

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
0001F	E	HEART FAILURE COMPOSITE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0001U	Q	RBC DNA HEA 35 AG 11 BLD GRP	-	-	Medicare	\$1,200.00	\$744.00	\$720.00	-	-	000	999	-
0002M	Q	LIVER DIS 10 ASSAYS W/ASH	-	-	Medicare	\$839.00	\$520.18	\$503.40	-	-	000	999	-
0002U	Q	ONC CLRCT 3 UR METAB ALG PLP	-	-	Medicare	\$41.67	\$25.84	\$25.00	-	-	000	999	-
0003M	Q	LIVER DIS 10 ASSAYS W/NASH	-	-	Medicare	\$839.00	\$520.18	\$503.40	-	-	000	999	-
0003U	Q	ONC OVAR 5 PRTN SER ALG SCOR	-	-	Medicare	\$1,583.33	\$981.66	\$950.00	-	-	000	999	-
0004M	Q	SCOLIOSIS DNA ALYS	-	-	Medicare	\$131.67	\$81.64	\$79.00	-	-	000	999	-
0004U	E	NFCT DS DNA 27 RESIST GENES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0005F	E	OSTEOARTHRITIS COMPOSITE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0005U	Q	ONCO PRST8 3 GENE UR ALG	-	-	Medicare	\$1,266.67	\$785.34	\$760.00	-	-	000	999	-
0006M	Q	ONC HEP GENE RISK CLASSIFIER	-	-	Medicare	\$250.00	\$155.00	\$150.00	-	-	000	999	-
0007M	Q	ONC GASTRO 51 GENE NOMOGRAM	-	-	Medicare	\$625.00	\$387.50	\$375.00	-	-	000	999	-
0007U	Q	RX TEST PRSMV UR W/DEF CONF	-	-	Medicare	\$190.72	\$118.25	\$114.43	-	-	000	999	-
0008U	Q	HPYLORI DETCJ ABX RSTNC DNA	-	-	Medicare	\$996.52	\$617.84	\$597.91	-	-	000	999	-
0009U	Q	ONC BRST CA ERBB2 AMP/NONAMP	-	-	Medicare	\$178.33	\$110.56	\$107.00	-	-	000	999	-
00100	N	ANESTH SALIVARY GLAND	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00102	N	ANESTH REPAIR OF CLEFT LIP	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00103	N	ANESTH BLEPHAROPLASTY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00104	N	ANESTH ELECTROSHOCK	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0010M	E	ONC PROSTATE PROB SCORE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0010U	Q	NFCT DS STRN TYP WHL GEN SEQ	-	-	Medicare	\$712.10	\$441.50	\$427.26	-	-	000	999	-
0011M	Q	ONC PRST8 CA MRNA 12 GEN ALG	-	-	Medicare	\$1,266.67	\$785.34	\$760.00	-	-	000	999	-
0011U	Q	RX MNTR LC-MS/MS ORAL FLUID	-	-	Medicare	\$190.72	\$118.25	\$114.43	-	-	000	999	-
00120	N	ANESTH EAR SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00124	N	ANESTH EAR EXAM	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00126	N	ANESTH TYMPANOTOMY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0012F	E	CAP BACTERIAL ASSESS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0012M	Q	ONC MRNA 5 GEN RSK URTHL CA	-	-	Medicare	\$1,266.67	\$785.34	\$760.00	-	-	000	999	-
0013M	Q	ONC MRNA 5 GEN RECR URTHL CA	-	-	Medicare	\$1,266.67	\$785.34	\$760.00	-	-	000	999	-
00140	N	ANESTH PROCEDURES ON EYE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00142	N	ANESTH LENS SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00144	N	ANESTH CORNEAL TRANSPLANT	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00145	N	ANESTH VITREORETINAL SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00147	N	ANESTH IRIDECTOMY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00148	N	ANESTH EYE EXAM	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0014A	E	FEE COVID-19 VAC 2 RES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0014F	E	COMP PREOP ASSESS CAT SURG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0015F	E	MELAN FOLLOW-UP COMPLETE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0015M	Q	ADRNL CORTCL TUM BCHM ASY 25	-	-	Medicare	\$2,175.62	\$1,348.88	\$1,305.37	-	-	000	999	-
0015U	E	RX METAB ADVRS RX RXN DNA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
00160	N	ANESTH NOSE/SINUS SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00162	N	ANESTH NOSE/SINUS SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00164	N	ANESTH BIOPSY OF NOSE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0016M	Q	ONC BLADDER MRNA 219 GEN ALG	-	-	Medicare	\$5,816.05	\$3,605.95	\$3,489.63	-	-	000	999	-
0016U	Q	ONC HMTLMF NEO RNA BCR/ABL1	-	-	Medicare	\$273.27	\$169.43	\$163.96	-	-	000	999	-
00170	N	ANESTH PROCEDURE ON MOUTH	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00172	N	ANESTH CLEFT PALATE REPAIR	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00174	N	ANESTH PHARYNGEAL SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00176	C	ANESTH PHARYNGEAL SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
0017M	Q	ONC DLBCL MRNA 20 GENES ALG	-	-	Medicare	\$4,183.68	\$2,593.88	\$2,510.21	-	-	000	999	-
0017U	Q	ONC HMTLMF NEO JAK2 MUT DNA	-	-	Medicare	\$152.77	\$94.72	\$91.66	-	-	000	999	-
0018M	Q	TRNSPLJ RNL MEAS CD154+CLL	-	-	Medicare	\$1,067.88	\$662.09	\$640.73	-	-	000	999	-
0018U	Q	ONC THYR 10 MICRORNA SEQ ALG	-	-	Medicare	\$5,003.48	\$3,102.16	\$3,002.09	-	-	000	999	-
00190	N	ANESTH FACE/SKULL BONE SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00192	C	ANESTH FACIAL BONE SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
0019M	E	CV DS PLASMA ALYS PRTN BMRK	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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

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April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
0019U	Q	ONC RNA TISS PREDICT ALG	-	-	-	Medicare	\$6,125.00	\$3,797.50	\$3,675.00	-	-	000	999	-
00210	N	ANESTH CRANIAL SURG NOS	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00211	C	ANESTH CRAN SURG HEMOTOMA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
00212	N	ANESTH SKULL DRAINAGE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00214	C	ANESTH SKULL DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
00215	C	ANESTH SKULL REPAIR/FRACT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
00216	N	ANESTH HEAD VESSEL SURGERY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00218	N	ANESTH SPECIAL HEAD SURGERY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0021A	M	ADM SARSCOV2 5X1010VP/.5ML 1	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
0021U	Q	ONC PRST8 DETCJ 8 AUTOANTB	-	-	-	Medicare	\$1,266.67	\$785.34	\$760.00	-	-	000	999	-
00220	N	ANESTH INTRCRN NERVE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00222	N	ANESTH HEAD NERVE SURGERY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0022A	M	ADM SARSCOV2 5X1010VP/.5ML 2	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
0022U	E	TGSAP NSM LUNG NEO DNA&RNA23	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0023A	E	FEE COVID-19 VAC 3 BOOSTER	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0023U	Q	ONC AML DNA DETCJ/NONDETCJ	-	-	-	Medicare	\$414.18	\$256.79	\$248.51	-	-	000	999	-
0024A	E	FEE COVID-19 VAC 3 RES	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0024U	Q	GLYCA NUC MR SPECTRSC QUAN	-	-	-	Medicare	\$56.98	\$35.33	\$34.19	-	-	000	999	-
0025U	Q	TENOFOVIR LIQ CHROM UR QUAN	-	-	-	Medicare	\$142.95	\$88.63	\$85.77	-	-	000	999	-
0026U	Q	ONC THYR DNA&MRNA 112 GENES	-	-	-	Medicare	\$6,000.00	\$3,720.00	\$3,600.00	-	-	000	999	-
0027U	Q	JAK2 GENE TRGT SEQ ALYS	-	-	-	Medicare	\$203.18	\$125.97	\$121.91	-	-	000	999	-
0029U	Q	RX METAB ADVRS TRGT SEQ ALYS	-	-	-	Medicare	\$1,237.12	\$767.01	\$742.27	-	-	000	999	-
00300	N	ANESTH HEAD/NECK/PTRUNK	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0030T	E	ANTIPTROTHROMBIN ANTIBODY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0030U	Q	RX METAB WARF TRGT SEQ ALYS	-	-	-	Medicare	\$223.55	\$138.60	\$134.13	-	-	000	999	-
0031U	Q	CYP1A2 GENE	-	-	-	Medicare	\$291.35	\$180.64	\$174.81	-	-	000	999	-
00320	N	ANESTH NECK ORGAN 1YR/>	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00322	N	ANESTH BIOPSY OF THYROID	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00326	N	ANESTH LARYNX/TRACH < 1 YR	-	-	-	Bundled	\$0.00	-	-	-	-	000	001	-
0032A	E	FEE COVID-19 VAC 4 DOSE 2	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0032U	Q	COMT GENE	-	-	-	Medicare	\$291.35	\$180.64	\$174.81	-	-	000	999	-
0033A	E	FEE COVID-19 VAC 4 BOOSTER	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0033U	Q	HTR2A HTR2C GENES	-	-	-	Medicare	\$582.70	\$361.27	\$349.62	-	-	000	999	-
0034U	Q	TPMT NUDT15 GENES	-	-	-	Medicare	\$776.95	\$481.71	\$466.17	-	-	000	999	-
00350	N	ANESTH NECK VESSEL SURGERY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00352	N	ANESTH NECK VESSEL SURGERY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0035U	Q	NEURO CSF PRION PRTN QUAL	-	-	-	Medicare	\$901.65	\$559.02	\$540.99	-	-	000	999	-
0036U	Q	XOME TUM & NML SPEC SEQ ALYS	-	-	-	Medicare	\$7,966.67	\$4,939.34	\$4,780.00	-	-	000	999	-
0037U	Q	TRGT GEN SEQ DNA 324 GENES	-	-	-	Medicare	\$5,833.33	\$3,616.66	\$3,500.00	-	-	000	999	-
0038U	Q	VITAMIN D SRM MICROSAMP QUAN	-	-	-	Medicare	\$49.33	\$30.58	\$29.60	-	-	000	999	-
0039U	Q	DNA ANTB 2STRAND HI AVIDITY	-	-	-	Medicare	\$22.90	\$14.20	\$13.74	-	-	000	999	-
00400	N	ANESTH SKIN EXT/PER/ATRUNK	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00402	N	ANESTH SURGERY OF BREAST	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00404	N	ANESTH SURGERY OF BREAST	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00406	N	ANESTH SURGERY OF BREAST	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0040U	Q	BCR/ABL1 GENE MAJOR BP QUAN	-	-	-	Medicare	\$683.17	\$423.57	\$409.90	-	-	000	999	-
00410	N	ANESTH CORRECT HEART RHYTHM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0041U	Q	B BRGDRFERI ANTB 5 PRTN IGM	-	-	-	Medicare	\$28.68	\$17.78	\$17.21	-	-	000	999	-
0042T	E	CT PERFUSION W/CONTRAST CBF	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0042U	Q	B BRGDRFERI ANTB 12 PRTN IGG	-	-	-	Medicare	\$28.68	\$17.78	\$17.21	-	-	000	999	-
0043A	E	FEE COVID-19 VAC 5 BOOSTER	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0043U	Q	TBRF B GRP ANTB 4 PRTN IGM	-	-	-	Medicare	\$24.77	\$15.36	\$14.86	-	-	000	999	-
0044U	Q	TBRF B GRP ANTB 4 PRTN IGG	-	-	-	Medicare	\$24.77	\$15.36	\$14.86	-	-	000	999	-
00450	N	ANESTH SURGERY OF SHOULDER	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00454	N	ANESTH COLLAR BONE BIOPSY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0045U	Q	ONC BRST DUX CARC IS 12 GENE	-	-	-	Medicare	\$6,455.00	\$4,002.10	\$3,873.00	-	-	000	999	-

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0046U	Q	FLT3 GENE ITD VARIANTS QUAN	-	-	-	Medicare	\$679.05	\$421.01	\$407.43	-	-	000	999	-
00470	N	ANESTH REMOVAL OF RIB	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00472	N	ANESTH CHEST WALL REPAIR	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00474	C	ANESTH SURGERY OF RIB	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
0047U	Q	ONC PRST8 MRNA 17 GENE ALG	-	-	-	Medicare	\$6,455.00	\$4,002.10	\$3,873.00	-	-	000	999	-
0048T	E	IMPLANT VENTRICULAR DEVICE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0048U	Q	ONC SLD ORG NEO DNA 468 GENE	-	-	-	Medicare	\$4,866.00	\$3,016.92	\$2,919.60	-	-	000	999	-
0049U	Q	NPM1 GENE ANALYSIS QUAN	-	-	-	Medicare	\$679.05	\$421.01	\$407.43	-	-	000	999	-
00500	N	ANESTH ESOPHAGEAL SURGERY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0050T	E	REMOVAL CIRCULATION ASSIST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0050U	Q	TRGT GEN SEQ DNA 194 GENES	-	-	-	Medicare	\$4,861.00	\$3,013.82	\$2,916.60	-	-	000	999	-
0051U	Q	RX MNTR LC-MS/MS UR/BLD 31	-	-	-	Medicare	\$322.85	\$200.17	\$193.71	-	-	000	999	-
00520	N	ANESTH CHEST PROCEDURE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00522	N	ANESTH CHEST LINING BIOPSY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00524	C	ANESTH CHEST DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
00528	N	ANES MEDIASCPY & DX THORSCPY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00529	N	ANES MEDSCPY&THORSCPY 1 LUNG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0052U	Q	LPOPRTN BLD W/5 MAJ CLASSES	-	-	-	Medicare	\$56.43	\$34.99	\$33.86	-	-	000	999	-
00530	N	ANESTH PACEMAKER INSERTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00532	N	ANESTH VASCULAR ACCESS	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00534	N	ANESTH CARDIOVERTER/DEFIB	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00537	N	ANESTH CARDIAC ELECTROPHYS	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00539	N	ANESTH TRACH-BRONCH RECONST	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00540	C	ANESTH CHEST SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
00541	N	ANESTH ONE LUNG VENTILATION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00542	C	ANESTHESIA REMOVAL PLEURA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
00546	C	ANESTH LUNG CHEST WALL SURG	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
00548	N	ANESTH TRACHEA BRONCHI SURG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0054T	E	BONE SRGRY CMPTR FLUOR IMAGE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0054U	Q	RX MNTR 14+ DRUGS & SBSTS	-	-	-	Medicare	\$248.27	\$153.93	\$148.96	-	-	000	999	-
00550	N	ANESTH STERNAL DEBRIDEMENT	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0055T	E	BONE SRGRY CMPTR CT/MRI IMAG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0055U	Q	CARD HRT TRNSPL 96 DNA SEQ	-	-	-	Medicare	\$5,400.00	\$3,348.00	\$3,240.00	-	-	000	999	-
00560	C	ANESTH HEART SURG W/O PUMP	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
00561	C	ANESTH HEART SURG <1 YR	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	000	-
00562	C	ANESTH HRT SURG W/PMP AGE 1+	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
00563	N	ANESTH HEART SURG W/ARREST	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00566	N	ANESTH CABG W/O PUMP	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00567	C	ANESTH CABG W/PUMP	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
00580	C	ANESTH HEART/LUNG TRANSPLNT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
0058U	Q	ONC MERKEL CLL CARC SRM QUAN	-	-	-	Medicare	\$538.27	\$333.73	\$322.96	-	-	000	999	-
0059U	Q	ONC MERKEL CLL CARC SRM +/-	-	-	-	Medicare	\$538.27	\$333.73	\$322.96	-	-	000	999	-
00600	N	ANESTH SPINE CORD SURGERY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00604	C	ANESTH SITTING PROCEDURE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
0060U	Q	TWN ZYG GEN SEQ ALYS CHRMS2	-	-	-	Medicare	\$1,265.08	\$784.35	\$759.05	-	-	000	999	-
0061A	E	FEE COVID-19 VAC 7 DOSE 1	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0061U	Q	TC MEAS 5 BMRK SFDI M-S ALYS	-	-	-	Medicare	\$41.83	\$25.93	\$25.10	-	-	000	999	-
00620	N	ANESTH SPINE CORD SURGERY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00625	N	ANES SPINE TRANTHOR W/O VENT	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00626	N	ANES SPINE TRANSTHOR W/VENT	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0062A	E	FEE COVID-19 VAC 7 DOSE 2	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0062U	Q	AI SLE IGG&IGM ALYS 80 BMRK	-	-	-	Medicare	\$634.53	\$393.41	\$380.72	-	-	000	999	-
00630	N	ANESTH SPINE CORD SURGERY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00632	C	ANESTH REMOVAL OF NERVES	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
00635	N	ANESTH LUMBAR PUNCTURE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0063A	E	FEE COVID-19 VAC 7 BOOSTER	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Comm. Fees					
0063U	Q	NEURO AUTISM 32 AMINES ALG	-	-	Medicare	\$1,250.00	\$775.00	\$750.00	-	-	000	999	-
00640	N	ANESTH SPINE MANIPULATION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0064U	Q	ANTB TP TOTAL&RPR IA QUAL	-	-	Medicare	\$52.22	\$32.38	\$31.33	-	-	000	999	-
0065U	Q	SYFLS TST NONTREPONEMAL ANTB	-	-	Medicare	\$30.15	\$18.69	\$18.09	-	-	000	999	-
00670	N	ANESTH SPINE CORD SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0067U	Q	ONC BRST IMHCHEM PRFL 4 BMRK	-	-	Medicare	\$3,161.67	\$1,960.24	\$1,897.00	-	-	000	999	-
0068U	Q	CANDIDA SPECIES PNL AMP PRB	-	-	Medicare	\$237.72	\$147.39	\$142.63	-	-	000	999	-
0069U	Q	ONC CLRCT MICRORNA MIR-31-3P	-	-	Medicare	\$633.33	\$392.66	\$380.00	-	-	000	999	-
00700	N	ANESTH ABDOMINAL WALL SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00702	N	ANESTH FOR LIVER BIOPSY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0070U	Q	CYP2D6 GEN COM&SLCT RAR VRNT	-	-	Medicare	\$1,127.28	\$698.91	\$676.37	-	-	000	999	-
0071T	E	US LEIOMYOMATA ABLATE <200	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0071U	Q	CYP2D6 FULL GENE SEQUENCE	-	-	Medicare	\$1,000.00	\$620.00	\$600.00	-	-	000	999	-
0072T	E	FCSD US ABLTJ LEIOMYOM>=200	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0072U	Q	CYP2D6 GEN CYP2D6-2D7 HYBRID	-	-	Medicare	\$751.52	\$465.94	\$450.91	-	-	000	999	-
00730	N	ANESTH ABDOMINAL WALL SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00731	N	ANES UPR GI NDSC PX NOS	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00732	N	ANES UPR GI NDSC PX ERCP	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0073U	Q	CYP2D6 GEN CYP2D7-2D6 HYBRID	-	-	Medicare	\$751.52	\$465.94	\$450.91	-	-	000	999	-
0074U	Q	CYP2D6 NONDUPLICATED GENE	-	-	Medicare	\$751.52	\$465.94	\$450.91	-	-	000	999	-
00750	N	ANES HRNA RPR UPR ABD NOS	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00752	N	ANES HRNA RPR LMBR&VNT&DEHS	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00754	N	ANES HRNA RPR OMPHALOCELE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00756	N	ANES HRNA RPR DIPHRG HRNA	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0075T	E	PERQ STENT/CHEST VERT ART	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
0075U	Q	CYP2D6 5' GENE DUP/MLT	-	-	Medicare	\$751.52	\$465.94	\$450.91	-	-	000	999	-
0076T	E	S&I STENT/CHEST VERT ART	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
0076U	Q	CYP2D6 3' GENE DUP/MLT	-	-	Medicare	\$751.52	\$465.94	\$450.91	-	-	000	999	-
00770	N	ANES PX MAJ ABD BLOOD VESSEL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0077U	Q	IG PARAPROTEIN QUAL BLD/UR	-	-	Medicare	\$72.38	\$44.88	\$43.43	-	-	000	999	-
0078U	Q	PAIN MGT OPI USE GNOTYP PNL	-	-	Medicare	\$751.52	\$465.94	\$450.91	-	-	000	999	-
00790	N	ANES IPER UPR ABD NOS	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00792	C	ANES IPER UPR ABD PRTL HPTC	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
00794	C	ANES IPER UPR ABD PNCRTECT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
00796	C	ANES IPER UPR ABD LVR TRNSPL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
00797	N	ANES IPER UPR ABD GSTR PX MO	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0079U	E	CMPRTV DNA ALYS MLT SNPS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
00800	N	ANESTH ABDOMINAL WALL SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00802	N	ANESTH FAT LAYER REMOVAL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0080U	Q	ONC LNG 5 CLIN RSK FACTR ALG	-	-	Medicare	\$5,866.67	\$3,637.34	\$3,520.00	-	-	000	999	-
00811	N	ANES LWR INTST NDSC NOS	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00812	N	ANES LWR INTST SCR COLSC	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00813	N	ANES UPR LWR GI NDSC PX	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00820	N	ANESTH ABDOMINAL WALL SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0082U	Q	RX TEST DEF 90+ RX/SBSTS UR	-	-	Medicare	\$411.53	\$255.15	\$246.92	-	-	000	999	-
00830	N	ANESTH REPAIR OF HERNIA	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00832	N	ANESTH REPAIR OF HERNIA	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00834	N	ANESTH HERNIA REPAIR < 1 YR	-	-	Bundled	\$0.00	-	-	-	-	000	001	-
00836	N	ANESTH HERNIA REPAIR PREMIE	-	-	Bundled	\$0.00	-	-	-	-	000	001	-
0083U	Q	ONC RSPSE CHEMO CNTRST TOMOG	-	-	Medicare	\$278.92	\$172.93	\$167.35	-	-	000	999	-
00840	N	ANESTH SURG LOWER ABDOMEN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00842	N	ANESTH AMNIOCENTESIS	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00844	C	ANESTH PELVIS SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
00846	C	ANESTH HYSTERECTOMY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
00848	C	ANESTH PELVIC ORGAN SURG	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
0084A	E	FEE COVID-19 VAC 9 RES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
0084U	Q	RBC DNA GNOTYP 10 BLD GROUPS	-	-	-	Medicare	\$1,200.00	\$744.00	\$720.00	-	-	000	999	-
00851	N	ANESTH TUBAL LIGATION	-	-	-	Bundled	\$0.00	-	-	-	-	010	999	-
00860	N	ANESTH SURGERY OF ABDOMEN	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00862	N	ANESTH KIDNEY/URETER SURG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00864	C	ANESTH REMOVAL OF BLADDER	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
00865	N	ANESTH REMOVAL OF PROSTATE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00866	C	ANESTH REMOVAL OF ADRENAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
00868	C	ANESTH KIDNEY TRANSPLANT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
0086U	Q	NFCT DS BACT&FNG ORG ID 6+	-	-	-	Medicare	\$333.33	\$206.66	\$200.00	-	-	000	999	-
00870	N	ANESTH BLADDER STONE SURG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00872	N	ANESTH KIDNEY STONE DESTRUCT	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00873	N	ANESTH KIDNEY STONE DESTRUCT	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0087U	Q	CRD HRT TRNSPL MRNA 1283 GEN	-	-	-	Medicare	\$5,265.70	\$3,264.73	\$3,159.42	-	-	000	999	-
00880	N	ANESTH ABDOMEN VESSEL SURG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00882	C	ANESTH MAJOR VEIN LIGATION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
0088U	Q	TRNSPLJ KDN ALGRFT REJ 1494	-	-	-	Medicare	\$5,265.70	\$3,264.73	\$3,159.42	-	-	000	999	-
0089U	Q	ONC MLNMA PRAME & LINC00518	-	-	-	Medicare	\$1,266.67	\$785.34	\$760.00	-	-	000	999	-
00902	N	ANESTH ANORECTAL SURGERY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00904	C	ANESTH PERINEAL SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
00906	N	ANESTH REMOVAL OF VULVA	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00908	C	ANESTH REMOVAL OF PROSTATE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
0090U	Q	ONC CUTAN MLNMA MRNA 23 GENE	-	-	-	Medicare	\$3,250.00	\$2,015.00	\$1,950.00	-	-	000	999	-
00910	N	ANESTH BLADDER SURGERY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00912	N	ANESTH BLADDER TUMOR SURG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00914	N	ANESTH REMOVAL OF PROSTATE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00916	N	ANESTH BLEEDING CONTROL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00918	N	ANESTH STONE REMOVAL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0091U	E	ONC CLRCT SCR WHL BLD ALG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
00920	N	ANESTH GENITALIA SURGERY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00921	N	ANESTH VASECTOMY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00922	N	ANESTH SPERM DUCT SURGERY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00924	N	ANESTH TESTIS EXPLORATION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00926	N	ANESTH REMOVAL OF TESTIS	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00928	N	ANESTH REMOVAL OF TESTIS	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0092U	Q	ONC LNG 3 PRTN BMRK PLSM ALG	-	-	-	Medicare	\$4,146.67	\$2,570.94	\$2,488.00	-	-	000	999	-
00930	N	ANESTH TESTIS SUSPENSION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00932	C	ANESTH AMPUTATION OF PENIS	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
00934	C	ANESTH PENIS NODES REMOVAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
00936	C	ANESTH PENIS NODES REMOVAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
00938	N	ANESTH INSERT PENIS DEVICE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0093U	Q	RX MNTR 65 COM DRUGS URINE	-	-	-	Medicare	\$103.57	\$64.21	\$62.14	-	-	000	999	-
00940	N	ANESTH VAGINAL PROCEDURES	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00942	N	ANESTH SURG ON VAG/URETHRAL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00944	N	ANESTH VAGINAL HYSTERECTOMY	-	-	-	Bundled	\$0.00	-	-	-	-	010	999	-
00948	N	ANESTH REPAIR OF CERVIX	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0094U	Q	GENOME RAPID SEQUENCE ALYS	-	-	-	Medicare	\$12,637.00	\$7,834.94	\$7,582.20	-	-	000	999	-
00950	N	ANESTH VAGINAL ENDOSCOPY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
00952	N	ANESTH HYSTEROSCOPE/GRAPH	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0095T	E	RMVL ARTIFIC DISC ADDL CRVCL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0095U	Q	EE&MJ BSC PRTN ELISA EST DEV	-	-	-	Medicare	\$1,286.63	\$797.71	\$771.98	-	-	000	999	-
0096U	Q	HPV HI RISK TYPES MALE URINE	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	-	-	000	999	-
0098T	E	REV ARTIFIC DISC ADDL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0098U	Q	RESPIR PATHOGEN 14 TARGETS	-	-	-	Medicare	\$413.03	\$256.08	\$247.82	-	-	000	999	-
0099U	Q	RESPIR PATHOGEN 20 TARGETS	-	-	-	Medicare	\$458.92	\$284.53	\$275.35	-	-	000	999	-
0100T	E	PROSTH RETINA RECEIVE&GEN	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
0100U	Q	RESPIR PATHOGEN 21 TARGETS	-	-	-	Medicare	\$497.67	\$308.56	\$298.60	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
0101A	E	FEE COVID-19 VAC 11 DOSE 1	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0101T	E	ESW MUSCSEL SYS NOS	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
0101U	Q	HERED COLON CA DO 15 GENES	-	-	Medicare	\$2,906.58	\$1,802.08	\$1,743.95	-	-	000	999	-
0102A	E	FEE COVID-19 VAC 11 DOSE 2	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0102T	E	ESW PHY ANES LAT HMRL EPCNDL	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
0102U	Q	HERED BRST CA RLTD DO 17 GEN	-	-	Medicare	\$2,173.25	\$1,347.42	\$1,303.95	-	-	000	999	-
0103A	E	FEE COVID-19 VAC 11 BOOSTER	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0103U	Q	HERED OVA CA PNL 24 GENES	-	-	Medicare	\$2,906.58	\$1,802.08	\$1,743.95	-	-	000	999	-
0104A	E	ADM SARSCOV2 5MCG/.5ML AS03B	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0105U	Q	NEPH CKD MULT ECLIA TUM NEC	-	-	Medicare	\$1,583.33	\$981.66	\$950.00	-	-	000	999	-
0106T	E	TOUCH QUANT SENSORY TEST	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
0106U	Q	GSTR EMPTG 7 TIMED BRTH SPEC	-	-	Medicare	\$1,457.48	\$903.64	\$874.49	-	-	000	999	-
0107T	E	VIBRATE QUANT SENSORY TEST	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
0107U	Q	C DIFF TOX AG DETCJ IA STOOL	-	-	Medicare	\$26.67	\$16.54	\$16.00	-	-	000	999	-
0108T	E	COOL QUANT SENSORY TEST	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
0108U	E	GI BARRETT ESOPH 9 PRTN BMRK	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0109T	E	HEAT QUANT SENSORY TEST	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
0109U	Q	ID ASPERGILLUS DNA 4 SPECIES	-	-	Medicare	\$237.72	\$147.39	\$142.63	-	-	000	999	-
0110T	E	NOS QUANT SENSORY TEST	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
0110U	Q	RX MNTR 1+ORAL ONC RX&SBSTS	-	-	Medicare	\$45.18	\$28.01	\$27.11	-	-	000	999	-
01112	N	ANESTH BONE ASPIRATE/BX	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0111U	Q	ONC COLON CA KRAS&NRAS ALYS	-	-	Medicare	\$1,137.15	\$705.03	\$682.29	-	-	000	999	-
01120	N	ANESTH PELVIS SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0112U	Q	IADI 16S&18S RRNA GENES	-	-	Medicare	\$593.55	\$368.00	\$356.13	-	-	000	999	-
01130	N	ANESTH BODY CAST PROCEDURE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0113U	Q	ONC PRST8 PCA3&TMPRSS2-ERG	-	-	Medicare	\$1,266.67	\$785.34	\$760.00	-	-	000	999	-
01140	C	ANESTH AMPUTATION AT PELVIS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
0114U	Q	GI BARRETT'S ESOPH VIM&CCNA1	-	-	Medicare	\$3,230.02	\$2,002.61	\$1,938.01	-	-	000	999	-
01150	C	ANESTH PELVIC TUMOR SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
0115U	Q	RESPIR IADNA 18 VIRAL&2 BACT	-	-	Medicare	\$458.92	\$284.53	\$275.35	-	-	000	999	-
01160	N	ANESTH PELVIS PROCEDURE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0116U	Q	RX MNTR NZM IA 35+ORAL FLU	-	-	Medicare	\$411.53	\$255.15	\$246.92	-	-	000	999	-
01170	N	ANESTH PELVIS SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01173	N	ANESTH FX REPAIR PELVIS	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0117U	Q	PAIN MGMT 11 ENDOGENOUS ANAL	-	-	Medicare	\$1,401.08	\$868.67	\$840.65	-	-	000	999	-
0118U	Q	TRNSPLJ DON-DRV CLL-FR DNA	-	-	Medicare	\$4,588.75	\$2,845.03	\$2,753.25	-	-	000	999	-
0119U	Q	CRD CERAMIDES LIQ CHROM PLSM	-	-	Medicare	\$139.60	\$86.55	\$83.76	-	-	000	999	-
01200	N	ANESTH HIP JOINT PROCEDURE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01202	N	ANESTH ARTHROSCOPY OF HIP	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0120U	Q	ONC B CLL LYMPHM MRNA 58 GEN	-	-	Medicare	\$4,183.68	\$2,593.88	\$2,510.21	-	-	000	999	-
01210	N	ANESTH HIP JOINT SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01212	C	ANESTH HIP DISARTICULATION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
01214	N	ANESTH HIP ARTHROPLASTY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01215	N	ANESTH REVISE HIP REPAIR	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0121U	Q	SC DIS VCAM-1 WHOLE BLOOD	-	-	Medicare	\$848.67	\$526.18	\$509.20	-	-	000	999	-
01220	N	ANESTH PROCEDURE ON FEMUR	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0122U	Q	SC DIS P-SELECTIN WHL BLOOD	-	-	Medicare	\$877.05	\$543.77	\$526.23	-	-	000	999	-
01230	N	ANESTH SURGERY OF FEMUR	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01232	C	ANESTH AMPUTATION OF FEMUR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
01234	C	ANESTH RADICAL FEMUR SURG	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
0123U	Q	MCHNL FRAGILITY RBC PRFLG	-	-	Medicare	\$596.05	\$369.55	\$357.63	-	-	000	999	-
0124U	E	FTL CGEN ABNOR 3 ANALYES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
01250	N	ANESTH UPPER LEG SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0125U	E	FTL CGEN ABNOR PRNT COMP 5	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
01260	N	ANESTH UPPER LEG VEINS SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0126U	E	FTL CGEN ABNOR PRNT COMP 5 Y	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
01270	N	ANESTH THIGH ARTERIES SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01272	C	ANESTH FEMORAL ARTERY SURG	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
01274	C	ANESTH FEMORAL EMBOLECTOMY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
0127U	E	OB PE 3 ANALYTES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0128U	E	OB PE 3 ANALYTES Y CHRMSM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0129U	Q	HERED BRST CA RLTD DO PANEL	-	-	Medicare	\$2,173.25	\$1,347.42	\$1,303.95	-	-	000	999	-
0130U	Q	HERED COLON CA DO MRNA PNL	-	-	Medicare	\$974.83	\$604.39	\$584.90	-	-	000	999	-
0131U	Q	HERED BRST CA RLTD DO PNL 13	-	-	Medicare	\$1,183.33	\$733.66	\$710.00	-	-	000	999	-
01320	N	ANESTH KNEE AREA SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0132U	Q	HERED OVA CA RLTD DO PNL 17	-	-	Medicare	\$1,236.07	\$766.36	\$741.64	-	-	000	999	-
0133U	Q	HERED PRST8 CA RLTD DO 11	-	-	Medicare	\$1,150.48	\$713.30	\$690.29	-	-	000	999	-
01340	N	ANESTH KNEE AREA PROCEDURE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0134U	Q	HERED PAN CA MRNA PNL 18 GEN	-	-	Medicare	\$1,247.32	\$773.34	\$748.39	-	-	000	999	-
0135U	Q	HERED GYN CA MRNA PNL 12 GEN	-	-	Medicare	\$1,167.60	\$723.91	\$700.56	-	-	000	999	-
01360	N	ANESTH KNEE AREA SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0136U	Q	ATM MRNA SEQ ALYS	-	-	Medicare	\$679.05	\$421.01	\$407.43	-	-	000	999	-
0137U	Q	PALB2 MRNA SEQ ALYS	-	-	Medicare	\$471.47	\$292.31	\$282.88	-	-	000	999	-
01380	N	ANESTH KNEE JOINT PROCEDURE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01382	N	ANESTH DX KNEE ARTHROSCOPY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0138U	Q	BRCA1 BRCA2 MRNA SEQ ALYS	-	-	Medicare	\$780.55	\$483.94	\$468.33	-	-	000	999	-
01390	N	ANESTH KNEE AREA PROCEDURE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01392	N	ANESTH KNEE AREA SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01400	N	ANESTH KNEE JOINT SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01402	N	ANESTH KNEE ARTHROPLASTY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01404	C	ANESTH AMPUTATION AT KNEE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
0140U	Q	NFCT DS FUNGI DNA 15 TRGT	-	-	Medicare	\$261.25	\$161.98	\$156.75	-	-	000	999	-
0141U	Q	NFCT DS BACT&FNG GRAM POS	-	-	Medicare	\$261.25	\$161.98	\$156.75	-	-	000	999	-
01420	N	ANESTH KNEE JOINT CASTING	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0142U	Q	NFCT DS BACT&FNG GRAM NEG	-	-	Medicare	\$261.25	\$161.98	\$156.75	-	-	000	999	-
01430	N	ANESTH KNEE VEINS SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01432	N	ANESTH KNEE VESSEL SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01440	N	ANESTH KNEE ARTERIES SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01442	C	ANESTH KNEE ARTERY SURG	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
01444	C	ANESTH KNEE ARTERY REPAIR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
01462	N	ANESTH LOWER LEG PROCEDURE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01464	N	ANESTH ANKLE/FT ARTHROSCOPY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01470	N	ANESTH LOWER LEG SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01472	N	ANESTH ACHILLES TENDON SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01474	N	ANESTH LOWER LEG SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01480	N	ANESTH LOWER LEG BONE SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01482	N	ANESTH RADICAL LEG SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01484	N	ANESTH LOWER LEG REVISION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01486	N	ANESTH ANKLE REPLACEMENT	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01490	N	ANESTH LOWER LEG CASTING	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01500	N	ANESTH LEG ARTERIES SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01502	C	ANESTH LWR LEG EMBOLECTOMY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
01520	N	ANESTH LOWER LEG VEIN SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01522	N	ANESTH LOWER LEG VEIN SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0152U	Q	NFCT DS DNA UNTRGT NGRNJ SEQ	-	-	Medicare	\$3,543.67	\$2,197.08	\$2,126.20	-	-	000	999	-
0153U	Q	ONC BREAST MRNA 101 GENES	-	-	Medicare	\$5,265.70	\$3,264.73	\$3,159.42	-	-	000	999	-
0154U	Q	ONC URTHL CA RNA FGFR3 GENE	-	-	Medicare	\$803.57	\$498.21	\$482.14	-	-	000	999	-
0155U	Q	ONC BRST CA DNA PIK3CA GENE	-	-	Medicare	\$458.05	\$283.99	\$274.83	-	-	000	999	-
0156U	Q	COPY NUMBER SEQUENCE ALYS	-	-	Medicare	\$2,900.00	\$1,798.00	\$1,740.00	-	-	000	999	-
0157U	Q	APC MRNA SEQ ALYS	-	-	Medicare	\$471.47	\$292.31	\$282.88	-	-	000	999	-
0158U	Q	MLH1 MRNA SEQ ALYS	-	-	Medicare	\$471.47	\$292.31	\$282.88	-	-	000	999	-
0159U	Q	MSH2 MRNA SEQ ALYS	-	-	Medicare	\$471.47	\$292.31	\$282.88	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
0160U	Q	MSH6 MRNA SEQ ALYS	-	-	Medicare	\$471.47	\$292.31	\$282.88	-	-	000	999	-
01610	N	ANESTH SURGERY OF SHOULDER	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0161U	Q	PMS2 MRNA SEQ ALYS	-	-	Medicare	\$471.47	\$292.31	\$282.88	-	-	000	999	-
01620	N	ANESTH SHOULDER PROCEDURE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01622	N	ANES DX SHOULDER ARTHROSCOPY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0162U	Q	HERED COLON CA TRGT MRNA PNL	-	-	Medicare	\$810.90	\$502.76	\$486.54	-	-	000	999	-
01630	N	ANESTH SURGERY OF SHOULDER	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01634	C	ANESTH SHOULDER JOINT AMPUT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
01636	C	ANESTH FOREQUARTER AMPUT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
01638	N	ANESTH SHOULDER REPLACEMENT	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0163U	Q	ONC CLRCT SCR 3 PRTN ALG	-	-	Medicare	\$651.25	\$403.78	\$390.75	-	-	000	999	-
0164T	E	REMOVE LUMB ARTIF DISC ADDL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0164U	Q	GI IBS IA ANTI-CDTB&VINCULIN	-	-	Medicare	\$186.70	\$115.75	\$112.02	-	-	000	999	-
01650	N	ANESTH SHOULDER ARTERY SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01652	C	ANESTH SHOULDER VESSEL SURG	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
01654	C	ANESTH SHOULDER VESSEL SURG	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
01656	C	ANESTH ARM-LEG VESSEL SURG	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
0165T	E	REVISE LUMB ARTIF DISC ADDL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0165U	Q	PEANUT ALLG ASMT EPI	-	-	Medicare	\$772.93	\$479.22	\$463.76	-	-	000	999	-
0166U	Q	LIVER DS 10 BIOCHEM ASY SRM	-	-	Medicare	\$839.00	\$520.18	\$503.40	-	-	000	999	-
01670	N	ANESTH SHOULDER VEIN SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0167U	Q	CHORNC GONADOTROPIN HCG IA	-	-	Medicare	\$12.53	\$7.77	\$7.52	-	-	000	999	-
01680	N	ANESTH SHOULDER CASTING	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0168U	Q	FTL ANEUPLOIDY DNA SEQ ALYS	-	-	Medicare	\$1,265.08	\$784.35	\$759.05	-	-	000	999	-
0169T	E	PLACE STEREO CATH BRAIN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0169U	Q	NUDT15&TPMT GENE COM VRNT	-	-	Medicare	\$776.95	\$481.71	\$466.17	-	-	000	999	-
0170U	Q	NEURO ASD RNA NEXT GEN SEQ	-	-	Medicare	\$3,250.00	\$2,015.00	\$1,950.00	-	-	000	999	-
01710	N	ANESTH ELBOW AREA SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01712	N	ANESTH UPPR ARM TENDON SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01714	N	ANESTH UPPR ARM TENDON SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01716	N	ANESTH BICEPS TENDON REPAIR	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0171T	E	LUMBAR SPINE PROCES DISTRACT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0171U	Q	TRGT GEN SEQ ALYS PNL DNA 23	-	-	Medicare	\$2,531.77	\$1,569.70	\$1,519.06	-	-	000	999	-
0172T	E	LUMBAR SPINE PROCESS ADDL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0172U	Q	ONC SLD TUM ALYS BRCA1 BRCA2	-	-	Medicare	\$5,050.00	\$3,131.00	\$3,030.00	-	-	000	999	-
01730	N	ANESTH UPPR ARM PROCEDURE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01732	N	ANESTH DX ELBOW ARTHROSCOPY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0173T	E	IOP MONIT IO PRESSURE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0173U	Q	PSYC GEN ALYS PANEL 14 GENES	-	-	Medicare	\$776.95	\$481.71	\$466.17	-	-	000	999	-
01740	N	ANESTH UPPER ARM SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01742	N	ANESTH HUMERUS SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01744	N	ANESTH HUMERUS REPAIR	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0174T	E	CAD CXR WITH INTERP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0174U	Q	ONC SOLID TUMOR 30 PRTN TRGT	-	-	Medicare	\$2,175.62	\$1,348.88	\$1,305.37	-	-	000	999	-
01756	C	ANESTH RADICAL HUMERUS SURG	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
01758	N	ANESTH HUMERAL LESION SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0175T	E	CAD CXR REMOTE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0175U	Q	PSYC GEN ALYS PANEL 15 GENES	-	-	Medicare	\$2,226.82	\$1,380.63	\$1,336.09	-	-	000	999	-
01760	N	ANESTH ELBOW REPLACEMENT	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0176U	Q	CDTB&VINCULIN IGG ANTB IA	-	-	Medicare	\$106.98	\$66.33	\$64.19	-	-	000	999	-
01770	N	ANESTH UPPR ARM ARTERY SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01772	N	ANESTH UPPR ARM EMBOLECTOMY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0177U	Q	ONC BRST CA DNA PIK3CA 11	-	-	Medicare	\$458.05	\$283.99	\$274.83	-	-	000	999	-
01780	N	ANESTH UPPER ARM VEIN SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01782	N	ANESTH UPPR ARM VEIN REPAIR	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0178U	Q	PEANUT ALLG ASMT EPI CLIN RX	-	-	Medicare	\$766.43	\$475.19	\$459.86	-	-	000	999	-

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April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient	Non-sole		Prior Auth.	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
0179U	Q	ONC NONSM CLL LNG CA ALYS 23	-	-	Medicare	\$3,238.68	\$2,007.98	\$1,943.21	-	-	000	999	-
0180U	Q	ABO GNOTYP ABO 7 EXONS	-	-	Medicare	\$458.05	\$283.99	\$274.83	-	-	000	999	-
01810	N	ANESTH LOWER ARM SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0181U	Q	CO GNOTYP AQP1 EXON 1	-	-	Medicare	\$308.67	\$191.38	\$185.20	-	-	000	999	-
01820	N	ANESTH LOWER ARM PROCEDURE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01829	N	ANESTH DX WRIST ARTHROSCOPY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0182U	Q	CROM GNOTYP CD55 EXONS 1-10	-	-	Medicare	\$502.25	\$311.40	\$301.35	-	-	000	999	-
01830	N	ANESTH LOWER ARM SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01832	N	ANESTH WRIST REPLACEMENT	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0183U	Q	DI GNOTYP SLC4A1 EXON 19	-	-	Medicare	\$308.67	\$191.38	\$185.20	-	-	000	999	-
01840	N	ANESTH LWR ARM ARTERY SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01842	N	ANESTH LWR ARM EMBOLECTOMY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01844	N	ANESTH VASCULAR SHUNT SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0184T	E	EXC RECTAL TUMOR ENDOSCOPIC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0184U	Q	DO GNOTYP ART4 EXON 2	-	-	Medicare	\$308.67	\$191.38	\$185.20	-	-	000	999	-
01850	N	ANESTH LOWER ARM VEIN SURG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01852	N	ANESTH LWR ARM VEIN REPAIR	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0185U	Q	FUT1 GNOTYP FUT1 EXON 4	-	-	Medicare	\$308.67	\$191.38	\$185.20	-	-	000	999	-
01860	N	ANESTH LOWER ARM CASTING	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0186U	Q	FUT2 GNOTYP FUT2 EXON 2	-	-	Medicare	\$308.67	\$191.38	\$185.20	-	-	000	999	-
0187U	Q	FY GNOTYP ACKR1 EXONS 1-2	-	-	Medicare	\$458.05	\$283.99	\$274.83	-	-	000	999	-
0188U	Q	GE GNOTYP GYPC EXONS 1-4	-	-	Medicare	\$458.05	\$283.99	\$274.83	-	-	000	999	-
0189U	Q	GYP A GNOTYP NTRNS 1 5 EXON 2	-	-	Medicare	\$458.05	\$283.99	\$274.83	-	-	000	999	-
0190U	Q	GYP B GNOTYP NTRNS 1 5 SEUX 3	-	-	Medicare	\$458.05	\$283.99	\$274.83	-	-	000	999	-
01916	N	ANESTH DX ARTERIOGRAPHY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0191U	Q	IN GNOTYP CD44 EXONS 2 3 6	-	-	Medicare	\$458.05	\$283.99	\$274.83	-	-	000	999	-
01920	N	ANESTH CATHETERIZE HEART	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01922	N	ANESTH CAT OR MRI SCAN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01924	N	ANES THER INTERVEN RAD ARTRL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01925	N	ANES THER INTERVEN RAD CARD	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01926	N	ANES TX INTERV RAD HRT/CRAN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0192U	Q	JK GNOTYP SLC14A1 EXON 9	-	-	Medicare	\$458.05	\$283.99	\$274.83	-	-	000	999	-
01930	N	ANES THER INTERVEN RAD VEIN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01931	N	ANES THER INTERVEN RAD TIPS	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01932	N	ANES TX INTERV RAD TH VEIN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01933	N	ANES TX INTERV RAD CRAN VEIN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01937	N	ANES DRG/ASPIR CRV/THRC	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01938	N	ANES DRG/ASPIR LMBR/SAC	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01939	N	ANES NULYT AGT CRV/THRC	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0193U	Q	JR GNOTYP ABCG2 EXONS 2-26	-	-	Medicare	\$471.47	\$292.31	\$282.88	-	-	000	999	-
01940	N	ANES NULYT AGT LMBR/SAC	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01941	N	ANES NEUROMD/NTRVRT CRV/THRC	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01942	N	ANES NEUROMD/NTRVRT LMBR/SAC	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0194U	Q	KEL GNOTYP KEL EXON 8	-	-	Medicare	\$308.67	\$191.38	\$185.20	-	-	000	999	-
01951	N	ANESTH BURN LESS 4 PERCENT	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01952	N	ANESTH BURN 4-9 PERCENT	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01953	N	ANESTH BURN EACH 9 PERCENT	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01958	N	ANES XTRNL CEPHALIC VERSION	-	-	Bundled	\$0.00	-	-	-	-	010	065	-
0195U	Q	KLF1 TARGETED SEQUENCING	-	-	Medicare	\$625.42	\$387.76	\$375.25	-	-	000	999	-
01960	N	ANES VAGINAL DELIVERY ONLY	-	-	Bundled	\$0.00	-	-	-	-	010	065	-
01961	N	ANES CESAREAN DELIVERY ONLY	-	-	Bundled	\$0.00	-	-	-	-	010	065	-
01962	N	ANES URGENT HYSTERECTOMY	-	-	Bundled	\$0.00	-	-	-	-	010	065	-
01963	N	ANES CESAREAN HYSTERECTOMY	-	-	Bundled	\$0.00	-	-	-	-	010	065	-
01965	N	ANES INCOMPL/MISSED AB PX	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01966	N	ANES INDUCED ABORTION PX	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01967	N	NEURAXL LBR ANES VAG DLVR	-	-	Bundled	\$0.00	-	-	-	-	010	065	-

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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
01968	N	ANES/ANALG CS DLVR NEURAXIAL	-	-	Bundled	\$0.00	-	-	-	-	010	065	-
01969	N	ANES C HYST FLWG NEURAXIAL	-	-	Bundled	\$0.00	-	-	-	-	010	065	-
0196U	Q	LU GNOTYP BCAM EXON 3	-	-	Medicare	\$308.67	\$191.38	\$185.20	-	-	000	999	-
0197U	Q	LW GNOTYP ICAM4 EXON 1	-	-	Medicare	\$308.67	\$191.38	\$185.20	-	-	000	999	-
0198T	E	OCULAR BLOOD FLOW MEASURE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0198U	Q	RHD&RHCE GNTYP RHD1-10&RHCE5	-	-	Medicare	\$471.47	\$292.31	\$282.88	-	-	000	999	-
01990	C	SUPPORT FOR ORGAN DONOR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
01991	N	ANESTH NERVE BLOCK/INJ	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01992	N	ANESTH N BLOCK/INJ PRONE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01996	N	HOSP MANAGE CONT DRUG ADMIN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
01999	N	UNLISTED ANES PROCEDURE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
0199U	Q	SC GNOTYP ERMAP EXONS 4 12	-	-	Medicare	\$458.05	\$283.99	\$274.83	-	-	000	999	-
0200T	E	PERQ SACRAL AUGMT UNILAT INJ	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0200U	Q	XK GNOTYP XK EXONS 1-3	-	-	Medicare	\$458.05	\$283.99	\$274.83	-	-	000	999	-
0201T	E	PERQ SACRAL AUGMT BILAT INJ	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0201U	Q	YT GNOTYP ACHE EXON 2	-	-	Medicare	\$308.67	\$191.38	\$185.20	-	-	000	999	-
0202T	E	POST VERT ARTHRPLST 1 LUMBAR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0202U	Q	NFCT DS 22 TRGT SARS-COV-2	-	-	Medicare	\$694.63	\$430.67	\$416.78	-	-	000	999	-
0203U	Q	AI IBD MRNA XPRSN PRFL 17	-	-	Medicare	\$1,266.67	\$785.34	\$760.00	-	-	000	999	-
0204U	Q	ONC THYR MRNA XPRSN ALYS 593	-	-	Medicare	\$4,866.00	\$3,016.92	\$2,919.60	-	-	000	999	-
0205U	Q	OPH AMD ALYS 3 GENE VARIANTS	-	-	Medicare	\$78.33	\$48.56	\$47.00	-	-	000	999	-
0206U	Q	NEURO ALZHEIMER CELL AGGREGJ	-	-	Medicare	\$3,692.33	\$2,289.24	\$2,215.40	-	-	000	999	-
0207T	E	CLEAR EYELID GLAND W/HEAT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0207U	Q	NEURO ALZHEIMER QUAN IMAGING	-	-	Medicare	\$852.00	\$528.24	\$511.20	-	-	000	999	-
0208T	E	AUDIOMETRY AIR ONLY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0209T	E	AUDIOMETRY AIR & BONE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0209U	Q	CYTOG CONST ALYS INTERROG	-	-	Medicare	\$1,311.92	\$813.39	\$787.15	-	-	000	999	-
0210T	E	SPEECH AUDIOMETRY THRESHOLD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0210U	Q	SYPHILIS TST ANTB IA QUAN	-	-	Medicare	\$31.05	\$19.25	\$18.63	-	-	000	999	-
0211T	E	SPEECH AUDIOM THRESH & RECOG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0211U	Q	ONC PAN-TUM DNA&RNA GNRJ SEQ	-	-	Medicare	\$14,091.67	\$8,736.84	\$8,455.00	-	-	000	999	-
0212T	E	COMPRE AUDIOMETRY EVALUATION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0212U	Q	RARE DS GEN DNA ALYS PROBAND	-	-	Medicare	\$9,125.33	\$5,657.70	\$5,475.20	-	-	000	999	-
0213T	E	NJX PARAVERT W/US CER/THOR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0213U	Q	RARE DS GEN DNA ALYS EA COMP	-	-	Medicare	\$4,516.58	\$2,800.28	\$2,709.95	-	-	000	999	-
0214T	E	NJX PARAVERT W/US CER/THOR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0214U	Q	RARE DS XOM DNA ALYS PROBAND	-	-	Medicare	\$8,707.67	\$5,398.76	\$5,224.60	-	-	000	999	-
0215T	E	NJX PARAVERT W/US CER/THOR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0215U	Q	RARE DS XOM DNA ALYS EA COMP	-	-	Medicare	\$4,291.08	\$2,660.47	\$2,574.65	-	-	000	999	-
0216T	E	NJX PARAVERT W/US LUMB/SAC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0216U	Q	NEURO INH ATAXIA DNA 12 COM	-	-	Medicare	\$2,561.70	\$1,588.25	\$1,537.02	-	-	000	999	-
0217T	E	NJX PARAVERT W/US LUMB/SAC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0217U	Q	NEURO INH ATAXIA DNA 51 GENE	-	-	Medicare	\$3,663.92	\$2,271.63	\$2,198.35	-	-	000	999	-
0218T	E	NJX PARAVERT W/US LUMB/SAC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0218U	Q	NEURO MUSC DYS DMD SEQ ALYS	-	-	Medicare	\$3,798.33	\$2,354.96	\$2,279.00	-	-	000	999	-
0219T	E	PLMT POST FACET IMPLT CERV	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0219U	Q	NFCT AGT HIV GNRJ SEQ ALYS	-	-	Medicare	\$1,208.33	\$749.16	\$725.00	-	-	000	999	-
0220T	E	PLMT POST FACET IMPLT THOR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0220U	Q	ONC BRST CA AI ASSMT 12 FEAT	-	-	Medicare	\$1,177.08	\$729.79	\$706.25	-	-	000	999	-
0221T	E	PLMT POST FACET IMPLT LUMB	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0221U	Q	ABO GNOTYP NEXT GNRJ SEQ ABO	-	-	Medicare	\$458.05	\$283.99	\$274.83	-	-	000	999	-
0222T	E	PLMT POST FACET IMPLT ADDL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0222U	Q	RHD&RHCE GNTYP NEXT GNRJ SEQ	-	-	Medicare	\$471.47	\$292.31	\$282.88	-	-	000	999	-
0223U	Q	NFCT DS 22 TRGT SARS-COV-2	-	-	Medicare	\$694.63	\$430.67	\$416.78	-	-	000	999	-
0224U	Q	ANTIBODY SARS-COV-2 TITER(S)	-	-	Medicare	\$85.72	\$53.15	\$51.43	-	-	000	999	-
0225U	Q	NFCT DS DNA&RNA 21 SARSCOV2	-	-	Medicare	\$694.63	\$430.67	\$416.78	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
0226T	E	ANOSCOPY HRA W/SPEC COLLECT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0226U	Q	SVNT SARSCOV2 ELISA PLSM SRM	-	-	Medicare	\$70.47	\$43.69	\$42.28	-	-	000	999	-
0227T	E	ANOSCOPY HRA W/BIOPSY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0227U	Q	RX ASY PRSMV 30+RX/METABLT	-	-	Medicare	\$103.57	\$64.21	\$62.14	-	-	000	999	-
0228U	Q	ONC PRST8 MA MOLEC PRFL ALG	-	-	Medicare	\$288.38	\$178.80	\$173.03	-	-	000	999	-
0229U	Q	BCAT1&IKZF1 PRMTR MTHYLN ALY	-	-	Medicare	\$640.00	\$396.80	\$384.00	-	-	000	999	-
0230U	Q	AR FULL SEQUENCE ANALYSIS	-	-	Medicare	\$502.25	\$311.40	\$301.35	-	-	000	999	-
0231U	Q	CACNA1A FULL GENE ANALYSIS	-	-	Medicare	\$1,410.45	\$874.48	\$846.27	-	-	000	999	-
0232T	E	NJX PLATELET PLASMA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0232U	Q	CSTB FULL GENE ANALYSIS	-	-	Medicare	\$458.05	\$283.99	\$274.83	-	-	000	999	-
0233U	Q	FXN GENE ANALYSIS	-	-	Medicare	\$458.05	\$283.99	\$274.83	-	-	000	999	-
0234T	E	TRLUML PERIP ATHRC RENAL ART	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0234U	Q	MECP2 FULL GENE ANALYSIS	-	-	Medicare	\$879.78	\$545.46	\$527.87	-	-	000	999	-
0235T	E	TRLUML PERIP ATHRC VISCERAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0235U	Q	PTEN FULL GENE ANALYSIS	-	-	Medicare	\$1,000.00	\$620.00	\$600.00	-	-	000	999	-
0236T	E	TRLUML PERIP ATHRC ABD AORTA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0236U	Q	SMN1&SMN2 FULL GENE ANALYSIS	-	-	Medicare	\$1,004.50	\$622.79	\$602.70	-	-	000	999	-
0237T	E	TRLUML PERIP ATHRC BRCHIOCPH	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0237U	Q	CAR ION CHNLPHTY GEN SEQ PNL	-	-	Medicare	\$974.83	\$604.39	\$584.90	-	-	000	999	-
0238T	E	TRLUML PERIP ATHRC ILIAC ART	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0238U	Q	ONC LNCH SYN GEN DNA SEQ ALY	-	-	Medicare	\$974.83	\$604.39	\$584.90	-	-	000	999	-
0239U	Q	TRGT GEN SEQ ALYS PNL 311+	-	-	Medicare	\$5,833.33	\$3,616.66	\$3,500.00	-	-	000	999	-
0240U	Q	NFCT DS VIR RESP RNA 3 TRGT	-	-	Medicare	\$237.72	\$147.39	\$142.63	-	-	000	999	-
0241U	Q	NFCT DS VIR RESP RNA 4 TRGT	-	-	Medicare	\$237.72	\$147.39	\$142.63	-	-	000	999	-
0242T	E	GI TRACT TRANSIT & PRES MEAS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0242U	Q	TRGT GEN SEQ ALYS PNL 55-74	-	-	Medicare	\$8,333.33	\$5,166.66	\$5,000.00	-	-	000	999	-
0243U	Q	OB PE BIOCHEM ASSAY PGF ALG	-	-	Medicare	\$107.35	\$66.56	\$64.41	-	-	000	999	-
0244U	Q	ONC SOLID ORGN DNA 257 GENES	-	-	Medicare	\$5,833.33	\$3,616.66	\$3,500.00	-	-	000	999	-
0245U	E	ONC THYR MUT ALYS 10 GEN&37	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0246U	Q	RBC DNA GNOTYP 16 BLD GROUPS	-	-	Medicare	\$1,200.00	\$744.00	\$720.00	-	-	000	999	-
0247U	Q	OB PRTRM BRTH IBP4 SHBG MEAS	-	-	Medicare	\$1,250.00	\$775.00	\$750.00	-	-	000	999	-
0248U	E	ONC BRN SPHRD CLL 12 RX PNL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0249U	Q	ONC BRST ALYS 32 PHSRPTN ALG	-	-	Medicare	\$3,698.55	\$2,293.10	\$2,219.13	-	-	000	999	-
0250T	E	INSERT BRONCHIAL VALVE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0250U	Q	ONC SLD ORG NEO DNA 505 GENE	-	-	Medicare	\$4,866.00	\$3,016.92	\$2,919.60	-	-	000	999	-
0251T	E	REMOV BRONCHIAL VALVE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0251U	Q	HEPCIDIN-25 ELISA SERUM/PLSM	-	-	Medicare	\$28.78	\$17.84	\$17.27	-	-	000	999	-
0252T	E	REMOV BRONCH VALVE ADDL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0252U	E	FTL ANEUPLOIDY STR ALYS DNA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0253T	E	INSERT AQUEOUS DRAIN DEVICE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0253U	E	RPRDTVE MED RNA GEN PRFL 238	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0254U	E	REPRDTVE MED ALYS 24 CHRMSM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0255U	Q	ANDROLOGY INFERTILITY ASSMT	-	-	Medicare	\$52.67	\$32.66	\$31.60	-	-	000	999	-
0256T	E	EVASC AORTIC HRT VALVE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0256U	Q	TMA/TMAO PRFL MS/MS UR ALG	-	-	Medicare	\$266.58	\$165.28	\$159.95	-	-	000	999	-
0257T	E	OPN TTHRC AORTIC HRT VALVE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0257U	Q	VLCAD LEUK NZM ACTV WHL BLD	-	-	Medicare	\$1,187.45	\$736.22	\$712.47	-	-	000	999	-
0258T	E	AORTIC HRT VALV W/O CARD BYP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0258U	Q	AI PSOR MRNA 50-100 GEN ALG	-	-	Medicare	\$6,125.00	\$3,797.50	\$3,675.00	-	-	000	999	-
0259T	E	AORTIC HRT VALVE W/CARD BYP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0259U	Q	NEPH CKD NUC MRS MEAS GFR	-	-	Medicare	\$87.85	\$54.47	\$52.71	-	-	000	999	-
0260U	E	RARE DS ID OPT GENOME MAPG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0261U	Q	ONC CLRCT CA IMG ALYS W/AI	-	-	Medicare	\$8,250.00	\$5,115.00	\$4,950.00	-	-	000	999	-
0262U	E	ONC SLD TUM RT-PCR 7 GEN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0263T	E	IM B1 MRW CEL THER CMPL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0263U	Q	NEURO ASD MEAS 16 C METBLT	-	-	Medicare	\$1,250.00	\$775.00	\$750.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
0264T	E	IM B1 MRW CEL THER XCL HRVST	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0264U	E	RARE DS ID OPT GENOME MAPG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0265T	E	IM B1 MRW CEL THER HRVST ONL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0265U	E	RAR DO WHL GN&MTCDRL DNA ALS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0266T	E	IMPLT/RPL CRTD SNS DEV TOTAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0266U	E	UNXPL CNST HRTBL DO GN XPRSN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0267T	E	IMPLT/RPL CRTD SNS DEV LEAD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0267U	E	RARE DO ID OPT GEN MAPG&SEQ	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0268T	E	IMPLT/RPL CRTD SNS DEV GEN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0268U	E	HEM AHUS GEN SEQ Alys 15 GEN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0269T	E	REV/REML CRTD SNS DEV TOTAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0269U	E	HEM AUT DM CGEN TRMBCTPNA 22	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0270T	E	REV/REML CRTD SNS DEV LEAD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0270U	E	HEM CGEN COAGJ DO 20 GENES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0271T	E	REV/REML CRTD SNS DEV GEN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0271U	E	HEM CGEN NEUTROPENIA 24 GEN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0272T	E	INTERROGATE CRTD SNS DEV	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0272U	E	HEM GENETIC BLD DO 60 GENES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0273T	E	INTERROGATE CRTD SNS W/PGRMG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0273U	E	HEM GEN HYPRFIBRNLYSIS 8 GEN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0274T	E	PERQ LAMOT/LAM CRV/THRC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0274U	E	HEM GEN PLTLT DO 62 GENES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0275T	E	PERQ LAMOT/LAM LUMBAR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0275U	Q	HEM HEPRN NDUC TRMBCTPNA SRM	-	-	Medicare	\$30.62	\$18.98	\$18.37	-	-	000	999	-
0276T	E	BRONCH THERMOPLASTY 1 LOBE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0276U	E	HEM INH THROMBOCYTOPENIA 42	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0277T	E	BRONCH THERMOPLASTY LOBES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0277U	E	HEM GEN PLTLT FUNCJ DO 40	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0278T	E	TEMPR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0278U	E	HEM GEN THROMBOSIS 14 GENES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0279T	E	CTC TEST	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0279U	Q	HEM VW FACTOR&CLGN III BNDG	-	-	Medicare	\$19.22	\$11.92	\$11.53	-	-	000	999	-
0280T	E	CTC TEST W/I & R	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0280U	Q	HEM VW FACTOR&CLGN IV BNDG	-	-	Medicare	\$28.78	\$17.84	\$17.27	-	-	000	999	-
0281T	E	LAA CLOSURE W/IMPLANT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0281U	Q	HEM VWD PROPEPTIDE AG LVL	-	-	Medicare	\$28.78	\$17.84	\$17.27	-	-	000	999	-
0282T	E	PERIPH FIELD STIMUL TRIAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0282U	Q	RBC DNA GNTYP 12 BLD GRP GEN	-	-	Medicare	\$1,200.00	\$744.00	\$720.00	-	-	000	999	-
0283T	E	PERIPH FIELD STIMUL PERM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0283U	Q	VW FACTOR TYPE 2B EVAL PLSM	-	-	Medicare	\$30.67	\$19.02	\$18.40	-	-	000	999	-
0284T	E	PERIPH FIELD STIMUL REVISE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0284U	Q	VW FACTOR TYPE 2N EVAL PLSM	-	-	Medicare	\$28.78	\$17.84	\$17.27	-	-	000	999	-
0285T	E	PERIPH FIELD STIMUL ANALYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0285U	E	ONC RSPS RADJ CLL FR DNA TOX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0286T	E	NEAR IFR SPECTRSC OF WOUNDS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0286U	E	CEP72 NUDT15&TPMT GENE Alys	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0287T	E	NEAR IFR GUIDE OF VASC SITE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0287U	E	ONC THYR DNA&MRNA 112 GENES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0288T	E	ANOSCOPY W/RF DELIVERY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0288U	E	ONC LUNG MRNA QUAN PCR 11&3	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0289T	E	LASER INC FOR PKP/LKP DONOR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0289U	E	NEURO ALZHEIMER MRNA 24 GEN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0290U	E	PAIN MGMT MRNA GEN XPRSN 36	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0291T	E	IV OCT FOR PROC INIT VESSEL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0291U	E	PSYC MOOD DO MRNA 144 GENES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0292T	E	IV OCT FOR PROC ADDL VESSEL	-	-	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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.			Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees						
0292U	E	PSYC STRS DO MRNA 72 GENES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0293U	E	PSYC SUICIDAL IDEA MRNA 54	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0294U	E	LNGVTY&MRTLTY RSK MRNA 18GEN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0295U	Q	ONC BRST DUX CARC 7 PROTEINS	-	-	Medicare	\$9,058.33	\$5,616.16	\$5,435.00	-	-	000	999	-	
0296U	E	ONC ORL&/OROP CA 20 MLC FEAT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0297U	E	ONC PAN TUM WHL GEN SEQ DNA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0298U	E	ONC PAN TUM WHL TRNS SEQ RNA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0299U	E	ONC PAN TUM WHL GEN OPT MAPG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0300U	E	ONC PAN TUM WHL GEN SEQ&OPT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0301U	E	IADNA BARTONELLA DDPCR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0302U	E	IADNA BRTNLA DDPCR FLWG LIQ	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0303U	E	HEM RBC ADS WHL BLD HYPOXIC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0304U	E	HEM RBC ADS WHL BLD NORMOXIC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0305U	E	HEM RBC FNCLTY&DFRM SHR STRS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0306U	E	ONC MRD NXT-GNRJ ALYS 1ST	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0307U	E	ONC MRD NXT-GNRJ ALYS SBSQ	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0308T	E	INSJ OCULAR TELESCOPE PROSTH	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0308U	Q	CRD CAD ALYS 3 PRTN 3 PARAM	-	-	Medicare	\$651.25	\$403.78	\$390.75	-	-	000	999	-	
0309U	Q	CRD CV DS ALY 4 PRTN PLM ALG	-	-	Medicare	\$651.25	\$403.78	\$390.75	-	-	000	999	-	
0310U	Q	PED VSCLTS KD ALYS 3 BMRKS	-	-	Medicare	\$651.25	\$403.78	\$390.75	-	-	000	019	-	
0311U	Q	NFCT DS BCT QUAN ANTMCRB SC	-	-	Medicare	\$13.47	\$8.35	\$8.08	-	-	000	999	-	
0312U	Q	AI DS SLE ALYS 8 IGG AUTOANT	-	-	Medicare	\$1,401.08	\$868.67	\$840.65	-	-	000	999	-	
0313U	E	ONC PNCRS DNA&MRNA SEQ 74	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0314U	E	ONC CUTAN MLNMA MRNA 35 GENE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0315U	E	ONC CUTAN SQ CLL CA MRNA 40	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0316U	Q	B BRGDRFERI LYME DS OSPA EVL	-	-	Medicare	\$31.10	\$19.28	\$18.66	-	-	000	999	-	
0317U	E	ONC LUNG CA 4-PRB FISH ASSAY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0318U	E	PED WHL GEN MTHYLTN ALYS 50+	-	-	Not Allowed	\$0.00	-	-	-	-	000	019	-	
0319T	E	INSERT SUBQ DEFIB W/ELTRD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0319U	E	NEPH RNA PRETRNSPL PERPH BLD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0320T	E	INSERT SUBQ DEFIB ELECTRODE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0320U	E	NEPH RNA PSTTRNSPL PERPH BLD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0321T	E	INSERT SUBQ DEFIB PLS GEN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0321U	Q	IADNA GU PTHGN 20BCT&FNG ORG	-	-	Medicare	\$1,058.07	\$656.00	\$634.84	-	-	000	999	-	
0322T	E	RMVL SUBQ DEFIB PLS GEN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0322U	Q	NEURO ASD MEAS 14 ACYL CARN	-	-	Medicare	\$1,250.00	\$775.00	\$750.00	-	-	000	999	-	
0323T	E	RMVL & REPLC SUBQ PLS GEN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0323U	Q	IADNA CNS PTHGN NEXT GEN SEQ	-	-	Medicare	\$3,543.67	\$2,197.08	\$2,126.20	-	-	000	999	-	
0324T	E	RMVL SUBQ DEFIB ELECTRODE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0324U	E	ONC OVAR SPHRD CELL 4 RX PNL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0325T	E	REPOS SUBQ DEFIB ELTRD &/GEN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0325U	E	ONC OVAR SPHRD CELL PARP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0326T	E	EPHYS EVAL SUBQ IMPLT DEFIB	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0326U	E	TRGT GEN SEQ ALYS PNL 83+	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0327T	E	IMPLT SUBQ DEFIB INTEROGAT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0327U	E	FTL ANEUPLOIDY TRSMY DNA SEQ	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0328T	E	IMPLT SUBQ DEFIB SYS DEV EVL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0328U	Q	DRUG ASSAY 120+ RX&METABLT	-	-	Medicare	\$190.72	\$118.25	\$114.43	-	-	000	999	-	
0329T	E	MNTR IO PRESS 24HRS/> UNI/BI	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0329U	E	ONC NEO XOME&TRNS SEQ ALYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0330T	E	TEAR FILM IMG UNI/BI W/I&R	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0330U	Q	IADNA VAG PTHGN PANEL 27 ORG	-	-	Medicare	\$694.63	\$430.67	\$416.78	-	-	000	999	-	
0331T	E	HEART SYMP IMAGE PLNR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0331U	E	ONC HL NEO OPT GEN MAPPING	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0332T	E	HEART SYMP IMAGE PLNR SPECT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
0332U	E	ONC PAN TUM GEN PRFLG 8 DNA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
0333T	E	VISUAL EP SCR ACUITY AUTO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0333U	E	ONC LVR SURVEILANC HCC CFDNA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0334U	E	ONC SLD ORGN TGSA DNA 84/+	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0335T	E	INSJ SINUS TARSI IMPLANT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0335U	E	RARE DS WHL GEN SEQ FETA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0336T	E	LAP ABLAT UTERINE FIBROIDS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0336U	E	RARE DS WHL GEN SEQ BLD/SLV	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0337U	E	ONC PLSM CELL DO&MYELOMA ID	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0338T	E	TRNSCTH RENAL SYMP DENRV UNL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0338U	E	ONC SLD TUM CRCG TUM CL SLCT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0339T	E	TRNSCTH RENAL SYMP DENRV BIL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0339U	E	ONC PRST8 MRNA HOXC6 & DLX1	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0340U	Q	ONC PAN CA ALYS MRD PLASMA	-	-	Medicare	\$5,983.33	\$3,709.66	\$3,590.00	-	-	000	999	-
0341U	E	FTL ANEUP DNA SEQ CMPR ALYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0342T	E	THXP APHERESIS W/HDL DELIP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0342U	E	ONC PNCRTC CA MULT IA ECLIA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0343U	E	ONC PRST8 XOM ALY 442 SNCRNA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0344U	E	HEP NAFLD SEMIQ EVL 28 LIPID	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0345T	E	TRANSCATH MTRAL VLV REPAIR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0345U	E	PSYC GENOM ALYS PNL 15 GEN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0346U	E	BETA AMYL AB40&AB42 LC-MS/MS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0347T	E	INS BONE DEVICE FOR RSA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0347U	E	RX METAB/PCX DNA 16 GEN ALYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0348T	E	RSA SPINE EXAM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0348U	E	RX METAB/PCX DNA 25 GEN ALYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0349T	E	RSA UPPER EXTR EXAM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0349U	E	RX METAB/PCX DNA 27GEN RX IA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0350T	E	RSA LOWER EXTR EXAM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0350U	E	RX METAB/PCX DNA 27 GEN ALYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0351T	E	INTRAOP OCT BRST/NODE SPEC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0351U	Q	NFCT DS BCT/VIRAL TRAIL IP10	-	-	Medicare	\$434.17	\$269.19	\$260.50	-	-	000	999	-
0352T	E	OCT BRST/NODE I&R PER SPEC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0352U	Q	NFCT DS BV&VAGINITIS AMP PRB	-	-	Medicare	\$237.72	\$147.39	\$142.63	-	-	000	999	-
0353T	E	INTRAOP OCT BREAST CAVITY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0353U	Q	IADNA CHLMYD&GONORR AMP PRB	-	-	Medicare	\$116.97	\$72.52	\$70.18	-	-	000	999	-
0354T	E	OCT BREAST SURG CAVITY I&R	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0354U	E	HPV HI RSK QUAL MRNA E6/E7	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0355U	E	APOL1 RISK VARIANTS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0356U	E	ONC OROP/ANAL 17 DNA DDPCR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0358T	E	BIA WHOLE BODY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0358U	E	NEURO ALYS B-AMYL 1-42&1-40	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0359U	E	ONC PRST8 CA ALYS ALL PSA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0360U	E	ONC LUNG ELISA 7 AUTOANT ALG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0361U	E	NEURFLMNT LT CHN DIG IA QUAN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0362T	E	BHV ID SUPRT ASSMT EA 15 MIN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0362U	E	ONC PAP THYR CA RNA 82&10	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0363U	E	ONC URTHL MRNA 5 GEN ALG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0364U	E	ONC HL NEO GEN SEQ ALYS ALG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0365U	E	ONC BLDR 10 PRB BLDR CA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0366U	E	ONC BLDR 10 PRB RECR BLDR CA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0367U	E	ONC BLDR 10 FLWG TRURL RESCJ	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0368U	E	ONC CLRCT CA MUT&MTHYLTN MRK	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0369U	E	IADNA GI PTHGN 31 ORG&21 ARG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0370U	E	IADNA SURG WND PTHGN 34&21	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0371U	E	IADNA GU PTHGN SEMIQ DNA16&1	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0372U	E	NFCT DS GU PTHGN ARG DETCJ	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
0373T	E	ADAPT BHV TX EA 15 MIN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0373U	E	IADNA RSP TR NFCT 17 8 13&16	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0374U	E	IADNA GU PTHGN 21 ORG&21ARG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0375U	E	ONC OVRN BCHM ASY 7 PRTN ALG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0376U	E	ONC PRST8 CA IMG ALYS 128	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0377U	E	CV DS QUAN ADVSRM/PLSM LPRTN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0378T	E	VISUAL FIELD ASSMNT REV/RPRT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0378U	E	RFC1 REPEAT XPNSJ VRNT ALYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0379T	E	VIS FIELD ASSMNT TECH SUPPT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0379U	E	TGSAP SL OR NEO DNA523&RNA55	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0380U	E	RX METB ADVRS TRGT SQ ALY 20	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0381U	E	MAPLE SYRUP UR DS MNTR QUAN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0382U	E	HYPRPHENYLALNINMIA MNTR QUAN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0383U	E	TYROSINEMIA TYP I MNTR QUAN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0384U	E	NEPH CKD RSK HI STG KDN DS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0385U	E	NEPH CKD ALG RSK DBTC KDN DS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0387U	Q	ONC MLNMA AMBRA1&AMLO	-	-	Medicare	\$1,580.83	\$980.11	\$948.50	-	-	000	999	-
0388U	Q	ONC NONSM CLL LNG CA 37 GEN	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
0389U	Q	PED FBRL KD IFI27&MCEMP1 RNA	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
0390U	Q	OB PE KDR ENG&RBP4 IA ALG	-	-	Medicare	\$107.35	\$66.56	\$64.41	-	-	000	999	-
0391U	Q	ONC SLD TUM DNA&RNA 437 GEN	-	-	Medicare	\$6,000.00	\$3,720.00	\$3,600.00	-	-	000	999	-
0392T	E	LAP ES SPH AUGMENT DEV PLACE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0392U	Q	RX METAB GENRX IA 16 GENES	-	-	Medicare	\$2,226.82	\$1,380.63	\$1,336.09	-	-	000	999	-
0393T	E	ES SPH AUGMNT DEVICE REMOVAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0393U	Q	NEU PRKSN MSFL ?-SYNCLN PRTN	-	-	Medicare	\$901.65	\$559.02	\$540.99	-	-	000	999	-
0394T	E	HDR ELCTRNC SKN SURF BRCHYTX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0394U	Q	PFAS 16 PFAS COMPND LC MS/MS	-	-	Medicare	\$331.23	\$205.36	\$198.74	-	-	000	999	-
0395T	E	HDR ELCTR NTRST/NTRCV BRCHTX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0395U	Q	ONC LNG MULTIOMICS PLSM ALG	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
0396U	E	OB PREIMPLTJ TST 300000 DNA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0397T	E	ERCPC W/OPTICAL ENDOMICROSCPY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0398T	E	MRGFUS STRTCTC LES ABLTJ	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0398U	Q	GI BARET ESPH DNA MTHYLN ALY	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
0399U	Q	NEURO CERE FOLATE DEFNCY SRM	-	-	Medicare	\$0.00	\$0.00	\$0.00	-	-	000	999	-
0400U	E	OB XPND CAR SCR 145 GENES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0401U	Q	CRD C HRT DS 9 GEN 12 VRNTS	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
0402T	E	COLGN CRS-LINK CRN&PACHYMTRY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0402U	E	NFCT AGT STI MULT AMP PRB TQ	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0403T	M	DIABETES PREV STANDARD CURR	-	-	Fee Schedule	\$31.72	-	-	-	-	000	999	-
0403U	E	ONC PRST8 MRNA 18 GEN DRE UR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0404U	E	ONC BRST SEMIQ MEAS THYM KN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0405U	E	ONC PNCRTC 59 MTHLTN BLK MRK	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0406U	E	ONC LUNG FLOW CYTMTRY 5 MRK	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0407U	Q	NEPH DBTC CKD MULT ECLIA ALG	-	-	Medicare	\$1,266.67	\$785.34	\$760.00	-	-	000	999	-
0408T	E	INSJ/RPLC CARDIAC MODULJ SYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0408U	E	IAAD BLK AC WV BSNR SARSCV2	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0409T	E	INSJ/RPLC CAR MODULJ PLS GN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0409U	E	ONC SLD TUM DNA 80 & RNA 36	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0410T	E	INSJ/RPLC CAR MODULJ ATR ELT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0410U	E	ONC PNCRTC DNA WHL GN SEQ 5-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0411T	E	INSJ/RPLC CAR MODULJ VNT ELT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0411U	E	PSYC GENOM ALYS PNL 15 GEN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0412T	E	RMVL CARDIAC MODULJ PLS GEN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0412U	E	BETA AMYLOID A742/40 IMPRCIP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0413T	E	RMVL CAR MODULJ TRANVNS ELT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0413U	E	ONC HL NEO OPT GEN MAPG DNA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-



**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
0414T	E		RMVL & RPL CAR MODULJ PLS GN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0414U	E		ONC LNG AUG ALG ALY WHL SLD8	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0415T	E		REPOS CAR MODULJ TRANVNS ELT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0415U	E		CV DS ACS BLD ALG 5 YR SCORE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0416T	E		RELOC SKIN POCKET PLS GEN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0417T	E		PRGRMG EVAL CARDIAC MODULJ	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0417U	E		RARE DS ALYS 335 NUC GENES	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0418T	E		INTERRO EVAL CARDIAC MODULJ	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0418U	E		ONC BRST AUG ALG ALY WHL SL8	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0419T	E		DSTRJ NEUROFIBROMA XTNSV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0419U	E		NRPSYC GEN SEQ VRNT ALY 13	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0420T	E		DSTRJ NEUROFIBROMA XTNSV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0420U	E		ONC URTHL MRNA XPRSN 6 SNP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0421T	E		WATERJET PROSTATE ABLTJ CMPL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0421U	E		ONC CLRCT SCR SGL AMP 8 RNA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0422T	E		TACTILE BREAST IMG UNI/BI	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0422U	E		ONC PAN SOLID TUM ALYS DNA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0423U	E		PSYC GENOMIC ALYS PNL 26 GEN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0424U	E		ONC PRST8 XOM ALYS 53 SNCRNA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0425U	E		GENOM RPD SEQ ALYS EA CMPRTR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0426U	E		GENOME ULTRA-RAPID SEQ ALYS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0427U	E		MONOCYTE DSTRBJ WDTN WHL BLD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0428U	E		ONC BRST CTDNA ALYS 56/> GEN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0429U	E		HPV OROP SWAB 14 HI-RISK TYP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0430U	E		GI MALABS AAT CALPRO PNCRTC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0431U	E		GLY RCPTR ALPHA1 IGG SRM/CSF	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0432U	E		KLHL11 ANTB SR/CSF ASY QUAL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0433U	E		ONC PRST8 5 DNA REG MRK PCR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0434U	E		RX METAB ADVRS VRNT ALYS 25	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0435U	E		ONC CHEMO RX CYTOX CSC 14 RX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0436U	E		ONC LNG PLSM ALYS 388 PRTN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0437T	E		IMPLTJ SYNTH RNFCMT ABDL WAL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0437U	E		PSYC ANXIETY DO MRNA 15 BMRK	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0438U	E		RX METAB ADVRS VRNT ALYS 33	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0439T	E		MYOCDR CONTRAST PRFUJ ECHO	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0440T	E		ABL TJ PERC UXTR/PERPH NRV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0441T	E		ABL TJ PERC LXTR/PERPH NRV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0442T	E		ABL TJ PERC PLEX/TRNCL NRV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0443T	E		R-T SPCTRL ALYS PRST8 TISS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0444T	E		1ST PLMT DRUG ELUT OC INS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0445T	E		SBSQT PLMT DRUG ELUT OC INS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0446T	E		INSJ IMPLTBL GLUCOSE SENSOR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0447T	E		RMVL IMPLTBL GLUCOSE SENSOR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0448T	E		REMLV INSJ IMPLTBL GLUC SENS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0449T	E		INSJ AQUEOUS DRAIN DEV 1ST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0450T	E		INSJ AQUEOUS DRAIN DEV EACH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0464T	E		VISUAL EP TEST FOR GLAUCOMA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0469T	E		RTA POLARIZE SCAN OC SCR BI	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0472T	E		PRGRMG IO RTA ELTRD RA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0473T	E		REPRGRMG IO RTA ELTRD RA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0474T	E		INSJ AQUEOUS DRG DEV IO RSVR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0479T	E		FXJL ABL LSR 1ST 100 SQ CM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0480T	E		FXJL ABL LSR EA ADDL 100SQCM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0481T	E		NJX AUTOL WBC CONCENTRATE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0483T	E		TMVI PERCUTANEOUS APPROACH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0484T	E		TMVI TRANSTHORACIC EXPOSURE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
0485T	E	OCT MID EAR I&R UNILATERAL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0486T	E	OCT MID EAR I&R BILATERAL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0488T	E	DIABETES PREV ONLINE/ELEC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0489T	E	REGN CELL TX SCLDR HANDS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0490T	E	REGN CELL TX SCLDR H MLT INJ	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0494T	E	PREP & CANNULJ CDVR DON LUNG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0495T	E	MNTR CDVR DON LNG 1ST 2 HRS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0496T	E	MNTR CDVR DON LNG EA ADDL HR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0497T	E	XTRNL PT ACT ECG IN-OFF CONN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0498T	E	XTRNL PT ACT ECG R&I PR 30 D	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0500F	E	INITIAL PRENATAL CARE VISIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0500T	E	HPV 5+ HI RISK HPV TYPES	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0501F	E	PRENATAL FLOW SHEET	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0502F	E	SUBSEQUENT PRENATAL CARE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0503F	E	POSTPARTUM CARE VISIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0505F	E	HEMODIALYSIS PLAN DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0505T	E	EV FEMPOP ARTL REVSC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0506T	E	MAC PGMNT OPT DNS MEAS HFP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0507F	E	PERITON DIALYSIS PLAN DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0507T	E	NEAR IFR 2IMG MIBMN GLND I&R	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0509F	E	URINE INCON PLAN DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0509T	E	PATTERN ERG W/I&R	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0510T	E	RMVL SINUS TARSI IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0511T	E	RMVL&RINSJ SINUS TARSI IMPLT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0512T	E	ESW INTEG WND HLG 1ST WND	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0513F	E	ELEV BP PLAN OF CARE DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0513T	E	ESW INTEG WND HLG EA ADDL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0514F	E	CARE PLAN HGB DOCD ESA PT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0514T	E	INTRAOP VIS AXIS ID PT FIXJ	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0515T	E	INSJ WCS LV COMPL SYS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0516F	E	ANEMIA PLAN OF CARE DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0516T	E	INSJ WCS LV ELTRD ONLY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0517F	E	GLAUCOMA PLAN OF CARE DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0517T	E	INSJ WCS LV BOTH COMPNT PG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0518F	E	FALL PLAN OF CARE DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0518T	E	RMVL PG WCS LV BATTERY ONLY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0519F	E	PLAND CHEMO DOCD B/4 TXMNT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0519T	E	RMV&RPLCMT PG WCS LV BOTH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0520F	E	RAD DOS LIMTS B/4 3D RAD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0520T	E	RMV&RPLCMT PG WCS LV BATTERY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0521F	E	PLAN OF CARE 4 PAIN DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0521T	E	INTERROG DEV EVAL WCS IP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0522T	E	PRGRMG DEV EVAL WCS IP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0523T	E	NTRAPX C FFR W/3D FUNCJL MAP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0524T	E	EV CATH DIR CHEM ABLTJ W/IMG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0525F	E	INITIAL VISIT FOR EPISODE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0525T	E	INSJ/RPLCMT COMPL IIMS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0526F	E	SUBS VISIT FOR EPISODE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0526T	E	INSJ/RPLCMT IIMS ELTRD ONLY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0527T	E	INSJ/RPLCMT IIMS IMPLT MNTR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0528F	E	RCMND FLW-UP 10 YRS DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0528T	E	PRGRMG DEV EVAL IIMS IP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0529F	E	INTRVL 3/>YR PTS CLNSCP DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	003	999	-
0529T	E	INTERROG DEV EVAL IIMS IP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0530T	E	REMOVAL COMPLETE IIMS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0531T	E	REMOVAL IIMS ELECTRODE ONLY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
0532T	E		REMOVAL IIMS IMPLT MNTR ONLY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0535F	E		DYSPNEA MNGMNT PLAN DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0537T	E		BLD DRV T LYMPHCYT CAR-T CLL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0538T	E		BLD DRV T LYMPHCYT PREP TRNS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0539T	E		RECEIPT&PREP CAR-T CLL ADMN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0540F	E		GLUCO MNGMNT PLAN DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0540T	E		CAR-T CLL ADMN AUTOLOGOUS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0541T	E		MYOCARDIAL IMAGING MCG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0542T	E		MYOCARDIAL IMAGING MCG I&R	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0543T	E		TA MV RPR W/ARTIF CHORD TEND	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0544T	E		TCAT MV ANNULUS RCNSTJ	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0545F	E		FOLLOW UP CARE PLAN MDD DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0545T	E		TCAT TV ANNULUS RCNSTJ	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0546T	E		RF SPECTRSC NTRAOP MRGN ASMT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0547T	E		B1 MATRL QUAL TST MCRIND TIB	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0550F	E		CYTOPATH REPORT NONGYN SPCMN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0551F	E		CYTOPATH REPORT NON ROUTINE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0552T	E		LOW-LEVEL LASER THERAPY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0553T	E		PERQ TCAT ILIAC ANAST IMPLT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0554T	E		B1 STR & FX RSK ANALYSIS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0555F	E		SYMPTOM MGMT PLAN CARE DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0555T	E		B1 STR&FX RSK TRANSMIS DATA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0556F	E		PLAN CARE LIPID CONTROL DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0556T	E		B1 STR & FX RSK ASSESSMENT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0557F	E		PLAN CAREMNG ANGNL SYMPTDOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0557T	E		B1 STR & FX RSK I&R	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0558T	E		CT SCAN F/BIOMCHN CT ALYS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0559T	E		ANTMC MDL 3D PRINT 1ST CMPNT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0560T	E		ANTMC MDL 3D PRINT EA ADDL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0561T	E		ANTMC GUIDE 3D PRINT 1ST GD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0562T	E		ANTMC GUIDE 3D PRINT EA ADDL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0563T	E		EVAC MEIBOMIAN GLND HEAT BI	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0564T	E		ONC CHEMO RX CYTOTOX CSC 14	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0565T	E		AUTOL CELL IMPLT ADPS HRVG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0566T	E		AUTOL CELL IMPLT ADPS NJX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0567T	E		PERM FLP TUBE OCCLS W/IMPLT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0568T	E		INTRO MIX SALINE&AIR F/SSG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0569T	E		TTVR PERQ APPR 1ST PROSTH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0570T	E		TTVR PERQ EA ADDL PROSTH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0571T	E		INSJ/RPLCMT ICDS SS ELTRD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0572T	E		INSERTION SS DFB ELECTRODE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0573T	E		REMOVAL SS DFB ELECTRODE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0574T	E		REPOS PREV SS IMPL DFB ELTRD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0575F	E		HIV RNA PLAN CARE DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0575T	E		PRGRMG DEV EVAL ICDS SS IP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0576T	E		INTERROG DEV EVAL ICDS SS IP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0577T	E		EPHYS EVAL ICDS SS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0578T	E		REM INTERROG DEV ICDS PHYS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0579T	E		REM INTERROG DEV ICDS TECH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0580F	E		MULTIDISCIPLINARY CARE PLAN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0580T	E		RMVL SS IMPL DFB PG ONLY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0581F	E		PT TRNSFRD FROM ANESTH TO CC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0581T	E		ABL TJ MAL BRST TUM PERQ CRTX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0582F	E		NO TRNSFR FROM ANESTH TO CC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0582T	E		TRURL ABL TJ MAL PRST8 TISS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0583F	E		TRANSFER CARE CHECKLIST USED	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
0583T	E	TMPST AUTO TUBE DLVR SYS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0584F	E	NO TRANSFERCARE CHKLIST USED	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0584T	E	PERQ ISLET CELL TRANSPLANT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0585T	E	LAPS ISLET CELL TRANSPLANT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0586T	E	OPEN ISLET CELL TRANSPLANT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0587T	E	PERQ IMPLTJ/RPLCMT ISDNS PTN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0588T	E	REVISION/REMOVAL ISDNS PTN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0589T	E	ELEC ALYS SMPL PRGRMG IINS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0590T	E	ELEC ALYS CPLX PRGRMG IINS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0591T	E	HLTH&WB COACHING INDIV 1ST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0592T	E	HLTH&WB COACHING INDIV F-UP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0593T	E	HLTH&WB COACHING GROUP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0594T	E	OSTEOT HUM XTRNL LNGTH DEV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0596T	E	TEMP FML IU VLV-PMP 1ST INSJ	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0597T	E	TEMP FML IU VALVE-PMP RPLCMT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0598T	E	NCNTC R-T FLUOR WND IMG 1ST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0599T	E	NCNTC R-T FLUOR WND IMG EA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0600T	E	IRE ABLTJ 1+TUM ORGAN PERQ	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0601T	E	IRE ABLTJ 1+TUMORS OPEN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0602T	E	TRANSDERMAL GFR MEASUREMENTS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0603T	E	TRANSDERMAL GFR MONITORING	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0604T	E	REM OCT RTA DEV SETUP&EDUCAJ	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0605T	E	REM OCT RTA TECHL SPRT MIN 8	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0606T	E	REM OCT RTA PHYS/QHP EA 30D	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0607T	E	REM MNTR PULM FLU MNTR SETUP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0608T	E	REM MNTR PULM FLU MNTR ALYS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0609T	E	MRS DISC PAIN ACQUISJ DATA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0610T	E	MRS DISC PAIN TRANSMIS DATA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0611T	E	MRS DISC PAIN ALG ALYS DATA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0612T	E	MRS DISCOGENIC PAIN I&R	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0613T	E	PERQ TCAT INTRATRL SEPTL SHT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0614T	E	RMVL&RPLCMT SS IMPL DFB PG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0615T	E	EYE MVMT ALYS W/O CALBRJ I&R	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0616T	E	INSERTION OF IRIS PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0617T	E	INSJ IRIS PROSTH W/RMVL&INSJ	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0618T	E	INSJ IRIS PROSTH SEC IO LENS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0619T	E	CYSTO W/PRST8 COMMISSUROTOMY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0620T	E	EVASC VEN ARTLZ TIBL/PRNL VN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0621T	E	TRABECULOSTOMY INTERNO LASER	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0622T	E	TRABECULOSTOMY INT LSR W/SCP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0623T	E	AUTO QUANTIFICATION C PLAQUE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0624T	E	AUTO QUAN C PLAQ DATA PREP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0625T	E	AUTO QUAN C PLAQ CPTR ALYS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0626T	E	AUTO QUAN C PLAQ I&R	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0627T	E	PERQ NJX ALGC FLUOR LMBR 1ST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0628T	E	PERQ NJX ALGC FLUOR LMBR EA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0629T	E	PERQ NJX ALGC CT LMBR 1ST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0630T	E	PERQ NJX ALGC CT LMBR EA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0631T	E	TC VIS LIT HYPERSPECTRAL IMG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0632T	E	PERQ TCAT US ABLTJ NRV P-ART	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0633T	E	CT BREAST W/3D UNI C-	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0634T	E	CT BREAST W/3D UNI C+	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0635T	E	CT BREAST W/3D UNI C-/C+	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0636T	E	CT BREAST W/3D BI C-	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0637T	E	CT BREAST W/3D BI C+	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0638T	E	CT BREAST W/3D BI C-/C+	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
0639T	E	WRLS SKN SNR ANISOTROPY MEAS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0640T	E	NCNTC IFR SPCTRSC O/T PAD 1	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0643T	E	TCAT L VENTR RSTRJ DEV IMPLT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0644T	E	TCAT RMVL/DBLK ICAR MAS PERQ	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0645T	E	TCAT IMPLTJ C SINS RDCTJ DEV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0646T	E	TTVI/RPLCMT W/PRSTC VLV PERQ	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0647T	E	INSJ GTUBE PERQ MAG GASTRXPY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0648T	E	QUAN MR TIS WO MRI 1ORGN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0649T	E	QUAN MR TISS W/MRI 1ORGN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0650T	E	PRGRMG DEV EVAL SCRMS REMOTE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0651T	E	MAG CTRLD CAPSULE ENDOSCOPY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0652T	E	EGD FLX TRANSNASAL DX BR/WA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0653T	E	EGD FLX TRANSNASAL BX 1/MLT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0654T	E	EGD FLX TRANSNASAL TUBE/CATH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0655T	E	TPRNL FOCAL ABLTJ MAL PRST8	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0656T	E	VRT BDY TETHERING ANT <7 SEG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0657T	E	VRT BDY TETHERING ANT 8+ SEG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0658T	E	ELEC IMPD SPECTRSC 1+SKN LES	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0659T	E	TCAT INTRA-C NFS SUPERSAT O2	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0660T	E	IMPLT ANT SGM IO NBIO RX SYS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0661T	E	RMVL&RIMPLTJ ANT SGM IMPLT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0662T	E	SCALP COOL 1ST MEAS&CALBRJ	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0663T	E	SCALP COOL PLMT MNTR RMVL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0664T	E	DON HYSTERECTOMY OPEN CDVR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0665T	E	DON HYSTERECTOMY OPEN LIV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0666T	E	DON HYSTERECTOMY LAPS LIV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0667T	E	DON HYSTERECTOMY RCP UTER	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0668T	E	BKBENCH PREP DON UTER ALGRFT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0669T	E	BKBENCH RCNSTJ DON UTER VEN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0670T	E	BKBENCH RCNSTJ DON UTER ARTL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0671T	E	INSJ ANT SGM AQ DRG DEV 1+	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0672T	E	NDOVAG CRYG RF REMDL TISS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0673T	E	ABLTJ B9 THYR NDUL PERQ LASR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0674T	E	LAPS INSJ NW/RPCMT PRM ISDSS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0675T	E	LAPS INSJ NW/RPCMT ISDSS 1LD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0676T	E	LAPS INSJ NW/RPCMT ISDSS EA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0677T	E	LAPS REPOS LEAD ISDSS 1ST LD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0678T	E	LAPS REPOS LEAD ISDSS EA ADD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0679T	E	LAPS RMVL LEAD ISDSS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0680T	E	INSJ/RPLCMT PG ONLY ISDSS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0681T	E	RLCJ PULSE GEN ONLY ISDSS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0682T	E	REMOVAL PULSE GEN ONLY ISDSS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0683T	E	PRGRMG DEV EVAL ISDSS IP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0684T	E	PERI-PX DEV EVAL ISDSS IP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0685T	E	INTERROG DEV EVAL ISDSS IP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0686T	E	HISTOTRIPSY MAL HEPATCEL TIS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0687T	E	TX AMBLYOPIA DEV SETUP 1ST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0688T	E	TX AMBLYOPIA ASSMT W/REPORT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0689T	E	QUAN US TIS CHARAC W/O DX US	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0690T	E	QUAN US TIS CHARAC W/DX US	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0691T	E	AUTO ALYS XST CT STD VRT FX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0692T	E	THERAPEUTIC ULTRAFILTRATION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0693T	E	COMPRE FUL BDY 3D MTN ALYS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0694T	E	3D VOL IMG&RCNSTJ BRST/AX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0695T	E	BDY SRF MPG PM/CVDFB TM IMPL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0696T	E	BDY SURF MAPG PM/CVDFB F/UP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
0697T	E	QUAN MR TIS WO MRI MLT ORGN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0698T	E	QUAN MR TISS W/MRI MLT ORGN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0699T	E	NJX PST CHMBR EYE MEDICATION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0700T	E	MOLEC FLUOR IMG SUS NEV 1ST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0701T	E	MOLEC FLUOR IMG SUS NEV EA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0702T	E	REM THER MNTR OL TECH SPRT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0703T	E	REM THER MNTR OL COG BHV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0704T	E	REM TX AMBLYOPIA SETUP&EDU	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0705T	E	REM TX AMBLYOPIA TECH SPRT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0706T	E	REM TX AMBLYOPIA I&R PHY/QHP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0707T	E	NJX B1 SUB MTRL SBCHDR L DFCT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0708T	E	ID CA IMMNTX PREP & 1ST NJX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0709T	E	ID CA IMMNTX EACH ADDL NJX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0710T	E	N-INVAS ARTL PLAQ ALYS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0711T	E	N-NVS ARTL PLAQ ALYS DAT PRP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0712T	E	N-NVS ARTL PLAQ ALYS QUAN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0713T	E	N-NVS ARTL PLAQ ALYS RWV I&R	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0714T	E	TPRNL LSR ABLT B9 PRST8 HYPR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0716T	E	CAR ACOUS WAVFRM REC CAD RSK	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0717T	E	ADRC THER PRTL RC TEAR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0718T	E	ADRC THER PRTL RC TEAR NJX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0719T	E	PST VRT JT RPLCMT LMBR 1 SGM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0720T	E	PRQ ELC NRV STIM CN WO IMPLT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0721T	E	QUAN CT TISS CHARAC W/O CT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0722T	E	QUAN CT TISS CHARAC W/CT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0723T	E	QMRCP W/O DX MRI SM ANAT SES	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0724T	E	QMRCP W/DX MRI SAME ANATOMY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0725T	E	VESTIBULAR DEV IMPLTJ UNI	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0726T	E	RMVL IMPLT VSTIBULAR DEV UNI	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0727T	E	RMVL&RPLCMT IMPLT VSTBLR DEV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0728T	E	DX ALYS VSTBLR IMPLT UNI 1ST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0729T	E	DX ALYS VSTBLR IMPLT UNI SBQ	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0730T	E	TRABECULOTOMY LSR W/OCT GDN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0731T	E	AUGMNT AI-BASED FCL PHNT A/R	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0732T	E	IMMNTX ADMN ELECTROPORATN IM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0733T	E	REM R-T MTN NREHAB THER SPLY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0734T	E	REM R-T MTN NREHAB TX MGMT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0735T	E	PREP TUM CAV IORT PRIM CRNOT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0736T	E	COLONIC LAVAGE 35+L WATER	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0737T	E	XENOGRAFT IMPLTJ ARTCLR SURF	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0738T	E	TX PLN MAG FLD ABLTJ PRST8	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0739T	E	ABL TJ MAL PRST8 MAG FLD NDCT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0740T	E	REM AUTON ALG NSLN CAL SETUP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0741T	E	REM AUTON ALG NSLN DATA COLL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0742T	E	AQMBF SPECT XERS/STRS & REST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0743T	E	B1 STR & FX RSK VRT FX ASSMT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0744T	E	INSJ BIOPROSTC VLV FEM VN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0745T	E	CAR ABLT RAD ARR N-INVAS LOC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0746T	E	CAR ABLT RAD ARR CNV LOC MAP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0747T	E	CAR ABLT RAD ARRHYT DLVR RAD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0748T	E	NJX STM CL PRDCT ANL SFT TIS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0749T	E	B1 STR&FX RSK ASSMT DXR-BMD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0750T	E	B1 STR&FX RSK ASMT DXRBMD1VW	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0751T	E	DGTZ GLS MCRSCP SLD LEVEL II	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0752T	E	DGTZ GLS MCRSCP SLD LVL III	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0753T	E	DGTZ GLS MCRSCP SLD LEVEL IV	-	-	-	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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Prior Auth. Required			
0754T	E	DGTZ GLS MCRSCP SLD LEVEL V	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0755T	E	DGTZ GLS MCRSCP SLD LEVEL VI	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0756T	E	DGTZ GLS MCRSCP SLD SPC GRPI	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0757T	E	DGTZ GLS MCRSCP SL SPC GRPII	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0758T	E	DGTZ GLS MCRSCP SL SPC HCHEM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0759T	E	DGTZ GLS MCRSCP SL SP GRPIII	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0760T	E	DGTZ GLS MCRSCP SL IMM 1ST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0761T	E	DGTZ GLS MCRSCP SL IMM EA 1	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0762T	E	DGTZ GLS MCRSCP SL IMM EA M	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0763T	E	DGTZ GLS MCRSCP MPHMTRC ALYS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0764T	E	ASSTV ALG ECG RSK ASMT CNCRT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0765T	E	ASSTV ALG ECG RSK ASMT PREV	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0766T	E	TC MAG STIMJ PN 1ST NERVE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0767T	E	TC MAG STIMJ PN EA ADDL NRV	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0770T	E	VR TECHNOLOGY ASSIST THERAPY	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0771T	E	VR PX DISSOC SVC SM PHY 1ST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0772T	E	VR PX DISSOC SVC SM PHY EA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0773T	E	VR PX DISSOC SVC OTH PHY 1ST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0774T	E	VR PX DISSOC SVC OTH PHY EA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0776T	E	THER INDCTJ NTRABRN HYPHTRM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0777T	E	R-T PRS SENSING EDRL GDN SYS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0778T	E	SMMG CNCRNT APPL IMU SNR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0779T	E	GI MYOELECTRICAL ACTV STUDY	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0780T	E	INSTLJ FECAL MICROBIOTA SSP	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0781T	E	BRNCHSC RF DSTRJ PULM NRV BI	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0782T	E	BRNCHSC RF DSTRJ PLM NRV UNI	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0783T	E	TC AURICULR NEUROSTIMULATION	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0784T	E	INS/RPLMT ELTRD RA SPI NSTIM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0785T	E	REVJ/RMVL NEA SPI W/NSTIM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0786T	E	INSJ/RPLCMT PRQ RA SAC NSTIM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0787T	E	REVJ/RMVL NEA SAC W/NSTIM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0788T	E	ELEC ALY SMP IINS SP/SAC NRV	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0789T	E	ELEC ALY CPX IINS SP/SAC NRV	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0790T	E	REVJ RPLCMT/RMVL VRT TETHRG	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0791T	E	MOTR COG VR GAIT TRAIN EA 15	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0792T	E	APPL SLVR DIAMN FLUORIDE 38%	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0793T	E	PRQ TCAT THRM ABLT NRV P-ART	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0794T	E	PT SPEC ALG RX-ONC TX OPTION	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0795T	E	TCAT INS 2CHMBR LDLS PM Cmpl	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0796T	E	TCAT INS 2CHMBR LDLS PM RA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0797T	E	TCAT INS 2CHMBR LDLS PM RV	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0798T	E	TCAT RMV 2CHMBR LDLS PM Cmpl	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0799T	E	TCAT RMVL 2CHMBR LDLS PM RA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0800T	E	TCAT RMVL 2CHMBR LDLS PM RV	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0801T	E	TCAT RMV&RPL 2CHMBR LDLS PM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0802T	E	TCAT RMV&RPL2CHMB LDLS PM RA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0803T	E	TCAT RMV&RPL2CHMB LDLS PM RV	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0804T	E	PRGRMG EVL LDLS PM 2CHMBR IP	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0805T	E	TCAT S&IVC PRSTC VL IMPL PRQ	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0806T	E	TCAT S&IVC PRSTC VL IMPL OPN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0807T	E	PULM TISS VNTJ ALYS PREV CT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0808T	E	PULM TISS VNTJ ALYS W/CT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0810T	E	SUBRTA NJX RX AGT W/VTRC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0811T	E	REM MLT DAY UROFLOW SETUP	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0812T	E	REM MLT DAY UROFLOW DEV SPLY	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
0813T	E	EGD VOL ADJMT BARIATRIC BALO	-	-	-	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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
0814T	E	PRQ NJX BIOD OSTEO MATRL FEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0815T	E	US REMS B1 DNS HIPS PLVS/SPI	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0816T	E	OPN INSJ/RPLCMT INS PTN SUBQ	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0817T	E	OPN INSJ/RPLCMT INS PTN SUBF	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0818T	E	REVJ/RMVL INS PTN SUBQ	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0819T	E	REVJ/RMVL INS PTN SUBF	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0820T	E	MNTR PSYCHDLC MED 1STPHY/QHP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0821T	E	MNTR PSYCHDLC MED 2NDPHY/QHP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0822T	E	MNTR PSYCHDLC MED CLN STAFF	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0823T	E	TCAT INS 1CHMBR LDLS PM RA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0824T	E	TCAT RMV 1CHMBR LDLS PM RA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0825T	E	TCAT RMV&RPL1CHMB LDLS PM RA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0826T	E	PRGRMG EVL LDLS PM 1CHMBR IP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0827T	E	DGTZ GLS MCRSCP CYTP SMEARS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0828T	E	DGTZ GLS MCRSCP CYTP SMPL FL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0829T	E	DGTZ GLS MCRSCP CYTP CONCTRJ	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0830T	E	DGTZ GLS MCRSCP CYTP SLCTV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0831T	E	DGTZ GLS MCRSCP CYTP C/V	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0832T	E	DGTZ GLS MCRSCP CYTP OTH SCR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0833T	E	DGTZ GLS MCRSCP CYTP OTH PRP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0834T	E	DGTZ GLS MCRSCP CYTP OTH XTN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0835T	E	DGTZ GLS MCRSCP FNA 1ST EA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0836T	E	DGTZ GLS MCRSCP FNA EA ADDL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0837T	E	DGTZ GLS MCRSCP FNA I&R	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0838T	E	DGTZ GLS MCRSCP CSLT SLD ELS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0839T	E	DGTZ GLS MCRSCP CSLT MAT PRP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0840T	E	DGTZ GLS MCRSCP CSLT COMPRE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0841T	E	DGTZ GLS MCRSCP PTH CSLT 1ST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0842T	E	DGTZ GLS MCRSCP PTH CSLT EA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0843T	E	DGTZ GLS MCRSCP CSLT CYT 1ST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0844T	E	DGTZ GLS MCRSCP CSLT CYT EA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0845T	E	DGTZ GLS MCRSCP IMFLUOR 1ST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0846T	E	DGTZ GLS MCRSCP IMFLUOR EA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0847T	E	DGTZ GLS MCRSCP XM ARCH TISS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0848T	E	DGTZ GLS MCRSCP ISH 1ST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0849T	E	DGTZ GLS MCRSCP ISH EA ADL 1	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0850T	E	DGTZ GLS MCRSCP ISH EA MULT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0851T	E	DGTZ GLS MCRSCP MPHMTRC 1ST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0852T	E	DGTZ GLS MCRSCP MPHMTRC EA 1	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0853T	E	DGTZ GLS MCRSCP MPHMTRC EA M	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0854T	E	DGTZ GLS MCRSCP BLD SMR PRPH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0855T	E	DGTZ GLS MCRSCP B1 MAROW SMR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0856T	E	DGTZ GLS MCRSCP ELECTRON MIC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0857T	E	OPTO-ACOUSTIC IMG BREAST UNI	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0858T	E	EXT TRNSCRANL MAG STIMJ MEAS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0859T	E	NCNTC IFR SPCTRSC O/T PAD EA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0860T	E	NCNTC IFR SPCTRSC SCR PAD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0861T	E	RMVL PG WCS LV BOTH COMPNT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0862T	E	RLCJ PG WCS LV BATTERY ONLY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0863T	E	RLCJ PG WCS LV TRNSMTR ONLY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0864T	E	LOW NTSTY ESWT CORPUS CVRNSM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0865T	E	QUAN MRI ALYS BRN W/O DX MRI	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
0866T	E	QUAN MRI ALYS BRN W/DX MRI	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
10004	N	FNA BX W/O IMG GDN EA ADDL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
10005	T	FNA BX W/US GDN 1ST LES	-	05071	7.6716	APC	\$447.94	-	-	-	-	000	999	-
10006	N	FNA BX W/US GDN EA ADDL	-	-	-	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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
10007	T	FNA BX W/FLUOR GDN 1ST LES	-	05071	7.6716	APC	\$447.94	-	-	-	-	000	999	-
10008	N	FNA BX W/FLUOR GDN EA ADDL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
10009	T	FNA BX W/CT GDN 1ST LES	-	05071	7.6716	APC	\$447.94	-	-	-	-	000	999	-
1000F	E	TOBACCO USE ASSESSED	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
10010	N	FNA BX W/CT GDN EA ADDL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
10011	T	FNA BX W/MR GDN 1ST LES	-	05071	7.6716	APC	\$447.94	-	-	-	-	000	999	-
10012	N	FNA BX W/MR GDN EA ADDL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
10021	T	FNA BX W/O IMG GDN 1ST LES	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
1002F	E	ASSESS ANGINAL SYMPTOM/LEVEL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
10030	T	IMG GID FLU COLL DRG SFT TIS	-	05071	7.6716	APC	\$447.94	-	-	-	-	000	999	-
10035	T	PLMT SFT TISS LOCLZJ DEV 1ST	-	05071	7.6716	APC	\$447.94	-	-	-	-	000	999	-
10036	N	PLMT SFT TISS LOCLZJ DEV EA	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
1003F	E	LEVEL OF ACTIVITY ASSESS	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
10040	N	ACNE SURGERY	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
1004F	E	CLIN SYMP VOL OVRLD ASSESS	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
1005F	E	ASTHMA SYMPTOMS EVALUATE	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
10060	T	I&D ABSCESS SIMPLE/SINGLE	-	05051	2.1829	APC	\$127.46	-	-	-	-	000	999	-
10061	T	I&D ABSCESS COMP/MULTIPLE	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
1006F	E	OSTEOARTHRITIS ASSESS	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
1007F	E	ANTI-INFLM/ANLGS C OTC ASSESS	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
10080	T	I&D PILONIDAL CYST SIMPLE	-	05071	7.6716	APC	\$447.94	-	-	-	-	000	999	-
10081	T	I&D PILONIDAL CYST COMP	-	05071	7.6716	APC	\$447.94	-	-	-	-	000	999	-
1008F	E	GI/RENAL RISK ASSESS	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
1010F	E	SEVERITY ANGINA BY ACTVITY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1011F	E	ANGINA PRESENT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
10120	T	INC&RMVL FB SUBQ TISS SMPL	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
10121	N	INC&RMVL FB SUBQ TISS COMP	-	05072	17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
1012F	E	ANGINA ABSENT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
10140	N	I&D HMTMA SEROMA/FLUID COLLJ	-	05072	17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
1015F	E	COPD SYMPTOMS ASSESS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
10160	T	PNXR ASPIR ABSC HMTMA BULLA	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
10180	N	I&D COMPLEX PO WOUND INFCTJ	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
1018F	E	ASSESS DYSPNEA NOT PRESENT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1019F	E	ASSESS DYSPNEA PRESENT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1022F	E	PNEUMO IMM STATUS ASSESS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1026F	E	CO-MORBID CONDITION ASSESS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1030F	E	INFLUENZA IMM STATUS ASSESS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1031F	E	SMOKING & 2ND HAND ASSESSED	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1032F	E	SMOKER/EXPOSED 2ND HND SMOKE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1033F	E	TOBACCO NONSMOKER NOR 2NDHND	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1034F	E	CURRENT TOBACCO SMOKER	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1035F	E	SMOKELESS TOBACCO USER	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1036F	E	TOBACCO NON-USER	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1038F	E	PERSISTENT ASTHMA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1039F	E	INTERMITTENT ASTHMA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1040F	E	DSM-5 INFO MDD DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1050F	E	HISTORY OF MOLE CHANGES	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1052F	E	TYPE LOCATION ACTIVITYASSESS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1055F	E	VISUAL FUNCT STATUS ASSESS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1060F	E	DOC PERM/CONT/PAROX ATR FIB	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1061F	E	DOC LACK PERM&CONT&PAROX FIB	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1065F	E	ISCHM STROKE SYMP LT3 HRSB/4	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1066F	E	ISCHM STROKE SX ONSET>=3HR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1070F	E	ALARM SYMP ASSESSED-ABSENT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1071F	E	ALARM SYMP ASSESSED-1+ PRSNT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1090F	E	PRES/ABSN URINE INCON ASSESS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees					
1091F	E	URINE INCON CHARACTERIZED	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
11000	T	DBRDMT ECZ/INFECTED SKIN<10%	-	05053 6.8481	APC	\$399.86	-	-	-	-	000	999	-
11001	N	DBRDMT ECZ/INFCT SKN EA ADDL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
11004	C	DBRDMT SKIN XTRNL GENT&PER	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
11005	C	DBRDMT SKIN ABDOMINAL WALL	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
11006	C	DBRDMT SKIN XTRNL GENT PER	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
11008	C	RMV PRSTC MTRL/MESH ABD WALL	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
1100F	E	PTFALLS ASSESS-DOCD GE2>/YR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
11010	T	DEBRIDE SKIN AT FX SITE	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
11011	T	DEBRIDE SKIN MUSC AT FX SITE	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
11012	N	DEB SKIN BONE AT FX SITE	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
1101F	E	PT FALLS ASSESS-DOCD LE1/YR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
11042	T	DBRDMT SUBQ TIS 1ST 20SQCM/<	-	05052 4.3478	APC	\$253.87	-	-	-	-	000	999	-
11043	T	DBRDMT MUSC&/FSCA 1ST 20/<	-	05053 6.8481	APC	\$399.86	-	-	-	-	000	999	-
11044	N	DBRDMT BONE 1ST 20 SQ CM/<	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
11045	N	DBRDMT SUBQ TISS EACH ADDL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
11046	N	DBRDMT MUSC&/FSCA EA ADDL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
11047	N	DBRDMT BONE EACH ADDL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
11055	N	PARING/CUTG B9 HYPRKR LES 1	-	05051 2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
11056	N	PARNG/CUTG B9 HYPRKR LES 2-4	-	05051 2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
11057	T	PARNG/CUTG B9 HYPRKR LES >4	-	05051 2.1829	APC	\$127.46	-	-	-	-	000	999	-
11102	T	TANGNTL BX SKIN SINGLE LES	-	05051 2.1829	APC	\$127.46	-	-	-	-	000	999	-
11103	N	TANGNTL BX SKIN EA SEP/ADDL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
11104	T	PUNCH BX SKIN SINGLE LESION	-	05052 4.3478	APC	\$253.87	-	-	-	-	000	999	-
11105	N	PUNCH BX SKIN EA SEP/ADDL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
11106	T	INCAL BX SKN SINGLE LES	-	05053 6.8481	APC	\$399.86	-	-	-	-	000	999	-
11107	N	INCAL BX SKN EA SEP/ADDL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
1110F	E	PT LFT INPT FAC W/IN 60 DAYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1111F	E	DSCHRG MED/CURRENT MED MERGE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1118F	E	AURIC/PERI PAIN ASSESSED	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1118F	E	GERD SYMPS ASSESSED 12 MONTH	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1119F	E	INIT EVAL FOR CONDITION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
11200	N	RMVL SKIN TAGS UP TO&INC 15	-	05051 2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
11201	N	RMVL SKIN TAGS EA ADDL 10	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
1121F	E	SUBS EVAL FOR CONDITION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1123F	E	ACP DISCUSS/DSCN MKR DOCD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1124F	E	ACP DISCUSS-NO DSCNMKR DOCD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1125F	E	AMNT PAIN NOTED PAIN PRSNT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1126F	E	AMNT PAIN NOTED NONE PRSNT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1127F	E	NEW EPISODE FOR CONDITION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1128F	E	SUBS EPISODE FOR CONDITION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
11300	N	SHAVE SKIN LESION 0.5 CM/<	-	05052 4.3478	Bundled, sometimes payable	\$253.87	-	-	-	-	000	999	-
11301	N	SHAVE SKIN LESION 0.6-1.0 CM	-	05051 2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
11302	N	SHAVE SKIN LESION 1.1-2.0 CM	-	05051 2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
11303	N	SHAVE SKIN LESION >2.0 CM	-	05052 4.3478	Bundled, sometimes payable	\$253.87	-	-	-	-	000	999	-
11305	N	SHAVE SKIN LESION 0.5 CM/<	-	05051 2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
11306	N	SHAVE SKIN LESION 0.6-1.0 CM	-	05051 2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
11307	T	SHAVE SKIN LESION 1.1-2.0 CM	-	05051 2.1829	APC	\$127.46	-	-	-	-	000	999	-
11308	N	SHAVE SKIN LESION >2.0 CM	-	05052 4.3478	Bundled, sometimes payable	\$253.87	-	-	-	-	000	999	-
1130F	E	BK PAIN & FXN ASSESSED	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
11310	T	SHAVE SKIN LESION 0.5 CM/<	-	05051 2.1829	APC	\$127.46	-	-	-	-	000	999	-
11311	T	SHAVE SKIN LESION 0.6-1.0 CM	-	05051 2.1829	APC	\$127.46	-	-	-	-	000	999	-
11312	T	SHAVE SKIN LESION 1.1-2.0 CM	-	05052 4.3478	APC	\$253.87	-	-	-	-	000	999	-
11313	T	SHAVE SKIN LESION >2.0 CM	-	05052 4.3478	APC	\$253.87	-	-	-	-	000	999	-
1134F	E	EPSD BK PAIN FOR 6 WKS/<	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1135F	E	EPSD BK PAIN FOR >6 WKS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
1136F	E	EPSD BK PAIN FOR 12 WKS/<	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1137F	E	EPSD BK PAIN FOR >12 WKS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
11400	T	EXC TR-EXT B9+MARG 0.5 CM<	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
11401	T	EXC TR-EXT B9+MARG 0.6-1 CM	-	05052 4.3478	APC	\$253.87	-	-	-	-	000	999	-
11402	T	EXC TR-EXT B9+MARG 1.1-2 CM	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
11403	T	EXC TR-EXT B9+MARG 2.1-3CM	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
11404	N	EXC TR-EXT B9+MARG 3.1-4 CM	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
11406	N	EXC TR-EXT B9+MARG >4.0 CM	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
11420	N	EXC H-F-NK-SP B9+MARG 0.5/<	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
11421	T	EXC H-F-NK-SP B9+MARG 0.6-1	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
11422	N	EXC H-F-NK-SP B9+MARG 1.1-2	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
11423	N	EXC H-F-NK-SP B9+MARG 2.1-3	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
11424	N	EXC H-F-NK-SP B9+MARG 3.1-4	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
11426	N	EXC H-F-NK-SP B9+MARG >4 CM	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
11440	T	EXC FACE-MM B9+MARG 0.5 CM<	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
11441	T	EXC FACE-MM B9+MARG 0.6-1 CM	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
11442	T	EXC FACE-MM B9+MARG 1.1-2 CM	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
11443	N	EXC FACE-MM B9+MARG 2.1-3 CM	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
11444	N	EXC FACE-MM B9+MARG 3.1-4 CM	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
11446	N	EXC FACE-MM B9+MARG >4 CM	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
11450	N	EXC SKN HDRDNT AX SMPL/NTRM	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
11451	N	EXC SKN HDRDNT AX COMPLEX	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
11462	N	EXC SKN HDRDNT ING SMPL/NTRM	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
11463	N	EXC SKN HDRDNT ING COMPLEX	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
11470	N	EXC SKN H/P/P/U SMPL/NTRM	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
11471	N	EXC SKN H/P/P/U COMPLEX	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
1150F	E	DOC PT RSK DEATH W/IN 1YR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1151F	E	DOC NO PT RSK DEATH W/IN 1YR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1152F	E	DOC ADVNCD DIS COMFORT 1ST	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1153F	E	DOC ADVNCD DIS CMFRT NOT 1ST	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1157F	E	ADVNC CARE PLAN IN RCRD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1158F	E	ADVNC CARE PLAN TLK DOCD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1159F	E	MED LIST DOCD IN RCRD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
11600	T	EXC TR-EXT MAL+MARG 0.5 CM/<	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
11601	T	EXC TR-EXT MAL+MARG 0.6-1 CM	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
11602	T	EXC TR-EXT MAL+MARG 1.1-2 CM	-	05052 4.3478	APC	\$253.87	-	-	-	-	000	999	-
11603	T	EXC TR-EXT MAL+MARG 2.1-3 CM	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
11604	T	EXC TR-EXT MAL+MARG 3.1-4 CM	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
11606	N	EXC TR-EXT MAL+MARG >4 CM	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
1160F	E	RVW MEDS BY RX/DR IN RCRD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
11620	N	EXC H-F-NK-SP MAL+MARG 0.5/<	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
11621	T	EXC S/N/H/F/G MAL+MRG 0.6-1	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
11622	T	EXC S/N/H/F/G MAL+MRG 1.1-2	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
11623	N	EXC S/N/H/F/G MAL+MRG 2.1-3	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
11624	N	EXC S/N/H/F/G MAL+MRG 3.1-4	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
11626	N	EXC S/N/H/F/G MAL+MRG >4 CM	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
11640	T	EXC F/E/E/N/L MAL+MRG 0.5CM<	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
11641	T	EXC F/E/E/N/L MAL+MRG 0.6-1	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
11642	T	EXC F/E/E/N/L MAL+MRG 1.1-2	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
11643	N	EXC F/E/E/N/L MAL+MRG 2.1-3	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
11644	N	EXC F/E/E/N/L MAL+MRG 3.1-4	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
11646	N	EXC F/E/E/N/L MAL+MRG >4 CM	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
1170F	E	FXNL STATUS ASSESSED	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
11719	N	TRIM NAIL(S) ANY NUMBER	-	05733 0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
11720	N	DEBRIDE NAIL 1-5	-	05733 0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
11721	N	DEBRIDE NAIL 6 OR MORE	-	05733 0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
11730	N	REMOVAL OF NAIL PLATE	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
11732	N	REMOVE NAIL PLATE ADD-ON	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
11740	N	DRAIN BLOOD FROM UNDER NAIL	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
11750	T	REMOVAL OF NAIL BED	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
11755	T	BIOPSY NAIL UNIT	-	05071	7.6716	APC	\$447.94	-	-	-	-	000	999	-
1175F	E	FUNCTION STAT ASSESSED RWWD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
11760	T	REPAIR OF NAIL BED	-	05053	6.8481	APC	\$399.86	-	-	-	-	000	999	-
11762	T	RECONSTRUCTION OF NAIL BED	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
11765	N	EXCISION OF NAIL FOLD TOE	-	05052	4.3478	Bundled, sometimes payable	\$253.87	-	-	-	-	000	999	-
11770	N	REMOVE PILONIDAL CYST SIMPLE	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
11771	N	REMOVE PILONIDAL CYST EXTEN	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
11772	N	REMOVE PILONIDAL CYST COMPL	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
1180F	E	THROMBOEMB RISK ASSESSED	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1181F	E	NEUROPSYCHIA SYMPTS ASSESSED	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1182F	E	NEUROPSYCHI SYMPT 1+PRESENT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1183F	E	NEUROPSYCHIATRIC SYMP ABSENT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
11900	N	INJECT SKIN LESIONS <W 7	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
11901	N	INJECT SKIN LESIONS >7	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
11920	T	CORRECT SKIN COLOR 6.0 CM/<	-	05053	6.8481	APC	\$399.86	-	-	-	-	000	999	-
11921	T	CORRECT SKN COLOR 6.1-20.0CM	-	05053	6.8481	APC	\$399.86	-	-	-	-	000	999	-
11922	N	CORRECT SKIN COLOR EA 20.0CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
11950	E	TX CONTOUR DEFECTS 1 CC/<	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
11951	E	TX CONTOUR DEFECTS 1.1-5.0CC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
11952	E	TX CONTOUR DEFECTS 5.1-10CC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
11954	E	TX CONTOUR DEFECTS >10.0 CC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
11960	T	INSERT TISSUE EXPANDER(S)	-	05055	39.1186	APC	\$2,284.14	-	-	Y	-	000	999	-
11970	N	RPLCMT TISS XPNDR PERM IMPLT	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	Y	-	000	999	-
11971	N	RMVL TIS XPNDR WO INSJ IMPLT	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	Y	-	000	999	-
11976	N	REMOVE CONTRACEPTIVE CAPSULE	-	05071	7.6716	Bundled, sometimes payable	\$447.94	-	-	-	-	010	060	-
11980	N	IMPLANT HORMONE PELLETT(S)	-	05735	4.3445	Bundled, sometimes payable	\$253.68	-	-	-	-	000	999	-
11981	N	INSERTION DRUG DLVR IMPLANT	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
11982	N	REMOVE DRUG IMPLANT DEVICE	-	05735	4.3445	Bundled, sometimes payable	\$253.68	-	-	-	-	000	999	-
11983	N	REMOVE/INSERT DRUG IMPLANT	-	05735	4.3445	Bundled, sometimes payable	\$253.68	-	-	-	-	000	999	-
12001	N	RPR S/N/AX/GEN/TRNK 2.5CM/<	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
12002	N	RPR S/N/AX/GEN/TRNK2.6-7.5CM	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
12004	N	RPR S/N/AX/GEN/TRK7.6-12.5CM	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
12005	N	RPR S/N/A/GEN/TRK12.6-20.0CM	-	05052	4.3478	Bundled, sometimes payable	\$253.87	-	-	-	-	000	999	-
12006	N	RPR S/N/A/GEN/TRK20.1-30.0CM	-	05052	4.3478	Bundled, sometimes payable	\$253.87	-	-	-	-	000	999	-
12007	T	RPR S/N/AX/GEN/TRNK >30.0 CM	-	05051	2.1829	APC	\$127.46	-	-	-	-	000	999	-
1200F	E	SEIZURE TYPE& FREQU DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
12011	N	RPR F/E/E/N/L/M 2.5 CM/<	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
12013	N	RPR F/E/E/N/L/M 2.6-5.0 CM	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
12014	N	RPR F/E/E/N/L/M 5.1-7.5 CM	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
12015	N	RPR F/E/E/N/L/M 7.6-12.5 CM	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
12016	N	RPR FE/E/EN/L/M 12.6-20.0 CM	-	05052	4.3478	Bundled, sometimes payable	\$253.87	-	-	-	-	000	999	-
12017	N	RPR FE/E/EN/L/M 20.1-30.0 CM	-	05052	4.3478	Bundled, sometimes payable	\$253.87	-	-	-	-	000	999	-
12018	N	RPR F/E/E/N/L/M >30.0 CM	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
12020	T	TX SUPFC WND DEHSN SMPL CLSR	-	05053	6.8481	APC	\$399.86	-	-	-	-	000	999	-
12021	T	TX SUPFC WND DEHSN W/PACKING	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
12031	T	INTMD RPR S/A/T/EXT 2.5 CM/<	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
12032	T	INTMD RPR S/A/T/EXT 2.6-7.5	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
12034	T	INTMD RPR S/TR/EXT 7.6-12.5	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
12035	T	INTMD RPR S/A/T/EXT 12.6-20	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
12036	T	INTMD RPR S/A/T/EXT 20.1-30	-	05053	6.8481	APC	\$399.86	-	-	-	-	000	999	-
12037	T	INTMD RPR S/TR/EXT >30.0 CM	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
12041	N	INTMD RPR N-HF/GENIT 2.5CM/<	-	05052	4.3478	Bundled, sometimes payable	\$253.87	-	-	-	-	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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab Fees	Hospital Lab Fees					
12042	T	INTMD RPR N-HF/GENIT2.6-7.5	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
12044	T	INTMD RPR N-HF/GENIT7.6-12.5	-	05053	6.8481	APC	\$399.86	-	-	-	-	000	999	-
12045	T	INTMD RPR N-HF/GENIT12.6-20	-	05053	6.8481	APC	\$399.86	-	-	-	-	000	999	-
12046	T	INTMD RPR N-HF/GENIT20.1-30	-	05053	6.8481	APC	\$399.86	-	-	-	-	000	999	-
12047	T	INTMD RPR N-HF/GENIT >30.0CM	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
12051	T	INTMD RPR FACE/MM 2.5 CM<	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
12052	T	INTMD RPR FACE/MM 2.6-5.0 CM	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
12053	T	INTMD RPR FACE/MM 5.1-7.5 CM	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
12054	N	INTMD RPR FACE/MM 7.6-12.5CM	-	05052	4.3478	Bundled, sometimes payable	\$253.87	-	-	-	-	000	999	-
12055	T	INTMD RPR FACE/MM 12.6-20 CM	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
12056	N	INTMD RPR FACE/MM 20.1-30.0	-	05052	4.3478	Bundled, sometimes payable	\$253.87	-	-	-	-	000	999	-
12057	T	INTMD RPR FACE/MM >30.0 CM	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
1205F	E	EPI ETIOL SYND RVWD AND DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1220F	E	PT SCREENED FOR DEPRESSION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
13100	T	CMLPX RPR TRUNK 1.1-2.5 CM	-	05053	6.8481	APC	\$399.86	-	-	-	-	000	999	-
13101	T	CMLPX RPR TRUNK 2.6-7.5 CM	-	05053	6.8481	APC	\$399.86	-	-	-	-	000	999	-
13102	N	CMLPX RPR TRUNK ADDL 5CM<	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
13120	T	CMLPX RPR S/A/L 1.1-2.5 CM	-	05053	6.8481	APC	\$399.86	-	-	-	-	000	999	-
13121	T	CMLPX RPR S/A/L 2.6-7.5 CM	-	05053	6.8481	APC	\$399.86	-	-	-	-	000	999	-
13122	N	CMLPX RPR S/A/L ADDL 5 CM>	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
13131	T	CMLPX RPR F/C/C/M/N/AX/G/H/F	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
13132	T	CMLPX RPR F/C/C/M/N/AX/G/H/F	-	05053	6.8481	APC	\$399.86	-	-	-	-	000	999	-
13133	N	CMLPX RPR F/C/C/M/N/AX/G/H/F	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
13151	T	CMLPX RPR E/N/E/L 1.1-2.5 CM	-	05053	6.8481	APC	\$399.86	-	-	-	-	000	999	-
13152	T	CMLPX RPR E/N/E/L 2.6-7.5 CM	-	05053	6.8481	APC	\$399.86	-	-	-	-	000	999	-
13153	N	CMLPX RPR E/N/E/L ADDL 5CM<	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
13160	T	SEC CLSR SURG WND/DEHSN XTN	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
14000	T	TIS TRNFR TRUNK 10 SQ CM<	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
14001	T	TIS TRNFR TRUNK 10.1-30SQCM	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
1400F	E	PRKNS DIAG RVIEWED	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
14020	T	TIS TRNFR S/A/L 10 SQ CM<	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
14021	T	TIS TRNFR S/A/L 10.1-30 SQCM	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
14040	T	TIS TRNFR F/C/C/M/N/A/G/H/F	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
14041	T	TIS TRNFR F/C/C/M/N/A/G/H/F	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
14060	T	TIS TRNFR E/N/E/L 10 SQ CM<	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
14061	T	TIS TRNFR E/N/E/L10.1-30SQCM	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
14301	T	TIS TRNFR ANY 30.1-60 SQ CM	-	05055	39.1186	APC	\$2,284.14	-	-	-	-	000	999	-
14302	N	TIS TRNFR ADDL 30 SQ CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
14350	T	FILLETED FINGER/TOE FLAP	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
1450F	E	SYMPTOMS IMPROVED/CONSIST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1451F	E	SYMPT SHOW CLIN IMPORT DROP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1460F	E	QUAL CARD DIAG PRIOR 12 MONS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1461F	E	NO QUAL CARD DIAG PRIOR12MON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1490F	E	DEM SEVERITY CLASSIFIED MILD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1491F	E	DEM SEVERITY CLASSIFIED MOD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1493F	E	DEM SEVERITY CLASS SEVERE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1494F	E	COGNIT ASSESSED AND REVIEWED	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15002	T	WOUND PREP TRK/ARM/LEG	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15003	N	WOUND PREP ADDL 100 CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
15004	T	WOUND PREP F/N/HF/G	-	05053	6.8481	APC	\$399.86	-	-	-	-	000	999	-
15005	N	WND PREP F/N/HF/G ADDL CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
1500F	E	SYMPTOM&SIGN SYMM POLYNEURO	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1501F	E	NOT INITIAL EVAL FOR COND	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1502F	E	PT QUERIED PAIN FXN W/ INSTR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
1503F	E	PT QUERIED SYMP RESP INSUFF	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15040	T	HARVEST CULTURED SKIN GRAFT	-	05054	19.8843	APC	\$1,161.04	-	-	-	Y	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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
1504F	E	PT HAS RESP INSUFFICIENCY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15050	T	PINCH GRAFT UP TO 2 CM DIAM	-	05053	6.8481	APC	\$399.86	-	-	-	-	000	999	-
1505F	E	PT HAS NO RESP INSUFFICIENCY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15100	T	SKIN SPLT GRFT TRNK/ARM/LEG	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15101	N	SKIN SPLT GRFT T/A/L ADD-ON	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
15110	T	EPIDRM AUTOGRFT TRNK/ARM/LEG	-	05054	19.8843	APC	\$1,161.04	-	-	-	Y	000	999	-
15111	N	EPIDRM AUTOGRFT T/A/L ADD-ON	-	-	-	Bundled	\$0.00	-	-	-	Y	000	999	-
15115	T	EPIDRM A-GRFT FACE/NCK/HF/G	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15116	N	EPIDRM A-GRFT F/N/HF/G ADDL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
15120	T	SKN SPLT A-GRFT FAC/NCK/HF/G	-	05055	39.1186	APC	\$2,284.14	-	-	-	-	000	999	-
15121	N	SKN SPLT A-GRFT F/N/HF/G ADD	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
15130	T	DERM AUTOGRAFT TRNK/ARM/LEG	-	05054	19.8843	APC	\$1,161.04	-	-	-	Y	000	999	-
15131	N	DERM AUTOGRAFT T/A/L ADD-ON	-	-	-	Bundled	\$0.00	-	-	-	Y	000	999	-
15135	T	DERM AUTOGRAFT FACE/NCK/HF/G	-	05055	39.1186	APC	\$2,284.14	-	-	-	-	000	999	-
15136	N	DERM AUTOGRAFT F/N/HF/G ADD	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
15150	T	CULT SKIN GRFT T/ARM/LEG	-	05054	19.8843	APC	\$1,161.04	-	-	-	Y	000	999	-
15151	N	CULT SKIN GRFT T/A/L ADDL	-	-	-	Bundled	\$0.00	-	-	-	Y	000	999	-
15152	N	CULT SKIN GRAFT T/A/L +%	-	-	-	Bundled	\$0.00	-	-	-	Y	000	999	-
15155	T	CULT SKIN GRAFT F/N/HF/G	-	05055	39.1186	APC	\$2,284.14	-	-	-	-	000	999	-
15156	N	CULT SKIN GRFT F/N/HF/G ADD	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
15157	N	CULT EPIDERM GRFT F/N/HF/G +%	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
15200	T	FTH GRF FR TRNK 20 SQ CM/<	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15201	N	FTH GRF FR TRNK EACH ADDL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
15220	T	FTH GRF FR S/A/L 20 SQ CM/<	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15221	N	FTH GRF FR S/A/L EACH ADDL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
15240	T	FTH GR FR F/C/C/M/N/AX/G/H/F	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15241	N	FTH GR F/C/C/M/N/AX/G/H/F EA	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
15260	T	FTH GRF FR N/E/E/L 20 SQCM/<	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15261	N	FTH GRF FR N/E/E/L EACH ADDL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
15271	T	SKIN SUB GRAFT TRNK/ARM/LEG	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15272	N	SKIN SUB GRAFT T/A/L ADD-ON	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
15273	T	SKIN SUB GRFT T/ARM/LG CHILD	-	05055	39.1186	APC	\$2,284.14	-	-	-	-	000	999	-
15274	N	SKN SUB GRFT T/A/L CHILD ADD	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
15275	T	SKIN SUB GRAFT FACE/NK/HF/G	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15276	N	SKIN SUB GRAFT F/N/HF/G ADDL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
15277	T	SKN SUB GRFT F/N/HF/G CHILD	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15278	N	SKN SUB GRFT F/N/HF/G CH ADD	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
15570	T	SKIN PEDICLE FLAP TRUNK	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15572	T	SKIN PEDICLE FLAP ARMS/LEGS	-	05055	39.1186	APC	\$2,284.14	-	-	-	-	000	999	-
15574	T	PEDCLE FH/CH/CH/M/N/AX/G/H/F	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15576	T	PEDICLE E/N/E/L/NTRORAL	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15600	T	DELAY FLAP TRUNK	-	05055	39.1186	APC	\$2,284.14	-	-	-	-	000	999	-
15610	T	DELAY FLAP ARMS/LEGS	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15620	T	DELAY FLAP F/C/C/N/AX/G/H/F	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15630	T	DELAY FLAP EYE/NOS/EAR/LIP	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15650	T	TRANSFER SKIN PEDICLE FLAP	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15730	T	MDFC FLAP W/PRSRV VASC PEDCL	-	05055	39.1186	APC	\$2,409.44	-	-	-	-	000	999	-
15731	T	FOREHEAD FLAP W/VASC PEDICLE	-	05055	39.1186	APC	\$2,284.14	-	-	-	-	000	999	-
15733	T	MUSC MYOQ/FSCQ FLP H&N PEDCL	-	05055	39.1186	APC	\$2,409.44	-	-	-	-	000	999	-
15734	T	MUSCLE-SKIN GRAFT TRUNK	-	05055	39.1186	APC	\$2,284.14	-	-	-	-	000	999	-
15736	T	MUSCLE-SKIN GRAFT ARM	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15738	T	MUSCLE-SKIN GRAFT LEG	-	05055	39.1186	APC	\$2,284.14	-	-	-	-	000	999	-
15740	T	ISLAND PEDICLE FLAP GRAFT	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15750	T	NEUROVASCULAR PEDICLE FLAP	-	05055	39.1186	APC	\$2,284.14	-	-	-	-	000	999	-
15756	C	FREE MYO/SKIN FLAP MICROVASC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
15757	C	FREE SKIN FLAP MICROVASC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
15758	C	FREE FASCIAL FLAP MICROVASC	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
15760	T	COMPOSITE SKIN GRAFT	-	05054 19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15769	T	GRFG AUTOL SOFT TISS DIR EXC	-	05055 39.1186	APC	\$2,409.44	-	-	-	-	000	999	-
15770	T	DERMA-FAT-FASCIA GRAFT	-	05055 39.1186	APC	\$2,284.14	-	-	-	-	000	999	-
15771	E	GRFG AUTOL FAT LIPO 50 CC<	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15772	E	GRFG AUTOL FAT LIPO EA ADDL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15773	E	GRFG AUTOL FAT LIPO 25 CC<	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15774	E	GFRG AUTOL FAT LIPO EA ADDL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15775	E	HAIR TRNSPL 1-15 PUNCH GRFTS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15776	E	HAIR TRNSPL >15 PUNCH GRAFTS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15777	N	ACELLULAR DERM MATRIX IMPLT	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
15778	E	IMPL ABSRB MSH/PRSTH DLY CLS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15780	E	DERMABRASION TOTAL FACE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15781	E	DERMABRASION SEGMENTAL FACE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15782	E	DERMABRASION OTHER THAN FACE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15783	E	DERMABRASION SUPRFL ANY SITE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15786	E	ABRASION LESION SINGLE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15787	E	ABRASION LESIONS ADD-ON	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15788	E	CHEMICAL PEEL FACE EPIDERM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15789	E	CHEMICAL PEEL FACE DERMAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15792	E	CHEMICAL PEEL NONFACIAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15793	E	CHEMICAL PEEL NONFACIAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15819	E	PLASTIC SURGERY NECK	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15820	T	REVISION OF LOWER EYELID	-	05054 19.8843	APC	\$1,161.04	-	-	Y	-	000	999	-
15821	T	REVISION OF LOWER EYELID	-	05054 19.8843	APC	\$1,161.04	-	-	Y	-	000	999	-
15822	T	REVISION OF UPPER EYELID	-	05054 19.8843	APC	\$1,161.04	-	-	Y	-	000	999	-
15823	T	REVISION OF UPPER EYELID	-	05054 19.8843	APC	\$1,161.04	-	-	Y	-	000	999	-
15824	E	REMOVAL OF FOREHEAD WRINKLES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15825	E	REMOVAL OF NECK WRINKLES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15826	E	REMOVAL OF BROW WRINKLES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15828	E	REMOVAL OF FACE WRINKLES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15829	E	REMOVAL OF SKIN WRINKLES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15830	N	EXC SKIN ABD	-	05092 71.1043	Bundled, sometimes payable	\$4,151.78	-	-	Y	-	000	999	-
15832	E	EXCISE EXCESSIVE SKIN THIGH	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15833	E	EXCISE EXCESSIVE SKIN LEG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15834	E	EXCISE EXCESSIVE SKIN HIP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15835	E	EXCISE EXCESSIVE SKIN BUTTCK	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15836	E	EXCISE EXCESSIVE SKIN ARM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15837	E	EXCISE EXCESS SKIN ARM/HAND	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15838	E	EXCISE EXCESS SKIN FAT PAD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15839	N	EXCISE EXCESS SKIN & TISSUE	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	Y	-	000	999	-
15840	T	NERVE PALSY FASCIAL GRAFT	-	05055 39.1186	APC	\$2,284.14	-	-	-	-	000	999	-
15841	T	NERVE PALSY MUSCLE GRAFT	-	05055 39.1186	APC	\$2,284.14	-	-	-	-	000	999	-
15842	T	NERVE PALSY MICROSURG GRAFT	-	05054 19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15845	T	SKIN AND MUSCLE REPAIR FACE	-	05055 39.1186	APC	\$2,284.14	-	-	-	-	000	999	-
15847	N	EXC SKIN ABD ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
15851	T	REMOVAL SUTR/STAPLE REQ ANES	-	05054 19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15852	N	DRESSING CHANGE NOT FOR BURN	-	05053 6.8481	Bundled, sometimes payable	\$399.86	-	-	-	-	000	999	-
15853	N	REMOVAL SUTR/STAPL XREQ ANES	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
15854	N	REMOVAL SUTR&STAPL XREQ ANES	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
15860	N	TEST FOR BLOOD FLOW IN GRAFT	-	05735 4.3445	Bundled, sometimes payable	\$253.68	-	-	-	-	000	999	-
15876	E	SUCTION LIPECTOMY HEAD&NECK	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15877	E	SUCTION LIPECTOMY TRUNK	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15878	E	SUCTION LIPECTOMY UPR EXTREM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15879	E	SUCTION LIPECTOMY LWR EXTREM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
15920	N	REMOVAL OF TAIL BONE ULCER	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
15922	T	REMOVAL OF TAIL BONE ULCER	-	05055	39.1186	APC	\$2,284.14	-	-	-	-	000	999	-
15931	N	REMOVE SACRUM PRESSURE SORE	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
15933	N	REMOVE SACRUM PRESSURE SORE	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
15934	T	REMOVE SACRUM PRESSURE SORE	-	05055	39.1186	APC	\$2,284.14	-	-	-	-	000	999	-
15935	T	REMOVE SACRUM PRESSURE SORE	-	05055	39.1186	APC	\$2,284.14	-	-	-	-	000	999	-
15936	T	REMOVE SACRUM PRESSURE SORE	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15937	T	REMOVE SACRUM PRESSURE SORE	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15940	N	REMOVE HIP PRESSURE SORE	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
15941	N	REMOVE HIP PRESSURE SORE	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
15944	T	REMOVE HIP PRESSURE SORE	-	05055	39.1186	APC	\$2,284.14	-	-	-	-	000	999	-
15945	T	REMOVE HIP PRESSURE SORE	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15946	T	REMOVE HIP PRESSURE SORE	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15950	N	REMOVE THIGH PRESSURE SORE	-	05072	17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
15951	N	REMOVE THIGH PRESSURE SORE	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
15952	T	REMOVE THIGH PRESSURE SORE	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15953	T	REMOVE THIGH PRESSURE SORE	-	05055	39.1186	APC	\$2,284.14	-	-	-	-	000	999	-
15956	T	REMOVE THIGH PRESSURE SORE	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
15958	T	REMOVE THIGH PRESSURE SORE	-	05055	39.1186	APC	\$2,284.14	-	-	-	-	000	999	-
15999	T	UNLISTED PX EXC PRESSURE ULC	-	05071	7.6716	APC	\$447.94	-	-	-	-	000	999	-
16000	N	INITIAL TREATMENT OF BURN(S)	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
16020	N	DRESS/DEBRID P-THICK BURN S	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
16025	T	DRESS/DEBRID P-THICK BURN M	-	05051	2.1829	APC	\$127.46	-	-	-	-	000	999	-
16030	T	DRESS/DEBRID P-THICK BURN L	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
16035	T	INCISION OF BURN SCAB INITI	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
16036	C	ESCHAROTOMY ADDL INCISION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
17000	N	DESTRUCT PREMALG LESION	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
17003	N	DESTRUCT PREMALG LES 2-14	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
17004	T	DESTROY PREMAL LESIONS 15/>	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
17106	T	DESTRUCTION OF SKIN LESIONS	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
17107	T	DESTRUCTION OF SKIN LESIONS	-	05053	6.8481	APC	\$399.86	-	-	-	-	000	999	-
17108	T	DESTRUCTION OF SKIN LESIONS	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
17110	N	DESTRUCT B9 LESION 1-14	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
17111	N	DESTRUCT LESION 15 OR MORE	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
17250	N	CHEM CAUT OF GRANLTJ TISSUE	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
17260	N	DSTRJ MAL LES T/A/L 0.5 CM<	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
17261	N	DSTRJ MAL LES T/A/L .6-1.0CM	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
17262	N	DSTRJ MAL LES T/A/L 1.1-2.0	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
17263	N	DSTRJ MAL LES T/A/L 2.1-3.0	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
17264	T	DSTRJ MAL LES T/A/L 3.1-4.0	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
17266	T	DSTRJ MAL LES T/A/L >4.0 CM	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
17270	T	DSTR MAL LES S/N/H/F/G .5 /<	-	05051	2.1829	APC	\$127.46	-	-	-	-	000	999	-
17271	T	DSTR MAL LES S/N/H/F/G 0.6-1	-	05051	2.1829	APC	\$127.46	-	-	-	-	000	999	-
17272	N	DSTR MAL LES S/N/H/F/G 1.1-2	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
17273	T	DSTR MAL LES S/N/H/F/G 2.1-3	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
17274	T	DSTR MAL LES S/N/H/F/G 3.1-4	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
17276	T	DSTR MAL LES S/N/H/F/G >4.0	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
17280	N	DSTR MAL LS F/E/E/N/L/M .5/<	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
17281	T	DSTR MAL LS F/E/E/N/L/M .6-1	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
17282	T	DSTR MAL LS F/E/E/N/L/M 1.1-2	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
17283	T	DSTR MAL LS F/E/E/N/L/M 2.1-3	-	05052	4.3478	APC	\$253.87	-	-	-	-	000	999	-
17284	T	DSTR MAL LS F/E/E/N/L/M 3.1-4	-	05053	6.8481	APC	\$399.86	-	-	-	-	000	999	-
17286	T	DSTR MAL LS F/E/E/N/L/M >4.0	-	05053	6.8481	APC	\$399.86	-	-	-	-	000	999	-
17311	T	MOHS 1 STAGE H/N/HF/G	-	05053	6.8481	APC	\$399.86	-	-	-	-	000	999	-
17312	N	MOHS ADDL STAGE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
17313	T	MOHS 1 STAGE T/A/L	-	05053	6.8481	APC	\$399.86	-	-	-	-	000	999	-
17314	N	MOHS ADDL STAGE T/A/L	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
17315	N	MOHS SURG ADDL BLOCK	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
17340	N	CRYOTHERAPY OF SKIN	-	05733 0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
17360	N	SKIN PEEL THERAPY	-	05051 2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
17380	E	HAIR REMOVAL BY ELECTROLYSIS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
17999	N	UNLISTD PX SKN MUC MEMB SUBQ	-	05051 2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
19000	T	PUNCTURE ASPIR CYST BREAST	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
19001	N	PUNCTURE ASPIR CYST BRST EA	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
19020	N	MASTOTOMY EXPL DRG ABSC DP	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
19030	N	NJX PX ONLY MAM DUCTO/GLCTO	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
19081	N	BX BREAST 1ST LESION STRTCTC	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
19082	N	BX BREAST ADD LESION STRTCTC	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
19083	N	BX BREAST 1ST LESION US IMAG	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
19084	N	BX BREAST ADD LESION US IMAG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
19085	N	BX BREAST 1ST LESION MR IMAG	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
19086	N	BX BREAST ADD LESION MR IMAG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
19100	N	BX BREAST PERCUT W/O IMAGE	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
19101	N	BIOPSY OF BREAST OPEN	-	05091 41.5622	Bundled, sometimes payable	\$2,426.82	-	-	-	-	000	999	-
19105	N	CRYOSURG ABLATE FA EACH	-	05091 41.5622	Bundled, sometimes payable	\$2,426.82	-	-	-	-	000	999	-
19110	N	NIPPLE EXPLORATION	-	05091 41.5622	Bundled, sometimes payable	\$2,426.82	-	-	-	-	000	999	-
19112	N	EXCISE BREAST DUCT FISTULA	-	05091 41.5622	Bundled, sometimes payable	\$2,426.82	-	-	-	-	000	999	-
19120	N	REMOVAL OF BREAST LESION	-	05091 41.5622	Bundled, sometimes payable	\$2,426.82	-	-	-	-	000	999	-
19125	N	EXCISION BREAST LESION	-	05091 41.5622	Bundled, sometimes payable	\$2,426.82	-	-	-	-	000	999	-
19126	N	EXCISION ADDL BREAST LESION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
19281	N	PERQ DEVICE BREAST 1ST IMAG	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
19282	N	PERQ DEVICE BREAST EA IMAG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
19283	N	PERQ DEV BREAST 1ST STRTCTC	-	05071 7.6716	Bundled, sometimes payable	\$447.94	-	-	-	-	000	999	-
19284	N	PERQ DEV BREAST ADD STRTCTC	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
19285	N	PERQ DEV BREAST 1ST US IMAG	-	05071 7.6716	Bundled, sometimes payable	\$447.94	-	-	-	-	000	999	-
19286	N	PERQ DEV BREAST ADD US IMAG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
19287	N	PERQ DEV BREAST 1ST MR GUIDE	-	05071 7.6716	Bundled, sometimes payable	\$447.94	-	-	-	-	000	999	-
19288	N	PERQ DEV BREAST ADD MR GUIDE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
19294	N	PREPJ TUM CAV IORT PRTL MAST	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
19296	N	PLACE PO BREAST CATH FOR RAD	-	05093 102.7857	Bundled, sometimes payable	\$6,001.66	-	-	-	Y	000	999	-
19297	N	PLACE BREAST CATH FOR RAD	-	-	Bundled	\$0.00	-	-	-	Y	000	999	-
19298	N	PLACE BREAST RAD TUBE/CATHS	-	05092 71.1043	Bundled, sometimes payable	\$4,151.78	-	-	-	Y	000	999	-
19300	N	REMOVAL OF BREAST TISSUE	-	05091 41.5622	Bundled, sometimes payable	\$2,426.82	-	-	Y	-	000	999	-
19301	N	PARTIAL MASTECTOMY	-	05091 41.5622	Bundled, sometimes payable	\$2,426.82	-	-	Y	-	000	999	-
19302	N	P-MASTECTOMY W/LN REMOVAL	-	05092 71.1043	Bundled, sometimes payable	\$4,151.78	-	-	Y	-	000	999	-
19303	N	MAST SIMPLE COMPLETE	-	05092 71.1043	Bundled, sometimes payable	\$4,151.78	-	-	Y	-	000	999	-
19305	C	MAST RADICAL	-	-	Inpatient Only	\$0.00	-	-	Y	-	000	999	-
19306	C	MAST RAD URBAN TYPE	-	-	Inpatient Only	\$0.00	-	-	Y	-	000	999	-
19307	N	MAST MOD RAD	-	05092 71.1043	Bundled, sometimes payable	\$4,151.78	-	-	Y	-	000	999	-
19316	N	SUSPENSION OF BREAST	-	05092 71.1043	Bundled, sometimes payable	\$4,151.78	-	-	Y	-	016	999	-
19318	N	BREAST REDUCTION	-	05092 71.1043	Bundled, sometimes payable	\$4,151.78	-	-	Y	-	016	999	-
19325	N	BREAST AUGMENTATION W/IMPLT	-	05093 102.7857	Bundled, sometimes payable	\$6,001.66	-	-	Y	-	016	999	-
19328	N	RMVL INTACT BREAST IMPLANT	-	05091 41.5622	Bundled, sometimes payable	\$2,426.82	-	-	Y	-	016	999	-
19330	N	RMVL RUPTURED BREAST IMPLANT	-	05091 41.5622	Bundled, sometimes payable	\$2,426.82	-	-	Y	-	016	999	-
19340	N	INSJ BREAST IMPLT SM D MAST	-	05092 71.1043	Bundled, sometimes payable	\$4,151.78	-	-	Y	-	016	999	-
19342	N	INSJ/RPLCMT BRST IMPLT SEP D	-	05093 102.7857	Bundled, sometimes payable	\$6,001.66	-	-	Y	-	016	999	-
19350	N	BREAST RECONSTRUCTION	-	05091 41.5622	Bundled, sometimes payable	\$2,426.82	-	-	Y	-	016	999	-
19355	E	CORRECT INVERTED NIPPLE(S)	-	-	Not Allowed	\$0.00	-	-	-	-	016	999	-
19357	N	TISS XPNDR PLMT BRST RCNSTJ	-	05094 192.1450	Bundled, sometimes payable	\$11,219.35	-	-	Y	-	016	999	-
19361	C	BRST RCNSTJ LATSMS DRSI FLAP	-	-	Inpatient Only	\$0.00	-	-	Y	-	016	999	-
19364	C	BRST RCNSTJ FREE FLAP	-	-	Inpatient Only	\$0.00	-	-	Y	-	016	999	-
19367	C	BRST RCNSTJ 1 PDCL TRAM FLAP	-	-	Inpatient Only	\$0.00	-	-	Y	-	016	999	-
19368	C	BRST RCNSTJ 1PDCL TRAM ANAST	-	-	Inpatient Only	\$0.00	-	-	Y	-	016	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab Fees	Hospital Lab Fees					
19369	C	BRST RCNSTJ 2 PDCL TRAM FLAP	-	-	Inpatient Only	\$0.00	-	-	-	Y	-	016	999	-
19370	N	REVJ PERI-IMPLT CAPSULE BRST	-	05091 41.5622	Bundled, sometimes payable	\$2,426.82	-	-	-	Y	-	000	999	-
19371	N	PERI-IMPLT CAPSLC BRST COMPL	-	05091 41.5622	Bundled, sometimes payable	\$2,426.82	-	-	-	Y	-	000	999	-
19380	N	REVJ RECONSTRUCTED BREAST	-	05092 71.1043	Bundled, sometimes payable	\$4,151.78	-	-	-	Y	-	016	999	-
19396	N	DESIGN CUSTOM BREAST IMPLANT	-	05091 41.5622	Bundled, sometimes payable	\$2,426.82	-	-	-	Y	-	000	999	-
19499	N	UNLISTED PROCEDURE BREAST	-	05091 41.5622	Bundled, sometimes payable	\$2,426.82	-	-	-	Y	-	000	999	-
2000F	E	BLOOD PRESSURE MEASURE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
2001F	E	WEIGHT RECORD	-	-	Not Allowed	\$0.00	-	-	-	-	Y	000	999	-
2002F	E	CLIN SIGN VOL OVRLD ASSESS	-	-	Not Allowed	\$0.00	-	-	-	-	Y	000	999	-
2004F	E	INITIAL EXAM INVOLVED JOINTS	-	-	Not Allowed	\$0.00	-	-	-	-	Y	000	999	-
20100	T	EXPLORE WOUND NECK	-	05162 5.9993	APC	\$350.30	-	-	-	-	-	000	999	-
20101	T	EXPLORE WOUND CHEST	-	05054 19.8843	APC	\$1,161.04	-	-	-	-	-	000	999	-
20102	T	EXPLORE WOUND ABDOMEN	-	05054 19.8843	APC	\$1,161.04	-	-	-	-	-	000	999	-
20103	N	EXPLORE WOUND EXTREMITY	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	-	000	999	-
2010F	E	VITAL SIGNS RECORDED	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
2014F	E	MENTAL STATUS ASSESS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
20150	N	EXCISE EPIPHYSEAL BAR	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	-	000	999	-
2015F	E	ASTHMA IMPAIRMENT ASSESSED	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
2016F	E	ASTHMA RISK ASSESSED	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
2018F	E	HYDRATION STATUS ASSESS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
2019F	E	DILATED MACUL EXAM DONE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
20200	N	MUSCLE BIOPSY SUPERFICIAL	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	-	000	999	-
20205	N	DEEP MUSCLE BIOPSY	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	-	000	999	-
20206	N	BIOPSY MUSCLE PERQ NEEDLE	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	-	000	999	-
2020F	E	DILATED FUNDUS EVAL DONE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
2021F	E	DILAT MACULAR EXAM DONE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
20220	N	BONE BIOPSY TROCARN/NDL SUPFC	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	-	000	999	-
20225	N	BONE BIOPSY TROCARN/NDL DEEP	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	-	000	999	-
2022F	E	DILAT RTA XM EVC RTNOPHTY	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
2023F	E	DILAT RTA XM W/O RTNOPHTY	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
20240	N	BONE BIOPSY OPEN SUPERFICIAL	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	-	000	999	-
20245	N	BONE BIOPSY OPEN DEEP	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	-	000	999	-
2024F	E	7 FLD RTA PHOTO EVC RTNOPHTY	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
20250	N	BIOPSY VRT BDY OPEN THORACIC	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	-	000	999	-
20251	N	BIOPSY VRT BDY OPEN LMBR/CRV	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	-	000	999	-
2025F	E	7 FLD RTA PHOTO W/O RTNOPHTY	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
2026F	E	EYE IMG VALID EVC RTNOPHTY	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
2027F	E	OPTIC NERVE HEAD EVAL DONE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
2028F	E	FOOT EXAM PERFORMED	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
2029F	E	COMPLETE PHYS SKIN EXAM DONE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
2030F	E	H2O STAT DOCD NORMAL	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
2031F	E	H2O STAT DOCD DEHYDRATED	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
2033F	E	EYE IMG VALID W/O RTNOPHTY	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
2035F	E	TYMP MEMB MOTION EXAMD	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
2040F	E	BK PN XM ON INIT VISIT DATE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
2044F	E	DOC MNTL TST B/4 BK TRXMNT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
20500	N	INJECTION OF SINUS TRACT	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	-	000	999	-
20501	N	INJECT SINUS TRACT FOR X-RAY	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
2050F	E	WOUND CHAR SIZE ETC DOCD	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
20520	N	REMOVAL OF FOREIGN BODY	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	-	000	999	-
20525	N	REMOVAL OF FOREIGN BODY	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	-	000	999	-
20526	T	THER INJECTION CARP TUNNEL	-	05441 3.2295	APC	\$188.57	-	-	-	-	-	000	999	-
20527	T	INJ DUPUYTREN CORD W/ENZYME	-	05441 3.2295	APC	\$188.57	-	-	-	-	-	000	999	-
20550	T	INJ TENDON SHEATH/LIGAMENT	-	05441 3.2295	APC	\$188.57	-	-	-	-	-	000	999	-
20551	T	INJ TENDON ORIGIN/INSERTION	-	05441 3.2295	APC	\$188.57	-	-	-	-	-	000	999	-
20552	T	INJ TRIGGER POINT 1/2 MUSCL	-	05441 3.2295	APC	\$188.57	-	-	-	-	-	000	999	-

