

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
0042T	CT PERFUSION W/CONTRAST CBF	-	-	7/1/2018	Not Allowed	\$0.00
0054T	BONE SRGRY CMPTR FLUOR IMAGE	-	-	7/1/2018	Not Allowed	\$0.00
0055T	BONE SRGRY CMPTR CT/MRI IMAG	-	-	7/1/2018	Not Allowed	\$0.00
0071T	US LEIOMYOMATA ABLATE <200	-	-	7/1/2018	Not Allowed	\$0.00
0072T	FCSD US ABLTJ LEIOMYOM>=200	-	-	7/1/2018	Not Allowed	\$0.00
0100T	PROSTH RETINA RECEIVE&GEN	-	Y	7/1/2018	Not Allowed	\$0.00
0101T	ESW MUSCSKEL SYS NOS	-	Y	7/1/2018	Not Allowed	\$0.00
0102T	ESW PHY ANES LAT HMRL EPCNDL	-	Y	7/1/2018	Not Allowed	\$0.00
0174T	CAD CXR WITH INTERP	-	-	7/1/2018	Not Allowed	\$0.00
0175T	CAD CXR REMOTE	-	-	7/1/2018	Not Allowed	\$0.00
0184T	EXC RECTAL TUMOR ENDOSCOPIC	-	-	1/1/2021	Not Allowed	\$0.00
0200T	PERQ SACRAL AUGMT UNILAT INJ	-	Y	7/1/2018	Not Allowed	\$0.00
0201T	PERQ SACRAL AUGMT BILAT INJ	-	Y	7/1/2018	Not Allowed	\$0.00
0213T	NJX PARAVERT W/US CER/THOR	-	Y	7/1/2018	Not Allowed	\$0.00
0214T	NJX PARAVERT W/US CER/THOR	-	Y	7/1/2018	Not Allowed	\$0.00
0215T	NJX PARAVERT W/US CER/THOR	-	Y	7/1/2018	Not Allowed	\$0.00
0216T	NJX PARAVERT W/US LUMB/SAC	-	Y	7/1/2018	Not Allowed	\$0.00
0217T	NJX PARAVERT W/US LUMB/SAC	-	Y	7/1/2018	Not Allowed	\$0.00
0218T	NJX PARAVERT W/US LUMB/SAC	-	Y	7/1/2018	Not Allowed	\$0.00
0221T	PLMT POST FACET IMPLT LUMB	-	-	1/1/2021	Not Allowed	\$0.00
0232T	NJX PLATELET PLASMA	-	Y	7/1/2018	Not Allowed	\$0.00
0238T	TRLUML PERIP ATHRC ILIAC ART	-	-	7/1/2018	Not Allowed	\$0.00
0250T	INSERT BRONCHIAL VALVE	-	-	7/1/2018	Not Allowed	\$0.00
0251T	REMOV BRONCHIAL VALVE	-	-	7/1/2018	Not Allowed	\$0.00
0252T	REMOV BRONCH VALVE ADDL	-	-	7/1/2018	Not Allowed	\$0.00
0253T	INSERT AQUEOUS DRAIN DEVICE	-	-	7/1/2018	Not Allowed	\$0.00
0263T	IM B1 MRW CEL THER CMPL	-	-	7/1/2018	Not Allowed	\$0.00
0264T	IM B1 MRW CEL THER XCL HRVST	-	-	7/1/2018	Not Allowed	\$0.00
0265T	IM B1 MRW CEL THER HRVST ONL	-	-	7/1/2018	Not Allowed	\$0.00
0266T	IMPLT/RPL CRTD SNS DEV TOTAL	-	-	1/1/2021	Not Allowed	\$0.00
0267T	IMPLT/RPL CRTD SNS DEV LEAD	-	-	1/1/2021	Not Allowed	\$0.00
0268T	IMPLT/RPL CRTD SNS DEV GEN	-	-	1/1/2021	Not Allowed	\$0.00
0269T	REV/REML CRTD SNS DEV TOTAL	-	-	7/1/2018	Not Allowed	\$0.00
0270T	REV/REML CRTD SNS DEV LEAD	-	-	7/1/2018	Not Allowed	\$0.00
0271T	REV/REML CRTD SNS DEV GEN	-	-	7/1/2018	Not Allowed	\$0.00
0274T	PERQ LAMOT/LAM CRV/THRC	-	-	7/1/2018	Not Allowed	\$0.00
0275T	PERQ LAMOT/LAM LUMBAR	-	-	7/1/2018	Not Allowed	\$0.00
0278T	TEMPR	-	-	7/1/2018	Not Allowed	\$0.00
0308T	INSJ OCULAR TELESCOPE PROSTH	-	-	7/1/2018	Not Allowed	\$0.00
0330T	TEAR FILM IMG UNI/BI W/I&R	-	-	7/1/2018	Not Allowed	\$0.00
0331T	HEART SYMP IMAGE PLNR	-	-	7/1/2018	Not Allowed	\$0.00
0332T	HEART SYMP IMAGE PLNR SPECT	-	-	7/1/2018	Not Allowed	\$0.00
0335T	INSJ SINUS TARSI IMPLANT	-	-	7/1/2018	Not Allowed	\$0.00
0338T	TRNSCTH RENAL SYMP DENRV UNL	-	-	7/1/2018	Not Allowed	\$0.00
0339T	TRNSCTH RENAL SYMP DENRV BIL	-	-	7/1/2018	Not Allowed	\$0.00
0342T	THXP APHERESIS W/HDL DELIP	-	-	7/1/2018	Not Allowed	\$0.00
0347T	INS BONE DEVICE FOR RSA	-	-	7/1/2018	Not Allowed	\$0.00
0348T	RSA SPINE EXAM	-	-	7/1/2018	Not Allowed	\$0.00
0349T	RSA UPPER EXTR EXAM	-	-	7/1/2018	Not Allowed	\$0.00
0350T	RSA LOWER EXTR EXAM	-	-	7/1/2018	Not Allowed	\$0.00
0351T	INTRAOP OCT BRST/NODE SPEC	-	-	7/1/2018	Not Allowed	\$0.00

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

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0353T	INTRAOP OCT BREAST CAVITY	-	-	7/1/2018	Not Allowed	\$0.00
0379T	VIS FIELD ASSMNT TECH SUPPT	-	-	7/1/2018	Not Allowed	\$0.00
0394T	HDR ELCTRNC SKN SURF BRCHYTX	-	-	7/1/2018	Not Allowed	\$0.00
0395T	HDR ELCTR NTRST/NTRCV BRCHTX	-	-	7/1/2018	Not Allowed	\$0.00
0397T	ERCP W/OPTICAL ENDOMICROSCPY	-	-	7/1/2018	Not Allowed	\$0.00
0402T	COLGN CRS-LINK CRN&PACHYMTRY	-	-	7/1/2018	Not Allowed	\$0.00
0408T	INSJ/RPLC CARDIAC MODULJ SYS	-	-	7/1/2018	Not Allowed	\$0.00
0409T	INSJ/RPLC CAR MODULJ PLS GN	-	-	7/1/2018	Not Allowed	\$0.00
0410T	INSJ/RPLC CAR MODULJ ATR ELT	-	-	7/1/2018	Not Allowed	\$0.00
0411T	INSJ/RPLC CAR MODULJ VNT ELT	-	-	7/1/2018	Not Allowed	\$0.00
0412T	RMVL CARDIAC MODULJ PLS GEN	-	-	7/1/2018	Not Allowed	\$0.00
0413T	RMVL CAR MODULJ TRANVNS ELT	-	-	7/1/2018	Not Allowed	\$0.00
0414T	RMVL & RPL CAR MODULJ PLS GN	-	-	7/1/2018	Not Allowed	\$0.00
0415T	REPOS CAR MODULJ TRANVNS ELT	-	-	7/1/2018	Not Allowed	\$0.00
0416T	RELOC SKIN POCKET PLS GEN	-	-	7/1/2018	Not Allowed	\$0.00
0419T	DSTRJ NEUROFIBROMA XTNSV	-	-	7/1/2018	Not Allowed	\$0.00
0420T	DSTRJ NEUROFIBROMA XTNSV	-	-	7/1/2018	Not Allowed	\$0.00
0421T	WATERJET PROSTATE ABLTJ CMPL	-	-	7/1/2018	Not Allowed	\$0.00
0422T	TACTILE BREAST IMG UNI/BI	-	-	7/1/2018	Not Allowed	\$0.00
0437T	IMPLTJ SYNTH RNFCMT ABDL WAL	-	-	7/1/2018	Not Allowed	\$0.00
0439T	MYOCDR CONTRAST PRFUJ ECHO	-	-	7/1/2018	Not Allowed	\$0.00
0440T	ABLTJ PERC UXTR/PERPH NRV	-	-	7/1/2018	Not Allowed	\$0.00
0441T	ABLTJ PERC LXTR/PERPH NRV	-	-	7/1/2018	Not Allowed	\$0.00
0442T	ABLTJ PERC PLEX/TRNCL NRV	-	-	7/1/2018	Not Allowed	\$0.00
0443T	R-T SPCTRL ALYS PRST8 TISS	-	-	7/1/2018	Not Allowed	\$0.00
0444T	1ST PLMT DRUG ELUT OC INS	-	-	7/1/2018	Not Allowed	\$0.00
0445T	SBSQT PLMT DRUG ELUT OC INS	-	-	7/1/2018	Not Allowed	\$0.00
0446T	INSJ IMPLTBL GLUCOSE SENSOR	-	-	7/1/2018	Not Allowed	\$0.00
0447T	RMVL IMPLTBL GLUCOSE SENSOR	-	-	7/1/2018	Not Allowed	\$0.00
0448T	REMVL INSJ IMPLTBL GLUC SENS	-	-	7/1/2018	Not Allowed	\$0.00
0449T	INSJ AQUEOUS DRAIN DEV 1ST	-	-	7/1/2018	Not Allowed	\$0.00
0450T	INSJ AQUEOUS DRAIN DEV EACH	-	-	7/1/2018	Not Allowed	\$0.00
0474T	INSJ AQUEOUS DRG DEV IO RSVR	-	-	7/1/2018	Not Allowed	\$0.00
0479T	FXJL ABL LSR 1ST 100 SQ CM	-	-	7/1/2018	Not Allowed	\$0.00
0480T	FXJL ABL LSR EA ADDL 100SQCM	-	-	7/1/2018	Not Allowed	\$0.00
0481T	NJX AUTOL WBC CONCENTRATE	-	-	7/1/2018	Not Allowed	\$0.00
0483T	TMVI PERCUTANEOUS APPROACH	-	-	7/1/2018	Not Allowed	\$0.00
0484T	TMVI TRANSTHORACIC EXPOSURE	-	-	7/1/2018	Not Allowed	\$0.00
0485T	OCT MID EAR I&R UNILATERAL	-	-	7/1/2018	Not Allowed	\$0.00
0486T	OCT MID EAR I&R BILATERAL	-	-	7/1/2018	Not Allowed	\$0.00
0488T	DIABETES PREV ONLINE/ELEC	-	-	7/1/2018	Not Allowed	\$0.00
0505T	EV FEMPOP ARTL REVSC	-	-	1/1/2021	Not Allowed	\$0.00
0510T	RMVL SINUS TARSI IMPLANT	-	-	1/1/2019	Not Allowed	\$0.00
0511T	RMVL&RINSJ SINUS TARSI IMPLT	-	-	1/1/2019	Not Allowed	\$0.00
0512T	ESW INTEG WND HLG 1ST WND	-	-	1/1/2019	Not Allowed	\$0.00
0513T	ESW INTEG WND HLG EA ADDL	-	-	1/1/2019	Not Allowed	\$0.00
0515T	INSJ WCS LV COMPL SYS	-	-	1/1/2021	Not Allowed	\$0.00
0516T	INSJ WCS LV ELTRD ONLY	-	-	1/1/2021	Not Allowed	\$0.00
0517T	INSJ WCS LV BOTH COMPNT PG	-	-	1/1/2021	Not Allowed	\$0.00
0518T	RMVL PG WCS LV BATTERY ONLY	-	-	1/1/2021	Not Allowed	\$0.00
0519T	RMVL & RPLCMT PG COMPNT WCS	-	-	1/1/2021	Not Allowed	\$0.00

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0520T	RMVL&RPLCMT PG WCS NEW ELTRD	-	-	1/1/2021	Not Allowed	\$0.00
0523T	NTRAPX C FFR W/3D FUNCJL MAP	-	-	1/1/2019	Not Allowed	\$0.00
0524T	EV CATH DIR CHEM ABLTJ W/IMG	-	-	1/1/2019	Not Allowed	\$0.00
0525T	INSJ/RPLCMT COMPL IIMS	-	-	1/1/2019	Not Allowed	\$0.00
0526T	INSJ/RPLCMT IIMS ELTRD ONLY	-	-	1/1/2019	Not Allowed	\$0.00
0527T	INSJ/RPLCMT IIMS IMPLT MNTR	-	-	7/1/2019	Not Allowed	\$0.00
0530T	REMOVAL COMPLETE IIMS	-	-	7/1/2019	Not Allowed	\$0.00
0531T	REMOVAL IIMS ELECTRODE ONLY	-	-	7/1/2019	Not Allowed	\$0.00
0532T	REMOVAL IIMS IMPLT MNTR ONLY	-	-	7/1/2019	Not Allowed	\$0.00
0558T	CT SCAN F/BIOMCHN CT ALYS	-	-	7/1/2019	Not Allowed	\$0.00
0566T	AUTOL CELL IMPLT ADPS NJX	-	-	1/1/2020	Not Allowed	\$0.00
0581T	ABL TJ MAL BRST TUM PERQ CRTX	-	-	1/1/2023	Not Allowed	\$0.00
0583T	TMPST AUTO TUBE DLVR SYS	-	-	1/1/2021	Not Allowed	\$0.00
0587T	PERQ IMPLTJ/RPLCMT ISDNS PTN	-	-	1/1/2020	Not Allowed	\$0.00
0588T	REVISION/REMOVAL ISDNS PTN	-	-	1/1/2020	Not Allowed	\$0.00
0594T	OSTEOT HUM XTRNL LNGTH DEV	-	-	7/1/2020	Not Allowed	\$0.00
0596T	TEMP FML IU VLV-PMP 1ST INSJ	-	-	7/1/2020	Not Allowed	\$0.00
0597T	TEMP FML IU VALVE-PMP RPLCMT	-	-	7/1/2020	Not Allowed	\$0.00
0598T	NCNTC R-T FLUOR WND IMG 1ST	-	-	7/1/2020	Not Allowed	\$0.00
0599T	NCNTC R-T FLUOR WND IMG EA	-	-	10/1/2020	Not Allowed	\$0.00
0600T	IRE ABL TJ 1+TUM ORGAN PERQ	-	-	7/1/2020	Not Allowed	\$0.00
0601T	IRE ABL TJ 1+TUMORS OPEN	-	-	7/1/2020	Not Allowed	\$0.00
0609T	MRS DISC PAIN ACQUISJ DATA	-	-	1/1/2021	Not Allowed	\$0.00
0611T	MRS DISC PAIN ALG ALYS DATA	-	-	1/1/2021	Not Allowed	\$0.00
0614T	RMVL&RPLCMT SS IMPL DFB PG	-	-	7/1/2020	Not Allowed	\$0.00
0619T	CYSTO W/PRST8 COMMISSUROTOMY	-	-	7/1/2020	Not Allowed	\$0.00
0620T	EVASC VEN ARTLZ TIBL/PRNL VN	-	-	1/1/2021	Not Allowed	\$0.00
0621T	TRABECULOSTOMY INTERNO LASER	-	-	7/1/2024	Not Allowed	\$0.00
0627T	PERQ NJX ALGC FLUOR LMBR 1ST	-	-	1/1/2021	Not Allowed	\$0.00
0628T	PERQ NJX ALGC FLUOR LMBR EA	-	-	1/1/2021	Not Allowed	\$0.00
0629T	PERQ NJX ALGC CT LMBR 1ST	-	-	1/1/2021	Not Allowed	\$0.00
0630T	PERQ NJX ALGC CT LMBR EA	-	-	1/1/2021	Not Allowed	\$0.00
0632T	PERQ TCAT US ABL TJ NR V P-ART	-	-	4/1/2021	Not Allowed	\$0.00
0633T	CT BREAST W/3D UNI C-	-	-	1/1/2021	Not Allowed	\$0.00
0634T	CT BREAST W/3D UNI C+	-	-	1/1/2021	Not Allowed	\$0.00
0635T	CT BREAST W/3D UNI C-/C+	-	-	1/1/2021	Not Allowed	\$0.00
0636T	CT BREAST W/3D BI C-	-	-	1/1/2021	Not Allowed	\$0.00
0637T	CT BREAST W/3D BI C+	-	-	1/1/2021	Not Allowed	\$0.00
0638T	CT BREAST W/3D BI C-/C+	-	-	1/1/2021	Not Allowed	\$0.00
0644T	TCAT RMVL/DBLK ICAR MAS PERQ	-	-	7/1/2021	Not Allowed	\$0.00
0647T	INSJ GTUBE PERQ MAG GASTRPXY	-	-	7/1/2021	Not Allowed	\$0.00
0648T	QUAN MR TIS WO MRI IORGN	-	-	7/1/2021	Not Allowed	\$0.00
0651T	MAG CTRLD CAPSULE ENDOSCOPY	-	-	7/1/2021	Not Allowed	\$0.00
0652T	EGD FLX TRANSNASAL DX BR/WA	-	-	7/1/2021	Not Allowed	\$0.00
0653T	EGD FLX TRANSNASAL BX 1/MLT	-	-	7/1/2021	Not Allowed	\$0.00
0654T	EGD FLX TRANSNASAL TUBE/CATH	-	-	7/1/2021	Not Allowed	\$0.00
0655T	TPRNL FOCAL ABL TJ MAL PRST8	-	-	7/1/2021	Not Allowed	\$0.00
0660T	IMPLT ANT SGM IO NBIO RX SYS	-	-	4/1/2024	Not Allowed	\$0.00
0661T	RMVL&RIMPLTJ ANT SGM IMPLT	-	-	4/1/2024	Not Allowed	\$0.00
0671T	INSJ ANT SGM AQ DRG DEV 1+	-	-	1/1/2022	Not Allowed	\$0.00
0673T	ABL TJ B9 THYR NDUL PERQ LASR	-	-	1/1/2022	Not Allowed	\$0.00

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0674T	LAPS INSJ NW/RPCMT PRM ISDSS	-	-	4/1/2025	Not Allowed	\$0.00
0675T	LAPS INSJ NW/RPCMT ISDSS 1LD	-	-	4/1/2025	Not Allowed	\$0.00
0676T	LAPS INSJ NW/RPCMT ISDSS EA	-	-	4/1/2025	Not Allowed	\$0.00
0677T	LAPS REPOS LEAD ISDSS 1ST LD	-	-	4/1/2025	Not Allowed	\$0.00
0678T	LAPS REPOS LEAD ISDSS EA ADD	-	-	4/1/2025	Not Allowed	\$0.00
0679T	LAPS RMVL LEAD ISDSS	-	-	4/1/2025	Not Allowed	\$0.00
0680T	INSJ/RPLCMT PG ONLY ISDSS	-	-	4/1/2025	Not Allowed	\$0.00
0681T	RLCJ PULSE GEN ONLY ISDSS	-	-	4/1/2025	Not Allowed	\$0.00
0682T	REMOVAL PULSE GEN ONLY ISDSS	-	-	4/1/2025	Not Allowed	\$0.00
0686T	HISTOTRIPSY MAL HEPATCEL TIS	-	-	1/1/2022	Not Allowed	\$0.00
0689T	QUAN US TIS CHARAC W/O DX US	-	-	1/1/2022	Not Allowed	\$0.00
0697T	QUAN MR TIS WO MRI MLT ORGN	-	-	1/1/2022	Not Allowed	\$0.00
0698T	QUAN MR TISS W/MRI MLT ORGN	-	-	7/1/2023	Not Allowed	\$0.00
0699T	NJX PST CHMBR EYE MEDICATION	-	-	1/1/2022	Not Allowed	\$0.00
0707T	NJX B1 SUB MTRL SBCHDRL DFCT	-	-	1/1/2022	Not Allowed	\$0.00
0714T	TPLA B9 PRST8 HYPRPLSA<50ML	-	-	7/1/2022	Not Allowed	\$0.00
0717T	ADRC THER PRTL RC TEAR	-	-	4/1/2025	Not Allowed	\$0.00
0718T	ADRC THER PRTL RC TEAR NJX	-	-	4/1/2025	Not Allowed	\$0.00
0737T	XENOGRAFT IMPLTJ ARTCLR SURF	-	-	10/1/2024	Not Allowed	\$0.00
0784T	INS/RPLMT ELTRD RA SPI NSTIM	-	-	1/1/2024	Not Allowed	\$0.00
0785T	REVJ/RMVL NEA SPI W/NSTIM	-	-	1/1/2024	Not Allowed	\$0.00
0786T	INSJ/RPLCMT PRQ RA SAC NSTIM	-	-	1/1/2024	Not Allowed	\$0.00
0787T	REVJ/RMVL NEA SAC W/NSTIM	-	-	1/1/2024	Not Allowed	\$0.00
0793T	PRQ TCAT THRM ABLT NRV P-ART	-	-	7/1/2023	Not Allowed	\$0.00
0797T	TCAT INS 2CHMBR LDLS PM RV	-	-	7/1/2023	Not Allowed	\$0.00
0800T	TCAT RMVL 2CHMBR LDLS PM RV	-	-	7/1/2023	Not Allowed	\$0.00
0803T	TCAT RMV&RPL2CHMB LDLS PM RV	-	-	7/1/2023	Not Allowed	\$0.00
0810T	SUBRTA NJX RX AGT W/VTRC	-	-	1/1/2024	Not Allowed	\$0.00
0813T	EGD VOL ADJMT BARIATRIC BALO	-	-	1/1/2024	Not Allowed	\$0.00
0816T	OPN INSJ/RPLCMT INS PTN SUBQ	-	-	1/1/2024	Not Allowed	\$0.00
0817T	OPN INSJ/RPLCMT INS PTN SUBF	-	-	1/1/2024	Not Allowed	\$0.00
0818T	REVJ/RMVL INS PTN SUBQ	-	-	1/1/2024	Not Allowed	\$0.00
0819T	REVJ/RMVL INS PTN SUBF	-	-	1/1/2024	Not Allowed	\$0.00
0864T	LOW NTSTY ESWT CORPUS CVRNSM	-	-	1/1/2024	Not Allowed	\$0.00
0867T	TPLA B9 PRST8 HYPRPLSA>=50ML	-	-	7/1/2024	Not Allowed	\$0.00
0869T	NJX B1 SUB MTRL HW FIXJ AUG	-	-	7/1/2024	Not Allowed	\$0.00
0870T	IMP SUBQ PRTL ASCTS PMP SYS	-	-	7/1/2024	Not Allowed	\$0.00
0871T	RPLCMT SUBQ PRTL ASCITES PMP	-	-	7/1/2024	Not Allowed	\$0.00
0872T	RPLCMT NDWLLG BLDR&PRTL CATH	-	-	7/1/2024	Not Allowed	\$0.00
0873T	REVJ SUBQ PRTL ASCT PMP SYS	-	-	7/1/2024	Not Allowed	\$0.00
0874T	RMVL PERTL ASCITES PMP SYS	-	-	7/1/2024	Not Allowed	\$0.00
0875T	PRGRM SUBQ PRTL ASCT PMP SYS	-	-	7/1/2024	Not Allowed	\$0.00
0884T	ESPHGSC FLX 1ST TNDSC DILAT	-	-	7/1/2024	Not Allowed	\$0.00
0885T	COLSC FLX 1ST TNDSC DILAT	-	-	7/1/2024	Not Allowed	\$0.00
0886T	SGMDSC FLX 1ST TNDSC DILAT	-	-	7/1/2024	Not Allowed	\$0.00
0888T	HISTOTRIPSY MAL RENAL TISSUE	-	-	7/1/2024	Not Allowed	\$0.00
0913T	PRQ TCAT THER RX NTRAC BALO1	-	-	4/1/2025	Not Allowed	\$0.00
0914T	PRQ TCAT THR RX NTRC BAL SEP	-	-	4/1/2025	Not Allowed	\$0.00
0915T	INSJ PERM CCM-D SYS PG&ELTRD	-	-	4/1/2025	Not Allowed	\$0.00
0916T	INSJ PERM CCM-D SYS PG ONLY	-	-	4/1/2025	Not Allowed	\$0.00
0917T	INSJ PERM CCM-D SYS 1 LEAD	-	-	4/1/2025	Not Allowed	\$0.00

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0918T	INSJ	PERM CCM-D SYS DUAL LD	-	-	4/1/2025	Not Allowed	\$0.00
0919T	RMVL	PERM CCM-D SYS PG ONLY	-	-	4/1/2025	Not Allowed	\$0.00
0920T	RMVL	PERM CCM-D SYS 1 PAC LD	-	-	4/1/2025	Not Allowed	\$0.00
0921T	RMVL	PERM CCM-D SYS 1 DFB LD	-	-	4/1/2025	Not Allowed	\$0.00
0922T	RMVL	PERM CCM-D SYS DUAL LD	-	-	4/1/2025	Not Allowed	\$0.00
0923T	RMVL&RPLCMT	PERM CCM-D PG	-	-	4/1/2025	Not Allowed	\$0.00
0924T	RPOS	PRV CCM-D TRNSVNS ELTRD	-	-	4/1/2025	Not Allowed	\$0.00
0925T	RLCJ	SKIN POCKET CCM-D PG	-	-	4/1/2025	Not Allowed	\$0.00
0933T	TCAT	IMPL WRLS L ATR PRS SNR	-	-	4/1/2025	Not Allowed	\$0.00
10004	FNA	BX W/O IMG GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
10005	FNA	BX W/US GDN 1ST LES	Y	-	1/1/2025	Fee Schedule	\$377.60
10006	FNA	BX W/US GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
10007	FNA	BX W/FLUOR GDN 1ST LES	Y	-	1/1/2025	Fee Schedule	\$228.04
10008	FNA	BX W/FLUOR GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
10009	FNA	BX W/CT GDN 1ST LES	Y	-	1/1/2025	Fee Schedule	\$377.60
10010	FNA	BX W/CT GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
10011	FNA	BX W/MR GDN 1ST LES	Y	-	1/1/2025	Fee Schedule	\$377.60
10012	FNA	BX W/MR GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
10021	FNA	BX W/O IMG GDN 1ST LES	Y	-	1/1/2025	Fee Schedule	\$59.52
10030	IMG	GID FLU COLL DRG SFT TIS	Y	-	1/1/2025	Fee Schedule	\$377.60
10035	PLMT	SFT TISS LOCLZJ DEV 1ST	-	-	7/1/2018	No Separate Payment	\$0.00
10036	PLMT	SFT TISS LOCLZJ DEV EA	-	-	7/1/2018	No Separate Payment	\$0.00
10040	ACNE	SURGERY	-	-	7/1/2018	No Separate Payment	\$0.00
10060	I&D	ABSCCESS SIMPLE/SINGLE	Y	-	1/1/2025	Fee Schedule	\$80.54
10061	I&D	ABSCCESS COMP/MULTIPLE	Y	-	1/1/2025	Fee Schedule	\$119.36
10080	I&D	PILONIDAL CYST SIMPLE	Y	-	1/1/2025	Fee Schedule	\$192.46
10081	I&D	PILONIDAL CYST COMP	Y	-	1/1/2025	Fee Schedule	\$231.60
10120	INC&RMVL	FB SUBQ TISS SMPL	Y	-	1/1/2025	Fee Schedule	\$102.86
10121	INC&RMVL	FB SUBQ TISS COMP	Y	-	1/1/2025	Fee Schedule	\$708.28
10140	I&D	HMTMA SEROMA/FLUID COLLJ	Y	-	1/1/2025	Fee Schedule	\$106.74
10160	PNXR	ASPIR ABSC HMTMA BULLA	Y	-	1/1/2025	Fee Schedule	\$80.87
10180	I&D	COMPLEX PO WOUND INFCTJ	Y	-	1/1/2025	Fee Schedule	\$1,201.90
11000	DBRDMT	ECZ/INFECTED SKIN<10%	Y	-	1/1/2025	Fee Schedule	\$36.23
11001	DBRDMT	ECZ/INFCT SKN EA ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
11010	DEBRIDE	SKIN AT FX SITE	Y	-	1/1/2025	Fee Schedule	\$377.60
11011	DEBRIDE	SKIN MUSC AT FX SITE	Y	-	1/1/2025	Fee Schedule	\$377.60
11012	DEB	SKIN BONE AT FX SITE	Y	-	1/1/2025	Fee Schedule	\$1,201.90
11042	DBRDMT	SUBQ TIS 1ST 20SQCM/<	Y	-	1/1/2025	Fee Schedule	\$214.39
11043	DBRDMT	MUSC&/FSCA 1ST 20/<	Y	-	1/1/2025	Fee Schedule	\$328.29
11044	DBRDMT	BONE 1ST 20 SQ CM/<	Y	-	1/1/2025	Fee Schedule	\$708.28
11045	DBRDMT	SUBQ TISS EACH ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
11046	DBRDMT	MUSC&/FSCA EA ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
11047	DBRDMT	BONE EACH ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
11055	PARING/CUTG	B9 HYPRKER LES 1	-	-	7/1/2018	No Separate Payment	\$0.00
11056	PARNG/CUTG	B9 HYPRKR LES 2-4	-	-	7/1/2018	No Separate Payment	\$0.00
11057	PARNG/CUTG	B9 HYPRKR LES >4	Y	-	1/1/2025	Fee Schedule	\$63.72
11102	TANGNTL	BX SKIN SINGLE LES	Y	-	1/1/2025	Fee Schedule	\$72.46
11103	TANGNTL	BX SKIN EA SEP/ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
11104	PUNCH	BX SKIN SINGLE LESION	Y	-	1/1/2025	Fee Schedule	\$89.28
11105	PUNCH	BX SKIN EA SEP/ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
11106	INCAL	BX SKN SINGLE LES	Y	-	1/1/2025	Fee Schedule	\$111.60

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

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
11107	INCAL BX SKN EA SEP/ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
11200	RMVL SKIN TAGS UP TO&INC 15	-	-	7/1/2018	No Separate Payment	\$0.00
11201	RMVL SKIN TAGS EA ADDL 10	-	-	7/1/2018	No Separate Payment	\$0.00
11300	SHAVE SKIN LESION 0.5 CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
11301	SHAVE SKIN LESION 0.6-1.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11302	SHAVE SKIN LESION 1.1-2.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11303	SHAVE SKIN LESION >2.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11305	SHAVE SKIN LESION 0.5 CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
11306	SHAVE SKIN LESION 0.6-1.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11307	SHAVE SKIN LESION 1.1-2.0 CM	Y	-	1/1/2025	Fee Schedule	\$89.28
11308	SHAVE SKIN LESION >2.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11310	SHAVE SKIN LESION 0.5 CM/<	Y	-	1/1/2025	Fee Schedule	\$81.84
11311	SHAVE SKIN LESION 0.6-1.0 CM	Y	-	1/1/2025	Fee Schedule	\$91.86
11312	SHAVE SKIN LESION 1.1-2.0 CM	Y	-	1/1/2025	Fee Schedule	\$102.86
11313	SHAVE SKIN LESION >2.0 CM	Y	-	1/1/2025	Fee Schedule	\$114.18
11400	EXC TR-EXT B9+MARG 0.5 CM<	Y	-	1/1/2025	Fee Schedule	\$90.89
11401	EXC TR-EXT B9+MARG 0.6-1 CM	Y	-	1/1/2025	Fee Schedule	\$104.48
11402	EXC TR-EXT B9+MARG 1.1-2 CM	Y	-	1/1/2025	Fee Schedule	\$114.18
11403	EXC TR-EXT B9+MARG 2.1-3CM	Y	-	1/1/2025	Fee Schedule	\$124.53
11404	EXC TR-EXT B9+MARG 3.1-4 CM	Y	-	1/1/2025	Fee Schedule	\$708.28
11406	EXC TR-EXT B9+MARG >4.0 CM	Y	-	1/1/2025	Fee Schedule	\$708.28
11420	EXC H-F-NK-SP B9+MARG 0.5/<	Y	-	1/1/2025	Fee Schedule	\$85.72
11421	EXC H-F-NK-SP B9+MARG 0.6-1	Y	-	1/1/2025	Fee Schedule	\$101.89
11422	EXC H-F-NK-SP B9+MARG 1.1-2	Y	-	1/1/2025	Fee Schedule	\$113.21
11423	EXC H-F-NK-SP B9+MARG 2.1-3	Y	-	1/1/2025	Fee Schedule	\$125.18
11424	EXC H-F-NK-SP B9+MARG 3.1-4	Y	-	1/1/2025	Fee Schedule	\$708.28
11426	EXC H-F-NK-SP B9+MARG >4 CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
11440	EXC FACE-MM B9+MARG 0.5 CM/<	Y	-	1/1/2025	Fee Schedule	\$100.27
11441	EXC FACE-MM B9+MARG 0.6-1 CM	Y	-	1/1/2025	Fee Schedule	\$112.89
11442	EXC FACE-MM B9+MARG 1.1-2 CM	Y	-	1/1/2025	Fee Schedule	\$123.24
11443	EXC FACE-MM B9+MARG 2.1-3 CM	Y	-	1/1/2025	Fee Schedule	\$136.18
11444	EXC FACE-MM B9+MARG 3.1-4 CM	Y	-	1/1/2025	Fee Schedule	\$708.28
11446	EXC FACE-MM B9+MARG >4 CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
11450	EXC SKN HDRDNT AX SMPL/NTRM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
11451	EXC SKN HDRDNT AX COMPLEX	Y	-	1/1/2025	Fee Schedule	\$1,201.90
11462	EXC SKN HDRDNT ING SMPL/NTRM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
11463	EXC SKN HDRDNT ING COMPLEX	Y	-	1/1/2025	Fee Schedule	\$1,201.90
11470	EXC SKN H/P/P/U SMPL/NTRM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
11471	EXC SKN H/P/P/U COMPLEX	Y	-	1/1/2025	Fee Schedule	\$1,201.90
11600	EXC TR-EXT MAL+MARG 0.5 CM/<	Y	-	1/1/2025	Fee Schedule	\$131.65
11601	EXC TR-EXT MAL+MARG 0.6-1 CM	Y	-	1/1/2025	Fee Schedule	\$146.53
11602	EXC TR-EXT MAL+MARG 1.1-2 CM	Y	-	1/1/2025	Fee Schedule	\$156.23
11603	EXC TR-EXT MAL+MARG 2.1-3 CM	Y	-	1/1/2025	Fee Schedule	\$168.85
11604	EXC TR-EXT MAL+MARG 3.1-4 CM	Y	-	1/1/2025	Fee Schedule	\$377.60
11606	EXC TR-EXT MAL+MARG >4 CM	Y	-	1/1/2025	Fee Schedule	\$708.28
11620	EXC H-F-NK-SP MAL+MARG 0.5/<	Y	-	1/1/2025	Fee Schedule	\$131.65
11621	EXC S/N/H/F/G MAL+MRG 0.6-1	Y	-	1/1/2025	Fee Schedule	\$146.85
11622	EXC S/N/H/F/G MAL+MRG 1.1-2	Y	-	1/1/2025	Fee Schedule	\$158.50
11623	EXC S/N/H/F/G MAL+MRG 2.1-3	Y	-	1/1/2025	Fee Schedule	\$174.02
11624	EXC S/N/H/F/G MAL+MRG 3.1-4	Y	-	1/1/2025	Fee Schedule	\$708.28
11626	EXC S/N/H/F/G MAL+MRG >4 CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90

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

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
11640	EXC F/E/E/N/L MAL+MRG 0.5CM<	Y	-	1/1/2025	Fee Schedule	\$136.18
11641	EXC F/E/E/N/L MAL+MRG 0.6-1	Y	-	1/1/2025	Fee Schedule	\$150.73
11642	EXC F/E/E/N/L MAL+MRG 1.1-2	Y	-	1/1/2025	Fee Schedule	\$164.97
11643	EXC F/E/E/N/L MAL+MRG 2.1-3	Y	-	1/1/2025	Fee Schedule	\$180.82
11644	EXC F/E/E/N/L MAL+MRG 3.1-4	Y	-	1/1/2025	Fee Schedule	\$708.28
11646	EXC F/E/E/N/L MAL+MRG >4 CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
11719	TRIM NAIL(S) ANY NUMBER	-	-	7/1/2018	No Separate Payment	\$0.00
11720	DEBRIDE NAIL 1-5	-	-	7/1/2018	No Separate Payment	\$0.00
11721	DEBRIDE NAIL 6 OR MORE	-	-	7/1/2018	No Separate Payment	\$0.00
11730	REMOVAL OF NAIL PLATE	-	-	7/1/2018	No Separate Payment	\$0.00
11732	REMOVE NAIL PLATE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
11740	DRAIN BLOOD FROM UNDER NAIL	-	-	7/1/2018	No Separate Payment	\$0.00
11750	REMOVAL OF NAIL BED	Y	-	1/1/2025	Fee Schedule	\$99.95
11755	BIOPSY NAIL UNIT	Y	-	1/1/2025	Fee Schedule	\$74.07
11760	REPAIR OF NAIL BED	Y	-	1/1/2025	Fee Schedule	\$120.33
11762	RECONSTRUCTION OF NAIL BED	Y	-	1/1/2025	Fee Schedule	\$174.67
11765	EXCISION OF NAIL FOLD TOE	-	-	7/1/2018	No Separate Payment	\$0.00
11770	REMOVE PILONIDAL CYST SIMPLE	Y	-	1/1/2025	Fee Schedule	\$1,201.90
11771	REMOVE PILONIDAL CYST EXTEN	Y	-	1/1/2025	Fee Schedule	\$1,201.90
11772	REMOVE PILONIDAL CYST COMPL	Y	-	1/1/2025	Fee Schedule	\$1,201.90
11900	INJECT SKIN LESIONS </W 7	-	-	7/1/2018	No Separate Payment	\$0.00
11901	INJECT SKIN LESIONS >7	-	-	7/1/2018	No Separate Payment	\$0.00
11920	CORRECT SKIN COLOR 6.0 CM/<	Y	-	1/1/2025	Fee Schedule	\$132.94
11921	CORRECT SKN COLOR 6.1-20.0CM	Y	-	1/1/2025	Fee Schedule	\$139.74
11922	CORRECT SKIN COLOR EA 20.0CM	-	-	7/1/2018	No Separate Payment	\$0.00
11950	TX CONTOUR DEFECTS 1 CC/<	-	-	4/1/2024	Not Allowed	\$0.00
11951	TX CONTOUR DEFECTS 1.1-5.0CC	-	-	4/1/2024	Not Allowed	\$0.00
11952	TX CONTOUR DEFECTS 5.1-10CC	-	-	4/1/2024	Not Allowed	\$0.00
11954	TX CONTOUR DEFECTS >10.0 CC	-	-	4/1/2024	Not Allowed	\$0.00
11960	INSERT TISSUE EXPANDER(S)	Y	Y	1/1/2025	Fee Schedule	\$1,957.33
11970	RPLCMT TISS XPNDR PERM IMPLT	Y	Y	1/1/2025	Fee Schedule	\$3,510.84
11971	RMVL TIS XPNDR WO INSJ IMPLT	-	Y	1/1/2025	Fee Schedule	\$1,201.90
11976	REMOVE CONTRACEPTIVE CAPSULE	-	-	1/1/2025	Fee Schedule	\$73.10
11980	IMPLANT HORMONE PELLET(S)	-	-	7/1/2018	No Separate Payment	\$0.00
11981	INSERTION DRUG DLVR IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
11982	REMOVE DRUG IMPLANT DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
11983	REMOVE/INSERT DRUG IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
12001	RPR S/N/AX/GEN/TRNK 2.5CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
12002	RPR S/N/AX/GEN/TRNK2.6-7.5CM	-	-	7/1/2018	No Separate Payment	\$0.00
12004	RPR S/N/AX/GEN/TRK7.6-12.5CM	-	-	7/1/2018	No Separate Payment	\$0.00
12005	RPR S/N/A/GEN/TRK12.6-20.0CM	-	-	1/1/2025	Fee Schedule	\$214.39
12006	RPR S/N/A/GEN/TRK20.1-30.0CM	-	-	1/1/2025	Fee Schedule	\$214.39
12007	RPR S/N/AX/GEN/TRNK >30.0 CM	Y	-	1/1/2025	Fee Schedule	\$106.77
12011	RPR F/E/E/N/L/M 2.5 CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
12013	RPR F/E/E/N/L/M 2.6-5.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
12014	RPR F/E/E/N/L/M 5.1-7.5 CM	-	-	7/1/2018	No Separate Payment	\$0.00
12015	RPR F/E/E/N/L/M 7.6-12.5 CM	-	-	1/1/2025	Fee Schedule	\$106.77
12016	RPR FE/E/EN/L/M 12.6-20.0 CM	-	-	1/1/2025	Fee Schedule	\$214.39
12017	RPR FE/E/EN/L/M 20.1-30.0 CM	-	-	1/1/2025	Fee Schedule	\$214.39
12018	RPR F/E/E/N/L/M >30.0 CM	-	-	1/1/2025	Fee Schedule	\$106.77
12020	TX SUPFC WND DEHSN SMPL CLSR	Y	-	1/1/2025	Fee Schedule	\$328.29

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **April 1, 2025**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
12021	TX SUPFC WND DEHSN W/PACKING	Y	-	1/1/2025	Fee Schedule	\$214.39
12031	INTMD RPR S/A/T/EXT 2.5 CM/<	Y	-	1/1/2025	Fee Schedule	\$180.49
12032	INTMD RPR S/A/T/EXT 2.6-7.5	Y	-	1/1/2025	Fee Schedule	\$203.14
12034	INTMD RPR S/TR/EXT 7.6-12.5	Y	-	1/1/2025	Fee Schedule	\$214.39
12035	INTMD RPR S/A/T/EXT 12.6-20	Y	-	1/1/2025	Fee Schedule	\$214.39
12036	INTMD RPR S/A/T/EXT 20.1-30	Y	-	1/1/2025	Fee Schedule	\$328.29
12037	INTMD RPR S/TR/EXT >30.0 CM	Y	-	1/1/2025	Fee Schedule	\$981.09
12041	INTMD RPR N-HF/GENIT 2.5CM/<	-	-	1/1/2025	Fee Schedule	\$177.58
12042	INTMD RPR N-HF/GENIT2.6-7.5	Y	-	1/1/2025	Fee Schedule	\$198.61
12044	INTMD RPR N-HF/GENIT7.6-12.5	Y	-	1/1/2025	Fee Schedule	\$328.29
12045	INTMD RPR N-HF/GENIT12.6-20	Y	-	1/1/2025	Fee Schedule	\$328.29
12046	INTMD RPR N-HF/GENIT20.1-30	Y	-	1/1/2025	Fee Schedule	\$328.29
12047	INTMD RPR N-HF/GENIT >30.0CM	Y	-	1/1/2025	Fee Schedule	\$981.09
12051	INTMD RPR FACE/MM 2.5 CM/<	Y	-	1/1/2025	Fee Schedule	\$187.93
12052	INTMD RPR FACE/MM 2.6-5.0 CM	Y	-	1/1/2025	Fee Schedule	\$200.55
12053	INTMD RPR FACE/MM 5.1-7.5 CM	Y	-	1/1/2025	Fee Schedule	\$214.39
12054	INTMD RPR FACE/MM 7.6-12.5CM	-	-	1/1/2025	Fee Schedule	\$214.39
12055	INTMD RPR FACE/MM 12.6-20 CM	Y	-	1/1/2025	Fee Schedule	\$214.39
12056	INTMD RPR FACE/MM 20.1-30.0	-	-	1/1/2025	Fee Schedule	\$214.39
12057	INTMD RPR FACE/MM >30.0 CM	Y	-	1/1/2025	Fee Schedule	\$214.39
13100	CMPLX RPR TRUNK 1.1-2.5 CM	Y	-	1/1/2025	Fee Schedule	\$328.29
13101	CMPLX RPR TRUNK 2.6-7.5 CM	Y	-	1/1/2025	Fee Schedule	\$328.29
13102	CMPLX RPR TRUNK ADDL 5CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
13120	CMPLX RPR S/A/L 1.1-2.5 CM	Y	-	1/1/2025	Fee Schedule	\$328.29
13121	CMPLX RPR S/A/L 2.6-7.5 CM	Y	-	1/1/2025	Fee Schedule	\$328.29
13122	CMPLX RPR S/A/L ADDL 5 CM/>	-	-	7/1/2018	No Separate Payment	\$0.00
13131	CMPLX RPR F/C/C/M/N/AX/G/H/F	Y	-	1/1/2025	Fee Schedule	\$214.39
13132	CMPLX RPR F/C/C/M/N/AX/G/H/F	Y	-	1/1/2025	Fee Schedule	\$328.29
13133	CMPLX RPR F/C/C/M/N/AX/G/H/F	-	-	7/1/2018	No Separate Payment	\$0.00
13151	CMPLX RPR E/N/E/L 1.1-2.5 CM	Y	-	1/1/2025	Fee Schedule	\$328.29
13152	CMPLX RPR E/N/E/L 2.6-7.5 CM	Y	-	1/1/2025	Fee Schedule	\$328.29
13153	CMPLX RPR E/N/E/L ADDL 5CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
13160	SEC CLSR SURG WND/DEHSN XTN	Y	-	1/1/2025	Fee Schedule	\$981.09
14000	TIS TRNFR TRUNK 10 SQ CM/<	Y	-	1/1/2025	Fee Schedule	\$981.09
14001	TIS TRNFR TRUNK 10.1-30SQCM	Y	-	1/1/2025	Fee Schedule	\$981.09
14020	TIS TRNFR S/A/L 10 SQ CM/<	Y	-	1/1/2025	Fee Schedule	\$981.09
14021	TIS TRNFR S/A/L 10.1-30 SQCM	Y	-	1/1/2025	Fee Schedule	\$981.09
14040	TIS TRNFR F/C/C/M/N/A/G/H/F	Y	-	1/1/2025	Fee Schedule	\$981.09
14041	TIS TRNFR F/C/C/M/N/A/G/H/F	Y	-	1/1/2025	Fee Schedule	\$981.09
14060	TIS TRNFR E/N/E/L 10 SQ CM/<	Y	-	1/1/2025	Fee Schedule	\$981.09
14061	TIS TRNFR E/N/E/L10.1-30SQCM	Y	-	1/1/2025	Fee Schedule	\$981.09
14301	TIS TRNFR ANY 30.1-60 SQ CM	Y	-	1/1/2025	Fee Schedule	\$1,957.33
14302	TIS TRNFR ADDL 30 SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
14350	FILLETED FINGER/TOE FLAP	Y	-	1/1/2025	Fee Schedule	\$981.09
15002	WOUND PREP TRK/ARM/LEG	Y	-	1/1/2025	Fee Schedule	\$981.09
15003	WOUND PREP ADDL 100 CM	-	-	7/1/2018	No Separate Payment	\$0.00
15004	WOUND PREP F/N/HF/G	Y	-	1/1/2025	Fee Schedule	\$328.29
15005	WND PREP F/N/HF/G ADDL CM	-	-	7/1/2018	No Separate Payment	\$0.00
15011	HRV SKN CLL SSP AGRFT 1ST 25	Y	-	1/1/2025	Fee Schedule	\$981.09
15012	HRV SKN CLL SSP AGRFT EA ADD	-	-	1/1/2025	No Separate Payment	\$0.00
15013	PREPJ SKN CLL SSP AGRFT 1ST	-	-	4/1/2025	Fee Schedule	\$3,892.28

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
15014	PREPJ SKN CLL SSP AGRFT EA	-	-	1/1/2025	No Separate Payment	\$0.00
15015	APP SKN CL SSP AGRFT T/A/L 1	Y	-	1/1/2025	Fee Schedule	\$981.09
15016	APP SKN CL SSP AGRF T/A/L EA	-	-	1/1/2025	No Separate Payment	\$0.00
15017	APP SKN CLL SSP F/N/G/HF 1ST	Y	-	1/1/2025	Fee Schedule	\$981.09
15018	APP SKN CLL SSP F/N/G/HF EA	-	-	1/1/2025	No Separate Payment	\$0.00
15040	HARVEST CULTURED SKIN GRAFT	Y	-	1/1/2025	Fee Schedule	\$981.09
15050	PINCH GRAFT UP TO 2 CM DIAM	Y	-	1/1/2025	Fee Schedule	\$328.29
15100	SPLT AGRFT T/A/L 1ST 100SQCM	Y	-	1/1/2025	Fee Schedule	\$981.09
15101	SPLT AGRFT T/A/L EA ADDL 100	-	-	7/1/2018	No Separate Payment	\$0.00
15110	EPIDRM AGRFT T/A/L 1ST 100	Y	-	1/1/2025	Fee Schedule	\$981.09
15111	EPIDRM AGRFT T/A/L EA ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
15115	EPDRM AGRFT F/S/N/H/F/G/M 1	Y	-	1/1/2025	Fee Schedule	\$981.09
15116	EPDRM AGRFT F/S/N/H/F/G/M EA	-	-	7/1/2018	No Separate Payment	\$0.00
15120	SPLT AGRFT F/S/N/H/F/G/M 1ST	Y	-	1/1/2025	Fee Schedule	\$1,957.33
15121	SPLT AGRFT F/S/N/H/F/G/M EA	-	-	7/1/2018	No Separate Payment	\$0.00
15130	DRM AGRFT T/A/L 1ST 100 SQCM	Y	-	1/1/2025	Fee Schedule	\$981.09
15131	DRM AGRFT T/A/L EA ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
15135	DRM AGRFT F/S/N/H/F/G/M 1ST	Y	-	1/1/2025	Fee Schedule	\$1,957.33
15136	DRM AGRFT F/S/N/H/F/G/M EA	-	-	7/1/2018	No Separate Payment	\$0.00
15150	TIS CLTR SKN AGRFT T/A/L 1ST	Y	-	1/1/2025	Fee Schedule	\$981.09
15151	TIS CLTR SKN AGRFT T/A/L ADD	-	-	7/1/2018	No Separate Payment	\$0.00
15152	TIS CLTR SKN AGRFT T/A/L EA	-	-	7/1/2018	No Separate Payment	\$0.00
15155	TIS CLTR AGRFT F/S/N/H/F/G 1	Y	-	1/1/2025	Fee Schedule	\$1,957.33
15156	TIS CLT AGRFT F/S/N/H/F/G AD	-	-	7/1/2018	No Separate Payment	\$0.00
15157	TIS CLT AGRFT F/S/N/H/F/G EA	-	-	7/1/2018	No Separate Payment	\$0.00
15200	FTH/GFT FR TRNK 20 SQ CM/<	Y	-	1/1/2025	Fee Schedule	\$981.09
15201	FTH/GFT FR TRNK EACH ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
15220	FTH/GFT FR S/A/L 20 SQ CM/<	Y	-	1/1/2025	Fee Schedule	\$981.09
15221	FTH/GFT FR S/A/L EACH ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
15240	FTH/GFT F/C/C/M/N/AX/G/H/F20	Y	-	1/1/2025	Fee Schedule	\$981.09
15241	FTH/GFT F/C/C/M/N/A/G/H/F EA	-	-	7/1/2018	No Separate Payment	\$0.00
15260	FTH/GFT FR N/E/E/L 20 SQCM/<	Y	-	1/1/2025	Fee Schedule	\$981.09
15261	FTH/GFT FR N/E/E/L EACH ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
15271	SKIN SUB GRAFT TRNK/ARM/LEG	Y	-	1/1/2025	Fee Schedule	\$981.09
15272	SKIN SUB GRAFT T/A/L ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15273	SKIN SUB GRFT T/ARM/LG CHILD	Y	-	1/1/2025	Fee Schedule	\$1,957.33
15274	SKN SUB GRFT T/A/L CHILD ADD	-	-	7/1/2018	No Separate Payment	\$0.00
15275	SKIN SUB GRAFT FACE/NK/HF/G	Y	-	1/1/2025	Fee Schedule	\$88.95
15276	SKIN SUB GRAFT F/N/HF/G ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
15277	SKN SUB GRFT F/N/HF/G CHILD	Y	-	1/1/2025	Fee Schedule	\$981.09
15278	SKN SUB GRFT F/N/HF/G CH ADD	-	-	7/1/2018	No Separate Payment	\$0.00
15570	SKIN PEDICLE FLAP TRUNK	Y	-	1/1/2025	Fee Schedule	\$981.09
15572	SKIN PEDICLE FLAP ARMS/LEGS	Y	-	1/1/2025	Fee Schedule	\$1,957.33
15574	PEDCLE FH/CH/CH/M/N/AX/G/H/F	Y	-	1/1/2025	Fee Schedule	\$981.09
15576	PEDICLE E/N/E/L/NTRORAL	Y	-	1/1/2025	Fee Schedule	\$981.09
15600	DELAY FLAP TRUNK	Y	-	1/1/2025	Fee Schedule	\$1,957.33
15610	DELAY FLAP ARMS/LEGS	Y	-	1/1/2025	Fee Schedule	\$981.09
15620	DELAY FLAP F/C/C/N/AX/G/H/F	Y	-	1/1/2025	Fee Schedule	\$981.09
15630	DELAY FLAP EYE/NOS/EAR/LIP	Y	-	1/1/2025	Fee Schedule	\$981.09
15650	TRANSFER SKIN PEDICLE FLAP	Y	-	1/1/2025	Fee Schedule	\$981.09
15730	MDFC FLAP W/PRSRV VASC PEDCL	Y	-	1/1/2025	Fee Schedule	\$1,957.33

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
15731	FOREHEAD FLAP W/VASC PEDICLE	Y	-	1/1/2025	Fee Schedule	\$1,957.33
15733	MUSC MYOQ/FSCQ FLP H&N PEDCL	Y	-	1/1/2025	Fee Schedule	\$1,957.33
15734	MUSCLE-SKIN GRAFT TRUNK	Y	-	1/1/2025	Fee Schedule	\$1,957.33
15736	MUSCLE-SKIN GRAFT ARM	Y	-	1/1/2025	Fee Schedule	\$981.09
15738	MUSCLE-SKIN GRAFT LEG	Y	-	1/1/2025	Fee Schedule	\$1,957.33
15740	ISLAND PEDICLE FLAP GRAFT	Y	-	1/1/2025	Fee Schedule	\$981.09
15750	NEUROVASCULAR PEDICLE FLAP	Y	-	1/1/2025	Fee Schedule	\$1,957.33
15760	COMPOSITE SKIN GRAFT	Y	-	1/1/2025	Fee Schedule	\$981.09
15769	GRFG AUTOL SOFT TISS DIR EXC	Y	-	1/1/2025	Fee Schedule	\$1,957.33
15770	DERMA-FAT-FASCIA GRAFT	Y	-	1/1/2025	Fee Schedule	\$1,957.33
15771	GRFG AUTOL FAT LIPO 50 CC/<	-	-	4/1/2024	Not Allowed	\$0.00
15773	GRFG AUTOL FAT LIPO 25 CC/<	-	-	4/1/2024	Not Allowed	\$0.00
15775	HAIR TRNSPL 1-15 PUNCH GRFTS	-	-	4/1/2024	Not Allowed	\$0.00
15776	HAIR TRNSPL >15 PUNCH GRAFTS	-	-	4/1/2024	Not Allowed	\$0.00
15777	ACELLULAR DERM MATRIX IMPLT	-	-	7/1/2018	No Separate Payment	\$0.00
15780	DERMABRASION TOTAL FACE	-	-	4/1/2024	Not Allowed	\$0.00
15781	DERMABRASION SEGMENTAL FACE	-	-	4/1/2024	Not Allowed	\$0.00
15782	DERMABRASION OTHER THAN FACE	-	-	4/1/2024	Not Allowed	\$0.00
15783	DERMABRASION SUPRFL ANY SITE	-	-	4/1/2024	Not Allowed	\$0.00
15786	ABRASION LESION SINGLE	-	-	7/1/2018	Not Allowed	\$0.00
15787	ABRASION LESIONS ADD-ON	-	-	7/1/2018	Not Allowed	\$0.00
15788	CHEMICAL PEEL FACIAL EPIDRM	-	-	7/1/2018	Not Allowed	\$0.00
15789	CHEMICAL PEEL FACIAL DERMAL	-	-	4/1/2024	Not Allowed	\$0.00
15792	CHEM PEEL NONFACIAL EPIDRM	-	-	7/1/2018	Not Allowed	\$0.00
15793	CHEMICAL PEEL NONFACIAL DRM	-	-	7/1/2018	Not Allowed	\$0.00
15820	BLEPHAROPLASTY LOWER EYELID	Y	Y	1/1/2025	Fee Schedule	\$981.09
15821	BLEPHARP LWR EYELID FAT PAD	Y	Y	1/1/2025	Fee Schedule	\$981.09
15822	BLEPHAROPLASTY UPPER EYELID	Y	Y	1/1/2025	Fee Schedule	\$981.09
15823	BLEPHARP UPR EYELID XCSV SKN	Y	Y	1/1/2025	Fee Schedule	\$981.09
15824	RHYTIDECTOMY FOREHEAD	-	-	4/1/2024	Not Allowed	\$0.00
15825	RHYTDCT NCK PLTYSML TGHTG	-	-	4/1/2024	Not Allowed	\$0.00
15826	RHYTIDECTOMY GLBLR FRN LINES	-	-	4/1/2024	Not Allowed	\$0.00
15828	RHYTIDECTOMY CHEEK CHN & NCK	-	-	4/1/2024	Not Allowed	\$0.00
15829	RHYTIDECTOMY SMAS FLAP	-	-	4/1/2024	Not Allowed	\$0.00
15830	EXC EXCESSIVE SKIN ABDOMEN	Y	Y	1/1/2025	Fee Schedule	\$2,682.40
15832	EXC EXCESSIVE SKIN THIGH	Y	Y	1/1/2025	Fee Schedule	\$1,201.90
15833	EXC EXCESSIVE SKIN LEG	Y	Y	1/1/2025	Fee Schedule	\$1,201.90
15834	EXC EXCESSIVE SKIN HIP	Y	Y	1/1/2025	Fee Schedule	\$1,201.90
15835	EXC EXCESSIVE SKIN BUTTOCK	Y	Y	1/1/2025	Fee Schedule	\$1,201.90
15836	EXC EXCESSIVE SKIN ARM	Y	Y	1/1/2025	Fee Schedule	\$1,201.90
15837	EXC EXCSV SKIN FOREARM/HAND	Y	Y	1/1/2025	Fee Schedule	\$1,201.90
15838	EXC EXCSV SUBMENTAL FAT PAD	Y	Y	1/1/2025	Fee Schedule	\$1,201.90
15839	EXC EXCESSIVE SKN OTHER AREA	Y	Y	1/1/2025	Fee Schedule	\$1,201.90
15840	NERVE PALSY FASCIAL GRAFT	Y	-	1/1/2025	Fee Schedule	\$1,957.33
15841	NERVE PALSY MUSCLE GRAFT	Y	-	1/1/2025	Fee Schedule	\$1,957.33
15842	NERVE PALSY MICROSURG GRAFT	Y	-	1/1/2025	Fee Schedule	\$981.09
15845	SKIN AND MUSCLE REPAIR FACE	Y	-	1/1/2025	Fee Schedule	\$1,957.33
15847	EXC SKIN ABD ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15851	REMOVAL SUTR/STAPLE REQ ANES	Y	-	1/1/2025	Fee Schedule	\$15.53
15852	DRESSING CHANGE NOT FOR BURN	-	-	7/1/2018	No Separate Payment	\$0.00
15860	TEST FOR BLOOD FLOW IN GRAFT	-	-	7/1/2018	No Separate Payment	\$0.00

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **April 1, 2025**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
15876	SUCTION LIPECTOMY HEAD&NECK	-	-	4/1/2024	Not Allowed	\$0.00
15877	SUCTION LIPECTOMY TRUNK	-	-	4/1/2024	Not Allowed	\$0.00
15878	SUCTION LIPECTOMY UPR EXTREM	-	-	4/1/2024	Not Allowed	\$0.00
15879	SUCTION LIPECTOMY LWR EXTREM	-	-	4/1/2024	Not Allowed	\$0.00
15920	EXC COCCYGL PR ULC PRIM SUTR	Y	-	1/1/2025	Fee Schedule	\$1,201.90
15922	EXC COCCYGL PR ULC FLAP CLSR	Y	-	1/1/2025	Fee Schedule	\$1,957.33
15931	EXC SACRAL PR ULC PRIM SUTR	Y	-	1/1/2025	Fee Schedule	\$1,201.90
15933	EXC SAC PR ULC PRIM STR OSTC	Y	-	1/1/2025	Fee Schedule	\$1,201.90
15934	EXC SACRAL PR ULC SKN FLAP	Y	-	1/1/2025	Fee Schedule	\$1,957.33
15935	EXC SAC PR ULC SKN FLP OSTC	Y	-	1/1/2025	Fee Schedule	\$1,957.33
15936	EXC SAC PR ULC PREP MUS FLAP	Y	-	1/1/2025	Fee Schedule	\$981.09
15937	EXC SAC PR ULC PREP MUS OSTC	Y	-	1/1/2025	Fee Schedule	\$981.09
15940	EXC ISCHIAL PR ULC PRIM SUTR	Y	-	1/1/2025	Fee Schedule	\$1,201.90
15941	EXC ISCH PR ULC PRM SUT OSTC	Y	-	1/1/2025	Fee Schedule	\$1,201.90
15944	EXC ISCH PR ULC SKN FLP CLSR	Y	-	1/1/2025	Fee Schedule	\$1,957.33
15945	EXC ISCH PR ULC SKN FLP OSTC	Y	-	1/1/2025	Fee Schedule	\$981.09
15946	EXC ISCH PR ULC PREP MUS FLP	Y	-	1/1/2025	Fee Schedule	\$981.09
15950	EXC TRCHNTR PR ULC PRIM SUTR	Y	-	1/1/2025	Fee Schedule	\$708.28
15951	EXC TRCHNTR PR ULC OSTC	Y	-	1/1/2025	Fee Schedule	\$1,201.90
15952	EXC TRCHNTR PR ULC FLP CLSR	Y	-	1/1/2025	Fee Schedule	\$981.09
15953	EXC TRCHNTR PR ULC FLP OSTC	Y	-	1/1/2025	Fee Schedule	\$1,957.33
15956	EXC TRCHNTR PR ULC PREP FLAP	Y	-	1/1/2025	Fee Schedule	\$981.09
15958	EXC TRCHNTR PR ULC PREP OSTC	Y	-	1/1/2025	Fee Schedule	\$1,957.33
16000	INITIAL TREATMENT OF BURN(S)	-	-	7/1/2018	No Separate Payment	\$0.00
16020	DRESS/DEBRID P-THICK BURN S	-	-	7/1/2018	No Separate Payment	\$0.00
16025	DRESS/DEBRID P-THICK BURN M	Y	-	1/1/2025	Fee Schedule	\$106.77
16030	DRESS/DEBRID P-THICK BURN L	Y	-	1/1/2025	Fee Schedule	\$214.39
16035	INCISION OF BURN SCAB INITI	Y	-	1/1/2025	Fee Schedule	\$214.39
17000	DESTRUCT PREMALG LESION	-	-	7/1/2018	No Separate Payment	\$0.00
17003	DESTRUCT PREMALG LES 2-14	-	-	7/1/2018	No Separate Payment	\$0.00
17004	DESTROY PREMAL LESIONS 15/>	Y	-	1/1/2025	Fee Schedule	\$112.24
17106	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2025	Fee Schedule	\$204.11
17107	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2025	Fee Schedule	\$266.86
17108	DESTRUCTION OF SKIN LESIONS	Y	-	1/1/2025	Fee Schedule	\$348.05
17110	DESTRUCT B9 LESION 1-14	-	-	7/1/2018	No Separate Payment	\$0.00
17111	DESTRUCT LESION 15 OR MORE	-	-	7/1/2018	No Separate Payment	\$0.00
17250	CHEM CAUT OF GRANLTJ TISSUE	-	-	7/1/2018	No Separate Payment	\$0.00
17260	DSTRJ MAL LES T/A/L 0.5 CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
17261	DSTRJ MAL LES T/A/L .6-1.0CM	-	-	7/1/2018	No Separate Payment	\$0.00
17262	DSTRJ MAL LES T/A/L 1.1-2.0	-	-	7/1/2018	No Separate Payment	\$0.00
17263	DSTRJ MAL LES T/A/L 2.1-3.0	-	-	7/1/2018	No Separate Payment	\$0.00
17264	DSTRJ MAL LES T/A/L 3.1-4.0	Y	-	1/1/2025	Fee Schedule	\$130.36
17266	DSTRJ MAL LES T/A/L >4.0 CM	Y	-	1/1/2025	Fee Schedule	\$143.62
17270	DSTR MAL LES S/N/H/F/G .5 /<	Y	-	1/1/2025	Fee Schedule	\$96.72
17271	DSTR MAL LES S/N/H/F/G 0.6-1	Y	-	1/1/2025	Fee Schedule	\$106.77
17272	DSTR MAL LES S/N/H/F/G 1.1-2	-	-	7/1/2018	No Separate Payment	\$0.00
17273	DSTR MAL LES S/N/H/F/G 2.1-3	Y	-	1/1/2025	Fee Schedule	\$128.74
17274	DSTR MAL LES S/N/H/F/G 3.1-4	Y	-	1/1/2025	Fee Schedule	\$143.94
17276	DSTR MAL LES S/N/H/F/G >4.0	Y	-	1/1/2025	Fee Schedule	\$159.47
17280	DSTR MAL LS F/E/E/N/L/M .5/<	-	-	7/1/2018	No Separate Payment	\$0.00
17281	DSTR MAL LS F/E/E/N/L/M .6-1	Y	-	1/1/2025	Fee Schedule	\$106.77

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
17282	DSTR MAL LS F/E/E/N/L/M1.1-2	Y	-	1/1/2025	Fee Schedule	\$106.77
17283	DSTR MAL LS F/E/E/N/L/M2.1-3	Y	-	1/1/2025	Fee Schedule	\$140.71
17284	DSTR MAL LS F/E/E/N/L/M3.1-4	Y	-	1/1/2025	Fee Schedule	\$154.62
17286	DSTR MAL LS F/E/E/N/L/M>4.0	Y	-	1/1/2025	Fee Schedule	\$186.64
17311	MOHS 1 STAGE H/N/HF/G	Y	-	1/1/2025	Fee Schedule	\$328.29
17312	MOHS ADDL STAGE	-	-	7/1/2018	No Separate Payment	\$0.00
17313	MOHS 1 STAGE T/A/L	Y	-	1/1/2025	Fee Schedule	\$328.29
17314	MOHS ADDL STAGE T/A/L	-	-	7/1/2018	No Separate Payment	\$0.00
17315	MOHS SURG ADDL BLOCK	-	-	7/1/2018	No Separate Payment	\$0.00
17340	CRYOTHERAPY FOR ACNE	-	-	7/1/2018	No Separate Payment	\$0.00
17360	CHEMICAL EXFOLIATION ACNE	-	-	7/1/2018	No Separate Payment	\$0.00
17380	ELECTROLYSIS EPILATION EA 30	-	-	4/1/2024	Not Allowed	\$0.00
19000	PUNCTURE ASPIR CYST BREAST	Y	-	1/1/2025	Fee Schedule	\$63.08
19001	PUNCTURE ASPIR CYST BRST EA	-	-	7/1/2018	No Separate Payment	\$0.00
19020	MASTOTOMY EXPL DRG ABSC DP	Y	-	1/1/2025	Fee Schedule	\$708.28
19030	NJX PX ONLY MAM DUCTO/GLCTO	-	-	7/1/2018	No Separate Payment	\$0.00
19081	BX BREAST 1ST LESION STRTCTC	Y	-	1/1/2025	Fee Schedule	\$708.28
19082	BX BREAST ADD LESION STRTCTC	-	-	7/1/2018	No Separate Payment	\$0.00
19083	BX BREAST 1ST LESION US IMAG	Y	-	1/1/2025	Fee Schedule	\$708.28
19084	BX BREAST ADD LESION US IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19085	BX BREAST 1ST LESION MR IMAG	Y	-	1/1/2025	Fee Schedule	\$708.28
19086	BX BREAST ADD LESION MR IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19100	BX BREAST PERCUT W/O IMAGE	Y	-	1/1/2025	Fee Schedule	\$708.28
19101	BIOPSY OF BREAST OPEN	Y	-	1/1/2025	Fee Schedule	\$1,538.05
19105	CRYOSURG ABLATE FA EACH	Y	-	1/1/2025	Fee Schedule	\$2,427.03
19110	NIPPLE EXPLORATION	Y	-	1/1/2025	Fee Schedule	\$1,538.05
19112	EXCISE BREAST DUCT FISTULA	Y	-	1/1/2025	Fee Schedule	\$1,538.05
19120	REMOVAL OF BREAST LESION	Y	-	1/1/2025	Fee Schedule	\$1,538.05
19125	EXCISION BREAST LESION	Y	-	1/1/2025	Fee Schedule	\$1,538.05
19126	EXCISION ADDL BREAST LESION	-	-	7/1/2018	No Separate Payment	\$0.00
19281	PERQ DEVICE BREAST 1ST IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19282	PERQ DEVICE BREAST EA IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19283	PERQ DEV BREAST 1ST STRTCTC	-	-	7/1/2018	No Separate Payment	\$0.00
19284	PERQ DEV BREAST ADD STRTCTC	-	-	7/1/2018	No Separate Payment	\$0.00
19285	PERQ DEV BREAST 1ST US IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19286	PERQ DEV BREAST ADD US IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19287	PERQ DEV BREAST 1ST MR GUIDE	-	-	7/1/2018	No Separate Payment	\$0.00
19288	PERQ DEV BREAST ADD MR GUIDE	-	-	7/1/2018	No Separate Payment	\$0.00
19294	PREPJ TUM CAV IORT PRTL MAST	-	-	7/1/2018	No Separate Payment	\$0.00
19296	PLACE PO BREAST CATH FOR RAD	Y	-	1/1/2025	Fee Schedule	\$4,475.08
19297	PLACE BREAST CATH FOR RAD	-	-	7/1/2018	No Separate Payment	\$0.00
19298	PLACE BREAST RAD TUBE/CATHS	Y	-	1/1/2025	Fee Schedule	\$4,310.54
19300	MASTECTOMY FOR GYNECOMASTIA	Y	Y	1/1/2025	Fee Schedule	\$1,538.05
19301	PARTIAL MASTECTOMY	Y	Y	1/1/2025	Fee Schedule	\$1,538.05
19302	P-MASTECTOMY W/LN REMOVAL	Y	Y	1/1/2025	Fee Schedule	\$2,682.40
19303	MAST SIMPLE COMPLETE	Y	Y	1/1/2025	Fee Schedule	\$2,682.40
19307	MAST MOD RAD	Y	-	1/1/2025	Fee Schedule	\$2,682.40
19316	MASTOPEXY	Y	Y	1/1/2025	Fee Schedule	\$2,682.40
19318	BREAST REDUCTION	Y	Y	1/1/2025	Fee Schedule	\$2,682.40
19325	BREAST AUGMENTATION W/IMPLT	Y	Y	1/1/2025	Fee Schedule	\$3,174.40
19328	RMVL INTACT BREAST IMPLANT	-	Y	1/1/2025	Fee Schedule	\$1,538.05

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

Montana Healthcare Programs Fee Schedule

ASC Covered Surgical and Ancillary Services

April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
19330	RMVL RUPTURED BREAST IMPLANT	-	Y	1/1/2025	Fee Schedule	\$1,538.05
19340	INSJ BREAST IMPLT SM D MAST	Y	Y	1/1/2025	Fee Schedule	\$2,682.40
19342	INSJ/RPLCMT BRST IMPLT SEP D	Y	Y	1/1/2025	Fee Schedule	\$3,174.40
19350	NIPPLE/AREOLA RECONSTRUCTION	Y	Y	1/1/2025	Fee Schedule	\$1,538.05
19355	CORRECT INVERTED NIPPLE(S)	-	-	4/1/2024	Not Allowed	\$0.00
19357	TISS XPNDR PLMT BRST RCNSTJ	Y	Y	1/1/2025	Fee Schedule	\$5,317.34
19370	REVJ PERI-IMPLT CAPSULE BRST	Y	Y	1/1/2025	Fee Schedule	\$1,538.05
19371	PERI-IMPLT CAPSLC BRST COMPL	Y	Y	1/1/2025	Fee Schedule	\$1,538.05
19380	REVJ RECONSTRUCTED BREAST	Y	Y	1/1/2025	Fee Schedule	\$2,682.40
19396	DESIGN CUSTOM BREAST IMPLANT	Y	Y	1/1/2025	Fee Schedule	\$1,538.05
19499	UNLISTED PROCEDURE BREAST	-	Y	1/1/2015	Not Allowed	\$0.00
20100	EXPL PENTRG WOUND NECK	-	-	1/1/2022	Not Allowed	\$0.00
20101	EXPL PENTRG WOUND CHEST	-	-	1/1/2022	Not Allowed	\$0.00
20102	EXPL PENTRG WND ABD/FLNK/BK	-	-	1/1/2022	Not Allowed	\$0.00
20103	EXPL PENTRG WOUND EXTREMITY	Y	-	1/1/2025	Fee Schedule	\$708.28
20150	EXCISION EPIPHYSEAL BAR	Y	-	1/1/2025	Fee Schedule	\$1,579.16
20200	MUSCLE BIOPSY SUPERFICIAL	Y	-	1/1/2025	Fee Schedule	\$708.28
20205	DEEP MUSCLE BIOPSY	Y	-	1/1/2025	Fee Schedule	\$1,201.90
20206	BIOPSY MUSCLE PERQ NEEDLE	Y	-	1/1/2025	Fee Schedule	\$708.28
20220	BONE BIOPSY TROCAR/NDL SUPFC	Y	-	1/1/2025	Fee Schedule	\$708.28
20225	BONE BIOPSY TROCAR/NDL DEEP	Y	-	1/1/2025	Fee Schedule	\$708.28
20240	BONE BIOPSY OPEN SUPERFICIAL	Y	-	1/1/2025	Fee Schedule	\$1,201.90
20245	BONE BIOPSY OPEN DEEP	Y	-	1/1/2025	Fee Schedule	\$1,201.90
20250	BIOPSY VRT BDY OPEN THORACIC	Y	-	1/1/2025	Fee Schedule	\$1,579.16
20251	BIOPSY VRT BDY OPEN LMBR/CRV	Y	-	1/1/2025	Fee Schedule	\$3,510.84
20500	INJECTION OF SINUS TRACT	Y	-	1/1/2025	Fee Schedule	\$76.01
20501	INJECT SINUS TRACT FOR X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
20520	REMOVAL OF FOREIGN BODY	Y	-	1/1/2025	Fee Schedule	\$141.35
20525	REMOVAL OF FOREIGN BODY	Y	-	1/1/2025	Fee Schedule	\$1,201.90
20526	THER INJECTION CARP TUNNEL	Y	-	1/1/2025	Fee Schedule	\$45.29
20527	INJ DUPUYTREN CORD W/ENZYME	Y	-	1/1/2025	Fee Schedule	\$47.87
20550	INJ TENDON SHEATH/LIGAMENT	Y	-	1/1/2025	Fee Schedule	\$29.11
20551	INJ TENDON ORIGIN/INSERTION	Y	-	1/1/2025	Fee Schedule	\$29.11
20552	INJ TRIGGER POINT 1/2 MUSCL	Y	-	1/1/2025	Fee Schedule	\$27.17
20553	INJECT TRIGGER POINTS 3/>	Y	-	1/1/2025	Fee Schedule	\$31.70
20555	PLACE NDL MUSC/TIS FOR RT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
20600	DRAIN/INJ JOINT/BURSA W/O US	Y	-	1/1/2025	Fee Schedule	\$28.46
20604	DRAIN/INJ JOINT/BURSA W/US	Y	-	1/1/2025	Fee Schedule	\$48.20
20605	DRAIN/INJ JOINT/BURSA W/O US	Y	-	1/1/2025	Fee Schedule	\$28.79
20606	DRAIN/INJ JOINT/BURSA W/US	Y	-	1/1/2025	Fee Schedule	\$50.78
20610	DRAIN/INJ JOINT/BURSA W/O US	Y	-	1/1/2025	Fee Schedule	\$33.64
20611	DRAIN/INJ JOINT/BURSA W/US	Y	-	1/1/2025	Fee Schedule	\$55.64
20612	ASPIRATE/INJ GANGLION CYST	Y	-	1/1/2025	Fee Schedule	\$37.85
20615	TREATMENT OF BONE CYST	Y	-	1/1/2025	Fee Schedule	\$156.56
20650	INSERT AND REMOVE BONE PIN	Y	-	1/1/2025	Fee Schedule	\$1,579.16
20660	APPLY REM FIXATION DEVICE	-	-	1/1/2022	Not Allowed	\$0.00
20662	APPLICATION HALO PELVIC	Y	-	1/1/2025	Fee Schedule	\$838.29
20663	APPLICATION HALO FEMORAL	Y	-	1/1/2025	Fee Schedule	\$1,579.16
20665	RMVL TONGS/HALO ANTHR INDIV	-	-	1/1/2025	Fee Schedule	\$211.72
20670	REMOVAL IMPLANT SUPERFICIAL	-	-	1/1/2025	Fee Schedule	\$708.28
20680	REMOVAL OF IMPLANT DEEP	-	-	1/1/2025	Fee Schedule	\$1,201.90

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Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
20690	APPL UNIPLN UNI EXT FIXJ SYS	Y	-	1/1/2025	Fee Schedule	\$4,924.84
20692	APPL MLTPLN UNI EXT FIXJ SYS	Y	-	1/1/2025	Fee Schedule	\$8,420.02
20693	ADJMT/REVJ EXT FIXJ SYS ANES	Y	-	1/1/2025	Fee Schedule	\$3,510.84
20694	RMVL EXT FIXJ SYS UNDER ANES	-	-	1/1/2025	Fee Schedule	\$838.29
20696	APP MLTPLN UNI XTRNL FIX 1ST	Y	-	1/1/2025	Fee Schedule	\$14,854.87
20697	APP MLTPLN UNI XTRNL FIX XCH	Y	-	1/1/2025	Fee Schedule	\$838.29
20700	MNL PREP&INSJ DP RX DLVR DEV	-	-	4/1/2023	No Separate Payment	\$0.00
20822	REPLANTATION DIGIT COMPLETE	Y	-	1/1/2025	Fee Schedule	\$838.29
20900	REMOVAL OF BONE FOR GRAFT	Y	-	1/1/2025	Fee Schedule	\$4,826.08
20902	REMOVAL OF BONE FOR GRAFT	Y	-	1/1/2025	Fee Schedule	\$3,510.84
20910	REMOVE CARTILAGE FOR GRAFT	Y	-	1/1/2025	Fee Schedule	\$328.29
20912	REMOVE CARTILAGE FOR GRAFT	Y	-	1/1/2025	Fee Schedule	\$1,957.33
20920	REMOVAL OF FASCIA FOR GRAFT	Y	-	1/1/2025	Fee Schedule	\$981.09
20922	REMOVAL OF FASCIA FOR GRAFT	Y	-	1/1/2025	Fee Schedule	\$981.09
20924	REMOVAL OF TENDON FOR GRAFT	Y	-	1/1/2025	Fee Schedule	\$3,510.84
20930	SP BONE ALGRFT MORSEL ADD-ON	-	-	10/1/2020	No Separate Payment	\$0.00
20931	SP BONE ALGRFT STRUCT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
20932	OSTEOART ALGRFT W/SURF & B1	-	-	1/1/2019	No Separate Payment	\$0.00
20933	HEMICRT INTRCLRY ALGRFT PRTL	-	-	1/1/2019	No Separate Payment	\$0.00
20934	INTERCALARY ALGRFT COMPL	-	-	1/1/2019	No Separate Payment	\$0.00
20936	SP BONE AGRFT LOCAL ADD-ON	-	-	10/1/2020	No Separate Payment	\$0.00
20937	SP BONE AGRFT MORSEL ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
20938	SP BONE AGRFT STRUCT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
20939	BONE MARROW ASPIR BONE GRFG	-	-	7/1/2018	No Separate Payment	\$0.00
20950	FLUID PRESSURE MUSCLE	Y	-	1/1/2025	Fee Schedule	\$377.60
20972	BONE/SKIN GRAFT METATARSAL	Y	-	1/1/2025	Fee Schedule	\$3,510.84
20973	BONE/SKIN GRAFT GREAT TOE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
20975	ELECTRICAL BONE STIMULATION	-	-	7/1/2018	No Separate Payment	\$0.00
20979	US BONE STIMULATION	-	-	7/1/2018	No Separate Payment	\$0.00
20982	ABLATE BONE TUMOR(S) PERQ	Y	-	1/1/2025	Fee Schedule	\$6,633.26
20983	ABLATE BONE TUMOR(S) PERQ	Y	-	1/1/2025	Fee Schedule	\$4,911.21
20985	CPTR-ASST DIR MS PX	-	-	7/1/2018	No Separate Payment	\$0.00
21010	INCISION OF JAW JOINT	Y	-	1/1/2025	Fee Schedule	\$1,394.45
21011	EXC FACE LES SC <2 CM	Y	-	1/1/2025	Fee Schedule	\$251.66
21012	EXC FACE LES SBQ 2 CM/>	Y	-	1/1/2025	Fee Schedule	\$708.28
21013	EXC FACE TUM DEEP < 2 CM	Y	-	1/1/2025	Fee Schedule	\$314.08
21014	EXC FACE TUM DEEP 2 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
21015	RESECT FACE/SCALP TUM < 2 CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
21016	RESECT FACE/SCALP TUM 2 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
21025	EXCISION OF BONE LOWER JAW	Y	-	1/1/2025	Fee Schedule	\$2,917.35
21026	EXCISION OF FACIAL BONE(S)	Y	-	1/1/2025	Fee Schedule	\$2,917.35
21029	CONTOUR OF FACE BONE LESION	Y	-	1/1/2025	Fee Schedule	\$1,394.45
21030	EXCISE MAX/ZYGOMA B9 TUMOR	Y	-	1/1/2025	Fee Schedule	\$274.30
21031	REMOVE EXOSTOSIS MANDIBLE	Y	-	1/1/2025	Fee Schedule	\$253.60
21032	REMOVE EXOSTOSIS MAXILLA	Y	-	1/1/2025	Fee Schedule	\$245.51
21034	EXCISE MAX/ZYGOMA MAL TUMOR	Y	-	1/1/2025	Fee Schedule	\$2,917.35
21040	EXCISE MANDIBLE LESION	Y	-	1/1/2025	Fee Schedule	\$1,394.45
21044	REMOVAL OF JAW BONE LESION	Y	-	1/1/2025	Fee Schedule	\$2,917.35
21046	REMOVE MANDIBLE CYST COMPLEX	Y	-	1/1/2025	Fee Schedule	\$2,917.35
21047	EXCISE LWR JAW CYST W/REPAIR	Y	-	1/1/2025	Fee Schedule	\$2,917.35
21048	REMOVE MAXILLA CYST COMPLEX	Y	-	1/1/2025	Fee Schedule	\$2,917.35

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
21049	EXCIS UPPR JAW CYST W/REPAIR	-	-	1/1/2022	Not Allowed	\$0.00
21050	REMOVAL OF JAW JOINT	Y	-	1/1/2025	Fee Schedule	\$2,917.35
21060	REMOVE JAW JOINT CARTILAGE	Y	-	1/1/2025	Fee Schedule	\$2,917.35
21070	REMOVE CORONOID PROCESS	Y	-	1/1/2025	Fee Schedule	\$2,917.35
21073	MNPJ OF TMJ W/ANESTH	Y	-	1/1/2025	Fee Schedule	\$273.65
21076	IMPRES&PREP SURG OBT PROSTH	Y	-	1/1/2025	Fee Schedule	\$387.51
21077	IMPRES&PREP ORBITAL PROSTH	Y	-	1/1/2025	Fee Schedule	\$901.82
21079	IMPRES&PREP INTRM OBT PROSTH	Y	-	1/1/2025	Fee Schedule	\$655.02
21080	IMPRES&PREP DEF OBT PROSTH	Y	-	1/1/2025	Fee Schedule	\$755.61
21081	IMPRES&PREP MNDBL RES PROSTH	Y	-	1/1/2025	Fee Schedule	\$703.54
21082	IMPRES&PREP PALTL AUG PROSTH	Y	-	1/1/2025	Fee Schedule	\$686.39
21083	IMPRES&PREP PALTL LFT PROSTH	Y	-	1/1/2025	Fee Schedule	\$667.31
21084	IMPRES&PREP SP AID PROSTH	Y	-	1/1/2025	Fee Schedule	\$743.32
21085	IMPRES&PREP ORAL SURG SPLINT	Y	-	1/1/2025	Fee Schedule	\$124.13
21086	IMPRES&PREP AURICULAR PROSTH	Y	-	1/1/2025	Fee Schedule	\$673.45
21087	IMPRES&PREP NASAL PROSTH	Y	-	1/1/2025	Fee Schedule	\$673.45
21088	IMPRES&PREP FACIAL PROSTH	Y	-	1/1/2025	Fee Schedule	\$1,394.45
21100	MAXILLOFACIAL FIXATION	Y	-	1/1/2025	Fee Schedule	\$2,917.35
21110	INTERDENTAL FIXATION	-	-	1/1/2025	Fee Schedule	\$612.64
21116	INJECTION JAW JOINT X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
21120	GENIOPLASTY AUGMENTATION	Y	Y	1/1/2025	Fee Schedule	\$2,917.35
21121	GENIOP SLDG OSTEOT 1	Y	Y	1/1/2025	Fee Schedule	\$2,145.55
21122	GENIOP SLDG OSTEOT 2/>	Y	Y	1/1/2025	Fee Schedule	\$3,697.64
21123	GENIOP SLDG AUGMENTATION	Y	Y	1/1/2025	Fee Schedule	\$1,394.45
21125	AUGMENTATION MNDBLR PROSTC	Y	Y	1/1/2025	Fee Schedule	\$3,697.64
21127	AUGMENTATION MNDBLR B1 GRF	Y	Y	1/1/2025	Fee Schedule	\$2,917.35
21137	RDCTJ FOREHEAD CNTRG ONLY	Y	Y	1/1/2025	Fee Schedule	\$1,394.45
21138	RDCTJ FOREHEAD CNTRG&PROSTC	Y	Y	1/1/2025	Fee Schedule	\$2,917.35
21139	RDCTJ FOREHEAD CNTRG&SETBACK	Y	Y	1/1/2025	Fee Schedule	\$2,917.35
21150	LEFORT II ANTERIOR INTRUSION	Y	Y	1/1/2025	Fee Schedule	\$3,697.64
21172	RECONSTRUCT ORBIT/FOREHEAD	-	-	1/1/2022	Not Allowed	\$0.00
21175	RECONSTRUCT ORBIT/FOREHEAD	-	-	1/1/2022	Not Allowed	\$0.00
21181	CONTOUR CRANIAL BONE LESION	Y	Y	1/1/2025	Fee Schedule	\$2,917.35
21193	RECONST LWR JAW W/O GRAFT	-	-	1/1/2022	Not Allowed	\$0.00
21194	RECONST LWR JAW/GRAFT	Y	-	1/1/2025	Fee Schedule	\$2,917.35
21195	RECONST LWR JAW W/O FIXATION	Y	-	4/1/2025	Fee Schedule	\$3,909.57
21198	RECONSTR LWR JAW SEGMENT	Y	Y	1/1/2025	Fee Schedule	\$2,917.35
21199	RECONSTR LWR JAW W/ADVANCE	Y	Y	1/1/2025	Fee Schedule	\$2,917.35
21206	RECONSTRUCT UPPER JAW BONE	Y	Y	1/1/2025	Fee Schedule	\$2,917.35
21208	AUGMENTATION OF FACIAL BONES	Y	Y	1/1/2025	Fee Schedule	\$3,740.17
21209	REDUCTION OF FACIAL BONES	Y	Y	1/1/2025	Fee Schedule	\$2,917.35
21210	FACE BONE GRAFT	Y	Y	1/1/2025	Fee Schedule	\$3,980.05
21215	LOWER JAW BONE GRAFT	Y	Y	1/1/2025	Fee Schedule	\$3,855.71
21230	RIB CARTILAGE GRAFT	Y	Y	1/1/2025	Fee Schedule	\$2,917.35
21235	EAR CARTILAGE GRAFT	Y	Y	1/1/2025	Fee Schedule	\$2,917.35
21240	RECONSTRUCTION OF JAW JOINT	Y	Y	1/1/2025	Fee Schedule	\$2,917.35
21242	RECONSTRUCTION OF JAW JOINT	Y	Y	1/1/2025	Fee Schedule	\$2,917.35
21243	RECONSTRUCTION OF JAW JOINT	Y	Y	1/1/2025	Fee Schedule	\$13,919.49
21244	RECONSTRUCTION OF LOWER JAW	Y	Y	1/1/2025	Fee Schedule	\$4,132.33
21245	RECONSTRUCTION OF JAW	Y	Y	1/1/2025	Fee Schedule	\$4,222.95
21246	RECONSTRUCTION OF JAW	Y	Y	1/1/2025	Fee Schedule	\$2,917.35

