385.8819	APC (blood and non-blood product codes)	\$21,856.35			000	999	-
J9999	N	CHEMOTHERAPY DRUG				Bundled	\$0.00			000	999	-
K0001	E	STANDARD WHEELCHAIR				Not Allowed	\$0.00			000	999	-
K0002	E	STND HEMI (LOW SEAT) WHLCHR				Not Allowed	\$0.00			000	999	-
K0003	E	LIGHTWEIGHT WHEELCHAIR				Not Allowed	\$0.00			000	999	-
K0004	E	HIGH STRENGTH LTWT WHLCHR				Not Allowed	\$0.00			000	999	-
K0005	E	ULTRALIGHTWEIGHT WHEELCHAIR				Not Allowed	\$0.00			000	999	-
K0006	E	HEAVY DUTY WHEELCHAIR				Not Allowed	\$0.00			000	999	-
K0007	E	EXTRA HEAVY DUTY WHEELCHAIR				Not Allowed	\$0.00			000	999	-
K0008	E	CSTM MANUAL WHEELCHAIR/BASE				Not Allowed	\$0.00			000	999	-
K0009	E	OTHER MANUAL WHEELCHAIR/BASE				Not Allowed	\$0.00			000	999	-
K0010	E	STND WT FRAME POWER WHLCHR				Not Allowed	\$0.00			000	999	-
K0011	E	STND WT PWR WHLCHR W CONTROL				Not Allowed	\$0.00			000	999	-
K0012	E	LTWT PORTBL POWER WHLCHR				Not Allowed	\$0.00			000	999	-
K0013	E	CUSTOM POWER WHLCHR BASE				Not Allowed	\$0.00			000	999	-
K0014	E	OTHER POWER WHLCHR BASE				Not Allowed	\$0.00			000	999	-
K0015	E	DETACH NON-ADJ HT ARMREST REP				Not Allowed	\$0.00			000	999	-
K0017	E	DETACH ADJUST ARMREST BASE				Not Allowed	\$0.00			000	999	-
K0018	E	DETACH ADJUST ARMREST UPPER				Not Allowed	\$0.00			000	999	-
K0019	E	ARM PAD REPL, EACH				Not Allowed	\$0.00			000	999	-
K0020	E	FIXED ADJUST ARMREST PAIR				Not Allowed	\$0.00			000	999	-
K0037	E	HI MOUNT FLIP-UP FOOTREST EA				Not Allowed	\$0.00			000	999	-
K0038	E	LEG STRAP EACH				Not Allowed	\$0.00			000	999	-
K0039	E	LEG STRAP H STYLE EACH				Not Allowed	\$0.00			000	999	-
K0040	E	ADJUSTABLE ANGLE FOOTPLATE				Not Allowed	\$0.00			000	999	-
K0041	E	LARGE SIZE FOOTPLATE EACH				Not Allowed	\$0.00			000	999	-
K0042	E	STANDARD SIZE FTPLATE REP EA				Not Allowed	\$0.00			000	999	-
K0043	E	FTRST LOWR EXTEN TUBE REP EA				Not Allowed	\$0.00			000	999	-
K0044	E	FTRST UPR HANGER BRAC REP EA				Not Allowed	\$0.00			000	999	-
K0045	E	FTRST COMPL ASSEMBLY REPL EA				Not Allowed	\$0.00			000	999	-
K0046	E	ELEV LGRST LWR EXTEN REPL EA				Not Allowed	\$0.00			000	999	-
K0047	E	ELEV LEGRST UPR HANGR REP EA				Not Allowed	\$0.00			000	999	-
K0050	E	RATCHET ASSEMBLY REPLACEMENT				Not Allowed	\$0.00			000	999	-
K0051	E	CAM REL ASM FT/LEGRST REP EA				Not Allowed	\$0.00			000	999	-
K0052	E	SWINGAWAY DETACH FTREST REPL				Not Allowed	\$0.00			000	999	-
K0053	E	ELEVATE FOOTREST ARTICULATE				Not Allowed	\$0.00			000	999	-
K0056	E	SEAT HT <17 OR >=21 LTWT WC				Not Allowed	\$0.00			000	999	-
K0065	E	SPOKE PROTECTORS				Not Allowed	\$0.00			000	999	-
K0069	E	RR WHL COMPL SOL TIRE REP EA				Not Allowed	\$0.00			000	999	-
K0070	E	RR WHL COMPL PNE TIRE REP EA				Not Allowed	\$0.00			000	999	-
K0071	E	FR CSTR COMP PNE TIRE REP EA				Not Allowed	\$0.00			000	999	-
K0072	E	FR CSTR SEMI-PNE TIRE REP EA				Not Allowed	\$0.00			000	999	-
K0073	E	CASTER PIN LOCK EACH				Not Allowed	\$0.00			000	999	-
K0077	E	FR CSTR ASMB SOL TIRE REP EA				Not Allowed	\$0.00			000	999	-
K0098	E	DRIVE BELT FOR PWC, REPL				Not Allowed	\$0.00			000	999	-
K0105	E	IV HANGER				Not Allowed	\$0.00			000	999	-
K0108	E	W/C COMPONENT-ACCESSORY NOS				Not Allowed	\$0.00			000	999	-
K0195	E	ELEVATING WHLCHAIR LEG RESTS				Not Allowed	\$0.00			000	999	-
K0455	E	PUMP UNINTERRUPTED INFUSION				Not Allowed	\$0.00			000	999	-
K0462	E	TEMPORARY REPLACEMENT EQPMNT				Not Allowed	\$0.00			000	999	-

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K0552	E	SUP/EXT NON-INS INF PUMP SYR				Not Allowed	\$0.00			000	999	-
K0553	E	THER CGM SUPPLY ALLOWANCE				Not Allowed	\$0.00			000	999	-
K0554	E	THER CGM RECEIVER/MONITOR				Not Allowed	\$0.00			000	999	-
K0601	E	REPL BATT SILVER OXIDE 1.5 V				Not Allowed	\$0.00			000	999	-
K0602	E	REPL BATT SILVER OXIDE 3 V				Not Allowed	\$0.00			000	999	-
K0603	E	REPL BATT ALKALINE 1.5 V				Not Allowed	\$0.00			000	999	-
K0604	E	REPL BATT LITHIUM 3.6 V				Not Allowed	\$0.00			000	999	-
K0605	E	REPL BATT LITHIUM 4.5 V				Not Allowed	\$0.00			000	999	-
K0606	E	AED GARMENT W ELEC ANALYSIS				Not Allowed	\$0.00			000	999	-
K0607	E	REPL BATT FOR AED				Not Allowed	\$0.00			000	999	-
K0608	E	REPL GARMENT FOR AED				Not Allowed	\$0.00			000	999	-
K0609	E	REPL ELECTRODE FOR AED				Not Allowed	\$0.00			000	999	-
K0669	E	SEAT/BACK CUS NO DMEPDAC VER				Not Allowed	\$0.00			000	999	-
K0672	E	REMOVABLE SOFT INTERFACE LE				Not Allowed	\$0.00			000	999	-
K0730	E	CTRL DOSE INH DRUG DELIV SYS				Not Allowed	\$0.00			000	999	-
K0733	E	12-24HR SEALED LEAD ACID				Not Allowed	\$0.00			000	999	-
K0738	E	PORTABLE GAS OXYGEN SYSTEM				Not Allowed	\$0.00			000	999	-
K0739	E	REPAIR/SVC DME NON-OXYGEN EQ				Not Allowed	\$0.00			000	999	-
K0740	E	REPAIR/SVC OXYGEN EQUIPMENT				Not Allowed	\$0.00			000	999	-
K0741	E	PORTABLE GASEOUS OXYGEN SYS				Not Allowed	\$0.00			000	999	-
K0742	E	PORTABLE GASEOUS OXYGEN				Not Allowed	\$0.00			000	999	-
K0743	E	PORTABLE HOME SUCTION PUMP				Not Allowed	\$0.00			000	999	-
K0744	E	ABSORP DRG <= 16 SUC PUMP				Not Allowed	\$0.00			000	999	-
K0745	E	ABSORP DRG >16<=48 SUC PUMP				Not Allowed	\$0.00			000	999	-
K0746	E	ABSORP DRG >48 SUC PUMP				Not Allowed	\$0.00			000	999	-
K0800	E	POV GROUP 1 STD UP TO 300LBS				Not Allowed	\$0.00			000	999	-
K0801	E	POV GROUP 1 HD 301-450 LBS				Not Allowed	\$0.00			000	999	-
K0802	E	POV GROUP 1 VHD 451-600 LBS				Not Allowed	\$0.00			000	999	-
K0806	E	POV GROUP 2 STD UP TO 300LBS				Not Allowed	\$0.00			000	999	-
K0807	E	POV GROUP 2 HD 301-450 LBS				Not Allowed	\$0.00			000	999	-
K0808	E	POV GROUP 2 VHD 451-600 LBS				Not Allowed	\$0.00			000	999	-
K0812	E	POWER OPERATED VEHICLE NOC				Not Allowed	\$0.00			000	999	-
K0813	E	PWC GP 1 STD PORT SEAT/BACK				Not Allowed	\$0.00			000	999	-
K0814	E	PWC GP 1 STD PORT CAP CHAIR				Not Allowed	\$0.00			000	999	-
K0815	E	PWC GP 1 STD SEAT/BACK				Not Allowed	\$0.00			000	999	-
K0816	E	PWC GP 1 STD CAP CHAIR				Not Allowed	\$0.00			000	999	-
K0820	E	PWC GP 2 STD PORT SEAT/BACK				Not Allowed	\$0.00			000	999	-
K0821	E	PWC GP 2 STD PORT CAP CHAIR				Not Allowed	\$0.00			000	999	-
K0822	E	PWC GP 2 STD SEAT/BACK				Not Allowed	\$0.00			000	999	-
K0823	E	PWC GP 2 STD CAP CHAIR				Not Allowed	\$0.00			000	999	-
K0824	E	PWC GP 2 HD SEAT/BACK				Not Allowed	\$0.00			000	999	-
K0825	E	PWC GP 2 HD CAP CHAIR				Not Allowed	\$0.00			000	999	-
K0826	E	PWC GP 2 VHD SEAT/BACK				Not Allowed	\$0.00			000	999	-
K0827	E	PWC GP VHD CAP CHAIR				Not Allowed	\$0.00			000	999	-
K0828	E	PWC GP 2 XTRA HD SEAT/BACK				Not Allowed	\$0.00			000	999	-
K0829	E	PWC GP 2 XTRA HD CAP CHAIR				Not Allowed	\$0.00			000	999	-
K0830	E	PWC GP2 STD SEAT ELEVATE S/B				Not Allowed	\$0.00			000	999	-
K0831	E	PWC GP2 STD SEAT ELEVATE CAP				Not Allowed	\$0.00			000	999	-
K0835	E	PWC GP2 STD SING POW OPT S/B				Not Allowed	\$0.00			000	999	-
K0836	E	PWC GP2 STD SING POW OPT CAP				Not Allowed	\$0.00			000	999	-
K0837	E	PWC GP 2 HD SING POW OPT S/B				Not Allowed	\$0.00			000	999	-
K0838	E	PWC GP 2 HD SING POW OPT CAP				Not Allowed	\$0.00			000	999	-
K0839	E	PWC GP2 VHD SING POW OPT S/B				Not Allowed	\$0.00			000	999	-
K0840	E	PWC GP2 XHD SING POW OPT S/B				Not Allowed	\$0.00			000	999	-
K0841	E	PWC GP2 STD MULT POW OPT S/B				Not Allowed	\$0.00			000	999	-
K0842	E	PWC GP2 STD MULT POW OPT CAP				Not Allowed	\$0.00			000	999	-
K0843	E	PWC GP2 HD MULT POW OPT S/B				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
K0848	E	PWC GP 3 STD SEAT/BACK				Not Allowed	\$0.00			000	999	-
K0849	E	PWC GP 3 STD CAP CHAIR				Not Allowed	\$0.00			000	999	-
K0850	E	PWC GP 3 HD SEAT/BACK				Not Allowed	\$0.00			000	999	-
K0851	E	PWC GP 3 HD CAP CHAIR				Not Allowed	\$0.00			000	999	-
K0852	E	PWC GP 3 VHD SEAT/BACK				Not Allowed	\$0.00			000	999	-
K0853	E	PWC GP 3 VHD CAP CHAIR				Not Allowed	\$0.00			000	999	-
K0854	E	PWC GP 3 XHD SEAT/BACK				Not Allowed	\$0.00			000	999	-
K0855	E	PWC GP 3 XHD CAP CHAIR				Not Allowed	\$0.00			000	999	-
K0856	E	PWC GP3 STD SING POW OPT S/B				Not Allowed	\$0.00			000	999	-
K0857	E	PWC GP3 STD SING POW OPT CAP				Not Allowed	\$0.00			000	999	-
K0858	E	PWC GP3 HD SING POW OPT S/B				Not Allowed	\$0.00			000	999	-
K0859	E	PWC GP3 HD SING POW OPT CAP				Not Allowed	\$0.00			000	999	-
K0860	E	PWC GP3 VHD SING POW OPT S/B				Not Allowed	\$0.00			000	999	-
K0861	E	PWC GP3 STD MULT POW OPT S/B				Not Allowed	\$0.00			000	999	-
K0862	E	PWC GP3 HD MULT POW OPT S/B				Not Allowed	\$0.00			000	999	-
K0863	E	PWC GP3 VHD MULT POW OPT S/B				Not Allowed	\$0.00			000	999	-
K0864	E	PWC GP3 XHD MULT POW OPT S/B				Not Allowed	\$0.00			000	999	-
K0868	E	PWC GP 4 STD SEAT/BACK				Not Allowed	\$0.00			000	999	-
K0869	E	PWC GP 4 STD CAP CHAIR				Not Allowed	\$0.00			000	999	-
K0870	E	PWC GP 4 HD SEAT/BACK				Not Allowed	\$0.00			000	999	-
K0871	E	PWC GP 4 VHD SEAT/BACK				Not Allowed	\$0.00			000	999	-
K0877	E	PWC GP4 STD SING POW OPT S/B				Not Allowed	\$0.00			000	999	-
K0878	E	PWC GP4 STD SING POW OPT CAP				Not Allowed	\$0.00			000	999	-
K0879	E	PWC GP4 HD SING POW OPT S/B				Not Allowed	\$0.00			000	999	-
K0880	E	PWC GP4 VHD SING POW OPT S/B				Not Allowed	\$0.00			000	999	-
K0884	E	PWC GP4 STD MULT POW OPT S/B				Not Allowed	\$0.00			000	999	-
K0885	E	PWC GP4 STD MULT POW OPT CAP				Not Allowed	\$0.00			000	999	-
K0886	E	PWC GP4 HD MULT POW S/B				Not Allowed	\$0.00			000	999	-
K0890	E	PWC GP5 PED SING POW OPT S/B				Not Allowed	\$0.00			000	999	-
K0891	E	PWC GP5 PED MULT POW OPT S/B				Not Allowed	\$0.00			000	999	-
K0898	E	POWER WHEELCHAIR NOC				Not Allowed	\$0.00			000	999	-
K0899	E	POW MOBIL DEV NO DMEPDAC				Not Allowed	\$0.00			000	999	-
K0900	E	CSTM DME OTHER THAN WHEELCHR				Not Allowed	\$0.00			000	999	-
K1001	E	ELECTRONIC POSA TREATMENT				Not Allowed	\$0.00			000	999	-
K1002	E	CES SYSTEM W/SUPPLIES ACCESS				Not Allowed	\$0.00			000	999	-
K1003	E	WHIRLPOOL TUB WALKIN PORTABL				Not Allowed	\$0.00			000	999	-
K1004	E	LO FREQ US DIATHERMY DEVICE				Not Allowed	\$0.00			000	999	-
K1005	E	DISP COL STO BAG BREAST MILK				Not Allowed	\$0.00			000	999	-
K1006	E	SUCT PUM EXT URINE MGMT SYS				Not Allowed	\$0.00			000	999	-
K1007	E	BIL HKAF PC S/D MICRO SENSOR				Not Allowed	\$0.00			000	999	-
K1009	E	SPEECH VOLUME MODULATION SYS				Not Allowed	\$0.00			000	999	-
K1010	E	INTRAURETHRAL DRAINAG DEVICE				Not Allowed	\$0.00			000	999	-
K1011	E	ACTI INTRAURETHRAL DRAINAGE				Not Allowed	\$0.00			000	999	-
K1012	E	CHARGER BASE STATION INTRAUR				Not Allowed	\$0.00			000	999	-
L0112	E	CRANIAL CERVICAL ORTHOSIS				Not Allowed	\$0.00			000	999	-
L0113	E	CRANIAL CERVICAL TORTICOLLIS				Not Allowed	\$0.00			018	999	-
L0120	E	CERV FLEX N/ADJ FOAM PRE OTS				Not Allowed	\$0.00			000	999	-
L0130	E	FLEX THERMOPLASTIC COLLAR MO				Not Allowed	\$0.00			000	999	-
L0140	E	CERVICAL SEMI-RIGID ADJUSTAB				Not Allowed	\$0.00			000	999	-
L0150	E	CERV SEMI-RIG ADJ MOLDED CHN				Not Allowed	\$0.00			000	999	-
L0160	E	CERV SR WIRE OCC/MAN PRE OTS				Not Allowed	\$0.00			000	999	-
L0170	E	CERVICAL COLLAR MOLDED TO PT				Not Allowed	\$0.00			000	999	-
L0172	E	CERV COL SR FOAM 2PC PRE OTS				Not Allowed	\$0.00			000	999	-
L0174	E	CERV SR 2PC THOR EXT PRE OTS				Not Allowed	\$0.00			000	999	-
L0180	E	CER POST COL OCC/MAN SUP ADJ				Not Allowed	\$0.00			000	999	-
L0190	E	CERV COLLAR SUPP ADJ CERV BA				Not Allowed	\$0.00			000	999	-
L0200	E	CERV COL SUPP ADJ BAR & THOR				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
L0220	E	THOR RIB BELT CUSTOM FABRICA				Not Allowed	\$0.00			000	999	-
L0450	E	TLSO FLEX TRUNK/THOR PRE OTS				Not Allowed	\$0.00			000	999	-
L0452	E	TLSO FLEX CUSTOM FAB THORACI				Not Allowed	\$0.00			000	999	-
L0454	E	TLSO TRNK SJ-T9 PRE CST				Not Allowed	\$0.00			000	999	-
L0455	E	TLSO FLEX TRNK SJ-T9 PRE OTS				Not Allowed	\$0.00			000	999	-
L0456	E	TLSO FLEX TRNK SJ-SS PRE CST				Not Allowed	\$0.00			000	999	-
L0457	E	TLSO FLEX TRNK SJ-SS PRE OTS				Not Allowed	\$0.00			000	999	-
L0458	E	TLSO 2MOD SYMPHIS-XIPHO PRE				Not Allowed	\$0.00			000	999	-
L0460	E	TLSO 2 SHL SYMPHYS-STERN CST				Not Allowed	\$0.00			000	999	-
L0462	E	TLSO 3MOD SACRO-SCAP PRE				Not Allowed	\$0.00			000	999	-
L0464	E	TLSO 4MOD SACRO-SCAP PRE				Not Allowed	\$0.00			000	999	-
L0466	E	TLSO R FRAM SOFT ANT PRE CST				Not Allowed	\$0.00			000	999	-
L0467	E	TLSO R FRAM SOFT PRE OTS				Not Allowed	\$0.00			000	999	-
L0468	E	TLSO RIG FRAM PELVIC PRE CST				Not Allowed	\$0.00			000	999	-
L0469	E	TLSO RIG FRAM PELVIC PRE OTS				Not Allowed	\$0.00			000	999	-
L0470	E	TLSO RIGID FRAME PRE SUBCLAV				Not Allowed	\$0.00			000	999	-
L0472	E	TLSO RIGID FRAME HYPEREX PRE				Not Allowed	\$0.00			000	999	-
L0480	E	TLSO RIGID PLASTIC CUSTOM FA				Not Allowed	\$0.00			000	999	-
L0482	E	TLSO RIGID LINED CUSTOM FAB				Not Allowed	\$0.00			000	999	-
L0484	E	TLSO RIGID PLASTIC CUST FAB				Not Allowed	\$0.00			000	999	-
L0486	E	TLSO RIGIDLINED CUST FAB TWO				Not Allowed	\$0.00			000	999	-
L0488	E	TLSO RIGID LINED PRE ONE PIE				Not Allowed	\$0.00			000	999	-
L0490	E	TLSO RIGID PLASTIC PRE ONE				Not Allowed	\$0.00			000	999	-
L0491	E	TLSO 2 PIECE RIGID SHELL				Not Allowed	\$0.00			000	999	-
L0492	E	TLSO 3 PIECE RIGID SHELL				Not Allowed	\$0.00			000	999	-
L0621	E	SIO FLEX PELVIC/SACR PRE OTS				Not Allowed	\$0.00			000	999	-
L0622	E	SIO FLEX PELVISACRAL CUSTOM				Not Allowed	\$0.00			000	999	-
L0623	E	SIO RIG PNL PELV/SAC PRE OTS				Not Allowed	\$0.00			000	999	-
L0624	E	SIO PANEL CUSTOM				Not Allowed	\$0.00			000	999	-
L0625	E	LO FLEX L1-BELOW L5 PRE OTS				Not Allowed	\$0.00			000	999	-
L0626	E	LO SAG RIG PNL STAYS PRE CST				Not Allowed	\$0.00			000	999	-
L0627	E	LO SAG RI AN/POS PNL PRE CST				Not Allowed	\$0.00			000	999	-
L0628	E	LSO FLEX NO RI STAYS PRE OTS				Not Allowed	\$0.00			000	999	-
L0629	E	LSO FLEX W/RIGID STAYS CUST				Not Allowed	\$0.00			000	999	-
L0630	E	LSO R POST PNL SJ-T9 PRE CST				Not Allowed	\$0.00			000	999	-
L0631	E	LSO SAG R AN/POS PNL PRE CST				Not Allowed	\$0.00			000	999	-
L0632	E	LSO SAG RIGID FRAME CUST				Not Allowed	\$0.00			000	999	-
L0633	E	LSO SC R POS/LAT PNL PRE CST				Not Allowed	\$0.00			000	999	-
L0634	E	LSO FLEXION CONTROL CUSTOM				Not Allowed	\$0.00			000	999	-
L0635	E	LSO SAGIT RIGID PANEL PREFAB				Not Allowed	\$0.00			000	999	-
L0636	E	LSO SAGITTAL RIGID PANEL CUS				Not Allowed	\$0.00			000	999	-
L0637	E	LSO SC R ANT/POS PNL PRE CST				Not Allowed	\$0.00			000	999	-
L0638	E	LSO SAG-CORONAL PANEL CUSTOM				Not Allowed	\$0.00			000	999	-
L0639	E	LSO S/C SHELL/PANEL PREFAB				Not Allowed	\$0.00			000	999	-
L0640	E	LSO S/C SHELL/PANEL CUSTOM				Not Allowed	\$0.00			000	999	-
L0641	E	LO RIG POS PNL L1-L5 PRE OTS				Not Allowed	\$0.00			000	999	-
L0642	E	LO SAG RI AN/POS PNL PRE OTS				Not Allowed	\$0.00			000	999	-
L0643	E	LSO SAG CTR RIGI POS PRE OTS				Not Allowed	\$0.00			000	999	-
L0648	E	LSO SAG R AN/POS PNL PRE OTS				Not Allowed	\$0.00			000	999	-
L0649	E	LSO SC R POS/LAT PNL PRE OTS				Not Allowed	\$0.00			000	999	-
L0650	E	LSO SC R ANT/POS PNL PRE OTS				Not Allowed	\$0.00			000	999	-
L0651	E	LSO SAG-CO SHELL PNL PRE OTS				Not Allowed	\$0.00			000	999	-
L0700	E	CTLISO A-P-L CONTROL MOLDED				Not Allowed	\$0.00			000	999	-
L0710	E	CTLISO A-P-L CONTROL W/ INTER				Not Allowed	\$0.00			000	999	-
L0810	E	HALO CERVICAL INTO JCKT VEST				Not Allowed	\$0.00			000	999	-
L0820	E	HALO CERVICAL INTO BODY JACK				Not Allowed	\$0.00			000	999	-
L0830	E	HALO CERV INTO MILWAUKEE TYP				Not Allowed	\$0.00			000	999	-

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L0859	E	MRI COMPATIBLE SYSTEM				Not Allowed	\$0.00			000	999	-
L0861	E	HALO REPL LINER/INTERFACE				Not Allowed	\$0.00			000	999	-
L0970	E	TLSO CORSET FRONT				Not Allowed	\$0.00			000	999	-
L0972	E	LSO CORSET FRONT				Not Allowed	\$0.00			000	999	-
L0974	E	TLSO FULL CORSET				Not Allowed	\$0.00			000	999	-
L0976	E	LSO FULL CORSET				Not Allowed	\$0.00			000	999	-
L0978	E	AXILLARY CRUTCH EXTENSION				Not Allowed	\$0.00			000	999	-
L0980	E	PERONEAL STRAPS PAIR PRE OTS				Not Allowed	\$0.00			000	999	-
L0982	E	STOCKING SUP GRIPS 4 PRE OTS				Not Allowed	\$0.00			000	999	-
L0984	E	PROTECT BODY SOCK EA PRE OTS				Not Allowed	\$0.00			000	999	-
L0999	E	ADD TO SPINAL ORTHOSIS NOS				Not Allowed	\$0.00			000	999	-
L1000	E	CTLTO MILWAUKEE INITIAL MODEL				Not Allowed	\$0.00			000	999	-
L1001	E	CTLTO INFANT IMMOBILIZER				Not Allowed	\$0.00			000	001	-
L1005	E	TENSION BASED SCOLIOSIS ORTH				Not Allowed	\$0.00			000	999	-
L1010	E	CTLTO AXILLA SLING				Not Allowed	\$0.00			000	999	-
L1020	E	KYPHOSIS PAD				Not Allowed	\$0.00			000	999	-
L1025	E	KYPHOSIS PAD FLOATING				Not Allowed	\$0.00			000	999	-
L1030	E	LUMBAR BOLSTER PAD				Not Allowed	\$0.00			000	999	-
L1040	E	LUMBAR OR LUMBAR RIB PAD				Not Allowed	\$0.00			000	999	-
L1050	E	STERNAL PAD				Not Allowed	\$0.00			000	999	-
L1060	E	THORACIC PAD				Not Allowed	\$0.00			000	999	-
L1070	E	TRAPEZIUS SLING				Not Allowed	\$0.00			000	999	-
L1080	E	OUTRIGGER				Not Allowed	\$0.00			000	999	-
L1085	E	OUTRIGGER BIL W/ VERT EXTENS				Not Allowed	\$0.00			000	999	-
L1090	E	LUMBAR SLING				Not Allowed	\$0.00			000	999	-
L1100	E	RING FLANGE PLASTIC/LEATHER				Not Allowed	\$0.00			000	999	-
L1110	E	RING FLANGE PLAS/LEATHER MOL				Not Allowed	\$0.00			000	999	-
L1120	E	COVERS FOR UPRIGHT EACH				Not Allowed	\$0.00			000	999	-
L1200	E	FURNISH INITIAL ORTHOSIS ONLY				Not Allowed	\$0.00			000	999	-
L1210	E	LATERAL THORACIC EXTENSION				Not Allowed	\$0.00			000	999	-
L1220	E	ANTERIOR THORACIC EXTENSION				Not Allowed	\$0.00			000	999	-
L1230	E	MILWAUKEE TYPE SUPERSTRUCTUR				Not Allowed	\$0.00			000	999	-
L1240	E	LUMBAR DEROTATION PAD				Not Allowed	\$0.00			000	999	-
L1250	E	ANTERIOR ASIS PAD				Not Allowed	\$0.00			000	999	-
L1260	E	ANTERIOR THORACIC DEROTATION				Not Allowed	\$0.00			000	999	-
L1270	E	ABDOMINAL PAD				Not Allowed	\$0.00			000	999	-
L1280	E	RIB GUSSET (ELASTIC) EACH				Not Allowed	\$0.00			000	999	-
L1290	E	LATERAL TROCHANTERIC PAD				Not Allowed	\$0.00			000	999	-
L1300	E	BODY JACKET MOLD TO PATIENT				Not Allowed	\$0.00			000	999	-
L1310	E	POST-OPERATIVE BODY JACKET				Not Allowed	\$0.00			000	999	-
L1499	E	SPINAL ORTHOSIS NOS				Not Allowed	\$0.00			000	999	-
L1600	E	HO FLEX FREJKA W/COV PRE CST				Not Allowed	\$0.00			000	999	-
L1610	E	HO FREJKA COV ONLY PRE CST				Not Allowed	\$0.00			000	999	-
L1620	E	HO FLEX PAVLIK HARNS PRE CST				Not Allowed	\$0.00			000	999	-
L1630	E	ABDUCT CONTROL HIP SEMI-FLEX				Not Allowed	\$0.00			000	999	-
L1640	E	PELV BAND/SPREAD BAR THIGH C				Not Allowed	\$0.00			000	999	-
L1650	E	HO ABDUCTION HIP ADJUSTABLE				Not Allowed	\$0.00			000	999	-
L1652	E	HO BI THIGHCUFFS W SPRDR BAR				Not Allowed	\$0.00			000	999	-
L1660	E	HO ABDUCTION STATIC PLASTIC				Not Allowed	\$0.00			000	999	-
L1680	E	PELVIC & HIP CONTROL THIGH C				Not Allowed	\$0.00			000	999	-
L1685	E	POST-OP HIP ABDUCT CUSTOM FA				Not Allowed	\$0.00			000	999	-
L1686	E	HO POST-OP HIP ABDUCTION				Not Allowed	\$0.00			000	999	-
L1690	E	COMBINATION BILATERAL HO				Not Allowed	\$0.00			000	999	-
L1700	E	LEG PERTHES ORTH TORONTO TYP				Not Allowed	\$0.00			000	999	-
L1710	E	LEGG PERTHES ORTH NEWINGTON				Not Allowed	\$0.00			000	999	-
L1720	E	LEGG PERTHES ORTHOSIS TRILAT				Not Allowed	\$0.00			000	999	-
L1730	E	LEGG PERTHES ORTH SCOTTISH R				Not Allowed	\$0.00			000	999	-

