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**Outpatient Prospective Payment System Services**  
**January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
35180	T	REPAIR BLOOD VESSEL LESION	-	05182	17.3845	APC	\$975.97	-	-	000	999	-
35182	C	REPAIR BLOOD VESSEL LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
35184	T	REPAIR BLOOD VESSEL LESION	-	05183	34.8072	APC	\$1,954.08	-	-	000	999	-
35188	T	REPAIR BLOOD VESSEL LESION	-	05184	60.0544	APC	\$3,371.45	-	-	000	999	-
35189	C	REPAIR BLOOD VESSEL LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
35190	T	REPAIR BLOOD VESSEL LESION	-	05184	60.0544	APC	\$3,371.45	-	-	000	999	-
35201	T	REPAIR BLOOD VESSEL LESION	-	05184	60.0544	APC	\$3,371.45	-	-	000	999	-
35206	T	REPAIR BLOOD VESSEL LESION	-	05183	34.8072	APC	\$1,954.08	-	-	000	999	-
35207	T	REPAIR BLOOD VESSEL LESION	-	05183	34.8072	APC	\$1,954.08	-	-	000	999	-
3520F	E	CDIFFICILE TESTING PERFORMED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
35211	C	REPAIR BLOOD VESSEL LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
35216	C	REPAIR BLOOD VESSEL LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
35221	C	REPAIR BLOOD VESSEL LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
35226	T	REPAIR BLOOD VESSEL LESION	-	05071	7.5828	APC	\$425.70	-	-	000	999	-
35231	T	REPAIR BLOOD VESSEL LESION	-	05183	34.8072	APC	\$1,954.08	-	-	000	999	-
35236	T	REPAIR BLOOD VESSEL LESION	-	05184	60.0544	APC	\$3,371.45	-	-	000	999	-
35241	C	REPAIR BLOOD VESSEL LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
35246	C	REPAIR BLOOD VESSEL LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
35251	C	REPAIR BLOOD VESSEL LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
35256	T	REPAIR BLOOD VESSEL LESION	-	05184	60.0544	APC	\$3,371.45	-	-	000	999	-
35261	T	REPAIR BLOOD VESSEL LESION	-	05183	34.8072	APC	\$1,954.08	-	-	000	999	-
35266	T	REPAIR BLOOD VESSEL LESION	-	05184	60.0544	APC	\$3,371.45	-	-	000	999	-
35271	C	REPAIR BLOOD VESSEL LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
35276	C	REPAIR BLOOD VESSEL LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
35281	C	REPAIR BLOOD VESSEL LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
35286	T	REPAIR BLOOD VESSEL LESION	-	05184	60.0544	APC	\$3,371.45	-	-	000	999	-
35301	C	RECHANNELING OF ARTERY	-	-	-	IP Only	\$0.00	-	-	000	999	-
35302	C	RECHANNELING OF ARTERY	-	-	-	IP Only	\$0.00	-	-	000	999	-
35303	C	RECHANNELING OF ARTERY	-	-	-	IP Only	\$0.00	-	-	000	999	-
35304	C	RECHANNELING OF ARTERY	-	-	-	IP Only	\$0.00	-	-	000	999	-
35305	C	RECHANNELING OF ARTERY	-	-	-	IP Only	\$0.00	-	-	000	999	-
35306	C	RECHANNELING OF ARTERY	-	-	-	IP Only	\$0.00	-	-	000	999	-
35311	C	RECHANNELING OF ARTERY	-	-	-	IP Only	\$0.00	-	-	000	999	-
35321	T	RECHANNELING OF ARTERY	-	05184	60.0544	APC	\$3,371.45	-	-	000	999	-
35331	C	RECHANNELING OF ARTERY	-	-	-	IP Only	\$0.00	-	-	000	999	-
35341	C	RECHANNELING OF ARTERY	-	-	-	IP Only	\$0.00	-	-	000	999	-
35351	C	RECHANNELING OF ARTERY	-	-	-	IP Only	\$0.00	-	-	000	999	-
35355	C	RECHANNELING OF ARTERY	-	-	-	IP Only	\$0.00	-	-	000	999	-
35361	C	RECHANNELING OF ARTERY	-	-	-	IP Only	\$0.00	-	-	000	999	-
35363	C	RECHANNELING OF ARTERY	-	-	-	IP Only	\$0.00	-	-	000	999	-
35371	C	RECHANNELING OF ARTERY	-	-	-	IP Only	\$0.00	-	-	000	999	-
35372	C	RECHANNELING OF ARTERY	-	-	-	IP Only	\$0.00	-	-	000	999	-
35390	C	REOPERATION CAROTID ADD-ON	-	-	-	IP Only	\$0.00	-	-	000	999	-
35400	C	ANGIOSCOPY	-	-	-	IP Only	\$0.00	-	-	000	999	-
35500	N	HARVEST VEIN FOR BYPASS	-	-	-	Bundled	\$0.00	-	-	000	999	-
35501	C	ART BYP GRFT IPSILAT CAROTID	-	-	-	IP Only	\$0.00	-	-	000	999	-
35506	C	ART BYP GRFT SUBCLAV-CAROTID	-	-	-	IP Only	\$0.00	-	-	000	999	-
35508	C	ART BYP GRFT CAROTID-VERTBRL	-	-	-	IP Only	\$0.00	-	-	000	999	-
35509	C	ART BYP GRFT CONTRAL CAROTID	-	-	-	IP Only	\$0.00	-	-	000	999	-
3550F	E	LOW RSK THROMBOEMBOLISM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
35510	C	ART BYP GRFT CAROTID-BRCHIAL	-	-	-	IP Only	\$0.00	-	-	000	999	-
35511	C	ART BYP GRFT SUBCLAV-SUBCLAV	-	-	-	IP Only	\$0.00	-	-	000	999	-
35512	C	ART BYP GRFT SUBCLAV-BRCHIAL	-	-	-	IP Only	\$0.00	-	-	000	999	-
35515	C	ART BYP GRFT SUBCLAV-VERTBRL	-	-	-	IP Only	\$0.00	-	-	000	999	-
35516	C	ART BYP GRFT SUBCLAV-AXILARY	-	-	-	IP Only	\$0.00	-	-	000	999	-
35518	C	ART BYP GRFT AXILARY-AXILRY	-	-	-	IP Only	\$0.00	-	-	000	999	-
3551F	E	INTRMED RSK THROMBOEMBOLISM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
35521	C	ART BYP GRFT AXILL-FEMORAL	-	-	-	IP Only	\$0.00	-	-	000	999	-
35522	C	ART BYP GRFT AXILL-BRACHIAL	-	-	-	IP Only	\$0.00	-	-	000	999	-
35523	C	ART BYP GRFT BRCHL-ULNR-RDL	-	-	-	IP Only	\$0.00	-	-	000	999	-
35525	C	ART BYP GRFT BRACHIAL-BRCHL	-	-	-	IP Only	\$0.00	-	-	000	999	-
35526	C	ART BYP GRFT AOR/CAROT/INNOM	-	-	-	IP Only	\$0.00	-	-	000	999	-
3552F	E	HGH RISK FOR THROMBOEMBOLISM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
35531	C	ART BYP GRFT AORCEL/AORMESEEN	-	-	-	IP Only	\$0.00	-	-	000	999	-
35533	C	ART BYP GRFT AXILL/FEM/FEM	-	-	-	IP Only	\$0.00	-	-	000	999	-
35535	C	ART BYP GRFT HEPATORENAL	-	-	-	IP Only	\$0.00	-	-	000	999	-
35536	C	ART BYP GRFT SPLENORENAL	-	-	-	IP 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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
35537	C	ART BYP GRFT AORTOILIAC	-	-	IP Only	\$0.00	-	-	000	999	-
35538	C	ART BYP GRFT AORTOBI-ILIAC	-	-	IP Only	\$0.00	-	-	000	999	-
35539	C	ART BYP GRFT AORTOFEMORAL	-	-	IP Only	\$0.00	-	-	000	999	-
35540	C	ART BYP GRFT AORTBIFEMORAL	-	-	IP Only	\$0.00	-	-	000	999	-
35556	C	ART BYP GRFT FEM-POPLITEAL	-	-	IP Only	\$0.00	-	-	000	999	-
35558	C	ART BYP GRFT FEM-FEMORAL	-	-	IP Only	\$0.00	-	-	000	999	-
3555F	E	PT INR MEASUREMENT PERFORMED	-	-	Not Allowed	\$0.00	-	-	000	999	-
35560	C	ART BYP GRFT AORTORENAL	-	-	IP Only	\$0.00	-	-	000	999	-
35563	C	ART BYP GRFT ILIOILIAC	-	-	IP Only	\$0.00	-	-	000	999	-
35565	C	ART BYP GRFT ILIOFEMORAL	-	-	IP Only	\$0.00	-	-	000	999	-
35566	C	ART BYP FEM-ANT-POST TIB/PRL	-	-	IP Only	\$0.00	-	-	000	999	-
35570	C	ART BYP TIBIAL-TIB/PERONEAL	-	-	IP Only	\$0.00	-	-	000	999	-
35571	C	ART BYP POP-TIBL-PRL-OTHER	-	-	IP Only	\$0.00	-	-	000	999	-
35572	N	HARVEST FEMOROPOPLITEAL VEIN	-	-	Bundled	\$0.00	-	-	000	999	-
35583	C	VEIN BYP GRFT FEM-POPLITEAL	-	-	IP Only	\$0.00	-	-	000	999	-
35585	C	VEIN BYP FEM-TIBIAL PERONEAL	-	-	IP Only	\$0.00	-	-	000	999	-
35587	C	VEIN BYP POP-TIBL PERONEAL	-	-	IP Only	\$0.00	-	-	000	999	-
35600	C	OPEN HRV UXTR ART 1 SGM CAB	-	-	IP Only	\$0.00	-	-	000	999	-
35601	C	ART BYP COMMON IPSI CAROTID	-	-	IP Only	\$0.00	-	-	000	999	-
35606	C	ART BYP CAROTID-SUBCLAVIAN	-	-	IP Only	\$0.00	-	-	000	999	-
35612	C	ART BYP SUBCLAV-SUBCLAVIAN	-	-	IP Only	\$0.00	-	-	000	999	-
35616	C	ART BYP SUBCLAV-AXILLARY	-	-	IP Only	\$0.00	-	-	000	999	-
35621	C	ART BYP AXILLARY-FEMORAL	-	-	IP Only	\$0.00	-	-	000	999	-
35623	C	ART BYP AXILLARY-POP-TIBIAL	-	-	IP Only	\$0.00	-	-	000	999	-
35626	C	ART BYP AORSUBCL/CAROT/INNOM	-	-	IP Only	\$0.00	-	-	000	999	-
35631	C	ART BYP AOR-CELIAC-MSN-RENAL	-	-	IP Only	\$0.00	-	-	000	999	-
35632	C	ART BYP ILIO-CELIAC	-	-	IP Only	\$0.00	-	-	000	999	-
35633	C	ART BYP ILIO-MESENTERIC	-	-	IP Only	\$0.00	-	-	000	999	-
35634	C	ART BYP ILIORENAL	-	-	IP Only	\$0.00	-	-	000	999	-
35636	C	ART BYP SPENORENAL	-	-	IP Only	\$0.00	-	-	000	999	-
35637	C	ART BYP AORTOILIAC	-	-	IP Only	\$0.00	-	-	000	999	-
35638	C	ART BYP AORTOBI-ILIAC	-	-	IP Only	\$0.00	-	-	000	999	-
35642	C	ART BYP CAROTID-VERTEBRAL	-	-	IP Only	\$0.00	-	-	000	999	-
35645	C	ART BYP SUBCLAV-VERTEBRAL	-	-	IP Only	\$0.00	-	-	000	999	-
35646	C	ART BYP AORTOBIFEMORAL	-	-	IP Only	\$0.00	-	-	000	999	-
35647	C	ART BYP AORTOFEMORAL	-	-	IP Only	\$0.00	-	-	000	999	-
35650	C	ART BYP AXILLARY-AXILLARY	-	-	IP Only	\$0.00	-	-	000	999	-
35654	C	ART BYP AXILL-FEM-FEMORAL	-	-	IP Only	\$0.00	-	-	000	999	-
35656	C	ART BYP FEMORAL-POPLITEAL	-	-	IP Only	\$0.00	-	-	000	999	-
35661	C	ART BYP FEMORAL-FEMORAL	-	-	IP Only	\$0.00	-	-	000	999	-
35663	C	ART BYP ILIOILIAC	-	-	IP Only	\$0.00	-	-	000	999	-
35665	C	ART BYP ILIOFEMORAL	-	-	IP Only	\$0.00	-	-	000	999	-
35666	C	ART BYP FEM-ANT-POST TIB/PRL	-	-	IP Only	\$0.00	-	-	000	999	-
35671	C	ART BYP POP-TIBL-PRL-OTHER	-	-	IP Only	\$0.00	-	-	000	999	-
35681	C	COMPOSITE BYP GRFT PROS&VEIN	-	-	IP Only	\$0.00	-	-	000	999	-
35682	C	COMPOSITE BYP GRFT 2 VEINS	-	-	IP Only	\$0.00	-	-	000	999	-
35683	C	COMPOSITE BYP GRFT 3/> SEGMENT	-	-	IP Only	\$0.00	-	-	000	999	-
35685	N	BYPASS GRAFT PATENCY/PATCH	-	-	Bundled	\$0.00	-	-	000	999	-
35686	N	BYPASS GRAFT/AV FIST PATENCY	-	-	Bundled	\$0.00	-	-	000	999	-
35691	C	ART TRNSPOSJ VERTBRL CAROTID	-	-	IP Only	\$0.00	-	-	000	999	-
35693	C	ART TRNSPOSJ SUBCLAVIAN	-	-	IP Only	\$0.00	-	-	000	999	-
35694	C	ART TRNSPOSJ SUBCLAV CAROTID	-	-	IP Only	\$0.00	-	-	000	999	-
35695	C	ART TRNSPOSJ CAROTID SUBCLAV	-	-	IP Only	\$0.00	-	-	000	999	-
35697	C	REIMPLANT ARTERY EACH	-	-	IP Only	\$0.00	-	-	000	999	-
35700	C	REOPERATION BYPASS GRAFT	-	-	IP Only	\$0.00	-	-	000	999	-
35701	C	EXPL N/FLWD SURG NECK ART	-	-	IP Only	\$0.00	-	-	000	999	-
35702	E	EXPL N/FLWD SURG UXTR ART	-	-	Not Allowed	\$0.00	-	-	000	999	-
35703	E	EXPL N/FLWD SURG LXTR ART	-	-	Not Allowed	\$0.00	-	-	000	999	-
3570F	E	RPRT BONE SCINT XREF W XRAY	-	-	Not Allowed	\$0.00	-	-	000	999	-
3572F	E	PT CONSID POSS RISK FX	-	-	Not Allowed	\$0.00	-	-	000	999	-
3573F	E	PT NOT CONSID POSS RISK FX	-	-	Not Allowed	\$0.00	-	-	000	999	-
35800	C	EXPLORE NECK VESSELS	-	-	IP Only	\$0.00	-	-	000	999	-
35820	C	EXPLORE CHEST VESSELS	-	-	IP Only	\$0.00	-	-	000	999	-
35840	C	EXPLORE ABDOMINAL VESSELS	-	-	IP Only	\$0.00	-	-	000	999	-
35860	T	EXPLORE LIMB VESSELS	-	05183	APC	\$1,954.08	-	-	000	999	-
35870	C	REPAIR VESSEL GRAFT DEFECT	-	-	IP Only	\$0.00	-	-	000	999	-
35875	T	REMOVAL OF CLOT IN GRAFT	-	05184	APC	\$3,371.45	-	-	000	999	-

## Montana Healthcare Programs Fee Schedule Outpatient Prospective Payment System Services January 1, 2023

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
35876	T	REMOVAL OF CLOT IN GRAFT	-	05184	60.0544	APC	\$3,371.45	-	-	000	999	-
35879	T	REVISE GRAFT W/VEIN	-	05184	60.0544	APC	\$3,371.45	-	-	000	999	-
35881	T	REVISE GRAFT W/VEIN	-	05184	60.0544	APC	\$3,371.45	-	-	000	999	-
35883	T	REVJ FEM ANAST NONAUTOGR GRF	-	05184	60.0544	APC	\$3,371.45	-	-	000	999	-
35884	T	REVJ FEM ANAST AUTO VN GRF	-	05184	60.0544	APC	\$3,371.45	-	-	000	999	-
35901	C	EXCISION GRAFT NECK	-	-	-	IP Only	\$0.00	-	-	000	999	-
35903	T	EXCISION GRAFT EXTREMITY	-	05183	34.8072	APC	\$1,954.08	-	-	000	999	-
35905	C	EXCISION GRAFT THORAX	-	-	-	IP Only	\$0.00	-	-	000	999	-
35907	C	EXCISION GRAFT ABDOMEN	-	-	-	IP Only	\$0.00	-	-	000	999	-
36000	N	PLACE NEEDLE IN VEIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
36002	T	PSEUDOANEURYSM INJECTION TRT	-	05181	6.7594	APC	\$379.47	-	-	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 UPRLXTR 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	34.8072	Bundled, sometimes payable	\$1,954.08	-	-	000	999	-
36222	N	PLACE CATH CAROTID/INOM ART	-	05183	34.8072	Bundled, sometimes payable	\$1,954.08	-	-	000	999	-
36223	N	PLACE CATH CAROTID/INOM ART	-	05184	60.0544	Bundled, sometimes payable	\$3,371.45	-	-	000	999	-
36224	N	PLACE CATH CAROTID ART	-	05184	60.0544	Bundled, sometimes payable	\$3,371.45	-	-	000	999	-
36225	N	PLACE CATH SUBCLAVIAN ART	-	05183	34.8072	Bundled, sometimes payable	\$1,954.08	-	-	000	999	-
36226	N	PLACE CATH VERTEBRAL ART	-	05184	60.0544	Bundled, sometimes payable	\$3,371.45	-	-	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	34.8072	Bundled, sometimes payable	\$1,954.08	-	-	000	999	-
36252	N	INS CATH REN ART 1ST BILAT	-	05183	34.8072	Bundled, sometimes payable	\$1,954.08	-	-	000	999	-
36253	N	INS CATH REN ART 2ND+ UNILAT	-	05184	60.0544	Bundled, sometimes payable	\$3,371.45	-	-	000	999	-
36254	N	INS CATH REN ART 2ND+ BILAT	-	05183	34.8072	Bundled, sometimes payable	\$1,954.08	-	-	000	999	-
36280	T	INSERTION OF INFUSION PUMP	-	05184	60.0544	APC	\$3,371.45	-	-	000	999	-
36261	T	REVISION OF INFUSION PUMP	-	05221	39.1532	APC	\$2,198.06	-	-	000	999	-
36262	N	REMOVAL OF INFUSION PUMP	-	05221	39.1532	Bundled, sometimes payable	\$2,198.06	-	-	000	999	-
36299	N	UNLISTED PX VASCULAR NJX	-	-	-	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	\$8.57	-	-	000	999	-
36416	N	CAPILLARY BLOOD DRAW	-	-	-	Bundled	\$0.00	-	-	000	999	-
36420	N	VEIN ACCESS CUTDOWN < 1 YR	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	001	-
36425	N	VEIN ACCESS CUTDOWN > 1 YR	-	05735	4.4116	Bundled, sometimes payable	\$247.67	-	-	001	099	-
36430	S	BLOOD TRANSFUSION SERVICE	-	05241	4.7643	APC	\$267.47	-	-	000	999	-
36440	S	BL PUSH TRANSFUSE 2 YR/<	-	05241	4.7643	APC	\$267.47	-	-	000	002	-
36450	S	BL EXCHANGE/TRANSFUSE NB	-	05241	4.7643	APC	\$267.47	-	-	000	001	-
36455	S	BL EXCHANGE/TRANSFUSE NON-NB	-	05241	4.7643	APC	\$267.47	-	-	000	999	-
36456	S	PRTL EXCHANGE TRANSFUSE NB	-	05241	4.7643	APC	\$267.47	-	-	000	999	-
36460	S	TRANSFUSION SERVICE FETAL	-	05241	4.7643	APC	\$267.47	-	-	000	999	-
36465	T	NJX NONCMPND SCLRSNT 1 VEIN	-	05054	20.1655	APC	\$1,173.45	-	-	000	999	-
36466	T	NJX NONCMPND SCLRSNT MLT VN	-	05054	20.1655	APC	\$1,173.45	-	-	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	4.3590	APC	\$244.71	-	-	000	999	-
36471	T	NJX SCLRSNT MLT INCMPTNT VN	-	05052	4.3590	APC	\$244.71	-	-	000	999	-
36473	T	ENDOVENOUS MCHNCHEM 1ST VEIN	-	05183	34.8072	APC	\$1,954.08	-	-	000	999	-









**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
39599	C	UNLISTED PX DIAPHRAGM	-	-	IP 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	APC	\$136.32	-	-	000	999	-
4049F	E	DOC ORDER GIVEN STOP ANTIBIO	-	-	Not Allowed	\$0.00	-	-	000	999	-
40500	T	PARTIAL EXCISION OF LIP	-	05164	APC	\$1,866.21	-	-	000	999	-
4050F	E	HT CARE PLAN DOC	-	-	Not Allowed	\$0.00	-	-	000	999	-
40510	T	PARTIAL EXCISION OF LIP	-	05164	APC	\$1,866.21	-	-	000	999	-
4051F	E	REFERRED FOR AN AV FISTULA	-	-	Not Allowed	\$0.00	-	-	000	999	-
40520	T	PARTIAL EXCISION OF LIP	-	05164	APC	\$1,866.21	-	-	000	999	-
40525	T	RECONSTRUCT LIP WITH FLAP	-	05164	APC	\$1,866.21	-	-	000	999	-
40527	N	RECONSTRUCT LIP WITH FLAP	-	05165	Bundled, sometimes payable	\$3,502.59	-	-	000	999	-
4052F	E	HEMODIALYSIS VIA AV FISTULA	-	-	Not Allowed	\$0.00	-	-	000	999	-
40530	T	PARTIAL REMOVAL OF LIP	-	05164	APC	\$1,866.21	-	-	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 RECOMMMD	-	-	Not Allowed	\$0.00	-	-	000	999	-
4058F	E	PED GASTRO ED GIVEN CAREGVR	-	-	Not Allowed	\$0.00	-	-	000	999	-
4060F	E	PSYCH SVCS PROVIDED	-	-	Not Allowed	\$0.00	-	-	000	999	-
4062F	E	PT REFERRAL PSYCH DOCD	-	-	Not Allowed	\$0.00	-	-	000	999	-
4063F	E	ANTIDEPRES RXTHXPY NOT RXD	-	-	Not Allowed	\$0.00	-	-	000	999	-
4064F	E	ANTIDEPRESSANT RX	-	-	Not Allowed	\$0.00	-	-	000	999	-
40650	T	REPAIR LIP	-	05162	APC	\$299.65	-	-	000	999	-
40652	T	REPAIR LIP	-	05162	APC	\$299.65	-	-	000	999	-
40654	T	REPAIR LIP	-	05163	APC	\$910.56	-	-	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	Bundled, sometimes payable	\$3,502.59	-	-	000	999	-
40701	N	REPAIR CLEFT LIP/NASAL	-	05165	Bundled, sometimes payable	\$3,502.59	-	-	000	999	-
40702	N	REPAIR CLEFT LIP/NASAL	-	05165	Bundled, sometimes payable	\$3,502.59	-	-	000	999	-
4070F	E	DVT PROPHYLX RCVD DAY 2	-	-	Not Allowed	\$0.00	-	-	000	999	-
40720	N	REPAIR CLEFT LIP/NASAL	-	05164	Bundled, sometimes payable	\$1,866.21	-	-	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	Bundled, sometimes payable	\$3,502.59	-	-	000	999	-
4077F	E	DOC T-PA ADMIN CONSIDERED	-	-	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, 2023

2022 APC				APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments	
Proc Cd	Status Ind	Proc Desc	Proc Modifier									APC
43501	C	SURGICAL REPAIR OF STOMACH	-	-	-	IP Only	\$0.00	-	-	000	999	-
43502	C	SURGICAL REPAIR OF STOMACH	-	-	-	IP Only	\$0.00	-	-	000	999	-
4350F	E	CNSLNG PROVIDED SYMP MNGMNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
43510	T	SURGICAL OPENING OF STOMACH	-	05301	9.6455	APC	\$541.50	-	-	000	999	-
43520	C	INCISION OF PYLORIC MUSCLE	-	-	-	IP Only	\$0.00	-	-	000	999	-
43605	C	BIOPSY OF STOMACH	-	-	-	IP Only	\$0.00	-	-	000	999	-
43610	C	EXCISION OF STOMACH LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
43611	C	EXCISION OF STOMACH LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
43620	C	REMOVAL OF STOMACH	-	-	-	IP Only	\$0.00	-	-	000	999	-
43621	C	REMOVAL OF STOMACH	-	-	-	IP Only	\$0.00	-	-	000	999	-
43622	C	REMOVAL OF STOMACH	-	-	-	IP Only	\$0.00	-	-	000	999	-
43631	C	REMOVAL OF STOMACH PARTIAL	-	-	-	IP Only	\$0.00	-	-	000	999	-
43632	C	REMOVAL OF STOMACH PARTIAL	-	-	-	IP Only	\$0.00	-	-	000	999	-
43633	C	REMOVAL OF STOMACH PARTIAL	-	-	-	IP Only	\$0.00	-	-	000	999	-
43634	C	REMOVAL OF STOMACH PARTIAL	-	-	-	IP Only	\$0.00	-	-	000	999	-
43635	C	REMOVAL OF STOMACH PARTIAL	-	-	-	IP Only	\$0.00	-	-	000	999	-
43640	C	VAGOTOMY & PYLORUS REPAIR	-	-	-	IP Only	\$0.00	-	-	000	999	-
43641	C	VAGOTOMY & PYLORUS REPAIR	-	-	-	IP 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	139.6575	Bundled, sometimes payable	\$7,840.37	-	-	000	999	-
43648	N	LAP REVISE/REMV ELTRD ANTRUM	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
43651	N	LAPAROSCOPY VAGUS NERVE	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
43652	N	LAPAROSCOPY VAGUS NERVE	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
43653	N	LAPAROSCOPY GASTROSTOMY	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
43659	N	UNLISTED LAPS PX STOMACH	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
43752	N	NASAL/OROGASTRIC W/TUBE PLMT	-	05735	4.4116	Bundled, sometimes payable	\$247.67	-	-	000	999	-
43753	N	TX GASTRO INTUB W/ASP	-	05722	3.2723	Bundled, sometimes payable	\$183.71	-	-	000	999	-
43754	N	DX GASTR INTUB W/ASP SPEC	-	05722	3.2723	Bundled, sometimes payable	\$183.71	-	-	000	999	-
43755	S	DX GASTR INTUB W/ASP SPECS	-	05721	1.6992	APC	\$95.39	-	-	000	999	-
43756	N	DX DUOD INTUB W/ASP SPEC	-	05301	9.6455	Bundled, sometimes payable	\$541.50	-	-	000	999	-
43757	T	DX DUOD INTUB W/ASP SPECS	-	05301	9.6455	APC	\$541.50	-	-	000	999	-
43761	T	REPOSITION GASTROSTOMY TUBE	-	05371	2.5106	APC	\$140.95	-	-	000	999	-
43762	T	RPLC GTUBE NO REVJ TRC	-	05371	2.5106	APC	\$140.95	-	-	000	999	-
43763	T	RPLC GTUBE REVJ GSTRST TRC	-	05371	2.5106	APC	\$140.95	-	-	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	-
43774	E	LAP RMVL GASTR ADJ ALL PARTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
43775	E	LAP SLEEVE GASTRECTOMY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
43800	C	RECONSTRUCTION OF PYLORUS	-	-	-	IP Only	\$0.00	-	-	000	999	-
43810	C	FUSION OF STOMACH AND BOWEL	-	-	-	IP Only	\$0.00	-	-	000	999	-
43820	C	FUSION OF STOMACH AND BOWEL	-	-	-	IP Only	\$0.00	-	-	000	999	-
43825	C	FUSION OF STOMACH AND BOWEL	-	-	-	IP Only	\$0.00	-	-	000	999	-
43830	T	PLACE GASTROSTOMY TUBE	-	05302	20.3492	APC	\$1,142.40	-	-	000	999	-
43831	T	PLACE GASTROSTOMY TUBE	-	05301	9.6455	APC	\$541.50	-	-	000	999	-
43832	C	PLACE GASTROSTOMY TUBE	-	-	-	IP Only	\$0.00	-	-	000	999	-
43840	C	REPAIR OF STOMACH LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
43842	E	V-BAND GASTROPLASTY	-	-	-	Not Allowed	\$0.00	-	-	018	999	-
43843	E	GASTROPLASTY W/O V-BAND	-	-	-	Not Allowed	\$0.00	-	-	018	999	-
43845	E	GASTROPLASTY DUODENAL SWITCH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
43846	E	GASTRIC BYPASS FOR OBESITY	-	-	-	Not Allowed	\$0.00	-	-	018	999	-
43847	E	GASTRIC BYPASS INCL SMALL I	-	-	-	Not Allowed	\$0.00	-	-	018	999	-
43848	E	REVISION GASTROPLASTY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
43860	C	REVISE STOMACH-BOWEL FUSION	-	-	-	IP Only	\$0.00	-	-	000	999	-
43865	C	REVISE STOMACH-BOWEL FUSION	-	-	-	IP Only	\$0.00	-	-	000	999	-
43870	T	REPAIR STOMACH OPENING	-	05303	38.0989	APC	\$2,138.87	-	-	000	999	-
43880	C	REPAIR STOMACH-BOWEL FISTULA	-	-	-	IP Only	\$0.00	-	-	000	999	-
43881	C	IMPL/REDO ELECTRD ANTRUM	-	-	-	IP Only	\$0.00	-	-	000	999	-
43882	C	REVISE/REMOVE ELECTRD ANTRUM	-	-	-	IP 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	UNLISTED PROCEDURE STOMACH	-	05301	9.6455	APC	\$541.50	-	-	000	999	-
44005	C	FREEING OF BOWEL ADHESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
4400F	E	REHAB THXPY OPTIONS W/PT	-	-	-	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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
44010	C	INCISION OF SMALL BOWEL	-	-	IP Only	\$0.00	-	-	000	999	-
44015	C	INSERT NEEDLE CATH BOWEL	-	-	IP Only	\$0.00	-	-	000	999	-
44020	C	EXPLORE SMALL INTESTINE	-	-	IP Only	\$0.00	-	-	000	999	-
44021	C	DECOMPRESS SMALL BOWEL	-	-	IP Only	\$0.00	-	-	000	999	-
44025	C	INCISION OF LARGE BOWEL	-	-	IP Only	\$0.00	-	-	000	999	-
44050	C	REDUCE BOWEL OBSTRUCTION	-	-	IP Only	\$0.00	-	-	000	999	-
44055	C	CORRECT MALROTATION OF BOWEL	-	-	IP Only	\$0.00	-	-	000	999	-
44100	T	BIOPSY OF BOWEL	-	05301	APC	\$541.50	-	-	000	999	-
44110	C	EXCISE INTESTINE LESION(S)	-	-	IP Only	\$0.00	-	-	000	999	-
44111	C	EXCISION OF BOWEL LESION(S)	-	-	IP Only	\$0.00	-	-	000	999	-
44120	C	REMOVAL OF SMALL INTESTINE	-	-	IP Only	\$0.00	-	-	000	999	-
44121	C	REMOVAL OF SMALL INTESTINE	-	-	IP Only	\$0.00	-	-	000	999	-
44125	C	REMOVAL OF SMALL INTESTINE	-	-	IP Only	\$0.00	-	-	000	999	-
44126	C	ENTERECTOMY W/O TAPER CONG	-	-	IP Only	\$0.00	-	-	000	999	-
44127	C	ENTERECTOMY W/TAPER CONG	-	-	IP Only	\$0.00	-	-	000	999	-
44128	C	ENTERECTOMY CONG ADD-ON	-	-	IP Only	\$0.00	-	-	000	999	-
44130	C	BOWEL TO BOWEL FUSION	-	-	IP Only	\$0.00	-	-	000	999	-
44132	C	ENTERECTOMY CADAVER DONOR	-	-	IP Only	\$0.00	-	-	000	999	-
44133	C	ENTERECTOMY LIVE DONOR	-	-	IP Only	\$0.00	-	-	000	999	-
44135	C	INTESTINE TRANSPLNT CADAVER	-	-	IP Only	\$0.00	-	-	000	999	-
44136	C	INTESTINE TRANSPLANT LIVE	-	-	IP Only	\$0.00	-	-	000	999	-
44137	C	REMOVE INTESTINAL ALLOGRAFT	-	-	IP Only	\$0.00	-	-	000	999	-
44139	C	MOBILIZATION OF COLON	-	-	IP Only	\$0.00	-	-	000	999	-
44140	C	PARTIAL REMOVAL OF COLON	-	-	IP Only	\$0.00	-	-	000	999	-
44141	C	PARTIAL REMOVAL OF COLON	-	-	IP Only	\$0.00	-	-	000	999	-
44143	C	PARTIAL REMOVAL OF COLON	-	-	IP Only	\$0.00	-	-	000	999	-
44144	C	PARTIAL REMOVAL OF COLON	-	-	IP Only	\$0.00	-	-	000	999	-
44145	C	PARTIAL REMOVAL OF COLON	-	-	IP Only	\$0.00	-	-	000	999	-
44146	C	PARTIAL REMOVAL OF COLON	-	-	IP Only	\$0.00	-	-	000	999	-
44147	C	PARTIAL REMOVAL OF COLON	-	-	IP Only	\$0.00	-	-	000	999	-
44150	C	REMOVAL OF COLON	-	-	IP Only	\$0.00	-	-	000	999	-
44151	C	REMOVAL OF COLON/ILEOSTOMY	-	-	IP Only	\$0.00	-	-	000	999	-
44155	C	REMOVAL OF COLON/ILEOSTOMY	-	-	IP Only	\$0.00	-	-	000	999	-
44156	C	REMOVAL OF COLON/ILEOSTOMY	-	-	IP Only	\$0.00	-	-	000	999	-
44157	C	COLECTOMY W/ILEOANAL ANAST	-	-	IP Only	\$0.00	-	-	000	999	-
44158	C	COLECTOMY W/NEO-RECTUM POUCH	-	-	IP Only	\$0.00	-	-	000	999	-
44160	C	REMOVAL OF COLON	-	-	IP Only	\$0.00	-	-	000	999	-
44180	N	LAP ENTEROLYSIS	-	05361	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
44186	N	LAP JEJUNOSTOMY	-	05361	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
44187	C	LAP ILEO/JEJUNO-STOMY	-	-	IP Only	\$0.00	-	-	000	999	-
44188	C	LAP COLOSTOMY	-	-	IP Only	\$0.00	-	-	000	999	-
44202	C	LAP ENTERECTOMY	-	-	IP Only	\$0.00	-	-	000	999	-
44203	C	LAP RESECT S/INTESTINE ADDL	-	-	IP Only	\$0.00	-	-	000	999	-
44204	C	LAPARO PARTIAL COLECTOMY	-	-	IP Only	\$0.00	-	-	000	999	-
44205	C	LAP COLECTOMY PART W/ILEUM	-	-	IP Only	\$0.00	-	-	000	999	-
44206	C	LAP PART COLECTOMY W/STOMA	-	-	IP Only	\$0.00	-	-	000	999	-
44207	C	L COLECTOMY/COLOPROCTOSTOMY	-	-	IP Only	\$0.00	-	-	000	999	-
44208	C	L COLECTOMY/COLOPROCTOSTOMY	-	-	IP Only	\$0.00	-	-	000	999	-
44210	C	LAPARO TOTAL PROCTOCOLECTOMY	-	-	IP Only	\$0.00	-	-	000	999	-
44211	C	LAP COLECTOMY W/PROCTECTOMY	-	-	IP Only	\$0.00	-	-	000	999	-
44212	C	LAPARO TOTAL PROCTOCOLECTOMY	-	-	IP Only	\$0.00	-	-	000	999	-
44213	C	LAP MOBIL SPLENIC FL ADD-ON	-	-	IP Only	\$0.00	-	-	000	999	-
44227	C	LAP CLOSE ENTEROSTOMY	-	-	IP Only	\$0.00	-	-	000	999	-
44238	N	UNLISTED LAPS PX INTESTINE	-	05361	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
44300	C	OPEN BOWEL TO SKIN	-	-	IP Only	\$0.00	-	-	000	999	-
44310	C	ILEOSTOMY/JEJUNOSTOMY	-	-	IP Only	\$0.00	-	-	000	999	-
44312	T	REVISION OF ILEOSTOMY	-	05055	APC	\$2,133.85	-	-	000	999	-
44314	C	REVISION OF ILEOSTOMY	-	-	IP Only	\$0.00	-	-	000	999	-
44316	C	DEVISE BOWEL POUCH	-	-	IP Only	\$0.00	-	-	000	999	-
44320	C	COLOSTOMY	-	-	IP Only	\$0.00	-	-	000	999	-
44322	C	COLOSTOMY WITH BIOPSIES	-	-	IP Only	\$0.00	-	-	000	999	-
44340	T	REVISION OF COLOSTOMY	-	05055	APC	\$2,133.85	-	-	000	999	-
44345	C	REVISION OF COLOSTOMY	-	-	IP Only	\$0.00	-	-	000	999	-
44346	C	REVISION OF COLOSTOMY	-	-	IP Only	\$0.00	-	-	000	999	-
44360	T	SMALL BOWEL ENDOSCOPY	-	05302	APC	\$1,142.40	-	-	000	999	-
44361	T	SMALL BOWEL ENDOSCOPY/BIOPSY	-	05302	APC	\$1,142.40	-	-	000	999	-
44363	T	SMALL BOWEL ENDOSCOPY	-	05302	APC	\$1,142.40	-	-	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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
47147	C	PREP DONOR LIVER/ARTERIAL	-	-	IP Only	\$0.00	-	-	000	999	-
47300	C	SURGERY FOR LIVER LESION	-	-	IP Only	\$0.00	-	-	000	999	-
47350	C	REPAIR LIVER WOUND	-	-	IP Only	\$0.00	-	-	000	999	-
47360	C	REPAIR LIVER WOUND	-	-	IP Only	\$0.00	-	-	000	999	-
47361	C	REPAIR LIVER WOUND	-	-	IP Only	\$0.00	-	-	000	999	-
47362	C	REPAIR LIVER WOUND	-	-	IP Only	\$0.00	-	-	000	999	-
47370	N	LAPARO ABLATE LIVER TUMOR RF	-	05362	Bundled, sometimes payable	\$5,960.87	-	-	000	999	-
47371	N	LAPARO ABLATE LIVER CRYOSURG	-	05362	Bundled, sometimes payable	\$5,960.87	-	-	000	999	-
47379	N	UNLISTED LAPS PX LIVER	-	05361	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
47380	C	OPEN ABLATE LIVER TUMOR RF	-	-	IP Only	\$0.00	-	-	000	999	-
47381	C	OPEN ABLATE LIVER TUMOR CRYO	-	-	IP Only	\$0.00	-	-	000	999	-
47382	T	PERCUT ABLATE LIVER RF	-	05361	APC	\$3,418.94	-	-	000	999	-
47383	T	PERQ ABLTJ LVR CRYOABLATION	-	05361	APC	\$3,418.94	-	-	000	999	-
47399	T	UNLISTED PROCEDURE LIVER	-	05071	APC	\$425.70	-	-	000	999	-
47400	C	INCISION OF LIVER DUCT	-	-	IP Only	\$0.00	-	-	000	999	-
47420	C	INCISION OF BILE DUCT	-	-	IP Only	\$0.00	-	-	000	999	-
47425	C	INCISION OF BILE DUCT	-	-	IP Only	\$0.00	-	-	000	999	-
47460	C	INCISE BILE DUCT SPHINCTER	-	-	IP Only	\$0.00	-	-	000	999	-
47480	C	INCISION OF GALLBLADDER	-	-	IP Only	\$0.00	-	-	000	999	-
47490	T	INCISION OF GALLBLADDER	-	05341	APC	\$2,323.35	-	-	000	999	-
47531	N	INJECTION FOR CHOLANGIOGRAM	-	05341	Bundled, sometimes payable	\$2,323.35	-	-	000	999	-
47532	N	INJECTION FOR CHOLANGIOGRAM	-	05341	Bundled, sometimes payable	\$2,323.35	-	-	000	999	-
47533	T	PLMT BILIARY DRAINAGE CATH	-	05341	APC	\$2,323.35	-	-	000	999	-
47534	T	PLMT BILIARY DRAINAGE CATH	-	05341	APC	\$2,323.35	-	-	000	999	-
47535	T	CONVERSION EXT BIL DRG CATH	-	05341	APC	\$2,323.35	-	-	000	999	-
47536	T	EXCHANGE BILIARY DRG CATH	-	05341	APC	\$2,323.35	-	-	000	999	-
47537	N	REMOVAL BILIARY DRG CATH	-	05301	Bundled, sometimes payable	\$541.50	-	-	000	999	-
47538	T	PERQ PLMT BILE DUCT STENT	-	05361	APC	\$3,418.94	-	-	000	999	-
47539	T	PERQ PLMT BILE DUCT STENT	-	05361	APC	\$3,418.94	-	-	000	999	-
47540	T	PERQ PLMT BILE DUCT STENT	-	05361	APC	\$3,418.94	-	-	000	999	-
47541	T	PLMT ACCESS BIL TREE SM BWL	-	05341	APC	\$2,323.35	-	-	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 GBLDR CALCULI	-	-	Bundled	\$0.00	-	-	000	999	-
47550	N	BILE DUCT ENDOSCOPY ADD-ON	-	-	Bundled	\$0.00	-	-	000	999	-
47552	T	BILIARY ENDO PERQ DX W/SPECI	-	05341	APC	\$2,323.35	-	-	000	999	-
47553	T	BILIARY ENDOSCOPY THRU SKIN	-	05341	APC	\$2,323.35	-	-	000	999	-
47554	T	BILIARY ENDOSCOPY THRU SKIN	-	05361	APC	\$3,418.94	-	-	000	999	-
47555	T	BILIARY ENDOSCOPY THRU SKIN	-	05341	APC	\$2,323.35	-	-	000	999	-
47556	T	BILIARY ENDOSCOPY THRU SKIN	-	05361	APC	\$3,418.94	-	-	000	999	-
47562	N	LAPAROSCOPIC CHOLECYSTECTOMY	-	05361	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
47563	N	LAPARO CHOLECYSTECTOMY/GRAPH	-	05361	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
47564	N	LAPARO CHOLECYSTECTOMY/EXPLR	-	05361	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
47570	C	LAPARO CHOLECYSTOENTEROSTOMY	-	-	IP Only	\$0.00	-	-	000	999	-
47579	N	UNLISTED LAPS PX BILIARY TRC	-	05361	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
47600	C	REMOVAL OF GALLBLADDER	-	-	IP Only	\$0.00	-	-	000	999	-
47605	C	REMOVAL OF GALLBLADDER	-	-	IP Only	\$0.00	-	-	000	999	-
47610	C	REMOVAL OF GALLBLADDER	-	-	IP Only	\$0.00	-	-	000	999	-
47612	C	REMOVAL OF GALLBLADDER	-	-	IP Only	\$0.00	-	-	000	999	-
47620	C	REMOVAL OF GALLBLADDER	-	-	IP Only	\$0.00	-	-	000	999	-
47700	C	EXPLORATION OF BILE DUCTS	-	-	IP Only	\$0.00	-	-	000	999	-
47701	C	BILE DUCT REVISION	-	-	IP Only	\$0.00	-	-	000	999	-
47711	C	EXCISION OF BILE DUCT TUMOR	-	-	IP Only	\$0.00	-	-	000	999	-
47712	C	EXCISION OF BILE DUCT TUMOR	-	-	IP Only	\$0.00	-	-	000	999	-
47715	C	EXCISION OF BILE DUCT CYST	-	-	IP Only	\$0.00	-	-	000	999	-
47720	C	FUSE GALLBLADDER & BOWEL	-	-	IP Only	\$0.00	-	-	000	999	-
47721	C	FUSE UPPER GI STRUCTURES	-	-	IP Only	\$0.00	-	-	000	999	-
47740	C	FUSE GALLBLADDER & BOWEL	-	-	IP Only	\$0.00	-	-	000	999	-
47741	C	FUSE GALLBLADDER & BOWEL	-	-	IP Only	\$0.00	-	-	000	999	-
47760	C	FUSE BILE DUCTS AND BOWEL	-	-	IP Only	\$0.00	-	-	000	999	-
47765	C	FUSE LIVER DUCTS & BOWEL	-	-	IP Only	\$0.00	-	-	000	999	-
47780	C	FUSE BILE DUCTS AND BOWEL	-	-	IP Only	\$0.00	-	-	000	999	-
47785	C	FUSE BILE DUCTS AND BOWEL	-	-	IP Only	\$0.00	-	-	000	999	-
47800	C	RECONSTRUCTION OF BILE DUCTS	-	-	IP Only	\$0.00	-	-	000	999	-
47801	C	PLACEMENT BILE DUCT SUPPORT	-	-	IP Only	\$0.00	-	-	000	999	-
47802	C	FUSE LIVER DUCT & INTESTINE	-	-	IP Only	\$0.00	-	-	000	999	-
47900	C	SUTURE BILE DUCT INJURY	-	-	IP Only	\$0.00	-	-	000	999	-







### Montana Healthcare Programs Fee Schedule Outpatient Prospective Payment System Services January 1, 2023

2022 APC				APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	APC								
50541	N	LAPARO ABLATE RENAL CYST	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
50542	N	LAPARO ABLATE RENAL MASS	05362	106.1787	Bundled, sometimes payable	\$5,960.87	-	-	000	999	-
50543	N	LAPARO PARTIAL NEPHRECTOMY	05362	106.1787	Bundled, sometimes payable	\$5,960.87	-	-	000	999	-
50544	N	LAPAROSCOPY PYELOPLASTY	05362	106.1787	Bundled, sometimes payable	\$5,960.87	-	-	000	999	-
50545	C	LAPARO RADICAL NEPHRECTOMY	-	-	IP Only	\$0.00	-	-	000	999	-
50546	C	LAPAROSCOPIC NEPHRECTOMY	-	-	IP Only	\$0.00	-	-	000	999	-
50547	C	LAPARO REMOVAL DONOR KIDNEY	-	-	IP Only	\$0.00	-	-	000	999	-
50548	C	LAPARO REMOVE W/URETER	-	-	IP Only	\$0.00	-	-	000	999	-
50549	N	UNLISTED LAPS PX RENAL	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
50551	T	KIDNEY ENDOSCOPY	05375	54.9416	APC	\$3,084.42	-	-	000	999	-
50553	N	KIDNEY ENDOSCOPY	05375	54.9416	Bundled, sometimes payable	\$3,084.42	-	-	000	999	-
50555	T	KIDNEY ENDOSCOPY & BIOPSY	05376	99.9887	APC	\$5,613.37	-	-	000	999	-
50557	N	KIDNEY ENDOSCOPY & TREATMENT	05376	99.9887	Bundled, sometimes payable	\$5,613.37	-	-	000	999	-
50561	N	KIDNEY ENDOSCOPY & TREATMENT	05375	54.9416	Bundled, sometimes payable	\$3,084.42	-	-	000	999	-
50562	T	RENAL SCOPE W/TUMOR RESECT	05376	99.9887	APC	\$5,613.37	-	-	000	999	-
50570	T	KIDNEY ENDOSCOPY	05374	37.4496	APC	\$2,102.42	-	-	000	999	-
50572	T	KIDNEY ENDOSCOPY	05372	7.3066	APC	\$410.19	-	-	000	999	-
50574	T	KIDNEY ENDOSCOPY & BIOPSY	05374	37.4496	APC	\$2,102.42	-	-	000	999	-
50575	N	KIDNEY ENDOSCOPY	05375	54.9416	Bundled, sometimes payable	\$3,084.42	-	-	000	999	-
50576	T	KIDNEY ENDOSCOPY & TREATMENT	05376	99.9887	APC	\$5,613.37	-	-	000	999	-
50580	T	KIDNEY ENDOSCOPY & TREATMENT	05375	54.9416	APC	\$3,084.42	-	-	000	999	-
50590	N	FRAGMENTING OF KIDNEY STONE	05374	37.4496	Bundled, sometimes payable	\$2,102.42	-	-	000	999	-
50592	T	PERC RF ABLATE RENAL TUMOR	05361	60.9003	APC	\$3,418.94	-	-	000	999	-
50593	T	PERC CRYO ABLATE RENAL TUM	05362	106.1787	APC	\$5,960.87	-	-	000	999	-
50600	C	EXPLORATION OF URETER	-	-	IP Only	\$0.00	-	-	000	999	-
50605	C	INSERT URETERAL SUPPORT	-	-	IP 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	-	-	IP Only	\$0.00	-	-	000	999	-
50620	C	REMOVAL OF URETER STONE	-	-	IP 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	-	-	IP Only	\$0.00	-	-	000	999	-
50650	C	REMOVAL OF URETER	-	-	IP Only	\$0.00	-	-	000	999	-
50660	C	REMOVAL OF URETER	-	-	IP Only	\$0.00	-	-	000	999	-
50684	N	INJECTION FOR URETER X-RAY	-	-	Bundled	\$0.00	-	-	000	999	-
50686	S	MEASURE URETER PRESSURE	05721	1.6992	APC	\$95.39	-	-	000	999	-
50688	T	CHANGE OF URETER TUBE/STENT	05373	21.6729	APC	\$1,216.72	-	-	000	999	-
50690	N	INJECTION FOR URETER X-RAY	-	-	Bundled	\$0.00	-	-	000	999	-
50693	T	PLMT URETERAL STENT PRQ	05374	37.4496	APC	\$2,102.42	-	-	000	999	-
50694	T	PLMT URETERAL STENT PRQ	05374	37.4496	APC	\$2,102.42	-	-	000	999	-
50695	T	PLMT URETERAL STENT PRQ	05374	37.4496	APC	\$2,102.42	-	-	000	999	-
50700	C	REVISION OF URETER	-	-	IP 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	-	-	IP Only	\$0.00	-	-	000	999	-
50722	C	RELEASE OF URETER	-	-	IP Only	\$0.00	-	-	000	999	-
50725	C	RELEASE/REVISE URETER	-	-	IP Only	\$0.00	-	-	000	999	-
50727	T	REVISE URETER	05374	37.4496	APC	\$2,102.42	-	-	000	999	-
50728	C	REVISE URETER	-	-	IP Only	\$0.00	-	-	000	999	-
50740	C	FUSION OF URETER & KIDNEY	-	-	IP Only	\$0.00	-	-	000	999	-
50750	C	FUSION OF URETER & KIDNEY	-	-	IP Only	\$0.00	-	-	000	999	-
50760	C	FUSION OF URETERS	-	-	IP Only	\$0.00	-	-	000	999	-
50770	C	SPLICING OF URETERS	-	-	IP Only	\$0.00	-	-	000	999	-
50780	C	REIMPLANT URETER IN BLADDER	-	-	IP Only	\$0.00	-	-	000	999	-
50782	C	REIMPLANT URETER IN BLADDER	-	-	IP Only	\$0.00	-	-	000	999	-
50783	C	REIMPLANT URETER IN BLADDER	-	-	IP Only	\$0.00	-	-	000	999	-
50785	C	REIMPLANT URETER IN BLADDER	-	-	IP Only	\$0.00	-	-	000	999	-
50800	C	IMPLANT URETER IN BOWEL	-	-	IP Only	\$0.00	-	-	000	999	-
50810	C	FUSION OF URETER & BOWEL	-	-	IP Only	\$0.00	-	-	000	999	-
50815	C	URINE SHUNT TO INTESTINE	-	-	IP Only	\$0.00	-	-	000	999	-
50820	C	CONSTRUCT BOWEL BLADDER	-	-	IP Only	\$0.00	-	-	000	999	-
50825	C	CONSTRUCT BOWEL BLADDER	-	-	IP Only	\$0.00	-	-	000	999	-
50830	C	REVISE URINE FLOW	-	-	IP Only	\$0.00	-	-	000	999	-
50840	C	REPLACE URETER BY BOWEL	-	-	IP Only	\$0.00	-	-	000	999	-
50845	C	APPENDICO-VESICOSTOMY	-	-	IP Only	\$0.00	-	-	000	999	-
50860	C	TRANSPLANT URETER TO SKIN	-	-	IP Only	\$0.00	-	-	000	999	-
50900	C	REPAIR OF URETER	-	-	IP 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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier APC								
51798	N	US URINE CAPACITY MEASURE	- 05733	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
51800	C	REVISION OF BLADDER/URETHRA	- -	-	IP Only	\$0.00	-	-	000	999	-
51820	C	REVISION OF URINARY TRACT	- -	-	IP Only	\$0.00	-	-	000	999	-
51840	C	ATTACH BLADDER/URETHRA	- -	-	IP Only	\$0.00	-	-	000	999	-
51841	C	ATTACH BLADDER/URETHRA	- -	-	IP Only	\$0.00	-	-	000	999	-
51845	N	REPAIR BLADDER NECK	- 05415	54.1580	Bundled, sometimes payable	\$3,040.43	-	-	000	999	-
51860	N	REPAIR OF BLADDER WOUND	- 05376	99.9887	Bundled, sometimes payable	\$5,613.37	-	-	000	999	-
51865	C	REPAIR OF BLADDER WOUND	- -	-	IP Only	\$0.00	-	-	000	999	-
51880	T	REPAIR OF BLADDER OPENING	- 05374	37.4496	APC	\$2,102.42	-	-	000	999	-
51900	C	REPAIR BLADDER/VAGINA LESION	- -	-	IP Only	\$0.00	-	-	000	999	-
51920	C	CLOSE BLADDER-UTERUS FISTULA	- -	-	IP Only	\$0.00	-	-	000	999	-
51925	C	HYSTERECTOMY/BLADDER REPAIR	- -	-	IP Only	\$0.00	-	-	000	999	-
51940	C	CORRECTION OF BLADDER DEFECT	- -	-	IP Only	\$0.00	-	-	000	999	-
51960	C	REVISION OF BLADDER & BOWEL	- -	-	IP Only	\$0.00	-	-	000	999	-
51980	C	CONSTRUCT BLADDER OPENING	- -	-	IP Only	\$0.00	-	-	000	999	-
51990	N	LAPARO URETHRAL SUSPENSION	- 05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
51992	N	LAPARO SLING OPERATION	- 05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
51999	N	UNLISTED LAPS PX BLADDER	- 05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
52000	T	CYSTOSCOPY	- 05372	7.3066	APC	\$410.19	-	-	000	999	-
52001	T	CYSTOSCOPY REMOVAL OF CLOTS	- 05374	37.4496	APC	\$2,102.42	-	-	000	999	-
52005	T	CYSTOSCOPY & URETER CATHETER	- 05373	21.6729	APC	\$1,216.72	-	-	000	999	-
52007	T	CYSTOSCOPY AND BIOPSY	- 05374	37.4496	APC	\$2,102.42	-	-	000	999	-
5200F	E	EVAL APPROS SURG THXPY EPI	- -	-	Not Allowed	\$0.00	-	-	000	999	-
52010	T	CYSTOSCOPY & DUCT CATHETER	- 05372	7.3066	APC	\$410.19	-	-	000	999	-
52204	T	CYSTOSCOPY W/BIOPSY(S)	- 05373	21.6729	APC	\$1,216.72	-	-	000	999	-
52214	T	CYSTOSCOPY AND TREATMENT	- 05374	37.4496	APC	\$2,102.42	-	-	000	999	-
52224	T	CYSTOSCOPY AND TREATMENT	- 05374	37.4496	APC	\$2,102.42	-	-	000	999	-
52234	T	CYSTOSCOPY AND TREATMENT	- 05374	37.4496	APC	\$2,102.42	-	-	000	999	-
52235	T	CYSTOSCOPY AND TREATMENT	- 05374	37.4496	APC	\$2,102.42	-	-	000	999	-
52240	T	CYSTOSCOPY AND TREATMENT	- 05375	54.9416	APC	\$3,084.42	-	-	000	999	-
52250	T	CYSTOSCOPY AND RADIOTRACER	- 05374	37.4496	APC	\$2,102.42	-	-	000	999	-
52260	T	CYSTOSCOPY AND TREATMENT	- 05373	21.6729	APC	\$1,216.72	-	-	000	999	-
52265	T	CYSTOSCOPY AND TREATMENT	- 05373	21.6729	APC	\$1,216.72	-	-	000	999	-
52270	T	CYSTOSCOPY & REVISE URETHRA	- 05373	21.6729	APC	\$1,216.72	-	-	000	999	-
52275	T	CYSTOSCOPY & REVISE URETHRA	- 05373	21.6729	APC	\$1,216.72	-	-	000	999	-
52276	T	CYSTOSCOPY AND TREATMENT	- 05373	21.6729	APC	\$1,216.72	-	-	000	999	-
52277	T	CYSTOSCOPY AND TREATMENT	- 05374	37.4496	APC	\$2,102.42	-	-	000	999	-
52281	T	CYSTOSCOPY AND TREATMENT	- 05373	21.6729	APC	\$1,216.72	-	-	000	999	-
52282	T	CYSTOSCOPY IMPLANT STENT	- 05374	37.4496	APC	\$2,102.42	-	-	000	999	-
52283	T	CYSTOSCOPY AND TREATMENT	- 05373	21.6729	APC	\$1,216.72	-	-	000	999	-
52285	T	CYSTOSCOPY AND TREATMENT	- 05372	7.3066	APC	\$410.19	-	-	000	999	-
52287	T	CYSTOSCOPY CHEMODENERVATION	- 05373	21.6729	APC	\$1,216.72	-	-	000	999	-
52290	T	CYSTOSCOPY AND TREATMENT	- 05373	21.6729	APC	\$1,216.72	-	-	000	999	-
52300	T	CYSTOSCOPY AND TREATMENT	- 05374	37.4496	APC	\$2,102.42	-	-	000	999	-
52301	T	CYSTOSCOPY AND TREATMENT	- 05374	37.4496	APC	\$2,102.42	-	-	000	999	-
52305	N	CYSTOSCOPY AND TREATMENT	- 05375	54.9416	Bundled, sometimes payable	\$3,084.42	-	-	000	999	-
52310	T	CYSTOSCOPY AND TREATMENT	- 05373	21.6729	APC	\$1,216.72	-	-	000	999	-
52315	T	CYSTOSCOPY AND TREATMENT	- 05373	21.6729	APC	\$1,216.72	-	-	000	999	-
52317	T	REMOVE BLADDER STONE	- 05374	37.4496	APC	\$2,102.42	-	-	000	999	-
52318	N	REMOVE BLADDER STONE	- 05374	37.4496	Bundled, sometimes payable	\$2,102.42	-	-	000	999	-
52320	T	CYSTOSCOPY AND TREATMENT	- 05374	37.4496	APC	\$2,102.42	-	-	000	999	-
52325	T	CYSTOSCOPY STONE REMOVAL	- 05375	54.9416	APC	\$3,084.42	-	-	000	999	-
52327	T	CYSTOSCOPY INJECT MATERIAL	- 05375	54.9416	APC	\$3,084.42	-	-	000	999	-
52330	T	CYSTOSCOPY AND TREATMENT	- 05374	37.4496	APC	\$2,102.42	-	-	000	999	-
52332	T	CYSTOSCOPY AND TREATMENT	- 05374	37.4496	APC	\$2,102.42	-	-	000	999	-
52334	T	CREATE PASSAGE TO KIDNEY	- 05374	37.4496	APC	\$2,102.42	-	-	000	999	-
52341	T	CYSTO W/URETER STRICTURE TX	- 05374	37.4496	APC	\$2,102.42	-	-	000	999	-
52342	T	CYSTO W/UP STRICTURE TX	- 05374	37.4496	APC	\$2,102.42	-	-	000	999	-
52343	T	CYSTO W/RENAL STRICTURE TX	- 05374	37.4496	APC	\$2,102.42	-	-	000	999	-
52344	T	CYSTO/URETERO STRICTURE TX	- 05374	37.4496	APC	\$2,102.42	-	-	000	999	-
52345	T	CYSTO/URETERO W/UP STRICTURE	- 05374	37.4496	APC	\$2,102.42	-	-	000	999	-
52346	N	CYSTOURETERO W/RENAL STRICT	- 05375	54.9416	Bundled, sometimes payable	\$3,084.42	-	-	000	999	-
52351	T	CYSTOURETERO & OR PYELOSCOPE	- 05374	37.4496	APC	\$2,102.42	-	-	000	999	-
52352	T	CYSTOURETERO W/STONE REMOVE	- 05374	37.4496	APC	\$2,102.42	-	-	000	999	-
52353	N	CYSTOURETERO W/LITHOTRIPSY	- 05375	54.9416	Bundled, sometimes payable	\$3,084.42	-	-	000	999	-
52354	T	CYSTOURETERO W/BIOPSY	- 05375	54.9416	APC	\$3,084.42	-	-	000	999	-
52355	N	CYSTOURETERO W/EXCISE TUMOR	- 05375	54.9416	Bundled, sometimes payable	\$3,084.42	-	-	000	999	-





## Montana Healthcare Programs Fee Schedule

### Outpatient Prospective Payment System Services

#### January 1, 2023

2022 APC		Proc		APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier								
54408	E	REPAIR MULTI-COMP PENIS PROS	-	-	Not Allowed	\$0.00	-	-	000	999	-
54410	E	REMOVE/REPLACE PENIS PROSTH	-	-	Not Allowed	\$0.00	-	-	000	999	-
54411	E	REMOV/REPLC PENIS PROS COMP	-	-	Not Allowed	\$0.00	-	-	000	999	-
54415	E	REMOVE SELF-CONTD PENIS PROS	-	-	Not Allowed	\$0.00	-	-	000	999	-
54416	E	REMV/REPL PENIS CONTAIN PROS	-	-	Not Allowed	\$0.00	-	-	000	999	-
54417	E	REMV/REPLC PENIS PROS COMPL	-	-	Not Allowed	\$0.00	-	-	000	999	-
54420	T	REVISION OF PENIS	-	05374	APC	\$2,102.42	-	-	000	999	-
54430	C	REVISION OF PENIS	-	-	IP Only	\$0.00	-	-	000	999	-
54435	T	REVISION OF PENIS	-	05374	APC	\$2,102.42	-	-	000	999	-
54437	T	REPAIR CORPOREAL TEAR	-	05374	APC	\$2,102.42	-	-	000	999	-
54438	C	REPLANTATION OF PENIS	-	-	IP Only	\$0.00	-	-	000	999	-
54440	T	REPAIR OF PENIS	-	05374	APC	\$2,102.42	-	-	000	999	-
54450	T	PREPUTIAL STRETCHING	-	05371	APC	\$140.95	-	-	000	999	-
54500	T	BIOPSY OF TESTIS	-	05073	APC	\$1,694.50	-	-	000	999	-
54505	T	BIOPSY OF TESTIS	-	05374	APC	\$2,102.42	-	-	000	999	-
54512	T	EXCISE LESION TESTIS	-	05374	APC	\$2,102.42	-	-	000	999	-
54520	T	REMOVAL OF TESTIS	-	05374	APC	\$2,102.42	-	-	000	999	-
54522	T	ORCHIECTOMY PARTIAL	-	05374	APC	\$2,102.42	-	-	000	999	-
54530	T	REMOVAL OF TESTIS	-	05341	APC	\$2,323.35	-	-	000	999	-
54535	T	EXTENSIVE TESTIS SURGERY	-	05374	APC	\$2,102.42	-	-	000	999	-
54550	T	EXPLORATION FOR TESTIS	-	05341	APC	\$2,323.35	-	-	000	999	-
54560	T	EXPLORATION FOR TESTIS	-	05373	APC	\$1,216.72	-	-	000	999	-
54600	T	REDUCE TESTIS TORSION	-	05374	APC	\$2,102.42	-	-	000	999	-
54620	T	SUSPENSION OF TESTIS	-	05374	APC	\$2,102.42	-	-	000	999	-
54640	T	ORCHIOPEXY INGUN/SCROT APPR	-	05341	APC	\$2,323.35	-	-	000	999	-
54650	T	ORCHIOPEXY (FOWLER-STEPHENS)	-	05341	APC	\$2,323.35	-	-	000	999	-
54660	N	REVISION OF TESTIS	-	05375	Bundled, sometimes payable	\$3,084.42	-	-	000	999	-
54670	T	REPAIR TESTIS INJURY	-	05374	APC	\$2,102.42	-	-	000	999	-
54680	T	RELOCATION OF TESTIS(ES)	-	05374	APC	\$2,102.42	-	-	000	999	-
54690	N	LAPAROSCOPY ORCHIECTOMY	-	05361	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
54692	N	LAPAROSCOPY ORCHIOPEXY	-	05361	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
54699	N	UNLISTED LAPS PX TESTIS	-	05361	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
54700	T	DRAINAGE OF SCROTUM	-	05373	APC	\$1,216.72	-	-	000	999	-
54800	T	BIOPSY OF EPIDIDYMIS	-	05072	APC	\$983.64	-	-	000	999	-
54830	T	REMOVE EPIDIDYMIS LESION	-	05374	APC	\$2,102.42	-	-	000	999	-
54840	T	REMOVE EPIDIDYMIS LESION	-	05373	APC	\$1,216.72	-	-	000	999	-
54860	T	REMOVAL OF EPIDIDYMIS	-	05374	APC	\$2,102.42	-	-	000	999	-
54861	T	REMOVAL OF EPIDIDYMIS	-	05374	APC	\$2,102.42	-	-	000	999	-
54865	T	EXPLORE EPIDIDYMIS	-	05374	APC	\$2,102.42	-	-	000	999	-
54900	T	FUSION OF SPERMATIC DUCTS	-	05373	APC	\$1,216.72	-	-	000	999	-
54901	T	FUSION OF SPERMATIC DUCTS	-	05374	APC	\$2,102.42	-	-	000	999	-
55000	T	DRAINAGE OF HYDROCELE	-	05071	APC	\$425.70	-	-	000	999	-
55040	T	REMOVAL OF HYDROCELE	-	05341	APC	\$2,323.35	-	-	000	999	-
55041	T	REMOVAL OF HYDROCELES	-	05341	APC	\$2,323.35	-	-	000	999	-
55060	T	REPAIR OF HYDROCELE	-	05374	APC	\$2,102.42	-	-	000	999	-
55100	T	DRAINAGE OF SCROTUM ABSCESS	-	05072	APC	\$983.64	-	-	000	999	-
55110	T	EXPLORE SCROTUM	-	05374	APC	\$2,102.42	-	-	000	999	-
55120	T	REMOVAL OF SCROTUM LESION	-	05373	APC	\$1,216.72	-	-	000	999	-
55150	T	REMOVAL OF SCROTUM	-	05374	APC	\$2,102.42	-	-	000	999	-
55175	T	REVISION OF SCROTUM	-	05374	APC	\$2,102.42	-	-	000	999	-
55180	N	REVISION OF SCROTUM	-	05375	Bundled, sometimes payable	\$3,084.42	-	-	000	999	-
55200	T	INCISION OF SPERM DUCT	-	05374	APC	\$2,102.42	-	-	000	999	-
55250	T	REMOVAL OF SPERM DUCT(S)	-	05373	APC	\$1,216.72	-	-	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	APC	\$2,102.42	-	-	000	999	-
55520	T	REMOVAL OF SPERM CORD LESION	-	05374	APC	\$2,102.42	-	-	000	999	-
55530	T	REVISE SPERMATIC CORD VEINS	-	05374	APC	\$2,102.42	-	-	000	999	-
55535	T	REVISE SPERMATIC CORD VEINS	-	05341	APC	\$2,323.35	-	-	000	999	-
55540	T	REVISE HERNIA & SPERM VEINS	-	05341	APC	\$2,323.35	-	-	000	999	-
55550	N	LAPARO LIGATE SPERMATIC VEIN	-	05361	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
55559	N	UNLSTD LAPS PX SPRMATIC CORD	-	05361	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
55600	T	INCISE SPERM DUCT POUCH	-	05373	APC	\$1,216.72	-	-	000	999	-
55605	C	INCISE SPERM DUCT POUCH	-	-	IP Only	\$0.00	-	-	000	999	-
55650	C	REMOVE SPERM DUCT POUCH	-	-	IP Only	\$0.00	-	-	000	999	-
55680	T	REMOVE SPERM DUCT LESION	-	05374	APC	\$2,102.42	-	-	000	999	-
55700	T	BIOPSY OF PROSTATE	-	05373	APC	\$1,216.72	-	-	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, 2023**

2022 APC				APC Weight	Method	Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments	
Proc Cd	Status Ind	Proc Desc	Proc Modifier									APC
58572	N	TLH UTERUS OVER 250 G	-	05362	106.1787	Bundled, sometimes payable	\$5,960.87	-	-	000	999	-
58573	N	TLH W/T/O UTERUS OVER 250 G	-	05362	106.1787	Bundled, sometimes payable	\$5,960.87	-	-	000	999	-
58575	C	LAPS TOT HYST RESJ MAL	-	-	-	IP Only	\$0.00	-	-	000	999	-
58578	N	UNLISTED LAPS PX UTERUS	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
58579	T	UNLISTED HYSTSC PX UTERUS	-	05411	2.0813	APC	\$116.84	-	-	000	999	-
58600	T	DIVISION OF FALLOPIAN TUBE	-	05414	33.0366	APC	\$1,854.67	-	-	021	065	-
58605	C	DIVISION OF FALLOPIAN TUBE	-	-	-	IP Only	\$0.00	-	-	021	065	-
58611	C	LIGATE OVIDUCT(S) ADD-ON	-	-	-	IP Only	\$0.00	-	-	021	065	-
58615	T	OCCLUDE FALLOPIAN TUBE(S)	-	05414	33.0366	APC	\$1,854.67	-	-	021	065	-
58660	N	LAPAROSCOPY LYSIS	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
58661	N	LAPAROSCOPY REMOVE ADNEXA	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
58662	N	LAPAROSCOPY EXCISE LESIONS	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
58670	N	LAPAROSCOPY TUBAL CAUTERY	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	021	999	-
58671	N	LAPAROSCOPY TUBAL BLOCK	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	021	999	-
58672	N	LAPAROSCOPY FIMBRIOPLASTY	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
58673	N	LAPAROSCOPY SALPINGOSTOMY	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
58674	T	LAPS ABLTJ UTERINE FIBROIDS	-	05362	106.1787	APC	\$5,960.87	-	-	000	999	-
58679	N	UNLISTED LAPS PX OVIDCT OVRY	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
58700	C	REMOVAL OF FALLOPIAN TUBE	-	-	-	IP Only	\$0.00	-	-	000	999	-
58720	C	REMOVAL OF OVARY/TUBE(S)	-	-	-	IP Only	\$0.00	-	-	000	999	-
58740	C	ADHESIOLYSIS TUBE OVARY	-	-	-	IP 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	33.0366	APC	\$1,854.67	-	-	000	999	-
58805	T	DRAINAGE OF OVARIAN CYST(S)	-	05414	33.0366	APC	\$1,854.67	-	-	000	999	-
58820	T	DRAIN OVARY ABSCESS OPEN	-	05414	33.0366	APC	\$1,854.67	-	-	000	999	-
58822	C	DRAIN OVARY ABSCESS PERCUT	-	-	-	IP Only	\$0.00	-	-	000	999	-
58825	C	TRANSPOSITION OVARY(S)	-	-	-	IP Only	\$0.00	-	-	000	999	-
58900	T	BIOPSY OF OVARY(S)	-	05414	33.0366	APC	\$1,854.67	-	-	000	999	-
58920	N	PARTIAL REMOVAL OF OVARY(S)	-	05416	80.9202	Bundled, sometimes payable	\$4,542.86	-	-	000	999	-
58925	N	REMOVAL OF OVARIAN CYST(S)	-	05415	54.1580	Bundled, sometimes payable	\$3,040.43	-	-	000	999	-
58940	C	REMOVAL OF OVARY(S)	-	-	-	IP Only	\$0.00	-	-	000	999	-
58943	C	REMOVAL OF OVARY(S)	-	-	-	IP Only	\$0.00	-	-	000	999	-
58950	C	RESECT OVARIAN MALIGNANCY	-	-	-	IP Only	\$0.00	-	-	000	999	-
58951	C	RESECT OVARIAN MALIGNANCY	-	-	-	IP Only	\$0.00	-	-	000	999	-
58952	C	RESECT OVARIAN MALIGNANCY	-	-	-	IP Only	\$0.00	-	-	000	999	-
58953	C	TAH RAD DISSECT FOR DEBULK	-	-	-	IP Only	\$0.00	-	-	000	999	-
58954	C	TAH RAD DEBULK/LYMPH REMOVE	-	-	-	IP Only	\$0.00	-	-	012	999	-
58956	C	BSO OMENTECTOMY W/TAH	-	-	-	IP Only	\$0.00	-	-	000	999	-
58957	C	RESECT RECURRENT GYN MAL	-	-	-	IP Only	\$0.00	-	-	000	999	-
58958	C	RESECT RECUR GYN MAL W/LYM	-	-	-	IP Only	\$0.00	-	-	000	999	-
58960	C	EXPLORATION OF ABDOMEN	-	-	-	IP 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	UNLISTED PX FML GENITAL SYS	-	05411	2.0813	APC	\$116.84	-	-	000	999	-
59000	T	AMNIOCENTESIS DIAGNOSTIC	-	05413	8.2196	APC	\$461.45	-	-	010	065	-
59001	T	AMNIOCENTESIS THERAPEUTIC	-	05412	3.4113	APC	\$191.51	-	-	010	065	-
59012	T	FETAL CORD PUNCTURE PRENATAL	-	05412	3.4113	APC	\$191.51	-	-	010	065	-
59015	T	CHORION BIOPSY	-	05413	8.2196	APC	\$461.45	-	-	010	065	-
59020	T	FETAL CONTRACT STRESS TEST	-	05411	2.0813	APC	\$116.84	-	-	010	065	-
59025	T	FETAL NON-STRESS TEST	-	05411	2.0813	APC	\$116.84	-	-	010	065	-
59030	T	FETAL SCALP BLOOD SAMPLE	-	05412	3.4113	APC	\$191.51	-	-	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	3.4113	APC	\$191.51	-	-	010	065	-
59072	T	UMBILICAL CORD OCCLUD W/US	-	05412	3.4113	APC	\$191.51	-	-	010	065	-
59074	T	FETAL FLUID DRAINAGE W/US	-	05412	3.4113	APC	\$191.51	-	-	010	065	-
59076	T	FETAL SHUNT PLACEMENT W/US	-	05412	3.4113	APC	\$191.51	-	-	010	065	-
59100	T	REMOVE UTERUS LESION	-	05415	54.1580	APC	\$3,040.43	-	-	010	065	-
59120	C	TREAT ECTOPIC PREGNANCY	-	-	-	IP Only	\$0.00	-	-	010	065	-
59121	C	TREAT ECTOPIC PREGNANCY	-	-	-	IP Only	\$0.00	-	-	010	065	-
59130	C	TREAT ECTOPIC PREGNANCY	-	-	-	IP Only	\$0.00	-	-	010	065	-
59136	C	TREAT ECTOPIC PREGNANCY	-	-	-	IP Only	\$0.00	-	-	010	065	-
59140	C	TREAT ECTOPIC PREGNANCY	-	-	-	IP Only	\$0.00	-	-	010	065	-