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**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
20553	T	INJECT TRIGGER POINTS 3/>	-	05441 3.2295	APC	\$188.57	-	-	-	-	000	999	-
20555	N	PLACE NDL MUSC/TIS FOR RT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
20560	E	NDL INSJ W/O NJX 1 OR 2 MUSC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
20561	E	NDL INSJ W/O NJX 3+ MUSC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
20600	T	DRAIN/INJ JOINT/BURSA W/O US	-	05441 3.2295	APC	\$188.57	-	-	-	-	000	999	-
20604	T	DRAIN/INJ JOINT/BURSA W/US	-	05441 3.2295	APC	\$188.57	-	-	-	-	000	999	-
20605	T	DRAIN/INJ JOINT/BURSA W/O US	-	05441 3.2295	APC	\$188.57	-	-	-	-	000	999	-
20606	T	DRAIN/INJ JOINT/BURSA W/US	-	05442 7.5404	APC	\$440.28	-	-	-	-	000	999	-
2060F	E	PT INTRVWD ON/BEFORE DX MDD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
20610	T	DRAIN/INJ JOINT/BURSA W/O US	-	05441 3.2295	APC	\$188.57	-	-	-	-	000	999	-
20611	T	DRAIN/INJ JOINT/BURSA W/US	-	05441 3.2295	APC	\$188.57	-	-	-	-	000	999	-
20612	T	ASPIRATE/INJ GANGLION CYST	-	05441 3.2295	APC	\$188.57	-	-	-	-	000	999	-
20615	T	TREATMENT OF BONE CYST	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
20650	N	INSERT AND REMOVE BONE PIN	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
20660	N	APPLY REM FIXATION DEVICE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
20661	C	APPLICATION HALO CRANIAL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
20662	N	APPLICATION HALO PELVIC	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
20663	N	APPLICATION HALO FEMORAL	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
20664	C	APPL HALO CRANIAL 6+PINS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
20665	N	RMVL TONGS/HALO ANTHR INDIV	-	05735 4.3445	Bundled, sometimes payable	\$253.68	-	-	-	-	000	999	-
20670	N	REMOVAL IMPLANT SUPERFICIAL	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
20680	N	REMOVAL OF IMPLANT DEEP	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
20690	N	APPL UNIPLN UNI EXT FIXJ SYS	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
20692	N	APPL MLTPLN UNI EXT FIXJ SYS	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
20693	N	ADJMT/REVJ EXT FIXJ SYS ANES	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
20694	N	RMVL EXT FIXJ SYS UNDER ANES	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
20696	N	APP MLTPLN UNI XTRNL FIX 1ST	-	05116 203.2030	Bundled, sometimes payable	\$11,865.02	-	-	-	-	000	999	-
20697	N	APP MLTPLN UNI XTRNL FIX XCH	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
20700	N	MNL PREP&INSJ DP RX DLVR DEV	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
20701	N	RMVL DEEP RX DELIVERY DEVICE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
20702	N	MNL PREP&INSJ IMED RX DEV	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
20703	N	RMVL IMED RX DELIVERY DEVICE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
20704	N	MNL PREP&INSJ I-ARTIC RX DEV	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
20705	N	RMVL I-ARTIC RX DELIVERY DEV	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
20802	C	REPLANTATION ARM COMPLETE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
20805	C	REPLANT FOREARM COMPLETE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
20808	C	REPLANTATION HAND COMPLETE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
20816	C	REPLANTATION DIGIT COMPLETE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
20822	N	REPLANTATION DIGIT COMPLETE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
20824	C	REPLANTATION THUMB COMPLETE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
20827	C	REPLANTATION THUMB COMPLETE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
20838	C	REPLANTATION FOOT COMPLETE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
20900	N	REMOVAL OF BONE FOR GRAFT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
20902	N	REMOVAL OF BONE FOR GRAFT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
20910	T	REMOVE CARTILAGE FOR GRAFT	-	05053 6.8481	APC	\$399.86	-	-	-	-	000	999	-
20912	T	REMOVE CARTILAGE FOR GRAFT	-	05055 39.1186	APC	\$2,284.14	-	-	-	-	000	999	-
20920	T	REMOVAL OF FASCIA FOR GRAFT	-	05054 19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
20922	T	REMOVAL OF FASCIA FOR GRAFT	-	05054 19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
20924	N	REMOVAL OF TENDON FOR GRAFT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
20930	N	SP BONE ALGRFT MORSEL ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
20931	N	SP BONE ALGRFT STRUCT ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
20932	N	OSTEOART ALGRFT W/SURF & B1	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
20933	N	HEMICRT INTRCLRY ALGRFT PRTL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
20934	N	INTERCALARY ALGRFT COMPL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
20936	N	SP BONE AGRFT LOCAL ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
20937	N	SP BONE AGRFT MORSEL ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
20938	N	SP BONE AGRFT STRUCT ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
20939	N	BONE MARROW ASPIR BONE GRF	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
20950	T	FLUID PRESSURE MUSCLE	-	05071	APC	\$447.94	-	-	-	-	000	999	-
20955	C	FIBULA BONE GRAFT MICROVASC	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
20956	C	ILIAC BONE GRAFT MICROVASC	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
20957	C	MT BONE GRAFT MICROVASC	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
20962	C	OTHER BONE GRAFT MICROVASC	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
20969	C	BONE/SKIN GRAFT MICROVASC	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
20970	C	BONE/SKIN GRAFT ILIAC CREST	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
20972	N	BONE/SKIN GRAFT METATARSAL	-	05114	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
20973	N	BONE/SKIN GRAFT GREAT TOE	-	05114	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
20974	M	ELECTRICAL BONE STIMULATION	-	-	Fee Schedule	\$67.19	-	-	-	-	000	999	-
20975	N	ELECTRICAL BONE STIMULATION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
20979	N	US BONE STIMULATION	-	05731	Bundled, sometimes payable	\$18.96	-	-	-	-	000	999	-
20982	N	ABLATE BONE TUMOR(S) PERQ	-	05115	Bundled, sometimes payable	\$8,379.30	-	-	-	Y	000	999	-
20983	N	ABLATE BONE TUMOR(S) PERQ	-	05114	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
20985	N	CPTR-ASST DIR MS PX	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
20999	T	UNLISTED PX MUSCSKEL GENERAL	-	05111	APC	\$150.14	-	-	-	-	000	999	-
21010	N	INCISION OF JAW JOINT	-	05164	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
21011	N	EXC FACE LES SC <2 CM	-	05072	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
21012	N	EXC FACE LES SBQ 2 CM/>	-	05072	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
21013	N	EXC FACE TUM DEEP < 2 CM	-	05072	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
21014	N	EXC FACE TUM DEEP 2 CM/>	-	05073	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
21015	N	RESECT FACE/SCALP TUM < 2 CM	-	05073	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
21016	N	RESECT FACE/SCALP TUM 2 CM/>	-	05073	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
21025	N	EXCISION OF BONE LOWER JAW	-	05165	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21026	N	EXCISION OF FACIAL BONE(S)	-	05165	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21029	N	CONTOUR OF FACE BONE LESION	-	05164	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
21030	N	EXCISE MAX/ZYGOMA B9 TUMOR	-	05165	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21031	N	REMOVE EXOSTOSIS MANDIBLE	-	05164	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
21032	N	REMOVE EXOSTOSIS MAXILLA	-	05164	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
21034	N	EXCISE MAX/ZYGOMA MAL TUMOR	-	05165	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21040	N	EXCISE MANDIBLE LESION	-	05164	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
21044	N	REMOVAL OF JAW BONE LESION	-	05165	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21045	C	EXTENSIVE JAW SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
21046	N	REMOVE MANDIBLE CYST COMPLEX	-	05165	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21047	N	EXCISE LWR JAW CYST W/REPAIR	-	05165	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21048	N	REMOVE MAXILLA CYST COMPLEX	-	05165	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21049	N	EXCIS UPPR JAW CYST W/REPAIR	-	05165	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21050	N	REMOVAL OF JAW JOINT	-	05165	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21060	N	REMOVE JAW JOINT CARTILAGE	-	05165	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21070	N	REMOVE CORONOID PROCESS	-	05165	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21073	N	MNPJ OF TMJ W/ANESTH	-	05163	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
21076	N	PREPARE FACE/ORAL PROSTHESIS	-	05163	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
21077	N	PREPARE FACE/ORAL PROSTHESIS	-	05165	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21079	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
21080	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
21081	N	PREPARE FACE/ORAL PROSTHESIS	-	05165	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21082	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
21083	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
21084	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
21085	T	PREPARE FACE/ORAL PROSTHESIS	-	05161	APC	\$155.52	-	-	-	-	000	999	-
21086	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
21087	N	PREPARE FACE/ORAL PROSTHESIS	-	05165	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21088	N	PREPARE FACE/ORAL PROSTHESIS	-	05164	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
21089	T	UNLISTED MAXFLCL PROSTH PX	-	05161	APC	\$155.52	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight			Hospital Lab Fees	Hospital Lab Fees					
21100	N	MAXILLOFACIAL FIXATION	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21110	N	INTERDENTAL FIXATION	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
21116	N	INJECTION JAW JOINT X-RAY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
21120	N	RECONSTRUCTION OF CHIN	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21121	N	RECONSTRUCTION OF CHIN	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	Y	-	000	999	-
21122	N	RECONSTRUCTION OF CHIN	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21123	N	RECONSTRUCTION OF CHIN	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	Y	-	000	999	-
21125	N	AUGMENTATION LOWER JAW BONE	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21127	N	AUGMENTATION LOWER JAW BONE	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21137	N	REDUCTION OF FOREHEAD	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	Y	-	000	999	-
21138	N	REDUCTION OF FOREHEAD	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21139	N	REDUCTION OF FOREHEAD	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21141	N	LEFORT I-1 PIECE W/O GRAFT	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21142	N	LEFORT I-2 PIECE W/O GRAFT	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21143	N	LEFORT I-3/> PIECE W/O GRAFT	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21145	C	LEFORT I-1 PIECE W/ GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	Y	-	000	999	-
21146	C	LEFORT I-2 PIECE W/ GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	Y	-	000	999	-
21147	C	LEFORT I-3/> PIECE W/ GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	Y	-	000	999	-
21150	N	LEFORT II ANTERIOR INTRUSION	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21151	C	LEFORT II W/BONE GRAFTS	-	-	-	Inpatient Only	\$0.00	-	-	Y	-	000	999	-
21154	C	LEFORT III W/O LEFORT I	-	-	-	Inpatient Only	\$0.00	-	-	Y	-	000	999	-
21155	C	LEFORT III W/ LEFORT I	-	-	-	Inpatient Only	\$0.00	-	-	Y	-	000	999	-
21159	C	LEFORT III W/FHDW/O LEFORT I	-	-	-	Inpatient Only	\$0.00	-	-	Y	-	000	999	-
21160	C	LEFORT III W/FHD W/ LEFORT I	-	-	-	Inpatient Only	\$0.00	-	-	Y	-	000	999	-
21172	N	RECONSTRUCT ORBIT/FOREHEAD	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21175	N	RECONSTRUCT ORBIT/FOREHEAD	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21179	C	RECONSTRUCT ENTIRE FOREHEAD	-	-	-	Inpatient Only	\$0.00	-	-	Y	-	000	999	-
21180	C	RECONSTRUCT ENTIRE FOREHEAD	-	-	-	Inpatient Only	\$0.00	-	-	Y	-	000	999	-
21181	N	CONTOUR CRANIAL BONE LESION	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21182	C	RECONSTRUCT CRANIAL BONE	-	-	-	Inpatient Only	\$0.00	-	-	Y	-	000	999	-
21183	C	RECONSTRUCT CRANIAL BONE	-	-	-	Inpatient Only	\$0.00	-	-	Y	-	000	999	-
21184	C	RECONSTRUCT CRANIAL BONE	-	-	-	Inpatient Only	\$0.00	-	-	Y	-	000	999	-
21188	C	RECONSTRUCTION OF MIDFACE	-	-	-	Inpatient Only	\$0.00	-	-	Y	-	000	999	-
21193	N	RECONST LWR JAW W/O GRAFT	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21194	N	RECONST LWR JAW W/GRAFT	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21195	N	RECONST LWR JAW W/O FIXATION	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21196	N	RECONST LWR JAW W/FIXATION	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21198	N	RECONSTR LWR JAW SEGMENT	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21199	N	RECONSTR LWR JAW W/ADVANCE	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21206	N	RECONSTRUCT UPPER JAW BONE	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21208	N	AUGMENTATION OF FACIAL BONES	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21209	N	REDUCTION OF FACIAL BONES	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21210	N	FACE BONE GRAFT	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21215	N	LOWER JAW BONE GRAFT	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21230	N	RIB CARTILAGE GRAFT	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21235	N	EAR CARTILAGE GRAFT	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21240	N	RECONSTRUCTION OF JAW JOINT	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21242	N	RECONSTRUCTION OF JAW JOINT	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21243	N	RECONSTRUCTION OF JAW JOINT	-	05116	203.2030	Bundled, sometimes payable	\$11,865.02	-	-	Y	-	000	999	-
21244	N	RECONSTRUCTION OF LOWER JAW	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21245	N	RECONSTRUCTION OF JAW	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21246	N	RECONSTRUCTION OF JAW	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21247	C	RECONSTRUCT LOWER JAW BONE	-	-	-	Inpatient Only	\$0.00	-	-	Y	-	000	999	-
21248	N	RECONSTRUCTION OF JAW	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21249	N	RECONSTRUCTION OF JAW	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21255	N	RECONSTRUCT LOWER JAW BONE	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-

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**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
21256	N	RECONSTRUCTION OF ORBIT	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
21260	N	REVISE EYE SOCKETS	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21261	N	REVISE EYE SOCKETS	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21263	N	REVISE EYE SOCKETS	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21267	N	REVISE EYE SOCKETS	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21268	C	REVISE EYE SOCKETS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
21270	N	AUGMENTATION CHEEK BONE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21275	N	REVISION ORBITOFACIAL BONES	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21280	N	REVISION OF EYELID	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
21282	N	REVISION OF EYELID	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
21295	N	REVISION OF JAW MUSCLE/BONE	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
21296	N	REVISION OF JAW MUSCLE/BONE	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
21299	T	UNLISTED CRANFCL&MAXLFCL PX	-	05161 2.6634	APC	\$155.52	-	-	-	-	000	999	-
21315	N	CLSD TX NSL FX MNPJ WO STBLJ	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
21320	N	CLSD TX NSL FX W/MNPJ&STBLJ	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
21325	N	OPEN TX NOSE FX UNCOMPLICATD	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
21330	N	OPEN TX NOSE FX W/SKELE FIXJ	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21335	N	OPEN TX NOSE & SEPTAL FX	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
21336	N	OPEN TX SEPTAL FX W/WO STABJ	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
21337	N	CLOSED TX SEPTAL&NOSE FX	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
21338	N	OPEN NASOETHMOID FX W/O FIXJ	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21339	N	OPEN NASOETHMOID FX W/ FIXJ	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21340	N	PERQ TX NASOETHMOID FX	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
21343	C	OPEN TX DPRSD FRONT SINUS FX	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
21344	C	OPEN TX COMPL FRONT SINUS FX	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
21345	N	CLOSED TX NOSE/JAW FX	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
21346	N	OPN TX NASOMAX FX W/FIXJ	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21347	N	OPN TX NASOMAX FX MULTIPLE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21348	C	OPN TX NASOMAX FX W/GRAFT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
21355	N	PERQ TX MALAR FRACTURE	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
21356	N	OPN TX DPRSD ZYGOMATIC ARCH	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21360	N	OPN TX DPRSD MALAR FRACTURE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21365	N	OPN TX COMPLX MALAR FX	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21366	N	OPN TX COMPLX MALAR W/GRFT	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21385	N	OPN TX ORBIT FX TRANSANTRAL	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21386	N	OPN TX ORBIT FX PERIORBITAL	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21387	N	OPN TX ORBIT FX COMBINED	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21390	N	OPN TX ORBIT PERIORBTL IMPLT	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21395	N	OPN TX ORBIT PERIORBT W/GRFT	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21400	T	CLOSED TX ORBIT W/O MANIPULJ	-	05162 5.9993	APC	\$350.30	-	-	-	-	000	999	-
21401	N	CLOSED TX ORBIT W/MANIPULJ	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
21406	N	OPN TX ORBIT FX W/O IMPLANT	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21407	N	OPN TX ORBIT FX W/IMPLANT	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21408	N	OPN TX ORBIT FX W/BONE GRFT	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21421	N	TREAT MOUTH ROOF FRACTURE	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
21422	N	TREAT MOUTH ROOF FRACTURE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21423	C	TREAT MOUTH ROOF FRACTURE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
21431	C	TREAT CRANIOFACIAL FRACTURE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
21432	C	TREAT CRANIOFACIAL FRACTURE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
21433	C	TREAT CRANIOFACIAL FRACTURE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
21435	C	TREAT CRANIOFACIAL FRACTURE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
21436	C	TREAT CRANIOFACIAL FRACTURE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
21440	N	TREAT DENTAL RIDGE FRACTURE	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
21445	N	TREAT DENTAL RIDGE FRACTURE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21450	T	TREAT LOWER JAW FRACTURE	-	05162 5.9993	APC	\$350.30	-	-	-	-	000	999	-
21451	N	TREAT LOWER JAW FRACTURE	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
21452	N	TREAT LOWER JAW FRACTURE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21453	N	TREAT LOWER JAW FRACTURE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21454	N	TREAT LOWER JAW FRACTURE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21461	N	TREAT LOWER JAW FRACTURE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21462	N	TREAT LOWER JAW FRACTURE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21465	N	TREAT LOWER JAW FRACTURE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21470	N	TREAT LOWER JAW FRACTURE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
21480	T	RESET DISLOCATED JAW	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
21485	N	RESET DISLOCATED JAW	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
21490	N	REPAIR DISLOCATED JAW	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
21497	N	INTERDENTAL WIRING	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
21499	T	UNLISTED MUSCSKEL PX HEAD	-	05161 2.6634	APC	\$155.52	-	-	-	-	000	999	-
21501	N	DRAIN NECK/CHEST LESION	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
21502	N	DRAIN CHEST LESION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
21510	C	DRAINAGE OF BONE LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
21550	N	BIOPSY OF NECK/CHEST	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
21552	N	EXC NECK LES SC 3 CM/>	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
21554	N	EXC NECK TUM DEEP 5 CM/>	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
21555	N	EXC NECK LES SC < 3 CM	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
21556	N	EXC NECK TUM DEEP < 5 CM	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
21557	N	RESECT NECK THORAX TUMOR<5CM	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
21558	N	RESECT NECK TUMOR 5 CM/>	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
21600	N	PARTIAL REMOVAL OF RIB	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
21601	n	EXC CHEST WALL TUMOR W/RIBS	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
21602	C	EXC CH WAL TUM W/O LYMPHADEC	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
21603	C	EXC CH WAL TUM W/LYMPHADEC	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
21610	N	PARTIAL REMOVAL OF RIB	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
21615	C	REMOVAL OF RIB	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
21616	C	REMOVAL OF RIB AND NERVES	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
21620	C	PARTIAL REMOVAL OF STERNUM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
21627	C	STERNAL DEBRIDEMENT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
21630	C	EXTENSIVE STERNUM SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
21632	C	EXTENSIVE STERNUM SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
21685	N	HYOID MYOTOMY & SUSPENSION	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	Y	000	999	-
21700	N	REVISION OF NECK MUSCLE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
21705	C	REVISION OF NECK MUSCLE/RIB	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
21720	N	REVISION OF NECK MUSCLE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
21725	T	REVISION OF NECK MUSCLE	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
21740	C	RECONSTRUCTION OF STERNUM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
21742	N	REPAIR STERN/NUSS W/O SCOPE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
21743	N	REPAIR STERNUM/NUSS W/SCOPE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
21750	C	REPAIR OF STERNUM SEPARATION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
21811	N	OPTX OF RIB FX W/FIXJ SCOPE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
21812	N	TREATMENT OF RIB FRACTURE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
21813	N	TREATMENT OF RIB FRACTURE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
21820	T	TREAT STERNUM FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
21825	C	TREAT STERNUM FRACTURE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
21899	T	UNLISTED PX NECK/THORAX	-	05161 2.6634	APC	\$155.52	-	-	-	-	000	999	-
21920	N	BIOPSY SOFT TISSUE OF BACK	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
21925	N	BIOPSY SOFT TISSUE OF BACK	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
21930	N	EXC BACK LES SC < 3 CM	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
21931	N	EXC BACK LES SC 3 CM/>	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
21932	N	EXC BACK TUM DEEP < 5 CM	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
21933	N	EXC BACK TUM DEEP 5 CM/>	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
21935	N	RESECT BACK TUM < 5 CM	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
21936	N	RESECT BACK TUM 5 CM/>	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments	
									Hospital Lab Fees	Prior Auth. Required				Passport
22010	C	I&D P-SPINE C/T/CERV-THOR	-	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
22015	C	I&D ABSCESS P-SPINE L/S/L	-	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
22100	N	REMOVE PART OF NECK VERTEBRA	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
22101	N	REMOVE PART THORAX VERTEBRA	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
22102	N	REMOVE PART LUMBAR VERTEBRA	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
22103	N	REMOVE EXTRA SPINE SEGMENT	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
22110	C	REMOVE PART OF NECK VERTEBRA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22112	C	REMOVE PART THORAX VERTEBRA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22114	C	REMOVE PART LUMBAR VERTEBRA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22116	C	REMOVE EXTRA SPINE SEGMENT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22206	C	INCIS SPINE 3 COLUMN THORAC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22207	C	INCIS SPINE 3 COLUMN LUMBAR	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22208	C	INCIS SPINE 3 COLUMN ADL SEG	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22210	C	INCIS 1 VERTEBRAL SEG CERV	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22212	C	INCIS 1 VERTEBRAL SEG THORAC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22214	C	INCIS 1 VERTEBRAL SEG LUMBAR	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22216	C	INCIS ADDL SPINE SEGMENT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22220	C	OSTEOT DSC ANT 1 VRT SGM CRV	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22222	C	OSTEOT DSC ANT 1VRT SGM THRC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22224	C	OSTEOT DSC ANT 1VRT SGM LMBR	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22226	C	OSTEOT DSC ANT 1VRT SGM EA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22310	T	CLOSED TX VERT FX W/O MANJ	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
22315	N	CLOSED TX VERT FX W/MANJ	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
22318	C	TREAT ODONTOID FX W/O GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22319	C	TREAT ODONTOID FX W/GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22325	C	TREAT SPINE FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22326	C	TREAT NECK SPINE FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22327	C	TREAT THORAX SPINE FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22328	C	TREAT EACH ADD SPINE FX	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22505	N	MANIPULATION OF SPINE	-	05112	17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
22510	N	PERQ CERVICOTHORACIC INJECT	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
22511	N	PERQ LUMBOSACRAL INJECTION	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
22512	N	VERTEBROPLASTY ADDL INJECT	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
22513	N	PERQ VERTEBRAL AUGMENTATION	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
22514	N	PERQ VERTEBRAL AUGMENTATION	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
22515	N	PERQ VERTEBRAL AUGMENTATION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
22526	E	IDET SINGLE LEVEL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
22527	E	IDET 1 OR MORE LEVELS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
22532	C	ARTHRD LAT XTRCVTRY TQ THRC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22533	C	ARTHRD LAT XTRCVTRY TQ LMBR	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22534	C	ARTHRD LAT XTRCVTRY TQ EA AD	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22548	C	ARTHRD ANT TORAL/XORAL C1-C2	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22551	N	ARTHRD ANT NTRBDY CERVICAL	-	05115	143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
22552	N	ARTHRD ANT NTRBD CERVICAL EA	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
22554	N	ARTHRD ANT NTRBD MIN DSC CRV	-	05115	143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
22556	C	ARTHRD ANT NTRBD MIN DSC THC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22558	C	ARTHRD ANT NTRBD MIN DSC LUM	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22585	N	ARTHRD ANT NTRBD MIN DSC EA	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
22586	C	ARTHRD PRE-SAC NTRBDY L5-S1	-	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
22590	C	ARTHRD PST TQ CRANIOCERVICAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22595	C	ARTHRD PST TQ ATLAS-AXIS	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22600	C	ARTHRD PST TQ 1NTRSPC CRV	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22610	C	ARTHRD PST TQ 1NTRSPC THRC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
22612	N	ARTHRD PST TQ 1NTRSPC LUMBAR	-	05116	203.2030	Bundled, sometimes payable	\$11,865.02	-	-	-	-	000	999	-
22614	N	ARTHRD PST TQ 1NTRSPC EA ADD	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
22630	N	ARTHRD PST TQ 1NTRSPC LUM	-	05116	203.2030	Bundled, sometimes payable	\$11,865.02	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
								Hospital Lab Fees	Prior Auth. Required			
22632	N	ARTHRD PST TQ 1NTRSPC LM EA	-	-	Bundled	\$0.00	-	-	-	000	999	-
22633	N	ARTHRD CMBN 1NTRSPC LUMBAR	-	05116 203.2030	Bundled, sometimes payable	\$11,865.02	-	-	-	000	999	-
22634	N	ARTHRD CMBN 1NTRSPC EA ADDL	-	-	Bundled	\$0.00	-	-	-	000	999	-
22800	C	ARTHRD PST DFRM<6 VRT SGM	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
22802	C	ARTHRD PST DFRM 7-12 VRT SGM	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
22804	C	ARTHRD PST DFRM 13+ VRT SGM	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
22808	C	ARTHRD ANT DFRM 2-3 VRT SGM	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
22810	C	ARTHRD ANT DFRM 4-7 VRT SGM	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
22812	C	ARTHRD ANT DFRM 8+ VRT SGM	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
22818	C	KYPHECTOMY 1-2 SEGMENTS	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
22819	C	KYPHECTOMY 3 OR MORE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
22830	C	EXPLORATION OF SPINAL FUSION	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
22836	C	ANT THRC VRT BODY TETHRG <7	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
22837	C	ANT THRC VRT BODY TETHRG 8+	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
22838	C	REV RPLC/RMV THRC VRT TETHRG	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
22840	N	INSERT SPINE FIXATION DEVICE	-	-	Bundled	\$0.00	-	-	-	000	999	-
22841	C	INSERT SPINE FIXATION DEVICE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
22842	N	INSERT SPINE FIXATION DEVICE	-	-	Bundled	\$0.00	-	-	-	000	999	-
22843	C	INSERT SPINE FIXATION DEVICE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
22844	C	INSERT SPINE FIXATION DEVICE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
22845	N	INSERT SPINE FIXATION DEVICE	-	-	Bundled	\$0.00	-	-	-	000	999	-
22846	C	INSERT SPINE FIXATION DEVICE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
22847	C	INSERT SPINE FIXATION DEVICE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
22848	C	INSERT PELV FIXATION DEVICE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
22849	C	REINSERT SPINAL FIXATION	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
22850	C	REMOVE SPINE FIXATION DEVICE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
22852	C	REMOVE SPINE FIXATION DEVICE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
22853	N	INSJ BIOMECHANICAL DEVICE	-	-	Bundled	\$0.00	-	-	-	000	999	-
22854	N	INSJ BIOMECHANICAL DEVICE	-	-	Bundled	\$0.00	-	-	-	000	999	-
22855	C	REMOVAL ANTERIOR INSTRMJ	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
22856	N	TOT DISC ARTHRP 1NTRSPC CRV	-	05116 203.2030	Bundled, sometimes payable	\$11,865.02	-	-	Y	000	999	-
22857	C	TOT DISC ARTHRP 1NTRSPC LMBR	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
22858	N	TOT DISC ARTHRP 2ND LVL CRV	-	-	Bundled	\$0.00	-	-	-	000	999	-
22859	N	INSJ BIOMECHANICAL DEVICE	-	-	Bundled	\$0.00	-	-	-	000	999	-
22860	E	TOT DISC ARTHRP 2NTRSPC LMBR	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
22861	C	REV RPLCM ARTHRP 1NTRSPC CRV	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
22862	C	REV RPLCM RTHRP 1NTRSPC LMBR	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
22864	C	RMVL TOT ARTHRP 1NTRSPC CRV	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
22865	C	RMVL TOT ARTHRP 1NTRSPC LMBR	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
22867	N	INSJ STABLJ DEV W/DCMPRN	-	05116 203.2030	Bundled, sometimes payable	\$11,865.02	-	-	-	000	999	-
22868	N	INSJ STABLJ DEV W/DCMPRN	-	-	Bundled	\$0.00	-	-	-	000	999	-
22869	N	INSJ STABLJ DEV W/O DCMPRN	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	000	999	-
22870	N	INSJ STABLJ DEV W/O DCMPRN	-	-	Bundled	\$0.00	-	-	-	000	999	-
22899	T	UNLISTED PROCEDURE SPINE	-	05111 2.5713	APC	\$150.14	-	-	-	000	999	-
22900	N	EXC ABDL TUM DEEP < 5 CM	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	000	999	-
22901	N	EXC ABDL TUM DEEP 5 CM/>	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	000	999	-
22902	N	EXC ABD LES SC < 3 CM	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	000	999	-
22903	N	EXC ABD LES SC 3 CM/>	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	000	999	-
22904	N	RADICAL RESECT ABD TUMOR<5CM	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	000	999	-
22905	N	RAD RESECT ABD TUMOR 5 CM/>	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	000	999	-
22999	T	UNLISTED PX ABDOMEN MUSCSKEL	-	05111 2.5713	APC	\$150.14	-	-	-	000	999	-
23000	N	REMOVAL OF CALCIUM DEPOSITS	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	000	999	-
23020	N	RELEASE SHOULDER JOINT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	000	999	-
23030	N	DRAIN SHOULDER LESION	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	000	999	-
23031	N	DRAIN SHOULDER BURSA	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	000	999	-
23035	N	DRAIN SHOULDER BONE LESION	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
23040	N	EXPLORATORY SHOULDER SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
23044	N	EXPLORATORY SHOULDER SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
23065	N	BIOPSY SHOULDER TISSUES	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
23066	N	BIOPSY SHOULDER TISSUES	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
23071	N	EXC SHOULDER LES SC 3 CM/>	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
23073	N	EXC SHOULDER TUM DEEP 5 CM/>	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
23075	N	EXC SHOULDER LES SC < 3 CM	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
23076	N	EXC SHOULDER TUM DEEP < 5 CM	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
23077	N	RESECT SHOULDER TUMOR < 5 CM	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
23078	N	RESECT SHOULDER TUMOR 5 CM/>	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
23100	N	BIOPSY OF SHOULDER JOINT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
23101	N	SHOULDER JOINT SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
23105	N	REMOVE SHOULDER JOINT LINING	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23106	N	INCISION OF COLLARBONE JOINT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
23107	N	EXPLORE TREAT SHOULDER JOINT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23120	N	PARTIAL REMOVAL COLLAR BONE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
23125	N	REMOVAL OF COLLAR BONE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
23130	N	REMOVAL SHOULDER BONE PART	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
23140	N	REMOVAL OF BONE LESION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
23145	N	REMOVAL OF BONE LESION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
23146	N	REMOVAL OF BONE LESION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23150	N	REMOVAL OF HUMERUS LESION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
23155	N	REMOVAL OF HUMERUS LESION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23156	N	REMOVAL OF HUMERUS LESION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23170	N	REMOVE COLLAR BONE LESION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
23172	N	REMOVE SHOULDER BLADE LESION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
23174	N	REMOVE HUMERUS LESION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23180	N	REMOVE COLLAR BONE LESION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23182	N	REMOVE SHOULDER BLADE LESION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23184	N	REMOVE HUMERUS LESION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23190	N	PARTIAL REMOVAL OF SCAPULA	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
23195	N	REMOVAL OF HEAD OF HUMERUS	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23200	C	RESECT CLAVICLE TUMOR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
23210	C	RESECT SCAPULA TUMOR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
23220	C	RESECT PROX HUMERUS TUMOR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
23330	N	REMOVE SHOULDER FOREIGN BODY	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
23333	N	REMOVE SHOULDER FB DEEP	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
23334	N	SHOULDER PROSTHESIS REMOVAL	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
23335	C	SHOULDER PROSTHESIS REMOVAL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
23350	N	INJECTION FOR SHOULDER X-RAY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
23395	N	MUSCLE TRANSFER SHOULDER/ARM	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23397	N	MUSCLE TRANSFERS	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23400	N	FIXATION OF SHOULDER BLADE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23405	N	INCISION OF TENDON & MUSCLE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23406	N	INCISE TENDON(S) & MUSCLE(S)	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23410	N	REPAIR ROTATOR CUFF ACUTE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23412	N	REPAIR ROTATOR CUFF CHRONIC	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23415	N	RELEASE OF SHOULDER LIGAMENT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23420	N	REPAIR OF SHOULDER	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23430	N	REPAIR BICEPS TENDON	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23440	N	REMOVE/TRANSPLANT TENDON	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23450	N	REPAIR SHOULDER CAPSULE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23455	N	REPAIR SHOULDER CAPSULE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23460	N	REPAIR SHOULDER CAPSULE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23462	N	REPAIR SHOULDER CAPSULE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23465	N	REPAIR SHOULDER CAPSULE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
23466	N	REPAIR SHOULDER CAPSULE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23470	N	RECONSTRUCT SHOULDER JOINT	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
23472	N	RECONSTRUCT SHOULDER JOINT	-	05116 203.2030	Bundled, sometimes payable	\$11,865.02	-	-	-	-	000	999	-
23473	N	REVIS RECONST SHOULDER JOINT	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	Y	000	999	-
23474	C	REVIS RECONST SHOULDER JOINT	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
23480	N	REVISION OF COLLAR BONE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23485	N	REVISION OF COLLAR BONE	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
23490	N	REINFORCE CLAVICLE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23491	N	REINFORCE SHOULDER BONES	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
23500	T	CLTX CLAVICULAR FX W/O MNPJ	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
23505	N	CLTX CLAVICULAR FX W/MNPJ	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
23515	N	OPTX CLAVICULAR FX W/INT FIX	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23520	N	CLTX STRNCLAV DISLC W/O MNPJ	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
23525	T	CLTX STRNCLAV DISLC W/MNPJ	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
23530	N	OPTX STRNCLAV DISLC AQ/CHRN	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23532	N	OPTX STRCLV DSLC AQ/CHRN GRF	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23540	T	CLTX ACROMCLAV DISLC WO MNPJ	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
23545	T	CLTX ACROMCLAV DISLC W/MNPJ	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
23550	N	OPTX ACROMCLV DISLC AQ/CHRN	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23552	N	OPTX ACRCCLV DSLC AQ/CHRN GRF	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23570	T	CLTX SCAPULAR FX W/O MNPJ	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
23575	N	CLTX SCAP FX W/MNPJ +-TRACTJ	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
23585	N	OPTX SCAPULAR FX W/INT FIXJ	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23600	T	CLTX PROX HUMRL FX W/O MNPJ	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
23605	N	CLTX PRX HMRL FX MNPJ+-TRACT	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
23615	N	OPTX PROX HUMRL FX W/INT FIX	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
23616	N	OPTX PRX HMRL FX FIX RPR RPL	-	05116 203.2030	Bundled, sometimes payable	\$11,865.02	-	-	-	-	000	999	-
23620	T	CLTX GR HMRL TBRS FX WO MNPJ	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
23625	N	CLTX GR HMRL TBRS FX W/MNPJ	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
23630	N	OPTX GR HMRL TBRS FX INT FIX	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23650	T	CLTX SHO DSLC W/MNPJ WO ANES	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
23655	N	CLTX SHO DSLC W/MNPJ W/ANES	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
23660	N	OPTX ACUTE SHOULDER DISLC	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23665	N	CLTX SHO DSLC FX GR HMRL TBR	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
23670	N	OPTX SHO DISLC FX	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23675	N	CLTX SHO DISLC NECK FX MNPJ	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
23680	N	OPTX SHO DISLC NECK FX FIXJ	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
23700	N	MNPJ ANES SHO JT FIXJ APRATS	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
23800	N	ARTHRODESIS GLENOHUMERAL JT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
23802	N	ARTHRD GLENOHUMERAL JT W/GRF	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
23900	C	INTERTHORACOSCPLR AMPUTATION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
23920	C	DISARTICULATION SHOULDER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
23921	T	DISARTICULATION SHO SEC CLSR	-	05054 19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
23929	T	UNLISTED PROCEDURE SHOULDER	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
23930	N	I&D UPR A/E DP ABSC/HMTMA	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
23931	N	I&D UPR A/E BURSA	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
23935	N	INC DP OPN B1 CRTX HUM/ELBW	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24000	N	ARTHRT ELBW EXPL DRG/RMVL FB	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24006	N	ARTHRT ELBW CAPSL EXC RLS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24065	N	BIOPSY ARM/ELBOW SOFT TISSUE	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
24066	N	BIOPSY ARM/ELBOW SOFT TISSUE	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
24071	N	EXC ARM/ELBOW LES SC 3 CM/>	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
24073	N	EX ARM/ELBOW TUM DEEP 5 CM/>	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
24075	N	EXC ARM/ELBOW LES SC < 3 CM	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
24076	N	EX ARM/ELBOW TUM DEEP < 5 CM	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
24077	N	RAD RESCJ TUM TISS A/E <5CM	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
24079	N	RAD RESCJ TUM TISS A/E 5 CM+	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
24100	N	ARTHRT ELBW SYNOVIAL BX ONLY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24101	N	ARTHRT ELBW JT EXPL BX RMVL	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24102	N	ARTHRT ELBOW W/SYNOVECTOMY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24105	N	EXCISION OLECRANON BURSA	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24110	N	EXC/CURTG B1 CST/B9 TUM HUM	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24115	N	EXC/CRTG B1 CST/TUM HUM AGRF	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24116	N	EXC/CRTG B1 CST/TUM HUM ALGR	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24120	N	EXC/CRTG B1 CST/B9 TUM RDS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24125	N	EXC/CRTG B1 CST/TUM RDS AGRF	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24126	N	EXC/CRTG B1 CST/TUM RDS ALGR	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24130	N	EXCISION RADIAL HEAD	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24134	N	SEQUESTRECTOMY SHFT/DSTL HUM	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24136	N	SEQUESTRECTOMY RADIAL H/N	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24138	N	SEQUESTRECTOMY OLECRN PROCES	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24140	N	PARTIAL EXC BONE HUMERUS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24145	N	PRTL EXC BONE RADIAL H/N	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24147	N	PRTL EXC BONE OLECRN PROCESS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24149	N	RADICAL RESECTION OF ELBOW	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24150	N	RAD RESCJ TUM DSTL/SHFT HUM	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24152	N	RAD RESECTION TUM RADIAL H/N	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24155	N	RESECTION OF ELBOW JOINT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24160	N	RMVL PROSTHHUMRL&ULNAR CMPNT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24164	N	REMOVAL PROSTH RADIAL HEAD	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24200	N	RMVL FB UPPER ARM/ELBW SUBQ	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
24201	N	RMVL FB UPPER ARM/ELBW DEEP	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
24220	N	INJECTION PX FOR ELBOW ARTHG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
24300	N	MNPJ ELBOW UNDER ANES	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
24301	N	MUSC/TDN TRANSFER UPR A/E 1	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24305	N	TENDON LNGTH UPR A/E EA TDN	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24310	N	TNOT OPN ELBW TO SHO EA TDN	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24320	N	TENOPLASTY ELBOW TO SHO 1	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24330	N	FLEXOR-PLASTY ELBOW	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24331	N	FLEXOR-PLASTY ELBW W/ADVMNT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24332	N	TENOLYSIS TRICEPS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24340	N	TENODESIS BICEPS TDN AT ELBW	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24341	N	RPR TDN/MUSC UPR A/E EACH	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24342	N	REPAIR OF RUPTURED TENDON	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24343	N	REPR ELBOW LAT LIGMNT W/TISS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24344	N	RECONSTRUCT ELBOW LAT LIGMNT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24345	N	REPR ELBW MED LIGMNT W/TISSU	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24346	N	RECONSTRUCT ELBOW MED LIGMNT	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
24357	N	REPAIR ELBOW PERC	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24358	N	REPAIR ELBOW W/DEB OPEN	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24359	N	REPAIR ELBOW DEB/ATTCH OPEN	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24360	N	RECONSTRUCT ELBOW JOINT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24361	N	RECONSTRUCT ELBOW JOINT	-	05116 203.2030	Bundled, sometimes payable	\$11,865.02	-	-	-	-	000	999	-
24362	N	RECONSTRUCT ELBOW JOINT	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
24363	N	REPLACE ELBOW JOINT	-	05116 203.2030	Bundled, sometimes payable	\$11,865.02	-	-	-	-	000	999	-
24365	N	RECONSTRUCT HEAD OF RADIUS	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
24366	N	RECONSTRUCT HEAD OF RADIUS	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
24370	N	REVISE RECONST ELBOW JOINT	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	Y	000	999	-
24371	N	REVISE RECONST ELBOW JOINT	-	05116 203.2030	Bundled, sometimes payable	\$11,865.02	-	-	-	Y	000	999	-
24400	N	REVISION OF HUMERUS	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24410	N	REVISION OF HUMERUS	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
24420	N	REVISION OF HUMERUS	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
24430	N	REPAIR OF HUMERUS	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
24435	N	REPAIR HUMERUS WITH GRAFT	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
24470	N	REVISION OF ELBOW JOINT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24495	N	DECOMPRESSION OF FOREARM	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24498	N	REINFORCE HUMERUS	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
24500	T	TREAT HUMERUS FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
24505	N	TREAT HUMERUS FRACTURE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
24515	N	TREAT HUMERUS FRACTURE	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
24516	N	TREAT HUMERUS FRACTURE	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
24530	T	TREAT HUMERUS FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
24535	N	TREAT HUMERUS FRACTURE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
24538	N	TREAT HUMERUS FRACTURE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24545	N	TREAT HUMERUS FRACTURE	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
24546	N	TREAT HUMERUS FRACTURE	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
24560	T	TREAT HUMERUS FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
24565	N	TREAT HUMERUS FRACTURE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
24566	N	TREAT HUMERUS FRACTURE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
24575	N	TREAT HUMERUS FRACTURE	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
24576	T	TREAT HUMERUS FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
24577	N	TREAT HUMERUS FRACTURE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
24579	N	TREAT HUMERUS FRACTURE	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
24582	N	TREAT HUMERUS FRACTURE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24586	N	TREAT ELBOW FRACTURE	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
24587	N	TREAT ELBOW FRACTURE	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
24600	T	TREAT ELBOW DISLOCATION	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
24605	N	TREAT ELBOW DISLOCATION	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
24615	N	TREAT ELBOW DISLOCATION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24620	N	TREAT ELBOW FRACTURE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
24635	N	TREAT ELBOW FRACTURE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24640	T	TREAT ELBOW DISLOCATION	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	017	-
24650	T	TREAT RADIUS FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
24655	N	TREAT RADIUS FRACTURE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
24665	N	TREAT RADIUS FRACTURE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24666	N	TREAT RADIUS FRACTURE	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
24670	T	TREAT ULNAR FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
24675	N	TREAT ULNAR FRACTURE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
24685	N	TREAT ULNAR FRACTURE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24800	N	FUSION OF ELBOW JOINT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24802	N	FUSION/GRAFT OF ELBOW JOINT	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
24900	C	AMPUTATION OF UPPER ARM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
24920	C	AMPUTATION OF UPPER ARM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
24925	N	AMPUTATION FOLLOW-UP SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
24930	C	AMPUTATION FOLLOW-UP SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
24931	C	AMPUTATE UPPER ARM & IMPLANT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
24935	N	REVISION OF AMPUTATION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
24940	C	REVISION OF UPPER ARM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
24999	T	UNLISTED PX HUMERUS/ELBOW	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
25000	N	INCISION OF TENDON SHEATH	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
25001	N	INCISE FLEXOR CARPI RADIALIS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25020	N	DECOMPRESS FOREARM 1 SPACE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
25023	N	DECOMPRESS FOREARM 1 SPACE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25024	N	DECOMPRESS FOREARM 2 SPACES	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25025	N	DECOMPRESS FOREARM 2 SPACES	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
25028	N	DRAINAGE OF FOREARM LESION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25031	N	DRAINAGE OF FOREARM BURSA	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
25035	N	TREAT FOREARM BONE LESION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
25040	N	EXPLORE/TREAT WRIST JOINT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25065	N	BIOPSY FOREARM SOFT TISSUES	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
25066	N	BIOPSY FOREARM SOFT TISSUES	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
25071	N	EXC FOREARM LES SC 3 CM/>	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
25073	N	EXC FOREARM TUM DEEP 3 CM/>	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
25075	N	EXC FOREARM LES SC < 3 CM	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
25076	N	EXC FOREARM TUM DEEP < 3 CM	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
25077	N	RESECT FOREARM/WRIST TUM<3CM	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
25078	N	RESECT FORARM/WRIST TUM 3CM>	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
25085	N	INCISION OF WRIST CAPSULE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25100	N	BIOPSY OF WRIST JOINT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25101	N	EXPLORE/TREAT WRIST JOINT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25105	N	REMOVE WRIST JOINT LINING	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25107	N	REMOVE WRIST JOINT CARTILAGE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25109	N	EXCISE TENDON FOREARM/WRIST	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25110	N	REMOVE WRIST TENDON LESION	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
25111	N	REMOVE WRIST TENDON LESION	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
25112	N	REREMOVE WRIST TENDON LESION	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
25115	N	REMOVE WRIST/FOREARM LESION	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
25116	N	REMOVE WRIST/FOREARM LESION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25118	N	EXCISE WRIST TENDON SHEATH	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
25119	N	PARTIAL REMOVAL OF ULNA	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25120	N	REMOVAL OF FOREARM LESION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25125	N	REMOVE/GRAFT FOREARM LESION	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
25126	N	REMOVE/GRAFT FOREARM LESION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25130	N	REMOVAL OF WRIST LESION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25135	N	REMOVE & GRAFT WRIST LESION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25136	N	REMOVE & GRAFT WRIST LESION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25145	N	REMOVE FOREARM BONE LESION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25150	N	PARTIAL REMOVAL OF ULNA	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25151	N	PARTIAL REMOVAL OF RADIUS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25170	N	RESECT RADIUS/ULNAR TUMOR	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25210	N	REMOVAL OF WRIST BONE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25215	N	REMOVAL OF WRIST BONES	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25230	N	PARTIAL REMOVAL OF RADIUS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25240	N	PARTIAL REMOVAL OF ULNA	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25246	N	INJECTION FOR WRIST X-RAY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
25248	N	REMOVE FOREARM FOREIGN BODY	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
25250	N	REMOVAL OF WRIST PROSTHESIS	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
25251	N	REMOVAL OF WRIST PROSTHESIS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25259	N	MANIPULATE WRIST W/ANESTHES	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
25260	N	REPAIR FOREARM TENDON/MUSCLE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25263	N	REPAIR FOREARM TENDON/MUSCLE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25265	N	REPAIR FOREARM TENDON/MUSCLE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25270	N	REPAIR FOREARM TENDON/MUSCLE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25272	N	REPAIR FOREARM TENDON/MUSCLE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25274	N	REPAIR FOREARM TENDON/MUSCLE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25275	N	REPAIR FOREARM TENDON SHEATH	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25280	N	REVISE WRIST/FOREARM TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25290	N	INCISE WRIST/FOREARM TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25295	N	RELEASE WRIST/FOREARM TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25300	N	FUSION OF TENDONS AT WRIST	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25301	N	FUSION OF TENDONS AT WRIST	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25310	N	TRANSPLANT FOREARM TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25312	N	TRANSPLANT FOREARM TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25315	N	REVISE PALSY HAND TENDON(S)	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	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**  
**April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
25316	N	REVISE PALSY HAND TENDON(S)	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25320	N	REPAIR/REVISE WRIST JOINT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25332	N	REVISE WRIST JOINT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25335	N	REALIGNMENT OF HAND	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25337	N	RECONSTRUCT ULNA/RADIOULNAR	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25350	N	REVISION OF RADIUS	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25355	N	REVISION OF RADIUS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25360	N	REVISION OF ULNA	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25365	N	REVISE RADIUS & ULNA	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
25370	N	REVISE RADIUS OR ULNA	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25375	N	REVISE RADIUS & ULNA	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25390	N	SHORTEN RADIUS OR ULNA	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25391	N	LENGTHEN RADIUS OR ULNA	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
25392	N	SHORTEN RADIUS & ULNA	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25393	N	LENGTHEN RADIUS & ULNA	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25394	N	REPAIR CARPAL BONE SHORTEN	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25400	N	REPAIR RADIUS OR ULNA	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25405	N	REPAIR/GRAFT RADIUS OR ULNA	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25415	N	REPAIR RADIUS & ULNA	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25420	N	REPAIR/GRAFT RADIUS & ULNA	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25425	N	REPAIR/GRAFT RADIUS OR ULNA	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25426	N	REPAIR/GRAFT RADIUS & ULNA	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25430	N	VASC GRAFT INTO CARPAL BONE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25431	N	REPAIR NONUNION CARPAL BONE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25440	N	REPAIR/GRAFT WRIST BONE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25441	N	RECONSTRUCT WRIST JOINT	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
25442	N	RECONSTRUCT WRIST JOINT	-	05116 203.2030	Bundled, sometimes payable	\$11,865.02	-	-	-	-	000	999	-
25443	N	RECONSTRUCT WRIST JOINT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25444	N	RECONSTRUCT WRIST JOINT	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
25445	N	RECONSTRUCT WRIST JOINT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25446	N	WRIST REPLACEMENT	-	05116 203.2030	Bundled, sometimes payable	\$11,865.02	-	-	-	-	000	999	-
25447	N	REPAIR WRIST JOINTS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25449	N	REMOVE WRIST JOINT IMPLANT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25450	N	REVISION OF WRIST JOINT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25455	N	REVISION OF WRIST JOINT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25490	N	REINFORCE RADIUS	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25491	N	REINFORCE ULNA	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
25492	N	REINFORCE RADIUS AND ULNA	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25500	T	TREAT FRACTURE OF RADIUS	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
25505	N	TREAT FRACTURE OF RADIUS	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
25515	N	TREAT FRACTURE OF RADIUS	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25520	N	TREAT FRACTURE OF RADIUS	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
25525	N	TREAT FRACTURE OF RADIUS	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25526	N	TREAT FRACTURE OF RADIUS	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25530	T	TREAT FRACTURE OF ULNA	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
25535	T	TREAT FRACTURE OF ULNA	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
25545	N	TREAT FRACTURE OF ULNA	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25560	T	TREAT FRACTURE RADIUS & ULNA	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
25565	N	TREAT FRACTURE RADIUS & ULNA	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
25574	N	TREAT FRACTURE RADIUS & ULNA	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25575	N	TREAT FRACTURE RADIUS/ULNA	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25600	T	TREAT FRACTURE RADIUS/ULNA	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
25605	N	TREAT FRACTURE RADIUS/ULNA	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
25606	N	TREAT FX DISTAL RADIAL	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25607	N	TREAT FX RAD EXTRA-ARTICUL	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25608	N	TREAT FX RAD INTRA-ARTICUL	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
25609	N	TREAT FX RADIAL 3+ FRAG	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25622	T	TREAT WRIST BONE FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
25624	N	TREAT WRIST BONE FRACTURE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
25628	N	TREAT WRIST BONE FRACTURE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25630	T	TREAT WRIST BONE FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
25635	N	TREAT WRIST BONE FRACTURE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
25645	N	TREAT WRIST BONE FRACTURE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25650	T	TREAT WRIST BONE FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
25651	N	PIN ULNAR STYLOID FRACTURE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25652	N	TREAT FRACTURE ULNAR STYLOID	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25660	T	TREAT WRIST DISLOCATION	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
25670	N	TREAT WRIST DISLOCATION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25671	N	PIN RADIOULNAR DISLOCATION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25675	T	TREAT WRIST DISLOCATION	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
25676	N	TREAT WRIST DISLOCATION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25680	T	TREAT WRIST FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
25685	N	TREAT WRIST FRACTURE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25690	N	TREAT WRIST DISLOCATION	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
25695	N	TREAT WRIST DISLOCATION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25800	N	FUSION OF WRIST JOINT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25805	N	FUSION/GRAFT OF WRIST JOINT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25810	N	FUSION/GRAFT OF WRIST JOINT	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
25820	N	FUSION OF HAND BONES	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25825	N	FUSE HAND BONES WITH GRAFT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25830	N	FUSION RADIOULNAR JNT/ULNA	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25900	C	AMPUTATION OF FOREARM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
25905	C	AMPUTATION OF FOREARM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
25907	N	AMPUTATION FOLLOW-UP SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25909	N	AMPUTATION FOLLOW-UP SURGERY	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
25915	C	AMPUTATION OF FOREARM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
25920	C	AMPUTATE HAND AT WRIST	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
25922	N	AMPUTATE HAND AT WRIST	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
25924	C	AMPUTATION FOLLOW-UP SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
25927	C	AMPUTATION OF HAND	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
25929	T	AMPUTATION FOLLOW-UP SURGERY	-	05054 19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
25931	N	AMPUTATION FOLLOW-UP SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
25999	T	UNLISTED PX FOREARM/WRIST	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
26010	T	DRAINAGE OF FINGER ABSCESS	-	05051 2.1829	APC	\$127.46	-	-	-	-	000	999	-
26011	N	DRAINAGE OF FINGER ABSCESS	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
26020	N	DRAIN HAND TENDON SHEATH	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26025	N	DRAINAGE OF PALM BURSA	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26030	N	DRAINAGE OF PALM BURSAS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26034	N	TREAT HAND BONE LESION	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26035	N	DECOMPRESS FINGERS/HAND	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26037	N	DECOMPRESS FINGERS/HAND	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26040	N	RELEASE PALM CONTRACTURE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26045	N	RELEASE PALM CONTRACTURE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26055	N	INCISE FINGER TENDON SHEATH	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26060	N	INCISION OF FINGER TENDON	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26070	N	EXPLORE/TREAT HAND JOINT	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26075	N	EXPLORE/TREAT FINGER JOINT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26080	N	EXPLORE/TREAT FINGER JOINT	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26100	N	BIOPSY HAND JOINT LINING	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26105	N	BIOPSY FINGER JOINT LINING	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26110	N	BIOPSY FINGER JOINT LINING	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26111	N	EXC HAND LES SC 1.5 CM/>	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	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  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
26113	N	EXC HAND TUM DEEP 1.5 CM/>	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
26115	N	EXC HAND LES SC < 1.5 CM	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
26116	N	EXC HAND TUM DEEP < 1.5 CM	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
26117	N	RAD RESECT HAND TUMOR < 3 CM	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
26118	N	RAD RESECT HAND TUMOR 3 CM/>	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
26121	N	RELEASE PALM CONTRACTURE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26123	N	RELEASE PALM CONTRACTURE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26125	N	RELEASE PALM CONTRACTURE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
26130	N	REMOVE WRIST JOINT LINING	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26135	N	REVISE FINGER JOINT EACH	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26140	N	REVISE FINGER JOINT EACH	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26145	N	TENDON EXCISION PALM/FINGER	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26160	N	REMOVE TENDON SHEATH LESION	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26170	N	REMOVAL OF PALM TENDON EACH	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26180	N	REMOVAL OF FINGER TENDON	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26185	N	REMOVE FINGER BONE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26200	N	REMOVE HAND BONE LESION	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26205	N	REMOVE/GRAFT BONE LESION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
26210	N	REMOVAL OF FINGER LESION	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26215	N	REMOVE/GRAFT FINGER LESION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26230	N	PARTIAL REMOVAL OF HAND BONE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26235	N	PARTIAL REMOVAL FINGER BONE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26236	N	PARTIAL REMOVAL FINGER BONE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26250	N	EXTENSIVE HAND SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26260	N	RESECT PROX FINGER TUMOR	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26262	N	RESECT DISTAL FINGER TUMOR	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26320	N	REMOVAL OF IMPLANT FROM HAND	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
26340	N	MANIPULATE FINGER W/ANESTH	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26341	T	MANIPULAT PALM CORD POST INJ	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
26350	N	REPAIR FINGER/HAND TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26352	N	REPAIR/GRAFT HAND TENDON	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
26356	N	REPAIR FINGER/HAND TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26357	N	REPAIR FINGER/HAND TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26358	N	REPAIR/GRAFT HAND TENDON	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
26370	N	REPAIR FINGER/HAND TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26372	N	REPAIR/GRAFT HAND TENDON	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
26373	N	REPAIR FINGER/HAND TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26390	N	REVISE HAND/FINGER TENDON	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
26392	N	REPAIR/GRAFT HAND TENDON	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
26410	N	REPAIR HAND TENDON	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26412	N	REPAIR/GRAFT HAND TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26415	N	EXCISION HAND/FINGER TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26416	N	GRAFT HAND OR FINGER TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26418	N	REPAIR FINGER TENDON	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26420	N	REPAIR/GRAFT FINGER TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26426	N	REPAIR FINGER/HAND TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26428	N	REPAIR/GRAFT FINGER TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26432	N	REPAIR FINGER TENDON	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26433	N	REPAIR FINGER TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26434	N	REPAIR/GRAFT FINGER TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26437	N	REALIGNMENT OF TENDONS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26440	N	RELEASE PALM/FINGER TENDON	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26442	N	RELEASE PALM & FINGER TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26445	N	RELEASE HAND/FINGER TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26449	N	RELEASE FOREARM/HAND TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26450	N	INCISION OF PALM TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
26455	N	INCISION OF FINGER TENDON	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26460	N	INCISE HAND/FINGER TENDON	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26471	N	FUSION OF FINGER TENDONS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26474	N	FUSION OF FINGER TENDONS	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26476	N	TENDON LENGTHENING	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26477	N	TENDON SHORTENING	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26478	N	LENGTHENING OF HAND TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26479	N	SHORTENING OF HAND TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26480	N	TRANSPLANT HAND TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26483	N	TRANSPLANT/GRAFT HAND TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26485	N	TRANSPLANT PALM TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26489	N	TRANSPLANT/GRAFT PALM TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26490	N	REVISE THUMB TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26492	N	TENDON TRANSFER WITH GRAFT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26494	N	HAND TENDON/MUSCLE TRANSFER	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26496	N	REVISE THUMB TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26497	N	FINGER TENDON TRANSFER	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26498	N	FINGER TENDON TRANSFER	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26499	N	REVISION OF FINGER	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26500	N	HAND TENDON RECONSTRUCTION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
26502	N	HAND TENDON RECONSTRUCTION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26508	N	RELEASE THUMB CONTRACTURE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26510	N	THUMB TENDON TRANSFER	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26516	N	FUSION OF KNUCKLE JOINT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26517	N	FUSION OF KNUCKLE JOINTS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26518	N	FUSION OF KNUCKLE JOINTS	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
26520	N	RELEASE KNUCKLE CONTRACTURE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26525	N	RELEASE FINGER CONTRACTURE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26530	N	REVISE KNUCKLE JOINT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
26531	N	REVISE KNUCKLE WITH IMPLANT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
26535	N	REVISE FINGER JOINT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26536	N	REVISE/IMPLANT FINGER JOINT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
26540	N	REPAIR HAND JOINT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26541	N	REPAIR HAND JOINT WITH GRAFT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26542	N	REPAIR HAND JOINT WITH GRAFT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26545	N	RECONSTRUCT FINGER JOINT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26546	N	REPAIR NONUNION HAND	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
26548	N	RECONSTRUCT FINGER JOINT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26550	N	CONSTRUCT THUMB REPLACEMENT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26551	C	GREAT TOE-HAND TRANSFER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
26553	C	SINGLE TRANSFER TOE-HAND	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
26554	C	DOUBLE TRANSFER TOE-HAND	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
26555	N	POSITIONAL CHANGE OF FINGER	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
26556	C	TOE JOINT TRANSFER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
26560	N	REPAIR OF WEB FINGER	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26561	N	REPAIR OF WEB FINGER	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26562	N	REPAIR OF WEB FINGER	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26565	N	CORRECT METACARPAL FLAW	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26567	N	CORRECT FINGER DEFORMITY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26568	N	LENGTHEN METACARPAL/FINGER	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
26580	N	REPAIR HAND DEFORMITY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26587	N	RECONSTRUCT EXTRA FINGER	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26590	N	REPAIR FINGER DEFORMITY	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26591	N	REPAIR MUSCLES OF HAND	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26593	N	RELEASE MUSCLES OF HAND	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26596	N	EXCISION CONSTRICTING TISSUE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
26600	T	TREAT METACARPAL FRACTURE	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
26605	T	TREAT METACARPAL FRACTURE	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
26607	N	TREAT METACARPAL FRACTURE	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26608	N	TREAT METACARPAL FRACTURE	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26615	N	TREAT METACARPAL FRACTURE	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26641	T	TREAT THUMB DISLOCATION	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
26645	N	TREAT THUMB FRACTURE	-	05112	17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26650	N	TREAT THUMB FRACTURE	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26665	N	TREAT THUMB FRACTURE	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26670	T	TREAT HAND DISLOCATION	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
26675	N	TREAT HAND DISLOCATION	-	05112	17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26676	N	PIN HAND DISLOCATION	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26685	N	TREAT HAND DISLOCATION	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26686	N	TREAT HAND DISLOCATION	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26700	T	TREAT KNUCKLE DISLOCATION	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
26705	N	TREAT KNUCKLE DISLOCATION	-	05112	17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26706	N	PIN KNUCKLE DISLOCATION	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26715	N	TREAT KNUCKLE DISLOCATION	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26720	T	TREAT FINGER FRACTURE EACH	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
26725	T	TREAT FINGER FRACTURE EACH	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
26727	N	TREAT FINGER FRACTURE EACH	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26735	N	TREAT FINGER FRACTURE EACH	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26740	T	TREAT FINGER FRACTURE EACH	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
26742	N	TREAT FINGER FRACTURE EACH	-	05112	17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26746	N	TREAT FINGER FRACTURE EACH	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26750	T	TREAT FINGER FRACTURE EACH	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
26755	T	TREAT FINGER FRACTURE EACH	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
26756	N	PIN FINGER FRACTURE EACH	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26765	N	TREAT FINGER FRACTURE EACH	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26770	T	TREAT FINGER DISLOCATION	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
26775	T	TREAT FINGER DISLOCATION	-	05102	2.9283	APC	\$170.98	-	-	-	-	000	999	-
26776	N	PIN FINGER DISLOCATION	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26785	N	TREAT FINGER DISLOCATION	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26820	N	THUMB FUSION WITH GRAFT	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
26841	N	FUSION OF THUMB	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
26842	N	THUMB FUSION WITH GRAFT	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
26843	N	FUSION OF HAND JOINT	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
26844	N	FUSION/GRAFT OF HAND JOINT	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
26850	N	FUSION OF KNUCKLE	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
26852	N	FUSION OF KNUCKLE WITH GRAFT	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
26860	N	FUSION OF FINGER JOINT	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26861	N	FUSION OF FINGER JNT ADD-ON	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
26862	N	FUSION/GRAFT OF FINGER JOINT	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26863	N	FUSE/GRAFT ADDED JOINT	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
26910	N	AMPUTATE METACARPAL BONE	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26951	N	AMPUTATION OF FINGER/THUMB	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26952	N	AMPUTATION OF FINGER/THUMB	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26989	T	UNLISTED PX HANDS/FINGERS	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
26990	N	DRAINAGE OF PELVIS LESION	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
26991	N	DRAINAGE OF PELVIS BURSA	-	05112	17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
26992	C	DRAINAGE OF BONE LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27000	N	INCISION OF HIP TENDON	-	05112	17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27001	N	INCISION OF HIP TENDON	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27003	N	INCISION OF HIP TENDON	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27005	C	INCISION OF HIP TENDON	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27006	N	INCISION OF HIP TENDONS	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
27025	C	INCISION OF HIP/THIGH FASCIA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27027	N	BUTTOCK FASCIOTOMY	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27030	C	DRAINAGE OF HIP JOINT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27033	N	EXPLORATION OF HIP JOINT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27035	N	DENERVATION OF HIP JOINT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27036	C	EXCISION OF HIP JOINT/MUSCLE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27040	N	BIOPSY OF SOFT TISSUES	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
27041	N	BIOPSY OF SOFT TISSUES	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
27043	N	EXC HIP PELVIS LES SC 3 CM/>	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
27045	N	EXC HIP/PELV TUM DEEP 5 CM/>	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
27047	N	EXC HIP/PELVIS LES SC < 3 CM	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
27048	N	EXC HIP/PELV TUM DEEP < 5 CM	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
27049	N	RESECT HIP/PELV TUM < 5 CM	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
27050	N	BIOPSY OF SACROILIAC JOINT	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27052	N	BIOPSY OF HIP JOINT	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27054	C	REMOVAL OF HIP JOINT LINING	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27057	N	BUTTOCK FASCIOTOMY W/DBRDMT	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27059	N	RESECT HIP/PELV TUM 5 CM/>	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
27060	N	REMOVAL OF ISCHIAL BURSA	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27062	N	REMOVE FEMUR LESION/BURSA	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27065	N	REMOVE HIP BONE LES SUPER	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27066	N	REMOVE HIP BONE LES DEEP	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27067	N	REMOVE/GRAFT HIP BONE LESION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27070	C	PART REMOVE HIP BONE SUPER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27071	C	PART REMOVE HIP BONE DEEP	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27075	C	RESECT HIP TUMOR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27076	C	RESECT HIP TUM INCL ACETABUL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27077	C	RESECT HIP TUM W/INNOB BONE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27078	C	RSECT HIP TUM INCL FEMUR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27080	N	REMOVAL OF TAIL BONE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27086	N	REMOVE HIP FOREIGN BODY	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
27087	N	REMOVE HIP FOREIGN BODY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27090	C	REMOVAL OF HIP PROSTHESIS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27091	C	REMOVAL OF HIP PROSTHESIS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27093	N	INJECTION FOR HIP X-RAY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
27095	N	INJECTION FOR HIP X-RAY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
27096	E	INJECT SACROILIAC JOINT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
27097	N	REVISION OF HIP TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27098	N	TRANSFER TENDON TO PELVIS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27100	N	TRANSFER OF ABDOMINAL MUSCLE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27105	N	TRANSFER OF SPINAL MUSCLE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27110	N	TRANSFER OF ILIOPSOAS MUSCLE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27111	N	TRANSFER OF ILIOPSOAS MUSCLE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27120	C	RECONSTRUCTION OF HIP SOCKET	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27122	C	RECONSTRUCTION OF HIP SOCKET	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27125	C	PARTIAL HIP REPLACEMENT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27130	N	TOTAL HIP ARTHROPLASTY	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
27132	C	TOTAL HIP ARTHROPLASTY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27134	C	REVISE HIP JOINT REPLACEMENT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27137	C	REVISE HIP JOINT REPLACEMENT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27138	C	REVISE HIP JOINT REPLACEMENT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27140	C	TRANSPLANT FEMUR RIDGE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27146	C	INCISION OF HIP BONE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27147	C	REVISION OF HIP BONE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27151	C	INCISION OF HIP BONES	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27156	C	REVISION OF HIP BONES	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
27158	C	REVISION OF PELVIS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27161	C	INCISION OF NECK OF FEMUR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27165	C	INCISION/FIXATION OF FEMUR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27170	C	REPAIR/GRAFT FEMUR HEAD/NECK	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27175	C	TREAT SLIPPED EPIPHYSIS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27176	C	TREAT SLIPPED EPIPHYSIS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27177	C	TREAT SLIPPED EPIPHYSIS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27178	C	TREAT SLIPPED EPIPHYSIS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27179	N	REVISE HEAD/NECK OF FEMUR	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27181	C	TREAT SLIPPED EPIPHYSIS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27185	C	REVISION OF FEMUR EPIPHYSIS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27187	C	REINFORCE HIP BONES	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27197	T	CLSD TX PELVIC RING FX	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
27198	T	CLSD TX PELVIC RING FX	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
27200	T	TREAT TAIL BONE FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
27202	N	TREAT TAIL BONE FRACTURE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27215	E	TREAT PELVIC FRACTURE(S)	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
27216	E	TREAT PELVIC RING FRACTURE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
27217	E	TREAT PELVIC RING FRACTURE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
27218	E	TREAT PELVIC RING FRACTURE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
27220	T	TREAT HIP SOCKET FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
27222	C	TREAT HIP SOCKET FRACTURE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27226	C	TREAT HIP WALL FRACTURE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27227	C	TREAT HIP FRACTURE(S)	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27228	C	TREAT HIP FRACTURE(S)	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27230	T	TREAT THIGH FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
27232	C	TREAT THIGH FRACTURE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27235	N	TREAT THIGH FRACTURE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27236	C	TREAT THIGH FRACTURE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27238	N	TREAT THIGH FRACTURE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27240	C	TREAT THIGH FRACTURE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27244	C	TREAT THIGH FRACTURE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27245	C	TREAT THIGH FRACTURE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27246	T	TREAT THIGH FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
27248	C	TREAT THIGH FRACTURE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27250	T	TREAT HIP DISLOCATION	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
27252	N	TREAT HIP DISLOCATION	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27253	C	TREAT HIP DISLOCATION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27254	C	TREAT HIP DISLOCATION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27256	T	TREAT HIP DISLOCATION	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
27257	N	TREAT HIP DISLOCATION	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27258	C	TREAT HIP DISLOCATION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27259	C	TREAT HIP DISLOCATION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27265	T	TREAT HIP DISLOCATION	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
27266	N	TREAT HIP DISLOCATION	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27267	N	CLTX THIGH FX	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27268	C	CLTX THIGH FX W/MNPJ	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27269	C	OPTX THIGH FX	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27275	N	MANIPULATION OF HIP JOINT	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27278	N	ARTHRO SI JT PRQ WO TFXJ DEV	-	05116 203.2030	Bundled, sometimes payable	\$11,865.02	-	-	-	-	000	999	-
27279	N	ARTHRO SI JT PERQ/MIN NVAS	-	05116 203.2030	Bundled, sometimes payable	\$11,865.02	-	-	-	-	000	999	-
27280	C	ARTHRO SI JT OPN B1GRF INSTRM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27282	C	ARTHRODESIS SYMPHYSIS PUBIS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27284	C	ARTHRODESIS HIP JOINT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27286	C	ARTHRO HIP JT SBTRCHC OSTEOT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27290	C	AMPUTATION OF LEG AT HIP	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
27295	C	AMPUTATION OF LEG AT HIP	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27299	T	UNLISTED PX PELVIS/HIP JOINT	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
27301	N	DRAIN THIGH/KNEE LESION	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
27303	C	DRAINAGE OF BONE LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27305	N	INCISE THIGH TENDON & FASCIA	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27306	N	INCISION OF THIGH TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27307	N	INCISION OF THIGH TENDONS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27310	N	EXPLORATION OF KNEE JOINT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27323	N	BIOPSY THIGH SOFT TISSUES	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
27324	N	BIOPSY THIGH SOFT TISSUES	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
27325	N	NEURECTOMY HAMSTRING	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
27326	N	NEURECTOMY POPLITEAL	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
27327	N	EXC THIGH/KNEE LES SC < 3 CM	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
27328	N	EXC THIGH/KNEE TUM DEEP <5CM	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
27329	N	RESECT THIGH/KNEE TUM < 5 CM	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
27330	N	BIOPSY KNEE JOINT LINING	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27331	N	EXPLORE/TREAT KNEE JOINT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27332	N	REMOVAL OF KNEE CARTILAGE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27333	N	REMOVAL OF KNEE CARTILAGE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27334	N	REMOVE KNEE JOINT LINING	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27335	N	REMOVE KNEE JOINT LINING	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27337	N	EXC THIGH/KNEE LES SC 3 CM/>	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
27339	N	EXC THIGH/KNEE TUM DEP 5CM/>	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
27340	N	REMOVAL OF KNEECAP BURSA	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27345	N	REMOVAL OF KNEE CYST	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27347	N	REMOVE KNEE CYST	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27350	N	REMOVAL OF KNEECAP	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27355	N	REMOVE FEMUR LESION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27356	N	REMOVE FEMUR LESION/GRAFT	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
27357	N	REMOVE FEMUR LESION/GRAFT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27358	N	REMOVE FEMUR LESION/FIXATION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
27360	N	PARTIAL REMOVAL LEG BONE(S)	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27364	N	RESECT THIGH/KNEE TUM 5 CM/>	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
27365	C	RESECT FEMUR/KNEE TUMOR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27369	N	NJX CNTRST KNE ARTHG/CT/MRI	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
27372	N	REMOVAL OF FOREIGN BODY	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
27380	N	REPAIR OF KNEECAP TENDON	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27381	N	REPAIR/GRAFT KNEECAP TENDON	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27385	N	REPAIR OF THIGH MUSCLE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27386	N	REPAIR/GRAFT OF THIGH MUSCLE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27390	N	INCISION OF THIGH TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27391	N	INCISION OF THIGH TENDONS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27392	N	INCISION OF THIGH TENDONS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27393	N	LENGTHENING OF THIGH TENDON	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27394	N	LENGTHENING OF THIGH TENDONS	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27395	N	LENGTHENING OF THIGH TENDONS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27396	N	TRANSPLANT OF THIGH TENDON	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27397	N	TRANSPLANTS OF THIGH TENDONS	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27400	N	REVISE THIGH MUSCLES/TENDONS	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27403	N	REPAIR OF KNEE CARTILAGE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27405	N	REPAIR OF KNEE LIGAMENT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27407	N	REPAIR OF KNEE LIGAMENT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27409	N	REPAIR OF KNEE LIGAMENTS	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27412	N	AUTOCHONDROCYTE IMPLANT KNEE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	Y	000	999	-
27415	N	OSTEOCHONDRAL KNEE ALLOGRAFT	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	Y	000	999	-
27416	N	OSTEOCHONDRAL KNEE AUTOGRAFT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
27418	N	REPAIR DEGENERATED KNEECAP	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27420	N	REVISION OF UNSTABLE KNEECAP	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27422	N	REVISION OF UNSTABLE KNEECAP	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27424	N	REVISION/REMOVAL OF KNEECAP	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27425	N	LAT RETINACULAR RELEASE OPEN	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27427	N	RECONSTRUCTION KNEE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27428	N	RECONSTRUCTION KNEE	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
27429	N	RECONSTRUCTION KNEE	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
27430	N	REVISION OF THIGH MUSCLES	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27435	N	INCISION OF KNEE JOINT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27437	N	REVISE KNEECAP	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27438	N	REVISE KNEECAP WITH IMPLANT	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
27440	N	REVISION OF KNEE JOINT	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
27441	N	REVISION OF KNEE JOINT	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
27442	N	REVISION OF KNEE JOINT	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
27443	N	REVISION OF KNEE JOINT	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
27445	C	REVISION OF KNEE JOINT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27446	N	REVISION OF KNEE JOINT	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
27447	N	TOTAL KNEE ARTHROPLASTY	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
27448	C	INCISION OF THIGH	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27450	C	INCISION OF THIGH	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27454	C	REALIGNMENT OF THIGH BONE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27455	C	REALIGNMENT OF KNEE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27457	C	REALIGNMENT OF KNEE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27465	C	SHORTENING OF THIGH BONE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27466	C	LENGTHENING OF THIGH BONE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27468	C	SHORTEN/LENGTHEN THIGHS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27470	C	REPAIR OF THIGH	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27472	C	REPAIR/GRAFT OF THIGH	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27475	N	SURGERY TO STOP LEG GROWTH	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27477	N	SURGERY TO STOP LEG GROWTH	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27479	N	SURGERY TO STOP LEG GROWTH	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27485	N	SURGERY TO STOP LEG GROWTH	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27486	C	REVISE/REPLACE KNEE JOINT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27487	C	REVISE/REPLACE KNEE JOINT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27488	C	REMOVAL OF KNEE PROSTHESIS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27495	C	REINFORCE THIGH	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27496	N	DECOMPRESSION OF THIGH/KNEE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27497	N	DECOMPRESSION OF THIGH/KNEE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27498	N	DECOMPRESSION OF THIGH/KNEE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27499	N	DECOMPRESSION OF THIGH/KNEE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27500	T	TREATMENT OF THIGH FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
27501	T	TREATMENT OF THIGH FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
27502	N	TREATMENT OF THIGH FRACTURE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27503	N	TREATMENT OF THIGH FRACTURE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27506	C	TREATMENT OF THIGH FRACTURE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27507	C	TREATMENT OF THIGH FRACTURE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27508	T	TREATMENT OF THIGH FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
27509	N	TREATMENT OF THIGH FRACTURE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27510	N	TREATMENT OF THIGH FRACTURE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27511	C	TREATMENT OF THIGH FRACTURE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27513	C	TREATMENT OF THIGH FRACTURE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27514	C	TREATMENT OF THIGH FRACTURE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27516	T	TREAT THIGH FX GROWTH PLATE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
27517	N	TREAT THIGH FX GROWTH PLATE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27519	C	TREAT THIGH FX GROWTH PLATE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight			Hospital Lab Fees	Hospital Lab Fees					
27520	T	TREAT KNEECAP FRACTURE	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
27524	N	TREAT KNEECAP FRACTURE	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27530	T	TREAT KNEE FRACTURE	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
27532	N	TREAT KNEE FRACTURE	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27535	C	TREAT KNEE FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27536	C	TREAT KNEE FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27538	T	TREAT KNEE FRACTURE(S)	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
27540	C	TREAT KNEE FRACTURE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27550	T	TREAT KNEE DISLOCATION	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
27552	N	TREAT KNEE DISLOCATION	-	05112	17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27556	C	TREAT KNEE DISLOCATION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27557	C	TREAT KNEE DISLOCATION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27558	C	TREAT KNEE DISLOCATION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27560	T	TREAT KNEECAP DISLOCATION	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
27562	T	TREAT KNEECAP DISLOCATION	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
27566	N	TREAT KNEECAP DISLOCATION	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27570	N	FIXATION OF KNEE JOINT	-	05112	17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27580	C	FUSION OF KNEE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27590	C	AMPUTATE LEG AT THIGH	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27591	C	AMPUTATE LEG AT THIGH	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27592	C	AMPUTATE LEG AT THIGH	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27594	N	AMPUTATION FOLLOW-UP SURGERY	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27596	C	AMPUTATION FOLLOW-UP SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27598	C	AMPUTATE LOWER LEG AT KNEE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27599	T	UNLISTED PX FEMUR/KNEE	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
27600	N	DECOMPRESSION OF LOWER LEG	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27601	N	DECOMPRESSION OF LOWER LEG	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27602	N	DECOMPRESSION OF LOWER LEG	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27603	N	DRAIN LOWER LEG LESION	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
27604	N	DRAIN LOWER LEG BURSA	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27605	N	INCISION OF ACHILLES TENDON	-	05112	17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27606	N	INCISION OF ACHILLES TENDON	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27607	N	TREAT LOWER LEG BONE LESION	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27610	N	EXPLORE/TREAT ANKLE JOINT	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27612	N	EXPLORATION OF ANKLE JOINT	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27613	N	BIOPSY LOWER LEG SOFT TISSUE	-	05072	17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
27614	N	BIOPSY LOWER LEG SOFT TISSUE	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
27615	N	RESECT LEG/ANKLE TUM < 5 CM	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
27616	N	RESECT LEG/ANKLE TUM 5 CM/>	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
27618	N	EXC LEG/ANKLE TUM < 3 CM	-	05072	17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
27619	N	EXC LEG/ANKLE TUM DEEP <5 CM	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
27620	N	EXPLORE/TREAT ANKLE JOINT	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27625	N	REMOVE ANKLE JOINT LINING	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27626	N	REMOVE ANKLE JOINT LINING	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27630	N	REMOVAL OF TENDON LESION	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27632	N	EXC LEG/ANKLE LES SC 3 CM/>	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
27634	N	EXC LEG/ANKLE TUM DEP 5 CM/>	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
27635	N	REMOVE LOWER LEG BONE LESION	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27637	N	REMOVE/GRAFT LEG BONE LESION	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27638	N	REMOVE/GRAFT LEG BONE LESION	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27640	N	PARTIAL REMOVAL OF TIBIA	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27641	N	PARTIAL REMOVAL OF FIBULA	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27645	C	RESECT TIBIA TUMOR	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27646	C	RESECT FIBULA TUMOR	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27647	N	RESECT TALUS/CALCANEUS TUM	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27648	N	INJECTION FOR ANKLE X-RAY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
27650	N	REPAIR ACHILLES TENDON	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27652	N	REPAIR/GRAFT ACHILLES TENDON	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27654	N	REPAIR OF ACHILLES TENDON	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27656	N	REPAIR LEG FASCIA DEFECT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27658	N	REPAIR OF LEG TENDON EACH	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27659	N	REPAIR OF LEG TENDON EACH	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27664	N	REPAIR OF LEG TENDON EACH	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27665	N	REPAIR OF LEG TENDON EACH	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27675	N	REPAIR LOWER LEG TENDONS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27676	N	REPAIR LOWER LEG TENDONS	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27680	N	RELEASE OF LOWER LEG TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27681	N	RELEASE OF LOWER LEG TENDONS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27685	N	REVISION OF LOWER LEG TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27686	N	REVISE LOWER LEG TENDONS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27687	N	REVISION OF CALF TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27690	N	REVISE LOWER LEG TENDON	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27691	N	REVISE LOWER LEG TENDON	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27692	N	REVISE ADDITIONAL LEG TENDON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
27695	N	REPAIR OF ANKLE LIGAMENT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27696	N	REPAIR OF ANKLE LIGAMENTS	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27698	N	REPAIR OF ANKLE LIGAMENT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27700	N	REVISION OF ANKLE JOINT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27702	N	RECONSTRUCT ANKLE JOINT	-	05116 203.2030	Bundled, sometimes payable	\$11,865.02	-	-	-	-	000	999	-
27703	C	RECONSTRUCTION ANKLE JOINT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27704	N	REMOVAL OF ANKLE IMPLANT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27705	N	INCISION OF TIBIA	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27707	N	INCISION OF FIBULA	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27709	N	INCISION OF TIBIA & FIBULA	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
27712	C	REALIGNMENT OF LOWER LEG	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27715	C	REVISION OF LOWER LEG	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27720	N	REPAIR OF TIBIA	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27722	N	REPAIR/GRAFT OF TIBIA	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27724	C	REPAIR/GRAFT OF TIBIA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27725	C	REPAIR OF LOWER LEG	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27726	N	REPAIR FIBULA NONUNION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27727	C	REPAIR OF LOWER LEG	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27730	N	REPAIR OF TIBIA EPIPHYSIS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27732	N	REPAIR OF FIBULA EPIPHYSIS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27734	N	REPAIR LOWER LEG EPIPHYSES	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27740	N	REPAIR OF LEG EPIPHYSES	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27742	N	REPAIR OF LEG EPIPHYSES	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27745	N	REINFORCE TIBIA	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27750	T	TREATMENT OF TIBIA FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
27752	N	TREATMENT OF TIBIA FRACTURE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27756	N	TREATMENT OF TIBIA FRACTURE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27758	N	TREATMENT OF TIBIA FRACTURE	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
27759	N	TREATMENT OF TIBIA FRACTURE	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
27760	T	CLTX MEDIAL ANKLE FX	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
27762	N	CLTX MED ANKLE FX W/MNPJ	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27766	N	OPTX MEDIAL ANKLE FX	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27767	T	CLTX POST ANKLE FX	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
27768	N	CLTX POST ANKLE FX W/MNPJ	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27769	N	OPTX POST ANKLE FX	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27780	T	TREATMENT OF FIBULA FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
27781	N	TREATMENT OF FIBULA FRACTURE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27784	N	TREATMENT OF FIBULA FRACTURE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab Fees	Hospital Lab Fees					
27786	T	TREATMENT OF ANKLE FRACTURE	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
27788	T	TREATMENT OF ANKLE FRACTURE	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
27792	N	TREATMENT OF ANKLE FRACTURE	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27808	T	TREATMENT OF ANKLE FRACTURE	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
27810	N	TREATMENT OF ANKLE FRACTURE	-	05112	17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27814	N	TREATMENT OF ANKLE FRACTURE	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27816	T	TREATMENT OF ANKLE FRACTURE	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
27818	N	TREATMENT OF ANKLE FRACTURE	-	05112	17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27822	N	TREATMENT OF ANKLE FRACTURE	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27823	N	TREATMENT OF ANKLE FRACTURE	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27824	T	TREAT LOWER LEG FRACTURE	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
27825	N	TREAT LOWER LEG FRACTURE	-	05112	17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27826	N	TREAT LOWER LEG FRACTURE	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27827	N	TREAT LOWER LEG FRACTURE	-	05115	143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
27828	N	TREAT LOWER LEG FRACTURE	-	05115	143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
27829	N	TREAT LOWER LEG JOINT	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27830	T	TREAT LOWER LEG DISLOCATION	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
27831	N	TREAT LOWER LEG DISLOCATION	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27832	N	TREAT LOWER LEG DISLOCATION	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27840	T	TREAT ANKLE DISLOCATION	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
27842	N	TREAT ANKLE DISLOCATION	-	05112	17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
27846	N	TREAT ANKLE DISLOCATION	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27848	N	TREAT ANKLE DISLOCATION	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27860	N	FIXATION OF ANKLE JOINT	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27870	N	FUSION OF ANKLE JOINT OPEN	-	05115	143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
27871	N	FUSION OF TIBIOFIBULAR JOINT	-	05115	143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
27880	C	AMPUTATION OF LOWER LEG	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27881	C	AMPUTATION OF LOWER LEG	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27882	C	AMPUTATION OF LOWER LEG	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27884	N	AMPUTATION FOLLOW-UP SURGERY	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27886	C	AMPUTATION FOLLOW-UP SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27888	C	AMPUTATION OF FOOT AT ANKLE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
27889	N	AMPUTATION OF FOOT AT ANKLE	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27892	N	DECOMPRESSION OF LEG	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27893	N	DECOMPRESSION OF LEG	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
27894	N	DECOMPRESSION OF LEG	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
27899	T	UNLISTED PX LEG/ANKLE	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
28001	N	DRAINAGE OF BURSA OF FOOT	-	05072	17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
28002	N	TREATMENT OF FOOT INFECTION	-	05112	17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
28003	N	TREATMENT OF FOOT INFECTION	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28005	N	TREAT FOOT BONE LESION	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28008	N	INCISION OF FOOT FASCIA	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28010	N	INCISION OF TOE TENDON	-	05112	17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
28011	N	INCISION OF TOE TENDONS	-	05112	17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
28020	N	EXPLORATION OF FOOT JOINT	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28022	N	EXPLORATION OF FOOT JOINT	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28024	N	EXPLORATION OF TOE JOINT	-	05112	17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
28035	N	DECOMPRESSION OF TIBIA NERVE	-	05431	21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
28039	N	EXC FOOT/TOE TUM SC 1.5 CM/>	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
28041	N	EXC FOOT/TOE TUM DEP 1.5CM/>	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
28043	N	EXC FOOT/TOE TUM SC < 1.5 CM	-	05072	17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
28045	N	EXC FOOT/TOE TUM DEEP <1.5CM	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
28046	N	RESECT FOOT/TOE TUMOR < 3 CM	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
28047	N	RESECT FOOT/TOE TUMOR ≥ 3CM/>	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
28050	N	BIOPSY OF FOOT JOINT LINING	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28052	N	BIOPSY OF FOOT JOINT LINING	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
28054	N	BIOPSY OF TOE JOINT LINING	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28055	N	NEURECTOMY FOOT	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
28060	N	PARTIAL REMOVAL FOOT FASCIA	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28062	N	REMOVAL OF FOOT FASCIA	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28070	N	REMOVAL OF FOOT JOINT LINING	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28072	N	REMOVAL OF FOOT JOINT LINING	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28080	N	REMOVAL OF FOOT LESION	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
28086	N	EXCISE FOOT TENDON SHEATH	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28088	N	EXCISE FOOT TENDON SHEATH	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28090	N	REMOVAL OF FOOT LESION	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
28092	N	REMOVAL OF TOE LESIONS	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
28100	N	REMOVAL OF ANKLE/HEEL LESION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28102	N	REMOVE/GRAFT FOOT LESION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28103	N	REMOVE/GRAFT FOOT LESION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28104	N	REMOVAL OF FOOT LESION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28106	N	REMOVE/GRAFT FOOT LESION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28107	N	REMOVE/GRAFT FOOT LESION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28108	N	REMOVAL OF TOE LESIONS	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
28110	N	PART REMOVAL OF METATARSAL	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28111	N	PART REMOVAL OF METATARSAL	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28112	N	PART REMOVAL OF METATARSAL	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28113	N	PART REMOVAL OF METATARSAL	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28114	N	REMOVAL OF METATARSAL HEADS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28116	N	REVISION OF FOOT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28118	N	REMOVAL OF HEEL BONE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28119	N	REMOVAL OF HEEL SPUR	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28120	N	PART REMOVAL OF ANKLE/HEEL	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28122	N	PARTIAL REMOVAL OF FOOT BONE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28124	N	PARTIAL REMOVAL OF TOE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28126	N	PARTIAL REMOVAL OF TOE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28130	N	REMOVAL OF ANKLE BONE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28140	N	REMOVAL OF METATARSAL	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28150	N	REMOVAL OF TOE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28153	N	PARTIAL REMOVAL OF TOE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28160	N	PARTIAL REMOVAL OF TOE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28171	N	RESECT TARSAL TUMOR	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28173	N	RESECT METATARSAL TUMOR	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28175	N	RESECT PHALANX OF TOE TUMOR	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
28190	T	REMOVAL OF FOOT FOREIGN BODY	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
28192	N	REMOVAL OF FOOT FOREIGN BODY	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
28193	N	REMOVAL OF FOOT FOREIGN BODY	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
28200	N	REPAIR OF FOOT TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28202	N	REPAIR/GRAFT OF FOOT TENDON	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28208	N	REPAIR OF FOOT TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28210	N	REPAIR/GRAFT OF FOOT TENDON	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28220	N	RELEASE OF FOOT TENDON	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
28222	N	RELEASE OF FOOT TENDONS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28225	N	RELEASE OF FOOT TENDON	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28226	N	RELEASE OF FOOT TENDONS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28230	N	INCISION OF FOOT TENDON(S)	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
28232	N	INCISION OF TOE TENDON	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
28234	N	INCISION OF FOOT TENDON	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
28238	N	REVISION OF FOOT TENDON	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28240	N	RELEASE OF BIG TOE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28250	N	REVISION OF FOOT FASCIA	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28260	N	RELEASE OF MIDFOOT JOINT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
28261	N	REVISION OF FOOT TENDON	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
28262	N	REVISION OF FOOT AND ANKLE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28264	N	RELEASE OF MIDFOOT JOINT	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
28270	N	RELEASE OF FOOT CONTRACTURE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28272	N	RELEASE OF TOE JOINT EACH	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
28280	N	FUSION OF TOES	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28285	N	REPAIR OF HAMMERTOES	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28286	N	REPAIR OF HAMMERTOES	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28288	N	PARTIAL REMOVAL OF FOOT BONE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28289	N	CORR J HALUX RIGDUS W/O IMPLT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28291	N	CORR J HALUX RIGDUS W/IMPLT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28292	N	COR HLX VLGS RSC PRX PHLX BS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28295	N	COR HLX VLGS PRX MTAR OSTEO	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28296	N	COR HLX VLGS DSTL MTAR OSTEO	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28297	N	COR HLX VLGS JT ARTHRD	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28298	N	COR HLX VLGS PRX PHLX OSTEO	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28299	N	COR HLX VLGS DOUBLE OSTEO	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28300	N	INCISION OF HEEL BONE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28302	N	INCISION OF ANKLE BONE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28304	N	INCISION OF MIDFOOT BONES	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28305	N	INCISE/GRAFT MIDFOOT BONES	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28306	N	INCISION OF METATARSAL	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28307	N	INCISION OF METATARSAL	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28308	N	INCISION OF METATARSAL	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28309	N	INCISION OF METATARSALS	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28310	N	REVISION OF BIG TOE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28312	N	REVISION OF TOE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28313	N	REPAIR DEFORMITY OF TOE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28315	N	REMOVAL OF SESAMOID BONE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28320	N	REPAIR OF FOOT BONES	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
28322	N	REPAIR OF METATARSALS	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28340	N	RESECT ENLARGED TOE TISSUE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28341	N	RESECT ENLARGED TOE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28344	N	REPAIR EXTRA TOE(S)	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28345	N	REPAIR WEBBED TOE(S)	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
28360	N	RECONSTRUCT CLEFT FOOT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28400	T	TREATMENT OF HEEL FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
28405	T	TREATMENT OF HEEL FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
28406	N	TREATMENT OF HEEL FRACTURE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28415	N	TREAT HEEL FRACTURE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28420	N	TREAT/GRAFT HEEL FRACTURE	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
28430	T	TREATMENT OF ANKLE FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
28435	N	TREATMENT OF ANKLE FRACTURE	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
28436	N	TREATMENT OF ANKLE FRACTURE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28445	N	TREAT ANKLE FRACTURE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28446	N	OSTEOCHONDRAL TALUS AUTOGRFT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28450	T	TREAT MIDFOOT FRACTURE EACH	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
28455	N	TREAT MIDFOOT FRACTURE EACH	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
28456	N	TREAT MIDFOOT FRACTURE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28465	N	TREAT MIDFOOT FRACTURE EACH	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28470	T	TREAT METATARSAL FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
28475	T	TREAT METATARSAL FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
28476	N	TREAT METATARSAL FRACTURE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28485	N	TREAT METATARSAL FRACTURE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28490	T	TREAT BIG TOE FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
28495	T	TREAT BIG TOE FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
28496	N	TREAT BIG TOE FRACTURE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28505	N	TREAT BIG TOE FRACTURE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28510	T	TREATMENT OF TOE FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
28515	T	TREATMENT OF TOE FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
28525	N	TREAT TOE FRACTURE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28530	T	TREAT SESAMOID BONE FRACTURE	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
28531	N	TREAT SESAMOID BONE FRACTURE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28540	T	TREAT FOOT DISLOCATION	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
28545	N	TREAT FOOT DISLOCATION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28546	N	TREAT FOOT DISLOCATION	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
28555	N	REPAIR FOOT DISLOCATION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28570	T	TREAT FOOT DISLOCATION	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
28575	N	TREAT FOOT DISLOCATION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28576	N	TREAT FOOT DISLOCATION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28585	N	REPAIR FOOT DISLOCATION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28600	T	TREAT FOOT DISLOCATION	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
28605	T	TREAT FOOT DISLOCATION	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
28606	N	TREAT FOOT DISLOCATION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28615	N	REPAIR FOOT DISLOCATION	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28630	T	TREAT TOE DISLOCATION	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
28635	N	TREAT TOE DISLOCATION	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
28636	N	TREAT TOE DISLOCATION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28645	N	REPAIR TOE DISLOCATION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28660	T	TREAT TOE DISLOCATION	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
28665	T	TREAT TOE DISLOCATION	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
28666	N	TREAT TOE DISLOCATION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28675	N	REPAIR OF TOE DISLOCATION	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28705	N	FUSION OF FOOT BONES	-	05116 203.2030	Bundled, sometimes payable	\$11,865.02	-	-	-	-	000	999	-
28715	N	FUSION OF FOOT BONES	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
28725	N	FUSION OF FOOT BONES	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
28730	N	FUSION OF FOOT BONES	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
28735	N	FUSION OF FOOT BONES	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
28737	N	REVISION OF FOOT BONES	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
28740	N	FUSION OF FOOT BONES	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28750	N	FUSION OF BIG TOE JOINT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28755	N	FUSION OF BIG TOE JOINT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28760	N	FUSION OF BIG TOE JOINT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
28800	C	AMPUTATION OF MIDFOOT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
28805	N	AMPUTATION THRU METATARSAL	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28810	N	AMPUTATION TOE & METATARSAL	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28820	N	AMPUTATION OF TOE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28825	N	PARTIAL AMPUTATION OF TOE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
28890	N	HI ENRGY ESWT PLANTAR FASCIA	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	Y	000	999	-
28899	T	UNLISTED PX FOOT/TOES	-	05111 2.5713	APC	\$150.14	-	-	-	-	000	999	-
29000	T	APPLICATION OF BODY CAST	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29010	T	APPLICATION OF BODY CAST	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29015	T	APPLICATION OF BODY CAST	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29035	T	APPLICATION OF BODY CAST	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29040	T	APPLICATION OF BODY CAST	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29044	T	APPLICATION OF BODY CAST	-	05101 1.7181	APC	\$100.32	-	-	-	-	000	999	-
29046	T	APPLICATION OF BODY CAST	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29049	T	APPLICATION OF FIGURE EIGHT	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29055	T	APPLICATION OF SHOULDER CAST	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29058	T	APPLICATION OF SHOULDER CAST	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29065	T	APPLICATION OF LONG ARM CAST	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29075	T	APPLICATION OF FOREARM CAST	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
29085	T	APPLY HAND/WRIST CAST	-	05101 1.7181	APC	\$100.32	-	-	-	-	000	999	-
29086	T	APPLY FINGER CAST	-	05101 1.7181	APC	\$100.32	-	-	-	-	000	999	-
29105	T	APPLY LONG ARM SPLINT	-	05101 1.7181	APC	\$100.32	-	-	-	-	000	999	-
29125	N	APPLY FOREARM SPLINT	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
29126	N	APPLY FOREARM SPLINT	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
29130	N	APPLICATION OF FINGER SPLINT	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
29131	N	APPLICATION OF FINGER SPLINT	-	05733 0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
29200	T	STRAPPING OF CHEST	-	05101 1.7181	APC	\$100.32	-	-	-	-	000	999	-
29240	N	STRAPPING OF SHOULDER	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
29260	N	STRAPPING OF ELBOW OR WRIST	-	05733 0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
29280	N	STRAPPING OF HAND OR FINGER	-	05733 0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
29305	T	APPLICATION OF HIP CAST	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29325	T	APPLICATION OF HIP CASTS	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29345	T	APPLICATION OF LONG LEG CAST	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29355	T	APPLICATION OF LONG LEG CAST	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29358	T	APPLY LONG LEG CAST BRACE	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29365	T	APPLICATION OF LONG LEG CAST	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29405	T	APPLY SHORT LEG CAST	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29425	T	APPLY SHORT LEG CAST	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29435	T	APPLY SHORT LEG CAST	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29440	T	ADDITION OF WALKER TO CAST	-	05101 1.7181	APC	\$100.32	-	-	-	-	000	999	-
29445	T	APPLY RIGID LEG CAST	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29450	T	APPLICATION OF LEG CAST	-	05101 1.7181	APC	\$100.32	-	-	-	-	000	999	-
29505	T	APPLICATION LONG LEG SPLINT	-	05101 1.7181	APC	\$100.32	-	-	-	-	000	999	-
29515	T	APPLICATION LOWER LEG SPLINT	-	05101 1.7181	APC	\$100.32	-	-	-	-	000	999	-
29520	N	STRAPPING OF HIP	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
29530	N	STRAPPING OF KNEE	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
29540	T	STRAPPING OF ANKLE AND/OR FT	-	05101 1.7181	APC	\$100.32	-	-	-	-	000	999	-
29550	N	STRAPPING OF TOES	-	05733 0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
29580	T	APPLICATION OF PASTE BOOT	-	05101 1.7181	APC	\$100.32	-	-	-	-	000	999	-
29581	T	APPLY MULTLAY COMPRS LWR LEG	-	05101 1.7181	APC	\$100.32	-	-	-	-	000	999	-
29584	T	APPL MULTLAY COMPRS ARM/HAND	-	05101 1.7181	APC	\$100.32	-	-	-	-	000	999	-
29700	T	REMOVAL/REVISION OF CAST	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29705	T	REMOVAL/REVISION OF CAST	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29710	T	REMOVAL/REVISION OF CAST	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29720	T	REPAIR OF BODY CAST	-	05101 1.7181	APC	\$100.32	-	-	-	-	000	999	-
29730	T	WINDOWING OF CAST	-	05101 1.7181	APC	\$100.32	-	-	-	-	000	999	-
29740	T	WEDGING OF CAST	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29750	T	WEDGING OF CLUBFOOT CAST	-	05102 2.9283	APC	\$170.98	-	-	-	-	000	999	-
29799	T	UNLISTED PX CASTING/STRPG	-	05101 1.7181	APC	\$100.32	-	-	-	-	000	999	-
29800	N	JAW ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	Y	-	000	999	-
29804	N	JAW ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	Y	-	000	999	-
29805	N	SHO ARTHRS DX +- SYNNOVIAL BX	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29806	N	SHO ARTHRS SRG CAPSULORRAPHY	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
29807	N	SHO ARTHRS SRG RPR SLAP LES	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
29819	N	SHO ARTHRS SRG RMVL LOOSE/FB	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29820	N	SHO ARTHRS SRG PRTL SYNVC	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
29821	N	SHO ARTHRS SRG COMPL SYNVC	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29822	N	SHO ARTHRS SRG LMTD DBRDMT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29823	N	SHO ARTHRS SRG XTNSV DBRDMT	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29824	N	SHO ARTHRS SRG DSTL CLAVICLC	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29825	N	SHO ARTHRS SRG LSS&RESCJ ADS	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29826	N	SHO ARTHRS SRG DECOMPRESSION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
29827	N	SHO ARTHRS SRG RT&TR CUF RPR	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
29828	N	SHO ARTHRS SRG BICP TENODSIS	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
29830	N	ELBOW ARTHROSCOPY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
29834	N	ELBOW ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29835	N	ELBOW ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29836	N	ELBOW ARTHROSCOPY/SURGERY	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
29837	N	ELBOW ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29838	N	ELBOW ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29840	N	WRIST ARTHROSCOPY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29843	N	WRIST ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29844	N	WRIST ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29845	N	WRIST ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29846	N	WRIST ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29847	N	WRIST ARTHROSCOPY/SURGERY	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
29848	N	WRIST ENDOSCOPY/SURGERY	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
29850	N	KNEE ARTHROSCOPY/SURGERY	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
29851	N	KNEE ARTHROSCOPY/SURGERY	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
29855	N	TIBIAL ARTHROSCOPY/SURGERY	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
29856	N	TIBIAL ARTHROSCOPY/SURGERY	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
29860	N	HIP ARTHROSCOPY DX	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
29861	N	HIP ARTHRO W/FB REMOVAL	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
29862	N	HIP ARTHRO W/DEBRIDEMENT	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
29863	N	HIP ARTHRO W/SYNOVECTOMY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29866	N	AUTGRFT IMPLNT KNEE W/SCOPE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	Y	000	999	-
29867	N	ALLGRFT IMPLNT KNEE W/SCOPE	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	Y	000	999	-
29868	N	MENISCAL TRNSPL KNEE W/SCPE	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	Y	000	999	-
29870	N	KNEE ARTHROSCOPY DX	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29871	N	KNEE ARTHROSCOPY/DRAINAGE	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29873	N	KNEE ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29874	N	KNEE ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29875	N	KNEE ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29876	N	KNEE ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29877	N	KNEE ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29879	N	KNEE ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29880	N	KNEE ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29881	N	KNEE ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29882	N	KNEE ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29883	N	KNEE ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29884	N	KNEE ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29885	N	KNEE ARTHROSCOPY/SURGERY	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
29886	N	KNEE ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29887	N	KNEE ARTHROSCOPY/SURGERY	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
29888	N	KNEE ARTHROSCOPY/SURGERY	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
29889	N	KNEE ARTHROSCOPY/SURGERY	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
29891	N	ANKLE ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29892	N	ANKLE ARTHROSCOPY/SURGERY	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
29893	N	SCOPE PLANTAR FASCIOTOMY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29894	N	ANKLE ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29895	N	ANKLE ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29897	N	ANKLE ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29898	N	ANKLE ARTHROSCOPY/SURGERY	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29899	N	ANKLE ARTHROSCOPY/SURGERY	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
29900	N	MCP JOINT ARTHROSCOPY DX	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29901	N	MCP JOINT ARTHROSCOPY SURG	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29902	N	MCP JOINT ARTHROSCOPY SURG	-	05112 17.5245	Bundled, sometimes payable	\$1,023.26	-	-	-	-	000	999	-
29904	N	SUBTALAR ARTHRO W/FB RMVL	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29905	N	SUBTALAR ARTHRO W/EXC	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
29906	N	SUBTALAR ARTHRO W/DEB	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
29907	N	SUBTALAR ARTHRO W/FUSION	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
29914	N	HIP ARTHRO W/FEMOROPLASTY	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
29915	N	HIP ARTHRO ACETABULOPLASTY	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
29916	N	HIP ARTHRO W/LABRAL REPAIR	-	05114	78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
29999	T	UNLISTED PX ARTHROSCOPY	-	05111	2.5713	APC	\$150.14	-	-	-	-	000	999	-
30000	T	DRAINAGE OF NOSE LESION	-	05161	2.6634	APC	\$155.52	-	-	-	-	000	999	-
30020	T	DRAINAGE OF NOSE LESION	-	05162	5.9993	APC	\$350.30	-	-	-	-	000	999	-
3006F	E	CXR DOC REV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3008F	E	BODY MASS INDEX DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
30100	N	INTRANASAL BIOPSY	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
30110	N	REMOVAL OF NOSE POLYP(S)	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
30115	N	REMOVAL OF NOSE POLYP(S)	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
30117	N	REMOVAL OF INTRANASAL LESION	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
30118	N	REMOVAL OF INTRANASAL LESION	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
3011F	E	LIPID PANEL DOC REV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
30120	N	REVISION OF NOSE	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
30124	N	REMOVAL OF NOSE LESION	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
30125	N	REMOVAL OF NOSE LESION	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
30130	N	EXCISE INFERIOR TURBINATE	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
30140	N	RESECT INFERIOR TURBINATE	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
3014F	E	SCREEN MAMMO DOC REV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
30150	N	PARTIAL REMOVAL OF NOSE	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
3015F	E	CERV CANCER SCREEN DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
30160	N	REMOVAL OF NOSE	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
3016F	E	PT SCRND UNHLTHY OH USE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3017F	E	COLORECTAL CA SCREEN DOC REV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3018F	E	PRE-PRXD RSK ET AL DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3019F	E	LVEF ASSESS PLANPOST DSCHRGE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
30200	T	INJECTION TREATMENT OF NOSE	-	05162	5.9993	APC	\$350.30	-	-	-	-	000	999	-
3020F	E	LVF ASSESS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
30210	N	NASAL SINUS THERAPY	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
3021F	E	LVEF MOD/SEVER DEPRS SYST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
30220	N	INSERT NASAL SEPTAL BUTTON	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
3022F	E	LVEF >=40% SYSTOLIC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3023F	E	SPIROM DOC REV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3025F	E	SPIROM FEV/FVC <70% W/COPD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3027F	E	SPIROM FEV/FVC>=70%W/OCOPD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3028F	E	O2 SATURATION DOC REV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
30300	N	REMOVE NASAL FOREIGN BODY	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
30310	N	REMOVE NASAL FOREIGN BODY	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
30320	N	REMOVE NASAL FOREIGN BODY	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
3035F	E	O2 SATURATION<=88%/PAO<=55	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3037F	E	O2 SATURATION >88%/PAO>55 HG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3038F	E	PULM FX W/IN 12 MON B/4 SURG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
30400	N	RECONSTRUCTION OF NOSE	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
3040F	E	FEV <40% PREDICTED VALUE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
30410	N	RECONSTRUCTION OF NOSE	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
30420	N	RECONSTRUCTION OF NOSE	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
3042F	E	FEV >=40% PREDICTED VALUE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
30430	N	REVISION OF NOSE	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
30435	N	REVISION OF NOSE	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
3044F	E	HG A1C LEVEL LT 7.0%	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
30450	N	REVISION OF NOSE	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
30460	N	REVISION OF NOSE	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
30462	N	REVISION OF NOSE	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
30465	N	REPAIR NASAL STENOSIS	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	Y	-	000	999	-
30468	N	RPR NSL VLV COLLAPSE W/IMPLT	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab Fees	Hospital Lab Fees					
30469	N	RPR NSL VLV COLLAPSE W/RMDLG	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
3046F	E	HEMOGLOBIN A1C LEVEL >9.0%	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3048F	E	LDL-C <100 MG/DL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3049F	E	LDL-C 100-129 MG/DL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3050F	E	LDL-C >= 130 MG/DL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3051F	E	HG A1C>EQUAL 7.0%<8.0%	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
30520	N	REPAIR OF NASAL SEPTUM	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
3052F	E	HG A1C>EQUAL 8.0%<EQUAL 9.0%	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
30540	N	RPR CHOANAL ATRESIA NTRANASL	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
30545	N	RPR CHOANAL ATRESIA TRSNPLTN	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
3055F	E	LVEF LESS THAN/EQUAL TO 35%	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
30560	T	LYSIS INTRANASAL SYNECHIA	-	05162	5.9993	APC	\$350.30	-	-	-	-	000	999	-
3056F	E	LVEF GREATER THAN 35%	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
30580	N	REPAIR UPPER JAW FISTULA	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
30600	N	REPAIR MOUTH/NOSE FISTULA	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
3060F	E	POS MICROALBUMINURIA REV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3061F	E	NEG MICROALBUMINURIA REV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
30620	N	INTRANASAL RECONSTRUCTION	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
3062F	E	POS MACROALBUMINURIA REV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
30630	N	REPAIR NASAL SEPTUM DEFECT	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
3066F	E	NEPHROPATHY DOC TX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3072F	E	LOW RISK FOR RETINOPATHY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3073F	E	PRE-SURG EYE MEASURES DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3074F	E	SYST BP LT 130 MM HG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3075F	E	SYST BP GE 130 - 139MM HG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3077F	E	SYST BP >= 140 MM HG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3078F	E	DIAST BP <80 MM HG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3079F	E	DIAST BP 80-89 MM HG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
30801	N	ABLATE INF TURBINATE SUPERF	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
30802	N	ABLATE INF TURBINATE SUBMUC	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
3080F	E	DIAST BP >= 90 MM HG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3082F	E	KT/V <1.2	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3083F	E	KT/V => 1.2 & <1.7	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3084F	E	KT/V >= 1.7	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3085F	E	SUICIDE RISK ASSESSED	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3088F	E	MDD MILD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3089F	E	MDD MODERATE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
30901	N	CONTROL OF NOSEBLEED	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
30903	T	CONTROL OF NOSEBLEED	-	05734	1.3928	APC	\$81.33	-	-	-	-	000	999	-
30905	T	CONTROL OF NOSEBLEED	-	05734	1.3928	APC	\$81.33	-	-	-	-	000	999	-
30906	T	REPEAT CONTROL OF NOSEBLEED	-	05161	2.6634	APC	\$155.52	-	-	-	-	000	999	-
3090F	E	MDD SEVERE W/O PSYCH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
30915	N	LIGATION NASAL SINUS ARTERY	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
3091F	E	MDD SEVERE W/PSYCH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
30920	N	LIGATION UPPER JAW ARTERY	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
3092F	E	MDD IN REMISSION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
30930	N	THER FX NASAL INF TURBINATE	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
3093F	E	DOC NEW DIAG 1ST/ADDL MDD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3095F	E	CENTRAL DEXA RESULTS DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3096F	E	CENTRAL DEXA ORDERED	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
30999	T	UNLISTED PROCEDURE NOSE	-	05161	2.6634	APC	\$155.52	-	-	-	-	000	999	-
31000	T	IRRIGATION MAXILLARY SINUS	-	05161	2.6634	APC	\$155.52	-	-	-	-	000	999	-
31002	N	IRRIGATION SPHENOID SINUS	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
3100F	E	IMAGE TEST REF CAROT DIAM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
31020	N	EXPLORATION MAXILLARY SINUS	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
31030	N	EXPLORATION MAXILLARY SINUS	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
31032	N	EXPLORE SINUS REMOVE POLYPS	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
31040	N	EXPLORATION BEHIND UPPER JAW	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
31050	N	EXPLORATION SPHENOID SINUS	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
31051	N	SPHENOID SINUS SURGERY	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
31070	N	EXPLORATION OF FRONTAL SINUS	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
31075	N	EXPLORATION OF FRONTAL SINUS	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
31080	N	REMOVAL OF FRONTAL SINUS	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
31081	N	REMOVAL OF FRONTAL SINUS	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
31084	N	REMOVAL OF FRONTAL SINUS	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
31085	N	REMOVAL OF FRONTAL SINUS	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
31086	N	REMOVAL OF FRONTAL SINUS	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
31087	N	REMOVAL OF FRONTAL SINUS	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
31090	N	EXPLORATION OF SINUSES	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
3110F	E	PRES/ABSN HMRHG/LESION DOCD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3111F	E	CT/MRI BRAIN DONE W/IN 24HRS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3112F	E	CT/MRI BRAIN DONE 24 HRS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3115F	E	QUANT RESULTS ACTIVITY &SYMP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3117F	E	HF ASSESSMENT TOOL COMPLETED	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3118F	E	NY HEART ASSOC CLASS DOCD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3119F	E	NO EVAL ACTIVITY CLIN SYMP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
31200	N	REMOVAL OF ETHMOID SINUS	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
31201	N	REMOVAL OF ETHMOID SINUS	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
31205	N	REMOVAL OF ETHMOID SINUS	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
3120F	E	12-LEAD ECG PERFORMED	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
31225	C	REMOVAL OF UPPER JAW	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
31230	C	REMOVAL OF UPPER JAW	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
31231	T	NASAL ENDOSCOPY DX	-	05151 2.1598	APC	\$126.11	-	-	-	-	000	999	-
31233	T	NSL/SINS NDSC DX MAX SINUSC	-	05152 4.4523	APC	\$259.97	-	-	-	-	000	999	-
31235	N	NSL/SINS NDSC DX SPHN SINUSC	-	05153 18.5066	Bundled, sometimes payable	\$1,080.60	-	-	-	-	000	999	-
31237	N	NSL/SINS NDSC SURG BX POLYPC	-	05153 18.5066	Bundled, sometimes payable	\$1,080.60	-	-	-	-	000	999	-
31238	N	NSL/SINS NDSC SRG NSL HEMRRG	-	05153 18.5066	Bundled, sometimes payable	\$1,080.60	-	-	-	-	000	999	-
31239	N	NSL/SINUS ENDOSCOPY SURG DCR	-	05154 40.8328	Bundled, sometimes payable	\$2,384.23	-	-	-	-	000	999	-
31240	N	NSL/SNS NDSC CNCH BULL RESCJ	-	05153 18.5066	Bundled, sometimes payable	\$1,080.60	-	-	-	-	000	999	-
31241	N	NSL/SNS NDSC LIG SPHNPTN ART	-	05153 18.5066	Bundled, sometimes payable	\$1,080.60	-	-	-	-	000	999	-
31242	N	NSL/SINUS NDSC RF ABLTJ PNN	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
31243	N	NSL/SINUS NDSC CRYOABLTJ PNN	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
31253	N	NSL/SINS NDSC TOTAL	-	05155 74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	-	000	999	-
31254	N	NSL/SINS NDSC W/PRTL ETHMDCT	-	05155 74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	-	000	999	-
31255	N	NSL/SINS NDSC W/TOT ETHMDCT	-	05155 74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	-	000	999	-
31256	N	EXPLORATION MAXILLARY SINUS	-	05154 40.8328	Bundled, sometimes payable	\$2,384.23	-	-	-	-	000	999	-
31257	N	NSL/SINS NDSC TOT W/SPHENDT	-	05155 74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	-	000	999	-
31259	N	NSL/SINS NDSC SPHN TISS RMVL	-	05155 74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	-	000	999	-
31267	N	ENDOSCOPY MAXILLARY SINUS	-	05155 74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	-	000	999	-
3126F	E	ESOPH BX RPRT W/DYSPL INFO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
31276	N	NSL/SINS NDSC FRNT TISS RMVL	-	05155 74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	-	000	999	-
31287	N	NASAL/SINUS ENDOSCOPY SURG	-	05155 74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	-	000	999	-
31288	N	NASAL/SINUS ENDOSCOPY SURG	-	05155 74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	-	000	999	-
31290	C	NASAL/SINUS ENDOSCOPY SURG	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
31291	C	NASAL/SINUS ENDOSCOPY SURG	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
31292	N	NSL/SINS NDSC MED/INF DCMPRN	-	05155 74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	-	000	999	-
31293	N	NSL/SINS NDSC MED&INF DCMPRN	-	05155 74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	-	000	999	-
31294	N	NSL/SINS NDSC SURG ON DCMPRN	-	05155 74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	-	000	999	-
31295	N	NSL/SINS NDSC SURG MAX SINS	-	05155 74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	-	000	999	-
31296	N	NSL/SINS NDSC SURG FRNT SINS	-	05155 74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	-	000	999	-
31297	N	NSL/SINS NDSC SURG SPHN SINS	-	05155 74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	-	000	999	-
31298	N	NSL/SINS NDSC SURG FRNT&SPHN	-	05155 74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	-	000	999	-

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**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
31299	T	UNLISTED PX ACCESSORY SINUS	-	05161	APC	\$155.52	-	-	-	-	000	999	-
31300	N	REMOVAL OF LARYNX LESION	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	000	999	-
3130F	E	UPPER GI ENDOSCOPY PERFORMED	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
3132F	E	DOC REF UPPER GI ENDOSCOPY	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
31360	C	REMOVAL OF LARYNX	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
31365	C	REMOVAL OF LARYNX	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
31367	C	PARTIAL REMOVAL OF LARYNX	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
31368	C	PARTIAL REMOVAL OF LARYNX	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
31370	C	PARTIAL REMOVAL OF LARYNX	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
31375	C	PARTIAL REMOVAL OF LARYNX	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
31380	C	PARTIAL REMOVAL OF LARYNX	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
31382	C	PARTIAL REMOVAL OF LARYNX	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
31390	C	REMOVAL OF LARYNX & PHARYNX	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
31395	C	RECONSTRUCT LARYNX & PHARYNX	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
31400	N	REVISION OF LARYNX	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	000	999	-
3140F	E	UPPER GI ENDO SHOWS BARRTTS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
3141F	E	UPPER GI ENDO NOT BARRTTS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
31420	N	REMOVAL OF EPIGLOTTIS	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	000	999	-
3142F	E	BARIUM SWALLOW TEST ORDERED	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
31500	T	INSERT EMERGENCY AIRWAY	-	05161	2.6634	APC	\$155.52	-	-	-	000	999	-
31502	T	CHANGE OF WINDPIPE AIRWAY	-	05161	2.6634	APC	\$155.52	-	-	-	000	999	-
31505	T	DIAGNOSTIC LARYNGOSCOPY	-	05151	2.1598	APC	\$126.11	-	-	-	000	999	-
3150F	E	FORCEPS ESOPH BIOPSY DONE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
31510	N	LARYNGOSCOPY WITH BIOPSY	-	05154	40.8328	Bundled, sometimes payable	\$2,384.23	-	-	-	000	999	-
31511	T	REMOVE FOREIGN BODY LARYNX	-	05151	2.1598	APC	\$126.11	-	-	-	000	999	-
31512	N	REMOVAL OF LARYNX LESION	-	05154	40.8328	Bundled, sometimes payable	\$2,384.23	-	-	-	000	999	-
31513	T	INJECTION INTO VOCAL CORD	-	05152	4.4523	APC	\$259.97	-	-	-	000	999	-
31515	T	LARYNGOSCOPY FOR ASPIRATION	-	05152	4.4523	APC	\$259.97	-	-	-	000	999	-
31520	T	DX LARYNGOSCOPY NEWBORN	-	05152	4.4523	APC	\$259.97	-	-	-	000	999	-
31525	N	DX LARYNGOSCOPY EXCL NB	-	05153	18.5066	Bundled, sometimes payable	\$1,080.60	-	-	-	000	999	-
31526	N	DX LARYNGOSCOPY W/OPER SCOPE	-	05153	18.5066	Bundled, sometimes payable	\$1,080.60	-	-	-	000	999	-
31527	N	LARYNGOSCOPY FOR TREATMENT	-	05154	40.8328	Bundled, sometimes payable	\$2,384.23	-	-	-	000	999	-
31528	N	LARYNGOSCOPY AND DILATION	-	05154	40.8328	Bundled, sometimes payable	\$2,384.23	-	-	-	000	999	-
31529	N	LARYNGOSCOPY AND DILATION	-	05154	40.8328	Bundled, sometimes payable	\$2,384.23	-	-	-	000	999	-
31530	N	LARYNGOSCOPY W/FB REMOVAL	-	05153	18.5066	Bundled, sometimes payable	\$1,080.60	-	-	-	000	999	-
31531	N	LARYNGOSCOPY W/FB & OP SCOPE	-	05154	40.8328	Bundled, sometimes payable	\$2,384.23	-	-	-	000	999	-
31535	N	LARYNGOSCOPY W/BIOPSY	-	05154	40.8328	Bundled, sometimes payable	\$2,384.23	-	-	-	000	999	-
31536	N	LARYNGOSCOPY W/BX & OP SCOPE	-	05154	40.8328	Bundled, sometimes payable	\$2,384.23	-	-	-	000	999	-
31540	N	LARYNGOSCOPY W/EXC OF TUMOR	-	05154	40.8328	Bundled, sometimes payable	\$2,384.23	-	-	-	000	999	-
31541	N	LARYNSCOP W/TUMR EXC + SCOPE	-	05154	40.8328	Bundled, sometimes payable	\$2,384.23	-	-	-	000	999	-
31545	N	REMOVE VC LESION W/SCOPE	-	05154	40.8328	Bundled, sometimes payable	\$2,384.23	-	-	Y	000	999	-
31546	N	REMOVE VC LESION SCOPE/GRAFT	-	05155	74.6285	Bundled, sometimes payable	\$4,357.56	-	-	Y	000	999	-
31551	N	LARYNGOPLASTY LARYNGEAL STEN	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	000	999	-
31552	N	LARYNGOPLASTY LARYNGEAL STEN	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	000	999	-
31553	N	LARYNGOPLASTY LARYNGEAL STEN	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	000	999	-
31554	N	LARYNGOPLASTY LARYNGEAL STEN	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	000	999	-
3155F	E	CYTOGEN TEST MARROW B/4 TX	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
31560	N	LARYNGOSCOPY W/ARYTENOIDECTOM	-	05155	74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	000	999	-
31561	N	LARYNSCOP REMVE CART + SCOP	-	05155	74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	000	999	-
31570	N	LARYNGOSCOPE W/VC INJ	-	05154	40.8328	Bundled, sometimes payable	\$2,384.23	-	-	-	000	999	-
31571	N	LARYNGOSCOPE W/VC INJ + SCOPE	-	05154	40.8328	Bundled, sometimes payable	\$2,384.23	-	-	-	000	999	-
31572	N	LARGSC W/LASER DSTRJ LES	-	05154	40.8328	Bundled, sometimes payable	\$2,384.23	-	-	-	000	999	-
31573	N	LARGSC W/THER INJECTION	-	05153	18.5066	Bundled, sometimes payable	\$1,080.60	-	-	-	000	999	-
31574	N	LARGSC W/NJX AUGMENTATION	-	05153	18.5066	Bundled, sometimes payable	\$1,080.60	-	-	-	000	999	-
31575	T	DIAGNOSTIC LARYNGOSCOPY	-	05151	2.1598	APC	\$126.11	-	-	-	000	999	-
31576	N	LARYNGOSCOPY WITH BIOPSY	-	05153	18.5066	Bundled, sometimes payable	\$1,080.60	-	-	-	000	999	-

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

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab Fees	Hospital Lab Fees					
31577	T	LARGSC W/RMVL FOREIGN BDY(S)	-	05152	4.4523	APC	\$259.97	-	-	-	-	000	999	-
31578	N	LARGSC W/REMOVAL LESION	-	05154	40.8328	Bundled, sometimes payable	\$2,384.23	-	-	-	-	000	999	-
31579	T	LARYNGOSCOPY TELESCOPIC	-	05152	4.4523	APC	\$259.97	-	-	-	-	000	999	-
31580	N	LARYNGOPLASTY LARYNGEAL WEB	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
31584	N	LARYNGOPLASTY FX RDCTJ FIXJ	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
31587	N	LARYNGOPLASTY CRICOID SPLIT	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
31590	N	REINNERVATE LARYNX	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
31591	N	LARYNGOPLASTY MEDIALIZATION	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
31592	N	CRICOTRACHEAL RESECTION	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
31599	T	UNLISTED PROCEDURE LARYNX	-	05161	2.6634	APC	\$155.52	-	-	-	-	000	999	-
31600	N	INCISION OF WINDPIPE	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
31601	N	INCISION OF WINDPIPE	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	001	-
31603	N	INCISION OF WINDPIPE	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
31605	T	INCISION OF WINDPIPE	-	05161	2.6634	APC	\$155.52	-	-	-	-	000	999	-
3160F	E	DOC FE+ STORES B/4 EPO THX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
31610	N	INCISION OF WINDPIPE	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
31611	N	SURGERY/SPEECH PROSTHESIS	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
31612	N	PUNCTURE/CLEAR WINDPIPE	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
31613	N	REPAIR WINDPIPE OPENING	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
31614	N	REPAIR WINDPIPE OPENING	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
31615	T	VISUALIZATION OF WINDPIPE	-	05162	5.9993	APC	\$350.30	-	-	-	-	000	999	-
31622	N	DX BRONCHOSCOPE/WASH	-	05153	18.5066	Bundled, sometimes payable	\$1,080.60	-	-	-	-	000	999	-
31623	N	DX BRONCHOSCOPE/BRUSH	-	05153	18.5066	Bundled, sometimes payable	\$1,080.60	-	-	-	-	000	999	-
31624	N	DX BRONCHOSCOPE/LAVAGE	-	05153	18.5066	Bundled, sometimes payable	\$1,080.60	-	-	-	-	000	999	-
31625	N	BRONCHOSCOPY W/BIOPSY(S)	-	05153	18.5066	Bundled, sometimes payable	\$1,080.60	-	-	-	-	000	999	-
31626	N	BRONCHOSCOPY W/MARKERS	-	05155	74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	-	000	999	-
31627	N	NAVIGATIONAL BRONCHOSCOPY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
31628	N	BRONCHOSCOPY/LUNG BX EACH	-	05154	40.8328	Bundled, sometimes payable	\$2,384.23	-	-	-	-	000	999	-
31629	N	BRONCHOSCOPY/NEEDLE BX EACH	-	05154	40.8328	Bundled, sometimes payable	\$2,384.23	-	-	-	-	000	999	-
31630	N	BRONCHOSCOPY DILATE/FX REPR	-	05154	40.8328	Bundled, sometimes payable	\$2,384.23	-	-	-	-	000	999	-
31631	N	BRONCHOSCOPY DILATE W/STENT	-	05155	74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	-	000	999	-
31632	N	BRONCHOSCOPY/LUNG BX ADDL	-	-	-	Bundled	\$0.00	-	-	-	Y	000	999	-
31633	N	BRONCHOSCOPY/NEEDLE BX ADDL	-	-	-	Bundled	\$0.00	-	-	-	Y	000	999	-
31634	N	BRONCH W/BALLOON OCCLUSION	-	05155	74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	-	000	999	-
31635	N	BRONCHOSCOPY W/FB REMOVAL	-	05153	18.5066	Bundled, sometimes payable	\$1,080.60	-	-	-	-	000	999	-
31636	N	BRONCHOSCOPY BRONCH STENTS	-	05155	74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	Y	000	999	-
31637	N	BRONCHOSCOPY STENT ADD-ON	-	-	-	Bundled	\$0.00	-	-	-	Y	000	999	-
31638	N	BRONCHOSCOPY REVISE STENT	-	05155	74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	Y	000	999	-
31640	N	BRONCHOSCOPY W/TUMOR EXCISE	-	05154	40.8328	Bundled, sometimes payable	\$2,384.23	-	-	-	-	000	999	-
31641	N	BRONCHOSCOPY TREAT BLOCKAGE	-	05154	40.8328	Bundled, sometimes payable	\$2,384.23	-	-	-	-	000	999	-
31643	N	DIAG BRONCHOSCOPE/CATHETER	-	05153	18.5066	Bundled, sometimes payable	\$1,080.60	-	-	-	-	000	999	-
31645	N	BRNCHSC W/THER ASPIR 1ST	-	05153	18.5066	Bundled, sometimes payable	\$1,080.60	-	-	-	-	000	999	-
31646	T	BRNCHSC W/THER ASPIR SBSQ	-	05152	4.4523	APC	\$259.97	-	-	-	-	000	999	-
31647	N	BRONCHIAL VALVE INIT INSERT	-	05155	74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	Y	000	999	-
31648	N	BRONCHIAL VALVE REMOV INIT	-	05154	40.8328	Bundled, sometimes payable	\$2,384.23	-	-	-	Y	000	999	-
31649	N	BRONCHIAL VALVE REMOV ADDL	-	05153	18.5066	Bundled, sometimes payable	\$1,080.60	-	-	-	Y	000	999	-
31651	N	BRONCHIAL VALVE ADDL INSERT	-	-	-	Bundled	\$0.00	-	-	-	Y	000	999	-
31652	N	BRONCH EBUS SAMPLNG 1/2 NODE	-	05154	40.8328	Bundled, sometimes payable	\$2,384.23	-	-	-	-	000	999	-
31653	N	BRONCH EBUS SAMPLNG 3/> NODE	-	05154	40.8328	Bundled, sometimes payable	\$2,384.23	-	-	-	-	000	999	-
31654	N	BRONCH EBUS IVNTJ PERPH LES	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
31660	N	BRONCH THERMOPLSTY 1 LOBE	-	05155	74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	Y	000	999	-
31661	N	BRONCH THERMOPLSTY 2/> LOBES	-	05155	74.6285	Bundled, sometimes payable	\$4,357.56	-	-	-	Y	000	999	-
3170F	E	BASELIN FLO CYTOMETRY B/4 TX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
31717	T	BRONCHIAL BRUSH BIOPSY	-	05152	4.4523	APC	\$259.97	-	-	-	-	000	999	-
31720	N	CLEARANCE OF AIRWAYS	-	05791	2.3257	Bundled, sometimes payable	\$135.80	-	-	-	-	000	999	-
31725	C	CLEARANCE OF AIRWAYS	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
								Prior Auth. Required	Passport			
31730	N	INTRO WINDPIPE WIRE/TUBE	-	05153 18.5066	Bundled, sometimes payable	\$1,080.60	-	-	-	000	999	-
31750	N	REPAIR OF WINDPIPE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	000	999	-
31755	N	REPAIR OF WINDPIPE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	000	999	-
31760	C	REPAIR OF WINDPIPE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
31766	C	RECONSTRUCTION OF WINDPIPE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
31770	C	REPAIR/GRAFT OF BRONCHUS	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
31775	C	RECONSTRUCT BRONCHUS	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
31780	C	RECONSTRUCT WINDPIPE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
31781	C	RECONSTRUCT WINDPIPE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
31785	N	REMOVE WINDPIPE LESION	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	000	999	-
31786	C	REMOVE WINDPIPE LESION	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
31800	C	REPAIR OF WINDPIPE INJURY	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
31805	C	REPAIR OF WINDPIPE INJURY	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
31820	N	CLOSURE OF WINDPIPE LESION	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	000	999	-
31825	N	REPAIR OF WINDPIPE DEFECT	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	000	999	-
31830	N	REVISE WINDPIPE SCAR	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	000	999	-
31899	T	UNLISTED PX TRACHEA BRONCHI	-	05151 2.1598	APC	\$126.11	-	-	-	000	999	-
3200F	E	BARIUM SWALLOW TEST NOT REQ	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
32035	C	THORACOSTOMY W/RIB RESECTION	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32036	C	THORACOSTOMY W/FLAP DRAINAGE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32096	C	OPEN WEDGE/BX LUNG INFILTR	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32097	C	OPEN WEDGE/BX LUNG NODULE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32098	C	OPEN BIOPSY OF LUNG PLEURA	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32100	C	EXPLORATION OF CHEST	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
3210F	E	GRP A STREP TEST PERFORMED	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
32110	C	EXPLORE/REPAIR CHEST	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32120	C	RE-EXPLORATION OF CHEST	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32124	C	EXPLORE CHEST FREE ADHESIONS	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32140	C	REMOVAL OF LUNG LESION(S)	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32141	C	REMOVE/TREAT LUNG LESIONS	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32150	C	REMOVAL OF LUNG LESION(S)	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32151	C	REMOVE LUNG FOREIGN BODY	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
3215F	E	PT IMMUNITY TO HEP A DOCD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
32160	C	OPEN CHEST HEART MASSAGE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
3216F	E	PT IMMUNITY TO HEP B DOCD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
3218F	E	RNA TSTNG HEP C DOCD DONE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
32200	C	DRAIN OPEN LUNG LESION	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
3220F	E	HEP C QUANT RNA TSTNG DOCD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
32215	C	TREAT CHEST LINING	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32220	C	RELEASE OF LUNG	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32225	C	PARTIAL RELEASE OF LUNG	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
3230F	E	NOTE HRING TST W/IN 6 MON	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
32310	C	REMOVAL OF CHEST LINING	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32320	C	FREE/REMOVE CHEST LINING	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32400	N	NEEDLE BIOPSY CHEST LINING	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	000	999	-
32408	N	CORE NDL BX LNG/MED PERQ	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	000	999	-
32440	C	REMOVE LUNG PNEUMONECTOMY	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32442	C	SLEEVE PNEUMONECTOMY	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32445	C	REMOVAL OF LUNG EXTRAPLEURAL	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32480	C	PARTIAL REMOVAL OF LUNG	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32482	C	BILOBECTOMY	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32484	C	SEGMENTECTOMY	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32486	C	SLEEVE LOBECTOMY	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32488	C	COMPLETION PNEUMONECTOMY	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32491	C	LUNG VOLUME REDUCTION	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32501	C	REPAIR BRONCHUS ADD-ON	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
32503	C	RESECT APICAL LUNG TUMOR	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
32504	C	RESECT APICAL LUNG TUM/CHEST	-	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
32505	C	WEDGE RESECT OF LUNG INITIAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
32506	C	WEDGE RESECT OF LUNG ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
32507	C	WEDGE RESECT OF LUNG DIAG	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3250F	E	NONPRIM LOC ANAT BX SITE TUM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
32540	C	REMOVAL OF LUNG LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
32550	N	INSERT PLEURAL CATH	-	05341	37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
32551	N	INSERTION OF CHEST TUBE	-	05182	17.4628	Bundled, sometimes payable	\$1,019.65	-	-	-	-	000	999	-
32552	N	REMOVE LUNG CATHETER	-	05181	6.8498	Bundled, sometimes payable	\$399.96	-	-	-	-	000	999	-
32553	S	INS MARK THOR FOR RT PERQ	-	05613	15.1085	APC	\$882.19	-	-	-	-	000	999	-
32554	T	ASPIRATE PLEURA W/O IMAGING	-	05181	6.8498	APC	\$370.51	-	-	-	Y	000	999	-
32555	T	ASPIRATE PLEURA W/ IMAGING	-	05181	6.8498	APC	\$370.51	-	-	-	Y	000	999	-
32556	N	INSERT CATH PLEURA W/O IMAGE	-	05302	20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	Y	000	999	-
32557	N	INSERT CATH PLEURA W/ IMAGE	-	05182	17.4628	Bundled, sometimes payable	\$1,019.65	-	-	-	Y	000	999	-
32560	T	TREAT PLEURODESIS W/AGENT	-	05181	6.8498	APC	\$399.96	-	-	-	-	000	999	-
32561	T	LYSE CHEST FIBRIN INIT DAY	-	05181	6.8498	APC	\$399.96	-	-	-	-	000	999	-
32562	T	LYSE CHEST FIBRIN SUBQ DAY	-	05181	6.8498	APC	\$399.96	-	-	-	-	000	999	-
32601	N	THORACOSCOPY DIAGNOSTIC	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
32604	N	THORACOSCOPY WBX SAC	-	05362	112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
32606	N	THORACOSCOPY W/BX MED SPACE	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
32607	N	THORACOSCOPY W/BX INFILTRATE	-	05362	112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
32608	N	THORACOSCOPY W/BX NODULE	-	05362	112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
32609	N	THORACOSCOPY W/BX PLEURA	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
3260F	E	PT CAT/PN CAT/HIST GRD DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
32650	C	THORACOSCOPY W/PLEURODESIS	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
32651	C	THORACOSCOPY REMOVE CORTEX	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
32652	C	THORACOSCOPY REM TOTL CORTEX	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
32653	C	THORACOSCOPY REMOV FB/FIBRIN	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
32654	C	THORACOSCOPY CONTRL BLEEDING	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
32655	C	THORACOSCOPY RESECT BULLAE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
32656	C	THORACOSCOPY W/PLEURECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
32658	C	THORACOSCOPY W/SAC FB REMOVE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
32659	C	THORACOSCOPY W/SAC DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3265F	E	RNA TSTNG HEPC VIR ORD/DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
32661	C	THORACOSCOPY W/PERICARD EXC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
32662	C	THORACOSCOPY W/MEDIAST EXC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
32663	C	THORACOSCOPY W/LOBECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
32664	C	THORACOSCOPY W/ TH NRV EXC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
32665	C	THORACOSCOPY W/ESOPH MUSC EXC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
32666	C	THORACOSCOPY W/WEDGE RESECT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
32667	C	THORACOSCOPY W/W RESECT ADDL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
32668	C	THORACOSCOPY W/W RESECT DIAG	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
32669	C	THORACOSCOPY REMOVE SEGMENT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3266F	E	HEPC GN TSTNG DOCD B/4 TXMNT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
32670	C	THORACOSCOPY BILOBECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
32671	C	THORACOSCOPY PNEUMONECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
32672	C	THORACOSCOPY FOR LVRS	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
32673	C	THORACOSCOPY W/THYMUS RESECT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
32674	C	THORACOSCOPY LYMPH NODE EXC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3267F	E	PATH RPRT W/ PT PN CAT ET AL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3268F	E	PSA/T/GLSC DOCD B/4 TXMNT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3269F	E	BONE SCN B/4 TXMNT/AFTR DX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
32701	E	THORAX STEREO RAD TARGETW/TX	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
3270F	E	NO BONE SCN B/4 TXMNT/AFTRDX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3271F	E	LOW RISK PROSTATE CANCER	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
								Hospital Lab Fees	Prior Auth. Required			
3272F	E	MED RISK PROSTATE CANCER	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
3273F	E	HIGH RISK PROSTATE CANCER	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
3274F	E	PROST CNCR RSK NOT LW/MD/HGH	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
3278F	E	SERUM LVLS CA/PTH/LPD ORD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
3279F	E	HGB LVL >= 13 G/DL	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
32800	C	REPAIR LUNG HERNIA	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
3280F	E	HGB LVL 11-12.9 G/DL	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
32810	C	CLOSE CHEST AFTER DRAINAGE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32815	C	CLOSE BRONCHIAL FISTULA	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
3281F	E	HGB LVL <11 G/DL	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
32820	C	RECONSTRUCT INJURED CHEST	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
3284F	E	IOP RED >=15% PRE-NTRV LVL	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
32850	C	DONOR PNEUMONECTOMY	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
32851	C	LUNG TRANSPLANT SINGLE	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
32852	C	LUNG TRANSPLANT WITH BYPASS	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
32853	C	LUNG TRANSPLANT DOUBLE	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
32854	C	LUNG TRANSPLANT WITH BYPASS	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
32855	C	PREPARE DONOR LUNG SINGLE	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
32856	C	PREPARE DONOR LUNG DOUBLE	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
3285F	E	IOP DOWN <15% OF PRE-SVC LVL	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
3288F	E	FALL RISK ASSESSMENT DOCD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
32900	C	REMOVAL OF RIB(S)	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32905	C	REVISE & REPAIR CHEST WALL	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32906	C	REVISE & REPAIR CHEST WALL	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
3290F	E	PT=D(RH)- AND UNSENSITIZED	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
3291F	E	PT=D(RH)+ OR SENSITIZED	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
3292F	E	HIV TSTNG ASKED/DOCD/REVWD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
3293F	E	ABO RH BLOOD TYPING DOCD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
32940	C	REVISION OF LUNG	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
3294F	E	GRP B STREP SCREENING DOCD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
32960	T	THERAPEUTIC PNEUMOTHORAX	-	05181 6.8498	APC	\$399.96	-	-	-	000	999	-
32994	N	ABLATE PULM TUMOR PERQ CRYBL	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	000	999	-
32997	C	TOTAL LUNG LAVAGE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
32998	N	ABLATE PULM TUMOR PERQ RF	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	000	999	-
32999	T	UNLISTED PX LUNGS & PLEURA	-	05181 6.8498	APC	\$399.96	-	-	-	000	999	-
3300F	E	AJCC STAGE DOCD B/4 THXPY	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33016	N	PERICARDIOCENTESIS W/IMAGING	-	05182 17.4628	Bundled, sometimes payable	\$1,019.65	-	-	-	000	999	-
33017	E	PRCRD DRG 6YR+ W/O CGEN CAR	-	-	Not Allowed	\$0.00	-	-	-	006	999	-
33018	E	PRCRD DRG 0-5YR OR W/ANOMLY	-	-	Not Allowed	\$0.00	-	-	-	005	999	-
33019	E	PERQ PRCRD DRG INSJ CATH CT	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
3301F	E	CANCER STAGE DOCD METAST	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33020	C	INCISION OF HEART SAC	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33025	C	INCISION OF HEART SAC	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33030	C	PARTIAL REMOVAL OF HEART SAC	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33031	C	PARTIAL REMOVAL OF HEART SAC	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33050	C	RESECT HEART SAC LESION	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33120	C	REMOVAL OF HEART LESION	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33130	C	REMOVAL OF HEART LESION	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33140	C	HEART REVASCULARIZE (TMR)	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33141	C	HEART TMR W/OTHER PROCEDURE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
3315F	E	ER+ OR PR+ BREAST CANCER	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
3316F	E	ER- OR PR- BREAST CANCER	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
3317F	E	PATH RPT MALIG CANCER DOCD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
3318F	E	PATH RPT MALIG CANCER DOCD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
3319F	E	X-RAY/CT/ULTRSD ET AL ORD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33202	C	INSERT EPICARD ELTRD OPEN	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
33203	C	INSERT EPICARD ELTRD ENDO	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33206	N	INSERT HEART PM ATRIAL	-	05223 116.4331	Bundled, sometimes payable	\$6,798.53	-	-	-	-	000	999	-
33207	N	INSERT HEART PM VENTRICULAR	-	05223 116.4331	Bundled, sometimes payable	\$6,798.53	-	-	-	-	000	999	-
33208	N	INSRT HEART PM ATRIAL & VENT	-	05223 116.4331	Bundled, sometimes payable	\$6,798.53	-	-	-	-	000	999	-
3320F	E	NO XRAY/CT/ET AL ORDD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
33210	N	INSERT ELECTRD/PM CATH SNGL	-	05222 92.6347	Bundled, sometimes payable	\$5,408.94	-	-	-	-	000	999	-
33211	N	INSERT CARD ELECTRODES DUAL	-	05222 92.6347	Bundled, sometimes payable	\$5,408.94	-	-	-	-	000	999	-
33212	N	INSERT PULSE GEN SNGL LEAD	-	05222 92.6347	Bundled, sometimes payable	\$5,408.94	-	-	-	-	000	999	-
33213	N	INSERT PULSE GEN DUAL LEADS	-	05223 116.4331	Bundled, sometimes payable	\$6,798.53	-	-	-	-	000	999	-
33214	N	UPGRADE OF PACEMAKER SYSTEM	-	05223 116.4331	Bundled, sometimes payable	\$6,798.53	-	-	-	-	000	999	-
33215	N	REPOSITION PACING-DEFIB LEAD	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
33216	N	INSERT 1 ELECTRODE PM-DEFIB	-	05222 92.6347	Bundled, sometimes payable	\$5,408.94	-	-	-	-	000	999	-
33217	N	INSERT 2 ELECTRODE PM-DEFIB	-	05222 92.6347	Bundled, sometimes payable	\$5,408.94	-	-	-	-	000	999	-
33218	T	REPAIR LEAD PACE-DEFIB ONE	-	05221 42.8191	APC	\$2,500.21	-	-	-	-	000	999	-
3321F	E	AJCC CNCR 0/IA MELAN DOCD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
33220	T	REPAIR LEAD PACE-DEFIB DUAL	-	05221 42.8191	APC	\$2,500.21	-	-	-	-	000	999	-
33221	N	INSERT PULSE GEN MULT LEADS	-	05224 212.4619	Bundled, sometimes payable	\$12,405.65	-	-	-	-	000	999	-
33222	T	RELOCATION POCKET PACEMAKER	-	05054 19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
33223	T	RELOCATE POCKET FOR DEFIB	-	05054 19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
33224	N	INSERT PACING LEAD & CONNECT	-	05223 116.4331	Bundled, sometimes payable	\$6,798.53	-	-	-	-	000	999	-
33225	N	L VENTRIC PACING LEAD ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
33226	N	REPOSITION L VENTRIC LEAD	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
33227	N	REMOVE&REPLACE PM GEN SNGL	-	05222 92.6347	Bundled, sometimes payable	\$5,408.94	-	-	-	-	000	999	-
33228	N	REMV&REPLC PM GEN DUAL LEAD	-	05223 116.4331	Bundled, sometimes payable	\$6,798.53	-	-	-	-	000	999	-
33229	N	REMV&REPLC PM GEN MULT LEADS	-	05224 212.4619	Bundled, sometimes payable	\$12,405.65	-	-	-	-	000	999	-
3322F	E	MELANOMAAJCC STAGE 0 OR IA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
33230	N	INSRT PULSE GEN W/DUAL LEADS	-	05231 257.0169	Bundled, sometimes payable	\$15,007.22	-	-	-	-	000	999	-
33231	N	INSRT PULSE GEN W/MULT LEADS	-	05232 358.7235	Bundled, sometimes payable	\$20,945.87	-	-	-	-	000	999	-
33233	N	REMOVAL OF PM GENERATOR	-	05222 92.6347	Bundled, sometimes payable	\$5,408.94	-	-	-	-	000	999	-
33234	N	REMOVAL OF PACEMAKER SYSTEM	-	05221 42.8191	Bundled, sometimes payable	\$2,500.21	-	-	-	-	000	999	-
33235	N	REMOVAL PACEMAKER ELECTRODE	-	05221 42.8191	Bundled, sometimes payable	\$2,500.21	-	-	-	-	000	999	-
33236	C	REMOVE ELECTRODE/THORACOTOMY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33237	C	REMOVE ELECTRODE/THORACOTOMY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33238	C	REMOVE ELECTRODE/THORACOTOMY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3323F	E	CLIN NODE STGNG DOCD/4 SURG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
33240	N	INSRT PULSE GEN W/SINGL LEAD	-	05231 257.0169	Bundled, sometimes payable	\$15,007.22	-	-	-	-	000	999	-
33241	N	REMOVE PULSE GENERATOR	-	05221 42.8191	Bundled, sometimes payable	\$2,500.21	-	-	-	-	000	999	-
33243	C	REMOVE ELTRD/THORACOTOMY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33244	N	REMOVE ELCTRD TRANSVENOUSLY	-	05221 42.8191	Bundled, sometimes payable	\$2,500.21	-	-	-	-	000	999	-
33249	N	INSJ/RPLCMT DEFIB W/LEAD(S)	-	05232 358.7235	Bundled, sometimes payable	\$20,945.87	-	-	-	-	000	999	-
3324F	E	MRI CT SCAN ORD RVWD RQSTD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
33250	C	ABLATE HEART DYSRHYTHM FOCUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33251	C	ABLATE HEART DYSRHYTHM FOCUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33254	C	ABLATE ATRIA LMTD	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33255	C	ABLATE ATRIA W/O BYPASS EXT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33256	C	ABLATE ATRIA W/BYPASS EXTEN	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33257	C	ABLATE ATRIA LMTD ADD-ON	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33258	C	ABLATE ATRIA X10SV ADD-ON	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33259	C	ABLATE ATRIA W/BYPASS ADD-ON	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3325F	E	PREOP ASSES 4 CATARACT SURG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
33261	C	ABLATE HEART DYSRHYTHM FOCUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33262	N	RMVL & REPLC PULSE GEN 1 LEAD	-	05231 257.0169	Bundled, sometimes payable	\$15,007.22	-	-	-	-	000	999	-
33263	N	RMVL & RPLCMT DFB GEN 2 LEAD	-	05231 257.0169	Bundled, sometimes payable	\$15,007.22	-	-	-	-	000	999	-
33264	N	RMVL & RPLCMT DFB GEN MLT LD	-	05232 358.7235	Bundled, sometimes payable	\$20,945.87	-	-	-	-	000	999	-
33265	C	ABLATE ATRIA LMTD ENDO	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33266	C	ABLATE ATRIA X10SV ENDO	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments	
								Prior Auth. Required	Passport				
33267	C	EXCL LAA OPEN ANY METHOD	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-	
33268	C	EXCL LAA OPN OTH PX ANY METH	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-	
33269	C	EXCL LAA THRSCP ANY METHOD	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-	
33270	N	INS/REP SUBQ DEFIBRILLATOR	-	05232 358.7235	Bundled, sometimes payable	\$20,945.87	-	-	-	000	999	-	
33271	N	INSJ SUBQ IMPLTBL DFB ELCTRD	-	05222 92.6347	Bundled, sometimes payable	\$5,408.94	-	-	-	000	999	-	
33272	N	RMVL OF SUBQ DEFIBRILLATOR	-	05221 42.8191	Bundled, sometimes payable	\$2,500.21	-	-	-	000	999	-	
33273	T	REPOS PREV IMPLTBL SUBQ DFB	-	05221 42.8191	APC	\$2,500.21	-	-	-	000	999	-	
33274	N	TCAT INSJ/RPL PERM LDLS PM	-	05224 212.4619	Bundled, sometimes payable	\$12,405.65	-	-	-	000	999	-	
33275	N	TCAT RMVL PERM LDLS PM W/IMG	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	000	999	-	
33276	S	INSJ PHRNC NRV STIM SYS	-	01580 770.6885	APC	\$45,000.50	-	-	-	000	999	-	
33277	N	INSJ PHRNC NRV STIM TRANSVNS	-	-	Bundled	\$0.00	-	-	-	000	999	-	
33278	N	RMVL PHRNC NRV STIM SYS	-	05461 37.1003	Bundled, sometimes payable	\$2,166.29	-	-	-	000	999	-	
33279	N	RMVL PHRNC NRV STIM TRANSVNS	-	05461 37.1003	Bundled, sometimes payable	\$2,166.29	-	-	-	000	999	-	
33280	N	RMVL PHRNC NRV STIM PG ONLY	-	05461 37.1003	Bundled, sometimes payable	\$2,166.29	-	-	-	000	999	-	
33281	N	REPOSG PHRNC NRV STIM TRNSVN	-	05461 37.1003	Bundled, sometimes payable	\$2,166.29	-	-	-	000	999	-	
33285	N	INSJ SUBQ CAR RHYTHM MNTR	-	05222 92.6347	Bundled, sometimes payable	\$5,408.94	-	-	-	000	999	-	
33286	N	RMVL SUBQ CAR RHYTHM MNTR	-	05071 7.6716	Bundled, sometimes payable	\$447.94	-	-	-	000	999	-	
33287	N	RMV&RPLCMT PHRNC NRV STIM PG	-	05465 338.5856	Bundled, sometimes payable	\$19,770.01	-	-	-	000	999	-	
33288	N	RMV&RPLCMT PHRNC NRV STIM LD	-	05463 148.5312	Bundled, sometimes payable	\$8,672.74	-	-	-	000	999	-	
33289	N	TCAT IMPL WRLS P-ART PRS SNR	-	05200 316.9127	Bundled, sometimes payable	\$18,504.53	-	-	-	000	999	-	
3328F	E	PRFRMNC DOCD 2 WKS B/4 SURG	-	-	Not Allowed	\$0.00	-	-	-	000	999	-	
33300	C	REPAIR OF HEART WOUND	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-	
33305	C	REPAIR OF HEART WOUND	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-	
3330F	E	IMAGING STUDY ORDERED (BKP)	-	-	Not Allowed	\$0.00	-	-	-	000	999	-	
33310	C	EXPLORATORY HEART SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-	
33315	C	EXPLORATORY HEART SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-	
3331F	E	BK IMAGING TST NOT ORDERED	-	-	Not Allowed	\$0.00	-	-	-	000	999	-	
33320	C	REPAIR MAJOR BLOOD VESSEL(S)	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-	
33321	C	REPAIR MAJOR VESSEL	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-	
33322	C	REPAIR MAJOR BLOOD VESSEL(S)	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-	
33330	C	INSERT MAJOR VESSEL GRAFT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-	
33335	C	INSERT MAJOR VESSEL GRAFT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-	
33340	C	PERQ CLSR TCAT L ATR APNDGE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-	
33361	C	REPLACE AORTIC VALVE PERQ	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
33362	C	REPLACE AORTIC VALVE OPEN	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
33363	C	REPLACE AORTIC VALVE OPEN	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
33364	C	REPLACE AORTIC VALVE OPEN	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
33365	C	REPLACE AORTIC VALVE OPEN	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
33366	C	TRCATH REPLACE AORTIC VALVE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33367	C	REPLACE AORTIC VALVE W/BYP	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
33368	C	REPLACE AORTIC VALVE W/BYP	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
33369	C	REPLACE AORTIC VALVE W/BYP	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
33370	N	TCAT PLMT&RMVL CEPD PERQ	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
33390	C	VALVULOPLASTY AORTIC VALVE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33391	C	VALVULOPLASTY AORTIC VALVE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33404	C	PREPARE HEART-AORTA CONDUIT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33405	C	REPLACEMENT AORTIC VALVE OPN	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33406	C	REPLACEMENT AORTIC VALVE OPN	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3340F	E	MAMMO ASSESS INC XRAY DOCD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
33410	C	REPLACEMENT AORTIC VALVE OPN	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33411	C	REPLACEMENT OF AORTIC VALVE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33412	C	REPLACEMENT OF AORTIC VALVE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33413	C	REPLACEMENT OF AORTIC VALVE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33414	C	REPAIR OF AORTIC VALVE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33415	C	REVISION SUBVALVULAR TISSUE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33416	C	REVISE VENTRICLE MUSCLE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-