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

Montana Healthcare Programs Fee Schedule

ASC Covered Surgical and Ancillary Services

April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
21248	RECONSTRUCTION OF JAW	Y	Y	1/1/2025	Fee Schedule	\$2,917.35
21249	RECONSTRUCTION OF JAW	Y	Y	1/1/2025	Fee Schedule	\$2,917.35
21256	RECONSTRUCTION OF ORBIT	-	-	1/1/2022	Not Allowed	\$0.00
21260	REVISE EYE SOCKETS	Y	-	1/1/2025	Fee Schedule	\$2,917.35
21261	REVISE EYE SOCKETS	-	-	1/1/2022	Not Allowed	\$0.00
21263	REVISE EYE SOCKETS	-	-	1/1/2022	Not Allowed	\$0.00
21267	REVISE EYE SOCKETS	Y	-	1/1/2025	Fee Schedule	\$4,903.81
21270	AUGMENTATION CHEEK BONE	Y	-	1/1/2025	Fee Schedule	\$3,977.03
21275	REVISION ORBITOFACIAL BONES	Y	-	1/1/2025	Fee Schedule	\$3,707.45
21280	MEDIAL CANTHOPEXY	Y	-	1/1/2025	Fee Schedule	\$1,394.45
21282	LATERAL CANTHOPEXY	Y	-	1/1/2025	Fee Schedule	\$1,394.45
21295	REVISION OF JAW MUSCLE/BONE	Y	-	1/1/2025	Fee Schedule	\$657.38
21296	REVISION OF JAW MUSCLE/BONE	Y	-	1/1/2025	Fee Schedule	\$1,394.45
21315	CLSD TX NSL FX MNPJ WO STBLJ	Y	-	1/1/2025	Fee Schedule	\$657.38
21320	CLSD TX NSL FX W/MNPJ&STABLJ	Y	-	1/1/2025	Fee Schedule	\$1,394.45
21325	OPEN TX NOSE FX UNCOMPLICATD	Y	-	1/1/2025	Fee Schedule	\$1,394.45
21330	OPEN TX NOSE FX W/SKELE FIXJ	Y	-	1/1/2025	Fee Schedule	\$2,917.35
21335	OPEN TX NOSE & SEPTAL FX	Y	-	1/1/2025	Fee Schedule	\$1,394.45
21336	OPEN TX SEPTAL FX W/VO STABJ	Y	-	1/1/2025	Fee Schedule	\$1,579.16
21337	CLOSED TX SEPTAL&NOSE FX	Y	-	1/1/2025	Fee Schedule	\$1,394.45
21338	OPEN NASOETHMOID FX W/O FIXJ	Y	-	1/1/2025	Fee Schedule	\$2,917.35
21339	OPEN NASOETHMOID FX W/ FIXJ	Y	-	1/1/2025	Fee Schedule	\$2,917.35
21340	PERQ TX NASOETHMOID FX	Y	-	1/1/2025	Fee Schedule	\$1,394.45
21345	CLOSED TX NOSE/JAW FX	Y	-	1/1/2025	Fee Schedule	\$657.38
21346	OPN TX NASOMAX FX W/FIXJ	-	-	1/1/2022	Not Allowed	\$0.00
21355	PERQ TX MALAR FRACTURE	Y	-	1/1/2025	Fee Schedule	\$1,394.45
21356	OPN TX DPRSD ZYGOMATIC ARCH	Y	-	1/1/2025	Fee Schedule	\$2,917.35
21360	OPN TX DPRSD MALAR FRACTURE	Y	-	1/1/2025	Fee Schedule	\$2,917.35
21365	OPN TX COMPLX MALAR FX	Y	-	1/1/2025	Fee Schedule	\$2,917.35
21385	OPN TX ORBIT FX TRANSANTRAL	-	-	1/1/2022	Not Allowed	\$0.00
21386	OPN TX ORBIT FX PERIORBITAL	-	-	1/1/2022	Not Allowed	\$0.00
21387	OPN TX ORBIT FX COMBINED	-	-	1/1/2022	Not Allowed	\$0.00
21390	OPN TX ORBIT PERIORBTL IMPLT	Y	-	1/1/2025	Fee Schedule	\$2,917.35
21395	OPN TX ORBIT PERIORBT W/GRFT	-	-	1/1/2022	Not Allowed	\$0.00
21400	CLOSED TX ORBIT W/O MANIPULJ	Y	-	1/1/2025	Fee Schedule	\$273.04
21401	CLOSED TX ORBIT W/MANIPULJ	Y	-	1/1/2025	Fee Schedule	\$657.38
21406	OPN TX ORBIT FX W/O IMPLANT	Y	-	1/1/2025	Fee Schedule	\$2,917.35
21407	OPN TX ORBIT FX W/IMPLANT	Y	-	1/1/2025	Fee Schedule	\$2,917.35
21408	OPN TX ORBIT FX W/BONE GRFT	-	-	1/1/2022	Not Allowed	\$0.00
21421	CLTX PALATAL/MAX FX WIRE FIX	Y	-	1/1/2025	Fee Schedule	\$1,394.45
21440	CLTX MNDBLR/MAX ALV RIDGE FX	Y	-	1/1/2025	Fee Schedule	\$602.62
21445	OPTX MNDBLR/MAX ALV RIDGE FX	Y	-	1/1/2025	Fee Schedule	\$2,917.35
21450	CLTX MNDBLR FX W/O MNPJ	Y	-	1/1/2025	Fee Schedule	\$273.04
21451	CLTX MNDBLR FX W/MNPJ	Y	-	1/1/2025	Fee Schedule	\$657.38
21452	PERQ TX MNDBLR FX XTRNL FIXJ	Y	-	1/1/2025	Fee Schedule	\$3,735.89
21453	CLTX MNDBLR FX NTRDNTL FIXJ	Y	-	1/1/2025	Fee Schedule	\$2,917.35
21454	OPTX MNDBLR FX XTRNL FIXJ	Y	-	1/1/2025	Fee Schedule	\$3,753.26
21461	OPTX MNDBLR FX WO NTRDNTL	Y	-	1/1/2025	Fee Schedule	\$3,869.05
21462	OPTX MNDBLR FX W/NTRDNTL	Y	-	1/1/2025	Fee Schedule	\$3,704.18
21465	OPTX MNDBLR CNDYLR FX	Y	-	1/1/2025	Fee Schedule	\$3,724.57
21470	OPTX COMPLICATED MNDBLR FX	-	-	1/1/2022	Not Allowed	\$0.00

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **April 1, 2025**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
21480	CLTX TMPRMAND DISLC 1ST/SBSQ	Y	-	1/1/2025	Fee Schedule	\$128.93
21485	CLTX TMPRMAND DISLC COMP	Y	-	1/1/2025	Fee Schedule	\$657.38
21490	OPTX TMPRMAND DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$1,394.45
21497	INTERDENTAL WIRG OTH/THN FX	Y	-	1/1/2025	Fee Schedule	\$657.38
21501	I&D DP ABSC/HMTMA SFT TS NCK	Y	-	1/1/2025	Fee Schedule	\$1,201.90
21502	I&D DP ABS/HMTM NCK RIB OSTC	Y	-	1/1/2025	Fee Schedule	\$1,579.16
21550	BIOPSY OF NECK/CHEST	Y	-	1/1/2025	Fee Schedule	\$708.28
21552	EXC NECK LES SC 3 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
21554	EXC NECK TUM DEEP 5 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
21555	EXC NECK LES SC < 3 CM	Y	-	1/1/2025	Fee Schedule	\$708.28
21556	EXC NECK TUM DEEP < 5 CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
21557	RESECT NECK THORAX TUMOR<5CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
21558	RESECT NECK TUMOR 5 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
21600	PARTIAL REMOVAL OF RIB	Y	-	1/1/2025	Fee Schedule	\$3,510.84
21601	EXC CHEST WALL TUMOR W/RIBS	-	-	1/1/2022	Not Allowed	\$0.00
21610	PARTIAL REMOVAL OF RIB	Y	-	1/1/2025	Fee Schedule	\$1,579.16
21685	HYOID MYOTOMY & SUSPENSION	Y	-	1/1/2025	Fee Schedule	\$3,727.34
21700	REVISION OF NECK MUSCLE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
21720	REVISION OF NECK MUSCLE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
21725	REVISION OF NECK MUSCLE	Y	-	1/1/2025	Fee Schedule	\$377.60
21742	REPAIR STERN/NUSS W/O SCOPE	-	-	1/1/2022	Not Allowed	\$0.00
21743	REPAIR STERNUM/NUSS W/SCOPE	-	-	1/1/2022	Not Allowed	\$0.00
21820	TREAT STERNUM FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
21920	BIOPSY SOFT TISSUE OF BACK	Y	-	1/1/2025	Fee Schedule	\$167.88
21925	BIOPSY SOFT TISSUE OF BACK	Y	-	1/1/2025	Fee Schedule	\$708.28
21930	EXC BACK LES SC < 3 CM	Y	-	1/1/2025	Fee Schedule	\$708.28
21931	EXC BACK LES SC 3 CM/>	Y	-	1/1/2025	Fee Schedule	\$708.28
21932	EXC BACK TUM DEEP < 5 CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
21933	EXC BACK TUM DEEP 5 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
21935	RESECT BACK TUM < 5 CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
21936	RESECT BACK TUM 5 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
22100	REMOVE PART OF NECK VERTEBRA	-	-	1/1/2022	Not Allowed	\$0.00
22101	REMOVE PART THORAX VERTEBRA	-	-	1/1/2022	Not Allowed	\$0.00
22102	REMOVE PART LUMBAR VERTEBRA	Y	-	1/1/2025	Fee Schedule	\$3,510.84
22103	REMOVE EXTRA SPINE SEGMENT	-	-	7/1/2018	No Separate Payment	\$0.00
22310	CLOSED TX VERT FX W/O MANJ	Y	-	1/1/2025	Fee Schedule	\$128.93
22315	CLOSED TX VERT FX W/MANJ	Y	-	1/1/2025	Fee Schedule	\$1,579.16
22505	MANIPULATION OF SPINE	Y	-	1/1/2025	Fee Schedule	\$838.29
22510	PERQ CERVICOTHORACIC INJECT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
22511	PERQ LUMBOSACRAL INJECTION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
22512	VERTEBROPLASTY ADDL INJECT	-	-	7/1/2018	No Separate Payment	\$0.00
22513	PERQ VERTEBRAL AUGMENTATION	Y	-	1/1/2025	Fee Schedule	\$3,510.84
22514	PERQ VERTEBRAL AUGMENTATION	Y	-	1/1/2025	Fee Schedule	\$3,510.84
22515	PERQ VERTEBRAL AUGMENTATION	-	-	7/1/2018	No Separate Payment	\$0.00
22526	IDET SINGLE LEVEL	-	-	7/1/2018	Not Allowed	\$0.00
22527	IDET 1 OR MORE LEVELS	-	-	7/1/2018	Not Allowed	\$0.00
22551	ARTHRD ANT NTRBDY CERVICAL	Y	-	1/1/2025	Fee Schedule	\$9,069.02
22552	ARTHRD ANT NTRBD CERVICAL EA	-	-	7/1/2018	No Separate Payment	\$0.00
22554	ARTHRD ANT NTRBD MIN DSC CRV	Y	-	1/1/2025	Fee Schedule	\$8,976.31
22585	ARTHRD ANT NTRBD MIN DSC EA	-	-	7/1/2018	No Separate Payment	\$0.00
22612	ARTHRD PST TQ INTRSPC LUMBAR	Y	-	1/1/2025	Fee Schedule	\$14,036.62

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

Montana Healthcare Programs Fee Schedule

ASC Covered Surgical and Ancillary Services

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
22614	ARTHRD PST TQ INTRSPC EA ADD	-	-	7/1/2018	No Separate Payment	\$0.00
22840	INSERT SPINE FIXATION DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22842	INSERT SPINE FIXATION DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22845	INSERT SPINE FIXATION DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22853	INSJ BIOMECHANICAL DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22854	INSJ BIOMECHANICAL DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22856	TOT DISC ARTHRP INTRSPC CRV	Y	-	1/1/2025	Fee Schedule	\$14,005.28
22858	TOT DISC ARTHRP 2ND LVL CRV	-	-	7/1/2018	No Separate Payment	\$0.00
22859	INSJ BIOMECHANICAL DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22867	INSJ STABLJ DEV W/DCMPRN	Y	-	1/1/2025	Fee Schedule	\$14,091.06
22868	INSJ STABLJ DEV W/DCMPRN	-	-	7/1/2018	No Separate Payment	\$0.00
22869	INSJ STABLJ DEV W/O DCMPRN	Y	-	1/1/2025	Fee Schedule	\$10,877.53
22870	INSJ STABLJ DEV W/O DCMPRN	-	-	7/1/2018	No Separate Payment	\$0.00
22900	EXC ABDL TUM DEEP < 5 CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
22901	EXC ABDL TUM DEEP 5 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
22902	EXC ABD LES SC < 3 CM	Y	-	1/1/2025	Fee Schedule	\$708.28
22903	EXC ABD LES SC 3 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
22904	RADICAL RESECT ABD TUMOR<5CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
22905	RAD RESECT ABD TUMOR 5 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
23000	REMOVAL OF CALCIUM DEPOSITS	Y	-	1/1/2025	Fee Schedule	\$1,201.90
23020	RELEASE SHOULDER JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
23030	DRAIN SHOULDER LESION	Y	-	1/1/2025	Fee Schedule	\$1,201.90
23031	DRAIN SHOULDER BURSA	Y	-	1/1/2025	Fee Schedule	\$1,201.90
23035	DRAIN SHOULDER BONE LESION	Y	-	1/1/2025	Fee Schedule	\$838.29
23040	EXPLORATORY SHOULDER SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
23044	EXPLORATORY SHOULDER SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
23065	BIOPSY SHOULDER TISSUES	Y	-	1/1/2025	Fee Schedule	\$133.27
23066	BIOPSY SHOULDER TISSUES	Y	-	1/1/2025	Fee Schedule	\$1,201.90
23071	EXC SHOULDER LES SC 3 CM/>	Y	-	1/1/2025	Fee Schedule	\$708.28
23073	EXC SHOULDER TUM DEEP 5 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
23075	EXC SHOULDER LES SC < 3 CM	Y	-	1/1/2025	Fee Schedule	\$708.28
23076	EXC SHOULDER TUM DEEP < 5 CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
23077	RESECT SHOULDER TUMOR < 5 CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
23078	RESECT SHOULDER TUMOR 5 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
23100	BIOPSY OF SHOULDER JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
23101	SHOULDER JOINT SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
23105	REMOVE SHOULDER JOINT LINING	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23106	INCISION OF COLLARBONE JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
23107	EXPLORE TREAT SHOULDER JOINT	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23120	CLAVICULECTOMY PARTIAL	Y	-	1/1/2025	Fee Schedule	\$1,579.16
23125	CLAVICULECTOMY TOTAL	Y	-	1/1/2025	Fee Schedule	\$1,579.16
23130	ACROMP/ACROMIONECTOMY PRTL	Y	-	1/1/2025	Fee Schedule	\$1,579.16
23140	REMOVAL OF BONE LESION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
23145	REMOVAL OF BONE LESION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
23146	REMOVAL OF BONE LESION	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23150	REMOVAL OF HUMERUS LESION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
23155	REMOVAL OF HUMERUS LESION	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23156	REMOVAL OF HUMERUS LESION	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23170	REMOVE COLLAR BONE LESION	Y	-	1/1/2025	Fee Schedule	\$2,036.96
23172	REMOVE SHOULDER BLADE LESION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
23174	REMOVE HUMERUS LESION	Y	-	1/1/2025	Fee Schedule	\$3,510.84

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **April 1, 2025**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
23180	REMOVE COLLAR BONE LESION	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23182	REMOVE SHOULDER BLADE LESION	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23184	REMOVE HUMERUS LESION	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23190	PARTIAL REMOVAL OF SCAPULA	Y	-	1/1/2025	Fee Schedule	\$1,579.16
23195	REMOVAL OF HEAD OF HUMERUS	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23330	REMOVE SHOULDER FOREIGN BODY	Y	-	1/1/2025	Fee Schedule	\$708.28
23333	REMOVE SHOULDER FB DEEP	Y	-	1/1/2025	Fee Schedule	\$1,201.90
23334	SHOULDER PROSTHESIS REMOVAL	Y	-	1/1/2025	Fee Schedule	\$1,201.90
23350	INJECTION FOR SHOULDER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
23395	MUSCLE TRANSFER SHOULDER/ARM	Y	-	1/1/2025	Fee Schedule	\$4,501.06
23397	MUSCLE TRANSFERS	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23400	FIXATION OF SHOULDER BLADE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23405	INCISION OF TENDON & MUSCLE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23406	INCISE TENDON(S) & MUSCLE(S)	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23410	REPAIR ROTATOR CUFF ACUTE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23412	REPAIR ROTATOR CUFF CHRONIC	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23415	RELEASE OF SHOULDER LIGAMENT	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23420	REPAIR OF SHOULDER	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23430	REPAIR BICEPS TENDON	Y	-	1/1/2025	Fee Schedule	\$4,603.45
23440	REMOVE/TRANSPLANT TENDON	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23450	REPAIR SHOULDER CAPSULE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23455	REPAIR SHOULDER CAPSULE	Y	-	1/1/2025	Fee Schedule	\$4,491.67
23460	REPAIR SHOULDER CAPSULE	Y	-	1/1/2025	Fee Schedule	\$4,449.57
23462	REPAIR SHOULDER CAPSULE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23465	REPAIR SHOULDER CAPSULE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23466	REPAIR SHOULDER CAPSULE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23470	RECONSTRUCT SHOULDER JOINT	Y	-	1/1/2025	Fee Schedule	\$9,653.93
23472	RECONSTRUCT SHOULDER JOINT	Y	-	1/1/2025	Fee Schedule	\$14,519.98
23473	REVIS RECONST SHOULDER JOINT	-	-	1/1/2022	Not Allowed	\$0.00
23480	REVISION OF COLLAR BONE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23485	REVISION OF COLLAR BONE	Y	-	1/1/2025	Fee Schedule	\$8,689.58
23490	REINFORCE CLAVICLE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23491	REINFORCE SHOULDER BONES	Y	-	1/1/2025	Fee Schedule	\$8,407.43
23500	CLTX CLAVICULAR FX W/O MNPJ	Y	-	1/1/2025	Fee Schedule	\$128.93
23505	CLTX CLAVICULAR FX W/MNPJ	Y	-	1/1/2025	Fee Schedule	\$838.29
23515	OPTX CLAVICULAR FX W/INT FIX	Y	-	1/1/2025	Fee Schedule	\$4,610.41
23520	CLTX STRNCLAV DISLC W/O MNPJ	Y	-	1/1/2025	Fee Schedule	\$838.29
23525	CLTX STRNCLAV DISLC W/MNPJ	Y	-	1/1/2025	Fee Schedule	\$128.93
23530	OPTX STRNCLAV DISLC AQT/CHRN	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23532	OPTX STRCLV DSLC AQ/CHRN GRF	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23540	CLTX ACROMCLAV DISLC WO MNPJ	Y	-	1/1/2025	Fee Schedule	\$128.93
23545	CLTX ACROMCLAV DISLC W/MNPJ	Y	-	1/1/2025	Fee Schedule	\$128.93
23550	OPTX ACROMCLV DISLC AQT/CHRN	Y	-	1/1/2025	Fee Schedule	\$4,567.40
23552	OPTX ACRCCLV DSLC AQ/CHRN GRF	Y	-	1/1/2025	Fee Schedule	\$4,631.01
23570	CLTX SCAPULAR FX W/O MNPJ	Y	-	1/1/2025	Fee Schedule	\$128.93
23575	CLTX SCAP FX W/MNPJ +-TRACTJ	Y	-	1/1/2025	Fee Schedule	\$838.29
23585	OPTX SCAPULAR FX W/INT FIXJ	Y	-	1/1/2025	Fee Schedule	\$4,729.76
23600	CLTX PROX HUMRL FX W/O MNPJ	Y	-	1/1/2025	Fee Schedule	\$128.93
23605	CLTX PRX HMRL FX MNPJ+-TRACT	Y	-	1/1/2025	Fee Schedule	\$838.29
23615	OPTX PROX HUMRL FX W/INT FIX	Y	-	1/1/2025	Fee Schedule	\$9,023.24
23616	OPTX PRX HMRL FX FIX RPR RPL	Y	-	1/1/2025	Fee Schedule	\$14,195.82

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
23620	CLTX GR HMRL TBRS FX WO MNPJ	Y	-	1/1/2025	Fee Schedule	\$128.93
23625	CLTX GR HMRL TBRS FX W/MNPJ	Y	-	1/1/2025	Fee Schedule	\$838.29
23630	OPTX GR HMRL TBRS FX INT FIX	Y	-	1/1/2025	Fee Schedule	\$4,551.34
23650	CLTX SHO DSLC W/MNPJ WO ANES	Y	-	1/1/2025	Fee Schedule	\$128.93
23655	CLTX SHO DSLC W/MNPJ W/ANES	Y	-	1/1/2025	Fee Schedule	\$838.29
23660	OPTX ACUTE SHOULDER DISLC	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23665	CLTX SHO DSLC FX GR HMRL TBR	Y	-	1/1/2025	Fee Schedule	\$838.29
23670	OPTX SHO DISLC FX	Y	-	1/1/2025	Fee Schedule	\$4,545.89
23675	CLTX SHO DISLC NECK FX MNPJ	Y	-	1/1/2025	Fee Schedule	\$838.29
23680	OPTX SHO DISLC NECK FX FIXJ	Y	-	1/1/2025	Fee Schedule	\$8,452.07
23700	MNPJ ANES SHO JT FIXJ APRATS	Y	-	1/1/2025	Fee Schedule	\$838.29
23800	ARTHRODESIS GLENOHUMERAL JT	Y	-	1/1/2025	Fee Schedule	\$3,510.84
23802	ARTHRD GLENOHUMERAL JT W/GRF	Y	-	1/1/2025	Fee Schedule	\$6,633.26
23921	DISARTICULATION SHO SEC CLSR	Y	-	1/1/2025	Fee Schedule	\$981.09
23930	I&D UPR A/E DP ABSC/HMTMA	Y	-	1/1/2025	Fee Schedule	\$1,201.90
23931	I&D UPR A/E BURSA	Y	-	1/1/2025	Fee Schedule	\$708.28
23935	INC DP OPN B1 CRTX HUM/ELBW	Y	-	1/1/2025	Fee Schedule	\$1,579.16
24000	ARTHRT ELBW EXPL DRG/RMVL FB	Y	-	1/1/2025	Fee Schedule	\$1,579.16
24006	ARTHRT ELBW CAPSL EXC RLS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
24065	BIOPSY ARM/ELBOW SOFT TISSUE	Y	-	1/1/2025	Fee Schedule	\$172.41
24066	BIOPSY ARM/ELBOW SOFT TISSUE	Y	-	1/1/2025	Fee Schedule	\$1,201.90
24071	EXC ARM/ELBOW LES SC 3 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
24073	EX ARM/ELBOW TUM DEEP 5 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
24075	EXC ARM/ELBOW LES SC < 3 CM	Y	-	1/1/2025	Fee Schedule	\$708.28
24076	EX ARM/ELBOW TUM DEEP < 5 CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
24077	RAD RESCJ TUM TISS A/E <5CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
24079	RAD RESCJ TUM TISS A/E 5 CM+	Y	-	1/1/2025	Fee Schedule	\$1,201.90
24100	ARTHRT ELBW SYNOVIAL BX ONLY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
24101	ARTHRT ELBW JT EXPL BX RMVL	Y	-	1/1/2025	Fee Schedule	\$1,579.16
24102	ARTHRT ELBOW W/SYNOVECTOMY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
24105	EXCISION OLECRANON BURSA	Y	-	1/1/2025	Fee Schedule	\$1,579.16
24110	EXC/CURTG B1 CST/B9 TUM HUM	Y	-	1/1/2025	Fee Schedule	\$1,579.16
24115	EXC/CRTG B1 CST/TUM HUM AGRF	Y	-	1/1/2025	Fee Schedule	\$3,510.84
24116	EXC/CRTG B1 CST/TUM HUM ALGR	Y	-	1/1/2025	Fee Schedule	\$4,449.87
24120	EXC/CRTG B1 CST/B9 TUM RDS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
24125	EXC/CRTG B1 CST/TUM RDS AGRF	Y	-	1/1/2025	Fee Schedule	\$1,579.16
24126	EXC/CRTG B1 CST/TUM RDS ALGR	Y	-	1/1/2025	Fee Schedule	\$4,566.79
24130	EXCISION RADIAL HEAD	Y	-	1/1/2025	Fee Schedule	\$1,579.16
24134	SEQUESTRECTOMY SHFT/DSTL HUM	Y	-	1/1/2025	Fee Schedule	\$3,510.84
24136	SEQUESTRECTOMY RADIAL H/N	Y	-	1/1/2025	Fee Schedule	\$1,579.16
24138	SEQUESTRECTOMY OLECRN PROCES	Y	-	1/1/2025	Fee Schedule	\$3,510.84
24140	PARTIAL EXC BONE HUMERUS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
24145	PRTL EXC BONE RADIAL H/N	Y	-	1/1/2025	Fee Schedule	\$3,510.84
24147	PRTL EXC BONE OLECRN PROCESS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
24149	RADICAL RESECTION OF ELBOW	Y	-	1/1/2025	Fee Schedule	\$3,510.84
24150	RAD RESCJ TUM DSTL/SHFT HUM	-	-	1/1/2022	Not Allowed	\$0.00
24152	RAD RESECTION TUM RADIAL H/N	Y	-	1/1/2025	Fee Schedule	\$4,702.80
24155	RESECTION OF ELBOW JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
24160	RMVL PROSTHHUMRL&ULNAR CMPNT	-	-	1/1/2025	Fee Schedule	\$1,579.16
24164	REMOVAL PROSTH RADIAL HEAD	-	-	1/1/2025	Fee Schedule	\$1,579.16
24200	RMVL FB UPPER ARM/ELBW SUBQ	Y	-	1/1/2025	Fee Schedule	\$148.15

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

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
24201	RMVL FB UPPER ARM/ELBW DEEP	Y	-	1/1/2025	Fee Schedule	\$1,201.90
24220	INJECTION PX FOR ELBOW ARTHG	-	-	7/1/2018	No Separate Payment	\$0.00
24300	MNPJ ELBOW UNDER ANES	Y	-	1/1/2025	Fee Schedule	\$838.29
24301	MUSC/TDN TRANSFER UPR A/E 1	Y	-	1/1/2025	Fee Schedule	\$3,510.84
24305	TENDON LNGTH UPR A/E EA TDN	Y	-	1/1/2025	Fee Schedule	\$1,579.16
24310	TNOT OPN ELBW TO SHO EA TDN	Y	-	1/1/2025	Fee Schedule	\$1,579.16
24320	TENOPLASTY ELBOW TO SHO 1	Y	-	1/1/2025	Fee Schedule	\$3,510.84
24330	FLEXOR-PLASTY ELBOW	Y	-	1/1/2025	Fee Schedule	\$3,510.84
24331	FLEXOR-PLASTY ELBW W/ADVMNT	Y	-	1/1/2025	Fee Schedule	\$3,510.84
24332	TENOLYSIS TRICEPS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
24340	TENODESIS BICEPS TDN AT ELBW	Y	-	1/1/2025	Fee Schedule	\$3,510.84
24341	RPR TDN/MUSC UPR A/E EACH	Y	-	1/1/2025	Fee Schedule	\$3,510.84
24342	REPAIR OF RUPTURED TENDON	Y	-	1/1/2025	Fee Schedule	\$3,510.84
24343	REPR ELBOW LAT LIGMNT W/TISS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
24344	RECONSTRUCT ELBOW LAT LIGMNT	Y	-	1/1/2025	Fee Schedule	\$4,603.75
24345	REPR ELBW MED LIGMNT W/TISSU	Y	-	1/1/2025	Fee Schedule	\$3,510.84
24346	RECONSTRUCT ELBOW MED LIGMNT	Y	-	1/1/2025	Fee Schedule	\$6,633.26
24357	REPAIR ELBOW PERC	Y	-	1/1/2025	Fee Schedule	\$1,579.16
24358	REPAIR ELBOW W/DEB OPEN	Y	-	1/1/2025	Fee Schedule	\$1,579.16
24359	REPAIR ELBOW DEB/ATTCH OPEN	Y	-	1/1/2025	Fee Schedule	\$1,579.16
24360	RECONSTRUCT ELBOW JOINT	Y	-	1/1/2025	Fee Schedule	\$5,015.41
24361	RECONSTRUCT ELBOW JOINT	Y	-	1/1/2025	Fee Schedule	\$14,036.62
24362	RECONSTRUCT ELBOW JOINT	Y	-	1/1/2025	Fee Schedule	\$9,762.10
24363	REPLACE ELBOW JOINT	Y	-	1/1/2025	Fee Schedule	\$14,296.45
24365	RECONSTRUCT HEAD OF RADIUS	Y	-	1/1/2025	Fee Schedule	\$9,322.56
24366	RECONSTRUCT HEAD OF RADIUS	Y	-	1/1/2025	Fee Schedule	\$9,598.42
24370	REVISE RECONST ELBOW JOINT	Y	-	1/1/2025	Fee Schedule	\$9,003.21
24371	REVISE RECONST ELBOW JOINT	Y	-	1/1/2025	Fee Schedule	\$13,657.19
24400	REVISION OF HUMERUS	Y	-	1/1/2025	Fee Schedule	\$3,510.84
24410	REVISION OF HUMERUS	Y	-	1/1/2025	Fee Schedule	\$6,633.26
24420	REVISION OF HUMERUS	Y	-	1/1/2025	Fee Schedule	\$3,510.84
24430	REPAIR OF HUMERUS	Y	-	1/1/2025	Fee Schedule	\$9,009.50
24435	REPAIR HUMERUS WITH GRAFT	Y	-	1/1/2025	Fee Schedule	\$9,001.49
24470	REVISION OF ELBOW JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
24495	DECOMPRESSION OF FOREARM	Y	-	1/1/2025	Fee Schedule	\$3,510.84
24498	REINFORCE HUMERUS	Y	-	1/1/2025	Fee Schedule	\$9,256.74
24500	TREAT HUMERUS FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
24505	TREAT HUMERUS FRACTURE	Y	-	1/1/2025	Fee Schedule	\$838.29
24515	TREAT HUMERUS FRACTURE	Y	-	1/1/2025	Fee Schedule	\$8,663.25
24516	TREAT HUMERUS FRACTURE	Y	-	1/1/2025	Fee Schedule	\$8,781.15
24530	TREAT HUMERUS FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
24535	TREAT HUMERUS FRACTURE	Y	-	1/1/2025	Fee Schedule	\$838.29
24538	TREAT HUMERUS FRACTURE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
24545	TREAT HUMERUS FRACTURE	Y	-	1/1/2025	Fee Schedule	\$8,968.30
24546	TREAT HUMERUS FRACTURE	Y	-	1/1/2025	Fee Schedule	\$9,320.27
24560	TREAT HUMERUS FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
24565	TREAT HUMERUS FRACTURE	Y	-	1/1/2025	Fee Schedule	\$838.29
24566	TREAT HUMERUS FRACTURE	Y	-	1/1/2025	Fee Schedule	\$838.29
24575	TREAT HUMERUS FRACTURE	Y	-	1/1/2025	Fee Schedule	\$8,490.99
24576	TREAT HUMERUS FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
24577	TREAT HUMERUS FRACTURE	Y	-	1/1/2025	Fee Schedule	\$838.29

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **April 1, 2025**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
24579	TREAT HUMERUS FRACTURE	Y	-	1/1/2025	Fee Schedule	\$8,486.41
24582	TREAT HUMERUS FRACTURE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
24586	TREAT ELBOW FRACTURE	Y	-	1/1/2025	Fee Schedule	\$8,981.46
24587	TREAT ELBOW FRACTURE	Y	-	1/1/2025	Fee Schedule	\$8,978.60
24600	TREAT ELBOW DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$128.93
24605	TREAT ELBOW DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$838.29
24615	TREAT ELBOW DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$4,576.49
24620	TREAT ELBOW FRACTURE	Y	-	1/1/2025	Fee Schedule	\$838.29
24635	TREAT ELBOW FRACTURE	Y	-	1/1/2025	Fee Schedule	\$4,801.55
24640	TREAT ELBOW DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$58.22
24650	TREAT RADIUS FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
24655	TREAT RADIUS FRACTURE	Y	-	1/1/2025	Fee Schedule	\$838.29
24665	TREAT RADIUS FRACTURE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
24666	TREAT RADIUS FRACTURE	Y	-	1/1/2025	Fee Schedule	\$9,921.20
24670	TREAT ULNAR FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
24675	TREAT ULNAR FRACTURE	Y	-	1/1/2025	Fee Schedule	\$838.29
24685	TREAT ULNAR FRACTURE	Y	-	1/1/2025	Fee Schedule	\$4,512.27
24800	FUSION OF ELBOW JOINT	Y	-	1/1/2025	Fee Schedule	\$3,510.84
24802	FUSION/GRAFT OF ELBOW JOINT	Y	-	1/1/2025	Fee Schedule	\$6,633.26
24925	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
24935	REVISION OF AMPUTATION	-	-	1/1/2022	Not Allowed	\$0.00
25000	INCISION OF TENDON SHEATH	Y	-	1/1/2025	Fee Schedule	\$838.29
25001	INCISE FLEXOR CARPI RADIALIS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25020	DECOMPRESS FOREARM 1 SPACE	Y	-	1/1/2025	Fee Schedule	\$838.29
25023	DECOMPRESS FOREARM 1 SPACE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25024	DECOMPRESS FOREARM 2 SPACES	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25025	DECOMPRESS FOREARM 2 SPACES	Y	-	1/1/2025	Fee Schedule	\$838.29
25028	DRAINAGE OF FOREARM LESION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25031	DRAINAGE OF FOREARM BURSA	Y	-	1/1/2025	Fee Schedule	\$838.29
25035	TREAT FOREARM BONE LESION	Y	-	1/1/2025	Fee Schedule	\$3,510.84
25040	EXPLORE/TREAT WRIST JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25065	BIOPSY FOREARM SOFT TISSUES	Y	-	1/1/2025	Fee Schedule	\$171.76
25066	BIOPSY FOREARM SOFT TISSUES	Y	-	1/1/2025	Fee Schedule	\$1,201.90
25071	EXC FOREARM LES SC 3 CM/>	Y	-	1/1/2025	Fee Schedule	\$708.28
25073	EXC FOREARM TUM DEEP 3 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
25075	EXC FOREARM LES SC < 3 CM	Y	-	1/1/2025	Fee Schedule	\$708.28
25076	EXC FOREARM TUM DEEP < 3 CM	Y	-	1/1/2025	Fee Schedule	\$708.28
25077	RESECT FOREARM/WRIST TUM<3CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
25078	RESECT FORARM/WRIST TUM 3CM>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
25085	INCISION OF WRIST CAPSULE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25100	BIOPSY OF WRIST JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25101	EXPLORE/TREAT WRIST JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25105	REMOVE WRIST JOINT LINING	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25107	REMOVE WRIST JOINT CARTILAGE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25109	EXCISE TENDON FOREARM/WRIST	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25110	REMOVE WRIST TENDON LESION	Y	-	1/1/2025	Fee Schedule	\$838.29
25111	REMOVE WRIST TENDON LESION	Y	-	1/1/2025	Fee Schedule	\$838.29
25112	REREMOVE WRIST TENDON LESION	Y	-	1/1/2025	Fee Schedule	\$838.29
25115	REMOVE WRIST/FOREARM LESION	Y	-	1/1/2025	Fee Schedule	\$838.29
25116	REMOVE WRIST/FOREARM LESION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25118	EXCISE WRIST TENDON SHEATH	Y	-	1/1/2025	Fee Schedule	\$838.29

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
25119	PARTIAL REMOVAL OF ULNA	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25120	REMOVAL OF FOREARM LESION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25125	REMOVE/GRAFT FOREARM LESION	Y	-	1/1/2025	Fee Schedule	\$838.29
25126	REMOVE/GRAFT FOREARM LESION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25130	REMOVAL OF WRIST LESION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25135	REMOVE & GRAFT WRIST LESION	Y	-	1/1/2025	Fee Schedule	\$3,510.84
25136	REMOVE & GRAFT WRIST LESION	Y	-	1/1/2025	Fee Schedule	\$3,510.84
25145	REMOVE FOREARM BONE LESION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25150	PARTIAL REMOVAL OF ULNA	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25151	PARTIAL REMOVAL OF RADIUS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25170	RESECT RADIUS/ULNAR TUMOR	-	-	1/1/2022	Not Allowed	\$0.00
25210	REMOVAL OF WRIST BONE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25215	REMOVAL OF WRIST BONES	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25230	PARTIAL REMOVAL OF RADIUS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25240	PARTIAL REMOVAL OF ULNA	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25246	INJECTION FOR WRIST X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
25248	REMOVE FOREARM FOREIGN BODY	Y	-	1/1/2025	Fee Schedule	\$838.29
25250	REMOVAL OF WRIST PROSTHESIS	-	-	1/1/2025	Fee Schedule	\$838.29
25251	REMOVAL OF WRIST PROSTHESIS	-	-	1/1/2025	Fee Schedule	\$1,579.16
25259	MANIPULATE WRIST W/ANESTHES	Y	-	1/1/2025	Fee Schedule	\$838.29
25260	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25263	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
25265	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25270	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25272	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25274	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25275	REPAIR FOREARM TENDON SHEATH	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25280	REVISE WRIST/FOREARM TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25290	INCISE WRIST/FOREARM TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25295	RELEASE WRIST/FOREARM TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25300	FUSION OF TENDONS AT WRIST	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25301	FUSION OF TENDONS AT WRIST	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25310	TRANSPLANT FOREARM TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25312	TRANSPLANT FOREARM TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25315	REVISE PALSY HAND TENDON(S)	Y	-	1/1/2025	Fee Schedule	\$3,510.84
25316	REVISE PALSY HAND TENDON(S)	Y	-	1/1/2025	Fee Schedule	\$3,510.84
25320	REPAIR/REVISE WRIST JOINT	Y	-	1/1/2025	Fee Schedule	\$3,510.84
25332	REVISE WRIST JOINT	Y	-	1/1/2025	Fee Schedule	\$2,001.54
25335	CENTRALIZATION WRIST ON ULNA	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25337	RECONSTRUCT ULNA/RADIOULNAR	Y	-	1/1/2025	Fee Schedule	\$4,624.04
25350	REVISION OF RADIUS	Y	-	1/1/2025	Fee Schedule	\$4,854.86
25355	REVISION OF RADIUS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25360	REVISION OF ULNA	Y	-	1/1/2025	Fee Schedule	\$3,510.84
25365	REVISE RADIUS & ULNA	Y	-	1/1/2025	Fee Schedule	\$6,633.26
25370	REVISE RADIUS OR ULNA	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25375	REVISE RADIUS & ULNA	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25390	SHORTEN RADIUS OR ULNA	Y	-	1/1/2025	Fee Schedule	\$4,863.65
25391	LENGTHEN RADIUS OR ULNA	Y	-	1/1/2025	Fee Schedule	\$9,465.06
25392	SHORTEN RADIUS & ULNA	Y	-	1/1/2025	Fee Schedule	\$3,510.84
25393	LENGTHEN RADIUS & ULNA	Y	-	1/1/2025	Fee Schedule	\$4,492.58
25394	REPAIR CARPAL BONE SHORTEN	Y	-	1/1/2025	Fee Schedule	\$1,579.16

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **April 1, 2025**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
25400	REPAIR RADIUS OR ULNA	Y	-	1/1/2025	Fee Schedule	\$4,719.16
25405	REPAIR/GRAFT RADIUS OR ULNA	Y	-	1/1/2025	Fee Schedule	\$4,577.09
25415	REPAIR RADIUS & ULNA	Y	-	1/1/2025	Fee Schedule	\$4,449.87
25420	REPAIR/GRAFT RADIUS & ULNA	Y	-	1/1/2025	Fee Schedule	\$4,449.87
25425	REPAIR/GRAFT RADIUS OR ULNA	Y	-	1/1/2025	Fee Schedule	\$5,570.95
25426	REPAIR/GRAFT RADIUS & ULNA	Y	-	1/1/2025	Fee Schedule	\$2,083.43
25430	VASC GRAFT INTO CARPAL BONE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25431	REPAIR NONUNION CARPAL BONE	Y	-	1/1/2025	Fee Schedule	\$5,123.85
25440	REPAIR NONU SCPHD CARPL B1	Y	-	1/1/2025	Fee Schedule	\$3,510.84
25441	ARTHRP W/PROSTC DSTL RDS	Y	-	1/1/2025	Fee Schedule	\$10,043.10
25442	ARTHRP W/PROSTC DSTL ULNA	Y	-	1/1/2025	Fee Schedule	\$14,775.68
25443	ARTHRP PROSTC DSTL SCPH CRPL	Y	-	1/1/2025	Fee Schedule	\$5,049.94
25444	ARTHRP W/PROSTC LUNATE	Y	-	1/1/2025	Fee Schedule	\$10,766.50
25445	ARTHRP W/PROSTC TRAPEZIUM	Y	-	1/1/2025	Fee Schedule	\$4,829.42
25446	ARTHRP W/PROSTC DST RDS&CRPS	Y	-	1/1/2025	Fee Schedule	\$14,627.21
25447	ARTHRP NTRCRP/CRP/MTCR NTRPS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25448	ARTHRP NTRCRPL/CRP/MTCRP SSP	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25449	REVJ ARTHRP WRIST JOINT	Y	-	1/1/2025	Fee Schedule	\$3,510.84
25450	EPIPHYSL ARRST DSTL RDS/ULNA	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25455	EPIPHYSL ARRST DSTL RDS&ULNA	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25490	PROPHYLACTIC TX RADIUS	Y	-	1/1/2025	Fee Schedule	\$3,510.84
25491	PROPHYLACTIC TX ULNA	Y	-	1/1/2025	Fee Schedule	\$8,407.43
25492	PROPHYLACTIC TX RADIUS&ULNA	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25500	CLTX RDL SHFT FX W/O MNPJ	Y	-	1/1/2025	Fee Schedule	\$128.93
25505	CLTX RDL SHFT FX W/MNPJ	Y	-	1/1/2025	Fee Schedule	\$838.29
25515	OPTX RADIAL SHAFT FRACTURE	Y	-	1/1/2025	Fee Schedule	\$4,467.74
25520	CLTX RDL SHFT FX&DISLC	Y	-	1/1/2025	Fee Schedule	\$838.29
25525	OPTX RDL SHFT FX&CLTX RAD/UL	Y	-	1/1/2025	Fee Schedule	\$4,654.94
25526	OPTX RDL SHFT FX&DSTL RAD/UL	Y	-	1/1/2025	Fee Schedule	\$4,782.17
25530	CLTX ULNAR SHFT FX W/O MNPJ	Y	-	1/1/2025	Fee Schedule	\$128.93
25535	CLTX ULNAR SHFT FX W/MNPJ	Y	-	1/1/2025	Fee Schedule	\$128.93
25545	OPTX ULNAR SHFT FX INT FIXJ	Y	-	1/1/2025	Fee Schedule	\$4,427.76
25560	CLTX RDL&ULN SHFT FX WO MNPJ	Y	-	1/1/2025	Fee Schedule	\$128.93
25565	CLTX RDL&ULN SHFT FX W/MNPJ	Y	-	1/1/2025	Fee Schedule	\$838.29
25574	OPTX RDL&ULN SHFT FX RDS/ULN	Y	-	1/1/2025	Fee Schedule	\$4,737.33
25575	OPTX RDL&ULN SHFT FX RDS&ULN	Y	-	1/1/2025	Fee Schedule	\$4,706.13
25600	CLTX DST RDL FX/EPHYS SEP WO	Y	-	1/1/2025	Fee Schedule	\$128.93
25605	CLTX DST RDL FX/EPHYS SEP W/	Y	-	1/1/2025	Fee Schedule	\$838.29
25606	PERQ SKEL FIXJ DSTL RDL FX	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25607	OPTX DST RD XARTC FX/EPI SEP	Y	-	1/1/2025	Fee Schedule	\$4,759.45
25608	OPTX DST RD XART FX/EPI SEP2	Y	-	1/1/2025	Fee Schedule	\$4,764.29
25609	OPTX DST RD XART FX/EP SEP3+	Y	-	1/1/2025	Fee Schedule	\$4,789.74
25622	CLTX CARPL SCPHD FX W/O MNPJ	Y	-	1/1/2025	Fee Schedule	\$128.93
25624	CLTX CARPL SCPHD FX W/MNPJ	Y	-	1/1/2025	Fee Schedule	\$838.29
25628	OPTX CARPL SCPHD FX INT FIXJ	Y	-	1/1/2025	Fee Schedule	\$3,510.84
25630	CLTX CARPL FX W/O MNPJ EA B1	Y	-	1/1/2025	Fee Schedule	\$128.93
25635	CLTX CARPL FX W/MNPJ EA B1	Y	-	1/1/2025	Fee Schedule	\$838.29
25645	OPTX CRPL FX OTH/THN SCPH EA	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25650	CLTX ULNAR STYLOID FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
25651	PERQ SKEL FIX ULNAR STYLD FX	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25652	OPTX ULNAR STYLOID FRACTURE	Y	-	1/1/2025	Fee Schedule	\$4,867.58

Montana Healthcare Programs Fee Schedule

ASC Covered Surgical and Ancillary Services

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
25660	CLTX RDCRPL/NTRCRPL DISLC 1+	Y	-	1/1/2025	Fee Schedule	\$128.93
25670	OPTX RDCRPL/NTRCRPL DISLC 1+	Y	-	1/1/2025	Fee Schedule	\$3,510.84
25671	PERQ SKEL FIX RAD/ULN DISLC	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25675	CLTX DSTL RAD/ULN DISLC MNPJ	Y	-	1/1/2025	Fee Schedule	\$128.93
25676	OPTX RAD/ULN DISLC AQT/CHRN	Y	-	1/1/2025	Fee Schedule	\$3,510.84
25680	CLTX TRNS-SCPHRLNR FX MNPJ	Y	-	1/1/2025	Fee Schedule	\$128.93
25685	OPTX TRNS-SCPHRLNR FX DISLC	Y	-	1/1/2025	Fee Schedule	\$3,510.84
25690	CLTX LUNATE DISLC W/MNPJ	Y	-	1/1/2025	Fee Schedule	\$838.29
25695	OPTX LUNATE DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$3,510.84
25800	ARTHRD WRIST COMPLETE WO GRF	Y	-	1/1/2025	Fee Schedule	\$4,798.22
25805	ARTHRD WRIST W/SLIDING GRAFT	Y	-	1/1/2025	Fee Schedule	\$4,985.42
25810	ARTHRD WRST ILIAC/OTH AGRFT	Y	-	1/1/2025	Fee Schedule	\$8,634.06
25820	ARTHRD WRIST LMTD W/O B1 GRF	Y	-	1/1/2025	Fee Schedule	\$4,679.78
25825	ARTHRD WRIST WITH AUTOGRAFT	Y	-	1/1/2025	Fee Schedule	\$4,468.04
25830	ARTHRD DST RAD/UL JT SGM RSC	Y	-	1/1/2025	Fee Schedule	\$3,510.84
25907	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
25909	AMPUTATION FOLLOW-UP SURGERY	-	-	1/1/2022	Not Allowed	\$0.00
25922	AMPUTATE HAND AT WRIST	Y	-	1/1/2025	Fee Schedule	\$838.29
25929	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2025	Fee Schedule	\$981.09
25931	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26010	DRAINAGE OF FINGER ABSCESS	Y	-	1/1/2025	Fee Schedule	\$106.77
26011	DRAINAGE OF FINGER ABSCESS	Y	-	1/1/2025	Fee Schedule	\$708.28
26020	DRAIN HAND TENDON SHEATH	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26025	DRAINAGE OF PALM BURSA	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26030	DRAINAGE OF PALM BURSAS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26034	TREAT HAND BONE LESION	Y	-	1/1/2025	Fee Schedule	\$838.29
26035	DECOMPRESS FINGERS/HAND	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26037	DECOMPRESS FINGERS/HAND	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26040	RELEASE PALM CONTRACTURE	Y	-	1/1/2025	Fee Schedule	\$838.29
26045	RELEASE PALM CONTRACTURE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26055	INCISE FINGER TENDON SHEATH	Y	-	1/1/2025	Fee Schedule	\$838.29
26060	INCISION OF FINGER TENDON	Y	-	1/1/2025	Fee Schedule	\$838.29
26070	EXPLORE/TREAT HAND JOINT	Y	-	1/1/2025	Fee Schedule	\$838.29
26075	EXPLORE/TREAT FINGER JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26080	EXPLORE/TREAT FINGER JOINT	Y	-	1/1/2025	Fee Schedule	\$838.29
26100	BIOPSY HAND JOINT LINING	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26105	BIOPSY FINGER JOINT LINING	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26110	BIOPSY FINGER JOINT LINING	Y	-	1/1/2025	Fee Schedule	\$838.29
26111	EXC HAND LES SC 1.5 CM/>	Y	-	1/1/2025	Fee Schedule	\$708.28
26113	EXC HAND TUM DEEP 1.5 CM/>	Y	-	1/1/2025	Fee Schedule	\$708.28
26115	EXC HAND LES SC < 1.5 CM	Y	-	1/1/2025	Fee Schedule	\$708.28
26116	EXC HAND TUM DEEP < 1.5 CM	Y	-	1/1/2025	Fee Schedule	\$708.28
26117	RAD RESECT HAND TUMOR < 3 CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
26118	RAD RESECT HAND TUMOR 3 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
26121	RELEASE PALM CONTRACTURE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26123	RELEASE PALM CONTRACTURE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26125	RELEASE PALM CONTRACTURE	-	-	7/1/2018	No Separate Payment	\$0.00
26130	REMOVE WRIST JOINT LINING	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26135	REVISE FINGER JOINT EACH	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26140	REVISE FINGER JOINT EACH	Y	-	1/1/2025	Fee Schedule	\$838.29
26145	TENDON EXCISION PALM/FINGER	Y	-	1/1/2025	Fee Schedule	\$838.29

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **April 1, 2025**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
26160	REMOVE TENDON SHEATH LESION	Y	-	1/1/2025	Fee Schedule	\$838.29
26170	REMOVAL OF PALM TENDON EACH	Y	-	1/1/2025	Fee Schedule	\$838.29
26180	REMOVAL OF FINGER TENDON	Y	-	1/1/2025	Fee Schedule	\$838.29
26185	REMOVE FINGER BONE	Y	-	1/1/2025	Fee Schedule	\$838.29
26200	REMOVE HAND BONE LESION	Y	-	1/1/2025	Fee Schedule	\$838.29
26205	REMOVE/GRAFT BONE LESION	Y	-	1/1/2025	Fee Schedule	\$3,510.84
26210	REMOVAL OF FINGER LESION	Y	-	1/1/2025	Fee Schedule	\$838.29
26215	REMOVE/GRAFT FINGER LESION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26230	PARTIAL REMOVAL OF HAND BONE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26235	PARTIAL REMOVAL FINGER BONE	Y	-	1/1/2025	Fee Schedule	\$838.29
26236	PARTIAL REMOVAL FINGER BONE	Y	-	1/1/2025	Fee Schedule	\$838.29
26250	EXTENSIVE HAND SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26260	RESECT PROX FINGER TUMOR	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26262	RESECT DISTAL FINGER TUMOR	Y	-	1/1/2025	Fee Schedule	\$838.29
26320	REMOVAL OF IMPLANT FROM HAND	-	-	1/1/2025	Fee Schedule	\$708.28
26340	MANIPULATE FINGER W/ANESTH	Y	-	1/1/2025	Fee Schedule	\$838.29
26341	MANIPULAT PALM CORD POST INJ	Y	-	1/1/2025	Fee Schedule	\$80.54
26350	REPAIR FINGER/HAND TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26352	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2025	Fee Schedule	\$3,510.84
26356	REPAIR FINGER/HAND TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26357	REPAIR FINGER/HAND TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26358	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2025	Fee Schedule	\$3,510.84
26370	REPAIR FINGER/HAND TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26372	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2025	Fee Schedule	\$4,470.16
26373	REPAIR FINGER/HAND TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26390	REVISE HAND/FINGER TENDON	Y	-	1/1/2025	Fee Schedule	\$4,443.20
26392	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2025	Fee Schedule	\$3,510.84
26410	REPAIR HAND TENDON	Y	-	1/1/2025	Fee Schedule	\$838.29
26412	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26415	EXCISION HAND/FINGER TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26416	GRAFT HAND OR FINGER TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26418	REPAIR FINGER TENDON	Y	-	1/1/2025	Fee Schedule	\$838.29
26420	REPAIR/GRAFT FINGER TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26426	REPAIR FINGER/HAND TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26428	REPAIR/GRAFT FINGER TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26432	REPAIR FINGER TENDON	Y	-	1/1/2025	Fee Schedule	\$838.29
26433	REPAIR FINGER TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26434	REPAIR/GRAFT FINGER TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26437	REALIGNMENT OF TENDONS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26440	RELEASE PALM/FINGER TENDON	Y	-	1/1/2025	Fee Schedule	\$838.29
26442	RELEASE PALM & FINGER TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26445	RELEASE HAND/FINGER TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26449	RELEASE FOREARM/HAND TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26450	INCISION OF PALM TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26455	INCISION OF FINGER TENDON	Y	-	1/1/2025	Fee Schedule	\$838.29
26460	INCISE HAND/FINGER TENDON	Y	-	1/1/2025	Fee Schedule	\$838.29
26471	FUSION OF FINGER TENDONS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26474	FUSION OF FINGER TENDONS	Y	-	1/1/2025	Fee Schedule	\$838.29
26476	TENDON LENGTHENING	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26477	TENDON SHORTENING	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26478	LENGTHENING OF HAND TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16

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

Montana Healthcare Programs Fee Schedule

ASC Covered Surgical and Ancillary Services

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
26479	SHORTENING OF HAND TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26480	TRANSPLANT HAND TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26483	TRANSPLANT/GRAFT HAND TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26485	TRANSPLANT PALM TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26489	TRANSPLANT/GRAFT PALM TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26490	REVISE THUMB TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26492	TENDON TRANSFER WITH GRAFT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26494	HAND TENDON/MUSCLE TRANSFER	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26496	REVISE THUMB TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26497	FINGER TENDON TRANSFER	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26498	FINGER TENDON TRANSFER	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26499	REVISION OF FINGER	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26500	HAND TENDON RECONSTRUCTION	Y	-	1/1/2025	Fee Schedule	\$3,510.84
26502	HAND TENDON RECONSTRUCTION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26508	RELEASE THUMB CONTRACTURE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26510	THUMB TENDON TRANSFER	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26516	FUSION OF KNUCKLE JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26517	FUSION OF KNUCKLE JOINTS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26518	FUSION OF KNUCKLE JOINTS	Y	-	1/1/2025	Fee Schedule	\$3,510.84
26520	RELEASE KNUCKLE CONTRACTURE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26525	RELEASE FINGER CONTRACTURE	Y	-	1/1/2025	Fee Schedule	\$838.29
26530	REVISE KNUCKLE JOINT	Y	-	1/1/2025	Fee Schedule	\$4,688.56
26531	REVISE KNUCKLE WITH IMPLANT	Y	-	1/1/2025	Fee Schedule	\$4,851.53
26535	REVISE FINGER JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26536	REVISE/IMPLANT FINGER JOINT	Y	-	1/1/2025	Fee Schedule	\$4,618.59
26540	REPAIR HAND JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26541	REPAIR HAND JOINT WITH GRAFT	Y	-	1/1/2025	Fee Schedule	\$2,040.92
26542	REPAIR HAND JOINT WITH GRAFT	Y	-	1/1/2025	Fee Schedule	\$2,048.27
26545	RECONSTRUCT FINGER JOINT	Y	-	1/1/2025	Fee Schedule	\$2,053.59
26546	REPAIR NONUNION HAND	Y	-	1/1/2025	Fee Schedule	\$3,510.84
26548	RECONSTRUCT FINGER JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26550	POLLICIZATION DIGIT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26555	POSITIONAL CHANGE OF FINGER	Y	-	1/1/2025	Fee Schedule	\$3,510.84
26560	REPAIR OF WEB FINGER	Y	-	1/1/2025	Fee Schedule	\$838.29
26561	REPAIR OF WEB FINGER	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26562	REPAIR OF WEB FINGER	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26565	CORRECT METACARPAL FLAW	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26567	CORRECT FINGER DEFORMITY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26568	LENGTHEN METACARPAL/FINGER	Y	-	1/1/2025	Fee Schedule	\$4,766.72
26580	REPAIR CLEFT HAND	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26587	RECONSTRUCT EXTRA FINGER	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26590	REPAIR FINGER DEFORMITY	Y	-	1/1/2025	Fee Schedule	\$838.29
26591	REPAIR MUSCLES OF HAND	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26593	RELEASE MUSCLES OF HAND	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26596	EXCISION CONSTRICTING TISSUE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26600	TREAT METACARPAL FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
26605	TREAT METACARPAL FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
26607	TREAT METACARPAL FRACTURE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26608	TREAT METACARPAL FRACTURE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26615	TREAT METACARPAL FRACTURE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26641	TREAT THUMB DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$128.93

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

Montana Healthcare Programs Fee Schedule

ASC Covered Surgical and Ancillary Services

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
26645	TREAT THUMB FRACTURE	Y	-	1/1/2025	Fee Schedule	\$838.29
26650	TREAT THUMB FRACTURE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26665	TREAT THUMB FRACTURE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26670	TREAT HAND DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$128.93
26675	TREAT HAND DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$838.29
26676	PIN HAND DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26685	TREAT HAND DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26686	TREAT HAND DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$2,001.54
26700	TREAT KNUCKLE DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$128.93
26705	TREAT KNUCKLE DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$838.29
26706	PIN KNUCKLE DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26715	TREAT KNUCKLE DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26720	TREAT FINGER FRACTURE EACH	Y	-	1/1/2025	Fee Schedule	\$128.93
26725	TREAT FINGER FRACTURE EACH	Y	-	1/1/2025	Fee Schedule	\$128.93
26727	TREAT FINGER FRACTURE EACH	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26735	TREAT FINGER FRACTURE EACH	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26740	TREAT FINGER FRACTURE EACH	Y	-	1/1/2025	Fee Schedule	\$128.93
26742	TREAT FINGER FRACTURE EACH	Y	-	1/1/2025	Fee Schedule	\$838.29
26746	TREAT FINGER FRACTURE EACH	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26750	TREAT FINGER FRACTURE EACH	Y	-	1/1/2025	Fee Schedule	\$125.18
26755	TREAT FINGER FRACTURE EACH	Y	-	1/1/2025	Fee Schedule	\$128.93
26756	PIN FINGER FRACTURE EACH	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26765	TREAT FINGER FRACTURE EACH	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26770	TREAT FINGER DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$128.93
26775	TREAT FINGER DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$142.53
26776	PIN FINGER DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26785	TREAT FINGER DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26820	THUMB FUSION WITH GRAFT	Y	-	1/1/2025	Fee Schedule	\$3,510.84
26841	FUSION OF THUMB	Y	-	1/1/2025	Fee Schedule	\$3,510.84
26842	THUMB FUSION WITH GRAFT	Y	-	1/1/2025	Fee Schedule	\$4,449.87
26843	FUSION OF HAND JOINT	Y	-	1/1/2025	Fee Schedule	\$4,449.87
26844	FUSION/GRAFT OF HAND JOINT	Y	-	1/1/2025	Fee Schedule	\$4,851.23
26850	FUSION OF KNUCKLE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
26852	FUSION OF KNUCKLE WITH GRAFT	Y	-	1/1/2025	Fee Schedule	\$3,510.84
26860	FUSION OF FINGER JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26861	FUSION OF FINGER JNT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
26862	FUSION/GRAFT OF FINGER JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26863	FUSE/GRAFT ADDED JOINT	-	-	7/1/2018	No Separate Payment	\$0.00
26910	AMPUTATE METACARPAL BONE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26951	AMPUTATION OF FINGER/THUMB	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26952	AMPUTATION OF FINGER/THUMB	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26990	DRAINAGE OF PELVIS LESION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
26991	DRAINAGE OF PELVIS BURSA	Y	-	1/1/2025	Fee Schedule	\$838.29
27000	INCISION OF HIP TENDON	Y	-	1/1/2025	Fee Schedule	\$838.29
27001	INCISION OF HIP TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27003	INCISION OF HIP TENDON	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27006	INCISION OF HIP TENDONS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27027	BUTTOCK FASCIOTOMY	-	-	1/1/2022	Not Allowed	\$0.00
27033	EXPLORATION OF HIP JOINT	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27035	DENERVATION OF HIP JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27040	BIOPSY OF SOFT TISSUES	Y	-	1/1/2025	Fee Schedule	\$708.28

Montana Healthcare Programs Fee Schedule

ASC Covered Surgical and Ancillary Services

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27041	BIOPSY OF SOFT TISSUES	Y	-	1/1/2025	Fee Schedule	\$708.28
27043	EXC HIP PELVIS LES SC 3 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
27045	EXC HIP/PELV TUM DEEP 5 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
27047	EXC HIP/PELVIS LES SC < 3 CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
27048	EXC HIP/PELV TUM DEEP < 5 CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
27049	RESECT HIP/PELV TUM < 5 CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
27050	BIOPSY OF SACROILIAC JOINT	Y	-	1/1/2025	Fee Schedule	\$838.29
27052	BIOPSY OF HIP JOINT	Y	-	1/1/2025	Fee Schedule	\$838.29
27057	BUTTOCK FASCIOTOMY W/DBRDMT	-	-	1/1/2022	Not Allowed	\$0.00
27059	RESECT HIP/PELV TUM 5 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
27060	REMOVAL OF ISCHIAL BURSA	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27062	REMOVE FEMUR LESION/BURSA	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27065	REMOVE HIP BONE LES SUPER	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27066	REMOVE HIP BONE LES DEEP	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27067	REMOVE/GRAFT HIP BONE LESION	Y	-	1/1/2025	Fee Schedule	\$4,985.11
27080	REMOVAL OF TAIL BONE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27086	REMOVE HIP FOREIGN BODY	Y	-	1/1/2025	Fee Schedule	\$1,201.90
27087	REMOVE HIP FOREIGN BODY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27093	INJECTION FOR HIP X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
27095	INJECTION FOR HIP X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
27097	REVISION OF HIP TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27098	TRANSFER TENDON TO PELVIS	Y	-	1/1/2025	Fee Schedule	\$2,051.81
27100	TRANSFER OF ABDOMINAL MUSCLE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27105	TRANSFER OF SPINAL MUSCLE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27110	TRANSFER OF ILIOPSOAS MUSCLE	Y	-	1/1/2025	Fee Schedule	\$4,722.49
27111	TRANSFER OF ILIOPSOAS MUSCLE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27130	TOTAL HIP ARTHROPLASTY	Y	-	1/1/2025	Fee Schedule	\$9,449.04
27179	REVISE HEAD/NECK OF FEMUR	-	-	1/1/2022	Not Allowed	\$0.00
27197	CLSD TX PELVIC RING FX	Y	-	1/1/2025	Fee Schedule	\$128.93
27198	CLSD TX PELVIC RING FX	Y	-	1/1/2025	Fee Schedule	\$128.93
27200	TREAT TAIL BONE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$118.71
27202	TREAT TAIL BONE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27220	TREAT HIP SOCKET FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
27230	TREAT THIGH FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
27235	TREAT THIGH FRACTURE	-	-	1/1/2022	Not Allowed	\$0.00
27238	TREAT THIGH FRACTURE	Y	-	1/1/2025	Fee Schedule	\$838.29
27246	TREAT THIGH FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
27250	TREAT HIP DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$128.93
27252	TREAT HIP DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$838.29
27256	TREAT HIP DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$128.93
27257	TREAT HIP DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$838.29
27265	TREAT HIP DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$128.93
27266	TREAT HIP DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$838.29
27267	CLTX THIGH FX	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27275	MANIPULATION OF HIP JOINT	Y	-	1/1/2025	Fee Schedule	\$838.29
27278	ARTHRD SI JT PRQ WO TFXJ DEV	Y	-	1/1/2025	Fee Schedule	\$15,670.64
27279	ARTHRD SI JT PERQ/MIN NVAS	Y	-	1/1/2025	Fee Schedule	\$15,176.56
27301	DRAIN THIGH/KNEE LESION	Y	-	1/1/2025	Fee Schedule	\$1,201.90
27305	INCISE THIGH TENDON & FASCIA	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27306	INCISION OF THIGH TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27307	INCISION OF THIGH TENDONS	Y	-	1/1/2025	Fee Schedule	\$1,579.16

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

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27310	EXPLORATION OF KNEE JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27323	BIOPSY THIGH SOFT TISSUES	Y	-	1/1/2025	Fee Schedule	\$708.28
27324	BIOPSY THIGH SOFT TISSUES	Y	-	1/1/2025	Fee Schedule	\$1,201.90
27325	NEURECTOMY HAMSTRING	Y	-	1/1/2025	Fee Schedule	\$924.93
27326	NEURECTOMY POPLITEAL	Y	-	1/1/2025	Fee Schedule	\$924.93
27327	EXC THIGH/KNEE LES SC < 3 CM	Y	-	1/1/2025	Fee Schedule	\$708.28
27328	EXC THIGH/KNEE TUM DEEP <5CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
27329	RESECT THIGH/KNEE TUM < 5 CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
27330	BIOPSY KNEE JOINT LINING	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27331	EXPLORE/TREAT KNEE JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27332	REMOVAL OF KNEE CARTILAGE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27333	REMOVAL OF KNEE CARTILAGE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27334	REMOVE KNEE JOINT LINING	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27335	REMOVE KNEE JOINT LINING	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27337	EXC THIGH/KNEE LES SC 3 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
27339	EXC THIGH/KNEE TUM DEP 5CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
27340	REMOVAL OF KNEECAP BURSA	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27345	REMOVAL OF KNEE CYST	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27347	REMOVE KNEE CYST	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27350	REMOVAL OF KNEECAP	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27355	REMOVE FEMUR LESION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27356	REMOVE FEMUR LESION/GRAFT	Y	-	1/1/2025	Fee Schedule	\$8,407.43
27357	REMOVE FEMUR LESION/GRAFT	Y	-	1/1/2025	Fee Schedule	\$4,449.87
27358	REMOVE FEMUR LESION/FIXATION	-	-	7/1/2018	No Separate Payment	\$0.00
27360	PARTIAL REMOVAL LEG BONE(S)	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27364	RESECT THIGH/KNEE TUM 5 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
27369	NJX CNTRST KNE ARTHG/CT/MRI	-	-	1/1/2019	No Separate Payment	\$0.00
27372	REMOVAL OF FOREIGN BODY	Y	-	1/1/2025	Fee Schedule	\$1,201.90
27380	REPAIR OF KNEECAP TENDON	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27381	REPAIR/GRAFT KNEECAP TENDON	Y	-	1/1/2025	Fee Schedule	\$4,458.35
27385	REPAIR OF THIGH MUSCLE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27386	REPAIR/GRAFT OF THIGH MUSCLE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27390	INCISION OF THIGH TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27391	INCISION OF THIGH TENDONS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27392	INCISION OF THIGH TENDONS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27393	LENGTHENING OF THIGH TENDON	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27394	LENGTHENING OF THIGH TENDONS	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27395	LENGTHENING OF THIGH TENDONS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27396	TRANSPLANT OF THIGH TENDON	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27397	TRANSPLANTS OF THIGH TENDONS	Y	-	1/1/2025	Fee Schedule	\$5,189.28
27400	REVISE THIGH MUSCLES/TENDONS	Y	-	1/1/2025	Fee Schedule	\$4,427.76
27403	REPAIR OF KNEE CARTILAGE	Y	-	1/1/2025	Fee Schedule	\$4,539.23
27405	REPAIR OF KNEE LIGAMENT	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27407	REPAIR OF KNEE LIGAMENT	Y	-	1/1/2025	Fee Schedule	\$4,996.63
27409	REPAIR OF KNEE LIGAMENTS	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27412	AUTOCHONDROCYTE IMPLANT KNEE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	Y	-	1/1/2025	Fee Schedule	\$11,001.72
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27418	REPAIR DEGENERATED KNEECAP	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27420	REVISION OF UNSTABLE KNEECAP	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27422	REVISION OF UNSTABLE KNEECAP	Y	-	1/1/2025	Fee Schedule	\$3,510.84

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Montana Healthcare Programs Fee Schedule

ASC Covered Surgical and Ancillary Services

April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27424	REVISION/REMOVAL OF KNEECAP	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27425	LAT RETINACULAR RELEASE OPEN	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27427	RECONSTRUCTION KNEE	Y	-	1/1/2025	Fee Schedule	\$4,776.71
27428	RECONSTRUCTION KNEE	Y	-	1/1/2025	Fee Schedule	\$6,633.26
27429	RECONSTRUCTION KNEE	Y	-	1/1/2025	Fee Schedule	\$9,411.84
27430	REVISION OF THIGH MUSCLES	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27435	INCISION OF KNEE JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27437	REVISE KNEECAP	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27438	REVISE KNEECAP WITH IMPLANT	Y	-	1/1/2025	Fee Schedule	\$8,475.53
27440	REVISION OF KNEE JOINT	Y	-	1/1/2025	Fee Schedule	\$8,997.48
27441	REVISION OF KNEE JOINT	Y	-	1/1/2025	Fee Schedule	\$6,633.26
27442	REVISION OF KNEE JOINT	Y	-	1/1/2025	Fee Schedule	\$8,792.60
27443	REVISION OF KNEE JOINT	Y	-	1/1/2025	Fee Schedule	\$9,589.26
27446	REVISION OF KNEE JOINT	Y	-	1/1/2025	Fee Schedule	\$9,082.19
27447	TOTAL KNEE ARTHROPLASTY	Y	-	1/1/2025	Fee Schedule	\$9,255.60
27475	SURGERY TO STOP LEG GROWTH	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27477	SURGERY TO STOP LEG GROWTH	-	-	1/1/2022	Not Allowed	\$0.00
27479	SURGERY TO STOP LEG GROWTH	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27485	SURGERY TO STOP LEG GROWTH	-	-	1/1/2022	Not Allowed	\$0.00
27496	DECOMPRESSION OF THIGH/KNEE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27497	DECOMPRESSION OF THIGH/KNEE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27498	DECOMPRESSION OF THIGH/KNEE	Y	-	1/1/2025	Fee Schedule	\$838.29
27499	DECOMPRESSION OF THIGH/KNEE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27500	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
27501	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
27502	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2025	Fee Schedule	\$838.29
27503	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2025	Fee Schedule	\$838.29
27508	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
27509	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2025	Fee Schedule	\$4,574.06
27510	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2025	Fee Schedule	\$838.29
27516	TREAT THIGH FX GROWTH PLATE	Y	-	1/1/2025	Fee Schedule	\$128.93
27517	TREAT THIGH FX GROWTH PLATE	Y	-	1/1/2025	Fee Schedule	\$838.29
27520	TREAT KNEECAP FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
27524	TREAT KNEECAP FRACTURE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27530	TREAT KNEE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
27532	TREAT KNEE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27538	TREAT KNEE FRACTURE(S)	Y	-	1/1/2025	Fee Schedule	\$128.93
27550	TREAT KNEE DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$128.93
27552	TREAT KNEE DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$838.29
27560	TREAT KNEECAP DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$128.93
27562	TREAT KNEECAP DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$128.93
27566	TREAT KNEECAP DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27570	FIXATION OF KNEE JOINT	Y	-	1/1/2025	Fee Schedule	\$838.29
27594	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27600	DECOMPRESSION OF LOWER LEG	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27601	DECOMPRESSION OF LOWER LEG	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27602	DECOMPRESSION OF LOWER LEG	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27603	DRAIN LOWER LEG LESION	Y	-	1/1/2025	Fee Schedule	\$1,201.90
27604	DRAIN LOWER LEG BURSA	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27605	INCISION OF ACHILLES TENDON	Y	-	1/1/2025	Fee Schedule	\$838.29
27606	INCISION OF ACHILLES TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16

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Montana Healthcare Programs Fee Schedule

ASC Covered Surgical and Ancillary Services

April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27607	TREAT LOWER LEG BONE LESION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27610	EXPLORE/TREAT ANKLE JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27612	EXPLORATION OF ANKLE JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27613	BIOPSY LOWER LEG SOFT TISSUE	Y	-	1/1/2025	Fee Schedule	\$163.03
27614	BIOPSY LOWER LEG SOFT TISSUE	Y	-	1/1/2025	Fee Schedule	\$1,201.90
27615	RESECT LEG/ANKLE TUM < 5 CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
27616	RESECT LEG/ANKLE TUM 5 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
27618	EXC LEG/ANKLE TUM < 3 CM	Y	-	1/1/2025	Fee Schedule	\$708.28
27619	EXC LEG/ANKLE TUM DEEP <5 CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
27620	EXPLORE/TREAT ANKLE JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27625	REMOVE ANKLE JOINT LINING	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27626	REMOVE ANKLE JOINT LINING	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27630	REMOVAL OF TENDON LESION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27632	EXC LEG/ANKLE LES SC 3 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
27634	EXC LEG/ANKLE TUM DEP 5 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
27635	REMOVE LOWER LEG BONE LESION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27637	REMOVE/GRAFT LEG BONE LESION	Y	-	1/1/2025	Fee Schedule	\$4,730.37
27638	REMOVE/GRAFT LEG BONE LESION	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27640	PARTIAL REMOVAL OF TIBIA	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27641	PARTIAL REMOVAL OF FIBULA	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27647	RESECT TALUS/CALCANEUS TUM	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27648	INJECTION FOR ANKLE X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
27650	REPAIR ACHILLES TENDON	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27652	REPAIR/GRAFT ACHILLES TENDON	Y	-	1/1/2025	Fee Schedule	\$4,628.28
27654	REPAIR OF ACHILLES TENDON	Y	-	1/1/2025	Fee Schedule	\$4,440.78
27656	REPAIR LEG FASCIA DEFECT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27658	REPAIR OF LEG TENDON EACH	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27659	REPAIR OF LEG TENDON EACH	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27664	REPAIR OF LEG TENDON EACH	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27665	REPAIR OF LEG TENDON EACH	Y	-	1/1/2025	Fee Schedule	\$4,438.66
27675	REPAIR LOWER LEG TENDONS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27676	REPAIR LOWER LEG TENDONS	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27680	RELEASE OF LOWER LEG TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27681	RELEASE OF LOWER LEG TENDONS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27685	REVISION OF LOWER LEG TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27686	REVISE LOWER LEG TENDONS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27687	REVISION OF CALF TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27690	REVISE LOWER LEG TENDON	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27691	REVISE LOWER LEG TENDON	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27692	REVISE ADDITIONAL LEG TENDON	-	-	7/1/2018	No Separate Payment	\$0.00
27695	REPAIR OF ANKLE LIGAMENT	Y	-	1/1/2025	Fee Schedule	\$4,676.75
27696	REPAIR OF ANKLE LIGAMENTS	Y	-	1/1/2025	Fee Schedule	\$4,511.06
27698	REPAIR OF ANKLE LIGAMENT	Y	-	1/1/2025	Fee Schedule	\$4,580.12
27700	REVISION OF ANKLE JOINT	Y	-	1/1/2025	Fee Schedule	\$5,316.51
27702	RECONSTRUCT ANKLE JOIN	Y	-	1/1/2025	Fee Schedule	\$14,875.49
27704	REMOVAL OF ANKLE IMPLANT	-	-	1/1/2025	Fee Schedule	\$1,579.16
27705	OSTEOTOMY TIBIA	Y	-	1/1/2025	Fee Schedule	\$4,428.66
27707	OSTEOTOMY FIBULA	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27709	OSTEOTOMY TIBIA & FIBULA	Y	-	1/1/2025	Fee Schedule	\$8,624.91
27720	REPAIR OF TIBIA	Y	-	1/1/2025	Fee Schedule	\$4,644.94
27722	REPAIR/GRAFT OF TIBIA	-	-	1/1/2022	Not Allowed	\$0.00

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27726	REPAIR FIBULA NONUNION	Y	-	1/1/2025	Fee Schedule	\$4,740.36
27730	REPAIR OF TIBIA EPIPHYSIS	Y	-	1/1/2025	Fee Schedule	\$2,001.54
27732	REPAIR OF FIBULA EPIPHYSIS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27734	REPAIR LOWER LEG EPIPHYSES	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27740	REPAIR OF LEG EPIPHYSES	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27742	REPAIR OF LEG EPIPHYSES	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27745	REINFORCE TIBIA	Y	-	1/1/2025	Fee Schedule	\$4,764.90
27750	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
27752	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2025	Fee Schedule	\$838.29
27756	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2025	Fee Schedule	\$4,858.80
27758	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2025	Fee Schedule	\$8,900.76
27759	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2025	Fee Schedule	\$8,817.21
27760	CLTX MEDIAL ANKLE FX	Y	-	1/1/2025	Fee Schedule	\$128.93
27762	CLTX MED ANKLE FX W/MNPJ	Y	-	1/1/2025	Fee Schedule	\$838.29
27766	OPTX MEDIAL ANKLE FX	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27767	CLTX POST ANKLE FX	Y	-	1/1/2025	Fee Schedule	\$128.93
27768	CLTX POST ANKLE FX W/MNPJ	Y	-	1/1/2025	Fee Schedule	\$838.29
27769	OPTX POST ANKLE FX	Y	-	1/1/2025	Fee Schedule	\$4,720.98
27780	TREATMENT OF FIBULA FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
27781	TREATMENT OF FIBULA FRACTURE	Y	-	1/1/2025	Fee Schedule	\$838.29
27784	TREATMENT OF FIBULA FRACTURE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27786	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
27788	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
27792	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$4,596.18
27808	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
27810	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$838.29
27814	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$4,567.40
27816	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
27818	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$838.29
27822	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$4,608.29
27823	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$4,522.27
27824	TREAT LOWER LEG FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
27825	TREAT LOWER LEG FRACTURE	Y	-	1/1/2025	Fee Schedule	\$838.29
27826	TREAT LOWER LEG FRACTURE	Y	-	1/1/2025	Fee Schedule	\$4,627.37
27827	TREAT LOWER LEG FRACTURE	Y	-	1/1/2025	Fee Schedule	\$8,758.83
27828	TREAT LOWER LEG FRACTURE	Y	-	1/1/2025	Fee Schedule	\$8,986.61
27829	TREAT LOWER LEG JOINT	Y	-	1/1/2025	Fee Schedule	\$4,781.86
27830	TREAT LOWER LEG DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$128.93
27831	TREAT LOWER LEG DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27832	TREAT LOWER LEG DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$4,701.89
27840	TREAT ANKLE DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$128.93
27842	TREAT ANKLE DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$838.29
27846	TREAT ANKLE DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27848	TREAT ANKLE DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$5,069.93
27860	FIXATION OF ANKLE JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27870	FUSION OF ANKLE JOINT OPEN	Y	-	1/1/2025	Fee Schedule	\$9,589.26
27871	FUSION OF TIBIOFIBULAR JOINT	Y	-	1/1/2025	Fee Schedule	\$9,504.55
27884	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27889	ANKLE DISARTICULATION	Y	-	1/1/2025	Fee Schedule	\$3,510.84
27892	DECOMPRESSION OF LEG	Y	-	1/1/2025	Fee Schedule	\$1,579.16
27893	DECOMPRESSION OF LEG	Y	-	1/1/2025	Fee Schedule	\$3,510.84

Montana Healthcare Programs Fee Schedule

ASC Covered Surgical and Ancillary Services

April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27894	DECOMPRESSION OF LEG	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28001	DRAINAGE OF BURSA OF FOOT	Y	-	1/1/2025	Fee Schedule	\$94.78
28002	TREATMENT OF FOOT INFECTION	Y	-	1/1/2025	Fee Schedule	\$838.29
28003	TREATMENT OF FOOT INFECTION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28005	TREAT FOOT BONE LESION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28008	INCISION OF FOOT FASCIA	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28010	INCISION OF TOE TENDON	Y	-	1/1/2025	Fee Schedule	\$126.80
28011	INCISION OF TOE TENDONS	Y	-	1/1/2025	Fee Schedule	\$838.29
28020	EXPLORATION OF FOOT JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28022	EXPLORATION OF FOOT JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28024	EXPLORATION OF TOE JOINT	Y	-	1/1/2025	Fee Schedule	\$838.29
28035	DECOMPRESSION OF TIBIA NERVE	Y	-	1/1/2025	Fee Schedule	\$924.93
28039	EXC FOOT/TOE TUM SC 1.5 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
28041	EXC FOOT/TOE TUM DEP 1.5CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
28043	EXC FOOT/TOE TUM SC < 1.5 CM	Y	-	1/1/2025	Fee Schedule	\$708.28
28045	EXC FOOT/TOE TUM DEEP <1.5CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
28046	RESECT FOOT/TOE TUMOR < 3 CM	Y	-	1/1/2025	Fee Schedule	\$1,201.90
28047	RESECT FOOT/TOE TUMOR 3 CM/>	Y	-	1/1/2025	Fee Schedule	\$1,201.90
28050	BIOPSY OF FOOT JOINT LINING	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28052	BIOPSY OF FOOT JOINT LINING	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28054	BIOPSY OF TOE JOINT LINING	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28055	NEURECTOMY FOOT	Y	-	1/1/2025	Fee Schedule	\$924.93
28060	PARTIAL REMOVAL FOOT FASCIA	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28062	REMOVAL OF FOOT FASCIA	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28070	REMOVAL OF FOOT JOINT LINING	Y	-	1/1/2025	Fee Schedule	\$3,510.84
28072	REMOVAL OF FOOT JOINT LINING	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28080	REMOVAL OF FOOT LESION	Y	-	1/1/2025	Fee Schedule	\$838.29
28086	EXCISE FOOT TENDON SHEATH	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28088	EXCISE FOOT TENDON SHEATH	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28090	REMOVAL OF FOOT LESION	Y	-	1/1/2025	Fee Schedule	\$838.29
28092	REMOVAL OF TOE LESIONS	Y	-	1/1/2025	Fee Schedule	\$838.29
28100	REMOVAL OF ANKLE/HEEL LESION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28102	REMOVE/GRAFT FOOT LESION	Y	-	1/1/2025	Fee Schedule	\$5,035.10
28103	REMOVE/GRAFT FOOT LESION	Y	-	1/1/2025	Fee Schedule	\$5,249.86
28104	REMOVAL OF FOOT LESION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28106	REMOVE/GRAFT FOOT LESION	Y	-	1/1/2025	Fee Schedule	\$5,667.58
28107	REMOVE/GRAFT FOOT LESION	Y	-	1/1/2025	Fee Schedule	\$3,510.84
28108	REMOVAL OF TOE LESIONS	Y	-	1/1/2025	Fee Schedule	\$838.29
28110	PART REMOVAL OF METATARSAL	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28111	PART REMOVAL OF METATARSAL	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28112	PART REMOVAL OF METATARSAL	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28113	PART REMOVAL OF METATARSAL	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28114	REMOVAL OF METATARSAL HEADS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28116	REVISION OF FOOT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28118	REMOVAL OF HEEL BONE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28119	REMOVAL OF HEEL SPUR	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28120	PART REMOVAL OF ANKLE/HEEL	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28122	PARTIAL REMOVAL OF FOOT BONE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28124	PARTIAL REMOVAL OF TOE	Y	-	1/1/2025	Fee Schedule	\$285.94
28126	PARTIAL REMOVAL OF TOE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28130	REMOVAL OF ANKLE BONE	Y	-	1/1/2025	Fee Schedule	\$4,449.87

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **April 1, 2025**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
28140	REMOVAL OF METATARSAL	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28150	REMOVAL OF TOE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28153	PARTIAL REMOVAL OF TOE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28160	PARTIAL REMOVAL OF TOE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28171	RESECT TARSAL TUMOR	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28173	RESECT METATARSAL TUMOR	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28175	RESECT PHALANX OF TOE TUMOR	Y	-	1/1/2025	Fee Schedule	\$838.29
28190	REMOVAL OF FOOT FOREIGN BODY	Y	-	1/1/2025	Fee Schedule	\$158.50
28192	REMOVAL OF FOOT FOREIGN BODY	Y	-	1/1/2025	Fee Schedule	\$708.28
28193	REMOVAL OF FOOT FOREIGN BODY	Y	-	1/1/2025	Fee Schedule	\$708.28
28200	REPAIR OF FOOT TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28202	REPAIR/GRAFT OF FOOT TENDON	Y	-	1/1/2025	Fee Schedule	\$4,731.58
28208	REPAIR OF FOOT TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28210	REPAIR/GRAFT OF FOOT TENDON	Y	-	1/1/2025	Fee Schedule	\$4,838.51
28220	RELEASE OF FOOT TENDON	Y	-	1/1/2025	Fee Schedule	\$267.18
28222	RELEASE OF FOOT TENDONS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28225	RELEASE OF FOOT TENDON	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28226	RELEASE OF FOOT TENDONS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28230	INCISION OF FOOT TENDON(S)	Y	-	1/1/2025	Fee Schedule	\$263.62
28232	INCISION OF TOE TENDON	Y	-	1/1/2025	Fee Schedule	\$239.69
28234	INCISION OF FOOT TENDON	Y	-	1/1/2025	Fee Schedule	\$838.29
28238	REVISION OF FOOT TENDON	Y	-	1/1/2025	Fee Schedule	\$3,510.84
28240	RELEASE OF BIG TOE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28250	REVISION OF FOOT FASCIA	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28260	RELEASE OF MIDFOOT JOINT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28261	REVISION OF FOOT TENDON	Y	-	1/1/2025	Fee Schedule	\$838.29
28262	REVISION OF FOOT AND ANKLE	Y	-	1/1/2025	Fee Schedule	\$4,449.87
28264	RELEASE OF MIDFOOT JOINT	Y	-	1/1/2025	Fee Schedule	\$838.29
28270	RELEASE OF FOOT CONTRACTURE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28272	RELEASE OF TOE JOINT EACH	Y	-	1/1/2025	Fee Schedule	\$231.92
28280	FUSION OF TOES	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28285	REPAIR OF HAMMERTOES	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28286	REPAIR OF HAMMERTOES	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28288	PARTIAL REMOVAL OF FOOT BONE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28289	CORRJ HALUX RIGDUS W/O IMPLT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28291	CORRJ HALUX RIGDUS W/IMPLT	Y	-	1/1/2025	Fee Schedule	\$4,854.26
28292	COR HLX VLGS RSC PRX PHLX BS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28295	COR HLX VLGS PRX MTAR OSTEOT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28296	COR HLX VLGS DSTL MTAR OSTEO	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28297	COR HLX VLGS JT ARTHRD	Y	-	1/1/2025	Fee Schedule	\$9,819.90
28298	COR HLX VLGS PRX PHLX OSTEOT	Y	-	1/1/2025	Fee Schedule	\$4,432.30
28299	COR HLX VLGS DOUBLE OSTEOT	Y	-	1/1/2025	Fee Schedule	\$4,476.83
28300	INCISION OF HEEL BONE	Y	-	1/1/2025	Fee Schedule	\$4,556.50
28302	INCISION OF ANKLE BONE	Y	-	1/1/2025	Fee Schedule	\$4,460.47
28304	INCISION OF MIDFOOT BONES	Y	-	1/1/2025	Fee Schedule	\$3,510.84
28305	INCISE/GRAFT MIDFOOT BONES	Y	-	1/1/2025	Fee Schedule	\$4,872.43
28306	INCISION OF METATARSAL	Y	-	1/1/2025	Fee Schedule	\$3,510.84
28307	INCISION OF METATARSAL	Y	-	1/1/2025	Fee Schedule	\$3,510.84
28308	INCISION OF METATARSAL	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28309	INCISION OF METATARSALS	Y	-	1/1/2025	Fee Schedule	\$3,510.84
28310	REVISION OF BIG TOE	Y	-	1/1/2025	Fee Schedule	\$3,510.84

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

Montana Healthcare Programs Fee Schedule

ASC Covered Surgical and Ancillary Services

April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
28312	REVISION OF TOE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28313	REPAIR DEFORMITY OF TOE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28315	REMOVAL OF SESAMOID BONE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28320	REPAIR OF FOOT BONES	Y	-	1/1/2025	Fee Schedule	\$8,513.31
28322	REPAIR OF METATARSALS	Y	-	1/1/2025	Fee Schedule	\$4,782.17
28340	RESECT ENLARGED TOE TISSUE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28341	RESECT ENLARGED TOE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28344	REPAIR EXTRA TOE(S)	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28345	REPAIR WEBBED TOE(S)	Y	-	1/1/2025	Fee Schedule	\$838.29
28360	RECONSTRUCT CLEFT FOOT	-	-	1/1/2022	Not Allowed	\$0.00
28400	TREATMENT OF HEEL FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
28405	TREATMENT OF HEEL FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
28406	TREATMENT OF HEEL FRACTURE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
28415	TREAT HEEL FRACTURE	Y	-	1/1/2025	Fee Schedule	\$4,631.31
28420	TREAT/GRAFT HEEL FRACTURE	Y	-	1/1/2025	Fee Schedule	\$9,346.02
28430	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
28435	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$838.29
28436	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$6,083.48
28445	TREAT ANKLE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
28446	OSTEOCHONDRAL TALUS AUTOGRFT	Y	-	1/1/2025	Fee Schedule	\$4,449.87
28450	TREAT MIDFOOT FRACTURE EACH	Y	-	1/1/2025	Fee Schedule	\$128.93
28455	TREAT MIDFOOT FRACTURE EACH	Y	-	1/1/2025	Fee Schedule	\$142.65
28456	TREAT MIDFOOT FRACTURE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
28465	TREAT MIDFOOT FRACTURE EACH	Y	-	1/1/2025	Fee Schedule	\$4,509.84
28470	TREAT METATARSAL FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
28475	TREAT METATARSAL FRACTURE	Y	-	1/1/2025	Fee Schedule	\$128.93
28476	TREAT METATARSAL FRACTURE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28485	TREAT METATARSAL FRACTURE	Y	-	1/1/2025	Fee Schedule	\$4,528.02
28490	TREAT BIG TOE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$101.24
28495	TREAT BIG TOE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$122.27
28496	TREAT BIG TOE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28505	TREAT BIG TOE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28510	TREATMENT OF TOE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$80.22
28515	TREATMENT OF TOE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$109.98
28525	TREAT TOE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28530	TREAT SESAMOID BONE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$79.57
28531	TREAT SESAMOID BONE FRACTURE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
28540	TREAT FOOT DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$120.98
28545	TREAT FOOT DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28546	TREAT FOOT DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$1,127.59
28555	REPAIR FOOT DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$5,035.40
28570	TREAT FOOT DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$128.93
28575	TREAT FOOT DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28576	TREAT FOOT DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$3,510.84
28585	REPAIR FOOT DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$5,035.40
28600	TREAT FOOT DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$128.93
28605	TREAT FOOT DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$128.93
28606	TREAT FOOT DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28615	REPAIR FOOT DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$4,485.61
28630	TREAT TOE DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$87.98
28635	TREAT TOE DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$838.29

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
28636	TREAT TOE DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28645	REPAIR TOE DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28660	TREAT TOE DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$76.98
28665	TREAT TOE DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$142.53
28666	TREAT TOE DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28675	REPAIR OF TOE DISLOCATION	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28705	ARTHRODESIS PANTALAR	Y	-	1/1/2025	Fee Schedule	\$14,094.36
28715	ARTHRODESIS TRIPLE	Y	-	1/1/2025	Fee Schedule	\$9,698.00
28725	ARTHRODESIS SUBTALAR	Y	-	1/1/2025	Fee Schedule	\$9,447.32
28730	FUSION OF FOOT BONES	Y	-	1/1/2025	Fee Schedule	\$9,855.38
28735	FUSION OF FOOT BONES	Y	-	1/1/2025	Fee Schedule	\$9,939.51
28737	REVISION OF FOOT BONES	Y	-	1/1/2025	Fee Schedule	\$10,131.81
28740	FUSION OF FOOT BONES	Y	-	1/1/2025	Fee Schedule	\$5,046.30
28750	FUSION OF BIG TOE JOINT	Y	-	1/1/2025	Fee Schedule	\$4,953.31
28755	FUSION OF BIG TOE JOINT	Y	-	1/1/2025	Fee Schedule	\$3,510.84
28760	FUSION OF BIG TOE JOINT	Y	-	1/1/2025	Fee Schedule	\$3,510.84
28805	AMPUTATION THRU METATARSAL	-	-	1/1/2022	Not Allowed	\$0.00
28810	AMPUTATION TOE & METATARSAL	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28820	AMPUTATION OF TOE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28825	PARTIAL AMPUTATION OF TOE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
28890	HI ENRGY ESWT PLANTAR FASCIA	Y	-	1/1/2025	Fee Schedule	\$180.49
29000	APPLICATION OF BODY CAST	Y	-	1/1/2025	Fee Schedule	\$142.53
29010	APPLICATION OF BODY CAST	Y	-	1/1/2025	Fee Schedule	\$142.53
29015	APPLICATION OF BODY CAST	Y	-	1/1/2025	Fee Schedule	\$142.53
29035	APPLICATION OF BODY CAST	Y	-	1/1/2025	Fee Schedule	\$142.53
29040	APPLICATION OF BODY CAST	Y	-	1/1/2025	Fee Schedule	\$142.53
29044	APPLICATION OF BODY CAST	Y	-	1/1/2025	Fee Schedule	\$84.71
29046	APPLICATION OF BODY CAST	Y	-	1/1/2025	Fee Schedule	\$142.53
29049	APPLICATION OF FIGURE EIGHT	Y	-	1/1/2025	Fee Schedule	\$66.63
29055	APPLICATION OF SHOULDER CAST	Y	-	1/1/2025	Fee Schedule	\$142.53
29058	APPLICATION OF SHOULDER CAST	Y	-	1/1/2025	Fee Schedule	\$73.75
29065	APPLICATION OF LONG ARM CAST	Y	-	1/1/2025	Fee Schedule	\$64.37
29075	APPLICATION OF FOREARM CAST	Y	-	1/1/2025	Fee Schedule	\$58.87
29085	APPLY HAND/WRIST CAST	Y	-	1/1/2025	Fee Schedule	\$64.05
29086	APPLY FINGER CAST	Y	-	1/1/2025	Fee Schedule	\$56.28
29105	APPLY LONG ARM SPLINT	Y	-	1/1/2025	Fee Schedule	\$52.08
29125	APPLY FOREARM SPLINT	-	-	7/1/2018	No Separate Payment	\$0.00
29126	APPLY FOREARM SPLINT	-	-	7/1/2018	No Separate Payment	\$0.00
29130	APPLICATION OF FINGER SPLINT	-	-	7/1/2018	No Separate Payment	\$0.00
29131	APPLICATION OF FINGER SPLINT	-	-	7/1/2018	No Separate Payment	\$0.00
29200	STRAPPING THORAX	Y	-	1/1/2025	Fee Schedule	\$17.47
29240	STRAPPING OF SHOULDER	-	-	7/1/2018	No Separate Payment	\$0.00
29260	STRAPPING OF ELBOW OR WRIST	-	-	7/1/2018	No Separate Payment	\$0.00
29280	STRAPPING OF HAND OR FINGER	-	-	7/1/2018	No Separate Payment	\$0.00
29305	APPLICATION OF HIP CAST	Y	-	1/1/2025	Fee Schedule	\$142.53
29325	APPLICATION OF HIP CASTS	Y	-	1/1/2025	Fee Schedule	\$142.53
29345	APPLICATION OF LONG LEG CAST	Y	-	1/1/2025	Fee Schedule	\$81.84
29355	APPLICATION OF LONG LEG CAST	Y	-	1/1/2025	Fee Schedule	\$83.13
29358	APPLY LONG LEG CAST BRACE	Y	-	1/1/2025	Fee Schedule	\$108.04
29365	APPLICATION OF LONG LEG CAST	Y	-	1/1/2025	Fee Schedule	\$79.25
29405	APPLY SHORT LEG CAST	Y	-	1/1/2025	Fee Schedule	\$50.78