**Montana Healthcare Programs Fee Schedule  
 Outpatient Prospective Payment System Services  
 January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments	
Proc Cd	Status Ind	Proc Desc	Proc Modifier									APC
59150	N	TREAT ECTOPIC PREGNANCY	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	010	065	-
59151	N	TREAT ECTOPIC PREGNANCY	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	010	065	-
59160	T	D & C AFTER DELIVERY	-	05414	33.0366	APC	\$1,854.67	-	-	010	065	-
59200	T	INSERT CERVICAL DILATOR	-	05412	3.4113	APC	\$191.51	-	-	010	065	-
59300	T	EPISIOTOMY OR VAGINAL REPAIR	-	05414	33.0366	APC	\$1,854.67	-	-	010	065	-
59320	T	REVISION OF CERVIX	-	05414	33.0366	APC	\$1,854.67	-	-	010	065	-
59325	C	REVISION OF CERVIX	-	-	-	IP Only	\$0.00	-	-	010	065	-
59350	C	REPAIR OF UTERUS	-	-	-	IP Only	\$0.00	-	-	010	065	-
59400	E	OBSTETRICAL CARE	-	-	-	Not Allowed	\$0.00	-	-	010	065	-
59409	T	OBSTETRICAL CARE	-	05414	33.0366	APC	\$1,854.67	-	-	010	065	-
59410	E	OBSTETRICAL CARE	-	-	-	Not Allowed	\$0.00	-	-	010	065	-
59412	T	ANTEPARTUM MANIPULATION	-	05414	33.0366	APC	\$1,854.67	-	-	010	065	-
59414	T	DELIVER PLACENTA	-	05414	33.0366	APC	\$1,854.67	-	-	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	-	-	-	IP Only	\$0.00	-	-	010	065	-
59515	E	CESAREAN DELIVERY	-	-	-	Not Allowed	\$0.00	-	-	010	065	-
59525	C	REMOVE UTERUS AFTER CESAREAN	-	-	-	IP Only	\$0.00	-	-	010	065	-
59610	E	VBAC DELIVERY	-	-	-	Not Allowed	\$0.00	-	-	010	065	-
59612	T	VBAC DELIVERY ONLY	-	05414	33.0366	APC	\$1,854.67	-	-	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	-	-	-	IP Only	\$0.00	-	-	010	065	-
59622	E	ATTEMPTED VBAC AFTER CARE	-	-	-	Not Allowed	\$0.00	-	-	010	065	-
59812	T	TREATMENT OF MISCARRIAGE	-	05414	33.0366	APC	\$1,854.67	-	-	010	065	-
59820	T	CARE OF MISCARRIAGE	-	05414	33.0366	APC	\$1,854.67	-	-	010	065	-
59821	T	TREATMENT OF MISCARRIAGE	-	05414	33.0366	APC	\$1,854.67	-	-	010	065	-
59830	C	TREAT UTERUS INFECTION	-	-	-	IP Only	\$0.00	-	-	010	065	-
59840	T	ABORTION	-	05414	33.0366	APC	\$1,854.67	-	-	010	065	-
59841	T	ABORTION	-	05414	33.0366	APC	\$1,854.67	-	-	010	065	-
59850	C	ABORTION	-	-	-	IP Only	\$0.00	-	-	010	065	-
59851	C	ABORTION	-	-	-	IP Only	\$0.00	-	-	010	065	-
59852	C	ABORTION	-	-	-	IP Only	\$0.00	-	-	010	065	-
59855	C	ABORTION	-	-	-	IP Only	\$0.00	-	-	010	065	-
59856	C	ABORTION	-	-	-	IP Only	\$0.00	-	-	010	065	-
59857	C	ABORTION	-	-	-	IP Only	\$0.00	-	-	010	065	-
59866	T	ABORTION (MPR)	-	05412	3.4113	APC	\$191.51	-	-	012	055	-
59870	T	EVACUATE MOLE OF UTERUS	-	05414	33.0366	APC	\$1,854.67	-	-	010	065	-
59871	N	REMOVE CERCLAGE SUTURE	-	05414	33.0366	Bundled, sometimes payable	\$1,854.67	-	-	000	999	-
59897	T	UNLISTED FETAL INVAS PX W/US	-	05411	2.0813	APC	\$116.84	-	-	010	065	-
59898	N	UNLSTD LAPS PX MAT CARE&DLVR	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	010	065	-
59899	T	UNLISTED PX MAT CARE&DLVR	-	05411	2.0813	APC	\$116.84	-	-	010	065	-
60000	T	DRAIN THYROID/TONGUE CYST	-	05163	16.2194	APC	\$910.56	-	-	000	999	-
6005F	E	CARE LEVEL RATIONALE DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
60100	T	BIOPSY OF THYROID	-	05071	7.5828	APC	\$425.70	-	-	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	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
6020F	E	NPO (NOTHING-MOUTH) ORDERED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
60210	N	PARTIAL THYROID EXCISION	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
60212	N	PARTIAL THYROID EXCISION	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
60220	N	PARTIAL REMOVAL OF THYROID	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
60225	N	PARTIAL REMOVAL OF THYROID	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
60240	N	REMOVAL OF THYROID	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
60252	N	REMOVAL OF THYROID	-	05165	62.3903	Bundled, sometimes payable	\$3,502.59	-	-	000	999	-
60254	C	EXTENSIVE THYROID SURGERY	-	-	-	IP Only	\$0.00	-	-	000	999	-
60260	N	REPEAT THYROID SURGERY	-	05165	62.3903	Bundled, sometimes payable	\$3,502.59	-	-	000	999	-
60270	C	REMOVAL OF THYROID	-	-	-	IP Only	\$0.00	-	-	000	999	-
60271	N	REMOVAL OF THYROID	-	05165	62.3903	Bundled, sometimes payable	\$3,502.59	-	-	000	999	-
60280	N	REMOVE THYROID DUCT LESION	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
60281	N	REMOVE THYROID DUCT LESION	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
60300	T	ASPIRINJ THYROID CYST	-	05071	7.5828	APC	\$425.70	-	-	000	999	-
6030F	E	MAX STERILE BARRIERS FLWD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
6040F	E	APPRO RAD DS DVCS TECHS DOCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
6045F	E	RADXPX IN END RPRT4FLURO PXD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

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, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
60500	N	EXPLORE PARATHYROID GLANDS	-	05165	62.3903	Bundled, sometimes payable	\$3,502.59	-	-	000	999	-
60502	N	RE-EXPLORE PARATHYROIDS	-	05165	62.3903	Bundled, sometimes payable	\$3,502.59	-	-	000	999	-
60505	C	EXPLORE PARATHYROID GLANDS	-	-	-	IP Only	\$0.00	-	-	000	999	-
60512	N	AUTOTRANSPLANT PARATHYROID	-	-	-	Bundled	\$0.00	-	-	000	999	-
60520	N	REMOVAL OF THYMUS GLAND	-	05165	62.3903	Bundled, sometimes payable	\$3,502.59	-	-	000	999	-
60521	C	REMOVAL OF THYMUS GLAND	-	-	-	IP Only	\$0.00	-	-	000	999	-
60522	C	REMOVAL OF THYMUS GLAND	-	-	-	IP Only	\$0.00	-	-	000	999	-
60540	C	EXPLORE ADRENAL GLAND	-	-	-	IP Only	\$0.00	-	-	000	999	-
60545	C	EXPLORE ADRENAL GLAND	-	-	-	IP Only	\$0.00	-	-	000	999	-
60600	C	REMOVE CAROTID BODY LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
60605	C	REMOVE CAROTID BODY LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
60650	C	LAPAROSCOPY ADRENALECTOMY	-	-	-	IP Only	\$0.00	-	-	000	999	-
60659	N	UNLISTED LAPS PX ENDOC SYS	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	000	999	-
60699	N	UNLISTED PX ENDOCRINE SYSTEM	-	05361	60.9003	Bundled, sometimes payable	\$3,418.94	-	-	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	7.5286	APC	\$422.66	-	-	000	002	-
61001	T	REMOVE CRANIAL CAVITY FLUID	-	05442	7.5286	APC	\$422.66	-	-	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	9.9571	APC	\$558.99	-	-	000	999	-
61026	T	INJECTION INTO BRAIN CANAL	-	05442	7.5286	APC	\$422.66	-	-	000	999	-
6102F	E	SAFETY COUNSELING DEM ORDER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
61050	T	REMOVE BRAIN CANAL FLUID	-	05441	3.1769	APC	\$178.35	-	-	000	999	-
61055	T	INJECTION INTO BRAIN CANAL	-	05441	3.1769	APC	\$178.35	-	-	000	999	-
61070	T	BRAIN CANAL SHUNT PROCEDURE	-	05442	7.5286	APC	\$422.66	-	-	000	999	-
61105	C	TWIST DRILL HOLE	-	-	-	IP Only	\$0.00	-	-	000	999	-
61107	C	DRILL SKULL FOR IMPLANTATION	-	-	-	IP Only	\$0.00	-	-	000	999	-
61108	C	DRILL SKULL FOR DRAINAGE	-	-	-	IP Only	\$0.00	-	-	000	999	-
6110F	E	COUNSEL PROV DRIVING RISKS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
61120	C	BURR HOLE FOR PUNCTURE	-	-	-	IP Only	\$0.00	-	-	000	999	-
61140	C	PIERCE SKULL FOR BIOPSY	-	-	-	IP Only	\$0.00	-	-	000	999	-
61150	C	PIERCE SKULL FOR DRAINAGE	-	-	-	IP Only	\$0.00	-	-	000	999	-
61151	C	PIERCE SKULL FOR DRAINAGE	-	-	-	IP Only	\$0.00	-	-	000	999	-
61154	C	PIERCE SKULL & REMOVE CLOT	-	-	-	IP Only	\$0.00	-	-	000	999	-
61156	C	PIERCE SKULL FOR DRAINAGE	-	-	-	IP Only	\$0.00	-	-	000	999	-
61210	C	PIERCE SKULL IMPLANT DEVICE	-	-	-	IP Only	\$0.00	-	-	000	999	-
61215	T	INSERT BRAIN-FLUID DEVICE	-	05432	72.1931	APC	\$4,052.92	-	-	000	999	-
61250	C	PIERCE SKULL & EXPLORE	-	-	-	IP Only	\$0.00	-	-	000	999	-
61253	C	PIERCE SKULL & EXPLORE	-	-	-	IP Only	\$0.00	-	-	000	999	-
61304	C	OPEN SKULL FOR EXPLORATION	-	-	-	IP Only	\$0.00	-	-	000	999	-
61305	C	OPEN SKULL FOR EXPLORATION	-	-	-	IP Only	\$0.00	-	-	000	999	-
61312	C	OPEN SKULL FOR DRAINAGE	-	-	-	IP Only	\$0.00	-	-	000	999	-
61313	C	OPEN SKULL FOR DRAINAGE	-	-	-	IP Only	\$0.00	-	-	000	999	-
61314	C	OPEN SKULL FOR DRAINAGE	-	-	-	IP Only	\$0.00	-	-	000	999	-
61315	C	OPEN SKULL FOR DRAINAGE	-	-	-	IP Only	\$0.00	-	-	000	999	-
61316	C	IMPLT CRAN BONE FLAP TO ABDO	-	-	-	IP Only	\$0.00	-	-	000	999	-
61320	C	OPEN SKULL FOR DRAINAGE	-	-	-	IP Only	\$0.00	-	-	000	999	-
61321	C	OPEN SKULL FOR DRAINAGE	-	-	-	IP Only	\$0.00	-	-	000	999	-
61322	C	DECOMPRESSIVE CRANIOTOMY	-	-	-	IP Only	\$0.00	-	-	000	999	-
61323	C	DECOMPRESSIVE LOBECTOMY	-	-	-	IP Only	\$0.00	-	-	000	999	-
61330	N	DECOMPRESS EYE SOCKET	-	05164	33.2421	Bundled, sometimes payable	\$1,866.21	-	-	000	999	-
61333	C	EXPLORE ORBIT/REMOVE LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
61340	C	SUBTEMPORAL DECOMPRESSION	-	-	-	IP Only	\$0.00	-	-	000	999	-
61343	C	INCISE SKULL (PRESS RELIEF)	-	-	-	IP Only	\$0.00	-	-	000	999	-
61345	C	RELIEVE CRANIAL PRESSURE	-	-	-	IP Only	\$0.00	-	-	000	999	-
61450	C	INCISE SKULL FOR SURGERY	-	-	-	IP Only	\$0.00	-	-	000	999	-
61458	C	INCISE SKULL FOR BRAIN WOUND	-	-	-	IP Only	\$0.00	-	-	000	999	-
61460	C	INCISE SKULL FOR SURGERY	-	-	-	IP Only	\$0.00	-	-	000	999	-
61500	C	REMOVAL OF SKULL LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
61501	C	REMOVE INFECTED SKULL BONE	-	-	-	IP Only	\$0.00	-	-	000	999	-
6150F	E	PT NOTRCVNG1ST ANTITNF TXMNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
61510	C	REMOVAL OF BRAIN LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
61512	C	REMOVE BRAIN LINING LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
61514	C	REMOVAL OF BRAIN ABSCESS	-	-	-	IP Only	\$0.00	-	-	000	999	-
61516	C	REMOVAL OF BRAIN LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC Proc Cd	Status Ind	Proc Desc	Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
			Modifier	APC								
61517	C	IMPLT BRAIN CHEMOTX ADD-ON	-	-	-	IP Only	\$0.00	-	-	000	999	-
61518	C	REMOVAL OF BRAIN LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
61519	C	REMOVE BRAIN LINING LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
61520	C	REMOVAL OF BRAIN LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
61521	C	REMOVAL OF BRAIN LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
61522	C	REMOVAL OF BRAIN ABSCESS	-	-	-	IP Only	\$0.00	-	-	000	999	-
61524	C	REMOVAL OF BRAIN LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
61526	C	REMOVAL OF BRAIN LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
61530	C	REMOVAL OF BRAIN LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
61531	C	IMPLANT BRAIN ELECTRODES	-	-	-	IP Only	\$0.00	-	-	000	999	-
61533	C	IMPLANT BRAIN ELECTRODES	-	-	-	IP Only	\$0.00	-	-	000	999	-
61534	C	REMOVAL OF BRAIN LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
61535	C	REMOVE BRAIN ELECTRODES	-	-	-	IP Only	\$0.00	-	-	000	999	-
61536	C	REMOVAL OF BRAIN LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
61537	C	REMOVAL OF BRAIN TISSUE	-	-	-	IP Only	\$0.00	-	-	000	999	-
61538	C	REMOVAL OF BRAIN TISSUE	-	-	-	IP Only	\$0.00	-	-	000	999	-
61539	C	REMOVAL OF BRAIN TISSUE	-	-	-	IP Only	\$0.00	-	-	000	999	-
61540	C	REMOVAL OF BRAIN TISSUE	-	-	-	IP Only	\$0.00	-	-	000	999	-
61541	C	INCISION OF BRAIN TISSUE	-	-	-	IP Only	\$0.00	-	-	000	999	-
61543	C	REMOVAL OF BRAIN TISSUE	-	-	-	IP Only	\$0.00	-	-	000	999	-
61544	C	REMOVE & TREAT BRAIN LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
61545	C	EXCISION OF BRAIN TUMOR	-	-	-	IP Only	\$0.00	-	-	000	999	-
61546	C	REMOVAL OF PITUITARY GLAND	-	-	-	IP Only	\$0.00	-	-	000	999	-
61548	C	REMOVAL OF PITUITARY GLAND	-	-	-	IP Only	\$0.00	-	-	000	999	-
61550	C	RELEASE OF SKULL SEAMS	-	-	-	IP Only	\$0.00	-	-	000	999	-
61552	C	RELEASE OF SKULL SEAMS	-	-	-	IP Only	\$0.00	-	-	000	999	-
61556	C	INCISE SKULL/SUTURES	-	-	-	IP Only	\$0.00	-	-	000	999	-
61557	C	INCISE SKULL/SUTURES	-	-	-	IP Only	\$0.00	-	-	000	999	-
61558	C	EXCISION OF SKULL/SUTURES	-	-	-	IP Only	\$0.00	-	-	000	999	-
61559	C	EXCISION OF SKULL/SUTURES	-	-	-	IP Only	\$0.00	-	-	000	999	-
61563	C	EXCISION OF SKULL TUMOR	-	-	-	IP Only	\$0.00	-	-	000	999	-
61564	C	EXCISION OF SKULL TUMOR	-	-	-	IP Only	\$0.00	-	-	000	999	-
61566	C	REMOVAL OF BRAIN TISSUE	-	-	-	IP Only	\$0.00	-	-	000	999	-
61567	C	INCISION OF BRAIN TISSUE	-	-	-	IP Only	\$0.00	-	-	000	999	-
61570	C	REMOVE FOREIGN BODY BRAIN	-	-	-	IP Only	\$0.00	-	-	000	999	-
61571	C	INCISE SKULL FOR BRAIN WOUND	-	-	-	IP Only	\$0.00	-	-	000	999	-
61575	C	SKULL BASE/BRAINSTEM SURGERY	-	-	-	IP Only	\$0.00	-	-	000	999	-
61576	C	SKULL BASE/BRAINSTEM SURGERY	-	-	-	IP Only	\$0.00	-	-	000	999	-
61580	C	CRANIOFACIAL APPROACH SKULL	-	-	-	IP Only	\$0.00	-	-	000	999	-
61581	C	CRANIOFACIAL APPROACH SKULL	-	-	-	IP Only	\$0.00	-	-	000	999	-
61582	C	CRANIOFACIAL APPROACH SKULL	-	-	-	IP Only	\$0.00	-	-	000	999	-
61583	C	CRANIOFACIAL APPROACH SKULL	-	-	-	IP Only	\$0.00	-	-	000	999	-
61584	C	ORBITOCRANIAL APPROACH/SKULL	-	-	-	IP Only	\$0.00	-	-	000	999	-
61585	C	ORBITOCRANIAL APPROACH/SKULL	-	-	-	IP Only	\$0.00	-	-	000	999	-
61586	C	RESECT NASOPHARYNX SKULL	-	-	-	IP Only	\$0.00	-	-	000	999	-
61590	C	INFRATEMPORAL APPROACH/SKULL	-	-	-	IP Only	\$0.00	-	-	000	999	-
61591	C	INFRATEMPORAL APPROACH/SKULL	-	-	-	IP Only	\$0.00	-	-	000	999	-
61592	C	ORBITOCRANIAL APPROACH/SKULL	-	-	-	IP Only	\$0.00	-	-	000	999	-
61595	C	TRANSTEMPORAL APPROACH/SKULL	-	-	-	IP Only	\$0.00	-	-	000	999	-
61596	C	TRANSOCHLEAR APPROACH/SKULL	-	-	-	IP Only	\$0.00	-	-	000	999	-
61597	C	TRANSCONDYLAR APPROACH/SKULL	-	-	-	IP Only	\$0.00	-	-	000	999	-
61598	C	TRANSPETROSAL APPROACH/SKULL	-	-	-	IP Only	\$0.00	-	-	000	999	-
61600	C	RESECT/EXCISE CRANIAL LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
61601	C	RESECT/EXCISE CRANIAL LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
61605	C	RESECT/EXCISE CRANIAL LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
61606	C	RESECT/EXCISE CRANIAL LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
61607	C	RESECT/EXCISE CRANIAL LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
61608	C	RESECT/EXCISE CRANIAL LESION	-	-	-	IP Only	\$0.00	-	-	000	999	-
61611	C	TRANSECT ARTERY SINUS	-	-	-	IP Only	\$0.00	-	-	000	999	-
61613	C	REMOVE ANEURYSM SINUS	-	-	-	IP Only	\$0.00	-	-	000	999	-
61615	C	RESECT/EXCISE LESION SKULL	-	-	-	IP Only	\$0.00	-	-	000	999	-
61616	C	RESECT/EXCISE LESION SKULL	-	-	-	IP Only	\$0.00	-	-	000	999	-
61618	C	REPAIR DURA	-	-	-	IP Only	\$0.00	-	-	000	999	-
61619	C	REPAIR DURA	-	-	-	IP Only	\$0.00	-	-	000	999	-
61623	N	ENDOVASC TEMPORARY VESSEL OCCL	-	05193	124.0324	Bundled, sometimes payable	\$6,963.18	-	-	000	999	-
61624	C	TRANSCATH OCCLUSION CNS	-	-	-	IP Only	\$0.00	-	-	000	999	-
61626	N	TRANSCATH OCCLUSION NON-CNS	-	05193	124.0324	Bundled, sometimes payable	\$6,963.18	-	-	000	999	-



## Montana Healthcare Programs Fee Schedule Outpatient Prospective Payment System Services January 1, 2023

2022 APC				APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier APC								
62160	N	NEUROENDOSCOPY ADD-ON	- -	-	Bundled	\$0.00	-	-	000	999	-
62161	C	DISSECT BRAIN W/SCOPE	- -	-	IP Only	\$0.00	-	-	000	999	-
62162	C	REMOVE COLLOID CYST W/SCOPE	- -	-	IP Only	\$0.00	-	-	000	999	-
62164	C	REMOVE BRAIN TUMOR W/SCOPE	- -	-	IP Only	\$0.00	-	-	000	999	-
62165	C	REMOVE PITUIT TUMOR W/SCOPE	- -	-	IP Only	\$0.00	-	-	000	999	-
62180	C	ESTABLISH BRAIN CAVITY SHUNT	- -	-	IP Only	\$0.00	-	-	000	999	-
62190	C	ESTABLISH BRAIN CAVITY SHUNT	- -	-	IP Only	\$0.00	-	-	000	999	-
62192	C	ESTABLISH BRAIN CAVITY SHUNT	- -	-	IP Only	\$0.00	-	-	000	999	-
62194	T	REPLACE/IRRIGATE CATHETER	- 05431	21.0028	APC	\$1,179.10	-	-	000	999	-
62200	C	ESTABLISH BRAIN CAVITY SHUNT	- -	-	IP Only	\$0.00	-	-	000	999	-
62201	C	BRAIN CAVITY SHUNT W/SCOPE	- -	-	IP Only	\$0.00	-	-	000	999	-
62220	C	ESTABLISH BRAIN CAVITY SHUNT	- -	-	IP Only	\$0.00	-	-	000	999	-
62223	C	ESTABLISH BRAIN CAVITY SHUNT	- -	-	IP Only	\$0.00	-	-	000	999	-
62225	T	REPLACE/IRRIGATE CATHETER	- 05432	72.1931	APC	\$4,052.92	-	-	000	999	-
62230	T	REPLACE/REVISE BRAIN SHUNT	- 05432	72.1931	APC	\$4,052.92	-	-	000	999	-
62252	S	CSF SHUNT REPROGRAM	- 05743	3.2325	APC	\$181.47	-	-	000	999	-
62256	C	REMOVE BRAIN CAVITY SHUNT	- -	-	IP Only	\$0.00	-	-	000	999	-
62258	C	REPLACE BRAIN CAVITY SHUNT	- -	-	IP Only	\$0.00	-	-	000	999	-
62263	T	EPIDURAL LYSIS MULT SESSIONS	- 05443	9.9571	APC	\$558.99	-	-	000	999	-
62264	T	EPIDURAL LYSIS ON SINGLE DAY	- 05443	9.9571	APC	\$558.99	-	-	000	999	-
62267	T	INTERDISCAL PERQ ASPIR DX	- 05071	7.5828	APC	\$425.70	-	-	000	999	-
62268	T	DRAIN SPINAL CORD CYST	- 05443	9.9571	APC	\$558.99	-	-	000	999	-
62269	T	NEEDLE BIOPSY SPINAL CORD	- 05072	17.5212	APC	\$983.64	-	-	000	999	-
62270	T	DX LMBR SPI PNXR	- 05442	7.5286	APC	\$422.66	-	-	000	999	-
62272	T	THER SPI PNXR DRG CSF	- 05442	7.5286	APC	\$422.66	-	-	000	999	-
62273	T	INJECT EPIDURAL PATCH	- 05442	7.5286	APC	\$422.66	-	-	000	999	-
62280	T	TREAT SPINAL CORD LESION	- 05443	9.9571	APC	\$558.99	-	-	000	999	-
62281	T	TREAT SPINAL CORD LESION	- 05443	9.9571	APC	\$558.99	-	-	000	999	-
62282	T	TREAT SPINAL CANAL LESION	- 05443	9.9571	APC	\$558.99	-	-	000	999	-
62284	N	INJECTION FOR MYELOGRAM	- -	-	Bundled	\$0.00	-	-	000	999	-
62287	T	DCMPRN PX PERQ 1/MLT LUMBAR	- 05431	21.0028	APC	\$1,179.10	-	-	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	21.0028	APC	\$1,179.10	-	-	000	999	-
62294	T	INJECTION INTO SPINAL ARTERY	- 05443	9.9571	APC	\$558.99	-	-	000	999	-
62302	N	MYELOGRAPHY LUMBAR INJECTION	- 05573	8.6551	Bundled, sometimes payable	\$485.90	-	-	000	999	-
62303	N	MYELOGRAPHY LUMBAR INJECTION	- 05573	8.6551	Bundled, sometimes payable	\$485.90	-	-	000	999	-
62304	N	MYELOGRAPHY LUMBAR INJECTION	- 05573	8.6551	Bundled, sometimes payable	\$485.90	-	-	000	999	-
62305	N	MYELOGRAPHY LUMBAR INJECTION	- 05573	8.6551	Bundled, sometimes payable	\$485.90	-	-	000	999	-
62320	T	NJX INTERLAMINAR CRV/THRC	- 05442	7.5286	APC	\$422.66	-	-	000	999	-
62321	T	NJX INTERLAMINAR CRV/THRC	- 05442	7.5286	APC	\$422.66	-	-	000	999	-
62322	T	NJX INTERLAMINAR LMBR/SAC	- 05443	9.9571	APC	\$558.99	-	-	000	999	-
62323	T	NJX INTERLAMINAR LMBR/SAC	- 05442	7.5286	APC	\$422.66	-	-	000	999	-
62324	T	NJX INTERLAMINAR CRV/THRC	- 05443	9.9571	APC	\$558.99	-	-	000	999	-
62325	T	NJX INTERLAMINAR CRV/THRC	- 05443	9.9571	APC	\$558.99	-	-	000	999	-
62326	T	NJX INTERLAMINAR LMBR/SAC	- 05443	9.9571	APC	\$558.99	-	-	000	999	-
62327	T	NJX INTERLAMINAR LMBR/SAC	- 05443	9.9571	APC	\$558.99	-	-	000	999	-
62328	T	DX LMBR SPI PNXR W/FLUOR/CT	- 05442	7.5286	APC	\$434.11	-	-	000	999	-
62329	T	THER SPI PNXR CSF FLUOR/CT	- 05442	7.5286	APC	\$434.11	-	-	000	999	-
62350	T	IMPLANT SPINAL CANAL CATH	- 05432	72.1931	APC	\$4,052.92	-	-	000	999	-
62351	N	IMPLANT SPINAL CANAL CATH	- 05114	77.2872	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-
62355	N	REMOVE SPINAL CANAL CATHETER	- 05431	21.0028	Bundled, sometimes payable	\$1,179.10	-	-	000	999	-
62360	N	INSERT SPINE INFUSION DEVICE	- 05471	197.9139	Bundled, sometimes payable	\$11,110.89	-	-	000	999	-
62361	N	IMPLANT SPINE INFUSION PUMP	- 05471	197.9139	Bundled, sometimes payable	\$11,110.89	-	-	000	999	-
62362	N	IMPLANT SPINE INFUSION PUMP	- 05471	197.9139	Bundled, sometimes payable	\$11,110.89	-	-	000	999	-
62365	N	REMOVE SPINE INFUSION DEVICE	- 05432	72.1931	Bundled, sometimes payable	\$4,052.92	-	-	000	999	-
62367	S	ANALYZE SPINE INFUS PUMP	- 05743	3.2325	APC	\$181.47	-	-	000	999	-
62368	S	ANALYZE SP INF PUMP W/REPROG	- 05743	3.2325	APC	\$181.47	-	-	000	999	-
62369	S	ANAL SP INF PMP W/REPRG&FILL	- 05743	3.2325	APC	\$181.47	-	-	000	999	-
62370	S	ANL SP INF PMP W/MDREPRG&FILL	- 05743	3.2325	APC	\$181.47	-	-	000	999	-
62380	T	NDSC DCMPRN 1 NTRSPC LUMBAR	- 05114	77.2872	APC	\$4,338.90	-	-	000	999	-
63001	N	REMOVE SPINE LAMINA 1/2 CRVL	- 05114	77.2872	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-
63003	N	REMOVE SPINE LAMINA 1/2 THRC	- 05114	77.2872	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-
63005	N	REMOVE SPINE LAMINA 1/2 LMBR	- 05114	77.2872	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-
63011	N	REMOVE SPINE LAMINA 1/2 SCRL	- 05114	77.2872	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-
63012	N	REMOVE LAMINA/FACETS LUMBAR	- 05114	77.2872	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-
63015	N	REMOVE SPINE LAMINA >2 CRVCL	- 05114	77.2872	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-

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

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments	
Proc Cd	Status Ind	Proc Desc	Proc Modifier									APC
63016	N	REMOVE SPINE LAMINA >2 THRC	-	05114	77.2872	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-
63017	N	REMOVE SPINE LAMINA >2 LMBR	-	05114	77.2872	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-
63020	N	NECK SPINE DISK SURGERY	-	05114	77.2872	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-
63030	N	LOW BACK DISK SURGERY	-	05114	77.2872	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-
63035	N	SPINAL DISK SURGERY ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
63040	N	LAMINOTOMY SINGLE CERVICAL	-	05114	77.2872	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-
63042	N	LAMINOTOMY SINGLE LUMBAR	-	05114	77.2872	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-
63043	N	LAMINOTOMY ADDL CERVICAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
63044	N	LAMINOTOMY ADDL LUMBAR	-	-	-	Bundled	\$0.00	-	-	000	999	-
63045	N	LAM FACETEC & FORAMOT CRV	-	05114	77.2872	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-
63046	N	LAM FACETEC & FORAMOT THRC	-	05114	77.2872	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-
63047	N	LAM FACETEC & FORAMOT LUMBAR	-	05114	77.2872	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-
63048	N	LAM FACETEC & FORAMOT EA ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-
63050	C	CERVICAL LAMINOPLSTY 2/> SEG	-	-	-	IP Only	\$0.00	-	-	000	999	-
63051	C	C-LAMINOPLASTY W/GRAFT/PLATE	-	-	-	IP Only	\$0.00	-	-	000	999	-
63052	N	LAM FACETC/FRMT ARTHRD LUM 1	-	-	-	Bundled	\$0.00	-	-	000	999	-
63053	N	LAM FACETC/FRMT ARTHRD LUM EA	-	-	-	Bundled	\$0.00	-	-	000	999	-
63055	N	DECOMPRESS SPINAL CORD THRC	-	05114	77.2872	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-
63056	N	DECOMPRESS SPINAL CORD LMBR	-	05114	77.2872	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-
63057	N	DECOMPRESS SPINE CORD ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
63064	N	DECOMPRESS SPINAL CORD THRC	-	05114	77.2872	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-
63066	N	DECOMPRESS SPINE CORD ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
63075	N	NECK SPINE DISK SURGERY	-	05114	77.2872	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-
63076	N	NECK SPINE DISK SURGERY	-	-	-	Bundled	\$0.00	-	-	000	999	-
63077	C	SPINE DISK SURGERY THORAX	-	-	-	IP Only	\$0.00	-	-	000	999	-
63078	C	SPINE DISK SURGERY THORAX	-	-	-	IP Only	\$0.00	-	-	000	999	-
63081	C	REMOVE VERT BODY DCMPRN CRVL	-	-	-	IP Only	\$0.00	-	-	000	999	-
63082	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	IP Only	\$0.00	-	-	000	999	-
63085	C	REMOVE VERT BODY DCMPRN THRC	-	-	-	IP Only	\$0.00	-	-	000	999	-
63086	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	IP Only	\$0.00	-	-	000	999	-
63087	C	REMOV VERTBR DCMPRN THRC/LMBR	-	-	-	IP Only	\$0.00	-	-	000	999	-
63088	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	IP Only	\$0.00	-	-	000	999	-
63090	C	REMOVE VERT BODY DCMPRN LMBR	-	-	-	IP Only	\$0.00	-	-	000	999	-
63091	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	IP Only	\$0.00	-	-	000	999	-
63101	C	REMOVE VERT BODY DCMPRN THRC	-	-	-	IP Only	\$0.00	-	-	000	999	-
63102	C	REMOVE VERT BODY DCMPRN LMBR	-	-	-	IP Only	\$0.00	-	-	000	999	-
63103	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	IP Only	\$0.00	-	-	000	999	-
63170	C	INCISE SPINAL CORD TRACT(S)	-	-	-	IP Only	\$0.00	-	-	000	999	-
63172	C	DRAINAGE OF SPINAL CYST	-	-	-	IP Only	\$0.00	-	-	000	999	-
63173	C	DRAINAGE OF SPINAL CYST	-	-	-	IP Only	\$0.00	-	-	000	999	-
63185	C	INCISE SPINE NRV HALF SEGMNT	-	-	-	IP Only	\$0.00	-	-	000	999	-
63190	C	INCISE SPINE NRV >2 SEGMNTS	-	-	-	IP Only	\$0.00	-	-	000	999	-
63191	C	INCISE SPINE ACCESSORY NERVE	-	-	-	IP Only	\$0.00	-	-	000	999	-
63197	C	LAM W/COROTOMY 1STG THRC	-	-	-	IP Only	\$0.00	-	-	000	999	-
63200	C	RELEASE SPINAL CORD LUMBAR	-	-	-	IP Only	\$0.00	-	-	000	999	-
63250	C	REVISE SPINAL CORD VSLS CRVL	-	-	-	IP Only	\$0.00	-	-	000	999	-
63251	C	REVISE SPINAL CORD VSLS THRC	-	-	-	IP Only	\$0.00	-	-	000	999	-
63252	C	REVISE SPINE CORD VSL THRLMB	-	-	-	IP Only	\$0.00	-	-	000	999	-
63265	N	EXCISE INTRASPINAL LESION CRV	-	05114	77.2872	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-
63266	N	EXCISE INTRASPINAL LESION THRC	-	05114	77.2872	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-
63267	N	EXCISE INTRASPINAL LESION LMBR	-	05114	77.2872	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-
63268	N	EXCISE INTRASPINAL LESION SCRL	-	05114	77.2872	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-
63270	C	EXCISE INTRASPINAL LESION CRVL	-	-	-	IP Only	\$0.00	-	-	000	999	-
63271	C	EXCISE INTRASPINAL LESION THRC	-	-	-	IP Only	\$0.00	-	-	000	999	-
63272	C	EXCISE INTRASPINAL LESION LMBR	-	-	-	IP Only	\$0.00	-	-	000	999	-
63273	C	EXCISE INTRASPINAL LESION SCRL	-	-	-	IP Only	\$0.00	-	-	000	999	-
63275	C	BX/EXC XDRL SPINE LESN CRVL	-	-	-	IP Only	\$0.00	-	-	000	999	-
63276	C	BX/EXC XDRL SPINE LESN THRC	-	-	-	IP Only	\$0.00	-	-	000	999	-
63277	C	BX/EXC XDRL SPINE LESN LMBR	-	-	-	IP Only	\$0.00	-	-	000	999	-
63278	C	BX/EXC XDRL SPINE LESN SCRL	-	-	-	IP Only	\$0.00	-	-	000	999	-
63280	C	BX/EXC IDRL SPINE LESN CRVL	-	-	-	IP Only	\$0.00	-	-	000	999	-
63281	C	BX/EXC IDRL SPINE LESN THRC	-	-	-	IP Only	\$0.00	-	-	000	999	-
63282	C	BX/EXC IDRL SPINE LESN LMBR	-	-	-	IP Only	\$0.00	-	-	000	999	-
63283	C	BX/EXC IDRL SPINE LESN SCRL	-	-	-	IP Only	\$0.00	-	-	000	999	-
63285	C	BX/EXC IDRL IMED LESN CERV	-	-	-	IP Only	\$0.00	-	-	000	999	-
63286	C	BX/EXC IDRL IMED LESN THRC	-	-	-	IP Only	\$0.00	-	-	000	999	-
63287	C	BX/EXC IDRL IMED LESN THRLMB	-	-	-	IP Only	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC		Proc	APC	APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital	Non-sole Comm.	Min	Max	Comments
Proc Cd	Status Ind	Proc Desc	Modifier			Schedule	Lab Fees	Hospital Lab Fees	Age	Age	
63290	C	BX/EXC XDRL/IDRL LSN ANY LVL	-	-		IP Only	\$0.00	-	000	999	-
63295	C	REPAIR LAMINECTOMY DEFECT	-	-		IP Only	\$0.00	-	000	999	-
63300	C	REMOVE VERT XDRL BODY CRVCL	-	-		IP Only	\$0.00	-	000	999	-
63301	C	REMOVE VERT XDRL BODY THRC	-	-		IP Only	\$0.00	-	000	999	-
63302	C	REMOVE VERT XDRL BODY THRLMB	-	-		IP Only	\$0.00	-	000	999	-
63303	C	REMOV VERT XDRL BDY LMBR/SAC	-	-		IP Only	\$0.00	-	000	999	-
63304	C	REMOVE VERT IDRL BODY CRVCL	-	-		IP Only	\$0.00	-	000	999	-
63305	C	REMOVE VERT IDRL BODY THRC	-	-		IP Only	\$0.00	-	000	999	-
63306	C	REMOV VERT IDRL BDY THRC/LMBR	-	-		IP Only	\$0.00	-	000	999	-
63307	C	REMOV VERT IDRL BDY LMBR/SAC	-	-		IP Only	\$0.00	-	000	999	-
63308	C	REMOVE VERTEBRAL BODY ADD-ON	-	-		IP Only	\$0.00	-	000	999	-
63600	T	REMOVE SPINAL CORD LESION	-	05431	21.0028	APC	\$1,179.10	-	000	999	-
63610	T	STIMULATION OF SPINAL CORD	-	05431	21.0028	APC	\$1,179.10	-	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	77.1613	Bundled, sometimes payable	\$4,331.84	-	000	999	-
63655	N	IMPLANT NEUROELECTRODES	-	05464	251.3917	Bundled, sometimes payable	\$14,113.13	-	000	999	-
63661	N	REMOVE SPINE ELTRD PERQ ARAY	-	05431	21.0028	Bundled, sometimes payable	\$1,179.10	-	000	999	-
63662	N	REMOVE SPINE ELTRD PLATE	-	05461	37.9468	Bundled, sometimes payable	\$2,130.33	-	000	999	-
63663	N	REVISE SPINE ELTRD PERQ ARAY	-	05462	77.1613	Bundled, sometimes payable	\$4,331.84	-	000	999	-
63664	N	REVISE SPINE ELTRD PLATE	-	05463	139.6575	Bundled, sometimes payable	\$7,840.37	-	000	999	-
63685	N	INSRT/REDO SPINE N GENERATOR	-	05465	343.0330	Bundled, sometimes payable	\$19,257.87	-	000	999	-
63688	N	REVISE/REMOVE NEURORCEIVER	-	05461	37.9468	Bundled, sometimes payable	\$2,130.33	-	000	999	-
63700	C	REPAIR OF SPINAL HERNIATION	-	-		IP Only	\$0.00	-	000	999	-
63702	C	REPAIR OF SPINAL HERNIATION	-	-		IP Only	\$0.00	-	000	999	-
63704	C	REPAIR OF SPINAL HERNIATION	-	-		IP Only	\$0.00	-	000	999	-
63706	C	REPAIR OF SPINAL HERNIATION	-	-		IP Only	\$0.00	-	000	999	-
63707	C	REPAIR SPINAL FLUID LEAKAGE	-	-		IP Only	\$0.00	-	000	999	-
63709	C	REPAIR SPINAL FLUID LEAKAGE	-	-		IP Only	\$0.00	-	000	999	-
63710	C	GRAFT REPAIR OF SPINE DEFECT	-	-		IP Only	\$0.00	-	000	999	-
63740	C	INSTALL SPINAL SHUNT	-	-		IP Only	\$0.00	-	000	999	-
63741	T	INSTALL SPINAL SHUNT	-	05432	72.1931	APC	\$4,052.92	-	000	999	-
63744	T	REVISION OF SPINAL SHUNT	-	05432	72.1931	APC	\$4,052.92	-	000	999	-
63746	N	REMOVAL OF SPINAL SHUNT	-	05431	21.0028	Bundled, sometimes payable	\$1,179.10	-	000	999	-
64400	T	NJX AA&/STRD TRIGEMINAL NRV	-	05441	3.1769	APC	\$178.35	-	000	999	-
64405	T	NJX AA&/STRD GR OCPL NRV	-	05441	3.1769	APC	\$178.35	-	000	999	-
64408	T	NJX AA&/STRD VAGUS NRV	-	05441	3.1769	APC	\$178.35	-	000	999	-
64415	T	NJX AA&/STRD BRCH PLXS IMG	-	05443	9.9571	APC	\$558.99	-	000	999	-
64416	T	NJX AA&/STRD BRCH PL NFS IMG	-	05443	9.9571	APC	\$558.99	-	000	999	-
64417	T	NJX AA&/STRD AX NERVE IMG	-	05443	9.9571	APC	\$558.99	-	000	999	-
64418	T	NJX AA&/STRD SPRSCAP NRV	-	05442	7.5286	APC	\$422.66	-	000	999	-
64420	T	NJX AA&/STRD NTRCOST NRV 1	-	05442	7.5286	APC	\$422.66	-	000	999	-
64421	T	NJX AA&/STRD NTRCOST NRV EA	-	05443	9.9571	APC	\$558.99	-	000	999	-
64425	T	NJX AA&/STRD II IH NERVES	-	05442	7.5286	APC	\$422.66	-	000	999	-
64430	T	NJX AA&/STRD PUDENDAL NERVE	-	05443	9.9571	APC	\$558.99	-	000	999	-
64435	T	NJX AA&/STRD PARACRV NRV	-	05442	7.5286	APC	\$422.66	-	000	999	-
64445	T	NJX AA&/STRD SCIATIC NRV IMG	-	05442	7.5286	APC	\$422.66	-	000	999	-
64446	T	NJX AA&/STRD SC NRV NFS IMG	-	05443	9.9571	APC	\$558.99	-	000	999	-
64447	T	NJX AA&/STRD FEMORAL NRV IMG	-	05442	7.5286	APC	\$422.66	-	000	999	-
64448	T	NJX AA&/STRD FEM NRV NFS IMG	-	05443	9.9571	APC	\$558.99	-	000	999	-
64449	T	NJX AA&/STRD LMBR PLEX NFS	-	05443	9.9571	APC	\$558.99	-	000	999	-
64450	T	NJX AA&/STRD OTHER PN/BRANCH	-	05442	7.5286	APC	\$422.66	-	000	999	-
64451	T	NJX AA&/STRD NRV NRVTG SI JT	-	05442	7.5286	APC	\$434.11	-	000	999	-
64454	T	NJX AA&/STRD GNCLR NRV BRNCH	-	05442	7.5286	APC	\$434.11	-	000	999	-
64455	T	NJX AA&/STRD PLTR COM DG NRV	-	05441	3.1769	APC	\$178.35	-	000	999	-
64461	T	PVB THORACIC SINGLE INJ SITE	-	05442	7.5286	APC	\$422.66	-	000	999	-
64462	N	PVB THORACIC 2ND+ INJ SITE	-	-		Bundled	\$0.00	-	000	999	-
64463	T	PVB THORACIC CONT INFUSION	-	05442	7.5286	APC	\$422.66	-	000	999	-
64479	T	NJX AA&/STRD TFRM EPI C/T 1	-	05443	9.9571	APC	\$558.99	-	000	999	-
64480	N	NJX AA&/STRD TFRM EPI C/T EA	-	-		Bundled	\$0.00	-	000	999	-
64483	T	NJX AA&/STRD TFRM EPI L/S 1	-	05443	9.9571	APC	\$558.99	-	000	999	-
64484	N	NJX AA&/STRD TFRM EPI L/S EA	-	-		Bundled	\$0.00	-	000	999	-
64486	N	TAP BLOCK UNIL BY INJECTION	-	-		Bundled	\$0.00	-	000	999	-
64487	N	TAP BLOCK UNI BY INFUSION	-	-		Bundled	\$0.00	-	000	999	-
64488	N	TAP BLOCK BI INJECTION	-	-		Bundled	\$0.00	-	000	999	-
64489	N	TAP BLOCK BI BY INFUSION	-	-		Bundled	\$0.00	-	000	999	-
64490	T	INJ PARAVERT F JNT C/T 1 LEV	-	05443	9.9571	APC	\$558.99	-	000	999	-

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





**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC		Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier								
64902	N	NERVE GRAFT ADD-ON	-	-	Bundled	\$0.00	-	-	000	999	-
64905	T	NERVE PEDICLE TRANSFER	-	05432	APC	\$4,052.92	-	-	000	999	-
64907	T	NERVE PEDICLE TRANSFER	-	05432	APC	\$4,052.92	-	-	000	999	-
64910	T	NERVE REPAIR W/ALLOGRAFT	-	05432	APC	\$4,052.92	-	-	000	999	-
64911	T	NEURORRAPHY W/VEIN AUTOGRAFT	-	05432	APC	\$4,052.92	-	-	000	999	-
64912	T	NRV RPR W/NRV ALGRFT 1ST	-	05432	APC	\$4,052.92	-	-	000	999	-
64913	N	NRV RPR W/NRV ALGRFT EA ADDL	-	-	Bundled	\$0.00	-	-	000	999	-
64999	T	UNLISTED PX NERVOUS SYSTEM	-	05441	APC	\$178.35	-	-	000	999	-
65091	T	REVISE EYE	-	05504	APC	\$2,292.89	-	-	000	999	-
65093	T	REVISE EYE WITH IMPLANT	-	05504	APC	\$2,292.89	-	-	000	999	-
65101	T	REMOVAL OF EYE	-	05504	APC	\$2,292.89	-	-	000	999	-
65103	T	REMOVE EYE/INSERT IMPLANT	-	05504	APC	\$2,292.89	-	-	000	999	-
65105	T	REMOVE EYE/ATTACH IMPLANT	-	05504	APC	\$2,292.89	-	-	000	999	-
65110	T	REMOVAL OF EYE	-	05504	APC	\$2,292.89	-	-	000	999	-
65112	T	REMOVE EYE/REVISE SOCKET	-	05504	APC	\$2,292.89	-	-	000	999	-
65114	T	REMOVE EYE/REVISE SOCKET	-	05504	APC	\$2,292.89	-	-	000	999	-
65125	T	REVISE OCULAR IMPLANT	-	05503	APC	\$1,386.84	-	-	000	999	-
65130	T	INSERT OCULAR IMPLANT	-	05504	APC	\$2,292.89	-	-	000	999	-
65135	T	INSERT OCULAR IMPLANT	-	05504	APC	\$2,292.89	-	-	000	999	-
65140	T	ATTACH OCULAR IMPLANT	-	05504	APC	\$2,292.89	-	-	000	999	-
65150	T	REVISE OCULAR IMPLANT	-	05504	APC	\$2,292.89	-	-	000	999	-
65155	T	REINSERT OCULAR IMPLANT	-	05504	APC	\$2,292.89	-	-	000	999	-
65175	T	REMOVAL OF OCULAR IMPLANT	-	05504	APC	\$2,292.89	-	-	000	999	-
65205	N	REMOVE FOREIGN BODY FROM EYE	-	05734	Bundled, sometimes payable	\$76.17	-	-	000	999	-
65210	N	REMOVE FOREIGN BODY FROM EYE	-	05735	Bundled, sometimes payable	\$247.67	-	-	000	999	-
65220	N	REMOVE FOREIGN BODY FROM EYE	-	05735	Bundled, sometimes payable	\$247.67	-	-	000	999	-
65222	N	REMOVE FOREIGN BODY FROM EYE	-	05734	Bundled, sometimes payable	\$76.17	-	-	000	999	-
65235	T	REMOVE FOREIGN BODY FROM EYE	-	05491	APC	\$1,416.50	-	-	000	999	-
65260	T	REMOVE FOREIGN BODY FROM EYE	-	05491	APC	\$1,416.50	-	-	000	999	-
65265	T	REMOVE FOREIGN BODY FROM EYE	-	05491	APC	\$1,416.50	-	-	000	999	-
65270	T	REPAIR OF EYE WOUND	-	05503	APC	\$1,386.84	-	-	000	999	-
65272	T	REPAIR OF EYE WOUND	-	05503	APC	\$1,386.84	-	-	000	999	-
65273	C	REPAIR OF EYE WOUND	-	-	IP Only	\$0.00	-	-	000	999	-
65275	T	REPAIR OF EYE WOUND	-	05504	APC	\$2,292.89	-	-	000	999	-
65280	N	REPAIR OF EYE WOUND	-	05492	Bundled, sometimes payable	\$2,620.92	-	-	000	999	-
65285	N	REPAIR OF EYE WOUND	-	05492	Bundled, sometimes payable	\$2,620.92	-	-	000	999	-
65286	T	REPAIR OF EYE WOUND	-	05491	APC	\$1,416.50	-	-	000	999	-
65290	T	REPAIR OF EYE SOCKET WOUND	-	05504	APC	\$2,292.89	-	-	000	999	-
65400	T	REMOVAL OF EYE LESION	-	05502	APC	\$572.41	-	-	000	999	-
65410	T	BIOPSY OF CORNEA	-	05503	APC	\$1,386.84	-	-	000	999	-
65420	T	REMOVAL OF EYE LESION	-	05503	APC	\$1,386.84	-	-	000	999	-
65426	T	REMOVAL OF EYE LESION	-	05503	APC	\$1,386.84	-	-	000	999	-
65430	N	CORNEAL SMEAR	-	05735	Bundled, sometimes payable	\$247.67	-	-	000	999	-
65435	T	CURETTE/TREAT CORNEA	-	05502	APC	\$572.41	-	-	000	999	-
65436	T	CURETTE/TREAT CORNEA	-	05503	APC	\$1,386.84	-	-	000	999	-
65450	T	TREATMENT OF CORNEAL LESION	-	05501	APC	\$173.64	-	-	000	999	-
65600	T	REVISION OF CORNEA	-	05503	APC	\$1,386.84	-	-	000	999	-
65710	N	CORNEAL TRANSPLANT	-	05492	Bundled, sometimes payable	\$2,620.92	-	-	000	999	-
65730	N	CORNEAL TRANSPLANT	-	05492	Bundled, sometimes payable	\$2,620.92	-	-	000	999	-
65750	N	CORNEAL TRANSPLANT	-	05492	Bundled, sometimes payable	\$2,620.92	-	-	000	999	-
65755	N	CORNEAL TRANSPLANT	-	05492	Bundled, sometimes payable	\$2,620.92	-	-	000	999	-
65756	N	CORNEAL TRNSPL ENDOTHELIAL	-	05492	Bundled, sometimes payable	\$2,620.92	-	-	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	Bundled, sometimes payable	\$4,734.39	-	-	000	999	-
65771	E	RADIAL KERATOTOMY	-	-	Not Allowed	\$0.00	-	-	000	999	-
65772	T	CORRECTION OF ASTIGMATISM	-	05502	APC	\$572.41	-	-	000	999	-
65775	T	CORRECTION OF ASTIGMATISM	-	05503	APC	\$1,386.84	-	-	000	999	-
65778	N	COVER EYE W/MEMBRANE	-	05502	Bundled, sometimes payable	\$572.41	-	-	000	999	-
65779	N	COVER EYE W/MEMBRANE SUTURE	-	05504	Bundled, sometimes payable	\$2,292.89	-	-	000	999	-
65780	T	OCULAR RECONST TRANSPLANT	-	05504	APC	\$2,292.89	-	-	000	999	-
65781	N	OCULAR RECONST TRANSPLANT	-	05492	Bundled, sometimes payable	\$2,620.92	-	-	000	999	-
65782	T	OCULAR RECONST TRANSPLANT	-	05504	APC	\$2,292.89	-	-	000	999	-
65785	N	IMPLTJ NTRSTRML CRNL RNG SEG	-	05492	Bundled, sometimes payable	\$2,620.92	-	-	000	999	-
65800	T	DRAINAGE OF EYE	-	05491	APC	\$1,416.50	-	-	000	999	-









































## Montana Healthcare Programs Fee Schedule Outpatient Prospective Payment System Services January 1, 2023

2022 APC				Proc		APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital	Non-sole Comm.	Min	Max	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC	APC			Schedule	Lab Fees	Hospital Lab Fees	Age	Age	
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	-	
81349	E	CYTOG ALYS CHRML ABNR LW-PS	-	-	-	Not Allowed	\$0.00	-	-	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	Q	TP53 GENE TRGT SEQUENCE ALYS	-	-	-	Medicare	\$549.18	\$340.49	\$329.51	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	Q	U2AF1 GENE COMMON VARIANTS	-	-	-	Medicare	\$322.08	\$199.69	\$193.25	000	999	-	
81360	Q	ZRSR2 GENE COMMON VARIANTS	-	-	-	Medicare	\$322.08	\$199.69	\$193.25	000	999	-	
81361	Q	HBB GENE COM VARIANTS	-	-	-	Medicare	\$291.35	\$180.64	\$174.81	000	999	-	
81362	Q	HBB GENE KNOWN FAM VARIANT	-	-	-	Medicare	\$625.42	\$387.76	\$375.25	000	999	-	
81363	Q	HBB GENE DUP/DEL VARIANTS	-	-	-	Medicare	\$337.33	\$209.14	\$202.40	000	999	-	
81364	Q	HBB FULL GENE SEQUENCE	-	-	-	Medicare	\$540.97	\$335.40	\$324.58	000	999	-	
81370	Q	HLA I & II TYPING LR	-	-	-	Medicare	\$670.20	\$415.52	\$402.12	000	999	-	
81371	Q	HLA I & II TYPE VERIFY LR	-	-	-	Medicare	\$674.20	\$418.00	\$404.52	000	999	-	
81372	Q	HLA I TYPING COMPLETE LR	-	-	-	Medicare	\$672.65	\$417.04	\$403.59	000	999	-	
81373	Q	HLA I TYPING 1 LOCUS LR	-	-	-	Medicare	\$212.38	\$131.68	\$127.43	000	999	-	
81374	Q	HLA I TYPING 1 ANTIGEN LR	-	-	-	Medicare	\$123.88	\$76.81	\$74.33	000	999	-	
81375	Q	HLA II TYPING AG EQUIV LR	-	-	-	Medicare	\$367.90	\$228.10	\$220.74	000	999	-	
81376	Q	HLA II TYPING 1 LOCUS LR	-	-	-	Medicare	\$203.70	\$126.29	\$122.22	000	999	-	
81377	Q	HLA II TYPE 1 AG EQUIV LR	-	-	-	Medicare	\$157.90	\$97.90	\$94.74	000	999	-	
81378	Q	HLA I & II TYPING HR	-	-	-	Medicare	\$575.95	\$357.09	\$345.57	000	999	-	
81379	Q	HLA I TYPING COMPLETE HR	-	-	-	Medicare	\$558.97	\$346.56	\$335.38	000	999	-	
81380	Q	HLA I TYPING 1 LOCUS HR	-	-	-	Medicare	\$295.42	\$183.16	\$177.25	000	999	-	
81381	Q	HLA I TYPING 1 ALLELE HR	-	-	-	Medicare	\$283.17	\$175.57	\$169.90	000	999	-	
81382	Q	HLA II TYPING 1 LOC HR	-	-	-	Medicare	\$206.13	\$127.80	\$123.68	000	999	-	
81383	Q	HLA II TYPING 1 ALLELE HR	-	-	-	Medicare	\$181.88	\$112.77	\$109.13	000	999	-	
81400	Q	MOPATH PROCEDURE LEVEL 1	-	-	-	Medicare	\$106.60	\$66.09	\$63.96	000	999	-	
81401	Q	MOPATH PROCEDURE LEVEL 2	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	000	999	-	
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	Q	ASHKENAZI JEWISH ASSOC DIS	-	-	-	Medicare	\$4,080.93	\$2,530.18	\$2,448.56	000	999	-	
81413	Q	CAR ION CHNMLPATH INC 1 GNS	-	-	-	Medicare	\$974.83	\$604.39	\$584.90	000	999	-	
81414	Q	CAR ION CHNMLPATH 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	-	
81418	E	RX METAB GEN SEQ ALYS PNL 6	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
81419	Q	EPILEPSY GEN SEQ ALYS PANEL	-	-	-	Medicare	\$4,080.93	\$2,530.18	\$2,448.56	000	999	-	
81420	Q	FETAL CHRMOML ANEUPLOIDY	-	-	-	Medicare	\$1,265.08	\$784.35	\$759.05	010	061	-	
81422	Q	FETAL CHRMOML MICRODELJT	-	-	-	Medicare	\$1,265.08	\$784.35	\$759.05	000	999	-	
81425	Q	GENOME SEQUENCE ANALYSIS	-	-	-	Medicare	\$8,385.33	\$5,198.90	\$5,031.20	000	999	-	
81426	Q	GENOME SEQUENCE ANALYSIS	-	-	-	Medicare	\$4,516.58	\$2,800.28	\$2,709.95	000	999	-	
81427	Q	GENOME RE-EVALUATION	-	-	-	Medicare	\$3,896.08	\$2,415.57	\$2,337.65	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	Q	HRDTRY BRST CA-RLATD DSORDRS	-	-	-	Medicare	\$1,131.75	\$701.69	\$679.05	000	999	-	
81433	Q	HRDTRY BRST CA-RLATD DSORDRS	-	-	-	Medicare	\$731.55	\$453.56	\$438.93	000	999	-	
81434	Q	HEREDITARY RETINAL DISORDERS	-	-	-	Medicare	\$996.52	\$617.84	\$597.91	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	Q	HEREDTRY NURONDCRN TUM DSRDR	-	-	-	Medicare	\$731.55	\$453.56	\$438.93	000	999	-	
81438	Q	HEREDTRY NURONDCRN TUM DSRDR	-	-	-	Medicare	\$731.55	\$453.56	\$438.93	000	999	-	
81439	Q	HRDTRY CARDMPY GENE PANEL	-	-	-	Medicare	\$974.83	\$604.39	\$584.90	000	999	-	

PA applies to under 18 with mental health DX only

## Montana Healthcare Programs Fee Schedule Outpatient Prospective Payment System Services January 1, 2023

2022 APC					Proc	APC Weight	Outpatient Hospital Fee	Sole Comm. Hospital	Non-sole Comm.	Min	Max	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC	Method		Schedule	Lab Fees	Hospital Lab Fees	Age	Age	
81440	Q	MITOCHONDRIAL GENE	-	-	-	Medicare	\$5,540.00	\$3,434.80	\$3,324.00	000	999	-
81441	E	IBMFS SEQ ALYS PNL 30 GENES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81442	Q	NOONAN SPECTRUM DISORDERS	-	-	-	Medicare	\$3,572.67	\$2,215.06	\$2,143.60	000	999	-
81443	Q	GENETIC TSTG SEVERE INH COND	-	-	-	Medicare	\$4,080.93	\$2,530.18	\$2,448.56	000	999	-
81445	Q	TGSAP SO NEO 5-50DNA/DNA&RNA	-	-	-	Medicare	\$996.52	\$617.84	\$597.91	000	999	-
81448	Q	HRDTRY PERPH NEURPHY PANEL	-	-	-	Medicare	\$974.83	\$604.39	\$584.90	000	999	-
81449	E	TGSAP SO NEO 5-50 RNA ALYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81450	Q	TGSAP HL NEO 5-50DNA/DNA&RNA	-	-	-	Medicare	\$1,265.88	\$784.85	\$759.53	000	999	-
81451	E	TGSAP HL NEO 5-50 RNA ALYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81455	Q	TGSAP SO/HL 51/< DNA/DNA&RNA	-	-	-	Medicare	\$4,866.00	\$3,016.92	\$2,919.60	000	999	-
81456	E	TGSAP SO/HL 51/< RNA ALYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81460	Q	WHOLE MITOCHONDRIAL GENOME	-	-	-	Medicare	\$2,145.00	\$1,329.90	\$1,287.00	000	999	-
81465	Q	WHOLE MITOCHONDRIAL GENOME	-	-	-	Medicare	\$1,560.00	\$967.20	\$936.00	000	999	-
81470	Q	X-LINKED INTELLECTUAL DBLT	-	-	-	Medicare	\$1,523.33	\$944.46	\$914.00	000	999	-
81471	Q	X-LINKED INTELLECTUAL DBLT	-	-	-	Medicare	\$1,523.33	\$944.46	\$914.00	000	999	-
81479	N	UNLISTED MOLECULAR PATHOLOGY	-	-	-	Bundled	\$0.00	-	-	000	999	PA applies to under 18 with mental health DX only
81490	Q	AUTOIMMUNE RHEUMATOID ARTHR	-	-	-	Medicare	\$1,401.08	\$868.67	\$840.65	000	999	-
81493	Q	COR ARTERY DISEASE MRNA	-	-	-	Medicare	\$1,750.00	\$1,085.00	\$1,050.00	000	999	-
81500	Q	ONCO (OVAR) TWO PROTEINS	-	-	-	Medicare	\$434.17	\$269.19	\$260.50	000	999	-
81503	Q	ONCO (OVAR) FIVE PROTEINS	-	-	-	Medicare	\$1,495.00	\$926.90	\$897.00	000	999	-
81504	Q	ONCOLOGY TISSUE OF ORIGIN	-	-	-	Medicare	\$866.67	\$537.34	\$520.00	000	999	-
81506	E	ENDO ASSAY SEVEN ANAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
81507	Q	FETAL ANEUPLOIDY TRISOM RISK	-	-	-	Medicare	\$1,325.00	\$821.50	\$795.00	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	Q	NFCT DS BV RNA VAG FLU ALG	-	-	-	Medicare	\$237.72	\$147.39	\$142.63	000	999	-
81514	Q	NFCT DS BV&VAGINITIS DNA ALG	-	-	-	Medicare	\$438.32	\$271.76	\$262.99	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	-
81523	Q	ONC BRST MRNA 70 CNT 31 GENE	-	-	-	Medicare	\$6,455.00	\$4,002.10	\$3,873.00	000	999	-
81525	Q	ONCOLOGY COLON MRNA	-	-	-	Medicare	\$5,193.33	\$3,219.86	\$3,116.00	000	999	-
81528	Q	ONCOLOGY COLORECTAL SCR	-	-	-	Medicare	\$848.12	\$525.83	\$508.87	045	999	-
81529	Q	ONC CUTAN MLNMA MRNA 31 GENE	-	-	-	Medicare	\$11,988.33	\$7,432.76	\$7,193.00	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	Q	ONCOLOGY LUNG	-	-	-	Medicare	\$4,785.00	\$2,966.70	\$2,871.00	000	999	-
81539	Q	ONCOLOGY PROSTATE PROB SCORE	-	-	-	Medicare	\$1,266.67	\$785.34	\$760.00	000	999	-
81540	Q	ONCOLOGY TUM UNKNOWN ORIGIN	-	-	-	Medicare	\$6,250.00	\$3,875.00	\$3,750.00	000	999	-
81541	Q	ONC PROSTATE MRNA 46 GENES	-	-	-	Medicare	\$6,455.00	\$4,002.10	\$3,873.00	000	999	-
81542	Q	ONC PROSTATE MRNA 22 CNT GEN	-	-	-	Medicare	\$6,455.00	\$4,002.10	\$3,873.00	000	999	-
81546	Q	ONC THYR MRNA 10,196 GEN ALG	-	-	-	Medicare	\$6,000.00	\$3,720.00	\$3,600.00	000	999	-
81551	Q	ONC PROSTATE 3 GENES	-	-	-	Medicare	\$3,383.33	\$2,097.66	\$2,030.00	000	999	-
81552	Q	ONC UVEAL MLNMA MRNA 15 GENE	-	-	-	Medicare	\$12,980.00	\$8,035.20	\$7,776.00	000	999	-
81554	Q	PULM DS IPF MRNA 190 GEN ALG	-	-	-	Medicare	\$9,200.00	\$5,704.00	\$5,520.00	000	999	-
81560	Q	TRNSPLJ PD LVR&BWL CD154+CLL	-	-	-	Medicare	\$1,067.88	\$662.09	\$640.73	000	999	-
81595	Q	CARDIOLOGY HRT TRNSPL MRNA	-	-	-	Medicare	\$5,400.00	\$3,348.00	\$3,240.00	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	-

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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee		Sole Comm. Hospital	Non-sole Comm.	Min	Max	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier			APC	Schedule	Lab Fees	Hospital Lab Fees	Age	Age	
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	-	
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 CHOLYGLYCINE	-	-	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	-	
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	-	

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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
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 CHLOROXYDROCARBONS	-	-	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	-
82653	N	EL-1 FECAL QUANTITATIVE	-	-	Bundled, sometimes payable	\$38.28	-	-	000	999	-
82656	Q	EL-1 FECAL QUAL/SEMIQ	-	-	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 TOTAL 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 ESTRIDOL	-	-	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	-
82696	Q	ASSAY OF ETIOCHOLANOLONE	-	-	Medicare	\$43.73	\$27.11	\$26.24	000	999	-
82705	Q	FATS/LIPIDS FECEES QUAL	-	-	Medicare	\$8.50	\$5.27	\$5.10	000	999	-
82710	Q	FATS/LIPIDS FECEES 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	-

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, 2023**

2022 APC Proc Cd	Status Ind	Proc Desc	Proc		APC Weight	Method	Outpatient Hospital Fee			Min Age	Max Age	Comments
			Modifier	APC			Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees			
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	-
83021	Q	HEMOGLOBIN CHROMATOGRAPHY	-	-	-	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	HEMOGLOBIN F FETAL CHEMICAL	-	-	-	Medicare	\$17.90	\$11.10	\$10.74	000	999	-
83033	Q	HEMOGLOBIN FTL F ASSAY QUAL	-	-	-	Medicare	\$13.33	\$8.26	\$8.00	000	999	-
83036	Q	HEMOGLOBIN GLYCOSYLATED A1C	-	-	-	Medicare	\$16.18	\$10.03	\$9.71	000	999	-
83037	E	HB GLYCOSYLATED A1C HOME DEV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
83045	Q	HGB METHHEMOGLOBIN QUAL	-	-	-	Medicare	\$10.82	\$6.71	\$6.49	000	999	-
83050	Q	HGB METHHEMOGLOBIN QUAN	-	-	-	Medicare	\$13.67	\$8.48	\$8.20	000	999	-
83051	Q	HEMOGLOBIN PLASMA	-	-	-	Medicare	\$12.18	\$7.55	\$7.31	000	999	-
83060	Q	HGB SULFHEMOGLOBIN QUAN	-	-	-	Medicare	\$14.67	\$9.10	\$8.80	000	999	-
83065	Q	HEMOGLOBIN THERMOLABILE	-	-	-	Medicare	\$15.00	\$9.30	\$9.00	000	999	-
83068	Q	HEMOGLOBIN UNSTABLE SCREEN	-	-	-	Medicare	\$15.78	\$9.78	\$9.47	000	999	-
83069	Q	HEMOGLOBIN URINE	-	-	-	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 EA	-	-	-	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	ASY HYDROXYCORTICOSTEROIDS17	-	-	-	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	ASY HYDROXYPROGESTERONE 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	-

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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
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	-
83521	N	IG LIGHT CHAINS FREE EACH	-	-	Bundled, sometimes payable	\$28.78	-	-	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	-
83529	N	ASAY OF INTERLEUKIN-6 (IL-6)	-	-	Bundled, sometimes payable	\$28.78	-	-	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	LIOPRO BLD ELECTROPHORETIC	-	-	Medicare	\$18.77	\$11.64	\$11.26	000	999	-
83701	Q	LIOPROTEIN BLD HR FRACTION	-	-	Medicare	\$56.43	\$34.99	\$33.86	000	999	-
83704	Q	LIOPROTEIN BLD QUAN PART	-	-	Medicare	\$56.98	\$35.33	\$34.19	000	999	-
83718	Q	ASSAY OF LIPOPROTEIN	-	-	Medicare	\$13.65	\$8.46	\$8.19	000	999	-
83719	Q	ASSAY OF BLOOD LIPOPROTEIN	-	-	Medicare	\$21.25	\$13.18	\$12.75	000	999	-
83721	Q	ASSAY OF BLOOD LIPOPROTEIN	-	-	Medicare	\$17.50	\$10.85	\$10.50	000	999	-
83722	Q	LIOPRTN 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 METHALBUMIN	-	-	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	-

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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
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	-
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-HYDROXYPREGNEO	-	-	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	-

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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee		Sole Comm. Hospital	Non-sole Comm.	Min	Max	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier			APC	Schedule	Lab Fees	Lab Fees	Hospital Lab Fees	Age	
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	-
84433	Q	ASY THIOPURIN S-MTHYLTRNSFRS	-	-	Medicare	\$36.95		\$22.91	\$22.17	000	999	-
84436	Q	ASSAY OF TOTAL THYROXINE	-	-	Medicare	\$11.45		\$7.10	\$6.87	000	999	-
84437	Q	ASSAY OF NEONATAL THYROXINE	-	-	Medicare	\$10.78		\$6.68	\$6.47	000	999	-
84439	Q	ASSAY OF FREE THYROXINE	-	-	Medicare	\$15.03		\$9.32	\$9.02	000	999	-
84442	Q	ASSAY OF THYROID ACTIVITY	-	-	Medicare	\$24.63		\$15.27	\$14.78	000	999	-
84443	Q	ASSAY THYROID STIM HORMONE	-	-	Medicare	\$28.00		\$17.36	\$16.80	000	999	-
84445	Q	ASSAY OF TSI GLOBULIN	-	-	Medicare	\$84.77		\$52.56	\$50.86	000	999	-
84446	Q	ASSAY OF VITAMIN E	-	-	Medicare	\$23.63		\$14.65	\$14.18	000	999	-
84449	Q	ASSAY OF TRANSCORTIN	-	-	Medicare	\$30.00		\$18.60	\$18.00	000	999	-
84450	Q	TRANSFERASE (AST) (SGOT)	-	-	Medicare	\$8.63		\$5.35	\$5.18	000	999	-
84460	Q	ALANINE AMINO (ALT) (SGPT)	-	-	Medicare	\$8.83		\$5.47	\$5.30	000	999	-
84466	Q	ASSAY OF TRANSFERRIN	-	-	Medicare	\$21.27		\$13.19	\$12.76	000	999	-
84478	Q	ASSAY OF TRIGLYCERIDES	-	-	Medicare	\$9.57		\$5.93	\$5.74	000	999	-
84479	Q	ASSAY OF THYROID (T3 OR T4)	-	-	Medicare	\$10.78		\$6.68	\$6.47	000	999	-
84480	Q	ASSAY TRIIODOTHYRONINE (T3)	-	-	Medicare	\$23.63		\$14.65	\$14.18	000	999	-
84481	Q	FREE ASSAY (FT-3)	-	-	Medicare	\$28.23		\$17.50	\$16.94	000	999	-
84482	Q	T3 REVERSE	-	-	Medicare	\$26.27		\$16.29	\$15.76	000	999	-
84484	Q	ASSAY OF TROPONIN QUANT	-	-	Medicare	\$20.78		\$12.88	\$12.47	000	999	-
84485	Q	ASSAY DUODENAL FLUID TRYPSIN	-	-	Medicare	\$12.00		\$7.44	\$7.20	000	999	-
84488	Q	TEST FECES FOR TRYPSIN	-	-	Medicare	\$12.17		\$7.55	\$7.30	000	999	-
84490	Q	ASSAY OF FECES FOR TRYPSIN	-	-	Medicare	\$16.55		\$10.26	\$9.93	000	999	-
84510	Q	ASSAY OF TYROSINE	-	-	Medicare	\$17.72		\$10.99	\$10.63	000	999	-
84512	Q	ASSAY OF TROPONIN QUAL	-	-	Medicare	\$16.82		\$10.43	\$10.09	000	999	-
84520	Q	ASSAY OF UREA NITROGEN	-	-	Medicare	\$6.58		\$4.08	\$3.95	000	999	-
84525	Q	UREA NITROGEN SEMI-QUANT	-	-	Medicare	\$8.55		\$5.30	\$5.13	000	999	-
84540	Q	ASSAY OF URINE/UREA-N	-	-	Medicare	\$9.27		\$5.75	\$5.56	000	999	-
84545	Q	UREA-N CLEARANCE TEST	-	-	Medicare	\$12.00		\$7.44	\$7.20	000	999	-
84550	Q	ASSAY OF BLOOD/URIC ACID	-	-	Medicare	\$7.53		\$4.67	\$4.52	000	999	-
84560	Q	ASSAY OF URINE/URIC ACID	-	-	Medicare	\$8.47		\$5.25	\$5.08	000	999	-
84577	Q	ASSAY OF FECES/UROBILINOGEN	-	-	Medicare	\$28.00		\$17.36	\$16.80	000	999	-
84578	Q	TEST URINE UROBILINOGEN	-	-	Medicare	\$7.45		\$4.62	\$4.47	000	999	-
84580	Q	ASSAY OF URINE UROBILINOGEN	-	-	Medicare	\$15.92		\$9.87	\$9.55	000	999	-
84583	Q	ASSAY OF URINE UROBILINOGEN	-	-	Medicare	\$10.08		\$6.25	\$6.05	000	999	-
84585	Q	ASSAY OF URINE VMA	-	-	Medicare	\$25.83		\$16.01	\$15.50	000	999	-
84586	Q	ASSAY OF VIP	-	-	Medicare	\$58.88		\$36.51	\$35.33	000	999	-
84588	Q	ASSAY OF VASOPRESSIN	-	-	Medicare	\$56.57		\$35.07	\$33.94	000	999	-
84590	Q	ASSAY OF VITAMIN A	-	-	Medicare	\$19.35		\$12.00	\$11.61	000	999	-
84591	Q	ASSAY OF NOS VITAMIN	-	-	Medicare	\$28.43		\$17.63	\$17.06	000	999	-
84597	Q	ASSAY OF VITAMIN K	-	-	Medicare	\$22.87		\$14.18	\$13.72	000	999	-
84600	Q	ASSAY OF VOLATILES	-	-	Medicare	\$28.52		\$17.68	\$17.11	000	999	-
84620	Q	XYLOSE TOLERANCE TEST	-	-	Medicare	\$21.52		\$13.34	\$12.91	000	999	-
84630	Q	ASSAY OF ZINC	-	-	Medicare	\$18.98		\$11.77	\$11.39	000	999	-
84681	Q	ASSAY OF C-PEPTIDE	-	-	Medicare	\$34.68		\$21.50	\$20.81	000	999	-
84702	Q	CHORIONIC GONADOTROPIN TEST	-	-	Medicare	\$25.08		\$15.55	\$15.05	000	999	-
84703	Q	CHORIONIC GONADOTROPIN ASSAY	-	-	Medicare	\$12.53		\$7.77	\$7.52	009	999	-
84704	Q	HCG FREE BETA CHAIN TEST	-	-	Medicare	\$25.48		\$15.80	\$15.29	000	999	-
84830	Q	OVULATION TESTS	-	-	Medicare	\$21.17		\$13.13	\$12.70	000	999	-
84999	N	UNLISTED CHEMISTRY PROCEDURE	-	-	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	-