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  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
33417	C	REPAIR OF AORTIC VALVE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33418	C	REPAIR TCAT MITRAL VALVE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33419	N	REPAIR TCAT MITRAL VALVE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
3341F	E	MAMMO ASSESS NEGATIVE DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
33420	C	REVISION OF MITRAL VALVE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33422	C	REVISION OF MITRAL VALVE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33425	C	REPAIR OF MITRAL VALVE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33426	C	REPAIR OF MITRAL VALVE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33427	C	REPAIR OF MITRAL VALVE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3342F	E	MAMMO ASSESS BENGND DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
33430	C	REPLACEMENT OF MITRAL VALVE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3343F	E	MAMMO PROBABLY BENGND DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
33440	C	RPLCMT A-VALVE TLCJ AUTOL PV	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3344F	E	MAMMO ASSESS SUSP DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3345F	E	MAMMO ASSESS HGHLYMALIG DOC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
33460	C	REVISION OF TRICUSPID VALVE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33463	C	VALVULOPLASTY TRICUSPID	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33464	C	VALVULOPLASTY TRICUSPID	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33465	C	REPLACE TRICUSPID VALVE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33468	C	REVISION OF TRICUSPID VALVE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33471	C	VLVT PV CLSD HRT VIA P-ART	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33474	C	REVISION OF PULMONARY VALVE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33475	C	REPLACEMENT PULMONARY VALVE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33476	C	REVISION OF HEART CHAMBER	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33477	C	IMPLANT TCAT PULM VLV PERQ	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33478	C	REVISION OF HEART CHAMBER	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33496	C	REPAIR PROSTH VALVE CLOT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33500	C	REPAIR HEART VESSEL FISTULA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33501	C	REPAIR HEART VESSEL FISTULA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33502	C	CORONARY ARTERY CORRECTION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33503	C	CORONARY ARTERY GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33504	C	CORONARY ARTERY GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33505	C	REPAIR ARTERY W/TUNNEL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33506	C	REPAIR ARTERY TRANSLOCATION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33507	C	REPAIR ART INTRAMURAL	-	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
33508	N	ENDOSCOPIC VEIN HARVEST	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
33509	C	NDSC HRV UXTR ART 1 SGM CAB	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3350F	E	MAMMO BX PROVEN MALIG DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
33510	C	CABG VEIN SINGLE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33511	C	CABG VEIN TWO	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33512	C	CABG VEIN THREE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33513	C	CABG VEIN FOUR	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33514	C	CABG VEIN FIVE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33516	C	CABG VEIN SIX OR MORE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33517	C	CABG ARTERY-VEIN SINGLE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33518	C	CABG ARTERY-VEIN TWO	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33519	C	CABG ARTERY-VEIN THREE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3351F	E	NEG SCRND DEP SYMP BY DEPTOOL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
33521	C	CABG ARTERY-VEIN FOUR	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33522	C	CABG ARTERY-VEIN FIVE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33523	C	CABG ART-VEIN SIX OR MORE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3352F	E	NO SIG DEP SYMP BY DEP TOOL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
33530	C	CORONARY ARTERY BYPASS/REOP	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33533	C	CABG ARTERIAL SINGLE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33534	C	CABG ARTERIAL TWO	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33535	C	CABG ARTERIAL THREE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
								Hospital Lab Fees	Prior Auth. Required			
33536	C	CABG ARTERIAL FOUR OR MORE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
3353F	E	MILD-MOD DEP SYMP BY DEPTOOL	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33542	C	REMOVAL OF HEART LESION	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33545	C	REPAIR OF HEART DAMAGE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33548	C	RESTORE/REMODEL VENTRICLE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
3354F	E	CLIN SIG DEP SYM BY DEP TOOL	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33572	C	OPEN CORONARY ENDARTERECTOMY	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33600	C	CLOSURE OF VALVE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33602	C	CLOSURE OF VALVE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33606	C	ANASTOMOSIS/ARTERY-AORTA	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33608	C	REPAIR ANOMALY W/CONDUIT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33610	C	REPAIR BY ENLARGEMENT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33611	C	REPAIR DOUBLE VENTRICLE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33612	C	REPAIR DOUBLE VENTRICLE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33615	C	REPAIR MODIFIED FONTAN	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33617	C	REPAIR SINGLE VENTRICLE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33619	C	REPAIR SINGLE VENTRICLE	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33620	C	APPLY R&L PULM ART BANDS	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33621	C	TRANSTHOR CATH FOR STENT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33622	C	REDO COMPL CARDIAC ANOMALY	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33641	C	REPAIR HEART SEPTUM DEFECT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33645	C	REVISION OF HEART VEINS	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33647	C	REPAIR HEART SEPTUM DEFECTS	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33660	C	REPAIR OF HEART DEFECTS	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33665	C	REPAIR OF HEART DEFECTS	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33670	C	REPAIR OF HEART CHAMBERS	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33675	C	CLOSE MULT VSD	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33676	C	CLOSE MULT VSD W/RESECTION	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33677	C	CL MULT VSD W/REM PUL BAND	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33681	C	REPAIR HEART SEPTUM DEFECT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33684	C	REPAIR HEART SEPTUM DEFECT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33688	C	REPAIR HEART SEPTUM DEFECT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33690	C	REINFORCE PULMONARY ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33692	C	REPAIR OF HEART DEFECTS	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33694	C	REPAIR OF HEART DEFECTS	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33697	C	REPAIR OF HEART DEFECTS	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33702	C	REPAIR OF HEART DEFECTS	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
3370F	E	AJCC BRST CNCR STAGE 0 DOCD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33710	C	REPAIR OF HEART DEFECTS	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33720	C	REPAIR OF HEART DEFECT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33724	C	REPAIR VENOUS ANOMALY	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33726	C	REPAIR PUL VENOUS STENOSIS	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
3372F	E	AJCC BRST CNCR STAGE 1 DOCD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33730	C	REPAIR HEART-VEIN DEFECT(S)	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33732	C	REPAIR HEART-VEIN DEFECT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33735	C	REVISION OF HEART CHAMBER	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33736	C	REVISION OF HEART CHAMBER	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33737	C	REVISION OF HEART CHAMBER	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33741	E	TAS CONGENITAL CAR ANOMAL	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33745	E	TIS CGEN CAR ANOMAL 1ST SHNT	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33746	E	TIS CGEN CAR ANOMAL EA ADDL	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
3374F	E	AJCC BRST CNCR STAGE 1 DOCD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33750	C	MAJOR VESSEL SHUNT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33755	C	MAJOR VESSEL SHUNT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33762	C	MAJOR VESSEL SHUNT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33764	C	MAJOR VESSEL SHUNT & GRAFT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
								Prior Auth. Required	Passport			
33766	C	MAJOR VESSEL SHUNT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33767	C	MAJOR VESSEL SHUNT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33768	C	CAVOPULMONARY SHUNTING	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
3376F	E	AJCC BRSTCNCR STAGE 2 DOCD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33770	C	REPAIR GREAT VESSELS DEFECT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33771	C	REPAIR GREAT VESSELS DEFECT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33774	C	REPAIR GREAT VESSELS DEFECT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33775	C	REPAIR GREAT VESSELS DEFECT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33776	C	REPAIR GREAT VESSELS DEFECT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33777	C	REPAIR GREAT VESSELS DEFECT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33778	C	REPAIR GREAT VESSELS DEFECT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33779	C	REPAIR GREAT VESSELS DEFECT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33780	C	REPAIR GREAT VESSELS DEFECT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33781	C	REPAIR GREAT VESSELS DEFECT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33782	C	NIKAIDOH PROC	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33783	C	NIKAIDOH PROC W/OSTIA IMPLT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33786	C	REPAIR ARTERIAL TRUNK	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33788	C	REVISION OF PULMONARY ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
3378F	E	AJCC BRSTCNCR STAGE 3 DOCD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33800	C	AORTIC SUSPENSION	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33802	C	REPAIR VESSEL DEFECT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33803	C	REPAIR VESSEL DEFECT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
3380F	E	AJCC BRSTCNCR STAGE 4 DOCD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33813	C	REPAIR SEPTAL DEFECT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33814	C	REPAIR SEPTAL DEFECT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33820	C	REVISE MAJOR VESSEL	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33822	C	REVISE MAJOR VESSEL	-	-	Inpatient Only	\$0.00	-	-	-	000	019	-
33824	C	REVISE MAJOR VESSEL	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
3382F	E	AJCC CLN CNCR STAGE 0 DOCD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33840	C	REMOVE AORTA CONSTRICTION	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33845	C	REMOVE AORTA CONSTRICTION	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
3384F	E	AJCC CLN CNCR STAGE 1 DOCD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33851	C	REMOVE AORTA CONSTRICTION	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33852	C	REPAIR SEPTAL DEFECT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33853	C	REPAIR SEPTAL DEFECT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33858	E	AS-AORT GRF F/AORTIC DSJ	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33859	E	AS-AORT GRF F/DS OTH/THN DSJ	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33863	C	ASCENDING AORTIC GRAFT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33864	C	ASCENDING AORTIC GRAFT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33866	N	AORTIC HEMIARCH GRAFT	-	-	Bundled	\$0.00	-	-	-	000	999	-
3386F	E	AJCC CLN CNCR STAGE 2 DOCD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33871	E	TRANSVRS A-ARCH GRF HYPTRHM	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33875	C	THORACIC AORTIC GRAFT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33877	C	THORACOABDOMINAL GRAFT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33880	C	ENDOVASC TAA REPR INCL SUBCL	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
33881	C	ENDOVASC TAA REPR W/O SUBCL	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
33883	C	INSERT ENDOVASC PROSTH TAA	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
33884	C	ENDOVASC PROSTH TAA ADD-ON	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
33886	C	ENDOVASC PROSTH DELAYED	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
33889	C	ARTERY TRANSPOSE/ENDOVAS TAA	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
3388F	E	AJCC CLN CNCR STAGE 3 DOCD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
33891	C	CAR-CAR BP GRFT/ENDOVAS TAA	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
33894	C	EVASC ST RPR THRC/AA ACRS BR	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33895	C	EVASC ST RPR THRC/AA X CRS	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33897	C	PERQ TRLUML ANGP NT/RECR COA	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
33900	N	PERQ P-ART REVSC 1 NM NT UNI	-	05193 119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	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  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
33901	N	PERQ P-ART REVSC 1 NM NT BI	-	05193 119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	-	000	999	-
33902	N	PERQ P-ART REVSC 1 ABNOR UNI	-	05194 191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	-	000	999	-
33903	N	PERQ P-ART REVSC 1 ABNOR BI	-	05193 119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	-	000	999	-
33904	N	PERQ P-ART REVSC EACH ADDL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
3390F	E	AJCC CLN CNCR STAGE 4 DOCD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
33910	C	REMOVE LUNG ARTERY EMBOLI	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33915	C	REMOVE LUNG ARTERY EMBOLI	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33916	C	SURGERY OF GREAT VESSEL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33917	C	REPAIR PULMONARY ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33920	C	REPAIR PULMONARY ATRESIA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33922	C	TRANSECT PULMONARY ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33924	C	REMOVE PULMONARY SHUNT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33925	C	RPR PUL ART UNIFOCAL W/O CPB	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
33926	C	REPR PUL ART UNIFOCAL W/CPB	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
33927	C	IMPLTJ TOT RPLCMT HRT SYS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33928	C	RMVL & RPLCMT TOT HRT SYS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33929	C	RMVL RPLCMT HRT SYS F/TRNSPL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33930	C	REMOVAL OF DONOR HEART/LUNG	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
33933	C	PREPARE DONOR HEART/LUNG	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
33935	C	TRANSPLANTATION HEART/LUNG	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
33940	C	REMOVAL OF DONOR HEART	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
33944	C	PREPARE DONOR HEART	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
33945	C	TRANSPLANTATION OF HEART	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
33946	C	ECMO/ECLS INITIATION VENOUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33947	C	ECMO/ECLS INITIATION ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33948	C	ECMO/ECLS DAILY MGMT-VENOUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33949	C	ECMO/ECLS DAILY MGMT ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3394F	E	QUANT HER2 IHC EVAL BRST CX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
33951	C	ECMO/ECLS INSJ PRPH CANNULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33952	C	ECMO/ECLS INSJ PRPH CANNULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33953	C	ECMO/ECLS INSJ PRPH CANNULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33954	C	ECMO/ECLS INSJ PRPH CANNULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33955	C	ECMO/ECLS INSJ CTR CANNULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33956	C	ECMO/ECLS INSJ CTR CANNULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33957	C	ECMO/ECLS REPOS PERPH CNULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33958	C	ECMO/ECLS REPOS PERPH CNULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33959	C	ECMO/ECLS REPOS PERPH CNULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3395F	E	QUANT NONHER2 IHC BRST CX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
33962	C	ECMO/ECLS REPOS PERPH CNULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33963	C	ECMO/ECLS REPOS PERPH CNULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33964	C	ECMO/ECLS REPOS PERPH CNULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33965	C	ECMO/ECLS RMVL PERPH CANNULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33966	C	ECMO/ECLS RMVL PRPH CANNULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33967	C	INSERT I-AORT PERCUT DEVICE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33968	C	REMOVE AORTIC ASSIST DEVICE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33969	C	ECMO/ECLS RMVL PERPH CANNULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33970	C	AORTIC CIRCULATION ASSIST	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33971	C	AORTIC CIRCULATION ASSIST	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33973	C	INSERT BALLOON DEVICE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33974	C	REMOVE INTRA-AORTIC BALLOON	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33975	C	IMPLANT VENTRICULAR DEVICE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33976	C	IMPLANT VENTRICULAR DEVICE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33977	C	REMOVE VENTRICULAR DEVICE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33978	C	REMOVE VENTRICULAR DEVICE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33979	C	INSERT INTRACORPOREAL DEVICE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33980	C	REMOVE INTRACORPOREAL DEVICE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-

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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees					
33981	C	REPLACE VAD PUMP EXT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33982	C	REPLACE VAD INTRA W/O BP	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33983	C	REPLACE VAD INTRA W/BP	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33984	C	ECMO/ECLS RMVL PRPH CANNULA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33985	C	ECMO/ECLS RMVL CTR CANNULA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33986	C	ECMO/ECLS RMVL CTR CANNULA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33987	C	ARTERY EXPOS/GRAFT ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33988	C	INSERTION OF LEFT HEART VENT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33989	C	REMOVAL OF LEFT HEART VENT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
33990	C	INSJ PERQ VAD L HRT ARTERIAL	-	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
33991	C	INSJ PERQ VAD L HRT ARTL&VEN	-	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
33992	C	RMVL PERQ LEFT HEART VAD	-	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
33993	C	REPOSG PERQ R/L HRT VAD	-	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
33995	E	INSJ PERQ VAD R HRT VENOUS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
33997	E	RMVL PERQ RIGHT HEART VAD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
33999	T	UNLISTED PX CARDIAC SURGERY	-	05181	6.8498	APC	\$399.96	-	-	-	-	000	999	-
34001	C	REMOVAL OF ARTERY CLOT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34051	C	REMOVAL OF ARTERY CLOT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34101	N	REMOVAL OF ARTERY CLOT	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
34111	N	REMOVAL OF ARM ARTERY CLOT	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
34151	C	REMOVAL OF ARTERY CLOT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34201	N	REMOVAL OF ARTERY CLOT	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
34203	N	REMOVAL OF LEG ARTERY CLOT	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
34401	C	REMOVAL OF VEIN CLOT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34421	N	REMOVAL OF VEIN CLOT	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
34451	C	REMOVAL OF VEIN CLOT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34471	T	REMOVAL OF VEIN CLOT	-	05181	6.8498	APC	\$399.96	-	-	-	-	000	999	-
34490	N	REMOVAL OF VEIN CLOT	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
34501	N	REPAIR VALVE FEMORAL VEIN	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
34502	C	RECONSTRUCT VENA CAVA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3450F	E	DYSPNEA SCRND NO-MILD DYSP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
34510	N	TRANSPOSITION OF VEIN VALVE	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
3451F	E	DYSPNEA SCRND MOD-HIGH DYSP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
34520	N	CROSS-OVER VEIN GRAFT	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
3452F	E	DYSPNEA NOT SCREENED	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
34530	N	LEG VEIN FUSION	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
3455F	E	TB SCR PFRMD&INTERPD 6 MO	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
34701	C	EVASC RPR A-AO NDGFT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34702	C	EVASC RPR A-AO NDGFT RPT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34703	C	EVASC RPR A-UNILAC NDGFT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34704	C	EVASC RPR A-UNILAC NDGFT RPT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34705	C	EVAC RPR A-BILIAC NDGFT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34706	C	EVASC RPR A-BILIAC RPT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34707	C	EVASC RPR ILIO-ILIAC NDGFT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34708	C	EVASC RPR ILIO-ILIAC RPT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34709	C	PLMT XTN PROSTH EVASC RPR	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3470F	E	RA DISEASE ACTIVITY LOW	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
34710	C	DLYD PLMT XTN PROSTH 1ST VSL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34711	C	DLYD PLMT XTN PROSTH EA ADDL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34712	C	TCAT DLVR ENHNCD FIXJ DEV	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34713	N	PERQ ACCESS & CLSR FEM ART	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
34714	N	OPN FEM ART EXPOS CNDT CRTJ	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
34715	N	OPN AX/SUBCLA ART EXPOS	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
34716	N	OPN AX/SUBCLA ART EXPOS CNDT	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
34717	E	EVASC RPR A-ILIAC NDGFT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
34718	E	EVASC RPR N/A A-ILIAC NDGFT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
3471F	E		RA DISEASE ACTIVITY MOD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3472F	E		RA DISEASE ACTIVITY HIGH	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3475F	E		DISEASE PROGN RA POOR DOCD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3476F	E		DISEASE PROGN RA GOOD DOCD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
34808	C		ENDOVAS ILIAC A DEVICE ADDON	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34812	C		OPN FEM ART EXPOS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34813	C		FEMORAL ENDOVAS GRAFT ADD-ON	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34820	C		OPN ILIAC ART EXPOS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34830	C		OPEN AORTIC TUBE PROSTH REPR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34831	C		OPEN AORTOILIAC PROSTH REPR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34832	C		OPEN AORTOFEMOR PROSTH REPR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34833	C		OPN ILAC ART EXPOS CNDT CRTJ	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34834	C		OPN BRACH ART EXPOS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34839	E		PLNNING PT SPEC FENEST GRAFT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
34841	C		ENDOVASC VISC AORTA 1 GRAFT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34842	C		ENDOVASC VISC AORTA 2 GRAFT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34843	C		ENDOVASC VISC AORTA 3 GRAFT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34844	C		ENDOVASC VISC AORTA 4 GRAFT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34845	C		VISC & INFRAREN ABD 1 PROSTH	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34846	C		VISC & INFRAREN ABD 2 PROSTH	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34847	C		VISC & INFRAREN ABD 3 PROSTH	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
34848	C		VISC & INFRAREN ABD 4+ PROST	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3490F	E		HISTORY AIDS-DEFINING COND	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3491F	E		HIV UNSURE BABY OF HIV+MOMS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3492F	E		HISTORY CD4+ CELL COUNT <350	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3493F	E		NO HIST CD4+ CELL COUNT <350	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3494F	E		CD4+CELL COUNT <200CELLS/MM3	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3495F	E		CD4+CELL CNT 200-499 CELLS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3496F	E		CD4+ CELL COUNT >= 500 CELLS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3497F	E		CD4+ CELL PERCENTAGE <15%	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3498F	E		CD4+ CELL >=15% (HIV)	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
35001	C		REPAIR DEFECT OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35002	C		REPAIR ARTERY RUPTURE NECK	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35005	C		REPAIR DEFECT OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3500F	E		CD4+CELL CNT/% DOCD AS DONE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
35011	N		REPAIR DEFECT OF ARTERY	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
35013	C		REPAIR ARTERY RUPTURE ARM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35021	C		REPAIR DEFECT OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35022	C		REPAIR ARTERY RUPTURE CHEST	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3502F	E		HIV RNA VRL LD <LMTS QUANTIF	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3503F	E		HIV RNA VRL LDNOT<LMTS QUNTF	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
35045	N		REPAIR DEFECT OF ARM ARTERY	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
35081	C		REPAIR DEFECT OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35082	C		REPAIR ARTERY RUPTURE AORTA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35091	C		REPAIR DEFECT OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35092	C		REPAIR ARTERY RUPTURE AORTA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35102	C		REPAIR DEFECT OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35103	C		REPAIR ARTERY RUPTURE AORTA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3510F	E		DOC TB SCRNG-RSLTS INTERPD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
35111	C		REPAIR DEFECT OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35112	C		REPAIR ARTERY RUPTURE SPLEEN	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3511F	E		CHLMYD/GONRH TSTS DOCD DONE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
35121	C		REPAIR DEFECT OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35122	C		REPAIR ARTERY RUPTURE BELLY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3512F	E		SYPH SCRNG DOCD AS DONE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
35131	C		REPAIR DEFECT OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-

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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
35132	C	REPAIR ARTERY RUPTURE GROIN	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3513F	E	HEP B SCRNG DOCD AS DONE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
35141	C	REPAIR DEFECT OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35142	C	REPAIR ARTERY RUPTURE THIGH	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3514F	E	HEP C SCRNG DOCD AS DONE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
35151	C	REPAIR DEFECT OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35152	C	REPAIR RUPTD POPLITEAL ART	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3515F	E	PT HAS DOCD IMMUN TO HEP C	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3517F	E	HBV ASSESS&RESULTS INTRP 1YR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
35180	N	REPAIR BLOOD VESSEL LESION	-	05182 17.4628	Bundled, sometimes payable	\$1,019.65	-	-	-	-	000	999	-
35182	C	REPAIR BLOOD VESSEL LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35184	N	REPAIR BLOOD VESSEL LESION	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
35188	N	REPAIR BLOOD VESSEL LESION	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
35189	C	REPAIR BLOOD VESSEL LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35190	N	REPAIR BLOOD VESSEL LESION	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
35201	N	REPAIR BLOOD VESSEL LESION	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
35206	N	REPAIR BLOOD VESSEL LESION	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
35207	N	REPAIR BLOOD VESSEL LESION	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
3520F	E	CDIFFICILE TESTING PERFORMED	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
35211	C	REPAIR BLOOD VESSEL LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35216	C	REPAIR BLOOD VESSEL LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35221	C	REPAIR BLOOD VESSEL LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35226	T	REPAIR BLOOD VESSEL LESION	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
35231	N	REPAIR BLOOD VESSEL LESION	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
35236	N	REPAIR BLOOD VESSEL LESION	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
35241	C	REPAIR BLOOD VESSEL LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35246	C	REPAIR BLOOD VESSEL LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35251	C	REPAIR BLOOD VESSEL LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35256	N	REPAIR BLOOD VESSEL LESION	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
35261	N	REPAIR BLOOD VESSEL LESION	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
35266	N	REPAIR BLOOD VESSEL LESION	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
35271	C	REPAIR BLOOD VESSEL LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35276	C	REPAIR BLOOD VESSEL LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35281	C	REPAIR BLOOD VESSEL LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35286	N	REPAIR BLOOD VESSEL LESION	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
35301	C	RECHANNELING OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35302	C	RECHANNELING OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35303	C	RECHANNELING OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35304	C	RECHANNELING OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35305	C	RECHANNELING OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35306	C	RECHANNELING OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35311	C	RECHANNELING OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35321	N	RECHANNELING OF ARTERY	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
35331	C	RECHANNELING OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35341	C	RECHANNELING OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35351	C	RECHANNELING OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35355	C	RECHANNELING OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35361	C	RECHANNELING OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35363	C	RECHANNELING OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35371	C	RECHANNELING OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35372	C	RECHANNELING OF ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35390	C	REOPERATION CAROTID ADD-ON	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35400	C	ANGIOSCOPY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35500	N	HARVEST VEIN FOR BYPASS	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
35501	C	ART BYP GRFT IPSILAT CAROTID	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35506	C	ART BYP GRFT SUBCLAV-CAROTID	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-

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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
35508	C	ART BYP GRFT CAROTID-VERTBRL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35509	C	ART BYP GRFT CONTRAL CAROTID	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3550F	E	LOW RSK THROMBOEMBOLISM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
35510	C	ART BYP GRFT CAROTID-BRCHIAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35511	C	ART BYP GRFT SUBCLAV-SUBCLAV	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35512	C	ART BYP GRFT SUBCLAV-BRCHIAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35515	C	ART BYP GRFT SUBCLAV-VERTBRL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35516	C	ART BYP GRFT SUBCLAV-AXILARY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35518	C	ART BYP GRFT AXILLARY-AXILRY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3551F	E	INTRMED RSK THROMBOEMBOLISM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
35521	C	ART BYP GRFT AXILL-FEMORAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35522	C	ART BYP GRFT AXILL-BRACHIAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35523	C	ART BYP GRFT BRCHL-ULNR-RDL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35525	C	ART BYP GRFT BRACHIAL-BRCHL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35526	C	ART BYP GRFT AOR/CAROT/INNOM	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3552F	E	HGH RISK FOR THROMBOEMBOLISM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
35531	C	ART BYP GRFT AORCEL/AORMESEN	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35533	C	ART BYP GRFT AXILL/FEM/FEM	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35535	C	ART BYP GRFT HEPATORENAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35536	C	ART BYP GRFT SPLENORENAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35537	C	ART BYP GRFT AORTOILIAC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35538	C	ART BYP GRFT AORTOBI-ILIAC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35539	C	ART BYP GRFT AORTOFEMORAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35540	C	ART BYP GRFT AORTBIFEMORAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35556	C	ART BYP GRFT FEM-POPLITEAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35558	C	ART BYP GRFT FEM-FEMORAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
3555F	E	PT INR MEASUREMENT PERFORMED	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
35560	C	ART BYP GRFT AORTORENAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35563	C	ART BYP GRFT ILIOILIAC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35565	C	ART BYP GRFT ILIOFEMORAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35566	C	ART BYP FEM-ANT-POST TIB/PRL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35570	C	ART BYP TIBIAL-TIB/PERONEAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35571	C	ART BYP POP-TIBL-PRL-OTHER	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35572	N	HARVEST FEMOROPOPLITEAL VEIN	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
35583	C	VEIN BYP GRFT FEM-POPLITEAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35585	C	VEIN BYP FEM-TIBIAL PERONEAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35587	C	VEIN BYP POP-TIBL PERONEAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35600	C	OPEN HRV UXTR ART 1 SGM CAB	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35601	C	ART BYP COMMON IPSI CAROTID	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35606	C	ART BYP CAROTID-SUBCLAVIAN	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35612	C	ART BYP SUBCLAV-SUBCLAVIAN	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35616	C	ART BYP SUBCLAV-AXILLARY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35621	C	ART BYP AXILLARY-FEMORAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35623	C	ART BYP AXILLARY-POP-TIBIAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35626	C	ART BYP AORSUBCL/CAROT/INNOM	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35631	C	ART BYP AOR-CELIAC-MSN-RENAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35632	C	ART BYP ILIO-CELIAC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35633	C	ART BYP ILIO-MESENTERIC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35634	C	ART BYP ILIORENAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35636	C	ART BYP SPENORENAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35637	C	ART BYP AORTOILIAC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35638	C	ART BYP AORTOBI-ILIAC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35642	C	ART BYP CAROTID-VERTEBRAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35645	C	ART BYP SUBCLAV-VERTEBRAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35646	C	ART BYP AORTOBIFEMORAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35647	C	ART BYP AORTOFEMORAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
35650	C	ART BYP AXILLARY-AXILLARY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35654	C	ART BYP AXILL-FEM-FEMORAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35656	C	ART BYP FEMORAL-POPLITEAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35661	C	ART BYP FEMORAL-FEMORAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35663	C	ART BYP ILIOILIAC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35665	C	ART BYP ILIOFEMORAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35666	C	ART BYP FEM-ANT-POST TIB/PRL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35671	C	ART BYP POP-TIBL-PRL-OTHER	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35681	C	COMPOSITE BYP GRFT PROS&VEIN	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35682	C	COMPOSITE BYP GRFT 2 VEINS	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35683	C	COMPOSITE BYP GRFT 3/> SEGMT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35685	N	BYPASS GRAFT PATENCY/PATCH	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
35686	N	BYPASS GRAFT/AV FIST PATENCY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
35691	C	ART TRNSPOSJ VERTBRL CAROTID	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35693	C	ART TRNSPOSJ SUBCLAVIAN	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35694	C	ART TRNSPOSJ SUBCLAV CAROTID	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35695	C	ART TRNSPOSJ CAROTID SUBCLAV	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35697	C	REIMPLANT ARTERY EACH	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35700	C	REOPERATION BYPASS GRAFT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35701	C	EXPL N/FLWD SURG NECK ART	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35702	E	EXPL N/FLWD SURG UXTR ART	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
35703	E	EXPL N/FLWD SURG LXTR ART	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3570F	E	RPRT BONE SCINT XREF W XRAY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3572F	E	PT CONSID POSS RISK FX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3573F	E	PT NOT CONSID POSS RISK FX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
35800	C	EXPLORE NECK VESSELS	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35820	C	EXPLORE CHEST VESSELS	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35840	C	EXPLORE ABDOMINAL VESSELS	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35860	N	EXPLORE LIMB VESSELS	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
35870	C	REPAIR VESSEL GRAFT DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35875	N	REMOVAL OF CLOT IN GRAFT	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
35876	N	REMOVAL OF CLOT IN GRAFT	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
35879	N	REVISE GRAFT W/VEIN	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
35881	N	REVISE GRAFT W/VEIN	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
35883	N	REVJ FEM ANAST NONAUTOG GRF	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
35884	N	REVJ FEM ANAST AUTOG VN GRF	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
35901	C	EXCISION GRAFT NECK	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35903	N	EXCISION GRAFT EXTREMITY	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
35905	C	EXCISION GRAFT THORAX	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
35907	C	EXCISION GRAFT ABDOMEN	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
36000	N	PLACE NEEDLE IN VEIN	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
36002	T	PSEUDOANEURYSM INJECTION TRT	-	05181	6.8498	APC	\$399.96	-	-	-	-	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	-

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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
36218	N	PLACE CATHETER IN ARTERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
36221	N	PLACE CATH THORACIC AORTA	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	000	999	-
36222	N	PLACE CATH CAROTID/INOM ART	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	000	999	-
36223	N	PLACE CATH CAROTID/INOM ART	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	Y	000	999	-
36224	N	PLACE CATH CAROTD ART	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	Y	000	999	-
36225	N	PLACE CATH SUBCLAVIAN ART	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	000	999	-
36226	N	PLACE CATH VERTEBRAL ART	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	Y	000	999	-
36227	N	PLACE CATH XTRNL CAROTID	-	-	Bundled	\$0.00	-	-	-	Y	000	999	-
36228	N	PLACE CATH INTRACRANIAL ART	-	-	Bundled	\$0.00	-	-	-	Y	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 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
36252	N	INS CATH REN ART 1ST BILAT	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
36253	N	INS CATH REN ART 2ND+ UNILAT	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
36254	N	INS CATH REN ART 2ND+ BILAT	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
36260	N	INSERTION OF INFUSION PUMP	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
36261	T	REVISION OF INFUSION PUMP	-	05221 42.8191	APC	\$2,500.21	-	-	-	-	000	999	-
36262	N	REMOVAL OF INFUSION PUMP	-	05221 42.8191	Bundled, sometimes payable	\$2,500.21	-	-	-	-	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	\$0.00	-	-	-	-	000	999	-
36416	N	COLLJ CAPILLARY BLOOD SPEC	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
36420	N	VENIPUNCTURE CUTDOWN < 1 YR	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	001	-
36425	N	VENIPUNCTURE CUTDOWN 1 YR/>	-	05735 4.3445	Bundled, sometimes payable	\$253.68	-	-	-	-	001	099	-
36430	S	TRANSFUSION BLD/BLD COMPNT	-	05241 4.7334	APC	\$276.38	-	-	-	-	000	999	-
36440	S	BLD PUSH TFUJ 2 YR/<	-	05241 4.7334	APC	\$276.38	-	-	-	-	000	002	-
36450	S	BLD EXCHANGE TRUJ NEWBORN	-	05241 4.7334	APC	\$276.38	-	-	-	-	000	001	-
36455	S	BLD EXCHANGE TRUJ OTH THN NB	-	05241 4.7334	APC	\$276.38	-	-	-	-	000	999	-
36456	S	PRTL EXCHANGE TRANSFUSE NB	-	05241 4.7334	APC	\$276.38	-	-	-	-	000	999	-
36460	S	INTRAUTERINE TRANSFUSION FTL	-	05241 4.7334	APC	\$276.38	-	-	-	-	000	999	-
36465	T	NJX NONCMPND SCLRSNT 1 VEIN	-	05054 19.8843	APC	\$1,173.45	-	-	-	-	000	999	-
36466	T	NJX NONCMPND SCLRSNT MLT VN	-	05054 19.8843	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 4.3478	APC	\$253.87	-	-	-	-	000	999	-
36471	T	NJX SCLRSNT MLT INCMPTNT VN	-	05052 4.3478	APC	\$253.87	-	-	-	-	000	999	-
36473	N	ENDOVENOUS MCHNCHEM 1ST VEIN	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
36474	N	ENDOVENOUS MCHNCHEM ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
36475	N	ENDOVENOUS RF 1ST VEIN	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	000	999	-
36476	N	ENDOVENOUS RF VEIN ADD-ON	-	-	Bundled	\$0.00	-	-	-	Y	000	999	-
36478	N	ENDOVENOUS LASER 1ST VEIN	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	000	999	-
36479	N	ENDOVENOUS LASER VEIN ADDON	-	-	Bundled	\$0.00	-	-	-	Y	000	999	-
36481	N	INSERTION OF CATHETER VEIN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
36482	N	ENDOVEN THER CHEM ADHES 1ST	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
36483	N	ENDOVEN THER CHEM ADHES SBSQ	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
36500	N	INSERTION OF CATHETER VEIN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
3650F	E	EEG ORDERED RVWD REQSTD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
36510	N	INSERTION OF CATHETER VEIN	-	-	Bundled	\$0.00	-	-	-	-	000	001	-
36511	S	APHERESIS WBC	-	05242 16.7299	APC	\$976.86	-	-	-	-	000	999	-
36512	S	APHERESIS RBC	-	05242 16.7299	APC	\$976.86	-	-	-	-	000	999	-
36513	S	APHERESIS PLATELETS	-	05241 4.7334	APC	\$276.38	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight			Hospital Lab Fees	Hospital Lab Fees					
36514	S	APHERESIS PLASMA	-	05242	16.7299	APC	\$976.86	-	-	-	-	000	999	-
36516	S	APHERESIS IMMUNOADS SLCTV	-	05243	50.4605	APC	\$2,946.39	-	-	-	-	000	999	-
36522	S	PHOTOPHERESIS	-	05243	50.4605	APC	\$2,946.39	-	-	-	-	000	999	-
36555	N	INSERT NON-TUNNEL CV CATH	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	000	004	-
36556	N	INSERT NON-TUNNEL CV CATH	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	005	999	-
36557	N	INSERT TUNNELED CV CATH	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	Y	000	004	-
36558	N	INSERT TUNNELED CV CATH	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	005	999	-
36560	N	INSERT TUNNELED CV CATH	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	000	004	-
36561	N	INSERT TUNNELED CV CATH	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	005	999	-
36563	N	INSERT TUNNELED CV CATH	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	Y	000	999	-
36565	N	INSERT TUNNELED CV CATH	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	000	999	-
36566	N	INSERT TUNNELED CV CATH	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	Y	000	999	-
36568	N	INSJ PICC <5 YR W/O IMAGING	-	05182	17.4628	Bundled, sometimes payable	\$1,019.65	-	-	-	Y	000	004	-
36569	N	INSJ PICC 5 YR+ W/O IMAGING	-	05182	17.4628	Bundled, sometimes payable	\$1,019.65	-	-	-	Y	005	999	-
36570	N	INSERT PICVAD CATH	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	000	004	-
36571	N	INSERT PICVAD CATH	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	005	999	-
36572	T	INSJ PICC RS&I <5 YR	-	05181	6.8498	APC	\$399.96	-	-	-	-	000	999	-
36573	N	INSJ PICC RS&I 5 YR+	-	05182	17.4628	Bundled, sometimes payable	\$1,019.65	-	-	-	-	000	999	-
36575	T	REPAIR TUNNELED CV CATH	-	05181	6.8498	APC	\$399.96	-	-	-	Y	000	999	-
36576	N	REPAIR TUNNELED CV CATH	-	05182	17.4628	Bundled, sometimes payable	\$1,019.65	-	-	-	Y	000	999	-
36578	N	REPLACE TUNNELED CV CATH	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	000	999	-
36580	N	REPLACE CVAD CATH	-	05182	17.4628	Bundled, sometimes payable	\$1,019.65	-	-	-	Y	000	999	-
36581	N	REPLACE TUNNELED CV CATH	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	000	999	-
36582	N	REPLACE TUNNELED CV CATH	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	000	999	-
36583	N	REPLACE TUNNELED CV CATH	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	Y	000	999	-
36584	N	COMPL RPLCMT PICC RS&I	-	05182	17.4628	Bundled, sometimes payable	\$1,019.65	-	-	-	Y	000	999	-
36585	N	REPLACE PICVAD CATH	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	000	999	-
36589	N	REMOVAL TUNNELED CV CATH	-	05181	6.8498	Bundled, sometimes payable	\$399.96	-	-	-	Y	000	999	-
36590	N	REMOVAL TUNNELED CV CATH	-	05182	17.4628	Bundled, sometimes payable	\$1,019.65	-	-	-	Y	000	999	-
36591	N	DRAW BLOOD OFF VENOUS DEVICE	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
36592	N	COLLECT BLOOD FROM PICC	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
36593	T	DECLOT VASCULAR DEVICE	-	05694	3.6927	APC	\$215.62	-	-	-	-	000	999	-
36595	N	MECH REMOV TUNNELED CV CATH	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	000	999	-
36596	N	MECH REMOV TUNNELED CV CATH	-	05182	17.4628	Bundled, sometimes payable	\$1,019.65	-	-	-	Y	000	999	-
36597	N	REPOSITION VENOUS CATHETER	-	05182	17.4628	Bundled, sometimes payable	\$1,019.65	-	-	-	Y	000	999	-
36598	T	INJ W/FLUOR EVAL CV DEVICE	-	05693	2.3371	APC	\$136.46	-	-	-	-	000	999	-
36600	N	WITHDRAWAL OF ARTERIAL BLOOD	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	Y	000	999	-
36620	N	INSERTION CATHETER ARTERY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
36625	N	INSERTION CATHETER ARTERY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
36640	N	INSERTION CATHETER ARTERY	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
36680	C	INSERTION CATHETER ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	002	-
36680	N	INSERT NEEDLE BONE CAVITY	-	05735	4.3445	Bundled, sometimes payable	\$253.68	-	-	-	Y	000	999	-
36800	N	INSERTION OF CANNULA	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
36810	N	INSERTION OF CANNULA	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
36815	N	INSERTION OF CANNULA	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
36818	N	AV FUSE UPPR ARM CEPHALIC	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	Y	000	999	-
36819	N	AV FUSE UPPR ARM BASILIC	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
36820	N	AV FUSION/FOREARM VEIN	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
36821	N	AV FUSION DIRECT ANY SITE	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
36823	C	INSERTION OF CANNULA(S)	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
36825	N	ARTERY-VEIN AUTOGRAFT	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
36830	N	ARTERY-VEIN NONAUTOGRAFT	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
36831	N	OPEN THROMBECT AV FISTULA	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
36832	N	AV FISTULA REVISION OPEN	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
36833	N	AV FISTULA REVISION	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
36835	N	ARTERY TO VEIN SHUNT	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight			Hospital Lab Fees	Hospital Lab Fees					
36836	N	PRQ AV FSTL CRTJ UXTR 1 ACS	-	05194	191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	-	000	999	-
36837	N	PRQ AV FSTL CRT UXTR SEP ACS	-	05194	191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	-	000	999	-
36838	N	DIST REVAS LIGATION HEMO	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	Y	000	999	-
36860	N	EXTERNAL CANNULA DECLOTTING	-	05182	17.4628	Bundled, sometimes payable	\$1,019.65	-	-	-	-	000	999	-
36861	N	CANNULA DECLOTTING	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
36901	N	INTRO CATH DIALYSIS CIRCUIT	-	05182	17.4628	Bundled, sometimes payable	\$1,019.65	-	-	-	-	000	999	-
36902	N	INTRO CATH DIALYSIS CIRCUIT	-	05192	62.3222	Bundled, sometimes payable	\$3,638.99	-	-	-	-	000	999	-
36903	N	INTRO CATH DIALYSIS CIRCUIT	-	05193	119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	-	000	999	-
36904	N	THRMBC/NFS DIALYSIS CIRCUIT	-	05192	62.3222	Bundled, sometimes payable	\$3,638.99	-	-	-	-	000	999	-
36905	N	THRMBC/NFS DIALYSIS CIRCUIT	-	05193	119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	-	000	999	-
36906	N	THRMBC/NFS DIALYSIS CIRCUIT	-	05194	191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	-	000	999	-
36907	N	BALO ANGIOP CTR DIALYSIS SEG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
36908	N	STENT PLMT CTR DIALYSIS SEG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
36909	N	DIALYSIS CIRCUIT EMBOLJ	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
3700F	E	PSYCH DISORDERS ASSESSED	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
37140	C	REVISION OF CIRCULATION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
37145	C	REVISION OF CIRCULATION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
37160	C	REVISION OF CIRCULATION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
37180	C	REVISION OF CIRCULATION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
37181	C	SPLICE SPLEEN/KIDNEY VEINS	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
37182	C	INSERT HEPATIC SHUNT (TIPS)	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
37183	N	REVISION TIPS	-	05192	62.3222	Bundled, sometimes payable	\$3,638.99	-	-	-	-	000	999	-
37184	N	PRIM ART M-THRMBC 1ST VSL	-	05194	191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	-	000	999	-
37185	N	PRIM ART M-THRMBC SBSQ VSL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
37186	N	SEC ART THROMBECTOMY ADD-ON	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
37187	N	VENOUS MECH THROMBECTOMY	-	05193	119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	-	000	999	-
37188	N	VEN MECHNL THRMBC REPEAT TX	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
37191	N	INS ENDOVAS VENA CAVA FILTR	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
37192	N	REDO ENDOVAS VENA CAVA FILTR	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
37193	N	REM ENDOVAS VENA CAVA FILTER	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
37195	T	THROMBOLYTIC THERAPY STROKE	-	05694	3.6927	APC	\$215.62	-	-	-	-	000	999	-
37197	N	REMOVE INTRVAS FOREIGN BODY	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	000	999	-
37200	N	TRANSCATHETER BIOPSY	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
3720F	E	COGNIT IMPAIRMENT ASSESSED	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
37211	N	THROMBOLYTIC ART THERAPY	-	05184	59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	Y	000	999	-
37212	N	THROMBOLYTIC VENOUS THERAPY	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	000	999	-
37213	N	THROMBLYTIC ART/VEN THERAPY	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	000	999	-
37214	N	CESSJ THERAPY CATH REMOVAL	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	000	999	-
37215	C	TRANSCATH STENT CCA W/EPS	-	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
37216	E	TRANSCATH STENT CCA W/O EPS	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
37217	C	STENT PLACEMT RETRO CAROTID	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
37218	C	STENT PLACEMT ANTE CAROTID	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
37220	N	ILIAC REVASC	-	05192	62.3222	Bundled, sometimes payable	\$3,638.99	-	-	-	-	000	999	-
37221	N	ILIAC REVASC W/STENT	-	05193	119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	-	000	999	-
37222	N	ILIAC REVASC ADD-ON	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
37223	N	ILIAC REVASC W/STENT ADD-ON	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
37224	N	FEM/POPL REVAS W/TLA	-	05192	62.3222	Bundled, sometimes payable	\$3,638.99	-	-	-	-	000	999	-
37225	N	FEM/POPL REVAS W/ATHER	-	05194	191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	-	000	999	-
37226	N	FEM/POPL REVASC W/STENT	-	05193	119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	-	000	999	-
37227	N	FEM/POPL REVASC STNT & ATHER	-	05194	191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	-	000	999	-
37228	N	TIB/PER REVASC W/TLA	-	05193	119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	-	000	999	-
37229	N	TIB/PER REVASC W/ATHER	-	05194	191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	-	000	999	-
37230	N	TIB/PER REVASC W/STENT	-	05194	191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	-	000	999	-
37231	N	TIB/PER REVASC STENT & ATHER	-	05194	191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	-	000	999	-
37232	N	TIB/PER REVASC ADD-ON	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
37233	N	TIBPER REVASC W/ATHER ADD-ON	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
37234	N	REVSC OPN/PRQ TIB/PERO STENT	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
37235	N	TIB/PER REVASC STNT & ATHER	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
37236	N	OPEN/PERQ PLACE STENT 1ST	-	05193 119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	-	000	999	-
37237	N	OPEN/PERQ PLACE STENT EA ADD	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
37238	N	OPEN/PERQ PLACE STENT SAME	-	05193 119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	-	000	999	-
37239	N	OPEN/PERQ PLACE STENT EA ADD	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
37241	N	VASC EMBOLIZE/OCCLUDE VENOUS	-	05193 119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	-	000	999	-
37242	N	VASC EMBOLIZE/OCCLUDE ARTERY	-	05194 191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	-	000	999	-
37243	N	VASC EMBOLIZE/OCCLUDE ORGAN	-	05193 119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	-	000	999	-
37244	N	VASC EMBOLIZE/OCCLUDE BLEED	-	05193 119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	-	000	999	-
37246	N	TRLUML BALO ANGIOP 1ST ART	-	05192 62.3222	Bundled, sometimes payable	\$3,638.99	-	-	-	-	000	999	-
37247	N	TRLUML BALO ANGIOP ADDL ART	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
37248	N	TRLUML BALO ANGIOP 1ST VEIN	-	05192 62.3222	Bundled, sometimes payable	\$3,638.99	-	-	-	-	000	999	-
37249	N	TRLUML BALO ANGIOP ADDL VEIN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
37252	N	INTRVASC US NONCORONARY 1ST	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
37253	N	INTRVASC US NONCORONARY ADDL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
3725F	E	SCREEN DEPRESSION PERFORMED	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
37500	N	ENDOSCOPY LIGATE PERF VEINS	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
37501	T	UNLISTED VASC ENDOSCOPY PX	-	05181 6.8498	APC	\$399.96	-	-	-	-	000	999	-
3750F	E	PTNOTRCVNGSTEROID>=10MG/DAY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3751F	E	ELECTRODIAG POLYNEURO 6 MN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3752F	E	NO ELECTRODIAG POLYNEURO 6MN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3753F	E	PT HAS SYMP&SIGNS NEUROPATHY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3754F	E	SCREENING TESTS DM DONE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3755F	E	COG&BEHAV IMPRMTN SCRNG DONE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
37565	N	LIGATION OF NECK VEIN	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
3756F	E	PT W/PSEUDOBULB AFFECT/ALS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3757F	E	PT W/O PSEUDOBULBAFFECT/ALS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3758F	E	PT REF PULM FX TEST/PEAKFLOW	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3759F	E	PT SCRN DYSPHAG/WT LOSS/NUTR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
37600	N	LIGATION OF NECK ARTERY	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
37605	N	LIGATION OF NECK ARTERY	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
37606	N	LIGATION OF NECK ARTERY	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
37607	N	LIGATION OF A-V FISTULA	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
37609	N	TEMPORAL ARTERY PROCEDURE	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
3760F	E	PT W/DYSPHAG/WT LOSS/NUTR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
37615	N	LIGATION OF NECK ARTERY	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
37616	C	LIGATION OF CHEST ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
37617	C	LIGATION OF ABDOMEN ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
37618	C	LIGATION OF EXTREMITY ARTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
37619	N	LIGATION OF INF VENA CAVA	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
3761F	E	PT W/O DYSPHAG/WT LOSS/NUTR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3762F	E	PATIENT IS DYSARTHIC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
3763F	E	PATIENT IS NOT DYSARTHIC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
37650	N	REVISION OF MAJOR VEIN	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
37660	C	REVISION OF MAJOR VEIN	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
37700	N	REVISE LEG VEIN	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
37718	N	LIGATE/STRIP SHORT LEG VEIN	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	000	999	-
37722	N	LIGATE/STRIP LONG LEG VEIN	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	000	999	-
37735	N	REMOVAL OF LEG VEINS/LESION	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
3775F	E	ADENOMA DETECTED SCREENING	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
37760	N	LIGATE LEG VEINS RADICAL	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
37761	N	LIGATE LEG VEINS OPEN	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
37765	N	STAB PHLEB VEINS XTR 10-20	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	000	999	-
37766	N	PHLEB VEINS - EXTREM 20+	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	Y	000	999	-
3776F	E	ADENOMA NOT DETECT SCREENING	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight			Hospital Lab Fees	Hospital Lab Fees					
37780	N	REVISION OF LEG VEIN	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
37785	N	LIGATE/DIVIDE/EXCISE VEIN	-	05183	34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
37788	C	REVASCULARIZATION PENIS	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
37790	N	PENILE VENOUS OCCLUSION	-	05374	38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
37799	T	UNLISTED PX VASCULAR SURGERY	-	05181	6.8498	APC	\$399.96	-	-	-	-	000	999	-
38100	C	REMOVAL OF SPLEEN TOTAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
38101	C	REMOVAL OF SPLEEN PARTIAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
38102	C	REMOVAL OF SPLEEN TOTAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
38115	C	REPAIR OF RUPTURED SPLEEN	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
38120	N	LAPAROSCOPY SPLENECTOMY	-	05362	112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
38129	N	UNLISTED LAPS PX SPLEEN	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
38200	N	INJECTION FOR SPLEEN X-RAY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
38204	N	BL DONOR SEARCH MANAGEMENT	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
38205	E	HARVEST ALLOGENEIC STEM CELL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
38206	S	HARVEST AUTO STEM CELLS	-	05242	16.7299	APC	\$976.86	-	-	Y	-	000	999	-
38207	S	CRYOPRESERVE STEM CELLS	-	05241	4.7334	APC	\$271.62	-	-	Y	-	000	999	-
38208	S	THAW PRESERVED STEM CELLS	-	05241	4.7334	APC	\$271.62	-	-	Y	-	000	999	-
38209	S	WASH HARVEST STEM CELLS	-	05241	4.7334	APC	\$271.62	-	-	Y	-	000	999	-
38210	S	T-CELL DEPLETION OF HARVEST	-	05241	4.7334	APC	\$271.62	-	-	Y	-	000	999	-
38211	S	TUMOR CELL DEplete OF HARVST	-	05241	4.7334	APC	\$271.62	-	-	Y	-	000	999	-
38212	S	RBC DEPLETION OF HARVEST	-	05241	4.7334	APC	\$271.62	-	-	Y	-	000	999	-
38213	S	PLATELET DEplete OF HARVEST	-	05241	4.7334	APC	\$271.62	-	-	Y	-	000	999	-
38214	S	VOLUME DEplete OF HARVEST	-	05241	4.7334	APC	\$271.62	-	-	Y	-	000	999	-
38215	S	HARVEST STEM CELL CONCENTRTE	-	05241	4.7334	APC	\$271.62	-	-	Y	-	000	999	-
38220	N	DX BONE MARROW ASPIRATIONS	-	05072	17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
38221	N	DX BONE MARROW BIOPSIES	-	05072	17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
38222	N	DX BONE MARROW BX & ASPIR	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
38230	S	BONE MARROW HARVEST ALLOGEN	-	05242	16.7299	APC	\$976.86	-	-	Y	Y	000	999	-
38232	S	BONE MARROW HARVEST AUTOLOG	-	05243	50.4605	APC	\$2,946.39	-	-	-	-	000	999	-
38240	S	TRANSPLT ALLO HCT/DONOR	-	05244	595.8455	APC	\$34,791.42	-	-	Y	Y	000	999	-
38241	S	TRANSPLT AUTOL HCT/DONOR	-	05242	16.7299	APC	\$976.86	-	-	Y	Y	000	999	-
38242	S	TRANSPLT ALLO LYMPHOCYTES	-	05242	16.7299	APC	\$976.86	-	-	Y	Y	000	999	-
38243	S	TRANSPLJ HEMATOPOIETIC BOOST	-	05242	16.7299	APC	\$976.86	-	-	-	Y	000	999	-
38300	N	DRAINAGE LYMPH NODE LESION	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
38305	N	DRAINAGE LYMPH NODE LESION	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
38308	N	INCISION OF LYMPH CHANNELS	-	05091	41.5622	Bundled, sometimes payable	\$2,426.82	-	-	-	-	000	999	-
38380	C	THORACIC DUCT PROCEDURE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
38381	C	THORACIC DUCT PROCEDURE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
38382	C	THORACIC DUCT PROCEDURE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
38500	N	BIOPSY/REMOVAL LYMPH NODES	-	05091	41.5622	Bundled, sometimes payable	\$2,426.82	-	-	-	-	000	999	-
38505	N	NEEDLE BIOPSY LYMPH NODES	-	05072	17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
38510	N	BIOPSY/REMOVAL LYMPH NODES	-	05091	41.5622	Bundled, sometimes payable	\$2,426.82	-	-	-	-	000	999	-
38520	N	BIOPSY/REMOVAL LYMPH NODES	-	05091	41.5622	Bundled, sometimes payable	\$2,426.82	-	-	-	-	000	999	-
38525	N	BIOPSY/REMOVAL LYMPH NODES	-	05091	41.5622	Bundled, sometimes payable	\$2,426.82	-	-	-	-	000	999	-
38530	N	BIOPSY/REMOVAL LYMPH NODES	-	05091	41.5622	Bundled, sometimes payable	\$2,426.82	-	-	-	-	000	999	-
38531	N	OPEN BX/EXC INGUINOFEM NODES	-	05091	41.5622	Bundled, sometimes payable	\$2,426.82	-	-	-	-	000	999	-
38542	N	EXPLORE DEEP NODE(S) NECK	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
38550	N	REMOVAL NECK/ARMPIT LESION	-	05091	41.5622	Bundled, sometimes payable	\$2,426.82	-	-	-	-	000	999	-
38555	N	REMOVAL NECK/ARMPIT LESION	-	05092	71.1043	Bundled, sometimes payable	\$4,151.78	-	-	-	-	000	999	-
38562	C	REMOVAL PELVIC LYMPH NODES	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
38564	C	REMOVAL ABDOMEN LYMPH NODES	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
38570	N	LAPAROSCOPY LYMPH NODE BIOP	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
38571	N	LAPAROSCOPY LYMPHADENECTOMY	-	05362	112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
38572	N	LAPAROSCOPY LYMPHADENECTOMY	-	05362	112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
38573	N	LAPS PELVIC LYMPHADEC	-	05362	112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
38589	N	UNLISTED LAPS PX LYMPHTC SYS	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight				Hospital Lab	Hospital Lab					
38700	N	REMOVAL OF LYMPH NODES NECK	-	05092	71.1043	Bundled, sometimes payable	\$4,151.78	-	-	-	-	000	999	-	
38720	N	REMOVAL OF LYMPH NODES NECK	-	05092	71.1043	Bundled, sometimes payable	\$4,151.78	-	-	-	-	000	999	-	
38724	C	REMOVAL OF LYMPH NODES NECK	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
38740	N	REMOVE ARMPIT LYMPH NODES	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-	
38745	N	REMOVE ARMPIT LYMPH NODES	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-	
38746	C	REMOVE THORACIC LYMPH NODES	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
38747	C	REMOVE ABDOMINAL LYMPH NODES	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
38760	N	REMOVE GROIN LYMPH NODES	-	05092	71.1043	Bundled, sometimes payable	\$4,151.78	-	-	-	-	000	999	-	
38765	C	REMOVE GROIN LYMPH NODES	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
38770	C	REMOVE PELVIS LYMPH NODES	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
38780	C	REMOVE ABDOMEN LYMPH NODES	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
38790	N	INJECT FOR LYMPHATIC X-RAY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
38792	N	RA TRACER ID OF SENTINL NODE	-	05591	4.4972	Bundled, sometimes payable	\$262.59	-	-	-	-	000	999	-	
38794	N	ACCESS THORACIC LYMPH DUCT	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
38900	N	IO MAP OF SENT LYMPH NODE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
38999	S	UNLISTD PX HEMIC/LYMPHTC SYS	-	05241	4.7334	APC	\$276.38	-	-	-	-	000	999	-	
39000	C	EXPLORATION OF CHEST	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
39010	C	EXPLORATION OF CHEST	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
39200	C	RESECT MEDIASTINAL CYST	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
39220	C	RESECT MEDIASTINAL TUMOR	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
39401	N	MEDIASTINOSCPY W/MEDSTNL BX	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-	
39402	N	MEDIASTINOSCPY W/LMPH NOD BX	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-	
39499	C	UNLISTED PX MEDIASTINUM	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
39501	C	REPAIR DIAPHRAGM LACERATION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
39503	C	REPAIR OF DIAPHRAGM HERNIA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
39540	C	REPAIR OF DIAPHRAGM HERNIA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
39541	C	REPAIR OF DIAPHRAGM HERNIA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
39545	C	REVISION OF DIAPHRAGM	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
39560	C	RESECT DIAPHRAGM SIMPLE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
39561	C	RESECT DIAPHRAGM COMPLEX	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
39599	C	UNLISTED PX DIAPHRAGM	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
4000F	E	TOBACCO USE TXMNT COUNSELING	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
4001F	E	TOBACCO USE TXMNT PHARMACOL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
4003F	E	PT ED WRITE/ORAL PTS W/ HF	-	-	-	Not Allowed	\$0.00	-	-	-	Y	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	-	-	-	Y	000	999	-	
4013F	E	STATIN THERAPY/CURRENTLY TKN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
4014F	E	WRITTEN DISCHARGE INSTR PRVD	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-	
4015F	E	PERSIST ASTHMA MEDICINE CTRL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
4016F	E	ANTI-INFLM/ANLGSC AGENT RX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
4017F	E	GI PROPHYLAXIS FOR NSAID RX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
4018F	E	THERAPY EXERCISE JOINT RX	-	-	-	Not Allowed	\$0.00	-	-	-	Y	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	-	

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
4044F	E	DOC ORDER GIVEN VTE PROPHYLX	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4045F	E	EMPIRIC ANTIBIOTIC RX	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4046F	E	DOC ANTIBIO GIVEN B/4 SURG	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4047F	E	DOC ANTIBIO GIVEN B/4 SURG	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4048F	E	DOC ANTIBIO GIVEN B/4 SURG	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
40490	T	BIOPSY OF LIP	-	05161	2.6634	APC	\$155.52	-	-	-	000	999	-
4049F	E	DOC ORDER GIVEN STOP ANTIBIO	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
40500	N	PARTIAL EXCISION OF LIP	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	000	999	-
4050F	E	HT CARE PLAN DOC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
40510	N	PARTIAL EXCISION OF LIP	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	000	999	-
4051F	E	REFERRED FOR AN AV FISTULA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
40520	N	PARTIAL EXCISION OF LIP	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	000	999	-
40525	N	RECONSTRUCT LIP WITH FLAP	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	000	999	-
40527	N	RECONSTRUCT LIP WITH FLAP	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	000	999	-
4052F	E	HEMODIALYSIS VIA AV FISTULA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
40530	N	PARTIAL REMOVAL OF LIP	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	000	999	-
4053F	E	HEMODIALYSIS VIA AV GRAFT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4054F	E	HEMODIALYSIS VIA CATHETER	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4055F	E	PT RCVNG PERITON DIALYSIS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4056F	E	APPROP ORAL REHYD RECOMM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4058F	E	PED GASTRO ED GIVEN CAREGVR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4060F	E	PSYCH SVCS PROVIDED	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4062F	E	PT REFERRAL PSYCH DOCD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4063F	E	ANTIDEPRES RXTHXPY NOT RXD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
4064F	E	ANTIDEPRESSANT RX	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
40650	T	RPR LIP FTH VERMILION ONLY	-	05162	5.9993	APC	\$350.30	-	-	-	000	999	-
40652	T	RPR LIP FTH+HALF VER HEIGHT	-	05162	5.9993	APC	\$350.30	-	-	-	000	999	-
40654	N	RPR LIP FTH>1HALF VER HT/CPX	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	000	999	-
4065F	E	ANTIPSYCHOTIC 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	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	000	999	-
40701	N	REPAIR CLEFT LIP/NASAL	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	000	999	-
40702	N	REPAIR CLEFT LIP/NASAL	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	000	999	-
4070F	E	DVT PROPHYLX RECVD DAY 2	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
40720	N	REPAIR CLEFT LIP/NASAL	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	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	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	000	999	-
4077F	E	DOC T-PA ADMIN CONSIDERED	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
40799	T	UNLISTED PROCEDURE LIPS	-	05161	2.6634	APC	\$155.52	-	-	-	000	999	-
4079F	E	DOC REHAB SVCS CONSIDERED	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
40800	T	DRAINAGE OF MOUTH LESION	-	05071	7.6716	APC	\$447.94	-	-	-	000	999	-
40801	T	DRAINAGE OF MOUTH LESION	-	05162	5.9993	APC	\$350.30	-	-	-	000	999	-
40804	N	REMOVAL FOREIGN BODY MOUTH	-	05301	9.8841	Bundled, sometimes payable	\$577.13	-	-	-	000	999	-
40805	T	REMOVAL FOREIGN BODY MOUTH	-	05162	5.9993	APC	\$350.30	-	-	-	000	999	-
40806	T	INCISION OF LIP FOLD	-	05162	5.9993	APC	\$350.30	-	-	-	000	999	-
40808	T	BIOPSY OF MOUTH LESION	-	05162	5.9993	APC	\$350.30	-	-	-	000	999	-
40810	N	EXCISION OF MOUTH LESION	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	000	999	-
40812	N	EXCISE/REPAIR MOUTH LESION	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	000	999	-
40814	N	EXCISE/REPAIR MOUTH LESION	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	000	999	-
40816	N	EXCISION OF MOUTH LESION	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	000	999	-
40818	T	EXCISE ORAL MUCOSA FOR GRAFT	-	05162	5.9993	APC	\$350.30	-	-	-	000	999	-
40819	N	EXCISE LIP OR CHEEK FOLD	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	000	999	-
40820	N	TREATMENT OF MOUTH LESION	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC Weight	APC				Hospital Lab	Hospital Lab					
40830	T	REPAIR MOUTH LACERATION	-	05161	2.6634	APC	\$155.52	-	-	-	-	000	999	-	
40831	T	REPAIR MOUTH LACERATION	-	05162	5.9993	APC	\$350.30	-	-	-	-	000	999	-	
40840	N	RECONSTRUCTION OF MOUTH	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-	
40842	N	RECONSTRUCTION OF MOUTH	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-	
40843	N	RECONSTRUCTION OF MOUTH	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-	
40844	N	RECONSTRUCTION OF MOUTH	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-	
40845	N	RECONSTRUCTION OF MOUTH	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-	
4084F	E	ASPIRIN RECVD W/IN 24 HRS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
4086F	E	ASPIRIN/CLOPIDOGREL RXD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
40899	T	UNLISTED PX VESTIBULE MOUTH	-	05161	2.6634	APC	\$155.52	-	-	-	-	000	999	-	
4090F	E	PT RCVNG EPO THXPY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
4095F	E	PT NOT RCVNG EPO THXPY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
41000	T	DRAINAGE OF MOUTH LESION	-	05162	5.9993	APC	\$350.30	-	-	-	-	000	999	-	
41005	T	DRAINAGE OF MOUTH LESION	-	05161	2.6634	APC	\$155.52	-	-	-	-	000	999	-	
41006	N	DRAINAGE OF MOUTH LESION	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-	
41007	N	DRAINAGE OF MOUTH LESION	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-	
41008	N	DRAINAGE OF MOUTH LESION	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-	
41009	T	DRAINAGE OF MOUTH LESION	-	05162	5.9993	APC	\$350.30	-	-	-	-	000	999	-	
4100F	E	BIPHOS THXPY VEIN ORD/RECVD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
41010	N	INCISION OF TONGUE FOLD	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-	
41015	T	DRAINAGE OF MOUTH LESION	-	05162	5.9993	APC	\$350.30	-	-	-	-	000	999	-	
41016	N	DRAINAGE OF MOUTH LESION	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-	
41017	N	DRAINAGE OF MOUTH LESION	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-	
41018	N	DRAINAGE OF MOUTH LESION	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-	
41019	N	PLACE NEEDLES H&N FOR RT	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-	
41100	T	BIOPSY OF TONGUE	-	05162	5.9993	APC	\$350.30	-	-	-	-	000	999	-	
41105	N	BIOPSY OF TONGUE	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-	
41108	N	BIOPSY OF FLOOR OF MOUTH	-	05072	17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-	
4110F	E	INT MAM ART USED FOR CABG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
41110	N	EXCISION OF TONGUE LESION	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-	
41112	N	EXCISION OF TONGUE LESION	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-	
41113	N	EXCISION OF TONGUE LESION	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-	
41114	N	EXCISION OF TONGUE LESION	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-	
41115	N	EXCISION OF TONGUE FOLD	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-	
41116	N	EXCISION OF MOUTH LESION	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-	
41120	N	PARTIAL REMOVAL OF TONGUE	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-	
41130	C	PARTIAL REMOVAL OF TONGUE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
41135	C	TONGUE AND NECK SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
41140	C	REMOVAL OF TONGUE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
41145	C	TONGUE REMOVAL NECK SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
41150	C	TONGUE MOUTH JAW SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
41153	C	TONGUE MOUTH NECK SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
41155	C	TONGUE JAW & NECK SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-	
4115F	E	BETA BLCKR ADMIN W/IN 24 HRS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
4120F	E	ANTIBIOT RXD/GIVEN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
4124F	E	ANTIBIOT NOT RXD/GIVEN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
41250	N	REPAIR TONGUE LACERATION	-	05735	4.3445	Bundled, sometimes payable	\$253.68	-	-	-	-	000	999	-	
41251	T	REPAIR TONGUE LACERATION	-	05161	2.6634	APC	\$155.52	-	-	-	-	000	999	-	
41252	T	REPAIR TONGUE LACERATION	-	05161	2.6634	APC	\$155.52	-	-	-	-	000	999	-	
4130F	E	TOPICAL PREP RX AOE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
4131F	E	SYST ANTIMICROBIAL THX RX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
4132F	E	NO SYST ANTIMICROBIAL THX RX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
4133F	E	ANTIHIST/DECONG RX/RECOM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
4134F	E	NO ANTIHIST/DECONG RX/RECOM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
4135F	E	SYSTEMIC CORTICOSTEROIDS RX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
4136F	E	SYST CORTICOSTEROIDS NOT RX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
4140F	E	INHALED CORTICOSTEROIDS RXD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4142F	E	CORTICOSTER SPARNG THRPY RXD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4144F	E	ALT LONG-TERM CNTRL MED RXD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4145F	E	2+ ANTI-HYPRTNSV AGENTS TKN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4148F	E	HEP A VAC INJXN ADMIN/RECVD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4149F	E	HEP B VAC INJXN ADMIN/RECVD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4150F	E	PT RECNG ANTIVIR TXMNT HEP C	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
41510	N	TONGUE TO LIP SURGERY	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
41512	N	TONGUE SUSPENSION	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
4151F	E	PT NOT RECNG ANTIV HEP C	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
41520	N	RECONSTRUCTION TONGUE FOLD	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
41530	N	TONGUE BASE VOL REDUCTION	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
4153F	E	COMBO PEGINTF/RIB RX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4155F	E	HEP A VAC SERIES PREV RECVD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4157F	E	HEP B VAC SERIES PREV RECVD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4158F	E	PT EDU RE ALCOH DRNKNG DONE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
41599	T	UNLISTED PX TONGUE FLR MOUTH	-	05161 2.6634	APC	\$155.52	-	-	-	-	000	999	-
4159F	E	CONTRCP TALK B/4 ANTIV TXMNT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4163F	E	PT COUNS 4 TXMNT OPT PROST	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4164F	E	ADJV HRMNL THXPY RXD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4165F	E	3D-CRT/IMRT RECEIVED	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4167F	E	HD BED TILTED 1ST DAY VENT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4168F	E	PT CARE ICU&VENT W/IN 24HRS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4169F	E	NO PT CARE ICU/VENT IN 24HRS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4171F	E	PT RCVNG ESA THXPY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4172F	E	PT NOT RCVNG ESA THXPY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4174F	E	COUNS POTENT GLAUC IMPCT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4175F	E	VIS 20/40/> W/IN 90 DAYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4176F	E	TALK RE UV LIGHT PT/CRGVR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4177F	E	TALK PT/CRGVR RE AREDS PREV	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4178F	E	ANTID GLBLN RCVD W/IN 26WKS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4179F	E	TAMOXIFEN/AI PRESCRIBED	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
41800	N	DRAINAGE OF GUM LESION	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
41805	N	REMOVAL FOREIGN BODY GUM	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
41806	N	REMOVAL FOREIGN BODY JAWBONE	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
4180F	E	ADJV THXPYRXD/RCVD COLON CA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4181F	E	CONFORMAL RADN THXPY RCVD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
41820	N	EXCISION GUM EACH QUADRANT	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
41821	N	EXCISION OF GUM FLAP	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
41822	N	EXCISION OF GUM LESION	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
41823	N	EXCISION OF GUM LESION	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
41825	N	EXCISION OF GUM LESION	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
41826	N	EXCISION OF GUM LESION	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
41827	N	EXCISION OF GUM LESION	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
41828	N	EXCISION OF GUM LESION	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
4182F	E	NO CONFORMAL RADN THXPY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
41830	N	REMOVAL OF GUM TISSUE	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
41850	N	TREATMENT OF GUM LESION	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
4185F	E	CONTINUOUS PPI OR H2RA RCVD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4186F	E	NO CONT PPI OR H2RA RCVD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
41870	N	GUM GRAFT	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
41872	N	REPAIR GUM	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
41874	N	REPAIR TOOTH SOCKET	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
4187F	E	ANTI RHEUM DRUGTHXPYRXD/GVN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4188F	E	APPROP ACE/ARB TSTNG DONE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
41899	T	UNLISTED PX DENTALVLR STRUX	-	05161 2.6634	APC	\$155.52	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient	Non-sole		Prior Auth.	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
4189F	E	APPROP DIGOXIN TSTNG DONE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4190F	E	APPROP DIURETIC TSTNG DONE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4191F	E	APPROP ANTICONVULS TSTNG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4192F	E	PT NOT RCVNG GLUCOCO THXPY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4193F	E	PT RCV <10MG DAILY PREDNISO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4194F	E	PT RCV >=10MG DAILY PREDNISO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4195F	E	PT RCVNG ANTI-RHEUM THXPY RA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4196F	E	PTNOT RCVNG ANTI-RHM THXPYRA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
42000	T	DRAINAGE MOUTH ROOF LESION	-	05161 2.6634	APC	\$155.52	-	-	-	-	000	999	-
4200F	E	EXTERNAL BEAM TO PROST ONLY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4201F	E	EXTRNL BEAM OTHER THAN PROST	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
42100	N	BIOPSY ROOF OF MOUTH	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
42104	N	EXCISION LESION MOUTH ROOF	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
42106	N	EXCISION LESION MOUTH ROOF	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
42107	N	EXCISION LESION MOUTH ROOF	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
4210F	E	ACE/ARB THXPY FOR MOS/>	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
42120	N	REMOVE PALATE/LESION	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42140	N	EXCISION OF UVULA	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
42145	N	REPAIR PALATE PHARYNX/UVULA	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42160	N	TREATMENT MOUTH ROOF LESION	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
42180	T	REPAIR LAC PALATE<2 CM	-	05162 5.9993	APC	\$350.30	-	-	-	-	000	999	-
42182	N	REPAIR PALATE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42200	N	RECONSTRUCT CLEFT PALATE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42205	N	RECONSTRUCT CLEFT PALATE	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
4220F	E	DIGOXIN THXPY FOR 6 MOS/>	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
42210	N	RECONSTRUCT CLEFT PALATE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42215	N	RECONSTRUCT CLEFT PALATE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
4221F	E	DIURETIC THXPY FOR 6 MOS/>	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
42220	N	RECONSTRUCT CLEFT PALATE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42225	N	RECONSTRUCT CLEFT PALATE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42226	N	LENGTHENING OF PALATE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42227	N	LENGTHENING OF PALATE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42235	N	REPAIR PALATE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42260	N	REPAIR NOSE TO LIP FISTULA	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42280	T	PREPARATION PALATE MOLD	-	05162 5.9993	APC	\$350.30	-	-	-	-	000	999	-
42281	N	INSERTION PALATE PROSTHESIS	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42299	T	UNLISTED PX PALATE UVULA	-	05161 2.6634	APC	\$155.52	-	-	-	-	000	999	-
42300	N	DRAINAGE OF SALIVARY GLAND	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
42305	N	DRAINAGE OF SALIVARY GLAND	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
4230F	E	ANTICONV THXPY FOR 6 MOS/>	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
42310	T	DRAINAGE OF SALIVARY GLAND	-	05162 5.9993	APC	\$350.30	-	-	-	-	000	999	-
42320	T	DRAINAGE OF SALIVARY GLAND	-	05162 5.9993	APC	\$350.30	-	-	-	-	000	999	-
42330	N	REMOVAL OF SALIVARY STONE	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
42335	N	REMOVAL OF SALIVARY STONE	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
42340	N	REMOVAL OF SALIVARY STONE	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
42400	T	BIOPSY OF SALIVARY GLAND	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
42405	N	BIOPSY OF SALIVARY GLAND	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
42408	N	EXCISION OF SALIVARY CYST	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
42409	N	DRAINAGE OF SALIVARY CYST	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
4240F	E	INSTR XRCZ BACK PAIN 12 WKS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
42410	N	EXCISE PAROTID GLAND/LESION	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42415	N	EXCISE PAROTID GLAND/LESION	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42420	N	EXCISE PAROTID GLAND/LESION	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42425	N	EXCISE PAROTID GLAND/LESION	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42426	C	EXCISE PAROTID GLAND/LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
4242F	E	SPRVSD XRCZ BACK PN >12 WKS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
42440	N	EXCISE SUBMAXILLARY GLAND	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42450	N	EXCISE SUBLINGUAL GLAND	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
4245F	E	PT INSTR NRML ACTIVITIES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4248F	E	PT INSTR NO BD REST 4 DAYS/>	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
42500	N	REPAIR SALIVARY DUCT	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42505	N	REPAIR SALIVARY DUCT	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42507	N	PAROTID DUCT DIVERSION	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42509	N	PAROTID DUCT DIVERSION	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
4250F	E	WRMNG 4 SURG NORMOTHERMIA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
42510	N	PAROTID DUCT DIVERSION	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
42550	N	INJECTION FOR SALIVARY X-RAY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
4255F	E	ANESTH 60 MIN/> AS DOCD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4256F	E	ANESTHE <60 MIN AS DOCD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
42600	N	CLOSURE OF SALIVARY FISTULA	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
4260F	E	WOUND SRFC CULTURETECH USED	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4261F	E	TECH OTHER THAN SURFC CULTR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
42650	N	DILATION OF SALIVARY DUCT	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
4265F	E	WET-DRY DRESSINGS RX RECMD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
42660	T	DILATION OF SALIVARY DUCT	-	05162 5.9993	APC	\$350.30	-	-	-	-	000	999	-
42665	N	LIGATION OF SALIVARY DUCT	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
4266F	E	NO WET-DRY DRSSINGS RX RECMD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4267F	E	COMPRSSION THXPY PRESCRIBED	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4268F	E	PT ED RE COMP THXPY RCVD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
42699	T	UNLISTED PX SALIVRY GLND/DUX	-	05161 2.6634	APC	\$155.52	-	-	-	-	000	999	-
4269F	E	APPROPOS MTHD OFFLOADING RXD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
42700	T	DRAINAGE OF TONSIL ABSCESS	-	05161 2.6634	APC	\$155.52	-	-	-	-	000	999	-
4270F	E	PT RCVNG ANTI R-VIRAL THXPY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4271F	E	PT RCVNG ANTI R-VIRAL THXPY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
42720	N	DRAINAGE OF THROAT ABSCESS	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
42725	N	DRAINAGE OF THROAT ABSCESS	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
4274F	E	FLU IMMUNO ADMIND RCVD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4276F	E	POTENT ANTIVIR THXPY RXD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4279F	E	PCP PROPHYLAXIS RXD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
42800	N	BIOPSY OF THROAT	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
42804	N	BIOPSY OF UPPER NOSE/THROAT	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
42806	N	BIOPSY OF UPPER NOSE/THROAT	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
42808	N	EXCISE PHARYNX LESION	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
42809	N	REMOVE PHARYNX FOREIGN BODY	-	05735 4.3445	Bundled, sometimes payable	\$253.68	-	-	-	-	000	999	-
4280F	E	PCP PROPHYLAX RXD 3MON LOW %	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
42810	N	EXCISION OF NECK CYST	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
42815	N	EXCISION OF NECK CYST	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42820	N	REMOVE TONSILS AND ADENOIDS	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	011	-
42821	N	REMOVE TONSILS AND ADENOIDS	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	012	099	-
42825	N	REMOVAL OF TONSILS	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	011	-
42826	N	REMOVAL OF TONSILS	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	012	099	-
42830	N	REMOVAL OF ADENOIDS	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	011	-
42831	N	REMOVAL OF ADENOIDS	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	012	099	-
42835	N	REMOVAL OF ADENOIDS	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	011	-
42836	N	REMOVAL OF ADENOIDS	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	012	099	-
42842	N	EXTENSIVE SURGERY OF THROAT	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42844	N	EXTENSIVE SURGERY OF THROAT	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42845	C	EXTENSIVE SURGERY OF THROAT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
42860	N	EXCISION OF TONSIL TAGS	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
42870	N	EXCISION OF LINGUAL TONSIL	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42890	N	PARTIAL REMOVAL OF PHARYNX	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42892	N	REVISION OF PHARYNGEAL WALLS	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
42894	C	REVISION OF PHARYNGEAL WALLS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
42900	N	REPAIR THROAT WOUND	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
4290F	E	PT SCRND FOR INJ DRUG USE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4293F	E	PT SCRND HGH-RISK SEX BEHAV	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
42950	N	RECONSTRUCTION OF THROAT	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
42953	C	REPAIR THROAT ESOPHAGUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
42955	N	SURGICAL OPENING OF THROAT	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
42960	T	CONTROL THROAT BLEEDING	-	05162 5.9993	APC	\$350.30	-	-	-	-	000	999	-
42961	C	CONTROL THROAT BLEEDING	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
42962	N	CONTROL THROAT BLEEDING	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
42970	T	CONTROL NOSE/THROAT BLEEDING	-	05161 2.6634	APC	\$155.52	-	-	-	-	000	999	-
42971	C	CONTROL NOSE/THROAT BLEEDING	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
42972	N	CONTROL NOSE/THROAT BLEEDING	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
42975	N	DISE EVAL SLP DO BRTH FLX DX	-	05153 18.5066	Bundled, sometimes payable	\$1,080.60	-	-	-	-	000	999	-
42999	T	UNLISTED PX PHRNX ADND/TNSL	-	05161 2.6634	APC	\$155.52	-	-	-	-	000	999	-
4300F	E	PT RCVNG WARF THXPY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4301F	E	PT NOT RCVNG WARF THXPY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
43020	N	INCISION OF ESOPHAGUS	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
43030	N	THROAT MUSCLE SURGERY	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
43045	C	INCISION OF ESOPHAGUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
4305F	E	PT ED RE FT CARE INSPCT RCVD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4306F	E	PT TLK PSYCH & RX OPD ADDIC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
43100	C	EXCISION OF ESOPHAGUS LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43101	C	EXCISION OF ESOPHAGUS LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43107	C	REMOVAL OF ESOPHAGUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43108	C	REMOVAL OF ESOPHAGUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43112	C	ESPHG TOT W/THRCM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43113	C	REMOVAL OF ESOPHAGUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43116	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43117	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43118	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43121	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43122	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43123	C	PARTIAL REMOVAL OF ESOPHAGUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43124	C	REMOVAL OF ESOPHAGUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43130	N	REMOVAL OF ESOPHAGUS POUCH	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
43135	C	REMOVAL OF ESOPHAGUS POUCH	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43180	N	ESOPHAGOSCOPY RIGID TRNSO	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
43191	N	ESOPHAGOSCOPY RIGID TRNSO DX	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43192	N	ESOPHAGOSCP RIG TRNSO INJECT	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43193	N	ESOPHAGOSCP RIG TRNSO BIOPSY	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43194	N	ESOPHAGOSCP RIG TRNSO REM FB	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43195	N	ESOPHAGOSCOPY RIGID BALLOON	-	05303 41.7587	Bundled, sometimes payable	\$2,438.29	-	-	-	-	000	999	-
43196	N	ESOPHAGOSCP GUIDE WIRE DILAT	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43197	T	ESOPHAGOSCOPY FLEX DX BRUSH	-	05301 9.8841	APC	\$577.13	-	-	-	-	000	999	-
43198	T	ESOPHAGOSC FLEX TRNS BIOPSY	-	05301 9.8841	APC	\$577.13	-	-	-	-	000	999	-
43200	T	ESOPHAGOSCOPY FLEXIBLE BRUSH	-	05301 9.8841	APC	\$577.13	-	-	-	-	000	999	-
43201	N	ESOPH SCOPE W/SUBMUCOUS INJ	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43202	N	ESOPHAGOSCOPY FLEX BIOPSY	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43204	N	ESOPH SCOPE W/SCLEROSIS INJ	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43205	N	ESOPHAGUS ENDOSCOPY/LIGATION	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43206	N	ESOPH OPTICAL ENDOMICROSCOPY	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	Y	000	999	-
4320F	E	PT TALK PSYCHSOC&RX OH DPND	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
43210	N	EGD ESOPHAGOGASTRC FNDOPLSY	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
43211	N	ESOPHAGOSCP MUCOSAL RESECT	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43212	N	ESOPHAGOSCP STENT PLACEMENT	-	05331 62.1431	Bundled, sometimes payable	\$3,628.54	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
43213	N	ESOPHAGOSCOPY RETRO BALLOON	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43214	N	ESOPHAGOSC DILATE BALLOON 30	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43215	N	ESOPHAGOSCOPY FLEX REMOVE FB	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43216	N	ESOPHAGOSCOPY LESION REMOVAL	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43217	N	ESOPHAGOSCOPY SNARE LES REMV	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43220	N	ESOPHAGOSCOPY BALLOON <30MM	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43226	N	ESOPH ENDOSCOPY DILATION	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43227	N	ESOPHAGOSCOPY CONTROL BLEED	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43229	N	ESOPHAGOSCOPY LESION ABLATE	-	05303 41.7587	Bundled, sometimes payable	\$2,438.29	-	-	-	-	000	999	-
4322F	E	CRGVR PROV W/ ED ADDL RSRCS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
43231	N	ESOPHAGOSCOPY ULTRASOUND EXAM	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43232	N	ESOPHAGOSCOPY W/IJS NEEDLE BX	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43233	N	EGD BALLOON DIL ESOPH30 MM>	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43235	T	EGD DIAGNOSTIC BRUSH WASH	-	05301 9.8841	APC	\$577.13	-	-	-	-	000	999	-
43236	T	UPPR GI SCOPE W/SUBMUC INJ	-	05301 9.8841	APC	\$577.13	-	-	-	-	000	999	-
43237	N	ENDOSCOPIC US EXAM ESOPH	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	Y	000	999	-
43238	N	EGD US FINE NEEDLE BX/ASPIR	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	Y	000	999	-
43239	T	EGD BIOPSY SINGLE/MULTIPLE	-	05301 9.8841	APC	\$577.13	-	-	-	-	000	999	-
43240	N	EGD W/TRANSMURAL DRAIN CYST	-	05331 62.1431	Bundled, sometimes payable	\$3,628.54	-	-	-	-	000	999	-
43241	N	EGD TUBE/CATH INSERTION	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43242	N	EGD US FINE NEEDLE BX/ASPIR	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43243	N	EGD INJECTION VARICES	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43244	N	EGD VARICES LIGATION	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43245	N	EGD DILATE STRICTURE	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43246	N	EGD PLACE GASTROSTOMY TUBE	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43247	T	EGD REMOVE FOREIGN BODY	-	05301 9.8841	APC	\$577.13	-	-	-	-	000	999	-
43248	T	EGD GUIDE WIRE INSERTION	-	05301 9.8841	APC	\$577.13	-	-	-	-	000	999	-
43249	N	ESOPH EGD DILATION <30 MM	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
4324F	E	PT QUERIED PRKNS COMPLIC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
43250	N	EGD CAUTERY TUMOR POLYP	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43251	N	EGD REMOVE LESION SNARE	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43252	N	EGD OPTICAL ENDOMICROSCOPY	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	Y	000	999	-
43253	N	EGD US TRANSMURAL INJXN/MARK	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43254	N	EGD ENDO MUCOSAL RESECTION	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43255	N	EGD CONTROL BLEEDING ANY	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43257	N	EGD W/THRML TXMNT GERD	-	05303 41.7587	Bundled, sometimes payable	\$2,438.29	-	-	-	Y	000	999	-
43259	N	EGD US EXAM DUODENUM/JEJUNUM	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
4325F	E	MED TXMNT OPTIONS RVWD W/PT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
43260	N	ERCP W/SPECIMEN COLLECTION	-	05303 41.7587	Bundled, sometimes payable	\$2,438.29	-	-	-	-	000	999	-
43261	N	ENDO CHOLANGIOPANCREATOGRAPH	-	05303 41.7587	Bundled, sometimes payable	\$2,438.29	-	-	-	-	000	999	-
43262	N	ENDO CHOLANGIOPANCREATOGRAPH	-	05303 41.7587	Bundled, sometimes payable	\$2,438.29	-	-	-	-	000	999	-
43263	N	ERCP SPHINCTER PRESSURE MEAS	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43264	N	ERCP REMOVE DUCT CALCULI	-	05303 41.7587	Bundled, sometimes payable	\$2,438.29	-	-	-	-	000	999	-
43265	N	ERCP LITHOTRIPSY CALCULI	-	05331 62.1431	Bundled, sometimes payable	\$3,628.54	-	-	-	-	000	999	-
43266	N	EGD ENDOSCOPIC STENT PLACE	-	05331 62.1431	Bundled, sometimes payable	\$3,628.54	-	-	-	-	000	999	-
4326F	E	PT ASKED RE SYMP AUTO DYSFXN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
43270	N	EGD LESION ABLATION	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43273	N	ENDOSCOPIC PANCREATOSCOPY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
43274	N	ERCP DUCT STENT PLACEMENT	-	05331 62.1431	Bundled, sometimes payable	\$3,628.54	-	-	-	-	000	999	-
43275	N	ERCP REMOVE FORGN BODY DUCT	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43276	N	ERCP STENT EXCHANGE W/DILATE	-	05331 62.1431	Bundled, sometimes payable	\$3,628.54	-	-	-	-	000	999	-
43277	N	ERCP EA DUCT/AMPULLA DILATE	-	05303 41.7587	Bundled, sometimes payable	\$2,438.29	-	-	-	-	000	999	-
43278	N	ERCP LESION ABLATE W/DILATE	-	05303 41.7587	Bundled, sometimes payable	\$2,438.29	-	-	-	-	000	999	-
43279	C	LAP MYOTOMY HELLER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43280	N	LAPAROSCOPY FUNDOPLASTY	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
43281	N	LAP PARAESOPHAG HERN REPAIR	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-

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

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
43282	N	LAP PARAESOPH HER RPR W/MESH	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
43283	C	LAP ESOPH LENGTHENING	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43284	N	LAPS ESOPHGL SPHNCTR AGMNTJ	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
43285	N	RMVL ESOPHGL SPHNCTR DEV	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
43286	C	ESPHG TOT W/LAPS MOBLJ	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43287	C	ESPHG DSTL 2/3 W/LAPS MOBLJ	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43288	C	ESPHG THRSC MOBLJ	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43289	N	UNLISTED LAPS PX ESOPH	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
4328F	E	PT ASKED RE SLEEP DISTURB	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
43290	N	EGD FLX TRNSORL DPLMNT BALO	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43291	T	EGD FLX TRNSORL RMVL BALO	-	05301 9.8841	APC	\$577.13	-	-	-	-	000	999	-
43300	C	REPAIR OF ESOPHAGUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43305	C	REPAIR ESOPHAGUS AND FISTULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
4330F	E	CNSLNG EPI SPEC SFTY ISSUES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
43310	C	REPAIR OF ESOPHAGUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43312	C	REPAIR ESOPHAGUS AND FISTULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43313	C	ESOPHAGOPLASTY CONGENITAL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43314	C	TRACHEO-ESOPHAGOPLASTY CONG	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43320	C	FUSE ESOPHAGUS & STOMACH	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43325	C	REVISE ESOPHAGUS & STOMACH	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43327	C	ESOPH FUNDOPLASTY LAP	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43328	C	ESOPH FUNDOPLASTY THOR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43330	C	ESOPHAGOMYOTOMY ABDOMINAL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43331	C	ESOPHAGOMYOTOMY THORACIC	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43332	C	TRANSAB ESOPH HIAT HERN RPR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43333	C	TRANSAB ESOPH HIAT HERN RPR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43334	C	TRANSTHOR DIAPHRAG HERN RPR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43335	C	TRANSTHOR DIAPHRAG HERN RPR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43336	C	THORABD DIAPHR HERN REPAIR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43337	C	THORABD DIAPHR HERN REPAIR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43338	C	ESOPH LENGTHENING	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43340	C	FUSE ESOPHAGUS & INTESTINE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43341	C	FUSE ESOPHAGUS & INTESTINE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43351	C	SURGICAL OPENING ESOPHAGUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43352	C	SURGICAL OPENING ESOPHAGUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43360	C	GASTROINTESTINAL REPAIR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43361	C	GASTROINTESTINAL REPAIR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43400	C	LIGATE ESOPHAGUS VEINS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43405	C	LIGATE/STAPLE ESOPHAGUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
4340F	E	CNSLNG CHLD BRNG WOMEN EPI	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
43410	C	REPAIR ESOPHAGUS WOUND	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43415	C	REPAIR ESOPHAGUS WOUND	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43420	N	REPAIR ESOPHAGUS OPENING	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
43425	C	REPAIR ESOPHAGUS OPENING	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43450	T	DILATE ESOPHAGUS 1/MULT PASS	-	05301 9.8841	APC	\$577.13	-	-	-	-	000	999	-
43453	N	DILATE ESOPHAGUS	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
43460	C	PRESSURE TREATMENT ESOPHAGUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43496	C	FREE JEJUNUM FLAP MICROVASC	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43497	N	TRANSORL LWR ESOPHGL MYOTOMY	-	05331 62.1431	Bundled, sometimes payable	\$3,628.54	-	-	-	-	000	999	-
43499	T	UNLISTED PROCEDURE ESOPHAGUS	-	05301 9.8841	APC	\$577.13	-	-	-	-	000	999	-
43500	C	SURGICAL OPENING OF STOMACH	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43501	C	SURGICAL REPAIR OF STOMACH	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43502	C	SURGICAL REPAIR OF STOMACH	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
4350F	E	CNSLNG PROVIDED SYMP MNGMNT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
43510	T	SURGICAL OPENING OF STOMACH	-	05301 9.8841	APC	\$577.13	-	-	-	-	000	999	-
43520	C	INCISION OF PYLORIC MUSCLE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
43605	C	BIOPSY OF STOMACH	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43610	C	EXCISION OF STOMACH LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43611	C	EXCISION OF STOMACH LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43620	C	REMOVAL OF STOMACH	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43621	C	REMOVAL OF STOMACH	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43622	C	REMOVAL OF STOMACH	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43631	C	REMOVAL OF STOMACH PARTIAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43632	C	REMOVAL OF STOMACH PARTIAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43633	C	REMOVAL OF STOMACH PARTIAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43634	C	REMOVAL OF STOMACH PARTIAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43635	C	REMOVAL OF STOMACH PARTIAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43640	C	VAGOTOMY & PYLORUS REPAIR	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43641	C	VAGOTOMY & PYLORUS REPAIR	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43644	E	LAP GASTRIC BYPASS/ROUX-EN-Y	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
43645	E	LAP GASTR BYPASS INCL SMLL I	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
43647	N	LAP IMPL ELECTRODE ANTRUM	-	05463	148.5312	Bundled, sometimes payable	\$8,672.74	-	-	-	-	000	999	-
43648	N	LAP REVISE/REMV ELTRD ANTRUM	-	05362	112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
43651	N	LAPAROSCOPY VAGUS NERVE	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
43652	N	LAPAROSCOPY VAGUS NERVE	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
43653	N	LAPAROSCOPY GASTROSTOMY	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
43659	N	UNLISTED LAPS PX STOMACH	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
43752	N	NASAL/OROGASTRIC W/TUBE PLMT	-	05735	4.3445	Bundled, sometimes payable	\$253.68	-	-	-	-	000	999	-
43753	N	TX GASTRO INTUB W/ASP	-	05722	3.4225	Bundled, sometimes payable	\$199.84	-	-	-	-	000	999	-
43754	N	DX GASTR INTUB W/ASP SPEC	-	05722	3.4225	Bundled, sometimes payable	\$199.84	-	-	-	-	000	999	-
43755	S	DX GASTR INTUB W/ASP SPECS	-	05721	1.7032	APC	\$99.45	-	-	-	-	000	999	-
43756	N	DX DUOD INTUB W/ASP SPEC	-	05301	9.8841	Bundled, sometimes payable	\$577.13	-	-	-	-	000	999	-
43757	T	DX DUOD INTUB W/ASP SPECS	-	05301	9.8841	APC	\$577.13	-	-	-	-	000	999	-
43761	T	REPOSITION GASTROSTOMY TUBE	-	05371	2.6948	APC	\$157.35	-	-	-	-	000	999	-
43762	T	RPLC GTUBE NO REVJ TRC	-	05371	2.6948	APC	\$157.35	-	-	-	-	000	999	-
43763	T	RPLC GTUBE REVJ GSTRST TRC	-	05371	2.6948	APC	\$157.35	-	-	-	-	000	999	-
43770	E	LAP PLACE GASTR ADJ DEVICE	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
43771	E	LAP REVISE GASTR ADJ DEVICE	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
43772	E	LAP RMVL GASTR ADJ DEVICE	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
43773	E	LAP REPLACE GASTR ADJ DEVICE	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
43774	E	LAP RMVL GASTR ADJ ALL PARTS	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
43775	E	LAP SLEEVE GASTRECTOMY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
43800	C	RECONSTRUCTION OF PYLORUS	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43810	C	FUSION OF STOMACH AND BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43820	C	FUSION OF STOMACH AND BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43825	C	FUSION OF STOMACH AND BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43830	N	PLACE GASTROSTOMY TUBE	-	05302	20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	Y	000	999	-
43831	T	PLACE GASTROSTOMY TUBE	-	05301	9.8841	APC	\$577.13	-	-	-	-	000	999	-
43832	C	PLACE GASTROSTOMY TUBE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43840	C	REPAIR OF STOMACH LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43842	E	V-BAND GASTROPLASTY	-	-	-	Not Allowed	\$0.00	-	-	-	-	018	999	-
43843	E	GASTROPLASTY W/O V-BAND	-	-	-	Not Allowed	\$0.00	-	-	-	-	018	999	-
43845	E	GASTROPLASTY DUODENAL SWITCH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
43846	E	GASTRIC BYPASS FOR OBESITY	-	-	-	Not Allowed	\$0.00	-	-	-	-	018	999	-
43847	E	GASTRIC BYPASS INCL SMALL I	-	-	-	Not Allowed	\$0.00	-	-	-	-	018	999	-
43848	E	REVISION GASTROPLASTY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
43860	C	REVISE STOMACH-BOWEL FUSION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43865	C	REVISE STOMACH-BOWEL FUSION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43870	N	REPAIR STOMACH OPENING	-	05303	41.7587	Bundled, sometimes payable	\$2,438.29	-	-	-	-	000	999	-
43880	C	REPAIR STOMACH-BOWEL FISTULA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43881	C	IMPL/REDO ELECTRD ANTRUM	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
43882	C	REVISE/REMOVE ELECTRD ANTRUM	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
43886	E	REVISE GASTRIC PORT OPEN	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
43887	E	REMOVE GASTRIC PORT OPEN	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
43888	E	CHANGE GASTRIC PORT OPEN	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
43999	T	UNLISTED PROCEDURE STOMACH	-	05301	9.8841	APC	\$577.13	-	-	-	-	000	999	-
44005	C	FREEDING OF BOWEL ADHESION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
4400F	E	REHAB THXPY OPTIONS W/PT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
44010	C	INCISION OF SMALL BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44015	C	INSERT NEEDLE CATH BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44020	C	EXPLORE SMALL INTESTINE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44021	C	DECOMPRESS SMALL BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44025	C	INCISION OF LARGE BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44050	C	REDUCE BOWEL OBSTRUCTION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44055	C	CORRECT MALROTATION OF BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44100	T	BIOPSY OF BOWEL	-	05301	9.8841	APC	\$577.13	-	-	-	-	000	999	-
44110	C	EXCISE INTESTINE LESION(S)	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44111	C	EXCISION OF BOWEL LESION(S)	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44120	C	REMOVAL OF SMALL INTESTINE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44121	C	REMOVAL OF SMALL INTESTINE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44125	C	REMOVAL OF SMALL INTESTINE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44126	C	ENTERECTOMY W/O TAPER CONG	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44127	C	ENTERECTOMY W/TAPER CONG	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44128	C	ENTERECTOMY CONG ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44130	C	BOWEL TO BOWEL FUSION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44132	C	ENTERECTOMY CADAVER DONOR	-	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
44133	C	ENTERECTOMY LIVE DONOR	-	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
44135	C	INTESTINE TRANSPLNT CADAVER	-	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
44136	C	INTESTINE TRANSPLANT LIVE	-	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
44137	C	REMOVE INTESTINAL ALLOGRAFT	-	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
44139	C	MOBILIZATION OF COLON	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44140	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44141	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44143	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44144	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44145	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44146	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44147	C	PARTIAL REMOVAL OF COLON	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44150	C	REMOVAL OF COLON	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44151	C	REMOVAL OF COLON/ILEOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44155	C	REMOVAL OF COLON/ILEOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44156	C	REMOVAL OF COLON/ILEOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44157	C	COLECTOMY W/ILEOANAL ANAST	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44158	C	COLECTOMY W/NEO-RECTUM POUCH	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44160	C	REMOVAL OF COLON	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44180	N	LAP ENTEROLYSIS	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	Y	000	999	-
44186	N	LAP JEJUNOSTOMY	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	Y	000	999	-
44187	C	LAP ILEO/JEJUNO-STOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
44188	C	LAP COLOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
44202	C	LAP ENTERECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44203	C	LAP RESECT S/INTESTINE ADDL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44204	C	LAPARO PARTIAL COLECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44205	C	LAP COLECTOMY PART W/ILEUM	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44206	C	LAP PART COLECTOMY W/STOMA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44207	C	L COLECTOMY/COLOPROCTOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44208	C	L COLECTOMY/COLOPROCTOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44210	C	LAPARO TOTAL PROCTOCOLECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44211	C	LAP COLECTOMY W/PROCTECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-

