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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0001F | E | HEART FAILURE COMPOSITE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0001U | Q | RBC DNA HEA 35 AG 11 BLD GRP | - | - | - | Medicare | $1,200.00 | $744.00 | $720.00 | - | - | 000 | 999 | - |
| 0002M | Q | LIVER DIS 10 ASSAYS W/ASH | - | - | - | Medicare | $839.00 | $520.18 | $503.40 | - | - | 000 | 999 | - |
| 0002U | Q | ONC CLRCT 3 UR METAB ALG PLP | - | - | - | Medicare | $41.67 | $25.84 | $25.00 | - | - | 000 | 999 | - |
| 0003M | Q | LIVER DIS 10 ASSAYS W/NASH | - | - | - | Medicare | $839.00 | $520.18 | $503.40 | - | - | 000 | 999 | - |
| 0003U | Q | ONC OVAR 5 PRTN SER ALG SCOR | - | - | - | Medicare | $1,583.33 | $981.66 | $950.00 | - | - | 000 | 999 | - |
| 0004M | Q | SCOLIOSIS DNA ALYS | - | - | - | Medicare | $131.67 | $81.64 | $79.00 | - | - | 000 | 999 | - |
| 0004U | E | NFCT DS DNA 27 RESIST GENES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0005F | E | OSTEOARTHRITIS COMPOSITE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0005U | Q | ONCO PRST8 3 GENE UR ALG | - | - | - | Medicare | $1,266.67 | $785.34 | $760.00 | - | - | 000 | 999 | - |
| 0006M | Q | ONC HEP GENE RISK CLASSIFIER | - | - | - | Medicare | $250.00 | $155.00 | $150.00 | - | - | 000 | 999 | - |
| 0007M | Q | ONC GASTRO 51 GENE NOMOGRAM | - | - | - | Medicare | $625.00 | $387.50 | $375.00 | - | - | 000 | 999 | - |
| 0007U | Q | RX TEST PRSMV UR W/DEF CONF | - | - | - | Medicare | $190.72 | $118.25 | $114.43 | - | - | 000 | 999 | - |
| 0008U | Q | HPYLORI DETCJ ABX RSTNC DNA | - | - | - | Medicare | $996.52 | $617.84 | $597.91 | - | - | 000 | 999 | - |
| 0009U | Q | ONC BRST CA ERBB2 AMP/NONAMP | - | - | - | Medicare | $178.33 | $110.56 | $107.00 | - | - | 000 | 999 | - |
| 00100 | N | ANESTH SALIVARY GLAND | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00102 | N | ANESTH REPAIR OF CLEFT LIP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00103 | N | ANESTH BLEPHAROPLASTY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00104 | N | ANESTH ELECTROSHOCK | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0010M | E | ONC PROSTATE PROB SCORE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0010U | Q | NFCT DS STRN TYP WHL GEN SEQ | - | - | - | Medicare | $712.10 | $441.50 | $427.26 | - | - | 000 | 999 | - |
| 0011M | Q | ONC PRST8 CA MRNA 12 GEN ALG | - | - | - | Medicare | $1,266.67 | $785.34 | $760.00 | - | - | 000 | 999 | - |
| 0011U | Q | RX MNTR LC-MS/MS ORAL FLUID | - | - | - | Medicare | $190.72 | $118.25 | $114.43 | - | - | 000 | 999 | - |
| 00120 | N | ANESTH EAR SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00124 | N | ANESTH EAR EXAM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00126 | N | ANESTH TYMPANOTOMY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0012F | E | CAP BACTERIAL ASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0012M | Q | ONC MRNA 5 GEN RSK URTHL CA | - | - | - | Medicare | $1,266.67 | $785.34 | $760.00 | - | - | 000 | 999 | - |
| 0013M | Q | ONC MRNA 5 GEN RECR URTHL CA | - | - | - | Medicare | $1,266.67 | $785.34 | $760.00 | - | - | 000 | 999 | - |
| 00140 | N | ANESTH PROCEDURES ON EYE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00142 | N | ANESTH LENS SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00144 | N | ANESTH CORNEAL TRANSPLANT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00145 | N | ANESTH VITREORETINAL SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00147 | N | ANESTH IRIDECTOMY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00148 | N | ANESTH EYE EXAM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0014A | E | FEE COVID-19 VAC 2 RES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0014F | E | COMP PREOP ASSESS CAT SURG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0014M | Q | LIVER DS ALYS 3 BMRK SRM ALG | - | - | - | Medicare | $293.65 | $182.06 | $176.19 | - | - | 000 | 999 | - |
| 0015F | E | MELAN FOLLOW-UP COMPLETE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0015M | Q | ADRNL CORTCL TUM BCHM ASY 25 | - | - | - | Medicare | $2,175.62 | $1,348.88 | $1,305.37 | - | - | 000 | 999 | - |
| 0015U | E | RX METAB ADVRS RX RXN DNA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 00160 | N | ANESTH NOSE/SINUS SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00162 | N | ANESTH NOSE/SINUS SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00164 | N | ANESTH BIOPSY OF NOSE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0016M | Q | ONC BLADDER MRNA 219 GEN ALG | - | - | - | Medicare | $5,816.05 | $3,605.95 | $3,489.63 | - | - | 000 | 999 | - |
| 0016U | Q | ONC HMTLMF NEO RNA BCR/ABL1 | - | - | - | Medicare | $273.27 | $169.43 | $163.96 | - | - | 000 | 999 | - |
| 00170 | N | ANESTH PROCEDURE ON MOUTH | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00172 | N | ANESTH CLEFT PALATE REPAIR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00174 | N | ANESTH PHARYNGEAL SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00176 | C | ANESTH PHARYNGEAL SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 0017M | Q | ONC DLBCL MRNA 20 GENES ALG | - | - | - | Medicare | $4,183.68 | $2,593.88 | $2,510.21 | - | - | 000 | 999 | - |
| 0017U | Q | ONC HMTLMF NEO JAK2 MUT DNA | - | - | - | Medicare | $152.77 | $94.72 | $91.66 | - | - | 000 | 999 | - |
| 0018M | Q | TRNSPLJ RNL MEAS CD154+CLL | - | - | - | Medicare | $1,067.88 | $662.09 | $640.73 | - | - | 000 | 999 | - |
| 0018U | Q | ONC THYR 10 MICRORNA SEQ ALG | - | - | - | Medicare | $5,003.48 | $3,102.16 | $3,002.09 | - | - | 000 | 999 | - |
| 00190 | N | ANESTH FACE/SKULL BONE SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00192 | C | ANESTH FACIAL BONE SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

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# Outpatient Prospective Payment System Services
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| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0019M | E | CV DS PLASMA ALYS PRTN BMRK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0019U | Q | ONC RNA TISS PREDICT ALG | - | - | - | Medicare | $6,125.00 | $3,797.50 | $3,675.00 | - | - | 000 | 999 | - |
| 00210 | N | ANESTH CRANIAL SURG NOS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00211 | C | ANESTH CRAN SURG HEMOTOMA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 00212 | N | ANESTH SKULL DRAINAGE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00214 | C | ANESTH SKULL DRAINAGE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 00215 | C | ANESTH SKULL REPAIR/FRACT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 00216 | N | ANESTH HEAD VESSEL SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00218 | N | ANESTH SPECIAL HEAD SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0021A | M | ADM SARSCOV2 5X1010VP/.5ML 1 | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 0021U | Q | ONC PRST8 DETCJ 8 AUTOANTB | - | - | - | Medicare | $1,266.67 | $785.34 | $760.00 | - | - | 000 | 999 | - |
| 00220 | N | ANESTH INTRCRN NERVE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00222 | N | ANESTH HEAD NERVE SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0022A | M | ADM SARSCOV2 5X1010VP/.5ML 2 | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 0022U | E | TGSAP NSM LUNG NEO DNA&RNA23 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0023A | E | FEE COVID-19 VAC 3 BOOSTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0023U | Q | ONC AML DNA DETCJ/NONDETCJ | - | - | - | Medicare | $414.18 | $256.79 | $248.51 | - | - | 000 | 999 | - |
| 0024A | E | FEE COVID-19 VAC 3 RES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0024U | Q | GLYCA NUC MR SPECTRSC QUAN | - | - | - | Medicare | $56.98 | $35.33 | $34.19 | - | - | 000 | 999 | - |
| 0025U | Q | TENOFOVIR LIQ CHROM UR QUAN | - | - | - | Medicare | $142.95 | $88.63 | $85.77 | - | - | 000 | 999 | - |
| 0026U | Q | ONC THYR DNA&MRNA 112 GENES | - | - | - | Medicare | $6,000.00 | $3,720.00 | $3,600.00 | - | - | 000 | 999 | - |
| 0027U | Q | JAK2 GENE TRGT SEQ ALYS | - | - | - | Medicare | $203.18 | $125.97 | $121.91 | - | - | 000 | 999 | - |
| 0029U | Q | RX METAB ADVRS TRGT SEQ ALYS | - | - | - | Medicare | $1,237.12 | $767.01 | $742.27 | - | - | 000 | 999 | - |
| 00300 | N | ANESTH HEAD/NECK/PTRUNK | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0030T | E | ANTIPROTHROMBIN ANTIBODY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0030U | Q | RX METAB WARF TRGT SEQ ALYS | - | - | - | Medicare | $223.55 | $138.60 | $134.13 | - | - | 000 | 999 | - |
| 0031A | E | ADM SARSCOV2 VAC AD26 .5ML | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0031U | Q | CYP1A2 GENE | - | - | - | Medicare | $291.35 | $180.64 | $174.81 | - | - | 000 | 999 | - |
| 00320 | N | ANESTH NECK ORGAN 1YR/> | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00322 | N | ANESTH BIOPSY OF THYROID | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00326 | N | ANESTH LARYNX/TRACH < 1 YR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 001 | - |
| 0032A | E | FEE COVID-19 VAC 4 DOSE 2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0032U | Q | COMT GENE | - | - | - | Medicare | $291.35 | $180.64 | $174.81 | - | - | 000 | 999 | - |
| 0033A | E | FEE COVID-19 VAC 4 BOOSTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0033U | Q | HTR2A HTR2C GENES | - | - | - | Medicare | $582.70 | $361.27 | $349.62 | - | - | 000 | 999 | - |
| 0034A | E | ADM SARSCOV2 VAC AD26 .5ML B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0034U | Q | TPMT NUDT15 GENES | - | - | - | Medicare | $776.95 | $481.71 | $466.17 | - | - | 000 | 999 | - |
| 00350 | N | ANESTH NECK VESSEL SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00352 | N | ANESTH NECK VESSEL SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0035U | Q | NEURO CSF PRION PRTN QUAL | - | - | - | Medicare | $901.65 | $559.02 | $540.99 | - | - | 000 | 999 | - |
| 0036U | Q | XOME TUM & NML SPEC SEQ ALYS | - | - | - | Medicare | $7,966.67 | $4,939.34 | $4,780.00 | - | - | 000 | 999 | - |
| 0037U | Q | TRGT GEN SEQ DNA 324 GENES | - | - | - | Medicare | $5,833.33 | $3,616.66 | $3,500.00 | - | - | 000 | 999 | - |
| 0038U | Q | VITAMIN D SRM MICROSAMP QUAN | - | - | - | Medicare | $49.33 | $30.58 | $29.60 | - | - | 000 | 999 | - |
| 0039U | Q | DNA ANTB 2STRAND HI AVIDITY | - | - | - | Medicare | $22.90 | $14.20 | $13.74 | - | - | 000 | 999 | - |
| 00400 | N | ANESTH SKIN EXT/PER/ATRUNK | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00402 | N | ANESTH SURGERY OF BREAST | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00404 | N | ANESTH SURGERY OF BREAST | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00406 | N | ANESTH SURGERY OF BREAST | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0040U | Q | BCR/ABL1 GENE MAJOR BP QUAN | - | - | - | Medicare | $683.17 | $423.57 | $409.90 | - | - | 000 | 999 | - |
| 00410 | N | ANESTH CORRECT HEART RHYTHM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0041A | M | ADM SARSCOV2 5MCG/0.5ML 1ST | - | - | - | Fee Schedule | $28.32 | - | - | - | - | 000 | 999 | - |
| 0041U | Q | B BRGDRFERI ANTB 5 PRTN IGM | - | - | - | Medicare | $28.68 | $17.78 | $17.21 | - | - | 000 | 999 | - |
| 0042A | M | ADM SARSCOV2 5MCG/0.5ML 2ND | - | - | - | Fee Schedule | $28.32 | - | - | - | - | 000 | 999 | - |
| 0042T | E | CT PERFUSION W/CONTRAST CBF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0042U | Q | B BRGDRFERI ANTB 12 PRTN IGG | - | - | - | Medicare | $28.68 | $17.78 | $17.21 | - | - | 000 | 999 | - |
| 0043A | E | FEE COVID-19 VAC 5 BOOSTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0043U | Q | TBRF B GRP ANTB 4 PRTN IGM | - | - | - | Medicare | $24.77 | $15.36 | $14.86 | - | - | 000 | 999 | - |
| 0044A | M | ADM SARSCOV2 5MCG/0.5ML BST | - | - | - | Fee Schedule | $28.32 | - | - | - | - | 000 | 999 | - |
| 0044U | Q | TBRF B GRP ANTB 4 PRTN IGG | - | - | - | Medicare | $24.77 | $15.36 | $14.86 | - | - | 000 | 999 | - |
| 00450 | N | ANESTH SURGERY OF SHOULDER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00454 | N | ANESTH COLLAR BONE BIOPSY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0045U | Q | ONC BRST DUX CARC IS 12 GENE | - | - | - | Medicare | $6,455.00 | $4,002.10 | $3,873.00 | - | - | 000 | 999 | - |
| 0046U | Q | FLT3 GENE ITD VARIANTS QUAN | - | - | - | Medicare | $679.05 | $421.01 | $407.43 | - | - | 000 | 999 | - |
| 00470 | N | ANESTH REMOVAL OF RIB | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00472 | N | ANESTH CHEST WALL REPAIR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00474 | C | ANESTH SURGERY OF RIB | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 0047U | Q | ONC PRST8 MRNA 17 GENE ALG | - | - | - | Medicare | $6,455.00 | $4,002.10 | $3,873.00 | - | - | 000 | 999 | - |
| 0048T | E | IMPLANT VENTRICULAR DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0048U | Q | ONC SLD ORG NEO DNA 468 GENE | - | - | - | Medicare | $4,866.00 | $3,016.92 | $2,919.60 | - | - | 000 | 999 | - |
| 0049U | Q | NPM1 GENE ANALYSIS QUAN | - | - | - | Medicare | $679.05 | $421.01 | $407.43 | - | - | 000 | 999 | - |
| 00500 | N | ANESTH ESOPHAGEAL SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0050T | E | REMOVAL CIRCULATION ASSIST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0050U | Q | TRGT GEN SEQ DNA 194 GENES | - | - | - | Medicare | $4,861.00 | $3,013.82 | $2,916.60 | - | - | 000 | 999 | - |
| 0051U | Q | RX MNTR LC-MS/MS UR/BLD 31 | - | - | - | Medicare | $322.85 | $200.17 | $193.71 | - | - | 000 | 999 | - |
| 00520 | N | ANESTH CHEST PROCEDURE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00522 | N | ANESTH CHEST LINING BIOPSY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00524 | C | ANESTH CHEST DRAINAGE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 00528 | N | ANES MEDIASCPY & DX THORSCPY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00529 | N | ANES MEDSCPY&THORSCPY 1 LUNG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0052U | Q | LPOPRTN BLD W/5 MAJ CLASSES | - | - | - | Medicare | $56.43 | $34.99 | $33.86 | - | - | 000 | 999 | - |
| 00530 | N | ANESTH PACEMAKER INSERTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00532 | N | ANESTH VASCULAR ACCESS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00534 | N | ANESTH CARDIOVERTER/DEFIB | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00537 | N | ANESTH CARDIAC ELECTROPHYS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00539 | N | ANESTH TRACH-BRONCH RECONST | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00540 | C | ANESTH CHEST SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 00541 | N | ANESTH ONE LUNG VENTILATION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00542 | C | ANESTHESIA REMOVAL PLEURA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 00546 | C | ANESTH LUNG CHEST WALL SURG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 00548 | N | ANESTH TRACHEA BRONCHI SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0054T | E | BONE SRGRY CMPTR FLUOR IMAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0054U | Q | RX MNTR 14+ DRUGS & SBSTS | - | - | - | Medicare | $248.27 | $153.93 | $148.96 | - | - | 000 | 999 | - |
| 00550 | N | ANESTH STERNAL DEBRIDEMENT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0055T | E | BONE SRGRY CMPTR CT/MRI IMAG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0055U | Q | CARD HRT TRNSPL 96 DNA SEQ | - | - | - | Medicare | $5,400.00 | $3,348.00 | $3,240.00 | - | - | 000 | 999 | - |
| 00560 | C | ANESTH HEART SURG W/O PUMP | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 00561 | C | ANESTH HEART SURG <1 YR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 000 | - |
| 00562 | C | ANESTH HRT SURG W/PMP AGE 1+ | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 00563 | N | ANESTH HEART SURG W/ARREST | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00566 | N | ANESTH CABG W/O PUMP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00567 | C | ANESTH CABG W/PUMP | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 00580 | C | ANESTH HEART/LUNG TRANSPLNT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 0058U | Q | ONC MERKEL CLL CARC SRM QUAN | - | - | - | Medicare | $538.27 | $333.73 | $322.96 | - | - | 000 | 999 | - |
| 0059U | Q | ONC MERKEL CLL CARC SRM +/- | - | - | - | Medicare | $538.27 | $333.73 | $322.96 | - | - | 000 | 999 | - |
| 00600 | N | ANESTH SPINE CORD SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00604 | C | ANESTH SITTING PROCEDURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 0060U | Q | TWN ZYG GEN SEQ ALYS CHRMS2 | - | - | - | Medicare | $1,265.08 | $784.35 | $759.05 | - | - | 000 | 999 | - |
| 0061A | E | FEE COVID-19 VAC 7 DOSE 1 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0061U | Q | TC MEAS 5 BMRK SFDI M-S ALYS | - | - | - | Medicare | $41.83 | $25.93 | $25.10 | - | - | 000 | 999 | - |
| 00620 | N | ANESTH SPINE CORD SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00625 | N | ANES SPINE TRANTHOR W/O VENT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00626 | N | ANES SPINE TRANSTHOR W/VENT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0062A | E | FEE COVID-19 VAC 7 DOSE 2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0062U | Q | AI SLE IGG&IGM ALYS 80 BMRK | - | - | - | Medicare | $634.53 | $393.41 | $380.72 | - | - | 000 | 999 | - |
| 00630 | N | ANESTH SPINE CORD SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00632 | C | ANESTH REMOVAL OF NERVES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 00635 | N | ANESTH LUMBAR PUNCTURE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0063A | E | FEE COVID-19 VAC 7 BOOSTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0063U | Q | NEURO AUTISM 32 AMINES ALG | - | - | - | Medicare | $1,250.00 | $775.00 | $750.00 | - | - | 000 | 999 | - |
| 00640 | N | ANESTH SPINE MANIPULATION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0064U | Q | ANTB TP TOTAL&RPR IA QUAL | - | - | - | Medicare | $52.22 | $32.38 | $31.33 | - | - | 000 | 999 | - |
| 0065U | Q | SYFLS TST NONTREPONEMAL ANTB | - | - | - | Medicare | $30.15 | $18.69 | $18.09 | - | - | 000 | 999 | - |
| 00670 | N | ANESTH SPINE CORD SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0067U | Q | ONC BRST IMHCHEM PRFL 4 BMRK | - | - | - | Medicare | $3,161.67 | $1,960.24 | $1,897.00 | - | - | 000 | 999 | - |
| 0068U | Q | CANDIDA SPECIES PNL AMP PRB | - | - | - | Medicare | $237.72 | $147.39 | $142.63 | - | - | 000 | 999 | - |
| 0069U | Q | ONC CLRCT MICRORNA MIR-31-3P | - | - | - | Medicare | $633.33 | $392.66 | $380.00 | - | - | 000 | 999 | - |
| 00700 | N | ANESTH ABDOMINAL WALL SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00702 | N | ANESTH FOR LIVER BIOPSY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0070U | Q | CYP2D6 GEN COM&SLCT RAR VRNT | - | - | - | Medicare | $1,127.28 | $698.91 | $676.37 | - | - | 000 | 999 | - |
| 0071T | E | US LEIOMYOMATA ABLATE <200 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0071U | Q | CYP2D6 FULL GENE SEQUENCE | - | - | - | Medicare | $1,000.00 | $620.00 | $600.00 | - | - | 000 | 999 | - |
| 0072T | E | US LEIOMYOMATA ABLATE >200 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0072U | Q | CYP2D6 GEN CYP2D6-2D7 HYBRID | - | - | - | Medicare | $751.52 | $465.94 | $450.91 | - | - | 000 | 999 | - |
| 00730 | N | ANESTH ABDOMINAL WALL SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00731 | N | ANES UPR GI NDSC PX NOS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00732 | N | ANES UPR GI NDSC PX ERCP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0073U | Q | CYP2D6 GEN CYP2D7-2D6 HYBRID | - | - | - | Medicare | $751.52 | $465.94 | $450.91 | - | - | 000 | 999 | - |
| 0074U | Q | CYP2D6 NONDUPLICATED GENE | - | - | - | Medicare | $751.52 | $465.94 | $450.91 | - | - | 000 | 999 | - |
| 00750 | N | ANESTH REPAIR OF HERNIA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00752 | N | ANESTH REPAIR OF HERNIA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00754 | N | ANESTH REPAIR OF HERNIA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00756 | N | ANESTH REPAIR OF HERNIA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0075T | E | PERQ STENT/CHEST VERT ART | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 0075U | Q | CYP2D6 5' GENE DUP/MLT | - | - | - | Medicare | $751.52 | $465.94 | $450.91 | - | - | 000 | 999 | - |
| 0076T | E | S&I STENT/CHEST VERT ART | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 0076U | Q | CYP2D6 3' GENE DUP/MLT | - | - | - | Medicare | $751.52 | $465.94 | $450.91 | - | - | 000 | 999 | - |
| 00770 | N | ANESTH BLOOD VESSEL REPAIR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0077U | Q | IG PARAPROTEIN QUAL BLD/UR | - | - | - | Medicare | $72.38 | $44.88 | $43.43 | - | - | 000 | 999 | - |
| 0078U | Q | PAIN MGT OPI USE GNOTYP PNL | - | - | - | Medicare | $751.52 | $465.94 | $450.91 | - | - | 000 | 999 | - |
| 00790 | N | ANESTH SURG UPPER ABDOMEN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00792 | C | ANESTH HEMORR/EXCISE LIVER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 00794 | C | ANESTH PANCREAS REMOVAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 00796 | C | ANESTH FOR LIVER TRANSPLANT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 00797 | N | ANESTH SURGERY FOR OBESITY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0079U | E | CMPRTV DNA ALYS MLT SNPS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 00800 | N | ANESTH ABDOMINAL WALL SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00802 | N | ANESTH FAT LAYER REMOVAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0080U | Q | ONC LNG 5 CLIN RSK FACTR ALG | - | - | - | Medicare | $5,866.67 | $3,637.34 | $3,520.00 | - | - | 000 | 999 | - |
| 00811 | N | ANES LWR INTST NDSC NOS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00812 | N | ANES LWR INTST SCR COLSC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00813 | N | ANES UPR LWR GI NDSC PX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00820 | N | ANESTH ABDOMINAL WALL SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0082U | Q | RX TEST DEF 90+ RX/SBSTS UR | - | - | - | Medicare | $411.53 | $255.15 | $246.92 | - | - | 000 | 999 | - |
| 00830 | N | ANESTH REPAIR OF HERNIA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00832 | N | ANESTH REPAIR OF HERNIA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00834 | N | ANESTH HERNIA REPAIR < 1 YR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 001 | - |
| 00836 | N | ANESTH HERNIA REPAIR PREEMIE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 001 | - |
| 0083U | Q | ONC RSPSE CHEMO CNTRST TOMOG | - | - | - | Medicare | $278.92 | $172.93 | $167.35 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 00840 | N | ANESTH SURG LOWER ABDOMEN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00842 | N | ANESTH AMNIOCENTESIS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00844 | C | ANESTH PELVIS SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 00846 | C | ANESTH HYSTERECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 00848 | C | ANESTH PELVIC ORGAN SURG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 0084A | E | FEE COVID-19 VAC 9 RES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0084U | Q | RBC DNA GNOTYP 10 BLD GROUPS | - | - | - | Medicare | $1,200.00 | $744.00 | $720.00 | - | - | 000 | 999 | - |
| 00851 | N | ANESTH TUBAL LIGATION | - | - | - | Bundled | $0.00 | - | - | - | - | 010 | 999 | - |
| 00860 | N | ANESTH SURGERY OF ABDOMEN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00862 | N | ANESTH KIDNEY/URETER SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00864 | C | ANESTH REMOVAL OF BLADDER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 00865 | N | ANESTH REMOVAL OF PROSTATE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00866 | C | ANESTH REMOVAL OF ADRENAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 00868 | C | ANESTH KIDNEY TRANSPLANT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 0086U | Q | NFCT DS BACT&FNG ORG ID 6+ | - | - | - | Medicare | $333.33 | $206.66 | $200.00 | - | - | 000 | 999 | - |
| 00870 | N | ANESTH BLADDER STONE SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00872 | N | ANESTH KIDNEY STONE DESTRUCT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00873 | N | ANESTH KIDNEY STONE DESTRUCT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0087U | Q | CRD HRT TRNSPL MRNA 1283 GEN | - | - | - | Medicare | $5,265.70 | $3,264.73 | $3,159.42 | - | - | 000 | 999 | - |
| 00880 | N | ANESTH ABDOMEN VESSEL SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00882 | C | ANESTH MAJOR VEIN LIGATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 0088U | Q | TRNSPLJ KDN ALGRFT REJ 1494 | - | - | - | Medicare | $5,265.70 | $3,264.73 | $3,159.42 | - | - | 000 | 999 | - |
| 0089U | Q | ONC MLNMA PRAME & LINC00518 | - | - | - | Medicare | $1,266.67 | $785.34 | $760.00 | - | - | 000 | 999 | - |
| 00902 | N | ANESTH ANORECTAL SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00904 | C | ANESTH PERINEAL SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 00906 | N | ANESTH REMOVAL OF VULVA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00908 | C | ANESTH REMOVAL OF PROSTATE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 0090U | Q | ONC CUTAN MLNMA MRNA 23 GENE | - | - | - | Medicare | $2,925.00 | $1,813.50 | $1,755.00 | - | - | 000 | 999 | - |
| 00910 | N | ANESTH BLADDER SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00912 | N | ANESTH BLADDER TUMOR SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00914 | N | ANESTH REMOVAL OF PROSTATE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00916 | N | ANESTH BLEEDING CONTROL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00918 | N | ANESTH STONE REMOVAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0091U | E | ONC CLRCT SCR WHL BLD ALG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 00920 | N | ANESTH GENITALIA SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00921 | N | ANESTH VASECTOMY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00922 | N | ANESTH SPERM DUCT SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00924 | N | ANESTH TESTIS EXPLORATION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00926 | N | ANESTH REMOVAL OF TESTIS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00928 | N | ANESTH REMOVAL OF TESTIS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0092U | Q | ONC LNG 3 PRTN BMRK PLSM ALG | - | - | - | Medicare | $4,146.67 | $2,570.94 | $2,488.00 | - | - | 000 | 999 | - |
| 00930 | N | ANESTH TESTIS SUSPENSION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00932 | C | ANESTH AMPUTATION OF PENIS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 00934 | C | ANESTH PENIS NODES REMOVAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 00936 | C | ANESTH PENIS NODES REMOVAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 00938 | N | ANESTH INSERT PENIS DEVICE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0093U | Q | RX MNTR 65 COM DRUGS URINE | - | - | - | Medicare | $103.57 | $64.21 | $62.14 | - | - | 000 | 999 | - |
| 00940 | N | ANESTH VAGINAL PROCEDURES | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00942 | N | ANESTH SURG ON VAG/URETHRAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00944 | N | ANESTH VAGINAL HYSTERECTOMY | - | - | - | Bundled | $0.00 | - | - | - | - | 010 | 999 | - |
| 00948 | N | ANESTH REPAIR OF CERVIX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0094U | Q | GENOME RAPID SEQUENCE ALYS | - | - | - | Medicare | $12,637.00 | $7,834.94 | $7,582.20 | - | - | 000 | 999 | - |
| 00950 | N | ANESTH VAGINAL ENDOSCOPY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 00952 | N | ANESTH HYSTEROSCOPE/GRAPH | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0095T | E | RMVL ARTIFIC DISC ADDL CRVCL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0095U | Q | EE&MJ BSC PRTN ELISA EST DEV | - | - | - | Medicare | $1,286.63 | $797.71 | $771.98 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0096U | Q | HPV HI RISK TYPES MALE URINE | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 0098T | E | REV ARTIFIC DISC ADDL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0098U | Q | RESPIR PATHOGEN 14 TARGETS | - | - | - | Medicare | $413.03 | $256.08 | $247.82 | - | - | 000 | 999 | - |
| 0099U | Q | RESPIR PATHOGEN 20 TARGETS | - | - | - | Medicare | $458.92 | $284.53 | $275.35 | - | - | 000 | 999 | - |
| 0100T | E | PROSTH RETINA RECEIVE&GEN | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 0100U | Q | RESPIR PATHOGEN 21 TARGETS | - | - | - | Medicare | $497.67 | $308.56 | $298.60 | - | - | 000 | 999 | - |
| 0101A | E | FEE COVID-19 VAC 11 DOSE 1 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0101T | E | ESW MUSCSKEL SYS NOS | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 0101U | Q | HERED COLON CA DO 15 GENES | - | - | - | Medicare | $2,906.58 | $1,802.08 | $1,743.95 | - | - | 000 | 999 | - |
| 0102A | E | FEE COVID-19 VAC 11 DOSE 2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0102T | E | ESW PHY ANES LAT HMRL EPCNDL | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 0102U | Q | HERED BRST CA RLTD DO 17 GEN | - | - | - | Medicare | $2,173.25 | $1,347.42 | $1,303.95 | - | - | 000 | 999 | - |
| 0103A | E | FEE COVID-19 VAC 11 BOOSTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0103U | Q | HERED OVA CA PNL 24 GENES | - | - | - | Medicare | $2,906.58 | $1,802.08 | $1,743.95 | - | - | 000 | 999 | - |
| 0104A | E | ADM SARSCOV2 5MCG/.5ML AS03B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0105U | Q | NEPH CKD MULT ECLIA TUM NEC | - | - | - | Medicare | $1,583.33 | $981.66 | $950.00 | - | - | 000 | 999 | - |
| 0106T | E | TOUCH QUANT SENSORY TEST | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 0106U | Q | GSTR EMPTG 7 TIMED BRTH SPEC | - | - | - | Medicare | $1,457.48 | $903.64 | $874.49 | - | - | 000 | 999 | - |
| 0107T | E | VIBRATE QUANT SENSORY TEST | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 0107U | Q | C DIFF TOX AG DETCJ IA STOOL | - | - | - | Medicare | $26.67 | $16.54 | $16.00 | - | - | 000 | 999 | - |
| 0108T | E | COOL QUANT SENSORY TEST | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 0108U | E | GI BARRETT ESOPH 9 PRTN BMRK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0109T | E | HEAT QUANT SENSORY TEST | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 0109U | Q | ID ASPERGILLUS DNA 4 SPECIES | - | - | - | Medicare | $237.72 | $147.39 | $142.63 | - | - | 000 | 999 | - |
| 0110T | E | NOS QUANT SENSORY TEST | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 0110U | Q | RX MNTR 1+ORAL ONC RX&SBSTS | - | - | - | Medicare | $45.18 | $28.01 | $27.11 | - | - | 000 | 999 | - |
| 01112 | N | ANESTH BONE ASPIRATE/BX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0111U | Q | ONC COLON CA KRAS&NRAS ALYS | - | - | - | Medicare | $1,137.15 | $705.03 | $682.29 | - | - | 000 | 999 | - |
| 01120 | N | ANESTH PELVIS SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0112U | Q | IADI 16S&18S RRNA GENES | - | - | - | Medicare | $593.55 | $368.00 | $356.13 | - | - | 000 | 999 | - |
| 01130 | N | ANESTH BODY CAST PROCEDURE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0113U | Q | ONC PRST8 PCA3&TMPRSS2-ERG | - | - | - | Medicare | $1,266.67 | $785.34 | $760.00 | - | - | 000 | 999 | - |
| 01140 | C | ANESTH AMPUTATION AT PELVIS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 0114U | Q | GI BARRETTS ESOPH VIM&CCNA1 | - | - | - | Medicare | $3,230.02 | $2,002.61 | $1,938.01 | - | - | 000 | 999 | - |
| 01150 | C | ANESTH PELVIC TUMOR SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 0115U | Q | RESPIR IADNA 18 VIRAL&2 BACT | - | - | - | Medicare | $458.92 | $284.53 | $275.35 | - | - | 000 | 999 | - |
| 01160 | N | ANESTH PELVIS PROCEDURE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0116U | Q | RX MNTR NZM IA 35+ORAL FLU | - | - | - | Medicare | $411.53 | $255.15 | $246.92 | - | - | 000 | 999 | - |
| 01170 | N | ANESTH PELVIS SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01173 | N | ANESTH FX REPAIR PELVIS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0117U | Q | PAIN MGMT 11 ENDOGENOUS ANAL | - | - | - | Medicare | $1,401.08 | $868.67 | $840.65 | - | - | 000 | 999 | - |
| 0118U | Q | TRNSPLJ DON-DRV CLL-FR DNA | - | - | - | Medicare | $4,588.75 | $2,845.03 | $2,753.25 | - | - | 000 | 999 | - |
| 0119U | Q | CRD CERAMIDES LIQ CHROM PLSM | - | - | - | Medicare | $139.60 | $86.55 | $83.76 | - | - | 000 | 999 | - |
| 01200 | N | ANESTH HIP JOINT PROCEDURE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01202 | N | ANESTH ARTHROSCOPY OF HIP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0120U | Q | ONC B CLL LYMPHM MRNA 58 GEN | - | - | - | Medicare | $4,183.68 | $2,593.88 | $2,510.21 | - | - | 000 | 999 | - |
| 01210 | N | ANESTH HIP JOINT SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01212 | C | ANESTH HIP DISARTICULATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 01214 | N | ANESTH HIP ARTHROPLASTY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01215 | N | ANESTH REVISE HIP REPAIR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0121A | M | ADM SARSCV2 BVL 30MCG/.3ML 1 | - | - | - | Fee Schedule | $40.00 | - | - | - | - | 012 | 999 | - |
| 0121U | Q | SC DIS VCAM-1 WHOLE BLOOD | - | - | - | Medicare | $848.67 | $526.18 | $509.20 | - | - | 000 | 999 | - |
| 01220 | N | ANESTH PROCEDURE ON FEMUR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0122U | Q | SC DIS P-SELECTIN WHL BLOOD | - | - | - | Medicare | $877.05 | $543.77 | $526.23 | - | - | 000 | 999 | - |
| 01230 | N | ANESTH SURGERY OF FEMUR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01232 | C | ANESTH AMPUTATION OF FEMUR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 01234 | C | ANESTH RADICAL FEMUR SURG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 0123U | Q | MCHNL FRAGILITY RBC PRFLG | - | - | - | Medicare | $596.05 | $369.55 | $357.63 | - | - | 000 | 999 | - |
| 0124A | M | ADM SARSCV2 BVL 30MCG/.3ML A | - | - | - | Fee Schedule | $28.32 | - | - | - | - | 000 | 999 | - |
| 0124U | E | FTL CGEN ABNOR 3 ANALTYES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 01250 | N | ANESTH UPPER LEG SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0125U | E | FTL CGEN ABNOR PRNT COMP 5 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 01260 | N | ANESTH UPPER LEG VEINS SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0126U | E | FTL CGEN ABNOR PRNT COMP 5 Y | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 01270 | N | ANESTH THIGH ARTERIES SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01272 | C | ANESTH FEMORAL ARTERY SURG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 01274 | C | ANESTH FEMORAL EMBOLECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 0127U | E | OB PE 3 ANALYTES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0128U | E | OB PE 3 ANALYTES Y CHRMSM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0129U | Q | HERED BRST CA RLTD DO PANEL | - | - | - | Medicare | $2,173.25 | $1,347.42 | $1,303.95 | - | - | 000 | 999 | - |
| 0130U | Q | HERED COLON CA DO MRNA PNL | - | - | - | Medicare | $974.83 | $604.39 | $584.90 | - | - | 000 | 999 | - |
| 0131U | Q | HERED BRST CA RLTD DO PNL 13 | - | - | - | Medicare | $1,183.33 | $733.66 | $710.00 | - | - | 000 | 999 | - |
| 01320 | N | ANESTH KNEE AREA SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0132U | Q | HERED OVA CA RLTD DO PNL 17 | - | - | - | Medicare | $1,236.07 | $766.36 | $741.64 | - | - | 000 | 999 | - |
| 0133U | Q | HERED PRST8 CA RLTD DO 11 | - | - | - | Medicare | $1,150.48 | $713.30 | $690.29 | - | - | 000 | 999 | - |
| 01340 | N | ANESTH KNEE AREA PROCEDURE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0134A | M | ADM SARSCV2 BVL 50MCG/.5ML A | - | - | - | Fee Schedule | $28.32 | - | - | - | - | 012 | 999 | - |
| 0134U | Q | HERED PAN CA MRNA PNL 18 GEN | - | - | - | Medicare | $1,247.32 | $773.34 | $748.39 | - | - | 000 | 999 | - |
| 0135U | Q | HERED GYN CA MRNA PNL 12 GEN | - | - | - | Medicare | $1,167.60 | $723.91 | $700.56 | - | - | 000 | 999 | - |
| 01360 | N | ANESTH KNEE AREA SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0136U | Q | ATM MRNA SEQ ALYS | - | - | - | Medicare | $679.05 | $421.01 | $407.43 | - | - | 000 | 999 | - |
| 0137U | Q | PALB2 MRNA SEQ ALYS | - | - | - | Medicare | $471.47 | $292.31 | $282.88 | - | - | 000 | 999 | - |
| 01380 | N | ANESTH KNEE JOINT PROCEDURE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01382 | N | ANESTH DX KNEE ARTHROSCOPY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0138U | Q | BRCA1 BRCA2 MRNA SEQ ALYS | - | - | - | Medicare | $780.55 | $483.94 | $468.33 | - | - | 000 | 999 | - |
| 01390 | N | ANESTH KNEE AREA PROCEDURE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01392 | N | ANESTH KNEE AREA SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01400 | N | ANESTH KNEE JOINT SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01402 | N | ANESTH KNEE ARTHROPLASTY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01404 | C | ANESTH AMPUTATION AT KNEE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 0140U | Q | NFCT DS FUNGI DNA 15 TRGT | - | - | - | Medicare | $261.25 | $161.98 | $156.75 | - | - | 000 | 999 | - |
| 0141A | M | ADM SRSCV2 BVL 25MCG/.25ML 1 | - | - | - | Fee Schedule | $40.00 | - | - | - | - | 000 | 011 | - |
| 0141U | Q | NFCT DS BACT&FNG GRAM POS | - | - | - | Medicare | $261.25 | $161.98 | $156.75 | - | - | 000 | 999 | - |
| 01420 | N | ANESTH KNEE JOINT CASTING | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0142A | M | ADM SRSCV2 BVL 25MCG/.25ML 2 | - | - | - | Fee Schedule | $40.00 | - | - | - | - | 000 | 011 | - |
| 0142U | Q | NFCT DS BACT&FNG GRAM NEG | - | - | - | Medicare | $261.25 | $161.98 | $156.75 | - | - | 000 | 999 | - |
| 01430 | N | ANESTH KNEE VEINS SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01432 | N | ANESTH KNEE VESSEL SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01440 | N | ANESTH KNEE ARTERIES SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01442 | C | ANESTH KNEE ARTERY SURG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 01444 | C | ANESTH KNEE ARTERY REPAIR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 0144A | M | ADM SRSCV2 BVL 25MCG/.25ML A | - | - | - | Fee Schedule | $28.32 | - | - | - | - | 006 | 011 | - |
| 01462 | N | ANESTH LOWER LEG PROCEDURE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01464 | N | ANESTH ANKLE/FT ARTHROSCOPY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01470 | N | ANESTH LOWER LEG SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01472 | N | ANESTH ACHILLES TENDON SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01474 | N | ANESTH LOWER LEG SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01480 | N | ANESTH LOWER LEG BONE SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01482 | N | ANESTH RADICAL LEG SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01484 | N | ANESTH LOWER LEG REVISION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01486 | N | ANESTH ANKLE REPLACEMENT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01490 | N | ANESTH LOWER LEG CASTING | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 01500 | N | ANESTH LEG ARTERIES SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01502 | C | ANESTH LWR LEG EMBOLECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 0151A | M | ADM SARSCV2 BVL 10MCG/.2ML 1 | - | - | - | Fee Schedule | $40.00 | - | - | - | - | 000 | 011 | - |
| 01520 | N | ANESTH LOWER LEG VEIN SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01522 | N | ANESTH LOWER LEG VEIN SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0152U | Q | NFCT DS DNA UNTRGT NGNRJ SEQ | - | - | - | Medicare | $3,543.67 | $2,197.08 | $2,126.20 | - | - | 000 | 999 | - |
| 0153U | Q | ONC BREAST MRNA 101 GENES | - | - | - | Medicare | $5,265.70 | $3,264.73 | $3,159.42 | - | - | 000 | 999 | - |
| 0154A | M | ADM SARSCV2 BVL 10MCG/.2ML A | - | - | - | Fee Schedule | $28.32 | - | - | - | - | 005 | 011 | - |
| 0154U | Q | ONC URTHL CA RNA FGFR3 GENE | - | - | - | Medicare | $803.57 | $498.21 | $482.14 | - | - | 000 | 999 | - |
| 0155U | Q | ONC BRST CA DNA PIK3CA GENE | - | - | - | Medicare | $458.05 | $283.99 | $274.83 | - | - | 000 | 999 | - |
| 0156U | Q | COPY NUMBER SEQUENCE ALYS | - | - | - | Medicare | $2,900.00 | $1,798.00 | $1,740.00 | - | - | 000 | 999 | - |
| 0157U | Q | APC MRNA SEQ ALYS | - | - | - | Medicare | $471.47 | $292.31 | $282.88 | - | - | 000 | 999 | - |
| 0158U | Q | MLH1 MRNA SEQ ALYS | - | - | - | Medicare | $471.47 | $292.31 | $282.88 | - | - | 000 | 999 | - |
| 0159U | Q | MSH2 MRNA SEQ ALYS | - | - | - | Medicare | $471.47 | $292.31 | $282.88 | - | - | 000 | 999 | - |
| 0160U | Q | MSH6 MRNA SEQ ALYS | - | - | - | Medicare | $471.47 | $292.31 | $282.88 | - | - | 000 | 999 | - |
| 01610 | N | ANESTH SURGERY OF SHOULDER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0161U | Q | PMS2 MRNA SEQ ALYS | - | - | - | Medicare | $471.47 | $292.31 | $282.88 | - | - | 000 | 999 | - |
| 01620 | N | ANESTH SHOULDER PROCEDURE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01622 | N | ANES DX SHOULDER ARTHROSCOPY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0162U | Q | HERED COLON CA TRGT MRNA PNL | - | - | - | Medicare | $810.90 | $502.76 | $486.54 | - | - | 000 | 999 | - |
| 01630 | N | ANESTH SURGERY OF SHOULDER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01634 | C | ANESTH SHOULDER JOINT AMPUT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 01636 | C | ANESTH FOREQUARTER AMPUT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 01638 | N | ANESTH SHOULDER REPLACEMENT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0163U | Q | ONC CLRCT SCR 3 PRTN ALG | - | - | - | Medicare | $651.25 | $403.78 | $390.75 | - | - | 000 | 999 | - |
| 0164A | M | ADM SRSCV2 BVL 10MCG/0.2ML A | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 0164T | E | REMOVE LUMB ARTIF DISC ADDL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0164U | Q | GI IBS IA ANTI-CDTB&VINCULIN | - | - | - | Medicare | $186.70 | $115.75 | $112.02 | - | - | 000 | 999 | - |
| 01650 | N | ANESTH SHOULDER ARTERY SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01652 | C | ANESTH SHOULDER VESSEL SURG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 01654 | C | ANESTH SHOULDER VESSEL SURG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 01656 | C | ANESTH ARM-LEG VESSEL SURG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 0165T | E | REVISE LUMB ARTIF DISC ADDL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0165U | Q | PEANUT ALLG ASMT EPI | - | - | - | Medicare | $772.93 | $479.22 | $463.76 | - | - | 000 | 999 | - |
| 0166U | Q | LIVER DS 10 BIOCHEM ASY SRM | - | - | - | Medicare | $839.00 | $520.18 | $503.40 | - | - | 000 | 999 | - |
| 01670 | N | ANESTH SHOULDER VEIN SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0167U | Q | CHORNC GONADOTROPIN HCG IA | - | - | - | Medicare | $12.53 | $7.77 | $7.52 | - | - | 000 | 999 | - |
| 01680 | N | ANESTH SHOULDER CASTING | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0168U | Q | FTL ANEUPLOIDY DNA SEQ ALYS | - | - | - | Medicare | $1,265.08 | $784.35 | $759.05 | - | - | 000 | 999 | - |
| 0169T | E | PLACE STEREO CATH BRAIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0169U | Q | NUDT15&TPMT GENE COM VRNT | - | - | - | Medicare | $776.95 | $481.71 | $466.17 | - | - | 000 | 999 | - |
| 0170U | Q | NEURO ASD RNA NEXT GEN SEQ | - | - | - | Medicare | $2,925.00 | $1,813.50 | $1,755.00 | - | - | 000 | 999 | - |
| 01710 | N | ANESTH ELBOW AREA SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01712 | N | ANESTH UPPR ARM TENDON SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01714 | N | ANESTH UPPR ARM TENDON SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01716 | N | ANESTH BICEPS TENDON REPAIR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0171A | M | ADM SARSCV2 BVL 10MCG/.2ML 1 | - | - | - | Fee Schedule | $40.00 | - | - | - | - | 000 | 004 | - |
| 0171T | E | LUMBAR SPINE PROCES DISTRACT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0171U | Q | TRGT GEN SEQ ALYS PNL DNA 23 | - | - | - | Medicare | $2,531.77 | $1,569.70 | $1,519.06 | - | - | 000 | 999 | - |
| 0172A | M | ADM SARSCV2 BVL 3MCG/0.2ML 2 | - | - | - | Fee Schedule | $40.00 | - | - | - | - | 000 | 004 | - |
| 0172T | E | LUMBAR SPINE PROCESS ADDL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0172U | Q | ONC SLD TUM ALYS BRCA1 BRCA2 | - | - | - | Medicare | $5,050.00 | $3,131.00 | $3,030.00 | - | - | 000 | 999 | - |
| 01730 | N | ANESTH UPPR ARM PROCEDURE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01732 | N | ANESTH DX ELBOW ARTHROSCOPY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0173A | E | ADM SARSCV2 BVL 3MCG/0.2ML 3 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0173T | E | IOP MONIT IO PRESSURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0173U | Q | PSYC GEN ALYS PANEL 14 GENES | - | - | - | Medicare | $776.95 | $481.71 | $466.17 | - | - | 000 | 999 | - |
| 01740 | N | ANESTH UPPER ARM SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01742 | N | ANESTH HUMERUS SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01744 | N | ANESTH HUMERUS REPAIR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0174A | S | ADM SARSCV2 BVL 3MCG/0.2ML A | - | 09398 | 0.4851 | APC | $28.32 | - | - | - | - | 000 | 999 | - |
| 0174T | E | CAD CXR WITH INTERP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0174U | Q | ONC SOLID TUMOR 30 PRTN TRGT | - | - | - | Medicare | $2,175.62 | $1,348.88 | $1,305.37 | - | - | 000 | 999 | - |
| 01756 | C | ANESTH RADICAL HUMERUS SURG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 01758 | N | ANESTH HUMERAL LESION SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0175T | E | CAD CXR REMOTE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0175U | Q | PSYC GEN ALYS PANEL 15 GENES | - | - | - | Medicare | $2,226.82 | $1,380.63 | $1,336.09 | - | - | 000 | 999 | - |
| 01760 | N | ANESTH ELBOW REPLACEMENT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0176U | Q | CDTB&VINCULIN IGG ANTB IA | - | - | - | Medicare | $106.98 | $66.33 | $64.19 | - | - | 000 | 999 | - |
| 01770 | N | ANESTH UPPR ARM ARTERY SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01772 | N | ANESTH UPPR ARM EMBOLECTOMY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0177U | Q | ONC BRST CA DNA PIK3CA 11 | - | - | - | Medicare | $458.05 | $283.99 | $274.83 | - | - | 000 | 999 | - |
| 01780 | N | ANESTH UPPER ARM VEIN SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01782 | N | ANESTH UPPR ARM VEIN REPAIR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0178U | Q | PEANUT ALLG ASMT EPI CLIN RX | - | - | - | Medicare | $766.43 | $475.19 | $459.86 | - | - | 000 | 999 | - |
| 0179U | Q | ONC NONSM CLL LNG CA ALYS 23 | - | - | - | Medicare | $3,238.68 | $2,007.98 | $1,943.21 | - | - | 000 | 999 | - |
| 0180U | Q | ABO GNOTYP ABO 7 EXONS | - | - | - | Medicare | $458.05 | $283.99 | $274.83 | - | - | 000 | 999 | - |
| 01810 | N | ANESTH LOWER ARM SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0181U | Q | CO GNOTYP AQP1 EXON 1 | - | - | - | Medicare | $308.67 | $191.38 | $185.20 | - | - | 000 | 999 | - |
| 01820 | N | ANESTH LOWER ARM PROCEDURE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01829 | N | ANESTH DX WRIST ARTHROSCOPY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0182U | Q | CROM GNOTYP CD55 EXONS 1-10 | - | - | - | Medicare | $502.25 | $311.40 | $301.35 | - | - | 000 | 999 | - |
| 01830 | N | ANESTH LOWER ARM SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01832 | N | ANESTH WRIST REPLACEMENT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0183U | Q | DI GNOTYP SLC4A1 EXON 19 | - | - | - | Medicare | $308.67 | $191.38 | $185.20 | - | - | 000 | 999 | - |
| 01840 | N | ANESTH LWR ARM ARTERY SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01842 | N | ANESTH LWR ARM EMBOLECTOMY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01844 | N | ANESTH VASCULAR SHUNT SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0184T | E | EXC RECTAL TUMOR ENDOSCOPIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0184U | Q | DO GNOTYP ART4 EXON 2 | - | - | - | Medicare | $308.67 | $191.38 | $185.20 | - | - | 000 | 999 | - |
| 01850 | N | ANESTH LOWER ARM VEIN SURG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01852 | N | ANESTH LWR ARM VEIN REPAIR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0185U | Q | FUT1 GNOTYP FUT1 EXON 4 | - | - | - | Medicare | $308.67 | $191.38 | $185.20 | - | - | 000 | 999 | - |
| 01860 | N | ANESTH LOWER ARM CASTING | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0186U | Q | FUT2 GNOTYP FUT2 EXON 2 | - | - | - | Medicare | $308.67 | $191.38 | $185.20 | - | - | 000 | 999 | - |
| 0187U | Q | FY GNOTYP ACKR1 EXONS 1-2 | - | - | - | Medicare | $458.05 | $283.99 | $274.83 | - | - | 000 | 999 | - |
| 0188U | Q | GE GNOTYP GYPC EXONS 1-4 | - | - | - | Medicare | $458.05 | $283.99 | $274.83 | - | - | 000 | 999 | - |
| 0189U | Q | GYPA GNOTYP NTRNS 1 5 EXON 2 | - | - | - | Medicare | $458.05 | $283.99 | $274.83 | - | - | 000 | 999 | - |
| 0190U | Q | GYPB GNOTYP NTRNS 1 5 SEUX 3 | - | - | - | Medicare | $458.05 | $283.99 | $274.83 | - | - | 000 | 999 | - |
| 01916 | N | ANESTH DX ARTERIOGRAPHY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0191U | Q | IN GNOTYP CD44 EXONS 2 3 6 | - | - | - | Medicare | $458.05 | $283.99 | $274.83 | - | - | 000 | 999 | - |
| 01920 | N | ANESTH CATHETERIZE HEART | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01922 | N | ANESTH CAT OR MRI SCAN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01924 | N | ANES THER INTERVEN RAD ARTRL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01925 | N | ANES THER INTERVEN RAD CARD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01926 | N | ANES TX INTERV RAD HRT/CRAN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0192U | Q | JK GNOTYP SLC14A1 EXON 9 | - | - | - | Medicare | $458.05 | $283.99 | $274.83 | - | - | 000 | 999 | - |
| 01930 | N | ANES THER INTERVEN RAD VEIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01931 | N | ANES THER INTERVEN RAD TIPS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01932 | N | ANES TX INTERV RAD TH VEIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01933 | N | ANES TX INTERV RAD CRAN VEIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01937 | N | ANES DRG/ASPIR CRV/THRC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 01938 | N | ANES DRG/ASPIR LMBR/SAC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01939 | N | ANES NULYT AGT CRV/THRC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0193U | Q | JR GNOTYP ABCG2 EXONS 2-26 | - | - | - | Medicare | $471.47 | $292.31 | $282.88 | - | - | 000 | 999 | - |
| 01940 | N | ANES NULYT AGT LMBR/SAC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01941 | N | ANES NEUROMD/NTRVRT CRV/THRC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01942 | N | ANES NEUROMD/NTRVRT LMBR/SAC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0194U | Q | KEL GNOTYP KEL EXON 8 | - | - | - | Medicare | $308.67 | $191.38 | $185.20 | - | - | 000 | 999 | - |
| 01951 | N | ANESTH BURN LESS 4 PERCENT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01952 | N | ANESTH BURN 4-9 PERCENT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01953 | N | ANESTH BURN EACH 9 PERCENT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01958 | N | ANESTH ANTEPARTUM MANIPUL | - | - | - | Bundled | $0.00 | - | - | - | - | 010 | 065 | - |
| 0195U | Q | KLF1 TARGETED SEQUENCING | - | - | - | Medicare | $625.42 | $387.76 | $375.25 | - | - | 000 | 999 | - |
| 01960 | N | ANESTH VAGINAL DELIVERY | - | - | - | Bundled | $0.00 | - | - | - | - | 010 | 065 | - |
| 01961 | N | ANESTH CS DELIVERY | - | - | - | Bundled | $0.00 | - | - | - | - | 010 | 065 | - |
| 01962 | N | ANESTH EMER HYSTERECTOMY | - | - | - | Bundled | $0.00 | - | - | - | - | 010 | 065 | - |
| 01963 | N | ANESTH CS HYSTERECTOMY | - | - | - | Bundled | $0.00 | - | - | - | - | 010 | 065 | - |
| 01965 | N | ANESTH INC/MISSED AB PROC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01966 | N | ANESTH INDUCED AB PROCEDURE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01967 | N | ANESTH/ANALG VAG DELIVERY | - | - | - | Bundled | $0.00 | - | - | - | - | 010 | 065 | - |
| 01968 | N | ANES/ANALG CS DELIVER ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 010 | 065 | - |
| 01969 | N | ANESTH/ANALG CS HYST ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 010 | 065 | - |
| 0196U | Q | LU GNOTYP BCAM EXON 3 | - | - | - | Medicare | $308.67 | $191.38 | $185.20 | - | - | 000 | 999 | - |
| 0197U | Q | LW GNOTYP ICAM4 EXON 1 | - | - | - | Medicare | $308.67 | $191.38 | $185.20 | - | - | 000 | 999 | - |
| 0198T | E | OCULAR BLOOD FLOW MEASURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0198U | Q | RHD&RHCE GNTYP RHD1-10&RHCE5 | - | - | - | Medicare | $471.47 | $292.31 | $282.88 | - | - | 000 | 999 | - |
| 01990 | C | SUPPORT FOR ORGAN DONOR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 01991 | N | ANESTH NERVE BLOCK/INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01992 | N | ANESTH N BLOCK/INJ PRONE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01996 | N | HOSP MANAGE CONT DRUG ADMIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 01999 | N | UNLISTED ANESTH PROCEDURE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 0199U | Q | SC GNOTYP ERMAP EXONS 4 12 | - | - | - | Medicare | $458.05 | $283.99 | $274.83 | - | - | 000 | 999 | - |
| 0200T | E | PERQ SACRAL AUGMT UNILAT INJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0200U | Q | XK GNOTYP XK EXONS 1-3 | - | - | - | Medicare | $458.05 | $283.99 | $274.83 | - | - | 000 | 999 | - |
| 0201T | E | PERQ SACRAL AUGMT BILAT INJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0201U | Q | YT GNOTYP ACHE EXON 2 | - | - | - | Medicare | $308.67 | $191.38 | $185.20 | - | - | 000 | 999 | - |
| 0202T | E | POST VERT ARTHRPLST 1 LUMBAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0202U | Q | NFCT DS 22 TRGT SARS-COV-2 | - | - | - | Medicare | $694.63 | $430.67 | $416.78 | - | - | 000 | 999 | - |
| 0203U | Q | AI IBD MRNA XPRSN PRFL 17 | - | - | - | Medicare | $1,266.67 | $785.34 | $760.00 | - | - | 000 | 999 | - |
| 0204U | Q | ONC THYR MRNA XPRSN ALYS 593 | - | - | - | Medicare | $4,866.00 | $3,016.92 | $2,919.60 | - | - | 000 | 999 | - |
| 0205U | Q | OPH AMD ALYS 3 GENE VARIANTS | - | - | - | Medicare | $78.33 | $48.56 | $47.00 | - | - | 000 | 999 | - |
| 0206U | Q | NEURO ALZHEIMER CELL AGGREGJ | - | - | - | Medicare | $3,692.33 | $2,289.24 | $2,215.40 | - | - | 000 | 999 | - |
| 0207T | E | CLEAR EYELID GLAND W/HEAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0207U | Q | NEURO ALZHEIMER QUAN IMAGING | - | - | - | Medicare | $852.00 | $528.24 | $511.20 | - | - | 000 | 999 | - |
| 0208T | E | AUDIOMETRY AIR ONLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0209T | E | AUDIOMETRY AIR & BONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0209U | Q | CYTOG CONST ALYS INTERROG | - | - | - | Medicare | $1,311.92 | $813.39 | $787.15 | - | - | 000 | 999 | - |
| 0210T | E | SPEECH AUDIOMETRY THRESHOLD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0210U | Q | SYPHILIS TST ANTB IA QUAN | - | - | - | Medicare | $31.05 | $19.25 | $18.63 | - | - | 000 | 999 | - |
| 0211T | E | SPEECH AUDIOM THRESH & RECOG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0211U | Q | ONC PAN-TUM DNA&RNA GNRJ SEQ | - | - | - | Medicare | $14,091.67 | $8,736.84 | $8,455.00 | - | - | 000 | 999 | - |
| 0212T | E | COMPRE AUDIOMETRY EVALUATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0212U | Q | RARE DS GEN DNA ALYS PROBAND | - | - | - | Medicare | $9,125.33 | $5,657.70 | $5,475.20 | - | - | 000 | 999 | - |
| 0213T | E | NJX PARAVERT W/US CER/THOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0213U | Q | RARE DS GEN DNA ALYS EA COMP | - | - | - | Medicare | $4,516.58 | $2,800.28 | $2,709.95 | - | - | 000 | 999 | - |
| 0214T | E | NJX PARAVERT W/US CER/THOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0214U | Q | RARE DS XOM DNA ALYS PROBAND | - | - | - | Medicare | $8,707.67 | $5,398.76 | $5,224.60 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0215T | E | NJX PARAVERT W/US CER/THOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0215U | Q | RARE DS XOM DNA ALYS EA COMP | - | - | - | Medicare | $4,291.08 | $2,660.47 | $2,574.65 | - | - | 000 | 999 | - |
| 0216T | E | NJX PARAVERT W/US LUMB/SAC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0216U | Q | NEURO INH ATAXIA DNA 12 COM | - | - | - | Medicare | $2,561.70 | $1,588.25 | $1,537.02 | - | - | 000 | 999 | - |
| 0217T | E | NJX PARAVERT W/US LUMB/SAC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0217U | Q | NEURO INH ATAXIA DNA 51 GENE | - | - | - | Medicare | $3,663.92 | $2,271.63 | $2,198.35 | - | - | 000 | 999 | - |
| 0218T | E | NJX PARAVERT W/US LUMB/SAC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0218U | Q | NEURO MUSC DYS DMD SEQ ALYS | - | - | - | Medicare | $3,798.33 | $2,354.96 | $2,279.00 | - | - | 000 | 999 | - |
| 0219T | E | PLMT POST FACET IMPLT CERV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0219U | Q | NFCT AGT HIV GNRJ SEQ ALYS | - | - | - | Medicare | $1,208.33 | $749.16 | $725.00 | - | - | 000 | 999 | - |
| 0220T | E | PLMT POST FACET IMPLT THOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0220U | Q | ONC BRST CA AI ASSMT 12 FEAT | - | - | - | Medicare | $1,177.08 | $729.79 | $706.25 | - | - | 000 | 999 | - |
| 0221T | E | PLMT POST FACET IMPLT LUMB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0221U | Q | ABO GNOTYP NEXT GNRJ SEQ ABO | - | - | - | Medicare | $458.05 | $283.99 | $274.83 | - | - | 000 | 999 | - |
| 0222T | E | PLMT POST FACET IMPLT ADDL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0222U | Q | RHD&RHCE GNTYP NEXT GNRJ SEQ | - | - | - | Medicare | $471.47 | $292.31 | $282.88 | - | - | 000 | 999 | - |
| 0223U | Q | NFCT DS 22 TRGT SARS-COV-2 | - | - | - | Medicare | $694.63 | $430.67 | $416.78 | - | - | 000 | 999 | - |
| 0224U | Q | ANTIBODY SARS-COV-2 TITER(S) | - | - | - | Medicare | $85.72 | $53.15 | $51.43 | - | - | 000 | 999 | - |
| 0225U | Q | NFCT DS DNA&RNA 21 SARSCOV2 | - | - | - | Medicare | $694.63 | $430.67 | $416.78 | - | - | 000 | 999 | - |
| 0226T | E | ANOSCOPY HRA W/SPEC COLLECT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0226U | Q | SVNT SARSCOV2 ELISA PLSM SRM | - | - | - | Medicare | $70.47 | $43.69 | $42.28 | - | - | 000 | 999 | - |
| 0227T | E | ANOSCOPY HRA W/BIOPSY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0227U | Q | RX ASY PRSMV 30+RX/METABLT | - | - | - | Medicare | $103.57 | $64.21 | $62.14 | - | - | 000 | 999 | - |
| 0228U | Q | ONC PRST8 MA MOLEC PRFL ALG | - | - | - | Medicare | $288.38 | $178.80 | $173.03 | - | - | 000 | 999 | - |
| 0229U | Q | BCAT1&IKZF1 PRMTR MTHYLN ALY | - | - | - | Medicare | $640.00 | $396.80 | $384.00 | - | - | 000 | 999 | - |
| 0230U | Q | AR FULL SEQUENCE ANALYSIS | - | - | - | Medicare | $502.25 | $311.40 | $301.35 | - | - | 000 | 999 | - |
| 0231U | Q | CACNA1A FULL GENE ANALYSIS | - | - | - | Medicare | $1,410.45 | $874.48 | $846.27 | - | - | 000 | 999 | - |
| 0232T | E | NJX PLATELET PLASMA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0232U | Q | CSTB FULL GENE ANALYSIS | - | - | - | Medicare | $458.05 | $283.99 | $274.83 | - | - | 000 | 999 | - |
| 0233U | Q | FXN GENE ANALYSIS | - | - | - | Medicare | $458.05 | $283.99 | $274.83 | - | - | 000 | 999 | - |
| 0234T | E | TRLUML PERIP ATHRC RENAL ART | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0234U | Q | MECP2 FULL GENE ANALYSIS | - | - | - | Medicare | $879.78 | $545.46 | $527.87 | - | - | 000 | 999 | - |
| 0235T | E | TRLUML PERIP ATHRC VISCERAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0235U | Q | PTEN FULL GENE ANALYSIS | - | - | - | Medicare | $1,000.00 | $620.00 | $600.00 | - | - | 000 | 999 | - |
| 0236T | E | TRLUML PERIP ATHRC ABD AORTA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0236U | Q | SMN1&SMN2 FULL GENE ANALYSIS | - | - | - | Medicare | $1,004.50 | $622.79 | $602.70 | - | - | 000 | 999 | - |
| 0237T | E | TRLUML PERIP ATHRC BRCHIOCPH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0237U | Q | CAR ION CHNLPTHY GEN SEQ PNL | - | - | - | Medicare | $974.83 | $604.39 | $584.90 | - | - | 000 | 999 | - |
| 0238T | E | TRLUML PERIP ATHRC ILIAC ART | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0238U | Q | ONC LNCH SYN GEN DNA SEQ ALY | - | - | - | Medicare | $974.83 | $604.39 | $584.90 | - | - | 000 | 999 | - |
| 0239U | Q | TRGT GEN SEQ ALYS PNL 311+ | - | - | - | Medicare | $5,833.33 | $3,616.66 | $3,500.00 | - | - | 000 | 999 | - |
| 0240U | Q | NFCT DS VIR RESP RNA 3 TRGT | - | - | - | Medicare | $237.72 | $147.39 | $142.63 | - | - | 000 | 999 | - |
| 0241U | Q | NFCT DS VIR RESP RNA 4 TRGT | - | - | - | Medicare | $237.72 | $147.39 | $142.63 | - | - | 000 | 999 | - |
| 0242T | E | GI TRACT TRANSIT & PRES MEAS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0242U | Q | TRGT GEN SEQ ALYS PNL 55-74 | - | - | - | Medicare | $8,333.33 | $5,166.66 | $5,000.00 | - | - | 000 | 999 | - |
| 0243U | Q | OB PE BIOCHEM ASSAY PGF ALG | - | - | - | Medicare | $107.35 | $66.56 | $64.41 | - | - | 000 | 999 | - |
| 0244U | Q | ONC SOLID ORGN DNA 257 GENES | - | - | - | Medicare | $5,833.33 | $3,616.66 | $3,500.00 | - | - | 000 | 999 | - |
| 0245U | E | ONC THYR MUT ALYS 10 GEN&37 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0246U | Q | RBC DNA GNOTYP 16 BLD GROUPS | - | - | - | Medicare | $1,200.00 | $744.00 | $720.00 | - | - | 000 | 999 | - |
| 0247U | Q | OB PRTRM BRTH IBP4 SHBG MEAS | - | - | - | Medicare | $1,250.00 | $775.00 | $750.00 | - | - | 000 | 999 | - |
| 0248U | E | ONC BRN SPHRD CLL 12 RX PNL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0249U | Q | ONC BRST ALYS 32 PHSPRTN ALG | - | - | - | Medicare | $3,698.55 | $2,293.10 | $2,219.13 | - | - | 000 | 999 | - |
| 0250T | E | INSERT BRONCHIAL VALVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0250U | Q | ONC SLD ORG NEO DNA 505 GENE | - | - | - | Medicare | $4,866.00 | $3,016.92 | $2,919.60 | - | - | 000 | 999 | - |
| 0251T | E | REMOV BRONCHIAL VALVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0251U | Q | HEPCIDIN-25 ELISA SERUM/PLSM | - | - | - | Medicare | $28.78 | $17.84 | $17.27 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0252T | E | REMOV BRONCH VALVE ADDL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0252U | E | FTL ANEUPLOIDY STR ALYS DNA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0253T | E | INSERT AQUEOUS DRAIN DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0253U | E | RPRDTVE MED RNA GEN PRFL 238 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0254U | E | REPRDTVE MED ALYS 24 CHRMSM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0255U | Q | ANDROLOGY INFERTILITY ASSMT | - | - | - | Medicare | $52.67 | $32.66 | $31.60 | - | - | 000 | 999 | - |
| 0256T | E | EVASC AORTIC HRT VALVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0256U | Q | TMA/TMAO PRFL MS/MS UR ALG | - | - | - | Medicare | $266.58 | $165.28 | $159.95 | - | - | 000 | 999 | - |
| 0257T | E | OPN TTHRC AORTIC HRT VALVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0257U | Q | VLCAD LEUK NZM ACTV WHL BLD | - | - | - | Medicare | $1,187.45 | $736.22 | $712.47 | - | - | 000 | 999 | - |
| 0258T | E | AORTIC HRT VALV W/O CARD BYP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0258U | Q | AI PSOR MRNA 50-100 GEN ALG | - | - | - | Medicare | $6,125.00 | $3,797.50 | $3,675.00 | - | - | 000 | 999 | - |
| 0259T | E | AORTIC HRT VALVE W/CARD BYP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0259U | Q | NEPH CKD NUC MRS MEAS GFR | - | - | - | Medicare | $87.85 | $54.47 | $52.71 | - | - | 000 | 999 | - |
| 0260U | E | RARE DS ID OPT GENOME MAPG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0261U | Q | ONC CLRCT CA IMG ALYS W/AI | - | - | - | Medicare | $8,250.00 | $5,115.00 | $4,950.00 | - | - | 000 | 999 | - |
| 0262U | E | ONC SLD TUM RT-PCR 7 GEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0263T | E | IM B1 MRW CEL THER CMPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0263U | Q | NEURO ASD MEAS 16 C METBLT | - | - | - | Medicare | $1,250.00 | $775.00 | $750.00 | - | - | 000 | 999 | - |
| 0264T | E | IM B1 MRW CEL THER XCL HRVST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0264U | E | RARE DS ID OPT GENOME MAPG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0265T | E | IM B1 MRW CEL THER HRVST ONL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0265U | E | RAR DO WHL GN&MTCDRL DNA ALS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0266T | E | IMPLT/RPL CRTD SNS DEV TOTAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0266U | E | UNXPL CNST HRTBL DO GN XPRSN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0267T | E | IMPLT/RPL CRTD SNS DEV LEAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0267U | E | RARE DO ID OPT GEN MAPG&SEQ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0268T | E | IMPLT/RPL CRTD SNS DEV GEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0268U | E | HEM AHUS GEN SEQ ALYS 15 GEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0269T | E | REV/REMVL CRTD SNS DEV TOTAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0269U | E | HEM AUT DM CGEN TRMBCTPNA 22 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0270T | E | REV/REMVL CRTD SNS DEV LEAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0270U | E | HEM CGEN COAGJ DO 20 GENES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0271T | E | REV/REMVL CRTD SNS DEV GEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0271U | E | HEM CGEN NEUTROPENIA 24 GEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0272T | E | INTERROGATE CRTD SNS DEV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0272U | E | HEM GENETIC BLD DO 60 GENES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0273T | E | INTERROGATE CRTD SNS W/PGRMG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0273U | E | HEM GEN HYPRFIBRNLYSIS 8 GEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0274T | E | PERQ LAMOT/LAM CRV/THRC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0274U | E | HEM GEN PLTLT DO 62 GENES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0275T | E | PERQ LAMOT/LAM LUMBAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0275U | Q | HEM HEPRN NDUC TRMBCTPNA SRM | - | - | - | Medicare | $30.62 | $18.98 | $18.37 | - | - | 000 | 999 | - |
| 0276T | E | BRONCH THERMOPLASTY 1 LOBE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0276U | E | HEM INH THROMBOCYTOPENIA 42 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0277T | E | BRONCH THERMOPLASTY LOBES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0277U | E | HEM GEN PLTLT FUNCJ DO 40 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0278T | E | TEMPR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0278U | E | HEM GEN THROMBOSIS 14 GENES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0279T | E | CTC TEST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0279U | Q | HEM VW FACTOR&CLGN III BNDG | - | - | - | Medicare | $19.22 | $11.92 | $11.53 | - | - | 000 | 999 | - |
| 0280T | E | CTC TEST W/I & R | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0280U | Q | HEM VW FACTOR&CLGN IV BNDG | - | - | - | Medicare | $28.78 | $17.84 | $17.27 | - | - | 000 | 999 | - |
| 0281T | E | LAA CLOSURE W/IMPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0281U | Q | HEM VWD PROPEPTIDE AG LVL | - | - | - | Medicare | $28.78 | $17.84 | $17.27 | - | - | 000 | 999 | - |
| 0282T | E | PERIPH FIELD STIMUL TRIAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0282U | Q | RBC DNA GNTYP 12 BLD GRP GEN | - | - | - | Medicare | $1,200.00 | $744.00 | $720.00 | - | - | 000 | 999 | - |
| 0283T | E | PERIPH FIELD STIMUL PERM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0283U | Q | VW FACTOR TYPE 2B EVAL PLSM | - | - | - | Medicare | $30.67 | $19.02 | $18.40 | - | - | 000 | 999 | - |
| 0284T | E | PERIPH FIELD STIMUL REVISE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0284U | Q | VW FACTOR TYPE 2N EVAL PLSM | - | - | - | Medicare | $28.78 | $17.84 | $17.27 | - | - | 000 | 999 | - |
| 0285T | E | PERIPH FIELD STIMUL ANALYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0285U | E | ONC RSPS RADJ CLL FR DNA TOX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0286T | E | NEAR IFR SPECTRSC OF WOUNDS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0286U | E | CEP72 NUDT15&TPMT GENE ALYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0287T | E | NEAR IFR GUIDE OF VASC SITE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0287U | E | ONC THYR DNA&MRNA 112 GENES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0288T | E | ANOSCOPY W/RF DELIVERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0288U | E | ONC LUNG MRNA QUAN PCR 11&3 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0289T | E | LASER INC FOR PKP/LKP DONOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0289U | E | NEURO ALZHEIMER MRNA 24 GEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0290U | E | PAIN MGMT MRNA GEN XPRSN 36 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0291T | E | IV OCT FOR PROC INIT VESSEL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0291U | E | PSYC MOOD DO MRNA 144 GENES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0292T | E | IV OCT FOR PROC ADDL VESSEL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0292U | E | PSYC STRS DO MRNA 72 GENES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0293U | E | PSYC SUICIDAL IDEA MRNA 54 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0294U | E | LNGVTY&MRTLTY RSK MRNA 18GEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0295U | Q | ONC BRST DUX CARC 7 PROTEINS | - | - | - | Medicare | $3,161.67 | $1,960.24 | $1,897.00 | - | - | 000 | 999 | - |
| 0296U | E | ONC ORL&/OROP CA 20 MLC FEAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0297U | E | ONC PAN TUM WHL GEN SEQ DNA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0298U | E | ONC PAN TUM WHL TRNS SEQ RNA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0299U | E | ONC PAN TUM WHL GEN OPT MAPG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0300U | E | ONC PAN TUM WHL GEN SEQ&OPT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0301U | E | IADNA BARTONELLA DDPCR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0302U | E | IADNA BRTNLA DDPCR FLWG LIQ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0303U | E | HEM RBC ADS WHL BLD HYPOXIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0304U | E | HEM RBC ADS WHL BLD NORMOXIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0305U | E | HEM RBC FNCLTY&DFRM SHR STRS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0306U | E | ONC MRD NXT-GNRJ ALYS 1ST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0307U | E | ONC MRD NXT-GNRJ ALYS SBSQ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0308T | E | INSJ OCULAR TELESCOPE PROSTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0308U | Q | CRD CAD ALYS 3 PRTN 3 PARAM | - | - | - | Medicare | $651.25 | $403.78 | $390.75 | - | - | 000 | 999 | - |
| 0309U | Q | CRD CV DS ALY 4 PRTN PLM ALG | - | - | - | Medicare | $651.25 | $403.78 | $390.75 | - | - | 000 | 999 | - |
| 0310U | Q | PED VSCLTS KD ALYS 3 BMRKS | - | - | - | Medicare | $651.25 | $403.78 | $390.75 | - | - | 000 | 019 | - |
| 0311U | Q | NFCT DS BCT QUAN ANTMCRB SC | - | - | - | Medicare | $13.47 | $8.35 | $8.08 | - | - | 000 | 999 | - |
| 0312U | Q | AI DS SLE ALYS 8 IGG AUTOANT | - | - | - | Medicare | $1,401.08 | $868.67 | $840.65 | - | - | 000 | 999 | - |
| 0313U | E | ONC PNCRS DNA&MRNA SEQ 74 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0314U | E | ONC CUTAN MLNMA MRNA 35 GENE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0315U | E | ONC CUTAN SQ CLL CA MRNA 40 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0316U | Q | B BRGDRFERI LYME DS OSPA EVL | - | - | - | Medicare | $31.10 | $19.28 | $18.66 | - | - | 000 | 999 | - |
| 0317U | E | ONC LUNG CA 4-PRB FISH ASSAY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0318U | E | PED WHL GEN MTHYLTN ALYS 50+ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 019 | - |
| 0319T | E | INSERT SUBQ DEFIB W/ELTRD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0319U | E | NEPH RNA PRETRNSPL PERPH BLD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0320T | E | INSERT SUBQ DEFIB ELECTRODE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0320U | E | NEPH RNA PSTTRNSPL PERPH BLD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0321T | E | INSERT SUBQ DEFIB PLS GEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0321U | Q | IADNA GU PTHGN 20BCT&FNG ORG | - | - | - | Medicare | $1,058.07 | $656.00 | $634.84 | - | - | 000 | 999 | - |
| 0322T | E | RMVL SUBQ DEFIB PLS GEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0322U | Q | NEURO ASD MEAS 14 ACYL CARN | - | - | - | Medicare | $1,250.00 | $775.00 | $750.00 | - | - | 000 | 999 | - |
| 0323T | E | RMVL & REPLC SUBQ PLS GEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0323U | Q | IADNA CNS PTHGN NEXT GEN SEQ | - | - | - | Medicare | $3,543.67 | $2,197.08 | $2,126.20 | - | - | 000 | 999 | - |
| 0324T | E | RMVL SUBQ DEFIB ELECTRODE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0324U | E | ONC OVAR SPHRD CELL 4 RX PNL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0325T | E | REPOS SUBQ DEFIB ELTRD &/GEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0325U | E | ONC OVAR SPHRD CELL PARP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0326T | E | EPHYS EVAL SUBQ IMPLT DEFIB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0326U | E | TRGT GEN SEQ ALYS PNL 83+ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0327T | E | IMPLT SUBQ DEFIB INTEROGAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0327U | E | FTL ANEUPLOIDY TRSMY DNA SEQ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0328T | E | IMPLT SUBQ DEFIB SYS DEV EVL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0328U | Q | DRUG ASSAY 120+ RX&METABLT | - | - | - | Medicare | $190.72 | $118.25 | $114.43 | - | - | 000 | 999 | - |
| 0329T | E | MNTR IO PRESS 24HRS/> UNI/BI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0329U | E | ONC NEO XOME&TRNS SEQ ALYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0330T | E | TEAR FILM IMG UNI/BI W/I&R | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0330U | Q | IADNA VAG PTHGN PANEL 27 ORG | - | - | - | Medicare | $694.63 | $430.67 | $416.78 | - | - | 000 | 999 | - |
| 0331T | E | HEART SYMP IMAGE PLNR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0331U | E | ONC HL NEO OPT GEN MAPPING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0332T | E | HEART SYMP IMAGE PLNR SPECT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0332U | E | ONC PAN TUM GEN PRFLG 8 DNA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0333T | E | VISUAL EP SCR ACUITY AUTO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0333U | E | ONC LVR SURVEILANC HCC CFDNA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0334U | E | ONC SLD ORGN TGSA DNA 84/+ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0335T | E | INSJ SINUS TARSI IMPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0335U | E | RARE DS WHL GEN SEQ FETA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0336T | E | LAP ABLAT UTERINE FIBROIDS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0336U | E | RARE DS WHL GEN SEQ BLD/SLV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0337U | E | ONC PLSM CELL DO&MYELOMA ID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0338T | E | TRNSCTH RENAL SYMP DENRV UNL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0338U | E | ONC SLD TUM CRCG TUM CL SLCT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0339T | E | TRNSCTH RENAL SYMP DENRV BIL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0339U | E | ONC PRST8 MRNA HOXC6 & DLX1 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0340U | Q | ONC PAN CA ALYS MRD PLASMA | - | - | - | Medicare | $6,533.33 | $4,050.66 | $3,920.00 | - | - | 000 | 999 | - |
| 0341U | E | FTL ANEUP DNA SEQ CMPR ALYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0342T | E | THXP APHERESIS W/HDL DELIP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0342U | E | ONC PNCRTC CA MULT IA ECLIA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0343U | E | ONC PRST8 XOM ALY 442 SNCRNA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0344U | E | HEP NAFLD SEMIQ EVL 28 LIPID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0345T | E | TRANSCATH MTRAL VLVE REPAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0345U | E | PSYC GENOM ALYS PNL 15 GEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0346U | E | BETA AMYL AB40&AB42 LC-MS/MS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0347T | E | INS BONE DEVICE FOR RSA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0347U | E | RX METAB/PCX DNA 16 GEN ALYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0348T | E | RSA SPINE EXAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0348U | E | RX METAB/PCX DNA 25 GEN ALYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0349T | E | RSA UPPER EXTR EXAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0349U | E | RX METAB/PCX DNA 27GEN RX IA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0350T | E | RSA LOWER EXTR EXAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0350U | E | RX METAB/PCX DNA 27 GEN ALYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0351T | E | INTRAOP OCT BRST/NODE SPEC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0351U | Q | NFCT DS BCT/VIRAL TRAIL IP10 | - | - | - | Medicare | $434.17 | $269.19 | $260.50 | - | - | 000 | 999 | - |
| 0352T | E | OCT BRST/NODE I&R PER SPEC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0352U | Q | NFCT DS BV&VAGINITIS AMP PRB | - | - | - | Medicare | $237.72 | $147.39 | $142.63 | - | - | 000 | 999 | - |
| 0353T | E | INTRAOP OCT BREAST CAVITY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0353U | Q | IADNA CHLMYD&GONORR AMP PRB | - | - | - | Medicare | $116.97 | $72.52 | $70.18 | - | - | 000 | 999 | - |