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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
85013	Q	SPUN MICROHEMATOCRIT	-	-	Medicare	\$11.67	\$7.24	\$7.00	000	999	-
85014	Q	HEMATOCRIT	-	-	Medicare	\$3.95	\$2.45	\$2.37	000	999	-
85018	Q	HEMOGLOBIN	-	-	Medicare	\$3.95	\$2.45	\$2.37	000	999	-
85025	Q	COMPLETE CBC W/AUTO DIFF WBC	-	-	Medicare	\$12.95	\$8.03	\$7.77	000	999	-
85027	Q	COMPLETE CBC AUTOMATED	-	-	Medicare	\$10.78	\$6.68	\$6.47	000	999	-
85032	Q	MANUAL CELL COUNT EACH	-	-	Medicare	\$7.18	\$4.45	\$4.31	000	999	-
85041	Q	AUTOMATED RBC COUNT	-	-	Medicare	\$5.03	\$3.12	\$3.02	000	999	-
85044	Q	MANUAL RETICULOCYTE COUNT	-	-	Medicare	\$7.18	\$4.45	\$4.31	000	999	-
85045	Q	AUTOMATED RETICULOCYTE COUNT	-	-	Medicare	\$6.65	\$4.12	\$3.99	000	999	-
85046	Q	RETICYTE/HGB CONCENTRATE	-	-	Medicare	\$9.28	\$5.75	\$5.57	000	999	-
85048	Q	AUTOMATED LEUKOCYTE COUNT	-	-	Medicare	\$4.23	\$2.62	\$2.54	000	999	-
85049	Q	AUTOMATED PLATELET COUNT	-	-	Medicare	\$7.47	\$4.63	\$4.48	000	999	-
85055	Q	RETICULATED PLATELET ASSAY	-	-	Medicare	\$59.57	\$36.93	\$35.74	000	999	-
85060	E	BLOOD SMEAR INTERPRETATION	-	-	Not Allowed	\$0.00	-	-	000	999	-
85097	N	BONE MARROW INTERPRETATION	-	05674	Bundled, sometimes payable	\$509.36	-	-	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 WGHY 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	-
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	-

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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
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	UNLISTED HEMATOLOGY&COAGJ PX	-	-	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	-
86015	N	ACTIN ANTIBODY EACH	-	-	Bundled, sometimes payable	\$20.08	-	-	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	-
86036	N	ANCA SCREEN EACH ANTIBODY	-	-	Bundled, sometimes payable	\$20.08	-	-	000	999	-
86037	N	ANCA TITER EACH ANTIBODY	-	-	Bundled, sometimes payable	\$20.08	-	-	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	-
86051	N	AQUAPORIN-4 ANTB ELISA	-	-	Bundled, sometimes payable	\$19.22	-	-	000	999	-
86052	N	AQUAPORIN-4 ANTB CBA EACH	-	-	Bundled, sometimes payable	\$20.08	-	-	000	999	-
86053	N	AQAPRN-4 ANTB FLO CYTMTRY EA	-	-	Bundled, sometimes payable	\$62.88	-	-	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	Bundled, sometimes payable	\$16.37	-	-	000	999	-
86078	N	PHYS BLOOD BANK SERV REACTJ	-	05672	Bundled, sometimes payable	\$103.15	-	-	000	999	-
86079	N	PHYS BLOOD BANK SERV AUTHRJ	-	05671	Bundled, sometimes payable	\$32.89	-	-	000	999	-
86140	Q	C-REACTIVE PROTEIN	-	-	Medicare	\$8.63	\$5.35	\$5.18	000	999	-
86141	Q	C-REACTIVE PROTEIN HS	-	-	Medicare	\$21.58	\$13.38	\$12.95	000	999	-
86146	Q	BETA-2 GLYCOPROTEIN ANTIBODY	-	-	Medicare	\$42.42	\$26.30	\$25.45	000	999	-
86147	Q	CARDIOLIPIN ANTIBODY EA IG	-	-	Medicare	\$42.42	\$26.30	\$25.45	000	999	-
86148	Q	ANTI-PHOSPHOLIPID ANTIBODY	-	-	Medicare	\$26.78	\$16.60	\$16.07	000	999	-
86152	Q	CELL ENUMERATION & ID	-	-	Medicare	\$417.97	\$259.14	\$250.78	000	999	-
86153	E	CELL ENUMERATION PHYS INTERP	-	-	Not Allowed	\$0.00	-	-	000	999	-
86155	Q	CHEMOTAXIS ASSAY	-	-	Medicare	\$26.65	\$16.52	\$15.99	000	999	-
86156	Q	COLD AGGLUTININ SCREEN	-	-	Medicare	\$13.45	\$8.34	\$8.07	000	999	-
86157	Q	COLD AGGLUTININ TITER	-	-	Medicare	\$13.43	\$8.33	\$8.06	000	999	-
86160	Q	COMPLEMENT ANTIGEN	-	-	Medicare	\$20.00	\$12.40	\$12.00	000	999	-
86161	Q	COMPLEMENT/FUNCTION ACTIVITY	-	-	Medicare	\$20.00	\$12.40	\$12.00	000	999	-
86162	Q	COMPLEMENT TOTAL (CH50)	-	-	Medicare	\$33.87	\$21.00	\$20.32	000	999	-
86171	Q	COMPLEMENT FIXATION EACH	-	-	Medicare	\$16.68	\$10.34	\$10.01	000	999	-
86200	Q	CCP ANTIBODY	-	-	Medicare	\$21.58	\$13.38	\$12.95	000	999	-
86215	Q	DEOXYRIBONUCLEASE ANTIBODY	-	-	Medicare	\$22.08	\$13.69	\$13.25	000	999	-
86225	Q	DNA ANTIBODY NATIVE	-	-	Medicare	\$22.90	\$14.20	\$13.74	000	999	-
86226	Q	DNA ANTIBODY SINGLE STRAND	-	-	Medicare	\$20.18	\$12.51	\$12.11	000	999	-

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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
86231	N	EMA EACH IG CLASS	-	-	Bundled, sometimes payable	\$20.15	-	-	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	-
86258	N	DGP ANTIBODY EACH IG CLASS	-	-	Bundled, sometimes payable	\$20.08	-	-	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 EPIDIDYMS 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	\$75.47	\$46.79	\$45.28	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	-
86362	N	MOG-IGG1 ANTB CBA EACH	-	-	Bundled, sometimes payable	\$20.08	-	-	000	999	-
86363	N	MOG-IGG1 ANTB FLO CYTMTRY EA	-	-	Bundled, sometimes payable	\$62.88	-	-	000	999	-
86364	N	TISS TRNSGLTMNASE EA IG CLAS	-	-	Bundled, sometimes payable	\$19.22	-	-	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	-
86381	N	MITOCHONDRIAL ANTIBODY EACH	-	-	Bundled, sometimes payable	\$42.42	-	-	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 ANTB DY SCR N	-	-	Medicare	\$19.23	\$11.92	\$11.54	000	999	-
86406	Q	PARTICLE AGGLUT ANTB DY TITR	-	-	Medicare	\$17.73	\$10.99	\$10.64	000	999	-
86408	M	NEUTRLZG ANTB SARSCOV2 SCR	-	-	Charge Ratio	\$70.22	-	-	000	999	-
86409	M	NEUTRLZG ANTB SARSCOV2 TITER	-	-	Charge Ratio	\$0.00	-	-	000	999	-
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	Bundled, sometimes payable	\$16.37	-	-	000	999	-
86486	N	SKIN TEST UNLISTED ANTIGN EA	-	05731	Bundled, sometimes payable	\$16.37	-	-	000	999	-
86490	N	COCCIDIOIDOMYCOSIS SKIN TEST	-	05733	Bundled, sometimes payable	\$37.70	-	-	000	999	-
86510	N	HISTOPLASMOSIS SKIN TEST	-	05733	Bundled, sometimes payable	\$37.70	-	-	000	999	-
86580	N	TB INTRADERMAL TEST	-	05731	Bundled, sometimes payable	\$16.37	-	-	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	-

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, 2023**

2022 APC				Proc		APC Weight	Method	Outpatient Hospital Fee		Sole Comm. Hospital	Non-sole Comm.	Min	Max	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC				Schedule	Lab Fees	Hospital Lab Fees	Age	Age		
86596	N	VOLTAGE-GTD CA CHNL ANTB EA	-	-	-	Bundled, sometimes payable	\$20.08	-	-	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	DIPHTERIA 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 ANBODY	-	-	-	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	-		
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 ANTBODY	-	-	-	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	-		

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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
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 NONCYTOTOXIC ADDL	-	-	Medicare	\$60.88	\$37.75	\$36.53	000	999	-
86828	Q	HLA CLASS I&II ANTIBODY QUAL	-	-	Medicare	\$106.98	\$66.33	\$64.19	000	999	-
86829	Q	HLA CLASS I/III ANTIBODY QUAL	-	-	Medicare	\$106.98	\$66.33	\$64.19	000	999	-
86830	Q	HLA CLASS I PHENOTYPE QUAL	-	-	Medicare	\$159.20	\$98.70	\$95.52	000	999	-
86831	Q	HLA CLASS II PHENOTYPE QUAL	-	-	Medicare	\$136.47	\$84.61	\$81.88	000	999	-
86832	Q	HLA CLASS I HIGH DEFIN QUAL	-	-	Medicare	\$539.58	\$334.54	\$323.75	000	999	-
86833	Q	HLA CLASS II HIGH DEFIN QUAL	-	-	Medicare	\$543.00	\$336.66	\$325.80	000	999	-
86834	Q	HLA CLASS I SEMIQUANT PANEL	-	-	Medicare	\$595.93	\$369.48	\$357.56	000	999	-
86835	Q	HLA CLASS II SEMIQUANT PANEL	-	-	Medicare	\$538.27	\$333.73	\$322.96	000	999	-
86849	N	IMMUNOLOGY PROCEDURE	-	-	Bundled	\$0.00	-	-	000	999	-
86850	N	RBC ANTIBODY SCREEN	-	0.5858	Bundled, sometimes payable	\$32.89	-	-	000	999	-
86860	N	RBC ANTIBODY ELUTION	-	0.5672	Bundled, sometimes payable	\$103.15	-	-	000	999	-
86870	N	RBC ANTIBODY IDENTIFICATION	-	0.5673	Bundled, sometimes payable	\$212.60	-	-	000	999	-
86880	N	COOMBS TEST DIRECT	-	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
86885	N	COOMBS TEST INDIRECT QUAL	-	0.5672	Bundled, sometimes payable	\$103.15	-	-	000	999	-
86886	N	COOMBS TEST INDIRECT TITER	-	0.5672	Bundled, sometimes payable	\$103.15	-	-	000	999	-
86890	N	AUTOLOGOUS BLOOD PROCESS	-	0.5672	Bundled, sometimes payable	\$103.15	-	-	000	999	-
86891	N	AUTOLOGOUS BLOOD OP SALVAGE	-	0.5674	Bundled, sometimes payable	\$509.36	-	-	000	999	-
86900	N	BLOOD TYPING SEROLOGIC ABO	-	0.5734	Bundled, sometimes payable	\$76.17	-	-	000	999	-
86901	N	BLOOD TYPING SEROLOGIC RH(D)	-	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
86902	N	BLOOD TYPE ANTIGEN DONOR EA	-	0.5673	Bundled, sometimes payable	\$212.60	-	-	000	999	-
86904	N	BLOOD TYPING PATIENT SERUM	-	0.5732	Bundled, sometimes payable	\$22.28	-	-	000	999	-
86905	N	BLOOD TYPING RBC ANTIGENS	-	0.5673	Bundled, sometimes payable	\$212.60	-	-	000	999	-
86906	N	BLD TYPING SEROLOGIC RH PHNT	-	0.3968	Bundled, sometimes payable	\$22.28	-	-	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	-	0.5672	Bundled, sometimes payable	\$103.15	-	-	000	999	-
86921	N	COMPATIBILITY TEST INCUBATE	-	0.5672	Bundled, sometimes payable	\$103.15	-	-	000	999	-
86922	N	COMPATIBILITY TEST ANTIGLOB	-	0.5672	Bundled, sometimes payable	\$103.15	-	-	000	999	-
86923	N	COMPATIBILITY TEST ELECTRIC	-	0.5672	Bundled, sometimes payable	\$103.15	-	-	000	999	-
86927	S	PLASMA FRESH FROZEN	-	0.5672	APC	\$103.15	-	-	000	999	-
86930	N	FROZEN BLOOD PREP	-	0.5673	Bundled, sometimes payable	\$212.60	-	-	000	999	-
86931	N	FROZEN BLOOD THAW	-	0.5673	Bundled, sometimes payable	\$212.60	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	APC								
86932	N	FROZEN BLOOD FREEZE/THAW	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	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	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
86950	N	LEUKACYTE TRANSFUSION	05672	1.8374	Bundled, sometimes payable	\$103.15	-	-	000	999	-
86960	N	VOL REDUCTION OF BLOOD/PROD	05672	1.8374	Bundled, sometimes payable	\$103.15	-	-	000	999	-
86965	N	POOLING BLOOD PLATELETS	05672	1.8374	Bundled, sometimes payable	\$103.15	-	-	000	999	-
86970	N	RBC PRETX INCUBATJ W/CHEMICL	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
86971	N	RBC PRETX INCUBATJ W/ENZYMES	05673	3.7870	Bundled, sometimes payable	\$212.60	-	-	000	999	-
86972	N	RBC PRETX INCUBATJ W/DENSITY	05672	1.8374	Bundled, sometimes payable	\$103.15	-	-	000	999	-
86975	N	RBC SERUM PRETX INCUBJ DRUGS	05735	4.4116	Bundled, sometimes payable	\$247.67	-	-	000	999	-
86976	N	RBC SERUM PRETX ID DILUTION	05731	0.2916	Bundled, sometimes payable	\$16.37	-	-	000	999	-
86977	N	RBC SERUM PRETX INCUBJ/INHIB	05672	1.8374	Bundled, sometimes payable	\$103.15	-	-	000	999	-
86978	N	RBC PRETREATMENT SERUM	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
86985	N	SPLIT BLOOD OR PRODUCTS	05672	1.8374	Bundled, sometimes payable	\$103.15	-	-	000	999	-
86999	N	UNLISTED TRANSFUSION MED PX	05731	0.2916	Bundled, sometimes payable	\$16.37	-	-	000	999	-
87003	Q	SMALL ANIMAL INOCULATION	-	-	Medicare	\$28.07	\$17.40	\$16.84	000	999	-
87015	Q	SPECIMEN INFECT AGNT CONCNTJ	-	-	Medicare	\$11.13	\$6.90	\$6.68	000	999	-
87040	Q	BLOOD CULTURE FOR BACTERIA	-	-	Medicare	\$17.20	\$10.66	\$10.32	000	999	-
87045	Q	FECES CULTURE AEROBIC BACT	-	-	Medicare	\$15.73	\$9.75	\$9.44	000	999	-
87046	Q	STOOL CULTR AEROBIC BACT EA	-	-	Medicare	\$15.73	\$9.75	\$9.44	000	999	-
87070	Q	CULTURE OTHR SPECIMN AEROBIC	-	-	Medicare	\$14.37	\$8.91	\$8.62	000	999	-
87071	Q	CULTURE AEROBIC QUANT OTHER	-	-	Medicare	\$16.48	\$10.22	\$9.89	000	999	-
87073	Q	CULTURE BACTERIA ANAEROBIC	-	-	Medicare	\$16.10	\$9.98	\$9.66	000	999	-
87075	Q	CULTR BACTERIA EXCEPT BLOOD	-	-	Medicare	\$15.78	\$9.78	\$9.47	000	999	-
87076	Q	CULTURE ANAEROBE IDENT EACH	-	-	Medicare	\$13.47	\$8.35	\$8.08	000	999	-
87077	Q	CULTURE AEROBIC IDENTIFY	-	-	Medicare	\$13.47	\$8.35	\$8.08	000	999	-
87081	Q	CULTURE SCREEN ONLY	-	-	Medicare	\$11.05	\$6.85	\$6.63	000	999	-
87084	Q	CULTURE OF SPECIMEN BY KIT	-	-	Medicare	\$45.12	\$27.97	\$27.07	000	999	-
87086	Q	URINE CULTURE/COLONY COUNT	-	-	Medicare	\$13.45	\$8.34	\$8.07	000	999	-
87088	Q	URINE BACTERIA CULTURE	-	-	Medicare	\$13.48	\$8.36	\$8.09	000	999	-
87101	Q	SKIN FUNGI CULTURE	-	-	Medicare	\$12.85	\$7.97	\$7.71	000	999	-
87102	Q	FUNGUS ISOLATION CULTURE	-	-	Medicare	\$14.02	\$8.69	\$8.41	000	999	-
87103	Q	BLOOD FUNGUS CULTURE	-	-	Medicare	\$34.10	\$21.14	\$20.46	000	999	-
87106	Q	FUNGI IDENTIFICATION YEAST	-	-	Medicare	\$17.20	\$10.66	\$10.32	000	999	-
87107	Q	FUNGI IDENTIFICATION MOLD	-	-	Medicare	\$17.20	\$10.66	\$10.32	000	999	-
87109	Q	MYCOPLASMA	-	-	Medicare	\$25.65	\$15.90	\$15.39	000	999	-
87110	Q	CHLAMYDIA CULTURE	-	-	Medicare	\$32.67	\$20.26	\$19.60	000	999	-
87116	Q	MYCOBACTERIA CULTURE	-	-	Medicare	\$18.00	\$11.16	\$10.80	000	999	-
87118	Q	MYCOBACTERIC IDENTIFICATION	-	-	Medicare	\$24.35	\$15.10	\$14.61	000	999	-
87140	Q	CULTURE TYPE IMMUNOFUORESC	-	-	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	-
87154	N	CUL TYP ID BLD PTHGN 6+ TRGT	-	-	Bundled, sometimes payable	\$363.43	-	-	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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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	-
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	CHLMYD 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	HEP B SURFACE AG NEUTRLZJ 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	\$58.88	-	-	000	999	-
87427	Q	SHIGA-LIKE TOXIN AG IA	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	000	999	-
87428	E	SARSCOV & INF VIR A&B AG IA	-	-	-	Not Allowed	\$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	-
87467	Q	HEPATITIS B SURFACE AG QUAN	-	-	-	Medicare	\$25.08	\$15.55	\$15.05	000	999	-
87468	Q	ANAPLSMA PHGCYTOPHLM AMP PRB	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87469	Q	BABESIA MICROTI AMP PRB	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	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	-
87478	Q	BORRELIA MIYAMOTOI AMP PRB	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-

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

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
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	-
87484	Q	EHRlichA CHAFFEENSIS AMP PRB	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87485	Q	CHLMyD PNEUM DNA DIR PROBE	-	-	Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87486	Q	CHLMyD PNEUM DNA AMP PROBE	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87487	Q	CHLMyD PNEUM DNA QUANT	-	-	Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87490	Q	CHLMyD TRACH DNA DIR PROBE	-	-	Medicare	\$37.92	\$23.51	\$22.75	000	999	-
87491	Q	CHLMyD TRACH DNA AMP PROBE	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87492	Q	CHLMyD TRACH DNA QUANT	-	-	Medicare	\$89.12	\$55.25	\$53.47	000	999	-
87493	Q	C DIFF AMPLIFIED PROBE	-	-	Medicare	\$62.12	\$38.51	\$37.27	000	999	-
87495	Q	CYTOMEG DNA DIR PROBE	-	-	Medicare	\$50.05	\$31.03	\$30.03	000	999	-
87496	Q	CYTOMEG DNA AMP PROBE	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87497	Q	CYTOMEG DNA QUANT	-	-	Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87498	Q	ENTEROVIRUS PROBE&REVRS TRNS	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87500	Q	VANOMYCIN DNA AMP PROBE	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87501	Q	INFLUENZA DNA AMP PROB 1+	-	-	Medicare	\$85.52	\$53.02	\$51.31	000	999	-
87502	Q	INFLUENZA DNA AMP PROBE	-	-	Medicare	\$159.67	\$99.00	\$95.80	000	999	-
87503	Q	INFLUENZA DNA AMP PROB ADDL	-	-	Medicare	\$48.70	\$30.19	\$29.22	000	999	-
87505	Q	NFCT AGENT DETECTION GI	-	-	Medicare	\$213.82	\$132.57	\$128.29	000	999	-
87506	Q	IADNA-DNA/RNA PROBE TQ 6-11	-	-	Medicare	\$438.32	\$271.76	\$262.99	000	999	-
87507	Q	IADNA-DNA/RNA PROBE TQ 12-25	-	-	Medicare	\$694.63	\$430.67	\$416.78	000	999	-
87510	Q	GARDNER VAG DNA DIR PROBE	-	-	Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87511	Q	GARDNER VAG DNA AMP PROBE	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87512	Q	GARDNER VAG DNA QUANT	-	-	Medicare	\$69.60	\$43.15	\$41.76	000	999	-
87516	Q	HEPATITIS B DNA AMP PROBE	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87517	Q	HEPATITIS B DNA QUANT	-	-	Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87520	Q	HEPATITIS C RNA DIR PROBE	-	-	Medicare	\$52.03	\$32.26	\$31.22	000	999	-
87521	Q	HEPATITIS C PROBE&RVRS TRNSC	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87522	Q	HEPATITIS C REVRS TRNSCRPJ	-	-	Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87525	Q	HEPATITIS G DNA DIR PROBE	-	-	Medicare	\$49.67	\$30.80	\$29.80	000	999	-
87526	Q	HEPATITIS G DNA AMP PROBE	-	-	Medicare	\$65.43	\$40.57	\$39.26	000	999	-
87527	Q	HEPATITIS G DNA QUANT	-	-	Medicare	\$69.60	\$43.15	\$41.76	000	999	-
87528	Q	HSV DNA DIR PROBE	-	-	Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87529	Q	HSV DNA AMP PROBE	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87530	Q	HSV DNA QUANT	-	-	Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87531	Q	HHV-6 DNA DIR PROBE	-	-	Medicare	\$96.67	\$59.94	\$58.00	000	999	-
87532	Q	HHV-6 DNA AMP PROBE	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87533	Q	HHV-6 DNA QUANT	-	-	Medicare	\$69.60	\$43.15	\$41.76	000	999	-
87534	Q	HIV-1 DNA DIR PROBE	-	-	Medicare	\$36.53	\$22.65	\$21.92	000	999	-
87535	Q	HIV-1 PROBE&REVERSE TRNSCRPJ	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87536	Q	HIV-1 QUANT&REVRS TRNSCRPJ	-	-	Medicare	\$141.83	\$87.93	\$85.10	000	999	-
87537	Q	HIV-2 DNA DIR PROBE	-	-	Medicare	\$36.53	\$22.65	\$21.92	000	999	-
87538	Q	HIV-2 PROBE&REVRS TRNSCRPJ	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87539	Q	HIV-2 QUANT&REVRS TRNSCRPJ	-	-	Medicare	\$97.70	\$60.57	\$58.62	000	999	-
87540	Q	LEGION PNEUMO DNA DIR PROB	-	-	Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87541	Q	LEGION PNEUMO DNA AMP PROB	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87542	Q	LEGION PNEUMO DNA QUANT	-	-	Medicare	\$69.60	\$43.15	\$41.76	000	999	-
87550	Q	MYCOBACTERIA DNA DIR PROBE	-	-	Medicare	\$33.42	\$20.72	\$20.05	000	999	-
87551	Q	MYCOBACTERIA DNA AMP PROBE	-	-	Medicare	\$80.40	\$49.85	\$48.24	000	999	-
87552	Q	MYCOBACTERIA DNA QUANT	-	-	Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87555	Q	M.TUBERCULO DNA DIR PROBE	-	-	Medicare	\$44.80	\$27.78	\$26.88	000	999	-
87556	Q	M.TUBERCULO DNA AMP PROBE	-	-	Medicare	\$69.47	\$43.07	\$41.68	000	999	-
87557	Q	M.TUBERCULO DNA QUANT	-	-	Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87560	Q	M.AVIUM-INTRA DNA DIR PROB	-	-	Medicare	\$45.48	\$28.20	\$27.29	000	999	-
87561	Q	M.AVIUM-INTRA DNA AMP PROB	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87562	Q	M.AVIUM-INTRA DNA QUANT	-	-	Medicare	\$71.40	\$44.27	\$42.84	000	999	-
87563	N	M. GENITALIUM AMP PROBE	-	-	Bundled, 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	-
87593	E	ORTHOPOXVIRUS AMP PRB EACH	-	-	Not Allowed	\$0.00	-	-	000	999	-
87623	Q	HPV LOW-RISK TYPES	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-

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

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
87624	Q	HPV HIGH-RISK TYPES	-	-	Medicare	\$58.48	\$36.26	\$35.09	000	999	-
87625	Q	HPV TYPES 16 & 18 ONLY	-	-	Medicare	\$67.58	\$41.90	\$40.55	000	999	-
87631	Q	RESP VIRUS 3-5 TARGETS	-	-	Medicare	\$237.72	\$147.39	\$142.63	000	999	-
87632	Q	RESP VIRUS 6-11 TARGETS	-	-	Medicare	\$363.43	\$225.33	\$218.06	000	999	-
87633	Q	RESP VIRUS 12-25 TARGETS	-	-	Medicare	\$694.63	\$430.67	\$416.78	000	999	-
87634	Q	RSV DNA/RNA AMP PROBE	-	-	Medicare	\$117.00	\$72.54	\$70.20	000	999	-
87635	Q	SARS-COV-2 COVID-19 AMP PRB	-	-	Medicare	\$85.52	\$53.02	\$51.31	000	999	-
87636	Q	SARSCOV2 & INF A&B AMP PRB	-	-	Medicare	\$237.72	\$147.39	\$142.63	000	999	-
87637	Q	SARSCOV2&INF A&B&RSV AMP PRB	-	-	Medicare	\$237.72	\$147.39	\$142.63	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 AG 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	CHLMYD TRACH ASSAY W/OPTIC	-	-	Medicare	\$58.82	\$36.47	\$35.29	000	999	-
87811	M	SARS-COV-2 COVID19 W/OPTIC	-	-	Charge Ratio	\$68.97	-	-	000	999	-
87850	Q	N. GONORRHOEA 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	NFCT AGT GNTYP ALYS HIV1 REV	-	-	Medicare	\$429.08	\$266.03	\$257.45	000	999	-
87902	Q	NFCT AGT GNTYP ALYS 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	NFCT AGT GNTYP ALYS HIV1	-	-	Medicare	\$214.55	\$133.02	\$128.73	000	999	-
87910	Q	NFCT AGT GNTYP ALYS CMV	-	-	Medicare	\$429.08	\$266.03	\$257.45	000	999	-
87912	Q	NFCT AGT GNTYP ALYS HEP B	-	-	Medicare	\$429.08	\$266.03	\$257.45	000	999	-
87913	E	NFCT AGT GNTYP ALYS SARSCOV2	-	-	Not Allowed	\$0.00	-	-	000	999	-
87999	N	UNLISTED MICROBIOLOGY PX	-	-	Bundled	\$0.00	-	-	000	999	-
88000	E	AUTOPSY (NECROPSY) GROSS	-	-	Not Allowed	\$0.00	-	-	000	999	-
88005	E	AUTOPSY (NECROPSY) GROSS	-	-	Not Allowed	\$0.00	-	-	000	999	-
88007	E	AUTOPSY (NECROPSY) GROSS	-	-	Not Allowed	\$0.00	-	-	000	999	-
88012	E	AUTOPSY (NECROPSY) GROSS	-	-	Not Allowed	\$0.00	-	-	000	999	-
88014	E	AUTOPSY (NECROPSY) GROSS	-	-	Not Allowed	\$0.00	-	-	000	999	-
88016	E	AUTOPSY (NECROPSY) GROSS	-	-	Not Allowed	\$0.00	-	-	000	999	-
88020	E	AUTOPSY (NECROPSY) COMPLETE	-	-	Not Allowed	\$0.00	-	-	000	999	-
88025	E	AUTOPSY (NECROPSY) COMPLETE	-	-	Not Allowed	\$0.00	-	-	000	999	-
88027	E	AUTOPSY (NECROPSY) COMPLETE	-	-	Not Allowed	\$0.00	-	-	000	999	-
88028	E	AUTOPSY (NECROPSY) COMPLETE	-	-	Not Allowed	\$0.00	-	-	000	999	-
88029	E	AUTOPSY (NECROPSY) COMPLETE	-	-	Not Allowed	\$0.00	-	-	000	999	-
88036	E	LIMITED AUTOPSY	-	-	Not Allowed	\$0.00	-	-	000	999	-
88037	E	LIMITED AUTOPSY	-	-	Not Allowed	\$0.00	-	-	000	999	-
88040	E	FORENSIC AUTOPSY (NECROPSY)	-	-	Not Allowed	\$0.00	-	-	000	999	-
88045	E	CORONERS AUTOPSY (NECROPSY)	-	-	Not Allowed	\$0.00	-	-	000	999	-
88099	E	UNLISTED NECROPSY (AUTOPSY)	-	-	Not Allowed	\$0.00	-	-	000	999	-
88104	N	CYTOPATH FL NONGYN SMEARS	-	05732	Bundled, sometimes payable	\$22.28	-	-	000	999	-
88106	N	CYTOPATH FL NONGYN FILTER	-	05731	Bundled, sometimes payable	\$16.37	-	-	000	999	-
88108	N	CYTOPATH CONCENTRATE TECH	-	05732	Bundled, sometimes payable	\$22.28	-	-	000	999	-
88112	N	CYTOPATH CELL ENHANCE TECH	-	05671	Bundled, sometimes payable	\$32.89	-	-	000	999	-
88120	N	CYTP URNE 3-5 PROBES EA SPEC	-	05672	Bundled, sometimes payable	\$103.15	-	-	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, 2023

2022 APC			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
Proc Cd	Status Ind	Proc Desc										
88121	N	CYTP URINE 3-5 PROBES CMPTR	-	05672	1.8374	Bundled, sometimes payable	\$103.15	-	-	000	999	-
88125	N	FORENSIC CYTOPATHOLOGY	-	05671	0.5858	Bundled, sometimes payable	\$32.89	-	-	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	\$28.85	\$17.89	\$17.31	000	999	-
88150	Q	CYTOPATH C/V MANUAL	-	-	-	Medicare	\$28.85	\$17.89	\$17.31	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	0.2916	Bundled, sometimes payable	\$16.37	-	-	000	999	-
88161	N	CYTOPATH SMEAR OTHER SOURCE	-	05731	0.2916	Bundled, sometimes payable	\$16.37	-	-	000	999	-
88162	N	CYTOPATH SMEAR OTHER SOURCE	-	05671	0.5858	Bundled, sometimes payable	\$32.89	-	-	000	999	-
88164	Q	CYTOPATH TBS C/V MANUAL	-	-	-	Medicare	\$28.85	\$17.89	\$17.31	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	\$28.85	\$17.89	\$17.31	000	999	-
88167	Q	CYTOPATH TBS C/V SELECT	-	-	-	Medicare	\$28.85	\$17.89	\$17.31	000	999	-
88172	N	CYTP DX EVAL FNA 1ST EA SITE	-	05672	1.8374	Bundled, sometimes payable	\$103.15	-	-	000	999	-
88173	N	CYTOPATH EVAL FNA REPORT	-	05671	0.5858	Bundled, sometimes payable	\$32.89	-	-	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	0.5858	Bundled, sometimes payable	\$32.89	-	-	000	999	-
88184	N	FLOWCYTOMETRY/ TC 1 MARKER	-	05673	3.7870	Bundled, sometimes payable	\$212.60	-	-	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	UNLISTED CYTOPATHOLOGY PX	-	05671	0.5858	Bundled, sometimes payable	\$32.89	-	-	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 ANALYSIS PLACENTA	-	-	-	Medicare	\$314.28	\$194.85	\$188.57	000	999	-
88269	Q	CHROMOSOME ANALYSIS AMNIOTIC	-	-	-	Medicare	\$289.43	\$179.45	\$173.66	000	999	-
88271	Q	CYTOGENETICS DNA PROBE	-	-	-	Medicare	\$35.70	\$22.13	\$21.42	000	999	-
88272	Q	CYTOGENETICS 3-5	-	-	-	Medicare	\$67.83	\$42.05	\$40.70	000	999	-
88273	Q	CYTOGENETICS 10-30	-	-	-	Medicare	\$58.02	\$35.97	\$34.81	000	999	-
88274	Q	CYTOGENETICS 25-99	-	-	-	Medicare	\$70.63	\$43.79	\$42.38	000	999	-
88275	Q	CYTOGENETICS 100-300	-	-	-	Medicare	\$85.32	\$52.90	\$51.19	000	999	-
88280	Q	CHROMOSOME KARYOTYPE STUDY	-	-	-	Medicare	\$55.78	\$34.58	\$33.47	000	999	-
88283	Q	CHROMOSOME BANDING STUDY	-	-	-	Medicare	\$114.33	\$70.88	\$68.60	000	999	-
88285	Q	CHROMOSOME COUNT ADDITIONAL	-	-	-	Medicare	\$44.85	\$27.81	\$26.91	000	999	-
88289	Q	CHROMOSOME STUDY ADDITIONAL	-	-	-	Medicare	\$57.38	\$35.58	\$34.43	000	999	-
88291	E	CYTO/MOLECULAR REPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
88299	N	UNLISTED CYTOGENETIC STUDY	-	05671	0.5858	Bundled, sometimes payable	\$32.89	-	-	000	999	-
88300	N	SURGICAL PATH GROSS	-	05731	0.2916	Bundled, sometimes payable	\$16.37	-	-	000	999	-
88302	N	TISSUE EXAM BY PATHOLOGIST	-	05731	0.2916	Bundled, sometimes payable	\$16.37	-	-	000	999	-
88304	N	TISSUE EXAM BY PATHOLOGIST	-	05671	0.5858	Bundled, sometimes payable	\$32.89	-	-	000	999	-
88305	N	TISSUE EXAM BY PATHOLOGIST	-	05671	0.5858	Bundled, sometimes payable	\$32.89	-	-	000	999	-
88307	N	TISSUE EXAM BY PATHOLOGIST	-	05673	3.7870	Bundled, sometimes payable	\$212.60	-	-	000	999	-
88309	N	TISSUE EXAM BY PATHOLOGIST	-	05674	9.0730	Bundled, sometimes payable	\$509.36	-	-	000	999	-
88311	N	DECALCIFY TISSUE	-	-	-	Bundled	\$0.00	-	-	000	999	-
88312	N	SPECIAL STAINS GROUP 1	-	05671	0.5858	Bundled, sometimes payable	\$32.89	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC		Proc Desc	Proc		APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind		Modifier	APC								
88313	N	SPECIAL STAINS GROUP 2	-	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
88314	N	HISTOCHEMICAL STAINS ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
88319	N	ENZYME HISTOCHEMISTRY	-	05674	0.9730	Bundled, sometimes payable	\$509.36	-	-	000	999	-
88321	N	MICROSLIDE CONSULTATION	-	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
88323	N	MICROSLIDE CONSULTATION	-	05671	0.5858	Bundled, sometimes payable	\$32.89	-	-	000	999	-
88325	N	COMPREHENSIVE REVIEW OF DATA	-	05672	1.8374	Bundled, sometimes payable	\$103.15	-	-	000	999	-
88329	N	PATH CONSULT INTRAP	-	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
88331	N	PATH CONSULT INTRAP 1 BLOC	-	05672	1.8374	Bundled, sometimes payable	\$103.15	-	-	000	999	-
88332	N	PATH CONSULT INTRAP ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-
88333	N	INTRAP CYTO PATH CONSULT 1	-	05674	9.0730	Bundled, sometimes payable	\$509.36	-	-	000	999	-
88334	N	INTRAP 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	1.8374	Bundled, sometimes payable	\$103.15	-	-	000	999	-
88344	N	IMMUNOHISTO ANTIBODY SLIDE	-	05673	3.7870	Bundled, sometimes payable	\$212.60	-	-	000	999	-
88346	N	IMMUNOFUOR ANTB 1ST STAIN	-	05673	3.7870	Bundled, sometimes payable	\$212.60	-	-	000	999	-
88348	N	ELECTRON MICROSCOPY	-	05674	0.9730	Bundled, sometimes payable	\$509.36	-	-	000	999	-
88350	N	IMMUNOFUOR ANTB ADDL STAIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
88355	N	ANALYSIS SKELETAL MUSCLE	-	05672	1.8374	Bundled, sometimes payable	\$103.15	-	-	000	999	-
88356	N	ANALYSIS NERVE	-	05671	0.5858	Bundled, sometimes payable	\$32.89	-	-	000	999	-
88358	N	ANALYSIS TUMOR	-	05672	1.8374	Bundled, sometimes payable	\$103.15	-	-	000	999	-
88360	N	TUMOR IMMUNOHISTOCHEM/MANUAL	-	05672	1.8374	Bundled, sometimes payable	\$103.15	-	-	000	999	-
88361	N	TUMOR IMMUNOHISTOCHEM/COMPUT	-	05673	3.7870	Bundled, sometimes payable	\$212.60	-	-	000	999	-
88362	N	NERVE TEASING PREPARATIONS	-	05674	0.9730	Bundled, sometimes payable	\$509.36	-	-	000	999	-
88363	N	XM ARCHIVE TISSUE MOLEC ANAL	-	05731	0.2916	Bundled, sometimes payable	\$16.37	-	-	000	999	-
88364	N	INSITU HYBRIDIZATION (FISH)	-	-	-	Bundled	\$0.00	-	-	000	999	-
88365	N	INSITU HYBRIDIZATION (FISH)	-	05672	1.8374	Bundled, sometimes payable	\$103.15	-	-	000	999	-
88366	N	INSITU HYBRIDIZATION (FISH)	-	05673	3.7870	Bundled, sometimes payable	\$212.60	-	-	000	999	-
88367	N	INSITU HYBRIDIZATION AUTO	-	05673	3.7870	Bundled, sometimes payable	\$212.60	-	-	000	999	-
88368	N	INSITU HYBRIDIZATION MANUAL	-	05673	3.7870	Bundled, sometimes payable	\$212.60	-	-	000	999	-
88369	N	M/PHMTRC ALYSISHSQUANT/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 ISQUANT/SEMIQ	-	-	-	Bundled	\$0.00	-	-	000	999	-
88374	N	M/PHMTRC ALYS ISQUANT/SEMIQ	-	05672	1.8374	Bundled, sometimes payable	\$103.15	-	-	000	999	-
88375	E	OPTICAL ENDOMICROSCPY INTERP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
88377	N	M/PHMTRC ALYS ISQUANT/SEMIQ	-	05672	1.8374	Bundled, sometimes payable	\$103.15	-	-	000	999	-
88380	N	MICRODISSECTION LASER	-	-	-	Bundled	\$0.00	-	-	000	999	-
88381	N	MICRODISSECTION MANUAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
88387	N	TISS EXAM MOLECULAR STUDY	-	-	-	Bundled	\$0.00	-	-	000	999	-
88388	N	TISS EX MOLECUL STUDY ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
88399	N	UNLISTED SURGICAL PATH PX	-	05671	0.5858	Bundled, sometimes payable	\$32.89	-	-	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	UNLISTED IN VIVO LAB SERVICE	-	-	-	Bundled	\$0.00	-	-	000	999	-
89049	N	CHCT FOR MAL HYPERTHERMIA	-	05672	1.8374	Bundled, sometimes payable	\$103.15	-	-	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	1.8374	Bundled, sometimes payable	\$103.15	-	-	000	999	-
89230	N	COLLECT SWEAT FOR TEST	-	05671	0.5858	Bundled, sometimes payable	\$32.89	-	-	000	999	-
89240	N	UNLISTED MISC PATH TEST	-	05671	0.5858	Bundled, sometimes payable	\$32.89	-	-	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	-

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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
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	Bundled, sometimes payable	\$103.15	-	-	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 CRYOPRSVRD 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 ANRYSM5.5-5.9CM DIAM	-	-	Not Allowed	\$0.00	-	-	000	999	-
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	E	DIPHThERIA ANTITOXIN	-	-	Not Allowed	\$0.00	-	-	000	999	-
90371	K	HEP B IG IM	-	01630	APC (blood and non-blood products)	\$128.05	-	-	000	999	-
90375	K	RABIES IG IM/SC	-	09133	APC (blood and non-blood products)	\$278.24	-	-	000	999	-
90376	K	RABIES IG HEAT TREATED	-	09134	APC (blood and non-blood products)	\$320.86	-	-	000	999	-
90377	K	RABIES IG HT&SOL HUMAN IM/SC	-	09201	APC (blood and non-blood products)	\$247.29	-	-	000	999	-
90378	E	RSV MAB IM 50MG	-	-	Not Allowed	\$0.00	-	-	000	003	-
90384	E	RH IG FULL-DOSE IM	-	-	Not Allowed	\$0.00	-	-	000	999	-
90385	N	RH IG MINIDOSE IM	-	-	Bundled	\$0.00	-	-	000	999	-
90386	E	RH IG IV	-	-	Not Allowed	\$0.00	-	-	000	999	-
90389	E	TETANUS IG IM	-	-	Not Allowed	\$0.00	-	-	000	999	-
90393	E	VACCIINA IG IM	-	-	Not Allowed	\$0.00	-	-	000	999	-
90396	K	VARICELLA-ZOSTER IG IM	-	09135	APC (blood and non-blood products)	\$2,194.68	-	-	000	999	-
90399	E	UNLISTED 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	K	ADENOVIRUS VACCINE TYPE 4	-	09499	APC (blood and non-blood products)	\$357.98	-	-	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	-
90584	E	DENGUE VACC QUAD 2 DOSE SUBQ	-	-	Not Allowed	\$0.00	-	-	000	999	-
90585	E	BCG VACCINE PERCUT	-	-	Not Allowed	\$0.00	-	-	000	999	-
90586	M	BCG VACCINE INTRAVESICAL	-	-	Fee Schedule	\$143.21	-	-	000	999	-
90587	E	DENGUE VACC QUAD 3 DOSE SUBQ	-	-	Not Allowed	\$0.00	-	-	000	999	-
90611	K	SMALLPOX&MONKEYPOX VAC 0.5ML	-	09068	APC (blood and non-blood products)	\$0.01	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC		Proc Desc	Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind		Modifier	APC								
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	\$168.15	-	-	019	999	-
90622	M	VACCINIA VRS VAC 0.3 ML PERQ	-	-	-	Fee Schedule	\$0.01	-	-	000	999	-
90625	E	CHOLERA VACCINE LIVE ORAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
90626	E	TIC-BRN ENCEPH VAC 0.25ML IM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
90627	E	TIC-BRN ENCEPH VAC 0.5ML IM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
90630	M	FLU VACC IIV4 NO PRESERV ID	-	-	-	Fee Schedule	\$18.63	-	-	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	E	HEPA VACC PED/ADOL 3 DOSE	-	-	-	Not Allowed	\$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	\$268.78	-	-	019	045	-
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	\$20.33	-	-	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	LAI3 VACCINE INTRANASAL	-	-	-	Fee Schedule	\$0.00	-	-	019	049	-
90661	M	CCII3 VAC NO PRSV 0.5 ML IM	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
90662	M	IIV NO PRSV INCREASED AG IM	-	-	-	Fee Schedule	\$69.94	-	-	065	999	-
90664	E	LAI4 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	\$257.99	-	-	019	999	-
90671	M	PCV15 VACCINE IM	-	-	-	Fee Schedule	\$246.20	-	-	000	999	-
90672	E	LAI4 VACCINE INTRANASAL	-	-	-	Not Allowed	\$0.00	-	-	019	999	-
90673	M	RIV3 VACCINE NO PRESERV IM	-	-	-	Fee Schedule	\$36.34	-	-	000	999	-
90674	M	CCII4 VAC NO PRSV 0.5 ML IM	-	-	-	Fee Schedule	\$32.28	-	-	019	999	-
90675	K	RABIES VACCINE IM	-	09139	6.3273	APC (blood and non-blood products)	\$355.22	-	-	000	999	-
90676	K	RABIES VACCINE ID	-	09140	4.5447	APC (blood and non-blood products)	\$255.14	-	-	000	999	-
90677	M	PCV20 VACCINE IM	-	-	-	Fee Schedule	\$283.72	-	-	000	999	-
90678	E	RSV VACC PREF BIVALENT IM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
90680	M	RV5 VACC 3 DOSE LIVE ORAL	-	-	-	Fee Schedule	\$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	\$69.94	-	-	000	999	-
90685	E	IIV4 VACC NO PRSV 0.25 ML IM	-	-	-	Not Allowed	\$0.00	-	-	998	999	-
90686	M	IIV4 VACC NO PRSV 0.5 ML IM	-	-	-	Fee Schedule	\$21.52	-	-	019	999	-
90687	M	IIV4 VACCINE SPLT 0.25 ML IM	-	-	-	Fee Schedule	\$9.95	-	-	998	999	-
90688	M	IIV4 VACCINE SPLT 0.5 ML IM	-	-	-	Fee Schedule	\$20.48	-	-	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	K	MMRV VACCINE SC	-	09011	2.8500	APC (blood and non-blood products)	\$160.00	-	-	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	\$133.47	-	-	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	-

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Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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 2/4 DOSE ADULT IM	-	-	-	Fee Schedule	\$152.08	-	-	018	999	-
90740	M	HEPB VACC 3 DOSE IMMUNSUP IM	-	-	-	Fee Schedule	\$146.33	-	-	000	999	-
90743	M	HEPB VACC 2 DOSE ADOLESC IM	-	-	-	Fee Schedule	\$73.85	-	-	998	999	-
90744	M	HEPB VACC 3 DOSE PED/ADOL IM	-	-	-	Fee Schedule	\$29.89	-	-	998	999	-
90746	M	HEPB VACCINE 3 DOSE ADULT IM	-	-	-	Fee Schedule	\$70.38	-	-	019	999	-
90747	M	HEPB VACC 4 DOSE IMMUNSUP IM	-	-	-	Fee Schedule	\$140.75	-	-	000	999	-
90748	M	HIB-HEPB VACCINE IM	-	-	-	Fee Schedule	\$0.00	-	-	998	999	-
90749	N	UNLISTED VACCINE/TOXOID	-	-	-	Bundled	\$0.00	-	-	000	999	-
90750	M	HZV VACC RECOMBINANT IM	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
90756	M	CCIV4 VACC ABX FREE IM	-	-	-	Fee Schedule	\$30.58	-	-	019	999	-
90758	E	ZAIRE EBOLAVIRUS VAC LIVE IM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
90759	M	HEP B VAC 3AG 10MCG 3 DOS IM	-	-	-	Fee Schedule	\$73.82	-	-	000	999	-
90785	N	PSYTX COMPLEX INTERACTIVE	-	-	-	Bundled	\$0.00	-	-	000	999	-
90791	N	PSYCH DIAGNOSTIC EVALUATION	-	05823	1.7024	Bundled, sometimes payable	\$95.57	-	-	000	999	-
90792	N	PSYCH DIAG EVAL W/MED SRVCS	-	05823	1.7024	Bundled, sometimes payable	\$95.57	-	-	000	999	-
90832	N	PSYTX W PT 30 MINUTES	-	05823	1.7024	Bundled, sometimes payable	\$95.57	-	-	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	1.7024	Bundled, sometimes payable	\$95.57	-	-	000	999	-
90836	N	PSYTX W PT W E/M 45 MIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
90837	N	PSYTX W PT 60 MINUTES	-	05823	1.7024	Bundled, sometimes payable	\$95.57	-	-	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	1.7024	Bundled, sometimes payable	\$95.57	-	-	000	999	-
90840	N	PSYTX CRISIS EA ADDL 30 MIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
90845	N	PSYCHOANALYSIS	-	05823	1.7024	Bundled, sometimes payable	\$95.57	-	-	000	999	-
90846	N	FAMILY PSYTX W/O PT 50 MIN	-	05823	1.7024	Bundled, sometimes payable	\$95.57	-	-	000	999	-
90847	N	FAMILY PSYTX W/PT 50 MIN	-	05823	1.7024	Bundled, sometimes payable	\$95.57	-	-	000	999	-
90849	N	MULTIPLE FAMILY GROUP PSYTX	-	05823	1.7024	Bundled, sometimes payable	\$95.57	-	-	000	999	-
90853	N	GROUP PSYCHOTHERAPY	-	05822	0.8863	Bundled, sometimes payable	\$49.76	-	-	000	999	-
90863	E	PHARMACOLOGIC MGMT W/PSYTX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
90865	N	NARCOSYNTHESIS	-	05823	1.7024	Bundled, sometimes payable	\$95.57	-	-	000	999	-
90867	S	TCRANIAL MAGN STIM TX PLAN	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
90868	S	TCRANIAL MAGN STIM TX DELI	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
90869	S	TCRAN MAGN STIM REDETERMINE	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
90870	S	ELECTROCONVULSIVE THERAPY	-	05723	5.6485	APC	\$317.11	-	-	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	0.8863	Bundled, sometimes payable	\$49.76	-	-	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	UNLISTED PSYC SVC/THERAPY	-	05821	0.3468	Bundled, sometimes payable	\$19.47	-	-	000	999	-
90901	M	BIOFEEDBACK TRAIN ANY METH	-	-	-	Fee Schedule	\$23.68	-	-	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	7.3672	APC	\$413.59	-	-	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	4.4589	APC	\$250.32	-	-	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	-

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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments	
Proc Cd	Status Ind	Proc Desc	Proc Modifier									APC
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	UNLISTED DIALYSIS PROCEDURE	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
91010	S	ESOPHAGUS MOTILITY STUDY	-	05723	5.6485	APC	\$317.11	-	-	000	999	-
91013	N	ESOPHGL MOTIL W/STIM/PERFUS	-	-	-	Bundled	\$0.00	-	-	000	999	-
91020	S	GASTRIC MOTILITY STUDIES	-	05723	5.6485	APC	\$317.11	-	-	000	999	-
91022	S	DUODENAL MOTILITY STUDY	-	05723	5.6485	APC	\$317.11	-	-	000	999	-
91030	S	ACID PERFUSION OF ESOPHAGUS	-	05723	5.6485	APC	\$317.11	-	-	000	999	-
91034	S	GASTROESOPHAGEAL REFLUX TEST	-	05723	5.6485	APC	\$317.11	-	-	000	999	-
91035	S	G-ESOPH REFLX TST W/ELECTROD	-	05723	5.6485	APC	\$317.11	-	-	000	999	-
91037	S	ESOPH IMPED FUNCTION TEST	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
91038	S	ESOPH IMPED FUNCT TEST > 1HR	-	05723	5.6485	APC	\$317.11	-	-	000	999	-
91040	S	ESOPH BALLOON DISTENSION TST	-	05723	5.6485	APC	\$317.11	-	-	000	999	-
91065	S	BREATH HYDROGEN/METHANE TEST	-	05721	1.6992	APC	\$95.39	-	-	000	999	-
91110	T	GI TRC IMG INTRAL ESOPH-ILE	-	05301	9.6455	APC	\$541.50	-	-	000	999	-
91111	T	GI TRC IMG INTRAL ESOPHAGUS	-	05301	9.6455	APC	\$541.50	-	-	000	999	-
91112	T	GI WIRELESS CAPSULE MEASURE	-	05301	9.6455	APC	\$541.50	-	-	000	999	-
91113	T	GI TRC IMG INTRAL COLON I&R	-	05311	9.7101	APC	\$545.13	-	-	000	999	-
91117	T	COLON MOTILITY 6 HR STUDY	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
91120	S	RECTAL SENSATION TEST	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
91122	T	ANAL PRESSURE RECORD	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
91132	S	ELECTROGASTROGRAPHY	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
91133	N	ELECTROGASTROGRAPHY W/TEST	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
91200	S	LIVER ELASTOGRAPHY	-	05721	1.6992	APC	\$95.39	-	-	000	999	-
91299	S	UNLISTED DX GI PROCEDURE	-	05721	1.6992	APC	\$95.39	-	-	000	999	-
91300	M	SARSCOV2 VAC 30MCG/0.3ML IM	-	-	-	Fee Schedule	\$0.01	-	-	012	999	-
91301	M	SARSCOV2 VAC 100MCG/0.5ML IM	-	-	-	Fee Schedule	\$0.01	-	-	012	999	-
91302	M	SARSCOV2 VAC 5X1010VP/1.5MLIM	-	-	-	Fee Schedule	\$0.01	-	-	000	999	-
91303	M	SARSCOV2 VAC AD26 .5ML IM	-	-	-	Fee Schedule	\$0.01	-	-	018	999	-
91304	M	SARSCOV2 VAC 5MCG/0.5ML IM	-	-	-	Fee Schedule	\$0.01	-	-	012	999	-
91305	M	SARSCOV2 VAC 30 MCG TRS-SUCR	-	-	-	Fee Schedule	\$0.01	-	-	012	999	-
91306	M	SARSCOV2 VAC 50MCG/0.25ML IM	-	-	-	Fee Schedule	\$0.01	-	-	018	999	-
91307	M	SARSCOV2 VAC 10 MCG TRS-SUCR	-	-	-	Fee Schedule	\$0.01	-	-	005	011	-
91308	M	SARSCOV2 VAC 3 MCG TRS-SUCR	-	-	-	Fee Schedule	\$0.01	-	-	000	004	-
91309	M	SARSCOV2 VAC 50MCG/0.5ML IM	-	-	-	Fee Schedule	\$0.01	-	-	006	999	-
91310	E	SARSCOV2 VAC 5MCG/0.5ML AS03	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
91311	M	SARSCOV2 VAC 25MCG/0.25ML IM	-	-	-	Fee Schedule	\$0.01	-	-	000	005	-
91312	M	SARSCOV2 VAC BVL 30MCG/0.3M	-	-	-	Fee Schedule	\$0.01	-	-	012	999	-
91313	M	SARSCOV2 VAC BVL 50MCG/0.5ML	-	-	-	Fee Schedule	\$0.01	-	-	012	999	-
91314	M	SARSCOV2 VAC BVL 25MCG/0.25ML	-	-	-	Fee Schedule	\$0.01	-	-	006	011	-
91315	M	SARSCOV2 VAC BVL 10MCG/0.2ML	-	-	-	Fee Schedule	\$0.01	-	-	005	011	-
91316	E	SARSCOV2 VAC BVL 10MCG/0.2ML	-	-	-	Not Allowed	\$0.00	-	-	000	005	-
91317	M	SARSCOV2 VAC BVL 3MCG/0.2ML	-	-	-	Fee Schedule	\$0.01	-	-	000	005	-
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	24.7032	APC	\$1,386.84	-	-	000	999	-
92019	T	EYE EXAM & TREATMENT	-	05503	24.7032	APC	\$1,386.84	-	-	000	999	-
92020	N	SPECIAL EYE EVALUATION	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
92025	N	CORNEAL TOPOGRAPHY	-	05733	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
92060	N	SPECIAL EYE EVALUATION	-	05733	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
92065	E	ORTHOP TRAING PFRMD PHYS/QHP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92066	N	ORTHOP TRAINING SUPVJ PHYS/QHP	-	05733	0.6716	Bundled, sometimes payable	\$37.70	-	-	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	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
92082	N	VISUAL FIELD EXAMINATION(S)	-	05733	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
92083	N	VISUAL FIELD EXAMINATION(S)	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
92100	N	SERIAL TONOMETRY EXAM(S)	-	-	-	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, 2023**

2022 APC		Proc Desc	Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind		Modifier	APC								
92132	N	CMPTR OPHTH DX IMG ANT SEGMENT	-	05733	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
92133	N	CMPTR OPHTH IMG OPTIC NERVE	-	05733	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
92134	N	CPTR OPHTH DX IMG POST SEGMENT	-	05733	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
92136	N	OPHTHALMIC BIOMETRY	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
92145	N	CORNEAL HYSTERESIS DETER	-	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
92201	N	OPSCPY EXTND RTA DRAW UNI/BI	-	05733	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
92202	N	OPSCPY EXTND ON/MAC DRAW	-	05733	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
92227	N	IMG RTA DETC/MNTR DS STAFF	-	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
92228	N	IMG RTA DETC/MNTR DS PHY/QHP	-	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
92229	S	IMG RTA DETC/MNTR DS POC ALY	-	05733	0.6716	APC	\$37.70	-	-	000	999	-
92230	N	EYE EXAM WITH PHOTOS	-	05723	5.6485	Bundled, sometimes payable	\$317.11	-	-	000	999	-
92235	S	FLUORESCIN ANGRPH UNI/BI	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
92240	S	ICG ANGIOGRAPHY UNI/BI	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
92242	S	FLUORESCIN ICG ANGIOGRAPHY	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
92250	N	EYE EXAM WITH PHOTOS	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
92260	N	OPHTHALMOSCOPY/DYNAMOMETRY	-	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
92265	N	EYE MUSCLE EVALUATION	-	05733	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
92270	N	ELECTRO-OCULOGRAPHY	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
92273	S	FULL FIELD ERG W/I&R	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
92274	S	MULTIFOVAL ERG W/I&R	-	05721	1.6992	APC	\$95.39	-	-	000	999	-
92283	N	COLOR VISION EXAMINATION	-	05733	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
92284	N	DX DARK ADAPATION EXAM I&R	-	05735	4.4116	Bundled, sometimes payable	\$247.67	-	-	000	999	-
92285	N	EYE PHOTOGRAPHY	-	05733	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
92286	N	INTERNAL EYE PHOTOGRAPHY	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
92287	N	INTERNAL EYE PHOTOGRAPHY	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	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 MULTIFOVAL	-	-	-	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	0.6716	Bundled, sometimes payable	\$37.70	-	-	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	UNLISTED OPH SVC/PROCEDURE	-	05731	0.2916	Bundled, sometimes payable	\$16.37	-	-	000	999	-
92502	T	EAR AND THROAT EXAMINATION	-	05162	5.3376	APC	\$299.65	-	-	000	999	-
92504	N	EAR MICROSCOPY EXAMINATION	-	-	-	Bundled	\$0.00	-	-	000	999	-
92507	Y	SPEECH/HEARING THERAPY	-	-	-	Fee Schedule	\$57.24	-	-	000	999	-
92508	Y	SPEECH/HEARING THERAPY	-	-	-	Fee Schedule	\$17.74	-	-	000	999	-
92511	T	NASOPHARYNGOSCOPY	-	05151	2.0886	APC	\$117.25	-	-	000	999	-
92512	S	NASAL FUNCTION STUDIES	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
92516	S	FACIAL NERVE FUNCTION TEST	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
92517	S	VEMP TEST I&R CERVICAL	-	05721	1.6992	APC	\$95.39	-	-	000	999	-
92518	S	VEMP TEST I&R OCULAR	-	05721	1.6992	APC	\$95.39	-	-	000	999	-
92519	S	VEMP TST I&R CERVICAL&OCULAR	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
92520	N	LARYNGEAL FUNCTION STUDIES	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
92521	Y	EVALUATION OF SPEECH FLUENCY	-	-	-	Fee Schedule	\$99.28	-	-	000	999	-
92522	Y	EVALUATE SPEECH PRODUCTION	-	-	-	Fee Schedule	\$83.32	-	-	000	999	-
92523	Y	SPEECH SOUND LANG COMPREHEN	-	-	-	Fee Schedule	\$169.45	-	-	000	999	-
92524	Y	BEHAVRAL QUALIT ANALYS VOICE	-	-	-	Fee Schedule	\$82.05	-	-	000	999	-
92526	Y	ORAL FUNCTION THERAPY	-	-	-	Fee Schedule	\$63.58	-	-	000	999	-
92531	N	SPONTANEOUS NYSTAGMUS STUDY	-	-	-	Bundled	\$0.00	-	-	000	999	-
92532	N	POSITIONAL NYSTAGMUS TEST	-	-	-	Bundled	\$0.00	-	-	000	999	-
92533	N	CALORIC VESTIBULAR TEST	-	-	-	Bundled	\$0.00	-	-	000	999	-
92534	N	OPTOKINETIC NYSTAGMUS TEST	-	-	-	Bundled	\$0.00	-	-	000	999	-
92537	S	CALORIC VSTBLR TEST W/REC	-	05721	1.6992	APC	\$95.39	-	-	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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments	
Proc Cd	Status Ind	Proc Desc	Proc Modifier									APC
92538	S	CALORIC VSTBLR TEST W/REC	-	05721	1.6992	APC	\$95.39	-	-	000	999	-
92540	S	BASIC VESTIBULAR EVALUATION	-	05721	1.6992	APC	\$95.39	-	-	000	999	-
92541	N	SPONTANEOUS NYSTAGMUS TEST	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
92542	N	POSITIONAL NYSTAGMUS TEST	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
92544	S	OPTOKINETIC NYSTAGMUS TEST	-	05721	1.6992	APC	\$95.39	-	-	000	999	-
92545	S	OSCILLATING TRACKING TEST	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
92546	S	SINUSOIDAL ROTATIONAL TEST	-	05721	1.6992	APC	\$95.39	-	-	000	999	-
92547	N	SUPPLEMENTAL ELECTRICAL TEST	-	-	-	Bundled	\$0.00	-	-	000	999	-
92548	N	CDP-SOT 6 COND W/I&R	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
92549	N	CDP-SOT 6 COND W/I&R MCT&ADT	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
92550	N	TYMPANOMETRY & REFLEX THRESH	-	05721	1.6992	Bundled, sometimes payable	\$95.39	-	-	000	999	-
92551	M	PURE TONE HEARING TEST AIR	-	-	-	Fee Schedule	\$14.38	-	-	000	999	-
92552	N	PURE TONE AUDIOMETRY AIR	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
92553	N	AUDIOMETRY AIR & BONE	-	05721	1.6992	Bundled, sometimes payable	\$95.39	-	-	000	999	-
92555	N	SPEECH THRESHOLD AUDIOMETRY	-	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
92556	N	SPEECH AUDIOMETRY COMPLETE	-	05733	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
92557	N	COMPREHENSIVE HEARING TEST	-	05721	1.6992	Bundled, sometimes payable	\$95.39	-	-	000	999	-
92558	E	EVOKED AUDITORY TEST QUAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
92562	N	LOUDNESS BALANCE TEST	-	05721	1.6992	Bundled, sometimes payable	\$95.39	-	-	000	999	-
92563	N	TONE DECAY HEARING TEST	-	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
92565	N	STENGER TEST PURE TONE	-	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
92567	N	TYMPANOMETRY	-	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
92568	N	ACOUSTIC REFL THRESHOLD TST	-	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
92570	N	ACOUSTIC IMMITANCE TESTING	-	05721	1.6992	Bundled, sometimes payable	\$95.39	-	-	000	999	-
92571	N	FILTERED SPEECH HEARING TEST	-	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
92572	N	STAGGERED SPONDAIC WORD TEST	-	05721	1.6992	Bundled, sometimes payable	\$95.39	-	-	000	999	-
92575	N	SENSORINEURAL ACUITY TEST	-	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
92576	N	SYNTHETIC SENTENCE TEST	-	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
92577	N	STENGER TEST SPEECH	-	05733	5.6485	Bundled, sometimes payable	\$317.11	-	-	000	999	-
92579	N	VISUAL AUDIOMETRY (VRA)	-	05721	1.6992	Bundled, sometimes payable	\$95.39	-	-	000	999	-
92582	N	CONDITIONING PLAY AUDIOMETRY	-	05721	1.6992	Bundled, sometimes payable	\$95.39	-	-	000	999	-
92583	N	SELECT PICTURE AUDIOMETRY	-	05733	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
92584	S	ELECTROCOCHLEOGRAPHY	-	05721	1.6992	APC	\$95.39	-	-	000	999	-
92587	S	EVOKED AUDITORY TEST LIMITED	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
92588	S	EVOKED AUDITORY TST COMPLETE	-	05722	3.2723	APC	\$183.71	-	-	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	\$13.52	-	-	000	999	-
92593	M	HEARING AID CHECK BOTH EARS	-	-	-	Fee Schedule	\$21.55	-	-	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	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
92597	Y	ORAL SPEECH DEVICE EVAL	-	-	-	Fee Schedule	\$53.92	-	-	000	999	-
92601	S	COCHLEAR IMPLT F/UP EXAM <7	-	05721	1.6992	APC	\$95.39	-	-	000	007	-
92602	S	REPROGRAM COCHLEAR IMPLT <7	-	05721	1.6992	APC	\$95.39	-	-	000	007	-
92603	S	COCHLEAR IMPLT F/UP EXAM 7/>	-	05721	1.6992	APC	\$95.39	-	-	007	999	-
92604	S	REPROGRAM COCHLEAR IMPLT 7/>	-	05721	1.6992	APC	\$95.39	-	-	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	\$92.69	-	-	000	999	-
92608	Y	EX FOR SPEECH DEVICE RX ADDL	-	-	-	Fee Schedule	\$36.72	-	-	000	999	-
92609	Y	USE OF SPEECH DEVICE SERVICE	-	-	-	Fee Schedule	\$77.74	-	-	000	999	-
92610	Y	EVALUATE SWALLOWING FUNCTION	-	-	-	Fee Schedule	\$52.15	-	-	000	999	-
92611	Y	MOTION FLUOROSCOPY/SWALLOW	-	-	-	Fee Schedule	\$68.62	-	-	000	999	-
92611	Y	MOTION FLUOROSCOPY/SWALLOW	-	-	-	Fee Schedule	\$68.62	-	-	000	999	-
92612	M	ENDOSCOPY SWALLOW (FEES) VID	-	-	-	Fee Schedule	\$49.62	-	-	000	999	-
92612	M	ENDOSCOPY SWALLOW (FEES) VID	-	-	-	Fee Schedule	\$49.62	-	-	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	\$49.11	-	-	000	999	-
92614	M	LARYNGOSCOPIC SENSORY VID	-	-	-	Fee Schedule	\$49.11	-	-	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	\$73.16	-	-	000	999	-
92616	M	FEES W/LARYNGEAL SENSE TEST	-	-	-	Fee Schedule	\$73.16	-	-	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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	APC								
92618	E	EX FOR NONSPEECH DEV RX ADD	-	-	Not Allowed	\$0.00	-	-	000	999	-
92620	N	AUDITORY FUNCTION 60 MIN	-	05721	Bundled, sometimes payable	\$95.39	-	-	000	999	-
92621	N	AUDITORY FUNCTION + 15 MIN	-	-	Bundled	\$0.00	-	-	000	999	-
92625	N	TINNITUS ASSESSMENT	-	05721	Bundled, sometimes payable	\$95.39	-	-	000	999	-
92626	N	EVAL AUD FUNCJ 1ST HOUR	-	05721	Bundled, sometimes payable	\$95.39	-	-	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	APC	\$95.39	-	-	000	999	-
92650	E	AEP SCR AUDITORY POTENTIAL	-	-	Not Allowed	\$0.00	-	-	000	999	-
92651	S	AEP HEARING STATUS DETER I&R	-	05721	APC	\$95.39	-	-	000	999	-
92652	S	AEP THRSGLD EST MLT FREQ I&R	-	05722	APC	\$183.71	-	-	000	999	-
92653	S	AEP NEURODIAGNOSTIC I&R	-	05722	APC	\$183.71	-	-	000	999	-
92700	N	UNLISTED ORL SERVICE/PX	-	05731	Bundled, sometimes payable	\$16.37	-	-	000	999	-
92920	N	PRQ CARDIAC ANGIOPLAST 1 ART	-	05192	Bundled, sometimes payable	\$3,421.08	-	-	000	999	-
92921	N	PRQ CARDIAC ANGIO ADDL ART	-	-	Bundled	\$0.00	-	-	000	999	-
92924	N	PRQ CARD ANGIO/ATHRECT 1 ART	-	05193	Bundled, sometimes payable	\$6,963.18	-	-	000	999	-
92925	N	PRQ CARD ANGIO/ATHRECT ADDL	-	-	Bundled	\$0.00	-	-	000	999	-
92928	N	PRQ CARD STENT W/ANGIO 1 VSL	-	05193	Bundled, sometimes payable	\$6,963.18	-	-	000	999	-
92929	N	PRQ CARD STENT W/ANGIO ADDL	-	-	Bundled	\$0.00	-	-	000	999	-
92933	N	PRQ CARD STENT/ATH/ANGIO	-	05194	Bundled, sometimes payable	\$11,267.75	-	-	000	999	-
92934	N	PRQ CARD STENT/ATH/ANGIO	-	-	Bundled	\$0.00	-	-	000	999	-
92937	N	PRQ REVASC BYP GRAFT 1 VSL	-	05193	Bundled, sometimes payable	\$6,963.18	-	-	000	999	-
92938	N	PRQ REVASC BYP GRAFT ADDL	-	-	Bundled	\$0.00	-	-	000	999	-
92941	C	PRQ CARD REVASC MI 1 VSL	-	-	IP Only	\$0.00	-	-	000	999	-
92943	N	PRQ CARD REVASC CHRONIC 1VSL	-	05193	Bundled, sometimes payable	\$6,963.18	-	-	000	999	-
92944	N	PRQ CARD REVASC CHRONIC ADDL	-	-	Bundled	\$0.00	-	-	000	999	-
92950	S	HEART/LUNG RESUSCITATION CPR	-	05722	APC	\$183.71	-	-	000	999	-
92953	N	TEMPORARY EXTERNAL PACING	-	05781	Bundled, sometimes payable	\$385.79	-	-	000	999	-
92960	S	CARDIOVERSION ELECTRIC EXT	-	05781	APC	\$385.79	-	-	000	999	-
92961	S	CARDIOVERSION ELECTRIC INT	-	05781	APC	\$385.79	-	-	000	999	-
92970	C	CARDIOASSIST INTERNAL	-	-	IP Only	\$0.00	-	-	000	999	-
92971	C	CARDIOASSIST EXTERNAL	-	-	IP 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	-	-	IP Only	\$0.00	-	-	000	999	-
92977	T	DISSOLVE CLOT HEART VESSEL	-	05694	APC	\$218.18	-	-	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	Bundled, sometimes payable	\$3,421.08	-	-	000	999	-
92987	N	REVISION OF MITRAL VALVE	-	05193	Bundled, sometimes payable	\$6,963.18	-	-	000	999	-
92990	N	REVISION OF PULMONARY VALVE	-	05193	Bundled, sometimes payable	\$6,963.18	-	-	000	999	-
92997	N	PUL ART BALLOON REPR PERCUT	-	05193	Bundled, sometimes payable	\$6,963.18	-	-	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	Bundled, sometimes payable	\$37.70	-	-	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	Bundled, sometimes payable	\$183.71	-	-	000	999	-
93018	M	CARDIOVASCULAR STRESS TEST	-	-	Fee Schedule	\$0.00	-	-	000	999	-
93024	N	CARDIAC DRUG STRESS TEST	-	05735	Bundled, sometimes payable	\$247.67	-	-	000	999	-
93025	S	MICROVOLT T-WAVE ASSESS	-	05721	APC	\$95.39	-	-	000	999	-
93040	M	RHYTHM ECG WITH REPORT	-	-	Fee Schedule	\$0.00	-	-	000	999	-
93041	N	RHYTHM ECG TRACING	-	05733	Bundled, sometimes payable	\$37.70	-	-	000	999	-
93042	M	RHYTHM ECG REPORT	-	-	Fee Schedule	\$0.00	-	-	000	999	-
93050	N	ART PRESSURE WAVEFORM ANALYS	-	05731	Bundled, sometimes payable	\$16.37	-	-	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	Bundled, sometimes payable	\$76.17	-	-	000	999	-
93226	N	ECG MONIT/REPR UP TO 48 HRS	-	05734	Bundled, sometimes payable	\$76.17	-	-	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	APC	\$95.39	-	-	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	Bundled, sometimes payable	\$22.28	-	-	000	999	-
93243	N	EXT ECG>48HR<7D SCAN A/R	-	05734	Bundled, sometimes payable	\$76.17	-	-	000	999	-
93244	E	EXT ECG>48HR<7D REV&INTERPJ	-	-	Not Allowed	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	APC								
		Proc Modifier	APC								
93245	E	EXT ECG>7D<15D REC SCAN A/R	-	-	Not Allowed	\$0.00	-	-	000	999	-
93246	N	EXT ECG>7D<15D RECORDING	-	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
93247	N	EXT ECG>7D<15D SCAN A/R	-	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
93248	E	EXT ECG>7D<15D REV&INTERPJ	-	-	Not Allowed	\$0.00	-	-	000	999	-
93260	N	PRGRMG DEV EVAL IMPLTBL SYS	-	0.4090	Bundled, sometimes payable	\$22.96	-	-	000	999	-
93261	N	INTERROGATE SUBQ DEFIB	-	0.4090	Bundled, sometimes payable	\$22.96	-	-	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	-	0.4090	Bundled, sometimes payable	\$22.96	-	-	000	999	-
93271	S	ECG/MONITORING AND ANALYSIS	-	1.1662	APC	\$65.47	-	-	000	999	-
93272	E	ECG/REVIEW INTERPRET ONLY	-	-	Not Allowed	\$0.00	-	-	000	999	-
93278	N	ECG/SIGNAL-AVERAGED	-	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
93279	N	PRGRMG DEV EVAL PM/LDLS PM	-	0.4090	Bundled, sometimes payable	\$22.96	-	-	000	999	-
93280	N	PM DEVICE PROGR EVAL DUAL	-	0.4090	Bundled, sometimes payable	\$22.96	-	-	000	999	-
93281	N	PM DEVICE PROGR EVAL MULTI	-	0.4090	Bundled, sometimes payable	\$22.96	-	-	000	999	-
93282	N	PRGRMG EVAL IMPLANTABLE DFB	-	0.4090	Bundled, sometimes payable	\$22.96	-	-	000	999	-
93283	N	PRGRMG EVAL IMPLANTABLE DFB	-	0.4090	Bundled, sometimes payable	\$22.96	-	-	000	999	-
93284	N	PRGRMG EVAL IMPLANTABLE DFB	-	0.4090	Bundled, sometimes payable	\$22.96	-	-	000	999	-
93285	N	PRGRMG DEV EVAL SCRMS IP	-	0.4090	Bundled, sometimes payable	\$22.96	-	-	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	-	0.4090	Bundled, sometimes payable	\$22.96	-	-	000	999	-
93289	N	INTERROG DEVICE EVAL HEART	-	0.4090	Bundled, sometimes payable	\$22.96	-	-	000	999	-
93290	N	INTERROG DEV EVAL ICPMS IP	-	0.4090	Bundled, sometimes payable	\$22.96	-	-	000	999	-
93291	N	INTERROG DEV EVAL SCRMS IP	-	0.2916	Bundled, sometimes payable	\$16.37	-	-	000	999	-
93292	N	WCD DEVICE INTERROGATE	-	0.4090	Bundled, sometimes payable	\$22.96	-	-	000	999	-
93293	N	PM PHONE R-STRIP DEVICE EVAL	-	0.4090	Bundled, sometimes payable	\$22.96	-	-	000	999	-
93294	E	REM INTERROG EVL PM/LDLS PM	-	-	Not Allowed	\$0.00	-	-	000	999	-
93295	E	DEV INTERROG REMOTE 1/2MLT	-	-	Not Allowed	\$0.00	-	-	000	999	-
93296	N	REM INTERROG EVL PM/IDS	-	0.4090	Bundled, sometimes payable	\$22.96	-	-	000	999	-
93297	E	REM INTERROG DEV EVAL ICPMS	-	-	Not Allowed	\$0.00	-	-	000	999	-
93298	E	REM INTERROG DEV EVAL SCRMS	-	-	Not Allowed	\$0.00	-	-	000	999	-
93303	S	ECHO TRANSTHORACIC	-	5.8787	APC	\$330.03	-	-	000	999	-
93304	S	ECHO TRANSTHORACIC	-	5.8787	APC	\$330.03	-	-	000	999	-
93306	S	TTE W/DOPPLER COMPLETE	-	5.8787	APC	\$330.03	-	-	000	999	-
93307	S	TTE W/O DOPPLER COMPLETE	-	2.7285	APC	\$153.18	-	-	000	999	-
93308	S	TTE F-UP OR LMTD	-	2.7285	APC	\$153.18	-	-	000	999	-
93312	S	ECHO TRANSESOPHAGEAL	-	5.8787	APC	\$330.03	-	-	000	999	-
93313	S	ECHO TRANSESOPHAGEAL	-	5.8787	APC	\$330.03	-	-	000	999	-
93314	N	ECHO TRANSESOPHAGEAL	-	-	Bundled	\$0.00	-	-	000	999	-
93315	S	ECHO TRANSESOPHAGEAL	-	5.8787	APC	\$330.03	-	-	000	999	-
93316	S	ECHO TRANSESOPHAGEAL	-	5.8787	APC	\$330.03	-	-	000	999	-
93317	N	ECHO TRANSESOPHAGEAL	-	-	Bundled	\$0.00	-	-	000	999	-
93318	S	ECHO TRANSESOPHAGEAL INTRAOP	-	5.8787	APC	\$330.03	-	-	000	999	-
93319	N	3D ECHO IMG CGEN CAR ANOMAL	-	-	Bundled	\$0.00	-	-	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	-	5.8787	APC	\$330.03	-	-	000	999	-
93351	S	STRESS TTE COMPLETE	-	5.8787	APC	\$330.03	-	-	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	MYOGRD STRAIN IMG SPCKL TRCK	-	-	Bundled	\$0.00	-	-	000	999	-
93451	T	RIGHT HEART CATH	-	05191	APC	\$1,940.62	-	-	000	999	-
93452	T	LEFT HRT CATH W/VENTRICLGRPHY	-	05191	APC	\$1,940.62	-	-	000	999	-
93453	T	R&L HRT CATH W/VENTRICLGRPHY	-	05191	APC	\$1,940.62	-	-	000	999	-
93454	T	CORONARY ARTERY ANGIO S&I	-	05191	APC	\$1,940.62	-	-	000	999	-
93455	T	CORONARY ART/GRFT ANGIO S&I	-	05191	APC	\$1,940.62	-	-	000	999	-
93456	T	R HRT CORONARY ARTERY ANGIO	-	05191	APC	\$1,940.62	-	-	000	999	-
93457	T	R HRT ART/GRFT ANGIO	-	05191	APC	\$1,940.62	-	-	000	999	-
93458	T	L HRT ARTERY/VENTRICLE ANGIO	-	05191	APC	\$1,940.62	-	-	000	999	-
93459	T	L HRT ART/GRFT ANGIO	-	05191	APC	\$1,940.62	-	-	000	999	-
93460	T	R&L HRT ART/VENTRICLE ANGIO	-	05191	APC	\$1,940.62	-	-	000	999	-
93461	T	R&L HRT ART/VENTRICLE ANGIO	-	05191	APC	\$1,940.62	-	-	000	999	-
93462	N	L HRT CATH TRNSPTL PUNCTURE	-	-	Bundled	\$0.00	-	-	000	999	-
93463	N	DRUG ADMIN & HEMODYNIC MEAS	-	-	Bundled	\$0.00	-	-	000	999	-
93464	N	EXERCISE W/HEMODYNIC MEAS	-	-	Bundled	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**January 1, 2023**