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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
44212	C	LAPARO TOTAL PROCTOCOLECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
44213	C	LAP MOBIL SPLENIC FL ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
44227	C	LAP CLOSE ENTEROSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
44238	N	UNLISTED LAPS PX INTESTINE	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	000	999	-
44300	C	OPEN BOWEL TO SKIN	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
44310	C	ILEOSTOMY/JEJUNOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
44312	T	REVISION OF ILEOSTOMY	-	05055	39.1186	APC	\$2,284.14	-	-	-	000	999	-
44314	C	REVISION OF ILEOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
44316	C	DEVISE BOWEL POUCH	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
44320	C	COLOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
44322	C	COLOSTOMY WITH BIOPSIES	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
44340	T	REVISION OF COLOSTOMY	-	05055	39.1186	APC	\$2,284.14	-	-	-	000	999	-
44345	C	REVISION OF COLOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
44346	C	REVISION OF COLOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
44360	N	SMALL BOWEL ENDOSCOPY	-	05302	20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	000	999	-
44361	N	SMALL BOWEL ENDOSCOPY/BIOPSY	-	05302	20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	000	999	-
44363	N	SMALL BOWEL ENDOSCOPY	-	05302	20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	000	999	-
44364	N	SMALL BOWEL ENDOSCOPY	-	05302	20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	000	999	-
44365	N	SMALL BOWEL ENDOSCOPY	-	05302	20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	000	999	-
44366	N	SMALL BOWEL ENDOSCOPY	-	05302	20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	000	999	-
44369	N	SMALL BOWEL ENDOSCOPY	-	05302	20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	000	999	-
44370	N	SMALL BOWEL ENDOSCOPY/STENT	-	05331	62.1431	Bundled, sometimes payable	\$3,628.54	-	-	-	000	999	-
44372	N	SMALL BOWEL ENDOSCOPY	-	05302	20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	000	999	-
44373	N	SMALL BOWEL ENDOSCOPY	-	05302	20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	000	999	-
44376	N	SMALL BOWEL ENDOSCOPY	-	05302	20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	000	999	-
44377	N	SMALL BOWEL ENDOSCOPY/BIOPSY	-	05302	20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	000	999	-
44378	N	SMALL BOWEL ENDOSCOPY	-	05302	20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	000	999	-
44379	N	S BOWEL ENDOSCOPE W/STENT	-	05331	62.1431	Bundled, sometimes payable	\$3,628.54	-	-	-	000	999	-
44380	T	SMALL BOWEL ENDOSCOPY BR/WA	-	05301	9.8841	APC	\$577.13	-	-	-	000	999	-
44381	N	SMALL BOWEL ENDOSCOPY BR/WA	-	05302	20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	000	999	-
44382	T	SMALL BOWEL ENDOSCOPY	-	05301	9.8841	APC	\$577.13	-	-	-	000	999	-
44384	N	SMALL BOWEL ENDOSCOPY	-	05302	20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	000	999	-
44385	T	ENDOSCOPY OF BOWEL POUCH	-	05311	9.9656	APC	\$581.89	-	-	-	000	999	-
44386	T	ENDOSCOPY BOWEL POUCH/BIOP	-	05311	9.9656	APC	\$581.89	-	-	-	000	999	-
44388	T	COLONOSCOPY THRU STOMA SPX	-	05311	9.9656	APC	\$581.89	-	-	-	000	999	-
44389	T	COLONOSCOPY WITH BIOPSY	-	05312	12.8672	APC	\$751.32	-	-	-	000	999	-
44390	T	COLONOSCOPY FOR FOREIGN BODY	-	05311	9.9656	APC	\$581.89	-	-	-	000	999	-
44391	T	COLONOSCOPY FOR BLEEDING	-	05312	12.8672	APC	\$751.32	-	-	-	000	999	-
44392	T	COLONOSCOPY & POLYPECTOMY	-	05312	12.8672	APC	\$751.32	-	-	-	000	999	-
44394	T	COLONOSCOPY W/SNARE	-	05312	12.8672	APC	\$751.32	-	-	-	000	999	-
44401	T	COLONOSCOPY WITH ABLATION	-	05312	12.8672	APC	\$751.32	-	-	-	000	999	-
44402	N	COLONOSCOPY W/STENT PLCMT	-	05331	62.1431	Bundled, sometimes payable	\$3,628.54	-	-	-	000	999	-
44403	T	COLONOSCOPY W/RESECTION	-	05312	12.8672	APC	\$751.32	-	-	-	000	999	-
44404	T	COLONOSCOPY W/INJECTION	-	05312	12.8672	APC	\$751.32	-	-	-	000	999	-
44405	T	COLONOSCOPY W/DILATION	-	05312	12.8672	APC	\$751.32	-	-	-	000	999	-
44406	T	COLONOSCOPY W/ULTRASOUND	-	05312	12.8672	APC	\$751.32	-	-	-	000	999	-
44407	T	COLONOSCOPY W/NDL ASPIR/BX	-	05312	12.8672	APC	\$751.32	-	-	-	000	999	-
44408	T	COLONOSCOPY W/DECOMPRESSION	-	05311	9.9656	APC	\$581.89	-	-	-	000	999	-
44500	T	INTRO GASTROINTESTINAL TUBE	-	05301	9.8841	APC	\$577.13	-	-	-	000	999	-
4450F	E	SELF-CARE ED PROVIDED TO PT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
44602	C	SUTURE SMALL INTESTINE	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
44603	C	SUTURE SMALL INTESTINE	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
44604	C	SUTURE LARGE INTESTINE	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
44605	C	REPAIR OF BOWEL LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
44615	C	INTESTINAL STRICTUROPLASTY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
44620	C	REPAIR BOWEL OPENING	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
44625	C	REPAIR BOWEL OPENING	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44626	C	REPAIR BOWEL OPENING	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44640	C	REPAIR BOWEL-SKIN FISTULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44650	C	REPAIR BOWEL FISTULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44660	C	REPAIR BOWEL-BLADDER FISTULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44661	C	REPAIR BOWEL-BLADDER FISTULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44680	C	SURGICAL REVISION INTESTINE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44700	C	SUSPEND BOWEL W/PROSTHESIS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44701	N	INTRAOP COLON LAVAGE ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
44705	E	PREPARE FECAL MICROBIOTA	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
4470F	E	ICD COUNSELING PROVIDED	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
44715	C	PREPARE DONOR INTESTINE	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
44720	C	PREP DONOR INTESTINE/VEIN	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
44721	C	PREP DONOR INTESTINE/ARTERY	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
44799	T	UNLISTED PX SMALL INTESTINE	-	05301 9.8841	APC	\$577.13	-	-	-	-	000	999	-
44800	C	EXCISION OF BOWEL POUCH	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
4480F	E	PT RCVNG ACE/ARB B-BLOCKERTX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4481F	E	PT RCVNG ACE/ARB BLKER <3MOS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
44820	C	EXCISION OF MESENTERY LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44850	C	REPAIR OF MESENTERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44899	C	UNLISTED PX MECKEL'S DVRTCLM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44900	C	DRAIN APPENDIX ABSCESS OPEN	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44950	N	APPENDECTOMY	-	05342 82.4931	Bundled, sometimes payable	\$4,816.77	-	-	-	-	000	999	-
44955	N	APPENDECTOMY ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
44960	C	APPENDECTOMY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
44970	N	LAPAROSCOPY APPENDECTOMY	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
44979	N	UNLISTED LAPS PX APPENDIX	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
45000	T	DRAINAGE OF PELVIC ABSCESS	-	05312 12.8672	APC	\$751.32	-	-	-	-	000	999	-
45005	T	DRAINAGE OF RECTAL ABSCESS	-	05312 12.8672	APC	\$751.32	-	-	-	-	000	999	-
4500F	E	REF TO OUTPT CARD REHAB PROG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
45020	N	DRAINAGE OF RECTAL ABSCESS	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
45100	N	BIOPSY OF RECTUM	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
45108	N	REMOVAL OF ANORECTAL LESION	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
4510F	E	PREV CARDREHAB QUALCARDEVENT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
45110	C	REMOVAL OF RECTUM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
45111	C	PARTIAL REMOVAL OF RECTUM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
45112	C	REMOVAL OF RECTUM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
45113	C	PARTIAL PROCTECTOMY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
45114	C	PARTIAL REMOVAL OF RECTUM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
45116	C	PARTIAL REMOVAL OF RECTUM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
45119	C	REMOVE RECTUM W/RESERVOIR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
45120	C	REMOVAL OF RECTUM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
45121	C	REMOVAL OF RECTUM AND COLON	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
45123	C	PARTIAL PROCTECTOMY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
45126	C	PELVIC EXENTERATION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
45130	C	EXCISION OF RECTAL PROLAPSE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
45135	C	EXCISION OF RECTAL PROLAPSE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
45136	C	EXCISE ILEOANAL RESERVIOR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
45150	T	EXCISION OF RECTAL STRICTURE	-	05312 12.8672	APC	\$751.32	-	-	-	-	000	999	-
45160	N	EXCISION OF RECTAL LESION	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
45171	N	EXC RECT TUM TRANSANAL PART	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
45172	N	EXC RECT TUM TRANSANAL FULL	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
45190	N	DESTRUCTION RECTAL TUMOR	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
4525F	E	NEUROPSYCHIA INTERVEN ORDER	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4526F	E	NEUROPSYCHIA INTERVEN RCVD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
45300	T	PROCTOSIGMOIDOSCOPY DX	-	05311 9.9656	APC	\$581.89	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab Fees	Hospital Lab Fees					
45303	T	PROCTOSIGMOIDOSCOPY DILATE	-	05312	12.8672	APC	\$751.32	-	-	-	-	000	999	-
45305	T	PROCTOSIGMOIDOSCOPY W/BX	-	05312	12.8672	APC	\$751.32	-	-	-	-	000	999	-
45307	N	PROCTOSIGMOIDOSCOPY FB	-	05313	30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
45308	N	PROCTOSIGMOIDOSCOPY REMOVAL	-	05313	30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
45309	T	PROCTOSIGMOIDOSCOPY REMOVAL	-	05312	12.8672	APC	\$751.32	-	-	-	-	000	999	-
45315	T	PROCTOSIGMOIDOSCOPY REMOVAL	-	05312	12.8672	APC	\$751.32	-	-	-	-	000	999	-
45317	T	PROCTOSIGMOIDOSCOPY BLEED	-	05312	12.8672	APC	\$751.32	-	-	-	-	000	999	-
45320	N	PROCTOSIGMOIDOSCOPY ABLATE	-	05313	30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
45321	N	PROCTOSIGMOIDOSCOPY VOLVUL	-	05313	30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
45327	N	PROCTOSIGMOIDOSCOPY W/STENT	-	05331	62.1431	Bundled, sometimes payable	\$3,628.54	-	-	-	-	000	999	-
45330	T	DIAGNOSTIC SIGMOIDOSCOPY	-	05311	9.9656	APC	\$581.89	-	-	-	-	000	999	-
45331	T	SIGMOIDOSCOPY AND BIOPSY	-	05311	9.9656	APC	\$581.89	-	-	-	-	000	999	-
45332	T	SIGMOIDOSCOPY W/FB REMOVAL	-	05312	12.8672	APC	\$751.32	-	-	-	-	000	999	-
45333	T	SIGMOIDOSCOPY & POLYPECTOMY	-	05311	9.9656	APC	\$581.89	-	-	-	-	000	999	-
45334	T	SIGMOIDOSCOPY FOR BLEEDING	-	05312	12.8672	APC	\$751.32	-	-	-	-	000	999	-
45335	T	SIGMOIDOSCOPY W/SUBMUC INJ	-	05311	9.9656	APC	\$581.89	-	-	-	-	000	999	-
45337	T	SIGMOIDOSCOPY & DECOMPRESS	-	05311	9.9656	APC	\$581.89	-	-	-	-	000	999	-
45338	T	SIGMOIDOSCOPY W/TUMR REMOVE	-	05312	12.8672	APC	\$751.32	-	-	-	-	000	999	-
45340	T	SIG W/TNDSCL BALLOON DILATION	-	05312	12.8672	APC	\$751.32	-	-	-	-	000	999	-
45341	T	SIGMOIDOSCOPY W/ULTRASOUND	-	05311	9.9656	APC	\$581.89	-	-	-	-	000	999	-
45342	T	SIGMOIDOSCOPY W/US GUIDE BX	-	05312	12.8672	APC	\$751.32	-	-	-	-	000	999	-
45346	T	SIGMOIDOSCOPY W/ABLATION	-	05312	12.8672	APC	\$751.32	-	-	-	-	000	999	-
45347	N	SIGMOIDOSCOPY W/PLCMT STENT	-	05331	62.1431	Bundled, sometimes payable	\$3,628.54	-	-	-	-	000	999	-
45349	N	SIGMOIDOSCOPY W/RESECTION	-	05313	30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
45350	T	SGMDSCL W/BAND LIGATION	-	05312	12.8672	APC	\$751.32	-	-	-	-	000	999	-
45378	T	DIAGNOSTIC COLONOSCOPY	-	05311	9.9656	APC	\$581.89	-	-	-	-	000	999	-
45379	T	COLONOSCOPY W/FB REMOVAL	-	05312	12.8672	APC	\$751.32	-	-	-	-	000	999	-
45380	T	COLONOSCOPY AND BIOPSY	-	05312	12.8672	APC	\$751.32	-	-	-	-	000	999	-
45381	T	COLONOSCOPY SUBMUCOUS NJX	-	05312	12.8672	APC	\$751.32	-	-	-	-	000	999	-
45382	T	COLONOSCOPY W/CONTROL BLEED	-	05312	12.8672	APC	\$751.32	-	-	-	-	000	999	-
45384	T	COLONOSCOPY W/LESION REMOVAL	-	05312	12.8672	APC	\$751.32	-	-	-	-	000	999	-
45385	T	COLONOSCOPY W/LESION REMOVAL	-	05312	12.8672	APC	\$751.32	-	-	-	-	000	999	-
45386	T	COLONOSCOPY W/BALLOON DILAT	-	05312	12.8672	APC	\$751.32	-	-	-	-	000	999	-
45388	T	COLONOSCOPY W/ABLATION	-	05312	12.8672	APC	\$751.32	-	-	-	-	000	999	-
45389	N	COLONOSCOPY W/STENT PLCMT	-	05331	62.1431	Bundled, sometimes payable	\$3,628.54	-	-	-	-	000	999	-
45390	N	COLONOSCOPY W/RESECTION	-	05313	30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
45391	T	COLONOSCOPY W/ENDOSCOPE US	-	05312	12.8672	APC	\$751.32	-	-	-	Y	000	999	-
45392	T	COLONOSCOPY W/ENDOSCOPIC FNB	-	05312	12.8672	APC	\$751.32	-	-	-	Y	000	999	-
45393	T	COLONOSCOPY W/DECOMPRESSION	-	05312	12.8672	APC	\$751.32	-	-	-	-	000	999	-
45395	C	LAP REMOVAL OF RECTUM	-	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
45397	C	LAP REMOVE RECTUM W/POUCH	-	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
45398	T	COLONOSCOPY W/BAND LIGATION	-	05312	12.8672	APC	\$751.32	-	-	-	-	000	999	-
45399	T	UNLISTED PROCEDURE COLON	-	05311	9.9656	APC	\$581.89	-	-	-	-	000	999	-
45400	C	LAPAROSCOPIC PROC	-	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
45402	C	LAP PROCTOPEXY W/SIG RESECT	-	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
4540F	E	DISEASE MODIF PHARMACOTHXPY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4541F	E	PT OFFERED TX FOR PSEUDOBULB	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
45499	N	LAPAROSCOPE PROC RECTUM	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	Y	000	999	-
45500	N	REPAIR OF RECTUM	-	05313	30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
45505	N	REPAIR OF RECTUM	-	05313	30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
4550F	E	NONINVAS RESP SUPPORT TALK	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4551F	E	NUTRITIONAL SUPPORT OFFERED	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
45520	N	TREATMENT OF RECTAL PROLAPSE	-	05311	9.9656	Bundled, sometimes payable	\$581.89	-	-	-	-	000	999	-
4552F	E	PT REF FOR SPEECH LANG PATH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4553F	E	PT ASST RE END LIFE ISSUES	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
45540	C	CORRECT RECTAL PROLAPSE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
45541	N	CORRECT RECTAL PROLAPSE	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
4554F	E	PT RECVD INHAL ANESTHETIC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
45550	C	REPAIR RECTUM/REMOVE SIGMOID	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
4555F	E	PT RECVD NO INHAL ANESTHIC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
45560	N	REPAIR OF RECTOCELE	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
45562	C	EXPLORATION/REPAIR OF RECTUM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
45563	C	EXPLORATION/REPAIR OF RECTUM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
4556F	E	PT W/3+ POST-OP NAUSEA&VOM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4557F	E	PT W/O 3+ POST-OPNAUSEA&VOM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4558F	E	PT RECVD 2 RX ANTI-EMET AGT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4559F	E	1 BODYTEMP >=35.5CW/IN 30MIN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4560F	E	ANESTH W/O GEN/NEURAX ANESTH	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4561F	E	PT W/ CORONARY ARTERY STENT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4562F	E	PT W/O CORONARY ARTERY STENT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
4563F	E	PT RECVD ASPIRIN W/IN 24 HRS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
45800	C	REPAIR RECT/BLADDER FISTULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
45805	C	REPAIR FISTULA W/COLOSTOMY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
45820	C	REPAIR RECTOURETHRAL FISTULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
45825	C	REPAIR FISTULA W/COLOSTOMY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
45900	T	REDUCTION OF RECTAL PROLAPSE	-	05311 9.9656	APC	\$581.89	-	-	-	-	000	999	-
45905	T	DILATION OF ANAL SPHINCTER	-	05312 12.8672	APC	\$751.32	-	-	-	-	000	999	-
45910	T	DILATION OF RECTAL NARROWING	-	05312 12.8672	APC	\$751.32	-	-	-	-	000	999	-
45915	T	REMOVE RECTAL OBSTRUCTION	-	05312 12.8672	APC	\$751.32	-	-	-	-	000	999	-
45990	N	SURG DX EXAM ANORECTAL	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	Y	000	999	-
45999	T	UNLISTED PROCEDURE RECTUM	-	05311 9.9656	APC	\$581.89	-	-	-	-	000	999	-
46020	N	PLACEMENT OF SETON	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46030	T	REMOVAL OF RECTAL MARKER	-	05312 12.8672	APC	\$751.32	-	-	-	-	000	999	-
46040	T	INCISION OF RECTAL ABSCESS	-	05312 12.8672	APC	\$751.32	-	-	-	-	000	999	-
46045	N	INCISION OF RECTAL ABSCESS	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46050	T	INCISION OF ANAL ABSCESS	-	05311 9.9656	APC	\$581.89	-	-	-	-	000	999	-
46060	N	INCISION OF RECTAL ABSCESS	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46070	N	INCISION OF ANAL SEPTUM	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	001	-
46080	N	INCISION OF ANAL SPHINCTER	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46083	T	INCISE EXTERNAL HEMORRHOID	-	05371 2.6948	APC	\$157.35	-	-	-	-	000	999	-
46200	N	REMOVAL OF ANAL FISSURE	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46220	T	EXCISE ANAL EXT TAG/PAPILLA	-	05312 12.8672	APC	\$751.32	-	-	-	-	000	999	-
46221	T	LIGATION OF HEMORRHOID(S)	-	05311 9.9656	APC	\$581.89	-	-	-	-	000	999	-
46230	N	REMOVAL OF ANAL TAGS	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46250	N	REMOVE EXT HEM GROUPS 2+	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46255	N	REMOVE INT/EXT HEM 1 GROUP	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46257	N	REMOVE IN/EX HEM GRP & FISS	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46258	N	REMOVE IN/EX HEM GRP W/FISTU	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46260	N	REMOVE IN/EX HEM GROUPS 2+	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46261	N	REMOVE IN/EX HEM GRPS & FISS	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46262	N	REMOVE IN/EX HEM GRPS W/FIST	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46270	N	REMOVE ANAL FIST SUBQ	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46275	N	REMOVE ANAL FIST INTER	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46280	N	REMOVE ANAL FIST COMPLEX	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46285	N	REMOVE ANAL FIST 2 STAGE	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46288	N	REPAIR ANAL FISTULA	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46320	T	REPAIR OF HEMORRHOID CLOT	-	05312 12.8672	APC	\$751.32	-	-	-	-	000	999	-
46500	T	INJECTION INTO HEMORRHOID(S)	-	05311 9.9656	APC	\$581.89	-	-	-	-	000	999	-
46505	T	CHEMODENERVATION ANAL MUSC	-	05312 12.8672	APC	\$751.32	-	-	-	Y	000	999	-
46600	N	DIAGNOSTIC ANOSCOPY SPX	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
46601	N	DIAGNOSTIC ANOSCOPY	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
46604	T	ANOSCOPY AND DILATION	-	05312 12.8672	APC	\$751.32	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
46606	T	ANOSCOPY AND BIOPSY	-	05312 12.8672	APC	\$751.32	-	-	-	-	000	999	-
46607	T	DIAGNOSTIC ANOSCOPY & BIOPSY	-	05312 12.8672	APC	\$751.32	-	-	-	-	000	999	-
46608	T	ANOSCOPY REMOVE FOR BODY	-	05311 9.9656	APC	\$581.89	-	-	-	-	000	999	-
46610	N	ANOSCOPY REMOVE LESION	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46611	T	ANOSCOPY	-	05311 9.9656	APC	\$581.89	-	-	-	-	000	999	-
46612	N	ANOSCOPY REMOVE LESIONS	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46614	T	ANOSCOPY CONTROL BLEEDING	-	05312 12.8672	APC	\$751.32	-	-	-	-	000	999	-
46615	N	ANOSCOPY	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46700	N	REPAIR OF ANAL STRICTURE	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46705	C	REPAIR OF ANAL STRICTURE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	001	-
46706	N	REPR OF ANAL FISTULA W/GLUE	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46707	N	REPAIR ANORECTAL FIST W/PLUG	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46710	C	REPR PER/VAG POUCH SNGL PROC	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
46712	C	REPR PER/VAG POUCH DBL PROC	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
46715	C	REP PERF ANOPER FISTU	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
46716	C	REP PERF ANOPER/VESTIB FISTU	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
46730	C	CONSTRUCTION OF ABSENT ANUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
46735	C	CONSTRUCTION OF ABSENT ANUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
46740	C	CONSTRUCTION OF ABSENT ANUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
46742	C	REPAIR OF IMPERFORATED ANUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
46744	C	REPAIR OF CLOACAL ANOMALY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
46746	C	REPAIR OF CLOACAL ANOMALY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
46748	C	REPAIR OF CLOACAL ANOMALY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
46750	N	REPAIR OF ANAL SPHINCTER	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46751	C	REPAIR OF ANAL SPHINCTER	-	-	Inpatient Only	\$0.00	-	-	-	-	010	020	-
46753	N	RECONSTRUCTION OF ANUS	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46754	N	REMOVAL OF SUTURE FROM ANUS	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46760	N	REPAIR OF ANAL SPHINCTER	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46761	N	REPAIR OF ANAL SPHINCTER	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46900	T	DESTRUCTION ANAL LESION(S)	-	05052 4.3478	APC	\$253.87	-	-	-	-	000	999	-
46910	T	DESTRUCTION ANAL LESION(S)	-	05054 19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
46916	T	CRYOSURGERY ANAL LESION(S)	-	05051 2.1829	APC	\$127.46	-	-	-	-	000	999	-
46917	N	LASER SURGERY ANAL LESIONS	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46922	N	EXCISION OF ANAL LESION(S)	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46924	N	DESTRUCTION ANAL LESION(S)	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46930	T	DESTROY INTERNAL HEMORRHOIDS	-	05312 12.8672	APC	\$751.32	-	-	-	-	000	999	-
46940	N	TREATMENT OF ANAL FISSURE	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46942	T	TREATMENT OF ANAL FISSURE	-	05311 9.9656	APC	\$581.89	-	-	-	-	000	999	-
46945	N	INT HRHC LIG 1 HROID W/O IMG	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46946	N	INT HRHC LIG 2+HROID W/O IMG	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46947	N	HEMORRHOIDOPEXY BY STAPLING	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	Y	000	999	-
46948	N	INT HRHC TRANAL DARTLZJ 2+	-	05313 30.6155	Bundled, sometimes payable	\$1,787.64	-	-	-	-	000	999	-
46999	T	UNLISTED PROCEDURE ANUS	-	05311 9.9656	APC	\$581.89	-	-	-	-	000	999	-
47000	N	NEEDLE BIOPSY OF LIVER	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
47001	N	NEEDLE BIOPSY LIVER ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
47010	C	OPEN DRAINAGE LIVER LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
47015	C	INJECT/ASPIRATE LIVER CYST	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
47100	C	WEDGE BIOPSY OF LIVER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
47120	C	PARTIAL REMOVAL OF LIVER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
47122	C	EXTENSIVE REMOVAL OF LIVER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
47125	C	PARTIAL REMOVAL OF LIVER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
47130	C	PARTIAL REMOVAL OF LIVER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
47133	C	REMOVAL OF DONOR LIVER	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
47135	C	TRANSPLANTATION OF LIVER	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
47140	C	PARTIAL REMOVAL DONOR LIVER	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
47141	C	PARTIAL REMOVAL DONOR LIVER	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
								Hospital Lab Fees	Prior Auth. Required			
47142	C	PARTIAL REMOVAL DONOR LIVER	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
47143	C	PREP DONOR LIVER WHOLE	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
47144	C	PREP DONOR LIVER 3-SEGMENT	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
47145	C	PREP DONOR LIVER LOBE SPLIT	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
47146	C	PREP DONOR LIVER/VENOUS	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
47147	C	PREP DONOR LIVER/ARTERIAL	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
47300	C	SURGERY FOR LIVER LESION	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
47350	C	REPAIR LIVER WOUND	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
47360	C	REPAIR LIVER WOUND	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
47361	C	REPAIR LIVER WOUND	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
47362	C	REPAIR LIVER WOUND	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
47370	N	LAPARO ABLATE LIVER TUMOR RF	05362	112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	000	999	-
47371	N	LAPARO ABLATE LIVER CRYOSURG	05362	112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	000	999	-
47379	N	UNLISTED LAPS PX LIVER	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	000	999	-
47380	C	OPEN ABLATE LIVER TUMOR RF	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
47381	C	OPEN ABLATE LIVER TUMOR CRYO	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
47382	N	PERCUT ABLATE LIVER RF	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	000	999	-
47383	N	PERQ ABLTJ LVR CRYOABLATION	05362	112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	000	999	-
47399	T	UNLISTED PROCEDURE LIVER	05071	7.6716	APC	\$447.94	-	-	-	000	999	-
47400	C	INCISION OF LIVER DUCT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
47420	C	INCISION OF BILE DUCT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
47425	C	INCISION OF BILE DUCT	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
47460	C	INCISE BILE DUCT SPHINCTER	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
47480	C	INCISION OF GALLBLADDER	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
47490	N	INCISION OF GALLBLADDER	05341	37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	000	999	-
47531	N	INJECTION FOR CHOLANGIOGRAM	05341	37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	000	999	-
47532	N	INJECTION FOR CHOLANGIOGRAM	05341	37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	000	999	-
47533	N	PLMT BILIARY DRAINAGE CATH	05341	37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	000	999	-
47534	N	PLMT BILIARY DRAINAGE CATH	05341	37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	000	999	-
47535	N	CONVERSION EXT BIL DRG CATH	05341	37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	000	999	-
47536	N	EXCHANGE BILIARY DRG CATH	05341	37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	000	999	-
47537	N	REMOVAL BILIARY DRG CATH	05301	9.8841	Bundled, sometimes payable	\$577.13	-	-	-	000	999	-
47538	N	PERQ PLMT BILE DUCT STENT	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	000	999	-
47539	N	PERQ PLMT BILE DUCT STENT	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	000	999	-
47540	N	PERQ PLMT BILE DUCT STENT	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	000	999	-
47541	N	PLMT ACCESS BIL TREE SM BWL	05342	82.4931	Bundled, sometimes payable	\$4,816.77	-	-	-	000	999	-
47542	N	DILATE BILIARY DUCT/AMPULLA	-	-	Bundled	\$0.00	-	-	-	000	999	-
47543	N	ENDOLUMINAL BX BILIARY TREE	-	-	Bundled	\$0.00	-	-	-	000	999	-
47544	N	REMOVAL DUCT GLBLDR CALCULI	-	-	Bundled	\$0.00	-	-	-	000	999	-
47550	N	BILE DUCT ENDOSCOPY ADD-ON	-	-	Bundled	\$0.00	-	-	-	000	999	-
47552	N	BILIARY ENDO PERQ DX W/SPECI	05342	82.4931	Bundled, sometimes payable	\$4,816.77	-	-	-	000	999	-
47553	N	BILIARY ENDOSCOPY THRU SKIN	05342	82.4931	Bundled, sometimes payable	\$4,816.77	-	-	-	000	999	-
47554	N	BILIARY ENDOSCOPY THRU SKIN	05362	112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	000	999	-
47555	N	BILIARY ENDOSCOPY THRU SKIN	05341	37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	000	999	-
47556	N	BILIARY ENDOSCOPY THRU SKIN	05362	112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	000	999	-
47562	N	LAPAROSCOPIC CHOLECYSTECTOMY	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	000	999	-
47563	N	LAPARO CHOLECYSTECTOMY/GRAPH	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	000	999	-
47564	N	LAPARO CHOLECYSTECTOMY/EXPLR	05362	112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	000	999	-
47570	C	LAPARO CHOLECYSTOENTEROSTOMY	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
47579	N	UNLISTED LAPS PX BILIARY TRC	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	000	999	-
47600	C	REMOVAL OF GALLBLADDER	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
47605	C	REMOVAL OF GALLBLADDER	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
47610	C	REMOVAL OF GALLBLADDER	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
47612	C	REMOVAL OF GALLBLADDER	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
47620	C	REMOVAL OF GALLBLADDER	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
47700	C	EXPLORATION OF BILE DUCTS	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
47701	C	BILE DUCT REVISION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
47711	C	EXCISION OF BILE DUCT TUMOR	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
47712	C	EXCISION OF BILE DUCT TUMOR	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
47715	C	EXCISION OF BILE DUCT CYST	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
47720	C	FUSE GALLBLADDER & BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
47721	C	FUSE UPPER GI STRUCTURES	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
47740	C	FUSE GALLBLADDER & BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
47741	C	FUSE GALLBLADDER & BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
47760	C	FUSE BILE DUCTS AND BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
47765	C	FUSE LIVER DUCTS & BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
47780	C	FUSE BILE DUCTS AND BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
47785	C	FUSE BILE DUCTS AND BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
47800	C	RECONSTRUCTION OF BILE DUCTS	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
47801	C	PLACEMENT BILE DUCT SUPPORT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
47802	C	FUSE LIVER DUCT & INTESTINE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
47900	C	SUTURE BILE DUCT INJURY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
47999	T	UNLISTED PX BILIARY TRACT	-	05301	9.8841	APC	\$577.13	-	-	-	-	000	999	-
48000	C	DRAINAGE OF ABDOMEN	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
48001	C	PLACEMENT OF DRAIN PANCREAS	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
48020	C	REMOVAL OF PANCREATIC STONE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
48100	C	BIOPSY OF PANCREAS OPEN	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
48102	N	NEEDLE BIOPSY PANCREAS	-	05072	17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
48105	C	RESECT/DEBRIDE PANCREAS	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
48120	C	REMOVAL OF PANCREAS LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
48140	C	PARTIAL REMOVAL OF PANCREAS	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
48145	C	PARTIAL REMOVAL OF PANCREAS	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
48146	C	PANCREATECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
48148	C	REMOVAL OF PANCREATIC DUCT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
48150	C	PARTIAL REMOVAL OF PANCREAS	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
48152	C	PANCREATECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
48153	C	PANCREATECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
48154	C	PANCREATECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
48155	C	REMOVAL OF PANCREAS	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
48160	E	PANCREAS REMOVAL/TRANSPLANT	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
48400	C	INJECTION INTRAOP ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
48500	C	SURGERY OF PANCREATIC CYST	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
48510	C	DRAIN PANCREATIC PSEUDOCYST	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
48520	C	FUSE PANCREAS CYST AND BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
48540	C	FUSE PANCREAS CYST AND BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
48545	C	PANCREATORRHAPHY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
48547	C	DUODENAL EXCLUSION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
48548	C	FUSE PANCREAS AND BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
48550	E	DONOR PANCREATECTOMY	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
48551	C	PREP DONOR PANCREAS	-	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
48552	C	PREP DONOR PANCREAS/VENOUS	-	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
48554	C	TRANSPL ALLOGRAFT PANCREAS	-	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
48556	C	REMOVAL ALLOGRAFT PANCREAS	-	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
48999	T	UNLISTED PROCEDURE PANCREAS	-	05071	7.6716	APC	\$447.94	-	-	-	-	000	999	-
49000	C	EXPLORATION OF ABDOMEN	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
49002	C	REOPENING OF ABDOMEN	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
49010	C	EXPLORATION BEHIND ABDOMEN	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
49013	E	PRPERTL PEL PACK HEMRRG TRMA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
49014	E	REEXPLORATION PELVIC WOUND	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
49020	C	DRAINAGE ABDOM ABSCESS OPEN	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
49040	C	DRAIN OPEN ABDOM ABSCESS	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
49060	C	DRAIN OPEN RETROPERI ABSCESS	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
49062	C	DRAIN TO PERITONEAL CAVITY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
49082	T	ABD PARACENTESIS	-	05301 9.8841	APC	\$577.13	-	-	-	-	000	999	-
49083	T	ABD PARACENTESIS W/IMAGING	-	05301 9.8841	APC	\$577.13	-	-	-	-	000	999	-
49084	T	PERITONEAL LAVAGE	-	05301 9.8841	APC	\$577.13	-	-	-	-	000	999	-
49180	N	BIOPSY ABDOMINAL MASS	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
49185	N	SCLEROTX FLUID COLLECTION	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
49203	C	EXC ABD TUM 5 CM OR LESS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
49204	C	EXC ABD TUM OVER 5 CM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
49205	C	EXC ABD TUM OVER 10 CM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
49215	C	EXCISE SACRAL SPINE TUMOR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
49250	N	EXCISION OF UMBILICUS	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
49255	C	REMOVAL OF OMENTUM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
49320	N	DIAG LAPARO SEPARATE PROC	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
49321	N	LAPAROSCOPY BIOPSY	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
49322	N	LAPAROSCOPY ASPIRATION	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
49323	N	LAPARO DRAIN LYMPHOCELE	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
49324	N	LAP INSERT TUNNEL IP CATH	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
49325	N	LAP REVISION PERM IP CATH	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
49326	N	LAP W/OMENTOPEXY ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
49327	N	LAP INS DEVICE FOR RT	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
49329	N	UNLSTD LAPS PX ABD PERTM&OMN	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
49400	N	AIR INJECTION INTO ABDOMEN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
49402	N	REMOVE FOREIGN BODY ADBOMEN	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
49405	N	IMAGE CATH FLUID COLXN VISC	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
49406	N	IMAGE CATH FLUID PERI/RETRO	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
49407	N	IMAGE CATH FLUID TRNS/VGNL	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
49411	S	INS MARK ABD/PEL FOR RT PERQ	-	05613 15.1085	APC	\$882.19	-	-	-	-	000	999	-
49412	C	INS DEVICE FOR RT GUIDE OPEN	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
49418	N	INSERT TUN IP CATH PERC	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
49419	N	INSERT TUN IP CATH W/PORT	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
49421	N	INS TUN IP CATH FOR DIAL OPN	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
49422	N	REMOVE TUNNELED IP CATH	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
49423	N	EXCHANGE DRAINAGE CATHETER	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
49424	N	ASSESS CYST CONTRAST INJECT	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
49425	C	INSERT ABDOMEN-VENOUS DRAIN	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
49426	N	REVISE ABDOMEN-VENOUS SHUNT	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
49427	N	INJECTION ABDOMINAL SHUNT	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
49428	C	LIGATION OF SHUNT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
49429	N	REMOVAL OF SHUNT	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
49435	N	INSERT SUBQ EXTEN TO IP CATH	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
49436	N	EMBEDDED IP CATH EXIT-SITE	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
49440	N	PLACE GASTROSTOMY TUBE PERC	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
49441	N	PLACE DUOD/JEJ TUBE PERC	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
49442	T	PLACE CECOSTOMY TUBE PERC	-	05312 12.8672	APC	\$751.32	-	-	-	-	000	999	-
49446	N	CHANGE G-TUBE TO G-J PERC	-	05302 20.7479	Bundled, sometimes payable	\$1,211.47	-	-	-	-	000	999	-
49450	T	REPLACE G/C TUBE PERC	-	05301 9.8841	APC	\$577.13	-	-	-	-	000	999	-
49451	T	REPLACE DUOD/JEJ TUBE PERC	-	05301 9.8841	APC	\$577.13	-	-	-	-	000	999	-
49452	T	REPLACE G-J TUBE PERC	-	05301 9.8841	APC	\$577.13	-	-	-	-	000	999	-
49460	T	FIX G/COLON TUBE W/DEVICE	-	05301 9.8841	APC	\$577.13	-	-	-	-	000	999	-
49465	N	FLUORO EXAM OF G/COLON TUBE	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
49491	N	RPR HERN PREMIE REDUC	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	001	-
49492	N	RPR ING HERN PREMIE BLOCKED	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	001	-
49495	N	RPR ING HERNIA BABY REDUC	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	001	-
49496	N	RPR ING HERNIA BABY BLOCKED	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	001	-
49500	N	RPR ING HERNIA INIT REDUCE	-	05342 82.4931	Bundled, sometimes payable	\$4,816.77	-	-	-	-	000	004	-
49501	N	RPR ING HERNIA INIT BLOCKED	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	004	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
49505	N	PRP I/HERN INIT REDUC >5 YR	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	005	999	-
49507	N	PRP I/HERN INIT BLOCK >5 YR	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	005	999	-
49520	N	REREPAIR ING HERNIA REDUCE	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
49521	N	REREPAIR ING HERNIA BLOCKED	-	05342 82.4931	Bundled, sometimes payable	\$4,816.77	-	-	-	-	000	999	-
49525	N	REPAIR ING HERNIA SLIDING	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
49540	N	REPAIR LUMBAR HERNIA	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
49550	N	RPR REM HERNIA INIT REDUCE	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
49553	N	RPR FEM HERNIA INIT BLOCKED	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
49555	N	REREPAIR FEM HERNIA REDUCE	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
49557	N	REREPAIR FEM HERNIA BLOCKED	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
49591	N	RPR AA HRN 1ST < 3 CM RDC	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
49592	N	RPR AA HRN 1ST < 3 NCR/STRN	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
49593	N	RPR AA HRN 1ST 3-10 RDC	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
49594	N	RPR AA HRN 1ST 3-10 NCR/STRN	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
49595	N	RPR AA HRN 1ST > 10 RDC	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
49596	E	RPR AA HRN 1ST > 10 NCR/STRN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
49600	N	REPAIR UMBILICAL LESION	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
49605	C	REPAIR UMBILICAL LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
49606	C	REPAIR UMBILICAL LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
49610	C	REPAIR UMBILICAL LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
49611	C	REPAIR UMBILICAL LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
49613	N	RPR AA HRN RCR < 3 RDC	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
49614	N	RPR AA HRN RCR < 3 NCR/STRN	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
49615	N	RPR AA HRN RCR 3-10 RDC	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
49616	E	RPR AA HRN RCR 3-10 NCR/STRN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
49617	E	RPR AA HRN RCR > 10 RDC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
49618	E	RPR AA HRN RCR > 10 NCR/STRN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
49621	E	RPR PARASTOMAL HERNIA RDC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
49622	E	RPR PARASTOMAL HRNA NCR/STRN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
49623	N	RMVL NINFCT MESH HERNIA RPR	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
49650	N	LAP ING HERNIA REPAIR INIT	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
49651	N	LAP ING HERNIA REPAIR RECUR	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
49659	N	UNLSTD LAPS PX HRNAP HRNRPHY	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
49900	C	REPAIR OF ABDOMINAL WALL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
49904	C	OMENTAL FLAP EXTRA-ABDOM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
49905	C	OMENTAL FLAP INTRA-ABDOM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
49906	C	FREE OMENTAL FLAP MICROVASC	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
49999	T	UNLISTED PX ABD PERTM&OMN	-	05301 9.8841	APC	\$577.13	-	-	-	-	000	999	-
50010	C	EXPLORATION OF KIDNEY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50020	N	RENAL ABSCESS OPEN DRAIN	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
50040	C	NFROS NFROT W/DRG	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50045	C	NEPHROTOMY W/EXPLORATION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
5005F	E	PT COUNSLD ON EXAM FOR MOLES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
50060	C	NL REMOVAL CALCULUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50065	C	NL SEC SURG OPERJ CALCULUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50070	C	NL COMP CGEN KDN ABNORMALITY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50075	C	NL RMVL LG STAGHORN CALCULUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50080	N	PERQ NL/PL LITHOTRP SMPL<2CM	-	05376 100.4487	Bundled, sometimes payable	\$5,865.20	-	-	-	-	000	999	-
50081	N	PERQ NL/PL LITHOTRP CPLX>2CM	-	05376 100.4487	Bundled, sometimes payable	\$5,865.20	-	-	-	-	000	999	-
50100	C	TRNSXJ/REPOS ABRRTN RNL VLSLS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
5010F	E	MACUL RESULT PHY/QHP MNG DM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
50120	C	PYELOTOMY W/EXPLORATION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50125	C	PYELOTOMY W/DRG PYELOTOMY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50130	C	PYELOTOMY W/REMOVAL CALCULUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50135	C	PYELOTOMY COMPLICATED	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
5015F	E	DOC FX & TEST/TXMNT FOR OP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
50200	N	RENAL BIOPSY PERQ	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
50205	C	RENAL BX SURG EXPOSURE KDN	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
5020F	E	TXMNTS 2 PHYS/QHP BY 1 MON	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
50220	C	REMOVE KIDNEY OPEN	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50225	C	REMOVAL KIDNEY OPEN COMPLEX	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50230	C	REMOVAL KIDNEY OPEN RADICAL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50234	C	REMOVAL OF KIDNEY & URETER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50236	C	REMOVAL OF KIDNEY & URETER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50240	C	PARTIAL REMOVAL OF KIDNEY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50250	C	CRYOABLATE RENAL MASS OPEN	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
50280	C	REMOVAL OF KIDNEY LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50290	C	REMOVAL OF KIDNEY LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50300	C	REMOVE CADAVER DONOR KIDNEY	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
50320	C	REMOVE KIDNEY LIVING DONOR	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
50323	C	PREP CADAVER RENAL ALLOGRAFT	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
50325	C	PREP DONOR RENAL GRAFT	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
50327	C	PREP RENAL GRAFT/VEINUS	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
50328	C	PREP RENAL GRAFT/ARTERIAL	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
50329	C	PREP RENAL GRAFT/URETERAL	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
50340	C	REMOVAL OF KIDNEY	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
50360	C	TRANSPLANTATION OF KIDNEY	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
50365	C	TRANSPLANTATION OF KIDNEY	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
50370	C	REMOVE TRANSPLANTED KIDNEY	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
50380	C	REIMPLANTATION OF KIDNEY	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-
50382	N	CHANGE URETER STENT PERCUT	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
50384	N	REMOVE URETER STENT PERCUT	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
50385	N	CHANGE STENT VIA TRANSURETH	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
50386	N	REMOVE STENT VIA TRANSURETH	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
50387	N	CHANGE NEPHROURETERAL CATH	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
50389	N	REMOVE RENAL TUBE W/FLUORO	-	05372 7.4484	Bundled, sometimes payable	\$434.91	-	-	-	Y	000	999	-
50390	T	DRAINAGE OF KIDNEY LESION	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
50391	T	INSTLL RX AGNT INTO RNAL TUB	-	05371 2.6948	APC	\$157.35	-	-	-	Y	000	999	-
50396	N	MEASURE KIDNEY PRESSURE	-	05372 7.4484	Bundled, sometimes payable	\$434.91	-	-	-	-	000	999	-
50400	C	REVISION OF KIDNEY/URETER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50405	C	REVISION OF KIDNEY/URETER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50430	N	NJX PX NFROSGRM &/URTRGRM	-	05372 7.4484	Bundled, sometimes payable	\$434.91	-	-	-	-	000	999	-
50431	N	NJX PX NFROSGRM &/URTRGRM	-	05372 7.4484	Bundled, sometimes payable	\$434.91	-	-	-	-	000	999	-
50432	N	PLMT NEPHROSTOMY CATHETER	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
50433	N	PLMT NEPHROURETERAL CATHETER	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
50434	N	CONVERT NEPHROSTOMY CATHETER	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
50435	N	EXCHANGE NEPHROSTOMY CATH	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
50436	N	DILAT XST TRC NDURLGC PX	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
50437	N	DILAT XST TRC NEW ACCESS RCS	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
50500	C	REPAIR OF KIDNEY WOUND	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
5050F	E	PLAN 2 MAIN DR BY 1 MONTH	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
50520	C	CLOSE KIDNEY-SKIN FISTULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50525	C	CLOSE NEPHROVISCERAL FISTULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50526	C	CLOSE NEPHROVISCERAL FISTULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50540	C	REVISION OF HORSESHOE KIDNEY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50541	N	LAPARO ABLATE RENAL CYST	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
50542	N	LAPARO ABLATE RENAL MASS	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
50543	N	LAPARO PARTIAL NEPHRECTOMY	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
50544	N	LAPAROSCOPY PYELOPLASTY	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
50545	C	LAPARO RADICAL NEPHRECTOMY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50546	C	LAPAROSCOPIC NEPHRECTOMY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50547	C	LAPARO REMOVAL DONOR KIDNEY	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
50548	C	LAPARO REMOVE W/URETER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50549	N	UNLISTED LAPS PX RENAL	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
50551	N	KIDNEY ENDOSCOPY	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
50553	N	KIDNEY ENDOSCOPY	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
50555	N	KIDNEY ENDOSCOPY & BIOPSY	-	05376 100.4487	Bundled, sometimes payable	\$5,865.20	-	-	-	-	000	999	-
50557	N	KIDNEY ENDOSCOPY & TREATMENT	-	05376 100.4487	Bundled, sometimes payable	\$5,865.20	-	-	-	-	000	999	-
50561	N	KIDNEY ENDOSCOPY & TREATMENT	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
50562	N	RENAL SCOPE W/TUMOR RESECT	-	05376 100.4487	Bundled, sometimes payable	\$5,865.20	-	-	-	-	000	999	-
50570	N	KIDNEY ENDOSCOPY	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
50572	N	KIDNEY ENDOSCOPY	-	05372 7.4484	Bundled, sometimes payable	\$434.91	-	-	-	-	000	999	-
50574	N	KIDNEY ENDOSCOPY & BIOPSY	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
50575	N	KIDNEY ENDOSCOPY	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
50576	N	KIDNEY ENDOSCOPY & TREATMENT	-	05376 100.4487	Bundled, sometimes payable	\$5,865.20	-	-	-	-	000	999	-
50580	N	KIDNEY ENDOSCOPY & TREATMENT	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
50590	N	FRAGMENTING OF KIDNEY STONE	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
50592	N	PERC RF ABLATE RENAL TUMOR	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	Y	000	999	-
50593	N	PERC CRYO ABLATE RENAL TUM	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
50600	C	EXPLORATION OF URETER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50605	C	INSERT URETERAL SUPPORT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50606	N	ENDOLUMINAL BX URTR RNL PLVS	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
5060F	E	FNDNGS MAMMO 2PT W/IN 3 DAYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
50610	C	REMOVAL OF URETER STONE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50620	C	REMOVAL OF URETER STONE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
5062F	E	MAMMO RESULT COM TO PT 5 DAY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
50630	C	REMOVAL OF URETER STONE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50650	C	REMOVAL OF URETER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50660	C	REMOVAL OF URETER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50684	N	INJECTION FOR URETER X-RAY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
50686	S	MEASURE URETER PRESSURE	-	05721 1.7032	APC	\$99.45	-	-	-	-	000	999	-
50688	N	CHANGE OF URETER TUBE/STENT	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
50690	N	INJECTION FOR URETER X-RAY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
50693	N	PLMT URETERAL STENT PRQ	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
50694	N	PLMT URETERAL STENT PRQ	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
50695	N	PLMT URETERAL STENT PRQ	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
50700	C	REVISION OF URETER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50705	N	URETERAL EMBOLIZATION/OCCL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
50706	N	BALLOON DILATE URTRL STRIX	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
50715	C	RELEASE OF URETER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50722	C	RELEASE OF URETER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50725	C	RELEASE/REVISE URETER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50727	N	REVISE URETER	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
50728	C	REVISE URETER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50740	C	FUSION OF URETER & KIDNEY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50750	C	FUSION OF URETER & KIDNEY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50760	C	FUSION OF URETERS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50770	C	SPLICING OF URETERS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50780	C	REIMPLANT URETER IN BLADDER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50782	C	REIMPLANT URETER IN BLADDER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50783	C	REIMPLANT URETER IN BLADDER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50785	C	REIMPLANT URETER IN BLADDER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50800	C	IMPLANT URETER IN BOWEL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50810	C	FUSION OF URETER & BOWEL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50815	C	URINE SHUNT TO INTESTINE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50820	C	CONSTRUCT BOWEL BLADDER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50825	C	CONSTRUCT BOWEL BLADDER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50830	C	REVISE URINE FLOW	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
50840	C	REPLACE URETER BY BOWEL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50845	C	APPENDICO-VESICOSTOMY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50860	C	TRANSPLANT URETER TO SKIN	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50900	C	REPAIR OF URETER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50920	C	CLOSURE URETER/SKIN FISTULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50930	C	CLOSURE URETER/BOWEL FISTULA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50940	C	RELEASE OF URETER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
50945	N	LAPAROSCOPY URETEROLITHOTOMY	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
50947	N	LAPARO NEW URETER/BLADDER	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
50948	N	LAPARO NEW URETER/BLADDER	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
50949	N	UNLISTED LAPS PX URETER	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
50951	N	ENDOSCOPY OF URETER	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
50953	N	ENDOSCOPY OF URETER	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
50955	N	URETER ENDOSCOPY & BIOPSY	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
50957	N	URETER ENDOSCOPY & TREATMENT	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
50961	N	URETER ENDOSCOPY & TREATMENT	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
50970	N	URETER ENDOSCOPY	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
50972	N	URETER ENDOSCOPY & CATHETER	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
50974	N	URETER ENDOSCOPY & BIOPSY	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
50976	N	URETER ENDOSCOPY & TREATMENT	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
50980	N	URETER ENDOSCOPY & TREATMENT	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
5100F	E	RSK FX REF W/N 24 HRS XRAY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
51020	N	INCISE & TREAT BLADDER	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
51030	N	INCISE & TREAT BLADDER	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
51040	N	INCISE & DRAIN BLADDER	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
51045	N	INCISE BLADDER/DRAIN URETER	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
51050	N	REMOVAL OF BLADDER STONE	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
51060	N	REMOVAL OF URETER STONE	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
51065	N	REMOVE URETER CALCULUS	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
51080	N	DRAINAGE OF BLADDER ABSCESS	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
51100	T	DRAIN BLADDER BY NEEDLE	-	05371 2.6948	APC	\$157.35	-	-	-	-	000	999	-
51101	S	DRAIN BLADDER BY TROCAR/CATH	-	05724 11.4003	APC	\$665.66	-	-	-	-	000	999	-
51102	N	DRAIN BL W/CATH INSERTION	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
51500	N	REMOVAL OF BLADDER CYST	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
51520	N	REMOVAL OF BLADDER LESION	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
51525	C	REMOVAL OF BLADDER LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
51530	C	REMOVAL OF BLADDER LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
51535	N	REPAIR OF URETER LESION	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
51550	C	PARTIAL REMOVAL OF BLADDER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
51555	C	PARTIAL REMOVAL OF BLADDER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
51565	C	REVISE BLADDER & URETER(S)	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
51570	C	REMOVAL OF BLADDER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
51575	C	REMOVAL OF BLADDER & NODES	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
51580	C	REMOVE BLADDER/REVISE TRACT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
51585	C	REMOVAL OF BLADDER & NODES	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
51590	C	REMOVE BLADDER/REVISE TRACT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
51595	C	REMOVE BLADDER/REVISE TRACT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
51596	C	REMOVE BLADDER/CREATE POUCH	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
51597	C	REMOVAL OF PELVIC STRUCTURES	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
51600	N	INJECTION FOR BLADDER X-RAY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
51605	N	PREPARATION FOR BLADDER XRAY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
51610	N	INJECTION FOR BLADDER X-RAY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
51700	T	IRRIGATION OF BLADDER	-	05371 2.6948	APC	\$157.35	-	-	-	-	000	999	-
51701	N	INSERT BLADDER CATHETER	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
51702	N	INSERT TEMP BLADDER CATH	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
51703	S	INSERT BLADDER CATH COMPLEX	-	05721 1.7032	APC	\$99.45	-	-	-	-	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  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
51705	T	CHANGE OF BLADDER TUBE	-	05371	2.6948	APC	\$157.35	-	-	-	-	000	999	-
51710	N	CHANGE OF BLADDER TUBE	-	05372	7.4484	Bundled, sometimes payable	\$434.91	-	-	-	-	000	999	-
51715	N	ENDOSCOPIC INJECTION/IMPLANT	-	05374	38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
51720	N	TREATMENT OF BLADDER LESION	-	05372	7.4484	Bundled, sometimes payable	\$434.91	-	-	-	-	000	999	-
51725	T	SIMPLE CYSTOMETROGRAM	-	05371	2.6948	APC	\$157.35	-	-	-	-	000	999	-
51726	T	COMPLEX CYSTOMETROGRAM	-	05371	2.6948	APC	\$157.35	-	-	-	-	000	999	-
51727	N	CYSTOMETROGRAM W/UP	-	05372	7.4484	Bundled, sometimes payable	\$434.91	-	-	-	-	000	999	-
51728	N	CYSTOMETROGRAM W/VP	-	05372	7.4484	Bundled, sometimes payable	\$434.91	-	-	-	-	000	999	-
51729	N	CYSTOMETROGRAM W/VP&UP	-	05372	7.4484	Bundled, sometimes payable	\$434.91	-	-	-	-	000	999	-
51736	N	URINE FLOW MEASUREMENT	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
51741	N	ELECTRO-UROFLOWMETRY FIRST	-	05722	3.4225	Bundled, sometimes payable	\$199.84	-	-	-	-	000	999	-
51784	S	ANAL/URINARY MUSCLE STUDY	-	05721	1.7032	APC	\$99.45	-	-	-	-	000	999	-
51785	T	ANAL/URINARY MUSCLE STUDY	-	05371	2.6948	APC	\$157.35	-	-	-	-	000	999	-
51792	N	URINARY REFLEX STUDY	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
51797	N	INTRAABDOMINAL PRESSURE TEST	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
51798	N	US URINE CAPACITY MEASURE	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
51800	C	REVISION OF BLADDER/URETHRA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
51820	C	REVISION OF URINARY TRACT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
51840	C	ATTACH BLADDER/URETHRA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
51841	C	ATTACH BLADDER/URETHRA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
51845	N	REPAIR BLADDER NECK	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	000	999	-
51860	N	REPAIR OF BLADDER WOUND	-	05376	100.4487	Bundled, sometimes payable	\$5,865.20	-	-	-	-	000	999	-
51865	C	REPAIR OF BLADDER WOUND	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
51880	N	REPAIR OF BLADDER OPENING	-	05374	38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
51900	C	REPAIR BLADDER/VAGINA LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
51920	C	CLOSE BLADDER-UTERUS FISTULA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
51925	C	HYSTERECTOMY/BLADDER REPAIR	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
51940	C	CORRECTION OF BLADDER DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
51960	C	REVISION OF BLADDER & BOWEL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
51980	C	CONSTRUCT BLADDER OPENING	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
51990	N	LAPARO URETHRAL SUSPENSION	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
51992	N	LAPARO SLING OPERATION	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
51999	N	UNLISTED LAPS PX BLADDER	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	Y	000	999	-
52000	N	CYSTOSCOPY	-	05372	7.4484	Bundled, sometimes payable	\$434.91	-	-	-	-	000	999	-
52001	N	CYSTOSCOPY REMOVAL OF CLOTS	-	05374	38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52005	N	CYSTOSCOPY & URETER CATHETER	-	05373	22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
52007	N	CYSTOSCOPY AND BIOPSY	-	05374	38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
5200F	E	EVAL APPROX SURG THXPY EPI	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
52010	N	CYSTOSCOPY & DUCT CATHETER	-	05372	7.4484	Bundled, sometimes payable	\$434.91	-	-	-	-	000	999	-
52204	N	CYSTOSCOPY W/BIOPSY(S)	-	05373	22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
52214	N	CYSTOSCOPY AND TREATMENT	-	05374	38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52224	N	CYSTOSCOPY AND TREATMENT	-	05374	38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52234	N	CYSTOSCOPY AND TREATMENT	-	05374	38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52235	N	CYSTOSCOPY AND TREATMENT	-	05374	38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52240	N	CYSTOSCOPY AND TREATMENT	-	05375	56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
52250	N	CYSTOSCOPY AND RADIOTRACER	-	05374	38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52260	N	CYSTOSCOPY AND TREATMENT	-	05373	22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
52265	N	CYSTOSCOPY AND TREATMENT	-	05373	22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
52270	N	CYSTOSCOPY & REVISE URETHRA	-	05373	22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
52275	N	CYSTOSCOPY & REVISE URETHRA	-	05373	22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
52276	N	CYSTOSCOPY AND TREATMENT	-	05373	22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
52277	N	CYSTOSCOPY AND TREATMENT	-	05374	38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52281	N	CYSTOSCOPY AND TREATMENT	-	05373	22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
52282	N	CYSTOSCOPY IMPLANT STENT	-	05374	38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52283	N	CYSTOSCOPY AND TREATMENT	-	05373	22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
52284	N	CYSTO RX BALO CATH URTL STRX	-	05375	56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
52285	N	CYSTOSCOPY AND TREATMENT	-	05372 7.4484	Bundled, sometimes payable	\$434.91	-	-	-	-	000	999	-
52287	N	CYSTOSCOPY CHEMODENERVATION	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	Y	000	999	-
52290	N	CYSTOSCOPY AND TREATMENT	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
52300	N	CYSTOSCOPY AND TREATMENT	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52301	N	CYSTOSCOPY AND TREATMENT	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52305	N	CYSTOSCOPY AND TREATMENT	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
52310	N	CYSTOSCOPY AND TREATMENT	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
52315	N	CYSTOSCOPY AND TREATMENT	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
52317	N	REMOVE BLADDER STONE	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52318	N	REMOVE BLADDER STONE	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52320	N	CYSTOSCOPY AND TREATMENT	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52325	N	CYSTOSCOPY STONE REMOVAL	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
52327	N	CYSTOSCOPY INJECT MATERIAL	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
52330	N	CYSTOSCOPY AND TREATMENT	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52332	N	CYSTOSCOPY AND TREATMENT	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52334	N	CREATE PASSAGE TO KIDNEY	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52341	N	CYSTO W/URETER STRICTURE TX	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52342	N	CYSTO W/UP STRICTURE TX	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52343	N	CYSTO W/RENAL STRICTURE TX	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52344	N	CYSTO/URETERO STRICTURE TX	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52345	N	CYSTO/URETERO W/UP STRICTURE	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52346	N	CYSTOURETERO W/RENAL STRICT	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
52351	N	CYSTOURETERO & OR PYELOSCOPE	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52352	N	CYSTOURETERO W/STONE REMOVE	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52353	N	CYSTOURETERO W/LITHOTRIPSY	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
52354	N	CYSTOURETERO W/BIOPSY	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
52355	N	CYSTOURETERO W/EXCISE TUMOR	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
52356	N	CYSTOURETERO W/LITHOTRIPSY	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
52400	N	CYSTOURETERO W/CONGEN REPR	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52402	N	CYSTOURETHRO CUT EJACUL DUCT	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	Y	000	999	-
52441	E	CYSTOURETHRO W/IMPLANT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
52442	E	CYSTOURETHRO W/ADDL IMPLANT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
52450	N	INCISION OF PROSTATE	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52500	N	REVISION OF BLADDER NECK	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
5250F	E	ASTHMA DISCHARGE PLAN PRESENT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
52601	N	PROSTATECTOMY (TURP)	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
52630	N	REMOVE PROSTATE REGROWTH	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
52640	N	RELIEVE BLADDER CONTRACTURE	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
52647	N	LASER SURGERY OF PROSTATE	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
52648	N	LASER SURGERY OF PROSTATE	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
52649	N	PROSTATE LASER ENUCLEATION	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
52700	N	DRAINAGE OF PROSTATE ABSCESS	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
53000	N	INCISION OF URETHRA	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
53010	N	INCISION OF URETHRA	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
53020	N	INCISION OF URETHRA	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	002	999	-
53025	N	INCISION OF URETHRA	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	002	-
53040	N	DRAINAGE OF URETHRA ABSCESS	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
53060	N	DRAINAGE OF URETHRA ABSCESS	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
53080	N	DRAINAGE OF URINARY LEAKAGE	-	05372 7.4484	Bundled, sometimes payable	\$434.91	-	-	-	-	000	999	-
53085	N	DRAINAGE OF URINARY LEAKAGE	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
53200	N	BIOPSY OF URETHRA	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
53210	N	REMOVAL OF URETHRA	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
53215	N	REMOVAL OF URETHRA	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
53220	N	TREATMENT OF URETHRA LESION	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
53230	N	REMOVAL OF URETHRA LESION	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
53235	N	REMOVAL OF URETHRA LESION	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
53240	N	SURGERY FOR URETHRA POUCH	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
53250	N	REMOVAL OF URETHRA GLAND	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
53260	N	TREATMENT OF URETHRA LESION	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
53265	N	TREATMENT OF URETHRA LESION	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
53270	N	REMOVAL OF URETHRA GLAND	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
53275	N	REPAIR OF URETHRA DEFECT	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
53400	N	REVISE URETHRA STAGE 1	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
53405	N	REVISE URETHRA STAGE 2	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
53410	N	RECONSTRUCTION OF URETHRA	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
53415	C	RECONSTRUCTION OF URETHRA	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
53420	N	RECONSTRUCT URETHRA STAGE 1	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
53425	N	RECONSTRUCT URETHRA STAGE 2	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
53430	N	RECONSTRUCTION OF URETHRA	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
53431	N	RECONSTRUCT URETHRA/BLADDER	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
53440	N	MALE SLING PROCEDURE	-	05377 139.9697	Bundled, sometimes payable	\$8,172.83	-	-	-	-	000	999	-
53442	N	REMOVE/REVISE MALE SLING	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
53444	N	INSERT TANDEM CUFF	-	05378 219.9481	Bundled, sometimes payable	\$12,842.77	-	-	-	-	000	999	-
53445	N	INSERT URO/VES NCK SPHINCTER	-	05378 219.9481	Bundled, sometimes payable	\$12,842.77	-	-	-	-	000	999	-
53446	N	REMOVE URO SPHINCTER	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
53447	N	REMOVE/REPLACE UR SPHINCTER	-	05378 219.9481	Bundled, sometimes payable	\$12,842.77	-	-	-	-	000	999	-
53448	C	REMOV/REPLC UR SPHINCTR COMP	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
53449	N	REPAIR URO SPHINCTER	-	05376 100.4487	Bundled, sometimes payable	\$5,865.20	-	-	-	-	000	999	-
53450	N	REVISION OF URETHRA	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
53451	N	TPRNL BALO CNTNC DEV BI	-	05377 139.9697	Bundled, sometimes payable	\$8,172.83	-	-	-	-	000	999	-
53452	N	TPRNL BALO CNTNC DEV UNI	-	05376 100.4487	Bundled, sometimes payable	\$5,865.20	-	-	-	-	000	999	-
53453	N	TPRNL BALO CNTNC DEV RMVL EA	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
53454	T	TPRNL BALO CNTNC DEV ADJMT	-	05371 2.6948	APC	\$157.35	-	-	-	-	000	999	-
53460	N	REVISION OF URETHRA	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
53500	N	URETHRLYS TRANSVAG W/ SCOPE	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	Y	000	999	-
53502	N	REPAIR OF URETHRA INJUURY	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
53505	N	REPAIR OF URETHRA INJUURY	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
53510	N	REPAIR OF URETHRA INJUURY	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
53515	N	REPAIR OF URETHRA INJUURY	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
53520	N	REPAIR OF URETHRA DEFECT	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
53600	T	DILATE URETHRA STRICTURE	-	05371 2.6948	APC	\$157.35	-	-	-	-	000	999	-
53601	N	DILATE URETHRA STRICTURE	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
53605	N	DILATE URETHRA STRICTURE	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
53620	N	DILATE URETHRA STRICTURE	-	05372 7.4484	Bundled, sometimes payable	\$434.91	-	-	-	-	000	999	-
53621	T	DILATE URETHRA STRICTURE	-	05371 2.6948	APC	\$157.35	-	-	-	-	000	999	-
53660	S	DILATION OF URETHRA	-	05721 1.7032	APC	\$99.45	-	-	-	-	000	999	-
53661	N	DILATION OF URETHRA	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
53665	N	DILATION OF URETHRA	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
53850	N	PROSTATIC MICROWAVE THERMOTX	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
53852	N	PROSTATIC RF THERMOTX	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
53854	N	TRURL DSTRJ PRST8 TISS RF WV	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
53855	N	INSERT PROST URETHRAL STENT	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
53860	N	TRANSURETHRAL RF TREATMENT	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
53899	T	UNLISTED PX URINARY SYSTEM	-	05371 2.6948	APC	\$157.35	-	-	-	-	000	999	-
54000	N	SLITTING OF PREPUCE	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54001	N	SLITTING OF PREPUCE	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	001	099	-
54015	N	DRAIN PENIS LESION	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
54050	N	DESTRUCTION PENIS LESION(S)	-	05052 4.3478	Bundled, sometimes payable	\$253.87	-	-	-	-	000	999	-
54055	T	DESTRUCTION PENIS LESION(S)	-	05054 19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
54056	N	CRYOSURGERY PENIS LESION(S)	-	05051 2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
54057	T	LASER SURG PENIS LESION(S)	-	05054 19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
54060	T	EXCISION OF PENIS LESION(S)	-	05054 19.8843	APC	\$1,161.04	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
54065	T	DESTRUCTION PENIS LESION(S)	-	05054 19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
54100	N	BIOPSY OF PENIS	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
54105	N	BIOPSY OF PENIS	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
54110	N	TREATMENT OF PENIS LESION	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54111	N	TREAT PENIS LESION GRAFT	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
54112	N	TREAT PENIS LESION GRAFT	-	05376 100.4487	Bundled, sometimes payable	\$5,865.20	-	-	-	-	000	999	-
54115	N	TREATMENT OF PENIS LESION	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
54120	N	PARTIAL REMOVAL OF PENIS	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54125	C	REMOVAL OF PENIS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
54130	C	REMOVE PENIS & NODES	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
54135	C	REMOVE PENIS & NODES	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
54150	N	CIRCUMCISION W/REGIONL BLOCK	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
54160	N	CIRCUMCISION NEONATE	-	05372 7.4484	Bundled, sometimes payable	\$434.91	-	-	-	-	000	000	-
54161	N	CIRCUM 28 DAYS OR OLDER	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	099	-
54162	N	LYSIS PENIL CIRCUMIC LESION	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
54163	N	REPAIR OF CIRCUMCISION	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
54164	N	FRENULOTOMY OF PENIS	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
54200	T	TREATMENT OF PENIS LESION	-	05371 2.6948	APC	\$157.35	-	-	-	-	000	999	-
54205	N	TREATMENT OF PENIS LESION	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
54220	T	TREATMENT OF PENIS LESION	-	05371 2.6948	APC	\$157.35	-	-	-	-	000	999	-
54230	E	PREPARE PENIS STUDY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
54231	E	DYNAMIC CAVERNOSOMETRY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
54235	E	PENILE INJECTION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
54240	E	PENIS STUDY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
54250	E	PENIS STUDY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
54300	N	REVISION OF PENIS	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54304	N	REVISION OF PENIS	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54308	N	RECONSTRUCTION OF URETHRA	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
54312	N	RECONSTRUCTION OF URETHRA	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54316	N	RECONSTRUCTION OF URETHRA	-	05376 100.4487	Bundled, sometimes payable	\$5,865.20	-	-	-	-	000	999	-
54318	N	RECONSTRUCTION OF URETHRA	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54322	N	RECONSTRUCTION OF URETHRA	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54324	N	RECONSTRUCTION OF URETHRA	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54326	N	RECONSTRUCTION OF URETHRA	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54328	N	REVISE PENIS/URETHRA	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54332	N	REVISE PENIS/URETHRA	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	018	-
54336	N	REVISE PENIS/URETHRA	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54340	N	RPR HYPSPAD COMP SIMPLE	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54344	N	RRP HYPSPAD COMP MOBLJ&URTP	-	05376 100.4487	Bundled, sometimes payable	\$5,865.20	-	-	-	-	000	999	-
54348	N	RPR HYPSPAD COMP DSJ & URTP	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
54352	N	REVJ PRIOR HYPSPAD REPAIR	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
54360	E	PENIS PLASTIC SURGERY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
54380	N	REPAIR PENIS	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
54385	N	REPAIR PENIS	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
54390	C	REPAIR PENIS AND BLADDER	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
54400	E	INSERT SEMI-RIGID PROSTHESIS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
54401	E	INSERT SELF-CONTD PROSTHESIS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
54405	E	INSERT MULTI-COMP PENIS PROS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
54406	E	REMOVE MULTI-COMP PENIS PROS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
54408	E	REPAIR MULTI-COMP PENIS PROS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
54410	E	REMOVE/REPLACE PENIS PROSTH	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
54411	E	REMOV/REPLC PENIS PROS COMP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
54415	E	REMOVE SELF-CONTD PENIS PROS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
54416	E	REMOV/REPL PENIS CONTAIN PROS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
54417	E	REMOV/REPLC PENIS PROS COMPL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
54420	N	REVISION OF PENIS	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
54430	C	REVISION OF PENIS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
54435	N	REVISION OF PENIS	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54437	N	REPAIR CORPOREAL TEAR	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54438	C	REPLANTATION OF PENIS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
54440	N	REPAIR OF PENIS	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54450	T	PREPUTIAL STRETCHING	-	05371 2.6948	APC	\$157.35	-	-	-	-	000	999	-
54500	N	BIOPSY OF TESTIS	-	05073 30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
54505	N	BIOPSY OF TESTIS	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54512	N	EXCISE LESION TESTIS	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54520	N	REMOVAL OF TESTIS	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54522	N	ORCHIECTOMY PARTIAL	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54530	N	REMOVAL OF TESTIS	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
54535	N	EXTENSIVE TESTIS SURGERY	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54550	N	EXPLORATION FOR TESTIS	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
54560	N	EXPLORATION FOR TESTIS	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
54600	N	REDUCE TESTIS TORSION	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54620	N	SUSPENSION OF TESTIS	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54640	N	ORCHIOPEXY INGUN/SCROT APPR	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
54650	N	ORCHIOPEXY (FOWLER-STEPHENS)	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
54660	N	REVISION OF TESTIS	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
54670	N	REPAIR TESTIS INJURY	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54680	N	RELOCATION OF TESTIS(ES)	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54690	N	LAPAROSCOPY ORCHIECTOMY	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
54692	N	LAPAROSCOPY ORCHIOPEXY	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
54699	N	UNLISTED LAPS PX TESTIS	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
54700	N	DRAINAGE OF SCROTUM	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
54800	N	BIOPSY OF EPIDIDYMS	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
54830	N	REMOVE EPIDIDYMS LESION	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54840	N	REMOVE EPIDIDYMS LESION	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
54860	N	REMOVAL OF EPIDIDYMS	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54861	N	REMOVAL OF EPIDIDYMS	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54865	N	EXPLORE EPIDIDYMS	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
54900	N	FUSION OF SPERMATIC DUCTS	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
54901	N	FUSION OF SPERMATIC DUCTS	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
55000	T	DRAINAGE OF HYDROCELE	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
55040	N	REMOVAL OF HYDROCELE	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
55041	N	REMOVAL OF HYDROCELES	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
55060	N	REPAIR OF HYDROCELE	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
55100	N	DRAINAGE OF SCROTUM ABSCESS	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
55110	N	EXPLORE SCROTUM	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
55120	N	REMOVAL OF SCROTUM LESION	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
55150	N	REMOVAL OF SCROTUM	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
55175	N	REVISION OF SCROTUM	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
55180	N	REVISION OF SCROTUM	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
55200	N	INCISION OF SPERM DUCT	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
55250	N	REMOVAL OF SPERM DUCT(S)	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	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	N	REMOVAL OF HYDROCELE	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
55520	N	REMOVAL OF SPERM CORD LESION	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
55530	N	REVISE SPERMATIC CORD VEINS	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
55535	N	REVISE SPERMATIC CORD VEINS	-	05342 82.4931	Bundled, sometimes payable	\$4,816.77	-	-	-	-	000	999	-
55540	N	REVISE HERNIA & SPERM VEINS	-	05341 37.7233	Bundled, sometimes payable	\$2,202.66	-	-	-	-	000	999	-
55550	N	LAPARO LIGATE SPERMATIC VEIN	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
55559	N	UNLSTD LAPS PX SPRMATIC CORD	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
55600	N	INCISE SPERM DUCT POUCH	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
55605	C	INCISE SPERM DUCT POUCH	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
55650	C	REMOVE SPERM DUCT POUCH	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
55680	N	REMOVE SPERM POUCH LESION	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
55700	N	BIOPSY OF PROSTATE	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
55705	N	BIOPSY OF PROSTATE	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
55706	N	PROSTATE SATURATION SAMPLING	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
55720	N	DRAINAGE OF PROSTATE ABSCESS	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
55725	N	DRAINAGE OF PROSTATE ABSCESS	-	05374 38.0122	Bundled, sometimes payable	\$2,219.53	-	-	-	-	000	999	-
55801	C	REMOVAL OF PROSTATE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
55810	C	EXTENSIVE PROSTATE SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
55812	C	EXTENSIVE PROSTATE SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
55815	C	EXTENSIVE PROSTATE SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
55821	C	REMOVAL OF PROSTATE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
55831	C	REMOVAL OF PROSTATE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
55840	C	EXTENSIVE PROSTATE SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
55842	C	EXTENSIVE PROSTATE SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
55845	C	EXTENSIVE PROSTATE SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
55860	N	SURGICAL EXPOSURE PROSTATE	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
55862	C	EXTENSIVE PROSTATE SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
55865	C	EXTENSIVE PROSTATE SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
55866	N	LAPS SURG PRST8ECT RPBIC RAD	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
55867	N	LAPS SURG PRST8ECT SMPL STOT	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
55870	E	ELECTROEJACULATION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
55873	N	CRYOABLATE PROSTATE	-	05376 100.4487	Bundled, sometimes payable	\$5,865.20	-	-	-	-	000	999	-
55874	N	TPRNL PLMT BIODEGRDABL MATRL	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
55875	N	TRANSPERI NEEDLE PLACE PROS	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
55876	S	PLACE RT DEVICE/MARKER PROS	-	05613 15.1085	APC	\$882.19	-	-	-	-	000	999	-
55880	N	ABL TJ MAL PRST8 TISS HIFU	-	05376 100.4487	Bundled, sometimes payable	\$5,865.20	-	-	-	-	000	999	-
55899	T	UNLISTED PX MALE GENITAL SYS	-	05371 2.6948	APC	\$157.35	-	-	-	-	000	999	-
55920	N	PLACE NEEDLES PELVIC FOR RT	-	05415 54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	000	999	-
55970	E	SEX TRANSFORMATION M TO F	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
55980	E	SEX TRANSFORMATION F TO M	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
56405	T	I & D OF VULVA/PERINEUM	-	05412 3.4980	APC	\$204.25	-	-	-	-	000	999	-
56420	T	DRAINAGE OF GLAND ABSCESS	-	05411 2.1728	APC	\$126.87	-	-	-	-	000	999	-
56440	N	SURGERY FOR VULVA LESION	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
56441	N	LYSIS OF LABIAL LESION(S)	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
56442	N	HYMENOTOMY	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
56501	T	DESTROY VULVA LESIONS SIM	-	05054 19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
56515	T	DESTROY VULVA LESION/S COMPL	-	05054 19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
56605	T	BIOPSY OF VULVA/PERINEUM	-	05413 8.7657	APC	\$511.83	-	-	-	-	000	999	-
56606	N	BIOPSY OF VULVA/PERINEUM	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
56620	N	PARTIAL REMOVAL OF VULVA	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
56625	N	COMPLETE REMOVAL OF VULVA	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
56630	C	EXTENSIVE VULVA SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
56631	C	EXTENSIVE VULVA SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
56632	C	EXTENSIVE VULVA SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
56633	C	EXTENSIVE VULVA SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
56634	C	EXTENSIVE VULVA SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
56637	C	EXTENSIVE VULVA SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
56640	C	EXTENSIVE VULVA SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
56700	N	PARTIAL REMOVAL OF HYMEN	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
56740	N	REMOVE VAGINA GLAND LESION	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
56800	N	REPAIR OF VAGINA	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
56805	N	REPAIR CLITORIS	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	020	-
56810	N	REPAIR OF PERINEUM	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
56820	T	EXAM OF VULVA W/SCOPE	-	05411 2.1728	APC	\$126.87	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC Weight	APC			Hospital Lab Fees	Hospital Lab Fees					
56821	T	EXAM/BIOPSY OF VULVA W/SCOPE	-	05412	3.4980	APC	\$204.25	-	-	-	-	000	999	-
57000	N	EXPLORATION OF VAGINA	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
57010	N	DRAINAGE OF PELVIC ABSCESS	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
57020	N	DRAINAGE OF PELVIC FLUID	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	000	999	-
57022	N	I & D VAGINAL HEMATOMA PP	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
57023	N	I & D VAG HEMATOMA NON-OB	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
57061	N	DESTROY VAG LESIONS SIMPLE	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
57065	N	DESTROY VAG LESIONS COMPLEX	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
57100	T	BIOPSY OF VAGINA	-	05413	8.7657	APC	\$511.83	-	-	-	-	000	999	-
57105	N	BIOPSY OF VAGINA	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
57106	N	REMOVE VAGINA WALL PARTIAL	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
57107	N	REMOVE VAGINA TISSUE PART	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
57109	N	VAGINECTOMY PARTIAL W/NODES	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
57110	C	REMOVE VAGINA WALL COMPLETE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
57111	C	REMOVE VAGINA TISSUE COMPL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
57120	N	CLOSURE OF VAGINA	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	000	999	-
57130	N	REMOVE VAGINA LESION	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
57135	N	REMOVE VAGINA LESION	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
57150	N	TREAT VAGINA INFECTION	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
57155	N	INSERT UTERI TANDEM/OVOIDS	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	000	999	-
57156	T	INS VAG BRACHYTX DEVICE	-	05412	3.4980	APC	\$204.25	-	-	-	-	000	999	-
57160	T	INSERT PESSARY/OTHER DEVICE	-	05411	2.1728	APC	\$126.87	-	-	-	-	000	999	-
57170	T	FITTING OF DIAPHRAGM/CAP	-	05411	2.1728	APC	\$126.87	-	-	-	-	000	999	-
57180	T	TREAT VAGINAL BLEEDING	-	05411	2.1728	APC	\$126.87	-	-	-	-	000	999	-
57200	N	REPAIR OF VAGINA	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
57210	N	REPAIR VAGINA/PERINEUM	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
57220	N	REVISION OF URETHRA	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	000	999	-
57230	N	REPAIR OF URETHRAL LESION	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
57240	N	ANTERIOR COLPORRHAPHY	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	000	999	-
57250	N	REPAIR RECTUM & VAGINA	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	000	999	-
57260	N	CMBN ANT PST COLPRHY	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	000	999	-
57265	N	CMBN AP COLPRHY W/NTRCL RPR	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	000	999	-
57267	N	INSERT MESH/PELVIC FLR ADDON	-	-	-	Bundled	\$0.00	-	-	-	Y	000	999	-
57268	N	REPAIR OF BOWEL BULGE	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	000	999	-
57270	C	REPAIR OF BOWEL POUCH	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
57280	C	SUSPENSION OF VAGINA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
57282	N	COLPOPEXY EXTRAPERITONEAL	-	05416	82.3945	Bundled, sometimes payable	\$4,811.01	-	-	-	-	000	999	-
57283	N	COLPOPEXY INTRAPERITONEAL	-	05416	82.3945	Bundled, sometimes payable	\$4,811.01	-	-	-	Y	000	999	-
57284	N	REPAIR PARAVAG DEFECT OPEN	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	000	999	-
57285	N	REPAIR PARAVAG DEFECT VAG	-	05416	82.3945	Bundled, sometimes payable	\$4,811.01	-	-	-	-	000	999	-
57287	N	REVISE/REMOVE SLING REPAIR	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
57288	N	REPAIR BLADDER DEFECT	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	000	999	-
57289	N	REPAIR BLADDER & VAGINA	-	05416	82.3945	Bundled, sometimes payable	\$4,811.01	-	-	-	-	000	999	-
57291	E	CONSTRUCTION OF VAGINA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
57292	E	CONSTRUCT VAGINA WITH GRAFT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
57295	N	REVISE VAG GRAFT VIA VAGINA	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	Y	000	999	-
57296	C	REVISE VAG GRAFT OPEN ABD	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
57300	N	REPAIR RECTUM-VAGINA FISTULA	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
57305	C	REPAIR RECTUM-VAGINA FISTULA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
57307	C	FISTULA REPAIR & COLOSTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
57308	C	FISTULA REPAIR TRANSPERINE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
57310	N	REPAIR URETHROVAGINAL LESION	-	05416	82.3945	Bundled, sometimes payable	\$4,811.01	-	-	-	-	000	999	-
57311	C	REPAIR URETHROVAGINAL LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
57320	N	REPAIR BLADDER-VAGINA LESION	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	000	999	-
57330	N	REPAIR BLADDER-VAGINA LESION	-	05416	82.3945	Bundled, sometimes payable	\$4,811.01	-	-	-	-	000	999	-
57335	N	REPAIR VAGINA	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	000	020	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight				Hospital Lab	Hospital Lab					
57400	N	DILATION OF VAGINA	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	-	000	999	-
57410	N	PELVIC EXAMINATION	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	-	000	999	-
57415	N	REMOVE VAGINAL FOREIGN BODY	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	-	000	999	-
57420	T	EXAM OF VAGINA W/SCOPE	-	05412	3.4980	APC	\$204.25	-	-	-	-	-	000	999	-
57421	T	EXAM/BIOPSY OF VAG W/SCOPE	-	05413	8.7657	APC	\$511.83	-	-	-	-	-	000	999	-
57423	N	REPAIR PARAVAG DEFECT LAP	-	05362	112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	-	000	999	-
57425	N	LAPAROSCOPY SURG COLPOPEXY	-	05362	112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	Y	-	000	999	-
57426	N	REVISE PROSTH VAG GRAFT LAP	-	05416	82.3945	Bundled, sometimes payable	\$4,811.01	-	-	-	-	-	000	999	-
57452	T	EXAM OF CERVIX W/SCOPE	-	05411	2.1728	APC	\$126.87	-	-	-	-	-	000	999	-
57454	T	BX/CURETT OF CERVIX W/SCOPE	-	05412	3.4980	APC	\$204.25	-	-	-	-	-	000	999	-
57455	T	BIOPSY OF CERVIX W/SCOPE	-	05412	3.4980	APC	\$204.25	-	-	-	-	-	000	999	-
57456	T	ENDOCERV CURETTAGE W/SCOPE	-	05412	3.4980	APC	\$204.25	-	-	-	-	-	000	999	-
57460	N	BX OF CERVIX W/SCOPE LEEP	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	-	000	999	-
57461	N	CONZ OF CERVIX W/SCOPE LEEP	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	-	000	999	-
57465	N	CAM CERVIX UTERI DRG COLP	-	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
57500	T	BIOPSY OF CERVIX	-	05413	8.7657	APC	\$511.83	-	-	-	-	-	000	999	-
57505	T	ENDOCERVICAL CURETTAGE	-	05413	8.7657	APC	\$511.83	-	-	-	-	-	000	999	-
57510	N	CAUTERIZATION OF CERVIX	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	-	000	999	-
57511	T	CRYOCAUTERY OF CERVIX	-	05412	3.4980	APC	\$204.25	-	-	-	-	-	000	999	-
57513	N	LASER SURGERY OF CERVIX	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	-	000	999	-
57520	N	CONIZATION OF CERVIX	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	-	000	999	-
57522	N	CONIZATION OF CERVIX	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	-	000	999	-
57530	N	REMOVAL OF CERVIX	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	-	000	999	-
57531	C	REMOVAL OF CERVIX RADICAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	-	000	999	-
57540	C	REMOVAL OF RESIDUAL CERVIX	-	-	-	Inpatient Only	\$0.00	-	-	-	-	-	000	999	-
57545	C	REMOVE CERVIX/REPAIR PELVIS	-	-	-	Inpatient Only	\$0.00	-	-	-	-	-	000	999	-
57550	N	REMOVAL OF RESIDUAL CERVIX	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	-	000	999	-
57555	N	REMOVE CERVIX/REPAIR VAGINA	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	-	000	999	-
57556	N	REMOVE CERVIX REPAIR BOWEL	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	-	000	999	-
57558	N	D&C OF CERVICAL STUMP	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	-	000	999	-
57700	N	REVISION OF CERVIX	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	-	000	999	-
57720	N	REVISION OF CERVIX	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	-	000	999	-
57800	N	DILATION OF CERVICAL CANAL	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	-	000	999	-
58100	T	BIOPSY OF UTERUS LINING	-	05411	2.1728	APC	\$126.87	-	-	-	-	-	000	999	-
58110	N	BX DONE W/COLPOSCOPY ADD-ON	-	-	-	Bundled	\$0.00	-	-	-	Y	-	000	999	-
58120	N	DILATION AND CURETTAGE	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	-	000	999	-
58140	C	MYOMECTOMY ABDOM METHOD	-	-	-	Inpatient Only	\$0.00	-	-	-	-	-	000	999	-
58145	N	MYOMECTOMY VAG METHOD	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	-	000	999	-
58146	C	MYOMECTOMY ABDOM COMPLEX	-	-	-	Inpatient Only	\$0.00	-	-	-	-	-	000	999	-
58150	C	TOTAL HYSTERECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	-	000	999	-
58152	C	TOTAL HYSTERECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	-	000	999	-
58180	C	PARTIAL HYSTERECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	-	000	999	-
58200	C	EXTENSIVE HYSTERECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	-	000	999	-
58210	C	EXTENSIVE HYSTERECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	-	000	999	-
58240	C	REMOVAL OF PELVIS CONTENTS	-	-	-	Inpatient Only	\$0.00	-	-	-	-	-	000	999	-
58260	N	VAGINAL HYSTERECTOMY	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	-	000	999	-
58262	N	VAG HYST INCLUDING T/O	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	-	000	999	-
58263	N	VAG HYST W/T/O & VAG REPAIR	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	-	000	999	-
58267	C	VAG HYST W/URINARY REPAIR	-	-	-	Inpatient Only	\$0.00	-	-	-	-	-	000	999	-
58270	N	VAG HYST W/ENTEROCLE REPAIR	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	-	000	999	-
58275	C	HYSTERECTOMY/REVISE VAGINA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	-	000	999	-
58280	C	HYSTERECTOMY/REVISE VAGINA	-	-	-	Inpatient Only	\$0.00	-	-	-	-	-	000	999	-
58285	C	EXTENSIVE HYSTERECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	-	000	999	-
58290	N	VAG HYST COMPLEX	-	05416	82.3945	Bundled, sometimes payable	\$4,811.01	-	-	-	-	-	000	999	-
58291	N	VAG HYST INCL T/O COMPLEX	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	-	000	999	-
58292	N	VAG HYST T/O & REPAIR COMPL	-	05416	82.3945	Bundled, sometimes payable	\$4,811.01	-	-	-	-	-	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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
58294	N	VAG HYST W/ENTEROCLE COMPL	-	05415 54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	000	999	-
58300	M	INSERT INTRAUTERINE DEVICE	-	-	Fee Schedule	\$69.71	-	-	-	-	010	065	-
58301	N	REMOVE INTRAUTERINE DEVICE	-	05412 3.4980	Bundled, sometimes payable	\$204.25	-	-	-	-	000	999	-
58321	E	ARTIFICIAL INSEMINATION	-	-	Not Allowed	\$0.00	-	-	-	-	010	065	-
58322	E	ARTIFICIAL INSEMINATION	-	-	Not Allowed	\$0.00	-	-	-	-	010	065	-
58323	E	SPERM WASHING	-	-	Not Allowed	\$0.00	-	-	-	-	010	065	-
58340	N	CATHETER FOR HYSTEROGRAPHY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
58345	E	REOPEN FALLOPIAN TUBE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
58346	N	INSERT HEYMAN UTERI CAPSULE	-	05415 54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	000	999	-
58350	N	REOPEN FALLOPIAN TUBE	-	05415 54.2343	Bundled, sometimes payable	\$3,166.74	-	-	Y	-	000	999	-
58353	N	ENDOMETR ABLATE THERMAL	-	05415 54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	000	999	-
58356	N	ENDOMETRIAL CRYOABLATION	-	05415 54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	Y	000	999	-
58400	C	SUSPENSION OF UTERUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
58410	C	SUSPENSION OF UTERUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
58520	C	REPAIR OF RUPTURED UTERUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
58540	C	REVISION OF UTERUS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
58541	N	LSH UTERUS 250 G OR LESS	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
58542	N	LSH W/T/O UT 250 G OR LESS	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
58543	N	LSH UTERUS ABOVE 250 G	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
58544	N	LSH W/T/O UTERUS ABOVE 250 G	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
58545	N	LAPAROSCOPIC MYOMECTOMY	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
58546	N	LAPARO-MYOMECTOMY COMPLEX	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
58548	C	LAP RADICAL HYST	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
58550	N	LAPARO-ASST VAG HYSTERECTOMY	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
58552	N	LAPARO-VAG HYST INCL T/O	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
58553	N	LAPARO-VAG HYST COMPLEX	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
58554	N	LAPARO-VAG HYST W/T/O COMPL	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
58555	N	HYSTEROSCOPY DX SEP PROC	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
58558	N	HYSTEROSCOPY BIOPSY	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
58559	N	HYSTEROSCOPY LYSIS	-	05415 54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	000	999	-
58560	N	HYSTEROSCOPY RESECT SEPTUM	-	05415 54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	000	999	-
58561	N	HYSTEROSCOPY REMOVE MYOMA	-	05415 54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	000	999	-
58562	N	HYSTEROSCOPY REMOVE FB	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
58563	N	HYSTEROSCOPY ABLATION	-	05415 54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	000	999	-
58565	N	HYSTEROSCOPY STERILIZATION	-	05415 54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	021	065	-
58570	N	TLH UTERUS 250 G OR LESS	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
58571	N	TLH W/T/O 250 G OR LESS	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
58572	N	TLH UTERUS OVER 250 G	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
58573	N	TLH W/T/O UTERUS OVER 250 G	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
58575	C	LAPS TOT HYST RESJ MAL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
58578	N	UNLISTED LAPS PX UTERUS	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
58579	T	UNLISTED HYSTSC PX UTERUS	-	05411 2.1728	APC	\$126.87	-	-	-	-	000	999	-
58580	N	TRANSCRV ABLTJ UTRN FIBRD RF	-	05416 82.3945	Bundled, sometimes payable	\$4,811.01	-	-	-	-	000	999	-
58600	N	DIVISION OF FALLOPIAN TUBE	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	021	065	-
58605	C	DIVISION OF FALLOPIAN TUBE	-	-	Inpatient Only	\$0.00	-	-	-	-	021	065	-
58611	C	LIGATE OVIDUCT(S) ADD-ON	-	-	Inpatient Only	\$0.00	-	-	-	-	021	065	-
58615	N	OCCLUDE FALLOPIAN TUBE(S)	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	021	065	-
58660	N	LAPAROSCOPY LYSIS	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
58661	N	LAPAROSCOPY REMOVE ADNEXA	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
58662	N	LAPAROSCOPY EXCISE LESIONS	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
58670	N	LAPAROSCOPY TUBAL CAUTERY	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	021	999	-
58671	N	LAPAROSCOPY TUBAL BLOCK	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	021	999	-
58672	N	LAPAROSCOPY FIMBRIOPLASTY	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
58673	N	LAPAROSCOPY SALPINGOSTOMY	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
58674	N	LAPS ABLTJ UTERINE FIBROIDS	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
58679	N	UNLISTED LAPS PX OVIDCT OVRY	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab Fees	Hospital Lab Fees					
58700	C	REMOVAL OF FALLOPIAN TUBE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
58720	C	REMOVAL OF OVARY/TUBE(S)	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
58740	C	ADHESIOLYSIS TUBE OVARY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
58750	E	REPAIR OVIDUCT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
58752	E	REVISE OVARIAN TUBE(S)	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
58760	E	FIMBRIOPLASTY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
58770	E	CREATE NEW TUBAL OPENING	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
58800	N	DRAINAGE OF OVARIAN CYST(S)	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
58805	N	DRAINAGE OF OVARIAN CYST(S)	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
58820	N	DRAIN OVARY ABSCESS OPEN	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
58822	C	DRAIN OVARY ABSCESS PERCUT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
58825	C	TRANSPOSITION OVARY(S)	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
58900	N	BIOPSY OF OVARY(S)	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	000	999	-
58920	N	PARTIAL REMOVAL OF OVARY(S)	-	05416	82.3945	Bundled, sometimes payable	\$4,811.01	-	-	-	-	000	999	-
58925	N	REMOVAL OF OVARIAN CYST(S)	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	000	999	-
58940	C	REMOVAL OF OVARY(S)	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
58943	C	REMOVAL OF OVARY(S)	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
58950	C	RESECT OVARIAN MALIGNANCY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
58951	C	RESECT OVARIAN MALIGNANCY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
58952	C	RESECT OVARIAN MALIGNANCY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
58953	C	TAH RAD DISSECT FOR DEBULK	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
58954	C	TAH RAD DEBULK/LYMPH REMOVE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	012	999	-
58956	C	BSO OMENTECTOMY W/TAH	-	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
58957	C	RESECT RECURRENT GYN MAL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
58958	C	RESECT RECUR GYN MAL W/LYM	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
58960	C	EXPLORATION OF ABDOMEN	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
58970	E	RETRIEVAL OF OOCYTE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
58974	E	TRANSFER OF EMBRYO	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
58976	E	TRANSFER OF EMBRYO	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
58999	T	UNLISTED PX FML GENITAL SYS	-	05411	2.1728	APC	\$126.87	-	-	-	-	000	999	-
59000	T	AMNIOCENTESIS DIAGNOSTIC	-	05413	8.7657	APC	\$511.83	-	-	-	-	010	065	-
59001	T	AMNIOCENTESIS THERAPEUTIC	-	05412	3.4980	APC	\$204.25	-	-	-	-	010	065	-
59012	T	FETAL CORD PUNCTURE PRENATAL	-	05412	3.4980	APC	\$204.25	-	-	-	-	010	065	-
59015	T	CHORION BIOPSY	-	05413	8.7657	APC	\$511.83	-	-	-	-	010	065	-
59020	T	FETAL CONTRACT STRESS TEST	-	05411	2.1728	APC	\$126.87	-	-	-	-	010	065	-
59025	T	FETAL NON-STRESS TEST	-	05411	2.1728	APC	\$126.87	-	-	-	-	010	065	-
59030	T	FETAL SCALP BLOOD SAMPLE	-	05412	3.4980	APC	\$204.25	-	-	-	-	010	065	-
59050	M	FETAL MONITOR W/REPORT	-	-	-	Fee Schedule	\$0.00	-	-	-	-	010	065	-
59051	E	FETAL MONITOR/INTERPRET ONLY	-	-	-	Not Allowed	\$0.00	-	-	-	-	010	065	-
59070	T	TRANSABDOM AMNIOINFUS W/US	-	05412	3.4980	APC	\$204.25	-	-	-	Y	010	065	-
59072	T	UMBILICAL CORD OCCLUD W/US	-	05412	3.4980	APC	\$204.25	-	-	-	Y	010	065	-
59074	T	FETAL FLUID DRAINAGE W/US	-	05412	3.4980	APC	\$204.25	-	-	-	Y	010	065	-
59076	T	FETAL SHUNT PLACEMENT W/US	-	05412	3.4980	APC	\$204.25	-	-	-	Y	010	065	-
59100	N	REMOVE UTERUS LESION	-	05415	54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	010	065	-
59120	C	TREAT ECTOPIC PREGNANCY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	010	065	-
59121	C	TREAT ECTOPIC PREGNANCY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	010	065	-
59130	C	TREAT ECTOPIC PREGNANCY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	010	065	-
59136	C	TREAT ECTOPIC PREGNANCY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	010	065	-
59140	C	TREAT ECTOPIC PREGNANCY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	010	065	-
59150	N	TREAT ECTOPIC PREGNANCY	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	010	065	-
59151	N	TREAT ECTOPIC PREGNANCY	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	010	065	-
59160	N	D & C AFTER DELIVERY	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	010	065	-
59200	T	INSERT CERVICAL DILATOR	-	05412	3.4980	APC	\$204.25	-	-	-	-	010	065	-
59300	N	EPISIOTOMY OR VAGINAL REPAIR	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	010	065	-
59320	N	REVISION OF CERVIX	-	05414	34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	-	010	065	-
59325	C	REVISION OF CERVIX	-	-	-	Inpatient Only	\$0.00	-	-	-	-	010	065	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
								Hospital Lab Fees	Prior Auth. Required			
59350	C	REPAIR OF UTERUS	-	-	Inpatient Only	\$0.00	-	-	-	010	065	-
59400	E	OBSTETRICAL CARE	-	-	Not Allowed	\$0.00	-	-	-	010	065	-
59409	N	OBSTETRICAL CARE	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	010	065	-
59410	E	OBSTETRICAL CARE	-	-	Not Allowed	\$0.00	-	-	-	010	065	-
59412	N	ANTEPARTUM MANIPULATION	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	010	065	-
59414	N	DELIVER PLACENTA	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	010	065	-
59425	M	ANTEPARTUM CARE ONLY	-	-	Fee Schedule	\$0.00	-	-	-	010	065	-
59426	M	ANTEPARTUM CARE ONLY	-	-	Fee Schedule	\$0.00	-	-	-	010	065	-
59430	M	CARE AFTER DELIVERY	-	-	Fee Schedule	\$0.00	-	-	-	010	065	-
59510	E	CESAREAN DELIVERY	-	-	Not Allowed	\$0.00	-	-	-	010	065	-
59514	C	CESAREAN DELIVERY ONLY	-	-	Inpatient Only	\$0.00	-	-	-	010	065	-
59515	E	CESAREAN DELIVERY	-	-	Not Allowed	\$0.00	-	-	-	010	065	-
59525	C	REMOVE UTERUS AFTER CESAREAN	-	-	Inpatient Only	\$0.00	-	-	-	010	065	-
59610	E	VBAC DELIVERY	-	-	Not Allowed	\$0.00	-	-	-	010	065	-
59612	N	VBAC DELIVERY ONLY	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	010	065	-
59614	E	VBAC CARE AFTER DELIVERY	-	-	Not Allowed	\$0.00	-	-	-	010	065	-
59618	E	ATTEMPTED VBAC DELIVERY	-	-	Not Allowed	\$0.00	-	-	-	010	065	-
59620	C	ATTEMPTED VBAC DELIVERY ONLY	-	-	Inpatient Only	\$0.00	-	-	-	010	065	-
59622	E	ATTEMPTED VBAC AFTER CARE	-	-	Not Allowed	\$0.00	-	-	-	010	065	-
59812	N	TREATMENT OF MISCARRIAGE	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	010	065	-
59820	N	CARE OF MISCARRIAGE	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	010	065	-
59821	N	TREATMENT OF MISCARRIAGE	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	010	065	-
59830	C	TREAT UTERUS INFECTION	-	-	Inpatient Only	\$0.00	-	-	-	010	065	-
59840	N	ABORTION	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	010	065	-
59841	N	ABORTION	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	010	065	-
59850	C	ABORTION	-	-	Inpatient Only	\$0.00	-	-	-	010	065	-
59851	C	ABORTION	-	-	Inpatient Only	\$0.00	-	-	-	010	065	-
59852	C	ABORTION	-	-	Inpatient Only	\$0.00	-	-	-	010	065	-
59855	C	ABORTION	-	-	Inpatient Only	\$0.00	-	-	-	010	065	-
59856	C	ABORTION	-	-	Inpatient Only	\$0.00	-	-	-	010	065	-
59857	C	ABORTION	-	-	Inpatient Only	\$0.00	-	-	-	010	065	-
59866	T	ABORTION (MPR)	-	05412 3.4980	APC	\$204.25	-	-	-	012	055	-
59870	N	EVACUATE MOLE OF UTERUS	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	010	065	-
59871	N	REMOVE CERCLAGE SUTURE	-	05414 34.0891	Bundled, sometimes payable	\$1,990.46	-	-	-	000	999	-
59897	T	UNLISTED FETAL INVAS PX W/US	-	05411 2.1728	APC	\$126.87	-	-	-	Y 010	065	-
59898	N	UNLSTD LAPS PX MAT CARE&DLVR	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	010	065	-
59899	T	UNLISTED PX MAT CARE&DLVR	-	05411 2.1728	APC	\$126.87	-	-	-	010	065	-
60000	N	DRAIN THYROID/TONGUE CYST	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	000	999	-
6005F	E	CARE LEVEL RATIONALE DOC	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
60100	T	BIOPSY OF THYROID	-	05071 7.6716	APC	\$447.94	-	-	-	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 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	000	999	-
6020F	E	NPO (NOTHING-MOUTH) ORDERED	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
60210	N	PARTIAL THYROID EXCISION	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	000	999	-
60212	N	PARTIAL THYROID EXCISION	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	000	999	-
60220	N	PARTIAL REMOVAL OF THYROID	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	000	999	-
60225	N	PARTIAL REMOVAL OF THYROID	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	000	999	-
60240	N	REMOVAL OF THYROID	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	000	999	-
60252	N	REMOVAL OF THYROID	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	000	999	-
60254	C	EXTENSIVE THYROID SURGERY	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
60260	N	REPEAT THYROID SURGERY	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	000	999	-
60270	C	REMOVAL OF THYROID	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
60271	N	REMOVAL OF THYROID	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	000	999	-
60280	N	REMOVE THYROID DUCT LESION	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	000	999	-
60281	N	REMOVE THYROID DUCT LESION	-	05361 62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
60300	T	ASPIR/INJ THYROID CYST	-	05071	7.6716	APC	\$447.94	-	-	-	-	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	RADXPS IN END RPRT4FLURO PXD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
60500	N	EXPLORE PARATHYROID GLANDS	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
60502	N	RE-EXPLORE PARATHYROID	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
60505	C	EXPLORE PARATHYROID GLANDS	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
60512	N	AUTOTRANSPLANT PARATHYROID	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
60520	N	REMOVAL OF THYMUS GLAND	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
60521	C	REMOVAL OF THYMUS GLAND	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
60522	C	REMOVAL OF THYMUS GLAND	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
60540	C	EXPLORE ADRENAL GLAND	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
60545	C	EXPLORE ADRENAL GLAND	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
60600	C	REMOVE CAROTID BODY LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
60605	C	REMOVE CAROTID BODY LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
60650	C	LAPAROSCOPY ADRENALECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
60659	N	UNLISTED LAPS PX ENDOC SYS	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	000	999	-
60699	N	UNLISTED PX ENDOCRINE SYSTEM	-	05361	62.9144	Bundled, sometimes payable	\$3,673.57	-	-	-	-	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	7.5404	APC	\$440.28	-	-	-	-	000	002	-
61001	T	REMOVE CRANIAL CAVITY FLUID	-	05442	7.5404	APC	\$440.28	-	-	-	-	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	9.9385	APC	\$580.31	-	-	-	-	000	999	-
61026	T	INJECTION INTO BRAIN CANAL	-	05442	7.5404	APC	\$440.28	-	-	-	-	000	999	-
6102F	E	SAFETY COUNSELING DEM ORDER	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
61050	T	REMOVE BRAIN CANAL FLUID	-	05441	3.2295	APC	\$188.57	-	-	-	-	000	999	-
61055	T	INJECTION INTO BRAIN CANAL	-	05441	3.2295	APC	\$188.57	-	-	-	-	000	999	-
61070	T	BRAIN CANAL SHUNT PROCEDURE	-	05442	7.5404	APC	\$440.28	-	-	-	-	000	999	-
61105	C	TWIST DRILL HOLE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61107	C	DRILL SKULL FOR IMPLANTATION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61108	C	DRILL SKULL FOR DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
6110F	E	COUNSEL PROV DRIVING RISKS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
61120	C	BURR HOLE FOR PUNCTURE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61140	C	PIERCE SKULL FOR BIOPSY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61150	C	PIERCE SKULL FOR DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61151	C	PIERCE SKULL FOR DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61154	C	PIERCE SKULL & REMOVE CLOT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61156	C	PIERCE SKULL FOR DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61210	C	PIERCE SKULL IMPLANT DEVICE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61215	N	INSERT BRAIN-FLUID DEVICE	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
61250	C	PIERCE SKULL & EXPLORE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61253	C	PIERCE SKULL & EXPLORE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61304	C	OPEN SKULL FOR EXPLORATION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61305	C	OPEN SKULL FOR EXPLORATION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61312	C	OPEN SKULL FOR DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61313	C	OPEN SKULL FOR DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61314	C	OPEN SKULL FOR DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61315	C	OPEN SKULL FOR DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61316	C	IMPLT CRAN BONE FLAP TO ABDO	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61320	C	OPEN SKULL FOR DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61321	C	OPEN SKULL FOR DRAINAGE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61322	C	DECOMPRESSIVE CRANIOTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61323	C	DECOMPRESSIVE LOBECTOMY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab	Prior Auth. Required			
61330	N	DECOMPRESS EYE SOCKET	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	000	999	-
61333	C	EXPLORE ORBIT/REMOVE LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61340	C	SUBTEMPORAL DECOMPRESSION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61343	C	INCISE SKULL (PRESS RELIEF)	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61345	C	RELIEVE CRANIAL PRESSURE	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61450	C	INCISE SKULL FOR SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61458	C	INCISE SKULL FOR BRAIN WOUND	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61460	C	INCISE SKULL FOR SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61500	C	REMOVAL OF SKULL LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61501	C	REMOVAL OF INFECTED SKULL BONE	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
6150F	E	PT NOTRCVNG1ST ANTITNF TXMNT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
61510	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61512	C	REMOVE BRAIN LINING LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61514	C	REMOVAL OF BRAIN ABSCESS	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61516	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61517	C	IMPLT BRAIN CHEMOTX ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61518	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61519	C	REMOVE BRAIN LINING LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61520	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61521	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61522	C	REMOVAL OF BRAIN ABSCESS	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61524	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61526	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61530	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61531	C	IMPLANT BRAIN ELECTRODES	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61533	C	IMPLANT BRAIN ELECTRODES	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61534	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61535	C	REMOVE BRAIN ELECTRODES	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61536	C	REMOVAL OF BRAIN LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61537	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61538	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61539	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61540	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61541	C	INCISION OF BRAIN TISSUE	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61543	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61544	C	REMOVE & TREAT BRAIN LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61545	C	EXCISION OF BRAIN TUMOR	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61546	C	REMOVAL OF PITUITARY GLAND	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61548	C	REMOVAL OF PITUITARY GLAND	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61550	C	RELEASE OF SKULL SEAMS	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61552	C	RELEASE OF SKULL SEAMS	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61556	C	INCISE SKULL/SUTURES	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61557	C	INCISE SKULL/SUTURES	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61558	C	EXCISION OF SKULL/SUTURES	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61559	C	EXCISION OF SKULL/SUTURES	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61563	C	EXCISION OF SKULL TUMOR	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61564	C	EXCISION OF SKULL TUMOR	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61566	C	REMOVAL OF BRAIN TISSUE	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61567	C	INCISION OF BRAIN TISSUE	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61570	C	REMOVE FOREIGN BODY BRAIN	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61571	C	INCISE SKULL FOR BRAIN WOUND	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61575	C	SKULL BASE/BRAINSTEM SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61576	C	SKULL BASE/BRAINSTEM SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61580	C	CRANIOFACIAL APPROACH SKULL	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61581	C	CRANIOFACIAL APPROACH SKULL	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61582	C	CRANIOFACIAL APPROACH SKULL	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-

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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Prior Auth. Required			
61583	C	CRANIOFACIAL APPROACH SKULL	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61584	C	ORBITOCRANIAL APPROACH/SKULL	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61585	C	ORBITOCRANIAL APPROACH/SKULL	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61586	C	RESECT NASOPHARYNX SKULL	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61590	C	INFRATEMPORAL APPROACH/SKULL	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61591	C	INFRATEMPORAL APPROACH/SKULL	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61592	C	ORBITOCRANIAL APPROACH/SKULL	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61595	C	TRANSTEMPORAL APPROACH/SKULL	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61596	C	TRANSCOCHLEAR APPROACH/SKULL	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61597	C	TRANSCONDYLAR APPROACH/SKULL	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61598	C	TRANSPETROSAL APPROACH/SKULL	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61600	C	RESECT/EXCISE CRANIAL LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61601	C	RESECT/EXCISE CRANIAL LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61605	C	RESECT/EXCISE CRANIAL LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61606	C	RESECT/EXCISE CRANIAL LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61607	C	RESECT/EXCISE CRANIAL LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61608	C	RESECT/EXCISE CRANIAL LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61611	C	TRANSECT ARTERY SINUS	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61613	C	REMOVE ANEURYSM SINUS	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61615	C	RESECT/EXCISE LESION SKULL	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61616	C	RESECT/EXCISE LESION SKULL	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61618	C	REPAIR DURA	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61619	C	REPAIR DURA	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61623	N	ENDOVASC TEMPORY VESSEL OCCL	-	05193	119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	000	999	-
61624	C	TRANSCATH OCCLUSION CNS	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61626	N	TRANSCATH OCCLUSION NON-CNS	-	05193	119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	000	999	-
61630	C	INTRACRANIAL ANGIOPLASTY	-	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
61635	C	INTRACRAN ANGIOPLSTY W/STENT	-	-	-	Inpatient Only	\$0.00	-	-	Y	000	999	-
61640	E	DILATE IC VASOSPASM INIT	-	-	-	Not Allowed	\$0.00	-	-	Y	000	999	-
61641	E	DILAT IC VSPSM EA VSL SM TER	-	-	-	Not Allowed	\$0.00	-	-	Y	000	999	-
61642	E	DILAT IC VSPSM EA DIFF TER	-	-	-	Not Allowed	\$0.00	-	-	Y	000	999	-
61645	C	PERQ ART M-THROMBECT &NFS	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61650	C	EVASC PRLNG ADMN RX AGNT 1ST	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61651	C	EVASC PRLNG ADMN RX AGNT ADD	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61680	C	INTRACRANIAL VESSEL SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61682	C	INTRACRANIAL VESSEL SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61684	C	INTRACRANIAL VESSEL SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61686	C	INTRACRANIAL VESSEL SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61690	C	INTRACRANIAL VESSEL SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61692	C	INTRACRANIAL VESSEL SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61697	C	BRAIN ANEURYSM REPR COMPLX	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61698	C	BRAIN ANEURYSM REPR COMPLX	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61700	C	BRAIN ANEURYSM REPR SIMPLE	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61702	C	INNER SKULL VESSEL SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61703	C	CLAMP NECK ARTERY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61705	C	REVISE CIRCULATION TO HEAD	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61708	C	REVISE CIRCULATION TO HEAD	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61710	C	REVISE CIRCULATION TO HEAD	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61711	C	FUSION OF SKULL ARTERIES	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61720	N	INCISE SKULL/BRAIN SURGERY	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	000	999	-
61735	C	INCISE SKULL/BRAIN SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61736	C	LITT ICR 1 TRAJ 1 SMPL LES	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61737	C	LITT ICR MLT TRJ MLT/CPLX LS	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61750	C	INCISE SKULL/BRAIN BIOPSY	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61751	C	BRAIN BIOPSY W/CT/MR GUIDE	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
61760	C	IMPLANT BRAIN ELECTRODES	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-

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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
61770	N	INCISE SKULL FOR TREATMENT	-	05432 72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
61781	N	SCAN PROC CRANIAL INTRA	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
61782	N	SCAN PROC CRANIAL EXTRA	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
61783	N	SCAN PROC SPINAL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
61790	N	TREAT TRIGEMINAL NERVE	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
61791	N	TREAT TRIGEMINAL TRACT	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
61796	E	SRS CRANIAL LESION SIMPLE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
61797	E	SRS CRAN LES SIMPLE ADDL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
61798	E	SRS CRANIAL LESION COMPLEX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
61799	E	SRS CRAN LES COMPLEX ADDL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
61800	E	APPLY SRS HEADFRAME ADD-ON	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
61850	C	IMPLANT NEUROELECTRODES	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61860	C	IMPLANT NEUROELECTRODES	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61863	C	IMPLANT NEUROELECTRODE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61864	C	IMPLANT NEUROELECTRDE ADDL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61867	C	IMPLANT NEUROELECTRODE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61868	C	IMPLANT NEUROELECTRDE ADDL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61880	N	REVISE/REMOVE NEUROELECTRODE	-	05461 37.1003	Bundled, sometimes payable	\$2,166.29	-	-	-	-	000	999	-
61885	N	INSRT/REDO NEUROSTIM 1 ARRAY	-	05464 238.5255	Bundled, sometimes payable	\$13,927.50	-	-	-	-	000	999	-
61886	N	IMPLANT NEUROSTIM ARRAYS	-	05465 338.5856	Bundled, sometimes payable	\$19,770.01	-	-	-	-	000	999	-
61888	N	REVISE/REMOVE NEURORRECEIVER	-	05463 148.5312	Bundled, sometimes payable	\$8,672.74	-	-	-	-	000	999	-
61889	C	INS SK-MNT CRNL NSTM PG/RCVR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
61891	N	REV/RPLCMT SK-MNT CRNL NSTM	-	05464 238.5255	Bundled, sometimes payable	\$13,927.50	-	-	-	-	000	999	-
61892	N	RMV SK-MNT CRNL NSTM PG/RCVR	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
62000	N	TREAT SKULL FRACTURE	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
62005	C	TREAT SKULL FRACTURE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62010	C	TREATMENT OF HEAD INJURY	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62100	C	REPAIR BRAIN FLUID LEAKAGE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62115	C	REDUCTION OF SKULL DEFECT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62117	C	REDUCTION OF SKULL DEFECT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62120	C	REPAIR SKULL CAVITY LESION	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62121	C	INCISE SKULL REPAIR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62140	C	CRNOP SKULL DEFECT<5 CM DIAM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62141	C	CRNOP SKULL DEFECT>5 CM DIAM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62142	C	RMVL B1 FLP/PROSTC PLATE SKL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62143	C	RPL B1 FLP/PROSTC PLATE SKL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62145	C	REPAIR OF SKULL & BRAIN	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62146	C	CRNOP W/AUTOGRAFT<5 CM DIAM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62147	C	CRNOP W/AUTOGRAFT>5 CM DIAM	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62148	C	RETR BONE FLAP TO FIX SKULL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62160	N	NEUROENDOSCOPY ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
62161	C	DISSECT BRAIN W/SCOPE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62162	C	REMOVE COLLOID CYST W/SCOPE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62164	C	REMOVE BRAIN TUMOR W/SCOPE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62165	C	REMOVE PITUIT TUMOR W/SCOPE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62180	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62190	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62192	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62194	N	REPLACE/IRRIGATE CATHETER	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
62200	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62201	C	BRAIN CAVITY SHUNT W/SCOPE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62220	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62223	C	ESTABLISH BRAIN CAVITY SHUNT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62225	N	REPLACE/IRRIGATE CATHETER	-	05432 72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
62230	N	REPLACE/REVISE BRAIN SHUNT	-	05432 72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
62252	S	CSF SHUNT REPROGRAM	-	05743 3.2568	APC	\$190.16	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
62256	C	REMOVE BRAIN CAVITY SHUNT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62258	C	REPLACE BRAIN CAVITY SHUNT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
62263	T	EPIDURAL LYSIS MULT SESSIONS	-	05443 9.9385	APC	\$580.31	-	-	-	-	000	999	-
62264	T	EPIDURAL LYSIS ON SINGLE DAY	-	05443 9.9385	APC	\$580.31	-	-	-	-	000	999	-
62267	T	INTERDISCAL PERQ ASPIR DX	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
62268	T	DRAIN SPINAL CORD CYST	-	05443 9.9385	APC	\$580.31	-	-	-	-	000	999	-
62269	N	NEEDLE BIOPSY SPINAL CORD	-	05072 17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
62270	T	DX LMBR SPI PNXR	-	05442 7.5404	APC	\$440.28	-	-	-	-	000	999	-
62272	T	THER SPI PNXR DRG CSF	-	05442 7.5404	APC	\$440.28	-	-	-	-	000	999	-
62273	T	INJECT EPIDURAL PATCH	-	05442 7.5404	APC	\$440.28	-	-	-	-	000	999	-
62280	T	TREAT SPINAL CORD LESION	-	05443 9.9385	APC	\$580.31	-	-	-	-	000	999	-
62281	T	TREAT SPINAL CORD LESION	-	05443 9.9385	APC	\$580.31	-	-	-	-	000	999	-
62282	T	TREAT SPINAL CANAL LESION	-	05443 9.9385	APC	\$580.31	-	-	-	-	000	999	-
62284	N	INJECTION FOR MYELOGRAM	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
62287	N	DCMPRN PX PERQ 1/MLT LUMBAR	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	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	N	NJX CHEMONUCLEOLYSIS LMBR	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
62294	T	INJECTION INTO SPINAL ARTERY	-	05443 9.9385	APC	\$580.31	-	-	-	-	000	999	-
62302	N	MYELOGRAPHY LUMBAR INJECTION	-	05573 8.7304	Bundled, sometimes payable	\$509.77	-	-	-	-	000	999	-
62303	N	MYELOGRAPHY LUMBAR INJECTION	-	05573 8.7304	Bundled, sometimes payable	\$509.77	-	-	-	-	000	999	-
62304	N	MYELOGRAPHY LUMBAR INJECTION	-	05573 8.7304	Bundled, sometimes payable	\$509.77	-	-	-	-	000	999	-
62305	N	MYELOGRAPHY LUMBAR INJECTION	-	05573 8.7304	Bundled, sometimes payable	\$509.77	-	-	-	-	000	999	-
62320	T	NJX INTERLAMINAR CRV/THRC	-	05442 7.5404	APC	\$440.28	-	-	-	-	000	999	-
62321	T	NJX INTERLAMINAR CRV/THRC	-	05442 7.5404	APC	\$440.28	-	-	-	-	000	999	-
62322	T	NJX INTERLAMINAR LMBR/SAC	-	05443 9.9385	APC	\$580.31	-	-	-	-	000	999	-
62323	T	NJX INTERLAMINAR LMBR/SAC	-	05442 7.5404	APC	\$440.28	-	-	-	-	000	999	-
62324	T	NJX INTERLAMINAR CRV/THRC	-	05443 9.9385	APC	\$580.31	-	-	-	-	000	999	-
62325	T	NJX INTERLAMINAR CRV/THRC	-	05443 9.9385	APC	\$580.31	-	-	-	-	000	999	-
62326	T	NJX INTERLAMINAR LMBR/SAC	-	05443 9.9385	APC	\$580.31	-	-	-	-	000	999	-
62327	T	NJX INTERLAMINAR LMBR/SAC	-	05443 9.9385	APC	\$580.31	-	-	-	-	000	999	-
62328	T	DX LMBR SPI PNXR W/FLUOR/CT	-	05442 7.5404	APC	\$434.11	-	-	-	-	000	999	-
62329	T	THER SPI PNXR CSF FLUOR/CT	-	05442 7.5404	APC	\$434.11	-	-	-	-	000	999	-
62350	N	IMPLANT SPINAL CANAL CATH	-	05432 72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
62351	N	IMPLANT SPINAL CANAL CATH	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
62355	N	REMOVE SPINAL CANAL CATHETER	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
62360	N	INSERT SPINE INFUSION DEVICE	-	05471 194.4609	Bundled, sometimes payable	\$11,354.57	-	-	-	-	000	999	-
62361	N	IMPLANT SPINE INFUSION PUMP	-	05471 194.4609	Bundled, sometimes payable	\$11,354.57	-	-	-	-	000	999	-
62362	N	IMPLANT SPINE INFUSION PUMP	-	05471 194.4609	Bundled, sometimes payable	\$11,354.57	-	-	-	-	000	999	-
62365	N	REMOVE SPINE INFUSION DEVICE	-	05432 72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
62367	S	ANALYZE SPINE INFUS PUMP	-	05743 3.2568	APC	\$190.16	-	-	-	-	000	999	-
62368	S	ANALYZE SP INF PUMP W/REPROG	-	05743 3.2568	APC	\$190.16	-	-	-	-	000	999	-
62369	S	ANAL SP INF PMP W/REPRG&FILL	-	05743 3.2568	APC	\$190.16	-	-	-	-	000	999	-
62370	S	ANL SP INF PMP W/MDREPRG&FIL	-	05743 3.2568	APC	\$190.16	-	-	-	-	000	999	-
62380	N	NDSC DCMPRN 1 NTRSPC LUMBAR	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
63001	N	REMOVE SPINE LAMINA 1/2 CRVL	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
63003	N	REMOVE SPINE LAMINA 1/2 THRC	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
63005	N	REMOVE SPINE LAMINA 1/2 LMBR	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
63011	N	REMOVE SPINE LAMINA 1/2 SCRL	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
63012	N	REMOVE LAMINA/FACETS LUMBAR	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
63015	N	REMOVE SPINE LAMINA >2 CRVCL	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
63016	N	REMOVE SPINE LAMINA >2 THRC	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
63017	N	REMOVE SPINE LAMINA >2 LMBR	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
63020	N	NECK SPINE DISK SURGERY	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
63030	N	LOW BACK DISK SURGERY	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
63035	N	SPINAL DISK SURGERY ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-

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

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments	
								Prior Auth. Required	Passport				
63040	N	LAMINOTOMY SINGLE CERVICAL	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	000	999	-	
63042	N	LAMINOTOMY SINGLE LUMBAR	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	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 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	000	999	-	
63046	N	LAM FACETEC & FORAMOT THRC	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	000	999	-	
63047	N	LAM FACETEC & FORAMOT LUMBAR	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	000	999	-	
63048	N	LAM FACETEC & FORAMOT EA ADDL	-	-	Bundled	\$0.00	-	-	-	000	999	-	
63050	C	CERVICAL LAMINOPLSTY 2/> SEG	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
63051	C	C-LAMINOPLASTY W/GRAFT/PLATE	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
63052	N	LAM FACETC/FRMT ARTHRD LUM 1	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
63053	N	LAM FACTC/FRMT ARTHRD LUM EA	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
63055	N	DECOMPRESS SPINAL CORD THRC	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
63056	N	DECOMPRESS SPINAL CORD LMBR	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
63057	N	DECOMPRESS SPINE CORD ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
63064	N	DECOMPRESS SPINAL CORD THRC	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
63066	N	DECOMPRESS SPINE CORD ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
63075	N	NECK SPINE DISK SURGERY	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
63076	N	NECK SPINE DISK SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
63077	C	SPINE DISK SURGERY THORAX	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63078	C	SPINE DISK SURGERY THORAX	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63081	C	REMOVE VERT BODY DCMPRN CRVL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63082	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63085	C	REMOVE VERT BODY DCMPRN THRC	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63086	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63087	C	REMOV VERTBR DCMPRN THRCLMBR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63088	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63090	C	REMOVE VERT BODY DCMPRN LMBR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63091	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63101	C	REMOVE VERT BODY DCMPRN THRC	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63102	C	REMOVE VERT BODY DCMPRN LMBR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63103	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63170	C	INCISE SPINAL CORD TRACT(S)	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63172	C	DRAINAGE OF SPINAL CYST	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63173	C	DRAINAGE OF SPINAL CYST	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63185	C	INCISE SPINE NRV HALF SEGMNT	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63190	C	INCISE SPINE NRV >2 SEGMNTS	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63191	C	INCISE SPINE ACCESSORY NERVE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63197	C	LAM W/COROTOMY 1STG THRC	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63200	C	RELEASE SPINAL CORD LUMBAR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63250	C	REVISE SPINAL CORD VSLS CRVL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63251	C	REVISE SPINAL CORD VSLS THRC	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63252	C	REVISE SPINE CORD VSL THRLMB	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63265	N	EXCISE INTRSPINL LESION CRV	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
63266	N	EXCISE INTRSPINL LESION THRC	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
63267	N	EXCISE INTRSPINL LESION LMBR	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
63268	N	EXCISE INTRSPINL LESION SCRL	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
63270	C	EXCISE INTRSPINL LESION CRVL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63271	C	EXCISE INTRSPINL LESION THRC	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63272	C	EXCISE INTRSPINL LESION LMBR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63273	C	EXCISE INTRSPINL LESION SCRL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63275	C	BX/EXC XDRL SPINE LESN CRVL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63276	C	BX/EXC XDRL SPINE LESN THRC	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63277	C	BX/EXC XDRL SPINE LESN LMBR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63278	C	BX/EXC XDRL SPINE LESN SCRL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63280	C	BX/EXC IDRL SPINE LESN CRVL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees					
63281	C	BX/EXC IDRL SPINE LESN THRC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63282	C	BX/EXC IDRL SPINE LESN LMBR	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63283	C	BX/EXC IDRL SPINE LESN SCRL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63285	C	BX/EXC IDRL IMED LESN CERVL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63286	C	BX/EXC IDRL IMED LESN THRC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63287	C	BX/EXC IDRL IMED LESN THRLMB	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63290	C	BX/EXC XDRL/IDRL LSN ANY LVL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63295	C	REPAIR LAMINECTOMY DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	-	Y	000	999	-
63300	C	REMOVE VERT XDRL BODY CRVCL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63301	C	REMOVE VERT XDRL BODY THRC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63302	C	REMOVE VERT XDRL BODY THRLMB	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63303	C	REMOV VERT XDRL BDY LMBR/SAC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63304	C	REMOVE VERT IDRL BODY CRVCL	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63305	C	REMOVE VERT IDRL BODY THRC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63306	C	REMOV VERT IDRL BDY THRLMBR	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63307	C	REMOV VERT IDRL BDY LMBR/SAC	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63308	C	REMOVE VERTEBRAL BODY ADD-ON	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63600	N	REMOVE SPINAL CORD LESION	-	05431	21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
63610	N	STIMULATION OF SPINAL CORD	-	05431	21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
63620	E	SRS SPINAL LESION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
63621	E	SRS SPINAL LESION ADDL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
63650	N	IMPLANT NEUROELECTRODES	-	05462	74.5723	Bundled, sometimes payable	\$4,354.28	-	-	-	-	000	999	-
63655	N	IMPLANT NEUROELECTRODES	-	05464	238.5255	Bundled, sometimes payable	\$13,927.50	-	-	-	-	000	999	-
63661	N	REMOVE SPINE ELTRD PERQ ARAY	-	05431	21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
63662	N	REMOVE SPINE ELTRD PLATE	-	05461	37.1003	Bundled, sometimes payable	\$2,166.29	-	-	-	-	000	999	-
63663	N	REVISE SPINE ELTRD PERQ ARAY	-	05462	74.5723	Bundled, sometimes payable	\$4,354.28	-	-	-	-	000	999	-
63664	N	REVISE SPINE ELTRD PLATE	-	05463	148.5312	Bundled, sometimes payable	\$8,672.74	-	-	-	-	000	999	-
63685	N	INS/RPLC SPI NPG/RCVR POCKET	-	05465	338.5856	Bundled, sometimes payable	\$19,770.01	-	-	-	-	000	999	-
63688	N	REV/RMV IMP SP NPG/R DTCH CN	-	05461	37.1003	Bundled, sometimes payable	\$2,166.29	-	-	-	-	000	999	-
63700	C	REPAIR OF SPINAL HERNIATION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63702	C	REPAIR OF SPINAL HERNIATION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63704	C	REPAIR OF SPINAL HERNIATION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63706	C	REPAIR OF SPINAL HERNIATION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63707	C	REPAIR SPINAL FLUID LEAKAGE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63709	C	REPAIR SPINAL FLUID LEAKAGE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63710	C	GRAFT REPAIR OF SPINE DEFECT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63740	C	INSTALL SPINAL SHUNT	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
63741	N	INSTALL SPINAL SHUNT	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
63744	N	REVISION OF SPINAL SHUNT	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
63746	N	REMOVAL OF SPINAL SHUNT	-	05431	21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64400	T	NJX AA&/STRD TRIGEMINAL NRV	-	05441	3.2295	APC	\$188.57	-	-	-	-	000	999	-
64405	T	NJX AA&/STRD GR OCPL NRV	-	05441	3.2295	APC	\$188.57	-	-	-	-	000	999	-
64408	T	NJX AA&/STRD VAGUS NRV	-	05441	3.2295	APC	\$188.57	-	-	-	-	000	999	-
64415	T	NJX AA&/STRD BRCH PLXS IMG	-	05443	9.9385	APC	\$580.31	-	-	-	-	000	999	-
64416	T	NJX AA&/STRD BRCH PL NFS IMG	-	05443	9.9385	APC	\$580.31	-	-	-	-	000	999	-
64417	T	NJX AA&/STRD AX NERVE IMG	-	05443	9.9385	APC	\$580.31	-	-	-	-	000	999	-
64418	T	NJX AA&/STRD SPRSCAP NRV	-	05442	7.5404	APC	\$440.28	-	-	-	-	000	999	-
64420	T	NJX AA&/STRD NTRCOST NRV 1	-	05442	7.5404	APC	\$440.28	-	-	-	-	000	999	-
64421	T	NJX AA&/STRD NTRCOST NRV EA	-	05443	9.9385	APC	\$580.31	-	-	-	-	000	999	-
64425	T	NJX AA&/STRD II IH NERVES	-	05442	7.5404	APC	\$440.28	-	-	-	-	000	999	-
64430	T	NJX AA&/STRD PUDENDAL NERVE	-	05443	9.9385	APC	\$580.31	-	-	-	-	000	999	-
64435	T	NJX AA&/STRD PARACRV NRV	-	05442	7.5404	APC	\$440.28	-	-	-	-	000	999	-
64445	T	NJX AA&/STRD SCIATIC NRV IMG	-	05442	7.5404	APC	\$440.28	-	-	-	-	000	999	-
64446	T	NJX AA&/STRD SC NRV NFS IMG	-	05443	9.9385	APC	\$580.31	-	-	-	-	000	999	-
64447	T	NJX AA&/STRD FEMORAL NRV IMG	-	05442	7.5404	APC	\$440.28	-	-	-	-	000	999	-
64448	T	NJX AA&/STRD FEM NRV NFS IMG	-	05443	9.9385	APC	\$580.31	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments	
							Sole Comm. Hospital Lab Fees	Hospital Lab Fees						
64449	T	NJX AA&/STRD LMBR PLEX NFS	-	05443	9.9385	APC	\$580.31	-	-	-	Y	000	999	-
64450	T	NJX AA&/STRD OTHER PN/BRANCH	-	05442	7.5404	APC	\$440.28	-	-	-	-	000	999	-
64451	T	NJX AA&/STRD NRV NRVTG SI JT	-	05442	7.5404	APC	\$434.11	-	-	-	-	000	999	-
64454	T	NJX AA&/STRD GNCLR NRV BRNCH	-	05442	7.5404	APC	\$434.11	-	-	-	-	000	999	-
64455	T	NJX AA&/STRD PLTR COM DG NRV	-	05441	3.2295	APC	\$188.57	-	-	-	-	000	999	-
64461	T	PVB THORACIC SINGLE INJ SITE	-	05442	7.5404	APC	\$440.28	-	-	-	-	000	999	-
64462	N	PVB THORACIC 2ND+ INJ SITE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
64463	T	PVB THORACIC CONT INFUSION	-	05442	7.5404	APC	\$440.28	-	-	-	-	000	999	-
64479	T	NJX AA&/STRD TFRM EPI C/T 1	-	05443	9.9385	APC	\$580.31	-	-	-	-	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	9.9385	APC	\$580.31	-	-	-	-	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	9.9385	APC	\$580.31	-	-	-	-	000	999	-
64491	N	INJ PARAVERT F JNT C/T 2 LEV	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
64492	N	INJ PARAVERT F JNT C/T 3 LEV	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
64493	T	INJ PARAVERT F JNT L/S 1 LEV	-	05443	9.9385	APC	\$580.31	-	-	-	-	000	999	-
64494	N	INJ PARAVERT F JNT L/S 2 LEV	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
64495	N	INJ PARAVERT F JNT L/S 3 LEV	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
64505	T	N BLOCK SPENOPALATINE GANGL	-	05441	3.2295	APC	\$188.57	-	-	-	-	000	999	-
64510	T	N BLOCK STELLATE GANGLION	-	05443	9.9385	APC	\$580.31	-	-	-	-	000	999	-
64517	T	N BLOCK INJ HYPOGAS PLXS	-	05443	9.9385	APC	\$580.31	-	-	-	Y	000	999	-
64520	T	N BLOCK LUMBAR/THORACIC	-	05443	9.9385	APC	\$580.31	-	-	-	-	000	999	-
64530	T	N BLOCK INJ CELIAC PELUS	-	05443	9.9385	APC	\$580.31	-	-	-	-	000	999	-
64553	N	IMPLANT NEUROELECTRODES	-	05463	148.5312	Bundled, sometimes payable	\$8,672.74	-	-	-	-	000	999	-
64555	N	IMPLANT NEUROELECTRODES	-	05462	74.5723	Bundled, sometimes payable	\$4,354.28	-	-	-	-	000	999	-
64561	N	IMPLANT NEUROELECTRODES	-	05462	74.5723	Bundled, sometimes payable	\$4,354.28	-	-	-	-	000	999	-
64566	T	NEUROELTRD STIM POST TIBIAL	-	05441	3.2295	APC	\$188.57	-	-	-	-	000	999	-
64568	N	OPN IMPLTJ CRNL NRV NEA&PG	-	05465	338.5856	Bundled, sometimes payable	\$19,770.01	-	-	-	-	000	999	-
64569	N	REVISE/REPL VAGUS N ELTRD	-	05463	148.5312	Bundled, sometimes payable	\$8,672.74	-	-	-	-	000	999	-
64570	N	REMOVE VAGUS N ELTRD	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64575	N	OPN IMPLTJ NEA PERPH NERVE	-	05463	148.5312	Bundled, sometimes payable	\$8,672.74	-	-	-	-	000	999	-
64580	N	OPN IMPLTJ NEA NEUROMUSCULAR	-	05464	238.5255	Bundled, sometimes payable	\$13,927.50	-	-	-	-	000	999	-
64581	N	OPN IMPLTJ NEA SACRAL NERVE	-	05462	74.5723	Bundled, sometimes payable	\$4,354.28	-	-	-	-	000	999	-
64582	N	OPN IMPLTJ HPGLSL NSTM ARY PG	-	05465	338.5856	Bundled, sometimes payable	\$19,770.01	-	-	-	-	000	999	-
64583	N	REV/RPLCT HPGLSL NSTM ARY PG	-	05463	148.5312	Bundled, sometimes payable	\$8,672.74	-	-	-	-	000	999	-
64584	N	RMVL HPGLSL NSTIM ARY PG	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64585	N	REV/RMV PERPH NSTIM ELTRD RA	-	05461	37.1003	Bundled, sometimes payable	\$2,166.29	-	-	-	-	000	999	-
64590	N	INS/RPL PRPH SAC/GSTR NPG/R	-	05464	238.5255	Bundled, sometimes payable	\$13,927.50	-	-	-	-	000	999	-
64595	N	REV/RMV PRPH SAC/GSTR NPG/R	-	05461	37.1003	Bundled, sometimes payable	\$2,166.29	-	-	-	-	000	999	-
64596	N	INS/RPLCMT PRQ ELTRD RA PN 1	-	05463	148.5312	Bundled, sometimes payable	\$8,672.74	-	-	-	-	000	999	-
64597	N	INS/RPLCM PRQ ELTRD RA PN EA	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
64598	N	REVJ/RMVL NEA PN W/INT NSTIM	-	05461	37.1003	Bundled, sometimes payable	\$2,166.29	-	-	-	-	000	999	-
64600	T	INJECTION TREATMENT OF NERVE	-	05443	9.9385	APC	\$580.31	-	-	-	-	000	999	-
64605	N	INJECTION TREATMENT OF NERVE	-	05431	21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64610	N	INJECTION TREATMENT OF NERVE	-	05431	21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64611	T	CHEMODENERV SALIV GLANDS	-	05441	3.2295	APC	\$188.57	-	-	-	-	000	999	-
64612	T	DESTROY NERVE FACE MUSCLE	-	05441	3.2295	APC	\$188.57	-	-	-	-	000	999	-
64615	T	CHEMODENERV MUSC MIGRAINE	-	05441	3.2295	APC	\$188.57	-	-	-	Y	000	999	-
64616	T	CHEMODENERV MUSC NECK DYSTON	-	05441	3.2295	APC	\$188.57	-	-	-	-	000	999	-
64617	T	CHEMODENER MUSCLE LARYNX EMG	-	05442	7.5404	APC	\$440.28	-	-	-	-	000	999	-
64620	T	INJECTION TREATMENT OF NERVE	-	05443	9.9385	APC	\$580.31	-	-	-	-	000	999	-
64624	N	DSTRJ NULYT AGT GNCLR NRV	-	05431	21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
64625	N	RF ABLTJ NRV NRVTG SI JT	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64628	N	TRML DSTRJ IOS BVN 1ST 2 L/S	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
64629	N	TRML DSTRJ IOS BVN EA ADDL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
64630	T	INJECTION TREATMENT OF NERVE	-	05443 9.9385	APC	\$580.31	-	-	-	-	000	999	-
64632	T	N BLOCK INJ COMMON DIGIT	-	05441 3.2295	APC	\$188.57	-	-	-	-	000	999	-
64633	N	DESTROY CERV/THOR FACET JNT	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64634	N	DESTROY C/TH FACET JNT ADDL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
64635	N	DESTROY LUMB/SAC FACET JNT	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64636	N	DESTROY L/S FACET JNT ADDL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
64640	T	INJECTION TREATMENT OF NERVE	-	05443 9.9385	APC	\$580.31	-	-	-	-	000	999	-
64642	T	CHEMODENERV 1 EXTREMITY 1-4	-	05442 7.5404	APC	\$440.28	-	-	-	-	000	999	-
64643	N	CHEMODENERV 1 EXTREM 1-4 EA	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
64644	T	CHEMODENERV 1 EXTREM 5/> MUS	-	05442 7.5404	APC	\$440.28	-	-	-	-	000	999	-
64645	N	CHEMODENERV 1 EXTREM 5/> EA	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
64646	T	CHEMODENERV TRUNK MUSC 1-5	-	05442 7.5404	APC	\$440.28	-	-	-	-	000	999	-
64647	T	CHEMODENERV TRUNK MUSC 6/>	-	05442 7.5404	APC	\$440.28	-	-	-	-	000	999	-
64650	T	CHEMODENERV ECCRINE GLANDS	-	05441 3.2295	APC	\$188.57	-	-	-	Y	000	999	-
64653	T	CHEMODENERV ECCRINE GLANDS	-	05441 3.2295	APC	\$188.57	-	-	-	Y	000	999	-
64680	T	INJECTION TREATMENT OF NERVE	-	05443 9.9385	APC	\$580.31	-	-	-	-	000	999	-
64681	T	INJECTION TREATMENT OF NERVE	-	05443 9.9385	APC	\$580.31	-	-	-	Y	000	999	-
64702	N	REVISE FINGER/TOE NERVE	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64704	N	REVISE HAND/FOOT NERVE	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64708	N	REVISE ARM/LEG NERVE	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64712	N	REVISION OF SCIATIC NERVE	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64713	N	REVISION OF ARM NERVE(S)	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64714	N	REVISION LOW BACK NERVE(S)	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64716	N	REVISION OF CRANIAL NERVE	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64718	N	REVISE ULNAR NERVE AT ELBOW	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64719	N	REVISE ULNAR NERVE AT WRIST	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64721	N	CARPAL TUNNEL SURGERY	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64722	N	RELIEVE PRESSURE ON NERVE(S)	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64726	N	RELEASE FOOT/TOE NERVE	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64727	N	INTERNAL NERVE REVISION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
64732	N	INCISION OF BROW NERVE	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64734	N	INCISION OF CHEEK NERVE	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64736	N	INCISION OF CHIN NERVE	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64738	N	INCISION OF JAW NERVE	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64740	N	INCISION OF TONGUE NERVE	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64742	N	INCISION OF FACIAL NERVE	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64744	N	INCISE NERVE BACK OF HEAD	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64746	N	INCISE DIAPHRAGM NERVE	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64755	C	INCISION OF STOMACH NERVES	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
64760	C	INCISION OF VAGUS NERVE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
64763	N	INCISE HIP/THIGH NERVE	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64766	N	INCISE HIP/THIGH NERVE	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64771	N	SEVER CRANIAL NERVE	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64772	N	INCISION OF SPINAL NERVE	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64774	N	REMOVE SKIN NERVE LESION	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64776	N	REMOVE DIGIT NERVE LESION	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64778	N	DIGIT NERVE SURGERY ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
64782	N	REMOVE LIMB NERVE LESION	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64783	N	LIMB NERVE SURGERY ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
64784	N	REMOVE NERVE LESION	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64786	N	REMOVE SCIATIC NERVE LESION	-	05432 72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64787	N	IMPLANT NERVE END	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
64788	N	REMOVE SKIN NERVE LESION	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight			Hospital Lab Fees	Hospital Lab Fees					
64790	N	REMOVAL OF NERVE LESION	-	05431	21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64792	N	REMOVAL OF NERVE LESION	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64795	N	BIOPSY OF NERVE	-	05431	21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64802	N	SYMPATHECTOMY CERVICAL	-	05431	21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64804	N	REMOVE SYMPATHETIC NERVES	-	05431	21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64809	C	REMOVE SYMPATHETIC NERVES	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
64818	C	REMOVE SYMPATHETIC NERVES	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
64820	N	SYMPATHECTOMY DIGITAL ARTERY	-	05431	21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64821	N	REMOVE SYMPATHETIC NERVES	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
64822	N	REMOVE SYMPATHETIC NERVES	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
64823	N	SYMPATHECTOMY SUPFC PALMAR	-	05113	35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
64831	N	REPAIR OF DIGIT NERVE	-	05431	21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64832	N	REPAIR NERVE ADD-ON	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
64834	N	REPAIR OF HAND OR FOOT NERVE	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64835	N	REPAIR OF HAND OR FOOT NERVE	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64836	N	REPAIR OF HAND OR FOOT NERVE	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64837	N	REPAIR NERVE ADD-ON	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
64840	N	REPAIR OF LEG NERVE	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64856	N	REPAIR/TRANSPOSE NERVE	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64857	N	REPAIR ARM/LEG NERVE	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64858	N	REPAIR SCIATIC NERVE	-	05431	21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64859	N	NERVE SURGERY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
64861	N	REPAIR OF ARM NERVES	-	05431	21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
64862	N	REPAIR OF LOW BACK NERVES	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64864	N	REPAIR OF FACIAL NERVE	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64865	N	REPAIR OF FACIAL NERVE	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64866	C	FUSION OF FACIAL/OTHER NERVE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
64868	C	FUSION OF FACIAL/OTHER NERVE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
64872	N	SUBSEQUENT REPAIR OF NERVE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
64874	N	REPAIR & REVISE NERVE ADD-ON	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
64876	N	REPAIR NERVE/SHORTEN BONE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
64885	N	NERVE GRAFT HEAD/NECK <4 CM	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64886	N	NERVE GRAFT HEAD/NECK >4 CM	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64890	N	NRV GRF 1STRND HND/FOOT <4CM	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64891	N	NRV GRF 1STRND HND/FOOT >4CM	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64892	N	NRV GRF 1STRND ARM/LEG <4CM	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64893	N	NRV GRF 1STRND ARM/LEG >4 CM	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64895	N	NRV GRF MLTST HND/FOOT <4 CM	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64896	N	NRV GRF MLTST HND/FOOT >4 CM	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64897	N	NRV GRF MLTST ARM/LEG <4 CM	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64898	N	NRV GRF MLTST ARM/LEG >4 CM	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64901	N	NERVE GRAFT ADD-ON	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
64902	N	NERVE GRAFT ADD-ON	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
64905	N	NERVE PEDICLE TRANSFER	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64907	N	NERVE PEDICLE TRANSFER	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64910	N	NERVE REPAIR W/ALLOGRAFT	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64911	N	NEURORRAPHY W/VEIN AUTOGRAFT	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64912	N	NRV RPR W/NRV ALGRFT 1ST	-	05432	72.6347	Bundled, sometimes payable	\$4,241.14	-	-	-	-	000	999	-
64913	N	NRV RPR W/NRV ALGRFT EA ADDL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
64999	T	UNLISTED PX NERVOUS SYSTEM	-	05441	3.2295	APC	\$188.57	-	-	-	-	000	999	-
65091	N	REVISE EYE	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
65093	N	REVISE EYE WITH IMPLANT	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
65101	N	REMOVAL OF EYE	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
65103	N	REMOVE EYE/INSERT IMPLANT	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
65105	N	REMOVE EYE/ATTACH IMPLANT	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
65110	N	REMOVAL OF EYE	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
65112	N	REMOVE EYE/REVISE SOCKET	-	05504 42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
65114	N	REMOVE EYE/REVISE SOCKET	-	05504 42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
65125	N	REVISE OCULAR IMPLANT	-	05503 25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
65130	N	INSERT OCULAR IMPLANT	-	05504 42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
65135	N	INSERT OCULAR IMPLANT	-	05504 42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
65140	N	ATTACH OCULAR IMPLANT	-	05504 42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
65150	N	REVISE OCULAR IMPLANT	-	05504 42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
65155	N	REINSERT OCULAR IMPLANT	-	05504 42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
65175	N	REMOVAL OF OCULAR IMPLANT	-	05504 42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
65205	N	REMOVE FOREIGN BODY FROM EYE	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
65210	N	REMOVE FOREIGN BODY FROM EYE	-	05735 4.3445	Bundled, sometimes payable	\$253.68	-	-	-	-	000	999	-
65220	N	REMOVE FOREIGN BODY FROM EYE	-	05735 4.3445	Bundled, sometimes payable	\$253.68	-	-	-	-	000	999	-
65222	N	REMOVE FOREIGN BODY FROM EYE	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
65235	N	REMOVE FOREIGN BODY FROM EYE	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
65260	N	REMOVE FOREIGN BODY FROM EYE	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
65265	N	REMOVE FOREIGN BODY FROM EYE	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
65270	N	REPAIR OF EYE WOUND	-	05503 25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
65272	N	REPAIR OF EYE WOUND	-	05503 25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
65273	C	REPAIR OF EYE WOUND	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
65275	N	REPAIR OF EYE WOUND	-	05504 42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
65280	N	REPAIR OF EYE WOUND	-	05493 56.9888	Bundled, sometimes payable	\$3,327.58	-	-	-	-	000	999	-
65285	N	REPAIR OF EYE WOUND	-	05493 56.9888	Bundled, sometimes payable	\$3,327.58	-	-	-	-	000	999	-
65286	N	REPAIR OF EYE WOUND	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
65290	N	REPAIR OF EYE SOCKET WOUND	-	05504 42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
65400	T	REMOVAL OF EYE LESION	-	05502 11.0393	APC	\$644.58	-	-	-	-	000	999	-
65410	N	BIOPSY OF CORNEA	-	05503 25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
65420	N	REMOVAL OF EYE LESION	-	05503 25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
65426	N	REMOVAL OF EYE LESION	-	05503 25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
65430	N	CORNEAL SMEAR	-	05735 4.3445	Bundled, sometimes payable	\$253.68	-	-	-	-	000	999	-
65435	T	CURETTE/TREAT CORNEA	-	05502 11.0393	APC	\$644.58	-	-	-	-	000	999	-
65436	N	CURETTE/TREAT CORNEA	-	05503 25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
65450	T	TREATMENT OF CORNEAL LESION	-	05501 3.1764	APC	\$185.47	-	-	-	-	000	999	-
65600	N	REVISION OF CORNEA	-	05503 25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
65710	N	CORNEAL TRANSPLANT	-	05493 56.9888	Bundled, sometimes payable	\$3,327.58	-	-	-	-	000	999	-
65730	N	CORNEAL TRANSPLANT	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-
65750	N	CORNEAL TRANSPLANT	-	05493 56.9888	Bundled, sometimes payable	\$3,327.58	-	-	-	-	000	999	-
65755	N	CORNEAL TRANSPLANT	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-
65756	N	CORNEAL TRNSPL ENDOTHELIAL	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	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	-	05494 135.1758	Bundled, sometimes payable	\$7,892.91	-	-	-	-	000	999	-
65771	E	RADIAL KERATOTOMY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
65772	T	CORRECTION OF ASTIGMATISM	-	05502 11.0393	APC	\$644.58	-	-	-	-	000	999	-
65775	N	CORRECTION OF ASTIGMATISM	-	05503 25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
65778	N	COVER EYE W/MEMBRANE	-	05502 11.0393	Bundled, sometimes payable	\$644.58	-	-	-	-	000	999	-
65779	N	COVER EYE W/MEMBRANE SUTURE	-	05504 42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
65780	N	OCULAR RECONST TRANSPLANT	-	05504 42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
65781	N	OCULAR RECONST TRANSPLANT	-	05493 56.9888	Bundled, sometimes payable	\$3,327.58	-	-	-	-	000	999	-
65782	N	OCULAR RECONST TRANSPLANT	-	05504 42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
65785	N	IMPLTJ NTRSTRML CRNL RNG SEG	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-
65800	N	DRAINAGE OF EYE	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
65810	N	DRAINAGE OF EYE	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
65815	N	DRAINAGE OF EYE	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
65820	N	RELIEVE INNER EYE PRESSURE	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
65850	N	INCISION OF EYE	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
65855	T	TRABECULOPLASTY LASER SURG	-	05481 6.3380	APC	\$370.08	-	-	-	-	000	999	-
65860	T	INCISE INNER EYE ADHESIONS	-	05481 6.3380	APC	\$370.08	-	-	-	-	000	999	-
65865	N	INCISE INNER EYE ADHESIONS	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
65870	N	INCISE INNER EYE ADHESIONS	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
65875	N	INCISE INNER EYE ADHESIONS	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
65880	N	INCISE INNER EYE ADHESIONS	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-
65900	N	REMOVE EYE LESION	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
65920	N	REMOVE IMPLANT OF EYE	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
65930	N	REMOVE BLOOD CLOT FROM EYE	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66020	N	INJECTION TREATMENT OF EYE	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66030	N	INJECTION TREATMENT OF EYE	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66130	N	REMOVE EYE LESION	-	05503 25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
66150	N	GLAUCOMA SURGERY	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-
66155	N	GLAUCOMA SURGERY	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-
66160	N	GLAUCOMA SURGERY	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66170	N	GLAUCOMA SURGERY	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66172	N	INCISION OF EYE	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66174	N	TRLUML DIL AQ O/F CAN W/O ST	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-
66175	N	TRLUML DIL AQ O/F CAN W/ST	-	05493 56.9888	Bundled, sometimes payable	\$3,327.58	-	-	-	-	000	999	-
66179	N	AQUEOUS SHUNT EYE W/O GRAFT	-	05493 56.9888	Bundled, sometimes payable	\$3,327.58	-	-	-	-	000	999	-
66180	N	AQUEOUS SHUNT EYE W/GRAFT	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-
66183	N	INSERT ANT DRAINAGE DEVICE	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-
66184	N	REVISION OF AQUEOUS SHUNT	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66185	N	REVISE AQUEOUS SHUNT EYE	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66225	N	REPAIR/GRAFT EYE LESION	-	05493 56.9888	Bundled, sometimes payable	\$3,327.58	-	-	-	-	000	999	-
66250	N	FOLLOW-UP SURGERY OF EYE	-	05503 25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
66500	N	INCISION OF IRIS	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66505	N	INCISION OF IRIS	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66600	N	REMOVE IRIS AND LESION	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-
66605	N	REMOVAL OF IRIS	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66625	N	REMOVAL OF IRIS	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66630	N	REMOVAL OF IRIS	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66635	N	REMOVAL OF IRIS	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66680	N	REPAIR IRIS & CILIARY BODY	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66682	N	REPAIR IRIS & CILIARY BODY	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66700	N	DESTRUCTION CILIARY BODY	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66710	N	CILIARY TRANSSLERLAL THERAPY	-	05503 25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
66711	N	ECP CILIARY BODY DESTRUCTION	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	Y	000	999	-
66720	N	DESTRUCTION CILIARY BODY	-	05503 25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
66740	N	DESTRUCTION CILIARY BODY	-	05503 25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
66761	T	REVISION OF IRIS	-	05481 6.3380	APC	\$370.08	-	-	-	-	000	999	-
66762	T	REVISION OF IRIS	-	05481 6.3380	APC	\$370.08	-	-	-	-	000	999	-
66770	T	REMOVAL OF INNER EYE LESION	-	05481 6.3380	APC	\$370.08	-	-	-	-	000	999	-
66820	N	INCISION SECONDARY CATARACT	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66821	T	AFTER CATARACT LASER SURGERY	-	05481 6.3380	APC	\$370.08	-	-	-	-	000	999	-
66825	N	REPOSITION INTRAOCULAR LENS	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66830	N	REMOVAL OF LENS LESION	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66840	N	REMOVAL OF LENS MATERIAL	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66850	N	REMOVAL OF LENS MATERIAL	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66852	N	REMOVAL OF LENS MATERIAL	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-
66920	N	EXTRACTION OF LENS	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66930	N	EXTRACTION OF LENS	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-
66940	N	EXTRACTION OF LENS	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66982	N	XCAPSL CTRC RMVL CPLX WO ECP	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66983	N	CATARACT SURG W/IOL 1 STAGE	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
66984	N	XCAPSL CTRC RMVL W/O ECP	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66985	N	INSERT LENS PROSTHESIS	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66986	N	EXCHANGE LENS PROSTHESIS	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
66987	N	XCAPSL CTRC RMVL CPLX W/ECP	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-
66988	N	XCAPSL CTRC RMVL W/ECP	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-
66989	N	XCPSL CTRC RMVL CPLX INSJ 1+	-	05493 56.9888	Bundled, sometimes payable	\$3,327.58	-	-	-	-	000	999	-
66990	N	OPHTHALMIC ENDOSCOPE ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
66991	N	XCAPSL CTRC RMVL INSJ 1+	-	05493 56.9888	Bundled, sometimes payable	\$3,327.58	-	-	-	-	000	999	-
66999	N	UNLISTED PX ANT SEGMENT EYE	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
67005	N	PARTIAL REMOVAL OF EYE FLUID	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
67010	N	PARTIAL REMOVAL OF EYE FLUID	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
67015	N	RELEASE OF EYE FLUID	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
67025	N	REPLACE EYE FLUID	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
67027	N	IMPLANT EYE DRUG SYSTEM	-	05495 172.0998	Bundled, sometimes payable	\$10,048.91	-	-	-	-	000	999	-
67028	S	INJECTION EYE DRUG	-	05694 3.6927	APC	\$215.62	-	-	-	-	000	999	-
67030	N	INCISE INNER EYE STRANDS	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
67031	T	LASER SURGERY EYE STRANDS	-	05481 6.3380	APC	\$370.08	-	-	-	-	000	999	-
67036	N	REMOVAL OF INNER EYE FLUID	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-
67039	N	LASER TREATMENT OF RETINA	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-
67040	N	LASER TREATMENT OF RETINA	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-
67041	N	VIT FOR MACULAR PUCKER	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-
67042	N	VIT FOR MACULAR HOLE	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-
67043	N	VIT FOR MEMBRANE DISSECT	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-
67101	N	REPAIR DETACHED RETINA CRTX	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
67105	T	REPAIR DETACHED RETINA PC	-	05481 6.3380	APC	\$370.08	-	-	-	-	000	999	-
67107	N	REPAIR DETACHED RETINA	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-
67108	N	REPAIR DETACHED RETINA	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-
67110	N	REPAIR DETACHED RETINA	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
67113	N	REPAIR RETINAL DETACH CPLX	-	05493 56.9888	Bundled, sometimes payable	\$3,327.58	-	-	-	-	000	999	-
67115	N	RELEASE ENCIRCLING MATERIAL	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-
67120	N	REMOVE EYE IMPLANT MATERIAL	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
67121	N	REMOVE EYE IMPLANT MATERIAL	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
67141	T	PROPH RTA DTCHMNT CRTX DTHRM	-	05501 3.1764	APC	\$185.47	-	-	-	-	000	999	-
67145	T	PROPH RTA DTCHMNT PC	-	05481 6.3380	APC	\$370.08	-	-	-	-	000	999	-
67208	T	TREATMENT OF RETINAL LESION	-	05501 3.1764	APC	\$185.47	-	-	-	-	000	999	-
67210	T	TREATMENT OF RETINAL LESION	-	05481 6.3380	APC	\$370.08	-	-	-	-	000	999	-
67218	N	TREATMENT OF RETINAL LESION	-	05504 42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
67220	T	TREATMENT OF CHOROID LESION	-	05481 6.3380	APC	\$370.08	-	-	-	-	000	999	-
67221	T	OCULAR PHOTODYNAMIC THER	-	05481 6.3380	APC	\$370.08	-	-	-	-	000	999	-
67225	N	EYE PHOTODYNAMIC THER ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
67227	N	DSTRJ EXTENSIVE RETINOPATHY	-	05504 42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
67228	T	TREATMENT X10SV RETINOPATHY	-	05481 6.3380	APC	\$370.08	-	-	-	-	000	999	-
67229	T	TR RETINAL LES PRETERM INF	-	05481 6.3380	APC	\$370.08	-	-	-	-	000	001	-
67250	N	REINFORCE EYE WALL	-	05503 25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
67255	N	REINFORCE/GRAFT EYE WALL	-	05492 44.3329	Bundled, sometimes payable	\$2,588.60	-	-	-	-	000	999	-
67299	N	UNLISTED PX POSTERIOR SEGMNT	-	05491 25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
67311	N	REVISE EYE MUSCLE	-	05503 25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
67312	N	REVISE TWO EYE MUSCLES	-	05504 42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
67314	N	REVISE EYE MUSCLE	-	05503 25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
67316	N	REVISE TWO EYE MUSCLES	-	05503 25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
67318	N	REVISE EYE MUSCLE(S)	-	05503 25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
67320	N	REVISE EYE MUSCLE(S) ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
67331	N	EYE SURGERY FOLLOW-UP ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
67332	N	REREVISE EYE MUSCLES ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
67334	N	REVISE EYE MUSCLE W/SUTURE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
67335	N	EYE SUTURE DURING SURGERY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
67340	N	REVISE EYE MUSCLE ADD-ON	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
67343	N	RELEASE EYE TISSUE	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
67345	T	DESTROY NERVE OF EYE MUSCLE	-	05501	3.1764	APC	\$185.47	-	-	-	-	000	999	-
67346	N	BIOPSY EYE MUSCLE	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
67399	T	UNLISTED PX EXTRAOCULAR MUSC	-	05501	3.1764	APC	\$185.47	-	-	-	-	000	999	-
67400	N	EXPLORE/BIOPSY EYE SOCKET	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
67405	N	EXPLORE/DRAIN EYE SOCKET	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
67412	N	EXPLORE/TREAT EYE SOCKET	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
67413	N	EXPLORE/TREAT EYE SOCKET	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
67414	N	EXPLR/DECOMPRESS EYE SOCKET	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
67415	N	ASPIRATION ORBITAL CONTENTS	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
67420	N	EXPLORE/TREAT EYE SOCKET	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
67430	N	EXPLORE/TREAT EYE SOCKET	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
67440	N	EXPLORE/DRAIN EYE SOCKET	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
67445	N	EXPLR/DECOMPRESS EYE SOCKET	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
67450	N	EXPLORE/BIOPSY EYE SOCKET	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
67500	T	INJECT/TREAT EYE SOCKET	-	05501	3.1764	APC	\$185.47	-	-	-	-	000	999	-
67505	T	INJECT/TREAT EYE SOCKET	-	05501	3.1764	APC	\$185.47	-	-	-	-	000	999	-
67515	T	INJECT/TREAT EYE SOCKET	-	05501	3.1764	APC	\$185.47	-	-	-	-	000	999	-
67516	T	SPRCHOROIDAL SPC NJX RX AGT	-	05694	3.6927	APC	\$215.62	-	-	-	-	000	999	-
67550	N	INSERT EYE SOCKET IMPLANT	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
67560	N	REVISE EYE SOCKET IMPLANT	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
67570	N	DECOMPRESS OPTIC NERVE	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
67599	T	UNLISTED PROCEDURE ORBIT	-	05501	3.1764	APC	\$185.47	-	-	-	-	000	999	-
67700	T	DRAINAGE OF EYELID ABSCESS	-	05501	3.1764	APC	\$185.47	-	-	-	-	000	999	-
67710	T	INCISION OF EYELID	-	05502	11.0393	APC	\$644.58	-	-	-	-	000	999	-
67715	N	INCISION OF EYELID FOLD	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
67800	T	REMOVE EYELID LESION	-	05501	3.1764	APC	\$185.47	-	-	-	-	000	999	-
67801	T	REMOVE EYELID LESIONS	-	05502	11.0393	APC	\$644.58	-	-	-	-	000	999	-
67805	T	REMOVE EYELID LESIONS	-	05501	3.1764	APC	\$185.47	-	-	-	-	000	999	-
67808	N	REMOVE EYELID LESION(S)	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
67810	T	BIOPSY EYELID & LID MARGIN	-	05501	3.1764	APC	\$185.47	-	-	-	-	000	999	-
67820	N	REVISE EYELASHES	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
67825	T	REVISE EYELASHES	-	05501	3.1764	APC	\$185.47	-	-	-	-	000	999	-
67830	T	REVISE EYELASHES	-	05502	11.0393	APC	\$644.58	-	-	-	-	000	999	-
67835	N	REVISE EYELASHES	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
67840	T	REMOVE EYELID LESION	-	05502	11.0393	APC	\$644.58	-	-	-	-	000	999	-
67850	T	DSTRJ LESION LID MARGIN <1CM	-	05502	11.0393	APC	\$644.58	-	-	-	-	000	999	-
67875	T	CLOSURE OF EYELID BY SUTURE	-	05502	11.0393	APC	\$644.58	-	-	-	-	000	999	-
67880	N	REVISION OF EYELID	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
67882	N	REVISION OF EYELID	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
67900	N	REPAIR BROW DEFECT	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	Y	-	000	999	-
67901	N	REPAIR EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	Y	-	000	999	-
67902	N	REPAIR EYELID DEFECT	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	Y	-	000	999	-
67903	N	REPAIR EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	Y	-	000	999	-
67904	N	REPAIR EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	Y	-	000	999	-
67906	N	REPAIR EYELID DEFECT	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	Y	-	000	999	-
67908	N	REPAIR EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	Y	-	000	999	-
67909	N	REVISE EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	Y	-	000	999	-
67911	N	REVISE EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	Y	-	000	999	-
67912	N	CORRECTION EYELID W/IMPLANT	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	Y	000	999	-
67914	N	REPAIR EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	Y	-	000	999	-
67915	N	REPAIR EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	Y	-	000	999	-
67916	N	REPAIR EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	Y	-	000	999	-
67917	N	REPAIR EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	Y	-	000	999	-
67921	N	REPAIR EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	Y	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments	
							Sole Comm. Hospital Lab Fees	Hospital Lab Fees						
67922	N	REPAIR EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	Y	-	000	999	-
67923	N	REPAIR EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	Y	-	000	999	-
67924	N	REPAIR EYELID DEFECT	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	Y	-	000	999	-
67930	N	REPAIR EYELID WOUND	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
67935	N	REPAIR EYELID WOUND	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
67938	T	REMOVE EYELID FOREIGN BODY	-	05501	3.1764	APC	\$185.47	-	-	-	-	000	999	-
67950	N	REVISION OF EYELID	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
67961	N	REVISION OF EYELID	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
67966	N	REVISION OF EYELID	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
67971	N	RECONSTRUCTION OF EYELID	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
67973	N	RECONSTRUCTION OF EYELID	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
67974	N	RECONSTRUCTION OF EYELID	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
67975	N	RECONSTRUCTION OF EYELID	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
67999	T	UNLISTED PROCEDURE EYELIDS	-	05501	3.1764	APC	\$185.47	-	-	-	-	000	999	-
68020	T	INCISE/DRAIN EYELID LINING	-	05502	11.0393	APC	\$644.58	-	-	-	-	000	999	-
68040	T	TREATMENT OF EYELID LESIONS	-	05501	3.1764	APC	\$185.47	-	-	-	-	000	999	-
68100	N	BIOPSY OF EYELID LINING	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
68110	N	REMOVE EYELID LINING LESION	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
68115	N	REMOVE EYELID LINING LESION	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
68130	N	REMOVE EYELID LINING LESION	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
68135	N	REMOVE EYELID LINING LESION	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
68200	N	TREAT EYELID BY INJECTION	-	05735	4.3445	Bundled, sometimes payable	\$253.68	-	-	-	-	000	999	-
68320	N	REVISE/GRAFT EYELID LINING	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
68325	N	REVISE/GRAFT EYELID LINING	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
68326	N	REVISE/GRAFT EYELID LINING	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
68328	N	REVISE/GRAFT EYELID LINING	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
68330	N	REVISE EYELID LINING	-	05491	25.4097	Bundled, sometimes payable	\$1,483.67	-	-	-	-	000	999	-
68335	N	REVISE/GRAFT EYELID LINING	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
68340	N	SEPARATE EYELID ADHESIONS	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
68360	N	REVISE EYELID LINING	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
68362	N	REVISE EYELID LINING	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
68371	N	HARVEST EYE TISSUE ALOGRAFT	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
68399	T	UNLISTED PX CONJUNCTIVA	-	05501	3.1764	APC	\$185.47	-	-	-	-	000	999	-
68400	T	INCISE/DRAIN TEAR GLAND	-	05502	11.0393	APC	\$644.58	-	-	-	-	000	999	-
68420	N	INCISE/DRAIN TEAR SAC	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
68440	T	INCISE TEAR DUCT OPENING	-	05501	3.1764	APC	\$185.47	-	-	-	-	000	999	-
68500	N	REMOVAL OF TEAR GLAND	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
68505	N	PARTIAL REMOVAL TEAR GLAND	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
68510	N	BIOPSY OF TEAR GLAND	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
68520	N	REMOVAL OF TEAR SAC	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
68525	N	BIOPSY OF TEAR SAC	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
68530	T	CLEARANCE OF TEAR DUCT	-	05501	3.1764	APC	\$185.47	-	-	-	-	000	999	-
68540	N	REMOVE TEAR GLAND LESION	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
68550	N	REMOVE TEAR GLAND LESION	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
68700	N	REPAIR TEAR DUCTS	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
68705	T	REVISE TEAR DUCT OPENING	-	05501	3.1764	APC	\$185.47	-	-	-	-	000	999	-
68720	N	CREATE TEAR SAC DRAIN	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
68745	N	CREATE TEAR DUCT DRAIN	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
68750	N	CREATE TEAR DUCT DRAIN	-	05504	42.1581	Bundled, sometimes payable	\$2,461.61	-	-	-	-	000	999	-
68760	T	CLOSE TEAR DUCT OPENING	-	05501	3.1764	APC	\$185.47	-	-	-	-	000	999	-
68761	T	CLOSE TEAR DUCT OPENING	-	05501	3.1764	APC	\$185.47	-	-	-	-	000	999	-
68770	N	CLOSE TEAR SYSTEM FISTULA	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
68801	N	DILATE TEAR DUCT OPENING	-	05735	4.3445	Bundled, sometimes payable	\$253.68	-	-	-	-	000	999	-
68810	T	PROBE NASOLACRIMAL DUCT	-	05501	3.1764	APC	\$185.47	-	-	-	-	000	999	-
68811	N	PROBE NASOLACRIMAL DUCT	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
68815	N	PROBE NASOLACRIMAL DUCT	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight			Hospital Lab Fees	Hospital Lab Fees					
68816	N	PROBE NL DUCT W/BALLOON	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
68840	T	EXPLORE/IRRIGATE TEAR DUCTS	-	05501	3.1764	APC	\$185.47	-	-	-	-	000	999	-
68841	N	INSJ RX ELUT IMPLT LAC CANAL	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-
68850	N	INJECTION FOR TEAR SAC X-RAY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
68899	T	UNLISTED PX LACRIMAL SYSTEM	-	05501	3.1764	APC	\$185.47	-	-	-	-	000	999	-
69000	T	DRAIN EXTERNAL EAR LESION	-	05071	7.6716	APC	\$447.94	-	-	-	-	000	999	-
69005	N	DRAIN EXTERNAL EAR LESION	-	05072	17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
69020	T	DRAIN OUTER EAR CANAL LESION	-	05071	7.6716	APC	\$447.94	-	-	-	-	000	999	-
69090	E	PIERCE EARLOBES	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
69100	T	BIOPSY OF EXTERNAL EAR	-	05161	2.6634	APC	\$155.52	-	-	-	-	000	999	-
69105	N	BIOPSY OF EXTERNAL EAR CANAL	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
69110	N	REMOVE EXTERNAL EAR PARTIAL	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
69120	N	REMOVAL OF EXTERNAL EAR	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69140	N	REMOVE EAR CANAL LESION(S)	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69145	N	REMOVE EAR CANAL LESION(S)	-	05073	30.9829	Bundled, sometimes payable	\$1,809.09	-	-	-	-	000	999	-
69150	N	EXTENSIVE EAR CANAL SURGERY	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69155	C	EXTENSIVE EAR/NECK SURGERY	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
69200	N	CLEAR OUTER EAR CANAL	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
69205	N	CLEAR OUTER EAR CANAL	-	05072	17.6781	Bundled, sometimes payable	\$1,032.22	-	-	-	-	000	999	-
69209	N	REMOVE IMPACTED EAR WAX UNI	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
69210	N	REMOVE IMPACTED EAR WAX UNI	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
69220	N	CLEAN OUT MASTOID CAVITY	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
69222	T	CLEAN OUT MASTOID CAVITY	-	05162	5.9993	APC	\$350.30	-	-	-	-	000	999	-
69300	E	REVISE EXTERNAL EAR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
69310	N	REBUILD OUTER EAR CANAL	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69320	N	REBUILD OUTER EAR CANAL	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69399	T	UNLISTED PX EXTERNAL EAR	-	05161	2.6634	APC	\$155.52	-	-	-	-	000	999	-
69420	T	INCISION OF EARDRUM	-	05161	2.6634	APC	\$155.52	-	-	-	-	000	999	-
69421	N	INCISION OF EARDRUM	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
69424	N	REMOVE VENTILATING TUBE	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
69433	T	CREATE EARDRUM OPENING	-	05162	5.9993	APC	\$350.30	-	-	-	-	000	999	-
69436	N	CREATE EARDRUM OPENING	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
69440	N	EXPLORATION OF MIDDLE EAR	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
69450	N	EARDRUM REVISION	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
69501	N	MASTOIDECTOMY	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69502	N	MASTOIDECTOMY	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69505	N	REMOVE MASTOID STRUCTURES	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69511	N	EXTENSIVE MASTOID SURGERY	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69530	N	EXTENSIVE MASTOID SURGERY	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69535	C	REMOVE PART OF TEMPORAL BONE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
69540	N	REMOVE EAR LESION	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
69550	N	REMOVE EAR LESION	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69552	N	REMOVE EAR LESION	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69554	C	REMOVE EAR LESION	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
69601	N	MASTOID SURGERY REVISION	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69602	N	MASTOID SURGERY REVISION	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69603	N	MASTOID SURGERY REVISION	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69604	N	MASTOID SURGERY REVISION	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69610	N	REPAIR OF EARDRUM	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
69620	N	REPAIR OF EARDRUM	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
69631	N	REPAIR EARDRUM STRUCTURES	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69632	N	REBUILD EARDRUM STRUCTURES	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69633	N	REBUILD EARDRUM STRUCTURES	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69635	N	REPAIR EARDRUM STRUCTURES	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69636	N	REBUILD EARDRUM STRUCTURES	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69637	N	REBUILD EARDRUM STRUCTURES	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
69641	N	REVISE MIDDLE EAR & MASTOID	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69642	N	REVISE MIDDLE EAR & MASTOID	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69643	N	REVISE MIDDLE EAR & MASTOID	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69644	N	REVISE MIDDLE EAR & MASTOID	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69645	N	REVISE MIDDLE EAR & MASTOID	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69646	N	REVISE MIDDLE EAR & MASTOID	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69650	N	RELEASE MIDDLE EAR BONE	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
69660	N	REVISE MIDDLE EAR BONE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69661	N	REVISE MIDDLE EAR BONE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69662	N	REVISE MIDDLE EAR BONE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69666	N	REPAIR MIDDLE EAR STRUCTURES	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
69667	N	REPAIR MIDDLE EAR STRUCTURES	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
69670	N	REMOVE MASTOID AIR CELLS	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69676	N	REMOVE MIDDLE EAR NERVE	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
69700	N	CLOSE MASTOID FISTULA	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
69705	N	NPS SURG DILAT EUST TUBE UNI	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69706	N	NPS SURG DILAT EUST TUBE BI	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69710	E	IMPLANT/REPLACE HEARING AID	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
69711	N	REMOVE/REPAIR HEARING AID	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
69714	N	IMPL OI IMPLT SKULL PERQ ESP	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
69716	N	IMPL OI IMPLT SK TC ESP<100	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
69717	N	RPLCMT OI IMPLT SKL PRQ ESP	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
69719	N	RPLCM OI IMPLT SK TC ESP<100	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
69720	N	RELEASE FACIAL NERVE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69725	N	RELEASE FACIAL NERVE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69726	N	RMV NTR OI IMPLT SKL PRQ ESP	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
69727	N	RMV NTR OI IMP SK TC ESP<100	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
69728	N	RMV NTR OI IMP SK TC>=100	-	05113 35.2937	Bundled, sometimes payable	\$2,060.80	-	-	-	-	000	999	-
69729	N	IMPL OI IMPLT SK TC ESP>=100	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
69730	N	RPLC OI IMPLT SK TC ESP>=100	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
69740	N	REPAIR FACIAL NERVE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69745	N	REPAIR FACIAL NERVE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69799	T	UNLISTED PX MIDDLE EAR	-	05161 2.6634	APC	\$155.52	-	-	-	-	000	999	-
69801	N	INCISE INNER EAR	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
69805	N	EXPLORE INNER EAR	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69806	N	EXPLORE INNER EAR	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69905	N	REMOVE INNER EAR	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69910	N	REMOVE INNER EAR & MASTOID	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69915	N	INCISE INNER EAR NERVE	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
69930	N	IMPLANT COCHLEAR DEVICE	-	05166 365.6520	Bundled, sometimes payable	\$21,350.42	-	-	Y	-	000	999	-
69949	T	UNLISTED PX INNER EAR	-	05161 2.6634	APC	\$155.52	-	-	-	-	000	999	-
69950	C	INCISE INNER EAR NERVE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
69955	N	RELEASE FACIAL NERVE	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69960	N	RELEASE INNER EAR CANAL	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69970	N	REMOVE INNER EAR LESION	-	05165 63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	-	000	999	-
69979	T	UNLISTED PX TEMPORAL BONE	-	05161 2.6634	APC	\$155.52	-	-	-	-	000	999	-
69990	N	MICROSURGERY ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
70010	N	CONTRAST X-RAY OF BRAIN	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
70015	N	CONTRAST X-RAY OF BRAIN	-	05573 8.7304	Bundled, sometimes payable	\$509.77	-	-	-	-	000	999	-
70030	N	X-RAY EYE FOR FOREIGN BODY	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
70100	N	X-RAY EXAM OF JAW <4VIEWS	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
7010F	E	PT INFO INTO RECALL SYSTEM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
70110	N	X-RAY EXAM OF JAW 4> VIEWS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
70120	N	X-RAY EXAM OF MASTOIDS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
70130	N	X-RAY EXAM OF MASTOIDS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
70134	N	X-RAY EXAM OF MIDDLE EAR	-	05524 6.0153	Bundled, sometimes payable	\$351.23	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
70140	N	X-RAY EXAM OF FACIAL BONES	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
70150	N	X-RAY EXAM OF FACIAL BONES	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
70160	N	X-RAY EXAM OF NASAL BONES	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
70170	N	X-RAY EXAM OF TEAR DUCT	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
70190	N	X-RAY EXAM OF EYE SOCKETS	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
70200	N	X-RAY EXAM OF EYE SOCKETS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
7020F	E	MAMMO ASSESS CAT IN DBASE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
70210	N	X-RAY EXAM OF SINUSES	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
70220	N	X-RAY EXAM OF SINUSES	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
70240	N	X-RAY EXAM PITUITARY SADDLE	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
70250	N	X-RAY EXAM OF SKULL	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
7025F	E	PT INFOSYS ALARM 4 NXT MAMMO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
70260	N	X-RAY EXAM OF SKULL	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
70300	N	X-RAY EXAM OF TEETH	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
70310	N	X-RAY EXAM OF TEETH	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
70320	N	FULL MOUTH X-RAY OF TEETH	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
70328	N	X-RAY EXAM OF JAW JOINT	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
70330	N	X-RAY EXAM OF JAW JOINTS	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
70332	N	X-RAY EXAM OF JAW JOINT	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
70336	N	MAGNETIC IMAGE JAW JOINT	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
70350	N	X-RAY HEAD FOR ORTHODONTIA	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
70355	N	PANORAMIC X-RAY OF JAWS	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
70360	N	X-RAY EXAM OF NECK	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
70370	N	THROAT X-RAY & FLUOROSCOPY	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
70371	N	SPEECH EVALUATION COMPLEX	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
70380	N	X-RAY EXAM OF SALIVARY GLAND	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
70390	N	X-RAY EXAM OF SALIVARY DUCT	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
70450	N	CT HEAD/BRAIN W/O DYE	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
70460	N	CT HEAD/BRAIN W/DYE	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
70470	N	CT HEAD/BRAIN W/O & W/DYE	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
70480	N	CT ORBIT/EAR/FOSSA W/O DYE	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
70481	N	CT ORBIT/EAR/FOSSA W/DYE	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
70482	N	CT ORBIT/EAR/FOSSA W/O&W/DYE	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
70486	N	CT MAXILLOFACIAL W/O DYE	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
70487	N	CT MAXILLOFACIAL W/DYE	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
70488	N	CT MAXILLOFACIAL W/O & W/DYE	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
70490	N	CT SOFT TISSUE NECK W/O DYE	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
70491	N	CT SOFT TISSUE NECK W/DYE	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
70492	N	CT SFT TSUE NCK W/O & W/DYE	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
70496	N	CT ANGIOGRAPHY HEAD	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
70498	N	CT ANGIOGRAPHY NECK	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
70540	N	MRI ORBIT/FACE/NECK W/O DYE	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
70542	N	MRI ORBIT/FACE/NECK W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
70543	N	MRI ORBT/FAC/NCK W/O & W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
70544	N	MR ANGIOGRAPHY HEAD W/O DYE	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
70545	N	MR ANGIOGRAPHY HEAD W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
70546	N	MR ANGIOGRAPH HEAD W/O&W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
70547	N	MR ANGIOGRAPHY NECK W/O DYE	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
70548	N	MR ANGIOGRAPHY NECK W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
70549	N	MR ANGIOGRAPH NECK W/O&W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
70551	N	MRI BRAIN STEM W/O DYE	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
70552	N	MRI BRAIN STEM W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
70553	N	MRI BRAIN STEM W/O & W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
70554	N	FMRI BRAIN BY TECH	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
70555	S	FMRI BRAIN BY PHYS/PSYCH	-	05523 2.6718	APC	\$156.01	-	-	-	-	000	999	-
70557	S	MRI BRAIN W/O DYE	-	05524 6.0153	APC	\$351.23	-	-	-	Y	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
70558	S	MRI BRAIN W/DYE	-	05571 2.0034	APC	\$116.98	-	-	-	Y	000	999	-
70559	S	MRI BRAIN W/O & W/DYE	-	05571 2.0034	APC	\$116.98	-	-	-	Y	000	999	-
71045	N	X-RAY EXAM CHEST 1 VIEW	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
71046	N	X-RAY EXAM CHEST 2 VIEWS	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
71047	N	X-RAY EXAM CHEST 3 VIEWS	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
71048	N	X-RAY EXAM CHEST 4+ VIEWS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
71100	N	X-RAY EXAM RIBS UNI 2 VIEWS	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
71101	N	X-RAY EXAM UNILAT RIBS/CHEST	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
71110	N	X-RAY EXAM RIBS BIL 3 VIEWS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
71111	N	X-RAY EXAM RIBS/CHEST4/> VWS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
71120	N	X-RAY EXAM BREASTBONE 2/>VWS	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
71130	N	X-RAY STRENOCLAVIC JT 3/>VWS	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
71250	N	CT THORAX DX C-	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
71260	N	CT THORAX DX C+	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
71270	N	CT THORAX DX C-/C+	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
71271	S	CT THORAX LUNG CANCER SCR C-	-	05522 1.1988	APC	\$70.00	-	-	-	-	000	999	-
71275	N	CT ANGIOGRAPHY CHEST	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
71550	N	MRI CHEST W/O DYE	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
71551	N	MRI CHEST W/DYE	-	05573 8.7304	Bundled, sometimes payable	\$509.77	-	-	-	-	000	999	-
71552	N	MRI CHEST W/O & W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
71555	M	MRI ANGIO CHEST W OR W/O DYE	-	-	Fee Schedule	\$462.57	-	-	-	-	000	999	-
72020	N	X-RAY EXAM OF SPINE 1 VIEW	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
72040	N	X-RAY EXAM NECK SPINE 2-3 VW	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
72050	N	X-RAY EXAM NECK SPINE 4/5VWS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
72052	N	X-RAY EXAM NECK SPINE 6/>VWS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
72070	N	X-RAY EXAM THORAC SPINE 2VWS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
72072	N	X-RAY EXAM THORAC SPINE 3VWS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
72074	N	X-RAY EXAM THORAC SPINE4/>VW	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
72080	N	X-RAY EXAM THORACOLMB 2/> VW	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
72081	N	X-RAY EXAM ENTIRE SPI 1 VW	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
72082	N	X-RAY EXAM ENTIRE SPI 2/3 VW	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
72083	S	X-RAY EXAM ENTIRE SPI 4/5 VW	-	05522 1.1988	APC	\$70.00	-	-	-	-	000	999	-
72084	S	X-RAY EXAM ENTIRE SPI 6/> VW	-	05522 1.1988	APC	\$70.00	-	-	-	-	000	999	-
72100	N	X-RAY EXAM L-S SPINE 2/3 VWS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
72110	N	X-RAY EXAM L-2 SPINE 4/>VWS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
72114	N	X-RAY EXAM L-S SPINE BENDING	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
72120	N	X-RAY BEND ONLY L-S SPINE	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
72125	N	CT NECK SPINE W/O DYE	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
72126	N	CT NECK SPINE W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
72127	N	CT NECK SPINE W/O & W/DYE	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
72128	N	CT CHEST SPINE W/O DYE	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
72129	N	CT CHEST SPINE W/DYE	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
72130	N	CT CHEST SPINE W/O & W/DYE	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
72131	N	CT LUMBAR SPINE W/O DYE	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
72132	N	CT LUMBAR SPINE W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
72133	N	CT LUMBAR SPINE W/O & W/DYE	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
72141	N	MRI NECK SPINE W/O DYE	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
72142	N	MRI NECK SPINE W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
72146	N	MRI CHEST SPINE W/O DYE	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
72147	N	MRI CHEST SPINE W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
72148	N	MRI LUMBAR SPINE W/O DYE	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
72149	N	MRI LUMBAR SPINE W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
72156	N	MRI NECK SPINE W/O & W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
72157	N	MRI CHEST SPINE W/O & W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
72158	N	MRI LUMBAR SPINE W/O & W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
72159	E	MR ANGIO SPINE W/O&W/DYE	-	-	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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
72170	N	X-RAY EXAM OF PELVIS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
72190	N	X-RAY EXAM OF PELVIS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
72191	N	CT ANGIOGRAPH PELV W/O&W/DYE	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
72192	N	CT PELVIS W/O DYE	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
72193	N	CT PELVIS W/DYE	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
72194	N	CT PELVIS W/O & W/DYE	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
72195	N	MRI PELVIS W/O DYE	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
72196	N	MRI PELVIS W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
72197	N	MRI PELVIS W/O & W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
72198	E	MR ANGIO PELVIS W/O & W/DYE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
72200	N	X-RAY EXAM SI JOINTS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
72202	N	X-RAY EXAM SI JOINTS 3/> VWS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
72220	N	X-RAY EXAM SACRUM TAILBONE	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
72240	N	MYELOGRAPHY NECK SPINE	-	05573 8.7304	Bundled, sometimes payable	\$509.77	-	-	-	-	000	999	-
72255	N	MYELOGRAPHY THORACIC SPINE	-	05573 8.7304	Bundled, sometimes payable	\$509.77	-	-	-	-	000	999	-
72265	N	MYELOGRAPHY L-S SPINE	-	05573 8.7304	Bundled, sometimes payable	\$509.77	-	-	-	-	000	999	-
72270	N	MYELOGRAPHY 2/> SPINE REGIONS	-	05573 8.7304	Bundled, sometimes payable	\$509.77	-	-	-	-	000	999	-
72285	N	DISCOGRAPHY CERV/THOR SPINE	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
72295	N	X-RAY OF LOWER SPINE DISK	-	05431 21.0527	Bundled, sometimes payable	\$1,229.27	-	-	-	-	000	999	-
73000	N	X-RAY EXAM OF COLLAR BONE	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73010	N	X-RAY EXAM OF SHOULDER BLADE	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
73020	N	X-RAY EXAM OF SHOULDER	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73030	N	X-RAY EXAM OF SHOULDER	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73040	N	CONTRAST X-RAY OF SHOULDER	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
73050	N	X-RAY EXAM OF SHOULDERS	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73060	N	X-RAY EXAM OF HUMERUS	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73070	N	X-RAY EXAM OF ELBOW	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73080	N	X-RAY EXAM OF ELBOW	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73085	N	CONTRAST X-RAY OF ELBOW	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
73090	N	X-RAY EXAM OF FOREARM	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73092	N	X-RAY EXAM OF ARM INFANT	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
73100	N	X-RAY EXAM OF WRIST	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73110	N	X-RAY EXAM OF WRIST	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73115	N	CONTRAST X-RAY OF WRIST	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
73120	N	X-RAY EXAM OF HAND	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
73130	N	X-RAY EXAM OF HAND	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73140	N	X-RAY EXAM OF FINGER(S)	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73200	N	CT UPPER EXTREMITY W/O DYE	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
73201	N	CT UPPER EXTREMITY W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
73202	N	CT UPPR EXTREMITY W/O&W/DYE	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
73206	N	CT ANGIO UPR EXTRM W/O&W/DYE	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
73218	N	MRI UPPER EXTREMITY W/O DYE	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
73219	N	MRI UPPER EXTREMITY W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
73220	N	MRI UPPR EXTREMITY W/O&W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
73221	N	MRI JOINT UPR EXTREM W/O DYE	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
73222	N	MRI JOINT UPR EXTREM W/DYE	-	05573 8.7304	Bundled, sometimes payable	\$509.77	-	-	-	-	000	999	-
73223	N	MRI JOINT UPR EXTR W/O&W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
73225	E	MR ANGIO UPR EXTR W/O&W/DYE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
73501	N	X-RAY EXAM HIP UNI 1 VIEW	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73502	N	X-RAY EXAM HIP UNI 2-3 VIEWS	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73503	N	X-RAY EXAM HIP UNI 4/> VIEWS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
73521	N	X-RAY EXAM HIPS BI 2 VIEWS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
73522	N	X-RAY EXAM HIPS BI 3-4 VIEWS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
73523	S	X-RAY EXAM HIPS BI 5/> VIEWS	-	05522 1.1988	APC	\$70.00	-	-	-	-	000	999	-
73525	N	CONTRAST X-RAY OF HIP	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
73551	N	X-RAY EXAM OF FEMUR 1	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
73552	N	X-RAY EXAM OF FEMUR 2/>	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73560	N	X-RAY EXAM OF KNEE 1 OR 2	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73562	N	X-RAY EXAM OF KNEE 3	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73564	N	X-RAY EXAM KNEE 4 OR MORE	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
73565	N	X-RAY EXAM OF KNEES	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73580	N	CONTRAST X-RAY OF KNEE JOINT	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
73590	N	X-RAY EXAM OF LOWER LEG	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73592	N	X-RAY EXAM OF LEG INFANT	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	002	-
73600	N	X-RAY EXAM OF ANKLE	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73610	N	X-RAY EXAM OF ANKLE	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73615	N	CONTRAST X-RAY OF ANKLE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
73620	N	X-RAY EXAM OF FOOT	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73630	N	X-RAY EXAM OF FOOT	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73650	N	X-RAY EXAM OF HEEL	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73660	N	X-RAY EXAM OF TOE(S)	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
73700	N	CT LOWER EXTREMITY W/O DYE	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
73701	N	CT LOWER EXTREMITY W/DYE	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
73702	N	CT LWR EXTREMITY W/O&W/DYE	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
73706	N	CT ANGIO LWR EXTR W/O&W/DYE	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
73718	N	MRI LOWER EXTREMITY W/O DYE	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
73719	N	MRI LOWER EXTREMITY W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
73720	N	MRI LWR EXTREMITY W/O&W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
73721	N	MRI JNT OF LWR EXTRE W/O DYE	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
73722	N	MRI JOINT OF LWR EXTR W/DYE	-	05573 8.7304	Bundled, sometimes payable	\$509.77	-	-	-	-	000	999	-
73723	N	MRI JOINT LWR EXTR W/O&W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
73725	M	MR ANG LWR EXT W OR W/O DYE	-	-	Fee Schedule	\$464.78	-	-	-	-	000	999	-
74018	N	X-RAY EXAM ABDOMEN 1 VIEW	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
74019	N	X-RAY EXAM ABDOMEN 2 VIEWS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
74021	N	X-RAY EXAM ABDOMEN 3+ VIEWS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
74022	N	X-RAY EXAM COMPLETE ABDOMEN	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
74150	N	CT ABDOMEN W/O DYE	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
74160	N	CT ABDOMEN W/DYE	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
74170	N	CT ABDOMEN W/O & W/DYE	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
74174	S	CT ANGIO ABD&PELV W/O&W/DYE	-	05572 4.1933	APC	\$244.85	-	-	-	-	000	999	-
74175	N	CT ANGIO ABDOM W/O & W/DYE	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
74176	N	CT ABD & PELVIS W/O CONTRAST	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
74177	N	CT ABD & PELV W/CONTRAST	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
74178	N	CT ABD & PELV 1/> REGNS	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
74181	N	MRI ABDOMEN W/O DYE	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
74182	N	MRI ABDOMEN W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
74183	N	MRI ABDOMEN W/O & W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
74185	M	MRI ANGIO ABDOM W ORW/O DYE	-	-	Fee Schedule	\$467.44	-	-	-	-	000	999	-
74190	N	X-RAY EXAM OF PERITONEUM	-	05524 6.0153	Bundled, sometimes payable	\$351.23	-	-	-	-	000	999	-
74210	N	X-RAY XM PHRNX&CRV ESOPH C+	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
74220	N	X-RAY XM ESOPHAGUS 1CNTRST	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
74221	N	X-RAY XM ESOPHAGUS 2CNTRST	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
74230	N	X-RAY XM SWLNG FUNCJ C+	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
74235	N	REMOVE ESOPHAGUS OBSTRUCTION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
74240	N	X-RAY XM UPR GI TRC 1CNTRST	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
74246	N	X-RAY XM UPR GI TRC 2CNTRST	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
74248	N	X-RAY SM INT F-THRU STD	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
74250	N	X-RAY XM SM INT 1CNTRST STD	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
74251	N	X-RAY XM SM INT 2CNTRST STD	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
74261	N	CT COLONOGRAPHY DX	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
74262	N	CT COLONOGRAPHY DX W/DYE	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
74263	E	CT COLONOGRAPHY SCREENING	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
74270	N	X-RAY XM COLON 1CNTRST STD	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
74280	N	X-RAY XM COLON 2CNTRST STD	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
74283	S	THER NMA RDCTJ INTUS/OBSTRCTJ	-	05571 2.0034	APC	\$116.98	-	-	-	-	000	999	-
74290	N	CONTRAST X-RAY GALLBLADDER	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
74300	N	X-RAY BILE DUCTS/PANCREAS	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
74301	N	X-RAYS AT SURGERY ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
74328	N	X-RAY BILE DUCT ENDOSCOPY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
74329	N	X-RAY FOR PANCREAS ENDOSCOPY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
74330	N	X-RAY BILE/PANC ENDOSCOPY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
74340	N	X-RAY GUIDE FOR GI TUBE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
74355	N	X-RAY GUIDE INTESTINAL TUBE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
74360	N	X-RAY GUIDE GI DILATION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
74363	N	X-RAY BILE DUCT DILATION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
74400	S	UROGRAPHY IV +-KUB TOMOG	-	05571 2.0034	APC	\$116.98	-	-	-	-	000	999	-
74410	S	UROGRAPHY NFS DRIP&/BOLUS	-	05571 2.0034	APC	\$116.98	-	-	-	-	000	999	-
74415	S	UROGRAPHY NFS DRIP&/BLS W/NF	-	05571 2.0034	APC	\$116.98	-	-	-	-	000	999	-
74420	S	UROGRAPHY RTRGR +-KUB	-	05572 4.1933	APC	\$244.85	-	-	-	-	000	999	-
74425	N	UROGRAPHY ANTEGRADE RS&I	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
74430	N	CONTRAST X-RAY BLADDER	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
74440	N	X-RAY MALE GENITAL TRACT	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
74445	N	X-RAY EXAM OF PENIS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
74450	N	X-RAY URETHRA/BLADDER	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
74455	N	X-RAY URETHRA/BLADDER	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
74470	N	X-RAY EXAM OF KIDNEY LESION	-	05524 6.0153	Bundled, sometimes payable	\$351.23	-	-	-	-	000	999	-
74485	N	DILATION URTR/URT RS&I	-	05373 22.2089	Bundled, sometimes payable	\$1,296.78	-	-	-	-	000	999	-
74712	S	MRI FETAL SNGL/1ST GESTATION	-	05523 2.6718	APC	\$156.01	-	-	-	-	000	999	-
74713	N	MRI FETAL EA ADDL GESTATION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
74740	N	X-RAY FEMALE GENITAL TRACT	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
74742	N	X-RAY FALLOPIAN TUBE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
74775	S	X-RAY EXAM OF PERINEUM	-	05523 2.6718	APC	\$156.01	-	-	-	-	000	999	-
75557	N	CARDIAC MRI FOR MORPH	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
75559	N	CARDIAC MRI W/STRESS IMG	-	05524 6.0153	Bundled, sometimes payable	\$351.23	-	-	-	-	000	999	-
75561	N	CARDIAC MRI FOR MORPH W/DYE	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
75563	N	CARD MRI W/STRESS IMG & DYE	-	05573 8.7304	Bundled, sometimes payable	\$509.77	-	-	-	-	000	999	-
75565	N	CARD MRI VELOC FLOW MAPPING	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
75571	N	CT HRT W/O DYE W/CA TEST	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
75572	S	CT HRT W/3D IMAGE	-	05571 2.0034	APC	\$116.98	-	-	-	-	000	999	-
75573	S	CT HRT C+ STRUX CGEN HRT DS	-	05571 2.0034	APC	\$116.98	-	-	-	-	000	999	-
75574	S	CT ANGIO HRT W/3D IMAGE	-	05571 2.0034	APC	\$116.98	-	-	-	-	000	999	-
75580	S	N-INVAS EST C FFR SW ALY CTA	-	05724 11.4003	APC	\$665.66	-	-	-	-	000	999	-
75600	N	CONTRAST EXAM THORACIC AORTA	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
75605	N	CONTRAST EXAM THORACIC AORTA	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
75625	N	CONTRAST EXAM ABDOMINL AORTA	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
75630	N	X-RAY AORTA LEG ARTERIES	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
75635	N	CT ANGIO ABDOMINAL ARTERIES	-	05571 2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
75705	N	ARTERY X-RAYS SPINE	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
75710	N	ARTERY X-RAYS ARM/LEG	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
75716	N	ARTERY X-RAYS ARMS/LEGS	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
75726	N	ARTERY X-RAYS ABDOMEN	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
75731	N	ARTERY X-RAYS ADRENAL GLAND	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
75733	N	ARTERY X-RAYS ADRENALS	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
75736	N	ARTERY X-RAYS PELVIS	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
75741	N	ARTERY X-RAYS LUNG	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
75743	N	ARTERY X-RAYS LUNGS	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
75746	N	ARTERY X-RAYS LUNG	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
75756	N	ARTERY X-RAYS CHEST	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
75774	N	ARTERY X-RAY EACH VESSEL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
75801	N	LYMPH VESSEL X-RAY ARM/LEG	-	05181 6.8498	Bundled, sometimes payable	\$399.96	-	-	-	-	000	999	-
75803	N	LYMPH VESSEL X-RAY ARMS/LEGS	-	05182 17.4628	Bundled, sometimes payable	\$1,019.65	-	-	-	-	000	999	-
75805	N	LYMPH VESSEL X-RAY TRUNK	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
75807	N	LYMPH VESSEL X-RAY TRUNK	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
75809	N	NONVASCULAR SHUNT X-RAY	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
75810	N	VEIN X-RAY SPLEEN/LIVER	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
75820	N	VEIN X-RAY ARM/LEG	-	05182 17.4628	Bundled, sometimes payable	\$1,019.65	-	-	-	-	000	999	-
75822	N	VEIN X-RAY ARMS/LEGS	-	05182 17.4628	Bundled, sometimes payable	\$1,019.65	-	-	-	-	000	999	-
75825	N	VEIN X-RAY TRUNK	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
75827	N	VEIN X-RAY CHEST	-	05182 17.4628	Bundled, sometimes payable	\$1,019.65	-	-	-	-	000	999	-
75831	N	VEIN X-RAY KIDNEY	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
75833	N	VEIN X-RAY KIDNEYS	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
75840	N	VEIN X-RAY ADRENAL GLAND	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
75842	N	VEIN X-RAY ADRENAL GLANDS	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
75860	N	VEIN X-RAY NECK	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
75870	N	VEIN X-RAY SKULL	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
75872	N	VEIN X-RAY SKULL EPIDURAL	-	05181 6.8498	Bundled, sometimes payable	\$399.96	-	-	-	-	000	999	-
75880	N	VEIN X-RAY EYE SOCKET	-	05181 6.8498	Bundled, sometimes payable	\$399.96	-	-	-	-	000	999	-
75885	N	VEIN X-RAY LIVER W/HEMODYNAM	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
75887	N	VEIN X-RAY LIVER W/O HEMODYN	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
75889	N	VEIN X-RAY LIVER W/HEMODYNAM	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
75891	N	VEIN X-RAY LIVER	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
75893	N	VENOUS SAMPLING BY CATHETER	-	05184 59.9199	Bundled, sometimes payable	\$3,498.72	-	-	-	-	000	999	-
75894	N	X-RAYS TRANSCATH THERAPY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
75898	N	FOLLOW-UP ANGIOGRAPHY	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	000	999	-
75901	N	REMOVE CVA DEVICE OBSTRUCT	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
75902	N	REMOVE CVA LUMEN OBSTRUCT	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
75956	C	XRAY ENDOVASC THOR AO REPR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
75957	C	XRAY ENDOVASC THOR AO REPR	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
75958	C	XRAY PLACE PROX EXT THOR AO	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
75959	C	XRAY PLACE DIST EXT THOR AO	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
75970	N	VASCULAR BIOPSY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
75984	N	XRAY CONTROL CATHETER CHANGE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
75989	N	ABSCESS DRAINAGE UNDER X-RAY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
76000	S	FLUOROSCOPY <1 HR PHYS/QHP	-	05523 2.6718	APC	\$156.01	-	-	-	-	000	999	-
76010	N	X-RAY NOSE TO RECTUM	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
76080	N	X-RAY EXAM OF FISTULA	-	05524 6.0153	Bundled, sometimes payable	\$351.23	-	-	-	-	000	999	-
76098	N	X-RAY EXAM SURGICAL SPECIMEN	-	05524 6.0153	Bundled, sometimes payable	\$351.23	-	-	-	-	000	999	-
76100	N	X-RAY EXAM OF BODY SECTION	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76120	N	CINE/VIDEO X-RAYS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76125	N	CINE/VIDEO X-RAYS ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
76140	E	X-RAY CONSULTATION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
76145	S	MED PHYSIC DOS EVAL RAD EXPS	-	05723 5.8442	APC	\$341.24	-	-	-	-	000	999	-
76376	N	3D RENDER W/INTRP POSTPROCES	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
76377	N	3D RENDER W/INTRP POSTPROCES	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
76380	N	CAT SCAN FOLLOW-UP STUDY	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
76390	E	MR SPECTROSCOPY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
76391	N	MR ELASTOGRAPHY	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
76496	N	UNLISTED FLUOROSCOPIC PX	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
76497	N	UNLISTED CT PROCEDURE	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
76498	S	UNLISTED MR PROCEDURE	-	05521 0.9908	APC	\$57.85	-	-	-	-	000	999	-
76499	N	UNLISTED DX RADIOGRAPHIC PX	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
76506	N	ECHO EXAM OF HEAD	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76510	N	OPH US DX B-SCAN&QUAN A-SCAN	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
76511	N	OPH US DX QUAN A-SCAN ONLY	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
76512	N	OPH US DX B-SCAN	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76513	N	OPH US DX ANT SGM US UNI/BI	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76514	N	ECHO EXAM OF EYE THICKNESS	-	05731 0.3247	Bundled, sometimes payable	\$18.96	-	-	-	-	000	999	-
76516	N	ECHO EXAM OF EYE	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76519	N	ECHO EXAM OF EYE	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76529	N	ECHO EXAM OF EYE	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
76536	N	US EXAM OF HEAD AND NECK	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76604	N	US EXAM CHEST	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76641	N	ULTRASOUND BREAST COMPLETE	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76642	N	ULTRASOUND BREAST LIMITED	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
76700	N	US EXAM ABDOM COMPLETE	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76705	N	ECHO EXAM OF ABDOMEN	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76706	S	US ABDL AORTA SCREEN AAA	-	05522 1.1988	APC	\$70.00	-	-	-	-	000	999	-
76770	N	US EXAM ABDO BACK WALL COMP	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76775	N	US EXAM ABDO BACK WALL LIM	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76776	N	US EXAM K TRANSPL W/DOPPLER	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76800	N	US EXAM SPINAL CANAL	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76801	S	OB US < 14 WKS SINGLE FETUS	-	05522 1.1988	APC	\$70.00	-	-	-	-	000	999	-
76802	N	OB US < 14 WKS ADDL FETUS	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
76805	S	OB US >= 14 WKS SNGL FETUS	-	05522 1.1988	APC	\$70.00	-	-	-	-	010	065	-
76810	N	OB US >= 14 WKS ADDL FETUS	-	-	Bundled	\$0.00	-	-	-	-	010	065	-
76811	S	OB US DETAILED SNGL FETUS	-	05523 2.6718	APC	\$156.01	-	-	-	-	000	999	-
76812	N	OB US DETAILED ADDL FETUS	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
76813	N	OB US NUCHAL MEAS 1 GEST	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76814	N	OB US NUCHAL MEAS ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
76815	N	OB US LIMITED FETUS(S)	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	010	065	-
76816	N	OB US FOLLOW-UP PER FETUS	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	010	065	-
76817	N	TRANSVAGINAL US OBSTETRIC	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76818	S	FETAL BIOPHYS PROFILE W/NST	-	05522 1.1988	APC	\$70.00	-	-	-	-	010	065	-
76819	S	FETAL BIOPHYS PROFIL W/O NST	-	05522 1.1988	APC	\$70.00	-	-	-	-	010	065	-
76820	N	UMBILICAL ARTERY ECHO	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76821	N	MIDDLE CEREBRAL ARTERY ECHO	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76825	S	ECHO EXAM OF FETAL HEART	-	05524 6.0153	APC	\$351.23	-	-	-	-	010	065	-
76826	S	ECHO EXAM OF FETAL HEART	-	05523 2.6718	APC	\$156.01	-	-	-	-	010	065	-
76827	N	ECHO EXAM OF FETAL HEART	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	010	065	-
76828	N	ECHO EXAM OF FETAL HEART	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	010	065	-
76830	S	TRANSVAGINAL US NON-OB	-	05522 1.1988	APC	\$70.00	-	-	-	-	010	999	-
76831	N	ECHO EXAM UTERUS	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
76856	N	US EXAM PELVIC COMPLETE	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76857	N	US EXAM PELVIC LIMITED	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76870	N	US EXAM SCROTUM	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76872	S	US TRANSRECTAL	-	05522 1.1988	APC	\$70.00	-	-	-	-	000	999	-
76873	S	ECHOGRAP TRANS R PROS STUDY	-	05522 1.1988	APC	\$70.00	-	-	-	-	000	999	-
76881	S	US COMPL JOINT R-T W/IMG	-	05522 1.1988	APC	\$70.00	-	-	-	-	000	999	-
76882	N	US LMTD JT/FCL EVL NVASC XTR	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76883	N	US NRV&ACC STRUX 1XTR COMPRE	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76885	N	US EXAM INFANT HIPS DYNAMIC	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	000	-
76886	N	US EXAM INFANT HIPS STATIC	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	000	-
76932	N	ECHO GUIDE FOR HEART BIOPSY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
76936	S	ECHO GUIDE FOR ARTERY REPAIR	-	05722 3.4225	APC	\$199.84	-	-	-	-	000	999	-
76937	N	US GUIDE VASCULAR ACCESS	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
76940	N	US GUIDE TISSUE ABLATION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
76941	N	ECHO GUIDE FOR TRANSFUSION	-	-	Bundled	\$0.00	-	-	-	-	010	065	-
76942	N	ECHO GUIDE FOR BIOPSY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
76945	N	ECHO GUIDE VILLUS SAMPLING	-	-	Bundled	\$0.00	-	-	-	-	010	065	-
76946	N	ECHO GUIDE FOR AMNIOCENTESIS	-	-	Bundled	\$0.00	-	-	-	-	010	065	-