Montana Healthcare Programs Fee Schedule

ASC Covered Surgical and Ancillary Services

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
29425	APPLY SHORT LEG CAST	Y	-	1/1/2025	Fee Schedule	\$46.58
29435	APPLY SHORT LEG CAST	Y	-	1/1/2025	Fee Schedule	\$78.93
29440	ADDITION OF WALKER TO CAST	Y	-	1/1/2025	Fee Schedule	\$22.97
29445	APPLY RIGID LEG CAST	Y	-	1/1/2025	Fee Schedule	\$62.43
29450	APPLICATION OF LEG CAST	Y	-	1/1/2025	Fee Schedule	\$68.57
29505	APPLICATION LONG LEG SPLINT	Y	-	1/1/2025	Fee Schedule	\$65.02
29515	APPLICATION LOWER LEG SPLINT	Y	-	1/1/2025	Fee Schedule	\$45.61
29520	STRAPPING OF HIP	-	-	7/1/2018	No Separate Payment	\$0.00
29530	STRAPPING OF KNEE	-	-	7/1/2018	No Separate Payment	\$0.00
29540	STRAPPING OF ANKLE AND/OR FT	Y	-	1/1/2025	Fee Schedule	\$13.91
29550	STRAPPING OF TOES	-	-	7/1/2018	No Separate Payment	\$0.00
29580	STRAPPING UNNA BOOT	Y	-	1/1/2025	Fee Schedule	\$41.40
29581	APPLY MULTLAY COMPRS LWR LEG	Y	-	1/1/2025	Fee Schedule	\$64.69
29584	APPL MULTLAY COMPRS ARM/HAND	Y	-	1/1/2025	Fee Schedule	\$64.05
29700	REMOVAL/REVISION OF CAST	Y	-	1/1/2025	Fee Schedule	\$43.34
29705	REMOVAL/REVISION OF CAST	Y	-	1/1/2025	Fee Schedule	\$34.93
29710	REMOVAL/REVISION OF CAST	Y	-	1/1/2025	Fee Schedule	\$71.16
29720	REPAIR OF BODY CAST	Y	-	1/1/2025	Fee Schedule	\$60.81
29730	WINDOWING OF CAST	Y	-	1/1/2025	Fee Schedule	\$35.58
29740	WEDGING OF CAST	Y	-	1/1/2025	Fee Schedule	\$55.64
29750	WEDGING OF CLUBFOOT CAST	Y	-	1/1/2025	Fee Schedule	\$57.90
29800	JAW ARTHROSCOPY/SURGERY	Y	Y	1/1/2025	Fee Schedule	\$1,579.16
29804	JAW ARTHROSCOPY/SURGERY	Y	Y	1/1/2025	Fee Schedule	\$1,579.16
29805	SHO ARTHRS DX +/- SYNOVIAL BX	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29806	SHO ARTHRS SRG CAPSULORRAPHY	Y	-	1/1/2025	Fee Schedule	\$3,510.84
29807	SHO ARTHRS SRG RPR SLAP LES	Y	-	1/1/2025	Fee Schedule	\$3,510.84
29819	SHO ARTHRS SRG RMVL LOOSE/FB	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29820	SHO ARTHRS SRG PRTL SYNVT	Y	-	1/1/2025	Fee Schedule	\$3,510.84
29821	SHO ARTHRS SRG COMPL SYNVT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29822	SHO ARTHRS SRG LMTD DBRDMT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29823	SHO ARTHRS SRG XTNSV DBRDMT	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29824	SHO ARTHRS SRG DSTL CLAVICLC	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29825	SHO ARTHRS SRG LSS&RESCJ ADS	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29826	SHO ARTHRS SRG DECOMPRESSION	-	-	7/1/2018	No Separate Payment	\$0.00
29827	SHO ARTHRS SRG RT8TR CUF RPR	Y	-	1/1/2025	Fee Schedule	\$3,510.84
29828	SHO ARTHRS SRG BICP TENODSIS	Y	-	1/1/2025	Fee Schedule	\$3,510.84
29830	ELBOW ARTHROSCOPY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29834	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29835	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29836	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$3,510.84
29837	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29838	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29840	WRIST ARTHROSCOPY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29843	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29844	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29845	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29846	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29847	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$3,510.84
29848	WRIST ENDOSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$838.29
29850	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$838.29
29851	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$838.29

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

Montana Healthcare Programs Fee Schedule

ASC Covered Surgical and Ancillary Services

April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
29855	TIBIAL ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$4,744.30
29856	TIBIAL ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$10,839.76
29860	HIP ARTHROSCOPY DX	Y	-	1/1/2025	Fee Schedule	\$3,510.84
29861	HIP ARTHRO W/FB REMOVAL	Y	-	1/1/2025	Fee Schedule	\$3,510.84
29862	HIP ARTHRO W/DEBRIDEMENT	Y	-	1/1/2025	Fee Schedule	\$3,510.84
29863	HIP ARTHRO W/SYNOVECTOMY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29866	AUTGRFT IMPLNT KNEE W/SCOPE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
29867	ALLGRFT IMPLNT KNEE W/SCOPE	Y	-	1/1/2025	Fee Schedule	\$10,012.77
29868	MENISCAL TRNSPL KNEE W/SCPE	Y	-	1/1/2025	Fee Schedule	\$3,510.84
29870	KNEE ARTHROSCOPY DX	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29871	KNEE ARTHROSCOPY/DRAINAGE	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29873	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29874	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29875	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29876	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29877	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29879	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29880	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29881	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29882	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29883	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29884	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29885	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$4,743.09
29886	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29887	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$5,036.61
29888	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$4,628.28
29889	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$8,478.40
29891	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29892	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$3,510.84
29893	SCOPE PLANTAR FASCIOTOMY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29894	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29895	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29897	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29898	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29899	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2025	Fee Schedule	\$4,449.87
29900	MCP JOINT ARTHROSCOPY DX	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29901	MCP JOINT ARTHROSCOPY SURG	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29902	MCP JOINT ARTHROSCOPY SURG	Y	-	1/1/2025	Fee Schedule	\$838.29
29904	SUBTALAR ARTHRO W/FB RMVL	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29905	SUBTALAR ARTHRO W/EXC	Y	-	1/1/2025	Fee Schedule	\$3,510.84
29906	SUBTALAR ARTHRO W/DEB	Y	-	1/1/2025	Fee Schedule	\$1,579.16
29907	SUBTALAR ARTHRO W/FUSION	Y	-	1/1/2025	Fee Schedule	\$8,838.38
29914	HIP ARTHRO W/FEMOROPLASTY	Y	-	1/1/2025	Fee Schedule	\$3,510.84
29915	HIP ARTHRO ACETABULOPLASTY	Y	-	1/1/2025	Fee Schedule	\$3,510.84
29916	HIP ARTHRO W/LABRAL REPAIR	Y	-	1/1/2025	Fee Schedule	\$3,510.84
30000	DRAINAGE OF NOSE LESION	Y	-	1/1/2025	Fee Schedule	\$124.13
30020	DRAINAGE OF NOSE LESION	Y	-	1/1/2025	Fee Schedule	\$201.52
30100	INTRANASAL BIOPSY	Y	-	1/1/2025	Fee Schedule	\$99.95
30110	REMOVAL OF NOSE POLYP(S)	Y	-	1/1/2025	Fee Schedule	\$177.26
30115	REMOVAL OF NOSE POLYP(S)	Y	-	1/1/2025	Fee Schedule	\$1,394.45
30117	REMOVAL OF INTRANASAL LESION	Y	-	1/1/2025	Fee Schedule	\$1,394.45

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
30118	REMOVAL OF INTRANASAL LESION	Y	-	1/1/2025	Fee Schedule	\$1,394.45
30120	REVISION OF NOSE	Y	-	1/1/2025	Fee Schedule	\$1,394.45
30124	REMOVAL OF NOSE LESION	Y	-	1/1/2025	Fee Schedule	\$657.38
30125	REMOVAL OF NOSE LESION	Y	-	1/1/2025	Fee Schedule	\$2,917.35
30130	EXCISE INFERIOR TURBINATE	Y	-	1/1/2025	Fee Schedule	\$1,394.45
30140	RESECT INFERIOR TURBINATE	Y	-	1/1/2025	Fee Schedule	\$1,394.45
30150	RHINECTOMY PARTIAL	Y	-	1/1/2025	Fee Schedule	\$2,917.35
30160	RHINECTOMY TOTAL	Y	-	1/1/2025	Fee Schedule	\$2,917.35
30200	INJECTION TREATMENT OF NOSE	Y	-	1/1/2025	Fee Schedule	\$76.98
30210	NASAL SINUS THERAPY	Y	-	1/1/2025	Fee Schedule	\$105.13
30220	INSERT NASAL SEPTAL BUTTON	Y	-	1/1/2025	Fee Schedule	\$657.38
30300	REMOVE NASAL FOREIGN BODY	-	-	7/1/2018	No Separate Payment	\$0.00
30310	REMOVE NASAL FOREIGN BODY	Y	-	1/1/2025	Fee Schedule	\$1,394.45
30320	REMOVE NASAL FOREIGN BODY	Y	-	1/1/2025	Fee Schedule	\$657.38
30400	RECONSTRUCTION OF NOSE	Y	Y	1/1/2025	Fee Schedule	\$2,917.35
30410	RECONSTRUCTION OF NOSE	Y	Y	1/1/2025	Fee Schedule	\$2,917.35
30420	RECONSTRUCTION OF NOSE	Y	Y	1/1/2025	Fee Schedule	\$2,917.35
30430	REVISION OF NOSE	Y	Y	1/1/2025	Fee Schedule	\$2,917.35
30435	REVISION OF NOSE	Y	Y	1/1/2025	Fee Schedule	\$2,917.35
30450	REVISION OF NOSE	Y	Y	1/1/2025	Fee Schedule	\$2,917.35
30460	REVISION OF NOSE	Y	Y	1/1/2025	Fee Schedule	\$2,917.35
30462	REVISION OF NOSE	Y	Y	1/1/2025	Fee Schedule	\$2,917.35
30465	REPAIR NASAL STENOSIS	Y	Y	1/1/2025	Fee Schedule	\$2,917.35
30468	RPR NSL VLV COLLAPSE W/IMPLT	Y	-	1/1/2025	Fee Schedule	\$4,204.57
30469	RPR NSL VLV COLLAPSE W/RMDLG	Y	-	1/1/2025	Fee Schedule	\$3,821.73
30520	REPAIR OF NASAL SEPTUM	Y	-	1/1/2025	Fee Schedule	\$1,394.45
30540	RPR CHOANAL ATRESIA NTRANASL	Y	-	1/1/2025	Fee Schedule	\$2,917.35
30545	RPR CHOANAL ATRESIA TRSNPLTN	Y	-	1/1/2025	Fee Schedule	\$2,917.35
30560	LYSIS INTRANASAL SYNECHIA	Y	-	1/1/2025	Fee Schedule	\$273.04
30580	REPAIR UPPER JAW FISTULA	Y	-	1/1/2025	Fee Schedule	\$2,917.35
30600	REPAIR MOUTH/NOSE FISTULA	Y	-	1/1/2025	Fee Schedule	\$2,917.35
30620	INTRANASAL RECONSTRUCTION	Y	-	1/1/2025	Fee Schedule	\$2,917.35
30630	REPAIR NASAL SEPTUM DEFECT	Y	-	1/1/2025	Fee Schedule	\$1,394.45
30801	ABLATE INF TURBINATE SUPERF	Y	-	1/1/2025	Fee Schedule	\$657.38
30802	ABLATE INF TURBINATE SUBMUC	Y	-	1/1/2025	Fee Schedule	\$657.38
30901	CONTROL OF NOSEBLEED	-	-	7/1/2018	No Separate Payment	\$0.00
30903	CONTROL OF NOSEBLEED	Y	-	1/1/2025	Fee Schedule	\$69.77
30905	CONTROL OF NOSEBLEED	Y	-	1/1/2025	Fee Schedule	\$69.77
30906	REPEAT CONTROL OF NOSEBLEED	Y	-	1/1/2025	Fee Schedule	\$124.13
30915	LIGATION NASAL SINUS ARTERY	Y	-	1/1/2025	Fee Schedule	\$1,588.69
30920	LIGATION UPPER JAW ARTERY	Y	-	1/1/2025	Fee Schedule	\$1,588.69
30930	THER FX NASAL INF TURBINATE	Y	-	1/1/2025	Fee Schedule	\$1,394.45
31000	IRRIGATION MAXILLARY SINUS	Y	-	1/1/2025	Fee Schedule	\$124.13
31002	IRRIGATION SPHENOID SINUS	Y	-	1/1/2025	Fee Schedule	\$657.38
31020	EXPLORATION MAXILLARY SINUS	Y	-	1/1/2025	Fee Schedule	\$1,394.45
31030	EXPLORATION MAXILLARY SINUS	Y	-	1/1/2025	Fee Schedule	\$2,917.35
31032	EXPLORE SINUS REMOVE POLYPS	Y	-	1/1/2025	Fee Schedule	\$2,917.35
31040	EXPLORATION BEHIND UPPER JAW	Y	-	1/1/2025	Fee Schedule	\$2,917.35
31050	EXPLORATION SPHENOID SINUS	Y	-	1/1/2025	Fee Schedule	\$2,917.35
31051	SPHENOID SINUS SURGERY	Y	-	1/1/2025	Fee Schedule	\$2,917.35
31070	EXPLORATION OF FRONTAL SINUS	Y	-	1/1/2025	Fee Schedule	\$2,917.35

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
31075	EXPLORATION OF FRONTAL SINUS	Y	-	1/1/2025	Fee Schedule	\$2,917.35
31080	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2025	Fee Schedule	\$2,917.35
31081	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2025	Fee Schedule	\$2,917.35
31084	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2025	Fee Schedule	\$3,697.64
31085	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2025	Fee Schedule	\$3,799.07
31086	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2025	Fee Schedule	\$2,917.35
31087	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2025	Fee Schedule	\$4,142.65
31090	EXPLORATION OF SINUSES	Y	-	1/1/2025	Fee Schedule	\$2,917.35
31200	REMOVAL OF ETHMOID SINUS	Y	-	1/1/2025	Fee Schedule	\$2,917.35
31201	REMOVAL OF ETHMOID SINUS	Y	-	1/1/2025	Fee Schedule	\$657.38
31205	REMOVAL OF ETHMOID SINUS	Y	-	1/1/2025	Fee Schedule	\$1,394.45
31231	NASAL ENDOSCOPY DX	Y	-	1/1/2025	Fee Schedule	\$104.44
31233	NSL/SINS NDSC DX MAX SINUSC	Y	-	1/1/2025	Fee Schedule	\$208.71
31235	NSL/SINS NDSC DX SPHN SINUSC	Y	-	1/1/2025	Fee Schedule	\$792.14
31237	NSL/SINS NDSC SURG BX POLYPC	Y	-	1/1/2025	Fee Schedule	\$792.14
31238	NSL/SINS NDSC SRG NSL HEMRRG	Y	-	1/1/2025	Fee Schedule	\$792.14
31239	NSL/SINUS ENDOSCOPY SURG DCR	Y	-	1/1/2025	Fee Schedule	\$1,610.31
31240	NSL/SNS NDSC CNCH BULL RESCJ	Y	-	1/1/2025	Fee Schedule	\$792.14
31241	NSL/SNS NDSC LIG SPHNPTN ART	-	-	7/1/2018	Not Allowed	\$0.00
31242	NSL/SINUS NDSC RF ABLTJ PNN	Y	-	1/1/2025	Fee Schedule	\$3,697.64
31243	NSL/SINUS NDSC CRYOABLTJ PNN	Y	-	1/1/2025	Fee Schedule	\$4,092.56
31253	NSL/SINS NDSC TOTAL	Y	-	1/1/2025	Fee Schedule	\$2,425.84
31254	NSL/SINS NDSC W/PRTL ETHMDCT	Y	-	1/1/2025	Fee Schedule	\$2,425.84
31255	NSL/SINS NDSC W/TOT ETHMDCT	Y	-	1/1/2025	Fee Schedule	\$2,425.84
31256	EXPLORATION MAXILLARY SINUS	Y	-	1/1/2025	Fee Schedule	\$1,610.31
31257	NSL/SINS NDSC TOT W/SPHENDT	Y	-	1/1/2025	Fee Schedule	\$2,425.84
31259	NSL/SINS NDSC SPHN TISS RMVL	Y	-	1/1/2025	Fee Schedule	\$2,425.84
31267	ENDOSCOPY MAXILLARY SINUS	Y	-	1/1/2025	Fee Schedule	\$2,425.84
31276	NSL/SINS NDSC FRNT TISS RMVL	Y	-	1/1/2025	Fee Schedule	\$2,425.84
31287	NASAL/SINUS ENDOSCOPY SURG	Y	-	1/1/2025	Fee Schedule	\$2,425.84
31288	NASAL/SINUS ENDOSCOPY SURG	Y	-	1/1/2025	Fee Schedule	\$2,425.84
31292	NSL/SINS NDSC MED/INF DCMPRN	-	-	1/1/2022	Not Allowed	\$0.00
31293	NSL/SINS NDSC MED&INF DCMPRN	-	-	1/1/2022	Not Allowed	\$0.00
31294	NSL/SINS NDSC SURG ON DCMPRN	-	-	1/1/2022	Not Allowed	\$0.00
31295	NSL/SINS NDSC SURG MAX SINS	Y	-	1/1/2025	Fee Schedule	\$3,074.67
31296	NSL/SINS NDSC SURG FRNT SINS	Y	-	1/1/2025	Fee Schedule	\$1,431.98
31297	NSL/SINS NDSC SURG SPHN SINS	Y	-	1/1/2025	Fee Schedule	\$1,417.42
31298	NSL/SINS NDSC SURG FRNT&SPHN	Y	-	1/1/2025	Fee Schedule	\$3,109.62
31300	REMOVAL OF LARYNX LESION	Y	-	1/1/2025	Fee Schedule	\$1,394.45
31400	REVISION OF LARYNX	Y	-	1/1/2025	Fee Schedule	\$2,917.35
31420	EPIGLOTTIDECTOMY	Y	-	1/1/2025	Fee Schedule	\$2,917.35
31500	INSERT EMERGENCY AIRWAY	Y	-	1/1/2025	Fee Schedule	\$124.13
31502	CHANGE OF WINDPIPE AIRWAY	Y	-	1/1/2025	Fee Schedule	\$124.13
31505	DIAGNOSTIC LARYNGOSCOPY	Y	-	1/1/2025	Fee Schedule	\$63.40
31510	LARYNGOSCOPY WITH BIOPSY	Y	-	1/1/2025	Fee Schedule	\$1,610.31
31511	REMOVE FOREIGN BODY LARYNX	Y	-	1/1/2025	Fee Schedule	\$104.44
31512	REMOVAL OF LARYNX LESION	Y	-	1/1/2025	Fee Schedule	\$1,610.31
31513	INJECTION INTO VOCAL CORD	Y	-	1/1/2025	Fee Schedule	\$208.71
31515	LARYNGOSCOPY FOR ASPIRATION	Y	-	1/1/2025	Fee Schedule	\$208.71
31520	DX LARYNGOSCOPY NEWBORN	Y	-	1/1/2025	Fee Schedule	\$208.71
31525	DX LARYNGOSCOPY EXCL NB	Y	-	1/1/2025	Fee Schedule	\$792.14

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **April 1, 2025**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
31526	DX LARYNGOSCOPY W/OPER SCOPE	Y	-	1/1/2025	Fee Schedule	\$792.14
31527	LARYNGOSCOPY FOR TREATMENT	Y	-	1/1/2025	Fee Schedule	\$1,610.31
31528	LARYNGOSCOPY AND DILATION	Y	-	1/1/2025	Fee Schedule	\$1,610.31
31529	LARYNGOSCOPY AND DILATION	Y	-	1/1/2025	Fee Schedule	\$1,610.31
31530	LARYNGOSCOPY W/FB REMOVAL	Y	-	1/1/2025	Fee Schedule	\$792.14
31531	LARYNGOSCOPY W/FB & OP SCOPE	Y	-	1/1/2025	Fee Schedule	\$1,610.31
31535	LARYNGOSCOPY W/BIOPSY	Y	-	1/1/2025	Fee Schedule	\$1,610.31
31536	LARYNGOSCOPY W/BX & OP SCOPE	Y	-	1/1/2025	Fee Schedule	\$1,610.31
31540	LARYNGOSCOPY W/EXC OF TUMOR	Y	-	1/1/2025	Fee Schedule	\$1,610.31
31541	LARYNSCOP W/TUMR EXC + SCOPE	Y	-	1/1/2025	Fee Schedule	\$1,610.31
31545	REMOVE VC LESION W/SCOPE	Y	-	1/1/2025	Fee Schedule	\$1,610.31
31546	REMOVE VC LESION SCOPE/GRAFT	Y	-	1/1/2025	Fee Schedule	\$2,425.84
31551	LARYNGOPLASTY LARYNGEAL STEN	Y	-	1/1/2025	Fee Schedule	\$2,917.35
31552	LARYNGOPLASTY LARYNGEAL STEN	Y	-	1/1/2025	Fee Schedule	\$2,917.35
31553	LARYNGOPLASTY LARYNGEAL STEN	Y	-	1/1/2025	Fee Schedule	\$2,917.35
31554	LARYNGOPLASTY LARYNGEAL STEN	Y	-	1/1/2025	Fee Schedule	\$2,917.35
31560	LARYNGOSCOPI W/ARYTENOIDECTION	Y	-	1/1/2025	Fee Schedule	\$2,425.84
31561	LARYNSCOP REMVE CART + SCOP	Y	-	1/1/2025	Fee Schedule	\$2,425.84
31570	LARYNGOSCOPE W/VC INJ	Y	-	1/1/2025	Fee Schedule	\$1,610.31
31571	LARYNGOSCOPI W/VC INJ + SCOPE	Y	-	1/1/2025	Fee Schedule	\$1,610.31
31572	LARGSC W/LASER DSTRJ LES	Y	-	1/1/2025	Fee Schedule	\$1,610.31
31573	LARGSC W/THER INJECTION	Y	-	1/1/2025	Fee Schedule	\$186.96
31574	LARGSC W/NJX AUGMENTATION	Y	-	1/1/2025	Fee Schedule	\$778.90
31575	DIAGNOSTIC LARYNGOSCOPY	Y	-	1/1/2025	Fee Schedule	\$88.63
31576	LARYNGOSCOPY WITH BIOPSY	Y	-	1/1/2025	Fee Schedule	\$792.14
31577	LARGSC W/RMVL FOREIGN BDY(S)	Y	-	1/1/2025	Fee Schedule	\$208.71
31578	LARGSC W/REMOVAL LESION	Y	-	1/1/2025	Fee Schedule	\$1,610.31
31579	LARYNGOSCOPY TELESCOPIC	Y	-	1/1/2025	Fee Schedule	\$121.62
31580	LARYNGOPLASTY LARYNGEAL WEB	Y	-	1/1/2025	Fee Schedule	\$2,917.35
31584	LARYNGOPLASTY FX RDCIT FIXJ	-	-	1/1/2022	Not Allowed	\$0.00
31587	LARYNGOPLASTY CRICOID SPLIT	-	-	1/1/2022	Not Allowed	\$0.00
31590	REINNERVATE LARYNX	Y	-	1/1/2025	Fee Schedule	\$2,917.35
31591	LARYNGOPLASTY MEDIALIZATION	Y	-	1/1/2025	Fee Schedule	\$2,917.35
31592	CRICOTRACHEAL RESECTION	Y	-	1/1/2025	Fee Schedule	\$2,917.35
31600	PLANNED TRACHEOSTOMY	-	-	1/1/2022	Not Allowed	\$0.00
31601	PLANNED TRACHEOSTOMY<2 YRS	-	-	1/1/2022	Not Allowed	\$0.00
31603	EMER TRACHEOSTOMY TTRACH	Y	-	1/1/2025	Fee Schedule	\$657.38
31605	EMER TRACHEOSTOMY CTHYR MEM	Y	-	1/1/2025	Fee Schedule	\$124.13
31610	TRACHEOSTOMY FENEST SKIN FLP	-	-	1/1/2022	Not Allowed	\$0.00
31611	CONSTJ TRACHESOPHGL FSTL	Y	-	1/1/2025	Fee Schedule	\$1,394.45
31612	PERQ TRCHL PNXR TTRACH ASPIR	Y	-	1/1/2025	Fee Schedule	\$1,394.45
31613	TRACHEOSTOMA REVJ SIMPLE	Y	-	1/1/2025	Fee Schedule	\$1,394.45
31614	TRACHEOSTOMA REVJ COMPLEX	Y	-	1/1/2025	Fee Schedule	\$2,917.35
31615	TRCHEOBRNCHSC EST TRACHS INC	Y	-	1/1/2025	Fee Schedule	\$273.04
31622	DX BRONCHOSCOPE/WASH	Y	-	1/1/2025	Fee Schedule	\$792.14
31623	DX BRONCHOSCOPE/BRUSH	Y	-	1/1/2025	Fee Schedule	\$792.14
31624	DX BRONCHOSCOPE/LAVAGE	Y	-	1/1/2025	Fee Schedule	\$792.14
31625	BRONCHOSCOPY W/BIOPSY(S)	Y	-	1/1/2025	Fee Schedule	\$792.14
31626	BRONCHOSCOPY W/MARKERS	Y	-	1/1/2025	Fee Schedule	\$2,425.84
31627	NAVIGATIONAL BRONCHOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
31628	BRONCHOSCOPY/LUNG BX EACH	Y	-	1/1/2025	Fee Schedule	\$1,610.31

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
31629	BRONCHOSCOPY/NEEDLE BX EACH	Y	-	1/1/2025	Fee Schedule	\$1,610.31
31630	BRONCHOSCOPY DILATE/FX REPR	Y	-	1/1/2025	Fee Schedule	\$1,610.31
31631	BRONCHOSCOPY DILATE W/STENT	Y	-	1/1/2025	Fee Schedule	\$2,425.84
31632	BRONCHOSCOPY/LUNG BX ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
31633	BRONCHOSCOPY/NEEDLE BX ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
31634	BRONCH W/BALLOON OCCLUSION	Y	-	1/1/2025	Fee Schedule	\$2,425.84
31635	BRONCHOSCOPY W/FB REMOVAL	Y	-	1/1/2025	Fee Schedule	\$792.14
31636	BRONCHOSCOPY BRONCH STENTS	Y	-	1/1/2025	Fee Schedule	\$3,442.82
31637	BRONCHOSCOPY STENT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
31638	BRONCHOSCOPY REVISE STENT	Y	-	1/1/2025	Fee Schedule	\$2,425.84
31640	BRONCHOSCOPY W/TUMOR EXCISE	Y	-	1/1/2025	Fee Schedule	\$1,610.31
31641	BRONCHOSCOPY TREAT BLOCKAGE	Y	-	1/1/2025	Fee Schedule	\$1,610.31
31643	DIAG BRONCHOSCOPE/CATHETER	Y	-	1/1/2025	Fee Schedule	\$792.14
31645	BRNCHSC W/THER ASPIR 1ST	Y	-	1/1/2025	Fee Schedule	\$792.14
31646	BRNCHSC W/THER ASPIR SBSQ	Y	-	1/1/2025	Fee Schedule	\$208.71
31647	BRONCHIAL VALVE INIT INSERT	Y	-	1/1/2025	Fee Schedule	\$3,343.62
31648	BRONCHIAL VALVE REMOV INIT	Y	-	1/1/2025	Fee Schedule	\$1,610.31
31649	BRONCHIAL VALVE REMOV ADDL	-	-	1/1/2025	Fee Schedule	\$792.14
31651	BRONCHIAL VALVE ADDL INSERT	-	-	7/1/2018	No Separate Payment	\$0.00
31652	BRONCH EBUS SAMPLNG 1/2 NODE	Y	-	1/1/2025	Fee Schedule	\$1,610.31
31653	BRONCH EBUS SAMPLNG 3/> NODE	Y	-	1/1/2025	Fee Schedule	\$1,610.31
31654	BRONCH EBUS IVNTJ PERPH LES	-	-	7/1/2018	No Separate Payment	\$0.00
31660	BRONCH THERMOPLSTY 1 LOBE	-	-	1/1/2022	Not Allowed	\$0.00
31661	BRONCH THERMOPLSTY 2/> LOBES	-	-	1/1/2022	Not Allowed	\$0.00
31717	BRONCHIAL BRUSH BIOPSY	Y	-	1/1/2025	Fee Schedule	\$208.71
31720	CLEARANCE OF AIRWAYS	-	-	7/1/2018	No Separate Payment	\$0.00
31730	INTRO WINDPIPE WIRE/TUBE	Y	-	1/1/2025	Fee Schedule	\$792.14
31750	TRACHEOPLASTY CERVICAL	Y	-	1/1/2025	Fee Schedule	\$2,917.35
31755	TRACHPLSTY TRCHPHRYNGL FSTLJ	Y	-	1/1/2025	Fee Schedule	\$2,917.35
31785	REMOVE WINDPIPE LESION	-	-	1/1/2022	Not Allowed	\$0.00
31820	CLOSURE OF WINDPIPE LESION	Y	-	1/1/2025	Fee Schedule	\$1,394.45
31825	REPAIR OF WINDPIPE DEFECT	Y	-	1/1/2025	Fee Schedule	\$1,394.45
31830	REVISE WINDPIPE SCAR	Y	-	1/1/2025	Fee Schedule	\$1,394.45
32400	NEEDLE BIOPSY CHEST LINING	Y	-	1/1/2025	Fee Schedule	\$708.28
32408	CORE NDL BX LNG/MED PERQ	Y	-	1/1/2025	Fee Schedule	\$708.28
32550	INSERT PLEURAL CATH	Y	-	1/1/2025	Fee Schedule	\$2,207.28
32551	INSERTION OF CHEST TUBE	-	-	1/1/2022	Not Allowed	\$0.00
32552	REMOVE LUNG CATHETER	-	-	1/1/2025	Fee Schedule	\$332.31
32553	INS MARK THOR FOR RT PERQ	-	-	1/1/2025	Fee Schedule	\$978.29
32554	ASPIRATE PLEURA W/O IMAGING	Y	-	1/1/2025	Fee Schedule	\$332.31
32555	ASPIRATE PLEURA W/ IMAGING	Y	-	1/1/2025	Fee Schedule	\$332.31
32556	INSERT CATH PLEURA W/O IMAGE	Y	-	1/1/2025	Fee Schedule	\$864.15
32557	INSERT CATH PLEURA W/ IMAGE	Y	-	1/1/2025	Fee Schedule	\$632.40
32560	TREAT PLEURODESIS W/AGENT	-	-	1/1/2022	Not Allowed	\$0.00
32561	LYSE CHEST FIBRIN INIT DAY	-	-	1/1/2022	Not Allowed	\$0.00
32562	LYSE CHEST FIBRIN SUBQ DAY	-	-	1/1/2022	Not Allowed	\$0.00
32601	THORACOSCOPY DIAGNOSTIC	-	-	1/1/2022	Not Allowed	\$0.00
32604	THORACOSCOPY WBX SAC	-	-	1/1/2022	Not Allowed	\$0.00
32606	THORACOSCOPY W/BX MED SPACE	-	-	1/1/2022	Not Allowed	\$0.00
32607	THORACOSCOPY W/BX INFILTRATE	-	-	1/1/2022	Not Allowed	\$0.00
32608	THORACOSCOPY W/BX NODULE	-	-	1/1/2022	Not Allowed	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
32609	THORACOSCOPY W/BX PLEURA	-	-	1/1/2022	Not Allowed	\$0.00
32960	THERAPEUTIC PNEUMOTHORAX	Y	-	1/1/2025	Fee Schedule	\$332.31
32994	ABLATE PULM TUMOR PERQ CRYBL	Y	-	1/1/2025	Fee Schedule	\$7,039.80
32998	ABLATE PULM TUMOR PERQ RF	Y	-	1/1/2025	Fee Schedule	\$2,860.32
33016	PERICARDIOCENTESIS W/IMAGING	Y	-	1/1/2025	Fee Schedule	\$632.40
33206	INSERT HEART PM ATRIAL	Y	-	1/1/2025	Fee Schedule	\$7,408.11
33207	INSERT HEART PM VENTRICULAR	Y	-	1/1/2025	Fee Schedule	\$7,589.26
33208	INSRT HEART PM ATRIAL & VENT	Y	-	1/1/2025	Fee Schedule	\$7,689.71
33210	INSERT ELECTRD/PM CATH SNGL	Y	-	1/1/2025	Fee Schedule	\$4,366.57
33211	INSERT CARD ELECTRODES DUAL	Y	-	1/1/2025	Fee Schedule	\$7,418.20
33212	INSERT PULSE GEN SNGL LEAD	Y	-	1/1/2025	Fee Schedule	\$6,519.28
33213	INSERT PULSE GEN DUAL LEADS	Y	-	1/1/2025	Fee Schedule	\$7,545.84
33214	UPGRADE OF PACEMAKER SYSTEM	Y	-	1/1/2025	Fee Schedule	\$7,595.40
33215	REPOSITION PACING-DEFIB LEAD	Y	-	1/1/2025	Fee Schedule	\$1,588.69
33216	INSERT 1 ELECTRODE PM-DEFIB	Y	-	1/1/2025	Fee Schedule	\$5,902.55
33217	INSERT 2 ELECTRODE PM-DEFIB	Y	-	1/1/2025	Fee Schedule	\$6,178.71
33218	REPAIR LEAD PACE-DEFIB ONE	Y	-	1/1/2025	Fee Schedule	\$1,953.83
33220	REPAIR LEAD PACE-DEFIB DUAL	Y	-	1/1/2025	Fee Schedule	\$1,953.83
33221	INSERT PULSE GEN MULT LEADS	Y	-	1/1/2025	Fee Schedule	\$13,486.77
33222	RELOCATION POCKET PACEMAKER	Y	-	1/1/2025	Fee Schedule	\$981.09
33223	RELOCATE POCKET FOR DEFIB	Y	-	1/1/2025	Fee Schedule	\$981.09
33224	INSERT PACING LEAD & CONNECT	Y	-	1/1/2025	Fee Schedule	\$7,636.64
33225	L VENTRIC PACING LEAD ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
33226	REPOSITION L VENTRIC LEAD	Y	-	1/1/2025	Fee Schedule	\$2,169.74
33227	REMOVE&REPLACE PM GEN SINGL	Y	-	1/1/2025	Fee Schedule	\$6,423.59
33228	REMOV&REPLC PM GEN DUAL LEAD	Y	-	1/1/2025	Fee Schedule	\$7,531.80
33229	REMOV&REPLC PM GEN MULT LEADS	Y	-	1/1/2025	Fee Schedule	\$13,222.45
33230	INSRT PULSE GEN W/DUAL LEADS	Y	-	1/1/2025	Fee Schedule	\$19,249.19
33231	INSRT PULSE GEN W/MULT LEADS	Y	-	1/1/2025	Fee Schedule	\$24,809.46
33233	REMOVAL OF PM GENERATOR	-	-	1/1/2025	Fee Schedule	\$5,506.22
33234	REMOVAL OF PACEMAKER SYSTEM	-	-	1/1/2025	Fee Schedule	\$1,953.83
33235	REMOVAL PACEMAKER ELECTRODE	-	-	1/1/2025	Fee Schedule	\$1,953.83
33240	INSRT PULSE GEN W/SINGL LEAD	Y	-	1/1/2025	Fee Schedule	\$18,593.09
33241	REMOVE PULSE GENERATOR	-	-	1/1/2025	Fee Schedule	\$1,953.83
33244	REMOVE ELCTRD TRANSVENOUSLY	-	-	1/1/2022	Not Allowed	\$0.00
33249	INSJ/RPLCMT DEFIB W/LEAD(S)	Y	-	1/1/2025	Fee Schedule	\$24,924.41
33262	RMVL& REPLC PULSE GEN 1 LEAD	Y	-	1/1/2025	Fee Schedule	\$18,722.88
33263	RMVL & RPLCMT DFB GEN 2 LEAD	Y	-	1/1/2025	Fee Schedule	\$18,855.73
33264	RMVL & RPLCMT DFB GEN MLT LD	Y	-	1/1/2025	Fee Schedule	\$25,154.33
33270	INS/REP SUBQ DEFIBRILLATOR	Y	-	1/1/2025	Fee Schedule	\$25,448.40
33271	INSJ SUBQ IMPLTBL DFB ELCTRD	Y	-	1/1/2025	Fee Schedule	\$7,501.46
33272	RMVL OF SUBQ DEFIBRILLATOR	-	-	1/1/2022	Not Allowed	\$0.00
33273	REPOS PREV IMPLTBL SUBQ DFB	Y	-	1/1/2025	Fee Schedule	\$1,953.83
33274	TCAT INSJ/RPL PERM LDLS PM	Y	-	1/1/2025	Fee Schedule	\$13,616.33
33275	TCAT RMVL PERM LDLS PM W/IMG	Y	-	1/1/2025	Fee Schedule	\$2,452.66
33276	INSJ PHRNC NRV STIM SYS	-	-	1/1/2025	Fee Schedule	\$37,126.03
33277	INSJ PHRNC NRV STIM TRANSVNS	-	-	1/1/2024	No Separate Payment	\$0.00
33278	RMVL PHRNC NRV STIM SYS	Y	-	1/1/2025	Fee Schedule	\$1,944.33
33279	RMVL PHRNC NRV STIM TRANSVNS	Y	-	1/1/2025	Fee Schedule	\$2,464.37
33280	RMVL PHRNC NRV STIM PG ONLY	Y	-	1/1/2025	Fee Schedule	\$1,944.33
33281	REPOSG PHRNC NRV STIM TRNSVN	Y	-	1/1/2025	Fee Schedule	\$1,944.33

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

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
33285	INSJ SUBQ CAR RHYTHM MNTR	Y	-	1/1/2025	Fee Schedule	\$7,027.89
33286	RMVL SUBQ CAR RHYTHM MNTR	-	-	1/1/2025	Fee Schedule	\$377.60
33287	RMV&RPLCMT PHRNC NRV STIM PG	Y	-	1/1/2025	Fee Schedule	\$25,269.84
33288	RMV&RPLCMT PHRNC NRV STIM LD	Y	-	1/1/2025	Fee Schedule	\$10,901.63
33289	TCAT IMPL WRLS P-ART PRS SNR	Y	-	1/1/2025	Fee Schedule	\$25,211.83
33419	REPAIR TCAT MITRAL VALVE	-	-	7/1/2018	No Separate Payment	\$0.00
33508	ENDOSCOPIC VEIN HARVEST	-	-	7/1/2018	No Separate Payment	\$0.00
33866	AORTIC HEMIARCH GRAFT	-	-	1/1/2019	No Separate Payment	\$0.00
33900	PERQ P-ART REVSC 1 NM NT UNI	Y	-	1/1/2025	Fee Schedule	\$6,454.19
33901	PERQ P-ART REVSC 1 NM NT BI	Y	-	1/1/2025	Fee Schedule	\$7,009.97
33902	PERQ P-ART REVSC 1 ABNOR UNI	Y	-	1/1/2025	Fee Schedule	\$11,559.81
33903	PERQ P-ART REVSC 1 ABNOR BI	Y	-	1/1/2025	Fee Schedule	\$8,057.39
33927	IMPLTJ TOT RPLCMT HRT SYS	-	-	7/1/2018	Not Allowed	\$0.00
34101	REMOVAL OF ARTERY CLOT	-	-	1/1/2022	Not Allowed	\$0.00
34111	REMOVAL OF ARM ARTERY CLOT	-	-	1/1/2022	Not Allowed	\$0.00
34201	REMOVAL OF ARTERY CLOT	-	-	1/1/2022	Not Allowed	\$0.00
34203	REMOVAL OF LEG ARTERY CLOT	-	-	1/1/2022	Not Allowed	\$0.00
34421	REMOVAL OF VEIN CLOT	-	-	1/1/2022	Not Allowed	\$0.00
34471	REMOVAL OF VEIN CLOT	-	-	1/1/2022	Not Allowed	\$0.00
34490	REMOVAL OF VEIN CLOT	Y	-	1/1/2025	Fee Schedule	\$2,013.62
34501	REPAIR VALVE FEMORAL VEIN	-	-	1/1/2022	Not Allowed	\$0.00
34510	TRANSPOSITION OF VEIN VALVE	-	-	1/1/2022	Not Allowed	\$0.00
34520	CROSS-OVER VEIN GRAFT	-	-	1/1/2022	Not Allowed	\$0.00
34530	LEG VEIN FUSION	-	-	1/1/2022	Not Allowed	\$0.00
34713	PERQ ACCESS & CLSR FEM ART	-	-	7/1/2018	No Separate Payment	\$0.00
34714	OPN FEM ART EXPOS CNDT CRTJ	-	-	7/1/2018	No Separate Payment	\$0.00
34715	OPN AX/SUBCLA ART EXPOS	-	-	7/1/2018	No Separate Payment	\$0.00
34716	OPN AX/SUBCLA ART EXPOS CNDT	-	-	7/1/2018	No Separate Payment	\$0.00
35011	REPAIR DEFECT OF ARTERY	-	-	1/1/2022	Not Allowed	\$0.00
35045	REPAIR DEFECT OF ARM ARTERY	-	-	1/1/2022	Not Allowed	\$0.00
35180	RPR CGEN AV FISTULA HEAD&NCK	-	-	1/1/2022	Not Allowed	\$0.00
35184	RPR CGEN AV FISTULA XTR	-	-	1/1/2022	Not Allowed	\$0.00
35188	RPR ACQ AV FISTULA HEAD&NECK	Y	-	1/1/2025	Fee Schedule	\$3,009.55
35190	REPAIR ACQ AV FISTULA XTR	-	-	1/1/2022	Not Allowed	\$0.00
35201	REPAIR BLOOD VESSEL DIR NECK	-	-	1/1/2022	Not Allowed	\$0.00
35206	REPAIR BLOOD VESSEL DIR UXTR	-	-	1/1/2022	Not Allowed	\$0.00
35207	RPR BLD VSL DIR HAND FINGER	Y	-	1/1/2025	Fee Schedule	\$1,588.69
35226	REPAIR BLOOD VESSEL DIR LXTR	-	-	1/1/2022	Not Allowed	\$0.00
35231	REPAIR BLVSL VN GRF NECK	-	-	1/1/2022	Not Allowed	\$0.00
35236	REPAIR BLVSL VN GRF UXTR	-	-	1/1/2022	Not Allowed	\$0.00
35256	REPAIR BLVSL VN GRF LXTR	-	-	1/1/2022	Not Allowed	\$0.00
35261	RPR BLVSL GRF OTH/THN VN NCK	-	-	1/1/2022	Not Allowed	\$0.00
35266	RPR BLVSL GRF OTH/TH VN UXTR	-	-	1/1/2022	Not Allowed	\$0.00
35286	RPR BLVSL GRF OTH/TH VN LXTR	-	-	1/1/2022	Not Allowed	\$0.00
35321	RECHANNELING OF ARTERY	-	-	1/1/2022	Not Allowed	\$0.00
35572	HARVEST FEMOROPOPLITEAL VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
35860	EXPLORE LIMB VESSELS	-	-	1/1/2022	Not Allowed	\$0.00
35875	REMOVAL OF CLOT IN GRAFT	Y	-	1/1/2025	Fee Schedule	\$3,009.55
35876	REMOVAL OF CLOT IN GRAFT	Y	-	1/1/2025	Fee Schedule	\$3,009.55
35879	REVISE GRAFT W/VEIN	-	-	1/1/2022	Not Allowed	\$0.00
35881	REVISE GRAFT W/VEIN	-	-	1/1/2022	Not Allowed	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
35883	REVJ FEM ANAST NONAUTOG GRF	-	-	1/1/2022	Not Allowed	\$0.00
35884	REVJ FEM ANAST AUTOG VN GRF	-	-	1/1/2022	Not Allowed	\$0.00
35903	EXCISION GRAFT EXTREMITY	-	-	1/1/2022	Not Allowed	\$0.00
36000	PLACE NEEDLE IN VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36002	PSEUDOANEURYSM INJECTION TRT	Y	-	1/1/2025	Fee Schedule	\$332.31
36005	INJECTION EXT VENOGRAPHY	-	-	7/1/2018	No Separate Payment	\$0.00
36010	PLACE CATHETER IN VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36011	PLACE CATHETER IN VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36012	PLACE CATHETER IN VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36013	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36014	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36015	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36100	ESTABLISH ACCESS TO ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36140	INTRO NDL ICATH UPR/LXTR ART	-	-	7/1/2018	No Separate Payment	\$0.00
36160	ESTABLISH ACCESS TO AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
36200	PLACE CATHETER IN AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
36215	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36216	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36217	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36218	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36221	PLACE CATH THORACIC AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
36222	PLACE CATH CAROTID/INOM ART	-	-	7/1/2018	No Separate Payment	\$0.00
36223	PLACE CATH CAROTID/INOM ART	-	-	7/1/2018	No Separate Payment	\$0.00
36224	PLACE CATH CAROTD ART	-	-	7/1/2018	No Separate Payment	\$0.00
36225	PLACE CATH SUBCLAVIAN ART	-	-	7/1/2018	No Separate Payment	\$0.00
36226	PLACE CATH VERTEBRAL ART	-	-	7/1/2018	No Separate Payment	\$0.00
36227	PLACE CATH XTRNL CAROTID	-	-	7/1/2018	No Separate Payment	\$0.00
36228	PLACE CATH INTRACRANIAL ART	-	-	7/1/2018	No Separate Payment	\$0.00
36245	INS CATH ABD/L-EXT ART 1ST	-	-	7/1/2018	No Separate Payment	\$0.00
36246	INS CATH ABD/L-EXT ART 2ND	-	-	7/1/2018	No Separate Payment	\$0.00
36247	INS CATH ABD/L-EXT ART 3RD	-	-	7/1/2018	No Separate Payment	\$0.00
36248	INS CATH ABD/L-EXT ART ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
36251	INS CATH REN ART 1ST UNILAT	-	-	7/1/2018	No Separate Payment	\$0.00
36252	INS CATH REN ART 1ST BILAT	-	-	7/1/2018	No Separate Payment	\$0.00
36253	INS CATH REN ART 2ND+ UNILAT	-	-	7/1/2018	No Separate Payment	\$0.00
36254	INS CATH REN ART 2ND+ BILAT	-	-	7/1/2018	No Separate Payment	\$0.00
36260	INSERTION OF INFUSION PUMP	Y	-	1/1/2025	Fee Schedule	\$3,009.55
36261	REVISION OF INFUSION PUMP	Y	-	1/1/2025	Fee Schedule	\$1,953.83
36262	REMOVAL OF INFUSION PUMP	-	-	1/1/2025	Fee Schedule	\$1,953.83
36400	VNPNXR<3YRS PHY/QHP FEM/JUG	-	-	7/1/2018	No Separate Payment	\$0.00
36405	VNPNXR<3YRS PHY/QHP SCALP VN	-	-	7/1/2018	No Separate Payment	\$0.00
36406	VNPNXR<3YRS PHY/QHP OTHER VN	-	-	7/1/2018	No Separate Payment	\$0.00
36410	VNPNXR 3YR/> PHY/QHP DX/THER	-	-	7/1/2018	No Separate Payment	\$0.00
36415	COLL VENOUS BLD VENIPUNCTURE	-	-	7/1/2018	No Separate Payment	\$0.00
36416	COLLJ CAPILLARY BLOOD SPEC	-	-	7/1/2018	No Separate Payment	\$0.00
36420	VENIPUNCTURE CUTDOWN < 1 YR	-	-	7/1/2018	No Separate Payment	\$0.00
36425	VENIPUNCTURE CUTDOWN 1 YR/>	-	-	7/1/2018	No Separate Payment	\$0.00
36430	TRANSFUSION BLD/BLD COMPNT	-	-	1/1/2025	Fee Schedule	\$40.76
36440	BLD PUSH TFUJ 2 YR/<	-	-	1/1/2025	Fee Schedule	\$236.97
36450	BLD EXCHANGE TRUJ NEWBORN	-	-	1/1/2025	Fee Schedule	\$236.97
36455	BLD EXCHANGE TRUJ OTH THN NB	-	-	1/1/2025	Fee Schedule	\$236.97

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

Montana Healthcare Programs Fee Schedule

ASC Covered Surgical and Ancillary Services

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
36460	INTRAUTERINE TRANSFUSION FTL	-	-	1/1/2022	Not Allowed	\$0.00
36465	NJX NONCMPND SCLRSNT 1 VEIN	Y	-	1/1/2025	Fee Schedule	\$981.09
36466	NJX NONCMPND SCLRSNT MLT VN	Y	-	1/1/2025	Fee Schedule	\$981.09
36468	NJX SCLRSNT SPIDER VEINS	-	-	7/1/2018	Not Allowed	\$0.00
36469	INJECTION(S) SPIDER VEINS	-	-	7/1/2018	Not Allowed	\$0.00
36470	NJX SCLRSNT 1 INCMPTNT VEIN	Y	-	1/1/2025	Fee Schedule	\$82.48
36471	NJX SCLRSNT MLT INCMPTNT VN	Y	-	1/1/2025	Fee Schedule	\$133.91
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	Y	-	1/1/2025	Fee Schedule	\$960.37
36474	ENDOVENOUS MCHNCHEM ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
36475	ENDOVENOUS RF 1ST VEIN	Y	-	1/1/2025	Fee Schedule	\$1,588.69
36476	ENDOVENOUS RF VEIN ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
36478	ENDOVENOUS LASER 1ST VEIN	Y	-	1/1/2025	Fee Schedule	\$1,588.69
36479	ENDOVENOUS LASER VEIN ADDON	-	-	7/1/2018	No Separate Payment	\$0.00
36481	INSERTION OF CATHETER VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36482	ENDOVEN THER CHEM ADHES 1ST	Y	-	1/1/2025	Fee Schedule	\$1,394.78
36483	ENDOVEN THER CHEM ADHES SBSQ	-	-	7/1/2018	No Separate Payment	\$0.00
36500	INSERTION OF CATHETER VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36510	INSERTION OF CATHETER VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36511	APHERESIS WBC	-	-	1/1/2025	Fee Schedule	\$879.62
36512	APHERESIS RBC	-	-	1/1/2025	Fee Schedule	\$879.62
36513	APHERESIS PLATELETS	-	-	1/1/2025	Fee Schedule	\$236.97
36514	APHERESIS PLASMA	-	-	1/1/2025	Fee Schedule	\$879.62
36516	APHERESIS IMMUNOADS SLCTV	-	-	1/1/2025	Fee Schedule	\$2,010.33
36522	PHOTOPHERESIS	-	-	1/1/2025	Fee Schedule	\$2,515.29
36555	INSERT NON-TUNNEL CV CATH	Y	-	1/1/2025	Fee Schedule	\$1,588.69
36556	INSERT NON-TUNNEL CV CATH	Y	-	1/1/2025	Fee Schedule	\$1,588.69
36557	INSERT TUNNELED CV CATH	Y	-	1/1/2025	Fee Schedule	\$3,009.55
36558	INSERT TUNNELED CV CATH	Y	-	1/1/2025	Fee Schedule	\$1,588.69
36560	INSERT TUNNELED CV CATH	Y	-	1/1/2025	Fee Schedule	\$1,588.69
36561	INSERT TUNNELED CV CATH	Y	-	1/1/2025	Fee Schedule	\$1,588.69
36563	INSERT TUNNELED CV CATH	Y	-	1/1/2025	Fee Schedule	\$3,009.55
36565	INSERT TUNNELED CV CATH	Y	-	1/1/2025	Fee Schedule	\$1,588.69
36566	INSERT TUNNELED CV CATH	Y	-	1/1/2025	Fee Schedule	\$3,009.55
36568	INSJ PICC <5 YR W/O IMAGING	Y	-	1/1/2025	Fee Schedule	\$632.40
36569	INSJ PICC 5 YR+ W/O IMAGING	Y	-	1/1/2025	Fee Schedule	\$632.40
36570	INSERT PICVAD CATH	Y	-	1/1/2025	Fee Schedule	\$1,588.69
36571	INSERT PICVAD CATH	Y	-	1/1/2025	Fee Schedule	\$1,588.69
36572	INSJ PICC RS&I <5 YR	Y	-	1/1/2025	Fee Schedule	\$332.31
36573	INSJ PICC RS&I 5 YR+	Y	-	1/1/2025	Fee Schedule	\$632.40
36575	REPAIR TUNNELED CV CATH	Y	-	1/1/2025	Fee Schedule	\$332.31
36576	REPAIR TUNNELED CV CATH	Y	-	1/1/2025	Fee Schedule	\$632.40
36578	REPLACE TUNNELED CV CATH	Y	-	1/1/2025	Fee Schedule	\$2,007.59
36580	REPLACE CVAD CATH	Y	-	1/1/2025	Fee Schedule	\$632.40
36581	REPLACE TUNNELED CV CATH	Y	-	1/1/2025	Fee Schedule	\$2,019.51
36582	REPLACE TUNNELED CV CATH	Y	-	1/1/2025	Fee Schedule	\$1,588.69
36583	REPLACE TUNNELED CV CATH	Y	-	1/1/2025	Fee Schedule	\$5,282.63
36584	COMPL RPLCMT PICC RS&I	Y	-	1/1/2025	Fee Schedule	\$632.40
36585	REPLACE PICVAD CATH	Y	-	1/1/2025	Fee Schedule	\$1,588.69
36589	REMOVAL TUNNELED CV CATH	-	-	1/1/2025	Fee Schedule	\$332.31
36590	REMOVAL TUNNELED CV CATH	-	-	1/1/2025	Fee Schedule	\$632.40
36591	DRAW BLOOD OFF VENOUS DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00

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Montana Healthcare Programs Fee Schedule

ASC Covered Surgical and Ancillary Services

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
36592	COLLECT BLOOD FROM PICC	-	-	7/1/2018	No Separate Payment	\$0.00
36593	DECLOT VASCULAR DEVICE	Y	-	1/1/2025	Fee Schedule	\$32.99
36595	MECH REMOV TUNNELED CV CATH	Y	-	1/1/2025	Fee Schedule	\$421.15
36596	MECH REMOV TUNNELED CV CATH	Y	-	1/1/2025	Fee Schedule	\$632.40
36597	REPOSITION VENOUS CATHETER	Y	-	1/1/2025	Fee Schedule	\$632.40
36598	INJ W/FLUOR EVAL CV DEVICE	Y	-	1/1/2025	Fee Schedule	\$86.69
36600	WITHDRAWAL OF ARTERIAL BLOOD	-	-	7/1/2018	No Separate Payment	\$0.00
36620	INSERTION CATHETER ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36625	INSERTION CATHETER ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36640	INSERTION CATHETER ARTERY	Y	-	1/1/2025	Fee Schedule	\$1,588.69
36680	INSERT NEEDLE BONE CAVITY	-	-	7/1/2018	No Separate Payment	\$0.00
36800	INSERTION OF CANNULA	Y	-	1/1/2025	Fee Schedule	\$3,009.55
36810	INSERTION OF CANNULA	Y	-	1/1/2025	Fee Schedule	\$2,022.66
36815	INSERTION OF CANNULA	Y	-	1/1/2025	Fee Schedule	\$3,009.55
36818	AV FUSE UPPR ARM CEPHALIC	Y	-	1/1/2025	Fee Schedule	\$3,009.55
36819	AV FUSE UPPR ARM BASILIC	Y	-	1/1/2025	Fee Schedule	\$3,009.55
36820	AV FUSION/FOREARM VEIN	Y	-	1/1/2025	Fee Schedule	\$3,009.55
36821	AV FUSION DIRECT ANY SITE	Y	-	1/1/2025	Fee Schedule	\$1,588.69
36825	ARTERY-VEIN AUTOGRAFT	Y	-	1/1/2025	Fee Schedule	\$3,009.55
36830	ARTERY-VEIN NONAUTOGRAFT	Y	-	1/1/2025	Fee Schedule	\$3,009.55
36831	OPEN THROMBECT AV FISTULA	Y	-	1/1/2025	Fee Schedule	\$3,009.55
36832	AV FISTULA REVISION OPEN	Y	-	1/1/2025	Fee Schedule	\$3,009.55
36833	AV FISTULA REVISION	Y	-	1/1/2025	Fee Schedule	\$3,009.55
36835	INSERTION THOMAS SHUNT	Y	-	1/1/2025	Fee Schedule	\$2,275.97
36836	PRQ AV FSTL CRTJ UXTR 1 ACS	Y	-	1/1/2025	Fee Schedule	\$11,571.12
36837	PRQ AV FSTL CRT UXTR SEP ACS	Y	-	1/1/2025	Fee Schedule	\$11,327.93
36838	DIST REVAS LIGATION HEMO	-	-	1/1/2022	Not Allowed	\$0.00
36860	EXTERNAL CANNULA DECLOTTING	Y	-	1/1/2025	Fee Schedule	\$632.40
36861	CANNULA DECLOTTING	Y	-	1/1/2025	Fee Schedule	\$4,377.71
36901	INTRO CATH DIALYSIS CIRCUIT	Y	-	1/1/2025	Fee Schedule	\$528.22
36902	INTRO CATH DIALYSIS CIRCUIT	Y	-	1/1/2025	Fee Schedule	\$2,629.62
36903	INTRO CATH DIALYSIS CIRCUIT	Y	-	1/1/2025	Fee Schedule	\$7,351.35
36904	THRMBC/NFS DIALYSIS CIRCUIT	Y	-	1/1/2025	Fee Schedule	\$3,515.82
36905	THRMBC/NFS DIALYSIS CIRCUIT	Y	-	1/1/2025	Fee Schedule	\$6,491.10
36906	THRMBC/NFS DIALYSIS CIRCUIT	Y	-	1/1/2025	Fee Schedule	\$11,783.21
36907	BALO ANGIOP CTR DIALYSIS SEG	-	-	7/1/2018	No Separate Payment	\$0.00
36908	STENT PLMT CTR DIALYSIS SEG	-	-	7/1/2018	No Separate Payment	\$0.00
36909	DIALYSIS CIRCUIT EMBOLJ	-	-	7/1/2018	No Separate Payment	\$0.00
37183	REVISION TIPS	-	-	1/1/2022	Not Allowed	\$0.00
37184	PRIM ART M-THRMBC 1ST VSL	Y	-	1/1/2025	Fee Schedule	\$11,942.98
37185	PRIM ART M-THRMBC SBSQ VSL	-	-	7/1/2018	No Separate Payment	\$0.00
37186	SEC ART THROMBECTOMY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
37187	VENOUS MECH THROMBECTOMY	Y	-	1/1/2025	Fee Schedule	\$7,800.37
37188	VEN MECHNL THRMBC REPEAT TX	Y	-	1/1/2025	Fee Schedule	\$2,665.67
37191	INS ENDOVAS VENA CAVA FILTR	-	-	1/1/2022	Not Allowed	\$0.00
37192	REDO ENDOVAS VENA CAVA FILTR	Y	-	1/1/2025	Fee Schedule	\$2,164.26
37193	REM ENDOVAS VENA CAVA FILTER	Y	-	1/1/2025	Fee Schedule	\$1,588.69
37195	THROMBOLYTIC THERAPY STROKE	-	-	1/1/2022	Not Allowed	\$0.00
37197	REMOVE INTRVAS FOREIGN BODY	Y	-	1/1/2025	Fee Schedule	\$1,588.69
37200	TRANSCATHETER BIOPSY	Y	-	1/1/2025	Fee Schedule	\$3,009.55
37211	THROMBOLYTIC ART THERAPY	Y	-	1/1/2025	Fee Schedule	\$3,987.18

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

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
37212	THROMBOLYTIC VENOUS THERAPY	Y	-	1/1/2025	Fee Schedule	\$1,588.69
37213	THROMBLYTIC ART/VEN THERAPY	-	-	1/1/2022	Not Allowed	\$0.00
37214	CESSJ THERAPY CATH REMOVAL	-	-	1/1/2022	Not Allowed	\$0.00
37220	ILIAC REVASC	Y	-	1/1/2025	Fee Schedule	\$3,425.53
37221	ILIAC REVASC W/STENT	Y	-	1/1/2025	Fee Schedule	\$7,176.05
37222	ILIAC REVASC ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
37223	ILIAC REVASC W/STENT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
37224	FEM/POPL REVAS W/TLA	Y	-	1/1/2025	Fee Schedule	\$3,639.70
37225	FEM/POPL REVAS W/ATHER	Y	-	1/1/2025	Fee Schedule	\$12,444.93
37226	FEM/POPL REVASC W/STENT	Y	-	1/1/2025	Fee Schedule	\$7,578.93
37227	FEM/POPL REVASC STNT & ATHER	Y	-	1/1/2025	Fee Schedule	\$12,539.67
37228	TIB/PER REVASC W/TLA	Y	-	1/1/2025	Fee Schedule	\$6,603.13
37229	TIB/PER REVASC W/ATHER	Y	-	1/1/2025	Fee Schedule	\$11,855.32
37230	TIB/PER REVASC W/STENT	Y	-	1/1/2025	Fee Schedule	\$11,438.92
37231	TIB/PER REVASC STENT & ATHER	Y	-	1/1/2025	Fee Schedule	\$12,261.12
37232	TIB/PER REVASC ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
37233	TIBPER REVASC W/ATHER ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
37234	REVSC OPN/PRQ TIB/PERO STENT	-	-	7/1/2018	No Separate Payment	\$0.00
37235	TIB/PER REVASC STNT & ATHER	-	-	7/1/2018	No Separate Payment	\$0.00
37236	OPEN/PERQ PLACE STENT 1ST	Y	-	1/1/2025	Fee Schedule	\$7,024.47
37237	OPEN/PERQ PLACE STENT EA ADD	-	-	7/1/2018	No Separate Payment	\$0.00
37238	OPEN/PERQ PLACE STENT SAME	Y	-	1/1/2025	Fee Schedule	\$7,102.24
37239	OPEN/PERQ PLACE STENT EA ADD	-	-	7/1/2018	No Separate Payment	\$0.00
37241	VASC EMBOLIZE/OCCLUDE VENOUS	Y	-	1/1/2025	Fee Schedule	\$6,454.19
37242	VASC EMBOLIZE/OCCLUDE ARTERY	Y	-	1/1/2025	Fee Schedule	\$11,860.98
37243	VASC EMBOLIZE/OCCLUDE ORGAN	Y	-	1/1/2025	Fee Schedule	\$6,530.20
37244	VASC EMBOLIZE/OCCLUDE BLEED	-	-	1/1/2022	Not Allowed	\$0.00
37246	TRLUML BALO ANGIOP 1ST ART	Y	-	1/1/2025	Fee Schedule	\$3,422.35
37247	TRLUML BALO ANGIOP ADDL ART	-	-	7/1/2018	No Separate Payment	\$0.00
37248	TRLUML BALO ANGIOP 1ST VEIN	Y	-	1/1/2025	Fee Schedule	\$3,320.93
37249	TRLUML BALO ANGIOP ADDL VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
37252	INTRVASC US NONCORONARY 1ST	-	-	7/1/2018	No Separate Payment	\$0.00
37253	INTRVASC US NONCORONARY ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
37500	ENDOSCOPY LIGATE PERF VEINS	Y	-	1/1/2025	Fee Schedule	\$3,009.55
37565	LIGATION INT JUGULAR VEIN	-	-	1/1/2022	Not Allowed	\$0.00
37600	LIGATION XTRNL CAROTID ART	-	-	1/1/2022	Not Allowed	\$0.00
37605	LIGATION INT/COM CAROTID ART	-	-	1/1/2022	Not Allowed	\$0.00
37606	LIG INT/COM CAROTID ART OCCL	-	-	1/1/2022	Not Allowed	\$0.00
37607	LIG/BANDING ANGIOACS AV FSTL	Y	-	1/1/2025	Fee Schedule	\$1,588.69
37609	LIGATION/BX TEMPORAL ARTERY	Y	-	1/1/2025	Fee Schedule	\$708.28
37615	LIGATION MAJOR ARTERY NECK	-	-	1/1/2022	Not Allowed	\$0.00
37619	LIGATION OF INF VENA CAVA	-	-	1/1/2022	Not Allowed	\$0.00
37650	LIGATION OF FEMORAL VEIN	Y	-	1/1/2025	Fee Schedule	\$1,588.69
37700	LIGATION&DIV LONG SAPH VEIN	Y	-	1/1/2025	Fee Schedule	\$1,588.69
37718	LIG DIV&STRPG SHORT SAPH VN	Y	-	1/1/2025	Fee Schedule	\$1,588.69
37722	LIG DIV&STRPG LONG SAPH VEIN	Y	-	1/1/2025	Fee Schedule	\$1,588.69
37735	LIG&DIV&COMPL STRPG SAPH VN	Y	-	1/1/2025	Fee Schedule	\$1,588.69
37760	LIG PRFRATR VN RADICAL 1 LEG	Y	-	1/1/2025	Fee Schedule	\$1,588.69
37761	LIGATE LEG VEINS OPEN	Y	-	1/1/2025	Fee Schedule	\$1,588.69
37765	STAB PHLEB VEINS XTR 10-20	Y	-	1/1/2025	Fee Schedule	\$207.66
37766	PHLEB VEINS - EXTREM 20+	Y	-	1/1/2025	Fee Schedule	\$233.22

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
37780	REVISION OF LEG VEIN	Y	-	1/1/2025	Fee Schedule	\$1,588.69
37785	LIGATE/DIVIDE/EXCISE VEIN	Y	-	1/1/2025	Fee Schedule	\$1,588.69
37790	PENILE VENOUS OCCLUSION	Y	-	1/1/2025	Fee Schedule	\$1,655.31
38120	LAPAROSCOPY SPLENECTOMY	-	-	1/1/2022	Not Allowed	\$0.00
38200	INJECTION FOR SPLEEN X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
38204	BL DONOR SEARCH MANAGEMENT	-	-	7/1/2018	No Separate Payment	\$0.00
38205	HARVEST ALLOGENEIC STEM CELL	-	-	7/1/2018	Not Allowed	\$0.00
38206	HARVEST AUTO STEM CELLS	-	Y	1/1/2025	Fee Schedule	\$879.62
38207	CRYOPRESERVE STEM CELLS	-	-	1/1/2022	Not Allowed	\$0.00
38208	THAW PRESERVED STEM CELLS	-	-	1/1/2022	Not Allowed	\$0.00
38209	WASH HARVEST STEM CELLS	-	-	1/1/2022	Not Allowed	\$0.00
38210	T-CELL DEPLETION OF HARVEST	-	-	1/1/2022	Not Allowed	\$0.00
38211	TUMOR CELL DEplete OF HARVST	-	-	1/1/2022	Not Allowed	\$0.00
38212	RBC DEPLETION OF HARVEST	-	-	1/1/2022	Not Allowed	\$0.00
38213	PLATELET DEplete OF HARVEST	-	-	1/1/2022	Not Allowed	\$0.00
38214	VOLUME DEplete OF HARVEST	-	-	1/1/2022	Not Allowed	\$0.00
38215	HARVEST STEM CELL CONCENTRTE	-	-	1/1/2022	Not Allowed	\$0.00
38220	DX BONE MARROW ASPIRATIONS	Y	-	1/1/2025	Fee Schedule	\$110.63
38221	DX BONE MARROW BIOPSIES	Y	-	1/1/2025	Fee Schedule	\$111.27
38222	DX BONE MARROW BX & ASPIR	Y	-	1/1/2025	Fee Schedule	\$1,201.90
38230	BONE MARROW HARVEST ALLOGEN	-	Y	1/1/2025	Fee Schedule	\$879.62
38232	BONE MARROW HARVEST AUTOLOG	-	-	1/1/2025	Fee Schedule	\$2,515.29
38240	TRANSPLT ALLO HCT/DONOR	-	-	1/1/2022	Not Allowed	\$0.00
38241	TRANSPLT AUTOL HCT/DONOR	-	Y	1/1/2025	Fee Schedule	\$879.62
38242	TRANSPLT ALLO LYMPHOCYTES	-	Y	1/1/2025	Fee Schedule	\$879.62
38243	TRANSPLJ HEMATOPOIETIC BOOST	-	-	1/1/2025	Fee Schedule	\$879.62
38300	DRAINAGE LYMPH NODE LESION	Y	-	1/1/2025	Fee Schedule	\$1,201.90
38305	DRAINAGE LYMPH NODE LESION	Y	-	1/1/2025	Fee Schedule	\$1,201.90
38308	INCISION OF LYMPH CHANNELS	Y	-	1/1/2025	Fee Schedule	\$1,538.05
38500	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2025	Fee Schedule	\$1,538.05
38505	NEEDLE BIOPSY LYMPH NODES	Y	-	1/1/2025	Fee Schedule	\$708.28
38510	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2025	Fee Schedule	\$1,538.05
38520	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2025	Fee Schedule	\$1,538.05
38525	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2025	Fee Schedule	\$1,538.05
38530	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2025	Fee Schedule	\$1,538.05
38531	OPEN BX/EXC INGUINOFEM NODES	Y	-	1/1/2025	Fee Schedule	\$1,538.05
38542	EXPLORE DEEP NODE(S) NECK	Y	-	1/1/2025	Fee Schedule	\$2,860.32
38550	REMOVAL NECK/ARMPIT LESION	Y	-	1/1/2025	Fee Schedule	\$1,538.05
38555	REMOVAL NECK/ARMPIT LESION	Y	-	1/1/2025	Fee Schedule	\$2,682.40
38570	LAPAROSCOPY LYMPH NODE BIOP	Y	-	1/1/2025	Fee Schedule	\$2,860.32
38571	LAPAROSCOPY LYMPHADENECTOMY	Y	-	1/1/2025	Fee Schedule	\$4,896.00
38572	LAPAROSCOPY LYMPHADENECTOMY	Y	-	1/1/2025	Fee Schedule	\$4,896.00
38573	LAPS PELVIC LYMPHADEC	Y	-	1/1/2025	Fee Schedule	\$4,896.00
38700	REMOVAL OF LYMPH NODES NECK	Y	-	1/1/2025	Fee Schedule	\$2,682.40
38720	REMOVAL OF LYMPH NODES NECK	-	-	1/1/2022	Not Allowed	\$0.00
38740	REMOVE ARMPIT LYMPH NODES	Y	-	1/1/2025	Fee Schedule	\$2,860.32
38745	REMOVE ARMPIT LYMPH NODES	Y	-	1/1/2025	Fee Schedule	\$2,860.32
38760	REMOVE GROIN LYMPH NODES	Y	-	1/1/2025	Fee Schedule	\$2,682.40
38790	INJECT FOR LYMPHATIC X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
38792	RA TRACER ID OF SENTINL NODE	-	-	7/1/2018	No Separate Payment	\$0.00
38794	ACCESS THORACIC LYMPH DUCT	-	-	7/1/2018	No Separate Payment	\$0.00

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
38900	IO MAP OF SENT LYMPH NODE	-	-	7/1/2018	No Separate Payment	\$0.00
39401	MEDIASTINOSCPY W/MEDSTNL BX	-	-	1/1/2022	Not Allowed	\$0.00
39402	MEDIASTINOSCPY W/LMPH NOD BX	-	-	1/1/2022	Not Allowed	\$0.00
40490	BIOPSY OF LIP	Y	-	1/1/2025	Fee Schedule	\$74.72
40500	PARTIAL EXCISION OF LIP	Y	-	1/1/2025	Fee Schedule	\$1,394.45
40510	PARTIAL EXCISION OF LIP	Y	-	1/1/2025	Fee Schedule	\$1,394.45
40520	PARTIAL EXCISION OF LIP	Y	-	1/1/2025	Fee Schedule	\$1,394.45
40525	RECONSTRUCT LIP WITH FLAP	Y	-	1/1/2025	Fee Schedule	\$1,394.45
40527	RECONSTRUCT LIP WITH FLAP	Y	-	1/1/2025	Fee Schedule	\$2,917.35
40530	PARTIAL REMOVAL OF LIP	Y	-	1/1/2025	Fee Schedule	\$1,394.45
40650	RPR LIP FTH VERMILION ONLY	Y	-	1/1/2025	Fee Schedule	\$273.04
40652	RPR LIP FTH<HALF VER HEIGHT	Y	-	1/1/2025	Fee Schedule	\$273.04
40654	RPR LIP FTH>1HALF VER HT/CPX	Y	-	1/1/2025	Fee Schedule	\$657.38
40700	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2025	Fee Schedule	\$2,917.35
40701	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2025	Fee Schedule	\$2,917.35
40702	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2025	Fee Schedule	\$2,917.35
40720	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2025	Fee Schedule	\$1,394.45
40761	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2025	Fee Schedule	\$2,917.35
40800	DRAINAGE OF MOUTH LESION	Y	-	1/1/2025	Fee Schedule	\$153.97
40801	DRAINAGE OF MOUTH LESION	Y	-	1/1/2025	Fee Schedule	\$273.04
40804	REMOVAL FOREIGN BODY MOUTH	-	-	7/1/2018	No Separate Payment	\$0.00
40805	REMOVAL FOREIGN BODY MOUTH	Y	-	1/1/2025	Fee Schedule	\$180.82
40806	INCISION OF LIP FOLD	Y	-	1/1/2025	Fee Schedule	\$86.04
40808	BIOPSY OF MOUTH LESION	Y	-	1/1/2025	Fee Schedule	\$125.18
40810	EXCISION OF MOUTH LESION	Y	-	1/1/2025	Fee Schedule	\$159.14
40812	EXCISE/REPAIR MOUTH LESION	Y	-	1/1/2025	Fee Schedule	\$183.08
40814	EXCISE/REPAIR MOUTH LESION	Y	-	1/1/2025	Fee Schedule	\$1,394.45
40816	EXCISION OF MOUTH LESION	Y	-	1/1/2025	Fee Schedule	\$1,394.45
40818	EXCISE ORAL MUCOSA FOR GRAFT	Y	-	1/1/2025	Fee Schedule	\$273.04
40819	EXCISE LIP OR CHEEK FOLD	Y	-	1/1/2025	Fee Schedule	\$657.38
40820	TREATMENT OF MOUTH LESION	Y	-	1/1/2025	Fee Schedule	\$198.61
40830	REPAIR MOUTH LACERATION	Y	-	1/1/2025	Fee Schedule	\$124.13
40831	REPAIR MOUTH LACERATION	Y	-	1/1/2025	Fee Schedule	\$273.04
40840	RECONSTRUCTION OF MOUTH	Y	-	1/1/2025	Fee Schedule	\$2,917.35
40842	RECONSTRUCTION OF MOUTH	Y	-	1/1/2025	Fee Schedule	\$2,917.35
40843	RECONSTRUCTION OF MOUTH	Y	-	1/1/2025	Fee Schedule	\$2,917.35
40844	RECONSTRUCTION OF MOUTH	Y	-	1/1/2025	Fee Schedule	\$2,917.35
40845	RECONSTRUCTION OF MOUTH	Y	-	1/1/2025	Fee Schedule	\$2,917.35
41000	DRAINAGE OF MOUTH LESION	Y	-	1/1/2025	Fee Schedule	\$95.10
41005	DRAINAGE OF MOUTH LESION	Y	-	1/1/2025	Fee Schedule	\$124.13
41006	DRAINAGE OF MOUTH LESION	Y	-	1/1/2025	Fee Schedule	\$657.38
41007	DRAINAGE OF MOUTH LESION	Y	-	1/1/2025	Fee Schedule	\$657.38
41008	DRAINAGE OF MOUTH LESION	Y	-	1/1/2025	Fee Schedule	\$1,394.45
41009	DRAINAGE OF MOUTH LESION	Y	-	1/1/2025	Fee Schedule	\$273.04
41010	INCISION OF TONGUE FOLD	Y	-	1/1/2025	Fee Schedule	\$657.38
41015	DRAINAGE OF MOUTH LESION	Y	-	1/1/2025	Fee Schedule	\$273.04
41016	DRAINAGE OF MOUTH LESION	Y	-	1/1/2025	Fee Schedule	\$2,917.35
41017	DRAINAGE OF MOUTH LESION	Y	-	1/1/2025	Fee Schedule	\$1,394.45
41018	DRAINAGE OF MOUTH LESION	Y	-	1/1/2025	Fee Schedule	\$657.38
41019	PLACE NEEDLES H&N FOR RT	Y	-	1/1/2025	Fee Schedule	\$2,917.35
41100	BIOPSY OF TONGUE	Y	-	1/1/2025	Fee Schedule	\$129.06

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Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
41105	BIOPSY OF TONGUE	Y	-	1/1/2025	Fee Schedule	\$128.09
41108	BIOPSY OF FLOOR OF MOUTH	Y	-	1/1/2025	Fee Schedule	\$122.27
41110	EXCISION OF TONGUE LESION	Y	-	1/1/2025	Fee Schedule	\$163.03
41112	EXCISION OF TONGUE LESION	Y	-	1/1/2025	Fee Schedule	\$1,394.45
41113	EXCISION OF TONGUE LESION	Y	-	1/1/2025	Fee Schedule	\$1,394.45
41114	EXCISION OF TONGUE LESION	Y	-	1/1/2025	Fee Schedule	\$1,394.45
41115	EXCISION OF TONGUE FOLD	Y	-	1/1/2025	Fee Schedule	\$183.73
41116	EXCISION OF MOUTH LESION	Y	-	1/1/2025	Fee Schedule	\$1,394.45
41120	PARTIAL REMOVAL OF TONGUE	Y	-	1/1/2025	Fee Schedule	\$2,917.35
41250	REPAIR TONGUE LACERATION	-	-	7/1/2018	No Separate Payment	\$0.00
41251	REPAIR TONGUE LACERATION	Y	-	1/1/2025	Fee Schedule	\$124.13
41252	REPAIR TONGUE LACERATION	Y	-	1/1/2025	Fee Schedule	\$124.13
41510	TONGUE TO LIP SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,394.45
41512	TONGUE SUSPENSION	Y	-	1/1/2025	Fee Schedule	\$3,697.64
41520	RECONSTRUCTION TONGUE FOLD	Y	-	1/1/2025	Fee Schedule	\$1,394.45
41530	TONGUE BASE VOL REDUCTION	Y	-	1/1/2025	Fee Schedule	\$732.32
41800	DRAINAGE OF GUM LESION	-	-	7/1/2018	No Separate Payment	\$0.00
41805	REMOVAL FOREIGN BODY GUM	Y	-	1/1/2025	Fee Schedule	\$245.19
41806	REMOVAL FOREIGN BODY JAWBONE	Y	-	1/1/2025	Fee Schedule	\$291.77
41820	EXCISION GUM EACH QUADRANT	Y	-	1/1/2025	Fee Schedule	\$1,394.45
41821	EXCISION OF GUM FLAP	Y	-	1/1/2025	Fee Schedule	\$657.38
41822	EXCISION OF GUM LESION	Y	-	1/1/2025	Fee Schedule	\$252.30
41823	EXCISION OF GUM LESION	Y	-	1/1/2025	Fee Schedule	\$371.66
41825	EXCISION OF GUM LESION	Y	-	1/1/2025	Fee Schedule	\$161.09
41826	EXCISION OF GUM LESION	Y	-	1/1/2025	Fee Schedule	\$204.75
41827	EXCISION OF GUM LESION	Y	-	1/1/2025	Fee Schedule	\$2,917.35
41828	EXCISION OF GUM LESION	Y	-	1/1/2025	Fee Schedule	\$224.16
41830	REMOVAL OF GUM TISSUE	Y	-	1/1/2025	Fee Schedule	\$323.14
41850	TREATMENT OF GUM LESION	Y	-	1/1/2025	Fee Schedule	\$657.38
41870	PERIODONTAL MUCOSAL GRAFTING	Y	-	1/1/2025	Fee Schedule	\$657.38
41872	GINGIVOPLASTY EACH QUADRANT	Y	-	1/1/2025	Fee Schedule	\$344.49
41874	ALVEOLOPLASTY EACH QUADRANT	Y	-	1/1/2025	Fee Schedule	\$266.21
42000	DRAINAGE MOUTH ROOF LESION	Y	-	1/1/2025	Fee Schedule	\$124.13
42100	BIOPSY ROOF OF MOUTH	Y	-	1/1/2025	Fee Schedule	\$92.19
42104	EXCISION LESION MOUTH ROOF	Y	-	1/1/2025	Fee Schedule	\$148.47
42106	EXCISION LESION MOUTH ROOF	Y	-	1/1/2025	Fee Schedule	\$167.55
42107	EXCISION LESION MOUTH ROOF	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42120	REMOVE PALATE/LESION	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42140	EXCISION OF UVULA	Y	-	1/1/2025	Fee Schedule	\$1,394.45
42145	REPAIR PALATE PHARYNX/UVULA	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42160	TREATMENT MOUTH ROOF LESION	Y	-	1/1/2025	Fee Schedule	\$150.09
42180	REPAIR LAC PALATE<2 CM	Y	-	1/1/2025	Fee Schedule	\$273.04
42182	REPAIR PALATE	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42200	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42205	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2025	Fee Schedule	\$1,394.45
42210	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42215	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42220	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42225	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42226	LENGTHENING OF PALATE	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42227	LENGTHENING OF PALATE	Y	-	1/1/2025	Fee Schedule	\$2,917.35

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Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
42235	REPAIR PALATE	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42260	REPAIR NOSE TO LIP FISTULA	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42280	PREPARATION PALATE MOLD	Y	-	1/1/2025	Fee Schedule	\$114.18
42281	INSERTION PALATE PROSTHESIS	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42300	DRAINAGE OF SALIVARY GLAND	Y	-	1/1/2025	Fee Schedule	\$657.38
42305	DRAINAGE OF SALIVARY GLAND	Y	-	1/1/2025	Fee Schedule	\$1,394.45
42310	DRAINAGE OF SALIVARY GLAND	Y	-	1/1/2025	Fee Schedule	\$273.04
42320	DRAINAGE OF SALIVARY GLAND	Y	-	1/1/2025	Fee Schedule	\$273.04
42330	REMOVAL OF SALIVARY STONE	Y	-	1/1/2025	Fee Schedule	\$144.59
42335	REMOVAL OF SALIVARY STONE	Y	-	1/1/2025	Fee Schedule	\$291.12
42340	REMOVAL OF SALIVARY STONE	Y	-	1/1/2025	Fee Schedule	\$1,394.45
42400	BIOPSY OF SALIVARY GLAND	Y	-	1/1/2025	Fee Schedule	\$63.72
42405	BIOPSY OF SALIVARY GLAND	Y	-	1/1/2025	Fee Schedule	\$657.38
42408	EXCISION OF SALIVARY CYST	Y	-	1/1/2025	Fee Schedule	\$1,394.45
42409	DRAINAGE OF SALIVARY CYST	Y	-	1/1/2025	Fee Schedule	\$1,394.45
42410	EXCISE PAROTID GLAND/LESION	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42415	EXCISE PAROTID GLAND/LESION	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42420	EXCISE PAROTID GLAND/LESION	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42425	EXCISE PAROTID GLAND/LESION	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42440	EXCISE SUBMAXILLARY GLAND	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42450	EXCISE SUBLINGUAL GLAND	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42500	REPAIR SALIVARY DUCT	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42505	REPAIR SALIVARY DUCT	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42507	PAROTID DUCT DIVERSION	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42509	PAROTID DUCT DIVERSION	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42510	PAROTID DUCT DIVERSION	Y	-	1/1/2025	Fee Schedule	\$1,394.45
42550	INJECTION FOR SALIVARY X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
42600	CLOSURE OF SALIVARY FISTULA	Y	-	1/1/2025	Fee Schedule	\$1,394.45
42650	DILATION OF SALIVARY DUCT	Y	-	1/1/2025	Fee Schedule	\$43.99
42660	DILATION OF SALIVARY DUCT	Y	-	1/1/2025	Fee Schedule	\$54.99
42665	LIGATION OF SALIVARY DUCT	Y	-	1/1/2025	Fee Schedule	\$1,394.45
42700	DRAINAGE OF TONSIL ABSCESS	Y	-	1/1/2025	Fee Schedule	\$124.13
42720	DRAINAGE OF THROAT ABSCESS	Y	-	1/1/2025	Fee Schedule	\$1,394.45
42725	DRAINAGE OF THROAT ABSCESS	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42800	BIOPSY OF THROAT	Y	-	1/1/2025	Fee Schedule	\$100.27
42804	BIOPSY OF UPPER NOSE/THROAT	Y	-	1/1/2025	Fee Schedule	\$1,394.45
42806	BIOPSY OF UPPER NOSE/THROAT	Y	-	1/1/2025	Fee Schedule	\$1,394.45
42808	EXCISE PHARYNX LESION	Y	-	1/1/2025	Fee Schedule	\$1,394.45
42809	REMOVE PHARYNX FOREIGN BODY	-	-	7/1/2018	No Separate Payment	\$0.00
42810	EXCISION OF NECK CYST	Y	-	1/1/2025	Fee Schedule	\$1,394.45
42815	EXCISION OF NECK CYST	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42820	REMOVE TONSILS AND ADENOIDS	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42821	REMOVE TONSILS AND ADENOIDS	Y	-	1/1/2025	Fee Schedule	\$1,394.45
42825	REMOVAL OF TONSILS	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42826	REMOVAL OF TONSILS	Y	-	1/1/2025	Fee Schedule	\$1,394.45
42830	REMOVAL OF ADENOIDS	Y	-	1/1/2025	Fee Schedule	\$1,394.45
42831	REMOVAL OF ADENOIDS	Y	-	1/1/2025	Fee Schedule	\$1,394.45
42835	REMOVAL OF ADENOIDS	Y	-	1/1/2025	Fee Schedule	\$1,394.45
42836	REMOVAL OF ADENOIDS	Y	-	1/1/2025	Fee Schedule	\$1,394.45
42842	EXTENSIVE SURGERY OF THROAT	-	-	1/1/2022	Not Allowed	\$0.00
42844	EXTENSIVE SURGERY OF THROAT	-	-	1/1/2022	Not Allowed	\$0.00

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Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
42860	EXCISION OF TONSIL TAGS	Y	-	1/1/2025	Fee Schedule	\$1,394.45
42870	EXCISION OF LINGUAL TONSIL	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42890	LIMITED PHARYNGECTOMY	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42892	REVISION OF PHARYNGEAL WALLS	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42900	REPAIR THROAT WOUND	Y	-	1/1/2025	Fee Schedule	\$1,108.30
42950	RECONSTRUCTION OF THROAT	Y	-	1/1/2025	Fee Schedule	\$2,917.35
42955	SURGICAL OPENING OF THROAT	Y	-	1/1/2025	Fee Schedule	\$657.38
42960	CONTROL THROAT BLEEDING	Y	-	1/1/2025	Fee Schedule	\$273.04
42962	CONTROL THROAT BLEEDING	Y	-	1/1/2025	Fee Schedule	\$1,394.45
42970	CONTROL NOSE/THROAT BLEEDING	Y	-	1/1/2025	Fee Schedule	\$124.13
42972	CONTROL NOSE/THROAT BLEEDING	Y	-	1/1/2025	Fee Schedule	\$1,394.45
42975	DISE EVAL SLP DO BRTH FLX DX	Y	-	1/1/2025	Fee Schedule	\$792.14
43020	INCISION OF ESOPHAGUS	-	-	1/1/2022	Not Allowed	\$0.00
43030	CRICOPHARYNGEAL MYOTOMY	Y	-	1/1/2025	Fee Schedule	\$2,917.35
43130	REMOVAL OF ESOPHAGUS POUCH	Y	-	1/1/2025	Fee Schedule	\$2,917.35
43180	ESOPHAGOSCOPY RIGID TRNSO	Y	-	1/1/2025	Fee Schedule	\$2,917.35
43191	ESOPHAGOSCOPY RIGID TRNSO DX	Y	-	1/1/2025	Fee Schedule	\$864.15
43192	ESOPHAGOSCP RIG TRNSO INJECT	Y	-	1/1/2025	Fee Schedule	\$864.15
43193	ESOPHAGOSCP RIG TRNSO BIOPSY	Y	-	1/1/2025	Fee Schedule	\$864.15
43194	ESOPHAGOSCP RIG TRNSO REM FB	Y	-	1/1/2025	Fee Schedule	\$864.15
43195	ESOPHAGOSCOPY RIGID BALLOON	Y	-	1/1/2025	Fee Schedule	\$1,875.81
43196	ESOPHAGOSCP GUIDE WIRE DILAT	Y	-	1/1/2025	Fee Schedule	\$864.15
43197	ESOPHAGOSCOPY FLEX DX BRUSH	Y	-	1/1/2025	Fee Schedule	\$130.03
43198	ESOPHAGOSC FLEX TRNSN BIOPSY	Y	-	1/1/2025	Fee Schedule	\$140.06
43200	ESOPHAGOSCOPY FLEXIBLE BRUSH	Y	-	1/1/2025	Fee Schedule	\$503.39
43201	ESOPH SCOPE W/SUBMUCOUS INJ	Y	-	1/1/2025	Fee Schedule	\$864.15
43202	ESOPHAGOSCOPY FLEX BIOPSY	Y	-	1/1/2025	Fee Schedule	\$864.15
43204	ESOPH SCOPE W/SCLEROSIS INJ	Y	-	1/1/2025	Fee Schedule	\$864.15
43205	ESOPHAGUS ENDOSCOPY/LIGATION	Y	-	1/1/2025	Fee Schedule	\$864.15
43206	ESOPH OPTICAL ENDOMICROSCOPY	Y	-	1/1/2025	Fee Schedule	\$864.15
43210	EGD ESOPHAGOGASTRC FNDOPPLSTY	Y	-	1/1/2025	Fee Schedule	\$7,125.55
43211	ESOPHAGOSCP MUCOSAL RESECT	Y	-	1/1/2025	Fee Schedule	\$864.15
43212	ESOPHAGOSCP STENT PLACEMENT	Y	-	1/1/2025	Fee Schedule	\$4,020.44
43213	ESOPHAGOSCOPY RETRO BALLOON	Y	-	1/1/2025	Fee Schedule	\$864.15
43214	ESOPHAGOSC DILATE BALLOON 30	Y	-	1/1/2025	Fee Schedule	\$864.15
43215	ESOPHAGOSCOPY FLEX REMOVE FB	Y	-	1/1/2025	Fee Schedule	\$864.15
43216	ESOPHAGOSCOPY LESION REMOVAL	Y	-	1/1/2025	Fee Schedule	\$864.15
43217	ESOPHAGOSCOPY SNARE LES REMV	Y	-	1/1/2025	Fee Schedule	\$864.15
43220	ESOPHAGOSCOPY BALLOON <30MM	Y	-	1/1/2025	Fee Schedule	\$864.15
43226	ESOPH ENDOSCOPY DILATION	Y	-	1/1/2025	Fee Schedule	\$864.15
43227	ESOPHAGOSCOPY CONTROL BLEED	Y	-	1/1/2025	Fee Schedule	\$864.15
43229	ESOPHAGOSCOPY LESION ABLATE	Y	-	1/1/2025	Fee Schedule	\$2,760.94
43231	ESOPHAGOSCP ULTRASOUND EXAM	Y	-	1/1/2025	Fee Schedule	\$864.15
43232	ESOPHAGOSCOPY W/US NEEDLE BX	Y	-	1/1/2025	Fee Schedule	\$864.15
43233	EGD BALLOON DIL ESOPH30 MM/>	Y	-	1/1/2025	Fee Schedule	\$864.15
43235	EGD DIAGNOSTIC BRUSH WASH	Y	-	1/1/2025	Fee Schedule	\$503.39
43236	UPPR GI SCOPE W/SUBMUC INJ	Y	-	1/1/2025	Fee Schedule	\$503.39
43237	ENDOSCOPIC US EXAM ESOPH	Y	-	1/1/2025	Fee Schedule	\$864.15
43238	EGD US FINE NEEDLE BX/ASPIR	Y	-	1/1/2025	Fee Schedule	\$864.15
43239	EGD BIOPSY SINGLE/MULTIPLE	Y	-	1/1/2025	Fee Schedule	\$503.39
43240	EGD W/TRANSMURAL DRAIN CYST	Y	-	1/1/2025	Fee Schedule	\$4,298.09