2022 APC				Proc			Outpatient Hospital Fee	Sole Comm. Hospital	Non-sole Comm.	Min	Max	
Proc Cd	Status Ind	Proc Desc	Modifier	APC	APC Weight	Method	Schedule	Lab Fees	Hospital Lab Fees	Age	Age	Comments
93503	T	INSERT/PLACE HEART CATHETER	-	05182	17.3845	APC	\$975.97	-	-	000	999	-
93505	T	BIOPSY OF HEART LINING	-	05183	34.8072	APC	\$1,954.08	-	-	000	999	-
93563	N	NJX CGEN CAR CTH SLCTV C ANG	-	-	-	Bundled	\$0.00	-	-	000	999	-
93564	N	NJX CGEN CAR CATH SLCTV OPAC	-	-	-	Bundled	\$0.00	-	-	000	999	-
93565	N	NJX CAR CTH SLCTV LV/LA ANG	-	-	-	Bundled	\$0.00	-	-	000	999	-
93566	N	NJX CAR CTH SLCTV RV/RA ANG	-	-	-	Bundled	\$0.00	-	-	000	999	-
93567	N	NJX CAR CTH SPRVLV AORTGRPHY	-	-	-	Bundled	\$0.00	-	-	000	999	-
93568	N	NJX CAR CTH NSLC P-ART ANGRP	-	-	-	Bundled	\$0.00	-	-	000	999	-
93569	N	NJX CTH SLCT P-ART ANGRP UNI	-	-	-	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	-
93573	N	NJX CATH SLCT P-ART ANGRP BI	-	-	-	Bundled	\$0.00	-	-	000	999	-
93574	N	NJX CATH SLCT PULM VN ANGRPH	-	-	-	Bundled	\$0.00	-	-	000	999	-
93575	N	NJX CATH SLCT P ANGRPH MAPCA	-	-	-	Bundled	\$0.00	-	-	000	999	-
93580	N	TRANSCATH CLOSURE OF ASD	-	05194	200.7081	Bundled, sometimes payable	\$11,267.75	-	-	000	999	-
93581	N	TRANSCATH CLOSURE OF VSD	-	05194	200.7081	Bundled, sometimes payable	\$11,267.75	-	-	000	999	-
93582	N	PERQ TRANSCATH CLOSURE PDA	-	05194	200.7081	Bundled, sometimes payable	\$11,267.75	-	-	000	999	-
93583	C	PERQ TRANSCATH SEPTAL REDUXN	-	-	-	IP Only	\$0.00	-	-	000	999	-
93590	T	PERQ TRANSCATH CLS MITRAL	-	05194	200.7081	APC	\$11,267.75	-	-	000	999	-
93591	T	PERQ TRANSCATH CLS AORTIC	-	05194	200.7081	APC	\$11,267.75	-	-	000	999	-
93592	N	PERQ TRANSCATH CLOSURE EACH	-	-	-	Bundled	\$0.00	-	-	000	999	-
93593	N	R HRT CATH CHD NML NT CNJ	-	05191	34.5675	Bundled, sometimes payable	\$1,940.62	-	-	000	999	-
93594	N	R HRT CATH CHD ABNL NT CNJ	-	05191	34.5675	Bundled, sometimes payable	\$1,940.62	-	-	000	999	-
93595	N	L HRT CATH CHD NM/ABN NT CNJ	-	05191	34.5675	Bundled, sometimes payable	\$1,940.62	-	-	000	999	-
93596	N	R&L HRT CATH CHD NML NT CNJ	-	05191	34.5675	Bundled, sometimes payable	\$1,940.62	-	-	000	999	-
93597	N	R&L HRT CATH CHD ABNL NT CNJ	-	05191	34.5675	Bundled, sometimes payable	\$1,940.62	-	-	000	999	-
93598	N	CAR OUTP MEAS DRG CATH CHD	-	-	-	Bundled	\$0.00	-	-	000	999	-
93600	N	BUNDLE OF HIS RECORDING	-	05212	78.6674	Bundled, sometimes payable	\$4,416.39	-	-	000	999	-
93602	N	INTRA-ATRIAL RECORDING	-	05212	78.6674	Bundled, sometimes payable	\$4,416.39	-	-	000	999	-
93603	N	RIGHT VENTRICULAR RECORDING	-	05211	13.0521	Bundled, sometimes payable	\$732.74	-	-	000	999	-
93609	N	MAP TACHYCARDIA ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
93610	N	INTRA-ATRIAL PACING	-	05212	78.6674	Bundled, sometimes payable	\$4,416.39	-	-	000	999	-
93612	N	INTRAVENTRICULAR PACING	-	05212	78.6674	Bundled, sometimes payable	\$4,416.39	-	-	000	999	-
93613	N	ELECTROPHYS MAP 3D ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
93615	N	ESOPHAGEAL RECORDING	-	05211	13.0521	Bundled, sometimes payable	\$732.74	-	-	000	999	-
93616	N	ESOPHAGEAL RECORDING	-	05211	13.0521	Bundled, sometimes payable	\$732.74	-	-	000	999	-
93618	N	HEART RHYTHM PACING	-	05211	13.0521	Bundled, sometimes payable	\$732.74	-	-	000	999	-
93619	N	ELECTROPHYSIOLOGY EVALUATION	-	05212	78.6674	Bundled, sometimes payable	\$4,416.39	-	-	000	999	-
93620	N	ELECTROPHYSIOLOGY EVALUATION	-	05212	78.6674	Bundled, sometimes payable	\$4,416.39	-	-	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	78.6674	Bundled, sometimes payable	\$4,416.39	-	-	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	13.0521	Bundled, sometimes payable	\$732.74	-	-	000	999	-
93644	N	ELECTROPHYSIOLOGY EVALUATION	-	-	-	Bundled	\$0.00	-	-	000	999	-
93650	N	ABLATE HEART DYSRHYTHM FOCUS	-	05212	78.6674	Bundled, sometimes payable	\$4,416.39	-	-	000	999	-
93653	N	COMPRES EP EVAL TX SVT	-	05213	274.3622	Bundled, sometimes payable	\$15,402.69	-	-	000	999	-
93654	N	COMPRES EP EVAL TX VT	-	05213	274.3622	Bundled, sometimes payable	\$15,402.69	-	-	000	999	-
93655	N	ABLATE ARRHYTHMIA ADD ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
93656	N	COMPRES EP EVAL ABLTJ ATR FIB	-	05213	274.3622	Bundled, sometimes payable	\$15,402.69	-	-	000	999	-
93657	N	TX L/R ATRIAL FIB ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-
93660	S	TILT TABLE EVALUATION	-	05723	5.6485	APC	\$317.11	-	-	000	999	-
93662	N	INTRACARDIAC ECG (ICE)	-	-	-	Bundled	\$0.00	-	-	000	999	-
93668	S	PERIPHERAL VASCULAR REHAB	-	05733	0.6716	APC	\$37.70	-	-	000	999	-
93701	N	BIOIMPEDANCE CV ANALYSIS	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
93702	S	BIS XTRACELL FLUID ANALYSIS	-	05721	1.6992	APC	\$95.39	-	-	000	999	-
93724	S	ANALYZE PACEMAKER SYSTEM	-	05743	3.2325	APC	\$181.47	-	-	000	999	-
93740	N	TEMPERATURE GRADIENT STUDIES	-	05721	1.6992	Bundled, sometimes payable	\$95.39	-	-	000	999	-
93745	S	SET-UP CARDIOVERT-DEFIBRILL	-	05743	3.2325	APC	\$181.47	-	-	000	999	-
93750	S	INTERROGATION VAD IN PERSON	-	05742	1.1662	APC	\$65.47	-	-	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	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
93788	N	AMBL BP MNTR W/SW A/R	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier APC								
93790	E	AMBL BP MNTR W/SW I&R	-	-	Not Allowed	\$0.00	-	-	000	999	-
93792	E	PT/CAREGIVER TRAINING 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	APC	\$78.76	-	-	000	999	-
93798	S	CARDIAC REHAB/MONITOR	-	05771	APC	\$78.76	-	-	000	999	-
93799	S	UNLISTED CV SVC/PROCEDURE	-	05721	APC	\$95.39	-	-	000	999	-
93880	S	EXTRACRANIAL BILAT STUDY	-	05523	APC	\$153.18	-	-	000	999	-
93882	S	EXTRACRANIAL UNILTD STUDY	-	05522	APC	\$70.11	-	-	000	999	-
93886	S	INTRACRANIAL COMPLETE STUDY	-	05523	APC	\$153.18	-	-	000	999	-
93888	S	INTRACRANIAL LIMITED STUDY	-	05522	APC	\$70.11	-	-	000	999	-
93890	N	TCD VASOREACTIVITY STUDY	-	05523	Bundled, sometimes payable	\$153.18	-	-	000	999	-
93892	N	TCD EMBOLI DETECT W/O INJ	-	05522	Bundled, sometimes payable	\$70.11	-	-	000	999	-
93893	N	TCD EMBOLI DETECT W/INJ	-	05522	Bundled, sometimes payable	\$70.11	-	-	000	999	-
93895	E	CAROTID INTIMA ATHEROMA EVAL	-	-	Not Allowed	\$0.00	-	-	000	999	-
93922	N	UPR/L XTREMITY ART 2 LEVELS	-	05734	Bundled, sometimes payable	\$76.17	-	-	000	999	-
93923	S	UPR/LXTR ART STDY 3+ LVLS	-	05721	APC	\$95.39	-	-	000	999	-
93924	S	LWR XTR VASC STDY BILAT	-	05722	APC	\$183.71	-	-	000	999	-
93925	S	LOWER EXTREMITY STUDY	-	05523	APC	\$153.18	-	-	000	999	-
93926	S	LOWER EXTREMITY STUDY	-	05522	APC	\$70.11	-	-	000	999	-
93930	S	UPPER EXTREMITY STUDY	-	05523	APC	\$153.18	-	-	000	999	-
93931	S	UPPER EXTREMITY STUDY	-	05522	APC	\$70.11	-	-	000	999	-
93970	S	EXTREMITY STUDY	-	05523	APC	\$153.18	-	-	000	999	-
93971	S	EXTREMITY STUDY	-	05522	APC	\$70.11	-	-	000	999	-
93975	S	VASCULAR STUDY	-	05523	APC	\$153.18	-	-	000	999	-
93976	S	VASCULAR STUDY	-	05522	APC	\$70.11	-	-	000	999	-
93978	S	VASCULAR STUDY	-	05523	APC	\$153.18	-	-	000	999	-
93979	N	VASCULAR STUDY	-	05522	Bundled, sometimes payable	\$70.11	-	-	000	999	-
93980	S	PENILE VASCULAR STUDY	-	05522	APC	\$70.11	-	-	000	999	-
93981	S	PENILE VASCULAR STUDY	-	05522	APC	\$70.11	-	-	000	999	-
93985	S	DUP-SCAN HEMO COMPL BI STD	-	05523	APC	\$157.43	-	-	000	999	-
93986	S	DUP-SCAN HEMO COMPL UNI STD	-	05522	APC	\$74.54	-	-	000	999	-
93990	N	DOPPLER FLOW TESTING	-	05522	Bundled, sometimes payable	\$70.11	-	-	000	999	-
93998	N	UNLISTD NONINVAS VASC DX STD	-	05731	Bundled, sometimes payable	\$16.37	-	-	000	999	-
94002	N	VENT MGMT INPAT INIT DAY	-	05801	Bundled, sometimes payable	\$365.19	-	-	000	999	-
94003	N	VENT MGMT INPAT SUBQ DAY	-	05801	Bundled, sometimes payable	\$365.19	-	-	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	Bundled, sometimes payable	\$95.39	-	-	000	999	-
94011	N	SPIROMETRY UP TO 2 YRS OLD	-	05721	Bundled, sometimes payable	\$95.39	-	-	000	002	-
94012	N	SPIRMTRY W/BRNCHDIL INF-2 YR	-	05722	Bundled, sometimes payable	\$183.71	-	-	000	002	-
94013	S	MEAS LUNG VOL THRU 2 YRS	-	05723	APC	\$317.11	-	-	000	002	-
94014	N	PATIENT RECORDED SPIROMETRY	-	05735	Bundled, sometimes payable	\$247.67	-	-	000	999	-
94015	N	PATIENT RECORDED SPIROMETRY	-	05722	Bundled, sometimes payable	\$183.71	-	-	000	999	-
94016	M	REVIEW PATIENT SPIROMETRY	-	-	Fee Schedule	\$30.45	-	-	000	999	-
94060	S	EVALUATION OF WHEEZING	-	05722	APC	\$183.71	-	-	000	999	-
94070	S	EVALUATION OF WHEEZING	-	05722	APC	\$183.71	-	-	000	999	-
94150	N	VITAL CAPACITY TEST	-	05721	Bundled, sometimes payable	\$95.39	-	-	000	999	-
94200	N	LUNG FUNCTION TEST (MBC/MVV)	-	05733	Bundled, sometimes payable	\$37.70	-	-	000	999	-
94375	N	RESPIRATORY FLOW VOLUME LOOP	-	05722	Bundled, sometimes payable	\$183.71	-	-	000	999	-
94450	N	HYPOXIA RESPONSE CURVE	-	05722	Bundled, sometimes payable	\$183.71	-	-	000	999	-
94452	N	HAST W/REPORT	-	05734	Bundled, sometimes payable	\$76.17	-	-	000	999	-
94453	N	HAST W/OXYGEN TITRATE	-	05734	Bundled, sometimes payable	\$76.17	-	-	000	999	-
94610	N	SURFACTANT ADMIN THRU TUBE	-	05791	Bundled, sometimes payable	\$125.61	-	-	000	000	-
94617	N	EXERCISE TST BRNCSPSM W/ECG	-	05734	Bundled, sometimes payable	\$76.17	-	-	000	999	-
94618	N	PULMONARY STRESS TESTING	-	05734	Bundled, sometimes payable	\$76.17	-	-	000	999	-
94619	N	EXERCISE TST BRNCSPSM WO ECG	-	05733	Bundled, sometimes payable	\$37.70	-	-	000	999	-
94621	S	CARDIOPULM EXERCISE TESTING	-	05722	APC	\$183.71	-	-	000	999	-
94625	S	PHY/QHP OP PULM RHB W/O MNTR	-	05733	APC	\$37.70	-	-	000	999	-
94626	S	PHY/QHP OP PULM RHB W/MNTR	-	05733	APC	\$37.70	-	-	000	999	-
94640	N	AIRWAY INHALATION TREATMENT	-	05791	Bundled, sometimes payable	\$125.61	-	-	000	999	-
94642	N	AEROSOL INHALATION TREATMENT	-	05791	Bundled, sometimes payable	\$125.61	-	-	000	999	-
94644	N	CBT 1ST HOUR	-	05734	Bundled, sometimes payable	\$76.17	-	-	000	999	-
94645	N	CBT EACH ADDL HOUR	-	-	Bundled	\$0.00	-	-	000	999	-
94660	N	POS AIRWAY PRESSURE CPAP	-	05791	Bundled, sometimes payable	\$125.61	-	-	000	999	-
94662	N	NEG PRESS VENTILATION CNP	-	05801	Bundled, sometimes payable	\$365.19	-	-	000	999	-
94664	N	EVALUATE PT USE OF INHALER	-	05791	Bundled, sometimes payable	\$125.61	-	-	000	999	-
94667	N	CHEST WALL MANIPULATION	-	05734	Bundled, sometimes payable	\$76.17	-	-	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, 2023**

2022 APC	Proc Cd	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
94668	N		CHEST WALL MANIPULATION	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
94669	N		MECHANICAL CHEST WALL OSCILL	-	05791	2.2375	Bundled, sometimes payable	\$125.61	-	-	000	999	-
94680	N		EXHALED AIR ANALYSIS O2	-	05721	1.6992	Bundled, sometimes payable	\$95.39	-	-	000	999	-
94681	N		EXHALED AIR ANALYSIS O2/CO2	-	05722	3.2723	Bundled, sometimes payable	\$183.71	-	-	000	999	-
94690	N		EXHALED AIR ANALYSIS	-	05733	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
94726	N		PULM FUNCT TST PLETHYSMOGRAP	-	05722	3.2723	Bundled, sometimes payable	\$183.71	-	-	000	999	-
94727	N		PULM FUNCTION TEST BY GAS	-	05721	1.6992	Bundled, sometimes payable	\$95.39	-	-	000	999	-
94728	N		AIRWY RESIST BY OSCILLOMETRY	-	05722	3.2723	Bundled, sometimes payable	\$183.71	-	-	000	999	-
94729	N		CO/MEMBANE DIFFUSE CAPACITY	-	-	-	Bundled	\$0.00	-	-	000	999	-
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	1.6992	Bundled, sometimes payable	\$95.39	-	-	000	999	-
94772	S		BREATH RECORDING INFANT	-	05723	5.6485	APC	\$317.11	-	-	000	001	-
94774	E		PED HOME APNEA REC COMPL	-	-	-	Not Allowed	\$0.00	-	-	000	019	-
94775	S		PED HOME APNEA REC HK-UP	-	05721	1.6992	APC	\$95.39	-	-	000	019	-
94776	S		PED HOME APNEA REC DOWNLD	-	05721	1.6992	APC	\$95.39	-	-	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	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
94781	N		CARS/BD TST INFT-12MO +30MIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
94799	N		UNLISTED PULMONARY SVC/PX	-	05721	1.6992	Bundled, sometimes payable	\$95.39	-	-	000	999	-
95004	N		PERCUT ALLERGY SKIN TESTS	-	05724	10.9176	Bundled, sometimes payable	\$612.91	-	-	000	999	-
95012	N		EXHALED NITRIC OXIDE MEAS	-	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
95017	N		PERQ & ICUT ALLG TEST VENOMS	-	05731	0.2916	Bundled, sometimes payable	\$16.37	-	-	000	999	-
95018	N		PERQ&IC ALLG TEST DRUGS/BIOL	-	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
95024	N		ICUT ALLERGY TEST DRUG/BUG	-	05733	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
95027	N		ICUT ALLERGY TITRATE-AIRBORN	-	05731	0.2916	Bundled, sometimes payable	\$16.37	-	-	000	999	-
95028	N		ICUT ALLERGY TEST-DELAYED	-	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
95044	N		ALLERGY PATCH TESTS	-	05724	10.9176	Bundled, sometimes payable	\$612.91	-	-	000	999	-
95052	N		PHOTO PATCH TEST	-	05733	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
95056	N		PHOTOSENSITIVITY TESTS	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
95060	N		EYE ALLERGY TESTS	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
95065	N		NOSE ALLERGY TEST	-	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
95070	S		BRONCHIAL ALLERGY TESTS	-	05723	5.6485	APC	\$317.11	-	-	000	999	-
95076	S		INGEST CHALLENGE INI 120 MIN	-	05723	5.6485	APC	\$317.11	-	-	000	999	-
95079	N		INGEST CHALLENGE ADDL 60 MIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
95115	N		IMMUNOTHERAPY ONE INJECTION	-	05691	0.4951	Bundled, sometimes payable	\$27.79	-	-	000	999	-
95117	N		IMMUNOTHERAPY INJECTIONS	-	05691	0.4951	Bundled, sometimes payable	\$27.79	-	-	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	0.4951	Bundled, sometimes payable	\$27.79	-	-	000	999	-
95145	N		ANTIGEN THERAPY SERVICES	-	05691	0.4951	Bundled, sometimes payable	\$27.79	-	-	000	999	-
95146	N		ANTIGEN THERAPY SERVICES	-	05691	0.4951	Bundled, sometimes payable	\$27.79	-	-	000	999	-
95147	N		ANTIGEN THERAPY SERVICES	-	05692	0.7883	Bundled, sometimes payable	\$44.26	-	-	000	999	-
95148	N		ANTIGEN THERAPY SERVICES	-	05692	0.7883	Bundled, sometimes payable	\$44.26	-	-	000	999	-
95149	N		ANTIGEN THERAPY SERVICES	-	05692	0.7883	Bundled, sometimes payable	\$44.26	-	-	000	999	-
95165	N		ANTIGEN THERAPY SERVICES	-	05691	0.4951	Bundled, sometimes payable	\$27.79	-	-	000	999	-
95170	N		ANTIGEN THERAPY SERVICES	-	05691	0.4951	Bundled, sometimes payable	\$27.79	-	-	000	999	-
95180	N		RAPID DESENSITIZATION	-	05735	4.4116	Bundled, sometimes payable	\$247.67	-	-	000	999	-
95199	N		UNLISTED ALL/IMMLG SVC/PX	-	05731	0.2916	Bundled, sometimes payable	\$16.37	-	-	000	999	-
95249	S		CONT GLUC MNTR PT PROV EQP	-	05733	0.6716	APC	\$37.70	-	-	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	-	05721	1.6992	APC	\$180.90	-	-	000	999	-
95705	S		EEG W/O VID 2-12 HR UNMNTN	-	05721	1.6992	APC	\$180.90	-	-	000	999	-
95706	S		EEG W/O VID 2-12HR INTMT MNTR	-	05722	3.2723	APC	\$180.90	-	-	000	999	-
95707	S		EEG W/O VID 2-12HR CONT MNTR	-	05722	3.2723	APC	\$180.90	-	-	000	999	-
95708	S		EEG W/O VID EA 12-26HR UNMNTN	-	05723	5.6485	APC	\$333.68	-	-	000	999	-
95709	S		EEG W/O VID EA 12-26HR INTMT	-	05723	5.6485	APC	\$333.68	-	-	000	999	-
95710	S		EEG W/O VID EA 12-26HR CONT	-	05723	5.6485	APC	\$333.68	-	-	000	999	-
95711	S		VEEG 2-12 HR UNMONITORED	-	05722	3.2723	APC	\$180.90	-	-	000	999	-
95712	S		VEEG 2-12 HR INTMT MNTR	-	05722	3.2723	APC	\$180.90	-	-	000	999	-
95713	S		VEEG 2-12 HR CONT MNTR	-	05723	5.6485	APC	\$333.68	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC		Proc Desc	Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind		Modifier	APC								
95714	S	VEEG EA 12-26 HR UMNTR	-	05723	5.6485	APC	\$333.68	-	-	000	999	-
95715	S	VEEG EA 12-26HR INTMT MNTR	-	05723	5.6485	APC	\$333.68	-	-	000	999	-
95716	S	VEEG EA 12-26HR CONT MNTR	-	05724	10.9176	APC	\$629.23	-	-	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	10.9176	APC	\$612.91	-	-	000	006	-
95783	S	POLYSOM <6 YRS CPAP/BILVL	-	05724	10.9176	APC	\$612.91	-	-	000	006	-
95800	S	SLP STDY UNATTENDED	-	05721	1.6992	APC	\$95.39	-	-	000	999	-
95801	N	SLP STDY UNATND W/ANAL	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
95803	N	ACTIGRAPHY TESTING	-	05733	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
95805	S	MULTIPLE SLEEP LATENCY TEST	-	05723	5.6485	APC	\$317.11	-	-	000	999	-
95806	S	SLEEP STUDY UNATT&RESP EFFT	-	05721	1.6992	APC	\$95.39	-	-	000	999	-
95807	S	SLEEP STUDY ATTENDED	-	05723	5.6485	APC	\$317.11	-	-	000	999	-
95808	S	POLYSOM ANY AGE 1-3> PARAM	-	05724	10.9176	APC	\$612.91	-	-	000	999	-
95810	S	POLYSOM 6/> YRS 4/> PARAM	-	05724	10.9176	APC	\$612.91	-	-	000	999	-
95811	S	POLYSOM 6/>YRS CPAP 4/> PARM	-	05724	10.9176	APC	\$612.91	-	-	000	999	-
95812	S	EEG 41-60 MINUTES	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
95813	S	EEG EXTND MNTR 61-119 MIN	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
95816	S	EEG AWAKE AND DROWSY	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
95819	S	EEG AWAKE AND ASLEEP	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
95822	S	EEG COMA OR SLEEP ONLY	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
95824	S	EEG CEREBRAL DEATH ONLY	-	05723	5.6485	APC	\$317.11	-	-	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	0.4090	APC	\$22.96	-	-	000	999	-
95851	M	RANGE OF MOTION MEASUREMENTS	-	-	-	Fee Schedule	\$9.73	-	-	000	999	-
95852	M	RANGE OF MOTION MEASUREMENTS	-	-	-	Fee Schedule	\$6.77	-	-	000	999	-
95857	S	CHOLINESTERASE CHALLENGE	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
95860	M	MUSCLE TEST ONE LIMB	-	-	-	Fee Schedule	\$76.17	-	-	000	999	-
95860	M	MUSCLE TEST ONE LIMB	26	-	-	Fee Schedule	\$0.00	-	-	000	999	-
95861	M	MUSCLE TEST 2 LIMBS	-	-	-	Fee Schedule	\$76.17	-	-	000	999	-
95861	M	MUSCLE TEST 2 LIMBS	26	-	-	Fee Schedule	\$0.00	-	-	000	999	-
95863	M	MUSCLE TEST 3 LIMBS	-	-	-	Fee Schedule	\$95.39	-	-	000	999	-
95863	M	MUSCLE TEST 3 LIMBS	26	-	-	Fee Schedule	\$0.00	-	-	000	999	-
95864	M	MUSCLE TEST 4 LIMBS	-	-	-	Fee Schedule	\$95.39	-	-	000	999	-
95864	M	MUSCLE TEST 4 LIMBS	26	-	-	Fee Schedule	\$0.00	-	-	000	999	-
95865	N	MUSCLE TEST LARYNX	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
95866	N	MUSCLE TEST HEMIDIAPHRAGM	-	05721	1.6992	Bundled, sometimes payable	\$95.39	-	-	000	999	-
95867	S	MUSCLE TEST CRAN NERV UNILAT	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
95868	S	MUSCLE TEST CRAN NERVE BILAT	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
95869	N	MUSCLE TEST THOR PARASPINAL	-	05721	1.6992	Bundled, sometimes payable	\$95.39	-	-	000	999	-
95870	N	MUSCLE TEST NONPARASPINAL	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
95872	S	MUSCLE TEST ONE FIBER	-	05721	1.6992	APC	\$95.39	-	-	000	999	-
95873	N	GUIDE NERV DESTN ELEC STIM	-	-	-	Bundled	\$0.00	-	-	000	999	-
95874	N	GUIDE NERV DESTN NEEDLE EMG	-	-	-	Bundled	\$0.00	-	-	000	999	-
95875	S	LIMB EXERCISE TEST	-	05721	1.6992	APC	\$95.39	-	-	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 NRV E CNDJ TEST	-	05735	4.4116	Bundled, sometimes payable	\$247.67	-	-	000	999	-
95907	S	NVR CNDJ TST 1-2 STUDIES	-	05721	1.6992	APC	\$95.39	-	-	000	999	-
95908	S	NRV CNDJ TST 3-4 STUDIES	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
95909	S	NRV CNDJ TST 5-6 STUDIES	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
95910	S	NRV CNDJ TEST 7-8 STUDIES	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
95911	S	NRV CNDJ TEST 9-10 STUDIES	-	05723	5.6485	APC	\$317.11	-	-	000	999	-
95912	S	NRV CNDJ TEST 11-12 STUDIES	-	05723	5.6485	APC	\$317.11	-	-	000	999	-
95913	S	NRV CNDJ TEST 13/> STUDIES	-	05723	5.6485	APC	\$317.11	-	-	000	999	-
95919	N	QUAN PUPLMTRY PHY/QHP UN/BI	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
95921	S	AUTONOMIC NRV PARASYM INERVJ	-	05721	1.6992	APC	\$95.39	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC		Proc Desc	Proc		APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital	Non-sole Comm.	Min	Max	Comments
Proc Cd	Status Ind		Modifier	APC			Schedule	Lab Fees	Hospital Lab Fees	Age	Age	
95922	N	AUTONOMIC NRV ADRENRG INERVJ	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
95923	N	AUTONOMIC NRV SYST FUNJ TEST	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
95924	S	ANS PARASYMP & SYMP W/TILT	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
95925	S	SOMATOSENSORY TESTING	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
95926	S	SOMATOSENSORY TESTING	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
95927	S	SOMATOSENSORY TESTING	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
95928	S	C MOTOR EVOKED UPRR LIMBS	-	05724	10.9176	APC	\$612.91	-	-	000	999	-
95929	S	C MOTOR EVOKED LWR LIMBS	-	05723	5.6485	APC	\$317.11	-	-	000	999	-
95930	S	VISUAL EP TEST CNS W/I&R	-	05722	3.2723	APC	\$183.71	-	-	000	999	-
95933	N	BLINK REFLEX TEST	-	05733	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
95937	S	NEUROMUSCULAR JUNCTION TEST	-	05721	1.6992	APC	\$95.39	-	-	000	999	-
95938	S	SOMATOSENSORY TESTING	-	05723	5.6485	APC	\$317.11	-	-	000	999	-
95939	S	C MOTOR EVOKED UPR&LWR LIMBS	-	05724	10.9176	APC	\$612.91	-	-	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	-
95954	S	EEG MONITORING/GIVING DRUGS	-	05723	5.6485	APC	\$317.11	-	-	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	10.9176	APC	\$612.91	-	-	000	999	-
95961	S	ELECTRODE STIMULATION BRAIN	-	05724	10.9176	APC	\$612.91	-	-	000	999	-
95962	N	ELECTRODE STIM BRAIN ADD-ON	-	-	-	Bundled	\$0.00	-	-	000	999	-
95965	S	MEG SPONTANEOUS	-	05724	10.9176	APC	\$612.91	-	-	000	999	-
95966	S	MEG EVOKED SINGLE	-	05724	10.9176	APC	\$612.91	-	-	000	999	-
95967	N	MEG EVOKED EACH ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-
95970	N	ALYS NPGT W/O PRGRMG	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
95971	S	ALYS SMPL SP/PN NPGT W/PRGRM	-	05742	1.1662	APC	\$65.47	-	-	000	999	-
95972	S	ALYS CPLX SP/PN NPGT W/PRGRM	-	05742	1.1662	APC	\$65.47	-	-	000	999	-
95976	S	ALYS SMPL CN NPGT PRGRMG	-	05741	0.4090	APC	\$22.96	-	-	000	999	-
95977	S	ALYS CPLX CN NPGT PRGRMG	-	05742	1.1662	APC	\$65.47	-	-	000	999	-
95980	N	IO ANAL GAST N-STIM INIT	-	-	-	Bundled	\$0.00	-	-	000	999	-
95981	N	IO ANAL GAST N-STIM SUBSQ	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
95982	N	IO GA N-STIM SUBSQ W/REPROG	-	05741	0.4090	Bundled, sometimes payable	\$22.96	-	-	000	999	-
95983	S	ALYS BRN NPGT PRGRMG 15 MIN	-	05742	1.1662	APC	\$65.47	-	-	000	999	-
95984	N	ALYS BRN NPGT PRGRMG ADDL 15	-	-	-	Bundled	\$0.00	-	-	000	999	-
95990	S	SPIN/BRAIN PUMP REFIL & MAIN	-	05694	3.8864	APC	\$218.18	-	-	000	999	-
95991	T	SPIN/BRAIN PUMP REFIL & MAIN	-	05441	3.1769	APC	\$178.35	-	-	000	999	-
95992	M	CANALITH REPOSITIONING PROC	-	-	-	Fee Schedule	\$27.09	-	-	000	999	-
95999	N	UNLISTED NEUROLOGICAL DX PX	-	05721	1.6992	Bundled, sometimes payable	\$95.39	-	-	000	999	-
96000	S	MOTION ANALYSIS VIDEO/3D	-	05723	5.6485	APC	\$317.11	-	-	000	999	-
96001	S	MOTION TEST W/FT PRESS MEAS	-	05724	10.9176	APC	\$612.91	-	-	000	999	-
96002	S	DYNAMIC SURFACE EMG	-	05721	1.6992	APC	\$95.39	-	-	000	999	-
96003	N	DYNAMIC FINE WIRE EMG	-	05722	3.2723	Bundled, sometimes payable	\$183.71	-	-	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	\$73.18	-	-	000	999	-
96110	E	DEVELOPMENTAL SCREEN W/SCORE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
96112	N	DEVEL TST PHYS/QHP 1ST HR	-	05722	3.2723	Bundled, sometimes payable	\$183.71	-	-	000	999	-
96113	N	DEVEL TST PHYS/QHP EA ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-
96116	N	NUBHVL XM PHYS/QHP 1ST HR	-	05722	3.2723	Bundled, sometimes payable	\$183.71	-	-	000	999	-
96121	N	NUBHVL XM PHY/QHP EA ADDL HR	-	-	-	Bundled	\$0.00	-	-	000	999	-
96125	M	COGNITIVE TEST BY HC PRO	-	-	-	Fee Schedule	\$77.49	-	-	000	999	-
96127	N	BRIEF EMOTIONAL/BEHAV ASSMT	-	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	000	999	-
96130	N	PSYCL TST EVAL PHYS/QHP 1ST	-	05722	3.2723	Bundled, sometimes payable	\$183.71	-	-	000	999	-
96131	N	PSYCL TST EVAL PHYS/QHP EA	-	-	-	Bundled	\$0.00	-	-	000	999	-
96132	N	NRPSYC TST EVAL PHYS/QHP 1ST	-	05723	5.6485	Bundled, sometimes payable	\$317.11	-	-	000	999	-
96133	N	NRPSYC TST EVAL PHYS/QHP EA	-	-	-	Bundled	\$0.00	-	-	000	999	-
96136	N	PSYCL/NRPSYC TST PHY/QHP 1ST	-	05734	1.3567	Bundled, sometimes payable	\$76.17	-	-	000	999	-
96137	N	PSYCL/NRPSYC TST PHY/QHP EA	-	-	-	Bundled	\$0.00	-	-	000	999	-
96138	N	PSYCL/NRPSYC TECH 1ST	-	05735	4.4116	Bundled, sometimes payable	\$247.67	-	-	000	999	-
96139	N	PSYCL/NRPSYC TST TECH EA	-	-	-	Bundled	\$0.00	-	-	000	999	-
96146	N	PSYCL/NRPSYC TST AUTO RESULT	-	05731	0.2916	Bundled, sometimes payable	\$16.37	-	-	000	999	-
96156	N	HLTH BHV ASSMT/REASSESSMENT	-	05822	0.8863	Bundled, sometimes payable	\$49.76	-	-	000	999	-
96158	N	HLTH BHV IVNTJ INDIV 1ST 30	-	05822	0.8863	Bundled, sometimes payable	\$49.76	-	-	000	999	-
96159	N	HLTH BHV IVNTJ INDIV EA ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-
96160	S	PT-FOCUSED HLTH RISK ASSMT	-	05821	0.3468	APC	\$19.47	-	-	000	999	-
96161	S	CAREGIVER HEALTH RISK ASSMT	-	05821	0.3468	APC	\$19.47	-	-	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, 2023**

2022 APC		Proc Desc	Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind		Modifier	APC								
96164	N	HLTH BHV IVNTJ GRP 1ST 30	-	05821	0.3468	Bundled, sometimes payable	\$19.47	-	-	000	999	-
96165	N	HLTH BHV IVNTJ GRP EA ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-
96167	N	HLTH BHV IVNTJ FAM 1ST 30	-	05821	0.3468	Bundled, sometimes payable	\$19.47	-	-	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	-
96202	M	MLT FAM GRP BHV TRAIN 1ST 60	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
96203	N	MLT FAM GRP BHV TRAIN EA ADD	-	-	-	Bundled	\$0.00	-	-	000	999	-
96360	S	HYDRATION IV INFUSION INIT	-	05693	2.4136	APC	\$135.50	-	-	000	999	-
96361	S	HYDRATE IV INFUSION ADD-ON	-	05691	0.4951	APC	\$27.79	-	-	000	999	-
96365	S	THER/PROPH/DIAG IV INF INIT	-	05693	2.4136	APC	\$135.50	-	-	000	999	-
96366	S	THER/PROPH/DIAG IV INF ADDON	-	05691	0.4951	APC	\$27.79	-	-	000	999	-
96367	S	TX/PROPH/DG ADDL SEQ IV INF	-	05692	0.7883	APC	\$44.26	-	-	000	999	-
96368	N	THER/DIAG CONCURRENT INF	-	-	-	Bundled	\$0.00	-	-	000	999	-
96369	S	SC THER INFUSION UP TO 1 HR	-	05693	2.4136	APC	\$135.50	-	-	000	999	-
96370	S	SC THER INFUSION ADDL HR	-	05691	0.4951	APC	\$27.79	-	-	000	999	-
96371	N	SC THER INFUSION RESET PUMP	-	05692	0.7883	Bundled, sometimes payable	\$44.26	-	-	000	999	-
96372	N	THER/PROPH/DIAG INJ SC/IM	-	05692	0.7883	Bundled, sometimes payable	\$44.26	-	-	000	999	-
96373	S	THER/PROPH/DIAG INJ IA	-	05693	2.4136	APC	\$135.50	-	-	000	999	-
96374	S	THER/PROPH/DIAG INJ IV PUSH	-	05693	2.4136	APC	\$135.50	-	-	000	999	-
96375	S	TX/PRO/DX INJ NEW DRUG ADDON	-	05691	0.4951	APC	\$27.79	-	-	000	999	-
96376	N	TX/PRO/DX INJ SAME DRUG ADDON	-	-	-	Bundled	\$0.00	-	-	000	999	-
96377	N	APPLICATON ON-BODY INJECTOR	-	05691	0.4951	Bundled, sometimes payable	\$27.79	-	-	000	999	-
96379	N	UNL THER/PROP/DIAG INJ/INF	-	05691	0.4951	Bundled, sometimes payable	\$27.79	-	-	000	999	-
96401	N	CHEMO ANTI-NEOPL SQ/IM	-	05692	0.7883	Bundled, sometimes payable	\$44.26	-	-	000	999	-
96402	N	CHEMO HORMON ANTINEOPL SQ/IM	-	05692	0.7883	Bundled, sometimes payable	\$44.26	-	-	000	999	-
96405	N	CHEMO INTRALESIONAL UP TO 7	-	05692	0.7883	Bundled, sometimes payable	\$44.26	-	-	000	999	-
96406	S	CHEMO INTRALESIONAL OVER 7	-	05693	2.4136	APC	\$135.50	-	-	000	999	-
96409	S	CHEMO IV PUSH SNGL DRUG	-	05693	2.4136	APC	\$135.50	-	-	000	999	-
96411	S	CHEMO IV PUSH ADDL DRUG	-	05692	0.7883	APC	\$44.26	-	-	000	999	-
96413	S	CHEMO IV INFUSION 1 HR	-	05694	3.8864	APC	\$218.18	-	-	000	999	-
96415	S	CHEMO IV INFUSION ADDL HR	-	05692	0.7883	APC	\$44.26	-	-	000	999	-
96416	S	CHEMO PROLONG INFUSE W/PUMP	-	05694	3.8864	APC	\$218.18	-	-	000	999	-
96417	S	CHEMO IV INFUS EACH ADDL SEQ	-	05692	0.7883	APC	\$44.26	-	-	000	999	-
96420	S	CHEMO IA PUSH TECNQUE	-	05694	3.8864	APC	\$218.18	-	-	000	999	-
96422	S	CHEMO IA INFUSION UP TO 1 HR	-	05693	2.4136	APC	\$135.50	-	-	000	999	-
96423	S	CHEMO IA INFUSE EACH ADDL HR	-	05691	0.4951	APC	\$27.79	-	-	000	999	-
96425	S	CHEMOTHERAPY INFUSION METHOD	-	05694	3.8864	APC	\$218.18	-	-	000	999	-
96440	S	CHEMOTHERAPY INTRACAVITARY	-	05694	3.8864	APC	\$218.18	-	-	000	999	-
96446	S	CHEMOTX ADMN PRTL CAVITY	-	05694	3.8864	APC	\$218.18	-	-	000	999	-
96450	S	CHEMOTHERAPY INTO CNS	-	05694	3.8864	APC	\$218.18	-	-	000	999	-
96521	S	REFILL/MAINT PORTABLE PUMP	-	05693	2.4136	APC	\$135.50	-	-	000	999	-
96522	S	REFILL/MAINT PUMP/RESVR SYST	-	05693	2.4136	APC	\$135.50	-	-	000	999	-
96523	N	IRRIG DRUG DELIVERY DEVICE	-	05733	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
96542	S	CHEMOTHERAPY INJECTION	-	05693	2.4136	APC	\$135.50	-	-	000	999	-
96549	N	UNLISTED CHEMOTHERAPY PX	-	05691	0.4951	Bundled, sometimes payable	\$27.79	-	-	000	999	-
96567	N	PDT DSTR PRMLG LES SKN	-	05051	2.1100	Bundled, sometimes payable	\$118.46	-	-	000	999	-
96570	N	PHOTODYNAMIC 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	2.1100	Bundled, sometimes payable	\$118.46	-	-	000	999	-
96574	N	DBRDMT PRMLG LES W/PDT	-	05051	2.1100	Bundled, sometimes payable	\$118.46	-	-	000	999	-
96900	N	ULTRAVIOLET LIGHT THERAPY	-	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	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	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
96912	N	PHOTOCHEMOTHERAPY WITH UV-A	-	05733	0.6716	Bundled, sometimes payable	\$37.70	-	-	000	999	-
96913	T	PHOTOCHEMOTHERAPY UV-A OR B	-	05052	4.3590	APC	\$244.71	-	-	000	999	-
96920	N	LASER TX SKIN < 250 SQ CM	-	05051	2.1100	Bundled, sometimes payable	\$118.46	-	-	000	999	-
96921	N	LASER TX SKIN 250-500 SQ CM	-	05051	2.1100	Bundled, sometimes payable	\$118.46	-	-	000	999	-
96922	N	LASER TX SKIN >500 SQ CM	-	05052	4.3590	Bundled, sometimes payable	\$244.71	-	-	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	UNLISTED SPEC DERM SVC/PX	-	05051	2.1100	Bundled, sometimes payable	\$118.46	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
97010	E	HOT OR COLD PACKS THERAPY	-	-	Not Allowed	\$0.00	-	-	000	999	-
97012	Y	MECHANICAL TRACTION THERAPY	-	-	Fee Schedule	\$10.64	-	-	000	999	-
97014	E	ELECTRIC STIMULATION THERAPY	-	-	Not Allowed	\$0.00	-	-	000	999	-
97016	Y	VASOPNEUMATIC DEVICE THERAPY	-	-	Fee Schedule	\$8.87	-	-	000	999	-
97018	Y	PARAFFIN BATH THERAPY	-	-	Fee Schedule	\$4.31	-	-	000	999	-
97022	Y	WHIRLPOOL THERAPY	-	-	Fee Schedule	\$12.92	-	-	000	999	-
97024	Y	DIATHERMY EG MICROWAVE	-	-	Fee Schedule	\$5.32	-	-	000	999	-
97026	Y	INFRARED THERAPY	-	-	Fee Schedule	\$4.81	-	-	000	999	-
97028	Y	ULTRAVIOLET THERAPY	-	-	Fee Schedule	\$6.08	-	-	000	999	-
97032	Y	ELECTRICAL STIMULATION	-	-	Fee Schedule	\$10.90	-	-	000	999	-
97033	Y	ELECTRIC CURRENT THERAPY	-	-	Fee Schedule	\$14.70	-	-	000	999	-
97034	Y	CONTRAST BATH THERAPY	-	-	Fee Schedule	\$10.90	-	-	000	999	-
97035	Y	ULTRASOUND THERAPY	-	-	Fee Schedule	\$10.64	-	-	000	999	-
97036	Y	HYDROTHERAPY	-	-	Fee Schedule	\$25.59	-	-	000	999	-
97039	E	UNLISTED MODALITY	-	-	Not Allowed	\$0.00	-	-	000	999	-
97110	Y	THERAPEUTIC EXERCISES	-	-	Fee Schedule	\$22.05	-	-	000	999	-
97112	Y	NEUROMUSCULAR REEDUCATION	-	-	Fee Schedule	\$25.59	-	-	000	999	-
97113	Y	AQUATIC THERAPY/EXERCISES	-	-	Fee Schedule	\$27.62	-	-	000	999	-
97116	Y	GAIT TRAINING THERAPY	-	-	Fee Schedule	\$22.05	-	-	000	999	-
97124	Y	MASSAGE THERAPY	-	-	Fee Schedule	\$22.30	-	-	000	999	-
97129	M	THER IVNTJ 1ST 15 MIN	-	-	Fee Schedule	\$0.00	-	-	000	999	-
97130	M	THER IVNTJ EA ADDL 15 MIN	-	-	Fee Schedule	\$0.00	-	-	000	999	-
97139	Y	UNLISTED THERAPEUTIC PX	-	-	Charge Ratio	\$0.00	-	-	000	999	-
97140	Y	MANUAL THERAPY 1/2 REGIONS	-	-	Fee Schedule	\$20.27	-	-	000	999	-
97150	Y	GROUP THERAPEUTIC PROCEDURES	-	-	Fee Schedule	\$13.18	-	-	000	999	-
97151	N	BHV ID ASSMT BY PHYS/QHP	-	05822	Bundled, sometimes payable	\$49.76	-	-	000	999	-
97152	N	BHV ID SUPRT ASSMT BY 1 TECH	-	05822	Bundled, sometimes payable	\$49.76	-	-	000	999	-
97153	N	ADAPTIVE BEHAVIOR TX BY TECH	-	05822	Bundled, sometimes payable	\$49.76	-	-	000	999	-
97154	N	GRP ADAPT BHV TX BY TECH	-	05821	Bundled, sometimes payable	\$19.47	-	-	000	999	-
97155	N	ADAPT BEHAVIOR TX PHYS/QHP	-	05822	Bundled, sometimes payable	\$49.76	-	-	000	999	-
97156	N	FAM ADAPT BHV TX GDN PHY/QHP	-	05821	Bundled, sometimes payable	\$19.47	-	-	000	999	-
97157	N	MULT FAM ADAPT BHV TX GDN	-	05821	Bundled, sometimes payable	\$19.47	-	-	000	999	-
97158	N	GRP ADAPT BHV TX BY PHY/QHP	-	05821	Bundled, sometimes payable	\$19.47	-	-	000	999	-
97161	M	PT EVAL LOW COMPLEX 20 MIN	-	-	Fee Schedule	\$74.96	-	-	000	999	-
97162	M	PT EVAL MOD COMPLEX 30 MIN	-	-	Fee Schedule	\$74.96	-	-	000	999	-
97163	M	PT EVAL HIGH COMPLEX 45 MIN	-	-	Fee Schedule	\$74.96	-	-	000	999	-
97164	M	PT RE-EVAL EST PLAN CARE	-	-	Fee Schedule	\$51.67	-	-	000	999	-
97165	M	OT EVAL LOW COMPLEX 30 MIN	-	-	Fee Schedule	\$75.46	-	-	000	999	-
97166	M	OT EVAL MOD COMPLEX 45 MIN	-	-	Fee Schedule	\$75.46	-	-	000	999	-
97167	M	OT EVAL HIGH COMPLEX 60 MIN	-	-	Fee Schedule	\$75.46	-	-	000	999	-
97168	M	OT RE-EVAL EST PLAN CARE	-	-	Fee Schedule	\$51.92	-	-	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	\$27.87	-	-	000	999	-
97533	Y	SENSORY INTEGRATION	-	-	Fee Schedule	\$0.00	-	-	000	999	-
97535	Y	SELF CARE MNGMENT TRAINING	-	-	Fee Schedule	\$0.00	-	-	000	999	-
97537	Y	COMMUNITY/WORK REINTEGRATION	-	-	Fee Schedule	\$23.82	-	-	000	999	-
97542	Y	WHEELCHAIR MNGMENT TRAINING	-	-	Fee Schedule	\$23.82	-	-	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	APC	\$118.46	-	-	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	APC	\$236.59	-	-	000	999	-
97608	T	NEG PRESS WOUND TX >50 CM	-	05052	APC	\$236.59	-	-	000	999	-
97610	M	LOW FREQUENCY NON-THERMAL US	-	-	Fee Schedule	\$0.00	-	-	000	999	-
97750	Y	PHYSICAL PERFORMANCE TEST	-	-	Fee Schedule	\$25.09	-	-	000	999	-
97755	Y	ASSISTIVE TECHNOLOGY ASSESS	-	-	Fee Schedule	\$28.38	-	-	000	999	-
97760	Y	ORTHOTIC MGMT&TRAING 1ST ENC	-	-	Fee Schedule	\$36.49	-	-	000	999	-
97761	M	PROSTHETIC TRAING 1ST ENC	-	-	Fee Schedule	\$52.02	-	-	000	999	-
97763	M	ORTHC/PROSTC MGMT SBSQ ENC	-	-	Fee Schedule	\$40.54	-	-	000	999	-
97799	E	UNLISTED PHYSCL MED/REHAB PX	-	-	Not Allowed	\$0.00	-	-	000	999	-
97802	M	MEDICAL NUTRITION INDIV IN	-	-	Fee Schedule	\$40.18	-	-	000	020	-

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, 2023**

2022 APC				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
Proc Cd	Status Ind	Proc Desc	APC										
97803	M	MED NUTRITION INDIV SUBSEQ	-	-	-	Fee Schedule	\$34.25	-	-	000	020	-	
97804	M	MEDICAL NUTRITION GROUP	-	-	-	Fee Schedule	\$19.03	-	-	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	0.2919	Bundled, sometimes payable	\$16.39	-	-	000	999	-	
98926	N	OSTEOPATH MANJ 3-4 REGIONS	-	05811	0.2919	Bundled, sometimes payable	\$16.39	-	-	000	999	-	
98927	N	OSTEOPATH MANJ 5-6 REGIONS	-	05811	0.2919	Bundled, sometimes payable	\$16.39	-	-	000	999	-	
98928	N	OSTEOPATH MANJ 7-8 REGIONS	-	05811	0.2919	Bundled, sometimes payable	\$16.39	-	-	000	999	-	
98929	N	OSTEOPATH MANJ 9-10 REGIONS	-	05811	0.2919	Bundled, sometimes payable	\$16.39	-	-	000	999	-	
98940	N	CHIROPRACT MANJ 1-2 REGIONS	-	05811	0.2919	Bundled, sometimes payable	\$16.39	-	-	000	999	-	
98941	N	CHIROPRACT MANJ 3-4 REGIONS	-	05811	0.2919	Bundled, sometimes payable	\$16.39	-	-	000	999	-	
98942	N	CHIROPRACTIC MANJ 5 REGIONS	-	05811	0.2919	Bundled, sometimes payable	\$16.39	-	-	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	\$8.36	-	-	000	999	-	
98967	M	HC PRO PHONE CALL 11-20 MIN	-	-	-	Fee Schedule	\$16.22	-	-	000	999	-	
98968	M	HC PRO PHONE CALL 21-30 MIN	-	-	-	Fee Schedule	\$23.54	-	-	000	999	-	
98970	N	QNHP OL DIG ASSMT&MGMT 5-10	-	-	-	Bundled	\$0.00	-	-	000	999	-	
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	-	
98975	M	REM THER MNTR 1ST SETUP&EDU	-	-	-	Fee Schedule	\$79.28	-	-	000	999	-	
98976	N	REM THER MNTR DEV SPLY RESP	-	05741	0.4090	Bundled, sometimes payable	\$22.96	-	-	000	999	-	
98977	N	REM THER MNTR DV SPLY MSCSKL	-	05741	0.4090	Bundled, sometimes payable	\$22.96	-	-	000	999	-	
98978	N	REM THER MNTR DEV SPLY CBT	-	05741	0.4090	Bundled, sometimes payable	\$22.96	-	-	000	999	-	
98980	E	REM THER MNTR 1ST 20 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
98981	E	REM THER MNTR EA ADDL 20 MIN	-	-	-	Not Allowed	\$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	M	COLLJ & INTERPJ DATA EA 30 D	-	-	-	Fee Schedule	\$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	2.0813	APC	\$116.84	-	-	000	999	-	
99172	E	OCULAR FUNCTION SCREEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99173	E	VISUAL ACUIITY SCREEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99174	E	OCULAR INSTRUMTNT SCREEN BIL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99175	N	INDUCTION OF VOMITING	-	-	-	Bundled	\$0.00	-	-	000	999	-	
99177	E	OCULAR INSTRUMTNT SCREEN BIL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
99183	E	HYPERBARIC OXYGEN THERAPY	-	-	-	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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
99184	C	HYPOTHERMIA ILL NEONATE	-	-	IP Only	\$0.00	-	-	000	999	-
99188	E	APP TOPICAL FLUORIDE VARNISH	-	-	Not Allowed	\$0.00	-	-	000	999	-
99190	C	SPECIAL PUMP SERVICES	-	-	IP Only	\$0.00	-	-	000	999	-
99191	C	SPECIAL PUMP SERVICES	-	-	IP Only	\$0.00	-	-	000	999	-
99192	C	SPECIAL PUMP SERVICES	-	-	IP Only	\$0.00	-	-	000	999	-
99195	N	PHLEBOTOMY	-	05734	Bundled, sometimes payable	\$76.17	-	-	000	999	-
99199	E	UNLISTED SPECIAL SVC PX/RPRT	-	-	Not Allowed	\$0.00	-	-	000	999	-
99202	M	OFFICE O/P NEW SF 15-29 MIN	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99203	M	OFFICE O/P NEW LOW 30-44 MIN	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99204	M	OFFICE O/P NEW MOD 45-59 MIN	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99205	M	OFFICE O/P NEW HI 60-74 MIN	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99211	M	OFF/OP EST MAY X REQ PHY/QHP	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99212	M	OFFICE O/P EST SF 10-19 MIN	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99213	M	OFFICE O/P EST LOW 20-29 MIN	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99214	M	OFFICE O/P EST MOD 30-39 MIN	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99215	M	OFFICE O/P EST HI 40-54 MIN	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99221	M	1ST HOSP IP/OBS SF/LOW 40	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99222	M	1ST HOSP IP/OBS MODERATE 55	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99223	M	1ST HOSP IP/OBS HIGH 75	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99231	M	SBSQ HOSP IP/OBS SF/LOW 25	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99232	M	SBSQ HOSP IP/OBS MODERATE 35	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99233	M	SBSQ HOSP IP/OBS HIGH 50	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99234	M	HOSP IP/OBS SM DT SF/LOW 45	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99235	M	HOSP IP/OBS SAME DATE MOD 70	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99236	M	HOSP IP/OBS SAME DATE HI 85	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99238	M	HOSP IP/OBS DSCHRG MGMT 30<	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99239	M	HOSP IP/OBS DSCHRG MGMT >30	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99242	E	OFF/OP CONSLTJ NEW/EST SF 20	-	-	Not Allowed	\$0.00	-	-	000	999	-
99243	E	OFF/OP CONSLTJ NEW/EST LOW 30	-	-	Not Allowed	\$0.00	-	-	000	999	-
99244	E	OFF/OP CONSLTJ NEW/EST MOD 40	-	-	Not Allowed	\$0.00	-	-	000	999	-
99245	E	OFF/OP CONSLTJ NEW/EST HI 55	-	-	Not Allowed	\$0.00	-	-	000	999	-
99252	E	IP/OBS CONSLTJ NEW/EST SF 35	-	-	Not Allowed	\$0.00	-	-	000	999	-
99253	E	IP/OBS CONSLTJ NEW/EST LOW 45	-	-	Not Allowed	\$0.00	-	-	000	999	-
99254	E	IP/OBS CONSLTJ NEW/EST MOD 60	-	-	Not Allowed	\$0.00	-	-	000	999	-
99255	E	IP/OBS CONSLTJ NEW/EST HI 80	-	-	Not Allowed	\$0.00	-	-	000	999	-
99281	N	EMR DPT VST MAYX REQ PHY/QHP	-	05021	Bundled, sometimes payable	\$79.28	-	-	000	999	-
99282	N	EMERGENCY DEPT VISIT SF MDM	-	05022	Bundled, sometimes payable	\$79.28	-	-	000	999	-
99283	N	EMERGENCY DEPT VISIT LOW MDM	-	05023	Bundled, sometimes payable	\$160.73	-	-	000	999	-
99284	N	EMERGENCY DEPT VISIT MOD MDM	-	05024	Bundled, sometimes payable	\$250.32	-	-	000	999	-
99285	N	EMERGENCY DEPT VISIT HI MDM	-	05025	Bundled, sometimes payable	\$359.54	-	-	000	999	-
99288	E	DIRECT ADVANCED LIFE SUPPORT	-	-	Not Allowed	\$0.00	-	-	000	999	-
99291	N	CRITICAL CARE FIRST HOUR	-	05041	Bundled, sometimes payable	\$503.59	-	-	000	999	-
99292	N	CRITICAL CARE ADDL 30 MIN	-	-	Bundled	\$0.00	-	-	000	999	-
99304	M	1ST NF CARE SF/LOW MDM 25	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99305	M	1ST NF CARE MODERATE MDM 35	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99306	M	1ST NF CARE HIGH MDM 45	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99307	M	SBSQ NF CARE SF MDM 10	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99308	M	SBSQ NF CARE LOW MDM 15	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99309	M	SBSQ NF CARE MODERATE MDM 30	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99310	M	SBSQ NF CARE HIGH MDM 45	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99315	M	NF DSCHRG MGMT 30 MIN<	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99316	M	NF DSCHRG MGMT >30 MIN	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99341	M	HOME/RES VST NEW SF MDM 15	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99342	M	HOME/RES VST NEW LOW MDM 30	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99344	M	HOME/RES VST NEW MOD MDM 60	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99345	M	HOME/RES VST NEW HIGH MDM 75	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99347	M	HOME/RES VST EST SF MDM 20	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99348	M	HOME/RES VST EST LOW MDM 30	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99349	M	HOME/RES VST EST MOD MDM 40	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99350	M	HOME/RES VST EST HIGH MDM 60	-	-	Fee Schedule	\$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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
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	APC	\$19.47	-	-	000	999	-
99407	S	BEHAV CHNG SMOKING > 10 MIN	-	05821	APC	\$19.47	-	-	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	PROLNG CLIN STAFF SVC 1ST HR	-	-	Bundled	\$0.00	-	-	000	999	-
99416	N	PROLNG CLIN STAFF SVC EA ADD	-	-	Bundled	\$0.00	-	-	000	999	-
99417	M	PROLNG OP E/M EACH 15 MIN	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99418	E	PROLNG IP/OBS E/M EA 15 MIN	-	-	Not Allowed	\$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	-
99424	E	PRIN CARE MGMT PHYS 1ST 30	-	-	Not Allowed	\$0.00	-	-	000	999	-
99425	E	PRIN CARE MGMT PHYS EA ADDL	-	-	Not Allowed	\$0.00	-	-	000	999	-
99426	S	PRIN CARE MGMT STAFF 1ST 30	-	05822	APC	\$49.76	-	-	000	999	-
99427	N	PRIN CARE MGMT STAFF EA ADDL	-	-	Bundled	\$0.00	-	-	000	999	-
99429	M	UNLISTED PREVENTIVE SERVICE	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99437	E	CHRNC CARE MGMT PHYS EA ADDL	-	-	Not Allowed	\$0.00	-	-	000	999	-
99439	N	CHRNC CARE MGMT STAF EA ADDL	-	-	Bundled	\$0.00	-	-	000	999	-
99441	M	PHONE E/M PHYS/QHP 5-10 MIN	-	-	Fee Schedule	\$26.33	-	-	000	999	-
99442	M	PHONE E/M PHYS/QHP 11-20 MIN	-	-	Fee Schedule	\$49.11	-	-	000	999	-
99443	M	PHONE E/M PHYS/QHP 21-30 MIN	-	-	Fee Schedule	\$72.40	-	-	000	999	-
99446	E	NTRPROF PH1/NTRNET/EHR 5-10	-	-	Not Allowed	\$0.00	-	-	000	999	-
99447	E	NTRPROF PH1/NTRNET/EHR 11-20	-	-	Not Allowed	\$0.00	-	-	000	999	-
99448	E	NTRPROF PH1/NTRNET/EHR 21-30	-	-	Not Allowed	\$0.00	-	-	000	999	-
99449	E	NTRPROF PH1/NTRNET/EHR 31/>	-	-	Not Allowed	\$0.00	-	-	000	999	-
99450	E	BASIC LIFE DISABILITY EXAM	-	-	Not Allowed	\$0.00	-	-	000	999	-
99451	E	NTRPROF PH1/NTRNET/EHR 5/>	-	-	Not Allowed	\$0.00	-	-	000	999	-
99452	E	NTRPROF PH1/NTRNET/EHR RFRL	-	-	Not Allowed	\$0.00	-	-	000	999	-
99453	E	REM MNTR PHYSIOL PARAM SETUP	-	-	Not Allowed	\$0.00	-	-	000	999	-
99454	S	REM MNTR PHYSIOL PARAM DEV	-	05741	APC	\$22.96	-	-	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	E	REM PHYSIOL MNTR 1ST 20 MIN	-	-	Not Allowed	\$0.00	-	-	000	999	Payable for HIS/Tribal Facilities
99458	E	REM PHYSIOL MNTR EA ADDL 20	-	-	Not Allowed	\$0.00	-	-	000	999	Payable for HIS/Tribal Facilities
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	-	-	IP Only	\$0.00	-	-	000	000	-
99463	M	SAME DAY NB DISCHARGE	-	-	Fee Schedule	\$0.00	-	-	000	000	-

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, 2023

2022 APC				APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	APC								
99464	N	ATTENDANCE AT DELIVERY	-	-	Bundled	\$0.00	-	-	000	000	-
99465	S	NB RESUSCITATION	-	05781	APC	\$385.79	-	-	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	-	-	IP Only	\$0.00	-	-	000	000	-
99469	C	NEONATE CRIT CARE SUBSQ	-	-	IP Only	\$0.00	-	-	000	000	-
99471	C	PED CRITICAL CARE INITIAL	-	-	IP Only	\$0.00	-	-	000	001	-
99472	C	PED CRITICAL CARE SUBSQ	-	-	IP 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	-	-	IP Only	\$0.00	-	-	002	005	-
99476	C	PED CRIT CARE AGE 2-5 SUBSQ	-	-	IP Only	\$0.00	-	-	002	005	-
99477	C	INIT DAY HOSP NEONATE CARE	-	-	IP Only	\$0.00	-	-	000	999	-
99478	C	IC LBW INF < 1500 GM SUBSQ	-	-	IP Only	\$0.00	-	-	000	000	-
99479	C	IC LBW INF 1500-2500 G SUBSQ	-	-	IP Only	\$0.00	-	-	000	000	-
99480	C	IC INF PBW 2501-5000 G SUBSQ	-	-	IP Only	\$0.00	-	-	000	000	-
99483	S	ASSMT & CARE PLN PT COG IMP	-	05822	APC	\$49.76	-	-	000	999	-
99484	S	CARE MGMT SVC BHVL HLTH COND	-	05821	APC	\$19.47	-	-	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	CPLX CHRNC CARE 1ST 60 MIN	-	05823	APC	\$95.57	-	-	000	999	-
99489	N	CPLX CHRNC CARE EA ADDL 30	-	-	Bundled	\$0.00	-	-	000	999	-
99490	S	CHRNC CARE MGMT STAFF 1ST 20	-	05822	APC	\$49.76	-	-	000	999	-
99491	M	CHRNC CARE MGMT PHYS 1ST 30	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99492	S	1ST PSYC COLLAB CARE MGMT	-	05822	APC	\$49.76	-	-	000	999	-
99493	S	SBSQ PSYC COLLAB CARE MGMT	-	05822	APC	\$49.76	-	-	000	999	-
99494	N	1ST/SBSQ PSYC COLLAB CARE	-	-	Bundled	\$0.00	-	-	000	999	-
99495	M	TRANSJ CARE MGMT MOD F2F 14D	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99496	M	TRANSJ CARE MGMT HIGH F2F 7D	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99497	M	ADVNCN CARE PLAN 30 MIN	-	-	Fee Schedule	\$49.76	-	-	000	999	-
99498	N	ADVNCN CARE PLAN ADDL 30 MIN	-	-	Bundled	\$0.00	-	-	000	999	-
99499	M	UNLISTED E&M SERVICE	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99500	M	HOME VISIT PRENATAL	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99501	M	HOME VISIT POSTNATAL	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99502	M	HOME VISIT NB CARE	-	-	Fee Schedule	\$0.00	-	-	000	999	-
99503	E	HOME VISIT RESP THERAPY	-	-	Not Allowed	\$0.00	-	-	000	999	-
99504	E	HOME VISIT MECH VENTILATOR	-	-	Not Allowed	\$0.00	-	-	000	999	-
99505	E	HOME VISIT STOMA CARE	-	-	Not Allowed	\$0.00	-	-	000	999	-
99506	E	HOME VISIT IM INJECTION	-	-	Not Allowed	\$0.00	-	-	000	999	-
99507	E	HOME VISIT CATH MAINTAIN	-	-	Not Allowed	\$0.00	-	-	000	999	-
99509	E	HOME VISIT DAY LIFE ACTIVITY	-	-	Not Allowed	\$0.00	-	-	000	999	-
99510	E	HOME VISIT SING/M/FAM COUNS	-	-	Not Allowed	\$0.00	-	-	000	999	-
99511	E	HOME VISIT FECAL/ENEMA MGMT	-	-	Not Allowed	\$0.00	-	-	000	999	-
99512	E	HOME VISIT FOR HEMODIALYSIS	-	-	Not Allowed	\$0.00	-	-	000	999	-
99600	E	UNLISTED HOME VISIT SVC/PX	-	-	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	\$59.03	-	-	000	999	-
99606	M	MTMS BY PHARM EST 15 MIN	-	-	Fee Schedule	\$40.15	-	-	000	999	-
99607	M	MTMS BY PHARM ADDL 15 MIN	-	-	Fee Schedule	\$16.20	-	-	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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
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 DISPOSABLE 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	-
A2001	N	INNOVAMATRIX AC, PER SQ CM	-	-	Bundled	\$0.00	-	-	000	999	-
A2002	N	MIRRAGEN ADV WND MAT PER SQ	-	-	Bundled	\$0.00	-	-	000	999	-
A2003	E	BIO-CONNKT WOUND MATRIX	-	-	Not Allowed	\$0.00	-	-	000	999	-
A2004	N	XCELLISTEM, 1 MG	-	-	Bundled	\$0.00	-	-	000	999	-
A2005	N	MICROLYTE MATRIX, PER SQ CM	-	-	Bundled	\$0.00	-	-	000	999	-
A2006	N	NOVOSORB SYNPATH PER SQ CM	-	-	Bundled	\$0.00	-	-	000	999	-
A2007	N	RESTRATA, PER SQ CM	-	-	Bundled	\$0.00	-	-	000	999	-
A2008	N	THERAGENESIS, PER SQ CM	-	-	Bundled	\$0.00	-	-	000	999	-
A2009	N	SYMPHONY, PER SQ CM	-	-	Bundled	\$0.00	-	-	000	999	-
A2010	N	APIS, PER SQUARE CENTIMETER	-	-	Bundled	\$0.00	-	-	000	999	-
A2011	N	SUPRA SDRM, PER SQ CM	-	-	Bundled	\$0.00	-	-	000	999	-
A2012	N	SUPRATHEL, PER SQ CM	-	-	Bundled	\$0.00	-	-	000	999	-
A2013	N	INNOVAMATRIX FS, PER SQ CM	-	-	Bundled	\$0.00	-	-	000	999	-
A2014	E	OMEZA COLLAG PER 100 MG	-	-	Not Allowed	\$0.00	-	-	000	999	-
A2015	E	PHOENIX WND MTRX, PER SQ CM	-	-	Not Allowed	\$0.00	-	-	000	999	-
A2016	E	PERMEADERM B, PER SQ CM	-	-	Not Allowed	\$0.00	-	-	000	999	-
A2017	E	PERMEADERM GLOVE, EACH	-	-	Not Allowed	\$0.00	-	-	000	999	-
A2018	E	PERMEADERM C, PER SQ CM	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4100	N	SKIN SUB FDA CLRD AS DEV NOS	-	-	Bundled	\$0.00	-	-	000	999	-
A4206	E	1 CC STERILE SYRINGE&NEEDLE	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4207	E	2 CC STERILE SYRINGE&NEEDLE	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4208	E	3 CC STERILE SYRINGE&NEEDLE	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4209	E	5+ CC STERILE SYRINGE&NEEDLE	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4210	E	NONNEEDLE INJECTION DEVICE	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4211	E	SUPP FOR SELF-ADM INJECTIONS	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4212	E	NON CORING NEEDLE OR STYLET	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4213	E	20+ CC SYRINGE ONLY	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4215	E	STERILE NEEDLE	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4216	E	STERILE WATER/SALINE, 10 ML	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4217	E	STERILE WATER/SALINE, 500 ML	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4218	N	STERILE SALINE OR WATER	-	-	Bundled	\$0.00	-	-	000	999	-
A4220	N	INFUSION PUMP REFILL KIT	-	-	Bundled	\$0.00	-	-	000	999	-
A4221	E	SUPP NON-INSULIN INF CATH/WK	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4222	E	INFUSION SUPPLIES WITH PUMP	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4223	E	INFUSION SUPPLIES W/O PUMP	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4224	N	SUPPLY INSULIN INF CATH/WK	-	-	Bundled	\$0.00	-	-	000	999	-
A4225	N	SUP/EXT INSULIN INF PUMP SYR	-	-	Bundled	\$0.00	-	-	000	999	-
A4226	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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee		Sole Comm. Hospital	Non-sole Comm.	Min	Max	Comments
Proc Cd	Status Ind	Proc Desc	Schedule					Lab Fees	Hospital Lab Fees	Age	Age			
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	-
A4238	E	ADJU CGM SUPPLY ALLOWANCE		-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A4239	E	NON-ADJU CGM SUPPLY ALLOW		-	-	-	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	-
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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
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	-
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	-
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 SKNBARR 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/FILTR	-	-	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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				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
Proc Cd	Status Ind	Proc Desc	APC										
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 HIGH OUTPUT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
A4436	N	IRR SUPPLY SLEEV REUS PER MO	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4437	N	IRR SUPPLY SLEEV DISP PER MO	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4450	N	NON-WATERPROOF TAPE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4452	N	WATERPROOF TAPE	-	-	-	Bundled	\$0.00	-	-	000	999	-	
A4453	E	REC CATH MAN PUMP ENEMA REPL	-	-	-	Not Allowed	\$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	-	
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	-	
A4596	E	CES SYSTEM MONTHLY SUPP	-	-	-	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	-	