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L1755	E	LEGG PERTHES PATTEN BOTTOM T				Not Allowed	\$0.00			000	999	-
L1810	E	KO ELASTIC WITH JOINTS				Not Allowed	\$0.00			000	999	-
L1812	E	KO ELASTIC W/JOINTS PRE OTS				Not Allowed	\$0.00			000	999	-
L1820	E	KO ELAS W/ CONDYLE PADS & JO				Not Allowed	\$0.00			000	999	-
L1830	E	KO IMMOB CANVAS LONG PRE OTS				Not Allowed	\$0.00			000	999	-
L1831	E	KNEE ORTH POS LOCKING JOINT				Not Allowed	\$0.00			000	999	-
L1832	E	KO ADJ JNT POS R SUP PRE CST				Not Allowed	\$0.00			000	999	-
L1833	E	KO ADJ JNT POS R SUP PRE OTS				Not Allowed	\$0.00			000	999	-
L1834	E	KO W/O JOINT RIGID MOLDED TO				Not Allowed	\$0.00			000	999	-
L1836	E	KO RIGID W/O JOINTS PRE OTS				Not Allowed	\$0.00			000	999	-
L1840	E	KO DEROT ANT CRUCIATE CUSTOM				Not Allowed	\$0.00			000	999	-
L1843	E	KO SINGLE UPRIGHT PRE CST				Not Allowed	\$0.00			000	999	-
L1844	E	KO W/ADJ JT ROT CNTRL MOLDED				Not Allowed	\$0.00			000	999	-
L1845	E	KO DOUBLE UPRIGHT PRE CST				Not Allowed	\$0.00			000	999	-
L1846	E	KO W ADJ FLEX/EXT ROTAT MOLD				Not Allowed	\$0.00			000	999	-
L1847	E	KO DBL UPRIGHT W/AIR PRE CST				Not Allowed	\$0.00			000	999	-
L1848	E	KO DBL UPRIGHT W/AIR PRE OTS				Not Allowed	\$0.00			000	999	-
L1850	E	KO SWEDISH TYPE PRE OTS				Not Allowed	\$0.00			000	999	-
L1851	E	KO SINGLE UPRIGHT PREFAB OTS				Not Allowed	\$0.00			000	999	-
L1852	E	KO DOUBLE UPRIGHT PREFAB OTS				Not Allowed	\$0.00			000	999	-
L1860	E	KO SUPRACONDYLAR SOCKET MOLD				Not Allowed	\$0.00			000	999	-
L1900	E	AFO SPRNG WIR DRSFLX CALF BD				Not Allowed	\$0.00			000	999	-
L1902	E	AFO ANKLE GAUNTLET PRE OTS				Not Allowed	\$0.00			000	999	-
L1904	E	AFO MOLDED ANKLE GAUNTLET				Not Allowed	\$0.00			000	999	-
L1906	E	AFO MULTILIG ANK SUP PRE OTS				Not Allowed	\$0.00			000	999	-
L1907	E	AFO SUPRAMALLEOLAR CUSTOM				Not Allowed	\$0.00			000	999	-
L1910	E	AFO SING BAR CLASP ATTACH SH				Not Allowed	\$0.00			000	999	-
L1920	E	AFO SING UPRIGHT W/ ADJUST S				Not Allowed	\$0.00			000	999	-
L1930	E	AFO PLASTIC				Not Allowed	\$0.00			000	999	-
L1932	E	AFO RIG ANT TIB PREFAB TCF/=				Not Allowed	\$0.00			000	999	-
L1940	E	AFO MOLDED TO PATIENT PLASTI				Not Allowed	\$0.00			000	999	-
L1945	E	AFO MOLDED PLAS RIG ANT TIB				Not Allowed	\$0.00			000	999	-
L1950	E	AFO SPIRAL MOLDED TO PT PLAS				Not Allowed	\$0.00			000	999	-
L1951	E	AFO SPIRAL PREFABRICATED				Not Allowed	\$0.00			000	999	-
L1960	E	AFO POS SOLID ANK PLASTIC MO				Not Allowed	\$0.00			000	999	-
L1970	E	AFO PLASTIC MOLDED W/ANKLE J				Not Allowed	\$0.00			000	999	-
L1971	E	AFO W/ANKLE JOINT, PREFAB				Not Allowed	\$0.00			000	999	-
L1980	E	AFO SING SOLID STIRRUP CALF				Not Allowed	\$0.00			000	999	-
L1990	E	AFO DOUB SOLID STIRRUP CALF				Not Allowed	\$0.00			000	999	-
L2000	E	KAFO SING FRE STIRR THI/CALF				Not Allowed	\$0.00			000	999	-
L2005	E	KAFO SNG/DBL MECHANICAL ACT				Not Allowed	\$0.00			000	999	-
L2006	E	KAF SNG/DBL SWG/STN MCPR CUS				Not Allowed	\$0.00			000	999	-
L2010	E	KAFO SNG SOLID STIRRUP W/O J				Not Allowed	\$0.00			000	999	-
L2020	E	KAFO DBL SOLID STIRRUP BAND/				Not Allowed	\$0.00			000	999	-
L2030	E	KAFO DBL SOLID STIRRUP W/O J				Not Allowed	\$0.00			000	999	-
L2034	E	KAFO PLA SIN UP W/WO K/A CUS				Not Allowed	\$0.00			000	999	-
L2035	E	KAFO PLASTIC PEDIATRIC SIZE				Not Allowed	\$0.00			000	999	-
L2036	E	KAFO PLAS DOUB FREE KNEE MOL				Not Allowed	\$0.00			000	999	-
L2037	E	KAFO PLAS SING FREE KNEE MOL				Not Allowed	\$0.00			000	999	-
L2038	E	KAFO W/O JOINT MULTI-AXIS AN				Not Allowed	\$0.00			000	999	-
L2040	E	HKAFO TORSION BIL ROT STRAPS				Not Allowed	\$0.00			000	999	-
L2050	E	HKAFO TORSION CABLE HIP PELV				Not Allowed	\$0.00			000	999	-
L2060	E	HKAFO TORSION BALL BEARING J				Not Allowed	\$0.00			000	999	-
L2070	E	HKAFO TORSION UNILAT ROT STR				Not Allowed	\$0.00			000	999	-
L2080	E	HKAFO UNILAT TORSION CABLE				Not Allowed	\$0.00			000	999	-
L2090	E	HKAFO UNILAT TORSION BALL BR				Not Allowed	\$0.00			000	999	-
L2106	E	AFO TIB FX CAST PLASTER MOLD				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
L2108	E	AFO TIB FX CAST MOLDED TO PT				Not Allowed	\$0.00			000	999	-
L2112	E	AFO TIBIAL FRACTURE SOFT				Not Allowed	\$0.00			000	999	-
L2114	E	AFO TIB FX SEMI-RIGID				Not Allowed	\$0.00			000	999	-
L2116	E	AFO TIBIAL FRACTURE RIGID				Not Allowed	\$0.00			000	999	-
L2126	E	KAFO FEM FX CAST THERMOPLAS				Not Allowed	\$0.00			000	999	-
L2128	E	KAFO FEM FX CAST MOLDED TO P				Not Allowed	\$0.00			000	999	-
L2132	E	KAFO FEMORAL FX CAST SOFT				Not Allowed	\$0.00			000	999	-
L2134	E	KAFO FEM FX CAST SEMI-RIGID				Not Allowed	\$0.00			000	999	-
L2136	E	KAFO FEMORAL FX CAST RIGID				Not Allowed	\$0.00			000	999	-
L2180	E	PLAS SHOE INSERT W ANK JOINT				Not Allowed	\$0.00			000	999	-
L2182	E	DROP LOCK KNEE				Not Allowed	\$0.00			000	999	-
L2184	E	LIMITED MOTION KNEE JOINT				Not Allowed	\$0.00			000	999	-
L2186	E	ADJ MOTION KNEE JNT LERMAN T				Not Allowed	\$0.00			000	999	-
L2188	E	QUADRILATERAL BRIM				Not Allowed	\$0.00			000	999	-
L2190	E	WAIST BELT				Not Allowed	\$0.00			000	999	-
L2192	E	PELVIC BAND & BELT THIGH FLA				Not Allowed	\$0.00			000	999	-
L2200	E	LIMITED ANKLE MOTION EA JNT				Not Allowed	\$0.00			000	999	-
L2210	E	DORSIFLEXION ASSIST EACH JOI				Not Allowed	\$0.00			000	999	-
L2220	E	DORSI & PLANTAR FLEX ASS/RES				Not Allowed	\$0.00			000	999	-
L2230	E	SPLIT FLAT CALIPER STIRR & P				Not Allowed	\$0.00			000	999	-
L2232	E	ROCKER BOTTOM, CONTACT AFO				Not Allowed	\$0.00			000	999	-
L2240	E	ROUND CALIPER AND PLATE ATTA				Not Allowed	\$0.00			000	999	-
L2250	E	FOOT PLATE MOLDED STIRRUP AT				Not Allowed	\$0.00			000	999	-
L2260	E	REINFORCED SOLID STIRRUP				Not Allowed	\$0.00			000	999	-
L2265	E	LONG TONGUE STIRRUP				Not Allowed	\$0.00			000	999	-
L2270	E	VARUS/VALGUS STRAP PADDED/LI				Not Allowed	\$0.00			000	999	-
L2275	E	PLASTIC MOD LOW EXT PAD/LINE				Not Allowed	\$0.00			000	999	-
L2280	E	MOLDED INNER BOOT				Not Allowed	\$0.00			000	999	-
L2300	E	ABDUCTION BAR JOINTED ADJUST				Not Allowed	\$0.00			000	999	-
L2310	E	ABDUCTION BAR-STRAIGHT				Not Allowed	\$0.00			000	999	-
L2320	E	NON-MOLDED LACER				Not Allowed	\$0.00			000	999	-
L2330	E	LACER MOLDED TO PATIENT MODE				Not Allowed	\$0.00			000	999	-
L2335	E	ANTERIOR SWING BAND				Not Allowed	\$0.00			000	999	-
L2340	E	PRE-TIBIAL SHELL MOLDED TO P				Not Allowed	\$0.00			000	999	-
L2350	E	PROSTHETIC TYPE SOCKET MOLDE				Not Allowed	\$0.00			000	999	-
L2360	E	EXTENDED STEEL SHANK				Not Allowed	\$0.00			000	999	-
L2370	E	PATTEN BOTTOM				Not Allowed	\$0.00			000	999	-
L2375	E	TORSION ANK & HALF SOLID STI				Not Allowed	\$0.00			000	999	-
L2380	E	TORSION STRAIGHT KNEE JOINT				Not Allowed	\$0.00			000	999	-
L2385	E	STRAIGHT KNEE JOINT HEAVY DU				Not Allowed	\$0.00			000	999	-
L2387	E	ADD LE POLY KNEE CUSTOM KAFO				Not Allowed	\$0.00			000	999	-
L2390	E	OFFSET KNEE JOINT EACH				Not Allowed	\$0.00			000	999	-
L2395	E	OFFSET KNEE JOINT HEAVY DUTY				Not Allowed	\$0.00			000	999	-
L2397	E	SUSPENSION SLEEVE LOWER EXT				Not Allowed	\$0.00			000	999	-
L2405	E	KNEE JOINT DROP LOCK EA JNT				Not Allowed	\$0.00			000	999	-
L2415	E	KNEE JOINT CAM LOCK EACH JOI				Not Allowed	\$0.00			000	999	-
L2425	E	KNEE DISC/DIAL LOCK/ADJ FLEX				Not Allowed	\$0.00			000	999	-
L2430	E	KNEE JNT RATCHET LOCK EA JNT				Not Allowed	\$0.00			000	999	-
L2492	E	KNEE LIFT LOOP DROP LOCK RIN				Not Allowed	\$0.00			000	999	-
L2500	E	TH/GLUT/ISCHIA WGT BEARING				Not Allowed	\$0.00			000	999	-
L2510	E	TH/WGHT BEAR QUAD-LAT BRIM M				Not Allowed	\$0.00			000	999	-
L2520	E	TH/WGHT BEAR QUAD-LAT BRIM C				Not Allowed	\$0.00			000	999	-
L2525	E	TH/WGHT BEAR NAR M-L BRIM MO				Not Allowed	\$0.00			000	999	-
L2526	E	TH/WGHT BEAR NAR M-L BRIM CU				Not Allowed	\$0.00			000	999	-
L2530	E	THIGH/WGHT BEAR LACER NON-MO				Not Allowed	\$0.00			000	999	-
L2540	E	THIGH/WGHT BEAR LACER MOLDED				Not Allowed	\$0.00			000	999	-
L2550	E	THIGH/WGHT BEAR HIGH ROLL CU				Not Allowed	\$0.00			000	999	-

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L2570	E	HIP CLEVIS TYPE 2 POSIT JNT				Not Allowed	\$0.00			000	999	-
L2580	E	PELVIC CONTROL PELVIC SLING				Not Allowed	\$0.00			000	999	-
L2600	E	HIP CLEVIS/THRUST BEARING FR				Not Allowed	\$0.00			000	999	-
L2610	E	HIP CLEVIS/THRUST BEARING LO				Not Allowed	\$0.00			000	999	-
L2620	E	PELVIC CONTROL HIP HEAVY DUT				Not Allowed	\$0.00			000	999	-
L2622	E	HIP JOINT ADJUSTABLE FLEXION				Not Allowed	\$0.00			000	999	-
L2624	E	HIP ADJ FLEX EXT ABDUCT CONT				Not Allowed	\$0.00			000	999	-
L2627	E	PLASTIC MOLD RECIPRO HIP & C				Not Allowed	\$0.00			000	999	-
L2628	E	METAL FRAME RECIPRO HIP & CA				Not Allowed	\$0.00			000	999	-
L2630	E	PELVIC CONTROL BAND & BELT U				Not Allowed	\$0.00			000	999	-
L2640	E	PELVIC CONTROL BAND & BELT B				Not Allowed	\$0.00			000	999	-
L2650	E	PELV & THOR CONTROL GLUTEAL				Not Allowed	\$0.00			000	999	-
L2660	E	THORACIC CONTROL THORACIC BA				Not Allowed	\$0.00			000	999	-
L2670	E	THORAC CONT PARASPINAL UPRIG				Not Allowed	\$0.00			000	999	-
L2680	E	THORAC CONT LAT SUPPORT UPRI				Not Allowed	\$0.00			000	999	-
L2750	E	PLATING CHROME/NICKEL PR BAR				Not Allowed	\$0.00			000	999	-
L2755	E	CARBON GRAPHITE LAMINATION				Not Allowed	\$0.00			000	999	-
L2760	E	EXTENSION PER EXTENSION PER				Not Allowed	\$0.00			000	999	-
L2768	E	ORTHO SIDEBAR DISCONNECT				Not Allowed	\$0.00			000	999	-
L2780	E	NON-CORROSIVE FINISH				Not Allowed	\$0.00			000	999	-
L2785	E	DROP LOCK RETAINER EACH				Not Allowed	\$0.00			000	999	-
L2795	E	KNEE CONTROL FULL KNEECAP				Not Allowed	\$0.00			000	999	-
L2800	E	KNEE CAP MEDIAL OR LATERAL P				Not Allowed	\$0.00			000	999	-
L2810	E	KNEE CONTROL CONDYLAR PAD				Not Allowed	\$0.00			000	999	-
L2820	E	SOFT INTERFACE BELOW KNEE SE				Not Allowed	\$0.00			000	999	-
L2830	E	SOFT INTERFACE ABOVE KNEE SE				Not Allowed	\$0.00			000	999	-
L2840	E	TIBIAL LENGTH SOCK FX OR EQU				Not Allowed	\$0.00			000	999	-
L2850	E	FEMORAL LGTH SOCK FX OR EQUA				Not Allowed	\$0.00			000	999	-
L2861	E	TORSION MECHANISM KNEE/ANKLE				Not Allowed	\$0.00			000	999	-
L2999	E	LOWER EXTREMITY ORTHOSIS NOS				Not Allowed	\$0.00			000	999	-
L3000	E	FT INSERT UCB BERKELEY SHELL				Not Allowed	\$0.00			000	999	-
L3001	E	FOOT INSERT REMOV MOLDED SPE				Not Allowed	\$0.00			000	999	-
L3002	E	FOOT INSERT PLASTAZOTE OR EQ				Not Allowed	\$0.00			000	999	-
L3003	E	FOOT INSERT SILICONE GEL EAC				Not Allowed	\$0.00			000	999	-
L3010	E	FOOT LONGITUDINAL ARCH SUPPO				Not Allowed	\$0.00			000	999	-
L3020	E	FOOT LONGITUD/METATARSAL SUP				Not Allowed	\$0.00			000	999	-
L3030	E	FOOT ARCH SUPPORT REMOV PREM				Not Allowed	\$0.00			000	999	-
L3031	E	FOOT LAMIN/PREPREG COMPOSITE				Not Allowed	\$0.00			000	999	-
L3040	E	FT ARCH SUPRT PREMOLD LONGIT				Not Allowed	\$0.00			000	999	-
L3050	E	FOOT ARCH SUPP PREMOLD METAT				Not Allowed	\$0.00			000	999	-
L3060	E	FOOT ARCH SUPP LONGITUD/META				Not Allowed	\$0.00			000	999	-
L3070	E	ARCH SUPRT ATT TO SHO LONGIT				Not Allowed	\$0.00			000	999	-
L3080	E	ARCH SUPP ATT TO SHOE METATA				Not Allowed	\$0.00			000	999	-
L3090	E	ARCH SUPP ATT TO SHOE LONG/M				Not Allowed	\$0.00			000	999	-
L3100	E	HALLUS-VALGUS NT DYN PRE OTS				Not Allowed	\$0.00			000	999	-
L3140	E	ABDUCTION ROTATION BAR SHOE				Not Allowed	\$0.00			000	999	-
L3150	E	ABDUCT ROTATION BAR W/O SHOE				Not Allowed	\$0.00			000	999	-
L3160	E	SHOE STYLED POSITIONING DEV				Not Allowed	\$0.00			000	999	-
L3170	E	FOOT PLAS HEEL STABI PRE OTS				Not Allowed	\$0.00			000	999	-
L3201	E	OXFORD W SUPINAT/PRONAT INF				Not Allowed	\$0.00			000	999	-
L3202	E	OXFORD W/ SUPINAT/PRONATOR C				Not Allowed	\$0.00			000	999	-
L3203	E	OXFORD W/ SUPINATOR/PRONATOR				Not Allowed	\$0.00			000	999	-
L3204	E	HIGHTOP W/ SUPP/PRONATOR INF				Not Allowed	\$0.00			000	001	-
L3206	E	HIGHTOP W/ SUPP/PRONATOR CHI				Not Allowed	\$0.00			000	005	-
L3207	E	HIGHTOP W/ SUPP/PRONATOR JUN				Not Allowed	\$0.00			000	019	-
L3208	E	SURGICAL BOOT EACH INFANT				Not Allowed	\$0.00			000	001	-
L3209	E	SURGICAL BOOT EACH CHILD				Not Allowed	\$0.00			000	005	-

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L3211	E	SURGICAL BOOT EACH JUNIOR				Not Allowed	\$0.00			000	999	-
L3212	E	BENESCH BOOT PAIR INFANT				Not Allowed	\$0.00			000	001	-
L3213	E	BENESCH BOOT PAIR CHILD				Not Allowed	\$0.00			000	005	-
L3214	E	BENESCH BOOT PAIR JUNIOR				Not Allowed	\$0.00			000	019	-
L3215	E	ORTHOPEDIC FTWEAR LADIES OXF				Not Allowed	\$0.00			000	999	-
L3216	E	ORTHOPED LADIES SHOES DPTH I				Not Allowed	\$0.00			000	999	-
L3217	E	LADIES SHOES HIGHTOP DEPTH I				Not Allowed	\$0.00			000	999	-
L3219	E	ORTHOPEDIC MENS SHOES OXFORD				Not Allowed	\$0.00			000	999	-
L3221	E	ORTHOPEDIC MENS SHOES DPTH I				Not Allowed	\$0.00			000	999	-
L3222	E	MENS SHOES HIGHTOP DEPTH INL				Not Allowed	\$0.00			000	999	-
L3224	E	WOMAN'S SHOE OXFORD BRACE				Not Allowed	\$0.00			000	999	-
L3225	E	MAN'S SHOE OXFORD BRACE				Not Allowed	\$0.00			000	999	-
L3230	E	CUSTOM SHOES DEPTH INLAY				Not Allowed	\$0.00			000	999	-
L3250	E	CUSTOM MOLD SHOE REMOV PROST				Not Allowed	\$0.00			000	999	-
L3251	E	SHOE MOLDED TO PT SILICONE S				Not Allowed	\$0.00			000	999	-
L3252	E	SHOE MOLDED PLASTAZOTE CUST				Not Allowed	\$0.00			000	999	-
L3253	E	SHOE MOLDED PLASTAZOTE CUST				Not Allowed	\$0.00			000	999	-
L3254	E	ORTH FOOT NON-STANDARD SIZE/W				Not Allowed	\$0.00			000	999	-
L3255	E	ORTH FOOT NON-STANDARD SIZE/				Not Allowed	\$0.00			000	999	-
L3257	E	ORTH FOOT ADD CHARGE SPLIT S				Not Allowed	\$0.00			000	999	-
L3260	E	AMBULATORY SURGICAL BOOT EAC				Not Allowed	\$0.00			000	999	-
L3265	E	PLASTAZOTE SANDAL EACH				Not Allowed	\$0.00			000	999	-
L3300	E	SHO LIFT TAPER TO METATARSAL				Not Allowed	\$0.00			000	999	-
L3310	E	SHOE LIFT ELEV HEEL/SOLE NEO				Not Allowed	\$0.00			000	999	-
L3320	E	SHOE LIFT ELEV HEEL/SOLE COR				Not Allowed	\$0.00			000	999	-
L3330	E	LIFTS ELEVATION METAL EXTENS				Not Allowed	\$0.00			000	999	-
L3332	E	SHOE LIFTS TAPERED TO ONE-HA				Not Allowed	\$0.00			000	999	-
L3334	E	SHOE LIFTS ELEVATION HEEL /I				Not Allowed	\$0.00			000	999	-
L3340	E	SHOE WEDGE SACH				Not Allowed	\$0.00			000	999	-
L3350	E	SHOE HEEL WEDGE				Not Allowed	\$0.00			000	999	-
L3360	E	SHOE SOLE WEDGE OUTSIDE SOLE				Not Allowed	\$0.00			000	999	-
L3370	E	SHOE SOLE WEDGE BETWEEN SOLE				Not Allowed	\$0.00			000	999	-
L3380	E	SHOE CLUBFOOT WEDGE				Not Allowed	\$0.00			000	999	-
L3390	E	SHOE OUTFLARE WEDGE				Not Allowed	\$0.00			000	999	-
L3400	E	SHOE METATARSAL BAR WEDGE RO				Not Allowed	\$0.00			000	999	-
L3410	E	SHOE METATARSAL BAR BETWEEN				Not Allowed	\$0.00			000	999	-
L3420	E	FULL SOLE/HEEL WEDGE BTWEEN				Not Allowed	\$0.00			000	999	-
L3430	E	SHO HEEL COUNT PLAST REINFOR				Not Allowed	\$0.00			000	999	-
L3440	E	HEEL LEATHER REINFORCED				Not Allowed	\$0.00			000	999	-
L3450	E	SHOE HEEL SACH CUSHION TYPE				Not Allowed	\$0.00			000	999	-
L3455	E	SHOE HEEL NEW LEATHER STANDA				Not Allowed	\$0.00			000	999	-
L3460	E	SHOE HEEL NEW RUBBER STANDAR				Not Allowed	\$0.00			000	999	-
L3465	E	SHOE HEEL THOMAS WITH WEDGE				Not Allowed	\$0.00			000	999	-
L3470	E	SHOE HEEL THOMAS EXTEND TO B				Not Allowed	\$0.00			000	999	-
L3480	E	SHOE HEEL PAD & DEPRESS FOR				Not Allowed	\$0.00			000	999	-
L3485	E	SHOE HEEL PAD REMOVABLE FOR				Not Allowed	\$0.00			000	999	-
L3500	E	ORTHO SHOE ADD LEATHER INSOL				Not Allowed	\$0.00			000	999	-
L3510	E	ORTHOPEDIC SHOE ADD RUB INSL				Not Allowed	\$0.00			000	999	-
L3520	E	O SHOE ADD FELT W LEATH INSL				Not Allowed	\$0.00			000	999	-
L3530	E	ORTHO SHOE ADD HALF SOLE				Not Allowed	\$0.00			000	999	-
L3540	E	ORTHO SHOE ADD FULL SOLE				Not Allowed	\$0.00			000	999	-
L3550	E	O SHOE ADD STANDARD TOE TAP				Not Allowed	\$0.00			000	999	-
L3560	E	O SHOE ADD HORSESHOE TOE TAP				Not Allowed	\$0.00			000	999	-
L3570	E	O SHOE ADD INSTEP EXTENSION				Not Allowed	\$0.00			000	999	-
L3580	E	O SHOE ADD INSTEP VELCRO CLO				Not Allowed	\$0.00			000	999	-
L3590	E	O SHOE CONVERT TO SOF COUNT				Not Allowed	\$0.00			000	999	-
L3595	E	ORTHO SHOE ADD MARCH BAR				Not Allowed	\$0.00			000	999	-