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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
76948	N	ECHO GUIDE OVA ASPIRATION	-	-	Bundled	\$0.00	-	-	-	-	010	065	-
76965	N	ECHO GUIDANCE RADIOTHERAPY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
76975	N	GI ENDOSCOPIC ULTRASOUND	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
76977	S	US BONE DENSITY MEASURE	-	05522 1.1988	APC	\$70.00	-	-	-	-	000	999	-
76978	S	US TRGT DYN MBUBB 1ST LES	-	05571 2.0034	APC	\$116.98	-	-	-	-	000	999	-
76979	N	US TRGT DYN MBUBB EA ADDL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
76981	N	USE PARENCHYMA	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76982	N	USE 1ST TARGET LESION	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
76983	N	USE EA ADDL TARGET LESION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
76984	C	DX INTRAOP THORACIC AORTA US	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
76987	C	DX INTRAOP EPICAR CAR US CHD	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
76988	C	DX NTROP EPCR US CHD IMG ACQ	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
76989	C	DX INTRAOP EPCAR US CHD I&R	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
76998	N	US GUIDE INTRAOP	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
76999	N	ECHO EXAMINATION PROCEDURE	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
77001	N	FLUOROGUIDE FOR VEIN DEVICE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
77002	N	NEEDLE LOCALIZATION BY XRAY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
77003	N	FLUOROGUIDE FOR SPINE INJECT	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
77011	N	CT SCAN FOR LOCALIZATION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
77012	N	CT SCAN FOR NEEDLE BIOPSY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
77013	N	CT GUIDE FOR TISSUE ABLATION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
77014	N	CT SCAN FOR THERAPY GUIDE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
77021	N	MRI GUIDANCE NDL PLMT RS&I	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
77022	N	MRI GDN PARNCHYMA TISS ABLTJ	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
77046	N	MRI BREAST C- UNILATERAL	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
77047	N	MRI BREAST C- BILATERAL	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
77048	E	MRI BREAST C-+ W/CAD UNI	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
77049	E	MRI BREAST C-+ W/CAD BI	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
77053	N	X-RAY OF MAMMARY DUCT	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
77054	N	X-RAY OF MAMMARY DUCTS	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
77061	E	BREAST TOMOSYNTHESIS UNI	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
77062	E	BREAST TOMOSYNTHESIS BI	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
77063	M	BREAST TOMOSYNTHESIS BI	-	-	Fee Schedule	\$69.98	-	-	-	-	000	999	-
77065	M	DX MAMMO INCL CAD UNI	-	-	Fee Schedule	\$166.60	-	-	-	-	000	999	-
77066	M	DX MAMMO INCL CAD BI	-	-	Fee Schedule	\$210.03	-	-	-	-	000	999	-
77067	M	SCR MAMMO BI INCL CAD	-	-	Fee Schedule	\$170.59	-	-	-	-	000	999	-
77071	N	X-RAY STRESS VIEW	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
77072	N	X-RAYS FOR BONE AGE	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
77073	N	X-RAYS BONE LENGTH STUDIES	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
77074	N	X-RAYS BONE SURVEY LIMITED	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
77075	N	X-RAYS BONE SURVEY COMPLETE	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
77076	N	X-RAYS BONE SURVEY INFANT	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	001	-
77077	N	JOINT SURVEY SINGLE VIEW	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
77078	S	CT BONE DENSITY AXIAL	-	05521 0.9908	APC	\$57.85	-	-	-	-	000	999	-
77080	S	DXA BONE DENSITY AXIAL	-	05522 1.1988	APC	\$70.00	-	-	-	-	000	999	-
77081	S	DXA BONE DENSITY/PERIPHERAL	-	05521 0.9908	APC	\$57.85	-	-	-	-	000	999	-
77084	S	MAGNETIC IMAGE BONE MARROW	-	05523 2.6718	APC	\$156.01	-	-	-	-	000	999	-
77085	N	DXA BONE DENSITY STUDY	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
77086	N	FRACTURE ASSESSMENT VIA DXA	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
77089	E	TBS DXA CAL W/I&R FX RISK	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
77090	S	TBS TECHL PREP&TRANSMIS DATA	-	05521 0.9908	APC	\$57.85	-	-	-	-	000	999	-
77091	S	TBS TECHL CALCULATION ONLY	-	05521 0.9908	APC	\$57.85	-	-	-	-	000	999	-
77092	E	TBS I&R FX RSK QHP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
77261	E	RADIATION THERAPY PLANNING	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
77262	E	RADIATION THERAPY PLANNING	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
77263	E	RADIATION THERAPY PLANNING	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
77280	S	SET RADIATION THERAPY FIELD	-	05611	1.4795	APC	\$86.39	-	-	-	-	000	999	-
77285	S	SET RADIATION THERAPY FIELD	-	05612	4.0289	APC	\$235.25	-	-	-	-	000	999	-
77290	S	SET RADIATION THERAPY FIELD	-	05612	4.0289	APC	\$235.25	-	-	-	-	000	999	-
77293	N	RESPIRATOR MOTION MGMT SIMUL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
77295	S	3-D RADIOTHERAPY PLAN	-	05613	15.1085	APC	\$882.19	-	-	-	-	000	999	-
77299	S	UNLISTED PX THER RAD TX PLNG	-	05611	1.4795	APC	\$86.39	-	-	-	-	000	999	-
77300	S	RADIATION THERAPY DOSE PLAN	-	05611	1.4795	APC	\$86.39	-	-	-	-	000	999	-
77301	S	RADIOTHERAPY DOSE PLAN IMRT	-	05613	15.1085	APC	\$882.19	-	-	-	-	000	999	-
77306	S	TELETHX ISODOSE PLAN SIMPLE	-	05612	4.0289	APC	\$235.25	-	-	-	-	000	999	-
77307	S	TELETHX ISODOSE PLAN CPLX	-	05612	4.0289	APC	\$235.25	-	-	-	-	000	999	-
77316	S	BRACHYTX ISODOSE PLAN SIMPLE	-	05612	4.0289	APC	\$235.25	-	-	-	-	000	999	-
77317	S	BRACHYTX ISODOSE INTERMED	-	05612	4.0289	APC	\$235.25	-	-	-	-	000	999	-
77318	S	BRACHYTX ISODOSE COMPLEX	-	05612	4.0289	APC	\$235.25	-	-	-	-	000	999	-
77321	S	SPECIAL TELETX PORT PLAN	-	05612	4.0289	APC	\$235.25	-	-	-	-	000	999	-
77331	S	SPECIAL RADIATION DOSIMETRY	-	05611	1.4795	APC	\$86.39	-	-	-	-	000	999	-
77332	S	RADIATION TREATMENT AID(S)	-	05611	1.4795	APC	\$86.39	-	-	-	-	000	999	-
77333	S	RADIATION TREATMENT AID(S)	-	05611	1.4795	APC	\$86.39	-	-	-	-	000	999	-
77334	S	RADIATION TREATMENT AID(S)	-	05612	4.0289	APC	\$235.25	-	-	-	-	000	999	-
77336	S	RADIATION PHYSICS CONSULT	-	05611	1.4795	APC	\$86.39	-	-	-	-	000	999	-
77338	S	DESIGN MLC DEVICE FOR IMRT	-	05612	4.0289	APC	\$235.25	-	-	-	-	000	999	-
77370	S	RADIATION PHYSICS CONSULT	-	05611	1.4795	APC	\$86.39	-	-	-	-	000	999	-
77371	N	SRS MULTISOURCE	-	05627	84.9104	Bundled, sometimes payable	\$4,957.92	-	-	-	-	000	999	-
77372	N	SRS LINEAR BASED	-	05627	84.9104	Bundled, sometimes payable	\$4,957.92	-	-	-	-	000	999	-
77373	S	SBRT DELIVERY	-	05626	19.4562	APC	\$1,136.05	-	-	-	-	000	999	-
77385	S	NTSTY MODUL RAD TX DLVR SMPL	-	05623	6.4186	APC	\$374.78	-	-	-	-	000	999	-
77386	S	NTSTY MODUL RAD TX DLVR CPLX	-	05623	6.4186	APC	\$374.78	-	-	-	-	000	999	-
77387	N	GUIDANCE FOR RADJ TX DLVR	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
77399	S	UNLISTED PX MED RADJ PHYSICS	-	05611	1.4795	APC	\$86.39	-	-	-	-	000	999	-
77401	S	RADIATION TREATMENT DELIVERY	-	05621	1.3075	APC	\$76.34	-	-	-	-	000	999	-
77402	S	RADIATION TREATMENT DELIVERY	-	05621	1.3075	APC	\$76.34	-	-	-	-	000	999	-
77407	S	RADIATION TREATMENT DELIVERY	-	05622	2.9304	APC	\$171.11	-	-	-	-	000	999	-
77412	S	RADIATION TREATMENT DELIVERY	-	05622	2.9304	APC	\$171.11	-	-	-	-	000	999	-
77417	N	RADIOLOGY PORT IMAGES(S)	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
77423	S	NEUTRON BEAM TX COMPLEX	-	05623	6.4186	APC	\$374.78	-	-	-	Y	000	999	-
77424	N	IO RAD TX DELIVERY BY X-RAY	-	05627	84.9104	Bundled, sometimes payable	\$4,957.92	-	-	-	-	000	999	-
77425	N	IO RAD TX DELIVER BY ELCTRNS	-	05627	84.9104	Bundled, sometimes payable	\$4,957.92	-	-	-	-	000	999	-
77427	M	RADIATION TX MANAGEMENT X5	-	-	-	Fee Schedule	\$251.91	-	-	-	-	000	999	-
77431	M	RADIATION THERAPY MANAGEMENT	-	-	-	Fee Schedule	\$141.25	-	-	-	-	000	999	-
77432	M	STEREOTACTIC RADIATION TRMT	-	-	-	Fee Schedule	\$559.58	-	-	-	-	000	999	-
77435	N	SBRT MANAGEMENT	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
77469	E	IO RADIATION TX MANAGEMENT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
77470	S	SPECIAL RADIATION TREATMENT	-	05623	6.4186	APC	\$374.78	-	-	-	-	000	999	-
77499	M	UNLISTED PX THER RAD TX MGMT	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
77520	S	PROTON TRMT SIMPLE W/O COMP	-	05623	6.4186	APC	\$374.78	-	-	-	-	000	999	-
77522	S	PROTON TRMT SIMPLE W/COMP	-	05625	15.4680	APC	\$903.18	-	-	-	-	000	999	-
77523	S	PROTON TRMT INTERMEDIATE	-	05625	15.4680	APC	\$903.18	-	-	-	-	000	999	-
77525	S	PROTON TREATMENT COMPLEX	-	05625	15.4680	APC	\$903.18	-	-	-	-	000	999	-
77600	S	HYPERTHERMIA TREATMENT	-	05622	2.9304	APC	\$171.11	-	-	-	-	000	999	-
77605	S	HYPERTHERMIA TREATMENT	-	05624	7.8177	APC	\$456.48	-	-	-	-	000	999	-
77610	S	HYPERTHERMIA TREATMENT	-	05623	6.4186	APC	\$374.78	-	-	-	-	000	999	-
77615	S	HYPERTHERMIA TREATMENT	-	05623	6.4186	APC	\$374.78	-	-	-	-	000	999	-
77620	S	HYPERTHERMIA TREATMENT	-	05623	6.4186	APC	\$374.78	-	-	-	-	000	999	-
77750	S	INFUSE RADIOACTIVE MATERIALS	-	05622	2.9304	APC	\$171.11	-	-	-	-	000	999	-
77761	S	APPLY INTRCAV RADIAT SIMPLE	-	05623	6.4186	APC	\$374.78	-	-	-	-	000	999	-
77762	S	APPLY INTRCAV RADIAT INTERM	-	05623	6.4186	APC	\$374.78	-	-	-	-	000	999	-
77763	S	APPLY INTRCAV RADIAT COMPL	-	05624	7.8177	APC	\$456.48	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight				Hospital Lab	Hospital Lab					
77767	S	HDR RDNCL SKN SURF BRACHYTX	-	05622	2.9304	APC	\$171.11	-	-	-	-	000	999	-	
77768	S	HDR RDNCL SKN SURF BRACHYTX	-	05622	2.9304	APC	\$171.11	-	-	-	-	000	999	-	
77770	S	HDR RDNCL NTRSTL/ICAV BRCHTX	-	05624	7.8177	APC	\$456.48	-	-	-	-	000	999	-	
77771	S	HDR RDNCL NTRSTL/ICAV BRCHTX	-	05624	7.8177	APC	\$456.48	-	-	-	-	000	999	-	
77772	S	HDR RDNCL NTRSTL/ICAV BRCHTX	-	05624	7.8177	APC	\$456.48	-	-	-	-	000	999	-	
77778	S	APPLY INTERSTIT RADIAT COMPL	-	05624	7.8177	APC	\$456.48	-	-	-	-	000	999	-	
77789	S	APPLY SURF LDR RADIONUCLIDE	-	05621	1.3075	APC	\$76.34	-	-	-	-	000	999	-	
77790	N	RADIATION HANDLING	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
77799	S	UNLISTED PX CLIN BRACHYTX	-	05621	1.3075	APC	\$76.34	-	-	-	-	000	999	-	
78012	S	THYROID UPTAKE MEASUREMENT	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78013	S	THYROID IMAGING W/BLOOD FLOW	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78014	S	THYROID IMAGING W/BLOOD FLOW	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78015	S	THYROID MET IMAGING	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78016	S	THYROID MET IMAGING/STUDIES	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78018	S	THYROID MET IMAGING BODY	-	05592	5.8936	APC	\$344.13	-	-	-	-	000	999	-	
78020	N	THYROID MET UPTAKE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
78070	S	PARATHYROID PLANAR IMAGING	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78071	S	PARATHYRD PLANAR W/WO SUBTRJ	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78072	S	PARATHYRD PLANAR W/SPECT&CT	-	05592	5.8936	APC	\$344.13	-	-	-	-	000	999	-	
78075	S	ADRENAL CORTEX & MEDULLA IMG	-	05593	15.4829	APC	\$904.05	-	-	-	-	000	999	-	
78099	S	UNLISTED ENDOCRINE PX DX NUC	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78102	S	BONE MARROW IMAGING LTD	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78103	S	BONE MARROW IMAGING MULT	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78104	S	BONE MARROW IMAGING BODY	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78110	S	PLASMA VOLUME SINGLE	-	05593	15.4829	APC	\$904.05	-	-	-	-	000	999	-	
78111	S	PLASMA VOLUME MULTIPLE	-	05593	15.4829	APC	\$904.05	-	-	-	-	000	999	-	
78120	S	RED CELL MASS SINGLE	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78121	S	RED CELL MASS MULTIPLE	-	05592	5.8936	APC	\$344.13	-	-	-	-	000	999	-	
78122	S	BLOOD VOLUME	-	05592	5.8936	APC	\$344.13	-	-	-	-	000	999	-	
78130	S	RED CELL SURVIVAL STUDY	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78140	S	RED CELL SEQUESTRATION	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78185	S	SPLEEN IMAGING	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78191	S	PLATELET SURVIVAL	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78195	S	LYMPH SYSTEM IMAGING	-	05592	5.8936	APC	\$344.13	-	-	-	-	000	999	-	
78199	S	UNLSTD HEMATOP RET/ENDO LYMP	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78201	S	LIVER IMAGING	-	05592	5.8936	APC	\$344.13	-	-	-	-	000	999	-	
78202	S	LIVER IMAGING WITH FLOW	-	05592	5.8936	APC	\$344.13	-	-	-	-	000	999	-	
78215	S	LIVER AND SPLEEN IMAGING	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78216	S	LIVER & SPLEEN IMAGE/FLOW	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78226	S	HEPATOBIILIARY SYSTEM IMAGING	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78227	S	HEPATOBIL SYST IMAGE W/DRUG	-	05592	5.8936	APC	\$344.13	-	-	-	-	000	999	-	
78230	S	SALIVARY GLAND IMAGING	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78231	S	SERIAL SALIVARY IMAGING	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78232	S	SALIVARY GLAND FUNCTION EXAM	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78258	S	ESOPHAGEAL MOTILITY STUDY	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78261	S	GASTRIC MUCOSA IMAGING	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78262	S	GASTROESOPHAGEAL REFLUX EXAM	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78264	S	GASTRIC EMPTYING IMAG STUDY	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78265	S	GASTRIC EMPTYING IMAG STUDY	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78266	S	GASTRIC EMPTYING IMAG STUDY	-	05592	5.8936	APC	\$344.13	-	-	-	-	000	999	-	
78267	Q	BREATH TST ATTAIN/ANAL C-14	-	-	-	Medicare	\$18.43	\$11.43	\$11.06	-	-	000	999	-	
78268	Q	BREATH TEST ANALYSIS C-14	-	-	-	Medicare	\$157.35	\$97.56	\$94.41	-	-	000	999	-	
78278	S	ACUTE GI BLOOD LOSS IMAGING	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78282	S	GI PROTEIN LOSS EXAM	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78290	S	MECKELS DIVERT EXAM	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-	
78291	S	LEVEEN/SHUNT PATENCY EXAM	-	05591	4.4972	APC	\$262.59	-	-	-	-	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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
78299	S	UNLISTED GI PX DX NUC MED	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-
78300	S	BONE IMAGING LIMITED AREA	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-
78305	S	BONE IMAGING MULTIPLE AREAS	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-
78306	S	BONE IMAGING WHOLE BODY	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-
78315	S	BONE IMAGING 3 PHASE	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-
78350	E	BONE MINERAL SINGLE PHOTON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
78351	E	BONE MINERAL DUAL PHOTON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
78399	S	UNLISTED MUSCSKEL PX DX NUC	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-
78414	S	NON-IMAGING HEART FUNCTION	-	05592	5.8936	APC	\$344.13	-	-	-	-	000	999	-
78428	S	CARDIAC SHUNT IMAGING	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-
78429	S	MYOCRD IMG PET 1 STD W/CT	-	05594	17.0584	APC	\$1,012.67	-	-	-	-	000	999	-
78430	S	MYOCRD IMG PET RST/STRS W/CT	-	05594	17.0584	APC	\$1,012.67	-	-	-	-	000	999	-
78431	S	MYOCRD IMG PET RST&STRS CT	-	01522	38.5426	APC	\$2,250.50	-	-	-	-	000	999	-
78432	S	MYOCRD IMG PET 2RTRACER	-	01520	31.6921	APC	\$2,750.50	-	-	-	-	000	999	-
78433	S	MYOCRD IMG PET 2RTRACER CT	-	01521	33.4047	APC	\$2,750.50	-	-	-	-	000	999	-
78434	N	AQMBF PET REST & RX STRESS	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
78445	S	VASCULAR FLOW IMAGING	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-
78451	S	HT MUSCLE IMAGE SPECT SING	-	05593	15.4829	APC	\$904.05	-	-	-	-	000	999	-
78452	S	HT MUSCLE IMAGE SPECT MULT	-	05593	15.4829	APC	\$904.05	-	-	-	-	000	999	-
78453	S	HT MUSCLE IMAGE PLANAR SING	-	05593	15.4829	APC	\$904.05	-	-	-	-	000	999	-
78454	S	HT MUSC IMAGE PLANAR MULT	-	05593	15.4829	APC	\$904.05	-	-	-	-	000	999	-
78456	S	ACUTE VENOUS THROMBUS IMAGE	-	05593	15.4829	APC	\$904.05	-	-	-	-	000	999	-
78457	S	VENOUS THROMBOSIS IMAGING	-	05592	5.8936	APC	\$344.13	-	-	-	-	000	999	-
78458	S	VEN THROMBOSIS IMAGES BILAT	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-
78459	S	MYOCRD IMG PET SINGLE STUDY	-	05593	15.4829	APC	\$904.05	-	-	-	-	000	999	-
78466	S	HEART INFARCT IMAGE	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-
78468	S	HEART INFARCT IMAGE (EF)	-	05592	5.8936	APC	\$344.13	-	-	-	-	000	999	-
78469	S	HEART INFARCT IMAGE (3D)	-	05592	5.8936	APC	\$344.13	-	-	-	-	000	999	-
78472	S	GATED HEART PLANAR SINGLE	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-
78473	S	GATED HEART MULTIPLE	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-
78481	S	HEART FIRST PASS SINGLE	-	05592	5.8936	APC	\$344.13	-	-	-	-	000	999	-
78483	S	HEART FIRST PASS MULTIPLE	-	05592	5.8936	APC	\$344.13	-	-	-	-	000	999	-
78491	S	MYOCRD IMG PET 1STD RST/STRS	-	05594	17.0584	APC	\$996.04	-	-	-	-	000	999	-
78492	S	MYOCRD IMG PET MLT RST&STRS	-	05594	17.0584	APC	\$996.04	-	-	-	-	000	999	-
78494	S	HEART IMAGE SPECT	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-
78496	N	HEART FIRST PASS ADD-ON	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
78499	S	UNLISTED CV PX DX NUC MED	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-
78579	S	LUNG VENTILATION IMAGING	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-
78580	S	LUNG PERFUSION IMAGING	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-
78582	S	LUNG VENTILAT&PERFUS IMAGING	-	05592	5.8936	APC	\$344.13	-	-	-	-	000	999	-
78597	S	LUNG PERFUSION DIFFERENTIAL	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-
78598	S	LUNG PERF&VENTILAT DIFERENTL	-	05592	5.8936	APC	\$344.13	-	-	-	-	000	999	-
78599	S	UNLISTED RESP PX DX NUC MED	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-
78600	S	BRAIN IMAGE < 4 VIEWS	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-
78601	S	BRAIN IMAGE W/FLOW < 4 VIEWS	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-
78605	S	BRAIN IMAGE 4+ VIEWS	-	05592	5.8936	APC	\$344.13	-	-	-	-	000	999	-
78606	S	BRAIN IMAGE W/FLOW 4 + VIEWS	-	05592	5.8936	APC	\$344.13	-	-	-	-	000	999	-
78608	S	BRAIN IMAGING (PET)	-	05594	17.0584	APC	\$996.04	-	-	-	-	000	999	-
78609	E	BRAIN IMAGING (PET)	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
78610	S	BRAIN FLOW IMAGING ONLY	-	05592	5.8936	APC	\$344.13	-	-	-	-	000	999	-
78630	S	CEREBROSPINAL FLUID SCAN	-	05592	5.8936	APC	\$344.13	-	-	-	-	000	999	-
78635	S	CSF VENTRICULOGRAPHY	-	05592	5.8936	APC	\$344.13	-	-	-	-	000	999	-
78645	S	CSF SHUNT EVALUATION	-	05592	5.8936	APC	\$344.13	-	-	-	-	000	999	-
78650	S	CSF LEAKAGE IMAGING	-	05593	15.4829	APC	\$904.05	-	-	-	-	000	999	-
78660	S	NUCLEAR EXAM OF TEAR FLOW	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-
78699	S	UNLISTED NRVS SYS PX DX NUC	-	05591	4.4972	APC	\$262.59	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
78700	S	KIDNEY IMAGING MORPHOL	-	05591 4.4972	APC	\$262.59	-	-	-	-	000	999	-
78701	S	KIDNEY IMAGING WITH FLOW	-	05591 4.4972	APC	\$262.59	-	-	-	-	000	999	-
78707	S	K FLOW/FUNCT IMAGE W/O DRUG	-	05592 5.8936	APC	\$344.13	-	-	-	-	000	999	-
78708	S	K FLOW/FUNCT IMAGE W/DRUG	-	05592 5.8936	APC	\$344.13	-	-	-	-	000	999	-
78709	S	K FLOW/FUNCT IMAGE MULTIPLE	-	05592 5.8936	APC	\$344.13	-	-	-	-	000	999	-
78725	S	KIDNEY FUNCTION STUDY	-	05591 4.4972	APC	\$262.59	-	-	-	-	000	999	-
78730	N	URINARY BLADDER RETENTION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
78740	S	URETERAL REFLUX STUDY	-	05591 4.4972	APC	\$262.59	-	-	-	-	000	999	-
78761	S	TESTICULAR IMAGING W/FLOW	-	05591 4.4972	APC	\$262.59	-	-	-	-	000	999	-
78799	S	UNLISTED GU PX DX NUC MED	-	05591 4.4972	APC	\$262.59	-	-	-	-	000	999	-
78800	S	RP LOCLZJ TUM 1 AREA 1 D IMG	-	05591 4.4972	APC	\$262.59	-	-	-	-	000	999	-
78801	S	RP LOCLZJ TUM 2+AREA 1+D IMG	-	05591 4.4972	APC	\$262.59	-	-	-	-	000	999	-
78802	S	RP LOCLZJ TUM WHBDY 1 D IMG	-	05593 15.4829	APC	\$904.05	-	-	-	-	000	999	-
78803	S	RP LOCLZJ TUM SPECT 1 AREA	-	05593 15.4829	APC	\$904.05	-	-	-	-	000	999	-
78804	S	RP LOCLZJ TUM WHBDY 2-D IMG	-	05593 15.4829	APC	\$904.05	-	-	-	-	000	999	-
78808	N	IV INJ RA DRUG DX STUDY	-	05591 4.4972	Bundled, sometimes payable	\$262.59	-	-	-	-	000	999	-
78811	S	PET IMAGE LTD AREA	-	05593 15.4829	APC	\$904.05	-	-	-	-	000	999	-
78812	S	PET IMAGE SKULL-THIGH	-	05594 17.0584	APC	\$996.04	-	-	-	-	000	999	-
78813	S	PET IMAGE FULL BODY	-	05594 17.0584	APC	\$996.04	-	-	-	-	000	999	-
78814	S	PET IMAGE W/CT LMTD	-	05594 17.0584	APC	\$996.04	-	-	-	-	000	999	-
78815	S	PET IMAGE W/CT SKULL-THIGH	-	05594 17.0584	APC	\$996.04	-	-	-	-	000	999	-
78816	S	PET IMAGE W/CT FULL BODY	-	05594 17.0584	APC	\$996.04	-	-	-	-	000	999	-
78830	S	RP LOCLZJ TUM SPECT W/CT 1	-	05593 15.4829	APC	\$893.37	-	-	-	-	000	999	-
78831	S	RP LOCLZJ TUM SPECT 2 AREAS	-	05593 15.4829	APC	\$893.37	-	-	-	-	000	999	-
78832	S	RP LOCLZJ TUM SPECT W/CT 2	-	05594 17.0584	APC	\$1,012.67	-	-	-	-	000	999	-
78835	N	RP QUAN MEAS SINGLE AREA	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
78999	S	UNLISTED MISC PX DX NUC MED	-	05591 4.4972	APC	\$262.59	-	-	-	-	000	999	-
79005	S	NUCLEAR RX ORAL ADMIN	-	05661 2.7127	APC	\$158.39	-	-	-	-	000	999	-
79101	S	NUCLEAR RX IV ADMIN	-	05661 2.7127	APC	\$158.39	-	-	-	-	000	999	-
79200	S	NUCLEAR RX INTRACAV ADMIN	-	05661 2.7127	APC	\$158.39	-	-	-	-	000	999	-
79300	S	NUCLR RX INTERSTIT COLLOID	-	05661 2.7127	APC	\$158.39	-	-	-	-	000	999	-
79403	S	HEMATOPOIETIC NUCLEAR TX	-	05661 2.7127	APC	\$158.39	-	-	-	-	000	999	-
79440	S	NUCLEAR RX INTRA-ARTICULAR	-	05661 2.7127	APC	\$158.39	-	-	-	-	000	999	-
79445	S	NUCLEAR RX INTRA-ARTERIAL	-	05661 2.7127	APC	\$158.39	-	-	-	-	000	999	-
79999	S	RP THERAPY UNLISTED PX	-	05661 2.7127	APC	\$158.39	-	-	-	-	000	999	-
80047	Q	METABOLIC PANEL IONIZED CA	-	-	Medicare	\$22.88	\$14.19	\$13.73	-	-	000	999	-
80048	Q	METABOLIC PANEL TOTAL CA	-	-	Medicare	\$14.10	\$8.74	\$8.46	-	-	000	999	-
80050	Q	GENERAL HEALTH PANEL	-	-	Fee Schedule	\$51.89	-	-	-	-	000	999	-
80051	Q	ELECTROLYTE PANEL	-	-	Medicare	\$11.68	\$7.24	\$7.01	-	-	000	999	-
80053	Q	COMPREHEN METABOLIC PANEL	-	-	Medicare	\$17.60	\$10.91	\$10.56	-	-	000	999	-
80055	Q	OBSTETRIC PANEL	-	-	Medicare	\$79.68	\$49.40	\$47.81	-	-	010	065	-
80061	Q	LIPID PANEL	-	-	Medicare	\$22.32	\$13.84	\$13.39	-	-	000	999	-
80069	Q	RENAL FUNCTION PANEL	-	-	Medicare	\$14.47	\$8.97	\$8.68	-	-	000	999	-
80074	Q	ACUTE HEPATITIS PANEL	-	-	Medicare	\$79.38	\$49.22	\$47.63	-	-	000	999	-
80076	Q	HEPATIC FUNCTION PANEL	-	-	Medicare	\$13.62	\$8.44	\$8.17	-	-	000	999	-
80081	Q	OBSTETRIC PANEL	-	-	Medicare	\$124.77	\$77.36	\$74.86	-	-	000	999	-
80143	Q	DRUG ASSAY ACETAMINOPHEN	-	-	Medicare	\$31.07	\$19.26	\$18.64	-	-	000	999	-
80145	Q	DRUG ASSAY ADALIMUMAB	-	-	Medicare	\$64.28	\$39.85	\$38.57	-	-	000	999	-
80150	Q	ASSAY OF AMIKACIN	-	-	Medicare	\$25.13	\$15.58	\$15.08	-	-	000	999	-
80151	Q	DRUG ASSAY AMIODARONE	-	-	Medicare	\$31.07	\$19.26	\$18.64	-	-	000	999	-
80155	Q	DRUG ASSAY CAFFEINE	-	-	Medicare	\$64.28	\$39.85	\$38.57	-	-	000	999	-
80156	Q	ASSAY CARBAMAZEPINE TOTAL	-	-	Medicare	\$24.28	\$15.05	\$14.57	-	-	000	999	-
80157	Q	ASSAY CARBAMAZEPINE FREE	-	-	Medicare	\$22.08	\$13.69	\$13.25	-	-	000	999	-
80158	Q	DRUG ASSAY CYCLOSPORINE	-	-	Medicare	\$30.08	\$18.65	\$18.05	-	-	000	999	-
80159	Q	DRUG ASSAY CLOZAPINE	-	-	Medicare	\$33.58	\$20.82	\$20.15	-	-	000	999	-
80161	Q	ASY CARBAMAZEPIN 10,11-EPXID	-	-	Medicare	\$31.07	\$19.26	\$18.64	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Non-sole			Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
80162	Q	ASSAY OF DIGOXIN TOTAL	-	-	-	Medicare	\$22.13	\$13.72	\$13.28	-	-	000	999	-
80163	Q	ASSAY OF DIGOXIN FREE	-	-	-	Medicare	\$22.13	\$13.72	\$13.28	-	-	000	999	-
80164	Q	ASSAY DIPROPYLACETIC ACID TOT	-	-	-	Medicare	\$22.57	\$13.99	\$13.54	-	-	000	999	-
80165	Q	DIPROPYLACETIC ACID FREE	-	-	-	Medicare	\$22.57	\$13.99	\$13.54	-	-	000	999	-
80167	Q	DRUG ASSAY FELBAMATE	-	-	-	Medicare	\$31.07	\$19.26	\$18.64	-	-	000	999	-
80168	Q	ASSAY OF ETHOSUXIMIDE	-	-	-	Medicare	\$27.23	\$16.88	\$16.34	-	-	000	999	-
80169	Q	DRUG ASSAY EVEROLIMUS	-	-	-	Medicare	\$22.88	\$14.19	\$13.73	-	-	000	999	-
80170	Q	ASSAY OF GENTAMICIN	-	-	-	Medicare	\$27.30	\$16.93	\$16.38	-	-	000	999	-
80171	Q	DRUG SCREEN QUANT GABAPENTIN	-	-	-	Medicare	\$36.12	\$22.39	\$21.67	-	-	000	999	-
80173	Q	ASSAY OF HALOPERIDOL	-	-	-	Medicare	\$26.30	\$16.31	\$15.78	-	-	000	999	-
80175	Q	DRUG SCREEN QUAN LAMOTRIGINE	-	-	-	Medicare	\$22.08	\$13.69	\$13.25	-	-	000	999	-
80176	Q	ASSAY OF LIDOCAINE	-	-	-	Medicare	\$24.48	\$15.18	\$14.69	-	-	000	999	-
80177	Q	DRUG SCR N QUAN LEVETIRACETAM	-	-	-	Medicare	\$22.08	\$13.69	\$13.25	-	-	000	999	-
80178	Q	ASSAY OF LITHIUM	-	-	-	Medicare	\$11.02	\$6.83	\$6.61	-	-	000	999	-
80179	Q	DRUG ASSAY SALICYLATE	-	-	-	Medicare	\$31.07	\$19.26	\$18.64	-	-	000	999	-
80180	Q	DRUG SCR N QUAN MYCOPHENOLATE	-	-	-	Medicare	\$30.08	\$18.65	\$18.05	-	-	000	999	-
80181	Q	DRUG ASSAY FLECAINIDE	-	-	-	Medicare	\$31.07	\$19.26	\$18.64	-	-	000	999	-
80183	Q	DRUG SCR N QUAN OXCARBAZEPIN	-	-	-	Medicare	\$22.08	\$13.69	\$13.25	-	-	000	999	-
80184	Q	ASSAY OF PHENOBARBITAL	-	-	-	Medicare	\$25.50	\$15.81	\$15.30	-	-	000	999	-
80185	Q	ASSAY OF PHENYTOIN TOTAL	-	-	-	Medicare	\$22.08	\$13.69	\$13.25	-	-	000	999	-
80186	Q	ASSAY OF PHENYTOIN FREE	-	-	-	Medicare	\$22.93	\$14.22	\$13.76	-	-	000	999	-
80187	Q	DRUG ASSAY POSACONAZOLE	-	-	-	Medicare	\$45.18	\$28.01	\$27.11	-	-	000	999	-
80188	Q	ASSAY OF PRIMIDONE	-	-	-	Medicare	\$27.65	\$17.14	\$16.59	-	-	000	999	-
80189	Q	DRUG ASSAY ITRACONAZOLE	-	-	-	Medicare	\$45.18	\$28.01	\$27.11	-	-	000	999	-
80190	Q	ASSAY OF PROCAINAMIDE	-	-	-	Medicare	\$100.00	\$62.00	\$60.00	-	-	000	999	-
80192	Q	ASSAY OF PROCAINAMIDE	-	-	-	Medicare	\$27.92	\$17.31	\$16.75	-	-	000	999	-
80193	Q	DRUG ASSAY LEFLUNOMIDE	-	-	-	Medicare	\$64.28	\$39.85	\$38.57	-	-	000	999	-
80194	Q	ASSAY OF QUINIDINE	-	-	-	Medicare	\$24.33	\$15.08	\$14.60	-	-	000	999	-
80195	Q	ASSAY OF SIROLIMUS	-	-	-	Medicare	\$22.88	\$14.19	\$13.73	-	-	000	999	-
80197	Q	ASSAY OF TACROLIMUS	-	-	-	Medicare	\$22.88	\$14.19	\$13.73	-	-	000	999	-
80198	Q	ASSAY OF THEOPHYLLINE	-	-	-	Medicare	\$23.57	\$14.61	\$14.14	-	-	000	999	-
80199	Q	DRUG SCREEN QUANT TIAGABINE	-	-	-	Medicare	\$45.18	\$28.01	\$27.11	-	-	000	999	-
80200	Q	ASSAY OF TOBRAMYCIN	-	-	-	Medicare	\$26.88	\$16.67	\$16.13	-	-	000	999	-
80201	Q	ASSAY OF TOPIRAMATE	-	-	-	Medicare	\$19.87	\$12.32	\$11.92	-	-	000	999	-
80202	Q	ASSAY OF VANCOMYCIN	-	-	-	Medicare	\$22.57	\$13.99	\$13.54	-	-	000	999	-
80203	Q	DRUG SCREEN QUANT ZONISAMIDE	-	-	-	Medicare	\$22.08	\$13.69	\$13.25	-	-	000	999	-
80204	Q	DRUG ASSAY METHOTREXATE	-	-	-	Medicare	\$64.28	\$39.85	\$38.57	-	-	000	999	-
80210	Q	DRUG ASSAY RUFINAMIDE	-	-	-	Medicare	\$45.18	\$28.01	\$27.11	-	-	000	999	-
80220	Q	DRUG ASY HYDROXYCHLOROQUINE	-	-	-	Medicare	\$31.07	\$19.26	\$18.64	-	-	000	999	-
80230	Q	DRUG ASSAY INFLIXIMAB	-	-	-	Medicare	\$64.28	\$39.85	\$38.57	-	-	000	999	-
80235	Q	DRUG ASSAY LACOSAMIDE	-	-	-	Medicare	\$45.18	\$28.01	\$27.11	-	-	000	999	-
80280	Q	DRUG ASSAY VEDOLIZUMAB	-	-	-	Medicare	\$64.28	\$39.85	\$38.57	-	-	000	999	-
80285	Q	DRUG ASSAY VORICONAZOLE	-	-	-	Medicare	\$45.18	\$28.01	\$27.11	-	-	000	999	-
80299	Q	QUANTITATIVE ASSAY DRUG	-	-	-	Medicare	\$31.07	\$19.26	\$18.64	-	-	000	999	-
80305	Q	DRUG TEST PRSMV DIR OPT OBS	-	-	-	Medicare	\$21.00	\$13.02	\$12.60	-	-	000	999	-
80306	Q	DRUG TEST PRSMV INSTRMNT	-	-	-	Medicare	\$28.57	\$17.71	\$17.14	-	-	000	999	-
80307	Q	DRUG TEST PRSMV CHEM ANLYZR	-	-	-	Medicare	\$103.57	\$64.21	\$62.14	-	-	000	999	-
80320	E	DRUG SCREEN QUANTALCOHOLS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80321	E	ALCOHOLS BIOMARKERS 1OR 2	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80322	E	ALCOHOLS BIOMARKERS 3/MORE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80323	E	ALKALOIDS NOS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80324	E	DRUG SCREEN AMPHETAMINES 1/2	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80325	E	AMPHETAMINES 3OR 4	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80326	E	AMPHETAMINES 5 OR MORE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80327	E	ANABOLIC STEROID 1 OR 2	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80328	E	ANABOLIC STEROID 3 OR MORE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.			Passport	Min Age	Max Age	Comments
								Sole Comm. Hospital Lab Fees	Hospital Lab Fees	Prior Auth. Required				
80329	E	ANALGESICS NON-OPIOID 1 OR 2	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80330	E	ANALGESICS NON-OPIOID 3-5	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80331	E	ANALGESICS NON-OPIOID 6/MORE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80332	E	ANTIDEPRESSANTS CLASS 1 OR 2	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80333	E	ANTIDEPRESSANTS CLASS 3-5	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80334	E	ANTIDEPRESSANTS CLASS 6/MORE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80335	E	ANTIDEPRESSANT TRICYCLIC 1/2	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80336	E	ANTIDEPRESSANT TRICYCLIC 3-5	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80337	E	TRICYCLIC & CYCLICALS 6/MORE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80338	E	ANTIDEPRESSANT NOT SPECIFIED	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80339	E	ANTIPILEPTICS NOS 1-3	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80340	E	ANTIPILEPTICS NOS 4-6	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80341	E	ANTIPILEPTICS NOS 7/MORE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80342	E	ANTIPSYCHOTICS NOS 1-3	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80343	E	ANTIPSYCHOTICS NOS 4-6	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80344	E	ANTIPSYCHOTICS NOS 7/MORE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80345	E	DRUG SCREENING BARBITURATES	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80346	E	BENZODIAZEPINES1-12	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80347	E	BENZODIAZEPINES 13 OR MORE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80348	E	DRUG SCREENING BUPRENORPHINE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80349	E	CANNABINOIDS NATURAL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80350	E	CANNABINOIDS SYNTHETIC 1-3	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80351	E	CANNABINOIDS SYNTHETIC 4-6	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80352	E	CANNABINOID SYNTHETIC 7/MORE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80353	E	DRUG SCREENING COCAINE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80354	E	DRUG SCREENING FENTANYL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80355	E	GABAPENTIN NON-BLOOD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80356	E	HEROIN METABOLITE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80357	E	KETAMINE AND NORKETAMINE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80358	E	DRUG SCREENING METHADONE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80359	E	METHYLENEDIOXYAMPHETAMINES	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80360	E	METHYLPHENIDATE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80361	E	OPIATES 1 OR MORE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80362	E	OPIOIDS & OPIATE ANALOGS 1/2	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80363	E	OPIOIDS & OPIATE ANALOGS 3/4	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80364	E	OPIOID & OPIATE ANALOG 5/MORE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80365	E	DRUG SCREENING OXYCODONE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80366	E	DRUG SCREENING PREGABALIN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80367	E	DRUG SCREENING PROPOXYPHENE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80368	E	SEDATIVE HYPNOTICS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80369	E	SKELETAL MUSCLE RELAXANT 1/2	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80370	E	SKEL MUSC RELAXANT 3 OR MORE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80371	E	STIMULANTS SYNTHETIC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80372	E	DRUG SCREENING TAPENTADOL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80373	E	DRUG SCREENING TRAMADOL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80374	E	STEREISOMER ANALYSIS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80375	E	DRUG/SUBSTANCE NOS 1-3	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80376	E	DRUG/SUBSTANCE NOS 4-6	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80377	E	DRUG/SUBSTANCE NOS 7/MORE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
80400	Q	ACTH STIMULATION PANEL	-	-	-	Medicare	\$54.37	\$33.71	\$32.62	-	-	000	999	-
80402	Q	ACTH STIMULATION PANEL	-	-	-	Medicare	\$144.93	\$89.86	\$86.96	-	-	000	999	-
80406	Q	ACTH STIMULATION PANEL	-	-	-	Medicare	\$130.43	\$80.87	\$78.26	-	-	000	999	-
80408	Q	ALDOSTERONE SUPPRESSION EVAL	-	-	-	Medicare	\$209.17	\$129.69	\$125.50	-	-	000	999	-
80410	Q	CALCITONIN STIMUL PANEL	-	-	-	Medicare	\$133.95	\$83.05	\$80.37	-	-	000	999	-
80412	Q	CRH STIMULATION PANEL	-	-	-	Medicare	\$1,336.03	\$828.34	\$801.62	-	-	000	999	-
80414	Q	TESTOSTERONE RESPONSE PANEL	-	-	-	Medicare	\$86.07	\$53.36	\$51.64	-	-	000	999	-

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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
80415	Q	TOT ESTRADIOL RESPONSE PANEL	-	-	-	Medicare	\$93.15	\$57.75	\$55.89	-	-	000	999	-
80416	Q	RENIN STIMULATION PANEL	-	-	-	Medicare	\$348.87	\$216.30	\$209.32	-	-	000	999	-
80417	Q	RENIN STIMULATION PANEL	-	-	-	Medicare	\$73.32	\$45.46	\$43.99	-	-	000	999	-
80418	Q	PITUITARY EVALUATION PANEL	-	-	-	Medicare	\$965.80	\$598.80	\$579.48	-	-	000	999	-
80420	Q	DEXAMETHASONE PANEL	-	-	-	Medicare	\$269.80	\$167.28	\$161.88	-	-	000	999	-
80422	Q	GLUCAGON TOLERANCE PANEL	-	-	-	Medicare	\$76.78	\$47.60	\$46.07	-	-	000	999	-
80424	Q	GLUCAGON TOLERANCE PANEL	-	-	-	Medicare	\$84.17	\$52.19	\$50.50	-	-	000	999	-
80426	Q	GONADOTROPIN HORMONE PANEL	-	-	-	Medicare	\$247.35	\$153.36	\$148.41	-	-	000	999	-
80428	Q	GROWTH HORMONE PANEL	-	-	-	Medicare	\$111.17	\$68.93	\$66.70	-	-	000	999	-
80430	Q	GROWTH HORMONE PANEL	-	-	-	Medicare	\$215.55	\$133.64	\$129.33	-	-	000	999	-
80432	Q	INSULIN SUPPRESSION PANEL	-	-	-	Medicare	\$276.02	\$171.13	\$165.61	-	-	000	999	-
80434	Q	INSULIN TOLERANCE PANEL	-	-	-	Medicare	\$475.05	\$294.53	\$285.03	-	-	000	999	-
80435	Q	INSULIN TOLERANCE PANEL	-	-	-	Medicare	\$171.67	\$106.44	\$103.00	-	-	000	999	-
80436	Q	METRAPONE PANEL	-	-	-	Medicare	\$151.93	\$94.20	\$91.16	-	-	000	999	-
80438	Q	TRH STIMULATION PANEL	-	-	-	Medicare	\$84.02	\$52.09	\$50.41	-	-	000	999	-
80439	Q	TRH STIMULATION PANEL	-	-	-	Medicare	\$112.02	\$69.45	\$67.21	-	-	000	999	-
80503	N	PATH CLIN CONSLTJ SF 5-20	-	05671	0.5908	Bundled, sometimes payable	\$34.50	-	-	-	-	000	999	-
80504	N	PATH CLIN CONSLTJ MOD 21-40	-	05672	1.8624	Bundled, sometimes payable	\$108.75	-	-	-	-	000	999	-
80505	N	PATH CLIN CONSLTJ HIGH 41-60	-	05672	1.8624	Bundled, sometimes payable	\$108.75	-	-	-	-	000	999	-
80506	N	PATH CLIN CONSLTJ PROLNG SVC	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
81000	Q	URINALYSIS NONAUTO W/SCOPE	-	-	-	Medicare	\$6.70	\$4.15	\$4.02	-	-	000	999	-
81001	Q	URINALYSIS AUTO W/SCOPE	-	-	-	Medicare	\$5.28	\$3.27	\$3.17	-	-	000	999	-
81002	Q	URINALYSIS NONAUTO W/O SCOPE	-	-	-	Medicare	\$5.80	\$3.60	\$3.48	-	-	000	999	-
81003	Q	URINALYSIS AUTO W/O SCOPE	-	-	-	Medicare	\$3.75	\$2.33	\$2.25	-	-	000	999	-
81005	Q	URINALYSIS	-	-	-	Medicare	\$3.62	\$2.24	\$2.17	-	-	000	999	-
81007	Q	URINE SCREEN FOR BACTERIA	-	-	-	Medicare	\$49.97	\$30.98	\$29.98	-	-	000	999	-
81015	Q	MICROSCOPIC EXAM OF URINE	-	-	-	Medicare	\$5.08	\$3.15	\$3.05	-	-	000	999	-
81020	Q	URINALYSIS GLASS TEST	-	-	-	Medicare	\$7.83	\$4.85	\$4.70	-	-	000	999	-
81025	Q	URINE PREGNANCY TEST	-	-	-	Medicare	\$14.35	\$8.90	\$8.61	-	-	000	999	-
81050	Q	URINALYSIS VOLUME MEASURE	-	-	-	Medicare	\$6.07	\$3.76	\$3.64	-	-	000	999	-
81099	N	UNLISTED URINALYSIS PX	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
81105	Q	HPA-1 GENOTYPING	-	-	-	Medicare	\$203.70	\$126.29	\$122.22	-	-	000	999	-
81106	Q	HPA-2 GENOTYPING	-	-	-	Medicare	\$203.70	\$126.29	\$122.22	-	-	000	999	-
81107	Q	HPA-3 GENOTYPING	-	-	-	Medicare	\$203.70	\$126.29	\$122.22	-	-	000	999	-
81108	Q	HPA-4 GENOTYPING	-	-	-	Medicare	\$203.70	\$126.29	\$122.22	-	-	000	999	-
81109	Q	HPA-5 GENOTYPING	-	-	-	Medicare	\$203.70	\$126.29	\$122.22	-	-	000	999	-
81110	Q	HPA-6 GENOTYPING	-	-	-	Medicare	\$203.70	\$126.29	\$122.22	-	-	000	999	-
81111	Q	HPA-9 GENOTYPING	-	-	-	Medicare	\$203.70	\$126.29	\$122.22	-	-	000	999	-
81112	Q	HPA-15 GENOTYPING	-	-	-	Medicare	\$203.70	\$126.29	\$122.22	-	-	000	999	-
81120	Q	IDH1 COMMON VARIANTS	-	-	-	Medicare	\$322.08	\$199.69	\$193.25	-	-	000	999	-
81121	Q	IDH2 COMMON VARIANTS	-	-	-	Medicare	\$492.98	\$305.65	\$295.79	-	-	000	999	-
81161	Q	DMD DUP/DELET ANALYSIS	-	-	-	Medicare	\$465.00	\$288.30	\$279.00	-	-	000	999	-
81162	Q	BRCA1&2 GEN FULL SEQ DUP/DEL	-	-	-	Medicare	\$3,041.47	\$1,885.71	\$1,824.88	Y	-	000	999	-
81163	Q	BRCA1&2 GENE FULL SEQ ALYS	-	-	-	Medicare	\$780.00	\$483.60	\$468.00	Y	-	000	999	-
81164	Q	BRCA1&2 GEN FUL DUP/DEL ALYS	-	-	-	Medicare	\$973.72	\$603.71	\$584.23	Y	-	000	999	-
81165	Q	BRCA1 GENE FULL SEQ ALYS	-	-	-	Medicare	\$471.47	\$292.31	\$282.88	Y	-	000	999	-
81166	Q	BRCA1 GENE FULL DUP/DEL ALYS	-	-	-	Medicare	\$502.25	\$311.40	\$301.35	Y	-	000	999	-
81167	Q	BRCA2 GENE FULL DUP/DEL ALYS	-	-	-	Medicare	\$471.47	\$292.31	\$282.88	Y	-	000	999	-
81168	Q	CCND1/IGH TRANSLOCATION ALYS	-	-	-	Medicare	\$345.52	\$214.22	\$207.31	-	-	000	999	-
81170	Q	ABL1 GENE	-	-	-	Medicare	\$500.00	\$310.00	\$300.00	-	-	000	999	-
81171	Q	AFF2 GEN ALY DETC ABNL ALLEL	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	-	-	000	999	-
81172	Q	AFF2 GEN ALYS CHARAC ALLELES	-	-	-	Medicare	\$458.05	\$283.99	\$274.83	-	-	000	999	-
81173	Q	AR GENE FULL GENE SEQUENCE	-	-	-	Medicare	\$502.25	\$311.40	\$301.35	-	-	000	999	-
81174	Q	AR GENE KNOWN FAMIL VARIANT	-	-	-	Medicare	\$308.67	\$191.38	\$185.20	-	-	000	999	-
81175	Q	ASXL1 FULL GENE SEQUENCE	-	-	-	Medicare	\$1,127.50	\$699.05	\$676.50	-	-	000	999	-
81176	Q	ASXL1 GENE TARGET SEQ ALYS	-	-	-	Medicare	\$403.17	\$249.97	\$241.90	-	-	000	999	-

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  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
81177	Q	ATN1 GENE DETC ABNOR ALLELES	-	-	Medicare	\$228.33	\$141.56	\$137.00	-	-	000	999	-
81178	Q	ATXN1 GENE DETC ABNOR ALLELE	-	-	Medicare	\$228.33	\$141.56	\$137.00	-	-	000	999	-
81179	Q	ATXN2 GENE DETC ABNOR ALLELE	-	-	Medicare	\$228.33	\$141.56	\$137.00	-	-	000	999	-
81180	Q	ATXN3 GENE DETC ABNOR ALLELE	-	-	Medicare	\$228.33	\$141.56	\$137.00	-	-	000	999	-
81181	Q	ATXN7 GENE DETC ABNOR ALLELE	-	-	Medicare	\$228.33	\$141.56	\$137.00	-	-	000	999	-
81182	Q	ATXN8OS GEN DETC ABNOR ALLEL	-	-	Medicare	\$228.33	\$141.56	\$137.00	-	-	000	999	-
81183	Q	ATXN10 GENE DETC ABNOR ALLEL	-	-	Medicare	\$228.33	\$141.56	\$137.00	-	-	000	999	-
81184	Q	CACNA1A GEN DETC ABNOR ALLEL	-	-	Medicare	\$228.33	\$141.56	\$137.00	-	-	000	999	-
81185	Q	CACNA1A GENE FULL GENE SEQ	-	-	Medicare	\$1,410.45	\$874.48	\$846.27	-	-	000	999	-
81186	Q	CACNA1A GEN KNOWN FAMIL VRNT	-	-	Medicare	\$308.67	\$191.38	\$185.20	-	-	000	999	-
81187	Q	CNBP GENE DETC ABNOR ALLELE	-	-	Medicare	\$228.33	\$141.56	\$137.00	-	-	000	999	-
81188	Q	CSTB GENE DETC ABNOR ALLELE	-	-	Medicare	\$228.33	\$141.56	\$137.00	-	-	000	999	-
81189	Q	CSTB GENE FULL GENE SEQUENCE	-	-	Medicare	\$458.05	\$283.99	\$274.83	-	-	000	999	-
81190	Q	CSTB GENE KNOWN FAMIL VRNT	-	-	Medicare	\$308.67	\$191.38	\$185.20	-	-	000	999	-
81191	Q	NTRK1 TRANSLOCATION ANALYSIS	-	-	Medicare	\$345.52	\$214.22	\$207.31	-	-	000	999	-
81192	Q	NTRK2 TRANSLOCATION ANALYSIS	-	-	Medicare	\$345.52	\$214.22	\$207.31	-	-	000	999	-
81193	Q	NTRK3 TRANSLOCATION ANALYSIS	-	-	Medicare	\$345.52	\$214.22	\$207.31	-	-	000	999	-
81194	Q	NTRK TRANSLOCATION ANALYSIS	-	-	Medicare	\$863.80	\$535.56	\$518.28	-	-	000	999	-
81200	Q	ASPA GENE	-	-	Medicare	\$78.75	\$48.83	\$47.25	-	-	000	999	-
81201	Q	APC GENE FULL SEQUENCE	-	-	Medicare	\$1,300.00	\$806.00	\$780.00	-	-	000	999	-
81202	Q	APC GENE KNOWN FAM VARIANTS	-	-	Medicare	\$466.67	\$289.34	\$280.00	-	-	000	999	-
81203	Q	APC GENE DUP/DELET VARIANTS	-	-	Medicare	\$333.33	\$206.66	\$200.00	-	-	000	999	-
81204	Q	AR GENE CHARAC ALLELES	-	-	Medicare	\$228.33	\$141.56	\$137.00	-	-	000	999	-
81205	Q	BCKDHB GENE	-	-	Medicare	\$158.32	\$98.16	\$94.99	-	-	000	999	-
81206	Q	BCR/ABL1 GENE MAJOR BP	-	-	Medicare	\$273.27	\$169.43	\$163.96	-	-	000	999	-
81207	Q	BCR/ABL1 GENE MINOR BP	-	-	Medicare	\$241.40	\$149.67	\$144.84	-	-	000	999	-
81208	Q	BCR/ABL1 GENE OTHER BP	-	-	Medicare	\$357.70	\$221.77	\$214.62	-	-	000	999	-
81209	Q	BLM GENE	-	-	Medicare	\$65.52	\$40.62	\$39.31	-	-	000	999	-
81210	Q	BRAF GENE	-	-	Medicare	\$292.33	\$181.24	\$175.40	-	-	000	999	-
81212	Q	BRCA1&2 185&5385&6174 VRNT	-	-	Medicare	\$733.33	\$454.66	\$440.00	Y	-	000	999	-
81215	Q	BRCA1 GENE KNOWN FAMIL VRNT	-	-	Medicare	\$625.42	\$387.76	\$375.25	Y	-	000	999	-
81216	Q	BRCA2 GENE FULL SEQ ALYS	-	-	Medicare	\$308.53	\$191.29	\$185.12	Y	-	000	999	-
81217	Q	BRCA2 GENE KNOWN FAMIL VRNT	-	-	Medicare	\$625.42	\$387.76	\$375.25	Y	-	000	999	-
81218	Q	CEBPA GENE FULL SEQUENCE	-	-	Medicare	\$403.17	\$249.97	\$241.90	-	-	000	999	-
81219	Q	CALR GENE COM VARIANTS	-	-	Medicare	\$202.72	\$125.69	\$121.63	-	-	000	999	-
81220	Q	CFTR GENE COM VARIANTS	-	-	Medicare	\$927.67	\$575.16	\$556.60	-	-	000	999	-
81221	Q	CFTR GENE KNOWN FAM VARIANTS	-	-	Medicare	\$162.03	\$100.46	\$97.22	-	-	000	999	-
81222	Q	CFTR GENE DUP/DELET VARIANTS	-	-	Medicare	\$725.12	\$449.57	\$435.07	-	-	000	999	-
81223	Q	CFTR GENE FULL SEQUENCE	-	-	Medicare	\$831.67	\$515.64	\$499.00	-	-	000	999	-
81224	Q	CFTR GENE INTRON POLY T	-	-	Medicare	\$281.25	\$174.38	\$168.75	-	-	000	999	-
81225	Q	CYP2C19 GENE COM VARIANTS	-	-	Medicare	\$485.60	\$301.07	\$291.36	Y	-	000	999	PA applies to under 18 with mental health DX only
81226	Q	CYP2D6 GENE COM VARIANTS	-	-	Medicare	\$751.52	\$465.94	\$450.91	Y	-	000	999	PA applies to under 18 with mental health DX only
81227	Q	CYP2C9 GENE COM VARIANTS	-	-	Medicare	\$291.35	\$180.64	\$174.81	-	-	000	999	-
81228	Q	CYTOG ALYS CHRML ABNR CGH	-	-	Medicare	\$1,500.00	\$930.00	\$900.00	-	-	000	999	-
81229	Q	CYTOG ALYS CHRML ABNR SNP CGH	-	-	Medicare	\$1,933.33	\$1,198.66	\$1,160.00	-	-	000	999	-
81230	Q	CYP3A4 GENE COMMON VARIANTS	-	-	Medicare	\$291.35	\$180.64	\$174.81	-	-	000	999	-
81231	Q	CYP3A5 GENE COMMON VARIANTS	-	-	Medicare	\$291.35	\$180.64	\$174.81	-	-	000	999	-
81232	Q	DPYD GENE COMMON VARIANTS	-	-	Medicare	\$291.35	\$180.64	\$174.81	-	-	000	999	-
81233	Q	BTK GENE COMMON VARIANTS	-	-	Medicare	\$292.33	\$181.24	\$175.40	-	-	000	999	-
81234	Q	DMPK GENE DETC ABNOR ALLELE	-	-	Medicare	\$228.33	\$141.56	\$137.00	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient			Non-sole Comm.		Min Age	Max Age	Comments
						Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Hospital Lab Fees	Prior Auth. Required	Passport			
81235	Q	EGFR GENE COM VARIANTS	-	-	Medicare	\$540.97	\$335.40	\$324.58	-	-	000	999	-
81236	Q	EZH2 GENE FULL GENE SEQUENCE	-	-	Medicare	\$471.47	\$292.31	\$282.88	-	-	000	999	-
81237	Q	EZH2 GENE COMMON VARIANTS	-	-	Medicare	\$292.33	\$181.24	\$175.40	-	-	000	999	-
81238	Q	F9 FULL GENE SEQUENCE	-	-	Medicare	\$1,000.00	\$620.00	\$600.00	-	-	000	999	-
81239	Q	DMPK GENE CHARAC ALLELES	-	-	Medicare	\$458.05	\$283.99	\$274.83	-	-	000	999	-
81240	Q	F2 GENE	-	-	Medicare	\$109.48	\$67.88	\$65.69	-	-	000	999	-
81241	Q	F5 GENE	-	-	Medicare	\$122.28	\$75.81	\$73.37	-	-	000	999	-
81242	Q	FANCC GENE	-	-	Medicare	\$61.03	\$37.84	\$36.62	-	-	000	999	-
81243	Q	FMR1 GEN ALY DETC ABNL ALLEL	-	-	Medicare	\$95.07	\$58.94	\$57.04	-	-	000	999	-
81244	Q	FMR1 GEN ALYS CHARAC ALLELES	-	-	Medicare	\$74.82	\$46.39	\$44.89	-	-	000	999	-
81245	Q	FLT3 GENE	-	-	Medicare	\$275.85	\$171.03	\$165.51	-	-	000	999	-
81246	Q	FLT3 GENE ANALYSIS	-	-	Medicare	\$138.33	\$85.76	\$83.00	-	-	000	999	-
81247	Q	G6PD GENE ALYS CMN VARIANT	-	-	Medicare	\$291.35	\$180.64	\$174.81	-	-	000	999	-
81248	Q	G6PD KNOWN FAMILIAL VARIANT	-	-	Medicare	\$625.42	\$387.76	\$375.25	-	-	000	999	-
81249	Q	G6PD FULL GENE SEQUENCE	-	-	Medicare	\$1,000.00	\$620.00	\$600.00	-	-	000	999	-
81250	Q	G6PC GENE	-	-	Medicare	\$97.48	\$60.44	\$58.49	-	-	000	999	-
81251	Q	GBA GENE	-	-	Medicare	\$78.75	\$48.83	\$47.25	-	-	000	999	-
81252	Q	GJB2 GENE FULL SEQUENCE	-	-	Medicare	\$168.53	\$104.49	\$101.12	-	-	000	999	-
81253	Q	GJB2 GENE KNOWN FAM VARIANTS	-	-	Medicare	\$102.53	\$63.57	\$61.52	-	-	000	999	-
81254	Q	GJB6 GENE COM VARIANTS	-	-	Medicare	\$58.33	\$36.16	\$35.00	-	-	000	999	-
81255	Q	HEXA GENE	-	-	Medicare	\$85.75	\$53.17	\$51.45	-	-	000	999	-
81256	Q	HFE GENE	-	-	Medicare	\$108.93	\$67.54	\$65.36	-	-	000	999	-
81257	Q	HBA1/HBA2 GENE	-	-	Medicare	\$170.43	\$105.67	\$102.26	-	-	000	999	-
81258	Q	HBA1/HBA2 GENE FAM VRNT	-	-	Medicare	\$625.42	\$387.76	\$375.25	-	-	000	999	-
81259	Q	HBA1/HBA2 FULL GENE SEQUENCE	-	-	Medicare	\$1,000.00	\$620.00	\$600.00	-	-	000	999	-
81260	Q	IKBKAP GENE	-	-	Medicare	\$65.52	\$40.62	\$39.31	-	-	000	999	-
81261	Q	IGH GENE REARRANGE AMP METH	-	-	Medicare	\$329.98	\$204.59	\$197.99	-	-	000	999	-
81262	Q	IGH GENE REARRANG DIR PROBE	-	-	Medicare	\$114.25	\$70.84	\$68.55	-	-	000	999	-
81263	Q	IGH VARI REGIONAL MUTATION	-	-	Medicare	\$490.87	\$304.34	\$294.52	-	-	000	999	-
81264	Q	IGK REARRANGEABN CLONAL POP	-	-	Medicare	\$287.88	\$178.49	\$172.73	-	-	000	999	-
81265	Q	STR MARKERS SPECIMEN ANAL	-	-	Medicare	\$388.45	\$240.84	\$233.07	-	-	000	999	-
81266	Q	STR MARKERS SPEC ANAL ADDL	-	-	Medicare	\$508.02	\$314.97	\$304.81	-	-	000	999	-
81267	Q	CHIMERISM ANAL NO CELL SELEC	-	-	Medicare	\$345.77	\$214.38	\$207.46	-	-	000	999	-
81268	Q	CHIMERISM ANAL W/CELL SELECT	-	-	Medicare	\$434.65	\$269.48	\$260.79	-	-	000	999	-
81269	Q	HBA1/HBA2 GENE DUP/DEL VRNTS	-	-	Medicare	\$337.33	\$209.14	\$202.40	-	-	000	999	-
81270	Q	JAK2 GENE	-	-	Medicare	\$152.77	\$94.72	\$91.66	-	-	000	999	-
81271	Q	HTT GENE DETC ABNOR ALLELES	-	-	Medicare	\$228.33	\$141.56	\$137.00	-	-	000	999	-
81272	Q	KIT GENE TARGETED SEQ ANALYS	-	-	Medicare	\$549.18	\$340.49	\$329.51	-	-	000	999	-
81273	Q	KIT GENE ANALYS D816 VARIANT	-	-	Medicare	\$208.12	\$129.03	\$124.87	-	-	000	999	-
81274	Q	HTT GENE CHARAC ALLELES	-	-	Medicare	\$458.05	\$283.99	\$274.83	-	-	000	999	-
81275	Q	KRAS GENE VARIANTS EXON 2	-	-	Medicare	\$322.08	\$199.69	\$193.25	-	-	000	999	-
81276	Q	KRAS GENE ADDL VARIANTS	-	-	Medicare	\$322.08	\$199.69	\$193.25	-	-	000	999	-
81277	Q	CYTOGENOMIC NEO MICRORA ALYS	-	-	Medicare	\$1,933.33	\$1,198.66	\$1,160.00	-	-	000	999	-
81278	Q	IGH@BCL2 TRANSLOCATION ALYS	-	-	Medicare	\$345.52	\$214.22	\$207.31	-	-	000	999	-
81279	Q	JAK2 GENE TRGT SEQUENCE ALYS	-	-	Medicare	\$308.67	\$191.38	\$185.20	-	-	000	999	-
81283	Q	IFNL3 GENE	-	-	Medicare	\$122.28	\$75.81	\$73.37	-	-	000	999	-
81284	Q	FXN GENE DETC ABNOR ALLELES	-	-	Medicare	\$228.33	\$141.56	\$137.00	-	-	000	999	-
81285	Q	FXN GENE CHARAC ALLELES	-	-	Medicare	\$458.05	\$283.99	\$274.83	-	-	000	999	-
81286	Q	FXN GENE FULL GENE SEQUENCE	-	-	Medicare	\$458.05	\$283.99	\$274.83	-	-	000	999	-
81287	Q	MGMT GENE PRMTR MTHYLTN ALYS	-	-	Medicare	\$207.73	\$128.79	\$124.64	-	-	000	999	-
81288	Q	MLH1 GENE	-	-	Medicare	\$320.53	\$198.73	\$192.32	-	-	000	999	-
81289	Q	FXN GENE KNOWN FAMIL VARIANT	-	-	Medicare	\$308.67	\$191.38	\$185.20	-	-	000	999	-
81290	Q	MCOLN1 GENE	-	-	Medicare	\$65.52	\$40.62	\$39.31	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
81291	Q	MTHFR GENE	-	-	-	Medicare	\$108.90	\$67.52	\$65.34	Y	-	000	999	PA applies to under 18 with mental health DX only
81292	Q	MLH1 GENE FULL SEQ	-	-	-	Medicare	\$1,125.67	\$697.92	\$675.40	-	-	000	999	-
81293	Q	MLH1 GENE KNOWN VARIANTS	-	-	-	Medicare	\$551.67	\$342.04	\$331.00	-	-	000	999	-
81294	Q	MLH1 GENE DUP/DELETE VARIANT	-	-	-	Medicare	\$337.33	\$209.14	\$202.40	-	-	000	999	-
81295	Q	MSH2 GENE FULL SEQ	-	-	-	Medicare	\$636.17	\$394.43	\$381.70	-	-	000	999	-
81296	Q	MSH2 GENE KNOWN VARIANTS	-	-	-	Medicare	\$562.88	\$348.99	\$337.73	-	-	000	999	-
81297	Q	MSH2 GENE DUP/DELETE VARIANT	-	-	-	Medicare	\$355.50	\$220.41	\$213.30	-	-	000	999	-
81298	Q	MSH6 GENE FULL SEQ	-	-	-	Medicare	\$1,069.75	\$663.25	\$641.85	-	-	000	999	-
81299	Q	MSH6 GENE KNOWN VARIANTS	-	-	-	Medicare	\$513.33	\$318.26	\$308.00	-	-	000	999	-
81300	Q	MSH6 GENE DUP/DELETE VARIANT	-	-	-	Medicare	\$396.67	\$245.94	\$238.00	-	-	000	999	-
81301	Q	MICROSATELLITE INSTABILITY	-	-	-	Medicare	\$580.93	\$360.18	\$348.56	-	-	000	999	-
81302	Q	MECP2 GENE FULL SEQ	-	-	-	Medicare	\$879.78	\$545.46	\$527.87	-	-	000	999	-
81303	Q	MECP2 GENE KNOWN VARIANT	-	-	-	Medicare	\$200.00	\$124.00	\$120.00	-	-	000	999	-
81304	Q	MECP2 GENE DUP/DELET VARIANT	-	-	-	Medicare	\$250.00	\$155.00	\$150.00	-	-	000	999	-
81305	Q	MYD88 GENE P.LEU265PRO VRNT	-	-	-	Medicare	\$292.33	\$181.24	\$175.40	-	-	000	999	-
81306	Q	NUDT15 GENE COMMON VARIANTS	-	-	-	Medicare	\$485.60	\$301.07	\$291.36	-	-	000	999	-
81307	Q	PALB2 GENE FULL GENE SEQ	-	-	-	Medicare	\$1,127.50	\$699.05	\$676.50	-	-	000	999	-
81308	Q	PALB2 GENE KNOWN FAMIL VRNT	-	-	-	Medicare	\$502.25	\$311.40	\$301.35	-	-	000	999	-
81309	Q	PIK3CA GENE TRGT SEQ ALYS	-	-	-	Medicare	\$458.05	\$283.99	\$274.83	-	-	000	999	-
81310	Q	NPM1 GENE	-	-	-	Medicare	\$410.87	\$254.74	\$246.52	-	-	000	999	-
81311	Q	NRAS GENE VARIANTS EXON 2&3	-	-	-	Medicare	\$492.98	\$305.65	\$295.79	-	-	000	999	-
81312	Q	PABPN1 GENE DETC ABNOR ALLEL	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	-	-	000	999	-
81313	Q	PCA3/KLK3 ANTIGEN	-	-	-	Medicare	\$425.08	\$263.55	\$255.05	-	-	000	999	-
81314	Q	PDGFRA GENE	-	-	-	Medicare	\$549.18	\$340.49	\$329.51	-	-	000	999	-
81315	Q	PML/RARALPHA COM BREAKPOINTS	-	-	-	Medicare	\$345.52	\$214.22	\$207.31	-	-	000	999	-
81316	Q	PML/RARALPHA 1 BREAKPOINT	-	-	-	Medicare	\$345.52	\$214.22	\$207.31	-	-	000	999	-
81317	Q	PMS2 GENE FULL SEQ ANALYSIS	-	-	-	Medicare	\$1,127.50	\$699.05	\$676.50	-	-	000	999	-
81318	Q	PMS2 KNOWN FAMILIAL VARIANTS	-	-	-	Medicare	\$551.67	\$342.04	\$331.00	-	-	000	999	-
81319	Q	PMS2 GENE DUP/DELET VARIANTS	-	-	-	Medicare	\$339.17	\$210.29	\$203.50	-	-	000	999	-
81320	Q	PLCG2 GENE COMMON VARIANTS	-	-	-	Medicare	\$485.60	\$301.07	\$291.36	-	-	000	999	-
81321	Q	PTEN GENE FULL SEQUENCE	-	-	-	Medicare	\$1,000.00	\$620.00	\$600.00	-	-	000	999	-
81322	Q	PTEN GENE KNOWN FAM VARIANT	-	-	-	Medicare	\$77.67	\$48.16	\$46.60	-	-	000	999	-
81323	Q	PTEN GENE DUP/DELET VARIANT	-	-	-	Medicare	\$500.00	\$310.00	\$300.00	-	-	000	999	-
81324	Q	PMP22 GENE DUP/DELET	-	-	-	Medicare	\$1,263.93	\$783.64	\$758.36	-	-	000	999	-
81325	Q	PMP22 GENE FULL SEQUENCE	-	-	-	Medicare	\$1,282.63	\$795.23	\$769.58	-	-	000	999	-
81326	Q	PMP22 GENE KNOWN FAM VARIANT	-	-	-	Medicare	\$77.67	\$48.16	\$46.60	-	-	000	999	-
81327	Q	SEPT9 GEN PRMTR MTHYLTN ALYS	-	-	-	Medicare	\$320.00	\$198.40	\$192.00	-	-	000	999	-
81328	Q	SLCO1B1 GENE COM VARIANTS	-	-	-	Medicare	\$291.35	\$180.64	\$174.81	-	-	000	999	-
81329	Q	SMN1 GENE DOS/DELETION ALYS	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	-	-	000	999	-
81330	Q	SMPD1 GENE COMMON VARIANTS	-	-	-	Medicare	\$78.33	\$48.56	\$47.00	-	-	000	999	-
81331	Q	SNRPN/UBE3A GENE	-	-	-	Medicare	\$85.12	\$52.77	\$51.07	-	-	000	999	-
81332	Q	SERPINA1 GENE	-	-	-	Medicare	\$72.75	\$45.11	\$43.65	-	-	000	999	-
81333	Q	TGFB1 GENE COMMON VARIANTS	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	-	-	000	999	-
81334	Q	RUNX1 GENE TARGETED SEQ ALYS	-	-	-	Medicare	\$549.18	\$340.49	\$329.51	-	-	000	999	-
81335	Q	TPMT GENE COM VARIANTS	-	-	-	Medicare	\$291.35	\$180.64	\$174.81	-	-	000	999	-
81336	Q	SMN1 GENE FULL GENE SEQUENCE	-	-	-	Medicare	\$502.25	\$311.40	\$301.35	-	-	000	999	-
81337	Q	SMN1 GEN NOWN FAMIL SEQ VRNT	-	-	-	Medicare	\$308.67	\$191.38	\$185.20	-	-	000	999	-
81338	Q	MPL GENE COMMON VARIANTS	-	-	-	Medicare	\$250.55	\$155.34	\$150.33	-	-	000	999	-
81339	Q	MPL GENE SEQ ALYS EXON 10	-	-	-	Medicare	\$308.67	\$191.38	\$185.20	-	-	000	999	-
81340	Q	TRB@ GENE REARRANGE AMPLIFY	-	-	-	Medicare	\$348.20	\$215.88	\$208.92	-	-	000	999	-
81341	Q	TRB@ GENE REARRANGE DIRPROBE	-	-	-	Medicare	\$82.65	\$51.24	\$49.59	-	-	000	999	-
81342	Q	TRG GENE REARRANGEMENT ANAL	-	-	-	Medicare	\$335.83	\$208.21	\$201.50	-	-	000	999	-
81343	Q	PPP2R2B GEN DETC ABNOR ALLEL	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	-	-	000	999	-

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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
81344	Q	TBP GENE DETC ABNOR ALLELES	-	-	-	Medicare	\$228.33	\$141.56	\$137.00	-	-	000	999	-
81345	Q	TERT GENE TARGETED SEQ ALYS	-	-	-	Medicare	\$308.67	\$191.38	\$185.20	-	-	000	999	-
81346	Q	TYMS GENE COM VARIANTS	-	-	-	Medicare	\$291.35	\$180.64	\$174.81	-	-	000	999	-
81347	Q	SF3B1 GENE COMMON VARIANTS	-	-	-	Medicare	\$322.08	\$199.69	\$193.25	-	-	000	999	-
81348	Q	SRSF2 GENE COMMON VARIANTS	-	-	-	Medicare	\$292.33	\$181.24	\$175.40	-	-	000	999	-
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	UZAF1 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	Y	-	000	999	PA applies to under 18 with mental health DX only
81402	Q	MOPATH PROCEDURE LEVEL 3	-	-	-	Medicare	\$250.55	\$155.34	\$150.33	-	-	000	999	-
81403	Q	MOPATH PROCEDURE LEVEL 4	-	-	-	Medicare	\$308.67	\$191.38	\$185.20	-	-	000	999	-
81404	Q	MOPATH PROCEDURE LEVEL 5	-	-	-	Medicare	\$458.05	\$283.99	\$274.83	-	-	000	999	-
81405	Q	MOPATH PROCEDURE LEVEL 6	-	-	-	Medicare	\$502.25	\$311.40	\$301.35	-	-	000	999	-
81406	Q	MOPATH PROCEDURE LEVEL 7	-	-	-	Medicare	\$471.47	\$292.31	\$282.88	-	-	000	999	-
81407	Q	MOPATH PROCEDURE LEVEL 8	-	-	-	Medicare	\$1,410.45	\$874.48	\$846.27	-	-	000	999	-
81408	Q	MOPATH PROCEDURE LEVEL 9	-	-	-	Medicare	\$3,333.33	\$2,066.66	\$2,000.00	-	-	000	999	-
81410	Q	AORTIC DYSFUNCTION/DILATION	-	-	-	Medicare	\$840.00	\$520.80	\$504.00	-	-	000	999	-
81411	Q	AORTIC DYSFUNCTION/DILATION	-	-	-	Medicare	\$2,250.32	\$1,395.20	\$1,350.19	-	-	000	999	-
81412	Q	ASHKENAZI JEWISH ASSOC DIS	-	-	-	Medicare	\$4,080.93	\$2,530.18	\$2,448.56	-	-	000	999	-
81413	Q	CAR ION CHNNLPTH INC 10 GNS	-	-	-	Medicare	\$974.83	\$604.39	\$584.90	-	-	000	999	-
81414	Q	CAR ION CHNNLPTH 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 MICRODEL TJ	-	-	-	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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC Weight	Method	Non-sole Comm.			Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
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 CARDMYPY GENE PANEL	-	-	Medicare	\$974.83	\$604.39	\$584.90	-	-	000	999	-
81440	Q	MITOCHONDRIAL GENE	-	-	Medicare	\$5,540.00	\$3,434.80	\$3,324.00	-	-	000	999	-
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	SO NEO GSAP 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	SO NEO GSAP 5-50 RNA ALYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
81450	Q	HL NEO GSAP 5-50DNA/DNA&RNA	-	-	Medicare	\$1,265.88	\$784.85	\$759.53	-	-	000	999	-
81451	E	HL NEO GSAP 5-50 RNA ALYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
81455	Q	SO/HL 51/>GSAP DNA/DNA&RNA	-	-	Medicare	\$4,866.00	\$3,016.92	\$2,919.60	-	-	000	999	-
81456	E	SO/HL 51/>GSAP RNA ALYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
81457	E	SO NEO GSAP DNA MCRSTL INS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
81458	E	SO GSAP DNA CPY NMBR&MCRSTL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
81459	E	SO NEO GSAP DNA/DNA&RNA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
81460	Q	WHOLE MITOCHONDRIAL GENOME	-	-	Medicare	\$2,145.00	\$1,329.90	\$1,287.00	-	-	000	999	-
81462	E	SO GSAP CLL FR DNA/DNA&RNA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
81463	E	SO GSAP CL FR CPY NMBR&MCRST	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
81464	E	SO GSAP CLL FR MCRSTL INS	-	-	Not Allowed	\$0.00	-	-	-	-	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	-	-	Y	-	000	999	PA applies to under 18 with mental health DX only
81490	Q	AUTOIMMUNE RA ALYS 12 BMRK	-	-	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	-
81517	Q	LIVER DS ALYS 3 BMRK SRM ALG	-	-	Medicare	\$839.00	\$520.18	\$503.40	-	-	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	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Non-sole			Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
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	\$12,960.00	\$8,035.20	\$7,776.00	-	-	000	999	-
81554	Q	PULM DS IPF MRNA 190 GEN ALG	-	-	Medicare	\$9,166.67	\$5,683.34	\$5,500.00	-	-	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	-
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	-

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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Non-sole Comm.			Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
82164	Q	ANGIOTENSIN I ENZYME TEST	-	-	Medicare	\$24.33	\$15.08	\$14.60	-	-	000	999	-
82166	Q	ASSAY ANTI-MULLERIAN HORM	-	-	Medicare	\$64.37	\$39.91	\$38.62	-	-	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	-
82415	Q	ASSAY OF CHLORAMPHENICOL	-	-	Medicare	\$21.12	\$13.09	\$12.67	-	-	000	999	-
82435	Q	ASSAY OF BLOOD CHLORIDE	-	-	Medicare	\$7.67	\$4.76	\$4.60	-	-	000	999	-
82436	Q	ASSAY OF URINE CHLORIDE	-	-	Medicare	\$9.58	\$5.94	\$5.75	-	-	000	999	-
82438	Q	ASSAY OTHER FLUID CHLORIDES	-	-	Medicare	\$8.33	\$5.16	\$5.00	-	-	000	999	-
82441	Q	TEST FOR CHLOROHYDROCARBONS	-	-	Medicare	\$10.02	\$6.21	\$6.01	-	-	000	999	-
82465	Q	ASSAY BLD/SERUM CHOLESTEROL	-	-	Medicare	\$7.25	\$4.50	\$4.35	-	-	000	999	-
82480	Q	ASSAY SERUM CHOLINESTERASE	-	-	Medicare	\$13.12	\$8.13	\$7.87	-	-	000	999	-
82482	Q	ASSAY RBC CHOLINESTERASE	-	-	Medicare	\$16.35	\$10.14	\$9.81	-	-	000	999	-
82485	Q	ASSAY CHONDROITIN SULFATE	-	-	Medicare	\$34.42	\$21.34	\$20.65	-	-	000	999	-
82495	Q	ASSAY OF CHROMIUM	-	-	Medicare	\$33.80	\$20.96	\$20.28	-	-	000	999	-
82507	Q	ASSAY OF CITRATE	-	-	Medicare	\$46.33	\$28.72	\$27.80	-	-	000	999	-
82523	Q	COLLAGEN CROSSLINKS	-	-	Medicare	\$31.13	\$19.30	\$18.68	-	-	000	999	-
82525	Q	ASSAY OF COPPER	-	-	Medicare	\$20.68	\$12.82	\$12.41	-	-	000	999	-
82528	Q	ASSAY OF CORTICOSTERONE	-	-	Medicare	\$37.53	\$23.27	\$22.52	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Non-sole			Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
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	Q	EL-1 FECAL QUANTITATIVE	-	-	Medicare	\$38.28	\$23.73	\$22.97	-	-	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 ESTRIOLE	-	-	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 FECES QUAL	-	-	Medicare	\$8.50	\$5.27	\$5.10	-	-	000	999	-
82710	Q	FATS/LIPIDS FECES QUANT	-	-	Medicare	\$28.00	\$17.36	\$16.80	-	-	000	999	-
82715	Q	ASSAY OF FECAL FAT	-	-	Medicare	\$38.28	\$23.73	\$22.97	-	-	000	999	-
82725	Q	ASSAY OF BLOOD FATTY ACIDS	-	-	Medicare	\$31.28	\$19.39	\$18.77	-	-	000	999	-
82726	Q	LONG CHAIN FATTY ACIDS	-	-	Medicare	\$32.92	\$20.41	\$19.75	-	-	000	999	-
82728	Q	ASSAY OF FERRITIN	-	-	Medicare	\$22.72	\$14.09	\$13.63	-	-	000	999	-
82731	Q	ASSAY OF FETAL FIBRONECTIN	-	-	Medicare	\$107.35	\$66.56	\$64.41	-	-	010	061	-
82735	Q	ASSAY OF FLUORIDE	-	-	Medicare	\$30.90	\$19.16	\$18.54	-	-	000	999	-
82746	Q	ASSAY OF FOLIC ACID SERUM	-	-	Medicare	\$24.50	\$15.19	\$14.70	-	-	000	999	-
82747	Q	ASSAY OF FOLIC ACID RBC	-	-	Medicare	\$29.42	\$18.24	\$17.65	-	-	000	999	-
82757	Q	ASSAY OF SEMEN FRUCTOSE	-	-	Medicare	\$28.90	\$17.92	\$17.34	-	-	000	999	-
82759	Q	ASSAY OF RBC GALACTOKINASE	-	-	Medicare	\$35.80	\$22.20	\$21.48	-	-	000	999	-
82760	Q	ASSAY OF GALACTOSE	-	-	Medicare	\$18.67	\$11.58	\$11.20	-	-	000	999	-
82775	Q	ASSAY GALACTOSE TRANSFERASE	-	-	Medicare	\$35.12	\$21.77	\$21.07	-	-	000	999	-
82776	Q	GALACTOSE TRANSFERASE TEST	-	-	Medicare	\$19.57	\$12.13	\$11.74	-	-	000	999	-
82777	Q	GALECTIN-3	-	-	Medicare	\$73.75	\$45.73	\$44.25	-	-	000	999	-
82784	Q	ASSAY IGA/IGD/IGG/IGM EACH	-	-	Medicare	\$15.50	\$9.61	\$9.30	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Non-sole			Prior Auth.	Passport	Min Age	Max Age	Comments
							Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
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 CHROMOTOGRAPHY	-	-	-	Medicare	\$30.10	\$18.66	\$18.06	-	-	000	999	-
83026	Q	HEMOGLOBIN COPPER SULFATE	-	-	-	Medicare	\$6.68	\$4.14	\$4.01	-	-	000	999	-
83030	Q	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 METHEMOGLOBIN QUAL	-	-	-	Medicare	\$10.82	\$6.71	\$6.49	-	-	000	999	-
83050	Q	HGB METHEMOGLOBIN 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 SULFHMOGLOBIN 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	-

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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Non-sole			Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
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	-
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	Q	IG LIGHT CHAINS FREE EACH	-	-	-	Medicare	\$28.78	\$17.84	\$17.27	-	-	000	999	-
83525	Q	ASSAY OF INSULIN	-	-	-	Medicare	\$19.05	\$11.81	\$11.43	-	-	000	999	-
83527	Q	ASSAY OF INSULIN	-	-	-	Medicare	\$21.58	\$13.38	\$12.95	-	-	000	999	-
83528	Q	ASSAY OF INTRINSIC FACTOR	-	-	-	Medicare	\$33.03	\$20.48	\$19.82	-	-	000	999	-
83529	Q	ASAY OF INTERLEUKIN-6 (IL-6)	-	-	-	Medicare	\$28.78	\$17.84	\$17.27	-	-	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 METHHEMALBUMIN	-	-	-	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	-

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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient			Non-sole		Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Hospital Lab Fees	Prior Auth. Required	Passport			
83874	Q	ASSAY OF MYOGLOBIN	-	-	-	Medicare	\$21.53	\$13.35	\$12.92	-	-	000	999	-
83876	Q	ASSAY MYELOPEROXIDASE	-	-	-	Medicare	\$84.77	\$52.56	\$50.86	-	-	000	999	-
83880	Q	ASSAY OF NATRIURETIC PEPTIDE	-	-	-	Medicare	\$65.43	\$40.57	\$39.26	-	-	000	999	-
83883	Q	ASSAY NEPHELOMETRY NOT SPEC	-	-	-	Medicare	\$22.67	\$14.06	\$13.60	-	-	000	999	-
83885	Q	ASSAY OF NICKEL	-	-	-	Medicare	\$40.85	\$25.33	\$24.51	-	-	000	999	-
83915	Q	ASSAY OF NUCLEOTIDASE	-	-	-	Medicare	\$18.58	\$11.52	\$11.15	-	-	000	999	-
83916	Q	OLIGOCLONAL BANDS	-	-	-	Medicare	\$45.65	\$28.30	\$27.39	-	-	000	999	-
83918	Q	ORGANIC ACIDS TOTAL QUANT	-	-	-	Medicare	\$39.33	\$24.38	\$23.60	-	-	000	999	-
83919	Q	ORGANIC ACIDS QUAL EACH	-	-	-	Medicare	\$27.42	\$17.00	\$16.45	-	-	000	999	-
83921	Q	ORGANIC ACID SINGLE QUANT	-	-	-	Medicare	\$35.35	\$21.92	\$21.21	-	-	000	999	-
83930	Q	ASSAY OF BLOOD OSMOLALITY	-	-	-	Medicare	\$11.02	\$6.83	\$6.61	-	-	000	999	-
83935	Q	ASSAY OF URINE OSMOLALITY	-	-	-	Medicare	\$11.37	\$7.05	\$6.82	-	-	000	999	-
83937	Q	ASSAY OF OSTEOCALCIN	-	-	-	Medicare	\$49.75	\$30.85	\$29.85	-	-	000	999	-
83945	Q	ASSAY OF OXALATE	-	-	-	Medicare	\$24.08	\$14.93	\$14.45	-	-	000	999	-
83950	Q	ONCOPROTEIN HER-2/NEU	-	-	-	Medicare	\$107.35	\$66.56	\$64.41	-	-	000	999	-
83951	Q	ONCOPROTEIN DCP	-	-	-	Medicare	\$107.35	\$66.56	\$64.41	-	-	000	999	-
83970	Q	ASSAY OF PARATHORMONE	-	-	-	Medicare	\$68.80	\$42.66	\$41.28	-	-	000	999	-
83986	Q	ASSAY PH BODY FLUID NOS	-	-	-	Medicare	\$5.97	\$3.70	\$3.58	-	-	000	999	-
83987	Q	EXHALED BREATH CONDENSATE	-	-	-	Medicare	\$5.97	\$3.70	\$3.58	-	-	000	999	-
83992	E	ASSAY FOR PHENCYCLIDINE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
83993	Q	ASSAY FOR CALPROTECTIN FECAL	-	-	-	Medicare	\$32.72	\$20.29	\$19.63	-	-	000	999	-
84030	Q	ASSAY OF BLOOD PKU	-	-	-	Medicare	\$9.17	\$5.69	\$5.50	-	-	000	999	-
84035	Q	ASSAY OF PHENYLKETONES	-	-	-	Medicare	\$6.63	\$4.11	\$3.98	-	-	000	999	-
84060	Q	ASSAY ACID PHOSPHATASE	-	-	-	Medicare	\$12.73	\$7.89	\$7.64	-	-	000	999	-
84066	Q	ASSAY PROSTATE PHOSPHATASE	-	-	-	Medicare	\$16.10	\$9.98	\$9.66	-	-	000	999	-
84075	Q	ASSAY ALKALINE PHOSPHATASE	-	-	-	Medicare	\$8.63	\$5.35	\$5.18	-	-	000	999	-
84078	Q	ASSAY ALKALINE PHOSPHATASE	-	-	-	Medicare	\$13.77	\$8.54	\$8.26	-	-	000	999	-
84080	Q	ASSAY ALKALINE PHOSPHATASES	-	-	-	Medicare	\$24.63	\$15.27	\$14.78	-	-	000	999	-
84081	Q	ASSAY PHOSPHATIDYLGLYCEROL	-	-	-	Medicare	\$27.53	\$17.07	\$16.52	-	-	000	999	-
84085	Q	ASSAY OF RBC PG6D ENZYME	-	-	-	Medicare	\$15.73	\$9.75	\$9.44	-	-	000	999	-
84087	Q	ASSAY PHOSPHOHEXOSE ENZYMES	-	-	-	Medicare	\$17.88	\$11.09	\$10.73	-	-	000	999	-
84100	Q	ASSAY OF PHOSPHORUS	-	-	-	Medicare	\$7.90	\$4.90	\$4.74	-	-	000	999	-
84105	Q	ASSAY OF URINE PHOSPHORUS	-	-	-	Medicare	\$9.63	\$5.97	\$5.78	-	-	000	999	-
84106	Q	TEST FOR PORPHOBILINOGEN	-	-	-	Medicare	\$9.70	\$6.01	\$5.82	-	-	000	999	-
84110	Q	ASSAY OF PORPHOBILINOGEN	-	-	-	Medicare	\$14.07	\$8.72	\$8.44	-	-	000	999	-
84112	Q	EVAMNIOTIC 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-HYDROXYPREGNENO	-	-	-	Medicare	\$38.02	\$23.57	\$22.81	-	-	000	999	-
84144	Q	ASSAY OF PROGESTERONE	-	-	-	Medicare	\$34.77	\$21.56	\$20.86	-	-	000	999	-
84145	Q	PROCALCITONIN (PCT)	-	-	-	Medicare	\$45.37	\$28.13	\$27.22	-	-	000	999	-
84146	Q	ASSAY OF PROLACTIN	-	-	-	Medicare	\$32.30	\$20.03	\$19.38	-	-	000	999	-
84150	Q	ASSAY OF PROSTAGLANDIN	-	-	-	Medicare	\$69.62	\$43.16	\$41.77	-	-	000	999	-
84152	Q	ASSAY OF PSA COMPLEXED	-	-	-	Medicare	\$30.65	\$19.00	\$18.39	-	-	000	999	-
84153	Q	ASSAY OF PSA TOTAL	-	-	-	Medicare	\$30.65	\$19.00	\$18.39	-	-	000	999	-
84154	Q	ASSAY OF PSA FREE	-	-	-	Medicare	\$30.65	\$19.00	\$18.39	-	-	000	999	-
84155	Q	ASSAY OF PROTEIN SERUM	-	-	-	Medicare	\$6.12	\$3.79	\$3.67	-	-	000	999	-
84156	Q	ASSAY OF PROTEIN URINE	-	-	-	Medicare	\$6.12	\$3.79	\$3.67	-	-	000	999	-
84157	Q	ASSAY OF PROTEIN OTHER	-	-	-	Medicare	\$6.67	\$4.14	\$4.00	-	-	000	999	-

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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
84160	Q	ASSAY OF PROTEIN ANY SOURCE	-	-	-	Medicare	\$9.35	\$5.80	\$5.61	-	-	000	999	-
84163	Q	PAPPA SERUM	-	-	-	Medicare	\$25.08	\$15.55	\$15.05	-	-	010	061	-
84165	Q	PROTEIN E-PHORESIS SERUM	-	-	-	Medicare	\$17.90	\$11.10	\$10.74	-	-	000	999	-
84166	Q	PROTEIN E-PHORESIS/URINE/CSF	-	-	-	Medicare	\$29.72	\$18.43	\$17.83	-	-	000	999	-
84181	Q	WESTERN BLOT TEST	-	-	-	Medicare	\$28.38	\$17.60	\$17.03	-	-	000	999	-
84182	Q	PROTEIN WESTERN BLOT TEST	-	-	-	Medicare	\$48.68	\$30.18	\$29.21	-	-	000	999	-
84202	Q	ASSAY RBC PROTOPORPHYRIN	-	-	-	Medicare	\$23.92	\$14.83	\$14.35	-	-	000	999	-
84203	Q	TEST RBC PROTOPORPHYRIN	-	-	-	Medicare	\$16.23	\$10.06	\$9.74	-	-	000	999	-
84206	Q	ASSAY OF PROINSULIN	-	-	-	Medicare	\$44.48	\$27.58	\$26.69	-	-	000	999	-
84207	Q	ASSAY OF VITAMIN B-6	-	-	-	Medicare	\$46.83	\$29.03	\$28.10	-	-	000	999	-
84210	Q	ASSAY OF PYRUVATE	-	-	-	Medicare	\$24.13	\$14.96	\$14.48	-	-	000	999	-
84220	Q	ASSAY OF PYRUVATE KINASE	-	-	-	Medicare	\$15.73	\$9.75	\$9.44	-	-	000	999	-
84228	Q	ASSAY OF QUININE	-	-	-	Medicare	\$19.38	\$12.02	\$11.63	-	-	000	999	-
84233	Q	ASSAY OF ESTROGEN	-	-	-	Medicare	\$146.47	\$90.81	\$87.88	-	-	000	999	-
84234	Q	ASSAY OF PROGESTERONE	-	-	-	Medicare	\$108.13	\$67.04	\$64.88	-	-	000	999	-
84235	Q	ASSAY OF ENDOCRINE HORMONE	-	-	-	Medicare	\$118.72	\$73.61	\$71.23	-	-	000	999	-
84238	Q	ASSAY NONENDOCRINE RECEPTOR	-	-	-	Medicare	\$60.95	\$37.79	\$36.57	-	-	000	999	-
84244	Q	ASSAY OF RENIN	-	-	-	Medicare	\$36.65	\$22.72	\$21.99	-	-	000	999	-
84252	Q	ASSAY OF VITAMIN B-2	-	-	-	Medicare	\$33.73	\$20.91	\$20.24	-	-	000	999	-
84255	Q	ASSAY OF SELENIUM	-	-	-	Medicare	\$42.55	\$26.38	\$25.53	-	-	000	999	-
84260	Q	ASSAY OF SEROTONIN	-	-	-	Medicare	\$51.63	\$32.01	\$30.98	-	-	000	999	-
84270	Q	ASSAY OF SEX HORMONE GLOBUL	-	-	-	Medicare	\$36.22	\$22.46	\$21.73	-	-	000	999	-
84275	Q	ASSAY OF SIALIC ACID	-	-	-	Medicare	\$22.40	\$13.89	\$13.44	-	-	000	999	-
84285	Q	ASSAY OF SILICA	-	-	-	Medicare	\$42.02	\$26.05	\$25.21	-	-	000	999	-
84295	Q	ASSAY OF SERUM SODIUM	-	-	-	Medicare	\$8.02	\$4.97	\$4.81	-	-	000	999	-
84300	Q	ASSAY OF URINE SODIUM	-	-	-	Medicare	\$8.43	\$5.23	\$5.06	-	-	000	999	-
84302	Q	ASSAY OF SWEAT SODIUM	-	-	-	Medicare	\$8.10	\$5.02	\$4.86	-	-	000	999	-
84305	Q	ASSAY OF SOMATOMEDIN	-	-	-	Medicare	\$35.43	\$21.97	\$21.26	-	-	000	999	-
84307	Q	ASSAY OF SOMATOSTATIN	-	-	-	Medicare	\$30.47	\$18.89	\$18.28	-	-	000	999	-
84311	Q	SPECTROPHOTOMETRY	-	-	-	Medicare	\$13.50	\$8.37	\$8.10	-	-	000	999	-
84315	Q	BODY FLUID SPECIFIC GRAVITY	-	-	-	Medicare	\$5.47	\$3.39	\$3.28	-	-	000	999	-
84375	Q	CHROMATOGRAM ASSAY SUGARS	-	-	-	Medicare	\$65.00	\$40.30	\$39.00	-	-	000	999	-
84376	Q	SUGARS SINGLE QUAL	-	-	-	Medicare	\$9.17	\$5.69	\$5.50	-	-	000	999	-
84377	Q	SUGARS MULTIPLE QUAL	-	-	-	Medicare	\$9.17	\$5.69	\$5.50	-	-	000	999	-
84378	Q	SUGARS SINGLE QUANT	-	-	-	Medicare	\$19.22	\$11.92	\$11.53	-	-	000	999	-
84379	Q	SUGARS MULTIPLE QUANT	-	-	-	Medicare	\$19.22	\$11.92	\$11.53	-	-	000	999	-
84392	Q	ASSAY OF URINE SULFATE	-	-	-	Medicare	\$9.15	\$5.67	\$5.49	-	-	000	999	-
84402	Q	ASSAY OF FREE TESTOSTERONE	-	-	-	Medicare	\$42.45	\$26.32	\$25.47	-	-	000	999	-
84403	Q	ASSAY OF TOTAL TESTOSTERONE	-	-	-	Medicare	\$43.02	\$26.67	\$25.81	-	-	000	999	-
84410	Q	TESTOSTERONE BIOAVAILABLE	-	-	-	Medicare	\$85.47	\$52.99	\$51.28	-	-	000	999	-
84425	Q	ASSAY OF VITAMIN B-1	-	-	-	Medicare	\$35.38	\$21.94	\$21.23	-	-	000	999	-
84430	Q	ASSAY OF THIOCYANATE	-	-	-	Medicare	\$19.38	\$12.02	\$11.63	-	-	000	999	-
84431	Q	THROMBOXANE URINE	-	-	-	Medicare	\$58.52	\$36.28	\$35.11	-	-	000	999	-
84432	Q	ASSAY OF THYROGLOBULIN	-	-	-	Medicare	\$26.77	\$16.60	\$16.06	-	-	000	999	-
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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
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	-
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	9.3760	Bundled, sometimes payable	\$547.46	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Non-sole Comm.			Prior Auth.	Passport	Min Age	Max Age	Comments
						Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
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 SCRNR	-	-	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 WGHNT 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	-
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	-