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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
A4624	E	TRACHEAL SUCTION TUBE	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4625	N	TRACH CARE KIT FOR NEW TRACH	-	-	Bundled	\$0.00	-	-	000	999	-
A4626	N	TRACHEOSTOMY CLEANING BRUSH	-	-	Bundled	\$0.00	-	-	000	999	-
A4627	E	SPACER BAG/RESERVOIR	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4628	E	OROPHARYNGEAL SUCTION CATH	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4629	N	TRACHEOSTOMY CARE KIT	-	-	Bundled	\$0.00	-	-	000	999	-
A4630	E	REPL BAT T.E.N.S. OWN BY PT	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4633	E	UVL REPLACEMENT BULB	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4634	N	REPLACEMENT BULB TH LIGHTBOX	-	-	Bundled	\$0.00	-	-	000	999	-
A4635	E	UNDERARM CRUTCH PAD	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4636	E	HANDGRIP FOR CANE ETC	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4637	E	REPL TIP CANE/CRUTCH/WALKER	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4638	E	REPL BATT PULSE GEN SYS	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4639	E	INFRARED HT SYS REPLCMNT PAD	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4640	E	ALTERNATING PRESSURE PAD	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4641	N	RADIOPHARM DX AGENT NOC	-	-	Bundled	\$0.00	-	-	000	999	-
A4642	N	IN111 SATUMOMAB	-	-	Bundled	\$0.00	-	-	000	999	-
A4648	N	IMPLANTABLE TISSUE MARKER	-	-	Bundled	\$0.00	-	-	000	999	-
A4649	N	SURGICAL SUPPLIES	-	-	Bundled	\$0.00	-	-	000	999	-
A4650	N	IMPLANT RADIATION DOSIMETER	-	-	Bundled	\$0.00	-	-	000	999	-
A4651	N	CALIBRATED MICROCAP TUBE	-	-	Bundled	\$0.00	-	-	000	999	-
A4652	N	MICROCAPILLARY TUBE SEALANT	-	-	Bundled	\$0.00	-	-	000	999	-
A4653	N	PD CATHETER ANCHOR BELT	-	-	Bundled	\$0.00	-	-	000	999	-
A4657	N	SYRINGE W/WO NEEDLE	-	-	Bundled	\$0.00	-	-	000	999	-
A4660	N	SPHYG/BP APP W CUFF AND STET	-	-	Bundled	\$0.00	-	-	000	999	-
A4663	N	DIALYSIS BLOOD PRESSURE CUFF	-	-	Bundled	\$0.00	-	-	000	999	-
A4670	E	AUTOMATIC BP MONITOR, DIAL	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4671	E	DISPOSABLE CYCLER SET	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4672	E	DRAINAGE EXT LINE, DIALYSIS	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4673	E	EXT LINE W EASY LOCK CONNECT	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4674	E	CHEM/ANTISEPT SOLUTION, 8OZ	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4680	N	ACTIVATED CARBON FILTER, EA	-	-	Bundled	\$0.00	-	-	000	999	-
A4690	N	DIALYZER, EACH	-	-	Bundled	\$0.00	-	-	000	999	-
A4706	N	BICARBONATE CONC SOL PER GAL	-	-	Bundled	\$0.00	-	-	000	999	-
A4707	N	BICARBONATE CONC POW PER PAC	-	-	Bundled	\$0.00	-	-	000	999	-
A4708	N	ACETATE CONC SOL PER GALLON	-	-	Bundled	\$0.00	-	-	000	999	-
A4709	N	ACID CONC SOL PER GALLON	-	-	Bundled	\$0.00	-	-	000	999	-
A4714	N	TREATED WATER PER GALLON	-	-	Bundled	\$0.00	-	-	000	999	-
A4719	N	"Y SET" TUBING	-	-	Bundled	\$0.00	-	-	000	999	-
A4720	N	DIALYSAT SOL FLD VOL > 249CC	-	-	Bundled	\$0.00	-	-	000	999	-
A4721	N	DIALYSAT SOL FLD VOL > 999CC	-	-	Bundled	\$0.00	-	-	000	999	-
A4722	N	DIALYS SOL FLD VOL > 1999CC	-	-	Bundled	\$0.00	-	-	000	999	-
A4723	N	DIALYS SOL FLD VOL > 2999CC	-	-	Bundled	\$0.00	-	-	000	999	-
A4724	N	DIALYS SOL FLD VOL > 3999CC	-	-	Bundled	\$0.00	-	-	000	999	-
A4725	N	DIALYS SOL FLD VOL > 4999CC	-	-	Bundled	\$0.00	-	-	000	999	-
A4726	N	DIALYS SOL FLD VOL > 5999CC	-	-	Bundled	\$0.00	-	-	000	999	-
A4728	E	DIALYSATE SOLUTION, NON-DEX	-	-	Not Allowed	\$0.00	-	-	000	999	-
A4730	N	FISTULA CANNULATION SET, EA	-	-	Bundled	\$0.00	-	-	000	999	-
A4736	N	TOPICAL ANESTHETIC, PER GRAM	-	-	Bundled	\$0.00	-	-	000	999	-
A4737	N	INJ ANESTHETIC PER 10 ML	-	-	Bundled	\$0.00	-	-	000	999	-
A4740	N	SHUNT ACCESSORY	-	-	Bundled	\$0.00	-	-	000	999	-
A4750	N	ART OR VENOUS BLOOD TUBING	-	-	Bundled	\$0.00	-	-	000	999	-
A4755	N	COMB ART/VENOUS BLOOD TUBING	-	-	Bundled	\$0.00	-	-	000	999	-
A4760	N	DIALYSATE SOL TEST KIT, EACH	-	-	Bundled	\$0.00	-	-	000	999	-
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	-

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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
A4918	N	VENOUS PRESSURE CLAMP	-	-	Bundled	\$0.00	-	-	000	999	-
A4927	N	NON-STERILE GLOVES	-	-	Bundled	\$0.00	-	-	000	999	-
A4928	N	SURGICAL MASK	-	-	Bundled	\$0.00	-	-	000	999	-
A4929	N	TOURNIQUET FOR DIALYSIS, EA	-	-	Bundled	\$0.00	-	-	000	999	-
A4930	N	STERILE, GLOVES PER PAIR	-	-	Bundled	\$0.00	-	-	000	999	-
A4931	N	REUSABLE ORAL THERMOMETER	-	-	Bundled	\$0.00	-	-	000	999	-
A4932	E	REUSABLE RECTAL THERMOMETER	-	-	Not Allowed	\$0.00	-	-	000	999	-
A5051	N	POUCH CLSD W BARR ATTACHED	-	-	Bundled	\$0.00	-	-	000	999	-
A5052	N	CLSD OSTOMY POUCH W/O BARR	-	-	Bundled	\$0.00	-	-	000	999	-
A5053	N	CLSD OSTOMY POUCH FACEPLATE	-	-	Bundled	\$0.00	-	-	000	999	-
A5054	N	CLSD OSTOMY POUCH W/FLANGE	-	-	Bundled	\$0.00	-	-	000	999	-
A5055	N	STOMA CAP	-	-	Bundled	\$0.00	-	-	000	999	-
A5056	E	1 PC OST POUCH W FILTER	-	-	Not Allowed	\$0.00	-	-	000	999	-
A5057	E	1 PC OST POU W BUILT-IN CONV	-	-	Not Allowed	\$0.00	-	-	000	999	-
A5061	N	POUCH DRAINABLE W BARRIER AT	-	-	Bundled	\$0.00	-	-	000	999	-
A5062	N	DRNBL E OSTOMY POUCH W/O BARR	-	-	Bundled	\$0.00	-	-	000	999	-
A5063	N	DRAIN OSTOMY POUCH W/FLANGE	-	-	Bundled	\$0.00	-	-	000	999	-
A5071	N	URINARY POUCH W/BARRIER	-	-	Bundled	\$0.00	-	-	000	999	-
A5072	N	URINARY POUCH W/O BARRIER	-	-	Bundled	\$0.00	-	-	000	999	-
A5073	N	URINARY POUCH ON BARR W/FLNG	-	-	Bundled	\$0.00	-	-	000	999	-
A5081	N	STOMA PLUG OR SEAL, ANY TYPE	-	-	Bundled	\$0.00	-	-	000	999	-
A5082	N	CONTINENT STOMA CATHETER	-	-	Bundled	\$0.00	-	-	000	999	-
A5083	N	STOMA ABSORPTIVE COVER	-	-	Bundled	\$0.00	-	-	000	999	-
A5093	N	OSTOMY ACCESSORY CONVEX INSE	-	-	Bundled	\$0.00	-	-	000	999	-
A5102	N	BEDSIDE DRAIN BTL W/WO TUBE	-	-	Bundled	\$0.00	-	-	000	999	-
A5105	N	URINARY SUSPENSORY	-	-	Bundled	\$0.00	-	-	000	999	-
A5112	N	URINARY LEG BAG	-	-	Bundled	\$0.00	-	-	000	999	-
A5113	E	LATEX LEG STRAP	-	-	Not Allowed	\$0.00	-	-	000	999	-
A5114	E	FOAM/FABRIC LEG STRAP	-	-	Not Allowed	\$0.00	-	-	000	999	-
A5120	E	SKIN BARRIER, WIPE OR SWAB	-	-	Not Allowed	\$0.00	-	-	000	999	-
A5121	N	SOLID SKIN BARRIER 6X6	-	-	Bundled	\$0.00	-	-	000	999	-
A5122	N	SOLID SKIN BARRIER 8X8	-	-	Bundled	\$0.00	-	-	000	999	-
A5126	N	DISK/FOAM PAD +OR- ADHESIVE	-	-	Bundled	\$0.00	-	-	000	999	-
A5131	N	APPLIANCE CLEANER	-	-	Bundled	\$0.00	-	-	000	999	-
A5200	N	PERCUTANEOUS CATHETER ANCHOR	-	-	Bundled	\$0.00	-	-	000	999	-
A5500	E	DIAB SHOE FOR DENSITY INSERT	-	-	Not Allowed	\$0.00	-	-	000	999	-
A5501	E	DIABETIC CUSTOM MOLDED SHOE	-	-	Not Allowed	\$0.00	-	-	000	999	-
A5503	E	DIABETIC SHOE W/ROLLER/ROCKR	-	-	Not Allowed	\$0.00	-	-	000	999	-
A5504	E	DIABETIC SHOE WITH WEDGE	-	-	Not Allowed	\$0.00	-	-	000	999	-
A5505	E	DIAB SHOE W/METATARSAL BAR	-	-	Not Allowed	\$0.00	-	-	000	999	-
A5506	E	DIABETIC SHOE W/OFF SET HEEL	-	-	Not Allowed	\$0.00	-	-	000	999	-
A5507	E	MODIFICATION DIABETIC SHOE	-	-	Not Allowed	\$0.00	-	-	000	999	-
A5508	E	DIABETIC DELUXE SHOE	-	-	Not Allowed	\$0.00	-	-	000	999	-
A5510	E	COMPRESSION FORM SHOE INSERT	-	-	Not Allowed	\$0.00	-	-	000	999	-
A5512	E	MULTI DEN INSERT DIRECT FORM	-	-	Not Allowed	\$0.00	-	-	000	999	-
A5513	E	MULTI DEN INSERT CUSTOM MOLD	-	-	Not Allowed	\$0.00	-	-	000	999	-
A5514	E	MULT DEN INSERT DIR CARV/CAM	-	-	Not Allowed	\$0.00	-	-	000	999	-
A6000	E	WOUND WARMING WOUND COVER	-	-	Not Allowed	\$0.00	-	-	000	999	-
A6010	N	COLLAGEN BASED WOUND FILLER	-	-	Bundled	\$0.00	-	-	000	999	-
A6011	N	COLLAGEN GEL/PASTE WOUND FIL	-	-	Bundled	\$0.00	-	-	000	999	-
A6021	N	COLLAGEN DRESSING <=16 SQ IN	-	-	Bundled	\$0.00	-	-	000	999	-
A6022	N	COLLAGEN DRSG>16<=48 SQ IN	-	-	Bundled	\$0.00	-	-	000	999	-
A6023	N	COLLAGEN DRESSING >48 SQ IN	-	-	Bundled	\$0.00	-	-	000	999	-
A6024	N	COLLAGEN DSG WOUND FILLER	-	-	Bundled	\$0.00	-	-	000	999	-
A6025	E	SILICONE GEL SHEET, EACH	-	-	Not Allowed	\$0.00	-	-	000	999	-
A6154	N	WOUND POUCH EACH	-	-	Bundled	\$0.00	-	-	000	999	-
A6196	N	ALGINATE DRESSING <=16 SQ IN	-	-	Bundled	\$0.00	-	-	000	999	-
A6197	N	ALGINATE DRSG >16 <=48 SQ IN	-	-	Bundled	\$0.00	-	-	000	999	-
A6198	N	ALGINATE DRESSING > 48 SQ IN	-	-	Bundled	\$0.00	-	-	000	999	-
A6199	N	ALGINATE DRSG WOUND FILLER	-	-	Bundled	\$0.00	-	-	000	999	-
A6203	N	COMPOSITE DRSG <= 16 SQ IN	-	-	Bundled	\$0.00	-	-	000	999	-
A6204	N	COMPOSITE DRSG >16<=48 SQ IN	-	-	Bundled	\$0.00	-	-	000	999	-
A6205	N	COMPOSITE DRSG > 48 SQ IN	-	-	Bundled	\$0.00	-	-	000	999	-
A6206	N	CONTACT LAYER <= 16 SQ IN	-	-	Bundled	\$0.00	-	-	000	999	-
A6207	N	CONTACT LAYER >16<= 48 SQ IN	-	-	Bundled	\$0.00	-	-	000	999	-
A6208	N	CONTACT LAYER > 48 SQ IN	-	-	Bundled	\$0.00	-	-	000	999	-
A6209	N	FOAM DRSG <=16 SQ IN W/O BDR	-	-	Bundled	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc	APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier								
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/BDR	-	-	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	-
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	-

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
A6450	E	LT COMPRES BAND >=5"/YD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A6451	E	MOD COMPRES BAND W>=3"<5"/YD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A6452	E	HIGH COMPRES BAND W>=3"<5"/YD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A6453	E	SELF-ADHER BAND W <3"/YD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A6454	E	SELF-ADHER BAND W>=3" <5"/YD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A6455	E	SELF-ADHER BAND >=5"/YD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A6456	E	ZINC PASTE BAND W >=3"<5"/YD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A6457	E	TUBULAR DRESSING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A6460	N	SYNTHETIC DRSG = 16 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-
A6461	N	SYNTHETIC DRSG >16<=48 SQ IN	-	-	-	Bundled	\$0.00	-	-	000	999	-
A6501	N	COMPRES BURNGARMENT BODYSUIT	-	-	-	Bundled	\$0.00	-	-	000	999	-
A6502	N	COMPRES BURNGARMENT CHINSTRP	-	-	-	Bundled	\$0.00	-	-	000	999	-
A6503	N	COMPRES BURNGARMENT FACEHOOD	-	-	-	Bundled	\$0.00	-	-	000	999	-
A6504	N	CMPRSBURNGARMENT GLOVE-WRIST	-	-	-	Bundled	\$0.00	-	-	000	999	-
A6505	N	CMPRSBURNGARMENT GLOVE-ELBOW	-	-	-	Bundled	\$0.00	-	-	000	999	-
A6506	N	CMPRSBURNGRMNT 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 LNGTH 18-30	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A6537	E	GC STOCKING FULL LNGTH 30-40	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A6538	E	GC STOCKING FULL LNGTH 40-50	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A6539	E	GC STOCKING WAISTLNGTH 18-30	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A6540	E	GC STOCKING WAISTLNGTH 30-40	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A6541	E	GC STOCKING WAISTLNGTH 40-50	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A6544	E	GC STOCKING GARTER BELT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A6545	E	GRAD COMP NON-ELASTIC BK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A6549	E	G COMPRESSION STOCKING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A6550	E	NEG PRES WOUND THER DRSG SET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7000	E	DISPOSABLE CANISTER FOR PUMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7001	E	NONDISPOSABLE PUMP CANISTER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7002	E	TUBING USED W SUCTION PUMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7003	E	NEBULIZER ADMINISTRATION SET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7004	E	DISPOSABLE NEBULIZER SML VOL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7005	E	NONDISPOSABLE NEBULIZER SET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7006	E	FILTERED NEBULIZER ADMIN SET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7007	E	LG VOL NEBULIZER DISPOSABLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7008	E	DISPOSABLE NEBULIZER PREFILL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7009	E	NEBULIZER RESERVOIR BOTTLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7010	E	DISPOSABLE CORRUGATED TUBING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7012	E	NEBULIZER WATER COLLEC DEVIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7013	E	DISPOSABLE COMPRESSOR FILTER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7014	E	COMPRESSOR NONDISPOS FILTER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7015	E	AEROSOL MASK USED W NEBULIZE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7016	E	NEBULIZER DOME & MOUTHPIECE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7017	E	NEBULIZER NOT USED W OXYGEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7018	E	WATER DISTILLED W/NEBULIZER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7020	E	INTERFACE, COUGH STIM DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7025	E	REPLACE CHEST COMPRESS VEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7026	E	REPLACE CHST CMPRSS SYS HOSE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7027	E	COMBINATION ORAL/NASAL MASK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7028	E	REPL ORAL CUSHION COMBO MASK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7029	E	REPL NASAL PILLOW COMB MASK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7030	E	CPAP FULL FACE MASK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7031	E	REPLACEMENT FACEMASK INTERFA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7032	E	REPLACEMENT NASAL CUSHION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A7033	E	REPLACEMENT NASAL PILLOWS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
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January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital	Non-sole Comm.	Min	Max	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC			Schedule	Lab Fees	Hospital Lab Fees	Age	Age	
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	-
A8001	E	HARD PROTECT HELMET PREFAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A8002	E	SOFT PROTECT HELMET CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A8003	E	HARD PROTECT HELMET CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A8004	E	REPL SOFT INTERFACE, HELMET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A9150	E	MISC/EXPER NON-PRESCRIPT DRU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A9152	E	SINGLE VITAMIN NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A9153	E	MULTI-VITAMIN NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A9155	E	ARTIFICIAL SALIVA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A9180	E	LICE TREATMENT, TOPICAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A9270	E	NON-COVERED ITEM OR SERVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A9272	E	DISP WOUND SUCT, DRSG/ACCESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A9273	E	HOT/COLD BOTLE/CAP/COL/WRAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A9274	E	EXT AMB INSULIN DELIVERY SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A9275	E	DISP HOME GLUCOSE MONITOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A9276	E	DISPOSABLE SENSOR, CGM SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A9277	E	EXTERNAL TRANSMITTER, CGM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A9278	E	EXTERNAL RECEIVER, CGM SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A9279	E	MONITORING FEATURE/DEVICENOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A9280	E	ALERT DEVICE, NOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A9281	E	REACHING/GRABBING DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A9282	E	WIG ANY TYPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A9283	E	FOOT PRESS OFF LOAD SUPP DEV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A9284	N	NON-ELECTRONIC SPIROMETER	-	-	-	Bundled	\$0.00	-	-	000	999	-
A9285	E	INVERSION EVERSION COR DEVIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A9286	E	ANY HYGIENIC ITEM, DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
A9291	E	PRES DIG COG BEHAV THERA FDA	-	-	-	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	-

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2022 APC				APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
A9510	N	TC99M DISOFENIN	-	-	Bundled	\$0.00	-	-	000	999	-
A9512	N	TC99M PERTECHNATE	-	-	Bundled	\$0.00	-	-	000	999	-
A9513	K	LUTETIUM LU 177 DOTATAT THER	-	09067	APC (blood and non-blood products)	\$282.28	-	-	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	APC (blood and non-blood products)	\$23.73	-	-	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	APC	\$28.29	-	-	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	APC (blood and non-blood products)	\$22.71	-	-	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 DEPREEPTIDE	-	-	Bundled	\$0.00	-	-	000	999	-
A9537	N	TC99M MEBROFENIN	-	-	Bundled	\$0.00	-	-	000	999	-
A9538	N	TC99M PYROPHOSPHATE	-	-	Bundled	\$0.00	-	-	000	999	-
A9539	N	TC99M PENTETATE	-	-	Bundled	\$0.00	-	-	000	999	-
A9540	N	TC99M MAA	-	-	Bundled	\$0.00	-	-	000	999	-
A9541	N	TC99M SULFUR COLLOID	-	-	Bundled	\$0.00	-	-	000	999	-
A9542	N	IN111 IBRITUMOMAB, DX	-	-	Bundled	\$0.00	-	-	000	999	-
A9543	K	Y90 IBRITUMOMAB, RX	-	01643	APC (blood and non-blood products)	\$65,476.58	-	-	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	APC (blood and non-blood products)	\$36.94	-	-	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 PENTRETOTIDE	-	-	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	K	IODINE I-131 IOBENGUANE 1MCI	-	09339	APC (blood and non-blood products)	\$320.12	-	-	000	999	-
A9591	G	FLUOROESTRADIOL F 18	-	09370	APC - pays by fee schedule amount	\$677.08	-	-	000	999	-
A9592	G	COPPER CU 64 DOTATATE DIAG	-	09383	APC - pays by fee schedule amount	\$944.25	-	-	000	999	-

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

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	APC								
A9593	G	GALLIUM GA-68 PSMA-11 UCSF	09409	-	APC - pays by fee schedule amount	\$806.14	-	-	000	999	-
A9594	G	GALLIUM GA-68 PSMA-11, UCLA	09410	-	APC - pays by fee schedule amount	\$789.30	-	-	000	999	-
A9595	G	PIFLU F-18, DIA 1 MILLICURIE	09430	-	APC - pays by fee schedule amount	\$558.03	-	-	000	999	-
A9596	G	GALLIUM ILLUCCIX 1 MILLICURE	09443	-	APC - pays by fee schedule amount	\$996.40	-	-	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	74.0394	APC (blood and non-blood products)	\$4,156.57	-	-	000	999	-
A9601	E	FLORTAUCIPIR INJ 1 MILLICURI	-	-	Not Allowed	\$0.00	-	-	000	999	-
A9602	G	FLUORODOPA F-18 DIAG PER MCI	09053	-	APC - pays by fee schedule amount	\$415.52	-	-	000	999	-
A9604	K	SM 153 LEXIDRONAM	01295	307.4431	APC (blood and non-blood products)	\$17,259.85	-	-	000	999	-
A9606	K	RADIUM RA223 DICHLORIDE THER	01745	2.7554	APC (blood and non-blood products)	\$154.69	-	-	000	999	-
A9607	G	LUTETIUM LU 177 VIPIVOTIDE	09054	-	APC - pays by fee schedule amount	\$225.25	-	-	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	-
A9800	G	GALLIUM LOCAMETZ 1 MILLICURI	09055	-	APC - pays by fee schedule amount	\$848.00	-	-	000	999	-
A9900	N	SUPPLY/ACCESSORY/SERVICE	-	-	Bundled	\$0.00	-	-	000	999	-
A9901	E	DELIVERY/SET UP/DISPENSING	-	-	Not Allowed	\$0.00	-	-	000	999	-
A9999	E	DME SUPPLY OR ACCESSORY, NOS	-	-	Not Allowed	\$0.00	-	-	000	999	-
B4034	E	ENTER FEED SUPKIT SYR BY DAY	-	-	Not Allowed	\$0.00	-	-	000	999	-
B4035	E	ENTERAL FEED SUPP PUMP PER D	-	-	Not Allowed	\$0.00	-	-	000	999	-
B4036	E	ENTERAL FEED SUP KIT GRAV BY	-	-	Not Allowed	\$0.00	-	-	000	999	-
B4081	E	ENTERAL NG TUBING W/ STYLET	-	-	Not Allowed	\$0.00	-	-	000	999	-
B4082	E	ENTERAL NG TUBING W/O STYLET	-	-	Not Allowed	\$0.00	-	-	000	999	-
B4083	E	ENTERAL STOMACH TUBE LEVINE	-	-	Not Allowed	\$0.00	-	-	000	999	-
B4087	M	GASTRO/JEJUNO TUBE, STD	-	-	Fee Schedule	\$0.00	-	-	000	999	-
B4088	M	GASTRO/JEJUNO TUBE, LOW-PRO	-	-	Fee Schedule	\$0.00	-	-	000	999	-
B4100	E	FOOD THICKENER ORAL	-	-	Not Allowed	\$0.00	-	-	000	999	-
B4102	E	EF ADULT FLUIDS AND ELECTRO	-	-	Not Allowed	\$0.00	-	-	000	999	-
B4103	E	EF PED FLUID AND ELECTROLYTE	-	-	Not Allowed	\$0.00	-	-	000	999	-
B4104	E	ADDITIVE FOR ENTERAL FORMULA	-	-	Not Allowed	\$0.00	-	-	000	999	-
B4105	E	ENZYME CARTRIDGE ENTERAL NUT	-	-	Not Allowed	\$0.00	-	-	000	999	-
B4149	E	EF BLENDED/FOODS	-	-	Not Allowed	\$0.00	-	-	000	999	-
B4150	E	EF COMPLETE 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	-

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## Montana Healthcare Programs Fee Schedule Outpatient Prospective Payment System Services January 1, 2023

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
B9999	E	PARENTERAL SUPP NOT OTHRWS C	-	-	Not Allowed	\$0.00	-	-	000	999	-
C1052	M	HEMOSTATIC AGENT, GI, TOPIC	-	-	Charge Ratio	\$0.00	-	-	000	999	-
C1062	M	INTRAVERTBRAL FX AUG IMPL	-	-	Charge Ratio	\$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	APC	\$151.36	-	-	000	999	-
C1717	U	BRACHYTX, NON-STR,HDR IR-192	-	02646	APC	\$220.21	-	-	000	999	-
C1719	U	BRACHYTX, NS, NON-HDRIR-192	-	02647	APC	\$226.86	-	-	000	999	-
C1721	N	AICD, DUAL CHAMBER	-	-	Bundled	\$0.00	-	-	000	999	-
C1722	N	AICD, SINGLE CHAMBER	-	-	Bundled	\$0.00	-	-	000	999	-
C1724	N	CATH, TRANS ATHEREC.ROTATION	-	-	Bundled	\$0.00	-	-	000	999	-
C1725	N	CATH, TRANSLUMIN NON-LASER	-	-	Bundled	\$0.00	-	-	000	999	-
C1726	N	CATH, BAL DIL, NON-VASCULAR	-	-	Bundled	\$0.00	-	-	000	999	-
C1727	N	CATH, BAL TIS DIS, NON-VAS	-	-	Bundled	\$0.00	-	-	000	999	-
C1728	N	CATH, BRACHYTX SEED ADM	-	-	Bundled	\$0.00	-	-	000	999	-
C1729	N	CATH, DRAINAGE	-	-	Bundled	\$0.00	-	-	000	999	-
C1730	N	CATH, EP, 19 OR FEW ELECT	-	-	Bundled	\$0.00	-	-	000	999	-
C1731	N	CATH, EP, 20 OR MORE ELEC	-	-	Bundled	\$0.00	-	-	000	999	-
C1732	N	CATH, EP, DIAG/ABL, 3D/VECT	-	-	Bundled	\$0.00	-	-	000	999	-
C1733	N	CATH, EP, OTHR THAN COOL-TIP	-	-	Bundled	\$0.00	-	-	000	999	-
C1734	N	ORTH/DEVIC/DRUG BN/BN,TIS/BN	-	-	Bundled	\$0.00	-	-	000	999	-
C1747	H	ENDO, SINGLE, URINARY TRACT	-	02040	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/MIDLINE	-	-	Bundled	\$0.00	-	-	000	999	-
C1752	N	CATH,HEMODIALYSIS, SHORT-TERM	-	-	Bundled	\$0.00	-	-	000	999	-
C1753	N	CATH, INTRAVAS ULTRASOUND	-	-	Bundled	\$0.00	-	-	000	999	-
C1754	N	CATHETER, INTRADISCAL	-	-	Bundled	\$0.00	-	-	000	999	-
C1755	N	CATHETER, INTRASPINAL	-	-	Bundled	\$0.00	-	-	000	999	-
C1756	N	CATH, PACING, TRANSESEOPH	-	-	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	-
C1761	M	CATH, TRANS INTRA LITHO/CORO	-	-	Charge Ratio	\$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, INTRAO, 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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC					APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier	APC								
C1817	N	SEPTAL DEFECT IMP SYS	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1818	N	INTEGRATED KERATOPROSTHESIS	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1819	N	TISSUE LOCALIZATION-EXCISION	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1820	N	GENERATOR NEURO RECHG BAT SY	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1821	N	INTERSPINOUS IMPLANT	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1822	N	GEN. NEURO. HF. RECHG BAT	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1823	N	GEN. NEURO. TRANS SEN/STIM	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1824	N	GENERATOR. CCM. IMPLANT	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1825	M	GEN. NEURO. CAROT SINUS BARO	-	-	-	Charge Ratio	\$0.00	-	-	000	999	-
C1826	H	GEN. NEURO. CLO LOOP, RECHG	-	02038	-	Charge Ratio	\$0.00	-	-	000	999	-
C1827	H	GEN. NEURO. IMP LED, EX CNTR	-	02039	-	Charge Ratio	\$0.00	-	-	000	999	-
C1830	N	POWER BONE MARROW BX NEEDLE	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1831	E	PERSONALIZED INTERBODY CAGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C1832	M	AUTO CELL PROCESS SYS	-	-	-	Charge Ratio	\$0.00	-	-	000	999	-
C1833	M	CARDIAC MONITOR SYS	-	-	-	Charge Ratio	\$0.00	-	-	000	999	-
C1834	M	PRESSURE SENSOR SYSTEM, IM	-	-	-	Charge Ratio	\$0.00	-	-	000	999	-
C1839	N	IRIS PROSTHESIS	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1840	N	TELESCOPIC INTRAOCULAR LENS	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1874	N	STENT, COATED/COV W/DEL SYS	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1875	N	STENT, COATED/COV W/O DEL SY	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1876	N	STENT, NON-COA/NON-COV W/DEL	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1877	N	STENT, NON-COAT/COV W/O DEL	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1878	N	MATRL FOR VOCAL CORD	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1880	N	VENA CAVA FILTER	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1881	N	DIALYSIS ACCESS SYSTEM	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1882	N	AICD, OTHER THAN SING/DUAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1883	N	ADAPT/EXT, PACING/NEURO LEAD	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1884	N	EMBOLIZATION PROTECT SYST	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1885	N	CATH, TRANSLUMIN ANGIO LASER	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1886	N	CATHETER, ABLATION	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1887	N	CATHETER, GUIDING	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1888	N	ENDOVAS NON-CARDIAC ABL CATH	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1889	N	IMPLANT/INSERT DEVICE, NOC	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1890	E	NO DEVICE W/DEV-INTENSIVE PX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C1891	N	INFUSION PUMP, NON-PROG, PERM	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1892	N	INTRO/SHEATH, FIXED, PEEL-AWAY	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1893	N	INTRO/SHEATH, FIXED, NON-PEEL	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1894	N	INTRO/SHEATH, NON-LASER	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1895	N	LEAD, AICD, ENDO DUAL COIL	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1896	N	LEAD, AICD, NON SING/DUAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
C1897	N	LEAD, NEUROSTIM TEST KIT	-	-	-	Bundled	\$0.00	-	-	000	999	-
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	N	CATH, PRESSURE, VALVE-OCCLU	-	-	-	Bundled	\$0.00	-	-	000	999	-
C2596	N	PROBE, ROBOTIC, WATER-JET	-	-	-	Bundled	\$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	205.7575	APC	\$11,551.23	-	-	000	999	-
C2617	N	STENT, NON-COR, TEM W/O DEL	-	-	-	Bundled	\$0.00	-	-	000	999	-
C2618	N	PROBE/NEEDLE, CRYO	-	-	-	Bundled	\$0.00	-	-	000	999	-
C2619	N	PMKR, DUAL, NON RATE-RESP	-	-	-	Bundled	\$0.00	-	-	000	999	-
C2620	N	PMKR, SINGLE, NON RATE-RESP	-	-	-	Bundled	\$0.00	-	-	000	999	-
C2621	N	PMKR, OTHER THAN SING/DUAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
C2622	E	PROSTHESIS, PENILE, NON-INF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C2623	N	CATH, TRANSLUMIN, DRUG-COAT	-	-	-	Bundled	\$0.00	-	-	000	999	-
C2624	N	WIRELESS PRESSURE SENSOR	-	-	-	Bundled	\$0.00	-	-	000	999	-
C2625	N	STENT, NON-COR, TEM W/DEL SY	-	-	-	Bundled	\$0.00	-	-	000	999	-
C2626	N	INFUSION PUMP, NON-PROG, TEMP	-	-	-	Bundled	\$0.00	-	-	000	999	-
C2627	N	CATH, SUPRAPUBIC/CYSTOSCOPIC	-	-	-	Bundled	\$0.00	-	-	000	999	-
C2628	N	CATHETER, OCCLUSION	-	-	-	Bundled	\$0.00	-	-	000	999	-
C2629	N	INTRO/SHEATH, LASER	-	-	-	Bundled	\$0.00	-	-	000	999	-
C2630	N	CATH, EP, COOL-TIP	-	-	-	Bundled	\$0.00	-	-	000	999	-
C2631	N	REP DEV, URINARY, W/O SLING	-	-	-	Bundled	\$0.00	-	-	000	999	-
C2634	U	BRACHYTX, NON-STR, HA, I-125	-	02634	2.1265	APC	\$119.38	-	-	000	999	-
C2635	U	BRACHYTX, NON-STR, HA, P-103	-	02635	0.5919	APC	\$33.23	-	-	000	999	-

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

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc	APC	APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital	Non-sole Comm.	Min	Max	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC	APC Weight	Method	Schedule	Lab Fees	Hospital Lab Fees	Age	Age	
C2636	U	BRACHY LINEAR, NON-STR,P-103	-	02636	0.6065	APC	\$34.05	-	-	000	999	-
C2637	E	BRACHY,NON-STR,YTTERBIUM-169	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C2638	U	BRACHYTX, STRANDED, I-125	-	02638	0.4457	APC	\$25.02	-	-	000	999	-
C2639	U	BRACHYTX, NON-STRANDED,I-125	-	02639	0.4126	APC	\$23.16	-	-	000	999	-
C2640	U	BRACHYTX, STRANDED, P-103	-	02640	1.0356	APC	\$58.14	-	-	000	999	-
C2641	U	BRACHYTX, NON-STRANDED,P-103	-	02641	0.9463	APC	\$53.13	-	-	000	999	-
C2642	U	BRACHYTX, STRANDED, C-131	-	02642	1.0601	APC	\$59.51	-	-	000	999	-
C2643	U	BRACHYTX, NON-STRANDED,C-131	-	02643	0.9525	APC	\$53.47	-	-	000	999	-
C2644	E	BRACHYTX CESIUM-131 CHLORIDE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C2645	U	BRACHYTX PLANAR, P-103	-	02648	0.0548	APC	\$3.08	-	-	000	999	-
C2698	U	BRACHYTX, STRANDED, NOS	-	02698	0.4457	APC	\$25.02	-	-	000	999	-
C2699	U	BRACHYTX, NON-STRANDED, NOS	-	02699	0.4126	APC	\$23.16	-	-	000	999	-
C5271	T	LOW COST SKIN SUBSTITUTE APP	-	05053	6.7880	APC	\$381.08	-	-	000	999	-
C5272	N	LOW COST SKIN SUBSTITUTE APP	-	-	-	Bundled	\$0.00	-	-	000	999	-
C5273	T	LOW COST SKIN SUBSTITUTE APP	-	05054	20.1655	APC	\$1,132.09	-	-	000	999	-
C5274	N	LOW COST SKIN SUBSTITUTE APP	-	-	-	Bundled	\$0.00	-	-	000	999	-
C5275	T	LOW COST SKIN SUBSTITUTE APP	-	05053	6.7880	APC	\$381.08	-	-	000	999	-
C5276	N	LOW COST SKIN SUBSTITUTE APP	-	-	-	Bundled	\$0.00	-	-	000	999	-
C5277	T	LOW COST SKIN SUBSTITUTE APP	-	05053	6.7880	APC	\$381.08	-	-	000	999	-
C5278	N	LOW COST SKIN SUBSTITUTE APP	-	-	-	Bundled	\$0.00	-	-	000	999	-
C7500	E	DEB BONE 20 CM2 W/DRUG DEV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7501	E	PERC BX BREAST LESIONS STERO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7502	E	PERC BX BREAST LESIONS MR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7503	E	OPEN EXC CERV NODE(S) W/ ID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7504	E	PERQ CVT&LS INJ VERT BODIES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7505	E	PERQ LS&CVT INJ VERT BODIES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7506	E	FUSION OF FINGER JOINTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7507	E	PERQ THOR&LUMB VERT AUG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7508	E	PERQ LUMB&THOR VERT AUG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7509	E	DX BRONCH W/ NAVIGATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7510	E	BRONCH/LAVAG W/ NAVIGATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7511	E	BRONCH/BPSY(S) W/ NAVIGATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7512	E	BRONCH/BPSY(S) W/ EBUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7513	E	CATH/ANGIO DIALCIR W/APLASTY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7514	E	CATH/ANGIO DIAL CIR W/STENTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7515	E	CATH/ANGIO DIAL CIR W/EMBOL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7516	E	COR ANGIO W/ IVUS OR OCT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7517	E	COR ANGIO W/ILIC/FEM ANGIO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7518	E	COR/GFT ANGIO W/ IVUS OR OCT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7519	E	COR/GFT ANGIO W/ FLOW RESRV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7520	E	COR/GFT ANGIO W/ILIC/FEM ANG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7521	E	R HRT ANGIO W/ IVUS OR OCT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7522	E	R HRT ANGIO W/FLOW RESRV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7523	E	L HRT ANGIO W/ IVUS OR OCT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7524	E	L HRT ANGIO W/FLOW RESRV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7525	E	L HRT GFT ANG W/ IVUS OR OCT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7526	E	L HRT GFT ANG W/FLOW RESRV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7527	E	R&L HRT ANGIO W/ IVUS OR OCT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7528	E	R&L HRT ANGIO W/FLOW RESRV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7529	E	R&L HRT GFT ANG W/FLOW RESRV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7530	E	CATH/APLASTY DIAL CIR W/STNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7531	E	ANGIO FEM/POP W/ US	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7532	E	ANGIO W/ US NON-CORONARY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7533	E	PTCA W/ PLCMT BRACHYTX DEV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7534	E	FEM/POP REVASC W/ARTHRO & US	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7535	E	FEM/POP REVASC W/STENT & US	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7537	E	INSRT ATRIL PM W/L VENT LEAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7538	E	INSRT VENT PM W/L VENT LEAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7539	E	INSRT A & V PM W/L VENT LEAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7540	E	RMV&RPLC PM DUL W/L VNT LEAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7541	E	ERCP W/ PANCREATOSCOPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7542	E	ERCP W/BX & PANCREATOSCOPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7543	E	ERCP W/OTOMY, PANCREATOSCOPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7544	E	ERCP RMV CALC PANCREATOSCOPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7545	E	EXCH BIL CATH W/ RMV CALCULI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7546	E	REP NPH/URT CATH W/DIL STRIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7547	E	CNVRT NEPH CATH W/ DIL STRIC	-	-	-	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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments	
Proc Cd	Status Ind	Proc Desc	Proc Modifier									APC
C7548	E	EXCH NEPH CATH W/ DIL STRIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7549	E	CHGE URTR STENT W/ DIL STRIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7550	E	CYSTO W/ BX(S) W/ BLUE LIGHT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7551	E	EXC NEUROMA W/ IMPLNT NV END	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7552	E	R HRT ART/GRFT ANG HRT FLOW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7553	E	R&I HRT ART/VENT ANG DRG AD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7554	E	CYSTURETH BLU LI CYST FL IMG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7555	E	RMVL THYRD W/AUTOTRAN PARATH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C7900	S	HOPD MNLT HLT, 15-29 MIN	-	05821	0.3468	APC	\$19.47	-	-	000	999	-
C7901	S	HOPD MNLT HLT, 30-60 MIN	-	05822	0.8863	APC	\$49.76	-	-	000	999	-
C7902	N	HOPD MNLT HLT, EA ADDL	-	-	-	Bundled	\$0.00	-	-	000	999	-
C8900	N	MRA W/CONT, ABD	-	05572	4.3048	Bundled, sometimes payable	\$241.67	-	-	000	999	-
C8901	N	MRA W/O CONT, ABD	-	05523	2.7285	Bundled, sometimes payable	\$153.18	-	-	000	999	-
C8902	N	MRA W/O FOL W/CONT, ABD	-	05572	4.3048	Bundled, sometimes payable	\$241.67	-	-	000	999	-
C8903	N	MRI W/CONT, BREAST, UNI	-	05571	2.1071	Bundled, sometimes payable	\$118.29	-	-	000	999	-
C8905	N	MRI W/O FOL W/CONT, BRST, UN	-	05572	4.3048	Bundled, sometimes payable	\$241.67	-	-	000	999	-
C8906	N	MRI W/CONT, BREAST, BI	-	05572	4.3048	Bundled, sometimes payable	\$241.67	-	-	000	999	-
C8908	N	MRI W/O FOL W/CONT, BREAST,	-	05572	4.3048	Bundled, sometimes payable	\$241.67	-	-	000	999	-
C8909	N	MRA W/CONT, CHEST	-	05572	4.3048	Bundled, sometimes payable	\$241.67	-	-	000	999	-
C8910	N	MRA W/O CONT, CHEST	-	05523	2.7285	Bundled, sometimes payable	\$153.18	-	-	000	999	-
C8911	N	MRA W/O FOL W/CONT, CHEST	-	05572	4.3048	Bundled, sometimes payable	\$241.67	-	-	000	999	-
C8912	N	MRA W/CONT, LWR EXT	-	05572	4.3048	Bundled, sometimes payable	\$241.67	-	-	000	999	-
C8913	N	MRA W/O CONT, LWR EXT	-	05523	2.7285	Bundled, sometimes payable	\$153.18	-	-	000	999	-
C8914	N	MRA W/O FOL W/CONT, LWR EXT	-	05572	4.3048	Bundled, sometimes payable	\$241.67	-	-	000	999	-
C8918	N	MRA W/CONT, PELVIS	-	05572	4.3048	Bundled, sometimes payable	\$241.67	-	-	000	999	-
C8919	N	MRA W/O CONT, PELVIS	-	05523	2.7285	Bundled, sometimes payable	\$153.18	-	-	000	999	-
C8920	N	MRA W/O FOL W/CONT, PELVIS	-	05572	4.3048	Bundled, sometimes payable	\$241.67	-	-	000	999	-
C8921	S	TTE W OR W/O FOL W/CONT, COM	-	05573	8.6551	APC	\$485.90	-	-	000	999	-
C8922	S	TTE W OR W/O FOL W/CONT, FUJ	-	05573	8.6551	APC	\$485.90	-	-	000	999	-
C8923	S	2D TTE W OR W/O FOL W/CON,CO	-	05573	8.6551	APC	\$485.90	-	-	000	999	-
C8924	S	2D TTE W OR W/O FOL W/CON,FU	-	05572	4.3048	APC	\$241.67	-	-	000	999	-
C8925	S	2D TEE W OR W/O FOL W/CON,IN	-	05573	8.6551	APC	\$485.90	-	-	000	999	-
C8926	S	TEE W OR W/O FOL W/CONT,CONG	-	05573	8.6551	APC	\$485.90	-	-	000	999	-
C8927	S	TEE W OR W/O FOL W/CONT, MON	-	05573	8.6551	APC	\$485.90	-	-	000	999	-
C8928	S	TTE W OR W/O FOL W/CON,STRES	-	05573	8.6551	APC	\$485.90	-	-	000	999	-
C8929	S	TTE W OR WO FOL WCON,DOPPLER	-	05573	8.6551	APC	\$485.90	-	-	000	999	-
C8930	S	TTE W OR W/O CONTR, CONT ECG	-	05573	8.6551	APC	\$485.90	-	-	000	999	-
C8931	N	MRA, W/DYE, SPINAL CANAL	-	05572	4.3048	Bundled, sometimes payable	\$241.67	-	-	000	999	-
C8932	N	MRA, W/O DYE, SPINAL CANAL	-	05523	2.7285	Bundled, sometimes payable	\$153.18	-	-	000	999	-
C8933	N	MRA, W/O&W/DYE, SPINAL CANAL	-	05572	4.3048	Bundled, sometimes payable	\$241.67	-	-	000	999	-
C8934	N	MRA, W/DYE, UPPER EXTREMITY	-	05572	4.3048	Bundled, sometimes payable	\$241.67	-	-	000	999	-
C8935	N	MRA, W/O DYE, UPPER EXTR	-	05523	2.7285	Bundled, sometimes payable	\$153.18	-	-	000	999	-
C8936	N	MRA, W/O&W/DYE, UPPER EXTR	-	05572	4.3048	Bundled, sometimes payable	\$241.67	-	-	000	999	-
C8937	N	CAD BREAST MRI	-	-	-	Bundled	\$0.00	-	-	000	999	-
C8957	S	PROLONGED IV INF, REQ PUMP	-	05694	3.8864	APC	\$218.18	-	-	000	999	-
C9046	N	COCAINE HCL NASAL (GOPRELTO)	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9047	K	INJECTION, CAPLACIZUMAB-YHDP	-	09199	12.8009	APC (blood and non-blood products)	\$718.64	-	-	000	999	-
C9067	G	GALLIUM GA-68 DOTATOC	-	09323	-	APC - pays by fee schedule amount	\$8.64	-	-	000	999	-
C9088	G	INSTILL, BUPIVAC AND MELOXIC	-	09440	-	APC - pays by fee schedule amount	\$0.69	-	-	000	999	-
C9089	N	BUPIVACAINE IMPLANT, 1 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9101	G	INJ, OLICERIDINE 0.1 MG	-	09049	-	APC - pays by fee schedule amount	\$0.39	-	-	000	999	-
C9113	N	INJ PANTOPRAZOLE SODIUM, VIA	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9143	N	COCAINE HCL NASAL (NUMBRINO)	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9144	N	INJ, BUPIVACAINE (POSIMIR)	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9248	K	INJ, CLEVIDIPINE BUTYRATE	-	09087	0.0523	APC (blood and non-blood products)	\$2.93	-	-	000	999	-
C9250	K	ARTISS FIBRIN SEALANT	-	01848	3.2159	APC (blood and non-blood products)	\$180.54	-	-	000	999	-
C9254	N	INJECTION, LACOSAMIDE	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9257	K	BEVACIZUMAB INJECTION	-	01281	0.0315	APC (blood and non-blood products)	\$1.77	-	-	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	-

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, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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	0.3060	APC (blood and non-blood products)	\$17.18	-	-	000	999	-
C9462	E	INJECTION, DELAFLOXACIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C9482	K	SOTALOL HYDROCHLORIDE IV	-	09482	0.3369	APC (blood and non-blood products)	\$18.92	-	-	000	999	-
C9488	K	CONIVAPTAN HCL	-	09488	0.8415	APC (blood and non-blood products)	\$47.24	-	-	000	999	-
C9507	E	COVID-19 CONVALESCENT PLASMA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C9600	N	PERC DRUG-EL COR STENT SING	-	05193	124.0324	Bundled, sometimes payable	\$6,963.18	-	-	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	200.7081	Bundled, sometimes payable	\$11,267.75	-	-	000	999	-
C9603	N	PERC D-E COR STENT ATHER BR	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9604	N	PERC D-E COR REVAS T CABG S	-	05193	124.0324	Bundled, sometimes payable	\$6,963.18	-	-	000	999	-
C9605	N	PERC D-E COR REVAS T CABG B	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9606	C	PERC D-E COR REVAS W AMI S	-	-	-	IP Only	\$0.00	-	-	000	999	-
C9607	N	PERC D-E COR REVAS CHRO SIN	-	05194	200.7081	Bundled, sometimes payable	\$11,267.75	-	-	000	999	-
C9608	N	PERC D-E COR REVAS CHRO ADD	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9725	T	PLACE ENDORECTAL APP	-	05311	9.7101	APC	\$545.13	-	-	000	999	-
C9726	N	RXT BREAST APPL PLACE/REMOV	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9727	T	INSERT PALATE IMPLANTS	-	05163	16.2194	APC	\$910.56	-	-	000	999	-
C9728	S	PLACE DEVICE/MARKER, NON PRO	-	05613	15.6648	APC	\$879.42	-	-	000	999	-
C9733	N	NON-OPHTHALMIC FVA	-	05572	4.3048	Bundled, sometimes payable	\$241.67	-	-	000	999	-
C9734	T	U/S TRTMT, NOT LEIOMYOMATA	-	05115	152.4576	APC	\$8,558.97	-	-	000	999	-
C9738	N	BLUE LIGHT CYSTO IMAG AGENT	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9739	N	CYSTOSCOPY PROSTATIC IMP 1-3	-	05375	54.9416	Bundled, sometimes payable	\$3,084.42	-	-	000	999	-
C9740	T	CYSTO IMPL 4 OR MORE	-	05376	99.9887	APC	\$5,613.37	-	-	000	999	-
C9751	T	MICROWAVE BRONCH, 3D, EBUS	-	01562	66.8062	APC	\$3,750.50	-	-	000	999	-
C9756	N	FLUORESCENCE LYMPH MAP W/ICG	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9757	N	SPINE/LUMBAR DISK SURGERY	-	05115	152.4576	Bundled, sometimes payable	\$8,558.97	-	-	000	999	-
C9758	T	BLIND INTERATRIAL SHUNT IDE	-	01590	311.7296	APC	\$17,500.50	-	-	000	999	-
C9759	N	TRANSCATH INTRAOP MICROINF	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9760	T	NON-BLIND INTERATRIAL SHUNT	-	01592	489.8557	APC	\$27,500.50	-	-	000	999	-
C9761	N	CYSTO, LITHO, VACUUM KIDNEY	-	05376	99.9887	Bundled, sometimes payable	\$5,613.37	-	-	000	999	-
C9762	N	CARDIAC MRI SEG DYS STRAIN	-	05524	5.8787	Bundled, sometimes payable	\$330.03	-	-	000	999	-
C9763	N	CARDIAC MRI SEG DYS STRESS	-	05524	5.8787	Bundled, sometimes payable	\$330.03	-	-	000	999	-
C9764	N	REVAS INTRAVASC LITHOTRIPSY	-	05193	124.0324	Bundled, sometimes payable	\$6,963.18	-	-	000	999	-
C9765	N	REVAS INTRA LITHOTRIP-STENT	-	05194	200.7081	Bundled, sometimes payable	\$11,267.75	-	-	000	999	-
C9766	N	REVAS INTRA LITHOTRIP-ATHER	-	05194	200.7081	Bundled, sometimes payable	\$11,267.75	-	-	000	999	-
C9767	N	REVAS LITHOTRIP-STENT-ATHER	-	05194	200.7081	Bundled, sometimes payable	\$11,267.75	-	-	000	999	-
C9768	N	ENDO US-GUIDE HEP PORTO GRAD	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9769	N	CYSTO W/TEMP PROS IMPLANT	-	05376	99.9887	Bundled, sometimes payable	\$5,613.37	-	-	000	999	-
C9770	T	VITREC/MECH PARS, SUBRET INJ	-	01562	66.8062	APC	\$3,750.50	-	-	000	999	-
C9771	T	NSL/SINS CRYO POST NASAL TIS	-	05165	62.3903	APC	\$3,502.59	-	-	000	999	-
C9772	T	REVAS LITHOTRIP TIB/PERONE	-	05193	124.0324	APC	\$6,963.18	-	-	000	999	-
C9773	T	REVAS LITHOTR-STENT TIB/PER	-	05194	200.7081	APC	\$11,267.75	-	-	000	999	-
C9774	T	REVAS LITHOTR-ATHER TIB/PER	-	05194	200.7081	APC	\$11,267.75	-	-	000	999	-
C9775	T	REVAS LITH-STEN-ATH TIB/PER	-	05194	200.7081	APC	\$11,267.75	-	-	000	999	-
C9776	N	FLUO BILE DUCT IMAGING W/ICG	-	-	-	Bundled	\$0.00	-	-	000	999	-
C9777	N	ESOPHAG MUC INTEG W/ESO EGD	-	05303	38.0989	Bundled, sometimes payable	\$2,138.87	-	-	000	999	-
C9778	N	COLPOPEXY, MIN/INV, EX-PERIT	-	05415	54.1580	Bundled, sometimes payable	\$3,040.43	-	-	000	999	-
C9779	N	ESD ENDOSCOPY OR COLONOSCOPY	-	05303	38.0989	Bundled, sometimes payable	\$2,138.87	-	-	000	999	-
C9780	E	INSERT CV CATH INF & SUP APP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C9781	N	ARTHRO/SHOUL SURG; W/SPACER	-	05115	152.4576	Bundled, sometimes payable	\$8,558.97	-	-	000	999	-
C9782	E	BLIND MYOCAR TRPL BON MARROW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
C9783	N	BLIND COR SINUS REDUCER IMPL	-	05193	124.0324	Bundled, sometimes payable	\$6,963.18	-	-	000	999	-
C9803	N	HOPD COVID-19 SPEC COLLECT	-	05731	0.2916	Bundled, sometimes payable	\$16.37	-	-	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	20.1254	APC	\$1,129.84	-	-	000	999	-
D0160	E	EXTENSV ORAL EVAL PROB FOCUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				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
Proc Cd	Status Ind	Proc Desc	APC										
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	INTRAORAL COMPREHENSIVE 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	20.1254	APC	\$1,129.84	-	-	000	999	-	
D0251	N	EXTRAORAL POSTERIOR IMAGE	-	05521	1.0151	Bundled, sometimes payable	\$56.99	-	-	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	20.1254	APC	\$1,129.84	-	-	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	-	
D0360	E	CONE BEAM CT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0362	E	CONE BEAM, TWO DIMENSIONAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0364	E	CONE BEAM CT CAPT & INTERP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0365	E	CONE BEAM CT INTERPRETE MAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0366	E	CONE BEAM CT INTERPRETE MAX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0367	M	CONE BEAM CT INTERP BOTH JAW	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D0368	E	CONE BEAM CT INTERPRETE TMJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0369	E	MAX MRI CAPTURE & INTERPRETE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0370	E	MAX ULTRASOUND CAPT & INTERP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0371	E	SIALOENDOSCOPY CAPT & INTERP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0372	E	TOMO COMP SERIES IMAGES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0373	E	TOMO BITEWING IMAGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0374	E	TOMO PERIAPICAL IMAGE	-	-	-	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	-	
D0387	E	COMP IMAGE CAPTURE ONLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0388	E	BITEWING IMAGE CAPTURE ONLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0389	E	PERIOPIC IMAGE CAPTURE ONLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0391	E	INTERPRETE DIAGNOSTIC IMAGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0393	E	TRTMNT SIMULATION 3D IMAGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0394	E	DIGITAL SUB 2 OR MORE IMAGES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0395	E	FUSION 2 OR MORE 3D IMAGES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0411	E	HBA1C IN OFFICE TESTING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0412	E	BLOOD GLUCOSE LEVEL TEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0414	E	LAB PROCESS MICROBIAL SPEC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0415	E	COLLECTION OF MICROORGANISMS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0416	E	VIRAL CULTURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0417	E	COLLECT & PREP SALIVA SAMPLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0418	E	ANALYSIS OF SALIVA SAMPLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0419	E	ASSESS OF SALIVARY FLOW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0422	E	COLLECT & PREP GENETIC SAMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0423	E	GENETIC TEST SPEC ANALYSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0425	M	CARIES SUSCEPTIBILITY TEST	-	-	-	Fee Schedule	\$68.64	-	-	000	002	-	
D0431	E	DIAG TST DETECT MUCOS ABNORM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D0460	S	PULP VITALITY TEST	-	05871	20.1254	APC	\$1,129.84	-	-	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	-	

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments	
Proc Cd	Status Ind	Proc Desc	Proc Modifier									APC
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 IMMUNOFLUORESCENCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D0483	E	INDIRECT IMMUNOFLUORESCENCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D0484	E	CONSULT SLIDES PREP ELSEWHERE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D0485	E	CONSULT INC PREP OF SLIDES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D0486	M	ACCESS OF TRANSP 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	20.1254	APC	\$1,129.84	-	-	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	-
D0606	E	MOLECULAR 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	-
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	-
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 COMP IMAGE CAPTURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D0801	E	3D DENTAL SCAN DIRECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D0802	E	3D DENTAL SCAN INDIRECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D0803	E	3D FACIAL SCAN DIRECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D0804	E	3D FACIAL SCAN INDIRECT	-	-	-	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	-	-	012	999	-
D1120	M	DENTAL PROPHYLAXIS CHILD	-	-	-	Fee Schedule	\$0.00	-	-	000	017	-
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	20.1254	APC	\$1,129.84	-	-	000	020	-
D1516	S	FIXED BILAT SPACE MAINT, MAX	-	05871	20.1254	APC	\$1,129.84	-	-	000	020	-
D1517	S	FIXED BILAT SPACE MAINT, MAN	-	05871	20.1254	APC	\$1,129.84	-	-	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	20.1254	APC	\$953.29	-	-	000	999	-
D1552	S	RECEMENT SPACE MAINT - MAN	-	05871	20.1254	APC	\$953.29	-	-	000	999	-
D1553	S	RECEMENT UNILAT SPACE MAINT	-	05871	20.1254	APC	\$953.29	-	-	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	20.1254	APC	\$1,129.84	-	-	000	999	-
D1701	E	PFIZER VACC ADMIN 1ST DOSE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D1702	E	PFIZER VACC ADMIN 2ND DOSE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D1703	E	MODERNA VACC ADMIN 1ST DOSE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D1704	E	MODERNA VACC ADMIN 2ND DOSE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D1705	E	ASTRAZENECA VACC ADM 1ST DOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D1706	E	ASTRAZENECA VACC ADM 2ND DOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D1707	E	JANSSSEN VACCINE ADMIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D1708	E	PFIZER VACC ADMIN 3RD DOSE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
D1709	E	PFIZER VACCINE ADMIN BOOSTER	-	-	Not Allowed	\$0.00	-	-	000	999	-
D1710	E	MODERNA VACC ADMIN 3RD DOSE	-	-	Not Allowed	\$0.00	-	-	000	999	-
D1711	E	MODERNA VACC ADMIN BOOSTER	-	-	Not Allowed	\$0.00	-	-	000	999	-
D1712	E	JANSSEN VACC ADMIN BOOSTER	-	-	Not Allowed	\$0.00	-	-	000	999	-
D1713	E	PFIZER VACC ADM PED 1ST DOSE	-	-	Not Allowed	\$0.00	-	-	000	999	-
D1714	E	PFIZER VACC ADM PED 2ND DOSE	-	-	Not Allowed	\$0.00	-	-	000	999	-
D1781	E	VAC ADMIN HUMAN PAP DOSE 1	-	-	Not Allowed	\$0.00	-	-	000	999	-
D1782	E	VAC ADMIN HUMAN PAP DOSE 2	-	-	Not Allowed	\$0.00	-	-	000	999	-
D1783	E	VAC ADMIN HUMAN PAP DOSE 3	-	-	Not Allowed	\$0.00	-	-	000	999	-
D1999	E	UNSPECIFIED PREVENTIVE PROC	-	-	Not Allowed	\$0.00	-	-	000	999	-
D2140	M	AMALGAM ONE SURFACE PERMANEN	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2150	M	AMALGAM TWO SURFACES PERMANE	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2160	M	AMALGAM THREE SURFACES PERMA	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2161	M	AMALGAM 4 OR > SURFACES PERM	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2330	M	RESIN ONE SURFACE-ANTERIOR	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2331	M	RESIN TWO SURFACES-ANTERIOR	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2332	M	RESIN THREE SURFACES-ANTERIO	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2335	M	RESIN 4/> SURF OR W INCIS AN	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2390	M	ANT RESIN-BASED CMPST CROWN	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2391	M	POST 1 SRFC RESINBASED CMPST	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2392	M	POST 2 SRFC RESINBASED CMPST	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2393	M	POST 3 SRFC RESINBASED CMPST	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2394	M	POST >=4SRFC RESINBASED CMPST	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2410	E	DENTAL GOLD FOIL ONE SURFACE	-	-	Not Allowed	\$0.00	-	-	000	999	-
D2420	E	DENTAL GOLD FOIL TWO SURFACE	-	-	Not Allowed	\$0.00	-	-	000	999	-
D2430	E	DENTAL GOLD FOIL THREE SURFA	-	-	Not Allowed	\$0.00	-	-	000	999	-
D2510	E	DENTAL INLAY METALIC 1 SURF	-	-	Not Allowed	\$0.00	-	-	000	999	-
D2520	E	DENTAL INLAY 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	-
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	INTERIM 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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
D2928	E	PREFAB PORC/CERAM 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	LABIAL VENEER RESIN DIRECT	-	-	Fee Schedule	\$68.64	-	-	000	020	-
D2961	M	LABIAL VENEER RESIN INDIRECT	-	-	Fee Schedule	\$68.64	-	-	000	020	-
D2962	M	LABIAL VENEER PORC INDIRECT	-	-	Fee Schedule	\$68.64	-	-	000	020	-
D2971	E	ADD PROC CONSTRUCT NEW CROWN	-	-	Not Allowed	\$0.00	-	-	000	999	-
D2975	E	COPING	-	-	Not Allowed	\$0.00	-	-	000	999	-
D2980	M	CROWN REPAIR	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D2981	E	INLAY REPAIR	-	-	Not Allowed	\$0.00	-	-	000	999	-
D2982	E	ONLAY REPAIR	-	-	Not Allowed	\$0.00	-	-	000	999	-
D2983	E	VENEER REPAIR	-	-	Not Allowed	\$0.00	-	-	000	999	-
D2990	E	RESIN INFILTRATION OF LESION	-	-	Not Allowed	\$0.00	-	-	000	999	-
D2999	E	DENTAL UNSPEC RESTORATIVE PR	-	-	Not Allowed	\$0.00	-	-	000	999	-
D3110	M	PULP CAP DIRECT	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D3120	M	PULP CAP INDIRECT	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D3220	M	THERAPEUTIC PULPOTOMY	-	-	Fee Schedule	\$68.64	-	-	000	020	-
D3221	M	GROSS PULPAL DEBRIDEMENT	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D3222	E	PART PULP FOR APEXOGENESIS	-	-	Not Allowed	\$0.00	-	-	000	020	-
D3230	M	PULPAL THERAPY ANTERIOR PRIM	-	-	Fee Schedule	\$68.64	-	-	000	020	-
D3240	M	PULPAL THERAPY POSTERIOR PRI	-	-	Fee Schedule	\$68.64	-	-	000	020	-
D3310	M	END THXPY, ANTERIOR TOOTH	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D3320	M	END THXPY, PREMOLAR TOOTH	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D3330	M	END THXPY, MOLAR TOOTH	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D3331	M	NON-SURG TX ROOT CANAL OBS	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D3332	E	INCOMPLETE ENDODONTIC TX	-	-	Not Allowed	\$0.00	-	-	000	999	-
D3333	E	INTERNAL ROOT REPAIR	-	-	Not Allowed	\$0.00	-	-	000	999	-
D3346	M	RETREAT ROOT CANAL ANTERIOR	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D3347	M	RETREAT ROOT CANAL PREMOLAR	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D3348	M	RETREAT ROOT CANAL MOLAR	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D3351	E	APEXIFICATION/RECALC INITIAL	-	-	Not Allowed	\$0.00	-	-	000	999	-
D3352	E	APEXIFICATION/RECALC INTERIM	-	-	Not Allowed	\$0.00	-	-	000	999	-
D3353	E	APEXIFICATION/RECALC FINAL	-	-	Not Allowed	\$0.00	-	-	000	999	-
D3355	E	PULPAL REGENERATION INITIAL	-	-	Not Allowed	\$0.00	-	-	000	999	-
D3356	E	PULPAL REGENERATION INTERIM	-	-	Not Allowed	\$0.00	-	-	000	999	-
D3357	E	PULPAL REGENERATION COMPLETE	-	-	Not Allowed	\$0.00	-	-	000	999	-
D3410	M	APICOECTOMY - ANTERIOR	-	-	Fee Schedule	\$68.64	-	-	000	020	-
D3421	M	ROOT SURGERY PREMOLAR	-	-	Fee Schedule	\$68.64	-	-	000	020	-
D3425	M	ROOT SURGERY MOLAR	-	-	Fee Schedule	\$68.64	-	-	000	020	-
D3426	M	ROOT SURGERY EA ADD ROOT	-	-	Fee Schedule	\$68.64	-	-	000	020	-
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	-

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2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
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	-
D3911	E	INTRAORIFICE BARRIER	-	-	Not Allowed	\$0.00	-	-	000	999	-
D3920	E	TOOTH SPLITTING	-	-	Not Allowed	\$0.00	-	-	000	999	-
D3921	E	DECOR OR SUBMERG ERUPT TOOTH	-	-	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	APC	\$1,129.84	-	-	000	999	-
D4261	M	OSSEOUS SURG 1 TO 3 TEETH	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D4263	E	BONE REPLCE GRAFT FIRST SITE	-	-	Not Allowed	\$0.00	-	-	000	999	-
D4264	E	BONE REPLCE GRAFT EACH ADD	-	-	Not Allowed	\$0.00	-	-	000	999	-
D4265	E	BIO MTRLS TO AID SOFT/OS REG	-	-	Not Allowed	\$0.00	-	-	000	999	-
D4266	E	GUIDED TISS REGEN RESORBLE	-	-	Not Allowed	\$0.00	-	-	000	999	-
D4267	E	GUIDED TISS REGEN NONRESORB	-	-	Not Allowed	\$0.00	-	-	000	999	-
D4268	E	SURGICAL REVISION PROCEDURE	-	-	Not Allowed	\$0.00	-	-	000	999	-
D4270	S	PEDICLE SOFT TISSUE GRAFT PR	-	05871	APC	\$1,129.84	-	-	000	999	-
D4273	S	AUTO TISSUE GRAFT 1ST TOOTH	-	05871	APC	\$1,129.84	-	-	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 PEDICLE GRAFT	-	-	Not Allowed	\$0.00	-	-	000	999	-
D4277	M	SOFT TISSUE GRAFT FIRSTRTOOTH	-	-	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	-
D4286	E	REMOVE NON-RESORB BARRIER	-	-	Not Allowed	\$0.00	-	-	000	999	-
D4322	E	SPLINT INTRA-CORONAL	-	-	Not Allowed	\$0.00	-	-	000	999	-
D4323	E	SPLINT EXTRA-CORONAL	-	-	Not Allowed	\$0.00	-	-	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	APC	\$1,129.84	-	-	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	-
D5227	E	IMMED MAX PART DENTURE	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5228	E	IMMED MAND PART DENTURE	-	-	Not Allowed	\$0.00	-	-	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	-

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**January 1, 2023**

2022 APC					APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier	APC								
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	-
D5650	M	ADD TOOTH TO PARTIAL DENTURE	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5660	M	ADD CLASP TO PARTIAL DENTURE	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5670	E	REPLC TTH&ACRLC ON MTL FRMWK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5671	E	REPLC TTH&ACRLC MANDIBULAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5710	M	DENTURES REBASE COMPLT MAXIL	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5711	M	DENTURES REBASE COMPLT 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	-
D5725	E	REBASE HYBRID PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5730	M	DENTURE RELN COMPLT MAX DIR	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5731	M	DENTURE RELN COMPLT MAND DIR	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5740	M	DENTURE RELN PART MAX DIR	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5741	M	DENTURE RELN PART MAND DIR	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5750	M	DENTURE RELN COMPLT MAX INDIR	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5751	M	DENTURE RELN COMPLT MAND IND	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5760	M	DENTURE RELN PART MAX INDIR	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5761	M	DENTURE RELN PART MAND INDIR	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5765	E	LINER COMPL/PARTIAL REM DENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5810	M	DENTURE INTERM COMPLT MAXILL	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-
D5811	E	DENTURE INTERM COMPLT 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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
D5952	E	PEDIATRIC SPEECH AID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5953	E	ADULT SPEECH AID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5954	E	SUPERIMPOSED PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5955	E	PALATAL LIFT PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5958	E	INTRAORAL CON DEF INTER PLT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5959	E	INTRAORAL CON DEF MOD PALAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5960	E	MODIFY SPEECH AID PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5982	E	SURGICAL STENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5983	E	RADIATION APPLICATOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5984	E	RADIATION SHIELD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5985	E	RADIATION CONE LOCATOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5986	E	FLUORIDE APPLICATOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5987	E	COMMISSURE SPLINT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5988	E	SURGICAL SPLINT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5991	E	VESICULOBULLOUS DISEASE CARR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D5992	E	ADJUST MAX PROST APPLIANCE	-	-	-	Not Allowed	\$0.00	-	-	018	999	-
D5993	E	MAIN/CLEAN MAX PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	018	999	-
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 IMPLANT 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 SUPRPTD FIXD DENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D6079	E	IMPLNT/ABUT SUPRPTD 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	INTERIM IMPLANT CROWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D6086	E	IMP CROWN BASE ALLOYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D6087	E	IMPLANT CROWN NOBLE ALLOYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D6088	E	IMP CROWN TITANIUM ALLOYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D6090	E	REPAIR IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D6091	E	REPL SEMI/PRECISION ATTACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D6092	E	RECEMENT SUPP CROWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D6093	E	RECEMENT SUPP PART DENTURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
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	SURG REMOVAL OF IMPLANT BODY	-	-	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 PERIMPLANT	-	-	Not Allowed	\$0.00	-	-	000	999	-
D6104	E	BONE GRAFT TIME OF IMPLANT	-	-	Not Allowed	\$0.00	-	-	000	999	-
D6105	E	REMOVE IMPLANT BODY	-	-	Not Allowed	\$0.00	-	-	000	999	-
D6106	E	TISSUE REGEN RESORBABLE	-	-	Not Allowed	\$0.00	-	-	000	999	-
D6107	E	TISSUE REGEN NON-RESORBABLE	-	-	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	-
D6197	E	REPLACE MATERIAL PROsthESIS	-	-	Not Allowed	\$0.00	-	-	000	999	-
D6198	E	REMOVE INTERIM IMPLANT	-	-	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	INTERIM 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	-
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 SRF	-	-	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	-