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L3600	E	TRANS SHOE CALIP PLATE EXIST				Not Allowed	\$0.00			000	999	-
L3610	E	TRANS SHOE CALIPER PLATE NEW				Not Allowed	\$0.00			000	999	-
L3620	E	TRANS SHOE SOLID STIRRUP EXI				Not Allowed	\$0.00			000	999	-
L3630	E	TRANS SHOE SOLID STIRRUP NEW				Not Allowed	\$0.00			000	999	-
L3640	E	SHOE DENNIS BROWNE SPLINT BO				Not Allowed	\$0.00			000	999	-
L3649	E	ORTHOPEDIC SHOE MODIFICA NOS				Not Allowed	\$0.00			000	999	-
L3650	E	SO 8 ABD RESTRAINT PRE OTS				Not Allowed	\$0.00			000	999	-
L3660	E	SO 8 AB RSTR CAN/WEB PRE OTS				Not Allowed	\$0.00			000	999	-
L3670	E	SO ACRO/CLAV CAN WEB PRE OTS				Not Allowed	\$0.00			000	999	-
L3671	E	SO CAP DESIGN W/O JNTS CF				Not Allowed	\$0.00			000	999	-
L3674	E	SO AIRPLANE W/WO JOINT CF				Not Allowed	\$0.00			000	999	-
L3675	E	SO VEST CANVAS/WEB PRE OTS				Not Allowed	\$0.00			000	999	-
L3677	E	SO HARD PLAS STABILI PRE CST				Not Allowed	\$0.00			000	999	-
L3678	E	SO HARD PLAS STABILI PRE OTS				Not Allowed	\$0.00			000	999	-
L3702	E	EO W/O JOINTS CF				Not Allowed	\$0.00			000	999	-
L3710	E	EO ELAS W/METAL JNTS PRE OTS				Not Allowed	\$0.00			000	999	-
L3720	E	FOREARM/ARM CUFFS FREE MOTIO				Not Allowed	\$0.00			000	999	-
L3730	E	FOREARM/ARM CUFFS EXT/FLEX A				Not Allowed	\$0.00			000	999	-
L3740	E	CUFFS ADJ LOCK W/ ACTIVE CON				Not Allowed	\$0.00			000	999	-
L3760	E	EO ADJ JT PREFAB CUSTOM FIT				Not Allowed	\$0.00			000	999	-
L3761	E	EO, ADJ LOCK JOINT PREFAB OT				Not Allowed	\$0.00			000	999	-
L3762	E	EO RIGID W/O JOINTS PRE OTS				Not Allowed	\$0.00			000	999	-
L3763	E	EWHO RIGID W/O JNTS CF				Not Allowed	\$0.00			000	999	-
L3764	E	EWHO W/JOINT(S) CF				Not Allowed	\$0.00			000	999	-
L3765	E	EWHFO RIGID W/O JNTS CF				Not Allowed	\$0.00			000	999	-
L3766	E	EWHFO W/JOINT(S) CF				Not Allowed	\$0.00			000	999	-
L3806	E	WHFO W/JOINT(S) CUSTOM FAB				Not Allowed	\$0.00			000	999	-
L3807	E	WHFO W/O JOINTS PRE CST				Not Allowed	\$0.00			000	999	-
L3808	E	WHFO, RIGID W/O JOINTS				Not Allowed	\$0.00			000	999	-
L3809	E	WHFO W/O JOINTS PRE OTS				Not Allowed	\$0.00			000	999	-
L3891	E	TORSION MECHANISM WRIST/ELBO				Not Allowed	\$0.00			000	999	-
L3900	E	HINGE EXTENSION/FLEX WRIST/F				Not Allowed	\$0.00			000	999	-
L3901	E	HINGE EXT/FLEX WRIST FINGER				Not Allowed	\$0.00			000	999	-
L3904	E	WHFO ELECTRIC CUSTOM FITTED				Not Allowed	\$0.00			000	999	-
L3905	E	WHO W/NONTORSION JNT(S) CF				Not Allowed	\$0.00			000	999	-
L3906	E	WHO W/O JOINTS CF				Not Allowed	\$0.00			000	999	-
L3908	E	WHO COCK-UP NONMOLDE PRE OTS				Not Allowed	\$0.00			000	999	-
L3912	E	HFO FLEXION GLOVE PRE OTS				Not Allowed	\$0.00			000	999	-
L3913	E	HFO W/O JOINTS CF				Not Allowed	\$0.00			000	999	-
L3915	E	WHO NONTORSION JNTS PRE CST				Not Allowed	\$0.00			000	999	-
L3916	E	WHO NONTORSION JNTS PRE OTS				Not Allowed	\$0.00			000	999	-
L3917	E	METACARP FX ORTHOSIS PRE CST				Not Allowed	\$0.00			000	999	-
L3918	E	METACARP FX ORTHOSIS PRE OTS				Not Allowed	\$0.00			000	999	-
L3919	E	HO W/O JOINTS CF				Not Allowed	\$0.00			000	999	-
L3921	E	HFO W/JOINT(S) CF				Not Allowed	\$0.00			000	999	-
L3923	E	HFO WITHOUT JOINTS PRE CST				Not Allowed	\$0.00			000	999	-
L3924	E	HFO WITHOUT JOINTS PRE OTS				Not Allowed	\$0.00			000	999	-
L3925	E	FO PIP DIP JNT/SPRNG PRE OTS				Not Allowed	\$0.00			000	999	-
L3927	E	FO PIP DIP NO JT SPR PRE OTS				Not Allowed	\$0.00			000	999	-
L3929	E	HFO NONTORSION JNTS PRE CST				Not Allowed	\$0.00			000	999	-
L3930	E	HFO NONTORSION JNTS PRE OTS				Not Allowed	\$0.00			000	999	-
L3931	E	WHFO NONTORSION JOINT PREFAB				Not Allowed	\$0.00			000	999	-
L3933	E	FO W/O JOINTS CF				Not Allowed	\$0.00			000	999	-
L3935	E	FO NONTORSION JOINT CF				Not Allowed	\$0.00			000	999	-
L3956	E	ADD JOINT UPPER EXT ORTHOSIS				Not Allowed	\$0.00			000	999	-
L3960	E	SEWHO AIRPLAN DESIG ABDU POS				Not Allowed	\$0.00			000	999	-
L3961	E	SEWHO CAP DESIGN W/O JNTS CF				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
L3962	E	SEWHO ERBS PALSEY DESIGN ABD				Not Allowed	\$0.00			000	999	-
L3967	E	SEWHO AIRPLANE W/O JNTS CF				Not Allowed	\$0.00			000	999	-
L3971	E	SEWHO CAP DESIGN W/JNT(S) CF				Not Allowed	\$0.00			000	999	-
L3973	E	SEWHO AIRPLANE W/JNT(S) CF				Not Allowed	\$0.00			000	999	-
L3975	E	SEWHFO CAP DESIGN W/O JNT CF				Not Allowed	\$0.00			000	999	-
L3976	E	SEWHFO AIRPLANE W/O JNTS CF				Not Allowed	\$0.00			000	999	-
L3977	E	SEWHFO CAP DESGN W/JNT(S) CF				Not Allowed	\$0.00			000	999	-
L3978	E	SEWHFO AIRPLANE W/JNT(S) CF				Not Allowed	\$0.00			000	999	-
L3980	E	UP EXT FX ORTHOS HUMERAL NOS				Not Allowed	\$0.00			000	999	-
L3981	E	UE FX ORTH SHOUL CAP FOREARM				Not Allowed	\$0.00			000	999	-
L3982	E	UPPER EXT FX ORTHOSIS RAD/UL				Not Allowed	\$0.00			000	999	-
L3984	E	UPPER EXT FX ORTHOSIS WRIST				Not Allowed	\$0.00			000	999	-
L3995	E	SOCK FRACTURE OR EQUAL EACH				Not Allowed	\$0.00			000	999	-
L3999	E	UPPER LIMB ORTHOSIS NOS				Not Allowed	\$0.00			000	999	-
L4000	E	REPL GIRDLE MILWAUKEE ORTH				Not Allowed	\$0.00			000	999	-
L4002	E	REPLACE STRAP, ANY ORTHOSIS				Not Allowed	\$0.00			000	999	-
L4010	E	REPLACE TRILATERAL SOCKET BR				Not Allowed	\$0.00			000	999	-
L4020	E	REPLACE QUADLAT SOCKET BRIM				Not Allowed	\$0.00			000	999	-
L4030	E	REPLACE SOCKET BRIM CUST FIT				Not Allowed	\$0.00			000	999	-
L4040	E	REPLACE MOLDED THIGH LACER				Not Allowed	\$0.00			000	999	-
L4045	E	REPLACE NON-MOLDED THIGH LAC				Not Allowed	\$0.00			000	999	-
L4050	E	REPLACE MOLDED CALF LACER				Not Allowed	\$0.00			000	999	-
L4055	E	REPLACE NON-MOLDED CALF LACE				Not Allowed	\$0.00			000	999	-
L4060	E	REPLACE HIGH ROLL CUFF				Not Allowed	\$0.00			000	999	-
L4070	E	REPLACE PROX & DIST UPRIGHT				Not Allowed	\$0.00			000	999	-
L4080	E	REPL MET BAND KAFO-AFO PROX				Not Allowed	\$0.00			000	999	-
L4090	E	REPL MET BAND KAFO-AFO CALF/				Not Allowed	\$0.00			000	999	-
L4100	E	REPL LEATH CUFF KAFO PROX TH				Not Allowed	\$0.00			000	999	-
L4110	E	REPL LEATH CUFF KAFO-AFO CAL				Not Allowed	\$0.00			000	999	-
L4130	E	REPLACE PRETIBIAL SHELL				Not Allowed	\$0.00			000	999	-
L4205	E	ORTHO DVC REPAIR PER 15 MIN				Not Allowed	\$0.00			000	999	-
L4210	E	ORTH DEV REPAIR/REPL MINOR P				Not Allowed	\$0.00			000	999	-
L4350	E	ANKLE CONTROL ORTHO PRE OTS				Not Allowed	\$0.00			000	999	-
L4360	E	PNEUMAT WALKING BOOT PRE CST				Not Allowed	\$0.00			000	999	-
L4361	E	PNEUMA/VAC WALK BOOT PRE OTS				Not Allowed	\$0.00			000	999	-
L4370	E	PNEUM FULL LEG SPLNT PRE OTS				Not Allowed	\$0.00			000	999	-
L4386	E	NON-PNEUM WALK BOOT PRE CST				Not Allowed	\$0.00			000	999	-
L4387	E	NON-PNEUM WALK BOOT PRE OTS				Not Allowed	\$0.00			000	999	-
L4392	E	REPLACE AFO SOFT INTERFACE				Not Allowed	\$0.00			000	999	-
L4394	E	REPLACE FOOT DROP SPINT				Not Allowed	\$0.00			000	999	-
L4396	E	STATIC OR DYNAMI AFO PRE CST				Not Allowed	\$0.00			000	999	-
L4397	E	STATIC OR DYNAMI AFO PRE OTS				Not Allowed	\$0.00			000	999	-
L4398	E	FOOT DROP SPLINT PRE OTS				Not Allowed	\$0.00			000	999	-
L4631	E	AFO, WALK BOOT TYPE, CUS FAB				Not Allowed	\$0.00			000	999	-
L5000	E	SHO INSERT W ARCH TOE FILLER				Not Allowed	\$0.00			000	999	-
L5010	E	MOLD SOCKET ANK HGT W/ TOE F				Not Allowed	\$0.00			000	999	-
L5020	E	TIBIAL TUBERCLE HGT W/ TOE F				Not Allowed	\$0.00			000	999	-
L5050	E	ANK SYMES MOLD SCKT SACH FT				Not Allowed	\$0.00			000	999	-
L5060	E	SYMES MET FR LEATH SOCKET AR				Not Allowed	\$0.00			000	999	-
L5100	E	MOLDED SOCKET SHIN SACH FOOT				Not Allowed	\$0.00			000	999	-
L5105	E	PLAST SOCKET JTS/THGH LACER				Not Allowed	\$0.00			000	999	-
L5150	E	MOLD SCKT EXT KNEE SHIN SACH				Not Allowed	\$0.00			000	999	-
L5160	E	MOLD SOCKET BENT KNEE SHIN S				Not Allowed	\$0.00			000	999	-
L5200	E	KNE SING AXIS FRIC SHIN SACH				Not Allowed	\$0.00			000	999	-
L5210	E	NO KNEE/ANKLE JOINTS W/ FT B				Not Allowed	\$0.00			000	999	-
L5220	E	NO KNEE JOINT WITH ARTIC ALI				Not Allowed	\$0.00			000	999	-
L5230	E	FEM FOCAL DEFIC CONSTANT FRI				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
L5250	E	HIP CANAD SING AXI CONS FRIC				Not Allowed	\$0.00			000	999	-
L5270	E	TILT TABLE LOCKING HIP SING				Not Allowed	\$0.00			000	999	-
L5280	E	HEMIPELVECT CANAD SING AXIS				Not Allowed	\$0.00			000	999	-
L5301	E	BK MOLD SOCKET SACH FT ENDO				Not Allowed	\$0.00			000	999	-
L5312	E	KNEE DISART, SACH FT, ENDO				Not Allowed	\$0.00			000	999	-
L5321	E	AK OPEN END SACH				Not Allowed	\$0.00			000	999	-
L5331	E	HIP DISART CANADIAN SACH FT				Not Allowed	\$0.00			000	999	-
L5341	E	HEMIPELVECTOMY CANADIAN SACH				Not Allowed	\$0.00			000	999	-
L5400	E	POSTOP DRESS & 1 CAST CHG BK				Not Allowed	\$0.00			000	999	-
L5410	E	POSTOP DSG BK EA ADD CAST CH				Not Allowed	\$0.00			000	999	-
L5420	E	POSTOP DSG & 1 CAST CHG AK/D				Not Allowed	\$0.00			000	999	-
L5430	E	POSTOP DSG AK EA ADD CAST CH				Not Allowed	\$0.00			000	999	-
L5450	E	POSTOP APP NON-WGT BEAR DSG				Not Allowed	\$0.00			000	999	-
L5460	E	POSTOP APP NON-WGT BEAR DSG				Not Allowed	\$0.00			000	999	-
L5500	E	INIT BK PTB PLASTER DIRECT				Not Allowed	\$0.00			000	999	-
L5505	E	INIT AK ISCHAL PLSTR DIRECT				Not Allowed	\$0.00			000	999	-
L5510	E	PREP BK PTB PLASTER MOLDED				Not Allowed	\$0.00			000	999	-
L5520	E	PERP BK PTB THERMOPLS DIRECT				Not Allowed	\$0.00			000	999	-
L5530	E	PREP BK PTB THERMOPLS MOLDED				Not Allowed	\$0.00			000	999	-
L5535	E	PREP BK PTB OPEN END SOCKET				Not Allowed	\$0.00			000	999	-
L5540	E	PREP BK PTB LAMINATED SOCKET				Not Allowed	\$0.00			000	999	-
L5560	E	PREP AK ISCHIAL PLAST MOLDED				Not Allowed	\$0.00			000	999	-
L5570	E	PREP AK ISCHIAL DIRECT FORM				Not Allowed	\$0.00			000	999	-
L5580	E	PREP AK ISCHIAL THERMO MOLD				Not Allowed	\$0.00			000	999	-
L5585	E	PREP AK ISCHIAL OPEN END				Not Allowed	\$0.00			000	999	-
L5590	E	PREP AK ISCHIAL LAMINATED				Not Allowed	\$0.00			000	999	-
L5595	E	HIP DISARTIC SACH THERMOPLS				Not Allowed	\$0.00			000	999	-
L5600	E	HIP DISART SACH LAMINAT MOLD				Not Allowed	\$0.00			000	999	-
L5610	E	ABOVE KNEE HYDRACADENCE				Not Allowed	\$0.00			000	999	-
L5611	E	AK 4 BAR LINK W/FRIC SWING				Not Allowed	\$0.00			000	999	-
L5613	E	AK 4 BAR LING W/HYDRAUL SWIG				Not Allowed	\$0.00			000	999	-
L5614	E	4-BAR LINK ABOVE KNEE W/SWNG				Not Allowed	\$0.00			000	999	-
L5616	E	AK UNIV MULTIPLEX SYS FRICT				Not Allowed	\$0.00			000	999	-
L5617	E	AK/BK SELF-ALIGNING UNIT EA				Not Allowed	\$0.00			000	999	-
L5618	E	TEST SOCKET SYMES				Not Allowed	\$0.00			000	999	-
L5620	E	TEST SOCKET BELOW KNEE				Not Allowed	\$0.00			000	999	-
L5622	E	TEST SOCKET KNEE DISARTICULA				Not Allowed	\$0.00			000	999	-
L5624	E	TEST SOCKET ABOVE KNEE				Not Allowed	\$0.00			000	999	-
L5626	E	TEST SOCKET HIP DISARTICULAT				Not Allowed	\$0.00			000	999	-
L5628	E	TEST SOCKET HEMIPELVECTOMY				Not Allowed	\$0.00			000	999	-
L5629	E	BELOW KNEE ACRYLIC SOCKET				Not Allowed	\$0.00			000	999	-
L5630	E	SYME TYP EXPANDABL WALL SCKT				Not Allowed	\$0.00			000	999	-
L5631	E	AK/KNEE DISARTIC ACRYLIC SOC				Not Allowed	\$0.00			000	999	-
L5632	E	SYMES TYPE PTB BRIM DESIGN S				Not Allowed	\$0.00			000	999	-
L5634	E	SYMES TYPE POSTER OPENING SO				Not Allowed	\$0.00			000	999	-
L5636	E	SYMES TYPE MEDIAL OPENING SO				Not Allowed	\$0.00			000	999	-
L5637	E	BELOW KNEE TOTAL CONTACT				Not Allowed	\$0.00			000	999	-
L5638	E	BELOW KNEE LEATHER SOCKET				Not Allowed	\$0.00			000	999	-
L5639	E	BELOW KNEE WOOD SOCKET				Not Allowed	\$0.00			000	999	-
L5640	E	KNEE DISARTICULAT LEATHER SO				Not Allowed	\$0.00			000	999	-
L5642	E	ABOVE KNEE LEATHER SOCKET				Not Allowed	\$0.00			000	999	-
L5643	E	HIP FLEX INNER SOCKET EXT FR				Not Allowed	\$0.00			000	999	-
L5644	E	ABOVE KNEE WOOD SOCKET				Not Allowed	\$0.00			000	999	-
L5645	E	BK FLEX INNER SOCKET EXT FRA				Not Allowed	\$0.00			000	999	-
L5646	E	BELOW KNEE CUSHION SOCKET				Not Allowed	\$0.00			000	999	-
L5647	E	BELOW KNEE SUCTION SOCKET				Not Allowed	\$0.00			000	999	-
L5648	E	ABOVE KNEE CUSHION SOCKET				Not Allowed	\$0.00			000	999	-

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

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
L5649	E	ISCH CONTAINMT/NARROW M-L SO				Not Allowed	\$0.00			000	999	-
L5650	E	TOT CONTACT AK/KNEE DISART S				Not Allowed	\$0.00			000	999	-
L5651	E	AK FLEX INNER SOCKET EXT FRA				Not Allowed	\$0.00			000	999	-
L5652	E	SUCTION SUSP AK/KNEE DISART				Not Allowed	\$0.00			000	999	-
L5653	E	KNEE DISART EXPAND WALL SOCK				Not Allowed	\$0.00			000	999	-
L5654	E	SOCKET INSERT SYMES				Not Allowed	\$0.00			000	999	-
L5655	E	SOCKET INSERT BELOW KNEE				Not Allowed	\$0.00			000	999	-
L5656	E	SOCKET INSERT KNEE ARTICULAT				Not Allowed	\$0.00			000	999	-
L5658	E	SOCKET INSERT ABOVE KNEE				Not Allowed	\$0.00			000	999	-
L5661	E	MULTI-DUROMETER SYMES				Not Allowed	\$0.00			000	999	-
L5665	E	MULTI-DUROMETER BELOW KNEE				Not Allowed	\$0.00			000	999	-
L5666	E	BELOW KNEE CUFF SUSPENSION				Not Allowed	\$0.00			000	999	-
L5668	E	BK MOLDED DISTAL CUSHION				Not Allowed	\$0.00			000	999	-
L5670	E	BK MOLDED SUPRACONDYLAR SUSP				Not Allowed	\$0.00			000	999	-
L5671	E	BK/AK LOCKING MECHANISM				Not Allowed	\$0.00			000	999	-
L5672	E	BK REMOVABLE MEDIAL BRIM SUS				Not Allowed	\$0.00			000	999	-
L5673	E	SOCKET INSERT W LOCK MECH				Not Allowed	\$0.00			000	999	-
L5676	E	BK KNEE JOINTS SINGLE AXIS P				Not Allowed	\$0.00			000	999	-
L5677	E	BK KNEE JOINTS POLYCENTRIC P				Not Allowed	\$0.00			000	999	-
L5678	E	BK JOINT COVERS PAIR				Not Allowed	\$0.00			000	999	-
L5679	E	SOCKET INSERT W/O LOCK MECH				Not Allowed	\$0.00			000	999	-
L5680	E	BK THIGH LACER NON-MOLDED				Not Allowed	\$0.00			000	999	-
L5681	E	INTL CUSTM CONG/LATYP INSERT				Not Allowed	\$0.00			000	999	-
L5682	E	BK THIGH LACER GLUT/ISCHIA M				Not Allowed	\$0.00			000	999	-
L5683	E	INITIAL CUSTOM SOCKET INSERT				Not Allowed	\$0.00			000	999	-
L5684	E	BK FORK STRAP				Not Allowed	\$0.00			000	999	-
L5685	E	BELOW KNEE SUS/SEAL SLEEVE				Not Allowed	\$0.00			000	999	-
L5686	E	BK BACK CHECK				Not Allowed	\$0.00			000	999	-
L5688	E	BK WAIST BELT WEBBING				Not Allowed	\$0.00			000	999	-
L5690	E	BK WAIST BELT PADDED AND LIN				Not Allowed	\$0.00			000	999	-
L5692	E	AK PELVIC CONTROL BELT LIGHT				Not Allowed	\$0.00			000	999	-
L5694	E	AK PELVIC CONTROL BELT PAD/L				Not Allowed	\$0.00			000	999	-
L5695	E	AK SLEEVE SUSP NEOPRENE/EQUA				Not Allowed	\$0.00			000	999	-
L5696	E	AK/KNEE DISARTIC PELVIC JOIN				Not Allowed	\$0.00			000	999	-
L5697	E	AK/KNEE DISARTIC PELVIC BAND				Not Allowed	\$0.00			000	999	-
L5698	E	AK/KNEE DISARTIC SILESIA BA				Not Allowed	\$0.00			000	999	-
L5699	E	SHOULDER HARNESS				Not Allowed	\$0.00			000	999	-
L5700	E	REPLACE SOCKET BELOW KNEE				Not Allowed	\$0.00			000	999	-
L5701	E	REPLACE SOCKET ABOVE KNEE				Not Allowed	\$0.00			000	999	-
L5702	E	REPLACE SOCKET HIP				Not Allowed	\$0.00			000	999	-
L5703	E	SYMES ANKLE W/O (SACH) FOOT				Not Allowed	\$0.00			000	999	-
L5704	E	CUSTOM SHAPE COVER BK				Not Allowed	\$0.00			000	999	-
L5705	E	CUSTOM SHAPE COVER AK				Not Allowed	\$0.00			000	999	-
L5706	E	CUSTOM SHAPE CVR KNEE DISART				Not Allowed	\$0.00			000	999	-
L5707	E	CUSTOM SHAPE CVR HIP DISART				Not Allowed	\$0.00			000	999	-
L5710	E	KNE-SHIN EXO SNG AXI MNL LOC				Not Allowed	\$0.00			000	999	-
L5711	E	KNEE-SHIN EXO MNL LOCK ULTRA				Not Allowed	\$0.00			000	999	-
L5712	E	KNEE-SHIN EXO FRICT SWG & ST				Not Allowed	\$0.00			000	999	-
L5714	E	KNEE-SHIN EXO VARIABLE FRICT				Not Allowed	\$0.00			000	999	-
L5716	E	KNEE-SHIN EXO MECH STANCE PH				Not Allowed	\$0.00			000	999	-
L5718	E	KNEE-SHIN EXO FRCT SWG & STA				Not Allowed	\$0.00			000	999	-
L5722	E	KNEE-SHIN PNEUM SWG FRCT EXO				Not Allowed	\$0.00			000	999	-
L5724	E	KNEE-SHIN EXO FLUID SWING PH				Not Allowed	\$0.00			000	999	-
L5726	E	KNEE-SHIN EXT JNTS FLD SWG E				Not Allowed	\$0.00			000	999	-
L5728	E	KNEE-SHIN FLUID SWG & STANCE				Not Allowed	\$0.00			000	999	-
L5780	E	KNEE-SHIN PNEUM/HYDRA PNEUM				Not Allowed	\$0.00			000	999	-
L5781	E	LOWER LIMB PROS VACUUM PUMP				Not Allowed	\$0.00			000	999	-

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L5782	E	HD LOW LIMB PROS VACUUM PUMP				Not Allowed	\$0.00			000	999	-
L5785	E	EXOSKELETAL BK ULTRALT MATER				Not Allowed	\$0.00			000	999	-
L5790	E	EXOSKELETAL AK ULTRA-LIGHT M				Not Allowed	\$0.00			000	999	-
L5795	E	EXOSKEL HIP ULTRA-LIGHT MATE				Not Allowed	\$0.00			000	999	-
L5810	E	ENDOSKEL KNEE-SHIN MNL LOCK				Not Allowed	\$0.00			000	999	-
L5811	E	ENDO KNEE-SHIN MNL LCK ULTRA				Not Allowed	\$0.00			000	999	-
L5812	E	ENDO KNEE-SHIN FRCT SWG & ST				Not Allowed	\$0.00			000	999	-
L5814	E	ENDO KNEE-SHIN HYDRAL SWG PH				Not Allowed	\$0.00			000	999	-
L5816	E	ENDO KNEE-SHIN POLYC MCH STA				Not Allowed	\$0.00			000	999	-
L5818	E	ENDO KNEE-SHIN FRCT SWG & ST				Not Allowed	\$0.00			000	999	-
L5822	E	ENDO KNEE-SHIN PNEUM SWG FRC				Not Allowed	\$0.00			000	999	-
L5824	E	ENDO KNEE-SHIN FLUID SWING P				Not Allowed	\$0.00			000	999	-
L5826	E	MINIATURE KNEE JOINT				Not Allowed	\$0.00			000	999	-
L5828	E	ENDO KNEE-SHIN FLUID SWG/STA				Not Allowed	\$0.00			000	999	-
L5830	E	ENDO KNEE-SHIN PNEUM/SWG PHA				Not Allowed	\$0.00			000	999	-
L5840	E	MULTI-AXIAL KNEE/SHIN SYSTEM				Not Allowed	\$0.00			000	999	-
L5845	E	KNEE-SHIN SYS STANCE FLEXION				Not Allowed	\$0.00			000	999	-
L5848	E	KNEE-SHIN SYS HYDRAUL STANCE				Not Allowed	\$0.00			000	999	-
L5850	E	ENDO AK/HIP KNEE EXTENS ASSI				Not Allowed	\$0.00			000	999	-
L5855	E	MECH HIP EXTENSION ASSIST				Not Allowed	\$0.00			000	999	-
L5856	E	ELEC KNEE-SHIN SWING/STANCE				Not Allowed	\$0.00			000	999	-
L5857	E	ELEC KNEE-SHIN SWING ONLY				Not Allowed	\$0.00			000	999	-
L5858	E	STANCE PHASE ONLY				Not Allowed	\$0.00			000	999	-
L5859	E	KNEE-SHIN PRO FLEX/EXT CONT				Not Allowed	\$0.00			000	999	-
L5910	E	ENDO BELOW KNEE ALIGNABLE SY				Not Allowed	\$0.00			000	999	-
L5920	E	ENDO AK/HIP ALIGNABLE SYSTEM				Not Allowed	\$0.00			000	999	-
L5925	E	ABOVE KNEE MANUAL LOCK				Not Allowed	\$0.00			000	999	-
L5930	E	HIGH ACTIVITY KNEE FRAME				Not Allowed	\$0.00			000	999	-
L5940	E	ENDO BK ULTRA-LIGHT MATERIAL				Not Allowed	\$0.00			000	999	-
L5950	E	ENDO AK ULTRA-LIGHT MATERIAL				Not Allowed	\$0.00			000	999	-
L5960	E	ENDO HIP ULTRA-LIGHT MATERIA				Not Allowed	\$0.00			000	999	-
L5961	E	ENDO POLY HIP, PNEU/HYD/ROT				Not Allowed	\$0.00			000	999	-
L5962	E	BELOW KNEE FLEX COVER SYSTEM				Not Allowed	\$0.00			000	999	-
L5964	E	ABOVE KNEE FLEX COVER SYSTEM				Not Allowed	\$0.00			000	999	-
L5966	E	HIP FLEXIBLE COVER SYSTEM				Not Allowed	\$0.00			000	999	-
L5968	E	MULTIAXIAL ANKLE W DORSIFLEX				Not Allowed	\$0.00			000	999	-
L5969	E	AK/FT POWER ASST INCL MOTORS				Not Allowed	\$0.00			000	999	-
L5970	E	FOOT EXTERNAL KEEL SACH FOOT				Not Allowed	\$0.00			000	999	-
L5971	E	SACH FOOT, REPLACEMENT				Not Allowed	\$0.00			000	999	-
L5972	E	FLEXIBLE KEEL FOOT				Not Allowed	\$0.00			000	999	-
L5973	E	ANK-FOOT SYS DORS-PLANT FLEX				Not Allowed	\$0.00			000	999	-
L5974	E	FOOT SINGLE AXIS ANKLE/FOOT				Not Allowed	\$0.00			000	999	-
L5975	E	COMBO ANKLE/FOOT PROSTHESIS				Not Allowed	\$0.00			000	999	-
L5976	E	ENERGY STORING FOOT				Not Allowed	\$0.00			000	999	-
L5978	E	FT PROSTH MULTIAXIAL ANKL/FT				Not Allowed	\$0.00			000	999	-
L5979	E	MULTI-AXIAL ANKLE/FT PROSTH				Not Allowed	\$0.00			000	999	-
L5980	E	FLEX FOOT SYSTEM				Not Allowed	\$0.00			000	999	-
L5981	E	FLEX-WALK SYS LOW EXT PROSTH				Not Allowed	\$0.00			000	999	-
L5982	E	EXOSKELETAL AXIAL ROTATION U				Not Allowed	\$0.00			000	999	-
L5984	E	ENDOSKELETAL AXIAL ROTATION				Not Allowed	\$0.00			000	999	-
L5985	E	LWR EXT DYNAMIC PROSTH PYLON				Not Allowed	\$0.00			000	999	-
L5986	E	MULTI-AXIAL ROTATION UNIT				Not Allowed	\$0.00			000	999	-
L5987	E	SHANK FT W VERT LOAD PYLON				Not Allowed	\$0.00			000	999	-
L5988	E	VERTICAL SHOCK REDUCING PYLO				Not Allowed	\$0.00			000	999	-
L5990	E	USER ADJUSTABLE HEEL HEIGHT				Not Allowed	\$0.00			000	999	-
L5999	E	LOWR EXTREMITY PROSTHES NOS				Not Allowed	\$0.00			000	999	-
L6000	E	PART HAND THUMB REM				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
L6010	E	PART HAND LITTLE/RING				Not Allowed	\$0.00			000	999	-
L6020	E	PART HAND NO FINGERS				Not Allowed	\$0.00			000	999	-
L6025	E	PART HAND DISART MYOELECTRIC				Not Allowed	\$0.00			000	999	-
L6026	E	PART HAND MYO EXCLU TERM DEV				Not Allowed	\$0.00			000	999	-
L6050	E	WRST MLD SCK FLX HNG TRI PAD				Not Allowed	\$0.00			000	999	-
L6055	E	WRST MOLD SOCK W/EXP INTERFA				Not Allowed	\$0.00			000	999	-
L6100	E	ELB MOLD SOCK FLEX HINGE PAD				Not Allowed	\$0.00			000	999	-
L6110	E	ELBOW MOLD SOCK SUSPENSION T				Not Allowed	\$0.00			000	999	-
L6120	E	ELBOW MOLD DOUB SPLT SOC STE				Not Allowed	\$0.00			000	999	-
L6130	E	ELBOW STUMP ACTIVATED LOCK H				Not Allowed	\$0.00			000	999	-
L6200	E	ELBOW MOLD OUTSID LOCK HINGE				Not Allowed	\$0.00			000	999	-
L6205	E	ELBOW MOLDED W/ EXPAND INTER				Not Allowed	\$0.00			000	999	-
L6250	E	ELBOW INTER LOC ELBOW FORARM				Not Allowed	\$0.00			000	999	-
L6300	E	SHLDER DISART INT LOCK ELBOW				Not Allowed	\$0.00			000	999	-
L6310	E	SHOULDER PASSIVE RESTOR COMP				Not Allowed	\$0.00			000	999	-
L6320	E	SHOULDER PASSIVE RESTOR CAP				Not Allowed	\$0.00			000	999	-
L6350	E	THORACIC INTERN LOCK ELBOW				Not Allowed	\$0.00			000	999	-
L6360	E	THORACIC PASSIVE RESTOR COMP				Not Allowed	\$0.00			000	999	-
L6370	E	THORACIC PASSIVE RESTOR CAP				Not Allowed	\$0.00			000	999	-
L6380	E	POSTOP DSG CAST CHG WRST/ELB				Not Allowed	\$0.00			000	999	-
L6382	E	POSTOP DSG CAST CHG ELB DIS/				Not Allowed	\$0.00			000	999	-
L6384	E	POSTOP DSG CAST CHG SHLDER/T				Not Allowed	\$0.00			000	999	-
L6386	E	POSTOP EA CAST CHG & REALIGN				Not Allowed	\$0.00			000	999	-
L6388	E	POSTOP APPLICAT RIGID DSG ON				Not Allowed	\$0.00			000	999	-
L6400	E	BELOW ELBOW PROSTH TISS SHAP				Not Allowed	\$0.00			000	999	-
L6450	E	ELB DISART PROSTH TISS SHAP				Not Allowed	\$0.00			000	999	-
L6500	E	ABOVE ELBOW PROSTH TISS SHAP				Not Allowed	\$0.00			000	999	-
L6550	E	SHLDR DISAR PROSTH TISS SHAP				Not Allowed	\$0.00			000	999	-
L6570	E	SCAP THORAC PROSTH TISS SHAP				Not Allowed	\$0.00			000	999	-
L6580	E	WRIST/ELBOW BOWDEN CABLE MOL				Not Allowed	\$0.00			000	999	-
L6582	E	WRIST/ELBOW BOWDEN CBL DIR F				Not Allowed	\$0.00			000	999	-
L6584	E	ELBOW FAIR LEAD CABLE MOLDED				Not Allowed	\$0.00			000	999	-
L6586	E	ELBOW FAIR LEAD CABLE DIR FO				Not Allowed	\$0.00			000	999	-
L6588	E	SHDR FAIR LEAD CABLE MOLDED				Not Allowed	\$0.00			000	999	-
L6590	E	SHDR FAIR LEAD CABLE DIRECT				Not Allowed	\$0.00			000	999	-
L6600	E	POLYCENTRIC HINGE PAIR				Not Allowed	\$0.00			000	999	-
L6605	E	SINGLE PIVOT HINGE PAIR				Not Allowed	\$0.00			000	999	-
L6610	E	FLEXIBLE METAL HINGE PAIR				Not Allowed	\$0.00			000	999	-
L6611	E	ADDITIONAL SWITCH, EXT POWER				Not Allowed	\$0.00			000	999	-
L6615	E	DISCONNECT LOCKING WRIST UNI				Not Allowed	\$0.00			000	999	-
L6616	E	DISCONNECT INSERT LOCKING WR				Not Allowed	\$0.00			000	999	-
L6620	E	FLEXION/EXTENSION WRIST UNIT				Not Allowed	\$0.00			000	999	-
L6621	E	FLEX/EXT WRIST W/WO FRICTION				Not Allowed	\$0.00			000	999	-
L6623	E	SPRING-ASS ROT WRST W/ LATCH				Not Allowed	\$0.00			000	999	-
L6624	E	FLEX/EXT/ROTATION WRIST UNIT				Not Allowed	\$0.00			000	999	-
L6625	E	ROTATION WRST W/ CABLE LOCK				Not Allowed	\$0.00			000	999	-
L6628	E	QUICK DISCONN HOOK ADAPTER O				Not Allowed	\$0.00			000	999	-
L6629	E	LAMINATION COLLAR W/ COUPLIN				Not Allowed	\$0.00			000	999	-
L6630	E	STAINLESS STEEL ANY WRIST				Not Allowed	\$0.00			000	999	-
L6632	E	LATEX SUSPENSION SLEEVE EACH				Not Allowed	\$0.00			000	999	-
L6635	E	LIFT ASSIST FOR ELBOW				Not Allowed	\$0.00			000	999	-
L6637	E	NUDGE CONTROL ELBOW LOCK				Not Allowed	\$0.00			000	999	-
L6638	E	ELEC LOCK ON MANUAL PW ELBOW				Not Allowed	\$0.00			000	999	-
L6640	E	SHOULDER ABDUCTION JOINT PAI				Not Allowed	\$0.00			000	999	-
L6641	E	EXCURSION AMPLIFIER PULLEY T				Not Allowed	\$0.00			000	999	-
L6642	E	EXCURSION AMPLIFIER LEVER TY				Not Allowed	\$0.00			000	999	-
L6645	E	SHOULDER FLEXION-ABDUCTION J				Not Allowed	\$0.00			000	999	-