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

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
43241	EGD TUBE/CATH INSERTION	Y	-	1/1/2025	Fee Schedule	\$864.15
43242	EGD US FINE NEEDLE BX/ASPIR	Y	-	1/1/2025	Fee Schedule	\$864.15
43243	EGD INJECTION VARICES	Y	-	1/1/2025	Fee Schedule	\$864.15
43244	EGD VARICES LIGATION	Y	-	1/1/2025	Fee Schedule	\$864.15
43245	EGD DILATE STRICTURE	Y	-	1/1/2025	Fee Schedule	\$864.15
43246	EGD PLACE GASTROSTOMY TUBE	Y	-	1/1/2025	Fee Schedule	\$864.15
43247	EGD REMOVE FOREIGN BODY	Y	-	1/1/2025	Fee Schedule	\$503.39
43248	EGD GUIDE WIRE INSERTION	Y	-	1/1/2025	Fee Schedule	\$503.39
43249	ESOPH EGD DILATION <30 MM	Y	-	1/1/2025	Fee Schedule	\$864.15
43250	EGD CAUTERY TUMOR POLYP	Y	-	1/1/2025	Fee Schedule	\$864.15
43251	EGD REMOVE LESION SNARE	Y	-	1/1/2025	Fee Schedule	\$864.15
43252	EGD OPTICAL ENDOMICROSCOPY	Y	-	1/1/2025	Fee Schedule	\$864.15
43253	EGD US TRANSMURAL INJXN/MARK	Y	-	1/1/2025	Fee Schedule	\$864.15
43254	EGD ENDO MUCOSAL RESECTION	Y	-	1/1/2025	Fee Schedule	\$864.15
43255	EGD CONTROL BLEEDING ANY	Y	-	1/1/2025	Fee Schedule	\$864.15
43257	EGD W/THRML TXMNT GERD	Y	-	1/1/2025	Fee Schedule	\$2,381.09
43259	EGD US EXAM DUODENUM/JEJUNUM	Y	-	1/1/2025	Fee Schedule	\$864.15
43260	ERCP W/SPECIMEN COLLECTION	Y	-	1/1/2025	Fee Schedule	\$1,875.81
43261	ENDO CHOLANGIOPANCREATOGRAPH	Y	-	1/1/2025	Fee Schedule	\$1,875.81
43262	ENDO CHOLANGIOPANCREATOGRAPH	Y	-	1/1/2025	Fee Schedule	\$1,875.81
43263	ERCP SPHINCTER PRESSURE MEAS	Y	-	1/1/2025	Fee Schedule	\$864.15
43264	ERCP REMOVE DUCT CALCULI	Y	-	1/1/2025	Fee Schedule	\$1,875.81
43265	ERCP LITHOTRIPSY CALCULI	Y	-	1/1/2025	Fee Schedule	\$2,704.26
43266	EGD ENDOSCOPIC STENT PLACE	Y	-	1/1/2025	Fee Schedule	\$4,212.00
43270	EGD LESION ABLATION	Y	-	1/1/2025	Fee Schedule	\$1,147.24
43273	ENDOSCOPIC PANCREATOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
43274	ERCP DUCT STENT PLACEMENT	Y	-	1/1/2025	Fee Schedule	\$3,554.96
43275	ERCP REMOVE FORGN BODY DUCT	Y	-	1/1/2025	Fee Schedule	\$864.15
43276	ERCP STENT EXCHANGE W/DILATE	Y	-	1/1/2025	Fee Schedule	\$3,540.73
43277	ERCP EA DUCT/AMPULLA DILATE	Y	-	1/1/2025	Fee Schedule	\$1,875.81
43278	ERCP LESION ABLATE W/DILATE	Y	-	1/1/2025	Fee Schedule	\$1,875.81
43280	LAPAROSCOPY FUNDOPLASTY	-	-	1/1/2022	Not Allowed	\$0.00
43281	LAP PARAESOPHAG HERN REPAIR	-	-	1/1/2022	Not Allowed	\$0.00
43282	LAP PARAESOPH HER RPR W/MESH	-	-	1/1/2022	Not Allowed	\$0.00
43284	LAPS ESOPHGL SPHNCTR AGMNTJ	Y	-	1/1/2025	Fee Schedule	\$7,017.83
43285	RMVL ESOPHGL SPHNCTR DEV	-	-	1/1/2025	Fee Schedule	\$2,860.32
43290	EGD FLX TRNSORL DPLMNT BALO	Y	-	1/1/2025	Fee Schedule	\$1,271.67
43291	EGD FLX TRNSORL RMVL BALO	Y	-	1/1/2025	Fee Schedule	\$503.39
43420	REPAIR ESOPHAGUS OPENING	-	-	1/1/2022	Not Allowed	\$0.00
43450	DILATE ESOPHAGUS 1/MULT PASS	Y	-	1/1/2025	Fee Schedule	\$503.39
43453	DILATE ESOPHAGUS	Y	-	1/1/2025	Fee Schedule	\$864.15
43510	SURGICAL OPENING OF STOMACH	-	-	1/1/2022	Not Allowed	\$0.00
43647	LAP IMPL ELECTRODE ANTRUM	-	-	1/1/2022	Not Allowed	\$0.00
43648	LAP REVISE/REMV ELTRD ANTRUM	-	-	1/1/2022	Not Allowed	\$0.00
43651	LAPAROSCOPY VAGUS NERVE	-	-	1/1/2022	Not Allowed	\$0.00
43652	LAPAROSCOPY VAGUS NERVE	-	-	1/1/2022	Not Allowed	\$0.00
43653	LAPAROSCOPY GASTROSTOMY	Y	-	1/1/2025	Fee Schedule	\$2,860.32
43752	NASAL/OROGASTRIC W/TUBE PLMT	-	-	1/1/2025	Fee Schedule	\$211.72
43753	TX GASTRO INTUB W/ASP	-	-	7/1/2018	No Separate Payment	\$0.00
43754	DX GASTR INTUB W/ASP SPEC	-	-	7/1/2018	No Separate Payment	\$0.00
43755	DX GASTR INTUB W/ASP SPECS	-	-	1/1/2025	Fee Schedule	\$85.20

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
43756	DX DUOD INTUB W/ASP SPEC	-	-	1/1/2025	Fee Schedule	\$503.39
43757	DX DUOD INTUB W/ASP SPECS	Y	-	1/1/2025	Fee Schedule	\$503.39
43761	REPOSITION GASTROSTOMY TUBE	Y	-	1/1/2025	Fee Schedule	\$130.70
43762	RPLC GTUBE NO REVJ TRC	Y	-	1/1/2025	Fee Schedule	\$130.70
43763	RPLC GTUBE REVJ GSTRST TRC	Y	-	1/1/2025	Fee Schedule	\$130.70
43770	LAP PLACE GASTR ADJ DEVICE	-	-	1/1/2022	Not Allowed	\$0.00
43772	LAP RMVL GASTR ADJ DEVICE	-	-	1/1/2022	Not Allowed	\$0.00
43773	LAP REPLACE GASTR ADJ DEVICE	-	-	1/1/2022	Not Allowed	\$0.00
43774	LAP RMVL GASTR ADJ ALL PARTS	-	-	4/1/2024	Not Allowed	\$0.00
43830	GSTRST OPEN WO CONSTJ TUBE	-	-	1/1/2022	Not Allowed	\$0.00
43831	GASTROSTOMY OPEN NEONATAL	-	-	1/1/2022	Not Allowed	\$0.00
43870	REPAIR STOMACH OPENING	Y	-	1/1/2025	Fee Schedule	\$1,875.81
43886	REVISE GASTRIC PORT OPEN	-	-	4/1/2024	Not Allowed	\$0.00
43887	REMOVE GASTRIC PORT OPEN	-	-	4/1/2024	Not Allowed	\$0.00
43888	CHANGE GASTRIC PORT OPEN	-	-	4/1/2024	Not Allowed	\$0.00
44100	BIOPSY OF BOWEL	Y	-	1/1/2025	Fee Schedule	\$503.39
44180	LAP ENTEROLYSIS	-	-	1/1/2022	Not Allowed	\$0.00
44186	LAP JEJUNOSTOMY	-	-	1/1/2022	Not Allowed	\$0.00
44312	REVISION OF ILEOSTOMY	Y	-	1/1/2025	Fee Schedule	\$1,957.33
44340	REVISION OF COLOSTOMY	Y	-	1/1/2025	Fee Schedule	\$1,957.33
44360	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2025	Fee Schedule	\$864.15
44361	SMALL BOWEL ENDOSCOPY/BIOPSY	Y	-	1/1/2025	Fee Schedule	\$864.15
44363	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2025	Fee Schedule	\$864.15
44364	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2025	Fee Schedule	\$864.15
44365	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2025	Fee Schedule	\$864.15
44366	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2025	Fee Schedule	\$864.15
44369	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2025	Fee Schedule	\$864.15
44370	SMALL BOWEL ENDOSCOPY/STENT	Y	-	1/1/2025	Fee Schedule	\$4,409.62
44372	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2025	Fee Schedule	\$864.15
44373	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2025	Fee Schedule	\$864.15
44376	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2025	Fee Schedule	\$864.15
44377	SMALL BOWEL ENDOSCOPY/BIOPSY	Y	-	1/1/2025	Fee Schedule	\$864.15
44378	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2025	Fee Schedule	\$864.15
44379	S BOWEL ENDOSCOPE W/STENT	Y	-	1/1/2025	Fee Schedule	\$2,704.26
44380	SMALL BOWEL ENDOSCOPY BR/WA	Y	-	1/1/2025	Fee Schedule	\$503.39
44381	SMALL BOWEL ENDOSCOPY BR/WA	Y	-	1/1/2025	Fee Schedule	\$864.15
44382	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2025	Fee Schedule	\$503.39
44384	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2025	Fee Schedule	\$1,122.93
44385	ENDOSCOPY OF BOWEL POUCH	Y	-	1/1/2025	Fee Schedule	\$489.47
44386	ENDOSCOPY BOWEL POUCH/BIOP	Y	-	1/1/2025	Fee Schedule	\$489.47
44388	COLONOSCOPY THRU STOMA SPX	Y	-	1/1/2025	Fee Schedule	\$489.47
44389	COLONOSCOPY WITH BIOPSY	Y	-	1/1/2025	Fee Schedule	\$632.96
44390	COLONOSCOPY FOR FOREIGN BODY	Y	-	1/1/2025	Fee Schedule	\$489.47
44391	COLONOSCOPY FOR BLEEDING	Y	-	1/1/2025	Fee Schedule	\$632.96
44392	COLONOSCOPY & POLYPECTOMY	Y	-	1/1/2025	Fee Schedule	\$632.96
44394	COLONOSCOPY W/SNARE	Y	-	1/1/2025	Fee Schedule	\$632.96
44401	COLONOSCOPY WITH ABLATION	Y	-	1/1/2025	Fee Schedule	\$632.96
44402	COLONOSCOPY W/STENT PLCMT	Y	-	1/1/2025	Fee Schedule	\$2,704.26
44403	COLONOSCOPY W/RESECTION	Y	-	1/1/2025	Fee Schedule	\$632.96
44404	COLONOSCOPY W/INJECTION	Y	-	1/1/2025	Fee Schedule	\$632.96
44405	COLONOSCOPY W/DILATION	Y	-	1/1/2025	Fee Schedule	\$846.49

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
44406	COLONOSCOPY W/ULTRASOUND	Y	-	1/1/2025	Fee Schedule	\$632.96
44407	COLONOSCOPY W/NDL ASPIR/BX	Y	-	1/1/2025	Fee Schedule	\$632.96
44408	COLONOSCOPY W/DECOMPRESSION	Y	-	1/1/2025	Fee Schedule	\$489.47
44500	INTRO GASTROINTESTINAL TUBE	Y	-	1/1/2025	Fee Schedule	\$503.39
44701	INTRAOP COLON LAVAGE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
44950	APPENDECTOMY	-	-	1/1/2022	Not Allowed	\$0.00
44955	APPENDECTOMY ADD-ON	-	-	1/1/2022	Not Allowed	\$0.00
44970	LAPAROSCOPY APPENDECTOMY	-	-	1/1/2022	Not Allowed	\$0.00
45000	DRAINAGE OF PELVIC ABSCESS	Y	-	1/1/2025	Fee Schedule	\$632.96
45005	DRAINAGE OF RECTAL ABSCESS	Y	-	1/1/2025	Fee Schedule	\$632.96
45020	DRAINAGE OF RECTAL ABSCESS	Y	-	1/1/2025	Fee Schedule	\$1,397.97
45100	BIOPSY OF RECTUM	Y	-	1/1/2025	Fee Schedule	\$1,397.97
45108	ANORECTAL MYOMECTOMY	Y	-	1/1/2025	Fee Schedule	\$1,397.97
45150	EXCISION OF RECTAL STRICTURE	Y	-	1/1/2025	Fee Schedule	\$632.96
45160	EXCISION OF RECTAL LESION	Y	-	1/1/2025	Fee Schedule	\$1,397.97
45171	EXC RECT TUM TRANSANAL PART	Y	-	1/1/2025	Fee Schedule	\$1,397.97
45172	EXC RECT TUM TRANSANAL FULL	Y	-	1/1/2025	Fee Schedule	\$1,397.97
45190	DESTRUCTION RECTAL TUMOR	Y	-	1/1/2025	Fee Schedule	\$1,397.97
45300	PROCTOSIGMOIDOSCOPY DX	Y	-	1/1/2025	Fee Schedule	\$95.42
45303	PROCTOSIGMOIDOSCOPY DILATE	Y	-	1/1/2025	Fee Schedule	\$632.96
45305	PROCTOSIGMOIDOSCOPY W/BX	Y	-	1/1/2025	Fee Schedule	\$632.96
45307	PROCTOSIGMOIDOSCOPY FB	Y	-	1/1/2025	Fee Schedule	\$1,397.97
45308	PROCTOSIGMOIDOSCOPY REMOVAL	Y	-	1/1/2025	Fee Schedule	\$1,397.97
45309	PROCTOSIGMOIDOSCOPY REMOVAL	Y	-	1/1/2025	Fee Schedule	\$632.96
45315	PROCTOSIGMOIDOSCOPY REMOVAL	Y	-	1/1/2025	Fee Schedule	\$632.96
45317	PROCTOSIGMOIDOSCOPY BLEED	Y	-	1/1/2025	Fee Schedule	\$632.96
45320	PROCTOSIGMOIDOSCOPY ABLATE	Y	-	1/1/2025	Fee Schedule	\$1,397.97
45321	PROCTOSIGMOIDOSCOPY VOLVUL	Y	-	1/1/2025	Fee Schedule	\$1,397.97
45327	PROCTOSIGMOIDOSCOPY W/STENT	Y	-	1/1/2025	Fee Schedule	\$4,243.02
45330	DIAGNOSTIC SIGMOIDOSCOPY	Y	-	1/1/2025	Fee Schedule	\$148.79
45331	SIGMOIDOSCOPY AND BIOPSY	Y	-	1/1/2025	Fee Schedule	\$489.47
45332	SIGMOIDOSCOPY W/FB REMOVAL	Y	-	1/1/2025	Fee Schedule	\$632.96
45333	SIGMOIDOSCOPY & POLYPECTOMY	Y	-	1/1/2025	Fee Schedule	\$489.47
45334	SIGMOIDOSCOPY FOR BLEEDING	Y	-	1/1/2025	Fee Schedule	\$632.96
45335	SIGMOIDOSCOPY W/SUBMUC INJ	Y	-	1/1/2025	Fee Schedule	\$489.47
45337	SIGMOIDOSCOPY & DECOMPRESS	Y	-	1/1/2025	Fee Schedule	\$489.47
45338	SIGMOIDOSCOPY W/TUMR REMOVE	Y	-	1/1/2025	Fee Schedule	\$632.96
45340	SIG W/TNDSC BALLOON DILATION	Y	-	1/1/2025	Fee Schedule	\$632.96
45341	SIGMOIDOSCOPY W/ULTRASOUND	Y	-	1/1/2025	Fee Schedule	\$489.47
45342	SIGMOIDOSCOPY W/US GUIDE BX	Y	-	1/1/2025	Fee Schedule	\$632.96
45346	SIGMOIDOSCOPY W/ABLATION	Y	-	1/1/2025	Fee Schedule	\$632.96
45347	SIGMOIDOSCOPY W/PLCMT STENT	Y	-	1/1/2025	Fee Schedule	\$4,249.79
45349	SIGMOIDOSCOPY W/RESECTION	Y	-	1/1/2025	Fee Schedule	\$1,397.97
45350	SGMDSC W/BAND LIGATION	Y	-	1/1/2025	Fee Schedule	\$632.96
45378	DIAGNOSTIC COLONOSCOPY	Y	-	1/1/2025	Fee Schedule	\$489.47
45379	COLONOSCOPY W/FB REMOVAL	Y	-	1/1/2025	Fee Schedule	\$632.96
45380	COLONOSCOPY AND BIOPSY	Y	-	1/1/2025	Fee Schedule	\$632.96
45381	COLONOSCOPY SUBMUCOUS NJX	Y	-	1/1/2025	Fee Schedule	\$632.96
45382	COLONOSCOPY W/CONTROL BLEED	Y	-	1/1/2025	Fee Schedule	\$632.96
45384	COLONOSCOPY W/LESION REMOVAL	Y	-	1/1/2025	Fee Schedule	\$632.96
45385	COLONOSCOPY W/LESION REMOVAL	Y	-	1/1/2025	Fee Schedule	\$632.96

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
45386	COLONOSCOPY W/BALLOON DILAT	Y	-	1/1/2025	Fee Schedule	\$632.96
45388	COLONOSCOPY W/ABLATION	Y	-	1/1/2025	Fee Schedule	\$632.96
45389	COLONOSCOPY W/STENT PLCMT	Y	-	1/1/2025	Fee Schedule	\$4,201.73
45390	COLONOSCOPY W/RESECTION	Y	-	1/1/2025	Fee Schedule	\$1,397.97
45391	COLONOSCOPY W/ENDOSCOPE US	Y	-	1/1/2025	Fee Schedule	\$632.96
45392	COLONOSCOPY W/ENDOSCOPIC FNB	Y	-	1/1/2025	Fee Schedule	\$632.96
45393	COLONOSCOPY W/DECOMPRESSION	Y	-	1/1/2025	Fee Schedule	\$632.96
45398	COLONOSCOPY W/BAND LIGATION	Y	-	1/1/2025	Fee Schedule	\$632.96
45500	REPAIR OF RECTUM	Y	-	1/1/2025	Fee Schedule	\$1,397.97
45505	REPAIR OF RECTUM	Y	-	1/1/2025	Fee Schedule	\$1,397.97
45520	TREATMENT OF RECTAL PROLAPSE	-	-	7/1/2018	No Separate Payment	\$0.00
45541	CORRECT RECTAL PROLAPSE	Y	-	1/1/2025	Fee Schedule	\$1,397.97
45560	REPAIR OF RECTOCELE	Y	-	1/1/2025	Fee Schedule	\$1,397.97
45900	REDUCTION OF RECTAL PROLAPSE	Y	-	1/1/2025	Fee Schedule	\$489.47
45905	DILATION OF ANAL SPHINCTER	Y	-	1/1/2025	Fee Schedule	\$632.96
45910	DILATION OF RECTAL NARROWING	Y	-	1/1/2025	Fee Schedule	\$632.96
45915	REMOVE RECTAL OBSTRUCTION	Y	-	1/1/2025	Fee Schedule	\$632.96
45990	SURG DX EXAM ANORECTAL	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46020	PLACEMENT OF SETON	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46030	REMOVAL ANAL SETON OTH MRK	Y	-	1/1/2025	Fee Schedule	\$632.96
46040	INCISION OF RECTAL ABSCESS	Y	-	1/1/2025	Fee Schedule	\$632.96
46045	INCISION OF RECTAL ABSCESS	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46050	INCISION OF ANAL ABSCESS	Y	-	1/1/2025	Fee Schedule	\$489.47
46060	INCISION OF RECTAL ABSCESS	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46070	INCISION ANAL SEPTUM INFANT	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46080	INCISION OF ANAL SPHINCTER	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46083	INCISE EXTERNAL HEMORRHOID	Y	-	1/1/2025	Fee Schedule	\$130.70
46200	REMOVAL OF ANAL FISSURE	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46220	EXCISE ANAL EXT TAG/PAPILLA	Y	-	1/1/2025	Fee Schedule	\$632.96
46221	LIGATION OF HEMORRHOID(S)	Y	-	1/1/2025	Fee Schedule	\$190.84
46230	REMOVAL OF ANAL TAGS	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46250	REMOVE EXT HEM GROUPS 2+	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46255	REMOVE INT/EXT HEM 1 GROUP	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46257	REMOVE IN/EX HEM GRP & FISS	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46258	REMOVE IN/EX HEM GRP W/FISTU	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46260	REMOVE IN/EX HEM GROUPS 2+	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46261	REMOVE IN/EX HEM GRPS & FISS	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46262	REMOVE IN/EX HEM GRPS W/FIST	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46270	REMOVE ANAL FIST SUBQ	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46275	REMOVE ANAL FIST INTER	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46280	REMOVE ANAL FIST COMPLEX	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46285	REMOVE ANAL FIST 2 STAGE	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46288	REPAIR ANAL FISTULA	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46320	REMOVAL OF HEMORRHOID CLOT	Y	-	1/1/2025	Fee Schedule	\$143.62
46500	INJECTION INTO HEMORRHOID(S)	Y	-	1/1/2025	Fee Schedule	\$238.72
46505	CHEMODENERVATION ANAL MUSC	Y	-	1/1/2025	Fee Schedule	\$632.96
46600	DIAGNOSTIC ANOSCOPY SPX	-	-	7/1/2018	No Separate Payment	\$0.00
46601	DIAGNOSTIC ANOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
46604	ANOSCOPY AND DILATION	Y	-	1/1/2025	Fee Schedule	\$553.77
46606	ANOSCOPY AND BIOPSY	Y	-	1/1/2025	Fee Schedule	\$218.02
46607	DIAGNOSTIC ANOSCOPY & BIOPSY	Y	-	1/1/2025	Fee Schedule	\$632.96

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

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
46608	ANOSCOPY REMOVE FOR BODY	Y	-	1/1/2025	Fee Schedule	\$489.47
46610	ANOSCOPY REMOVE LESION	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46611	ANOSCOPY	Y	-	1/1/2025	Fee Schedule	\$489.47
46612	ANOSCOPY REMOVE LESIONS	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46614	ANOSCOPY CONTROL BLEEDING	Y	-	1/1/2025	Fee Schedule	\$122.59
46615	ANOSCOPY	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46700	REPAIR OF ANAL STRICTURE	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46706	REPR OF ANAL FISTULA W/GLUE	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46707	REPAIR ANORECTAL FIST W/PLUG	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46750	REPAIR OF ANAL SPHINCTER	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46753	RECONSTRUCTION OF ANUS	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46754	REMOVAL OF SUTURE FROM ANUS	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46760	REPAIR OF ANAL SPHINCTER	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46761	REPAIR OF ANAL SPHINCTER	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46900	DESTRUCTION ANAL LESION(S)	Y	-	1/1/2025	Fee Schedule	\$165.61
46910	DESTRUCTION ANAL LESION(S)	Y	-	1/1/2025	Fee Schedule	\$186.32
46916	CRYOSURGERY ANAL LESION(S)	Y	-	1/1/2025	Fee Schedule	\$106.77
46917	LASER SURGERY ANAL LESIONS	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46922	EXCISION OF ANAL LESION(S)	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46924	DESTRUCTION ANAL LESION(S)	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46930	DESTROY INTERNAL HEMORRHOIDS	Y	-	1/1/2025	Fee Schedule	\$155.59
46940	TREATMENT OF ANAL FISSURE	Y	-	1/1/2025	Fee Schedule	\$170.14
46942	TREATMENT OF ANAL FISSURE	Y	-	1/1/2025	Fee Schedule	\$167.55
46945	INT HRHC LIG 1 HROID W/O IMG	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46946	INT HRHC LIG 2+HROID W/O IMG	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46947	HEMORRHOIDOPEXY BY STAPLING	Y	-	1/1/2025	Fee Schedule	\$1,397.97
46948	INT HRHC TRANAL DARTLZJ 2+	Y	-	1/1/2025	Fee Schedule	\$1,397.97
47000	NEEDLE BIOPSY OF LIVER PERQ	Y	-	1/1/2025	Fee Schedule	\$708.28
47001	NDL BIOPSY LVR TM OTH MAJ PX	-	-	7/1/2018	No Separate Payment	\$0.00
47370	LAPARO ABLATE LIVER TUMOR RF	-	-	1/1/2022	Not Allowed	\$0.00
47371	LAPARO ABLATE LIVER CRYOSURG	-	-	1/1/2022	Not Allowed	\$0.00
47382	PERCUT ABLATE LIVER RF	Y	-	1/1/2025	Fee Schedule	\$2,860.32
47383	PERQ ABLTJ LVR CRYOABLATION	Y	-	1/1/2025	Fee Schedule	\$7,155.54
47490	INCISION OF GALLBLADDER	-	-	1/1/2022	Not Allowed	\$0.00
47531	INJECTION FOR CHOLANGIOGRAM	-	-	7/1/2018	No Separate Payment	\$0.00
47532	INJECTION FOR CHOLANGIOGRAM	-	-	7/1/2018	No Separate Payment	\$0.00
47533	PLMT BILIARY DRAINAGE CATH	Y	-	1/1/2025	Fee Schedule	\$1,685.17
47534	PLMT BILIARY DRAINAGE CATH	Y	-	1/1/2025	Fee Schedule	\$1,685.17
47535	CONVERSION EXT BIL DRG CATH	Y	-	1/1/2025	Fee Schedule	\$1,685.17
47536	EXCHANGE BILIARY DRG CATH	Y	-	1/1/2025	Fee Schedule	\$1,685.17
47537	REMOVAL BILIARY DRG CATH	-	-	1/1/2025	Fee Schedule	\$503.39
47538	PERQ PLMT BILE DUCT STENT	Y	-	1/1/2025	Fee Schedule	\$4,063.40
47539	PERQ PLMT BILE DUCT STENT	Y	-	1/1/2025	Fee Schedule	\$4,119.67
47540	PERQ PLMT BILE DUCT STENT	Y	-	1/1/2025	Fee Schedule	\$3,788.98
47541	PLMT ACCESS BIL TREE SM BWL	Y	-	1/1/2025	Fee Schedule	\$4,019.34
47542	DILATE BILIARY DUCT/AMPULLA	-	-	7/1/2018	No Separate Payment	\$0.00
47543	ENDOLUMINAL BX BILIARY TREE	-	-	7/1/2018	No Separate Payment	\$0.00
47544	REMOVAL DUCT GLBLDR CALCULI	-	-	7/1/2018	No Separate Payment	\$0.00
47552	BILIARY ENDO PERQ DX W/SPECI	Y	-	1/1/2025	Fee Schedule	\$3,171.15
47553	BILIARY ENDOSCOPY THRU SKIN	Y	-	1/1/2025	Fee Schedule	\$3,171.15
47554	BILIARY ENDOSCOPY THRU SKIN	Y	-	1/1/2025	Fee Schedule	\$4,896.00

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47555	BILIARY ENDOSCOPY THRU SKIN	Y	-	1/1/2025	Fee Schedule	\$2,136.33
47556	BILIARY ENDOSCOPY THRU SKIN	Y	-	1/1/2025	Fee Schedule	\$6,564.15
47562	LAPAROSCOPIC CHOLECYSTECTOMY	Y	-	1/1/2025	Fee Schedule	\$2,860.32
47563	LAPARO CHOLECYSTECTOMY/GRAPH	Y	-	1/1/2025	Fee Schedule	\$2,860.32
47564	LAPARO CHOLECYSTECTOMY/EXPLR	Y	-	1/1/2025	Fee Schedule	\$4,896.00
48102	NEEDLE BIOPSY PANCREAS	Y	-	1/1/2025	Fee Schedule	\$708.28
49082	ABD PARACENTESIS	Y	-	1/1/2025	Fee Schedule	\$503.39
49083	ABD PARACENTESIS W/IMAGING	Y	-	1/1/2025	Fee Schedule	\$503.39
49084	PERITONEAL LAVAGE	Y	-	1/1/2025	Fee Schedule	\$503.39
49180	BIOPSY ABDOMINAL MASS	Y	-	1/1/2025	Fee Schedule	\$708.28
49185	SCLEROTX FLUID COLLECTION	-	-	1/1/2022	Not Allowed	\$0.00
49250	EXCISION OF UMBILICUS	Y	-	1/1/2025	Fee Schedule	\$1,685.17
49320	DIAG LAPARO SEPARATE PROC	Y	-	1/1/2025	Fee Schedule	\$2,860.32
49321	LAPAROSCOPY BIOPSY	Y	-	1/1/2025	Fee Schedule	\$2,860.32
49322	LAPAROSCOPY ASPIRATION	Y	-	1/1/2025	Fee Schedule	\$2,860.32
49323	LAPARO DRAIN LYMPHOCELE	-	-	1/1/2022	Not Allowed	\$0.00
49324	LAP INSERT TUNNEL IP CATH	Y	-	1/1/2025	Fee Schedule	\$2,860.32
49325	LAP REVISION PERM IP CATH	Y	-	1/1/2025	Fee Schedule	\$2,860.32
49326	LAP W/OMENTOPEXY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
49327	LAP INS DEVICE FOR RT	-	-	7/1/2018	No Separate Payment	\$0.00
49400	AIR INJECTION INTO ABDOMEN	-	-	7/1/2018	No Separate Payment	\$0.00
49402	REMOVE FOREIGN BODY ADBOMEN	Y	-	1/1/2025	Fee Schedule	\$1,685.17
49405	IMAGE CATH FLUID COLXN VISC	-	-	1/1/2022	Not Allowed	\$0.00
49406	IMAGE CATH FLUID PERI/RETRO	Y	-	1/1/2025	Fee Schedule	\$708.28
49407	IMAGE CATH FLUID TRNS/VGNL	Y	-	1/1/2025	Fee Schedule	\$708.28
49411	INS MARK ABD/PEL FOR RT PERQ	-	-	1/1/2025	Fee Schedule	\$332.85
49418	INSERT TUN IP CATH PERC	Y	-	1/1/2025	Fee Schedule	\$1,685.17
49419	INSERT TUN IP CATH W/PORT	Y	-	1/1/2025	Fee Schedule	\$3,009.55
49421	INS TUN IP CATH FOR DIAL OPN	Y	-	1/1/2025	Fee Schedule	\$1,685.17
49422	REMOVE TUNNELED IP CATH	-	-	1/1/2025	Fee Schedule	\$1,588.69
49423	EXCHANGE DRAINAGE CATHETER	Y	-	1/1/2025	Fee Schedule	\$864.15
49424	ASSESS CYST CONTRAST INJECT	-	-	7/1/2018	No Separate Payment	\$0.00
49426	REVISE ABDOMEN-VENOUS SHUNT	Y	-	1/1/2025	Fee Schedule	\$1,685.17
49427	INJECTION ABDOMINAL SHUNT	-	-	7/1/2018	No Separate Payment	\$0.00
49429	REMOVAL OF SHUNT	-	-	1/1/2025	Fee Schedule	\$1,588.69
49435	INSERT SUBQ EXTEN TO IP CATH	-	-	7/1/2018	No Separate Payment	\$0.00
49436	EMBEDDED IP CATH EXIT-SITE	Y	-	1/1/2025	Fee Schedule	\$864.15
49440	PLACE GASTROSTOMY TUBE PERC	Y	-	1/1/2025	Fee Schedule	\$864.15
49441	PLACE DUOD/JEJ TUBE PERC	Y	-	1/1/2025	Fee Schedule	\$864.15
49442	PLACE CECOSTOMY TUBE PERC	Y	-	1/1/2025	Fee Schedule	\$632.96
49446	CHANGE G-TUBE TO G-J PERC	Y	-	1/1/2025	Fee Schedule	\$864.15
49450	REPLACE G/C TUBE PERC	Y	-	1/1/2025	Fee Schedule	\$503.39
49451	REPLACE DUOD/JEJ TUBE PERC	Y	-	1/1/2025	Fee Schedule	\$503.39
49452	REPLACE G-J TUBE PERC	Y	-	1/1/2025	Fee Schedule	\$503.39
49460	FIX G/COLON TUBE W/DEVICE	Y	-	1/1/2025	Fee Schedule	\$503.39
49465	FLUORO EXAM OF G/COLON TUBE	-	-	1/1/2025	Fee Schedule	\$130.28
49491	RPR HERN PREEMIE REDUC	-	-	1/1/2022	Not Allowed	\$0.00
49492	RPR ING HERN PREMIE BLOCKED	-	-	1/1/2022	Not Allowed	\$0.00
49495	RPR ING HERNIA BABY REDUC	Y	-	1/1/2025	Fee Schedule	\$1,685.17
49496	RPR ING HERNIA BABY BLOCKED	Y	-	1/1/2025	Fee Schedule	\$1,685.17
49500	RPR ING HERNIA INIT REDUCE	Y	-	1/1/2025	Fee Schedule	\$3,171.15

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49501	RPR ING HERNIA INIT BLOCKED	Y	-	1/1/2025	Fee Schedule	\$1,685.17
49505	PRP I/HERN INIT REDUC >5 YR	Y	-	1/1/2025	Fee Schedule	\$1,685.17
49507	PRP I/HERN INIT BLOCK >5 YR	Y	-	1/1/2025	Fee Schedule	\$1,685.17
49520	REREPAIR ING HERNIA REDUCE	Y	-	1/1/2025	Fee Schedule	\$1,685.17
49521	REREPAIR ING HERNIA BLOCKED	Y	-	1/1/2025	Fee Schedule	\$3,171.15
49525	REPAIR ING HERNIA SLIDING	Y	-	1/1/2025	Fee Schedule	\$1,685.17
49540	REPAIR LUMBAR HERNIA	Y	-	1/1/2025	Fee Schedule	\$2,860.32
49550	RPR REM HERNIA INIT REDUCE	Y	-	1/1/2025	Fee Schedule	\$1,685.17
49553	RPR FEM HERNIA INIT BLOCKED	Y	-	1/1/2025	Fee Schedule	\$1,685.17
49555	REREPAIR FEM HERNIA REDUCE	Y	-	1/1/2025	Fee Schedule	\$1,685.17
49557	REREPAIR FEM HERNIA BLOCKED	Y	-	1/1/2025	Fee Schedule	\$1,685.17
49591	RPR AA HRN 1ST < 3 CM RDC	Y	-	1/1/2025	Fee Schedule	\$1,685.17
49592	RPR AA HRN 1ST < 3 NCR/STRN	Y	-	1/1/2025	Fee Schedule	\$2,860.32
49593	RPR AA HRN 1ST 3-10 RDC	Y	-	1/1/2025	Fee Schedule	\$3,171.15
49594	RPR AA HRN 1ST 3-10 NCR/STRN	Y	-	1/1/2025	Fee Schedule	\$2,860.32
49595	RPR AA HRN 1ST > 10 RDC	Y	-	1/1/2025	Fee Schedule	\$3,171.15
49600	REPAIR UMBILICAL LESION	Y	-	1/1/2025	Fee Schedule	\$1,685.17
49613	RPR AA HRN RCR < 3 RDC	Y	-	1/1/2025	Fee Schedule	\$1,685.17
49614	RPR AA HRN RCR < 3 NCR/STRN	Y	-	1/1/2025	Fee Schedule	\$2,860.32
49615	RPR AA HRN RCR 3-10 RDC	Y	-	1/1/2025	Fee Schedule	\$3,171.15
49650	LAP ING HERNIA REPAIR INIT	Y	-	1/1/2025	Fee Schedule	\$2,860.32
49651	LAP ING HERNIA REPAIR RECUR	Y	-	1/1/2025	Fee Schedule	\$2,860.32
50020	DRG PERIRNL/RENAL ABSC OPEN	-	-	1/1/2022	Not Allowed	\$0.00
50080	PERQ NL/PL LITHOTRP SMPL<2CM	Y	-	1/1/2025	Fee Schedule	\$4,779.70
50081	PERQ NL/PL LITHOTRP CPLX>2CM	Y	-	1/1/2025	Fee Schedule	\$4,779.70
50200	RENAL BIOPSY PERQ	Y	-	1/1/2025	Fee Schedule	\$708.28
50382	CHANGE URETER STENT PERCUT	Y	-	1/1/2025	Fee Schedule	\$959.88
50384	REMOVE URETER STENT PERCUT	-	-	1/1/2025	Fee Schedule	\$959.88
50385	CHANGE STENT VIA TRANSURETH	Y	-	1/1/2025	Fee Schedule	\$959.88
50386	REMOVE STENT VIA TRANSURETH	-	-	1/1/2025	Fee Schedule	\$590.32
50387	CHANGE NEPHROURETERAL CATH	Y	-	1/1/2025	Fee Schedule	\$959.88
50389	REMOVE RENAL TUBE W/FLUORO	-	-	1/1/2025	Fee Schedule	\$315.93
50390	DRAINAGE OF KIDNEY LESION	Y	-	1/1/2025	Fee Schedule	\$377.60
50391	INSTLL RX AGNT INTO RNAL TUB	Y	-	1/1/2025	Fee Schedule	\$50.14
50396	MEASURE KIDNEY PRESSURE	Y	-	1/1/2025	Fee Schedule	\$315.93
50430	NJX PX NFROSGRM &/URTRGRM	-	-	7/1/2018	No Separate Payment	\$0.00
50431	NJX PX NFROSGRM &/URTRGRM	-	-	7/1/2018	No Separate Payment	\$0.00
50432	PLMT NEPHROSTOMY CATHETER	Y	-	1/1/2025	Fee Schedule	\$959.88
50433	PLMT NEPHROURETERAL CATHETER	Y	-	1/1/2025	Fee Schedule	\$1,655.31
50434	CONVERT NEPHROSTOMY CATHETER	Y	-	1/1/2025	Fee Schedule	\$959.88
50435	EXCHANGE NEPHROSTOMY CATH	Y	-	1/1/2025	Fee Schedule	\$959.88
50436	DILAT XST TRC NDURLGC PX	Y	-	1/1/2025	Fee Schedule	\$1,655.31
50437	DILAT XST TRC NEW ACCESS RCS	Y	-	1/1/2025	Fee Schedule	\$1,655.31
50541	LAPARO ABLATE RENAL CYST	-	-	1/1/2022	Not Allowed	\$0.00
50542	LAPARO ABLATE RENAL MASS	-	-	1/1/2022	Not Allowed	\$0.00
50543	LAPARO PARTIAL NEPHRECTOMY	-	-	1/1/2022	Not Allowed	\$0.00
50544	LAPAROSCOPY PYELOPLASTY	-	-	1/1/2022	Not Allowed	\$0.00
50551	KIDNEY ENDOSCOPY	Y	-	1/1/2025	Fee Schedule	\$2,521.60
50553	KIDNEY ENDOSCOPY	Y	-	1/1/2025	Fee Schedule	\$2,521.60
50555	KIDNEY ENDOSCOPY & BIOPSY	Y	-	1/1/2025	Fee Schedule	\$4,779.70
50557	KIDNEY ENDOSCOPY & TREATMENT	Y	-	1/1/2025	Fee Schedule	\$4,779.70

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50561	KIDNEY ENDOSCOPY & TREATMENT	Y	-	1/1/2025	Fee Schedule	\$2,521.60
50562	RENAL SCOPE W/TUMOR RESECT	Y	-	1/1/2025	Fee Schedule	\$4,779.70
50570	KIDNEY ENDOSCOPY	Y	-	1/1/2025	Fee Schedule	\$1,655.31
50572	KIDNEY ENDOSCOPY	Y	-	1/1/2025	Fee Schedule	\$315.93
50574	KIDNEY ENDOSCOPY & BIOPSY	Y	-	1/1/2025	Fee Schedule	\$1,655.31
50575	KIDNEY ENDOSCOPY	Y	-	1/1/2025	Fee Schedule	\$2,521.60
50576	KIDNEY ENDOSCOPY & TREATMENT	Y	-	1/1/2025	Fee Schedule	\$4,779.70
50580	KIDNEY ENDOSCOPY & TREATMENT	Y	-	1/1/2025	Fee Schedule	\$2,521.60
50590	FRAGMENTING OF KIDNEY STONE	Y	-	1/1/2025	Fee Schedule	\$1,655.31
50592	PERC RF ABLATE RENAL TUMOR	Y	-	1/1/2025	Fee Schedule	\$2,860.32
50593	PERC CRYO ABLATE RENAL TUM	Y	-	1/1/2025	Fee Schedule	\$6,996.29
50606	ENDOLUMINAL BX URTR RNL PLVS	-	-	7/1/2018	No Separate Payment	\$0.00
5060F	FNDNGS MAMMO 2PT W/IN 3 DAYS	-	-	7/1/2018	No Separate Payment	\$0.00
50684	INJECTION FOR URETER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
50686	MEASURE URETER PRESSURE	-	-	1/1/2025	Fee Schedule	\$83.78
50688	CHANGE OF URETER TUBE/STENT	Y	-	1/1/2025	Fee Schedule	\$959.88
50690	INJECTION FOR URETER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
50693	PLMT URETERAL STENT PRQ	Y	-	1/1/2025	Fee Schedule	\$1,655.31
50694	PLMT URETERAL STENT PRQ	Y	-	1/1/2025	Fee Schedule	\$1,655.31
50695	PLMT URETERAL STENT PRQ	Y	-	1/1/2025	Fee Schedule	\$1,655.31
50705	URETERAL EMBOLIZATION/OCCL	-	-	7/1/2018	No Separate Payment	\$0.00
50706	BALLOON DILATE URTRL STRIX	-	-	7/1/2018	No Separate Payment	\$0.00
50727	REVISE URETER	Y	-	1/1/2025	Fee Schedule	\$1,655.31
50945	LAPAROSCOPY URETEROLITHOTOMY	-	-	1/1/2022	Not Allowed	\$0.00
50947	LAPARO NEW URETER/BLADDER	Y	-	1/1/2025	Fee Schedule	\$4,896.00
50948	LAPARO NEW URETER/BLADDER	Y	-	1/1/2025	Fee Schedule	\$4,896.00
50951	ENDOSCOPY OF URETER	Y	-	1/1/2025	Fee Schedule	\$1,655.31
50953	ENDOSCOPY OF URETER	Y	-	1/1/2025	Fee Schedule	\$1,655.31
50955	URETER ENDOSCOPY & BIOPSY	Y	-	1/1/2025	Fee Schedule	\$2,521.60
50957	URETER ENDOSCOPY & TREATMENT	Y	-	1/1/2025	Fee Schedule	\$2,521.60
50961	URETER ENDOSCOPY & TREATMENT	Y	-	1/1/2025	Fee Schedule	\$2,521.60
50970	URETER ENDOSCOPY	Y	-	1/1/2025	Fee Schedule	\$1,655.31
50972	URETER ENDOSCOPY & CATHETER	Y	-	1/1/2025	Fee Schedule	\$1,655.31
50974	URETER ENDOSCOPY & BIOPSY	Y	-	1/1/2025	Fee Schedule	\$2,521.60
50976	URETER ENDOSCOPY & TREATMENT	Y	-	1/1/2025	Fee Schedule	\$2,521.60
50980	URETER ENDOSCOPY & TREATMENT	Y	-	1/1/2025	Fee Schedule	\$2,521.60
51020	CYSTOTOMY/CYSTOSTOMY W/FULG	Y	-	1/1/2025	Fee Schedule	\$1,655.31
51040	INCISE & DRAIN BLADDER	Y	-	1/1/2025	Fee Schedule	\$959.88
51045	INCISE BLADDER/DRAIN URETER	Y	-	1/1/2025	Fee Schedule	\$959.88
51050	REMOVAL OF BLADDER STONE	Y	-	1/1/2025	Fee Schedule	\$2,521.60
51060	REMOVAL OF URETER STONE	-	-	1/1/2022	Not Allowed	\$0.00
51065	REMOVE URETER CALCULUS	Y	-	1/1/2025	Fee Schedule	\$1,655.31
51080	DRAINAGE OF BLADDER ABSCESS	Y	-	1/1/2025	Fee Schedule	\$1,201.90
51100	DRAIN BLADDER BY NEEDLE	Y	-	1/1/2025	Fee Schedule	\$42.70
51101	DRAIN BLADDER BY TROCAR/CATH	-	-	1/1/2025	Fee Schedule	\$108.68
51102	DRAIN BL W/CATH INSERTION	Y	-	1/1/2025	Fee Schedule	\$959.88
51500	REMOVAL OF BLADDER CYST	Y	-	1/1/2025	Fee Schedule	\$2,860.32
51520	REMOVAL OF BLADDER LESION	Y	-	1/1/2025	Fee Schedule	\$1,655.31
51535	REPAIR OF URETER LESION	Y	-	1/1/2025	Fee Schedule	\$1,655.31
51600	INJECTION FOR BLADDER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
51605	PREPARATION FOR BLADDER XRAY	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
51610	INJECTION FOR BLADDER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
51700	IRRIGATION OF BLADDER	Y	-	1/1/2025	Fee Schedule	\$51.75
51701	INSERT BLADDER CATHETER	-	-	7/1/2018	No Separate Payment	\$0.00
51702	INSERT TEMP BLADDER CATH	-	-	7/1/2018	No Separate Payment	\$0.00
51703	INSERT BLADDER CATH COMPLEX	-	-	1/1/2025	Fee Schedule	\$85.20
51705	CHANGE OF BLADDER TUBE	Y	-	1/1/2025	Fee Schedule	\$61.78
51710	CHANGE OF BLADDER TUBE	Y	-	1/1/2025	Fee Schedule	\$315.93
51715	ENDOSCOPIC INJECTION/IMPLANT	Y	-	1/1/2025	Fee Schedule	\$2,297.86
51720	TREATMENT OF BLADDER LESION	Y	-	1/1/2025	Fee Schedule	\$54.34
51725	SIMPLE CYSTOMETROGRAM	Y	-	1/1/2025	Fee Schedule	\$127.77
51726	COMPLEX CYSTOMETROGRAM	Y	-	1/1/2025	Fee Schedule	\$130.70
51727	CYSTOMETROGRAM W/UP	Y	-	1/1/2025	Fee Schedule	\$228.37
51728	CYSTOMETROGRAM W/VP	Y	-	1/1/2025	Fee Schedule	\$229.01
51729	CYSTOMETROGRAM W/VP&UP	Y	-	1/1/2025	Fee Schedule	\$226.43
51736	URINE FLOW MEASUREMENT	-	-	7/1/2018	No Separate Payment	\$0.00
51741	ELECTRO-UROFLOWMETRY FIRST	-	-	7/1/2018	No Separate Payment	\$0.00
51784	ANAL/URINARY MUSCLE STUDY	-	-	1/1/2025	Fee Schedule	\$26.52
51785	ANAL/URINARY MUSCLE STUDY	Y	-	1/1/2025	Fee Schedule	\$130.70
51792	URINARY REFLEX STUDY	-	-	7/1/2018	No Separate Payment	\$0.00
51797	INTRAABDOMINAL PRESSURE TEST	-	-	7/1/2018	No Separate Payment	\$0.00
51798	US URINE CAPACITY MEASURE	-	-	7/1/2018	No Separate Payment	\$0.00
51845	REPAIR BLADDER NECK	-	-	1/1/2022	Not Allowed	\$0.00
51860	REPAIR OF BLADDER WOUND	-	-	1/1/2022	Not Allowed	\$0.00
51880	REPAIR OF BLADDER OPENING	Y	-	1/1/2025	Fee Schedule	\$1,655.31
51990	LAPARO URETHRAL SUSPENSION	-	-	1/1/2022	Not Allowed	\$0.00
51992	LAPARO SLING OPERATION	Y	-	1/1/2025	Fee Schedule	\$3,919.53
52000	CYSTOURETHROSCOPY	Y	-	1/1/2025	Fee Schedule	\$315.93
52001	CYSTO W/IRRG&EVAC MLT CLOTS	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52005	CYSTO W/URTRL CATHJ	Y	-	1/1/2025	Fee Schedule	\$959.88
52007	CYSTO URTRL CATHJ BRUSH BX	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52010	CYSTOSCOPY & DUCT CATHETER	Y	-	1/1/2025	Fee Schedule	\$315.93
52204	CYSTOSCOPY W/BIOPSY(S)	Y	-	1/1/2025	Fee Schedule	\$959.88
52214	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52224	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52234	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52235	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52240	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2025	Fee Schedule	\$2,521.60
52250	CYSTOSCOPY AND RADIOTRACER	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52260	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2025	Fee Schedule	\$959.88
52265	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2025	Fee Schedule	\$230.31
52270	CYSTOSCOPY & REVISE URETHRA	Y	-	1/1/2025	Fee Schedule	\$959.88
52275	CYSTOSCOPY & REVISE URETHRA	Y	-	1/1/2025	Fee Schedule	\$959.88
52276	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2025	Fee Schedule	\$959.88
52277	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52281	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2025	Fee Schedule	\$959.88
52282	CYSTOSCOPY IMPLANT STENT	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52283	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2025	Fee Schedule	\$959.88
52284	CYSTO RX BALO CATH URTL STRX	Y	-	1/1/2025	Fee Schedule	\$3,315.70
52285	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2025	Fee Schedule	\$315.93
52287	CYSTOSCOPY CHEMODENERVATION	Y	-	1/1/2025	Fee Schedule	\$959.88
52290	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2025	Fee Schedule	\$959.88

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
52300	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52301	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52305	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2025	Fee Schedule	\$2,521.60
52310	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2025	Fee Schedule	\$959.88
52315	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2025	Fee Schedule	\$959.88
52317	REMOVE BLADDER STONE	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52318	REMOVE BLADDER STONE	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52320	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52325	CYSTOSCOPY STONE REMOVAL	Y	-	1/1/2025	Fee Schedule	\$2,521.60
52327	CYSTOSCOPY INJECT MATERIAL	Y	-	1/1/2025	Fee Schedule	\$3,564.37
52330	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52332	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52334	CREATE PASSAGE TO KIDNEY	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52341	CYSTO W/URETER STRICTURE TX	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52342	CYSTO W/UP STRICTURE TX	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52343	CYSTO W/RENAL STRICTURE TX	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52344	CYSTO/URETERO STRICTURE TX	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52345	CYSTO/URETERO W/UP STRICTURE	Y	-	1/1/2025	Fee Schedule	\$2,107.20
52346	CYSTOURETERO W/RENAL STRICT	Y	-	1/1/2025	Fee Schedule	\$2,521.60
52351	CYSTOURETERO & OR PYELOSCOPE	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52352	CYSTOURETERO W/STONE REMOVE	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52353	CYSTOURETERO W/LITHOTRIPSY	Y	-	1/1/2025	Fee Schedule	\$2,521.60
52354	CYSTOURETERO W/BIOPSY	Y	-	1/1/2025	Fee Schedule	\$2,521.60
52355	CYSTOURETERO W/EXCISE TUMOR	Y	-	1/1/2025	Fee Schedule	\$2,521.60
52356	CYSTO/URETERO W/LITHOTRIPSY	Y	-	1/1/2025	Fee Schedule	\$2,521.60
52400	CYSTOURETERO W/CONGEN REPR	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52402	CYSTOURETHRO CUT EJACUL DUCT	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52450	INCISION OF PROSTATE	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52500	REVISION OF BLADDER NECK	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52601	PROSTATECTOMY (TURP)	Y	-	1/1/2025	Fee Schedule	\$2,521.60
52630	REMOVE PROSTATE REGROWTH	Y	-	1/1/2025	Fee Schedule	\$2,521.60
52640	RELIEVE BLADDER CONTRACTURE	Y	-	1/1/2025	Fee Schedule	\$1,655.31
52647	LASER SURGERY OF PROSTATE	Y	-	1/1/2025	Fee Schedule	\$2,521.60
52648	LASER SURGERY OF PROSTATE	Y	-	1/1/2025	Fee Schedule	\$2,521.60
52649	PROSTATE LASER ENUCLEATION	Y	-	1/1/2025	Fee Schedule	\$2,521.60
52700	DRAINAGE OF PROSTATE ABSCESS	Y	-	1/1/2025	Fee Schedule	\$1,655.31
53000	INCISION OF URETHRA	Y	-	1/1/2025	Fee Schedule	\$959.88
53010	INCISION OF URETHRA	Y	-	1/1/2025	Fee Schedule	\$2,521.60
53020	INCISION OF URETHRA	Y	-	1/1/2025	Fee Schedule	\$959.88
53025	INCISION OF URETHRA	Y	-	1/1/2025	Fee Schedule	\$959.88
53040	DRAINAGE OF URETHRA ABSCESS	Y	-	1/1/2025	Fee Schedule	\$1,655.31
53060	DRAINAGE OF URETHRA ABSCESS	Y	-	1/1/2025	Fee Schedule	\$83.45
53080	DRAINAGE OF URINARY LEAKAGE	Y	-	1/1/2025	Fee Schedule	\$315.93
53085	DRAINAGE OF URINARY LEAKAGE	Y	-	1/1/2025	Fee Schedule	\$959.88
53200	BIOPSY OF URETHRA	Y	-	1/1/2025	Fee Schedule	\$959.88
53210	REMOVAL OF URETHRA	Y	-	1/1/2025	Fee Schedule	\$1,655.31
53215	REMOVAL OF URETHRA	Y	-	1/1/2025	Fee Schedule	\$2,521.60
53220	TREATMENT OF URETHRA LESION	Y	-	1/1/2025	Fee Schedule	\$1,655.31
53230	REMOVAL OF URETHRA LESION	Y	-	1/1/2025	Fee Schedule	\$2,521.60
53235	REMOVAL OF URETHRA LESION	Y	-	1/1/2025	Fee Schedule	\$2,521.60
53240	SURGERY FOR URETHRA POUCH	Y	-	1/1/2025	Fee Schedule	\$1,655.31

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
53250	REMOVAL OF URETHRA GLAND	Y	-	1/1/2025	Fee Schedule	\$1,655.31
53260	TREATMENT OF URETHRA LESION	Y	-	1/1/2025	Fee Schedule	\$1,655.31
53265	TREATMENT OF URETHRA LESION	Y	-	1/1/2025	Fee Schedule	\$959.88
53270	REMOVAL OF URETHRA GLAND	Y	-	1/1/2025	Fee Schedule	\$1,655.31
53275	REPAIR OF URETHRA DEFECT	Y	-	1/1/2025	Fee Schedule	\$1,655.31
53400	REVISE URETHRA STAGE 1	Y	-	1/1/2025	Fee Schedule	\$2,521.60
53405	REVISE URETHRA STAGE 2	Y	-	1/1/2025	Fee Schedule	\$2,521.60
53410	RECONSTRUCTION OF URETHRA	Y	-	1/1/2025	Fee Schedule	\$2,521.60
53420	RECONSTRUCT URETHRA STAGE 1	Y	-	1/1/2025	Fee Schedule	\$2,521.60
53425	RECONSTRUCT URETHRA STAGE 2	Y	-	1/1/2025	Fee Schedule	\$2,521.60
53430	RECONSTRUCTION OF URETHRA	Y	-	1/1/2025	Fee Schedule	\$2,521.60
53431	RECONSTRUCT URETHRA/BLADDER	Y	-	1/1/2025	Fee Schedule	\$2,521.60
53440	MALE SLING PROCEDURE	Y	-	1/1/2025	Fee Schedule	\$10,676.17
53442	REMOVE/REVISE MALE SLING	Y	-	1/1/2025	Fee Schedule	\$3,226.06
53444	INSERT TANDEM CUFF	Y	-	1/1/2025	Fee Schedule	\$16,867.09
53445	INSERT URO/VES NCK SPHINCTER	Y	-	1/1/2025	Fee Schedule	\$17,289.53
53446	REMOVE URO SPHINCTER	-	-	1/1/2025	Fee Schedule	\$2,521.60
53447	REMOVE/REPLACE UR SPHINCTER	Y	-	1/1/2025	Fee Schedule	\$16,976.17
53449	REPAIR URO SPHINCTER	Y	-	1/1/2025	Fee Schedule	\$4,779.70
53450	REVISION OF URETHRA	Y	-	1/1/2025	Fee Schedule	\$1,655.31
53451	TPRNL BALO CNTNC DEV BI	Y	-	1/1/2025	Fee Schedule	\$10,921.86
53452	TPRNL BALO CNTNC DEV UNI	Y	-	1/1/2025	Fee Schedule	\$7,201.25
53453	TPRNL BALO CNTNC DEV RMVL EA	Y	-	1/1/2025	Fee Schedule	\$1,655.31
53454	TPRNL BALO CNTNC DEV ADJMT	Y	-	1/1/2025	Fee Schedule	\$130.70
53460	REVISION OF URETHRA	Y	-	1/1/2025	Fee Schedule	\$1,655.31
53500	URETHRLYS TRANSVAG W/ SCOPE	-	-	1/1/2022	Not Allowed	\$0.00
53502	REPAIR OF URETHRA INJURY	Y	-	1/1/2025	Fee Schedule	\$1,655.31
53505	REPAIR OF URETHRA INJURY	Y	-	1/1/2025	Fee Schedule	\$2,521.60
53510	REPAIR OF URETHRA INJURY	Y	-	1/1/2025	Fee Schedule	\$2,521.60
53515	REPAIR OF URETHRA INJURY	Y	-	1/1/2025	Fee Schedule	\$2,521.60
53520	REPAIR OF URETHRA DEFECT	Y	-	1/1/2025	Fee Schedule	\$2,521.60
53600	DILATE URETHRA STRICTURE	Y	-	1/1/2025	Fee Schedule	\$42.05
53601	DILATE URETHRA STRICTURE	-	-	7/1/2018	No Separate Payment	\$0.00
53605	DILATE URETHRA STRICTURE	Y	-	1/1/2025	Fee Schedule	\$1,655.31
53620	DILATE URETHRA STRICTURE	Y	-	1/1/2025	Fee Schedule	\$103.19
53621	DILATE URETHRA STRICTURE	Y	-	1/1/2025	Fee Schedule	\$106.42
53660	DILATION OF URETHRA	-	-	1/1/2025	Fee Schedule	\$47.87
53661	DILATION OF URETHRA	-	-	7/1/2018	No Separate Payment	\$0.00
53665	DILATION OF URETHRA	Y	-	1/1/2025	Fee Schedule	\$959.88
53850	PROSTATIC MICROWAVE THERMOTX	Y	-	1/1/2025	Fee Schedule	\$1,122.42
53852	PROSTATIC RF THERMOTX	Y	-	1/1/2025	Fee Schedule	\$1,074.23
53854	TRURL DSTRJ PRST8 TISS RF WV	Y	-	1/1/2025	Fee Schedule	\$1,336.23
53855	INSERT PROST URETHRAL STENT	Y	-	1/1/2025	Fee Schedule	\$1,456.70
53860	TRANSURETHRAL RF TREATMENT	Y	-	1/1/2025	Fee Schedule	\$959.88
53865	CYSTO INSJ DEV ISCHMC RMDLG	Y	-	1/1/2025	Fee Schedule	\$7,404.15
53866	CATHJ RMVL DEV ISCHMC RMDLG	Y	-	1/1/2025	Fee Schedule	\$83.13
54000	SLITTING OF PREPUCE	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54001	SLITTING OF PREPUCE	Y	-	1/1/2025	Fee Schedule	\$959.88
54015	DRAIN PENIS LESION	Y	-	1/1/2025	Fee Schedule	\$708.28
54050	DESTRUCTION PENIS LESION(S)	-	-	7/1/2018	No Separate Payment	\$0.00
54055	DESTRUCTION PENIS LESION(S)	Y	-	1/1/2025	Fee Schedule	\$90.89

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
54056	CRYOSURGERY PENIS LESION(S)	-	-	7/1/2018	No Separate Payment	\$0.00
54057	LASER SURG PENIS LESION(S)	Y	-	1/1/2025	Fee Schedule	\$981.09
54060	EXCISION OF PENIS LESION(S)	Y	-	1/1/2025	Fee Schedule	\$981.09
54065	DESTRUCTION PENIS LESION(S)	Y	-	1/1/2025	Fee Schedule	\$981.09
54100	BIOPSY OF PENIS	Y	-	1/1/2025	Fee Schedule	\$708.28
54105	BIOPSY OF PENIS	Y	-	1/1/2025	Fee Schedule	\$1,201.90
54110	TREATMENT OF PENIS LESION	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54111	TREAT PENIS LESION GRAFT	Y	-	1/1/2025	Fee Schedule	\$2,521.60
54112	TREAT PENIS LESION GRAFT	Y	-	1/1/2025	Fee Schedule	\$4,779.70
54115	TREATMENT OF PENIS LESION	Y	-	1/1/2025	Fee Schedule	\$1,201.90
54120	PARTIAL REMOVAL OF PENIS	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54150	CIRCUMCISION W/REGIONL BLOCK	Y	-	1/1/2025	Fee Schedule	\$959.88
54160	CIRCUMCISION NEONATE	Y	-	1/1/2025	Fee Schedule	\$315.93
54161	CIRCUM 28 DAYS OR OLDER	Y	-	1/1/2025	Fee Schedule	\$959.88
54162	LYSIS PENIL CIRCUMIC LESION	Y	-	1/1/2025	Fee Schedule	\$959.88
54163	REPAIR OF CIRCUMCISION	Y	-	1/1/2025	Fee Schedule	\$959.88
54164	FRENULOTOMY OF PENIS	Y	-	1/1/2025	Fee Schedule	\$959.88
54200	INJECTION PX PEYRONIE DS	Y	-	1/1/2025	Fee Schedule	\$74.07
54205	NJX PX PEYRONIE DS EXPS PLAQ	Y	-	1/1/2025	Fee Schedule	\$2,521.60
54220	IRRG CRPRA CAVRNOSA PRIAPISM	Y	-	1/1/2025	Fee Schedule	\$130.70
54230	NJX CORPORA CAVERNOSOGRAPY	-	-	7/1/2018	Not Allowed	\$0.00
54231	DYNAMIC CAVERNOSOMETRY	-	-	4/1/2024	Not Allowed	\$0.00
54235	NJX CORPORA CAVERNOSA RX AGT	-	-	4/1/2024	Not Allowed	\$0.00
54240	PENILE PLETHYSMOGRAPHY	-	-	4/1/2024	Not Allowed	\$0.00
54250	NCTRNL PEN TMSCN&/RGDITY TST	-	-	4/1/2024	Not Allowed	\$0.00
54300	REVISION OF PENIS	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54304	REVISION OF PENIS	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54308	RECONSTRUCTION OF URETHRA	Y	-	1/1/2025	Fee Schedule	\$2,521.60
54312	RECONSTRUCTION OF URETHRA	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54316	RECONSTRUCTION OF URETHRA	Y	-	1/1/2025	Fee Schedule	\$4,779.70
54318	RECONSTRUCTION OF URETHRA	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54322	RECONSTRUCTION OF URETHRA	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54324	RECONSTRUCTION OF URETHRA	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54326	RECONSTRUCTION OF URETHRA	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54328	REVISE PENIS/URETHRA	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54332	REVISE PENIS/URETHRA	-	-	1/1/2022	Not Allowed	\$0.00
54336	REVISE PENIS/URETHRA	-	-	1/1/2022	Not Allowed	\$0.00
54340	RPR HYPSPAD COMP SIMPLE	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54344	RRP HYPSPAD COMP MOBLJ&URTP	Y	-	1/1/2025	Fee Schedule	\$4,779.70
54348	RPR HYPSPAD COMP DSJ & URTP	Y	-	1/1/2025	Fee Schedule	\$2,521.60
54352	REVJ PRIOR HYPSPAD REPAIR	Y	-	1/1/2025	Fee Schedule	\$2,521.60
54360	PENIS PLASTIC SURGERY	Y	Y	1/1/2025	Fee Schedule	\$1,655.31
54380	REPAIR PENIS	Y	-	1/1/2025	Fee Schedule	\$959.88
54385	REPAIR PENIS	Y	-	1/1/2025	Fee Schedule	\$959.88
54400	INSERT SEMI-RIGID PROSTHESIS	-	-	4/1/2024	Not Allowed	\$0.00
54401	INSERT SELF-CONTD PROSTHESIS	-	-	4/1/2024	Not Allowed	\$0.00
54405	INSERT MULTI-COMP PENIS PROS	-	-	4/1/2024	Not Allowed	\$0.00
54406	REMOVE MUTI-COMP PENIS PROS	-	-	4/1/2024	Not Allowed	\$0.00
54408	REPAIR MULTI-COMP PENIS PROS	-	-	4/1/2024	Not Allowed	\$0.00
54410	REMOVE/REPLACE PENIS PROSTH	-	-	4/1/2024	Not Allowed	\$0.00
54411	REMOV/REPLC PENIS PROS COMP	-	-	1/1/2022	Not Allowed	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
54415	REMOVE SELF-CONTD PENIS PROS	-	-	4/1/2024	Not Allowed	\$0.00
54416	REMOV/REPL PENIS CONTAIN PROS	-	-	4/1/2024	Not Allowed	\$0.00
54417	REMOV/REPLC PENIS PROS COMPL	-	-	1/1/2022	Not Allowed	\$0.00
54420	REVISION OF PENIS	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54435	REVISION OF PENIS	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54437	REPAIR CORPOREAL TEAR	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54440	REPAIR OF PENIS	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54450	PREPUTIAL STRETCHING	Y	-	1/1/2025	Fee Schedule	\$130.70
54500	BIOPSY OF TESTIS	Y	-	1/1/2025	Fee Schedule	\$1,201.90
54505	BIOPSY OF TESTIS	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54512	EXCISE LESION TESTIS	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54520	REMOVAL OF TESTIS	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54522	ORCHIECTOMY PARTIAL	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54530	REMOVAL OF TESTIS	Y	-	1/1/2025	Fee Schedule	\$1,685.17
54535	EXTENSIVE TESTIS SURGERY	-	-	1/1/2022	Not Allowed	\$0.00
54550	EXPLORATION FOR TESTIS	Y	-	1/1/2025	Fee Schedule	\$1,685.17
54560	EXPLORATION FOR TESTIS	Y	-	1/1/2025	Fee Schedule	\$959.88
54600	REDUCE TESTIS TORSION	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54620	SUSPENSION OF TESTIS	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54640	ORCHIOPEXY INGUN/SCROT APPR	Y	-	1/1/2025	Fee Schedule	\$1,685.17
54650	ORCHIOPEXY (FOWLER-STEPHENS)	Y	-	1/1/2025	Fee Schedule	\$1,685.17
54660	REVISION OF TESTIS	Y	-	1/1/2025	Fee Schedule	\$3,410.55
54670	REPAIR TESTIS INJURY	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54680	RELOCATION OF TESTIS(ES)	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54690	LAPAROSCOPY ORCHIECTOMY	Y	-	1/1/2025	Fee Schedule	\$2,860.32
54692	LAPAROSCOPY ORCHIOPEXY	Y	-	1/1/2025	Fee Schedule	\$2,860.32
54700	DRAINAGE OF SCROTUM	Y	-	1/1/2025	Fee Schedule	\$959.88
54800	BIOPSY OF EPIDIDYMIS	Y	-	1/1/2025	Fee Schedule	\$708.28
54830	REMOVE EPIDIDYMIS LESION	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54840	REMOVE EPIDIDYMIS LESION	Y	-	1/1/2025	Fee Schedule	\$959.88
54860	REMOVAL OF EPIDIDYMIS	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54861	REMOVAL OF EPIDIDYMIS	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54865	EXPLORE EPIDIDYMIS	Y	-	1/1/2025	Fee Schedule	\$1,655.31
54900	FUSION OF SPERMATIC DUCTS	Y	-	1/1/2025	Fee Schedule	\$959.88
54901	FUSION OF SPERMATIC DUCTS	Y	-	1/1/2025	Fee Schedule	\$1,655.31
55000	DRAINAGE OF HYDROCELE	Y	-	1/1/2025	Fee Schedule	\$64.69
55040	REMOVAL OF HYDROCELE	Y	-	1/1/2025	Fee Schedule	\$1,685.17
55041	REMOVAL OF HYDROCELES	Y	-	1/1/2025	Fee Schedule	\$1,685.17
55060	REPAIR OF HYDROCELE	Y	-	1/1/2025	Fee Schedule	\$1,655.31
55100	DRAINAGE OF SCROTUM ABSCESS	Y	-	1/1/2025	Fee Schedule	\$708.28
55110	EXPLORE SCROTUM	Y	-	1/1/2025	Fee Schedule	\$1,655.31
55120	REMOVAL OF SCROTUM LESION	Y	-	1/1/2025	Fee Schedule	\$959.88
55150	REMOVAL OF SCROTUM	Y	-	1/1/2025	Fee Schedule	\$1,655.31
55175	REVISION OF SCROTUM	Y	-	1/1/2025	Fee Schedule	\$1,655.31
55180	REVISION OF SCROTUM	Y	-	1/1/2025	Fee Schedule	\$2,521.60
55200	INCISION OF SPERM DUCT	Y	-	1/1/2025	Fee Schedule	\$1,655.31
55250	REMOVAL OF SPERM DUCT(S)	Y	-	1/1/2025	Fee Schedule	\$959.88
55300	PREPARE SPERM DUCT X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
55400	REPAIR OF SPERM DUCT	Y	-	1/1/2025	Fee Schedule	\$1,655.31
55500	REMOVAL OF HYDROCELE	Y	-	1/1/2025	Fee Schedule	\$1,655.31
55520	REMOVAL OF SPERM CORD LESION	Y	-	1/1/2025	Fee Schedule	\$1,655.31

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

Montana Healthcare Programs Fee Schedule

ASC Covered Surgical and Ancillary Services

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
55530	REVISE SPERMATIC CORD VEINS	Y	-	1/1/2025	Fee Schedule	\$1,655.31
55535	REVISE SPERMATIC CORD VEINS	Y	-	1/1/2025	Fee Schedule	\$3,171.15
55540	REVISE HERNIA & SPERM VEINS	Y	-	1/1/2025	Fee Schedule	\$1,685.17
55550	LAPARO LIGATE SPERMATIC VEIN	Y	-	1/1/2025	Fee Schedule	\$2,860.32
55600	VESICULOTOMY	Y	-	1/1/2025	Fee Schedule	\$959.88
55680	REMOVE SPERM POUCH LESION	Y	-	1/1/2025	Fee Schedule	\$1,655.31
55700	BIOPSY OF PROSTATE	Y	-	1/1/2025	Fee Schedule	\$959.88
55705	BIOPSY OF PROSTATE	Y	-	1/1/2025	Fee Schedule	\$1,655.31
55706	PROSTATE SATURATION SAMPLING	Y	-	1/1/2025	Fee Schedule	\$1,655.31
55720	DRAINAGE OF PROSTATE ABSCESS	Y	-	1/1/2025	Fee Schedule	\$1,655.31
55725	DRAINAGE OF PROSTATE ABSCESS	Y	-	1/1/2025	Fee Schedule	\$1,655.31
55860	SURGICAL EXPOSURE PROSTATE	Y	-	1/1/2025	Fee Schedule	\$2,521.60
55866	LAPS SURG PRST8ECT RPBIC RAD	-	-	1/1/2022	Not Allowed	\$0.00
55870	ELECTROEJACULATION	-	-	4/1/2024	Not Allowed	\$0.00
55873	CRYOABLATE PROSTATE	Y	-	1/1/2025	Fee Schedule	\$6,920.83
55874	TPRNL PLMT BIODEGRDABL MATRL	Y	-	1/1/2025	Fee Schedule	\$3,903.77
55875	TRANSPERI NEEDLE PLACE PROS	Y	-	1/1/2025	Fee Schedule	\$2,521.60
55876	PLACE RT DEVICE/MARKER PROS	-	-	1/1/2025	Fee Schedule	\$962.09
55880	ABLTJ MAL PRST8 TISS HIFU	Y	-	1/1/2025	Fee Schedule	\$4,779.70
55882	ABLT TRURL PRST8 TIS TRNSDCR	Y	-	1/1/2025	Fee Schedule	\$10,727.55
55920	PLACE NEEDLES PELVIC FOR RT	Y	-	1/1/2025	Fee Schedule	\$2,225.58
55970	SEX TRANSFORMATION M TO F	-	-	7/1/2021	Not Allowed	\$0.00
55980	SEX TRANSFORMATION F TO M	-	-	7/1/2021	Not Allowed	\$0.00
56405	I & D OF VULVA/PERINEUM	Y	-	1/1/2025	Fee Schedule	\$84.75
56420	DRAINAGE OF GLAND ABSCESS	Y	-	1/1/2025	Fee Schedule	\$108.77
56440	MRSPLZATN BRTHLNS GLND CST	Y	-	1/1/2025	Fee Schedule	\$1,674.26
56441	LYSIS OF LABIAL ADHESIONS	Y	-	1/1/2025	Fee Schedule	\$1,674.26
56442	HYMENOTOMY	Y	-	1/1/2025	Fee Schedule	\$1,674.26
56501	DESTROY VULVA LESIONS SIM	Y	-	1/1/2025	Fee Schedule	\$126.47
56515	DESTROY VULVA LESION/S COMPL	Y	-	1/1/2025	Fee Schedule	\$981.09
56605	BIOPSY OF VULVA/PERINEUM	Y	-	1/1/2025	Fee Schedule	\$51.75
56606	BIOPSY OF VULVA/PERINEUM	-	-	7/1/2018	No Separate Payment	\$0.00
56620	VULVECTOMY SIMPLE PARTIAL	Y	-	1/1/2025	Fee Schedule	\$1,674.26
56625	VULVECTOMY SIMPLE COMPLETE	Y	-	1/1/2025	Fee Schedule	\$1,674.26
56700	PRTL HYMNCTMY/REVJ HYMNL RNG	Y	-	1/1/2025	Fee Schedule	\$1,674.26
56740	EXC BARTHOLINS GLAND/CYST	Y	-	1/1/2025	Fee Schedule	\$1,674.26
56800	PLASTIC REPAIR INTROITUS	Y	-	1/1/2025	Fee Schedule	\$1,674.26
56805	CLITOROPLASTY INTERSEX STATE	Y	-	1/1/2025	Fee Schedule	\$1,674.26
56810	PERINEOPLASTY RPR PER NONOB	Y	-	1/1/2025	Fee Schedule	\$1,674.26
56820	COLPOSCOPY VULVA	Y	-	1/1/2025	Fee Schedule	\$65.66
56821	COLPOSCOPY VULVA W/BIOPSY	Y	-	1/1/2025	Fee Schedule	\$85.39
57000	COLPOTOMY W/EXPLORATION	Y	-	1/1/2025	Fee Schedule	\$1,674.26
57010	COLPOTOMY DRG PEL ABSCESS	Y	-	1/1/2025	Fee Schedule	\$1,674.26
57020	COLPOCENTESIS SEP PX	Y	-	1/1/2025	Fee Schedule	\$2,225.58
57022	I&D VAGINAL HEMATOMA OB/PP	Y	-	1/1/2025	Fee Schedule	\$1,201.90
57023	I&D VAGINAL HEMATOMA NON-OB	Y	-	1/1/2025	Fee Schedule	\$1,201.90
57061	DESTRUCTION VAG LESIONS SMPL	Y	-	1/1/2025	Fee Schedule	\$112.57
57065	DESTRUCTION VAG LESION XTNSV	Y	-	1/1/2025	Fee Schedule	\$1,674.26
57100	BIOPSY VAGINAL MUCOSA SIMPLE	Y	-	1/1/2025	Fee Schedule	\$54.99
57105	BIOPSY VAGINAL MUCOSA XTNSV	Y	-	1/1/2025	Fee Schedule	\$1,674.26
57106	VAGNC PRTL RMVL VAG WALL	-	-	1/1/2022	Not Allowed	\$0.00

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Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **April 1, 2025**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
57107	VAGNC COMPL RMVL PARAVAG TIS	-	-	1/1/2022	Not Allowed	\$0.00
57109	VAGNC BI TOTAL PEL LYMPHADEC	-	-	1/1/2022	Not Allowed	\$0.00
57120	COLPOCLEISIS LE FORT TYPE	Y	-	1/1/2025	Fee Schedule	\$2,225.58
57130	EXCISION VAGINAL SEPTUM	Y	-	1/1/2025	Fee Schedule	\$1,674.26
57135	EXCISION VAGINAL CYST/TUMOR	Y	-	1/1/2025	Fee Schedule	\$1,674.26
57150	TREAT VAGINA INFECTION	-	-	7/1/2018	No Separate Payment	\$0.00
57155	INSERT UTERI TANDEM/OVOIDS	Y	-	1/1/2025	Fee Schedule	\$2,225.58
57156	INS VAG BRACHYTX DEVICE	Y	-	1/1/2025	Fee Schedule	\$163.08
57160	INSERT PESSARY/OTHER DEVICE	Y	-	1/1/2025	Fee Schedule	\$38.49
57170	FITTING OF DIAPHRAGM/CAP	Y	-	1/1/2025	Fee Schedule	\$40.43
57180	TREAT VAGINAL BLEEDING	Y	-	1/1/2025	Fee Schedule	\$108.77
57200	REPAIR OF VAGINA	Y	-	1/1/2025	Fee Schedule	\$1,674.26
57210	REPAIR VAGINA/PERINEUM	Y	-	1/1/2025	Fee Schedule	\$1,674.26
57220	REVISION OF URETHRA	Y	-	1/1/2025	Fee Schedule	\$2,225.58
57230	REPAIR OF URETHRAL LESION	Y	-	1/1/2025	Fee Schedule	\$1,674.26
57240	ANTERIOR COLPORRHAPHY	Y	-	1/1/2025	Fee Schedule	\$2,225.58
57250	REPAIR RECTUM & VAGINA	Y	-	1/1/2025	Fee Schedule	\$2,225.58
57260	CMBN ANT PST COLPRHY	Y	-	1/1/2025	Fee Schedule	\$2,225.58
57265	CMBN AP COLPRHY W/NTRCL RPR	Y	-	1/1/2025	Fee Schedule	\$2,225.58
57267	INSERT MESH/PELVIC FLR ADDON	-	-	7/1/2018	No Separate Payment	\$0.00
57268	REPAIR OF BOWEL BULGE	Y	-	1/1/2025	Fee Schedule	\$2,225.58
57282	COLPOPEXY EXTRAPERITONEAL	Y	-	1/1/2025	Fee Schedule	\$3,121.37
57283	COLPOPEXY INTRAPERITONEAL	Y	-	1/1/2025	Fee Schedule	\$3,121.37
57284	REPAIR PARAVAG DEFECT OPEN	-	-	1/1/2022	Not Allowed	\$0.00
57285	REPAIR PARAVAG DEFECT VAG	-	-	1/1/2022	Not Allowed	\$0.00
57287	REVISE/REMOVE SLING REPAIR	-	-	1/1/2025	Fee Schedule	\$1,674.26
57288	REPAIR BLADDER DEFECT	Y	-	1/1/2025	Fee Schedule	\$2,886.71
57289	REPAIR BLADDER & VAGINA	Y	-	1/1/2025	Fee Schedule	\$3,121.37
57291	CONSTRUCTION OF VAGINA	-	-	4/1/2024	Not Allowed	\$0.00
57292	CONSTRUCT VAGINA WITH GRAFT	-	-	1/1/2022	Not Allowed	\$0.00
57295	REVISE VAG GRAFT VIA VAGINA	Y	-	1/1/2025	Fee Schedule	\$1,674.26
57300	REPAIR RECTUM-VAGINA FISTULA	Y	-	1/1/2025	Fee Schedule	\$1,674.26
57310	REPAIR URETHROVAGINAL LESION	Y	-	1/1/2025	Fee Schedule	\$3,121.37
57320	REPAIR BLADDER-VAGINA LESION	Y	-	1/1/2025	Fee Schedule	\$2,225.58
57330	REPAIR BLADDER-VAGINA LESION	-	-	1/1/2022	Not Allowed	\$0.00
57335	REPAIR VAGINA	-	-	1/1/2022	Not Allowed	\$0.00
57400	DILATION OF VAGINA	Y	-	1/1/2025	Fee Schedule	\$1,674.26
57410	PELVIC EXAMINATION	Y	-	1/1/2025	Fee Schedule	\$1,674.26
57415	REMOVE VAGINAL FOREIGN BODY	Y	-	1/1/2025	Fee Schedule	\$1,674.26
57420	EXAM OF VAGINA W/SCOPE	Y	-	1/1/2025	Fee Schedule	\$69.22
57421	EXAM/BIOPSY OF VAG W/SCOPE	Y	-	1/1/2025	Fee Schedule	\$89.28
57423	REPAIR PARAVAG DEFECT LAP	-	-	1/1/2022	Not Allowed	\$0.00
57425	LAPAROSCOPY SURG COLPOPEXY	Y	-	1/1/2025	Fee Schedule	\$4,896.00
57426	REVISE PROSTH VAG GRAFT LAP	Y	-	1/1/2025	Fee Schedule	\$3,121.37
57452	EXAM OF CERVIX W/SCOPE	Y	-	1/1/2025	Fee Schedule	\$66.63
57454	BX/CURETT OF CERVIX W/SCOPE	Y	-	1/1/2025	Fee Schedule	\$76.01
57455	BIOPSY OF CERVIX W/SCOPE	Y	-	1/1/2025	Fee Schedule	\$81.84
57456	ENDOCERV CURETTAGE W/SCOPE	Y	-	1/1/2025	Fee Schedule	\$77.96
57460	BX OF CERVIX W/SCOPE LEEP	Y	-	1/1/2025	Fee Schedule	\$191.49
57461	CONZ OF CERVIX W/SCOPE LEEP	Y	-	1/1/2025	Fee Schedule	\$204.75
57500	BIOPSY OF CERVIX	Y	-	1/1/2025	Fee Schedule	\$100.92

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
57505	ENDOCERVICAL CURETTAGE	Y	-	1/1/2025	Fee Schedule	\$103.51
57510	CAUTERIZATION OF CERVIX	Y	-	1/1/2025	Fee Schedule	\$89.28
57511	CRYOCAUTERY OF CERVIX	Y	-	1/1/2025	Fee Schedule	\$118.39
57513	LASER SURGERY OF CERVIX	Y	-	1/1/2025	Fee Schedule	\$1,674.26
57520	CONIZATION OF CERVIX	Y	-	1/1/2025	Fee Schedule	\$1,674.26
57522	CONIZATION OF CERVIX	Y	-	1/1/2025	Fee Schedule	\$1,674.26
57530	REMOVAL OF CERVIX	Y	-	1/1/2025	Fee Schedule	\$2,225.58
57550	REMOVAL OF RESIDUAL CERVIX	Y	-	1/1/2025	Fee Schedule	\$2,225.58
57555	REMOVE CERVIX/REPAIR VAGINA	-	-	1/1/2022	Not Allowed	\$0.00
57556	REMOVE CERVIX REPAIR BOWEL	Y	-	1/1/2025	Fee Schedule	\$2,225.58
57558	D&C OF CERVICAL STUMP	Y	-	1/1/2025	Fee Schedule	\$1,674.26
57700	REVISION OF CERVIX	Y	-	1/1/2025	Fee Schedule	\$1,674.26
57720	REVISION OF CERVIX	Y	-	1/1/2025	Fee Schedule	\$1,674.26
57800	DILATION OF CERVICAL CANAL	Y	-	1/1/2025	Fee Schedule	\$45.93
58100	BIOPSY OF UTERUS LINING	Y	-	1/1/2025	Fee Schedule	\$51.75
58110	BX DONE W/COLPOSCOPY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
58120	DILATION AND CURETTAGE	Y	-	1/1/2025	Fee Schedule	\$1,674.26
58145	MYOMECTOMY VAG METHOD	Y	-	1/1/2025	Fee Schedule	\$1,674.26
58260	VAGINAL HYSTERECTOMY	Y	-	1/1/2025	Fee Schedule	\$2,225.58
58262	VAG HYST INCLUDING T/O	Y	-	1/1/2025	Fee Schedule	\$2,225.58
58263	VAG HYST W/T/O & VAG REPAIR	-	-	1/1/2022	Not Allowed	\$0.00
58270	VAG HYST W/ENTEROCELE REPAIR	-	-	1/1/2022	Not Allowed	\$0.00
58290	VAG HYST COMPLEX	-	-	1/1/2022	Not Allowed	\$0.00
58291	VAG HYST INCL T/O COMPLEX	-	-	1/1/2022	Not Allowed	\$0.00
58292	VAG HYST T/O & REPAIR COMPL	-	-	1/1/2022	Not Allowed	\$0.00
58294	VAG HYST W/ENTEROCELE COMPL	-	-	1/1/2022	Not Allowed	\$0.00
58301	REMOVE INTRAUTERINE DEVICE	-	-	1/1/2025	Fee Schedule	\$58.22
58321	ARTIFICIAL INSEMINATION	-	-	4/1/2024	Not Allowed	\$0.00
58322	ARTIFICIAL INSEMINATION	-	-	4/1/2024	Not Allowed	\$0.00
58323	SPERM WASHING	-	-	4/1/2024	Not Allowed	\$0.00
58340	CATHETER FOR HYSTEROGRAPHY	-	-	7/1/2018	No Separate Payment	\$0.00
58345	REOPEN FALLOPIAN TUBE	-	-	4/1/2024	Not Allowed	\$0.00
58346	INSERT HEYMAN UTERI CAPSULE	Y	-	1/1/2025	Fee Schedule	\$2,225.58
58350	REOPEN FALLOPIAN TUBE	Y	-	1/1/2025	Fee Schedule	\$2,225.58
58353	ENDOMETR ABLATE THERMAL	Y	-	1/1/2025	Fee Schedule	\$2,225.58
58356	ENDOMETRIAL CRYOABLATION	Y	-	1/1/2025	Fee Schedule	\$1,300.65
58541	LSH UTERUS 250 G OR LESS	Y	-	1/1/2025	Fee Schedule	\$4,896.00
58542	LSH W/T/O UT 250 G OR LESS	Y	-	1/1/2025	Fee Schedule	\$4,896.00
58543	LSH UTERUS ABOVE 250 G	Y	-	1/1/2025	Fee Schedule	\$4,896.00
58544	LSH W/T/O UTERUS ABOVE 250 G	Y	-	1/1/2025	Fee Schedule	\$4,896.00
58545	LAPAROSCOPIC MYOMECTOMY	Y	-	1/1/2025	Fee Schedule	\$2,860.32
58546	LAPARO-MYOMECTOMY COMPLEX	Y	-	1/1/2025	Fee Schedule	\$4,896.00
58550	LAPARO-ASST VAG HYSTERECTOMY	Y	-	1/1/2025	Fee Schedule	\$2,860.32
58552	LAPARO-VAG HYST INCL T/O	Y	-	1/1/2025	Fee Schedule	\$4,896.00
58553	LAPARO-VAG HYST COMPLEX	Y	-	1/1/2025	Fee Schedule	\$4,896.00
58554	LAPARO-VAG HYST W/T/O COMPL	Y	-	1/1/2025	Fee Schedule	\$4,896.00
58555	HYSTEROSCOPY DX SEP PROC	Y	-	1/1/2025	Fee Schedule	\$1,674.26
58558	HYSTEROSCOPY BIOPSY	Y	-	1/1/2025	Fee Schedule	\$1,674.26
58559	HYSTEROSCOPY LYSIS	Y	-	1/1/2025	Fee Schedule	\$2,225.58
58560	HYSTEROSCOPY RESECT SEPTUM	Y	-	1/1/2025	Fee Schedule	\$2,225.58
58561	HYSTEROSCOPY REMOVE MYOMA	Y	-	1/1/2025	Fee Schedule	\$2,225.58