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, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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	INTERIM 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	20.1254	APC	\$1,129.84	-	-	000	999	-
D7140	S	EXTRACTION ERUPTED TOOTH/EXR	-	05871	20.1254	APC	\$1,129.84	-	-	000	999	-
D7210	S	REM IMP TOOTH W MUCOPER FLP	-	05871	20.1254	APC	\$1,129.84	-	-	000	999	-
D7220	S	IMPACT TOOTH REMOV SOFT TISS	-	05871	20.1254	APC	\$1,129.84	-	-	000	999	-
D7230	S	IMPACT TOOTH REMOV PART BONY	-	05871	20.1254	APC	\$1,129.84	-	-	000	999	-
D7240	S	IMPACT TOOTH REMOV COMP BONY	-	05871	20.1254	APC	\$1,129.84	-	-	000	999	-
D7241	S	IMPACT TOOTH REM BONY W/COMP	-	05871	20.1254	APC	\$1,129.84	-	-	000	999	-
D7250	S	TOOTH ROOT REMOVAL	-	05871	20.1254	APC	\$1,129.84	-	-	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	-
D7298	E	REMOVE SCREW RETAINED PLATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min	Max	Comments
Proc Cd	Status Ind	Proc Desc	Age								Age		
D7299	E	REM ANCHORAGE DEVICE W/FLAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7300	E	REM ANCHORAGE DEV W/O FLAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7310	M	ALVEOPLASTY W/ EXTRACTION	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D7311	M	ALVEOPLASTY W/EXTRACT 1-3	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D7320	M	ALVEOPLASTY W/O EXTRACTION	-	-	-	Fee Schedule	\$68.64	-	-	000	999	-	
D7321	M	ALVEOPLASTY 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 OSSEOUTUBEROSIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7490	E	MAXILLA OR MANDIBLE RESECTIO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7509	E	MARSUPIALIZATION ODON CYST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	
D7510	M	I&D ABSO 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	-	
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	-	

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, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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 MAXILLOFACIAL DEFECTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7956	E	TISS REGEN EDENT RESORB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7957	E	TISS REGEN EDENT NONRESORB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D7961	M	BUCCAL/LABIAL FRENECTOMY	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
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	-
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	-
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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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	PALLIATIVE TX DENTAL PAIN	-	-	-	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	-
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	-
D9912	E	PRE-VISIT PATIENT SCREENING	-	-	-	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	20.1254	APC	\$1,129.84	-	-	000	020	-
D9945	S	OCC GUARD, SOFT, FULL ARCH	-	05871	20.1254	APC	\$1,129.84	-	-	000	020	-
D9946	S	OCC GUARD, HARD, PART ARCH	-	05871	20.1254	APC	\$1,129.84	-	-	000	020	-
D9947	E	SLEEP APNEA APPLIANCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D9948	E	ADJUST SLEEP APNEA APPLIANCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
D9949	E	REPAIR SLEEP APNEA APPLIANCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
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	-
D9953	E	RELIN SLEEP APNEA APPLIANCE	-	-	-	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 PER TOOTH	-	-	-	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	-

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Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
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	-
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	-
E0183	E	PRESS UNDERLAY ALTER W/PUMP	-	-	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 TABLET	-	-	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	-

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, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
E0221	E	INFRARED HEATING PAD SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0225	E	HYDROCOLLATOR UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0231	E	WOUND WARMING DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0232	E	WARMING CARD FOR NWT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0235	E	PARAFFIN BATH UNIT PORTABLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0236	E	PUMP FOR WATER CIRCULATING P	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0239	E	HYDROCOLLATOR UNIT PORTABLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0240	E	BATH/SHOWER CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0241	E	BATH TUB WALL RAIL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0242	E	BATH TUB RAIL FLOOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0243	E	TOILET RAIL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0244	E	TOILET SEAT RAISED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0245	E	TUB STOOL OR BENCH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0246	E	TRANSFER TUB RAIL ATTACHMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0247	E	TRANS BENCH W/WO COMM OPEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0248	E	HDTRANS BENCH W/WO COMM OPEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0249	E	PAD WATER CIRCULATING HEAT U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0250	E	HOSP BED FIXED HT W/ MATTRES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0251	E	HOSP BED FIXD HT W/O MATTRES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0255	E	HOSPITAL BED VAR HT W/ MATTR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0256	E	HOSPITAL BED VAR HT W/O MATT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0260	E	HOSP BED SEMI-ELECTR W/ MATT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0261	E	HOSP BED SEMI-ELECTR W/O MAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0265	E	HOSP BED TOTAL ELECTR W/ MAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0266	E	HOSP BED TOTAL ELEC W/O MATT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0270	E	HOSPITAL BED INSTITUTIONAL T	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0271	E	MATTRESS INNERSPRING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0272	E	MATTRESS FOAM RUBBER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0273	E	BED BOARD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0274	E	OVER-BED TABLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0275	E	BED PAN STANDARD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0276	E	BED PAN FRACTURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0277	E	POWERED PRES-REDU AIR MATTRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0280	E	BED CRADLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0290	E	HOSP BED FX HT W/O RAILS W/M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0291	E	HOSP BED FX HT W/O RAIL W/O	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0292	E	HOSP BED VAR HT NO SR W/MATT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0293	E	HOSP BED VAR HT NO SR NO MAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0294	E	HOSP BED SEMI-ELECT W/ MATTR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0295	E	HOSP BED SEMI-ELECT W/O MATT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0296	E	HOSP BED TOTAL ELECT W/ MATT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0297	E	HOSP BED TOTAL ELECT W/O MAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0300	E	ENCLOSED PED CRIB HOSP GRADE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0301	E	HD HOSP BED, 350-600 LBS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0302	E	EX HD HOSP BED > 600 LBS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0303	E	HOSP BED HVY DTY XTRA WIDE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0304	E	HOSP BED XTRA HVY DTY X WIDE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0305	E	RAILS BED SIDE HALF LENGTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0310	E	RAILS BED SIDE FULL LENGTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0315	E	BED ACCESSORY BRD/TBL/SUPPRT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0316	E	BED SAFETY ENCLOSURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0325	E	URINAL MALE JUG-TYPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0326	E	URINAL FEMALE JUG-TYPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0328	E	PED HOSPITAL BED, MANUAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0329	E	PED HOSPITAL BED SEMI/ELECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0350	E	CONTROL UNIT BOWEL SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0352	E	DISPOSABLE PACK W/BOWEL SYST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0370	E	AIR ELEVATOR FOR HEEL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0371	E	NONPOWER MATTRESS OVERLAY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0372	E	POWERED AIR MATTRESS OVERLAY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0373	E	NONPOWERED PRESSURE MATTRESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0424	E	STATIONARY COMPRESSED GAS 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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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	-
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	-

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2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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 COMPRESSOR 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	-
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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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 COMMODOE SEAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0969	E	WHEELCHAIR NARROWING DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0970	E	WHEELCHAIR NO. 2 FOOTPLATES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0971	E	WHEELCHAIR ANTI-TIPPING DEVI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0973	E	W/CH ACCESS DET ADJ ARMREST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0974	E	W/CH ACCESS ANTI-ROLLBACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0978	E	W/C ACC.SAF BELT PELV STRAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0980	E	WHEELCHAIR SAFETY VEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0981	E	SEAT UPHOLSTERY, REPLACEMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0982	E	BACK UPHOLSTERY, REPLACEMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0983	E	ADD PWR JOYSTICK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0984	E	ADD PWR TILLER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0985	E	W/C SEAT LIFT MECHANISM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0986	E	MAN W/C PUSH-RIM POWR SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0988	E	LEVER-ACTIVATED WHEEL DRIVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0990	E	WHEELCHAIR ELEVATING LEG RES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0992	E	WHEELCHAIR SOLID SEAT INSERT	-	-	-	Not Allowed	\$0.00	-	-	100	999	-
E0994	E	WHEELCHAIR ARM REST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E0995	E	WC CALF REST, PAD REPLACEMNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1002	E	PWR SEAT TILT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1003	E	PWR SEAT RECLINE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1004	E	PWR SEAT RECLINE MECH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1005	E	PWR SEAT RECLINE PWR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1006	E	PWR SEAT COMBO W/O SHEAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1007	E	PWR SEAT COMBO W/SHEAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1008	E	PWR SEAT COMBO PWR SHEAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1009	E	ADD MECH LEG ELEVATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1010	E	ADD PWR LEG ELEVATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1011	E	PED WC MODIFY WIDTH ADJUSTM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1012	E	CTR MOUNT PWR ELEV LEG REST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1014	E	RECLINING BACK ADD PED W/C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1015	E	SHOCK ABSORBER FOR MAN W/C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1016	E	SHOCK ABSORBER FOR POWER W/C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1017	E	HD SHCK ABSRBR FOR HD MAN WC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1018	E	HD SHCK ABSRBR 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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
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	-
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 TLTNPC W/O SEAT	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1234	E	FLD PED WC TLTNPC 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	-

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, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
E1310	E	WHIRLPOOL NON-PORTABLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1352	E	O2 FLOW REG POS INSPIR PRESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1353	E	OXYGEN SUPPLIES REGULATOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1354	E	WHEELED CART, PORT CYL/CONC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1355	E	OXYGEN SUPPLIES STAND/RACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1356	E	BATT PACK/CART, PORT CONC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1357	E	BATTERY CHARGER, PORT CONC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1358	E	DC POWER ADAPTER, PORT CONC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1372	E	OXY SUPPL HEATER FOR NEBULIZ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1390	E	OXYGEN CONCENTRATOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1391	E	OXYGEN CONCENTRATOR, DUAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1392	E	PORTABLE OXYGEN CONCENTRATOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1399	E	DURABLE MEDICAL EQUIPMENT MI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1405	E	O2/WATER VAPOR ENRICH W/HEAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1406	E	O2/WATER VAPOR ENRICH W/O HE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1500	E	CENTRIFUGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1510	E	KIDNEY DIALYSATE DELIVRY SYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1520	E	HEPARIN INFUSION PUMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1530	E	REPLACEMENT AIR BUBBLE DETEC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1540	E	REPLACEMENT PRESSURE ALARM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1550	E	BATH CONDUCTIVITY METER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1560	E	REPLACE BLOOD LEAK DETECTOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1570	E	ADJUSTABLE CHAIR FOR ESRD PT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1575	E	TRANSDUCER PROTECT/FLD BAR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1580	E	UNIPUNCTURE CONTROL SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1590	E	HEMODIALYSIS MACHINE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1592	E	AUTO INTERM PERITONEAL DIALY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1594	E	CYCLER DIALYSIS MACHINE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
E1600	E	DELI/INSTALL CHRGR 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	-
E1629	E	TABLO FOR DIALYSIS SERVICE	-	-	-	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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
E2102	E	ADJU CGM RECEIVER/MONITOR	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2103	E	NON-ADJU CGM RECEIVER/MON	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2120	E	PULSE GEN SYS TX ENDOLYMP FL	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2201	E	MAN W/CH ACC SEAT W>=20"<24"	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2202	E	SEAT WIDTH 24-27 IN	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2203	E	FRAME DEPTH LESS THAN 22 IN	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2204	E	FRAME DEPTH 22 TO 25 IN	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2205	E	MANUAL WC ACCESSORY, HANDRIM	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2206	E	MAN WC WHL LOCK COMP REPL EA	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2207	E	CRUTCH AND CANE HOLDER	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2208	E	CYLINDER TANK CARRIER	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2209	E	ARM TROUGH EACH	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2210	E	WHEELCHAIR BEARINGS	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2211	E	PNEUMATIC PROPULSION TIRE	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2212	E	PNEUMATIC PROP TIRE TUBE	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2213	E	PNEUMATIC PROP TIRE INSERT	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2214	E	PNEUMATIC CASTER TIRE EACH	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2215	E	PNEUMATIC CASTER TIRE TUBE	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2216	E	FOAM FILLED PROPULSION TIRE	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2217	E	FOAM FILLED CASTER TIRE EACH	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2218	E	FOAM PROPULSION TIRE EACH	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2219	E	FOAM CASTER TIRE ANY SIZE EA	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2220	E	SOLID PROPULS TIRE, REPL, EA	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2221	E	SOLID CASTER TIRE REPL, EACH	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2222	E	SOLID CASTER INTEG WHL, REPL	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2224	E	PROPULSION WHL EXCL TIRE REP	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2225	E	CASTER WHEEL EXCLUDES TIRE	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2226	E	CASTER FORK REPLACEMENT ONLY	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2227	E	GEAR REDUCTION DRIVE WHEEL	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2228	E	MWC ACC, WHEELCHAIR BRAKE	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2230	E	MANUAL STANDING SYSTEM	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2231	E	SOLID SEAT SUPPORT BASE	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2291	E	PLANAR BACK FOR PED SIZE WC	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2292	E	PLANAR SEAT FOR PED SIZE WC	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2293	E	CONTOUR BACK FOR PED SIZE WC	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2294	E	CONTOUR SEAT FOR PED SIZE WC	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2295	E	PED DYNAMIC SEATING FRAME	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2300	E	PWR SEAT ELEVATION SYS	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2301	E	PWR STANDING	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2310	E	ELECTRO CONNECT BTW CONTROL	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2311	E	ELECTRO CONNECT BTW 2 SYS	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2312	E	MINI-PROP REMOTE JOYSTICK	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2313	E	PWC HARNESS, EXPAND CONTROL	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2321	E	HAND INTERFACE JOYSTICK	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2322	E	MULT MECH SWITCHES	-	-	Not Allowed	\$0.00	-	-	000	999	-
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 WDT 20-23 IN SEAT FRAME	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2341	E	W/C WDT 24-27 IN SEAT FRAME	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2342	E	W/C DPTH 20-21 IN SEAT FRAME	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2343	E	W/C DPTH 22-25 IN SEAT FRAME	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2351	E	ELECTRONIC SGD INTERFACE	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2358	E	GR 34 NONSEALED LEADACID	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2359	E	GR34 SEALED LEADACID BATTERY	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2360	E	22NF NONSEALED LEADACID	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2361	E	22NF SEALED LEADACID BATTERY	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2362	E	GR24 NONSEALED LEADACID	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2363	E	GR24 SEALED LEADACID BATTERY	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2364	E	U1NONSEALED LEADACID BATTERY	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2365	E	U1 SEALED LEADACID BATTERY	-	-	Not Allowed	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
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January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
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	-
E2612	E	GEN USE BACK CUSH WDTN>=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 WDTN <22IN	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2616	E	POS BACK POST/LAT WDTN>=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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
E2629	E	FRICITION DAMPENING ARM SUPP	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2630	E	MONOSUSPENSION ARM/HAND SUPP	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2631	E	ELEVAT PROXIMAL ARM SUPPORT	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2632	E	OFFSET/LAT ROCKER ARM W/ELA	-	-	Not Allowed	\$0.00	-	-	000	999	-
E2633	E	MOBILE ARM SUPPORT SUPINATOR	-	-	Not Allowed	\$0.00	-	-	000	999	-
E8000	E	POSTERIOR GAIT TRAINER	-	-	Not Allowed	\$0.00	-	-	000	999	-
E8001	E	UPRIGHT GAIT TRAINER	-	-	Not Allowed	\$0.00	-	-	000	999	-
E8002	E	ANTERIOR GAIT TRAINER	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0008	E	ADMIN INFLUENZA VIRUS VAC	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0009	E	ADMIN PNEUMOCOCCAL VACCINE	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0010	E	ADMIN HEPATITIS B VACCINE	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0027	E	SEMEN ANALYSIS	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0029	E	NO TOB SCR/CESS INT	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0030	E	PT SCR TOB & CESS INT	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0031	E	PALL SERV DURING MEAS	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0032	E	2+ ANTIPSY SCHIZ	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0033	E	2+ BENZO SEIZ	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0034	E	PALL SERV DURING MEAS	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0035	E	PT ED POS 23	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0036	E	PT/PTN DECLN ASSESS	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0037	E	PT NOT ABLE TO PARTICIPATE	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0038	E	CLIN PT NO REF	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0039	E	PT NO REF, RN SPEC	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0040	E	PT PHYS/OCC THERAPY	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0041	E	PT/PTN DECLN REFERRAL	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0042	E	REF TO THERAPY	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0043	E	PT MECH PROS HT VALV	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0044	E	PT MITRAL STENOSIS	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0045	E	MRS 90 DAYS POST STK	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0046	E	NO MRS 90 DAYS POST STK	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0047	E	PED BLUNT HD TRAUM	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0048	E	PALL SERV DURING MEAS	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0049	E	MAIN HEMO IN-CNTR	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0050	E	PT W/ LMTED LIFE EXPEC	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0051	E	PT HOSPICE MNTH	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0052	E	PT PERI DIALYSIS DUR MO	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0053	E	ADV RHEUM PT CARE MVP	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0054	E	STRK CR PREV POS OUTCME MVP	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0055	E	ADV CARE HEART DX MVP	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0056	E	OPT CHRONIC DX MANG MVP	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0057	E	BEST PCT PT SAFETY EM MVP	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0058	E	IMPRV CARE LE JNT REPR MVP	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0059	E	PT SFTY POS EXP W ANETH MVP	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0060	E	ALLERGY/IMMUNOLOGY SS	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0061	E	ANESTHESIOLOGY SS	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0062	E	AUDIOLOGY SS	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0063	E	CARDIOLOGY SS	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0064	E	CERT NURSE MIDWIFE SS	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0065	E	CHIROPRACTIC SS	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0066	E	CLINICAL SOCIAL WORK SS	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0067	E	DENTISTRY SS	-	-	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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
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	APC	\$49.76	-	-	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	APC	\$545.13	-	-	000	999	-
G0105	T	COLORECTAL SCR; HI RISK IND	-	05311	APC	\$545.13	-	-	000	999	-
G0106	S	COLON CA SCREEN;BARIUM ENEMA	-	05571	APC	\$118.29	-	-	000	999	-
G0108	M	DIAB MANAGE TRN PER INDIV	-	-	Fee Schedule	\$68.47	-	-	000	999	-
G0109	M	DIAB MANAGE TRN IND/GROUP	-	-	Fee Schedule	\$19.45	-	-	000	999	-
G0117	S	GLAUCOMA SCR;N HIGH RISK DIREC	-	05731	APC	\$16.37	-	-	000	999	-
G0118	S	GLAUCOMA SCR;N HIGH RISK DIREC	-	05732	APC	\$22.28	-	-	000	999	-
G0120	S	COLON CA SCR;N; BARIUM ENEMA	-	05572	APC	\$241.67	-	-	000	999	-
G0121	T	COLON CA SCR;N NOT HI RSK IND	-	05311	APC	\$545.13	-	-	000	999	-
G0122	E	COLON CA SCR;N; 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	Bundled, sometimes payable	\$37.70	-	-	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	APC	\$70.11	-	-	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	\$28.85	\$17.89	\$17.31	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 15MIN	-	-	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	Bundled, sometimes payable	\$76.17	-	-	000	999	-
G0168	E	WOUND CLOSURE BY ADHESIVE	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0175	V	OPPS SERVICE,SCHED TEAM CONF	-	05024	APC	\$250.32	-	-	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	APC	\$348.16	-	-	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	APC	\$16.37	-	-	000	999	-
G0238	S	OTH RESP PROC, INDIV	-	05731	APC	\$16.37	-	-	000	999	-
G0239	S	OTH RESP PROC, GROUP	-	05732	APC	\$22.28	-	-	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	Bundled, sometimes payable	\$118.46	-	-	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	APC	\$413.59	-	-	000	999	-
G0259	N	INJECT FOR SACROILIAC JOINT	-	-	Bundled	\$0.00	-	-	000	999	-
G0260	T	INJ FOR SACROILIAC JT ANESTH	-	05442	APC	\$422.66	-	-	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	-

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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
G0270	M	MNT SUBS TX FOR CHANGE DX	-	-	Fee Schedule	\$34.25	-	-	000	020	-
G0271	M	GROUP MNT 2 OR MORE 30 MINS	-	-	Fee Schedule	\$19.03	-	-	000	020	-
G0276	N	PILD/PLACEBO CONTROL CLIN TR	-	05114	Bundled, sometimes payable	\$4,338.90	-	-	000	999	-
G0277	S	HBOT, FULL BODY CHAMBER, 30M	-	05061	APC	\$82.04	-	-	000	999	-
G0278	N	ILIAC ART ANGIO,CARDIAC CATH	-	-	Bundled	\$0.00	-	-	000	999	-
G0279	M	TOMOSYNTHESIS, MAMMO	-	-	Fee Schedule	\$65.93	-	-	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	\$15.22	-	-	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	Bundled, sometimes payable	\$22.28	-	-	000	999	-
G0294	N	NON-COV PROC, CLINICAL TRIAL	-	05732	Bundled, sometimes payable	\$22.28	-	-	000	999	-
G0295	E	ELECTROMAGNETIC THERAPY ONC	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0296	S	VISIT TO DETERM LDCT ELIG	-	05822	APC	\$49.76	-	-	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	APC	\$317.11	-	-	000	999	-
G0303	S	PRE-OP SERVICE LVRS 10-15DOS	-	05722	APC	\$183.71	-	-	000	999	-
G0304	S	PRE-OP SERVICE LVRS 1-9 DOS	-	05723	APC	\$317.11	-	-	000	999	-
G0305	S	POST OP SERVICE LVRS MIN 6	-	05723	APC	\$317.11	-	-	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	-
G0310	E	IMMUNIZE COUNSEL 5-15 MIN	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0311	E	IMMUNIZE COUNSEL 16-30 MINS	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0312	E	IMMUNIZE COUNS < 21YR 5-15 M	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0313	E	IMMUNIZE COUNS < 21YR 6-30 M	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0314	E	COUNSEL IMMUNE <21 16-30 M	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0315	E	COUNSEL IMMUNE <21 5-15 M	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0316	N	PROLONG INPT EVAL ADD15 M	-	-	Bundled	\$0.00	-	-	000	999	-
G0317	E	PROLONG NURSIN FAC EVAL 15M	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0318	E	PROLONG HOME EVAL ADD 15M	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0320	E	TWO-WAY AUDIO AND VIDEO HHS	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0321	E	AUDIO-ONLY HHS	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0322	E	HOME H PHYSIO DATA COLLEC TR	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0323	S	CARE MANAGE BEH SVS 20MINS	-	05821	APC	\$19.47	-	-	000	999	-
G0327	E	COLON CA SCRNB:BLD-BSD BIOMRK	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0328	Q	FECAL BLOOD SCRNB:IMMUNOASSAY	-	-	Medicare	\$30.08	\$18.65	\$18.05	000	999	-
G0329	M	ELECTROMAGNTIC TX FOR ULCERS	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G0330	S	FACILITY SVS DENTAL REHAB	-	05871	APC	\$1,129.84	-	-	000	999	-
G0333	E	DISPENSE FEE INITIAL 30 DAY	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0337	M	HOSPICE EVALUATION PREELECTI	-	-	Fee Schedule	\$87.82	-	-	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	-	-	IP Only	\$0.00	-	-	000	020	-
G0342	C	LAPAROSCOPY ISLET CELL TRANS	-	-	IP Only	\$0.00	-	-	000	020	-
G0343	C	LAPAROTOMY ISLET CELL TRANSP	-	-	IP 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	Bundled, sometimes payable	\$359.54	-	-	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	APC	\$755.36	-	-	000	999	-
G0396	S	ALCOHOL/SUBS INTERV 15-30MN	-	05821	APC	\$19.47	-	-	000	999	-
G0397	S	ALCOHOL/SUBS INTERV >30 MIN	-	05823	APC	\$95.57	-	-	000	999	-
G0398	S	HOME SLEEP TEST/TYPE 2 PORTA	-	05721	APC	\$95.39	-	-	000	999	-
G0399	S	HOME SLEEP TEST/TYPE 3 PORTA	-	05721	APC	\$95.39	-	-	000	999	-
G0400	S	HOME SLEEP TEST/TYPE 4 PORTA	-	05722	APC	\$183.71	-	-	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	APC	\$16.37	-	-	000	999	-
G0405	E	EKG INTERPRET & REPORT PREV	-	-	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	-

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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
G0408	E	INPT/TELE FOLLOW UP 35	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0409	E	CORF RELATED SERV 15 MINS EA	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0410	E	GRP PSYCH PARTIAL HOSP 45-50	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0411	E	INTER ACTIVE GRP PSYCH PARTI	-	-	Not Allowed	\$0.00	-	-	000	012	-
G0412	C	OPEN TX ILIAC SPINE UNI/BIL	-	-	IP Only	\$0.00	-	-	000	999	-
G0413	T	PELVIC RING FRACTURE UNI/BIL	-	05114	APC	\$4,338.90	-	-	000	999	-
G0414	C	PELVIC RING FX TREAT INT FIX	-	-	IP Only	\$0.00	-	-	000	999	-
G0415	C	OPEN TX POST PELVIC FXCTURE	-	-	IP Only	\$0.00	-	-	000	999	-
G0416	N	PROSTATE BIOPSY, ANY MTHD	-	05673	Bundled, sometimes payable	\$212.60	-	-	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	APC	\$78.76	-	-	000	999	-
G0423	S	INTENS CARDIAC REHAB NO EXER	-	05771	APC	\$78.76	-	-	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	APC	\$1,132.09	-	-	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	APC	\$19.47	-	-	000	999	-
G0443	S	BRIEF ALCOHOL MISEUSE COUNSEL	-	05822	APC	\$49.76	-	-	000	999	-
G0444	S	DEPRESSION SCREEN ANNUAL	-	05821	APC	\$19.47	-	-	000	999	-
G0445	S	HIGH INTEN BEH COUNS STD 30M	-	05822	APC	\$49.76	-	-	000	999	-
G0446	S	INTENS BEHAVE THER CARDIO DX	-	05821	APC	\$19.47	-	-	000	999	-
G0447	S	BEHAVIOR COUNSEL OBESITY 15M	-	05822	APC	\$49.76	-	-	000	999	-
G0448	E	PLACE PERM PACING CARDIOVERT	-	-	Not Allowed	\$0.00	-	-	000	999	-
G0451	N	DEVLOPMENT TEST INTERPT&REP	-	05822	Bundled, sometimes payable	\$49.76	-	-	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	Bundled, sometimes payable	\$541.50	-	-	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	AUTOLOG PRP NOT DIAB ULCER	-	05054	APC	\$1,132.09	-	-	000	999	-
G0463	M	HOSPITAL OUTPT CLINIC VISIT	-	-	Fee Schedule	\$0.00	-	-	000	999	-
G0465	T	AUTOLOG PRP DIAB WOUND ULCER	-	05054	APC	\$1,132.09	-	-	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	\$17.62	\$10.92	\$10.57	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	APC	\$19.47	-	-	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	APC	\$218.18	-	-	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	-
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	-

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2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments	
Proc Cd	Status Ind	Proc Desc	Proc Modifier									APC
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	4.4116	Bundled, sometimes payable	\$247.67	-	-	000	999	-
G0517	N	REMOVE DRUG IMPLANT	-	05735	4.4116	Bundled, sometimes payable	\$247.67	-	-	000	999	-
G0518	N	REMOVE W INSERT DRUG IMPLANT	-	05735	4.4116	Bundled, sometimes payable	\$247.67	-	-	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	CARE 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	-
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 INVENIQA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1015	E	CDSM RELIANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1016	E	CDSM SPEED OF CARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1017	E	CDSM HEALTHHELP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1018	E	CDSM 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	-
G1024	E	CDSM RADRITE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1025	E	PT MNTH 1 MCP PROV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1026	E	PT HEMO > 3MO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1027	E	PT HEMO < 3MO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G1028	E	TAKE HOME SUPPLY 8MG PER 0.1	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2000	E	BLINDED CONV. TX MDD CLIN TR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2001	E	POST D/C H VST NEW PT 20 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2002	E	POST-D/C H VST NEW PT 30 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2003	E	POST-D/C H VST NEW PT 45 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2004	E	POST-D/C H VST NEW PT 60 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2005	E	POST-D/C H VST NEW PT 75 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2006	E	POST-D/C H VST EXT PT 20 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2007	E	POST-D/C H VST EXT PT 30 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2008	E	POST-D/C H VST EXT PT 45 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2009	E	POST-D/C H VST EXT PT 60 M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2010	E	REMOT IMAGE SUBMIT BY PT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2011	S	ALCOHOL/SUB MISUSE ASSESS	-	05731	0.2916	APC	\$16.37	-	-	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	-
G2020	E	HI INTEN SERV FOR SIP MODEL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2021	E	HEA CARE PRACT TX IN PLACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2022	E	BENEF REFUSES SERVICE, MOD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2023	Q	SPECIMEN COLLECT COVID-19	-	-	-	Fee Schedule	\$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	-

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Proc Cd	Status Ind	Proc Desc	Proc Modifier									APC
G2066	N	INTER DEVC REMOTE 30D	-	05741	0.4090	Bundled, sometimes payable	\$22.96	-	-	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	-	01512	18.7121	APC	\$650.50	-	-	000	999	-
G2083	S	VISIT ESKETAMINE, > 56M	-	01516	25.8372	APC	\$950.50	-	-	000	999	-
G2086	S	OFF BASE OPIOID TX 70MIN	-	05823	1.7024	APC	\$91.41	-	-	000	999	-
G2087	S	OFF BASE OPIOID TX, 60 M	-	05823	1.7024	APC	\$91.41	-	-	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	-
G2096	E	NO RSN ACE ARB ARNI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2097	E	DX URI 3D AFTER 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+ SNP OR LTC POS > 90D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2106	E	PT 66+ FRAILTY AND MED DEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2107	E	PT 66+ FRAILTY AND ADV ILL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2108	E	PT 66+ SNP OR LTC POS > 90D	-	-	-	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 66-80 FRAILTY AND MED DEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2116	E	PT 66-80 FRAILTY AND ADV ILL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2118	E	PT 81+ FRAILTY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
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 66-80 FRAILTY AND ADV ILL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2127	E	PT 66-80 FRAILTY AND 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	-

**Montana Healthcare Programs Fee Schedule  
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2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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	-
G2172	E	TX FOR OPIOID USE DEMO PROJ	-	-	-	Not Allowed	\$0.00	-	-	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	-
G2199	E	NOT SCRN ETOH NO RSN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2200	E	UNHLTHY ETOH RCVD COUNS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2202	E	NO RSN NO BRIEF COUNS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G2204	E	PT 45-85 W/ SCOPE	-	-	-	Not Allowed	\$0.00	-	-	050	085	-
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	-
G3002	E	CHRONIC PAIN MGMT 30 MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G3003	E	CHRONIC PAIN MGMT ADDL 15M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4000	E	DERMATOLOGY SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4001	E	DIAGNOSTIC RAD SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4002	E	EP CARDIO SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4003	E	EMERGENCY MED SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4004	E	ENDOCRINOLOGY SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4005	E	FAMILY MEDICINE SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4006	E	GASTROENTEROLOGY SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4007	E	GENERAL SURGERY SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4008	E	GERIATRICS SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4009	E	HOSPITALISTS SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4010	E	INFECTIOUS DISEASE SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4011	E	INTERNAL MEDICINE SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4012	E	INTERVENTIONAL RAD SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4013	E	MNTAL/BEHAV/PSYCH HLTH SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4014	E	NEPHROLOGY SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4015	E	NEUROLOGY SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4016	E	NEUROSURGICAL SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
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2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
G4017	E	NUTRITION/DIETICIAN SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4018	E	OB/GYN SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4019	E	ONCOLOGY/HEMA SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4020	E	OPHTHALMOLOGY/OPTOMETRY SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4021	E	ORTHOPEDIC SURGERY SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4022	E	OTOLARYNGOLOGY SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4023	E	PATHOLOGY SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4024	E	PEDIATRICS SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4025	E	PHYSICAL MEDICINE SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4026	E	PHYS/OCC THERAPY SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4027	E	PLASTIC SURGERY SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4028	E	PODIATRY SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4029	E	PREVENTIVE MEDICINE SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4030	E	PULMONOLOGY SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4031	E	RADIATION ONCOLOGY SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4032	E	RHEUMATOLOGY SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4033	E	SKILLED NURSING FACILITY SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4034	E	SPEECH LANGUAGE PATH SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4035	E	THORACIC SURGERY SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4036	E	URGENT CARE SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4037	E	UROLOGY SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G4038	E	VASCULAR SURGERY SS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G6001	E	ECHO GUIDANCE RADIO THERAPY	-	-	-	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	-
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	DOC MED RSN NO MEDREC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8431	E	POS CLIN DEPRES SCR N 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	-
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	-

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January 1, 2023**

2022 APC		Proc Desc	Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind		Modifier	APC								
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 SCRIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8539	E	DOC FUNCT AND CARE PLAN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8540	E	FOA NOT DOC AS BEING PERF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8541	E	NO DOC CUR FUNCT ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8542	E	DOC FUNCT NO DEFICIENCIES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8543	E	CUR FUNCT ASSES; NO CARE PLN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8546	E	CAP MEASURES GRP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8550	E	CAP MG QUAL ACT PERFORM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8559	E	PT REF DOC OTO EVAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8560	E	PT HX ACT DRAIN PREV 90 DAYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8561	E	PT INELIG FOR REF OTO EVAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8562	E	PT NO HX ACT DRAIN 90 D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8563	E	PT NO REF OTO REAS NO SPEC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8564	E	PT REF OTO EVAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8565	E	VER DOC HEAR LOSS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
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 4.5 HR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8601	E	NO ELIG TPA INIT W/IN 4.5 HR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8602	E	NO TPA INIT W/IN 4.5 HR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8633	E	PHARM THER OSTEO RX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8635	E	NO PHARM THER OSTEO RX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8647	E	RAFSCRS KI SCOR >= 0	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8648	E	RAFSCRS KI SCOR < 0	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8650	E	RAFS CRS KI NO SCOR NO RSN	-	-	-	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	-

**Montana Healthcare Programs Fee Schedule  
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2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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	URI EP COMPETE DIAG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8710	E	PT PRES ANTIBIOTIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8711	E	PRES ANTIBX ON/WITHIN 3 DAY	-	-	-	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 ELD REQ	-	-	-	Not Allowed	\$0.00	-	-	060	999	-
G8735	E	ELD MAL SCR N POS NO PLAN	-	-	-	Not Allowed	\$0.00	-	-	060	999	-
G8749	E	NO SIGNS MELANOMA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8750	E	SIGNS OF MELANOMA PRESENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8752	E	SYS BP LESS 140	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8753	E	SYS BP > OR = 140	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8754	E	DIAS BP LESS 90	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8755	E	DIAS BP > OR = 90	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8756	E	NO BP MEASURE DOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8760	E	EPILEPSY MG QUAL ACT PERFORM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8783	E	BP SCR N PERF REC INTERVAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8785	E	BP SCR N NO PERF AT INTERVAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8786	E	SEVERITY OF ANGINA ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8787	E	ANGINA PRESENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8788	E	ANGINA ABSENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8789	E	SEVERITY ANGINA NOT ASSESS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8797	E	SPECIMEN SITE NOT ESOPHAGUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8798	E	SPECIMEN SITE NOT PROSTATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8802	E	PREGNANCY TEST ORDER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8803	E	DOC REAS NO PREGNANCY TEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8805	E	PREGNANCY TEST NOT ORDER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G8806	E	PERF ULTRSND 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	-

**Montana Healthcare Programs Fee Schedule  
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2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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	-
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	-
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	-
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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC		Proc Desc	Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind		Modifier	APC								
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	-
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 PRAC 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 PROGRES	-	-	-	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, NO W/O PROG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9086	E	ONC DX COLON T1-4 NO DX PROG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9087	E	ONC DX COLON METAS EVID DX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9088	E	ONC DX COLON METAS NOEVID DX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9089	E	ONC DX COLON EXTENT UNKNOWN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9090	E	ONC DX RECTAL T1-2 NO PROGR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9091	E	ONC DX RECTAL T3 NO NO PROG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9092	E	ONC DX RECTAL T1-3,N1-2NOPRG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
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2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
G9093	E	ONC DX RECTAL T4,N0 NO PRG	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9094	E	ONC DX RECTAL M1 W/METS PROG	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9095	E	ONC DX RECTAL EXTENT UNKNWN	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9096	E	ONC DX ESOPHAG T1-T3 NOPROG	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9097	E	ONC DX ESOPHAGEAL T4 NO PROG	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9098	E	ONC DX ESOPHAGEAL METS RECUR	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9099	E	ONC DX ESOPHAGEAL UNKNOWN	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9100	E	ONC DX GASTRIC NO RECURRENCE	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9101	E	ONC DX GASTRIC P R1-R2NOPROG	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9102	E	ONC DX GASTRIC UNRESECTABLE	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9103	E	ONC DX GASTRIC RECURRENT	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9104	E	ONC DX GASTRIC UNKNOWN NOS	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9105	E	ONC DX PANCREATC P R0 RES NO	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9106	E	ONC DX PANCREATC P R1/R2 NO	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9107	E	ONC DX PANCREATIC UNRESECTAB	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9108	E	ONC DX PANCREATIC UNKNWN NOS	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9109	E	ONC DX HEAD/NECK T1-T2NO PRG	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9110	E	ONC DX HEAD/NECK T3-4 NOPROG	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9111	E	ONC DX HEAD/NECK M1 METS REC	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9112	E	ONC DX HEAD/NECK EXT UNKNOWN	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9113	E	ONC DX OVARIAN STG1A-B NO PR	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9114	E	ONC DX OVARIAN STG1A-B OR 2	-	-	Not Allowed	\$0.00	-	-	000	999	-
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, sometimes payable	\$201.20	-	-	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	-
G9212	E	DOC OF DSM-IV INIT EVAL	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9213	E	NO DOC OF DSM-IV	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9223	E	PJP PROPH ORDERED CD4 LOW	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9225	E	NORSN NO FOOT EXAM	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9226	E	3 COMP FOOT EXAM COMPLETED	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9227	E	FOA DOC, CARE PLAN NOT DOC	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9228	E	GC CHL SYP DOCUMENTED	-	-	Not Allowed	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
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2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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	-
G9254	E	DOC PT DISCHG >2D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9255	E	DOC PT DISCHG <=2D	-	-	-	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 SCR N DONE DOC VAC DONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9280	E	PNE NOT GIVEN NORSN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9281	E	PNE SCR N DONE DOC NOT IND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9282	E	DOC MEDRSN NO HISTO TYPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9283	E	HIST TYPE DOC ON REPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9284	E	NO HIST TYPE DOC ON REPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9285	E	SITE NOT SMALL CELL LUNG CA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9286	E	ANTIBIO RX W IN 10D OF SYMPT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9287	E	NO ANTIBIO W IN 10D OF SYMPT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9288	E	DOC MEDRSN NO HIST TYPE RPT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9289	E	DOC TYPE NSM LUNG CA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9290	E	NO DOC TYPE NSM LUNG CA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9291	E	NOT NSM LUNG CA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9292	E	MEDRSN NO PT CATEGORY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9293	E	NO PT CATEGORY ON REPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9294	E	PT CAT AND THCK ON REPORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9295	E	NON CUTANEOUS LOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9296	E	DOC SHARE DEC PRIOR PROC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9297	E	NO DOC SHARE DEC PRIOR PROC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9298	E	EVAL RISK VTE CARD 30D PRIOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9299	E	NO EVAL RISK VTE CARD PRIOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
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	AMOX W/WO CLAV RX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9316	E	DOC COMM RISK CALC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9317	E	NO DOC COMM RISK CALC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9318	E	IMAGE STD NOMENCLATURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9319	E	IMAGE NOT STD NOMENCLATURE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9321	E	DOC COUNT OF CT IN 12MO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9322	E	NO DOC COUNT OF CT IN 12MO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
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	-
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	-
G9361	E	DOC RSN ELECT C-SEC/INDUCT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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	-
G9402	E	RECD F/U W/IN 30D DISCH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9403	E	DOC REAS NO 30 DAY F/U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9404	E	NO 30 DAY F/U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9405	E	RECD F/U W/IN 7D DC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9406	E	DOC REAS NO 7D F/U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9407	E	NO 7D F/U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9408	E	CARD TAMP W/IN 30D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9409	E	NO CARD TAMP E/IN 30D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9410	E	ADMIT W/IN 180D REQ REMOV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9411	E	NO ADMIT W/IN 180D REQ REMOV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9412	E	ADMIT W/IN 180D REQ SURG REV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9413	E	NO ADMIT REQ SURG REV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9414	E	1DOSE MENIG VAC BTWN 11 & 13	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9415	E	NO 1DOSE MENI VAC BTWN 11&13	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9416	E	PT 1 TDAP BETW 10-13 YRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9417	E	PT NOT 1 TDAP BETW 10-13 YRS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9418	E	LUNG CX BX RPT DOCS CLASS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9419	E	MED REAS NOT INCL HISTO TYPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9420	E	SPEC SITE NO LUNG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9421	E	LUNG CX BX RPT NO DOC CLASS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9422	E	RPT DOC CLASS HISTO TYPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9423	E	MED REAS RPT NO HISTO TYPE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9424	E	SITE NO LUNG OR LUNG CX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9425	E	SPEC RPT NO DOC CLASS HISTO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9426	E	IMPR MED TIME EDARR PAIN MED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9427	E	NO IMPRO MED TIME PAIN MED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9428	E	PATHO RPT INCL PT CTG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9429	E	DOC MED RSN NO PT CAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9430	E	SPEC SITE NO CUTANEOUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9431	E	PATHO RPT NO PT CTG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9432	E	ASTH CONTROLLED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9434	E	ASTH NOT CONTROLLED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9451	E	1X SCRIN HCV INFECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9452	E	DOC MED REAS NO SCRIN 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 SCRIN	-	-	-	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	VOLLUN 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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
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	-
G9507	E	DOC REAS ON STATIN OR CONTRA	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9508	E	DOC PT NOT ON STATIN	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9509	E	ADIT MDD DYS REM 12 MNTHS	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9510	E	REMIS12M NOT PHQ-9 SCORE <5	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9511	E	IDX EVT DTE PHQ-9 DOC 12 MO	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9512	E	INDIV PDC > 0.8	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9513	E	INDIV PDC NOT > 0.8	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9514	E	REQ RET OR W/IN 90D OF SURG	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9515	E	NO REAS, NO RET OR W/IN 90D	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9516	E	IMPR VIS ACUIT W/IN 90D	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9517	E	NO IMPR VIS ACUIT W/IN 90D	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9518	E	DOC ACTIVE INJ DRUG USE	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9519	E	FINAL REF +/- 1.0 W/IN 90D	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9520	E	REFRACT NOT +/- 1.0 W/IN 90D	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9521	E	ER AND IP HOSP <2 IN 12 MOS	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9522	E	ER/IP HOSP =>2 IN 12 MOS	-	-	Not Allowed	\$0.00	-	-	000	999	-
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	IMG HD CLIN TRIAL	-	-	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	-
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	-
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	-
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	-

**Montana Healthcare Programs Fee Schedule  
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January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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	PHODOC < 2 CEC LNDMK	-	-	-	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	-
G9624	E	PT NOT SCRIN 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 BLADDER 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	-
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	-
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	-
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	>=86Y NO HX COLO CA/RSN SCOP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9660	E	DOC MED RSN SCOPE PT >= 86Y	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9661	E	PT >= 86 W/ HI RISK	-	-	-	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	-
G9674	E	PT W/CLIN ASCVD DX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9675	E	PT W/FAST/DIR LAB LDL-C >190	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9676	E	40-75Y W/TYP 1/2 W/ LDL-C RS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
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	ANBX 30 PRIOR TO EPISODE	-	-	-	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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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 CMLPTD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9717	E	DOC PT DX DEP/BIPOL	-	-	-	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 LEFP PROM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9728	E	REFUSED TO PARTICIPATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9729	E	PT UNBL CMLPT LEFP PROM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9730	E	REFUSED TO PARTICIPATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9731	E	PT UNBL CMLPT LEFP PROM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9732	E	REFUSED TO PARTICIPATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9733	E	PT UNBL CMLPT LB FS PROM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9734	E	REFUSED TO PARTICIPATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9735	E	PT UNBL CMLPT SHLD FS PROM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9736	E	REFUSED TO PARTICIPATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9737	E	PT UNBL CMLPT EWH FS PROM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
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	INCID PULM NODULE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9755	E	DOC MED RSN NO FLLW UP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9756	E	SURG PROC W/SILICONE OIL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9757	E	SURG PROC W/SILICONE OIL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9758	E	PT IN HOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
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	-
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	-
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 HYPERCHOLESES	-	-	-	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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
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	-
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	CMMI ASYNTELEHEALTH <10MIN	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9869	E	CMMI ASYNTELEHEALTH 10-20MIN	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9870	E	CMMI ASYNTELEHEALTH >20MIN	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9873	E	1 EM CORE SESSION	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9874	E	4 EM CORE SESSIONS	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9875	E	9 EM CORE SESSIONS	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9876	E	2 EM CORE MS MO 7-9 NO WL	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9877	E	2 EM CORE MS MO 10-12 NO WL	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9878	E	2 EM CORE MS MO 7-9 WL	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9879	E	2 EM CORE MS MO 10-12 WL	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9880	E	EM 5 PERCENT WL	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9881	E	EM 9 PERCENT WL	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9882	E	2 EM ONGOING MS MO 13-15 WL	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9883	E	2 EM ONGOING MS MO 16-18 WL	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9884	E	2 EM ONGOING MS MO 19-21 WL	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9885	E	2 EM ONGOING MS MO 22-24 WL	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9890	E	EM BRIDGE PAYMENT	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9891	E	EM SESSION REPORTING	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9892	E	DOC PT RSN NO DIL MAC EXAM	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9893	E	NO MAC EXAM	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9894	E	ADR DEP THRYPY PRESCRIBED	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9895	E	DOC MED RSN NO ADR DEP THRYPY	-	-	Not Allowed	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
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January 1, 2023**

2022 APC				Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital	Non-sole Comm.	Min	Max	Comments
Proc Cd	Status Ind	Proc Desc	Schedule					Lab Fees	Hospital Lab Fees	Age	Age		
G9896	E	DOC PT RSN NO ADR DEP THRPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9897	E	PT NT PRSC ADR DEP THRPY RNG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9898	E	PT 66+ SNP OR LTC POS > 90D	-	-	-	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 > 90D	-	-	-	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	-	-
G9905	E	NO PT TBCO SCR N RNG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9906	E	PT RECV TBCO CESS INTERV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9908	E	NO PT TBCO CESS INTERV RNG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9910	E	PT 66+ SNP OR LTC POS > 90D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9911	E	NODE NEG PRE/POST SYST THER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9912	E	HBV STATUS ASSESD AND INT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9913	E	NO HBV STATUS ASSESD AND INT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9914	E	PT RECEIVING ANTI-TNF AGENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9915	E	NO DOCUMNTD HBV RESULTS RCD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9916	E	FUNCT STATUS PAST 12 MONTHS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9917	E	ADV DEM CRGVR LIMITED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9918	E	NO FUNCT STAT PERF, RSN NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9919	E	SCR N ND POS ND PROV OF REC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9920	E	SCR NING PERF AND NEGATIVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9921	E	NO OR PART SCR N ND RNG OR OS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9922	E	SFTY CNCRNS SCR N ND MIT RECS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9923	E	SAFTY CNCRNS SCR N AND NEG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
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	-	-
G9938	E	PT 66+ SNP OR LTC POS > 90D	-	-	-	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	-	-
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	-	-
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 RECV >=1 WELL-CHLD VISIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9965	E	NO WELL-CHLD VIST RECV BY PT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9968	E	PT REFRD 2 PVDR/SPCLST IN PP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9969	E	PVDR RFRD PT RPRT RCVD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9970	E	PVDR RFRD PT NO RPRT RCVD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9974	E	MAC EXAM PERF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9975	E	DOC MED RSN NO DIL MAC EXAM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9976	E	DOC PAT RSN NO MAC EXM PERF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9977	E	DIL MAC EXAM NO PERF RSN NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9978	E	REMOTE E/M NEW PT 10MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9979	E	REMOTE E/M NEW PT 20MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9980	E	REMOTE E/M NEW PT 30 MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9981	E	REMOTE E/M NEW PT 45MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9982	E	REMOTE E/M NEW PT 60MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9983	E	REMOTE E/M EST. PT 10MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9984	E	REMOTE E/M EST. PT 15MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9985	E	REMOTE E/M EST. PT 25MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-
G9986	E	REMOTE E/M EST. PT 40MINS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
G9987	E	BPCI ADVANCED IN HOME VISIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9988	E	PALL SERV DURING MEAS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9990	E	NO PNEUM VAX ADMIN 60+	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9991	E	PNEUM VAX ADMIN 60+	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9992	E	PALL SERV DURING MEAS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9993	E	PALL SERV DURING MEAS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9994	E	PALL SERV DURING MEAS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9995	E	PALL SERV DURING MEAS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9996	E	DOC PT PAL OR HOSPICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9997	E	DOC PT PREG DUR MSRMT PD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9998	E	DOC MED RSN <3 COLON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
G9999	E	DOC SYS RSN <3 COLON	-	-	-	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	-
H0035	M	MH PARTIAL HOSP TX UNDER 24H	-	-	-	Fee Schedule	\$83.77	-	-	000	999	-
H0036	E	COMM PSY FACE-FACE PER 15MIN	-	-	-	Not Allowed	\$0.00	-	-	000	020	-
H0037	E	COMM PSY SUP TX PGM PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H0038	M	SELF-HELP/PEER SVC PER 15MIN	-	-	-	Fee Schedule	\$14.01	-	-	018	999	-
H0039	E	ASSER COM TX FACE-FACE/15MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H0040	E	ASSERT COMM TX PGM PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H0041	E	FOS C CHLD NON-THER PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H0042	E	FOS C CHLD NON-THER PER MON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H0043	E	SUPPORTED HOUSING PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H0044	E	SUPPORTED HOUSING PER MONTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H0045	E	RESPIRE NOT-IN-HOME PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H0046	E	MENTAL HEALTH SERVICE NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H0047	E	ALCOHOL/DRUG ABUSE SVC NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H0048	E	SPEC COLL NON-BLOOD/A/D TEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H0049	E	ALCOHOL/DRUG SCREENING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H0050	E	ALCOHOL/DRUG SERVICE 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H1000	E	PRENATAL CARE ATRISK ASSESSM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H1001	E	ANTEPARTUM MANAGEMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H1002	E	CARECOORDINATION PRENATAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H1003	E	PRENATAL AT RISK EDUCATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H1004	E	FOLLOW UP HOME VISIT/PRENATAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

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2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
H1005	E	PRENATALCARE ENHANCED SRV PK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H1010	E	NONMED FAMILY PLANNING ED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H1011	E	FAMILY ASSESSMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H2000	E	COMP MULTIDISIPLN EVALUATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H2001	E	REHABILITATION PROGRAM 1/2 D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H2010	E	COMPREHENSIVE MED SVC 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H2011	M	CRISIS INTERVEN SVC, 15 MIN	-	-	-	Fee Schedule	\$12.24	-	-	018	999	-
H2012	E	BEHAV HLTH DAY TREAT, PER HR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H2013	E	PSYCH HLTH FAC SVC, PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
H2014	E	SKILLS TRAIN AND DEV, 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
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	K	INJ., OMADACYCLINE, 1 MG	-	09311	0.0656	APC (blood and non-blood products)	\$3.68	-	-	000	999	-
J0122	N	INJ., ERAVACYCLINE, 1 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0129	K	ABATACEPT INJECTION	-	09230	0.7748	APC (blood and non-blood products)	\$43.50	-	-	000	999	-
J0130	N	ABCIXIMAB INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0131	N	INJ, ACETAMINOPHEN (NOS)	-	-	-	Bundled	\$0.00	-	-	002	999	-
J0132	N	ACETYLCYSTEINE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0133	N	ACYCLOVIR INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0134	N	INJ ACETAMINOPHEN -FRESENIUS	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0135	K	ADALIMUMAB INJECTION	-	01083	30.2566	APC (blood and non-blood products)	\$1,698.61	-	-	000	999	-
J0136	N	INJ, ACETAMINOPHEN (B BRAUN)	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0153	N	ADENOSINE INJ 1MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0171	N	ADRENALIN EPINEPHRINE INJECT	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0172	K	INJ, ADUCANUMAB-AVWA, 2 MG	-	09438	0.1065	APC (blood and non-blood products)	\$5.98	-	-	000	999	-
J0173	N	INJ, EPINEPHRINE (BELCHER)	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0178	K	AFLIBERCEPT INJECTION	-	01420	16.0015	APC (blood and non-blood products)	\$898.33	-	-	000	999	-
J0179	G	INJ, BROLUCIZUMAB-DBLL, 1 MG	-	09340	-	APC - pays by fee schedule amount	\$313.48	-	-	000	999	-
J0180	K	AGALSIDASE BETA INJECTION	-	09208	3.7108	APC (blood and non-blood products)	\$208.32	-	-	000	999	-
J0185	K	INJ., APREPITANT, 1 MG	-	09463	0.0308	APC (blood and non-blood products)	\$1.73	-	-	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, ALEMUZUMAB	-	01809	39.9879	APC (blood and non-blood products)	\$2,244.92	-	-	000	999	-
J0205	E	ALGLUCERASE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0207	N	AMIFOSTINE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0210	N	METHYLDOPATE HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0215	E	ALEFACEPT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0219	G	INJ AVAL ALFA-NQPT 4MG	-	09433	-	APC - pays by fee schedule amount	\$72.51	-	-	000	999	-
J0220	K	ALGLUCOSIDASE ALFA INJECTION	-	09234	2.1831	APC (blood and non-blood products)	\$122.56	-	-	000	999	-
J0221	K	LUMIZYME INJECTION	-	01413	3.3567	APC (blood and non-blood products)	\$188.44	-	-	000	999	-
J0222	K	INJ., PATISIRAN, 0.1 MG	-	09180	1.7945	APC (blood and non-blood products)	\$100.75	-	-	000	999	-
J0223	G	INJ GIVOSIRAN 0.5 MG	-	09343	-	APC - pays by fee schedule amount	\$109.82	-	-	000	999	-
J0224	G	INJ. LUMASIRAN, 0.5 MG	-	09407	-	APC - pays by fee schedule amount	\$310.90	-	-	000	999	-
J0225	G	INJ. VUTRISIRAN, 1 MG	-	09009	-	APC - pays by fee schedule amount	\$4,774.05	-	-	000	999	-
J0248	G	INJ, REMDESIVIR, 1 MG	-	09200	-	APC - pays by fee schedule amount	\$5.51	-	-	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, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
J0256	K	ALPHA 1 PROTEINASE INHIBITOR	-	00901	0.0818	APC (blood and non-blood products)	\$4.59	-	-	000	999	-
J0257	K	GLASSIA INJECTION	-	01415	0.0908	APC (blood and non-blood products)	\$5.10	-	-	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	-
J0283	N	INJ, AMIODARONE (NEXTERONE)	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0285	N	AMPHOTERICIN B	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0287	K	AMPHOTERICIN B LIPID COMPLEX	-	09024	0.1835	APC (blood and non-blood products)	\$10.30	-	-	000	999	-
J0288	E	AMPHO B CHOLESTERYL SULFATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0289	K	AMPHOTERICIN B LIPOSOME INJ	-	00736	0.4368	APC (blood and non-blood products)	\$24.52	-	-	000	999	-
J0290	N	AMPICILLIN 500 MG INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0291	K	INJ., PLAZOMICIN, 5 MG	-	09183	0.0612	APC (blood and non-blood products)	\$3.44	-	-	000	999	-
J0295	N	AMPICILLIN SULBACTAM 1.5 GM	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0300	K	AMOBARBITAL 125 MG INJ	-	01341	3.0490	APC (blood and non-blood products)	\$171.17	-	-	000	999	-
J0330	N	SUCCINYLCHOLINE 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	0.0126	APC (blood and non-blood products)	\$0.71	-	-	000	999	-
J0395	E	ARBUTAMINE HCL INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0400	K	ARIPIPRAZOLE INJECTION	-	09037	0.0935	APC (blood and non-blood products)	\$5.25	-	-	000	999	-
J0401	K	INJ ARIPIRAZOLE EXT REL 1MG	-	01468	0.1143	APC (blood and non-blood products)	\$6.42	-	-	000	999	-
J0456	N	AZITHROMYCIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0461	N	ATROPINE SULFATE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0470	K	DIMECAPROL INJECTION	-	09039	0.6735	APC (blood and non-blood products)	\$37.81	-	-	000	999	-
J0475	K	BACLOFEN 10 MG INJECTION	-	09032	3.3118	APC (blood and non-blood products)	\$185.92	-	-	000	999	-
J0476	N	BACLOFEN INTRATHECAL TRIAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0480	K	BASILIXIMAB	-	01683	75.5021	APC (blood and non-blood products)	\$4,238.69	-	-	000	999	-
J0485	K	BELATACEPT INJECTION	-	09286	0.0674	APC (blood and non-blood products)	\$3.78	-	-	000	999	-
J0490	K	BELIMUMAB INJECTION	-	01353	0.8942	APC (blood and non-blood products)	\$50.20	-	-	005	999	-
J0491	G	INJ ANIFROLUMAB-FNIA 1MG	-	09434	-	APC - pays by fee schedule amount	\$16.32	-	-	000	999	-
J0500	N	DICYCLOMINE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0515	N	INJ BENZTROPINE MESYLATE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0517	K	INJ., BENRALIZUMAB, 1 MG	-	09466	2.9969	APC (blood and non-blood products)	\$168.25	-	-	000	999	-
J0520	N	BETHANECHOL CHLORIDE INJECT	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0558	K	PENG BENZATHINE/PROCAINE INJ	-	09088	0.2472	APC (blood and non-blood products)	\$13.88	-	-	000	999	-
J0561	K	PENICILLIN G BENZATHINE INJ	-	01829	0.3226	APC (blood and non-blood products)	\$18.11	-	-	000	999	-
J0565	K	INJ, BEZLOTOXUMAB, 10 MG	-	09490	0.7107	APC (blood and non-blood products)	\$39.90	-	-	000	999	-
J0567	E	INJ., CERLIPONASE ALFA 1 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0570	K	BUPRENORPHINE IMPLANT 74.2MG	-	09058	23.3657	APC (blood and non-blood products)	\$1,311.75	-	-	000	999	-
J0571	E	BUPRENORPHINE ORAL 1MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0572	E	BUPREN/NAL UP TO 3MG BUPRENO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0573	E	BUPREN/NAL 3.1 TO 6MG BUPREN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0574	E	BUPREN/NAL 6.1 TO 10MG BUPRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0575	E	BUPREN/NAL OVER 10MG BUPRENO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0583	N	BIVALIRUDIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0584	K	INJECTION, BUROSUMAB-TWZA 1M	-	09187	7.3213	APC (blood and non-blood products)	\$411.02	-	-	000	999	-
J0585	K	INJECTION, ONABOTULINUMTOXINA	-	00902	0.1126	APC (blood and non-blood products)	\$6.32	-	-	000	999	-
J0586	K	ABOBOTULINUMTOXINA	-	01289	0.1555	APC (blood and non-blood products)	\$8.73	-	-	000	999	-
J0587	K	INJ, RIMABOTULINUMTOXINB	-	09018	0.2222	APC (blood and non-blood products)	\$12.48	-	-	000	999	-
J0588	K	INCOBOTULINUMTOXIN A	-	09278	0.0915	APC (blood and non-blood products)	\$5.14	-	-	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	E	INJ., LANADELUMAB-FLYO, 1 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0594	K	BUSULFAN INJECTION	-	01178	0.0205	APC (blood and non-blood products)	\$1.15	-	-	000	999	-
J0595	N	BUTORPHANOL TARTRATE 1 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0596	K	INJECTION, RUCONEST	-	09445	0.5647	APC (blood and non-blood products)	\$31.70	-	-	000	999	-
J0597	K	C-1 ESTERASE, BERINERT	-	09269	1.0825	APC (blood and non-blood products)	\$60.77	-	-	000	999	-
J0598	K	C-1 ESTERASE, CINRYZE	-	09251	1.0814	APC (blood and non-blood products)	\$60.71	-	-	000	999	-
J0599	E	INJ., HAEGARDA 10 UNITS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0600	K	EDETATE CALCIUM DISODIUM INJ	-	01274	101.6850	APC (blood and non-blood products)	\$5,708.59	-	-	000	999	-
J0604	M	CINACALCET, ESRD ON DIALYSIS	-	-	-	Fee Schedule	\$0.93	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
J0606	N	INJ, ETELCALCETIDE, 0.1 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0610	N	CALCIUM GLUCON (FRESENIUS)	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0611	N	CALCIUM GLUCON (WG CRITICAL)	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0620	N	CALCIUM GLYCER & LACT/10 ML	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0630	K	CALCITONIN SALMON INJECTION	-	01433	34.5188	APC (blood and non-blood products)	\$1,937.89	-	-	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	2.1296	APC (blood and non-blood products)	\$119.56	-	-	000	999	-
J0640	N	LEUCOVORIN CALCIUM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0641	K	INJ LEVOLEUCOVORIN NOS 0.5MG	-	01236	0.0047	APC (blood and non-blood products)	\$0.27	-	-	000	999	-
J0642	N	INJECTION, KHAPZORY, 0.5 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0670	N	INJ MEPIVACAINE HCL/10 ML	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0689	N	INJ CEFAZOLIN SODIUM, BAXTER	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0690	N	CEFAZOLIN SODIUM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0691	N	INJ LEFAMULIN 1 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0692	N	CEFEPIME HCL FOR INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0694	N	CEFOXITIN SODIUM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0695	K	INJ CEFTOLOZANE TAZOBACTAM	-	09452	0.1168	APC (blood and non-blood products)	\$6.56	-	-	000	999	-
J0696	N	CEFTRIAZONE SODIUM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0697	N	STERILE CEFUROXIME INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0698	N	CEFOTAXIME SODIUM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0699	G	INJ, CEFIDEROCOL, 10 MG	-	09426	-	APC - pays by fee schedule amount	\$2.11	-	-	000	999	-
J0701	N	INJ. CEFEPIME HCL (BAXTER)	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0702	N	BETAMETHASONE ACET&SOD PHOSP	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0703	N	INJ. CEFEPIME HCL (B BRAUN)	-	-	-	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	0.0673	APC (blood and non-blood products)	\$3.78	-	-	018	999	-
J0713	N	INJ CEFTAZIDIME PER 500 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0714	K	CEFTAZIDIME AND AVIBACTAM	-	01825	1.6275	APC (blood and non-blood products)	\$91.37	-	-	000	999	-
J0715	N	CEFTIZOXIME SODIUM / 500 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0716	K	CENTRUROIDES IMMUNE F(AB)	-	01431	80.3932	APC (blood and non-blood products)	\$4,513.28	-	-	000	999	-
J0717	K	CERTOLIZUMAB PEGOL INJ 1MG	-	01474	0.0901	APC (blood and non-blood products)	\$5.06	-	-	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	-
J0739	E	INJECTION, CABOTEGRAVIR 1 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J0740	K	CIDOFIVIR INJECTION	-	09033	11.2179	APC (blood and non-blood products)	\$629.78	-	-	000	999	-
J0741	G	INJ, CABOTE RILPIVIR 2MG 3MG	-	09414	-	APC - pays by fee schedule amount	\$21.56	-	-	000	999	-
J0742	G	INJ IMIP 4 CILAS 4 RELEB 2MG	-	09362	-	APC - pays by fee schedule amount	\$2.38	-	-	000	999	-
J0743	N	CILASTATIN SODIUM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0744	N	CIPROFLOXACIN IV	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0745	K	INJ CODEINE PHOSPHATE /30 MG	-	09393	0.5638	APC (blood and non-blood products)	\$31.65	-	-	000	999	-
J0770	N	COLISTIMETHATE SODIUM INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0775	K	COLLAGENASE, CLOST HIST INJ	-	01340	1.1134	APC (blood and non-blood products)	\$62.51	-	-	000	999	-
J0780	N	PROCHLORPERAZINE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0791	G	INJ CRIZANLIZUMAB-TMCA 5MG	-	09359	-	APC - pays by fee schedule amount	\$125.13	-	-	000	999	-
J0795	N	CORTICORELIN OVINE TRIFLUTAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0800	K	CORTICOTROPIN INJECTION	-	09040	68.9405	APC (blood and non-blood products)	\$3,870.32	-	-	000	999	-
J0834	N	INJ., COSYNTROPIN, 0.25 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0840	K	CROTALIDAE POLY IMMUNE FAB	-	09274	37.6218	APC (blood and non-blood products)	\$2,112.09	-	-	000	999	-
J0841	K	INJ CROTALIDAE IM F(AB)2 EQ	-	09188	17.5811	APC (blood and non-blood products)	\$987.00	-	-	000	999	-
J0850	K	CYTOMEGALOVIRUS IMM IV /VIAL	-	00903	31.5206	APC (blood and non-blood products)	\$1,769.57	-	-	000	999	-
J0875	K	INJECTION, DALBAVANCIN	-	01823	0.2656	APC (blood and non-blood products)	\$14.91	-	-	000	999	-
J0877	N	INJ, DAPTOMYCIN (HOSPIRA)	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0878	N	DAPTOMYCIN INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0879	K	DIFELIKEFALIN, ESRD ON DIALY	-	09202	0.0042	APC (blood and non-blood products)	\$0.24	-	-	000	999	-
J0881	K	DARBEOPETIN ALFA, NON-ESRD	-	01685	0.0556	APC (blood and non-blood products)	\$3.12	-	-	000	999	-
J0882	K	DARBEOPETIN ALFA, ESRD USE	-	01482	0.0556	APC (blood and non-blood products)	\$3.12	-	-	000	999	-
J0883	K	ARGATROBAN NONESRD USE 1MG	-	01859	0.0245	APC (blood and non-blood products)	\$1.38	-	-	000	999	-
J0884	K	ARGATROBAN ESRD DIALYSIS 1MG	-	09065	0.0245	APC (blood and non-blood products)	\$1.38	-	-	000	999	-
J0885	K	EPOETIN ALFA, NON-ESRD	-	01686	0.1469	APC (blood and non-blood products)	\$8.25	-	-	000	999	-
J0887	K	EPOETIN BETA ESRD USE	-	09041	0.0256	APC (blood and non-blood products)	\$1.44	-	-	000	999	-
J0888	N	EPOETIN BETA NON ESRD	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0890	M	PEGINESATIDE INJECTION	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
J0891	K	ARGATROBAN NONESRD (ACCORD)	-	09020	0.0101	APC (blood and non-blood products)	\$0.57	-	-	000	999	-
J0892	K	ARGATROBAN DIALYSIS (ACCORD)	-	09021	0.0101	APC (blood and non-blood products)	\$0.57	-	-	000	999	-