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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
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	Q	ACTIN ANTIBODY EACH	-	-	-	Medicare	\$20.08	\$12.45	\$12.05	-	-	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	Q	ANCA SCREEN EACH ANTIBODY	-	-	-	Medicare	\$20.08	\$12.45	\$12.05	-	-	000	999	-
86037	Q	ANCA TITER EACH ANTIBODY	-	-	-	Medicare	\$20.08	\$12.45	\$12.05	-	-	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	-
86041	Q	ACETYLCHOLN RCPTR BNDNG ANTB	-	-	-	Medicare	\$30.67	\$19.02	\$18.40	-	-	000	999	-
86042	Q	ACETYLCHOLN RCPTR BLCKG ANTB	-	-	-	Medicare	\$30.67	\$19.02	\$18.40	-	-	000	999	-
86043	Q	ACETYLCHOLN RCPTR MODLG ANTB	-	-	-	Medicare	\$20.08	\$12.45	\$12.05	-	-	000	999	-
86051	Q	AQUAPORIN-4 ANTB ELISA	-	-	-	Medicare	\$19.22	\$11.92	\$11.53	-	-	000	999	-
86052	Q	AQUAPORIN-4 ANTB CBA EACH	-	-	-	Medicare	\$20.08	\$12.45	\$12.05	-	-	000	999	-
86053	Q	AQAPRN-4 ANTB FLO CYTMTRY EA	-	-	-	Medicare	\$62.88	\$38.99	\$37.73	-	-	000	999	-
86060	Q	ANTISTREPTOLYSIN O TITER	-	-	-	Medicare	\$12.17	\$7.55	\$7.30	-	-	000	999	-
86063	Q	ANTISTREPTOLYSIN O SCREEN	-	-	-	Medicare	\$9.62	\$5.96	\$5.77	-	-	000	999	-
86077	N	PHYS BLOOD BANK SERV XMATCH	-	05731	0.3247	Bundled, sometimes payable	\$18.96	-	-	-	-	000	999	-
86078	N	PHYS BLOOD BANK SERV REACTJ	-	05672	1.8624	Bundled, sometimes payable	\$108.75	-	-	-	-	000	999	-
86079	N	PHYS BLOOD BANK SERV AUTHRJ	-	05671	0.5908	Bundled, sometimes payable	\$34.50	-	-	-	-	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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Non-sole			Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
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	-
86231	Q	EMA EACH IG CLASS	-	-	-	Medicare	\$20.15	\$12.49	\$12.09	-	-	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	Q	DGP ANTIBODY EACH IG CLASS	-	-	-	Medicare	\$20.08	\$12.45	\$12.05	-	-	000	999	-
86277	Q	GROWTH HORMONE ANTIBODY	-	-	-	Medicare	\$26.23	\$16.26	\$15.74	-	-	000	999	-
86280	Q	HEMAGGLUTINATION INHIBITION	-	-	-	Medicare	\$13.65	\$8.46	\$8.19	-	-	000	999	-
86294	Q	IMMUNOASSAY TUMOR QUAL	-	-	-	Medicare	\$42.62	\$26.42	\$25.57	-	-	000	999	-
86300	Q	IMMUNOASSAY TUMOR CA 15-3	-	-	-	Medicare	\$34.68	\$21.50	\$20.81	-	-	000	999	-
86301	Q	IMMUNOASSAY TUMOR CA 19-9	-	-	-	Medicare	\$34.68	\$21.50	\$20.81	-	-	000	999	-
86304	Q	IMMUNOASSAY TUMOR CA 125	-	-	-	Medicare	\$34.68	\$21.50	\$20.81	-	-	000	999	-
86305	Q	HUMAN 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/TIM	-	-	-	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	Q	MOG-IGG1 ANTB CBA EACH	-	-	-	Medicare	\$20.08	\$12.45	\$12.05	-	-	000	999	-
86363	Q	MOG-IGG1 ANTB FLO CYTMTRY EA	-	-	-	Medicare	\$62.88	\$38.99	\$37.73	-	-	000	999	-
86364	Q	TISS TRNSGLTMNASE EA IG CLAS	-	-	-	Medicare	\$19.22	\$11.92	\$11.53	-	-	000	999	-
86366	Q	MUSCLE-SPECIFIC KINASE ANTB	-	-	-	Medicare	\$30.67	\$19.02	\$18.40	-	-	000	999	-
86367	Q	STEM CELLS TOTAL COUNT	-	-	-	Medicare	\$129.63	\$80.37	\$77.78	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient	Non-sole		Prior Auth.	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
86376	Q	MICROSOMAL ANTIBODY EACH	-	-	Medicare	\$24.25	\$15.04	\$14.55	-	-	000	999	-
86381	Q	MITOCHONDRIAL ANTIBODY EACH	-	-	Medicare	\$42.42	\$26.30	\$25.45	-	-	000	999	-
86382	Q	NEUTRALIZATION TEST VIRAL	-	-	Medicare	\$28.18	\$17.47	\$16.91	-	-	000	999	-
86384	Q	NITROBLUE TETRAZOLIUM DYE	-	-	Medicare	\$22.68	\$14.06	\$13.61	-	-	000	999	-
86386	Q	NUCLEAR MATRIX PROTEIN 22	-	-	Medicare	\$36.30	\$22.51	\$21.78	-	-	000	999	-
86403	Q	PARTICLE AGGLUT ANTBODY SCRIN	-	-	Medicare	\$19.23	\$11.92	\$11.54	-	-	000	999	-
86406	Q	PARTICLE AGGLUT ANTBODY TITR	-	-	Medicare	\$17.73	\$10.99	\$10.64	-	-	000	999	-
86408	Q	NEUTRLZG ANTB SARSCOV2 SCR	-	-	Medicare	\$70.22	\$43.54	\$42.13	-	-	000	999	-
86409	M	NEUTRLZG ANTB SARSCOV2 TITER	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
86413	M	SARS-COV-2 ANTB QUANTITATIVE	-	-	Fee Schedule	\$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	-	0.3247	Bundled, sometimes payable	\$18.96	-	-	-	-	000	999	-
86486	N	SKIN TEST UNLISTED ANTIGN EA	-	0.3247	Bundled, sometimes payable	\$18.96	-	-	-	-	000	999	-
86490	N	COCCIDIOIDOMYCOSIS SKIN TEST	-	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
86510	N	HISTOPLASMOSIS SKIN TEST	-	0.4373	Bundled, sometimes payable	\$25.53	-	-	-	-	000	999	-
86580	N	TB INTRADERMAL TEST	-	0.3247	Bundled, sometimes payable	\$18.96	-	-	-	-	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	-
86596	Q	VOLTAGE-GTD CA CHNL ANTB EA	-	-	Medicare	\$20.08	\$12.45	\$12.05	-	-	000	999	-
86602	Q	ANTINOMYCES ANTIBODY	-	-	Medicare	\$16.97	\$10.52	\$10.18	-	-	000	999	-
86603	Q	ADENOVIRUS ANTIBODY	-	-	Medicare	\$21.45	\$13.30	\$12.87	-	-	000	999	-
86606	Q	ASPERGILLUS ANTIBODY	-	-	Medicare	\$25.08	\$15.55	\$15.05	-	-	000	999	-
86609	Q	BACTERIUM ANTIBODY	-	-	Medicare	\$21.47	\$13.31	\$12.88	-	-	000	999	-
86611	Q	BARTONELLA ANTIBODY	-	-	Medicare	\$16.97	\$10.52	\$10.18	-	-	000	999	-
86612	Q	BLASTOMYCES ANTIBODY	-	-	Medicare	\$21.50	\$13.33	\$12.90	-	-	000	999	-
86615	Q	BORDETELLA ANTIBODY	-	-	Medicare	\$21.98	\$13.63	\$13.19	-	-	000	999	-
86617	Q	LYME DISEASE ANTIBODY	-	-	Medicare	\$25.82	\$16.01	\$15.49	-	-	000	999	-
86618	Q	LYME DISEASE ANTIBODY	-	-	Medicare	\$28.38	\$17.60	\$17.03	-	-	000	999	-
86619	Q	BORRELIA ANTIBODY	-	-	Medicare	\$22.30	\$13.83	\$13.38	-	-	000	999	-
86622	Q	BRUCELLA ANTIBODY	-	-	Medicare	\$14.88	\$9.23	\$8.93	-	-	000	999	-
86625	Q	CAMPYLOBACTER ANTIBODY	-	-	Medicare	\$21.87	\$13.56	\$13.12	-	-	000	999	-
86628	Q	CANDIDA ANTIBODY	-	-	Medicare	\$20.02	\$12.41	\$12.01	-	-	000	999	-
86631	Q	CHLAMYDIA ANTIBODY	-	-	Medicare	\$19.70	\$12.21	\$11.82	-	-	000	999	-
86632	Q	CHLAMYDIA IGM ANTIBODY	-	-	Medicare	\$21.13	\$13.10	\$12.68	-	-	000	999	-
86635	Q	COCCIDIOIDES ANTIBODY	-	-	Medicare	\$19.12	\$11.85	\$11.47	-	-	000	999	-
86638	Q	Q FEVER ANTIBODY	-	-	Medicare	\$20.20	\$12.52	\$12.12	-	-	000	999	-
86641	Q	CRYPTOCOCCUS ANTIBODY	-	-	Medicare	\$24.02	\$14.89	\$14.41	-	-	000	999	-
86644	Q	CMV ANTIBODY	-	-	Medicare	\$23.98	\$14.87	\$14.39	-	-	000	999	-
86645	Q	CMV ANTIBODY IGM	-	-	Medicare	\$28.08	\$17.41	\$16.85	-	-	000	999	-
86648	Q	DIPHThERIA ANTIBODY	-	-	Medicare	\$25.35	\$15.72	\$15.21	-	-	000	999	-
86651	Q	ENCEPHALITIS CALIFORN ANTBODY	-	-	Medicare	\$21.98	\$13.63	\$13.19	-	-	000	999	-
86652	Q	ENCEPHALTIS EAST EQNE ANBDY	-	-	Medicare	\$21.98	\$13.63	\$13.19	-	-	000	999	-
86653	Q	ENCEPHALTIS ST LOUIS ANTBODY	-	-	Medicare	\$21.98	\$13.63	\$13.19	-	-	000	999	-
86654	Q	ENCEPHALTIS 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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Non-sole			Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
86677	Q	HELICOBACTER PYLORI ANTIBODY	-	-	-	Medicare	\$28.08	\$17.41	\$16.85	-	-	000	999	-
86682	Q	HELMINTH ANTIBODY	-	-	-	Medicare	\$21.68	\$13.44	\$13.01	-	-	000	999	-
86684	Q	HEMOPHILUS INFLUENZA ANTIBDY	-	-	-	Medicare	\$26.40	\$16.37	\$15.84	-	-	000	999	-
86687	Q	HTLV-I ANTIBODY	-	-	-	Medicare	\$15.15	\$9.39	\$9.09	-	-	000	999	-
86688	Q	HTLV-II ANTIBODY	-	-	-	Medicare	\$23.33	\$14.46	\$14.00	-	-	000	999	-
86689	Q	HTLV/HIV CONFIRMJ ANTIBODY	-	-	-	Medicare	\$32.25	\$20.00	\$19.35	-	-	000	999	-
86692	Q	HEPATITIS DELTA AGENT ANTBDY	-	-	-	Medicare	\$28.60	\$17.73	\$17.16	-	-	000	999	-
86694	Q	HERPES SIMPLEX NES ANTBDY	-	-	-	Medicare	\$23.98	\$14.87	\$14.39	-	-	000	999	-
86695	Q	HERPES SIMPLEX TYPE 1 TEST	-	-	-	Medicare	\$21.98	\$13.63	\$13.19	-	-	000	999	-
86696	Q	HERPES SIMPLEX TYPE 2 TEST	-	-	-	Medicare	\$32.25	\$20.00	\$19.35	-	-	000	999	-
86698	Q	HISTOPLASMA ANTIBODY	-	-	-	Medicare	\$22.98	\$14.25	\$13.79	-	-	000	999	-
86701	Q	HIV-1ANTIBODY	-	-	-	Medicare	\$14.82	\$9.19	\$8.89	-	-	000	999	-
86702	Q	HIV-2 ANTIBODY	-	-	-	Medicare	\$22.53	\$13.97	\$13.52	-	-	000	999	-
86703	Q	HIV-1/HIV-2 1 RESULT ANTBDY	-	-	-	Medicare	\$22.85	\$14.17	\$13.71	-	-	000	999	-
86704	Q	HEP B CORE ANTIBODY TOTAL	-	-	-	Medicare	\$20.08	\$12.45	\$12.05	-	-	000	999	-
86705	Q	HEP B CORE ANTIBODY IGM	-	-	-	Medicare	\$19.62	\$12.16	\$11.77	-	-	000	999	-
86706	Q	HEP B SURFACE ANTIBODY	-	-	-	Medicare	\$17.90	\$11.10	\$10.74	-	-	000	999	-
86707	Q	HEPATITIS BE ANTIBODY	-	-	-	Medicare	\$19.28	\$11.95	\$11.57	-	-	000	999	-
86708	Q	HEPATITIS A ANTIBODY	-	-	-	Medicare	\$20.65	\$12.80	\$12.39	-	-	000	999	-
86709	Q	HEPATITIS A IGM ANTIBODY	-	-	-	Medicare	\$18.77	\$11.64	\$11.26	-	-	000	999	-
86710	Q	INFLUENZA VIRUS ANTIBODY	-	-	-	Medicare	\$22.58	\$14.00	\$13.55	-	-	000	999	-
86711	Q	JOHN CUNNINGHAM ANTIBODY	-	-	-	Medicare	\$28.15	\$17.45	\$16.89	-	-	000	999	-
86713	Q	LEGIONELLA ANTIBODY	-	-	-	Medicare	\$25.50	\$15.81	\$15.30	-	-	000	999	-
86717	Q	LEISHMANIA ANTIBODY	-	-	-	Medicare	\$20.42	\$12.66	\$12.25	-	-	000	999	-
86720	Q	LEPTOSPIRA ANTIBODY	-	-	-	Medicare	\$27.00	\$16.74	\$16.20	-	-	000	999	-
86723	Q	LISTERIA MONOCYTOGENES	-	-	-	Medicare	\$21.98	\$13.63	\$13.19	-	-	000	999	-
86727	Q	LYMPH CHORIOMENINGITIS AB	-	-	-	Medicare	\$21.45	\$13.30	\$12.87	-	-	000	999	-
86732	Q	MUCORMYCOSIS ANTIBODY	-	-	-	Medicare	\$25.00	\$15.50	\$15.00	-	-	000	999	-
86735	Q	MUMPS ANTIBODY	-	-	-	Medicare	\$21.75	\$13.49	\$13.05	-	-	000	999	-
86738	Q	MYCOPLASMA ANTIBODY	-	-	-	Medicare	\$22.07	\$13.68	\$13.24	-	-	000	999	-
86741	Q	NEISSERIA MENINGITIDIS	-	-	-	Medicare	\$21.98	\$13.63	\$13.19	-	-	000	999	-
86744	Q	NOCARDIA ANTIBODY	-	-	-	Medicare	\$26.65	\$16.52	\$15.99	-	-	000	999	-
86747	Q	PARVOVIRUS ANTIBODY	-	-	-	Medicare	\$25.05	\$15.53	\$15.03	-	-	000	999	-
86750	Q	MALARIA ANTIBODY	-	-	-	Medicare	\$21.98	\$13.63	\$13.19	-	-	000	999	-
86753	Q	PROTOZOA ANTIBODY NOS	-	-	-	Medicare	\$20.65	\$12.80	\$12.39	-	-	000	999	-
86756	Q	RESPIRATORY VIRUS ANTIBODY	-	-	-	Medicare	\$26.48	\$16.42	\$15.89	-	-	000	999	-
86757	Q	RICKETTSIA ANTIBODY	-	-	-	Medicare	\$32.25	\$20.00	\$19.35	-	-	000	999	-
86759	Q	ROTAVIRUS ANTIBODY	-	-	-	Medicare	\$30.38	\$18.84	\$18.23	-	-	000	999	-
86762	Q	RUBELLA ANTIBODY	-	-	-	Medicare	\$23.98	\$14.87	\$14.39	-	-	000	999	-
86765	Q	RUBEOLA ANTIBODY	-	-	-	Medicare	\$21.47	\$13.31	\$12.88	-	-	000	999	-
86768	Q	SALMONELLA ANTIBODY	-	-	-	Medicare	\$21.98	\$13.63	\$13.19	-	-	000	999	-
86769	Q	SARS-COV-2 COVID-19 ANTIBODY	-	-	-	Medicare	\$70.22	\$43.54	\$42.13	-	-	000	999	-
86771	Q	SHIGELLA ANTIBODY	-	-	-	Medicare	\$40.80	\$25.30	\$24.48	-	-	000	999	-
86774	Q	TETANUS ANTIBODY	-	-	-	Medicare	\$24.67	\$15.30	\$14.80	-	-	000	999	-
86777	Q	TOXOPLASMA ANTIBODY	-	-	-	Medicare	\$23.98	\$14.87	\$14.39	-	-	000	999	-
86778	Q	TOXOPLASMA ANTIBODY IGM	-	-	-	Medicare	\$24.02	\$14.89	\$14.41	-	-	000	999	-
86780	Q	TREPONEMA PALLIDUM	-	-	-	Medicare	\$22.07	\$13.68	\$13.24	-	-	000	999	-
86784	Q	TRICHINELLA ANTIBODY	-	-	-	Medicare	\$20.93	\$12.98	\$12.56	-	-	000	999	-
86787	Q	VARICELLA-ZOSTER ANTIBODY	-	-	-	Medicare	\$21.47	\$13.31	\$12.88	-	-	000	999	-
86788	Q	WEST NILE VIRUS AB IGM	-	-	-	Medicare	\$28.08	\$17.41	\$16.85	-	-	000	999	-
86789	Q	WEST NILE VIRUS ANTIBODY	-	-	-	Medicare	\$23.98	\$14.87	\$14.39	-	-	000	999	-
86790	Q	VIRUS ANTIBODY NOS	-	-	-	Medicare	\$21.47	\$13.31	\$12.88	-	-	000	999	-
86793	Q	YERSINIA ANTIBODY	-	-	-	Medicare	\$21.98	\$13.63	\$13.19	-	-	000	999	-
86794	Q	ZIKA VIRUS IGM ANTIBODY	-	-	-	Medicare	\$28.08	\$17.41	\$16.85	-	-	000	999	-
86800	Q	THYROGLOBULIN ANTIBODY	-	-	-	Medicare	\$26.52	\$16.44	\$15.91	-	-	000	999	-
86803	Q	HEPATITIS C AB TEST	-	-	-	Medicare	\$23.78	\$14.74	\$14.27	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
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 NONCYTOXIC 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/II ANTIBODY QUAL	-	-	Medicare	\$106.98	\$66.33	\$64.19	-	-	000	999	-
86830	Q	HLA CLASS I PHENOTYPE QUAL	-	-	Medicare	\$159.20	\$98.70	\$95.52	-	-	000	999	-
86831	Q	HLA CLASS II PHENOTYPE QUAL	-	-	Medicare	\$136.47	\$84.61	\$81.88	-	-	000	999	-
86832	Q	HLA CLASS I HIGH DEFIN QUAL	-	-	Medicare	\$539.58	\$334.54	\$323.75	-	-	000	999	-
86833	Q	HLA CLASS II HIGH DEFIN QUAL	-	-	Medicare	\$543.00	\$336.66	\$325.80	-	-	000	999	-
86834	Q	HLA CLASS I SEMIQUANT PANEL	-	-	Medicare	\$595.93	\$369.48	\$357.56	-	-	000	999	-
86835	Q	HLA CLASS II SEMIQUANT PANEL	-	-	Medicare	\$538.27	\$333.73	\$322.96	-	-	000	999	-
86849	N	IMMUNOLOGY PROCEDURE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
86850	N	RBC ANTIBODY SCREEN	-	05671	0.5908	Bundled, sometimes payable	\$34.50	-	-	-	000	999	-
86860	N	RBC ANTIBODY ELUTION	-	05672	1.8624	Bundled, sometimes payable	\$108.75	-	-	-	000	999	-
86870	N	RBC ANTIBODY IDENTIFICATION	-	05673	3.9193	Bundled, sometimes payable	\$228.85	-	-	-	000	999	-
86880	N	COOMBS TEST DIRECT	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	000	999	-
86885	N	COOMBS TEST INDIRECT QUAL	-	05672	1.8624	Bundled, sometimes payable	\$108.75	-	-	-	000	999	-
86886	N	COOMBS TEST INDIRECT TITER	-	05672	1.8624	Bundled, sometimes payable	\$108.75	-	-	-	000	999	-
86890	N	AUTOLOGOUS BLOOD PROCESS	-	05672	1.8624	Bundled, sometimes payable	\$108.75	-	-	-	000	999	-
86891	N	AUTOLOGOUS BLOOD OP SALVAGE	-	05674	9.3760	Bundled, sometimes payable	\$547.46	-	-	-	000	999	-
86900	N	BLOOD TYPING SEROLOGIC ABO	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	000	999	-
86901	N	BLOOD TYPING SEROLOGIC RH(D)	-	05732	0.4373	Bundled, sometimes payable	\$25.53	-	-	-	000	999	-
86902	N	BLOOD TYPE ANTIGEN DONOR EA	-	05673	3.9193	Bundled, sometimes payable	\$228.85	-	-	-	000	999	-
86904	N	BLOOD TYPING PATIENT SERUM	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	000	999	-
86905	N	BLOOD TYPING RBC ANTIGENS	-	05673	3.9193	Bundled, sometimes payable	\$228.85	-	-	-	000	999	-
86906	N	BLD TYPING SEROLOGIC RH PHNT	-	05732	0.4373	Bundled, sometimes payable	\$25.53	-	-	-	000	999	-
86910	E	BLOOD TYPING PATERNITY TEST	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
86911	E	BLOOD TYPING ANTIGEN SYSTEM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
86920	N	COMPATIBILITY TEST SPIN	-	05672	1.8624	Bundled, sometimes payable	\$108.75	-	-	-	000	999	-
86921	N	COMPATIBILITY TEST INCUBATE	-	05672	1.8624	Bundled, sometimes payable	\$108.75	-	-	-	000	999	-
86922	N	COMPATIBILITY TEST ANTIGLOB	-	05672	1.8624	Bundled, sometimes payable	\$108.75	-	-	-	000	999	-
86923	N	COMPATIBILITY TEST ELECTRIC	-	05672	1.8624	Bundled, sometimes payable	\$108.75	-	-	-	000	999	-
86927	S	PLASMA FRESH FROZEN	-	05672	1.8624	APC	\$108.75	-	-	-	000	999	-
86930	N	FROZEN BLOOD PREP	-	05672	1.8624	Bundled, sometimes payable	\$108.75	-	-	-	000	999	-
86931	N	FROZEN BLOOD THAW	-	05672	1.8624	Bundled, sometimes payable	\$108.75	-	-	-	000	999	-
86932	N	FROZEN BLOOD FREEZE/THAW	-	05732	0.4373	Bundled, sometimes payable	\$25.53	-	-	-	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	0.4373	Bundled, sometimes payable	\$25.53	-	-	-	000	999	-
86950	N	LEUKACYTE TRANSFUSION	-	05672	1.8624	Bundled, sometimes payable	\$108.75	-	-	-	000	999	-
86960	N	VOL REDUCTION OF BLOOD/PROD	-	05672	1.8624	Bundled, sometimes payable	\$108.75	-	-	-	000	999	-
86965	N	POOLING BLOOD PLATELETS	-	05672	1.8624	Bundled, sometimes payable	\$108.75	-	-	-	000	999	-
86970	N	RBC PRETX INCUBATJ W/CHEMICAL	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	000	999	-
86971	N	RBC PRETX INCUBATJ W/ENZYMES	-	05672	1.8624	Bundled, sometimes payable	\$108.75	-	-	-	000	999	-
86972	N	RBC PRETX INCUBATJ W/DENSITY	-	05672	1.8624	Bundled, sometimes payable	\$108.75	-	-	-	000	999	-
86975	N	RBC SERUM PRETX INCUBJ DRUGS	-	05735	4.3445	Bundled, sometimes payable	\$253.68	-	-	-	000	999	-
86976	N	RBC SERUM PRETX ID DILUTION	-	05731	0.3247	Bundled, sometimes payable	\$18.96	-	-	-	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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient	Non-sole		Prior Auth.	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
86977	N	RBC SERUM PRETX INCUBJ/INHIB	-	05672 1.8624	Bundled, sometimes payable	\$108.75	-	-	-	-	000	999	-
86978	N	RBC PRETREATMENT SERUM	-	05733 0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
86985	N	SPLIT BLOOD OR PRODUCTS	-	05672 1.8624	Bundled, sometimes payable	\$108.75	-	-	-	-	000	999	-
86999	N	UNLISTED TRANSFUSION MED PX	-	05731 0.3247	Bundled, sometimes payable	\$18.96	-	-	-	-	000	999	-
87003	Q	SMALL ANIMAL INOCULATION	-	-	Medicare	\$28.07	\$17.40	\$16.84	-	-	000	999	-
87015	Q	SPECIMEN INFECT AGNT CONCNTJ	-	-	Medicare	\$11.13	\$6.90	\$6.68	-	-	000	999	-
87040	Q	BLOOD CULTURE FOR BACTERIA	-	-	Medicare	\$17.20	\$10.66	\$10.32	-	-	000	999	-
87045	Q	FECES CULTURE AEROBIC BACT	-	-	Medicare	\$15.73	\$9.75	\$9.44	-	-	000	999	-
87046	Q	STOOL CULTR AEROBIC BACT EA	-	-	Medicare	\$15.73	\$9.75	\$9.44	-	-	000	999	-
87070	Q	CULTURE OTHR SPECIMN AEROBIC	-	-	Medicare	\$14.37	\$8.91	\$8.62	-	-	000	999	-
87071	Q	CULTURE AEROBIC QUANT OTHER	-	-	Medicare	\$16.48	\$10.22	\$9.89	-	-	000	999	-
87073	Q	CULTURE BACTERIA ANAEROBIC	-	-	Medicare	\$16.10	\$9.98	\$9.66	-	-	000	999	-
87075	Q	CULTR BACTERIA EXCEPT BLOOD	-	-	Medicare	\$15.78	\$9.78	\$9.47	-	-	000	999	-
87076	Q	CULTURE ANAEROBE IDENT EACH	-	-	Medicare	\$13.47	\$8.35	\$8.08	-	-	000	999	-
87077	Q	CULTURE AEROBIC IDENTIFY	-	-	Medicare	\$13.47	\$8.35	\$8.08	-	-	000	999	-
87081	Q	CULTURE SCREEN ONLY	-	-	Medicare	\$11.05	\$6.85	\$6.63	-	-	000	999	-
87084	Q	CULTURE OF SPECIMEN BY KIT	-	-	Medicare	\$45.12	\$27.97	\$27.07	-	-	000	999	-
87086	Q	URINE CULTURE/COLONY COUNT	-	-	Medicare	\$13.45	\$8.34	\$8.07	-	-	000	999	-
87088	Q	URINE BACTERIA CULTURE	-	-	Medicare	\$13.48	\$8.36	\$8.09	-	-	000	999	-
87101	Q	SKIN FUNGI CULTURE	-	-	Medicare	\$12.85	\$7.97	\$7.71	-	-	000	999	-
87102	Q	FUNGUS ISOLATION CULTURE	-	-	Medicare	\$14.02	\$8.69	\$8.41	-	-	000	999	-
87103	Q	BLOOD FUNGUS CULTURE	-	-	Medicare	\$34.10	\$21.14	\$20.46	-	-	000	999	-
87106	Q	FUNGI IDENTIFICATION YEAST	-	-	Medicare	\$17.20	\$10.66	\$10.32	-	-	000	999	-
87107	Q	FUNGI IDENTIFICATION MOLD	-	-	Medicare	\$17.20	\$10.66	\$10.32	-	-	000	999	-
87109	Q	MYCOPLASMA	-	-	Medicare	\$25.65	\$15.90	\$15.39	-	-	000	999	-
87110	Q	CHLAMYDIA CULTURE	-	-	Medicare	\$32.67	\$20.26	\$19.60	-	-	000	999	-
87116	Q	MYCOBACTERIA CULTURE	-	-	Medicare	\$18.00	\$11.16	\$10.80	-	-	000	999	-
87118	Q	MYCOBACTERIC IDENTIFICATION	-	-	Medicare	\$24.35	\$15.10	\$14.61	-	-	000	999	-
87140	Q	CULTURE TYPE IMMUNOFLUORESC	-	-	Medicare	\$9.28	\$5.75	\$5.57	-	-	000	999	-
87143	Q	CULTURE TYPING GLC/HPLC	-	-	Medicare	\$20.87	\$12.94	\$12.52	-	-	000	999	-
87147	Q	CULTURE TYPE IMMUNOLOGIC	-	-	Medicare	\$8.63	\$5.35	\$5.18	-	-	000	999	-
87149	Q	DNA/RNA DIRECT PROBE	-	-	Medicare	\$33.42	\$20.72	\$20.05	-	-	000	999	-
87150	Q	DNA/RNA AMPLIFIED PROBE	-	-	Medicare	\$58.48	\$36.26	\$35.09	-	-	000	999	-
87152	Q	CULTURE TYPE PULSE FIELD GEL	-	-	Medicare	\$12.90	\$8.00	\$7.74	-	-	000	999	-
87153	Q	DNA/RNA SEQUENCING	-	-	Medicare	\$192.27	\$119.21	\$115.36	-	-	000	999	-
87154	Q	CUL TYP ID BLD PTHGN 6+ TRGT	-	-	Medicare	\$363.43	\$225.33	\$218.06	-	-	000	999	-
87158	Q	CULTURE TYPING ADDED METHOD	-	-	Medicare	\$12.90	\$8.00	\$7.74	-	-	000	999	-
87164	Q	DARK FIELD EXAMINATION	-	-	Medicare	\$17.90	\$11.10	\$10.74	-	-	000	999	-
87166	Q	DARK FIELD EXAMINATION	-	-	Medicare	\$18.83	\$11.67	\$11.30	-	-	000	999	-
87168	Q	MACROSCOPIC EXAM ARTHROPOD	-	-	Medicare	\$7.12	\$4.41	\$4.27	-	-	000	999	-
87169	Q	MACROSCOPIC EXAM PARASITE	-	-	Medicare	\$7.18	\$4.45	\$4.31	-	-	000	999	-
87172	Q	PINWORM EXAM	-	-	Medicare	\$7.12	\$4.41	\$4.27	-	-	000	999	-
87176	Q	TISSUE HOMOGENIZATION CULTR	-	-	Medicare	\$9.80	\$6.08	\$5.88	-	-	000	999	-
87177	Q	OVA AND PARASITES SMEARS	-	-	Medicare	\$14.83	\$9.19	\$8.90	-	-	000	999	-
87181	Q	MICROBE SUSCEPTIBLE DIFFUSE	-	-	Medicare	\$7.92	\$4.91	\$4.75	-	-	000	999	-
87184	Q	MICROBE SUSCEPTIBLE DISK	-	-	Medicare	\$12.47	\$7.73	\$7.48	-	-	000	999	-
87185	Q	MICROBE SUSCEPTIBLE ENZYME	-	-	Medicare	\$7.92	\$4.91	\$4.75	-	-	000	999	-
87186	Q	MICROBE SUSCEPTIBLE MIC	-	-	Medicare	\$14.42	\$8.94	\$8.65	-	-	000	999	-
87187	Q	MICROBE SUSCEPTIBLE MLC	-	-	Medicare	\$66.95	\$41.51	\$40.17	-	-	000	999	-
87188	Q	MICROBE SUSCEPT MACROBROTH	-	-	Medicare	\$11.07	\$6.86	\$6.64	-	-	000	999	-
87190	Q	MICROBE SUSCEPT MYCOBACTERI	-	-	Medicare	\$12.18	\$7.55	\$7.31	-	-	000	999	-
87197	Q	BACTERICIDAL LEVEL SERUM	-	-	Medicare	\$25.03	\$15.52	\$15.02	-	-	000	999	-
87205	Q	SMEAR GRAM STAIN	-	-	Medicare	\$7.12	\$4.41	\$4.27	-	-	000	999	-
87206	Q	SMEAR FLUORESCENT/ACID STAI	-	-	Medicare	\$8.98	\$5.57	\$5.39	-	-	000	999	-
87207	Q	SMEAR SPECIAL STAIN	-	-	Medicare	\$9.98	\$6.19	\$5.99	-	-	000	999	-
87209	Q	SMEAR COMPLEX STAIN	-	-	Medicare	\$29.97	\$18.58	\$17.98	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
87210	Q	SMEAR WET MOUNT SALINE/INK	-	-	-	Medicare	\$9.70	\$6.01	\$5.82	-	-	000	999	-
87220	Q	TISSUE EXAM FOR FUNGI	-	-	-	Medicare	\$7.12	\$4.41	\$4.27	-	-	000	999	-
87230	Q	ASSAY TOXIN OR ANTITOXIN	-	-	-	Medicare	\$32.90	\$20.40	\$19.74	-	-	000	999	-
87250	Q	VIRUS INOCULATE EGGS/ANIMAL	-	-	-	Medicare	\$32.60	\$20.21	\$19.56	-	-	000	999	-
87252	Q	VIRUS INOCULATION TISSUE	-	-	-	Medicare	\$43.45	\$26.94	\$26.07	-	-	000	999	-
87253	Q	VIRUS INOCULATE TISSUE ADDL	-	-	-	Medicare	\$33.67	\$20.88	\$20.20	-	-	000	999	-
87254	Q	VIRUS INOCULATION SHELL VIA	-	-	-	Medicare	\$32.60	\$20.21	\$19.56	-	-	000	999	-
87255	Q	GENET VIRUS ISOLATE HSV	-	-	-	Medicare	\$56.43	\$34.99	\$33.86	-	-	000	999	-
87260	Q	ADENOVIRUS AG IF	-	-	-	Medicare	\$24.05	\$14.91	\$14.43	-	-	000	999	-
87265	Q	PERTUSSIS AG IF	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	-	-	000	999	-
87267	Q	ENTEROVIRUS ANTIBODY DFA	-	-	-	Medicare	\$22.37	\$13.87	\$13.42	-	-	000	999	-
87269	Q	GIARDIA AG IF	-	-	-	Medicare	\$22.68	\$14.06	\$13.61	-	-	000	999	-
87270	Q	CHLAMYDIA TRACHOMATIS AG IF	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	-	-	000	999	-
87271	Q	CYTOMEGALOVIRUS DFA	-	-	-	Medicare	\$22.37	\$13.87	\$13.42	-	-	000	999	-
87272	Q	CRYPTOSPORIDIUM AG IF	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	-	-	000	999	-
87273	Q	HERPES SIMPLEX 2 AG IF	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	-	-	000	999	-
87274	Q	HERPES SIMPLEX 1 AG IF	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	-	-	000	999	-
87275	Q	INFLUENZA B AG IF	-	-	-	Medicare	\$20.42	\$12.66	\$12.25	-	-	000	999	-
87276	Q	INFLUENZA A AG IF	-	-	-	Medicare	\$26.78	\$16.60	\$16.07	-	-	000	999	-
87278	Q	LEGION PNEUMOPHILIA AG IF	-	-	-	Medicare	\$26.00	\$16.12	\$15.60	-	-	000	999	-
87279	Q	PARAINFLUENZA AG IF	-	-	-	Medicare	\$27.38	\$16.98	\$16.43	-	-	000	999	-
87280	Q	RESPIRATORY SYNCYTIAL AG IF	-	-	-	Medicare	\$22.37	\$13.87	\$13.42	-	-	000	999	-
87281	Q	PNEUMOCYSTIS CARINII AG IF	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	-	-	000	999	-
87283	Q	RUBEOLA AG IF	-	-	-	Medicare	\$101.33	\$62.82	\$60.80	-	-	000	999	-
87285	Q	TREPONEMA PALLIDUM AG IF	-	-	-	Medicare	\$20.30	\$12.59	\$12.18	-	-	000	999	-
87290	Q	VARICELLA ZOSTER AG IF	-	-	-	Medicare	\$22.37	\$13.87	\$13.42	-	-	000	999	-
87299	Q	ANTIBODY DETECTION NOS IF	-	-	-	Medicare	\$26.83	\$16.63	\$16.10	-	-	000	999	-
87300	Q	AG DETECTION POLYVAL IF	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	-	-	000	999	-
87301	Q	ADENOVIRUS AG IA	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	-	-	000	999	-
87305	Q	ASPERGILLUS AG IA	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	-	-	000	999	-
87320	Q	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	Q	SARSCOV CORONAVIRUS AG IA	-	-	-	Medicare	\$58.88	\$36.51	\$35.33	-	-	000	999	-
87427	Q	SHIGA-LIKE TOXIN AG IA	-	-	-	Medicare	\$19.97	\$12.38	\$11.98	-	-	000	999	-
87428	Q	SARSCOV & INF VIR A&B AG IA	-	-	-	Medicare	\$0.00	\$0.00	\$0.00	-	-	000	999	-
87430	Q	STREP A AG IA	-	-	-	Medicare	\$28.02	\$17.37	\$16.81	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Non-sole			Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
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	\$0.00	\$0.00	\$0.00	-	-	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	-
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	-
87523	Q	HEPATITIS D QUANTIFICATION	-	-	-	Medicare	\$71.40	\$44.27	\$42.84	-	-	000	999	-
87525	Q	HEPATITIS G DNA DIR PROBE	-	-	-	Medicare	\$49.67	\$30.80	\$29.80	-	-	000	999	-
87526	Q	HEPATITIS G DNA AMP PROBE	-	-	-	Medicare	\$65.43	\$40.57	\$39.26	-	-	000	999	-
87527	Q	HEPATITIS G DNA QUANT	-	-	-	Medicare	\$69.60	\$43.15	\$41.76	-	-	000	999	-
87528	Q	HSV DNA DIR PROBE	-	-	-	Medicare	\$33.42	\$20.72	\$20.05	-	-	000	999	-
87529	Q	HSV DNA AMP PROBE	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	-	-	000	999	-
87530	Q	HSV DNA QUANT	-	-	-	Medicare	\$71.40	\$44.27	\$42.84	-	-	000	999	-
87531	Q	HHV-6 DNA DIR PROBE	-	-	-	Medicare	\$96.67	\$59.94	\$58.00	-	-	000	999	-
87532	Q	HHV-6 DNA AMP PROBE	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	-	-	000	999	-
87533	Q	HHV-6 DNA QUANT	-	-	-	Medicare	\$69.60	\$43.15	\$41.76	-	-	000	999	-
87534	Q	HIV-1 DNA DIR PROBE	-	-	-	Medicare	\$36.53	\$22.65	\$21.92	-	-	000	999	-
87535	Q	HIV-1 PROBE&REVERSE TRNSCRPJ	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	-	-	000	999	-
87536	Q	HIV-1 QUANT&REVRSE TRNSCRPJ	-	-	-	Medicare	\$141.83	\$87.93	\$85.10	-	-	000	999	-
87537	Q	HIV-2 DNA DIR PROBE	-	-	-	Medicare	\$36.53	\$22.65	\$21.92	-	-	000	999	-
87538	Q	HIV-2 PROBE&REVRSE TRNSCRPJ	-	-	-	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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
87539	Q	HIV-2 QUANT&REVRSE TRNSCRIPJ	-	-	-	Medicare	\$97.70	\$60.57	\$58.62	-	-	000	999	-
87540	Q	LEGION PNEUMO DNA DIR PROB	-	-	-	Medicare	\$33.42	\$20.72	\$20.05	-	-	000	999	-
87541	Q	LEGION PNEUMO DNA AMP PROB	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	-	-	000	999	-
87542	Q	LEGION PNEUMO DNA QUANT	-	-	-	Medicare	\$69.60	\$43.15	\$41.76	-	-	000	999	-
87550	Q	MYCOBACTERIA DNA DIR PROBE	-	-	-	Medicare	\$33.42	\$20.72	\$20.05	-	-	000	999	-
87551	Q	MYCOBACTERIA DNA AMP PROBE	-	-	-	Medicare	\$80.40	\$49.85	\$48.24	-	-	000	999	-
87552	Q	MYCOBACTERIA DNA QUANT	-	-	-	Medicare	\$71.40	\$44.27	\$42.84	-	-	000	999	-
87555	Q	M.TUBERCULO DNA DIR PROBE	-	-	-	Medicare	\$44.80	\$27.78	\$26.88	-	-	000	999	-
87556	Q	M.TUBERCULO DNA AMP PROBE	-	-	-	Medicare	\$69.47	\$43.07	\$41.68	-	-	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	Q	M. GENITALIUM AMP PROBE	-	-	-	Medicare	\$58.48	\$36.26	\$35.09	-	-	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	-
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	Q	SARS-COV-2 COVID19 W/OPTIC	-	-	-	Medicare	\$68.97	\$42.76	\$41.38	-	-	000	999	-
87850	Q	N. GONORRHOEAE ASSAY W/OPTIC	-	-	-	Medicare	\$40.93	\$25.38	\$24.56	-	-	000	999	-
87880	Q	STREP A ASSAY W/OPTIC	-	-	-	Medicare	\$27.55	\$17.08	\$16.53	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
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	0.4373	Bundled, sometimes payable	\$25.53	-	-	-	-	000	999	-
88106	N	CYTOPATH FL NONGYN FILTER	-	05731	0.3247	Bundled, sometimes payable	\$18.96	-	-	-	-	000	999	-
88108	N	CYTOPATH CONCENTRATE TECH	-	05732	0.4373	Bundled, sometimes payable	\$25.53	-	-	-	-	000	999	-
88112	N	CYTOPATH CELL ENHANCE TECH	-	05671	0.5908	Bundled, sometimes payable	\$34.50	-	-	-	-	000	999	-
88120	N	CYTP URNE 3-5 PROBES EA SPEC	-	05672	1.8624	Bundled, sometimes payable	\$108.75	-	-	-	-	000	999	-
88121	N	CYTP URINE 3-5 PROBES CMPTR	-	05672	1.8624	Bundled, sometimes payable	\$108.75	-	-	-	-	000	999	-
88125	N	FORENSIC CYTOPATHOLOGY	-	05671	0.5908	Bundled, sometimes payable	\$34.50	-	-	-	-	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	\$29.60	\$18.35	\$17.76	-	-	000	999	-
88150	Q	CYTOPATH C/V MANUAL	-	-	-	Medicare	\$29.60	\$18.35	\$17.76	-	-	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	0.3247	Bundled, sometimes payable	\$18.96	-	-	-	-	000	999	-
88161	N	CYTOPATH SMEAR OTHER SOURCE	-	05731	0.3247	Bundled, sometimes payable	\$18.96	-	-	-	-	000	999	-
88162	N	CYTOPATH SMEAR OTHER SOURCE	-	05671	0.5908	Bundled, sometimes payable	\$34.50	-	-	-	-	000	999	-
88164	Q	CYTOPATH TBS C/V MANUAL	-	-	-	Medicare	\$29.60	\$18.35	\$17.76	-	-	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	\$29.60	\$18.35	\$17.76	-	-	000	999	-
88167	Q	CYTOPATH TBS C/V SELECT	-	-	-	Medicare	\$29.60	\$18.35	\$17.76	-	-	000	999	-
88172	N	CYTP DX EVAL FNA 1ST EA SITE	-	05672	1.8624	Bundled, sometimes payable	\$108.75	-	-	-	-	000	999	-
88173	N	CYTOPATH EVAL FNA REPORT	-	05671	0.5908	Bundled, sometimes payable	\$34.50	-	-	-	-	000	999	-
88174	Q	CYTOPATH C/V AUTO IN FLUID	-	-	-	Medicare	\$42.28	\$26.21	\$25.37	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
			Proc Modifier	APC Weight									
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	0.5908	Bundled, sometimes payable	\$34.50	-	-	-	000	999	-
88184	N	FLOWCYTOMETRY/ TC 1 MARKER	-	05673	3.9193	Bundled, sometimes payable	\$228.85	-	-	-	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	0.5908	Bundled, sometimes payable	\$34.50	-	-	-	000	999	-
88230	Q	TISSUE CULTURE LYMPHOCYTE	-	-	Medicare	\$194.15	\$120.37	\$116.49	-	-	000	999	-
88233	Q	TISSUE CULTURE SKIN/BIOPSY	-	-	Medicare	\$234.55	\$145.42	\$140.73	-	-	000	999	-
88235	Q	TISSUE CULTURE PLACENTA	-	-	Medicare	\$250.50	\$155.31	\$150.30	-	-	000	999	-
88237	Q	TISSUE CULTURE BONE MARROW	-	-	Medicare	\$239.58	\$148.54	\$143.75	-	-	000	999	-
88239	Q	TISSUE CULTURE TUMOR	-	-	Medicare	\$245.87	\$152.44	\$147.52	-	-	000	999	-
88240	Q	CELL CRYOPRESERVE/STORAGE	-	-	Medicare	\$21.78	\$13.50	\$13.07	-	-	000	999	-
88241	Q	FROZEN CELL PREPARATION	-	-	Medicare	\$20.15	\$12.49	\$12.09	-	-	000	999	-
88245	Q	CHROMOSOME ANALYSIS 20-25	-	-	Medicare	\$288.62	\$178.94	\$173.17	-	-	000	999	-
88248	Q	CHROMOSOME ANALYSIS 50-100	-	-	Medicare	\$288.62	\$178.94	\$173.17	-	-	000	999	-
88249	Q	CHROMOSOME ANALYSIS 100	-	-	Medicare	\$288.62	\$178.94	\$173.17	-	-	000	999	-
88261	Q	CHROMOSOME ANALYSIS 5	-	-	Medicare	\$440.57	\$273.15	\$264.34	-	-	000	999	-
88262	Q	CHROMOSOME ANALYSIS 15-20	-	-	Medicare	\$209.15	\$129.67	\$125.49	-	-	000	999	-
88263	Q	CHROMOSOME ANALYSIS 45	-	-	Medicare	\$250.48	\$155.30	\$150.29	-	-	000	999	-
88264	Q	CHROMOSOME ANALYSIS 20-25	-	-	Medicare	\$241.02	\$149.43	\$144.61	-	-	000	999	-
88267	Q	CHROMOSOME ANALYS PLACENTA	-	-	Medicare	\$314.28	\$194.85	\$188.57	-	-	000	999	-
88269	Q	CHROMOSOME ANALYS AMNIOTIC	-	-	Medicare	\$289.43	\$179.45	\$173.66	-	-	000	999	-
88271	Q	CYTOGENETICS DNA PROBE	-	-	Medicare	\$35.70	\$22.13	\$21.42	-	-	000	999	-
88272	Q	CYTOGENETICS 3-5	-	-	Medicare	\$67.83	\$42.05	\$40.70	-	-	000	999	-
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	0.5908	Bundled, sometimes payable	\$34.50	-	-	-	000	999	-
88300	N	SURGICAL PATH GROSS	-	05731	0.3247	Bundled, sometimes payable	\$18.96	-	-	-	000	999	-
88302	N	TISSUE EXAM BY PATHOLOGIST	-	05731	0.3247	Bundled, sometimes payable	\$18.96	-	-	-	000	999	-
88304	N	TISSUE EXAM BY PATHOLOGIST	-	05671	0.5908	Bundled, sometimes payable	\$34.50	-	-	-	000	999	-
88305	N	TISSUE EXAM BY PATHOLOGIST	-	05671	0.5908	Bundled, sometimes payable	\$34.50	-	-	-	000	999	-
88307	N	TISSUE EXAM BY PATHOLOGIST	-	05673	3.9193	Bundled, sometimes payable	\$228.85	-	-	-	000	999	-
88309	N	TISSUE EXAM BY PATHOLOGIST	-	05674	9.3760	Bundled, sometimes payable	\$547.46	-	-	-	000	999	-
88311	N	DECALCIFY TISSUE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
88312	N	SPECIAL STAINS GROUP 1	-	05671	0.5908	Bundled, sometimes payable	\$34.50	-	-	-	000	999	-
88313	N	SPECIAL STAINS GROUP 2	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	000	999	-
88314	N	HISTOCHEMICAL STAINS ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
88319	N	ENZYME HISTOCHEMISTRY	-	05674	9.3760	Bundled, sometimes payable	\$547.46	-	-	-	000	999	-
88321	N	CONSLTJ&REPR T SLD PREP ELSWR	-	05732	0.4373	Bundled, sometimes payable	\$25.53	-	-	-	000	999	-
88323	N	CONSLTJ&REPR T MATRL PREP SLD	-	05671	0.5908	Bundled, sometimes payable	\$34.50	-	-	-	000	999	-
88325	N	CONSLTJ COMPRE RVW REC REPR T	-	05672	1.8624	Bundled, sometimes payable	\$108.75	-	-	-	000	999	-
88329	N	PATH CONSLTJ DRG SURG	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	000	999	-
88331	N	PATH CONSLTJ SURG 1 BLK 1SPC	-	05672	1.8624	Bundled, sometimes payable	\$108.75	-	-	-	000	999	-
88332	N	PATH CONSLTJ SURG EA ADD BLK	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
88333	N	PATH CONSLTJ SURG CYTO XM 1	-	05674	9.3760	Bundled, sometimes payable	\$547.46	-	-	-	000	999	-
88334	N	PATH CONSLTJ SURG CYTO XM EA	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
88341	N	IMHCHEM/IMCYTCHM EA ADD ANTB	-	-	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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
88342	N	IMHCHEM/IMCYTCHM 1ST ANT	-	05672 1.8624	Bundled, sometimes payable	\$108.75	-	-	-	-	000	999	-
88344	N	IMHCHEM/IMCYTCHM EA MLT ANT	-	05673 3.9193	Bundled, sometimes payable	\$228.85	-	-	-	-	000	999	-
88346	N	IMFLUOR 1ST 1ANTB STAIN PX	-	05672 1.8624	Bundled, sometimes payable	\$108.75	-	-	-	-	000	999	-
88348	N	ELECTRON MICROSCOPY DX	-	05674 9.3760	Bundled, sometimes payable	\$547.46	-	-	-	-	000	999	-
88350	N	IMFLUOR EA ADDL 1ANTB STN PX	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
88355	N	M/PHMTRC ALYS SKELETAL MUSC	-	05672 1.8624	Bundled, sometimes payable	\$108.75	-	-	-	-	000	999	-
88356	N	ANALYSIS NERVE	-	05671 0.5908	Bundled, sometimes payable	\$34.50	-	-	-	-	000	999	-
88358	N	ANALYSIS TUMOR	-	05672 1.8624	Bundled, sometimes payable	\$108.75	-	-	-	-	000	999	-
88360	N	TUMOR IMMUNOHISTOCHEM/MANUAL	-	05672 1.8624	Bundled, sometimes payable	\$108.75	-	-	-	-	000	999	-
88361	N	TUMOR IMMUNOHISTOCHEM/COMPUT	-	05673 3.9193	Bundled, sometimes payable	\$228.85	-	-	-	-	000	999	-
88362	N	NERVE TEASING PREPARATIONS	-	05674 9.3760	Bundled, sometimes payable	\$547.46	-	-	-	-	000	999	-
88363	N	XM ARCHIVE TISSUE MOLEC ANAL	-	05731 0.3247	Bundled, sometimes payable	\$18.96	-	-	-	-	000	999	-
88364	N	INSITU HYBRIDIZATION (FISH)	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
88365	N	INSITU HYBRIDIZATION (FISH)	-	05672 1.8624	Bundled, sometimes payable	\$108.75	-	-	-	-	000	999	-
88366	N	INSITU HYBRIDIZATION (FISH)	-	05672 1.8624	Bundled, sometimes payable	\$108.75	-	-	-	-	000	999	-
88367	N	INSITU HYBRIDIZATION AUTO	-	05673 3.9193	Bundled, sometimes payable	\$228.85	-	-	-	-	000	999	-
88368	N	INSITU HYBRIDIZATION MANUAL	-	05673 3.9193	Bundled, sometimes payable	\$228.85	-	-	-	-	000	999	-
88369	N	M/PHMTRC ALYSISHQUANT/SEMIQ	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
88371	Q	PROTEIN WESTERN BLOT TISSUE	-	-	Fee Schedule	\$37.05	-	-	-	-	000	999	-
88372	Q	PROTEIN ANALYSIS W/PROBE	-	-	Fee Schedule	\$43.70	-	-	-	-	000	999	-
88373	N	M/PHMTRC ALYS ISHQUANT/SEMIQ	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
88374	N	M/PHMTRC ALYS ISHQUANT/SEMIQ	-	05672 1.8624	Bundled, sometimes payable	\$108.75	-	-	-	-	000	999	-
88375	E	OPTICAL ENDOMICROSCPY INTERP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
88377	N	M/PHMTRC ALYS ISHQUANT/SEMIQ	-	05672 1.8624	Bundled, sometimes payable	\$108.75	-	-	-	-	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 0.5908	Bundled, sometimes payable	\$34.50	-	-	-	-	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 1.8624	Bundled, sometimes payable	\$108.75	-	-	-	-	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 1.8624	Bundled, sometimes payable	\$108.75	-	-	-	-	000	999	-
89230	N	COLLECT SWEAT FOR TEST	-	05671 0.5908	Bundled, sometimes payable	\$34.50	-	-	-	-	000	999	-
89240	N	UNLISTED MISC PATH TEST	-	05671 0.5908	Bundled, sometimes payable	\$34.50	-	-	-	-	000	999	-
89250	E	CULTR OOCYTE/EMBRYO <4 DAYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
89251	E	CULTR OOCYTE/EMBRYO <4 DAYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
89253	E	EMBRYO HATCHING	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
89254	E	OOCYTE IDENTIFICATION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
89255	E	PREPARE EMBRYO FOR TRANSFER	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
89257	E	SPERM IDENTIFICATION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
89258	E	CRYOPRESERVATION EMBRYO(S)	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
89259	E	CRYOPRESERVATION SPERM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
89260	E	SPERM ISOLATION SIMPLE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
89261	E	SPERM ISOLATION COMPLEX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
89264	E	IDENTIFY SPERM TISSUE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Prior Auth. Required	Passport			
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 <=5	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
89291	E	BIOPSY OOCYTE POLAR BODY	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
89300	E	SEMEN ANALYSIS W/HUHNER	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
89310	E	SEMEN ANALYSIS W/COUNT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
89320	E	SEMEN ANAL VOL/COUNT/MOT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
89321	E	SEMEN ANAL SPERM DETECTION	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
89322	E	SEMEN ANAL STRICT CRITERIA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
89325	E	SPERM ANTIBODY TEST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
89329	E	SPERM EVALUATION TEST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
89330	E	EVALUATION CERVICAL MUCUS	-	-	-	Not Allowed	\$0.00	-	-	-	010	061	-
89331	E	RETROGRADE EJACULATION ANAL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
89335	E	CRYOPRESERVE TESTICULAR TISS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
89337	N	CRYOPRESERVATION OOCYTE(S)	-	05672	1.8624	Bundled, sometimes payable	\$108.75	-	-	-	000	999	-
89342	E	STORAGE/YEAR EMBRYO(S)	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
89343	E	STORAGE/YEAR SPERM/SEMEN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
89344	E	STORAGE/YEAR REPROD TISSUE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
89346	E	STORAGE/YEAR OOCYTE(S)	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
89352	E	THAWING CRYOPRESERVED EMBRYO	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
89353	E	THAWING CRYOPRESERVED SPERM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
89354	E	THAW CRYOPRESERVED REPROD TISS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
89356	E	THAWING CRYOPRESERVED OOCYTE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
89398	E	UNLISTED REPROD MED LAB PROC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
9001F	E	AORTIC ANEURYSM<5CM DIAM CT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
9002F	E	AORTIC ANEURYSM 5-5.4CM DIAM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
9003F	E	AORTIC 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	2.4168	APC (blood and non-blood products)	\$141.12	-	-	-	000	999	-
90375	K	RABIES IG IM/SC	-	09133	4.8921	APC (blood and non-blood products)	\$285.65	-	-	-	000	999	-
90376	K	RABIES IG HEAT TREATED	-	09134	8.2158	APC (blood and non-blood products)	\$479.72	-	-	-	000	999	-
90377	K	RABIES IG HT&SOL HUMAN IM/SC	-	09201	4.2983	APC (blood and non-blood products)	\$250.98	-	-	-	000	999	-
90378	E	RSV MAB IM 50MG	-	-	-	Not Allowed	\$0.00	-	-	-	000	003	-
90380	M	RSV MONOC ANTB SEASN .5ML IM	-	-	-	Fee Schedule	\$0.00	-	-	-	000	999	-
90381	M	RSV MONOC ANTB SEASN 1 ML IM	-	-	-	Fee Schedule	\$0.00	-	-	-	000	999	-
90384	E	RH IG FULL-DOSE IM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
90385	N	RH IG MINIDOSE IM	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
90386	E	RH IG IV	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
90389	E	TETANUS IG IM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
90393	E	VACCINA IG IM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
90396	K	VARICELLA-ZOSTER IG IM	-	09135	38.6165	APC (blood and non-blood products)	\$2,254.82	-	-	-	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	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
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	0.7878	APC (blood and non-blood products)	\$46.00	-	-	-	-	000	999	-
90477	E	ADENOVIRUS VACCINE TYPE 7	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
90480	S	ADMN SARSCOV2 VACC 1 DOSE	-	09398	0.4752	APC	\$27.75	-	-	-	-	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	\$144.48	-	-	-	-	000	999	-
90587	E	DENGUE VACC QUAD 3 DOSE SUBQ	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
90589	M	CHIKUNGUNYA VACCINE LIVE IM	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
90611	K	SMALLPOX&MONKEYPOX VAC 0.5ML	-	09068	0.0002	APC (blood and non-blood products)	\$0.01	-	-	-	-	000	999	-
90619	M	MENACWY-TT VACCINE IM	-	-	-	Fee Schedule	\$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	\$178.95	-	-	-	-	019	999	-
90622	K	VACCINIA VRS VAC 0.3 ML PERQ	-	09101	0.0002	APC (blood and non-blood products)	\$0.01	-	-	-	-	000	999	-
90623	E	MENACWY-TT MENB-FHBP VACC IM	-	-	-	Not Allowed	\$0.00	-	-	-	-	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	E	HIB-MENCY VACC 6WK-18MO IM	-	-	-	Not Allowed	\$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	\$287.54	-	-	-	-	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	\$0.00	-	-	-	Y	019	999	-
90657	E	IIV3 VACCINE SPLT 0.25 ML IM	-	-	-	Not Allowed	\$0.00	-	-	-	-	998	999	-
90658	E	IIV3 VACCINE SPLT 0.5 ML IM	-	-	-	Not Allowed	\$0.00	-	-	-	-	019	999	-
90660	M	LAIV3 VACCINE INTRANASAL	-	-	-	Fee Schedule	\$0.00	-	-	-	-	019	049	-
90661	M	CCIIV3 VAC NO PRSV 0.5 ML IM	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
90662	M	IIV NO PRSV INCREASED AG IM	-	-	-	Fee Schedule	\$0.00	-	-	-	-	065	999	-
90664	E	LAIV VACC PANDEMIC INTRANASL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
90666	E	FLU VAC PANDEM PRSRV FREE IM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
90667	E	IIV VACC PANDEMIC ADJUVT IM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
90668	E	IIV VACCINE PANDEMIC IM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
90670	M	PCV13 VACCINE IM	-	-	-	Fee Schedule	\$0.00	-	-	-	-	019	999	-
90671	M	PCV15 VACCINE IM	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
90672	M	LAIV4 VACCINE INTRANASAL	-	-	-	Fee Schedule	\$0.00	-	-	-	-	019	999	-
90673	M	RIV3 VACCINE NO PRESERV IM	-	-	-	Fee Schedule	\$36.34	-	-	-	-	000	999	-
90674	M	CCIIV4 VAC NO PRSV 0.5 ML IM	-	-	-	Fee Schedule	\$0.00	-	-	-	-	019	999	-
90675	K	RABIES VACCINE IM	-	09139	5.5277	APC (blood and non-blood products)	\$322.77	-	-	-	-	000	999	-
90676	K	RABIES VACCINE ID	-	09140	4.7808	APC (blood and non-blood products)	\$279.15	-	-	-	-	000	999	-
90677	M	PCV20 VACCINE IM	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
90678	E	RSV VACC PREF BIVALENT IM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
90679	E	RSV VACC PREF RECOMB ADJT IM	-	-	-	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**  
**April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
								Hospital Lab	Prior Auth. Required			
90680	E	RV5 VACC 3 DOSE LIVE ORAL	-	-	Not Allowed	\$0.00	-	-	-	998	999	-
90681	E	RV1 VACC 2 DOSE LIVE ORAL	-	-	Not Allowed	\$0.00	-	-	-	998	999	-
90682	M	RIV4 VACC RECOMBINANT DNA IM	-	-	Fee Schedule	\$0.00	-	-	-	000	999	-
90683	E	RSV VACC MRNA LIPID NANO IM	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
90685	M	IIV4 VACC NO PRSV 0.25 ML IM	-	-	Fee Schedule	\$0.00	-	-	-	998	999	-
90686	M	IIV4 VACC NO PRSV 0.5 ML IM	-	-	Fee Schedule	\$0.00	-	-	-	019	999	-
90687	M	IIV4 VACCINE SPLT 0.25 ML IM	-	-	Fee Schedule	\$10.44	-	-	-	998	999	-
90688	M	IIV4 VACCINE SPLT 0.5 ML IM	-	-	Fee Schedule	\$0.00	-	-	-	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	M	DTAP-IPV-HIB-HEPB VACCINE IM	-	-	Fee Schedule	\$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 2.2725	APC (blood and non-blood products)	\$132.69	-	-	-	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	E	VAR VACCINE LIVE SUBQ	-	-	Not Allowed	\$0.00	-	-	-	019	999	-
90717	N	YELLOW FEVER VACCINE SUBQ	-	-	Bundled	\$0.00	-	-	-	000	999	-
90723	E	DTAP-HEP B-IPV VACCINE IM	-	-	Not Allowed	\$0.00	-	-	-	998	999	-
90732	M	PPSV23 VACC 2 YRS+ SUBQ/IM	-	-	Fee Schedule	\$0.00	-	-	-	019	999	-
90733	E	MPSV4 VACCINE SUBQ	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
90734	E	MENACWYD/MENACWYCRM VACC IM	-	-	Not Allowed	\$0.00	-	-	-	019	999	-
90736	M	HZV VACCINE LIVE SUBQ	-	-	Fee Schedule	\$223.12	-	-	-	050	999	-
90738	E	INACTIVATED JE VACC IM	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
90739	M	HEPB VACC 2/4 DOSE ADULT IM	-	-	Fee Schedule	\$0.00	-	-	-	018	999	-
90740	M	HEPB VACC 3 DOSE IMMUNSUP IM	-	-	Fee Schedule	\$0.00	-	-	-	000	999	-
90743	M	HEPB VACC 2 DOSE ADOLESC IM	-	-	Fee Schedule	\$75.15	-	-	-	998	999	-
90744	M	HEPB VACC 3 DOSE PED/ADOL IM	-	-	Fee Schedule	\$0.00	-	-	-	998	999	-
90746	M	HEPB VACCINE 3 DOSE ADULT IM	-	-	Fee Schedule	\$0.00	-	-	-	019	999	-
90747	M	HEPB VACC 4 DOSE IMMUNSUP IM	-	-	Fee Schedule	\$0.00	-	-	-	000	999	-
90748	E	HIB-HEPB VACCINE IM	-	-	Not Allowed	\$0.00	-	-	-	998	999	-
90749	N	UNLISTED VACCINE/TOXOID	-	-	Bundled	\$0.00	-	-	-	000	999	-
90750	M	HZV VACC RECOMBINANT IM	-	-	Fee Schedule	\$171.57	-	-	-	000	999	-
90756	M	CCIV4 VACC ABX FREE IM	-	-	Fee Schedule	\$0.00	-	-	-	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	\$0.00	-	-	-	000	999	-
90785	N	PSYTX COMPLEX INTERACTIVE	-	-	Bundled	\$0.00	-	-	-	000	999	-
90791	N	PSYCH DIAGNOSTIC EVALUATION	-	05823 1.7385	Bundled, sometimes payable	\$101.51	-	-	-	000	999	-
90792	N	PSYCH DIAG EVAL W/MED SRVCS	-	05823 1.7385	Bundled, sometimes payable	\$101.51	-	-	-	000	999	-
90832	N	PSYTX W PT 30 MINUTES	-	05823 1.7385	Bundled, sometimes payable	\$101.51	-	-	-	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 1.7385	Bundled, sometimes payable	\$101.51	-	-	-	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 1.7385	Bundled, sometimes payable	\$101.51	-	-	-	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 1.7385	Bundled, sometimes payable	\$101.51	-	-	-	000	999	-
90840	N	PSYTX CRISIS EA ADDL 30 MIN	-	-	Bundled	\$0.00	-	-	-	000	999	-
90845	N	PSYCHOANALYSIS	-	05823 1.7385	Bundled, sometimes payable	\$101.51	-	-	-	000	999	-
90846	N	FAMILY PSYTX W/O PT 50 MIN	-	05823 1.7385	Bundled, sometimes payable	\$101.51	-	-	-	000	999	-
90847	N	FAMILY PSYTX W/PT 50 MIN	-	05823 1.7385	Bundled, sometimes payable	\$101.51	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
90849	N	MULTIPLE FAMILY GROUP PSYTX	-	05823	1.7385	Bundled, sometimes payable	\$101.51	-	-	-	-	000	999	-
90853	N	GROUP PSYCHOTHERAPY	-	05822	0.9719	Bundled, sometimes payable	\$56.75	-	-	-	-	000	999	-
90863	E	PHARMACOLOGIC MGMT W/PSYTX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
90865	N	NARCOSYNTHESIS	-	05823	1.7385	Bundled, sometimes payable	\$101.51	-	-	-	-	000	999	-
90867	S	TCRANIAL MAGN STIM TX PLAN	-	05722	3.4225	APC	\$199.84	-	-	-	-	000	999	-
90868	S	TCRANIAL MAGN STIM TX DELI	-	05722	3.4225	APC	\$199.84	-	-	-	-	000	999	-
90869	S	TCRAN MAGN STIM REDETERMINE	-	05722	3.4225	APC	\$199.84	-	-	-	-	000	999	-
90870	S	ELECTROCONVULSIVE THERAPY	-	05723	5.8442	APC	\$341.24	-	-	-	-	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	0.9719	Bundled, sometimes payable	\$56.75	-	-	-	-	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	0.3129	Bundled, sometimes payable	\$18.27	-	-	-	-	000	999	-
90901	M	BIOFEEDBACK TRAIN ANY METH	-	-	-	Fee Schedule	\$24.82	-	-	-	-	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	7.6195	APC	\$444.90	-	-	-	-	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	4.8294	APC	\$281.99	-	-	-	-	000	999	-
90947	M	DIALYSIS REPEATED EVAL	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
90951	E	ESRD SERV 4 VISITS P MO <2YR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	001	-
90952	E	ESRD SERV 2-3 VSTS P MO <2YR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	001	-
90953	E	ESRD SERV 1 VISIT P MO <2YRS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	001	-
90954	E	ESRD SERV 4 VSTS P MO 2-11	-	-	-	Not Allowed	\$0.00	-	-	-	-	002	011	-
90955	E	ESRD SRV 2-3 VSTS P MO 2-11	-	-	-	Not Allowed	\$0.00	-	-	-	-	002	011	-
90956	E	ESRD SRV 1 VISIT P MO 2-11	-	-	-	Not Allowed	\$0.00	-	-	-	-	002	011	-
90957	E	ESRD SRV 4 VSTS P MO 12-19	-	-	-	Not Allowed	\$0.00	-	-	-	-	012	019	-
90958	E	ESRD SRV 2-3 VSTS P MO 12-19	-	-	-	Not Allowed	\$0.00	-	-	-	-	012	019	-
90959	E	ESRD SERV 1 VST P MO 12-19	-	-	-	Not Allowed	\$0.00	-	-	-	-	012	019	-
90960	E	ESRD SRV 4 VISITS P MO 20+	-	-	-	Not Allowed	\$0.00	-	-	-	-	020	999	-
90961	E	ESRD SRV 2-3 VSTS P MO 20+	-	-	-	Not Allowed	\$0.00	-	-	-	-	020	999	-
90962	E	ESRD SERV 1 VISIT P MO 20+	-	-	-	Not Allowed	\$0.00	-	-	-	-	020	999	-
90963	E	ESRD HOME PT SERV P MO <2YRS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	001	-
90964	E	ESRD HOME PT SERV P MO 2-11	-	-	-	Not Allowed	\$0.00	-	-	-	-	002	011	-
90965	E	ESRD HOME PT SERV P MO 12-19	-	-	-	Not Allowed	\$0.00	-	-	-	-	012	019	-
90966	E	ESRD HOME PT SERV P MO 20+	-	-	-	Not Allowed	\$0.00	-	-	-	-	020	999	-
90967	E	ESRD SVC PR DAY PT <2	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	001	-
90968	E	ESRD SVC PR DAY PT 2-11	-	-	-	Not Allowed	\$0.00	-	-	-	-	002	011	-
90969	E	ESRD SVC PR DAY PT 12-19	-	-	-	Not Allowed	\$0.00	-	-	-	-	012	019	-
90970	E	ESRD SVC PR DAY PT 20+	-	-	-	Not Allowed	\$0.00	-	-	-	-	020	999	-
90989	M	DIALYSIS TRAINING COMPLETE	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
90993	M	DIALYSIS TRAINING INCOMPL	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
90997	M	HEMOPERFUSION	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
90999	M	UNLISTED DIALYSIS PROCEDURE	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
91010	S	ESOPHAGUS MOTILITY STUDY	-	05723	5.8442	APC	\$341.24	-	-	-	-	000	999	-
91013	N	ESOPHGL MOTIL W/STIM/PERFUS	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
91020	S	GASTRIC MOTILITY STUDIES	-	05723	5.8442	APC	\$341.24	-	-	-	-	000	999	-
91022	S	DUODENAL MOTILITY STUDY	-	05723	5.8442	APC	\$341.24	-	-	-	Y	000	999	-
91030	S	ACID PERFUSION OF ESOPHAGUS	-	05723	5.8442	APC	\$341.24	-	-	-	-	000	999	-
91034	S	GASTROESOPHAGEAL REFLUX TEST	-	05723	5.8442	APC	\$341.24	-	-	-	Y	000	999	-
91035	S	G-ESOPH REFLX TST W/ELECTROD	-	05723	5.8442	APC	\$341.24	-	-	-	Y	000	999	-
91037	S	ESOPH IMPED FUNCTION TEST	-	05722	3.4225	APC	\$199.84	-	-	-	Y	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight				Hospital Lab	Hospital Lab					
91038	S	ESOPH IMPED FUNCT TEST > 1HR	-	05723	5.8442	APC	\$341.24	-	-	-	Y	000	999	-	
91040	S	ESOPH BALLOON DISTENSION TST	-	05723	5.8442	APC	\$341.24	-	-	-	Y	000	999	-	
91065	S	BREATH HYDROGEN/METHANE TEST	-	05721	1.7032	APC	\$99.45	-	-	-	-	000	999	-	
91110	T	GI TRC IMG INTRAL ESOPH-ILE	-	05301	9.8841	APC	\$577.13	-	-	-	Y	000	999	-	
91111	T	GI TRC IMG INTRAL ESOPHAGUS	-	05301	9.8841	APC	\$577.13	-	-	-	-	000	999	-	
91112	T	GI WIRELESS CAPSULE MEASURE	-	05301	9.8841	APC	\$577.13	-	-	-	Y	000	999	-	
91113	T	GI TRC IMG INTRAL COLON I&R	-	05311	9.9656	APC	\$581.89	-	-	-	-	000	999	-	
91117	T	COLON MOTILITY 6 HR STUDY	-	05722	3.4225	APC	\$199.84	-	-	-	-	000	999	-	
91120	S	RECTAL SENSATION TEST	-	05722	3.4225	APC	\$199.84	-	-	-	Y	000	999	-	
91122	T	ANAL PRESSURE RECORD	-	05722	3.4225	APC	\$199.84	-	-	-	-	000	999	-	
91132	S	ELECTROGASTROGRAPHY	-	05722	3.4225	APC	\$199.84	-	-	-	-	000	999	-	
91133	N	ELECTROGASTROGRAPHY W/TEST	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-	
91200	N	LIVER ELASTOGRAPHY	-	05721	1.7032	Bundled, sometimes payable	\$99.45	-	-	-	-	000	999	-	
91299	S	UNLISTED DX GI PROCEDURE	-	05721	1.7032	APC	\$99.45	-	-	-	-	000	999	-	
91302	M	SARSCOV2 VAC 5X1010VP/.5MLIM	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-	
91304	M	SARSCOV2 VAC 5MCG/0.5ML IM	-	-	-	Fee Schedule	\$148.20	-	-	-	-	012	999	-	
91310	E	SARSCOV2 VAC 5MCG/0.5ML AS03	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
91318	M	SARSCOV2 VAC 3MCG TRS-SUC IM	-	-	-	Fee Schedule	\$65.55	-	-	-	-	000	999	-	
91319	M	SARSCV2 VAC 10MCG TRS-SUC IM	-	-	-	Fee Schedule	\$87.78	-	-	-	-	000	999	-	
91320	M	SARSCV2 VAC 30MCG TRS-SUC IM	-	-	-	Fee Schedule	\$131.10	-	-	-	-	000	999	-	
91321	M	SARSCOV2 VAC 25 MCG/.25ML IM	-	-	-	Fee Schedule	\$145.92	-	-	-	-	000	999	-	
91322	M	SARSCOV2 VAC 50 MCG/0.5ML IM	-	-	-	Fee Schedule	\$145.92	-	-	-	-	000	999	-	
92002	V	INTRM OPH EXAM NEW PATIENT	-	05012	1.4414	APC	\$84.16	-	-	-	-	000	999	-	
92004	V	COMPRE OPH EXAM NEW PT 1/>	-	05012	1.4414	APC	\$84.16	-	-	-	-	000	999	-	
92012	V	INTRM OPH EXAM EST PATIENT	-	05012	1.4414	APC	\$84.16	-	-	-	-	000	999	-	
92014	V	COMPRE OPH EXAM EST PT 1/>	-	05012	1.4414	APC	\$84.16	-	-	-	-	000	999	-	
92015	E	DETERMINE REFRACTIVE STATE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
92018	N	COMPL OPH EXAM GENERAL ANES	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-	
92019	N	LMTD OPH EXAM GENERAL ANES	-	05503	25.4799	Bundled, sometimes payable	\$1,487.77	-	-	-	-	000	999	-	
92020	N	GONIOSCOPY	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-	
92025	N	CPTRIZED CORNEAL TOPOGRAPHY	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-	
92060	N	SENSORIMOTOR EXAMINATION	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-	
92065	E	ORTHOP TRAING PFRMD PHYS/QHP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
92066	N	ORTHOP TRAING SUPVJ PHYS/QHP	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-	
92071	N	CONTACT LENS FITTING FOR TX	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
92072	N	FITG C-LENS KERATOCONUS 1ST	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
92081	N	LIMITED VISUAL FIELD XM	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-	
92082	N	INTERMEDIATE VISUAL FIELD XM	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-	
92083	N	EXTENDED VISUAL FIELD XM	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-	
92100	N	SERIAL TONOMETRY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
92132	N	CMPTR OPHTH DX IMG ANT SEGMENT	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-	
92133	N	CMPTR OPHTH IMG OPTIC NERVE	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-	
92134	N	CPTR OPHTH DX IMG POST SEGMENT	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-	
92136	N	OPHTHALMIC BIOMETRY	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-	
92145	N	CORNEAL HYSTERESIS DETER	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-	
92201	N	OPSCPY EXTND RTA DRAW UNI/BI	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-	
92202	N	OPSCPY EXTND ON/MAC DRAW	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-	
92227	N	IMG RTA DETCJ/MNTR DS STAFF	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-	
92228	N	IMG RTA DETC/MNTR DS PHY/QHP	-	05732	0.4373	Bundled, sometimes payable	\$25.53	-	-	-	-	000	999	-	
92229	S	IMG RTA DETC/MNTR DS POC ALY	-	05733	0.6669	APC	\$38.94	-	-	-	-	000	999	-	
92230	N	FLUORESCIN ANGIOSCOPY I&R	-	05723	5.8442	Bundled, sometimes payable	\$341.24	-	-	-	-	000	999	-	
92235	S	FLUORESCIN ANGRPH MULTIFRAME	-	05722	3.4225	APC	\$199.84	-	-	-	-	000	999	-	
92240	S	ICG ANGIOGRAPHY I&R UNI/BI	-	05722	3.4225	APC	\$199.84	-	-	-	-	000	999	-	
92242	S	FLUORESCIN&ICG ANGIOGRAPHY	-	05722	3.4225	APC	\$199.84	-	-	-	-	000	999	-	
92250	N	FUNDUS PHOTOGRAPHY W/I&R	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-	
92260	N	OPHTHALMODYNAMOMETRY	-	05732	0.4373	Bundled, sometimes payable	\$25.53	-	-	-	-	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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
92265	N	NDL OCULOECTROMYOGRAPHY 1+	-	05733 0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
92270	N	ELECTRO-OCULOGRAPHY W/I&R	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
92273	S	FULL FIELD ERG W/I&R	-	05722 3.4225	APC	\$199.84	-	-	-	-	000	999	-
92274	S	MULTIFOCAL ERG W/I&R	-	05721 1.7032	APC	\$99.45	-	-	-	-	000	999	-
92283	N	EXTND COLOR VISION XM	-	05733 0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
92284	N	DX DARK ADAPTATION EXAM I&R	-	05735 4.3445	Bundled, sometimes payable	\$253.68	-	-	-	-	000	999	-
92285	N	EXTERNAL OCULAR PHOTOGRAPHY	-	05732 0.4373	Bundled, sometimes payable	\$25.53	-	-	-	-	000	999	-
92286	N	ANT SGM IMG I&R SPECLR MIC	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
92287	N	ANT SGM IMG IR FLRSCN ANGRPH	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
92310	E	CONTACT LENS FITTING OU	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
92311	E	CONTACT LENS FITG APHAKIA 1	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
92312	E	CONTACT LENS FITG APHAKIA OU	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
92313	E	C-LENS FITG CORNEOSCLRL LENS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
92314	E	C-LENS FITG TECH OU	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
92315	E	C-LENS FITG TECH APHAKIA 1	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
92316	E	C-LENS FITG TECH APHAKIA OU	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
92317	E	C-LENS FITG TECH CORNEOSCLRL	-	-	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	E	FIT SPECTACLES MONOFOCAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
92341	E	FIT SPECTACLES BIFOCAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
92342	E	FIT SPECTACLES MULTIFOCAL	-	-	Not Allowed	\$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	FITG SPECT LOW VIS 1SYSTEM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
92355	E	FITG SPECT LW VIS CMPND LENS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
92358	N	APHAKIA PROSTH SERVICE TEMP	-	05733 0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
92370	E	RPR&REFITG SPECT XCP APHAKIA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
92371	E	RPR&REFIT SPCT PRSTH APHAKIA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
92499	N	UNLISTED OPH SVC/PROCEDURE	-	05731 0.3247	Bundled, sometimes payable	\$18.96	-	-	-	-	000	999	-
92502	T	EAR AND THROAT EXAMINATION	-	05162 5.9993	APC	\$350.30	-	-	-	-	000	999	-
92504	N	EAR MICROSCOPY EXAMINATION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
92507	Y	SPEECH/HEARING THERAPY	-	-	Fee Schedule	\$59.55	-	-	-	-	000	999	-
92508	Y	SPEECH/HEARING THERAPY	-	-	Fee Schedule	\$18.55	-	-	-	-	000	999	-
92511	T	NASOPHARYNGOSCOPY	-	05151 2.1598	APC	\$126.11	-	-	-	-	000	999	-
92512	S	NASAL FUNCTION STUDIES	-	05722 3.4225	APC	\$199.84	-	-	-	-	000	999	-
92516	S	FACIAL NERVE FUNCTION TEST	-	05722 3.4225	APC	\$199.84	-	-	-	-	000	999	-
92517	S	VEMP TEST I&R CERVICAL	-	05721 1.7032	APC	\$99.45	-	-	-	-	000	999	-
92518	S	VEMP TEST I&R OCULAR	-	05721 1.7032	APC	\$99.45	-	-	-	-	000	999	-
92519	S	VEMP TST I&R CERVICAL&OCULAR	-	05722 3.4225	APC	\$199.84	-	-	-	-	000	999	-
92520	N	LARYNGEAL FUNCTION STUDIES	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
92521	Y	EVALUATION OF SPEECH FLUENCY	-	-	Fee Schedule	\$103.45	-	-	-	-	000	999	-
92522	Y	EVALUATE SPEECH PRODUCTION	-	-	Fee Schedule	\$86.44	-	-	-	-	000	999	-
92523	Y	SPEECH SOUND LANG COMPREHEN	-	-	Fee Schedule	\$177.37	-	-	-	-	000	999	-
92524	Y	BEHAVRAL QUALIT ANALYS VOICE	-	-	Fee Schedule	\$85.39	-	-	-	-	000	999	-
92526	Y	ORAL FUNCTION THERAPY	-	-	Fee Schedule	\$66.08	-	-	-	-	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 1.7032	APC	\$99.45	-	-	-	-	000	999	-
92538	S	CALORIC VSTBLR TEST W/REC	-	05721 1.7032	APC	\$99.45	-	-	-	-	000	999	-
92540	S	BASIC VESTIBULAR EVALUATION	-	05721 1.7032	APC	\$99.45	-	-	-	-	000	999	-
92541	N	SPONTANEOUS NYSTAGMUS TEST	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
92542	N	POSITIONAL NYSTAGMUS TEST	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
92544	S	OPTOKINETIC NYSTAGMUS TEST	-	05721 1.7032	APC	\$99.45	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
92545	S	OSCILLATING TRACKING TEST	-	05722	3.4225	APC	\$199.84	-	-	-	-	000	999	-
92546	S	SINUSOIDAL ROTATIONAL TEST	-	05721	1.7032	APC	\$99.45	-	-	-	-	000	999	-
92547	N	SUPPLEMENTAL ELECTRICAL TEST	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
92548	N	CDP-SOT 6 COND W/I&R	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
92549	N	CDP-SOT 6 COND W/I&R MCT&ADT	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
92550	N	TYMPANOMETRY & REFLEX THRESH	-	05721	1.7032	Bundled, sometimes payable	\$99.45	-	-	-	-	000	999	-
92551	M	PURE TONE HEARING TEST AIR	-	-	-	Fee Schedule	\$15.96	-	-	-	-	000	999	-
92552	N	PURE TONE AUDIOMETRY AIR	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
92553	N	AUDIOMETRY AIR & BONE	-	05721	1.7032	Bundled, sometimes payable	\$99.45	-	-	-	-	000	999	-
92555	N	SPEECH THRESHOLD AUDIOMETRY	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
92556	N	SPEECH AUDIOMETRY COMPLETE	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
92557	N	COMPREHENSIVE HEARING TEST	-	05721	1.7032	Bundled, sometimes payable	\$99.45	-	-	-	-	000	999	-
92558	E	EVOKED AUDITORY TEST QUAL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
92562	N	LOUDNESS BALANCE TEST	-	05722	3.4225	Bundled, sometimes payable	\$199.84	-	-	-	-	000	999	-
92563	N	tone DECAY HEARING TEST	-	05732	0.4373	Bundled, sometimes payable	\$25.53	-	-	-	-	000	999	-
92565	N	STENGER TEST PURE TONE	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
92567	N	TYMPANOMETRY	-	05732	0.4373	Bundled, sometimes payable	\$25.53	-	-	-	-	000	999	-
92568	N	ACOUSTIC REFL THRESHOLD TST	-	05732	0.4373	Bundled, sometimes payable	\$25.53	-	-	-	-	000	999	-
92570	N	ACOUSTIC IMPITANCE TESTING	-	05721	1.7032	Bundled, sometimes payable	\$99.45	-	-	-	-	000	999	-
92571	N	FILTERED SPEECH HEARING TEST	-	05732	0.4373	Bundled, sometimes payable	\$25.53	-	-	-	-	000	999	-
92572	N	STAGGERED SPONDAIC WORD TEST	-	05721	1.7032	Bundled, sometimes payable	\$99.45	-	-	-	-	000	999	-
92575	N	SENSORINEURAL ACUITY TEST	-	05732	0.4373	Bundled, sometimes payable	\$25.53	-	-	-	-	000	999	-
92576	N	SYNTHETIC SENTENCE TEST	-	05732	0.4373	Bundled, sometimes payable	\$25.53	-	-	-	-	000	999	-
92577	N	STENGER TEST SPEECH	-	05723	5.8442	Bundled, sometimes payable	\$341.24	-	-	-	-	000	999	-
92579	N	VISUAL AUDIOMETRY (VRA)	-	05721	1.7032	Bundled, sometimes payable	\$99.45	-	-	-	-	000	999	-
92582	N	CONDITIONING PLAY AUDIOMETRY	-	05721	1.7032	Bundled, sometimes payable	\$99.45	-	-	-	-	000	999	-
92583	N	SELECT PICTURE AUDIOMETRY	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
92584	S	ELECTROCOCHLEOGRAPHY	-	05721	1.7032	APC	\$99.45	-	-	-	-	000	999	-
92587	S	EVOKED AUDITORY TEST LIMITED	-	05722	3.4225	APC	\$199.84	-	-	-	-	000	999	-
92588	S	EVOKED AUDITORY TST COMPLETE	-	05722	3.4225	APC	\$199.84	-	-	-	-	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	\$14.06	-	-	-	-	000	999	-
92593	M	HEARING AID CHECK BOTH EARS	-	-	-	Fee Schedule	\$22.41	-	-	-	-	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	0.4373	Bundled, sometimes payable	\$25.53	-	-	-	-	000	999	-
92597	Y	ORAL SPEECH DEVICE EVAL	-	-	-	Fee Schedule	\$55.89	-	-	-	Y	000	999	-
92601	S	COCHLEAR IMPLT F/UP EXAM <7	-	05721	1.7032	APC	\$99.45	-	-	-	-	000	007	-
92602	S	REPROGRAM COCHLEAR IMPLT <7	-	05721	1.7032	APC	\$99.45	-	-	-	-	000	007	-
92603	S	COCHLEAR IMPLT F/UP EXAM 7/>	-	05721	1.7032	APC	\$99.45	-	-	-	-	007	999	-
92604	S	REPROGRAM COCHLEAR IMPLT 7/>	-	05721	1.7032	APC	\$99.45	-	-	-	-	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	\$96.39	-	-	-	-	000	999	-
92608	Y	EX FOR SPEECH DEVICE RX ADDL	-	-	-	Fee Schedule	\$37.89	-	-	-	-	000	999	-
92609	Y	USE OF SPEECH DEVICE SERVICE	-	-	-	Fee Schedule	\$80.45	-	-	-	-	000	999	-
92610	Y	EVALUATE SWALLOWING FUNCTION	-	-	-	Fee Schedule	\$54.32	-	-	-	-	000	999	-
92611	Y	MOTION FLUOROSCOPY/SWALLOW	-	-	-	Fee Schedule	\$71.28	-	-	-	Y	000	999	-
92612	M	ENDOSCOPY SWALLOW (FEES) VID	-	-	-	Fee Schedule	\$51.45	-	-	-	Y	000	999	-
92613	E	ENDOSCOPY SWALLOW (FEES) I&R	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
92614	M	LARYNGOSCOPIC SENSORY VID	-	-	-	Fee Schedule	\$50.90	-	-	-	Y	000	999	-
92615	E	LARYNGOSCOPIC SENSORY I&R	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
92616	M	FEES W/LARYNGEAL SENSE TEST	-	-	-	Fee Schedule	\$76.51	-	-	-	Y	000	999	-
92617	E	FEES W/LARYNGEAL SENSE I&R	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
92618	E	EX FOR NONSPEECH DEV RX ADD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
								Hospital Lab Fees	Prior Auth. Required			
92620	N	AUDITORY FUNCTION 60 MIN	-	05721 1.7032	Bundled, sometimes payable	\$99.45	-	-	-	Y	000 999	-
92621	N	AUDITORY FUNCTION + 15 MIN	-	-	Bundled	\$0.00	-	-	-	Y	000 999	-
92622	S	DX ALY AUD OI SND PRCSR 1ST	-	05721 1.7032	APC	\$99.45	-	-	-	-	000 999	-
92623	N	DX ALY AUD OI SND PRCSR EACH	-	-	Bundled	\$0.00	-	-	-	-	000 999	-
92625	N	TINNITUS ASSESSMENT	-	05721 1.7032	Bundled, sometimes payable	\$99.45	-	-	-	Y	000 999	-
92626	N	EVAL AUD FUNCJ 1ST HOUR	-	05721 1.7032	Bundled, sometimes payable	\$99.45	-	-	-	-	000 999	-
92627	N	EVAL AUD FUNCJ EA ADDL 15	-	-	Bundled	\$0.00	-	-	-	-	000 999	-
92630	E	AUD REHAB PRE-LING HEAR LOSS	-	-	Not Allowed	\$0.00	-	-	-	-	000 999	-
92633	E	AUD REHAB POSTLING HEAR LOSS	-	-	Not Allowed	\$0.00	-	-	-	-	000 999	-
92640	S	AUD BRAINSTEM IMPLT PROGRAMG	-	05721 1.7032	APC	\$99.45	-	-	-	-	000 999	-
92650	E	AEP SCR AUDITORY POTENTIAL	-	-	Not Allowed	\$0.00	-	-	-	-	000 999	-
92651	S	AEP HEARING STATUS DETER I&R	-	05722 3.4225	APC	\$199.84	-	-	-	-	000 999	-
92652	S	AEP THRSHLD EST MLT FREQ I&R	-	05722 3.4225	APC	\$199.84	-	-	-	-	000 999	-
92653	S	AEP NEURODIAGNOSTIC I&R	-	05722 3.4225	APC	\$199.84	-	-	-	-	000 999	-
92700	N	UNLISTED ORL SERVICE/PX	-	05731 0.3247	Bundled, sometimes payable	\$18.96	-	-	-	-	000 999	-
92920	N	PRQ CARDIAC ANGIOPLAST 1 ART	-	05192 62.3222	Bundled, sometimes payable	\$3,638.99	-	-	-	Y	000 999	-
92921	N	PRQ CARDIAC ANGIO ADDL ART	-	-	Bundled	\$0.00	-	-	-	Y	000 999	-
92924	N	PRQ CARD ANGIO/ATHRECT 1 ART	-	05193 119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	Y	000 999	-
92925	N	PRQ CARD ANGIO/ATHRECT ADDL	-	-	Bundled	\$0.00	-	-	-	Y	000 999	-
92928	N	PRQ CARD STENT W/ANGIO 1 VSL	-	05193 119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	Y	000 999	-
92929	N	PRQ CARD STENT W/ANGIO ADDL	-	-	Bundled	\$0.00	-	-	-	Y	000 999	-
92933	N	PRQ CARD STENT/ATH/ANGIO	-	05194 191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	Y	000 999	-
92934	N	PRQ CARD STENT/ATH/ANGIO	-	-	Bundled	\$0.00	-	-	-	Y	000 999	-
92937	N	PRQ REVASC BYP GRAFT 1 VSL	-	05193 119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	Y	000 999	-
92938	N	PRQ REVASC BYP GRAFT ADDL	-	-	Bundled	\$0.00	-	-	-	Y	000 999	-
92941	C	PRQ CARD REVASC MI 1 VSL	-	-	Inpatient Only	\$0.00	-	-	-	Y	000 999	-
92943	N	PRQ CARD REVASC CHRONIC 1VSL	-	05193 119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	Y	000 999	-
92944	N	PRQ CARD REVASC CHRONIC ADDL	-	-	Bundled	\$0.00	-	-	-	Y	000 999	-
92950	S	HEART/LUNG RESUSCITATION CPR	-	05722 3.4225	APC	\$199.84	-	-	-	-	000 999	-
92953	N	TEMPORARY EXTERNAL PACING	-	05781 7.0964	Bundled, sometimes payable	\$414.36	-	-	-	-	000 999	-
92960	S	CARDIOVERSION ELECTRIC EXT	-	05781 7.0964	APC	\$414.36	-	-	-	-	000 999	-
92961	S	CARDIOVERSION ELECTRIC INT	-	05781 7.0964	APC	\$414.36	-	-	-	-	000 999	-
92970	C	CARDIOASSIST INTERNAL	-	-	Inpatient Only	\$0.00	-	-	-	-	000 999	-
92971	C	CARDIOASSIST EXTERNAL	-	-	Inpatient Only	\$0.00	-	-	-	-	000 999	-
92972	N	PERQ TRLUML CORONRY LITHOTRP	-	-	Bundled	\$0.00	-	-	-	-	000 999	-
92973	N	PRQ CORONARY MECH THROMBECT	-	-	Bundled	\$0.00	-	-	-	-	000 999	-
92974	N	CATH PLACE CARDIO BRACHYTX	-	-	Bundled	\$0.00	-	-	-	-	000 999	-
92975	C	DISSOLVE CLOT HEART VESSEL	-	-	Inpatient Only	\$0.00	-	-	-	-	000 999	-
92977	T	DISSOLVE CLOT HEART VESSEL	-	05694 3.6927	APC	\$215.62	-	-	-	-	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 62.3222	Bundled, sometimes payable	\$3,638.99	-	-	-	-	000 999	-
92987	N	REVISION OF MITRAL VALVE	-	05193 119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	-	000 999	-
92990	N	REVISION OF PULMONARY VALVE	-	05193 119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	-	000 999	-
92997	N	PUL ART BALLOON REPR PERCUT	-	05193 119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	-	000 999	-
92998	N	PUL ART BALLOON REPR PERCUT	-	-	Bundled	\$0.00	-	-	-	-	000 999	-
93000	E	ELECTROCARDIOGRAM COMPLETE	-	-	Not Allowed	\$0.00	-	-	-	-	000 999	-
93005	N	ELECTROCARDIOGRAM TRACING	-	05733 0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000 999	-
93010	M	ELECTROCARDIOGRAM REPORT	-	-	Fee Schedule	\$0.00	-	-	-	-	000 999	-
93015	M	CARDIOVASCULAR STRESS TEST	-	-	Fee Schedule	\$0.00	-	-	-	-	000 999	-
93016	M	CARDIOVASCULAR STRESS TEST	-	-	Fee Schedule	\$0.00	-	-	-	-	000 999	-
93017	N	CARDIOVASCULAR STRESS TEST	-	05722 3.4225	Bundled, sometimes payable	\$199.84	-	-	-	-	000 999	-
93018	M	CARDIOVASCULAR STRESS TEST	-	-	Fee Schedule	\$0.00	-	-	-	-	000 999	-
93024	N	CARDIAC DRUG STRESS TEST	-	05735 4.3445	Bundled, sometimes payable	\$253.68	-	-	-	-	000 999	-
93025	S	MICROVOLT T-WAVE ASSESS	-	05721 1.7032	APC	\$99.45	-	-	-	-	000 999	-
93040	M	RHYTHM ECG WITH REPORT	-	-	Fee Schedule	\$0.00	-	-	-	-	000 999	-

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Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
93041	N	RHYTHM ECG TRACING	-	05733 0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
93042	M	RHYTHM ECG REPORT	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
93050	N	ART PRESSURE WAVEFORM ANALYS	-	05731 0.3247	Bundled, sometimes payable	\$18.96	-	-	-	-	000	999	-
93150	S	THERAPY ACTIVATION IPNSS	-	05742 1.0555	APC	\$61.63	-	-	-	-	000	999	-
93151	S	INTERROG&PRGRMG IPNSS	-	05742 1.0555	APC	\$61.63	-	-	-	-	000	999	-
93152	S	INTERROG&PRGRMG IPNSS POLYSM	-	05743 3.2568	APC	\$190.16	-	-	-	-	000	999	-
93153	S	INTERROG W/O PRGRMG IPNSS	-	05742 1.0555	APC	\$61.63	-	-	-	-	000	999	-
93224	E	ECG MONIT/REPRT UP TO 48 HRS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
93225	N	ECG MONIT/REPRT UP TO 48 HRS	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
93226	N	ECG MONIT/REPRT UP TO 48 HRS	-	05733 0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
93227	E	ECG MONIT/REPRT 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	-	05722 3.4225	APC	\$199.84	-	-	-	-	000	999	-
93241	E	EXT ECG>48HR<7D REC SCAN A/R	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
93242	N	EXT ECG>48HR<7D RECORDING	-	05732 0.4373	Bundled, sometimes payable	\$25.53	-	-	-	-	000	999	-
93243	N	EXT ECG>48HR<7D SCAN A/R	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
93244	E	EXT ECG>48HR<7D REV&INTERPJ	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
93245	E	EXT ECG>7D<15D REC SCAN A/R	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
93246	N	EXT ECG>7D<15D RECORDING	-	05732 0.4373	Bundled, sometimes payable	\$25.53	-	-	-	-	000	999	-
93247	N	EXT ECG>7D<15D SCAN A/R	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
93248	E	EXT ECG>7D<15D REV&INTERPJ	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
93260	N	PRGRMG DEV EVAL IMPLTBL SYS	-	05741 0.4112	Bundled, sometimes payable	\$24.01	-	-	-	-	000	999	-
93261	N	INTERROGATE SUBQ DEFIB	-	05741 0.4112	Bundled, sometimes payable	\$24.01	-	-	-	-	000	999	-
93264	E	REM MNTR WRLS P-ART PRS SNR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
93268	E	ECG RECORD/REVIEW	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
93270	N	REMOTE 30 DAY ECG REV/REPORT	-	05741 0.4112	Bundled, sometimes payable	\$24.01	-	-	-	-	000	999	-
93271	S	ECG/MONITORING AND ANALYSIS	-	05742 1.0555	APC	\$61.63	-	-	-	-	000	999	-
93272	E	ECG/REVIEW INTERPRET ONLY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
93278	N	ECG/SIGNAL-AVERAGED	-	05733 0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
93279	N	PRGRMG DEV EVAL PM/LDLS PM	-	05741 0.4112	Bundled, sometimes payable	\$24.01	-	-	-	-	000	999	-
93280	N	PM DEVICE PROGR EVAL DUAL	-	05741 0.4112	Bundled, sometimes payable	\$24.01	-	-	-	-	000	999	-
93281	N	PM DEVICE PROGR EVAL MULTI	-	05741 0.4112	Bundled, sometimes payable	\$24.01	-	-	-	-	000	999	-
93282	N	PRGRMG EVAL IMPLANTABLE DFB	-	05741 0.4112	Bundled, sometimes payable	\$24.01	-	-	-	-	000	999	-
93283	N	PRGRMG EVAL IMPLANTABLE DFB	-	05741 0.4112	Bundled, sometimes payable	\$24.01	-	-	-	-	000	999	-
93284	N	PRGRMG EVAL IMPLANTABLE DFB	-	05741 0.4112	Bundled, sometimes payable	\$24.01	-	-	-	-	000	999	-
93285	N	PRGRMG DEV EVAL SCRMS IP	-	05741 0.4112	Bundled, sometimes payable	\$24.01	-	-	-	-	000	999	-
93286	N	PERI-PX EVAL PM/LDLS PM IP	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
93287	N	PERI-PX DEVICE EVAL & PRGR	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
93288	N	INTERROG EVL PM/LDLS PM IP	-	05741 0.4112	Bundled, sometimes payable	\$24.01	-	-	-	-	000	999	-
93289	N	INTERROG DEVICE EVAL HEART	-	05741 0.4112	Bundled, sometimes payable	\$24.01	-	-	-	-	000	999	-
93290	N	INTERROG DEV EVAL ICPMS IP	-	05741 0.4112	Bundled, sometimes payable	\$24.01	-	-	-	-	000	999	-
93291	N	INTERROG DEV EVAL SCRMS IP	-	05731 0.3247	Bundled, sometimes payable	\$18.96	-	-	-	-	000	999	-
93292	N	WCD DEVICE INTERROGATE	-	05741 0.4112	Bundled, sometimes payable	\$24.01	-	-	-	-	000	999	-
93293	N	PM PHONE R-STRIP DEVICE EVAL	-	05741 0.4112	Bundled, sometimes payable	\$24.01	-	-	-	-	000	999	-
93294	E	REM INTERROG EVL PM/LDLS PM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
93295	E	DEV INTERROG REMOTE 1/2/MLT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
93296	N	REM INTERROG EVL PM/IDS	-	05741 0.4112	Bundled, sometimes payable	\$24.01	-	-	-	-	000	999	-
93297	E	REM INTERROG DEV EVAL ICPMS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
93298	E	REM INTERROG DEV EVAL SCRMS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
93303	S	ECHO TRANSTHORACIC	-	05524 6.0153	APC	\$351.23	-	-	-	-	000	999	-
93304	S	ECHO TRANSTHORACIC	-	05524 6.0153	APC	\$351.23	-	-	-	-	000	999	-
93306	S	TTE W/DOPPLER COMPLETE	-	05524 6.0153	APC	\$351.23	-	-	-	-	000	999	-
93307	S	TTE W/O DOPPLER COMPLETE	-	05523 2.6718	APC	\$156.01	-	-	-	-	000	999	-
93308	S	TTE F-UP OR LMTD	-	05523 2.6718	APC	\$156.01	-	-	-	-	000	999	-
93312	S	ECHO TRANSESOPHAGEAL	-	05524 6.0153	APC	\$351.23	-	-	-	-	000	999	-
93313	S	ECHO TRANSESOPHAGEAL	-	05524 6.0153	APC	\$351.23	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
93314	N	ECHO TRANSESOPHAGEAL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
93315	S	ECHO TRANSESOPHAGEAL	-	05524 6.0153	APC	\$351.23	-	-	-	-	000	999	-
93316	S	ECHO TRANSESOPHAGEAL	-	05524 6.0153	APC	\$351.23	-	-	-	-	000	999	-
93317	N	ECHO TRANSESOPHAGEAL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
93318	S	ECHO TRANSESOPHAGEAL INTRAOP	-	05524 6.0153	APC	\$351.23	-	-	-	-	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	-	05524 6.0153	APC	\$351.23	-	-	-	-	000	999	-
93351	S	STRESS TTE COMPLETE	-	05524 6.0153	APC	\$351.23	-	-	-	-	000	999	-
93352	E	ADMIN ECG CONTRAST AGENT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
93355	N	ECHO TRANSESOPHAGEAL (TEE)	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
93356	N	MYOCRD STRAIN IMG SPCKL TRCK	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
93451	N	RIGHT HEART CATH	-	05191 35.5305	Bundled, sometimes payable	\$2,074.63	-	-	-	-	000	999	-
93452	N	LEFT HRT CATH W/VENTRCLGRPHY	-	05191 35.5305	Bundled, sometimes payable	\$2,074.63	-	-	-	-	000	999	-
93453	N	R&L HRT CATH W/VENTRCLGRPHY	-	05191 35.5305	Bundled, sometimes payable	\$2,074.63	-	-	-	-	000	999	-
93454	N	CORONARY ARTERY ANGIO S&I	-	05191 35.5305	Bundled, sometimes payable	\$2,074.63	-	-	-	-	000	999	-
93455	N	CORONARY ART/GRFT ANGIO S&I	-	05191 35.5305	Bundled, sometimes payable	\$2,074.63	-	-	-	-	000	999	-
93456	N	R HRT CORONARY ARTERY ANGIO	-	05191 35.5305	Bundled, sometimes payable	\$2,074.63	-	-	-	-	000	999	-
93457	N	R HRT ART/GRFT ANGIO	-	05191 35.5305	Bundled, sometimes payable	\$2,074.63	-	-	-	-	000	999	-
93458	N	L HRT ARTERY/VENTRICLE ANGIO	-	05191 35.5305	Bundled, sometimes payable	\$2,074.63	-	-	-	-	000	999	-
93459	N	L HRT ART/GRFT ANGIO	-	05191 35.5305	Bundled, sometimes payable	\$2,074.63	-	-	-	-	000	999	-
93460	N	R&L HRT ART/VENTRICLE ANGIO	-	05191 35.5305	Bundled, sometimes payable	\$2,074.63	-	-	-	-	000	999	-
93461	N	R&L HRT ART/VENTRICLE ANGIO	-	05191 35.5305	Bundled, sometimes payable	\$2,074.63	-	-	-	-	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/HEMODYNAMIC MEAS	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
93503	N	INSERT/PLACE HEART CATHETER	-	05182 17.4628	Bundled, sometimes payable	\$1,019.65	-	-	-	-	000	999	-
93505	N	BIOPSY OF HEART LINING	-	05183 34.7556	Bundled, sometimes payable	\$2,029.38	-	-	-	-	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	-	-	-	Y	000	999	-
93572	N	HEART FLOW RESERVE MEASURE	-	-	Bundled	\$0.00	-	-	-	Y	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 191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	-	000	999	-
93581	N	TRANSCATH CLOSURE OF VSD	-	05194 191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	-	000	999	-
93582	N	PERQ TRANSCATH CLOSURE PDA	-	05194 191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	-	000	999	-
93583	C	PERQ TRANSCATH SEPTAL REDUXN	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
93584	N	VNGRPH CHD ANOM/PERSIST SVC	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
93585	N	VNGRPH CHD AZYGS/HEMIAZYGS	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
93586	N	VNGRPH CHD CORONARY SINUS	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
93587	N	VNGRPH CHD VNVN CLTRL AT/ABV	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
93588	N	VNGRPH CHD VNVN CLTRL BELOW	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
93590	N	PERQ TRANSCATH CLS MITRAL	-	05194 191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	-	000	999	-
93591	N	PERQ TRANSCATH CLS AORTIC	-	05194 191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	-	000	999	-
93592	N	PERQ TRANSCATH CLOSURE EACH	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
93593	N	R HRT CATH CHD NML NT CNJ	-	05191 35.5305	Bundled, sometimes payable	\$2,074.63	-	-	-	-	000	999	-
93594	N	R HRT CATH CHD ABNL NT CNJ	-	05191 35.5305	Bundled, sometimes payable	\$2,074.63	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight			Hospital Lab Fees	Hospital Lab Fees					
93595	N	L HRT CATH CHD NM/ABN NT CNJ	-	05191	35.5305	Bundled, sometimes payable	\$2,074.63	-	-	-	-	000	999	-
93596	N	R&L HRT CATH CHD NML NT CNJ	-	05191	35.5305	Bundled, sometimes payable	\$2,074.63	-	-	-	-	000	999	-
93597	N	R&L HRT CATH CHD ABNL NT CNJ	-	05191	35.5305	Bundled, sometimes payable	\$2,074.63	-	-	-	-	000	999	-
93598	N	CAR OUTP MEAS DRG CATH CHD	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
93600	N	BUNDLE OF HIS RECORDING	-	05212	81.4312	Bundled, sometimes payable	\$4,754.77	-	-	-	-	000	999	-
93602	N	INTRA-ATRIAL RECORDING	-	05212	81.4312	Bundled, sometimes payable	\$4,754.77	-	-	-	-	000	999	-
93603	N	RIGHT VENTRICULAR RECORDING	-	05211	12.9769	Bundled, sometimes payable	\$757.72	-	-	-	-	000	999	-
93609	N	MAP TACHYCARDIA ADD-ON	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
93610	N	INTRA-ATRIAL PACING	-	05212	81.4312	Bundled, sometimes payable	\$4,754.77	-	-	-	-	000	999	-
93612	N	INTRAVENTRICULAR PACING	-	05212	81.4312	Bundled, sometimes payable	\$4,754.77	-	-	-	-	000	999	-
93613	N	ELECTROPHYS MAP 3D ADD-ON	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
93615	N	ESOPHAGEAL RECORDING	-	05211	12.9769	Bundled, sometimes payable	\$757.72	-	-	-	-	000	999	-
93616	N	ESOPHAGEAL RECORDING	-	05211	12.9769	Bundled, sometimes payable	\$757.72	-	-	-	-	000	999	-
93618	N	HEART RHYTHM PACING	-	05211	12.9769	Bundled, sometimes payable	\$757.72	-	-	-	-	000	999	-
93619	N	ELECTROPHYSIOLOGY EVALUATION	-	05212	81.4312	Bundled, sometimes payable	\$4,754.77	-	-	-	-	000	999	-
93620	N	ELECTROPHYSIOLOGY EVALUATION	-	05212	81.4312	Bundled, sometimes payable	\$4,754.77	-	-	-	-	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	81.4312	Bundled, sometimes payable	\$4,754.77	-	-	-	-	000	999	-
93631	N	HEART PACING MAPPING	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
93640	N	EVALUATION HEART DEVICE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
93641	N	ELECTROPHYSIOLOGY EVALUATION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
93642	N	ELECTROPHYSIOLOGY EVALUATION	-	05211	12.9769	Bundled, sometimes payable	\$757.72	-	-	-	-	000	999	-
93644	N	ELECTROPHYSIOLOGY EVALUATION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
93650	N	ABLATE HEART DYSRHYTHM FOCUS	-	05212	81.4312	Bundled, sometimes payable	\$4,754.77	-	-	-	-	000	999	-
93653	N	COMPRES EP EVAL TX SVT	-	05213	258.9686	Bundled, sometimes payable	\$15,121.18	-	-	-	Y	000	999	-
93654	N	COMPRES EP EVAL TX VT	-	05213	258.9686	Bundled, sometimes payable	\$15,121.18	-	-	-	Y	000	999	-
93655	N	ICAR CATH ABLTJ DSCRT ARRHYT	-	-	-	Bundled	\$0.00	-	-	-	Y	000	999	-
93656	N	COMPRES EP EVAL ABLTJ ATR FIB	-	05213	258.9686	Bundled, sometimes payable	\$15,121.18	-	-	-	Y	000	999	-
93657	N	TX L/R ATRIAL FIB ADDL	-	-	-	Bundled	\$0.00	-	-	-	Y	000	999	-
93660	S	TILT TABLE EVALUATION	-	05723	5.8442	APC	\$341.24	-	-	-	-	000	999	-
93662	N	INTRACARDIAC ECG (ICE)	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
93668	S	PERIPHERAL VASCULAR REHAB	-	05733	0.6669	APC	\$38.94	-	-	-	-	000	999	-
93701	N	BIOIMPEDANCE CV ANALYSIS	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
93702	S	BIS XTRACELL FLUID ANALYSIS	-	05721	1.7032	APC	\$99.45	-	-	-	-	000	999	-
93724	S	ANALYZE PACEMAKER SYSTEM	-	05743	3.2568	APC	\$190.16	-	-	-	-	000	999	-
93740	N	TEMPERATURE GRADIENT STUDIES	-	05721	1.7032	Bundled, sometimes payable	\$99.45	-	-	-	-	000	999	-
93745	S	SET-UP CARDIOVERT-DEFIBRILL	-	05743	3.2568	APC	\$190.16	-	-	-	Y	000	999	-
93750	S	INTERROGATION VAD IN PERSON	-	05742	1.0555	APC	\$61.63	-	-	-	-	000	999	-
93770	N	MEASURE VENOUS PRESSURE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
93784	M	AMBL BP MNTR W/SOFTWARE	-	-	-	Fee Schedule	\$0.00	-	-	-	Y	000	999	-
93786	N	AMBL BP MNTR W/SW REC ONLY	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
93788	N	AMBL BP MNTR W/SW A/R	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	Y	000	999	-
93790	E	AMBL BP MNTR W/SW I&R	-	-	-	Not Allowed	\$0.00	-	-	-	Y	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	1.4408	APC	\$84.13	-	-	-	Y	000	999	-
93798	S	CARDIAC REHAB/MONITOR	-	05771	1.4408	APC	\$84.13	-	-	-	Y	000	999	-
93799	S	UNLISTED CV SVC/PROCEDURE	-	05721	1.7032	APC	\$99.45	-	-	-	-	000	999	-
93880	S	EXTRACRANIAL BILAT STUDY	-	05523	2.6718	APC	\$156.01	-	-	-	-	000	999	-
93882	S	EXTRACRANIAL UNILT/D STUDY	-	05522	1.1988	APC	\$70.00	-	-	-	-	000	999	-
93886	S	INTRACRANIAL COMPLETE STUDY	-	05523	2.6718	APC	\$156.01	-	-	-	-	000	999	-
93888	S	INTRACRANIAL LIMITED STUDY	-	05522	1.1988	APC	\$70.00	-	-	-	-	000	999	-
93890	N	TCD VASOREACTIVITY STUDY	-	05523	2.6718	Bundled, sometimes payable	\$156.01	-	-	-	Y	000	999	-
93892	N	TCD EMBOLI DETECT W/O INJ	-	05522	1.1988	Bundled, sometimes payable	\$70.00	-	-	-	Y	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab Fees	Hospital Lab Fees					
93893	N	TCD EMBOLI DETECT W/INJ	-	05522	1.1988	Bundled, sometimes payable	\$70.00	-	-	-	Y	000	999	-
93895	E	CAROTID INTIMA ATHEROMA EVAL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
93922	N	UPR/L XTREMITY ART 2 LEVELS	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
93923	S	UPR/LXTR ART STDY 3+ LVLS	-	05721	1.7032	APC	\$99.45	-	-	-	-	000	999	-
93924	S	LWR XTR VASC STDY BILAT	-	05721	1.7032	APC	\$99.45	-	-	-	-	000	999	-
93925	S	LOWER EXTREMITY STUDY	-	05523	2.6718	APC	\$156.01	-	-	-	-	000	999	-
93926	S	LOWER EXTREMITY STUDY	-	05522	1.1988	APC	\$70.00	-	-	-	-	000	999	-
93930	S	UPPER EXTREMITY STUDY	-	05523	2.6718	APC	\$156.01	-	-	-	-	000	999	-
93931	S	UPPER EXTREMITY STUDY	-	05522	1.1988	APC	\$70.00	-	-	-	-	000	999	-
93970	S	EXTREMITY STUDY	-	05523	2.6718	APC	\$156.01	-	-	-	-	000	999	-
93971	S	EXTREMITY STUDY	-	05522	1.1988	APC	\$70.00	-	-	-	-	000	999	-
93975	S	VASCULAR STUDY	-	05523	2.6718	APC	\$156.01	-	-	-	-	000	999	-
93976	S	VASCULAR STUDY	-	05522	1.1988	APC	\$70.00	-	-	-	-	000	999	-
93978	S	VASCULAR STUDY	-	05523	2.6718	APC	\$156.01	-	-	-	-	000	999	-
93979	N	VASCULAR STUDY	-	05522	1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
93980	S	PENILE VASCULAR STUDY	-	05522	1.1988	APC	\$70.00	-	-	-	-	000	999	-
93981	S	PENILE VASCULAR STUDY	-	05522	1.1988	APC	\$70.00	-	-	-	-	000	999	-
93985	S	DUP-SCAN HEMO COMPL BI STD	-	05523	2.6718	APC	\$157.43	-	-	-	-	000	999	-
93986	S	DUP-SCAN HEMO COMPL UNI STD	-	05522	1.1988	APC	\$74.54	-	-	-	-	000	999	-
93990	N	DOPPLER FLOW TESTING	-	05522	1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	000	999	-
93998	N	UNLISTD NONINVAS VASC DX STD	-	05731	0.3247	Bundled, sometimes payable	\$18.96	-	-	-	-	000	999	-
94002	N	VENT MGMT INPAT INIT DAY	-	05801	6.8330	Bundled, sometimes payable	\$398.98	-	-	-	-	000	999	-
94003	N	VENT MGMT INPAT SUBQ DAY	-	05801	6.8330	Bundled, sometimes payable	\$398.98	-	-	-	-	000	999	-
94004	E	VENT MGMT NF PER DAY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
94005	E	HOME VENT MGMT SUPERVISION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
94010	N	BREATHING CAPACITY TEST	-	05721	1.7032	Bundled, sometimes payable	\$99.45	-	-	-	-	000	999	-
94011	N	SPIROMETRY UP TO 2 YRS OLD	-	05721	1.7032	Bundled, sometimes payable	\$99.45	-	-	-	-	000	002	-
94012	N	SPIRMTRY W/BRNCHDIL INF-2 YR	-	05722	3.4225	Bundled, sometimes payable	\$199.84	-	-	-	-	000	002	-
94013	S	MEAS LUNG VOL THRU 2 YRS	-	05723	5.8442	APC	\$341.24	-	-	-	-	000	002	-
94014	N	PATIENT RECORDED SPIROMETRY	-	05735	4.3445	Bundled, sometimes payable	\$253.68	-	-	-	Y	000	999	-
94015	N	PATIENT RECORDED SPIROMETRY	-	05722	3.4225	Bundled, sometimes payable	\$199.84	-	-	-	Y	000	999	-
94016	M	REVIEW PATIENT SPIROMETRY	-	-	-	Fee Schedule	\$31.91	-	-	-	Y	000	999	-
94060	S	EVALUATION OF WHEEZING	-	05722	3.4225	APC	\$199.84	-	-	-	-	000	999	-
94070	S	EVALUATION OF WHEEZING	-	05722	3.4225	APC	\$199.84	-	-	-	-	000	999	-
94150	N	VITAL CAPACITY TEST	-	05721	1.7032	Bundled, sometimes payable	\$99.45	-	-	-	-	000	999	-
94200	N	LUNG FUNCTION TEST (MBC/MVV)	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
94375	N	RESPIRATORY FLOW VOLUME LOOP	-	05722	3.4225	Bundled, sometimes payable	\$199.84	-	-	-	-	000	999	-
94450	N	HYPOXIA RESPONSE CURVE	-	05721	1.7032	Bundled, sometimes payable	\$99.45	-	-	-	-	000	999	-
94452	N	HAST W/REPORT	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	Y	000	999	-
94453	N	HAST W/OXYGEN TITRATE	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	Y	000	999	-
94610	N	SURFACTANT ADMIN THRU TUBE	-	05791	2.3257	Bundled, sometimes payable	\$135.80	-	-	-	-	000	000	-
94617	N	EXERCISE TST BRNCSPM W/ECG	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
94618	N	PULMONARY STRESS TESTING	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
94619	N	EXERCISE TST BRNCSPM WO ECG	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
94621	S	CARDIOPULM EXERCISE TESTING	-	05722	3.4225	APC	\$199.84	-	-	-	Y	000	999	-
94625	S	PHY/QHP OP PULM RHB W/O MNTR	-	05733	0.6669	APC	\$38.94	-	-	-	-	000	999	-
94626	S	PHY/QHP OP PULM RHB W/MNTR	-	05733	0.6669	APC	\$38.94	-	-	-	-	000	999	-
94640	N	AIRWAY INHALATION TREATMENT	-	05791	2.3257	Bundled, sometimes payable	\$135.80	-	-	-	-	000	999	-
94642	N	AEROSOL INHALATION TREATMENT	-	05791	2.3257	Bundled, sometimes payable	\$135.80	-	-	-	-	000	999	-
94644	N	CBT 1ST HOUR	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
94645	N	CBT EACH ADDL HOUR	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
94660	N	POS AIRWAY PRESSURE CPAP	-	05791	2.3257	Bundled, sometimes payable	\$135.80	-	-	-	-	000	999	-
94662	N	NEG PRESS VENTILATION CNP	-	05801	6.8330	Bundled, sometimes payable	\$398.98	-	-	-	-	000	999	-
94664	N	EVALUATE PT USE OF INHALER	-	05791	2.3257	Bundled, sometimes payable	\$135.80	-	-	-	-	000	999	-
94667	N	CHEST WALL MANIPULATION	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
94668	N	CHEST WALL MANIPULATION	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
94669	N	MECHANICAL CHEST WALL OSCILL	-	05791 2.3257	Bundled, sometimes payable	\$135.80	-	-	-	-	000	999	-
94680	N	EXHALED AIR ANALYSIS O2	-	05721 1.7032	Bundled, sometimes payable	\$99.45	-	-	-	-	000	999	-
94681	N	EXHALED AIR ANALYSIS O2/CO2	-	05722 3.4225	Bundled, sometimes payable	\$199.84	-	-	-	-	000	999	-
94690	N	EXHALED AIR ANALYSIS	-	05733 0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
94726	N	PULM FUNCT TST PLETHYSMOGRAP	-	05722 3.4225	Bundled, sometimes payable	\$199.84	-	-	-	-	000	999	-
94727	N	PULM FUNCTION TEST BY GAS	-	05721 1.7032	Bundled, sometimes payable	\$99.45	-	-	-	-	000	999	-
94728	N	AIRWY RESIST BY OSCILLOMETRY	-	05721 1.7032	Bundled, sometimes payable	\$99.45	-	-	-	-	000	999	-
94729	N	CO/MEMBRANE 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 1.7032	Bundled, sometimes payable	\$99.45	-	-	-	-	000	999	-
94772	S	BREATH RECORDING INFANT	-	05723 5.8442	APC	\$341.24	-	-	-	-	000	001	-
94774	E	PED HOME APNEA REC COMPL	-	-	Not Allowed	\$0.00	-	-	-	-	000	019	-
94775	S	PED HOME APNEA REC HK-UP	-	05721 1.7032	APC	\$99.45	-	-	-	-	000	019	-
94776	S	PED HOME APNEA REC DOWNLND	-	05721 1.7032	APC	\$99.45	-	-	-	-	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 0.4373	Bundled, sometimes payable	\$25.53	-	-	-	-	000	999	-
94781	N	CARS/BD TST INFT-12MO +30MIN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
94799	N	UNLISTED PULMONARY SVC/PX	-	05721 1.7032	Bundled, sometimes payable	\$99.45	-	-	-	-	000	999	-
95004	N	PERCUT ALLERGY SKIN TESTS	-	05724 11.4003	Bundled, sometimes payable	\$665.66	-	-	-	-	000	999	-
95012	N	EXHALED NITRIC OXIDE MEAS	-	05732 0.4373	Bundled, sometimes payable	\$25.53	-	-	-	-	000	999	-
95017	N	PERQ & ICUT ALLG TEST VENOMS	-	05731 0.3247	Bundled, sometimes payable	\$18.96	-	-	-	Y	000	999	-
95018	N	PERQ&IC ALLG TEST DRUGS/BIOL	-	05732 0.4373	Bundled, sometimes payable	\$25.53	-	-	-	Y	000	999	-
95024	N	ICUT ALLERGY TEST DRUG/BUG	-	05733 0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
95027	N	ICUT ALLERGY TITRATE-AIRBORN	-	05731 0.3247	Bundled, sometimes payable	\$18.96	-	-	-	-	000	999	-
95028	N	ICUT ALLERGY TEST-DELAYED	-	05732 0.4373	Bundled, sometimes payable	\$25.53	-	-	-	-	000	999	-
95044	N	ALLERGY PATCH TESTS	-	05724 11.4003	Bundled, sometimes payable	\$665.66	-	-	-	-	000	999	-
95052	N	PHOTO PATCH TEST	-	05733 0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
95056	N	PHOTOSENSITIVITY TESTS	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
95060	N	EYE ALLERGY TESTS	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
95065	N	NOSE ALLERGY TEST	-	05732 0.4373	Bundled, sometimes payable	\$25.53	-	-	-	-	000	999	-
95070	S	BRONCHIAL ALLERGY TESTS	-	05723 5.8442	APC	\$341.24	-	-	-	-	000	999	-
95076	S	INGEST CHALLENGE INI 120 MIN	-	05723 5.8442	APC	\$341.24	-	-	-	Y	000	999	-
95079	N	INGEST CHALLENGE ADDL 60 MIN	-	-	Bundled	\$0.00	-	-	-	Y	000	999	-
95115	N	IMMUNOTHERAPY ONE INJECTION	-	05691 0.5179	Bundled, sometimes payable	\$30.24	-	-	-	-	000	999	-
95117	N	IMMUNOTHERAPY INJECTIONS	-	05691 0.5179	Bundled, sometimes payable	\$30.24	-	-	-	-	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 0.5179	Bundled, sometimes payable	\$30.24	-	-	-	-	000	999	-
95145	N	ANTIGEN THERAPY SERVICES	-	05691 0.5179	Bundled, sometimes payable	\$30.24	-	-	-	-	000	999	-
95146	N	ANTIGEN THERAPY SERVICES	-	05691 0.5179	Bundled, sometimes payable	\$30.24	-	-	-	-	000	999	-
95147	N	ANTIGEN THERAPY SERVICES	-	05692 0.7681	Bundled, sometimes payable	\$44.85	-	-	-	-	000	999	-
95148	N	ANTIGEN THERAPY SERVICES	-	05692 0.7681	Bundled, sometimes payable	\$44.85	-	-	-	-	000	999	-
95149	N	ANTIGEN THERAPY SERVICES	-	05692 0.7681	Bundled, sometimes payable	\$44.85	-	-	-	-	000	999	-
95165	N	ANTIGEN THERAPY SERVICES	-	05691 0.5179	Bundled, sometimes payable	\$30.24	-	-	-	-	000	999	-
95170	N	ANTIGEN THERAPY SERVICES	-	05691 0.5179	Bundled, sometimes payable	\$30.24	-	-	-	-	000	999	-
95180	N	RAPID DESENSITIZATION	-	05735 4.3445	Bundled, sometimes payable	\$253.68	-	-	-	-	000	999	-
95199	N	UNLISTED ALL/IMMLG SVC/PX	-	05731 0.3247	Bundled, sometimes payable	\$18.96	-	-	-	-	000	999	-
95249	S	CONT GLUC MNTR PT PROV EQP	-	05733 0.6669	APC	\$38.94	-	-	-	-	000	999	-
95250	V	CONT GLUC MNTR PHYS/QHP EQP	-	05012 1.4414	APC	\$84.16	-	-	-	-	000	999	-
95251	E	CONT GLUC MNTR ANALYSIS I&R	-	-	Not Allowed	\$0.00	-	-	-	Y	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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight									
95700	S	EEG CONT REC W/VID EEG TECH	-	05721	1.7032	APC	\$180.90	-	-	-	-	000	999	-
95705	S	EEG W/O VID 2-12 HR UNMNT	-	05722	3.4225	APC	\$180.90	-	-	-	-	000	999	-
95706	S	EEG WO VID 2-12HR INTMT MNTR	-	05722	3.4225	APC	\$180.90	-	-	-	-	000	999	-
95707	S	EEG W/O VID 2-12HR CONT MNTR	-	05722	3.4225	APC	\$180.90	-	-	-	-	000	999	-
95708	S	EEG WO VID EA 12-26HR UNMNT	-	05723	5.8442	APC	\$333.68	-	-	-	-	000	999	-
95709	S	EEG W/O VID EA 12-26HR INTMT	-	05723	5.8442	APC	\$333.68	-	-	-	-	000	999	-
95710	S	EEG W/O VID EA 12-26HR CONT	-	05723	5.8442	APC	\$333.68	-	-	-	-	000	999	-
95711	S	VEEG 2-12 HR UNMONITORED	-	05722	3.4225	APC	\$180.90	-	-	-	-	000	999	-
95712	S	VEEG 2-12 HR INTMT MNTR	-	05722	3.4225	APC	\$180.90	-	-	-	-	000	999	-
95713	S	VEEG 2-12 HR CONT MNTR	-	05723	5.8442	APC	\$333.68	-	-	-	-	000	999	-
95714	S	VEEG EA 12-26 HR UNMNT	-	05723	5.8442	APC	\$333.68	-	-	-	-	000	999	-
95715	S	VEEG EA 12-26HR INTMT MNTR	-	05723	5.8442	APC	\$333.68	-	-	-	-	000	999	-
95716	S	VEEG EA 12-26HR CONT MNTR	-	05724	11.4003	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	11.4003	APC	\$665.66	-	-	-	Y	000	006	-
95783	S	POLYSOM <6 YRS CPAP/BILVL	-	05724	11.4003	APC	\$665.66	-	-	-	Y	000	006	-
95800	S	SLP STDY UNATTENDED	-	05721	1.7032	APC	\$99.45	-	-	-	-	000	999	-
95801	N	SLP STDY UNATND W/ANAL	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
95803	N	ACTIGRAPHY TESTING	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
95805	S	MULTIPLE SLEEP LATENCY TEST	-	05723	5.8442	APC	\$341.24	-	-	-	-	000	999	-
95806	S	SLEEP STUDY UNATT&RESP EFFT	-	05721	1.7032	APC	\$99.45	-	-	-	-	000	999	-
95807	S	SLEEP STUDY ATTENDED	-	05723	5.8442	APC	\$341.24	-	-	-	-	000	999	-
95808	S	POLYSOM ANY AGE 1-3/> PARAM	-	05724	11.4003	APC	\$665.66	-	-	-	-	000	999	-
95810	S	POLYSOM 6/> YRS 4/> PARAM	-	05724	11.4003	APC	\$665.66	-	-	-	-	000	999	-
95811	S	POLYSOM 6/>YRS CPAP 4/> PARM	-	05724	11.4003	APC	\$665.66	-	-	-	-	000	999	-
95812	S	EEG 41-60 MINUTES	-	05722	3.4225	APC	\$199.84	-	-	-	-	000	999	-
95813	S	EEG EXTND MNTR 61-119 MIN	-	05722	3.4225	APC	\$199.84	-	-	-	-	000	999	-
95816	S	EEG AWAKE AND DROWSY	-	05722	3.4225	APC	\$199.84	-	-	-	-	000	999	-
95819	S	EEG AWAKE AND ASLEEP	-	05722	3.4225	APC	\$199.84	-	-	-	-	000	999	-
95822	S	EEG COMA OR SLEEP ONLY	-	05722	3.4225	APC	\$199.84	-	-	-	-	000	999	-
95824	S	EEG CEREBRAL DEATH ONLY	-	05723	5.8442	APC	\$341.24	-	-	-	-	000	999	-
95829	N	SURGERY ELECTROCORTICOGRAM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
95830	M	INSERT ELECTRODES FOR EEG	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
95836	N	ECOG IMPLTD BRN NPGT <30 D	-	05741	0.4112	Bundled, sometimes payable	\$24.01	-	-	-	-	000	999	-
95851	M	RANGE OF MOTION MEASUREMENTS	-	-	-	Fee Schedule	\$10.19	-	-	-	-	000	999	-
95852	M	RANGE OF MOTION MEASUREMENTS	-	-	-	Fee Schedule	\$7.09	-	-	-	-	000	999	-
95857	S	CHOLINESTERASE CHALLENGE	-	05722	3.4225	APC	\$199.84	-	-	-	-	000	999	-
95860	M	MUSCLE TEST ONE LIMB	26	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
95860	N	MUSCLE TEST ONE LIMB	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
95861	M	MUSCLE TEST 2 LIMBS	26	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
95861	N	MUSCLE TEST 2 LIMBS	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
95863	M	MUSCLE TEST 3 LIMBS	26	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
95863	S	MUSCLE TEST 3 LIMBS	-	05721	1.7032	APC	\$99.45	-	-	-	-	000	999	-
95864	M	MUSCLE TEST 4 LIMBS	26	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
95864	S	MUSCLE TEST 4 LIMBS	-	05721	1.7032	APC	\$99.45	-	-	-	-	000	999	-
95865	N	MUSCLE TEST LARYNX	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	Y	000	999	-
95866	N	MUSCLE TEST HEMIDIAPHRAGM	-	05721	1.7032	Bundled, sometimes payable	\$99.45	-	-	-	Y	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments	
								Prior Auth. Required	Passport				
95867	S	MUSCLE TEST CRAN NERV UNILAT	-	05722	APC	\$199.84	-	-	-	000	999	-	
95868	S	MUSCLE TEST CRAN NERVE BILAT	-	05722	APC	\$199.84	-	-	-	000	999	-	
95869	N	MUSCLE TEST THOR PARASPINAL	-	05722	Bundled, sometimes payable	\$199.84	-	-	-	000	999	-	
95870	N	MUSCLE TEST NONPARASPINAL	-	05734	Bundled, sometimes payable	\$81.33	-	-	-	000	999	-	
95872	S	MUSCLE TEST ONE FIBER	-	05721	APC	\$99.45	-	-	-	000	999	-	
95873	N	GUIDE NERV DESTR ELEC STIM	-	-	Bundled	\$0.00	-	-	-	000	999	-	
95874	N	GUIDE NERV DESTR NEEDLE EMG	-	-	Bundled	\$0.00	-	-	-	000	999	-	
95875	S	LIMB EXERCISE TEST	-	05721	APC	\$99.45	-	-	-	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 NRVE CNDJ TEST	-	05735	Bundled, sometimes payable	\$253.68	-	-	-	000	999	-	
95907	S	NVR CNDJ TST 1-2 STUDIES	-	05721	APC	\$99.45	-	-	-	Y	000	999	-
95908	S	NRV CNDJ TST 3-4 STUDIES	-	05722	APC	\$199.84	-	-	-	Y	000	999	-
95909	S	NRV CNDJ TST 5-6 STUDIES	-	05722	APC	\$199.84	-	-	-	Y	000	999	-
95910	S	NRV CNDJ TEST 7-8 STUDIES	-	05722	APC	\$199.84	-	-	-	Y	000	999	-
95911	S	NRV CNDJ TEST 9-10 STUDIES	-	05723	APC	\$341.24	-	-	-	Y	000	999	-
95912	S	NRV CNDJ TEST 11-12 STUDIES	-	05723	APC	\$341.24	-	-	-	Y	000	999	-
95913	S	NRV CNDJ TEST 13/> STUDIES	-	05723	APC	\$341.24	-	-	-	Y	000	999	-
95919	N	QUAN PUPLMTRY PHY/QHP UNI/BI	-	05734	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
95921	S	AUTONOMIC NRV PARASYM INERVJ	-	05721	APC	\$99.45	-	-	-	-	000	999	-
95922	N	AUTONOMIC NRV ADRENRG INERVJ	-	05734	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
95923	N	AUTONOMIC NRV SYST FUNJ TEST	-	05734	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
95924	S	ANS PARASYMP & SYMP W/TILT	-	05722	APC	\$199.84	-	-	-	Y	000	999	-
95925	S	SOMATOSENSORY TESTING	-	05722	APC	\$199.84	-	-	-	-	000	999	-
95926	S	SOMATOSENSORY TESTING	-	05722	APC	\$199.84	-	-	-	-	000	999	-
95927	S	SOMATOSENSORY TESTING	-	05722	APC	\$199.84	-	-	-	-	000	999	-
95928	S	C MOTOR EVOKED UPRR LIMBS	-	05724	APC	\$665.66	-	-	-	Y	000	999	-
95929	S	C MOTOR EVOKED LWR LIMBS	-	05723	APC	\$341.24	-	-	-	Y	000	999	-
95930	S	VISUAL EP TEST CNS W/I&R	-	05722	APC	\$199.84	-	-	-	-	000	999	-
95933	N	BLINK REFLEX TEST	-	05733	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
95937	S	NEUROMUSCULAR JUNCTION TEST	-	05721	APC	\$99.45	-	-	-	-	000	999	-
95938	S	SOMATOSENSORY TESTING	-	05723	APC	\$341.24	-	-	-	-	000	999	-
95939	S	C MOTOR EVOKED UPR&LWR LIMBS	-	05724	APC	\$665.66	-	-	-	-	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	APC	\$341.24	-	-	-	-	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	APC	\$665.66	-	-	-	-	000	999	-
95961	S	ELECTRODE STIMULATION BRAIN	-	05724	APC	\$665.66	-	-	-	-	000	999	-
95962	N	ELECTRODE STIM BRAIN ADD-ON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
95965	S	MEG SPONTANEOUS	-	05724	APC	\$665.66	-	-	-	-	000	999	-
95966	S	MEG EVOKED SINGLE	-	05724	APC	\$665.66	-	-	-	-	000	999	-
95967	N	MEG EVOKED EACH ADDL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
95970	N	ALYS NPGT W/O PRGRMG	-	05734	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
95971	S	ALYS SMPL SP/PN NPGT W/PRGRM	-	05742	APC	\$61.63	-	-	-	-	000	999	-
95972	S	ALYS CPLX SP/PN NPGT W/PRGRM	-	05742	APC	\$61.63	-	-	-	-	000	999	-
95976	S	ALYS SMPL CN NPGT PRGRMG	-	05741	APC	\$24.01	-	-	-	-	000	999	-
95977	S	ALYS CPLX CN NPGT PRGRMG	-	05742	APC	\$61.63	-	-	-	-	000	999	-
95980	N	IO ANAL GAST N-STIM INIT	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
95981	N	IO ANAL GAST N-STIM SUBSQ	-	05733	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
95982	N	IO GA N-STIM SUBSQ W/REPROG	-	05741	Bundled, sometimes payable	\$24.01	-	-	-	-	000	999	-
95983	S	ALYS BRN NPGT PRGRMG 15 MIN	-	05742	APC	\$61.63	-	-	-	-	000	999	-
95984	N	ALYS BRN NPGT PRGRMG ADDL 15	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
95990	S	SPIN/BRAIN PUMP REFIL & MAIN	-	05694	APC	\$215.62	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
95991	T	SPIN/BRAIN PUMP REFIL & MAIN	-	05441 3.2295	APC	\$188.57	-	-	-	Y	000	999	-
95992	M	CANALITH REPOSITIONING PROC	-	-	Fee Schedule	\$27.93	-	-	-	-	000	999	-
95999	N	UNLISTED NEUROLOGICAL DX PX	-	05721 1.7032	Bundled, sometimes payable	\$99.45	-	-	-	-	000	999	-
96000	S	MOTION ANALYSIS VIDEO/3D	-	05723 5.8442	APC	\$341.24	-	-	-	-	000	999	-
96001	S	MOTION TEST W/FT PRESS MEAS	-	05724 11.4003	APC	\$665.66	-	-	-	-	000	999	-
96002	S	DYNAMIC SURFACE EMG	-	05722 3.4225	APC	\$199.84	-	-	-	-	000	999	-
96003	N	DYNAMIC FINE WIRE EMG	-	05722 3.4225	Bundled, sometimes payable	\$199.84	-	-	-	-	000	999	-
96004	M	PHYS REVIEW OF MOTION TESTS	-	-	Fee Schedule	\$0.00	-	-	-	Y	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	\$75.72	-	-	-	-	000	999	-
96110	E	DEVELOPMENTAL SCREEN W/SCORE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
96112	N	DEVEL TST PHYS/QHP 1ST HR	-	05721 1.7032	Bundled, sometimes payable	\$99.45	-	-	-	-	000	999	-
96113	N	DEVEL TST PHYS/QHP EA ADDL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
96116	N	NUBHVL XM PHYS/QHP 1ST HR	-	05722 3.4225	Bundled, sometimes payable	\$199.84	-	-	-	-	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	\$79.67	-	-	-	-	000	999	-
96127	N	BRIEF EMOTIONAL/BEHAV ASSMT	-	05732 0.4373	Bundled, sometimes payable	\$25.53	-	-	-	-	000	999	-
96130	N	PSYCL TST EVAL PHYS/QHP 1ST	-	05722 3.4225	Bundled, sometimes payable	\$199.84	-	-	-	-	000	999	-
96131	N	PSYCL TST EVAL PHYS/QHP EA	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
96132	N	NRPSYC TST EVAL PHYS/QHP 1ST	-	05723 5.8442	Bundled, sometimes payable	\$341.24	-	-	-	-	000	999	-
96133	N	NRPSYC TST EVAL PHYS/QHP EA	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
96136	N	PSYCL/NRPSYC TST PHY/QHP 1ST	-	05734 1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
96137	N	PSYCL/NRPSYC TST PHY/QHP EA	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
96138	N	PSYCL/NRPSYC TECH 1ST	-	05735 4.3445	Bundled, sometimes payable	\$253.68	-	-	-	-	000	999	-
96139	N	PSYCL/NRPSYC TST TECH EA	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
96146	N	PSYCL/NRPSYC TST AUTO RESULT	-	05731 0.3247	Bundled, sometimes payable	\$18.96	-	-	-	-	000	999	-
96156	N	HLTH BHV ASSMT/REASSESSMENT	-	05822 0.9719	Bundled, sometimes payable	\$56.75	-	-	-	-	000	999	-
96158	N	HLTH BHV IVNTJ INDIV 1ST 30	-	05823 1.7385	Bundled, sometimes payable	\$101.51	-	-	-	-	000	999	-
96159	N	HLTH BHV IVNTJ INDIV EA ADDL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
96160	S	PT-FOCUSED HLTH RISK ASSMT	-	05821 0.3129	APC	\$18.27	-	-	-	-	000	999	-
96161	S	CAREGIVER HEALTH RISK ASSMT	-	05821 0.3129	APC	\$18.27	-	-	-	-	000	999	-
96164	N	HLTH BHV IVNTJ GRP 1ST 30	-	05821 0.3129	Bundled, sometimes payable	\$18.27	-	-	-	-	000	999	-
96165	N	HLTH BHV IVNTJ GRP EA ADDL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
96167	N	HLTH BHV IVNTJ FAM 1ST 30	-	05821 0.3129	Bundled, sometimes payable	\$18.27	-	-	-	-	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 2.3371	APC	\$136.46	-	-	-	-	000	999	-
96361	S	HYDRATE IV INFUSION ADD-ON	-	05691 0.5179	APC	\$30.24	-	-	-	-	000	999	-
96365	S	THER/PROPH/DIAG IV INF INIT	-	05693 2.3371	APC	\$136.46	-	-	-	-	000	999	-
96366	S	THER/PROPH/DIAG IV INF ADDON	-	05691 0.5179	APC	\$30.24	-	-	-	-	000	999	-
96367	S	TX/PROPH/DG ADDL SEQ IV INF	-	05692 0.7681	APC	\$44.85	-	-	-	-	000	999	-
96368	N	THER/DIAG CONCURRENT INF	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
96369	S	SC THER INFUSION UP TO 1 HR	-	05693 2.3371	APC	\$136.46	-	-	-	-	000	999	-
96370	S	SC THER INFUSION ADDL HR	-	05691 0.5179	APC	\$30.24	-	-	-	-	000	999	-
96371	N	SC THER INFUSION RESET PUMP	-	05692 0.7681	Bundled, sometimes payable	\$44.85	-	-	-	-	000	999	-
96372	N	THER/PROPH/DIAG INJ SC/IM	-	05692 0.7681	Bundled, sometimes payable	\$44.85	-	-	-	-	000	999	-
96373	S	THER/PROPH/DIAG INJ IA	-	05693 2.3371	APC	\$136.46	-	-	-	-	000	999	-
96374	S	THER/PROPH/DIAG INJ IV PUSH	-	05693 2.3371	APC	\$136.46	-	-	-	-	000	999	-
96375	S	TX/PRO/DX INJ NEW DRUG ADDON	-	05691 0.5179	APC	\$30.24	-	-	-	-	000	999	-
96376	N	TX/PRO/DX INJ SAME DRUG ADON	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
96377	N	APPLICATON ON-BODY INJECTOR	-	05691 0.5179	Bundled, sometimes payable	\$30.24	-	-	-	-	000	999	-
96379	N	UNL THER/PROPH/DIAG INJ/INF	-	05691 0.5179	Bundled, sometimes payable	\$30.24	-	-	-	-	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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments	
								Hospital Lab Fees	Prior Auth. Required				Passport
96380	E	ADMN RSV MONOC ANTB IM CNSL	-	-	Not Allowed	\$0.00	-	-	-	000	999	-	
96381	E	ADMN RSV MONOC ANTB IM NJX	-	-	Not Allowed	\$0.00	-	-	-	000	999	-	
96401	N	CHEMO ANTI-NEOPL SQ/IM	-	05692 0.7681	Bundled, sometimes payable	\$44.85	-	-	-	Y	000	999	-
96402	N	CHEMO HORMON ANTINEOPL SQ/IM	-	05692 0.7681	Bundled, sometimes payable	\$44.85	-	-	-	Y	000	999	-
96405	N	CHEMO INTRALESIONAL UP TO 7	-	05692 0.7681	Bundled, sometimes payable	\$44.85	-	-	-	-	000	999	-
96406	S	CHEMO INTRALESIONAL OVER 7	-	05693 2.3371	APC	\$136.46	-	-	-	-	000	999	-
96409	S	CHEMO IV PUSH SNGL DRUG	-	05694 3.6927	APC	\$215.62	-	-	-	Y	000	999	-
96411	S	CHEMO IV PUSH ADDL DRUG	-	05692 0.7681	APC	\$44.85	-	-	-	Y	000	999	-
96413	S	CHEMO IV INFUSION 1 HR	-	05694 3.6927	APC	\$215.62	-	-	-	Y	000	999	-
96415	S	CHEMO IV INFUSION ADDL HR	-	05692 0.7681	APC	\$44.85	-	-	-	Y	000	999	-
96416	S	CHEMO PROLONG INFUSE W/PUMP	-	05694 3.6927	APC	\$215.62	-	-	-	Y	000	999	-
96417	S	CHEMO IV INFUS EACH ADDL SEQ	-	05692 0.7681	APC	\$44.85	-	-	-	Y	000	999	-
96420	S	CHEMO IA PUSH TECHNIQUE	-	05694 3.6927	APC	\$215.62	-	-	-	-	000	999	-
96422	S	CHEMO IA INFUSION UP TO 1 HR	-	05694 3.6927	APC	\$215.62	-	-	-	-	000	999	-
96423	S	CHEMO IA INFUSE EACH ADDL HR	-	05691 0.5179	APC	\$30.24	-	-	-	-	000	999	-
96425	S	CHEMOTHERAPY INFUSION METHOD	-	05694 3.6927	APC	\$215.62	-	-	-	-	000	999	-
96440	S	CHMOTX ADMN PLRL CAV THRCNTS	-	05694 3.6927	APC	\$215.62	-	-	-	-	000	999	-
96446	S	CHEMOTX ADMN PERTL CAV IMPL	-	05694 3.6927	APC	\$215.62	-	-	-	-	000	999	-
96450	S	CHEMOTHERAPY INTO CNS	-	05694 3.6927	APC	\$215.62	-	-	-	-	000	999	-
96521	S	REFILL/MAINT PORTABLE PUMP	-	05693 2.3371	APC	\$136.46	-	-	-	Y	000	999	-
96522	S	REFILL/MAINT PUMP/RESVR SYST	-	05693 2.3371	APC	\$136.46	-	-	-	Y	000	999	-
96523	N	IRRIG DRUG DELIVERY DEVICE	-	05733 0.6669	Bundled, sometimes payable	\$38.94	-	-	-	Y	000	999	-
96542	S	CHEMOTHERAPY INJECTION	-	05694 3.6927	APC	\$215.62	-	-	-	-	000	999	-
96547	N	INTRAOP HIPEC PX 1ST 60 MIN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
96548	N	NTRAOP HIPEC PX EA ADD 30MIN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
96549	N	UNLISTED CHEMOTHERAPY PX	-	05691 0.5179	Bundled, sometimes payable	\$30.24	-	-	-	-	000	999	-
96567	N	PDT DSTR PRMLG LES SKN	-	05051 2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	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 2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
96574	N	DBRDMT PRMLG LES W/PDT	-	05051 2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
96900	N	ULTRAVIOLET LIGHT THERAPY	-	05732 0.4373	Bundled, sometimes payable	\$25.53	-	-	-	-	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 0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
96912	N	PHOTOCHEMOTHERAPY WITH UV-A	-	05733 0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
96913	T	PHOTOCHEMOTHERAPY UV-A OR B	-	05052 4.3478	APC	\$253.87	-	-	-	-	000	999	-
96920	N	EXCIMER LSR PSRIASIS<250SQCM	-	05051 2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
96921	N	EXCIMER LSR PSRIASIS 250-500	-	05051 2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
96922	N	EXCIMER LSR PSRIASIS>500SQCM	-	05052 4.3478	Bundled, sometimes payable	\$253.87	-	-	-	-	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 2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
97010	E	HOT OR COLD PACKS THERAPY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
97012	Y	MECHANICAL TRACTION THERAPY	-	-	Fee Schedule	\$11.24	-	-	-	-	000	999	-
97014	E	ELECTRIC STIMULATION THERAPY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
97016	Y	VASOPNEUMATIC DEVICE THERAPY	-	-	Fee Schedule	\$9.15	-	-	-	-	000	999	-
97018	Y	PARAFFIN BATH THERAPY	-	-	Fee Schedule	\$4.44	-	-	-	-	000	999	-
97022	Y	WHIRLPOOL THERAPY	-	-	Fee Schedule	\$13.33	-	-	-	-	000	999	-
97024	Y	DIATHERMY EG MICROWAVE	-	-	Fee Schedule	\$5.75	-	-	-	-	000	999	-
97026	Y	INFRARED THERAPY	-	-	Fee Schedule	\$5.23	-	-	-	-	000	999	-
97028	Y	ULTRAVIOLET THERAPY	-	-	Fee Schedule	\$6.53	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees					
97032	Y	APPL MODALITY 1+ESTIM EA 15	-	-	-	Fee Schedule	\$11.24	-	-	-	-	000	999	-
97033	Y	APP MDLTY 1+IONTPHRIS EA 15	-	-	-	Fee Schedule	\$15.42	-	-	-	-	000	999	-
97034	Y	APP MDLTY 1+CNTRST BTH EA 15	-	-	-	Fee Schedule	\$11.24	-	-	-	-	000	999	-
97035	Y	APP MDLTY 1+ULTRASOUND EA 15	-	-	-	Fee Schedule	\$11.24	-	-	-	-	000	999	-
97036	Y	APP MDLTY 1+HUBBRD TNK EA 15	-	-	-	Fee Schedule	\$27.18	-	-	-	-	000	999	-
97037	N	APPL MODALITY 1+LLLT PO PAIN	-	05732	0.4373	Bundled, sometimes payable	\$25.53	-	-	-	-	000	999	-
97039	E	UNLISTED MODALITY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
97110	Y	THERAPEUTIC EXERCISES	-	-	-	Fee Schedule	\$22.99	-	-	-	-	000	999	-
97112	Y	NEUROMUSCULAR REEDUCATION	-	-	-	Fee Schedule	\$26.39	-	-	-	-	000	999	-
97113	Y	AQUATIC THERAPY/EXERCISES	-	-	-	Fee Schedule	\$28.74	-	-	-	-	000	999	-
97116	Y	GAIT TRAINING THERAPY	-	-	-	Fee Schedule	\$22.99	-	-	-	-	000	999	-
97124	Y	MASSAGE THERAPY	-	-	-	Fee Schedule	\$23.52	-	-	-	-	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/> REGIONS	-	-	-	Fee Schedule	\$21.17	-	-	-	-	000	999	-
97150	Y	GROUP THERAPEUTIC PROCEDURES	-	-	-	Fee Schedule	\$13.85	-	-	-	-	000	999	-
97151	N	BHV ID ASSMT BY PHYS/QHP	-	05822	0.9719	Bundled, sometimes payable	\$56.75	-	-	-	-	000	999	-
97152	N	BHV ID SUPRT ASSMT BY 1 TECH	-	05822	0.9719	Bundled, sometimes payable	\$56.75	-	-	-	-	000	999	-
97153	N	ADAPTIVE BEHAVIOR TX BY TECH	-	05822	0.9719	Bundled, sometimes payable	\$56.75	-	-	-	-	000	999	-
97154	N	GRP ADAPT BHV TX BY TECH	-	05821	0.3129	Bundled, sometimes payable	\$18.27	-	-	-	-	000	999	-
97155	N	ADAPT BEHAVIOR TX PHYS/QHP	-	05823	1.7385	Bundled, sometimes payable	\$101.51	-	-	-	-	000	999	-
97156	N	FAM ADAPT BHV TX GDN PHY/QHP	-	05821	0.3129	Bundled, sometimes payable	\$18.27	-	-	-	-	000	999	-
97157	N	MULT FAM ADAPT BHV TX GDN	-	05821	0.3129	Bundled, sometimes payable	\$18.27	-	-	-	-	000	999	-
97158	N	GRP ADAPT BHV TX BY PHY/QHP	-	05821	0.3129	Bundled, sometimes payable	\$18.27	-	-	-	-	000	999	-
97161	M	PT EVAL LOW COMPLEX 20 MIN	-	-	-	Fee Schedule	\$78.36	-	-	-	-	000	999	-
97162	M	PT EVAL MOD COMPLEX 30 MIN	-	-	-	Fee Schedule	\$78.36	-	-	-	-	000	999	-
97163	M	PT EVAL HIGH COMPLEX 45 MIN	-	-	-	Fee Schedule	\$78.36	-	-	-	-	000	999	-
97164	M	PT RE-EVAL EST PLAN CARE	-	-	-	Fee Schedule	\$54.32	-	-	-	-	000	999	-
97165	M	OT EVAL LOW COMPLEX 30 MIN	-	-	-	Fee Schedule	\$78.36	-	-	-	-	000	999	-
97166	M	OT EVAL MOD COMPLEX 45 MIN	-	-	-	Fee Schedule	\$78.36	-	-	-	-	000	999	-
97167	M	OT EVAL HIGH COMPLEX 60 MIN	-	-	-	Fee Schedule	\$78.36	-	-	-	-	000	999	-
97168	M	OT RE-EVAL EST PLAN CARE	-	-	-	Fee Schedule	\$54.06	-	-	-	-	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	\$29.00	-	-	-	-	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	\$24.82	-	-	-	-	000	999	-
97542	Y	WHEELCHAIR MNGMENT TRAINING	-	-	-	Fee Schedule	\$24.82	-	-	-	-	000	999	-
97545	E	WORK HARDENING	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
97546	E	WORK HARDENING ADD-ON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
97550	E	CAREGIVER TRAIING 1ST 30 MIN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
97551	E	CAREGIVER TRAIING EA ADDL 15	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
97552	E	GROUP CAREGIVER TRAINING	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
97597	T	DBRDMT OPN WND 1ST 20 CM/<	-	05051	2.1829	APC	\$127.46	-	-	-	-	000	999	-
97598	N	DBRDMT OPN WND ADDL 20CM/<	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
97602	N	WOUND(S) CARE NON-SELECTIVE	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
97605	N	NEG PRS WND THER DME<=50SQCM	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
97606	N	NEG PRS WND THER DME>50 SQCM	-	05052	4.3478	Bundled, sometimes payable	\$253.87	-	-	-	-	000	999	-
97607	T	NEG PRS WND THR NDME<=50SQCM	-	05052	4.3478	APC	\$236.59	-	-	-	-	000	999	-
97608	T	NEG PRS WND THER NDME>50SQCM	-	05052	4.3478	APC	\$236.59	-	-	-	-	000	999	-
97610	N	LOW FREQUENCY NON-THERMAL US	-	05051	2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
97750	Y	PHYSICAL PERFORMANCE TEST	-	-	-	Fee Schedule	\$26.39	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments	
									Hospital Lab	Prior Auth. Required				Passport
97755	Y	ASSISTIVE TECHNOLOGY ASSESS	-	-	-	Fee Schedule	\$30.05	-	-	-	000	999	-	
97760	Y	ORTHOTIC MGMT&TRAINING 1ST ENC	-	-	-	Fee Schedule	\$37.89	-	-	-	Y	000	999	-
97761	M	PROSTHETIC TRAINING 1ST ENC	-	-	-	Fee Schedule	\$55.40	-	-	-	Y	000	999	-
97763	M	ORTHC/PROSTC MGMT SBSQ ENC	-	-	-	Fee Schedule	\$41.55	-	-	-	-	000	999	-
97799	E	UNLISTED PHYSCL MED/REHAB PX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
97802	M	MEDICAL NUTRITION INDIV IN	-	-	-	Fee Schedule	\$42.55	-	-	-	-	000	020	-
97803	M	MED NUTRITION INDIV SUBSEQ	-	-	-	Fee Schedule	\$35.90	-	-	-	-	000	020	-
97804	M	MEDICAL NUTRITION GROUP	-	-	-	Fee Schedule	\$20.39	-	-	-	-	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	0.2829	Bundled, sometimes payable	\$16.52	-	-	-	-	000	999	-
98926	N	OSTEOPATH MANJ 3-4 REGIONS	-	05811	0.2829	Bundled, sometimes payable	\$16.52	-	-	-	-	000	999	-
98927	N	OSTEOPATH MANJ 5-6 REGIONS	-	05811	0.2829	Bundled, sometimes payable	\$16.52	-	-	-	-	000	999	-
98928	N	OSTEOPATH MANJ 7-8 REGIONS	-	05811	0.2829	Bundled, sometimes payable	\$16.52	-	-	-	-	000	999	-
98929	N	OSTEOPATH MANJ 9-10 REGIONS	-	05811	0.2829	Bundled, sometimes payable	\$16.52	-	-	-	-	000	999	-
98940	N	CHIROPRACT MANJ 1-2 REGIONS	-	05811	0.2829	Bundled, sometimes payable	\$16.52	-	-	-	-	000	999	-
98941	N	CHIROPRACT MANJ 3-4 REGIONS	-	05811	0.2829	Bundled, sometimes payable	\$16.52	-	-	-	-	000	999	-
98942	N	CHIROPRACTIC MANJ 5 REGIONS	-	05811	0.2829	Bundled, sometimes payable	\$16.52	-	-	-	-	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	-	-	-	Y	000	999	-
98961	E	SELF-MGMT EDUC/TRAIN 2-4 PT	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
98962	E	SELF-MGMT EDUC/TRAIN 5-8 PT	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
98966	M	HC PRO PHONE CALL 5-10 MIN	-	-	-	Fee Schedule	\$8.62	-	-	-	-	000	999	-
98967	M	HC PRO PHONE CALL 11-20 MIN	-	-	-	Fee Schedule	\$16.98	-	-	-	-	000	999	-
98968	M	HC PRO PHONE CALL 21-30 MIN	-	-	-	Fee Schedule	\$24.04	-	-	-	-	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	V	REM THER MNTR 1ST SETUP&EDU	-	05012	1.4414	APC	\$84.16	-	-	-	-	000	999	-
98976	N	REM THER MNTR DEV SPLY RESP	-	05741	0.4112	Bundled, sometimes payable	\$24.01	-	-	-	-	000	999	-
98977	N	REM THER MNTR DV SPLY MSCSKL	-	05741	0.4112	Bundled, sometimes payable	\$24.01	-	-	-	-	000	999	-
98978	N	REM THER MNTR DEV SPLY CBT	-	05741	0.4112	Bundled, sometimes payable	\$24.01	-	-	-	-	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 SUPPL MATRL&STAF TM PHE	-	-	-	Charge Ratio	\$0.00	-	-	-	-	000	999	-
99075	E	MEDICAL TESTIMONY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
99078	N	GROUP HEALTH EDUCATION	-	-	-	Bundled	\$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	N	COLLJ & INTERPJ DATA EA 30 D	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
99100	M	ANES PT EXTEME AGE<1 YR>>70	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
99116	M	ANES COMP TOT BDY HYPHTHRM	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
99135	M	ANES COMP CTRLD HYPOTENSION	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
99140	M	ANES COMP EMERGENCY COND	-	-	-	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	2.1728	APC	\$126.87	-	-	-	-	000	999	-
99172	E	OCULAR FUNCTION SCREEN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
99173	E	VISUAL ACUITY SCREEN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
99174	E	OCULAR INSTRUMNT SCREEN BIL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
99175	N	INDUCTION OF VOMITING	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
99177	E	OCULAR INSTRUMNT SCREEN BIL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
99183	E	HYPERBARIC OXYGEN THERAPY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
99184	C	HYPOTHERMIA ILL NEONATE	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
99188	E	APP TOPICAL FLUORIDE VARNISH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
99190	C	SPECIAL PUMP SERVICES	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
99191	C	SPECIAL PUMP SERVICES	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
99192	C	SPECIAL PUMP SERVICES	-	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
99195	N	PHLEBOTOMY	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
99199	E	UNLISTED SPECIAL SVC PX/RPRT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
99202	M	OFFICE O/P NEW SF 15 MIN	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
99203	M	OFFICE O/P NEW LOW 30 MIN	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
99204	M	OFFICE O/P NEW MOD 45 MIN	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
99205	M	OFFICE O/P NEW HI 60 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 MIN	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
99213	M	OFFICE O/P EST LOW 20 MIN	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
99214	M	OFFICE O/P EST MOD 30 MIN	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
99215	M	OFFICE O/P EST HI 40 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	0.9680	Bundled, sometimes payable	\$56.52	-	-	-	-	000	999	-
99282	N	EMERGENCY DEPT VISIT SF MDM	-	05022	1.7833	Bundled, sometimes payable	\$104.13	-	-	-	-	000	999	-
99283	N	EMERGENCY DEPT VISIT LOW MDM	-	05023	3.1111	Bundled, sometimes payable	\$181.66	-	-	-	-	000	999	-
99284	N	EMERGENCY DEPT VISIT MOD MDM	-	05024	4.8294	Bundled, sometimes payable	\$281.99	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab Fees	Hospital Lab Fees					
99285	N	EMERGENCY DEPT VISIT HI MDM	-	05025 7.0036	Bundled, sometimes payable	\$408.94	-	-	-	-	-	000	999	-
99288	E	DIRECT ADVANCED LIFE SUPPORT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
99291	N	CRITICAL CARE FIRST HOUR	-	05041 9.6757	Bundled, sometimes payable	\$564.96	-	-	-	-	-	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 50	-	-	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 20	-	-	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/LESS	-	-	Fee Schedule	\$0.00	-	-	-	-	Y	000	999	-
99316	M	NF DSCHRG MGMT 30 MIN+	-	-	Fee Schedule	\$0.00	-	-	-	-	Y	000	999	-
99341	M	HOME/RES VST NEW SF MDM 15	-	-	Fee Schedule	\$0.00	-	-	-	-	Y	000	999	-
99342	M	HOME/RES VST NEW LOW MDM 30	-	-	Fee Schedule	\$0.00	-	-	-	-	Y	000	999	-
99344	M	HOME/RES VST NEW MOD MDM 60	-	-	Fee Schedule	\$0.00	-	-	-	-	Y	000	999	-
99345	M	HOME/RES VST NEW HIGH MDM 75	-	-	Fee Schedule	\$0.00	-	-	-	-	Y	000	999	-
99347	M	HOME/RES VST EST SF MDM 20	-	-	Fee Schedule	\$0.00	-	-	-	-	Y	000	999	-
99348	M	HOME/RES VST EST LOW MDM 30	-	-	Fee Schedule	\$0.00	-	-	-	-	Y	000	999	-
99349	M	HOME/RES VST EST MOD MDM 40	-	-	Fee Schedule	\$0.00	-	-	-	-	Y	000	999	-
99350	M	HOME/RES VST EST HIGH MDM 60	-	-	Fee Schedule	\$0.00	-	-	-	-	Y	000	999	-
99358	N	PROLONG SERVICE W/O CONTACT	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
99359	N	PROLONG SERV W/O CONTACT ADD	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
99360	E	PHYSICIAN STANDBY SERVICES	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
99366	E	TEAM CONF W/PAT BY HC PROF	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
99367	N	TEAM CONF W/O PAT BY PHYS	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
99368	E	TEAM CONF W/O PAT BY HC PRO	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
99374	E	HOME HEALTH CARE SUPERVISION	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
99375	E	HOME HEALTH CARE SUPERVISION	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
99377	E	HOSPICE CARE SUPERVISION	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
99378	E	HOSPICE CARE SUPERVISION	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
99379	E	NURSING FAC CARE SUPERVISION	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
99380	E	NURSING FAC CARE SUPERVISION	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
99381	M	INIT PM E/M NEW PAT INFANT	-	-	Fee Schedule	\$0.00	-	-	-	-	-	000	000	-
99382	M	INIT PM E/M NEW PAT 1-4 YRS	-	-	Fee Schedule	\$0.00	-	-	-	-	-	001	004	-
99383	M	PREV VISIT NEW AGE 5-11	-	-	Fee Schedule	\$0.00	-	-	-	-	-	005	011	-
99384	M	PREV VISIT NEW AGE 12-17	-	-	Fee Schedule	\$0.00	-	-	-	-	-	012	017	-
99385	M	PREV VISIT NEW AGE 18-39	-	-	Fee Schedule	\$0.00	-	-	-	-	-	018	039	-
99386	M	PREV VISIT NEW AGE 40-64	-	-	Fee Schedule	\$0.00	-	-	-	-	-	040	064	-
99387	M	INIT PM E/M NEW PAT 65+ YRS	-	-	Fee Schedule	\$0.00	-	-	-	-	-	065	999	-
99391	M	PER PM REEVAL EST PAT INFANT	-	-	Fee Schedule	\$0.00	-	-	-	-	-	000	000	-
99392	M	PREV VISIT EST AGE 1-4	-	-	Fee Schedule	\$0.00	-	-	-	-	-	001	004	-
99393	M	PREV VISIT EST AGE 5-11	-	-	Fee Schedule	\$0.00	-	-	-	-	-	005	011	-
99394	M	PREV VISIT EST AGE 12-17	-	-	Fee Schedule	\$0.00	-	-	-	-	-	012	017	-
99395	M	PREV VISIT EST AGE 18-39	-	-	Fee Schedule	\$0.00	-	-	-	-	-	018	039	-
99396	M	PREV VISIT EST AGE 40-64	-	-	Fee Schedule	\$0.00	-	-	-	-	-	040	064	-
99397	M	PER PM REEVAL EST PAT 65+ YR	-	-	Fee Schedule	\$0.00	-	-	-	-	-	065	999	-
99401	M	PREV MED CNSL INDIV APPRX 15	-	-	Fee Schedule	\$0.00	-	-	-	-	-	000	999	-
99402	M	PREV MED CNSL INDIV APPRX 30	-	-	Fee Schedule	\$0.00	-	-	-	-	-	000	999	-
99403	M	PREV MED CNSL INDIV APPRX 45	-	-	Fee Schedule	\$0.00	-	-	-	-	-	000	999	-
99404	M	PREV MED CNSL INDIV APPRX 60	-	-	Fee Schedule	\$0.00	-	-	-	-	-	000	999	-
99406	S	BEHAV CHNG SMOKING 3-10 MIN	-	05821 0.3129	APC	\$18.27	-	-	-	-	-	000	999	-
99407	S	BEHAV CHNG SMOKING > 10 MIN	-	05821 0.3129	APC	\$18.27	-	-	-	-	-	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	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
										Hospital Lab Fees	Prior Auth. Required			
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	0.9719	APC	\$56.75	-	-	-	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	\$26.89	-	-	-	000	999	-
99442	M		PHONE E/M PHYS/QHP 11-20 MIN	-	-	-	Fee Schedule	\$50.90	-	-	-	000	999	-
99443	M		PHONE E/M PHYS/QHP 21-30 MIN	-	-	-	Fee Schedule	\$74.65	-	-	-	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	V		REM MNTR PHYSIOL PARAM SETUP	-	05012	1.4414	APC	\$84.16	-	-	-	000	999	-
99454	N		REM MNTR PHYSIOL PARAM DEV	-	05741	0.4112	Bundled, sometimes payable	\$24.01	-	-	-	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	-
99458	E		REM PHYSIOL MNTR EA ADDL 20	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
99459	N		PELVIC EXAMINATION	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
99460	V		INIT NB EM PER DAY HOSP	-	05012	1.4414	APC	\$84.16	-	-	-	000	000	-
99461	E		INIT NB EM PER DAY NON-FAC	-	-	-	Not Allowed	\$0.00	-	-	-	000	000	-
99462	C		SBSQ NB EM PER DAY HOSP	-	-	-	Inpatient Only	\$0.00	-	-	-	000	000	-
99463	V		SAME DAY NB DISCHARGE	-	05012	1.4414	APC	\$84.16	-	-	-	000	000	-
99464	N		ATTENDANCE AT DELIVERY	-	-	-	Bundled	\$0.00	-	-	-	000	000	-
99465	S		NB RESUSCITATION	-	05781	7.0964	APC	\$414.36	-	-	-	000	000	-
99466	N		PED CRIT CARE TRANSPORT	-	-	-	Bundled	\$0.00	-	-	-	000	001	-
99467	N		PED CRIT CARE TRANSPORT ADDL	-	-	-	Bundled	\$0.00	-	-	-	000	001	-
99468	C		NEONATE CRIT CARE INITIAL	-	-	-	Inpatient Only	\$0.00	-	-	-	000	000	-
99469	C		NEONATE CRIT CARE SUBSQ	-	-	-	Inpatient Only	\$0.00	-	-	-	000	000	-
99471	C		PED CRITICAL CARE INITIAL	-	-	-	Inpatient Only	\$0.00	-	-	-	000	001	-
99472	C		PED CRITICAL CARE SUBSQ	-	-	-	Inpatient Only	\$0.00	-	-	-	000	001	-
99473	E		SELF-MEAS BP PT EDUCAJ/TRAIN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
99474	M		SELF-MEAS BP 2 READG BID 30D	-	-	-	Fee Schedule	\$0.00	-	-	-	000	999	-
99475	C		PED CRIT CARE AGE 2-5 INIT	-	-	-	Inpatient Only	\$0.00	-	-	-	002	005	-
99476	C		PED CRIT CARE AGE 2-5 SUBSQ	-	-	-	Inpatient Only	\$0.00	-	-	-	002	005	-
99477	C		INIT DAY HOSP NEONATE CARE	-	-	-	Inpatient Only	\$0.00	-	-	-	000	999	-
99478	C		IC LBW INF < 1500 GM SUBSQ	-	-	-	Inpatient Only	\$0.00	-	-	-	000	000	-
99479	C		IC LBW INF 1500-2500 G SUBSQ	-	-	-	Inpatient Only	\$0.00	-	-	-	000	000	-
99480	C		IC INF PBW 2501-5000 G SUBSQ	-	-	-	Inpatient Only	\$0.00	-	-	-	000	000	-
99483	S		ASSMT & CARE PLN PT COG IMP	-	05822	0.9719	APC	\$56.75	-	-	-	000	999	-
99484	S		CARE MGMT SVC BHVL HLTH COND	-	05821	0.3129	APC	\$18.27	-	-	-	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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
99487	S	CPLX CHRNC CARE 1ST 60 MIN	-	05823 1.7385	APC	\$101.51	-	-	-	-	000	999	-
99489	N	CPLX CHRNC CARE EA ADDL 30	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
99490	S	CHRNC CARE MGMT STAFF 1ST 20	-	05822 0.9719	APC	\$56.75	-	-	-	-	000	999	-
99491	E	CHRNC CARE MGMT PHYS 1ST 30	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
99492	S	1ST PSYC COLLAB CARE MGMT	-	05822 0.9719	APC	\$56.75	-	-	-	-	000	999	Not Allowed for RHC/FQHC
99493	S	SBSQ PSYC COLLAB CARE MGMT	-	05823 1.7385	APC	\$101.51	-	-	-	-	000	999	Not Allowed for RHC/FQHC
99494	N	1ST/SBSQ PSYC COLLAB CARE	-	-	Bundled	\$0.00	-	-	-	-	000	999	Not Allowed for RHC/FQHC
99495	V	TRANSJ CARE MGMT MOD F2F 14D	-	05012 1.4414	APC	\$84.16	-	-	-	-	000	999	-
99496	V	TRANSJ CARE MGMT HIGH F2F 7D	-	05012 1.4414	APC	\$84.16	-	-	-	-	000	999	-
99497	N	ADVNCDC CARE PLAN 30 MIN	-	05822 0.9719	Bundled, sometimes payable	\$56.75	-	-	-	-	000	999	-
99498	N	ADVNCDC CARE PLAN ADDL 30 MIN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
99499	M	UNLISTED E&M SERVICE	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
99500	M	HOME VISIT PRENATAL	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
99501	M	HOME VISIT POSTNATAL	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
99502	M	HOME VISIT NB CARE	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
99503	E	HOME VISIT RESP THERAPY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
99504	E	HOME VISIT MECH VENTILATOR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
99505	E	HOME VISIT STOMA CARE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
99506	E	HOME VISIT IM INJECTION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
99507	E	HOME VISIT CATH MAINTAIN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
99509	E	HOME VISIT DAY LIFE ACTIVITY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
99510	E	HOME VISIT SING/M/FAM COUNS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
99511	E	HOME VISIT FECAL/ENEMA MGMT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
99512	E	HOME VISIT FOR HEMODIALYSIS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
99600	E	UNLISTED HOME VISIT SVC/PX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
99601	E	HOME NFS VISIT <2 HRS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
99602	E	HOME NFS VISIT EACH ADDL 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	-
A0384	E	BLS DEFIBRILLATION SUPPLIES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
A0390	E	ADVANCED LIFE SUPPORT MILEAG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
A0392	E	ALS DEFIBRILLATION SUPPLIES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
A0394	E	ALS IV DRUG THERAPY SUPPLIES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
A0396	E	ALS ESOPHAGEAL INTUB SUPPLS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
A0398	E	ALS ROUTINE DISPOSBLE SUPPLS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Passport	Min Age	Max Age	Comments
								Hospital Lab Fees	Prior Auth. Required				
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	-
A2019	N	KERECIS MARIGEN SHLD SQ CM	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A2020	N	AC5 WOUND SYSTEM	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A2021	N	NEOMATRIX PER SQ CM	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A2022	N	INNOVABRN/INNOVAMATX XL SQCM	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A2023	N	INNOVAMATRIX PD, 1 MG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A2024	N	RESOLVE MATRIX PER SQ CM	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A2025	N	MIRO3D PER CUBIC CM	-	-	Bundled	\$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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Prior Auth. Required	Passport	Min Age	Max Age	Comments
									Hospital Lab	Hospital Lab					
A4220	N	INFUSION PUMP REFILL KIT	-	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4221	E	SUPP NON-INSULIN INF CATH/WK	-	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4222	E	INFUSION SUPPLIES WITH PUMP	-	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4223	E	INFUSION SUPPLIES W/O PUMP	-	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4224	N	SUPPLY INSULIN INF CATH/WK	-	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4225	N	SUP/EXT INSULIN INF PUMP SYR	-	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4226	E	WEEKLY SUPPLY MAINT CGS PUMP	-	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4230	N	INFUS INSULIN PUMP NON NEEDL	-	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4231	N	INFUSION INSULIN PUMP NEEDLE	-	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4232	E	SYRINGE W/NEEDLE INSULIN 3CC	-	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4233	E	ALKALIN BATT FOR GLUCOSE MON	-	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4234	E	J-CELL BATT FOR GLUCOSE MON	-	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4235	E	LITHIUM BATT FOR GLUCOSE MON	-	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4236	E	SILVR OXIDE BATT GLUCOSE MON	-	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
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	E	FEMALE CONDOM	-	-	-	Not Allowed	\$0.00	-	-	-	-	-	010	999	-
A4269	E	SPERMICIDE	-	-	-	Not Allowed	\$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	-
A4287	E	DISP COL STO BAG BREAST MILK	-	-	-	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	-

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  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab	Hospital Lab					
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	-
A4341	N	IDUC VALVE PAT INST REPL	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4342	N	IDUC VALVE SPLY REPL	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4344	N	CATH INDW FOLEY 2 WAY SILICN	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4346	N	CATH INDW FOLEY 3 WAY	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4349	E	DISPOSABLE MALE EXTERNAL CAT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4351	N	STRAIGHT TIP URINE CATHETER	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4352	N	COUDE TIP URINARY CATHETER	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4353	N	INTERMITTENT URINARY CATH	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4354	N	CATH INSERTION TRAY W/BAG	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4355	N	BLADDER IRRIGATION TUBING	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4356	N	EXT URETH CLMP OR COMPR DVC	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4357	N	BEDSIDE DRAINAGE BAG	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4358	N	URINARY LEG OR ABDOMEN BAG	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4360	N	DISPOSABLE EXT URETHRAL DEV	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4361	N	OSTOMY FACE PLATE	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4362	N	SOLID SKIN BARRIER	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4363	E	OSTOMY CLAMP, REPLACEMENT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4364	N	ADHESIVE, LIQUID OR EQUAL	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4366	E	OSTOMY VENT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4367	N	OSTOMY BELT	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4368	N	OSTOMY FILTER	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4369	N	SKIN BARRIER LIQUID PER OZ	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4371	N	SKIN BARRIER POWDER PER OZ	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4372	N	SKIN BARRIER SOLID 4X4 EQUIV	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4373	N	SKIN BARRIER WITH FLANGE	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4375	N	DRAINABLE PLASTIC PCH W FCPL	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4376	N	DRAINABLE RUBBER PCH W FCPLT	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4377	N	DRAINABLE PLSTIC PCH W/O FP	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4378	N	DRAINABLE RUBBER PCH W/O FP	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4379	N	URINARY PLASTIC POUCH W FCPL	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4380	N	URINARY RUBBER POUCH W FCPLT	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4381	N	URINARY PLASTIC POUCH W/O FP	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4382	N	URINARY HVY PLSTC PCH W/O FP	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4383	N	URINARY RUBBER POUCH W/O FP	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4384	N	OSTOMY FACEPLT/SILICONE RING	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4385	N	OST SKN BARRIER SLD EXT WEAR	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4387	N	OST CLSD POUCH W ATT ST BARR	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab	Hospital Lab					
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 SKNBAR W/O CONV<=4 SQ IN	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4415	N	OST SKN BARR W/O CONV >4 SQI	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4416	E	OST PCH CLSD W BARRIER/FILTR	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4417	E	OST PCH W BAR/BLTINCONV/FLTR	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4418	E	OST PCH CLSD W/O BAR W FILTR	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4419	E	OST PCH FOR BAR W FLANGE/FLT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4420	E	OST PCH CLSD FOR BAR W LK FL	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4421	E	OSTOMY SUPPLY MISC	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4422	N	OST POUCH ABSORBENT MATERIAL	-	-	Bundled	\$0.00	-	-	-	-	-	000	999	-
A4423	E	OST PCH FOR BAR W LK FL/FLTR	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4424	E	OST PCH DRAIN W BAR & FILTER	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4425	E	OST PCH DRAIN FOR BARRIER FL	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4426	E	OST PCH DRAIN 2 PIECE SYSTEM	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4427	E	OST PCH DRAIN/BARR LK FLNG/F	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4428	E	URINE OST POUCH W FAUCET/TAP	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4429	E	URINE OST POUCH W BLTINCONV	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4430	E	OST URINE PCH W B/BLTIN CONV	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4431	E	OST PCH URINE W BARRIER/TAPV	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4432	E	OS PCH URINE W BAR/FANGE/TAP	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4433	E	URINE OST PCH BAR W LOCK FLN	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4434	E	OST PCH URINE W LOCK FLNG/FT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
A4435	E	1PC OST PCH DRAIN GHG OUTPUT	-	-	Not Allowed	\$0.00	-	-	-	-	Y	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	-
A4457	E	ENEMA TUBE ANY TYPE REPL	-	-	Not Allowed	\$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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient	Sole Comm.	Non-sole Comm.		Min Age	Max Age	Comments
						Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees	Prior Auth. Required			
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	-
A4468	E	EXSUFF BELT INCL ALL SUP ACC	-	-	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	-
A4540	E	TRANS ELEC NERV PERIPH NERV	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A4541	E	MONTHLY SUPP USE WITH E0733	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A4542	E	SUPP EXT UP LIMB TREMOR STIM	-	-	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	-
A4560	E	NMES DISPOSABLE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A4561	N	PESSARY REUSABLE RUB ANYTYPE	-	-	Bundled	\$0.00	-	-	-	000	999	-
A4562	N	PESSARY REUSABLE NONRUBBER	-	-	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	-
A4624	E	TRACHEAL SUCTION TUBE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A4625	N	TRACH CARE KIT FOR NEW TRACH	-	-	Bundled	\$0.00	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab	Hospital Lab					
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	-	-	Y	-	-	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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
									Hospital Lab Fees	Hospital Lab Fees					
A4772	N	BLOOD GLUCOSE TEST STRIPS	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A4773	N	OCCULT BLOOD TEST STRIPS	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A4774	N	AMMONIA TEST STRIPS	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A4802	N	PROTAMINE SULFATE PER 50 MG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A4860	N	DISPOSABLE CATHETER TIPS	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A4870	N	PLUMB/ELEC WK HM HEMO EQUIP	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A4890	N	REPAIR/MAINT CONT HEMO EQUIP	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A4911	N	DRAIN BAG/BOTTLE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A4913	N	MISC DIALYSIS SUPPLIES NOC	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A4918	N	VENOUS PRESSURE CLAMP	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A4927	N	NON-STERILE GLOVES	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A4928	N	SURGICAL MASK	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A4929	N	TOURNIQUET FOR DIALYSIS, EA	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A4930	N	STERILE, GLOVES PER PAIR	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A4931	N	REUSABLE ORAL THERMOMETER	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A4932	E	REUSABLE RECTAL THERMOMETER	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A5051	N	POUCH CLSD W BARR ATTACHED	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A5052	N	CLSD OSTOMY POUCH W/O BARR	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A5053	N	CLSD OSTOMY POUCH FACEPLATE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A5054	N	CLSD OSTOMY POUCH W/FLANGE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A5055	N	STOMA CAP	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A5056	E	1 PC OST POUCH W FILTER	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A5057	E	1 PC OST POU W BUILT-IN CONV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A5061	N	POUCH DRAINABLE W BARRIER AT	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A5062	N	DRNBLE OSTOMY POUCH W/O BARR	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A5063	N	DRAIN OSTOMY POUCH W/FLANGE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A5071	N	URINARY POUCH W/BARRIER	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A5072	N	URINARY POUCH W/O BARRIER	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A5073	N	URINARY POUCH ON BARR W/FLNG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A5081	N	STOMA PLUG OR SEAL, ANY TYPE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A5082	N	CONTINENT STOMA CATHETER	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A5083	N	STOMA ABSORPTIVE COVER	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A5093	N	OSTOMY ACCESSORY CONVEX INSE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A5102	N	BEDSIDE DRAIN BTL W/WO TUBE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A5105	N	URINARY SUSPENSORY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A5112	N	URINARY LEG BAG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A5113	E	LATEX LEG STRAP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A5114	E	FOAM/FABRIC LEG STRAP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A5120	E	SKIN BARRIER, WIPE OR SWAB	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A5121	N	SOLID SKIN BARRIER 6X6	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A5122	N	SOLID SKIN BARRIER 8X8	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A5126	N	DISK/FOAM PAD +OR- ADHESIVE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A5131	N	APPLIANCE CLEANER	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A5200	N	PERCUTANEOUS CATHETER ANCHOR	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A5500	E	DIAB SHOE FOR DENSITY INSERT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A5501	E	DIABETIC CUSTOM MOLDED SHOE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A5503	E	DIABETIC SHOE W/ROLLER/ROCKR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A5504	E	DIABETIC SHOE WITH WEDGE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A5505	E	DIAB SHOE W/METATARSAL BAR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A5506	E	DIABETIC SHOE W/OFF SET HEEL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A5507	E	MODIFICATION DIABETIC SHOE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A5508	E	DIABETIC DELUXE SHOE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A5510	E	COMPRESSION FORM SHOE INSERT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A5512	E	MULTI DEN INSERT DIRECT FORM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A5513	E	MULTI DEN INSERT CUSTOM MOLD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A5514	E	MULT DEN INSERT DIR CARV/CAM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	