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
58562	HYSTEROSCOPY REMOVE FB	Y	-	1/1/2025	Fee Schedule	\$1,674.26
58563	HYSTEROSCOPY ABLATION	Y	-	1/1/2025	Fee Schedule	\$2,225.58
58565	HYSTEROSCOPY STERILIZATION	Y	-	1/1/2025	Fee Schedule	\$2,820.84
58570	TLH UTERUS 250 G OR LESS	Y	-	1/1/2025	Fee Schedule	\$4,896.00
58571	TLH W/T/O 250 G OR LESS	Y	-	1/1/2025	Fee Schedule	\$4,896.00
58572	TLH UTERUS OVER 250 G	Y	-	1/1/2025	Fee Schedule	\$4,896.00
58573	TLH W/T/O UTERUS OVER 250 G	Y	-	1/1/2025	Fee Schedule	\$4,896.00
58580	TRANSCRV ABLTJ UTRN FIBRD RF	Y	-	1/1/2025	Fee Schedule	\$3,956.23
58600	DIVISION OF FALLOPIAN TUBE	Y	-	1/1/2025	Fee Schedule	\$1,674.26
58615	OCCLUDE FALLOPIAN TUBE(S)	Y	-	1/1/2025	Fee Schedule	\$1,674.26
58660	LAPAROSCOPY LYSIS	Y	-	1/1/2025	Fee Schedule	\$2,860.32
58661	LAPAROSCOPY REMOVE ADNEXA	Y	-	1/1/2025	Fee Schedule	\$2,860.32
58662	LAPAROSCOPY EXCISE LESIONS	Y	-	1/1/2025	Fee Schedule	\$2,860.32
58670	LAPAROSCOPY TUBAL CAUTERY	Y	-	1/1/2025	Fee Schedule	\$2,860.32
58671	LAPAROSCOPY TUBAL BLOCK	Y	-	1/1/2025	Fee Schedule	\$2,860.32
58672	LAPAROSCOPY FIMBRIOPLASTY	Y	-	1/1/2025	Fee Schedule	\$2,860.32
58673	LAPAROSCOPY SALPINGOSTOMY	Y	-	1/1/2025	Fee Schedule	\$4,896.00
58674	LAPS ABLTJ UTERINE FIBROIDS	Y	-	1/1/2025	Fee Schedule	\$4,896.00
58770	CREATE NEW TUBAL OPENING	-	-	1/1/2022	Not Allowed	\$0.00
58800	DRAINAGE OF OVARIAN CYST(S)	Y	-	1/1/2025	Fee Schedule	\$1,674.26
58805	DRAINAGE OF OVARIAN CYST(S)	Y	-	1/1/2025	Fee Schedule	\$1,674.26
58820	DRAIN OVARY ABSCESS OPEN	Y	-	1/1/2025	Fee Schedule	\$1,674.26
58900	BIOPSY OF OVARY(S)	Y	-	1/1/2025	Fee Schedule	\$1,674.26
58920	PARTIAL REMOVAL OF OVARY(S)	-	-	1/1/2022	Not Allowed	\$0.00
58925	REMOVAL OF OVARIAN CYST(S)	-	-	1/1/2022	Not Allowed	\$0.00
58970	RETRIEVAL OF OOCYTE	-	-	4/1/2024	Not Allowed	\$0.00
58974	EMBRYO TRANSFER INTRAUTERINE	-	-	4/1/2024	Not Allowed	\$0.00
58976	TRANSFER OF EMBRYO	-	-	4/1/2024	Not Allowed	\$0.00
59000	AMNIOCENTESIS DIAGNOSTIC	Y	-	1/1/2025	Fee Schedule	\$60.16
59001	AMNIOCENTESIS THERAPEUTIC	Y	-	1/1/2025	Fee Schedule	\$163.08
59012	FETAL CORD PUNCTURE PRENATAL	Y	-	1/1/2025	Fee Schedule	\$163.08
59015	CHORION BIOPSY	Y	-	1/1/2025	Fee Schedule	\$61.78
59020	FETAL CONTRACT STRESS TEST	Y	-	1/1/2025	Fee Schedule	\$33.32
59025	FETAL NON-STRESS TEST	Y	-	1/1/2025	Fee Schedule	\$19.41
59030	FETAL SCALP BLOOD SAMPLING	-	-	1/1/2022	Not Allowed	\$0.00
59070	TRANSABDOM AMNIOINFUS W/US	Y	-	1/1/2025	Fee Schedule	\$163.08
59072	UMBILICAL CORD OCCLUD W/US	Y	-	1/1/2025	Fee Schedule	\$220.27
59074	FETAL FLUID DRAINAGE W/US	Y	-	1/1/2025	Fee Schedule	\$163.08
59076	FETAL SHUNT PLACEMENT W/US	Y	-	1/1/2025	Fee Schedule	\$163.08
59100	REMOVE UTERUS LESION	Y	-	1/1/2025	Fee Schedule	\$2,225.58
59150	TREAT ECTOPIC PREGNANCY	Y	-	1/1/2025	Fee Schedule	\$2,860.32
59151	TREAT ECTOPIC PREGNANCY	Y	-	1/1/2025	Fee Schedule	\$2,860.32
59160	D & C AFTER DELIVERY	Y	-	1/1/2025	Fee Schedule	\$1,674.26
59200	INSERT CERVICAL DILATOR	Y	-	1/1/2025	Fee Schedule	\$78.60
59300	EPISIOTOMY OR VAGINAL REPAIR	Y	-	1/1/2025	Fee Schedule	\$119.68
59320	REVISION OF CERVIX	Y	-	1/1/2025	Fee Schedule	\$1,674.26
59409	OBSTETRICAL CARE	-	-	1/1/2022	Not Allowed	\$0.00
59412	ANTEPARTUM MANIPULATION	Y	-	1/1/2025	Fee Schedule	\$1,674.26
59414	DELIVER PLACENTA	Y	-	1/1/2025	Fee Schedule	\$1,674.26
59612	VBAC DELIVERY ONLY	-	-	1/1/2022	Not Allowed	\$0.00
59812	TREATMENT OF MISCARRIAGE	Y	-	1/1/2025	Fee Schedule	\$1,674.26

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
59820	CARE OF MISCARRIAGE	Y	-	1/1/2025	Fee Schedule	\$1,674.26
59821	TREATMENT OF MISCARRIAGE	Y	-	1/1/2025	Fee Schedule	\$1,674.26
59840	INDUCED ABORTION D&C	Y	-	1/1/2025	Fee Schedule	\$1,674.26
59841	INDUCED ABORTION DILAT&EVAC	Y	-	1/1/2025	Fee Schedule	\$1,674.26
59866	ABORTION (MPR)	Y	-	1/1/2025	Fee Schedule	\$163.08
59870	EVACUATE MOLE OF UTERUS	Y	-	1/1/2025	Fee Schedule	\$1,674.26
59871	REMOVE CERCLAGE SUTURE	-	-	1/1/2025	Fee Schedule	\$1,674.26
60000	DRAIN THYROID/TONGUE CYST	Y	-	1/1/2025	Fee Schedule	\$657.38
60100	BIOPSY OF THYROID	Y	-	1/1/2025	Fee Schedule	\$50.78
60200	REMOVE THYROID LESION	Y	-	1/1/2025	Fee Schedule	\$2,860.32
60210	PARTIAL THYROID EXCISION	Y	-	1/1/2025	Fee Schedule	\$2,860.32
60212	PARTIAL THYROID EXCISION	Y	-	1/1/2025	Fee Schedule	\$2,860.32
60220	PARTIAL REMOVAL OF THYROID	Y	-	1/1/2025	Fee Schedule	\$2,860.32
60225	PARTIAL REMOVAL OF THYROID	Y	-	1/1/2025	Fee Schedule	\$2,860.32
60240	REMOVAL OF THYROID	Y	-	1/1/2025	Fee Schedule	\$2,860.32
60252	REMOVAL OF THYROID	-	-	1/1/2022	Not Allowed	\$0.00
60260	REPEAT THYROID SURGERY	Y	-	1/1/2025	Fee Schedule	\$2,917.35
60271	REMOVAL OF THYROID	-	-	1/1/2022	Not Allowed	\$0.00
60280	REMOVE THYROID DUCT LESION	Y	-	1/1/2025	Fee Schedule	\$2,860.32
60281	REMOVE THYROID DUCT LESION	Y	-	1/1/2025	Fee Schedule	\$2,860.32
60300	ASPIR/INJ THYROID CYST	Y	-	1/1/2025	Fee Schedule	\$65.34
60500	EXPLORE PARATHYROID GLANDS	Y	-	1/1/2025	Fee Schedule	\$2,917.35
60502	RE-EXPLORE PARATHYROIDS	-	-	1/1/2022	Not Allowed	\$0.00
60512	AUTOTRANSPLANT PARATHYROID	-	-	1/1/2021	No Separate Payment	\$0.00
60520	REMOVAL OF THYMUS GLAND	-	-	1/1/2022	Not Allowed	\$0.00
60660	ABLTJ 1/+THYR NDUL ILOBE PRQ	Y	-	1/1/2025	Fee Schedule	\$708.28
60661	ABLTJ 1/+THYR NDUL ADDL PRQ	-	-	1/1/2025	No Separate Payment	\$0.00
61000	REMOVE CRANIAL CAVITY FLUID	Y	-	1/1/2025	Fee Schedule	\$371.75
61001	REMOVE CRANIAL CAVITY FLUID	Y	-	1/1/2025	Fee Schedule	\$371.75
61020	REMOVE BRAIN CAVITY FLUID	Y	-	1/1/2025	Fee Schedule	\$477.94
61026	INJECTION INTO BRAIN CANAL	Y	-	1/1/2025	Fee Schedule	\$371.75
61050	REMOVE BRAIN CANAL FLUID	Y	-	1/1/2025	Fee Schedule	\$158.48
61055	INJECTION INTO BRAIN CANAL	Y	-	1/1/2025	Fee Schedule	\$158.48
61070	BRAIN CANAL SHUNT PROCEDURE	Y	-	1/1/2025	Fee Schedule	\$371.75
61215	INS SUBQ RSVR PMP/NFS SYS	Y	-	1/1/2025	Fee Schedule	\$3,089.62
61330	DCMPRN ORBIT ONLY TRANSCRNL	Y	-	1/1/2025	Fee Schedule	\$1,394.45
61623	ENDOVASC TEMPORY VESSEL OCCL	-	-	1/1/2022	Not Allowed	\$0.00
61626	TRANSCATH OCCLUSION NON-CNS	-	-	1/1/2022	Not Allowed	\$0.00
61720	INCISE SKULL/BRAIN SURGERY	-	-	1/1/2022	Not Allowed	\$0.00
61770	INCISE SKULL FOR TREATMENT	Y	-	1/1/2025	Fee Schedule	\$3,089.62
61781	SCAN PROC CRANIAL INTRA	-	-	7/1/2018	No Separate Payment	\$0.00
61782	SCAN PROC CRANIAL EXTRA	-	-	7/1/2018	No Separate Payment	\$0.00
61783	SCAN PROC SPINAL	-	-	7/1/2018	No Separate Payment	\$0.00
61790	TREAT TRIGEMINAL NERVE	Y	-	1/1/2025	Fee Schedule	\$924.93
61791	TREAT TRIGEMINAL TRACT	Y	-	1/1/2025	Fee Schedule	\$924.93
61880	REVISE/REMOVE NEUROELECTRODE	Y	-	1/1/2025	Fee Schedule	\$1,944.33
61885	INSRT/REDO NEUROSTIM 1 ARRAY	-	-	1/1/2025	Fee Schedule	\$20,102.44
61886	IMPLANT NEUROSTIM ARRAYS	-	-	1/1/2025	Fee Schedule	\$26,289.56
61888	REVISE/REMOVE NEURORECEIVER	Y	-	1/1/2025	Fee Schedule	\$10,652.80
62000	TREAT SKULL FRACTURE	-	-	1/1/2022	Not Allowed	\$0.00
62160	NEUROENDOSCOPY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **April 1, 2025**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
62194	REPLACE/IRRIGATE CATHETER	Y	-	1/1/2025	Fee Schedule	\$924.93
62225	REPLACE/IRRIGATE CATHETER	Y	-	1/1/2025	Fee Schedule	\$3,089.62
62230	REPLACE/REVISE BRAIN SHUNT	Y	-	1/1/2025	Fee Schedule	\$3,089.62
62252	CSF SHUNT REPROGRAM	-	-	1/1/2025	Fee Schedule	\$40.43
62263	EPIDURAL LYSIS MULT SESSIONS	Y	-	1/1/2025	Fee Schedule	\$477.94
62264	EPIDURAL LYSIS ON SINGLE DAY	Y	-	1/1/2025	Fee Schedule	\$477.94
62267	INTERDISCAL PERQ ASPIR DX	Y	-	1/1/2025	Fee Schedule	\$377.60
62268	DRAIN SPINAL CORD CYST	Y	-	1/1/2025	Fee Schedule	\$477.94
62269	NEEDLE BIOPSY SPINAL CORD	Y	-	1/1/2025	Fee Schedule	\$708.28
62270	DX LMBR SPI PNXR	Y	-	1/1/2025	Fee Schedule	\$371.75
62272	THER SPI PNXR DRG CSF	Y	-	1/1/2025	Fee Schedule	\$371.75
62273	INJECT EPIDURAL PATCH	Y	-	1/1/2025	Fee Schedule	\$371.75
62280	TREAT SPINAL CORD LESION	Y	-	1/1/2025	Fee Schedule	\$477.94
62281	TREAT SPINAL CORD LESION	Y	-	1/1/2025	Fee Schedule	\$477.94
62282	TREAT SPINAL CANAL LESION	Y	-	1/1/2025	Fee Schedule	\$477.94
62284	INJECTION FOR MYELOGRAM	-	-	7/1/2018	No Separate Payment	\$0.00
62287	DCMPRN PX PERQ 1/MLT LUMBAR	Y	-	1/1/2025	Fee Schedule	\$924.93
62290	NJX PX DISCOGRAPHY LUMBAR	-	-	7/1/2018	No Separate Payment	\$0.00
62291	NJX PX DISCOGRAPHY CRV/THRC	-	-	7/1/2018	No Separate Payment	\$0.00
62292	NJX CHEMONUCLEOLYSIS LMBR	Y	-	1/1/2025	Fee Schedule	\$924.93
62294	INJECTION INTO SPINAL ARTERY	Y	-	1/1/2025	Fee Schedule	\$477.94
62302	MYELOGRAPHY LUMBAR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
62303	MYELOGRAPHY LUMBAR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
62304	MYELOGRAPHY LUMBAR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
62305	MYELOGRAPHY LUMBAR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
62320	NJX INTERLAMINAR CRV/THRC	Y	-	1/1/2025	Fee Schedule	\$371.75
62321	NJX INTERLAMINAR CRV/THRC	Y	-	1/1/2025	Fee Schedule	\$371.75
62322	NJX INTERLAMINAR LMBR/SAC	Y	-	1/1/2025	Fee Schedule	\$477.94
62323	NJX INTERLAMINAR LMBR/SAC	Y	-	1/1/2025	Fee Schedule	\$371.75
62324	NJX INTERLAMINAR CRV/THRC	Y	-	1/1/2025	Fee Schedule	\$477.94
62325	NJX INTERLAMINAR CRV/THRC	Y	-	1/1/2025	Fee Schedule	\$477.94
62326	NJX INTERLAMINAR LMBR/SAC	Y	-	1/1/2025	Fee Schedule	\$477.94
62327	NJX INTERLAMINAR LMBR/SAC	Y	-	1/1/2025	Fee Schedule	\$477.94
62328	DX LMBR SPI PNXR W/FLUOR/CT	Y	-	1/1/2025	Fee Schedule	\$371.75
62329	THER SPI PNXR CSF FLUOR/CT	Y	-	1/1/2025	Fee Schedule	\$371.75
62350	IMPLANT SPINAL CANAL CATH	Y	-	1/1/2025	Fee Schedule	\$4,286.52
62351	IMPLANT SPINAL CANAL CATH	-	-	1/1/2022	Not Allowed	\$0.00
62355	REMOVE SPINAL CANAL CATHETER	-	-	1/1/2025	Fee Schedule	\$924.93
62360	INSERT SPINE INFUSION DEVICE	Y	-	1/1/2025	Fee Schedule	\$14,692.05
62361	IMPLANT SPINE INFUSION PUMP	Y	-	1/1/2025	Fee Schedule	\$15,537.16
62362	IMPLANT SPINE INFUSION PUMP	Y	-	1/1/2025	Fee Schedule	\$14,508.99
62365	REMOVE SPINE INFUSION DEVICE	-	-	1/1/2025	Fee Schedule	\$3,089.62
62367	ANALYZE SPINE INFUS PUMP	-	-	1/1/2025	Fee Schedule	\$13.91
62368	ANALYZE SP INF PUMP W/REPROG	-	-	1/1/2025	Fee Schedule	\$19.41
62369	ANAL SP INF PMP W/REPRG&FILL	-	-	1/1/2025	Fee Schedule	\$64.69
62370	ANL SP INF PMP W/MDREPRG&FIL	-	-	1/1/2025	Fee Schedule	\$56.61
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	Y	-	1/1/2025	Fee Schedule	\$3,510.84
63001	REMOVE SPINE LAMINA 1/2 CRVL	Y	-	1/1/2025	Fee Schedule	\$3,510.84
63003	REMOVE SPINE LAMINA 1/2 THRC	Y	-	1/1/2025	Fee Schedule	\$3,510.84
63005	REMOVE SPINE LAMINA 1/2 LMBR	Y	-	1/1/2025	Fee Schedule	\$3,510.84
63011	REMOVE SPINE LAMINA 1/2 SCRL	-	-	1/1/2022	Not Allowed	\$0.00

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
63012	REMOVE LAMINA/FACETS LUMBAR	-	-	1/1/2022	Not Allowed	\$0.00
63015	REMOVE SPINE LAMINA >2 CRVCL	-	-	1/1/2022	Not Allowed	\$0.00
63016	REMOVE SPINE LAMINA >2 THRC	-	-	1/1/2022	Not Allowed	\$0.00
63017	REMOVE SPINE LAMINA >2 LMBR	-	-	1/1/2022	Not Allowed	\$0.00
63020	NECK SPINE DISK SURGERY	Y	-	1/1/2025	Fee Schedule	\$3,510.84
63030	LOW BACK DISK SURGERY	Y	-	1/1/2025	Fee Schedule	\$3,510.84
63035	SPINAL DISK SURGERY ADD-ON	-	-	1/1/2022	Not Allowed	\$0.00
63040	LAMINOTOMY SINGLE CERVICAL	-	-	1/1/2022	Not Allowed	\$0.00
63042	LAMINOTOMY SINGLE LUMBAR	Y	-	1/1/2025	Fee Schedule	\$3,510.84
63043	LAMINOTOMY ADDL CERVICAL	-	-	1/1/2022	Not Allowed	\$0.00
63044	LAMINOTOMY ADDL LUMBAR	-	-	7/1/2018	No Separate Payment	\$0.00
63045	LAM FACETEC & FORAMOT CRV	Y	-	1/1/2025	Fee Schedule	\$3,510.84
63046	LAM FACETEC & FORAMOT THRC	Y	-	1/1/2025	Fee Schedule	\$3,510.84
63047	LAM FACETEC & FORAMOT LUMBAR	Y	-	1/1/2025	Fee Schedule	\$3,510.84
63048	REMOVE SPINAL LAMINA ADD-ON	-	-	1/1/2022	Not Allowed	\$0.00
63055	DECOMPRESS SPINAL CORD THRC	Y	-	1/1/2025	Fee Schedule	\$3,510.84
63056	DECOMPRESS SPINAL CORD LMBR	Y	-	1/1/2025	Fee Schedule	\$3,510.84
63057	DECOMPRESS SPINE CORD ADD-ON	-	-	1/1/2022	Not Allowed	\$0.00
63064	DECOMPRESS SPINAL CORD THRC	-	-	1/1/2022	Not Allowed	\$0.00
63066	DECOMPRESS SPINE CORD ADD-ON	-	-	1/1/2022	Not Allowed	\$0.00
63075	NECK SPINE DISK SURGERY	-	-	1/1/2022	Not Allowed	\$0.00
63076	NECK SPINE DISK SURGERY	-	-	1/1/2022	Not Allowed	\$0.00
63600	REMOVE SPINAL CORD LESION	Y	-	1/1/2025	Fee Schedule	\$924.93
63610	STIMULATION OF SPINAL CORD	Y	-	1/1/2025	Fee Schedule	\$1,307.35
63650	IMPLANT NEUROELECTRODES	-	-	1/1/2025	Fee Schedule	\$5,084.25
63655	IMPLANT NEUROELECTRODES	-	-	1/1/2025	Fee Schedule	\$18,104.68
63661	REMOVE SPINE ELTRD PERQ ARAY	-	-	1/1/2025	Fee Schedule	\$924.93
63662	REMOVE SPINE ELTRD PLATE	Y	-	1/1/2025	Fee Schedule	\$1,944.33
63663	REVISE SPINE ELTRD PERQ ARAY	-	-	1/1/2025	Fee Schedule	\$5,159.45
63664	REVISE SPINE ELTRD PLATE	-	-	1/1/2025	Fee Schedule	\$9,132.06
63685	INS/RPLC SPI NPG/RCVR POCKET	-	-	1/1/2025	Fee Schedule	\$26,281.67
63688	REV/RMV IMP SP NPG/R DTCH CN	Y	-	1/1/2025	Fee Schedule	\$1,944.33
63741	INSTALL SPINAL SHUNT	-	-	1/1/2022	Not Allowed	\$0.00
63744	REVISION OF SPINAL SHUNT	Y	-	1/1/2025	Fee Schedule	\$4,300.65
63746	REMOVAL OF SPINAL SHUNT	-	-	1/1/2025	Fee Schedule	\$924.93
64400	NJX AA&/STRD TRIGEMINAL NRV	Y	-	1/1/2025	Fee Schedule	\$77.96
64405	NJX AA&/STRD GR OCPL NRV	Y	-	1/1/2025	Fee Schedule	\$35.90
64408	NJX AA&/STRD VAGUS NRV	Y	-	1/1/2025	Fee Schedule	\$50.46
64415	NJX AA&/STRD BRCH PLXS IMG	Y	-	1/1/2025	Fee Schedule	\$477.94
64416	NJX AA&/STRD BRCH PL NFS IMG	Y	-	1/1/2025	Fee Schedule	\$605.77
64417	NJX AA&/STRD AX NERVE IMG	Y	-	1/1/2025	Fee Schedule	\$477.94
64418	NJX AA&/STRD SPRSCAP NRV	Y	-	1/1/2025	Fee Schedule	\$43.67
64420	NJX AA&/STRD NTRCOST NRV 1	Y	-	1/1/2025	Fee Schedule	\$371.75
64421	NJX AA&/STRD NTRCOST NRV EA	Y	-	1/1/2025	Fee Schedule	\$477.94
64425	NJX AA&/STRD II IH NERVES	Y	-	1/1/2025	Fee Schedule	\$70.52
64430	NJX AA&/STRD PUDENDAL NERVE	Y	-	1/1/2025	Fee Schedule	\$477.94
64435	NJX AA&/STRD PARACRV NRV	Y	-	1/1/2025	Fee Schedule	\$48.52
64445	NJX AA&/STRD SCIATIC NRV IMG	Y	-	1/1/2025	Fee Schedule	\$101.24
64446	NJX AA&/STRD SC NRV NFS IMG	Y	-	1/1/2025	Fee Schedule	\$477.94
64447	NJX AA&/STRD FEMORAL NRV IMG	Y	-	1/1/2025	Fee Schedule	\$65.02
64448	NJX AA&/STRD FEM NRV NFS IMG	Y	-	1/1/2025	Fee Schedule	\$608.36

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

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
64449	NJX AA&/STRD LMBR PLEX NFS	Y	-	1/1/2025	Fee Schedule	\$477.94
64450	NJX AA&/STRD OTHER PN/BRANCH	Y	-	1/1/2025	Fee Schedule	\$45.29
64451	NJX AA&/STRD NRV NRV TG SI JT	Y	-	1/1/2025	Fee Schedule	\$371.75
64454	NJX AA&/STRD GNCLR NRV BRNCH	Y	-	1/1/2025	Fee Schedule	\$371.75
64455	NJX AA&/STRD PLTR COM DG NRV	Y	-	1/1/2025	Fee Schedule	\$22.32
64461	PVB THORACIC SINGLE INJ SITE	Y	-	1/1/2025	Fee Schedule	\$371.75
64462	PVB THORACIC 2ND+ INJ SITE	-	-	7/1/2018	No Separate Payment	\$0.00
64463	PVB THORACIC CONT INFUSION	Y	-	1/1/2025	Fee Schedule	\$371.75
64466	THRC FASCIAL PLN BLK UNI NJX	-	-	1/1/2025	No Separate Payment	\$0.00
64467	THRC FASCIAL PLN BLK UNI NFS	-	-	1/1/2025	No Separate Payment	\$0.00
64468	THRC FASCIAL PLN BLK BI NJX	-	-	1/1/2025	No Separate Payment	\$0.00
64469	THRC FASCIAL PLN BLK BI NFS	-	-	1/1/2025	No Separate Payment	\$0.00
64473	LWR XTR FSCL PLN BLK UNI NJX	-	-	1/1/2025	No Separate Payment	\$0.00
64474	LWR XTR FSCL PLN BLK UNI NFS	-	-	1/1/2025	No Separate Payment	\$0.00
64479	NJX AA&/STRD TFRM EPI C/T 1	Y	-	1/1/2025	Fee Schedule	\$477.94
64480	NJX AA&/STRD TFRM EPI C/T EA	-	-	7/1/2018	No Separate Payment	\$0.00
64483	NJX AA&/STRD TFRM EPI L/S 1	Y	-	1/1/2025	Fee Schedule	\$477.94
64484	NJX AA&/STRD TFRM EPI L/S EA	-	-	7/1/2018	No Separate Payment	\$0.00
64486	TAP BLOCK UNIL BY INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
64487	TAP BLOCK UNI BY INFUSION	-	-	7/1/2018	No Separate Payment	\$0.00
64488	TAP BLOCK BI INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
64489	TAP BLOCK BI BY INFUSION	-	-	7/1/2018	No Separate Payment	\$0.00
64490	INJ PARAVERT F JNT C/T 1 LEV	Y	-	1/1/2025	Fee Schedule	\$477.94
64491	INJ PARAVERT F JNT C/T 2 LEV	-	-	7/1/2018	No Separate Payment	\$0.00
64492	INJ PARAVERT F JNT C/T 3 LEV	-	-	7/1/2018	No Separate Payment	\$0.00
64493	INJ PARAVERT F JNT L/S 1 LEV	Y	-	1/1/2025	Fee Schedule	\$477.94
64494	INJ PARAVERT F JNT L/S 2 LEV	-	-	7/1/2018	No Separate Payment	\$0.00
64495	INJ PARAVERT F JNT L/S 3 LEV	-	-	7/1/2018	No Separate Payment	\$0.00
64505	N BLOCK SPENOPALATINE GANGL	Y	-	1/1/2025	Fee Schedule	\$85.39
64510	N BLOCK STELLATE GANGLION	Y	-	1/1/2025	Fee Schedule	\$477.94
64517	N BLOCK INJ HYPOGAS PLXS	Y	-	1/1/2025	Fee Schedule	\$477.94
64520	N BLOCK LUMBAR/THORACIC	Y	-	1/1/2025	Fee Schedule	\$477.94
64530	N BLOCK INJ CELIAC PELUS	Y	-	1/1/2025	Fee Schedule	\$477.94
64553	IMPLANT NEUROELECTRODES	-	-	1/1/2025	Fee Schedule	\$9,090.49
64555	IMPLANT NEUROELECTRODES	-	-	1/1/2025	Fee Schedule	\$5,853.22
64561	IMPLANT NEUROELECTRODES	-	-	1/1/2025	Fee Schedule	\$5,217.73
64566	NEUROELTRD STIM POST TIBIAL	Y	-	1/1/2025	Fee Schedule	\$87.98
64568	OPN IMPLTJ CRNL NRV NEA&PG	-	-	1/1/2025	Fee Schedule	\$26,840.15
64569	REVISE/REPL VAGUS N ELTRD	-	-	1/1/2025	Fee Schedule	\$11,379.68
64570	REMOVE VAGUS N ELTRD	-	-	1/1/2025	Fee Schedule	\$3,089.62
64575	OPN IMPLTJ NEA PERPH NERVE	-	-	1/1/2025	Fee Schedule	\$9,923.03
64580	OPN IMPLTJ NEA NEUROMUSCULAR	-	-	1/1/2025	Fee Schedule	\$20,197.38
64581	OPN IMPLTJ NEA SACRAL NERVE	-	-	1/1/2025	Fee Schedule	\$5,474.06
64582	OPN MPLTJ HPGLSL NSTM ARY PG	-	-	1/1/2025	Fee Schedule	\$25,832.27
64583	REV/RPLCT HPGLSL NSTM ARY PG	Y	-	1/1/2025	Fee Schedule	\$8,481.39
64584	RMVL HPGLSL NSTIM ARY PG	-	-	1/1/2025	Fee Schedule	\$3,089.62
64585	REV/RMV PERPH NSTIM ELTRD RA	Y	-	1/1/2025	Fee Schedule	\$1,944.33
64590	INS/RPL PRPH SAC/GSTR NPG/R	-	-	1/1/2025	Fee Schedule	\$19,672.23
64595	REV/RMV PRPH SAC/GSTR NPG/R	Y	-	1/1/2025	Fee Schedule	\$2,477.62
64596	INS/RPLCMT PRQ ELTRD RA PN 1	Y	-	1/1/2025	Fee Schedule	\$8,481.39
64597	INS/RPLCM PRQ ELTRD RA PN EA	-	-	1/1/2024	No Separate Payment	\$0.00

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
64598	REVJ/RMVL NEA PN W/INT NSTIM	Y	-	1/1/2025	Fee Schedule	\$1,944.33
64600	INJECTION TREATMENT OF NERVE	Y	-	1/1/2025	Fee Schedule	\$477.94
64605	INJECTION TREATMENT OF NERVE	Y	-	1/1/2025	Fee Schedule	\$924.93
64610	INJECTION TREATMENT OF NERVE	Y	-	1/1/2025	Fee Schedule	\$924.93
64611	CHEMODENERV SALIV GLANDS	Y	-	1/1/2025	Fee Schedule	\$83.45
64612	DESTROY NERVE FACE MUSCLE	Y	-	1/1/2025	Fee Schedule	\$79.25
64615	CHEMODENERV MUSC MIGRAINE	Y	-	1/1/2025	Fee Schedule	\$68.57
64616	CHEMODENERV MUSC NECK DYSTON	Y	-	1/1/2025	Fee Schedule	\$69.22
64617	CHEMODENER MUSCLE LARYNX EMG	Y	-	1/1/2025	Fee Schedule	\$86.04
64620	INJECTION TREATMENT OF NERVE	Y	-	1/1/2025	Fee Schedule	\$477.94
64624	DSTRJ NULYT AGT GNCLR NRV	Y	-	1/1/2025	Fee Schedule	\$924.93
64625	RF ABLTJ NRV NRV TG SIJT	Y	-	1/1/2025	Fee Schedule	\$924.93
64628	TRML DSTRJ IOS BVN 1ST 2 L/S	Y	-	1/1/2025	Fee Schedule	\$9,524.01
64630	INJECTION TREATMENT OF NERVE	Y	-	1/1/2025	Fee Schedule	\$477.94
64632	N BLOCK INJ COMMON DIGIT	Y	-	1/1/2025	Fee Schedule	\$45.93
64633	DESTROY CERV/THOR FACET JNT	Y	-	1/1/2025	Fee Schedule	\$924.93
64634	DESTROY C/TH FACET JNT ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
64635	DESTROY LUMB/SAC FACET JNT	Y	-	1/1/2025	Fee Schedule	\$924.93
64636	DESTROY L/S FACET JNT ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
64640	INJECTION TREATMENT OF NERVE	Y	-	1/1/2025	Fee Schedule	\$170.14
64642	CHEMODENERV 1 EXTREMITY 1-4	Y	-	1/1/2025	Fee Schedule	\$83.78
64643	CHEMODENERV 1 EXTREM 1-4 EA	-	-	7/1/2018	No Separate Payment	\$0.00
64644	CHEMODENERV 1 EXTREM 5/> MUS	Y	-	1/1/2025	Fee Schedule	\$101.89
64645	CHEMODENERV 1 EXTREM 5/> EA	-	-	7/1/2018	No Separate Payment	\$0.00
64646	CHEMODENERV TRUNK MUSC 1-5	Y	-	1/1/2025	Fee Schedule	\$83.78
64647	CHEMODENERV TRUNK MUSC 6/>	Y	-	1/1/2025	Fee Schedule	\$91.22
64650	CHEMODENERV ECCRINE GLANDS	Y	-	1/1/2025	Fee Schedule	\$58.55
64653	CHEMODENERV ECCRINE GLANDS	Y	-	1/1/2025	Fee Schedule	\$65.34
64680	INJECTION TREATMENT OF NERVE	Y	-	1/1/2025	Fee Schedule	\$477.94
64681	INJECTION TREATMENT OF NERVE	Y	-	1/1/2025	Fee Schedule	\$477.94
64702	REVISE FINGER/TOE NERVE	Y	-	1/1/2025	Fee Schedule	\$924.93
64704	REVISE HAND/FOOT NERVE	Y	-	1/1/2025	Fee Schedule	\$924.93
64708	REVISE ARM/LEG NERVE	Y	-	1/1/2025	Fee Schedule	\$924.93
64712	REVISION OF SCIATIC NERVE	Y	-	1/1/2025	Fee Schedule	\$924.93
64713	REVISION OF ARM NERVE(S)	Y	-	1/1/2025	Fee Schedule	\$924.93
64714	REVISE LOW BACK NERVE(S)	Y	-	1/1/2025	Fee Schedule	\$924.93
64716	REVISION OF CRANIAL NERVE	Y	-	1/1/2025	Fee Schedule	\$924.93
64718	REVISE ULNAR NERVE AT ELBOW	Y	-	1/1/2025	Fee Schedule	\$924.93
64719	REVISE ULNAR NERVE AT WRIST	Y	-	1/1/2025	Fee Schedule	\$924.93
64721	CARPAL TUNNEL SURGERY	Y	-	1/1/2025	Fee Schedule	\$924.93
64722	RELIEVE PRESSURE ON NERVE(S)	Y	-	1/1/2025	Fee Schedule	\$924.93
64726	RELEASE FOOT/TOE NERVE	Y	-	1/1/2025	Fee Schedule	\$924.93
64727	INTERNAL NERVE REVISION	-	-	7/1/2018	No Separate Payment	\$0.00
64732	INCISION OF BROW NERVE	Y	-	1/1/2025	Fee Schedule	\$924.93
64734	INCISION OF CHEEK NERVE	Y	-	1/1/2025	Fee Schedule	\$924.93
64736	INCISION OF CHIN NERVE	Y	-	1/1/2025	Fee Schedule	\$924.93
64738	INCISION OF JAW NERVE	Y	-	1/1/2025	Fee Schedule	\$924.93
64740	INCISION OF TONGUE NERVE	Y	-	1/1/2025	Fee Schedule	\$924.93
64742	INCISION OF FACIAL NERVE	Y	-	1/1/2025	Fee Schedule	\$924.93
64744	INCISE NERVE BACK OF HEAD	Y	-	1/1/2025	Fee Schedule	\$924.93
64746	INCISE DIAPHRAGM NERVE	Y	-	1/1/2025	Fee Schedule	\$924.93

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Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
64763	INCISE HIP/THIGH NERVE	Y	-	1/1/2025	Fee Schedule	\$924.93
64766	INCISE HIP/THIGH NERVE	Y	-	1/1/2025	Fee Schedule	\$1,172.32
64771	SEVER CRANIAL NERVE	Y	-	1/1/2025	Fee Schedule	\$924.93
64772	INCISION OF SPINAL NERVE	Y	-	1/1/2025	Fee Schedule	\$924.93
64774	REMOVE SKIN NERVE LESION	Y	-	1/1/2025	Fee Schedule	\$924.93
64776	REMOVE DIGIT NERVE LESION	Y	-	1/1/2025	Fee Schedule	\$924.93
64778	DIGIT NERVE SURGERY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64782	REMOVE LIMB NERVE LESION	Y	-	1/1/2025	Fee Schedule	\$924.93
64783	LIMB NERVE SURGERY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64784	REMOVE NERVE LESION	Y	-	1/1/2025	Fee Schedule	\$924.93
64786	REMOVE SCIATIC NERVE LESION	Y	-	1/1/2025	Fee Schedule	\$3,089.62
64787	IMPLANT NERVE END	-	-	7/1/2018	No Separate Payment	\$0.00
64788	REMOVE SKIN NERVE LESION	Y	-	1/1/2025	Fee Schedule	\$924.93
64790	REMOVAL OF NERVE LESION	Y	-	1/1/2025	Fee Schedule	\$924.93
64792	REMOVAL OF NERVE LESION	Y	-	1/1/2025	Fee Schedule	\$3,089.62
64795	BIOPSY OF NERVE	Y	-	1/1/2025	Fee Schedule	\$924.93
64802	SYMPATHECTOMY CERVICAL	Y	-	1/1/2025	Fee Schedule	\$924.93
64804	SYMPATHECTOMY CERVICOTHORAC	-	-	1/1/2022	Not Allowed	\$0.00
64820	SYMPATHECTOMY DIGITAL ARTERY	Y	-	1/1/2025	Fee Schedule	\$924.93
64821	SYMPATHECTOMY RADIAL ARTERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
64822	SYMPATHECTOMY ULNAR ARTERY	Y	-	1/1/2025	Fee Schedule	\$1,579.16
64823	SYMPATHECTOMY SUPFC PALMAR	Y	-	1/1/2025	Fee Schedule	\$1,579.16
64831	REPAIR OF DIGIT NERVE	Y	-	1/1/2025	Fee Schedule	\$924.93
64832	REPAIR NERVE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64834	REPAIR OF HAND OR FOOT NERVE	Y	-	1/1/2025	Fee Schedule	\$3,089.62
64835	REPAIR OF HAND OR FOOT NERVE	Y	-	1/1/2025	Fee Schedule	\$3,089.62
64836	REPAIR OF HAND OR FOOT NERVE	Y	-	1/1/2025	Fee Schedule	\$3,089.62
64837	REPAIR NERVE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64840	REPAIR OF LEG NERVE	Y	-	1/1/2025	Fee Schedule	\$3,089.62
64856	REPAIR/TRANSPOSE NERVE	Y	-	1/1/2025	Fee Schedule	\$3,089.62
64857	REPAIR ARM/LEG NERVE	Y	-	1/1/2025	Fee Schedule	\$3,089.62
64858	REPAIR SCIATIC NERVE	Y	-	1/1/2025	Fee Schedule	\$924.93
64859	NERVE SURGERY	-	-	7/1/2018	No Separate Payment	\$0.00
64861	REPAIR OF ARM NERVES	Y	-	1/1/2025	Fee Schedule	\$924.93
64862	REPAIR OF LOW BACK NERVES	Y	-	1/1/2025	Fee Schedule	\$3,089.62
64864	REPAIR OF FACIAL NERVE	Y	-	1/1/2025	Fee Schedule	\$3,089.62
64865	REPAIR OF FACIAL NERVE	Y	-	1/1/2025	Fee Schedule	\$3,915.99
64872	SUBSEQUENT REPAIR OF NERVE	-	-	7/1/2018	No Separate Payment	\$0.00
64874	REPAIR & REVISE NERVE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64876	REPAIR NERVE/SHORTEN BONE	-	-	7/1/2018	No Separate Payment	\$0.00
64885	NERVE GRAFT HEAD/NECK <4 CM	Y	-	1/1/2025	Fee Schedule	\$3,089.62
64886	NERVE GRAFT HEAD/NECK >4 CM	Y	-	1/1/2025	Fee Schedule	\$3,915.99
64890	NRV GRF 1STRND HND/FOOT <4CM	Y	-	1/1/2025	Fee Schedule	\$3,915.99
64891	NRV GRF 1STRND HND/FOOT >4CM	Y	-	1/1/2025	Fee Schedule	\$3,915.99
64892	NRV GRF 1STRND ARM/LEG <4CM	Y	-	1/1/2025	Fee Schedule	\$4,588.54
64893	NRV GRF 1STRND ARM/LEG >4 CM	Y	-	1/1/2025	Fee Schedule	\$3,089.62
64895	NRV GRF MLTST HND/FOOT <4 CM	Y	-	1/1/2025	Fee Schedule	\$3,089.62
64896	NRV GRF MLTST HND/FOOT >4 CM	Y	-	1/1/2025	Fee Schedule	\$3,089.62
64897	NRV GRF MLTST ARM/LEG <4 CM	Y	-	1/1/2025	Fee Schedule	\$3,089.62
64898	NRV GRF MLTST ARM/LEG >4 CM	Y	-	1/1/2025	Fee Schedule	\$3,089.62
64901	NERVE GRAFT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
64902	NERVE GRAFT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64905	NERVE PEDICLE TRANSFER	Y	-	1/1/2025	Fee Schedule	\$3,089.62
64907	NERVE PEDICLE TRANSFER	Y	-	1/1/2025	Fee Schedule	\$3,089.62
64910	NERVE REPAIR W/ALLOGRAFT	Y	-	1/1/2025	Fee Schedule	\$4,430.73
64911	NEURORRAPHY W/VEIN AUTOGRAFT	-	-	1/1/2022	Not Allowed	\$0.00
64912	NRV RPR W/NRV ALGRFT 1ST	Y	-	1/1/2025	Fee Schedule	\$4,564.55
64913	NRV RPR W/NRV ALGRFT EA ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
65091	REVISE EYE	Y	-	1/1/2025	Fee Schedule	\$1,587.04
65093	REVISE EYE WITH IMPLANT	Y	-	1/1/2025	Fee Schedule	\$1,587.04
65101	REMOVAL OF EYE	Y	-	1/1/2025	Fee Schedule	\$1,587.04
65103	REMOVE EYE/INSERT IMPLANT	Y	-	1/1/2025	Fee Schedule	\$1,587.04
65105	REMOVE EYE/ATTACH IMPLANT	Y	-	1/1/2025	Fee Schedule	\$1,587.04
65110	REMOVAL OF EYE	Y	-	1/1/2025	Fee Schedule	\$1,587.04
65112	REMOVE EYE/REVISE SOCKET	Y	-	1/1/2025	Fee Schedule	\$1,587.04
65114	REMOVE EYE/REVISE SOCKET	Y	-	1/1/2025	Fee Schedule	\$1,587.04
65125	REVISE OCULAR IMPLANT	Y	-	1/1/2025	Fee Schedule	\$1,026.00
65130	INSERT OCULAR IMPLANT	Y	-	1/1/2025	Fee Schedule	\$1,587.04
65135	INSERT OCULAR IMPLANT	Y	-	1/1/2025	Fee Schedule	\$1,587.04
65140	ATTACH OCULAR IMPLANT	Y	-	1/1/2025	Fee Schedule	\$1,587.04
65150	REVISE OCULAR IMPLANT	Y	-	1/1/2025	Fee Schedule	\$1,587.04
65155	REINSERT OCULAR IMPLANT	Y	-	1/1/2025	Fee Schedule	\$1,587.04
65175	REMOVAL OF OCULAR IMPLANT	Y	-	1/1/2025	Fee Schedule	\$1,587.04
65205	REMOVE FOREIGN BODY FROM EYE	-	-	7/1/2018	No Separate Payment	\$0.00
65210	REMOVE FOREIGN BODY FROM EYE	-	-	7/1/2018	No Separate Payment	\$0.00
65220	REMOVE FOREIGN BODY FROM EYE	-	-	7/1/2018	No Separate Payment	\$0.00
65222	REMOVE FOREIGN BODY FROM EYE	-	-	7/1/2018	No Separate Payment	\$0.00
65235	REMOVE FOREIGN BODY FROM EYE	Y	-	1/1/2025	Fee Schedule	\$1,214.31
65260	REMOVE FOREIGN BODY FROM EYE	Y	-	1/1/2025	Fee Schedule	\$1,214.31
65265	REMOVE FOREIGN BODY FROM EYE	Y	-	1/1/2025	Fee Schedule	\$1,214.31
65270	REPAIR OF EYE WOUND	Y	-	1/1/2025	Fee Schedule	\$1,026.00
65272	REPAIR OF EYE WOUND	Y	-	1/1/2025	Fee Schedule	\$1,026.00
65275	REPAIR OF EYE WOUND	Y	-	1/1/2025	Fee Schedule	\$1,587.04
65280	REPAIR OF EYE WOUND	Y	-	1/1/2025	Fee Schedule	\$2,628.34
65285	REPAIR OF EYE WOUND	Y	-	1/1/2025	Fee Schedule	\$2,628.34
65286	REPAIR OF EYE WOUND	Y	-	1/1/2025	Fee Schedule	\$432.47
65290	REPAIR OF EYE SOCKET WOUND	Y	-	1/1/2025	Fee Schedule	\$1,587.04
65400	REMOVAL OF EYE LESION	Y	-	1/1/2025	Fee Schedule	\$495.97
65410	BIOPSY OF CORNEA	Y	-	1/1/2025	Fee Schedule	\$1,026.00
65420	REMOVAL OF EYE LESION	Y	-	1/1/2025	Fee Schedule	\$1,026.00
65426	REMOVAL OF EYE LESION	Y	-	1/1/2025	Fee Schedule	\$1,026.00
65430	CORNEAL SMEAR	-	-	7/1/2018	No Separate Payment	\$0.00
65435	CURETTE/TREAT CORNEA	Y	-	1/1/2025	Fee Schedule	\$47.55
65436	CURETTE/TREAT CORNEA	Y	-	1/1/2025	Fee Schedule	\$206.37
65450	TREATMENT OF CORNEAL LESION	Y	-	1/1/2025	Fee Schedule	\$160.11
65600	REVISION OF CORNEA	Y	-	1/1/2025	Fee Schedule	\$273.33
65710	CORNEAL TRANSPLANT	Y	-	1/1/2025	Fee Schedule	\$2,628.34
65730	CORNEAL TRANSPLANT	Y	-	1/1/2025	Fee Schedule	\$2,094.33
65750	CORNEAL TRANSPLANT	Y	-	1/1/2025	Fee Schedule	\$2,628.34
65755	CORNEAL TRANSPLANT	Y	-	1/1/2025	Fee Schedule	\$2,094.33
65756	CORNEAL TRNSPL ENDOTHELIAL	Y	-	1/1/2025	Fee Schedule	\$2,094.33
65757	PREP CORNEAL ENDO ALLOGRAFT	-	-	7/1/2018	No Separate Payment	\$0.00

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Montana Healthcare Programs Fee Schedule

ASC Covered Surgical and Ancillary Services

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
65770	KERATOPROSTHESIS	Y	-	1/1/2025	Fee Schedule	\$11,048.20
65772	CORRECTION OF ASTIGMATISM	Y	-	1/1/2025	Fee Schedule	\$495.97
65775	CORRECTION OF ASTIGMATISM	Y	-	1/1/2025	Fee Schedule	\$1,026.00
65778	COVER EYE W/MEMBRANE	-	-	7/1/2018	No Separate Payment	\$0.00
65779	COVER EYE W/MEMBRANE SUTURE	-	-	7/1/2018	No Separate Payment	\$0.00
65780	OCULAR RECONST TRANSPLANT	Y	-	1/1/2025	Fee Schedule	\$1,587.04
65781	OCULAR RECONST TRANSPLANT	Y	-	1/1/2025	Fee Schedule	\$3,549.03
65782	OCULAR RECONST TRANSPLANT	Y	-	1/1/2025	Fee Schedule	\$1,587.04
65785	IMPLTJ NTRSTRML CRNL RNG SEG	Y	-	1/1/2025	Fee Schedule	\$2,981.01
65800	DRAINAGE OF EYE	Y	-	1/1/2025	Fee Schedule	\$1,214.31
65810	DRAINAGE OF EYE	Y	-	1/1/2025	Fee Schedule	\$1,214.31
65815	DRAINAGE OF EYE	Y	-	1/1/2025	Fee Schedule	\$1,214.31
65820	GONIOTOMY	Y	-	1/1/2025	Fee Schedule	\$2,094.33
65850	TRABECULOTOMY AB EXTERNO	Y	-	1/1/2025	Fee Schedule	\$1,214.31
65855	TRABECULOPLASTY LASER SURG	Y	-	1/1/2025	Fee Schedule	\$130.68
65860	SEVERING ADS ANT SGM LASER	Y	-	1/1/2025	Fee Schedule	\$170.14
65865	INCISE INNER EYE ADHESIONS	Y	-	1/1/2025	Fee Schedule	\$1,214.31
65870	INCISE INNER EYE ADHESIONS	Y	-	1/1/2025	Fee Schedule	\$1,214.31
65875	INCISE INNER EYE ADHESIONS	Y	-	1/1/2025	Fee Schedule	\$1,214.31
65880	INCISE INNER EYE ADHESIONS	Y	-	1/1/2025	Fee Schedule	\$2,094.33
65900	REMOVE EYE LESION	Y	-	1/1/2025	Fee Schedule	\$1,214.31
65920	REMOVE IMPLANT OF EYE	Y	-	1/1/2025	Fee Schedule	\$1,214.31
65930	REMOVE BLOOD CLOT FROM EYE	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66020	INJECTION TREATMENT OF EYE	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66030	INJECTION TREATMENT OF EYE	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66130	REMOVE EYE LESION	Y	-	1/1/2025	Fee Schedule	\$1,026.00
66150	GLAUCOMA SURGERY	Y	-	1/1/2025	Fee Schedule	\$2,094.33
66155	GLAUCOMA SURGERY	Y	-	1/1/2025	Fee Schedule	\$2,094.33
66160	GLAUCOMA SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66170	GLAUCOMA SURGERY	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66172	INCISION OF EYE	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66174	TRLUML DIL AQ O/F CAN W/O ST	Y	-	1/1/2025	Fee Schedule	\$2,094.33
66175	TRLUML DIL AQ O/F CAN W/ST	Y	-	1/1/2025	Fee Schedule	\$4,253.62
66179	AQUEOUS SHUNT EYE W/O GRAFT	Y	-	1/1/2025	Fee Schedule	\$3,313.87
66180	AQUEOUS SHUNT EYE W/GRAFT	Y	-	1/1/2025	Fee Schedule	\$3,423.86
66183	INSERT ANT DRAINAGE DEVICE	Y	-	1/1/2025	Fee Schedule	\$2,991.50
66184	REVISION OF AQUEOUS SHUNT	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66185	REVISE AQUEOUS SHUNT EYE	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66225	REPAIR/GRAFT EYE LESION	Y	-	1/1/2025	Fee Schedule	\$2,628.34
66250	FOLLOW-UP SURGERY OF EYE	Y	-	1/1/2025	Fee Schedule	\$1,026.00
66500	INCISION OF IRIS	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66505	INCISION OF IRIS	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66600	REMOVE IRIS AND LESION	Y	-	1/1/2025	Fee Schedule	\$2,094.33
66605	REMOVAL OF IRIS	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66625	REMOVAL OF IRIS	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66630	REMOVAL OF IRIS	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66635	REMOVAL OF IRIS	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66680	REPAIR IRIS & CILIARY BODY	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66682	REPAIR IRIS & CILIARY BODY	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66683	IMPLANTATION IRIS PROSTHESIS	Y	-	1/1/2025	Fee Schedule	\$13,885.55
66700	DESTRUCTION CILIARY BODY	Y	-	1/1/2025	Fee Schedule	\$1,214.31

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

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
66710	CILIARY TRANSSLERAL THERAPY	Y	-	1/1/2025	Fee Schedule	\$1,026.00
66711	ECP CILIARY BODY DESTRUCTION	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66720	DESTRUCTION CILIARY BODY	Y	-	1/1/2025	Fee Schedule	\$1,026.00
66740	DESTRUCTION CILIARY BODY	Y	-	1/1/2025	Fee Schedule	\$1,026.00
66761	REVISION OF IRIS	Y	-	1/1/2025	Fee Schedule	\$180.49
66762	REVISION OF IRIS	Y	-	1/1/2025	Fee Schedule	\$270.74
66770	REMOVAL OF INNER EYE LESION	Y	-	1/1/2025	Fee Schedule	\$294.52
66820	INCISION SECONDARY CATARACT	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66821	AFTER CATARACT LASER SURGERY	Y	-	1/1/2025	Fee Schedule	\$294.52
66825	REPOSITION INTRAOCULAR LENS	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66830	REMOVAL OF LENS LESION	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66840	REMOVAL OF LENS MATERIAL	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66850	REMOVAL OF LENS MATERIAL	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66852	REMOVAL OF LENS MATERIAL	Y	-	1/1/2025	Fee Schedule	\$2,094.33
66920	EXTRACTION OF LENS	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66930	EXTRACTION OF LENS	Y	-	1/1/2025	Fee Schedule	\$2,094.33
66940	EXTRACTION OF LENS	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66982	XCAPSL CTRC RMVL CPLX WO ECP	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66983	CATARACT SURG W/IOL 1 STAGE	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66984	XCAPSL CTRC RMVL W/O ECP	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66985	INSERT LENS PROSTHESIS	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66986	EXCHANGE LENS PROSTHESIS	Y	-	1/1/2025	Fee Schedule	\$1,214.31
66987	XCAPSL CTRC RMVL CPLX W/ECP	Y	-	1/1/2025	Fee Schedule	\$2,094.33
66988	XCAPSL CTRC RMVL W/ECP	Y	-	1/1/2025	Fee Schedule	\$2,094.33
66989	XCPSL CTRC RMVL CPLX INSJ 1+	Y	-	1/1/2025	Fee Schedule	\$3,762.88
66990	OPHTHALMIC ENDOSCOPE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
66991	XCAPSL CTRC RMVL INSJ 1+	Y	-	1/1/2025	Fee Schedule	\$3,759.70
67005	PARTIAL REMOVAL OF EYE FLUID	Y	-	1/1/2025	Fee Schedule	\$1,214.31
67010	PARTIAL REMOVAL OF EYE FLUID	Y	-	1/1/2025	Fee Schedule	\$1,214.31
67015	RELEASE OF EYE FLUID	Y	-	1/1/2025	Fee Schedule	\$1,214.31
67025	REPLACE EYE FLUID	Y	-	1/1/2025	Fee Schedule	\$1,214.31
67027	IMPLANT EYE DRUG SYSTEM	Y	-	1/1/2025	Fee Schedule	\$1,882.00
67028	INJECTION EYE DRUG	-	-	1/1/2025	Fee Schedule	\$58.55
67030	INCISE INNER EYE STRANDS	Y	-	1/1/2025	Fee Schedule	\$1,214.31
67031	LASER SURGERY EYE STRANDS	Y	-	1/1/2025	Fee Schedule	\$294.52
67036	REMOVAL OF INNER EYE FLUID	Y	-	1/1/2025	Fee Schedule	\$2,094.33
67039	LASER TREATMENT OF RETINA	Y	-	1/1/2025	Fee Schedule	\$2,094.33
67040	LASER TREATMENT OF RETINA	Y	-	1/1/2025	Fee Schedule	\$2,094.33
67041	VIT FOR MACULAR PUCKER	Y	-	1/1/2025	Fee Schedule	\$2,094.33
67042	VIT FOR MACULAR HOLE	Y	-	1/1/2025	Fee Schedule	\$2,094.33
67043	VIT FOR MEMBRANE DISSECT	Y	-	1/1/2025	Fee Schedule	\$2,094.33
67101	REPAIR DETACHED RETINA CRTX	Y	-	1/1/2025	Fee Schedule	\$199.25
67105	REPAIR DETACHED RETINA PC	Y	-	1/1/2025	Fee Schedule	\$166.26
67107	REPAIR DETACHED RETINA	Y	-	1/1/2025	Fee Schedule	\$2,094.33
67108	REPAIR DETACHED RETINA	Y	-	1/1/2025	Fee Schedule	\$2,094.33
67110	REPAIR DETACHED RETINA	Y	-	1/1/2025	Fee Schedule	\$493.93
67113	REPAIR RETINAL DETACH CPLX	Y	-	1/1/2025	Fee Schedule	\$2,628.34
67115	RELEASE ENCIRCLING MATERIAL	Y	-	1/1/2025	Fee Schedule	\$2,094.33
67120	REMOVE EYE IMPLANT MATERIAL	Y	-	1/1/2025	Fee Schedule	\$1,214.31
67121	REMOVE EYE IMPLANT MATERIAL	Y	-	1/1/2025	Fee Schedule	\$1,214.31
67141	PROPH RTA DTCHMNT CRTX DTHRM	Y	-	1/1/2025	Fee Schedule	\$160.11

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Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **April 1, 2025**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
67145	PROPH RTA DTCHMNT PC	Y	-	1/1/2025	Fee Schedule	\$145.24
67208	TREATMENT OF RETINAL LESION	Y	-	1/1/2025	Fee Schedule	\$160.11
67210	TREATMENT OF RETINAL LESION	Y	-	1/1/2025	Fee Schedule	\$272.03
67218	TREATMENT OF RETINAL LESION	Y	-	1/1/2025	Fee Schedule	\$1,587.04
67220	TREATMENT OF CHOROID LESION	Y	-	1/1/2025	Fee Schedule	\$286.27
67221	OCULAR PHOTODYNAMIC THER	Y	-	1/1/2025	Fee Schedule	\$150.73
67225	EYE PHOTODYNAMIC THER ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67227	DSTRJ EXTENSIVE RETINOPATHY	Y	-	1/1/2025	Fee Schedule	\$161.41
67228	TREATMENT X10SV RETINOPATHY	Y	-	1/1/2025	Fee Schedule	\$172.41
67229	TR RETINAL LES PRETERM INF	Y	-	1/1/2025	Fee Schedule	\$294.52
67250	REINFORCE EYE WALL	Y	-	1/1/2025	Fee Schedule	\$1,026.00
67255	REINFORCE/GRAFT EYE WALL	Y	-	1/1/2025	Fee Schedule	\$2,094.33
67311	REVISE EYE MUSCLE	Y	-	1/1/2025	Fee Schedule	\$1,026.00
67312	REVISE TWO EYE MUSCLES	Y	-	1/1/2025	Fee Schedule	\$1,587.04
67314	REVISE EYE MUSCLE	Y	-	1/1/2025	Fee Schedule	\$1,026.00
67316	REVISE TWO EYE MUSCLES	Y	-	1/1/2025	Fee Schedule	\$1,026.00
67318	REVISE EYE MUSCLE(S)	Y	-	1/1/2025	Fee Schedule	\$1,026.00
67320	REVISE EYE MUSCLE(S) ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67331	EYE SURGERY FOLLOW-UP ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67332	REREVISE EYE MUSCLES ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67334	REVISE EYE MUSCLE W/SUTURE	-	-	7/1/2018	No Separate Payment	\$0.00
67335	EYE SUTURE DURING SURGERY	-	-	7/1/2018	No Separate Payment	\$0.00
67340	REVISE EYE MUSCLE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67343	RELEASE EYE TISSUE	Y	-	1/1/2025	Fee Schedule	\$1,026.00
67345	DESTROY NERVE OF EYE MUSCLE	Y	-	1/1/2025	Fee Schedule	\$123.89
67346	BIOPSY EYE MUSCLE	Y	-	1/1/2025	Fee Schedule	\$1,587.04
67400	EXPLORE/BIOPSY EYE SOCKET	Y	-	1/1/2025	Fee Schedule	\$1,587.04
67405	EXPLORE/DRAIN EYE SOCKET	Y	-	1/1/2025	Fee Schedule	\$1,026.00
67412	EXPLORE/TREAT EYE SOCKET	Y	-	1/1/2025	Fee Schedule	\$1,026.00
67413	EXPLORE/TREAT EYE SOCKET	Y	-	1/1/2025	Fee Schedule	\$1,026.00
67414	EXPLR/DECOMPRESS EYE SOCKET	Y	-	1/1/2025	Fee Schedule	\$1,587.04
67415	ASPIRATION ORBITAL CONTENTS	Y	-	1/1/2025	Fee Schedule	\$1,026.00
67420	EXPLORE/TREAT EYE SOCKET	Y	-	1/1/2025	Fee Schedule	\$1,587.04
67430	EXPLORE/TREAT EYE SOCKET	Y	-	1/1/2025	Fee Schedule	\$1,587.04
67440	EXPLORE/DRAIN EYE SOCKET	Y	-	1/1/2025	Fee Schedule	\$2,011.52
67445	EXPLR/DECOMPRESS EYE SOCKET	Y	-	1/1/2025	Fee Schedule	\$1,587.04
67450	EXPLORE/BIOPSY EYE SOCKET	Y	-	1/1/2025	Fee Schedule	\$1,587.04
67500	INJECT/TREAT EYE SOCKET	Y	-	1/1/2025	Fee Schedule	\$32.99
67505	INJECT/TREAT EYE SOCKET	Y	-	1/1/2025	Fee Schedule	\$41.08
67515	INJECT/TREAT EYE SOCKET	Y	-	1/1/2025	Fee Schedule	\$23.29
67516	SPRCHOROIDAL SPC NJX RX AGT	Y	-	1/1/2025	Fee Schedule	\$62.11
67550	INSERT EYE SOCKET IMPLANT	Y	-	1/1/2025	Fee Schedule	\$1,587.04
67560	REVISE EYE SOCKET IMPLANT	Y	-	1/1/2025	Fee Schedule	\$1,587.04
67570	DECOMPRESS OPTIC NERVE	Y	-	1/1/2025	Fee Schedule	\$1,587.04
67700	BLEPHAROTOMY DRG ABSC EYELID	Y	-	1/1/2025	Fee Schedule	\$160.11
67710	SEVERING TARSORRHAPHY	Y	-	1/1/2025	Fee Schedule	\$189.87
67715	CANTHOTOMY	Y	-	1/1/2025	Fee Schedule	\$1,026.00
67800	REMOVE EYELID LESION	Y	-	1/1/2025	Fee Schedule	\$75.69
67801	REMOVE EYELID LESIONS	Y	-	1/1/2025	Fee Schedule	\$90.89
67805	REMOVE EYELID LESIONS	Y	-	1/1/2025	Fee Schedule	\$117.74
67808	REMOVE EYELID LESION(S)	Y	-	1/1/2025	Fee Schedule	\$1,026.00

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Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
67810	INCAL BX EYELID SKN LID MRGN	Y	-	1/1/2025	Fee Schedule	\$132.94
67820	REVISE EYELASHES	-	-	7/1/2018	No Separate Payment	\$0.00
67825	REVISE EYELASHES	Y	-	1/1/2025		\$79.57
67830	REVISE EYELASHES	Y	-	1/1/2025	Fee Schedule	\$495.97
67835	REVISE EYELASHES	Y	-	1/1/2025	Fee Schedule	\$1,026.00
67840	REMOVE EYELID LESION	Y	-	1/1/2025	Fee Schedule	\$191.81
67850	DSTRJ LESION LID MARGIN <1CM	Y	-	1/1/2025	Fee Schedule	\$145.88
67875	CLOSURE OF EYELID BY SUTURE	Y	-	1/1/2025	Fee Schedule	\$495.97
67880	REVISION OF EYELID	Y	-	1/1/2025	Fee Schedule	\$1,026.00
67882	REVISION OF EYELID	Y	-	1/1/2025	Fee Schedule	\$1,026.00
67900	REPAIR BROW DEFECT	Y	Y	1/1/2025	Fee Schedule	\$1,026.00
67901	REPAIR EYELID DEFECT	Y	Y	1/1/2025	Fee Schedule	\$1,026.00
67902	REPAIR EYELID DEFECT	Y	Y	1/1/2025	Fee Schedule	\$1,587.04
67903	REPAIR EYELID DEFECT	Y	Y	1/1/2025	Fee Schedule	\$1,026.00
67904	REPAIR EYELID DEFECT	Y	Y	1/1/2025	Fee Schedule	\$1,026.00
67906	REPAIR EYELID DEFECT	Y	Y	1/1/2025	Fee Schedule	\$1,587.04
67908	REPAIR EYELID DEFECT	Y	Y	1/1/2025	Fee Schedule	\$1,026.00
67909	REVISE EYELID DEFECT	Y	Y	1/1/2025	Fee Schedule	\$1,026.00
67911	REVISE EYELID DEFECT	Y	Y	1/1/2025	Fee Schedule	\$1,026.00
67912	CORRECTION EYELID W/IMPLANT	Y	-	1/1/2025	Fee Schedule	\$1,026.00
67914	REPAIR EYELID DEFECT	Y	Y	1/1/2025	Fee Schedule	\$1,026.00
67915	REPAIR EYELID DEFECT	Y	Y	1/1/2025	Fee Schedule	\$226.43
67916	REPAIR EYELID DEFECT	Y	Y	1/1/2025	Fee Schedule	\$1,026.00
67917	REPAIR EYELID DEFECT	Y	Y	1/1/2025	Fee Schedule	\$1,026.00
67921	REPAIR EYELID DEFECT	Y	Y	1/1/2025	Fee Schedule	\$1,026.00
67922	REPAIR EYELID DEFECT	Y	Y	1/1/2025	Fee Schedule	\$221.57
67923	REPAIR EYELID DEFECT	Y	Y	1/1/2025	Fee Schedule	\$1,026.00
67924	REPAIR EYELID DEFECT	Y	Y	1/1/2025	Fee Schedule	\$1,026.00
67930	REPAIR EYELID WOUND	Y	-	1/1/2025	Fee Schedule	\$226.10
67935	REPAIR EYELID WOUND	Y	-	1/1/2025	Fee Schedule	\$1,026.00
67938	REMOVE EYELID FOREIGN BODY	Y	-	1/1/2025	Fee Schedule	\$160.11
67950	REVISION OF EYELID	Y	-	1/1/2025	Fee Schedule	\$1,026.00
67961	REVISION OF EYELID	Y	-	1/1/2025	Fee Schedule	\$1,026.00
67966	REVISION OF EYELID	Y	-	1/1/2025	Fee Schedule	\$1,026.00
67971	RECONSTRUCTION OF EYELID	Y	-	1/1/2025	Fee Schedule	\$1,026.00
67973	RECONSTRUCTION OF EYELID	Y	-	1/1/2025	Fee Schedule	\$1,026.00
67974	RECONSTRUCTION OF EYELID	Y	-	1/1/2025	Fee Schedule	\$1,587.04
67975	RECONSTRUCTION OF EYELID	Y	-	1/1/2025	Fee Schedule	\$1,026.00
68020	INCISE/DRAIN EYELID LINING	Y	-	1/1/2025	Fee Schedule	\$67.93
68040	TREATMENT OF EYELID LESIONS	Y	-	1/1/2025	Fee Schedule	\$31.70
68100	BIOPSY CONJUNCTIVA	Y	-	1/1/2025	Fee Schedule	\$122.92
68110	EXC LES CONJUNCTIVA <1 CM	Y	-	1/1/2025	Fee Schedule	\$161.73
68115	EXC LES CONJUNCTIVA >1 CM	Y	-	1/1/2025	Fee Schedule	\$1,026.00
68130	EXC LES CONJUNCTIVA ADJ SCL	Y	-	1/1/2025	Fee Schedule	\$1,026.00
68135	DESTRUCTION LES CONJUNCTIVA	Y	-	1/1/2025	Fee Schedule	\$86.69
68200	TREAT EYELID BY INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
68320	REVISE/GRAFT EYELID LINING	Y	-	1/1/2025		\$1,026.00
68325	REVISE/GRAFT EYELID LINING	Y	-	1/1/2025	Fee Schedule	\$1,587.04
68326	REVISE/GRAFT EYELID LINING	Y	-	1/1/2025	Fee Schedule	\$1,587.04
68328	REVISE/GRAFT EYELID LINING	Y	-	1/1/2025	Fee Schedule	\$1,026.00
68330	REVISE EYELID LINING	Y	-	1/1/2025	Fee Schedule	\$1,214.31

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Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **April 1, 2025**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
68335	REVISE/GRAFT EYELID LINING	Y	-	1/1/2025	Fee Schedule	\$1,587.04
68340	SEPARATE EYELID ADHESIONS	Y	-	1/1/2025	Fee Schedule	\$1,026.00
68360	REVISE EYELID LINING	Y	-	1/1/2025	Fee Schedule	\$1,587.04
68362	REVISE EYELID LINING	Y	-	1/1/2025	Fee Schedule	\$1,026.00
68371	HARVEST EYE TISSUE ALOGRAFT	Y	-	1/1/2025	Fee Schedule	\$1,026.00
68400	I&D LACRIMAL GLAND	Y	-	1/1/2025	Fee Schedule	\$219.63
68420	I&D LACRIMAL SAC	Y	-	1/1/2025	Fee Schedule	\$231.92
68440	SNIP INC LACRIMAL PUNCTUM	Y	-	1/1/2025	Fee Schedule	\$66.63
68500	REMOVAL OF TEAR GLAND	Y	-	1/1/2025	Fee Schedule	\$1,587.04
68505	PARTIAL REMOVAL TEAR GLAND	Y	-	1/1/2025	Fee Schedule	\$1,587.04
68510	BIOPSY OF TEAR GLAND	Y	-	1/1/2025	Fee Schedule	\$1,026.00
68520	REMOVAL OF TEAR SAC	Y	-	1/1/2025	Fee Schedule	\$1,587.04
68525	BIOPSY OF TEAR SAC	Y	-	1/1/2025	Fee Schedule	\$1,026.00
68530	CLEARANCE OF TEAR DUCT	Y	-	1/1/2025	Fee Schedule	\$160.11
68540	REMOVE TEAR GLAND LESION	Y	-	1/1/2025	Fee Schedule	\$1,026.00
68550	REMOVE TEAR GLAND LESION	Y	-	1/1/2025	Fee Schedule	\$1,587.04
68700	REPAIR TEAR DUCTS	Y	-	1/1/2025	Fee Schedule	\$1,026.00
68705	REVISE TEAR DUCT OPENING	Y	-	1/1/2025	Fee Schedule	\$160.11
68720	CREATE TEAR SAC DRAIN	Y	-	1/1/2025	Fee Schedule	\$1,587.04
68745	CREATE TEAR DUCT DRAIN	Y	-	1/1/2025	Fee Schedule	\$1,587.04
68750	CREATE TEAR DUCT DRAIN	Y	-	1/1/2025	Fee Schedule	\$1,587.04
68760	CLOSE TEAR DUCT OPENING	Y	-	1/1/2025	Fee Schedule	\$146.21
68761	CLOSE TEAR DUCT OPENING	Y	-	1/1/2025	Fee Schedule	\$90.89
68770	CLOSE TEAR SYSTEM FISTULA	Y	-	1/1/2025	Fee Schedule	\$1,026.00
68801	DILATE TEAR DUCT OPENING	-	-	7/1/2018	No Separate Payment	\$0.00
68810	PROBE NASOLACRIMAL DUCT	Y	-	1/1/2025	Fee Schedule	\$160.11
68811	PROBE NASOLACRIMAL DUCT	Y	-	1/1/2025	Fee Schedule	\$1,026.00
68815	PROBE NASOLACRIMAL DUCT	Y	-	1/1/2025	Fee Schedule	\$1,026.00
68816	PROBE NL DUCT W/BALLOON	Y	-	1/1/2025	Fee Schedule	\$1,026.00
68840	EXPLORE/IRRIGATE TEAR DUCTS	Y	-	1/1/2025	Fee Schedule	\$83.13
68841	INSJ RX ELUT IMPLT LAC CANAL	-	-	1/1/2024	No Separate Payment	\$0.00
68850	INJECTION FOR TEAR SAC X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
69000	DRG XTRNL EAR ABSC/HEM SMPL	Y	-	1/1/2025	Fee Schedule	\$123.24
69005	DRG XTRNL EAR ABSC/HEM COMP	Y	-	1/1/2025	Fee Schedule	\$131.97
69020	DRG XTRNL AUD CANAL ABSCESS	Y	-	1/1/2025	Fee Schedule	\$165.94
69100	BIOPSY OF EXTERNAL EAR	Y	-	1/1/2025	Fee Schedule	\$62.75
69105	BIOPSY OF EXTERNAL EAR CANAL	Y	-	1/1/2025	Fee Schedule	\$106.10
69110	REMOVE EXTERNAL EAR PARTIAL	Y	-	1/1/2025	Fee Schedule	\$1,201.90
69120	REMOVAL OF EXTERNAL EAR	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69140	REMOVE EAR CANAL LESION(S)	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69145	REMOVE EAR CANAL LESION(S)	Y	-	1/1/2025	Fee Schedule	\$1,201.90
69150	EXTENSIVE EAR CANAL SURGERY	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69200	CLEAR OUTER EAR CANAL	-	-	7/1/2018	No Separate Payment	\$0.00
69205	CLEAR OUTER EAR CANAL	Y	-	1/1/2025	Fee Schedule	\$708.28
69209	REMOVE IMPACTED EAR WAX UNI	-	-	7/1/2018	No Separate Payment	\$0.00
69210	REMOVE IMPACTED EAR WAX UNI	-	-	7/1/2018	No Separate Payment	\$0.00
69220	CLEAN OUT MASTOID CAVITY	-	-	7/1/2018	No Separate Payment	\$0.00
69222	CLEAN OUT MASTOID CAVITY	Y	-	1/1/2025	Fee Schedule	\$154.29
69300	REVISE EXTERNAL EAR	-	-	4/1/2024	Not Allowed	\$0.00
69310	REBUILD OUTER EAR CANAL	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69320	REBUILD OUTER EAR CANAL	Y	-	1/1/2025	Fee Schedule	\$2,917.35

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Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
69420	INCISION OF EARDRUM	Y	-	1/1/2025	Fee Schedule	\$124.13
69421	INCISION OF EARDRUM	Y	-	1/1/2025	Fee Schedule	\$1,394.45
69424	REMOVE VENTILATING TUBE	-	-	1/1/2025	Fee Schedule	\$92.19
69433	CREATE EARDRUM OPENING	Y	-	1/1/2025	Fee Schedule	\$137.47
69436	CREATE EARDRUM OPENING	Y	-	1/1/2025	Fee Schedule	\$657.38
69440	EXPLORATION OF MIDDLE EAR	Y	-	1/1/2025	Fee Schedule	\$1,394.45
69450	EARDRUM REVISION	Y	-	1/1/2025	Fee Schedule	\$1,394.45
69501	MASTOIDECTOMY	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69502	MASTOIDECTOMY	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69505	REMOVE MASTOID STRUCTURES	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69511	EXTENSIVE MASTOID SURGERY	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69530	EXTENSIVE MASTOID SURGERY	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69540	EXCISION AURAL POLYP	Y	-	1/1/2025	Fee Schedule	\$155.59
69550	EXC AURL GLOMUS TUM TRNSCANL	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69552	EXC AURL GLOMUS TUM TRNSMSTD	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69601	REVJ MSTDC RSLTG COMPL MSTDC	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69602	REV MSTDC RSLT MOD RAD MSTDC	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69603	REVJ MSTDC RSLTG RAD MSTDC	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69604	REVJ MSTDC RSLTG TYMPANPLSTY	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69610	TYMPANIC MEMBRANE REPAIR	Y	-	1/1/2025	Fee Schedule	\$206.37
69620	MYRINGOPLASTY	Y	-	1/1/2025	Fee Schedule	\$1,394.45
69631	REPAIR EARDRUM STRUCTURES	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69632	REBUILD EARDRUM STRUCTURES	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69633	REBUILD EARDRUM STRUCTURES	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69635	REPAIR EARDRUM STRUCTURES	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69636	REBUILD EARDRUM STRUCTURES	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69637	REBUILD EARDRUM STRUCTURES	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69641	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69642	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69643	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69644	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69645	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69646	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69650	STAPES MOBILIZATION	Y	-	1/1/2025	Fee Schedule	\$1,394.45
69660	REVISE MIDDLE EAR BONE	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69661	REVISE MIDDLE EAR BONE	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69662	REVISE MIDDLE EAR BONE	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69666	REPAIR MIDDLE EAR STRUCTURES	Y	-	1/1/2025	Fee Schedule	\$1,394.45
69667	REPAIR MIDDLE EAR STRUCTURES	Y	-	1/1/2025	Fee Schedule	\$1,394.45
69670	REMOVE MASTOID AIR CELLS	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69676	REMOVE MIDDLE EAR NERVE	Y	-	1/1/2025	Fee Schedule	\$1,394.45
69700	CLOSE MASTOID FISTULA	Y	-	1/1/2025	Fee Schedule	\$657.38
69705	NPS SURG DILAT EUST TUBE UNI	Y	-	1/1/2025	Fee Schedule	\$4,237.04
69706	NPS SURG DILAT EUST TUBE BI	Y	-	1/1/2025	Fee Schedule	\$4,223.95
69711	REMOVE/REPAIR HEARING AID	Y	-	1/1/2025	Fee Schedule	\$1,394.45
69714	IMPL OI IMPLT SKULL PERQ ESP	Y	-	1/1/2025	Fee Schedule	\$10,182.17
69716	IMPL OI IMPLT SK TC ESP<100	Y	-	1/1/2025	Fee Schedule	\$10,170.15
69717	RPLCMT OI IMPLT SKL PRQ ESP	Y	-	1/1/2025	Fee Schedule	\$5,339.52
69719	RPLCM OI IMPLT SK TC ESP<100	Y	-	1/1/2025	Fee Schedule	\$10,570.20
69720	RELEASE FACIAL NERVE	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69725	RELEASE FACIAL NERVE	-	-	1/1/2022	Not Allowed	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
69726	RMV NTR OI IMPLT SKL PRQ ESP	Y	-	1/1/2025	Fee Schedule	\$1,579.16
69727	RMV NTR OI IMP SK TC ESP<100	Y	-	1/1/2025	Fee Schedule	\$1,579.16
69728	RMV NTR OI IMP SK TC>=100	Y	-	1/1/2025	Fee Schedule	\$1,579.16
69729	IMPL OI IMPLT SK TC ESP>=100	Y	-	1/1/2025	Fee Schedule	\$10,257.15
69730	RPLC OI IMPLT SK TC ESP>=100	Y	-	1/1/2025	Fee Schedule	\$9,339.16
69740	REPAIR FACIAL NERVE	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69745	REPAIR FACIAL NERVE	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69801	INCISE INNER EAR	Y	-	1/1/2025	Fee Schedule	\$143.29
69805	EXPLORE INNER EAR	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69806	EXPLORE INNER EAR	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69905	REMOVE INNER EAR	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69910	REMOVE INNER EAR & MASTOID	Y	-	1/1/2025	Fee Schedule	\$2,917.35
69915	INCISE INNER EAR NERVE	Y	-	1/1/2025	Fee Schedule	\$1,394.45
69930	IMPLANT COCHLEAR DEVICE	Y	-	1/1/2025	Fee Schedule	\$27,630.43
69955	RELEASE FACIAL NERVE	-	-	1/1/2022	Not Allowed	\$0.00
69960	RELEASE INNER EAR CANAL	-	-	1/1/2022	Not Allowed	\$0.00
69970	REMOVE INNER EAR LESION	-	-	1/1/2022	Not Allowed	\$0.00
69990	MICROSURGERY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
70010	CONTRAST X-RAY OF BRAIN	-	-	1/1/2024	No Separate Payment	\$0.00
70015	CONTRAST X-RAY OF BRAIN	-	-	1/1/2024	No Separate Payment	\$0.00
70030	X-RAY EYE FOR FOREIGN BODY	-	-	1/1/2024	No Separate Payment	\$0.00
70100	X-RAY EXAM OF JAW <4VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
70110	X-RAY EXAM OF JAW 4/> VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
70120	X-RAY EXAM OF MASTOIDS	-	-	7/1/2018	No Separate Payment	\$0.00
70130	X-RAY EXAM OF MASTOIDS	-	-	7/1/2018	No Separate Payment	\$0.00
70134	X-RAY EXAM OF MIDDLE EAR	-	-	7/1/2018	No Separate Payment	\$0.00
70140	X-RAY EXAM OF FACIAL BONES	-	-	7/1/2018	No Separate Payment	\$0.00
70150	X-RAY EXAM OF FACIAL BONES	-	-	7/1/2018	No Separate Payment	\$0.00
70160	X-RAY EXAM OF NASAL BONES	-	-	7/1/2018	No Separate Payment	\$0.00
70170	X-RAY EXAM OF TEAR DUCT	-	-	7/1/2018	No Separate Payment	\$0.00
70190	X-RAY EXAM OF EYE SOCKETS	-	-	7/1/2018	No Separate Payment	\$0.00
70200	X-RAY EXAM OF EYE SOCKETS	-	-	7/1/2018	No Separate Payment	\$0.00
70210	X-RAY EXAM OF SINUSES	-	-	7/1/2018	No Separate Payment	\$0.00
70220	X-RAY EXAM OF SINUSES	-	-	7/1/2018	No Separate Payment	\$0.00
70240	X-RAY EXAM PITUITARY SADDLE	-	-	7/1/2018	No Separate Payment	\$0.00
70250	X-RAY EXAM OF SKULL	-	-	7/1/2018	No Separate Payment	\$0.00
70260	X-RAY EXAM OF SKULL	-	-	7/1/2018	No Separate Payment	\$0.00
70300	X-RAY EXAM OF TEETH	-	-	7/1/2018	No Separate Payment	\$0.00
70310	X-RAY EXAM OF TEETH	-	-	7/1/2018	No Separate Payment	\$0.00
70320	FULL MOUTH X-RAY OF TEETH	-	-	7/1/2018	No Separate Payment	\$0.00
70328	X-RAY EXAM OF JAW JOINT	-	-	7/1/2018	No Separate Payment	\$0.00
70330	X-RAY EXAM OF JAW JOINTS	-	-	7/1/2018	No Separate Payment	\$0.00
70332	X-RAY EXAM OF JAW JOINT	-	-	7/1/2018	No Separate Payment	\$0.00
70336	MAGNETIC IMAGE JAW JOINT	-	-	1/1/2025	Fee Schedule	\$130.28
70350	X-RAY HEAD FOR ORTHODONTIA	-	-	7/1/2018	No Separate Payment	\$0.00
70355	PANORAMIC X-RAY OF JAWS	-	-	7/1/2018	No Separate Payment	\$0.00
70360	X-RAY EXAM OF NECK	-	-	7/1/2018	No Separate Payment	\$0.00
70370	THROAT X-RAY & FLUOROSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
70371	SPEECH EVALUATION COMPLEX	-	-	1/1/2024	No Separate Payment	\$0.00
70380	X-RAY EXAM OF SALIVARY GLAND	-	-	7/1/2018	No Separate Payment	\$0.00
70390	X-RAY EXAM OF SALIVARY DUCT	-	-	7/1/2018	No Separate Payment	\$0.00

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Montana Healthcare Programs Fee Schedule
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
70450	CT HEAD/BRAIN W/O DYE	-	-	1/1/2025	Fee Schedule	\$56.71
70460	CT HEAD/BRAIN W/DYE	-	-	1/1/2025	Fee Schedule	\$94.13
70470	CT HEAD/BRAIN W/O & W/DYE	-	-	1/1/2025	Fee Schedule	\$96.71
70480	CT ORBIT/EAR/FOSSA W/O DYE	-	-	1/1/2025	Fee Schedule	\$56.71
70481	CT ORBIT/EAR/FOSSA W/DYE	-	-	1/1/2025	Fee Schedule	\$96.71
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	-	-	1/1/2025	Fee Schedule	\$96.71
70486	CT MAXILLOFACIAL W/O DYE	-	-	1/1/2025	Fee Schedule	\$56.71
70487	CT MAXILLOFACIAL W/DYE	-	-	1/1/2025	Fee Schedule	\$96.71
70488	CT MAXILLOFACIAL W/O & W/DYE	-	-	1/1/2025	Fee Schedule	\$96.71
70490	CT SOFT TISSUE NECK W/O DYE	-	-	1/1/2025	Fee Schedule	\$56.71
70491	CT SOFT TISSUE NECK W/DYE	-	-	1/1/2025	Fee Schedule	\$96.71
70492	CT SFT TSUE NCK W/O & W/DYE	-	-	1/1/2025	Fee Schedule	\$96.71
70496	CT ANGIOGRAPHY HEAD	-	-	1/1/2025	Fee Schedule	\$96.71
70498	CT ANGIOGRAPHY NECK	-	-	1/1/2025	Fee Schedule	\$96.71
70540	MRI ORBIT/FACE/NECK W/O DYE	-	-	1/1/2025	Fee Schedule	\$130.28
70542	MRI ORBIT/FACE/NECK W/DYE	-	-	1/1/2025	Fee Schedule	\$188.26
70543	MRI ORBT/FAC/NCK W/O &W/DYE	-	-	1/1/2025	Fee Schedule	\$192.74
70544	MR ANGIOGRAPHY HEAD W/O DYE	-	-	1/1/2025	Fee Schedule	\$130.28
70545	MR ANGIOGRAPHY HEAD W/DYE	-	-	1/1/2025	Fee Schedule	\$168.85
70546	MR ANGIOGRAPH HEAD W/O&W/DYE	-	-	1/1/2025	Fee Schedule	\$192.74
70547	MR ANGIOGRAPHY NECK W/O DYE	-	-	1/1/2025	Fee Schedule	\$130.28
70548	MR ANGIOGRAPHY NECK W/DYE	-	-	1/1/2025	Fee Schedule	\$173.38
70549	MR ANGIOGRAPH NECK W/O&W/DYE	-	-	1/1/2025	Fee Schedule	\$192.74
70551	MRI BRAIN STEM W/O DYE	-	-	1/1/2025	Fee Schedule	\$125.50
70552	MRI BRAIN STEM W/DYE	-	-	1/1/2025	Fee Schedule	\$184.38
70553	MRI BRAIN STEM W/O & W/DYE	-	-	1/1/2025	Fee Schedule	\$192.74
70554	FMRI BRAIN BY TECH	-	-	1/1/2025	Fee Schedule	\$130.28
70555	FMRI BRAIN BY PHYS/PSYCH	-	-	1/1/2025	Fee Schedule	\$130.28
70557	MRI BRAIN W/O DYE	-	-	1/1/2025	Fee Schedule	\$291.79
70558	MRI BRAIN W/DYE	-	-	1/1/2025	Fee Schedule	\$96.71
70559	MRI BRAIN W/O & W/DYE	-	-	1/1/2025	Fee Schedule	\$96.71
71045	X-RAY EXAM CHEST 1 VIEW	-	-	1/1/2025	Fee Schedule	\$16.50
71046	X-RAY EXAM CHEST 2 VIEWS	-	-	1/1/2025	Fee Schedule	\$22.32
71047	X-RAY EXAM CHEST 3 VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
71048	X-RAY EXAM CHEST 4+ VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
71100	X-RAY EXAM RIBS UNI 2 VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
71101	X-RAY EXAM UNILAT RIBS/CHEST	-	-	1/1/2024	No Separate Payment	\$0.00
71110	X-RAY EXAM RIBS BIL 3 VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
71111	X-RAY EXAM RIBS/CHEST4/> VWS	-	-	7/1/2018	No Separate Payment	\$0.00
71120	X-RAY EXAM BREASTBONE 2/>VWS	-	-	7/1/2018	No Separate Payment	\$0.00
71130	X-RAY STRENOCLAVIC JT 3/>VWS	-	-	7/1/2018	No Separate Payment	\$0.00
71250	CT THORAX DX C-	-	-	1/1/2025	Fee Schedule	\$56.71
71260	CT THORAX DX C+	-	-	1/1/2025	Fee Schedule	\$96.71
71270	CT THORAX DX C-/C+	-	-	1/1/2025	Fee Schedule	\$96.71
71275	CT ANGIOGRAPHY CHEST	-	-	1/1/2025	Fee Schedule	\$96.71
71550	MRI CHEST W/O DYE	-	-	1/1/2025	Fee Schedule	\$130.28
71551	MRI CHEST W/DYE	-	-	1/1/2025	Fee Schedule	\$287.56
71552	MRI CHEST W/O & W/DYE	-	-	1/1/2025	Fee Schedule	\$192.74
72020	X-RAY EXAM OF SPINE 1 VIEW	-	-	1/1/2024	No Separate Payment	\$0.00
72040	X-RAY EXAM NECK SPINE 2-3 VW	-	-	1/1/2024	No Separate Payment	\$0.00
72050	X-RAY EXAM NECK SPINE 4/5VWS	-	-	1/1/2024	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
72052	X-RAY EXAM NECK SPINE 6/>VWS	-	-	1/1/2024	No Separate Payment	\$0.00
72070	X-RAY EXAM THORAC SPINE 2VWS	-	-	1/1/2024	No Separate Payment	\$0.00
72072	X-RAY EXAM THORAC SPINE 3VWS	-	-	7/1/2018	No Separate Payment	\$0.00
72074	X-RAY EXAM THORAC SPINE4/>VW	-	-	7/1/2018	No Separate Payment	\$0.00
72080	X-RAY EXAM THORACOLMB 2/> VW	-	-	7/1/2018	No Separate Payment	\$0.00
72081	X-RAY EXAM ENTIRE SPI 1 VW	-	-	7/1/2018	No Separate Payment	\$0.00
72082	X-RAY EXAM ENTIRE SPI 2/3 VW	-	-	7/1/2018	No Separate Payment	\$0.00
72083	X-RAY EXAM ENTIRE SPI 4/5 VW	-	-	1/1/2025	Fee Schedule	\$56.71
72084	X-RAY EXAM ENTIRE SPI 6/> VW	-	-	1/1/2025	Fee Schedule	\$56.71
72100	X-RAY EXAM L-S SPINE 2/3 VWS	-	-	7/1/2018	No Separate Payment	\$0.00
72110	X-RAY EXAM L-2 SPINE 4/>VWS	-	-	7/1/2018	No Separate Payment	\$0.00
72114	X-RAY EXAM L-S SPINE BENDING	-	-	7/1/2018	No Separate Payment	\$0.00
72120	X-RAY BEND ONLY L-S SPINE	-	-	1/1/2024	No Separate Payment	\$0.00
72125	CT NECK SPINE W/O DYE	-	-	1/1/2025	Fee Schedule	\$56.71
72126	CT NECK SPINE W/DYE	-	-	1/1/2025	Fee Schedule	\$109.98
72127	CT NECK SPINE W/O & W/DYE	-	-	1/1/2025	Fee Schedule	\$96.71
72128	CT CHEST SPINE W/O DYE	-	-	1/1/2025	Fee Schedule	\$56.71
72129	CT CHEST SPINE W/DYE	-	-	1/1/2025	Fee Schedule	\$96.71
72130	CT CHEST SPINE W/O & W/DYE	-	-	1/1/2025	Fee Schedule	\$96.71
72131	CT LUMBAR SPINE W/O DYE	-	-	1/1/2025	Fee Schedule	\$56.71
72132	CT LUMBAR SPINE W/DYE	-	-	1/1/2025	Fee Schedule	\$110.63
72133	CT LUMBAR SPINE W/O & W/DYE	-	-	1/1/2025	Fee Schedule	\$96.71
72141	MRI NECK SPINE W/O DYE	-	-	1/1/2025	Fee Schedule	\$119.36
72142	MRI NECK SPINE W/DYE	-	-	1/1/2025	Fee Schedule	\$187.93
72146	MRI CHEST SPINE W/O DYE	-	-	1/1/2025	Fee Schedule	\$119.68
72147	MRI CHEST SPINE W/DYE	-	-	1/1/2025	Fee Schedule	\$185.99
72148	MRI LUMBAR SPINE W/O DYE	-	-	1/1/2025	Fee Schedule	\$120.01
72149	MRI LUMBAR SPINE W/DYE	-	-	1/1/2025	Fee Schedule	\$183.40
72156	MRI NECK SPINE W/O & W/DYE	-	-	1/1/2025	Fee Schedule	\$192.74
72157	MRI CHEST SPINE W/O & W/DYE	-	-	1/1/2025	Fee Schedule	\$192.74
72158	MRI LUMBAR SPINE W/O & W/DYE	-	-	1/1/2025	Fee Schedule	\$192.74
72170	X-RAY EXAM OF PELVIS	-	-	1/1/2024	No Separate Payment	\$0.00
72190	X-RAY EXAM OF PELVIS	-	-	1/1/2024	No Separate Payment	\$0.00
72191	CT ANGIOGRAPH PELV W/O&W/DYE	-	-	1/1/2025	Fee Schedule	\$96.71
72192	CT PELVIS W/O DYE	-	-	1/1/2025	Fee Schedule	\$56.71
72193	CT PELVIS W/DYE	-	-	1/1/2025	Fee Schedule	\$96.71
72194	CT PELVIS W/O & W/DYE	-	-	1/1/2025	Fee Schedule	\$96.71
72195	MRI PELVIS W/O DYE	-	-	1/1/2025	Fee Schedule	\$130.28
72196	MRI PELVIS W/DYE	-	-	1/1/2025	Fee Schedule	\$184.70
72197	MRI PELVIS W/O & W/DYE	-	-	1/1/2025	Fee Schedule	\$192.74
72200	X-RAY EXAM SI JOINTS	-	-	1/1/2024	No Separate Payment	\$0.00
72202	X-RAY EXAM SI JOINTS 3/> VWS	-	-	1/1/2024	No Separate Payment	\$0.00
72220	X-RAY EXAM SACRUM TAILBONE	-	-	1/1/2024	No Separate Payment	\$0.00
72240	MYELOGRAPHY NECK SPINE	-	-	1/1/2024	No Separate Payment	\$0.00
72255	MYELOGRAPHY THORACIC SPINE	-	-	1/1/2024	No Separate Payment	\$0.00
72265	MYELOGRAPHY L-S SPINE	-	-	7/1/2018	No Separate Payment	\$0.00
72270	MYELOGPHY 2/> SPINE REGIONS	-	-	7/1/2018	No Separate Payment	\$0.00
72285	DISCOGRAPHY CERV/THOR SPINE	-	-	7/1/2018	No Separate Payment	\$0.00
72295	X-RAY OF LOWER SPINE DISK	-	-	7/1/2018	No Separate Payment	\$0.00
73000	X-RAY EXAM OF COLLAR BONE	-	-	7/1/2018	No Separate Payment	\$0.00
73010	X-RAY EXAM OF SHOULDER BLADE	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
73020	X-RAY EXAM OF SHOULDER	-	-	7/1/2018	No Separate Payment	\$0.00
73030	X-RAY EXAM OF SHOULDER	-	-	7/1/2018	No Separate Payment	\$0.00
73040	CONTRAST X-RAY OF SHOULDER	-	-	7/1/2018	No Separate Payment	\$0.00
73050	X-RAY EXAM OF SHOULDERS	-	-	7/1/2018	No Separate Payment	\$0.00
73060	X-RAY EXAM OF HUMERUS	-	-	7/1/2018	No Separate Payment	\$0.00
73070	X-RAY EXAM OF ELBOW	-	-	7/1/2018	No Separate Payment	\$0.00
73080	X-RAY EXAM OF ELBOW	-	-	7/1/2018	No Separate Payment	\$0.00
73085	CONTRAST X-RAY OF ELBOW	-	-	7/1/2018	No Separate Payment	\$0.00
73090	X-RAY EXAM OF FOREARM	-	-	7/1/2018	No Separate Payment	\$0.00
73092	X-RAY EXAM OF ARM INFANT	-	-	7/1/2018	No Separate Payment	\$0.00
73100	X-RAY EXAM OF WRIST	-	-	7/1/2018	No Separate Payment	\$0.00
73110	X-RAY EXAM OF WRIST	-	-	7/1/2018	No Separate Payment	\$0.00
73115	CONTRAST X-RAY OF WRIST	-	-	7/1/2018	No Separate Payment	\$0.00
73120	X-RAY EXAM OF HAND	-	-	7/1/2018	No Separate Payment	\$0.00
73130	X-RAY EXAM OF HAND	-	-	7/1/2018	No Separate Payment	\$0.00
73140	X-RAY EXAM OF FINGER(S)	-	-	7/1/2018	No Separate Payment	\$0.00
73200	CT UPPER EXTREMITY W/O DYE	-	-	1/1/2025	Fee Schedule	\$56.71
73201	CT UPPER EXTREMITY W/DYE	-	-	1/1/2025	Fee Schedule	\$143.29
73202	CT UPPR EXTREMITY W/O&W/DYE	-	-	1/1/2025	Fee Schedule	\$96.71
73206	CT ANGIO UPR EXTRM W/O&W/DYE	-	-	1/1/2025	Fee Schedule	\$96.71
73218	MRI UPPER EXTREMITY W/O DYE	-	-	1/1/2025	Fee Schedule	\$130.28
73219	MRI UPPER EXTREMITY W/DYE	-	-	1/1/2025	Fee Schedule	\$192.74
73220	MRI UPPR EXTREMITY W/O&W/DYE	-	-	1/1/2025	Fee Schedule	\$192.74
73221	MRI JOINT UPR EXTREM W/O DYE	-	-	1/1/2025	Fee Schedule	\$130.28
73222	MRI JOINT UPR EXTREM W/DYE	-	-	1/1/2025	Fee Schedule	\$230.63
73223	MRI JOINT UPR EXTR W/O&W/DYE	-	-	1/1/2025	Fee Schedule	\$192.74
73501	X-RAY EXAM HIP UNI 1 VIEW	-	-	1/1/2024	No Separate Payment	\$0.00
73502	X-RAY EXAM HIP UNI 2-3 VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
73503	X-RAY EXAM HIP UNI 4/> VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
73521	X-RAY EXAM HIPS BI 2 VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
73522	X-RAY EXAM HIPS BI 3-4 VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
73523	X-RAY EXAM HIPS BI 5/> VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
73525	CONTRAST X-RAY OF HIP	-	-	7/1/2018	No Separate Payment	\$0.00
73551	X-RAY EXAM OF FEMUR 1	-	-	7/1/2018	No Separate Payment	\$0.00
73552	X-RAY EXAM OF FEMUR 2/>	-	-	7/1/2018	No Separate Payment	\$0.00
73560	X-RAY EXAM OF KNEE 1 OR 2	-	-	7/1/2018	No Separate Payment	\$0.00
73562	X-RAY EXAM OF KNEE 3	-	-	7/1/2018	No Separate Payment	\$0.00
73564	X-RAY EXAM KNEE 4 OR MORE	-	-	7/1/2018	No Separate Payment	\$0.00
73565	X-RAY EXAM OF KNEES	-	-	7/1/2018	No Separate Payment	\$0.00
73580	CONTRAST X-RAY OF KNEE JOINT	-	-	7/1/2018	No Separate Payment	\$0.00
73590	X-RAY EXAM OF LOWER LEG	-	-	7/1/2018	No Separate Payment	\$0.00
73592	X-RAY EXAM OF LEG INFANT	-	-	7/1/2018	No Separate Payment	\$0.00
73600	X-RAY EXAM OF ANKLE	-	-	7/1/2018	No Separate Payment	\$0.00
73610	X-RAY EXAM OF ANKLE	-	-	7/1/2018	No Separate Payment	\$0.00
73615	CONTRAST X-RAY OF ANKLE	-	-	7/1/2018	No Separate Payment	\$0.00
73620	X-RAY EXAM OF FOOT	-	-	7/1/2018	No Separate Payment	\$0.00
73630	X-RAY EXAM OF FOOT	-	-	7/1/2018	No Separate Payment	\$0.00
73650	X-RAY EXAM OF HEEL	-	-	7/1/2018	No Separate Payment	\$0.00
73660	X-RAY EXAM OF TOE(S)	-	-	7/1/2018	No Separate Payment	\$0.00
73700	CT LOWER EXTREMITY W/O DYE	-	-	1/1/2025	Fee Schedule	\$56.71
73701	CT LOWER EXTREMITY W/DYE	-	-	1/1/2025	Fee Schedule	\$96.71