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L6646	E	MULTIPO LOCKING SHOULDER JNT				Not Allowed	\$0.00			000	999	-
L6647	E	SHOULDER LOCK ACTUATOR				Not Allowed	\$0.00			000	999	-
L6648	E	EXT PWRD SHLDER LOCK/UNLOCK				Not Allowed	\$0.00			000	999	-
L6650	E	SHOULDER UNIVERSAL JOINT				Not Allowed	\$0.00			000	999	-
L6655	E	STANDARD CONTROL CABLE EXTRA				Not Allowed	\$0.00			000	999	-
L6660	E	HEAVY DUTY CONTROL CABLE				Not Allowed	\$0.00			000	999	-
L6665	E	TEFLON OR EQUAL CABLE LINING				Not Allowed	\$0.00			000	999	-
L6670	E	HOOK TO HAND CABLE ADAPTER				Not Allowed	\$0.00			000	999	-
L6672	E	HARNESS CHEST/SHLDER SADDLE				Not Allowed	\$0.00			000	999	-
L6675	E	HARNESS FIGURE OF 8 SING CON				Not Allowed	\$0.00			000	999	-
L6676	E	HARNESS FIGURE OF 8 DUAL CON				Not Allowed	\$0.00			000	999	-
L6677	E	UE TRIPLE CONTROL HARNESS				Not Allowed	\$0.00			000	999	-
L6680	E	TEST SOCK WRIST DISART/BEL E				Not Allowed	\$0.00			000	999	-
L6682	E	TEST SOCK ELBW DISART/ABOVE				Not Allowed	\$0.00			000	999	-
L6684	E	TEST SOCKET SHLDR DISART/THO				Not Allowed	\$0.00			000	999	-
L6686	E	SUCTION SOCKET				Not Allowed	\$0.00			000	999	-
L6687	E	FRAME TYP SOCKET BEL ELBOW/W				Not Allowed	\$0.00			000	999	-
L6688	E	FRAME TYP SOCK ABOVE ELB/DIS				Not Allowed	\$0.00			000	999	-
L6689	E	FRAME TYP SOCKET SHOULDER DI				Not Allowed	\$0.00			000	999	-
L6690	E	FRAME TYP SOCK INTERSCAP-THO				Not Allowed	\$0.00			000	999	-
L6691	E	REMOVABLE INSERT EACH				Not Allowed	\$0.00			000	999	-
L6692	E	SILICONE GEL INSERT OR EQUAL				Not Allowed	\$0.00			000	999	-
L6693	E	LOCKINGELBOW FOREARM CNTRBAL				Not Allowed	\$0.00			000	999	-
L6694	E	ELBOW SOCKET INS USE W/LOCK				Not Allowed	\$0.00			000	999	-
L6695	E	ELBOW SOCKET INS USE W/O LCK				Not Allowed	\$0.00			000	999	-
L6696	E	CUS ELBO SKT IN FOR CON/ATYP				Not Allowed	\$0.00			000	999	-
L6697	E	CUS ELBO SKT IN NOT CON/ATYP				Not Allowed	\$0.00			000	999	-
L6698	E	BELOW/ABOVE ELBOW LOCK MECH				Not Allowed	\$0.00			000	999	-
L6703	E	TERM DEV, PASSIVE HAND MITT				Not Allowed	\$0.00			000	999	-
L6704	E	TERM DEV, SPORT/REC/WORK ATT				Not Allowed	\$0.00			000	999	-
L6706	E	TERM DEV MECH HOOK VOL OPEN				Not Allowed	\$0.00			000	999	-
L6707	E	TERM DEV MECH HOOK VOL CLOSE				Not Allowed	\$0.00			000	999	-
L6708	E	TERM DEV MECH HAND VOL OPEN				Not Allowed	\$0.00			000	999	-
L6709	E	TERM DEV MECH HAND VOL CLOSE				Not Allowed	\$0.00			000	999	-
L6711	E	PED TERM DEV, HOOK, VOL OPEN				Not Allowed	\$0.00			000	999	-
L6712	E	PED TERM DEV, HOOK, VOL CLOS				Not Allowed	\$0.00			000	999	-
L6713	E	PED TERM DEV, HAND, VOL OPEN				Not Allowed	\$0.00			000	999	-
L6714	E	PED TERM DEV, HAND, VOL CLOS				Not Allowed	\$0.00			000	999	-
L6715	E	TERM DEVICE, MULTI ART DIGIT				Not Allowed	\$0.00			000	999	-
L6721	E	HOOK/HAND, HVY DTY, VOL OPEN				Not Allowed	\$0.00			000	999	-
L6722	E	HOOK/HAND, HVY DTY, VOL CLOS				Not Allowed	\$0.00			000	999	-
L6805	E	TERM DEV MODIFIER WRIST UNIT				Not Allowed	\$0.00			000	999	-
L6810	E	TERM DEV PRECISION PINCH DEV				Not Allowed	\$0.00			000	999	-
L6880	E	ELEC HAND IND ART DIGITS				Not Allowed	\$0.00			000	999	-
L6881	E	TERM DEV AUTO GRASP FEATURE				Not Allowed	\$0.00			000	999	-
L6882	E	MICROPROCESSOR CONTROL UPLMB				Not Allowed	\$0.00			000	999	-
L6883	E	REPLC SOCKT BELOW E/W DISA				Not Allowed	\$0.00			000	999	-
L6884	E	REPLC SOCKT ABOVE ELBOW DISA				Not Allowed	\$0.00			000	999	-
L6885	E	REPLC SOCKT SHLDR DIS/INTERC				Not Allowed	\$0.00			000	999	-
L6890	E	PREFAB GLOVE FOR TERM DEVICE				Not Allowed	\$0.00			000	999	-
L6895	E	CUSTOM GLOVE FOR TERM DEVICE				Not Allowed	\$0.00			000	999	-
L6900	E	HAND RESTORAT THUMB/1 FINGER				Not Allowed	\$0.00			000	999	-
L6905	E	HAND RESTORATION MULTIPLE FI				Not Allowed	\$0.00			000	999	-
L6910	E	HAND RESTORATION NO FINGERS				Not Allowed	\$0.00			000	999	-
L6915	E	HAND RESTORATION REPLACMNT G				Not Allowed	\$0.00			000	999	-
L6920	E	WRIST DISARTICUL SWITCH CTRL				Not Allowed	\$0.00			000	999	-
L6925	E	WRIST DISART MYOELECTRONIC C				Not Allowed	\$0.00			000	999	-

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L6930	E	BELOW ELBOW SWITCH CONTROL				Not Allowed	\$0.00			000	999	-
L6935	E	BELOW ELBOW MYOELECTRONIC CT				Not Allowed	\$0.00			000	999	-
L6940	E	ELBOW DISARTICULATION SWITCH				Not Allowed	\$0.00			000	999	-
L6945	E	ELBOW DISART MYOELECTRONIC C				Not Allowed	\$0.00			000	999	-
L6950	E	ABOVE ELBOW SWITCH CONTROL				Not Allowed	\$0.00			000	999	-
L6955	E	ABOVE ELBOW MYOELECTRONIC CT				Not Allowed	\$0.00			000	999	-
L6960	E	SHLDR DISARTIC SWITCH CONTRO				Not Allowed	\$0.00			000	999	-
L6965	E	SHLDR DISARTIC MYOELECTRONIC				Not Allowed	\$0.00			000	999	-
L6970	E	INTERSCAPULAR-THOR SWITCH CT				Not Allowed	\$0.00			000	999	-
L6975	E	INTERSCAP-THOR MYOELECTRONIC				Not Allowed	\$0.00			000	999	-
L7007	E	ADULT ELECTRIC HAND				Not Allowed	\$0.00			000	999	-
L7008	E	PEDIATRIC ELECTRIC HAND				Not Allowed	\$0.00			000	019	-
L7009	E	ADULT ELECTRIC HOOK				Not Allowed	\$0.00			000	999	-
L7040	E	PREHENSILE ACTUATOR				Not Allowed	\$0.00			000	999	-
L7045	E	PEDIATRIC ELECTRIC HOOK				Not Allowed	\$0.00			000	999	-
L7170	E	ELECTRONIC ELBOW HOSMER SWIT				Not Allowed	\$0.00			000	999	-
L7180	E	ELECTRONIC ELBOW SEQUENTIAL				Not Allowed	\$0.00			000	999	-
L7181	E	ELECTRONIC ELBO SIMULTANEOUS				Not Allowed	\$0.00			000	999	-
L7185	E	ELECTRON ELBOW ADOLESCENT SW				Not Allowed	\$0.00			000	999	-
L7186	E	ELECTRON ELBOW CHILD SWITCH				Not Allowed	\$0.00			000	999	-
L7190	E	ELBOW ADOLESCENT MYOELECTRON				Not Allowed	\$0.00			000	999	-
L7191	E	ELBOW CHILD MYOELECTRONIC CT				Not Allowed	\$0.00			000	999	-
L7259	E	ELECTRONIC WRIST ROTATOR ANY				Not Allowed	\$0.00			000	999	-
L7260	E	ELECTRON WRIST ROTATOR OTTO				Not Allowed	\$0.00			000	999	-
L7261	E	ELECTRON WRIST ROTATOR UTAH				Not Allowed	\$0.00			000	999	-
L7360	E	SIX VOLT BAT OTTO BOCK/EQ EA				Not Allowed	\$0.00			000	999	-
L7362	E	BATTERY CHRGR SIX VOLT OTTO				Not Allowed	\$0.00			000	999	-
L7364	E	TWELVE VOLT BATTERY UTAH/EQU				Not Allowed	\$0.00			000	999	-
L7366	E	BATTERY CHRGR 12 VOLT UTAH/E				Not Allowed	\$0.00			000	999	-
L7367	E	REPLACEMNT LITHIUM IONBATTER				Not Allowed	\$0.00			000	999	-
L7368	E	LITHIUM ION BATTERY CHARGER				Not Allowed	\$0.00			000	999	-
L7400	E	ADD UE PROST BE/WD, ULTLITE				Not Allowed	\$0.00			000	999	-
L7401	E	ADD UE PROST A/E ULTLITE MAT				Not Allowed	\$0.00			000	999	-
L7402	E	ADD UE PROST S/D ULTLITE MAT				Not Allowed	\$0.00			000	999	-
L7403	E	ADD UE PROST B/E ACRYLIC				Not Allowed	\$0.00			000	999	-
L7404	E	ADD UE PROST A/E ACRYLIC				Not Allowed	\$0.00			000	999	-
L7405	E	ADD UE PROST S/D ACRYLIC				Not Allowed	\$0.00			000	999	-
L7499	E	UPPER EXTREMITY PROSTHES NOS				Not Allowed	\$0.00			000	999	-
L7510	E	PROSTHETIC DEVICE REPAIR REP				Not Allowed	\$0.00			000	999	-
L7520	E	REPAIR PROSTHESIS PER 15 MIN				Not Allowed	\$0.00			000	999	-
L7600	E	PROSTHETIC DONNING SLEEVE				Not Allowed	\$0.00			000	999	-
L7700	E	PROS SOC INSERT GASKET/SEAL				Not Allowed	\$0.00			000	999	-
L7900	E	MALE VACUUM ERECTION SYSTEM				Not Allowed	\$0.00			000	999	-
L7902	E	TENSION RING, VAC ERECT DEV				Not Allowed	\$0.00			000	999	-
L8000	E	MASTECTOMY BRA				Not Allowed	\$0.00			000	999	-
L8001	E	BREAST PROSTHESIS BRA & FORM				Not Allowed	\$0.00			000	999	-
L8002	E	BRST PRSTH BRA & BILAT FORM				Not Allowed	\$0.00			000	999	-
L8010	E	MASTECTOMY SLEEVE				Not Allowed	\$0.00			000	999	-
L8015	E	EXT BREASTPROSTHESIS GARMENT				Not Allowed	\$0.00			000	999	-
L8020	E	MASTECTOMY FORM				Not Allowed	\$0.00			000	999	-
L8030	E	BREAST PROSTHES W/O ADHESIVE				Not Allowed	\$0.00			000	999	-
L8031	E	BREAST PROSTHESIS W ADHESIVE				Not Allowed	\$0.00			000	999	-
L8032	E	REUSABLE NIPPLE PROSTHESIS				Not Allowed	\$0.00			000	999	-
L8033	E	NIPPLE PROSTHESIS CUSTOM, EA				Not Allowed	\$0.00			000	999	-
L8035	E	CUSTOM BREAST PROSTHESIS				Not Allowed	\$0.00			000	999	-
L8039	E	BREAST PROSTHESIS NOS				Not Allowed	\$0.00			000	999	-
L8040	E	NASAL PROSTHESIS				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
L8041	E	MIDFACIAL PROSTHESIS				Not Allowed	\$0.00			000	999	-
L8042	E	ORBITAL PROSTHESIS				Not Allowed	\$0.00			000	999	-
L8043	E	UPPER FACIAL PROSTHESIS				Not Allowed	\$0.00			000	999	-
L8044	E	HEMI-FACIAL PROSTHESIS				Not Allowed	\$0.00			000	999	-
L8045	E	AURICULAR PROSTHESIS				Not Allowed	\$0.00			000	999	-
L8046	E	PARTIAL FACIAL PROSTHESIS				Not Allowed	\$0.00			000	999	-
L8047	E	NASAL SEPTAL PROSTHESIS				Not Allowed	\$0.00			000	999	-
L8048	E	UNSPEC MAXILLOFACIAL PROSTH				Not Allowed	\$0.00			000	999	-
L8049	E	REPAIR MAXILLOFACIAL PROSTH				Not Allowed	\$0.00			000	999	-
L8300	E	TRUSS SINGLE W/ STANDARD PAD				Not Allowed	\$0.00			000	999	-
L8310	E	TRUSS DOUBLE W/ STANDARD PAD				Not Allowed	\$0.00			000	999	-
L8320	E	TRUSS ADDITION TO STD PAD WA				Not Allowed	\$0.00			000	999	-
L8330	E	TRUSS ADD TO STD PAD SCROTAL				Not Allowed	\$0.00			000	999	-
L8400	E	SHEATH BELOW KNEE				Not Allowed	\$0.00			000	999	-
L8410	E	SHEATH ABOVE KNEE				Not Allowed	\$0.00			000	999	-
L8415	E	SHEATH UPPER LIMB				Not Allowed	\$0.00			000	999	-
L8417	E	PROS SHEATH/SOCK W GEL CUSHN				Not Allowed	\$0.00			000	999	-
L8420	E	PROSTHETIC SOCK MULTI PLY BK				Not Allowed	\$0.00			000	999	-
L8430	E	PROSTHETIC SOCK MULTI PLY AK				Not Allowed	\$0.00			000	999	-
L8435	E	PROS SOCK MULTI PLY UPPER LM				Not Allowed	\$0.00			000	999	-
L8440	E	SHRINKER BELOW KNEE				Not Allowed	\$0.00			000	999	-
L8460	E	SHRINKER ABOVE KNEE				Not Allowed	\$0.00			000	999	-
L8465	E	SHRINKER UPPER LIMB				Not Allowed	\$0.00			000	999	-
L8470	E	PROS SOCK SINGLE PLY BK				Not Allowed	\$0.00			000	999	-
L8480	E	PROS SOCK SINGLE PLY AK				Not Allowed	\$0.00			000	999	-
L8485	E	PROS SOCK SINGLE PLY UPPER L				Not Allowed	\$0.00			000	999	-
L8499	E	UNLISTED MISC PROSTHETIC SER				Not Allowed	\$0.00			000	999	-
L8500	E	ARTIFICIAL LARYNX				Not Allowed	\$0.00			000	999	-
L8501	E	TRACHEOSTOMY SPEAKING VALVE				Not Allowed	\$0.00			000	999	-
L8505	E	ARTIFICIAL LARYNX, ACCESSORY				Not Allowed	\$0.00			000	999	-
L8507	E	TRACH-ESOPH VOICE PROS PT IN				Not Allowed	\$0.00			000	999	-
L8509	E	TRACH-ESOPH VOICE PROS MD IN				Not Allowed	\$0.00			000	999	-
L8510	E	VOICE AMPLIFIER				Not Allowed	\$0.00			000	999	-
L8511	E	INDWELLING TRACH INSERT				Not Allowed	\$0.00			000	999	-
L8512	E	GEL CAP FOR TRACH VOICE PROS				Not Allowed	\$0.00			000	999	-
L8513	E	TRACH PROS CLEANING DEVICE				Not Allowed	\$0.00			000	999	-
L8514	E	REPL TRACH PUNCTURE DILATOR				Not Allowed	\$0.00			000	999	-
L8515	E	GEL CAP APP DEVICE FOR TRACH				Not Allowed	\$0.00			000	999	-
L8600	N	IMPLANT BREAST SILICONE/EQ				Bundled	\$0.00			000	999	-
L8603	N	COLLAGEN IMP URINARY 2.5 ML				Bundled	\$0.00			000	999	-
L8604	N	DEXTRANOMER/HYALURONIC ACID				Bundled	\$0.00			000	999	-
L8605	N	INJ BULKING AGENT ANAL CANAL				Bundled	\$0.00			000	999	-
L8606	N	SYNTHETIC IMPLNT URINARY 1ML				Bundled	\$0.00			000	999	-
L8607	N	INJ VOCAL CORD BULKING AGENT				Bundled	\$0.00			000	999	-
L8608	N	ARG II EXT COM/SUP/ACC MISC				Bundled	\$0.00			000	999	-
L8609	N	ARTIFICIAL CORNEA				Bundled	\$0.00			000	999	-
L8610	N	OCULAR IMPLANT				Bundled	\$0.00			000	999	-
L8612	N	AQUEOUS SHUNT PROSTHESIS				Bundled	\$0.00			000	999	-
L8613	N	OSSICULAR IMPLANT				Bundled	\$0.00			000	999	-
L8614	N	COCHLEAR DEVICE				Bundled	\$0.00			000	999	-
L8615	E	COCH IMPLANT HEADSET REPLACE				Not Allowed	\$0.00			000	999	-
L8616	E	COCH IMPLANT MICROPHONE REPL				Not Allowed	\$0.00			000	999	-
L8617	E	COCH IMPLANT TRANS COIL REPL				Not Allowed	\$0.00			000	999	-
L8618	E	COCH IMPLANT TRAN CABLE REPL				Not Allowed	\$0.00			000	999	-
L8619	E	COCH IMP EXT PROC/CONTR RPLC				Not Allowed	\$0.00			000	999	-
L8621	E	REPL ZINC AIR BATTERY				Not Allowed	\$0.00			000	999	-
L8622	E	REPL ALKALINE BATTERY				Not Allowed	\$0.00			000	999	-

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L8623	E	LITH ION BATT CID, NON-EARLVL				Not Allowed	\$0.00			000	999	-
L8624	E	LITH ION BATT CID, EAR LEVEL				Not Allowed	\$0.00			000	999	-
L8625	E	CHARGER COCH IMPL/AOI BATTERY				Not Allowed	\$0.00			000	999	-
L8627	E	CID EXT SPEECH PROCESS REPL				Not Allowed	\$0.00			000	999	-
L8628	E	CID EXT CONTROLLER REPL				Not Allowed	\$0.00			000	999	-
L8629	E	CID TRANSMIT COIL AND CABLE				Not Allowed	\$0.00			000	999	-
L8630	N	METACARPOPHALANGEAL IMPLANT				Bundled	\$0.00			000	999	-
L8631	N	MCP JOINT REPL 2 PC OR MORE				Bundled	\$0.00			000	999	-
L8641	N	METATARSAL JOINT IMPLANT				Bundled	\$0.00			000	999	-
L8642	N	HALLUX IMPLANT				Bundled	\$0.00			000	999	-
L8658	N	INTERPHALANGEAL JOINT SPACER				Bundled	\$0.00			000	999	-
L8659	N	INTERPHALANGEAL JOINT REPL				Bundled	\$0.00			000	999	-
L8670	N	VASCULAR GRAFT, SYNTHETIC				Bundled	\$0.00			000	999	-
L8679	E	IMP NEUROSTI PLS GN ANY TYPE				Not Allowed	\$0.00			000	999	-
L8680	E	IMPLT NEUROSTIM ELCTR EACH				Not Allowed	\$0.00			000	999	-
L8681	E	PT PRGRM FOR IMPLT NEUROSTIM				Not Allowed	\$0.00			000	999	-
L8682	E	IMPLT NEUROSTIM RADIOFQ REC				Not Allowed	\$0.00			000	999	-
L8683	E	RADIOFQ TRSMTR FOR IMPLT NEU				Not Allowed	\$0.00			000	999	-
L8684	E	RADIOFQ TRSMTR IMPLT SCRL NEU				Not Allowed	\$0.00			000	999	-
L8685	E	IMPLT NROSTM PLS GEN SNG REC				Not Allowed	\$0.00			000	999	-
L8686	E	IMPLT NROSTM PLS GEN SNG NON				Not Allowed	\$0.00			000	999	-
L8687	E	IMPLT NROSTM PLS GEN DUA REC				Not Allowed	\$0.00			000	999	-
L8688	E	IMPLT NROSTM PLS GEN DUA NON				Not Allowed	\$0.00			000	999	-
L8689	E	EXTERNAL RECHARG SYS INTERN				Not Allowed	\$0.00			000	999	-
L8690	N	AUD OSSEO DEV, INT/EXT COMP				Bundled	\$0.00			000	999	-
L8691	E	AOI SND PROC REPL EXCL ACTUA				Not Allowed	\$0.00			000	999	-
L8692	E	NON-OSSEOINTEGRATED SND PROC				Not Allowed	\$0.00			000	999	-
L8693	E	AUD OSSEO DEV, ABUTMENT				Not Allowed	\$0.00			000	999	-
L8694	E	AOI TRANSDUCER/ACTUATOR REPL				Not Allowed	\$0.00			000	999	-
L8695	E	EXTERNAL RECHARG SYS EXTERN				Not Allowed	\$0.00			000	999	-
L8696	E	EXT ANTENNA PHREN NERVE STIM				Not Allowed	\$0.00			000	999	-
L8698	E	MISC USED WITH TOT ART HEART				Not Allowed	\$0.00			000	999	-
L8699	N	PROSTHETIC IMPLANT NOS				Bundled	\$0.00			000	999	-
L8701	E	EWHP S/D UPRT MICRO SENSOR				Not Allowed	\$0.00			000	999	-
L8702	E	EWHP S/D UPRT MICRO SENSOR				Not Allowed	\$0.00			000	999	-
L9900	E	O&P SUPPLY/ACCESSORY/SERVICE				Not Allowed	\$0.00			000	999	-
M0075	E	CELLULAR THERAPY				Not Allowed	\$0.00			000	999	-
M0076	E	PROLOTHERAPY				Not Allowed	\$0.00			000	999	-
M0100	E	INTRAGASTRIC HYPOTHERMIA				Not Allowed	\$0.00			000	999	-
M0239	S	BAMLANIVIMAB-XXXX INFUSION		05694	3.7532	APC	\$212.58			000	999	-
M0243	S	CASIRIVI AND IMDEVI INFUSION		05694	3.7532	APC	\$212.58			000	999	-
M0300	E	IV CHELATIONTHERAPY				Not Allowed	\$0.00			000	999	-
M0301	E	FABRIC WRAPPING OF ANEURYSM				Not Allowed	\$0.00			000	999	-
M1003	E	TB SCR 12 MO PRI FST BIO DZ				Not Allowed	\$0.00			000	999	-
M1004	E	DOC MED RSN NO SRN TB				Not Allowed	\$0.00			000	999	-
M1005	E	TB SCR NO PERF				Not Allowed	\$0.00			000	999	-
M1006	E	DZ NOT ASES, NO RSN				Not Allowed	\$0.00			000	999	-
M1007	E	>=50% TOTAL PT OUTPT RA ENCT				Not Allowed	\$0.00			000	999	-
M1008	E	<50% TOTAL PT OUTPT RA ENCTS				Not Allowed	\$0.00			000	999	-
M1009	E	DC EOC DOC MED REC				Not Allowed	\$0.00			000	999	-
M1010	E	DC EOC DOC MED REC				Not Allowed	\$0.00			000	999	-
M1011	E	DC EOC DOC MED REC				Not Allowed	\$0.00			000	999	-
M1012	E	DC EOC DOC MED REC				Not Allowed	\$0.00			000	999	-
M1013	E	DC EOC DOC MED REC				Not Allowed	\$0.00			000	999	-
M1014	E	DC EPI CARE DOC MEDREC				Not Allowed	\$0.00			000	999	-
M1016	E	PT DX MEOP OR SUR STERI				Not Allowed	\$0.00			000	999	-
M1017	E	PT ADMT TO PALITVE SERV				Not Allowed	\$0.00			000	999	-