| 0354T | E | OCT BREAST SURG CAVITY I&R | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0354U | Q | HPV HI RSK QUAL MRNA E6/E7 | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0355U | E | APOL1 RISK VARIANTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0356U | E | ONC OROP 17 DNA DDPCR ALG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0358T | E | BIA WHOLE BODY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0358U | E | NEURO ALYS B-AMYL 1-42&1-40 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0359U | E | ONC PRST8 CA ALYS ALL PSA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0360U | E | ONC LUNG ELISA 7 AUTOANT ALG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0361U | E | NEURFLMNT LT CHN DIG IA QUAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0362T | E | BHV ID SUPRT ASSMT EA 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0362U | E | ONC PAP THYR CA RNA 82&10 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0363U | E | ONC URTHL MRNA 5 GEN ALG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0364U | E | ONC HL NEO GEN SEQ ALYS ALG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0365U | E | ONC BLDR 10 PRB BLDR CA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0366U | E | ONC BLDR 10 PRB RECR BLDR CA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0367U | E | ONC BLDR 10 FLWG TRURL RESCJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0368U | E | ONC CLRCT CA MUT&MTHYLTN MRK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0369U | E | IADNA GI PTHGN 31 ORG&21 ARG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0370U | E | IADNA SURG WND PTHGN 34&21 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0371U | E | IADNA GU PTHGN SEMIQ DNA16&1 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0372U | E | NFCT DS GU PTHGN ARG DETCJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0373T | E | ADAPT BHV TX EA 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0373U | E | IADNA RSP TR NFCT 17 8 13&16 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0374U | E | IADNA GU PTHGN 21 ORG&21ARG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0375U | E | ONC OVRN BCHM ASY 7 PRTN ALG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0376U | E | ONC PRST8 CA IMG ALYS 128 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0377U | E | CV DS QUAN ADVSRM/PLSM LPRTN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0378T | E | VISUAL FIELD ASSMNT REV/RPRT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0378U | E | RFC1 REPEAT XPNSJ VRNT ALYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0379T | E | VIS FIELD ASSMNT TECH SUPPT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0379U | E | TGSAP SL OR NEO DNA523&RNA55 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0380U | E | RX METB ADVRS TRGT SQ ALY 20 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0381U | E | MAPLE SYRUP UR DS MNTR QUAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0382U | E | HYPRPHENYLALNINMIA MNTR QUAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0383U | E | TYROSINEMIA TYP I MNTR QUAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0384U | E | NEPH CKD RSK HI STG KDN DS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0385U | E | NEPH CKD ALG RSK DBTC KDN DS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0387U | Q | ONC MLNMA AMBRA1&AMLO | - | - | - | Medicare | $0.00 | $0.00 | $0.00 | - | - | 000 | 999 | - |
| 0388U | Q | ONC NONSM CLL LNG CA 37 GEN | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 0389U | Q | PED FBRL KD IFI27&MCEMP1 RNA | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 0390U | Q | OB PE KDR ENG&RBP4 IA ALG | - | - | - | Medicare | $0.00 | $0.00 | $0.00 | - | - | 000 | 999 | - |
| 0391U | Q | ONC SLD TUM DNA&RNA 437 GEN | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 0392T | E | LAP ES SPH AUGMENT DEV PLACE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0392U | Q | RX METAB GENRX IA 16 GENES | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 0393T | E | ES SPH AUGMNT DEVICE REMOVAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0393U | Q | NEU PRKSN MSFL A-SYNCLN PRTN | - | - | - | Medicare | $0.00 | $0.00 | $0.00 | - | - | 000 | 999 | - |
| 0394T | E | HDR ELCTRNC SKN SURF BRCHYTX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0394U | Q | PFAS 16 PFAS COMPND LC MS/MS | - | - | - | Medicare | $0.00 | $0.00 | $0.00 | - | - | 000 | 999 | - |
| 0395T | E | HDR ELCTR NTRST/NTRCV BRCHTX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0395U | Q | ONC LNG MULTIOMICS PLSM ALG | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 0396U | E | OB PREIMPLTJ TST 300000 DNA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0397T | E | ERCP W/OPTICAL ENDOMICROSCPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0398T | E | MRGFUS STRTCTC LES ABLTJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0398U | Q | GI BARET ESPH DNA MTHYLN ALY | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 0399U | Q | NEURO CERE FOLATE DEFNCY SRM | - | - | - | Medicare | $0.00 | $0.00 | $0.00 | - | - | 000 | 999 | - |
| 0400U | E | OB XPND CAR SCR 145 GENES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0401U | Q | CRD C HRT DS 9 GEN 12 VRNTS | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 0402T | E | COLGN CRS-LINK CRN&PACHYMTRY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0402U | E | NFCT AGT STI MULT AMP PRB TQ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0403T | M | DIABETES PREV STANDARD CURR | - | - | - | Fee Schedule | $30.50 | - | - | - | - | 000 | 999 | - |
| 0403U | E | ONC PRST8 MRNA 18 GEN DRE UR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0404T | E | TRNSCRV UTERIN FIBROID ABLTJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0404U | E | ONC BRST SEMIQ MEAS THYM KN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0405U | E | ONC PNCRTC 59 MTHLTN BLK MRK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0406U | E | ONC LUNG FLOW CYTMTRY 5 MRK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0407U | E | NEPH DBTC CKD MULT ECLIA ALG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0408T | E | INSJ/RPLC CARDIAC MODULJ SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0408U | E | IAAD BLK AC WV BSNSR SARSCV2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0409T | E | INSJ/RPLC CAR MODULJ PLS GN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0409U | E | ONC SLD TUM DNA 80 & RNA 36 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0410T | E | INSJ/RPLC CAR MODULJ ATR ELT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0410U | E | ONC PNCRTC DNA WHL GN SEQ 5- | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0411T | E | INSJ/RPLC CAR MODULJ VNT ELT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0411U | E | PSYC GENOM ALYS PNL 15 GEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0412T | E | RMVL CARDIAC MODULJ PLS GEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0412U | E | BETA AMYLOID AB42/40 IMPRCIP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0413T | E | RMVL CAR MODULJ TRANVNS ELT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0413U | E | ONC HL NEO OPT GEN MAPG DNA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0414T | E | RMVL & RPL CAR MODULJ PLS GN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0414U | E | ONC LNG AUG ALG ALY WHL SLD8 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0415T | E | REPOS CAR MODULJ TRANVNS ELT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0415U | E | CV DS ACS BLD ALG 5 YR SCORE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0416T | E | RELOC SKIN POCKET PLS GEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0416U | E | IADNA GU PTHGN 20BCT&FNG ORG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0417T | E | PRGRMG EVAL CARDIAC MODULJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0417U | E | RARE DS ALYS 335 NUC GENES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0418T | E | INTERRO EVAL CARDIAC MODULJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0418U | E | ONC BRST AUG ALG ALY WHL SL8 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0419T | E | DSTRJ NEUROFIBROMA XTNSV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0419U | E | NRPSYC GEN SEQ VRNT ALY 13 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0420T | E | DSTRJ NEUROFIBROMA XTNSV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0421T | E | WATERJET PROSTATE ABLTJ CMPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0422T | E | TACTILE BREAST IMG UNI/BI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0424T | E | INSJ/RPLC NSTIM APNEA COMPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0425T | E | INSJ/RPLC NSTIM APNEA SEN LD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0426T | E | INSJ/RPLC NSTIM APNEA STM LD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0427T | E | INSJ/RPLC NSTIM APNEA PLS GN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0428T | E | RMVL NSTIM APNEA PLS GEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0429T | E | RMVL NSTIM APNEA SEN LD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0430T | E | RMVL NSTIM APNEA STIMJ LD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0431T | E | RMVL/RPLC NSTIM APNEA PLS GN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0432T | E | REPOS NSTIM APNEA STIMJ LD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0433T | E | REPOS NSTIM APNEA SENSING LD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0434T | E | INTERRO EVAL NPGS APNEA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0435T | E | PRGRMG EVAL NPGS APNEA 1 SES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0436T | E | PRGRMG EVAL NPGS APNEA STUDY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0437T | E | IMPLTJ SYNTH RNFCMT ABDL WAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0439T | E | MYOCRD CONTRAST PRFUJ ECHO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0440T | E | ABLTJ PERC UXTR/PERPH NRV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0441T | E | ABLTJ PERC LXTR/PERPH NRV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0442T | E | ABLTJ PERC PLEX/TRNCL NRV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0443T | E | R-T SPCTRL ALYS PRST8 TISS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0444T | E | 1ST PLMT DRUG ELUT OC INS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0445T | E | SBSQT PLMT DRUG ELUT OC INS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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# Outpatient Prospective Payment System Services
# October 1, 2023

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0446T | E | INSJ IMPLTBL GLUCOSE SENSOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0447T | E | RMVL IMPLTBL GLUCOSE SENSOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0448T | E | REMVL INSJ IMPLTBL GLUC SENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0449T | E | INSJ AQUEOUS DRAIN DEV 1ST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0450T | E | INSJ AQUEOUS DRAIN DEV EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0464T | E | VISUAL EP TEST FOR GLAUCOMA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0465T | E | SUPCHRDL NJX RX W/O SUPPLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0469T | E | RTA POLARIZE SCAN OC SCR BI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0472T | E | PRGRMG IO RTA ELTRD RA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0473T | E | REPRGRMG IO RTA ELTRD RA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0474T | E | INSJ AQUEOUS DRG DEV IO RSVR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0479T | E | FXJL ABL LSR 1ST 100 SQ CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0480T | E | FXJL ABL LSR EA ADDL 100SQCM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0481T | E | NJX AUTOL WBC CONCENTRATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0483T | E | TMVI PERCUTANEOUS APPROACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0484T | E | TMVI TRANSTHORACIC EXPOSURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0485T | E | OCT MID EAR I&R UNILATERAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0486T | E | OCT MID EAR I&R BILATERAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0488T | E | DIABETES PREV ONLINE/ELEC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0489T | E | REGN CELL TX SCLDR HANDS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0490T | E | REGN CELL TX SCLDR H MLT INJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0494T | E | PREP & CANNULJ CDVR DON LUNG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0495T | E | MNTR CDVR DON LNG 1ST 2 HRS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0496T | E | MNTR CDVR DON LNG EA ADDL HR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0497T | E | XTRNL PT ACT ECG IN-OFF CONN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0498T | E | XTRNL PT ACT ECG R&I PR 30 D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0499T | E | CYSTO F/URTL STRIX/STENOSIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0500F | E | INITIAL PRENATAL CARE VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0500T | E | HPV 5+ HI RISK HPV TYPES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0501F | E | PRENATAL FLOW SHEET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0501T | E | COR FFR DERIVED COR CTA DATA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0502F | E | SUBSEQUENT PRENATAL CARE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0502T | E | COR FFR DATA PREP & TRANSMIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0503F | E | POSTPARTUM CARE VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0503T | E | COR FFR ALYS GNRJ FFR MDL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0504T | E | COR FFR DATA REVIEW I&R | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0505F | E | HEMODIALYSIS PLAN DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0505T | E | EV FEMPOP ARTL REVSC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0506T | E | MAC PGMT OPT DNS MEAS HFP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0507F | E | PERITON DIALYSIS PLAN DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0507T | E | NEAR IFR 2IMG MIBMN GLND I&R | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0508T | E | PLS ECHO US B1 DNS MEAS TIB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0509F | E | URINE INCON PLAN DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0509T | E | PATTERN ERG W/I&R | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0510T | E | RMVL SINUS TARSI IMPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0511T | E | RMVL&RINSJ SINUS TARSI IMPLT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0512T | E | ESW INTEG WND HLG 1ST WND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0513F | E | ELEV BP PLAN OF CARE DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0513T | E | ESW INTEG WND HLG EA ADDL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0514F | E | CARE PLAN HGB DOCD ESA PT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0514T | E | INTRAOP VIS AXIS ID PT FIXJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0515T | E | INSJ WCS LV COMPL SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0516F | E | ANEMIA PLAN OF CARE DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0516T | E | INSJ WCS LV ELTRD ONLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0517F | E | GLAUCOMA PLAN OF CARE DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0517T | E | INSJ WCS LV PG COMPNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0518F | E | FALL PLAN OF CARE DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0518T | E | RMVL PG COMPNT WCS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0519F | E | PLAND CHEMO DOCD B/4 TXMNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0519T | E | RMVL & RPLCMT PG COMPNT WCS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0520F | E | RAD DOS LIMTS B/4 3D RAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0520T | E | RMVL&RPLCMT PG WCS NEW ELTRD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0521F | E | PLAN OF CARE 4 PAIN DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0521T | E | INTERROG DEV EVAL WCS IP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0522T | E | PRGRMG DEV EVAL WCS IP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0523T | E | NTRAPX C FFR W/3D FUNCJL MAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0524T | E | EV CATH DIR CHEM ABLTJ W/IMG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0525F | E | INITIAL VISIT FOR EPISODE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0525T | E | INSJ/RPLCMT COMPL IIMS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0526F | E | SUBS VISIT FOR EPISODE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0526T | E | INSJ/RPLCMT IIMS ELTRD ONLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0527T | E | INSJ/RPLCMT IIMS IMPLT MNTR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0528F | E | RCMND FLW-UP 10 YRS DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0528T | E | PRGRMG DEV EVAL IIMS IP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0529F | E | INTRVL 3/>YR PTS CLNSCP DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 003 | 999 | - |
| 0529T | E | INTERROG DEV EVAL IIMS IP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0530T | E | REMOVAL COMPLETE IIMS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0531T | E | REMOVAL IIMS ELECTRODE ONLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0532T | E | REMOVAL IIMS IMPLT MNTR ONLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0533T | E | CONT REC MVMT DO 6-10 DAYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0534T | E | CONT REC MVMT DO SETUP&TRAIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0535F | E | DYSPNEA MNGMNT PLAN DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0535T | E | CONT REC MVMT DO REPRT CNFIG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0536T | E | CONT REC MVMT DO DL W/I&R | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0537T | E | BLD DRV T LYMPHCYT CAR-T CLL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0538T | E | BLD DRV T LYMPHCYT PREP TRNS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0539T | E | RECEIPT&PREP CAR-T CLL ADMN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0540F | E | GLUCO MNGMNT PLAN DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0540T | E | CAR-T CLL ADMN AUTOLOGOUS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0541T | E | MYOCARDIAL IMAGING MCG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0542T | E | MYOCARDIAL IMAGING MCG I&R | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0543T | E | TA MV RPR W/ARTIF CHORD TEND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0544T | E | TCAT MV ANNULUS RCNSTJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0545F | E | FOLLOW UP CARE PLAN MDD DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0545T | E | TCAT TV ANNULUS RCNSTJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0546T | E | RF SPECTRSC NTRAOP MRGN ASMT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0547T | E | B1 MATRL QUAL TST MCRIND TIB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0550F | E | CYTOPATH REPORT NONGYN SPCMN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0551F | E | CYTOPATH REPORT NON ROUTINE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0552T | E | LOW-LEVEL LASER THERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0553T | E | PERQ TCAT ILIAC ANAST IMPLT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0554T | E | B1 STR & FX RSK ANALYSIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0555F | E | SYMPTOM MGMNT PLAN CARE DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0555T | E | B1 STR&FX RSK TRANSMIS DATA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0556F | E | PLAN CARE LIPID CONTROL DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0556T | E | B1 STR & FX RSK ASSESSMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0557F | E | PLAN CAREMNG ANGNL SYMPTDOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0557T | E | B1 STR & FX RSK I&R | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0558T | E | CT SCAN F/BIOMCHN CT ALYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0559T | E | ANTMC MDL 3D PRINT 1ST CMPNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0560T | E | ANTMC MDL 3D PRINT EA ADDL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0561T | E | ANTMC GUIDE 3D PRINT 1ST GD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0562T | E | ANTMC GUIDE 3D PRINT EA ADDL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0563T | E | EVAC MEIBOMIAN GLND HEAT BI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0564T | E | ONC CHEMO RX CYTOTOX CSC 14 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0565T | E | AUTOL CELL IMPLT ADPS HRVG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0566T | E | AUTOL CELL IMPLT ADPS NJX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0567T | E | PERM FLP TUBE OCCLS W/IMPLT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0568T | E | INTRO MIX SALINE&AIR F/SSG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0569T | E | TTVR PERQ APPR 1ST PROSTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0570T | E | TTVR PERQ EA ADDL PROSTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0571T | E | INSJ/RPLCMT ICDS SS ELTRD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0572T | E | INSERTION SS DFB ELECTRODE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0573T | E | REMOVAL SS DFB ELECTRODE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0574T | E | REPOS PREV SS IMPL DFB ELTRD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0575F | E | HIV RNA PLAN CARE DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0575T | E | PRGRMG DEV EVAL ICDS SS IP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0576T | E | INTERROG DEV EVAL ICDS SS IP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0577T | E | EPHYS EVAL ICDS SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0578T | E | REM INTERROG DEV ICDS PHYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0579T | E | REM INTERROG DEV ICDS TECH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0580F | E | MULTIDISCIPLINARY CARE PLAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0580T | E | RMVL SS IMPL DFB PG ONLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0581F | E | PT TRNSFRD FROM ANESTH TO CC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0581T | E | ABLTJ MAL BRST TUM PERQ CRTX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0582F | E | NO TRNSFR FROM ANESTH TO CC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0582T | E | TRURL ABLTJ MAL PRST8 TISS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0583F | E | TRANSFER CARE CHECKLIST USED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0583T | E | TMPST AUTO TUBE DLVR SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0584F | E | NO TRANSFERCARE CHKLIST USED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0584T | E | PERQ ISLET CELL TRANSPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0585T | E | LAPS ISLET CELL TRANSPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0586T | E | OPEN ISLET CELL TRANSPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0587T | E | PERQ IMPLTJ/RPLCMT ISDNS PTN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0588T | E | REVISION/REMOVAL ISDNS PTN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0589T | E | ELEC ALYS SMPL PRGRMG IINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0590T | E | ELEC ALYS CPLX PRGRMG IINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0591T | E | HLTH&WB COACHING INDIV 1ST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0592T | E | HLTH&WB COACHING INDIV F-UP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0593T | E | HLTH&WB COACHING GROUP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0594T | E | OSTEOT HUM XTRNL LNGTH DEV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0596T | E | TEMP FML IU VLV-PMP 1ST INSJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0597T | E | TEMP FML IU VALVE-PMP RPLCMT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0598T | E | NCNTC R-T FLUOR WND IMG 1ST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0599T | E | NCNTC R-T FLUOR WND IMG EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0600T | E | IRE ABLTJ 1+TUM ORGAN PERQ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0601T | E | IRE ABLTJ 1+TUMORS OPEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0602T | E | TRANSDERMAL GFR MEASUREMENTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0603T | E | TRANSDERMAL GFR MONITORING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0604T | E | REM OCT RTA DEV SETUP&EDUCAJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0605T | E | REM OCT RTA TECHL SPRT MIN 8 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0606T | E | REM OCT RTA PHYS/QHP EA 30D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0607T | E | REM MNTR PULM FLU MNTR SETUP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0608T | E | REM MNTR PULM FLU MNTR ALYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0609T | E | MRS DISC PAIN ACQUISJ DATA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0610T | E | MRS DISC PAIN TRANSMIS DATA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0611T | E | MRS DISC PAIN ALG ALYS DATA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0612T | E | MRS DISCOGENIC PAIN I&R | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0613T | E | PERQ TCAT INTRATRL SEPTL SHT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0614T | E | RMVL&RPLCMT SS IMPL DFB PG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0615T | E | EYE MVMT ALYS W/O CALBRJ I&R | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0616T | E | INSERTION OF IRIS PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0617T | E | INSJ IRIS PROSTH W/RMVL&INSJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0618T | E | INSJ IRIS PROSTH SEC IO LENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0619T | E | CYSTO W/PRST8 COMMISSUROTOMY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0620T | E | EVASC VEN ARTLZ TIBL/PRNL VN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0621T | E | TRABECULOSTOMY INTERNO LASER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0622T | E | TRABECULOSTOMY INT LSR W/SCP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0623T | E | AUTO QUANTIFICATION C PLAQUE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0624T | E | AUTO QUAN C PLAQ DATA PREP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0625T | E | AUTO QUAN C PLAQ CPTR ALYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0626T | E | AUTO QUAN C PLAQ I&R | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0627T | E | PERQ NJX ALGC FLUOR LMBR 1ST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0628T | E | PERQ NJX ALGC FLUOR LMBR EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0629T | E | PERQ NJX ALGC CT LMBR 1ST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0630T | E | PERQ NJX ALGC CT LMBR EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0631T | E | TC VIS LIT HYPERSPECTRAL IMG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0632T | E | PERQ TCAT US ABLTJ NRV P-ART | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0633T | E | CT BREAST W/3D UNI C- | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0634T | E | CT BREAST W/3D UNI C+ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0635T | E | CT BREAST W/3D UNI C-/C+ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0636T | E | CT BREAST W/3D BI C- | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0637T | E | CT BREAST W/3D BI C+ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0638T | E | CT BREAST W/3D BI C-/C+ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0639T | E | WRLS SKN SNR ANISOTROPY MEAS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0640T | E | NCNTC NR IFR SPCTRSC WND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0641T | E | NCNTC NR IFR SPCTRSC WND IMG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0642T | E | NCNTC NR IFR SPCTRSC WND I&R | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0643T | E | TCAT L VENTR RSTRJ DEV IMPLT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0644T | E | TCAT RMVL/DBLK ICAR MAS PERQ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0645T | E | TCAT IMPLTJ C SINS RDCTJ DEV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0646T | E | TTVI/RPLCMT W/PRSTC VLV PERQ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0647T | E | INSJ GTUBE PERQ MAG GASTRPXY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0648T | E | QUAN MR TIS WO MRI 1ORGN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0649T | E | QUAN MR TISS W/MRI 1ORGN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0650T | E | PRGRMG DEV EVAL SCRMS REMOTE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0651T | E | MAG CTRLD CAPSULE ENDOSCOPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0652T | E | EGD FLX TRANSNASAL DX BR/WA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0653T | E | EGD FLX TRANSNASAL BX 1/MLT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0654T | E | EGD FLX TRANSNASAL TUBE/CATH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0655T | E | TPRNL FOCAL ABLTJ MAL PRST8 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0656T | E | VRT BDY TETHERING ANT <7 SEG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0657T | E | VRT BDY TETHERING ANT 8+ SEG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0658T | E | ELEC IMPD SPECTRSC 1+SKN LES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0659T | E | TCAT INTRA-C NFS SUPERSAT O2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0660T | E | IMPLT ANT SGM IO NBIO RX SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0661T | E | RMVL&RIMPLTJ ANT SGM IMPLT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0662T | E | SCALP COOL 1ST MEAS&CALBRJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0663T | E | SCALP COOL PLMT MNTR RMVL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0664T | E | DON HYSTERECTOMY OPEN CDVR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0665T | E | DON HYSTERECTOMY OPEN LIV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0666T | E | DON HYSTERECTOMY LAPS LIV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0667T | E | DON HYSTERECTOMY RCP UTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0668T | E | BKBENCH PREP DON UTER ALGRFT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0669T | E | BKBENCH RCNSTJ DON UTER VEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0670T | E | BKBENCH RCNSTJ DON UTER ARTL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0671T | E | INSJ ANT SGM AQ DRG DEV 1+ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0672T | E | NDOVAG CRYG RF REMDL TISS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0673T | E | ABLTJ B9 THYR NDUL PERQ LASR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0674T | E | LAPS INSJ NW/RPCMT PRM ISDSS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0675T | E | LAPS INSJ NW/RPCMT ISDSS 1LD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0676T | E | LAPS INSJ NW/RPCMT ISDSS EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0677T | E | LAPS REPOS LEAD ISDSS 1ST LD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0678T | E | LAPS REPOS LEAD ISDSS EA ADD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0679T | E | LAPS RMVL LEAD ISDSS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0680T | E | INSJ/RPLCMT PG ONLY ISDSS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0681T | E | RLCJ PULSE GEN ONLY ISDSS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0682T | E | REMOVAL PULSE GEN ONLY ISDSS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0683T | E | PRGRMG DEV EVAL ISDSS IP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0684T | E | PERI-PX DEV EVAL ISDSS IP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0685T | E | INTERROG DEV EVAL ISDSS IP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0686T | E | HISTOTRIPSY MAL HEPATCEL TIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0687T | E | TX AMBLYOPIA DEV SETUP 1ST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0688T | E | TX AMBLYOPIA ASSMT W/REPORT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0689T | E | QUAN US TIS CHARAC W/O DX US | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0690T | E | QUAN US TIS CHARAC W/DX US | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0691T | E | AUTO ALYS XST CT STD VRT FX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0692T | E | THERAPEUTIC ULTRAFILTRATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0693T | E | COMPRE FUL BDY 3D MTN ALYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0694T | E | 3D VOL IMG&RCNSTJ BRST/AX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0695T | E | BDY SRF MPG PM/CVDFB TM IMPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0696T | E | BDY SURF MAPG PM/CVDFB F/UP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0697T | E | QUAN MR TIS WO MRI MLT ORGN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0698T | E | QUAN MR TISS W/MRI MLT ORGN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0699T | E | NJX PST CHMBR EYE MEDICATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0700T | E | MOLEC FLUOR IMG SUS NEV 1ST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0701T | E | MOLEC FLUOR IMG SUS NEV EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0702T | E | REM THER MNTR OL TECH SPRT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0703T | E | REM THER MNTR OL COG BHV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0704T | E | REM TX AMBLYOPIA SETUP&EDU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0705T | E | REM TX AMBLYOPIA TECH SPRT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0706T | E | REM TX AMBLYOPIA I&R PHY/QHP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0707T | E | NJX B1 SUB MTRL SBCHDRL DFCT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0708T | E | ID CA IMMNTX PREP & 1ST NJX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0709T | E | ID CA IMMNTX EACH ADDL NJX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0710T | E | N-INVAS ARTL PLAQ ALYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0711T | E | N-NVS ARTL PLAQ ALYS DAT PRP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0712T | E | N-NVS ARTL PLAQ ALYS QUAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0713T | E | N-NVS ARTL PLAQ ALYS RVW I&R | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0714T | E | TPRNL LSR ABLT B9 PRST8 HYPR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0715T | E | PERQ TRLUML CORONRY LITHOTRP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0716T | E | CAR ACOUS WAVFRM REC CAD RSK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0717T | E | ADRC THER PRTL RC TEAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0718T | E | ADRC THER PRTL RC TEAR NJX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0719T | E | PST VRT JT RPLCMT LMBR 1 SGM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0720T | E | PRQ ELC NRV STIM CN WO IMPLT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0721T | E | QUAN CT TISS CHARAC W/O CT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0722T | E | QUAN CT TISS CHARAC W/CT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0723T | E | QMRCP W/O DX MRI SM ANAT SES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0724T | E | QMRCP W/DX MRI SAME ANATOMY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0725T | E | VESTIBULAR DEV IMPLTJ UNI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0726T | E | RMVL IMPLT VSTIBULAR DEV UNI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0727T | E | RMVL&RPLCMT IMPLT VSTBLR DEV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0728T | E | DX ALYS VSTBLR IMPLT UNI 1ST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0729T | E | DX ALYS VSTBLR IMPLT UNI SBQ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0730T | E | TRABECULOTOMY LSR W/OCT GDN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0731T | E | AUGMNT AI-BASED FCL PHNT A/R | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0732T | E | IMMNTX ADMN ELECTROPORATN IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0733T | E | REM R-T MTN NREHAB THER SPLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0734T | E | REM R-T MTN NREHAB TX MGMT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0735T | E | PREP TUM CAV IORT PRIM CRNOT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0736T | E | COLONIC LAVAGE 35+L WATER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0737T | E | XENOGRAFT IMPLTJ ARTCLR SURF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0738T | E | TX PLN MAG FLD ABLTJ PRST8 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0739T | E | ABLTJ MAL PRST8 MAG FLD NDCT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0740T | E | REM AUTON ALG NSLN CAL SETUP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0741T | E | REM AUTON ALG NSLN DATA COLL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0742T | E | AQMBF SPECT XERS/STRS & REST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0743T | E | B1 STR & FX RSK VRT FX ASSMT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0744T | E | INSJ BIOPROSTC VLV FEM VN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0745T | E | CAR ABLT RAD ARR N-INVAS LOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0746T | E | CAR ABLT RAD ARR CNV LOC MAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0747T | E | CAR ABLT RAD ARRHYT DLVR RAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0748T | E | NJX STM CL PRDCT ANL SFT TIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0749T | E | B1 STR&FX RSK ASSMT DXR-BMD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0750T | E | B1 STR&FX RSK ASMT DXRBMD1VW | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0751T | E | DGTZ GLS MCRSCP SLD LEVEL II | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0752T | E | DGTZ GLS MCRSCP SLD LVL III | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0753T | E | DGTZ GLS MCRSCP SLD LEVEL IV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0754T | E | DGTZ GLS MCRSCP SLD LEVEL V | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0755T | E | DGTZ GLS MCRSCP SLD LEVEL VI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0756T | E | DGTZ GLS MCRSCP SLD SPC GRPI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0757T | E | DGTZ GLS MCRSCP SL SPC GRPII | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0758T | E | DGTZ GLS MCRSCP SL SPC HCHEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0759T | E | DGTZ GLS MCRSCP SL SP GRPIII | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0760T | E | DGTZ GLS MCRSCP SL IMM 1ST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0761T | E | DGTZ GLS MCRSCP SL IMM EA 1 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0762T | E | DGTZ GLS MCRSCP SL IMM EA M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0763T | E | DGTZ GLS MCRSCP MPHMTRC ALYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0764T | E | ASSTV ALG ECG RSK ASMT CNCRT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0765T | E | ASSTV ALG ECG RSK ASMT PREV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0766T | E | TC MAG STIMJ PN 1ST TX 1NRV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0767T | E | TC MAG STIMJ PN 1ST TX EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0768T | E | TC MAG STIMJ PN SBSQ TX 1NRV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0769T | E | TC MAG STIMJ PN SBSQ TX EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0770T | E | VR TECHNOLOGY ASSIST THERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0771T | E | VR PX DISSOC SVC SM PHY 1ST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0772T | E | VR PX DISSOC SVC SM PHY EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0773T | E | VR PX DISSOC SVC OTH PHY 1ST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0774T | E | VR PX DISSOC SVC OTH PHY EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0775T | E | ARTHRD SI JT PRQ IARTIC IMPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0776T | E | THER INDCTJ NTRABRN HYPTHRM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0777T | E | R-T PRS SENSING EDRL GDN SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0778T | E | SMMG CNCRNT APPL IMU SNR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0779T | E | GI MYOELECTRICAL ACTV STUDY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0780T | E | INSTLJ FECAL MICROBIOTA SSP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0781T | E | BRNCHSC RF DSTRJ PULM NRV BI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0782T | E | BRNCHSC RF DSTRJ PLM NRV UNI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0783T | E | TC AURICULR NEUROSTIMULATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0791T | E | MOTR COG VR GAIT TRAIN EA 15 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0792T | E | APPL SLVR DIAMN FLUORIDE 38% | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0793T | E | PRQ TCAT THRM ABLT NRV P-ART | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0794T | E | PT SPEC ALG RX-ONC TX OPTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0795T | E | TCAT INS 2CHMBR LDLS PM CMPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0796T | E | TCAT INS 2CHMBR LDLS PM RA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0797T | E | TCAT INS 2CHMBR LDLS PM RV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0798T | E | TCAT RMV 2CHMBR LDLS PM CMPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0799T | E | TCAT RMVL 2CHMBR LDLS PM RA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0800T | E | TCAT RMVL 2CHMBR LDLS PM RV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0801T | E | TCAT RMV&RPL 2CHMBR LDLS PM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0802T | E | TCAT RMV&RPL2CHMB LDLS PM RA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0803T | E | TCAT RMV&RPL2CHMB LDLS PM RV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0804T | E | PRGRMG EVL LDLS PM 2CHMBR IP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0805T | E | TCAT S&IVC PRSTC VL IMPL PRQ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0806T | E | TCAT S&IVC PRSTC VL IMPL OPN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0807T | E | PULM TISS VNTJ ALYS PREV CT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0808T | E | PULM TISS VNTJ ALYS W/CT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0809T | E | ARTHRD SI JT PRQ TFX&IMPLT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 0810T | E | SUBRTA NJX RX AGT W/VTRC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 10004 | N | FNA BX W/O IMG GDN EA ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 10005 | T | FNA BX W/US GDN 1ST LES | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 10006 | N | FNA BX W/US GDN EA ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 10007 | T | FNA BX W/FLUOR GDN 1ST LES | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 10008 | N | FNA BX W/FLUOR GDN EA ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 10009 | T | FNA BX W/CT GDN 1ST LES | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 1000F | E | TOBACCO USE ASSESSED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 10010 | N | FNA BX W/CT GDN EA ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 10011 | T | FNA BX W/MR GDN 1ST LES | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 10012 | N | FNA BX W/MR GDN EA ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 10021 | T | FNA BX W/O IMG GDN 1ST LES | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 1002F | E | ASSESS ANGINAL SYMPTOM/LEVEL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 10030 | T | GUIDE CATHET FLUID DRAINAGE | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 10035 | T | PERQ DEV SOFT TISS 1ST IMAG | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 10036 | N | PERQ DEV SOFT TISS ADD IMAG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 1003F | E | LEVEL OF ACTIVITY ASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 10040 | N | ACNE SURGERY | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 1004F | E | CLIN SYMP VOL OVRLD ASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 1005F | E | ASTHMA SYMPTOMS EVALUATE | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 10060 | T | DRAINAGE OF SKIN ABSCESS | - | 05051 | 2.1100 | APC | $123.20 | - | - | - | - | 000 | 999 | - |
| 10061 | T | DRAINAGE OF SKIN ABSCESS | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 1006F | E | OSTEOARTHRITIS ASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 1007F | E | ANTI-INFLM/ANLGSC OTC ASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 10080 | T | DRAINAGE OF PILONIDAL CYST | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 10081 | T | DRAINAGE OF PILONIDAL CYST | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 1008F | E | GI/RENAL RISK ASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 1010F | E | SEVERITY ANGINA BY ACTVTY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1011F | E | ANGINA PRESENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 10120 | T | REMOVE FOREIGN BODY | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 10121 | T | REMOVE FOREIGN BODY | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 1012F | E | ANGINA ABSENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 10140 | T | DRAINAGE OF HEMATOMA/FLUID | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 1015F | E | COPD SYMPTOMS ASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10160 | T | PUNCTURE DRAINAGE OF LESION | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 10180 | T | COMPLEX DRAINAGE WOUND | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 1018F | E | ASSESS DYSPNEA NOT PRESENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1019F | E | ASSESS DYSPNEA PRESENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1022F | E | PNEUMO IMM STATUS ASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1026F | E | CO-MORBID CONDITION ASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1030F | E | INFLUENZA IMM STATUS ASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1031F | E | SMOKING & 2ND HAND ASSESSED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1032F | E | SMOKER/EXPOSED 2ND HND SMOKE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1033F | E | TOBACCO NONSMOKER NOR 2NDHND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1034F | E | CURRENT TOBACCO SMOKER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1035F | E | SMOKELESS TOBACCO USER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1036F | E | TOBACCO NON-USER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1038F | E | PERSISTENT ASTHMA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1039F | E | INTERMITTENT ASTHMA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1040F | E | DSM-5 INFO MDD DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1050F | E | HISTORY OF MOLE CHANGES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1052F | E | TYPE LOCATION ACTIVITYASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1055F | E | VISUAL FUNCT STATUS ASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1060F | E | DOC PERM/CONT/PAROX ATR FIB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1061F | E | DOC LACK PERM&CONT&PAROX FIB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1065F | E | ISCHM STROKE SYMP LT3 HRSB/4 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1066F | E | ISCHM STROKE SYMP GE3 HRSB/4 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1070F | E | ALARM SYMP ASSESSED-ABSENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1071F | E | ALARM SYMP ASSESSED-1+ PRSNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1090F | E | PRES/ABSN URINE INCON ASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1091F | E | URINE INCON CHARACTERIZED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 11000 | T | DEBRIDE INFECTED SKIN | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 11001 | N | DEBRIDE INFECTED SKIN ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 11004 | C | DEBRIDE GENITALIA & PERINEUM | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 11005 | C | DEBRIDE ABDOM WALL | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 11006 | C | DEBRIDE GENIT/PER/ABDOM WALL | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 11008 | C | REMOVE MESH FROM ABD WALL | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 1100F | E | PTFALLS ASSESS-DOCD GE2>/YR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 11010 | T | DEBRIDE SKIN AT FX SITE | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 11011 | T | DEBRIDE SKIN MUSC AT FX SITE | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 11012 | T | DEB SKIN BONE AT FX SITE | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 1101F | E | PT FALLS ASSESS-DOCD LE1/YR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 11042 | T | DEB SUBQ TISSUE 20 SQ CM/< | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 11043 | T | DEB MUSC/FASCIA 20 SQ CM/< | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 11044 | T | DEB BONE 20 SQ CM/< | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 11045 | N | DEB SUBQ TISSUE ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 11046 | N | DEB MUSC/FASCIA ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 11047 | N | DEB BONE ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 11055 | N | TRIM SKIN LESION | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 11056 | N | TRIM SKIN LESIONS 2 TO 4 | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 11057 | T | TRIM SKIN LESIONS OVER 4 | - | 05051 | 2.1100 | APC | $123.20 | - | - | - | - | 000 | 999 | - |
| 11102 | T | TANGNTL BX SKIN SINGLE LES | - | 05051 | 2.1100 | APC | $123.20 | - | - | - | - | 000 | 999 | - |
| 11103 | N | TANGNTL BX SKIN EA SEP/ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 11104 | T | PUNCH BX SKIN SINGLE LESION | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 11105 | N | PUNCH BX SKIN EA SEP/ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 11106 | T | INCAL BX SKN SINGLE LES | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 11107 | N | INCAL BX SKN EA SEP/ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 1110F | E | PT LFT INPT FAC W/IN 60 DAYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1111F | E | DSCHRG MED/CURRENT MED MERGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1116F | E | AURIC/PERI PAIN ASSESSED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1118F | E | GERD SYMPS ASSESSED 12 MONTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1119F | E | INIT EVAL FOR CONDITION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 11200 | N | REMOVAL OF SKIN TAGS <W/15 | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 11201 | N | REMOVE SKIN TAGS ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 1121F | E | SUBS EVAL FOR CONDITION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1123F | E | ACP DISCUSS/DSCN MKR DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1124F | E | ACP DISCUSS-NO DSCNMKR DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1125F | E | AMNT PAIN NOTED PAIN PRSNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1126F | E | AMNT PAIN NOTED NONE PRSNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1127F | E | NEW EPISODE FOR CONDITION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1128F | E | SUBS EPISODE FOR CONDITION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 11300 | N | SHAVE SKIN LESION 0.5 CM/< | - | 05052 | 4.3590 | Bundled, sometimes payable | $254.52 | - | - | - | - | 000 | 999 | - |
| 11301 | N | SHAVE SKIN LESION 0.6-1.0 CM | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 11302 | N | SHAVE SKIN LESION 1.1-2.0 CM | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 11303 | N | SHAVE SKIN LESION >2.0 CM | - | 05052 | 4.3590 | Bundled, sometimes payable | $254.52 | - | - | - | - | 000 | 999 | - |
| 11305 | N | SHAVE SKIN LESION 0.5 CM/< | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 11306 | N | SHAVE SKIN LESION 0.6-1.0 CM | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 11307 | T | SHAVE SKIN LESION 1.1-2.0 CM | - | 05051 | 2.1100 | APC | $123.20 | - | - | - | - | 000 | 999 | - |
| 11308 | N | SHAVE SKIN LESION >2.0 CM | - | 05052 | 4.3590 | Bundled, sometimes payable | $254.52 | - | - | - | - | 000 | 999 | - |
| 1130F | E | BK PAIN & FXN ASSESSED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 11310 | T | SHAVE SKIN LESION 0.5 CM/< | - | 05051 | 2.1100 | APC | $123.20 | - | - | - | - | 000 | 999 | - |
| 11311 | T | SHAVE SKIN LESION 0.6-1.0 CM | - | 05051 | 2.1100 | APC | $123.20 | - | - | - | - | 000 | 999 | - |
| 11312 | T | SHAVE SKIN LESION 1.1-2.0 CM | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 11313 | T | SHAVE SKIN LESION >2.0 CM | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 1134F | E | EPSD BK PAIN FOR 6 WKS/< | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1135F | E | EPSD BK PAIN FOR >6 WKS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1136F | E | EPSD BK PAIN FOR 12 WKS/< | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1137F | E | EPSD BK PAIN FOR >12 WKS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 11400 | T | EXC TR-EXT B9+MARG 0.5 CM< | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 11401 | T | EXC TR-EXT B9+MARG 0.6-1 CM | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 11402 | T | EXC TR-EXT B9+MARG 1.1-2 CM | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 11403 | T | EXC TR-EXT B9+MARG 2.1-3CM | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 11404 | T | EXC TR-EXT B9+MARG 3.1-4 CM | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 11406 | T | EXC TR-EXT B9+MARG >4.0 CM | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 11420 | T | EXC H-F-NK-SP B9+MARG 0.5/< | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 11421 | T | EXC H-F-NK-SP B9+MARG 0.6-1 | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 11422 | T | EXC H-F-NK-SP B9+MARG 1.1-2 | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 11423 | T | EXC H-F-NK-SP B9+MARG 2.1-3 | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 11424 | T | EXC H-F-NK-SP B9+MARG 3.1-4 | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 11426 | T | EXC H-F-NK-SP B9+MARG >4 CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 11440 | T | EXC FACE-MM B9+MARG 0.5 CM/< | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 11441 | T | EXC FACE-MM B9+MARG 0.6-1 CM | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 11442 | T | EXC FACE-MM B9+MARG 1.1-2 CM | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 11443 | T | EXC FACE-MM B9+MARG 2.1-3 CM | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 11444 | T | EXC FACE-MM B9+MARG 3.1-4 CM | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 11446 | T | EXC FACE-MM B9+MARG >4 CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 11450 | T | REMOVAL SWEAT GLAND LESION | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 11451 | T | REMOVAL SWEAT GLAND LESION | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 11462 | T | REMOVAL SWEAT GLAND LESION | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 11463 | T | REMOVAL SWEAT GLAND LESION | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 11470 | T | REMOVAL SWEAT GLAND LESION | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 11471 | T | REMOVAL SWEAT GLAND LESION | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 1150F | E | DOC PT RSK DEATH W/IN 1YR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1151F | E | DOC NO PT RSK DEATH W/IN 1YR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1152F | E | DOC ADVNCD DIS COMFORT 1ST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1153F | E | DOC ADVNCD DIS CMFRT NOT 1ST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1157F | E | ADVNC CARE PLAN IN RCRD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1158F | E | ADVNC CARE PLAN TLK DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1159F | E | MED LIST DOCD IN RCRD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 11600 | T | EXC TR-EXT MAL+MARG 0.5 CM/< | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 11601 | T | EXC TR-EXT MAL+MARG 0.6-1 CM | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 11602 | T | EXC TR-EXT MAL+MARG 1.1-2 CM | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 11603 | T | EXC TR-EXT MAL+MARG 2.1-3 CM | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 11604 | T | EXC TR-EXT MAL+MARG 3.1-4 CM | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 11606 | T | EXC TR-EXT MAL+MARG >4 CM | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 1160F | E | RVW MEDS BY RX/DR IN RCRD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 11620 | T | EXC H-F-NK-SP MAL+MARG 0.5/< | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 11621 | T | EXC S/N/H/F/G MAL+MRG 0.6-1 | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 11622 | T | EXC S/N/H/F/G MAL+MRG 1.1-2 | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 11623 | T | EXC S/N/H/F/G MAL+MRG 2.1-3 | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 11624 | T | EXC S/N/H/F/G MAL+MRG 3.1-4 | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 11626 | T | EXC S/N/H/F/G MAL+MRG >4 CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 11640 | T | EXC F/E/E/N/L MAL+MRG 0.5CM< | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 11641 | T | EXC F/E/E/N/L MAL+MRG 0.6-1 | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 11642 | T | EXC F/E/E/N/L MAL+MRG 1.1-2 | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 11643 | T | EXC F/E/E/N/L MAL+MRG 2.1-3 | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 11644 | T | EXC F/E/E/N/L MAL+MRG 3.1-4 | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 11646 | T | EXC F/E/E/N/L MAL+MRG >4 CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 1170F | E | FXNL STATUS ASSESSED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 11719 | N | TRIM NAIL(S) ANY NUMBER | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 11720 | N | DEBRIDE NAIL 1-5 | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 11721 | N | DEBRIDE NAIL 6 OR MORE | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 11730 | N | REMOVAL OF NAIL PLATE | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 11732 | N | REMOVE NAIL PLATE ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 11740 | N | DRAIN BLOOD FROM UNDER NAIL | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 11750 | T | REMOVAL OF NAIL BED | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 11755 | T | BIOPSY NAIL UNIT | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 1175F | E | FUNCTION STAT ASSESSED RVWD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 11760 | T | REPAIR OF NAIL BED | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 11762 | T | RECONSTRUCTION OF NAIL BED | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 11765 | N | EXCISION OF NAIL FOLD TOE | - | 05052 | 4.3590 | Bundled, sometimes payable | $254.52 | - | - | - | - | 000 | 999 | - |
| 11770 | T | REMOVE PILONIDAL CYST SIMPLE | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 11771 | T | REMOVE PILONIDAL CYST EXTEN | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 11772 | T | REMOVE PILONIDAL CYST COMPL | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 1180F | E | THROMBOEMB RISK ASSESSED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1181F | E | NEUROPSYCHIA SYMPTS ASSESSED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1182F | E | NEUROPSYCHI SYMPT 1+PRESENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1183F | E | NEUROPSYCHIATRIC SYMP ABSENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 11900 | N | INJECT SKIN LESIONS </W 7 | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 11901 | N | INJECT SKIN LESIONS >7 | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 11920 | T | CORRECT SKIN COLOR 6.0 CM/< | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 11921 | T | CORRECT SKN COLOR 6.1-20.0CM | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 11922 | N | CORRECT SKIN COLOR EA 20.0CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 11950 | E | TX CONTOUR DEFECTS 1 CC/< | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 11951 | E | TX CONTOUR DEFECTS 1.1-5.0CC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 11952 | E | TX CONTOUR DEFECTS 5.1-10CC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 11954 | E | TX CONTOUR DEFECTS >10.0 CC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 11960 | T | INSERT TISSUE EXPANDER(S) | - | 05055 | 38.0095 | APC | $2,219.37 | | | Y | - | 000 | 999 | - |
| 11970 | N | RPLCMT TISS XPNDR PERM IMPLT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | | | Y | - | 000 | 999 | - |
| 11971 | N | RMVL TIS XPNDR WO INSJ IMPLT | - | 05073 | 30.1835 | Bundled, sometimes payable | $1,762.41 | | | Y | - | 000 | 999 | - |
| 11976 | N | REMOVE CONTRACEPTIVE CAPSULE | - | 05071 | 7.5828 | Bundled, sometimes payable | $442.76 | - | - | - | - | 010 | 060 | - |
| 11980 | N | IMPLANT HORMONE PELLET(S) | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11981 | N | INSERTION DRUG DLVR IMPLANT | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 11982 | N | REMOVE DRUG IMPLANT DEVICE | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | - | 000 | 999 | - |
| 11983 | N | REMOVE/INSERT DRUG IMPLANT | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | - | 000 | 999 | - |
| 12001 | N | RPR S/N/AX/GEN/TRNK 2.5CM/< | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 12002 | N | RPR S/N/AX/GEN/TRNK2.6-7.5CM | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 12004 | N | RPR S/N/AX/GEN/TRK7.6-12.5CM | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 12005 | N | RPR S/N/A/GEN/TRK12.6-20.0CM | - | 05052 | 4.3590 | Bundled, sometimes payable | $254.52 | - | - | - | - | 000 | 999 | - |
| 12006 | N | RPR S/N/A/GEN/TRK20.1-30.0CM | - | 05052 | 4.3590 | Bundled, sometimes payable | $254.52 | - | - | - | - | 000 | 999 | - |
| 12007 | T | RPR S/N/AX/GEN/TRNK >30.0 CM | - | 05051 | 2.1100 | APC | $123.20 | - | - | - | - | 000 | 999 | - |
| 1200F | E | SEIZURE TYPE& FREQU DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 12011 | N | RPR F/E/E/N/L/M 2.5 CM/< | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 12013 | N | RPR F/E/E/N/L/M 2.6-5.0 CM | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 12014 | N | RPR F/E/E/N/L/M 5.1-7.5 CM | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 12015 | N | RPR F/E/E/N/L/M 7.6-12.5 CM | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 12016 | N | RPR FE/E/EN/L/M 12.6-20.0 CM | - | 05052 | 4.3590 | Bundled, sometimes payable | $254.52 | - | - | - | - | 000 | 999 | - |
| 12017 | N | RPR FE/E/EN/L/M 20.1-30.0 CM | - | 05052 | 4.3590 | Bundled, sometimes payable | $254.52 | - | - | - | - | 000 | 999 | - |
| 12018 | N | RPR F/E/E/N/L/M >30.0 CM | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 12020 | T | CLOSURE OF SPLIT WOUND | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 12021 | T | CLOSURE OF SPLIT WOUND | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 12031 | T | INTMD RPR S/A/T/EXT 2.5 CM/< | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 12032 | T | INTMD RPR S/A/T/EXT 2.6-7.5 | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 12034 | T | INTMD RPR S/TR/EXT 7.6-12.5 | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 12035 | T | INTMD RPR S/A/T/EXT 12.6-20 | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 12036 | T | INTMD RPR S/A/T/EXT 20.1-30 | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 12037 | T | INTMD RPR S/TR/EXT >30.0 CM | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 12041 | N | INTMD RPR N-HF/GENIT 2.5CM/< | - | 05052 | 4.3590 | Bundled, sometimes payable | $254.52 | - | - | - | - | 000 | 999 | - |
| 12042 | T | INTMD RPR N-HF/GENIT2.6-7.5 | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 12044 | T | INTMD RPR N-HF/GENIT7.6-12.5 | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 12045 | T | INTMD RPR N-HF/GENIT12.6-20 | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 12046 | T | INTMD RPR N-HF/GENIT20.1-30 | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 12047 | T | INTMD RPR N-HF/GENIT >30.0CM | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 12051 | T | INTMD RPR FACE/MM 2.5 CM/< | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 12052 | T | INTMD RPR FACE/MM 2.6-5.0 CM | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 12053 | T | INTMD RPR FACE/MM 5.1-7.5 CM | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 12054 | N | INTMD RPR FACE/MM 7.6-12.5CM | - | 05052 | 4.3590 | Bundled, sometimes payable | $254.52 | - | - | - | - | 000 | 999 | - |
| 12055 | T | INTMD RPR FACE/MM 12.6-20 CM | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 12056 | N | INTMD RPR FACE/MM 20.1-30.0 | - | 05052 | 4.3590 | Bundled, sometimes payable | $254.52 | - | - | - | - | 000 | 999 | - |
| 12057 | T | INTMD RPR FACE/MM >30.0 CM | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 1205F | E | EPI ETIOL SYND RVWD AND DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1220F | E | PT SCREENED FOR DEPRESSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 13100 | T | CMPLX RPR TRUNK 1.1-2.5 CM | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 13101 | T | CMPLX RPR TRUNK 2.6-7.5 CM | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 13102 | N | CMPLX RPR TRUNK ADDL 5CM/< | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 13120 | T | CMPLX RPR S/A/L 1.1-2.5 CM | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 13121 | T | CMPLX RPR S/A/L 2.6-7.5 CM | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 13122 | N | CMPLX RPR S/A/L ADDL 5 CM/> | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 13131 | T | CMPLX RPR F/C/C/M/N/AX/G/H/F | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 13132 | T | CMPLX RPR F/C/C/M/N/AX/G/H/F | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 13133 | N | CMPLX RPR F/C/C/M/N/AX/G/H/F | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 13151 | T | CMPLX RPR E/N/E/L 1.1-2.5 CM | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 13152 | T | CMPLX RPR E/N/E/L 2.6-7.5 CM | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 13153 | N | CMPLX RPR E/N/E/L ADDL 5CM/< | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 13160 | T | LATE CLOSURE OF WOUND | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 14000 | T | TIS TRNFR TRUNK 10 SQ CM/< | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 14001 | T | TIS TRNFR TRUNK 10.1-30SQCM | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 1400F | E | PRKNS DIAG RVIEWED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 14020 | T | TIS TRNFR S/A/L 10 SQ CM/< | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 14021 | T | TIS TRNFR S/A/L 10.1-30 SQCM | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 14040 | T | TIS TRNFR F/C/C/M/N/A/G/H/F | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 14041 | T | TIS TRNFR F/C/C/M/N/A/G/H/F | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 14060 | T | TIS TRNFR E/N/E/L 10 SQ CM/< | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 14061 | T | TIS TRNFR E/N/E/L10.1-30SQCM | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 14301 | T | TIS TRNFR ANY 30.1-60 SQ CM | - | 05055 | 38.0095 | APC | $2,219.37 | - | - | - | - | 000 | 999 | - |
| 14302 | N | TIS TRNFR ADDL 30 SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 14350 | T | FILLETED FINGER/TOE FLAP | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 1450F | E | SYMPTOMS IMPROVED/CONSIST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1451F | E | SYMPT SHOW CLIN IMPORT DROP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1460F | E | QUAL CARD DIAG PRIOR 12 MONS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1461F | E | NO QUAL CARD DIAG PRIOR12MON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1490F | E | DEM SEVERITY CLASSIFIED MILD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1491F | E | DEM SEVERITY CLASSIFIED MOD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1493F | E | DEM SEVERITY CLASS SEVERE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1494F | E | COGNIT ASSESSED AND REVIEWED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15002 | T | WOUND PREP TRK/ARM/LEG | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15003 | N | WOUND PREP ADDL 100 CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 15004 | T | WOUND PREP F/N/HF/G | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 15005 | N | WND PREP F/N/HF/G ADDL CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 1500F | E | SYMPTOM&SIGN SYMM POLYNEURO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1501F | E | NOT INITIAL EVAL FOR COND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1502F | E | PT QUERIED PAIN FXN W/ INSTR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 1503F | E | PT QUERIED SYMP RESP INSUFF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15040 | T | HARVEST CULTURED SKIN GRAFT | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | Y | 000 | 999 | - |
| 1504F | E | PT HAS RESP INSUFFICIENCY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15050 | T | SKIN PINCH GRAFT | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 1505F | E | PT HAS NO RESP INSUFFICIENCY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15100 | T | SKIN SPLT GRFT TRNK/ARM/LEG | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15101 | N | SKIN SPLT GRFT T/A/L ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 15110 | T | EPIDRM AUTOGRFT TRNK/ARM/LEG | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | Y | 000 | 999 | - |
| 15111 | N | EPIDRM AUTOGRFT T/A/L ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 15115 | T | EPIDRM A-GRFT FACE/NCK/HF/G | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15116 | N | EPIDRM A-GRFT F/N/HF/G ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 15120 | T | SKN SPLT A-GRFT FAC/NCK/HF/G | - | 05055 | 38.0095 | APC | $2,219.37 | - | - | - | - | 000 | 999 | - |
| 15121 | N | SKN SPLT A-GRFT F/N/HF/G ADD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 15130 | T | DERM AUTOGRAFT TRNK/ARM/LEG | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | Y | 000 | 999 | - |
| 15131 | N | DERM AUTOGRAFT T/A/L ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 15135 | T | DERM AUTOGRAFT FACE/NCK/HF/G | - | 05055 | 38.0095 | APC | $2,219.37 | - | - | - | - | 000 | 999 | - |
| 15136 | N | DERM AUTOGRAFT F/N/HF/G ADD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 15150 | T | CULT SKIN GRFT T/ARM/LEG | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | Y | 000 | 999 | - |
| 15151 | N | CULT SKIN GRFT T/A/L ADDL | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 15152 | N | CULT SKIN GRAFT T/A/L +% | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 15155 | T | CULT SKIN GRAFT F/N/HF/G | - | 05055 | 38.0095 | APC | $2,219.37 | - | - | - | - | 000 | 999 | - |
| 15156 | N | CULT SKIN GRFT F/N/HFG ADD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 15157 | N | CULT EPIDERM GRFT F/N/HFG +% | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 15200 | T | SKIN FULL GRAFT TRUNK | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15201 | N | SKIN FULL GRAFT TRUNK ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 15220 | T | SKIN FULL GRAFT SCLP/ARM/LEG | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15221 | N | SKIN FULL GRAFT ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 15240 | T | SKIN FULL GRFT FACE/GENIT/HF | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15241 | N | SKIN FULL GRAFT ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 15260 | T | SKIN FULL GRAFT EEN & LIPS | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15261 | N | SKIN FULL GRAFT ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 15271 | T | SKIN SUB GRAFT TRNK/ARM/LEG | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 15272 | N | SKIN SUB GRAFT T/A/L ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 15273 | T | SKIN SUB GRFT T/ARM/LG CHILD | - | 05055 | 38.0095 | APC | $2,219.37 | - | - | - | - | 000 | 999 | - |
| 15274 | N | SKN SUB GRFT T/A/L CHILD ADD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 15275 | T | SKIN SUB GRAFT FACE/NK/HF/G | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15276 | N | SKIN SUB GRAFT F/N/HF/G ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 15277 | T | SKN SUB GRFT F/N/HF/G CHILD | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15278 | N | SKN SUB GRFT F/N/HF/G CH ADD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 15570 | T | SKIN PEDICLE FLAP TRUNK | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15572 | T | SKIN PEDICLE FLAP ARMS/LEGS | - | 05055 | 38.0095 | APC | $2,219.37 | - | - | - | - | 000 | 999 | - |
| 15574 | T | PEDCLE FH/CH/CH/M/N/AX/G/H/F | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15576 | T | PEDICLE E/N/E/L/NTRORAL | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15600 | T | DELAY FLAP TRUNK | - | 05055 | 38.0095 | APC | $2,219.37 | - | - | - | - | 000 | 999 | - |
| 15610 | T | DELAY FLAP ARMS/LEGS | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15620 | T | DELAY FLAP F/C/C/N/AX/G/H/F | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15630 | T | DELAY FLAP EYE/NOS/EAR/LIP | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15650 | T | TRANSFER SKIN PEDICLE FLAP | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15730 | T | MDFC FLAP W/PRSRV VASC PEDCL | - | 05055 | 38.0095 | APC | $2,409.44 | - | - | - | - | 000 | 999 | - |
| 15731 | T | FOREHEAD FLAP W/VASC PEDICLE | - | 05055 | 38.0095 | APC | $2,219.37 | - | - | - | - | 000 | 999 | - |
| 15733 | T | MUSC MYOQ/FSCQ FLP H&N PEDCL | - | 05055 | 38.0095 | APC | $2,409.44 | - | - | - | - | 000 | 999 | - |
| 15734 | T | MUSCLE-SKIN GRAFT TRUNK | - | 05055 | 38.0095 | APC | $2,219.37 | - | - | - | - | 000 | 999 | - |
| 15736 | T | MUSCLE-SKIN GRAFT ARM | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15738 | T | MUSCLE-SKIN GRAFT LEG | - | 05055 | 38.0095 | APC | $2,219.37 | - | - | - | - | 000 | 999 | - |
| 15740 | T | ISLAND PEDICLE FLAP GRAFT | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15750 | T | NEUROVASCULAR PEDICLE FLAP | - | 05055 | 38.0095 | APC | $2,219.37 | - | - | - | - | 000 | 999 | - |
| 15756 | C | FREE MYO/SKIN FLAP MICROVASC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 15757 | C | FREE SKIN FLAP MICROVASC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 15758 | C | FREE FASCIAL FLAP MICROVASC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 15760 | T | COMPOSITE SKIN GRAFT | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15769 | T | GRFG AUTOL SOFT TISS DIR EXC | - | 05055 | 38.0095 | APC | $2,409.44 | - | - | - | - | 000 | 999 | - |
| 15770 | T | DERMA-FAT-FASCIA GRAFT | - | 05055 | 38.0095 | APC | $2,219.37 | - | - | - | - | 000 | 999 | - |
| 15771 | E | GRFG AUTOL FAT LIPO 50 CC/< | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15772 | E | GRFG AUTOL FAT LIPO EA ADDL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15773 | E | GRFG AUTOL FAT LIPO 25 CC/< | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15774 | E | GFRG AUTOL FAT LIPO EA ADDL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15775 | E | HAIR TRNSPL 1-15 PUNCH GRFTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15776 | E | HAIR TRNSPL >15 PUNCH GRAFTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15777 | N | ACELLULAR DERM MATRIX IMPLT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 15778 | E | IMPL ABSRB MSH/PRSTH DLY CLS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15780 | E | DERMABRASION TOTAL FACE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15781 | E | DERMABRASION SEGMENTAL FACE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15782 | E | DERMABRASION OTHER THAN FACE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15783 | E | DERMABRASION SUPRFL ANY SITE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15786 | E | ABRASION LESION SINGLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15787 | E | ABRASION LESIONS ADD-ON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15788 | E | CHEMICAL PEEL FACE EPIDERM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15789 | E | CHEMICAL PEEL FACE DERMAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15792 | E | CHEMICAL PEEL NONFACIAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15793 | E | CHEMICAL PEEL NONFACIAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15819 | E | PLASTIC SURGERY NECK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15820 | T | REVISION OF LOWER EYELID | - | 05054 | 20.1655 | APC | $1,177.46 | | | Y | - | 000 | 999 | - |
| 15821 | T | REVISION OF LOWER EYELID | - | 05054 | 20.1655 | APC | $1,177.46 | | | Y | - | 000 | 999 | - |
| 15822 | T | REVISION OF UPPER EYELID | - | 05054 | 20.1655 | APC | $1,177.46 | | | Y | - | 000 | 999 | - |
| 15823 | T | REVISION OF UPPER EYELID | - | 05054 | 20.1655 | APC | $1,177.46 | | | Y | - | 000 | 999 | - |
| 15824 | E | REMOVAL OF FOREHEAD WRINKLES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15825 | E | REMOVAL OF NECK WRINKLES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15826 | E | REMOVAL OF BROW WRINKLES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 15828 | E | REMOVAL OF FACE WRINKLES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15829 | E | REMOVAL OF SKIN WRINKLES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15830 | T | EXC SKIN ABD | - | 05092 | 69.4415 | APC | $4,054.69 | | | Y | - | 000 | 999 | - |
| 15832 | E | EXCISE EXCESSIVE SKIN THIGH | - | - | - | Not Allowed | $0.00 | | | Y | - | 000 | 999 | - |
| 15833 | E | EXCISE EXCESSIVE SKIN LEG | - | - | - | Not Allowed | $0.00 | | | Y | - | 000 | 999 | - |
| 15834 | E | EXCISE EXCESSIVE SKIN HIP | - | - | - | Not Allowed | $0.00 | | | Y | - | 000 | 999 | - |
| 15835 | E | EXCISE EXCESSIVE SKIN BUTTCK | - | - | - | Not Allowed | $0.00 | | | Y | - | 000 | 999 | - |
| 15836 | E | EXCISE EXCESSIVE SKIN ARM | - | - | - | Not Allowed | $0.00 | | | Y | - | 000 | 999 | - |
| 15837 | E | EXCISE EXCESS SKIN ARM/HAND | - | - | - | Not Allowed | $0.00 | | | Y | - | 000 | 999 | - |
| 15838 | E | EXCISE EXCESS SKIN FAT PAD | - | - | - | Not Allowed | $0.00 | | | Y | - | 000 | 999 | - |
| 15839 | T | EXCISE EXCESS SKIN & TISSUE | - | 05073 | 30.1835 | APC | $1,762.41 | | | Y | - | 000 | 999 | - |
| 15840 | T | NERVE PALSY FASCIAL GRAFT | - | 05055 | 38.0095 | APC | $2,219.37 | - | - | - | - | 000 | 999 | - |
| 15841 | T | NERVE PALSY MUSCLE GRAFT | - | 05055 | 38.0095 | APC | $2,219.37 | - | - | - | - | 000 | 999 | - |
| 15842 | T | NERVE PALSY MICROSURG GRAFT | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15845 | T | SKIN AND MUSCLE REPAIR FACE | - | 05055 | 38.0095 | APC | $2,219.37 | - | - | - | - | 000 | 999 | - |
| 15847 | N | EXC SKIN ABD ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 15851 | T | REMOVAL SUTR/STAPLE REQ ANES | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15852 | N | DRESSING CHANGE NOT FOR BURN | - | 05053 | 6.7880 | Bundled, sometimes payable | $396.35 | - | - | - | - | 000 | 999 | - |
| 15853 | N | REMOVAL SUTR/STAPL XREQ ANES | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 15854 | N | REMOVAL SUTR&STAPL XREQ ANES | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 15860 | N | TEST FOR BLOOD FLOW IN GRAFT | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | - | 000 | 999 | - |