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Proc Cd	Status Ind	Proc Desc	Modifier	APC								
J0893	N	INJ, DECITABINE (SUN PHARMA)	-	-	-	Bundled	\$0.00	-	-	000	999	-
J0894	N	DECITABINE INJECTION	-	-	-	Bundled	\$0.00	-	-	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	\$38.47	-	-	000	999	-
J0897	K	DENOSUMAB INJECTION	-	09272	0.4109	APC (blood and non-blood products)	\$23.07	-	-	018	999	-
J0898	K	ARGATROBAN NONESRD (AUROMED)	-	09022	0.0374	APC (blood and non-blood products)	\$2.10	-	-	000	999	-
J0899	K	ARGATROBAN DIALYSIS, AUROMED	-	09023	0.0374	APC (blood and non-blood products)	\$2.10	-	-	000	999	-
J0945	E	BROMPHENIRAMINE MALEATE INJ	-	-	-	Not Allowed	\$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	N	INJECTION, DEXAMETHASONE 9%	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1096	N	DEXAMETHA OPTH INSERT 0.1 MG	-	-	-	Bundled	\$0.00	-	-	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	81.8850	APC (blood and non-blood products)	\$4,597.02	-	-	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	2.2311	APC (blood and non-blood products)	\$125.25	-	-	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	\$15.10	-	-	000	999	-
J1205	N	CHLOROTHIAZIDE SODIUM INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1212	K	DIMETHYL SULFOXIDE 50% 50 ML	-	01832	11.3592	APC (blood and non-blood products)	\$637.71	-	-	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	E	DORIPENEM INJECTION	-	-	-	Not Allowed	\$0.00	-	-	018	999	-
J1270	N	INJECTION, DOXERCALCIFEROL	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1290	K	ECALLANTIDE INJECTION	-	09263	9.2020	APC (blood and non-blood products)	\$516.60	-	-	000	999	-
J1300	K	ECULIZUMAB INJECTION	-	09236	4.0441	APC (blood and non-blood products)	\$227.04	-	-	000	999	-
J1301	K	INJECTION, EDARAVONE, 1 MG	-	09493	0.3814	APC (blood and non-blood products)	\$21.41	-	-	000	999	-
J1302	G	INJ, SUTIMLIMAB-JOME, 10 MG	-	09444	-	APC - pays by fee schedule amount	\$17.02	-	-	000	999	-
J1303	K	INJ., RAVULIZUMAB-CVVVZ 10 MG	-	09312	3.9666	APC (blood and non-blood products)	\$222.68	-	-	000	999	-
J1305	G	INJ, EVINACUMAB-DGNB, 5MG	-	09416	-	APC - pays by fee schedule amount	\$172.25	-	-	000	999	-
J1306	G	INJECTION, INCLISIRAN, 1 MG	-	09004	-	APC - pays by fee schedule amount	\$11.99	-	-	000	999	-
J1320	N	AMITRIPTYLINE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1322	K	ELOSULFASE ALFA, INJECTION	-	01480	4.6798	APC (blood and non-blood products)	\$262.72	-	-	000	999	-
J1324	E	ENFUVRTIDE 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	1.4886	APC (blood and non-blood products)	\$83.57	-	-	000	999	-
J1380	N	ESTRADIOL VALERATE 10 MG INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1410	K	INJ ESTROGEN CONJUGATE 25 MG	-	09038	6.3328	APC (blood and non-blood products)	\$355.52	-	-	000	999	-
J1426	G	INJECTION, CASIRMERSEN, 10 MG	-	09412	-	APC - pays by fee schedule amount	\$166.25	-	-	000	999	-
J1427	G	INJ. VILTOLARSEN	-	09386	-	APC - pays by fee schedule amount	\$58.81	-	-	000	999	-
J1428	E	INJ, ETEPLIRSEN, 10 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J1429	G	INJ GOLODIRSEN 10 MG	-	09356	-	APC - pays by fee schedule amount	\$166.23	-	-	000	999	-
J1430	K	ETHANOLAMINE OLEATE 100 MG	-	01688	8.1404	APC (blood and non-blood products)	\$457.00	-	-	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	\$22.71	-	-	000	999	-
J1438	K	ETANERCEPT INJECTION	-	01608	14.0859	APC (blood and non-blood products)	\$790.78	-	-	000	999	-
J1439	K	INJ FERRIC CARBOXYMALTOS 1MG	-	09441	0.0196	APC (blood and non-blood products)	\$1.10	-	-	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, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
J1442	K	INJ FILGRASTIM EXCL BIOSIMIL	-	01469	0.0175	APC (blood and non-blood products)	\$0.98	-	-	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	-
J1445	M	INJ TRIFERIC AVNU 0.1MG IRON	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
J1447	K	INJ TBO FILGRASTIM 1 MICROG	-	01748	0.0072	APC (blood and non-blood products)	\$0.41	-	-	000	999	-
J1448	G	INJECTION, TRILACICLIB, 1MG	-	09415	-	APC - pays by fee schedule amount	\$5.01	-	-	000	999	-
J1450	N	FLUCONAZOLE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1451	K	FOMEPIZOLE, 15 MG	-	01689	0.1287	APC (blood and non-blood products)	\$7.22	-	-	000	999	-
J1452	E	INTRAOULAR FOMIVIRSEN NA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J1453	N	FOSAPREPITANT INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1454	K	INJ FOSNETUPITANT, PALONOSSET	-	09099	8.3195	APC (blood and non-blood products)	\$467.06	-	-	000	999	-
J1455	K	FOSCARNET SODIUM INJECTION	-	01849	1.2028	APC (blood and non-blood products)	\$67.52	-	-	000	999	-
J1456	N	INJ, FOSAPREPITANT (TEVA)	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1457	E	GALLIUM NITRATE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J1458	N	GALSULFASE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1459	K	INJ IVIG PRIVIGEN 500 MG	-	01214	0.8473	APC (blood and non-blood products)	\$47.57	-	-	000	999	-
J1460	K	GAMMA GLOBULIN 1 CC INJ	-	01850	0.8527	APC (blood and non-blood products)	\$47.87	-	-	000	999	-
J1551	K	INJ CUTAQUIG 100 MG	-	09007	0.2249	APC (blood and non-blood products)	\$12.63	-	-	000	999	-
J1554	G	INJ, ASCENIV	-	09392	-	APC - pays by fee schedule amount	\$481.77	-	-	000	999	-
J1555	K	INJ CUVITRU, 100 MG	-	09034	0.2682	APC (blood and non-blood products)	\$15.06	-	-	000	999	-
J1556	K	INJ, IMM GLOB BIVIGAM, 500MG	-	09130	1.2556	APC (blood and non-blood products)	\$70.49	-	-	000	999	-
J1557	K	GAMMAPLEX INJECTION	-	09270	0.9330	APC (blood and non-blood products)	\$52.38	-	-	000	999	-
J1558	K	INJ, XEMBIFY, 100 MG	-	09372	0.2311	APC (blood and non-blood products)	\$12.98	-	-	000	999	-
J1559	K	HIZENTRA INJECTION	-	01312	0.2249	APC (blood and non-blood products)	\$12.62	-	-	000	999	-
J1560	K	GAMMA GLOBULIN > 10 CC INJ	-	01851	8.5268	APC (blood and non-blood products)	\$478.70	-	-	000	999	-
J1561	K	GAMUNEX-C/GAMMAKED	-	00948	0.8514	APC (blood and non-blood products)	\$47.80	-	-	000	999	-
J1562	E	VIVAGLOBIN, INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J1566	K	IMMUNE GLOBULIN, POWDER	-	02731	1.3108	APC (blood and non-blood products)	\$73.59	-	-	000	999	-
J1568	K	OCTAGAM INJECTION	-	00943	0.7315	APC (blood and non-blood products)	\$41.07	-	-	000	999	-
J1569	K	GAMMAGARD LIQUID INJECTION	-	00944	0.8114	APC (blood and non-blood products)	\$45.55	-	-	000	999	-
J1570	N	GANCICLOVIR SODIUM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1571	K	HEPAGAM B IM INJECTION	-	00946	1.2367	APC (blood and non-blood products)	\$69.43	-	-	000	999	-
J1572	K	FLEBOGAMMA INJECTION	-	00947	0.7398	APC (blood and non-blood products)	\$41.53	-	-	000	999	-
J1573	K	HEPAGAM B INTRAVENOUS, INJ	-	01138	1.2367	APC (blood and non-blood products)	\$69.43	-	-	000	999	-
J1574	N	INJ, GANCICLOVIR (EXELA)	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1575	K	HYQVIA 100MG IMMUNOGLOBULIN	-	01826	0.2857	APC (blood and non-blood products)	\$16.04	-	-	000	999	-
J1580	N	GARAMYCIN GENTAMICIN INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1595	K	INJECTION GLATIRAMER ACETATE	-	01015	2.5215	APC (blood and non-blood products)	\$141.56	-	-	000	999	-
J1599	N	IVIG NON-LYOPHILIZED, NOS	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1600	E	GOLD SODIUM THIOALEATE INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J1602	K	GOLIMUMAB FOR IV USE 1MG	-	01475	0.2467	APC (blood and non-blood products)	\$13.85	-	-	000	999	-
J1610	K	GLUCAGON HYDROCHLORIDE/1 MG	-	09042	3.0954	APC (blood and non-blood products)	\$173.78	-	-	000	999	-
J1611	K	INJ GLUCAGON HCL, FRESENIUS	-	09025	2.8859	APC (blood and non-blood products)	\$162.01	-	-	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	-	09421	0.1074	APC (blood and non-blood products)	\$6.03	-	-	000	999	-
J1628	K	INJ., GUSELKUMAB, 1 MG	-	09029	1.4270	APC (blood and non-blood products)	\$80.11	-	-	000	999	-
J1630	N	HALOPERIDOL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1631	N	HALOPERIDOL DECANOATE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1632	K	INJ., BREXANOLONE, 1 MG	-	09333	1.2679	APC (blood and non-blood products)	\$71.18	-	-	000	999	-
J1640	K	HEMIN, 1 MG	-	01690	0.5172	APC (blood and non-blood products)	\$29.04	-	-	000	999	-
J1642	N	INJ HEPARIN SODIUM PER 10 U	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1643	N	INJ HEPARIN, PFIZER, 1000U	-	-	-	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	E	TINZAPARIN SODIUM INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J1670	K	TETANUS IMMUNE GLOBULIN INJ	-	01670	9.3412	APC (blood and non-blood products)	\$524.41	-	-	000	999	-
J1675	M	HISTRELIN ACETATE	-	-	-	Fee Schedule	\$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	0.2700	APC (blood and non-blood products)	\$15.16	-	-	000	999	-
J1729	K	INJ HYDROXYPROGST CAPOAT NOS	-	09318	0.1576	APC (blood and non-blood products)	\$8.85	-	-	000	999	-
J1730	E	DIAZOXIDE INJECTION	-	-	-	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, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
J1738	G	INJ. MELOXICAM 1 MG	-	09371	-	APC - pays by fee schedule amount	\$3.01	-	-	000	999	-
J1740	K	IBANDRONATE SODIUM INJECTION	-	09229	0.6062	APC (blood and non-blood products)	\$34.03	-	-	000	999	-
J1741	N	IBUPROFEN INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1742	K	IBUTILIDE FUMARATE INJECTION	-	09044	4.2418	APC (blood and non-blood products)	\$238.14	-	-	000	999	-
J1743	K	IDURSULFASE INJECTION	-	09045	9.6700	APC (blood and non-blood products)	\$542.88	-	-	000	999	-
J1744	K	ICATIBANT INJECTION	-	01443	2.8840	APC (blood and non-blood products)	\$161.91	-	-	000	999	-
J1745	K	INFLIXIMAB NOT BIOSIMIL 10MG	-	07043	0.6210	APC (blood and non-blood products)	\$34.86	-	-	000	999	-
J1746	K	INJ. IBALIZUMAB-UIYK, 10 MG	-	09189	1.2400	APC (blood and non-blood products)	\$69.61	-	-	000	999	-
J1750	K	INJ IRON DEXTRAN	-	01237	0.2953	APC (blood and non-blood products)	\$16.58	-	-	000	999	-
J1756	N	IRON SUCROSE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1786	K	IMUGLUCERASE INJECTION	-	01327	0.7908	APC (blood and non-blood products)	\$44.40	-	-	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	G	INJ. INEBILIZUMAB-CDON, 1 MG	-	09394	-	APC - pays by fee schedule amount	\$462.87	-	-	000	999	-
J1826	K	INTERFERON BETA-1A INJ	-	01852	32.4138	APC (blood and non-blood products)	\$1,819.71	-	-	000	999	-
J1830	N	INTERFERON BETA-1B / .25 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1833	K	INJECTION, ISAVUONAZONIUM	-	09456	0.0154	APC (blood and non-blood products)	\$0.86	-	-	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	E	CEPHALOTHIN SODIUM INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J1930	K	LANREOTIDE INJECTION	-	09237	1.0965	APC (blood and non-blood products)	\$61.56	-	-	000	999	-
J1931	K	LARONIDASE INJECTION	-	09209	0.6429	APC (blood and non-blood products)	\$36.09	-	-	000	999	-
J1932	G	INJ. LANREOTIDE, (CIPLA) 1MG	-	09051	-	APC - pays by fee schedule amount	\$60.38	-	-	000	999	-
J1940	N	FUROSEMIDE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1943	K	INJ., ARISTADA INITIO, 1 MG	-	09179	0.0530	APC (blood and non-blood products)	\$2.97	-	-	000	999	-
J1944	K	ARIPIRAZOLE LAUROXIL 1 MG	-	09470	0.0531	APC (blood and non-blood products)	\$2.98	-	-	000	999	-
J1945	E	LEPIRUDIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J1950	K	LEUPROLIDE ACETATE /3.75 MG	-	00800	26.2589	APC (blood and non-blood products)	\$1,474.18	-	-	000	999	-
J1951	K	INJ FENSOLVI 0.25 MG	-	09419	2.3649	APC (blood and non-blood products)	\$132.76	-	-	000	999	-
J1952	G	LEUPROLIDE INJ, CAMCEVI, 1MG	-	09050	-	APC - pays by fee schedule amount	\$88.75	-	-	000	999	-
J1953	N	LEVETIRACETAM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J1954	E	INJ LUTRATE DEPOT 7.5 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J1955	M	INJ LEVOCARNITINE PER 1 GM	-	-	-	Fee Schedule	\$30.22	-	-	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	E	CHLORDIAZEPOXIDE INJECTION	-	-	-	Not Allowed	\$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	-
J2021	N	INJ, LINEZOLID (HOSPIRA)	-	-	-	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	0.5281	APC (blood and non-blood products)	\$29.65	-	-	000	999	-
J2184	N	INJ, MEROPENEM (B. BRAUN)	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2185	N	MEROPENEM	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2186	K	INJ., MEROPENEM, VABORBACTAM	-	09178	0.0355	APC (blood and non-blood products)	\$1.99	-	-	000	999	-
J2210	N	METHYLERGONOVIN MALEATE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2212	N	METHYLNALTREXONE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2247	N	INJ, MICAFUNGIN (PAR PHARM)	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2248	N	MICAFUNGIN SODIUM INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2250	N	INJ MIDAZOLAM HYDROCHLORIDE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2251	N	INJ MIDAZOLAM (WG CRIT CARE)	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2260	N	INJ MILRINONE LACTATE / 5 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2265	K	MINOCYCLINE HYDROCHLORIDE	-	01853	0.0419	APC (blood and non-blood products)	\$2.35	-	-	008	999	-
J2270	N	MORPHINE SULFATE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2272	N	INJ, MORPHINE (FRESENIUS)	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2274	N	INJ MORPHINE PF EPID ITHC	-	-	-	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, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
J2278	K	ZICONOTIDE INJECTION	-	01694	0.1622	APC (blood and non-blood products)	\$9.11	-	-	000	999	-
J2280	N	INJ, MOXIFLOXACIN 100 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2281	N	INJ MOXIFLOXACIN (FRES KABI)	-	-	-	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	-
J2311	N	INJ, NALOXONE HCL (ZIMHI)	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2315	K	NALTREXONE, DEPOT FORM	-	00759	0.0665	APC (blood and non-blood products)	\$3.74	-	-	000	999	-
J2320	N	NANDROLONE DECANOATE 50 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2323	K	NATALIZUMAB INJECTION	-	09126	0.4243	APC (blood and non-blood products)	\$23.82	-	-	000	999	-
J2325	E	NESIRITIDE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J2326	K	INJ, NUSINERSEN, 0.1MG	-	09489	19.9431	APC (blood and non-blood products)	\$1,119.60	-	-	000	999	-
J2327	G	INJ RISANKIZUMAB-RZAA 1 MG	-	09013	-	APC - pays by fee schedule amount	\$15.81	-	-	000	999	-
J2350	K	INJECTION, OCRELIZUMAB, 1 MG	-	09494	1.0626	APC (blood and non-blood products)	\$59.65	-	-	000	999	-
J2353	K	OCTREOTIDE INJECTION, DEPOT	-	01207	3.6631	APC (blood and non-blood products)	\$205.65	-	-	000	999	-
J2354	N	OCTREOTIDE INJ, NON-DEPOT	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2355	E	OPRELVEKIN INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J2356	G	INJ TEZEPELUMAB-EKKO, 1MG	-	09008	-	APC - pays by fee schedule amount	\$17.88	-	-	000	999	-
J2357	K	OMALIZUMAB INJECTION	-	09300	0.6804	APC (blood and non-blood products)	\$38.20	-	-	000	999	-
J2358	N	OLANZAPINE LONG-ACTING INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2360	N	ORPHENADRINE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2370	N	PHENYLEPHRINE HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2401	N	CHLOROPROCAINE HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2402	N	CHLOROPROCAINE (CLOROTEKAL)	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2405	N	ONDANSETRON HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2406	G	INJECTION, ORITAVANCIN 10 MG	-	09427	-	APC - pays by fee schedule amount	\$41.41	-	-	000	999	-
J2407	K	INJECTION, ORITAVANCIN	-	01660	0.4633	APC (blood and non-blood products)	\$26.01	-	-	000	999	-
J2410	E	OXYMORPHONE HCL INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J2425	K	PALIFERMIN INJECTION	-	01696	0.4475	APC (blood and non-blood products)	\$25.12	-	-	000	999	-
J2426	K	PALIPERIDONE PALMITATE INJ	-	09255	0.2375	APC (blood and non-blood products)	\$13.33	-	-	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	7.1456	APC (blood and non-blood products)	\$401.16	-	-	000	999	-
J2503	E	PEGAPTANIB SODIUM INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J2504	N	PEGADEMASE BOVINE, 25 IU	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2506	K	INJ PEGFILGRAST EX BIO 0.5MG	-	09436	2.4077	APC (blood and non-blood products)	\$135.17	-	-	000	999	-
J2507	K	PEGLOTICASE INJECTION	-	09281	56.9109	APC (blood and non-blood products)	\$3,194.98	-	-	018	999	-
J2510	K	PENICILLIN G PROCAINE INJ	-	01836	0.6791	APC (blood and non-blood products)	\$38.12	-	-	000	999	-
J2513	E	PENTASTARCH 10% SOLUTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J2515	K	PENTOBARBITAL SODIUM INJ	-	01854	0.4026	APC (blood and non-blood products)	\$22.60	-	-	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	\$99.77	-	-	000	999	-
J2547	K	INJECTION, PERAMIVIR	-	09451	0.0299	APC (blood and non-blood products)	\$1.68	-	-	000	999	-
J2550	N	PROMETHAZINE HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2560	K	PHENOBARBITAL SODIUM INJ	-	09069	0.8168	APC (blood and non-blood products)	\$45.86	-	-	000	999	-
J2562	K	PLERIXAFOR INJECTION	-	09252	7.1593	APC (blood and non-blood products)	\$401.92	-	-	000	999	-
J2590	N	OXYTOCIN INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2597	K	INJ DESMOPRESSIN ACETATE	-	01440	0.1306	APC (blood and non-blood products)	\$7.33	-	-	000	999	-
J2650	N	PREDNISOLONE ACETATE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2670	M	TOTAZOLINE HCL INJECTION	-	-	-	Fee Schedule	\$0.00	-	-	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 INJECTION	-	-	-	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	0.2687	APC (blood and non-blood products)	\$15.09	-	-	000	999	-
J2725	E	INJ PROTIRELIN PER 250 MCG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J2730	N	PRALDOXIME CHLORIDE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2760	K	PHENTOLAMINE MESYLATE INJ	-	01458	8.0220	APC (blood and non-blood products)	\$450.36	-	-	000	999	-
J2765	N	METOCLOPRAMIDE HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2770	K	QUINUPRISTIN/DALFOPRISTIN	-	02770	8.7989	APC (blood and non-blood products)	\$493.97	-	-	000	999	-
J2777	G	INJ, FARICIMAB-SVOA, 0.1MG	-	09496	-	APC - pays by fee schedule amount	\$37.67	-	-	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, 2023**

2022 APC			Proc	APC	APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital	Non-sole Comm.	Min	Max	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC	APC Weight	Method	Schedule	Lab Fees	Hospital Lab Fees	Age	Age	
J2778	K	RANIBIZUMAB INJECTION	-	09233	4.2251	APC (blood and non-blood products)	\$237.20	-	-	000	999	-
J2779	G	INJ, SUSVIMO 0.1 MG	-	09439	-	APC - pays by fee schedule amount	\$82.07	-	-	000	999	-
J2780	N	RANITIDINE HYDROCHLORIDE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2783	K	RASBURICASE	-	00738	6.0717	APC (blood and non-blood products)	\$340.86	-	-	000	999	-
J2785	N	REGADENOSON INJECTION	-	-	-	Bundled	\$0.00	-	-	018	999	-
J2786	K	INJECTION, RESLIZUMAB, 1MG	-	09481	0.1799	APC (blood and non-blood products)	\$10.10	-	-	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	0.5864	APC (blood and non-blood products)	\$32.92	-	-	000	999	-
J2793	N	RILONACEPT INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2794	K	INJ RISPERDAL CONSTA, 0.5 MG	-	09125	0.2064	APC (blood and non-blood products)	\$11.59	-	-	000	999	-
J2795	N	ROPIVACAINE HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2796	K	ROMIPLOSTIM INJECTION	-	09245	1.6252	APC (blood and non-blood products)	\$91.24	-	-	000	999	-
J2797	E	INJ., ROLAPITANT, 0.5 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J2798	K	INJ., PERSERIS, 0.5 MG	-	09181	0.1997	APC (blood and non-blood products)	\$11.21	-	-	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	SARGAMOSTIM INJECTION	-	00731	1.0064	APC (blood and non-blood products)	\$56.50	-	-	000	999	-
J2840	K	INJ SEBELIPASE ALFA 1 MG	-	09478	9.6110	APC (blood and non-blood products)	\$539.56	-	-	000	999	-
J2850	K	INJ SECRETIN SYNTHETIC HUMAN	-	01700	0.6786	APC (blood and non-blood products)	\$38.09	-	-	000	999	-
J2860	K	INJECTION, SILTUXIMAB	-	09455	2.3710	APC (blood and non-blood products)	\$133.11	-	-	000	999	-
J2910	N	AUROTHIOGLUCOSE INECITON	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2916	N	NA FERRIC GLUCONATE COMPLEX	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2920	N	METHYLPREDNISOLONE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2930	N	METHYLPREDNISOLONE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2940	E	SOMATREM INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J2941	K	SOMATROPIN INJECTION	-	09319	3.0205	APC (blood and non-blood products)	\$169.57	-	-	000	999	-
J2950	N	PROMAZINE HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J2993	K	RETEPLASE INJECTION	-	09005	45.2580	APC (blood and non-blood products)	\$2,540.79	-	-	000	999	-
J2995	M	INJ STREPTOKINASE /250000 IU	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
J2997	K	ALTEPLASE RECOMBINANT	-	07048	1.5681	APC (blood and non-blood products)	\$88.03	-	-	000	999	-
J2998	G	INJ PLASMINOGEN TVMH 1MG	-	09206	-	APC - pays by fee schedule amount	\$30.42	-	-	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	K	INJ., FREMANEZUMAB-VFRM 1 MG	-	09197	0.0382	APC (blood and non-blood products)	\$2.14	-	-	000	999	-
J3032	G	INJ. EPTINEZUMAB-JJMR 1 MG	-	09357	-	APC - pays by fee schedule amount	\$16.89	-	-	000	999	-
J3060	K	INJ. TALIGLUCERASE ALFA 10 U	-	09294	0.7480	APC (blood and non-blood products)	\$42.00	-	-	000	999	-
J3070	N	PENTAZOCINE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J3090	K	INJ TEDIZOLID PHOSPHATE	-	01662	0.0310	APC (blood and non-blood products)	\$1.74	-	-	000	999	-
J3095	K	TELAVANCIN INJECTION	-	09258	0.1244	APC (blood and non-blood products)	\$6.98	-	-	000	999	-
J3101	K	TENECTEPLASE INJECTION	-	09002	2.5588	APC (blood and non-blood products)	\$143.65	-	-	018	999	-
J3105	N	TERBUTALINE SULFATE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J3110	E	TERIPARATIDE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J3111	K	INJ. ROMOSUZUMAB-AQQG 1 MG	-	09327	0.1774	APC (blood and non-blood products)	\$9.96	-	-	000	999	-
J3121	N	INJ TESTOSTERO ENANTHATE 1MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J3145	K	TESTOSTERONE UNDECANOATE 1MG	-	09078	0.0319	APC (blood and non-blood products)	\$1.79	-	-	000	999	-
J3230	N	CHLORPROMAZINE HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J3240	K	THYROTROPIN INJECTION	-	09108	34.2882	APC (blood and non-blood products)	\$1,924.94	-	-	000	999	-
J3241	G	INJ. TEPROTUMUMAB-TRBW 10 MG	-	09355	-	APC - pays by fee schedule amount	\$321.88	-	-	000	999	-
J3243	N	TIGECYCLINE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J3244	N	INJ. TIGECYCLINE (ACCORD)	-	-	-	Bundled	\$0.00	-	-	000	999	-
J3245	K	INJ., TILDRAKIZUMAB, 1 MG	-	09306	2.4480	APC (blood and non-blood products)	\$137.43	-	-	000	999	-
J3246	N	TIROFIBAN HCL	-	-	-	Bundled	\$0.00	-	-	000	999	-
J3250	N	TRIMETHOBENZAMIDE HCL INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J3260	N	TOBRAMYCIN SULFATE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J3262	K	TOCILIZUMAB INJECTION	-	09264	0.1067	APC (blood and non-blood products)	\$5.99	-	-	000	999	-
J3265	E	INJECTION TORSEMED 10 MG/ML	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J3280	E	THIETHYLPERAZINE MALEATE INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J3285	K	TREPROSTINIL INJECTION	-	01701	0.9891	APC (blood and non-blood products)	\$55.53	-	-	000	999	-
J3299	G	INJ XIPERE 1 MG	-	09358	-	APC - pays by fee schedule amount	\$47.61	-	-	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	-

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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
J3303	N	TRIAMCINOLONE HEXACETONL INJ	-	-	Bundled	\$0.00	-	-	000	999	-
J3304	K	INJ TRIAMCINOLONE ACE XR 1MG	-	09469	APC (blood and non-blood products)	\$16.95	-	-	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	APC (blood and non-blood products)	\$374.55	-	-	000	999	-
J3316	K	INJ., TRIPTORELIN XR 3.75 MG	-	09016	APC (blood and non-blood products)	\$3,152.38	-	-	000	999	-
J3320	E	SPECTINOMYCN DI-HCL INJ	-	-	Not Allowed	\$0.00	-	-	000	999	-
J3350	N	UREA INJECTION	-	-	Bundled	\$0.00	-	-	000	999	-
J3355	E	UROFOLLITROPIN, 75 IU	-	-	Not Allowed	\$0.00	-	-	000	999	-
J3357	K	USTEKINUMAB SUB CU INJ, 1 MG	-	09261	APC (blood and non-blood products)	\$155.00	-	-	000	999	-
J3358	K	USTEKINUMAB, IV INJECT, 1 MG	-	09487	APC (blood and non-blood products)	\$12.25	-	-	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	-
J3371	N	INJ, VANCOMYCIN HCL (MYLAN)	-	-	Bundled	\$0.00	-	-	000	999	-
J3372	N	INJ, VANCOMYCIN HCL (XELLIA)	-	-	Bundled	\$0.00	-	-	000	999	-
J3380	K	INJECTION, VEDOLIZUMAB	-	01489	APC (blood and non-blood products)	\$21.70	-	-	000	999	-
J3385	K	VELAGLUCERASE ALFA	-	09271	APC (blood and non-blood products)	\$357.53	-	-	000	999	-
J3396	K	VERTEPORFIN INJECTION	-	01203	APC (blood and non-blood products)	\$11.30	-	-	000	999	-
J3397	E	INJ., VESTRONIDASE ALFA-VJBK	-	-	Not Allowed	\$0.00	-	-	000	999	-
J3398	K	INJ LUXTURN A 1 BILLION VEC G	-	09070	APC (blood and non-blood products)	\$2,934.98	-	-	000	999	-
J3399	M	INJ ONASE ABEPAR-XIOI TREAT	-	-	AAC	\$0.00	-	-	000	999	Requires PA
J3400	E	TRIFLUPROMAZINE HCL INJ	-	-	Not Allowed	\$0.00	-	-	000	999	-
J3410	N	HYDROXYZINE HCL INJECTION	-	-	Bundled	\$0.00	-	-	000	999	-
J3411	N	THIAMINE HCL 100 MG	-	-	Bundled	\$0.00	-	-	000	999	-
J3415	N	PYRIDOXINE HCL 100 MG	-	-	Bundled	\$0.00	-	-	000	999	-
J3420	N	VITAMIN B12 INJECTION	-	-	Bundled	\$0.00	-	-	000	999	-
J3430	N	VITAMIN K PHYTONADIONE INJ	-	-	Bundled	\$0.00	-	-	000	999	-
J3465	N	INJECTION, VORICONAZOLE	-	-	Bundled	\$0.00	-	-	000	999	-
J3470	N	HYALURONIDASE INJECTION	-	-	Bundled	\$0.00	-	-	000	999	-
J3471	N	OVINE, UP TO 999 USP UNITS	-	-	Bundled	\$0.00	-	-	000	999	-
J3472	N	OVINE, 1000 USP UNITS	-	-	Bundled	\$0.00	-	-	000	999	-
J3473	N	HYALURONIDASE RECOMBINANT	-	-	Bundled	\$0.00	-	-	000	999	-
J3475	N	INJ MAGNESIUM SULFATE	-	-	Bundled	\$0.00	-	-	000	999	-
J3480	N	INJ POTASSIUM CHLORIDE	-	-	Bundled	\$0.00	-	-	000	999	-
J3485	N	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	-
J7168	K	PROTHROMBIN COMPLEX KCENTRA	-	09132	APC (blood and non-blood products)	\$2.09	-	-	000	999	-
J7169	K	INJ ANDEXXA, 10 MG	-	09198	APC (blood and non-blood products)	\$101.09	-	-	000	999	-
J7170	K	INJ., EMICIZUMAB-KXWH 0.5 MG	-	09257	APC (blood and non-blood products)	\$49.95	-	-	000	999	-
J7175	K	INJ, FACTOR X, (HUMAN), 1IU	-	01857	APC (blood and non-blood products)	\$8.61	-	-	000	999	-
J7177	K	INJ., FIBRYGA, 1 MG	-	09046	APC (blood and non-blood products)	\$1.41	-	-	000	999	-
J7178	K	INJ HUMAN FIBRINOGEN CON NOS	-	01478	APC (blood and non-blood products)	\$1.35	-	-	000	999	-
J7179	K	VONVENDI INJ 1U VWF:RCO	-	09059	APC (blood and non-blood products)	\$1.80	-	-	000	999	-
J7180	N	FACTOR XIII ANTI-HEM FACTOR	-	-	Bundled	\$0.00	-	-	000	999	-
J7181	N	FACTOR XIII RECOMB A-SUBUNIT	-	-	Bundled	\$0.00	-	-	000	999	-
J7182	K	FACTOR VIII RECOMB NOVOEIGHT	-	01856	APC (blood and non-blood products)	\$1.08	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
J7183	K	WILATE INJECTION	-	01352	0.0213	APC (blood and non-blood products)	\$1.20	-	-	000	999	-
J7185	K	XYNTHA INJ	-	01268	0.0238	APC (blood and non-blood products)	\$1.34	-	-	000	999	-
J7186	K	ANTIHEMOPHILIC VIII/VWF COMP	-	01213	0.0207	APC (blood and non-blood products)	\$1.16	-	-	000	999	-
J7187	K	HUMATE-P, INJ	-	01704	0.0233	APC (blood and non-blood products)	\$1.31	-	-	000	999	-
J7188	K	FACTOR VIII RECOMB OBIZUR	-	01827	0.0571	APC (blood and non-blood products)	\$3.21	-	-	000	999	-
J7189	K	FACTOR VIIA RECOMB NOVOSEVEN	-	01705	0.0419	APC (blood and non-blood products)	\$2.35	-	-	000	999	-
J7190	K	FACTOR VIII	-	00925	0.0197	APC (blood and non-blood products)	\$1.10	-	-	000	999	-
J7191	E	FACTOR VIII (PORCINE)	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7192	K	FACTOR VIII RECOMBINANT NOS	-	00927	0.0257	APC (blood and non-blood products)	\$1.44	-	-	000	999	-
J7193	K	FACTOR IX NON-RECOMBINANT	-	00931	0.0219	APC (blood and non-blood products)	\$1.23	-	-	000	999	-
J7194	K	FACTOR IX COMPLEX	-	00928	0.0281	APC (blood and non-blood products)	\$1.58	-	-	000	999	-
J7195	K	FACTOR IX RECOMBINANT NOS	-	00932	0.0293	APC (blood and non-blood products)	\$1.65	-	-	000	999	-
J7196	E	ANTITHROMBIN RECOMBINANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7197	K	ANTITHROMBIN III INJECTION	-	01263	0.0565	APC (blood and non-blood products)	\$3.17	-	-	000	999	-
J7198	K	ANTI-INHIBITOR	-	00929	0.0401	APC (blood and non-blood products)	\$2.25	-	-	000	999	-
J7199	M	HEMOPHILIA CLOT FACTOR NOC	-	-	-	Charge Ratio	\$0.00	-	-	000	999	-
J7200	K	FACTOR IX RECOMBINAN RIXUBIS	-	01467	0.0291	APC (blood and non-blood products)	\$1.63	-	-	000	999	-
J7201	K	FACTOR IX ALPROXIN RECOMB	-	01486	0.0600	APC (blood and non-blood products)	\$3.37	-	-	000	999	-
J7202	K	FACTOR IX IDELVION INJ	-	09171	0.0850	APC (blood and non-blood products)	\$4.77	-	-	000	999	-
J7203	K	FACTOR IX RECOMB GLY REBINYN	-	09468	0.0737	APC (blood and non-blood products)	\$4.14	-	-	000	999	-
J7204	G	INJ RECOMBIN ESPEROCIT PER IU	-	09354	-	APC - pays by fee schedule amount	\$2.04	-	-	000	999	-
J7205	K	FACTOR VIII FC FUSION RECOMB	-	01656	0.0381	APC (blood and non-blood products)	\$2.14	-	-	000	999	-
J7207	K	FACTOR VIII PEGYLATED RECOMB	-	01844	0.0361	APC (blood and non-blood products)	\$2.02	-	-	000	999	-
J7208	K	INJ, JIVI 1 IU	-	09299	0.0387	APC (blood and non-blood products)	\$2.17	-	-	000	999	-
J7209	K	FACTOR VIII NUWIQ RECOMB 1IU	-	01846	0.0233	APC (blood and non-blood products)	\$1.31	-	-	000	999	-
J7210	K	INJ, AFSTYLA, 1 I.U.	-	09043	0.0254	APC (blood and non-blood products)	\$1.43	-	-	000	999	-
J7211	K	INJ, KOVALTRY, 1 I.U.	-	09075	0.0239	APC (blood and non-blood products)	\$1.34	-	-	000	999	-
J7212	G	FACTOR VIIA RECOMB SEVENFACT	-	09395	-	APC - pays by fee schedule amount	\$1.94	-	-	000	999	-
J7294	E	SEG ACET AND ETH ESTR YEARLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7295	E	ETH ESTR AND ETON MONTHLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7296	M	KYLEENA, 19.5 MG	-	-	-	Fee Schedule	\$1,049.24	-	-	000	999	-
J7297	M	LILETTA, 52 MG	-	-	-	Fee Schedule	\$845.10	-	-	000	999	-
J7298	M	MIRENA, 52 MG	-	-	-	Fee Schedule	\$1,049.24	-	-	000	999	-
J7300	M	INTRAUT COPPER CONTRACEPTIVE	-	-	-	Fee Schedule	\$937.00	-	-	010	065	-
J7301	M	SKYLA, 13.5 MG	-	-	-	Fee Schedule	\$873.67	-	-	000	999	-
J7302	E	LEVONORGESTREL IU 52 MG	-	-	-	Not Allowed	\$0.00	-	-	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	\$1,092.48	-	-	000	999	-
J7308	K	AMINOLEVULINIC ACID HCL TOP	-	07308	6.9576	APC (blood and non-blood products)	\$390.60	-	-	000	999	-
J7309	M	METHYL AMINOLEVULINATE, TOP	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
J7310	E	GANCICLOVIR LONG ACT IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7311	K	INJ., RETISERT, 0.01 MG	-	09225	5.9854	APC (blood and non-blood products)	\$336.02	-	-	000	999	-
J7312	K	DEXAMETHASONE INTRA IMPLANT	-	09256	3.5620	APC (blood and non-blood products)	\$199.97	-	-	000	999	-
J7313	K	INJ., ILUVIEN, 0.01 MG	-	09450	8.7450	APC (blood and non-blood products)	\$490.95	-	-	000	999	-
J7314	K	INJ., YUTIQ, 0.01 MG	-	09328	9.3256	APC (blood and non-blood products)	\$523.54	-	-	000	999	-
J7315	N	OPHTHALMIC MITOMYCIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7316	K	INJ, OCRIPLASMIN, 0.125 MG	-	09298	18.6485	APC (blood and non-blood products)	\$1,046.93	-	-	000	999	-
J7318	K	INJ, DUROLANE 1 MG	-	09174	0.1328	APC (blood and non-blood products)	\$7.45	-	-	000	999	-
J7320	K	GENVISC 850, INJ, 1MG	-	09079	0.1440	APC (blood and non-blood products)	\$8.09	-	-	000	999	-
J7321	N	HYALGAN SUPARTZ VISCO-3 DOSE	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7322	K	HYMOVIS INJECTION 1 MG	-	09471	0.2966	APC (blood and non-blood products)	\$16.65	-	-	000	999	-
J7323	K	EUFLEXA INJ PER DOSE	-	00875	2.3082	APC (blood and non-blood products)	\$129.58	-	-	000	999	-
J7324	K	ORTHOVISC INJ PER DOSE	-	00877	2.2024	APC (blood and non-blood products)	\$123.64	-	-	000	999	-
J7325	K	SYNVISC OR SYNVISC-ONE	-	00874	0.1743	APC (blood and non-blood products)	\$9.79	-	-	000	999	-
J7326	K	GEL-ONE	-	01417	9.2161	APC (blood and non-blood products)	\$517.39	-	-	000	999	-
J7327	K	MONOVISC INJ PER DOSE	-	01747	12.6857	APC (blood and non-blood products)	\$712.18	-	-	000	999	-
J7328	K	GELSYN-3 INJECTION 0.1 MG	-	01862	0.0163	APC (blood and non-blood products)	\$0.91	-	-	000	999	-
J7329	K	INJ, TRIVISC 1 MG	-	09196	0.1670	APC (blood and non-blood products)	\$9.38	-	-	000	999	-
J7330	E	CULTURED CHONDROCYTES IMPLNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7331	G	SYNOJOYNT, INJ., 1 MG	-	09337	-	APC - pays by fee schedule amount	\$18.02	-	-	000	999	-
J7332	N	INJ., TRILURON, 1 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7336	K	CAPSAICIN 8% PATCH	-	09071	0.0577	APC (blood and non-blood products)	\$3.24	-	-	000	999	-
J7340	K	CARBIDOPA LEVODOPA ENT 100ML	-	09320	3.9078	APC (blood and non-blood products)	\$219.39	-	-	000	999	-
J7342	K	CIPROFLOXACIN OTIC SUSP 6 MG	-	09479	0.5344	APC (blood and non-blood products)	\$30.00	-	-	000	999	-
J7345	K	AMINOLEVULINIC ACID, 10% GEL	-	09301	0.0295	APC (blood and non-blood products)	\$1.66	-	-	000	999	-
J7351	G	INJ BIMATOPROST ITC IMP1MCG	-	09351	-	APC - pays by fee schedule amount	\$206.15	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
J7352	K	AFAMELANOTIDE IMPLANT, 1 MG	-	09396	57.3370	APC (blood and non-blood products)	\$3,218.90	-	-	000	999	-
J7402	G	MOMETASONE SINUS SINUVA	-	09346	-	APC - pays by fee schedule amount	\$11.35	-	-	000	999	-
J7500	N	AZATHIOPRINE ORAL 50MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7501	K	AZATHIOPRINE PARENTERAL	-	00887	4.2283	APC (blood and non-blood products)	\$237.38	-	-	000	999	-
J7502	N	CYCLOSPORINE ORAL 100 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7503	N	TACROL ENVARBUS EX REL ORAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
J7504	K	LYMPHOCYTE IMMUNE GLOBULIN	-	00890	53.4882	APC (blood and non-blood products)	\$3,002.83	-	-	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	15.8353	APC (blood and non-blood products)	\$888.99	-	-	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	4.1637	APC (blood and non-blood products)	\$233.75	-	-	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 UNIT	-	-	-	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	GLYCOPYRRROLATE COMP CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7643	E	GLYCOPYRRROLATE COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7644	E	IPRATROPIUM BROMIDE NON-COMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7645	E	IPRATROPIUM BROMIDE COMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7647	E	ISOETHARINE COMP CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7648	E	ISOETHARINE NON-COMP CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7649	E	ISOETHARINE NON-COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7650	E	ISOETHARINE COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7657	E	ISOPROTERENOL COMP CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7658	E	ISOPROTERENOL NON-COMP CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7659	E	ISOPROTERENOL NON-COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7660	E	ISOPROTERENOL COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J7665	N	MANNITOL FOR INHALER	-	-	-	Bundled	\$0.00	-	-	006	999	-
J7667	E	METAPROTERENOL COMP CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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	1.3610	APC (blood and non-blood products)	\$76.41	-	-	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	E	MELPHALAN ORAL 2 MG	-	-	-	Not Allowed	\$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	7.2948	APC (blood and non-blood products)	\$409.53	-	-	000	999	-
J8670	K	ROLAPITANT, ORAL, 1MG	-	01761	0.0324	APC (blood and non-blood products)	\$1.82	-	-	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	64.6288	APC (blood and non-blood products)	\$3,628.26	-	-	000	999	-
J9017	K	ARSENIC TRIOXIDE INJECTION	-	09012	0.2833	APC (blood and non-blood products)	\$15.91	-	-	000	999	-
J9019	K	ERWINAZE INJECTION	-	09289	7.6108	APC (blood and non-blood products)	\$427.27	-	-	000	999	-
J9020	M	ASPARAGINASE, NOS	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
J9021	G	INJ, ASPARA, RYLAZE, 0.1 MG	-	09437	-	APC - pays by fee schedule amount	\$48.08	-	-	000	999	-
J9022	K	INJ, ATEZOLIZUMAB, 10 MG	-	09483	1.4392	APC (blood and non-blood products)	\$80.80	-	-	000	999	-
J9023	K	INJECTION, AVELUMAB, 10 MG	-	09491	1.5913	APC (blood and non-blood products)	\$89.34	-	-	000	999	-
J9025	N	AZACITIDINE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9027	K	CLOFARABINE INJECTION	-	01710	0.6772	APC (blood and non-blood products)	\$38.02	-	-	000	999	-
J9030	N	BCG LIVE INTRAVESICAL 1MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9032	K	INJECTION, BELINOSTAT, 10MG	-	01658	0.8221	APC (blood and non-blood products)	\$46.15	-	-	000	999	-
J9033	K	INJ., TREANDA 1 MG	-	09243	0.2640	APC (blood and non-blood products)	\$14.82	-	-	018	999	-
J9034	K	INJ., BENDEKA 1 MG	-	01861	0.2994	APC (blood and non-blood products)	\$16.81	-	-	000	999	-
J9035	K	BEVACIZUMAB INJECTION	-	09214	1.2603	APC (blood and non-blood products)	\$70.75	-	-	000	999	-
J9036	K	INJ. BELRAPZO/BENDAMUSTINE	-	09313	0.3255	APC (blood and non-blood products)	\$18.27	-	-	000	999	-
J9037	G	INJ BELANTAMAB MAFODOT BLMF	-	09384	-	APC - pays by fee schedule amount	\$45.28	-	-	000	999	-
J9039	K	INJECTION, BLINATUMOMAB	-	09449	2.4157	APC (blood and non-blood products)	\$135.62	-	-	000	999	-
J9040	N	BLEOMYCIN SULFATE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9041	K	INJECTION, BORTEZOMIB, 0.1MG	-	09207	0.1605	APC (blood and non-blood products)	\$9.01	-	-	000	999	-
J9042	K	BRENTUXIMAB VEDOTIN INJ	-	09287	3.8057	APC (blood and non-blood products)	\$213.65	-	-	000	999	-
J9043	K	CABAZITAXEL INJECTION	-	09276	3.5484	APC (blood and non-blood products)	\$199.21	-	-	018	999	-
J9045	N	CARBOPLATIN INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9046	K	INJ, BORTEZOMIB, DR. REDDY'S	-	09026	0.1952	APC (blood and non-blood products)	\$10.96	-	-	000	999	-
J9047	K	INJECTION, CARFILZOMIB, 1 MG	-	09295	0.8027	APC (blood and non-blood products)	\$45.06	-	-	000	999	-
J9048	K	INJ, BORTEZOMIB FRESENIUSKAB	-	09027	0.0477	APC (blood and non-blood products)	\$2.68	-	-	000	999	-
J9049	K	INJ, BORTEZOMIB, HOSPIRA	-	09100	0.1270	APC (blood and non-blood products)	\$7.13	-	-	000	999	-
J9050	K	CARMUSTINE INJECTION	-	00812	4.3812	APC (blood and non-blood products)	\$245.96	-	-	000	999	-
J9055	K	CETUXIMAB INJECTION	-	09215	1.2532	APC (blood and non-blood products)	\$70.35	-	-	000	999	-

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

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments	
Proc Cd	Status Ind	Proc Desc	Proc Modifier									APC
J9057	K	INJ., COPANLISIB, 1 MG	-	09030	1.4916	APC (blood and non-blood products)	\$83.74	-	-	000	999	-
J9060	N	CISPLATIN 10 MG INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9061	G	INJ, AMIVANTAMAB-VMJW	-	09432	-	APC - pays by fee schedule amount	\$19.00	-	-	000	999	-
J9065	K	INJ CLADRIBINE PER 1 MG	-	00858	0.4103	APC (blood and non-blood products)	\$23.04	-	-	000	999	-
J9070	K	CYCLOPHOSPHAMIDE 100 MG INJ	-	01408	0.3942	APC (blood and non-blood products)	\$22.13	-	-	000	999	-
J9071	G	INJ CYCLOPHOSPHAMID AUROMEDIC	-	09203	-	APC - pays by fee schedule amount	\$3.57	-	-	000	999	-
J9098	E	CYTARABINE LIPOSOME INJ	-	-	-	Not Allowed	\$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	K	INJ., CEMPLIMAB-RWLC, 1 MG	-	09304	0.4851	APC (blood and non-blood products)	\$27.23	-	-	000	999	-
J9120	K	DACTINOMYCIN INJECTION	-	00752	10.7729	APC (blood and non-blood products)	\$604.79	-	-	000	999	-
J9130	N	DACARBAZINE 100 MG INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9144	G	DARATUMUMAB, HYALURONIDASE	-	09378	-	APC - pays by fee schedule amount	\$46.79	-	-	000	999	-
J9145	K	INJECTION, DARATUMUMAB 10 MG	-	09476	1.0496	APC (blood and non-blood products)	\$58.92	-	-	000	999	-
J9150	K	DAUNORUBICIN INJECTION	-	00820	0.7418	APC (blood and non-blood products)	\$41.64	-	-	000	999	-
J9151	N	DAUNORUBICIN CITRATE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9153	K	INJ DAUNORUBICIN, CYTARABINE	-	09302	3.9020	APC (blood and non-blood products)	\$219.06	-	-	000	999	-
J9155	K	DEGARELIX INJECTION	-	01296	0.0735	APC (blood and non-blood products)	\$4.12	-	-	000	999	-
J9160	E	DENILEUKIN DIFTITOX INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J9165	E	DIETHYLSILBESTROL INJECTION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J9171	N	DOCETAXEL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9173	K	INJ., DURVALUMAB, 10 MG	-	09492	1.4055	APC (blood and non-blood products)	\$78.90	-	-	000	999	-
J9175	N	ELLIOTTS B SOLUTION PER ML	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9176	K	INJECTION, ELOTUZUMAB, 1MG	-	09477	0.1258	APC (blood and non-blood products)	\$7.06	-	-	000	999	-
J9177	G	INJ ENFORT VEDO-EJFV 0.25MG	-	09364	-	APC - pays by fee schedule amount	\$32.57	-	-	000	999	-
J9178	N	INJ, EPIRUBICIN HCL, 2 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9179	K	ERIBULIN MESYLATE INJECTION	-	01426	2.2555	APC (blood and non-blood products)	\$126.63	-	-	018	999	-
J9181	N	ETOPOSIDE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9185	K	FLUDARABINE PHOSPHATE INJ	-	09080	1.8810	APC (blood and non-blood products)	\$105.60	-	-	000	999	-
J9190	N	FLUOROURACIL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9198	G	INJ. INFUGEM, 100 MG	-	09387	-	APC - pays by fee schedule amount	\$27.29	-	-	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	10.1163	APC (blood and non-blood products)	\$567.93	-	-	000	999	-
J9203	K	GEMTUZUMAB OZOGAMICIN 0.1 MG	-	09495	3.8730	APC (blood and non-blood products)	\$217.43	-	-	000	999	-
J9204	K	INJ MOGAMULIZUMAB-KPKC, 1 MG	-	09182	3.8755	APC (blood and non-blood products)	\$217.57	-	-	000	999	-
J9205	K	INJ IRINOTECAN LIPOSOME 1 MG	-	09474	1.0699	APC (blood and non-blood products)	\$60.00	-	-	000	999	-
J9206	N	IRINOTECAN INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9207	K	IXABEPILONE INJECTION	-	09240	2.1134	APC (blood and non-blood products)	\$118.65	-	-	018	999	-
J9208	N	IFOSFAMIDE INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9209	N	MESNA INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9210	K	INJ., EMAPALUMAB-LZSG, 1 MG	-	09310	6.9703	APC (blood and non-blood products)	\$391.32	-	-	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	E	INTERFERON ALFA-2A INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J9214	K	INTERFERON ALFA-2B INJ	-	00836	0.5802	APC (blood and non-blood products)	\$32.57	-	-	000	999	-
J9215	N	INTERFERON ALFA-N3 INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9216	E	INTERFERON GAMMA 1-B INJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J9217	K	LEUPROLIDE ACETATE SUSPNSION	-	09217	3.3547	APC (blood and non-blood products)	\$188.33	-	-	000	999	-
J9218	K	LEUPROLIDE ACETATE INJECTON	-	09047	0.2244	APC (blood and non-blood products)	\$12.60	-	-	000	999	-
J9219	E	LEUPROLIDE ACETATE IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J9223	G	INJ. LURBINECTEDIN, 0.1 MG	-	09389	-	APC - pays by fee schedule amount	\$185.98	-	-	000	999	-
J9225	K	VANTAS IMPLANT	-	01711	92.0252	APC (blood and non-blood products)	\$5,166.29	-	-	000	999	-
J9226	N	SUPPRELIN LA IMPLANT	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9227	G	INJ. ISATUXIMAB-IRFC 10 MG	-	09377	-	APC - pays by fee schedule amount	\$71.95	-	-	000	999	-
J9228	K	IPILIMUMAB INJECTION	-	09284	2.9528	APC (blood and non-blood products)	\$165.77	-	-	018	999	-
J9229	K	INJ INOTUZUMAB OZOGAM 0.1 MG	-	09028	44.1330	APC (blood and non-blood products)	\$2,477.62	-	-	000	999	-
J9230	N	MECHLORETHAMINE HCL INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9245	K	INJ MELPHA HYDROCH NOS 50 MG	-	00840	3.9305	APC (blood and non-blood products)	\$220.66	-	-	000	999	-
J9246	K	INJ., EVOMELA, 1 MG	-	09375	0.2858	APC (blood and non-blood products)	\$16.04	-	-	000	999	-
J9247	G	INJ, MELPHALAN FLUFENAMI 1MG	-	09417	-	APC - pays by fee schedule amount	\$503.50	-	-	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	2.4097	APC (blood and non-blood products)	\$135.28	-	-	000	999	-
J9262	K	INJ, OMACETAXINE MEP, 0.01MG	-	09297	0.0650	APC (blood and non-blood products)	\$3.65	-	-	000	999	-
J9263	N	OXALIPLATIN	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9264	K	PACLITAXEL PROTEIN BOUND	-	01712	0.2133	APC (blood and non-blood products)	\$11.98	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC		Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital	Non-sole Comm.	Min	Max	Comments
Proc Cd	Status Ind						Schedule	Lab Fees	Hospital Lab Fees	Age	Age	
J9266	K	PEGASPARGASE INJECTION	-	00843	419.9681	APC (blood and non-blood products)	\$23,577.01	-	-	000	999	-
J9267	N	PACLITAXEL INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9268	K	PENTOSTATIN INJECTION	-	00844	41.3273	APC (blood and non-blood products)	\$2,320.12	-	-	000	999	-
J9269	K	INJ. TAGRAXOFUSP-ERZS 10 MCG	-	09309	5.6998	APC (blood and non-blood products)	\$319.99	-	-	000	999	-
J9270	N	PLICAMYCIN (MITHRAMYCIN) INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9271	K	INJ PEMBROLIZUMAB	-	01490	0.9603	APC (blood and non-blood products)	\$53.91	-	-	000	999	-
J9272	G	INJ. DOSTARLIMAB-GXLY, 10 MG	-	09431	-	APC - pays by fee schedule amount	\$223.97	-	-	000	999	-
J9273	G	INJ TISOTU VEDOTIN-TFTV, 1MG	-	09204	-	APC - pays by fee schedule amount	\$156.00	-	-	000	999	-
J9274	G	INJ. TEBENTAFUSP-TEBN, 1 MCG	-	09446	-	APC - pays by fee schedule amount	\$198.86	-	-	000	999	-
J9280	K	MITOMYCIN INJECTION	-	01232	0.7921	APC (blood and non-blood products)	\$44.47	-	-	000	999	-
J9281	G	MITOMYCIN INSTILLATION	-	09374	-	APC - pays by fee schedule amount	\$290.30	-	-	000	999	-
J9285	N	INJ. OLARATUMAB, 10 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9293	K	MITOXANTRONE HYDROCHL / 5 MG	-	00864	0.9776	APC (blood and non-blood products)	\$54.88	-	-	000	999	-
J9295	K	INJECTION, NECITUMUMAB, 1 MG	-	09475	0.1022	APC (blood and non-blood products)	\$5.74	-	-	000	999	-
J9298	G	INJ NIVOL RELATLIMAB 3MG/1MG	-	09057	-	APC - pays by fee schedule amount	\$180.38	-	-	000	999	-
J9299	K	INJECTION, NIVOLUMAB	-	09453	0.5344	APC (blood and non-blood products)	\$30.00	-	-	000	999	-
J9301	K	OBINUTUZUMAB INJ	-	01476	1.1925	APC (blood and non-blood products)	\$66.95	-	-	000	999	-
J9302	K	OFATUMUMAB INJECTION	-	09260	1.1392	APC (blood and non-blood products)	\$63.96	-	-	000	999	-
J9303	K	PANITUMUMAB INJECTION	-	09235	2.5563	APC (blood and non-blood products)	\$143.51	-	-	000	999	-
J9304	G	INJ. PEMETREXED, 10 MG	-	09442	-	APC - pays by fee schedule amount	\$81.56	-	-	000	999	-
J9305	K	INJ. PEMETREXED NOS 10MG	-	09213	0.4931	APC (blood and non-blood products)	\$27.68	-	-	000	999	-
J9306	K	INJECTION, PERTUZUMAB, 1 MG	-	01471	0.2566	APC (blood and non-blood products)	\$14.41	-	-	000	999	-
J9307	K	PRALATREXATE INJECTION	-	09259	6.0444	APC (blood and non-blood products)	\$339.33	-	-	000	999	-
J9308	K	INJECTION, RAMUCIRUMAB	-	01488	1.1910	APC (blood and non-blood products)	\$66.86	-	-	000	999	-
J9309	K	INJ. POLATUZUMAB VEDOTIN 1MG	-	09331	2.1039	APC (blood and non-blood products)	\$118.11	-	-	000	999	-
J9311	K	INJ RITUXIMAB, HYALURONIDASE	-	09467	0.6621	APC (blood and non-blood products)	\$37.17	-	-	000	999	-
J9312	K	INJ., RITUXIMAB, 10 MG	-	09186	1.4561	APC (blood and non-blood products)	\$81.75	-	-	000	999	-
J9313	K	INJ., LUMOXITI, 0.01 MG	-	09305	0.4167	APC (blood and non-blood products)	\$23.39	-	-	000	999	-
J9314	K	INJ PEMETREXED (TEVA) 10MG	-	09105	0.2367	APC (blood and non-blood products)	\$13.29	-	-	000	999	-
J9316	G	PERTUZU, TRASTUZU, 10 MG	-	09390	-	APC - pays by fee schedule amount	\$69.06	-	-	000	999	-
J9317	G	SACITUZUMAB GOVITECAN-HZIY	-	09376	-	APC - pays by fee schedule amount	\$32.58	-	-	000	999	-
J9318	G	INJ ROMIDEPSIN NON-LYO 0.1MG	-	09428	-	APC - pays by fee schedule amount	\$33.91	-	-	000	999	-
J9319	E	INJ ROMIDEPSIN LYOPHIL 0.1MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
J9320	K	STREPTOZOCIN INJECTION	-	00850	6.5939	APC (blood and non-blood products)	\$370.18	-	-	000	999	-
J9325	K	INJ TALIMOGENE LAHERPAREPVEC	-	09472	1.1165	APC (blood and non-blood products)	\$62.68	-	-	000	999	-
J9328	K	TEMOZOLOMIDE INJECTION	-	09253	0.1854	APC (blood and non-blood products)	\$10.41	-	-	000	999	-
J9330	K	TEMSIROLIMUS INJECTION	-	01168	0.6270	APC (blood and non-blood products)	\$35.20	-	-	018	999	-
J9331	G	INJ SIROLIMUS PROT PART 1 MG	-	09241	-	APC - pays by fee schedule amount	\$104.52	-	-	000	999	-
J9332	G	INJ EFGARTIGIMOD 2MG	-	09010	-	APC - pays by fee schedule amount	\$31.52	-	-	000	999	-
J9340	K	THIOTEPA INJECTION	-	00851	5.6674	APC (blood and non-blood products)	\$318.17	-	-	000	999	-
J9348	G	INJ. NAXITAMAB-GQGK, 1 MG	-	09408	-	APC - pays by fee schedule amount	\$557.87	-	-	000	999	-
J9349	G	INJ., TAFASITAMAB-CXIX	-	09385	-	APC - pays by fee schedule amount	\$13.15	-	-	000	999	-
J9351	N	TOPOTECAN INJECTION	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9352	K	INJECTION TRABECTEDIN 0.1MG	-	09480	5.9108	APC (blood and non-blood products)	\$331.83	-	-	000	999	-
J9353	G	INJ. MARGETUXIMAB-CMK6, 5 MG	-	09418	-	APC - pays by fee schedule amount	\$44.99	-	-	000	999	-
J9354	K	INJ. ADO-TRASTUZUMAB EMT 1MG	-	09131	0.6461	APC (blood and non-blood products)	\$36.27	-	-	000	999	-
J9355	K	INJ TRASTUZUMAB EXCL BIOSIMI	-	01613	1.4739	APC (blood and non-blood products)	\$82.74	-	-	000	999	-
J9356	K	INJ. HERCEPTIN HYLECTA, 10MG	-	09314	1.1665	APC (blood and non-blood products)	\$65.49	-	-	000	999	-
J9357	K	VALRUBICIN INJECTION	-	01235	25.4967	APC (blood and non-blood products)	\$1,431.39	-	-	000	999	-
J9358	G	INJ FAM-TRASTU DERU-NXKI 1MG	-	09353	-	APC - pays by fee schedule amount	\$25.17	-	-	000	999	-
J9359	G	INJ LON TESIRIN-LPYL 0.075MG	-	09205	-	APC - pays by fee schedule amount	\$188.98	-	-	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	60.9330	APC (blood and non-blood products)	\$3,420.78	-	-	000	999	-
J9390	N	VINORELBINE TARTRATE INJ	-	-	-	Bundled	\$0.00	-	-	000	999	-
J9393	K	INJ, FULVESTRANT (TEVA)	-	09102	0.2751	APC (blood and non-blood products)	\$15.44	-	-	000	999	-
J9394	K	INJ, FULVESTRANT (FRESENIUS)	-	09103	0.1397	APC (blood and non-blood products)	\$7.85	-	-	000	999	-
J9395	K	INJECTION, FULVESTRANT	-	09120	0.2255	APC (blood and non-blood products)	\$12.66	-	-	000	999	-
J9400	K	INJ, ZIV-AFLIBERCEPT, 1MG	-	08296	0.1248	APC (blood and non-blood products)	\$7.01	-	-	000	999	-
J9600	K	PORFIMER SODIUM INJECTION	-	00856	400.6060	APC (blood and non-blood products)	\$22,490.02	-	-	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	-

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, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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 ARMST REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0017	E	DETACH ADJUST ARMREST BASE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0018	E	DETACH ADJUST ARMST UPPER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0019	E	ARM PAD REPL, EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0020	E	FIXED ADJUST ARMREST PAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0037	E	HI MOUNT FLIP-UP FOOTREST EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0038	E	LEG STRAP EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0039	E	LEG STRAP H STYLE EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0040	E	ADJUSTABLE ANGLE FOOTPLATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0041	E	LARGE SIZE FOOTPLATE EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0042	E	STANDARD SIZE FTPLATE REP EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0043	E	FTRST LOWR EXTEN TUBE REP EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0044	E	FTRST UPR HANGER BRAC REP EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0045	E	FTRST COMPL ASSEMBLY REPL EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0046	E	ELEV LGRST LWR EXTEN REPL EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0047	E	ELEV LEGRST UPR HANGR REP EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0050	E	RATCHET ASSEMBLY REPLACEMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0051	E	CAM REL ASM FT/LEGRST REP EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0052	E	SWINGAWAY DETACH FTREST REPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0053	E	ELEVATE FOOTREST ARTICULATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0056	E	SEAT HT <17 OR >=21 LTWT WC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0065	E	SPOKE PROTECTORS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0069	E	RR WHL COMPL SOL TIRE REP EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0070	E	RR WHL COMPL PNE TIRE REP EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0071	E	FR CSTR COMP PNE TIRE REP EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0072	E	FR CSTR SEMI-PNE TIRE REP EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0073	E	CASTER PIN LOCK EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0077	E	FR CSTR ASMB SOL TIRE REP EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0098	E	DRIVE BELT FOR PWC, REPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0105	E	IV HANGER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0108	E	W/C COMPONENT-ACCESSORY NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0195	E	ELEVATING WHLCHAIR LEG RESTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0455	E	PUMP UNINTERRUPTED INFUSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0462	E	TEMPORARY REPLACEMENT EQPMNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0552	E	SUP/EXT NON-INS INF PUMP SYR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
K0802	E	POV GROUP 1 VHD 451-600 LBS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0806	E	POV GROUP 2 STD UP TO 300LBS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0807	E	POV GROUP 2 HD 301-450 LBS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0808	E	POV GROUP 2 VHD 451-600 LBS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0812	E	POWER OPERATED VEHICLE NOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0813	E	PWC GP 1 STD PORT SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0814	E	PWC GP 1 STD PORT CAP CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0815	E	PWC GP 1 STD SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0816	E	PWC GP 1 STD CAP CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0820	E	PWC GP 2 STD PORT SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0821	E	PWC GP 2 STD PORT CAP CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0822	E	PWC GP 2 STD SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0823	E	PWC GP 2 STD CAP CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0824	E	PWC GP 2 HD SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0825	E	PWC GP 2 HD CAP CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0826	E	PWC GP 2 VHD SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0827	E	PWC GP VHD CAP CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0828	E	PWC GP 2 XTRA HD SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0829	E	PWC GP 2 XTRA HD CAP CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0830	E	PWC GP2 STD SEAT ELEVATE S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0831	E	PWC GP2 STD SEAT ELEVATE CAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0835	E	PWC GP2 STD SING POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0836	E	PWC GP2 STD SING POW OPT CAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0837	E	PWC GP 2 HD SING POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0838	E	PWC GP 2 HD SING POW OPT CAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0839	E	PWC GP2 VHD SING POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0840	E	PWC GP2 XHD SING POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0841	E	PWC GP2 STD MULT POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0842	E	PWC GP2 STD MULT POW OPT CAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0843	E	PWC GP2 HD MULT POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0848	E	PWC GP 3 STD SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0849	E	PWC GP 3 STD CAP CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0850	E	PWC GP 3 HD SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0851	E	PWC GP 3 HD CAP CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0852	E	PWC GP 3 VHD SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0853	E	PWC GP 3 VHD CAP CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0854	E	PWC GP 3 XHD SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0855	E	PWC GP 3 XHD CAP CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0856	E	PWC GP3 STD SING POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0857	E	PWC GP3 STD SING POW OPT CAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0858	E	PWC GP3 HD SING POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0859	E	PWC GP3 HD SING POW OPT CAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0860	E	PWC GP3 VHD SING POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0861	E	PWC GP3 STD MULT POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0862	E	PWC GP3 HD MULT POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0863	E	PWC GP3 VHD MULT POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0864	E	PWC GP3 XHD MULT POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0868	E	PWC GP 4 STD SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0869	E	PWC GP 4 STD CAP CHAIR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0870	E	PWC GP 4 HD SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0871	E	PWC GP 4 VHD SEAT/BACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K0877	E	PWC GP4 STD SING POW OPT S/B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
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	-	-	-	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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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	-
K1013	E	ENEMA TUBE ANY TYPE REPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K1014	E	AK 4 BAR LINK HYDL SWG/STANC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K1015	E	FOOT, ADDUCTUS POSITION, ADJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K1016	E	TRANS ELEC NERV FOR TRIGEMIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K1017	E	MONTHLY SUPP USE WITH K1016	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K1018	E	EXT UP LIMB TREMOR STIM WRIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K1019	E	SUPP EXT UP LIMB TREMOR STIM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K1020	E	NON-INVASIVE VAGUS NERV STIM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K1021	E	EXSUFF BELT INCL ALL SUP ACC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K1022	E	ENDOSKEL POSIT ROTAT UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K1023	E	TRANS ELEC NERV PERIPH NERV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K1024	E	NON PNEUM COMP CONTROL CAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K1025	E	NON PNEUM COMPRESS FULL ARM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K1026	E	MECH ALLERGEN PARTI BARRIER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K1027	E	ORAL DEV WITHOUT FIX MECH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K1028	E	CONTROL UNIT NEUROMUSCUL OSA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K1029	E	ORAL DV/APP NEUROMUS MOUTHPI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K1030	E	EXT RECHARGE BAT REPLACEMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K1031	E	NON PNEU COMP CONTROL W/O CA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K1032	E	NON PNEUM SEQ COMP FULL LEG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K1033	E	NON PNEUM SEQ COMP HALF LEG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
K1034	E	COVID TEST SELF-ADMN/COLLECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0112	E	CRANIAL CERVICAL ORTHOSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0113	E	CRANIAL CERVICAL TORTICOLLIS	-	-	-	Not Allowed	\$0.00	-	-	018	999	-
L0120	E	CERV FLEX N/ADJ FOAM PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0130	E	FLEX THERMOPLASTIC COLLAR MO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0140	E	CERVICAL SEMI-RIGID ADJUSTAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0150	E	CERV SEMI-RIG ADJ MOLDED CHN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0160	E	CERV SR WIRE OCC/MAN PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0170	E	CERVICAL COLLAR MOLDED TO PT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0172	E	CERV COL SR FOAM 2PC PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0174	E	CERV SR 2PC THOR EXT PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0180	E	CER POST COL OCC/MAN SUP ADJ	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0190	E	CERV COLLAR SUPP ADJ CERV BA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0200	E	CERV COL SUPP ADJ BAR & THOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0220	E	THOR RIB BELT CUSTOM FABRICA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0450	E	TLSO FLEX TRUNK/THOR PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0452	E	TLSO FLEX CUSTOM FAB THORACI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0454	E	TLSO TRNK SJ-T9 PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0455	E	TLSO FLEX TRNK SJ-T9 PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0456	E	TLSO FLEX TRNK SJ-SS PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0457	E	TLSO FLEX TRNK SJ-SS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0458	E	TLSO 2MOD SYMPHIS-XIPHO PRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0460	E	TLSO 2 SHL SYMPHYS-STERN CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0462	E	TLSO 3MOD SACRO-SCAP PRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0464	E	TLSO 4MOD SACRO-SCAP PRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0466	E	TLSO R FRAM SOFT ANT PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0467	E	TLSO R FRAM SOFT PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0468	E	TLSO RIG FRAM PELVIC PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0469	E	TLSO RIG FRAM PELVIC PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0470	E	TLSO RIGID FRAME PRE SUBCLAV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0472	E	TLSO RIGID FRAME HYPEREX PRE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0480	E	TLSO RIGID PLASTIC CUSTOM FA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0482	E	TLSO RIGID LINED CUSTOM FAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0484	E	TLSO RIGID PLASTIC CUST FAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0486	E	TLSO RIGIDLINED CUST FAB TWO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0488	E	TLSO RIGID LINED PRE ONE PIE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0490	E	TLSO RIGID PLASTIC PRE ONE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0491	E	TLSO 2 PIECE RIGID SHELL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0492	E	TLSO 3 PIECE RIGID SHELL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0621	E	SIO FLEX PELVIC/SACR PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0622	E	SIO FLEX PELVISACRAL CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0623	E	SIO RIG PNL PELV/SAC PRE OTS	-	-	-	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, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
L0624	E	SIO PANEL CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0625	E	LO FLEX L1-BELOW L5 PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0626	E	LO SAG RIG PNL STAYS PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0627	E	LO SAG RI AN/POS PNL PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0628	E	LSO FLEX NO RI STAYS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0629	E	LSO FLEX W/RIGID STAYS CUST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0630	E	LSO R POST PNL SJ-T9 PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0631	E	LSO SAG R AN/POS PNL PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0632	E	LSO SAG RIGID FRAME CUST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0633	E	LSO SC R POS/LAT PNL PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0634	E	LSO FLEXION CONTROL CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0635	E	LSO SAGIT RIGID PANEL PREFAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0636	E	LSO SAGITTAL RIGID PANEL CUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0637	E	LSO SC R ANT/POS PNL PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0638	E	LSO SAG-CORONAL PANEL CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0639	E	LSO S/C SHELL/PANEL PREFAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0640	E	LSO S/C SHELL/PANEL CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0641	E	LO RIG POS PNL L1-L5 PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0642	E	LO SAG RI AN/POS PNL PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0643	E	LSO SAG CTR RIGI POS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0648	E	LSO SAG R AN/POS PNL PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0649	E	LSO SC R POS/LAT PNL PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0650	E	LSO SC R ANT/POS PNL PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0651	E	LSO SAG-CO SHELL PNL PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0700	E	CTL SO A-P-L CONTROL MOLDED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0710	E	CTL SO A-P-L CONTROL W/ INTER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0810	E	HALO CERVICAL INTO JCKT VEST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0820	E	HALO CERVICAL INTO BODY JACK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0830	E	HALO CERV INTO MILWAUKEE TYP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0859	E	MRI COMPATIBLE SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0861	E	HALO REPL LINER/INTERFACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0970	E	TL SO CORSET FRONT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0972	E	LSO CORSET FRONT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0974	E	TL SO FULL CORSET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0976	E	LSO FULL CORSET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0978	E	AXILLARY CRUTCH EXTENSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0980	E	PERONEAL STRAPS PAIR PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0982	E	STOCKING SUP GRIPS 4 PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0984	E	PROTECT BODY SOCK EA PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L0999	E	ADD TO SPINAL ORTHOSIS NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1000	E	CTL SO MILWAUKEE INITIAL MODEL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1001	E	CTL SO INFANT IMMOBILIZER	-	-	-	Not Allowed	\$0.00	-	-	000	001	-
L1005	E	TENSION BASED SCOLIOSIS ORTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1010	E	CTL SO AXILLA SLING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1020	E	KYPHOSIS PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1025	E	KYPHOSIS PAD FLOATING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1030	E	LUMBAR BOLSTER PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1040	E	LUMBAR OR LUMBAR RIB PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1050	E	STERNAL PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1060	E	THORACIC PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1070	E	TRAPEZIUS SLING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1080	E	OUTRIGGER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1085	E	OUTRIGGER BIL W/ VERT EXTENS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1090	E	LUMBAR SLING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1100	E	RING FLANGE PLASTIC/LEATHER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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 FLEX 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	-
L1755	E	LEGG PERTHES PATTEN BOTTOM T	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1810	E	KO ELASTIC WITH JOINTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1812	E	KO ELASTIC W/JOINTS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1820	E	KO ELAS W/ CONDYLE PADS & JO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1830	E	KO IMMOB CANVAS LONG PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1831	E	KNEE ORTH POS LOCKING JOINT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1832	E	KO ADJ JNT POS R SUP PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1833	E	KO ADJ JNT POS R SUP PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1834	E	KO W/O JOINT RIGID MOLDED TO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1836	E	KO RIGID W/O JOINTS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1840	E	KO DEROT ANT CRUCIATE CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1843	E	KO SINGLE UPRIGHT PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1844	E	KO W/ADJ JT ROT CNTRL MOLDED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1845	E	KO DOUBLE UPRIGHT PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1846	E	KO W ADJ FLEX/EXT ROTAT MOLD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1847	E	KO DBL UPRIGHT W/AIR PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1848	E	KO DBL UPRIGHT W/AIR PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1850	E	KO SWEDISH TYPE PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1851	E	KO SINGLE UPRIGHT PREFAB OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1852	E	KO DOUBLE UPRIGHT PREFAB OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1860	E	KO SUPRACONDYLAR SOCKET MOLD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1900	E	AFO SPRNG WIR DRNFLX CALF BD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1902	E	AFO ANKLE GAUNTLET PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1904	E	AFO MOLDED ANKLE GAUNTLET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1906	E	AFO MULTILIG ANK SUP PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1907	E	AFO SUPRAMALLEOLAR CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1910	E	AFO SING BAR CLASP ATTACH SH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1920	E	AFO SING UPRIGHT W/ ADJUST S	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1930	E	AFO PLASTIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1932	E	AFO RIG ANT TIB PREFAB TCF/=	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1940	E	AFO MOLDED TO PATIENT PLASTI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1945	E	AFO MOLDED PLAS RIG ANT TIB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1950	E	AFO SPIRAL MOLDED TO PT PLAS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1951	E	AFO SPIRAL PREFABRICATED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1960	E	AFO POS SOLID ANK PLASTIC MO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1970	E	AFO PLASTIC MOLDED W/ANKLE J	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1971	E	AFO W/ANKLE JOINT, PREFAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1980	E	AFO SING SOLID STIRRUP CALF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L1990	E	AFO DOUB SOLID STIRRUP CALF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2000	E	KAFO SING FRE STIRR TH/CALF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2005	E	KAFO SNG/DBL MECHANICAL ACT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2006	E	KAF SNG/DBL SWG/STN MCPR CUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2010	E	KAFO SNG SOLID STIRRUP W/O J	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2020	E	KAFO DBL SOLID STIRRUP BAND/	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2030	E	KAFO DBL SOLID STIRRUP W/O J	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2034	E	KAFO PLA SIN UP W/WO K/A CUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2035	E	KAFO PLASTIC PEDIATRIC SIZE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2036	E	KAFO PLAS DOUB FREE KNEE MOL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
L2037	E	KAFO PLAS SING FREE KNEE MOL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2038	E	KAFO W/O JOINT MULTI-AXIS AN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2040	E	HKAFO TORSION BIL ROT STRAPS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2050	E	HKAFO TORSION CABLE HIP PELV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2060	E	HKAFO TORSION BALL BEARING J	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2070	E	HKAFO TORSION UNILAT ROT STR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2080	E	HKAFO UNILAT TORSION CABLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2090	E	HKAFO UNILAT TORSION BALL BR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2106	E	AFO TIB FX CAST PLASTER MOLD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2108	E	AFO TIB FX CAST MOLDED TO PT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2112	E	AFO TIBIAL FRACTURE SOFT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2114	E	AFO TIB FX SEMI-RIGID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2116	E	AFO TIBIAL FRACTURE RIGID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2126	E	KAFO FEM FX CAST THERMOPLAS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2128	E	KAFO FEM FX CAST MOLDED TO P	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2132	E	KAFO FEMORAL FX CAST SOFT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2134	E	KAFO FEM FX CAST SEMI-RIGID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2136	E	KAFO FEMORAL FX CAST RIGID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2180	E	PLAS SHOE INSERT W ANK JOINT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2182	E	DROP LOCK KNEE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2184	E	LIMITED MOTION KNEE JOINT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2186	E	ADJ MOTION KNEE JNT LERMAN T	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2188	E	QUADRILATERAL BRIM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2190	E	WAIST BELT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2192	E	PELVIC BAND & BELT THIGH FLA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2200	E	LIMITED ANKLE MOTION EA JNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2210	E	DORSIFLEXION ASSIST EACH JOI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2220	E	DORSI & PLANTAR FLEX ASS/RES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2230	E	SPLIT FLAT CALIPER STIRR & P	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2232	E	ROCKER BOTTOM, CONTACT AFO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2240	E	ROUND CALIPER AND PLATE ATTA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2250	E	FOOT PLATE MOLDED STIRRUP AT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2260	E	REINFORCED SOLID STIRRUP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2265	E	LONG TONGUE STIRRUP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2270	E	VARUS/VALGUS STRAP PADDED/LI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2275	E	PLASTIC MOD LOW EXT PAD/LINE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2280	E	MOLDED INNER BOOT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2300	E	ABDUCTION BAR JOINTED ADJUST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2310	E	ABDUCTION BAR-STRAIGHT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2320	E	NON-MOLDED LACER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2330	E	LACER MOLDED TO PATIENT MODE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2335	E	ANTERIOR SWING BAND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2340	E	PRE-TIBIAL SHELL MOLDED TO P	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2350	E	PROSTHETIC TYPE SOCKET MOLDE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2360	E	EXTENDED STEEL SHANK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2370	E	PATTEN BOTTOM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2375	E	TORSION ANK & HALF SOLID STI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2380	E	TORSION STRAIGHT KNEE JOINT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2385	E	STRAIGHT KNEE JOINT HEAVY DU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2387	E	ADD LE POLY KNEE CUSTOM KAFO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2390	E	OFFSET KNEE JOINT EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2395	E	OFFSET KNEE JOINT HEAVY DUTY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2397	E	SUSPENSION SLEEVE LOWER EXT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2405	E	KNEE JOINT DROP LOCK EA JNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2415	E	KNEE JOINT CAM LOCK EACH JOI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2425	E	KNEE DISC/DIAL LOCK/ADJ FLEX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2430	E	KNEE JNT RATCHET LOCK EA JNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2492	E	KNEE LIFT LOOP DROP LOCK RIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2500	E	THI/GLUT/ISCHIA WGT BEARING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2510	E	TH/WGHT BEAR QUAD-LAT BRIM M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2520	E	TH/WGHT BEAR QUAD-LAT BRIM C	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2525	E	TH/WGHT BEAR NAR M-L BRIM MO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2526	E	TH/WGHT BEAR NAR M-L BRIM CU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2530	E	THIGH/WGHT BEAR LACER NON-MO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2540	E	THIGH/WGHT BEAR LACER MOLDED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2550	E	THIGH/WGHT BEAR HIGH ROLL CU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L2570	E	HIP CLEVIS TYPE 2 POSIT JNT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