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M1018	E	PT DX HST CR PT SK LG CR SCR				Not Allowed	\$0.00			000	999	-
M1019	E	ADL PT MJ DEP DS RS 12 PHQ<5				Not Allowed	\$0.00			000	999	-
M1020	E	ADL PT MJ DEP DS NO RS 12 MO				Not Allowed	\$0.00			000	999	-
M1021	E	PT UC IN PP				Not Allowed	\$0.00			000	999	-
M1022	E	PT HOSPICE DURING PERF PD				Not Allowed	\$0.00			000	999	-
M1025	E	PT HOSPICE DURING PERF PD				Not Allowed	\$0.00			000	999	-
M1026	E	PT HOSPICE DURING PERF PD				Not Allowed	\$0.00			000	999	-
M1027	E	IMG HEAD (CT OR MRI) OBTND				Not Allowed	\$0.00			000	999	-
M1028	E	DOC OF PT PRM HDA DX AND OTR				Not Allowed	\$0.00			000	999	-
M1029	E	DOC SYSM RSN IMG HD				Not Allowed	\$0.00			000	999	-
M1031	E	PT CLIN IND IMG HD				Not Allowed	\$0.00			000	999	-
M1032	E	ADT TKNG PHARMTHRY FOR OUD				Not Allowed	\$0.00			000	999	-
M1034	E	ADT 180 DYS PHARMTHRY OUD				Not Allowed	\$0.00			000	999	-
M1035	E	ADT PD OUT MAT PR 180 DYS TX				Not Allowed	\$0.00			000	999	-
M1036	E	ADT NO 180 DYS PHARMTHRY OUD				Not Allowed	\$0.00			000	999	-
M1037	E	PT DX LUM SP REG CACR				Not Allowed	\$0.00			000	999	-
M1038	E	PT DX LUM SP REG FRACT				Not Allowed	\$0.00			000	999	-
M1039	E	PT DX LUM SP REG INF				Not Allowed	\$0.00			000	999	-
M1040	E	PT DX LUM IDI OR CONG SCOL				Not Allowed	\$0.00			000	999	-
M1041	E	PT CR FT INF LM OR PT ID SL				Not Allowed	\$0.00			000	999	-
M1043	E	FS NO ODI 9-15MO				Not Allowed	\$0.00			000	999	-
M1045	E	FS OKS 9-15MO = 37				Not Allowed	\$0.00			000	999	-
M1046	E	FS OKS 9-15MO = 37				Not Allowed	\$0.00			000	999	-
M1049	E	FS WTH SCR NO ODI PRE AND P				Not Allowed	\$0.00			000	999	-
M1051	E	PT W/CANCER SCOLIOSIS				Not Allowed	\$0.00			000	999	-
M1052	E	LG PN NOT MEAS W/ VAS 1YR PO				Not Allowed	\$0.00			000	999	-
M1054	E	PT UC IN PP				Not Allowed	\$0.00			000	999	-
M1055	E	ASPIRIN USED				Not Allowed	\$0.00			000	999	-
M1056	E	PRESC ANTICO MED IN PP				Not Allowed	\$0.00			000	999	-
M1057	E	ASPIRIN NOT USED, NO RSN				Not Allowed	\$0.00			000	999	-
M1058	E	PT PRM NURS HM RES IN PP				Not Allowed	\$0.00			000	999	-
M1059	E	PT NO PRM NURS HM RES IN PP				Not Allowed	\$0.00			000	999	-
M1060	E	PT DIED IN PP				Not Allowed	\$0.00			000	999	-
M1067	E	HSPC PT PRV TIME MEAM PER				Not Allowed	\$0.00			000	999	-
M1068	E	PT NOT AMBULATORY				Not Allowed	\$0.00			000	999	-
M1069	E	PT SCR FT FALL RSK				Not Allowed	\$0.00			000	999	-
M1070	E	PT NOT SCRIN FUT FALL NO RSN				Not Allowed	\$0.00			000	999	-
M1071	E	PT HAD ADD'L SP PCR PERF				Not Allowed	\$0.00			000	999	-
M1106	E	START EOC DOC MED REC				Not Allowed	\$0.00			000	999	-
M1107	E	DOCU DX DEGEN NEURO				Not Allowed	\$0.00			000	999	-
M1108	E	OC NI PT 1-2 VIS				Not Allowed	\$0.00			000	999	-
M1109	E	OC NI PT DC 1-2 VIS				Not Allowed	\$0.00			000	999	-
M1110	E	OC NI PT SELFDC 1-2 VIS				Not Allowed	\$0.00			000	999	-
M1111	E	START EOC DOC MED REC				Not Allowed	\$0.00			000	999	-
M1112	E	DOCU DX DEGEN NEURO				Not Allowed	\$0.00			000	999	-
M1113	E	OC NI PT 1-2 VIS				Not Allowed	\$0.00			000	999	-
M1114	E	OC NI PT DC 1-2 VIS				Not Allowed	\$0.00			000	999	-
M1115	E	OC NI PT SELFDC 1-2 VIS				Not Allowed	\$0.00			000	999	-
M1116	E	START EOC DOC MED REC				Not Allowed	\$0.00			000	999	-
M1117	E	DOCU DX DEGEN NEURO				Not Allowed	\$0.00			000	999	-
M1118	E	OC NI PT 1-2 VIS				Not Allowed	\$0.00			000	999	-
M1119	E	OC NI PT DC 1-2 VIS				Not Allowed	\$0.00			000	999	-
M1120	E	OC NI PT SELFDC 1-2 VIS				Not Allowed	\$0.00			000	999	-
M1121	E	START EOC DOC MED REC				Not Allowed	\$0.00			000	999	-
M1122	E	DOCU DX DEGEN NEURO				Not Allowed	\$0.00			000	999	-
M1123	E	OC NI PT 1-2 VIS				Not Allowed	\$0.00			000	999	-
M1124	E	OC NI PT DC 1-2 VIS				Not Allowed	\$0.00			000	999	-

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M1125	E	OC NI PT SELFDC 1-2 VIS				Not Allowed	\$0.00			000	999	-
M1126	E	START EOC DOC MED REC				Not Allowed	\$0.00			000	999	-
M1127	E	DOCU DX DEGEN NEURO				Not Allowed	\$0.00			000	999	-
M1128	E	OC NI PT 1-2 VIS				Not Allowed	\$0.00			000	999	-
M1129	E	OC NI PT DC 1-2 VIS				Not Allowed	\$0.00			000	999	-
M1130	E	OC NI PT SELF DC 1-2 VIS				Not Allowed	\$0.00			000	999	-
M1131	E	DOCU DX DEGEN NEURO				Not Allowed	\$0.00			000	999	-
M1132	E	OC NI PT 1-2 VIS				Not Allowed	\$0.00			000	999	-
M1133	E	OC NI PT DC 1-2 VIS				Not Allowed	\$0.00			000	999	-
M1134	E	OC NI PT SELF DC 1-2 VIS				Not Allowed	\$0.00			000	999	-
M1135	E	START EOC DOC MED REC				Not Allowed	\$0.00			000	999	-
M1141	E	FS NO OKS				Not Allowed	\$0.00			000	999	-
M1142	E	EMERGE CASES				Not Allowed	\$0.00			000	999	-
M1143	E	NI REHAB MED CHIRO				Not Allowed	\$0.00			000	999	-
M1145	E	MFN DRUG ADD-ON, PER DOSE				Not Allowed	\$0.00			000	999	-
M1146	E	ONGOING CARE NOT IND				Not Allowed	\$0.00			000	999	-
M1147	E	CARE NOT POSS MED RSN				Not Allowed	\$0.00			000	999	-
M1148	E	PT SELF DSCHG				Not Allowed	\$0.00			000	999	-
M1149	E	NO NECK FS PROM INCAP				Not Allowed	\$0.00			000	999	-
P2028	Q	CEPHALIN FLOCULATION TEST				Medicare	\$8.25	\$5.12	\$4.95	000	999	-
P2029	Q	CONGO RED BLOOD TEST				Medicare	\$8.25	\$5.12	\$4.95	000	999	-
P2031	E	HAIR ANALYSIS				Not Allowed	\$0.00			000	999	-
P2033	Q	BLOOD THYMOL TURBIDITY				Medicare	\$8.25	\$5.12	\$4.95	000	999	-
P2038	Q	BLOOD MUCOPROTEIN				Medicare	\$8.25	\$5.12	\$4.95	000	999	-
P3000	Q	SCREEN PAP BY TECH W MD SUPV				Medicare	\$25.25	\$15.66	\$15.15	000	999	-
P3001	E	SCREENING PAP SMEAR BY PHYS				Not Allowed	\$0.00			000	999	-
P7001	E	CULTURE BACTERIAL URINE				Not Allowed	\$0.00			000	999	-
P9010	R	WHOLE BLOOD FOR TRANSFUSION		09510	1.8134	APC	\$102.71			000	999	-
P9011	R	BLOOD SPLIT UNIT		09520	1.7824	APC	\$100.96			000	999	-
P9012	R	CRYOPRECIPITATE EACH UNIT		09511	0.9644	APC	\$54.62			000	999	-
P9016	R	RBC LEUKOCYTES REDUCED		09512	2.2768	APC	\$128.96			000	999	-
P9017	R	PLASMA 1 DONOR FRZ W/IN 8 HR		09508	0.9984	APC	\$56.55			000	999	-
P9019	R	PLATELETS, EACH UNIT		09515	0.8610	APC	\$48.77			000	999	-
P9020	R	PLALET RICH PLASMA UNIT		09516	2.4156	APC	\$136.82			000	999	-
P9021	R	RED BLOOD CELLS UNIT		09517	1.6623	APC	\$94.15			000	999	-
P9022	R	WASHED RED BLOOD CELLS UNIT		09518	4.5878	APC	\$259.85			000	999	-
P9023	R	FROZEN PLASMA, POOLED, SD		09509	1.0767	APC	\$60.98			000	999	-
P9031	R	PLATELETS LEUKOCYTES REDUCED		09526	1.8107	APC	\$102.56			000	999	-
P9032	R	PLATELETS, IRRADIATED		09500	1.7113	APC	\$96.93			000	999	-
P9033	R	PLATELETS LEUKOREduced IRRAD		09521	2.5748	APC	\$145.84			000	999	-
P9034	R	PLATELETS, PHERESIS		09507	3.9131	APC	\$221.64			000	999	-
P9035	R	PLATELET PHERES LEUKOREduced		09501	5.8794	APC	\$333.01			000	999	-
P9036	R	PLATELET PHERESIS IRRADIATED		09502	7.3057	APC	\$413.79			000	999	-
P9037	R	PLATE PHERES LEUKOREDU IRRAD		09530	7.4560	APC	\$422.31			000	999	-
P9038	R	RBC IRRADIATED		09505	2.0449	APC	\$115.82			000	999	-
P9039	R	RBC DEGLYCEROLIZED		09504	5.2738	APC	\$298.71			000	999	-
P9040	R	RBC LEUKOREduced IRRADIATED		09522	3.1468	APC	\$178.23			000	999	-
P9041	K	ALBUMIN (HUMAN), 5%, 50ML		00961	0.1852	APC (blood and non-blood product codes)	\$10.49			000	999	-
P9043	R	PLASMA PROTEIN FRACT, 5%, 50ML		09514	0.0965	APC	\$9.98			000	999	-
P9044	R	CRYOPRECIPITATEREDUCEDPLASMA		09523	0.7935	APC	\$44.94			000	999	-
P9045	K	ALBUMIN (HUMAN), 5%, 250 ML		00963	0.9260	APC (blood and non-blood product codes)	\$52.45			000	999	-
P9046	K	ALBUMIN (HUMAN), 25%, 20 ML		00964	0.3704	APC (blood and non-blood product codes)	\$20.98			000	999	-
P9047	K	ALBUMIN (HUMAN), 25%, 50ML		00965	0.9260	APC (blood and non-blood product codes)	\$52.45			000	999	-
P9048	R	PLASMAPROTEIN FRACT, 5%, 250ML		09519	1.9366	APC	\$30.40			000	999	-
P9050	E	GRANULOCYTES, PHERESIS UNIT				Not Allowed	\$0.00			000	999	-
P9051	R	BLOOD, L/R, CMV-NEG		09524	2.5632	APC	\$145.18			000	999	-
P9052	R	PLATELETS, HLA-M, L/R, UNIT		09525	9.7248	APC	\$550.81			000	999	-

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**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
				APC	Weight							
P9053	R	PLT, PHER, L/R CMV-NEG, IRR		09531	5.4025	APC	\$306.00			000	999	-
P9054	R	BLOOD, L/R, FROZ/DEGLY/WASH		09527	3.7525	APC	\$212.54			000	999	-
P9055	R	PLT, APH/PHER, L/R, CMV-NEG		09528	5.7978	APC	\$328.39			000	999	-
P9056	R	BLOOD, L/R, IRRADIATED		09529	1.8619	APC	\$105.46			000	999	-
P9057	R	RBC, FRZ/DEG/WSH, L/R, IRRAD		09532	3.1473	APC	\$178.26			000	999	-
P9058	R	RBC, L/R, CMV-NEG, IRRAD		09533	2.9454	APC	\$166.83			000	999	-
P9059	R	PLASMA, FRZ BETWEEN 8-24HOUR		09513	0.8593	APC	\$48.67			000	999	-
P9060	R	FR FRZ PLASMA DONOR RETESTED		09503	0.7860	APC	\$44.52			000	999	-
P9070	R	PATHOGEN REDUCED PLASMA POOL		09534	0.6413	APC	\$36.32			000	999	-
P9071	R	PATHOGEN REDUCED PLASMA SING		09535	1.4834	APC	\$84.02			000	999	-
P9073	R	PLATELETS PHERESIS PATH REDU		09536	7.0518	APC	\$399.41			000	999	-
P9099	R	BLOOD COMPONENT/PRODUCT NOC		09537	0.0965	APC	\$5.47			000	999	-
P9100	S	PATHOGEN TEST FOR PLATELETS		05732	0.4087	APC	\$23.15			000	999	-
P9603	E	ONE-WAY ALLOW PRORATED MILES				Not Allowed	\$0.00			000	999	-
P9604	E	ONE-WAY ALLOW PRORATED TRIP				Not Allowed	\$0.00			000	999	-
P9612	M	CATHETERIZE FOR URINE SPEC				Medicare	\$5.00			000	999	-
P9615	N	URINE SPECIMEN COLLECT MULT				Bundled, sometimes payable	\$5.00			000	999	-
Q0035	N	CARDIOKYOGRAPHY		05732	0.4087	Bundled, sometimes payable	\$23.15			000	999	-
Q0081	E	INFUSION THER OTHER THAN CHE				Not Allowed	\$0.00			000	999	-
Q0083	E	CHEMO BY OTHER THAN INFUSION				Not Allowed	\$0.00			000	999	-
Q0084	E	CHEMOTHERAPY BY INFUSION				Not Allowed	\$0.00			000	999	-
Q0085	E	CHEMO BY BOTH INFUSION AND O				Not Allowed	\$0.00			000	999	-
Q0091	S	OBTAINING SCREEN PAP SMEAR		05731	0.2980	APC	\$16.88			000	999	-
Q0092	N	SET UP PORT XRAY EQUIPMENT				Bundled	\$0.00			000	999	-
Q0111	Q	WET MOUNTS/ W PREPARATIONS				Medicare	\$25.25	\$15.66	\$15.15	000	999	-
Q0112	Q	POTASSIUM HYDROXIDE PREPS				Medicare	\$9.72	\$6.03	\$5.83	000	999	-
Q0113	Q	PINWORM EXAMINATIONS				Medicare	\$7.12	\$4.41	\$4.27	000	999	-
Q0114	Q	FERN TEST				Medicare	\$16.23	\$10.06	\$9.74	000	999	-
Q0115	E	POST-COITAL MUCOUS EXAM				Not Allowed	\$0.00			000	999	-
Q0138	K	FERUMOXYTOL, NON-ESRD		01297	0.0165	APC (blood and non-blood product codes)	\$0.93			000	999	-
Q0139	K	FERUMOXYTOL, ESRD USE		01485	0.0165	APC (blood and non-blood product codes)	\$0.93			000	999	-
Q0144	E	AZITHROMYCIN DIHYDRATE, ORAL				Not Allowed	\$0.00			000	999	-
Q0161	N	CHLORPROMAZINE HCL 5MG ORAL				Bundled	\$0.00			000	999	-
Q0162	N	ONDANSETRON ORAL				Bundled	\$0.00			000	999	-
Q0163	N	DIPHENHYDRAMINE HCL 50MG				Bundled	\$0.00			000	999	-
Q0164	N	PROCHLORPERAZINE MALEATE 5MG				Bundled	\$0.00			000	999	-
Q0166	N	GRANISETRON HCL 1 MG ORAL				Bundled	\$0.00			000	999	-
Q0167	N	DRONABINOL 2.5MG ORAL				Bundled	\$0.00			000	999	-
Q0169	N	PROMETHAZINE HCL 12.5MG ORAL				Bundled	\$0.00			000	999	-
Q0173	N	TRIMETHOBENZAMIDE HCL 250MG				Bundled	\$0.00			000	999	-
Q0174	E	THIETHYLPERAZINE MALEATE10MG				Not Allowed	\$0.00			000	999	-
Q0175	N	PERPHENAZINE 4MG ORAL				Bundled	\$0.00			000	999	-
Q0177	N	HYDROXYZINE PAMOATE 25MG				Bundled	\$0.00			000	999	-
Q0180	N	DOLASETRON MESYLATE ORAL				Bundled	\$0.00			000	999	-
Q0181	N	UNSPECIFIED ORAL ANTI-EMETIC				Bundled	\$0.00			000	999	-
Q0239	M	BAMLANIVIMAB-XXXX				Fee Schedule	\$0.01			000	999	-
Q0243	M	CASIRIVIMAB AND IMDEVIMAB				Fee Schedule	\$0.01			000	999	-
Q0477	E	PWR MODULE PT CABLE LVAD RPL				Not Allowed	\$0.00			000	999	-
Q0478	E	POWER ADAPTER, COMBO VAD				Not Allowed	\$0.00			000	999	-
Q0479	E	POWER MODULE COMBO VAD, REP				Not Allowed	\$0.00			000	999	-
Q0480	E	DRIVER PNEUMATIC VAD, REP				Not Allowed	\$0.00			000	999	-
Q0481	E	MICROPRCSR CU ELEC VAD, REP				Not Allowed	\$0.00			000	999	-
Q0482	E	MICROPRCSR CU COMBO VAD, REP				Not Allowed	\$0.00			000	999	-
Q0483	E	MONITOR ELEC VAD, REP				Not Allowed	\$0.00			000	999	-
Q0484	E	MONITOR ELEC OR COMB VAD REP				Not Allowed	\$0.00			000	999	-
Q0485	E	MONITOR CABLE ELEC VAD, REP				Not Allowed	\$0.00			000	999	-
Q0486	E	MON CABLE ELEC/PNEUM VAD REP				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
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Q0487	E	LEADS ANY TYPE VAD, REP ONLY				Not Allowed	\$0.00			000	999	-
Q0488	E	PWR PACK BASE ELEC VAD, REP				Not Allowed	\$0.00			000	999	-
Q0489	E	PWR PCK BASE COMBO VAD, REP				Not Allowed	\$0.00			000	999	-
Q0490	E	EMR PWR SOURCE ELEC VAD, REP				Not Allowed	\$0.00			000	999	-
Q0491	E	EMR PWR SOURCE COMBO VAD REP				Not Allowed	\$0.00			000	999	-
Q0492	E	EMR PWR CBL ELEC VAD, REP				Not Allowed	\$0.00			000	999	-
Q0493	E	EMR PWR CBL COMBO VAD, REP				Not Allowed	\$0.00			000	999	-
Q0494	E	EMR HD PMP ELEC/COMBO, REP				Not Allowed	\$0.00			000	999	-
Q0495	E	CHARGER ELEC/COMBO VAD, REP				Not Allowed	\$0.00			000	999	-
Q0496	E	BATTERY ELEC/COMBO VAD, REP				Not Allowed	\$0.00			000	999	-
Q0497	E	BAT CLPS ELEC/COMB VAD, REP				Not Allowed	\$0.00			000	999	-
Q0498	E	HOLSTER ELEC/COMBO VAD, REP				Not Allowed	\$0.00			000	999	-
Q0499	E	BELT/VEST ELEC/COMBO VAD REP				Not Allowed	\$0.00			000	999	-
Q0500	E	FILTERS ELEC/COMBO VAD, REP				Not Allowed	\$0.00			000	999	-
Q0501	E	SHWR COV ELEC/COMBO VAD, REP				Not Allowed	\$0.00			000	999	-
Q0502	E	MOBILITY CART PNEUM VAD, REP				Not Allowed	\$0.00			000	999	-
Q0503	E	BATTERY PNEUM VAD REPLACEMNT				Not Allowed	\$0.00			000	999	-
Q0504	E	PWR ADPT PNEUM VAD, REP VEH				Not Allowed	\$0.00			000	999	-
Q0506	E	LITH-ION BATT ELEC/PNEUM VAD				Not Allowed	\$0.00			000	999	-
Q0507	E	MISC SUP/ACC EXT VAD				Not Allowed	\$0.00			000	999	-
Q0508	E	MIS SUP/ACC IMP VAD				Not Allowed	\$0.00			000	999	-
Q0509	E	MIS SUP/AC IMP VAD NOPAY MED				Not Allowed	\$0.00			000	999	-
Q0510	E	DISPENS FEE IMMUNOSUPPRESSIVE				Not Allowed	\$0.00			000	999	-
Q0511	E	SUP FEE ANTIEM,ANTICA,IMMUNO				Not Allowed	\$0.00			000	999	-
Q0512	E	PX SUP FEE ANTI-CAN SUB PRES				Not Allowed	\$0.00			000	999	-
Q0513	E	DISP FEE INHAL DRUGS/30 DAYS				Not Allowed	\$0.00			000	999	-
Q0514	E	DISP FEE INHAL DRUGS/90 DAYS				Not Allowed	\$0.00			000	999	-
Q0515	E	SERMORELIN ACETATE INJECTION				Not Allowed	\$0.00			000	999	-
Q1004	E	NTIOL CATEGORY 4				Not Allowed	\$0.00			000	999	-
Q1005	E	NTIOL CATEGORY 5				Not Allowed	\$0.00			000	999	-
Q2004	N	BLADDER CALCULI IRRIG SOL				Bundled	\$0.00			000	999	-
Q2009	N	FOSPHENYTOIN INJ PE				Bundled	\$0.00			000	999	-
Q2017	K	TENIPOSIDE, 50 MG		07035	46.7109	APC (blood and non-blood product codes)	\$2,645.71			000	999	-
Q2026	K	RADIESSE INJECTION		09094	4.5440	APC (blood and non-blood product codes)	\$257.37			000	999	-
Q2028	K	INJ, SCULPTRA, 0.5MG		09095	0.0440	APC (blood and non-blood product codes)	\$2.49			000	999	-
Q2033	E	INFLUENZA VACCINE, (FLUBLOK)				Not Allowed	\$0.00			018	049	-
Q2034	E	AGRIFLU VACCINE				Not Allowed	\$0.00			018	999	-
Q2035	M	AFLURIA VACC, 3 YRS >-, IM				Fee Schedule	\$18.57			019	999	-
Q2036	M	FLULAVAL VACC, 3 YRS >-, IM				Fee Schedule	\$16.07			019	999	-
Q2037	M	FLUVIRIN VACC, 3 YRS >-, IM				Fee Schedule	\$16.26			019	999	-
Q2038	M	FLUZONE VACC, 3 YRS >-, IM				Fee Schedule	\$17.56			019	999	-
Q2039	M	INFLUENZA VIRUS VACCINE, NOS				Charge Ratio	\$0.00			019	999	-
Q2041	G	AXICABTAGENE CILOLEUCEL CAR+		09035		APC – pays by fee schedule amount	\$395,380.00			000	999	-
Q2042	G	TISAGENLECLEUCEL CAR-POS T		09194		APC – pays by fee schedule amount	\$425,159.01			000	999	-
Q2043	K	SIPULEUCEL-T AUTO CD54+		09273	876.5785	APC (blood and non-blood product codes)	\$49,649.41			000	999	-
Q2047	E	PEGINESATIDE INJECTION				Not Allowed	\$0.00			000	999	-
Q2049	K	IMPORTED LIPODOX INJ		01421	5.4915	APC (blood and non-blood product codes)	\$311.04			000	999	-
Q2050	K	DOXORUBICIN INJ 10MG		07046	5.2755	APC (blood and non-blood product codes)	\$298.80			000	999	-
Q2052	E	IVIG DEMO, SERVICES/SUPPLIES				Not Allowed	\$0.00			000	999	-
Q3001	E	BRACHYTHERAPY RADIOELEMENTS				Not Allowed	\$0.00			000	999	-
Q3014	M	TELEHEALTH FACILITY FEE				Fee Schedule	\$27.02			000	999	-
Q3027	K	INJ BETA INTERFERON IM 1 MCG		01472	0.9608	APC (blood and non-blood product codes)	\$54.42			000	999	-
Q3028	E	INJ BETA INTERFERON SQ 1 MCG				Not Allowed	\$0.00			000	999	-
Q3031	N	COLLAGEN SKIN TEST				Bundled	\$0.00			000	999	-
Q4001	E	CAST SUP BODY CAST PLASTER				Not Allowed	\$0.00			000	999	-
Q4002	E	CAST SUP BODY CAST FIBERGLAS				Not Allowed	\$0.00			000	999	-
Q4003	E	CAST SUP SHOULDER CAST PLSTR				Not Allowed	\$0.00			011	999	-