| 15876 | E | SUCTION LIPECTOMY HEAD&NECK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15877 | E | SUCTION LIPECTOMY TRUNK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15878 | E | SUCTION LIPECTOMY UPR EXTREM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15879 | E | SUCTION LIPECTOMY LWR EXTREM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 15920 | T | REMOVAL OF TAIL BONE ULCER | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 15922 | T | REMOVAL OF TAIL BONE ULCER | - | 05055 | 38.0095 | APC | $2,219.37 | - | - | - | - | 000 | 999 | - |
| 15931 | T | REMOVE SACRUM PRESSURE SORE | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 15933 | T | REMOVE SACRUM PRESSURE SORE | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 15934 | T | REMOVE SACRUM PRESSURE SORE | - | 05055 | 38.0095 | APC | $2,219.37 | - | - | - | - | 000 | 999 | - |
| 15935 | T | REMOVE SACRUM PRESSURE SORE | - | 05055 | 38.0095 | APC | $2,219.37 | - | - | - | - | 000 | 999 | - |
| 15936 | T | REMOVE SACRUM PRESSURE SORE | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15937 | T | REMOVE SACRUM PRESSURE SORE | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15940 | T | REMOVE HIP PRESSURE SORE | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 15941 | T | REMOVE HIP PRESSURE SORE | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 15944 | T | REMOVE HIP PRESSURE SORE | - | 05055 | 38.0095 | APC | $2,219.37 | - | - | - | - | 000 | 999 | - |
| 15945 | T | REMOVE HIP PRESSURE SORE | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15946 | T | REMOVE HIP PRESSURE SORE | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15950 | T | REMOVE THIGH PRESSURE SORE | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 15951 | T | REMOVE THIGH PRESSURE SORE | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 15952 | T | REMOVE THIGH PRESSURE SORE | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15953 | T | REMOVE THIGH PRESSURE SORE | - | 05055 | 38.0095 | APC | $2,219.37 | - | - | - | - | 000 | 999 | - |
| 15956 | T | REMOVE THIGH PRESSURE SORE | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 15958 | T | REMOVE THIGH PRESSURE SORE | - | 05055 | 38.0095 | APC | $2,219.37 | - | - | - | - | 000 | 999 | - |
| 15999 | T | UNLISTED PX EXC PRESSURE ULC | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 16000 | N | INITIAL TREATMENT OF BURN(S) | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 16020 | N | DRESS/DEBRID P-THICK BURN S | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 16025 | T | DRESS/DEBRID P-THICK BURN M | - | 05051 | 2.1100 | APC | $123.20 | - | - | - | - | 000 | 999 | - |
| 16030 | T | DRESS/DEBRID P-THICK BURN L | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 16035 | T | INCISION OF BURN SCAB INITI | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 16036 | C | ESCHAROTOMY ADDL INCISION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 17000 | N | DESTRUCT PREMALG LESION | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 17003 | N | DESTRUCT PREMALG LES 2-14 | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 17004 | T | DESTROY PREMAL LESIONS 15/> | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 17106 | T | DESTRUCTION OF SKIN LESIONS | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 17107 | T | DESTRUCTION OF SKIN LESIONS | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 17108 | T | DESTRUCTION OF SKIN LESIONS | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 17110 | N | DESTRUCT B9 LESION 1-14 | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 17111 | N | DESTRUCT LESION 15 OR MORE | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 17250 | N | CHEM CAUT OF GRANLTJ TISSUE | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 17260 | N | DESTRUCTION OF SKIN LESIONS | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 17261 | N | DESTRUCTION OF SKIN LESIONS | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 17262 | N | DESTRUCTION OF SKIN LESIONS | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 17263 | N | DESTRUCTION OF SKIN LESIONS | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 17264 | T | DESTRUCTION OF SKIN LESIONS | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 17266 | T | DESTRUCTION OF SKIN LESIONS | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 17270 | T | DESTRUCTION OF SKIN LESIONS | - | 05051 | 2.1100 | APC | $123.20 | - | - | - | - | 000 | 999 | - |
| 17271 | T | DESTRUCTION OF SKIN LESIONS | - | 05051 | 2.1100 | APC | $123.20 | - | - | - | - | 000 | 999 | - |
| 17272 | N | DESTRUCTION OF SKIN LESIONS | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 17273 | T | DESTRUCTION OF SKIN LESIONS | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 17274 | T | DESTRUCTION OF SKIN LESIONS | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 17276 | T | DESTRUCTION OF SKIN LESIONS | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 17280 | N | DESTRUCTION OF SKIN LESIONS | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 17281 | T | DESTRUCTION OF SKIN LESIONS | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 17282 | T | DESTRUCTION OF SKIN LESIONS | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 17283 | T | DESTRUCTION OF SKIN LESIONS | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 17284 | T | DESTRUCTION OF SKIN LESIONS | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 17286 | T | DESTRUCTION OF SKIN LESIONS | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 17311 | T | MOHS 1 STAGE H/N/HF/G | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 17312 | N | MOHS ADDL STAGE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 17313 | T | MOHS 1 STAGE T/A/L | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 17314 | N | MOHS ADDL STAGE T/A/L | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 17315 | N | MOHS SURG ADDL BLOCK | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 17340 | N | CRYOTHERAPY OF SKIN | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 17360 | N | SKIN PEEL THERAPY | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 17380 | E | HAIR REMOVAL BY ELECTROLYSIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 17999 | N | UNLISTD PX SKN MUC MEMB SUBQ | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 19000 | T | DRAINAGE OF BREAST LESION | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 19001 | N | DRAIN BREAST LESION ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 19020 | T | INCISION OF BREAST LESION | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 19030 | N | INJECTION FOR BREAST X-RAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 19081 | T | BX BREAST 1ST LESION STRTCTC | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 19082 | N | BX BREAST ADD LESION STRTCTC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 19083 | T | BX BREAST 1ST LESION US IMAG | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 19084 | N | BX BREAST ADD LESION US IMAG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 19085 | T | BX BREAST 1ST LESION MR IMAG | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 19086 | N | BX BREAST ADD LESION MR IMAG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 19100 | T | BX BREAST PERCUT W/O IMAGE | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 19101 | T | BIOPSY OF BREAST OPEN | - | 05091 | 40.1682 | APC | $2,345.42 | - | - | - | - | 000 | 999 | - |
| 19105 | T | CRYOSURG ABLATE FA EACH | - | 05091 | 40.1682 | APC | $2,345.42 | - | - | - | - | 000 | 999 | - |
| 19110 | T | NIPPLE EXPLORATION | - | 05091 | 40.1682 | APC | $2,345.42 | - | - | - | - | 000 | 999 | - |
| 19112 | T | EXCISE BREAST DUCT FISTULA | - | 05091 | 40.1682 | APC | $2,345.42 | - | - | - | - | 000 | 999 | - |
| 19120 | T | REMOVAL OF BREAST LESION | - | 05091 | 40.1682 | APC | $2,345.42 | - | - | - | - | 000 | 999 | - |
| 19125 | T | EXCISION BREAST LESION | - | 05091 | 40.1682 | APC | $2,345.42 | - | - | - | - | 000 | 999 | - |
| 19126 | N | EXCISION ADDL BREAST LESION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 19281 | N | PERQ DEVICE BREAST 1ST IMAG | - | 05072 | 17.5212 | Bundled, sometimes payable | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 19282 | N | PERQ DEVICE BREAST EA IMAG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 19283 | N | PERQ DEV BREAST 1ST STRTCTC | - | 05071 | 7.5828 | Bundled, sometimes payable | $442.76 | - | - | - | - | 000 | 999 | - |
| 19284 | N | PERQ DEV BREAST ADD STRTCTC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 19285 | N | PERQ DEV BREAST 1ST US IMAG | - | 05071 | 7.5828 | Bundled, sometimes payable | $442.76 | - | - | - | - | 000 | 999 | - |
| 19286 | N | PERQ DEV BREAST ADD US IMAG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 19287 | N | PERQ DEV BREAST 1ST MR GUIDE | - | 05071 | 7.5828 | Bundled, sometimes payable | $442.76 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 19288 | N | PERQ DEV BREAST ADD MR GUIDE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 19294 | N | PREPJ TUM CAV IORT PRTL MAST | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 19296 | N | PLACE PO BREAST CATH FOR RAD | - | 05093 | 102.8888 | Bundled, sometimes payable | $6,007.68 | - | - | - | Y | 000 | 999 | - |
| 19297 | N | PLACE BREAST CATH FOR RAD | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 19298 | N | PLACE BREAST RAD TUBE/CATHS | - | 05092 | 69.4415 | Bundled, sometimes payable | $4,054.69 | - | - | - | Y | 000 | 999 | - |
| 19300 | T | REMOVAL OF BREAST TISSUE | - | 05091 | 40.1682 | APC | $2,345.42 | | | Y | - | 000 | 999 | - |
| 19301 | T | PARTIAL MASTECTOMY | - | 05091 | 40.1682 | APC | $2,345.42 | | | Y | - | 000 | 999 | - |
| 19302 | T | P-MASTECTOMY W/LN REMOVAL | - | 05092 | 69.4415 | APC | $4,054.69 | | | Y | - | 000 | 999 | - |
| 19303 | T | MAST SIMPLE COMPLETE | - | 05092 | 69.4415 | APC | $4,054.69 | | | Y | - | 000 | 999 | - |
| 19305 | C | MAST RADICAL | - | - | - | Inpatient Only | $0.00 | | | Y | - | 000 | 999 | - |
| 19306 | C | MAST RAD URBAN TYPE | - | - | - | Inpatient Only | $0.00 | | | Y | - | 000 | 999 | - |
| 19307 | T | MAST MOD RAD | - | 05092 | 69.4415 | APC | $4,054.69 | | | Y | - | 000 | 999 | - |
| 19316 | T | SUSPENSION OF BREAST | - | 05092 | 69.4415 | APC | $4,054.69 | | | Y | - | 016 | 999 | - |
| 19318 | T | BREAST REDUCTION | - | 05092 | 69.4415 | APC | $4,054.69 | | | Y | - | 016 | 999 | - |
| 19325 | N | BREAST AUGMENTATION W/IMPLT | - | 05093 | 102.8888 | Bundled, sometimes payable | $6,007.68 | | | Y | - | 016 | 999 | - |
| 19328 | N | RMVL INTACT BREAST IMPLANT | - | 05091 | 40.1682 | Bundled, sometimes payable | $2,345.42 | | | Y | - | 016 | 999 | - |
| 19330 | N | RMVL RUPTURED BREAST IMPLANT | - | 05091 | 40.1682 | Bundled, sometimes payable | $2,345.42 | | | Y | - | 016 | 999 | - |
| 19340 | T | INSJ BREAST IMPLT SM D MAST | - | 05092 | 69.4415 | APC | $4,054.69 | | | Y | - | 016 | 999 | - |
| 19342 | N | INSJ/RPLCMT BRST IMPLT SEP D | - | 05093 | 102.8888 | Bundled, sometimes payable | $6,007.68 | | | Y | - | 016 | 999 | - |
| 19350 | T | BREAST RECONSTRUCTION | - | 05091 | 40.1682 | APC | $2,345.42 | | | Y | - | 016 | 999 | - |
| 19355 | E | CORRECT INVERTED NIPPLE(S) | - | - | - | Not Allowed | $0.00 | - | - | - | - | 016 | 999 | - |
| 19357 | N | TISS XPNDR PLMT BRST RCNSTJ | - | 05094 | 194.9380 | Bundled, sometimes payable | $11,382.43 | | | Y | - | 016 | 999 | - |
| 19361 | C | BRST RCNSTJ LATSMS DRSI FLAP | - | - | - | Inpatient Only | $0.00 | | | Y | - | 016 | 999 | - |
| 19364 | C | BRST RCNSTJ FREE FLAP | - | - | - | Inpatient Only | $0.00 | | | Y | - | 016 | 999 | - |
| 19367 | C | BRST RCNSTJ 1 PDCL TRAM FLAP | - | - | - | Inpatient Only | $0.00 | | | Y | - | 016 | 999 | - |
| 19368 | C | BRST RCNSTJ 1PDCL TRAM ANAST | - | - | - | Inpatient Only | $0.00 | | | Y | - | 016 | 999 | - |
| 19369 | C | BRST RCNSTJ 2 PDCL TRAM FLAP | - | - | - | Inpatient Only | $0.00 | | | Y | - | 016 | 999 | - |
| 19370 | T | REVJ PERI-IMPLT CAPSULE BRST | - | 05091 | 40.1682 | APC | $2,345.42 | | | Y | - | 000 | 999 | - |
| 19371 | T | PERI-IMPLT CAPSLC BRST COMPL | - | 05091 | 40.1682 | APC | $2,345.42 | | | Y | - | 000 | 999 | - |
| 19380 | T | REVJ RECONSTRUCTED BREAST | - | 05092 | 69.4415 | APC | $4,054.69 | | | Y | - | 016 | 999 | - |
| 19396 | T | DESIGN CUSTOM BREAST IMPLANT | - | 05091 | 40.1682 | APC | $2,345.42 | | | Y | - | 000 | 999 | - |
| 19499 | T | UNLISTED PROCEDURE BREAST | - | 05091 | 40.1682 | APC | $2,345.42 | | | Y | - | 000 | 999 | - |
| 2000F | E | BLOOD PRESSURE MEASURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 2001F | E | WEIGHT RECORD | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 2002F | E | CLIN SIGN VOL OVRLD ASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 2004F | E | INITIAL EXAM INVOLVED JOINTS | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 20100 | T | EXPLORE WOUND NECK | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 20101 | T | EXPLORE WOUND CHEST | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 20102 | T | EXPLORE WOUND ABDOMEN | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 20103 | T | EXPLORE WOUND EXTREMITY | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 2010F | E | VITAL SIGNS RECORDED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 2014F | E | MENTAL STATUS ASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 20150 | T | EXCISE EPIPHYSEAL BAR | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 2015F | E | ASTHMA IMPAIRMENT ASSESSED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 2016F | E | ASTHMA RISK ASSESSED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 2018F | E | HYDRATION STATUS ASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 2019F | E | DILATED MACUL EXAM DONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 20200 | T | MUSCLE BIOPSY | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 20205 | T | DEEP MUSCLE BIOPSY | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 20206 | T | NEEDLE BIOPSY MUSCLE | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 2020F | E | DILATED FUNDUS EVAL DONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 2021F | E | DILAT MACULAR EXAM DONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 20220 | T | BONE BIOPSY TROCAR/NEEDLE | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 20225 | T | BONE BIOPSY TROCAR/NEEDLE | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 2022F | E | DILAT RTA XM EVC RTNOPTHY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 2023F | E | DILAT RTA XM W/O RTNOPTHY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20240 | T | BONE BIOPSY OPEN SUPERFICIAL | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 20245 | T | BONE BIOPSY OPEN DEEP | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 2024F | E | 7 FLD RTA PHOTO EVC RTNOPTHY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 20250 | T | OPEN BONE BIOPSY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 20251 | T | OPEN BONE BIOPSY | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 2025F | E | 7 FLD RTA PHOTO W/O RTNOPTHY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 2026F | E | EYE IMG VALID EVC RTNOPTHY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 2027F | E | OPTIC NERVE HEAD EVAL DONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 2028F | E | FOOT EXAM PERFORMED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 2029F | E | COMPLETE PHYS SKIN EXAM DONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 2030F | E | H2O STAT DOCD NORMAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 2031F | E | H2O STAT DOCD DEHYDRATED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 2033F | E | EYE IMG VALID W/O RTNOPTHY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 2035F | E | TYMP MEMB MOTION EXAMD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 2040F | E | BK PN XM ON INIT VISIT DATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 2044F | E | DOC MNTL TST B/4 BK TRXMNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 20500 | T | INJECTION OF SINUS TRACT | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 20501 | N | INJECT SINUS TRACT FOR X-RAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 2050F | E | WOUND CHAR SIZE ETC DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 20520 | T | REMOVAL OF FOREIGN BODY | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 20525 | T | REMOVAL OF FOREIGN BODY | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 20526 | T | THER INJECTION CARP TUNNEL | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 20527 | T | INJ DUPUYTREN CORD W/ENZYME | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 20550 | T | INJ TENDON SHEATH/LIGAMENT | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 20551 | T | INJ TENDON ORIGIN/INSERTION | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 20552 | T | INJ TRIGGER POINT 1/2 MUSCL | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 20553 | T | INJECT TRIGGER POINTS 3/> | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 20555 | T | PLACE NDL MUSC/TIS FOR RT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 20560 | E | NDL INSJ W/O NJX 1 OR 2 MUSC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 20561 | E | NDL INSJ W/O NJX 3+ MUSC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 20600 | T | DRAIN/INJ JOINT/BURSA W/O US | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 20604 | T | DRAIN/INJ JOINT/BURSA W/US | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 20605 | T | DRAIN/INJ JOINT/BURSA W/O US | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 20606 | T | DRAIN/INJ JOINT/BURSA W/US | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 999 | - |
| 2060F | E | PT TALK EVAL HLTHWKR RE MDD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 20610 | T | DRAIN/INJ JOINT/BURSA W/O US | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 20611 | T | DRAIN/INJ JOINT/BURSA W/US | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 20612 | T | ASPIRATE/INJ GANGLION CYST | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 20615 | T | TREATMENT OF BONE CYST | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 20650 | T | INSERT AND REMOVE BONE PIN | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 20660 | N | APPLY REM FIXATION DEVICE | - | 05112 | 16.7613 | Bundled, sometimes payable | $978.69 | - | - | - | - | 000 | 999 | - |
| 20661 | C | APPLICATION OF HEAD BRACE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 20662 | T | APPLICATION OF PELVIS BRACE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 20663 | T | APPLICATION OF THIGH BRACE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 20664 | C | APPLICATION OF HALO | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 20665 | N | REMOVAL OF FIXATION DEVICE | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | - | 000 | 999 | - |
| 20670 | N | REMOVAL OF SUPPORT IMPLANT | - | 05072 | 17.5212 | Bundled, sometimes payable | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 20680 | N | REMOVAL OF SUPPORT IMPLANT | - | 05073 | 30.1835 | Bundled, sometimes payable | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 20690 | N | APPLY BONE FIXATION DEVICE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 20692 | N | APPLY BONE FIXATION DEVICE | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 20693 | T | ADJUST BONE FIXATION DEVICE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 20694 | N | REMOVE BONE FIXATION DEVICE | - | 05112 | 16.7613 | Bundled, sometimes payable | $978.69 | - | - | - | - | 000 | 999 | - |
| 20696 | N | COMP MULTIPLANE EXT FIXATION | - | 05116 | 255.8583 | Bundled, sometimes payable | $14,939.57 | - | - | - | - | 000 | 999 | - |
| 20697 | T | COMP EXT FIXATE STRUT CHANGE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 20700 | N | MNL PREP&INSJ DP RX DLVR DEV | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 20701 | N | RMVL DEEP RX DELIVERY DEVICE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20702 | N | MNL PREP&INSJ IMED RX DEV | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 20703 | N | RMVL IMED RX DELIVERY DEVICE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 20704 | N | MNL PREP&INSJ I-ARTIC RX DEV | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 20705 | N | RMVL I-ARTIC RX DELIVERY DEV | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 20802 | C | REPLANTATION ARM COMPLETE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 20805 | C | REPLANT FOREARM COMPLETE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 20808 | C | REPLANTATION HAND COMPLETE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 20816 | C | REPLANTATION DIGIT COMPLETE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 20822 | T | REPLANTATION DIGIT COMPLETE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 20824 | C | REPLANTATION THUMB COMPLETE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 20827 | C | REPLANTATION THUMB COMPLETE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 20838 | C | REPLANTATION FOOT COMPLETE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 20900 | T | REMOVAL OF BONE FOR GRAFT | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 20902 | N | REMOVAL OF BONE FOR GRAFT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 20910 | T | REMOVE CARTILAGE FOR GRAFT | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| 20912 | T | REMOVE CARTILAGE FOR GRAFT | - | 05055 | 38.0095 | APC | $2,219.37 | - | - | - | - | 000 | 999 | - |
| 20920 | T | REMOVAL OF FASCIA FOR GRAFT | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 20922 | T | REMOVAL OF FASCIA FOR GRAFT | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 20924 | T | REMOVAL OF TENDON FOR GRAFT | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 20930 | N | SP BONE ALGRFT MORSEL ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 20931 | N | SP BONE ALGRFT STRUCT ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 20932 | N | OSTEOART ALGRFT W/SURF & B1 | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 20933 | N | HEMICRT INTRCLRY ALGRFT PRTL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 20934 | N | INTERCALARY ALGRFT COMPL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 20936 | N | SP BONE AGRFT LOCAL ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 20937 | N | SP BONE AGRFT MORSEL ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 20938 | N | SP BONE AGRFT STRUCT ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 20939 | N | BONE MARROW ASPIR BONE GRFG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 20950 | T | FLUID PRESSURE MUSCLE | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 20955 | C | FIBULA BONE GRAFT MICROVASC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 20956 | C | ILIAC BONE GRAFT MICROVASC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 20957 | C | MT BONE GRAFT MICROVASC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 20962 | C | OTHER BONE GRAFT MICROVASC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 20969 | C | BONE/SKIN GRAFT MICROVASC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 20970 | C | BONE/SKIN GRAFT ILIAC CREST | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 20972 | N | BONE/SKIN GRAFT METATARSAL | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 20973 | N | BONE/SKIN GRAFT GREAT TOE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 20974 | M | ELECTRICAL BONE STIMULATION | - | - | - | Fee Schedule | $67.19 | - | - | - | - | 000 | 999 | - |
| 20975 | N | ELECTRICAL BONE STIMULATION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 20979 | N | US BONE STIMULATION | - | 05731 | 0.2916 | Bundled, sometimes payable | $17.03 | - | - | - | - | 000 | 999 | - |
| 20982 | T | ABLATE BONE TUMOR(S) PERQ | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | Y | 000 | 999 | - |
| 20983 | T | ABLATE BONE TUMOR(S) PERQ | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 20985 | N | CPTR-ASST DIR MS PX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 20999 | T | UNLISTED PX MUSCSKEL GENERAL | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 21010 | N | INCISION OF JAW JOINT | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 21011 | T | EXC FACE LES SC <2 CM | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 21012 | T | EXC FACE LES SBQ 2 CM/> | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 21013 | T | EXC FACE TUM DEEP < 2 CM | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 21014 | T | EXC FACE TUM DEEP 2 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 21015 | T | RESECT FACE/SCALP TUM < 2 CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 21016 | T | RESECT FACE/SCALP TUM 2 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 21025 | N | EXCISION OF BONE LOWER JAW | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21026 | T | EXCISION OF FACIAL BONE(S) | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21029 | T | CONTOUR OF FACE BONE LESION | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 21030 | T | EXCISE MAX/ZYGOMA B9 TUMOR | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21031 | T | REMOVE EXOSTOSIS MANDIBLE | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 21032 | T | REMOVE EXOSTOSIS MAXILLA | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 21034 | N | EXCISE MAX/ZYGOMA MAL TUMOR | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21040 | T | EXCISE MANDIBLE LESION | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 21044 | N | REMOVAL OF JAW BONE LESION | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21045 | C | EXTENSIVE JAW SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 21046 | N | REMOVE MANDIBLE CYST COMPLEX | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21047 | N | EXCISE LWR JAW CYST W/REPAIR | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21048 | N | REMOVE MAXILLA CYST COMPLEX | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21049 | N | EXCIS UPPR JAW CYST W/REPAIR | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21050 | N | REMOVAL OF JAW JOINT | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21060 | N | REMOVE JAW JOINT CARTILAGE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21070 | N | REMOVE CORONOID PROCESS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21073 | T | MNPJ OF TMJ W/ANESTH | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 21076 | T | PREPARE FACE/ORAL PROSTHESIS | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 21077 | N | PREPARE FACE/ORAL PROSTHESIS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21079 | N | PREPARE FACE/ORAL PROSTHESIS | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 21080 | N | PREPARE FACE/ORAL PROSTHESIS | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 21081 | N | PREPARE FACE/ORAL PROSTHESIS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21082 | N | PREPARE FACE/ORAL PROSTHESIS | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 21083 | N | PREPARE FACE/ORAL PROSTHESIS | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 21084 | N | PREPARE FACE/ORAL PROSTHESIS | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 21085 | T | PREPARE FACE/ORAL PROSTHESIS | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 21086 | N | PREPARE FACE/ORAL PROSTHESIS | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 21087 | N | PREPARE FACE/ORAL PROSTHESIS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21088 | N | PREPARE FACE/ORAL PROSTHESIS | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 21089 | T | UNLISTED MAXLFCL PROSTH PX | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 21100 | N | MAXILLOFACIAL FIXATION | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21110 | N | INTERDENTAL FIXATION | - | 05163 | 16.2194 | Bundled, sometimes payable | $947.05 | - | - | - | - | 000 | 999 | - |
| 21116 | N | INJECTION JAW JOINT X-RAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 21120 | N | RECONSTRUCTION OF CHIN | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21121 | T | RECONSTRUCTION OF CHIN | - | 05164 | 33.2421 | APC | $1,941.01 | | | Y | - | 000 | 999 | - |
| 21122 | T | RECONSTRUCTION OF CHIN | - | 05165 | 62.3903 | APC | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21123 | T | RECONSTRUCTION OF CHIN | - | 05164 | 33.2421 | APC | $1,941.01 | | | Y | - | 000 | 999 | - |
| 21125 | T | AUGMENTATION LOWER JAW BONE | - | 05165 | 62.3903 | APC | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21127 | N | AUGMENTATION LOWER JAW BONE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21137 | T | REDUCTION OF FOREHEAD | - | 05164 | 33.2421 | APC | $1,941.01 | | | Y | - | 000 | 999 | - |
| 21138 | N | REDUCTION OF FOREHEAD | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21139 | N | REDUCTION OF FOREHEAD | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21141 | T | LEFORT I-1 PIECE W/O GRAFT | - | 05165 | 62.3903 | APC | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21142 | T | LEFORT I-2 PIECE W/O GRAFT | - | 05165 | 62.3903 | APC | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21143 | T | LEFORT I-3/> PIECE W/O GRAFT | - | 05165 | 62.3903 | APC | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21145 | C | LEFORT I-1 PIECE W/ GRAFT | - | - | - | Inpatient Only | $0.00 | | | Y | - | 000 | 999 | - |
| 21146 | C | LEFORT I-2 PIECE W/ GRAFT | - | - | - | Inpatient Only | $0.00 | | | Y | - | 000 | 999 | - |
| 21147 | C | LEFORT I-3/> PIECE W/ GRAFT | - | - | - | Inpatient Only | $0.00 | | | Y | - | 000 | 999 | - |
| 21150 | N | LEFORT II ANTERIOR INTRUSION | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21151 | C | LEFORT II W/BONE GRAFTS | - | - | - | Inpatient Only | $0.00 | | | Y | - | 000 | 999 | - |
| 21154 | C | LEFORT III W/O LEFORT I | - | - | - | Inpatient Only | $0.00 | | | Y | - | 000 | 999 | - |
| 21155 | C | LEFORT III W/ LEFORT I | - | - | - | Inpatient Only | $0.00 | | | Y | - | 000 | 999 | - |
| 21159 | C | LEFORT III W/FHDW/O LEFORT I | - | - | - | Inpatient Only | $0.00 | | | Y | - | 000 | 999 | - |
| 21160 | C | LEFORT III W/FHD W/ LEFORT I | - | - | - | Inpatient Only | $0.00 | | | Y | - | 000 | 999 | - |
| 21172 | N | RECONSTRUCT ORBIT/FOREHEAD | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21175 | N | RECONSTRUCT ORBIT/FOREHEAD | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21179 | C | RECONSTRUCT ENTIRE FOREHEAD | - | - | - | Inpatient Only | $0.00 | | | Y | - | 000 | 999 | - |
| 21180 | C | RECONSTRUCT ENTIRE FOREHEAD | - | - | - | Inpatient Only | $0.00 | | | Y | - | 000 | 999 | - |
| 21181 | N | CONTOUR CRANIAL BONE LESION | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21182 | C | RECONSTRUCT CRANIAL BONE | - | - | - | Inpatient Only | $0.00 | | | Y | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 21183 | C | RECONSTRUCT CRANIAL BONE | - | - | - | Inpatient Only | $0.00 | | | Y | - | 000 | 999 | - |
| 21184 | C | RECONSTRUCT CRANIAL BONE | - | - | - | Inpatient Only | $0.00 | | | Y | - | 000 | 999 | - |
| 21188 | C | RECONSTRUCTION OF MIDFACE | - | - | - | Inpatient Only | $0.00 | | | Y | - | 000 | 999 | - |
| 21193 | N | RECONST LWR JAW W/O GRAFT | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21194 | T | RECONST LWR JAW W/GRAFT | - | 05165 | 62.3903 | APC | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21195 | N | RECONST LWR JAW W/O FIXATION | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21196 | T | RECONST LWR JAW W/FIXATION | - | 05165 | 62.3903 | APC | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21198 | T | RECONSTR LWR JAW SEGMENT | - | 05165 | 62.3903 | APC | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21199 | N | RECONSTR LWR JAW W/ADVANCE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21206 | N | RECONSTRUCT UPPER JAW BONE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21208 | N | AUGMENTATION OF FACIAL BONES | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21209 | N | REDUCTION OF FACIAL BONES | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21210 | N | FACE BONE GRAFT | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21215 | N | LOWER JAW BONE GRAFT | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21230 | N | RIB CARTILAGE GRAFT | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21235 | T | EAR CARTILAGE GRAFT | - | 05165 | 62.3903 | APC | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21240 | N | RECONSTRUCTION OF JAW JOINT | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21242 | N | RECONSTRUCTION OF JAW JOINT | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21243 | N | RECONSTRUCTION OF JAW JOINT | - | 05116 | 255.8583 | Bundled, sometimes payable | $14,939.57 | | | Y | - | 000 | 999 | - |
| 21244 | N | RECONSTRUCTION OF LOWER JAW | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21245 | N | RECONSTRUCTION OF JAW | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21246 | N | RECONSTRUCTION OF JAW | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21247 | C | RECONSTRUCT LOWER JAW BONE | - | - | - | Inpatient Only | $0.00 | | | Y | - | 000 | 999 | - |
| 21248 | N | RECONSTRUCTION OF JAW | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21249 | N | RECONSTRUCTION OF JAW | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21255 | T | RECONSTRUCT LOWER JAW BONE | - | 05165 | 62.3903 | APC | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21256 | N | RECONSTRUCTION OF ORBIT | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 21260 | N | REVISE EYE SOCKETS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21261 | N | REVISE EYE SOCKETS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21263 | N | REVISE EYE SOCKETS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21267 | N | REVISE EYE SOCKETS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21268 | C | REVISE EYE SOCKETS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 21270 | N | AUGMENTATION CHEEK BONE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21275 | N | REVISION ORBITOFACIAL BONES | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21280 | N | REVISION OF EYELID | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 21282 | T | REVISION OF EYELID | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 21295 | T | REVISION OF JAW MUSCLE/BONE | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 21296 | T | REVISION OF JAW MUSCLE/BONE | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 21299 | T | UNLISTED CRANFCL&MAXLFCL PX | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 21315 | T | CLSD TX NSL FX MNPJ WO STBLJ | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 21320 | T | CLSD TX NSL FX W/MNPJ&STABLJ | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 21325 | T | OPEN TX NOSE FX UNCOMPLICATD | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 21330 | T | OPEN TX NOSE FX W/SKELE FIXJ | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21335 | T | OPEN TX NOSE & SEPTAL FX | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 21336 | T | OPEN TX SEPTAL FX W/WO STABJ | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 21337 | T | CLOSED TX SEPTAL&NOSE FX | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 21338 | N | OPEN NASOETHMOID FX W/O FIXJ | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21339 | T | OPEN NASOETHMOID FX W/ FIXJ | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21340 | N | PERQ TX NASOETHMOID FX | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 21343 | C | OPEN TX DPRSD FRONT SINUS FX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 21344 | C | OPEN TX COMPL FRONT SINUS FX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 21345 | T | CLOSED TX NOSE/JAW FX | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 21346 | N | OPN TX NASOMAX FX W/FIXJ | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21347 | T | OPN TX NASOMAX FX MULTPLE | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21348 | C | OPN TX NASOMAX FX W/GRAFT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 21355 | N | PERQ TX MALAR FRACTURE | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 21356 | T | OPN TX DPRSD ZYGOMATIC ARCH | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21360 | N | OPN TX DPRSD MALAR FRACTURE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21365 | N | OPN TX COMPLX MALAR FX | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21366 | T | OPN TX COMPLX MALAR W/GRFT | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21385 | N | OPN TX ORBIT FX TRANSANTRAL | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21386 | N | OPN TX ORBIT FX PERIORBITAL | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21387 | N | OPN TX ORBIT FX COMBINED | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21390 | N | OPN TX ORBIT PERIORBTL IMPLT | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21395 | N | OPN TX ORBIT PERIORBT W/GRFT | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21400 | T | CLOSED TX ORBIT W/O MANIPULJ | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 21401 | T | CLOSED TX ORBIT W/MANIPULJ | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 21406 | N | OPN TX ORBIT FX W/O IMPLANT | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21407 | N | OPN TX ORBIT FX W/IMPLANT | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21408 | N | OPN TX ORBIT FX W/BONE GRFT | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21421 | N | TREAT MOUTH ROOF FRACTURE | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 21422 | T | TREAT MOUTH ROOF FRACTURE | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21423 | C | TREAT MOUTH ROOF FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 21431 | C | TREAT CRANIOFACIAL FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 21432 | C | TREAT CRANIOFACIAL FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 21433 | C | TREAT CRANIOFACIAL FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 21435 | C | TREAT CRANIOFACIAL FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 21436 | C | TREAT CRANIOFACIAL FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 21440 | T | TREAT DENTAL RIDGE FRACTURE | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 21445 | N | TREAT DENTAL RIDGE FRACTURE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21450 | T | TREAT LOWER JAW FRACTURE | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 21451 | T | TREAT LOWER JAW FRACTURE | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 21452 | T | TREAT LOWER JAW FRACTURE | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21453 | N | TREAT LOWER JAW FRACTURE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21454 | N | TREAT LOWER JAW FRACTURE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21461 | N | TREAT LOWER JAW FRACTURE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21462 | N | TREAT LOWER JAW FRACTURE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21465 | N | TREAT LOWER JAW FRACTURE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21470 | N | TREAT LOWER JAW FRACTURE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 21480 | T | RESET DISLOCATED JAW | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 21485 | T | RESET DISLOCATED JAW | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 21490 | N | REPAIR DISLOCATED JAW | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 21497 | T | INTERDENTAL WIRING | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 21499 | T | UNLISTED MUSCSKEL PX HEAD | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 21501 | T | DRAIN NECK/CHEST LESION | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 21502 | T | DRAIN CHEST LESION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 21510 | C | DRAINAGE OF BONE LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 21550 | T | BIOPSY OF NECK/CHEST | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 21552 | T | EXC NECK LES SC 3 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 21554 | T | EXC NECK TUM DEEP 5 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 21555 | T | EXC NECK LES SC < 3 CM | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 21556 | T | EXC NECK TUM DEEP < 5 CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 21557 | T | RESECT NECK THORAX TUMOR<5CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 21558 | T | RESECT NECK TUMOR 5 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 21600 | T | PARTIAL REMOVAL OF RIB | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 21601 | n | EXC CHEST WALL TUMOR W/RIBS | - | 05073 | 30.1835 | Bundled, sometimes payable | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 21602 | C | EXC CH WAL TUM W/O LYMPHADEC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 21603 | C | EXC CH WAL TUM W/LYMPHADEC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 21610 | T | PARTIAL REMOVAL OF RIB | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 21615 | C | REMOVAL OF RIB | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 21616 | C | REMOVAL OF RIB AND NERVES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 21620 | C | PARTIAL REMOVAL OF STERNUM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 21627 | C | STERNAL DEBRIDEMENT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 21630 | C | EXTENSIVE STERNUM SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 21632 | C | EXTENSIVE STERNUM SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 21685 | T | HYOID MYOTOMY & SUSPENSION | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | Y | 000 | 999 | - |
| 21700 | T | REVISION OF NECK MUSCLE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 21705 | C | REVISION OF NECK MUSCLE/RIB | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 21720 | T | REVISION OF NECK MUSCLE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 21725 | T | REVISION OF NECK MUSCLE | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 21740 | C | RECONSTRUCTION OF STERNUM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 21742 | T | REPAIR STERN/NUSS W/O SCOPE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 21743 | T | REPAIR STERNUM/NUSS W/SCOPE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 21750 | C | REPAIR OF STERNUM SEPARATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 21811 | T | OPTX OF RIB FX W/FIXJ SCOPE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 21812 | T | TREATMENT OF RIB FRACTURE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 21813 | T | TREATMENT OF RIB FRACTURE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 21820 | T | TREAT STERNUM FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 21825 | C | TREAT STERNUM FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 21899 | T | UNLISTED PX NECK/THORAX | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 21920 | T | BIOPSY SOFT TISSUE OF BACK | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 21925 | T | BIOPSY SOFT TISSUE OF BACK | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 21930 | T | EXC BACK LES SC < 3 CM | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 21931 | T | EXC BACK LES SC 3 CM/> | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 21932 | T | EXC BACK TUM DEEP < 5 CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 21933 | T | EXC BACK TUM DEEP 5 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 21935 | T | RESECT BACK TUM < 5 CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 21936 | T | RESECT BACK TUM 5 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 22010 | C | I&D P-SPINE C/T/CERV-THOR | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 22015 | C | I&D ABSCESS P-SPINE L/S/LS | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 22100 | T | REMOVE PART OF NECK VERTEBRA | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 22101 | T | REMOVE PART THORAX VERTEBRA | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 22102 | T | REMOVE PART LUMBAR VERTEBRA | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 22103 | N | REMOVE EXTRA SPINE SEGMENT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 22110 | C | REMOVE PART OF NECK VERTEBRA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22112 | C | REMOVE PART THORAX VERTEBRA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22114 | C | REMOVE PART LUMBAR VERTEBRA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22116 | C | REMOVE EXTRA SPINE SEGMENT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22206 | C | INCIS SPINE 3 COLUMN THORAC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22207 | C | INCIS SPINE 3 COLUMN LUMBAR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22208 | C | INCIS SPINE 3 COLUMN ADL SEG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22210 | C | INCIS 1 VERTEBRAL SEG CERV | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22212 | C | INCIS 1 VERTEBRAL SEG THORAC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22214 | C | INCIS 1 VERTEBRAL SEG LUMBAR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22216 | C | INCIS ADDL SPINE SEGMENT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22220 | C | OSTEOT DSC ANT 1 VRT SGM CRV | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22222 | C | OSTEOT DSC ANT 1VRT SGM THRC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22224 | C | OSTEOT DSC ANT 1VRT SGM LMBR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22226 | C | OSTEOT DSC ANT 1VRT SGM EA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22310 | T | CLOSED TX VERT FX W/O MANJ | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 22315 | T | CLOSED TX VERT FX W/MANJ | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 22318 | C | TREAT ODONTOID FX W/O GRAFT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22319 | C | TREAT ODONTOID FX W/GRAFT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22325 | C | TREAT SPINE FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22326 | C | TREAT NECK SPINE FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22327 | C | TREAT THORAX SPINE FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22328 | C | TREAT EACH ADD SPINE FX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22505 | T | MANIPULATION OF SPINE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 22510 | T | PERQ CERVICOTHORACIC INJECT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 22511 | T | PERQ LUMBOSACRAL INJECTION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 22512 | N | VERTEBROPLASTY ADDL INJECT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 22513 | N | PERQ VERTEBRAL AUGMENTATION | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 22514 | N | PERQ VERTEBRAL AUGMENTATION | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 22515 | N | PERQ VERTEBRAL AUGMENTATION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 22526 | E | IDET SINGLE LEVEL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 22527 | E | IDET 1 OR MORE LEVELS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 22532 | C | ARTHRD LAT XTRCVTRY TQ THRC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22533 | C | ARTHRD LAT XTRCVTRY TQ LMBR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22534 | C | ARTHRD LAT XTRCVTRY TQ EA AD | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22548 | C | ARTHRD ANT TORAL/XORAL C1-C2 | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22551 | N | ARTHRD ANT NTRBDY CERVICAL | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 22552 | N | ARTHRD ANT NTRBD CERVICAL EA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 22554 | N | ARTHRD ANT NTRBD MIN DSC CRV | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 22556 | C | ARTHRD ANT NTRBD MIN DSC THC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22558 | C | ARTHRD ANT NTRBD MIN DSC LUM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22585 | N | ARTHRD ANT NTRBD MIN DSC EA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 22586 | C | ARTHRD PRE-SAC NTRBDY L5-S1 | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 22590 | C | ARTHRD PST TQ CRANIOCERVICAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22595 | C | ARTHRD PST TQ ATLAS-AXIS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22600 | C | ARTHRD PST TQ 1NTRSPC CRV | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22610 | C | ARTHRD PST TQ 1NTRSPC THRC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22612 | N | ARTHRD PST TQ 1NTRSPC LUMBAR | - | 05116 | 255.8583 | Bundled, sometimes payable | $14,939.57 | - | - | - | - | 000 | 999 | - |
| 22614 | N | ARTHRD PST TQ 1NTRSPC EA ADD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 22630 | T | ARTHRD PST TQ 1NTRSPC LUM | - | 05116 | 255.8583 | APC | $14,939.57 | - | - | - | - | 000 | 999 | - |
| 22632 | N | ARTHRD PST TQ 1NTRSPC LM EA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 22633 | N | ARTHRD CMBN 1NTRSPC LUMBAR | - | 05116 | 255.8583 | Bundled, sometimes payable | $14,939.57 | - | - | - | - | 000 | 999 | - |
| 22634 | C | ARTHRD CMBN 1NTRSPC EA ADDL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22800 | C | ARTHRD PST DFRM<6 VRT SGM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22802 | C | ARTHRD PST DFRM 7-12 VRT SGM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22804 | C | ARTHRD PST DFRM 13+ VRT SGM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22808 | C | ARTHRD ANT DFRM 2-3 VRT SGM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22810 | C | ARTHRD ANT DFRM 4-7 VRT SGM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22812 | C | ARTHRD ANT DFRM 8+ VRT SGM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22818 | C | KYPHECTOMY 1-2 SEGMENTS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22819 | C | KYPHECTOMY 3 OR MORE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22830 | C | EXPLORATION OF SPINAL FUSION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22840 | N | INSERT SPINE FIXATION DEVICE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 22841 | C | INSERT SPINE FIXATION DEVICE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22842 | N | INSERT SPINE FIXATION DEVICE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 22843 | C | INSERT SPINE FIXATION DEVICE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22844 | C | INSERT SPINE FIXATION DEVICE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22845 | N | INSERT SPINE FIXATION DEVICE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 22846 | C | INSERT SPINE FIXATION DEVICE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22847 | C | INSERT SPINE FIXATION DEVICE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22848 | C | INSERT PELV FIXATION DEVICE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22849 | C | REINSERT SPINAL FIXATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22850 | C | REMOVE SPINE FIXATION DEVICE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22852 | C | REMOVE SPINE FIXATION DEVICE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22853 | N | INSJ BIOMECHANICAL DEVICE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 22854 | N | INSJ BIOMECHANICAL DEVICE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 22855 | C | REMOVAL ANTERIOR INSTRMJ | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22856 | N | TOT DISC ARTHRP 1NTRSPC CRV | - | 05116 | 255.8583 | Bundled, sometimes payable | $14,939.57 | | | Y | - | 000 | 999 | - |
| 22857 | C | TOT DISC ARTHRP 1NTRSPC LMBR | - | - | - | Inpatient Only | $0.00 | | | Y | - | 000 | 999 | - |
| 22858 | N | TOT DISC ARTHRP 2ND LVL CRV | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 22859 | N | INSJ BIOMECHANICAL DEVICE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 22860 | E | TOT DISC ARTHRP 2NTRSPC LMBR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 22861 | C | REV RPLCM ARTHRP 1NTRSPC CRV | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22862 | C | REV RPLCM RTHRP 1NTRSPC LMBR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 22864 | C | RMVL TOT ARTHRP 1NTRSPC CRV | - | - | - | Inpatient Only | $0.00 | | | Y | - | 000 | 999 | - |
| 22865 | C | RMVL TOT ARTHRP 1NTRSPC LMBR | - | - | - | Inpatient Only | $0.00 | | | Y | - | 000 | 999 | - |
| 22867 | T | INSJ STABLJ DEV W/DCMPRN | - | 05116 | 255.8583 | APC | $14,939.57 | - | - | - | - | 000 | 999 | - |
| 22868 | N | INSJ STABLJ DEV W/DCMPRN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 22869 | T | INSJ STABLJ DEV W/O DCMPRN | - | 05115 | 152.4576 | APC | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 22870 | N | INSJ STABLJ DEV W/O DCMPRN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 22899 | T | UNLISTED PROCEDURE SPINE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 22900 | T | EXC ABDL TUM DEEP < 5 CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 22901 | T | EXC ABDL TUM DEEP 5 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 22902 | T | EXC ABD LES SC < 3 CM | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 22903 | T | EXC ABD LES SC 3 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 22904 | T | RADICAL RESECT ABD TUMOR<5CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 22905 | T | RAD RESECT ABD TUMOR 5 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 22999 | T | UNLISTED PX ABDOMEN MUSCSKEL | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 23000 | T | REMOVAL OF CALCIUM DEPOSITS | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 23020 | T | RELEASE SHOULDER JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 23030 | T | DRAIN SHOULDER LESION | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 23031 | T | DRAIN SHOULDER BURSA | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 23035 | T | DRAIN SHOULDER BONE LESION | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 23040 | T | EXPLORATORY SHOULDER SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 23044 | T | EXPLORATORY SHOULDER SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 23065 | T | BIOPSY SHOULDER TISSUES | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 23066 | T | BIOPSY SHOULDER TISSUES | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 23071 | T | EXC SHOULDER LES SC 3 CM/> | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 23073 | T | EXC SHOULDER TUM DEEP 5 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 23075 | T | EXC SHOULDER LES SC < 3 CM | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 23076 | T | EXC SHOULDER TUM DEEP < 5 CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 23077 | T | RESECT SHOULDER TUMOR < 5 CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 23078 | T | RESECT SHOULDER TUMOR 5 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 23100 | T | BIOPSY OF SHOULDER JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 23101 | T | SHOULDER JOINT SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 23105 | T | REMOVE SHOULDER JOINT LINING | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23106 | T | INCISION OF COLLARBONE JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 23107 | T | EXPLORE TREAT SHOULDER JOINT | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23120 | T | PARTIAL REMOVAL COLLAR BONE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 23125 | T | REMOVAL OF COLLAR BONE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 23130 | T | REMOVE SHOULDER BONE PART | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 23140 | T | REMOVAL OF BONE LESION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 23145 | T | REMOVAL OF BONE LESION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 23146 | N | REMOVAL OF BONE LESION | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23150 | T | REMOVAL OF HUMERUS LESION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 23155 | T | REMOVAL OF HUMERUS LESION | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23156 | N | REMOVAL OF HUMERUS LESION | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23170 | T | REMOVE COLLAR BONE LESION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 23172 | T | REMOVE SHOULDER BLADE LESION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 23174 | T | REMOVE HUMERUS LESION | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23180 | T | REMOVE COLLAR BONE LESION | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23182 | T | REMOVE SHOULDER BLADE LESION | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23184 | T | REMOVE HUMERUS LESION | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23190 | T | PARTIAL REMOVAL OF SCAPULA | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 23195 | N | REMOVAL OF HEAD OF HUMERUS | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23200 | C | RESECT CLAVICLE TUMOR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 23210 | C | RESECT SCAPULA TUMOR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 23220 | C | RESECT PROX HUMERUS TUMOR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 23330 | T | REMOVE SHOULDER FOREIGN BODY | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 23333 | T | REMOVE SHOULDER FB DEEP | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 23334 | T | SHOULDER PROSTHESIS REMOVAL | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 23335 | C | SHOULDER PROSTHESIS REMOVAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 23350 | N | INJECTION FOR SHOULDER X-RAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 23395 | N | MUSCLE TRANSFER SHOULDER/ARM | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23397 | T | MUSCLE TRANSFERS | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23400 | N | FIXATION OF SHOULDER BLADE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23405 | T | INCISION OF TENDON & MUSCLE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23406 | T | INCISE TENDON(S) & MUSCLE(S) | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23410 | N | REPAIR ROTATOR CUFF ACUTE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23412 | N | REPAIR ROTATOR CUFF CHRONIC | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23415 | T | RELEASE OF SHOULDER LIGAMENT | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23420 | N | REPAIR OF SHOULDER | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23430 | N | REPAIR BICEPS TENDON | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23440 | T | REMOVE/TRANSPLANT TENDON | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23450 | T | REPAIR SHOULDER CAPSULE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23455 | N | REPAIR SHOULDER CAPSULE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23460 | T | REPAIR SHOULDER CAPSULE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23462 | N | REPAIR SHOULDER CAPSULE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23465 | N | REPAIR SHOULDER CAPSULE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23466 | N | REPAIR SHOULDER CAPSULE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23470 | N | RECONSTRUCT SHOULDER JOINT | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 23472 | T | RECONSTRUCT SHOULDER JOINT | - | 05115 | 152.4576 | APC | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 23473 | N | REVIS RECONST SHOULDER JOINT | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | Y | 000 | 999 | - |
| 23474 | C | REVIS RECONST SHOULDER JOINT | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 23480 | T | REVISION OF COLLAR BONE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23485 | N | REVISION OF COLLAR BONE | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 23490 | N | REINFORCE CLAVICLE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23491 | N | REINFORCE SHOULDER BONES | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 23500 | T | CLTX CLAVICULAR FX W/O MNPJ | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 23505 | T | CLTX CLAVICULAR FX W/MNPJ | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 23515 | N | OPTX CLAVICULAR FX W/INT FIX | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23520 | T | CLTX STRNCLAV DISLC W/O MNPJ | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 23525 | T | CLTX STRNCLAV DISLC W/MNPJ | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 23530 | T | OPTX STRNCLAV DISLC AQT/CHRN | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23532 | N | OPTX STRCLV DSLC AQ/CHRN GRF | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23540 | T | CLTX ACROMCLAV DISLC WO MNPJ | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 23545 | T | CLTX ACROMCLAV DISLC W/MNPJ | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 23550 | N | OPTX ACROMCLV DISLC AQT/CHRN | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23552 | N | OPTX ACRCLV DSLC AQ/CHRN GRF | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23570 | T | CLTX SCAPULAR FX W/O MNPJ | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 23575 | T | CLTX SCAP FX W/MNPJ +-TRACTJ | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 23585 | N | OPTX SCAPULAR FX W/INT FIXJ | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23600 | T | CLTX PROX HUMRL FX W/O MNPJ | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 23605 | T | CLTX PRX HMRL FX MNPJ+-TRACT | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 23615 | N | OPTX PROX HUMRL FX W/INT FIX | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 23616 | N | OPTX PRX HMRL FX FIX RPR RPL | - | 05116 | 255.8583 | Bundled, sometimes payable | $14,939.57 | - | - | - | - | 000 | 999 | - |
| 23620 | T | CLTX GR HMRL TBRS FX WO MNPJ | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 23625 | T | CLTX GR HMRL TBRS FX W/MNPJ | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 23630 | N | OPTX GR HMRL TBRS FX INT FIX | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23650 | T | CLTX SHO DSLC W/MNPJ WO ANES | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 23655 | T | CLTX SHO DSLC W/MNPJ W/ANES | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 23660 | T | OPTX ACUTE SHOULDER DISLC | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 23665 | T | CLTX SHO DSLC FX GR HMRL TBR | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 23670 | N | OPTX SHO DISLC FX | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23675 | T | CLTX SHO DISLC NECK FX MNPJ | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 23680 | N | OPTX SHO DISLC NECK FX FIXJ | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 23700 | T | MNPJ ANES SHO JT FIXJ APRATS | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 23800 | N | ARTHRODESIS GLENOHUMERAL JT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 23802 | N | ARTHRD GLENOHUMERAL JT W/GRF | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 23900 | C | INTERTHORACOSCPLR AMPUTATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 23920 | C | DISARTICULATION SHOULDER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 23921 | T | DISARTICULATION SHO SEC CLSR | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 23929 | T | UNLISTED PROCEDURE SHOULDER | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 23930 | T | I&D UPR A/E DP ABSC/HMTMA | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 23931 | T | I&D UPR A/E BURSA | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 23935 | T | INC DP OPN B1 CRTX HUM/ELBW | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24000 | T | ARTHRT ELBW EXPL DRG/RMVL FB | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24006 | T | ARTHRT ELBW CAPSL EXC RLS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24065 | T | BIOPSY ARM/ELBOW SOFT TISSUE | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 24066 | T | BIOPSY ARM/ELBOW SOFT TISSUE | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 24071 | T | EXC ARM/ELBOW LES SC 3 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 24073 | T | EX ARM/ELBOW TUM DEEP 5 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 24075 | T | EXC ARM/ELBOW LES SC < 3 CM | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 24076 | T | EX ARM/ELBOW TUM DEEP < 5 CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 24077 | T | RAD RESCJ TUM TISS A/E <5CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 24079 | T | RAD RESCJ TUM TISS A/E 5 CM+ | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 24100 | T | ARTHRT ELBW SYNOVIAL BX ONLY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24101 | T | ARTHRT ELBW JT EXPL BX RMVL | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24102 | T | ARTHRT ELBOW W/SYNOVECTOMY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24105 | T | EXCISION OLECRANON BURSA | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24110 | T | EXC/CURTG B1 CST/B9 TUM HUM | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24115 | T | EXC/CRTG B1 CST/TUM HUM AGRF | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24116 | T | EXC/CRTG B1 CST/TUM HUM ALGR | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24120 | T | EXC/CRTG B1 CST/B9 TUM RDS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24125 | T | EXC/CRTG B1 CST/TUM RDS AGRF | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24126 | T | EXC/CRTG B1 CST/TUM RDS ALGR | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24130 | T | EXCISION RADIAL HEAD | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24134 | N | SEQUESTRECTOMY SHFT/DSTL HUM | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24136 | T | SEQUESTRECTOMY RADIAL H/N | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24138 | T | SEQUESTRECTOMY OLECRN PROCES | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24140 | T | PARTIAL EXC BONE HUMERUS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24145 | T | PRTL EXC BONE RADIAL H/N | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24147 | T | PRTL EXC BONE OLECRN PROCESS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24149 | T | RADICAL RESECTION OF ELBOW | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24150 | T | RAD RESCJ TUM DSTL/SHFT HUM | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24152 | T | RAD RESECTION TUM RADIAL H/N | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24155 | T | RESECTION OF ELBOW JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24160 | N | RMVL PROSTHHUMRL&ULNAR CMPNT | - | 05113 | 34.7802 | Bundled, sometimes payable | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24164 | N | REMOVAL PROSTH RADIAL HEAD | - | 05113 | 34.7802 | Bundled, sometimes payable | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24200 | T | RMVL FB UPPER ARM/ELBW SUBQ | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 24201 | T | RMVL FB UPPER ARM/ELBW DEEP | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 24220 | N | INJECTION PX FOR ELBOW ARTHG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 24300 | T | MNPJ ELBOW UNDER ANES | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 24301 | T | MUSC/TDN TRANSFER UPR A/E 1 | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24305 | T | TENDON LNGTH UPR A/E EA TDN | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24310 | T | TNOT OPN ELBW TO SHO EA TDN | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24320 | T | TENOPLASTY ELBOW TO SHO 1 | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24330 | T | FLEXOR-PLASTY ELBOW | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 24331 | T | FLEXOR-PLASTY ELBW W/ADVMNT | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24332 | T | TENOLYSIS TRICEPS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24340 | N | TENODESIS BICEPS TDN AT ELBW | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24341 | T | RPR TDN/MUSC UPR A/E EACH | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24342 | T | REPAIR OF RUPTURED TENDON | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24343 | T | REPR ELBOW LAT LIGMNT W/TISS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24344 | N | RECONSTRUCT ELBOW LAT LIGMNT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24345 | T | REPR ELBW MED LIGMNT W/TISSU | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24346 | N | RECONSTRUCT ELBOW MED LIGMNT | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 24357 | T | REPAIR ELBOW PERC | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24358 | T | REPAIR ELBOW W/DEB OPEN | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24359 | T | REPAIR ELBOW DEB/ATTCH OPEN | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24360 | N | RECONSTRUCT ELBOW JOINT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24361 | N | RECONSTRUCT ELBOW JOINT | - | 05116 | 255.8583 | Bundled, sometimes payable | $14,939.57 | - | - | - | - | 000 | 999 | - |
| 24362 | N | RECONSTRUCT ELBOW JOINT | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 24363 | N | REPLACE ELBOW JOINT | - | 05116 | 255.8583 | Bundled, sometimes payable | $14,939.57 | - | - | - | - | 000 | 999 | - |
| 24365 | N | RECONSTRUCT HEAD OF RADIUS | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 24366 | N | RECONSTRUCT HEAD OF RADIUS | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 24370 | N | REVISE RECONST ELBOW JOINT | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | Y | 000 | 999 | - |
| 24371 | N | REVISE RECONST ELBOW JOINT | - | 05116 | 255.8583 | Bundled, sometimes payable | $14,939.57 | - | - | - | Y | 000 | 999 | - |
| 24400 | N | REVISION OF HUMERUS | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24410 | N | REVISION OF HUMERUS | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 24420 | T | REVISION OF HUMERUS | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24430 | N | REPAIR OF HUMERUS | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 24435 | N | REPAIR HUMERUS WITH GRAFT | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 24470 | T | REVISION OF ELBOW JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24495 | T | DECOMPRESSION OF FOREARM | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24498 | N | REINFORCE HUMERUS | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 24500 | T | TREAT HUMERUS FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 24505 | T | TREAT HUMERUS FRACTURE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 24515 | N | TREAT HUMERUS FRACTURE | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 24516 | N | TREAT HUMERUS FRACTURE | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 24530 | T | TREAT HUMERUS FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 24535 | T | TREAT HUMERUS FRACTURE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 24538 | T | TREAT HUMERUS FRACTURE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24545 | N | TREAT HUMERUS FRACTURE | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 24546 | N | TREAT HUMERUS FRACTURE | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 24560 | T | TREAT HUMERUS FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 24565 | T | TREAT HUMERUS FRACTURE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 24566 | T | TREAT HUMERUS FRACTURE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 24575 | N | TREAT HUMERUS FRACTURE | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 24576 | T | TREAT HUMERUS FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 24577 | T | TREAT HUMERUS FRACTURE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 24579 | N | TREAT HUMERUS FRACTURE | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 24582 | T | TREAT HUMERUS FRACTURE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24586 | N | TREAT ELBOW FRACTURE | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 24587 | N | TREAT ELBOW FRACTURE | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 24600 | T | TREAT ELBOW DISLOCATION | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 24605 | T | TREAT ELBOW DISLOCATION | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 24615 | N | TREAT ELBOW DISLOCATION | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24620 | T | TREAT ELBOW FRACTURE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 24635 | N | TREAT ELBOW FRACTURE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24640 | T | TREAT ELBOW DISLOCATION | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 017 | - |
| 24650 | T | TREAT RADIUS FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 24655 | T | TREAT RADIUS FRACTURE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 24665 | N | TREAT RADIUS FRACTURE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 24666 | N | TREAT RADIUS FRACTURE | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 24670 | T | TREAT ULNAR FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 24675 | T | TREAT ULNAR FRACTURE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 24685 | N | TREAT ULNAR FRACTURE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24800 | N | FUSION OF ELBOW JOINT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24802 | N | FUSION/GRAFT OF ELBOW JOINT | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 24900 | C | AMPUTATION OF UPPER ARM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 24920 | C | AMPUTATION OF UPPER ARM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 24925 | T | AMPUTATION FOLLOW-UP SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 24930 | C | AMPUTATION FOLLOW-UP SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 24931 | C | AMPUTATE UPPER ARM & IMPLANT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 24935 | N | REVISION OF AMPUTATION | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 24940 | C | REVISION OF UPPER ARM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 24999 | T | UNLISTED PX HUMERUS/ELBOW | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 25000 | T | INCISION OF TENDON SHEATH | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 25001 | T | INCISE FLEXOR CARPI RADIALIS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25020 | T | DECOMPRESS FOREARM 1 SPACE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 25023 | T | DECOMPRESS FOREARM 1 SPACE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25024 | T | DECOMPRESS FOREARM 2 SPACES | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25025 | T | DECOMPRESS FOREARM 2 SPACES | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 25028 | T | DRAINAGE OF FOREARM LESION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25031 | T | DRAINAGE OF FOREARM BURSA | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 25035 | T | TREAT FOREARM BONE LESION | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25040 | T | EXPLORE/TREAT WRIST JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25065 | T | BIOPSY FOREARM SOFT TISSUES | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 25066 | T | BIOPSY FOREARM SOFT TISSUES | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 25071 | T | EXC FOREARM LES SC 3 CM/> | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 25073 | T | EXC FOREARM TUM DEEP 3 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 25075 | T | EXC FOREARM LES SC < 3 CM | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 25076 | T | EXC FOREARM TUM DEEP < 3 CM | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 25077 | T | RESECT FOREARM/WRIST TUM<3CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 25078 | T | RESECT FORARM/WRIST TUM 3CM> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 25085 | T | INCISION OF WRIST CAPSULE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25100 | T | BIOPSY OF WRIST JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25101 | T | EXPLORE/TREAT WRIST JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25105 | T | REMOVE WRIST JOINT LINING | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25107 | T | REMOVE WRIST JOINT CARTILAGE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25109 | T | EXCISE TENDON FOREARM/WRIST | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25110 | T | REMOVE WRIST TENDON LESION | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 25111 | T | REMOVE WRIST TENDON LESION | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 25112 | T | REREMOVE WRIST TENDON LESION | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 25115 | T | REMOVE WRIST/FOREARM LESION | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 25116 | T | REMOVE WRIST/FOREARM LESION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25118 | T | EXCISE WRIST TENDON SHEATH | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 25119 | T | PARTIAL REMOVAL OF ULNA | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25120 | T | REMOVAL OF FOREARM LESION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25125 | T | REMOVE/GRAFT FOREARM LESION | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 25126 | T | REMOVE/GRAFT FOREARM LESION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25130 | T | REMOVAL OF WRIST LESION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25135 | T | REMOVE & GRAFT WRIST LESION | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25136 | T | REMOVE & GRAFT WRIST LESION | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25145 | T | REMOVE FOREARM BONE LESION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25150 | T | PARTIAL REMOVAL OF ULNA | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25151 | T | PARTIAL REMOVAL OF RADIUS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25170 | T | RESECT RADIUS/ULNAR TUMOR | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25210 | T | REMOVAL OF WRIST BONE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25215 | T | REMOVAL OF WRIST BONES | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25230 | T | PARTIAL REMOVAL OF RADIUS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25240 | T | PARTIAL REMOVAL OF ULNA | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25246 | N | INJECTION FOR WRIST X-RAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 25248 | T | REMOVE FOREARM FOREIGN BODY | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 25250 | N | REMOVAL OF WRIST PROSTHESIS | - | 05112 | 16.7613 | Bundled, sometimes payable | $978.69 | - | - | - | - | 000 | 999 | - |