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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
A6000	E	WOUND WARMING WOUND COVER	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
A6010	N	COLLAGEN BASED WOUND FILLER	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6011	N	COLLAGEN GEL/PASTE WOUND FIL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6021	N	COLLAGEN DRESSING <=16 SQ IN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6022	N	COLLAGEN DRSG>16<=48 SQ IN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6023	N	COLLAGEN DRESSING >48 SQ IN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6024	N	COLLAGEN DSG WOUND FILLER	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6025	E	SILICONE GEL SHEET, EACH	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
A6154	N	WOUND POUCH EACH	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6196	N	ALGINATE DRESSING <=16 SQ IN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6197	N	ALGINATE DRSG >16 <=48 SQ IN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6198	N	ALGINATE DRESSING > 48 SQ IN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6199	N	ALGINATE DRSG WOUND FILLER	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6203	N	COMPOSITE DRSG <= 16 SQ IN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6204	N	COMPOSITE DRSG >16<=48 SQ IN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6205	N	COMPOSITE DRSG > 48 SQ IN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6206	N	CONTACT LAYER <= 16 SQ IN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6207	N	CONTACT LAYER >16<= 48 SQ IN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6208	N	CONTACT LAYER > 48 SQ IN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6209	N	FOAM DRSG <=16 SQ IN W/O BDR	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6210	N	FOAM DRG >16<=48 SQ IN W/O B	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6211	N	FOAM DRG > 48 SQ IN W/O BRDR	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6212	N	FOAM DRG <=16 SQ IN W/BORDER	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6213	N	FOAM DRG >16<=48 SQ IN W/BDR	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6214	N	FOAM DRG > 48 SQ IN W/BORDER	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6215	N	FOAM DRESSING WOUND FILLER	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6216	N	NON-STERILE GAUZE<=16 SQ IN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6217	N	NON-STERILE GAUZE>16<=48 SQ	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6218	N	NON-STERILE GAUZE > 48 SQ IN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6219	N	GAUZE <= 16 SQ IN W/BORDER	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6220	N	GAUZE >16 <=48 SQ IN W/BORDR	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6221	N	GAUZE > 48 SQ IN W/BORDER	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6222	N	GAUZE <=16 IN NO W/SAL W/O B	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6223	N	GAUZE >16<=48 NO W/SAL W/O B	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6224	N	GAUZE > 48 IN NO W/SAL W/O B	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6228	N	GAUZE <= 16 SQ IN WATER/SAL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6229	N	GAUZE >16<=48 SQ IN WATR/SAL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6230	N	GAUZE > 48 SQ IN WATER/SALNE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6231	N	HYDROGEL DSG<=16 SQ IN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6232	N	HYDROGEL DSG>16<=48 SQ IN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6233	N	HYDROGEL DRESSING >48 SQ IN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6234	N	HYDROCOLLD DRG <=16 W/O BDR	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6235	N	HYDROCOLLD DRG >16<=48 W/O B	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6236	N	HYDROCOLLD DRG > 48 IN W/O B	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6237	N	HYDROCOLLD DRG <=16 IN W/BDR	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6238	N	HYDROCOLLD DRG >16<=48 W/BDR	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6239	N	HYDROCOLLD DRG > 48 IN W/BDR	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6240	N	HYDROCOLLD DRG FILLER PASTE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6241	N	HYDROCOLLOID DRG FILLER DRY	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6242	N	HYDROGEL DRG <=16 IN W/O BDR	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6243	N	HYDROGEL DRG >16<=48 W/O BDR	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6244	N	HYDROGEL DRG >48 IN W/O BDR	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6245	N	HYDROGEL DRG <= 16 IN W/BDR	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6246	N	HYDROGEL DRG >16<=48 IN W/B	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6247	N	HYDROGEL DRG > 48 SQ IN W/B	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A6248	N	HYDROGEL DRSG GEL FILLER	-	-	Bundled	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Prior Auth. Required	Passport	Min Age	Max Age	Comments
									Hospital Lab	Hospital Lab					
A6250	N	SKIN SEAL PROTECT MOISTURIZR	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6251	N	ABSORPT DRG <=16 SQ IN W/O B	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6252	N	ABSORPT DRG >16 <=48 W/O BDR	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6253	N	ABSORPT DRG > 48 SQ IN W/O B	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6254	N	ABSORPT DRG <=16 SQ IN W/BDR	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6255	N	ABSORPT DRG >16<=48 IN W/BDR	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6256	N	ABSORPT DRG > 48 SQ IN W/BDR	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6257	N	TRANSPARENT FILM <= 16 SQ IN	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6258	N	TRANSPARENT FILM >16<=48 IN	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6259	N	TRANSPARENT FILM > 48 SQ IN	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6260	N	WOUND CLEANSER ANY TYPE/SIZE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6261	N	WOUND FILLER GEL/PASTE /OZ	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6262	N	WOUND FILLER DRY FORM / GRAM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6266	N	IMPREG GAUZE NO H20/SAL/YARD	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6402	N	STERILE GAUZE <= 16 SQ IN	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6403	N	STERILE GAUZE>16 <= 48 SQ IN	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6404	N	STERILE GAUZE > 48 SQ IN	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6407	E	PACKING STRIPS, NON-IMPREG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A6410	N	STERILE EYE PAD	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6411	N	NON-STERILE EYE PAD	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6412	N	OCCUSIVE EYE PATCH	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6413	E	ADHESIVE BANDAGE, FIRST-AID	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A6441	E	PAD BAND W>=3" <5"/YD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A6442	E	CONFORM BAND N/S W<3"/YD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A6443	E	CONFORM BAND N/S W>=3"<5"/YD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A6444	E	CONFORM BAND N/S W>=5"/YD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A6445	E	CONFORM BAND S W <3"/YD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A6446	E	CONFORM BAND S W>=3" <5"/YD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A6447	E	CONFORM BAND S W >=5"/YD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A6448	E	LT COMPRES BAND <3"/YD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A6449	E	LT COMPRES BAND >=3" <5"/YD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A6450	E	LT COMPRES BAND >=5"/YD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A6451	E	MOD COMPRES BAND W>=3"<5"/YD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A6452	E	HIGH COMPRES BAND W>=3"<5"/YD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A6453	E	SELF-ADHER BAND W <3"/YD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A6454	E	SELF-ADHER BAND W>=3" <5"/YD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A6455	E	SELF-ADHER BAND >=5"/YD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A6456	E	ZINC PASTE BAND W >=3"<5"/YD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A6457	E	TUBULAR DRESSING	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A6460	N	SYNTHETIC DRSG <= 16 SQ IN	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6461	N	SYNTHETIC DRSG >16<=48 SQ IN	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6501	N	COMPRES BURNGARMENT BODYSUIT	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6502	N	COMPRES BURNGARMENT CHINSTRP	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6503	N	COMPRES BURNGARMENT FACEHOOD	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6504	N	CMPRSBURNGARMENT GLOVE-WRIST	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6505	N	CMPRSBURNGARMENT GLOVE-ELBOW	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
A6506	N	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	-	
A6520	E	G COM GARMNT GLOVE NGHTTIME	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
A6521	E	G COM GARMNT GLOVE NGHT CUST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Prior Auth. Required			
A6522	E	G COM GARMENT ARM NIGHTTIME	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6523	E	G COM GARMENT ARM NGHT CUSTM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6524	E	G COM GARMNT LWR LEG/FT NGHT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6525	E	G COM GARM LWRLEG/FT NGT CUS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6526	E	G COM GARMT FULL LEG/FT NGHT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6527	E	G GARMT FULL LEG/FT NGHT CUS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6528	E	G COM GARMENT BRA NIGHTTIME	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6529	E	G COM GARMT BRA NIGHT CUSTM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6530	E	COMPRESSION STOCKING BK18-30	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6531	E	COMPRESS STKING BK30-40 SURG	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6532	E	COMPRESS STKING BK40-50 SURG	-	-	-	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+	-	-	-	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+	-	-	-	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+	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6544	E	GC STOCKING GARTER BELT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6545	E	GRAD COM NON-ELASTIC BK SURG	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6549	E	G COMPRESSION GARMENT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6550	E	NEG PRES WOUND THER DRSG SET	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6552	E	GRAD COM STOCKING BK 30-40	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6553	E	G COM STCKING BK 30-40 CUSTM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6554	E	GRAD COM STOCKING BK 40+	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6555	E	G COM STCKING BK 40+ CUSTM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6556	E	G COM STCKING THGH18-30 CUST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6557	E	G COM STCKING THGH30-40 CUST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6558	E	G COM STCKING THGH 40+ CUST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6559	E	G STCKNG FULL/CHAP18-30 CUST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6560	E	G STCKNG FULL/CHAP30-40 CUST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6561	E	G STCKNG FULL/CHAP 40+ CUST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6562	E	G COM STCKNG WAIST18-30 CUST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6563	E	G COM STCKNG WAIST30-40 CUST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6564	E	G COM STCKNG WAIST 40+ CUST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6565	E	GRAD COMP GAUNTLET CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6566	E	GRAD COM GARMENT NECK/HEAD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6567	E	G COM GARMENT NECK/HEAD CUST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6568	E	G COM GARMENT TORSO/SHLDR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6569	E	G COM GARMNT TORSO/SHDR CUST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6570	E	GRAD COM GARMENT GENITAL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6571	E	G COM GARMENT GENITAL CUSTM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6572	E	GRAD COM GARMENT TOE CAPS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6573	E	GRAD COM GARMNT TOE CAP CUST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6574	E	CUSTOM GRADIENT SLEEVE/GLOV	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6575	E	GRADIENT COMP SLEEVE/GLOV	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6576	E	CUSTOM GRAD COM SLEEVE MED	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6577	E	CUSTOM GRAD CM SLEEVE HEAVY	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6578	E	GRADIENT COMP SLEEVE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6579	E	CUSTOM GRAD COM GLOVE MED	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6580	E	CUSTOM GRAD COM GLOVE HEAVY	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6581	E	GRADIENT COMP GLOVE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6582	E	GRADIENT COMP GAUNTLET	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6583	E	GRAD COM WRAP W STRAPS BK	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.			Min Age	Max Age	Comments
								Sole Comm. Hospital Lab Fees	Hospital Lab Fees	Prior Auth. Required			
A6584	E	GRAD COM WRAP W STRAPS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6585	E	GRAD COM WRAP W STRAPS AK	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6586	E	GRAD COM WRAP W STRAPS LEG	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6587	E	GRAD COM WRAP W STRAPS FOOT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6588	E	GRAD COM WRAP W STRAPS ARM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6589	E	GRAD COM WRAP W STRAPS BRA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6590	N	URINARY CATH DISP SUC PUMP	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A6591	N	URINARY CATH SUC PUMP	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
A6593	E	GRAD COM ACCESSORY GMT_WRAP	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6594	E	G COMP BANDGE LINER LWR EXTR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6595	E	G COMP BANDGE LINER UPR EXTR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6596	E	G COMP BANDGE CONFORM GAUZE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6597	E	G COMP BANDAGE LONG STRETCH	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6598	E	G COMP BANDAGE MED STRETCH	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6599	E	G COMP BANDAGE SHORT STRETCH	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6600	E	G COM BANDGE HGH DN FOAM SHT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6601	E	G COM BANDGE HGH DN FOAM PAD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6602	E	G COM BANDGE HGH DN FOAMROLL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6603	E	G COM BANDGE LOW DN FOAMCHNL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6604	E	G COM BANDGE LOW DN FOAM FLT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6605	E	G COM BANDAGE PADDED FOAM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6606	E	G COM BANDAGE PADDED TEXTILE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6607	E	G COM BANDAGE TUB PROTECT LYR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6608	E	G COM BANDAGE TUB PROTECT PAD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6609	E	G COMPRESSION BANDAGING	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A6610	E	G COM STCKING BK 18-30 CUSTM	-	-	-	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	-
A7023	E	MECH ALLERGEN PARTI BARRIER	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A7025	E	REPLACE CHEST COMPRESS VEST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A7026	E	REPLACE CHST CMPRSS SYS HOSE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A7027	E	COMBINATION ORAL/NASAL MASK	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A7028	E	REPL ORAL CUSHION COMBO MASK	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A7029	E	REPL NASAL PILLOW COMB MASK	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A7030	E	CPAP FULL FACE MASK	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A7031	E	REPLACEMENT FACEMASK INTERFA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A7032	E	REPLACEMENT NASAL CUSHION	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A7033	E	REPLACEMENT NASAL PILLOWS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
A7034	E	NASAL APPLICATION DEVICE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Passport	Min Age	Max Age	Comments
								Prior Auth. Required	Hospital Lab Fees				
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	-
A7049	E	EPAP NASAL VALVE	-	-	Not Allowed	\$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	-
A9156	N	ORAL MUCOADHESIVE PER 1 ML	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9180	E	LICE TREATMENT, TOPICAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
A9268	E	PROGRAMMER ORALLY INGEST CAP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
A9269	E	PROGRAMMABLE INGEST CAPSULE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
A9270	E	NON-COVERED ITEM OR SERVICE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
A9272	E	DISP WOUND SUCT, DRSG/ACCESS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
A9273	E	HOT/COLD BOTTLE/CAP/COL/WRAP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
A9274	E	EXT AMB INSULIN DELIVERY SYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
A9275	E	DISP HOME GLUCOSE MONITOR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
A9276	E	DISPOSABLE SENSOR, CGM SYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
A9277	E	EXTERNAL TRANSMITTER, CGM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
A9278	E	EXTERNAL RECEIVER, CGM SYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
A9279	E	MONITORING FEATURE/DEVICENOC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
A9280	E	ALERT DEVICE, NOC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
A9281	E	REACHING/GRABBING DEVICE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
A9282	E	WIG ANY TYPE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
A9283	E	FOOT PRESS OFF LOAD SUPP DEV	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
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	-
A9292	E	PRES DIG VISUAL THERAPY 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	-
A9510	N	TC99M DISOFENIN	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9512	N	TC99M PERTECHNETATE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9513	K	LUTETIUM LU 177 DOTATAT THER	-	09067	4.9741	APC (blood and non-blood products)	\$290.44	-	-	-	-	000	999	-
A9515	N	CHOLINE C-11	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9516	N	IODINE I-123 SOD IODIDE MIC	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9517	K	I131 IODIDE CAP, RX	-	01064	0.3655	APC (blood and non-blood products)	\$21.34	-	-	-	-	000	999	-
A9520	N	TC99 TILMANOCEPT DIAG 0.5MCI	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9521	N	TC99M EXAMETAZIME	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9524	N	I131 SERUM ALBUMIN, DX	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9526	N	NITROGEN N-13 AMMONIA	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9527	U	IODINE I-125 SODIUM IODIDE	-	02632	0.6884	APC	\$40.20	-	-	-	-	000	999	-
A9528	N	IODINE I-131 IODIDE CAP, DX	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9529	N	I131 IODIDE SOL, DX	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9530	K	I131 IODIDE SOL, RX	-	01150	0.3494	APC (blood and non-blood products)	\$20.40	-	-	-	-	000	999	-
A9531	N	I131 MAX 100UCI	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9532	N	I125 SERUM ALBUMIN, DX	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9536	N	TC99M DEPREOTIDE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9537	N	TC99M MEBROFENIN	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9538	N	TC99M PYROPHOSPHATE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9539	N	TC99M PENTETATE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9540	N	TC99M MAA	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9541	N	TC99M SULFUR COLLOID	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9542	N	IN111 IBRITUMOMAB, DX	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9543	K	Y90 IBRITUMOMAB, RX	-	01643	1121.3664	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	N	P32 NA PHOSPHATE	-	-	-	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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
A9564	E	P32 CHROMIC PHOSPHATE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
A9566	N	TC99M FANOLESOMAB	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9567	N	TECHNETIUM TC-99M AEROSOL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9568	N	TECHNETIUM TC99M ARCITUMOMAB	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9569	N	TECHNETIUM TC-99M AUTO WBC	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9570	N	INDIUM IN-111 AUTO WBC	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9571	N	INDIUM IN-111 AUTO PLATELET	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9572	N	INDIUM IN-111 PENTETREOTIDE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9573	N	INJ, GADOPICTENOL, 1 ML	-	-	-	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	-	-	-	Y	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	5.8163	APC (blood and non-blood products)	\$339.61	-	-	-	-	000	999	-
A9591	N	FLUOROESTRADIOL F 18	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9592	N	COPPER CU 64 DOTATATE DIAG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9593	G	GALLIUM GA-68 PSMA-11 UCSF	-	09409	15.1868	APC – pays by fee schedule amount	\$886.76	-	-	-	-	000	999	-
A9594	G	GALLIUM GA-68 PSMA-11, UCLA	-	09410	14.8695	APC – pays by fee schedule amount	\$868.23	-	-	-	-	000	999	-
A9595	G	PIFLU F-18, DIA 1 MILLICURIE	-	09430	10.5346	APC – pays by fee schedule amount	\$615.12	-	-	-	-	000	999	-
A9596	G	GALLIUM ILLUCCIX 1 MILLICURE	-	09443	16.7063	APC – pays by fee schedule amount	\$975.48	-	-	-	-	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	71.1864	APC (blood and non-blood products)	\$4,156.57	-	-	-	-	000	999	-
A9601	G	FLORTAUCIPIR INJ 1 MILLICURI	-	00709	63.5383	APC – pays by fee schedule amount	\$3,710.00	-	-	-	-	000	999	-
A9602	G	FLUORODOPA F-18 DIAG PER MCI	-	09053	7.6534	APC – pays by fee schedule amount	\$446.88	-	-	-	-	000	999	-
A9603	N	INJ, PAFOLACIANINE, 0.1 MG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
A9604	K	SM 153 LEXIDRONAM	-	01295	295.5960	APC (blood and non-blood products)	\$17,259.85	-	-	-	-	000	999	-
A9606	K	RADIUM RA223 DICHLORIDE THER	-	01745	2.7706	APC (blood and non-blood products)	\$161.78	-	-	-	-	000	999	-
A9607	G	LUTETIUM LU 177 VIPIVOTIDE	-	09054	3.9348	APC – pays by fee schedule amount	\$229.76	-	-	-	-	000	999	-
A9608	G	FLOTUFOLASTAT F18 DIAG 1 MCI	-	09254	10.7633	APC – pays by fee schedule amount	\$628.47	-	-	-	-	000	999	-
A9609	E	F18 FDG, 15 MILLICURIES	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
A9697	N	INJ, MAGTRACE PER STUDY DOSE	-	-	-	Bundled	\$0.00	-	-	-	-	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	14.9587	APC – pays by fee schedule amount	\$873.44	-	-	-	-	000	999	-
A9900	E	SUPPLY/ACCESSORY/SERVICE	-	-	-	Not Allowed	\$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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
								Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
B4087	E		GASTRO/JEJUNO TUBE, STD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4088	E		GASTRO/JEJUNO TUBE, LOW-PRO	-	-	-	Not Allowed	\$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	-
B4148	E		ENTERAL FEED ELASTOMER DAILY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4149	E		EF BLENDERIZED FOODS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4150	E		EF COMPLET W/INTACT NUTRIENT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4152	E		EF CALORIE DENSE>=1.5KCAL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4153	E		EF HYDROLYZED/AMINO ACIDS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4154	E		EF SPEC METABOLIC NONINHERIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4155	E		EF INCOMPLETE/MODULAR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4157	E		EF SPECIAL METABOLIC INHERIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4158	E		EF PED COMPLETE INTACT NUT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4159	E		EF PED COMPLETE SOY BASED	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4160	E		EF PED CALORIC DENSE>=0.7KC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4161	E		EF PED HYDROLYZED/AMINO ACID	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4162	E		EF PED SPECMETABOLIC INHERIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4164	E		PARENTERAL 50% DEXTROSE SOLU	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4168	E		PARENTERAL SOL AMINO ACID 3.	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4172	E		PARENTERAL SOL AMINO ACID 5.	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4176	E		PARENTERAL SOL AMINO ACID 7-	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4178	E		PARENTERAL SOL AMINO ACID >	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4180	E		PARENTERAL SOL CARB > 50%	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4185	E		PN SOLN NOS 10 GRAMS LIPIDS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4187	E		OMEGAVEN, 10 GRAMS LIPIDS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4189	E		PARENTERAL SOL AMINO ACID &	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4193	E		PARENTERAL SOL 52-73 GM PROT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4197	E		PARENTERAL SOL 74-100 GM PRO	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4199	E		PARENTERAL SOL > 100GM PROTE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4216	E		PARENTERAL NUTRITION ADDITIV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4220	E		PARENTERAL SUPPLY KIT PREMIX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4222	E		PARENTERAL SUPPLY KIT HOMEMI	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B4224	E		PARENTERAL ADMINISTRATION KI	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B5000	E		PARENTERAL SOL RENAL-AMIROSY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B5100	E		PARENTERAL SOLUTION HEPATIC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B5200	E		PARENTERAL SOL HEPATIC FREAM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B9002	E		ENTER NUTR INF PUMP ANY TYPE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B9004	E		PARENTERAL INFUS PUMP PORTAB	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B9006	E		PARENTERAL INFUS PUMP STATIO	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B9998	E		ENTERAL SUPP NOT OTHERWISE C	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
B9999	E		PARENTERAL SUPP NOT OTHRWS C	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
C1052	N		HEMOSTATIC AGENT, GI, TOPIC	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1062	N		INTRAVERTEBRAL FX AUG IMPL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1600	H		CATH, BLADED, VASC PREP	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1601	H		ENDO, SINGLE, PULMONARY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1602	H		ORTH/MATRX/BN FILL DRUG-ELUT	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1603	H		RET DEV, LASER, IVC FILTER	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1604	H		GRFT, TRNSMURL/TRNSVENS BYPS	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1713	N		ANCHOR/SCREW BN/BN,TIS/BN	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1714	N		CATH, TRANS ATHERECTOMY, DIR	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1715	N		BRACHYTHERAPY NEEDLE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1716	U		BRACHYTX, NON-STR, GOLD-198	-	02645	3.1003	APC	\$181.03	-	-	-	-	000	999	-
C1717	U		BRACHYTX, NON-STR,HDR IR-192	-	02646	3.9708	APC	\$231.86	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC 02647	APC Weight 3.9873	Method	Outpatient	Non-sole		Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
C1719	U	BRACHYTX, NS, NON-HDRIR-192	-			APC	\$232.82	-	-	-	-	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	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1748	N	ENDOSCOPE, SINGLE, UGI	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1749	N	ENDO, COLON, RETRO IMAGING	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1750	N	CATH, HEMODIALYSIS, LONG-TERM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1751	N	CATH, INF, PER/CENT/MIDLIN	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1752	N	CATH, HEMODIALYSIS, SHORT-TERM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1753	N	CATH, INTRAVAS ULTRASOUND	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1754	N	CATHETER, INTRADISCAL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1755	N	CATHETER, INTRASPINAL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1756	N	CATH, PACING, TRANSESOPH	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1757	N	CATH, THROMBECTOMY/EMBOLECT	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1758	N	CATHETER, URETERAL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1759	N	CATH, INTRA ECHOCARDIOGRAPHY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1760	N	CLOSURE DEV, VASC	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1761	H	CATH, TRANS INTRA LITHO/CORO	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1762	N	CONN TISS, HUMAN(INC FASCIA)	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1763	N	CONN TISS, NON-HUMAN	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1764	N	EVENT RECORDER, CARDIAC	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1765	N	ADHESION BARRIER	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1766	N	INTRO/SHEATH,STRBLE,NON-PEEL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1767	N	GENERATOR, NEURO NON-RECHARG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1768	N	GRAFT, VASCULAR	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1769	N	GUIDE WIRE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1770	N	IMAGING COIL, MR, INSERTABLE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1771	N	REP DEV, URINARY, W/SLING	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1772	N	INFUSION PUMP, PROGRAMMABLE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1773	N	RET DEV, INSERTABLE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1776	N	JOINT DEVICE (IMPLANTABLE)	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1777	N	LEAD, AICD, ENDO SINGLE COIL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1778	N	LEAD, NEUROSTIMULATOR	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1779	N	LEAD, PMKR, TRANSVENOUS VDD	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1780	N	LENS, INTRAOCULAR (NEW TECH)	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1781	N	MESH (IMPLANTABLE)	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1782	N	MORCELLATOR	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1783	N	OCULAR IMP, AQUEOUS DRAIN DE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1784	N	OCULAR DEV, INTRAOP, DET RET	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1785	N	PMKR, DUAL, RATE-RESP	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1786	N	PMKR, SINGLE, RATE-RESP	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1787	N	PATIENT PROGR, NEUROSTIM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1788	N	PORT, INDWELLING, IMP	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1789	N	PROSTHESIS, BREAST, IMP	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1813	E	PROSTHESIS, PENILE, INFLATAB	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth.	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
C1814	N	RETINAL TAMP, SILICONE OIL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1815	N	PROS, URINARY SPH, IMP	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1816	N	RECEIVER/TRANSMITTER, NEURO	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1817	N	SEPTAL DEFECT IMP SYS	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1818	N	INTEGRATED KERATOPROSTHESIS	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1819	N	TISSUE LOCALIZATION-EXCISION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1820	N	GENERATOR NEURO RECHG BAT SY	-	-	Bundled	\$0.00	-	-	-	Y	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	N	GEN, NEURO, CAROT SINUS BARO	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1826	H	GEN, NEURO, CLO LOOP, RECHG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1827	H	GEN, NEURO, IMP LED, EX CNTR	-	-	Bundled	\$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	H	AUTO CELL PROCESS SYS	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C1833	H	CARDIAC MONITOR SYS	-	-	Bundled	\$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 196.5738	APC	\$11,477.94	-	-	-	-	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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
C2621	N	PMKR, OTHER THAN SING/DUAL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C2622	E	PROSTHESIS, PENILE, NON-INF	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
C2623	N	CATH, TRANSLUMIN, DRUG-COAT	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C2624	N	WIRELESS PRESSURE SENSOR	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C2625	N	STENT, NON-COR, TEM W/DEL SY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C2626	N	INFUSION PUMP, NON-PROG,TEMP	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C2627	N	CATH, SUPRAPUBIC/CYSTOSCOPIC	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C2628	N	CATHETER, OCCLUSION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C2629	N	INTRO/SHEATH, LASER	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C2630	N	CATH, EP, COOL-TIP	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C2631	N	REP DEV, URINARY, W/O SLING	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C2634	U	BRACHYTX, NON-STR, HA, I-125	-	02634	1.7259	APC	\$100.78	-	-	-	Y	000	999	-
C2635	U	BRACHYTX, NON-STR, HA, P-103	-	02635	0.6767	APC	\$39.51	-	-	-	Y	000	999	-
C2636	U	BRACHY LINEAR, NON-STR,P-103	-	02636	0.6186	APC	\$36.12	-	-	-	-	000	999	-
C2637	E	BRACHY,NON-STR,YTTERBIUM-169	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
C2638	U	BRACHYTX, STRANDED, I-125	-	02638	0.4781	APC	\$27.92	-	-	-	-	000	999	-
C2639	U	BRACHYTX, NON-STRANDED,I-125	-	02639	0.4000	APC	\$23.36	-	-	-	-	000	999	-
C2640	U	BRACHYTX, STRANDED, P-103	-	02640	0.8719	APC	\$50.91	-	-	-	-	000	999	-
C2641	U	BRACHYTX, NON-STRANDED,P-103	-	02641	0.8452	APC	\$49.35	-	-	-	-	000	999	-
C2642	U	BRACHYTX, STRANDED, C-131	-	02642	1.1159	APC	\$65.16	-	-	-	-	000	999	-
C2643	U	BRACHYTX, NON-STRANDED,C-131	-	02643	0.9193	APC	\$53.68	-	-	-	-	000	999	-
C2644	E	BRACHYTX CESIUM-131 CHLORIDE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
C2645	U	BRACHYTX PLANAR, P-103	-	02648	0.0537	APC	\$3.14	-	-	-	-	000	999	-
C2698	U	BRACHYTX, STRANDED, NOS	-	02698	0.4781	APC	\$27.92	-	-	-	-	000	999	-
C2699	U	BRACHYTX, NON-STRANDED, NOS	-	02699	0.4000	APC	\$23.36	-	-	-	-	000	999	-
C5271	T	LOW COST SKIN SUBSTITUTE APP	-	05053	6.8481	APC	\$399.86	-	-	-	-	000	999	-
C5272	N	LOW COST SKIN SUBSTITUTE APP	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C5273	T	LOW COST SKIN SUBSTITUTE APP	-	05054	19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
C5274	N	LOW COST SKIN SUBSTITUTE APP	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C5275	T	LOW COST SKIN SUBSTITUTE APP	-	05053	6.8481	APC	\$399.86	-	-	-	-	000	999	-
C5276	N	LOW COST SKIN SUBSTITUTE APP	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C5277	T	LOW COST SKIN SUBSTITUTE APP	-	05053	6.8481	APC	\$399.86	-	-	-	-	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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
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/ARTHR & 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	-
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	-
C7556	E	BRONCH LAVAGE W/EBUS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
C7557	E	COR ANGIO/VENT W/FFR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
C7558	E	COR ANGIO/VENT W/DRUG ADMIN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
C7560	E	ERCP REMOVE FORGN BODY&ENDO	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
C7900	S	HOPD MNLT HLT, 15-29 MIN	-	05821	0.3129	APC	\$18.27	-	-	-	-	000	999	-
C7901	S	HOPD MNLT HLT, 30-60 MIN	-	05822	0.9719	APC	\$56.75	-	-	-	-	000	999	-
C7902	N	HOPD MNLT HLT, EA ADDL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C7903	S	HOPD MNLT HLT, GRP	-	05821	0.3129	APC	\$18.27	-	-	-	-	000	999	-
C8900	N	MRA W/CONT, ABD	-	05572	4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
C8901	N	MRA W/O CONT, ABD	-	05523	2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
C8902	N	MRA W/O FOL W/CONT, ABD	-	05572	4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
C8903	N	MRI W/CONT, BREAST, UNI	-	05571	2.0034	Bundled, sometimes payable	\$116.98	-	-	-	-	000	999	-
C8905	N	MRI W/O FOL W/CONT, BRST, UN	-	05572	4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
C8906	N	MRI W/CONT, BREAST, BI	-	05572	4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
C8908	N	MRI W/O FOL W/CONT, BREAST,	-	05572	4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
C8909	N	MRA W/CONT, CHEST	-	05572	4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
C8910	N	MRA W/O CONT, CHEST	-	05523	2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
C8911	N	MRA W/O FOL W/CONT, CHEST	-	05572	4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
C8912	N	MRA W/CONT, LWR EXT	-	05572	4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
C8913	N	MRA W/O CONT, LWR EXT	-	05523	2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
C8914	N	MRA W/O FOL W/CONT, LWR EXT	-	05572	4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
C8918	N	MRA W/CONT, PELVIS	-	05572	4.1933	Bundled, sometimes payable	\$244.85	-	-	-	Y	000	999	-
C8919	N	MRA W/O CONT, PELVIS	-	05523	2.6718	Bundled, sometimes payable	\$156.01	-	-	-	Y	000	999	-
C8920	N	MRA W/O FOL W/CONT, PELVIS	-	05572	4.1933	Bundled, sometimes payable	\$244.85	-	-	-	Y	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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC Weight	Weight									
C8921	S	TTE W OR W/O FOL W/CONT, COM	-	05573	8.7304	APC	\$509.77	-	-	-	-	000	999	-
C8922	S	TTE W OR W/O FOL W/CONT, F/U	-	05573	8.7304	APC	\$509.77	-	-	-	-	000	999	-
C8923	S	2D TTE W OR W/O FOL W/CON,CO	-	05573	8.7304	APC	\$509.77	-	-	-	-	000	999	-
C8924	S	2D TTE W OR W/O FOL W/CON,FU	-	05572	4.1933	APC	\$244.85	-	-	-	-	000	999	-
C8925	S	2D TEE W OR W/O FOL W/CON,IN	-	05573	8.7304	APC	\$509.77	-	-	-	-	000	999	-
C8926	S	TEE W OR W/O FOL W/CONT,CONG	-	05573	8.7304	APC	\$509.77	-	-	-	-	000	999	-
C8927	S	TEE W OR W/O FOL W/CONT, MON	-	05573	8.7304	APC	\$509.77	-	-	-	-	000	999	-
C8928	S	TTE W OR W/O FOL W/CON,STRES	-	05573	8.7304	APC	\$509.77	-	-	-	-	000	999	-
C8929	S	TTE W OR WO FOL WCON,DOPPLER	-	05573	8.7304	APC	\$509.77	-	-	-	-	000	999	-
C8930	S	TTE W OR W/O CONTR, CONT ECG	-	05573	8.7304	APC	\$509.77	-	-	-	-	000	999	-
C8931	N	MRA, W/DYE, SPINAL CANAL	-	05572	4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
C8932	N	MRA, W/O DYE, SPINAL CANAL	-	05523	2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
C8933	N	MRA, W/O&W/DYE, SPINAL CANAL	-	05572	4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
C8934	N	MRA, W/DYE, UPPER EXTREMITY	-	05572	4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
C8935	N	MRA, W/O DYE, UPPER EXTR	-	05523	2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
C8936	N	MRA, W/O&W/DYE, UPPER EXTR	-	05572	4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
C8937	N	CAD BREAST MRI	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C8957	S	PROLONGED IV INF, REQ PUMP	-	05694	3.6927	APC	\$215.62	-	-	-	-	000	999	-
C9046	N	COCAINE HCL NASAL (GOPRELTO)	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9047	K	INJECTION, CAPLACIZUMAB-YHDP	-	09199	12.6710	APC (blood and non-blood products)	\$739.86	-	-	-	-	000	999	-
C9067	N	GALLIUM GA-68 DOTATOC	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9088	G	INSTILL, BUPIVAC AND MELOXIC	-	09440	0.0125	APC – pays by fee schedule amount	\$0.73	-	-	-	-	000	999	-
C9089	N	BUPIVACAINE IMPLANT, 1 MG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9101	G	INJ, OLICERIDINE 0.1 MG	-	09049	0.0223	APC – pays by fee schedule amount	\$1.30	-	-	-	-	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	G	INJ, BUPIVACAINE (POSIMIR)	-	09106	0.0086	APC – pays by fee schedule amount	\$0.50	-	-	-	-	000	999	-
C9145	G	INJ, APONVIE, 1 MG	-	09107	0.0322	APC – pays by fee schedule amount	\$1.88	-	-	-	-	000	999	-
C9150	N	XE129 XENON, DIAGNOSTIC	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9248	N	INJ, CLEVIDIPINE BUTYRATE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9250	K	ARTISS FIBRIN SEALANT	-	01848	2.3229	APC (blood and non-blood products)	\$135.63	-	-	-	-	000	999	-
C9254	N	INJECTION, LACOSAMIDE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9257	K	BEVACIZUMAB INJECTION	-	01281	0.0318	APC (blood and non-blood products)	\$1.85	-	-	-	-	000	999	-
C9285	N	PATCH, LIDOCAINE/TETRACAINE	-	-	-	Bundled	\$0.00	-	-	-	-	003	999	-
C9290	N	INJ, BUPIVACAINE LIPOSOME	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9293	E	INJECTION, GLUCARPIDASE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
C9352	N	NEURAGEN NERVE GUIDE, PER CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9353	N	NEURAWRAP NERVE PROTECTOR,CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9354	N	VERITAS COLLAGEN MATRIX, CM2	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9355	N	NEUROMATRIX NERVE CUFF, CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9356	N	TENOGLIDE TENDON PROT, CM2	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9358	N	SURGIMEND, FETAL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9359	N	IMPLNT,BON VOID FILLER-PUTTY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9360	N	SURGIMEND, NEONATAL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9361	N	NEUROMEND NERVE WRAP	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9362	N	IMPLNT,BON VOID FILLER-STRIP	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9363	N	INTEGRA MESHED BIL WOUND MAT	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9364	N	PORCINE IMPLANT, PERMACOL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9399	M	UNCLASSIFIED DRUGS OR BIOLOG	-	-	-	Charge Ratio	\$0.00	-	-	-	-	000	999	-
C9460	K	INJECTION, CANGRELOR	-	09460	0.3021	APC (blood and non-blood products)	\$17.64	-	-	-	-	000	999	-
C9462	E	INJECTION, DELAFLOXACIN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
C9482	K	SOTALOL HYDROCHLORIDE IV	-	09482	0.3547	APC (blood and non-blood products)	\$20.71	-	-	-	-	000	999	-
C9488	K	CONIVAPTAN HCL	-	09488	0.8090	APC (blood and non-blood products)	\$47.24	-	-	-	-	000	999	-
C9507	R	COVID-19 CONVALESCENT PLASMA	-	09540	5.6091	APC	\$327.52	-	-	-	-	000	999	-
C9600	N	PERC DRUG-EL COR STENT SING	-	05193	119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	-	000	999	-
C9601	N	PERC DRUG-EL COR STENT BRAN	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
C9602	N	PERC D-E COR STENT ATHER S	-	05194 191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	-	000	999	-
C9603	N	PERC D-E COR STENT ATHER BR	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9604	N	PERC D-E COR REVASC T CABG S	-	05193 119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	-	000	999	-
C9605	N	PERC D-E COR REVASC T CABG B	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9606	C	PERC D-E COR REVASC W AMI S	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
C9607	N	PERC D-E COR REVASC CHRO SIN	-	05194 191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	-	000	999	-
C9608	N	PERC D-E COR REVASC CHRO ADD	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9725	T	PLACE ENDORECTAL APP	-	05311 9.9656	APC	\$581.89	-	-	-	-	000	999	-
C9726	N	RXT BREAST APPL PLACE/REMOV	-	-	Bundled	\$0.00	-	-	-	Y	000	999	-
C9727	N	INSERT PALATE IMPLANTS	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
C9728	S	PLACE DEVICE/MARKER, NON PRO	-	05613 15.1085	APC	\$882.19	-	-	-	-	000	999	-
C9733	N	NON-OPHTHALMIC FVA	-	05572 4.1933	Bundled, sometimes payable	\$244.85	-	-	-	-	000	999	-
C9734	N	U/S TRTMT, NOT LEIOMYOMATA	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
C9738	N	BLUE LIGHT CYSTO IMAG AGENT	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9739	N	CYSTOSCOPY PROSTATIC IMP 1-3	-	05375 56.4199	Bundled, sometimes payable	\$3,294.36	-	-	-	-	000	999	-
C9740	N	CYSTO IMPL 4 OR MORE	-	05376 100.4487	Bundled, sometimes payable	\$5,865.20	-	-	-	-	000	999	-
C9751	T	MICROWAVE BRONCH, 3D, EBUS	-	01562 64.2319	APC	\$3,750.50	-	-	-	-	000	999	-
C9756	N	FLUORESCENCE LYMPH MAP W/ICG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9757	N	SPINE DEVICE IMPLANT SURGERY	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
C9758	T	BLIND INTERATRIAL SHUNT IDE	-	01590 299.7174	APC	\$17,500.50	-	-	-	-	000	999	-
C9759	N	TRANSCATH INTRAOP MICROINF	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9760	T	NON-BLIND INTERATRIAL SHUNT	-	01592 470.9796	APC	\$27,500.50	-	-	-	-	000	999	-
C9761	N	CYSTO, LITHO, VACUUM KIDNEY	-	05376 100.4487	Bundled, sometimes payable	\$5,865.20	-	-	-	-	000	999	-
C9762	N	CARDIAC MRI SEG DYS STRAIN	-	05524 6.0153	Bundled, sometimes payable	\$351.23	-	-	-	-	000	999	-
C9763	N	CARDIAC MRI SEG DYS STRESS	-	05524 6.0153	Bundled, sometimes payable	\$351.23	-	-	-	-	000	999	-
C9764	N	REVASC INTRAVASC LITHOTRIPSY	-	05193 119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	-	000	999	-
C9765	N	REVASC INTRA LITHOTRIP-STENT	-	05194 191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	-	000	999	-
C9766	N	REVASC INTRA LITHOTRIP-ATHER	-	05194 191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	-	000	999	-
C9767	N	REVASC LITHOTRIP-STENT-ATHER	-	05194 191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	-	000	999	-
C9768	N	ENDO US-GUIDE HEP PORTO GRAD	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9769	N	CYSTO W/TEMP PROS IMPLANT	-	05376 100.4487	Bundled, sometimes payable	\$5,865.20	-	-	-	-	000	999	-
C9772	N	REVASC LITHOTRIP TIBI/PERONE	-	05193 119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	-	000	999	-
C9773	N	REVASC LITHOTR-STENT TIB/PER	-	05194 191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	-	000	999	-
C9774	N	REVASC LITHOTR-ATHER TIB/PER	-	05194 191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	-	000	999	-
C9775	N	REVASC LITH-STEN-ATH TIB/PER	-	05194 191.1985	Bundled, sometimes payable	\$11,164.08	-	-	-	-	000	999	-
C9776	N	FLUO BILE DUCT IMAGING W/ICG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
C9777	N	ESOPHAG MUC INTEG W/ESO EGD	-	05303 41.7587	Bundled, sometimes payable	\$2,438.29	-	-	-	-	000	999	-
C9778	N	COLPOPEXY, MIN/INV, EX-PERIT	-	05415 54.2343	Bundled, sometimes payable	\$3,166.74	-	-	-	-	000	999	-
C9779	N	ESD ENDOSCOPY OR COLONOSCOPY	-	05303 41.7587	Bundled, sometimes payable	\$2,438.29	-	-	-	-	000	999	-
C9780	E	INSERT CV CATH INF & SUP APP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
C9781	N	ARTHRO/SHOUL SURG; W/SPACER	-	05115 143.5058	Bundled, sometimes payable	\$8,379.30	-	-	-	-	000	999	-
C9782	E	BLIND MYOCAR TRPL BON MARROW	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
C9783	N	BLIND COR SINUS REDUCER IMPL	-	05193 119.9539	Bundled, sometimes payable	\$7,004.11	-	-	-	-	000	999	-
C9784	N	ENDO SLEEVE GASTRO W/TUBE	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
C9785	N	ENDO OUTLET RESTRICT W/TUBE	-	05362 112.2401	Bundled, sometimes payable	\$6,553.70	-	-	-	-	000	999	-
C9786	S	ECHO CAD FOR HF PRESERVED EF	-	05743 3.2568	APC	\$68.09	-	-	-	-	000	999	-
C9787	S	GASTRIC EP MAPG SIMULT PT SX	-	05723 5.8442	APC	\$329.82	-	-	-	-	000	999	-
C9789	T	INSTILL PHARM RENAL PELVIS	-	01559 38.5426	APC	\$2,250.50	-	-	-	-	000	999	-
C9790	S	KIDNEY HISTOTRIPSY W/IMAGE	-	01576 299.7174	APC	\$12,500.50	-	-	-	-	000	999	-
C9791	T	MRI HYPERPOLARIZED XENON129	-	01551 21.4163	APC	\$1,250.50	-	-	-	-	000	999	-
C9792	S	BLIND/NONBLIND TRANS ATRIAL	-	01537 166.9892	APC	\$9,750.50	-	-	-	-	000	999	-
C9793	S	PRE-PLAN 3D MODEL W/CCTA	-	05724 11.4003	APC	\$665.66	-	-	-	-	000	999	-
C9794	S	COMPLEX SIMULATION W/PET-CT	-	01521 33.4047	APC	\$1,950.50	-	-	-	-	000	999	-
C9795	S	SBRT W/POSITRON EMISSION DEL	-	01525 64.2319	APC	\$3,750.50	-	-	-	-	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	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
D0120	N	PERIODIC ORAL EVALUATION	-	05012 1.4414	Bundled, sometimes payable	\$84.16	-	-	-	-	000	999	-
D0140	N	LIMIT ORAL EVAL PROBLM FOCUS	-	05012 1.4414	Bundled, sometimes payable	\$84.16	-	-	-	-	000	999	-
D0145	M	ORAL EVALUATION, PT < 3YRS	-	-	Fee Schedule	\$68.64	-	-	-	-	000	002	-
D0150	N	COMPREHENSVE ORAL EVALUATION	-	05012 1.4414	Bundled, sometimes payable	\$84.16	-	-	-	-	000	999	-
D0160	E	EXTENSV ORAL EVAL PROB FOCUS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D0170	N	RE-EVAL_EST PT,PROBLEM FOCUS	-	05012 1.4414	Bundled, sometimes payable	\$84.16	-	-	-	-	000	999	-
D0171	N	RE-EVAL POST-OP VISIT	-	05012 1.4414	Bundled, sometimes payable	\$84.16	-	-	-	-	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	N	ASSESSMENT OF A PATIENT	-	05012 1.4414	Bundled, sometimes payable	\$84.16	-	-	-	-	000	999	-
D0210	N	INTRAOR COMPREHENSIVE SERIES	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
D0220	N	INTRAORAL PERIAPICAL FIRST	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
D0230	N	INTRAORAL PERIAPICAL EA ADD	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
D0240	N	INTRAORAL OCCLUSAL FILM	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
D0250	N	EXTRAORAL 2D PROJECT IMAGE	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
D0251	N	EXTRAORAL POSTERIOR IMAGE	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
D0270	N	DENTAL BITEWING SINGLE IMAGE	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
D0272	N	DENTAL BITEWINGS TWO IMAGES	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
D0273	N	BITEWINGS - THREE IMAGES	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
D0274	N	BITEWINGS FOUR IMAGES	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
D0277	N	VERT BITEWINGS 7 TO 8 IMAGES	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	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	N	PANORAMIC IMAGE	-	05523 2.6718	Bundled, sometimes payable	\$156.01	-	-	-	-	000	999	-
D0340	N	2D CEPHALOMETRIC IMAGE	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	999	-
D0350	N	ORAL/FACIAL PHOTO IMAGES	-	05521 0.9908	Bundled, sometimes payable	\$57.85	-	-	-	-	000	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	N	CONE BEAM CT INTERP BOTH JAW	-	05522 1.1988	Bundled, sometimes payable	\$70.00	-	-	-	-	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	IMTERPRETE DIAGNOSTIC IMAGE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D0393	E	TRTMNT SIMULATION 3D IMAGE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D0394	E	DIGITAL SUB 2 OR MORE IMAGES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D0395	E	FUSION 2 OR MORE 3D IMAGES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D0396	E	3D PRINT OF 3D SURFACE SCAN	-	-	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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
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	9.6004	APC	\$560.57	-	-	-	-	000	020	-
D0470	M	DIAGNOSTIC CASTS	-	-	-	Fee Schedule	\$68.64	-	-	-	-	000	020	-
D0472	E	GROSS EXAM, PREP & REPORT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D0473	E	MICRO EXAM, PREP & REPORT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D0474	E	MICRO W EXAM OF SURG MARGINS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D0475	E	DECALCIFICATION PROCEDURE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D0476	E	SPEC STAINS FOR MICROORGANIS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D0477	E	SPEC STAINS NOT FOR MICROORG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D0478	E	IMMUNOHISTOCHEMICAL STAINS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D0479	E	TISSUE IN-SITU HYBRIDIZATION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D0480	E	CYTOPATH SMEAR PREP & REPORT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D0481	E	ELECTRON MICROSCOPY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D0482	E	DIRECT IMMUNOFLUORESCENCE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D0483	E	INDIRECT IMMUNOFLUORESCENCE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D0484	E	CONSULT SLIDES PREP ELSEWHERE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D0485	E	CONSULT INC PREP OF SLIDES	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D0486	M	ACCESS OF TRANSEP CYTOL SAMP	-	-	-	Fee Schedule	\$68.64	-	-	-	-	000	020	-
D0502	E	OTHER ORAL PATHOLOGY PROCEDU	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D0600	S	NON-IONIZING DIAG PROC	-	05871	9.6004	APC	\$560.57	-	-	-	-	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	N	DENTAL PROPHYLAXIS ADULT	-	05012	1.4414	Bundled, sometimes payable	\$84.16	-	-	-	-	000	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	-
D1301	E	IMMUNIZATION COUNSELING	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D1310	M	NUTRI COUNSEL-CONTROL CARIES	-	-	-	Fee Schedule	\$68.64	-	-	-	-	000	005	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
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	N	INT CARIES MED APP PER TOOTH	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
D1355	E	CARIES MED APP PER TOOTH	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D1510	S	SPACE MAINTAINER FXD UNILAT	-	05871 9.6004	APC	\$560.57	-	-	-	-	000	020	-
D1516	S	FIXED BILAT SPACE MAINT, MAX	-	05871 9.6004	APC	\$560.57	-	-	-	-	000	020	-
D1517	S	FIXED BILAT SPACE MAINT, MAN	-	05871 9.6004	APC	\$560.57	-	-	-	-	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 9.6004	APC	\$953.29	-	-	-	-	000	999	-
D1552	S	RECEMENT SPACE MAINT - MAN	-	05871 9.6004	APC	\$953.29	-	-	-	-	000	999	-
D1553	S	RECEMENT UNILAT SPACE MAINT	-	05871 9.6004	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 9.6004	APC	\$560.57	-	-	-	-	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	JANSSEN VACCINE ADMIN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D1708	E	PFIZER VACC ADMIN 3RD DOSE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
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	T	AMALGAM ONE SURFACE PERMANEN	-	05871 9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2150	T	AMALGAM TWO SURFACES PERMANE	-	05871 9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2160	T	AMALGAM THREE SURFACES PERMA	-	05871 9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2161	T	AMALGAM 4 OR > SURFACES PERM	-	05871 9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2330	T	RESIN ONE SURFACE-ANTERIOR	-	05871 9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2331	T	RESIN TWO SURFACES-ANTERIOR	-	05871 9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2332	T	RESIN THREE SURFACES-ANTERIO	-	05871 9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2335	T	RESIN 4/> SURF OR W INCIS AN	-	05871 9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2390	T	ANT RESIN-BASED CMPST CROWN	-	05871 9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2391	T	POST 1 SRFC RESINBASED CMPST	-	05871 9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2392	T	POST 2 SRFC RESINBASED CMPST	-	05871 9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2393	T	POST 3 SRFC RESINBASED CMPST	-	05871 9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2394	T	POST >=4SRFC RESINBASE CMPST	-	05871 9.6004	APC	\$560.57	-	-	-	-	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	-

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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
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	T	CROWN RESIN-BASED INDIRECT	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	020	-
D2712	T	CROWN 3/4 RESIN-BASED COMPOS	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	020	-
D2720	T	CROWN RESIN W/ HIGH NOBLE ME	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	020	-
D2721	T	CROWN RESIN W/ BASE METAL	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	020	-
D2722	T	CROWN RESIN W/ NOBLE METAL	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	020	-
D2740	T	CROWN PORCELAIN/CERAMIC	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2750	T	CROWN PORCELAIN W/ H NOBLE M	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	020	-
D2751	T	CROWN PORCELAIN FUSED BASE M	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2752	T	CROWN PORCELAIN W/ NOBLE MET	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	020	-
D2753	E	CROWN PORC FUSED TO TITANIUM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D2780	T	CROWN 3/4 CAST HI NOBLE MET	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	020	-
D2781	T	CROWN 3/4 CAST BASE METAL	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2782	T	CROWN 3/4 CAST NOBLE METAL	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	020	-
D2783	T	CROWN 3/4 PORCELAIN/CERAMIC	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	020	-
D2790	T	CROWN FULL CAST HIGH NOBLE M	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	020	-
D2791	T	CROWN FULL CAST BASE METAL	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2792	T	CROWN FULL CAST NOBLE METAL	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	020	-
D2794	T	CROWN-TITANIUM	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	020	-
D2799	T	INTERIM CROWN	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	020	-
D2910	T	RECEMENT INLAY ONLAY OR PART	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2915	E	RECEMENT CAST OR PREFAB POST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D2920	T	RE-CEMENT OR RE-BOND CROWN	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2921	T	REATTACH TOOTH FRAGMENT	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2928	E	PREFAB PORC/CER CROWN PERM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D2929	T	PREFAB PORC/CERAM CROWN PRI	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2930	T	PREFAB STNLSS STEEL CRWN PRI	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2931	T	PREFAB STNLSS STEEL CROWN PE	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2932	T	PREFABRICATED RESIN CROWN	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2933	T	PREFAB STAINLESS STEEL CROWN	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2934	E	PREFAB STEEL CROWN PRIMARY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D2940	T	PROTECTIVE RESTORATION	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2941	E	INT THERAPEUTIC RESTORATION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D2949	E	RESTORATIVE FOUNDATION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D2950	T	CORE BUILD-UP INCL ANY PINS	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2951	T	TOOTH PIN RETENTION	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	020	-
D2952	T	POST AND CORE CAST + CROWN	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2953	N	EACH ADDTNL CAST POST	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
D2954	T	PREFAB POST/CORE + CROWN	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	999	-
D2955	E	POST REMOVAL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
								Prior Auth. Required	Passport			
D2957	T	EACH ADDTNL PREFAB POST	-	05871 9.6004	APC	\$560.57	-	-	-	000	999	-
D2960	T	LABIAL VENEER RESIN DIRECT	-	05871 9.6004	APC	\$560.57	-	-	Y	000	020	-
D2961	T	LABIAL VENEER RESIN INDIRECT	-	05871 9.6004	APC	\$560.57	-	-	Y	000	020	-
D2962	T	LABIAL VENEER PORC INDIRECT	-	05871 9.6004	APC	\$560.57	-	-	Y	000	020	-
D2971	E	ADD PROC CONSTRUCT NEW CROWN	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D2975	E	COPING	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D2976	E	BAND STABILIZATION PER TOOTH	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D2980	T	CROWN REPAIR	-	05871 9.6004	APC	\$560.57	-	-	-	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	-
D2989	E	EXCAVATE TOOTH NON-RESTORABL	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D2990	E	RESIN INFILTRATION OF LESION	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D2991	E	APP OF HYDROXYAPATITE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D2999	E	DENTAL UNSPEC RESTORATIVE PR	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D3110	N	PULP CAP DIRECT	-	05871 9.6004	Bundled, sometimes payable	\$560.57	-	-	-	000	999	-
D3120	N	PULP CAP INDIRECT	-	05871 9.6004	Bundled, sometimes payable	\$560.57	-	-	-	000	999	-
D3220	T	THERAPEUTIC PULPOTOMY	-	05871 9.6004	APC	\$560.57	-	-	-	000	020	-
D3221	T	GROSS PULPAL DEBRIDEMENT	-	05871 9.6004	APC	\$560.57	-	-	-	000	999	-
D3222	E	PART PULP FOR APEXOGENESIS	-	-	Not Allowed	\$0.00	-	-	-	000	020	-
D3230	T	PULPAL THERAPY ANTERIOR PRIM	-	05871 9.6004	APC	\$560.57	-	-	-	000	020	-
D3240	T	PULPAL THERAPY POSTERIOR PRI	-	05871 9.6004	APC	\$560.57	-	-	-	000	020	-
D3310	T	END THXPY, ANTERIOR TOOTH	-	05871 9.6004	APC	\$560.57	-	-	-	000	999	-
D3320	T	END THXPY, PREMOLAR TOOTH	-	05871 9.6004	APC	\$560.57	-	-	-	000	999	-
D3330	T	END THXPY, MOLAR TOOTH	-	05871 9.6004	APC	\$560.57	-	-	-	000	999	-
D3331	T	NON-SURG TX ROOT CANAL OBS	-	05871 9.6004	APC	\$560.57	-	-	-	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	T	RETREAT ROOT CANAL ANTERIOR	-	05871 9.6004	APC	\$560.57	-	-	-	000	999	-
D3347	T	RETREAT ROOT CANAL PREMOLAR	-	05871 9.6004	APC	\$560.57	-	-	-	000	999	-
D3348	T	RETREAT ROOT CANAL MOLAR	-	05871 9.6004	APC	\$560.57	-	-	-	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	T	APICOECTOMY - ANTERIOR	-	05871 9.6004	APC	\$560.57	-	-	-	000	020	-
D3421	T	ROOT SURGERY PREMOLAR	-	05871 9.6004	APC	\$560.57	-	-	-	000	020	-
D3425	T	ROOT SURGERY MOLAR	-	05871 9.6004	APC	\$560.57	-	-	-	000	020	-
D3426	N	ROOT SURGERY EA ADD ROOT	-	-	Bundled	\$0.00	-	-	-	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	T	RETROGRADE FILLING	-	05871 9.6004	APC	\$560.57	-	-	-	000	999	-
D3431	E	BIOLOGICAL MATERIALS	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D3432	E	GUIDED TISSUE REGENERATION	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D3450	E	ROOT AMPUTATION	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D3460	E	ENDODONTIC ENDOSSEOUS IMPLAN	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D3470	E	INTENTIONAL REPLANTATION	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D3471	E	SURG REP ROOT RES ANTERIOR	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D3472	E	SURG REP ROOT RES PREMOLAR	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D3473	E	SURG REP ROOT RES MOLAR	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D3501	E	SURG EXP ROOT SURF ANTERIOR	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D3502	E	SURG EXP ROOT SURF PREMOLAR	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D3503	E	SURG EXP ROOT SURF MOLAR	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D3910	E	ISOLATION- TOOTH W RUBB DAM	-	-	Not Allowed	\$0.00	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
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	N	GINGIVECTOMY/PLASTY 4 OR MOR	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	000	020	-
D4211	N	GINGIVECTOMY/PLASTY 1 TO 3	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	000	020	-
D4212	N	GINGIVECTOMY/PLASTY REST	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	000	999	-
D4230	N	ANA CROWN EXP 4 OR> PER QUAD	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	000	020	-
D4231	N	ANA CROWN EXP 1-3 PER QUAD	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	000	020	-
D4240	N	GINGIVAL FLAP PROC W/ PLANIN	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	000	020	-
D4241	N	NGVL FLAP W ROOTPLAN 1-3 TH	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	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	N	OSSEOUS SURGERY 4 OR MORE	-	05165	63.8542	Bundled, sometimes payable	\$3,728.45	-	-	-	000	999	-
D4261	N	OSSEOUS SURG 1 TO 3 TEETH	-	05164	35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	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 RESORB	-	-	-	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	N	PEDICLE SOFT TISSUE GRAFT PR	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	000	999	-
D4273	N	AUTO TISSUE GRAFT 1ST TOOTH	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	000	999	-
D4274	E	MESIAL/DISTAL WEDGE PROC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D4275	N	NON-AUTO GRAFT 1ST TOOTH	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	000	999	-
D4276	E	CON TISSUE W PEDICLE GRAFT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D4277	N	SOFT TISSUE GRAFT FIRSTTOOTH	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	000	999	-
D4278	N	SOFT TISSUE GRAFT ADDL TOOTH	-	-	-	Bundled	\$0.00	-	-	-	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	T	PERIODONTAL SCALING & ROOT	-	05871	9.6004	APC	\$560.57	-	-	-	000	999	-
D4342	T	PERIODONTAL SCALING 1-3TEETH	-	05871	9.6004	APC	\$560.57	-	-	-	000	999	-
D4346	E	SCALING GINGIV INFLAMMATION	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D4355	S	FULL MOUTH DEBRIDEMENT	-	05871	9.6004	APC	\$560.57	-	-	-	000	999	-
D4381	E	LOCALIZED DELIVERY ANTIMICRO	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D4910	T	PERIODONTAL MAINT PROCEDURES	-	05871	9.6004	APC	\$560.57	-	-	-	000	999	-
D4920	N	UNSCHEDULED DRESSING CHANGE	-	05871	9.6004	Bundled, sometimes payable	\$560.57	-	-	-	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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab Fees	Hospital Lab Fees					
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	-
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 CMLPT MAXIL	-	-	Fee Schedule	\$68.64	-	-	-	-	-	000	999	-
D5711	M	DENTURES REBASE CMLPT 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 CMLPT MAX DIR	-	-	Fee Schedule	\$68.64	-	-	-	-	-	000	999	-
D5731	M	DENTURE RELN CMLPT 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 CMLPT MAX INDIR	-	-	Fee Schedule	\$68.64	-	-	-	-	-	000	999	-
D5751	M	DENTURE RELN CMLPT 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 CMLPT MAXILL	-	-	Fee Schedule	\$68.64	-	-	-	-	-	000	999	-
D5811	E	DENTURE INTERM CMLPT 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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees					
D5914	E	AURICULAR PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D5915	E	ORBITAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D5916	E	OCULAR PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D5919	E	FACIAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D5922	E	NASAL SEPTAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D5923	E	OCULAR PROSTHESIS INTERIM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D5924	E	CRANIAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D5925	E	FACIAL AUGMENTATION IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D5926	E	REPLACEMENT NASAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D5927	E	AURICULAR REPLACEMENT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D5928	E	ORBITAL REPLACEMENT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D5929	E	FACIAL REPLACEMENT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D5931	E	SURGICAL OBTURATOR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D5932	E	POSTSURGICAL OBTURATOR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D5933	E	REFITTING OF OBTURATOR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D5934	E	MANDIBULAR FLANGE PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D5935	E	MANDIBULAR DENTURE PROSTH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D5936	E	TEMP OBTURATOR PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D5937	E	TRISMUS APPLIANCE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D5951	E	FEEDING AID	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D5952	E	PEDIATRIC SPEECH AID	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D5953	E	ADULT SPEECH AID	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D5954	E	SUPERIMPOSED PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
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 SPVRT REMV DNT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D6054	E	IMPLNT/ABTMNT SPVRT 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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab	Hospital Lab			
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 SUPRDT FIXD DENT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D6079	E	IMPLNT/ABUT SUPRDT 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	-
D6089	E	ACCESS/RETORQ IMPLANT SCREW	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D6090	E	REPAIR IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D6091	E	REPL SEMI/PRECISION ATTACH	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D6092	E	RECEMENT SUPP CROWN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D6093	E	RECEMENT SUPP PART DENTURE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D6094	E	ABUT SUPPORT CROWN TITANIUM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D6095	E	ODONTICS REPR ABUTMENT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D6096	E	REMOVE BROKEN IMP RET SCREW	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D6097	E	ABUT CROWN PORC TO TITANIUM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D6098	E	IMP RETAIN PORC TO BASE ALLO	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D6099	E	IMP RETAINER FOR FPD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
D6100	E	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	-

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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab Fees	Hospital Lab Fees					
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 SRFC	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D6611	E	ONLAY CST HGH NBL MTL >=3SRF	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D6612	E	ONLAY CST BASE MTL 2 SURFACE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D6613	E	ONLAY CST BASE MTL >=3 SURFA	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D6614	E	ONLAY CST NBL MTL 2 SURFACES	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D6615	E	ONLAY CST NBL MTL >=3 SURFAC	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D6624	E	INLAY TITANIUM	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D6634	E	ONLAY TITANIUM	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D6710	M	CROWN-INDIRECT RESIN BASED	-	-	Fee Schedule	\$68.64	-	-	-	-	-	000	020	-
D6720	M	RETAIN CROWN RESIN W HI NBLE	-	-	Fee Schedule	\$68.64	-	-	-	-	-	000	020	-
D6721	M	CROWN RESIN W/BASE METAL	-	-	Fee Schedule	\$68.64	-	-	-	-	-	000	020	-
D6722	M	CROWN RESIN W/NOBLE METAL	-	-	Fee Schedule	\$68.64	-	-	-	-	-	000	020	-
D6740	M	CROWN PORCELAIN/CERAMIC	-	-	Fee Schedule	\$68.64	-	-	-	-	-	000	020	-
D6750	M	CROWN PORCELAIN HIGH NOBLE	-	-	Fee Schedule	\$68.64	-	-	-	-	-	000	020	-
D6751	M	CROWN PORCELAIN BASE METAL	-	-	Fee Schedule	\$68.64	-	-	-	-	-	000	020	-
D6752	M	CROWN PORCELAIN NOBLE METAL	-	-	Fee Schedule	\$68.64	-	-	-	-	-	000	020	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
D6753	E	RETAIN CROWN PORC TO TITANIUM	-	-	-	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	9.6004	APC	\$560.57	-	-	-	-	000	999	-
D7140	S	EXTRACTION ERUPTED TOOTH/EXR	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	999	-
D7210	N	REM IMP TOOTH W MUCOPER FLP	-	05163	16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
D7220	S	IMPACT TOOTH REMOV SOFT TISS	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	999	-
D7230	S	IMPACT TOOTH REMOV PART BONY	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	999	-
D7240	S	IMPACT TOOTH REMOV COMP BONY	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	999	-
D7241	S	IMPACT TOOTH REM BONY W/COMP	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	999	-
D7250	S	TOOTH ROOT REMOVAL	-	05871	9.6004	APC	\$560.57	-	-	-	-	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	T	TOOTH REIMPLANTATION	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	999	-
D7272	E	TOOTH TRANSPLANTATION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7280	T	EXPOSURE OF UNERUPTED TOOTH	-	05871	9.6004	APC	\$560.57	-	-	-	-	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	-
D7284	E	EXC BIOPSY OF SALIV GLANDS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
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	-
D7299	E	REM ANCHORAGE DEVICE W/FLAP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
D7300	E	REM ANCHORAGE DEV W/O FLAP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7310	N	ALVEOPLASTY W/ EXTRACTION	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
D7311	N	ALVEOLOPLASTY W/EXTRACT 1-3	-	05163 16.6287	Bundled, sometimes payable	\$970.95	-	-	-	-	000	999	-
D7320	M	ALVEOPLASTY W/O EXTRACTION	-	-	Fee Schedule	\$68.64	-	-	-	-	000	999	-
D7321	M	ALVEOLOPLASTY NOT W/EXTRACTS	-	-	Fee Schedule	\$68.64	-	-	-	-	000	999	-
D7340	E	VESTIBULOPLASTY RIDGE EXTENS	-	-	Not Allowed	\$0.00	-	-	-	-	000	020	-
D7350	E	VESTIBULOPLASTY EXTEN GRAFT	-	-	Not Allowed	\$0.00	-	-	-	-	000	020	-
D7410	E	RAD EXC LESION UP TO 1.25 CM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7411	E	EXCISION BENIGN LESION>1.25C	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7412	E	EXCISION BENIGN LESION COMPL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7413	E	EXCISION MALIG LESION<=1.25C	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7414	E	EXCISION MALIG LESION>1.25CM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7415	E	EXCISION MALIG LES COMPLICAT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7440	E	MALIG TUMOR EXC TO 1.25 CM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7441	E	MALIG TUMOR > 1.25 CM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7450	E	REM ODONTOGEN CYST TO 1.25CM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7451	E	REM ODONTOGEN CYST > 1.25 CM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7460	E	REM NONODONTO CYST TO 1.25CM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7461	E	REM NONODONTO CYST > 1.25 CM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7465	E	LESION DESTRUCTION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7471	E	REM EXOSTOSIS ANY SITE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7472	E	REMOVAL OF TORUS PALATINUS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7473	E	REMOVE TORUS MANDIBULARIS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7485	E	SURG REDUCT OSSEOUS TUBEROSIT	-	-	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	T	I&D ABSC INTRAORAL SOFT TISS	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
D7511	T	INCISION/DRAIN ABSCESS INTRA	-	05071 7.6716	APC	\$447.94	-	-	-	Y	000	999	-
D7520	T	I&D ABSCESS EXTRAORAL	-	05071 7.6716	APC	\$447.94	-	-	-	-	000	999	-
D7521	T	INCISION/DRAIN ABSCESS EXTRA	-	05071 7.6716	APC	\$447.94	-	-	-	Y	000	999	-
D7530	E	REMOVAL FB SKIN/AREOLAR TISS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7540	T	REMOVAL OF FB REACTION	-	05871 9.6004	APC	\$560.57	-	-	-	-	000	999	-
D7550	T	REMOVAL OF SLOUGHED OFF BONE	-	05871 9.6004	APC	\$560.57	-	-	-	-	000	999	-
D7560	M	MAXILLARY SINUSOTOMY	-	-	Fee Schedule	\$68.64	-	-	-	-	000	999	-
D7610	E	MAXILLA OPEN REDUCT SIMPLE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7620	E	CLSD REDUCT SIMPL MAXILLA FX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7630	E	OPEN RED SIMPL MANDIBLE FX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7640	E	CLSD RED SIMPL MANDIBLE FX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7650	E	OPEN RED SIMP MALAR/ZYGOM FX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7660	E	CLSD RED SIMP MALAR/ZYGOM FX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7670	E	CLOSD RDUCTN SPLINT ALVEOLUS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7671	E	ALVEOLUS OPEN REDUCTION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7680	E	REDUCT SIMPLE FACIAL BONE FX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7710	E	MAXILLA OPEN REDUCT COMPOUND	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7720	E	CLSD REDUCT COMPD MAXILLA FX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7730	E	OPEN REDUCT COMPD MANDBLE FX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7740	E	CLSD REDUCT COMPD MANDBLE FX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7750	E	OPEN RED COMP MALAR/ZYGMA FX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7760	E	CLSD RED COMP MALAR/ZYGMA FX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7770	E	OPEN REDUC COMPD ALVEOLUS FX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7771	E	ALVEOLUS CLSD REDUC STBLZ TE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7780	E	REDUCT COMPND FACIAL BONE FX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7810	E	TMJ OPEN REDUCT-DISLOCATION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7820	E	CLOSED TMP MANIPULATION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7830	E	TMJ MANIPULATION UNDER ANEST	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D7840	E	REMOVAL OF TMJ CONDYLE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab Fees	Hospital Lab Fees					
D7850	E	TMJ MENISCECTOMY	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D7852	E	TMJ REPAIR OF JOINT DISC	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D7854	E	TMJ EXCISN OF JOINT MEMBRANE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D7856	E	TMJ CUTTING OF A MUSCLE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D7858	E	TMJ RECONSTRUCTION	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D7860	E	TMJ CUTTING INTO JOINT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D7865	E	TMJ RESHAPING COMPONENTS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D7870	E	TMJ ASPIRATION JOINT FLUID	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D7871	E	LYSIS + LAVAGE W CATHETERS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D7872	E	TMJ DIAGNOSTIC ARTHROSCOPY	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D7873	E	TMJ ARTHROSCOPY LYSIS ADHESN	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D7874	E	TMJ ARTHROSCOPY DISC REPOSIT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D7875	E	TMJ ARTHROSCOPY SYNOVECTOMY	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D7876	E	TMJ ARTHROSCOPY DISCECTOMY	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D7877	E	TMJ ARTHROSCOPY DEBRIDEMENT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D7880	E	OCCCLUSAL ORTHOTIC APPLIANCE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D7881	E	OCC ORTHOTIC DEVICE ADJUST	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D7899	E	TMJ UNSPECIFIED THERAPY	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D7910	M	DENT SUTUR RECENT WND TO 5CM	-	-	Fee Schedule	\$68.64	-	-	-	-	-	000	999	-
D7911	M	DENTAL SUTURE WOUND TO 5 CM	-	-	Fee Schedule	\$68.64	-	-	-	-	-	000	999	-
D7912	M	SUTURE COMPLICATE WND > 5 CM	-	-	Fee Schedule	\$68.64	-	-	-	-	-	000	999	-
D7920	E	DENTAL SKIN GRAFT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	020	-
D7921	E	COLLECT & APPL BLOOD PRODUCT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D7922	E	PLACE INTRA-SOCKET BIO DRESS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
D7939	E	INDEXING FOR OSTEOATOMY	-	-	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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Passport	Min Age	Max Age	Comments
								Prior Auth. Required	Hospital Lab Fees				
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	-	-	Y	-	000	020	-
D8080	M	COMPRE DENTAL TX ADOLESCENT	-	-	Fee Schedule	\$68.64	-	-	Y	-	000	020	-
D8090	M	COMPRE DENTAL TX ADULT	-	-	Fee Schedule	\$68.64	-	-	Y	-	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	-	-	Y	-	000	020	-
D8680	M	ORTHODONTIC RETENTION	-	-	Fee Schedule	\$68.64	-	-	Y	-	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	-
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	N	ANALGESIA	-	-	Bundled	\$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	N	SEDATION (NON-IV)	-	-	Bundled	\$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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
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	-
D9938	E		FAB REMOVABLE APPLIANCE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D9939	E		PLACEMNT REMOVABLE APPLIANCE	-	-	-	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	9.6004	APC	\$560.57	-	-	-	-	000	020	-
D9945	S		OCC GUARD, SOFT, FULL ARCH	-	05871	9.6004	APC	\$560.57	-	-	-	-	000	020	-
D9946	S		OCC GUARD, HARD, PART ARCH	-	05871	9.6004	APC	\$560.57	-	-	-	-	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	-
D9954	E		FAB/DEL ORAL APPLIANCE THXPY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D9955	E		ORAL APP THXPY TITRATION VIS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D9956	E		ADMIN HOME SLEEP APNEA TEST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
D9957	E		SCREENING SLEEP DISORDERS	-	-	-	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	-
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	-	-	-	Y	000	999	-
E0110	E		CRUTCH FOREARM PAIR	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
E0111	E		CRUTCH FOREARM EACH	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
E0112	E		CRUTCH UNDERARM PAIR WOOD	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
E0113	E		CRUTCH UNDERARM EACH WOOD	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
E0114	E		CRUTCH UNDERARM PAIR NO WOOD	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
E0116	E		CRUTCH UNDERARM EACH NO WOOD	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
E0117	E		UNDERARM SPRINGASSIST CRUTCH	-	-	-	Not Allowed	\$0.00	-	-	-	Y	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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab	Hospital Lab					
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	-
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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
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	-

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April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
								Hospital Lab	Prior Auth. Required			
E0425	E	GAS SYSTEM STATIONARY COMPRE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0430	E	OXYGEN SYSTEM GAS PORTABLE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0431	E	PORTABLE GASEOUS O2	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0433	E	PORTABLE LIQUID OXYGEN SYS	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0434	E	PORTABLE LIQUID O2	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0435	E	OXYGEN SYSTEM LIQUID PORTABL	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0439	E	STATIONARY LIQUID O2	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0440	E	OXYGEN SYSTEM LIQUID STATION	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0441	E	STATIONARY O2 CONTENTS, GAS	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0442	E	STATIONARY O2 CONTENTS, LIQ	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0443	E	PORTABLE O2 CONTENTS, GAS	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0444	E	PORTABLE O2 CONTENTS, LIQUID	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0445	E	OXIMETER NON-INVASIVE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0446	E	TOPICAL OX DELIVER SYS, NOS	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0447	E	PORT O2 CONT, LIQ OVER 4 LPM	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0455	E	OXYGEN TENT EXCL CROUP/PED T	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0457	E	CHEST SHELL	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0459	E	CHEST WRAP	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0462	E	ROCKING BED W/ OR W/O SIDE R	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0465	E	HOME VENT INVASIVE INTERFACE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0466	E	HOME VENT NON-INVASIVE INTER	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0467	E	HOME VENT MULTI-FUNCTION	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0470	E	RAD W/O BACKUP NON-INV INTFC	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0471	E	RAD W/BACKUP NON INV INTRFC	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0472	E	RAD W BACKUP INVASIVE INTRFC	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0480	E	PERCUSSOR ELECT/PNEUM HOME M	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0481	E	INTRPULMNRY PERCUSS VENT SYS	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0482	E	COUGH STIMULATING DEVICE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0483	E	HI FREQ CHEST WALL OSCIL SYS	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0484	E	NON-ELEC OSCILLATORY PEP DVC	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0485	E	ORAL DEVICE/APPLIANCE PREFAB	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0486	E	ORAL DEVICE/APPLIANCE CUSFAB	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0487	N	ELECTRONIC SPIROMETER	-	-	Bundled	\$0.00	-	-	-	000	999	-
E0490	E	CONTROL UNIT NM HW REMOTE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0491	E	ORAL DV NM MOUTHPC HW REMOTE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0492	E	CONTROL UNIT NM STIM W PHONE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0493	E	ORAL DV/APP NEUROMUS MOUTHPI	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0500	E	IPPB ALL TYPES	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0530	E	ELECTRONIC POSA TREATMENT	-	-	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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
								Hospital Lab	Prior Auth. Required			
E0605	E	VAPORIZER ROOM TYPE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0606	E	DRAINAGE BOARD POSTURAL	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0607	E	BLOOD GLUCOSE MONITOR HOME	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0610	E	PACEMAKER MONITR AUDIBLE/VIS	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0615	E	PACEMAKER MONITR DIGITAL/VIS	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0616	N	CARDIAC EVENT RECORDER	-	-	Bundled	\$0.00	-	-	-	000	999	-
E0617	E	AUTOMATIC EXT DEFIBRILLATOR	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0618	E	APNEA MONITOR	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0619	E	APNEA MONITOR W RECORDER	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0620	E	CAP BLD SKIN PIERCING LASER	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0621	E	PATIENT LIFT SLING OR SEAT	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0625	E	PATIENT LIFT BATHROOM OR TOI	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0627	E	SEAT LIFT MECH, ELECTRIC ANY	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0629	E	SEAT LIFT MECH, NON-ELECTRIC	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0630	E	PATIENT LIFT HYDRAULIC	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0635	E	PATIENT LIFT ELECTRIC	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0636	E	PT SUPPORT & POSITIONING SYS	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0637	E	COMBINATION SIT TO STAND SYS	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0638	E	STANDING FRAME SYS	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0639	E	MOVEABLE PATIENT LIFT SYSTEM	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0640	E	FIXED PATIENT LIFT SYSTEM	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0641	E	MULTI-POSITION STND FRAM SYS	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0642	E	DYNAMIC STANDING FRAME	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0650	E	PNEUMA 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	-
E0677	E	NON PNEUM SEQ COMP TRUNK	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0678	E	NON PNEUM SEQ COMP FULL LEG	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0679	E	NON PNEUM SEQ COMP HALF LEG	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0680	E	NON PNEUM COMP CONTROL CAL	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0681	E	NON PNEU COMP CONTROL W/O CA	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0682	E	NON PNEUM COMPRESS FULL ARM	-	-	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	-
E0711	E	UE ENCLOSURE RESTR ROM	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
E0720	E	TENS TWO LEAD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
E0730	E	TENS FOUR LEAD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0731	E	CONDUCTIVE GARMENT FOR TENS/	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0732	E	CES SYSTEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0733	E	TRANS ELEC NERV FOR TRIGEMIN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0734	E	EXT UP LIMB TREMOR STIM WRIS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0735	E	NON-INVASIVE VAGUS NERV STIM	-	-	-	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	-	-	Y	-	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	-	-	Y	-	000	999	-
E0783	N	PROGRAMMABLE INFUSION PUMP	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
E0784	E	EXT AMB INFUSN PUMP INSULIN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0785	N	REPLACEMENT IMPL PUMP CATHET	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
E0786	N	IMPLANTABLE PUMP REPLACEMENT	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
E0787	E	CGS DOSE ADJ INSULIN INF PMP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0791	E	PARENTERAL INFUSION PUMP STA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0830	N	AMBULATORY TRACTION DEVICE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
E0840	E	TRACT FRAME ATTACH HEADBOARD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0849	E	CERVICAL PNEUM TRAC EQUIP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0850	E	TRACTION STAND FREE STANDING	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0855	E	CERVICAL TRACTION EQUIPMENT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0856	E	CERVIC COLLAR W AIR BLADDERS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0860	E	TRACT EQUIP CERVICAL TRACT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0870	E	TRACT FRAME ATTACH FOOTBOARD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0880	E	TRAC STAND FREE STAND EXTREM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0890	E	TRACTION FRAME ATTACH PELVIC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0900	E	TRAC STAND FREE STAND PELVIC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0910	E	TRAPEZE BAR ATTACHED TO BED	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0911	E	HD TRAPEZE BAR ATTACH TO BED	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0912	E	HD TRAPEZE BAR FREE STANDING	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0920	E	FRACTURE FRAME ATTACHED TO B	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0930	E	FRACTURE FRAME FREE STANDING	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0935	E	CONT PAS MOTION EXERCISE DEV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0936	E	CPM DEVICE, OTHER THAN KNEE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0940	E	TRAPEZE BAR FREE STANDING	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0941	E	GRAVITY ASSISTED TRACTION DE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0942	E	CERVICAL HEAD HARNESS/HALTER	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0944	E	PELVIC BELT/HARNESS/BOOT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E0945	E	BELT/HARNESS EXTREMITY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
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	-
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	-

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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
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 TILTNSPAC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1170	E	WHLCHR AMPU FXD ARM LEG REST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1171	E	WHEELCHAIR AMPUTEE W/O LEG R	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1172	E	WHEELCHAIR AMPUTEE DETACH AR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1180	E	WHEELCHAIR AMPUTEE W/ FOOT R	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1190	E	WHEELCHAIR AMPUTEE W/ LEG RE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1195	E	WHEELCHAIR AMPUTEE HEAVY DUT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1200	E	WHEELCHAIR AMPUTEE FIXED ARM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1220	E	WHLCHR SPECIAL SIZE/CONSTRC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1221	E	WHEELCHAIR SPEC SIZE W FOOT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1222	E	WHEELCHAIR SPEC SIZE W/ LEG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1223	E	WHEELCHAIR SPEC SIZE W FOOT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1224	E	WHEELCHAIR SPEC SIZE W/ LEG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1225	E	MANUAL SEMI-RECLINING BACK	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1226	E	MANUAL FULLY RECLINING BACK	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1227	E	WHEELCHAIR SPEC SZ SPEC HT A	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1228	E	WHEELCHAIR SPEC SZ SPEC HT B	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1229	E	PEDIATRIC WHEELCHAIR NOS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1230	E	POWER OPERATED VEHICLE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1231	E	RIGID PED W/C TILT-IN-SPACE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1232	E	FOLDING PED WC TILT-IN-SPACE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1233	E	RIG PED WC TLTNSPC W/O SEAT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1234	E	FLD PED WC TLTNSPC W/O SEAT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1235	E	RIGID PED WC ADJUSTABLE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1236	E	FOLDING PED WC ADJUSTABLE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1237	E	RGD PED WC ADJUSTABL W/O SEAT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1238	E	FLD PED WC ADJUSTABL W/O SEAT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1239	E	PED POWER WHEELCHAIR NOS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1240	E	WHCHR LITWT DET ARM LEG REST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1250	E	WHEELCHAIR LIGHTWT FIXED ARM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1260	E	WHEELCHAIR LIGHTWT FOOT REST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab	Hospital Lab					
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	-
E1301	E	WHIRLPOOL TUB WALKIN PORTABL	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1310	E	WHIRLPOOL NON-PORTABLE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1352	E	O2 FLOW REG POS INSPIR PRESS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1353	E	OXYGEN SUPPLIES REGULATOR	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1354	E	WHEELED CART, PORT CYL/CONC	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1355	E	OXYGEN SUPPLIES STAND/RACK	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1356	E	BATT PACK/CART, PORT CONC	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1357	E	BATTERY CHARGER, PORT CONC	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1358	E	DC POWER ADAPTER, PORT CONC	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1372	E	OXY SUPPL HEATER FOR NEBULIZ	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1390	E	OXYGEN CONCENTRATOR	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1391	E	OXYGEN CONCENTRATOR, DUAL	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1392	E	PORTABLE OXYGEN CONCENTRATOR	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1399	E	DURABLE MEDICAL EQUIPMENT MI	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1405	E	O2/WATER VAPOR ENRICH W/HEAT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1406	E	O2/WATER VAPOR ENRICH W/O HE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1500	E	CENTRIFUGE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1510	E	KIDNEY DIALYSATE DELIVRY SYS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1520	E	HEPARIN INFUSION PUMP	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1530	E	REPLACEMENT AIR BUBBLE DETEC	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1540	E	REPLACEMENT PRESSURE ALARM	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1550	E	BATH CONDUCTIVITY METER	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1560	E	REPLACE BLOOD LEAK DETECTOR	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1570	E	ADJUSTABLE CHAIR FOR ESRD PT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1575	E	TRANSDUCER PROTECT/FLD BAR	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1580	E	UNIPUNCTURE CONTROL SYSTEM	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1590	E	HEMODIALYSIS MACHINE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1592	E	AUTO INTERM PERITONEAL DIALY	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1594	E	CYCLER DIALYSIS MACHINE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
E1600	E	DELI/INSTALL 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	-

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Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
E1801	E	SPS ELBOW DEVICE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E1802	E	ADJST 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	-
E1905	E	VR CBT THERAPY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2000	E	GASTRIC SUCTION PUMP HME MDL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2001	E	SUCT PUM EXT MGMT SYS	-	-	-	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	-
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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
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	-
E2301	E	PWR STANDING	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2310	E	ELECTRO CONNECT BTW CONTROL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2311	E	ELECTRO CONNECT BTW 2 SYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2312	E	MINI-PROP REMOTE JOYSTICK	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2313	E	PWC HARNESS, EXPAND CONTROL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2321	E	HAND INTERFACE JOYSTICK	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2322	E	MULT MECH SWITCHES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2323	E	SPECIAL JOYSTICK HANDLE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2324	E	CHIN CUP INTERFACE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2325	E	SIP AND PUFF INTERFACE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2326	E	BREATH TUBE KIT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2327	E	HEAD CONTROL INTERFACE MECH	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2328	E	HEAD/EXTREMITY CONTROL INTER	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2329	E	HEAD CONTROL NONPROPORTIONAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2330	E	HEAD CONTROL PROXIMITY SWITC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2331	E	ATTENDANT CONTROL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2340	E	W/C WDTN 20-23 IN SEAT FRAME	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2341	E	W/C WDTN 24-27 IN SEAT FRAME	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2342	E	W/C DPTH 20-21 IN SEAT FRAME	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2343	E	W/C DPTH 22-25 IN SEAT FRAME	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2351	E	ELECTRONIC SGD INTERFACE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2358	E	GR 34 NONSEALED LEADACID	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2359	E	GR34 SEALED LEADACID BATTERY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2360	E	22NF NONSEALED LEADACID	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2361	E	22NF SEALED LEADACID BATTERY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2362	E	GR24 NONSEALED LEADACID	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2363	E	GR24 SEALED LEADACID BATTERY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2364	E	U1NONSEALED LEADACID BATTERY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2365	E	U1 SEALED LEADACID BATTERY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2366	E	BATTERY CHARGER, SINGLE MODE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2367	E	BATTERY CHARGER, DUAL MODE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2368	E	PWR WC DRIVEWHEEL MOTOR REPL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2369	E	PWR WC DRIVEWHEEL GEAR REPL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2370	E	PWR WC DR WH MOTOR/GEAR COMB	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2371	E	GR27 SEALED LEADACID BATTERY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2372	E	GR27 NON-SEALED LEADACID	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2373	E	HAND/CHIN CTRL SPEC JOYSTICK	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2374	E	HAND/CHIN CTRL STD JOYSTICK	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2375	E	NON-EXPANDABLE CONTROLLER	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2376	E	EXPANDABLE CONTROLLER, REPL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2377	E	EXPANDABLE CONTROLLER, INITL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2378	E	PW ACTUATOR REPLACEMENT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2381	E	PNEUM DRIVE WHEEL TIRE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2382	E	TUBE, PNEUM WHEEL DRIVE TIRE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2383	E	INSERT, PNEUM WHEEL DRIVE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2384	E	PNEUMATIC CASTER TIRE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2385	E	TUBE, PNEUMATIC CASTER TIRE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2386	E	FOAM FILLED DRIVE WHEEL TIRE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2387	E	FOAM FILLED CASTER TIRE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2388	E	FOAM DRIVE WHEEL TIRE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2389	E	FOAM CASTER TIRE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
E2390	E	SOLID DRIVE WHEEL TIRE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
								Hospital Lab Fees	Prior Auth. Required			
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	-
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	-
E3000	E	SPEECH VOLUME MODULATION SYS	-	-	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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
G0011	E	HIV PREP COUNSEL, MD 15-30M	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0012	S	INJECTION OF HIV PREP DRUG	-	05691	0.5179	APC	\$30.24	-	-	-	-	000	999	-
G0013	S	HIV PREP COUNSEL, CLIN STAFF	-	05822	0.9719	APC	\$56.75	-	-	-	-	000	999	-
G0017	E	CRISIS PSYCHOTHERAPY 60M	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0018	E	CRISIS PSYCHOTHERAPY ADD 30M	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0019	S	COMM HLTH INTG SVS SDOH 60MN	-	05822	0.9719	APC	\$56.75	-	-	-	-	000	999	-
G0022	E	COMM HLTH INTG SVS ADD 30 M	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0023	S	PIN SERVICE 60M PER MONTH	-	05822	0.9719	APC	\$56.75	-	-	-	-	000	999	-
G0024	E	PIN SRV ADD 30 MIN PR M	-	-	-	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	-
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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
G0080	E	CARE MANAG H VST NEW PT 75 M	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0081	E	CARE MAN H V EXT PT 20 MI	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0082	E	CARE MAN H V EXT PT 30 M	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0083	E	CARE MAN H V EXT PT 45 M	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0084	E	CARE MAN H V EXT PT 60 M	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0085	E	CARE MAN H V EXT PT 75 M	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0086	E	CARE MAN HOME CARE PLAN 30 M	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0087	E	CARE MAN HOME CARE PLAN 60 M	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0088	E	ADM IV DRUG 1ST HOME VISIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0089	E	ADM SUBQ DRUG 1ST HOME VISIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0090	E	ADM IV CHEMO 1ST HOME VISIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0101	S	CA SCREEN;PELVIC/BREAST EXAM	-	05822	0.9719	APC	\$56.75	-	-	-	-	000	999	-
G0102	N	PROSTATE CA SCREENING; DRE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
G0103	Q	PSA SCREENING	-	-	-	Medicare	\$32.18	\$19.95	\$19.31	-	-	000	999	-
G0104	T	CA SCREEN;FLEXI SIGMOIDSCOPE	-	05311	9.9656	APC	\$581.89	-	-	-	-	000	999	-
G0105	T	COLORECTAL SCRNI; HI RISK IND	-	05311	9.9656	APC	\$581.89	-	-	-	-	000	999	-
G0106	S	COLON CA SCREEN;BARIUM ENEMA	-	05571	2.0034	APC	\$116.98	-	-	-	-	000	999	-
G0108	M	DIAB MANAGE TRN PER INDIV	-	-	-	Fee Schedule	\$71.75	-	-	-	Y	000	999	-
G0109	M	DIAB MANAGE TRN IND/GROUP	-	-	-	Fee Schedule	\$20.39	-	-	-	Y	000	999	-
G0117	S	GLAUCOMA SCRNI HGH RISK DIREC	-	05731	0.3247	APC	\$18.96	-	-	-	-	000	999	-
G0118	S	GLAUCOMA SCRNI HGH RISK DIREC	-	05732	0.4373	APC	\$25.53	-	-	-	-	000	999	-
G0120	S	COLON CA SCRNI; BARIUM ENEMA	-	05572	4.1933	APC	\$244.85	-	-	-	-	000	999	-
G0121	T	COLON CA SCRNI NOT HI RSK IND	-	05311	9.9656	APC	\$581.89	-	-	-	-	000	999	-
G0122	E	COLON CA SCRNI; BARIUM ENEMA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0123	Q	SCREEN CERV/VAG THIN LAYER	-	-	-	Medicare	\$33.77	\$20.94	\$20.26	-	-	000	999	-
G0124	E	SCREEN C/V THIN LAYER BY MD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0127	N	TRIM NAIL(S)	-	05733	0.6669	Bundled, sometimes payable	\$38.94	-	-	-	-	000	999	-
G0128	E	CORF SKILLED NURSING SERVICE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0129	E	PHP/IOP OT SERVICE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0130	S	SINGLE ENERGY X-RAY STUDY	-	05522	1.1988	APC	\$70.00	-	-	-	-	000	999	-
G0136	S	ADM OF SOC DTR ASSESS 5-15 M	-	05821	0.3129	APC	\$18.27	-	-	-	-	000	999	-
G0137	E	INTEN OUTPT SVS,MIN 9 PR 7 D	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0140	S	NAV SRV PEER SUP 60 MIN PR M	-	05822	0.9719	APC	\$56.75	-	-	-	-	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	-
G0146	E	NAV SRV PEER SUP ADD 30 PR M	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0147	Q	SCR C/V CYTO, AUTOMATED SYS	-	-	-	Medicare	\$29.60	\$18.35	\$17.76	-	-	000	999	-
G0148	Q	SCR C/V CYTO, AUTOSYS, RESCR	-	-	-	Medicare	\$53.23	\$33.00	\$31.94	-	-	000	999	-
G0151	M	HHCP-SERV OF PT,EA 15 MIN	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
G0152	M	HHCP-SERV OF OT,EA 15 MIN	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
G0153	M	HHCP-SVS OF S/L PATH,EA 15MN	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
G0155	M	HHCP-SVS OF CSW,EA 15 MIN	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
G0156	M	HHCP-SVS OF AIDE,EA 15 MIN	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
G0157	E	HHC PT ASSISTANT EA 15	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0158	E	HHC OT ASSISTANT EA 15	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0159	E	HHC PT MAINT EA 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0160	E	HHC OCCUP THERAPY EA 15	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0161	E	HHC SLP EA 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0162	E	HHC RN E&M PLAN SVS, 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0166	N	EXTRNL COUNTERPULSE, PER TX	-	05734	1.3928	Bundled, sometimes payable	\$81.33	-	-	-	-	000	999	-
G0168	E	WOUND CLOSURE BY ADHESIVE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0175	V	OPPS SERVICE,SCHED TEAM CONF	-	05024	4.8294	APC	\$281.99	-	-	-	-	000	999	-
G0176	E	OPPS/PHP/IOP; ACTIVITY THRPHY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0177	E	OPPS/PHP/IOP; TRAIN & EDUC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
G0179	E	MD RECERTIFICATION HHA PT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0180	E	MD CERTIFICATION HHA PATIENT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0181	E	HOME HEALTH CARE SUPERVISION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0182	E	HOSPICE CARE SUPERVISION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0186	T	DSTRY EYE LESN.FDR VSSL TECH	-	05481 6.3380	APC	\$370.08	-	-	-	-	000	999	-
G0219	E	PET IMG WHOLBOD MELANO NONCO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0235	E	PET NOT OTHERWISE SPECIFIED	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0237	S	THERAPEUTIC PROCD STRG ENDUR	-	05731 0.3247	APC	\$18.96	-	-	-	Y	000	999	-
G0238	S	OTH RESP PROC, INDIV	-	05731 0.3247	APC	\$18.96	-	-	-	Y	000	999	-
G0239	S	OTH RESP PROC, GROUP	-	05732 0.4373	APC	\$25.53	-	-	-	Y	000	999	-
G0245	V	INITIAL FOOT EXAM PT LOPS	-	05012 1.4414	APC	\$84.16	-	-	-	-	000	999	-
G0246	V	FOLLOWUP EVAL OF FOOT PT LOP	-	05012 1.4414	APC	\$84.16	-	-	-	-	000	999	-
G0247	N	ROUTINE FOOTCARE PT W LOPS	-	05051 2.1829	Bundled, sometimes payable	\$127.46	-	-	-	-	000	999	-
G0248	V	DEMONSTRATE USE HOME INR MON	-	05012 1.4414	APC	\$84.16	-	-	-	-	000	999	-
G0249	V	PROVIDE INR TEST MATER/EQUIP	-	05012 1.4414	APC	\$84.16	-	-	-	-	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	-	-	-	Y	000	999	-
G0257	S	UNSCHED DIALYSIS ESRD PT HOS	-	05401 7.6195	APC	\$444.90	-	-	-	-	000	999	-
G0259	N	INJECT FOR SACROILIAC JOINT	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
G0260	T	INJ FOR SACROILIAC JT ANESTH	-	05442 7.5404	APC	\$440.28	-	-	-	-	000	999	-
G0268	N	REMOVAL OF IMPACTED WAX MD	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
G0269	N	OCCLUSIVE DEVICE IN VEIN ART	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
G0270	M	MNT SUBS TX FOR CHANGE DX	-	-	Fee Schedule	\$35.90	-	-	-	-	000	020	-
G0271	M	GROUP MNT 2 OR MORE 30 MINS	-	-	Fee Schedule	\$20.39	-	-	-	-	000	020	-
G0276	N	PILD/PLACEBO CONTROL CLIN TR	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	-	000	999	-
G0277	S	HBOT, FULL BODY CHAMBER, 30M	-	05061 1.5130	APC	\$88.34	-	-	-	-	000	999	-
G0278	N	ILIAC ART ANGIO,CARDIAC CATH	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
G0279	M	TOMOSYNTHESIS, MAMMO	-	-	Fee Schedule	\$69.98	-	-	-	-	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	\$15.96	-	-	-	-	000	999	-
G0288	N	RECON, CTA FOR SURG PLAN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
G0289	N	ARTHRO, LOOSE BODY + CHONDRO	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
G0293	N	NON-COV SURG PROC,CLIN TRIAL	-	05732 0.4373	Bundled, sometimes payable	\$25.53	-	-	-	-	000	999	-
G0294	N	NON-COV PROC, CLINICAL TRIAL	-	05732 0.4373	Bundled, sometimes payable	\$25.53	-	-	-	-	000	999	-
G0295	E	ELECTROMAGNETIC THERAPY ONC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0296	S	VISIT TO DETERM LDCT ELIG	-	05822 0.9719	APC	\$56.75	-	-	-	-	000	999	-
G0299	M	HHS/HOSPICE OF RN EA 15 MIN	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
G0300	M	HHS/HOSPICE OF LPN EA 15 MIN	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
G0302	S	PRE-OP SERVICE LVRS COMPLETE	-	05723 5.8442	APC	\$341.24	-	-	-	Y	000	999	-
G0303	S	PRE-OP SERVICE LVRS 10-15DOS	-	05722 3.4225	APC	\$199.84	-	-	-	Y	000	999	-
G0304	S	PRE-OP SERVICE LVRS 1-9 DOS	-	05723 5.8442	APC	\$341.24	-	-	-	Y	000	999	-
G0305	S	POST OP SERVICE LVRS MIN 6	-	05723 5.8442	APC	\$341.24	-	-	-	Y	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	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
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 0.3129	APC	\$18.27	-	-	-	-	000	999	-
G0327	E	COLON CA SCRIN;BLD-BSD BIOMRK	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0328	Q	FECAL BLOOD SCRIN IMMUNOASSAY	-	-	Medicare	\$30.08	\$18.65	\$18.05	-	-	000	999	-
G0329	M	ELECTROMAGNTIC TX FOR ULCERS	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
G0330	N	FACILITY SVS DENTAL REHAB	-	05164 35.1059	Bundled, sometimes payable	\$2,049.83	-	-	-	-	000	999	-
G0333	E	DISPENSE FEE INITIAL 30 DAY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0337	M	HOSPICE EVALUATION PREELECTI	-	-	Fee Schedule	\$70.15	-	-	-	-	000	999	-
G0339	E	ROBOT LIN-RADSURG COM, FIRST	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
G0340	E	ROBT LIN-RADSURG FRACTX 2-5	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
G0341	C	PERCUTANEOUS ISLET CELLTRANS	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	020	-
G0342	C	LAPAROSCOPY ISLET CELL TRANS	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	020	-
G0343	C	LAPAROTOMY ISLET CELL TRANSP	-	-	Inpatient Only	\$0.00	-	-	Y	Y	000	020	-
G0372	E	MD SERVICE REQUIRED FOR PMD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0378	N	HOSPITAL OBSERVATION PER HR	-	-	Bundled	\$0.00	-	-	-	Y	000	999	-
G0379	N	DIRECT REFER HOSPITAL OBSERV	-	05025 7.0036	Bundled, sometimes payable	\$408.94	-	-	-	Y	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 14.9284	APC	\$871.67	-	-	-	-	000	999	-
G0396	S	ALCOHOL/SUBS INTERV 15-30MNM	-	05821 0.3129	APC	\$18.27	-	-	-	-	000	999	-
G0397	S	ALCOHOL/SUBS INTERV >30 MIN	-	05823 1.7385	APC	\$101.51	-	-	-	-	000	999	-
G0398	S	HOME SLEEP TEST/TYPE 2 PORTA	-	05721 1.7032	APC	\$99.45	-	-	-	-	000	999	-
G0399	S	HOME SLEEP TEST/TYPE 3 PORTA	-	05721 1.7032	APC	\$99.45	-	-	-	-	000	999	-
G0400	S	HOME SLEEP TEST/TYPE 4 PORTA	-	05722 3.4225	APC	\$199.84	-	-	-	-	000	999	-
G0402	V	INITIAL PREVENTIVE EXAM	-	05012 1.4414	APC	\$84.16	-	-	-	-	000	999	-
G0403	E	EKG FOR INITIAL PREVENT EXAM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0404	S	EKG TRACING FOR INITIAL PREV	-	05731 0.3247	APC	\$18.96	-	-	-	-	000	999	-
G0405	E	EKG INTERPRET & REPORT PREVE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0406	E	INPT/TELE FOLLOW UP 15	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0407	E	INPT/TELE FOLLOW UP 25	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0408	E	INPT/TELE FOLLOW UP 35	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0409	E	CORF RELATED SERV 15 MINS EA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0410	E	GRP PSYCH PHP/IOP 45-50	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0411	E	INTERACTIVE GRP PSYC PHP/IOP	-	-	Not Allowed	\$0.00	-	-	-	-	000	012	-
G0412	C	OPEN TX ILIAC SPINE UNI/BIL	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
G0413	N	PELVIC RING FRACTURE UNI/BIL	-	05114 78.0061	Bundled, sometimes payable	\$4,554.78	-	-	-	Y	000	999	-
G0414	C	PELVIC RING FX TREAT INT FIX	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
G0415	C	OPEN TX POST PELVIC FXCTURE	-	-	Inpatient Only	\$0.00	-	-	-	-	000	999	-
G0416	N	PROSTATE BIOPSY, ANY MTHD	-	05673 3.9193	Bundled, sometimes payable	\$228.85	-	-	-	-	000	999	-
G0420	E	ED SVC CKD IND PER SESSION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0421	E	ED SVC CKD GRP PER SESSION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0422	S	INTENS CARDIAC REHAB W/EXERC	-	05771 1.4408	APC	\$84.13	-	-	Y	Y	000	999	-
G0423	S	INTENS CARDIAC REHAB NO EXER	-	05771 1.4408	APC	\$84.13	-	-	Y	Y	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 19.8843	APC	\$1,161.04	-	-	-	-	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	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
G0439	M	PPPS, SUBSEQ VISIT	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
G0442	S	ANNUAL ALCOHOL SCREEN 15 MIN	-	05821 0.3129	APC	\$18.27	-	-	-	-	000	999	-
G0443	S	BRIEF ALCOHOL MISUSE COUNSEL	-	05822 0.9719	APC	\$56.75	-	-	-	-	000	999	-
G0444	S	DEPRESSION SCREEN ANNUAL	-	05821 0.3129	APC	\$18.27	-	-	-	-	000	999	-
G0445	S	HIGH INTEN BEH COUNS STD 30M	-	05822 0.9719	APC	\$56.75	-	-	-	-	000	999	-
G0446	S	INTENS BEHAVE THER CARDIO DX	-	05821 0.3129	APC	\$18.27	-	-	-	-	000	999	-
G0447	S	BEHAVIOR COUNSEL OBESITY 15M	-	05822 0.9719	APC	\$56.75	-	-	-	-	000	999	-
G0448	E	PLACE PERM PACING CARDIOVERT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0451	N	DEVLOPMENT TEST INTERPT&REP	-	05822 0.9719	Bundled, sometimes payable	\$56.75	-	-	-	-	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	T	FECAL MICROBIOTA PREP INSTIL	-	05311 9.9656	APC	\$581.89	-	-	-	-	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 19.8843	APC	\$1,161.04	-	-	-	-	000	999	-
G0463	M	HOSPITAL OUTPT CLINIC VISIT	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
G0465	T	AUTOLOG PRP DIAB WOUND ULCER	-	-	APC	\$1,161.04	-	-	-	-	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	\$18.05	\$11.19	\$10.83	-	-	000	999	-
G0472	Q	HEP C SCREEN HIGH RISK/OTHER	-	-	Medicare	\$77.25	\$47.90	\$46.35	-	-	000	999	-
G0473	S	GROUP BEHAVE COUNS 2-10	-	05821 0.3129	APC	\$18.27	-	-	-	-	000	999	-
G0475	E	HIV COMBINATION ASSAY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0476	E	HPV COMBO ASSAY CA SCREEN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0480	Q	DRUG TEST DEF 1-7 CLASSES	-	-	Medicare	\$190.72	\$118.25	\$114.43	-	-	000	999	-
G0481	Q	DRUG TEST DEF 8-14 CLASSES	-	-	Medicare	\$260.98	\$161.81	\$156.59	-	-	000	999	-
G0482	Q	DRUG TEST DEF 15-21 CLASSES	-	-	Medicare	\$331.23	\$205.36	\$198.74	-	-	000	999	-
G0483	Q	DRUG TEST DEF 22+ CLASSES	-	-	Medicare	\$411.53	\$255.15	\$246.92	-	-	000	999	-
G0490	M	HOME VISIT RN, LPN BY RHC/FQ	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
G0491	E	DIALYSIS ACU KIDNEY NO ESRD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0492	E	MD/OTH EVAL ACUT KID NO ESRD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0493	E	RN CARE EA 15 MIN HH/HOSPICE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0494	E	LPN CARE EA 15MIN HH/HOSPICE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0495	E	RN CARE TRAIN/EDU IN HH	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0496	E	LPN CARE TRAIN/EDU IN HH	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0498	S	CHEMO EXTEND IV INFUS W/PUMP	-	05694 3.6927	APC	\$215.62	-	-	-	-	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	N	COMP ASSES CARE PLAN CCM SVC	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
G0508	E	CRIT CARE TELEHEA CONSULT 60	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0509	E	CRIT CARE TELEHEA CONSULT 50	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0511	E	CCM/BHI BY RHC/FQHC 20MIN MO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0512	E	COCM BY RHC/FQHC 60 MIN MO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G0513	N	PROLONG PREV SVCS, FIRST 30M	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
G0514	N	PROLONG PREV SVCS, ADDL 30M	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
G0516	N	INSERT DRUG DEL IMPLANT, >=4	-	05735 4.3445	Bundled, sometimes payable	\$253.68	-	-	-	-	000	999	-
G0517	N	REMOVE DRUG IMPLANT	-	05735 4.3445	Bundled, sometimes payable	\$253.68	-	-	-	-	000	999	-
G0518	N	REMOVE W INSERT DRUG IMPLANT	-	05735 4.3445	Bundled, sometimes payable	\$253.68	-	-	-	-	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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
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 INFINX	-	-	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 0.3247	APC	\$18.96	-	-	-	-	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	-
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	-
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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
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	-	01513	19.7037	APC	\$650.50	-	-	Y	-	000	999	-
G2083	S	VISIT ESKETAMINE, > 56M	-	01520	31.6921	APC	\$950.50	-	-	Y	-	000	999	-
G2086	S	OFF BASE OPIOID TX 70MIN	-	05823	1.7385	APC	\$91.41	-	-	-	-	000	999	-
G2087	S	OFF BASE OPIOID TX, 60 M	-	05823	1.7385	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	-
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 9-15MO > 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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
G2148	E	MPM USED	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G2149	E	NO MPM MED RSN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G2150	E	NO MPM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G2151	E	DX DEGEN NEURO	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G2152	E	RES CHANGE SC >=0	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G2167	E	RES CHANGE SC < 0	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G2168	E	SVS BY PT IN HOME HEALTH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G2169	E	SVS BY OT IN HOME HEALTH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
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 BILOG 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	-

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April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
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	-
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 RADIOTHERAPY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G6002	E	STEREOSCOPIC X-RAY GUIDANCE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G6003	E	RADIATION TREATMENT DELIVERY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G6004	E	RADIATION TREATMENT DELIVERY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G6005	E	RADIATION TREATMENT DELIVERY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G6006	E	RADIATION TREATMENT DELIVERY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G6007	E	RADIATION TREATMENT DELIVERY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G6008	E	RADIATION TREATMENT DELIVERY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G6009	E	RADIATION TREATMENT DELIVERY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G6010	E	RADIATION TREATMENT DELIVERY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G6011	E	RADIATION TREATMENT DELIVERY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G6012	E	RADIATION TREATMENT DELIVERY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G6013	E	RADIATION TREATMENT DELIVERY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G6014	E	RADIATION TREATMENT DELIVERY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G6015	E	RADIATION TX DELIVERY IMRT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G6016	E	DELIVERY COMP IMRT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G6017	E	INTRAFRACTION TRACK MOTION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G8126	E	PT TREAT W/ANTIDEPRESS12WKS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab	Hospital Lab					
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 SCRIN F/U DOC	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G8432	E	DEP SCR NOT DOC, RNG	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G8433	E	SCR FOR DEP NOT CPT DOC RSN	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G8447	E	PT VIS DOC USE EHR CER ATCB	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G8448	E	PT VIS DOC W/PQRI QUAL EHR	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G8450	E	BETA-BLOC RX PT W/ABN LVEF	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G8451	E	PT W/ABN LVEF INELIG B-BLOC	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G8452	E	PT W/ABN LVEF B-BLOC NO RX	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G8465	E	HIGH RISK RECURRENCE PRO CA	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G8468	E	ACE/ARB RX PT W/ABN LVEF	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G8469	E	PT W/ABN LVEF INELIG ACE/ARB	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G8470	E	PT W/ NORMAL LVEF	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G8471	E	LVEF NOT PERFORMED/DOC	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G8472	E	ACE/ARB NO RX PT W/ABN LVEF	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G8473	E	ACE/ARB THXPY RX'D	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G8474	E	ACE/ARB NOT RX'D; DOC REAS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G8475	E	ACE/ARB THXPY NOT RX'D	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G8476	E	BP SYS <140 AND DIAS <90	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G8477	E	BP SYS>=140 AND/OR DIAS >=90	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G8478	E	BP NOT PERFORMED/DOC	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G8482	E	FLU IMMUNIZE ORDER/ADMIN	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G8483	E	FLU IMM NO ADMIN DOC REA	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G8484	E	FLU IMMUNIZE NO ADMIN	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
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 MAL TREATMENT NOT DOC	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab Fees	Hospital Lab Fees					
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	-
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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
								Prior Auth. Required	Passport			
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 ULTR SND TO LCT PREG DOC	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G8807	E	NO TA TV ULTR SND	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G8808	E	ULTRASOUND NOT PERF, RNG	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
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	-
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	-
G8826	E	PT DISCH HOME DAY #2 EVAR	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G8828	E	ANEURYSM <= 5.5CM FOR MEN	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G8829	E	ANEURYSM 5.6-6.0 CM FOR MEN	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G8830	E	ANEURYSM >6CM FOR MEN	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G8831	E	ANEURYSM >-6CM FOR WOMEN	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G8832	E	ANEURYSM 5.6-6.0 WOMEN	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G8833	E	PT NOT DISCH HOME DAY#2 EVAR	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G8834	E	PT DISCH HOME DAY #2 CEA	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G8836	E	STROKE OR TIA <120 DAYS CEA	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G8837	E	STROKE OR TIA >120 DAYS CEA	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G8838	E	NOT DISCH HOME BY DAY #2	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G8839	E	SLEEP APNEA ASSESS	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G8840	E	DOC REAS NO SLEEP APNEA	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G8841	E	NO SLEEP APNEA ASSESS	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G8842	E	AHI OR RDI INITIAL DX	-	-	Not Allowed	\$0.00	-	-	-	000	999	-

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Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
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 TX ASSESS AT LST ANN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G8854	E	REAS NO ADHERE THERAPY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G8855	E	THER NOT ASSESSED ANNUALLY	-	-	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	-
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 RES DOC FEV1/FVC<70%	-	-	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	-
G8942	E	DOC FCN/CARE PLAN W/30 DAYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G8944	E	AJCC MEL CNR STG 0 - IIC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G8946	E	MIBM BUT NO DX OF BREAST CA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G8950	E	PRE-HTN OR HTN DOC, F/U INDC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G8952	E	PRE-HTN/HTN, NO F/U, NOT GVN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G8955	E	MOST RECENT ASSESS VOL MGMT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G8956	E	PT RCV HEDIA OUTPT DYLS FAC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G8958	E	ASSESS VOL MGMT NOT DOC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G8961	E	CSIT LOWRISK SURG PTS PREOP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G8962	E	CSIT ON PT ANY REAS 30 DAYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab Fees	Hospital Lab Fees					
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 PRACT MGMT DIFFERS TRIAL	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9058	E	ONC PRAC MGMT DISAGREE W/GUI	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9059	E	ONC PRAC MGMT PT OPT ALTERNA	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9060	E	ONC PRAC MGMT DIF PT COMORB	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9061	E	ONC PRAC COND NOADD BY GUIDE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9062	E	ONC PRAC GUIDE DIFFERS NOS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9063	E	ONC DX NSCLC STG1 NO PROGRES	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9064	E	ONC DX NSCLC STG2 NO PROGRES	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9065	E	ONC DX NSCLC STG3A NO PROGRE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9066	E	ONC DX NSCLC STG3B-4 METASTA	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9067	E	ONC DX NSCLC DX UNKNOWN NOS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9068	E	ONC DX SCLC/NSCLC LIMITED	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9069	E	ONC DX SCLC/NSCLC EXT AT DX	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9070	E	ONC DX SCLC/NSCLC EXT UNKNWN	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9071	E	ONC DX BRST STG1-2B HR, NOPRO	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9072	E	ONC DX BRST STG1-2 NOPROGRES	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9073	E	ONC DX BRST STG3-HR, NO PRO	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9074	E	ONC DX BRST STG3-NOPROGRESS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9075	E	ONC DX BRST METASTIC/ RECUR	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9077	E	ONC DX PROSTATE T1NO PROGRES	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9078	E	ONC DX PROSTATE T2NO PROGRES	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9079	E	ONC DX PROSTATE T3B-T4NOPROG	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9080	E	ONC DX PROSTATE W/RISE PSA	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9083	E	ONC DX PROSTATE UNKNWN NOS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9084	E	ONC DX COLON T1-3,N1-2,NO PR	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
G9085	E	ONC DX COLON T4, 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	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
G9088	E	ONC DX COLON METAS NOEVID DX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9089	E	ONC DX COLON EXTENT UNKNOWN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9090	E	ONC DX RECTAL T1-2 NO PROGR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9091	E	ONC DX RECTAL T3 NO NO PROG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9092	E	ONC DX RECTAL T1-3,N1-2NOPRG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9093	E	ONC DX RECTAL T4,N,M0 NO PRG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9094	E	ONC DX RECTAL M1 W/METS PROG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9095	E	ONC DX RECTAL EXTENT UNKNWN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9096	E	ONC DX ESOPHAG T1-T3 NOPROG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9097	E	ONC DX ESOPHAGEAL T4 NO PROG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9098	E	ONC DX ESOPHAGEAL METS RECUR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9099	E	ONC DX ESOPHAGEAL UNKNOWN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9100	E	ONC DX GASTRIC NO RECURRENCE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9101	E	ONC DX GASTRIC P R1-R2NOPROG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9102	E	ONC DX GASTRIC UNRESECTABLE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9103	E	ONC DX GASTRIC RECURRENT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9104	E	ONC DX GASTRIC UNKNOWN NOS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9105	E	ONC DX PANCREATC P R0 RES NO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9106	E	ONC DX PANCREATC P R1/R2 NO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9107	E	ONC DX PANCREATIC UNRESECTAB	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9108	E	ONC DX PANCREATIC UNKNWN NOS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9109	E	ONC DX HEAD/NECK T1-T2NO PRG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9110	E	ONC DX HEAD/NECK T3-4 NOPROG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9111	E	ONC DX HEAD/NECK M1 METS REC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9112	E	ONC DX HEAD/NECK EXT UNKNOWN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9113	E	ONC DX OVARIAN STG1A-B NO PR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9114	E	ONC DX OVARIAN STG1A-B OR 2	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
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	Q	WARFARIN RESPON GENETIC TEST	-	-	Fee Schedule	\$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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
G9153	E	MAPCP DEMO PHYSICIAN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9156	E	EVALUATION FOR WHEELCHAIR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9157	E	TRANSESOPL 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	-
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	-
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 SCRND DONE DOC VAC DONE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9280	E	PNE NOT GIVEN NORSN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9281	E	PNE SCRND DONE DOC NOT IND	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9282	E	DOC MEDRSN NO HISTO TYPE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9283	E	HIST TYPE DOC ON REPORT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9284	E	NO HIST TYPE DOC ON REPORT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9285	E	SITE NOT SMALL CELL LUNG CA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9286	E	ANTIBIO RX W IN 10D OF SYMPT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9287	E	NO ANTIBIO W IN 10D OF SYMPT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9288	E	DOC MEDRSN NO HIST TYPE RPT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9289	E	DOC TYPE NSM LUNG CA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9290	E	NO DOC TYPE NSM LUNG CA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9291	E	NOT NSM LUNG CA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9292	E	MEDRSN NO PT CATEGORY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9293	E	NO PT CATEGORY ON REPORT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9294	E	PT CAT AND THCK ON REPORT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9295	E	NON CUTANEOUS LOC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9296	E	DOC SHARE DEC PRIOR PROC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9297	E	NO DOC SHARE DEC PRIOR PROC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9298	E	EVAL RISK VTE CARD 30D PRIOR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9299	E	NO EVAL RISK VTE CARD PRIOR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
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	-

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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab Fees	Hospital Lab Fees					
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	SYRSRN 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	-
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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
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	-
G9452	E	DOC MED REAS NO HCV TEST	-	-	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	VOLUN SERVICE AT HOSPICE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9477	E	CARE COORD AT HOSPICE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9478	E	OTHE THERAPIST AT HOSPICE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9479	E	PHARMACIST AT HOSPICE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9480	E	ADMISSION TO MCCM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9481	E	REMOTE E/M NEW PT 10MINS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9482	E	REMOTE E/M NEW PT 20MINS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9483	E	REMOTE E/M NEW PT 30MINS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9484	E	REMOTE E/M NEW PT 45MINS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9485	E	REMOTE E/M NEW PT 60MINS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9486	E	REMOTE E/M EST. PT 10MINS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9487	E	REMOTE E/M EST. PT 15MINS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9488	E	REMOTE E/M EST. PT 25MINS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9489	E	REMOTE E/M EST. PT 40MINS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9490	E	CMMI MOD HOME VISIT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9497	E	REC INST NO SMOKE DAY SURG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9498	E	ABX REG PRESCRIBED	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9500	E	RAD EXPOS IND/EXP TM DOC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9501	E	RAD EXPOS IND/EXP TM NO DOC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9502	E	MED REAS NO PERF FOOT EXAM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9504	E	DOC RSN HEP B STAT NOT ASSES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9505	E	ABX PRES W/IN 10 DYS OF SYMP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
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	-

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						Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
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	-
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	-
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	-
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	-

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  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
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/TYPE 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	-
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	-
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	-

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
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	-
G9716	E	BMI DOC ONL FUP NOT CMLPTD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9717	E	DOC PT DX 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	-
G9726	E	REFUSED TO PARTICIPATE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9727	E	PT UNABLE CMLPT LEPF PROM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9728	E	REFUSED TO PARTICIPATE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9729	E	PT UNBL CMLPT LEPF PROM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9730	E	REFUSED TO PARTICIPATE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9731	E	PT UNBL CMLPT LEPF 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 HYPERCHOLE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
G9784	E	PATH/DERM PROV 2ND BIOP OPIN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G9785	E	PATH REPORT SENT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G9786	E	PATH REPORT NOT SENT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G9787	E	PT ALIVE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G9788	E	MOST RCT BP <= 140/90	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G9789	E	RECORD BP IP, ER, URG/SELF	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G9790	E	MOST RCT BP >= 140/90	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G9791	E	MOST RCT TOB STAT FREE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G9792	E	MOST RCT TOB STAT NOT FREE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G9793	E	PT ON DAILY ASA/ANTIPLAT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G9794	E	DOC MED RSN NO DAILY ASPIRIN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G9795	E	PT NO DAILY ASA/ANTIPLAT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G9796	E	PT NOT CURRENTLY ON STATIN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G9797	E	PT CURRENTLY ON STATIN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G9805	E	PT W/HOSP ANYTIME MSMT PER	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G9806	E	PT RECD CERV CYTO/HPV	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
G9807	E	PT NO RECD CERV CYTO/HPV	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
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	-
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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
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	-
G9886	E	IN-PERSON ATTENDANCE G CODE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9887	E	DISTANCE LEARNING ATTENDANCE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9888	E	5% WL MAINTND FROM BSLINE WT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9890	E	EM BRIDGE PAYMENT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9891	E	EM SESSION REPORTING	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9892	E	DOC PT RSN NO DIL MAC EXAM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9893	E	NO MAC EXAM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9894	E	ADR DEP THRPY PRESCRIBED	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9895	E	DOC MED RSN NO ADR DEP THRPY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9896	E	DOC PT RSN NO ADR DEP THRPY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
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 SCRN TBCO AND ID AS USER	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9903	E	PT SCRN TBCO ID AS NON USER	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9905	E	NO PT TBCO SCRNG	-	-	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 ASSESSED 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 INITIATED 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	SCRN ND POS ND PROV OF REC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9920	E	SCRNING PERF AND NEGATIVE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9921	E	NO OR PART SCRNG ND RNG OR OS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9922	E	SFTY CNCRNS SCRNG ND MIT RECS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9923	E	SAFTY CNCRNS SCRNG AND NEG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9925	E	NO SCRNG PROV RSN NOS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9926	E	SFTY CNCRNS SCRNG BUT NO RECS	-	-	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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
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	-
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 19+	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
G9991	E	PNEUM VAX ADMIN 19+	-	-	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	-
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	-

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**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Passport	Min Age	Max Age	Comments
										Hospital Lab Fees	Prior Auth. Required				
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	\$87.12	-	-	-	-	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	M		ALCOHOL/DRUG SERVICE 15 MIN	-	-	-	Fee Schedule	\$1.00	-	-	-	-	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/PRENATL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
H1005	E		PRENATALCARE ENHANCED SRV PK	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
H1010	E		NONMED FAMILY PLANNING ED	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
H1011	E		FAMILY ASSESSMENT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
H2000	E		COMP MULTIDISIPLN EVALUATION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
H2001	E		REHABILITATION PROGRAM 1/2 D	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
H2010	E		COMPREHENSIVE MED SVC 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
H2011	M		CRISIS INTERVEN SVC, 15 MIN	-	-	-	Fee Schedule	\$12.24	-	-	-	-	018	999	-
H2012	E		BEHAV HLTH DAY TREAT, PER HR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
H2013	E		PSYCH HLTH FAC SVC, PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
H2014	E		SKILLS TRAIN AND DEV, 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
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	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
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	0.0642	APC (blood and non-blood products)	\$3.75	-	-	-	-	000	999	-
J0122	K	INJ., ERAVACYCLINE, 1 MG	-	09325	0.0190	APC (blood and non-blood products)	\$1.11	-	-	-	-	000	999	-
J0129	K	ABATACEPT INJECTION	-	09230	0.7337	APC (blood and non-blood products)	\$42.84	-	-	-	-	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	K	INJ ACETAMINOPHEN -FRESENIUS	-	09143	0.0009	APC (blood and non-blood products)	\$0.05	-	-	-	-	000	999	-
J0135	K	ADALIMUMAB INJECTION	-	01083	31.4179	APC (blood and non-blood products)	\$1,834.49	-	-	-	Y	000	999	-
J0136	K	INJ, ACETAMINOPHEN (B BRAUN)	-	09160	0.0009	APC (blood and non-blood products)	\$0.05	-	-	-	-	000	999	-
J0137	K	INJ, ACETAMINOPHEN (HIKMA)	-	09282	0.0011	APC (blood and non-blood products)	\$0.07	-	-	-	-	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	0.1024	APC (blood and non-blood products)	\$5.98	-	-	Y	-	000	999	-
J0173	K	INJ, EPINEPHRINE (BELCHER)	-	09283	0.0323	APC (blood and non-blood products)	\$1.89	-	-	-	-	000	999	-
J0174	G	INJ, LECANEMAB-IRMB, 1 MG	-	09157	0.0229	APC – pays by fee schedule amount	\$1.34	-	-	-	-	000	999	-
J0178	K	AFLIBERCEPT INJECTION	-	01420	14.4053	APC (blood and non-blood products)	\$841.13	-	-	-	-	000	999	-
J0179	K	INJ, BROLCUZUMAB-DBLL, 1 MG	-	09340	5.5777	APC (blood and non-blood products)	\$325.68	-	-	-	-	000	999	-
J0180	K	AGALSIDASE BETA INJECTION	-	09208	3.7382	APC (blood and non-blood products)	\$218.28	-	-	-	Y	000	999	-
J0184	G	INJ, AMISULPRIDE, 1 MG	-	09247	0.1555	APC – pays by fee schedule amount	\$9.08	-	-	-	-	000	999	-
J0185	K	INJ., APREPITANT, 1 MG	-	09463	0.0285	APC (blood and non-blood products)	\$1.67	-	-	-	-	000	999	-
J0190	E	INJ BIPERIDEN LACTATE/5 MG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J0200	E	ALATROFLOXACIN MESYLATE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J0202	K	INJECTION, ALEMTUZUMAB	-	01809	40.2052	APC (blood and non-blood products)	\$2,347.58	-	-	Y	-	000	999	-
J0205	E	ALGLUCERASE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J0206	K	INJ ALLOPURINOL SODIUM 1 MG	-	09285	0.0930	APC (blood and non-blood products)	\$5.43	-	-	-	-	000	999	-
J0207	E	AMIFOSTINE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J0208	G	INJ, PEDMARK, 100 MG	-	09119	1.6415	APC – pays by fee schedule amount	\$95.85	-	-	-	-	000	999	-
J0210	E	METHYLDOPATE HCL INJECTION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J0215	E	ALEFACEPT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J0216	N	INJ, ALFENTANIL HCL, 500MCG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J0217	G	INJ VELMANASE ALFA-TYCV 1 MG	-	00710	7.2615	APC – pays by fee schedule amount	\$424.00	-	-	-	-	000	999	-
J0218	G	INJ OLIPUDASE ALFA-RPCP 1MG	-	09113	6.4494	APC – pays by fee schedule amount	\$376.58	-	-	-	-	000	999	-
J0219	G	INJ AVAL ALFA-NOPT 4MG	-	09433	1.3015	APC – pays by fee schedule amount	\$76.00	-	-	-	-	000	999	-
J0220	K	ALGLUCOSIDASE ALFA INJECTION	-	09234	2.5494	APC (blood and non-blood products)	\$148.86	-	-	-	-	000	999	-
J0221	K	LUMIZYME INJECTION	-	01413	3.3791	APC (blood and non-blood products)	\$197.30	-	-	-	-	000	999	-
J0222	K	INJ., PATISIRAN, 0.1 MG	-	09180	1.6990	APC (blood and non-blood products)	\$99.20	-	-	-	-	000	999	-
J0223	K	INJ GIVOSIRAN 0.5 MG	-	09343	1.9185	APC (blood and non-blood products)	\$112.02	-	-	-	-	000	999	-
J0224	K	INJ. LUMASIRAN, 0.5 MG	-	09407	5.4479	APC (blood and non-blood products)	\$318.10	-	-	-	-	000	999	-
J0225	G	INJ, VUTRISIRAN, 1 MG	-	09009	84.5216	APC – pays by fee schedule amount	\$4,935.21	-	-	-	-	000	999	-
J0248	G	INJ, REMDESIVIR, 1 MG	-	09200	0.1038	APC – pays by fee schedule amount	\$6.06	-	-	-	-	000	999	-
J0256	K	ALPHA 1 PROTEINASE INHIBITOR	-	00901	0.0841	APC (blood and non-blood products)	\$4.91	-	-	-	-	000	999	-
J0257	K	GLASSIA INJECTION	-	01415	0.0924	APC (blood and non-blood products)	\$5.40	-	-	-	-	018	999	-
J0270	E	ALPROSTADIL FOR INJECTION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
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	E	INJ, AMIODARONE (NEXTERONE)	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J0285	N	AMPHOTERICIN B	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J0287	K	AMPHOTERICIN B LIPID COMPLEX	-	09024	0.1906	APC (blood and non-blood products)	\$11.13	-	-	-	000	999	-
J0288	E	AMPHO B CHOLESTERYL SULFATE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J0289	K	AMPHOTERICIN B LIPOSOME INJ	-	00736	0.4741	APC (blood and non-blood products)	\$27.68	-	-	-	000	999	-
J0290	N	AMPICILLIN 500 MG INJ	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J0291	K	INJ., PLAZOMICIN, 5 MG	-	09183	0.0616	APC (blood and non-blood products)	\$3.60	-	-	-	000	999	-
J0295	N	AMPICILLIN SULBACTAM 1.5 GM	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J0300	K	AMOBARBITAL 125 MG INJ	-	01341	1.9565	APC (blood and non-blood products)	\$114.24	-	-	-	000	999	-
J0330	N	SUCCINYCHOLINE CHLORIDE INJ	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J0348	N	ANIDULAFUNGIN INJECTION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J0349	G	INJ, REZAFUNGIN, 1 MG	-	09267	0.1734	APC – pays by fee schedule amount	\$10.13	-	-	-	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	E	INJ METARAMINOL BITARTRATE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J0390	N	CHLOROQUINE INJECTION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J0391	K	INJ, ARTESUNATE, 1MG	-	00711	0.8193	APC (blood and non-blood products)	\$47.84	-	-	-	000	999	-
J0395	E	ARBUTAMINE HCL INJECTION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J0400	N	ARIPIRAZOLE INJECTION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J0401	K	INJ ARIPIRAZOLE EXT REL 1MG	-	01468	0.1167	APC (blood and non-blood products)	\$6.81	-	-	-	000	999	-
J0402	G	INJ, ABILIFY ASIMTUFIL, 1 MG	-	09246	0.0995	APC – pays by fee schedule amount	\$5.81	-	-	-	000	999	-
J0456	N	AZITHROMYCIN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J0457	K	INJECTION, AZTREONAM, 100 MG	-	09288	0.0441	APC (blood and non-blood products)	\$2.58	-	-	-	000	999	-
J0461	N	ATROPINE SULFATE INJECTION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J0470	K	DIMECAPROL INJECTION	-	09039	1.0243	APC (blood and non-blood products)	\$59.81	-	-	-	000	999	-
J0475	K	BACLOFEN 10 MG INJECTION	-	09032	3.0463	APC (blood and non-blood products)	\$177.87	-	-	-	000	999	-
J0476	N	BACLOFEN INTRATHECAL TRIAL	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J0480	K	BASILIXIMAB	-	01683	76.8454	APC (blood and non-blood products)	\$4,487.00	-	-	-	000	999	-
J0485	K	BELATACEPT INJECTION	-	09286	0.0663	APC (blood and non-blood products)	\$3.87	-	-	-	000	999	-
J0490	K	BELIMUMAB INJECTION	-	01353	0.9266	APC (blood and non-blood products)	\$54.10	-	-	-	005	999	-
J0491	G	INJ ANIFROLUMAB-FNIA 1MG	-	09434	0.2935	APC – pays by fee schedule amount	\$17.14	-	-	-	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	2.8301	APC (blood and non-blood products)	\$165.25	-	Y	-	000	999	-
J0520	E	BETHANECHOL CHLORIDE INJECT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J0558	K	PENG BENZATHINE/PROCAINE INJ	-	09088	0.2974	APC (blood and non-blood products)	\$17.37	-	-	-	000	999	-
J0561	K	PENICILLIN G BENZATHINE INJ	-	01829	0.3767	APC (blood and non-blood products)	\$22.00	-	-	-	000	999	-
J0565	K	INJ, BEZLOTOXUMAB, 10 MG	-	09490	0.6829	APC (blood and non-blood products)	\$39.87	-	-	-	000	999	-
J0567	E	INJ., CERLIPONASE ALFA 1 MG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J0570	K	BUPRENORPHINE IMPLANT 74.2MG	-	09058	22.4653	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	7.6702	APC (blood and non-blood products)	\$447.86	-	-	-	000	999	-
J0585	K	INJECTION,ONABOTULINUMTOXINA	-	00902	0.1082	APC (blood and non-blood products)	\$6.32	-	-	-	000	999	-
J0586	K	ABOBOTULINUMTOXINA	-	01289	0.1852	APC (blood and non-blood products)	\$10.82	-	-	-	000	999	-
J0587	K	INJ, RIMABOTULINUMTOXINB	-	09018	0.2232	APC (blood and non-blood products)	\$13.04	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
								Hospital Lab Fees	Prior Auth. Required			
J0588	K	INCObOTULINUMTOXIN A	-	09278 0.0890	APC (blood and non-blood products)	\$5.20	-	-	-	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 0.0178	APC (blood and non-blood products)	\$1.04	-	-	-	000	999	-
J0595	N	BUTORPHANOL TARTRATE 1 MG	-	-	Bundled	\$0.00	-	-	-	000	999	-
J0596	K	INJECTION, RUCONEST	-	09445 0.5720	APC (blood and non-blood products)	\$33.40	-	-	-	000	999	-
J0597	K	C-1 ESTERASE, BERINERT	-	09269 1.1034	APC (blood and non-blood products)	\$64.43	-	-	-	000	999	-
J0598	K	C-1 ESTERASE, CINRYZE	-	09251 1.0715	APC (blood and non-blood products)	\$62.56	-	-	-	000	999	-
J0599	E	INJ., HAEGARDA 10 UNITS	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
J0600	K	EDETATE CALCIUM DISODIUM INJ	-	01274 108.8044	APC (blood and non-blood products)	\$6,353.09	-	-	-	000	999	-
J0604	M	CINACALCET, ESRD ON DIALYSIS	-	-	Fee Schedule	\$0.97	-	-	-	000	999	-
J0606	K	INJ, ETELALCETIDE, 0.1 MG	-	09031 0.0420	APC (blood and non-blood products)	\$2.45	-	-	-	000	999	-
J0612	K	INJ, CALCIUM GLUCONATE, NOS	-	09226 0.0008	APC (blood and non-blood products)	\$0.05	-	-	-	000	999	-
J0613	K	CALCIUM GLUCON (WG CRITICAL)	-	09238 0.0015	APC (blood and non-blood products)	\$0.09	-	-	-	000	999	-
J0620	N	CALCIUM GLYCER & LACT/10 ML	-	-	Bundled	\$0.00	-	-	-	000	999	-
J0630	K	CALCITONIN SALMON INJECTION	-	01433 18.8686	APC (blood and non-blood products)	\$1,101.74	-	-	-	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 2.1319	APC (blood and non-blood products)	\$124.48	-	-	-	000	999	-
J0640	N	LEUCOVORIN CALCIUM INJECTION	-	-	Bundled	\$0.00	-	-	-	000	999	-
J0641	K	INJ LEVOLEUCOVORIN NOS 0.5MG	-	01236 0.0009	APC (blood and non-blood products)	\$0.05	-	-	-	000	999	-
J0642	K	INJECTION, KHAPZORY, 0.5 MG	-	09334 0.0293	APC (blood and non-blood products)	\$1.71	-	-	-	000	999	-
J0665	K	INJ, BUPIVACAINE, NOS, 0.5MG	-	09290 0.0003	APC (blood and non-blood products)	\$0.02	-	-	-	000	999	-
J0670	N	INJ MEPIVACAINE HCL/10 ML	-	-	Bundled	\$0.00	-	-	-	000	999	-
J0688	E	INJ CEFAZOLIN SODIUM, HIKMA	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
J0689	K	INJ CEFAZOLIN SODIUM, BAXTER	-	09161 0.0213	APC (blood and non-blood products)	\$1.24	-	-	-	000	999	-
J0690	N	CEFZAZOLIN SODIUM INJECTION	-	-	Bundled	\$0.00	-	-	-	000	999	-
J0691	K	INJ LEFAMULIN 1 MG	-	09332 0.0124	APC (blood and non-blood products)	\$0.72	-	-	-	000	999	-
J0692	N	CEFEPIME HCL FOR INJECTION	-	-	Bundled	\$0.00	-	-	-	000	999	-
J0694	N	CEFOXITIN SODIUM INJECTION	-	-	Bundled	\$0.00	-	-	-	000	999	-
J0695	K	INJ CEFTOLOZANE TAZOBACTAM	-	09452 0.1248	APC (blood and non-blood products)	\$7.29	-	-	-	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	K	INJ, CEFIDEROCOL, 10 MG	-	09426 0.0372	APC (blood and non-blood products)	\$2.17	-	-	-	000	999	-
J0701	K	INJ. CEFEPIME HCL (BAXTER)	-	09162 0.0986	APC (blood and non-blood products)	\$5.76	-	-	-	000	999	-
J0702	N	BETAMETHASONE ACET&SOD PHOSP	-	-	Bundled	\$0.00	-	-	-	000	999	-
J0703	K	INJ, CEFEPIME HCL (B BRAUN)	-	09163 0.0848	APC (blood and non-blood products)	\$4.95	-	-	-	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 0.0661	APC (blood and non-blood products)	\$3.86	-	-	-	018	999	-
J0713	N	INJ CEFTAZIDIME PER 500 MG	-	-	Bundled	\$0.00	-	-	-	000	999	-
J0714	K	CEFTAZIDIME AND AVIBACTAM	-	01825 1.6345	APC (blood and non-blood products)	\$95.44	-	-	-	000	999	-
J0715	N	CEFTIZOXIME SODIUM / 500 MG	-	-	Bundled	\$0.00	-	-	-	000	999	-
J0716	K	CENTRUROIDES IMMUNE F(AB)	-	01431 81.8218	APC (blood and non-blood products)	\$4,777.57	-	-	-	000	999	-
J0717	K	CERTOLIZUMAB PEGOL INJ 1MG	-	01474 0.0792	APC (blood and non-blood products)	\$4.62	-	-	-	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	-
J0736	K	INJ, CLINDAMYCIN PHOSP 300MG	-	09291 0.0388	APC (blood and non-blood products)	\$2.27	-	-	-	000	999	-
J0737	K	INJ, CLINDAMYCIN (BAXTER)	-	09292 0.0378	APC (blood and non-blood products)	\$2.21	-	-	-	000	999	-
J0739	E	HIV PREP, INJ, CABOTEGRAVIR	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
J0740	K	CIDOFOVIR INJECTION	-	09033 9.9513	APC (blood and non-blood products)	\$581.06	-	-	-	000	999	-
J0741	G	INJ, CABOTE RILPIVIR 2MG 3MG	-	09414 0.3873	APC - pays by fee schedule amount	\$22.62	-	-	-	000	999	-
J0742	K	INJ IMIP 4 CILAS 4 RELEB 2MG	-	09362 0.0419	APC (blood and non-blood products)	\$2.45	-	-	-	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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
J0743	N	CILASTATIN SODIUM INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J0744	N	CIPROFLOXACIN IV	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J0745	N	INJ CODEINE PHOSPHATE /30 MG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J0750	E	HIV PREP, FTC/TDF 200/300MG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J0751	E	HIV PREP, FTC/TAF 200/25MG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J0770	N	COLISTIMETHATE SODIUM INJ	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J0775	K	COLLAGENASE, CLOST HIST INJ	-	01340	1.1812	APC (blood and non-blood products)	\$68.97	-	-	-	-	000	999	-
J0780	N	PROCHLORPERAZINE INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J0791	K	INJ CRIZANLIZUMAB-TMCA 5MG	-	09359	2.1810	APC (blood and non-blood products)	\$127.35	-	-	-	-	000	999	-
J0795	E	CORTICORELIN OVINE TRIFLUTAL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J0799	E	HIV PREP, FDA APPROVED, NOC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J0801	K	INJ. ACTHAR GEL TO 40 UNITS	-	09268	57.7220	APC (blood and non-blood products)	\$3,370.39	-	-	-	-	000	999	-
J0802	K	INJ. (ANI), UP TO 40 UNITS	-	09275	57.6349	APC (blood and non-blood products)	\$3,365.30	-	-	-	-	000	999	-
J0834	N	INJ., COSYNTROPIN, 0.25 MG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J0840	K	CROTALIDAE POLY IMMUNE FAB	-	09274	33.9077	APC (blood and non-blood products)	\$1,979.87	-	-	-	-	000	999	-
J0841	K	INJ CROTALIDAE IM F(AB')2 EQ	-	09188	17.9362	APC (blood and non-blood products)	\$1,047.29	-	-	-	-	000	999	-
J0850	K	CYTOMEGALOVIRUS IMM IV /VIAL	-	00903	30.9680	APC (blood and non-blood products)	\$1,808.22	-	-	-	-	000	999	-
J0873	E	INJ, DAPTOMYCIN (XELLIA)	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J0874	E	INJ, DAPTOMYCIN (BAXTER)	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J0875	K	INJECTION, DALBAVANCIN	-	01823	0.2590	APC (blood and non-blood products)	\$15.12	-	-	-	-	000	999	-
J0877	K	INJ, DAPTOMYCIN (HOSPIRA)	-	09164	0.0011	APC (blood and non-blood products)	\$0.06	-	-	-	-	000	999	-
J0878	N	DAPTOMYCIN INJECTION	-	-	-	Bundled	\$0.00	-	-	-	Y	000	999	-
J0879	N	DIFELIKEFALIN, ESRD ON DIALY	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J0881	K	DARBEOETIN ALFA, NON-ESRD	-	01685	0.0497	APC (blood and non-blood products)	\$2.90	-	-	-	-	000	999	-
J0882	K	DARBEOETIN ALFA, ESRD USE	-	01482	0.0497	APC (blood and non-blood products)	\$2.90	-	-	-	-	000	999	-
J0883	K	ARGATROBAN NONESRD USE 1MG	-	01859	0.0153	APC (blood and non-blood products)	\$0.89	-	-	-	-	000	999	-
J0884	K	ARGATROBAN ESRD DIALYSIS 1MG	-	09065	0.0153	APC (blood and non-blood products)	\$0.89	-	-	-	-	000	999	-
J0885	K	EPOETIN ALFA, NON-ESRD	-	01686	0.1417	APC (blood and non-blood products)	\$8.27	-	-	-	-	000	999	-
J0887	K	EPOETIN BETA ESRD USE	-	09041	0.0246	APC (blood and non-blood products)	\$1.44	-	-	-	-	000	999	-
J0888	K	EPOETIN BETA NON ESRD	-	09077	0.0237	APC (blood and non-blood products)	\$1.38	-	-	-	-	000	999	-
J0889	E	DAPRODUSTAT ORAL 1MG ESRD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J0890	E	PEGINESATIDE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J0891	K	ARGATROBAN NONESRD (ACCORD)	-	09020	0.0311	APC (blood and non-blood products)	\$1.82	-	-	-	-	000	999	-
J0892	K	ARGATROBAN DIALYSIS (ACCORD)	-	09021	0.0311	APC (blood and non-blood products)	\$1.82	-	-	-	-	000	999	-
J0893	K	INJ, DECITABINE (SUN PHARMA)	-	09165	0.0363	APC (blood and non-blood products)	\$2.12	-	-	-	-	000	999	-
J0894	N	DECITABINE INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J0895	N	DEFEROXAMINE MESYLATE INJ	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J0896	K	INJ LUSPATERCEPT-AAMT 0.25MG	-	09347	0.6848	APC (blood and non-blood products)	\$39.98	-	-	-	-	000	999	-
J0897	K	DENOSUMAB INJECTION	-	09272	0.4314	APC (blood and non-blood products)	\$25.19	-	-	Y	-	018	999	-
J0898	K	ARGATROBAN NONESRD (AUROMED)	-	09022	0.0708	APC (blood and non-blood products)	\$4.13	-	-	-	-	000	999	-
J0899	K	ARGATROBAN DIALYSIS, AUROMED	-	09023	0.0708	APC (blood and non-blood products)	\$4.13	-	-	-	-	000	999	-
J0945	E	BROMPHENIRAMINE MALEATE INJ	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J1000	N	DEPO-ESTRADIOL CYPIONATE 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	-
J1105	K	DEXMEDETOMIDINE FILM, 1 MCG	-	00722	0.0129	APC (blood and non-blood products)	\$0.75	-	-	-	-	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	81.8195	APC (blood and non-blood products)	\$4,777.44	-	-	-	-	000	999	-

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April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
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	1.5600	APC (blood and non-blood products)	\$91.09	-	-	-	-	000	999	-
J1200	N	DIPHENHYDRAMINE HCL INJECTIO	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J1201	K	INJ. CETIRIZINE HCL 0.5MG	-	09361	0.2564	APC (blood and non-blood products)	\$14.97	-	-	-	-	000	999	-
J1205	N	CHLOROTHIAZIDE SODIUM INJ	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J1212	K	DIMETHYL SULFOXIDE 50% 50 ML	-	01832	11.6486	APC (blood and non-blood products)	\$680.16	-	-	-	-	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	9.3444	APC (blood and non-blood products)	\$545.62	-	-	-	-	000	999	-
J1300	K	ECULIZUMAB INJECTION	-	09236	3.8654	APC (blood and non-blood products)	\$225.70	-	-	-	-	000	999	-
J1301	K	INJECTION, EDARAVONE, 1 MG	-	09493	0.3739	APC (blood and non-blood products)	\$21.83	-	-	-	-	000	999	-
J1302	G	INJ, SUTIMLIMAB-JOME, 10 MG	-	09444	0.3043	APC – pays by fee schedule amount	\$17.77	-	-	-	-	000	999	-
J1303	K	INJ., RAVULIZUMAB-CVVZ 10 MG	-	09312	3.7977	APC (blood and non-blood products)	\$221.75	-	-	-	-	000	999	-
J1304	G	INJ TOFERSEN INTRATHEC 1 MG	-	09262	2.5833	APC – pays by fee schedule amount	\$150.84	-	-	-	-	000	999	-
J1305	G	INJ, EVINACUMAB-DGNB, 5MG	-	09416	3.0680	APC – pays by fee schedule amount	\$179.14	-	-	Y	-	000	999	-
J1306	G	INJECTION, INCLISIRAN, 1 MG	-	09004	0.2076	APC – pays by fee schedule amount	\$12.12	-	-	-	-	000	999	-
J1320	N	AMITRIPTYLINE INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J1322	K	ELOSULFASE ALFA, INJECTION	-	01480	4.8506	APC (blood and non-blood products)	\$283.22	-	-	-	-	000	999	-
J1324	E	ENFUVRTIDE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J1325	N	EPOPROSTENOL INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J1327	K	EPTIFIBATIDE INJECTION	-	09420	0.0340	APC (blood and non-blood products)	\$1.99	-	-	-	-	000	999	-
J1330	E	ERGONOVINE MALEATE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J1335	N	ERTAPENEM INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J1364	K	ERYTHRO LACTOBIONATE /500 MG	-	01669	1.3333	APC (blood and non-blood products)	\$77.85	-	-	-	-	000	999	-
J1380	N	ESTRADIOL VALERATE 10 MG INJ	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J1410	K	INJ ESTROGEN CONJUGATE 25 MG	-	09038	6.3772	APC (blood and non-blood products)	\$372.37	-	-	-	-	000	999	-
J1411	G	INJ, HEMGENIX, PER TX DOSE	-	-	-	APC – pays by fee schedule amount	\$3,654,350.00	-	-	-	-	000	999	-
J1412	G	INJ ROCTAVIAN ML 2X10?13VC G	-	00713	199.8282	APC – pays by fee schedule amount	\$11,667.97	-	-	-	-	000	999	-
J1413	G	INJ DELANDISTROGENE MOX ROKL	-	-	-	APC – pays by fee schedule amount	\$3,339,578.18	-	-	-	-	000	999	-
J1426	G	INJECTION, CASIMERSEN, 10 MG	-	09412	2.8468	APC – pays by fee schedule amount	\$166.23	-	-	Y	-	000	999	-
J1427	K	INJ. VILTOLARSEN	-	09386	1.0066	APC (blood and non-blood products)	\$58.78	-	-	Y	-	000	999	-
J1428	E	INJ, ETEPLIRSEN, 10 MG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J1429	K	INJ GOLODIRSEN 10 MG	-	09356	2.8465	APC (blood and non-blood products)	\$166.21	-	-	Y	-	000	999	-
J1430	K	ETHANOLAMINE OLEATE 100 MG	-	01688	8.1254	APC (blood and non-blood products)	\$474.44	-	-	-	-	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	K	INJ. FE DERISOMALTOSE 10 MG	-	09388	0.3414	APC (blood and non-blood products)	\$19.94	-	-	-	-	000	999	-
J1438	K	ETANERCEPT INJECTION	-	01608	13.5431	APC (blood and non-blood products)	\$790.78	-	-	-	-	000	999	-
J1439	K	INJ FERRIC CARBOXYMALTOS 1MG	-	09441	0.0187	APC (blood and non-blood products)	\$1.09	-	-	-	-	000	999	-
J1440	G	FECAL MICROBIOTA JSLM 1 ML	-	09142	1.0825	APC – pays by fee schedule amount	\$63.21	-	-	-	-	000	999	-
J1442	K	INJ FILGRASTIM EXCL BIOSIMIL	-	01469	0.0170	APC (blood and non-blood products)	\$0.99	-	-	-	-	000	999	-
J1443	E	INJ FERRIC PYROPHOSPHATE CIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J1444	E	FE PYRO CIT POW 0.1 MG IRON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J1445	E	INJ TRIFERIC AVNU 0.1MG IRON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J1447	K	INJ TBO FILGRASTIM 1 MICROG	-	01748	0.0070	APC (blood and non-blood products)	\$0.41	-	-	-	-	000	999	-
J1448	G	INJECTION, TRILACICLIB, 1MG	-	09415	0.0905	APC – pays by fee schedule amount	\$5.29	-	-	-	-	000	999	-
J1449	G	INJ EFLAPEGRASTIM-XNST 0.1MG	-	09114	0.4750	APC – pays by fee schedule amount	\$27.74	-	-	-	-	000	999	-
J1450	N	FLUCONAZOLE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-

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**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
J1451	K	FOMEPIZOLE, 15 MG	-	01689 0.1126	APC (blood and non-blood products)	\$6.58	-	-	-	-	000	999	-
J1452	E	INTRAOCULAR FOMIVIRSEN NA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J1453	N	FOSAPREPITANT INJECTION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J1454	K	INJ FOSNETUPITANT, PALONOSET	-	09099 12.1313	APC (blood and non-blood products)	\$708.35	-	-	-	-	000	999	-
J1455	K	FOSCARNET SODIUM INJECTION	-	01849 1.0448	APC (blood and non-blood products)	\$61.01	-	-	-	-	000	999	-
J1456	K	INJ, FOSAPREPITANT (TEVA)	-	09166 0.0350	APC (blood and non-blood products)	\$2.04	-	-	-	-	000	999	-
J1457	E	GALLIUM NITRATE INJECTION	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
J1458	K	GALSULFASE INJECTION	-	09224 7.9965	APC (blood and non-blood products)	\$466.92	-	-	-	-	000	999	-
J1459	K	INJ IVIG PRIVIGEN 500 MG	-	01214 0.8196	APC (blood and non-blood products)	\$47.86	-	-	-	-	000	999	-
J1460	K	GAMMA GLOBULIN 1 CC INJ	-	01850 0.8402	APC (blood and non-blood products)	\$49.06	-	-	-	-	000	999	-
J1551	K	INJ CUTAQUIG 100 MG	-	09007 0.2363	APC (blood and non-blood products)	\$13.80	-	-	-	-	000	999	-
J1554	K	INJ, ASCENIV	-	09392 8.4159	APC (blood and non-blood products)	\$491.41	-	-	-	-	000	999	-
J1555	K	INJ CUVITRU, 100 MG	-	09034 0.2711	APC (blood and non-blood products)	\$15.83	-	-	-	-	000	999	-
J1556	K	INJ, IMM GLOB BIVIGAM, 500MG	-	09130 1.2496	APC (blood and non-blood products)	\$72.97	-	-	-	-	000	999	-
J1557	K	GAMMAPLEX INJECTION	-	09270 0.9421	APC (blood and non-blood products)	\$55.01	-	-	-	-	000	999	-
J1558	K	INJ. XEMBIFY, 100 MG	-	09372 0.2420	APC (blood and non-blood products)	\$14.13	-	-	-	-	000	999	-
J1559	K	HIZENTRA INJECTION	-	01312 0.2210	APC (blood and non-blood products)	\$12.91	-	-	-	-	000	999	-
J1560	K	GAMMA GLOBULIN > 10 CC INJ	-	01851 8.4024	APC (blood and non-blood products)	\$490.62	-	-	-	-	000	999	-
J1561	K	GAMUNEX-C/GAMMAKED	-	00948 0.8372	APC (blood and non-blood products)	\$48.88	-	-	-	-	000	999	-
J1562	E	VIVAGLOBIN, INJ	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J1566	K	IMMUNE GLOBULIN, POWDER	-	02731 1.3438	APC (blood and non-blood products)	\$78.46	-	-	-	-	000	999	-
J1568	K	OCTAGAM INJECTION	-	00943 0.8046	APC (blood and non-blood products)	\$46.98	-	-	-	-	000	999	-
J1569	K	GAMMAGARD LIQUID INJECTION	-	00944 0.7402	APC (blood and non-blood products)	\$43.22	-	-	-	-	000	999	-
J1570	N	GANCICLOVIR SODIUM INJECTION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J1571	K	HEPAGAM B IM INJECTION	-	00946 1.0407	APC (blood and non-blood products)	\$60.77	-	-	-	-	000	999	-
J1572	K	FLEBOGAMMA INJECTION	-	00947 0.9611	APC (blood and non-blood products)	\$56.12	-	-	-	-	000	999	-
J1573	K	HEPAGAM B INTRAVENOUS, INJ	-	01138 1.0407	APC (blood and non-blood products)	\$60.77	-	-	-	-	000	999	-
J1574	E	INJ, GANCICLOVIR (EXELA)	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J1575	K	HYQVIA 100MG IMMUNEGLOBULIN	-	01826 0.2901	APC (blood and non-blood products)	\$16.94	-	-	-	-	000	999	-
J1576	K	INJ, PANZYGA, 500 MG	-	09144 1.1123	APC (blood and non-blood products)	\$64.95	-	-	-	-	000	999	-
J1580	N	GARAMYCIN GENTAMICIN INJ	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J1595	K	INJECTION GLATIRAMER ACETATE	-	01015 2.8183	APC (blood and non-blood products)	\$164.56	-	-	-	-	000	999	-
J1596	E	INJ, GLYCOPYRROLATE, 0.1 MG	-	-	Not Allowed	\$0.00	-	-	-	-	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 0.2021	APC (blood and non-blood products)	\$11.80	-	-	Y	-	000	999	-
J1610	K	GLUCAGON HYDROCHLORIDE/1 MG	-	09042 3.2800	APC (blood and non-blood products)	\$191.52	-	-	-	-	000	999	-
J1611	K	INJ GLUCAGON HCL, FRESENIUS	-	09025 2.2073	APC (blood and non-blood products)	\$128.88	-	-	-	-	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 0.0929	APC (blood and non-blood products)	\$5.42	-	-	-	-	000	999	-
J1628	K	INJ., GUSELKUMAB, 1 MG	-	09029 1.2125	APC (blood and non-blood products)	\$70.80	-	-	-	-	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 1.2262	APC (blood and non-blood products)	\$71.60	-	-	Y	-	000	999	-
J1640	K	HEMIN, 1 MG	-	01690 0.5370	APC (blood and non-blood products)	\$31.35	-	-	-	-	000	999	-
J1642	N	INJ HEPARIN SODIUM PER 10 U	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J1643	K	INJ HEPARIN, PFIZER, 1000U	-	09360 0.0743	APC (blood and non-blood products)	\$4.34	-	-	-	-	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 9.9123	APC (blood and non-blood products)	\$578.78	-	-	-	-	000	999	-
J1675	M	HISTRELIN ACETATE	-	-	Fee Schedule	\$0.00	-	-	Y	-	000	999	-
J1680	E	HUMAN FIBRINOGEN CONC INJ	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
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	0.2070	APC (blood and non-blood products)	\$12.08	-	-	-	-	000	999	-
J1729	K	INJ HYDROXYPROGST CAPOAT NOS	-	09318	0.3114	APC (blood and non-blood products)	\$18.18	-	-	-	-	000	999	-
J1730	E	DIAZOXIDE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J1738	N	INJ. MELOXICAM 1 MG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J1740	N	IBANDRONATE SODIUM INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J1741	N	IBUPROFEN INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J1742	K	IBUTILIDE FUMARATE INJECTION	-	09044	1.2057	APC (blood and non-blood products)	\$70.40	-	-	-	-	000	999	-
J1743	K	IDURSULFASE INJECTION	-	09045	9.2977	APC (blood and non-blood products)	\$542.89	-	-	-	-	000	999	-
J1744	K	ICATIBANT INJECTION	-	01443	2.1727	APC (blood and non-blood products)	\$126.86	-	-	-	-	000	999	-
J1745	K	INFLIXIMAB NOT BIOSIMIL 10MG	-	07043	0.5424	APC (blood and non-blood products)	\$31.67	-	-	-	-	000	999	-
J1746	K	INJ., IBALIZUMAB-UIYK, 10 MG	-	09189	1.2784	APC (blood and non-blood products)	\$74.65	-	-	-	-	000	999	-
J1747	G	INJ, SPESOLIMAB-SBZO, 1 MG	-	09115	1.0301	APC – pays by fee schedule amount	\$60.15	-	-	-	-	000	999	-
J1750	K	INJ IRON DEXTRAN	-	01237	0.2965	APC (blood and non-blood products)	\$17.31	-	-	-	-	000	999	-
J1756	N	IRON SUCROSE INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J1786	K	IMUGLUCERASE INJECTION	-	01327	0.7526	APC (blood and non-blood products)	\$43.94	-	-	-	-	000	999	-
J1790	N	DROPERIDOL INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J1800	N	PROPRANOLOL INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J1805	K	INJ, ESMOLOL HCL, 10MG	-	09363	0.0038	APC (blood and non-blood products)	\$0.22	-	-	-	-	000	999	-
J1806	K	INJ ESMOLOL HCL WG CRIT CARE	-	09365	0.0073	APC (blood and non-blood products)	\$0.42	-	-	-	-	000	999	-
J1810	E	DROPERIDOL/FENTANYL INJ	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J1811	K	FIASP FOR INSULIN PUMP USE	-	09366	0.1271	APC (blood and non-blood products)	\$7.42	-	-	-	-	000	999	-
J1812	N	INJ. INSULIN (FIASP)	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J1813	K	LYUMJEV FOR INSULIN PUMP USE	-	09368	0.2685	APC (blood and non-blood products)	\$15.68	-	-	-	-	000	999	-
J1814	N	INJ. INSULIN (LYUMJEV)	-	-	-	Bundled	\$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	8.1095	APC – pays by fee schedule amount	\$473.51	-	-	-	-	000	999	-
J1826	K	INTERFERON BETA-1A INJ	-	01852	32.7229	APC (blood and non-blood products)	\$1,910.69	-	-	-	-	000	999	-
J1830	E	INTERFERON BETA-1B / .25 MG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J1833	K	INJECTION, ISAVUCONAZONIUM	-	09456	0.0162	APC (blood and non-blood products)	\$0.95	-	-	-	-	000	999	-
J1835	E	ITRACONAZOLE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J1836	K	INJ, METRONIDAZOLE, 10 MG	-	09369	0.0004	APC (blood and non-blood products)	\$0.03	-	-	-	-	000	999	-
J1885	N	KETOROLAC TROMETHAMINE INJ	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J1890	E	CEPHALOTHIN SODIUM INJECTION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J1920	K	INJ, LABETALOL HCL, 5MG	-	09400	0.0028	APC (blood and non-blood products)	\$0.17	-	-	-	-	000	999	-
J1921	K	INJ LABETALOL HCL HIKMA, 5MG	-	09402	0.0406	APC (blood and non-blood products)	\$2.37	-	-	-	-	000	999	-
J1930	K	LANREOTIDE INJECTION	-	09237	0.9642	APC (blood and non-blood products)	\$56.30	-	-	-	-	000	999	-
J1931	K	LARONIDASE INJECTION	-	09209	0.6412	APC (blood and non-blood products)	\$37.44	-	-	-	Y	000	999	-
J1932	G	INJ, LANREOTIDE, (CIPLA) 1MG	-	09051	0.7540	APC – pays by fee schedule amount	\$44.02	-	-	-	-	000	999	-
J1939	E	INJ, BUMETANIDE, 0.5 MG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J1940	N	FUROSEMIDE INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J1941	E	INJ, FUROSCIX, 20 MG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J1943	K	INJ., ARISTADA INITIO, 1 MG	-	09179	0.0528	APC (blood and non-blood products)	\$3.08	-	-	-	-	000	999	-
J1944	K	ARIPRAZOLE LAUROXIL 1 MG	-	09470	0.0535	APC (blood and non-blood products)	\$3.12	-	-	-	-	000	999	-
J1945	E	LEPIRUDIN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J1950	K	LEUPROLIDE ACETATE /3.75 MG	-	00800	26.9930	APC (blood and non-blood products)	\$1,576.12	-	-	-	-	000	999	-
J1951	K	INJ FENSOLVI 0.25 MG	-	09419	2.2556	APC (blood and non-blood products)	\$131.71	-	-	-	-	000	999	-
J1952	G	LEUPROLIDE INJ, CAMCEVI, 1MG	-	09050	1.0405	APC – pays by fee schedule amount	\$60.75	-	-	-	-	000	999	-
J1953	N	LEVETIRACETAM INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J1954	G	LEUPROLIDE DEPOT CIPLA 7.5MG	-	09136	4.8223	APC – pays by fee schedule amount	\$281.57	-	-	-	-	000	999	-
J1955	M	INJ LEVOCARNITINE PER 1 GM	-	-	-	Fee Schedule	\$35.14	-	-	-	-	000	999	-
J1956	N	LEVOFLOXACIN INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J1960	N	LEVORPHANOL TARTRATE INJ	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab	Prior Auth. Required			
J1961	G	INJ, LENACAPAVIR, 1 MG	-	09155	0.3770	APC – pays by fee schedule amount	\$22.01	-	-	-	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	K	INJ, LINEZOLID (HOSPIRA)	-	09167	0.2814	APC (blood and non-blood products)	\$16.43	-	-	-	000	999	-
J2060	N	LORAZEPAM INJECTION	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2062	E	LOXAPINE FOR INHALATION 1 MG	-	-	-	Not Allowed	\$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	0.5220	APC (blood and non-blood products)	\$30.48	-	-	Y	000	999	-
J2184	K	INJ, MEROPENEM (B. BRAUN)	-	09168	0.0346	APC (blood and non-blood products)	\$2.02	-	-	-	000	999	-
J2185	N	MEROPENEM	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2186	K	INJ., MEROPENEM, VABORBACTAM	-	09178	0.0356	APC (blood and non-blood products)	\$2.08	-	-	-	000	999	-
J2210	N	METHYLERGONOVIN MALEATE INJ	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2212	K	METHYLNALTREXONE INJECTION	-	09403	0.0197	APC (blood and non-blood products)	\$1.15	-	-	-	000	999	-
J2247	K	INJ, MICA FUNGIN (PAR PHARM)	-	09169	0.0046	APC (blood and non-blood products)	\$0.27	-	-	-	000	999	-
J2248	N	MICA FUNGIN SODIUM INJECTION	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2249	N	INJ, REMIMAZOLAM, 1 MG	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2250	N	INJ MIDA ZOLAM HYDROCHLORIDE	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2251	K	INJ MIDA ZOLAM (WG CRIT CARE)	-	09170	0.0045	APC (blood and non-blood products)	\$0.26	-	-	-	000	999	-
J2260	N	INJ MILRINONE LACTATE / 5 MG	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2265	K	MINOCYCLINE HYDROCHLORIDE	-	01853	0.0422	APC (blood and non-blood products)	\$2.47	-	-	-	008	999	-
J2270	N	MORPHINE SULFATE INJECTION	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2272	K	INJ, MORPHINE (FRESENIUS)	-	09211	0.1246	APC (blood and non-blood products)	\$7.28	-	-	-	000	999	-
J2274	N	INJ MORPHINE PF EPID ITHC	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2278	K	ZICONOTIDE INJECTION	-	01694	0.1548	APC (blood and non-blood products)	\$9.04	-	-	-	000	999	-
J2280	N	INJ, MOXIFLOXACIN 100 MG	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2281	K	INJ MOXIFLOXACIN (FRES KABI)	-	09212	0.1282	APC (blood and non-blood products)	\$7.49	-	-	-	000	999	-
J2300	N	INJ NALBUPHINE HYDROCHLORIDE	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2305	K	INJ, NITROGLYCERIN, 5 MG	-	09404	0.0247	APC (blood and non-blood products)	\$1.44	-	-	-	000	999	-
J2310	N	INJ NALOXONE HYDROCHLORIDE	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2311	K	INJ, NALOXONE HCL (ZIMHI)	-	09216	0.1078	APC (blood and non-blood products)	\$6.29	-	-	-	000	999	-
J2315	K	NALTREXONE, DEPOT FORM	-	00759	0.0679	APC (blood and non-blood products)	\$3.97	-	-	Y	000	999	-
J2320	N	NANDROLONE DECANOATE 50 MG	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2323	K	NATALIZUMAB INJECTION	-	09126	0.4149	APC (blood and non-blood products)	\$24.23	-	-	-	000	999	-
J2325	E	NESIRITIDE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
J2326	K	INJ, NUSINERSEN, 0.1MG	-	09489	20.7244	APC (blood and non-blood products)	\$1,210.10	-	-	Y	000	999	-
J2327	G	INJ RISANKIZUMAB-RZAA 1 MG	-	09013	0.2569	APC – pays by fee schedule amount	\$15.00	-	-	-	000	999	-
J2329	G	INJ UBLITUXIMAB-XIY, 1 MG	-	09149	1.1514	APC – pays by fee schedule amount	\$67.23	-	-	-	000	999	-
J2350	K	INJECTION, OCRELIZUMAB, 1 MG	-	09494	1.0063	APC (blood and non-blood products)	\$58.76	-	-	-	000	999	-
J2353	K	OCTREOTIDE INJECTION, DEPOT	-	01207	3.6061	APC (blood and non-blood products)	\$210.56	-	-	-	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	0.3048	APC – pays by fee schedule amount	\$17.80	-	-	-	000	999	-
J2357	K	OMALIZUMAB INJECTION	-	09300	0.6303	APC (blood and non-blood products)	\$36.81	-	-	Y	000	999	-
J2358	K	OLANZAPINE LONG-ACTING INJ	-	01331	0.0500	APC (blood and non-blood products)	\$2.92	-	-	-	000	999	-
J2359	K	INJ, OLANZAPINE, 0.5MG	-	00724	0.0164	APC (blood and non-blood products)	\$0.96	-	-	-	000	999	-
J2360	N	ORPHENADRINE INJECTION	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2371	N	INJ PHENYLEPHRINE HCL 20 MCG	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2372	K	INJ, BIORPHEN, 20 MICROGRAMS	-	09405	0.0030	APC (blood and non-blood products)	\$0.17	-	-	-	000	999	-
J2401	K	CHLOROPROCAINE HCL INJECTION	-	09218	0.0007	APC (blood and non-blood products)	\$0.04	-	-	-	000	999	-
J2402	E	CHLOROPROCAINE (CLOROTEKAL)	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Prior Auth. Required			
J2403	G		CHLOROPROCAINE OPHT GEL, 1MG	-	09116 0.0114	APC – pays by fee schedule amount	\$0.66	-	-	-	000	999	-
J2404	E		INJ, NICARDIPINE 0.1 MG	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
J2405	N		ONDANSETRON HCL INJECTION	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2406	G		INJECTION, ORITAVANCIN 10 MG	-	09427 0.7004	APC – pays by fee schedule amount	\$40.90	-	-	-	000	999	-
J2407	K		INJECTION, ORITAVANCIN	-	01660 0.4608	APC (blood and non-blood products)	\$26.91	-	-	-	000	999	-
J2410	E		OXYMORPHONE HCL INJECTION	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
J2425	K		PALIFERMIN INJECTION	-	01696 0.5821	APC (blood and non-blood products)	\$33.99	-	-	-	000	999	-
J2426	K		INJ, INVEGA SUSTENNA, 1 MG	-	09255 0.2445	APC (blood and non-blood products)	\$14.28	-	-	-	000	999	-
J2427	K		INJ, INVEGA HAFYERA/TRINZA	-	09145 0.2087	APC (blood and non-blood products)	\$12.19	-	-	-	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 7.9328	APC (blood and non-blood products)	\$463.20	-	-	-	000	999	-
J2503	E		PEGAPTANIB SODIUM INJECTION	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
J2504	E		PEGADEMASE BOVINE, 25 IU	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
J2506	K		INJ PEGFILGRAST EX BIO 0.5MG	-	09436 1.8797	APC (blood and non-blood products)	\$109.75	-	-	-	000	999	-
J2507	K		PEGLOTICASE INJECTION	-	09281 58.0907	APC (blood and non-blood products)	\$3,391.91	-	-	Y	018	999	-
J2508	G		PEGUNIGALSIDASE ALFA-IWXJ	-	00715 3.7534	APC – pays by fee schedule amount	\$219.16	-	-	-	000	999	-
J2510	K		PENICILLIN G PROCAINE INJ	-	01836 0.7012	APC (blood and non-blood products)	\$40.94	-	-	-	000	999	-
J2513	E		PENTASTARCH 10% SOLUTION	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
J2515	N		PENOBARBITAL SODIUM INJ	-	-	Bundled	\$0.00	-	-	-	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	\$87.10	-	-	-	000	999	-
J2547	K		INJECTION, PERAMIVIR	-	09451 0.0287	APC (blood and non-blood products)	\$1.68	-	-	-	000	999	-
J2550	N		PROMETHAZINE HCL INJECTION	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2560	N		PHENOBARBITAL SODIUM INJ	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2561	N		INJ, SEZABY, 1 MG	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2562	K		PLERIXAFOR INJECTION	-	09252 2.1164	APC (blood and non-blood products)	\$123.58	-	-	-	000	999	-
J2590	N		OXYTOCIN INJECTION	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2597	K		INJ DESMOPRESSIN ACETATE	-	01440 0.1074	APC (blood and non-blood products)	\$6.27	-	-	-	000	999	-
J2598	K		INJ, VASOPRESSIN, 1 UNIT	-	01233 0.0323	APC (blood and non-blood products)	\$1.88	-	-	-	000	999	-
J2599	K		INJ VASOPRESSIN (AM REG) 1 U	-	01234 0.0048	APC (blood and non-blood products)	\$0.28	-	-	-	000	999	-
J2650	E		PREDNISOLONE ACETATE INJ	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
J2670	E		TOTAZOLINE HCL INJECTION	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
J2675	N		INJ PROGESTERONE PER 50 MG	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2679	E		INJ FLUPHENAZINE HCL 1.25 MG	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
J2680	N		FLUPHENAZINE DECANOATE 25 MG	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2690	K		PROCAINAMIDE HCL INJECTION	-	09219 3.2061	APC (blood and non-blood products)	\$187.20	-	-	-	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 0.2573	APC (blood and non-blood products)	\$15.03	-	-	-	000	999	-
J2725	E		INJ PROTIRELIN PER 250 MCG	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
J2730	N		PRALIDOXIME CHLORIDE INJ	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2760	K		PHENTOLAMINE MESYLATE INJ	-	01458 7.6095	APC (blood and non-blood products)	\$444.32	-	-	-	000	999	-
J2765	N		METOCLOPRAMIDE HCL INJECTION	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2770	K		QUINUPRISTIN/DALFOPRISTIN	-	02770 8.4598	APC (blood and non-blood products)	\$493.97	-	-	-	000	999	-
J2777	G		INJ, FARICIMAB-SVOA, 0.1MG	-	09496 0.6070	APC – pays by fee schedule amount	\$35.44	-	-	-	000	999	-
J2778	K		RANIBIZUMAB INJECTION	-	09233 2.9693	APC (blood and non-blood products)	\$173.38	-	-	-	000	999	-
J2779	G		INJ, SUSVIMO 0.1 MG	-	09439 1.3765	APC – pays by fee schedule amount	\$80.37	-	-	-	000	999	-
J2780	N		RANITIDINE HYDROCHLORIDE INJ	-	-	Bundled	\$0.00	-	-	-	000	999	-
J2781	G		INJ, PEGCETACOPLAN, 1MG	-	09158 2.5673	APC – pays by fee schedule amount	\$149.90	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
J2783	K	RASBURICASE	-	00738	6.2936	APC (blood and non-blood products)	\$367.48	-	-	-	-	000	999	-
J2785	N	REGADENOSON INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	018	999	-
J2786	K	INJECTION, RESLIZUMAB, 1MG	-	09481	0.1751	APC (blood and non-blood products)	\$10.23	-	-	Y	-	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	0.5248	APC (blood and non-blood products)	\$30.64	-	-	-	-	000	999	-
J2793	E	RILONACEPT INJECTION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J2794	K	INJ RISPERDAL CONSTA, 0.5 MG	-	09125	0.2086	APC (blood and non-blood products)	\$12.18	-	-	-	Y	000	999	-
J2795	N	ROPIVACAINE HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J2796	K	ROMIPLOSTIM INJECTION	-	09245	1.6507	APC (blood and non-blood products)	\$96.38	-	-	-	-	000	999	-
J2797	E	INJ., ROLAPITANT, 0.5 MG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J2798	K	INJ., PERSERIS, 0.5 MG	-	09181	0.1992	APC (blood and non-blood products)	\$11.63	-	-	-	-	000	999	-
J2799	G	INJ, UZEDY, 1 MG	-	09266	0.4180	APC – pays by fee schedule amount	\$24.41	-	-	-	-	000	999	-
J2800	N	METHOCARBAMOL INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J2805	N	SINCALIDE INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J2806	N	INJ SINCALIDE, MAIA, 5 MCG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J2810	E	INJ THEOPHYLLINE PER 40 MG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J2820	K	SARGRAMOSTIM INJECTION	-	00731	1.0182	APC (blood and non-blood products)	\$59.46	-	-	-	-	000	999	-
J2840	K	INJ SEBELIPASE ALFA 1 MG	-	09478	9.2215	APC (blood and non-blood products)	\$538.45	-	-	-	-	000	999	-
J2850	K	INJ SECRETIN SYNTHETIC HUMAN	-	01700	0.7148	APC (blood and non-blood products)	\$41.74	-	-	-	-	000	999	-
J2860	K	INJECTION, SILTUXIMAB	-	09455	2.5913	APC (blood and non-blood products)	\$151.31	-	-	-	-	000	999	-
J2910	E	AUROTHIOGLUCOSE INJECTON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J2916	N	NA FERRIC GLUCONATE COMPLEX	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J2940	E	SOMATREM INJECTION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J2941	K	SOMATROPIN INJECTION	-	09319	2.8010	APC (blood and non-blood products)	\$163.55	-	-	-	-	000	999	-
J2950	N	PROMAZINE HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J2993	K	RETEPLASE INJECTION	-	09005	49.4884	APC (blood and non-blood products)	\$2,889.63	-	-	-	-	000	999	-
J2995	E	INJ STREPTOKINASE /250000 IU	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J2997	K	ALTEPLASE RECOMBINANT	-	07048	1.5212	APC (blood and non-blood products)	\$88.82	-	-	-	-	000	999	-
J2998	G	INJ PLASMINOGEN TVMH 1MG	-	09206	0.5446	APC – pays by fee schedule amount	\$31.80	-	-	-	-	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	0.0311	APC (blood and non-blood products)	\$1.82	-	-	-	-	000	999	-
J3032	K	INJ. EPTINEZUMAB-JJMR 1 MG	-	09357	0.3091	APC (blood and non-blood products)	\$18.05	-	-	Y	-	000	999	-
J3060	K	INJ, TALIGLUCERASE ALFA 10 U	-	09294	0.7707	APC (blood and non-blood products)	\$45.00	-	-	-	-	000	999	-
J3070	N	PENTAZOCINE INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J3090	K	INJ TEDIZOLID PHOSPHATE	-	01662	0.0311	APC (blood and non-blood products)	\$1.82	-	-	-	-	000	999	-
J3095	K	TELAVANCIN INJECTION	-	09258	0.1221	APC (blood and non-blood products)	\$7.13	-	-	-	-	000	999	-
J3101	K	TENECTEPLASE INJECTION	-	09002	2.6222	APC (blood and non-blood products)	\$153.11	-	-	-	-	018	999	-
J3105	N	TERBUTALINE SULFATE INJ	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J3110	E	TERIPARATIDE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	-	Y	000	999	-
J3111	K	INJ. ROMOSUZUMAB-AQQG 1 MG	-	09327	0.1831	APC (blood and non-blood products)	\$10.69	-	-	Y	-	000	999	-
J3121	N	INJ TESTOSTERO ENANTHATE 1MG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J3145	K	TESTOSTERONE UNDECANOATE 1MG	-	09078	0.0330	APC (blood and non-blood products)	\$1.93	-	-	-	-	000	999	-
J3230	N	CHLORPROMAZINE HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J3240	K	THYROTROPIN INJECTION	-	09108	34.6355	APC (blood and non-blood products)	\$2,022.37	-	-	-	-	000	999	-
J3241	K	INJ. TEPROTUMUMAB-TRBW 10 MG	-	09355	5.7099	APC (blood and non-blood products)	\$333.40	-	-	-	-	000	999	-
J3243	N	TIGECYCLINE INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J3244	K	INJ. TIGECYCLINE (ACCORD)	-	09220	0.0455	APC (blood and non-blood products)	\$2.65	-	-	-	-	000	999	-
J3245	K	INJ., TILDRAKIZUMAB, 1 MG	-	09306	2.4016	APC (blood and non-blood products)	\$140.23	-	-	-	-	000	999	-
J3246	K	TIROFIBAN HCL	-	07041	0.0703	APC (blood and non-blood products)	\$4.10	-	-	-	Y	000	999	-
J3250	N	TRIMETHOBENZAMIDE HCL INJ	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J3260	N	TOBRAMYCIN SULFATE INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
J3262	K	TOCILIZUMAB INJECTION	-	09264	0.1035	APC (blood and non-blood products)	\$6.04	-	-	-	-	000	999	-
J3265	E	INJECTION TORSEMIDE 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	0.9342	APC (blood and non-blood products)	\$54.55	-	-	-	-	000	999	-
J3299	G	INJ XIPERE 1 MG	-	09358	0.8320	APC – pays by fee schedule amount	\$48.58	-	-	-	-	000	999	-
J3300	N	TRIAMCINOLONE A INJ PRS-FREE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J3301	N	TRIAMCINOLONE ACET INJ NOS	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J3302	N	TRIAMCINOLONE DIACETATE INJ	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J3303	N	TRIAMCINOLONE HEXACETONL INJ	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J3304	K	INJ TRIAMCINOLONE ACE XR 1MG	-	09469	0.2996	APC (blood and non-blood products)	\$17.49	-	-	-	-	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	7.1363	APC (blood and non-blood products)	\$416.69	-	-	-	-	000	999	-
J3316	K	INJ., TRIPTORELIN XR 3.75 MG	-	09016	55.3861	APC (blood and non-blood products)	\$3,234.00	-	-	-	-	000	999	-
J3320	E	SPECTINOMYCIN DI-HCL INJ	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J3350	E	UREA INJECTION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J3355	E	UROFOLLITROPIN, 75 IU	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J3357	K	USTEKINUMAB SUB CU INJ, 1 MG	-	09261	2.6129	APC (blood and non-blood products)	\$152.57	-	-	-	-	000	999	-
J3358	K	USTEKINUMAB, IV INJECT, 1 MG	-	09487	0.2140	APC (blood and non-blood products)	\$12.49	-	-	-	-	000	999	-
J3360	N	DIAZEPAM INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J3364	E	UROKINASE 5000 IU INJECTION	-	-	-	Not Allowed	\$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	K	INJ, VANCOMYCIN HCL (MYLAN)	-	09221	0.1004	APC (blood and non-blood products)	\$5.87	-	-	-	-	000	999	-
J3372	K	INJ, VANCOMYCIN HCL (XELLIA)	-	09222	0.1096	APC (blood and non-blood products)	\$6.40	-	-	-	-	000	999	-
J3380	K	INJ VEDOLIZUMAB IV 1 MG	-	01489	0.3743	APC (blood and non-blood products)	\$21.85	-	-	Y	-	000	999	-
J3385	K	VELAGLUCERASE ALFA	-	09271	6.2997	APC (blood and non-blood products)	\$367.84	-	-	-	-	000	999	-
J3396	K	VERTEPORFIN INJECTION	-	01203	0.1959	APC (blood and non-blood products)	\$11.44	-	-	-	Y	000	999	-
J3397	E	INJ., VESTRONIDASE ALFA-VJBK	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J3398	K	INJ LUXTURNA 1 BILLION VEC G	-	09070	50.0905	APC (blood and non-blood products)	\$2,924.79	-	-	-	-	000	999	-
J3399	K	INJ ONASE ABEPAR-XIOI TREAT	-	09141	38921.0893	APC (blood and non-blood products)	\$2,272,602.41	-	-	Y	-	000	999	-
J3400	E	TRIFLUPROMAZINE HCL INJ	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J3401	G	VYJUVEK 5X10 <sup>7</sup> PFU/ML, 0.1 ML	-	00716	43.1425	APC – pays by fee schedule amount	\$2,519.09	-	-	-	-	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	-
J3425	E	HYDROXOCOBALAMIN IM 10MCG	-	-	-	Not Allowed	\$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	-