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Q4004	E	CAST SUP SHOULDER CAST FBRGL				Not Allowed	\$0.00			011	999	-
Q4005	E	CAST SUP LONG ARM ADULT PLST				Not Allowed	\$0.00			011	999	-
Q4006	E	CAST SUP LONG ARM ADULT FBRG				Not Allowed	\$0.00			011	999	-
Q4007	E	CAST SUP LONG ARM PED PLSTER				Not Allowed	\$0.00			000	010	-
Q4008	E	CAST SUP LONG ARM PED FBRGLS				Not Allowed	\$0.00			000	010	-
Q4009	E	CAST SUP SHT ARM ADULT PLSTR				Not Allowed	\$0.00			011	999	-
Q4010	E	CAST SUP SHT ARM ADULT FBRGL				Not Allowed	\$0.00			011	999	-
Q4011	E	CAST SUP SHT ARM PED PLASTER				Not Allowed	\$0.00			000	010	-
Q4012	E	CAST SUP SHT ARM PED FBRGLAS				Not Allowed	\$0.00			000	010	-
Q4013	E	CAST SUP GAUNTLET PLASTER				Not Allowed	\$0.00			011	999	-
Q4014	E	CAST SUP GAUNTLET FIBERGLASS				Not Allowed	\$0.00			011	999	-
Q4015	E	CAST SUP GAUNTLET PED PLSTER				Not Allowed	\$0.00			000	010	-
Q4016	E	CAST SUP GAUNTLET PED FBRGLS				Not Allowed	\$0.00			000	010	-
Q4017	E	CAST SUP LNG ARM SPLINT PLST				Not Allowed	\$0.00			011	999	-
Q4018	E	CAST SUP LNG ARM SPLINT FBRG				Not Allowed	\$0.00			011	999	-
Q4019	E	CAST SUP LNG ARM SPLNT PED P				Not Allowed	\$0.00			000	010	-
Q4020	E	CAST SUP LNG ARM SPLNT PED F				Not Allowed	\$0.00			000	010	-
Q4021	E	CAST SUP SHT ARM SPLINT PLST				Not Allowed	\$0.00			011	999	-
Q4022	E	CAST SUP SHT ARM SPLINT FBRG				Not Allowed	\$0.00			011	999	-
Q4023	E	CAST SUP SHT ARM SPLNT PED P				Not Allowed	\$0.00			000	010	-
Q4024	E	CAST SUP SHT ARM SPLNT PED F				Not Allowed	\$0.00			000	010	-
Q4025	E	CAST SUP HIP SPICA PLASTER				Not Allowed	\$0.00			011	999	-
Q4026	E	CAST SUP HIP SPICA FIBERGLAS				Not Allowed	\$0.00			011	999	-
Q4027	E	CAST SUP HIP SPICA PED PLSTR				Not Allowed	\$0.00			000	010	-
Q4028	E	CAST SUP HIP SPICA PED FBRGL				Not Allowed	\$0.00			000	010	-
Q4029	E	CAST SUP LONG LEG PLASTER				Not Allowed	\$0.00			011	999	-
Q4030	E	CAST SUP LONG LEG FIBERGLASS				Not Allowed	\$0.00			011	999	-
Q4031	E	CAST SUP LNG LEG PED PLASTER				Not Allowed	\$0.00			000	010	-
Q4032	E	CAST SUP LNG LEG PED FBRGLS				Not Allowed	\$0.00			000	010	-
Q4033	E	CAST SUP LNG LEG CYLINDER PL				Not Allowed	\$0.00			011	999	-
Q4034	E	CAST SUP LNG LEG CYLINDER FB				Not Allowed	\$0.00			011	999	-
Q4035	E	CAST SUP LNGLEG CYLNDR PED P				Not Allowed	\$0.00			000	010	-
Q4036	E	CAST SUP LNGLEG CYLNDR PED F				Not Allowed	\$0.00			000	010	-
Q4037	E	CAST SUP SHRT LEG PLASTER				Not Allowed	\$0.00			011	999	-
Q4038	E	CAST SUP SHRT LEG FIBERGLASS				Not Allowed	\$0.00			011	999	-
Q4039	E	CAST SUP SHRT LEG PED PLSTER				Not Allowed	\$0.00			000	010	-
Q4040	E	CAST SUP SHRT LEG PED FBRGLS				Not Allowed	\$0.00			000	010	-
Q4041	E	CAST SUP LNG LEG SPLNT PLSTR				Not Allowed	\$0.00			011	999	-
Q4042	E	CAST SUP LNG LEG SPLNT FBRGL				Not Allowed	\$0.00			011	999	-
Q4043	E	CAST SUP LNG LEG SPLNT PED P				Not Allowed	\$0.00			000	010	-
Q4044	E	CAST SUP LNG LEG SPLNT PED F				Not Allowed	\$0.00			000	010	-
Q4045	E	CAST SUP SHT LEG SPLNT PLSTR				Not Allowed	\$0.00			011	999	-
Q4046	E	CAST SUP SHT LEG SPLNT FBRGL				Not Allowed	\$0.00			011	999	-
Q4047	E	CAST SUP SHT LEG SPLNT PED P				Not Allowed	\$0.00			000	010	-
Q4048	E	CAST SUP SHT LEG SPLNT PED F				Not Allowed	\$0.00			000	010	-
Q4049	E	FINGER SPLINT, STATIC				Not Allowed	\$0.00			000	999	-
Q4050	E	CAST SUPPLIES UNLISTED				Not Allowed	\$0.00			000	999	-
Q4051	E	SPLINT SUPPLIES MISC				Not Allowed	\$0.00			000	999	-
Q4074	E	ILOPROST NON-COMP UNIT DOSE				Not Allowed	\$0.00			000	999	-
Q4081	E	EPOETIN ALFA, 100 UNITS ESRD				Not Allowed	\$0.00			000	999	-
Q4082	E	DRUG/BIO NOC PART B DRUG CAP				Not Allowed	\$0.00			000	999	-
Q4100	N	SKIN SUBSTITUTE, NOS				Bundled	\$0.00			000	999	-
Q4101	N	APLIGRAF				Bundled	\$0.00			000	999	-
Q4102	N	OASIS WOUND MATRIX				Bundled	\$0.00			000	999	-
Q4103	N	OASIS BURN MATRIX				Bundled	\$0.00			000	999	-
Q4104	N	INTEGRA BMWWD				Bundled	\$0.00			000	999	-
Q4105	N	INTEGRA DRT OR OMNIGRAFT				Bundled	\$0.00			000	999	-

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Q4106	N	DERMAGRAFT				Bundled	\$0.00			000	999	-
Q4107	N	GRAFTJACKET				Bundled	\$0.00			000	999	-
Q4108	N	INTEGRA MATRIX				Bundled	\$0.00			000	999	-
Q4110	N	PRIMATRIX				Bundled	\$0.00			000	999	-
Q4111	N	GAMMAGRAFT				Bundled	\$0.00			000	999	-
Q4112	N	CYMETRA INJECTABLE				Bundled	\$0.00			000	999	-
Q4113	N	GRAFTJACKET XPRESS				Bundled	\$0.00			000	999	-
Q4114	N	INTEGRA FLOWABLE WOUND MATRI				Bundled	\$0.00			000	999	-
Q4115	N	ALLOSKIN				Bundled	\$0.00			000	999	-
Q4116	N	ALLODERM				Bundled	\$0.00			000	999	-
Q4117	N	HYALOMATRIX				Bundled	\$0.00			000	999	-
Q4118	N	MATRISTEM MICROMATRIX				Bundled	\$0.00			000	999	-
Q4121	N	THERASKIN				Bundled	\$0.00			000	999	-
Q4122	N	DERMACELL, AWM, POROUS SQ CM				Bundled	\$0.00			000	999	-
Q4123	N	ALLOSKIN				Bundled	\$0.00			000	999	-
Q4124	N	OASIS TRI-LAYER WOUND MATRIX				Bundled	\$0.00			000	999	-
Q4125	N	ARTHROFLEX				Bundled	\$0.00			000	999	-
Q4126	N	MEMODERM/DERMA/TRANZ/INTEGUP				Bundled	\$0.00			000	999	-
Q4127	N	TALYMED				Bundled	\$0.00			000	999	-
Q4128	N	FLEXHD/ALLOPATCHHD/MATRIXHD				Bundled	\$0.00			000	999	-
Q4130	N	STRATTICE TM				Bundled	\$0.00			000	999	-
Q4132	N	GRAFIX CORE, GRAFIXPL CORE				Bundled	\$0.00			000	999	-
Q4133	N	GRAFIX STRAVIX PRIME PL SQCM				Bundled	\$0.00			000	999	-
Q4134	N	HMATRIX				Bundled	\$0.00			000	999	-
Q4135	N	MEDISKIN				Bundled	\$0.00			000	999	-
Q4136	N	EZDERM				Bundled	\$0.00			000	999	-
Q4137	N	AMNIOEXCEL BIODEXCEL 1SQ CM				Bundled	\$0.00			000	999	-
Q4138	N	BIODFENCE DRYFLEX, 1CM				Bundled	\$0.00			000	999	-
Q4139	N	AMNIO OR BIODMATRIX, INJ 1CC				Bundled	\$0.00			000	999	-
Q4140	N	BIODFENCE 1CM				Bundled	\$0.00			000	999	-
Q4141	N	ALLOSKIN AC, 1 CM				Bundled	\$0.00			000	999	-
Q4142	N	XCM BIOLOGIC TISS MATRIX 1CM				Bundled	\$0.00			000	999	-
Q4143	N	REPRIZA, 1CM				Bundled	\$0.00			000	999	-
Q4145	N	EPIFIX, INJ, 1MG				Bundled	\$0.00			000	999	-
Q4146	N	TENSIX, 1CM				Bundled	\$0.00			000	999	-
Q4147	N	ARCHITECT ECM PX FX 1 SQ CM				Bundled	\$0.00			000	999	-
Q4148	N	NEOX NEOX RT OR CLARIX CORD				Bundled	\$0.00			000	999	-
Q4149	N	EXCELLAGEN, 0.1 CC				Bundled	\$0.00			000	999	-
Q4150	N	ALLOWRAP DS OR DRY 1 SQ CM				Bundled	\$0.00			000	999	-
Q4151	N	AMNIOBAND, GUARDIAN 1 SQ CM				Bundled	\$0.00			000	999	-
Q4152	N	DERMAPURE 1 SQUARE CM				Bundled	\$0.00			000	999	-
Q4153	N	DERMAVEST, PLURIVEST SQ CM				Bundled	\$0.00			000	999	-
Q4154	N	BIOVANCE 1 SQUARE CM				Bundled	\$0.00			000	999	-
Q4155	N	NEOXFLO OR CLARIXFLO 1 MG				Bundled	\$0.00			000	999	-
Q4156	N	NEOX 100 OR CLARIX 100				Bundled	\$0.00			000	999	-
Q4157	N	REVITALON 1 SQUARE CM				Bundled	\$0.00			000	999	-
Q4158	N	KERECIS OMEGA3, PER SQ CM				Bundled	\$0.00			000	999	-
Q4159	N	AFFINITY1 SQUARE CM				Bundled	\$0.00			000	999	-
Q4160	N	NUSHIELD 1 SQUARE CM				Bundled	\$0.00			000	999	-
Q4161	N	BIO-CONNKT PER SQUARE CM				Bundled	\$0.00			000	999	-
Q4162	N	WNDEX FLW, BIOSKN FLW, 0.5CC				Bundled	\$0.00			000	999	-
Q4163	N	WOUNDEX, BIOSKIN, PER SQ CM				Bundled	\$0.00			000	999	-
Q4164	N	HELICOLL, PER SQUARE CM				Bundled	\$0.00			000	999	-
Q4165	N	KERAMATRIX, KERASORB SQ CM				Bundled	\$0.00			000	999	-
Q4166	N	CYTAL, PER SQUARE CENTIMETER				Bundled	\$0.00			000	999	-
Q4167	N	TRUSKIN, PER SQ CENTIMETER				Bundled	\$0.00			000	999	-
Q4168	N	AMNIOBAND, 1 MG				Bundled	\$0.00			000	999	-

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**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Q4169	N	ARTACENT WOUND, PER SQ CM				Bundled	\$0.00			000	999	-
Q4170	N	CYGNUS, PER SQ CM				Bundled	\$0.00			000	999	-
Q4171	N	INTERFYL, 1 MG				Bundled	\$0.00			000	999	-
Q4173	N	PALINGEN OR PALINGEN XPLUS				Bundled	\$0.00			000	999	-
Q4174	N	PALINGEN OR PROMATRX				Bundled	\$0.00			000	999	-
Q4175	N	MIRODERM				Bundled	\$0.00			000	999	-
Q4176	N	NEOPATCH OR THERION, 1 SQ CM				Bundled	\$0.00			000	999	-
Q4177	N	FLOWERAMNIOFLO, 0.1 CC				Bundled	\$0.00			000	999	-
Q4178	N	FLOWERAMNIOPATCH, PER SQ CM				Bundled	\$0.00			000	999	-
Q4179	N	FLOWERDERM, PER SQ CM				Bundled	\$0.00			000	999	-
Q4180	N	REVITA, PER SQ CM				Bundled	\$0.00			000	999	-
Q4181	N	AMNIO WOUND, PER SQUARE CM				Bundled	\$0.00			000	999	-
Q4182	N	TRANSCYTE, PER SQ CENTIMETER				Bundled	\$0.00			000	999	-
Q4183	N	SURGIGRAFT, 1 SQ CM				Bundled	\$0.00			000	999	-
Q4184	N	CELLESTA OR DUO PER SQ CM				Bundled	\$0.00			000	999	-
Q4185	N	CELLESTA FLOWAB AMNION 0.5CC				Bundled	\$0.00			000	999	-
Q4186	N	EPIFIX 1 SQ CM				Bundled	\$0.00			000	999	-
Q4187	N	EPICORD 1 SQ CM				Bundled	\$0.00			000	999	-
Q4188	N	AMNIOARMOR 1 SQ CM				Bundled	\$0.00			000	999	-
Q4189	N	ARTACENT AC, 1 MG				Bundled	\$0.00			000	999	-
Q4190	N	ARTACENT AC 1 SQ CM				Bundled	\$0.00			000	999	-
Q4191	N	RESTORIGIN 1 SQ CM				Bundled	\$0.00			000	999	-
Q4192	N	RESTORIGIN, 1 CC				Bundled	\$0.00			000	999	-
Q4193	N	COLL-E-DERM 1 SQ CM				Bundled	\$0.00			000	999	-
Q4194	N	NOVACHOR 1 SQ CM				Bundled	\$0.00			000	999	-
Q4195	N	PURAPLY 1 SQ CM				Bundled	\$0.00			000	999	-
Q4196	N	PURAPLY AM 1 SQ CM				Bundled	\$0.00			000	999	-
Q4197	N	PURAPLY XT 1 SQ CM				Bundled	\$0.00			000	999	-
Q4198	N	GENESIS AMNIO MEMBRANE 1SQCM				Bundled	\$0.00			000	999	-
Q4200	N	SKIN TE 1 SQ CM				Bundled	\$0.00			000	999	-
Q4201	N	MATRION 1 SQ CM				Bundled	\$0.00			000	999	-
Q4202	N	KEROXX (2.5G/CC), 1CC				Bundled	\$0.00			000	999	-
Q4203	N	DERMA-GIDE, 1 SQ CM				Bundled	\$0.00			000	999	-
Q4204	N	XWRAP 1 SQ CM				Bundled	\$0.00			000	999	-
Q4205	E	MEMBRANE GRAFT OR WRAP SQ CM				Not Allowed	\$0.00			000	999	-
Q4206	E	FLUID FLOW OR FLUID GF 1 CC				Not Allowed	\$0.00			000	999	-
Q4208	E	NOVAFIX PER SQ CM				Not Allowed	\$0.00			000	999	-
Q4209	E	SURGRAFT PER SQ CM				Not Allowed	\$0.00			000	999	-
Q4210	E	AXOLOTL GRAF DUALGRAF SQ CM				Not Allowed	\$0.00			000	999	-
Q4211	E	AMNIO BIO OR AXOBIO SQ CM				Not Allowed	\$0.00			000	999	-
Q4212	E	ALLOGEN, PER CC				Not Allowed	\$0.00			000	999	-
Q4213	E	ASCENT, 0.5 MG				Not Allowed	\$0.00			000	999	-
Q4214	E	CELLESTA CORD PER SQ CM				Not Allowed	\$0.00			000	999	-
Q4215	E	AXOLOTL AMBIENT, CRYO 0.1 MG				Not Allowed	\$0.00			000	999	-
Q4216	E	ARTACENT CORD PER SQ CM				Not Allowed	\$0.00			000	999	-
Q4217	E	WOUNDFIX BIOWOUND PLUS XPLUS				Not Allowed	\$0.00			000	999	-
Q4218	E	SURGICORD PER SQ CM				Not Allowed	\$0.00			000	999	-
Q4219	E	SURGIGRAFT DUAL PER SQ CM				Not Allowed	\$0.00			000	999	-
Q4220	E	BELLACELL HD, SUREDERM SQ CM				Not Allowed	\$0.00			000	999	-
Q4221	E	AMNIOWRAP2 PER SQ CM				Not Allowed	\$0.00			000	999	-
Q4222	E	PROGENAMATRIX, PER SQ CM				Not Allowed	\$0.00			000	999	-
Q4226	E	MYOWN HARV PREP PROC SQ CM				Not Allowed	\$0.00			000	999	-
Q4227	N	AMNIOCORE PER SQ CM				Bundled	\$0.00			000	999	-
Q4228	N	BIONEXTPATCH, PER SQ CM				Bundled	\$0.00			000	999	-
Q4229	N	COGENEX AMNIO MEMB PER SQ CM				Bundled	\$0.00			000	999	-
Q4230	N	COGENEX FLOW AMNION 0.5 CC				Bundled	\$0.00			000	999	-
Q4231	N	CORPLEX P, PER CC				Bundled	\$0.00			000	999	-

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Q4232	N	CORPLEX, PER SQ CM				Bundled	\$0.00			000	999	-
Q4233	N	SURFACTOR /NUDYN PER 0.5 CC				Bundled	\$0.00			000	999	-
Q4234	N	XCELLERATE, PER SQ CM				Bundled	\$0.00			000	999	-
Q4235	N	AMNIOREPAIR OR ALTIPLY SQ CM				Bundled	\$0.00			000	999	-
Q4236	N	CAREPATCH PER SQ CM				Bundled	\$0.00			000	999	-
Q4237	N	CRYO-CORD, PER SQ CM				Bundled	\$0.00			000	999	-
Q4238	N	DERM-MAXX, PER SQ CM				Bundled	\$0.00			000	999	-
Q4239	N	AMNIO-MAXX OR LITE PER SQ CM				Bundled	\$0.00			000	999	-
Q4240	N	CORECYTE TOPICAL ONLY 0.5 CC				Bundled	\$0.00			000	999	-
Q4241	N	POLYCYTE, TOPICAL ONLY 0.5CC				Bundled	\$0.00			000	999	-
Q4242	N	AMNIOCYTE PLUS, PER 0.5 CC				Bundled	\$0.00			000	999	-
Q4244	N	PROCENTA, PER 200 MG				Bundled	\$0.00			000	999	-
Q4245	N	AMNIOTEXT, PER CC				Bundled	\$0.00			000	999	-
Q4246	N	CORETEXT OR PROTEXT, PER CC				Bundled	\$0.00			000	999	-
Q4247	N	AMNIOTEXT PATCH, PER SQ CM				Bundled	\$0.00			000	999	-
Q4248	N	DERMACYTE AMN MEM ALLO SQ CM				Bundled	\$0.00			000	999	-
Q4249	N	AMNPLY, PER SQ CM				Bundled	\$0.00			000	999	-
Q4250	N	AMNIOAMP-MP PER SQ CM				Bundled	\$0.00			000	999	-
Q4254	N	NOVAFIX DL PER SQ CM				Bundled	\$0.00			000	999	-
Q4255	N	REGUARD, TOPICAL USE PER SQ				Bundled	\$0.00			000	999	-
Q5001	M	HOSPICE OR HOME HLTH IN HOME				Fee Schedule	\$0.00			000	999	-
Q5002	M	HOSPICE/HOME HLTH IN ASST LV				Fee Schedule	\$0.00			000	999	-
Q5003	M	HOSPICE IN LT/NON-SKILLED NF				Fee Schedule	\$0.00			000	999	-
Q5004	M	HOSPICE IN SNF				Fee Schedule	\$0.00			000	999	-
Q5005	M	HOSPICE, INPATIENT HOSPITAL				Fee Schedule	\$0.00			000	999	-
Q5006	M	HOSPICE IN HOSPICE FACILITY				Fee Schedule	\$0.00			000	999	-
Q5007	M	HOSPICE IN LTCH				Fee Schedule	\$0.00			000	999	-
Q5008	M	HOSPICE IN INPATIENT PSYCH				Fee Schedule	\$0.00			000	999	-
Q5009	M	HOSPICE/HOME HLTH, PLACE NOS				Fee Schedule	\$0.00			000	999	-
Q5010	M	HOSPICE HOME CARE IN HOSPICE				Fee Schedule	\$0.00			000	999	-
Q5101	K	INJECTION, ZARXIO		01822	0.0073	APC (blood and non-blood product codes)	\$0.41			000	999	-
Q5103	K	INJECTION, INFLECTRA		01847	0.7602	APC (blood and non-blood product codes)	\$43.06			000	999	-
Q5104	G	INJECTION, RENFLEXIS		09036		APC – pays by fee schedule amount	\$42.09			000	999	-
Q5105	G	INJ RETACRIT ESRD ON DIALYSI		09096		APC – pays by fee schedule amount	\$0.86			000	999	-
Q5106	G	INJ RETACRIT NON-ESRD USE		09097		APC – pays by fee schedule amount	\$8.55			000	999	-
Q5107	K	INJ MVASI 10 MG		09329	1.0016	APC (blood and non-blood product codes)	\$56.73			000	999	-
Q5108	G	INJECTION, FULPHILA		09173		APC – pays by fee schedule amount	\$248.16			000	999	-
Q5109	E	INJECTION, IXIFI, 10 MG				Not Allowed	\$0.00			000	999	-
Q5110	G	NIVESTYM		09193		APC – pays by fee schedule amount	\$0.52			000	999	-
Q5111	G	INJECTION, UDENYCA 0.5 MG		09195		APC – pays by fee schedule amount	\$267.79			000	999	-
Q5112	G	INJ ONTRUZANT 10 MG		09382		APC – pays by fee schedule amount	\$88.17			000	999	-
Q5113	G	INJ HERZUMA 10 MG		09349		APC – pays by fee schedule amount	\$86.43			000	999	-
Q5114	K	INJ OGIVRI 10 MG		09341	1.2900	APC (blood and non-blood product codes)	\$73.06			000	999	-
Q5115	K	INJ TRUXIMA 10 MG		09336	1.2094	APC (blood and non-blood product codes)	\$68.50			000	999	-
Q5116	G	INJ., TRAZIMERA, 10 MG		09350		APC – pays by fee schedule amount	\$74.02			000	999	-
Q5117	K	INJ., KANJINTI, 10 MG		09330	1.2800	APC (blood and non-blood product codes)	\$72.50			000	999	-
Q5118	G	INJ., ZIRABEV, 10 MG		09348		APC – pays by fee schedule amount	\$59.47			000	999	-
Q5119	G	INJ RUXIENCE, 10 MG		09367		APC – pays by fee schedule amount	\$67.32			000	999	-
Q5120	G	INJ PEGFILGRASTIM-BMEZ 0.5MG		09345		APC – pays by fee schedule amount	\$297.96			000	999	-
Q5121	G	INJ. AVSOLA, 10 MG		09381		APC – pays by fee schedule amount	\$51.50			000	999	-
Q5122	E	INJ, NYVEPRIA				Not Allowed	\$0.00			000	999	-
Q9001	E	VA CHAPLAIN ASSESSMENT				Not Allowed	\$0.00			000	999	-
Q9002	E	VA CHAPLAIN COUNSEL INDIVIDU				Not Allowed	\$0.00			000	999	-
Q9003	E	VA CHAPLAIN COUNSEL GROUP				Not Allowed	\$0.00			000	999	-
Q9950	N	INJ SULF HEXA LIPID MICROSPH				Bundled	\$0.00			000	999	-
Q9951	N	LOCM >= 400 MG/ML IODINE,1ML				Bundled	\$0.00			000	999	-
Q9953	N	INJ FE-BASED MR CONTRAST,1ML				Bundled	\$0.00			000	999	-