| 25251 | N | REMOVAL OF WRIST PROSTHESIS | - | 05113 | 34.7802 | Bundled, sometimes payable | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25259 | T | MANIPULATE WRIST W/ANESTHES | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 25260 | T | REPAIR FOREARM TENDON/MUSCLE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25263 | T | REPAIR FOREARM TENDON/MUSCLE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25265 | T | REPAIR FOREARM TENDON/MUSCLE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25270 | T | REPAIR FOREARM TENDON/MUSCLE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25272 | T | REPAIR FOREARM TENDON/MUSCLE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25274 | T | REPAIR FOREARM TENDON/MUSCLE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25275 | T | REPAIR FOREARM TENDON SHEATH | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25280 | T | REVISE WRIST/FOREARM TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25290 | T | INCISE WRIST/FOREARM TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25295 | T | RELEASE WRIST/FOREARM TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25300 | T | FUSION OF TENDONS AT WRIST | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25301 | T | FUSION OF TENDONS AT WRIST | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25310 | T | TRANSPLANT FOREARM TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25312 | T | TRANSPLANT FOREARM TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25315 | T | REVISE PALSY HAND TENDON(S) | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25316 | N | REVISE PALSY HAND TENDON(S) | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25320 | T | REPAIR/REVISE WRIST JOINT | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25332 | T | REVISE WRIST JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25335 | T | REALIGNMENT OF HAND | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25337 | T | RECONSTRUCT ULNA/RADIOULNAR | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25350 | N | REVISION OF RADIUS | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25355 | T | REVISION OF RADIUS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25360 | N | REVISION OF ULNA | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25365 | N | REVISE RADIUS & ULNA | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 25370 | T | REVISE RADIUS OR ULNA | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25375 | T | REVISE RADIUS & ULNA | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25390 | N | SHORTEN RADIUS OR ULNA | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25391 | N | LENGTHEN RADIUS OR ULNA | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 25392 | T | SHORTEN RADIUS & ULNA | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25393 | T | LENGTHEN RADIUS & ULNA | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25394 | T | REPAIR CARPAL BONE SHORTEN | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25400 | N | REPAIR RADIUS OR ULNA | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25405 | N | REPAIR/GRAFT RADIUS OR ULNA | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25415 | N | REPAIR RADIUS & ULNA | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25420 | N | REPAIR/GRAFT RADIUS & ULNA | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25425 | T | REPAIR/GRAFT RADIUS OR ULNA | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25426 | T | REPAIR/GRAFT RADIUS & ULNA | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25430 | T | VASC GRAFT INTO CARPAL BONE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25431 | N | REPAIR NONUNION CARPAL BONE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25440 | N | REPAIR/GRAFT WRIST BONE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25441 | N | RECONSTRUCT WRIST JOINT | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 25442 | N | RECONSTRUCT WRIST JOINT | - | 05116 | 255.8583 | Bundled, sometimes payable | $14,939.57 | - | - | - | - | 000 | 999 | - |
| 25443 | N | RECONSTRUCT WRIST JOINT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25444 | N | RECONSTRUCT WRIST JOINT | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 25445 | N | RECONSTRUCT WRIST JOINT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25446 | N | WRIST REPLACEMENT | - | 05116 | 255.8583 | Bundled, sometimes payable | $14,939.57 | - | - | - | - | 000 | 999 | - |
| 25447 | T | REPAIR WRIST JOINTS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25449 | N | REMOVE WRIST JOINT IMPLANT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25450 | T | REVISION OF WRIST JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25455 | T | REVISION OF WRIST JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25490 | T | REINFORCE RADIUS | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25491 | N | REINFORCE ULNA | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 25492 | T | REINFORCE RADIUS AND ULNA | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25500 | T | TREAT FRACTURE OF RADIUS | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 25505 | T | TREAT FRACTURE OF RADIUS | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 25515 | N | TREAT FRACTURE OF RADIUS | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25520 | T | TREAT FRACTURE OF RADIUS | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 25525 | N | TREAT FRACTURE OF RADIUS | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25526 | N | TREAT FRACTURE OF RADIUS | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25530 | T | TREAT FRACTURE OF ULNA | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 25535 | T | TREAT FRACTURE OF ULNA | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 25545 | N | TREAT FRACTURE OF ULNA | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25560 | T | TREAT FRACTURE RADIUS & ULNA | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 25565 | T | TREAT FRACTURE RADIUS & ULNA | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 25574 | N | TREAT FRACTURE RADIUS & ULNA | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25575 | N | TREAT FRACTURE RADIUS/ULNA | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25600 | T | TREAT FRACTURE RADIUS/ULNA | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 25605 | T | TREAT FRACTURE RADIUS/ULNA | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 25606 | T | TREAT FX DISTAL RADIAL | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25607 | N | TREAT FX RAD EXTRA-ARTICUL | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25608 | N | TREAT FX RAD INTRA-ARTICUL | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25609 | N | TREAT FX RADIAL 3+ FRAG | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25622 | T | TREAT WRIST BONE FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 25624 | T | TREAT WRIST BONE FRACTURE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 25628 | T | TREAT WRIST BONE FRACTURE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25630 | T | TREAT WRIST BONE FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 25635 | T | TREAT WRIST BONE FRACTURE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 25645 | T | TREAT WRIST BONE FRACTURE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25650 | T | TREAT WRIST BONE FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 25651 | T | PIN ULNAR STYLOID FRACTURE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25652 | N | TREAT FRACTURE ULNAR STYLOID | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25660 | T | TREAT WRIST DISLOCATION | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 25670 | T | TREAT WRIST DISLOCATION | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25671 | T | PIN RADIOULNAR DISLOCATION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25675 | T | TREAT WRIST DISLOCATION | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 25676 | N | TREAT WRIST DISLOCATION | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25680 | T | TREAT WRIST FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 25685 | T | TREAT WRIST FRACTURE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25690 | T | TREAT WRIST DISLOCATION | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 25695 | T | TREAT WRIST DISLOCATION | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25800 | N | FUSION OF WRIST JOINT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25805 | N | FUSION/GRAFT OF WRIST JOINT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25810 | N | FUSION/GRAFT OF WRIST JOINT | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 25820 | N | FUSION OF HAND BONES | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25825 | N | FUSE HAND BONES WITH GRAFT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25830 | N | FUSION RADIOULNAR JNT/ULNA | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25900 | C | AMPUTATION OF FOREARM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 25905 | C | AMPUTATION OF FOREARM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 25907 | T | AMPUTATION FOLLOW-UP SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25909 | T | AMPUTATION FOLLOW-UP SURGERY | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 25915 | C | AMPUTATION OF FOREARM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 25920 | C | AMPUTATE HAND AT WRIST | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 25922 | T | AMPUTATE HAND AT WRIST | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 25924 | C | AMPUTATION FOLLOW-UP SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25927 | C | AMPUTATION OF HAND | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 25929 | T | AMPUTATION FOLLOW-UP SURGERY | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 25931 | T | AMPUTATION FOLLOW-UP SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 25999 | T | UNLISTED PX FOREARM/WRIST | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 26010 | T | DRAINAGE OF FINGER ABSCESS | - | 05051 | 2.1100 | APC | $123.20 | - | - | - | - | 000 | 999 | - |
| 26011 | T | DRAINAGE OF FINGER ABSCESS | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 26020 | T | DRAIN HAND TENDON SHEATH | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26025 | T | DRAINAGE OF PALM BURSA | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26030 | T | DRAINAGE OF PALM BURSAS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26034 | T | TREAT HAND BONE LESION | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26035 | T | DECOMPRESS FINGERS/HAND | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26037 | T | DECOMPRESS FINGERS/HAND | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26040 | T | RELEASE PALM CONTRACTURE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26045 | T | RELEASE PALM CONTRACTURE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26055 | T | INCISE FINGER TENDON SHEATH | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26060 | T | INCISION OF FINGER TENDON | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26070 | T | EXPLORE/TREAT HAND JOINT | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26075 | T | EXPLORE/TREAT FINGER JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26080 | T | EXPLORE/TREAT FINGER JOINT | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26100 | T | BIOPSY HAND JOINT LINING | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26105 | T | BIOPSY FINGER JOINT LINING | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26110 | T | BIOPSY FINGER JOINT LINING | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26111 | T | EXC HAND LES SC 1.5 CM/> | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 26113 | T | EXC HAND TUM DEEP 1.5 CM/> | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 26115 | T | EXC HAND LES SC < 1.5 CM | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 26116 | T | EXC HAND TUM DEEP < 1.5 CM | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 26117 | T | RAD RESECT HAND TUMOR < 3 CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 26118 | T | RAD RESECT HAND TUMOR 3 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 26121 | T | RELEASE PALM CONTRACTURE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26123 | T | RELEASE PALM CONTRACTURE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26125 | N | RELEASE PALM CONTRACTURE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 26130 | T | REMOVE WRIST JOINT LINING | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26135 | T | REVISE FINGER JOINT EACH | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26140 | T | REVISE FINGER JOINT EACH | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26145 | T | TENDON EXCISION PALM/FINGER | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26160 | T | REMOVE TENDON SHEATH LESION | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26170 | T | REMOVAL OF PALM TENDON EACH | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26180 | T | REMOVAL OF FINGER TENDON | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26185 | T | REMOVE FINGER BONE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26200 | T | REMOVE HAND BONE LESION | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26205 | T | REMOVE/GRAFT BONE LESION | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 26210 | T | REMOVAL OF FINGER LESION | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26215 | T | REMOVE/GRAFT FINGER LESION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26230 | T | PARTIAL REMOVAL OF HAND BONE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26235 | T | PARTIAL REMOVAL FINGER BONE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26236 | T | PARTIAL REMOVAL FINGER BONE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26250 | T | EXTENSIVE HAND SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26260 | T | RESECT PROX FINGER TUMOR | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26262 | T | RESECT DISTAL FINGER TUMOR | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26320 | N | REMOVAL OF IMPLANT FROM HAND | - | 05072 | 17.5212 | Bundled, sometimes payable | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 26340 | T | MANIPULATE FINGER W/ANESTH | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26341 | T | MANIPULAT PALM CORD POST INJ | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 26350 | T | REPAIR FINGER/HAND TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26352 | T | REPAIR/GRAFT HAND TENDON | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 26356 | T | REPAIR FINGER/HAND TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26357 | T | REPAIR FINGER/HAND TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 26358 | T | REPAIR/GRAFT HAND TENDON | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 26370 | T | REPAIR FINGER/HAND TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26372 | T | REPAIR/GRAFT HAND TENDON | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 26373 | T | REPAIR FINGER/HAND TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26390 | N | REVISE HAND/FINGER TENDON | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 26392 | N | REPAIR/GRAFT HAND TENDON | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 26410 | T | REPAIR HAND TENDON | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26412 | T | REPAIR/GRAFT HAND TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26415 | T | EXCISION HAND/FINGER TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26416 | T | GRAFT HAND OR FINGER TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26418 | T | REPAIR FINGER TENDON | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26420 | T | REPAIR/GRAFT FINGER TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26426 | T | REPAIR FINGER/HAND TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26428 | T | REPAIR/GRAFT FINGER TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26432 | T | REPAIR FINGER TENDON | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26433 | T | REPAIR FINGER TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26434 | T | REPAIR/GRAFT FINGER TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26437 | T | REALIGNMENT OF TENDONS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26440 | T | RELEASE PALM/FINGER TENDON | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26442 | T | RELEASE PALM & FINGER TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26445 | T | RELEASE HAND/FINGER TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26449 | T | RELEASE FOREARM/HAND TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26450 | T | INCISION OF PALM TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26455 | T | INCISION OF FINGER TENDON | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26460 | T | INCISE HAND/FINGER TENDON | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26471 | T | FUSION OF FINGER TENDONS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26474 | T | FUSION OF FINGER TENDONS | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26476 | T | TENDON LENGTHENING | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26477 | T | TENDON SHORTENING | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26478 | T | LENGTHENING OF HAND TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26479 | T | SHORTENING OF HAND TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26480 | T | TRANSPLANT HAND TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26483 | T | TRANSPLANT/GRAFT HAND TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26485 | T | TRANSPLANT PALM TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26489 | T | TRANSPLANT/GRAFT PALM TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26490 | T | REVISE THUMB TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26492 | T | TENDON TRANSFER WITH GRAFT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26494 | T | HAND TENDON/MUSCLE TRANSFER | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26496 | T | REVISE THUMB TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26497 | T | FINGER TENDON TRANSFER | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26498 | T | FINGER TENDON TRANSFER | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26499 | T | REVISION OF FINGER | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26500 | T | HAND TENDON RECONSTRUCTION | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 26502 | T | HAND TENDON RECONSTRUCTION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26508 | T | RELEASE THUMB CONTRACTURE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26510 | T | THUMB TENDON TRANSFER | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26516 | T | FUSION OF KNUCKLE JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26517 | T | FUSION OF KNUCKLE JOINTS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26518 | T | FUSION OF KNUCKLE JOINTS | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 26520 | T | RELEASE KNUCKLE CONTRACTURE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26525 | T | RELEASE FINGER CONTRACTURE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26530 | T | REVISE KNUCKLE JOINT | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 26531 | N | REVISE KNUCKLE WITH IMPLANT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 26535 | T | REVISE FINGER JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26536 | N | REVISE/IMPLANT FINGER JOINT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 26540 | T | REPAIR HAND JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 26541 | T | REPAIR HAND JOINT WITH GRAFT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26542 | T | REPAIR HAND JOINT WITH GRAFT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26545 | T | RECONSTRUCT FINGER JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26546 | T | REPAIR NONUNION HAND | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 26548 | T | RECONSTRUCT FINGER JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26550 | T | CONSTRUCT THUMB REPLACEMENT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26551 | C | GREAT TOE-HAND TRANSFER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 26553 | C | SINGLE TRANSFER TOE-HAND | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 26554 | C | DOUBLE TRANSFER TOE-HAND | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 26555 | T | POSITIONAL CHANGE OF FINGER | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 26556 | C | TOE JOINT TRANSFER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 26560 | T | REPAIR OF WEB FINGER | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26561 | T | REPAIR OF WEB FINGER | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26562 | T | REPAIR OF WEB FINGER | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26565 | T | CORRECT METACARPAL FLAW | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26567 | T | CORRECT FINGER DEFORMITY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26568 | T | LENGTHEN METACARPAL/FINGER | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 26580 | T | REPAIR HAND DEFORMITY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26587 | T | RECONSTRUCT EXTRA FINGER | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26590 | T | REPAIR FINGER DEFORMITY | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26591 | T | REPAIR MUSCLES OF HAND | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26593 | T | RELEASE MUSCLES OF HAND | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26596 | T | EXCISION CONSTRICTING TISSUE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26600 | T | TREAT METACARPAL FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 26605 | T | TREAT METACARPAL FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 26607 | T | TREAT METACARPAL FRACTURE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26608 | T | TREAT METACARPAL FRACTURE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26615 | T | TREAT METACARPAL FRACTURE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26641 | T | TREAT THUMB DISLOCATION | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 26645 | T | TREAT THUMB FRACTURE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26650 | T | TREAT THUMB FRACTURE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26665 | T | TREAT THUMB FRACTURE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26670 | T | TREAT HAND DISLOCATION | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 26675 | T | TREAT HAND DISLOCATION | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26676 | T | PIN HAND DISLOCATION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26685 | T | TREAT HAND DISLOCATION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26686 | T | TREAT HAND DISLOCATION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26700 | T | TREAT KNUCKLE DISLOCATION | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 26705 | T | TREAT KNUCKLE DISLOCATION | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26706 | T | PIN KNUCKLE DISLOCATION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26715 | T | TREAT KNUCKLE DISLOCATION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26720 | T | TREAT FINGER FRACTURE EACH | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 26725 | T | TREAT FINGER FRACTURE EACH | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 26727 | T | TREAT FINGER FRACTURE EACH | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26735 | T | TREAT FINGER FRACTURE EACH | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26740 | T | TREAT FINGER FRACTURE EACH | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 26742 | T | TREAT FINGER FRACTURE EACH | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26746 | T | TREAT FINGER FRACTURE EACH | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26750 | T | TREAT FINGER FRACTURE EACH | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 26755 | T | TREAT FINGER FRACTURE EACH | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 26756 | T | PIN FINGER FRACTURE EACH | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26765 | T | TREAT FINGER FRACTURE EACH | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26770 | T | TREAT FINGER DISLOCATION | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 26775 | T | TREAT FINGER DISLOCATION | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 26776 | T | PIN FINGER DISLOCATION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26785 | T | TREAT FINGER DISLOCATION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 26820 | T | THUMB FUSION WITH GRAFT | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 26841 | T | FUSION OF THUMB | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 26842 | N | THUMB FUSION WITH GRAFT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 26843 | N | FUSION OF HAND JOINT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 26844 | N | FUSION/GRAFT OF HAND JOINT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 26850 | T | FUSION OF KNUCKLE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 26852 | T | FUSION OF KNUCKLE WITH GRAFT | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 26860 | T | FUSION OF FINGER JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26861 | N | FUSION OF FINGER JNT ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 26862 | T | FUSION/GRAFT OF FINGER JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26863 | N | FUSE/GRAFT ADDED JOINT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 26910 | T | AMPUTATE METACARPAL BONE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26951 | T | AMPUTATION OF FINGER/THUMB | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26952 | T | AMPUTATION OF FINGER/THUMB | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26989 | T | UNLISTED PX HANDS/FINGERS | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 26990 | T | DRAINAGE OF PELVIS LESION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 26991 | T | DRAINAGE OF PELVIS BURSA | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 26992 | C | DRAINAGE OF BONE LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27000 | T | INCISION OF HIP TENDON | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27001 | T | INCISION OF HIP TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27003 | T | INCISION OF HIP TENDON | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27005 | C | INCISION OF HIP TENDON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27006 | T | INCISION OF HIP TENDONS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27025 | C | INCISION OF HIP/THIGH FASCIA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27027 | T | BUTTOCK FASCIOTOMY | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27030 | C | DRAINAGE OF HIP JOINT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27033 | T | EXPLORATION OF HIP JOINT | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27035 | T | DENERVATION OF HIP JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27036 | C | EXCISION OF HIP JOINT/MUSCLE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27040 | T | BIOPSY OF SOFT TISSUES | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 27041 | T | BIOPSY OF SOFT TISSUES | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 27043 | T | EXC HIP PELVIS LES SC 3 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 27045 | T | EXC HIP/PELV TUM DEEP 5 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 27047 | T | EXC HIP/PELVIS LES SC < 3 CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 27048 | T | EXC HIP/PELV TUM DEEP < 5 CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 27049 | T | RESECT HIP/PELV TUM < 5 CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 27050 | T | BIOPSY OF SACROILIAC JOINT | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27052 | T | BIOPSY OF HIP JOINT | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27054 | C | REMOVAL OF HIP JOINT LINING | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27057 | T | BUTTOCK FASCIOTOMY W/DBRDMT | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27059 | T | RESECT HIP/PELV TUM 5 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 27060 | T | REMOVAL OF ISCHIAL BURSA | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27062 | T | REMOVE FEMUR LESION/BURSA | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27065 | T | REMOVE HIP BONE LES SUPER | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27066 | T | REMOVE HIP BONE LES DEEP | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27067 | T | REMOVE/GRAFT HIP BONE LESION | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27070 | C | PART REMOVE HIP BONE SUPER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27071 | C | PART REMOVAL HIP BONE DEEP | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27075 | C | RESECT HIP TUMOR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27076 | C | RESECT HIP TUM INCL ACETABUL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27077 | C | RESECT HIP TUM W/INNOM BONE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27078 | C | RSECT HIP TUM INCL FEMUR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27080 | T | REMOVAL OF TAIL BONE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27086 | T | REMOVE HIP FOREIGN BODY | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 27087 | T | REMOVE HIP FOREIGN BODY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27090 | C | REMOVAL OF HIP PROSTHESIS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 27091 | C | REMOVAL OF HIP PROSTHESIS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27093 | N | INJECTION FOR HIP X-RAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 27095 | N | INJECTION FOR HIP X-RAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 27096 | E | INJECT SACROILIAC JOINT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 27097 | T | REVISION OF HIP TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27098 | T | TRANSFER TENDON TO PELVIS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27100 | N | TRANSFER OF ABDOMINAL MUSCLE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27105 | T | TRANSFER OF SPINAL MUSCLE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27110 | T | TRANSFER OF ILIOPSOAS MUSCLE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27111 | T | TRANSFER OF ILIOPSOAS MUSCLE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27120 | C | RECONSTRUCTION OF HIP SOCKET | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27122 | C | RECONSTRUCTION OF HIP SOCKET | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27125 | C | PARTIAL HIP REPLACEMENT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27130 | N | TOTAL HIP ARTHROPLASTY | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 27132 | C | TOTAL HIP ARTHROPLASTY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27134 | C | REVISE HIP JOINT REPLACEMENT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27137 | C | REVISE HIP JOINT REPLACEMENT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27138 | C | REVISE HIP JOINT REPLACEMENT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27140 | C | TRANSPLANT FEMUR RIDGE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27146 | C | INCISION OF HIP BONE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27147 | C | REVISION OF HIP BONE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27151 | C | INCISION OF HIP BONES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27156 | C | REVISION OF HIP BONES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27158 | C | REVISION OF PELVIS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27161 | C | INCISION OF NECK OF FEMUR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27165 | C | INCISION/FIXATION OF FEMUR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27170 | C | REPAIR/GRAFT FEMUR HEAD/NECK | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27175 | C | TREAT SLIPPED EPIPHYSIS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27176 | C | TREAT SLIPPED EPIPHYSIS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27177 | C | TREAT SLIPPED EPIPHYSIS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27178 | C | TREAT SLIPPED EPIPHYSIS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27179 | N | REVISE HEAD/NECK OF FEMUR | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27181 | C | TREAT SLIPPED EPIPHYSIS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27185 | C | REVISION OF FEMUR EPIPHYSIS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27187 | C | REINFORCE HIP BONES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27197 | T | CLSD TX PELVIC RING FX | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27198 | T | CLSD TX PELVIC RING FX | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27200 | T | TREAT TAIL BONE FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27202 | T | TREAT TAIL BONE FRACTURE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27215 | E | TREAT PELVIC FRACTURE(S) | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 27216 | E | TREAT PELVIC RING FRACTURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 27217 | E | TREAT PELVIC RING FRACTURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 27218 | E | TREAT PELVIC RING FRACTURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 27220 | T | TREAT HIP SOCKET FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27222 | C | TREAT HIP SOCKET FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27226 | C | TREAT HIP WALL FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27227 | C | TREAT HIP FRACTURE(S) | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27228 | C | TREAT HIP FRACTURE(S) | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27230 | T | TREAT THIGH FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27232 | C | TREAT THIGH FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27235 | N | TREAT THIGH FRACTURE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27236 | C | TREAT THIGH FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27238 | T | TREAT THIGH FRACTURE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27240 | C | TREAT THIGH FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27244 | C | TREAT THIGH FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27245 | C | TREAT THIGH FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 27246 | T | TREAT THIGH FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27248 | C | TREAT THIGH FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27250 | T | TREAT HIP DISLOCATION | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27252 | T | TREAT HIP DISLOCATION | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27253 | C | TREAT HIP DISLOCATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27254 | C | TREAT HIP DISLOCATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27256 | T | TREAT HIP DISLOCATION | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27257 | T | TREAT HIP DISLOCATION | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27258 | C | TREAT HIP DISLOCATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27259 | C | TREAT HIP DISLOCATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27265 | T | TREAT HIP DISLOCATION | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27266 | T | TREAT HIP DISLOCATION | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27267 | T | CLTX THIGH FX | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27268 | C | CLTX THIGH FX W/MNPJ | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27269 | C | OPTX THIGH FX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27275 | T | MANIPULATION OF HIP JOINT | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27279 | N | ARTHRD SI JT PERQ/MIN NVAS | - | 05116 | 255.8583 | Bundled, sometimes payable | $14,939.57 | - | - | - | - | 000 | 999 | - |
| 27280 | C | ARTHR SI JT OPN B1GRF INSTRM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27282 | C | ARTHRODESIS SYMPHYSIS PUBIS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27284 | C | FUSION OF HIP JOINT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27286 | C | FUSION OF HIP JOINT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27290 | C | AMPUTATION OF LEG AT HIP | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27295 | C | AMPUTATION OF LEG AT HIP | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27299 | T | UNLISTED PX PELVIS/HIP JOINT | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27301 | T | DRAIN THIGH/KNEE LESION | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 27303 | C | DRAINAGE OF BONE LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27305 | T | INCISE THIGH TENDON & FASCIA | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27306 | T | INCISION OF THIGH TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27307 | T | INCISION OF THIGH TENDONS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27310 | T | EXPLORATION OF KNEE JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27323 | T | BIOPSY THIGH SOFT TISSUES | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 27324 | T | BIOPSY THIGH SOFT TISSUES | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 27325 | T | NEURECTOMY HAMSTRING | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 27326 | T | NEURECTOMY POPLITEAL | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 27327 | T | EXC THIGH/KNEE LES SC < 3 CM | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 27328 | T | EXC THIGH/KNEE TUM DEEP <5CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 27329 | T | RESECT THIGH/KNEE TUM < 5 CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 27330 | T | BIOPSY KNEE JOINT LINING | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27331 | T | EXPLORE/TREAT KNEE JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27332 | T | REMOVAL OF KNEE CARTILAGE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27333 | T | REMOVAL OF KNEE CARTILAGE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27334 | T | REMOVE KNEE JOINT LINING | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27335 | N | REMOVE KNEE JOINT LINING | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27337 | T | EXC THIGH/KNEE LES SC 3 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 27339 | T | EXC THIGH/KNEE TUM DEP 5CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 27340 | T | REMOVAL OF KNEECAP BURSA | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27345 | T | REMOVAL OF KNEE CYST | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27347 | T | REMOVE KNEE CYST | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27350 | T | REMOVAL OF KNEECAP | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27355 | T | REMOVE FEMUR LESION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27356 | N | REMOVE FEMUR LESION/GRAFT | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 27357 | N | REMOVE FEMUR LESION/GRAFT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27358 | N | REMOVE FEMUR LESION/FIXATION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 27360 | T | PARTIAL REMOVAL LEG BONE(S) | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27364 | T | RESECT THIGH/KNEE TUM 5 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 27365 | C | RESECT FEMUR/KNEE TUMOR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 27369 | N | NJX CNTRST KNE ARTHG/CT/MRI | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 27372 | T | REMOVAL OF FOREIGN BODY | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 27380 | T | REPAIR OF KNEECAP TENDON | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27381 | N | REPAIR/GRAFT KNEECAP TENDON | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27385 | T | REPAIR OF THIGH MUSCLE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27386 | N | REPAIR/GRAFT OF THIGH MUSCLE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27390 | T | INCISION OF THIGH TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27391 | T | INCISION OF THIGH TENDONS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27392 | T | INCISION OF THIGH TENDONS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27393 | T | LENGTHENING OF THIGH TENDON | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27394 | T | LENGTHENING OF THIGH TENDONS | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27395 | T | LENGTHENING OF THIGH TENDONS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27396 | T | TRANSPLANT OF THIGH TENDON | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27397 | T | TRANSPLANTS OF THIGH TENDONS | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27400 | T | REVISE THIGH MUSCLES/TENDONS | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27403 | T | REPAIR OF KNEE CARTILAGE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27405 | T | REPAIR OF KNEE LIGAMENT | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27407 | N | REPAIR OF KNEE LIGAMENT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27409 | T | REPAIR OF KNEE LIGAMENTS | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27412 | N | AUTOCHONDROCYTE IMPLANT KNEE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | Y | 000 | 999 | - |
| 27415 | N | OSTEOCHONDRAL KNEE ALLOGRAFT | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | Y | 000 | 999 | - |
| 27416 | N | OSTEOCHONDRAL KNEE AUTOGRAFT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27418 | N | REPAIR DEGENERATED KNEECAP | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27420 | N | REVISION OF UNSTABLE KNEECAP | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27422 | T | REVISION OF UNSTABLE KNEECAP | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27424 | T | REVISION/REMOVAL OF KNEECAP | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27425 | T | LAT RETINACULAR RELEASE OPEN | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27427 | N | RECONSTRUCTION KNEE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27428 | N | RECONSTRUCTION KNEE | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 27429 | N | RECONSTRUCTION KNEE | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 27430 | T | REVISION OF THIGH MUSCLES | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27435 | T | INCISION OF KNEE JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27437 | N | REVISE KNEECAP | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27438 | N | REVISE KNEECAP WITH IMPLANT | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 27440 | N | REVISION OF KNEE JOINT | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 27441 | N | REVISION OF KNEE JOINT | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 27442 | N | REVISION OF KNEE JOINT | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 27443 | N | REVISION OF KNEE JOINT | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 27445 | C | REVISION OF KNEE JOINT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27446 | N | REVISION OF KNEE JOINT | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 27447 | T | TOTAL KNEE ARTHROPLASTY | - | 05115 | 152.4576 | APC | $8,424.32 | - | - | - | - | 000 | 999 | - |
| 27448 | C | INCISION OF THIGH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27450 | C | INCISION OF THIGH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27454 | C | REALIGNMENT OF THIGH BONE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27455 | C | REALIGNMENT OF KNEE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27457 | C | REALIGNMENT OF KNEE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27465 | C | SHORTENING OF THIGH BONE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27466 | C | LENGTHENING OF THIGH BONE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27468 | C | SHORTEN/LENGTHEN THIGHS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27470 | C | REPAIR OF THIGH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27472 | C | REPAIR/GRAFT OF THIGH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27475 | T | SURGERY TO STOP LEG GROWTH | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27477 | T | SURGERY TO STOP LEG GROWTH | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27479 | T | SURGERY TO STOP LEG GROWTH | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27485 | T | SURGERY TO STOP LEG GROWTH | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27486 | C | REVISE/REPLACE KNEE JOINT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 27487 | C | REVISE/REPLACE KNEE JOINT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27488 | C | REMOVAL OF KNEE PROSTHESIS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27495 | C | REINFORCE THIGH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27496 | T | DECOMPRESSION OF THIGH/KNEE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27497 | T | DECOMPRESSION OF THIGH/KNEE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27498 | T | DECOMPRESSION OF THIGH/KNEE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27499 | T | DECOMPRESSION OF THIGH/KNEE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27500 | T | TREATMENT OF THIGH FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27501 | T | TREATMENT OF THIGH FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27502 | T | TREATMENT OF THIGH FRACTURE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27503 | T | TREATMENT OF THIGH FRACTURE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27506 | C | TREATMENT OF THIGH FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27507 | C | TREATMENT OF THIGH FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27508 | T | TREATMENT OF THIGH FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27509 | N | TREATMENT OF THIGH FRACTURE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27510 | T | TREATMENT OF THIGH FRACTURE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27511 | C | TREATMENT OF THIGH FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27513 | C | TREATMENT OF THIGH FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27514 | C | TREATMENT OF THIGH FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27516 | T | TREAT THIGH FX GROWTH PLATE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27517 | T | TREAT THIGH FX GROWTH PLATE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27519 | C | TREAT THIGH FX GROWTH PLATE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27520 | T | TREAT KNEECAP FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27524 | T | TREAT KNEECAP FRACTURE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27530 | T | TREAT KNEE FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27532 | T | TREAT KNEE FRACTURE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27535 | C | TREAT KNEE FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27536 | C | TREAT KNEE FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27538 | T | TREAT KNEE FRACTURE(S) | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27540 | C | TREAT KNEE FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27550 | T | TREAT KNEE DISLOCATION | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27552 | T | TREAT KNEE DISLOCATION | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27556 | C | TREAT KNEE DISLOCATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27557 | C | TREAT KNEE DISLOCATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27558 | C | TREAT KNEE DISLOCATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27560 | T | TREAT KNEECAP DISLOCATION | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27562 | T | TREAT KNEECAP DISLOCATION | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27566 | T | TREAT KNEECAP DISLOCATION | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27570 | T | FIXATION OF KNEE JOINT | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27580 | C | FUSION OF KNEE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27590 | C | AMPUTATE LEG AT THIGH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27591 | C | AMPUTATE LEG AT THIGH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27592 | C | AMPUTATE LEG AT THIGH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27594 | T | AMPUTATION FOLLOW-UP SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27596 | C | AMPUTATION FOLLOW-UP SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27598 | C | AMPUTATE LOWER LEG AT KNEE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27599 | T | UNLISTED PX FEMUR/KNEE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27600 | T | DECOMPRESSION OF LOWER LEG | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27601 | T | DECOMPRESSION OF LOWER LEG | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27602 | T | DECOMPRESSION OF LOWER LEG | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27603 | T | DRAIN LOWER LEG LESION | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 27604 | T | DRAIN LOWER LEG BURSA | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27605 | T | INCISION OF ACHILLES TENDON | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27606 | T | INCISION OF ACHILLES TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27607 | T | TREAT LOWER LEG BONE LESION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27610 | T | EXPLORE/TREAT ANKLE JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 27612 | T | EXPLORATION OF ANKLE JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27613 | T | BIOPSY LOWER LEG SOFT TISSUE | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 27614 | T | BIOPSY LOWER LEG SOFT TISSUE | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 27615 | T | RESECT LEG/ANKLE TUM < 5 CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 27616 | T | RESECT LEG/ANKLE TUM 5 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 27618 | T | EXC LEG/ANKLE TUM < 3 CM | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 27619 | T | EXC LEG/ANKLE TUM DEEP <5 CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 27620 | T | EXPLORE/TREAT ANKLE JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27625 | T | REMOVE ANKLE JOINT LINING | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27626 | T | REMOVE ANKLE JOINT LINING | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27630 | T | REMOVAL OF TENDON LESION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27632 | T | EXC LEG/ANKLE LES SC 3 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 27634 | T | EXC LEG/ANKLE TUM DEP 5 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 27635 | T | REMOVE LOWER LEG BONE LESION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27637 | N | REMOVE/GRAFT LEG BONE LESION | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27638 | N | REMOVE/GRAFT LEG BONE LESION | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27640 | T | PARTIAL REMOVAL OF TIBIA | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27641 | T | PARTIAL REMOVAL OF FIBULA | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27645 | C | RESECT TIBIA TUMOR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27646 | C | RESECT FIBULA TUMOR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27647 | T | RESECT TALUS/CALCANEUS TUM | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27648 | N | INJECTION FOR ANKLE X-RAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 27650 | T | REPAIR ACHILLES TENDON | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27652 | N | REPAIR/GRAFT ACHILLES TENDON | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27654 | N | REPAIR OF ACHILLES TENDON | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27656 | T | REPAIR LEG FASCIA DEFECT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27658 | T | REPAIR OF LEG TENDON EACH | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27659 | T | REPAIR OF LEG TENDON EACH | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27664 | T | REPAIR OF LEG TENDON EACH | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27665 | N | REPAIR OF LEG TENDON EACH | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27675 | T | REPAIR LOWER LEG TENDONS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27676 | T | REPAIR LOWER LEG TENDONS | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27680 | T | RELEASE OF LOWER LEG TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27681 | T | RELEASE OF LOWER LEG TENDONS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27685 | T | REVISION OF LOWER LEG TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27686 | T | REVISE LOWER LEG TENDONS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27687 | T | REVISION OF CALF TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27690 | T | REVISE LOWER LEG TENDON | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27691 | T | REVISE LOWER LEG TENDON | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27692 | N | REVISE ADDITIONAL LEG TENDON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 27695 | T | REPAIR OF ANKLE LIGAMENT | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27696 | T | REPAIR OF ANKLE LIGAMENTS | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27698 | T | REPAIR OF ANKLE LIGAMENT | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27700 | N | REVISION OF ANKLE JOINT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27702 | T | RECONSTRUCT ANKLE JOINT | - | 05116 | 255.8583 | APC | $14,939.57 | - | - | - | - | 000 | 999 | - |
| 27703 | C | RECONSTRUCTION ANKLE JOINT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27704 | N | REMOVAL OF ANKLE IMPLANT | - | 05113 | 34.7802 | Bundled, sometimes payable | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27705 | T | INCISION OF TIBIA | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27707 | T | INCISION OF FIBULA | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27709 | N | INCISION OF TIBIA & FIBULA | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 27712 | C | REALIGNMENT OF LOWER LEG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27715 | C | REVISION OF LOWER LEG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27720 | N | REPAIR OF TIBIA | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27722 | N | REPAIR/GRAFT OF TIBIA | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27724 | C | REPAIR/GRAFT OF TIBIA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27725 | C | REPAIR OF LOWER LEG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 27726 | N | REPAIR FIBULA NONUNION | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27727 | C | REPAIR OF LOWER LEG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27730 | T | REPAIR OF TIBIA EPIPHYSIS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27732 | T | REPAIR OF FIBULA EPIPHYSIS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27734 | T | REPAIR LOWER LEG EPIPHYSES | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27740 | T | REPAIR OF LEG EPIPHYSES | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27742 | T | REPAIR OF LEG EPIPHYSES | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27745 | N | REINFORCE TIBIA | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27750 | T | TREATMENT OF TIBIA FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27752 | T | TREATMENT OF TIBIA FRACTURE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27756 | N | TREATMENT OF TIBIA FRACTURE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27758 | N | TREATMENT OF TIBIA FRACTURE | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 27759 | N | TREATMENT OF TIBIA FRACTURE | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 27760 | T | CLTX MEDIAL ANKLE FX | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27762 | T | CLTX MED ANKLE FX W/MNPJ | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27766 | T | OPTX MEDIAL ANKLE FX | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27767 | T | CLTX POST ANKLE FX | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27768 | T | CLTX POST ANKLE FX W/MNPJ | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27769 | N | OPTX POST ANKLE FX | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27780 | T | TREATMENT OF FIBULA FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27781 | T | TREATMENT OF FIBULA FRACTURE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27784 | N | TREATMENT OF FIBULA FRACTURE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27786 | T | TREATMENT OF ANKLE FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27788 | T | TREATMENT OF ANKLE FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27792 | N | TREATMENT OF ANKLE FRACTURE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27808 | T | TREATMENT OF ANKLE FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27810 | T | TREATMENT OF ANKLE FRACTURE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27814 | N | TREATMENT OF ANKLE FRACTURE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27816 | T | TREATMENT OF ANKLE FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27818 | T | TREATMENT OF ANKLE FRACTURE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27822 | N | TREATMENT OF ANKLE FRACTURE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27823 | N | TREATMENT OF ANKLE FRACTURE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27824 | T | TREAT LOWER LEG FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27825 | T | TREAT LOWER LEG FRACTURE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27826 | N | TREAT LOWER LEG FRACTURE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27827 | N | TREAT LOWER LEG FRACTURE | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 27828 | N | TREAT LOWER LEG FRACTURE | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 27829 | T | TREAT LOWER LEG JOINT | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27830 | T | TREAT LOWER LEG DISLOCATION | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27831 | T | TREAT LOWER LEG DISLOCATION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27832 | N | TREAT LOWER LEG DISLOCATION | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27840 | T | TREAT ANKLE DISLOCATION | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 27842 | T | TREAT ANKLE DISLOCATION | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 27846 | T | TREAT ANKLE DISLOCATION | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27848 | T | TREAT ANKLE DISLOCATION | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27860 | T | FIXATION OF ANKLE JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27870 | N | FUSION OF ANKLE JOINT OPEN | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 27871 | N | FUSION OF TIBIOFIBULAR JOINT | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 27880 | C | AMPUTATION OF LOWER LEG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27881 | C | AMPUTATION OF LOWER LEG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27882 | C | AMPUTATION OF LOWER LEG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27884 | T | AMPUTATION FOLLOW-UP SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27886 | C | AMPUTATION FOLLOW-UP SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27888 | C | AMPUTATION OF FOOT AT ANKLE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 27889 | T | AMPUTATION OF FOOT AT ANKLE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27892 | T | DECOMPRESSION OF LEG | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 27893 | T | DECOMPRESSION OF LEG | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 27894 | T | DECOMPRESSION OF LEG | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 27899 | T | UNLISTED PX LEG/ANKLE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 28001 | T | DRAINAGE OF BURSA OF FOOT | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 28002 | T | TREATMENT OF FOOT INFECTION | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 28003 | T | TREATMENT OF FOOT INFECTION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28005 | T | TREAT FOOT BONE LESION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28008 | T | INCISION OF FOOT FASCIA | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28010 | T | INCISION OF TOE TENDON | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 28011 | T | INCISION OF TOE TENDONS | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 28020 | T | EXPLORATION OF FOOT JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28022 | T | EXPLORATION OF FOOT JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28024 | T | EXPLORATION OF TOE JOINT | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 28035 | T | DECOMPRESSION OF TIBIA NERVE | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 28039 | T | EXC FOOT/TOE TUM SC 1.5 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 28041 | T | EXC FOOT/TOE TUM DEP 1.5CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 28043 | T | EXC FOOT/TOE TUM SC < 1.5 CM | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 28045 | T | EXC FOOT/TOE TUM DEEP <1.5CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 28046 | T | RESECT FOOT/TOE TUMOR < 3 CM | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 28047 | T | RESECT FOOT/TOE TUMOR 3 CM/> | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 28050 | T | BIOPSY OF FOOT JOINT LINING | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28052 | T | BIOPSY OF FOOT JOINT LINING | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28054 | T | BIOPSY OF TOE JOINT LINING | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28055 | T | NEURECTOMY FOOT | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 28060 | T | PARTIAL REMOVAL FOOT FASCIA | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28062 | T | REMOVAL OF FOOT FASCIA | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28070 | T | REMOVAL OF FOOT JOINT LINING | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28072 | T | REMOVAL OF FOOT JOINT LINING | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28080 | T | REMOVAL OF FOOT LESION | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 28086 | T | EXCISE FOOT TENDON SHEATH | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28088 | T | EXCISE FOOT TENDON SHEATH | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28090 | T | REMOVAL OF FOOT LESION | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 28092 | T | REMOVAL OF TOE LESIONS | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 28100 | T | REMOVAL OF ANKLE/HEEL LESION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28102 | N | REMOVE/GRAFT FOOT LESION | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28103 | N | REMOVE/GRAFT FOOT LESION | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28104 | T | REMOVAL OF FOOT LESION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28106 | T | REMOVE/GRAFT FOOT LESION | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28107 | N | REMOVE/GRAFT FOOT LESION | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28108 | T | REMOVAL OF TOE LESIONS | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 28110 | T | PART REMOVAL OF METATARSAL | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28111 | T | PART REMOVAL OF METATARSAL | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28112 | T | PART REMOVAL OF METATARSAL | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28113 | T | PART REMOVAL OF METATARSAL | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28114 | T | REMOVAL OF METATARSAL HEADS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28116 | T | REVISION OF FOOT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28118 | T | REMOVAL OF HEEL BONE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28119 | T | REMOVAL OF HEEL SPUR | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28120 | T | PART REMOVAL OF ANKLE/HEEL | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28122 | T | PARTIAL REMOVAL OF FOOT BONE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28124 | T | PARTIAL REMOVAL OF TOE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28126 | T | PARTIAL REMOVAL OF TOE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28130 | T | REMOVAL OF ANKLE BONE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28140 | T | REMOVAL OF METATARSAL | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28150 | T | REMOVAL OF TOE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28153 | T | PARTIAL REMOVAL OF TOE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 28160 | T | PARTIAL REMOVAL OF TOE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28171 | T | RESECT TARSAL TUMOR | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28173 | T | RESECT METATARSAL TUMOR | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28175 | T | RESECT PHALANX OF TOE TUMOR | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 28190 | T | REMOVAL OF FOOT FOREIGN BODY | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 28192 | T | REMOVAL OF FOOT FOREIGN BODY | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 28193 | T | REMOVAL OF FOOT FOREIGN BODY | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 28200 | T | REPAIR OF FOOT TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28202 | N | REPAIR/GRAFT OF FOOT TENDON | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28208 | T | REPAIR OF FOOT TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28210 | N | REPAIR/GRAFT OF FOOT TENDON | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28220 | T | RELEASE OF FOOT TENDON | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 28222 | T | RELEASE OF FOOT TENDONS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28225 | T | RELEASE OF FOOT TENDON | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28226 | T | RELEASE OF FOOT TENDONS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28230 | T | INCISION OF FOOT TENDON(S) | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 28232 | T | INCISION OF TOE TENDON | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 28234 | T | INCISION OF FOOT TENDON | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 28238 | T | REVISION OF FOOT TENDON | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28240 | T | RELEASE OF BIG TOE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28250 | T | REVISION OF FOOT FASCIA | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28260 | T | RELEASE OF MIDFOOT JOINT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28261 | T | REVISION OF FOOT TENDON | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 28262 | N | REVISION OF FOOT AND ANKLE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28264 | T | RELEASE OF MIDFOOT JOINT | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 28270 | T | RELEASE OF FOOT CONTRACTURE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28272 | T | RELEASE OF TOE JOINT EACH | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 28280 | T | FUSION OF TOES | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28285 | T | REPAIR OF HAMMERTOE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28286 | T | REPAIR OF HAMMERTOE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28288 | T | PARTIAL REMOVAL OF FOOT BONE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28289 | T | CORRJ HALUX RIGDUS W/O IMPLT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28291 | T | CORRJ HALUX RIGDUS W/IMPLT | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28292 | T | CORRECTION HALLUX VALGUS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28295 | T | CORRECTION HALLUX VALGUS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28296 | T | CORRECTION HALLUX VALGUS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28297 | N | CORRECTION HALLUX VALGUS | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28298 | T | CORRECTION HALLUX VALGUS | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28299 | T | CORRECTION HALLUX VALGUS | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28300 | N | INCISION OF HEEL BONE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28302 | T | INCISION OF ANKLE BONE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28304 | N | INCISION OF MIDFOOT BONES | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28305 | N | INCISE/GRAFT MIDFOOT BONES | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28306 | T | INCISION OF METATARSAL | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28307 | T | INCISION OF METATARSAL | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28308 | T | INCISION OF METATARSAL | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28309 | N | INCISION OF METATARSALS | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28310 | T | REVISION OF BIG TOE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28312 | T | REVISION OF TOE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28313 | T | REPAIR DEFORMITY OF TOE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28315 | T | REMOVAL OF SESAMOID BONE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28320 | N | REPAIR OF FOOT BONES | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 28322 | N | REPAIR OF METATARSALS | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28340 | T | RESECT ENLARGED TOE TISSUE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28341 | T | RESECT ENLARGED TOE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28344 | T | REPAIR EXTRA TOE(S) | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 28345 | T | REPAIR WEBBED TOE(S) | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 28360 | N | RECONSTRUCT CLEFT FOOT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28400 | T | TREATMENT OF HEEL FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 28405 | T | TREATMENT OF HEEL FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 28406 | T | TREATMENT OF HEEL FRACTURE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28415 | N | TREAT HEEL FRACTURE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28420 | N | TREAT/GRAFT HEEL FRACTURE | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 28430 | T | TREATMENT OF ANKLE FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 28435 | T | TREATMENT OF ANKLE FRACTURE | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 28436 | T | TREATMENT OF ANKLE FRACTURE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28445 | N | TREAT ANKLE FRACTURE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28446 | N | OSTEOCHONDRAL TALUS AUTOGRFT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28450 | T | TREAT MIDFOOT FRACTURE EACH | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 28455 | T | TREAT MIDFOOT FRACTURE EACH | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 28456 | N | TREAT MIDFOOT FRACTURE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28465 | N | TREAT MIDFOOT FRACTURE EACH | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28470 | T | TREAT METATARSAL FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 28475 | T | TREAT METATARSAL FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 28476 | T | TREAT METATARSAL FRACTURE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28485 | T | TREAT METATARSAL FRACTURE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28490 | T | TREAT BIG TOE FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 28495 | T | TREAT BIG TOE FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 28496 | T | TREAT BIG TOE FRACTURE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28505 | T | TREAT BIG TOE FRACTURE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28510 | T | TREATMENT OF TOE FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 28515 | T | TREATMENT OF TOE FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 28525 | T | TREAT TOE FRACTURE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28530 | T | TREAT SESAMOID BONE FRACTURE | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 28531 | T | TREAT SESAMOID BONE FRACTURE | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28540 | T | TREAT FOOT DISLOCATION | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 28545 | T | TREAT FOOT DISLOCATION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28546 | T | TREAT FOOT DISLOCATION | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 28555 | N | REPAIR FOOT DISLOCATION | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28570 | T | TREAT FOOT DISLOCATION | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 28575 | T | TREAT FOOT DISLOCATION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28576 | T | TREAT FOOT DISLOCATION | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28585 | T | REPAIR FOOT DISLOCATION | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28600 | T | TREAT FOOT DISLOCATION | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 28605 | T | TREAT FOOT DISLOCATION | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 28606 | T | TREAT FOOT DISLOCATION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28615 | N | REPAIR FOOT DISLOCATION | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28630 | T | TREAT TOE DISLOCATION | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 28635 | T | TREAT TOE DISLOCATION | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 28636 | T | TREAT TOE DISLOCATION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28645 | T | REPAIR TOE DISLOCATION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28660 | T | TREAT TOE DISLOCATION | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 28665 | T | TREAT TOE DISLOCATION | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 28666 | T | TREAT TOE DISLOCATION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28675 | T | REPAIR OF TOE DISLOCATION | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28705 | N | FUSION OF FOOT BONES | - | 05116 | 255.8583 | Bundled, sometimes payable | $14,939.57 | - | - | - | - | 000 | 999 | - |
| 28715 | N | FUSION OF FOOT BONES | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 28725 | N | FUSION OF FOOT BONES | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 28730 | N | FUSION OF FOOT BONES | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 28735 | N | FUSION OF FOOT BONES | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 28737 | N | REVISION OF FOOT BONES | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 28740 | N | FUSION OF FOOT BONES | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 28750 | N | FUSION OF BIG TOE JOINT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28755 | T | FUSION OF BIG TOE JOINT | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28760 | N | FUSION OF BIG TOE JOINT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 28800 | C | AMPUTATION OF MIDFOOT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 28805 | T | AMPUTATION THRU METATARSAL | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28810 | T | AMPUTATION TOE & METATARSAL | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28820 | T | AMPUTATION OF TOE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28825 | T | PARTIAL AMPUTATION OF TOE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 28890 | T | HI ENRGY ESWT PLANTAR FASCIA | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | Y | 000 | 999 | - |
| 28899 | T | UNLISTED PX FOOT/TOES | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 29000 | T | APPLICATION OF BODY CAST | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29010 | T | APPLICATION OF BODY CAST | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29015 | T | APPLICATION OF BODY CAST | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29035 | T | APPLICATION OF BODY CAST | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29040 | T | APPLICATION OF BODY CAST | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29044 | T | APPLICATION OF BODY CAST | - | 05101 | 1.7031 | APC | $99.44 | - | - | - | - | 000 | 999 | - |
| 29046 | T | APPLICATION OF BODY CAST | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29049 | T | APPLICATION OF FIGURE EIGHT | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29055 | T | APPLICATION OF SHOULDER CAST | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29058 | T | APPLICATION OF SHOULDER CAST | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29065 | T | APPLICATION OF LONG ARM CAST | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29075 | T | APPLICATION OF FOREARM CAST | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29085 | T | APPLY HAND/WRIST CAST | - | 05101 | 1.7031 | APC | $99.44 | - | - | - | - | 000 | 999 | - |
| 29086 | T | APPLY FINGER CAST | - | 05101 | 1.7031 | APC | $99.44 | - | - | - | - | 000 | 999 | - |
| 29105 | T | APPLY LONG ARM SPLINT | - | 05101 | 1.7031 | APC | $99.44 | - | - | - | - | 000 | 999 | - |
| 29125 | N | APPLY FOREARM SPLINT | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 29126 | N | APPLY FOREARM SPLINT | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 29130 | N | APPLICATION OF FINGER SPLINT | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 29131 | N | APPLICATION OF FINGER SPLINT | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 29200 | T | STRAPPING OF CHEST | - | 05101 | 1.7031 | APC | $99.44 | - | - | - | - | 000 | 999 | - |
| 29240 | N | STRAPPING OF SHOULDER | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 29260 | N | STRAPPING OF ELBOW OR WRIST | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 29280 | N | STRAPPING OF HAND OR FINGER | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 29305 | T | APPLICATION OF HIP CAST | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29325 | T | APPLICATION OF HIP CASTS | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29345 | T | APPLICATION OF LONG LEG CAST | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29355 | T | APPLICATION OF LONG LEG CAST | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29358 | T | APPLY LONG LEG CAST BRACE | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29365 | T | APPLICATION OF LONG LEG CAST | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29405 | T | APPLY SHORT LEG CAST | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29425 | T | APPLY SHORT LEG CAST | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29435 | T | APPLY SHORT LEG CAST | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29440 | T | ADDITION OF WALKER TO CAST | - | 05101 | 1.7031 | APC | $99.44 | - | - | - | - | 000 | 999 | - |
| 29445 | T | APPLY RIGID LEG CAST | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29450 | T | APPLICATION OF LEG CAST | - | 05101 | 1.7031 | APC | $99.44 | - | - | - | - | 000 | 999 | - |
| 29505 | T | APPLICATION LONG LEG SPLINT | - | 05101 | 1.7031 | APC | $99.44 | - | - | - | - | 000 | 999 | - |
| 29515 | T | APPLICATION LOWER LEG SPLINT | - | 05101 | 1.7031 | APC | $99.44 | - | - | - | - | 000 | 999 | - |
| 29520 | N | STRAPPING OF HIP | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 29530 | N | STRAPPING OF KNEE | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 29540 | T | STRAPPING OF ANKLE AND/OR FT | - | 05101 | 1.7031 | APC | $99.44 | - | - | - | - | 000 | 999 | - |
| 29550 | N | STRAPPING OF TOES | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 29580 | T | APPLICATION OF PASTE BOOT | - | 05101 | 1.7031 | APC | $99.44 | - | - | - | - | 000 | 999 | - |
| 29581 | T | APPLY MULTLAY COMPRS LWR LEG | - | 05101 | 1.7031 | APC | $99.44 | - | - | - | - | 000 | 999 | - |
| 29584 | T | APPL MULTLAY COMPRS ARM/HAND | - | 05101 | 1.7031 | APC | $99.44 | - | - | - | - | 000 | 999 | - |
| 29700 | T | REMOVAL/REVISION OF CAST | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29705 | T | REMOVAL/REVISION OF CAST | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 29710 | T | REMOVAL/REVISION OF CAST | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29720 | T | REPAIR OF BODY CAST | - | 05101 | 1.7031 | APC | $99.44 | - | - | - | - | 000 | 999 | - |
| 29730 | T | WINDOWING OF CAST | - | 05101 | 1.7031 | APC | $99.44 | - | - | - | - | 000 | 999 | - |
| 29740 | T | WEDGING OF CAST | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29750 | T | WEDGING OF CLUBFOOT CAST | - | 05102 | 2.8032 | APC | $163.68 | - | - | - | - | 000 | 999 | - |
| 29799 | T | UNLISTED PX CASTING/STRPG | - | 05101 | 1.7031 | APC | $99.44 | - | - | - | - | 000 | 999 | - |
| 29800 | T | JAW ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | | | Y | - | 000 | 999 | - |
| 29804 | T | JAW ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | | | Y | - | 000 | 999 | - |