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **April 1, 2025**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
73702	CT LWR EXTREMITY W/O&W/DYE	-	-	1/1/2025	Fee Schedule	\$96.71
73706	CT ANGIO LWR EXTR W/O&W/DYE	-	-	1/1/2025	Fee Schedule	\$96.71
73718	MRI LOWER EXTREMITY W/O DYE	-	-	1/1/2025	Fee Schedule	\$130.28
73719	MRI LOWER EXTREMITY W/DYE	-	-	1/1/2025	Fee Schedule	\$183.73
73720	MRI LWR EXTREMITY W/O&W/DYE	-	-	1/1/2025	Fee Schedule	\$192.74
73721	MRI JNT OF LWR EXTRE W/O DYE	-	-	1/1/2025	Fee Schedule	\$130.28
73722	MRI JOINT OF LWR EXTR W/DYE	-	-	1/1/2025	Fee Schedule	\$232.25
73723	MRI JOINT LWR EXTR W/O&W/DYE	-	-	1/1/2025	Fee Schedule	\$192.74
74018	RADEX ABDOMEN 1 VIEW	-	-	1/1/2024	No Separate Payment	\$0.00
74019	RADEX ABDOMEN 2 VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
74021	RADEX ABDOMEN 3+ VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
74022	RADEX COMPL AQT ABD SERIES	-	-	1/1/2024	No Separate Payment	\$0.00
74150	CT ABDOMEN W/O CONTRAST	-	-	1/1/2025	Fee Schedule	\$56.71
74160	CT ABDOMEN W/CONTRAST	-	-	1/1/2025	Fee Schedule	\$96.71
74170	CT ABD WO CNTRST FLWD CNTRST	-	-	1/1/2025	Fee Schedule	\$96.71
74174	CTA ABD&PLVS W/CONTRAST	-	-	1/1/2025	Fee Schedule	\$192.74
74175	CTA ABDOMEN W/CONTRAST	-	-	1/1/2025	Fee Schedule	\$96.71
74176	CT ABD & PELVIS W/O CONTRAST	-	-	1/1/2025	Fee Schedule	\$100.92
74177	CT ABD & PELVIS W/CONTRAST	-	-	1/1/2025	Fee Schedule	\$192.74
74178	CT ABD&PLV WO CNTR FLWD CNTR	-	-	1/1/2025	Fee Schedule	\$192.74
74181	MRI ABDOMEN W/O CONTRAST	-	-	1/1/2025	Fee Schedule	\$125.50
74182	MRI ABDOMEN W/CONTRAST	-	-	1/1/2025	Fee Schedule	\$192.74
74183	MRI ABD W/O CNTR FLWD CNTR	-	-	1/1/2025	Fee Schedule	\$192.74
74190	PERITONEOGRAM RS&I	-	-	1/1/2024	No Separate Payment	\$0.00
74210	X-RAY XM PHRNX&/CRV ESOPH C+	-	-	1/1/2024	No Separate Payment	\$0.00
74220	X-RAY XM ESOPHAGUS 1CNTRST	-	-	1/1/2024	No Separate Payment	\$0.00
74221	X-RAY XM ESOPHAGUS 2CNTRST	-	-	1/1/2024	No Separate Payment	\$0.00
74230	X-RAY XM SWLNG FUNCJ C+	-	-	1/1/2025	Fee Schedule	\$93.48
74235	REMOVE ESOPHAGUS OBSTRUCTION	-	-	1/1/2024	No Separate Payment	\$0.00
74240	X-RAY XM UPR GI TRC 1CNTRST	-	-	1/1/2025	Fee Schedule	\$79.90
74246	X-RAY XM UPR GI TRC 2CNTRST	-	-	1/1/2025	Fee Schedule	\$91.22
74248	X-RAY SM INT F-THRU STD	-	-	1/1/2024	No Separate Payment	\$0.00
74250	X-RAY XM SM INT 1CNTRST STD	-	-	1/1/2025	Fee Schedule	\$79.25
74251	X-RAY XM SM INT 2CNTRST STD	-	-	1/1/2025	Fee Schedule	\$96.71
74261	CT COLONOGRAPHY DX	-	-	1/1/2025	Fee Schedule	\$56.71
74262	CT COLONOGRAPHY DX W/DYE	-	-	1/1/2025	Fee Schedule	\$96.71
74270	X-RAY XM COLON 1CNTRST STD	-	-	1/1/2024	No Separate Payment	\$0.00
74280	X-RAY XM COLON 2CNTRST STD	-	-	1/1/2024	No Separate Payment	\$0.00
74283	THER NMA RDCTJ INTUS/OBSTRCTJ	-	-	1/1/2025	Fee Schedule	\$96.71
74290	CONTRAST X-RAY GALLBLADDER	-	-	1/1/2024	No Separate Payment	\$0.00
74300	X-RAY BILE DUCTS/PANCREAS	-	-	7/1/2018	No Separate Payment	\$0.00
74301	X-RAYS AT SURGERY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
74328	X-RAY BILE DUCT ENDOSCOPY	-	-	1/1/2024	No Separate Payment	\$0.00
74329	X-RAY FOR PANCREAS ENDOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
74330	X-RAY BILE/PANC ENDOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
74340	X-RAY GUIDE FOR GI TUBE	-	-	7/1/2018	No Separate Payment	\$0.00
74355	X-RAY GUIDE INTESTINAL TUBE	-	-	7/1/2018	No Separate Payment	\$0.00
74360	X-RAY GUIDE GI DILATION	-	-	7/1/2018	No Separate Payment	\$0.00
74363	X-RAY BILE DUCT DILATION	-	-	7/1/2018	No Separate Payment	\$0.00
74400	UROGRAPHY IV +-KUB TOMOG	-	-	1/1/2025	Fee Schedule	\$96.71
74410	UROGRAPHY NFS DRIP&/BOLUS	-	-	1/1/2025	Fee Schedule	\$96.71

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Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
74415	UROGRAPHY NFS DRIP&/BLS W/NF	-	-	1/1/2025	Fee Schedule	\$96.71
74420	UROGRAPHY RTRGR +-KUB	-	-	1/1/2025	Fee Schedule	\$192.74
74425	UROGRAPHY ANTEGRADE RS&I	-	-	1/1/2024	No Separate Payment	\$0.00
74430	CONTRAST X-RAY BLADDER	-	-	1/1/2024	No Separate Payment	\$0.00
74440	X-RAY MALE GENITAL TRACT	-	-	1/1/2024	No Separate Payment	\$0.00
74445	X-RAY EXAM OF PENIS	-	-	1/1/2024	No Separate Payment	\$0.00
74450	X-RAY URETHRA/BLADDER	-	-	7/1/2018	No Separate Payment	\$0.00
74455	X-RAY URETHRA/BLADDER	-	-	7/1/2018	No Separate Payment	\$0.00
74470	X-RAY EXAM OF KIDNEY LESION	-	-	7/1/2018	No Separate Payment	\$0.00
74485	DILATION URTR/URT RS&I	-	-	7/1/2018	No Separate Payment	\$0.00
74712	MRI FETAL SNGL/1ST GESTATION	-	-	1/1/2025	Fee Schedule	\$130.28
74713	MRI FETAL EA ADDL GESTATION	-	-	7/1/2018	No Separate Payment	\$0.00
74740	X-RAY FEMALE GENITAL TRACT	-	-	7/1/2018	No Separate Payment	\$0.00
74742	X-RAY FALLOPIAN TUBE	-	-	7/1/2018	No Separate Payment	\$0.00
74775	X-RAY EXAM OF PERINEUM	-	-	1/1/2025	Fee Schedule	\$130.28
75557	CARDIAC MRI FOR MORPH	-	-	1/1/2025	Fee Schedule	\$130.28
75559	CARDIAC MRI W/STRESS IMG	-	-	1/1/2025	Fee Schedule	\$231.92
75561	CARDIAC MRI FOR MORPH W/DYE	-	-	1/1/2025	Fee Schedule	\$192.74
75563	CARD MRI W/STRESS IMG & DYE	-	-	1/1/2025	Fee Schedule	\$277.53
75565	CARD MRI VELOC FLOW MAPPING	-	-	1/1/2024	No Separate Payment	\$0.00
75571	CT HRT W/O DYE W/CA TEST	-	-	1/1/2024	No Separate Payment	\$0.00
75572	CT HRT W/3D IMAGE	-	-	1/1/2025	Fee Schedule	\$144.59
75573	CT HRT C+ STRUX CGEN HRT DS	-	-	1/1/2025	Fee Schedule	\$184.38
75574	CT ANGIO HRT W/3D IMAGE	-	-	1/1/2025	Fee Schedule	\$192.74
75600	CONTRAST EXAM THORACIC AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
75605	CONTRAST EXAM THORACIC AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
75625	CONTRAST EXAM ABDOMINL AORTA	-	-	1/1/2024	No Separate Payment	\$0.00
75630	X-RAY AORTA LEG ARTERIES	-	-	1/1/2024	No Separate Payment	\$0.00
75635	CT ANGIO ABDOMINAL ARTERIES	-	-	1/1/2024	No Separate Payment	\$0.00
75705	ARTERY X-RAYS SPINE	-	-	7/1/2018	No Separate Payment	\$0.00
75710	ARTERY X-RAYS ARM/LEG	-	-	7/1/2018	No Separate Payment	\$0.00
75716	ARTERY X-RAYS ARMS/LEGS	-	-	7/1/2018	No Separate Payment	\$0.00
75726	ARTERY X-RAYS ABDOMEN	-	-	7/1/2018	No Separate Payment	\$0.00
75731	ARTERY X-RAYS ADRENAL GLAND	-	-	1/1/2025	Fee Schedule	\$96.72
75733	ARTERY X-RAYS ADRENALS	-	-	7/1/2018	No Separate Payment	\$0.00
75736	ARTERY X-RAYS PELVIS	-	-	7/1/2018	No Separate Payment	\$0.00
75741	ARTERY X-RAYS LUNG	-	-	7/1/2018	No Separate Payment	\$0.00
75743	ARTERY X-RAYS LUNGS	-	-	7/1/2018	No Separate Payment	\$0.00
75746	ARTERY X-RAYS LUNG	-	-	1/1/2025	Fee Schedule	\$80.22
75756	ARTERY X-RAYS CHEST	-	-	7/1/2018	No Separate Payment	\$0.00
75774	ARTERY X-RAY EACH VESSEL	-	-	7/1/2018	No Separate Payment	\$0.00
75801	LYMPH VESSEL X-RAY ARM/LEG	-	-	7/1/2018	No Separate Payment	\$0.00
75803	LYMPH VESSEL X-RAY ARMS/LEGS	-	-	1/1/2025	Fee Schedule	\$632.40
75805	LYMPH VESSEL X-RAY TRUNK	-	-	1/1/2025	Fee Schedule	\$1,588.69
75807	LYMPH VESSEL X-RAY TRUNK	-	-	7/1/2018	No Separate Payment	\$0.00
75809	NONVASCULAR SHUNT X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
75810	VEIN X-RAY SPLEEN/LIVER	-	-	1/1/2025	Fee Schedule	\$1,588.69
75820	VEIN X-RAY ARM/LEG	-	-	1/1/2024	No Separate Payment	\$0.00
75822	VEIN X-RAY ARMS/LEGS	-	-	1/1/2025	Fee Schedule	\$62.43
75825	VEIN X-RAY TRUNK	-	-	7/1/2018	No Separate Payment	\$0.00
75827	VEIN X-RAY CHEST	-	-	7/1/2018	No Separate Payment	\$0.00

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Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
75831	VEIN X-RAY KIDNEY	-	-	1/1/2024	No Separate Payment	\$0.00
75833	VEIN X-RAY KIDNEYS	-	-	7/1/2018	No Separate Payment	\$0.00
75840	VEIN X-RAY ADRENAL GLAND	-	-	1/1/2024	No Separate Payment	\$0.00
75842	VEIN X-RAY ADRENAL GLANDS	-	-	7/1/2018	No Separate Payment	\$0.00
75860	VEIN X-RAY NECK	-	-	7/1/2018	No Separate Payment	\$0.00
75870	VEIN X-RAY SKULL	-	-	1/1/2025	Fee Schedule	\$100.60
75872	VEIN X-RAY SKULL EPIDURAL	-	-	7/1/2018	No Separate Payment	\$0.00
75880	VEIN X-RAY EYE SOCKET	-	-	7/1/2018	No Separate Payment	\$0.00
75885	VEIN X-RAY LIVER W/HEMODYNAM	-	-	7/1/2018	No Separate Payment	\$0.00
75887	VEIN X-RAY LIVER W/O HEMODYN	-	-	1/1/2025	Fee Schedule	\$69.87
75889	VEIN X-RAY LIVER W/HEMODYNAM	-	-	1/1/2024	No Separate Payment	\$0.00
75891	VEIN X-RAY LIVER	-	-	7/1/2018	No Separate Payment	\$0.00
75893	VENOUS SAMPLING BY CATHETER	-	-	7/1/2018	No Separate Payment	\$0.00
75894	X-RAYS TRANSCATH THERAPY	-	-	7/1/2018	No Separate Payment	\$0.00
75898	FOLLOW-UP ANGIOGRAPHY	-	-	1/1/2025	Fee Schedule	\$1,588.69
75901	REMOVE CVA DEVICE OBSTRUCT	-	-	7/1/2018	No Separate Payment	\$0.00
75902	REMOVE CVA LUMEN OBSTRUCT	-	-	7/1/2018	No Separate Payment	\$0.00
75970	VASCULAR BIOPSY	-	-	7/1/2018	No Separate Payment	\$0.00
75984	XRAY CONTROL CATHETER CHANGE	-	-	7/1/2018	No Separate Payment	\$0.00
75989	ABSCESS DRAINAGE UNDER X-RAY	-	-	1/1/2024	No Separate Payment	\$0.00
76000	FLUOROSCOPY <1 HR PHYS/QHP	-	-	1/1/2025	Fee Schedule	\$26.85
76010	X-RAY NOSE TO RECTUM	-	-	7/1/2018	No Separate Payment	\$0.00
76015	MR SFTY MPLT&/FB ASMT STF EA	-	-	1/1/2025	No Separate Payment	\$0.00
76080	X-RAY EXAM OF FISTULA	-	-	7/1/2018	No Separate Payment	\$0.00
76098	X-RAY EXAM SURGICAL SPECIMEN	-	-	7/1/2018	No Separate Payment	\$0.00
76100	X-RAY EXAM OF BODY SECTION	-	-	7/1/2018	No Separate Payment	\$0.00
76120	CINE/VIDEO X-RAYS	-	-	1/1/2024	No Separate Payment	\$0.00
76125	CINE/VIDEO X-RAYS ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
76145	MED PHYSIC DOS EVAL RAD EXPS	-	-	1/1/2025	Fee Schedule	\$284.98
76376	3D RENDER W/INTRP POSTPROCES	-	-	7/1/2018	No Separate Payment	\$0.00
76377	3D RENDER W/INTRP POSTPROCES	-	-	7/1/2018	No Separate Payment	\$0.00
76380	CAT SCAN FOLLOW-UP STUDY	-	-	7/1/2018	No Separate Payment	\$0.00
76390	MR SPECTROSCOPY	-	-	1/1/2025	Fee Schedule	\$48.59
76391	MR ELASTOGRAPHY	-	-	1/1/2025	Fee Schedule	\$130.28
76496	UNLISTED FLUOROSCOPIC PX	-	-	7/1/2018	No Separate Payment	\$0.00
76497	UNLISTED CT PROCEDURE	-	-	7/1/2018	No Separate Payment	\$0.00
76498	UNLISTED MR PROCEDURE	-	-	1/1/2025	Fee Schedule	\$48.59
76499	UNLISTED DX RADIOGRAPHIC PX	-	-	1/1/2024	No Separate Payment	\$0.00
76506	ECHO EXAM OF HEAD	-	-	1/1/2024	No Separate Payment	\$0.00
76510	OPH US DX B-SCAN&QUAN A-SCAN	-	-	7/1/2018	No Separate Payment	\$0.00
76511	OPH US DX QUAN A-SCAN ONLY	-	-	7/1/2018	No Separate Payment	\$0.00
76512	OPH US DX B-SCAN	-	-	1/1/2024	No Separate Payment	\$0.00
76513	OPH US DX ANT SGM US UNI/BI	-	-	7/1/2018	No Separate Payment	\$0.00
76514	ECHO EXAM OF EYE THICKNESS	-	-	7/1/2018	No Separate Payment	\$0.00
76516	ECHO EXAM OF EYE	-	-	7/1/2018	No Separate Payment	\$0.00
76519	ECHO EXAM OF EYE	-	-	7/1/2018	No Separate Payment	\$0.00
76529	ECHO EXAM OF EYE	-	-	7/1/2018	No Separate Payment	\$0.00
76536	US EXAM OF HEAD AND NECK	-	-	7/1/2018	No Separate Payment	\$0.00
76604	US EXAM CHEST	-	-	7/1/2018	No Separate Payment	\$0.00
76641	ULTRASOUND BREAST COMPLETE	-	-	7/1/2018	No Separate Payment	\$0.00
76642	ULTRASOUND BREAST LIMITED	-	-	7/1/2018	No Separate Payment	\$0.00

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

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
76700	US EXAM ABDOM COMPLETE	-	-	1/1/2025	Fee Schedule	\$56.71
76705	ECHO EXAM OF ABDOMEN	-	-	1/1/2025	Fee Schedule	\$56.71
76770	US EXAM ABDO BACK WALL COMP	-	-	1/1/2025	Fee Schedule	\$56.71
76775	US EXAM ABDO BACK WALL LIM	-	-	7/1/2018	No Separate Payment	\$0.00
76776	US EXAM K TRANSPL W/DOPPLER	-	-	1/1/2025	Fee Schedule	\$56.71
76800	US EXAM SPINAL CANAL	-	-	1/1/2024	No Separate Payment	\$0.00
76801	OB US < 14 WKS SINGLE FETUS	-	-	1/1/2025	Fee Schedule	\$56.71
76802	OB US < 14 WKS ADDL FETUS	-	-	1/1/2024	No Separate Payment	\$0.00
76805	OB US >= 14 WKS SNGL FETUS	-	-	1/1/2025	Fee Schedule	\$56.71
76810	OB US >= 14 WKS ADDL FETUS	-	-	1/1/2024	No Separate Payment	\$0.00
76811	OB US DETAILED SNGL FETUS	-	-	1/1/2025	Fee Schedule	\$84.75
76812	OB US DETAILED ADDL FETUS	-	-	1/1/2024	No Separate Payment	\$0.00
76813	OB US NUCHAL MEAS 1 GEST	-	-	7/1/2018	No Separate Payment	\$0.00
76814	OB US NUCHAL MEAS ADD-ON	-	-	1/1/2024	No Separate Payment	\$0.00
76815	OB US LIMITED FETUS(S)	-	-	7/1/2018	No Separate Payment	\$0.00
76816	OB US FOLLOW-UP PER FETUS	-	-	1/1/2024	No Separate Payment	\$0.00
76817	TRANSVAGINAL US OBSTETRIC	-	-	7/1/2018	No Separate Payment	\$0.00
76818	FETAL BIOPHYS PROFILE W/NST	-	-	1/1/2025	Fee Schedule	\$56.71
76819	FETAL BIOPHYS PROFIL W/O NST	-	-	1/1/2025	Fee Schedule	\$47.55
76820	UMBILICAL ARTERY ECHO	-	-	7/1/2018	No Separate Payment	\$0.00
76821	MIDDLE CEREBRAL ARTERY ECHO	-	-	7/1/2018	No Separate Payment	\$0.00
76825	ECHO EXAM OF FETAL HEART	-	-	1/1/2025	Fee Schedule	\$171.76
76826	ECHO EXAM OF FETAL HEART	-	-	1/1/2025	Fee Schedule	\$110.95
76827	ECHO EXAM OF FETAL HEART	-	-	1/1/2024	No Separate Payment	\$0.00
76828	ECHO EXAM OF FETAL HEART	-	-	7/1/2018	No Separate Payment	\$0.00
76830	TRANSVAGINAL US NON-OB	-	-	1/1/2025	Fee Schedule	\$56.71
76831	ECHO EXAM UTERUS	-	-	1/1/2025	Fee Schedule	\$76.98
76856	US EXAM PELVIC COMPLETE	-	-	1/1/2025	Fee Schedule	\$56.71
76857	US EXAM PELVIC LIMITED	-	-	1/1/2025	Fee Schedule	\$25.55
76870	US EXAM SCROTUM	-	-	7/1/2018	No Separate Payment	\$0.00
76872	US TRANSRECTAL	-	-	1/1/2025	Fee Schedule	\$56.71
76873	ECHOGRAP TRANS R PROS STUDY	-	-	1/1/2025	Fee Schedule	\$56.71
76881	US COMPL JOINT R-T W/IMG	-	-	1/1/2025	Fee Schedule	\$10.03
76882	US LMTD JT/FCL EVL NVASC XTR	-	-	1/1/2024	No Separate Payment	\$0.00
76883	US NRV&ACC STRUX 1XTR COMPRE	-	-	1/1/2025	No Separate Payment	\$0.00
76885	US EXAM INFANT HIPS DYNAMIC	-	-	7/1/2018	No Separate Payment	\$0.00
76886	US EXAM INFANT HIPS STATIC	-	-	1/1/2024	No Separate Payment	\$0.00
76932	ECHO GUIDE FOR HEART BIOPSY	-	-	1/1/2024	No Separate Payment	\$0.00
76936	ECHO GUIDE FOR ARTERY REPAIR	-	-	1/1/2025	Fee Schedule	\$158.82
76937	US GUIDE VASCULAR ACCESS	-	-	7/1/2018	No Separate Payment	\$0.00
76940	US GUIDE TISSUE ABLATION	-	-	7/1/2018	No Separate Payment	\$0.00
76941	ECHO GUIDE FOR TRANSFUSION	-	-	7/1/2018	No Separate Payment	\$0.00
76942	ECHO GUIDE FOR BIOPSY	-	-	7/1/2018	No Separate Payment	\$0.00
76945	ECHO GUIDE VILLUS SAMPLING	-	-	1/1/2024	No Separate Payment	\$0.00
76946	ECHO GUIDE FOR AMNIOCENTESIS	-	-	7/1/2018	No Separate Payment	\$0.00
76948	ECHO GUIDE OVA ASPIRATION	-	-	7/1/2018	No Separate Payment	\$0.00
76965	ECHO GUIDANCE RADIOTHERAPY	-	-	7/1/2018	No Separate Payment	\$0.00
76975	GI ENDOSCOPIC ULTRASOUND	-	-	7/1/2018	No Separate Payment	\$0.00
76977	US BONE DENSITY MEASURE	-	-	1/1/2025	Fee Schedule	\$4.21
76978	US TRGT DYN MBUBB 1ST LES	-	-	1/1/2025	Fee Schedule	\$96.71
76979	US TRGT DYN MBUBB EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00

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

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
76981	USE PARENCHYMA	-	-	1/1/2025	Fee Schedule	\$56.71
76982	USE 1ST TARGET LESION	-	-	1/1/2025	Fee Schedule	\$56.71
76983	USE EA ADDL TARGET LESION	-	-	1/1/2024	No Separate Payment	\$0.00
76998	US GUIDE INTRAOP	-	-	1/1/2024	No Separate Payment	\$0.00
76999	ECHO EXAMINATION PROCEDURE	-	-	7/1/2018	No Separate Payment	\$0.00
77001	FLUOROGUIDE FOR VEIN DEVICE	-	-	1/1/2024	No Separate Payment	\$0.00
77002	NEEDLE LOCALIZATION BY XRAY	-	-	1/1/2024	No Separate Payment	\$0.00
77003	FLUOROGUIDE FOR SPINE INJECT	-	-	7/1/2018	No Separate Payment	\$0.00
77011	CT SCAN FOR LOCALIZATION	-	-	7/1/2018	No Separate Payment	\$0.00
77012	CT SCAN FOR NEEDLE BIOPSY	-	-	7/1/2018	No Separate Payment	\$0.00
77013	CT GUIDE FOR TISSUE ABLATION	-	-	7/1/2018	No Separate Payment	\$0.00
77014	CT SCAN FOR THERAPY GUIDE	-	-	7/1/2018	No Separate Payment	\$0.00
77021	MRI GUIDANCE NDL PLMT RS&I	-	-	7/1/2018	No Separate Payment	\$0.00
77022	MRI GDN PARNCHYMA TISS ABLTJ	-	-	7/1/2018	No Separate Payment	\$0.00
77046	MRI BREAST C- UNILATERAL	-	-	1/1/2025	Fee Schedule	\$130.28
77047	MRI BREAST C- BILATERAL	-	-	1/1/2025	Fee Schedule	\$130.28
77053	X-RAY OF MAMMARY DUCT	-	-	7/1/2018	No Separate Payment	\$0.00
77054	X-RAY OF MAMMARY DUCTS	-	-	7/1/2018	No Separate Payment	\$0.00
77071	MNL APPL STRS JT RADIOGRAPHY	-	-	7/1/2018	No Separate Payment	\$0.00
77072	BONE AGE STUDIES	-	-	1/1/2024	No Separate Payment	\$0.00
77073	BONE LENGTH STUDIES	-	-	1/1/2024	No Separate Payment	\$0.00
77074	RADEX OSSEOUS SURVEY LMTD	-	-	7/1/2018	No Separate Payment	\$0.00
77075	RADEX OSSEOUS SURVEY COMPL	-	-	7/1/2018	No Separate Payment	\$0.00
77076	RADEX OSSEOUS SURVEY INFANT	-	-	7/1/2018	No Separate Payment	\$0.00
77077	JOINT SURVEY SINGLE VIEW	-	-	7/1/2018	No Separate Payment	\$0.00
77078	CT BONE DENSITY AXIAL	-	-	1/1/2025	Fee Schedule	\$48.59
77080	DXA BONE DENSITY AXIAL	-	-	1/1/2025	Fee Schedule	\$28.79
77081	DXA BONE DENSITY APPENDICULR	-	-	1/1/2025	Fee Schedule	\$21.67
77084	MRI BONE MARROW BLOOD SUPPLY	-	-	1/1/2025	Fee Schedule	\$130.28
77085	DXA BONE DENSITY AXL VRT FX	-	-	7/1/2018	No Separate Payment	\$0.00
77086	VRT FRACTURE ASSMT VIA DXA	-	-	1/1/2024	No Separate Payment	\$0.00
77280	THER RAD SIMULAJ FIELD SMPL	-	-	1/1/2025	Fee Schedule	\$71.13
77285	THER RAD SIMULAJ FIELD INTRM	-	-	1/1/2025	Fee Schedule	\$196.49
77290	THER RAD SIMULAJ FIELD CPLX	-	-	1/1/2025	Fee Schedule	\$196.49
77293	RESPIRATOR MOTION MGMT SIMUL	-	-	7/1/2018	No Separate Payment	\$0.00
77295	3-D RADIOTHERAPY PLAN	-	-	1/1/2025	Fee Schedule	\$249.39
77299	UNLISTED PX THER RAD TX PLNG	-	-	1/1/2025	Fee Schedule	\$71.13
77300	RADIATION THERAPY DOSE PLAN	-	-	1/1/2025	Fee Schedule	\$32.99
77301	RADIOTHERAPY DOSE PLAN IMRT	-	-	1/1/2025	Fee Schedule	\$733.21
77306	TELETHX ISODOSE PLAN SIMPLE	-	-	1/1/2025	Fee Schedule	\$73.10
77307	TELETHX ISODOSE PLAN CPLX	-	-	1/1/2025	Fee Schedule	\$132.62
77316	BRACHYTX ISODOSE PLAN SIMPLE	-	-	1/1/2025	Fee Schedule	\$167.55
77317	BRACHYTX ISODOSE INTERMED	-	-	1/1/2025	Fee Schedule	\$196.49
77318	BRACHYTX ISODOSE COMPLEX	-	-	1/1/2025	Fee Schedule	\$196.49
77321	SPECIAL TELETX PORT PLAN	-	-	1/1/2025	Fee Schedule	\$43.34
77331	SPECIAL RADIATION DOSIMETRY	-	-	1/1/2025	Fee Schedule	\$18.44
77332	RADIATION TREATMENT AID(S)	-	-	1/1/2025	Fee Schedule	\$16.17
77333	RADIATION TREATMENT AID(S)	-	-	1/1/2025	Fee Schedule	\$71.13
77334	RADIATION TREATMENT AID(S)	-	-	1/1/2025	Fee Schedule	\$63.72
77336	RADIATION PHYSICS CONSULT	-	-	1/1/2025	Fee Schedule	\$71.13
77338	DESIGN MLC DEVICE FOR IMRT	-	-	1/1/2025	Fee Schedule	\$196.49

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
77370	RADIATION PHYSICS CONSULT	-	-	1/1/2025	Fee Schedule	\$71.13
77373	STRCTC BDY RAD THER TX DLVR	-	-	7/1/2018	Fee Schedule	\$1,042.88
77385	NTSTY MODUL RAD TX DLVR SMPL	-	-	1/1/2025	Fee Schedule	\$310.56
77386	NTSTY MODUL RAD TX DLVR CPLX	-	-	1/1/2025	Fee Schedule	\$310.56
77387	GUIDANCE FOR RADJ TX DLVR	-	-	1/1/2024	No Separate Payment	\$0.00
77399	UNLISTED PX MED RADJ PHYSICS	-	-	1/1/2025	Fee Schedule	\$71.13
77401	RADIATION TX DELIVERY SUPFC	-	-	1/1/2025	Fee Schedule	\$39.46
77402	RADIATION TX DELIVERY SIMPLE	-	-	1/1/2025	Fee Schedule	\$58.80
77407	RADIATION TX DELIVERY INTRM	-	-	1/1/2025	Fee Schedule	\$141.20
77412	RADIATION TX DELIVERY COMPLX	-	-	1/1/2025	Fee Schedule	\$141.20
77417	THER RADIOLOGY PORT IMAGE(S)	-	-	1/1/2024	No Separate Payment	\$0.00
77423	NEUTRON BEAM TX COMPLEX	-	-	1/1/2025	Fee Schedule	\$32.99
77424	IO RAD TX DELIVERY BY X-RAY	-	-	1/1/2025	Fee Schedule	\$2,234.31
77425	IO RAD TX DELIVER BY ELCTRNS	-	-	1/1/2025	Fee Schedule	\$2,234.31
77435	SBRT MANAGEMENT	-	-	1/1/2024	No Separate Payment	\$0.00
77469	IO RADIATION TX MANAGEMENT	-	-	7/1/2018	No Separate Payment	\$0.00
77470	SPECIAL RADIATION TREATMENT	-	-	1/1/2025	Fee Schedule	\$37.20
77520	PROTON TRMT SIMPLE W/O COMP	-	-	1/1/2025	Fee Schedule	\$310.56
77522	PROTON TRMT SIMPLE W/COMP	-	-	1/1/2025	Fee Schedule	\$684.09
77523	PROTON TRMT INTERMEDIATE	-	-	1/1/2025	Fee Schedule	\$684.09
77525	PROTON TREATMENT COMPLEX	-	-	1/1/2025	Fee Schedule	\$684.09
77600	HYPERTHERMIA EXT GEN SUPFC	-	-	1/1/2025	Fee Schedule	\$141.20
77605	HYPERTHERMIA EXT GEN DEEP	-	-	1/1/2025	Fee Schedule	\$376.27
77610	HYPERTHERMIA NTRSTL PRB 5/<	-	-	1/1/2025	Fee Schedule	\$310.56
77615	HYPERTHERMIA NTRSTL PRB>5	-	-	1/1/2025	Fee Schedule	\$310.56
77620	HYPERTHERMIA GEN INTRCV PRB	-	-	1/1/2025	Fee Schedule	\$310.56
77750	INFUSE RADIOACTIVE MATERIALS	-	-	1/1/2025	Fee Schedule	\$128.74
77761	APPLY INTRCAV RADIAT SIMPLE	-	-	1/1/2025	Fee Schedule	\$213.81
77762	APPLY INTRCAV RADIAT INTERM	-	-	1/1/2025	Fee Schedule	\$246.16
77763	APPLY INTRCAV RADIAT COMPL	-	-	1/1/2025	Fee Schedule	\$323.47
77767	HDR RDNCL SKN SURF BRACHYTX	-	-	1/1/2025	Fee Schedule	\$141.20
77768	HDR RDNCL SKN SURF BRACHYTX	-	-	1/1/2025	Fee Schedule	\$141.20
77770	HDR RDNCL NTRSTL/ICAV BRCHTX	-	-	1/1/2025	Fee Schedule	\$237.42
77771	HDR RDNCL NTRSTL/ICAV BRCHTX	-	-	1/1/2025	Fee Schedule	\$376.27
77772	HDR RDNCL NTRSTL/ICAV BRCHTX	-	-	1/1/2025	Fee Schedule	\$376.27
77778	APPLY INTERSTIT RADIAT COMPL	-	-	1/1/2025	Fee Schedule	\$376.27
77789	APPLY SURF LDR RADIONUCLIDE	-	-	1/1/2025	Fee Schedule	\$58.80
77790	RADIATION HANDLING	-	-	1/1/2024	No Separate Payment	\$0.00
77799	UNLISTED PX CLIN BRACHYTX	-	-	1/1/2025	Fee Schedule	\$58.80
78012	THYROID UPTAKE MEASUREMENT	-	-	1/1/2025	Fee Schedule	\$216.76
78013	THYROID IMAGING W/BLOOD FLOW	-	-	1/1/2025	Fee Schedule	\$216.76
78014	THYROID IMAGING W/BLOOD FLOW	-	-	1/1/2025	Fee Schedule	\$216.76
78015	THYROID MET IMAGING	-	-	1/1/2025	Fee Schedule	\$216.76
78016	THYROID MET IMAGING/STUDIES	-	-	1/1/2025	Fee Schedule	\$216.76
78018	THYROID MET IMAGING BODY	-	-	1/1/2025	Fee Schedule	\$291.51
78020	THYROID MET UPTAKE	-	-	1/1/2024	No Separate Payment	\$0.00
78070	PARATHYROID PLANAR IMAGING	-	-	1/1/2025	Fee Schedule	\$216.76
78071	PARATHYRD PLANAR W/VO SUBTRJ	-	-	1/1/2025	Fee Schedule	\$216.76
78072	PARATHYRD PLANAR W/SPECT&CT	-	-	1/1/2025	Fee Schedule	\$291.51
78075	ADRENAL CORTEX & MEDULLA IMG	-	-	1/1/2025	Fee Schedule	\$712.70
78099	UNLISTED ENDOCRINE PX DX NUC	-	-	1/1/2025	Fee Schedule	\$216.76

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
78102	BONE MARROW IMAGING LTD	-	-	1/1/2025	Fee Schedule	\$216.76
78103	BONE MARROW IMAGING MULT	-	-	1/1/2025	Fee Schedule	\$216.76
78104	BONE MARROW IMAGING BODY	-	-	1/1/2025	Fee Schedule	\$216.76
78110	PLASMA VOLUME SINGLE	-	-	1/1/2025	Fee Schedule	\$712.70
78111	PLASMA VOLUME MULTIPLE	-	-	1/1/2025	Fee Schedule	\$712.70
78120	RED CELL MASS SINGLE	-	-	1/1/2025	Fee Schedule	\$216.76
78121	RED CELL MASS MULTIPLE	-	-	1/1/2025	Fee Schedule	\$291.51
78122	WHL BLD VOLUME DETERMINATION	-	-	1/1/2025	Fee Schedule	\$291.51
78130	RED CELL SURVIVAL STUDY	-	-	1/1/2025	Fee Schedule	\$216.76
78140	RED CELL SEQUESTRATION	-	-	1/1/2025	Fee Schedule	\$216.76
78185	SPLEEN IMAGING	-	-	1/1/2025	Fee Schedule	\$216.76
78191	PLATELET SURVIVAL STUDY	-	-	1/1/2025	Fee Schedule	\$216.76
78195	LYMPH SYSTEM IMAGING	-	-	1/1/2025	Fee Schedule	\$291.51
78199	UNLSTD HEMATOP RET/ENDO LYMP	-	-	1/1/2025	Fee Schedule	\$216.76
78201	LIVER IMAGING STATIC ONLY	-	-	1/1/2025	Fee Schedule	\$291.51
78202	LIVER IMAGING WITH VASC FLOW	-	-	1/1/2025	Fee Schedule	\$291.51
78215	LVR&SPLEEN IMG STATIC ONLY	-	-	1/1/2025	Fee Schedule	\$216.76
78216	LVR&SPLEEN IMG W/VASC FLOW	-	-	1/1/2025	Fee Schedule	\$216.76
78226	HEPATOBIILIARY SYSTEM IMAGING	-	-	1/1/2025	Fee Schedule	\$216.76
78227	HEPATOBI L SYST IMAGE W/DRUG	-	-	1/1/2025	Fee Schedule	\$291.51
78230	SALIVARY GLAND IMAGING	-	-	1/1/2025	Fee Schedule	\$216.76
78231	SALIVARY GLND IMG SERIAL IMG	-	-	1/1/2025	Fee Schedule	\$216.76
78232	SALIVARY GLAND FUNCTION STD	-	-	1/1/2025	Fee Schedule	\$216.76
78258	ESOPHAGEAL MOTILITY	-	-	1/1/2025	Fee Schedule	\$216.76
78261	GASTRIC MUCOSA IMAGING	-	-	1/1/2025	Fee Schedule	\$216.76
78262	GASTROESOPHAGEAL REFLUX STD	-	-	1/1/2025	Fee Schedule	\$216.76
78264	GASTRIC EMPTYING IMAG STUDY	-	-	1/1/2025	Fee Schedule	\$216.76
78265	GASTRIC EMPTYING IMAG STUDY	-	-	1/1/2025	Fee Schedule	\$216.76
78266	GASTRIC EMPTYING IMAG STUDY	-	-	1/1/2025	Fee Schedule	\$291.51
78278	ACUTE GI BLOOD LOSS IMAGING	-	-	1/1/2025	Fee Schedule	\$216.76
78282	GI PROTEIN LOSS EXAM	-	-	1/1/2025	Fee Schedule	\$216.76
78290	MECKELS DIVERT EXAM	-	-	1/1/2025	Fee Schedule	\$216.76
78291	LEVEEN/SHUNT PATENCY EXAM	-	-	1/1/2025	Fee Schedule	\$216.76
78299	UNLISTED GI PX DX NUC MED	-	-	1/1/2025	Fee Schedule	\$216.76
78300	BONE IMAGING LIMITED AREA	-	-	1/1/2025	Fee Schedule	\$216.76
78305	BONE IMAGING MULTIPLE AREAS	-	-	1/1/2025	Fee Schedule	\$216.76
78306	BONE IMAGING WHOLE BODY	-	-	1/1/2025	Fee Schedule	\$216.76
78315	BONE IMAGING 3 PHASE	-	-	1/1/2025	Fee Schedule	\$216.76
78399	UNLISTED MUSCSKEL PX DX NUC	-	-	1/1/2025	Fee Schedule	\$216.76
78414	NON-IMAGING HEART FUNCTION	-	-	1/1/2025	Fee Schedule	\$291.51
78428	CARDIAC SHUNT IMAGING	-	-	1/1/2025	Fee Schedule	\$216.76
78429	MYOCDR IMG PET 1 STD W/CT	-	-	1/1/2025	Fee Schedule	\$783.26
78430	MYOCDR IMG PET RST/STRS W/CT	-	-	1/1/2025	Fee Schedule	\$783.26
78431	MYOCDR IMG PET RST&STRS CT	-	-	1/1/2025	Fee Schedule	\$1,208.13
78432	MYOCDR IMG PET 2RTRACER	-	-	1/1/2025	Fee Schedule	\$1,047.08
78433	MYOCDR IMG PET 2RTRACER CT	-	-	1/1/2025	Fee Schedule	\$1,208.13
78434	AQMBF PET REST & RX STRESS	-	-	1/1/2024	No Separate Payment	\$0.00
78445	VASCULAR FLOW IMAGING	-	-	1/1/2025	Fee Schedule	\$216.76
78451	HT MUSCLE IMAGE SPECT SING	-	-	1/1/2025	Fee Schedule	\$712.70
78452	HT MUSCLE IMAGE SPECT MULT	-	-	1/1/2025	Fee Schedule	\$712.70
78453	HT MUSCLE IMAGE PLANAR SING	-	-	1/1/2025	Fee Schedule	\$712.70

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
78454	HT MUSC IMAGE PLANAR MULT	-	-	1/1/2025	Fee Schedule	\$712.70
78456	ACUTE VENOUS THROMBUS IMAGE	-	-	1/1/2025	Fee Schedule	\$712.70
78457	VENOUS THROMBOSIS IMAGING	-	-	1/1/2025	Fee Schedule	\$291.51
78458	VEN THROMBOSIS IMAGES BILAT	-	-	1/1/2025	Fee Schedule	\$216.76
78459	MYOCDR IMG PET SINGLE STUDY	-	-	1/1/2025	Fee Schedule	\$712.70
78466	HEART INFARCT IMAGE	-	-	1/1/2025	Fee Schedule	\$216.76
78468	HEART INFARCT IMAGE (EF)	-	-	1/1/2025	Fee Schedule	\$291.51
78469	HEART INFARCT IMAGE (3D)	-	-	1/1/2025	Fee Schedule	\$291.51
78472	GATED HEART PLANAR SINGLE	-	-	1/1/2025	Fee Schedule	\$216.76
78473	GATED HEART MULTIPLE	-	-	1/1/2025	Fee Schedule	\$216.76
78481	HEART FIRST PASS SINGLE	-	-	1/1/2025	Fee Schedule	\$291.51
78483	HEART FIRST PASS MULTIPLE	-	-	1/1/2025	Fee Schedule	\$291.51
78491	MYOCDR IMG PET 1STD RST/STRS	-	-	1/1/2025	Fee Schedule	\$783.26
78492	MYOCDR IMG PET MLT RST&STRS	-	-	1/1/2025	Fee Schedule	\$783.26
78494	HEART IMAGE SPECT	-	-	1/1/2025	Fee Schedule	\$216.76
78496	HEART FIRST PASS ADD-ON	-	-	1/1/2024	No Separate Payment	\$0.00
78499	UNLISTED CV PX DX NUC MED	-	-	1/1/2025	Fee Schedule	\$216.76
78579	LUNG VENTILATION IMAGING	-	-	1/1/2025	Fee Schedule	\$216.76
78580	LUNG PERFUSION IMAGING	-	-	1/1/2025	Fee Schedule	\$216.76
78582	LUNG VENTILAT&PERFUS IMAGING	-	-	1/1/2025	Fee Schedule	\$291.51
78597	LUNG PERFUSION DIFFERENTIAL	-	-	1/1/2025	Fee Schedule	\$216.76
78598	LUNG PERF&VENTILAT DIFERENTL	-	-	1/1/2025	Fee Schedule	\$291.51
78599	UNLISTED RESP PX DX NUC MED	-	-	1/1/2025	Fee Schedule	\$216.76
78600	BRAIN IMAGE < 4 VIEWS	-	-	1/1/2025	Fee Schedule	\$216.76
78601	BRAIN IMAGE W/FLOW < 4 VIEWS	-	-	1/1/2025	Fee Schedule	\$216.76
78605	BRAIN IMAGE 4+ VIEWS	-	-	1/1/2025	Fee Schedule	\$291.51
78606	BRAIN IMAGE W/FLOW 4 + VIEWS	-	-	1/1/2025	Fee Schedule	\$291.51
78608	BRAIN IMAGING (PET)	-	-	1/1/2025	Fee Schedule	\$783.26
78610	BRAIN FLOW IMAGING ONLY	-	-	1/1/2025	Fee Schedule	\$291.51
78630	CEREBROSPINAL FLUID SCAN	-	-	1/1/2025	Fee Schedule	\$291.51
78635	CSF VENTRICULOGRAPHY	-	-	1/1/2025	Fee Schedule	\$291.51
78645	CSF SHUNT EVALUATION	-	-	1/1/2025	Fee Schedule	\$291.51
78650	CSF LEAKAGE IMAGING	-	-	1/1/2025	Fee Schedule	\$712.70
78660	NUCLEAR EXAM OF TEAR FLOW	-	-	1/1/2025	Fee Schedule	\$216.76
78699	UNLISTED NRVS SYS PX DX NUC	-	-	1/1/2025	Fee Schedule	\$216.76
78700	KIDNEY IMAGING MORPHOL	-	-	1/1/2025	Fee Schedule	\$216.76
78701	KIDNEY IMAGING WITH FLOW	-	-	1/1/2025	Fee Schedule	\$216.76
78707	K FLOW/FUNCT IMAGE W/O DRUG	-	-	1/1/2025	Fee Schedule	\$291.51
78708	K FLOW/FUNCT IMAGE W/DRUG	-	-	1/1/2025	Fee Schedule	\$291.51
78709	K FLOW/FUNCT IMAGE MULTIPLE	-	-	1/1/2025	Fee Schedule	\$291.51
78725	KIDNEY FUNCTION STUDY	-	-	1/1/2025	Fee Schedule	\$216.76
78730	URINARY BLADDER RETENTION	-	-	1/1/2024	No Separate Payment	\$0.00
78740	URETERAL REFLUX STUDY	-	-	1/1/2025	Fee Schedule	\$216.76
78761	TESTICULAR IMAGING W/FLOW	-	-	1/1/2025	Fee Schedule	\$216.76
78799	UNLISTED GU PX DX NUC MED	-	-	1/1/2025	Fee Schedule	\$216.76
78800	RP LOCLZJ TUM 1 AREA 1 D IMG	-	-	1/1/2025	Fee Schedule	\$216.76
78801	RP LOCLZJ TUM 2+AREA 1+D IMG	-	-	1/1/2025	Fee Schedule	\$216.76
78802	RP LOCLZJ TUM WHBDY 1 D IMG	-	-	1/1/2025	Fee Schedule	\$712.70
78803	RP LOCLZJ TUM SPECT 1 AREA	-	-	1/1/2025	Fee Schedule	\$712.70
78804	RP LOCLZJ TUM WHBDY 2+D IMG	-	-	1/1/2025	Fee Schedule	\$712.70
78808	IV INJ RA DRUG DX STUDY	-	-	1/1/2024	No Separate Payment	\$0.00

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
78811	PET IMAGE LTD AREA	-	-	1/1/2025	Fee Schedule	\$712.70
78812	PET IMAGE SKULL-THIGH	-	-	1/1/2025	Fee Schedule	\$783.26
78813	PET IMAGE FULL BODY	-	-	1/1/2025	Fee Schedule	\$783.26
78814	PET IMAGE W/CT LMTD	-	-	1/1/2025	Fee Schedule	\$783.26
78815	PET IMAGE W/CT SKULL-THIGH	-	-	1/1/2025	Fee Schedule	\$783.26
78816	PET IMAGE W/CT FULL BODY	-	-	1/1/2025	Fee Schedule	\$783.26
78830	RP LOCLZJ TUM SPECT W/CT 1	-	-	1/1/2025	Fee Schedule	\$712.70
78831	RP LOCLZJ TUM SPECT 2 AREAS	-	-	1/1/2025	Fee Schedule	\$712.70
78832	RP LOCLZJ TUM SPECT W/CT 2	-	-	1/1/2025	Fee Schedule	\$783.26
78835	RP QUAN MEAS SINGLE AREA	-	-	1/1/2025	No Separate Payment	\$0.00
78999	UNLISTED MISC PX DX NUC MED	-	-	1/1/2025	Fee Schedule	\$216.76
79005	NUCLEAR RX ORAL ADMIN	-	-	1/1/2025	Fee Schedule	\$49.49
79101	NUCLEAR RX IV ADMIN	-	-	1/1/2025	Fee Schedule	\$51.43
79200	NUCLEAR RX INTRACAV ADMIN	-	-	1/1/2025	Fee Schedule	\$50.14
79300	NUCLR RX INTERSTIT COLLOID	-	-	1/1/2025	Fee Schedule	\$120.32
79403	HEMATOPOIETIC NUCLEAR TX	-	-	1/1/2025	Fee Schedule	\$77.96
79440	NUCLEAR RX INTRA-ARTICULAR	-	-	1/1/2025	Fee Schedule	\$37.85
79445	NUCLEAR RX INTRA-ARTERIAL	-	-	1/1/2025	Fee Schedule	\$120.32
79999	RP THERAPY UNLISTED PX	-	-	1/1/2025	Fee Schedule	\$120.32
90296	DIPHtheria ANTITOXIN	-	-	7/1/2018	Not Allowed	\$0.00
90371	HEP B IG IM	-	-	4/1/2025	Fee Schedule	\$143.22
90375	RABIES IG IM/SC	-	-	4/1/2025	Fee Schedule	\$289.91
90376	RABIES IG HEAT TREATED	-	-	1/1/2025	Fee Schedule	\$347.32
90377	RABIES IG HT&SOL HUMAN IM/SC	-	-	4/1/2025	Fee Schedule	\$241.15
90378	RSV MAB IM 50MG	-	-	1/1/2025	Fee Schedule	\$719.87
90393	VACCINA IG IM	-	-	1/1/2024	Not Allowed	\$0.00
90396	VARICELLA-ZOSTER IG IM	-	-	4/1/2025	Fee Schedule	\$2,254.25
90476	ADENOVIRUS VACCINE TYPE 4	-	-	1/1/2025	No Separate Payment	\$0.00
90477	ADENOVIRUS VACCINE TYPE 7	-	-	7/1/2018	Not Allowed	\$0.00
90581	ANTHRAX VACCINE SC OR IM	-	-	1/1/2024	Not Allowed	\$0.00
90632	HEPA VACCINE ADULT IM	-	-	7/1/2018	No Separate Payment	\$0.00
90633	HEPA VACC PED/ADOL 2 DOSE IM	-	-	1/1/2024	No Separate Payment	\$0.00
90634	HEPA VACC PED/ADOL 3 DOSE	-	-	1/1/2024	Not Allowed	\$0.00
90636	HEP A/HEP B VACC ADULT IM	-	-	7/1/2018	No Separate Payment	\$0.00
90644	HIB-MENCY VACCINE 4 DOSE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90647	HIB PRP-OMP VACC 3 DOSE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90648	HIB PRP-T VACCINE 4 DOSE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90653	IIV ADJUVANT VACCINE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90655	IIV3 VACC NO PRSV 0.25 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90656	IIV3 VACC NO PRSV 0.5 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90657	IIV3 VACCINE SPLT 0.25 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90658	LIV3 VACCINE SPLT 0.5 ML IM	-	-	1/1/2025	No Separate Payment	\$0.00
90660	LAIV3 VACCINE INTRANASAL	-	-	7/1/2018	No Separate Payment	\$0.00
90661	CCIIV3 VAC ABX FR 0.5 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90662	IIV NO PRSV INCREASED AG IM	-	-	7/1/2018	No Separate Payment	\$0.00
90670	PCV13 VACCINE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90672	LAIV4 VACCINE INTRANASAL	-	-	7/1/2018	No Separate Payment	\$0.00
90673	RIV3 VACCINE NO PRESERV IM	-	-	7/1/2018	No Separate Payment	\$0.00
90674	CCIIV4 VAC NO PRSV 0.5 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90675	RABIES VACCINE IM	-	-	4/1/2025	Fee Schedule	\$317.67
90676	RABIES VACCINE ID	-	-	1/1/2025	Fee Schedule	\$264.47

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
90677	PCV20 VACCINE IM	-	-	10/1/2021	No Separate Payment	\$0.00
90680	RV5 VACC 3 DOSE LIVE ORAL	-	-	1/1/2023	Not Allowed	\$0.00
90682	RIV4 VACC RECOMBINANT DNA IM	-	-	7/1/2018	No Separate Payment	\$0.00
90684	PCV21 VACCINE IM	-	-	1/1/2025	No Separate Payment	\$0.00
90685	IIV4 VACC NO PRSV 0.25 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90686	IIV4 VACC NO PRSV 0.5 ML IM	-	-	1/1/2024	No Separate Payment	\$0.00
90687	IIV4 VACCINE SPLT 0.25 ML IM	-	-	1/1/2024	No Separate Payment	\$0.00
90688	IIV4 VACCINE SPLT 0.5 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90689	VACC IIV4 NO PRSRV 0.25ML IM	-	-	7/1/2019	No Separate Payment	\$0.00
90690	TYPHOID VACCINE ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
90691	TYPHOID VACCINE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90694	VACC AIIV4 NO PRSRV 0.5ML IM	-	-	1/1/2021	No Separate Payment	\$0.00
90696	DTAP-IPV VACCINE 4-6 YRS IM	-	-	7/1/2018	No Separate Payment	\$0.00
90698	DTAP-IPV/HIB VACCINE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90700	DTAP VACCINE < 7 YRS IM	-	-	7/1/2018	No Separate Payment	\$0.00
90702	DT VACCINE UNDER 7 YRS IM	-	-	7/1/2018	No Separate Payment	\$0.00
90707	MMR VACCINE SC	-	-	7/1/2018	No Separate Payment	\$0.00
90710	MMRV VACCINE SC	-	-	7/1/2018	No Separate Payment	\$0.00
90713	POLIOVIRUS IPV SC/IM	-	-	7/1/2018	No Separate Payment	\$0.00
90714	TD VACC NO PRESV 7 YRS+ IM	-	-	7/1/2018	No Separate Payment	\$0.00
90715	TDAP VACCINE 7 YRS/> IM	-	-	7/1/2018	No Separate Payment	\$0.00
90717	YELLOW FEVER VACCINE SUBQ	-	-	7/1/2018	No Separate Payment	\$0.00
90732	PPSV23 VACC 2 YRS+ SUBQ/IM	-	-	7/1/2018	No Separate Payment	\$0.00
90739	HEPB VACC 2/4 DOSE ADULT IM	-	-	10/1/2022	No Separate Payment	\$0.00
90740	HEPB VACC 3 DOSE IMMUNSUP IM	-	-	7/1/2018	No Separate Payment	\$0.00
90743	HEPB VACC 2 DOSE ADOLESC IM	-	-	7/1/2018	No Separate Payment	\$0.00
90744	HEPB VACC 3 DOSE PED/ADOL IM	-	-	7/1/2018	No Separate Payment	\$0.00
90746	HEPB VACCINE 3 DOSE ADULT IM	-	-	7/1/2018	No Separate Payment	\$0.00
90747	HEPB VACC 4 DOSE IMMUNSUP IM	-	-	7/1/2018	No Separate Payment	\$0.00
90749	UNLISTED VACCINE/TOXOID	-	-	7/1/2018	No Separate Payment	\$0.00
90756	CCIIV4 VACC ABX FREE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90759	HEP B VAC 3AG 10MCG 3 DOS IM	-	-	4/1/2022	No Separate Payment	\$0.00
90885	PSY EVALUATION OF RECORDS	-	-	1/1/2025	No Separate Payment	\$0.00
90887	CONSULTATION WITH FAMILY	-	-	1/1/2025	No Separate Payment	\$0.00
90889	PREPARATION OF REPORT	-	-	1/1/2025	No Separate Payment	\$0.00
90940	HEMODIALYSIS ACCESS STUDY	-	-	1/1/2025	No Separate Payment	\$0.00
91035	G-ESOPH REFLX TST W/ELECTROD	-	-	1/1/2025	Fee Schedule	\$284.98
91200	LIVER ELASTOGRAPHY	-	-	1/1/2025	No Separate Payment	\$0.00
91304	SARSCOV2 VAC 5MCG/0.5ML IM	-	-	1/1/2024	No Separate Payment	\$0.00
92071	CONTACT LENS FITTING FOR TX	-	-	7/1/2018	No Separate Payment	\$0.00
92072	FITG C-LENS KERATOCONUS 1ST	-	-	7/1/2018	No Separate Payment	\$0.00
92920	PRQ CARDIAC ANGIOPLAST 1 ART	Y	-	1/1/2025	Fee Schedule	\$3,628.13
92921	PRQ CARDIAC ANGIO ADDL ART	-	-	1/1/2020	No Separate Payment	\$0.00
92928	PRQ CARD STENT W/ANGIO 1 VSL	Y	-	1/1/2025	Fee Schedule	\$6,994.16
92929	PRQ CARD STENT W/ANGIO ADDL	-	-	1/1/2020	No Separate Payment	\$0.00
92974	CATH PLACE CARDIO BRACHYTX	-	-	4/1/2023	No Separate Payment	\$0.00
92978	ENDOLUMINL IVUS OCT C 1ST	-	-	4/1/2023	No Separate Payment	\$0.00
93355	ECHO TRANSESOPHAGEAL (TEE)	-	-	1/1/2025	No Separate Payment	\$0.00
93451	RIGHT HEART CATH	Y	-	1/1/2025	Fee Schedule	\$1,655.71
93452	LEFT HRT CATH W/VENTRCLGRPHY	Y	-	1/1/2025	Fee Schedule	\$1,655.71
93453	R&L HRT CATH W/VENTRICLGRPHY	Y	-	1/1/2025	Fee Schedule	\$1,655.71

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
93454	CORONARY ARTERY ANGIO S&I	Y	-	1/1/2025	Fee Schedule	\$1,655.71
93455	CORONARY ART/GRFT ANGIO S&I	Y	-	1/1/2025	Fee Schedule	\$1,655.71
93456	R HRT CORONARY ARTERY ANGIO	Y	-	1/1/2025	Fee Schedule	\$1,655.71
93457	R HRT ART/GRFT ANGIO	Y	-	1/1/2025	Fee Schedule	\$1,655.71
93458	L HRT ARTERY/VENTRICLE ANGIO	Y	-	1/1/2025	Fee Schedule	\$1,655.71
93459	L HRT ART/GRFT ANGIO	Y	-	1/1/2025	Fee Schedule	\$1,655.71
93460	R&L HRT ART/VENTRICLE ANGIO	Y	-	1/1/2025	Fee Schedule	\$1,655.71
93461	R&L HRT ART/VENTRICLE ANGIO	Y	-	1/1/2025	Fee Schedule	\$1,655.71
93462	L HRT CATH TRNSPTL PUNCTURE	-	-	1/1/2019	No Separate Payment	\$0.00
93463	DRUG ADMIN & HEMODYNMIC MEAS	-	-	4/1/2023	No Separate Payment	\$0.00
93566	NJX CAR CTH SLCTV RV/RA ANG	-	-	1/1/2019	No Separate Payment	\$0.00
93567	NJX CAR CTH SPRVLV AORTGRPHY	-	-	1/1/2019	No Separate Payment	\$0.00
93568	NJX CAR CTH NSLC P-ART ANGRP	-	-	1/1/2019	No Separate Payment	\$0.00
93571	HEART FLOW RESERVE MEASURE	-	-	1/1/2019	No Separate Payment	\$0.00
93572	HEART FLOW RESERVE MEASURE	-	-	1/1/2019	No Separate Payment	\$0.00
93985	DUP-SCAN HEMO COMPL BI STD	-	-	1/1/2025	Fee Schedule	\$130.28
93986	DUP-SCAN HEMO COMPL UNI STD	-	-	1/1/2025	Fee Schedule	\$56.71
95940	IONM IN OPERATNG ROOM 15 MIN	-	-	7/1/2018	No Separate Payment	\$0.00
95941	IONM REMOTE/>1 PT OR PER HR	-	-	7/1/2018	No Separate Payment	\$0.00
A2001	INNOVAMATRIX AC, PER SQ CM	-	-	4/1/2022	No Separate Payment	\$0.00
A2002	MIRRAGEN ADV WND MAT PER SQ	-	-	4/1/2022	No Separate Payment	\$0.00
A2004	XCELLISTEM, 1 MG	-	-	4/1/2022	No Separate Payment	\$0.00
A2005	MICROLYTE MATRIX, PER SQ CM	-	-	4/1/2022	No Separate Payment	\$0.00
A2006	NOVOSORB SYNPATH PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
A2007	RESTRATA, PER SQ CM	-	-	4/1/2022	No Separate Payment	\$0.00
A2008	THERAGENESIS, PER SQ CM	-	-	4/1/2022	No Separate Payment	\$0.00
A2009	SYMPHONY, PER SQ CM	-	-	4/1/2022	No Separate Payment	\$0.00
A2010	APIS, PER SQUARE CENTIMETER	-	-	4/1/2022	No Separate Payment	\$0.00
A2011	SUPRA SDRM, PER SQ CM	-	-	4/1/2022	No Separate Payment	\$0.00
A2012	SUPRATHEL, PER SQ CM	-	-	4/1/2022	No Separate Payment	\$0.00
A2013	INNOVAMATRIX FS, PER SQ CM	-	-	4/1/2022	No Separate Payment	\$0.00
A2014	OMEZA COLLAG PER 100 MG	-	-	10/1/2022	No Separate Payment	\$0.00
A2015	PHOENIX WND MTRX, PER SQ CM	-	-	10/1/2022	No Separate Payment	\$0.00
A2016	PERMEADERM B, PER SQ CM	-	-	10/1/2022	No Separate Payment	\$0.00
A2017	PERMEADERM GLOVE, EACH	-	-	10/1/2022	No Separate Payment	\$0.00
A2018	PERMEADERM C, PER SQ CM	-	-	10/1/2022	No Separate Payment	\$0.00
A2019	KERECIS MARIGEN SHLD SQ CM	-	-	4/1/2023	No Separate Payment	\$0.00
A2020	AC5 WOUND SYSTEM	-	-	4/1/2023	No Separate Payment	\$0.00
A2021	NEOMATRIX PER SQ CM	-	-	4/1/2023	No Separate Payment	\$0.00
A2022	INNOVABRN/INNOVAMATX XL SQCM	-	-	10/1/2023	No Separate Payment	\$0.00
A2023	INNOVAMATRIX PD, 1 MG	-	-	10/1/2023	No Separate Payment	\$0.00
A2024	RESOLVE OR XENOPATCH SQ CM	-	-	10/1/2023	No Separate Payment	\$0.00
A2025	MIRO3D PER CUBIC CM	-	-	10/1/2023	No Separate Payment	\$0.00
A2026	RESTRATA MINIMATRIX, 5 MG	-	-	1/1/2025	No Separate Payment	\$0.00
A2027	MATRIDERM PER SQ CM	-	-	1/1/2025	No Separate Payment	\$0.00
A2028	MICROMATRIX FLEX PER MG	-	-	1/1/2025	No Separate Payment	\$0.00
A2029	MIROTRACT MATRIX SHEET	-	-	1/1/2025	No Separate Payment	\$0.00
A4100	SKIN SUB FDA CLRD AS DEV NOS	-	-	4/1/2022	No Separate Payment	\$0.00
A4216	STERILE WATER/SALINE, 10 ML	-	-	7/1/2018	No Separate Payment	\$0.00
A4217	STERILE WATER/SALINE, 500 ML	-	-	7/1/2018	No Separate Payment	\$0.00
A4218	STERILE SALINE OR WATER	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
A4220	INFUSION PUMP REFILL KIT	-	-	7/1/2018	No Separate Payment	\$0.00
A4244	ALCOHOL OR PEROXIDE PER PINT	-	-	7/1/2018	No Separate Payment	\$0.00
A4245	ALCOHOL WIPES PER BOX	-	-	7/1/2018	No Separate Payment	\$0.00
A4246	BETADINE/PHISOHEX SOLUTION	-	-	7/1/2018	No Separate Payment	\$0.00
A4247	BETADINE/IODINE SWABS/WIPES	-	-	7/1/2018	No Separate Payment	\$0.00
A4248	CHLORHEXIDINE ANTISEPT	-	-	7/1/2018	No Separate Payment	\$0.00
A4262	TEMPORARY TEAR DUCT PLUG	-	-	7/1/2018	No Separate Payment	\$0.00
A4263	PERMANENT TEAR DUCT PLUG	-	-	7/1/2018	No Separate Payment	\$0.00
A4270	DISPOSABLE ENDOSCOPE SHEATH	-	-	7/1/2018	No Separate Payment	\$0.00
A4300	CATH IMPL VASC ACCESS PORTAL	-	-	7/1/2018	No Separate Payment	\$0.00
A4301	IMPLANTABLE ACCESS SYST PERC	-	-	7/1/2018	No Separate Payment	\$0.00
A4305	DRUG DELIVERY SYSTEM >=50 ML	-	-	7/1/2018	No Separate Payment	\$0.00
A4306	DRUG DELIVERY SYSTEM <=50 ML	-	-	7/1/2018	No Separate Payment	\$0.00
A4344	CATH INDW FOLEY 2 WAY SILICN	-	-	10/1/2023	No Separate Payment	\$0.00
A4641	RADIOPHARM DX AGENT NOC	-	-	7/1/2018	No Separate Payment	\$0.00
A4642	IN111 SATUMOMAB	-	-	7/1/2018	No Separate Payment	\$0.00
A4650	IMPLANT RADIATION DOSIMETER	-	-	7/1/2018	No Separate Payment	\$0.00
A9156	ORAL MUCOADHESIVE PER 1 ML	-	-	10/1/2023	No Separate Payment	\$0.00
A9500	TC99M SESTAMIBI	-	-	7/1/2018	No Separate Payment	\$0.00
A9501	TECHNETIUM TC-99M TEBOROXIME	-	-	7/1/2018	No Separate Payment	\$0.00
A9502	TC99M TETROFOSMIN	-	-	7/1/2018	No Separate Payment	\$0.00
A9503	TC99M MEDRONATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9504	TC99M APCITIDE	-	-	7/1/2018	No Separate Payment	\$0.00
A9505	TL201 THALLIUM	-	-	7/1/2018	No Separate Payment	\$0.00
A9506	TC-99M GRAPHITE CRUCIBLE	-	-	7/1/2024	Fee Schedule	\$328.60
A9507	IN111 CAPROMAB	-	-	7/1/2018	No Separate Payment	\$0.00
A9508	I131 IODOBENGUATE, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9509	IODINE I-123 SOD IODIDE MIL	-	-	7/1/2018	No Separate Payment	\$0.00
A9510	TC99M DISOFENIN	-	-	7/1/2018	No Separate Payment	\$0.00
A9512	TC99M PERTECHNETATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9513	LUTETIUM LU 177 DOTATAT THER	-	-	4/1/2025	Fee Schedule	\$296.25
A9515	CHOLINE C-11	-	-	1/1/2025	Fee Schedule	\$2,062.94
A9516	IODINE I-123 SOD IODIDE MIC	-	-	7/1/2018	No Separate Payment	\$0.00
A9517	I131 IODIDE CAP, RX	-	-	1/1/2025	Fee Schedule	\$23.13
A9520	TC99 TILMANOCEPT DIAG 0.5MCI	-	-	7/1/2018	No Separate Payment	\$0.00
A9521	TC99M EXAMETAZIME	-	-	4/1/2025	Fee Schedule	\$802.34
A9524	I131 SERUM ALBUMIN, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9526	NITROGEN N-13 AMMONIA	-	-	7/1/2018	No Separate Payment	\$0.00
A9527	IODINE I-125 SODIUM IODIDE	-	-	1/1/2025	Fee Schedule	\$208.58
A9528	IODINE I-131 IODIDE CAP, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9529	I131 IODIDE SOL, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9530	I131 IODIDE SOL, RX	-	-	1/1/2025	Fee Schedule	\$20.88
A9531	I131 MAX 100UCI	-	-	7/1/2018	No Separate Payment	\$0.00
A9532	I125 SERUM ALBUMIN, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9536	TC99M DEPREOTIDE	-	-	7/1/2018	No Separate Payment	\$0.00
A9537	TC99M MEBROFENIN	-	-	7/1/2018	No Separate Payment	\$0.00
A9538	TC99M PYROPHOSPHATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9539	TC99M PENTETATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9540	TC99M MAA	-	-	7/1/2018	No Separate Payment	\$0.00
A9541	TC99M SULFUR COLLOID	-	-	7/1/2018	No Separate Payment	\$0.00
A9542	IN111 IBRITUMOMAB, DX	-	-	1/1/2025	Fee Schedule	\$798.02

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
A9543	Y90 IBRITUMOMAB, RX	-	-	4/1/2025	Fee Schedule	\$56,824.55
A9546	CO57/58	-	-	7/1/2018	No Separate Payment	\$0.00
A9547	IN111 OXYQUINOLINE	-	-	1/1/2025	Fee Schedule	\$772.64
A9548	IN111 PENTETATE	-	-	1/1/2025	Fee Schedule	\$715.29
A9550	TC99M GLUCEPTATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9551	TC99M SUCCIMER	-	-	7/1/2018	No Separate Payment	\$0.00
A9552	F18 FDG	-	-	7/1/2018	No Separate Payment	\$0.00
A9553	CR51 CHROMATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9554	I125 IOTHALAMATE, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9555	RB82 RUBIDIUM	-	-	7/1/2018	No Separate Payment	\$0.00
A9556	GA67 GALLIUM	-	-	7/1/2018	No Separate Payment	\$0.00
A9557	TC99M BICISATE	-	-	1/1/2025	Fee Schedule	\$683.80
A9558	XE133 XENON 10MCI	-	-	7/1/2018	No Separate Payment	\$0.00
A9559	CO57 CYANO	-	-	7/1/2018	No Separate Payment	\$0.00
A9560	TC99M LABELED RBC	-	-	7/1/2018	No Separate Payment	\$0.00
A9561	TC99M OXIDRONATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9562	TC99M MERTIATIDE	-	-	7/1/2018	No Separate Payment	\$0.00
A9563	P32 NA PHOSPHATE	-	-	1/1/2025	Fee Schedule	\$179.12
A9566	TC99M FANOLESOMAB	-	-	7/1/2018	No Separate Payment	\$0.00
A9567	TECHNETIUM TC-99M AEROSOL	-	-	7/1/2018	No Separate Payment	\$0.00
A9568	TECHNETIUM TC99M ARCITUMOMAB	-	-	1/1/2025	Fee Schedule	\$809.51
A9569	TECHNETIUM TC-99M AUTO WBC	-	-	1/1/2025	Fee Schedule	\$1,040.32
A9570	INDIUM IN-111 AUTO WBC	-	-	1/1/2025	Fee Schedule	\$1,031.39
A9571	INDIUM IN-111 AUTO PLATELET	-	-	7/1/2018	No Separate Payment	\$0.00
A9572	INDIUM IN-111 PENTETREOTIDE	-	-	1/1/2025	Fee Schedule	\$1,914.61
A9573	INJ, GADOPICLENOL, 1 ML	-	-	10/1/2023	No Separate Payment	\$0.00
A9575	INJ GADOTERATE MEGLUMI 0.1ML	-	-	7/1/2018	No Separate Payment	\$0.00
A9576	INJ PROHANCE MULTIPACK	-	-	7/1/2018	No Separate Payment	\$0.00
A9577	INJ MULTIHANCE	-	-	7/1/2018	No Separate Payment	\$0.00
A9578	INJ MULTIHANCE MULTIPACK	-	-	7/1/2018	No Separate Payment	\$0.00
A9579	GAD-BASE MR CONTRAST NOS,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
A9580	SODIUM FLUORIDE F-18	-	-	7/1/2018	No Separate Payment	\$0.00
A9581	GADOXETATE DISODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
A9582	IODINE I-123 IOBENGUANE	-	-	4/1/2025	Fee Schedule	\$2,074.81
A9583	GADOFOSVESET TRISODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
A9584	IODINE I-123 IOFLUPANE	-	-	4/1/2025	Fee Schedule	\$1,388.02
A9585	GADOBUTROL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
A9586	FLORBETAPIR F18	-	-	4/1/2025	Fee Schedule	\$2,194.62
A9587	GALLIUM GA-68	-	-	4/1/2025	Fee Schedule	\$51.09
A9588	FLUCICLOVINE F-18	-	-	4/1/2025	Fee Schedule	\$268.42
A9589	INSTI HEXAMINOLEVULINATE HCL	-	-	1/1/2025	No Separate Payment	\$0.00
A9590	IODINE I-131 IOBENGUANE 1MCI	-	-	1/1/2025	No Separate Payment	\$0.00
A9591	FLUOROESTRADIOL F 18	-	-	4/1/2025	Fee Schedule	\$498.67
A9592	COPPER CU 64 DOTATATE DIAG	-	-	4/1/2025	Fee Schedule	\$595.10
A9593	GALLIUM GA-68 PSMA-11 UCSF	-	-	4/1/2025	Fee Schedule	\$534.91
A9594	GALLIUM GA-68 PSMA-11, UCLA	-	-	4/1/2025	Fee Schedule	\$372.17
A9595	PIFLU F-18, DIA 1 MILLICURIE	-	-	4/1/2025	Fee Schedule	\$332.44
A9596	GALLIUM ILLUCCIX 1 MILLICURE	-	-	4/1/2025	Fee Schedule	\$1,031.00
A9597	PET, DX, FOR TUMOR ID, NOC	-	-	7/1/2018	No Separate Payment	\$0.00
A9598	PET DX FOR NON-TUMOR ID, NOC	-	-	7/1/2018	No Separate Payment	\$0.00
A9600	SR89 STRONTIUM	-	-	4/1/2025	Fee Schedule	\$4,146.34

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

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
A9601	FLORTAUCIPIR INJ 1 MILLICURI	-	-	1/1/2024	Fee Schedule	\$3,710.00
A9602	FLUORODOPA F-18 DIAG PER MCI	-	-	4/1/2025	Fee Schedule	\$498.62
A9603	INJ, PAFOLACIANINE, 0.1 MG	-	-	10/1/2023	No Separate Payment	\$0.00
A9604	SM 153 LEXIDRONAM	-	-	1/1/2025	Fee Schedule	\$4,314.91
A9606	RADIUM RA223 DICHLORIDE THER	-	-	4/1/2025	Fee Schedule	\$169.06
A9607	LUTETIUM LU 177 VIPIVOTIDE	-	-	4/1/2025	Fee Schedule	\$240.20
A9608	FLOTUFOLASTAT F18 DIAG 1 MCI	-	-	4/1/2025	Fee Schedule	\$651.67
A9609	F18 FDG, 15 MILLICURIES	-	-	1/1/2024	No Separate Payment	\$0.00
A9610	XE129 XENON, DIAGNOSTIC	-	-	1/1/2025	No Separate Payment	\$0.00
A9611	FLURPIRIDAZ F18, DIAG, 1 MCI	-	-	4/1/2025	Fee Schedule	\$515.00
A9615	INJ, PEGULICIANINE, 1 MG	-	-	4/1/2025	Fee Schedule	\$37.51
A9697	INJ, MAGTRACE PER STUDY DOSE	-	-	4/1/2025	Fee Schedule	\$1,137.96
A9698	NON-RAD CONTRAST MATERIALNOC	-	-	1/1/2024	No Separate Payment	\$0.00
A9700	ECHOCARDIOGRAPHY CONTRAST	-	-	1/1/2024	No Separate Payment	\$0.00
A9800	GALLIUM LOCAMETZ 1 MILLICURI	-	-	4/1/2025	Fee Schedule	\$871.26
C1052	HEMOSTATIC AGENT, GI, TOPIC	-	-	1/1/2024	No Separate Payment	\$0.00
C1062	INTRAVERTEBRAL FX AUG IMPL	-	-	1/1/2024	No Separate Payment	\$0.00
C1600	CATH, BLADED, VASC PREP	-	-	1/1/2024	No Separate Payment	\$0.00
C1601	ENDO, SINGLE, PULMONARY	-	-	1/1/2024	No Separate Payment	\$0.00
C1602	ORTH/MATRX/BN FILL DRUG-ELUT	-	-	1/1/2024	No Separate Payment	\$0.00
C1603	RET DEV, LASER, IVC FILTER	-	-	1/1/2024	No Separate Payment	\$0.00
C1604	GRFT, TRNSMURL/TRNSVENS BYPS	-	-	1/1/2024	No Separate Payment	\$0.00
C1605	PMKR, DUAL, LEADLESS	-	-	7/1/2024	No Separate Payment	\$0.00
C1606	ADAPTER, US TO ENDOSCOPE	-	-	7/1/2024	No Separate Payment	\$0.00
C1713	ANCHOR/SCREW BN/BN,TIS/BN	-	-	7/1/2018	No Separate Payment	\$0.00
C1714	CATH, TRANS ATHERECTOMY, DIR	-	-	7/1/2018	No Separate Payment	\$0.00
C1715	BRACHYTHERAPY NEEDLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1716	BRACHYTX, NON-STR, GOLD-198	-	-	1/1/2025	Fee Schedule	\$868.33
C1717	BRACHYTX, NON-STR,HDR IR-192	-	-	1/1/2025	Fee Schedule	\$342.39
C1719	BRACHYTX, NS, NON-HDRIR-192	-	-	1/1/2025	Fee Schedule	\$564.50
C1721	AICD, DUAL CHAMBER	-	-	7/1/2018	No Separate Payment	\$0.00
C1722	AICD, SINGLE CHAMBER	-	-	7/1/2018	No Separate Payment	\$0.00
C1724	CATH, TRANS ATHEREC,ROTATION	-	-	7/1/2018	No Separate Payment	\$0.00
C1725	CATH, TRANSLUMIN NON-LASER	-	-	1/1/2024	No Separate Payment	\$0.00
C1726	CATH, BAL DIL, NON-VASCULAR	-	-	1/1/2024	No Separate Payment	\$0.00
C1727	CATH, BAL TIS DIS, NON-VAS	-	-	1/1/2024	No Separate Payment	\$0.00
C1728	CATH, BRACHYTX SEED ADM	-	-	7/1/2018	No Separate Payment	\$0.00
C1729	CATH, DRAINAGE	-	-	7/1/2018	No Separate Payment	\$0.00
C1730	CATH, EP, 19 OR FEW ELECT	-	-	7/1/2018	No Separate Payment	\$0.00
C1731	CATH, EP, 20 OR MORE ELEC	-	-	7/1/2018	No Separate Payment	\$0.00
C1732	CATH, EP, DIAG/ABL, 3D/VECT	-	-	7/1/2018	No Separate Payment	\$0.00
C1733	CATH, EP, OTHR THAN COOL-TIP	-	-	7/1/2018	No Separate Payment	\$0.00
C1734	ORTH/DEVIC/DRUG BN/BN,TIS/BN	-	-	1/1/2024	No Separate Payment	\$0.00
C1735	CATH RENAL DENERV RADIOFREQ	-	-	1/1/2025	No Separate Payment	\$0.00
C1736	CATH RENAL DENERV ULTRASND	-	-	1/1/2025	No Separate Payment	\$0.00
C1737	SI&PELVIS FUSN&FIXN DEV	-	-	1/1/2025	No Separate Payment	\$0.00
C1738	POWER ENDO US-GUID BX DEV	-	-	1/1/2025	No Separate Payment	\$0.00
C1739	TISSUE MARKER, DETECTABLE	-	-	1/1/2025	No Separate Payment	\$0.00
C1747	ENDO, SINGLE, URINARY TRACT	-	-	1/1/2023	No Separate Payment	\$0.00
C1748	ENDOSCOPE, SINGLE, UGI	-	-	10/1/2020	No Separate Payment	\$0.00
C1749	ENDO, COLON, RETRO IMAGING	-	-	7/1/2018	No Separate Payment	\$0.00

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **April 1, 2025**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C1750	CATH, HEMODIALYSIS, LONG-TERM	-	-	7/1/2018	No Separate Payment	\$0.00
C1751	CATH, INF, PER/CENT/MIDLINE	-	-	7/1/2018	No Separate Payment	\$0.00
C1752	CATH, HEMODIALYSIS, SHORT-TERM	-	-	7/1/2018	No Separate Payment	\$0.00
C1753	CATH, INTRAVAS ULTRASOUND	-	-	7/1/2018	No Separate Payment	\$0.00
C1754	CATHETER, INTRADISCAL	-	-	7/1/2018	No Separate Payment	\$0.00
C1755	CATHETER, INTRASPINAL	-	-	7/1/2018	No Separate Payment	\$0.00
C1756	CATH, PACING, TRANSESOPH	-	-	7/1/2018	No Separate Payment	\$0.00
C1757	CATH, THROMBECTOMY/EMBOLECT	-	-	7/1/2018	No Separate Payment	\$0.00
C1758	CATHETER, URETERAL	-	-	7/1/2018	No Separate Payment	\$0.00
C1759	CATH, INTRA ECHOCARDIOGRAPHY	-	-	7/1/2018	No Separate Payment	\$0.00
C1760	CLOSURE DEV, VASC	-	-	7/1/2018	No Separate Payment	\$0.00
C1761	CATH, TRANS INTRA LITHO/CORO	-	-	7/1/2021	No Separate Payment	\$0.00
C1762	CONN TISS, HUMAN(INC FASCIA)	-	-	7/1/2018	No Separate Payment	\$0.00
C1763	CONN TISS, NON-HUMAN	-	-	7/1/2018	No Separate Payment	\$0.00
C1764	EVENT RECORDER, CARDIAC	-	-	7/1/2018	No Separate Payment	\$0.00
C1765	ADHESION BARRIER	-	-	7/1/2018	No Separate Payment	\$0.00
C1766	INTRO/SHEATH, STRBLE, NON-PEEL	-	-	7/1/2018	No Separate Payment	\$0.00
C1767	GENERATOR, NEURO NON-RECHARG	-	-	7/1/2018	No Separate Payment	\$0.00
C1768	GRAFT, VASCULAR	-	-	7/1/2018	No Separate Payment	\$0.00
C1769	GUIDE WIRE	-	-	7/1/2018	No Separate Payment	\$0.00
C1770	IMAGING COIL, MR, INSERTABLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1771	REP DEV, URINARY, W/SLING	-	-	7/1/2018	No Separate Payment	\$0.00
C1772	INFUSION PUMP, PROGRAMMABLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1773	RET DEV, INSERTABLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1776	JOINT DEVICE (IMPLANTABLE)	-	-	7/1/2018	No Separate Payment	\$0.00
C1777	LEAD, AICD, ENDO SINGLE COIL	-	-	7/1/2018	No Separate Payment	\$0.00
C1778	LEAD, NEUROSTIMULATOR	-	-	7/1/2018	No Separate Payment	\$0.00
C1779	LEAD, PMKR, TRANSVENOUS VDD	-	-	7/1/2018	No Separate Payment	\$0.00
C1780	LENS, INTRAOCULAR (NEW TECH)	-	-	7/1/2018	No Separate Payment	\$0.00
C1781	MESH (IMPLANTABLE)	-	-	7/1/2018	No Separate Payment	\$0.00
C1782	MORCELLATOR	-	-	7/1/2018	No Separate Payment	\$0.00
C1783	OCULAR IMP, AQUEOUS DRAIN DE	-	-	7/1/2018	No Separate Payment	\$0.00
C1784	OCULAR DEV, INTRAOP, DET RET	-	-	7/1/2018	No Separate Payment	\$0.00
C1785	PMKR, DUAL, RATE-RESP	-	-	7/1/2018	No Separate Payment	\$0.00
C1786	PMKR, SINGLE, RATE-RESP	-	-	7/1/2018	No Separate Payment	\$0.00
C1787	PATIENT PROGR, NEUROSTIM	-	-	7/1/2018	No Separate Payment	\$0.00
C1788	PORT, INDWELLING, IMP	-	-	7/1/2018	No Separate Payment	\$0.00
C1789	PROSTHESIS, BREAST, IMP	-	-	7/1/2018	No Separate Payment	\$0.00
C1813	PROSTHESIS, PENILE, INFLATAB	-	-	7/1/2018	Not Allowed	\$0.00
C1814	RETINAL TAMP, SILICONE OIL	-	-	7/1/2018	No Separate Payment	\$0.00
C1815	PROS, URINARY SPH, IMP	-	-	7/1/2018	No Separate Payment	\$0.00
C1816	RECEIVER/TRANSMITTER, NEURO	-	-	7/1/2018	No Separate Payment	\$0.00
C1817	SEPTAL DEFECT IMP SYS	-	-	7/1/2018	No Separate Payment	\$0.00
C1818	INTEGRATED KERATOPROSTHESIS	-	-	7/1/2018	No Separate Payment	\$0.00
C1819	TISSUE LOCALIZATION-EXCISION	-	-	7/1/2018	No Separate Payment	\$0.00
C1820	GENERATOR NEURO RECHG BAT SY	-	-	7/1/2018	No Separate Payment	\$0.00
C1821	INTERSPINOUS IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
C1822	GEN, NEURO, HF, RECHG BAT	-	-	7/1/2018	No Separate Payment	\$0.00
C1823	GEN, NEURO, TRANS SEN/STIM	-	-	1/1/2019	No Separate Payment	\$0.00
C1824	GENERATOR, CCM, IMPLANT	-	-	1/1/2024	No Separate Payment	\$0.00
C1825	GEN, NEURO, CAROT SINUS BARO	-	-	1/1/2024	No Separate Payment	\$0.00