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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees					
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 0.0390	APC (blood and non-blood products)	\$2.28	-	-	-	-	000	999	-
J7169	K	INJ ANDEXXA, 10 MG	-	09198 2.2638	APC (blood and non-blood products)	\$132.18	-	-	-	-	000	999	-
J7170	K	INJ., EMICIZUMAB-KXWH 0.5 MG	-	09257 0.8707	APC (blood and non-blood products)	\$50.84	-	-	-	-	000	999	-
J7175	K	INJ, FACTOR X, (HUMAN), 1IU	-	01857 0.1561	APC (blood and non-blood products)	\$9.11	-	-	-	-	000	999	-
J7177	K	INJ., FIBRYGA, 1 MG	-	09046 0.0243	APC (blood and non-blood products)	\$1.42	-	-	-	-	000	999	-
J7178	K	INJ HUMAN FIBRINOGEN CON NOS	-	01478 0.0247	APC (blood and non-blood products)	\$1.45	-	-	-	-	000	999	-
J7179	K	VONVENDI INJ 1 IU VWF:RCO	-	09059 0.0320	APC (blood and non-blood products)	\$1.87	-	-	-	-	000	999	-
J7180	K	FACTOR XIII ANTI-HEM FACTOR	-	01416 0.1739	APC (blood and non-blood products)	\$10.15	-	-	-	-	000	999	-
J7181	K	FACTOR XIII RECOMB A-SUBUNIT	-	01746 0.2929	APC (blood and non-blood products)	\$17.10	-	-	-	-	000	999	-
J7182	K	FACTOR VIII RECOMB NOVOEIGHT	-	01856 0.0236	APC (blood and non-blood products)	\$1.38	-	-	-	-	000	999	-
J7183	K	WILATE INJECTION	-	01352 0.0215	APC (blood and non-blood products)	\$1.26	-	-	-	-	000	999	-
J7185	K	XYNTHA INJ	-	01268 0.0235	APC (blood and non-blood products)	\$1.37	-	-	-	-	000	999	-
J7186	K	ANTIHEMOPHILIC VIII/VWF COMP	-	01213 0.0203	APC (blood and non-blood products)	\$1.19	-	-	-	-	000	999	-
J7187	K	HUMATE-P, INJ	-	01704 0.0239	APC (blood and non-blood products)	\$1.40	-	-	-	-	000	999	-
J7188	K	FACTOR VIII RECOMB OBIZUR	-	01827 0.0552	APC (blood and non-blood products)	\$3.22	-	-	-	-	000	999	-
J7189	K	FACTOR VIII RECOMB NOVOSEVEN	-	01705 0.0420	APC (blood and non-blood products)	\$2.45	-	-	-	-	000	999	-
J7190	K	FACTOR VIII	-	00925 0.0190	APC (blood and non-blood products)	\$1.11	-	-	-	-	000	999	-
J7191	E	FACTOR VIII (PORCINE)	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7192	K	FACTOR VIII RECOMBINANT NOS	-	00927 0.0259	APC (blood and non-blood products)	\$1.51	-	-	-	-	000	999	-
J7193	K	FACTOR IX NON-RECOMBINANT	-	00931 0.0227	APC (blood and non-blood products)	\$1.32	-	-	-	-	000	999	-
J7194	K	FACTOR IX COMPLEX	-	00928 0.0276	APC (blood and non-blood products)	\$1.61	-	-	-	-	000	999	-
J7195	K	FACTOR IX RECOMBINANT NOS	-	00932 0.0300	APC (blood and non-blood products)	\$1.75	-	-	-	-	000	999	-
J7196	E	ANTITHROMBIN RECOMBINANT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7197	K	ANTITHROMBIN III INJECTION	-	01263 0.0640	APC (blood and non-blood products)	\$3.74	-	-	-	-	000	999	-
J7198	K	ANTI-INHIBITOR	-	00929 0.0392	APC (blood and non-blood products)	\$2.29	-	-	-	-	000	999	-
J7199	M	HEMOPHILIA CLOT FACTOR NOC	-	-	Charge Ratio	\$0.00	-	-	-	-	000	999	-
J7200	K	FACTOR IX RECOMBINAN RIXUBIS	-	01467 0.0262	APC (blood and non-blood products)	\$1.53	-	-	-	-	000	999	-
J7201	K	FACTOR IX ALPROLIX RECOMB	-	01486 0.0593	APC (blood and non-blood products)	\$3.47	-	-	-	-	000	999	-
J7202	K	FACTOR IX IDELVION INJ	-	09171 0.0872	APC (blood and non-blood products)	\$5.09	-	-	-	-	000	999	-
J7203	K	FACTOR IX RECOMB GLY REBINYN	-	09468 0.0766	APC (blood and non-blood products)	\$4.47	-	-	-	-	000	999	-
J7204	K	INJ RECOMBIN ESPEROCT PER IU	-	09354 0.0362	APC (blood and non-blood products)	\$2.11	-	-	-	-	000	999	-
J7205	K	FACTOR VIII FC FUSION RECOMB	-	01656 0.0378	APC (blood and non-blood products)	\$2.21	-	-	-	-	000	999	-
J7207	K	FACTOR VIII PEGYLATED RECOMB	-	01844 0.0352	APC (blood and non-blood products)	\$2.05	-	-	-	-	000	999	-
J7208	K	INJ. JIVI 1 IU	-	09299 0.0400	APC (blood and non-blood products)	\$2.34	-	-	-	-	000	999	-
J7209	K	FACTOR VIII NUWIQ RECOMB 1IU	-	01846 0.0215	APC (blood and non-blood products)	\$1.25	-	-	-	-	000	999	-
J7210	K	INJ, AFSTYLA, 1 I.U.	-	09043 0.0249	APC (blood and non-blood products)	\$1.46	-	-	-	-	000	999	-
J7211	K	INJ, KOVALTRY, 1 I.U.	-	09075 0.0244	APC (blood and non-blood products)	\$1.42	-	-	-	-	000	999	-
J7212	K	FACTOR VIII RECOMB SEVENFACT	-	09395 0.0369	APC (blood and non-blood products)	\$2.15	-	-	-	-	000	999	-
J7213	K	INJ, IXINITY, 1 I.U.	-	09146 0.0315	APC (blood and non-blood products)	\$1.84	-	-	-	-	000	999	-
J7214	G	ALTUVIIIQ PER FACTOR VIII IU	-	09277 0.0793	APC – pays by fee schedule amount	\$4.63	-	-	-	-	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	\$1,101.70	-	-	-	-	000	999	-
J7297	M	LILETTA, 52 MG	-	-	Fee Schedule	\$887.36	-	-	-	-	000	999	-
J7298	M	MIRENA, 52 MG	-	-	Fee Schedule	\$1,101.70	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth.	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
J7300	M	INTRAUT COPPER CONTRACEPTIVE	-	-	-	Fee Schedule	\$1,085.00	-	-	-	-	010	065	-
J7301	M	SKYLA, 13.5 MG	-	-	-	Fee Schedule	\$917.35	-	-	-	-	000	999	-
J7302	E	LEVONORGESTREL IU 52 MG	-	-	-	Not Allowed	\$0.00	-	-	-	-	010	065	-
J7304	M	CONTRACEPTIVE HORMONE PATCH	-	-	-	Fee Schedule	\$40.72	-	-	-	Y	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	6.7911	APC (blood and non-blood products)	\$396.53	-	-	-	-	000	999	-
J7309	E	METHYL AMINOLEVULINATE, TOP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7310	E	GANCICLOVIR LONG ACT IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7311	K	INJ., RETISERT, 0.01 MG	-	09225	0.5077	APC (blood and non-blood products)	\$29.64	-	-	Y	-	000	999	-
J7312	K	DEXAMETHASONE INTRA IMPLANT	-	09256	3.5211	APC (blood and non-blood products)	\$205.60	-	-	-	-	000	999	-
J7313	K	INJ., ILUVIEN, 0.01 MG	-	09450	8.3497	APC (blood and non-blood products)	\$487.54	-	-	-	-	000	999	-
J7314	K	INJ., YUTIQ, 0.01 MG	-	09328	9.0270	APC (blood and non-blood products)	\$527.08	-	-	-	-	000	999	-
J7315	N	OPHTHALMIC MITOMYCIN	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J7316	N	INJ, OCRIPLASMIN, 0.125 MG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J7318	K	INJ, DUROLANE 1 MG	-	09174	0.1122	APC (blood and non-blood products)	\$6.55	-	-	-	-	000	999	-
J7320	K	GENVISC 850, INJ, 1MG	-	09079	0.0884	APC (blood and non-blood products)	\$5.16	-	-	-	-	000	999	-
J7321	N	HYALGAN SUPARTZ VISCO-3 DOSE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J7322	K	HYMOVIS INJECTION 1 MG	-	09471	0.2999	APC (blood and non-blood products)	\$17.51	-	-	-	-	000	999	-
J7323	K	EUFLEXXA INJ PER DOSE	-	00875	1.9793	APC (blood and non-blood products)	\$115.57	-	-	-	-	000	999	-
J7324	K	ORTHOVISC INJ PER DOSE	-	00877	2.2531	APC (blood and non-blood products)	\$131.56	-	-	-	-	000	999	-
J7325	K	SYNVISC OR SYNVISC-ONE	-	00874	0.1520	APC (blood and non-blood products)	\$8.88	-	-	-	-	000	999	-
J7326	K	GEL-ONE	-	01417	8.9462	APC (blood and non-blood products)	\$522.37	-	-	-	-	000	999	-
J7327	K	MONOVISC INJ PER DOSE	-	01747	12.1860	APC (blood and non-blood products)	\$711.54	-	-	-	-	000	999	-
J7328	K	GELSYN-3 INJECTION 0.1 MG	-	01862	0.0085	APC (blood and non-blood products)	\$0.49	-	-	-	-	000	999	-
J7329	K	INJ, TRIVISC 1 MG	-	09196	0.1271	APC (blood and non-blood products)	\$7.42	-	-	-	-	000	999	-
J7330	E	CULTURED CHONDROCYTES IMPLNT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7331	K	SYNOJOYNT, INJ., 1 MG	-	09337	0.1792	APC (blood and non-blood products)	\$10.46	-	-	-	-	000	999	-
J7332	K	INJ., TRILURON, 1 MG	-	09338	0.1796	APC (blood and non-blood products)	\$10.49	-	-	-	-	000	999	-
J7336	K	CAPSAICIN 8% PATCH	-	09071	0.0569	APC (blood and non-blood products)	\$3.32	-	-	-	-	000	999	-
J7340	K	CARBIDOPA LEVODOPA ENT 100ML	-	09320	3.9049	APC (blood and non-blood products)	\$228.01	-	-	-	-	000	999	-
J7342	K	CIPROFLOXACIN OTIC SUSP 6 MG	-	09479	0.5141	APC (blood and non-blood products)	\$30.02	-	-	-	-	000	999	-
J7345	K	AMINOLEVULINIC ACID, 10% GEL	-	09301	0.0291	APC (blood and non-blood products)	\$1.70	-	-	-	-	000	999	-
J7351	K	INJ BIMATOPROST ITC IMP1MCG	-	09351	3.5313	APC (blood and non-blood products)	\$206.19	-	-	-	-	000	999	-
J7352	K	AFAMELANOTIDE IMPLANT, 1 MG	-	09396	49.2093	APC (blood and non-blood products)	\$2,873.33	-	-	-	-	000	999	-
J7353	N	ANACAULASE-BCDB 8.8% GEL 1 G	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J7402	K	MOMETASONE SINUS SINUVA	-	09346	0.1943	APC (blood and non-blood products)	\$11.35	-	-	-	-	000	999	-
J7500	N	AZATHIOPRINE ORAL 50MG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J7501	K	AZATHIOPRINE PARENTERAL	-	00887	4.1364	APC (blood and non-blood products)	\$241.53	-	-	-	-	000	999	-
J7502	N	CYCLOSPORINE ORAL 100 MG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J7503	N	TACROL ENVARUSUS EX REL ORAL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J7504	K	LYMPHOCYTE IMMUNE GLOBULIN	-	00890	61.9079	APC (blood and non-blood products)	\$3,614.80	-	-	-	-	000	999	-
J7505	E	MONOCLONAL ANTIBODIES	-	-	-	Not Allowed	\$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	15.8922	APC (blood and non-blood products)	\$927.94	-	-	-	-	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	INJ, CYCLOSPORINE, 250MG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J7517	N	MYCOPHENOLATE MOFETIL ORAL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J7518	N	MYCOPHENOLIC ACID	-	-	-	Bundled	\$0.00	-	-	-	Y	000	999	-
J7519	K	INJ. MYCOPHENOLATE MOFETIL	-	09279	0.0121	APC (blood and non-blood products)	\$0.71	-	-	-	-	000	999	-
J7520	N	SIROLIMUS, ORAL	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
J7525	K	TACROLIMUS INJECTION	-	09006	4.2605	APC (blood and non-blood products)	\$248.77	-	-	-	-	000	999	-
J7527	N	ORAL EVEROLIMUS	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J7599	N	IMMUNOSUPPRESSIVE DRUG NOC	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J7604	E	ACETYLCYSTEINE COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7605	E	ARFORMOTEROL NON-COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7606	E	FORMOTEROL FUMARATE, INH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7607	E	LEVALBUTEROL COMP CON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7608	E	ACETYLCYSTEINE NON-COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7609	E	ALBUTEROL COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7610	E	ALBUTEROL COMP CON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7611	E	ALBUTEROL NON-COMP CON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7612	E	LEVALBUTEROL NON-COMP CON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7613	E	ALBUTEROL NON-COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7614	E	LEVALBUTEROL NON-COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7615	E	LEVALBUTEROL COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7620	E	ALBUTEROL IPRATROP NON-COMP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7622	E	BECLOMETHASONE COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7624	E	BETAMETHASONE COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7626	E	BUDESONIDE NON-COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7627	E	BUDESONIDE COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7628	E	BITOLTEROL MESYLATE COMP CON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7629	E	BITOLTEROL MESYLATE COMP UNT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7631	E	CROMOLYN SODIUM NONCOMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7632	E	CROMOLYN SODIUM COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7633	E	BUDESONIDE NON-COMP CON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7634	E	BUDESONIDE COMP CON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7635	E	ATROPINE COMP CON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7636	E	ATROPINE COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7637	E	DEXAMETHASONE COMP CON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7638	E	DEXAMETHASONE COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7639	E	DORNASE ALFA NON-COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7640	E	FORMOTEROL COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7641	E	FLUNISOLIDE COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7642	E	GLYCOPYRROLATE COMP CON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7643	E	GLYCOPYRROLATE COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7644	E	IPRATROPIUM BROMIDE NON-COMP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7645	E	IPRATROPIUM BROMIDE COMP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7647	E	ISOETHARINE COMP CON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7648	E	ISOETHARINE NON-COMP CON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7649	E	ISOETHARINE NON-COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7650	E	ISOETHARINE COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7657	E	ISOPROTERENOL COMP CON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7658	E	ISOPROTERENOL NON-COMP CON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7659	E	ISOPROTERENOL NON-COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7660	E	ISOPROTERENOL COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7665	N	MANNITOL FOR INHALER	-	-	-	Bundled	\$0.00	-	-	-	-	006	999	-
J7667	E	METAPROTERENOL COMP CON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7668	E	METAPROTERENOL NON-COMP CON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7669	E	METAPROTERENOL NON-COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7670	E	METAPROTERENOL COMP UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J7674	N	METHACHOLINE CHLORIDE, NEB	-	-	-	Bundled	\$0.00	-	-	-	Y	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	-

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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab Fees	Hospital Lab Fees					
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	1.3099	APC (blood and non-blood products)	\$76.49	-	-	-	-	000	999	-
J8562	E	ORAL FLUDARABINE PHOSPHATE	-	-	-	Not Allowed	\$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	7.0054	APC (blood and non-blood products)	\$409.05	-	-	-	-	000	999	-
J8670	K	ROLAPITANT, ORAL, 1MG	-	01761	0.0279	APC (blood and non-blood products)	\$1.63	-	-	-	-	000	999	-
J8700	N	TEMOZOLOMIDE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J8705	K	TOPOTECAN ORAL	-	01238	1.9393	APC (blood and non-blood products)	\$113.24	-	-	-	-	005	999	-
J8999	E	ORAL PRESCRIPTION DRUG CHEMO	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J9000	N	DOXORUBICIN HCL INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J9001	E	DOXORUBICIN HCL LIPOSOME INJ	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J9015	K	ALDESLEUKIN INJECTION	-	00807	67.5287	APC (blood and non-blood products)	\$3,943.00	-	-	-	-	000	999	-
J9017	K	ARSENIC TRIOXIDE INJECTION	-	09012	0.2038	APC (blood and non-blood products)	\$11.90	-	-	-	-	000	999	-
J9019	E	ERWINAZE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J9020	E	ASPARAGINASE, NOS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J9021	G	INJ, ASPARA, RYLAZE, 0.1 MG	-	09437	0.8768	APC – pays by fee schedule amount	\$51.20	-	-	-	-	000	999	-
J9022	K	INJ, ATEZOLIZUMAB, 10 MG	-	09483	1.4375	APC (blood and non-blood products)	\$83.94	-	-	-	-	000	999	-
J9023	K	INJECTION, AVELUMAB, 10 MG	-	09491	1.5848	APC (blood and non-blood products)	\$92.53	-	-	-	-	000	999	-
J9025	N	AZACITIDINE INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J9027	K	CLOFARABINE INJECTION	-	01710	0.3090	APC (blood and non-blood products)	\$18.04	-	-	-	-	000	999	-
J9029	G	INSTILL ADSTILADRIN, TX DOSE	-	00717	1087.6075	APC – pays by fee schedule amount	\$63,505.40	-	-	-	-	000	999	-
J9030	N	BCG LIVE INTRAVESICAL 1MG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J9032	K	INJECTION, BELINOSTAT, 10MG	-	01658	0.8364	APC (blood and non-blood products)	\$48.84	-	-	-	-	000	999	-
J9033	K	INJ., TREANDA 1 MG	-	09243	0.1431	APC (blood and non-blood products)	\$8.36	-	-	-	-	018	999	-
J9034	K	INJ., BENDEKA 1 MG	-	01861	0.2369	APC (blood and non-blood products)	\$13.83	-	-	-	-	000	999	-
J9035	K	BEVACIZUMAB INJECTION	-	09214	1.2700	APC (blood and non-blood products)	\$74.16	-	-	-	Y	000	999	-
J9036	K	INJ. BELRAPZO/BENDAMUSTINE	-	09313	0.1520	APC (blood and non-blood products)	\$8.88	-	-	-	-	000	999	-
J9037	K	INJ BELANTAMAB MAFODOT BLMF	-	09384	0.8012	APC (blood and non-blood products)	\$46.78	-	-	-	-	000	999	-
J9039	K	INJECTION, BLINATUMOMAB	-	09449	2.4894	APC (blood and non-blood products)	\$145.36	-	-	-	-	000	999	-
J9040	N	BLEOMYCIN SULFATE INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J9041	K	INJECTION, BORTEZOMIB, 0.1MG	-	09207	0.0355	APC (blood and non-blood products)	\$2.07	-	-	-	Y	000	999	-
J9042	K	BRENTUXIMAB VEDOTIN INJ	-	09287	3.9517	APC (blood and non-blood products)	\$230.74	-	-	-	-	000	999	-
J9043	K	CABAZITAXEL INJECTION	-	09276	3.6266	APC (blood and non-blood products)	\$211.76	-	-	-	-	018	999	-
J9045	N	CARBOPLATIN INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J9046	K	INJ, BORTEZOMIB, DR. REDDY'S	-	09026	0.8314	APC (blood and non-blood products)	\$48.55	-	-	-	-	000	999	-
J9047	K	INJECTION, CARFILZOMIB, 1 MG	-	09295	0.8080	APC (blood and non-blood products)	\$47.18	-	-	-	-	000	999	-
J9048	K	INJ, BORTEZOMIB FRESENIUSKAB	-	09027	0.8314	APC (blood and non-blood products)	\$48.55	-	-	-	-	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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC	Weight			Hospital Lab Fees	Hospital Lab Fees					
J9049	K	INJ, BORTEZOMIB, HOSPIRA	-	09100	0.0294	APC (blood and non-blood products)	\$1.72	-	-	-	-	000	999	-
J9050	K	CARMUSTINE INJECTION	-	00812	4.8111	APC (blood and non-blood products)	\$280.92	-	-	-	-	000	999	-
J9051	E	INJ, BORTEZOMIB (MAIA)	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J9052	K	INJ, CARMUSTINE (ACCORD)	-	00718	0.0009	APC (blood and non-blood products)	\$0.05	-	-	-	-	000	999	-
J9055	K	CETUXIMAB INJECTION	-	09215	1.2586	APC (blood and non-blood products)	\$73.49	-	-	-	Y	000	999	-
J9056	G	INJ, BENDAMUSTINE, 1 MG	-	09154	0.5827	APC – pays by fee schedule amount	\$34.02	-	-	-	-	000	999	-
J9057	K	INJ., COPANLISIB, 1 MG	-	09030	1.5012	APC (blood and non-blood products)	\$87.66	-	-	-	-	000	999	-
J9058	G	INJ APOTEX/BENDAMUSTINE 1 MG	-	09151	0.4133	APC – pays by fee schedule amount	\$24.13	-	-	-	-	000	999	-
J9059	K	INJ BENDAMUSTINE, BAXTER 1MG	-	09153	0.4133	APC (blood and non-blood products)	\$24.13	-	-	-	-	000	999	-
J9060	N	CISPLATIN 10 MG INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J9061	G	INJ, AMIVANTAMAB-VMJW	-	09432	0.3423	APC – pays by fee schedule amount	\$19.99	-	-	-	-	000	999	-
J9063	G	INJ, ELAHERE, 1 MG	-	09109	1.1249	APC – pays by fee schedule amount	\$65.68	-	-	-	-	000	999	-
J9064	E	INJ, CABAZITAXEL (SANDOZ)	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J9065	K	INJ CLADRIBINE PER 1 MG	-	00858	0.2842	APC (blood and non-blood products)	\$16.60	-	-	-	-	000	999	-
J9071	G	INJ CYCLOPHOSPHAMID AUROMEDIC	-	09203	0.0301	APC – pays by fee schedule amount	\$1.76	-	-	-	-	000	999	-
J9072	G	INJ CYCLOPHOS DR.REDDY'S 5MG	-	00719	0.0663	APC – pays by fee schedule amount	\$3.87	-	-	-	-	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	M	INJ. CALASPARGASE PEGOL-MKNL	-	-	-	Fee Schedule	\$72.88	-	-	-	-	000	999	-
J9119	K	INJ., CEMPLIMAB-RWLC, 1 MG	-	09304	0.4723	APC (blood and non-blood products)	\$27.58	-	-	-	-	000	999	-
J9120	K	DACTINOMYCIN INJECTION	-	00752	9.3817	APC (blood and non-blood products)	\$547.80	-	-	-	-	000	999	-
J9130	N	DACARBAZINE 100 MG INJ	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J9144	K	DARATUMUMAB, HYALURONIDASE	-	09378	0.8357	APC (blood and non-blood products)	\$48.80	-	-	-	-	000	999	-
J9145	K	INJECTION, DARATUMUMAB 10 MG	-	09476	1.0470	APC (blood and non-blood products)	\$61.13	-	-	-	-	000	999	-
J9150	K	DAUNORUBICIN INJECTION	-	00820	0.5395	APC (blood and non-blood products)	\$31.50	-	-	-	-	000	999	-
J9151	E	DAUNORUBICIN CITRATE INJ	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J9153	K	INJ DAUNORUBICIN, CYTARABINE	-	09302	3.9870	APC (blood and non-blood products)	\$232.80	-	-	-	-	000	999	-
J9155	K	DEGARELIX INJECTION	-	01296	0.0746	APC (blood and non-blood products)	\$4.35	-	-	-	-	000	999	-
J9165	E	DIETHYLSTILBESTROL INJECTION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J9171	N	DOCETAXEL INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J9172	E	DOCETAXEL (INGENUS), 1 MG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J9173	K	INJ., DURVALUMAB, 10 MG	-	09492	1.3789	APC (blood and non-blood products)	\$80.52	-	-	-	-	000	999	-
J9175	N	ELLIOTTS B SOLUTION PER ML	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J9176	K	INJECTION, ELOTUZUMAB, 1MG	-	09477	0.1268	APC (blood and non-blood products)	\$7.40	-	-	-	-	000	999	-
J9177	K	INJ ENFORT VEDO-EJFV 0.25MG	-	09364	0.6200	APC (blood and non-blood products)	\$36.20	-	-	-	-	000	999	-
J9178	N	INJ, EPIRUBICIN HCL, 2 MG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J9179	K	ERIBULIN MESYLATE INJECTION	-	01426	2.3577	APC (blood and non-blood products)	\$137.67	-	-	-	-	018	999	-
J9181	N	ETOPOSIDE INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J9185	K	FLUDARABINE PHOSPHATE INJ	-	09080	3.2693	APC (blood and non-blood products)	\$190.90	-	-	-	-	000	999	-
J9190	N	FLUOROURACIL INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J9196	K	INJ GEMCITABINE HCL (ACCORD)	-	09244	0.0725	APC (blood and non-blood products)	\$4.24	-	-	-	-	000	999	-
J9198	K	INJ. INFUGEM, 100 MG	-	09387	0.6898	APC (blood and non-blood products)	\$40.28	-	-	-	-	000	999	-
J9200	K	FLOXURIDINE INJECTION	-	00827	63.8560	APC (blood and non-blood products)	\$3,728.55	-	-	-	-	000	999	-
J9201	N	IN GEMCITABINE HCL NOS 200MG	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J9202	K	GOSERELIN ACETATE IMPLANT	-	00810	10.2644	APC (blood and non-blood products)	\$599.34	-	-	-	-	000	999	-
J9203	K	GEMTUZUMAB OZOGAMICIN 0.1 MG	-	09495	3.8753	APC (blood and non-blood products)	\$226.28	-	-	-	-	000	999	-
J9204	K	INJ MOGAMULIZUMAB-KPKC, 1 MG	-	09182	4.0104	APC (blood and non-blood products)	\$234.17	-	-	-	-	000	999	-
J9205	K	INJ IRINOTECAN LIPOSOME 1 MG	-	09474	1.0865	APC (blood and non-blood products)	\$63.44	-	-	-	-	000	999	-
J9206	N	IRINOTECAN INJECTION	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J9207	K	IXABEPILONE INJECTION	-	09240	2.1835	APC (blood and non-blood products)	\$127.50	-	-	-	-	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	6.2489	APC (blood and non-blood products)	\$364.87	-	-	-	-	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	-

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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Passport	Min Age	Max Age	Comments
								Hospital Lab Fees	Prior Auth. Required				
J9214	K	INTERFERON ALFA-2B INJ	-	00836 0.5579	APC (blood and non-blood products)	\$32.57	-	-	-	-	000	999	-
J9215	E	INTERFERON ALFA-N3 INJ	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J9216	E	INTERFERON GAMMA 1-B INJ	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J9217	K	LEUPROLIDE ACETATE SUSPNSION	-	09217 3.1797	APC (blood and non-blood products)	\$185.66	-	-	-	-	000	999	-
J9218	K	LEUPROLIDE ACETATE INJECTON	-	09047 0.1888	APC (blood and non-blood products)	\$11.02	-	-	-	-	000	999	-
J9219	E	LEUPROLIDE ACETATE IMPLANT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J9223	K	INJ. LURBINECTEDIN, 0.1 MG	-	09389 3.4171	APC (blood and non-blood products)	\$199.52	-	-	-	-	000	999	-
J9225	K	VANTAS IMPLANT	-	01711 88.4791	APC (blood and non-blood products)	\$5,166.29	-	-	-	-	000	999	-
J9226	K	SUPPRELIN LA IMPLANT	-	01142 763.4655	APC (blood and non-blood products)	\$44,578.75	-	-	Y	-	000	999	-
J9227	K	INJ. ISATUXIMAB-IRFC 10 MG	-	09377 1.3088	APC (blood and non-blood products)	\$76.42	-	-	-	-	000	999	-
J9228	K	IPILIMUMAB INJECTION	-	09284 2.9579	APC (blood and non-blood products)	\$172.71	-	-	-	-	018	999	-
J9229	K	INJ INOTUZUMAB OZOGAM 0.1 MG	-	09028 44.1881	APC (blood and non-blood products)	\$2,580.15	-	-	-	-	000	999	-
J9230	N	MECHLORETHAMINE HCL INJ	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J9245	K	INJ MELPHA HYDROCH NOS 50 MG	-	00840 2.8731	APC (blood and non-blood products)	\$167.76	-	-	-	-	000	999	-
J9246	K	INJ., EVOMELA, 1 MG	-	09375 0.2892	APC (blood and non-blood products)	\$16.89	-	-	-	-	006	999	-
J9247	G	INJ, MELPHALAN FLUFENAMI 1MG	-	09417 7.3112	APC – pays by fee schedule amount	\$426.90	-	-	-	-	000	999	-
J9255	E	INJ, METHOTREXATE (ACCORD)	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J9258	E	PACLITAXEL (TEVA)	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J9259	K	PACLITAXEL (AMERICAN REGENT)	-	09152 0.2594	APC (blood and non-blood products)	\$15.14	-	-	-	-	000	999	-
J9260	N	INJ METHOTREXATE SODIUM 50MG	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J9261	K	NELARABINE INJECTION	-	00825 1.7456	APC (blood and non-blood products)	\$101.93	-	-	-	-	000	999	-
J9262	K	INJ, OMACETAXINE MEP, 0.01MG	-	09297 0.0677	APC (blood and non-blood products)	\$3.95	-	-	-	-	000	999	-
J9263	N	OXALIPLATIN	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J9264	K	PACLITAXEL PROTEIN BOUND	-	01712 0.2349	APC (blood and non-blood products)	\$13.71	-	-	-	-	000	999	-
J9266	K	PEGASPARGASE INJECTION	-	00843 441.5389	APC (blood and non-blood products)	\$25,781.46	-	-	-	-	000	999	-
J9267	N	PACLITAXEL INJECTION	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
J9268	K	PENTOSTATIN INJECTION	-	00844 40.0021	APC (blood and non-blood products)	\$2,335.72	-	-	-	-	000	999	-
J9269	K	INJ. TAGRAXOFUSP-ERZS 10 MCG	-	09309 5.5943	APC (blood and non-blood products)	\$326.65	-	-	-	-	000	999	-
J9270	E	PLICAMYCIN (MITHRAMYCIN) INJ	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J9271	K	INJ PEMBROLIZUMAB	-	01490 0.9815	APC (blood and non-blood products)	\$57.31	-	-	-	-	000	999	-
J9272	G	INJ, DOSTARLIMAB-GXLY, 10 MG	-	09431 3.9828	APC – pays by fee schedule amount	\$232.55	-	-	-	-	000	999	-
J9273	G	INJ TISOTU VEDOTIN-TFTV, 1MG	-	09204 2.9936	APC – pays by fee schedule amount	\$174.80	-	-	-	-	000	999	-
J9274	G	INJ, TEBENTAFUSP-TEBN, 1 MCG	-	09446 3.5781	APC – pays by fee schedule amount	\$208.93	-	-	-	-	000	999	-
J9280	K	MITOMYCIN INJECTION	-	01232 1.1480	APC (blood and non-blood products)	\$67.03	-	-	-	-	000	999	-
J9281	K	MITOMYCIN INSTILLATION	-	09374 5.1480	APC (blood and non-blood products)	\$300.59	-	-	-	-	000	999	-
J9285	E	INJ, OLARATUMAB, 10 MG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
J9286	G	INJ GLOFITAMAB GXBM, 2.5 MG	-	00720 46.3650	APC – pays by fee schedule amount	\$2,707.25	-	-	-	-	000	999	-
J9293	K	MITOXANTRONE HYDROCHL / 5 MG	-	00864 0.7308	APC (blood and non-blood products)	\$42.67	-	-	-	-	000	999	-
J9294	K	INJ PEMETREXED, HOSPIRA 10MG	-	09123 0.0619	APC (blood and non-blood products)	\$3.62	-	-	-	-	000	999	-
J9295	K	INJECTION, NECITUMUMAB, 1 MG	-	09475 0.0983	APC (blood and non-blood products)	\$5.74	-	-	-	-	000	999	-
J9296	K	INJ PEMETREXED (ACCORD) 10MG	-	09127 0.1654	APC (blood and non-blood products)	\$9.66	-	-	-	-	000	999	-
J9297	K	INJ PEMETREXED (SANDOZ) 10MG	-	09128 0.0243	APC (blood and non-blood products)	\$1.42	-	-	-	-	000	999	-
J9298	G	INJ NIVOL RELATLIMAB 3MG/1MG	-	09057 3.2027	APC – pays by fee schedule amount	\$187.00	-	-	-	-	000	999	-
J9299	K	INJECTION, NIVOLUMAB	-	09453 0.5325	APC (blood and non-blood products)	\$31.09	-	-	-	-	000	999	-
J9301	K	OBINUTUZUMAB INJ	-	01476 1.2025	APC (blood and non-blood products)	\$70.22	-	-	-	-	000	999	-
J9302	K	OFATUMUMAB INJECTION	-	09260 1.0953	APC (blood and non-blood products)	\$63.96	-	-	-	-	000	999	-
J9303	K	PANITUMUMAB INJECTION	-	09235 2.5901	APC (blood and non-blood products)	\$151.24	-	-	-	-	000	999	-
J9304	G	INJ. PEMETREXED, 10 MG	-	09442 1.0803	APC – pays by fee schedule amount	\$63.08	-	-	-	-	000	999	-
J9305	K	INJ. PEMETREXED NOS 10MG	-	09213 0.0680	APC (blood and non-blood products)	\$3.97	-	-	-	Y	000	999	-
J9306	K	INJECTION, PERTUZUMAB, 1 MG	-	01471 0.2641	APC (blood and non-blood products)	\$15.42	-	-	-	-	000	999	-
J9307	K	PRALATREXATE INJECTION	-	09259 5.1255	APC (blood and non-blood products)	\$299.28	-	-	-	-	000	999	-
J9308	K	INJECTION, RAMUCIRUMAB	-	01488 1.1929	APC (blood and non-blood products)	\$69.65	-	-	-	-	000	999	-
J9309	K	INJ, POLATUZUMAB VEDOTIN 1MG	-	09331 2.1242	APC (blood and non-blood products)	\$124.03	-	-	-	-	000	999	-
J9311	K	INJ RITUXIMAB, HYALURONIDASE	-	09467 0.6378	APC (blood and non-blood products)	\$37.24	-	-	-	-	000	999	-
J9312	K	INJ., RITUXIMAB, 10 MG	-	09186 1.3508	APC (blood and non-blood products)	\$78.87	-	-	-	-	000	999	-
J9313	K	INJ., LUMOXITI, 0.01 MG	-	09305 0.4007	APC (blood and non-blood products)	\$23.39	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments	
								Hospital Lab Fees	Prior Auth. Required				
J9314	K	INJ PEMETREXED (TEVA) 10MG	-	09105	0.1706	APC (blood and non-blood products)	\$9.96	-	-	-	000	999	-
J9316	K	PERTUZU, TRASTUZU, 10 MG	-	09390	1.1188	APC (blood and non-blood products)	\$65.32	-	-	-	000	999	-
J9317	K	SACITUZUMAB GOVITECAN-HZIY	-	09376	0.5841	APC (blood and non-blood products)	\$34.10	-	-	-	000	999	-
J9318	K	INJ ROMIDEPSIN NON-LYO 0.1MG	-	09428	0.5807	APC (blood and non-blood products)	\$33.91	-	-	-	000	999	-
J9319	E	INJ ROMIDEPSIN LYOPHIL 0.1MG	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
J9320	K	STREPTOZOCIN INJECTION	-	00850	6.3399	APC (blood and non-blood products)	\$370.18	-	-	-	000	999	-
J9321	G	INJ EPCORITAMAB-BYSP 0.16 MG	-	09250	0.9210	APC – pays by fee schedule amount	\$53.78	-	-	-	000	999	-
J9322	E	INJ PEMETREXED (BLUEPOINT)	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
J9323	K	INJ PEMETREXED DITROMETHAMIN	-	09156	0.1771	APC (blood and non-blood products)	\$10.34	-	-	-	000	999	-
J9324	E	INJ, PEMRYDI RTU, 10 MG	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
J9325	K	INJ TALIMOGENE LAHERPAREPVEC	-	09472	1.1441	APC (blood and non-blood products)	\$66.80	-	-	-	000	999	-
J9328	K	TEMOZOLOMIDE INJECTION	-	09253	0.1781	APC (blood and non-blood products)	\$10.40	-	-	-	000	999	-
J9330	K	TEMSIROLIMUS INJECTION	-	01168	0.4943	APC (blood and non-blood products)	\$28.86	-	-	-	018	999	-
J9331	G	INJ SIROLIMUS PROT PART 1 MG	-	09241	1.8717	APC – pays by fee schedule amount	\$109.29	-	-	-	000	999	-
J9332	G	INJ EFGARTIGIMOD 2MG	-	09010	0.5492	APC – pays by fee schedule amount	\$32.07	-	-	-	000	999	-
J9333	G	INJ RONZANOLIXIZUM-NOLI 1 MG	-	00721	0.3914	APC – pays by fee schedule amount	\$22.85	-	-	-	000	999	-
J9334	K	INJ EFGART-ALFA 2MG HYA-QVFC	-	00723	0.5680	APC (blood and non-blood products)	\$33.17	-	-	-	000	999	-
J9340	K	THIOTEPA INJECTION	-	00851	3.9110	APC (blood and non-blood products)	\$228.36	-	-	-	000	999	-
J9345	K	INJ, RETIFANLIMAB-DLWR, 1 MG	-	09280	0.5052	APC (blood and non-blood products)	\$29.50	-	-	-	000	999	-
J9347	G	INJ, TREMELIMUMAB-ACTL, 1 MG	-	09110	2.3248	APC – pays by fee schedule amount	\$135.75	-	-	-	000	999	-
J9348	G	INJ. NAXITAMAB-GQGK, 1 MG	-	09408	10.4475	APC – pays by fee schedule amount	\$610.03	-	-	-	000	999	-
J9349	K	INJ., TAFASITAMAB-CXIX	-	09385	0.2325	APC (blood and non-blood products)	\$13.58	-	-	-	000	999	-
J9350	G	INJ MOSUNETUZUMAB-AXGB, 1 MG	-	09150	10.7749	APC – pays by fee schedule amount	\$629.15	-	-	-	000	999	-
J9351	N	TOPOTECAN INJECTION	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
J9352	K	INJECTION TRABECTEDIN 0.1MG	-	09480	5.7953	APC (blood and non-blood products)	\$338.39	-	-	-	000	999	-
J9353	G	INJ. MARGETUXIMAB-CMKB, 5 MG	-	09418	0.8055	APC – pays by fee schedule amount	\$47.04	-	-	-	000	999	-
J9354	K	INJ, ADO-TRASTUZUMAB EMT 1MG	-	09131	0.6583	APC (blood and non-blood products)	\$38.44	-	-	-	000	999	-
J9355	K	INJ TRASTUZUMAB EXCL BIOSIMI	-	01613	1.3709	APC (blood and non-blood products)	\$80.05	-	-	-	000	999	-
J9356	K	INJ. HERCEPTIN HYLECTA, 10MG	-	09314	1.1291	APC (blood and non-blood products)	\$65.93	-	-	-	005	999	-
J9357	K	VALRUBICIN INJECTION	-	01235	23.0808	APC (blood and non-blood products)	\$1,347.69	-	-	-	000	999	-
J9358	K	INJ FAM-TRASTU DERU-NXKI 1MG	-	09353	0.4670	APC (blood and non-blood products)	\$27.27	-	-	-	000	999	-
J9359	G	INJ LON TESIRIN-LPYL 0.075MG	-	09205	3.4337	APC – pays by fee schedule amount	\$200.49	-	-	-	000	999	-
J9360	N	VINBLASTINE SULFATE INJ	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
J9370	N	VINCRISTINE SULFATE 1 MG INJ	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
J9371	K	INJ, VINCRISTINE SUL LIP 1MG	-	01466	58.5850	APC (blood and non-blood products)	\$3,420.78	-	-	-	000	999	-
J9380	G	INJ TECLISTAMAB CQYV 0.5 MG	-	09111	0.5268	APC – pays by fee schedule amount	\$30.76	-	-	-	000	999	-
J9381	G	INJ TEPLIZUMAB MZVV 5 MCG	-	09112	0.6231	APC – pays by fee schedule amount	\$36.38	-	-	-	000	999	-
J9390	N	VINORELBINE TARTRATE INJ	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
J9393	K	INJ, FULVESTRANT (TEVA)	-	09102	0.3631	APC (blood and non-blood products)	\$21.20	-	-	-	000	999	-
J9394	K	INJ, FULVESTRANT (FRESENIUS)	-	09103	0.0905	APC (blood and non-blood products)	\$5.29	-	-	-	000	999	-
J9395	K	INJECTION, FULVESTRANT	-	09120	0.1399	APC (blood and non-blood products)	\$8.17	-	-	-	000	999	-
J9400	K	INJ, ZIV-AFLIBERCEPT, 1MG	-	09296	0.1144	APC (blood and non-blood products)	\$6.68	-	-	-	000	999	-
J9600	K	PORFIMER SODIUM INJECTION	-	00856	396.8238	APC (blood and non-blood products)	\$23,170.54	-	-	-	000	999	-
J9999	N	CHEMOTHERAPY DRUG	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
K0001	E	STANDARD WHEELCHAIR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
K0002	E	STND HEMI (LOW SEAT) WHLCHR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
K0003	E	LIGHTWEIGHT WHEELCHAIR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
K0004	E	HIGH STRENGTH LTWT WHLCHR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
K0005	E	ULTRALIGHTWEIGHT WHEELCHAIR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
K0006	E	HEAVY DUTY WHEELCHAIR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
K0007	E	EXTRA HEAVY DUTY WHEELCHAIR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
K0008	E	CSTM MANUAL WHEELCHAIR/BASE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
K0009	E	OTHER MANUAL WHEELCHAIR/BASE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
K0010	E	STND WT FRAME POWER WHLCHR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
K0011	E	STND WT PWR WHLCHR W CONTROL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
K0012	E	LTWT PORTBL POWER WHLCHR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-

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April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab	Hospital Lab					
K0013	E	CUSTOM POWER WHLCHR BASE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0014	E	OTHER POWER WHLCHR BASE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0015	E	DETACH NON-ADJ HT ARMREST	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0017	E	DETACH ADJUST ARMREST BASE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0018	E	DETACH ADJUST ARMREST UPPER	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0019	E	ARM PAD REPL, EACH	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0020	E	FIXED ADJUST ARMREST PAIR	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0037	E	HI MOUNT FLIP-UP FOOTREST EA	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0038	E	LEG STRAP EACH	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0039	E	LEG STRAP H STYLE EACH	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0040	E	ADJUSTABLE ANGLE FOOTPLATE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0041	E	LARGE SIZE FOOTPLATE EACH	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0042	E	STANDARD SIZE FTPLATE REP EA	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0043	E	FTRST LOWR EXTEN TUBE REP EA	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0044	E	FTRST UPR HANGER BRAC REP EA	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0045	E	FTRST COMPL ASSEMBLY REPL EA	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0046	E	ELEV LGRST LWR EXTEN REPL EA	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0047	E	ELEV LEGRST UPR HANGR REP EA	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0050	E	RATCHET ASSEMBLY REPLACEMENT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0051	E	CAM REL ASM FT/LEGRST REP EA	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0052	E	SWINGAWAY DETACH FTREST REPL	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0053	E	ELEVATE FOOTREST ARTICULATE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0056	E	SEAT HT <17 OR >=21 LTWT WC	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0065	E	SPOKE PROTECTORS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0069	E	RR WHL COMPL SOL TIRE REP EA	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0070	E	RR WHL COMPL PNE TIRE REP EA	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0071	E	FR CSTR COMP PNE TIRE REP EA	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0072	E	FR CSTR SEMI-PNE TIRE REP EA	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0073	E	CASTER PIN LOCK EACH	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0077	E	FR CSTR ASMB SOL TIRE REP EA	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0098	E	DRIVE BELT FOR PWC, REPL	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0105	E	IV HANGER	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0108	E	W/C COMPONENT-ACCESSORY NOS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0195	E	ELEVATING WHLCHAIR LEG RESTS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0455	E	PUMP UNINTERRUPTED INFUSION	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
K0462	E	TEMPORARY REPLACEMENT EQPMNT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
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	-

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  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
K0744	E	ABSORP DRG <= 16 SUC PUMP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0745	E	ABSORP DRG >16<=48 SUC PUMP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0746	E	ABSORP DRG >48 SUC PUMP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0800	E	POV GROUP 1 STD UP TO 300LBS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0801	E	POV GROUP 1 HD 301-450 LBS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0802	E	POV GROUP 1 VHD 451-600 LBS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0806	E	POV GROUP 2 STD UP TO 300LBS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0807	E	POV GROUP 2 HD 301-450 LBS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0808	E	POV GROUP 2 VHD 451-600 LBS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0812	E	POWER OPERATED VEHICLE NOC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0813	E	PWC GP 1 STD PORT SEAT/BACK	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0814	E	PWC GP 1 STD PORT CAP CHAIR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0815	E	PWC GP 1 STD SEAT/BACK	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0816	E	PWC GP 1 STD CAP CHAIR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0820	E	PWC GP 2 STD PORT SEAT/BACK	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0821	E	PWC GP 2 STD PORT CAP CHAIR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0822	E	PWC GP 2 STD SEAT/BACK	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0823	E	PWC GP 2 STD CAP CHAIR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0824	E	PWC GP 2 HD SEAT/BACK	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0825	E	PWC GP 2 HD CAP CHAIR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0826	E	PWC GP 2 VHD SEAT/BACK	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0827	E	PWC GP VHD CAP CHAIR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0828	E	PWC GP 2 XTRA HD SEAT/BACK	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0829	E	PWC GP 2 XTRA HD CAP CHAIR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0830	E	PWC GP2 STD SEAT ELEVATE S/B	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0831	E	PWC GP2 STD SEAT ELEVATE CAP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0835	E	PWC GP2 STD SING POW OPT S/B	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0836	E	PWC GP2 STD SING POW OPT CAP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0837	E	PWC GP 2 HD SING POW OPT S/B	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0838	E	PWC GP 2 HD SING POW OPT CAP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0839	E	PWC GP2 VHD SING POW OPT S/B	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0840	E	PWC GP2 XHD SING POW OPT S/B	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0841	E	PWC GP2 STD MULT POW OPT S/B	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0842	E	PWC GP2 STD MULT POW OPT CAP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
K0843	E	PWC GP2 HD MULT POW OPT S/B	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
								Hospital Lab	Prior Auth. Required			
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	-
K1004	E	LO FREQ US DIATHERMY DEVICE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
K1007	E	BIL HKAF PC S/D MICRO SENSOR	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
K1027	E	ORAL DEV WITHOUT FIX MECH	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
K1030	E	EXT RECHARGE BAT REPLACEMENT	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
K1034	E	COVID TEST SELF-ADMN/COLLECT	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
K1035	E	MOL DIAG READER SELF-ADMN	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
K1036	E	SUPPLIES FOR ULTRA DIATHERM	-	-	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	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
L0492	E	TLSO 3 PIECE RIGID SHELL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0621	E	SIO FLEX PELVIC/SACR PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0622	E	SIO FLEX PELVISACRAL CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0623	E	SIO RIG PNL PELV/SAC PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0624	E	SIO PANEL CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0625	E	LO FLEX L1-BELOW L5 PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0626	E	LO SAG RIG PNL STAYS PRE CST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0627	E	LO SAG RI AN/POS PNL PRE CST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0628	E	LSO FLEX NO RI STAYS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0629	E	LSO FLEX W/RIGID STAYS CUST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0630	E	LSO R POST PNL SJ-T9 PRE CST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0631	E	LSO SAG R AN/POS PNL PRE CST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0632	E	LSO SAG RIGID FRAME CUST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0633	E	LSO SC R POS/LAT PNL PRE CST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0634	E	LSO FLEXION CONTROL CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0635	E	LSO SAGIT RIGID PANEL PREFAB	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0636	E	LSO SAGITTAL RIGID PANEL CUS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0637	E	LSO SC R ANT/POS PNL PRE CST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0638	E	LSO SAG-CORONAL PANEL CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0639	E	LSO S/C SHELL/PANEL PREFAB	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0640	E	LSO S/C SHELL/PANEL CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0641	E	LO RIG POS PNL L1-L5 PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0642	E	LO SAG RI AN/POS PNL PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0643	E	LSO SAG CTR RIGI POS PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0648	E	LSO SAG R AN/POS PNL PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0649	E	LSO SC R POS/LAT PNL PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0650	E	LSO SC R ANT/POS PNL PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0651	E	LSO SAG-CO SHELL PNL PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L0700	E	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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
								Hospital Lab	Prior Auth. Required			
L1085	E	OUTRIGGER BIL W/ VERT EXTENS	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1090	E	LUMBAR SLING	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1100	E	RING FLANGE PLASTIC/LEATHER	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1110	E	RING FLANGE PLAS/LEATHER MOL	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1120	E	COVERS FOR UPRIGHT EACH	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1200	E	FURNISH INITIAL ORTHOSIS ONLY	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1210	E	LATERAL THORACIC EXTENSION	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1220	E	ANTERIOR THORACIC EXTENSION	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1230	E	MILWAUKEE TYPE SUPERSTRUCTUR	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1240	E	LUMBAR DEROTATION PAD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1250	E	ANTERIOR ASIS PAD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1260	E	ANTERIOR THORACIC DEROTATION	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1270	E	ABDOMINAL PAD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1280	E	RIB GUSSET (ELASTIC) EACH	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1290	E	LATERAL TROCHANTERIC PAD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1300	E	BODY JACKET MOLD TO PATIENT	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1310	E	POST-OPERATIVE BODY JACKET	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1499	E	SPINAL ORTHOSIS NOS	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1600	E	HO FLEX FREJKA W/COV PRE CST	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1610	E	HO FREJKA COV ONLY PRE CST	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1620	E	HO FLEX PAVLIK HARNS PRE CST	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1630	E	ABDUCT CONTROL HIP SEMI-FLEX	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1640	E	PELV BAND/SPREAD BAR THIGH C	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1650	E	HO ABDUCTION HIP ADJUSTABLE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1652	E	HO BI THIGHCUFFS W SPRDR BAR	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1660	E	HO ABDUCTION STATIC PLASTIC	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1680	E	PELVIC & HIP CONTROL THIGH C	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1681	E	HO BILATERAL HIP ABDUCTION	-	-	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	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab	Hospital Lab			
L1900	E	AFO SPRNG WIR DRSFLX CALF BD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1902	E	AFO ANKLE GAUNTLET PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1904	E	AFO MOLDED ANKLE GAUNTLET	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1906	E	AFO MULTILIG ANK SUP PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1907	E	AFO SUPRAMALLEOLAR CUSTOM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1910	E	AFO SING BAR CLASP ATTACH SH	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1920	E	AFO SING UPRIGHT W/ ADJUST S	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1930	E	AFO PLASTIC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1932	E	AFO RIG ANT TIB PREFAB TCF/=	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1940	E	AFO MOLDED TO PATIENT PLASTI	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1945	E	AFO MOLDED PLAS RIG ANT TIB	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1950	E	AFO SPIRAL MOLDED TO PT PLAS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1951	E	AFO SPIRAL PREFABRICATED	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1960	E	AFO POS SOLID ANK PLASTIC MO	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1970	E	AFO PLASTIC MOLDED W/ANKLE J	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1971	E	AFO W/ANKLE JOINT, PREFAB	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1980	E	AFO SING SOLID STIRRUP CALF	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L1990	E	AFO DOUB SOLID STIRRUP CALF	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2000	E	KAFO SING FRE STIRR TH/CALF	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2005	E	KAFO SNG/DBL MECHANICAL ACT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2006	E	KAF SNG/DBL SWG/STN MCPR CUS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2010	E	KAFO SNG SOLID STIRRUP W/O J	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2020	E	KAFO DBL SOLID STIRRUP BAND/	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2030	E	KAFO DBL SOLID STIRRUP W/O J	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2034	E	KAFO PLA SIN UP W/WO K/A CUS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2035	E	KAFO PLASTIC PEDIATRIC SIZE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2036	E	KAFO PLAS DOUB FREE KNEE MOL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2037	E	KAFO PLAS SING FREE KNEE MOL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2038	E	KAFO W/O JOINT MULTI-AXIS AN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2040	E	HKAFO TORSION BIL ROT STRAPS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2050	E	HKAFO TORSION CABLE HIP PELV	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2060	E	HKAFO TORSION BALL BEARING J	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2070	E	HKAFO TORSION UNILAT ROT STR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2080	E	HKAFO UNILAT TORSION CABLE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2090	E	HKAFO UNILAT TORSION BALL BR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2106	E	AFO TIB FX CAST PLASTER MOLD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2108	E	AFO TIB FX CAST MOLDED TO PT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2112	E	AFO TIBIAL FRACTURE SOFT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2114	E	AFO TIB FX SEMI-RIGID	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2116	E	AFO TIBIAL FRACTURE RIGID	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2126	E	KAFO FEM FX CAST THERMOPLAS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2128	E	KAFO FEM FX CAST MOLDED TO P	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2132	E	KAFO FEMORAL FX CAST SOFT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2134	E	KAFO FEM FX CAST SEMI-RIGID	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2136	E	KAFO FEMORAL FX CAST RIGID	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2180	E	PLAS SHOE INSERT W ANK JOINT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2182	E	DROP LOCK KNEE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2184	E	LIMITED MOTION KNEE JOINT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2186	E	ADJ MOTION KNEE JNT LERMAN T	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2188	E	QUADRILATERAL BRIM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2190	E	WAIST BELT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2192	E	PELVIC BAND & BELT THIGH FLA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2200	E	LIMITED ANKLE MOTION EA JNT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2210	E	DORSIFLEXION ASSIST EACH JOI	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2220	E	DORSI & PLANTAR FLEX ASS/RES	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L2230	E	SPLIT FLAT CALIPER STIRR & P	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-

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Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
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/SCHIA WGT BEARING	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2510	E	TH/WGHT BEAR QUAD-LAT BRIM M	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2520	E	TH/WGHT BEAR QUAD-LAT BRIM C	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2525	E	TH/WGHT BEAR NAR M-L BRIM MO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2526	E	TH/WGHT BEAR NAR M-L BRIM CU	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2530	E	THIGH/WGHT BEAR LACER NON-MO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2540	E	THIGH/WGHT BEAR LACER MOLDED	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2550	E	THIGH/WGHT BEAR HIGH ROLL CU	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2570	E	HIP CLEVIS TYPE 2 POSIT JNT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2580	E	PELVIC CONTROL PELVIC SLING	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2600	E	HIP CLEVIS/THRUST BEARING FR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2610	E	HIP CLEVIS/THRUST BEARING LO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2620	E	PELVIC CONTROL HIP HEAVY DUT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2622	E	HIP JOINT ADJUSTABLE FLEXION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2624	E	HIP ADJ FLEX EXT ABDUCT CONT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2627	E	PLASTIC MOLD RECIPRO HIP & C	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2628	E	METAL FRAME RECIPRO HIP & CA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2630	E	PELVIC CONTROL BAND & BELT U	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2640	E	PELVIC CONTROL BAND & BELT B	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2650	E	PELV & THOR CONTROL GLUTEAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2660	E	THORACIC CONTROL THORACIC BA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2670	E	THORAC CONT PARASPINAL UPRI	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2680	E	THORAC CONT LAT SUPPORT UPRI	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2750	E	PLATING CHROME/NICKEL PR BAR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2755	E	CARBON GRAPHITE LAMINATION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2760	E	EXTENSION PER EXTENSION PER	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L2768	E	ORTHO SIDEBAR DISCONNECT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
								Prior Auth. Required	Passport			
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	-
L3161	E	FOOT, ADDUCTUS POSITION, ADJ	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L3170	E	FOOT PLAS HEEL STABI PRE OTS	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L3201	E	OXFORD W SUPINAT/PRONAT INF	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L3202	E	OXFORD W/ SUPINAT/PRONATOR C	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L3203	E	OXFORD W/ SUPINATOR/PRONATOR	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L3204	E	HIGHTOP W/ SUPP/PRONATOR INF	-	-	Not Allowed	\$0.00	-	-	-	000	001	-
L3206	E	HIGHTOP W/ SUPP/PRONATOR CHI	-	-	Not Allowed	\$0.00	-	-	-	000	005	-
L3207	E	HIGHTOP W/ SUPP/PRONATOR JUN	-	-	Not Allowed	\$0.00	-	-	-	000	019	-
L3208	E	SURGICAL BOOT EACH INFANT	-	-	Not Allowed	\$0.00	-	-	-	000	001	-
L3209	E	SURGICAL BOOT EACH CHILD	-	-	Not Allowed	\$0.00	-	-	-	000	005	-
L3211	E	SURGICAL BOOT EACH JUNIOR	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L3212	E	BENESCH BOOT PAIR INFANT	-	-	Not Allowed	\$0.00	-	-	-	000	001	-
L3213	E	BENESCH BOOT PAIR CHILD	-	-	Not Allowed	\$0.00	-	-	-	000	005	-
L3214	E	BENESCH BOOT PAIR JUNIOR	-	-	Not Allowed	\$0.00	-	-	-	000	019	-
L3215	E	ORTHOPEDIC FTWEAR LADIES OXF	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L3216	E	ORTHOPED LADIES SHOES DPTH I	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L3217	E	LADIES SHOES HIGHTOP DEPTH I	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L3219	E	ORTHOPEDIC MENS SHOES OXFORD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L3221	E	ORTHOPEDIC MENS SHOES DPTH I	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L3222	E	MENS SHOES HIGHTOP DEPTH INL	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L3224	E	WOMAN'S SHOE OXFORD BRACE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L3225	E	MAN'S SHOE OXFORD BRACE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L3230	E	CUSTOM SHOES DEPTH INLAY	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L3250	E	CUSTOM MOLD SHOE REMOV PROST	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L3251	E	SHOE MOLDED TO PT SILICONE S	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L3252	E	SHOE MOLDED PLASTAZOTE CUST	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L3253	E	SHOE MOLDED PLASTAZOTE CUST	-	-	Not Allowed	\$0.00	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
								Hospital Lab	Prior Auth. Required			
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	-

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Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
L3720	E	FOREARM/ARM CUFFS FREE MOTIO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3730	E	FOREARM/ARM CUFFS EXT/FLEX A	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3740	E	CUFFS ADJ LOCK W/ ACTIVE CON	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3760	E	EO ADJ JT PREFAB CUSTOM FIT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3761	E	EO, ADJ LOCK JOINT PREFAB OT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3762	E	EO RIGID W/O JOINTS PRE OTS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3763	E	EWHO RIGID W/O JNTS CF	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3764	E	EWHO W/JOINT(S) CF	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3765	E	EWHFO RIGID W/O JNTS CF	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3766	E	EWHFO W/JOINT(S) CF	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3806	E	WHFO W/JOINT(S) CUSTOM FAB	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3807	E	WHFO W/O JOINTS PRE CST	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3808	E	WHFO, RIGID W/O JOINTS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3809	E	WHFO W/O JOINTS PRE OTS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3891	E	TORSION MECHANISM WRIST/ELBO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3900	E	HINGE EXTENSION/FLEX WRIST/F	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3901	E	HINGE EXT/FLEX WRIST FINGER	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3904	E	WHFO ELECTRIC CUSTOM FITTED	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3905	E	WHO W/NONTORSION JNT(S) CF	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3906	E	WHO W/O JOINTS CF	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3908	E	WHO COCK-UP NONMOLDE PRE OTS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3912	E	HFO FLEXION GLOVE PRE OTS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3913	E	HFO W/O JOINTS CF	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3915	E	WHO NONTORSION JNTS PRE CST	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3916	E	WHO NONTORSION JNTS PRE OTS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3917	E	METACARP FX ORTHOSIS PRE CST	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3918	E	METACARP FX ORTHOSIS PRE OTS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3919	E	HO W/O JOINTS CF	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3921	E	HFO W/JOINT(S) CF	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3923	E	HFO WITHOUT JOINTS PRE CST	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3924	E	HFO WITHOUT JOINTS PRE OTS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3925	E	FO PIP DIP JNT/SPRNG PRE OTS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3927	E	FO PIP DIP NO JT SPR PRE OTS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3929	E	HFO NONTORSION JNTS PRE CST	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3930	E	HFO NONTORSION JNTS PRE OTS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3931	E	WHFO NONTORSION JOINT PREFAB	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3933	E	FO W/O JOINTS CF	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3935	E	FO NONTORSION JOINT CF	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3956	E	ADD JOINT UPPER EXT ORTHOSIS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3960	E	SEWHO AIRPLAN DESIG ABDU POS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L3961	E	SEWHO CAP DESIGN W/O JNTS CF	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
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	-

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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
L4002	E	REPLACE STRAP, ANY ORTHOSIS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4010	E	REPLACE TRILATERAL SOCKET BR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4020	E	REPLACE QUADLAT SOCKET BRIM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4030	E	REPLACE SOCKET BRIM CUST FIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4040	E	REPLACE MOLDED THIGH LACER	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4045	E	REPLACE NON-MOLDED THIGH LAC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4050	E	REPLACE MOLDED CALF LACER	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4055	E	REPLACE NON-MOLDED CALF LACE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4060	E	REPLACE HIGH ROLL CUFF	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4070	E	REPLACE PROX & DIST UPRIGHT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4080	E	REPL MET BAND KAFO-AFO PROX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4090	E	REPL MET BAND KAFO-AFO CALF/	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4100	E	REPL LEATH CUFF KAFO PROX TH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4110	E	REPL LEATH CUFF KAFO-AFO CAL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4130	E	REPLACE PRETIBIAL SHELL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4205	E	ORTHO DVC REPAIR PER 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4210	E	ORTH DEV REPAIR/REPL MINOR P	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4350	E	ANKLE CONTROL ORTHO PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4360	E	PNEUMAT WALKING BOOT PRE CST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4361	E	PNEUMA/VAC WALK BOOT PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4370	E	PNEUM FULL LEG SPLNT PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4386	E	NON-PNEUM WALK BOOT PRE CST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4387	E	NON-PNEUM WALK BOOT PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4392	E	REPLACE AFO SOFT INTERFACE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4394	E	REPLACE FOOT DROP SPINT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4396	E	STATIC OR DYNAMI AFO PRE CST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4397	E	STATIC OR DYNAMI AFO PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4398	E	FOOT DROP SPLINT PRE OTS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L4631	E	AFO, WALK BOOT TYPE, CUS FAB	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L5000	E	SHO INSERT W ARCH TOE FILLER	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L5010	E	MOLD SOCKET ANK HGT W/ TOE F	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L5020	E	TIBIAL TUBERCLE HGT W/ TOE F	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L5050	E	ANK SYMES MOLD SCKT SACH FT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L5060	E	SYMES MET FR LEATH SOCKET AR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L5100	E	MOLDED SOCKET SHIN SACH FOOT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L5105	E	PLAST SOCKET JTS/THGH LACER	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L5150	E	MOLD SCKT EXT KNEE SHIN SACH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L5160	E	MOLD SOCKET BENT KNEE SHIN S	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L5200	E	KNE SING AXIS FRIC SHIN SACH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L5210	E	NO KNEE/ANKLE JOINTS W/ FT B	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L5220	E	NO KNEE JOINT WITH ARTIC ALI	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L5230	E	FEM FOCAL DEFIC CONSTANT FRI	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
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	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
								Prior Auth. Required	Passport			
L5500	E	INIT BK PTB PLASTER DIRECT	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5505	E	INIT AK ISCHAL PLSTR DIRECT	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5510	E	PREP BK PTB PLASTER MOLDED	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5520	E	PERP BK PTB THERMOPLS DIRECT	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5530	E	PREP BK PTB THERMOPLS MOLDED	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5535	E	PREP BK PTB OPEN END SOCKET	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5540	E	PREP BK PTB LAMINATED SOCKET	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5560	E	PREP AK ISCHIAL PLAST MOLDED	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5570	E	PREP AK ISCHIAL DIRECT FORM	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5580	E	PREP AK ISCHIAL THERMO MOLD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5585	E	PREP AK ISCHIAL OPEN END	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5590	E	PREP AK ISCHIAL LAMINATED	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5595	E	HIP DISARTIC SACH THERMOPLS	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5600	E	HIP DISART SACH LAMINAT MOLD	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5610	E	ABOVE KNEE HYDRACADENCE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5611	E	AK 4 BAR LINK W/FRIC SWING	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5613	E	AK 4 BAR LING W/HYDRAUL SWIG	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5614	E	4-BAR LINK ABOVE KNEE W/SWNG	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5615	E	AK 4 BAR LINK HYDL SWG/STANC	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5616	E	AK UNIV MULTIPLEX SYS FRICT	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5617	E	AK/BK SELF-ALIGNING UNIT EA	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5618	E	TEST SOCKET SYMES	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5620	E	TEST SOCKET BELOW KNEE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5622	E	TEST SOCKET KNEE DISARTICULA	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5624	E	TEST SOCKET ABOVE KNEE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5626	E	TEST SOCKET HIP DISARTICULAT	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5628	E	TEST SOCKET HEMIPELVECTOMY	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5629	E	BELOW KNEE ACRYLIC SOCKET	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5630	E	SYME TYP EXPANDABL WALL SCKT	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5631	E	AK/KNEE DISARTIC ACRYLIC SOC	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5632	E	SYMES TYPE PTB BRIM DESIGN S	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5634	E	SYMES TYPE POSTER OPENING SO	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5636	E	SYMES TYPE MEDIAL OPENING SO	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5637	E	BELOW KNEE TOTAL CONTACT	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5638	E	BELOW KNEE LEATHER SOCKET	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5639	E	BELOW KNEE WOOD SOCKET	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5640	E	KNEE DISARTICULAT LEATHER SO	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5642	E	ABOVE KNEE LEATHER SOCKET	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5643	E	HIP FLEX INNER SOCKET EXT FR	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5644	E	ABOVE KNEE WOOD SOCKET	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5645	E	BK FLEX INNER SOCKET EXT FRA	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5646	E	BELOW KNEE CUSHION SOCKET	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5647	E	BELOW KNEE SUCTION SOCKET	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5648	E	ABOVE KNEE CUSHION SOCKET	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5649	E	ISCH CONTAINMT/NARROW M-L SO	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5650	E	TOT CONTACT AK/KNEE DISART S	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5651	E	AK FLEX INNER SOCKET EXT FRA	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5652	E	SUCTION SUSP AK/KNEE DISART	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5653	E	KNEE DISART EXPAND WALL SOCK	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5654	E	SOCKET INSERT SYMES	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5655	E	SOCKET INSERT BELOW KNEE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5656	E	SOCKET INSERT KNEE ARTICULAT	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5658	E	SOCKET INSERT ABOVE KNEE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5661	E	MULTI-DUROMETER SYMES	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5665	E	MULTI-DUROMETER BELOW KNEE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5666	E	BELOW KNEE CUFF SUSPENSION	-	-	Not Allowed	\$0.00	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab	Prior Auth. Required			
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	KNEE-SHIN EXO SNG AXI MNL LOC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5711	E	KNEE-SHIN EXO MNL LOCK ULTRA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5712	E	KNEE-SHIN EXO FRICT SWG & ST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5714	E	KNEE-SHIN EXO VARIABLE FRICT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5716	E	KNEE-SHIN EXO MECH STANCE PH	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5718	E	KNEE-SHIN EXO FRCT SWG & STA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5722	E	KNEE-SHIN PNEUM SWG FRCT EXO	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5724	E	KNEE-SHIN EXO FLUID SWING PH	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5726	E	KNEE-SHIN EXT JNTS FLD SWG E	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5728	E	KNEE-SHIN FLUID SWG & STANCE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5780	E	KNEE-SHIN PNEUM/HYDRA PNEUM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5781	E	LOWER LIMB PROS VACUUM PUMP	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5782	E	HD LOW LIMB PROS VACUUM PUMP	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5785	E	EXOSKELETAL BK ULTRALT MATER	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5790	E	EXOSKELETAL AK ULTRA-LIGHT M	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5795	E	EXOSKEL HIP ULTRA-LIGHT MATE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5810	E	ENDOSKEL KNEE-SHIN MNL LOCK	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5811	E	ENDO KNEE-SHIN MNL LCK ULTRA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5812	E	ENDO KNEE-SHIN FRCT SWG & ST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5814	E	ENDO KNEE-SHIN HYDRAL SWG PH	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5816	E	ENDO KNEE-SHIN POLYC MCH STA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5818	E	ENDO KNEE-SHIN FRCT SWG & ST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5822	E	ENDO KNEE-SHIN PNEUM SWG FRC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-

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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab Fees	Prior Auth. Required			
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	-
L5926	E	ENDOSKEL POSIT ROTAT UNIT	-	-	-	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	-
L5991	E	LOW PROS EXT OSSEO CONNECTOR	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L5999	E	LOWR EXTREMITY PROSTHES NOS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L6000	E	PART HAND THUMB REM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L6010	E	PART HAND LITTLE/RING	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L6020	E	PART HAND NO FINGERS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L6025	E	PART HAND DISART MYOELECTRIC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L6026	E	PART HAND MYO EXCLU TERM DEV	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L6050	E	WRST MLD SCK FLX HNG TRI PAD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L6055	E	WRST MOLD SOCK W/EXP INTERFA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L6100	E	ELB MOLD SOCK FLEX HINGE PAD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L6110	E	ELBOW MOLD SOCK SUSPENSION T	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
								Prior Auth. Required	Passport			
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	-

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April 1, 2024**

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								Hospital Lab Fees	Prior Auth. Required			
L6670	E	HOOK TO HAND CABLE ADAPTER	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L6672	E	HARNESS CHEST/SHLDR SADDLE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L6675	E	HARNESS FIGURE OF 8 SING CON	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L6676	E	HARNESS FIGURE OF 8 DUAL CON	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L6677	E	UE TRIPLE CONTROL HARNESS	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L6680	E	TEST SOCK WRIST DISART/BEL E	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L6682	E	TEST SOCK ELBW DISART/ABOVE	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L6684	E	TEST SOCKET SHLDR DISART/THO	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
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	-

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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab		Prior Auth. Required	Passport	Min Age	Max Age	Comments
									Hospital Lab	Fees					
L6960	E	SHLDR DISARTIC SWITCH CONTRO	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
L6965	E	SHLDR DISARTIC MYOELECTRONIC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
L6970	E	INTERSCAPULAR-THOR SWITCH CT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
L6975	E	INTERSCAP-THOR MYOELECTRONIC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
L7007	E	ADULT ELECTRIC HAND	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
L7008	E	PEDIATRIC ELECTRIC HAND	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	019	-	
L7009	E	ADULT ELECTRIC HOOK	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
L7040	E	PREHENSILE ACTUATOR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
L7045	E	PEDIATRIC ELECTRIC HOOK	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
L7170	E	ELECTRONIC ELBOW HOSMER SWIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
L7180	E	ELECTRONIC ELBOW SEQUENTIAL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
L7181	E	ELECTRONIC ELBO SIMULTANEOUS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
L7185	E	ELECTRON ELBOW ADOLESCENT SW	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
L7186	E	ELECTRON ELBOW CHILD SWITCH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
L7190	E	ELBOW ADOLESCENT MYOELECTRON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
L7191	E	ELBOW CHILD MYOELECTRONIC CT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
L7259	E	ELECTRONIC WRIST ROTATOR ANY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
L7260	E	ELECTRON WRIST ROTATOR OTTO	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
L7261	E	ELECTRON WRIST ROTATOR UTAH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
L7360	E	SIX VOLT BAT OTTO BOCK/EQ EA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
L7362	E	BATTERY CHRGR SIX VOLT OTTO	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
L7364	E	TWELVE VOLT BATTERY UTAH/EQU	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
L7366	E	BATTERY CHRGR 12 VOLT UTAH/E	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
L7367	E	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/W/D, 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	-	

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
L8046	E	PARTIAL FACIAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8047	E	NASAL SEPTAL PROSTHESIS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8048	E	UNSPEC MAXILLOFACIAL PROSTH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8049	E	REPAIR MAXILLOFACIAL PROSTH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8300	E	TRUSS SINGLE W/ STANDARD PAD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8310	E	TRUSS DOUBLE W/ STANDARD PAD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8320	E	TRUSS ADDITION TO STD PAD WA	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8330	E	TRUSS ADD TO STD PAD SCROTAL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8400	E	SHEATH BELOW KNEE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8410	E	SHEATH ABOVE KNEE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8415	E	SHEATH UPPER LIMB	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8417	E	PROS SHEATH/SOCK W GEL CUSHN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8420	E	PROSTHETIC SOCK MULTI PLY BK	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8430	E	PROSTHETIC SOCK MULTI PLY AK	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8435	E	PROS SOCK MULTI PLY UPPER LM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8440	E	SHRINKER BELOW KNEE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8460	E	SHRINKER ABOVE KNEE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8465	E	SHRINKER UPPER LIMB	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8470	E	PROS SOCK SINGLE PLY BK	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8480	E	PROS SOCK SINGLE PLY AK	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8485	E	PROS SOCK SINGLE PLY UPPER L	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8499	E	UNLISTED MISC PROSTHETIC SER	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8500	E	ARTIFICIAL LARYNX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8501	E	TRACHEOSTOMY SPEAKING VALVE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8505	E	ARTIFICIAL LARYNX, ACCESSORY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8507	E	TRACH-ESOPH VOICE PROS PT IN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8509	E	TRACH-ESOPH VOICE PROS MD IN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8510	E	VOICE AMPLIFIER	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8511	E	INDWELLING TRACH INSERT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8512	E	GEL CAP FOR TRACH VOICE PROS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8513	E	TRACH PROS CLEANING DEVICE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8514	E	REPL TRACH PUNCTURE DILATOR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8515	E	GEL CAP APP DEVICE FOR TRACH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8600	N	IMPLANT BREAST SILICONE/EQ	-	-	-	Bundled	\$0.00	-	-	Y	-	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	-	-	Y	-	000	999	-
L8612	N	AQUEOUS SHUNT PROSTHESIS	-	-	-	Bundled	\$0.00	-	-	Y	-	000	999	-
L8613	N	OSSICULAR IMPLANT	-	-	-	Bundled	\$0.00	-	-	Y	-	000	999	-
L8614	N	COCHLEAR DEVICE	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
L8615	E	COCH IMPLANT HEADSET REPLACE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8616	E	COCH IMPLANT MICROPHONE REPL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8617	E	COCH IMPLANT TRANS COIL REPL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8618	E	COCH IMPLANT TRAN CABLE REPL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8619	E	COCH IMP EXT PROC/CONTR RPLC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8621	E	REPL ZINC AIR BATTERY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8622	E	REPL ALKALINE BATTERY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8623	E	LITH ION BATT CID, NON-EARLVL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8624	E	LITH ION BATT CID, EAR LEVEL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8625	E	CHARGER COCH IMPL/AOI BATTTRY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
L8627	E	CID EXT SPEECH PROCESS REPL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.			Min Age	Max Age	Comments
								Sole Comm. Hospital Lab Fees	Hospital Lab Fees	Prior Auth. Required			
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	-
L8678	N	EXT SPLY IMPLT NEUROSTIM	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
L8679	E	IMP NEUROSTI PLS GN ANY TYPE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L8680	E	IMPLT NEUROSTIM ELCTR EACH	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L8681	E	PT PRGRM FOR IMPLT NEUROSTIM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L8682	E	IMPLT NEUROSTIM RADIOFQ REC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L8683	E	RADIOFQ TRSMTR FOR IMPLT NEU	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L8684	E	RADIOFQ TRSMTR IMPLT SCRL NEU	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L8685	E	IMPLT NROSTM PLS GEN SNG REC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L8686	E	IMPLT NROSTM PLS GEN SNG NON	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L8687	E	IMPLT NROSTM PLS GEN DUA REC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L8688	E	IMPLT NROSTM PLS GEN DUA NON	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L8689	E	EXTERNAL RECHARG SYS INTERN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L8690	N	AUD OSSEO DEV, INT/EXT COMP	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
L8691	E	AOI SND PROC REPL EXCL ACTUA	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L8692	E	NON-OSSEOINTEGRATED SND PROC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L8693	E	AUD OSSEO DEV, ABUTMENT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L8694	E	AOI TRANSDUCER/ACTUATOR REPL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L8695	E	EXTERNAL RECHARG SYS EXTERN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L8696	E	EXT ANTENNA PHREN NERVE STIM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L8698	E	MISC USED WITH TOT ART HEART	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
L8699	N	PROSTHETIC IMPLANT NOS	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
L8701	E	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	VALUE IN PRIMARY CARE MVP	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
M0010	E	EOM MEOS PAYMENT	-	-	-	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	-
M0201	S	PNE FLU HEPB COV HOME ADMIN	-	09399	0.4217	APC	\$24.62	-	-	-	000	999	-
M0220	S	TIXAGEV AND CILGAV INJ	-	01503	2.5775	APC	\$150.50	-	-	-	012	999	-
M0221	S	TIXAGEV AND CILGAV INJ HM	-	01504	4.2901	APC	\$250.50	-	-	-	012	999	-
M0222	S	BEBTELOVIMAB INJECTION	-	01505	6.0027	APC	\$350.50	-	-	-	000	999	-
M0223	S	BEBTELOVIMAB INJECTION HOME	-	01507	9.4280	APC	\$550.50	-	-	-	000	999	-
M0239	E	BAMLANIVIMAB-XXXX INFUSION	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
M0240	S	CASIRI AND IMDEV REPEAT	-	01506	7.7154	APC	\$450.50	-	-	-	000	999	-
M0241	S	CASIRI AND IMDEV REPEAT HM	-	01509	12.8532	APC	\$750.50	-	-	-	000	999	-
M0243	S	CASIRIVI AND IMDEVI INJ	-	01506	7.7154	APC	\$450.50	-	-	-	000	999	-
M0244	S	CASIRIVI AND IMDEVI INJ HM	-	01509	12.8532	APC	\$750.50	-	-	-	000	999	-
M0245	S	BAMLAN AND ETESEV INFUSION	-	01506	7.7154	APC	\$450.50	-	-	-	000	999	-
M0246	S	BAMLAN AND ETESEV INFUS HOME	-	01509	12.8532	APC	\$750.50	-	-	-	000	999	-
M0247	S	SOTROVIMAB INFUSION	-	01506	7.7154	APC	\$450.50	-	-	-	000	999	-
M0248	S	SOTROVIMAB INF, HOME ADMIN	-	01509	12.8532	APC	\$750.50	-	-	-	000	999	-

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

**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
M0249	S	ADM TOCILIZU COVID-19 1ST	-	01506	7.7154	APC	\$450.50	-	-	-	-	000	999	-
M0250	S	ADM TOCILIZU COVID-19 2ND	-	01506	7.7154	APC	\$450.50	-	-	-	-	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 TKNG PHARMTHRY FOR OUD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1034	E	ADT 180 DYS PHARMTHRY OUD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1035	E	ADT PD OUT MAT PR 180 DYS TX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1036	E	ADT NO 180 DYS PHARMTHRY OUD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1037	E	PT DX LUM SP REG CACR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1038	E	PT DX LUM SP REG FRACT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1039	E	PT DX LUM SP REG INF	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1040	E	PT DX LUM IDI OR CONG SCOL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1041	E	PT CR FT INF LM OR PT ID SL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1043	E	FS NO ODI 9-15MO	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1045	E	FS OKS 9-15MO >= 37 >= 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	-
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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
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	-
M1159	E	HOSPC SERV DUR MEAS PD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1160	E	PT ANPHX DUE TO MENG B 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 2 HZV ON/AFT 50	-	-	-	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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
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	-
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/PLLTV 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 REDUCED >=3 FR IXV	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1198	E	ISA NOT RED 3PTS /NO ASSESS	-	-	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 REDUCED >=3	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1206	E	ISA NOT RED 3PTS/NO ASSESS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1207	E	PT SCR N SDOH	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1208	E	PT 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	-
M1211	E	HEMOGLOBIN A1C LEVEL >9.0%	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1212	E	MISSING HB A1C LEVEL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1213	E	NO HX SPIRO PRS SPIRO>=70%	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1214	E	SPIRO RESULTS WTH OBS DOC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1215	E	MED RSN FOR NO DOC SPIRO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1216	E	NO SPIRO DOC NO RES DOC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1217	E	SYS RSN NO DOC SPIRO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1218	E	PT COPD SYMPTOMS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1219	E	ANPHX DUE TO VAX	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1220	E	DRE WTH INTERP RTNOPHTY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1221	E	DRE W/O RTNOPHTY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1222	E	GLAUCOMA PLN OF CARE NOT DOC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1223	E	GLAUCOMA PLAN OF CARE DOC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1224	E	IOP DEC <20% FROM BASE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1225	E	IOP DEC>=20% FROM BASE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1226	E	IOP NOT DOC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1227	E	EB THERAPY PRESCRIBED	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1228	E	PT + HCV ABY +VIR W/ RX 3 MO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1229	E	PT W/ +HCV +VIR REF WIN 1 MO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1230	E	PT HCV RCTV ABY NO F/U TST	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1231	E	PT HCV TST NO REACTIVE RES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1232	E	PT HCV TST REACTIVE RESULT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1233	E	PT NO HCV ABY OR RESULT	-	-	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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
M1234	E	PT HCV RCTV ABY F/U NEG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1235	E	DOC PT HCV ABY RNA TST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1236	E	BASELINE MRS > 2	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1237	E	PT RSN NO SCRNI	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1238	E	DOC 2ND RECOM HZV 2-6 MO INT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1239	E	PT NO RESP HEARD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1240	E	PT NO RESP BEST INT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1241	E	PT NO RESP SEEN AS PERSON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1242	E	PT NO RESP IMPRT TO ME	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1243	E	PT OTHR THN TRUE HEARD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1244	E	PT OTHR THN TRUE BEST INT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1245	E	PT OTHR THN TRUE PERSON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1246	E	PT OTHR THN TRUE IMPRT TO ME	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1247	E	PT RESP TRUE BEST INT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1248	E	PT RESP TRUE SEEN AS PERSON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1249	E	PT RESP TRUE IMPRT TO ME	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1250	E	PT RESP TRUE HEARD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1251	E	PTS PROXY CMLPT HU SURV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1252	E	PTS NO CMLPT HU SURVEY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1253	E	PTS HU SURV NO AMB PLLTV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1254	E	PTS DECEASED PRIOR HU SURV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1255	E	PTS W/ OTHR RSN VST,+PRG TST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1256	E	PRIOR HISTORY OF KNOWN CVD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1257	E	CVD RISK ASSESS NOT PERF	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1258	E	CVD RISK ASSESS PERF	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1259	E	PT KID TRANSPLT WTLST LV DON	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1260	E	PT NO KD TRNSPLT WTLST LV DO	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1261	E	PTS ON WTLIST BEF DIALYSIS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1262	E	PTS TRANSPLT BEF DIALYSIS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1263	E	PTS HOSP DIALYSIS DT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1264	E	PTS 75+ DIALYSIS DT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1265	E	CMS 2728 COMPLETED	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1266	E	PTS ADMIT SNF	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1267	E	PT NO ACT KID TRANSPLT WTLST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1268	E	PT AC STAT KID TRNSPLT WTLST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1269	E	REC'D ESRD MCP LST DAY OF MO	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1270	E	PTS NO KID TRANSPLT WTLST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1271	E	PTS DEM ANY TIME/DUR MO	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1272	E	PTS KID TRANSPLT WTLST	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1273	E	PTS SNF 1 YR DIALYSIS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1274	E	PTS SNF EXL MO	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1275	E	PTS HOSP EXL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1276	E	CALC BMI OUT NRM PARAM NOF/U	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1277	E	COLORECTAL CA SCREEN DOC REV	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1278	E	PRE-HTN OR HTN DOC, F/U INDC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1279	E	PRE-HTN/HTN, NO F/U, NOT GVN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1280	E	BILAT MAST/HX BI/UNILAT MAS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1281	E	BP SCRNI NO PERF AT INTERVAL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1282	E	PT SCRNI TBCO ID AS NON USER	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1283	E	PT SCRNI TBCO AND ID AS USER	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1284	E	PT 66+ SNP OR LTC POS > 90D	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1285	E	SCRNI MAM PERF RSLTS NOT DOC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1286	E	BMI DOC ONL FUP NOT CMLPTD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1287	E	CALC BMI BLW LOW PARAM F/U	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1288	E	DOC RSN NO HBP SCRNI OR F/U	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1289	E	NO PT TBCO CESS INTERV RNG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
M1290	E	PT NOT ELI D/T ACT DIG HTN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1291	E	PT 66+ FRAILTY AND MED DEM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1292	E	PT 66+ FRAIL INPT ADV ILL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1293	E	CALC BMI ABV UP PARAM F/U	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1294	E	BP SCR N PERF REC INTERVAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1295	E	PT HX TOT COL OR COLON CA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1296	E	CALC BMI NORM PARAMETERS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1297	E	BMI NOT DOC MEDRSN PTREF	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1298	E	DOC PT PREG DUR MSRMT PD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1299	E	FLU IMMUNIZE ORDER/ADMIN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1300	E	FLU IMM NO ADMIN DOC REA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1301	E	PT REC V TBCO CESS INTERV	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1302	E	SCR N MAM PERF RSLTS DOC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1303	E	HOSPC SERV DUR MEAS PD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1304	E	NO PNEUM VAX ADMIN 19+	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1305	E	PNEUM VAX ADMIN 19+	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1306	E	PT ANPHX DUE TO PNEUM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1307	E	DOC PT PAL OR HOSPICE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1308	E	FLU IMMUNIZE NO ADMIN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1309	E	PALL SERV DURING MEAS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1310	E	PT SCR TOB & CESS INT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1311	E	APHLX TO VAX BEF ENC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1312	E	NO PT TBCO SCR N RNG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1313	E	NO TOB SCR/CESS INT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1314	E	BMI NOT CALCULATED	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1315	E	CRC NO DOC NO RSN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1316	E	TOBACCO NON-USER	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1317	E	PTS COUNSL CPT OPT OUT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1318	E	PTS NO CSP DOC CONTACT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1319	E	PTS CSP DOC CONTACT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1320	E	PTS SCR N + HR SN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1321	E	PTS NO 7WK INJ,NO IOP,IOP>25	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1322	E	PTS 7WK INJ, SCR N IOP =<25	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1323	E	PTS 7WK INJ, SCR N IOP >25	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1324	E	PTS INTRAVITREAL/PCI	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1325	E	DOC MED RSN NOT SEEN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1326	E	PTS DX HYPOTONY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1327	E	PTS NO EVAL INI XM NO 8 WKS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1328	E	PTS DX ACUTE VITREOUS HEM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1329	E	PTS ACT PVD 2 WKS 8 WKS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1330	E	DOC PTS RSN NO F/U XM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1331	E	PTS EVAL INI XM 8 WKS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1332	E	PTS NO EVAL INI XM NO 2 WKS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1333	E	ACUTE VITREOUS HEMORRHAGE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1334	E	PTS ACT PVD 2 WKS 2 WKS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1335	E	DOC PTS RSN NO F/U XM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1336	E	PTS EVAL INI XM 2 WKS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1337	E	ACUTE PVD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1338	E	PT F/U 30-180 DYS NO + IMPRV	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1339	E	PTS F/U 30-180 DYS + IMPROV	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1340	E	INDX WHODAS 2.0 OR SDS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1341	E	PT NO F/U 30-180 DYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1342	E	PTS DIED PERF PER	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1343	E	PT PAM LVL 4 BASE OR SRT LIN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1344	E	PTS NO BSLN OR 2ND PAM SCORE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
M1345	E	PT BSLN PAM, 2ND SCR 6-12 MO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.			Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Lab Fees	Hospital Lab Fees						
M1346	E	PTS NO PAM 6 PTS 6-12 MO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
M1347	E	PT PAM INCR 3 PT 6-12 MO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
M1348	E	PT PAM INCR 6 PT 6-12 MO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
M1349	E	PT NO PAM 3 PTS 6-12 MO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
M1350	E	PT W/ SUIC SAF PLN INIT REV	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
M1351	E	PT CMLPT SUICD SAF PLN 120DY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
M1352	E	SUICD C-SSRS ASSESSMENT, EQU	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
M1353	E	PTS NO CMLPT SUICD SAF PLN	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
M1354	E	PT NO SUICD SAF PLN 120DY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
M1355	E	SUICD BASED CLN EVAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
M1356	E	PT DIED DUR MEAS PD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
M1357	E	PT W/RED SUIC IDEA 120 DAYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
M1358	E	PTS NO <SUICD IDEA 120 DYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
M1359	E	INDX SUICD IDEA, NO 0 SCR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
M1360	E	SUICD C-SSRS ASSESSMENT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
M1361	E	SUICD BASED CLN EVAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
M1362	E	PT DIED DUR MEAS PD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
M1363	E	PTS NO F/U 120 DYS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
M1364	E	ASCVD RISK >=20PCT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
M1365	E	HOSP+PALL CARE SPEC CODE 17	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
M1366	E	FOCUS ON WOMEN'S HEALTH MVP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
M1367	E	QUAL CARE ENT DISORDER MVP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
M1368	E	PREV TRT INF D/O HIV/HEP MVP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
M1369	E	QUALCARE MENTAL HLTH/SUD MVP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
M1370	E	REHAB SUPPORT MSK CARE MVP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
P2028	Q	CEPHALIN FLOCULATION TEST	-	-	Medicare	\$8.25	\$5.12	\$4.95	-	-	000	999	-	
P2029	Q	CONGO RED BLOOD TEST	-	-	Medicare	\$8.25	\$5.12	\$4.95	-	-	000	999	-	
P2031	E	HAIR ANALYSIS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
P2033	Q	BLOOD THYMOL TURBIDITY	-	-	Medicare	\$8.25	\$5.12	\$4.95	-	-	000	999	-	
P2038	Q	BLOOD MUCOPROTEIN	-	-	Medicare	\$8.25	\$5.12	\$4.95	-	-	000	999	-	
P3000	Q	SCREEN PAP BY TECH W MD SUPV	-	-	Medicare	\$29.60	\$18.35	\$17.76	-	-	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	2.3243	APC	\$135.72	-	-	-	000	999	-	
P9011	R	BLOOD SPLIT UNIT	-	09520	1.7060	APC	\$99.61	-	-	-	000	999	-	
P9012	R	CRYOPRECIPITATE EACH UNIT	-	09511	0.6851	APC	\$40.00	-	-	-	000	999	-	
P9016	R	RBC LEUKOCYTES REDUCED	-	09512	2.0693	APC	\$120.83	-	-	-	000	999	-	
P9017	R	PLASMA 1 DONOR FRZ W/IN 8 HR	-	09508	0.9151	APC	\$53.43	-	-	-	000	999	-	
P9019	R	PLATELETS, EACH UNIT	-	09515	0.7443	APC	\$43.46	-	-	-	000	999	-	
P9020	R	PLALET RICH PLASMA UNIT	-	09516	6.2805	APC	\$366.72	-	-	-	000	999	-	
P9021	R	RED BLOOD CELLS UNIT	-	09517	1.5622	APC	\$91.22	-	-	-	000	999	-	
P9022	R	WASHED RED BLOOD CELLS UNIT	-	09518	4.5447	APC	\$265.37	-	-	-	000	999	-	
P9023	R	FROZEN PLASMA, POOLED, SD	-	09509	0.6919	APC	\$40.40	-	-	-	000	999	-	
P9025	R	PLASMA CRYO REDU PATH EACH	-	09538	3.5438	APC	\$206.92	-	-	-	000	999	-	
P9026	R	CRYO FIB COMP PATH REDU EACH	-	09539	0.9078	APC	\$53.01	-	-	-	000	999	-	
P9031	R	PLATELETS LEUKOCYTES REDUCED	-	09526	1.4978	APC	\$87.46	-	-	-	000	999	-	
P9032	R	PLATELETS, IRRADIATED	-	09500	1.5262	APC	\$89.11	-	-	-	000	999	-	
P9033	R	PLATELETS LEUKOREduced IRRAD	-	09521	2.6393	APC	\$154.11	-	-	-	000	999	-	
P9034	R	PLATELETS, PHERESIS	-	09507	3.6834	APC	\$215.07	-	-	-	000	999	-	
P9035	R	PLATELET PHERES LEUKOREduced	-	09501	5.4054	APC	\$315.62	-	-	-	000	999	-	
P9036	R	PLATELET PHERESIS IRRADIATED	-	09502	6.4080	APC	\$374.16	-	-	-	000	999	-	
P9037	R	PLATE PHERES LEUKOREDU IRRAD	-	09530	7.6959	APC	\$449.36	-	-	-	000	999	-	
P9038	R	RBC IRRADIATED	-	09505	2.4801	APC	\$144.81	-	-	-	000	999	-	
P9039	R	RBC DEGLYCEROLIZED	-	09504	3.5604	APC	\$207.89	-	-	-	000	999	-	
P9040	R	RBC LEUKOREduced IRRADIATED	-	09522	2.8894	APC	\$168.71	-	-	-	000	999	-	
P9041	K	ALBUMIN (HUMAN),5%, 50ML	-	00961	0.1818	APC (blood and non-blood products)	\$10.62	-	-	-	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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
P9043	R	PLASMA PROTEIN FRACT,5%,50ML	-	09514	0.0910	APC	\$5.31	-	-	-	000	999	-
P9044	R	CRYOPRECIPITATEREDUCEDPLASMA	-	09523	0.7913	APC	\$46.20	-	-	-	000	999	-
P9045	K	ALBUMIN (HUMAN), 5%, 250 ML	-	00963	0.9090	APC (blood and non-blood products)	\$53.08	-	-	-	000	999	-
P9046	K	ALBUMIN (HUMAN), 25%, 20 ML	-	00964	0.3636	APC (blood and non-blood products)	\$21.23	-	-	-	000	999	-
P9047	K	ALBUMIN (HUMAN), 25%, 50ML	-	00965	0.9090	APC (blood and non-blood products)	\$53.08	-	-	-	000	999	-
P9048	R	PLASMAPROTEIN FRACT,5%,250ML	-	09519	1.1678	APC	\$68.19	-	-	-	000	999	-
P9050	E	GRANULOCYTES, PHERESIS UNIT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
P9051	R	BLOOD, L/R, CMV-NEG	-	09524	1.9140	APC	\$111.76	-	-	-	000	999	-
P9052	R	PLATELETS, HLA-M, L/R, UNIT	-	09525	8.2474	APC	\$481.57	-	-	-	000	999	-
P9053	R	PLT, PHER, L/R CMV-NEG, IRR	-	09531	5.9302	APC	\$346.26	-	-	-	000	999	-
P9054	R	BLOOD, L/R, FROZ/DEGLY/WASH	-	09527	2.4629	APC	\$143.81	-	-	-	000	999	-
P9055	R	PLT, APH/PHER, L/R, CMV-NEG	-	09528	2.8703	APC	\$167.60	-	-	-	000	999	-
P9056	R	BLOOD, L/R, IRRADIATED	-	09529	1.0527	APC	\$61.47	-	-	-	000	999	-
P9057	R	RBC, FRZ/DEG/WSH, L/R, IRRAD	-	09532	5.6385	APC	\$329.23	-	-	-	000	999	-
P9058	R	RBC, L/R, CMV-NEG, IRRAD	-	09533	2.7679	APC	\$161.62	-	-	-	000	999	-
P9059	R	PLASMA, FRZ BETWEEN 8-24HOUR	-	09513	0.8305	APC	\$48.49	-	-	-	000	999	-
P9060	R	FR FRZ PLASMA DONOR RETESTED	-	09503	0.6648	APC	\$38.82	-	-	-	000	999	-
P9070	R	PATHOGEN REDUCED PLASMA POOL	-	09534	0.3575	APC	\$20.87	-	-	-	000	999	-
P9071	R	PATHOGEN REDUCED PLASMA SING	-	09535	2.6502	APC	\$154.75	-	-	-	000	999	-
P9073	R	PLATELETS PHERESIS PATH REDU	-	09536	6.3089	APC	\$368.38	-	-	-	000	999	-
P9099	R	BLOOD COMPONENT/PRODUCT NOC	-	09537	0.3575	APC	\$20.87	-	-	-	000	999	-
P9100	S	PATHOGEN TEST FOR PLATELETS	-	05733	0.6669	APC	\$38.94	-	-	-	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	\$14.72	-	-	-	000	999	-
P9615	Q	URINE SPECIMEN COLLECT MULT	-	-	-	Medicare	\$14.72	\$9.13	\$8.83	-	000	999	-
Q0035	N	CARDIOKYMOGRAPHY	-	05732	0.4373	Bundled, sometimes payable	\$25.53	-	-	-	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	0.3247	APC	\$18.96	-	-	-	000	999	-
Q0092	N	SET UP PORT XRAY EQUIPMENT	-	-	-	Bundled	\$0.00	-	-	-	000	999	-
Q0111	Q	WET MOUNTS/ W PREPARATIONS	-	-	-	Medicare	\$29.60	\$18.35	\$17.76	-	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	0.0067	APC (blood and non-blood products)	\$0.39	-	-	-	000	999	-
Q0139	K	FERUMOXYTOL, ESRD USE	-	01485	0.0067	APC (blood and non-blood products)	\$0.39	-	-	-	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	E	TRIMETHOBENZAMIDE HCL 250MG	-	-	-	Not Allowed	\$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	\$0.00	-	-	-	012	999	-
Q0221	M	TIXAGEV AND CILGAV, 600MG	-	-	-	Fee Schedule	\$0.00	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
Q0222	K	BEBTELOVIMAB 175 MG	-	09401	41.0002	APC (blood and non-blood products)	\$2,394.00	-	-	-	-	000	999	-
Q0239	E	BAMLANIVIMAB-XXXX	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0240	M	CASIRIVI AND IMDEVI 600 MG	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
Q0243	M	CASIRIVIMAB AND IMDEVIMAB	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
Q0244	M	CASIRIVI AND IMDEVI 1200 MG	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
Q0245	M	BAMLANIVIMAB AND ETESEVIMA	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
Q0247	M	SOTROVIMAB	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
Q0249	M	TOCILIZUMAB FOR COVID-19	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
Q0477	E	PWR MODULE PT CABLE LVAD RPL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0478	E	POWER ADAPTER, COMBO VAD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0479	E	POWER MODULE COMBO VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0480	E	DRIVER PNEUMATIC VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0481	E	MICROPRCSR CU ELEC VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0482	E	MICROPRCSR CU COMBO VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0483	E	MONITOR ELEC VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0484	E	MONITOR ELEC OR COMB VAD REP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0485	E	MONITOR CABLE ELEC VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0486	E	MON CABLE ELEC/PNEUM VAD REP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0487	E	LEADS ANY TYPE VAD, REP ONLY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0488	E	PWR PACK BASE ELEC VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0489	E	PWR PCK BASE COMBO VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0490	E	EMR PWR SOURCE ELEC VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0491	E	EMR PWR SOURCE COMBO VAD REP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0492	E	EMR PWR CBL ELEC VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0493	E	EMR PWR CBL COMBO VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0494	E	EMR HD PMP ELEC/COMBO, REP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0495	E	CHARGER ELEC/COMBO VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0496	E	BATTERY ELEC/COMBO VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0497	E	BAT CLPS ELEC/COMB VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0498	E	HOLSTER ELEC/COMBO VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0499	E	BELT/VEST ELEC/COMBO VAD REP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0500	E	FILTERS ELEC/COMBO VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0501	E	SHWR COV ELEC/COMBO VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0502	E	MOBILITY CART PNEUM VAD, REP	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0503	E	BATTERY PNEUM VAD REPLACEMNT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0504	E	PWR ADPT PNEUM VAD, REP VEH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0506	E	LITH-ION BATT ELEC/PNEUM VAD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0507	E	MISC SUP/ACC EXT VAD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0508	E	MIS SUP/ACC IMP VAD	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0509	E	MIS SUP/AC IMP VAD NOPAY MED	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0510	E	DISPENS FEE IMMUNOSUPPRESSIVE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0511	E	SUP FEE ANTIEM,ANTICA,IMMUNO	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0512	E	PX SUP FEE ANTI-CAN SUB PRES	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0513	E	DISP FEE INHAL DRUGS/30 DAYS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0514	E	DISP FEE INHAL DRUGS/90 DAYS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0515	E	SERMORELIN ACETATE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0516	E	SUPPLY FEE HIV PREP 30-DAYS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0517	E	SUPPLY FEE HIV PREP 60-DAYS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q0518	E	SUPPLY FEE HIV PREP 90-DAYS	-	-	-	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	K	BLADDER CALCULI IRRIG SOL	-	09223	2.5162	APC (blood and non-blood products)	\$146.92	-	-	-	-	000	999	-
Q2009	K	FOSPHENYTOIN INJ PE	-	09321	0.0944	APC (blood and non-blood products)	\$5.51	-	-	-	-	000	999	-
Q2017	E	TENIPOSIDE, 50 MG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q2026	K	RADIESSE INJECTION	-	09094	5.1161	APC (blood and non-blood products)	\$298.73	-	-	-	-	000	999	-
Q2028	K	INJ, SCULPTRA, 0.5MG	-	09095	0.0240	APC (blood and non-blood products)	\$1.40	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required	Passport	Min Age	Max Age	Comments
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	\$0.00	-	-	-	-	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	E	INFLUENZA VIRUS VACCINE, NOS	-	-	-	Not Allowed	\$0.00	-	-	-	-	019	999	-
Q2041	K	AXICABTAGENE CILOLEUCEL CAR+	-	09035	7867.4678	APC (blood and non-blood products)	\$459,381.45	-	-	-	-	000	999	-
Q2042	K	TISAGENLECLEUCEL CAR-POS T	-	09194	8875.5040	APC (blood and non-blood products)	\$518,240.68	-	-	Y	-	000	999	-
Q2043	K	SIPULEUCEL-T AUTO CD54+	-	09273	949.7100	APC (blood and non-blood products)	\$55,453.57	-	-	-	-	000	999	-
Q2047	E	PEGINESATIDE INJECTION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q2049	K	IMPORTED LIPODOX INJ	-	01421	6.7035	APC (blood and non-blood products)	\$391.42	-	-	-	-	000	999	-
Q2050	K	DOXORUBICIN INJ 10MG	-	07046	1.9684	APC (blood and non-blood products)	\$114.94	-	-	-	-	000	999	-
Q2052	E	HOME IVIG, SERVICES/SUPPLIES	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q2053	K	BREXUCABTAGENE CAR POS T	-	09391	7697.2084	APC (blood and non-blood products)	\$449,440.00	-	-	-	-	000	999	-
Q2054	G	LISOCABTAGENE MARA CAR POS T	-	-	-	APC – pays by fee schedule amount	\$474,060.62	-	-	-	-	000	999	-
Q2055	G	IDECABTAGENE VICLEUCEL CAR	-	-	-	APC – pays by fee schedule amount	\$484,690.30	-	-	-	-	000	999	-
Q2056	G	CILTACABTAGENE CAR-POS T	-	-	-	APC – pays by fee schedule amount	\$507,495.55	-	-	-	-	000	999	-
Q3001	E	BRACHYTHERAPY RADIOELEMENTS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q3014	M	TELEHEALTH FACILITY FEE	-	-	-	Fee Schedule	\$29.96	-	-	-	-	000	999	-
Q3027	K	INJ BETA INTERFERON IM 1 MCG	-	01472	0.9296	APC (blood and non-blood products)	\$54.28	-	-	-	-	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	-
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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
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	-
Q4126	N	MEMODERM/DERMA/TRANZ/INTEGUP	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
Q4127	N	TALYMED	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
Q4128	N	FLEXHD/ALLOPATCHHD/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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
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	-
Q4197	N	PURAPLY XT 1 SQ CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-

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Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Passport	Min Age	Max Age	Comments
								Hospital Lab Fees	Prior Auth. Required				
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	AMNIO OR DERMA TL, 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	-
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	-

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**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
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	-
Q4265	N	NEOSTIM TL PER SQ CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
Q4266	N	NEOSTIM PER SQ CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
Q4267	N	NEOSTIM DL PER SQ CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
Q4268	N	SURGRAFT FT PER SQ CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
Q4269	N	SURGRAFT XT PER SQ CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
Q4270	N	COMPLETE SL PER SQ CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
Q4271	N	COMPLETE FT PER SQ CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
Q4272	N	ESANO A, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
Q4273	N	ESANO AAA, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
Q4274	N	ESANO AC, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
Q4275	N	ESANO ACA, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
Q4276	N	ORION, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
Q4277	N	WOUNDPLUS E-GRAT, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
Q4278	N	EPIEFFECT, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
Q4279	E	VENDAJE AC, PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q4280	N	XCELL AMNIO MATRIX PER SQ CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
Q4281	N	BARRERA SLOR DL PER SQ CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
Q4282	N	CYGNUS DUAL PER SQ CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
Q4283	N	BIOVANCE TRI OR 3L, SQ CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
Q4284	N	DERMABIND SL, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
Q4285	N	NUDYN DL OR DL MESH PR SQ CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
Q4286	N	NUDYN SL OR SLW, PER SQ CM	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
Q4287	E	DERMABIND DL, PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q4288	E	DERMABIND CH, PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q4289	E	REVOSHIELD+ AMNIO, PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q4290	E	MEMBRANE WRAP HYDR PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q4291	E	LAMELLAS XT, PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q4292	E	LAMELLAS, PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q4293	E	ACESSO DL, PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q4294	E	AMNIO QUAD-CORE, PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q4295	E	AMNIO TRI-CORE, PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q4296	E	REBOUND MATRIX, PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q4297	E	EMERGE MATRIX, PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q4298	E	AMNICORE PRO, PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q4299	E	AMNICORE PRO+, PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q4300	E	ACESSO TL, PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q4301	E	ACTIVATE MATRIX, PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q4302	E	COMPLETE ACA, PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q4303	E	COMPLETE AA, PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q4304	E	GRAFIX PLUS, PER SQ CM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
Q5001	M	HOSPICE OR HOME HLTH IN HOME	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
Q5002	M	HOSPICE/HOME HLTH IN ASST LV	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
Q5003	M	HOSPICE IN LT/NON-SKILLED NF	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
Q5004	M	HOSPICE IN SNF	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
Q5005	M	HOSPICE, INPATIENT HOSPITAL	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
Q5006	M	HOSPICE IN HOSPICE FACILITY	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
Q5007	M	HOSPICE IN LTCH	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
Q5008	M	HOSPICE IN INPATIENT PSYCH	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
Q5009	M	HOSPICE/HOME HLTH, PLACE NOS	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
Q5010	M	HOSPICE HOME CARE IN HOSPICE	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-

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  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC		Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab		Prior Auth. Required	Passport	Min Age	Max Age	Comments
				APC Weight	APC				Fees	Fees					
Q5101	K	INJECTION, ZARXIO	-	01822	0.0072	APC (blood and non-blood products)	\$0.42	-	-	-	-	000	999	-	
Q5103	K	INJECTION, INFLECTRA	-	01847	0.1900	APC (blood and non-blood products)	\$11.09	-	-	-	-	000	999	-	
Q5104	K	INJECTION, RENFLEXIS	-	09036	0.5237	APC (blood and non-blood products)	\$30.58	-	-	-	-	000	999	-	
Q5105	K	INJ RETACRIT ESRD ON DIALYSI	-	09096	0.0129	APC (blood and non-blood products)	\$0.75	-	-	-	-	000	999	-	
Q5106	K	INJ RETACRIT NON-ESRD USE	-	09097	0.1286	APC (blood and non-blood products)	\$7.51	-	-	-	-	000	999	-	
Q5107	K	INJ MVASI 10 MG	-	09329	0.4581	APC (blood and non-blood products)	\$26.75	-	-	-	-	000	999	-	
Q5108	K	INJECTION, FULPHILA	-	09173	2.8093	APC (blood and non-blood products)	\$164.04	-	-	-	-	000	999	-	
Q5109	E	INJECTION, IXIFI, 10 MG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
Q5110	K	NIVESTYM	-	09193	0.0049	APC (blood and non-blood products)	\$0.29	-	-	-	-	000	999	-	
Q5111	K	INJECTION, UDENYCA 0.5 MG	-	09195	2.3204	APC (blood and non-blood products)	\$135.49	-	-	-	-	000	999	-	
Q5112	K	INJ ONTRUZANT 10 MG	-	09382	0.5833	APC (blood and non-blood products)	\$34.06	-	-	-	-	000	999	-	
Q5113	K	INJ HERZUMA 10 MG	-	09349	0.9556	APC (blood and non-blood products)	\$55.80	-	-	-	-	000	999	-	
Q5114	K	INJ OGIVRI 10 MG	-	09341	1.0724	APC (blood and non-blood products)	\$62.62	-	-	-	-	000	999	-	
Q5115	K	INJ TRUXIMA 10 MG	-	09336	0.5306	APC (blood and non-blood products)	\$30.98	-	-	-	-	000	999	-	
Q5116	K	INJ., TRAZIMERA, 10 MG	-	09350	0.2186	APC (blood and non-blood products)	\$12.77	-	-	-	-	000	999	-	
Q5117	K	INJ., KANJINTI, 10 MG	-	09330	0.3028	APC (blood and non-blood products)	\$17.68	-	-	-	-	000	999	-	
Q5118	K	INJ., ZIRABEV, 10 MG	-	09348	0.3555	APC (blood and non-blood products)	\$20.76	-	-	-	-	000	999	-	
Q5119	K	INJ RUXIENCE, 10 MG	-	09367	0.3472	APC (blood and non-blood products)	\$20.28	-	-	-	-	000	999	-	
Q5120	K	INJ PEGFILGRASTIM-BMEZ 0.5MG	-	09345	5.9386	APC (blood and non-blood products)	\$346.76	-	-	-	-	000	999	-	
Q5121	K	INJ. AVSOLA, 10 MG	-	09381	0.4174	APC (blood and non-blood products)	\$24.37	-	-	-	-	000	999	-	
Q5122	K	INJ, NYVEPRIA	-	09406	1.1219	APC (blood and non-blood products)	\$65.51	-	-	-	-	000	999	-	
Q5123	G	INJ. RIABNI, 10 MG	-	09411	0.7093	APC – pays by fee schedule amount	\$41.42	-	-	-	-	000	999	-	
Q5124	G	INJ. BYOOVIZ, 0.1 MG	-	09017	2.9981	APC – pays by fee schedule amount	\$175.06	-	-	-	-	000	999	-	
Q5125	G	INJ, RELEUKO 1 MCG	-	09447	0.0090	APC – pays by fee schedule amount	\$0.53	-	-	-	-	000	999	-	
Q5126	G	INJ ALYMSYS 10 MG	-	09048	1.0072	APC – pays by fee schedule amount	\$58.81	-	-	-	-	000	999	-	
Q5127	K	INJ, STIMUFEND, 0.5 MG	-	09129	5.8931	APC (blood and non-blood products)	\$344.10	-	-	-	-	000	999	-	
Q5128	G	INJ, CIMERLI, 0.1 MG	-	09117	4.3872	APC – pays by fee schedule amount	\$256.17	-	-	-	-	000	999	-	
Q5129	G	INJ, VEGZELMA, 10 MG	-	09159	1.1863	APC – pays by fee schedule amount	\$69.27	-	-	-	-	000	999	-	
Q5130	G	INJ, FYLNETRA, 0.5 MG	-	09118	3.4478	APC – pays by fee schedule amount	\$201.32	-	-	-	-	000	999	-	
Q5131	E	INJ, IDACIO, 20 MG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-	
Q5132	E	INJ, ABRILADA, 10 MG	-	-	-	Not Allowed	\$0.00	-	-	-	-	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	0.1323	APC (blood and non-blood products)	\$7.72	-	-	-	-	000	999	-	
Q9969	K	NON-HEU TC-99M ADD-ON/DOSE	-	01442	0.1713	APC (blood and non-blood products)	\$10.00	-	-	-	Y	000	999	-	
Q9982	N	FLUTEMETAMOL F18 DIAGNOSTIC	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	
Q9983	N	FLORBETABEN F18 DIAGNOSTIC	-	-	-	Bundled	\$0.00	-	-	-	-	000	999	-	

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Sole Comm. Hospital Lab Fees	Hospital Lab Fees					
Q9991	K	BUPRENORPH XR 100 MG OR LESS	-	09073	32.1100	APC (blood and non-blood products)	\$1,887.11	-	-	Y	-	000	999	-
Q9991	K	BUPRENORPH XR 100 MG OR LESS	HG	09073	32.1100	APC (blood and non-blood products)	\$1,886.98	-	-	Y	-	000	999	-
Q9992	K	BUPRENORPHINE XR OVER 100 MG	-	09239	32.1100	APC (blood and non-blood products)	\$1,887.11	-	-	Y	-	000	999	-
Q9992	K	BUPRENORPH XR OVER 100 MG	HG	09239	32.1100	APC (blood and non-blood products)	\$1,886.98	-	-	Y	-	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	-
S0074	E	INJECTION, CEFOTETAN DISODIU	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S0078	E	INJECTION, FOSPHENYTOIN SODI	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S0080	E	INJECTION, PENTAMIDINE ISETH	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S0081	E	INJECTION, PIPERACILLIN SODI	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S0086	E	INJECTION, VERTEPORFIN, 15MG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S0088	E	IMATINIB 100 MG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S0090	E	SILDENAFIL CITRATE, 25 MG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S0106	E	BUPROPION HCL SR 60 TABLETS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S0108	E	MERCAPTOPURINE ORAL 50 MG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S0117	E	TRETINOIN TOPICAL 5 G	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S0122	E	INJECTION MENOTROPINS 75 IU	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S0126	E	INJECTION FOLLITROPIN ALFA 75 IU	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S0128	E	INJECTION FOLLITROPIN BETA 75 IU	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S0132	E	INJECTION GANIRELIX ACETATE 250 MCG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S0145	E	PEG INTERFERON ALFA-2A/180	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S0155	E	EPOPROSTENOL DILUTANT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S0156	E	EXEMESTANE, 25 MG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S0157	E	BECAPLERMIN GEL 1%, 0.5 GM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S0160	E	DEXTROAMPHETAMINE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S0164	E	INJECTION PANTROPRAZOLE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S0170	E	ANASTROZOLE 1 MG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
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	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab Fees	Hospital Lab Fees					
S0341	E	LIFESTYLE MOD 2 OR 3 STAGE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0342	E	LIFESTYLE MOD 4TH STAGE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0353	E	CANCER TREATMENT PLAN INITIAL	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0354	E	CANCER TREATMENT PLAN CHANGE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0390	E	ROUTINE FOOT CARE PER VISIT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0395	E	IMPRESSION CASTING FT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0400	E	GLOBAL ESWL KIDNEY	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0500	E	DISPOS CONT LENS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0504	E	SINGL PRSCR LENS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0506	E	BIFOC PRSCR LENS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0508	E	TRIFOC PRSCR LENS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0510	E	NON-PRSCR LENS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0512	E	DAILY CONT LENS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0514	E	COLOR CONT LENS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0516	E	SAFETY FRAMES	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0518	E	SUNGLASS FRAMES	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0580	E	POLYCARB LENS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0581	E	NONSTND LENS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0590	E	MISC INTEGRAL LENS SERV	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0592	E	COMP CONT LENS EVAL	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0596	E	PHAKIC IOL REFRACTIVE ERROR	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0601	E	SCREENING PROCTOSCOPY	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0610	E	ANNUAL GYNECOLOGICAL EXAMINA	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0612	E	ANNUAL GYNECOLOGICAL EXAMINA	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0613	M	ANN BREAST EXAM	-	-	Charge Ratio	\$0.00	-	-	-	-	-	010	065	-
S0618	E	AUDIOMETRY FOR HEARING AID	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0620	E	ROUTINE OPHTHALMOLOGICAL EXA	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0621	E	ROUTINE OPHTHALMOLOGICAL EXA	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0622	E	PHYS EXAM FOR COLLEGE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0630	E	REMOVAL OF SUTURES	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0800	E	LASER IN SITU KERATOMILEUSIS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0810	E	PHOTOREFRACTIVE KERATECTOMY	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S0812	E	PHOTOTHERAP KERATECT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S1001	E	DELUXE ITEM	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S1002	E	CUSTOM ITEM	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S1015	E	IV TUBING EXTENSION SET	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S1016	E	NON-PVC INTRAVENOUS ADMINIST	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S1030	E	GLUC MONITOR PURCHASE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S1031	E	GLUC MONITOR RENTAL	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S2053	E	TRANSPLANTATION OF SMALL INT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S2054	E	TRANSPLANTATION OF MULTIVISC	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S2055	E	HARVESTING OF DONOR 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	-

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April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Hospital Lab Fees	Comm. Hospital Lab Fees					
S2115	E	PERIACETABULAR OSTEOTOMY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2120	E	LOW DENSITY LIPOPROTEIN(LDL)	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2140	E	CORD BLOOD HARVESTING	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2142	E	CORD BLOOD-DERIVED STEM-CELL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2150	E	BMT HARV/TRANSPL 28D PKG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2152	E	SOLID ORGAN TRANSPL PKG	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2202	E	ECHOSCLEROTHERAPY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2205	E	MINIMALLY INVASIVE DIRECT CO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2206	E	MINIMALLY INVASIVE DIRECT CO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2207	E	MINIMALLY INVASIVE DIRECT CO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2208	E	MINIMALLY INVASIVE DIRECT CO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2209	E	MINIMALLY INVASIVE DIRECT CO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2225	E	MYRINGOTOMY LASER-ASSIST	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2230	E	IMPLANT SEMI-IMP HEAR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2235	E	IMPLANT AUDITORY BRAIN IMP	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2260	E	INDUCED ABORTION 17-24 WEEKS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2300	E	ARTHROSCOPY, SHOULDER, SURGI	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2340	E	CHEMODENERVATION OF ABDUCTOR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2341	E	CHEMODENERV ADDUCT VOCAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2342	E	NASAL ENDOSCOPO DEBRID	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2348	E	DECOMPRESS DISC RF LUMBAR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2350	E	DISKECTOMY, ANTERIOR, WITH D	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2351	E	DISKECTOMY, ANTERIOR, WITH D	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2400	E	FETAL SURG CONGEN HERNIA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2401	E	FETAL SURG URIN TRAC OBSTR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2402	E	FETAL SURG CONG CYST MALF	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2403	E	FETAL SURG PULMON SEQUEST	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2404	E	FETAL SURG MYELOMENINGO	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2405	E	FETAL SURG SACROCOC TERATOMA	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2409	E	FETAL SURG NOC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S2411	E	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	-

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**  
**April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab	Hospital Lab					
S4025	E	DONOR SERV IVF CASE RATE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S4026	E	PROCURE DONOR SPERM	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S4027	E	STORE PREV FROZ EMBRYOS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S4028	E	MICROSURG EPI SPERM ASP	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S4030	E	SPERM PROCURE INIT VISIT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S4031	E	SPERM PROCURE SUBS VISIT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S4035	E	STIMULATED INTRAUTERINE INSEMINATION (IUI) CASE RATE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S4037	E	CRYOPRESERVED EMBRYO TRANSFER CASE RATE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S4040	E	MONITORING AND STORAGE OF CRYOPRESERVED EMBRYOS PER 30 DAYS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S4042	E	OVULATION MGMT PER CYCLE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S4980	E	LEVONORGESTREL - RELEASING INTRAUTERINE SYSTEM EACH	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S4981	E	INSERT LEVONORGESTREL IUS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S4989	E	CONTRACEPT IUD	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S4990	E	NICOTINE PATCH LEGEND	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S4991	E	NICOTINE PATCH NONLEGEND	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S4993	N	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	-	-	Bundled	\$0.00	-	-	-	-	-	010	999	-
S4995	E	SMOKING CESSATION GUM	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5000	E	PRESCRIPTION DRUG, GENERIC	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5001	E	PRESCRIPTION DRUG, BRAND NAME	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5010	E	5% DEXTROSE AND 0.45% SALINE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5012	E	5% DEXTROSE WITH POTASSIUM	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5014	E	D5W/0.45NS W KCL AND MGS04	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5016	E	ANTIBIOTIC ADMIN SUPPLIES W/	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5017	E	ANTIBIOTIC ADMIN SUPPLIES W/O	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5018	E	PAIN THERAPY ADMIN SUPPLIES	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5020	E	CHEMOTHERAPY ADMIN SUPPLIES	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5021	E	HYDRATION THERAPY ADMIN SUPP	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5022	E	GROWTH HORMONE THERAPY	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5025	E	INFUSION PUMP RENTAL, PERDIEM	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5035	E	HIT ROUTINE DEVICE MAINT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5497	E	HIT CATH CARE NOC	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5498	E	HIT SIMPLE CATH CARE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5501	E	HIT COMPLEX CATH CARE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5502	E	HIT INTERIM CATH CARE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5517	E	HIT DECLOTTING KIT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5518	E	HIT CATH REPAIR KIT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5520	E	HIT PICC INSERT KIT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5521	E	HIT MIDLINE CATH INSERT KIT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5522	E	HIT PICC INSERT NO SUPP	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5523	E	HIP MIDLINE CATH INSERT KIT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5550	E	INSULIN RAPID 5 U	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S5551	E	INSULIN MOST RAPID 5 U	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
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	-
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	-

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Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
S9117	E	BACK SCHOOL VISIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9122	E	HOME HEALTH AIDE OR CERTIFIE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9123	E	NURSING CARE IN HOME RN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9124	E	NURSING CARE, IN THE HOME; B	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9125	E	RESPIRE CARE, IN THE HOME, P	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9126	E	HOSPICE CARE, IN THE HOME, P	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9127	E	SOCIAL WORK VISIT, IN THE HO	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9128	E	SPEECH THERAPY, IN THE HOME,	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9129	E	OCCUPATIONAL THERAPY, IN THE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9131	E	PT IN THE HOME PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9140	E	DIABETIC MANAGEMENT PROGRAM,	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9141	E	DIABETIC MANAGEMENT PROGRAM,	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9145	E	INSULIN PUMP INITIATION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9208	E	HOME MGMT PRETERM LABOR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9209	E	HOME MGMT PPRM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9211	E	HOME MGMT GEST HYPERTENSION	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9212	E	HM POSTPAR HYPER PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9213	E	HM PREECLAMP PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9214	E	HM GEST DM PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9325	E	HIT PAIN MGMT PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9326	E	HIT CONT PAIN PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9327	E	HIT INT PAIN PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9328	E	HIT PAIN IMP PUMP DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9329	E	HIT CHEMO PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9330	E	HIT CONT CHEM DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9331	E	HIT INTERMIT CHEMO DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9336	E	HIT CONT ANTICOAG DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9338	E	HIT IMMUNOTHERAPY DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9339	E	HIT PERITON DIALYSIS DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9340	E	HIT ENTERAL PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9341	E	HIT ENTERAL GRAV DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9342	E	HIT ENTERAL PUMP DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9343	E	HIT ENTERAL BOLUS NURS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9345	E	HIT ANTI-HEMOPHIL DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9346	E	HIT ALPHA-1-PROTEINAS DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9347	E	HIT LONGTERM INFUSION DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9348	E	HIT SYMPATHOMIM DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9349	E	HIT TOCOLYSIS DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9351	E	HIT CONT ANTIEMETIC DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9353	E	HIT CONT INSULIN DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9355	E	HIT CHELATION DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9357	E	HIT ENZYME REPLACE DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
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	-

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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Prior Auth. Required	Passport	Min Age	Max Age	Comments
								Hospital Lab Fees	Hospital Lab Fees					
S9377	E	HIT HYDRA OVER 3L DIEM	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9379	E	HIT NOC PER DIEM	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9381	E	HIT HIGH RISK/ESCORT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9401	E	ANTICOAGULATION CLINIC PER SESSION	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9430	E	PHARMACY COMPOUNDING AND DISPENSING SERVICES	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9435	E	MEDICAL FOODS FOR INBORN ERR	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9436	E	LAMAZE CLASS PER SESSION	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9437	E	CHILDBIRTH REFRESHER CLASSES PER SESSION	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9438	E	CESAREAN BIRTH CLASS PER SESSION	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9439	E	VBAC CLASS PER SESSION	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9441	E	ASTHMA EDUCATION	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9442	E	BIRTHING CLASS	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9443	M	LACTATION CLASS	-	-	Fee Schedule	\$15.00	-	-	-	-	-	000	999	-
S9444	E	PARENTING CLASSES NON-PHYSICIAN PROVIDER PER SESSION	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9445	M	PT EDUCATION NOC INDIVID	-	-	Fee Schedule	\$30.00	-	-	-	-	-	000	999	-
S9446	E	PT EDUCATION NOC GROUP	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9447	E	INFANT SAFETY CLASS PER SESSION	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9449	E	WEIGHT MANAGEMENT CLASSES PER SESSION	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9451	E	EXERCISE CLASS NON-PHYSICIAN PROVIDER PER SESSION	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9452	E	NUTRITION CLASSES NON-PHYSICIAN PROVIDER PER SESSION	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9453	E	SMOKING CESSATION CLASS PER SESSION	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9454	E	STRESS MANAGEMENT CLASS PER SESSION	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9455	E	DIABETIC MANAGEMENT PROGRAM, GROUP SESSION	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9460	E	DIABETIC MANAGEMENT PROGRAM, NURSE VISIT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9465	E	DIABETIC MANAGEMENT PROGRAM, DIETICIAN VISIT	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9470	E	NUTRITIONAL COUNSELING, DIET	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9472	E	CARDIAC REHABILITATION PROGR	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9473	E	PULMONARY REHABILITATION PRO	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9474	E	ENTEROSTOMAL THERAPY BY A RE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9475	E	AMBULATORY SETTING SUBSTANCE	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9476	E	VESTIBULAR REHAB PER DIEM	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9480	E	INTENSIVE OUTPATIENT PSYCHIA	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9482	E	FAMILY STABILIZATION 15 MIN	-	-	Not Allowed	\$0.00	-	-	-	-	-	000	999	-
S9484	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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
							Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
S9976	E	LODGING PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9977	E	MEALS PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9981	E	MED RECORD COPY ADMIN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9982	E	MED RECORD COPY PER PAGE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9986	E	NOT MEDICALLY NECESSARY SVC	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9988	E	SERV PART OF PHASE I TRIAL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9989	E	SERVICES OUTSIDE US	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9990	E	SERVICES PROVIDED AS PART OF	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9991	E	SERVICES PROVIDED AS PART OF	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
S9992	E	TRANSPORTATION COSTS TO AND	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1000	E	PRIVATE DUTY/INDEPENDENT NSG	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1001	E	NURSING ASSESSMENT/EVALUATN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1002	E	RN SERVICES UP TO 15 MINUTES	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1003	E	LPN/LVN SERVICES UP TO 15MIN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1004	E	NSG AIDE SERVICE UP TO 15MIN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1005	E	RESPIRE CARE SERVICE 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1006	E	FAMILY/COUPLE COUNSELING	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1007	E	TREATMENT PLAN DEVELOPMENT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1009	E	CHILD SITTING SERVICES	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1010	E	MEALS WHEN RECEIVE SERVICES	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1012	E	ALCOHOL/SUBSTANCE ABUSE SKIL	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1013	E	SIGN LANG/ORAL INTERPRETER	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1014	E	TELEHEALTH TRANSMIT, PER MIN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1015	E	CLINIC SERVICE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1016	M	CASE MANAGEMENT	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
T1016	M	CASE MANAGEMENT, EACH 15 MINUTES	HD	-	-	Fee Schedule	\$0.00	-	-	-	-	009	065	-
T1017	M	TARGETED CASE MANAGEMENT	-	-	-	Fee Schedule	\$0.00	-	-	-	-	000	999	-
T1018	E	SCHOOL-BASED IEP SER BUNDLED	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	020	-
T1019	E	PERSONAL CARE SER PER 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1020	E	EXCISION COMPLETE PLANTAR VERRUCA MULTIPLE SITE	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1021	E	HH AIDE OR CN AIDE PER VISIT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1022	E	CONTRACTED SERVICES PER DAY	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1023	E	PROGRAM INTAKE ASSESSMENT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1024	M	TEAM EVALUATION & MANAGEMENT	-	-	-	Fee Schedule	\$100.00	-	-	-	-	000	020	-
T1025	M	PED COMPR CARE PKG PER DIEM	-	-	-	Fee Schedule	\$1,000.00	-	-	-	-	000	020	-
T1026	E	PED COMPR CARE PKG PER HOUR	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1027	E	FAMILY TRAINING & COUNSELING	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1028	E	HOME ENVIRONMENT ASSESSMENT	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1029	E	NOT OTHERWISE CLASSIFIED SKIN SUBCUTANEOUS AND AREOLAR TISS	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1030	E	REMOVAL OF SUTURES BY ANOTHER PHYSICIAN	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
T1031	E	LPN HOME CARE PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
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	-

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**Outpatient Prospective Payment System Services**  
**April 1, 2024**

Proc Cd	2024 APC Status	Proc Desc	Proc Modifier	APC	APC Weight	Method	Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm.		Min Age	Max Age	Comments
									Hospital Lab	Prior Auth. Required			
T2016	E	HABIL RES WAIVER PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2017	E	HABIL RES WAIVER 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2018	E	HABIL SUP EMPL WAIVER/DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2019	E	HABIL SUP EMPL WAIVER 15MIN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2020	E	DAY HABIL WAIVER PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2021	E	DAY HABIL WAIVER PER 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2022	E	CASE MANAGEMENT, PER MONTH	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2023	E	TARGETED CASE MGMT PER MONTH	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2024	E	SERV ASMNT/CARE PLAN WAIVER	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2025	E	WAIVER SERVICE, NOS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2026	E	SPECIAL CHILDCARE WAIVER/D	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2027	E	SPEC CHILDCARE WAIVER 15 MIN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2028	E	SPECIAL SUPPLY, NOS WAIVER	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2029	E	SPECIAL MED EQUIP, NOSWAIVER	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2030	E	ASSIST LIVING WAIVER/MONTH	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2031	E	ASSIST LIVING WAIVER/DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2032	E	RES CARE, NOS WAIVER/MONTH	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2033	E	RES, NOS WAIVER PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2034	E	CRISIS INTERVEN WAIVER/DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2035	E	UTILITY SERVICES WAIVER	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2036	E	CAMP OVERNITE WAIVER/SESSION	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2037	E	CAMP DAY WAIVER/SESSION	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2038	E	COMM TRANS WAIVER/SERVICE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2039	E	VEHICLE MOD WAIVER/SERVICE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2040	E	FINANCIAL MGT WAIVER/15MIN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2041	E	SUPPORT BROKER WAIVER/15 MIN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2042	E	HOSPICE ROUTINE HOME CARE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2043	E	HOSPICE CONTINUOUS HOME CARE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2044	E	HOSPICE RESPITE CARE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2045	E	HOSPICE GENERAL CARE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2046	E	HOSPICE LONG TERM CARE R&B	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2048	E	BH LTC RES R&B, PER DIEM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2049	E	N-ET; STRETCHER VAN MILEAGE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T2101	E	BREAST MILK PROC/STORE/DIST	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T4521	E	ADULT SIZE BRIEF/DIAPER SM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T4522	E	ADULT SIZE BRIEF/DIAPER MED	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T4523	E	ADULT SIZE BRIEF/DIAPER LG	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T4524	E	ADULT SIZE BRIEF/DIAPER XL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T4525	E	ADULT SIZE PULL-ON SM	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T4526	E	ADULT SIZE PULL-ON MED	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T4527	E	ADULT SIZE PULL-ON LG	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T4528	E	ADULT SIZE PULL-ON XL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T4529	E	PED SIZE BRIEF/DIAPER SM/MED	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
T4530	E	PED SIZE BRIEF/DIAPER LG	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
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	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient	Non-sole		Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Comm. Hospital Lab Fees					
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	-
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	SPHEROCYLINDR 4.00D/4.25-6D	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2106	E	SPHEROCYLINDR 4.00D/>6.00D	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2107	E	SPHEROCYLINDR 4.25D/12-2D	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2108	E	SPHEROCYLINDR 4.25D/2.12-4D	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2109	E	SPHEROCYLINDR 4.25D/4.25-6D	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2110	E	SPHEROCYLINDR 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	SPHEROCYLINDR OVER 12.00D	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2115	E	LENS LENTICULAR BIFOCAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2118	E	LENS ANISEIKONIC SINGLE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2121	E	LENTICULAR LENS, SINGLE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2199	E	LENS SINGLE VISION NOT OTH C	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2200	E	LENS SPHER BIFOC PLANO 4.00D	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2201	E	LENS SPHERE BIFOCAL 4.12-7.0	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2202	E	LENS SPHERE BIFOCAL 7.12-20.	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2203	E	LENS SPHCYL BIFOCAL 4.00D/.1	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2204	E	LENS SPHCY BIFOCAL 4.00D/2.1	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2205	E	LENS SPHCY BIFOCAL 4.00D/4.2	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2206	E	LENS SPHCY BIFOCAL 4.00D/OVE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2207	E	LENS SPHCY BIFOCAL 4.25-7D/.	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2208	E	LENS SPHCY BIFOCAL 4.25-7/2.	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2209	E	LENS SPHCY BIFOCAL 4.25-7/4.	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2210	E	LENS SPHCY BIFOCAL 4.25-7/OV	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2211	E	LENS SPHCY BIFO 7.25-12/2.25-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2212	E	LENS SPHCYL BIFO 7.25-12/2.2	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2213	E	LENS SPHCYL BIFO 7.25-12/4.2	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2214	E	LENS SPHCYL BIFOCAL OVER 12.	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2215	E	LENS LENTICULAR BIFOCAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2218	E	LENS ANISEIKONIC BIFOCAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2219	E	LENS BIFOCAL SEG WIDTH OVER	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2220	E	LENS BIFOCAL ADD OVER 3.25D	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2221	E	LENTICULAR LENS, BIFOCAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2299	E	LENS BIFOCAL SPECIALITY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2300	E	LENS SPHERE TRIFOCAL 4.00D	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2301	E	LENS SPHERE TRIFOCAL 4.12-7.	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2302	E	LENS SPHERE TRIFOCAL 7.12-20	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2303	E	LENS SPHCY TRIFOCAL 4.0/.12-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2304	E	LENS SPHCY TRIFOCAL 4.0/2.25	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2305	E	LENS SPHCY TRIFOCAL 4.0/4.25	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2306	E	LENS SPHCYL TRIFOCAL 4.00/>6	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2307	E	LENS SPHCY TRIFOCAL 4.25-7/.	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2308	E	LENS SPHC TRIFOCAL 4.25-7/2.	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2309	E	LENS SPHC TRIFOCAL 4.25-7/4.	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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**Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
V2310	E	LENS SPHC TRIFOCAL 4.25-7/>6	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2311	E	LENS SPHC TRIFO 7.25-12/2.25-	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2312	E	LENS SPHC TRIFO 7.25-12/2.25	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2313	E	LENS SPHC TRIFO 7.25-12/4.25	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2314	E	LENS SPHCYL TRIFOCAL OVER 12	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2315	E	LENS LENTICULAR TRIFOCAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2318	E	LENS ANISEIKONIC TRIFOCAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2319	E	LENS TRIFOCAL SEG WIDTH > 28	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2320	E	LENS TRIFOCAL ADD OVER 3.25D	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2321	E	LENTICULAR LENS, TRIFOCAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2399	E	LENS TRIFOCAL SPECIALITY	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2410	E	LENS VARIAB ASPHERICITY SING	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2430	E	LENS VARIABLE ASPHERICITY BI	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2499	E	VARIABLE ASPHERICITY LENS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2500	E	CONTACT LENS PMMA SPHERICAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2501	E	CNTCT LENS PMMA-TORIC/PRISM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2502	E	CONTACT LENS PMMA BIFOCAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2503	E	CNTCT LENS PMMA COLOR VISION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2510	E	CNTCT GAS PERMEABLE SPHERICL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2511	E	CNTCT TORIC PRISM BALLAST	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2512	E	CNTCT LENS GAS PERMBL BIFOCL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2513	E	CONTACT LENS EXTENDED WEAR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2520	E	CONTACT LENS HYDROPHILIC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2521	E	CNTCT LENS HYDROPHILIC TORIC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2522	E	CNTCT LENS HYDROPHIL BIFOCL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2523	E	CNTCT LENS HYDROPHIL EXTEND	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2524	E	CNTCT LENS HYDROPHIL PHOTOCH	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2525	E	CL, HYDROPHILIC, DUAL FOCUS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2526	E	CNTCT LENS BLUE VIOLET	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2530	E	CONTACT LENS GAS IMPERMEABLE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2531	E	CONTACT LENS GAS PERMEABLE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2599	E	CONTACT LENS/ES OTHER TYPE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2600	E	HAND HELD LOW VISION AIDS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2610	E	SINGLE LENS SPECTACLE MOUNT	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2615	E	TELESCOP/OTHR COMPOUND LENS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2623	E	PLASTIC EYE PROSTH CUSTOM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2624	E	POLISHING ARTIFICIAL EYE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2625	E	ENLARGEMNT OF EYE PROSTHESIS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2626	E	REDUCTION OF EYE PROSTHESIS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2627	E	SCLERAL COVER SHELL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2628	E	FABRICATION & FITTING	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2629	E	PROSTHETIC EYE OTHER TYPE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2630	N	ANTER CHAMBER INTRAOCUL LENS	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
V2631	N	IRIS SUPPORT INTRAOCLR LENS	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
V2632	N	POST CHMBR INTRAOCULAR LENS	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
V2700	E	BALANCE LENS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2702	E	DELUXE LENS FEATURE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2710	E	GLASS/PLASTIC SLAB OFF PRISM	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2715	E	PRISM LENS/ES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2718	E	FRESNELL PRISM PRESS-ON LENS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2730	E	SPECIAL BASE CURVE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2744	E	TINT PHOTOCHROMATIC LENS/ES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2745	E	TINT, ANY COLOR/SOLID/GRAD	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2750	E	ANTI-REFLECTIVE COATING	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2755	E	UV LENS/ES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2756	E	EYE GLASS CASE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-

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						Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
V2760	E	SCRATCH RESISTANT COATING	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2761	E	MIRROR COATING	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2762	E	POLARIZATION, ANY LENS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2770	E	OCCLUDE LENS/ES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2780	E	OVERSIZE LENS/ES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2781	E	PROGRESSIVE LENS PER LENS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2782	E	LENS, 1.54-1.65 P/1.60-1.79G	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2783	E	LENS, >= 1.66 P/>=1.80 G	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2784	E	LENS POLYCARB OR EQUAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2785	M	CORNEAL TISSUE PROCESSING	-	-	Fee Schedule	\$1,100.00	-	-	-	-	000	999	-
V2786	E	OCCUPATIONAL MULTIFOCAL LENS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2787	E	ASTIGMATISM-CORRECT FUNCTION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2788	E	PRESBYOPIA-CORRECT FUNCTION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2790	N	AMNIOTIC MEMBRANE	-	-	Bundled	\$0.00	-	-	-	-	000	999	-
V2797	E	VIS ITEM/SVC IN OTHER CODE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V2799	E	MISC VISION ITEM OR SERVICE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5008	E	HEARING SCREENING	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5010	E	ASSESSMENT FOR HEARING AID	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5011	E	HEARING AID FITTING/CHECKING	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5014	E	HEARING AID REPAIR/MODIFYING	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5020	E	CONFORMITY EVALUATION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5030	E	BODY-WORN HEARING AID AIR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5040	E	BODY-WORN HEARING AID BONE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5050	E	HEARING AID MONAURAL IN EAR	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5060	E	BEHIND EAR HEARING AID	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5070	E	GLASSES AIR CONDUCTION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5080	E	GLASSES BONE CONDUCTION	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5090	E	HEARING AID DISPENSING FEE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5095	E	IMPLANT MID EAR HEARING PROS	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5100	E	BODY-WORN BILAT HEARING AID	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5110	E	HEARING AID DISPENSING FEE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5120	E	BODY-WORN BINAURAL HEARING AID	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5130	E	IN EAR BINAURAL HEARING AID	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5140	E	BEHIND EAR BINAURAL HEARING AI	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5150	E	GLASSES BINAURAL HEARING AID	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5160	E	DISPENSING FEE BINAURAL	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5171	E	HEARING AID MONAURAL ITE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5172	E	HEARING AID MONAURAL ITC	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5181	E	HEARING AID MONAURAL BTE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5190	E	HEARING AID MONAURAL GLASSES	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5200	E	DISP FEE CONTRALATERAL MONAU	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
V5211	E	HEARING AID BINAURAL ITE/ITE	-	-	Not Allowed	\$0.00	-	-	-	-	000	999	-
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	-

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  
April 1, 2024**

Proc Cd	2024 APC Status Ind	Proc Desc	Proc Modifier	APC APC Weight	Method	Outpatient	Sole Comm.	Non-sole	Prior Auth. Required	Passport	Min Age	Max Age	Comments
						Hospital Fee Schedule	Hospital Lab Fees	Hospital Lab Fees					
V5248	E	HEARING AID, BINAURAL, CIC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5249	E	HEARING AID, BINAURAL, ITC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5250	E	HEARING AID, PROG, BIN, CIC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5251	E	HEARING AID, PROG, BIN, ITC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5252	E	HEARING AID, PROG, BIN, ITE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5253	E	HEARING AID, PROG, BIN, BTE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5254	E	HEARING ID, DIGIT, MON, CIC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5255	E	HEARING AID, DIGIT, MON, ITC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5256	E	HEARING AID, DIGIT, MON, ITE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5257	E	HEARING AID, DIGIT, MON, BTE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5258	E	HEARING AID, DIGIT, BIN, CIC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5259	E	HEARING AID, DIGIT, BIN, ITC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5260	E	HEARING AID, DIGIT, BIN, ITE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5261	E	HEARING AID, DIGIT, BIN, BTE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5262	E	HEARING AID, DISP, MONAURAL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5263	E	HEARING AID, DISP, BINAURAL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5264	E	EAR MOLD/INSERT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5265	E	EAR MOLD/INSERT, DISP	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5266	E	BATTERY FOR HEARING DEVICE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5267	E	HEARING AID SUP/ACCESS/DEV	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5268	E	ALD TELEPHONE AMPLIFIER	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5269	E	ALERTING DEVICE, ANY TYPE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5270	E	ALD, TV AMPLIFIER, ANY TYPE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5271	E	ALD, TV CAPTION DECODER	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5272	E	TDD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5273	E	ALD FOR COCHLEAR IMPLANT	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5274	E	ALD UNSPECIFIED	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5275	E	EAR IMPRESSION	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5281	E	ALD FM/DM SYSTEM, MONAURAL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5282	E	ALD FM/DM SYSTEM BINAURAL	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5283	E	ALD NECK, LOOP IND RECEIVER	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5284	E	ALD FM/DM EAR LEVEL RECEIVER	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5285	E	ALD FM/DM AUD INPUT RECEIVER	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5286	E	ALD BLU TOOTH FM/DM RECEIVER	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5287	E	ALD FM/DM RECEIVER, NOS	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5288	E	ALD FM/DM TRANSMITTER ALD	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5289	E	ALD FM/DM ADAPT/BOOT COUPLIN	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5290	E	ALD TRANSMITTER MICROPHONE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5298	E	HEARING AID NOC	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5299	E	HEARING SERVICE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5336	E	REPAIR COMMUNICATION DEVICE	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5362	E	SPEECH SCREENING	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5363	E	LANGUAGE SCREENING	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-
V5364	E	DYSPHAGIA SCREENING	-	-	-	Not Allowed	\$0.00	-	-	-	000	999	-