| 29805 | T | SHO ARTHRS DX +- SYNOVIAL BX | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29806 | N | SHO ARTHRS SRG CAPSULORRAPHY | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 29807 | N | SHO ARTHRS SRG RPR SLAP LES | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 29819 | T | SHO ARTHRS SRG RMVL LOOSE/FB | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29820 | T | SHO ARTHRS SRG PRTL SYNVCT | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 29821 | T | SHO ARTHRS SRG COMPL SYNVCT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29822 | T | SHO ARTHRS SRG LMTD DBRDMT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29823 | T | SHO ARTHRS SRG XTNSV DBRDMT | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29824 | T | SHO ARTHRS SRG DSTL CLAVICLC | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29825 | T | SHO ARTHRS SRG LSS&RESCJ ADS | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29826 | N | SHO ARTHRS SRG DECOMPRESSION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 29827 | N | SHO ARTHRS SRG RT8TR CUF RPR | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 29828 | N | SHO ARTHRS SRG BICP TENODSIS | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 29830 | T | ELBOW ARTHROSCOPY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29834 | T | ELBOW ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29835 | T | ELBOW ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29836 | T | ELBOW ARTHROSCOPY/SURGERY | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 29837 | T | ELBOW ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29838 | T | ELBOW ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29840 | T | WRIST ARTHROSCOPY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29843 | T | WRIST ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29844 | T | WRIST ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29845 | T | WRIST ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29846 | T | WRIST ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29847 | T | WRIST ARTHROSCOPY/SURGERY | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 29848 | T | WRIST ENDOSCOPY/SURGERY | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 29850 | T | KNEE ARTHROSCOPY/SURGERY | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 29851 | T | KNEE ARTHROSCOPY/SURGERY | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 29855 | N | TIBIAL ARTHROSCOPY/SURGERY | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 29856 | N | TIBIAL ARTHROSCOPY/SURGERY | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 29860 | T | HIP ARTHROSCOPY DX | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 29861 | T | HIP ARTHRO W/FB REMOVAL | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 29862 | N | HIP ARTHR0 W/DEBRIDEMENT | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 29863 | T | HIP ARTHR0 W/SYNOVECTOMY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29866 | N | AUTGRFT IMPLNT KNEE W/SCOPE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | Y | 000 | 999 | - |
| 29867 | N | ALLGRFT IMPLNT KNEE W/SCOPE | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | Y | 000 | 999 | - |
| 29868 | N | MENISCAL TRNSPL KNEE W/SCPE | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | Y | 000 | 999 | - |
| 29870 | T | KNEE ARTHROSCOPY DX | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29871 | T | KNEE ARTHROSCOPY/DRAINAGE | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29873 | T | KNEE ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29874 | T | KNEE ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29875 | T | KNEE ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29876 | T | KNEE ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29877 | T | KNEE ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29879 | T | KNEE ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29880 | T | KNEE ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29881 | T | KNEE ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29882 | T | KNEE ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 29883 | T | KNEE ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29884 | T | KNEE ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29885 | N | KNEE ARTHROSCOPY/SURGERY | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 29886 | T | KNEE ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29887 | T | KNEE ARTHROSCOPY/SURGERY | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 29888 | N | KNEE ARTHROSCOPY/SURGERY | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 29889 | N | KNEE ARTHROSCOPY/SURGERY | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 29891 | T | ANKLE ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29892 | T | ANKLE ARTHROSCOPY/SURGERY | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 29893 | T | SCOPE PLANTAR FASCIOTOMY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29894 | T | ANKLE ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29895 | T | ANKLE ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29897 | T | ANKLE ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29898 | T | ANKLE ARTHROSCOPY/SURGERY | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29899 | N | ANKLE ARTHROSCOPY/SURGERY | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 29900 | T | MCP JOINT ARTHROSCOPY DX | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29901 | T | MCP JOINT ARTHROSCOPY SURG | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29902 | T | MCP JOINT ARTHROSCOPY SURG | - | 05112 | 16.7613 | APC | $978.69 | - | - | - | - | 000 | 999 | - |
| 29904 | T | SUBTALAR ARTHRO W/FB RMVL | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29905 | T | SUBTALAR ARTHRO W/EXC | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 29906 | T | SUBTALAR ARTHRO W/DEB | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 29907 | N | SUBTALAR ARTHRO W/FUSION | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 29914 | N | HIP ARTHRO W/FEMOROPLASTY | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 29915 | N | HIP ARTHRO ACETABULOPLASTY | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 29916 | N | HIP ARTHRO W/LABRAL REPAIR | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 29999 | T | UNLISTED PX ARTHROSCOPY | - | 05111 | 2.4188 | APC | $141.23 | - | - | - | - | 000 | 999 | - |
| 30000 | T | DRAINAGE OF NOSE LESION | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 30020 | T | DRAINAGE OF NOSE LESION | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 3006F | E | CXR DOC REV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3008F | E | BODY MASS INDEX DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 30100 | T | INTRANASAL BIOPSY | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 30110 | T | REMOVAL OF NOSE POLYP(S) | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 30115 | T | REMOVAL OF NOSE POLYP(S) | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 30117 | T | REMOVAL OF INTRANASAL LESION | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 30118 | T | REMOVAL OF INTRANASAL LESION | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 3011F | E | LIPID PANEL DOC REV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 30120 | T | REVISION OF NOSE | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 30124 | T | REMOVAL OF NOSE LESION | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 30125 | N | REMOVAL OF NOSE LESION | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 30130 | T | EXCISE INFERIOR TURBINATE | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 30140 | T | RESECT INFERIOR TURBINATE | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 3014F | E | SCREEN MAMMO DOC REV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 30150 | N | PARTIAL REMOVAL OF NOSE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 3015F | E | CERV CANCER SCREEN DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 30160 | N | REMOVAL OF NOSE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 3016F | E | PT SCRND UNHLTHY OH USE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3017F | E | COLORECTAL CA SCREEN DOC REV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3018F | E | PRE-PRXD RSK ET AL DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3019F | E | LVEF ASSESS PLANPOST DSCHRGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 30200 | T | INJECTION TREATMENT OF NOSE | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 3020F | E | LVF ASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 30210 | T | NASAL SINUS THERAPY | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 3021F | E | LVEF MOD/SEVER DEPRS SYST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 30220 | T | INSERT NASAL SEPTAL BUTTON | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 3022F | E | LVEF >=40% SYSTOLIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3023F | E | SPIROM DOC REV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3025F | E | SPIROM FEV/FVC <70% W/COPD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3027F | E | SPIROM FEV/FVC>=70%/W/OCOPD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3028F | E | O2 SATURATION DOC REV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 30300 | N | REMOVE NASAL FOREIGN BODY | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 30310 | T | REMOVE NASAL FOREIGN BODY | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 30320 | T | REMOVE NASAL FOREIGN BODY | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 3035F | E | O2 SATURATION<=88%/PAO<=55 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3037F | E | O2 SATURATION >88%/PAO>55 HG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3038F | E | PULM FX W/IN 12 MON B/4 SURG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 30400 | T | RECONSTRUCTION OF NOSE | - | 05165 | 62.3903 | APC | $3,642.97 | | | Y | - | 000 | 999 | - |
| 3040F | E | FEV <40% PREDICTED VALUE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 30410 | N | RECONSTRUCTION OF NOSE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 30420 | N | RECONSTRUCTION OF NOSE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 3042F | E | FEV >=40% PREDICTED VALUE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 30430 | T | REVISION OF NOSE | - | 05165 | 62.3903 | APC | $3,642.97 | | | Y | - | 000 | 999 | - |
| 30435 | N | REVISION OF NOSE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 3044F | E | HG A1C LEVEL LT 7.0% | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 30450 | N | REVISION OF NOSE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 30460 | N | REVISION OF NOSE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 30462 | N | REVISION OF NOSE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 30465 | N | REPAIR NASAL STENOSIS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | | | Y | - | 000 | 999 | - |
| 30468 | T | RPR NSL VLV COLLAPSE W/IMPLT | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 30469 | T | RPR NSL VLV COLLAPSE W/RMDLG | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 3046F | E | HEMOGLOBIN A1C LEVEL >9.0% | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3048F | E | LDL-C <100 MG/DL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3049F | E | LDL-C 100-129 MG/DL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3050F | E | LDL-C >= 130 MG/DL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3051F | E | HG A1C>EQUAL 7.0%<8.0% | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 30520 | T | REPAIR OF NASAL SEPTUM | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 3052F | E | HG A1C>EQUAL 8.0%<EQUAL 9.0% | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 30540 | N | REPAIR NASAL DEFECT | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 30545 | N | REPAIR NASAL DEFECT | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 3055F | E | LVEF LESS THAN/EQUAL TO 35% | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 30560 | T | RELEASE OF NASAL ADHESIONS | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 3056F | E | LVEF GREATER THAN 35% | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 30580 | N | REPAIR UPPER JAW FISTULA | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 30600 | N | REPAIR MOUTH/NOSE FISTULA | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 3060F | E | POS MICROALBUMINURIA REV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3061F | E | NEG MICROALBUMINURIA REV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 30620 | N | INTRANASAL RECONSTRUCTION | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 3062F | E | POS MACROALBUMINURIA REV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 30630 | T | REPAIR NASAL SEPTUM DEFECT | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 3066F | E | NEPHROPATHY DOC TX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3072F | E | LOW RISK FOR RETINOPATHY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3073F | E | PRE-SURG EYE MEASURES DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3074F | E | SYST BP LT 130 MM HG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3075F | E | SYST BP GE 130 - 139MM HG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3077F | E | SYST BP >= 140 MM HG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3078F | E | DIAST BP <80 MM HG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3079F | E | DIAST BP 80-89 MM HG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 30801 | T | ABLATE INF TURBINATE SUPERF | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 30802 | T | ABLATE INF TURBINATE SUBMUC | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 3080F | E | DIAST BP >= 90 MM HG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3082F | E | KT/V <1.2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3083F | E | KT/V =/> 1.2 & <1.7 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3084F | E | KT/V >= 1.7 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3085F | E | SUICIDE RISK ASSESSED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3088F | E | MDD MILD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3089F | E | MDD MODERATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 30901 | N | CONTROL OF NOSEBLEED | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 30903 | T | CONTROL OF NOSEBLEED | - | 05734 | 1.3567 | APC | $79.22 | - | - | - | - | 000 | 999 | - |
| 30905 | T | CONTROL OF NOSEBLEED | - | 05734 | 1.3567 | APC | $79.22 | - | - | - | - | 000 | 999 | - |
| 30906 | T | REPEAT CONTROL OF NOSEBLEED | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 3090F | E | MDD SEVERE W/O PSYCH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 30915 | T | LIGATION NASAL SINUS ARTERY | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 3091F | E | MDD SEVERE W/PSYCH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 30920 | T | LIGATION UPPER JAW ARTERY | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 3092F | E | MDD IN REMISSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 30930 | T | THER FX NASAL INF TURBINATE | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 3093F | E | DOC NEW DIAG 1ST/ADDL MDD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3095F | E | CENTRAL DEXA RESULTS DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3096F | E | CENTRAL DEXA ORDERED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 30999 | T | UNLISTED PROCEDURE NOSE | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 31000 | T | IRRIGATION MAXILLARY SINUS | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 31002 | T | IRRIGATION SPHENOID SINUS | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 3100F | E | IMAGE TEST REF CAROT DIAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 31020 | T | EXPLORATION MAXILLARY SINUS | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 31030 | N | EXPLORATION MAXILLARY SINUS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31032 | N | EXPLORE SINUS REMOVE POLYPS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31040 | T | EXPLORATION BEHIND UPPER JAW | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31050 | N | EXPLORATION SPHENOID SINUS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31051 | N | SPHENOID SINUS SURGERY | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31070 | N | EXPLORATION OF FRONTAL SINUS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31075 | N | EXPLORATION OF FRONTAL SINUS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31080 | N | REMOVAL OF FRONTAL SINUS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31081 | N | REMOVAL OF FRONTAL SINUS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31084 | N | REMOVAL OF FRONTAL SINUS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31085 | N | REMOVAL OF FRONTAL SINUS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31086 | N | REMOVAL OF FRONTAL SINUS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31087 | N | REMOVAL OF FRONTAL SINUS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31090 | N | EXPLORATION OF SINUSES | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 3110F | E | PRES/ABSN HMRHG/LESION DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3111F | E | CT/MRI BRAIN DONE W/IN 24HRS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3112F | E | CT/MRI BRAIN DONE 24 HRS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3115F | E | QUANT RESULTS ACTIVITY &SYMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3117F | E | HF ASSESSMENT TOOL COMPLETED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3118F | E | NY HEART ASSOC CLASS DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3119F | E | NO EVAL ACTIVITY CLIN SYMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 31200 | N | REMOVAL OF ETHMOID SINUS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31201 | T | REMOVAL OF ETHMOID SINUS | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 31205 | T | REMOVAL OF ETHMOID SINUS | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 3120F | E | 12-LEAD ECG PERFORMED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 31225 | C | REMOVAL OF UPPER JAW | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 31230 | C | REMOVAL OF UPPER JAW | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 31231 | T | NASAL ENDOSCOPY DX | - | 05151 | 2.0886 | APC | $121.95 | - | - | - | - | 000 | 999 | - |
| 31233 | T | NSL/SINS NDSC DX MAX SINUSC | - | 05152 | 4.4066 | APC | $257.30 | - | - | - | - | 000 | 999 | - |
| 31235 | T | NSL/SINS NDSC DX SPHN SINUSC | - | 05153 | 18.6780 | APC | $1,090.61 | - | - | - | - | 000 | 999 | - |
| 31237 | T | NASAL/SINUS ENDOSCOPY SURG | - | 05153 | 18.6780 | APC | $1,090.61 | - | - | - | - | 000 | 999 | - |
| 31238 | T | NASAL/SINUS ENDOSCOPY SURG | - | 05153 | 18.6780 | APC | $1,090.61 | - | - | - | - | 000 | 999 | - |
| 31239 | T | NASAL/SINUS ENDOSCOPY SURG | - | 05154 | 38.9513 | APC | $2,274.37 | - | - | - | - | 000 | 999 | - |
| 31240 | T | NASAL/SINUS ENDOSCOPY SURG | - | 05153 | 18.6780 | APC | $1,090.61 | - | - | - | - | 000 | 999 | - |
| 31241 | T | NSL/SINS NDSC W/ARTERY LIG | - | 05153 | 18.6780 | APC | $1,090.61 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 31253 | T | NSL/SINS NDSC TOTAL | - | 05155 | 72.2916 | APC | $4,221.11 | - | - | - | - | 000 | 999 | - |
| 31254 | T | NSL/SINS NDSC W/PRTL ETHMDCT | - | 05155 | 72.2916 | APC | $4,221.11 | - | - | - | - | 000 | 999 | - |
| 31255 | T | NSL/SINS NDSC W/TOT ETHMDCT | - | 05155 | 72.2916 | APC | $4,221.11 | - | - | - | - | 000 | 999 | - |
| 31256 | T | EXPLORATION MAXILLARY SINUS | - | 05154 | 38.9513 | APC | $2,274.37 | - | - | - | - | 000 | 999 | - |
| 31257 | T | NSL/SINS NDSC TOT W/SPHENDT | - | 05155 | 72.2916 | APC | $4,221.11 | - | - | - | - | 000 | 999 | - |
| 31259 | T | NSL/SINS NDSC SPHN TISS RMVL | - | 05155 | 72.2916 | APC | $4,221.11 | - | - | - | - | 000 | 999 | - |
| 31267 | T | ENDOSCOPY MAXILLARY SINUS | - | 05155 | 72.2916 | APC | $4,221.11 | - | - | - | - | 000 | 999 | - |
| 3126F | E | ESOPH BX RPRT W/DYSPL INFO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 31276 | T | NSL/SINS NDSC FRNT TISS RMVL | - | 05155 | 72.2916 | APC | $4,221.11 | - | - | - | - | 000 | 999 | - |
| 31287 | T | NASAL/SINUS ENDOSCOPY SURG | - | 05155 | 72.2916 | APC | $4,221.11 | - | - | - | - | 000 | 999 | - |
| 31288 | T | NASAL/SINUS ENDOSCOPY SURG | - | 05155 | 72.2916 | APC | $4,221.11 | - | - | - | - | 000 | 999 | - |
| 31290 | C | NASAL/SINUS ENDOSCOPY SURG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 31291 | C | NASAL/SINUS ENDOSCOPY SURG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 31292 | T | NSL/SINS NDSC MED/INF DCMPRN | - | 05155 | 72.2916 | APC | $4,221.11 | - | - | - | - | 000 | 999 | - |
| 31293 | T | NSL/SINS NDSC MED&INF DCMPRN | - | 05155 | 72.2916 | APC | $4,221.11 | - | - | - | - | 000 | 999 | - |
| 31294 | T | NSL/SINS NDSC SURG ON DCMPRN | - | 05155 | 72.2916 | APC | $4,221.11 | - | - | - | - | 000 | 999 | - |
| 31295 | T | NSL/SINS NDSC SURG MAX SINS | - | 05155 | 72.2916 | APC | $4,221.11 | - | - | - | - | 000 | 999 | - |
| 31296 | T | NSL/SINS NDSC SURG FRNT SINS | - | 05155 | 72.2916 | APC | $4,221.11 | - | - | - | - | 000 | 999 | - |
| 31297 | T | NSL/SINS NDSC SURG SPHN SINS | - | 05155 | 72.2916 | APC | $4,221.11 | - | - | - | - | 000 | 999 | - |
| 31298 | T | NSL/SINS NDSC SURG FRNT&SPHN | - | 05155 | 72.2916 | APC | $4,221.11 | - | - | - | - | 000 | 999 | - |
| 31299 | T | UNLISTED PX ACCESSORY SINUS | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 31300 | T | REMOVAL OF LARYNX LESION | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 3130F | E | UPPER GI ENDOSCOPY PERFORMED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3132F | E | DOC REF UPPER GI ENDOSCOPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 31360 | C | REMOVAL OF LARYNX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 31365 | C | REMOVAL OF LARYNX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 31367 | C | PARTIAL REMOVAL OF LARYNX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 31368 | C | PARTIAL REMOVAL OF LARYNX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 31370 | C | PARTIAL REMOVAL OF LARYNX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 31375 | C | PARTIAL REMOVAL OF LARYNX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 31380 | C | PARTIAL REMOVAL OF LARYNX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 31382 | C | PARTIAL REMOVAL OF LARYNX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 31390 | C | REMOVAL OF LARYNX & PHARYNX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 31395 | C | RECONSTRUCT LARYNX & PHARYNX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 31400 | N | REVISION OF LARYNX | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 3140F | E | UPPER GI ENDO SHOWS BARRTTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3141F | E | UPPER GI ENDO NOT BARRTTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 31420 | N | REMOVAL OF EPIGLOTTIS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 3142F | E | BARIUM SWALLOW TEST ORDERED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 31500 | T | INSERT EMERGENCY AIRWAY | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 31502 | T | CHANGE OF WINDPIPE AIRWAY | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 31505 | T | DIAGNOSTIC LARYNGOSCOPY | - | 05151 | 2.0886 | APC | $121.95 | - | - | - | - | 000 | 999 | - |
| 3150F | E | FORCEPS ESOPH BIOPSY DONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 31510 | T | LARYNGOSCOPY WITH BIOPSY | - | 05154 | 38.9513 | APC | $2,274.37 | - | - | - | - | 000 | 999 | - |
| 31511 | T | REMOVE FOREIGN BODY LARYNX | - | 05151 | 2.0886 | APC | $121.95 | - | - | - | - | 000 | 999 | - |
| 31512 | T | REMOVAL OF LARYNX LESION | - | 05154 | 38.9513 | APC | $2,274.37 | - | - | - | - | 000 | 999 | - |
| 31513 | T | INJECTION INTO VOCAL CORD | - | 05152 | 4.4066 | APC | $257.30 | - | - | - | - | 000 | 999 | - |
| 31515 | T | LARYNGOSCOPY FOR ASPIRATION | - | 05152 | 4.4066 | APC | $257.30 | - | - | - | - | 000 | 999 | - |
| 31520 | T | DX LARYNGOSCOPY NEWBORN | - | 05152 | 4.4066 | APC | $257.30 | - | - | - | - | 000 | 999 | - |
| 31525 | T | DX LARYNGOSCOPY EXCL NB | - | 05153 | 18.6780 | APC | $1,090.61 | - | - | - | - | 000 | 999 | - |
| 31526 | T | DX LARYNGOSCOPY W/OPER SCOPE | - | 05153 | 18.6780 | APC | $1,090.61 | - | - | - | - | 000 | 999 | - |
| 31527 | T | LARYNGOSCOPY FOR TREATMENT | - | 05154 | 38.9513 | APC | $2,274.37 | - | - | - | - | 000 | 999 | - |
| 31528 | T | LARYNGOSCOPY AND DILATION | - | 05154 | 38.9513 | APC | $2,274.37 | - | - | - | - | 000 | 999 | - |
| 31529 | T | LARYNGOSCOPY AND DILATION | - | 05154 | 38.9513 | APC | $2,274.37 | - | - | - | - | 000 | 999 | - |
| 31530 | T | LARYNGOSCOPY W/FB REMOVAL | - | 05153 | 18.6780 | APC | $1,090.61 | - | - | - | - | 000 | 999 | - |
| 31531 | T | LARYNGOSCOPY W/FB & OP SCOPE | - | 05154 | 38.9513 | APC | $2,274.37 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 31535 | T | LARYNGOSCOPY W/BIOPSY | - | 05154 | 38.9513 | APC | $2,274.37 | - | - | - | - | 000 | 999 | - |
| 31536 | T | LARYNGOSCOPY W/BX & OP SCOPE | - | 05154 | 38.9513 | APC | $2,274.37 | - | - | - | - | 000 | 999 | - |
| 31540 | T | LARYNGOSCOPY W/EXC OF TUMOR | - | 05154 | 38.9513 | APC | $2,274.37 | - | - | - | - | 000 | 999 | - |
| 31541 | T | LARYNSCOP W/TUMR EXC + SCOPE | - | 05154 | 38.9513 | APC | $2,274.37 | - | - | - | - | 000 | 999 | - |
| 31545 | T | REMOVE VC LESION W/SCOPE | - | 05154 | 38.9513 | APC | $2,274.37 | - | - | - | Y | 000 | 999 | - |
| 31546 | T | REMOVE VC LESION SCOPE/GRAFT | - | 05155 | 72.2916 | APC | $4,221.11 | - | - | - | Y | 000 | 999 | - |
| 31551 | T | LARYNGOPLASTY LARYNGEAL STEN | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31552 | T | LARYNGOPLASTY LARYNGEAL STEN | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31553 | T | LARYNGOPLASTY LARYNGEAL STEN | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31554 | T | LARYNGOPLASTY LARYNGEAL STEN | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 3155F | E | CYTOGEN TEST MARROW B/4 TX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 31560 | T | LARYNGOSCOP W/ARYTENOIDECTOM | - | 05155 | 72.2916 | APC | $4,221.11 | - | - | - | - | 000 | 999 | - |
| 31561 | T | LARYNSCOP REMVE CART + SCOP | - | 05155 | 72.2916 | APC | $4,221.11 | - | - | - | - | 000 | 999 | - |
| 31570 | T | LARYNGOSCOPE W/VC INJ | - | 05154 | 38.9513 | APC | $2,274.37 | - | - | - | - | 000 | 999 | - |
| 31571 | T | LARYNGOSCOP W/VC INJ + SCOPE | - | 05154 | 38.9513 | APC | $2,274.37 | - | - | - | - | 000 | 999 | - |
| 31572 | T | LARGSC W/LASER DSTRJ LES | - | 05154 | 38.9513 | APC | $2,274.37 | - | - | - | - | 000 | 999 | - |
| 31573 | T | LARGSC W/THER INJECTION | - | 05153 | 18.6780 | APC | $1,090.61 | - | - | - | - | 000 | 999 | - |
| 31574 | T | LARGSC W/NJX AUGMENTATION | - | 05153 | 18.6780 | APC | $1,090.61 | - | - | - | - | 000 | 999 | - |
| 31575 | T | DIAGNOSTIC LARYNGOSCOPY | - | 05151 | 2.0886 | APC | $121.95 | - | - | - | - | 000 | 999 | - |
| 31576 | T | LARYNGOSCOPY WITH BIOPSY | - | 05153 | 18.6780 | APC | $1,090.61 | - | - | - | - | 000 | 999 | - |
| 31577 | T | LARGSC W/RMVL FOREIGN BDY(S) | - | 05152 | 4.4066 | APC | $257.30 | - | - | - | - | 000 | 999 | - |
| 31578 | T | LARGSC W/REMOVAL LESION | - | 05154 | 38.9513 | APC | $2,274.37 | - | - | - | - | 000 | 999 | - |
| 31579 | T | LARYNGOSCOPY TELESCOPIC | - | 05152 | 4.4066 | APC | $257.30 | - | - | - | - | 000 | 999 | - |
| 31580 | N | LARYNGOPLASTY LARYNGEAL WEB | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31584 | T | LARYNGOPLASTY FX RDCTJ FIXJ | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31587 | T | LARYNGOPLASTY CRICOID SPLIT | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31590 | N | REINNERVATE LARYNX | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31591 | T | LARYNGOPLASTY MEDIALIZATION | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31592 | T | CRICOTRACHEAL RESECTION | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31599 | T | UNLISTED PROCEDURE LARYNX | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 31600 | T | INCISION OF WINDPIPE | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 31601 | T | INCISION OF WINDPIPE | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 001 | - |
| 31603 | T | INCISION OF WINDPIPE | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 31605 | T | INCISION OF WINDPIPE | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 3160F | E | DOC FE+ STORES B/4 EPO THX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 31610 | N | INCISION OF WINDPIPE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31611 | T | SURGERY/SPEECH PROSTHESIS | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 31612 | N | PUNCTURE/CLEAR WINDPIPE | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 31613 | T | REPAIR WINDPIPE OPENING | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 31614 | N | REPAIR WINDPIPE OPENING | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31615 | T | VISUALIZATION OF WINDPIPE | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 31622 | T | DX BRONCHOSCOPE/WASH | - | 05153 | 18.6780 | APC | $1,090.61 | - | - | - | - | 000 | 999 | - |
| 31623 | T | DX BRONCHOSCOPE/BRUSH | - | 05153 | 18.6780 | APC | $1,090.61 | - | - | - | - | 000 | 999 | - |
| 31624 | T | DX BRONCHOSCOPE/LAVAGE | - | 05153 | 18.6780 | APC | $1,090.61 | - | - | - | - | 000 | 999 | - |
| 31625 | T | BRONCHOSCOPY W/BIOPSY(S) | - | 05153 | 18.6780 | APC | $1,090.61 | - | - | - | - | 000 | 999 | - |
| 31626 | T | BRONCHOSCOPY W/MARKERS | - | 05155 | 72.2916 | APC | $4,221.11 | - | - | - | - | 000 | 999 | - |
| 31627 | N | NAVIGATIONAL BRONCHOSCOPY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 31628 | T | BRONCHOSCOPY/LUNG BX EACH | - | 05154 | 38.9513 | APC | $2,274.37 | - | - | - | - | 000 | 999 | - |
| 31629 | T | BRONCHOSCOPY/NEEDLE BX EACH | - | 05154 | 38.9513 | APC | $2,274.37 | - | - | - | - | 000 | 999 | - |
| 31630 | T | BRONCHOSCOPY DILATE/FX REPR | - | 05154 | 38.9513 | APC | $2,274.37 | - | - | - | - | 000 | 999 | - |
| 31631 | T | BRONCHOSCOPY DILATE W/STENT | - | 05155 | 72.2916 | APC | $4,221.11 | - | - | - | - | 000 | 999 | - |
| 31632 | N | BRONCHOSCOPY/LUNG BX ADDL | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 31633 | N | BRONCHOSCOPY/NEEDLE BX ADDL | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 31634 | T | BRONCH W/BALLOON OCCLUSION | - | 05155 | 72.2916 | APC | $4,221.11 | - | - | - | - | 000 | 999 | - |
| 31635 | T | BRONCHOSCOPY W/FB REMOVAL | - | 05153 | 18.6780 | APC | $1,090.61 | - | - | - | - | 000 | 999 | - |
| 31636 | T | BRONCHOSCOPY BRONCH STENTS | - | 05155 | 72.2916 | APC | $4,221.11 | - | - | - | Y | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 31637 | N | BRONCHOSCOPY STENT ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 31638 | T | BRONCHOSCOPY REVISE STENT | - | 05155 | 72.2916 | APC | $4,221.11 | - | - | - | Y | 000 | 999 | - |
| 31640 | T | BRONCHOSCOPY W/TUMOR EXCISE | - | 05154 | 38.9513 | APC | $2,274.37 | - | - | - | - | 000 | 999 | - |
| 31641 | T | BRONCHOSCOPY TREAT BLOCKAGE | - | 05154 | 38.9513 | APC | $2,274.37 | - | - | - | - | 000 | 999 | - |
| 31643 | T | DIAG BRONCHOSCOPE/CATHETER | - | 05153 | 18.6780 | APC | $1,090.61 | - | - | - | - | 000 | 999 | - |
| 31645 | T | BRNCHSC W/THER ASPIR 1ST | - | 05153 | 18.6780 | APC | $1,090.61 | - | - | - | - | 000 | 999 | - |
| 31646 | T | BRNCHSC W/THER ASPIR SBSQ | - | 05152 | 4.4066 | APC | $257.30 | - | - | - | - | 000 | 999 | - |
| 31647 | T | BRONCHIAL VALVE INIT INSERT | - | 05155 | 72.2916 | APC | $3,983.25 | - | - | - | Y | 000 | 999 | - |
| 31648 | T | BRONCHIAL VALVE REMOV INIT | - | 05154 | 38.9513 | APC | $2,119.30 | - | - | - | Y | 000 | 999 | - |
| 31649 | N | BRONCHIAL VALVE REMOV ADDL | - | 05153 | 18.6780 | Bundled, sometimes payable | $1,090.61 | - | - | - | Y | 000 | 999 | - |
| 31651 | N | BRONCHIAL VALVE ADDL INSERT | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 31652 | T | BRONCH EBUS SAMPLNG 1/2 NODE | - | 05154 | 38.9513 | APC | $2,274.37 | - | - | - | - | 000 | 999 | - |
| 31653 | T | BRONCH EBUS SAMPLNG 3/> NODE | - | 05154 | 38.9513 | APC | $2,274.37 | - | - | - | - | 000 | 999 | - |
| 31654 | N | BRONCH EBUS IVNTJ PERPH LES | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 31660 | T | BRONCH THERMOPLSTY 1 LOBE | - | 05155 | 72.2916 | APC | $3,983.25 | - | - | - | Y | 000 | 999 | - |
| 31661 | T | BRONCH THERMOPLSTY 2/> LOBES | - | 05155 | 72.2916 | APC | $3,983.25 | - | - | - | Y | 000 | 999 | - |
| 3170F | E | BASELIN FLO CYTOMETRY B/4 TX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 31717 | T | BRONCHIAL BRUSH BIOPSY | - | 05152 | 4.4066 | APC | $257.30 | - | - | - | - | 000 | 999 | - |
| 31720 | N | CLEARANCE OF AIRWAYS | - | 05791 | 2.2375 | Bundled, sometimes payable | $130.65 | - | - | - | - | 000 | 999 | - |
| 31725 | C | CLEARANCE OF AIRWAYS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 31730 | T | INTRO WINDPIPE WIRE/TUBE | - | 05153 | 18.6780 | APC | $1,090.61 | - | - | - | - | 000 | 999 | - |
| 31750 | N | REPAIR OF WINDPIPE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31755 | N | REPAIR OF WINDPIPE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31760 | C | REPAIR OF WINDPIPE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 31766 | C | RECONSTRUCTION OF WINDPIPE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 31770 | C | REPAIR/GRAFT OF BRONCHUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 31775 | C | RECONSTRUCT BRONCHUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 31780 | C | RECONSTRUCT WINDPIPE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 31781 | C | RECONSTRUCT WINDPIPE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 31785 | T | REMOVE WINDPIPE LESION | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 31786 | C | REMOVE WINDPIPE LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 31800 | C | REPAIR OF WINDPIPE INJURY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 31805 | C | REPAIR OF WINDPIPE INJURY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 31820 | T | CLOSURE OF WINDPIPE LESION | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 31825 | T | REPAIR OF WINDPIPE DEFECT | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 31830 | T | REVISE WINDPIPE SCAR | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 31899 | T | UNLISTED PX TRACHEA BRONCHI | - | 05151 | 2.0886 | APC | $121.95 | - | - | - | - | 000 | 999 | - |
| 3200F | E | BARIUM SWALLOW TEST NOT REQ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 32035 | C | THORACOSTOMY W/RIB RESECTION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32036 | C | THORACOSTOMY W/FLAP DRAINAGE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32096 | C | OPEN WEDGE/BX LUNG INFILTR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32097 | C | OPEN WEDGE/BX LUNG NODULE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32098 | C | OPEN BIOPSY OF LUNG PLEURA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32100 | C | EXPLORATION OF CHEST | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3210F | E | GRP A STREP TEST PERFORMED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 32110 | C | EXPLORE/REPAIR CHEST | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32120 | C | RE-EXPLORATION OF CHEST | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32124 | C | EXPLORE CHEST FREE ADHESIONS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32140 | C | REMOVAL OF LUNG LESION(S) | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32141 | C | REMOVE/TREAT LUNG LESIONS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32150 | C | REMOVAL OF LUNG LESION(S) | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32151 | C | REMOVE LUNG FOREIGN BODY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3215F | E | PT IMMUNITY TO HEP A DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 32160 | C | OPEN CHEST HEART MASSAGE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3216F | E | PT IMMUNITY TO HEP B DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3218F | E | RNA TSTNG HEP C DOCD DONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 32200 | C | DRAIN OPEN LUNG LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3220F | E | HEP C QUANT RNA TSTNG DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 32215 | C | TREAT CHEST LINING | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32220 | C | RELEASE OF LUNG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32225 | C | PARTIAL RELEASE OF LUNG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3230F | E | NOTE HRING TST W/IN 6 MON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 32310 | C | REMOVAL OF CHEST LINING | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32320 | C | FREE/REMOVE CHEST LINING | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32400 | T | NEEDLE BIOPSY CHEST LINING | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 32408 | T | CORE NDL BX LNG/MED PERQ | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 32440 | C | REMOVE LUNG PNEUMONECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32442 | C | SLEEVE PNEUMONECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32445 | C | REMOVAL OF LUNG EXTRAPLEURAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32480 | C | PARTIAL REMOVAL OF LUNG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32482 | C | BILOBECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32484 | C | SEGMENTECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32486 | C | SLEEVE LOBECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32488 | C | COMPLETION PNEUMONECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32491 | C | LUNG VOLUME REDUCTION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32501 | C | REPAIR BRONCHUS ADD-ON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32503 | C | RESECT APICAL LUNG TUMOR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32504 | C | RESECT APICAL LUNG TUM/CHEST | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 32505 | C | WEDGE RESECT OF LUNG INITIAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32506 | C | WEDGE RESECT OF LUNG ADD-ON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32507 | C | WEDGE RESECT OF LUNG DIAG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3250F | E | NONPRIM LOC ANAT BX SITE TUM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 32540 | C | REMOVAL OF LUNG LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32550 | T | INSERT PLEURAL CATH | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 32551 | T | INSERTION OF CHEST TUBE | - | 05182 | 17.3845 | APC | $1,015.08 | - | - | - | - | 000 | 999 | - |
| 32552 | N | REMOVE LUNG CATHETER | - | 05181 | 6.7594 | Bundled, sometimes payable | $394.68 | - | - | - | - | 000 | 999 | - |
| 32553 | S | INS MARK THOR FOR RT PERQ | - | 05613 | 15.6648 | APC | $914.67 | - | - | - | - | 000 | 999 | - |
| 32554 | T | ASPIRATE PLEURA W/O IMAGING | - | 05181 | 6.7594 | APC | $370.51 | - | - | - | Y | 000 | 999 | - |
| 32555 | T | ASPIRATE PLEURA W/ IMAGING | - | 05181 | 6.7594 | APC | $370.51 | - | - | - | Y | 000 | 999 | - |
| 32556 | T | INSERT CATH PLEURA W/O IMAGE | - | 05302 | 20.3492 | APC | $1,111.64 | - | - | - | Y | 000 | 999 | - |
| 32557 | T | INSERT CATH PLEURA W/ IMAGE | - | 05182 | 17.3845 | APC | $961.92 | - | - | - | Y | 000 | 999 | - |
| 32560 | T | TREAT PLEURODESIS W/AGENT | - | 05181 | 6.7594 | APC | $394.68 | - | - | - | - | 000 | 999 | - |
| 32561 | T | LYSE CHEST FIBRIN INIT DAY | - | 05181 | 6.7594 | APC | $394.68 | - | - | - | - | 000 | 999 | - |
| 32562 | T | LYSE CHEST FIBRIN SUBQ DAY | - | 05181 | 6.7594 | APC | $394.68 | - | - | - | - | 000 | 999 | - |
| 32601 | T | THORACOSCOPY DIAGNOSTIC | - | 05361 | 60.9003 | APC | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 32604 | T | THORACOSCOPY WBX SAC | - | 05361 | 60.9003 | APC | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 32606 | T | THORACOSCOPY W/BX MED SPACE | - | 05361 | 60.9003 | APC | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 32607 | T | THORACOSCOPY W/BX INFILTRATE | - | 05361 | 60.9003 | APC | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 32608 | T | THORACOSCOPY W/BX NODULE | - | 05361 | 60.9003 | APC | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 32609 | T | THORACOSCOPY W/BX PLEURA | - | 05361 | 60.9003 | APC | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 3260F | E | PT CAT/PN CAT/HIST GRD DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 32650 | C | THORACOSCOPY W/PLEURODESIS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32651 | C | THORACOSCOPY REMOVE CORTEX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32652 | C | THORACOSCOPY REM TOTL CORTEX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32653 | C | THORACOSCOPY REMOV FB/FIBRIN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32654 | C | THORACOSCOPY CONTRL BLEEDING | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32655 | C | THORACOSCOPY RESECT BULLAE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32656 | C | THORACOSCOPY W/PLEURECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32658 | C | THORACOSCOPY W/SAC FB REMOVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32659 | C | THORACOSCOPY W/SAC DRAINAGE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3265F | E | RNA TSTNG HEPC VIR ORD/DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 32661 | C | THORACOSCOPY W/PERICARD EXC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 32662 | C | THORACOSCOPY W/MEDIAST EXC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32663 | C | THORACOSCOPY W/LOBECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32664 | C | THORACOSCOPY W/ TH NRV EXC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32665 | C | THORACOSCOP W/ESOPH MUSC EXC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32666 | C | THORACOSCOPY W/WEDGE RESECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32667 | C | THORACOSCOPY W/W RESECT ADDL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32668 | C | THORACOSCOPY W/W RESECT DIAG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32669 | C | THORACOSCOPY REMOVE SEGMENT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3266F | E | HEPC GN TSTNG DOCD B/4TXMNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 32670 | C | THORACOSCOPY BILOBECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32671 | C | THORACOSCOPY PNEUMONECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32672 | C | THORACOSCOPY FOR LVRS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32673 | C | THORACOSCOPY W/THYMUS RESECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32674 | C | THORACOSCOPY LYMPH NODE EXC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3267F | E | PATH RPRT W/ PT PN CAT ET AL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3268F | E | PSA/T/GLSC DOCD B/4 TXMNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3269F | E | BONE SCN B/4 TXMNT/AFTR DX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 32701 | E | THORAX STEREO RAD TARGETW/TX | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 3270F | E | NO BONE SCN B/4 TXMNT/AFTRDX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3271F | E | LOW RISK PROSTATE CANCER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3272F | E | MED RISK PROSTATE CANCER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3273F | E | HIGH RISK PROSTATE CANCER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3274F | E | PROST CNCR RSK NOT LW/MD/HGH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3278F | E | SERUM LVLS CA/IPTH/LPD ORD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3279F | E | HGB LVL >= 13 G/DL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 32800 | C | REPAIR LUNG HERNIA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3280F | E | HGB LVL 11-12.9 G/DL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 32810 | C | CLOSE CHEST AFTER DRAINAGE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32815 | C | CLOSE BRONCHIAL FISTULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3281F | E | HGB LVL <11 G/DL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 32820 | C | RECONSTRUCT INJURED CHEST | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3284F | E | IOP DOWN >15% OF PRE-SVC LVL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 32850 | C | DONOR PNEUMONECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 32851 | C | LUNG TRANSPLANT SINGLE | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 32852 | C | LUNG TRANSPLANT WITH BYPASS | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 32853 | C | LUNG TRANSPLANT DOUBLE | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 32854 | C | LUNG TRANSPLANT WITH BYPASS | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 32855 | C | PREPARE DONOR LUNG SINGLE | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 32856 | C | PREPARE DONOR LUNG DOUBLE | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 3285F | E | IOP DOWN <15% OF PRE-SVC LVL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3288F | E | FALL RISK ASSESSMENT DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 32900 | C | REMOVAL OF RIB(S) | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32905 | C | REVISE & REPAIR CHEST WALL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32906 | C | REVISE & REPAIR CHEST WALL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3290F | E | PT=D(RH)- AND UNSENSITIZED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3291F | E | PT=D(RH)+ OR SENSITIZED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3292F | E | HIV TSTNG ASKED/DOCD/REVWD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3293F | E | ABO RH BLOOD TYPING DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 32940 | C | REVISION OF LUNG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3294F | E | GRP B STREP SCREENING DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 32960 | T | THERAPEUTIC PNEUMOTHORAX | - | 05181 | 6.7594 | APC | $394.68 | - | - | - | - | 000 | 999 | - |
| 32994 | T | ABLATE PULM TUMOR PERQ CRYBL | - | 05361 | 60.9003 | APC | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 32997 | C | TOTAL LUNG LAVAGE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 32998 | T | ABLATE PULM TUMOR PERQ RF | - | 05361 | 60.9003 | APC | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 32999 | T | UNLISTED PX LUNGS & PLEURA | - | 05181 | 6.7594 | APC | $394.68 | - | - | - | - | 000 | 999 | - |
| 3300F | E | AJCC STAGE DOCD B/4 THXPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 33016 | N | PERICARDIOCENTESIS W/IMAGING | - | 05182 | 17.3845 | Bundled, sometimes payable | $1,015.08 | - | - | - | - | 000 | 999 | - |
| 33017 | E | PRCRD DRG 6YR+ W/O CGEN CAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 006 | 999 | - |
| 33018 | E | PRCRD DRG 0-5YR OR W/ANOMLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 005 | 999 | - |
| 33019 | E | PERQ PRCRD DRG INSJ CATH CT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3301F | E | CANCER STAGE DOCD METAST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33020 | C | INCISION OF HEART SAC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33025 | C | INCISION OF HEART SAC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33030 | C | PARTIAL REMOVAL OF HEART SAC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33031 | C | PARTIAL REMOVAL OF HEART SAC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33050 | C | RESECT HEART SAC LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33120 | C | REMOVAL OF HEART LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33130 | C | REMOVAL OF HEART LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33140 | C | HEART REVASCULARIZE (TMR) | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33141 | C | HEART TMR W/OTHER PROCEDURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3315F | E | ER+ OR PR+ BREAST CANCER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3316F | E | ER- OR PR- BREAST CANCER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3317F | E | PATH RPT MALIG CANCER DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3318F | E | PATH RPT MALIG CANCER DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3319F | E | X-RAY/CT/ULTRSND ET AL ORD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33202 | C | INSERT EPICARD ELTRD OPEN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33203 | C | INSERT EPICARD ELTRD ENDO | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33206 | N | INSERT HEART PM ATRIAL | - | 05223 | 120.6844 | Bundled, sometimes payable | $7,046.76 | - | - | - | - | 000 | 999 | - |
| 33207 | N | INSERT HEART PM VENTRICULAR | - | 05223 | 120.6844 | Bundled, sometimes payable | $7,046.76 | - | - | - | - | 000 | 999 | - |
| 33208 | N | INSRT HEART PM ATRIAL & VENT | - | 05223 | 120.6844 | Bundled, sometimes payable | $7,046.76 | - | - | - | - | 000 | 999 | - |
| 3320F | E | NO XRAY/CT/ ET AL ORDD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33210 | N | INSERT ELECTRD/PM CATH SNGL | - | 05222 | 95.3762 | Bundled, sometimes payable | $5,569.02 | - | - | - | - | 000 | 999 | - |
| 33211 | N | INSERT CARD ELECTRODES DUAL | - | 05222 | 95.3762 | Bundled, sometimes payable | $5,569.02 | - | - | - | - | 000 | 999 | - |
| 33212 | N | INSERT PULSE GEN SNGL LEAD | - | 05222 | 95.3762 | Bundled, sometimes payable | $5,569.02 | - | - | - | - | 000 | 999 | - |
| 33213 | N | INSERT PULSE GEN DUAL LEADS | - | 05223 | 120.6844 | Bundled, sometimes payable | $7,046.76 | - | - | - | - | 000 | 999 | - |
| 33214 | N | UPGRADE OF PACEMAKER SYSTEM | - | 05223 | 120.6844 | Bundled, sometimes payable | $7,046.76 | - | - | - | - | 000 | 999 | - |
| 33215 | T | REPOSITION PACING-DEFIB LEAD | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 33216 | N | INSERT 1 ELECTRODE PM-DEFIB | - | 05222 | 95.3762 | Bundled, sometimes payable | $5,569.02 | - | - | - | - | 000 | 999 | - |
| 33217 | N | INSERT 2 ELECTRODE PM-DEFIB | - | 05222 | 95.3762 | Bundled, sometimes payable | $5,569.02 | - | - | - | - | 000 | 999 | - |
| 33218 | T | REPAIR LEAD PACE-DEFIB ONE | - | 05221 | 39.1532 | APC | $2,286.16 | - | - | - | - | 000 | 999 | - |
| 3321F | E | AJCC CNCR 0/IA MELAN DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33220 | T | REPAIR LEAD PACE-DEFIB DUAL | - | 05221 | 39.1532 | APC | $2,286.16 | - | - | - | - | 000 | 999 | - |
| 33221 | N | INSERT PULSE GEN MULT LEADS | - | 05224 | 218.1692 | Bundled, sometimes payable | $12,738.90 | - | - | - | - | 000 | 999 | - |
| 33222 | T | RELOCATION POCKET PACEMAKER | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 33223 | T | RELOCATE POCKET FOR DEFIB | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 33224 | N | INSERT PACING LEAD & CONNECT | - | 05223 | 120.6844 | Bundled, sometimes payable | $7,046.76 | - | - | - | - | 000 | 999 | - |
| 33225 | N | L VENTRIC PACING LEAD ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 33226 | T | REPOSITION L VENTRIC LEAD | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 33227 | N | REMOVE&REPLACE PM GEN SINGL | - | 05222 | 95.3762 | Bundled, sometimes payable | $5,569.02 | - | - | - | - | 000 | 999 | - |
| 33228 | N | REMV&REPLC PM GEN DUAL LEAD | - | 05223 | 120.6844 | Bundled, sometimes payable | $7,046.76 | - | - | - | - | 000 | 999 | - |
| 33229 | N | REMV&REPLC PM GEN MULT LEADS | - | 05224 | 218.1692 | Bundled, sometimes payable | $12,738.90 | - | - | - | - | 000 | 999 | - |
| 3322F | E | MELANOMAAJCC STAGE 0 OR IA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33230 | N | INSRT PULSE GEN W/DUAL LEADS | - | 05231 | 266.6159 | Bundled, sometimes payable | $15,567.70 | - | - | - | - | 000 | 999 | - |
| 33231 | N | INSRT PULSE GEN W/MULT LEADS | - | 05232 | 374.7891 | Bundled, sometimes payable | $21,883.94 | - | - | - | - | 000 | 999 | - |
| 33233 | N | REMOVAL OF PM GENERATOR | - | 05222 | 95.3762 | Bundled, sometimes payable | $5,569.02 | - | - | - | - | 000 | 999 | - |
| 33234 | N | REMOVAL OF PACEMAKER SYSTEM | - | 05221 | 39.1532 | Bundled, sometimes payable | $2,286.16 | - | - | - | - | 000 | 999 | - |
| 33235 | N | REMOVAL PACEMAKER ELECTRODE | - | 05221 | 39.1532 | Bundled, sometimes payable | $2,286.16 | - | - | - | - | 000 | 999 | - |
| 33236 | C | REMOVE ELECTRODE/THORACOTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33237 | C | REMOVE ELECTRODE/THORACOTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33238 | C | REMOVE ELECTRODE/THORACOTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3323F | E | CLIN NODE STGNG DOCDB/4 SURG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33240 | N | INSRT PULSE GEN W/SINGL LEAD | - | 05231 | 266.6159 | Bundled, sometimes payable | $15,567.70 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 33241 | N | REMOVE PULSE GENERATOR | - | 05221 | 39.1532 | Bundled, sometimes payable | $2,286.16 | - | - | - | - | 000 | 999 | - |
| 33243 | C | REMOVE ELTRD/THORACOTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33244 | N | REMOVE ELCTRD TRANSVENOUSLY | - | 05221 | 39.1532 | Bundled, sometimes payable | $2,286.16 | - | - | - | - | 000 | 999 | - |
| 33249 | N | INSJ/RPLCMT DEFIB W/LEAD(S) | - | 05232 | 374.7891 | Bundled, sometimes payable | $21,883.94 | - | - | - | - | 000 | 999 | - |
| 3324F | E | MRI CT SCAN ORD RVWD RQSTD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33250 | C | ABLATE HEART DYSRHYTHM FOCUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33251 | C | ABLATE HEART DYSRHYTHM FOCUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33254 | C | ABLATE ATRIA LMTD | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33255 | C | ABLATE ATRIA W/O BYPASS EXT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33256 | C | ABLATE ATRIA W/BYPASS EXTEN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33257 | C | ABLATE ATRIA LMTD ADD-ON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33258 | C | ABLATE ATRIA X10SV ADD-ON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33259 | C | ABLATE ATRIA W/BYPASS ADD-ON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3325F | E | PREOP ASSES 4 CATARACT SURG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33261 | C | ABLATE HEART DYSRHYTHM FOCUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33262 | N | RMVL& REPLC PULSE GEN 1 LEAD | - | 05231 | 266.6159 | Bundled, sometimes payable | $15,567.70 | - | - | - | - | 000 | 999 | - |
| 33263 | N | RMVL & RPLCMT DFB GEN 2 LEAD | - | 05231 | 266.6159 | Bundled, sometimes payable | $15,567.70 | - | - | - | - | 000 | 999 | - |
| 33264 | N | RMVL & RPLCMT DFB GEN MLT LD | - | 05232 | 374.7891 | Bundled, sometimes payable | $21,883.94 | - | - | - | - | 000 | 999 | - |
| 33265 | C | ABLATE ATRIA LMTD ENDO | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33266 | C | ABLATE ATRIA X10SV ENDO | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33267 | C | EXCL LAA OPEN ANY METHOD | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33268 | C | EXCL LAA OPN OTH PX ANY METH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33269 | C | EXCL LAA THRSCP ANY METHOD | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33270 | N | INS/REP SUBQ DEFIBRILLATOR | - | 05232 | 374.7891 | Bundled, sometimes payable | $21,883.94 | - | - | - | - | 000 | 999 | - |
| 33271 | N | INSJ SUBQ IMPLTBL DFB ELCTRD | - | 05222 | 95.3762 | Bundled, sometimes payable | $5,569.02 | - | - | - | - | 000 | 999 | - |
| 33272 | N | RMVL OF SUBQ DEFIBRILLATOR | - | 05221 | 39.1532 | Bundled, sometimes payable | $2,286.16 | - | - | - | - | 000 | 999 | - |
| 33273 | T | REPOS PREV IMPLTBL SUBQ DFB | - | 05221 | 39.1532 | APC | $2,286.16 | - | - | - | - | 000 | 999 | - |
| 33274 | T | TCAT INSJ/RPL PERM LDLS PM | - | 05194 | 200.7081 | APC | $11,719.35 | - | - | - | - | 000 | 999 | - |
| 33275 | T | TCAT RMVL PERM LDLS PM W/IMG | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 33285 | T | INSJ SUBQ CAR RHYTHM MNTR | - | 05222 | 95.3762 | APC | $5,569.02 | - | - | - | - | 000 | 999 | - |
| 33286 | N | RMVL SUBQ CAR RHYTHM MNTR | - | 05071 | 7.5828 | Bundled, sometimes payable | $442.76 | - | - | - | - | 000 | 999 | - |
| 33289 | T | TCAT IMPL WRLS P-ART PRS SNR | - | 05200 | 319.0415 | APC | $18,628.83 | - | - | - | - | 000 | 999 | - |
| 3328F | E | PRFRMNC DOCD 2 WKS B/4 SURG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33300 | C | REPAIR OF HEART WOUND | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33305 | C | REPAIR OF HEART WOUND | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3330F | E | IMAGING STUDY ORDERED (BKP) | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33310 | C | EXPLORATORY HEART SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33315 | C | EXPLORATORY HEART SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3331F | E | BK IMAGING TST NOT ORDERED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33320 | C | REPAIR MAJOR BLOOD VESSEL(S) | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33321 | C | REPAIR MAJOR VESSEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33322 | C | REPAIR MAJOR BLOOD VESSEL(S) | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33330 | C | INSERT MAJOR VESSEL GRAFT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33335 | C | INSERT MAJOR VESSEL GRAFT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33340 | C | PERQ CLSR TCAT L ATR APNDGE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33361 | C | REPLACE AORTIC VALVE PERQ | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33362 | C | REPLACE AORTIC VALVE OPEN | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33363 | C | REPLACE AORTIC VALVE OPEN | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33364 | C | REPLACE AORTIC VALVE OPEN | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33365 | C | REPLACE AORTIC VALVE OPEN | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33366 | C | TRCATH REPLACE AORTIC VALVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33367 | C | REPLACE AORTIC VALVE W/BYP | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33368 | C | REPLACE AORTIC VALVE W/BYP | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33369 | C | REPLACE AORTIC VALVE W/BYP | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33370 | N | TCAT PLMT&RMVL CEPD PERQ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 33390 | C | VALVULOPLASTY AORTIC VALVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 33391 | C | VALVULOPLASTY AORTIC VALVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33404 | C | PREPARE HEART-AORTA CONDUIT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33405 | C | REPLACEMENT AORTIC VALVE OPN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33406 | C | REPLACEMENT AORTIC VALVE OPN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3340F | E | MAMMO ASSESS INC XRAY DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33410 | C | REPLACEMENT AORTIC VALVE OPN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33411 | C | REPLACEMENT OF AORTIC VALVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33412 | C | REPLACEMENT OF AORTIC VALVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33413 | C | REPLACEMENT OF AORTIC VALVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33414 | C | REPAIR OF AORTIC VALVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33415 | C | REVISION SUBVALVULAR TISSUE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33416 | C | REVISE VENTRICLE MUSCLE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33417 | C | REPAIR OF AORTIC VALVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33418 | C | REPAIR TCAT MITRAL VALVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33419 | N | REPAIR TCAT MITRAL VALVE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 3341F | E | MAMMO ASSESS NEGATIVE DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33420 | C | REVISION OF MITRAL VALVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33422 | C | REVISION OF MITRAL VALVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33425 | C | REPAIR OF MITRAL VALVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33426 | C | REPAIR OF MITRAL VALVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33427 | C | REPAIR OF MITRAL VALVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3342F | E | MAMMO ASSESS BENGN DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33430 | C | REPLACEMENT OF MITRAL VALVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3343F | E | MAMMO PROBABLY BENGN DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33440 | C | RPLCMT A-VALVE TLCJ AUTOL PV | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3344F | E | MAMMO ASSESS SUSP DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3345F | E | MAMMO ASSESS HGHLYMALIG DOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33460 | C | REVISION OF TRICUSPID VALVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33463 | C | VALVULOPLASTY TRICUSPID | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33464 | C | VALVULOPLASTY TRICUSPID | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33465 | C | REPLACE TRICUSPID VALVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33468 | C | REVISION OF TRICUSPID VALVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33471 | C | VLVT PV CLSD HRT VIA P-ART | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33474 | C | REVISION OF PULMONARY VALVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33475 | C | REPLACEMENT PULMONARY VALVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33476 | C | REVISION OF HEART CHAMBER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33477 | C | IMPLANT TCAT PULM VLV PERQ | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33478 | C | REVISION OF HEART CHAMBER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33496 | C | REPAIR PROSTH VALVE CLOT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33500 | C | REPAIR HEART VESSEL FISTULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33501 | C | REPAIR HEART VESSEL FISTULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33502 | C | CORONARY ARTERY CORRECTION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33503 | C | CORONARY ARTERY GRAFT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33504 | C | CORONARY ARTERY GRAFT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33505 | C | REPAIR ARTERY W/TUNNEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33506 | C | REPAIR ARTERY TRANSLOCATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33507 | C | REPAIR ART INTRAMURAL | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33508 | N | ENDOSCOPIC VEIN HARVEST | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 33509 | C | NDSC HRV UXTR ART 1 SGM CAB | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3350F | E | MAMMO BX PROVEN MALIG DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33510 | C | CABG VEIN SINGLE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33511 | C | CABG VEIN TWO | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33512 | C | CABG VEIN THREE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33513 | C | CABG VEIN FOUR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33514 | C | CABG VEIN FIVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33516 | C | CABG VEIN SIX OR MORE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 33517 | C | CABG ARTERY-VEIN SINGLE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33518 | C | CABG ARTERY-VEIN TWO | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33519 | C | CABG ARTERY-VEIN THREE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3351F | E | NEG SCRN DEP SYMP BY DEPTOOL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33521 | C | CABG ARTERY-VEIN FOUR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33522 | C | CABG ARTERY-VEIN FIVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33523 | C | CABG ART-VEIN SIX OR MORE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3352F | E | NO SIG DEP SYMP BY DEP TOOL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33530 | C | CORONARY ARTERY BYPASS/REOP | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33533 | C | CABG ARTERIAL SINGLE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33534 | C | CABG ARTERIAL TWO | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33535 | C | CABG ARTERIAL THREE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33536 | C | CABG ARTERIAL FOUR OR MORE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3353F | E | MILD-MOD DEP SYMP BY DEPTOOL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33542 | C | REMOVAL OF HEART LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33545 | C | REPAIR OF HEART DAMAGE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33548 | C | RESTORE/REMODEL VENTRICLE | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 3354F | E | CLIN SIG DEP SYM BY DEP TOOL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33572 | C | OPEN CORONARY ENDARTERECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33600 | C | CLOSURE OF VALVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33602 | C | CLOSURE OF VALVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33606 | C | ANASTOMOSIS/ARTERY-AORTA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33608 | C | REPAIR ANOMALY W/CONDUIT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33610 | C | REPAIR BY ENLARGEMENT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33611 | C | REPAIR DOUBLE VENTRICLE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33612 | C | REPAIR DOUBLE VENTRICLE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33615 | C | REPAIR MODIFIED FONTAN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33617 | C | REPAIR SINGLE VENTRICLE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33619 | C | REPAIR SINGLE VENTRICLE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33620 | C | APPLY R&L PULM ART BANDS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33621 | C | TRANSTHOR CATH FOR STENT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33622 | C | REDO COMPL CARDIAC ANOMALY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33641 | C | REPAIR HEART SEPTUM DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33645 | C | REVISION OF HEART VEINS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33647 | C | REPAIR HEART SEPTUM DEFECTS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33660 | C | REPAIR OF HEART DEFECTS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33665 | C | REPAIR OF HEART DEFECTS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33670 | C | REPAIR OF HEART CHAMBERS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33675 | C | CLOSE MULT VSD | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33676 | C | CLOSE MULT VSD W/RESECTION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33677 | C | CL MULT VSD W/REM PUL BAND | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33681 | C | REPAIR HEART SEPTUM DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33684 | C | REPAIR HEART SEPTUM DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33688 | C | REPAIR HEART SEPTUM DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33690 | C | REINFORCE PULMONARY ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33692 | C | REPAIR OF HEART DEFECTS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33694 | C | REPAIR OF HEART DEFECTS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33697 | C | REPAIR OF HEART DEFECTS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33702 | C | REPAIR OF HEART DEFECTS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3370F | E | AJCC BRST CNCR STAGE 0 DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33710 | C | REPAIR OF HEART DEFECTS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33720 | C | REPAIR OF HEART DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33724 | C | REPAIR VENOUS ANOMALY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33726 | C | REPAIR PUL VENOUS STENOSIS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3372F | E | AJCC BRST CNCR STAGE 1 DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33730 | C | REPAIR HEART-VEIN DEFECT(S) | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 33732 | C | REPAIR HEART-VEIN DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33735 | C | REVISION OF HEART CHAMBER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33736 | C | REVISION OF HEART CHAMBER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33737 | C | REVISION OF HEART CHAMBER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33741 | E | TAS CONGENITAL CAR ANOMAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33745 | E | TIS CGEN CAR ANOMAL 1ST SHNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33746 | E | TIS CGEN CAR ANOMAL EA ADDL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3374F | E | AJCC BRST CNCR STAGE 1 DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33750 | C | MAJOR VESSEL SHUNT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33755 | C | MAJOR VESSEL SHUNT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33762 | C | MAJOR VESSEL SHUNT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33764 | C | MAJOR VESSEL SHUNT & GRAFT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33766 | C | MAJOR VESSEL SHUNT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33767 | C | MAJOR VESSEL SHUNT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33768 | C | CAVOPULMONARY SHUNTING | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 3376F | E | AJCC BRSTCNCR STAGE 2 DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33770 | C | REPAIR GREAT VESSELS DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33771 | C | REPAIR GREAT VESSELS DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33774 | C | REPAIR GREAT VESSELS DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33775 | C | REPAIR GREAT VESSELS DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33776 | C | REPAIR GREAT VESSELS DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33777 | C | REPAIR GREAT VESSELS DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33778 | C | REPAIR GREAT VESSELS DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33779 | C | REPAIR GREAT VESSELS DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33780 | C | REPAIR GREAT VESSELS DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33781 | C | REPAIR GREAT VESSELS DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33782 | C | NIKAIDOH PROC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33783 | C | NIKAIDOH PROC W/OSTIA IMPLT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33786 | C | REPAIR ARTERIAL TRUNK | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33788 | C | REVISION OF PULMONARY ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3378F | E | AJCC BRSTCNCR STAGE 3 DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33800 | C | AORTIC SUSPENSION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33802 | C | REPAIR VESSEL DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33803 | C | REPAIR VESSEL DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3380F | E | AJCC BRSTCNCR STAGE 4 DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33813 | C | REPAIR SEPTAL DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33814 | C | REPAIR SEPTAL DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33820 | C | REVISE MAJOR VESSEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33822 | C | REVISE MAJOR VESSEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 019 | - |
| 33824 | C | REVISE MAJOR VESSEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3382F | E | AJCC CLN CNCR STAGE 0 DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33840 | C | REMOVE AORTA CONSTRICTION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33845 | C | REMOVE AORTA CONSTRICTION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3384F | E | AJCC CLN CNCR STAGE 1 DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33851 | C | REMOVE AORTA CONSTRICTION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33852 | C | REPAIR SEPTAL DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33853 | C | REPAIR SEPTAL DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33858 | E | AS-AORT GRF F/AORTIC DSJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33859 | E | AS-AORT GRF F/DS OTH/THN DSJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33863 | C | ASCENDING AORTIC GRAFT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33864 | C | ASCENDING AORTIC GRAFT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33866 | N | AORTIC HEMIARCH GRAFT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 3386F | E | AJCC CLN CNCR STAGE 2 DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33871 | E | TRANSVRS A-ARCH GRF HYPTHRM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33875 | C | THORACIC AORTIC GRAFT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33877 | C | THORACOABDOMINAL GRAFT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 33880 | C | ENDOVASC TAA REPR INCL SUBCL | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33881 | C | ENDOVASC TAA REPR W/O SUBCL | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33883 | C | INSERT ENDOVASC PROSTH TAA | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33884 | C | ENDOVASC PROSTH TAA ADD-ON | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33886 | C | ENDOVASC PROSTH DELAYED | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33889 | C | ARTERY TRANSPOSE/ENDOVAS TAA | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 3388F | E | AJCC CLN CNCR STAGE 3 DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33891 | C | CAR-CAR BP GRFT/ENDOVAS TAA | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33894 | C | EVASC ST RPR THRC/AA ACRS BR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33895 | C | EVASC ST RPR THRC/AA X CRSG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33897 | C | PERQ TRLUML ANGP NT/RECR COA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33900 | T | PERQ P-ART REVSC 1 NM NT UNI | - | 05193 | 124.0324 | APC | $7,242.25 | - | - | - | - | 000 | 999 | - |
| 33901 | T | PERQ P-ART REVSC 1 NM NT BI | - | 05193 | 124.0324 | APC | $7,242.25 | - | - | - | - | 000 | 999 | - |
| 33902 | T | PERQ P-ART REVSC 1 ABNOR UNI | - | 05194 | 200.7081 | APC | $11,719.35 | - | - | - | - | 000 | 999 | - |
| 33903 | T | PERQ P-ART REVSC 1 ABNOR BI | - | 05193 | 124.0324 | APC | $7,242.25 | - | - | - | - | 000 | 999 | - |
| 33904 | N | PERQ P-ART REVSC EACH ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 3390F | E | AJCC CLN CNCR STAGE 4 DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33910 | C | REMOVE LUNG ARTERY EMBOLI | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33915 | C | REMOVE LUNG ARTERY EMBOLI | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33916 | C | SURGERY OF GREAT VESSEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33917 | C | REPAIR PULMONARY ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33920 | C | REPAIR PULMONARY ATRESIA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33922 | C | TRANSECT PULMONARY ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33924 | C | REMOVE PULMONARY SHUNT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33925 | C | RPR PUL ART UNIFOCAL W/O CPB | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33926 | C | REPR PUL ART UNIFOCAL W/CPB | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33927 | C | IMPLTJ TOT RPLCMT HRT SYS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33928 | C | RMVL & RPLCMT TOT HRT SYS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33929 | C | RMVL RPLCMT HRT SYS F/TRNSPL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33930 | C | REMOVAL OF DONOR HEART/LUNG | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33933 | C | PREPARE DONOR HEART/LUNG | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33935 | C | TRANSPLANTATION HEART/LUNG | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33940 | C | REMOVAL OF DONOR HEART | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33944 | C | PREPARE DONOR HEART | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33945 | C | TRANSPLANTATION OF HEART | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 33946 | C | ECMO/ECLS INITIATION VENOUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33947 | C | ECMO/ECLS INITIATION ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33948 | C | ECMO/ECLS DAILY MGMT-VENOUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33949 | C | ECMO/ECLS DAILY MGMT ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3394F | E | QUANT HER2 IHC EVAL BRST CX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33951 | C | ECMO/ECLS INSJ PRPH CANNULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33952 | C | ECMO/ECLS INSJ PRPH CANNULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33953 | C | ECMO/ECLS INSJ PRPH CANNULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33954 | C | ECMO/ECLS INSJ PRPH CANNULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33955 | C | ECMO/ECLS INSJ CTR CANNULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33956 | C | ECMO/ECLS INSJ CTR CANNULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33957 | C | ECMO/ECLS REPOS PERPH CNULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33958 | C | ECMO/ECLS REPOS PERPH CNULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33959 | C | ECMO/ECLS REPOS PERPH CNULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3395F | E | QUANT NONHER2 IHC BRST CX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33962 | C | ECMO/ECLS REPOS PERPH CNULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33963 | C | ECMO/ECLS REPOS PERPH CNULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33964 | C | ECMO/ECLS REPOS PERPH CNULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33965 | C | ECMO/ECLS RMVL PERPH CANNULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33966 | C | ECMO/ECLS RMVL PRPH CANNULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33967 | C | INSERT I-AORT PERCUT DEVICE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 33968 | C | REMOVE AORTIC ASSIST DEVICE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33969 | C | ECMO/ECLS RMVL PERPH CANNULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33970 | C | AORTIC CIRCULATION ASSIST | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33971 | C | AORTIC CIRCULATION ASSIST | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33973 | C | INSERT BALLOON DEVICE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33974 | C | REMOVE INTRA-AORTIC BALLOON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33975 | C | IMPLANT VENTRICULAR DEVICE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33976 | C | IMPLANT VENTRICULAR DEVICE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33977 | C | REMOVE VENTRICULAR DEVICE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33978 | C | REMOVE VENTRICULAR DEVICE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33979 | C | INSERT INTRACORPOREAL DEVICE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33980 | C | REMOVE INTRACORPOREAL DEVICE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33981 | C | REPLACE VAD PUMP EXT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33982 | C | REPLACE VAD INTRA W/O BP | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33983 | C | REPLACE VAD INTRA W/BP | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33984 | C | ECMO/ECLS RMVL PRPH CANNULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33985 | C | ECMO/ECLS RMVL CTR CANNULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33986 | C | ECMO/ECLS RMVL CTR CANNULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33987 | C | ARTERY EXPOS/GRAFT ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33988 | C | INSERTION OF LEFT HEART VENT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33989 | C | REMOVAL OF LEFT HEART VENT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 33990 | C | INSJ PERQ VAD L HRT ARTERIAL | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33991 | C | INSJ PERQ VAD L HRT ARTL&VEN | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33992 | C | RMVL PERQ LEFT HEART VAD | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33993 | C | REPOSG PERQ R/L HRT VAD | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 33995 | E | INSJ PERQ VAD R HRT VENOUS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33997 | E | RMVL PERQ RIGHT HEART VAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 33999 | T | UNLISTED PX CARDIAC SURGERY | - | 05181 | 6.7594 | APC | $394.68 | - | - | - | - | 000 | 999 | - |