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2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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	-
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	-

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, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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	-
L3600	E	TRANS SHOE CALIP PLATE EXIST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3610	E	TRANS SHOE CALIPER PLATE NEW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3620	E	TRANS SHOE SOLID STIRRUP EXI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3630	E	TRANS SHOE SOLID STIRRUP NEW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3640	E	SHOE DENNIS BROWNE SPLINT BO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3649	E	ORTHOPEDIC SHOE MODIFICA NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3650	E	SO 8 ABD RESTRAINT PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3660	E	SO 8 AB RSTR CAN/WEB PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3670	E	SO ACRO/CLAV CAN WEB PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3671	E	SO CAP DESIGN W/O JNTS CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3674	E	SO AIRPLANE W/WO JOINT CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3675	E	SO VEST CANVAS/WEB PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3677	E	SO HARD PLAS STABILI PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3678	E	SO HARD PLAS STABILI PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3702	E	EO W/O JOINTS CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3710	E	EO ELAS W/METAL JNTS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3720	E	FOREARM/ARM CUFFS FREE MOTIO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3730	E	FOREARM/ARM CUFFS EXT/FLEX A	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3740	E	CUFFS ADJ LOCK W/ ACTIVE CON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3760	E	EO ADJ JT PREFAB CUSTOM FIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3761	E	EO, ADJ LOCK JOINT PREFAB OT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
L3762	E	EO RIGID W/O JOINTS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3763	E	EWHO RIGID W/O JNTS CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3764	E	EWHO W/JOINT(S) CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3765	E	EWHFO RIGID W/O JNTS CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3766	E	EWHFO W/JOINT(S) CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3806	E	WHFO W/JOINT(S) CUSTOM FAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3807	E	WHFO W/O JOINTS PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3808	E	WHFO, RIGID W/O JOINTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3809	E	WHFO W/O JOINTS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3891	E	TORSION MECHANISM WRIST/ELBO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3900	E	HINGE EXTENSION/FLEX WRIST/F	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3901	E	HINGE EXT/FLEX WRIST FINGER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3904	E	WHFO ELECTRIC CUSTOM FITTED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3905	E	WHO W/NONTORSION JNT(S) CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3906	E	WHO W/O JOINTS CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3908	E	WHO COCK-UP NONMOLDE PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3912	E	HFO FLEXION GLOVE PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3913	E	HFO W/O JOINTS CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3915	E	WHO NONTORSION JNTS PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3916	E	WHO NONTORSION JNTS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3917	E	METACARP FX ORTHOSIS PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3918	E	METACARP FX ORTHOSIS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3919	E	HO W/O JOINTS CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3921	E	HFO W/JOINT(S) CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3923	E	HFO WITHOUT JOINTS PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3924	E	HFO WITHOUT JOINTS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3925	E	FO PIP DIP JNT/SPRNG PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3927	E	FO PIP DIP NO JT SPR PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3929	E	HFO NONTORSION JNTS PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3930	E	HFO NONTORSION JNTS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3931	E	WHFO NONTORSION JOINT PREFAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3933	E	FO W/O JOINTS CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3935	E	FO NONTORSION JOINT CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3956	E	ADD JOINT UPPER EXT ORTHOSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3960	E	SEWHO AIRPLAN DESIG ABDU POS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3961	E	SEWHO CAP DESIGN W/O JNTS CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3962	E	SEWHO ERBS PALSEY DESIGN ABD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3967	E	SEWHO AIRPLANE W/O JNTS CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3971	E	SEWHO CAP DESIGN W/JNT(S) CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3973	E	SEWHO AIRPLANE W/JNT(S) CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3975	E	SEWHFO CAP DESIGN W/O JNT CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3976	E	SEWHFO AIRPLANE W/O JNTS CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3977	E	SEWHFO CAP DESGN W/JNT(S) CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3978	E	SEWHFO AIRPLANE W/JNT(S) CF	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3980	E	UP EXT FX ORTHOS HUMERAL NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3981	E	UE FX ORTH SHOUL CAP FOREARM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3982	E	UPPER EXT FX ORTHOSIS RAD/UL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3984	E	UPPER EXT FX ORTHOSIS WRIST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3995	E	SOCK FRACTURE OR EQUAL EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L3999	E	UPPER LIMB ORTHOSIS NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4000	E	REPL GIRDLE MILWAUKEE ORTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4002	E	REPLACE STRAP, ANY ORTHOSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4010	E	REPLACE TRILATERAL SOCKET BR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4020	E	REPLACE QUADLAT SOCKET BRIM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4030	E	REPLACE SOCKET BRIM CUST FIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4040	E	REPLACE MOLDED THIGH LACER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
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	-

**Montana Healthcare Programs Fee Schedule  
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2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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 SPLINT PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4386	E	NON-PNEUM WALK BOOT PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4387	E	NON-PNEUM WALK BOOT PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4392	E	REPLACE AFO SOFT INTERFACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4394	E	REPLACE FOOT DROP SPINT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4396	E	STATIC OR DYNAMI AFO PRE CST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4397	E	STATIC OR DYNAMI AFO PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4398	E	FOOT DROP SPLINT PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L4631	E	AFO, WALK BOOT TYPE, CUS FAB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5000	E	SHO INSERT W ARCH TOE FILLER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5010	E	MOLD SOCKET ANK HGT W/ TOE F	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5020	E	TIBIAL TUBERCLE HGT W/ TOE F	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5050	E	ANK SYMES MOLD SCKT SACH FT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5060	E	SYMES MET FR LEATH SOCKET AR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5100	E	MOLDED SOCKET SHIN SACH FOOT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5105	E	PLAST SOCKET JTS/THGH LACER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5150	E	MOLD SCKT EXT KNEE SHIN SACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5160	E	MOLD SOCKET BENT KNEE SHIN S	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5200	E	KNE SING AXIS FRIC SHIN SACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5210	E	NO KNEE/ANKLE JOINTS W/ FT B	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5220	E	NO KNEE JOINT WITH ARTIC ALI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5230	E	FEM FOCAL DEFIC CONSTANT FRI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5250	E	HIP CANAD SING AXI CONS FRIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5270	E	TILT TABLE LOCKING HIP SING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5280	E	HEMIPELVECT CANAD SING AXIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5301	E	BK MOLD SOCKET SACH FT ENDO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5312	E	KNEE DISART, SACH FT, ENDO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5321	E	AK OPEN END SACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5331	E	HIP DISART CANADIAN SACH FT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5341	E	HEMIPELVECTOMY CANADIAN SACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5400	E	POSTOP DRESS & 1 CAST CHG BK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5410	E	POSTOP DSG BK EA ADD CAST CH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5420	E	POSTOP DSG & 1 CAST CHG AK/D	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5430	E	POSTOP DSG AK EA ADD CAST CH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5450	E	POSTOP APP NON-WGT BEAR DSG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5460	E	POSTOP APP NON-WGT BEAR DSG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5500	E	INIT BK PTB PLASTER DIRECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5505	E	INIT AK ISCHIAL 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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
L5630	E	SYME TYP EXPANDABL WALL SCKT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5631	E	AK/KNEE DISARTIC ACRYLIC SOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5632	E	SYMES TYPE PTB BRIM DESIGN S	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5634	E	SYMES TYPE POSTER OPENING SO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5636	E	SYMES TYPE MEDIAL OPENING SO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5637	E	BELOW KNEE TOTAL CONTACT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5638	E	BELOW KNEE LEATHER SOCKET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5639	E	BELOW KNEE WOOD SOCKET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5640	E	KNEE DISARTICULAT LEATHER SO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5642	E	ABOVE KNEE LEATHER SOCKET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5643	E	HIP FLEX INNER SOCKET EXT FR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5644	E	ABOVE KNEE WOOD SOCKET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5645	E	BK FLEX INNER SOCKET EXT FRA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5646	E	BELOW KNEE CUSHION SOCKET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5647	E	BELOW KNEE SUCTION SOCKET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5648	E	ABOVE KNEE CUSHION SOCKET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5649	E	ISCH CONTAINMT/NARROW M-L SO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5650	E	TOT CONTACT AK/KNEE DISART S	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5651	E	AK FLEX INNER SOCKET EXT FRA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5652	E	SUCTION SUSP AK/KNEE DISART	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5653	E	KNEE DISART EXPAND WALL SOCK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5654	E	SOCKET INSERT SYMES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5655	E	SOCKET INSERT BELOW KNEE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5656	E	SOCKET INSERT KNEE ARTICULAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5658	E	SOCKET INSERT ABOVE KNEE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5661	E	MULTI-DUROMETER SYMES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5665	E	MULTI-DUROMETER BELOW KNEE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5666	E	BELOW KNEE CUFF SUSPENSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5668	E	BK MOLDED DISTAL CUSHION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5670	E	BK MOLDED SUPRACONDYLAR SUSP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5671	E	BK/AK LOCKING MECHANISM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5672	E	BK REMOVABLE MEDIAL BRIM SUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5673	E	SOCKET INSERT W LOCK MECH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5676	E	BK KNEE JOINTS SINGLE AXIS P	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
L5722	E	KNEE-SHIN PNEUM SWG FRCT EXO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5724	E	KNEE-SHIN EXO FLUID SWING PH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5726	E	KNEE-SHIN EXT JNTS FLD SWG E	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5728	E	KNEE-SHIN FLUID SWG & STANCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5780	E	KNEE-SHIN PNEUM/HYDRA PNEUM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5781	E	LOWER LIMB PROS VACUUM PUMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5782	E	HD LOW LIMB PROS VACUUM PUMP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5785	E	EXOSKELETAL BK ULTRALT MATER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5790	E	EXOSKELETAL AK ULTRA-LIGHT M	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5795	E	EXOSKEL HIP ULTRA-LIGHT MATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5810	E	ENDOSKEL KNEE-SHIN MNL LOCK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5811	E	ENDO KNEE-SHIN MNL LCK ULTRA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5812	E	ENDO KNEE-SHIN FRCT SWG & ST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5814	E	ENDO KNEE-SHIN HYDRAL SWG PH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5816	E	ENDO KNEE-SHIN POLYC MCH STA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5818	E	ENDO KNEE-SHIN FRCT SWG & ST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5822	E	ENDO KNEE-SHIN PNEUM SWG FRC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5824	E	ENDO KNEE-SHIN FLUID SWING P	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5826	E	MINIATURE KNEE JOINT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5828	E	ENDO KNEE-SHIN FLUID SWG/STA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5830	E	ENDO KNEE-SHIN PNEUM/SWG PHA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5840	E	MULTI-AXIAL KNEE/SHIN SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5845	E	KNEE-SHIN SYS STANCE FLEXION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5848	E	KNEE-SHIN SYS HYDRAUL STANCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5850	E	ENDO AK/HIP KNEE EXTENS ASSI	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5855	E	MECH HIP EXTENSION ASSIST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5856	E	ELEC KNEE-SHIN SWING/STANCE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5857	E	ELEC KNEE-SHIN SWING ONLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5858	E	STANCE PHASE ONLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5859	E	KNEE-SHIN PRO FLEX/EXT CONT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5910	E	ENDO BELOW KNEE ALIGNABLE SY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5920	E	ENDO AK/HIP ALIGNABLE SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5925	E	ABOVE KNEE MANUAL LOCK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5930	E	HIGH ACTIVITY KNEE FRAME	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5940	E	ENDO BK ULTRA-LIGHT MATERIAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5950	E	ENDO AK ULTRA-LIGHT MATERIAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5960	E	ENDO HIP ULTRA-LIGHT MATERIA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5961	E	ENDO POLY HIP, PNEU/HYD/ROT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5962	E	BELOW KNEE FLEX COVER SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5964	E	ABOVE KNEE FLEX COVER SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5966	E	HIP FLEXIBLE COVER SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5968	E	MULTIAXIAL ANKLE W DORSIFLEX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5969	E	AK/FT POWER ASST INCL MOTORS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5970	E	FOOT EXTERNAL KEEL SACH FOOT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5971	E	SACH FOOT, REPLACEMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5972	E	FLEXIBLE KEEL FOOT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5973	E	ANK-FOOT SYS DORS-PLANT FLEX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5974	E	FOOT SINGLE AXIS ANKLE/FOOT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5975	E	COMBO ANKLE/FOOT PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5976	E	ENERGY STORING FOOT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5978	E	FT PROSTH MULTIAXIAL ANKL/FT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5979	E	MULTI-AXIAL ANKLE/FT PROSTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5980	E	FLEX FOOT SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5981	E	FLEX-WALK SYS LOW EXT PROSTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5982	E	EXOSKELETAL AXIAL ROTATION U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5984	E	ENDOSKELETAL AXIAL ROTATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5985	E	LWR EXT DYNAMIC PROSTH PYLON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5986	E	MULTI-AXIAL ROTATION UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5987	E	SHANK FT W VERT LOAD PYLON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5988	E	VERTICAL SHOCK REDUCING PYLO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5990	E	USER ADJUSTABLE HEEL HEIGHT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L5999	E	LOWR EXTREMITY PROSTHES NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L6000	E	PART HAND THUMB REM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L6010	E	PART HAND LITTLE/RING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L6020	E	PART HAND NO FINGERS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L6025	E	PART HAND DISART MYOELECTRIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L6026	E	PART HAND MYO EXCLU TERM DEV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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	-
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	-

**Montana Healthcare Programs Fee Schedule  
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2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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	-
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	-

**Montana Healthcare Programs Fee Schedule  
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2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
L7261	E	ELECTRON WRIST ROTATOR UTAH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L7360	E	SIX VOLT BAT OTTO BOCK/EQ EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L7362	E	BATTERY CHRGR SIX VOLT OTTO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L7364	E	TWELVE VOLT BATTERY UTAH/EQU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L7366	E	BATTERY CHRGR 12 VOLT UTAH/E	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L7367	E	REPLACMNT LITHIUM IONBATTER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L7368	E	LITHIUM ION BATTERY CHARGER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L7400	E	ADD UE PROST BE/WD, ULTLITE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L7401	E	ADD UE PROST A/E ULTLITE MAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L7402	E	ADD UE PROST S/D ULTLITE MAT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L7403	E	ADD UE PROST B/E ACRYLIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L7404	E	ADD UE PROST A/E ACRYLIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L7405	E	ADD UE PROST S/D ACRYLIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L7499	E	UPPER EXTREMITY PROSTHES NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L7510	E	PROSTHETIC DEVICE REPAIR REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L7520	E	REPAIR PROSTHESIS PER 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L7600	E	PROSTHETIC DONNING SLEEVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L7700	E	PROS SOC INSERT GASKET/SEAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L7900	E	MALE VACUUM ERECTION SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L7902	E	TENSION RING, VAC ERECT DEV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8000	E	MASTECTOMY BRA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8001	E	BREAST PROSTHESIS BRA & FORM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8002	E	BRST PRSTH BRA & BILAT FORM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8010	E	MASTECTOMY SLEEVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8015	E	EXT BREASTPROSTHESIS GARMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8020	E	MASTECTOMY FORM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8030	E	BREAST PROSTHES W/O ADHESIVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8031	E	BREAST PROSTHESIS W ADHESIVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8032	E	REUSABLE NIPPLE PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8033	E	NIPPLE PROSTHESIS CUSTOM, EA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8035	E	CUSTOM BREAST PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8039	E	BREAST PROSTHESIS NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8040	E	NASAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8041	E	MIDFACIAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8042	E	ORBITAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8043	E	UPPER FACIAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8044	E	HEMI-FACIAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8045	E	AURICULAR PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8046	E	PARTIAL FACIAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8047	E	NASAL SEPTAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8048	E	UNSPEC MAXILLOFACIAL PROSTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8049	E	REPAIR MAXILLOFACIAL PROSTH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8300	E	TRUSS SINGLE W/ STANDARD PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8310	E	TRUSS DOUBLE W/ STANDARD PAD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8320	E	TRUSS ADDITION TO STD PAD WA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8330	E	TRUSS ADD TO STD PAD SCROTAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
L8512	E	GEL CAP FOR TRACH VOICE PROS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8513	E	TRACH PROS CLEANING DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8514	E	REPL TRACH PUNCTURE DILATOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8515	E	GEL CAP APP DEVICE FOR TRACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8600	N	IMPLANT BREAST SILICONE/EQ	-	-	-	Bundled	\$0.00	-	-	000	999	-
L8603	N	COLLAGEN IMP URINARY 2.5 ML	-	-	-	Bundled	\$0.00	-	-	000	999	-
L8604	N	DEXTRANOMER/HYALURONIC ACID	-	-	-	Bundled	\$0.00	-	-	000	999	-
L8605	N	INJ BULKING AGENT ANAL CANAL	-	-	-	Bundled	\$0.00	-	-	000	999	-
L8606	N	SYNTHETIC IMPLNT URINARY 1ML	-	-	-	Bundled	\$0.00	-	-	000	999	-
L8607	N	INJ VOCAL CORD BULKING AGENT	-	-	-	Bundled	\$0.00	-	-	000	999	-
L8608	N	ARG II EXT COM/SUP/ACC MISC	-	-	-	Bundled	\$0.00	-	-	000	999	-
L8609	N	ARTIFICIAL CORNEA	-	-	-	Bundled	\$0.00	-	-	000	999	-
L8610	N	OCULAR IMPLANT	-	-	-	Bundled	\$0.00	-	-	000	999	-
L8612	N	AQUEOUS SHUNT PROSTHESIS	-	-	-	Bundled	\$0.00	-	-	000	999	-
L8613	N	OSSICULAR IMPLANT	-	-	-	Bundled	\$0.00	-	-	000	999	-
L8614	N	COCHLEAR DEVICE	-	-	-	Bundled	\$0.00	-	-	000	999	-
L8615	E	COCH IMPLANT HEADSET REPLACE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8616	E	COCH IMPLANT MICROPHONE REPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8617	E	COCH IMPLANT TRANS COIL REPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8618	E	COCH IMPLANT TRAN CABLE REPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8619	E	COCH IMP EXT PROC/CONTR RPLC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8621	E	REPL ZINC AIR BATTERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8622	E	REPL ALKALINE BATTERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8623	E	LITH ION BATT CID.NON-EARLVL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8624	E	LITH ION BATT CID. EAR LEVEL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8625	E	CHARGER COCH IMPL/AOI BATTRY	-	-	-	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	RADIOF TRSMTR IMPLT SCRL NEU	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8685	E	IMPLT NROSTM PLS GEN SNG REC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8686	E	IMPLT NROSTM PLS GEN SNG NON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8687	E	IMPLT NROSTM PLS GEN DUA REC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8688	E	IMPLT NROSTM PLS GEN DUA NON	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8689	E	EXTERNAL RECHARG SYS INTERN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8690	N	AUD OSSEO DEV. INT/EXT COMP	-	-	-	Bundled	\$0.00	-	-	000	999	-
L8691	E	AOI SND PROC REPL EXCL ACTUA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8692	E	NON-OSSEOINTEGRATED SND PROC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8693	E	AUD OSSEO DEV. ABUTMENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8694	E	AOI TRANSDUCER/ACTUATOR REPL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8695	E	EXTERNAL RECHARG SYS EXTERN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8696	E	EXT ANTENNA PHREN NERVE STIM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8698	E	MISC USED WITH TOT ART HEART	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8699	N	PROSTHETIC IMPLANT NOS	-	-	-	Bundled	\$0.00	-	-	000	999	-
L8701	E	EWB S/D UPRT MICRO SENSOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L8702	E	EWHF S/D UPRT MICRO SENSOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
L9900	E	O&P SUPPLY/ACCESSORY/SERVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
M0001	E	ADVANCING CANCER CARE MVP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
M0002	E	OPT CARE KIDNEY HLTH MVP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
M0003	E	OPT CARE EPISOD NEURO MVP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
M0004	E	SUPPORT CARE NEUR COND MVP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
M0005	E	PROMOT WELLNESS MVP	-	-	-	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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
M0201	M	COVID-19 VACCINE HOME ADMIN	-	-	Fee Schedule	\$35.50	-	-	000	999	-
M0220	S	TIXAGEV AND CILGAV INJ	-	01503	APC	\$150.50	-	-	012	999	-
M0221	M	TIXAGEV AND CILGAV INJ HM	-	-	Fee Schedule	\$250.50	-	-	012	999	-
M0222	M	BEBTELOVIMAB INJECTION	-	-	Fee Schedule	\$350.50	-	-	000	999	-
M0223	M	BEBTELOVIMAB INJECTION HOME	-	-	Fee Schedule	\$550.50	-	-	000	999	-
M0239	E	BAMLANIVIMAB-XXXX INFUSION	-	-	Not Allowed	\$0.00	-	-	000	999	-
M0240	M	CASIRI AND IMDEV REPEAT	-	-	Fee Schedule	\$450.00	-	-	000	999	-
M0241	M	CASIRI AND IMDEV REPEAT HM	-	-	Fee Schedule	\$750.00	-	-	000	999	-
M0243	M	CASIRIVI AND IMDEVI INJ	-	-	Fee Schedule	\$450.00	-	-	000	999	-
M0244	M	CASIRIVI AND IMDEVI INJ HM	-	-	Fee Schedule	\$750.00	-	-	000	999	-
M0245	M	BAMLAN AND ETESEV INFUSION	-	-	Fee Schedule	\$450.00	-	-	000	999	-
M0246	M	BAMLAN AND ETESEV INFUS HOME	-	-	Fee Schedule	\$750.00	-	-	000	999	-
M0247	M	SOTROVIMAB INFUSION	-	-	Fee Schedule	\$450.00	-	-	000	999	-
M0248	M	SOTROVIMAB INF, HOME ADMIN	-	-	Fee Schedule	\$750.00	-	-	000	999	-
M0249	M	ADM TOCILIZU COVID-19 1ST	-	-	Fee Schedule	\$450.00	-	-	000	999	-
M0250	M	ADM TOCILIZU COVID-19 2ND	-	-	Fee Schedule	\$450.00	-	-	000	999	-
M0300	E	IV CHELATIONTHERAPY	-	-	Not Allowed	\$0.00	-	-	000	999	-
M0301	E	FABRIC WRAPPING OF ANEURYSM	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1003	E	TB SCR 12 MO PRI FST BIO DZ	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1004	E	DOC MED RSN NO SRN TB	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1005	E	TB SCR NO PERF	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1006	E	DZ NOT ASES, NO RSN	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1007	E	>=50% TOTAL PT OUTPT RA ENCT	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1008	E	<50% TOTAL PT OUTPT RA ENCTS	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1009	E	DC EOC DOC MED REC	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1010	E	DC EOC DOC MED REC	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1011	E	DC EOC DOC MED REC	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1012	E	DC EOC DOC MED REC	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1013	E	DC EOC DOC MED REC	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1014	E	DC EPI CARE DOC MEDREC	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1016	E	PT DX MEOP OR SUR STERI	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1018	E	PT DX HST CR PT SK LG CR SCR	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1019	E	ADL PT MJ DEP DS RS 12 PHQ-5	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1020	E	ADL PT MJ DEP DS NO RS 12 MO	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1021	E	PT UC IN PP	-	-	Not Allowed	\$0.00	-	-	000	999	-
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	-
M1032	E	ADT TKNP 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 >= 71	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1046	E	FS OKS 9-15MO < 37 < 71	-	-	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	-
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 HOME PROG	-	-	Not Allowed	\$0.00	-	-	000	999	-

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2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
M1109	E	OC NI PT DC	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1110	E	OC NOT P PT SELFDC	-	-	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 HOME PROG	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1114	E	OC NI PT DC	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1115	E	OC NI PT SELFDC	-	-	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 HOME PROG	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1119	E	OC NI PT DC	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1120	E	OC NI PT SELFDC	-	-	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 HOME PROG	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1124	E	OC NI PT DC 1-2 VIS	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1125	E	OC NI PT SELFDC 1-2 VIS	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1126	E	START EOC DOC MED REC	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1127	E	DOCU DX DEGEN NEURO	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1128	E	OC NI PT HOME PROG	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1129	E	OC NI PT DC	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1130	E	OC NI PT SELFDC	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1131	E	DOCU DX DEGEN NEURO	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1132	E	OC NI PT HOME PROG	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1133	E	OC NI PT DC	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1134	E	OC NI PT SELFDC	-	-	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	-
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	-
M1150	E	LVEF <=40% OR MOD/SEV L VSF	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1151	E	PT W/ HX TRNSPLT OR LVAD	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1152	E	PT W/ HX TRNSPLT OR LVAD	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1153	E	PT W/ DX OSTEO DOE	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1154	E	HOSPC SERV DUR MEAS PD	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1155	E	PT ANPHX DUE TO PNEUM	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1156	E	PT RECD ACTV CHEMO ANY TIME	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1157	E	PT RECD BONE MAR TRNSPLT	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1158	E	PT HX IMMCOMP PRIOR/DUR PD	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1159	E	HOSPC SERV DUR MEAS PD	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1160	E	PT ANPHX DUE TO MENGB BEF 13	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1161	E	PT ANPHX DUE TO DTP BEF 13	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1162	E	PT ENCEPH DUE TO DTP BEF 13	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1163	E	PT ANPHX DUE TO HPV BEF 13	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1164	E	PT W/ DEMENTIA ANY TIME	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1165	E	PT USE HSPC DUR MEAS PD	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1166	E	PATH RPT TIS SPEC WLE/REEXC	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1167	E	HSPC DUR MEAS PD	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1168	E	PT RECD FLU VAX 7/1-6/30	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1169	E	DOC MED RSN NO FLU VAX	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1170	E	PT W/O FLU VAX 7/1-6/30	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1171	E	PT RECD 1 TD/TDAP 9YRS PRIOR	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1172	E	DOC MED RSN NO TD/TDAP	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1173	E	PT NO REC TD/TDAP 9YRS PRIOR	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1174	E	PT W/ 1 HZV LV OR 2 HZV RECM	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1175	E	DOC MED RSN NO HZV	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1176	E	PT W/O HZV ON/AFT AGE 50	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1177	E	PT RECD PCV ON/AFT 60	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1178	E	DOC MED RSN NO PCV	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1179	E	NO PCV RECD	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1180	E	PT IMM CKPT INHIB THERAPY	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1181	E	GR 2 OR> DIA OR GR2 OR> COL	-	-	Not Allowed	\$0.00	-	-	000	999	-
M1182	E	NOT ELG PRE EX IBD/UC/CROHN	-	-	Not Allowed	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments	
Proc Cd	Status Ind	Proc Desc	Proc Modifier									APC
M1183	E	DOC IMM CKPT INHIB HLD	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1184	E	DOC MED RSN NO CST/IST RX	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1185	E	IMM CKPT INHIB NOT HLD NO RX	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1186	E	PT W/ RX FOR HSPC/PLLV CARE	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1187	E	PT W/ ESRD	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1188	E	PT W/ CKD STG 5	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1189	E	DOC KHE PEF W/EFGR/UACR	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1190	E	DOC KHE NOT PEF W/EFGR/UACR	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1191	E	HSPC SVC ANY TIME IN MEAS PD	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1192	E	PT W/ DX SQ CELL CA OF ESOPH	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1193	E	RPTS W/ IMP/CON MMR/MSI	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1194	E	MED RSN NO IMP/CON MMR/MSI	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1195	E	RPT WO IMP/CON MMR/MSI	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1196	E	IXV NRS VRS IQA >=4	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1197	E	ISA RED >=2 FR IXV	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1198	E	ISA NOT RED 2PTS FR IXV	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1199	E	PT REC'G RRT	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1200	E	ACE-I/ARB RX	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1201	E	MED RSN NO ACE-I/ARB RX	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1202	E	PT RSN NO ACE-I/ARB RX	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1203	E	NO RSN ACE-I/ARB RX	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1204	E	IXV NRS VRS IQA >=4	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1205	E	ISA RED >=2 FR IXV	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1206	E	ISA NOT RED 2PTS FR IXV	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1207	E	#PTS SCR N SDOH	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1208	E	#PTS NO SCR N SDOH	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1209	E	>=2 SAME HI-RSK MED W/O DIAG	-	-	Not Allowed	\$0.00	-	-	000	999	-	
M1210	E	>=2 SAME MEDS TBL4 NOT ORD	-	-	Not Allowed	\$0.00	-	-	000	999	-	
P2028	Q	CEPHALIN FLOCLULATION 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	\$28.85	\$17.89	\$17.31	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	2.6595	APC	\$149.30	-	-	000	999	-
P9011	R	BLOOD SPLIT UNIT	-	09520	1.6247	APC	\$91.21	-	-	000	999	-
P9012	R	CRYOPRECIPITATE EACH UNIT	-	09511	0.8692	APC	\$48.80	-	-	000	999	-
P9016	R	RBC LEUKOCYTES REDUCED	-	09512	2.2108	APC	\$124.11	-	-	000	999	-
P9017	R	PLASMA 1 DONOR FRZ W/IN 8 HR	-	09508	0.9986	APC	\$56.06	-	-	000	999	-
P9019	R	PLATELETS, EACH UNIT	-	09515	0.9024	APC	\$50.66	-	-	000	999	-
P9020	R	PLAELLET RICH PLASMA UNIT	-	09516	5.2027	APC	\$292.08	-	-	000	999	-
P9021	R	RED BLOOD CELLS UNIT	-	09517	1.5835	APC	\$88.90	-	-	000	999	-
P9022	R	WASHED RED BLOOD CELLS UNIT	-	09518	4.6244	APC	\$259.61	-	-	000	999	-
P9023	R	FROZEN PLASMA, POOLED, SD	-	09509	1.0870	APC	\$61.02	-	-	000	999	-
P9025	R	PLASMA CRYO REDU PATH EACH	-	09538	0.7622	APC	\$42.79	-	-	000	999	-
P9026	R	CRYO FIB COMP PATH REDU EACH	-	09539	0.9264	APC	\$52.01	-	-	000	999	-
P9031	R	PLATELETS LEUKOCYTES REDUCED	-	09526	1.5294	APC	\$85.86	-	-	000	999	-
P9032	R	PLATELETS, IRRADIATED	-	09500	1.6802	APC	\$94.33	-	-	000	999	-
P9033	R	PLATELETS LEUKOREduced IRRAD	-	09521	3.1356	APC	\$176.03	-	-	000	999	-
P9034	R	PLATELETS, PHERESIS	-	09507	3.9022	APC	\$219.07	-	-	000	999	-
P9035	R	PLATELET PHERES LEUKOREduced	-	09501	5.6746	APC	\$318.57	-	-	000	999	-
P9036	R	PLATELET PHERESIS IRRADIATED	-	09502	7.2055	APC	\$404.52	-	-	000	999	-
P9037	R	PLATE PHERES LEUKOREDU IRRAD	-	09530	7.4568	APC	\$418.62	-	-	000	999	-
P9038	R	RBC IRRADIATED	-	09505	2.2924	APC	\$128.70	-	-	000	999	-
P9039	R	RBC DEGLYCEROLIZED	-	09504	4.8283	APC	\$271.06	-	-	000	999	-
P9040	R	RBC LEUKOREduced IRRADIATED	-	09522	3.0276	APC	\$169.97	-	-	000	999	-
P9041	K	ALBUMIN (HUMAN), 5%, 50ML	-	00961	0.1880	APC (blood and non-blood products)	\$10.55	-	-	000	999	-
P9043	R	PLASMA PROTEIN FRACT, 5%, 50ML	-	09514	0.0928	APC	\$5.47	-	-	000	999	-
P9044	R	CRYOPRECIPITATEREDUCEDPLASMA	-	09523	0.8050	APC	\$45.19	-	-	000	999	-
P9045	K	ALBUMIN (HUMAN), 5%, 250 ML	-	00963	0.9400	APC (blood and non-blood products)	\$52.77	-	-	000	999	-
P9046	K	ALBUMIN (HUMAN), 25%, 20 ML	-	00964	0.3760	APC (blood and non-blood products)	\$21.11	-	-	000	999	-
P9047	K	ALBUMIN (HUMAN), 25%, 50ML	-	00965	0.9400	APC (blood and non-blood products)	\$52.77	-	-	000	999	-
P9048	R	PLASMAPROTEIN FRACT, 5%, 250ML	-	09519	1.8503	APC	\$109.69	-	-	000	999	-
P9050	E	GRANULOCYTES, PHERESIS UNIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
P9051	R	BLOOD, L/R, CMV-NEG	-	09524	2.2951	APC	\$128.85	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
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2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
P9052	R	PLATELETS, HLA-M, L/R, UNIT	-	09525	9.6811	APC	\$543.50	-	-	000	999	-
P9053	R	PLT, PHER, L/R CMV-NEG, IRR	-	09531	6.2213	APC	\$349.26	-	-	000	999	-
P9054	R	BLOOD, L/R, FROZ/DEGLY/WASH	-	09527	3.4688	APC	\$194.74	-	-	000	999	-
P9055	R	PLT, APH/PHER, L/R, CMV-NEG	-	09528	3.8981	APC	\$218.84	-	-	000	999	-
P9056	R	BLOOD, L/R, IRRADIATED	-	09529	1.2703	APC	\$71.31	-	-	000	999	-
P9057	R	RBC, FRZ/DEG/WSH, L/R, IRRAD	-	09532	4.6017	APC	\$258.34	-	-	000	999	-
P9058	R	RBC, L/R, CMV-NEG, IRRAD	-	09533	2.9326	APC	\$164.64	-	-	000	999	-
P9059	R	PLASMA, FRZ BETWEEN 8-24HOUR	-	09513	0.8903	APC	\$49.98	-	-	000	999	-
P9060	R	FR FRZ PLASMA DONOR RETESTED	-	09503	0.6396	APC	\$35.91	-	-	000	999	-
P9070	R	PATHOGEN REDUCED PLASMA POOL	-	09534	0.8531	APC	\$47.89	-	-	000	999	-
P9071	R	PATHOGEN REDUCED PLASMA SING	-	09535	1.0388	APC	\$58.32	-	-	000	999	-
P9073	R	PLATELETS PHERESIS PATH REDU	-	09536	6.7522	APC	\$379.07	-	-	000	999	-
P9099	R	BLOOD COMPONENT/PRODUCT NOC	-	09537	0.6396	APC	\$35.91	-	-	000	999	-
P9100	S	PATHOGEN TEST FOR PLATELETS	-	05733	0.6716	APC	\$37.70	-	-	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	\$14.28	-	-	000	999	-
P9615	N	URINE SPECIMEN COLLECT MULT	-	-	-	Bundled, sometimes payable	\$14.28	-	-	000	999	-
Q0035	N	CARDIOKYMOGRAPHY	-	05732	0.3968	Bundled, sometimes payable	\$22.28	-	-	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	0.2916	APC	\$16.37	-	-	000	999	-
Q0092	N	SET UP PORT XRAY EQUIPMENT	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q0111	Q	WET MOUNTS/ W PREPARATIONS	-	-	-	Medicare	\$28.85	\$17.89	\$17.31	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	0.0099	APC (blood and non-blood products)	\$0.56	-	-	000	999	-
Q0139	K	FERUMOXYTOL, ESRD USE	-	01485	0.0099	APC (blood and non-blood products)	\$0.56	-	-	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	-
Q0220	M	TIXAGEV AND CILGAV, 300MG	-	-	-	Fee Schedule	\$0.01	-	-	012	999	-
Q0221	M	TIXAGEV AND CILGAV, 600MG	-	-	-	Fee Schedule	\$0.01	-	-	000	999	-
Q0222	M	BEBTELOVIMAB 175 MG	-	-	-	Fee Schedule	\$2,394.00	-	-	000	999	-
Q0239	E	BAMLANIVIMAB-XXXX	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0240	M	CASIRIVI AND IMDEVI 600 MG	-	-	-	Fee Schedule	\$0.01	-	-	000	999	-
Q0243	M	CASIRIVIMAB AND IMDEVIMAB	-	-	-	Fee Schedule	\$0.01	-	-	000	999	-
Q0244	M	CASIRIVI AND IMDEVI 1200 MG	-	-	-	Fee Schedule	\$0.01	-	-	000	999	-
Q0245	M	BAMLANIVIMAB AND ETESEVIMA	-	-	-	Fee Schedule	\$0.01	-	-	000	999	-
Q0247	M	SOTROVIMAB	-	-	-	Fee Schedule	\$2,394.00	-	-	000	999	-
Q0249	M	TOCILIZUMAB FOR COVID-19	-	-	-	Fee Schedule	\$6.57	-	-	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	MICROPCSR CU ELEC VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0482	E	MICROPCSR CU COMBO VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0483	E	MONITOR ELEC VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0484	E	MONITOR ELEC OR COMB VAD REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0485	E	MONITOR CABLE ELEC VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0486	E	MON CABLE ELEC/PNEUM VAD REP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q0487	E	LEADS ANY TYPE VAD, REP ONLY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
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2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier APC								
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 REPLACEMENT	- -	-	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	N	TENIPOSIDE, 50 MG	- -	-	Bundled	\$0.00	-	-	000	999	-
Q2026	K	RADIESSE INJECTION	- 09094	2.9811	APC (blood and non-blood products)	\$167.36	-	-	000	999	-
Q2028	K	INJ, SCULPTRA, 0.5MG	- 09095	0.0182	APC (blood and non-blood products)	\$1.02	-	-	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	\$18.76	-	-	019	999	-
Q2036	M	FLULAVAL VACC, 3 YRS & >, IM	- -	-	Fee Schedule	\$19.00	-	-	019	999	-
Q2037	M	FLUVIRIN VACC, 3 YRS & >, IM	- -	-	Fee Schedule	\$20.03	-	-	019	999	-
Q2038	M	FLUZONE VACC, 3 YRS & >, IM	- -	-	Fee Schedule	\$18.63	-	-	019	999	-
Q2039	M	INFLUENZA VIRUS VACCINE, NOS	- -	-	Charge Ratio	\$0.00	-	-	019	999	-
Q2041	K	AXICABTAGENE CILOLEUCEL CAR+	- 09035	7747.7383	APC (blood and non-blood products)	\$0.00	-	-	000	999	-
Q2042	K	TISAGENLEUCEL CAR-POS T	- 09194	8481.9082	APC (blood and non-blood products)	\$0.00	-	-	000	999	-
Q2043	K	SIPULEUCEL-T AUTO CD54+	- 09273	961.5508	APC (blood and non-blood products)	\$53,981.46	-	-	000	999	-
Q2047	E	PEGINESATIDE INJECTION	- -	-	Not Allowed	\$0.00	-	-	000	999	-
Q2049	K	IMPORTED LIPDOX INJ	- 01421	7.5543	APC (blood and non-blood products)	\$424.10	-	-	000	999	-
Q2050	K	DOXORUBICIN INJ 10MG	- 07046	1.8211	APC (blood and non-blood products)	\$102.24	-	-	000	999	-
Q2052	E	IVIG DEMO, SERVICES/SUPPLIES	- -	-	Not Allowed	\$0.00	-	-	000	999	-
Q2053	G	BREXUCABTAGENE CAR POS T	- 09391	-	APC - pays by fee schedule amount	\$436,016.24	-	-	000	999	-
Q2054	G	LISOCABTAGENE MARA CAR POS T	- 09413	-	APC - pays by fee schedule amount	\$434,918.00	-	-	000	999	-
Q2055	G	IDECABTAGENE VICLEUCEL CAR	- 09422	-	APC - pays by fee schedule amount	\$444,670.00	-	-	000	999	-
Q2056	G	CILTACABTAGENE CAR-POS T	- 09498	-	APC - pays by fee schedule amount	\$492,900.00	-	-	000	999	-
Q3001	E	BRACHYTHERAPY RADIOELEMENTS	- -	-	Not Allowed	\$0.00	-	-	000	999	-
Q3014	M	TELEHEALTH FACILITY FEE	- -	-	Fee Schedule	\$28.64	-	-	000	999	-
Q3027	K	INJ BETA INTERFERON IM 1 MCG	- 01472	0.9693	APC (blood and non-blood products)	\$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	-
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	-

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, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
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 SPLINT PED P	-	-	Not Allowed	\$0.00	-	-	000	010	-
Q4020	E	CAST SUP LNG ARM SPLINT 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 SPLINT PED P	-	-	Not Allowed	\$0.00	-	-	000	010	-
Q4024	E	CAST SUP SHT ARM SPLINT 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 BMWD	-	-	Bundled	\$0.00	-	-	000	999	-
Q4105	N	INTEGRA DRT OR OMNIGRAFT	-	-	Bundled	\$0.00	-	-	000	999	-
Q4106	N	DERMAGRAFT	-	-	Bundled	\$0.00	-	-	000	999	-
Q4107	N	GRAFTJACKET	-	-	Bundled	\$0.00	-	-	000	999	-
Q4108	N	INTEGRA MATRIX	-	-	Bundled	\$0.00	-	-	000	999	-
Q4110	N	PRIMATRIX	-	-	Bundled	\$0.00	-	-	000	999	-
Q4111	N	GAMMAGRAFT	-	-	Bundled	\$0.00	-	-	000	999	-
Q4112	N	CYMETRA INJECTABLE	-	-	Bundled	\$0.00	-	-	000	999	-
Q4113	N	GRAFTJACKET XPRESS	-	-	Bundled	\$0.00	-	-	000	999	-
Q4114	N	INTEGRA FLOWABLE WOUND MATRI	-	-	Bundled	\$0.00	-	-	000	999	-
Q4115	N	ALLOSKIN	-	-	Bundled	\$0.00	-	-	000	999	-
Q4116	N	ALLODERM	-	-	Bundled	\$0.00	-	-	000	999	-
Q4117	N	HYALOMATRIX	-	-	Bundled	\$0.00	-	-	000	999	-
Q4118	N	MATRISTEM MICROMATRIX	-	-	Bundled	\$0.00	-	-	000	999	-
Q4121	N	THERASKIN	-	-	Bundled	\$0.00	-	-	000	999	-
Q4122	N	DERMACELL, AWM, POROUS SQ CM	-	-	Bundled	\$0.00	-	-	000	999	-
Q4123	N	ALLOSKIN	-	-	Bundled	\$0.00	-	-	000	999	-
Q4124	N	OASIS TRI-LAYER WOUND MATRIX	-	-	Bundled	\$0.00	-	-	000	999	-
Q4125	N	ARTHROFLEX	-	-	Bundled	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
Q4126	N	MEMODERM/DERMA/TRANZ/INTEGUP	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4127	N	TALYMED	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4128	N	FLEXHD/ALLOPATCH/SQ CM	-	-	-	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	-
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	-

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, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
Q4197	N	PURAPLY XT 1 SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4198	N	GENESIS AMNIO MEMBRANE 1SQCM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4199	N	CYGNUS MATRIX, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4200	N	SKIN TE 1 SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4201	N	MATRION 1 SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4202	N	KEROXX (2.5G/CC), 1CC	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4203	N	DERMA-GIDE, 1 SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4204	N	XWRAP 1 SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4205	E	MEMBRANE GRAFT OR WRAP SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q4206	E	FLUID FLOW OR FLUID GF 1 CC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q4208	E	NOVAFIX PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q4209	E	SURGRAFT PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q4210	E	AXOLOTL GRAF DUALGRAF SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q4211	E	AMNION BIO OR AXOBIO SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q4212	E	ALLOGEN, PER CC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q4213	E	ASCENT, 0.5 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q4214	E	CELLESTA CORD PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q4215	E	AXOLOTL AMBIENT, CRYO 0.1 MG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q4216	E	ARTACENT CORD PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q4217	E	WOUNDFIX BIOWOUND PLUS XPLUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q4218	E	SURGICORD PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q4219	E	SURGIGRAFT DUAL PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q4220	E	BELLACELL HD, SUREDERM SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q4221	E	AMNIOWRAP2 PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q4222	E	PROGENAMATRIX, PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q4224	N	HHF10-P PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4225	N	AMNIOBIND, PER SQ CM	-	-	-	Bundled	\$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	-
Q4229	N	COGENEX AMNIO MEMB PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4230	N	COGENEX FLOW AMNION 0.5 CC	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4231	N	CORPLEX P, PER CC	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4232	N	CORPLEX, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4233	N	SURFACTOR/NUDYN PER 0.5 CC	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4234	N	XCELLERATE, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4235	N	AMNIOREPAIR OR ALTIPLY SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4236	N	CAREPATCH PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4237	N	CRYO-CORD, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4238	N	DERM-MAXX, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4239	N	AMNIO-MAXX OR LITE PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4240	N	CORECYTE TOPICAL ONLY 0.5 CC	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4241	N	POLYCYTE, TOPICAL ONLY 0.5CC	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4242	N	AMNIOCYTE PLUS, PER 0.5 CC	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4244	N	PROCENTA, PER 200 MG	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4245	N	AMNIOTEXT, PER CC	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4246	N	CORETEXT OR PROTEXT, PER CC	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4247	N	AMNIOTEXT PATCH, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4248	N	DERMACYTE AMN MEM ALLO SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4249	N	AMNIPLY, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4250	N	AMNIOAMP-MP PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4251	E	VIM, PER SQUARE CENTIMETER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q4252	E	VENDAJE, PER SQUARE CENTIMET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q4253	E	ZENITH AMNIOTIC MEMBRANE PSC	-	-	-	Not Allowed	\$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	-
Q4256	N	MLG COMPLET, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4257	N	RELESE, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4258	N	ENVERSE, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4259	N	CELERA PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4260	N	SIGNATURE APATCH, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4261	N	TAG, PER SQUARE CENTIMETER	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4262	N	DUAL LAYER IMPAX, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4263	N	SURGRAFT TL, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q4264	N	COCOON MEMBRANE, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	000	999	-
Q5001	M	HOSPICE OR HOME HLTH IN HOME	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
Q5002	M	HOSPICE/HOME HLTH IN ASST LV	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-
Q5003	M	HOSPICE IN LT/NON-SKILLED NF	-	-	-	Fee Schedule	\$0.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
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	N	INJECTION, ZARXIO	-	-	Bundled	\$0.00	-	-	000	999	-
Q5103	K	INJECTION, INFLECTRA	-	01847	APC (blood and non-blood products)	\$24.80	-	-	000	999	-
Q5104	K	INJECTION, RENFLEXIS	-	09036	APC (blood and non-blood products)	\$45.47	-	-	000	999	-
Q5105	N	INJ RETACRIT ESRD ON DIALYSI	-	-	Bundled	\$0.00	-	-	000	999	-
Q5106	K	INJ RETACRIT NON-ESRD USE	-	09097	APC (blood and non-blood products)	\$8.06	-	-	000	999	-
Q5107	K	INJ MVASI 10 MG	-	09329	APC (blood and non-blood products)	\$31.70	-	-	000	999	-
Q5108	K	INJECTION, FULPHILA	-	09173	APC (blood and non-blood products)	\$136.54	-	-	000	999	-
Q5109	E	INJECTION, IXIFI, 10 MG	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q5110	K	NIVESTYM	-	09193	APC (blood and non-blood products)	\$0.36	-	-	000	999	-
Q5111	K	INJECTION, UDENYCA 0.5 MG	-	09195	APC (blood and non-blood products)	\$137.66	-	-	000	999	-
Q5112	G	INJ ONTRUZANT 10 MG	-	09382	APC - pays by fee schedule amount	\$58.34	-	-	000	999	-
Q5113	G	INJ HERZUMA 10 MG	-	09349	APC - pays by fee schedule amount	\$36.40	-	-	000	999	-
Q5114	G	INJ OGVIRI 10 MG	-	09341	APC - pays by fee schedule amount	\$42.60	-	-	000	999	-
Q5115	G	INJ TRUXIMA 10 MG	-	09336	APC - pays by fee schedule amount	\$48.83	-	-	000	999	-
Q5116	G	INJ., TRAZIMERA, 10 MG	-	09350	APC - pays by fee schedule amount	\$33.20	-	-	000	999	-
Q5117	K	INJ., KANJINTI, 10 MG	-	09330	APC (blood and non-blood products)	\$33.37	-	-	000	999	-
Q5118	G	INJ., ZIRABEV, 10 MG	-	09348	APC - pays by fee schedule amount	\$33.69	-	-	000	999	-
Q5119	G	INJ RUXIENCE, 10 MG	-	09367	APC - pays by fee schedule amount	\$32.68	-	-	000	999	-
Q5120	G	INJ PEGFILGRASTIM-BMEZ 0.5MG	-	09345	APC - pays by fee schedule amount	\$89.94	-	-	000	999	-
Q5121	G	INJ. AVSOLA, 10 MG	-	09381	APC - pays by fee schedule amount	\$33.50	-	-	000	999	-
Q5122	G	INJ, NYVEPRIA	-	09406	APC - pays by fee schedule amount	\$146.65	-	-	000	999	-
Q5123	G	INJ. RIABNI, 10 MG	-	09411	APC - pays by fee schedule amount	\$49.75	-	-	000	999	-
Q5124	G	INJ. BYOOVIZ, 0.1 MG	-	09017	APC - pays by fee schedule amount	\$235.95	-	-	000	999	-
Q5125	G	INJ, RELEUKO 1 MCG	-	09447	APC - pays by fee schedule amount	\$0.56	-	-	000	999	-
Q5126	G	INJ ALYMSYS 10 MG	-	09048	APC - pays by fee schedule amount	\$76.17	-	-	000	999	-
Q9001	E	CHAPLAIN ASSESSMENT	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q9002	E	CHAPLAIN COUNSEL INDIVIDU	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q9003	E	CHAPLAIN COUNSEL GROUP	-	-	Not Allowed	\$0.00	-	-	000	999	-
Q9004	E	VA WHOLE HEALTH PARTNER SERV	-	-	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	-
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	APC (blood and non-blood products)	\$7.75	-	-	000	999	-
Q9969	K	NON-HEU TC-99M ADD-ON/DOSE	-	01442	APC (blood and non-blood products)	\$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	K	BUPRENORPH XR 100 MG OR LESS	-	09073	APC (blood and non-blood products)	\$1,825.83	-	-	000	999	-
Q9991	K	BUPRENORPH XR 100 MG OR LESS	HG	09073	APC (blood and non-blood products)	\$1,787.03	-	-	000	999	-
Q9992	K	BUPRENORPHINE XR OVER 100 MG	-	09239	APC (blood and non-blood products)	\$1,825.83	-	-	000	999	-
Q9992	K	BUPRENORPH XR OVER 100 MG	HG	09239	APC (blood and non-blood products)	\$1,787.03	-	-	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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
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	DEXTRAMPHETAMINE	-	-	Not Allowed	\$0.00	-	-	000	999	-
S0164	E	INJECTION PANTOPRAZOLE	-	-	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	-
S0190	M	MITEPRISTONE, ORAL, 200MG	-	-	Fee Schedule	\$76.50	-	-	010	999	-
S0191	M	MISOPROSTOL, ORAL, 200 MCG	-	-	Fee Schedule	\$1.02	-	-	010	999	-
S0194	E	VITAMIN SUPPL 100 CAPS	-	-	Not Allowed	\$0.00	-	-	000	999	-
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 PRSCRIP LENS	-	-	Not Allowed	\$0.00	-	-	000	999	-
S0506	E	BIFOC PRSCP LENS	-	-	Not Allowed	\$0.00	-	-	000	999	-
S0508	E	TRIFOC PRSCRIP LENS	-	-	Not Allowed	\$0.00	-	-	000	999	-
S0510	E	NON-PRSCRIP LENS	-	-	Not Allowed	\$0.00	-	-	000	999	-
S0512	E	DAILY CONT LENS	-	-	Not Allowed	\$0.00	-	-	000	999	-
S0514	E	COLOR CONT LENS	-	-	Not Allowed	\$0.00	-	-	000	999	-
S0516	E	SAFETY FRAMES	-	-	Not Allowed	\$0.00	-	-	000	999	-
S0518	E	SUNGLASS FRAMES	-	-	Not Allowed	\$0.00	-	-	000	999	-
S0580	E	POLYCARB LENS	-	-	Not Allowed	\$0.00	-	-	000	999	-
S0581	E	NONSTND LENS	-	-	Not Allowed	\$0.00	-	-	000	999	-
S0590	E	MISC INTEGRAL LENS SERV	-	-	Not Allowed	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
S0592	E	COMP CONT LENS EVAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S0596	E	PHAKIC IOL REFRACTIVE ERROR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S0601	E	SCREENING PROCTOSCOPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S0610	E	ANNUAL GYNECOLOGICAL EXAMINA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S0612	E	ANNUAL GYNECOLOGICAL EXAMINA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S0613	M	ANN BREAST EXAM	-	-	-	Charge Ratio	\$0.00	-	-	010	065	-
S0618	E	AUDIOMETRY FOR HEARING AID	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S0620	E	ROUTINE OPHTHALMOLOGICAL EXA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S0621	E	ROUTINE OPHTHALMOLOGICAL EXA	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S0622	E	PHYS EXAM FOR COLLEGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S0630	E	REMOVAL OF SUTURES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S0800	E	LASER IN SITU KERATOMILEUSIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S0810	E	PHOTOREFRACTIVE KERATECTOMY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S0812	E	PHOTOTHERAP KERATECT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S1001	E	DELUXE ITEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S1002	E	CUSTOM ITEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S1015	E	IV TUBING EXTENSION SET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S1016	E	NON-PVC INTRAVENOUS ADMINIST	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S1030	E	GLUC MONITOR PURCHASE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S1031	E	GLUC MONITOR RENTAL	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S2053	E	TRANSPLANTATION OF SMALL INT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S2054	E	TRANSPLANTATION OF MULTIVISC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S2055	E	HARVESTING OF DONOR MULTIVIS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S2060	E	LOBAR LUNG TRANSPLANTATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S2061	E	DONOR LOBECTOMY (LUNG)	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S2065	E	SIMULT PANC KIDN TRANS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S2068	E	BREAST DIEP FLAP RECONSTRUCT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S2070	E	CYSTO LASER TX URETERAL CALC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S2079	E	LAP ESOPHAGOMYOTOMY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S2080	E	LAUP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S2083	E	ADJUSTMENT GASTRIC BAND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S2095	E	TRANSCATH EMBOLIZ MICROSPHER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S2102	E	ISLET CELL TISSUE TRANSPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S2103	E	ADRENAL TISSUE TRANSPLANT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S2107	E	ADOPTIVE IMMUNOTHERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S2109	E	AUTOLOGOUS CHONDROCYTE TRANSPLANTATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S2112	E	KNEE ARTHROSCP HARV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S2115	E	PERIACETABULAR OSTEOATOMY	-	-	-	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 ENDOSCOP 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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
S2411	E	FETOSCOPI 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	-
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 MONITORING AND STORAGE OF CRYOPRESERVED EMBRYOS PER 30 DAYS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S4040	E		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S4042	E	OVULATION MGMT PER CYCLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S4980	E	LEVONORGESTREL - RELEASING INTRAUTERINE SYSTEM EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S4981	E	INSERT LEVONORGESTREL IUS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S4989	E	CONTRACEPT IUD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S4990	E	NICOTINE PATCH LEGEND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S4991	E	NICOTINE PATCH NONLEGEND	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S4993	N	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	-	-	-	Bundled	\$0.00	-	-	010	999	-
S4995	E	SMOKING CESSATION GUM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5000	E	PRESCRIPTION DRUG, GENERIC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5001	E	PRESCRIPTION DRUG, BRAND NAME	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5010	E	5% DEXTROSE AND 0.45% SALINE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5012	E	5% DEXTROSE WITH POTASSIUM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5014	E	D5W/0.45NS W KCL AND MGS04	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5016	E	ANTIBIOTIC ADMIN SUPPLIES W/	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5017	E	ANTIBIOTIC ADMIN SUPPLIES W/O	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5018	E	PAIN THERAPY ADMIN SUPPLIES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5020	E	CHEMOTHERAPY ADMIN SUPPLIES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5021	E	HYDRATION THERAPY ADMIN SUPP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5022	E	GROWTH HORMONE THERAPY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5025	E	INFUSION PUMP RENTAL, PERDIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5035	E	HIT ROUTINE DEVICE MAINT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5497	E	HIT CATH CARE NOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5498	E	HIT SIMPLE CATH CARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5501	E	HIT COMPLEX CATH CARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5502	E	HIT INTERIM CATH CARE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5517	E	HIT DECLOTTING KIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5518	E	HIT CATH REPAIR KIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5520	E	HIT PICC INSERT KIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5521	E	HIT MIDLINE CATH INSERT KIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5522	E	HIT PICC INSERT NO SUPP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5523	E	HIP MIDLINE CATH INSERT KIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

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2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
S5550	E	INSULIN RAPID 5 U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5551	E	INSULIN MOST RAPID 5 U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5552	E	INSULIN INTERMED 5 U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5553	E	INSULIN LONG ACTING 5 U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5560	E	INSULIN REUSE PEN 1.5 ML	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5561	E	INSULIN REUSE PEN 3 ML	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5565	E	INSULIN CARTRIDGE 150 U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5566	E	INSULIN CARTRIDGE 300 U	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5570	E	INSULIN DISPOS PEN 1.5 ML	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S5571	E	INSULIN DISPOS PEN 3 ML	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8030	E	TANTALUM RING APPLICATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8035	E	MAGNETIC SOURCE IMAGING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8037	E	MRCP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8040	E	TOPOGRAPHIC BRAIN MAPPING	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8042	E	MAGNETIC RESONANCE IMAGING (MRI) LOW-FIELD	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8055	E	US GUIDANCE FETAL REDUCT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8080	E	SCINTIMAMMOGRAPHY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8085	E	FLUORINE-18 FLUORODEOXYGLUCO	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8092	E	ELECTRON BEAM COMPUTED TOMOG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8096	E	PORTABLE PEAK FLOW METER	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8097	E	ASTHMA KIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8100	E	SPACER WITHOUT MASK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8101	E	SPACER WITH MASK	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8110	E	PEAK EXPIRATORY FLOW RATE (P	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8120	E	O2 CONTENTS GAS CUBIC FT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8121	E	O2 CONTENTS LIQUID LB	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8185	E	FLUTTER DEVICE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8186	E	SWIVEL ADAPTOR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8189	E	TRACH SUPPLY NOC	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8205	E	CHEST COMPRESSION SYSTEM GEN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8210	E	MUCUS TRAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8265	E	HABERMAN FEEDER FOR CLEFT LIP/PALATE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8270	E	ENURESIS ALARM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8300	E	SACRAL NERVE STIMULATION TEST LEAD KIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8301	E	INFECT CONTROL SUPPLIES NOS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8400	E	INCONTINENCE PANTS, EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8402	E	DIAPERS, EACH	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8415	E	SUPPLIES FOR HOME DELIVERY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8420	E	CUSTOM GRADIENT SLEEVE/GLOV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8421	E	READY GRADIENT SLEEVE/GLOV	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8422	E	CUSTOM GRAD SLEEVE MED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8423	E	CUSTOM GRAD SLEEVE HEAVY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8424	E	READY GRADIENT SLEEVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8425	E	CUSTOM GRAD GLOVE MED	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8426	E	CUSTOM GRAD GLOVE HEAVY	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8427	E	READY GRADIENT GLOVE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8428	E	READY GRADIENT GAUNTLET	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8429	E	GRADIENT PRESSURE WRAP	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8430	E	PADDING FOR COMPRSSN BDG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8431	E	COMPRESSION BANDAGE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8450	E	SPLINT DIGIT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8451	E	SPLINT WRIST OR ANKLE	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8452	E	SPLINT ELBOW	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8490	E	100 INSULIN SYRINGES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8930	E	AURICULAR ELECTROSTIMULATION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8948	E	LOW-LEVEL LASER TRMT 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8950	E	COMPLEX LYMPHEDEMA THERAPY,	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S8999	E	RESUSCITATION BAG	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
S9088	E	SERVICES PROVIDED IN URGENT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9090	E	VERTEBRAL AXIAL DECOMPRESSION	-	-	-	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 CERTIFIED	-	-	-	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 HYPER PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9213	E	HM PREECLAMP PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9214	E	HM GEST DM PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9325	E	HIT PAIN MGMT PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9326	E	HIT CONT PAIN PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9327	E	HIT INT PAIN PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9328	E	HIT PAIN IMP PUMP DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9329	E	HIT CHEMO PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9330	E	HIT CONT CHEM DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9331	E	HIT INTERMIT CHEMO DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9336	E	HIT CONT ANTICOAG DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9338	E	HIT IMMUNOTHERAPY DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9339	E	HIT PERITON DIALYSIS DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9340	E	HIT ENTERAL PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9341	E	HIT ENTERAL GRAV DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9342	E	HIT ENTERAL PUMP DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9343	E	HIT ENTERAL BOLUS NURS	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9345	E	HIT ANTI-HEMOPHIL DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9346	E	HIT ALPHA-1-PROTEINAS DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9347	E	HIT LONGTERM INFUSION DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9348	E	HIT SYMPATHOMIM DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9349	E	HIT TOCOLYSIS DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9351	E	HIT CONT ANTIEMETIC DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9353	E	HIT CONT INSULIN DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9355	E	HIT CHELATION DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9357	E	HIT ENZYME REPLACE DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9359	E	HIT ANTI-TNF PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9361	E	HIT DIURETIC INFUS DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9363	E	HIT ANTI-SPASMOTIC DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9364	E	HIT TPN TOTAL DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9365	E	HIT TPN 1 LITER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9366	E	HIT TPN 2 LITER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9367	E	HIT TPN 3 LITER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9368	E	HIT TPN OVER 3L DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9370	E	HT INJ ANTIEMETIC DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9372	E	HT INJ ANTICOAG DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9373	E	HIT HYDRA TOTAL DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9374	E	HIT HYDRA 1 LITER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9375	E	HIT HYDRA 2 LITER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9376	E	HIT HYDRA 3 LITER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9377	E	HIT HYDRA OVER 3L DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9379	E	HIT NOC PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9381	E	HIT HIGH RISK/ESCORT	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9401	E	ANTICOAGULATION CLINIC PER SESSION	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9430	E	PHARMACY COMPOUNDING AND DISPENSING SERVICES	-	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9435	E	MEDICAL FOODS FOR INBORN ERR	-	-	-	Not Allowed	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
S9436	E	LAMAZE CLASS PER SESSION	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9437	E	CHILDBIRTH REFRESHER CLASSES PER SESSION	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9438	E	CESAREAN BIRTH CLASS PER SESSION	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9439	E	VBAC CLASS PER SESSION	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9441	E	ASTHMA EDUCATION	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9442	E	BIRTHING CLASS	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9443	M	LACTATION CLASS	-	-	Fee Schedule	\$15.00	-	-	000	999	-
S9444	E	PARENTING CLASSES NON-PHYSICIAN PROVIDER PER SESSION	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9445	M	PT EDUCATION NOC INDIVID	-	-	Fee Schedule	\$30.00	-	-	000	999	-
S9446	E	PT EDUCATION NOC GROUP	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9447	E	INFANT SAFETY CLASS PER SESSION	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9449	E	WEIGHT MANAGEMENT CLASSES PER SESSION	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9451	E	EXERCISE CLASS NON-PHYSICIAN PROVIDER PER SESSION	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9452	E	NUTRITION CLASSES NON-PHYSICIAN PROVIDER PER SESSION	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9453	E	SMOKING CESSATION CLASS PER SESSION	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9454	E	STRESS MANAGEMENT CLASS PER SESSION	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9455	E	DIABETIC MANAGEMENT PROGRAM, GROUP SESSION	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9460	E	DIABETIC MANAGEMENT PROGRAM, NURSE VISIT	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9465	E	DIABETIC MANAGEMENT PROGRAM, DIETICIAN VISIT	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9470	E	NUTRITIONAL COUNSELING, DIET	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9472	E	CARDIAC REHABILITATION PROGR	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9473	E	PULMONARY REHABILITATION PRO	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9474	E	ENTEROSTOMAL THERAPY BY A RE	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9475	E	AMBULATORY SETTING SUBSTANCE	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9476	E	VESTIBULAR REHAB PER DIEM	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9480	E	INTENSIVE OUTPATIENT PSYCHIA	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9482	E	FAMILY STABILIZATION 15 MIN	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9484	M	CRISIS INTERVENTION MH PER HOUR	U2	-	Fee Schedule	\$14.04	-	-	018	999	-
S9484	M	CRISIS INTERVENTION MH SERVICES PER HOUR	U3	-	Fee Schedule	\$9.36	-	-	018	999	-
S9484	M	CRISIS INTERVENTION MH SRVS PER HOUR	U1	-	Fee Schedule	\$28.09	-	-	018	999	-
S9485	E	CRISIS INTERVENTION PER DIEM	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9494	E	HIT ANTIBIOTIC TOTAL DIEM	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9497	E	HIT ANTIBIOTIC Q3H DIEM	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9500	E	HIT ANTIBIOTIC Q24H DIEM	-	-	Not Allowed	\$0.00	-	-	000	999	-
S9501	E	HIT ANTIBIOTIC Q12H DIEM	-	-	Not Allowed	\$0.00	-	-	000	999	-
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	-

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2022 APC				APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Proc Modifier								
T1007	E	TREATMENT PLAN DEVELOPMENT	-	-	Not Allowed	\$0.00	-	-	000	999	-
T1009	E	CHILD SITTING SERVICES	-	-	Not Allowed	\$0.00	-	-	000	999	-
T1010	E	MEALS WHEN RECEIVE SERVICES	-	-	Not Allowed	\$0.00	-	-	000	999	-
T1012	E	ALCOHOL/SUBSTANCE ABUSE SKIL	-	-	Not Allowed	\$0.00	-	-	000	999	-
T1013	E	SIGN LANG/ORAL INTERPRETER	-	-	Not Allowed	\$0.00	-	-	000	999	-
T1014	E	TELEHEALTH TRANSMIT, PER MIN	-	-	Not Allowed	\$0.00	-	-	000	999	-
T1015	E	CLINIC SERVICE	-	-	Not Allowed	\$0.00	-	-	000	999	-
T1016	M	CASE MANAGEMENT	-	-	Fee Schedule	\$0.00	-	-	000	999	-
T1016	M	CASE MANAGEMENT, EACH 15 MINUTES	HD	-	Fee Schedule	\$0.00	-	-	009	065	-
T1017	M	TARGETED CASE MANAGEMENT	-	-	Fee Schedule	\$0.00	-	-	000	999	-
T1018	E	SCHOOL-BASED IEP SER BUNDLED	-	-	Not Allowed	\$0.00	-	-	000	020	-
T1019	E	PERSONAL CARE SER PER 15 MIN	-	-	Not Allowed	\$0.00	-	-	000	999	-
T1020	E	EXCISION COMPLETE PLANTAR VERRUCA MULTIPLE SITE	-	-	Not Allowed	\$0.00	-	-	000	999	-
T1021	E	HH AIDE OR CN AIDE PER VISIT	-	-	Not Allowed	\$0.00	-	-	000	999	-
T1022	E	CONTRACTED SERVICES PER DAY	-	-	Not Allowed	\$0.00	-	-	000	999	-
T1023	E	PROGRAM INTAKE ASSESSMENT	-	-	Not Allowed	\$0.00	-	-	000	999	-
T1024	M	TEAM EVALUATION & MANAGEMENT	-	-	Fee Schedule	\$100.00	-	-	000	020	-
T1025	M	PED COMPR CARE PKG PER DIEM	-	-	Fee Schedule	\$1,000.00	-	-	000	020	-
T1026	E	PED COMPR CARE PKG PER HOUR	-	-	Not Allowed	\$0.00	-	-	000	999	-
T1027	E	FAMILY TRAINING & COUNSELING	-	-	Not Allowed	\$0.00	-	-	000	999	-
T1028	E	HOME ENVIRONMENT ASSESSMENT	-	-	Not Allowed	\$0.00	-	-	000	999	-
T1029	E	NOT OTHERWISE CLASSIFIED SKIN SUBCUTANEOUS AND AREOLAR TISS	-	-	Not Allowed	\$0.00	-	-	000	999	-
T1030	E	REMOVAL OF SUTURES BY ANOTHER PHYSICIAN	-	-	Not Allowed	\$0.00	-	-	000	999	-
T1031	E	LPN HOME CARE PER DIEM	-	-	Not Allowed	\$0.00	-	-	000	999	-
T1502	E	MEDICATION ADMIN VISIT	-	-	Not Allowed	\$0.00	-	-	000	999	-
T1505	E	ELEC MED COMP DEV, NOC	-	-	Not Allowed	\$0.00	-	-	000	999	-
T1999	E	NOC RETAIL ITEMS AND SUPPLIES	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2001	E	N-ET; PATIENT ATTEND/ESCORT	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2002	E	N-ET; PER DIEM	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2003	E	N-ET; ENCOUNTER/TRIP	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2004	E	N-ET; COMMERC CARRIER PASS	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2005	E	N-ET; STRETCHER VAN	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2007	E	NON-EMER TRANSPORT WAIT TIME	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2010	E	PASRR LEVEL I	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2011	E	PASRR LEVEL II	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2012	E	HABIL ED WAIVER, PER DIEM	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2013	E	HABIL ED WAIVER PER HOUR	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2014	E	HABIL PREVOC WAIVER, PER D	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2015	E	HABIL PREVOC WAIVER PER HR	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2016	E	HABIL RES WAIVER PER DIEM	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2017	E	HABIL RES WAIVER 15 MIN	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2018	E	HABIL SUP EMPL WAIVER/DIEM	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2019	E	HABIL SUP EMPL WAIVER 15MIN	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2020	E	DAY HABIL WAIVER PER DIEM	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2021	E	DAY HABIL WAIVER PER 15 MIN	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2022	E	CASE MANAGEMENT, PER MONTH	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2023	E	TARGETED CASE MGMT PER MONTH	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2024	E	SERV ASMNT/CARE PLAN WAIVER	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2025	E	WAIVER SERVICE, NOS	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2026	E	SPECIAL CHILDCARE WAIVER/D	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2027	E	SPEC CHILDCARE WAIVER 15 MIN	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2028	E	SPECIAL SUPPLY, NOS WAIVER	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2029	E	SPECIAL MED EQUIP, NOSWAIVER	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2030	E	ASSIST LIVING WAIVER/MONTH	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2031	E	ASSIST LIVING WAIVER/DIEM	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2032	E	RES CARE, NOS WAIVER/MONTH	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2033	E	RES, NOS WAIVER PER DIEM	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2034	E	CRISIS INTERVEN WAIVER/DIEM	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2035	E	UTILITY SERVICES WAIVER	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2036	E	CAMP OVERNITE WAIVER/SESSION	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2037	E	CAMP DAY WAIVER/SESSION	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2038	E	COMM TRANS WAIVER/SERVICE	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2039	E	VEHICLE MOD WAIVER/SERVICE	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2040	E	FINANCIAL MGT WAIVER/15MIN	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2041	E	SUPPORT BROKER WAIVER/15 MIN	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2042	E	HOSPICE ROUTINE HOME CARE	-	-	Not Allowed	\$0.00	-	-	000	999	-
T2043	E	HOSPICE CONTINUOUS HOME CARE	-	-	Not Allowed	\$0.00	-	-	000	999	-

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, 2023**

2022 APC				Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital	Non-sole Comm.	Min	Max	Comments
Proc Cd	Status Ind	Proc Desc	Schedule					Lab Fees	Hospital Lab Fees	Age	Age		
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	-	
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	\$59.87	-	-	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	EYEGASSES 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	-	

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
January 1, 2023**

2022 APC				Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital	Non-sole Comm.	Min	Max	Comments
Proc Cd	Status Ind	Proc Desc	Schedule					Lab Fees	Hospital Lab Fees	Age	Age		
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 BIFO CAL OVER 12.		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2215	E	LENS LENTICULAR BIFO CAL		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2218	E	LENS ANISEIKONIC BIFO CAL		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2219	E	LENS BIFO CAL SEG WIDTH OVER		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2220	E	LENS BIFO CAL ADD OVER 3.25D		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2221	E	LENTICULAR LENS, BIFO CAL		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2299	E	LENS BIFO CAL SPECIALITY		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2300	E	LENS SPHERE TRIFO CAL 4.00D		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2301	E	LENS SPHERE TRIFO CAL 4.12-7.		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2302	E	LENS SPHERE TRIFO CAL 7.12-20		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2303	E	LENS SPHCY TRIFO CAL 4.0/12-		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2304	E	LENS SPHCY TRIFO CAL 4.0/2.25		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2305	E	LENS SPHCY TRIFO CAL 4.0/4.25		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2306	E	LENS SPHCYL TRIFO CAL 4.00/6		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2307	E	LENS SPHCY TRIFO CAL 4.25-7/.		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2308	E	LENS SPHC TRIFO CAL 4.25-7/2.		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2309	E	LENS SPHC TRIFO CAL 4.25-7/4.		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2310	E	LENS SPHC TRIFO CAL 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 TRIFO CAL OVER 12		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2315	E	LENS LENTICULAR TRIFO CAL		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2318	E	LENS ANISEIKONIC TRIFO CAL		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2319	E	LENS TRIFO CAL SEG WIDTH > 28		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2320	E	LENS TRIFO CAL ADD OVER 3.25D		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2321	E	LENTICULAR LENS, TRIFO CAL		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2399	E	LENS TRIFO CAL SPECIALITY		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2410	E	LENS VARIABLE 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 BIFO CAL		-	-	-	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 BIFO CL		-	-	-	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 BIFO CL		-	-	-	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 INTRAOCL LENS		-	-	-	Bundled	\$0.00	-	-	000	999	-
V2631	N	IRIS SUPPOT INTRAOCLR LENS		-	-	-	Bundled	\$0.00	-	-	000	999	-
V2632	N	POST CHMBR INTRAOCL LENS		-	-	-	Bundled	\$0.00	-	-	000	999	-
V2700	E	BALANCE LENS		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2702	E	DELUXE LENS FEATURE		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2710	E	GLASS/PLASTIC SLAB OFF PRISM		-	-	-	Not Allowed	\$0.00	-	-	000	999	-
V2715	E	PRISM LENS/ES		-	-	-	Not Allowed	\$0.00	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
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January 1, 2023**

2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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	-
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	-

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2022 APC			Proc		APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Min Age	Max Age	Comments
Proc Cd	Status Ind	Proc Desc	Modifier	APC								
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	-