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Q9954	N	ORAL MR CONTRAST, 100 ML				Bundled	\$0.00			000	999	-
Q9955	N	INJ PERFLEXANE LIP MICROS,ML				Bundled	\$0.00			000	999	-
Q9956	N	INJ OCTAFLUOROPROPANE MIC,ML				Bundled	\$0.00			000	999	-
Q9957	N	INJ PERFLUTREN LIP MICROS,ML				Bundled	\$0.00			000	999	-
Q9958	N	HOCM <=149 MG/ML IODINE, 1ML				Bundled	\$0.00			000	999	-
Q9959	N	HOCM 150-199MG/ML IODINE,1ML				Bundled	\$0.00			000	999	-
Q9960	N	HOCM 200-249MG/ML IODINE,1ML				Bundled	\$0.00			000	999	-
Q9961	N	HOCM 250-299MG/ML IODINE,1ML				Bundled	\$0.00			000	999	-
Q9962	N	HOCM 300-349MG/ML IODINE,1ML				Bundled	\$0.00			000	999	-
Q9963	N	HOCM 350-399MG/ML IODINE,1ML				Bundled	\$0.00			000	999	-
Q9964	N	HOCM>= 400MG/ML IODINE, 1ML				Bundled	\$0.00			000	999	-
Q9965	N	LOCM 100-199MG/ML IODINE,1ML				Bundled	\$0.00			000	999	-
Q9966	N	LOCM 200-299MG/ML IODINE,1ML				Bundled	\$0.00			000	999	-
Q9967	N	LOCM 300-399MG/ML IODINE,1ML				Bundled	\$0.00			000	999	-
Q9968	K	VISUALIZATION ADJUNCT		01446	0.1095	APC (blood and non-blood product codes)	\$6.20			000	999	-
Q9969	K	NON-HEU TC-99M ADD-ON/DOSE		01442	0.1766	APC (blood and non-blood product codes)	\$10.00			000	999	-
Q9982	N	FLUTEMETAMOL F18 DIAGNOSTIC				Bundled	\$0.00			000	999	-
Q9983	N	FLORBETABEN F18 DIAGNOSTIC				Bundled	\$0.00			000	999	-
Q9991	G	BUPRENORPH XR 100 MG OR LESS		09073		APC – pays by fee schedule amount	\$1,737.26			000	999	-
Q9992	G	BUPRENORPHINE XR OVER 100 MG		09239		APC – pays by fee schedule amount	\$1,737.26			000	999	-
R0070	E	TRANSPORT PORTABLE X-RAY				Not Allowed	\$0.00			000	999	-
R0075	E	TRANSPORT PORT X-RAY MULTIPL				Not Allowed	\$0.00			000	999	-
R0076	E	TRANSPORT PORTABLE EKG				Not Allowed	\$0.00			000	999	-
S0073	E	INJECTION, AZTREONAM, 500 MG				Not Allowed	\$0.00			000	999	-
S0074	E	INJECTION, CEFOTETAN DISODIU				Not Allowed	\$0.00			000	999	-
S0078	E	INJECTION, FOSPHENYTOIN SODI				Not Allowed	\$0.00			000	999	-
S0080	E	INJECTION, PENTAMIDINE ISETH				Not Allowed	\$0.00			000	999	-
S0081	E	INJECTION, PIPERACILLIN SODI				Not Allowed	\$0.00			000	999	-
S0086	E	INJECTION, VERTEPORFIN, 15MG				Not Allowed	\$0.00			000	999	-
S0088	E	IMATINIB 100 MG				Not Allowed	\$0.00			000	999	-
S0090	E	SILDENAFIL CITRATE, 25 MG				Not Allowed	\$0.00			000	999	-
S0106	E	BUPROPION HCL SR 60 TABLETS				Not Allowed	\$0.00			000	999	-
S0108	E	MERCAPTOPYRINE ORAL 50 MG				Not Allowed	\$0.00			000	999	-
S0117	E	TRETINOIN TOPICAL 5 G				Not Allowed	\$0.00			000	999	-
S0122	E	INJECTION MENOTROPINS 75 IU				Not Allowed	\$0.00			000	999	-
S0126	E	INJECTION FOLLITROPIN ALFA 75 IU				Not Allowed	\$0.00			000	999	-
S0128	E	INJECTION FOLLITROPIN BETA 75 IU				Not Allowed	\$0.00			000	999	-
S0132	E	INJECTION GANIRELIX ACETATE 250 MCG				Not Allowed	\$0.00			000	999	-
S0145	E	PEG INTERFERON ALFA-2A/180				Not Allowed	\$0.00			000	999	-
S0155	E	EPOPROSTENOL DILUTANT				Not Allowed	\$0.00			000	999	-
S0156	E	EXEMESTANE, 25 MG				Not Allowed	\$0.00			000	999	-
S0157	E	BECAPLERMIN GEL 1%, 0.5 GM				Not Allowed	\$0.00			000	999	-
S0160	E	DEXTROAMPHETAMINE				Not Allowed	\$0.00			000	999	-
S0164	E	INJECTION PANTROPRAZOLE				Not Allowed	\$0.00			000	999	-
S0170	E	ANASTROZOLE 1 MG				Not Allowed	\$0.00			000	999	-
S0171	E	BUMETANIDE 0.5 MG				Not Allowed	\$0.00			000	999	-
S0172	E	CHLORAMBUCIL 2 MG				Not Allowed	\$0.00			000	999	-
S0174	E	DOLASETRON 50 MG				Not Allowed	\$0.00			000	999	-
S0175	E	FLUTAMIDE 125 MG				Not Allowed	\$0.00			000	999	-
S0176	E	HYDROXYUREA 500 MG				Not Allowed	\$0.00			000	999	-
S0177	E	LEVAMISOLE 50 MG				Not Allowed	\$0.00			000	999	-
S0178	E	LOMUSTINE 10 MG				Not Allowed	\$0.00			000	999	-
S0179	E	MEGESTROL 20 MG				Not Allowed	\$0.00			000	999	-
S0182	E	PROCARBAZINE 5 MG				Not Allowed	\$0.00			000	999	-
S0183	E	PROCHLORPERAZINE 5 MG				Not Allowed	\$0.00			000	999	-
S0187	E	TAMOXIFEN 10 MG				Not Allowed	\$0.00			000	999	-
S0189	E	TESTOSTERONE PELLETT 75 MG				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
Outpatient Prospective Payment System Services
January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
S0194	E	VITAMIN SUPPL 100 CAPS				Not Allowed	\$0.00			000	999	-
S0208	E	PARAMED INTRCEPT NONVOL				Not Allowed	\$0.00			000	999	-
S0209	E	WC VAN MILEAGE PER MI				Not Allowed	\$0.00			000	999	-
S0215	E	NONEMERG TRANSP MILEAGE				Not Allowed	\$0.00			000	999	-
S0220	E	MEDICAL CONFERENCE BY PHYSIC				Not Allowed	\$0.00			000	999	-
S0221	E	MEDICAL CONFERENCE, 60 MIN				Not Allowed	\$0.00			000	999	-
S0250	E	COMP GERIATR ASSMT TEAM				Not Allowed	\$0.00			000	999	-
S0255	E	HOSPICE REFER VISIT NONMD				Not Allowed	\$0.00			000	999	-
S0257	E	END OF LIFE COUNSELING				Not Allowed	\$0.00			000	999	-
S0260	E	H&P FOR SURGERY				Not Allowed	\$0.00			000	999	-
S0265	E	GENETIC COUNSEL 15 MINS				Not Allowed	\$0.00			000	999	-
S0280	E	MEDICAL HOME, INITIAL PLAN				Not Allowed	\$0.00			000	999	-
S0302	E	COMPLETED EPSDT				Not Allowed	\$0.00			000	999	-
S0310	E	HOSPITALIST VISIT				Not Allowed	\$0.00			000	999	-
S0340	E	LIFESTYLE MOD 1ST STAGE				Not Allowed	\$0.00			000	999	-
S0341	E	LIFESTYLE MOD 2 OR 3 STAGE				Not Allowed	\$0.00			000	999	-
S0342	E	LIFESTYLE MOD 4TH STAGE				Not Allowed	\$0.00			000	999	-
S0353	E	CANCER TREATMENT PLAN INITIAL				Not Allowed	\$0.00			000	999	-
S0354	E	CANCER TREATMENT PLAN CHANGE				Not Allowed	\$0.00			000	999	-
S0390	E	ROUTINE FOOT CARE PER VISIT				Not Allowed	\$0.00			000	999	-
S0395	E	IMPRESSION CASTING FT				Not Allowed	\$0.00			000	999	-
S0400	E	GLOBAL ESWL KIDNEY				Not Allowed	\$0.00			000	999	-
S0500	E	DISPOS CONT LENS				Not Allowed	\$0.00			000	999	-
S0504	E	SINGL PRSCR LENS				Not Allowed	\$0.00			000	999	-
S0506	E	BIFOC PRSCR LENS				Not Allowed	\$0.00			000	999	-
S0508	E	TRIFOC PRSCR LENS				Not Allowed	\$0.00			000	999	-
S0510	E	NON-PRSCR LENS				Not Allowed	\$0.00			000	999	-
S0512	E	DAILY CONT LENS				Not Allowed	\$0.00			000	999	-
S0514	E	COLOR CONT LENS				Not Allowed	\$0.00			000	999	-
S0516	E	SAFETY FRAMES				Not Allowed	\$0.00			000	999	-
S0518	E	SUNGLASS FRAMES				Not Allowed	\$0.00			000	999	-
S0580	E	POLYCARB LENS				Not Allowed	\$0.00			000	999	-
S0581	E	NONSTD LENS				Not Allowed	\$0.00			000	999	-
S0590	E	MISC INTEGRAL LENS SERV				Not Allowed	\$0.00			000	999	-
S0592	E	COMP CONT LENS EVAL				Not Allowed	\$0.00			000	999	-
S0596	E	PHAKIC IOL REFRACTIVE ERROR				Not Allowed	\$0.00			000	999	-
S0601	E	SCREENING PROCTOSCOPY				Not Allowed	\$0.00			000	999	-
S0610	E	ANNUAL GYNECOLOGICAL EXAMINA				Not Allowed	\$0.00			000	999	-
S0612	E	ANNUAL GYNECOLOGICAL EXAMINA				Not Allowed	\$0.00			000	999	-
S0618	E	AUDIOMETRY FOR HEARING AID				Not Allowed	\$0.00			000	999	-
S0620	E	ROUTINE OPHTHALMOLOGICAL EXA				Not Allowed	\$0.00			000	999	-
S0621	E	ROUTINE OPHTHALMOLOGICAL EXA				Not Allowed	\$0.00			000	999	-
S0622	E	PHYS EXAM FOR COLLEGE				Not Allowed	\$0.00			000	999	-
S0630	E	REMOVAL OF SUTURES				Not Allowed	\$0.00			000	999	-
S0800	E	LASER IN SITU KERATOMILEUSIS				Not Allowed	\$0.00			000	999	-
S0810	E	PHOTOREFRACTIVE KERATECTOMY				Not Allowed	\$0.00			000	999	-
S0812	E	PHOTOTHERAP KERATECT				Not Allowed	\$0.00			000	999	-
S1001	E	DELUXE ITEM				Not Allowed	\$0.00			000	999	-
S1002	E	CUSTOM ITEM				Not Allowed	\$0.00			000	999	-
S1015	E	IV TUBING EXTENSION SET				Not Allowed	\$0.00			000	999	-
S1016	E	NON-PVC INTRAVENOUS ADMINIST				Not Allowed	\$0.00			000	999	-
S1030	E	GLUC MONITOR PURCHASE				Not Allowed	\$0.00			000	999	-
S1031	E	GLUC MONITOR RENTAL				Not Allowed	\$0.00			000	999	-
S2053	E	TRANSPLANTATION OF SMALL INT				Not Allowed	\$0.00			000	999	-
S2054	E	TRANSPLANTATION OF MULTIVISC				Not Allowed	\$0.00			000	999	-
S2055	E	HARVESTING OF DONOR MULTIVIS				Not Allowed	\$0.00			000	999	-
S2060	E	LOBAR LUNG TRANSPLANTATION				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
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January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
S2061	E	DONOR LOBECTOMY (LUNG)				Not Allowed	\$0.00			000	999	-
S2065	E	SIMULT PANC KIDN TRANS				Not Allowed	\$0.00			000	999	-
S2068	E	BREAST DIEP FLAP RECONSTRUCT				Not Allowed	\$0.00			000	999	-
S2070	E	CYSTO LASER TX URETERAL CALC				Not Allowed	\$0.00			000	999	-
S2079	E	LAP ESOPHAGOMYOTOMY				Not Allowed	\$0.00			000	999	-
S2080	E	LAUP				Not Allowed	\$0.00			000	999	-
S2083	E	ADJUSTMENT GASTRIC BAND				Not Allowed	\$0.00			000	999	-
S2095	E	TRASCATH EMBOLIZ MICROSPHER				Not Allowed	\$0.00			000	999	-
S2102	E	ISLET CELL TISSUE TRANSPLANT				Not Allowed	\$0.00			000	999	-
S2103	E	ADRENAL TISSUE TRANSPLANT				Not Allowed	\$0.00			000	999	-
S2107	E	ADOPTIVE IMMUNOTHERAPY				Not Allowed	\$0.00			000	999	-
S2109	E	AUTOLOGOUS CHONDROCYTE TRANSPLANTATION				Not Allowed	\$0.00			000	999	-
S2112	E	KNEE ARTHROSCP HARV				Not Allowed	\$0.00			000	999	-
S2115	E	PERIACETABULAR OSTEOTOMY				Not Allowed	\$0.00			000	999	-
S2120	E	LOW DENSITY LIPOPROTEIN(LDL)				Not Allowed	\$0.00			000	999	-
S2140	E	CORD BLOOD HARVESTING				Not Allowed	\$0.00			000	999	-
S2142	E	CORD BLOOD-DERIVED STEM-CELL				Not Allowed	\$0.00			000	999	-
S2150	E	BMT HARV/TRANSPL 28D PKG				Not Allowed	\$0.00			000	999	-
S2152	E	SOLID ORGAN TRANSPL PKG				Not Allowed	\$0.00			000	999	-
S2202	E	ECHOSCLEROTHERAPY				Not Allowed	\$0.00			000	999	-
S2205	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed	\$0.00			000	999	-
S2206	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed	\$0.00			000	999	-
S2207	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed	\$0.00			000	999	-
S2208	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed	\$0.00			000	999	-
S2209	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed	\$0.00			000	999	-
S2225	E	MYRINGOTOMY LASER-ASSIST				Not Allowed	\$0.00			000	999	-
S2230	E	IMPLANT SEMI-IMP HEAR				Not Allowed	\$0.00			000	999	-
S2235	E	IMPLANT AUDITORY BRAIN IMP				Not Allowed	\$0.00			000	999	-
S2260	E	INDUCED ABORTION 17-24 WEEKS				Not Allowed	\$0.00			000	999	-
S2300	E	ARTHROSCOPY, SHOULDER, SURGI				Not Allowed	\$0.00			000	999	-
S2340	E	CHEMODENERVATION OF ABDUCTOR				Not Allowed	\$0.00			000	999	-
S2341	E	CHEMODENERV ADDUCT VOCAL				Not Allowed	\$0.00			000	999	-
S2342	E	NASAL ENDOSCP PO DEBRID				Not Allowed	\$0.00			000	999	-
S2348	E	DECOMPRESS DISC RF LUMBAR				Not Allowed	\$0.00			000	999	-
S2350	E	DISKECTOMY, ANTERIOR, WITH D				Not Allowed	\$0.00			000	999	-
S2351	E	DISKECTOMY, ANTERIOR, WITH D				Not Allowed	\$0.00			000	999	-
S2400	E	FETAL SURG CONGEN HERNIA				Not Allowed	\$0.00			000	999	-
S2401	E	FETAL SURG URIN TRAC OBSTR				Not Allowed	\$0.00			000	999	-
S2402	E	FETAL SURG CONG CYST MALF				Not Allowed	\$0.00			000	999	-
S2403	E	FETAL SURG PULMON SEQUEST				Not Allowed	\$0.00			000	999	-
S2404	E	FETAL SURG MYELOMENINGO				Not Allowed	\$0.00			000	999	-
S2405	E	FETAL SURG SACROCOC TERATOMA				Not Allowed	\$0.00			000	999	-
S2409	E	FETAL SURG NOC				Not Allowed	\$0.00			000	999	-
S2411	E	FETOSCP LASER THER TTTS				Not Allowed	\$0.00			000	999	-
S2900	E	ROBOTIC SURGICAL SYSTEM				Not Allowed	\$0.00			000	999	-
S3600	E	STAT LAB				Not Allowed	\$0.00			000	999	-
S3601	E	STAT LAB HOME/NF				Not Allowed	\$0.00			000	999	-
S3620	E	NEWBORN METABOLIC SCREENING				Not Allowed	\$0.00			000	001	-
S3630	E	EOSINOPHIL BLOOD COUNT				Not Allowed	\$0.00			000	999	-
S3645	E	HIV-1 ANTIBODY TESTING OF OR				Not Allowed	\$0.00			000	999	-
S3650	E	SALIVA TEST, HORMONE LEVEL;				Not Allowed	\$0.00			000	999	-
S3652	E	SALIVA TEST, HORMONE LEVEL;				Not Allowed	\$0.00			000	999	-
S3708	E	GASTROINTESTINAL FAT ABSORPT				Not Allowed	\$0.00			000	999	-
S3853	E	GENE TEST MYO MUSCLR DYST				Not Allowed	\$0.00			000	999	-
S3900	E	SURFACE EMG				Not Allowed	\$0.00			000	999	-
S3902	E	BALLISTOCARDIOGRAM				Not Allowed	\$0.00			000	999	-

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

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

**Montana Healthcare Programs Fee Schedule
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January 1, 2021**

Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
S5551	E	INSULIN MOST RAPID 5 U				Not Allowed	\$0.00			000	999	-
S5552	E	INSULIN INTERMED 5 U				Not Allowed	\$0.00			000	999	-
S5553	E	INSULIN LONG ACTING 5 U				Not Allowed	\$0.00			000	999	-
S5560	E	INSULIN REUSE PEN 1.5 ML				Not Allowed	\$0.00			000	999	-
S5561	E	INSULIN REUSE PEN 3 ML				Not Allowed	\$0.00			000	999	-
S5565	E	INSULIN CARTRIDGE 150 U				Not Allowed	\$0.00			000	999	-
S5566	E	INSULIN CARTRIDGE 300 U				Not Allowed	\$0.00			000	999	-
S5570	E	INSULIN DISPOS PEN 1.5 ML				Not Allowed	\$0.00			000	999	-
S5571	E	INSULIN DISPOS PEN 3 ML				Not Allowed	\$0.00			000	999	-
S8030	E	TANTALUM RING APPLICATION				Not Allowed	\$0.00			000	999	-
S8035	E	MAGNETIC SOURCE IMAGING				Not Allowed	\$0.00			000	999	-
S8037	E	MRCP				Not Allowed	\$0.00			000	999	-
S8040	E	TOPOGRAPHIC BRAIN MAPPING				Not Allowed	\$0.00			000	999	-
S8042	E	MAGNETIC RESONANCE IMAGING (MRI) LOW-FIELD				Not Allowed	\$0.00			000	999	-
S8055	E	US GUIDANCE FETAL REDUCT				Not Allowed	\$0.00			000	999	-
S8080	E	SCINTIMAMMOGRAPHY				Not Allowed	\$0.00			000	999	-
S8085	E	FLUORINE-18 FLUORODEOXYGLUCO				Not Allowed	\$0.00			000	999	-
S8092	E	ELECTRON BEAM COMPUTED TOMOG				Not Allowed	\$0.00			000	999	-
S8096	E	PORTABLE PEAK FLOW METER				Not Allowed	\$0.00			000	999	-
S8097	E	ASTHMA KIT				Not Allowed	\$0.00			000	999	-
S8100	E	SPACER WITHOUT MASK				Not Allowed	\$0.00			000	999	-
S8101	E	SPACER WITH MASK				Not Allowed	\$0.00			000	999	-
S8110	E	PEAK EXPIRATORY FLOW RATE (P				Not Allowed	\$0.00			000	999	-
S8120	E	O2 CONTENTS GAS CUBIC FT				Not Allowed	\$0.00			000	999	-
S8121	E	O2 CONTENTS LIQUID LB				Not Allowed	\$0.00			000	999	-
S8185	E	FLUTTER DEVICE				Not Allowed	\$0.00			000	999	-
S8186	E	SWIVEL ADAPTOR				Not Allowed	\$0.00			000	999	-
S8189	E	TRACH SUPPLY NOC				Not Allowed	\$0.00			000	999	-
S8205	E	CHEST COMPRESSION SYSTEM GEN				Not Allowed	\$0.00			000	999	-
S8210	E	MUCUS TRAP				Not Allowed	\$0.00			000	999	-
S8265	E	HABERMAN FEEDER FOR CLEFT LIP/PALATE				Not Allowed	\$0.00			000	999	-
S8270	E	ENURESIS ALARM				Not Allowed	\$0.00			000	999	-
S8300	E	SACRAL NERVE STIMULATION TEST LEAD KIT				Not Allowed	\$0.00			000	999	-
S8301	E	INFECT CONTROL SUPPLIES NOS				Not Allowed	\$0.00			000	999	-
S8400	E	INCONTINENCE PANTS, EACH				Not Allowed	\$0.00			000	999	-
S8402	E	DIAPERS, EACH				Not Allowed	\$0.00			000	999	-
S8415	E	SUPPLIES FOR HOME DELIVERY				Not Allowed	\$0.00			000	999	-
S8420	E	CUSTOM GRADIENT SLEEV/GLOV				Not Allowed	\$0.00			000	999	-
S8421	E	READY GRADIENT SLEEV/GLOV				Not Allowed	\$0.00			000	999	-
S8422	E	CUSTOM GRAD SLEEVE MED				Not Allowed	\$0.00			000	999	-
S8423	E	CUSTOM GRAD SLEEVE HEAVY				Not Allowed	\$0.00			000	999	-
S8424	E	READY GRADIENT SLEEVE				Not Allowed	\$0.00			000	999	-
S8425	E	CUSTOM GRAD GLOVE MED				Not Allowed	\$0.00			000	999	-
S8426	E	CUSTOM GRAD GLOVE HEAVY				Not Allowed	\$0.00			000	999	-
S8427	E	READY GRADIENT GLOVE				Not Allowed	\$0.00			000	999	-
S8428	E	READY GRADIENT GAUNTLET				Not Allowed	\$0.00			000	999	-
S8429	E	GRADIENT PRESSURE WRAP				Not Allowed	\$0.00			000	999	-
S8430	E	PADDING FOR COMPRSSN BDG				Not Allowed	\$0.00			000	999	-
S8431	E	COMPRESSION BANDAGE				Not Allowed	\$0.00			000	999	-
S8450	E	SPLINT DIGIT				Not Allowed	\$0.00			000	999	-
S8451	E	SPLINT WRIST OR ANKLE				Not Allowed	\$0.00			000	999	-
S8452	E	SPLINT ELBOW				Not Allowed	\$0.00			000	999	-
S8490	E	100 INSULIN SYRINGES				Not Allowed	\$0.00			000	999	-
S8930	E	AURICULAR ELECTROSTIMULATION				Not Allowed	\$0.00			000	999	-
S8948	E	LOW-LEVEL LASER TRMT 15 MIN				Not Allowed	\$0.00			000	999	-
S8950	E	COMPLEX LYMPHEDEMA THERAPY,				Not Allowed	\$0.00			000	999	-
S8999	E	RESUSCITATION BAG				Not Allowed	\$0.00			000	999	-

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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
S9001	E	HOME UTERINE MONITOR WITH OR				Not Allowed	\$0.00			000	999	-
S9007	E	ULTRAFILTRATION MONITOR				Not Allowed	\$0.00			000	999	-
S9024	E	PARANASAL SINUS ULTRASOUND				Not Allowed	\$0.00			000	999	-
S9025	E	OMNICARDIOGRAM/CARDIOINTEGRA				Not Allowed	\$0.00			000	999	-
S9034	E	ESWL FOR GALLSTONES				Not Allowed	\$0.00			000	999	-
S9055	E	PROCUREN OR OTHER GROWTH FAC				Not Allowed	\$0.00			000	999	-
S9056	E	COMA STIMULATION PER DIEM				Not Allowed	\$0.00			000	999	-
S9061	E	MEDICAL SUPPLIES AND EQUIPME				Not Allowed	\$0.00			000	999	-
S9083	E	URGENT CARE CENTER GLOBAL				Not Allowed	\$0.00			000	999	-
S9088	E	SERVICES PROVIDED IN URGENT				Not Allowed	\$0.00			000	999	-
S9090	E	VERTEBRAL AXIAL DECOMPRESSIO				Not Allowed	\$0.00			000	999	-
S9097	E	HOME VISIT FOR WOUND CARE				Not Allowed	\$0.00			000	999	-
S9098	E	HOME PHOTOTHERAPY VISIT				Not Allowed	\$0.00			000	999	-
S9109	E	CHF TELEMONITORING MONTH				Not Allowed	\$0.00			000	999	-
S9117	E	BACK SCHOOL VISIT				Not Allowed	\$0.00			000	999	-
S9122	E	HOME HEALTH AIDE OR CERTIFIE				Not Allowed	\$0.00			000	999	-
S9123	E	NURSING CARE IN HOME RN				Not Allowed	\$0.00			000	999	-
S9124	E	NURSING CARE, IN THE HOME; B				Not Allowed	\$0.00			000	999	-
S9125	E	RESPIRE CARE, IN THE HOME, P				Not Allowed	\$0.00			000	999	-
S9126	E	HOSPICE CARE, IN THE HOME, P				Not Allowed	\$0.00			000	999	-
S9127	E	SOCIAL WORK VISIT, IN THE HO				Not Allowed	\$0.00			000	999	-
S9128	E	SPEECH THERAPY, IN THE HOME,				Not Allowed	\$0.00			000	999	-
S9129	E	OCCUPATIONAL THERAPY, IN THE				Not Allowed	\$0.00			000	999	-
S9131	E	PT IN THE HOME PER DIEM				Not Allowed	\$0.00			000	999	-
S9140	E	DIABETIC MANAGEMENT PROGRAM,				Not Allowed	\$0.00			000	999	-
S9141	E	DIABETIC MANAGEMENT PROGRAM,				Not Allowed	\$0.00			000	999	-
S9145	E	INSULIN PUMP INITIATION				Not Allowed	\$0.00			000	999	-
S9208	E	HOME MGMT PRETERM LABOR				Not Allowed	\$0.00			000	999	-
S9209	E	HOME MGMT PPROM				Not Allowed	\$0.00			000	999	-
S9211	E	HOME MGMT GEST HYPERTENSION				Not Allowed	\$0.00			000	999	-
S9212	E	HM POSTPAR HYPERTEN PER DIEM				Not Allowed	\$0.00			000	999	-
S9213	E	HM PREECLAMP PER DIEM				Not Allowed	\$0.00			000	999	-
S9214	E	HM GEST DM PER DIEM				Not Allowed	\$0.00			000	999	-
S9325	E	HIT PAIN MGMT PER DIEM				Not Allowed	\$0.00			000	999	-
S9326	E	HIT CONT PAIN PER DIEM				Not Allowed	\$0.00			000	999	-
S9327	E	HIT INT PAIN PER DIEM				Not Allowed	\$0.00			000	999	-
S9328	E	HIT PAIN IMP PUMP DIEM				Not Allowed	\$0.00			000	999	-
S9329	E	HIT CHEMO PER DIEM				Not Allowed	\$0.00			000	999	-
S9330	E	HIT CONT CHEM DIEM				Not Allowed	\$0.00			000	999	-
S9331	E	HIT INTERMIT CHEMO DIEM				Not Allowed	\$0.00			000	999	-
S9336	E	HIT CONT ANTICOAG DIEM				Not Allowed	\$0.00			000	999	-
S9338	E	HIT IMMUNOTHERAPY DIEM				Not Allowed	\$0.00			000	999	-
S9339	E	HIT PERITON DIALYSIS DIEM				Not Allowed	\$0.00			000	999	-
S9340	E	HIT ENTERAL PER DIEM				Not Allowed	\$0.00			000	999	-
S9341	E	HIT ENTERAL GRAV DIEM				Not Allowed	\$0.00			000	999	-
S9342	E	HIT ENTERAL PUMP DIEM				Not Allowed	\$0.00			000	999	-
S9343	E	HIT ENTERAL BOLUS NURS				Not Allowed	\$0.00			000	999	-
S9345	E	HIT ANTI-HEMOPHIL DIEM				Not Allowed	\$0.00			000	999	-
S9346	E	HIT ALPHA-1-PROTEINAS DIEM				Not Allowed	\$0.00			000	999	-
S9347	E	HIT LONGTERM INFUSION DIEM				Not Allowed	\$0.00			000	999	-
S9348	E	HIT SYMPATHOMIM DIEM				Not Allowed	\$0.00			000	999	-
S9349	E	HIT TOCOLYSIS DIEM				Not Allowed	\$0.00			000	999	-
S9351	E	HIT CONT ANTIEMETIC DIEM				Not Allowed	\$0.00			000	999	-
S9353	E	HIT CONT INSULIN DIEM				Not Allowed	\$0.00			000	999	-
S9355	E	HIT CHELATION DIEM				Not Allowed	\$0.00			000	999	-
S9357	E	HIT ENZYME REPLACE DIEM				Not Allowed	\$0.00			000	999	-
S9359	E	HIT ANTI-TNF PER DIEM				Not Allowed	\$0.00			000	999	-

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

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S9501	E	HIT ANTIBIOTIC Q12H DIEM				Not Allowed	\$0.00			000	999	-
S9502	E	HIT ANTIBIOTIC Q8H DIEM				Not Allowed	\$0.00			000	999	-
S9503	E	HIT ANTIBIOTIC Q6H DIEM				Not Allowed	\$0.00			000	999	-
S9504	E	HIT ANTIBIOTIC Q4H DIEM				Not Allowed	\$0.00			000	999	-
S9529	E	VENIPUNCTURE HOME/SNF				Not Allowed	\$0.00			000	999	-
S9537	E	HT HEM HORM INJ DIEM				Not Allowed	\$0.00			000	999	-
S9538	E	HIT BLOOD PRODUCTS DIEM				Not Allowed	\$0.00			000	999	-
S9542	E	HT INJ NOC PER DIEM				Not Allowed	\$0.00			000	999	-
S9558	E	HT INJ GROWTH HORM DIEM				Not Allowed	\$0.00			000	999	-
S9559	E	HIT INJ INTERFERON DIEM				Not Allowed	\$0.00			000	999	-
S9560	E	HT INJ HORMONE DIEM				Not Allowed	\$0.00			000	999	-
S9562	E	PALIVIZUMAB HOME INJ PERDIEM				Not Allowed	\$0.00			000	999	-
S9590	E	IN HOME IRRIGATION THERAPY				Not Allowed	\$0.00			000	999	-
S9810	E	HT PHARM PER HOUR				Not Allowed	\$0.00			000	999	-
S9970	E	HEALTH CLUB MEMBERSHIP ANNUAL				Not Allowed	\$0.00			000	999	-
S9975	E	TRANSPLANT RELATED PER DIEM				Not Allowed	\$0.00			000	999	-
S9976	E	LODGING PER DIEM				Not Allowed	\$0.00			000	999	-
S9977	E	MEALS PER DIEM				Not Allowed	\$0.00			000	999	-
S9981	E	MED RECORD COPY ADMIN				Not Allowed	\$0.00			000	999	-
S9982	E	MED RECORD COPY PER PAGE				Not Allowed	\$0.00			000	999	-
S9986	E	NOT MEDICALLY NECESSARY SVC				Not Allowed	\$0.00			000	999	-
S9988	E	SERV PART OF PHASE I TRIAL				Not Allowed	\$0.00			000	999	-
S9989	E	SERVICES OUTSIDE US				Not Allowed	\$0.00			000	999	-
S9990	E	SERVICES PROVIDED AS PART OF				Not Allowed	\$0.00			000	999	-
S9991	E	SERVICES PROVIDED AS PART OF				Not Allowed	\$0.00			000	999	-
S9992	E	TRANSPORTATION COSTS TO AND				Not Allowed	\$0.00			000	999	-
T1000	E	PRIVATE DUTY/INDEPENDENT NSG				Not Allowed	\$0.00			000	999	-
T1001	E	NURSING ASSESSMENT/EVALUATN				Not Allowed	\$0.00			000	999	-
T1002	E	RN SERVICES UP TO 15 MINUTES				Not Allowed	\$0.00			000	999	-
T1003	E	LPN/LVN SERVICES UP TO 15MIN				Not Allowed	\$0.00			000	999	-
T1004	E	NSG AIDE SERVICE UP TO 15MIN				Not Allowed	\$0.00			000	999	-
T1005	E	RESPIRE CARE SERVICE 15 MIN				Not Allowed	\$0.00			000	999	-
T1006	E	FAMILY/COUPLE COUNSELING				Not Allowed	\$0.00			000	999	-
T1007	E	TREATMENT PLAN DEVELOPMENT				Not Allowed	\$0.00			000	999	-
T1009	E	CHILD SITTING SERVICES				Not Allowed	\$0.00			000	999	-
T1010	E	MEALS WHEN RECEIVE SERVICES				Not Allowed	\$0.00			000	999	-
T1012	E	ALCOHOL/SUBSTANCE ABUSE SKIL				Not Allowed	\$0.00			000	999	-
T1013	E	SIGN LANG/ORAL INTERPRETER				Not Allowed	\$0.00			000	999	-
T1014	E	TELEHEALTH TRANSMIT, PER MIN				Not Allowed	\$0.00			000	999	-
T1015	E	CLINIC SERVICE				Not Allowed	\$0.00			000	999	-
T1016	M	CASE MANAGEMENT, EACH 15 MINUTES	HD			Fee Schedule	\$0.00			009	065	-
T1018	E	SCHOOL-BASED IEP SER BUNDLED				Not Allowed	\$0.00			000	020	-
T1019	E	PERSONAL CARE SER PER 15 MIN				Not Allowed	\$0.00			000	999	-
T1020	E	EXCISION COMPLETE PLANTAR VERRUCA MULTIPLE SITE				Not Allowed	\$0.00			000	999	-
T1021	E	HH AIDE OR CN AIDE PER VISIT				Not Allowed	\$0.00			000	999	-
T1022	E	CONTRACTED SERVICES PER DAY				Not Allowed	\$0.00			000	999	-
T1023	E	PROGRAM INTAKE ASSESSMENT				Not Allowed	\$0.00			000	999	-
T1026	E	PED COMPR CARE PKG PER HOUR				Not Allowed	\$0.00			000	999	-
T1027	E	FAMILY TRAINING & COUNSELING				Not Allowed	\$0.00			000	999	-
T1028	E	HOME ENVIRONMENT ASSESSMENT				Not Allowed	\$0.00			000	999	-
T1029	E	NOT OTHERWISE CLASSIFIED SKIN SUBCUTANEOUS AND AREOLAR TISS				Not Allowed	\$0.00			000	999	-
T1030	E	REMOVAL OF SUTURES BY ANOTHER PHYSICIAN				Not Allowed	\$0.00			000	999	-
T1031	E	LPN HOME CARE PER DIEM				Not Allowed	\$0.00			000	999	-
T1502	E	MEDICATION ADMIN VISIT				Not Allowed	\$0.00			000	999	-
T1505	E	ELEC MED COMP DEV, NOC				Not Allowed	\$0.00			000	999	-