| 34001 | C | REMOVAL OF ARTERY CLOT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34051 | C | REMOVAL OF ARTERY CLOT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34101 | T | REMOVAL OF ARTERY CLOT | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 34111 | T | REMOVAL OF ARM ARTERY CLOT | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 34151 | C | REMOVAL OF ARTERY CLOT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34201 | T | REMOVAL OF ARTERY CLOT | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 34203 | T | REMOVAL OF LEG ARTERY CLOT | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 34401 | C | REMOVAL OF VEIN CLOT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34421 | T | REMOVAL OF VEIN CLOT | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 34451 | C | REMOVAL OF VEIN CLOT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34471 | T | REMOVAL OF VEIN CLOT | - | 05181 | 6.7594 | APC | $394.68 | - | - | - | - | 000 | 999 | - |
| 34490 | T | REMOVAL OF VEIN CLOT | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 34501 | T | REPAIR VALVE FEMORAL VEIN | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 34502 | C | RECONSTRUCT VENA CAVA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3450F | E | DYSPNEA SCRND NO-MILD DYSP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 34510 | T | TRANSPOSITION OF VEIN VALVE | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 3451F | E | DYSPNEA SCRND MOD-HIGH DYSP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 34520 | T | CROSS-OVER VEIN GRAFT | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 3452F | E | DYSPNEA NOT SCREENED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 34530 | T | LEG VEIN FUSION | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 3455F | E | TB SCRNG DONE-INTERPD 6MON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 34701 | C | EVASC RPR A-AO NDGFT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34702 | C | EVASC RPR A-AO NDGFT RPT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34703 | C | EVASC RPR A-UNILAC NDGFT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34704 | C | EVASC RPR A-UNILAC NDGFT RPT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34705 | C | EVAC RPR A-BIILIAC NDGFT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34706 | C | EVASC RPR A-BIILIAC RPT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34707 | C | EVASC RPR ILIO-ILIAC NDGFT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 34708 | C | EVASC RPR ILIO-ILIAC RPT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34709 | C | PLMT XTN PROSTH EVASC RPR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3470F | E | RA DISEASE ACTIVITY LOW | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 34710 | C | DLYD PLMT XTN PROSTH 1ST VSL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34711 | C | DLYD PLMT XTN PROSTH EA ADDL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34712 | C | TCAT DLVR ENHNCD FIXJ DEV | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34713 | N | PERQ ACCESS & CLSR FEM ART | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 34714 | N | OPN FEM ART EXPOS CNDT CRTJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 34715 | N | OPN AX/SUBCLA ART EXPOS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 34716 | N | OPN AX/SUBCLA ART EXPOS CNDT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 34717 | E | EVASC RPR A-ILIAC NDGFT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 34718 | E | EVASC RPR N/A A-ILIAC NDGFT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3471F | E | RA DISEASE ACTIVITY MOD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3472F | E | RA DISEASE ACTIVITY HIGH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3475F | E | DISEASE PROGN RA POOR DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3476F | E | DISEASE PROGN RA GOOD DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 34808 | C | ENDOVAS ILIAC A DEVICE ADDON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34812 | C | OPN FEM ART EXPOS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34813 | C | FEMORAL ENDOVAS GRAFT ADD-ON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34820 | C | OPN ILIAC ART EXPOS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34830 | C | OPEN AORTIC TUBE PROSTH REPR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34831 | C | OPEN AORTOILIAC PROSTH REPR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34832 | C | OPEN AORTOFEMOR PROSTH REPR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34833 | C | OPN ILAC ART EXPOS CNDT CRTJ | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34834 | C | OPN BRACH ART EXPOS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34839 | E | PLNNING PT SPEC FENEST GRAFT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 34841 | C | ENDOVASC VISC AORTA 1 GRAFT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34842 | C | ENDOVASC VISC AORTA 2 GRAFT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34843 | C | ENDOVASC VISC AORTA 3 GRAFT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34844 | C | ENDOVASC VISC AORTA 4 GRAFT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34845 | C | VISC & INFRAREN ABD 1 PROSTH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34846 | C | VISC & INFRAREN ABD 2 PROSTH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34847 | C | VISC & INFRAREN ABD 3 PROSTH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 34848 | C | VISC & INFRAREN ABD 4+ PROST | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3490F | E | HISTORY AIDS-DEFINING COND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3491F | E | HIV UNSURE BABY OF HIV+MOMS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3492F | E | HISTORY CD4+ CELL COUNT <350 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3493F | E | NO HIST CD4+ CELL COUNT <350 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3494F | E | CD4+CELL COUNT <200CELLS/MM3 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3495F | E | CD4+CELL CNT 200-499 CELLS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3496F | E | CD4+ CELL COUNT >= 500 CELLS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3497F | E | CD4+ CELL PERCENTAGE <15% | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3498F | E | CD4+ CELL >=15% (HIV) | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 35001 | C | REPAIR DEFECT OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35002 | C | REPAIR ARTERY RUPTURE NECK | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35005 | C | REPAIR DEFECT OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3500F | E | CD4+CELL CNT/% DOCD AS DONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 35011 | T | REPAIR DEFECT OF ARTERY | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 35013 | C | REPAIR ARTERY RUPTURE ARM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35021 | C | REPAIR DEFECT OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35022 | C | REPAIR ARTERY RUPTURE CHEST | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3502F | E | HIV RNA VRL LD <LMTS QUANTIF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3503F | E | HIV RNA VRL LDNOT<LMTS QUNTF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 35045 | T | REPAIR DEFECT OF ARM ARTERY | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 35081 | C | REPAIR DEFECT OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35082 | C | REPAIR ARTERY RUPTURE AORTA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 35091 | C | REPAIR DEFECT OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35092 | C | REPAIR ARTERY RUPTURE AORTA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35102 | C | REPAIR DEFECT OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35103 | C | REPAIR ARTERY RUPTURE AORTA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3510F | E | DOC TB SCRNG-RSLTS INTERPD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 35111 | C | REPAIR DEFECT OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35112 | C | REPAIR ARTERY RUPTURE SPLEEN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3511F | E | CHLMYD/GONRH TSTS DOCD DONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 35121 | C | REPAIR DEFECT OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35122 | C | REPAIR ARTERY RUPTURE BELLY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3512F | E | SYPH SCRNG DOCD AS DONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 35131 | C | REPAIR DEFECT OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35132 | C | REPAIR ARTERY RUPTURE GROIN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3513F | E | HEP B SCRNG DOCD AS DONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 35141 | C | REPAIR DEFECT OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35142 | C | REPAIR ARTERY RUPTURE THIGH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3514F | E | HEP C SCRNG DOCD AS DONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 35151 | C | REPAIR DEFECT OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35152 | C | REPAIR RUPTD POPLITEAL ART | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3515F | E | PT HAS DOCD IMMUN TO HEP C | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3517F | E | HBV ASSESS&RESULTS INTRP 1YR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 35180 | T | REPAIR BLOOD VESSEL LESION | - | 05182 | 17.3845 | APC | $1,015.08 | - | - | - | - | 000 | 999 | - |
| 35182 | C | REPAIR BLOOD VESSEL LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35184 | T | REPAIR BLOOD VESSEL LESION | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 35188 | T | REPAIR BLOOD VESSEL LESION | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 35189 | C | REPAIR BLOOD VESSEL LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35190 | T | REPAIR BLOOD VESSEL LESION | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 35201 | T | REPAIR BLOOD VESSEL LESION | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 35206 | T | REPAIR BLOOD VESSEL LESION | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 35207 | T | REPAIR BLOOD VESSEL LESION | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 3520F | E | CDIFFICILE TESTING PERFORMED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 35211 | C | REPAIR BLOOD VESSEL LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35216 | C | REPAIR BLOOD VESSEL LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35221 | C | REPAIR BLOOD VESSEL LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35226 | T | REPAIR BLOOD VESSEL LESION | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 35231 | T | REPAIR BLOOD VESSEL LESION | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 35236 | T | REPAIR BLOOD VESSEL LESION | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 35241 | C | REPAIR BLOOD VESSEL LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35246 | C | REPAIR BLOOD VESSEL LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35251 | C | REPAIR BLOOD VESSEL LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35256 | T | REPAIR BLOOD VESSEL LESION | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 35261 | T | REPAIR BLOOD VESSEL LESION | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 35266 | T | REPAIR BLOOD VESSEL LESION | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 35271 | C | REPAIR BLOOD VESSEL LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35276 | C | REPAIR BLOOD VESSEL LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35281 | C | REPAIR BLOOD VESSEL LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35286 | T | REPAIR BLOOD VESSEL LESION | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 35301 | C | RECHANNELING OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35302 | C | RECHANNELING OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35303 | C | RECHANNELING OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35304 | C | RECHANNELING OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35305 | C | RECHANNELING OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35306 | C | RECHANNELING OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35311 | C | RECHANNELING OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35321 | T | RECHANNELING OF ARTERY | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 35331 | C | RECHANNELING OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 35341 | C | RECHANNELING OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35351 | C | RECHANNELING OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35355 | C | RECHANNELING OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35361 | C | RECHANNELING OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35363 | C | RECHANNELING OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35371 | C | RECHANNELING OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35372 | C | RECHANNELING OF ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35390 | C | REOPERATION CAROTID ADD-ON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35400 | C | ANGIOSCOPY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35500 | N | HARVEST VEIN FOR BYPASS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 35501 | C | ART BYP GRFT IPSILAT CAROTID | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35506 | C | ART BYP GRFT SUBCLAV-CAROTID | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35508 | C | ART BYP GRFT CAROTID-VERTBRL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35509 | C | ART BYP GRFT CONTRAL CAROTID | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3550F | E | LOW RSK THROMBOEMBOLISM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 35510 | C | ART BYP GRFT CAROTID-BRCHIAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35511 | C | ART BYP GRFT SUBCLAV-SUBCLAV | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35512 | C | ART BYP GRFT SUBCLAV-BRCHIAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35515 | C | ART BYP GRFT SUBCLAV-VERTBRL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35516 | C | ART BYP GRFT SUBCLAV-AXILARY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35518 | C | ART BYP GRFT AXILLARY-AXILRY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3551F | E | INTRMED RSK THROMBOEMBOLISM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 35521 | C | ART BYP GRFT AXILL-FEMORAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35522 | C | ART BYP GRFT AXILL-BRACHIAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35523 | C | ART BYP GRFT BRCHL-ULNR-RDL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35525 | C | ART BYP GRFT BRACHIAL-BRCHL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35526 | C | ART BYP GRFT AOR/CAROT/INNOM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3552F | E | HGH RISK FOR THROMBOEMBOLISM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 35531 | C | ART BYP GRFT AORCEL/AORMESEN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35533 | C | ART BYP GRFT AXILL/FEM/FEM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35535 | C | ART BYP GRFT HEPATORENAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35536 | C | ART BYP GRFT SPLENORENAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35537 | C | ART BYP GRFT AORTOILIAC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35538 | C | ART BYP GRFT AORTOBI-ILIAC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35539 | C | ART BYP GRFT AORTOFEMORAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35540 | C | ART BYP GRFT AORTBIFEMORAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35556 | C | ART BYP GRFT FEM-POPLITEAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35558 | C | ART BYP GRFT FEM-FEMORAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 3555F | E | PT INR MEASUREMENT PERFORMED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 35560 | C | ART BYP GRFT AORTORENAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35563 | C | ART BYP GRFT ILIOILIAC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35565 | C | ART BYP GRFT ILIOFEMORAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35566 | C | ART BYP FEM-ANT-POST TIB/PRL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35570 | C | ART BYP TIBIAL-TIB/PERONEAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35571 | C | ART BYP POP-TIBL-PRL-OTHER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35572 | N | HARVEST FEMOROPOPLITEAL VEIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 35583 | C | VEIN BYP GRFT FEM-POPLITEAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35585 | C | VEIN BYP FEM-TIBIAL PERONEAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35587 | C | VEIN BYP POP-TIBL PERONEAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35600 | C | OPEN HRV UXTR ART 1 SGM CAB | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35601 | C | ART BYP COMMON IPSI CAROTID | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35606 | C | ART BYP CAROTID-SUBCLAVIAN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35612 | C | ART BYP SUBCLAV-SUBCLAVIAN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35616 | C | ART BYP SUBCLAV-AXILLARY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35621 | C | ART BYP AXILLARY-FEMORAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35623 | C | ART BYP AXILLARY-POP-TIBIAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 35626 | C | ART BYP AORSUBCL/CAROT/INNOM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35631 | C | ART BYP AOR-CELIAC-MSN-RENAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35632 | C | ART BYP ILIO-CELIAC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35633 | C | ART BYP ILIO-MESENTERIC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35634 | C | ART BYP ILIORENAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35636 | C | ART BYP SPENORENAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35637 | C | ART BYP AORTOILIAC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35638 | C | ART BYP AORTOBI-ILIAC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35642 | C | ART BYP CAROTID-VERTEBRAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35645 | C | ART BYP SUBCLAV-VERTEBRL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35646 | C | ART BYP AORTOBIFEMORAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35647 | C | ART BYP AORTOFEMORAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35650 | C | ART BYP AXILLARY-AXILLARY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35654 | C | ART BYP AXILL-FEM-FEMORAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35656 | C | ART BYP FEMORAL-POPLITEAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35661 | C | ART BYP FEMORAL-FEMORAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35663 | C | ART BYP ILIOILIAC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35665 | C | ART BYP ILIOFEMORAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35666 | C | ART BYP FEM-ANT-POST TIB/PRL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35671 | C | ART BYP POP-TIBL-PRL-OTHER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35681 | C | COMPOSITE BYP GRFT PROS&VEIN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35682 | C | COMPOSITE BYP GRFT 2 VEINS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35683 | C | COMPOSITE BYP GRFT 3/> SEGMT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35685 | N | BYPASS GRAFT PATENCY/PATCH | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 35686 | N | BYPASS GRAFT/AV FIST PATENCY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 35691 | C | ART TRNSPOSJ VERTBRL CAROTID | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35693 | C | ART TRNSPOSJ SUBCLAVIAN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35694 | C | ART TRNSPOSJ SUBCLAV CAROTID | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35695 | C | ART TRNSPOSJ CAROTID SUBCLAV | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35697 | C | REIMPLANT ARTERY EACH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35700 | C | REOPERATION BYPASS GRAFT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35701 | C | EXPL N/FLWD SURG NECK ART | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35702 | E | EXPL N/FLWD SURG UXTR ART | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 35703 | E | EXPL N/FLWD SURG LXTR ART | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3570F | E | RPRT BONE SCINT XREF W XRAY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3572F | E | PT CONSID POSS RISK FX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3573F | E | PT NOT CONSID POSS RISK FX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 35800 | C | EXPLORE NECK VESSELS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35820 | C | EXPLORE CHEST VESSELS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35840 | C | EXPLORE ABDOMINAL VESSELS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35860 | T | EXPLORE LIMB VESSELS | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 35870 | C | REPAIR VESSEL GRAFT DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35875 | T | REMOVAL OF CLOT IN GRAFT | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 35876 | T | REMOVAL OF CLOT IN GRAFT | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 35879 | T | REVISE GRAFT W/VEIN | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 35881 | T | REVISE GRAFT W/VEIN | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 35883 | T | REVJ FEM ANAST NONAUTOG GRF | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 35884 | T | REVJ FEM ANAST AUTOG VN GRF | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 35901 | C | EXCISION GRAFT NECK | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35903 | T | EXCISION GRAFT EXTREMITY | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 35905 | C | EXCISION GRAFT THORAX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 35907 | C | EXCISION GRAFT ABDOMEN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 36000 | N | PLACE NEEDLE IN VEIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36002 | T | PSEUDOANEURYSM INJECTION TRT | - | 05181 | 6.7594 | APC | $394.68 | - | - | - | - | 000 | 999 | - |
| 36005 | N | INJECTION EXT VENOGRAPHY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36010 | N | PLACE CATHETER IN VEIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 36011 | N | PLACE CATHETER IN VEIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36012 | N | PLACE CATHETER IN VEIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36013 | N | PLACE CATHETER IN ARTERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36014 | N | PLACE CATHETER IN ARTERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36015 | N | PLACE CATHETER IN ARTERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36100 | N | ESTABLISH ACCESS TO ARTERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36140 | N | INTRO NDL ICATH UPR/LXTR ART | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36160 | N | ESTABLISH ACCESS TO AORTA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36200 | N | PLACE CATHETER IN AORTA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36215 | N | PLACE CATHETER IN ARTERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36216 | N | PLACE CATHETER IN ARTERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36217 | N | PLACE CATHETER IN ARTERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36218 | N | PLACE CATHETER IN ARTERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36221 | N | PLACE CATH THORACIC AORTA | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | Y | 000 | 999 | - |
| 36222 | N | PLACE CATH CAROTID/INOM ART | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | Y | 000 | 999 | - |
| 36223 | N | PLACE CATH CAROTID/INOM ART | - | 05184 | 60.0544 | Bundled, sometimes payable | $3,506.58 | - | - | - | Y | 000 | 999 | - |
| 36224 | N | PLACE CATH CAROTD ART | - | 05184 | 60.0544 | Bundled, sometimes payable | $3,506.58 | - | - | - | Y | 000 | 999 | - |
| 36225 | N | PLACE CATH SUBCLAVIAN ART | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | Y | 000 | 999 | - |
| 36226 | N | PLACE CATH VERTEBRAL ART | - | 05184 | 60.0544 | Bundled, sometimes payable | $3,506.58 | - | - | - | Y | 000 | 999 | - |
| 36227 | N | PLACE CATH XTRNL CAROTID | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 36228 | N | PLACE CATH INTRACRANIAL ART | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 36245 | N | INS CATH ABD/L-EXT ART 1ST | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36246 | N | INS CATH ABD/L-EXT ART 2ND | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36247 | N | INS CATH ABD/L-EXT ART 3RD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36248 | N | INS CATH ABD/L-EXT ART ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36251 | N | INS CATH REN ART 1ST UNILAT | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 36252 | N | INS CATH REN ART 1ST BILAT | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 36253 | N | INS CATH REN ART 2ND+ UNILAT | - | 05184 | 60.0544 | Bundled, sometimes payable | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 36254 | N | INS CATH REN ART 2ND+ BILAT | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 36260 | T | INSERTION OF INFUSION PUMP | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 36261 | T | REVISION OF INFUSION PUMP | - | 05221 | 39.1532 | APC | $2,286.16 | - | - | - | - | 000 | 999 | - |
| 36262 | N | REMOVAL OF INFUSION PUMP | - | 05221 | 39.1532 | Bundled, sometimes payable | $2,286.16 | - | - | - | - | 000 | 999 | - |
| 36299 | N | UNLISTED PX VASCULAR NJX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36400 | N | BL DRAW < 3 YRS FEM/JUGULAR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 002 | - |
| 36405 | N | BL DRAW <3 YRS SCALP VEIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 002 | - |
| 36406 | N | BL DRAW <3 YRS OTHER VEIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36410 | N | NON-ROUTINE BL DRAW 3/> YRS | - | - | - | Bundled | $0.00 | - | - | - | - | 003 | 999 | - |
| 36415 | M | ROUTINE VENIPUNCTURE | - | - | - | Medicare | $14.28 | - | - | - | - | 000 | 999 | - |
| 36416 | N | CAPILLARY BLOOD DRAW | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36420 | N | VEIN ACCESS CUTDOWN < 1 YR | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 001 | - |
| 36425 | N | VEIN ACCESS CUTDOWN > 1 YR | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | - | 001 | 099 | - |
| 36430 | S | BLOOD TRANSFUSION SERVICE | - | 05241 | 4.7643 | APC | $278.19 | - | - | - | - | 000 | 999 | - |
| 36440 | S | BL PUSH TRANSFUSE 2 YR/< | - | 05241 | 4.7643 | APC | $278.19 | - | - | - | - | 000 | 002 | - |
| 36450 | S | BL EXCHANGE/TRANSFUSE NB | - | 05241 | 4.7643 | APC | $278.19 | - | - | - | - | 000 | 001 | - |
| 36455 | S | BL EXCHANGE/TRANSFUSE NON-NB | - | 05241 | 4.7643 | APC | $278.19 | - | - | - | - | 000 | 999 | - |
| 36456 | S | PRTL EXCHANGE TRANSFUSE NB | - | 05241 | 4.7643 | APC | $278.19 | - | - | - | - | 000 | 999 | - |
| 36460 | S | TRANSFUSION SERVICE FETAL | - | 05241 | 4.7643 | APC | $278.19 | - | - | - | - | 000 | 999 | - |
| 36465 | T | NJX NONCMPND SCLRSNT 1 VEIN | - | 05054 | 20.1655 | APC | $1,173.45 | - | - | - | - | 000 | 999 | - |
| 36466 | T | NJX NONCMPND SCLRSNT MLT VN | - | 05054 | 20.1655 | APC | $1,173.45 | - | - | - | - | 000 | 999 | - |
| 36468 | E | NJX SCLRSNT SPIDER VEINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 36469 | E | INJECTION(S) SPIDER VEINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 36470 | T | NJX SCLRSNT 1 INCMPTNT VEIN | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 36471 | T | NJX SCLRSNT MLT INCMPTNT VN | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 36473 | T | ENDOVENOUS MCHNCHEM 1ST VEIN | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 36474 | N | ENDOVENOUS MCHNCHEM ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36475 | T | ENDOVENOUS RF 1ST VEIN | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | Y | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 36476 | N | ENDOVENOUS RF VEIN ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 36478 | T | ENDOVENOUS LASER 1ST VEIN | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | Y | 000 | 999 | - |
| 36479 | N | ENDOVENOUS LASER VEIN ADDON | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 36481 | N | INSERTION OF CATHETER VEIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36482 | T | ENDOVEN THER CHEM ADHES 1ST | - | 05184 | 60.0544 | APC | $3,263.33 | - | - | - | - | 000 | 999 | - |
| 36483 | N | ENDOVEN THER CHEM ADHES SBSQ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36500 | N | INSERTION OF CATHETER VEIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 3650F | E | EEG ORDERED RVWD REQSTD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 36510 | N | INSERTION OF CATHETER VEIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 001 | - |
| 36511 | S | APHERESIS WBC | - | 05242 | 15.8888 | APC | $927.75 | - | - | - | - | 000 | 999 | - |
| 36512 | S | APHERESIS RBC | - | 05242 | 15.8888 | APC | $927.75 | - | - | - | - | 000 | 999 | - |
| 36513 | S | APHERESIS PLATELETS | - | 05241 | 4.7643 | APC | $278.19 | - | - | - | - | 000 | 999 | - |
| 36514 | S | APHERESIS PLASMA | - | 05242 | 15.8888 | APC | $927.75 | - | - | - | - | 000 | 999 | - |
| 36516 | S | APHERESIS IMMUNOADS SLCTV | - | 05243 | 48.6067 | APC | $2,838.15 | - | - | - | - | 000 | 999 | - |
| 36522 | S | PHOTOPHERESIS | - | 05243 | 48.6067 | APC | $2,838.15 | - | - | - | - | 000 | 999 | - |
| 36555 | T | INSERT NON-TUNNEL CV CATH | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | Y | 000 | 004 | - |
| 36556 | T | INSERT NON-TUNNEL CV CATH | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | Y | 005 | 999 | - |
| 36557 | T | INSERT TUNNELED CV CATH | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | Y | 000 | 004 | - |
| 36558 | T | INSERT TUNNELED CV CATH | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | Y | 005 | 999 | - |
| 36560 | T | INSERT TUNNELED CV CATH | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | Y | 000 | 004 | - |
| 36561 | T | INSERT TUNNELED CV CATH | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | Y | 005 | 999 | - |
| 36563 | T | INSERT TUNNELED CV CATH | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | Y | 000 | 999 | - |
| 36565 | T | INSERT TUNNELED CV CATH | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | Y | 000 | 999 | - |
| 36566 | T | INSERT TUNNELED CV CATH | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | Y | 000 | 999 | - |
| 36568 | T | INSJ PICC <5 YR W/O IMAGING | - | 05182 | 17.3845 | APC | $1,015.08 | - | - | - | Y | 000 | 004 | - |
| 36569 | T | INSJ PICC 5 YR+ W/O IMAGING | - | 05182 | 17.3845 | APC | $1,015.08 | - | - | - | Y | 005 | 999 | - |
| 36570 | T | INSERT PICVAD CATH | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | Y | 000 | 004 | - |
| 36571 | T | INSERT PICVAD CATH | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | Y | 005 | 999 | - |
| 36572 | T | INSJ PICC RS&I <5 YR | - | 05181 | 6.7594 | APC | $394.68 | - | - | - | - | 000 | 999 | - |
| 36573 | T | INSJ PICC RS&I 5 YR+ | - | 05182 | 17.3845 | APC | $1,015.08 | - | - | - | - | 000 | 999 | - |
| 36575 | T | REPAIR TUNNELED CV CATH | - | 05181 | 6.7594 | APC | $394.68 | - | - | - | Y | 000 | 999 | - |
| 36576 | T | REPAIR TUNNELED CV CATH | - | 05182 | 17.3845 | APC | $1,015.08 | - | - | - | Y | 000 | 999 | - |
| 36578 | T | REPLACE TUNNELED CV CATH | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | Y | 000 | 999 | - |
| 36580 | T | REPLACE CVAD CATH | - | 05182 | 17.3845 | APC | $1,015.08 | - | - | - | Y | 000 | 999 | - |
| 36581 | T | REPLACE TUNNELED CV CATH | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | Y | 000 | 999 | - |
| 36582 | T | REPLACE TUNNELED CV CATH | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | Y | 000 | 999 | - |
| 36583 | T | REPLACE TUNNELED CV CATH | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | Y | 000 | 999 | - |
| 36584 | T | COMPL RPLCMT PICC RS&I | - | 05182 | 17.3845 | APC | $1,015.08 | - | - | - | Y | 000 | 999 | - |
| 36585 | T | REPLACE PICVAD CATH | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | Y | 000 | 999 | - |
| 36589 | N | REMOVAL TUNNELED CV CATH | - | 05181 | 6.7594 | Bundled, sometimes payable | $394.68 | - | - | - | Y | 000 | 999 | - |
| 36590 | N | REMOVAL TUNNELED CV CATH | - | 05182 | 17.3845 | Bundled, sometimes payable | $1,015.08 | - | - | - | Y | 000 | 999 | - |
| 36591 | N | DRAW BLOOD OFF VENOUS DEVICE | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 36592 | N | COLLECT BLOOD FROM PICC | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 36593 | T | DECLOT VASCULAR DEVICE | - | 05694 | 3.8864 | APC | $226.93 | - | - | - | - | 000 | 999 | - |
| 36595 | T | MECH REMOV TUNNELED CV CATH | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | Y | 000 | 999 | - |
| 36596 | T | MECH REMOV TUNNELED CV CATH | - | 05182 | 17.3845 | APC | $1,015.08 | - | - | - | Y | 000 | 999 | - |
| 36597 | T | REPOSITION VENOUS CATHETER | - | 05182 | 17.3845 | APC | $1,015.08 | - | - | - | Y | 000 | 999 | - |
| 36598 | T | INJ W/FLUOR EVAL CV DEVICE | - | 05693 | 2.4136 | APC | $140.93 | - | - | - | - | 000 | 999 | - |
| 36600 | N | WITHDRAWAL OF ARTERIAL BLOOD | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | Y | 000 | 999 | - |
| 36620 | N | INSERTION CATHETER ARTERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36625 | N | INSERTION CATHETER ARTERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36640 | T | INSERTION CATHETER ARTERY | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 36660 | C | INSERTION CATHETER ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 002 | - |
| 36680 | N | INSERT NEEDLE BONE CAVITY | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | Y | 000 | 999 | - |
| 36800 | T | INSERTION OF CANNULA | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 36810 | T | INSERTION OF CANNULA | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 36815 | T | INSERTION OF CANNULA | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 36818 | T | AV FUSE UPPR ARM CEPHALIC | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | Y | 000 | 999 | - |
| 36819 | T | AV FUSE UPPR ARM BASILIC | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 36820 | T | AV FUSION/FOREARM VEIN | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 36821 | T | AV FUSION DIRECT ANY SITE | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 36823 | C | INSERTION OF CANNULA(S) | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 36825 | T | ARTERY-VEIN AUTOGRAFT | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 36830 | T | ARTERY-VEIN NONAUTOGRAFT | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 36831 | T | OPEN THROMBECT AV FISTULA | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 36832 | T | AV FISTULA REVISION OPEN | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 36833 | T | AV FISTULA REVISION | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 36835 | T | ARTERY TO VEIN SHUNT | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 36836 | T | PRQ AV FSTL CRTJ UXTR 1 ACS | - | 05194 | 200.7081 | APC | $11,719.35 | - | - | - | - | 000 | 999 | - |
| 36837 | T | PRQ AV FSTL CRT UXTR SEP ACS | - | 05194 | 200.7081 | APC | $11,719.35 | - | - | - | - | 000 | 999 | - |
| 36838 | T | DIST REVAS LIGATION HEMO | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | Y | 000 | 999 | - |
| 36860 | T | EXTERNAL CANNULA DECLOTTING | - | 05182 | 17.3845 | APC | $1,015.08 | - | - | - | - | 000 | 999 | - |
| 36861 | T | CANNULA DECLOTTING | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 36901 | T | INTRO CATH DIALYSIS CIRCUIT | - | 05182 | 17.3845 | APC | $1,015.08 | - | - | - | - | 000 | 999 | - |
| 36902 | T | INTRO CATH DIALYSIS CIRCUIT | - | 05192 | 60.9383 | APC | $3,558.19 | - | - | - | - | 000 | 999 | - |
| 36903 | T | INTRO CATH DIALYSIS CIRCUIT | - | 05193 | 124.0324 | APC | $7,242.25 | - | - | - | - | 000 | 999 | - |
| 36904 | T | THRMBC/NFS DIALYSIS CIRCUIT | - | 05192 | 60.9383 | APC | $3,558.19 | - | - | - | - | 000 | 999 | - |
| 36905 | T | THRMBC/NFS DIALYSIS CIRCUIT | - | 05193 | 124.0324 | APC | $7,242.25 | - | - | - | - | 000 | 999 | - |
| 36906 | T | THRMBC/NFS DIALYSIS CIRCUIT | - | 05194 | 200.7081 | APC | $11,719.35 | - | - | - | - | 000 | 999 | - |
| 36907 | N | BALO ANGIOP CTR DIALYSIS SEG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36908 | N | STENT PLMT CTR DIALYSIS SEG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 36909 | N | DIALYSIS CIRCUIT EMBOLJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 3700F | E | PSYCH DISORDERS ASSESSED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 37140 | C | REVISION OF CIRCULATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 37145 | C | REVISION OF CIRCULATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 37160 | C | REVISION OF CIRCULATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 37180 | C | REVISION OF CIRCULATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 37181 | C | SPLICE SPLEEN/KIDNEY VEINS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 37182 | C | INSERT HEPATIC SHUNT (TIPS) | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 37183 | N | REVISION TIPS | - | 05192 | 60.9383 | Bundled, sometimes payable | $3,558.19 | - | - | - | - | 000 | 999 | - |
| 37184 | T | PRIM ART M-THRMBC 1ST VSL | - | 05193 | 124.0324 | APC | $7,242.25 | - | - | - | - | 000 | 999 | - |
| 37185 | N | PRIM ART M-THRMBC SBSQ VSL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 37186 | N | SEC ART THROMBECTOMY ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 37187 | T | VENOUS MECH THROMBECTOMY | - | 05193 | 124.0324 | APC | $7,242.25 | - | - | - | - | 000 | 999 | - |
| 37188 | T | VEN MECHNL THRMBC REPEAT TX | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 37191 | T | INS ENDOVAS VENA CAVA FILTR | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 37192 | T | REDO ENDOVAS VENA CAVA FILTR | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 37193 | T | REM ENDOVAS VENA CAVA FILTER | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 37195 | T | THROMBOLYTIC THERAPY STROKE | - | 05694 | 3.8864 | APC | $226.93 | - | - | - | - | 000 | 999 | - |
| 37197 | T | REMOVE INTRVAS FOREIGN BODY | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | Y | 000 | 999 | - |
| 37200 | T | TRANSCATHETER BIOPSY | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 3720F | E | COGNIT IMPAIRMENT ASSESSED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 37211 | T | THROMBOLYTIC ART THERAPY | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | Y | 000 | 999 | - |
| 37212 | T | THROMBOLYTIC VENOUS THERAPY | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | Y | 000 | 999 | - |
| 37213 | T | THROMBLYTIC ART/VEN THERAPY | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | Y | 000 | 999 | - |
| 37214 | T | CESSJ THERAPY CATH REMOVAL | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | Y | 000 | 999 | - |
| 37215 | C | TRANSCATH STENT CCA W/EPS | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 37216 | E | TRANSCATH STENT CCA W/O EPS | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 37217 | C | STENT PLACEMT RETRO CAROTID | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 37218 | C | STENT PLACEMT ANTE CAROTID | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 37220 | N | ILIAC REVASC | - | 05192 | 60.9383 | Bundled, sometimes payable | $3,558.19 | - | - | - | - | 000 | 999 | - |
| 37221 | N | ILIAC REVASC W/STENT | - | 05193 | 124.0324 | Bundled, sometimes payable | $7,242.25 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 37222 | N | ILIAC REVASC ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 37223 | N | ILIAC REVASC W/STENT ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 37224 | N | FEM/POPL REVAS W/TLA | - | 05192 | 60.9383 | Bundled, sometimes payable | $3,558.19 | - | - | - | - | 000 | 999 | - |
| 37225 | N | FEM/POPL REVAS W/ATHER | - | 05193 | 124.0324 | Bundled, sometimes payable | $7,242.25 | - | - | - | - | 000 | 999 | - |
| 37226 | N | FEM/POPL REVASC W/STENT | - | 05193 | 124.0324 | Bundled, sometimes payable | $7,242.25 | - | - | - | - | 000 | 999 | - |
| 37227 | N | FEM/POPL REVASC STNT & ATHER | - | 05194 | 200.7081 | Bundled, sometimes payable | $11,719.35 | - | - | - | - | 000 | 999 | - |
| 37228 | N | TIB/PER REVASC W/TLA | - | 05193 | 124.0324 | Bundled, sometimes payable | $7,242.25 | - | - | - | - | 000 | 999 | - |
| 37229 | N | TIB/PER REVASC W/ATHER | - | 05194 | 200.7081 | Bundled, sometimes payable | $11,719.35 | - | - | - | - | 000 | 999 | - |
| 37230 | N | TIB/PER REVASC W/STENT | - | 05194 | 200.7081 | Bundled, sometimes payable | $11,719.35 | - | - | - | - | 000 | 999 | - |
| 37231 | N | TIB/PER REVASC STENT & ATHER | - | 05194 | 200.7081 | Bundled, sometimes payable | $11,719.35 | - | - | - | - | 000 | 999 | - |
| 37232 | N | TIB/PER REVASC ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 37233 | N | TIBPER REVASC W/ATHER ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 37234 | N | REVSC OPN/PRQ TIB/PERO STENT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 37235 | N | TIB/PER REVASC STNT & ATHER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 37236 | N | OPEN/PERQ PLACE STENT 1ST | - | 05193 | 124.0324 | Bundled, sometimes payable | $7,242.25 | - | - | - | - | 000 | 999 | - |
| 37237 | N | OPEN/PERQ PLACE STENT EA ADD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 37238 | N | OPEN/PERQ PLACE STENT SAME | - | 05193 | 124.0324 | Bundled, sometimes payable | $7,242.25 | - | - | - | - | 000 | 999 | - |
| 37239 | N | OPEN/PERQ PLACE STENT EA ADD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 37241 | N | VASC EMBOLIZE/OCCLUDE VENOUS | - | 05193 | 124.0324 | Bundled, sometimes payable | $7,242.25 | - | - | - | - | 000 | 999 | - |
| 37242 | N | VASC EMBOLIZE/OCCLUDE ARTERY | - | 05193 | 124.0324 | Bundled, sometimes payable | $7,242.25 | - | - | - | - | 000 | 999 | - |
| 37243 | N | VASC EMBOLIZE/OCCLUDE ORGAN | - | 05193 | 124.0324 | Bundled, sometimes payable | $7,242.25 | - | - | - | - | 000 | 999 | - |
| 37244 | N | VASC EMBOLIZE/OCCLUDE BLEED | - | 05193 | 124.0324 | Bundled, sometimes payable | $7,242.25 | - | - | - | - | 000 | 999 | - |
| 37246 | T | TRLUML BALO ANGIOP 1ST ART | - | 05192 | 60.9383 | APC | $3,558.19 | - | - | - | - | 000 | 999 | - |
| 37247 | N | TRLUML BALO ANGIOP ADDL ART | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 37248 | T | TRLUML BALO ANGIOP 1ST VEIN | - | 05192 | 60.9383 | APC | $3,558.19 | - | - | - | - | 000 | 999 | - |
| 37249 | N | TRLUML BALO ANGIOP ADDL VEIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 37252 | N | INTRVASC US NONCORONARY 1ST | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 37253 | N | INTRVASC US NONCORONARY ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 3725F | E | SCREEN DEPRESSION PERFORMED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 37500 | T | ENDOSCOPY LIGATE PERF VEINS | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 37501 | T | UNLISTED VASC ENDOSCOPY PX | - | 05181 | 6.7594 | APC | $394.68 | - | - | - | - | 000 | 999 | - |
| 3750F | E | PTNOTRCVNGSTEROID>=10MG/DAY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3751F | E | ELECTRODIAG POLYNEURO 6 MN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3752F | E | NO ELECTRODIAG POLYNEURO 6MN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3753F | E | PT HAS SYMP&SIGNS NEUROPATHY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3754F | E | SCREENING TESTS DM DONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3755F | E | COG&BEHAV IMPRMNT SCRNG DONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 37565 | T | LIGATION OF NECK VEIN | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 3756F | E | PT W/PSEUDOBULB AFFECT/ALS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3757F | E | PT W/O PSEUDOBULBAFFECT/ALS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3758F | E | PT REF PULM FX TEST/PEAKFLOW | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3759F | E | PT SCRN DYSPHAG/WT LOSS/NUTR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 37600 | T | LIGATION OF NECK ARTERY | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 37605 | T | LIGATION OF NECK ARTERY | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 37606 | T | LIGATION OF NECK ARTERY | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 37607 | T | LIGATION OF A-V FISTULA | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 37609 | T | TEMPORAL ARTERY PROCEDURE | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 3760F | E | PT W/DYSPHAG/WT LOSS/NUTR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 37615 | T | LIGATION OF NECK ARTERY | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 37616 | C | LIGATION OF CHEST ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 37617 | C | LIGATION OF ABDOMEN ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 37618 | C | LIGATION OF EXTREMITY ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 37619 | T | LIGATION OF INF VENA CAVA | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 3761F | E | PT W/O DYSPHAG/WT LOSS/NUTR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3762F | E | PATIENT IS DYSARTHRIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 3763F | E | PATIENT IS NOT DYSARTHRIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 37650 | T | REVISION OF MAJOR VEIN | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 37660 | C | REVISION OF MAJOR VEIN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 37700 | T | REVISE LEG VEIN | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 37718 | T | LIGATE/STRIP SHORT LEG VEIN | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | Y | 000 | 999 | - |
| 37722 | T | LIGATE/STRIP LONG LEG VEIN | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | Y | 000 | 999 | - |
| 37735 | T | REMOVAL OF LEG VEINS/LESION | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 3775F | E | ADENOMA DETECTED SCREENING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 37760 | T | LIGATE LEG VEINS RADICAL | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 37761 | T | LIGATE LEG VEINS OPEN | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 37765 | T | STAB PHLEB VEINS XTR 10-20 | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | Y | 000 | 999 | - |
| 37766 | T | PHLEB VEINS - EXTREM 20+ | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | Y | 000 | 999 | - |
| 3776F | E | ADENOMA NOT DETECT SCREENING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 37780 | T | REVISION OF LEG VEIN | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 37785 | T | LIGATE/DIVIDE/EXCISE VEIN | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 37788 | C | REVASCULARIZATION PENIS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 37790 | T | PENILE VENOUS OCCLUSION | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 37799 | T | UNLISTED PX VASCULAR SURGERY | - | 05181 | 6.7594 | APC | $394.68 | - | - | - | - | 000 | 999 | - |
| 38100 | C | REMOVAL OF SPLEEN TOTAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 38101 | C | REMOVAL OF SPLEEN PARTIAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 38102 | C | REMOVAL OF SPLEEN TOTAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 38115 | C | REPAIR OF RUPTURED SPLEEN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 38120 | N | LAPAROSCOPY SPLENECTOMY | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 38129 | N | UNLISTED LAPS PX SPLEEN | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 38200 | N | INJECTION FOR SPLEEN X-RAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 38204 | N | BL DONOR SEARCH MANAGEMENT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 38205 | E | HARVEST ALLOGENEIC STEM CELL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 38206 | S | HARVEST AUTO STEM CELLS | - | 05242 | 15.8888 | APC | $927.75 | | | Y | - | 000 | 999 | - |
| 38207 | S | CRYOPRESERVE STEM CELLS | - | 05241 | 4.7643 | APC | $271.62 | | | Y | - | 000 | 999 | - |
| 38208 | S | THAW PRESERVED STEM CELLS | - | 05241 | 4.7643 | APC | $271.62 | | | Y | - | 000 | 999 | - |
| 38209 | S | WASH HARVEST STEM CELLS | - | 05241 | 4.7643 | APC | $271.62 | | | Y | - | 000 | 999 | - |
| 38210 | S | T-CELL DEPLETION OF HARVEST | - | 05241 | 4.7643 | APC | $271.62 | | | Y | - | 000 | 999 | - |
| 38211 | S | TUMOR CELL DEPLETE OF HARVST | - | 05241 | 4.7643 | APC | $271.62 | | | Y | - | 000 | 999 | - |
| 38212 | S | RBC DEPLETION OF HARVEST | - | 05241 | 4.7643 | APC | $271.62 | | | Y | - | 000 | 999 | - |
| 38213 | S | PLATELET DEPLETE OF HARVEST | - | 05241 | 4.7643 | APC | $271.62 | | | Y | - | 000 | 999 | - |
| 38214 | S | VOLUME DEPLETE OF HARVEST | - | 05241 | 4.7643 | APC | $271.62 | | | Y | - | 000 | 999 | - |
| 38215 | S | HARVEST STEM CELL CONCENTRTE | - | 05241 | 4.7643 | APC | $271.62 | | | Y | - | 000 | 999 | - |
| 38220 | T | DX BONE MARROW ASPIRATIONS | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 38221 | T | DX BONE MARROW BIOPSIES | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 38222 | T | DX BONE MARROW BX & ASPIR | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 38230 | S | BONE MARROW HARVEST ALLOGEN | - | 05242 | 15.8888 | APC | $927.75 | | | Y | Y | 000 | 999 | - |
| 38232 | S | BONE MARROW HARVEST AUTOLOG | - | 05243 | 48.6067 | APC | $2,838.15 | - | - | - | - | 000 | 999 | - |
| 38240 | S | TRANSPLT ALLO HCT/DONOR | - | 05244 | 493.4673 | APC | $28,813.56 | | | Y | Y | 000 | 999 | - |
| 38241 | S | TRANSPLT AUTOL HCT/DONOR | - | 05242 | 15.8888 | APC | $927.75 | | | Y | Y | 000 | 999 | - |
| 38242 | S | TRANSPLT ALLO LYMPHOCYTES | - | 05242 | 15.8888 | APC | $927.75 | | | Y | Y | 000 | 999 | - |
| 38243 | S | TRANSPLJ HEMATOPOIETIC BOOST | - | 05242 | 15.8888 | APC | $927.75 | - | - | - | Y | 000 | 999 | - |
| 38300 | T | DRAINAGE LYMPH NODE LESION | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 38305 | T | DRAINAGE LYMPH NODE LESION | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 38308 | T | INCISION OF LYMPH CHANNELS | - | 05091 | 40.1682 | APC | $2,345.42 | - | - | - | - | 000 | 999 | - |
| 38380 | C | THORACIC DUCT PROCEDURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 38381 | C | THORACIC DUCT PROCEDURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 38382 | C | THORACIC DUCT PROCEDURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 38500 | T | BIOPSY/REMOVAL LYMPH NODES | - | 05091 | 40.1682 | APC | $2,345.42 | - | - | - | - | 000 | 999 | - |
| 38505 | T | NEEDLE BIOPSY LYMPH NODES | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 38510 | T | BIOPSY/REMOVAL LYMPH NODES | - | 05091 | 40.1682 | APC | $2,345.42 | - | - | - | - | 000 | 999 | - |
| 38520 | T | BIOPSY/REMOVAL LYMPH NODES | - | 05091 | 40.1682 | APC | $2,345.42 | - | - | - | - | 000 | 999 | - |
| 38525 | T | BIOPSY/REMOVAL LYMPH NODES | - | 05091 | 40.1682 | APC | $2,345.42 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 38530 | T | BIOPSY/REMOVAL LYMPH NODES | - | 05091 | 40.1682 | APC | $2,345.42 | - | - | - | - | 000 | 999 | - |
| 38531 | T | OPEN BX/EXC INGUINOFEM NODES | - | 05091 | 40.1682 | APC | $2,345.42 | - | - | - | - | 000 | 999 | - |
| 38542 | N | EXPLORE DEEP NODE(S) NECK | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 38550 | T | REMOVAL NECK/ARMPIT LESION | - | 05091 | 40.1682 | APC | $2,345.42 | - | - | - | - | 000 | 999 | - |
| 38555 | T | REMOVAL NECK/ARMPIT LESION | - | 05092 | 69.4415 | APC | $4,054.69 | - | - | - | - | 000 | 999 | - |
| 38562 | C | REMOVAL PELVIC LYMPH NODES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 38564 | C | REMOVAL ABDOMEN LYMPH NODES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 38570 | N | LAPAROSCOPY LYMPH NODE BIOP | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 38571 | N | LAPAROSCOPY LYMPHADENECTOMY | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 38572 | N | LAPAROSCOPY LYMPHADENECTOMY | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 38573 | T | LAPS PELVIC LYMPHADEC | - | 05362 | 106.1787 | APC | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 38589 | N | UNLISTED LAPS PX LYMPHTC SYS | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 38700 | T | REMOVAL OF LYMPH NODES NECK | - | 05092 | 69.4415 | APC | $4,054.69 | - | - | - | - | 000 | 999 | - |
| 38720 | T | REMOVAL OF LYMPH NODES NECK | - | 05093 | 102.8888 | APC | $6,007.68 | - | - | - | - | 000 | 999 | - |
| 38724 | C | REMOVAL OF LYMPH NODES NECK | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 38740 | N | REMOVE ARMPIT LYMPH NODES | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 38745 | N | REMOVE ARMPIT LYMPH NODES | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 38746 | C | REMOVE THORACIC LYMPH NODES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 38747 | C | REMOVE ABDOMINAL LYMPH NODES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 38760 | T | REMOVE GROIN LYMPH NODES | - | 05092 | 69.4415 | APC | $4,054.69 | - | - | - | - | 000 | 999 | - |
| 38765 | C | REMOVE GROIN LYMPH NODES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 38770 | C | REMOVE PELVIS LYMPH NODES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 38780 | C | REMOVE ABDOMEN LYMPH NODES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 38790 | N | INJECT FOR LYMPHATIC X-RAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 38792 | N | RA TRACER ID OF SENTINL NODE | - | 05591 | 4.5415 | Bundled, sometimes payable | $265.18 | - | - | - | - | 000 | 999 | - |
| 38794 | N | ACCESS THORACIC LYMPH DUCT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 38900 | N | IO MAP OF SENT LYMPH NODE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 38999 | S | UNLISTD PX HEMIC/LYMPHTC SYS | - | 05241 | 4.7643 | APC | $278.19 | - | - | - | - | 000 | 999 | - |
| 39000 | C | EXPLORATION OF CHEST | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 39010 | C | EXPLORATION OF CHEST | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 39200 | C | RESECT MEDIASTINAL CYST | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 39220 | C | RESECT MEDIASTINAL TUMOR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 39401 | T | MEDIASTINOSCPY W/MEDSTNL BX | - | 05361 | 60.9003 | APC | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 39402 | T | MEDIASTINOSCPY W/LMPH NOD BX | - | 05361 | 60.9003 | APC | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 39499 | C | UNLISTED PX MEDIASTINUM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 39501 | C | REPAIR DIAPHRAGM LACERATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 39503 | C | REPAIR OF DIAPHRAGM HERNIA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 39540 | C | REPAIR OF DIAPHRAGM HERNIA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 39541 | C | REPAIR OF DIAPHRAGM HERNIA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 39545 | C | REVISION OF DIAPHRAGM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 39560 | C | RESECT DIAPHRAGM SIMPLE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 39561 | C | RESECT DIAPHRAGM COMPLEX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 39599 | C | UNLISTED PX DIAPHRAGM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 4000F | E | TOBACCO USE TXMNT COUNSELING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4001F | E | TOBACCO USE TXMNT PHARMACOL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4003F | E | PT ED WRITE/ORAL PTS W/ HF | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 4004F | E | PT TOBACCO SCREEN RCVD TLK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4005F | E | PHARM THX FOR OP RXD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4008F | E | BETA-BLOCKER THERAPY RXD/TKN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4010F | E | ACE/ARB THERAPY RXD/TAKEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4011F | E | ORAL ANTIPLATELET THERAPY RX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4012F | E | WARFARIN THERAPY RX | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 4013F | E | STATIN THERAPY/CURRENTLY TKN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4014F | E | WRITTEN DISCHARGE INSTR PRVD | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 4015F | E | PERSIST ASTHMA MEDICINE CTRL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4016F | E | ANTI-INFLM/ANLGSC AGENT RX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4017F | E | GI PROPHYLAXIS FOR NSAID RX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4018F | E | THERAPY EXERCISE JOINT RX | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 4019F | E | DOC RECPT COUNSL VIT D/CALC+ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4025F | E | INHALED BRONCHODILATOR RX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4030F | E | OXYGEN THERAPY RX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4033F | E | PULMONARY REHAB REC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4035F | E | INFLUENZA IMM REC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4037F | E | INFLUENZA IMM ORDER/ADMIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4040F | E | PNEUMOC VAC/ADMIN/RCVD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4041F | E | DOC ORDER CEFAZOLIN/CEFUROX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4042F | E | DOC ANTIBIO NOT GIVEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4043F | E | DOC ORDER GIVEN STOP ANTIBIO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4044F | E | DOC ORDER GIVEN VTE PROPHYLX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4045F | E | EMPIRIC ANTIBIOTIC RX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4046F | E | DOC ANTIBIO GIVEN B/4 SURG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4047F | E | DOC ANTIBIO GIVEN B/4 SURG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4048F | E | DOC ANTIBIO GIVEN B/4 SURG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 40490 | T | BIOPSY OF LIP | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 4049F | E | DOC ORDER GIVEN STOP ANTIBIO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 40500 | T | PARTIAL EXCISION OF LIP | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 4050F | E | HT CARE PLAN DOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 40510 | T | PARTIAL EXCISION OF LIP | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 4051F | E | REFERRED FOR AN AV FISTULA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 40520 | T | PARTIAL EXCISION OF LIP | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 40525 | T | RECONSTRUCT LIP WITH FLAP | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 40527 | N | RECONSTRUCT LIP WITH FLAP | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 4052F | E | HEMODIALYSIS VIA AV FISTULA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 40530 | T | PARTIAL REMOVAL OF LIP | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 4053F | E | HEMODIALYSIS VIA AV GRAFT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4054F | E | HEMODIALYSIS VIA CATHETER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4055F | E | PT RCVNG PERITON DIALYSIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4056F | E | APPROP ORAL REHYD RECOMMD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4058F | E | PED GASTRO ED GIVEN CAREGVR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4060F | E | PSYCH SVCS PROVIDED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4062F | E | PT REFERRAL PSYCH DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4063F | E | ANTIDEPRES RXTHXPY NOT RXD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4064F | E | ANTIDEPRESSANT RX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 40650 | T | REPAIR LIP | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 40652 | T | REPAIR LIP | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 40654 | T | REPAIR LIP | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 4065F | E | ANTIPSYCHOTIC RX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4066F | E | ECT PROVIDED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4067F | E | PT REFERRAL FOR ECT DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4069F | E | VTE PROPHYLAXIS RCVD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 40700 | N | REPAIR CLEFT LIP/NASAL | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 40701 | N | REPAIR CLEFT LIP/NASAL | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 40702 | N | REPAIR CLEFT LIP/NASAL | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 4070F | E | DVT PROPHYLX RECVD DAY 2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 40720 | N | REPAIR CLEFT LIP/NASAL | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 4073F | E | ORAL ANTIPLAT THX RX DISCHRG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4075F | E | ANTICOAG THX RX AT DISCHRG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 40761 | N | REPAIR CLEFT LIP/NASAL | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 4077F | E | DOC T-PA ADMIN CONSIDERED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 40799 | T | UNLISTED PROCEDURE LIPS | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 4079F | E | DOC REHAB SVCS CONSIDERED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 40800 | T | DRAINAGE OF MOUTH LESION | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 40801 | T | DRAINAGE OF MOUTH LESION | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 40804 | N | REMOVAL FOREIGN BODY MOUTH | - | 05301 | 9.6455 | Bundled, sometimes payable | $563.20 | - | - | - | - | 000 | 999 | - |
| 40805 | T | REMOVAL FOREIGN BODY MOUTH | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 40806 | T | INCISION OF LIP FOLD | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 40808 | T | BIOPSY OF MOUTH LESION | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 40810 | T | EXCISION OF MOUTH LESION | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 40812 | T | EXCISE/REPAIR MOUTH LESION | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 40814 | T | EXCISE/REPAIR MOUTH LESION | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 40816 | T | EXCISION OF MOUTH LESION | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 40818 | T | EXCISE ORAL MUCOSA FOR GRAFT | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 40819 | T | EXCISE LIP OR CHEEK FOLD | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 40820 | T | TREATMENT OF MOUTH LESION | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 40830 | T | REPAIR MOUTH LACERATION | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 40831 | T | REPAIR MOUTH LACERATION | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 40840 | T | RECONSTRUCTION OF MOUTH | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 40842 | N | RECONSTRUCTION OF MOUTH | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 40843 | T | RECONSTRUCTION OF MOUTH | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 40844 | N | RECONSTRUCTION OF MOUTH | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 40845 | N | RECONSTRUCTION OF MOUTH | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 4084F | E | ASPIRIN RECVD W/IN 24 HRS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4086F | E | ASPIRIN/CLOPIDOGREL RXD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 40899 | T | UNLISTED PX VESTIBULE MOUTH | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 4090F | E | PT RCVNG EPO THXPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4095F | E | PT NOT RCVNG EPO THXPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 41000 | T | DRAINAGE OF MOUTH LESION | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 41005 | T | DRAINAGE OF MOUTH LESION | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 41006 | T | DRAINAGE OF MOUTH LESION | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 41007 | T | DRAINAGE OF MOUTH LESION | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 41008 | T | DRAINAGE OF MOUTH LESION | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 41009 | T | DRAINAGE OF MOUTH LESION | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 4100F | E | BIPHOS THXPY VEIN ORD/RECVD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 41010 | T | INCISION OF TONGUE FOLD | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 41015 | T | DRAINAGE OF MOUTH LESION | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 41016 | T | DRAINAGE OF MOUTH LESION | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 41017 | T | DRAINAGE OF MOUTH LESION | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 41018 | T | DRAINAGE OF MOUTH LESION | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 41019 | T | PLACE NEEDLES H&N FOR RT | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 41100 | T | BIOPSY OF TONGUE | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 41105 | T | BIOPSY OF TONGUE | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 41108 | T | BIOPSY OF FLOOR OF MOUTH | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 4110F | E | INT MAM ART USED FOR CABG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 41110 | T | EXCISION OF TONGUE LESION | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 41112 | T | EXCISION OF TONGUE LESION | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 41113 | T | EXCISION OF TONGUE LESION | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 41114 | T | EXCISION OF TONGUE LESION | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 41115 | T | EXCISION OF TONGUE FOLD | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 41116 | T | EXCISION OF MOUTH LESION | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 41120 | N | PARTIAL REMOVAL OF TONGUE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 41130 | C | PARTIAL REMOVAL OF TONGUE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 41135 | C | TONGUE AND NECK SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 41140 | C | REMOVAL OF TONGUE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 41145 | C | TONGUE REMOVAL NECK SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 41150 | C | TONGUE MOUTH JAW SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 41153 | C | TONGUE MOUTH NECK SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 41155 | C | TONGUE JAW & NECK SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 4115F | E | BETA BLCKR ADMIN W/IN 24 HRS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4120F | E | ANTIBIOT RXD/GIVEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4124F | E | ANTIBIOT NOT RXD/GIVEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 41250 | N | REPAIR TONGUE LACERATION | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | - | 000 | 999 | - |
| 41251 | T | REPAIR TONGUE LACERATION | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 41252 | T | REPAIR TONGUE LACERATION | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 4130F | E | TOPICAL PREP RX AOE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4131F | E | SYST ANTIMICROBIAL THX RX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4132F | E | NO SYST ANTIMICROBIAL THX RX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4133F | E | ANTIHIST/DECONG RX/RECOM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4134F | E | NO ANTIHIST/DECONG RX/RECOM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4135F | E | SYSTEMIC CORTICOSTEROIDS RX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4136F | E | SYST CORTICOSTEROIDS NOT RX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4140F | E | INHALED CORTICOSTEROIDS RXD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4142F | E | CORTICOSTER SPARNG THRPY RXD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4144F | E | ALT LONG-TERM CNTRL MED RXD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4145F | E | 2+ ANTI-HYPRTNSV AGENTS TKN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4148F | E | HEP A VAC INJXN ADMIN/RECVD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4149F | E | HEP B VAC INJXN ADMIN/RECVD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4150F | E | PT RECVNG ANTIVIR TXMNT HEPC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 41510 | T | TONGUE TO LIP SURGERY | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 41512 | N | TONGUE SUSPENSION | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 4151F | E | PT NOT RECVNG ANTIV HEP C | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 41520 | N | RECONSTRUCTION TONGUE FOLD | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 41530 | T | TONGUE BASE VOL REDUCTION | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 4153F | E | COMBO PEGINTF/RIB RX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4155F | E | HEP A VAC SERIES PREV RECVD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4157F | E | HEP B VAC SERIES PREV RECVD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4158F | E | PT EDU RE ALCOH DRNKNG DONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 41599 | T | UNLISTED PX TONGUE FLR MOUTH | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 4159F | E | CONTRCP TALK B/4 ANTIV TXMNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4163F | E | PT COUNS 4 TXMNT OPT PROST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4164F | E | ADJV HRMNL THXPY RXD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4165F | E | 3D-CRT/IMRT RECEIVED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4167F | E | HD BED TILTED 1ST DAY VENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4168F | E | PT CARE ICU&VENT W/IN 24HRS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4169F | E | NO PT CARE ICU/VENT IN 24HRS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4171F | E | PT RCVNG ESA THXPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4172F | E | PT NOT RCVNG ESA THXPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4174F | E | COUNS POTENT GLAUC IMPCT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4175F | E | VIS 20/40/> W/IN 90 DAYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4176F | E | TALK RE UV LIGHT PT/CRGVR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4177F | E | TALK PT/CRGVR RE AREDS PREV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4178F | E | ANTID GLBLN RCVD W/IN 26WKS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4179F | E | TAMOXIFEN/AI PRESCRIBED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 41800 | N | DRAINAGE OF GUM LESION | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 41805 | T | REMOVAL FOREIGN BODY GUM | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 41806 | T | REMOVAL FOREIGN BODY JAWBONE | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 4180F | E | ADJV THXPYRXD/RCVD COLON CA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4181F | E | CONFORMAL RADN THXPY RCVD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 41820 | T | EXCISION GUM EACH QUADRANT | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 41821 | T | EXCISION OF GUM FLAP | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 41822 | T | EXCISION OF GUM LESION | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 41823 | N | EXCISION OF GUM LESION | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 41825 | T | EXCISION OF GUM LESION | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 41826 | T | EXCISION OF GUM LESION | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 41827 | N | EXCISION OF GUM LESION | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 41828 | T | EXCISION OF GUM LESION | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 4182F | E | NO CONFORMAL RADN THXPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 41830 | T | REMOVAL OF GUM TISSUE | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 41850 | T | TREATMENT OF GUM LESION | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 4185F | E | CONTINUOUS PPI OR H2RA RCVD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4186F | E | NO CONT PPI OR H2RA RCVD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 41870 | N | GUM GRAFT | - | 05163 | 16.2194 | Bundled, sometimes payable | $947.05 | - | - | - | - | 000 | 999 | - |
| 41872 | N | REPAIR GUM | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 41874 | T | REPAIR TOOTH SOCKET | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 4187F | E | ANTI RHEUM DRUGTHXPYRXD/GVN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4188F | E | APPROP ACE/ARB TSTNG DONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 41899 | T | UNLISTED PX DENTALVLR STRUX | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 4189F | E | APPROP DIGOXIN TSTNG DONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4190F | E | APPROP DIURETIC TSTNG DONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4191F | E | APPROP ANTICONVULS TSTNG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4192F | E | PT NOT RCVNG GLUCOCO THXPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4193F | E | PT RCV <10MG DAILY PREDNISO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4194F | E | PT RCV >=10MG DAILY PREDNISO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4195F | E | PT RCVNG ANTI-RHEUM THXPY RA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4196F | E | PTNOT RCVNG ANTI-RHM THXPYRA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 42000 | T | DRAINAGE MOUTH ROOF LESION | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 4200F | E | EXTERNAL BEAM TO PROST ONLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4201F | E | EXTRNL BEAM OTHER THAN PROST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 42100 | T | BIOPSY ROOF OF MOUTH | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 42104 | T | EXCISION LESION MOUTH ROOF | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 42106 | T | EXCISION LESION MOUTH ROOF | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 42107 | N | EXCISION LESION MOUTH ROOF | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 4210F | E | ACE/ARB THXPY FOR MOS/> | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 42120 | T | REMOVE PALATE/LESION | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42140 | T | EXCISION OF UVULA | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 42145 | N | REPAIR PALATE PHARYNX/UVULA | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42160 | T | TREATMENT MOUTH ROOF LESION | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 42180 | T | REPAIR PALATE | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 42182 | T | REPAIR PALATE | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42200 | N | RECONSTRUCT CLEFT PALATE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42205 | N | RECONSTRUCT CLEFT PALATE | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 4220F | E | DIGOXIN THXPY FOR 6 MOS/> | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 42210 | N | RECONSTRUCT CLEFT PALATE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42215 | N | RECONSTRUCT CLEFT PALATE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 4221F | E | DIURETIC THXPY FOR 6 MOS/> | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 42220 | N | RECONSTRUCT CLEFT PALATE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42225 | N | RECONSTRUCT CLEFT PALATE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42226 | N | LENGTHENING OF PALATE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42227 | N | LENGTHENING OF PALATE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42235 | N | REPAIR PALATE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42260 | T | REPAIR NOSE TO LIP FISTULA | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42280 | T | PREPARATION PALATE MOLD | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 42281 | T | INSERTION PALATE PROSTHESIS | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42299 | T | UNLISTED PX PALATE UVULA | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 42300 | T | DRAINAGE OF SALIVARY GLAND | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 42305 | T | DRAINAGE OF SALIVARY GLAND | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 4230F | E | ANTICONV THXPY FOR 6 MOS/> | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 42310 | T | DRAINAGE OF SALIVARY GLAND | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 42320 | T | DRAINAGE OF SALIVARY GLAND | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 42330 | T | REMOVAL OF SALIVARY STONE | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 42335 | T | REMOVAL OF SALIVARY STONE | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 42340 | T | REMOVAL OF SALIVARY STONE | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 42400 | T | BIOPSY OF SALIVARY GLAND | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 42405 | T | BIOPSY OF SALIVARY GLAND | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 42408 | T | EXCISION OF SALIVARY CYST | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 42409 | T | DRAINAGE OF SALIVARY CYST | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 4240F | E | INSTR XRCZ BACK PAIN 12 WKS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 42410 | N | EXCISE PAROTID GLAND/LESION | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42415 | N | EXCISE PAROTID GLAND/LESION | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42420 | N | EXCISE PAROTID GLAND/LESION | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42425 | N | EXCISE PAROTID GLAND/LESION | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42426 | C | EXCISE PAROTID GLAND/LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 4242F | E | SPRVSD XRCZ BACK PN >12 WKS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 42440 | N | EXCISE SUBMAXILLARY GLAND | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42450 | N | EXCISE SUBLINGUAL GLAND | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 4245F | E | PT INSTR NRML ACTIVITIES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4248F | E | PT INSTR NO BD REST 4 DAYS/> | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 42500 | T | REPAIR SALIVARY DUCT | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42505 | N | REPAIR SALIVARY DUCT | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42507 | N | PAROTID DUCT DIVERSION | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42509 | N | PAROTID DUCT DIVERSION | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 4250F | E | WRMNG 4 SURG NORMOTHERMIA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 42510 | N | PAROTID DUCT DIVERSION | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 42550 | N | INJECTION FOR SALIVARY X-RAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 4255F | E | ANESTH 60 MIN/> AS DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4256F | E | ANESTHE <60 MIN AS DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 42600 | T | CLOSURE OF SALIVARY FISTULA | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 4260F | E | WOUND SRFC CULTURETECH USED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4261F | E | TECH OTHER THAN SURFC CULTR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 42650 | T | DILATION OF SALIVARY DUCT | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 4265F | E | WET-DRY DRESSINGS RX RECMD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 42660 | T | DILATION OF SALIVARY DUCT | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 42665 | N | LIGATION OF SALIVARY DUCT | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 4266F | E | NO WET-DRY DRSSINGS RX RECMD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4267F | E | COMPRSSION THXPY PRESCRIBED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4268F | E | PT ED RE COMP THXPY RCVD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 42699 | T | UNLISTED PX SALIVRY GLND/DUX | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 4269F | E | APPROPOS MTHD OFFLOADING RXD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 42700 | T | DRAINAGE OF TONSIL ABSCESS | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 4270F | E | PT RCVNG ANTI R-VIRAL THXPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4271F | E | PT RCVNG ANTI R-VIRAL THXPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 42720 | T | DRAINAGE OF THROAT ABSCESS | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 42725 | N | DRAINAGE OF THROAT ABSCESS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 4274F | E | FLU IMMUNO ADMIND RCVD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4276F | E | POTENT ANTIVIR THXPY RXD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4279F | E | PCP PROPHYLAXIS RXD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 42800 | T | BIOPSY OF THROAT | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 42804 | T | BIOPSY OF UPPER NOSE/THROAT | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 42806 | T | BIOPSY OF UPPER NOSE/THROAT | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 42808 | T | EXCISE PHARYNX LESION | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 42809 | N | REMOVE PHARYNX FOREIGN BODY | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | - | 000 | 999 | - |