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Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C1826	GEN, NEURO, CLO LOOP, RECHG	-	-	1/1/2023	No Separate Payment	\$0.00
C1827	GEN, NEURO, IMP LED, EX CNTR	-	-	1/1/2023	No Separate Payment	\$0.00
C1830	POWER BONE MARROW BX NEEDLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1831	PERSONALIZED INTERBODY CAGE	-	-	10/1/2021	No Separate Payment	\$0.00
C1832	AUTO CELL PROCESS SYS	-	-	1/1/2025	No Separate Payment	\$0.00
C1833	CARDIAC MONITOR SYS	-	-	1/1/2025	No Separate Payment	\$0.00
C1839	IRIS PROSTHESIS	-	-	1/1/2024	No Separate Payment	\$0.00
C1840	TELESCOPIC INTRAOCULAR LENS	-	-	7/1/2018	No Separate Payment	\$0.00
C1874	STENT, COATED/COV W/DEL SYS	-	-	7/1/2018	No Separate Payment	\$0.00
C1875	STENT, COATED/COV W/O DEL SY	-	-	7/1/2018	No Separate Payment	\$0.00
C1876	STENT, NON-COA/NON-COV W/DEL	-	-	7/1/2018	No Separate Payment	\$0.00
C1877	STENT, NON-COAT/COV W/O DEL	-	-	7/1/2018	No Separate Payment	\$0.00
C1878	MATRL FOR VOCAL CORD	-	-	7/1/2018	No Separate Payment	\$0.00
C1880	VENA CAVA FILTER	-	-	7/1/2018	No Separate Payment	\$0.00
C1881	DIALYSIS ACCESS SYSTEM	-	-	7/1/2018	No Separate Payment	\$0.00
C1882	AICD, OTHER THAN SING/DUAL	-	-	7/1/2018	No Separate Payment	\$0.00
C1883	ADAPT/EXT, PACING/NEURO LEAD	-	-	7/1/2018	No Separate Payment	\$0.00
C1884	EMBOLIZATION PROTECT SYST	-	-	7/1/2018	No Separate Payment	\$0.00
C1885	CATH, TRANSLUMIN ANGIO LASER	-	-	7/1/2018	No Separate Payment	\$0.00
C1886	CATHETER, ABLATION	-	-	7/1/2018	No Separate Payment	\$0.00
C1887	CATHETER, GUIDING	-	-	7/1/2018	No Separate Payment	\$0.00
C1888	ENDOVAS NON-CARDIAC ABL CATH	-	-	7/1/2018	No Separate Payment	\$0.00
C1889	IMPLANT/INSERT DEVICE, NOC	-	-	7/1/2018	No Separate Payment	\$0.00
C1890	NO DEVICE W/DEV-INTENSIVE PX	-	-	1/1/2019	No Separate Payment	\$0.00
C1891	INFUSION PUMP,NON-PROG, PERM	-	-	7/1/2018	No Separate Payment	\$0.00
C1892	INTRO/SHEATH,FIXED,PEEL-AWAY	-	-	7/1/2018	No Separate Payment	\$0.00
C1893	INTRO/SHEATH, FIXED,NON-PEEL	-	-	7/1/2018	No Separate Payment	\$0.00
C1894	INTRO/SHEATH, NON-LASER	-	-	7/1/2018	No Separate Payment	\$0.00
C1895	LEAD, AICD, ENDO DUAL COIL	-	-	7/1/2018	No Separate Payment	\$0.00
C1896	LEAD, AICD, NON SING/DUAL	-	-	7/1/2018	No Separate Payment	\$0.00
C1897	LEAD, NEUROSTIM TEST KIT	-	-	7/1/2018	No Separate Payment	\$0.00
C1898	LEAD, PMKR, OTHER THAN TRANS	-	-	7/1/2018	No Separate Payment	\$0.00
C1899	LEAD, PMKR/AICD COMBINATION	-	-	7/1/2018	No Separate Payment	\$0.00
C1900	LEAD, CORONARY VENOUS	-	-	7/1/2018	No Separate Payment	\$0.00
C1982	CATH, PRESSURE,VALVE-OCCLU	-	-	1/1/2024	No Separate Payment	\$0.00
C2596	PROBE, ROBOTIC, WATER-JET	-	-	1/1/2024	No Separate Payment	\$0.00
C2613	LUNG BX PLUG W/DEL SYS	-	-	7/1/2018	No Separate Payment	\$0.00
C2614	PROBE, PERC LUMB DISC	-	-	7/1/2018	No Separate Payment	\$0.00
C2615	SEALANT, PULMONARY, LIQUID	-	-	7/1/2018	No Separate Payment	\$0.00
C2616	BRACHYTX, NON-STR,YTTRIUM-90	-	-	1/1/2025	Fee Schedule	\$17,485.10
C2617	STENT, NON-COR, TEM W/O DEL	-	-	7/1/2018	No Separate Payment	\$0.00
C2618	PROBE/NEEDLE, CRYO	-	-	7/1/2018	No Separate Payment	\$0.00
C2619	PMKR, DUAL, NON RATE-RESP	-	-	7/1/2018	No Separate Payment	\$0.00
C2620	PMKR, SINGLE, NON RATE-RESP	-	-	7/1/2018	No Separate Payment	\$0.00
C2621	PMKR, OTHER THAN SING/DUAL	-	-	7/1/2018	No Separate Payment	\$0.00
C2622	PROSTHESIS, PENILE, NON-INF	-	-	7/1/2018	Not Allowed	\$0.00
C2623	CATH, TRANSLUMIN, DRUG-COAT	-	-	7/1/2018	No Separate Payment	\$0.00
C2624	WIRELESS PRESSURE SENSOR	-	-	1/1/2024	No Separate Payment	\$0.00
C2625	STENT, NON-COR, TEM W/DEL SY	-	-	7/1/2018	No Separate Payment	\$0.00
C2626	INFUSION PUMP, NON-PROG,TEMP	-	-	7/1/2018	No Separate Payment	\$0.00
C2627	CATH, SUPRAPUBIC/CYSTOSCOPIC	-	-	7/1/2018	No Separate Payment	\$0.00

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C2628	CATHETER, OCCLUSION	-	-	7/1/2018	No Separate Payment	\$0.00
C2629	INTRO/SHEATH, LASER	-	-	7/1/2018	No Separate Payment	\$0.00
C2630	CATH, EP, COOL-TIP	-	-	7/1/2018	No Separate Payment	\$0.00
C2631	REP DEV, URINARY, W/O SLING	-	-	7/1/2018	No Separate Payment	\$0.00
C2634	BRACHYTX, NON-STR, HA, I-125	-	-	1/1/2025	Fee Schedule	\$162.84
C2635	BRACHYTX, NON-STR, HA, P-103	-	-	1/1/2025	Fee Schedule	\$69.38
C2636	BRACHY LINEAR, NON-STR,P-103	-	-	1/1/2025	Fee Schedule	\$52.91
C2638	BRACHYTX, STRANDED, I-125	-	-	1/1/2025	Fee Schedule	\$37.04
C2639	BRACHYTX, NON-STRANDED,I-125	-	-	1/1/2025	Fee Schedule	\$35.11
C2640	BRACHYTX, STRANDED, P-103	-	-	1/1/2025	Fee Schedule	\$69.69
C2641	BRACHYTX, NON-STRANDED,P-103	-	-	1/1/2025	Fee Schedule	\$79.77
C2642	BRACHYTX, STRANDED, C-131	-	-	1/1/2025	Fee Schedule	\$107.86
C2643	BRACHYTX, NON-STRANDED,C-131	-	-	1/1/2025	Fee Schedule	\$96.56
C2644	BRACHYTX CESIUM-131 CHLORIDE	-	-	1/1/2024	Not Allowed	\$0.00
C2645	BRACHYTX PLANAR, P-103	-	-	1/1/2024	Fee Schedule	\$4.69
C2698	BRACHYTX, STRANDED, NOS	-	-	1/1/2025	Fee Schedule	\$37.04
C2699	BRACHYTX, NON-STRANDED, NOS	-	-	1/1/2025	Fee Schedule	\$35.11
C5271	LOW COST SKIN SUBSTITUTE APP	Y	-	1/1/2025	Fee Schedule	\$328.29
C5272	LOW COST SKIN SUBSTITUTE APP	-	-	7/1/2018	No Separate Payment	\$0.00
C5273	LOW COST SKIN SUBSTITUTE APP	Y	-	1/1/2025	Fee Schedule	\$981.09
C5274	LOW COST SKIN SUBSTITUTE APP	-	-	7/1/2018	No Separate Payment	\$0.00
C5275	LOW COST SKIN SUBSTITUTE APP	Y	-	1/1/2025	Fee Schedule	\$328.29
C5276	LOW COST SKIN SUBSTITUTE APP	-	-	7/1/2018	No Separate Payment	\$0.00
C5277	LOW COST SKIN SUBSTITUTE APP	Y	-	1/1/2025	Fee Schedule	\$328.29
C5278	LOW COST SKIN SUBSTITUTE APP	-	-	7/1/2018	No Separate Payment	\$0.00
C7500	DEB BONE 20 CM2 W/DRUG DEV	Y	-	1/1/2025	Fee Schedule	\$1,201.90
C7501	PERC BX BREAST LESIONS STERO	Y	-	1/1/2025	Fee Schedule	\$1,201.90
C7502	PERC BX BREAST LESIONS MR	Y	-	1/1/2025	Fee Schedule	\$1,201.90
C7503	OPEN EXC CERV NODE(S) W/ ID	Y	-	1/1/2025	Fee Schedule	\$2,682.40
C7504	PERQ CVT&LS INJ VERT BODIES	Y	-	1/1/2025	Fee Schedule	\$3,510.84
C7505	PERQ LS&CVT INJ VERT BODIES	Y	-	1/1/2025	Fee Schedule	\$3,510.84
C7506	FUSION OF FINGER JOINTS	Y	-	1/1/2025	Fee Schedule	\$3,510.84
C7507	PERQ THOR&LUMB VERT AUG	Y	-	1/1/2025	Fee Schedule	\$6,633.26
C7508	PERQ LUMB&THOR VERT AUG	-	-	4/1/2024	Fee Schedule	\$6,499.71
C7509	DX BRONCH W/ NAVIGATION	Y	-	1/1/2025	Fee Schedule	\$1,610.31
C7510	BRONCH/LAVAG W/ NAVIGATION	Y	-	1/1/2025	Fee Schedule	\$1,610.31
C7511	BRONCH/BPSY(S) W/ NAVIGATION	Y	-	4/1/2024	Fee Schedule	\$1,566.45
C7512	BRONCH/BPSY(S) W/ EBUS	Y	-	1/1/2025	Fee Schedule	\$1,610.31
C7513	CATH/ANGIO DIALCIR W/APLASTY	Y	-	1/1/2025	Fee Schedule	\$1,588.69
C7514	CATH/ANGIO DIAL CIR W/STENTS	Y	-	1/1/2025	Fee Schedule	\$1,588.69
C7515	CATH/ANGIO DIAL CIR W/EMBOL	Y	-	1/1/2025	Fee Schedule	\$1,588.69
C7516	COR ANGIO W/ IVUS OR OCT	Y	-	1/1/2025	Fee Schedule	\$2,629.62
C7517	COR ANGIO W/ILIC/FEM ANGIO	Y	-	1/1/2025	Fee Schedule	\$2,629.62
C7518	COR/GFT ANGIO W/ IVUS OR OCT	Y	-	1/1/2025	Fee Schedule	\$2,629.62
C7519	COR/GFT ANGIO W/ FLOW RESRV	Y	-	1/1/2025	Fee Schedule	\$2,629.62
C7520	COR/GFT ANGIO W/ILIC/FEM ANG	-	-	4/1/2024	Fee Schedule	\$2,525.79
C7521	R HRT ANGIO W/ IVUS OR OCT	Y	-	1/1/2025	Fee Schedule	\$2,629.62
C7522	R HRT ANGIO W/FLOW RESRV	Y	-	1/1/2025	Fee Schedule	\$2,629.62
C7523	L HRT ANGIO W/ IVUS OR OCT	Y	-	1/1/2025	Fee Schedule	\$2,629.62
C7524	L HRT ANGIO W/FLOW RESRV	Y	-	1/1/2025	Fee Schedule	\$2,629.62
C7525	L HRT GFT ANG W/ IVUS OR OCT	Y	-	1/1/2025	Fee Schedule	\$2,629.62

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **April 1, 2025**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C7526	L HRT GFT ANG W/FLOW RESRV	Y	-	1/1/2025	Fee Schedule	\$2,629.62
C7527	R&L HRT ANGIO W/ IVUS OR OCT	Y	-	1/1/2025	Fee Schedule	\$2,629.62
C7528	R&L HRT ANGIO W/FLOW RESRV	Y	-	1/1/2025	Fee Schedule	\$2,629.62
C7529	R&L HRT GFT ANG W/FLOW RESRV	Y	-	1/1/2025	Fee Schedule	\$2,629.62
C7530	CATH/APLASTY DIAL CIR W/STNT	-	-	4/1/2024	Fee Schedule	\$4,846.92
C7531	ANGIO FEM/POP W/ US	Y	-	1/1/2025	Fee Schedule	\$6,102.28
C7532	ANGIO W/ US NON-CORONARY	Y	-	1/1/2025	Fee Schedule	\$5,884.93
C7533	PTCA W/ PLCMT BRACHYTX DEV	-	-	4/1/2024	Fee Schedule	\$5,731.64
C7535	FEM/POP REVASC W/STENT & US	Y	-	1/1/2025	Fee Schedule	\$10,680.67
C7537	INSRT ATRIL PM W/L VENT LEAD	Y	-	1/1/2025	Fee Schedule	\$10,905.37
C7538	INSRT VENT PM W/L VENT LEAD	Y	-	1/1/2025	Fee Schedule	\$11,086.52
C7539	INSRT A & V PM W/L VENT LEAD	Y	-	1/1/2025	Fee Schedule	\$11,186.97
C7540	RMV&RPLC PM DUL W/L VNT LEAD	Y	-	1/1/2025	Fee Schedule	\$11,029.06
C7545	EXCH BIL CATH W/ RMV CALCULI	Y	-	1/1/2025	Fee Schedule	\$2,704.26
C7546	REP NPH/URT CATH W/DIL STRIC	Y	-	1/1/2025	Fee Schedule	\$1,655.31
C7547	CNVRT NEPH CATH W/ DIL STRIC	Y	-	4/1/2024	Fee Schedule	\$1,625.92
C7548	EXCH NEPH CATH W/ DIL STRIC	Y	-	1/1/2025	Fee Schedule	\$1,655.31
C7549	CHGE URTR STENT W/ DIL STRIC	Y	-	1/1/2025	Fee Schedule	\$1,655.31
C7550	CYSTO W/ BX(S) W/ BLUE LIGHT	Y	-	1/1/2025	Fee Schedule	\$1,655.31
C7551	EXC NEUROMA W/ IMPLNT NV END	Y	-	1/1/2025	Fee Schedule	\$3,089.62
C7554	CYSTURETH BLU LI CYST FL IMG	Y	-	1/1/2025	Fee Schedule	\$959.88
C7555	RMVL THYRD W/AUTOTRAN PARATH	Y	-	1/1/2025	Fee Schedule	\$4,896.00
C7556	BRONCH LAVAGE W/EBUS	Y	-	1/1/2025	Fee Schedule	\$1,610.31
C7557	COR ANGIO/VENT W/FFR	Y	-	4/1/2024	Fee Schedule	\$2,525.79
C7560	ERCP REMOVE FORGN BODY&ENDO	Y	-	1/1/2025	Fee Schedule	\$1,875.81
C7562	R&L HRT ANGIO W/FFR & 3D MAP	Y	-	1/1/2025	Fee Schedule	\$2,629.62
C7563	TRLUML BALLO ANGIOP ALL ART	Y	-	1/1/2025	Fee Schedule	\$5,884.93
C7564	VEIN MECH THROM W/INTRVAS US	Y	-	1/1/2025	Fee Schedule	\$10,902.10
C7565	RPR AA HRN < 3 RDC W/ RMVL	Y	-	1/1/2025	Fee Schedule	\$2,704.26
C8000	SUPRT DEV, A-V FISTULA, IMP	-	-	10/1/2024	No Separate Payment	\$0.00
C8002	PREP SKIN CELL SUSP, AUTOMTD	-	-	4/1/2025	Fee Schedule	\$3,892.28
C8003	IMP EXTAR KNEE SHCK ABSRB	Y	-	1/1/2025	Fee Schedule	\$14,537.30
C8004	SIM ANG W/PRS CATH RAD EMB	Y	-	4/1/2025	Fee Schedule	\$7,009.97
C8900	MRA W/CONT, ABD	-	-	1/1/2025	Fee Schedule	\$192.74
C8901	MRA W/O CONT, ABD	-	-	1/1/2025	Fee Schedule	\$130.28
C8902	MRA W/O FOL W/CONT, ABD	-	-	1/1/2025	Fee Schedule	\$192.74
C8903	MRI W/CONT, BREAST, UNI	-	-	1/1/2025	Fee Schedule	\$96.71
C8905	MRI W/O FOL W/CONT, BRST, UN	-	-	1/1/2025	Fee Schedule	\$192.74
C8906	MRI W/CONT, BREAST, BI	-	-	1/1/2025	Fee Schedule	\$192.74
C8908	MRI W/O FOL W/CONT, BREAST,	-	-	1/1/2025	Fee Schedule	\$192.74
C8909	MRA W/CONT, CHEST	-	-	1/1/2025	Fee Schedule	\$192.74
C8910	MRA W/O CONT, CHEST	-	-	1/1/2025	Fee Schedule	\$130.28
C8911	MRA W/O FOL W/CONT, CHEST	-	-	1/1/2025	Fee Schedule	\$192.74
C8912	MRA W/CONT, LWR EXT	-	-	1/1/2025	Fee Schedule	\$192.74
C8913	MRA W/O CONT, LWR EXT	-	-	1/1/2025	Fee Schedule	\$130.28
C8914	MRA W/O FOL W/CONT, LWR EXT	-	-	1/1/2025	Fee Schedule	\$192.74
C8918	MRA W/CONT, PELVIS	-	-	1/1/2025	Fee Schedule	\$192.74
C8919	MRA W/O CONT, PELVIS	-	-	1/1/2025	Fee Schedule	\$130.28
C8920	MRA W/O FOL W/CONT, PELVIS	-	-	1/1/2025	Fee Schedule	\$192.74
C8931	MRA, W/DYE, SPINAL CANAL	-	-	1/1/2025	Fee Schedule	\$192.74
C8932	MRA, W/O DYE, SPINAL CANAL	-	-	1/1/2025	Fee Schedule	\$130.28

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Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C8933	MRA, W/O&W/DYE, SPINAL CANAL	-	-	1/1/2025	Fee Schedule	\$192.74
C8934	MRA, W/DYE, UPPER EXTREMITY	-	-	1/1/2025	Fee Schedule	\$192.74
C8935	MRA, W/O DYE, UPPER EXTR	-	-	1/1/2025	Fee Schedule	\$130.28
C8936	MRA, W/O&W/DYE, UPPER EXTR	-	-	1/1/2025	Fee Schedule	\$192.74
C9046	COCAINE HCL NASAL (GOPRELTO)	-	-	1/1/2024	No Separate Payment	\$0.00
C9047	INJECTION, CAPLACIZUMAB-YHDP	-	-	1/1/2025	No Separate Payment	\$0.00
C9054	INJECTION, LEFAMULIN	-	-	7/1/2020	No Separate Payment	\$0.00
C9067	GALLIUM GA-68 DOTATOC	-	-	1/1/2025	Fee Schedule	\$4.05
C9088	INSTILL, BUPIVAC AND MELOXIC	-	-	4/1/2025	Fee Schedule	\$0.77
C9089	BUPIVACAINE IMPLANT, 1 MG	-	-	4/1/2025	Fee Schedule	\$0.86
C9101	INJ, OLICERIDINE 0.1 MG	-	-	4/1/2025	Fee Schedule	\$1.30
C9143	COCAINE HCL NASAL (NUMBRINO)	-	-	1/1/2024	Not Allowed	\$0.00
C9144	INJ, BUPIVACAINE (POSIMIR)	-	-	4/1/2025	Fee Schedule	\$0.50
C9145	INJ, APONVIE, 1 MG	-	-	4/1/2025	Fee Schedule	\$1.86
C9166	INJECTION, SECUKINUMAB	-	-	7/1/2024	No Separate Payment	\$0.00
C9167	INJECTION, APADAMTASE ALFA	-	-	7/1/2024	No Separate Payment	\$0.00
C9168	INJECTION, MIRIKIZUMAB-MRKZ	-	-	7/1/2024	No Separate Payment	\$0.00
C9173	INJ, NYPOZI, 1 MCG	-	-	1/1/2025	Fee Schedule	\$0.54
C9248	INJ, CLEVIDIPINE BUTYRATE	-	-	4/1/2025	Fee Schedule	\$2.75
C9250	ARTISS FIBRIN SEALANT	-	-	4/1/2025	Fee Schedule	\$133.14
C9254	INJECTION, LACOSAMIDE	-	-	7/1/2018	No Separate Payment	\$0.00
C9257	BEVACIZUMAB INJECTION	-	-	4/1/2025	Fee Schedule	\$1.82
C9285	PATCH, LIDOCAINE/TETRACAINE	-	-	7/1/2018	No Separate Payment	\$0.00
C9293	INJECTION, GLUCARPIDASE	-	-	1/1/2024	Not Allowed	\$0.00
C9302	INJ ZANIDATAMAB, 2 MG	-	-	4/1/2025	Fee Schedule	\$25.12
C9303	INJ ZOLBETUXIMAB, 1 MG	-	-	4/1/2025	Fee Schedule	\$16.48
C9304	INJ MARSTACIMAB, 0.5 MG	-	-	4/1/2025	Fee Schedule	\$52.79
C9352	NEURAGEN NERVE GUIDE, PER CM	-	-	1/1/2024	No Separate Payment	\$0.00
C9353	NEURAWRAP NERVE PROTECTOR,CM	-	-	1/1/2024	No Separate Payment	\$0.00
C9354	VERITAS COLLAGEN MATRIX, CM2	-	-	1/1/2024	No Separate Payment	\$0.00
C9355	NEUROMATRIX NERVE CUFF, CM	-	-	1/1/2024	No Separate Payment	\$0.00
C9356	TENOGLIDE TENDON PROT, CM2	-	-	1/1/2024	No Separate Payment	\$0.00
C9358	SURGIMEND, FETAL	-	-	1/1/2024	No Separate Payment	\$0.00
C9359	IMPLNT,BON VOID FILLER-PUTTY	-	-	1/1/2024	No Separate Payment	\$0.00
C9360	SURGIMEND, NEONATAL	-	-	1/1/2024	No Separate Payment	\$0.00
C9361	NEUROMEND NERVE WRAP	-	-	7/1/2018	No Separate Payment	\$0.00
C9362	IMPLNT,BON VOID FILLER-STRIP	-	-	1/1/2024	No Separate Payment	\$0.00
C9363	INTEGRA MESHED BIL WOUND MAT	-	-	7/1/2018	No Separate Payment	\$0.00
C9364	PORCINE IMPLANT, PERMACOL	-	-	1/1/2024	No Separate Payment	\$0.00
C9399	UNCLASSIFIED DRUGS OR BIOLOG	-	-	7/1/2018	Not Allowed	\$0.00
C9460	INJECTION, CANGRELOR	-	-	4/1/2025	Fee Schedule	\$18.71
C9462	INJECTION, DELAFLOXACIN	-	-	1/1/2023	Not Allowed	\$0.00
C9482	SOTALOL HYDROCHLORIDE IV	-	-	4/1/2025	Fee Schedule	\$22.78
C9488	CONIVAPTAN HCL	-	-	1/1/2025	No Separate Payment	\$0.00
C9600	PERC DRUG-EL COR STENT SING	Y	-	1/1/2025	Fee Schedule	\$7,062.26
C9601	PERC DRUG-EL COR STENT BRAN	-	-	1/1/2020	No Separate Payment	\$0.00
C9602	PERC D-E COR STENT ATHER S	-	-	1/1/2022	Not Allowed	\$0.00
C9603	PERC D-E COR STENT ATHER BR	-	-	1/1/2022	Not Allowed	\$0.00
C9604	PERC D-E COR REVASC T CABG S	-	-	1/1/2022	Not Allowed	\$0.00
C9605	PERC D-E COR REVASC T CABG B	-	-	1/1/2022	Not Allowed	\$0.00
C9607	PERC D-E COR REVASC CHRO SIN	-	-	1/1/2022	Not Allowed	\$0.00

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Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C9608	PERC D-E COR REVASC CHRO ADD	-	-	1/1/2022	Not Allowed	\$0.00
C9610	CATH CORONARY DRUG-DELIVERY	-	-	1/1/2025	No Separate Payment	\$0.00
C9725	PLACE ENDORECTAL APP	Y	-	1/1/2025	Fee Schedule	\$489.47
C9726	RXT BREAST APPL PLACE/REMOV	-	-	7/1/2018	No Separate Payment	\$0.00
C9727	INSERT PALATE IMPLANTS	Y	-	1/1/2025	Fee Schedule	\$657.38
C9728	PLACE DEVICE/MARKER, NON PRO	-	-	1/1/2025	Fee Schedule	\$733.21
C9733	NON-OPHTHALMIC FVA	-	-	7/1/2018	No Separate Payment	\$0.00
C9738	BLUE LIGHT CYSTO IMAG AGENT	-	-	7/1/2018	No Separate Payment	\$0.00
C9739	CYSTOSCOPY PROSTATIC IMP 1-3	Y	-	1/1/2025	Fee Schedule	\$3,909.21
C9740	CYSTO IMPL 4 OR MORE	Y	-	1/1/2025	Fee Schedule	\$7,819.84
C9751	MICROWAVE BRONCH, 3D, EBUS	-	-	1/1/2022	Not Allowed	\$0.00
C9757	SPINE DEVICE IMPLANT SURGERY	Y	-	1/1/2025	Fee Schedule	\$9,527.45
C9758	BLIND INTERATRIAL SHUNT IDE	-	-	1/1/2022	Not Allowed	\$0.00
C9759	TRANSCATH INTRAOP MICROINF	-	-	10/1/2020	No Separate Payment	\$0.00
C9761	CYSTO, LITHO, VACUUM KIDNEY	Y	-	1/1/2025	Fee Schedule	\$4,779.70
C9762	CARDIAC MRI SEG DYS STRAIN	-	-	1/1/2025	Fee Schedule	\$291.79
C9763	CARDIAC MRI SEG DYS STRESS	-	-	1/1/2025	Fee Schedule	\$291.79
C9764	REVASC INTRAVASC LITHOTRIPSY	Y	-	1/1/2025	Fee Schedule	\$7,753.36
C9765	REVASC INTRA LITHOTRIP-STENT	Y	-	1/1/2025	Fee Schedule	\$12,497.25
C9766	REVASC INTRA LITHOTRIP-ATHER	Y	-	1/1/2025	Fee Schedule	\$12,748.93
C9767	REVASC LITHOTRIP-STENT-ATHER	Y	-	1/1/2025	Fee Schedule	\$12,667.63
C9772	REVASC LITHOTRIP TIBI/PERONE	Y	-	1/1/2025	Fee Schedule	\$7,574.10
C9773	REVASC LITHOTR-STENT TIB/PER	Y	-	1/1/2025	Fee Schedule	\$11,636.16
C9774	REVASC LITHOTR-ATHER TIB/PER	Y	-	1/1/2025	Fee Schedule	\$11,882.19
C9775	REVASC LITH-STEN-ATH TIB/PER	Y	-	1/1/2025	Fee Schedule	\$13,113.73
C9776	FLUO BILE DUCT IMAGING W/ICG	-	-	4/1/2021	No Separate Payment	\$0.00
C9777	ESOPHAG MUC INTEG W/ESO EGD	Y	-	1/1/2025	Fee Schedule	\$2,621.91
C9778	COLPOPEXY, MIN/INV, EX-PERIT	Y	-	1/1/2025	Fee Schedule	\$2,820.84
C9781	ARTHRO/SHOUL SURG; W/SPACER	Y	-	1/1/2025	Fee Schedule	\$10,177.02
C9789	INSTILL PHARM RENAL PELVIS	Y	-	1/1/2025	Fee Schedule	\$1,208.13
C9790	KIDNEY HISTOTRIPSY W/IMAGE	-	-	7/1/2024	Not Allowed	\$0.00
C9796	RPR INTST EXCL ANRECT FIST	Y	-	1/1/2025	Fee Schedule	\$1,771.88
C9797	VASC EMB/OCC W/PRS CATH	Y	-	1/1/2025	Fee Schedule	\$12,304.24
C9804	PUMP ELASTOMC NON-OPIOID DEV	-	-	1/1/2025	Not Allowed	\$0.00
C9806	PUMP PERIST NON-OPIOID DEV	-	-	1/1/2025	Not Allowed	\$0.00
C9807	NERVE STIM NON-OPIOID DEV	-	-	1/1/2025	Not Allowed	\$0.00
C9808	CRYO PROBE NON-OPIOID DEV	-	-	1/1/2025	Not Allowed	\$0.00
C9809	CRYO NEEDLE NON-OPIOID DEV	-	-	1/1/2025	Not Allowed	\$0.00
D0120	PERIODIC ORAL EVALUATION	-	-	1/1/2024	No Separate Payment	\$0.00
D0140	LIMIT ORAL EVAL PROBLM FOCUS	-	-	1/1/2024	No Separate Payment	\$0.00
D0150	COMPREHENSIVE ORAL EVALUATION	-	-	1/1/2024	No Separate Payment	\$0.00
D0160	EXTENSV ORAL EVAL PROB FOCUS	-	-	1/1/2024	No Separate Payment	\$0.00
D0170	RE-EVAL, EST, PT, PROBLEM FOCUS	-	-	1/1/2024	No Separate Payment	\$0.00
D0171	RE-EVAL POST-OP VISIT	-	-	1/1/2024	No Separate Payment	\$0.00
D0180	COMP PERIODONTAL EVALUATION	-	-	1/1/2024	No Separate Payment	\$0.00
D0191	ASSESSMENT OF A PATIENT	-	-	1/1/2024	No Separate Payment	\$0.00
D0210	INTRAOR COMPREHENSIVE SERIES	-	-	1/1/2024	No Separate Payment	\$0.00
D0220	INTRAORAL PERIAPICAL FIRST	-	-	1/1/2024	No Separate Payment	\$0.00
D0230	INTRAORAL PERIAPICAL EA ADD	-	-	1/1/2024	No Separate Payment	\$0.00
D0240	INTRAORAL OCCLUSAL FILM	-	-	1/1/2024	No Separate Payment	\$0.00
D0250	EXTRAORAL 2D PROJECT FILM	-	-	1/1/2024	No Separate Payment	\$0.00

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Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
D0251	EXTRAORAL POSTERIOR IMAGE	-	-	1/1/2024	No Separate Payment	\$0.00
D0270	DENTAL BITEWING SINGLE IMAGE	-	-	1/1/2024	No Separate Payment	\$0.00
D0272	DENTAL BITEWING TWO IMAGES	-	-	1/1/2024	No Separate Payment	\$0.00
D0273	BITEWINGS - THREE IMAGES	-	-	1/1/2024	No Separate Payment	\$0.00
D0274	BITEWINGS FOUR IMAGES	-	-	1/1/2024	No Separate Payment	\$0.00
D0277	VET BITEWINGS 7 TO 8 IMAGES	-	-	1/1/2024	No Separate Payment	\$0.00
D0330	PANORAMIC IMAGE	-	-	1/1/2024	No Separate Payment	\$0.00
D0340	2D CEPHALOMETRIC IMAGE	-	-	1/1/2024	No Separate Payment	\$0.00
D0350	ORAL/FACIAL PHOTO IMAGES	-	-	1/1/2024	No Separate Payment	\$0.00
D0367	CONE BEAM CT INTERP BOTH JAW	-	-	1/1/2024	No Separate Payment	\$0.00
D0383	CONE BEAM CT BOTH JAWS	-	-	1/1/2024	No Separate Payment	\$0.00
D0393	TRTMNT SIMULATION 3D IMAGE	-	-	1/1/2024	No Separate Payment	\$0.00
D1110	DENTAL PRPHYLAXIS ADULT	-	-	1/1/2024	No Separate Payment	\$0.00
D1354	INT CARIES MED APP PER TOOTH	-	-	1/1/2024	No Separate Payment	\$0.00
D2140	AMALGAM ONE SURFACE PERMAMEM	-	-	1/1/2024	No Separate Payment	\$0.00
D2150	AMALGAM TWO SURFACES PERMANE	-	-	1/1/2024	No Separate Payment	\$0.00
D2160	AMALGAM THREE SURFACES PERMA	-	-	1/1/2024	No Separate Payment	\$0.00
D2161	AMALMAG 4 OR > SURFACES PERM	-	-	1/1/2024	No Separate Payment	\$0.00
D2330	RESIN ONE SURFACE-ANTERIOR	-	-	1/1/2024	No Separate Payment	\$0.00
D2331	RESIN TWO SURFACE-ANTERIOR	-	-	1/1/2024	No Separate Payment	\$0.00
D2332	RESIN THREE SURFACE-ANTERIO	-	-	1/1/2024	No Separate Payment	\$0.00
D2335	RESIN 4/> SURF OR W INCIS AN	-	-	1/1/2024	No Separate Payment	\$0.00
D2390	ANT RESON-BASED CMPST CROWN	-	-	1/1/2024	No Separate Payment	\$0.00
D2391	POST 1 SRFC RESINBASED CMPST	-	-	1/1/2024	No Separate Payment	\$0.00
D2392	POST 2 SRFC RESINBASED CMPST	-	-	1/1/2024	No Separate Payment	\$0.00
D2393	POST 3 SRFC RESINBASED CMPST	-	-	1/1/2024	No Separate Payment	\$0.00
D2394	POST >=4SRFC RESINBASE CMPST	-	-	1/1/2024	No Separate Payment	\$0.00
D2740	CROWN PORCELAIN/CERAMIC	-	-	1/1/2024	No Separate Payment	\$0.00
D2750	CROWN PORCELAIN W/ H NOBLE M	-	-	1/1/2024	No Separate Payment	\$0.00
D2751	CROWN PORCELAIN FUSED BASE M	-	-	1/1/2024	No Separate Payment	\$0.00
D2752	CROWN PORCELAIN W/ NOBLE MET	-	-	1/1/2024	No Separate Payment	\$0.00
D2791	CROWN FULL CAST BASE METAL	-	-	1/1/2024	No Separate Payment	\$0.00
D2799	INTERIM CROWN	-	-	1/1/2024	No Separate Payment	\$0.00
D2920	RE-CEMENT OR RE-BOND CROWN	-	-	1/1/2024	No Separate Payment	\$0.00
D2929	PREFAB PORC/CERAM CROWN PRI	-	-	1/1/2024	No Separate Payment	\$0.00
D2930	PREFAB STNLSS STEEL CRWN PRI	-	-	1/1/2024	No Separate Payment	\$0.00
D2931	PREFAB STNLSS STEEL CROWN PE	-	-	1/1/2024	No Separate Payment	\$0.00
D2932	PREFABRICATED RESIN CROWN	-	-	1/1/2024	No Separate Payment	\$0.00
D2933	PREFAB STAINLESS STEEL CROWN	-	-	1/1/2024	No Separate Payment	\$0.00
D2934	PREFAB STEEL CROWN PRIMAR	-	-	1/1/2024	No Separate Payment	\$0.00
D2940	PLACE DIRECT RESTORATION	-	-	1/1/2024	No Separate Payment	\$0.00
D2950	CORE BUILD-UP INCL ANY PINS	-	-	1/1/2024	No Separate Payment	\$0.00
D2951	TOOTH PIN RETENTION	-	-	1/1/2024	No Separate Payment	\$0.00
D2952	POST AND CORE EAST + CROWN	-	-	1/1/2024	No Separate Payment	\$0.00
D2954	PREFAB POST/CORE + CROWN	-	-	1/1/2024	No Separate Payment	\$0.00
D3110	PULP CAP DIRECT	-	-	1/1/2024	No Separate Payment	\$0.00
D3120	PULP CAP INDIRECT	-	-	1/1/2024	No Separate Payment	\$0.00
D3220	THERAPUTIC PULPOTOMY	-	-	1/1/2024	No Separate Payment	\$0.00
D3221	GROSS PULPAL DEBRIDEMENT	-	-	1/1/2024	No Separate Payment	\$0.00
D3222	PART PULP FOR APEXOGENESIS	-	-	1/1/2024	No Separate Payment	\$0.00
D3230	PULPAL THERAPY ANTERIOR PRIM	-	-	1/1/2024	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
D3240	PULPAL THERAPY POSTERIOR PRI	-	-	1/1/2024	No Separate Payment	\$0.00
D3310	END THXPY, ANTERIOR TOOTH	-	-	1/1/2024	No Separate Payment	\$0.00
D3320	END THXPY, PREMOLAR TOOTH	-	-	1/1/2024	No Separate Payment	\$0.00
D3330	END THXPY, MOLAR TOOTH	-	-	1/1/2024	No Separate Payment	\$0.00
D3460	ENDODONTIC ENDOSSEOUS IMPLAN	-	-	1/1/2024	No Separate Payment	\$0.00
D3910	ISOLATION- TOOTH WITH RUBB DAM	-	-	1/1/2024	No Separate Payment	\$0.00
D4210	GINGIVECTOMY/PLASTY 4 OR MOR	Y	-	1/1/2025	Fee Schedule	\$1,394.45
D4211	GINGIVECTOMY/PLASTY 1 TO 3	Y	-	1/1/2025	Fee Schedule	\$1,394.45
D4212	GINGIVECTOMY/PLASTY REST	Y	-	1/1/2025	Fee Schedule	\$1,394.45
D4260	OSSEOUS SURGERY 4 OR MORE	Y	-	1/1/2025	Fee Schedule	\$2,917.35
D4263	BONE REPLACE GRAFT FIRST SITE	Y	-	1/1/2025	Fee Schedule	\$892.61
D4270	PEDICLE SOFT TISSUE GRAFT PR	Y	-	1/1/2025	Fee Schedule	\$657.38
D4273	AUTO TISSUE GRAFT 1ST TOOTH	Y	-	1/1/2025	Fee Schedule	\$657.38
D4341	PERIODONTAL SCALING & ROOT	-	-	1/1/2024	No Separate Payment	\$0.00
D4342	PERIODONTAL SCALING 1-3 TEETH	-	-	1/1/2024	No Separate Payment	\$0.00
D4346	SCALING GINGIV INFLAMMATION	-	-	1/1/2024	No Separate Payment	\$0.00
D4355	FULL MOUTH DEBRIDEMENT	-	-	1/1/2024	No Separate Payment	\$0.00
D4381	LOCALIZED DELIVERY ANTIMICRO	-	-	1/1/2024	No Separate Payment	\$0.00
D4910	PERIODONTAL MAINT PROCEDURES	-	-	1/1/2024	No Separate Payment	\$0.00
D7111	EXTRACTION CORONAL REMNANTS	Y	-	1/1/2025	Fee Schedule	\$892.61
D7140	EXTRACTION ERUPTED TOOTH/EXR	Y	-	1/1/2025	Fee Schedule	\$892.61
D7210	REM IMP TOOTH W MUCOPER FLP	Y	-	1/1/2025	Fee Schedule	\$657.38
D7220	IMPACT TOOTH REMOV SOFT TISS	Y	-	1/1/2025	Fee Schedule	\$892.61
D7230	IMPACT TOOTH REMOV PART BONY	Y	-	1/1/2025	Fee Schedule	\$892.61
D7240	IMPACT TOOTH REMOV COMP BONY	Y	-	1/1/2025	Fee Schedule	\$892.61
D7241	IMPACT TOOTH REM BONY W/COMP	Y	-	1/1/2025	Fee Schedule	\$892.61
D7250	TOOTH ROOT REMOVAL	Y	-	1/1/2025	Fee Schedule	\$892.61
D7251	CORONECTOMY	Y	-	1/1/2025	Fee Schedule	\$657.38
D7270	TOOTH REIMPLANTATION	Y	-	1/1/2025	Fee Schedule	\$892.61
D7280	EXPOSURE OF UNERUPTED TOOTH	Y	-	1/1/2025	Fee Schedule	\$892.61
D7310	ALVEOPLASTY W/ EXTRACTION	Y	-	1/1/2025	Fee Schedule	\$657.38
D7311	ALVEOPLASTY W/EXTRACT 1-3	Y	-	1/1/2025	Fee Schedule	\$657.38
D7320	ALVEOPLASTY W/O EXTRACTION	Y	-	1/1/2025	Fee Schedule	\$657.38
D7321	ALVEOLOPLASTY NOT W/EXTRACTS	Y	-	1/1/2025	Fee Schedule	\$657.38
D7410	RAD EXC LESION UP TO 1.25 CM	Y	-	1/1/2025	Fee Schedule	\$657.38
D7411	EXCISION BENIGN LESION>1.25C	Y	-	1/1/2025	Fee Schedule	\$657.38
D7412	EXCISION BENIGN LESION COMPL	Y	-	1/1/2025	Fee Schedule	\$657.38
D7413	EXCISION MALIG LESION<=1.25C	Y	-	1/1/2025	Fee Schedule	\$657.38
D7414	EXCISION MALIG LESION>1.25CM	Y	-	1/1/2025	Fee Schedule	\$657.38
D7415	EXCISION MALIG LES COMPLICAT	Y	-	1/1/2025	Fee Schedule	\$657.38
D7450	REM ODONTOGEN CYST TO 1.25CM	Y	-	1/1/2025	Fee Schedule	\$1,394.45
D7451	REM ODONTOGEN CYST > 1.25 CM	Y	-	1/1/2025	Fee Schedule	\$1,394.45
D7460	REM NONODONTO CYST TO 1.25CM	Y	-	1/1/2025	Fee Schedule	\$892.61
D7461	REM NONODONTO CYST > 1.25 CM	Y	-	1/1/2025	Fee Schedule	\$892.61
D7471	REM EXOSTOSIS ANY SITE	Y	-	1/1/2025	Fee Schedule	\$1,394.45
D7472	REMOVAL OF TORUS PALATINUS	Y	-	1/1/2025	Fee Schedule	\$892.61
D7473	ROMOVE TORUS MANDIBULARIS	Y	-	1/1/2025	Fee Schedule	\$892.61
D7485	SURG REDUCT OSSEOUSTUBEROSIT	Y	-	1/1/2025	Fee Schedule	\$2,917.35
D7510	I&D ABSC INTRAORAL SOFT TISS	Y	-	1/1/2025	Fee Schedule	\$377.60
D7511	INCISION/DRAIN ABSCESS INTRA	Y	-	1/1/2025	Fee Schedule	\$377.60
D7520	I&D ABSCESS EXTRAORAL	Y	-	1/1/2025	Fee Schedule	\$377.60

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
D7521	INCISION/DRAIN ABSCESS EXTRA	Y	-	1/1/2025	Fee Schedule	\$377.60
D7530	REMOVAL FB SKIN/AREOLAR TISS	Y	-	1/1/2025	Fee Schedule	\$892.61
D7540	REMOVAL OF FB REACTION	Y	-	1/1/2025	Fee Schedule	\$892.61
D7550	REMOVAL OF SLOUGHED OFF BONE	Y	-	1/1/2025	Fee Schedule	\$892.61
D7922	PLACE INTRA-SOCKET BIO DRESS	-	-	1/1/2024	No Separate Payment	\$0.00
D7950	MANIDBLE GRAFT	Y	-	1/1/2025	Fee Schedule	\$2,917.35
E0616	CARDIAC EVENT RECORDER	-	-	7/1/2018	Not Allowed	\$0.00
E0749	ELEC OSTEOGEN STIM IMPLANTED	-	-	7/1/2018	No Separate Payment	\$0.00
E0782	NON-PROGRAMBLE INFUSION PUMP	-	-	7/1/2018	No Separate Payment	\$0.00
E0783	PROGRAMMABLE INFUSION PUMP	-	-	7/1/2018	No Separate Payment	\$0.00
E0785	REPLACEMENT IMPL PUMP CATHET	-	-	7/1/2018	No Separate Payment	\$0.00
E0786	IMPLANTABLE PUMP REPLACEMENT	-	-	7/1/2018	Not Allowed	\$0.00
G0104	CA SCREEN;FLEXI SIGMOIDSCOPE	Y	-	1/1/2025	Fee Schedule	\$148.79
G0105	COLORECTAL SCRIN; HI RISK IND	Y	-	1/1/2025	Fee Schedule	\$489.47
G0121	COLON CA SCRIN NOT HI RSK IND	Y	-	1/1/2025	Fee Schedule	\$489.47
G0127	TRIM NAIL(S)	-	-	7/1/2018	No Separate Payment	\$0.00
G0130	SINGLE ENERGY X-RAY STUDY	-	-	1/1/2025	Fee Schedule	\$25.88
G0186	DSTRY EYE LESN,FDR VSSL TECH	Y	-	1/1/2025	Fee Schedule	\$294.52
G0235	PET NOT OTHERWISE SPECIFIED	-	-	1/1/2025	Fee Schedule	\$216.76
G0247	ROUTINE FOOTCARE PT W LOPS	-	-	7/1/2018	No Separate Payment	\$0.00
G0259	INJECT FOR SACROILIAC JOINT	-	-	7/1/2018	No Separate Payment	\$0.00
G0260	INJ FOR SACROILIAC JT ANESTH	Y	-	1/1/2025	Fee Schedule	\$371.75
G0268	REMOVAL OF IMPACTED WAX MD	-	-	7/1/2018	No Separate Payment	\$0.00
G0269	OCCLUSIVE DEVICE IN VEIN ART	-	-	7/1/2018	No Separate Payment	\$0.00
G0276	PILD/PLACEBO CONTROL CLIN TR	Y	-	1/1/2025	Fee Schedule	\$3,510.84
G0278	ILIAC ART ANGIO,CARDIAC CATH	-	-	4/1/2023	No Separate Payment	\$0.00
G0288	RECON, CTA FOR SURG PLAN	-	-	7/1/2018	No Separate Payment	\$0.00
G0289	ARTHRO, LOOSE BODY + CHONDRO	-	-	7/1/2018	No Separate Payment	\$0.00
G0330	FACILITY SVS DENTAL REHAB	Y	-	1/1/2025	Fee Schedule	\$1,394.45
G0364	BONE MARROW ASPIRATE &BIOPSY	-	-	7/1/2018	No Separate Payment	\$0.00
G0429	DERMAL FILLER INJECTION(S)	Y	-	1/1/2025	Fee Schedule	\$54.34
G0453	CONT INTRAOP NEURO MONITOR	-	-	7/1/2018	No Separate Payment	\$0.00
G0516	INSERT DRUG DEL IMPLANT, >=4	-	-	7/1/2019	No Separate Payment	\$0.00
G0517	REMOVE DRUG IMPLANT	-	-	7/1/2019	No Separate Payment	\$0.00
G0518	REMOVE W INSERT DRUG IMPLANT	-	-	7/1/2019	No Separate Payment	\$0.00
G0564	365 D IMPLANT GLUCOSE SENSOR	-	-	4/1/2025	Not Allowed	\$0.00
G2001	POST D/C H VST NEW PT 20 M	-	-	4/1/2019	Not Allowed	\$0.00
G2002	POST-D/C H VST NEW PT 30 M	-	-	4/1/2019	Not Allowed	\$0.00
G2003	POST-D/C H VST NEW PT 45 M	-	-	4/1/2019	Not Allowed	\$0.00
G2004	POST-D/C H VST NEW PT 60 M	-	-	4/1/2019	Not Allowed	\$0.00
G2005	POST-D/C H VST NEW PT 75 M	-	-	4/1/2019	Not Allowed	\$0.00
G2006	POST-D/C H VST EXT PT 20 M	-	-	4/1/2019	Not Allowed	\$0.00
G2007	POST-D/C H VST EXT PT 30 M	-	-	4/1/2019	Not Allowed	\$0.00
G2008	POST-D/C H VST EXT PT 45 M	-	-	4/1/2019	Not Allowed	\$0.00
G2009	POST-D/C H VST EXT PT 60 M	-	-	4/1/2019	Not Allowed	\$0.00
G2013	POST-D/C H VST EXT PT 75 M	-	-	4/1/2019	Not Allowed	\$0.00
G2014	POST-D/C CARE PLAN OVERS 30M	-	-	4/1/2019	Not Allowed	\$0.00
G2015	POST-D/C CARE PLAN OVERS 60M	-	-	4/1/2019	Not Allowed	\$0.00
G8907	PT DOC NO EVENTS ON DISCHARGE	-	-	7/1/2018	No Separate Payment	\$0.00
G8908	PT DOC W BURN PRIOR TO D/C	-	-	7/1/2018	No Separate Payment	\$0.00
G8909	PT DOC NO BURN PRIOR TO D/C	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
G8910	PT DOC TO HAVE FALL IN ASC	-	-	7/1/2018	No Separate Payment	\$0.00
G8911	PT DOC NO FALL IN ASC	-	-	7/1/2018	No Separate Payment	\$0.00
G8912	PT DOC WITH WRONG EVENT	-	-	7/1/2018	No Separate Payment	\$0.00
G8913	PT DOC NO WRONG EVENT	-	-	7/1/2018	No Separate Payment	\$0.00
G8914	PT TRANS TO HOSP POST D/C	-	-	7/1/2018	No Separate Payment	\$0.00
G8915	PT NOT TRANS TO HOSP AT D/C	-	-	7/1/2018	No Separate Payment	\$0.00
G8916	PT W IV AB GIVEN ON TIME	-	-	7/1/2018	No Separate Payment	\$0.00
G8917	PT W IV AB NOT GIVEN ON TIME	-	-	7/1/2018	No Separate Payment	\$0.00
G8918	PT W/O PREOP ORDER IV AB PROP	-	-	7/1/2018	No Separate Payment	\$0.00
J0120	TETRACYCLIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0121	INJ., OMADACYCLINE, 1 MG	-	-	4/1/2025	Fee Schedule	\$3.87
J0122	INJ., ERAVACYCLINE, 1 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J0129	ABATACEPT INJECTION	-	-	4/1/2025	Fee Schedule	\$43.38
J0130	ABCIXIMAB INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0131	INJ, ACETAMINOPHEN (NOS)	-	-	1/1/2024	No Separate Payment	\$0.00
J0132	ACETYLCYSTEINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0133	ACYCLOVIR INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0134	INJ ACETAMINOPHEN -FRESENIUS	-	-	1/1/2025	No Separate Payment	\$0.00
J0136	INJ, ACETAMINOPHEN (B BRAUN)	-	-	1/1/2025	No Separate Payment	\$0.00
J0137	INJ, ACETAMINOPHEN (HIKMA)	-	-	1/1/2025	No Separate Payment	\$0.00
J0138	INJ ACETAMINOPH 10MG/IBU 3MG	-	-	4/1/2025	Fee Schedule	\$0.22
J0139	INJ, ADALIMUMAB, 1 MG	-	-	4/1/2025	Fee Schedule	\$91.73
J0153	ADENOSINE INJ 1MG	-	-	1/1/2024	No Separate Payment	\$0.00
J0171	ADRENALIN EPINEPHRINE INJECT	-	-	7/1/2018	No Separate Payment	\$0.00
J0172	INJ, ADUCANUMAB-AVWA, 2 MG	-	-	4/1/2025	Fee Schedule	\$5.98
J0173	INJ, EPINEPHRINE (BELCHER)	-	-	1/1/2025	No Separate Payment	\$0.00
J0174	INJ, LECANEMAB-IRMB, 1 MG	-	-	1/1/2025	Fee Schedule	\$1.33
J0175	INJ, DONANEMAB-AZBT, 2 MG	-	-	4/1/2025	Fee Schedule	\$4.18
J0177	INJ, AFLIBERCEPT HD, 1 MG	-	-	4/1/2025	Fee Schedule	\$321.18
J0178	AFLIBERCEPT INJECTION	-	-	4/1/2025	Fee Schedule	\$795.86
J0179	INJ, BROLUCIZUMAB-DBLL, 1 MG	-	-	4/1/2025	Fee Schedule	\$339.99
J0180	AGALSIDASE BETA INJECTION	-	-	4/1/2025	Fee Schedule	\$222.84
J0184	INJ, AMISULPRIDE, 1 MG	-	-	4/1/2025	Fee Schedule	\$9.11
J0185	INJ., APREPITANT, 1 MG	-	-	4/1/2025	Fee Schedule	\$1.71
J0190	INJ BIPERIDEN LACTATE/5 MG	-	-	1/1/2023	Not Allowed	\$0.00
J0200	ALATROFLOXACIN MESYLATE	-	-	1/1/2023	Not Allowed	\$0.00
J0202	INJECTION, ALEMTUZUMAB	-	-	4/1/2025	Fee Schedule	\$2,441.49
J0205	ALGLUCERASE INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J0206	INJ ALLOPURINOL SODIUM 1 MG	-	-	4/1/2025	Fee Schedule	\$4.45
J0207	AMIFOSTINE	-	-	1/1/2024	Not Allowed	\$0.00
J0208	INJ, PEDMARK, 100 MG	-	-	4/1/2025	Fee Schedule	\$95.40
J0209	INJ, SOD THIOSULFATE (HOPE)	-	-	1/1/2025	No Separate Payment	\$0.00
J0210	METHYLDOPATE HCL INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J0211	INJ, NITHIODOTE, 3MG / 125MG	-	-	4/1/2025	Fee Schedule	\$2.17
J0215	ALEFACEPT	-	-	1/1/2023	Not Allowed	\$0.00
J0216	INJ, ALFENTANIL HCL, 500MCG	-	-	1/1/2024	No Separate Payment	\$0.00
J0217	INJ VELMANASE ALFA-TYCV 1 MG	-	-	4/1/2025	Fee Schedule	\$444.98
J0218	INJ OLIPUDASE ALFA-RPCP 1MG	-	-	4/1/2025	Fee Schedule	\$381.24
J0219	INJ AVAL ALFA-NQPT 4MG	-	-	4/1/2025	Fee Schedule	\$77.82
J0220	ALGLUCOSIDASE ALFA INJECTION	-	-	1/1/2025	No Separate Payment	\$0.00
J0221	LUMIZYME INJECTION	-	-	4/1/2025	Fee Schedule	\$201.57

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J0222	INJ., PATISIRAN, 0.1 MG	-	-	4/1/2025	Fee Schedule	\$99.04
J0223	INJ GIVOSIRAN 0.5 MG	-	-	4/1/2025	Fee Schedule	\$116.47
J0224	INJ. LUMASIRAN, 0.5 MG	-	-	4/1/2025	Fee Schedule	\$318.85
J0225	INJ, VUTRISIRAN, 1 MG	-	-	4/1/2025	Fee Schedule	\$4,956.31
J0256	ALPHA 1 PROTEINASE INHIBITOR	-	-	4/1/2025	Fee Schedule	\$5.16
J0257	GLASSIA INJECTION	-	-	4/1/2025	Fee Schedule	\$5.45
J0278	AMIKACIN SULFATE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0280	AMINOPHYLLIN 250 MG INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J0282	AMIODARONE HCL	-	-	1/1/2024	No Separate Payment	\$0.00
J0283	INJ, AMIODARONE (NEXTERONE)	-	-	1/1/2024	Not Allowed	\$0.00
J0285	AMPHOTERICIN B	-	-	1/1/2024	No Separate Payment	\$0.00
J0287	AMPHOTERICIN B LIPID COMPLEX	-	-	4/1/2025	Fee Schedule	\$10.30
J0288	AMPHO B CHOLESTERYL SULFATE	-	-	1/1/2023	Not Allowed	\$0.00
J0289	AMPHOTERICIN B LIPOSOME INJ	-	-	4/1/2025	Fee Schedule	\$23.31
J0290	AMPICILLIN 500 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J0291	INJ., PLAZOMICIN, 5 MG	-	-	4/1/2025	Fee Schedule	\$3.57
J0295	AMPICILLIN SULBACTAM 1.5 GM	-	-	7/1/2018	No Separate Payment	\$0.00
J0300	AMOBARBITAL 125 MG INJ	-	-	1/1/2025	No Separate Payment	\$0.00
J0330	SUCCINYLCHOLINE CHLORIDE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J0348	ANIDULAFUNGIN INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0349	INJ, REZAFUNGIN, 1 MG	-	-	4/1/2025	Fee Schedule	\$10.42
J0350	INJECTION ANISTREPLASE 30 U	-	-	1/1/2024	Not Allowed	\$0.00
J0360	HYDRALAZINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0364	APOMORPHINE HYDROCHLORIDE	-	-	1/1/2023	Not Allowed	\$0.00
J0365	APROTONIN, 10,000 KIU	-	-	1/1/2024	Not Allowed	\$0.00
J0380	INJ METARAMINOL BITARTRATE	-	-	1/1/2023	Not Allowed	\$0.00
J0390	CHLOROQUINE INJECTION	-	-	10/1/2024	No Separate Payment	\$0.00
J0391	INJ, ARTESUNATE, 1MG	-	-	4/1/2025	Fee Schedule	\$51.83
J0395	ARBUTAMINE HCL INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J0400	ARIPRAZOLE INJECTION	-	-	10/1/2024	No Separate Payment	\$0.00
J0401	INJ, ABILIFY MAINTENA, 1 MG	-	-	4/1/2025	Fee Schedule	\$7.03
J0402	INJ, ABILIFY ASIMTUFII, 1 MG	-	-	4/1/2025	Fee Schedule	\$5.87
J0456	AZITHROMYCIN	-	-	1/1/2024	No Separate Payment	\$0.00
J0457	INJECTION, AZTREONAM, 100 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J0461	ATROPINE SULFATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0470	DIMECAPROL INJECTION	-	-	1/1/2025	No Separate Payment	\$0.00
J0475	BACLOFEN 10 MG INJECTION	-	-	4/1/2025	Fee Schedule	\$174.80
J0476	BACLOFEN INTRATHECAL TRIAL	-	-	1/1/2024	No Separate Payment	\$0.00
J0480	BASILIXIMAB	-	-	4/1/2025	Fee Schedule	\$4,687.66
J0485	BELATACEPT INJECTION	-	-	4/1/2025	Fee Schedule	\$3.89
J0490	BELIMUMAB INJECTION	-	-	4/1/2025	Fee Schedule	\$54.97
J0491	INJ ANIFROLUMAB-FNIA 1MG	-	-	4/1/2025	Fee Schedule	\$17.78
J0500	DICYCLOMINE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0515	INJ BENZTROPINE MESYLATE	-	-	7/1/2018	No Separate Payment	\$0.00
J0517	INJ., BENRALIZUMAB, 1 MG	-	-	4/1/2025	Fee Schedule	\$163.30
J0520	BETHANECHOL CHLORIDE INJECT	-	-	1/1/2024	Not Allowed	\$0.00
J0558	PENG BENZATHINE/PROCAINE INJ	-	-	4/1/2025	Fee Schedule	\$17.37
J0561	PENICILLIN G BENZATHINE INJ	-	-	4/1/2025	Fee Schedule	\$26.98
J0565	INJ, BEZLOTOXUMAB, 10 MG	-	-	4/1/2025	Fee Schedule	\$39.87
J0567	INJ., CERLIPONASE ALFA 1 MG	-	-	1/1/2024	Not Allowed	\$0.00
J0577	INJ, BRIXADI, 7 DAYS OR LESS	-	Y	4/1/2025	Fee Schedule	\$425.40

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J0578	INJ,BRIXADI, MORE THAN 7 DAY	-	Y	4/1/2025	Fee Schedule	\$1,701.62
J0583	BIVALIRUDIN	-	-	7/1/2018	No Separate Payment	\$0.00
J0584	INJECTION, BUROSUMAB-TWZA 1M	-	-	4/1/2025	Fee Schedule	\$469.74
J0585	INJECTION,ONABOTULINUMTOXINA	-	-	4/1/2025	Fee Schedule	\$6.48
J0586	ABOBOTULINUMTOXINA	-	-	4/1/2025	Fee Schedule	\$9.04
J0587	INJ, RIMABOTULINUMTOXINB	-	-	4/1/2025	Fee Schedule	\$13.00
J0588	INCOBOTULINUMTOXIN A	-	-	4/1/2025	Fee Schedule	\$5.33
J0589	INJ DAXIBOTULINUMTOXINA-LANM	-	-	4/1/2025	Fee Schedule	\$2.99
J0592	BUPRENORPHINE HYDROCHLORIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J0593	INJ., LANADELUMAB-FLYO, 1 MG	-	-	1/1/2023	Not Allowed	\$0.00
J0594	BUSULFAN INJECTION	-	-	4/1/2025	Fee Schedule	\$1.46
J0595	BUTORPHANOL TARTRATE 1 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J0596	INJECTION, RUCONEST	-	-	4/1/2025	Fee Schedule	\$34.75
J0597	C-1 ESTERASE, BERINERT	-	-	4/1/2025	Fee Schedule	\$72.27
J0598	C-1 ESTERASE, CINRYZE	-	-	4/1/2025	Fee Schedule	\$63.88
J0599	INJ., HAEGARDA 10 UNITS	-	-	1/1/2023	Not Allowed	\$0.00
J0600	EDETATE CALCIUM DISODIUM INJ	-	-	4/1/2025	Fee Schedule	\$6,460.03
J0606	INJ, ETELCALCETIDE, 0.1 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J0612	INJ, CALCIUM GLUCONATE, NOS	-	-	1/1/2025	No Separate Payment	\$0.00
J0613	CALCIUM GLUCON (WG CRITICAL)	-	-	1/1/2025	No Separate Payment	\$0.00
J0620	CALCIUM GLYCER & LACT/10 ML	-	-	7/1/2018	No Separate Payment	\$0.00
J0630	CALCITONIN SALMON INJECTION	-	-	4/1/2025	Fee Schedule	\$899.21
J0636	INJ CALCITRIOL PER 0.1 MCG	-	-	7/1/2018	No Separate Payment	\$0.00
J0637	CASPOFUNGIN ACETATE	-	-	1/1/2024	No Separate Payment	\$0.00
J0638	CANAKINUMAB INJECTION	-	-	4/1/2025	Fee Schedule	\$136.56
J0640	LEUCOVORIN CALCIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0641	INJ LEVOLEUCOVORIN NOS 0.5MG	-	-	1/1/2025	No Separate Payment	\$0.00
J0642	INJECTION, KHAPZORY, 0.5 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J0650	INJ, LEVOTHYROXINE NOS 10MCG	-	-	1/1/2025	No Separate Payment	\$0.00
J0651	INJ, LEVOTHYROXINE, FRESKABI	-	-	4/1/2025	Fee Schedule	\$6.40
J0652	INJ, LEVOTHYROXINE, HIKMA	-	-	4/1/2025	Fee Schedule	\$5.14
J0665	INJ, BUPIVACAINE, NOS, 0.5MG	-	-	1/1/2025	No Separate Payment	\$0.00
J0666	INJ, BUPIVACAINE LIPOSOME	-	-	4/1/2025	Fee Schedule	\$1.42
J0670	INJ MEPIVACAINE HCL/10 ML	-	-	7/1/2018	No Separate Payment	\$0.00
J0687	INJ CEFAZOLIN (WG CRIT CARE)	-	-	4/1/2025	Fee Schedule	\$0.97
J0688	INJ CEFAZOLIN SODIUM, HIKMA	-	-	4/1/2025	Fee Schedule	\$0.98
J0689	INJ CEFAZOLIN SODIUM, BAXTER	-	-	1/1/2025	No Separate Payment	\$0.00
J0690	CEFAZOLIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0691	INJ LEFAMULIN 1 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J0692	CEFEPIME HCL FOR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0694	CEFOXITIN SODIUM INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0695	INJ CEFTOLOZANE TAZOBACTAM	-	-	4/1/2025	Fee Schedule	\$8.04
J0696	CEFTRIAZONE SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0697	STERILE CEFUROXIME INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0698	CEFOTAXIME SODIUM INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0699	INJ, CEFIDEROCOL, 10 MG	-	-	4/1/2025	Fee Schedule	\$2.28
J0701	INJ. CEFEPIME HCL (BAXTER)	-	-	1/1/2025	No Separate Payment	\$0.00
J0702	BETAMETHASONE ACET&SOD PHOSP	-	-	7/1/2018	No Separate Payment	\$0.00
J0703	INJ, CEFEPIME HCL (B BRAUN)	-	-	1/1/2025	No Separate Payment	\$0.00
J0706	CAFFEINE CITRATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0710	CEPHAPIRIN SODIUM INJECTION	-	-	1/1/2024	Not Allowed	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J0712	CEFTAROLINE FOSAMIL INJ	-	-	4/1/2025	Fee Schedule	\$3.99
J0713	INJ CEFTAZIDIME PER 500 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J0714	CEFTAZIDIME AND AVIBACTAM	-	-	4/1/2025	Fee Schedule	\$100.50
J0715	CEFTIZOXIME SODIUM / 500 MG	-	-	1/1/2025	Not Allowed	\$0.00
J0716	CENTRUROIDES IMMUNE F(AB)	-	-	4/1/2025	Fee Schedule	\$4,855.30
J0717	CERTOLIZUMAB PEGOL INJ 1MG	-	-	4/1/2025	Fee Schedule	\$3.98
J0720	CHLORAMPHENICOL SODIUM INJEC	-	-	1/1/2024	No Separate Payment	\$0.00
J0725	CHORIONIC GONADOTROPIN/1000U	-	-	1/1/2024	No Separate Payment	\$0.00
J0735	CLONIDINE HYDROCHLORIDE	-	-	1/1/2024	No Separate Payment	\$0.00
J0736	INJ, CLINDAMYCIN PHOSP 300MG	-	-	1/1/2025	No Separate Payment	\$0.00
J0737	INJ, CLINDAMYCIN (BAXTER)	-	-	1/1/2025	No Separate Payment	\$0.00
J0739	HIV PREP, INJ CABOTEGRAVIR	-	-	1/1/2025	Not Allowed	\$0.00
J0740	CIDOFOVIR INJECTION	-	-	4/1/2025	Fee Schedule	\$521.83
J0741	INJ, CABOTE RILPIVIR 2MG 3MG	-	-	4/1/2025	Fee Schedule	\$23.13
J0742	INJ IMIP 4 CILAS 4 RELEB 2MG	-	-	4/1/2025	Fee Schedule	\$2.50
J0743	CILASTATIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0744	CIPROFLOXACIN IV	-	-	1/1/2024	No Separate Payment	\$0.00
J0745	INJ CODEINE PHOSPHATE /30 MG	-	-	10/1/2024	No Separate Payment	\$0.00
J0750	HIV PREP, FTC/TDF 200/300MG	-	-	1/1/2025	Not Allowed	\$0.00
J0751	HIV PREP, FTC/TAF 200/25MG	-	-	1/1/2025	Not Allowed	\$0.00
J0770	COLISTIMETHATE SODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J0775	COLLAGENASE, CLOST HIST INJ	-	-	4/1/2025	Fee Schedule	\$73.38
J0780	PROCHLORPERAZINE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0791	INJ CRIZANLIZUMAB-TMCA 5MG	-	-	4/1/2025	Fee Schedule	\$129.50
J0795	CORTICORELIN OVINE TRIFLUTAL	-	-	1/1/2024	Not Allowed	\$0.00
J0799	HIV PREP, FDA APPROVED, NOC	-	-	1/1/2025	Not Allowed	\$0.00
J0801	INJ. ACTHAR GEL TO 40 UNITS	-	-	1/1/2025	No Separate Payment	\$0.00
J0802	INJ. (ANI), UP TO 40 UNITS	-	-	1/1/2025	No Separate Payment	\$0.00
J0834	INJ., COSYNTROPIN, 0.25 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J0840	CROTALIDAE POLY IMMUNE FAB	-	-	4/1/2025	Fee Schedule	\$1,755.81
J0841	INJ CROTALIDAE IM F(AB')2 EQ	-	-	4/1/2025	Fee Schedule	\$1,043.55
J0850	CYTOMEGALOVIRUS IMM IV /VIAL	-	-	4/1/2025	Fee Schedule	\$1,812.01
J0870	INJECTION, IMETELSTAT, 1 MG	-	-	4/1/2025	Fee Schedule	\$55.51
J0872	DAPTOMYCIN (XELLIA) UNREFRIG	-	-	4/1/2025	Fee Schedule	\$0.05
J0873	INJ, DAPTOMYCIN (XELLIA)	-	-	4/1/2025	Fee Schedule	\$0.03
J0874	INJ, DAPTOMYCIN (BAXTER)	-	-	1/1/2024	Not Allowed	\$0.00
J0875	INJECTION, DALBAVANCIN	-	-	4/1/2025	Fee Schedule	\$15.57
J0877	INJ, DAPTOMYCIN (HOSPIRA)	-	-	1/1/2025	No Separate Payment	\$0.00
J0878	DAPTOMYCIN INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0879	DIFELIKEFALIN, ESRD ON DIALY	-	-	10/1/2024	No Separate Payment	\$0.00
J0881	DARBEPOETIN ALFA, NON-ESRD	-	-	4/1/2025	Fee Schedule	\$2.92
J0882	DARBEPOETIN ALFA, ESRD USE	-	-	4/1/2025	Fee Schedule	\$2.92
J0883	ARGATROBAN NONESRD USE IMG	-	-	4/1/2025	Fee Schedule	\$0.95
J0884	ARGATROBAN ESRD DIALYSIS IMG	-	-	1/1/2025	No Separate Payment	\$0.00
J0885	EPOETIN ALFA, NON-ESRD	-	-	4/1/2025	Fee Schedule	\$7.08
J0887	EPOETIN BETA ESRD USE	-	-	1/1/2025	No Separate Payment	\$0.00
J0888	EPOETIN BETA NON ESRD	-	-	4/1/2025	Fee Schedule	\$1.26
J0889	DAPRODUSTAT ORAL IMG ESRD	-	-	1/1/2024	Not Allowed	\$0.00
J0891	ARGATROBAN NONESRD (ACCORD)	-	-	4/1/2025	Fee Schedule	\$1.82
J0892	ARGATROBAN DIALYSIS (ACCORD)	-	-	1/1/2025	No Separate Payment	\$0.00
J0893	INJ, DECITABINE (SUN PHARMA)	-	-	1/1/2025	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J0894	DECITABINE INJECTION	-	-	1/1/2023	No Separate Payment	\$0.00
J0895	DEFEROXAMINE MESYLATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J0896	INJ LUSPATERCEPT-AAMT 0.25MG	-	-	4/1/2025	Fee Schedule	\$41.24
J0897	DENOSUMAB INJECTION	-	-	4/1/2025	Fee Schedule	\$27.81
J0898	ARGATROBAN NONESRD (AUROMED)	-	-	4/1/2025	Fee Schedule	\$1.34
J0899	ARGATROBAN DIALYSIS, AUROMED	-	-	1/1/2025	No Separate Payment	\$0.00
J0911	INST TAURO 1.35MG/HEP 100U	-	-	4/1/2025	Fee Schedule	\$8.59
J0945	BROMPHENIRAMINE MALEATE INJ	-	-	1/1/2023	Not Allowed	\$0.00
J1000	DEPO-ESTRADIOL CYPIONATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1010	INJ, METHYLPRED ACETATE 1 MG	-	-	4/1/2025	Fee Schedule	\$0.11
J1020	METHYLPREDNISOLONE 20 MG INJ	-	-	4/1/2024	No Separate Payment	\$0.00
J1030	METHYLPREDNISOLONE 40 MG INJ	-	-	4/1/2024	No Separate Payment	\$0.00
J1040	METHYLPREDNISOLONE 80 MG INJ	-	-	4/1/2024	No Separate Payment	\$0.00
J1050	MEDROXYPROGESTERONE ACETATE	-	-	7/1/2018	No Separate Payment	\$0.00
J1071	INJ TESTOSTERONE CYPIONATE	-	-	7/1/2018	No Separate Payment	\$0.00
J1072	INJ, TESTOSTERONE, AZMIRO	-	-	4/1/2025	Fee Schedule	\$1.29
J1095	INJECTION, DEXAMETHASONE 9%	-	-	1/1/2023	No Separate Payment	\$0.00
J1096	DEXAMETHA OPTH INSERT 0.1 MG	-	-	4/1/2025	Fee Schedule	\$110.68
J1097	PHENYLEP KETOROLAC OPTH SOLN	-	-	4/1/2025	Fee Schedule	\$98.07
J1100	DEXAMETHASONE SODIUM PHOS	-	-	7/1/2018	No Separate Payment	\$0.00
J1105	DEXMEDETOMIDINE FILM, 1 MCG	-	-	4/1/2025	Fee Schedule	\$0.64
J1110	INJ DIHYDROERGOTAMINE MESYLT	-	-	1/1/2024	No Separate Payment	\$0.00
J1120	ACETAZOLAMID SODIUM INJECTIO	-	-	7/1/2018	No Separate Payment	\$0.00
J1130	INJ DICLOFENAC SODIUM 0.5MG	-	-	1/1/2024	No Separate Payment	\$0.00
J1160	DIGOXIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1162	DIGOXIN IMMUNE FAB (OVINE)	-	-	4/1/2025	Fee Schedule	\$4,968.58
J1165	PHENYTOIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1171	INJ, HYDROMORPHONE, 0.1 MG	-	-	1/1/2025	Fee Schedule	\$0.09
J1180	DYPHYLLINE INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J1190	DEXRAZOXANE HCL INJECTION	-	-	4/1/2025	Fee Schedule	\$80.96
J1200	DIPHENHYDRAMINE HCL INJECTIO	-	-	7/1/2018	No Separate Payment	\$0.00
J1201	INJ. CETIRIZINE HCL 0.5MG	-	-	4/1/2025	Fee Schedule	\$15.62
J1203	INJ, CIPAGLUCOSIDASE, 5 MG	-	-	4/1/2025	Fee Schedule	\$89.85
J1205	CHLOROTHIAZIDE SODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1212	DIMETHYL SULFOXIDE 50% 50 ML	-	-	4/1/2025	Fee Schedule	\$714.72
J1230	METHADONE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1240	DIMENHYDRINATE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1245	DIPYRIDAMOLE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1250	INJ DOBUTAMINE HCL/250 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J1260	DOLASETRON MESYLATE	-	-	1/1/2024	No Separate Payment	\$0.00
J1265	DOPAMINE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1267	DORIPENEM INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J1270	INJECTION, DOXERCALCIFEROL	-	-	7/1/2018	No Separate Payment	\$0.00
J1290	ECALLANTIDE INJECTION	-	-	4/1/2025	Fee Schedule	\$564.64
J1299	INJ, ECULIZUMAB, 2 MG	-	-	4/1/2025	Fee Schedule	\$44.81
J1301	INJECTION, EDARAVONE, 1 MG	-	-	4/1/2025	Fee Schedule	\$20.41
J1302	INJ, SUTIMLIMAB-JOME, 10 MG	-	-	4/1/2025	Fee Schedule	\$18.13
J1303	INJ., RAVULIZUMAB-CWVZ 10 MG	-	-	4/1/2025	Fee Schedule	\$220.32
J1304	INJ TOFERSEN INTRATHEC 1 MG	-	-	4/1/2025	Fee Schedule	\$155.34
J1305	INJ, EVINACUMAB-DGNB, 5MG	-	-	4/1/2025	Fee Schedule	\$186.31
J1306	INJECTION, INCLISIRAN, 1 MG	-	-	4/1/2025	Fee Schedule	\$12.27

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J1307	INJ, CROVALIMAB-AKKZ, 10 MG	-	-	4/1/2025	Fee Schedule	\$551.51
J1320	AMITRIPTYLINE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1322	ELOSULFASE ALFA, INJECTION	-	-	4/1/2025	Fee Schedule	\$293.94
J1323	INJ, ELRANATAMAB-BCMM, 1 MG	-	-	4/1/2025	Fee Schedule	\$182.98
J1324	ENFUVIRTIDE INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J1325	EPOPROSTENOL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1327	EPTIFIBATIDE INJECTION	-	-	1/1/2025	No Separate Payment	\$0.00
J1330	ERGONOVINE MALEATE INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J1335	ERTAPENEM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1364	ERYTHRO LACTOBIONATE /500 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J1380	ESTRADIOL VALERATE 10 MG INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J1410	INJ ESTROGEN CONJUGATE 25 MG	-	-	4/1/2025	Fee Schedule	\$382.89
J1426	INJECTION, CASIMERSEN, 10 MG	-	-	1/1/2025	Not Allowed	\$0.00
J1427	INJ. VILTOLARSEN	-	-	1/1/2025	No Separate Payment	\$0.00
J1428	INJ, ETEPLIRSEN, 10 MG	-	-	1/1/2023	Not Allowed	\$0.00
J1429	INJ GOLODIRSEN 10 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J1430	ETHANOLAMINE OLEATE 100 MG	-	-	4/1/2025	Fee Schedule	\$497.70
J1434	INJ, FOCINVEZ, 1MG	-	-	4/1/2025	Fee Schedule	\$3.02
J1435	INJECTION ESTRONE PER 1 MG	-	-	1/1/2024	Not Allowed	\$0.00
J1436	ETIDRONATE DISODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1437	INJ. FE DERISOMALTOSE 10 MG	-	-	4/1/2025	Fee Schedule	\$20.83
J1438	ETANERCEPT INJECTION	-	-	4/1/2025	Fee Schedule	\$790.78
J1439	INJ FERRIC CARBOXYMALTOS 1MG	-	-	4/1/2025	Fee Schedule	\$1.13
J1440	FECAL MICROBIOTA JSML 1 ML	-	-	4/1/2025	Fee Schedule	\$63.93
J1442	INJ FILGRASTIM EXCL BIOSIMIL	-	-	4/1/2025	Fee Schedule	\$0.98
J1443	INJ FERRIC PYROPHOSPHATE CIT	-	-	1/1/2023	Not Allowed	\$0.00
J1444	FE PYRO CIT POW 0.1 MG IRON	-	-	1/1/2024	Not Allowed	\$0.00
J1445	INJ TRIFERIC AVNU 0.1MG IRON	-	-	1/1/2024	Not Allowed	\$0.00
J1447	INJ TBO FILGRASTIM 1 MICROG	-	-	4/1/2025	Fee Schedule	\$0.37
J1448	INJECTION, TRILACICLIB, 1MG	-	-	4/1/2025	Fee Schedule	\$5.39
J1449	INJ EFLAPEGRASTIM-XNST 0.1MG	-	-	4/1/2025	Fee Schedule	\$22.61
J1450	FLUCONAZOLE	-	-	1/1/2024	No Separate Payment	\$0.00
J1451	FOMEPIZOLE, 15 MG	-	-	4/1/2025	Fee Schedule	\$6.16
J1452	INTRAOCULAR FOMIVIRSEN NA	-	-	1/1/2024	Not Allowed	\$0.00
J1453	FOSAPREPITANT INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1454	INJ FOSNETUPITANT, PALONOSET	-	-	4/1/2025	Fee Schedule	\$632.88
J1455	FOSCARNET SODIUM INJECTION	-	-	4/1/2025	Fee Schedule	\$21.63
J1456	INJ, FOSAPREPITANT (TEVA)	-	-	4/1/2025	Fee Schedule	\$1.21
J1457	GALLIUM NITRATE INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J1458	GALSULFASE INJECTION	-	-	1/1/2025	No Separate Payment	\$0.00
J1459	INJ IVIG PRIVIGEN 500 MG	-	-	4/1/2025	Fee Schedule	\$49.18
J1460	GAMMA GLOBULIN 1 CC INJ	-	-	4/1/2025	Fee Schedule	\$48.89
J1551	INJ CUTAQUIG 100 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J1552	INJ, ALYGLO, 500 MG	-	-	4/1/2025	Fee Schedule	\$138.11
J1554	INJ. ASCENIV	-	-	4/1/2025	Fee Schedule	\$496.68
J1555	INJ CUVITRU, 100 MG	-	-	4/1/2025	Fee Schedule	\$16.68
J1556	INJ, IMM GLOB BIVIGAM, 500MG	-	-	1/1/2025	No Separate Payment	\$0.00
J1557	GAMMAPLEX INJECTION	-	-	4/1/2025	Fee Schedule	\$57.48
J1558	INJ. XEMBIFY, 100 MG	-	-	4/1/2025	Fee Schedule	\$14.28
J1559	HIZENTRA INJECTION	-	-	4/1/2025	Fee Schedule	\$13.64
J1560	GAMMA GLOBULIN > 10 CC INJ	-	-	4/1/2025	Fee Schedule	\$488.85

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J1561	GAMUNEX-C/GAMMAKED	-	-	4/1/2025	Fee Schedule	\$48.35
J1562	VIVAGLOBIN, INJ	-	-	1/1/2023	Not Allowed	\$0.00
J1566	IMMUNE GLOBULIN, POWDER	-	-	4/1/2025	Fee Schedule	\$81.01
J1568	OCTAGAM INJECTION	-	-	4/1/2025	Fee Schedule	\$48.06
J1569	GAMMAGARD LIQUID INJECTION	-	-	4/1/2025	Fee Schedule	\$45.13
J1570	GANCICLOVIR SODIUM INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1571	HEPAGAM B IM INJECTION	-	-	4/1/2025	Fee Schedule	\$65.15
J1572	FLEBOGAMMA INJECTION	-	-	4/1/2025	Fee Schedule	\$55.76
J1573	HEPAGAM B INTRAVENOUS, INJ	-	-	4/1/2025	Fee Schedule	\$65.15
J1574	INJ, GANCICLOVIR (EXELA)	-	-	1/1/2024	Not Allowed	\$0.00
J1575	HYQVIA 100MG IMMUNEGLOBULIN	-	-	4/1/2025	Fee Schedule	\$17.57
J1576	INJ, PANZYGA, 500 MG	-	-	4/1/2025	Fee Schedule	\$70.43
J1580	GARAMYCIN GENTAMICIN INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1595	INJECTION GLATIRAMER ACETATE	-	-	4/1/2025	Fee Schedule	\$162.18
J1596	INJ, GLYCOPYRROLATE, 0.1 MG	-	-	4/1/2025	Fee Schedule	\$0.51
J1597	INJ GLYCOPYRROLATE, GLYRX-PF	-	-	7/1/2024	No Separate Payment	\$0.00
J1598	INJ GLYCOPYRROLATE FRES KABI	-	-	4/1/2025	Fee Schedule	\$1.66
J1599	IVIG NON-LYOPHILIZED, NOS	-	-	1/1/2024	No Separate Payment	\$0.00
J1600	GOLD SODIUM THIOMALEATE INJ	-	-	1/1/2023	Not Allowed	\$0.00
J1602	GOLIMUMAB FOR IV USE 1MG	-	-	4/1/2025	Fee Schedule	\$10.77
J1610	GLUCAGON HYDROCHLORIDE/1 MG	-	-	4/1/2025	Fee Schedule	\$190.76
J1611	INJ GLUCAGON HCL, FRESENIUS	-	-	4/1/2025	Fee Schedule	\$150.44
J1620	GONADORELIN HYDROCH/ 100 MCG	-	-	1/1/2023	Not Allowed	\$0.00
J1626	GRANISETRON HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1627	INJ, GRANISETRON, XR, 0.1 MG	-	-	4/1/2025	Fee Schedule	\$5.29
J1628	INJ., GUSELKUMAB, 1 MG	-	-	4/1/2025	Fee Schedule	\$70.43
J1630	HALOPERIDOL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1631	HALOPERIDOL DECANOATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1632	INJ., BREXANOLONE, 1 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J1640	HEMIN, 1 MG	-	-	4/1/2025	Fee Schedule	\$33.07
J1642	INJ HEPARIN SODIUM PER 10 U	-	-	7/1/2018	No Separate Payment	\$0.00
J1643	INJ HEPARIN, PFIZER, 1000U	-	-	1/1/2025	No Separate Payment	\$0.00
J1644	INJ HEPARIN SODIUM PER 1000U	-	-	1/1/2024	No Separate Payment	\$0.00
J1645	DALTEPARIN SODIUM	-	-	7/1/2018	No Separate Payment	\$0.00
J1650	INJ ENOXAPARIN SODIUM	-	-	1/1/2024	No Separate Payment	\$0.00
J1652	FONDAPARINUX SODIUM	-	-	1/1/2024	No Separate Payment	\$0.00
J1655	TINZAPARIN SODIUM INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J1670	TETANUS IMMUNE GLOBULIN INJ	-	-	4/1/2025	Fee Schedule	\$575.76
J1680	HUMAN FIBRINOGEN CONC INJ	-	-	7/1/2018	Not Allowed	\$0.00
J1700	HYDROCORTISONE ACETATE INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J1710	HYDROCORTISONE SODIUM PH INJ	-	-	1/1/2025	Not Allowed	\$0.00
J1720	HYDROCORTISONE SODIUM SUCC I	-	-	1/1/2024	No Separate Payment	\$0.00
J1726	MAKENA, 10 MG	-	-	4/1/2025	Fee Schedule	\$13.82
J1729	INJ HYDROXYPROGST CAPOAT NOS	-	-	1/1/2025	No Separate Payment	\$0.00
J1730	DIAZOXIDE INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J1738	INJ. MELOXICAM 1 MG	-	-	10/1/2024	No Separate Payment	\$0.00
J1740	IBANDRONATE SODIUM INJECTION	-	-	10/1/2024	No Separate Payment	\$0.00
J1741	IBUPROFEN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1742	IBUTILIDE FUMARATE INJECTION	-	-	4/1/2025	Fee Schedule	\$186.77
J1743	IDURSULFASE INJECTION	-	-	4/1/2025	Fee Schedule	\$542.57
J1744	ICATIBANT INJECTION	-	-	4/1/2025	Fee Schedule	\$125.32

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J1745	INFLIXIMAB NOT BIOSIMIL 10MG	-	-	4/1/2025	Fee Schedule	\$30.52
J1746	INJ., IBALIZUMAB-UIYK, 10 MG	-	-	4/1/2025	Fee Schedule	\$76.95
J1747	INJ, SPESOLIMAB-SBZO, 1 MG	-	-	4/1/2025	Fee Schedule	\$61.43
J1748	INJ, ZYMFENTRA, 10 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J1749	INJ, ILOPROST, 0.1 MCG	-	-	1/1/2025	Not Allowed	\$0.00
J1750	INJ IRON DEXTRAN	-	-	4/1/2025	Fee Schedule	\$17.23
J1756	IRON SUCROSE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1786	IMUGLUCERASE INJECTION	-	-	4/1/2025	Fee Schedule	\$43.14
J1790	DROPERIDOL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1800	PROPRANOLOL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1805	INJ, ESMOLOL HCL, 10MG	-	-	1/1/2025	No Separate Payment	\$0.00
J1806	INJ ESMOLOL HCL WG CRIT CARE	-	-	1/1/2025	No Separate Payment	\$0.00
J1811	FIASP FOR INSULIN PUMP USE	-	-	4/1/2025	Fee Schedule	\$6.67
J1812	INJ. INSULIN (FIASP)	-	-	1/1/2024	No Separate Payment	\$0.00
J1813	LYUMJEV FOR INSULIN PUMP USE	-	-	1/1/2025	No Separate Payment	\$0.00
J1814	INJ. INSULIN (LYUMJEV)	-	-	1/1/2025	Not Allowed	\$0.00
J1815	INSULIN INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1817	INSULIN FOR INSULIN PUMP USE	-	-	1/1/2024	No Separate Payment	\$0.00
J1823	INJ. INEBILIZUMAB-CDON, 1 MG	-	-	4/1/2025	Fee Schedule	\$484.40
J1826	INTERFERON BETA-1A INJ	-	-	1/1/2025	Fee Schedule	\$2,203.14
J1830	INTERFERON BETA-1B / .25 MG	-	-	1/1/2024	Not Allowed	\$0.00
J1833	INJECTION, ISAVUCONAZONIUM	-	-	4/1/2025	Fee Schedule	\$0.99
J1835	ITRACONAZOLE INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J1836	INJ, METRONIDAZOLE, 10 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J1840	KANAMYCIN SULFATE 500 MG INJ	-	-	4/1/2024	No Separate Payment	\$0.00
J1850	KANAMYCIN SULFATE 75 MG INJ	-	-	4/1/2024	Not Allowed	\$0.00
J1885	KETOROLAC TROMETHAMINE INJ	-	-	4/1/2025	Fee Schedule	\$0.50
J1920	INJ, LABETALOL HCL, 5MG	-	-	1/1/2025	No Separate Payment	\$0.00
J1921	INJ LABETALOL HCL HIKMA, 5MG	-	-	1/1/2025	No Separate Payment	\$0.00
J1930	LANREOTIDE INJECTION	-	-	4/1/2025	Fee Schedule	\$39.55
J1931	LARONIDASE INJECTION	-	-	4/1/2025	Fee Schedule	\$38.61
J1932	INJ, LANREOTIDE, (CIPLA) 1MG	-	-	4/1/2025	Fee Schedule	\$25.42
J1939	INJ, BUMETANIDE, 0.5 MG	-	-	4/1/2025	Fee Schedule	\$0.57
J1943	INJ., ARISTADA INITIO, 1 MG	-	-	4/1/2025	Fee Schedule	\$3.14
J1944	ARIPIRAZOLE LAUROXIL 1 MG	-	-	4/1/2025	Fee Schedule	\$3.26
J1945	LEPIRUDIN	-	-	1/1/2024	Not Allowed	\$0.00
J1950	LEUPROLIDE ACETATE /3.75 MG	-	-	4/1/2025	Fee Schedule	\$1,670.30
J1951	INJ FENSOLVI 0.25 MG	-	-	4/1/2025	Fee Schedule	\$134.26
J1952	LEUPROLIDE INJ, CAMCEVI, 1MG	-	-	4/1/2025	Fee Schedule	\$52.38
J1953	LEVETIRACETAM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1954	LEUPROLIDE DEPOT CIPLA 7.5MG	-	-	4/1/2025	Fee Schedule	\$220.74
J1956	LEVOFLOXACIN INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1960	LEVORPHANOL TARTRATE INJ	-	-	1/1/2025	Not Allowed	\$0.00
J1961	INJ, LENACAPAVIR, 1 MG	-	-	4/1/2025	Fee Schedule	\$22.03
J1980	HYOSCYAMINE SULFATE INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J1990	CHLORDIAZEPOXIDE INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J2002	INJ, LIDOCAINE IN D5W, 1 MG	-	-	4/1/2025	Fee Schedule	\$0.01
J2003	INJ, LIDOCAINE HCL, 1 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J2004	INJ, LIDOCAINE W EPINEPHRINE	-	-	1/1/2025	No Separate Payment	\$0.00
J2010	LINCOMYCIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2020	LINEZOLID INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00