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T1999	E	NOC RETAIL ITEMS AND SUPPLIES				Not Allowed	\$0.00			000	999	-
T2001	E	N-ET; PATIENT ATTEND/ESCORT				Not Allowed	\$0.00			000	999	-
T2002	E	N-ET; PER DIEM				Not Allowed	\$0.00			000	999	-
T2003	E	N-ET; ENCOUNTER/TRIP				Not Allowed	\$0.00			000	999	-
T2004	E	N-ET; COMMERC CARRIER PASS				Not Allowed	\$0.00			000	999	-
T2005	E	N-ET; STRETCHER VAN				Not Allowed	\$0.00			000	999	-
T2007	E	NON-EMER TRANSPORT WAIT TIME				Not Allowed	\$0.00			000	999	-
T2010	E	PASRR LEVEL I				Not Allowed	\$0.00			000	999	-
T2011	E	PASRR LEVEL II				Not Allowed	\$0.00			000	999	-
T2012	E	HABIL ED WAIVER, PER DIEM				Not Allowed	\$0.00			000	999	-
T2013	E	HABIL ED WAIVER PER HOUR				Not Allowed	\$0.00			000	999	-
T2014	E	HABIL PREVOC WAIVER, PER D				Not Allowed	\$0.00			000	999	-
T2015	E	HABIL PREVOC WAIVER PER HR				Not Allowed	\$0.00			000	999	-
T2016	E	HABIL RES WAIVER PER DIEM				Not Allowed	\$0.00			000	999	-
T2017	E	HABIL RES WAIVER 15 MIN				Not Allowed	\$0.00			000	999	-
T2018	E	HABIL SUP EMPL WAIVER/DIEM				Not Allowed	\$0.00			000	999	-
T2019	E	HABIL SUP EMPL WAIVER 15MIN				Not Allowed	\$0.00			000	999	-
T2020	E	DAY HABIL WAIVER PER DIEM				Not Allowed	\$0.00			000	999	-
T2021	E	DAY HABIL WAIVER PER 15 MIN				Not Allowed	\$0.00			000	999	-
T2022	E	CASE MANAGEMENT, PER MONTH				Not Allowed	\$0.00			000	999	-
T2023	E	TARGETED CASE MGMT PER MONTH				Not Allowed	\$0.00			000	999	-
T2024	E	SERV ASMNT/CARE PLAN WAIVER				Not Allowed	\$0.00			000	999	-
T2025	E	WAIVER SERVICE, NOS				Not Allowed	\$0.00			000	999	-
T2026	E	SPECIAL CHILDCARE WAIVER/D				Not Allowed	\$0.00			000	999	-
T2027	E	SPEC CHILDCARE WAIVER 15 MIN				Not Allowed	\$0.00			000	999	-
T2028	E	SPECIAL SUPPLY, NOS WAIVER				Not Allowed	\$0.00			000	999	-
T2029	E	SPECIAL MED EQUIP, NOSWAIVER				Not Allowed	\$0.00			000	999	-
T2030	E	ASSIST LIVING WAIVER/MONTH				Not Allowed	\$0.00			000	999	-
T2031	E	ASSIST LIVING WAIVER/DIEM				Not Allowed	\$0.00			000	999	-
T2032	E	RES CARE, NOS WAIVER/MONTH				Not Allowed	\$0.00			000	999	-
T2033	E	RES, NOS WAIVER PER DIEM				Not Allowed	\$0.00			000	999	-
T2034	E	CRISIS INTERVEN WAIVER/DIEM				Not Allowed	\$0.00			000	999	-
T2035	E	UTILITY SERVICES WAIVER				Not Allowed	\$0.00			000	999	-
T2036	E	CAMP OVERNITE WAIVER/SESSION				Not Allowed	\$0.00			000	999	-
T2037	E	CAMP DAY WAIVER/SESSION				Not Allowed	\$0.00			000	999	-
T2038	E	COMM TRANS WAIVER/SERVICE				Not Allowed	\$0.00			000	999	-
T2039	E	VEHICLE MOD WAIVER/SERVICE				Not Allowed	\$0.00			000	999	-
T2040	E	FINANCIAL MGT WAIVER/15MIN				Not Allowed	\$0.00			000	999	-
T2041	E	SUPPORT BROKER WAIVER/15 MIN				Not Allowed	\$0.00			000	999	-
T2042	E	HOSPICE ROUTINE HOME CARE				Not Allowed	\$0.00			000	999	-
T2043	E	HOSPICE CONTINUOUS HOME CARE				Not Allowed	\$0.00			000	999	-
T2044	E	HOSPICE RESPITE CARE				Not Allowed	\$0.00			000	999	-
T2045	E	HOSPICE GENERAL CARE				Not Allowed	\$0.00			000	999	-
T2046	E	HOSPICE LONG TERM CARE R&B				Not Allowed	\$0.00			000	999	-
T2048	E	BH LTC RES R&B, PER DIEM				Not Allowed	\$0.00			000	999	-
T2049	E	N-ET; STRETCHER VAN MILEAGE				Not Allowed	\$0.00			000	999	-
T2101	E	BREAST MILK PROC/STORE/DIST				Not Allowed	\$0.00			000	999	-
T4521	E	ADULT SIZE BRIEF/DIAPER SM				Not Allowed	\$0.00			000	999	-
T4522	E	ADULT SIZE BRIEF/DIAPER MED				Not Allowed	\$0.00			000	999	-
T4523	E	ADULT SIZE BRIEF/DIAPER LG				Not Allowed	\$0.00			000	999	-
T4524	E	ADULT SIZE BRIEF/DIAPER XL				Not Allowed	\$0.00			000	999	-
T4525	E	ADULT SIZE PULL-ON SM				Not Allowed	\$0.00			000	999	-
T4526	E	ADULT SIZE PULL-ON MED				Not Allowed	\$0.00			000	999	-
T4527	E	ADULT SIZE PULL-ON LG				Not Allowed	\$0.00			000	999	-
T4528	E	ADULT SIZE PULL-ON XL				Not Allowed	\$0.00			000	999	-
T4529	E	PED SIZE BRIEF/DIAPER SM/MED				Not Allowed	\$0.00			000	999	-
T4530	E	PED SIZE BRIEF/DIAPER LG				Not Allowed	\$0.00			000	999	-

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T4531	E	PED SIZE PULL-ON SM/MED				Not Allowed	\$0.00			000	999	-
T4532	E	PED SIZE PULL-ON LG				Not Allowed	\$0.00			000	999	-
T4533	E	YOUTH SIZE BRIEF/DIAPER				Not Allowed	\$0.00			000	999	-
T4534	E	YOUTH SIZE PULL-ON				Not Allowed	\$0.00			000	999	-
T4535	E	DISPOSABLE LINER/SHIELD/PAD				Not Allowed	\$0.00			000	999	-
T4536	E	REUSABLE PULL-ON ANY SIZE				Not Allowed	\$0.00			000	999	-
T4537	E	REUSABLE UNDERPAD BED SIZE				Not Allowed	\$0.00			000	999	-
T4538	E	DIAPER SERV REUSABLE DIAPER				Not Allowed	\$0.00			000	999	-
T4539	E	REUSE DIAPER/BRIEF ANY SIZE				Not Allowed	\$0.00			000	999	-
T4540	E	REUSABLE UNDERPAD CHAIR SIZE				Not Allowed	\$0.00			000	999	-
T4541	E	LARGE DISPOSABLE UNDERPAD				Not Allowed	\$0.00			000	999	-
T4542	E	SMALL DISPOSABLE UNDERPAD				Not Allowed	\$0.00			000	999	-
T5001	E	SPECIAL POSITION SEAT/VEHICL				Not Allowed	\$0.00			000	999	-
T5999	E	SUPPLY, NOS				Not Allowed	\$0.00			000	999	-
U0001	Q	2019-NCOV DIAGNOSTIC P				Fee Schedule	\$59.85			000	999	-
U0002	Q	COVID-19 LAB TEST NON-CDC				Fee Schedule	\$85.52			000	999	-
U0003	Q	COV-19 AMP PRB HGH THRUPUT				Fee Schedule	\$125.00			000	999	-
U0004	Q	COV-19 TEST NON-CDC HGH THRU				Fee Schedule	\$125.00			000	999	-
U0005	Q	INFEC AGEN DETEC AMPLI PROBE				Medicare	\$41.67	\$25.84	\$25.00	000	999	-
V2020	E	VISION SVCS FRAMES PURCHASES				Not Allowed	\$0.00			000	999	-
V2025	E	EYEGLASSES DELUX FRAMES				Not Allowed	\$0.00			000	999	-
V2100	E	LENS SPHER SINGLE PLANO 4.00				Not Allowed	\$0.00			000	999	-
V2101	E	SINGLE VISN SPHERE 4.12-7.00				Not Allowed	\$0.00			000	999	-
V2102	E	SINGL VISN SPHERE 7.12-20.00				Not Allowed	\$0.00			000	999	-
V2103	E	SPHEROCYLINDR 4.00D/12-2.00D				Not Allowed	\$0.00			000	999	-
V2104	E	SPHEROCYLINDR 4.00D/2.12-4D				Not Allowed	\$0.00			000	999	-
V2105	E	SPHEROCYLINDER 4.00D/4.25-6D				Not Allowed	\$0.00			000	999	-
V2106	E	SPHEROCYLINDER 4.00D/>6.00D				Not Allowed	\$0.00			000	999	-
V2107	E	SPHEROCYLINDER 4.25D/12-2D				Not Allowed	\$0.00			000	999	-
V2108	E	SPHEROCYLINDER 4.25D/2.12-4D				Not Allowed	\$0.00			000	999	-
V2109	E	SPHEROCYLINDER 4.25D/4.25-6D				Not Allowed	\$0.00			000	999	-
V2110	E	SPHEROCYLINDER 4.25D/OVER 6D				Not Allowed	\$0.00			000	999	-
V2111	E	SPHEROCYLINDR 7.25D/.25-2.25				Not Allowed	\$0.00			000	999	-
V2112	E	SPHEROCYLINDR 7.25D/2.25-4D				Not Allowed	\$0.00			000	999	-
V2113	E	SPHEROCYLINDR 7.25D/4.25-6D				Not Allowed	\$0.00			000	999	-
V2114	E	SPHEROCYLINDER OVER 12.00D				Not Allowed	\$0.00			000	999	-
V2115	E	LENS LENTICULAR BIFOCAL				Not Allowed	\$0.00			000	999	-
V2118	E	LENS ANISEIKONIC SINGLE				Not Allowed	\$0.00			000	999	-
V2121	E	LENTICULAR LENS, SINGLE				Not Allowed	\$0.00			000	999	-
V2199	E	LENS SINGLE VISION NOT OTH C				Not Allowed	\$0.00			000	999	-
V2200	E	LENS SPHER BIFOC PLANO 4.00D				Not Allowed	\$0.00			000	999	-
V2201	E	LENS SPHERE BIFOCAL 4.12-7.0				Not Allowed	\$0.00			000	999	-
V2202	E	LENS SPHERE BIFOCAL 7.12-20.				Not Allowed	\$0.00			000	999	-
V2203	E	LENS SPHCYL BIFOCAL 4.00D/.1				Not Allowed	\$0.00			000	999	-
V2204	E	LENS SPHCY BIFOCAL 4.00D/2.1				Not Allowed	\$0.00			000	999	-
V2205	E	LENS SPHCY BIFOCAL 4.00D/4.2				Not Allowed	\$0.00			000	999	-
V2206	E	LENS SPHCY BIFOCAL 4.00D/OVE				Not Allowed	\$0.00			000	999	-
V2207	E	LENS SPHCY BIFOCAL 4.25-7D/.				Not Allowed	\$0.00			000	999	-
V2208	E	LENS SPHCY BIFOCAL 4.25-7/2.				Not Allowed	\$0.00			000	999	-
V2209	E	LENS SPHCY BIFOCAL 4.25-7/4.				Not Allowed	\$0.00			000	999	-
V2210	E	LENS SPHCY BIFOCAL 4.25-7/OV				Not Allowed	\$0.00			000	999	-
V2211	E	LENS SPHCY BIFO 7.25-12/.25-				Not Allowed	\$0.00			000	999	-
V2212	E	LENS SPHCYL BIFO 7.25-12/2.2				Not Allowed	\$0.00			000	999	-
V2213	E	LENS SPHCYL BIFO 7.25-12/4.2				Not Allowed	\$0.00			000	999	-
V2214	E	LENS SPHCYL BIFOCAL OVER 12.				Not Allowed	\$0.00			000	999	-
V2215	E	LENS LENTICULAR BIFOCAL				Not Allowed	\$0.00			000	999	-
V2218	E	LENS ANISEIKONIC BIFOCAL				Not Allowed	\$0.00			000	999	-

**Montana Healthcare Programs Fee Schedule
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Proc Cd	2019 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
V2219	E	LENS BIFOCAL SEG WIDTH OVER				Not Allowed	\$0.00			000	999	-
V2220	E	LENS BIFOCAL ADD OVER 3.25D				Not Allowed	\$0.00			000	999	-
V2221	E	LENTICULAR LENS, BIFOCAL				Not Allowed	\$0.00			000	999	-
V2299	E	LENS BIFOCAL SPECIALITY				Not Allowed	\$0.00			000	999	-
V2300	E	LENS SPHERE TRIFOCAL 4.00D				Not Allowed	\$0.00			000	999	-
V2301	E	LENS SPHERE TRIFOCAL 4.12-7.				Not Allowed	\$0.00			000	999	-
V2302	E	LENS SPHERE TRIFOCAL 7.12-20				Not Allowed	\$0.00			000	999	-
V2303	E	LENS SPHCY TRIFOCAL 4.0/12-				Not Allowed	\$0.00			000	999	-
V2304	E	LENS SPHCY TRIFOCAL 4.0/2.25				Not Allowed	\$0.00			000	999	-
V2305	E	LENS SPHCY TRIFOCAL 4.0/4.25				Not Allowed	\$0.00			000	999	-
V2306	E	LENS SPHCYL TRIFOCAL 4.00/>6				Not Allowed	\$0.00			000	999	-
V2307	E	LENS SPHCY TRIFOCAL 4.25-7/.				Not Allowed	\$0.00			000	999	-
V2308	E	LENS SPHC TRIFOCAL 4.25-7/2.				Not Allowed	\$0.00			000	999	-
V2309	E	LENS SPHC TRIFOCAL 4.25-7/4.				Not Allowed	\$0.00			000	999	-
V2310	E	LENS SPHC TRIFOCAL 4.25-7/>6				Not Allowed	\$0.00			000	999	-
V2311	E	LENS SPHC TRIFO 7.25-12/25-				Not Allowed	\$0.00			000	999	-
V2312	E	LENS SPHC TRIFO 7.25-12/2.25				Not Allowed	\$0.00			000	999	-
V2313	E	LENS SPHC TRIFO 7.25-12/4.25				Not Allowed	\$0.00			000	999	-
V2314	E	LENS SPHCYL TRIFOCAL OVER 12				Not Allowed	\$0.00			000	999	-
V2315	E	LENS LENTICULAR TRIFOCAL				Not Allowed	\$0.00			000	999	-
V2318	E	LENS ANISEIKONIC TRIFOCAL				Not Allowed	\$0.00			000	999	-
V2319	E	LENS TRIFOCAL SEG WIDTH > 28				Not Allowed	\$0.00			000	999	-
V2320	E	LENS TRIFOCAL ADD OVER 3.25D				Not Allowed	\$0.00			000	999	-
V2321	E	LENTICULAR LENS, TRIFOCAL				Not Allowed	\$0.00			000	999	-
V2399	E	LENS TRIFOCAL SPECIALITY				Not Allowed	\$0.00			000	999	-
V2410	E	LENS VARIAB ASPHERICITY SING				Not Allowed	\$0.00			000	999	-
V2430	E	LENS VARIABLE ASPHERICITY BI				Not Allowed	\$0.00			000	999	-
V2499	E	VARIABLE ASPHERICITY LENS				Not Allowed	\$0.00			000	999	-
V2500	E	CONTACT LENS PMMA SPHERICAL				Not Allowed	\$0.00			000	999	-
V2501	E	CNTCT LENS PMMA-TORIC/PRISM				Not Allowed	\$0.00			000	999	-
V2502	E	CONTACT LENS PMMA BIFOCAL				Not Allowed	\$0.00			000	999	-
V2503	E	CNTCT LENS PMMA COLOR VISION				Not Allowed	\$0.00			000	999	-
V2510	E	CNTCT GAS PERMEABLE SPHERICL				Not Allowed	\$0.00			000	999	-
V2511	E	CNTCT TORIC PRISM BALLAST				Not Allowed	\$0.00			000	999	-
V2512	E	CNTCT LENS GAS PERMBL BIFOCL				Not Allowed	\$0.00			000	999	-
V2513	E	CONTACT LENS EXTENDED WEAR				Not Allowed	\$0.00			000	999	-
V2520	E	CONTACT LENS HYDROPHILIC				Not Allowed	\$0.00			000	999	-
V2521	E	CNTCT LENS HYDROPHILIC TORIC				Not Allowed	\$0.00			000	999	-
V2522	E	CNTCT LENS HYDROPHIL BIFOCL				Not Allowed	\$0.00			000	999	-
V2523	E	CNTCT LENS HYDROPHIL EXTEND				Not Allowed	\$0.00			000	999	-
V2524	E	CNTCT LENS HYDROPHIL PHOTOCH				Not Allowed	\$0.00			000	999	-
V2530	E	CONTACT LENS GAS IMPERMEABLE				Not Allowed	\$0.00			000	999	-
V2531	E	CONTACT LENS GAS PERMEABLE				Not Allowed	\$0.00			000	999	-
V2599	E	CONTACT LENS/ES OTHER TYPE				Not Allowed	\$0.00			000	999	-
V2600	E	HAND HELD LOW VISION AIDS				Not Allowed	\$0.00			000	999	-
V2610	E	SINGLE LENS SPECTACLE MOUNT				Not Allowed	\$0.00			000	999	-
V2615	E	TELESCOP/OTHR COMPOUND LENS				Not Allowed	\$0.00			000	999	-
V2623	E	PLASTIC EYE PROSTH CUSTOM				Not Allowed	\$0.00			000	999	-
V2624	E	POLISHING ARTIFICIAL EYE				Not Allowed	\$0.00			000	999	-
V2625	E	ENLARGEMNT OF EYE PROSTHESIS				Not Allowed	\$0.00			000	999	-
V2626	E	REDUCTION OF EYE PROSTHESIS				Not Allowed	\$0.00			000	999	-
V2627	E	SCLERAL COVER SHELL				Not Allowed	\$0.00			000	999	-
V2628	E	FABRICATION & FITTING				Not Allowed	\$0.00			000	999	-
V2629	E	PROSTHETIC EYE OTHER TYPE				Not Allowed	\$0.00			000	999	-
V2630	N	ANTER CHAMBER INTRAOCUL LENS				Bundled	\$0.00			000	999	-
V2631	N	IRIS SUPPORT INTRAOCCLR LENS				Bundled	\$0.00			000	999	-
V2632	N	POST CHMBR INTRAOCULAR LENS				Bundled	\$0.00			000	999	-

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V2700	E	BALANCE LENS				Not Allowed	\$0.00			000	999	-
V2702	E	DELUXE LENS FEATURE				Not Allowed	\$0.00			000	999	-
V2710	E	GLASS/PLASTIC SLAB OFF PRISM				Not Allowed	\$0.00			000	999	-
V2715	E	PRISM LENS/ES				Not Allowed	\$0.00			000	999	-
V2718	E	FRESNELL PRISM PRESS-ON LENS				Not Allowed	\$0.00			000	999	-
V2730	E	SPECIAL BASE CURVE				Not Allowed	\$0.00			000	999	-
V2744	E	TINT PHOTOCHROMATIC LENS/ES				Not Allowed	\$0.00			000	999	-
V2745	E	TINT, ANY COLOR/SOLID/GRAD				Not Allowed	\$0.00			000	999	-
V2750	E	ANTI-REFLECTIVE COATING				Not Allowed	\$0.00			000	999	-
V2755	E	UV LENS/ES				Not Allowed	\$0.00			000	999	-
V2756	E	EYE GLASS CASE				Not Allowed	\$0.00			000	999	-
V2760	E	SCRATCH RESISTANT COATING				Not Allowed	\$0.00			000	999	-
V2761	E	MIRROR COATING				Not Allowed	\$0.00			000	999	-
V2762	E	POLARIZATION, ANY LENS				Not Allowed	\$0.00			000	999	-
V2770	E	OCCLUDER LENS/ES				Not Allowed	\$0.00			000	999	-
V2780	E	OVERSIZE LENS/ES				Not Allowed	\$0.00			000	999	-
V2781	E	PROGRESSIVE LENS PER LENS				Not Allowed	\$0.00			000	999	-
V2782	E	LENS, 1.54-1.65 P/1.60-1.79G				Not Allowed	\$0.00			000	999	-
V2783	E	LENS, >= 1.66 P/>=1.80 G				Not Allowed	\$0.00			000	999	-
V2784	E	LENS POLYCARB OR EQUAL				Not Allowed	\$0.00			000	999	-
V2785	M	CORNEAL TISSUE PROCESSING				Fee Schedule	\$1,100.00			000	999	-
V2786	E	OCCUPATIONAL MULTIFOCAL LENS				Not Allowed	\$0.00			000	999	-
V2787	E	ASTIGMATISM-CORRECT FUNCTION				Not Allowed	\$0.00			000	999	-
V2788	E	PRESBYOPIA-CORRECT FUNCTION				Not Allowed	\$0.00			000	999	-
V2790	N	AMNIOTIC MEMBRANE				Bundled	\$0.00			000	999	-
V2797	E	VIS ITEM/SVC IN OTHER CODE				Not Allowed	\$0.00			000	999	-
V2799	E	MISC VISION ITEM OR SERVICE				Not Allowed	\$0.00			000	999	-
V5008	E	HEARING SCREENING				Not Allowed	\$0.00			000	999	-
V5010	E	ASSESSMENT FOR HEARING AID				Not Allowed	\$0.00			000	999	-
V5011	E	HEARING AID FITTING/CHECKING				Not Allowed	\$0.00			000	999	-
V5014	E	HEARING AID REPAIR/MODIFYING				Not Allowed	\$0.00			000	999	-
V5020	E	CONFORMITY EVALUATION				Not Allowed	\$0.00			000	999	-
V5030	E	BODY-WORN HEARING AID AIR				Not Allowed	\$0.00			000	999	-
V5040	E	BODY-WORN HEARING AID BONE				Not Allowed	\$0.00			000	999	-
V5050	E	HEARING AID MONAURAL IN EAR				Not Allowed	\$0.00			000	999	-
V5060	E	BEHIND EAR HEARING AID				Not Allowed	\$0.00			000	999	-
V5070	E	GLASSES AIR CONDUCTION				Not Allowed	\$0.00			000	999	-
V5080	E	GLASSES BONE CONDUCTION				Not Allowed	\$0.00			000	999	-
V5090	E	HEARING AID DISPENSING FEE				Not Allowed	\$0.00			000	999	-
V5095	E	IMPLANT MID EAR HEARING PROS				Not Allowed	\$0.00			000	999	-
V5100	E	BODY-WORN BILAT HEARING AID				Not Allowed	\$0.00			000	999	-
V5110	E	HEARING AID DISPENSING FEE				Not Allowed	\$0.00			000	999	-
V5120	E	BODY-WORN BINAUR HEARING AID				Not Allowed	\$0.00			000	999	-
V5130	E	IN EAR BINAURAL HEARING AID				Not Allowed	\$0.00			000	999	-
V5140	E	BEHIND EAR BINAUR HEARING AI				Not Allowed	\$0.00			000	999	-
V5150	E	GLASSES BINAURAL HEARING AID				Not Allowed	\$0.00			000	999	-
V5160	E	DISPENSING FEE BINAURAL				Not Allowed	\$0.00			000	999	-
V5171	E	HEARING AID MONAURAL ITE				Not Allowed	\$0.00			000	999	-
V5172	E	HEARING AID MONAURAL ITC				Not Allowed	\$0.00			000	999	-
V5181	E	HEARING AID MONAURAL BTE				Not Allowed	\$0.00			000	999	-
V5190	E	HEARING AID MONAURAL GLASSES				Not Allowed	\$0.00			000	999	-
V5200	E	DISP FEE CONTRALATERAL MONAU				Not Allowed	\$0.00			000	999	-
V5211	E	HEARING AID BINAURAL ITE/ITE				Not Allowed	\$0.00			000	999	-
V5212	E	HEARING AID BINAURAL ITE/ITC				Not Allowed	\$0.00			000	999	-
V5213	E	HEARING AID BINAURAL ITE/BTE				Not Allowed	\$0.00			000	999	-
V5214	E	HEARING AID BINAURAL ITC/ITC				Not Allowed	\$0.00			000	999	-
V5215	E	HEARING AID BINAURAL ITC/BTE				Not Allowed	\$0.00			000	999	-

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V5221	E	HEARING AID BINAURAL BTE/BTE				Not Allowed	\$0.00			000	999	-
V5230	E	HEARING AID BINAURAL GLASSES				Not Allowed	\$0.00			000	999	-
V5240	E	DISP FEE CONTRALATERAL BINAU				Not Allowed	\$0.00			000	999	-
V5241	E	DISPENSING FEE, MONAURAL				Not Allowed	\$0.00			000	999	-
V5242	E	HEARING AID, MONAURAL, CIC				Not Allowed	\$0.00			000	999	-
V5243	E	HEARING AID, MONAURAL, ITC				Not Allowed	\$0.00			000	999	-
V5244	E	HEARING AID, PROG, MON, CIC				Not Allowed	\$0.00			000	999	-
V5245	E	HEARING AID, PROG, MON, ITC				Not Allowed	\$0.00			000	999	-
V5246	E	HEARING AID, PROG, MON, ITE				Not Allowed	\$0.00			000	999	-
V5247	E	HEARING AID, PROG, MON, BTE				Not Allowed	\$0.00			000	999	-
V5248	E	HEARING AID, BINAURAL, CIC				Not Allowed	\$0.00			000	999	-
V5249	E	HEARING AID, BINAURAL, ITC				Not Allowed	\$0.00			000	999	-
V5250	E	HEARING AID, PROG, BIN, CIC				Not Allowed	\$0.00			000	999	-
V5251	E	HEARING AID, PROG, BIN, ITC				Not Allowed	\$0.00			000	999	-
V5252	E	HEARING AID, PROG, BIN, ITE				Not Allowed	\$0.00			000	999	-
V5253	E	HEARING AID, PROG, BIN, BTE				Not Allowed	\$0.00			000	999	-
V5254	E	HEARING ID, DIGIT, MON, CIC				Not Allowed	\$0.00			000	999	-
V5255	E	HEARING AID, DIGIT, MON, ITC				Not Allowed	\$0.00			000	999	-
V5256	E	HEARING AID, DIGIT, MON, ITE				Not Allowed	\$0.00			000	999	-
V5257	E	HEARING AID, DIGIT, MON, BTE				Not Allowed	\$0.00			000	999	-
V5258	E	HEARING AID, DIGIT, BIN, CIC				Not Allowed	\$0.00			000	999	-
V5259	E	HEARING AID, DIGIT, BIN, ITC				Not Allowed	\$0.00			000	999	-
V5260	E	HEARING AID, DIGIT, BIN, ITE				Not Allowed	\$0.00			000	999	-
V5261	E	HEARING AID, DIGIT, BIN, BTE				Not Allowed	\$0.00			000	999	-
V5262	E	HEARING AID, DISP, MONAURAL				Not Allowed	\$0.00			000	999	-
V5263	E	HEARING AID, DISP, BINAURAL				Not Allowed	\$0.00			000	999	-
V5264	E	EAR MOLD/INSERT				Not Allowed	\$0.00			000	999	-
V5265	E	EAR MOLD/INSERT, DISP				Not Allowed	\$0.00			000	999	-
V5266	E	BATTERY FOR HEARING DEVICE				Not Allowed	\$0.00			000	999	-
V5267	E	HEARING AID SUP/ACCESS/DEV				Not Allowed	\$0.00			000	999	-
V5268	E	ALD TELEPHONE AMPLIFIER				Not Allowed	\$0.00			000	999	-
V5269	E	ALERTING DEVICE, ANY TYPE				Not Allowed	\$0.00			000	999	-
V5270	E	ALD, TV AMPLIFIER, ANY TYPE				Not Allowed	\$0.00			000	999	-
V5271	E	ALD, TV CAPTION DECODER				Not Allowed	\$0.00			000	999	-
V5272	E	TDD				Not Allowed	\$0.00			000	999	-
V5273	E	ALD FOR COCHLEAR IMPLANT				Not Allowed	\$0.00			000	999	-
V5274	E	ALD UNSPECIFIED				Not Allowed	\$0.00			000	999	-
V5275	E	EAR IMPRESSION				Not Allowed	\$0.00			000	999	-
V5281	E	ALD FM/DM SYSTEM, MONAURAL				Not Allowed	\$0.00			000	999	-
V5282	E	ALD FM/DM SYSTEM BINAURAL				Not Allowed	\$0.00			000	999	-
V5283	E	ALD NECK, LOOP IND RECEIVER				Not Allowed	\$0.00			000	999	-
V5284	E	ALD FM/DM EAR LEVEL RECEIVER				Not Allowed	\$0.00			000	999	-
V5285	E	ALD FM/DM AUD INPUT RECEIVER				Not Allowed	\$0.00			000	999	-
V5286	E	ALD BLU TOOTH FM/DM RECEIVER				Not Allowed	\$0.00			000	999	-
V5287	E	ALD FM/DM RECEIVER, NOS				Not Allowed	\$0.00			000	999	-
V5288	E	ALD FM/DM TRANSMITTER ALD				Not Allowed	\$0.00			000	999	-
V5289	E	ALD FM/DM ADAPT/BOOT COUPLIN				Not Allowed	\$0.00			000	999	-
V5290	E	ALD TRANSMITTER MICROPHONE				Not Allowed	\$0.00			000	999	-
V5298	E	HEARING AID NOC				Not Allowed	\$0.00			000	999	-
V5299	E	HEARING SERVICE				Not Allowed	\$0.00			000	999	-
V5336	E	REPAIR COMMUNICATION DEVICE				Not Allowed	\$0.00			000	999	-
V5362	E	SPEECH SCREENING				Not Allowed	\$0.00			000	999	-
V5363	E	LANGUAGE SCREENING				Not Allowed	\$0.00			000	999	-
V5364	E	DYSPHAGIA SCREENING				Not Allowed	\$0.00			000	999	-