| 4280F | E | PCP PROPHYLAX RXD 3MON LOW % | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 42810 | T | EXCISION OF NECK CYST | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 42815 | N | EXCISION OF NECK CYST | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42820 | T | REMOVE TONSILS AND ADENOIDS | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 011 | - |
| 42821 | T | REMOVE TONSILS AND ADENOIDS | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 012 | 099 | - |
| 42825 | N | REMOVAL OF TONSILS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 011 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 42826 | T | REMOVAL OF TONSILS | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 012 | 099 | - |
| 42830 | N | REMOVAL OF ADENOIDS | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 011 | - |
| 42831 | T | REMOVAL OF ADENOIDS | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 012 | 099 | - |
| 42835 | T | REMOVAL OF ADENOIDS | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 011 | - |
| 42836 | T | REMOVAL OF ADENOIDS | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 012 | 099 | - |
| 42842 | N | EXTENSIVE SURGERY OF THROAT | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42844 | N | EXTENSIVE SURGERY OF THROAT | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42845 | C | EXTENSIVE SURGERY OF THROAT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 42860 | N | EXCISION OF TONSIL TAGS | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 42870 | T | EXCISION OF LINGUAL TONSIL | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42890 | N | PARTIAL REMOVAL OF PHARYNX | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42892 | N | REVISION OF PHARYNGEAL WALLS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42894 | C | REVISION OF PHARYNGEAL WALLS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 42900 | T | REPAIR THROAT WOUND | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 4290F | E | PT SCRNED FOR INJ DRUG USE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4293F | E | PT SCRND HGH-RISK SEX BEHAV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 42950 | N | RECONSTRUCTION OF THROAT | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 42953 | C | REPAIR THROAT ESOPHAGUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 42955 | T | SURGICAL OPENING OF THROAT | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 42960 | T | CONTROL THROAT BLEEDING | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 42961 | C | CONTROL THROAT BLEEDING | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 42962 | T | CONTROL THROAT BLEEDING | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 42970 | T | CONTROL NOSE/THROAT BLEEDING | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 42971 | C | CONTROL NOSE/THROAT BLEEDING | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 42972 | T | CONTROL NOSE/THROAT BLEEDING | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 42975 | T | DISE EVAL SLP DO BRTH FLX DX | - | 05151 | 2.0886 | APC | $121.95 | - | - | - | - | 000 | 999 | - |
| 42999 | T | UNLISTED PX PHRNX ADND/TNSL | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 4300F | E | PT RCVNG WARF THXPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4301F | E | PT NOT RCVNG WARF THXPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 43020 | T | INCISION OF ESOPHAGUS | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 43030 | N | THROAT MUSCLE SURGERY | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 43045 | C | INCISION OF ESOPHAGUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 4305F | E | PT ED RE FT CARE INSPCT RCVD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4306F | E | PT TLK PSYCH & RX OPD ADDIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 43100 | C | EXCISION OF ESOPHAGUS LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43101 | C | EXCISION OF ESOPHAGUS LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43107 | C | REMOVAL OF ESOPHAGUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43108 | C | REMOVAL OF ESOPHAGUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43112 | C | ESPHG TOT W/THRCM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43113 | C | REMOVAL OF ESOPHAGUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43116 | C | PARTIAL REMOVAL OF ESOPHAGUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43117 | C | PARTIAL REMOVAL OF ESOPHAGUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43118 | C | PARTIAL REMOVAL OF ESOPHAGUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43121 | C | PARTIAL REMOVAL OF ESOPHAGUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43122 | C | PARTIAL REMOVAL OF ESOPHAGUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43123 | C | PARTIAL REMOVAL OF ESOPHAGUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43124 | C | REMOVAL OF ESOPHAGUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43130 | N | REMOVAL OF ESOPHAGUS POUCH | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 43135 | C | REMOVAL OF ESOPHAGUS POUCH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43180 | T | ESOPHAGOSCOPY RIGID TRNSO | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 43191 | T | ESOPHAGOSCOPY RIGID TRNSO DX | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43192 | T | ESOPHAGOSCP RIG TRNSO INJECT | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43193 | T | ESOPHAGOSCP RIG TRNSO BIOPSY | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43194 | T | ESOPHAGOSCP RIG TRNSO REM FB | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43195 | T | ESOPHAGOSCOPY RIGID BALLOON | - | 05303 | 38.0989 | APC | $2,224.59 | - | - | - | - | 000 | 999 | - |
| 43196 | T | ESOPHAGOSCP GUIDE WIRE DILAT | - | 05303 | 38.0989 | APC | $2,224.59 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 43197 | T | ESOPHAGOSCOPY FLEX DX BRUSH | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 43198 | T | ESOPHAGOSC FLEX TRNSN BIOPSY | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 43200 | T | ESOPHAGOSCOPY FLEXIBLE BRUSH | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 43201 | T | ESOPH SCOPE W/SUBMUCOUS INJ | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43202 | T | ESOPHAGOSCOPY FLEX BIOPSY | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43204 | T | ESOPH SCOPE W/SCLEROSIS INJ | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43205 | T | ESOPHAGUS ENDOSCOPY/LIGATION | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43206 | T | ESOPH OPTICAL ENDOMICROSCOPY | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | Y | 000 | 999 | - |
| 4320F | E | PT TALK PSYCHSOC&RX OH DPND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 43210 | N | EGD ESOPHAGOGASTRC FNDOPLSTY | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 43211 | T | ESOPHAGOSCOP MUCOSAL RESECT | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43212 | N | ESOPHAGOSCOP STENT PLACEMENT | - | 05331 | 61.2341 | Bundled, sometimes payable | $3,575.46 | - | - | - | - | 000 | 999 | - |
| 43213 | T | ESOPHAGOSCOPY RETRO BALLOON | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43214 | T | ESOPHAGOSC DILATE BALLOON 30 | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43215 | T | ESOPHAGOSCOPY FLEX REMOVE FB | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43216 | T | ESOPHAGOSCOPY LESION REMOVAL | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43217 | T | ESOPHAGOSCOPY SNARE LES REMV | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43220 | T | ESOPHAGOSCOPY BALLOON <30MM | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43226 | T | ESOPH ENDOSCOPY DILATION | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43227 | T | ESOPHAGOSCOPY CONTROL BLEED | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43229 | T | ESOPHAGOSCOPY LESION ABLATE | - | 05303 | 38.0989 | APC | $2,224.59 | - | - | - | - | 000 | 999 | - |
| 4322F | E | CRGVR PROV W/ ED ADDL RSRCS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 43231 | T | ESOPHAGOSCOP ULTRASOUND EXAM | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43232 | T | ESOPHAGOSCOPY W/US NEEDLE BX | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43233 | T | EGD BALLOON DIL ESOPH30 MM/> | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43235 | T | EGD DIAGNOSTIC BRUSH WASH | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 43236 | T | UPPR GI SCOPE W/SUBMUC INJ | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 43237 | T | ENDOSCOPIC US EXAM ESOPH | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | Y | 000 | 999 | - |
| 43238 | T | EGD US FINE NEEDLE BX/ASPIR | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | Y | 000 | 999 | - |
| 43239 | T | EGD BIOPSY SINGLE/MULTIPLE | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 43240 | T | EGD W/TRANSMURAL DRAIN CYST | - | 05331 | 61.2341 | APC | $3,575.46 | - | - | - | - | 000 | 999 | - |
| 43241 | T | EGD TUBE/CATH INSERTION | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43242 | T | EGD US FINE NEEDLE BX/ASPIR | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43243 | T | EGD INJECTION VARICES | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43244 | T | EGD VARICES LIGATION | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43245 | T | EGD DILATE STRICTURE | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43246 | T | EGD PLACE GASTROSTOMY TUBE | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43247 | T | EGD REMOVE FOREIGN BODY | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 43248 | T | EGD GUIDE WIRE INSERTION | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 43249 | T | ESOPH EGD DILATION <30 MM | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 4324F | E | PT QUERIED PRKNS COMPLIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 43250 | T | EGD CAUTERY TUMOR POLYP | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43251 | T | EGD REMOVE LESION SNARE | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43252 | T | EGD OPTICAL ENDOMICROSCOPY | - | 05303 | 38.0989 | APC | $2,224.59 | - | - | - | Y | 000 | 999 | - |
| 43253 | T | EGD US TRANSMURAL INJXN/MARK | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43254 | T | EGD ENDO MUCOSAL RESECTION | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43255 | T | EGD CONTROL BLEEDING ANY | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43257 | T | EGD W/THRML TXMNT GERD | - | 05303 | 38.0989 | APC | $2,224.59 | - | - | - | Y | 000 | 999 | - |
| 43259 | T | EGD US EXAM DUODENUM/JEJUNUM | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 4325F | E | MED TXMNT OPTIONS RVWD W/PT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 43260 | T | ERCP W/SPECIMEN COLLECTION | - | 05303 | 38.0989 | APC | $2,224.59 | - | - | - | - | 000 | 999 | - |
| 43261 | T | ENDO CHOLANGIOPANCREATOGRAPH | - | 05303 | 38.0989 | APC | $2,224.59 | - | - | - | - | 000 | 999 | - |
| 43262 | T | ENDO CHOLANGIOPANCREATOGRAPH | - | 05303 | 38.0989 | APC | $2,224.59 | - | - | - | - | 000 | 999 | - |
| 43263 | T | ERCP SPHINCTER PRESSURE MEAS | - | 05303 | 38.0989 | APC | $2,224.59 | - | - | - | - | 000 | 999 | - |
| 43264 | T | ERCP REMOVE DUCT CALCULI | - | 05303 | 38.0989 | APC | $2,224.59 | - | - | - | - | 000 | 999 | - |
| 43265 | T | ERCP LITHOTRIPSY CALCULI | - | 05331 | 61.2341 | APC | $3,575.46 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 43266 | N | EGD ENDOSCOPIC STENT PLACE | - | 05331 | 61.2341 | Bundled, sometimes payable | $3,575.46 | - | - | - | - | 000 | 999 | - |
| 4326F | E | PT ASKED RE SYMP AUTO DYSFXN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 43270 | T | EGD LESION ABLATION | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43273 | N | ENDOSCOPIC PANCREATOSCOPY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 43274 | N | ERCP DUCT STENT PLACEMENT | - | 05331 | 61.2341 | Bundled, sometimes payable | $3,575.46 | - | - | - | - | 000 | 999 | - |
| 43275 | T | ERCP REMOVE FORGN BODY DUCT | - | 05303 | 38.0989 | APC | $2,224.59 | - | - | - | - | 000 | 999 | - |
| 43276 | N | ERCP STENT EXCHANGE W/DILATE | - | 05331 | 61.2341 | Bundled, sometimes payable | $3,575.46 | - | - | - | - | 000 | 999 | - |
| 43277 | T | ERCP EA DUCT/AMPULLA DILATE | - | 05303 | 38.0989 | APC | $2,224.59 | - | - | - | - | 000 | 999 | - |
| 43278 | T | ERCP LESION ABLATE W/DILATE | - | 05303 | 38.0989 | APC | $2,224.59 | - | - | - | - | 000 | 999 | - |
| 43279 | C | LAP MYOTOMY HELLER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43280 | N | LAPAROSCOPY FUNDOPLASTY | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 43281 | N | LAP PARAESOPHAG HERN REPAIR | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 43282 | T | LAP PARAESOPH HER RPR W/MESH | - | 05362 | 106.1787 | APC | $6,093.57 | - | - | - | - | 000 | 999 | - |
| 43283 | C | LAP ESOPH LENGTHENING | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43284 | T | LAPS ESOPHGL SPHNCTR AGMNTJ | - | 05362 | 106.1787 | APC | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 43285 | N | RMVL ESOPHGL SPHNCTR DEV | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 43286 | C | ESPHG TOT W/LAPS MOBLJ | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43287 | C | ESPHG DSTL 2/3 W/LAPS MOBLJ | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43288 | C | ESPHG THRSC MOBLJ | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43289 | N | UNLISTED LAPS PX ESOPH | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 4328F | E | PT ASKED RE SLEEP DISTURB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 43290 | T | EGD FLX TRNSORL DPLMNT BALO | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43291 | T | EGD FLX TRNSORL RMVL BALO | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 43300 | C | REPAIR OF ESOPHAGUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43305 | C | REPAIR ESOPHAGUS AND FISTULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 4330F | E | CNSLNG EPI SPEC SFTY ISSUES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 43310 | C | REPAIR OF ESOPHAGUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43312 | C | REPAIR ESOPHAGUS AND FISTULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43313 | C | ESOPHAGOPLASTY CONGENITAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43314 | C | TRACHEO-ESOPHAGOPLASTY CONG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43320 | C | FUSE ESOPHAGUS & STOMACH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43325 | C | REVISE ESOPHAGUS & STOMACH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43327 | C | ESOPH FUNDOPLASTY LAP | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43328 | C | ESOPH FUNDOPLASTY THOR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43330 | C | ESOPHAGOMYOTOMY ABDOMINAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43331 | C | ESOPHAGOMYOTOMY THORACIC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43332 | C | TRANSAB ESOPH HIAT HERN RPR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43333 | C | TRANSAB ESOPH HIAT HERN RPR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43334 | C | TRANSTHOR DIAPHRAG HERN RPR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43335 | C | TRANSTHOR DIAPHRAG HERN RPR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43336 | C | THORABD DIAPHR HERN REPAIR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43337 | C | THORABD DIAPHR HERN REPAIR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43338 | C | ESOPH LENGTHENING | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43340 | C | FUSE ESOPHAGUS & INTESTINE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43341 | C | FUSE ESOPHAGUS & INTESTINE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43351 | C | SURGICAL OPENING ESOPHAGUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43352 | C | SURGICAL OPENING ESOPHAGUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43360 | C | GASTROINTESTINAL REPAIR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43361 | C | GASTROINTESTINAL REPAIR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43400 | C | LIGATE ESOPHAGUS VEINS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43405 | C | LIGATE/STAPLE ESOPHAGUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 4340F | E | CNSLNG CHLDBRNG WOMEN EPI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 43410 | C | REPAIR ESOPHAGUS WOUND | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43415 | C | REPAIR ESOPHAGUS WOUND | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43420 | T | REPAIR ESOPHAGUS OPENING | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 43425 | C | REPAIR ESOPHAGUS OPENING | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 43450 | T | DILATE ESOPHAGUS 1/MULT PASS | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 43453 | T | DILATE ESOPHAGUS | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 43460 | C | PRESSURE TREATMENT ESOPHAGUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43496 | C | FREE JEJUNUM FLAP MICROVASC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43497 | N | TRANSORL LWR ESOPHGL MYOTOMY | - | 05303 | 38.0989 | Bundled, sometimes payable | $2,224.59 | - | - | - | - | 000 | 999 | - |
| 43499 | T | UNLISTED PROCEDURE ESOPHAGUS | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 43500 | C | SURGICAL OPENING OF STOMACH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43501 | C | SURGICAL REPAIR OF STOMACH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43502 | C | SURGICAL REPAIR OF STOMACH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 4350F | E | CNSLNG PROVIDED SYMP MNGMNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 43510 | T | SURGICAL OPENING OF STOMACH | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 43520 | C | INCISION OF PYLORIC MUSCLE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43605 | C | BIOPSY OF STOMACH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43610 | C | EXCISION OF STOMACH LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43611 | C | EXCISION OF STOMACH LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43620 | C | REMOVAL OF STOMACH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43621 | C | REMOVAL OF STOMACH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43622 | C | REMOVAL OF STOMACH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43631 | C | REMOVAL OF STOMACH PARTIAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43632 | C | REMOVAL OF STOMACH PARTIAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43633 | C | REMOVAL OF STOMACH PARTIAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43634 | C | REMOVAL OF STOMACH PARTIAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43635 | C | REMOVAL OF STOMACH PARTIAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43640 | C | VAGOTOMY & PYLORUS REPAIR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43641 | C | VAGOTOMY & PYLORUS REPAIR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43644 | E | LAP GASTRIC BYPASS/ROUX-EN-Y | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 43645 | E | LAP GASTR BYPASS INCL SMLL I | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 43647 | N | LAP IMPL ELECTRODE ANTRUM | - | 05463 | 139.6575 | Bundled, sometimes payable | $8,154.60 | - | - | - | - | 000 | 999 | - |
| 43648 | N | LAP REVISE/REMV ELTRD ANTRUM | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 43651 | N | LAPAROSCOPY VAGUS NERVE | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 43652 | N | LAPAROSCOPY VAGUS NERVE | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 43653 | N | LAPAROSCOPY GASTROSTOMY | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 43659 | N | UNLISTED LAPS PX STOMACH | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 43752 | N | NASAL/OROGASTRIC W/TUBE PLMT | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | - | 000 | 999 | - |
| 43753 | N | TX GASTRO INTUB W/ASP | - | 05722 | 3.2723 | Bundled, sometimes payable | $191.07 | - | - | - | - | 000 | 999 | - |
| 43754 | N | DX GASTR INTUB W/ASP SPEC | - | 05722 | 3.2723 | Bundled, sometimes payable | $191.07 | - | - | - | - | 000 | 999 | - |
| 43755 | S | DX GASTR INTUB W/ASP SPECS | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 43756 | N | DX DUOD INTUB W/ASP SPEC | - | 05301 | 9.6455 | Bundled, sometimes payable | $563.20 | - | - | - | - | 000 | 999 | - |
| 43757 | T | DX DUOD INTUB W/ASP SPECS | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 43761 | T | REPOSITION GASTROSTOMY TUBE | - | 05371 | 2.5106 | APC | $146.59 | - | - | - | - | 000 | 999 | - |
| 43762 | T | RPLC GTUBE NO REVJ TRC | - | 05371 | 2.5106 | APC | $146.59 | - | - | - | - | 000 | 999 | - |
| 43763 | T | RPLC GTUBE REVJ GSTRST TRC | - | 05371 | 2.5106 | APC | $146.59 | - | - | - | - | 000 | 999 | - |
| 43770 | E | LAP PLACE GASTR ADJ DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 43771 | E | LAP REVISE GASTR ADJ DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 43772 | E | LAP RMVL GASTR ADJ DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 43773 | E | LAP REPLACE GASTR ADJ DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 43774 | E | LAP RMVL GASTR ADJ ALL PARTS | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 43775 | E | LAP SLEEVE GASTRECTOMY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 43800 | C | RECONSTRUCTION OF PYLORUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43810 | C | FUSION OF STOMACH AND BOWEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43820 | C | FUSION OF STOMACH AND BOWEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43825 | C | FUSION OF STOMACH AND BOWEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43830 | T | PLACE GASTROSTOMY TUBE | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | Y | 000 | 999 | - |
| 43831 | T | PLACE GASTROSTOMY TUBE | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 43832 | C | PLACE GASTROSTOMY TUBE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43840 | C | REPAIR OF STOMACH LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 43842 | E | V-BAND GASTROPLASTY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 018 | 999 | - |
| 43843 | E | GASTROPLASTY W/O V-BAND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 018 | 999 | - |
| 43845 | E | GASTROPLASTY DUODENAL SWITCH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 43846 | E | GASTRIC BYPASS FOR OBESITY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 018 | 999 | - |
| 43847 | E | GASTRIC BYPASS INCL SMALL I | - | - | - | Not Allowed | $0.00 | - | - | - | - | 018 | 999 | - |
| 43848 | E | REVISION GASTROPLASTY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 43860 | C | REVISE STOMACH-BOWEL FUSION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43865 | C | REVISE STOMACH-BOWEL FUSION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43870 | T | REPAIR STOMACH OPENING | - | 05303 | 38.0989 | APC | $2,224.59 | - | - | - | - | 000 | 999 | - |
| 43880 | C | REPAIR STOMACH-BOWEL FISTULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43881 | C | IMPL/REDO ELECTRD ANTRUM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43882 | C | REVISE/REMOVE ELECTRD ANTRUM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 43886 | E | REVISE GASTRIC PORT OPEN | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 43887 | E | REMOVE GASTRIC PORT OPEN | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 43888 | E | CHANGE GASTRIC PORT OPEN | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 43999 | T | UNLISTED PROCEDURE STOMACH | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 44005 | C | FREEING OF BOWEL ADHESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 4400F | E | REHAB THXPY OPTIONS W/PT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 44010 | C | INCISION OF SMALL BOWEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44015 | C | INSERT NEEDLE CATH BOWEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44020 | C | EXPLORE SMALL INTESTINE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44021 | C | DECOMPRESS SMALL BOWEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44025 | C | INCISION OF LARGE BOWEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44050 | C | REDUCE BOWEL OBSTRUCTION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44055 | C | CORRECT MALROTATION OF BOWEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44100 | T | BIOPSY OF BOWEL | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 44110 | C | EXCISE INTESTINE LESION(S) | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44111 | C | EXCISION OF BOWEL LESION(S) | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44120 | C | REMOVAL OF SMALL INTESTINE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44121 | C | REMOVAL OF SMALL INTESTINE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44125 | C | REMOVAL OF SMALL INTESTINE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44126 | C | ENTERECTOMY W/O TAPER CONG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44127 | C | ENTERECTOMY W/TAPER CONG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44128 | C | ENTERECTOMY CONG ADD-ON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44130 | C | BOWEL TO BOWEL FUSION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44132 | C | ENTERECTOMY CADAVER DONOR | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 44133 | C | ENTERECTOMY LIVE DONOR | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 44135 | C | INTESTINE TRANSPLNT CADAVER | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 44136 | C | INTESTINE TRANSPLANT LIVE | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 44137 | C | REMOVE INTESTINAL ALLOGRAFT | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 44139 | C | MOBILIZATION OF COLON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44140 | C | PARTIAL REMOVAL OF COLON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44141 | C | PARTIAL REMOVAL OF COLON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44143 | C | PARTIAL REMOVAL OF COLON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44144 | C | PARTIAL REMOVAL OF COLON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44145 | C | PARTIAL REMOVAL OF COLON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44146 | C | PARTIAL REMOVAL OF COLON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44147 | C | PARTIAL REMOVAL OF COLON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44150 | C | REMOVAL OF COLON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44151 | C | REMOVAL OF COLON/ILEOSTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44155 | C | REMOVAL OF COLON/ILEOSTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44156 | C | REMOVAL OF COLON/ILEOSTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44157 | C | COLECTOMY W/ILEOANAL ANAST | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44158 | C | COLECTOMY W/NEO-RECTUM POUCH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44160 | C | REMOVAL OF COLON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44180 | N | LAP ENTEROLYSIS | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | Y | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 44186 | N | LAP JEJUNOSTOMY | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | Y | 000 | 999 | - |
| 44187 | C | LAP ILEO/JEJUNO-STOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 44188 | C | LAP COLOSTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 44202 | C | LAP ENTERECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44203 | C | LAP RESECT S/INTESTINE ADDL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44204 | C | LAPARO PARTIAL COLECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44205 | C | LAP COLECTOMY PART W/ILEUM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44206 | C | LAP PART COLECTOMY W/STOMA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44207 | C | L COLECTOMY/COLOPROCTOSTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44208 | C | L COLECTOMY/COLOPROCTOSTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44210 | C | LAPARO TOTAL PROCTOCOLECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44211 | C | LAP COLECTOMY W/PROCTECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44212 | C | LAPARO TOTAL PROCTOCOLECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44213 | C | LAP MOBIL SPLENIC FL ADD-ON | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 44227 | C | LAP CLOSE ENTEROSTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 44238 | N | UNLISTED LAPS PX INTESTINE | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 44300 | C | OPEN BOWEL TO SKIN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44310 | C | ILEOSTOMY/JEJUNOSTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44312 | T | REVISION OF ILEOSTOMY | - | 05055 | 38.0095 | APC | $2,219.37 | - | - | - | - | 000 | 999 | - |
| 44314 | C | REVISION OF ILEOSTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44316 | C | DEVISE BOWEL POUCH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44320 | C | COLOSTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44322 | C | COLOSTOMY WITH BIOPSIES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44340 | T | REVISION OF COLOSTOMY | - | 05055 | 38.0095 | APC | $2,219.37 | - | - | - | - | 000 | 999 | - |
| 44345 | C | REVISION OF COLOSTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44346 | C | REVISION OF COLOSTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44360 | T | SMALL BOWEL ENDOSCOPY | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 44361 | T | SMALL BOWEL ENDOSCOPY/BIOPSY | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 44363 | T | SMALL BOWEL ENDOSCOPY | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 44364 | T | SMALL BOWEL ENDOSCOPY | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 44365 | T | SMALL BOWEL ENDOSCOPY | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 44366 | T | SMALL BOWEL ENDOSCOPY | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 44369 | T | SMALL BOWEL ENDOSCOPY | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 44370 | N | SMALL BOWEL ENDOSCOPY/STENT | - | 05331 | 61.2341 | Bundled, sometimes payable | $3,575.46 | - | - | - | - | 000 | 999 | - |
| 44372 | T | SMALL BOWEL ENDOSCOPY | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 44373 | T | SMALL BOWEL ENDOSCOPY | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 44376 | T | SMALL BOWEL ENDOSCOPY | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 44377 | T | SMALL BOWEL ENDOSCOPY/BIOPSY | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 44378 | T | SMALL BOWEL ENDOSCOPY | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 44379 | N | S BOWEL ENDOSCOPE W/STENT | - | 05331 | 61.2341 | Bundled, sometimes payable | $3,575.46 | - | - | - | - | 000 | 999 | - |
| 44380 | T | SMALL BOWEL ENDOSCOPY BR/WA | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 44381 | T | SMALL BOWEL ENDOSCOPY BR/WA | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 44382 | T | SMALL BOWEL ENDOSCOPY | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 44384 | N | SMALL BOWEL ENDOSCOPY | - | 05303 | 38.0989 | Bundled, sometimes payable | $2,224.59 | - | - | - | - | 000 | 999 | - |
| 44385 | T | ENDOSCOPY OF BOWEL POUCH | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| 44386 | T | ENDOSCOPY BOWEL POUCH/BIOP | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| 44388 | T | COLONOSCOPY THRU STOMA SPX | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| 44389 | T | COLONOSCOPY WITH BIOPSY | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 44390 | T | COLONOSCOPY FOR FOREIGN BODY | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| 44391 | T | COLONOSCOPY FOR BLEEDING | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 44392 | T | COLONOSCOPY & POLYPECTOMY | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 44394 | T | COLONOSCOPY W/SNARE | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 44401 | T | COLONOSCOPY WITH ABLATION | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 44402 | N | COLONOSCOPY W/STENT PLCMT | - | 05331 | 61.2341 | Bundled, sometimes payable | $3,575.46 | - | - | - | - | 000 | 999 | - |
| 44403 | T | COLONOSCOPY W/RESECTION | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 44404 | T | COLONOSCOPY W/INJECTION | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 44405 | T | COLONOSCOPY W/DILATION | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 44406 | T | COLONOSCOPY W/ULTRASOUND | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 44407 | T | COLONOSCOPY W/NDL ASPIR/BX | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 44408 | T | COLONOSCOPY W/DECOMPRESSION | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| 44500 | T | INTRO GASTROINTESTINAL TUBE | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 4450F | E | SELF-CARE ED PROVIDED TO PT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 44602 | C | SUTURE SMALL INTESTINE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44603 | C | SUTURE SMALL INTESTINE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44604 | C | SUTURE LARGE INTESTINE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44605 | C | REPAIR OF BOWEL LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44615 | C | INTESTINAL STRICTUROPLASTY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44620 | C | REPAIR BOWEL OPENING | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44625 | C | REPAIR BOWEL OPENING | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44626 | C | REPAIR BOWEL OPENING | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44640 | C | REPAIR BOWEL-SKIN FISTULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44650 | C | REPAIR BOWEL FISTULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44660 | C | REPAIR BOWEL-BLADDER FISTULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44661 | C | REPAIR BOWEL-BLADDER FISTULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44680 | C | SURGICAL REVISION INTESTINE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44700 | C | SUSPEND BOWEL W/PROSTHESIS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44701 | N | INTRAOP COLON LAVAGE ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 44705 | E | PREPARE FECAL MICROBIOTA | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 4470F | E | ICD COUNSELING PROVIDED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 44715 | C | PREPARE DONOR INTESTINE | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 44720 | C | PREP DONOR INTESTINE/VENOUS | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 44721 | C | PREP DONOR INTESTINE/ARTERY | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 44799 | T | UNLISTED PX SMALL INTESTINE | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 44800 | C | EXCISION OF BOWEL POUCH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 4480F | E | PT RCVNG ACE/ARB B-BLOCKERTX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4481F | E | PT RCVNG ACE/ARB BLKER <3MOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 44820 | C | EXCISION OF MESENTERY LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44850 | C | REPAIR OF MESENTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44899 | C | UNLISTED PX MECKEL'S DVRTCLM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44900 | C | DRAIN APPENDIX ABSCESS OPEN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44950 | T | APPENDECTOMY | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 44955 | N | APPENDECTOMY ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 44960 | C | APPENDECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 44970 | N | LAPAROSCOPY APPENDECTOMY | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 44979 | N | UNLISTED LAPS PX APPENDIX | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 45000 | T | DRAINAGE OF PELVIC ABSCESS | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45005 | T | DRAINAGE OF RECTAL ABSCESS | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 4500F | E | REF TO OUTPT CARD REHAB PROG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 45020 | T | DRAINAGE OF RECTAL ABSCESS | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 45100 | T | BIOPSY OF RECTUM | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 45108 | T | REMOVAL OF ANORECTAL LESION | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 4510F | E | PREV CARDREHAB QUALCARDEVENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 45110 | C | REMOVAL OF RECTUM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 45111 | C | PARTIAL REMOVAL OF RECTUM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 45112 | C | REMOVAL OF RECTUM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 45113 | C | PARTIAL PROCTECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 45114 | C | PARTIAL REMOVAL OF RECTUM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 45116 | C | PARTIAL REMOVAL OF RECTUM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 45119 | C | REMOVE RECTUM W/RESERVOIR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 45120 | C | REMOVAL OF RECTUM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 45121 | C | REMOVAL OF RECTUM AND COLON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 45123 | C | PARTIAL PROCTECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 45126 | C | PELVIC EXENTERATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 45130 | C | EXCISION OF RECTAL PROLAPSE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 45135 | C | EXCISION OF RECTAL PROLAPSE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 45136 | C | EXCISE ILEOANAL RESERVIOR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 45150 | T | EXCISION OF RECTAL STRICTURE | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45160 | T | EXCISION OF RECTAL LESION | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 45171 | T | EXC RECT TUM TRANSANAL PART | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 45172 | T | EXC RECT TUM TRANSANAL FULL | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 45190 | T | DESTRUCTION RECTAL TUMOR | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 4525F | E | NEUROPSYCHIA INTERVEN ORDER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4526F | E | NEUROPSYCHIA INTERVEN RCVD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 45300 | T | PROCTOSIGMOIDOSCOPY DX | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| 45303 | T | PROCTOSIGMOIDOSCOPY DILATE | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45305 | T | PROCTOSIGMOIDOSCOPY W/BX | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45307 | T | PROCTOSIGMOIDOSCOPY FB | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 45308 | T | PROCTOSIGMOIDOSCOPY REMOVAL | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 45309 | T | PROCTOSIGMOIDOSCOPY REMOVAL | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45315 | T | PROCTOSIGMOIDOSCOPY REMOVAL | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45317 | T | PROCTOSIGMOIDOSCOPY BLEED | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45320 | T | PROCTOSIGMOIDOSCOPY ABLATE | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 45321 | T | PROCTOSIGMOIDOSCOPY VOLVUL | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 45327 | N | PROCTOSIGMOIDOSCOPY W/STENT | - | 05331 | 61.2341 | Bundled, sometimes payable | $3,575.46 | - | - | - | - | 000 | 999 | - |
| 45330 | T | DIAGNOSTIC SIGMOIDOSCOPY | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| 45331 | T | SIGMOIDOSCOPY AND BIOPSY | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| 45332 | T | SIGMOIDOSCOPY W/FB REMOVAL | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45333 | T | SIGMOIDOSCOPY & POLYPECTOMY | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| 45334 | T | SIGMOIDOSCOPY FOR BLEEDING | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45335 | T | SIGMOIDOSCOPY W/SUBMUC INJ | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| 45337 | T | SIGMOIDOSCOPY & DECOMPRESS | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| 45338 | T | SIGMOIDOSCOPY W/TUMR REMOVE | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45340 | T | SIG W/TNDSC BALLOON DILATION | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45341 | T | SIGMOIDOSCOPY W/ULTRASOUND | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| 45342 | T | SIGMOIDOSCOPY W/US GUIDE BX | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45346 | T | SIGMOIDOSCOPY W/ABLATION | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45347 | N | SIGMOIDOSCOPY W/PLCMT STENT | - | 05331 | 61.2341 | Bundled, sometimes payable | $3,575.46 | - | - | - | - | 000 | 999 | - |
| 45349 | T | SIGMOIDOSCOPY W/RESECTION | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 45350 | T | SGMDSC W/BAND LIGATION | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45378 | T | DIAGNOSTIC COLONOSCOPY | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| 45379 | T | COLONOSCOPY W/FB REMOVAL | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45380 | T | COLONOSCOPY AND BIOPSY | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45381 | T | COLONOSCOPY SUBMUCOUS NJX | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45382 | T | COLONOSCOPY W/CONTROL BLEED | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45384 | T | COLONOSCOPY W/LESION REMOVAL | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45385 | T | COLONOSCOPY W/LESION REMOVAL | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45386 | T | COLONOSCOPY W/BALLOON DILAT | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45388 | T | COLONOSCOPY W/ABLATION | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45389 | N | COLONOSCOPY W/STENT PLCMT | - | 05331 | 61.2341 | Bundled, sometimes payable | $3,575.46 | - | - | - | - | 000 | 999 | - |
| 45390 | T | COLONOSCOPY W/RESECTION | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 45391 | T | COLONOSCOPY W/ENDOSCOPE US | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | Y | 000 | 999 | - |
| 45392 | T | COLONOSCOPY W/ENDOSCOPIC FNB | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | Y | 000 | 999 | - |
| 45393 | T | COLONOSCOPY W/DECOMPRESSION | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45395 | C | LAP REMOVAL OF RECTUM | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 45397 | C | LAP REMOVE RECTUM W/POUCH | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 45398 | T | COLONOSCOPY W/BAND LIGATION | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45399 | T | UNLISTED PROCEDURE COLON | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| 45400 | C | LAPAROSCOPIC PROC | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 45402 | C | LAP PROCTOPEXY W/SIG RESECT | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 4540F | E | DISEASE MODIF PHARMACOTHXPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4541F | E | PT OFFERED TX FOR PSEUDOBULB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 45499 | N | LAPAROSCOPE PROC RECTUM | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | Y | 000 | 999 | - |
| 45500 | T | REPAIR OF RECTUM | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 45505 | T | REPAIR OF RECTUM | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 4550F | E | NONINVAS RESP SUPPORT TALK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4551F | E | NUTRITIONAL SUPPORT OFFERED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 45520 | N | TREATMENT OF RECTAL PROLAPSE | - | 05311 | 9.7101 | Bundled, sometimes payable | $566.97 | - | - | - | - | 000 | 999 | - |
| 4552F | E | PT REF FOR SPEECH LANG PATH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4553F | E | PT ASST RE END LIFE ISSUES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 45540 | C | CORRECT RECTAL PROLAPSE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 45541 | T | CORRECT RECTAL PROLAPSE | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 4554F | E | PT RECVD INHAL ANESTHETIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 45550 | C | REPAIR RECTUM/REMOVE SIGMOID | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 4555F | E | PT RECVD NO INHAL ANESTHIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 45560 | T | REPAIR OF RECTOCELE | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 45562 | C | EXPLORATION/REPAIR OF RECTUM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 45563 | C | EXPLORATION/REPAIR OF RECTUM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 4556F | E | PT W/3+ POST-OP NAUSEA&VOM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4557F | E | PT W/O 3+ POST-OPNAUSEA&VOM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4558F | E | PT RECVD 2 RX ANTI-EMET AGT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4559F | E | 1 BODYTEMP >=35.5CW/IN 30MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4560F | E | ANESTH W/O GEN/NEURAX ANESTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4561F | E | PT W/ CORONARY ARTERY STENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4562F | E | PT W/O CORONARY ARTERY STENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 4563F | E | PT RECVD ASPIRIN W/IN 24 HRS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 45800 | C | REPAIR RECT/BLADDER FISTULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 45805 | C | REPAIR FISTULA W/COLOSTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 45820 | C | REPAIR RECTOURETHRAL FISTULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 45825 | C | REPAIR FISTULA W/COLOSTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 45900 | T | REDUCTION OF RECTAL PROLAPSE | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| 45905 | T | DILATION OF ANAL SPHINCTER | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45910 | T | DILATION OF RECTAL NARROWING | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45915 | T | REMOVE RECTAL OBSTRUCTION | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 45990 | T | SURG DX EXAM ANORECTAL | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | Y | 000 | 999 | - |
| 45999 | T | UNLISTED PROCEDURE RECTUM | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| 46020 | T | PLACEMENT OF SETON | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46030 | T | REMOVAL OF RECTAL MARKER | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 46040 | T | INCISION OF RECTAL ABSCESS | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 46045 | T | INCISION OF RECTAL ABSCESS | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46050 | T | INCISION OF ANAL ABSCESS | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| 46060 | T | INCISION OF RECTAL ABSCESS | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46070 | T | INCISION OF ANAL SEPTUM | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 001 | - |
| 46080 | T | INCISION OF ANAL SPHINCTER | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46083 | T | INCISE EXTERNAL HEMORRHOID | - | 05371 | 2.5106 | APC | $146.59 | - | - | - | - | 000 | 999 | - |
| 46200 | T | REMOVAL OF ANAL FISSURE | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46220 | T | EXCISE ANAL EXT TAG/PAPILLA | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 46221 | T | LIGATION OF HEMORRHOID(S) | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| 46230 | T | REMOVAL OF ANAL TAGS | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46250 | T | REMOVE EXT HEM GROUPS 2+ | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46255 | T | REMOVE INT/EXT HEM 1 GROUP | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46257 | T | REMOVE IN/EX HEM GRP & FISS | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46258 | T | REMOVE IN/EX HEM GRP W/FISTU | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46260 | T | REMOVE IN/EX HEM GROUPS 2+ | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46261 | T | REMOVE IN/EX HEM GRPS & FISS | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 46262 | T | REMOVE IN/EX HEM GRPS W/FIST | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46270 | T | REMOVE ANAL FIST SUBQ | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46275 | T | REMOVE ANAL FIST INTER | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46280 | T | REMOVE ANAL FIST COMPLEX | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46285 | T | REMOVE ANAL FIST 2 STAGE | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46288 | T | REPAIR ANAL FISTULA | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46320 | T | REMOVAL OF HEMORRHOID CLOT | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 46500 | T | INJECTION INTO HEMORRHOID(S) | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| 46505 | T | CHEMODENERVATION ANAL MUSC | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | Y | 000 | 999 | - |
| 46600 | N | DIAGNOSTIC ANOSCOPY SPX | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 46601 | N | DIAGNOSTIC ANOSCOPY | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 46604 | T | ANOSCOPY AND DILATION | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 46606 | T | ANOSCOPY AND BIOPSY | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 46607 | T | DIAGNOSTIC ANOSCOPY & BIOPSY | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 46608 | T | ANOSCOPY REMOVE FOR BODY | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| 46610 | T | ANOSCOPY REMOVE LESION | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46611 | T | ANOSCOPY | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| 46612 | T | ANOSCOPY REMOVE LESIONS | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46614 | T | ANOSCOPY CONTROL BLEEDING | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 46615 | T | ANOSCOPY | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46700 | T | REPAIR OF ANAL STRICTURE | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46705 | C | REPAIR OF ANAL STRICTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 001 | - |
| 46706 | T | REPR OF ANAL FISTULA W/GLUE | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46707 | T | REPAIR ANORECTAL FIST W/PLUG | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46710 | C | REPR PER/VAG POUCH SNGL PROC | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 46712 | C | REPR PER/VAG POUCH DBL PROC | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 46715 | C | REP PERF ANOPER FISTU | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 46716 | C | REP PERF ANOPER/VESTIB FISTU | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 46730 | C | CONSTRUCTION OF ABSENT ANUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 46735 | C | CONSTRUCTION OF ABSENT ANUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 46740 | C | CONSTRUCTION OF ABSENT ANUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 46742 | C | REPAIR OF IMPERFORATED ANUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 46744 | C | REPAIR OF CLOACAL ANOMALY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 46746 | C | REPAIR OF CLOACAL ANOMALY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 46748 | C | REPAIR OF CLOACAL ANOMALY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 46750 | T | REPAIR OF ANAL SPHINCTER | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46751 | C | REPAIR OF ANAL SPHINCTER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 010 | 020 | - |
| 46753 | T | RECONSTRUCTION OF ANUS | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46754 | T | REMOVAL OF SUTURE FROM ANUS | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46760 | T | REPAIR OF ANAL SPHINCTER | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46761 | T | REPAIR OF ANAL SPHINCTER | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46900 | T | DESTRUCTION ANAL LESION(S) | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 46910 | T | DESTRUCTION ANAL LESION(S) | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 46916 | T | CRYOSURGERY ANAL LESION(S) | - | 05051 | 2.1100 | APC | $123.20 | - | - | - | - | 000 | 999 | - |
| 46917 | T | LASER SURGERY ANAL LESIONS | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46922 | T | EXCISION OF ANAL LESION(S) | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46924 | T | DESTRUCTION ANAL LESION(S) | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46930 | T | DESTROY INTERNAL HEMORRHOIDS | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |
| 46940 | T | TREATMENT OF ANAL FISSURE | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46942 | T | TREATMENT OF ANAL FISSURE | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| 46945 | T | INT HRHC LIG 1 HROID W/O IMG | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46946 | T | INT HRHC LIG 2+HROID W/O IMG | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46947 | T | HEMORRHOIDOPEXY BY STAPLING | - | 05313 | 30.0224 | APC | $1,753.01 | - | - | - | Y | 000 | 999 | - |
| 46948 | N | INT HRHC TRANAL DARTLZJ 2+ | - | 05313 | 30.0224 | Bundled, sometimes payable | $1,753.01 | - | - | - | - | 000 | 999 | - |
| 46999 | T | UNLISTED PROCEDURE ANUS | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| 47000 | T | NEEDLE BIOPSY OF LIVER | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 47001 | N | NEEDLE BIOPSY LIVER ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 47010 | C | OPEN DRAINAGE LIVER LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47015 | C | INJECT/ASPIRATE LIVER CYST | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47100 | C | WEDGE BIOPSY OF LIVER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47120 | C | PARTIAL REMOVAL OF LIVER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47122 | C | EXTENSIVE REMOVAL OF LIVER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47125 | C | PARTIAL REMOVAL OF LIVER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47130 | C | PARTIAL REMOVAL OF LIVER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47133 | C | REMOVAL OF DONOR LIVER | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 47135 | C | TRANSPLANTATION OF LIVER | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 47140 | C | PARTIAL REMOVAL DONOR LIVER | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 47141 | C | PARTIAL REMOVAL DONOR LIVER | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 47142 | C | PARTIAL REMOVAL DONOR LIVER | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 47143 | C | PREP DONOR LIVER WHOLE | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 47144 | C | PREP DONOR LIVER 3-SEGMENT | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 47145 | C | PREP DONOR LIVER LOBE SPLIT | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 47146 | C | PREP DONOR LIVER/VENOUS | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 47147 | C | PREP DONOR LIVER/ARTERIAL | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 47300 | C | SURGERY FOR LIVER LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47350 | C | REPAIR LIVER WOUND | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47360 | C | REPAIR LIVER WOUND | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47361 | C | REPAIR LIVER WOUND | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47362 | C | REPAIR LIVER WOUND | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47370 | N | LAPARO ABLATE LIVER TUMOR RF | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 47371 | N | LAPARO ABLATE LIVER CRYOSURG | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 47379 | N | UNLISTED LAPS PX LIVER | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 47380 | C | OPEN ABLATE LIVER TUMOR RF | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47381 | C | OPEN ABLATE LIVER TUMOR CRYO | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47382 | T | PERCUT ABLATE LIVER RF | - | 05361 | 60.9003 | APC | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 47383 | T | PERQ ABLTJ LVR CRYOABLATION | - | 05361 | 60.9003 | APC | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 47399 | T | UNLISTED PROCEDURE LIVER | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 47400 | C | INCISION OF LIVER DUCT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47420 | C | INCISION OF BILE DUCT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47425 | C | INCISION OF BILE DUCT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47460 | C | INCISE BILE DUCT SPHINCTER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47480 | C | INCISION OF GALLBLADDER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47490 | T | INCISION OF GALLBLADDER | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 47531 | N | INJECTION FOR CHOLANGIOGRAM | - | 05341 | 41.3849 | Bundled, sometimes payable | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 47532 | N | INJECTION FOR CHOLANGIOGRAM | - | 05341 | 41.3849 | Bundled, sometimes payable | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 47533 | T | PLMT BILIARY DRAINAGE CATH | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 47534 | T | PLMT BILIARY DRAINAGE CATH | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 47535 | T | CONVERSION EXT BIL DRG CATH | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 47536 | T | EXCHANGE BILIARY DRG CATH | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 47537 | N | REMOVAL BILIARY DRG CATH | - | 05301 | 9.6455 | Bundled, sometimes payable | $563.20 | - | - | - | - | 000 | 999 | - |
| 47538 | T | PERQ PLMT BILE DUCT STENT | - | 05361 | 60.9003 | APC | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 47539 | T | PERQ PLMT BILE DUCT STENT | - | 05361 | 60.9003 | APC | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 47540 | T | PERQ PLMT BILE DUCT STENT | - | 05361 | 60.9003 | APC | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 47541 | T | PLMT ACCESS BIL TREE SM BWL | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 47542 | N | DILATE BILIARY DUCT/AMPULLA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 47543 | N | ENDOLUMINAL BX BILIARY TREE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 47544 | N | REMOVAL DUCT GLBLDR CALCULI | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 47550 | N | BILE DUCT ENDOSCOPY ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 47552 | T | BILIARY ENDO PERQ DX W/SPECI | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 47553 | T | BILIARY ENDOSCOPY THRU SKIN | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 47554 | T | BILIARY ENDOSCOPY THRU SKIN | - | 05361 | 60.9003 | APC | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 47555 | T | BILIARY ENDOSCOPY THRU SKIN | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 47556 | T | BILIARY ENDOSCOPY THRU SKIN | - | 05361 | 60.9003 | APC | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 47562 | N | LAPAROSCOPIC CHOLECYSTECTOMY | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 47563 | N | LAPARO CHOLECYSTECTOMY/GRAPH | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 47564 | N | LAPARO CHOLECYSTECTOMY/EXPLR | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 47570 | C | LAPARO CHOLECYSTOENTEROSTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47579 | N | UNLISTED LAPS PX BILIARY TRC | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 47600 | C | REMOVAL OF GALLBLADDER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47605 | C | REMOVAL OF GALLBLADDER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47610 | C | REMOVAL OF GALLBLADDER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47612 | C | REMOVAL OF GALLBLADDER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47620 | C | REMOVAL OF GALLBLADDER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47700 | C | EXPLORATION OF BILE DUCTS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47701 | C | BILE DUCT REVISION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47711 | C | EXCISION OF BILE DUCT TUMOR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47712 | C | EXCISION OF BILE DUCT TUMOR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47715 | C | EXCISION OF BILE DUCT CYST | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47720 | C | FUSE GALLBLADDER & BOWEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47721 | C | FUSE UPPER GI STRUCTURES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47740 | C | FUSE GALLBLADDER & BOWEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47741 | C | FUSE GALLBLADDER & BOWEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47760 | C | FUSE BILE DUCTS AND BOWEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47765 | C | FUSE LIVER DUCTS & BOWEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47780 | C | FUSE BILE DUCTS AND BOWEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47785 | C | FUSE BILE DUCTS AND BOWEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47800 | C | RECONSTRUCTION OF BILE DUCTS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47801 | C | PLACEMENT BILE DUCT SUPPORT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47802 | C | FUSE LIVER DUCT & INTESTINE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47900 | C | SUTURE BILE DUCT INJURY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 47999 | T | UNLISTED PX BILIARY TRACT | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 48000 | C | DRAINAGE OF ABDOMEN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 48001 | C | PLACEMENT OF DRAIN PANCREAS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 48020 | C | REMOVAL OF PANCREATIC STONE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 48100 | C | BIOPSY OF PANCREAS OPEN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 48102 | T | NEEDLE BIOPSY PANCREAS | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 48105 | C | RESECT/DEBRIDE PANCREAS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 48120 | C | REMOVAL OF PANCREAS LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 48140 | C | PARTIAL REMOVAL OF PANCREAS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 48145 | C | PARTIAL REMOVAL OF PANCREAS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 48146 | C | PANCREATECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 48148 | C | REMOVAL OF PANCREATIC DUCT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 48150 | C | PARTIAL REMOVAL OF PANCREAS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 48152 | C | PANCREATECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 48153 | C | PANCREATECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 48154 | C | PANCREATECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 48155 | C | REMOVAL OF PANCREAS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 48160 | E | PANCREAS REMOVAL/TRANSPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 48400 | C | INJECTION INTRAOP ADD-ON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 48500 | C | SURGERY OF PANCREATIC CYST | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 48510 | C | DRAIN PANCREATIC PSEUDOCYST | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 48520 | C | FUSE PANCREAS CYST AND BOWEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 48540 | C | FUSE PANCREAS CYST AND BOWEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 48545 | C | PANCREATORRHAPHY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 48547 | C | DUODENAL EXCLUSION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 48548 | C | FUSE PANCREAS AND BOWEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 48550 | E | DONOR PANCREATECTOMY | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 48551 | C | PREP DONOR PANCREAS | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 48552 | C | PREP DONOR PANCREAS/VENOUS | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 48554 | C | TRANSPL ALLOGRAFT PANCREAS | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 48556 | C | REMOVAL ALLOGRAFT PANCREAS | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 48999 | T | UNLISTED PROCEDURE PANCREAS | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 49000 | C | EXPLORATION OF ABDOMEN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 49002 | C | REOPENING OF ABDOMEN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 49010 | C | EXPLORATION BEHIND ABDOMEN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 49013 | E | PRPERTL PEL PACK HEMRRG TRMA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 49014 | E | REEXPLORATION PELVIC WOUND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 49020 | C | DRAINAGE ABDOM ABSCESS OPEN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 49040 | C | DRAIN OPEN ABDOM ABSCESS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 49060 | C | DRAIN OPEN RETROPERI ABSCESS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 49062 | C | DRAIN TO PERITONEAL CAVITY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 49082 | T | ABD PARACENTESIS | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 49083 | T | ABD PARACENTESIS W/IMAGING | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 49084 | T | PERITONEAL LAVAGE | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 49180 | T | BIOPSY ABDOMINAL MASS | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 49185 | T | SCLEROTX FLUID COLLECTION | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 49203 | C | EXC ABD TUM 5 CM OR LESS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 49204 | C | EXC ABD TUM OVER 5 CM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 49205 | C | EXC ABD TUM OVER 10 CM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 49215 | C | EXCISE SACRAL SPINE TUMOR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 49250 | T | EXCISION OF UMBILICUS | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 49255 | C | REMOVAL OF OMENTUM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 49320 | N | DIAG LAPARO SEPARATE PROC | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 49321 | N | LAPAROSCOPY BIOPSY | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 49322 | N | LAPAROSCOPY ASPIRATION | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 49323 | N | LAPARO DRAIN LYMPHOCELE | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 49324 | N | LAP INSERT TUNNEL IP CATH | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 49325 | N | LAP REVISION PERM IP CATH | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 49326 | N | LAP W/OMENTOPEXY ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 49327 | N | LAP INS DEVICE FOR RT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 49329 | N | UNLSTD LAPS PX ABD PERTM&OMN | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 49400 | N | AIR INJECTION INTO ABDOMEN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 49402 | T | REMOVE FOREIGN BODY ADBOMEN | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 49405 | T | IMAGE CATH FLUID COLXN VISC | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 49406 | T | IMAGE CATH FLUID PERI/RETRO | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 49407 | T | IMAGE CATH FLUID TRNS/VGNL | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 49411 | S | INS MARK ABD/PEL FOR RT PERQ | - | 05613 | 15.6648 | APC | $914.67 | - | - | - | - | 000 | 999 | - |
| 49412 | C | INS DEVICE FOR RT GUIDE OPEN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 49418 | T | INSERT TUN IP CATH PERC | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 49419 | T | INSERT TUN IP CATH W/PORT | - | 05184 | 60.0544 | APC | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 49421 | T | INS TUN IP CATH FOR DIAL OPN | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 49422 | N | REMOVE TUNNELED IP CATH | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 49423 | T | EXCHANGE DRAINAGE CATHETER | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 49424 | N | ASSESS CYST CONTRAST INJECT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 49425 | C | INSERT ABDOMEN-VENOUS DRAIN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 49426 | T | REVISE ABDOMEN-VENOUS SHUNT | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 49427 | N | INJECTION ABDOMINAL SHUNT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 49428 | C | LIGATION OF SHUNT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 49429 | N | REMOVAL OF SHUNT | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 49435 | N | INSERT SUBQ EXTEN TO IP CATH | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 49436 | T | EMBEDDED IP CATH EXIT-SITE | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 49440 | T | PLACE GASTROSTOMY TUBE PERC | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 49441 | T | PLACE DUOD/JEJ TUBE PERC | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 49442 | T | PLACE CECOSTOMY TUBE PERC | - | 05312 | 12.6530 | APC | $738.81 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 49446 | T | CHANGE G-TUBE TO G-J PERC | - | 05302 | 20.3492 | APC | $1,188.19 | - | - | - | - | 000 | 999 | - |
| 49450 | T | REPLACE G/C TUBE PERC | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 49451 | T | REPLACE DUOD/JEJ TUBE PERC | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 49452 | T | REPLACE G-J TUBE PERC | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 49460 | T | FIX G/COLON TUBE W/DEVICE | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 49465 | N | FLUORO EXAM OF G/COLON TUBE | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 49491 | T | RPR HERN PREEMIE REDUC | - | 05361 | 60.9003 | APC | $3,555.97 | - | - | - | - | 000 | 001 | - |
| 49492 | T | RPR ING HERN PREMIE BLOCKED | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 001 | - |
| 49495 | T | RPR ING HERNIA BABY REDUC | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 001 | - |
| 49496 | T | RPR ING HERNIA BABY BLOCKED | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 001 | - |
| 49500 | T | RPR ING HERNIA INIT REDUCE | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 004 | - |
| 49501 | T | RPR ING HERNIA INIT BLOCKED | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 004 | - |
| 49505 | T | PRP I/HERN INIT REDUC >5 YR | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 005 | 999 | - |
| 49507 | T | PRP I/HERN INIT BLOCK >5 YR | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 005 | 999 | - |
| 49520 | T | REREPAIR ING HERNIA REDUCE | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 49521 | T | REREPAIR ING HERNIA BLOCKED | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 49525 | T | REPAIR ING HERNIA SLIDING | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 49540 | T | REPAIR LUMBAR HERNIA | - | 05361 | 60.9003 | APC | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 49550 | T | RPR REM HERNIA INIT REDUCE | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 49553 | T | RPR FEM HERNIA INIT BLOCKED | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 49555 | T | REREPAIR FEM HERNIA REDUCE | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 49557 | T | REREPAIR FEM HERNIA BLOCKED | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 49591 | T | RPR AA HRN 1ST < 3 CM RDC | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 49592 | T | RPR AA HRN 1ST < 3 NCR/STRN | - | 05361 | 60.9003 | APC | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 49593 | T | RPR AA HRN 1ST 3-10 RDC | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 49594 | T | RPR AA HRN 1ST 3-10 NCR/STRN | - | 05361 | 60.9003 | APC | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 49595 | T | RPR AA HRN 1ST > 10 RDC | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 49596 | E | RPR AA HRN 1ST > 10 NCR/STRN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 49600 | T | REPAIR UMBILICAL LESION | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 49605 | C | REPAIR UMBILICAL LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 49606 | C | REPAIR UMBILICAL LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 49610 | C | REPAIR UMBILICAL LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 49611 | C | REPAIR UMBILICAL LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 49613 | T | RPR AA HRN RCR < 3 RDC | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 49614 | T | RPR AA HRN RCR < 3 NCR/STRN | - | 05361 | 60.9003 | APC | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 49615 | T | RPR AA HRN RCR 3-10 RDC | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 49616 | E | RPR AA HRN RCR 3-10 NCR/STRN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 49617 | E | RPR AA HRN RCR > 10 RDC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 49618 | E | RPR AA HRN RCR > 10 NCR/STRN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 49621 | E | RPR PARASTOMAL HERNIA RDC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 49622 | E | RPR PARASTOMAL HRNA NCR/STRN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 49623 | N | RMVL NINFCT MESH HERNIA RPR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 49650 | N | LAP ING HERNIA REPAIR INIT | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 49651 | N | LAP ING HERNIA REPAIR RECUR | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 49659 | N | UNLSTD LAPS PX HRNAP HRNRPHY | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 49900 | C | REPAIR OF ABDOMINAL WALL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 49904 | C | OMENTAL FLAP EXTRA-ABDOM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 49905 | C | OMENTAL FLAP INTRA-ABDOM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 49906 | C | FREE OMENTAL FLAP MICROVASC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 49999 | T | UNLISTED PX ABD PERTM&OMN | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 50010 | C | EXPLORATION OF KIDNEY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50020 | T | RENAL ABSCESS OPEN DRAIN | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 50040 | C | NFROS NFROT W/DRG | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50045 | C | NEPHROTOMY W/EXPLORATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 5005F | E | PT COUNSLD ON EXAM FOR MOLES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 50060 | C | NL REMOVAL CALCULUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 50065 | C | NL SEC SURG OPERJ CALCULUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50070 | C | NL COMP CGEN KDN ABNORMALITY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50075 | C | NL RMVL LG STAGHORN CALCULUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50080 | N | PERQ NL/PL LITHOTRP SMPL<2CM | - | 05376 | 99.9887 | Bundled, sometimes payable | $5,838.34 | - | - | - | - | 000 | 999 | - |
| 50081 | N | PERQ NL/PL LITHOTRP CPLX>2CM | - | 05376 | 99.9887 | Bundled, sometimes payable | $5,838.34 | - | - | - | - | 000 | 999 | - |
| 50100 | C | TRNSXJ/REPOS ABRRNT RNL VSLS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 5010F | E | MACUL RESULT PHY/QHP MNG DM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 50120 | C | PYELOTOMY W/EXPLORATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50125 | C | PYELOTOMY W/DRG PYELOSTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50130 | C | PYELOTOMY W/REMOVAL CALCULUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50135 | C | PYELOTOMY COMPLICATED | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 5015F | E | DOC FX & TEST/TXMNT FOR OP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 50200 | T | RENAL BIOPSY PERQ | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 50205 | C | RENAL BX SURG EXPOSURE KDN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 5020F | E | TXMNTS 2 PHYS/QHP BY 1 MON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 50220 | C | REMOVE KIDNEY OPEN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50225 | C | REMOVAL KIDNEY OPEN COMPLEX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50230 | C | REMOVAL KIDNEY OPEN RADICAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50234 | C | REMOVAL OF KIDNEY & URETER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50236 | C | REMOVAL OF KIDNEY & URETER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50240 | C | PARTIAL REMOVAL OF KIDNEY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50250 | C | CRYOABLATE RENAL MASS OPEN | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 50280 | C | REMOVAL OF KIDNEY LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50290 | C | REMOVAL OF KIDNEY LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50300 | C | REMOVE CADAVER DONOR KIDNEY | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 50320 | C | REMOVE KIDNEY LIVING DONOR | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 50323 | C | PREP CADAVER RENAL ALLOGRAFT | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 50325 | C | PREP DONOR RENAL GRAFT | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 50327 | C | PREP RENAL GRAFT/VENOUS | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 50328 | C | PREP RENAL GRAFT/ARTERIAL | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 50329 | C | PREP RENAL GRAFT/URETERAL | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 50340 | C | REMOVAL OF KIDNEY | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 50360 | C | TRANSPLANTATION OF KIDNEY | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 50365 | C | TRANSPLANTATION OF KIDNEY | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 50370 | C | REMOVE TRANSPLANTED KIDNEY | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 50380 | C | REIMPLANTATION OF KIDNEY | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 50382 | T | CHANGE URETER STENT PERCUT | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 50384 | N | REMOVE URETER STENT PERCUT | - | 05373 | 21.6729 | Bundled, sometimes payable | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 50385 | T | CHANGE STENT VIA TRANSURETH | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 50386 | N | REMOVE STENT VIA TRANSURETH | - | 05373 | 21.6729 | Bundled, sometimes payable | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 50387 | T | CHANGE NEPHROURETERAL CATH | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 50389 | N | REMOVE RENAL TUBE W/FLUORO | - | 05372 | 7.3066 | Bundled, sometimes payable | $426.63 | - | - | - | Y | 000 | 999 | - |