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Proc Code		Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J2021	INJ, LINEZOLID (HOSPIRA)		-	-	1/1/2025	No Separate Payment	\$0.00
J2060	LORAZEPAM INJECTION		-	-	1/1/2024	No Separate Payment	\$0.00
J2062	LOXAPINE FOR INHALATION 1 MG		-	-	1/1/2024	Not Allowed	\$0.00
J2150	MANNITOL INJECTION		-	-	1/1/2024	No Separate Payment	\$0.00
J2170	MECASERMIN INJECTION		-	-	1/1/2024	No Separate Payment	\$0.00
J2175	MEPERIDINE HYDROCHL /100 MG		-	-	1/1/2024	No Separate Payment	\$0.00
J2180	MEPERIDINE/PROMETHAZINE INJ		-	-	1/1/2024	No Separate Payment	\$0.00
J2182	INJECTION, MEPOLIZUMAB, 1MG		-	-	4/1/2025	Fee Schedule	\$30.54
J2183	INJ MEROPENEM (WG CRIT CARE)		-	-	4/1/2025	Fee Schedule	\$1.60
J2184	INJ, MEROPENEM (B. BRAUN)		-	-	7/1/2024	No Separate Payment	\$0.00
J2185	MEROPENEM		-	-	1/1/2024	No Separate Payment	\$0.00
J2186	INJ., MEROPENEM, VABORBACTAM		-	-	4/1/2025	Fee Schedule	\$2.11
J2210	METHYLERGONOVIN MALEATE INJ		-	-	7/1/2018	No Separate Payment	\$0.00
J2212	METHYLNALTREXONE INJECTION		-	-	1/1/2025	No Separate Payment	\$0.00
J2246	INJ, MICA FUNGIN (BAXTER)		-	-	7/1/2024	Not Allowed	\$0.00
J2247	INJ, MICA FUNGIN (PAR PHARM)		-	-	1/1/2025	No Separate Payment	\$0.00
J2248	MICA FUNGIN SODIUM INJECTION		-	-	1/1/2022	No Separate Payment	\$0.00
J2249	INJ, REMIMAZOLAM, 1 MG		-	-	1/1/2024	No Separate Payment	\$0.00
J2250	INJ MIDAZOLAM HYDROCHLORIDE		-	-	7/1/2018	No Separate Payment	\$0.00
J2251	INJ MIDAZOLAM IN 0.9% NACL		-	-	7/1/2024	No Separate Payment	\$0.00
J2252	INJ MIDAZOLAM IN 0.8% NACL		-	-	1/1/2025	No Separate Payment	\$0.00
J2253	INJ MIDAZOLAM (SEIZALAM)		-	-	1/1/2025	No Separate Payment	\$0.00
J2260	INJ MILRINONE LACTATE / 5 MG		-	-	1/1/2024	No Separate Payment	\$0.00
J2265	MINOCYCLINE HYDROCHLORIDE		-	-	4/1/2025	Fee Schedule	\$2.59
J2267	INJ, MIRIKIZUMAB-MRKZ, 1 MG		-	-	4/1/2025	Fee Schedule	\$47.57
J2270	MORPHINE SULFATE INJECTION		-	-	1/1/2024	No Separate Payment	\$0.00
J2272	INJ, MORPHINE (FRESENIUS)		-	-	7/1/2024	No Separate Payment	\$0.00
J2274	INJ MORPHINE PF EPID ITHC		-	-	1/1/2024	No Separate Payment	\$0.00
J2277	INJ, MOTIXAFORTIDE, 0.25 MG		-	-	4/1/2025	Fee Schedule	\$25.22
J2278	ZICONOTIDE INJECTION		-	-	4/1/2025	Fee Schedule	\$9.70
J2280	INJ, MOXIFLOXACIN 100 MG		-	-	7/1/2018	No Separate Payment	\$0.00
J2281	INJ MOXIFLOXACIN (FRES KABI)		-	-	1/1/2025	No Separate Payment	\$0.00
J2290	INJ, NAFCILLIN SODIUM, 20 MG		-	-	1/1/2025	No Separate Payment	\$0.00
J2300	INJ NALBUPHINE HYDROCHLORIDE		-	-	7/1/2018	No Separate Payment	\$0.00
J2305	INJ, NITROGLYCERIN, 5 MG		-	-	1/1/2025	No Separate Payment	\$0.00
J2310	INJ NALOXONE HYDROCHLORIDE		-	-	1/1/2024	No Separate Payment	\$0.00
J2311	INJ, NALOXONE HCL (ZIMHI)		-	-	1/1/2025	No Separate Payment	\$0.00
J2315	NALTREXONE, DEPOT FORM		-	-	4/1/2025	Fee Schedule	\$4.12
J2320	NANDROLONE DECANOATE 50 MG		-	-	1/1/2024	No Separate Payment	\$0.00
J2323	NATALIZUMAB INJECTION		-	-	4/1/2025	Fee Schedule	\$24.37
J2326	INJ, NUSINERSEN, 0.1MG		-	-	4/1/2025	Fee Schedule	\$1,248.60
J2327	INJ RISANKIZUMAB-RZAA 1 MG		-	-	4/1/2025	Fee Schedule	\$14.86
J2329	INJ UBLITUXIMAB-XIYY, 1 MG		-	-	4/1/2025	Fee Schedule	\$68.66
J2350	INJECTION, OCRELIZUMAB, 1 MG		-	-	4/1/2025	Fee Schedule	\$57.81
J2351	INJ OCRELIZUMAB 1MG HYA-OCSQ		-	-	4/1/2025	Fee Schedule	\$45.19
J2353	OCTREOTIDE INJECTION, DEPOT		-	-	4/1/2025	Fee Schedule	\$204.59
J2354	OCTREOTIDE INJ, NON-DEPOT		-	-	1/1/2024	No Separate Payment	\$0.00
J2355	OPRELVEKIN INJECTION		-	-	1/1/2023	Not Allowed	\$0.00
J2356	INJ TEZEPELUMAB-EKKO, 1MG		-	-	4/1/2025	Fee Schedule	\$17.77
J2357	OMALIZUMAB INJECTION		-	-	4/1/2025	Fee Schedule	\$40.12
J2358	OLANZAPINE LONG-ACTING INJ		-	-	4/1/2025	Fee Schedule	\$2.92

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J2359	INJ. OLANZAPINE, 0.5MG	-	-	1/1/2025	No Separate Payment	\$0.00
J2360	ORPHENADRINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2371	INJ PHENYLEPHRINE HCL 20 MCG	-	-	1/1/2024	No Separate Payment	\$0.00
J2372	INJ, BIORPHEN, 20 MICROGRAMS	-	-	1/1/2025	No Separate Payment	\$0.00
J2373	INJ, IMMPHENTIV, 20 MCG	-	-	4/1/2025	Fee Schedule	\$0.14
J2401	CHLOROPROCAINE HCL INJECTION	-	-	1/1/2025	No Separate Payment	\$0.00
J2402	CHLOROPROCAINE (CLOROTEKAL)	-	-	1/1/2024	Not Allowed	\$0.00
J2403	CHLOROPROCAINE OPHT GEL, 1MG	-	-	4/1/2025	Fee Schedule	\$0.60
J2404	INJ, NICARDIPINE 0.1 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J2405	ONDANSETRON HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2406	INJECTION, ORITAVANCIN 10 MG	-	-	4/1/2025	Fee Schedule	\$42.77
J2407	INJECTION, ORITAVANCIN	-	-	4/1/2025	Fee Schedule	\$28.53
J2410	OXYMORPHONE HCL INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J2425	PALIFERMIN INJECTION	-	-	4/1/2025	Fee Schedule	\$33.99
J2426	INJ, INVEGA SUSTENNA, 1 MG	-	-	4/1/2025	Fee Schedule	\$14.74
J2427	INJ, INVEGA HAFYERA/TRINZA	-	-	4/1/2025	Fee Schedule	\$12.67
J2428	INJ, ERZOFRI, 1 MG	-	-	4/1/2025	Fee Schedule	\$17.15
J2430	PAMIDRONATE DISODIUM /30 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J2440	PAPAVERIN HCL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2460	OXYTETRACYCLINE INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J2468	INJ, PALONOSETRON (POSFREA)	-	-	4/1/2025	Fee Schedule	\$59.91
J2469	PALONOSETRON HCL	-	-	1/1/2024	No Separate Payment	\$0.00
J2470	INJ PANTOPRAZOLE SODIUM 40MG	-	-	7/1/2024	No Separate Payment	\$0.00
J2471	INJ PANTOPRAZOLE(HIKMA) 40MG	-	-	7/1/2024	No Separate Payment	\$0.00
J2472	INJ, PANTOPRAZOLE SODIUM CHL	-	-	1/1/2025	No Separate Payment	\$0.00
J2501	PARICALCITOL	-	-	7/1/2018	No Separate Payment	\$0.00
J2502	INJ, PASIREOTIDE LONG ACTING	-	-	4/1/2025	Fee Schedule	\$526.94
J2503	PEGAPTANIB SODIUM INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J2504	PEGADEMASE BOVINE, 25 IU	-	-	1/1/2024	Not Allowed	\$0.00
J2506	INJ PEGFILGRAST EX BIO 0.5MG	-	-	4/1/2025	Fee Schedule	\$19.98
J2507	PEGLOTICASE INJECTION	-	-	4/1/2025	Fee Schedule	\$3,565.32
J2508	PEGUNIGALSIDASE ALFA-IWXJ	-	-	4/1/2025	Fee Schedule	\$226.93
J2510	PENICILLIN G PROCAINE INJ	-	-	1/1/2025	Fee Schedule	\$47.19
J2513	PENTASTARCH 10% SOLUTION	-	-	1/1/2024	Not Allowed	\$0.00
J2515	PENTOBARBITAL SODIUM INJ	-	-	10/1/2024	No Separate Payment	\$0.00
J2540	PENICILLIN G POTASSIUM INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J2543	PIPERACILLIN/TAZOBACTAM	-	-	7/1/2018	No Separate Payment	\$0.00
J2547	INJECTION, PERAMIVIR	-	-	4/1/2025	Fee Schedule	\$1.68
J2550	PROMETHAZINE HCL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2560	PHENOBARBITAL SODIUM INJ	-	-	10/1/2024	No Separate Payment	\$0.00
J2561	INJ, SEZABY, 1 MG	-	-	4/1/2025	Fee Schedule	\$1.06
J2562	PLERIXAFOR INJECTION	-	-	4/1/2025	Fee Schedule	\$24.98
J2590	OXYTOCIN INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2597	INJ DESMOPRESSIN ACETATE	-	-	4/1/2025	Fee Schedule	\$4.49
J2598	INJ, VASOPRESSIN, 1 UNIT	-	-	1/1/2025	No Separate Payment	\$0.00
J2599	INJ VASOPRESSIN (AM REG) 1 U	-	-	7/1/2024	No Separate Payment	\$0.00
J2601	INJ, VASOPRESSIN (BAXTER)	-	-	4/1/2025	Fee Schedule	\$3.50
J2650	PREDNISOLONE ACETATE INJ	-	-	1/1/2024	Not Allowed	\$0.00
J2670	TOTAZOLINE HCL INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J2675	INJ PROGESTERONE PER 50 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2679	INJ FLUPHENAZINE HCL 1.25 MG	-	-	4/1/2025	Fee Schedule	\$7.15

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

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J2680	FLUPHENAZINE DECANOATE 25 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2690	PROCAINAMIDE HCL INJECTION	-	-	4/1/2025	Fee Schedule	\$284.34
J2700	OXACILLIN SODIUM INJECITON	-	-	7/1/2018	No Separate Payment	\$0.00
J2704	INJ, PROPOFOL, 10 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J2710	NEOSTIGMINE METHYLSLFTE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2720	INJ PROTAMINE SULFATE/10 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J2724	PROTEIN C CONCENTRATE	-	-	4/1/2025	Fee Schedule	\$15.02
J2725	INJ PROTIRELIN PER 250 MCG	-	-	1/1/2023	Not Allowed	\$0.00
J2730	PRALIDOXIME CHLORIDE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2760	PHENTOLAIN MESYLATE INJ	-	-	4/1/2025	Fee Schedule	\$449.30
J2765	METOCLOPRAMIDE HCL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2770	QUINUPRISTIN/DALFOPRISTIN	-	-	1/1/2025	Fee Schedule	\$4.26
J2777	INJ, FARICIMAB-SVOA, 0.1MG	-	-	4/1/2025	Fee Schedule	\$34.72
J2778	RANIBIZUMAB INJECTION	-	-	4/1/2025	Fee Schedule	\$90.41
J2779	INJ, SUSVIMO 0.1 MG	-	-	4/1/2025	Fee Schedule	\$79.74
J2781	INJ, PEGCETACOPLAN, 1MG	-	-	4/1/2025	Fee Schedule	\$143.99
J2782	INJ AVACINCAPTAD PEGOL 0.1MG	-	-	4/1/2025	Fee Schedule	\$107.44
J2783	RASBURICASE	-	-	4/1/2025	Fee Schedule	\$370.46
J2785	REGADENOSON INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2786	INJECTION, RESLIZUMAB, 1MG	-	-	4/1/2025	Fee Schedule	\$10.49
J2787	RIBOFLAVIN 5?PHOS OPTH<=3ML	-	-	1/1/2024	No Separate Payment	\$0.00
J2788	RHO D IMMUNE GLOBULIN 50 MCG	-	-	7/1/2018	No Separate Payment	\$0.00
J2790	RHO D IMMUNE GLOBULIN INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J2791	RHOPHYLAC INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2792	RHO(D) IMMUNE GLOBULIN H, SD	-	-	4/1/2025	Fee Schedule	\$32.51
J2793	RILONACEPT INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J2794	INJ RISPERDAL CONSTA, 0.5 MG	-	-	4/1/2025	Fee Schedule	\$10.50
J2795	ROPIVACAINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2798	INJ., PERSERIS, 0.5 MG	-	-	4/1/2025	Fee Schedule	\$12.15
J2799	INJ, UZEDY, 1 MG	-	-	4/1/2025	Fee Schedule	\$24.62
J2800	METHOCARBAMOL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2801	INJ, RYKINDO, 0.5 MG	-	-	4/1/2025	Fee Schedule	\$13.03
J2802	INJ, ROMIPLOSTIM 1 MICROGRAM	-	-	4/1/2025	Fee Schedule	\$10.52
J2805	SINCALIDE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2810	INJ THEOPHYLLINE PER 40 MG	-	-	1/1/2024	Not Allowed	\$0.00
J2820	SARGRAMOSTIM INJECTION	-	-	4/1/2025	Fee Schedule	\$59.88
J2840	INJ SEBELIPASE ALFA 1 MG	-	-	4/1/2025	Fee Schedule	\$538.70
J2850	INJ SECRETIN SYNTHETIC HUMAN	-	-	4/1/2025	Fee Schedule	\$42.57
J2860	INJECTION, SILTUXIMAB	-	-	4/1/2025	Fee Schedule	\$163.37
J2910	AUROTHIOGLUCOSE INJECITON	-	-	1/1/2023	Not Allowed	\$0.00
J2916	NA FERRIC GLUCONATE COMPLEX	-	-	7/1/2018	No Separate Payment	\$0.00
J2919	INJ, METHYLPRED SOD SUCC 5MG	-	-	4/1/2025	Fee Schedule	\$0.25
J2920	METHYLPREDNISOLONE INJECTION	-	-	4/1/2024	No Separate Payment	\$0.00
J2930	METHYLPREDNISOLONE INJECTION	-	-	4/1/2024	No Separate Payment	\$0.00
J2940	SOMATREM INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J2941	SOMATROPIN INJECTION	-	-	1/1/2025	Fee Schedule	\$48.92
J2950	PROMAZINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2993	RETEPLASE INJECTION	-	-	4/1/2025	Fee Schedule	\$2,777.14
J2995	INJ STREPTOKINASE /250000 IU	-	-	1/1/2024	Not Allowed	\$0.00
J2997	ALTEPLASE RECOMBINANT	-	-	4/1/2025	Fee Schedule	\$91.46
J2998	INJ PLASMINOGEN TVMH 1MG	-	-	4/1/2025	Fee Schedule	\$32.38

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J3000	STREPTOMYCIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3010	FENTANYL CITRATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3030	SUMATRIPTAN SUCCINATE / 6 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J3031	INJ., FREMANEZUMAB-VFRM 1 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J3032	INJ. EPTINEZUMAB-JJMR 1 MG	-	-	4/1/2025	Fee Schedule	\$19.32
J3055	INJ TALQUETAMAB-TGVS 0.25 MG	-	-	4/1/2025	Fee Schedule	\$70.00
J3060	INJ, TALIGLUCERASE ALFA 10 U	-	-	4/1/2025	Fee Schedule	\$40.64
J3070	PENTAZOCINE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J3090	INJ TEDIZOLID PHOSPHATE	-	-	4/1/2025	Fee Schedule	\$1.80
J3095	TELAVANCIN INJECTION	-	-	4/1/2025	Fee Schedule	\$7.09
J3101	TENECTEPLASE INJECTION	-	-	4/1/2025	Fee Schedule	\$162.46
J3105	TERBUTALINE SULFATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3111	INJ. ROMOSUZUMAB-AQGG 1 MG	-	Y	4/1/2025	Fee Schedule	\$11.49
J3121	INJ TESTOSTERO ENANTHATE 1MG	-	-	7/1/2018	No Separate Payment	\$0.00
J3145	TESTOSTERONE UNDECANOATE 1MG	-	-	4/1/2025	Fee Schedule	\$2.02
J3230	CHLORPROMAZINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3240	THYROTROPIN INJECTION	-	-	4/1/2025	Fee Schedule	\$2,078.71
J3241	INJ. TEPROTUMUMAB-TRBW 10 MG	-	-	4/1/2025	Fee Schedule	\$352.56
J3243	TIGECYCLINE INJECTION	-	-	1/1/2022	No Separate Payment	\$0.00
J3244	INJ. TIGECYCLINE (ACCORD)	-	-	1/1/2025	No Separate Payment	\$0.00
J3245	INJ., TILDRAKIZUMAB, 1 MG	-	-	4/1/2025	Fee Schedule	\$131.46
J3246	TIROFIBAN HCL	-	-	1/1/2025	No Separate Payment	\$0.00
J3247	INJ SECUKINUMAB INTRAV 1MG	-	-	4/1/2025	Fee Schedule	\$17.73
J3250	TRIMETHOBENZAMIDE HCL INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3260	TOBRAMYCIN SULFATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3262	TOCILIZUMAB INJECTION	-	-	4/1/2025	Fee Schedule	\$5.88
J3263	INJ, TORIPALIMAB-TPZI, 1 MG	-	-	4/1/2025	Fee Schedule	\$39.10
J3265	INJECTION TORSEMIDE 10 MG/ML	-	-	1/1/2023	Not Allowed	\$0.00
J3280	THIETHYLPERAZINE MALEATE INJ	-	-	1/1/2023	Not Allowed	\$0.00
J3285	TREPROSTINIL INJECTION	-	-	4/1/2025	Fee Schedule	\$56.83
J3299	INJ XIPERE 1 MG	-	-	4/1/2025	Fee Schedule	\$48.23
J3300	TRIAMCINOLONE A INJ PRS-FREE	-	-	4/1/2025	Fee Schedule	\$25.02
J3301	TRIAMCINOLONE ACET INJ NOS	-	-	7/1/2018	No Separate Payment	\$0.00
J3302	TRIAMCINOLONE DIACETATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3303	TRIAMCINOLONE HEXACETONL INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3304	INJ TRIAMCINOLONE ACE XR 1MG	-	-	4/1/2025	Fee Schedule	\$18.01
J3305	INJ TRIMETREXATE GLUCORONATE	-	-	1/1/2023	Not Allowed	\$0.00
J3310	PERPHENAZINE INJECITON	-	-	1/1/2025	Not Allowed	\$0.00
J3315	TRIPTORELIN PAMOATE	-	-	4/1/2025	Fee Schedule	\$471.63
J3316	INJ., TRIPTORELIN XR 3.75 MG	-	-	4/1/2025	Fee Schedule	\$3,506.04
J3320	SPECTINOMYCN DI-HCL INJ	-	-	1/1/2024	Not Allowed	\$0.00
J3350	UREA INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J3355	UROFOLLITROPIN, 75 IU	-	-	1/1/2024	Not Allowed	\$0.00
J3357	USTEKINUMAB SUB CU INJ, 1 MG	-	-	4/1/2025	Fee Schedule	\$152.39
J3358	USTEKINUMAB, IV INJECT, 1 MG	-	-	4/1/2025	Fee Schedule	\$12.81
J3360	DIAZEPAM INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J3364	UROKINASE 5000 IU INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J3365	UROKINASE 250,000 IU INJ	-	-	1/1/2023	Not Allowed	\$0.00
J3370	VANCOMYCIN HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3371	INJ, VANCOMYCIN HCL (MYLAN)	-	-	1/1/2025	No Separate Payment	\$0.00
J3372	INJ, VANCOMYCIN HCL (XELLIA)	-	-	1/1/2025	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J3380	INJ VEDOLIZUMAB IV 1 MG	-	-	4/1/2025	Fee Schedule	\$21.16
J3385	VELAGLUCERASE ALFA	-	-	4/1/2025	Fee Schedule	\$374.36
J3393	INJ, BETIBEGLOGENE AUTOTEMCE	-	-	7/1/2024	Not Allowed	\$0.00
J3394	INJ, LOVOTIBEGLOGENE AUTOTEM	-	-	7/1/2024	Not Allowed	\$0.00
J3396	VERTEPORFIN INJECTION	-	-	4/1/2025	Fee Schedule	\$11.52
J3397	INJ., VESTRONIDASE ALFA-VJBK	-	-	1/1/2024	Not Allowed	\$0.00
J3398	INJ LUXTURN A 1 BILLION VEC G	-	-	4/1/2025	Fee Schedule	\$3,146.26
J3400	TRIFLUPROMAZINE HCL INJ	-	-	1/1/2024	Not Allowed	\$0.00
J3401	VYJUVEK 5X10 ⁹ PFU/ML, 0.1 ML	-	-	4/1/2025	Fee Schedule	\$1,016.67
J3410	HYDROXYZINE HCL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J3411	THIAMINE HCL 100 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J3415	PYRIDOXINE HCL 100 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J3420	VITAMIN B12 INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J3424	INJ HYDROXOCOBALAMIN IV 25MG	-	-	4/1/2025	Fee Schedule	\$5.18
J3425	HYDROXOCOBALAMIN IM 10MCG	-	-	4/1/2025	Fee Schedule	\$0.01
J3430	VITAMIN K PHYTONADIONE INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J3465	INJECTION, VORICONAZOLE	-	-	1/1/2024	No Separate Payment	\$0.00
J3470	HYALURONIDASE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J3471	OVINE, UP TO 999 USP UNITS	-	-	1/1/2024	No Separate Payment	\$0.00
J3472	OVINE, 1000 USP UNITS	-	-	1/1/2024	No Separate Payment	\$0.00
J3473	HYALURONIDASE RECOMBINANT	-	-	1/1/2024	No Separate Payment	\$0.00
J3475	INJ MAGNESIUM SULFATE	-	-	1/1/2024	No Separate Payment	\$0.00
J3480	INJ POTASSIUM CHLORIDE	-	-	1/1/2024	No Separate Payment	\$0.00
J3485	ZIDOVUDINE	-	-	1/1/2024	No Separate Payment	\$0.00
J3486	ZIPRASIDONE MESYLATE	-	-	1/1/2024	No Separate Payment	\$0.00
J3489	ZOLEDRONIC ACID 1MG	-	-	1/1/2024	No Separate Payment	\$0.00
J3490	DRUGS UNCLASSIFIED INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J3530	NASAL VACCINE INHALATION	-	-	1/1/2024	No Separate Payment	\$0.00
J3590	UNCLASSIFIED BIOLOGICS	-	-	1/1/2024	No Separate Payment	\$0.00
J7030	NORMAL SALINE SOLUTION INFUS	-	-	1/1/2024	No Separate Payment	\$0.00
J7040	NORMAL SALINE SOLUTION INFUS	-	-	1/1/2024	No Separate Payment	\$0.00
J7042	5% DEXTROSE/NORMAL SALINE	-	-	1/1/2024	No Separate Payment	\$0.00
J7050	NORMAL SALINE SOLUTION INFUS	-	-	7/1/2018	No Separate Payment	\$0.00
J7060	5% DEXTROSE/WATER	-	-	7/1/2018	No Separate Payment	\$0.00
J7070	D5W INFUSION	-	-	1/1/2024	No Separate Payment	\$0.00
J7100	DEXTRAN 40 INFUSION	-	-	1/1/2024	No Separate Payment	\$0.00
J7110	DEXTRAN 75 INFUSION	-	-	1/1/2024	No Separate Payment	\$0.00
J7120	RINGERS LACTATE INFUSION	-	-	1/1/2024	No Separate Payment	\$0.00
J7121	5% DEXTROSE IN LAC RINGERS	-	-	7/1/2018	No Separate Payment	\$0.00
J7131	HYPERTONIC SALINE SOL	-	-	1/1/2024	No Separate Payment	\$0.00
J7165	INJ, HUMAN-LANS, PER I.U	-	-	4/1/2025	Fee Schedule	\$1.55
J7168	PROTHROMBIN COMPLEX KCENTRA	-	-	4/1/2025	Fee Schedule	\$2.18
J7169	INJ ANDEXXA, 10 MG	-	-	4/1/2025	Fee Schedule	\$131.74
J7170	INJ., EMICIZUMAB-KXWH 0.5 MG	-	-	4/1/2025	Fee Schedule	\$51.98
J7171	INJ, ADZYNMA, 10 IU	-	-	4/1/2025	Fee Schedule	\$34.52
J7175	INJ, FACTOR X, (HUMAN), 1IU	-	-	4/1/2025	Fee Schedule	\$9.53
J7177	INJ., FIBRYGA, 1 MG	-	-	4/1/2025	Fee Schedule	\$1.10
J7178	INJ HUMAN FIBRINOGEN CON NOS	-	-	4/1/2025	Fee Schedule	\$1.48
J7179	VONVENDI INJ 1 IU VWF:RCO	-	-	4/1/2025	Fee Schedule	\$1.83
J7180	FACTOR XIII ANTI-HEM FACTOR	-	-	4/1/2025	Fee Schedule	\$10.48
J7181	FACTOR XIII RECOMB A-SUBUNIT	-	-	4/1/2025	Fee Schedule	\$17.34

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J7182	FACTOR VIII RECOMB NOVOEIGHT	-	-	4/1/2025	Fee Schedule	\$1.40
J7183	WILATE INJECTION	-	-	4/1/2025	Fee Schedule	\$1.28
J7185	XYNTHA INJ	-	-	4/1/2025	Fee Schedule	\$1.49
J7186	ANTIHEMOPHILIC VIII/VWF COMP	-	-	4/1/2025	Fee Schedule	\$1.20
J7187	HUMATE-P, INJ	-	-	4/1/2025	Fee Schedule	\$1.45
J7188	FACTOR VIII RECOMB OBIZUR	-	-	4/1/2025	Fee Schedule	\$3.23
J7189	FACTOR VIIA RECOMB NOVOSEVEN	-	-	4/1/2025	Fee Schedule	\$2.53
J7190	FACTOR VIII	-	-	4/1/2025	Fee Schedule	\$1.12
J7191	FACTOR VIII (PORCINE)	-	-	1/1/2024	Not Allowed	\$0.00
J7192	FACTOR VIII RECOMBINANT NOS	-	-	4/1/2025	Fee Schedule	\$1.56
J7193	FACTOR IX NON-RECOMBINANT	-	-	4/1/2025	Fee Schedule	\$1.38
J7194	FACTOR IX COMPLEX	-	-	4/1/2025	Fee Schedule	\$1.66
J7195	FACTOR IX RECOMBINANT NOS	-	-	4/1/2025	Fee Schedule	\$1.85
J7196	ANTITHROMBIN RECOMBINANT	-	-	1/1/2024	Not Allowed	\$0.00
J7197	ANTITHROMBIN III INJECTION	-	-	4/1/2025	Fee Schedule	\$3.94
J7198	ANTI-INHIBITOR	-	-	4/1/2025	Fee Schedule	\$2.40
J7200	FACTOR IX RECOMBINAN RIXUBIS	-	-	1/1/2025	No Separate Payment	\$0.00
J7201	FACTOR IX ALPROLIX RECOMB	-	-	4/1/2025	Fee Schedule	\$3.55
J7202	FACTOR IX IDELVION INJ	-	-	4/1/2025	Fee Schedule	\$5.18
J7203	FACTOR IX RECOMB GLY REBINYN	-	-	4/1/2025	Fee Schedule	\$4.32
J7204	INJ RECOMBIN ESPEROCT PER IU	-	-	4/1/2025	Fee Schedule	\$2.14
J7205	FACTOR VIII FC FUSION RECOMB	-	-	4/1/2025	Fee Schedule	\$2.32
J7207	FACTOR VIII PEGYLATED RECOMB	-	-	4/1/2025	Fee Schedule	\$2.10
J7208	INJ. JIVI 1 IU	-	-	1/1/2025	Fee Schedule	\$2.45
J7209	FACTOR VIII NUWIQ RECOMB 1IU	-	-	4/1/2025	Fee Schedule	\$1.19
J7210	INJ, AFSTYLA, 1 I.U.	-	-	4/1/2025	Fee Schedule	\$1.51
J7211	INJ, KOVALTRY, 1 I.U.	-	-	4/1/2025	Fee Schedule	\$1.49
J7212	FACTOR VIIA RECOMB SEVENFACT	-	-	1/1/2025	No Separate Payment	\$0.00
J7213	INJ, IXINITY, 1 I.U.	-	-	4/1/2025	Fee Schedule	\$1.92
J7214	ALTUVIIIIO PER FACTOR VIII IU	-	-	4/1/2025	Fee Schedule	\$4.60
J7308	AMINOLEVULINIC ACID HCL TOP	-	-	4/1/2025	Fee Schedule	\$394.41
J7309	METHYL AMINOLEVULINATE, TOP	-	-	1/1/2024	Not Allowed	\$0.00
J7310	GANCICLOVIR LONG ACT IMPLANT	-	Y	1/1/2023	Not Allowed	\$0.00
J7311	INJ., RETISERT, 0.01 MG	-	Y	4/1/2025	Fee Schedule	\$340.04
J7312	DEXAMETHASONE INTRA IMPLANT	-	-	4/1/2025	Fee Schedule	\$205.24
J7313	INJ., ILUVIEN, 0.01 MG	-	-	4/1/2025	Fee Schedule	\$490.77
J7314	INJ., YUTIQ, 0.01 MG	-	-	4/1/2025	Fee Schedule	\$524.57
J7315	OPHTHALMIC MITOMYCIN	-	-	7/1/2018	No Separate Payment	\$0.00
J7316	INJ, OCRIPLASMIN, 0.125 MG	-	-	10/1/2024	No Separate Payment	\$0.00
J7318	INJ, DUROLANE 1 MG	-	-	4/1/2025	Fee Schedule	\$6.93
J7320	GENVISC 850, INJ, 1MG	-	-	4/1/2025	Fee Schedule	\$6.31
J7321	HYALGAN SUPARTZ VISCO-3 DOSE	-	-	1/1/2020	No Separate Payment	\$0.00
J7322	HYMOVIS INJECTION 1 MG	-	-	4/1/2025	Fee Schedule	\$17.50
J7323	EUFLEXXA INJ PER DOSE	-	-	4/1/2025	Fee Schedule	\$128.71
J7324	ORTHOVISC INJ PER DOSE	-	-	4/1/2025	Fee Schedule	\$125.30
J7325	SYNVISC OR SYNVISC-ONE	-	-	4/1/2025	Fee Schedule	\$9.25
J7326	GEL-ONE	-	-	4/1/2025	Fee Schedule	\$538.48
J7327	MONOVISC INJ PER DOSE	-	-	4/1/2025	Fee Schedule	\$663.64
J7328	GELSYN-3 INJECTION 0.1 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J7329	INJ, TRIVISC 1 MG	-	-	4/1/2025	Fee Schedule	\$5.59
J7331	SYNOJOYNT, INJ., 1 MG	-	-	1/1/2025	No Separate Payment	\$0.00

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Montana Healthcare Programs Fee Schedule
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J7332	INJ., TRILURON, 1 MG	-	-	4/1/2025	Fee Schedule	\$10.28
J7336	CAPSAICIN 8% PATCH	-	-	4/1/2025	Fee Schedule	\$3.38
J7340	CARBIDOPA LEVODOPA ENT 100ML	-	-	4/1/2025	Fee Schedule	\$235.77
J7342	CIPROFLOXACIN OTIC SUSP 6 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J7345	AMINOLEVULINIC ACID, 10% GEL	-	-	4/1/2025	Fee Schedule	\$1.78
J7351	INJ BIMATOPROST ITC IMP1MCG	-	-	4/1/2025	Fee Schedule	\$209.91
J7352	AFAMELANOTIDE IMPLANT, 1 MG	-	-	4/1/2025	Fee Schedule	\$2,873.33
J7353	ANACAULASE-BCDB 8.8% GEL 1 G	-	-	4/1/2025	Fee Schedule	\$58.31
J7354	CANTHARIDIN TOP, APPLICATOR	-	-	4/1/2025	Fee Schedule	\$682.26
J7355	INJ TRAVOPROST INTRA IMPL	-	-	4/1/2025	Fee Schedule	\$194.41
J7402	MOMETASONE SINUS SINUVA	-	-	4/1/2025	Fee Schedule	\$11.35
J7500	AZATHIOPRINE ORAL 50MG	-	-	1/1/2024	No Separate Payment	\$0.00
J7501	AZATHIOPRINE PARENTERAL	-	-	4/1/2025	Fee Schedule	\$224.97
J7502	CYCLOSPORINE ORAL 100 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J7503	TACROL ENVARSUS EX REL ORAL	-	-	1/1/2022	No Separate Payment	\$0.00
J7504	LYMPHOCYTE IMMUNE GLOBULIN	-	-	4/1/2025	Fee Schedule	\$4,376.29
J7505	MONOCLONAL ANTIBODIES	-	-	1/1/2024	Not Allowed	\$0.00
J7507	TACROLIMUS IMME REL ORAL 1MG	-	-	1/1/2024	No Separate Payment	\$0.00
J7508	TACROL ASTAGRAF EX REL ORAL	-	-	1/1/2024	No Separate Payment	\$0.00
J7509	METHYLPREDNISOLONE ORAL	-	-	1/1/2024	No Separate Payment	\$0.00
J7510	PREDNISOLONE ORAL PER 5 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J7511	ANTITHYMOCYTE GLOBULN RABBIT	-	-	4/1/2025	Fee Schedule	\$939.35
J7512	PREDNISONE IR OR DR ORAL 1MG	-	-	1/1/2024	No Separate Payment	\$0.00
J7513	DACLIZUMAB, PARENTERAL	-	-	1/1/2024	Not Allowed	\$0.00
J7514	MYCOPHENOL (MYHIBBIN) 100 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J7515	CYCLOSPORINE ORAL 25 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J7516	INJ, CYCLOSPORINE 250MG	-	-	1/1/2024	No Separate Payment	\$0.00
J7517	MYCOPHENOLATE MOFETIL ORAL	-	-	1/1/2024	No Separate Payment	\$0.00
J7518	MYCOPHENOLIC ACID	-	-	1/1/2024	No Separate Payment	\$0.00
J7519	INJ. MYCOPHENOLATE MOFETIL	-	-	1/1/2025	No Separate Payment	\$0.00
J7520	SIROLIMUS, ORAL	-	-	1/1/2024	No Separate Payment	\$0.00
J7525	TACROLIMUS INJECTION	-	-	4/1/2025	Fee Schedule	\$255.06
J7527	ORAL EVEROLIMUS	-	-	1/1/2024	No Separate Payment	\$0.00
J7599	IMMUNOSUPPRESSIVE DRUG NOC	-	-	1/1/2024	No Separate Payment	\$0.00
J7665	MANNITOL FOR INHALER	-	-	1/1/2024	No Separate Payment	\$0.00
J7674	METHACHOLINE CHLORIDE, NEB	-	-	7/1/2018	No Separate Payment	\$0.00
J7799	NON-INHALATION DRUG FOR DME	-	-	1/1/2024	No Separate Payment	\$0.00
J7999	COMPOUNDED DRUG, NOC	-	-	1/1/2024	No Separate Payment	\$0.00
J8501	ORAL APREPITANT	-	-	1/1/2024	No Separate Payment	\$0.00
J8510	ORAL BUSULFAN	-	-	1/1/2025	Fee Schedule	\$84.21
J8522	CAPECITABINE, ORAL, 50 MG	-	-	4/1/2025	Fee Schedule	\$0.07
J8530	CYCLOPHOSPHAMIDE ORAL 25 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J8540	ORAL DEXAMETHASONE	-	-	1/1/2024	No Separate Payment	\$0.00
J8541	ORAL, HEMADY, 0.25 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J8560	ETOPOSIDE ORAL 50 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J8562	ORAL FLUDARABINE PHOSPHATE	-	-	1/1/2024	Not Allowed	\$0.00
J8565	GEFITINIB ORAL	-	-	1/1/2024	Not Allowed	\$0.00
J8597	ANTIEMETIC DRUG ORAL NOS	-	-	1/1/2024	No Separate Payment	\$0.00
J8600	MELPHALAN ORAL 2 MG	-	-	1/1/2023	Not Allowed	\$0.00
J8610	METHOTREXATE ORAL 2.5 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J8611	ORAL METHOTREXATE (JYLAMVO)	-	-	4/1/2025	Fee Schedule	\$18.97

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J8612	ORAL METHOTREXATE (XATMEP)	-	-	10/1/2024	Fee Schedule	\$20.71
J8650	NABILONE ORAL	-	-	1/1/2023	Not Allowed	\$0.00
J8655	ORAL NETUPITANT, PALONOSETRO	-	-	4/1/2025	Fee Schedule	\$409.01
J8670	ROLAPITANT, ORAL, 1MG	-	-	4/1/2025	Fee Schedule	\$1.79
J8700	TEMOZOLOMIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J8705	TOPOTECAN ORAL	-	-	1/1/2025	No Separate Payment	\$0.00
J9000	DOXORUBICIN HCL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9001	DOXORUBICIN HCL LIPOSOME INJ	-	-	7/1/2018	Not Allowed	\$0.00
J9015	ALDESLEUKIN INJECTION	-	-	1/1/2025	Fee Schedule	\$5,301.26
J9017	ARSENIC TRIOXIDE INJECTION	-	-	4/1/2025	Fee Schedule	\$4.79
J9019	ERWINAZE INJECTION	-	-	4/1/2024	No Separate Payment	\$0.00
J9020	ASPARAGINASE, NOS	-	-	1/1/2024	Not Allowed	\$0.00
J9021	INJ, ASPARA, RYLAZE, 0.1 MG	-	-	4/1/2025	Fee Schedule	\$54.38
J9022	INJ, ATEZOLIZUMAB,10 MG	-	-	4/1/2025	Fee Schedule	\$89.39
J9023	INJECTION, AVELUMAB, 10 MG	-	-	4/1/2025	Fee Schedule	\$97.14
J9024	INJ ATEZOLIZUMB 5MG HYA-TQJS	-	-	4/1/2025	Fee Schedule	\$30.88
J9025	AZACITIDINE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9026	INJ, TARLATAMAB-DLLE, 1 MG	-	-	4/1/2025	Fee Schedule	\$1,570.77
J9027	CLOFARABINE INJECTION	-	-	4/1/2025	Fee Schedule	\$16.01
J9028	INJ, NOGAPENDEKIN PMLN, 1MCG	-	-	4/1/2025	Fee Schedule	\$94.58
J9029	INSTILL ADSTILADRIN, TX DOSE	-	Y	4/1/2025	Fee Schedule	\$63,235.61
J9030	BCG LIVE INTRAVESICAL 1MG	-	-	1/1/2024	No Separate Payment	\$0.00
J9032	INJECTION, BELINOSTAT, 10MG	-	-	4/1/2025	Fee Schedule	\$50.92
J9033	INJ, BENDAMUSTINE HCL, 1MG	-	-	4/1/2025	Fee Schedule	\$1.24
J9034	INJ., BENDEKA 1 MG	-	-	4/1/2025	Fee Schedule	\$13.58
J9035	BEVACIZUMAB INJECTION	-	-	4/1/2025	Fee Schedule	\$72.73
J9036	INJ. BELRAPZO/BENDAMUSTINE	-	-	4/1/2025	Fee Schedule	\$14.20
J9039	INJECTION, BLINATUMOMAB	-	-	4/1/2025	Fee Schedule	\$152.28
J9040	BLEOMYCIN SULFATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9041	INJECTION, BORTEZOMIB, 0.1MG	-	-	1/1/2025	No Separate Payment	\$0.00
J9042	BRENTUXIMAB VEDOTIN INJ	-	-	1/1/2025	Fee Schedule	\$248.93
J9043	CABAZITAXEL INJECTION	-	-	4/1/2025	Fee Schedule	\$221.71
J9045	CARBOPLATIN INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9046	INJ, BORTEZOMIB, DR. REDDY'S	-	-	1/1/2025	Fee Schedule	\$4.91
J9047	INJECTION, CARFILZOMIB, 1 MG	-	-	4/1/2025	Fee Schedule	\$51.85
J9048	INJ, BORTEZOMIB FRESENIUSKAB	-	-	1/1/2025	Fee Schedule	\$16.50
J9049	INJ, BORTEZOMIB, HOSPIRA	-	-	1/1/2025	No Separate Payment	\$0.00
J9050	CARMUSTINE INJECTION	-	-	4/1/2025	Fee Schedule	\$145.60
J9051	INJ, BORTEZOMIB (MAIA)	-	-	1/1/2024	Not Allowed	\$0.00
J9052	INJ, CARMUSTINE (ACCORD)	-	-	4/1/2025	Fee Schedule	\$259.70
J9054	INJ BORTEZOMIB BORUZU 0.1 MG	-	-	4/1/2025	Fee Schedule	\$26.27
J9055	CETUXIMAB INJECTION	-	-	4/1/2025	Fee Schedule	\$77.52
J9056	INJ, VIVIMUSTA, 1 MG	-	-	4/1/2025	Fee Schedule	\$27.24
J9057	INJ., COPANLISIB, 1 MG	-	-	4/1/2025	Fee Schedule	\$89.16
J9060	CISPLATIN 10 MG INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9061	INJ, AMIVANTAMAB-VMJW	-	-	4/1/2025	Fee Schedule	\$21.51
J9063	INJ, ELAHERE, 1 MG	-	-	4/1/2025	Fee Schedule	\$68.07
J9064	INJ, CABAZITAXEL (SANDOZ)	-	-	1/1/2024	Not Allowed	\$0.00
J9065	INJ CLADRIBINE PER 1 MG	-	-	4/1/2025	Fee Schedule	\$10.20
J9071	INJ CYCLOPHOSPHAMD AUROMEDIC	-	-	4/1/2025	Fee Schedule	\$0.87
J9072	INJ CYCLOPHOS AVYXA 5MG	-	-	4/1/2025	Fee Schedule	\$9.05

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J9073	INJ CYCLOPHOSPHAMD (INGENUS)	-	-	4/1/2025	Fee Schedule	\$1.76
J9074	INJ, CYCLOPHOSPHAMD, SANDOZ	-	-	4/1/2025	Fee Schedule	\$4.34
J9075	INJ, CYCLOPHOSPHAMIDE, NOS	-	-	4/1/2025	Fee Schedule	\$0.80
J9076	INJ, CYCLOPHOS (BAXTER) 5MG	-	-	1/1/2025	Not Allowed	\$0.00
J9098	CYTARABINE LIPOSOME INJ	-	-	1/1/2024	Not Allowed	\$0.00
J9100	CYTARABINE HCL 100 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9118	INJ. CALASPARGASE PEGOL-MKNL	-	-	1/1/2024	Not Allowed	\$0.00
J9119	INJ., CEMIPIMAB-RWLC, 1 MG	-	-	4/1/2025	Fee Schedule	\$28.92
J9120	DACTINOMYCIN INJECTION	-	-	4/1/2025	Fee Schedule	\$288.80
J9130	DACARBAZINE 100 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9144	DARATUMUMAB, HYALURONIDASE	-	-	4/1/2025	Fee Schedule	\$52.99
J9145	INJECTION, DARATUMUMAB 10 MG	-	-	4/1/2025	Fee Schedule	\$67.63
J9150	DAUNORUBICIN INJECTION	-	-	4/1/2025	Fee Schedule	\$26.40
J9151	DAUNORUBICIN CITRATE INJ	-	-	1/1/2024	Not Allowed	\$0.00
J9153	INJ DAUNORUBICIN, CYTARABINE	-	-	4/1/2025	Fee Schedule	\$249.02
J9155	DEGARELIX INJECTION	-	-	4/1/2025	Fee Schedule	\$4.36
J9165	DIETHYLSTILBESTROL INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J9171	DOCETAXEL INJECTION	-	-	1/1/2021	No Separate Payment	\$0.00
J9172	DOCETAXEL (DOCIVYX), 1 MG	-	-	4/1/2025	Fee Schedule	\$51.62
J9173	INJ., DURVALUMAB, 10 MG	-	-	4/1/2025	Fee Schedule	\$83.87
J9175	ELLIOTTS B SOLUTION PER ML	-	-	7/1/2018	No Separate Payment	\$0.00
J9176	INJECTION, ELOTUZUMAB, 1MG	-	-	4/1/2025	Fee Schedule	\$7.73
J9177	INJ ENFORT VEDO-EJFV 0.25MG	-	-	4/1/2025	Fee Schedule	\$36.64
J9178	INJ, EPIRUBICIN HCL, 2 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J9179	ERIBULIN MESYLATE INJECTION	-	-	4/1/2025	Fee Schedule	\$118.75
J9181	ETOPOSIDE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9185	FLUDARABINE PHOSPHATE INJ	-	-	4/1/2025	Fee Schedule	\$59.53
J9190	FLUOROURACIL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9196	INJ GEMCITABINE HCL (ACCORD)	-	-	1/1/2025	No Separate Payment	\$0.00
J9198	INJ. INFUGEM, 100 MG	-	-	1/1/2024	Fee Schedule	\$40.28
J9200	FLOXURIDINE INJECTION	-	-	4/1/2025	Fee Schedule	\$3,988.33
J9201	IN GEMCITABINE HCL NOS 200MG	-	-	1/1/2024	No Separate Payment	\$0.00
J9202	GOSERELIN ACETATE IMPLANT	-	-	4/1/2025	Fee Schedule	\$705.14
J9203	GEMTUZUMAB OZOGAMICIN 0.1 MG	-	-	4/1/2025	Fee Schedule	\$233.12
J9204	INJ MOGAMULIZUMAB-KPKC, 1 MG	-	-	4/1/2025	Fee Schedule	\$243.63
J9205	INJ IRINOTECAN LIPOSOME 1 MG	-	-	4/1/2025	Fee Schedule	\$65.28
J9206	IRINOTECAN INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9207	IXABEPILONE INJECTION	-	-	4/1/2025	Fee Schedule	\$136.21
J9208	IFOSFAMIDE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9209	MESNA INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9210	INJ., EMAPALUMAB-LZSG, 1 MG	-	-	4/1/2025	Fee Schedule	\$381.50
J9211	IDARUBICIN HCL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9212	INTERFERON ALFACON-1 INJ	-	-	1/1/2024	Not Allowed	\$0.00
J9213	INTERFERON ALFA-2A INJ	-	-	1/1/2024	Not Allowed	\$0.00
J9214	INTERFERON ALFA-2B INJ	-	-	1/1/2025	No Separate Payment	\$0.00
J9215	INTERFERON ALFA-N3 INJ	-	-	1/1/2024	Not Allowed	\$0.00
J9216	INTERFERON GAMMA 1-B INJ	-	-	1/1/2024	Not Allowed	\$0.00
J9217	LEUPROLIDE ACETATE SUSPNSION	-	-	4/1/2025	Fee Schedule	\$172.29
J9218	LEUPROLIDE ACETATE INJECTON	-	-	1/1/2025	No Separate Payment	\$0.00
J9219	LEUPROLIDE ACETATE IMPLANT	-	-	1/1/2024	Not Allowed	\$0.00
J9223	INJ. LURBINECTEDIN, 0.1 MG	-	-	4/1/2025	Fee Schedule	\$205.04

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J9225	VANTAS IMPLANT	-	-	1/1/2025	No Separate Payment	\$0.00
J9226	SUPPRELIN LA IMPLANT	-	-	4/1/2025	Fee Schedule	\$45,212.04
J9227	INJ. ISATUXIMAB-IRFC 10 MG	-	-	4/1/2025	Fee Schedule	\$78.86
J9228	IPILIMUMAB INJECTION	-	-	4/1/2025	Fee Schedule	\$180.22
J9229	INJ INOTUZUMAB OZOGAM 0.1 MG	-	-	4/1/2025	Fee Schedule	\$2,658.13
J9230	MECHLORETHAMINE HCL INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J9245	INJ MELPHA HYDROCH NOS 50 MG	-	-	4/1/2025	Fee Schedule	\$157.10
J9246	INJ., EVOMELA, 1 MG	-	-	4/1/2025	Fee Schedule	\$18.50
J9248	INJ MELPHALAN (HEPZATO) 1 MG	-	-	7/1/2024	Fee Schedule	\$773.80
J9249	INJ, MELPHALAN (APOTEX) 1 MG	-	-	1/1/2025	Not Allowed	\$0.00
J9250	METHOTREXATE SODIUM INJ	-	-	4/1/2024	No Separate Payment	\$0.00
J9255	INJ, METHOTREXATE (ACCORD)	-	-	1/1/2024	Not Allowed	\$0.00
J9260	INJ METHOTREXATE SODIUM 50MG	-	-	1/1/2024	No Separate Payment	\$0.00
J9261	NELARABINE INJECTION	-	-	4/1/2025	Fee Schedule	\$63.18
J9262	INJ, OMACETAXINE MEP, 0.01MG	-	-	4/1/2025	Fee Schedule	\$7.49
J9263	OXALIPLATIN	-	-	7/1/2018	No Separate Payment	\$0.00
J9264	PACLITAXEL PROTEIN BOUND	-	-	4/1/2025	Fee Schedule	\$13.06
J9266	PEGASPARGASE INJECTION	-	-	4/1/2025	Fee Schedule	\$27,070.53
J9267	PACLITAXEL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9268	PENTOSTATIN INJECTION	-	-	4/1/2025	Fee Schedule	\$2,673.43
J9269	INJ. TAGRAXOFUSP-ERZS 10 MCG	-	-	4/1/2025	Fee Schedule	\$338.53
J9270	PLICAMYCIN (MITHRAMYCIN) INJ	-	-	1/1/2024	Not Allowed	\$0.00
J9271	INJ PEMBROLIZUMAB	-	-	4/1/2025	Fee Schedule	\$59.35
J9272	INJ, DOSTARLIMAB-GXLY, 10 MG	-	-	4/1/2025	Fee Schedule	\$240.14
J9273	INJ TISOTU VEDOTIN-TFTV, 1MG	-	-	4/1/2025	Fee Schedule	\$188.65
J9274	INJ, TEBENTAFUSP-TEBN, 1 MCG	-	-	4/1/2025	Fee Schedule	\$214.76
J9280	MITOMYCIN INJECTION	-	-	4/1/2025	Fee Schedule	\$25.60
J9281	MITOMYCIN INSTILLATION	-	-	4/1/2025	Fee Schedule	\$313.00
J9285	INJ, OLARATUMAB, 10 MG	-	-	1/1/2024	Not Allowed	\$0.00
J9286	INJ GLOFITAMAB GXBM, 2.5 MG	-	-	4/1/2025	Fee Schedule	\$2,772.80
J9292	INJ, PEMETREXED (AVYXA) 10MG	-	-	4/1/2025	Fee Schedule	\$81.37
J9293	MITOXANTRONE HYDROCHL / 5 MG	-	-	4/1/2025	Fee Schedule	\$27.69
J9294	INJ PEMETREXED, HOSPIRA 10MG	-	-	4/1/2025	Fee Schedule	\$3.86
J9295	INJECTION, NECITUMUMAB, 1 MG	-	-	4/1/2025	Fee Schedule	\$5.73
J9296	INJ PEMETREXED (ACCORD) 10MG	-	-	4/1/2025	Fee Schedule	\$9.74
J9297	INJ PEMETREXED (SANDOZ) 10MG	-	-	1/1/2025	No Separate Payment	\$0.00
J9298	INJ NIVOL RELATLIMAB 3MG/1MG	-	-	4/1/2025	Fee Schedule	\$194.08
J9299	INJECTION, NIVOLUMAB	-	-	4/1/2025	Fee Schedule	\$32.35
J9301	OBINUTUZUMAB INJ	-	-	4/1/2025	Fee Schedule	\$75.21
J9302	OFATUMUMAB INJECTION	-	-	4/1/2025	Fee Schedule	\$62.23
J9303	PANITUMUMAB INJECTION	-	-	4/1/2025	Fee Schedule	\$164.92
J9304	INJ. PEMETREXED, 10 MG	-	-	4/1/2025	Fee Schedule	\$46.35
J9305	INJ. PEMETREXED NOS 10MG	-	-	4/1/2025	Fee Schedule	\$3.77
J9306	INJECTION, PERTUZUMAB, 1 MG	-	-	4/1/2025	Fee Schedule	\$16.23
J9307	PRALATREXATE INJECTION	-	-	4/1/2025	Fee Schedule	\$373.77
J9308	INJECTION, RAMUCIRUMAB	-	-	4/1/2025	Fee Schedule	\$73.37
J9309	INJ, POLATUZUMAB VEDOTIN 1MG	-	-	4/1/2025	Fee Schedule	\$132.73
J9311	INJ RITUXIMAB, HYALURONIDASE	-	-	4/1/2025	Fee Schedule	\$37.53
J9312	INJ., RITUXIMAB, 10 MG	-	-	4/1/2025	Fee Schedule	\$76.43
J9313	INJ., LUMOXITI, 0.01 MG	-	-	4/1/2025	Fee Schedule	\$23.39
J9314	INJ PEMETREXED (TEVA) 10MG	-	-	4/1/2025	Fee Schedule	\$8.37

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

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J9316	PERTUZU, TRASTUZU, 10 MG	-	-	4/1/2025	Fee Schedule	\$62.99
J9317	SACITUZUMAB GOVITECAN-HZIY	-	-	4/1/2025	Fee Schedule	\$35.80
J9318	INJ ROMIDEPSIN NON-LYO 0.1MG	-	-	4/1/2025	Fee Schedule	\$28.52
J9319	INJ ROMIDEPSIN LYOPHIL 0.1MG	-	-	4/1/2025	Fee Schedule	\$31.54
J9320	STREPTOZOCIN INJECTION	-	-	1/1/2025	No Separate Payment	\$0.00
J9321	INJ EPCORITAMAB-BYSP 0.16 MG	-	-	4/1/2025	Fee Schedule	\$54.86
J9322	INJ PEMETREXED (BLUEPOINT)	-	-	10/1/2023	Not Allowed	\$0.00
J9323	INJ PEMETREXED DITROMETHAMIN	-	-	4/1/2025	Fee Schedule	\$10.34
J9324	INJ, PEMRYDI RTU, 10 MG	-	-	4/1/2025	Fee Schedule	\$81.06
J9325	INJ TALIMOGENE LAHERPAREPVEC	-	-	4/1/2025	Fee Schedule	\$70.38
J9328	TEMOZOLOMIDE INJECTION	-	-	4/1/2025	Fee Schedule	\$10.41
J9329	INJ, TISLELIZUMAB-JSGR	-	-	4/1/2025	Fee Schedule	\$562.79
J9330	TEMSIROLIMUS INJECTION	-	-	4/1/2025	Fee Schedule	\$30.32
J9331	INJ SIROLIMUS PROT PART 1 MG	-	-	4/1/2025	Fee Schedule	\$117.63
J9332	INJ EFGARTIGIMOD 2MG	-	-	4/1/2025	Fee Schedule	\$32.38
J9333	INJ RONZANOLIXIZUM-NOLI 1 MG	-	-	4/1/2025	Fee Schedule	\$22.84
J9334	INJ EFGART-ALFA 2MG HYA-QVFC	-	-	4/1/2025	Fee Schedule	\$33.37
J9340	THIOTEPA INJECTION	-	-	4/1/2025	Fee Schedule	\$245.05
J9345	INJ, RETIFANLIMAB-DLWR, 1 MG	-	-	4/1/2025	Fee Schedule	\$29.74
J9347	INJ, TREMELIMUMAB-ACTL, 1 MG	-	-	4/1/2025	Fee Schedule	\$138.24
J9348	INJ. NAXITAMAB-GQGK, 1 MG	-	-	4/1/2025	Fee Schedule	\$641.83
J9349	INJ., TAFASITAMAB-CXIX	-	-	4/1/2025	Fee Schedule	\$13.93
J9350	INJ MOSUNETUZUMAB-AXGB, 1 MG	-	-	4/1/2025	Fee Schedule	\$640.96
J9351	TOPOTECAN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9352	INJECTION TRABECTEDIN 0.1MG	-	-	4/1/2025	Fee Schedule	\$363.83
J9353	INJ. MARGETUXIMAB-CMKB, 5 MG	-	-	4/1/2025	Fee Schedule	\$48.53
J9354	INJ, ADO-TRASTUZUMAB EMT 1MG	-	-	4/1/2025	Fee Schedule	\$41.11
J9355	INJ TRASTUZUMAB EXCL BIOSIMI	-	-	4/1/2025	Fee Schedule	\$75.69
J9356	INJ. HERCEPTIN HYLECTA, 10MG	-	-	4/1/2025	Fee Schedule	\$62.92
J9357	VALRUBICIN INJECTION	-	-	4/1/2025	Fee Schedule	\$1,444.55
J9358	INJ FAM-TRASTU DERU-NXKI 1MG	-	-	4/1/2025	Fee Schedule	\$28.90
J9359	INJ LON TESIRIN-LPYL 0.075MG	-	-	4/1/2025	Fee Schedule	\$212.00
J9360	VINBLASTINE SULFATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9361	INJ, EFBEMALENOGRASTIM ALFA-	-	-	7/1/2024	Not Allowed	\$0.00
J9370	VINCRIStINE SULFATE 1 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9376	INJ POZELIMAB-BBFG, 1 MG	-	-	1/1/2025	Not Allowed	\$0.00
J9380	INJ TECLISTAMAB CQYV 0.5 MG	-	-	4/1/2025	Fee Schedule	\$32.42
J9381	INJ TEPLIZUMAB MZWV 5 MCG	-	-	4/1/2025	Fee Schedule	\$37.31
J9390	VINORELBINE TARTRATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9393	INJ, FULVESTRANT (TEVA)	-	-	4/1/2025	Fee Schedule	\$46.21
J9394	INJ, FULVESTRANT (FRESENIUS)	-	-	4/1/2025	Fee Schedule	\$3.32
J9395	INJECTION, FULVESTRANT	-	-	4/1/2025	Fee Schedule	\$6.90
J9400	INJ, ZIV-AFLIBERCEPT, 1MG	-	-	4/1/2025	Fee Schedule	\$8.30
J9600	PORFIMER SODIUM INJECTION	-	-	1/1/2025	Fee Schedule	\$24,228.42
J9999	CHEMOTHERAPY DRUG	-	-	7/1/2018	No Separate Payment	\$0.00
L8600	IMPLANT BREAST SILICONE/EQ	-	-	1/1/2024	No Separate Payment	\$0.00
L8603	COLLAGEN IMP URINARY 2.5 ML	-	-	1/1/2024	No Separate Payment	\$0.00
L8604	DEXTRANOMER/HYALURONIC ACID	-	-	7/1/2018	No Separate Payment	\$0.00
L8605	INJ BULKING AGENT ANAL CANAL	-	-	7/1/2018	No Separate Payment	\$0.00
L8606	SYNTHETIC IMPLNT URINARY 1ML	-	-	7/1/2018	Not Allowed	\$0.00
L8607	INJ VOCAL CORD BULKING AGENT	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
L8608	ARG II EXT COM/SUP/ACC MISC	-	-	1/1/2024	Not Allowed	\$0.00
L8609	ARTIFICIAL CORNEA	-	-	7/1/2018	No Separate Payment	\$0.00
L8610	OCULAR IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
L8612	AQUEOUS SHUNT PROSTHESIS	-	-	1/1/2024	No Separate Payment	\$0.00
L8613	OSSICULAR IMPLANT	-	-	1/1/2024	No Separate Payment	\$0.00
L8614	COCHLEAR DEVICE	-	-	1/1/2024	No Separate Payment	\$0.00
L8630	METACARPOPHALANGEAL IMPLANT	-	-	1/1/2024	No Separate Payment	\$0.00
L8631	MCP JOINT REPL 2 PC OR MORE	-	-	7/1/2018	No Separate Payment	\$0.00
L8641	METATARSAL JOINT IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
L8642	HALLUX IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
L8658	INTERPHALANGEAL JOINT SPACER	-	-	7/1/2018	No Separate Payment	\$0.00
L8659	INTERPHALANGEAL JOINT REPL	-	-	7/1/2018	No Separate Payment	\$0.00
L8670	VASCULAR GRAFT, SYNTHETIC	-	-	7/1/2018	No Separate Payment	\$0.00
L8678	EXT SPLY IMPLT NEUROSTIM	-	-	4/1/2023	No Separate Payment	\$0.00
L8679	IMP NEUROSTI PLS GN ANY TYPE	-	-	7/1/2018	No Separate Payment	\$0.00
L8682	IMPLT NEUROSTIM RADIOFQ REC	-	-	7/1/2018	No Separate Payment	\$0.00
L8690	AUD OSSEO DEV, INT/EXT COMP	-	-	7/1/2018	No Separate Payment	\$0.00
L8699	PROSTHETIC IMPLANT NOS	-	-	7/1/2018	No Separate Payment	\$0.00
L9900	O&P SUPPLY/ACCESSORY/SERVICE	-	-	7/1/2018	No Separate Payment	\$0.00
P9041	ALBUMIN (HUMAN),5%, 50ML	-	-	1/1/2025	No Separate Payment	\$0.00
P9045	ALBUMIN (HUMAN), 5%, 250 ML	-	-	4/1/2025	Fee Schedule	\$53.08
P9046	ALBUMIN (HUMAN), 25%, 20 ML	-	-	4/1/2025	Fee Schedule	\$21.23
P9047	ALBUMIN (HUMAN), 25%, 50ML	-	-	1/1/2025	No Separate Payment	\$0.00
P9050	GRANULOCYTES, PHERESIS UNIT	-	-	1/1/2023	Not Allowed	\$0.00
Q0035	CARDIOKYMOGRAPHY	-	-	1/1/2024	No Separate Payment	\$0.00
Q0092	SET UP PORT XRAY EQUIPMENT	-	-	1/1/2024	No Separate Payment	\$0.00
Q0138	FERUMOXYTOL, NON-ESRD	-	-	4/1/2025	Fee Schedule	\$0.33
Q0139	FERUMOXYTOL, ESRD USE	-	-	4/1/2025	Fee Schedule	\$0.33
Q0155	DRONABINOL (SYNDROS) 0.1 MG	-	-	1/1/2025	No Separate Payment	\$0.00
Q0161	CHLORPROMAZINE HCL 5MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0162	ONDANSETRON ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0163	DIPHENHYDRAMINE HCL 50MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q0164	PROCHLORPERAZINE MALEATE 5MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q0166	GRANISETRON HCL 1 MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0167	DRONABINOL 2.5MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0169	PROMETHAZINE HCL 12.5MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0173	TRIMETHOBENZAMIDE HCL 250MG	-	-	1/1/2024	Not Allowed	\$0.00
Q0174	THIETHYLPERAZINE MALEATE10MG	-	-	1/1/2023	Not Allowed	\$0.00
Q0175	PERPHENAZINE 4MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0177	HYDROXYZINE PAMOATE 25MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q0180	DOLASETRON MESYLATE ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0181	UNSPECIFIED ORAL ANTI-EMETIC	-	-	7/1/2018	No Separate Payment	\$0.00
Q0224	INJ, PEMIVIBART, 4500 MG	-	-	7/1/2024	No Separate Payment	\$0.00
Q0249	TOCILIZUMAB FOR COVID-19	-	-	10/1/2021	No Separate Payment	\$0.00
Q0507	MISC SUP/ACC EXT VAD	-	-	7/1/2018	No Separate Payment	\$0.00
Q0508	MIS SUP/ACC IMP VAD	-	-	7/1/2018	No Separate Payment	\$0.00
Q0509	MIS SUP/AC IMP VAD NOPAY MED	-	-	7/1/2018	No Separate Payment	\$0.00
Q0515	SERMORELIN ACETATE INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
Q2004	BLADDER CALCULI IRRIG SOL	-	-	1/1/2025	No Separate Payment	\$0.00
Q2009	FOSPHENYTOIN INJ PE	-	-	1/1/2025	No Separate Payment	\$0.00
Q2017	TENIPOSIDE, 50 MG	-	-	1/1/2024	Not Allowed	\$0.00

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Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **April 1, 2025**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q2026	RADIESSE INJECTION	-	-	1/1/2025	Fee Schedule	\$333.42
Q2028	INJ, SCULPTRA, 0.5MG	-	-	1/1/2025	Fee Schedule	\$1.00
Q2034	AGRIFLU VACCINE	-	-	7/1/2018	No Separate Payment	\$0.00
Q2035	AFLURIA VACC, 3 YRS & >, IM	-	-	7/1/2018	No Separate Payment	\$0.00
Q2036	FLULAVAL VACC, 3 YRS & >, IM	-	-	7/1/2018	No Separate Payment	\$0.00
Q2037	FLUVIRIN VACC, 3 YRS & >, IM	-	-	7/1/2018	No Separate Payment	\$0.00
Q2038	FLUZONE VACC, 3 YRS & >, IM	-	-	7/1/2018	No Separate Payment	\$0.00
Q2039	INFLUENZA VIRUS VACCINE, NOS	-	-	7/1/2018	No Separate Payment	\$0.00
Q2043	SIPULEUCEL-T AUTO CD54+	-	-	4/1/2025	Fee Schedule	\$57,017.10
Q2049	IMPORTED LIPODOX INJ	-	-	1/1/2025	Fee Schedule	\$528.86
Q2050	DOXORUBICIN INJ 10MG	-	-	4/1/2025	Fee Schedule	\$150.41
Q3027	INJ BETA INTERFERON IM 1 MCG	-	-	4/1/2025	Fee Schedule	\$54.67
Q3031	COLLAGEN SKIN TEST	-	-	7/1/2018	No Separate Payment	\$0.00
Q4100	SKIN SUBSTITUTE, NOS	-	-	7/1/2018	No Separate Payment	\$0.00
Q4101	APLIGRAF	-	-	7/1/2018	No Separate Payment	\$0.00
Q4102	OASIS WOUND MATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4103	OASIS BURN MATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4104	INTEGRA BMWWD	-	-	7/1/2018	No Separate Payment	\$0.00
Q4105	INTEGRA DRT OR OMNIGRAFT	-	-	7/1/2018	No Separate Payment	\$0.00
Q4106	DERMAGRAFT	-	-	7/1/2018	No Separate Payment	\$0.00
Q4107	GRAFTJACKET	-	-	7/1/2018	No Separate Payment	\$0.00
Q4108	INTEGRA MATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4110	PRIMATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4111	GAMMAGRAFT	-	-	7/1/2018	No Separate Payment	\$0.00
Q4112	CYMETRA INJECTABLE	-	-	7/1/2018	No Separate Payment	\$0.00
Q4113	GRAFTJACKET XPRESS	-	-	7/1/2018	No Separate Payment	\$0.00
Q4114	INTEGRA FLOWABLE WOUND MATRI	-	-	7/1/2018	No Separate Payment	\$0.00
Q4115	ALLOSKIN	-	-	7/1/2018	No Separate Payment	\$0.00
Q4116	ALLODERM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4117	HYALOMATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4118	MATRISTEM MICROMATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4121	THERASKIN	-	-	7/1/2018	No Separate Payment	\$0.00
Q4122	DERMACELL, AWM, POROUS SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4123	ALLOSKIN	-	-	7/1/2018	No Separate Payment	\$0.00
Q4124	OASIS TRI-LAYER WOUND MATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4125	ARTHROFLEX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4126	MEMODERM/DERMA/TRANZ/INTEGUP	-	-	7/1/2018	No Separate Payment	\$0.00
Q4127	TALYMED	-	-	7/1/2018	No Separate Payment	\$0.00
Q4128	FLEXHD/ALLOPATCHHD/SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4130	STRATTICE TM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4132	GRAFIX CORE, GRAFIXPL CORE	-	-	7/1/2018	No Separate Payment	\$0.00
Q4133	GRAFIX STRAVIX PRIME PL SQCM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4134	HMATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4135	MEDISKIN	-	-	7/1/2018	No Separate Payment	\$0.00
Q4136	EZDERM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4137	AMNIOEXCEL BIODExcel 1SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4138	BIODFENCE DRYFLEX, 1CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4139	AMNIO OR BIODMATRIX, INJ 1CC	-	-	7/1/2018	No Separate Payment	\$0.00
Q4140	BIODFENCE 1CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4141	ALLOSKIN AC, 1 CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4142	XCM BIOLOGIC TISS MATRIX 1CM	-	-	7/1/2018	No Separate Payment	\$0.00

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Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services April 1, 2025

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q4143	REPRIZA, 1CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4145	EPIFIX, INJ, 1MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q4146	TENSIX, 1CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4147	ARCHITECT ECM PX FX 1 SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4148	NEOX NEOX RT OR CLARIX CORD	-	-	7/1/2018	No Separate Payment	\$0.00
Q4149	EXCELLAGEN, 0.1 CC	-	-	7/1/2018	No Separate Payment	\$0.00
Q4150	ALLOWRAP DS OR DRY 1 SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4151	AMNIOBAND, GUARDIAN 1 SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4152	DERMAPURE 1 SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4153	DERMAVEST, PLURIVEST SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4154	BIOVANCE 1 SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4155	NEOXFLO OR CLARIXFLO 1 MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q4156	NEOX 100 OR CLARIX 100	-	-	7/1/2018	No Separate Payment	\$0.00
Q4157	REVITALON 1 SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4158	KERECIS OMEGA3, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4159	AFFINITY1 SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4160	NUSHIELD 1 SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4161	BIO-CONNEKT PER SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4162	WNDEX FLW, BIOSKN FLW, 0.5CC	-	-	7/1/2018	No Separate Payment	\$0.00
Q4163	WOUNDEX, BIOSKIN, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4164	HELICOLL, PER SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4165	KERAMATRIX, KERASORB SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4166	CYTAL, PER SQUARE CENTIMETER	-	-	7/1/2018	No Separate Payment	\$0.00
Q4167	TRUSKIN, PER SQ CENTIMETER	-	-	7/1/2018	No Separate Payment	\$0.00
Q4168	AMNIOBAND, 1 MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q4169	ARTACENT WOUND, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4170	CYGNUS, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4171	INTERFYL, 1 MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q4173	PALINGEN OR PALINGEN XPLUS	-	-	7/1/2018	No Separate Payment	\$0.00
Q4174	PALINGEN OR PROMATRX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4175	MIRODERM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4176	NEOPATCH OR THERION, 1 SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4177	FLOWERAMNIOFLO, 0.1 CC	-	-	7/1/2018	No Separate Payment	\$0.00
Q4178	FLOWERAMNIOPATCH, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4179	FLOWERDERM, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4180	REVITA, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4181	AMNIO WOUND, PER SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4182	TRANSCYTE, PER SQ CENTIMETER	-	-	7/1/2018	No Separate Payment	\$0.00
Q4183	SURGIGRAFT, 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4184	CELLESTA OR DUO PER SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4185	CELLESTA FLOWAB AMNION 0.5CC	-	-	1/1/2019	No Separate Payment	\$0.00
Q4186	EPIFIX 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4187	EPICORD 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4188	AMNIOARMOR 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4189	ARTACENT AC, 1 MG	-	-	1/1/2019	No Separate Payment	\$0.00
Q4190	ARTACENT AC 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4191	RESTORIGIN 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4192	RESTORIGIN, 1 CC	-	-	1/1/2019	No Separate Payment	\$0.00
Q4193	COLL-E-DERM 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4194	NOVACHOR 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4195	PURAPLY 1 SQ CM	-	-	10/1/2020	No Separate Payment	\$0.00

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Montana Healthcare Programs Fee Schedule
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q4196	PURAPLY AM 1 SQ CM	-	-	10/1/2020	No Separate Payment	\$0.00
Q4197	PURAPLY XT 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4198	GENESIS AMNIO MEMBRANE 1SQCM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4199	CYGNUS MATRIX, PER SQ CM	-	-	1/1/2022	No Separate Payment	\$0.00
Q4200	SKIN TE 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4201	MATRION 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4202	KEROXX (2.5G/CC), 1CC	-	-	1/1/2019	No Separate Payment	\$0.00
Q4203	DERMA-GIDE, 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4204	XWRAP 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4205	MEMBRANE GRAFT OR WRAP SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4206	FLUID FLOW OR FLUID GF 1 CC	-	-	7/1/2020	No Separate Payment	\$0.00
Q4208	NOVAFIX PER SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4209	SURGRAFT PER SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4211	AMNION BIO OR AXOBIO SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4212	ALLOGEN, PER CC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4213	ASCENT, 0.5 MG	-	-	1/1/2024	No Separate Payment	\$0.00
Q4214	CELLESTA CORD PER SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4215	AXOLOTL AMBIENT, CRYO 0.1 MG	-	-	1/1/2024	No Separate Payment	\$0.00
Q4216	ARTACENT CORD PER SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4217	WOUNDFIX BIOWOUND PLUS XPLUS	-	-	4/1/2020	No Separate Payment	\$0.00
Q4218	SURGICORD PER SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4219	SURGIGRAFT DUAL PER SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4220	BELLACELL HD, SUREDERM SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4221	AMNIOWRAP2 PER SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4222	PROGENAMATRIX, PER SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4224	HHF10-P PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4225	AMNIO OR DERMA TL, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4226	MYOWN HARV PREP PROC SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4227	AMNIOCORE PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4229	COGENEX AMNIO MEMB PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4230	COGENEX FLOW AMNION 0.5 CC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4232	CORPLEX, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4233	SURFACTOR /NUDYN PER 0.5 CC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4234	XCELLERATE, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4235	AMNIOREPAIR OR ALTIPLY SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4236	CAREPATCH PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4237	CRYO-CORD, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4238	DERM-MAXX, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4239	AMNIO-MAXX OR LITE PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4240	CORECYTE TOPICAL ONLY 0.5 CC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4241	POLYCYTE, TOPICAL ONLY 0.5CC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4242	AMNIOCYTE PLUS, PER 0.5 CC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4245	AMNIOTEXT, PER CC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4246	CORETEXT OR PROTEXT, PER CC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4247	AMNIOTEXT PATCH, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4248	DERMACYTE AMN MEM ALLO SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4249	AMNIPLY, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4250	AMNIOAMP-MP PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4251	VIM, PER SQUARE CENTIMETER	-	-	1/1/2024	No Separate Payment	\$0.00
Q4252	VENDAJE, PER SQUARE CENTIMET	-	-	1/1/2024	No Separate Payment	\$0.00
Q4253	ZENITH AMNIOTIC MEMBRANE PSC	-	-	1/1/2024	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q4254	NOVAFIX DL PER SQ CM	-	-	10/1/2020	No Separate Payment	\$0.00
Q4255	REGUARD, TOPICAL USE PER SQ	-	-	10/1/2020	No Separate Payment	\$0.00
Q4256	MLG COMPLET, PER SQ CM	-	-	4/1/2022	No Separate Payment	\$0.00
Q4257	RELESE, PER SQ CM	-	-	4/1/2022	No Separate Payment	\$0.00
Q4258	ENVERSE, PER SQ CM	-	-	4/1/2022	No Separate Payment	\$0.00
Q4259	CELERA PER SQ CM	-	-	10/1/2022	No Separate Payment	\$0.00
Q4260	SIGNATURE APATCH, PER SQ CM	-	-	10/1/2022	No Separate Payment	\$0.00
Q4261	TAG, PER SQUARE CENTIMETER	-	-	10/1/2022	No Separate Payment	\$0.00
Q4262	DUAL LAYER IMPAX, PER SQ CM	-	-	4/1/2023	No Separate Payment	\$0.00
Q4263	SURGRAFT TL, PER SQ CM	-	-	4/1/2023	No Separate Payment	\$0.00
Q4264	COCOON MEMBRANE, PER SQ CM	-	-	4/1/2023	No Separate Payment	\$0.00
Q4265	NEOSTIM TL PER SQ CM	-	-	4/1/2023	No Separate Payment	\$0.00
Q4266	NEOSTIM PER SQ CM	-	-	4/1/2023	No Separate Payment	\$0.00
Q4267	NEOSTIM DL PER SQ CM	-	-	4/1/2023	No Separate Payment	\$0.00
Q4268	SURGRAFT FT PER SQ CM	-	-	4/1/2023	No Separate Payment	\$0.00
Q4269	SURGRAFT XT PER SQ CM	-	-	4/1/2023	No Separate Payment	\$0.00
Q4270	COMPLETE SL PER SQ CM	-	-	4/1/2023	No Separate Payment	\$0.00
Q4271	COMPLETE FT PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4272	ESANO A, PER SQ CM	-	-	10/1/2023	No Separate Payment	\$0.00
Q4273	ESANO AAA, PER SQ CM	-	-	10/1/2023	No Separate Payment	\$0.00
Q4274	ESANO AC, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4275	ESANO ACA, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4276	ORION, PER SQ CM	-	-	10/1/2023	No Separate Payment	\$0.00
Q4278	EPIEFFECT, PER SQ CM	-	-	10/1/2023	No Separate Payment	\$0.00
Q4279	VENDAJE AC, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4280	XCELL AMNIO MATRIX PER SQ CM	-	-	10/1/2023	No Separate Payment	\$0.00
Q4281	BARRERA SLOR DL PER SQ CM	-	-	10/1/2023	No Separate Payment	\$0.00
Q4282	CYGNUS DUAL PER SQ CM	-	-	10/1/2023	No Separate Payment	\$0.00
Q4283	BIOVANCE TRI OR 3L, SQ CM	-	-	10/1/2023	No Separate Payment	\$0.00
Q4284	DERMABIND SL, PER SQ CM	-	-	10/1/2023	No Separate Payment	\$0.00
Q4285	NUDYN DL OR DL MESH PR SQ CM	-	-	10/1/2023	No Separate Payment	\$0.00
Q4286	NUDYN SL OR SLW, PER SQ CM	-	-	10/1/2023	No Separate Payment	\$0.00
Q4287	DERMABIND DL, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4288	DERMABIND CH, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4289	REVOSHIELD+ AMNIO, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4290	MEMBRANE WRAP HYDR PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4291	LAMELLAS XT, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4292	LAMELLAS, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4293	ACESSO DL, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4294	AMNIO QUAD-CORE, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4295	AMNIO TRI-CORE, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4296	REBOUND MATRIX, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4297	EMERGE MATRIX, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4298	AMNICORE PRO, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4299	AMNICORE PRO+, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4300	ACESSO TL, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4301	ACTIVATE MATRIX, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4302	COMPLETE ACA, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4303	COMPLETE AA, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4304	GRAFIX PLUS, PER SQ CM	-	-	1/1/2025	No Separate Payment	\$0.00
Q4305	AMER AM AC TRI-LAY PER SQ CM	-	-	4/1/2024	No Separate Payment	\$0.00

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Q4306	AMERIC AMNION AC PER SQ CM	-	-	4/1/2024	No Separate Payment	\$0.00
Q4307	AMERICAN AMNION, PER SQ CM	-	-	4/1/2024	No Separate Payment	\$0.00
Q4308	SANOPELLIS, PER SQ CM	-	-	4/1/2024	No Separate Payment	\$0.00
Q4309	VIA MATRIX, PER SQ CM	-	-	4/1/2024	No Separate Payment	\$0.00
Q4310	PROCENTA, PER 100 MG	-	-	4/1/2024	No Separate Payment	\$0.00
Q4311	ACESSO, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4312	ACESSO AC, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4313	DERMABIND FM, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4314	REEVA, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4315	REGENELINK AMNIOTIC MEM ALLO	-	-	7/1/2024	No Separate Payment	\$0.00
Q4316	AMCHOPLAST, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4317	VITOGRAFT, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4318	E-GRAFT, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4319	SANOGRAFT, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4320	PELLOGRAFT, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4321	RENOGRAFT, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4322	CAREGRAFT, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4323	ALLOPLY, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4324	AMNIOTX, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4325	ACAPATCH, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4326	WOUNDPLUS, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4327	DUOAMNION, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4328	MOST, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4329	SINGLAY, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4330	TOTAL, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4331	AXOLOTL GRAFT, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4332	AXOLOTL DUALGRAFT, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4333	ARDEOGRAFT, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4334	AMNIOPLAST 1, PER SQ CM	-	-	10/1/2024	No Separate Payment	\$0.00
Q4335	AMNIOPLAST 2, PER SQ CM	-	-	10/1/2024	No Separate Payment	\$0.00
Q4336	ARTECENT C, PER SQ CM	-	-	10/1/2024	No Separate Payment	\$0.00
Q4337	ARTECENT TRIDENT, PER SQ CM	-	-	10/1/2024	No Separate Payment	\$0.00
Q4338	ARTACENT VELOS, PER SQ CM	-	-	10/1/2024	No Separate Payment	\$0.00
Q4339	ARTACENT VERICLEN, PER SQ CM	-	-	10/1/2024	No Separate Payment	\$0.00
Q4340	SIMPLIGRAFT, PER SQ CM	-	-	10/1/2024	No Separate Payment	\$0.00
Q4341	SIMPLIMAX, PER SQ CM	-	-	10/1/2024	No Separate Payment	\$0.00
Q4342	THERAMEND, PER SQ CM	-	-	10/1/2024	No Separate Payment	\$0.00
Q4343	DERMACYTE AC MATRX PER SQ CM	-	-	10/1/2024	No Separate Payment	\$0.00
Q4344	TRI MEMBRANE WRAP, PER SQ CM	-	-	10/1/2024	No Separate Payment	\$0.00
Q4345	MATRIX HD ALLOGRFT PER SQ CM	-	-	10/1/2024	No Separate Payment	\$0.00
Q4346	SHELTER DM MATRIX PER SQ CM	-	-	1/1/2025	No Separate Payment	\$0.00
Q4347	RAMPART DL MATRIX PER SQ CM	-	-	1/1/2025	No Separate Payment	\$0.00
Q4348	SENTRY SL MATRIX PER SQ CM	-	-	1/1/2025	No Separate Payment	\$0.00
Q4349	MANTLE DL MATRIX PER SQ CM	-	-	1/1/2025	No Separate Payment	\$0.00
Q4350	PALISADE DM MATRIX PER SQ CM	-	-	1/1/2025	No Separate Payment	\$0.00
Q4351	ENCLOSE TL MATRIX, PER SQ CM	-	-	1/1/2025	No Separate Payment	\$0.00
Q4352	OVERLAY SL MATRIX, PER SQ CM	-	-	1/1/2025	No Separate Payment	\$0.00
Q4353	XCEED TL MATRIX PER SQ CM	-	-	1/1/2025	No Separate Payment	\$0.00
Q4354	PALINGEN DUAL-LAYER SQ CM	-	-	4/1/2025	No Separate Payment	\$0.00
Q4355	ABIO XPL ABIO XPL HY P SQ CM	-	-	4/1/2025	No Separate Payment	\$0.00
Q4356	ABIO MEM ABIO HYD PER SQ CM	-	-	4/1/2025	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q4357	XWRAP PLUS, PER SQ CM	-	-	4/1/2025	No Separate Payment	\$0.00
Q4358	XWRAP DUAL, PER SQ CM	-	-	4/1/2025	No Separate Payment	\$0.00
Q4359	CHORIPLY, PER SQ CM	-	-	4/1/2025	No Separate Payment	\$0.00
Q4360	AMCHOPLAST FD PER SQ CM	-	-	4/1/2025	No Separate Payment	\$0.00
Q4361	EPIXPRESS, PER SQ CM	-	-	4/1/2025	No Separate Payment	\$0.00
Q4362	CYGNUS DISK, PER SQ CM	-	-	4/1/2025	No Separate Payment	\$0.00
Q4363	AM BUR MEM HYDRO PER SQ CM	-	-	4/1/2025	No Separate Payment	\$0.00
Q4364	AM BUR XP MEM XPL HY P SQ CM	-	-	4/1/2025	No Separate Payment	\$0.00
Q4365	AMNIO BUR DL MEM PER SQ CM	-	-	4/1/2025	No Separate Payment	\$0.00
Q4366	DL AMNIO BUR X-MEM PER SQ CM	-	-	4/1/2025	No Separate Payment	\$0.00
Q4367	AMNIOCORE SL, PER SQ CM	-	-	4/1/2025	No Separate Payment	\$0.00
Q5101	INJECTION, ZARXIO	-	-	4/1/2025	Fee Schedule	\$0.33
Q5103	INJECTION, INFLECTRA	-	-	4/1/2025	Fee Schedule	\$15.91
Q5104	INJECTION, RENFLEXIS	-	-	4/1/2025	Fee Schedule	\$27.85
Q5105	INJ RETACRIT ESRD ON DIALYSI	-	-	4/1/2025	Fee Schedule	\$0.71
Q5106	INJ RETACRIT NON-ESRD USE	-	-	4/1/2025	Fee Schedule	\$7.07
Q5107	INJ MVASI 10 MG	-	-	4/1/2025	Fee Schedule	\$29.82
Q5108	INJECTION, FULPHILA	-	-	4/1/2025	Fee Schedule	\$112.90
Q5109	INJECTION, IXIFI, 10 MG	-	-	1/1/2023	Not Allowed	\$0.00
Q5110	NIVESTYM	-	-	4/1/2025	Fee Schedule	\$0.29
Q5111	INJECTION, UDENYCA 0.5 MG	-	-	4/1/2025	Fee Schedule	\$163.60
Q5112	INJ ONTRUZANT 10 MG	-	-	4/1/2025	Fee Schedule	\$28.74
Q5113	INJ HERZUMA 10 MG	-	-	4/1/2025	Fee Schedule	\$73.91
Q5114	INJ OGIVRI 10 MG	-	-	4/1/2025	Fee Schedule	\$46.82
Q5115	INJ TRUXIMA 10 MG	-	-	4/1/2025	Fee Schedule	\$34.76
Q5116	INJ., TRAZIMERA, 10 MG	-	-	4/1/2025	Fee Schedule	\$24.93
Q5117	INJ., KANJINTI, 10 MG	-	-	4/1/2025	Fee Schedule	\$27.91
Q5118	INJ., ZIRABEV, 10 MG	-	-	4/1/2025	Fee Schedule	\$26.94
Q5119	INJ RUXIENCE, 10 MG	-	-	4/1/2025	Fee Schedule	\$24.94
Q5120	INJ PEGFILGRASTIM-BMEZ 0.5MG	-	-	4/1/2025	Fee Schedule	\$24.71
Q5121	INJ. AVSOLA, 10 MG	-	-	4/1/2025	Fee Schedule	\$19.75
Q5122	INJ, NYVEPRIA	-	-	4/1/2025	Fee Schedule	\$134.25
Q5123	INJ. RIABNI, 10 MG	-	-	4/1/2025	Fee Schedule	\$33.09
Q5124	INJ. BYOOVIZ, 0.1 MG	-	-	4/1/2025	Fee Schedule	\$85.57
Q5125	INJ, RELEUKO 1 MCG	-	-	4/1/2025	Fee Schedule	\$0.43
Q5126	INJ ALYMSYS 10 MG	-	-	4/1/2025	Fee Schedule	\$46.05
Q5127	INJ, STIMUFEND, 0.5 MG	-	-	4/1/2025	Fee Schedule	\$251.25
Q5128	INJ, CIMERLI, 0.1 MG	-	-	4/1/2025	Fee Schedule	\$146.76
Q5129	INJ, VEGZELMA, 10 MG	-	-	4/1/2025	Fee Schedule	\$48.08
Q5130	INJ, FYLNETRA, 0.5 MG	-	-	4/1/2025	Fee Schedule	\$164.15
Q5133	INJ, TOFIDENCE, 1 MG	-	-	4/1/2025	Fee Schedule	\$5.97
Q5134	INJ, TYRUKO, 1 MG	-	-	1/1/2025	Not Allowed	\$0.00
Q5135	INJ, TYENNE, 1 MG	-	-	4/1/2025	Fee Schedule	\$4.07
Q5136	INJ. DENOSUMAB-BBDZ, 1 MG	-	-	1/1/2025	Not Allowed	\$0.00
Q5137	INJ, WEZLANA, SUB CU, 1 MG	-	-	1/1/2025	Not Allowed	\$0.00
Q5138	INJ, WEZLANA, IV, 1 MG	-	-	1/1/2025	Not Allowed	\$0.00
Q5140	INJ ADALIMUMAB-FKJP, 1 MG	-	-	4/1/2025	Fee Schedule	\$87.14
Q5141	INJ ADALIMUMAB-AATY, 1 MG	-	-	4/1/2025	Fee Schedule	\$43.57
Q5142	INJ ADALIMUMAB-RYVK, 1 MG	-	-	4/1/2025	Fee Schedule	\$10.51
Q5143	INJ ADALIMUMAB-ADBIM, 1 MG	-	-	4/1/2025	Fee Schedule	\$10.43
Q5144	INJ, IDACIO, 1 MG	-	-	4/1/2025	Fee Schedule	\$9.67

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Q5145	INJ, ABRILADA, 1 MG	-	-	4/1/2025	Fee Schedule	\$75.44
Q5146	INJ, HERCESSI, 10 MG	-	-	1/1/2025	Not Allowed	\$0.00
Q5148	INJ, NYPOSI 1 MCG	-	-	4/1/2025	Fee Schedule	\$0.54
Q9950	INJ SULF HEXA LIPID MICROSPH	-	-	10/1/2020	No Separate Payment	\$0.00
Q9951	LOCM >= 400 MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9953	INJ FE-BASED MR CONTRAST,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9954	ORAL MR CONTRAST, 100 ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9955	INJ PERFLEXANE LIP MICROS,ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9956	INJ OCTAFLUOROPROPANE MIC,ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9957	INJ PERFLUTREN LIP MICROS,ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9958	HOCM <=149 MG/ML IODINE, 1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9959	HOCM 150-199MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9960	HOCM 200-249MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9961	HOCM 250-299MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9962	HOCM 300-349MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9963	HOCM 350-399MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9964	HOCM>= 400MG/ML IODINE, 1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9965	LOCM 100-199MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9966	LOCM 200-299MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9967	LOCM 300-399MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9968	VISUALIZATION ADJUNCT	-	-	4/1/2025	Fee Schedule	\$7.58
Q9982	FLUTEMETAMOL F18 DIAGNOSTIC	-	-	4/1/2025	Fee Schedule	\$1,866.58
Q9983	FLORBETABEN F18 DIAGNOSTIC	-	-	1/1/2025	Fee Schedule	\$1,273.76
Q9991	BUPRENORPH XR 100 MG OR LESS	-	-	4/1/2024	Not Allowed	\$0.00
Q9992	BUPRENORPHINE XR OVER 100 MG	-	-	4/1/2024	Not Allowed	\$0.00
Q9996	USTEKINUMAB- TTWE SUB CU INJ	-	-	1/1/2025	Not Allowed	\$0.00
Q9997	USTEKINUMAB-TTWE IV INJ 1 MG	-	-	1/1/2025	Not Allowed	\$0.00
Q9998	USTEKINUMAB-AEKN INJ	-	-	1/1/2025	Not Allowed	\$0.00
V2630	ANTER CHAMBER INTRAOCUL LENS	-	-	7/1/2018	No Separate Payment	\$0.00
V2631	IRIS SUPPORT INTRAOCLR LENS	-	-	7/1/2018	No Separate Payment	\$0.00
V2632	POST CHMBR INTRAOCULAR LENS	-	-	7/1/2018	No Separate Payment	\$0.00
V2785	CORNEAL TISSUE PROCESSING	-	-	4/1/2016	Fee Schedule	\$0.00
V2790	AMNIOTIC MEMBRANE	-	-	1/1/2025	No Separate Payment	\$0.00