| 50390 | T | DRAINAGE OF KIDNEY LESION | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 50391 | T | INSTLL RX AGNT INTO RNAL TUB | - | 05371 | 2.5106 | APC | $146.59 | - | - | - | Y | 000 | 999 | - |
| 50396 | T | MEASURE KIDNEY PRESSURE | - | 05372 | 7.3066 | APC | $426.63 | - | - | - | - | 000 | 999 | - |
| 50400 | C | REVISION OF KIDNEY/URETER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50405 | C | REVISION OF KIDNEY/URETER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50430 | N | NJX PX NFROSGRM &/URTRGRM | - | 05372 | 7.3066 | Bundled, sometimes payable | $426.63 | - | - | - | - | 000 | 999 | - |
| 50431 | N | NJX PX NFROSGRM &/URTRGRM | - | 05372 | 7.3066 | Bundled, sometimes payable | $426.63 | - | - | - | - | 000 | 999 | - |
| 50432 | T | PLMT NEPHROSTOMY CATHETER | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 50433 | T | PLMT NEPHROURETERAL CATHETER | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 50434 | T | CONVERT NEPHROSTOMY CATHETER | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 50435 | T | EXCHANGE NEPHROSTOMY CATH | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 50436 | T | DILAT XST TRC NDURLGC PX | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 50437 | T | DILAT XST TRC NEW ACCESS RCS | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 50500 | C | REPAIR OF KIDNEY WOUND | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5050F | E | PLAN 2 MAIN DR BY 1 MONTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 50520 | C | CLOSE KIDNEY-SKIN FISTULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50525 | C | CLOSE NEPHROVISCERAL FISTULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50526 | C | CLOSE NEPHROVISCERAL FISTULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50540 | C | REVISION OF HORSESHOE KIDNEY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50541 | N | LAPARO ABLATE RENAL CYST | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 50542 | N | LAPARO ABLATE RENAL MASS | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 50543 | N | LAPARO PARTIAL NEPHRECTOMY | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 50544 | N | LAPAROSCOPY PYELOPLASTY | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 50545 | C | LAPARO RADICAL NEPHRECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50546 | C | LAPAROSCOPIC NEPHRECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50547 | C | LAPARO REMOVAL DONOR KIDNEY | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 999 | - |
| 50548 | C | LAPARO REMOVE W/URETER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50549 | N | UNLISTED LAPS PX RENAL | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 50551 | T | KIDNEY ENDOSCOPY | - | 05375 | 54.9416 | APC | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 50553 | N | KIDNEY ENDOSCOPY | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 50555 | T | KIDNEY ENDOSCOPY & BIOPSY | - | 05376 | 99.9887 | APC | $5,838.34 | - | - | - | - | 000 | 999 | - |
| 50557 | N | KIDNEY ENDOSCOPY & TREATMENT | - | 05376 | 99.9887 | Bundled, sometimes payable | $5,838.34 | - | - | - | - | 000 | 999 | - |
| 50561 | N | KIDNEY ENDOSCOPY & TREATMENT | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 50562 | T | RENAL SCOPE W/TUMOR RESECT | - | 05376 | 99.9887 | APC | $5,838.34 | - | - | - | - | 000 | 999 | - |
| 50570 | T | KIDNEY ENDOSCOPY | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 50572 | T | KIDNEY ENDOSCOPY | - | 05372 | 7.3066 | APC | $426.63 | - | - | - | - | 000 | 999 | - |
| 50574 | T | KIDNEY ENDOSCOPY & BIOPSY | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 50575 | N | KIDNEY ENDOSCOPY | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 50576 | T | KIDNEY ENDOSCOPY & TREATMENT | - | 05376 | 99.9887 | APC | $5,838.34 | - | - | - | - | 000 | 999 | - |
| 50580 | T | KIDNEY ENDOSCOPY & TREATMENT | - | 05375 | 54.9416 | APC | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 50590 | N | FRAGMENTING OF KIDNEY STONE | - | 05374 | 37.4496 | Bundled, sometimes payable | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 50592 | T | PERC RF ABLATE RENAL TUMOR | - | 05361 | 60.9003 | APC | $3,555.97 | - | - | - | Y | 000 | 999 | - |
| 50593 | T | PERC CRYO ABLATE RENAL TUM | - | 05362 | 106.1787 | APC | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 50600 | C | EXPLORATION OF URETER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50605 | C | INSERT URETERAL SUPPORT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50606 | N | ENDOLUMINAL BX URTR RNL PLVS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 5060F | E | FNDNGS MAMMO 2PT W/IN 3 DAYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 50610 | C | REMOVAL OF URETER STONE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50620 | C | REMOVAL OF URETER STONE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 5062F | E | MAMMO RESULT COM TO PT 5 DAY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 50630 | C | REMOVAL OF URETER STONE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50650 | C | REMOVAL OF URETER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50660 | C | REMOVAL OF URETER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50684 | N | INJECTION FOR URETER X-RAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 50686 | S | MEASURE URETER PRESSURE | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 50688 | T | CHANGE OF URETER TUBE/STENT | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 50690 | N | INJECTION FOR URETER X-RAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 50693 | T | PLMT URETERAL STENT PRQ | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 50694 | T | PLMT URETERAL STENT PRQ | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 50695 | T | PLMT URETERAL STENT PRQ | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 50700 | C | REVISION OF URETER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50705 | N | URETERAL EMBOLIZATION/OCCL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 50706 | N | BALLOON DILATE URTRL STRIX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 50715 | C | RELEASE OF URETER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50722 | C | RELEASE OF URETER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50725 | C | RELEASE/REVISE URETER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50727 | T | REVISE URETER | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 50728 | C | REVISE URETER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50740 | C | FUSION OF URETER & KIDNEY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50750 | C | FUSION OF URETER & KIDNEY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 50760 | C | FUSION OF URETERS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50770 | C | SPLICING OF URETERS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50780 | C | REIMPLANT URETER IN BLADDER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50782 | C | REIMPLANT URETER IN BLADDER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50783 | C | REIMPLANT URETER IN BLADDER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50785 | C | REIMPLANT URETER IN BLADDER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50800 | C | IMPLANT URETER IN BOWEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50810 | C | FUSION OF URETER & BOWEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50815 | C | URINE SHUNT TO INTESTINE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50820 | C | CONSTRUCT BOWEL BLADDER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50825 | C | CONSTRUCT BOWEL BLADDER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50830 | C | REVISE URINE FLOW | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50840 | C | REPLACE URETER BY BOWEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50845 | C | APPENDICO-VESICOSTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50860 | C | TRANSPLANT URETER TO SKIN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50900 | C | REPAIR OF URETER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50920 | C | CLOSURE URETER/SKIN FISTULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50930 | C | CLOSURE URETER/BOWEL FISTULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50940 | C | RELEASE OF URETER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 50945 | N | LAPAROSCOPY URETEROLITHOTOMY | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 50947 | N | LAPARO NEW URETER/BLADDER | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 50948 | N | LAPARO NEW URETER/BLADDER | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 50949 | N | UNLISTED LAPS PX URETER | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 50951 | T | ENDOSCOPY OF URETER | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 50953 | T | ENDOSCOPY OF URETER | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 50955 | T | URETER ENDOSCOPY & BIOPSY | - | 05375 | 54.9416 | APC | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 50957 | N | URETER ENDOSCOPY & TREATMENT | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 50961 | T | URETER ENDOSCOPY & TREATMENT | - | 05375 | 54.9416 | APC | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 50970 | T | URETER ENDOSCOPY | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 50972 | T | URETER ENDOSCOPY & CATHETER | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 50974 | N | URETER ENDOSCOPY & BIOPSY | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 50976 | N | URETER ENDOSCOPY & TREATMENT | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 50980 | T | URETER ENDOSCOPY & TREATMENT | - | 05375 | 54.9416 | APC | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 5100F | E | RSK FX REF W/N 24 HRS XRAY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 51020 | T | INCISE & TREAT BLADDER | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 51030 | T | INCISE & TREAT BLADDER | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 51040 | T | INCISE & DRAIN BLADDER | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 51045 | T | INCISE BLADDER/DRAIN URETER | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 51050 | N | REMOVAL OF BLADDER STONE | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 51060 | T | REMOVAL OF URETER STONE | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 51065 | N | REMOVE URETER CALCULUS | - | 05374 | 37.4496 | Bundled, sometimes payable | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 51080 | T | DRAINAGE OF BLADDER ABSCESS | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 51100 | T | DRAIN BLADDER BY NEEDLE | - | 05371 | 2.5106 | APC | $146.59 | - | - | - | - | 000 | 999 | - |
| 51101 | S | DRAIN BLADDER BY TROCAR/CATH | - | 05724 | 10.9176 | APC | $637.48 | - | - | - | - | 000 | 999 | - |
| 51102 | T | DRAIN BL W/CATH INSERTION | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 51500 | T | REMOVAL OF BLADDER CYST | - | 05361 | 60.9003 | APC | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 51520 | T | REMOVAL OF BLADDER LESION | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 51525 | C | REMOVAL OF BLADDER LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 51530 | C | REMOVAL OF BLADDER LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 51535 | T | REPAIR OF URETER LESION | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 51550 | C | PARTIAL REMOVAL OF BLADDER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 51555 | C | PARTIAL REMOVAL OF BLADDER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 51565 | C | REVISE BLADDER & URETER(S) | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 51570 | C | REMOVAL OF BLADDER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 51575 | C | REMOVAL OF BLADDER & NODES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 51580 | C | REMOVE BLADDER/REVISE TRACT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 51585 | C | REMOVAL OF BLADDER & NODES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 51590 | C | REMOVE BLADDER/REVISE TRACT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 51595 | C | REMOVE BLADDER/REVISE TRACT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 51596 | C | REMOVE BLADDER/CREATE POUCH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 51597 | C | REMOVAL OF PELVIC STRUCTURES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 51600 | N | INJECTION FOR BLADDER X-RAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 51605 | N | PREPARATION FOR BLADDER XRAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 51610 | N | INJECTION FOR BLADDER X-RAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 51700 | T | IRRIGATION OF BLADDER | - | 05371 | 2.5106 | APC | $146.59 | - | - | - | - | 000 | 999 | - |
| 51701 | N | INSERT BLADDER CATHETER | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 51702 | N | INSERT TEMP BLADDER CATH | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 51703 | S | INSERT BLADDER CATH COMPLEX | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 51705 | T | CHANGE OF BLADDER TUBE | - | 05371 | 2.5106 | APC | $146.59 | - | - | - | - | 000 | 999 | - |
| 51710 | T | CHANGE OF BLADDER TUBE | - | 05372 | 7.3066 | APC | $426.63 | - | - | - | - | 000 | 999 | - |
| 51715 | T | ENDOSCOPIC INJECTION/IMPLANT | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 51720 | T | TREATMENT OF BLADDER LESION | - | 05372 | 7.3066 | APC | $426.63 | - | - | - | - | 000 | 999 | - |
| 51725 | T | SIMPLE CYSTOMETROGRAM | - | 05371 | 2.5106 | APC | $146.59 | - | - | - | - | 000 | 999 | - |
| 51726 | T | COMPLEX CYSTOMETROGRAM | - | 05371 | 2.5106 | APC | $146.59 | - | - | - | - | 000 | 999 | - |
| 51727 | T | CYSTOMETROGRAM W/UP | - | 05372 | 7.3066 | APC | $426.63 | - | - | - | - | 000 | 999 | - |
| 51728 | T | CYSTOMETROGRAM W/VP | - | 05372 | 7.3066 | APC | $426.63 | - | - | - | - | 000 | 999 | - |
| 51729 | T | CYSTOMETROGRAM W/VP&UP | - | 05372 | 7.3066 | APC | $426.63 | - | - | - | - | 000 | 999 | - |
| 51736 | N | URINE FLOW MEASUREMENT | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 51741 | N | ELECTRO-UROFLOWMETRY FIRST | - | 05721 | 1.6992 | Bundled, sometimes payable | $99.22 | - | - | - | - | 000 | 999 | - |
| 51784 | S | ANAL/URINARY MUSCLE STUDY | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 51785 | T | ANAL/URINARY MUSCLE STUDY | - | 05371 | 2.5106 | APC | $146.59 | - | - | - | - | 000 | 999 | - |
| 51792 | N | URINARY REFLEX STUDY | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 51797 | N | INTRAABDOMINAL PRESSURE TEST | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 51798 | N | US URINE CAPACITY MEASURE | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 51800 | C | REVISION OF BLADDER/URETHRA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 51820 | C | REVISION OF URINARY TRACT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 51840 | C | ATTACH BLADDER/URETHRA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 51841 | C | ATTACH BLADDER/URETHRA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 51845 | N | REPAIR BLADDER NECK | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 51860 | N | REPAIR OF BLADDER WOUND | - | 05376 | 99.9887 | Bundled, sometimes payable | $5,838.34 | - | - | - | - | 000 | 999 | - |
| 51865 | C | REPAIR OF BLADDER WOUND | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 51880 | T | REPAIR OF BLADDER OPENING | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 51900 | C | REPAIR BLADDER/VAGINA LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 51920 | C | CLOSE BLADDER-UTERUS FISTULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 51925 | C | HYSTERECTOMY/BLADDER REPAIR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 51940 | C | CORRECTION OF BLADDER DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 51960 | C | REVISION OF BLADDER & BOWEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 51980 | C | CONSTRUCT BLADDER OPENING | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 51990 | N | LAPARO URETHRAL SUSPENSION | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 51992 | N | LAPARO SLING OPERATION | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 51999 | N | UNLISTED LAPS PX BLADDER | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | Y | 000 | 999 | - |
| 52000 | T | CYSTOSCOPY | - | 05372 | 7.3066 | APC | $426.63 | - | - | - | - | 000 | 999 | - |
| 52001 | T | CYSTOSCOPY REMOVAL OF CLOTS | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52005 | T | CYSTOSCOPY & URETER CATHETER | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 52007 | T | CYSTOSCOPY AND BIOPSY | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 5200F | E | EVAL APPROS SURG THXPY EPI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 52010 | T | CYSTOSCOPY & DUCT CATHETER | - | 05372 | 7.3066 | APC | $426.63 | - | - | - | - | 000 | 999 | - |
| 52204 | T | CYSTOSCOPY W/BIOPSY(S) | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 52214 | T | CYSTOSCOPY AND TREATMENT | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52224 | T | CYSTOSCOPY AND TREATMENT | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52234 | T | CYSTOSCOPY AND TREATMENT | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52235 | T | CYSTOSCOPY AND TREATMENT | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 52240 | T | CYSTOSCOPY AND TREATMENT | - | 05375 | 54.9416 | APC | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 52250 | T | CYSTOSCOPY AND RADIOTRACER | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52260 | T | CYSTOSCOPY AND TREATMENT | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 52265 | T | CYSTOSCOPY AND TREATMENT | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 52270 | T | CYSTOSCOPY & REVISE URETHRA | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 52275 | T | CYSTOSCOPY & REVISE URETHRA | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 52276 | T | CYSTOSCOPY AND TREATMENT | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 52277 | T | CYSTOSCOPY AND TREATMENT | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52281 | T | CYSTOSCOPY AND TREATMENT | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 52282 | T | CYSTOSCOPY IMPLANT STENT | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52283 | T | CYSTOSCOPY AND TREATMENT | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 52285 | T | CYSTOSCOPY AND TREATMENT | - | 05372 | 7.3066 | APC | $426.63 | - | - | - | - | 000 | 999 | - |
| 52287 | T | CYSTOSCOPY CHEMODENERVATION | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | Y | 000 | 999 | - |
| 52290 | T | CYSTOSCOPY AND TREATMENT | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 52300 | T | CYSTOSCOPY AND TREATMENT | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52301 | T | CYSTOSCOPY AND TREATMENT | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52305 | N | CYSTOSCOPY AND TREATMENT | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 52310 | T | CYSTOSCOPY AND TREATMENT | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 52315 | T | CYSTOSCOPY AND TREATMENT | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 52317 | T | REMOVE BLADDER STONE | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52318 | N | REMOVE BLADDER STONE | - | 05374 | 37.4496 | Bundled, sometimes payable | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52320 | T | CYSTOSCOPY AND TREATMENT | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52325 | T | CYSTOSCOPY STONE REMOVAL | - | 05375 | 54.9416 | APC | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 52327 | T | CYSTOSCOPY INJECT MATERIAL | - | 05375 | 54.9416 | APC | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 52330 | T | CYSTOSCOPY AND TREATMENT | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52332 | T | CYSTOSCOPY AND TREATMENT | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52334 | T | CREATE PASSAGE TO KIDNEY | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52341 | T | CYSTO W/URETER STRICTURE TX | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52342 | T | CYSTO W/UP STRICTURE TX | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52343 | T | CYSTO W/RENAL STRICTURE TX | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52344 | T | CYSTO/URETERO STRICTURE TX | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52345 | T | CYSTO/URETERO W/UP STRICTURE | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52346 | N | CYSTOURETERO W/RENAL STRICT | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 52351 | T | CYSTOURETERO & OR PYELOSCOPE | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52352 | T | CYSTOURETERO W/STONE REMOVE | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52353 | N | CYSTOURETERO W/LITHOTRIPSY | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 52354 | T | CYSTOURETERO W/BIOPSY | - | 05375 | 54.9416 | APC | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 52355 | N | CYSTOURETERO W/EXCISE TUMOR | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 52356 | N | CYSTO/URETERO W/LITHOTRIPSY | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 52400 | T | CYSTOURETERO W/CONGEN REPR | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52402 | T | CYSTOURETHRO CUT EJACUL DUCT | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | Y | 000 | 999 | - |
| 52441 | E | CYSTOURETHRO W/IMPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 52442 | E | CYSTOURETHRO W/ADDL IMPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 52450 | T | INCISION OF PROSTATE | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52500 | T | REVISION OF BLADDER NECK | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 5250F | E | ASTHMA DISCHARGE PLAN PRESNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 52601 | N | PROSTATECTOMY (TURP) | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 52630 | N | REMOVE PROSTATE REGROWTH | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 52640 | T | RELIEVE BLADDER CONTRACTURE | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 52647 | N | LASER SURGERY OF PROSTATE | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 52648 | N | LASER SURGERY OF PROSTATE | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 52649 | N | PROSTATE LASER ENUCLEATION | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 52700 | T | DRAINAGE OF PROSTATE ABSCESS | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 53000 | T | INCISION OF URETHRA | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 53010 | N | INCISION OF URETHRA | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 53020 | T | INCISION OF URETHRA | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 002 | 099 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 53025 | T | INCISION OF URETHRA | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 002 | - |
| 53040 | T | DRAINAGE OF URETHRA ABSCESS | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 53060 | T | DRAINAGE OF URETHRA ABSCESS | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 53080 | T | DRAINAGE OF URINARY LEAKAGE | - | 05372 | 7.3066 | APC | $426.63 | - | - | - | - | 000 | 999 | - |
| 53085 | T | DRAINAGE OF URINARY LEAKAGE | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 53200 | T | BIOPSY OF URETHRA | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 53210 | N | REMOVAL OF URETHRA | - | 05374 | 37.4496 | Bundled, sometimes payable | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 53215 | N | REMOVAL OF URETHRA | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 53220 | T | TREATMENT OF URETHRA LESION | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 53230 | T | REMOVAL OF URETHRA LESION | - | 05375 | 54.9416 | APC | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 53235 | N | REMOVAL OF URETHRA LESION | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 53240 | N | SURGERY FOR URETHRA POUCH | - | 05374 | 37.4496 | Bundled, sometimes payable | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 53250 | T | REMOVAL OF URETHRA GLAND | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 53260 | T | TREATMENT OF URETHRA LESION | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 53265 | T | TREATMENT OF URETHRA LESION | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 53270 | T | REMOVAL OF URETHRA GLAND | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 53275 | T | REPAIR OF URETHRA DEFECT | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 53400 | N | REVISE URETHRA STAGE 1 | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 53405 | N | REVISE URETHRA STAGE 2 | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 53410 | N | RECONSTRUCTION OF URETHRA | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 53415 | C | RECONSTRUCTION OF URETHRA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 53420 | N | RECONSTRUCT URETHRA STAGE 1 | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 53425 | N | RECONSTRUCT URETHRA STAGE 2 | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 53430 | T | RECONSTRUCTION OF URETHRA | - | 05375 | 54.9416 | APC | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 53431 | N | RECONSTRUCT URETHRA/BLADDER | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 53440 | N | MALE SLING PROCEDURE | - | 05377 | 140.5395 | Bundled, sometimes payable | $8,206.10 | - | - | - | - | 000 | 999 | - |
| 53442 | N | REMOVE/REVISE MALE SLING | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 53444 | N | INSERT TANDEM CUFF | - | 05378 | 225.2931 | Bundled, sometimes payable | $13,154.86 | - | - | - | - | 000 | 999 | - |
| 53445 | N | INSERT URO/VES NCK SPHINCTER | - | 05378 | 225.2931 | Bundled, sometimes payable | $13,154.86 | - | - | - | - | 000 | 999 | - |
| 53446 | N | REMOVE URO SPHINCTER | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 53447 | N | REMOVE/REPLACE UR SPHINCTER | - | 05378 | 225.2931 | Bundled, sometimes payable | $13,154.86 | - | - | - | - | 000 | 999 | - |
| 53448 | C | REMOV/REPLC UR SPHINCTR COMP | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 53449 | N | REPAIR URO SPHINCTER | - | 05376 | 99.9887 | Bundled, sometimes payable | $5,838.34 | - | - | - | - | 000 | 999 | - |
| 53450 | T | REVISION OF URETHRA | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 53451 | N | TPRNL BALO CNTNC DEV BI | - | 05377 | 140.5395 | Bundled, sometimes payable | $8,206.10 | - | - | - | - | 000 | 999 | - |
| 53452 | N | TPRNL BALO CNTNC DEV UNI | - | 05376 | 99.9887 | Bundled, sometimes payable | $5,838.34 | - | - | - | - | 000 | 999 | - |
| 53453 | N | TPRNL BALO CNTNC DEV RMVL EA | - | 05374 | 37.4496 | Bundled, sometimes payable | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 53454 | T | TPRNL BALO CNTNC DEV ADJMT | - | 05371 | 2.5106 | APC | $146.59 | - | - | - | - | 000 | 999 | - |
| 53460 | T | REVISION OF URETHRA | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 53500 | T | URETHRLYS TRANSVAG W/ SCOPE | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | Y | 000 | 999 | - |
| 53502 | T | REPAIR OF URETHRA INJURY | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 53505 | N | REPAIR OF URETHRA INJURY | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 53510 | N | REPAIR OF URETHRA INJURY | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 53515 | N | REPAIR OF URETHRA INJURY | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 53520 | N | REPAIR OF URETHRA DEFECT | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 53600 | T | DILATE URETHRA STRICTURE | - | 05371 | 2.5106 | APC | $146.59 | - | - | - | - | 000 | 999 | - |
| 53601 | N | DILATE URETHRA STRICTURE | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 53605 | T | DILATE URETHRA STRICTURE | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 53620 | T | DILATE URETHRA STRICTURE | - | 05372 | 7.3066 | APC | $426.63 | - | - | - | - | 000 | 999 | - |
| 53621 | T | DILATE URETHRA STRICTURE | - | 05371 | 2.5106 | APC | $146.59 | - | - | - | - | 000 | 999 | - |
| 53660 | S | DILATION OF URETHRA | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 53661 | N | DILATION OF URETHRA | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 53665 | T | DILATION OF URETHRA | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 53850 | T | PROSTATIC MICROWAVE THERMOTX | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 53852 | N | PROSTATIC RF THERMOTX | - | 05374 | 37.4496 | Bundled, sometimes payable | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 53854 | T | TRURL DSTRJ PRST8 TISS RF WV | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 53855 | T | INSERT PROST URETHRAL STENT | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 53860 | T | TRANSURETHRAL RF TREATMENT | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 53899 | T | UNLISTED PX URINARY SYSTEM | - | 05371 | 2.5106 | APC | $146.59 | - | - | - | - | 000 | 999 | - |
| 54000 | T | SLITTING OF PREPUCE | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54001 | T | SLITTING OF PREPUCE | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 001 | 099 | - |
| 54015 | T | DRAIN PENIS LESION | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 54050 | N | DESTRUCTION PENIS LESION(S) | - | 05052 | 4.3590 | Bundled, sometimes payable | $254.52 | - | - | - | - | 000 | 999 | - |
| 54055 | T | DESTRUCTION PENIS LESION(S) | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 54056 | N | CRYOSURGERY PENIS LESION(S) | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 54057 | T | LASER SURG PENIS LESION(S) | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 54060 | T | EXCISION OF PENIS LESION(S) | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 54065 | T | DESTRUCTION PENIS LESION(S) | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 54100 | T | BIOPSY OF PENIS | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 54105 | T | BIOPSY OF PENIS | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 54110 | T | TREATMENT OF PENIS LESION | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54111 | N | TREAT PENIS LESION GRAFT | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 54112 | N | TREAT PENIS LESION GRAFT | - | 05376 | 99.9887 | Bundled, sometimes payable | $5,838.34 | - | - | - | - | 000 | 999 | - |
| 54115 | T | TREATMENT OF PENIS LESION | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 54120 | T | PARTIAL REMOVAL OF PENIS | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54125 | C | REMOVAL OF PENIS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 54130 | C | REMOVE PENIS & NODES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 54135 | C | REMOVE PENIS & NODES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 54150 | T | CIRCUMCISION W/REGIONL BLOCK | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 54160 | T | CIRCUMCISION NEONATE | - | 05372 | 7.3066 | APC | $426.63 | - | - | - | - | 000 | 000 | - |
| 54161 | T | CIRCUM 28 DAYS OR OLDER | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 099 | - |
| 54162 | T | LYSIS PENIL CIRCUMIC LESION | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 54163 | T | REPAIR OF CIRCUMCISION | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 54164 | T | FRENULOTOMY OF PENIS | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 54200 | T | TREATMENT OF PENIS LESION | - | 05371 | 2.5106 | APC | $146.59 | - | - | - | - | 000 | 999 | - |
| 54205 | N | TREATMENT OF PENIS LESION | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 54220 | T | TREATMENT OF PENIS LESION | - | 05371 | 2.5106 | APC | $146.59 | - | - | - | - | 000 | 999 | - |
| 54230 | E | PREPARE PENIS STUDY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 54231 | E | DYNAMIC CAVERNOSOMETRY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 54235 | E | PENILE INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 54240 | E | PENIS STUDY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 54250 | E | PENIS STUDY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 54300 | T | REVISION OF PENIS | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54304 | T | REVISION OF PENIS | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54308 | N | RECONSTRUCTION OF URETHRA | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 54312 | T | RECONSTRUCTION OF URETHRA | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54316 | N | RECONSTRUCTION OF URETHRA | - | 05376 | 99.9887 | Bundled, sometimes payable | $5,838.34 | - | - | - | - | 000 | 999 | - |
| 54318 | T | RECONSTRUCTION OF URETHRA | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54322 | T | RECONSTRUCTION OF URETHRA | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54324 | T | RECONSTRUCTION OF URETHRA | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54326 | N | RECONSTRUCTION OF URETHRA | - | 05374 | 37.4496 | Bundled, sometimes payable | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54328 | T | REVISE PENIS/URETHRA | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54332 | T | REVISE PENIS/URETHRA | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 018 | - |
| 54336 | T | REVISE PENIS/URETHRA | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54340 | T | RPR HYPSPAD COMP SIMPLE | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54344 | N | RRP HYPSPAD COMP MOBLJ&URTP | - | 05376 | 99.9887 | Bundled, sometimes payable | $5,838.34 | - | - | - | - | 000 | 999 | - |
| 54348 | T | RPR HYPSPAD COMP DSJ & URTP | - | 05375 | 54.9416 | APC | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 54352 | N | REVJ PRIOR HYPSPAD REPAIR | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 54360 | E | PENIS PLASTIC SURGERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 54380 | T | REPAIR PENIS | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 54385 | T | REPAIR PENIS | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 54390 | C | REPAIR PENIS AND BLADDER | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 54400 | E | INSERT SEMI-RIGID PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 54401 | E | INSERT SELF-CONTD PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 54405 | E | INSERT MULTI-COMP PENIS PROS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 54406 | E | REMOVE MUTI-COMP PENIS PROS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 54408 | E | REPAIR MULTI-COMP PENIS PROS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 54410 | E | REMOVE/REPLACE PENIS PROSTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 54411 | E | REMOV/REPLC PENIS PROS COMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 54415 | E | REMOVE SELF-CONTD PENIS PROS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 54416 | E | REMV/REPL PENIS CONTAIN PROS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 54417 | E | REMV/REPLC PENIS PROS COMPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 54420 | T | REVISION OF PENIS | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54430 | C | REVISION OF PENIS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 54435 | T | REVISION OF PENIS | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54437 | T | REPAIR CORPOREAL TEAR | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54438 | C | REPLANTATION OF PENIS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 54440 | T | REPAIR OF PENIS | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54450 | T | PREPUTIAL STRETCHING | - | 05371 | 2.5106 | APC | $146.59 | - | - | - | - | 000 | 999 | - |
| 54500 | T | BIOPSY OF TESTIS | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 54505 | T | BIOPSY OF TESTIS | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54512 | T | EXCISE LESION TESTIS | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54520 | T | REMOVAL OF TESTIS | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54522 | T | ORCHIECTOMY PARTIAL | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54530 | T | REMOVAL OF TESTIS | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 54535 | T | EXTENSIVE TESTIS SURGERY | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54550 | T | EXPLORATION FOR TESTIS | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 54560 | T | EXPLORATION FOR TESTIS | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 54600 | T | REDUCE TESTIS TORSION | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54620 | T | SUSPENSION OF TESTIS | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54640 | T | ORCHIOPEXY INGUN/SCROT APPR | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 54650 | T | ORCHIOPEXY (FOWLER-STEPHENS) | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 54660 | N | REVISION OF TESTIS | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 54670 | T | REPAIR TESTIS INJURY | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54680 | T | RELOCATION OF TESTIS(ES) | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54690 | N | LAPAROSCOPY ORCHIECTOMY | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 54692 | N | LAPAROSCOPY ORCHIOPEXY | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 54699 | N | UNLISTED LAPS PX TESTIS | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 54700 | T | DRAINAGE OF SCROTUM | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 54800 | T | BIOPSY OF EPIDIDYMIS | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 54830 | T | REMOVE EPIDIDYMIS LESION | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54840 | T | REMOVE EPIDIDYMIS LESION | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 54860 | T | REMOVAL OF EPIDIDYMIS | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54861 | T | REMOVAL OF EPIDIDYMIS | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54865 | T | EXPLORE EPIDIDYMIS | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 54900 | T | FUSION OF SPERMATIC DUCTS | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 54901 | T | FUSION OF SPERMATIC DUCTS | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 55000 | T | DRAINAGE OF HYDROCELE | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 55040 | T | REMOVAL OF HYDROCELE | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 55041 | T | REMOVAL OF HYDROCELES | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 55060 | T | REPAIR OF HYDROCELE | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 55100 | T | DRAINAGE OF SCROTUM ABSCESS | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 55110 | T | EXPLORE SCROTUM | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 55120 | T | REMOVAL OF SCROTUM LESION | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 55150 | T | REMOVAL OF SCROTUM | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 55175 | T | REVISION OF SCROTUM | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 55180 | N | REVISION OF SCROTUM | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 55200 | T | INCISION OF SPERM DUCT | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 55250 | T | REMOVAL OF SPERM DUCT(S) | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 021 | 999 | - |
| 55300 | N | PREPARE SPERM DUCT X-RAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 55400 | E | REPAIR OF SPERM DUCT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 55500 | T | REMOVAL OF HYDROCELE | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 55520 | T | REMOVAL OF SPERM CORD LESION | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 55530 | T | REVISE SPERMATIC CORD VEINS | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 55535 | T | REVISE SPERMATIC CORD VEINS | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 55540 | T | REVISE HERNIA & SPERM VEINS | - | 05341 | 41.3849 | APC | $2,416.46 | - | - | - | - | 000 | 999 | - |
| 55550 | N | LAPARO LIGATE SPERMATIC VEIN | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 55559 | N | UNLSTD LAPS PX SPRMATIC CORD | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 55600 | T | INCISE SPERM DUCT POUCH | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 55605 | C | INCISE SPERM DUCT POUCH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 55650 | C | REMOVE SPERM DUCT POUCH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 55680 | T | REMOVE SPERM POUCH LESION | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 55700 | T | BIOPSY OF PROSTATE | - | 05373 | 21.6729 | APC | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 55705 | T | BIOPSY OF PROSTATE | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 55706 | T | PROSTATE SATURATION SAMPLING | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 55720 | T | DRAINAGE OF PROSTATE ABSCESS | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 55725 | T | DRAINAGE OF PROSTATE ABSCESS | - | 05374 | 37.4496 | APC | $2,186.68 | - | - | - | - | 000 | 999 | - |
| 55801 | C | REMOVAL OF PROSTATE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 55810 | C | EXTENSIVE PROSTATE SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 55812 | C | EXTENSIVE PROSTATE SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 55815 | C | EXTENSIVE PROSTATE SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 55821 | C | REMOVAL OF PROSTATE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 55831 | C | REMOVAL OF PROSTATE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 55840 | C | EXTENSIVE PROSTATE SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 55842 | C | EXTENSIVE PROSTATE SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 55845 | C | EXTENSIVE PROSTATE SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 55860 | T | SURGICAL EXPOSURE PROSTATE | - | 05375 | 54.9416 | APC | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 55862 | C | EXTENSIVE PROSTATE SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 55865 | C | EXTENSIVE PROSTATE SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 55866 | T | LAPS SURG PRST8ECT RPBIC RAD | - | 05362 | 106.1787 | APC | $6,093.57 | - | - | - | - | 000 | 999 | - |
| 55867 | T | LAPS SURG PRST8ECT SMPL STOT | - | 05362 | 106.1787 | APC | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 55870 | E | ELECTROEJACULATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 55873 | N | CRYOABLATE PROSTATE | - | 05376 | 99.9887 | Bundled, sometimes payable | $5,838.34 | - | - | - | - | 000 | 999 | - |
| 55874 | T | TPRNL PLMT BIODEGRDABL MATRL | - | 05375 | 54.9416 | APC | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 55875 | T | TRANSPERI NEEDLE PLACE PROS | - | 05375 | 54.9416 | APC | $3,208.04 | - | - | - | - | 000 | 999 | - |
| 55876 | S | PLACE RT DEVICE/MARKER PROS | - | 05613 | 15.6648 | APC | $914.67 | - | - | - | - | 000 | 999 | - |
| 55880 | T | ABLTJ MAL PRST8 TISS HIFU | - | 05376 | 99.9887 | APC | $5,838.34 | - | - | - | - | 000 | 999 | - |
| 55899 | T | UNLISTED PX MALE GENITAL SYS | - | 05371 | 2.5106 | APC | $146.59 | - | - | - | - | 000 | 999 | - |
| 55920 | T | PLACE NEEDLES PELVIC FOR RT | - | 05415 | 54.1580 | APC | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 55970 | E | SEX TRANSFORMATION M TO F | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 55980 | E | SEX TRANSFORMATION F TO M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 56405 | T | I & D OF VULVA/PERINEUM | - | 05412 | 3.4113 | APC | $199.19 | - | - | - | - | 000 | 999 | - |
| 56420 | T | DRAINAGE OF GLAND ABSCESS | - | 05411 | 2.0813 | APC | $121.53 | - | - | - | - | 000 | 999 | - |
| 56440 | T | SURGERY FOR VULVA LESION | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 56441 | T | LYSIS OF LABIAL LESION(S) | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 56442 | T | HYMENOTOMY | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 56501 | T | DESTROY VULVA LESIONS SIM | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 56515 | T | DESTROY VULVA LESION/S COMPL | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| 56605 | T | BIOPSY OF VULVA/PERINEUM | - | 05413 | 8.2196 | APC | $479.94 | - | - | - | - | 000 | 999 | - |
| 56606 | N | BIOPSY OF VULVA/PERINEUM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 56620 | T | PARTIAL REMOVAL OF VULVA | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 56625 | T | COMPLETE REMOVAL OF VULVA | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 56630 | C | EXTENSIVE VULVA SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 56631 | C | EXTENSIVE VULVA SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 56632 | C | EXTENSIVE VULVA SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 56633 | C | EXTENSIVE VULVA SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 56634 | C | EXTENSIVE VULVA SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 56637 | C | EXTENSIVE VULVA SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 56640 | C | EXTENSIVE VULVA SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 56700 | T | PARTIAL REMOVAL OF HYMEN | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 56740 | T | REMOVE VAGINA GLAND LESION | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 56800 | T | REPAIR OF VAGINA | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 56805 | T | REPAIR CLITORIS | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 020 | - |
| 56810 | T | REPAIR OF PERINEUM | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 56820 | T | EXAM OF VULVA W/SCOPE | - | 05411 | 2.0813 | APC | $121.53 | - | - | - | - | 000 | 999 | - |
| 56821 | T | EXAM/BIOPSY OF VULVA W/SCOPE | - | 05412 | 3.4113 | APC | $199.19 | - | - | - | - | 000 | 999 | - |
| 57000 | T | EXPLORATION OF VAGINA | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57010 | T | DRAINAGE OF PELVIC ABSCESS | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57020 | T | DRAINAGE OF PELVIC FLUID | - | 05415 | 54.1580 | APC | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 57022 | T | I & D VAGINAL HEMATOMA PP | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 57023 | T | I & D VAG HEMATOMA NON-OB | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 57061 | T | DESTROY VAG LESIONS SIMPLE | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57065 | T | DESTROY VAG LESIONS COMPLEX | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57100 | T | BIOPSY OF VAGINA | - | 05413 | 8.2196 | APC | $479.94 | - | - | - | - | 000 | 999 | - |
| 57105 | T | BIOPSY OF VAGINA | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57106 | T | REMOVE VAGINA WALL PARTIAL | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57107 | T | REMOVE VAGINA TISSUE PART | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57109 | T | VAGINECTOMY PARTIAL W/NODES | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57110 | C | REMOVE VAGINA WALL COMPLETE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 57111 | C | REMOVE VAGINA TISSUE COMPL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 57120 | N | CLOSURE OF VAGINA | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 57130 | T | REMOVE VAGINA LESION | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57135 | T | REMOVE VAGINA LESION | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57150 | N | TREAT VAGINA INFECTION | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 57155 | T | INSERT UTERI TANDEM/OVOIDS | - | 05415 | 54.1580 | APC | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 57156 | T | INS VAG BRACHYTX DEVICE | - | 05412 | 3.4113 | APC | $199.19 | - | - | - | - | 000 | 999 | - |
| 57160 | T | INSERT PESSARY/OTHER DEVICE | - | 05411 | 2.0813 | APC | $121.53 | - | - | - | - | 000 | 999 | - |
| 57170 | T | FITTING OF DIAPHRAGM/CAP | - | 05411 | 2.0813 | APC | $121.53 | - | - | - | - | 000 | 999 | - |
| 57180 | T | TREAT VAGINAL BLEEDING | - | 05411 | 2.0813 | APC | $121.53 | - | - | - | - | 000 | 999 | - |
| 57200 | T | REPAIR OF VAGINA | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57210 | T | REPAIR VAGINA/PERINEUM | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57220 | N | REVISION OF URETHRA | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 57230 | T | REPAIR OF URETHRAL LESION | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57240 | N | ANTERIOR COLPORRHAPHY | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 57250 | N | REPAIR RECTUM & VAGINA | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 57260 | N | CMBN ANT PST COLPRHY | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 57265 | N | CMBN AP COLPRHY W/NTRCL RPR | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 57267 | N | INSERT MESH/PELVIC FLR ADDON | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 57268 | T | REPAIR OF BOWEL BULGE | - | 05415 | 54.1580 | APC | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 57270 | C | REPAIR OF BOWEL POUCH | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 57280 | C | SUSPENSION OF VAGINA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 57282 | N | COLPOPEXY EXTRAPERITONEAL | - | 05416 | 80.9202 | Bundled, sometimes payable | $4,724.93 | - | - | - | - | 000 | 999 | - |
| 57283 | N | COLPOPEXY INTRAPERITONEAL | - | 05416 | 80.9202 | Bundled, sometimes payable | $4,724.93 | - | - | - | Y | 000 | 999 | - |
| 57284 | N | REPAIR PARAVAG DEFECT OPEN | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 57285 | N | REPAIR PARAVAG DEFECT VAG | - | 05416 | 80.9202 | Bundled, sometimes payable | $4,724.93 | - | - | - | - | 000 | 999 | - |
| 57287 | N | REVISE/REMOVE SLING REPAIR | - | 05414 | 33.0366 | Bundled, sometimes payable | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57288 | N | REPAIR BLADDER DEFECT | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 57289 | N | REPAIR BLADDER & VAGINA | - | 05416 | 80.9202 | Bundled, sometimes payable | $4,724.93 | - | - | - | - | 000 | 999 | - |
| 57291 | E | CONSTRUCTION OF VAGINA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 57292 | E | CONSTRUCT VAGINA WITH GRAFT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 57295 | T | REVISE VAG GRAFT VIA VAGINA | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | Y | 000 | 999 | - |
| 57296 | C | REVISE VAG GRAFT OPEN ABD | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 57300 | T | REPAIR RECTUM-VAGINA FISTULA | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57305 | C | REPAIR RECTUM-VAGINA FISTULA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 57307 | C | FISTULA REPAIR & COLOSTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 57308 | C | FISTULA REPAIR TRANSPERINE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 57310 | N | REPAIR URETHROVAGINAL LESION | - | 05416 | 80.9202 | Bundled, sometimes payable | $4,724.93 | - | - | - | - | 000 | 999 | - |
| 57311 | C | REPAIR URETHROVAGINAL LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 57320 | N | REPAIR BLADDER-VAGINA LESION | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 57330 | N | REPAIR BLADDER-VAGINA LESION | - | 05416 | 80.9202 | Bundled, sometimes payable | $4,724.93 | - | - | - | - | 000 | 999 | - |
| 57335 | T | REPAIR VAGINA | - | 05415 | 54.1580 | APC | $3,162.29 | - | - | - | - | 000 | 020 | - |
| 57400 | T | DILATION OF VAGINA | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57410 | T | PELVIC EXAMINATION | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57415 | T | REMOVE VAGINAL FOREIGN BODY | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57420 | T | EXAM OF VAGINA W/SCOPE | - | 05412 | 3.4113 | APC | $199.19 | - | - | - | - | 000 | 999 | - |
| 57421 | T | EXAM/BIOPSY OF VAG W/SCOPE | - | 05413 | 8.2196 | APC | $479.94 | - | - | - | - | 000 | 999 | - |
| 57423 | N | REPAIR PARAVAG DEFECT LAP | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 57425 | N | LAPAROSCOPY SURG COLPOPEXY | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | Y | 000 | 999 | - |
| 57426 | N | REVISE PROSTH VAG GRAFT LAP | - | 05416 | 80.9202 | Bundled, sometimes payable | $4,724.93 | - | - | - | - | 000 | 999 | - |
| 57452 | T | EXAM OF CERVIX W/SCOPE | - | 05411 | 2.0813 | APC | $121.53 | - | - | - | - | 000 | 999 | - |
| 57454 | T | BX/CURETT OF CERVIX W/SCOPE | - | 05412 | 3.4113 | APC | $199.19 | - | - | - | - | 000 | 999 | - |
| 57455 | T | BIOPSY OF CERVIX W/SCOPE | - | 05412 | 3.4113 | APC | $199.19 | - | - | - | - | 000 | 999 | - |
| 57456 | T | ENDOCERV CURETTAGE W/SCOPE | - | 05412 | 3.4113 | APC | $199.19 | - | - | - | - | 000 | 999 | - |
| 57460 | T | BX OF CERVIX W/SCOPE LEEP | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57461 | T | CONZ OF CERVIX W/SCOPE LEEP | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57465 | N | CAM CERVIX UTERI DRG COLP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 57500 | T | BIOPSY OF CERVIX | - | 05413 | 8.2196 | APC | $479.94 | - | - | - | - | 000 | 999 | - |
| 57505 | T | ENDOCERVICAL CURETTAGE | - | 05413 | 8.2196 | APC | $479.94 | - | - | - | - | 000 | 999 | - |
| 57510 | T | CAUTERIZATION OF CERVIX | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57511 | T | CRYOCAUTERY OF CERVIX | - | 05412 | 3.4113 | APC | $199.19 | - | - | - | - | 000 | 999 | - |
| 57513 | T | LASER SURGERY OF CERVIX | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57520 | T | CONIZATION OF CERVIX | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57522 | T | CONIZATION OF CERVIX | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57530 | T | REMOVAL OF CERVIX | - | 05415 | 54.1580 | APC | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 57531 | C | REMOVAL OF CERVIX RADICAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 57540 | C | REMOVAL OF RESIDUAL CERVIX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 57545 | C | REMOVE CERVIX/REPAIR PELVIS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 57550 | T | REMOVAL OF RESIDUAL CERVIX | - | 05415 | 54.1580 | APC | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 57555 | N | REMOVE CERVIX/REPAIR VAGINA | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 57556 | N | REMOVE CERVIX REPAIR BOWEL | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 57558 | T | D&C OF CERVICAL STUMP | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57700 | T | REVISION OF CERVIX | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57720 | T | REVISION OF CERVIX | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 57800 | T | DILATION OF CERVICAL CANAL | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 58100 | T | BIOPSY OF UTERUS LINING | - | 05411 | 2.0813 | APC | $121.53 | - | - | - | - | 000 | 999 | - |
| 58110 | N | BX DONE W/COLPOSCOPY ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 58120 | T | DILATION AND CURETTAGE | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 58140 | C | MYOMECTOMY ABDOM METHOD | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58145 | T | MYOMECTOMY VAG METHOD | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 58146 | C | MYOMECTOMY ABDOM COMPLEX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58150 | C | TOTAL HYSTERECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58152 | C | TOTAL HYSTERECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58180 | C | PARTIAL HYSTERECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58200 | C | EXTENSIVE HYSTERECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58210 | C | EXTENSIVE HYSTERECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58240 | C | REMOVAL OF PELVIS CONTENTS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 58260 | N | VAGINAL HYSTERECTOMY | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 58262 | N | VAG HYST INCLUDING T/O | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 58263 | N | VAG HYST W/T/O & VAG REPAIR | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 58267 | C | VAG HYST W/URINARY REPAIR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58270 | N | VAG HYST W/ENTEROCELE REPAIR | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 58275 | C | HYSTERECTOMY/REVISE VAGINA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58280 | C | HYSTERECTOMY/REVISE VAGINA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58285 | C | EXTENSIVE HYSTERECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58290 | N | VAG HYST COMPLEX | - | 05416 | 80.9202 | Bundled, sometimes payable | $4,724.93 | - | - | - | - | 000 | 999 | - |
| 58291 | N | VAG HYST INCL T/O COMPLEX | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 58292 | N | VAG HYST T/O & REPAIR COMPL | - | 05416 | 80.9202 | Bundled, sometimes payable | $4,724.93 | - | - | - | - | 000 | 999 | - |
| 58294 | N | VAG HYST W/ENTEROCELE COMPL | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 58300 | M | INSERT INTRAUTERINE DEVICE | - | - | - | Fee Schedule | $69.71 | - | - | - | - | 010 | 065 | - |
| 58301 | N | REMOVE INTRAUTERINE DEVICE | - | 05412 | 3.4113 | Bundled, sometimes payable | $199.19 | - | - | - | - | 000 | 999 | - |
| 58321 | E | ARTIFICIAL INSEMINATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 010 | 065 | - |
| 58322 | E | ARTIFICIAL INSEMINATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 010 | 065 | - |
| 58323 | E | SPERM WASHING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 010 | 065 | - |
| 58340 | N | CATHETER FOR HYSTEROGRAPHY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 58345 | E | REOPEN FALLOPIAN TUBE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 58346 | T | INSERT HEYMAN UTERI CAPSULE | - | 05415 | 54.1580 | APC | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 58350 | N | REOPEN FALLOPIAN TUBE | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | | | Y | - | 000 | 999 | - |
| 58353 | N | ENDOMETR ABLATE THERMAL | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 58356 | N | ENDOMETRIAL CRYOABLATION | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | Y | 000 | 999 | - |
| 58400 | C | SUSPENSION OF UTERUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58410 | C | SUSPENSION OF UTERUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58520 | C | REPAIR OF RUPTURED UTERUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58540 | C | REVISION OF UTERUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58541 | N | LSH UTERUS 250 G OR LESS | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 58542 | N | LSH W/T/O UT 250 G OR LESS | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 58543 | N | LSH UTERUS ABOVE 250 G | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 58544 | N | LSH W/T/O UTERUS ABOVE 250 G | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 58545 | N | LAPAROSCOPIC MYOMECTOMY | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 58546 | N | LAPARO-MYOMECTOMY COMPLEX | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 58548 | C | LAP RADICAL HYST | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58550 | N | LAPARO-ASST VAG HYSTERECTOMY | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 58552 | N | LAPARO-VAG HYST INCL T/O | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 58553 | N | LAPARO-VAG HYST COMPLEX | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 58554 | N | LAPARO-VAG HYST W/T/O COMPL | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 58555 | T | HYSTEROSCOPY DX SEP PROC | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 58558 | T | HYSTEROSCOPY BIOPSY | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 58559 | N | HYSTEROSCOPY LYSIS | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 58560 | N | HYSTEROSCOPY RESECT SEPTUM | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 58561 | N | HYSTEROSCOPY REMOVE MYOMA | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 58562 | T | HYSTEROSCOPY REMOVE FB | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 58563 | N | HYSTEROSCOPY ABLATION | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 58565 | N | HYSTEROSCOPY STERILIZATION | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 021 | 065 | - |
| 58570 | N | TLH UTERUS 250 G OR LESS | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 58571 | N | TLH W/T/O 250 G OR LESS | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 58572 | N | TLH UTERUS OVER 250 G | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 58573 | N | TLH W/T/O UTERUS OVER 250 G | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 58575 | C | LAPS TOT HYST RESJ MAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58578 | N | UNLISTED LAPS PX UTERUS | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 58579 | T | UNLISTED HYSTSC PX UTERUS | - | 05411 | 2.0813 | APC | $121.53 | - | - | - | - | 000 | 999 | - |
| 58600 | T | DIVISION OF FALLOPIAN TUBE | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 021 | 065 | - |
| 58605 | C | DIVISION OF FALLOPIAN TUBE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 021 | 065 | - |
| 58611 | C | LIGATE OVIDUCT(S) ADD-ON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 021 | 065 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 58615 | T | OCCLUDE FALLOPIAN TUBE(S) | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 021 | 065 | - |
| 58660 | N | LAPAROSCOPY LYSIS | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 58661 | N | LAPAROSCOPY REMOVE ADNEXA | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 58662 | N | LAPAROSCOPY EXCISE LESIONS | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 58670 | N | LAPAROSCOPY TUBAL CAUTERY | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 021 | 999 | - |
| 58671 | N | LAPAROSCOPY TUBAL BLOCK | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 021 | 999 | - |
| 58672 | N | LAPAROSCOPY FIMBRIOPLASTY | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 58673 | N | LAPAROSCOPY SALPINGOSTOMY | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 58674 | T | LAPS ABLTJ UTERINE FIBROIDS | - | 05362 | 106.1787 | APC | $6,199.77 | - | - | - | - | 000 | 999 | - |
| 58679 | N | UNLISTED LAPS PX OVIDCT OVRY | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 58700 | C | REMOVAL OF FALLOPIAN TUBE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58720 | C | REMOVAL OF OVARY/TUBE(S) | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58740 | C | ADHESIOLYSIS TUBE OVARY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58750 | E | REPAIR OVIDUCT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 58752 | E | REVISE OVARIAN TUBE(S) | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 58760 | E | FIMBRIOPLASTY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 58770 | E | CREATE NEW TUBAL OPENING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 58800 | T | DRAINAGE OF OVARIAN CYST(S) | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 58805 | T | DRAINAGE OF OVARIAN CYST(S) | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 58820 | T | DRAIN OVARY ABSCESS OPEN | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 58822 | C | DRAIN OVARY ABSCESS PERCUT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58825 | C | TRANSPOSITION OVARY(S) | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58900 | T | BIOPSY OF OVARY(S) | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 58920 | N | PARTIAL REMOVAL OF OVARY(S) | - | 05416 | 80.9202 | Bundled, sometimes payable | $4,724.93 | - | - | - | - | 000 | 999 | - |
| 58925 | N | REMOVAL OF OVARIAN CYST(S) | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| 58940 | C | REMOVAL OF OVARY(S) | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58943 | C | REMOVAL OF OVARY(S) | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58950 | C | RESECT OVARIAN MALIGNANCY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58951 | C | RESECT OVARIAN MALIGNANCY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58952 | C | RESECT OVARIAN MALIGNANCY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58953 | C | TAH RAD DISSECT FOR DEBULK | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58954 | C | TAH RAD DEBULK/LYMPH REMOVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 012 | 999 | - |
| 58956 | C | BSO OMENTECTOMY W/TAH | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 58957 | C | RESECT RECURRENT GYN MAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58958 | C | RESECT RECUR GYN MAL W/LYM | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58960 | C | EXPLORATION OF ABDOMEN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 58970 | E | RETRIEVAL OF OOCYTE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 58974 | E | TRANSFER OF EMBRYO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 58976 | E | TRANSFER OF EMBRYO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 58999 | T | UNLISTED PX FML GENITAL SYS | - | 05411 | 2.0813 | APC | $121.53 | - | - | - | - | 000 | 999 | - |
| 59000 | T | AMNIOCENTESIS DIAGNOSTIC | - | 05413 | 8.2196 | APC | $479.94 | - | - | - | - | 010 | 065 | - |
| 59001 | T | AMNIOCENTESIS THERAPEUTIC | - | 05412 | 3.4113 | APC | $199.19 | - | - | - | - | 010 | 065 | - |
| 59012 | T | FETAL CORD PUNCTURE PRENATAL | - | 05412 | 3.4113 | APC | $199.19 | - | - | - | - | 010 | 065 | - |
| 59015 | T | CHORION BIOPSY | - | 05413 | 8.2196 | APC | $479.94 | - | - | - | - | 010 | 065 | - |
| 59020 | T | FETAL CONTRACT STRESS TEST | - | 05411 | 2.0813 | APC | $121.53 | - | - | - | - | 010 | 065 | - |
| 59025 | T | FETAL NON-STRESS TEST | - | 05411 | 2.0813 | APC | $121.53 | - | - | - | - | 010 | 065 | - |
| 59030 | T | FETAL SCALP BLOOD SAMPLE | - | 05412 | 3.4113 | APC | $199.19 | - | - | - | - | 010 | 065 | - |
| 59050 | M | FETAL MONITOR W/REPORT | - | - | - | Charge Ratio | $0.00 | - | - | - | - | 010 | 065 | - |
| 59051 | E | FETAL MONITOR/INTERPRET ONLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 010 | 065 | - |
| 59070 | T | TRANSABDOM AMNIOINFUS W/US | - | 05412 | 3.4113 | APC | $199.19 | - | - | - | Y | 010 | 065 | - |
| 59072 | T | UMBILICAL CORD OCCLUD W/US | - | 05412 | 3.4113 | APC | $199.19 | - | - | - | Y | 010 | 065 | - |
| 59074 | T | FETAL FLUID DRAINAGE W/US | - | 05412 | 3.4113 | APC | $199.19 | - | - | - | Y | 010 | 065 | - |
| 59076 | T | FETAL SHUNT PLACEMENT W/US | - | 05412 | 3.4113 | APC | $199.19 | - | - | - | Y | 010 | 065 | - |
| 59100 | T | REMOVE UTERUS LESION | - | 05415 | 54.1580 | APC | $3,162.29 | - | - | - | - | 010 | 065 | - |
| 59120 | C | TREAT ECTOPIC PREGNANCY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 010 | 065 | - |
| 59121 | C | TREAT ECTOPIC PREGNANCY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 010 | 065 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 59130 | C | TREAT ECTOPIC PREGNANCY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 010 | 065 | - |
| 59136 | C | TREAT ECTOPIC PREGNANCY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 010 | 065 | - |
| 59140 | C | TREAT ECTOPIC PREGNANCY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 010 | 065 | - |
| 59150 | N | TREAT ECTOPIC PREGNANCY | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 010 | 065 | - |
| 59151 | N | TREAT ECTOPIC PREGNANCY | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 010 | 065 | - |
| 59160 | T | D & C AFTER DELIVERY | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 010 | 065 | - |
| 59200 | T | INSERT CERVICAL DILATOR | - | 05412 | 3.4113 | APC | $199.19 | - | - | - | - | 010 | 065 | - |
| 59300 | T | EPISIOTOMY OR VAGINAL REPAIR | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 010 | 065 | - |
| 59320 | T | REVISION OF CERVIX | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 010 | 065 | - |
| 59325 | C | REVISION OF CERVIX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 010 | 065 | - |
| 59350 | C | REPAIR OF UTERUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 010 | 065 | - |
| 59400 | E | OBSTETRICAL CARE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 010 | 065 | - |
| 59409 | T | OBSTETRICAL CARE | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 010 | 065 | - |
| 59410 | E | OBSTETRICAL CARE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 010 | 065 | - |
| 59412 | T | ANTEPARTUM MANIPULATION | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 010 | 065 | - |
| 59414 | T | DELIVER PLACENTA | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 010 | 065 | - |
| 59425 | M | ANTEPARTUM CARE ONLY | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 010 | 065 | - |
| 59426 | M | ANTEPARTUM CARE ONLY | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 010 | 065 | - |
| 59430 | M | CARE AFTER DELIVERY | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 010 | 065 | - |
| 59510 | E | CESAREAN DELIVERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 010 | 065 | - |
| 59514 | C | CESAREAN DELIVERY ONLY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 010 | 065 | - |
| 59515 | E | CESAREAN DELIVERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 010 | 065 | - |
| 59525 | C | REMOVE UTERUS AFTER CESAREAN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 010 | 065 | - |
| 59610 | E | VBAC DELIVERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 010 | 065 | - |
| 59612 | T | VBAC DELIVERY ONLY | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 010 | 065 | - |
| 59614 | E | VBAC CARE AFTER DELIVERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 010 | 065 | - |
| 59618 | E | ATTEMPTED VBAC DELIVERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 010 | 065 | - |
| 59620 | C | ATTEMPTED VBAC DELIVERY ONLY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 010 | 065 | - |
| 59622 | E | ATTEMPTED VBAC AFTER CARE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 010 | 065 | - |
| 59812 | T | TREATMENT OF MISCARRIAGE | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 010 | 065 | - |
| 59820 | T | CARE OF MISCARRIAGE | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 010 | 065 | - |
| 59821 | T | TREATMENT OF MISCARRIAGE | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 010 | 065 | - |
| 59830 | C | TREAT UTERUS INFECTION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 010 | 065 | - |
| 59840 | T | ABORTION | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 010 | 065 | - |
| 59841 | T | ABORTION | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 010 | 065 | - |
| 59850 | C | ABORTION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 010 | 065 | - |
| 59851 | C | ABORTION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 010 | 065 | - |
| 59852 | C | ABORTION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 010 | 065 | - |
| 59855 | C | ABORTION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 010 | 065 | - |
| 59856 | C | ABORTION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 010 | 065 | - |
| 59857 | C | ABORTION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 010 | 065 | - |
| 59866 | T | ABORTION (MPR) | - | 05412 | 3.4113 | APC | $199.19 | - | - | - | - | 012 | 055 | - |
| 59870 | T | EVACUATE MOLE OF UTERUS | - | 05414 | 33.0366 | APC | $1,929.01 | - | - | - | - | 010 | 065 | - |
| 59871 | N | REMOVE CERCLAGE SUTURE | - | 05414 | 33.0366 | Bundled, sometimes payable | $1,929.01 | - | - | - | - | 000 | 999 | - |
| 59897 | T | UNLISTED FETAL INVAS PX W/US | - | 05411 | 2.0813 | APC | $121.53 | - | - | - | Y | 010 | 065 | - |
| 59898 | N | UNLSTD LAPS PX MAT CARE&DLVR | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 010 | 065 | - |
| 59899 | T | UNLISTED PX MAT CARE&DLVR | - | 05411 | 2.0813 | APC | $121.53 | - | - | - | - | 010 | 065 | - |
| 60000 | T | DRAIN THYROID/TONGUE CYST | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 6005F | E | CARE LEVEL RATIONALE DOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 60100 | T | BIOPSY OF THYROID | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 6010F | E | DYSPHAG TEST DONE B/4 EATING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 6015F | E | DYSPHAG TEST DONE B/4 EATING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 60200 | N | REMOVE THYROID LESION | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 6020F | E | NPO (NOTHING-MOUTH) ORDERED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 60210 | N | PARTIAL THYROID EXCISION | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 60212 | N | PARTIAL THYROID EXCISION | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 60220 | N | PARTIAL REMOVAL OF THYROID | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 60225 | N | PARTIAL REMOVAL OF THYROID | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 60240 | N | REMOVAL OF THYROID | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 60252 | N | REMOVAL OF THYROID | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 60254 | C | EXTENSIVE THYROID SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 60260 | N | REPEAT THYROID SURGERY | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 60270 | C | REMOVAL OF THYROID | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 60271 | N | REMOVAL OF THYROID | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 60280 | N | REMOVE THYROID DUCT LESION | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 60281 | N | REMOVE THYROID DUCT LESION | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 60300 | T | ASPIR/INJ THYROID CYST | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 6030F | E | MAX STERILE BARRIERS FLWD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 6040F | E | APPRO RAD DS DVCS TECHS DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 6045F | E | RADXPS IN END RPRT4FLURO PXD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 60500 | N | EXPLORE PARATHYROID GLANDS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 60502 | N | RE-EXPLORE PARATHYROIDS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 60505 | C | EXPLORE PARATHYROID GLANDS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 60512 | N | AUTOTRANSPLANT PARATHYROID | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 60520 | N | REMOVAL OF THYMUS GLAND | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 60521 | C | REMOVAL OF THYMUS GLAND | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 60522 | C | REMOVAL OF THYMUS GLAND | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 60540 | C | EXPLORE ADRENAL GLAND | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 60545 | C | EXPLORE ADRENAL GLAND | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 60600 | C | REMOVE CAROTID BODY LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 60605 | C | REMOVE CAROTID BODY LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 60650 | C | LAPAROSCOPY ADRENALECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 60659 | N | UNLISTED LAPS PX ENDOC SYS | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 60699 | N | UNLISTED PX ENDOCRINE SYSTEM | - | 05361 | 60.9003 | Bundled, sometimes payable | $3,555.97 | - | - | - | - | 000 | 999 | - |
| 6070F | E | PT ASKED/CNSLD AED EFFECTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 6080F | E | PT/CAREGIVER QUERIED FALLS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 6090F | E | PT/CAREGIVER COUNSEL SAFETY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 61000 | T | REMOVE CRANIAL CAVITY FLUID | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 002 | - |
| 61001 | T | REMOVE CRANIAL CAVITY FLUID | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 002 | - |
| 6100F | E | VERIFY PT SITE PXD DOCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 6101F | E | SAFETY COUNSELING DEMENTIA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 61020 | T | REMOVE BRAIN CAVITY FLUID | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 61026 | T | INJECTION INTO BRAIN CANAL | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 999 | - |
| 6102F | E | SAFETY COUNSELING DEM ORDER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 61050 | T | REMOVE BRAIN CANAL FLUID | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 61055 | T | INJECTION INTO BRAIN CANAL | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 61070 | T | BRAIN CANAL SHUNT PROCEDURE | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 999 | - |
| 61105 | C | TWIST DRILL HOLE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61107 | C | DRILL SKULL FOR IMPLANTATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61108 | C | DRILL SKULL FOR DRAINAGE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 6110F | E | COUNSEL PROV DRIVING RISKS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 61120 | C | BURR HOLE FOR PUNCTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61140 | C | PIERCE SKULL FOR BIOPSY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61150 | C | PIERCE SKULL FOR DRAINAGE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61151 | C | PIERCE SKULL FOR DRAINAGE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61154 | C | PIERCE SKULL & REMOVE CLOT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61156 | C | PIERCE SKULL FOR DRAINAGE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61210 | C | PIERCE SKULL IMPLANT DEVICE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61215 | T | INSERT BRAIN-FLUID DEVICE | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 61250 | C | PIERCE SKULL & EXPLORE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61253 | C | PIERCE SKULL & EXPLORE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61304 | C | OPEN SKULL FOR EXPLORATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 61305 | C | OPEN SKULL FOR EXPLORATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61312 | C | OPEN SKULL FOR DRAINAGE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61313 | C | OPEN SKULL FOR DRAINAGE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61314 | C | OPEN SKULL FOR DRAINAGE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61315 | C | OPEN SKULL FOR DRAINAGE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61316 | C | IMPLT CRAN BONE FLAP TO ABDO | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61320 | C | OPEN SKULL FOR DRAINAGE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61321 | C | OPEN SKULL FOR DRAINAGE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61322 | C | DECOMPRESSIVE CRANIOTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61323 | C | DECOMPRESSIVE LOBECTOMY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61330 | N | DECOMPRESS EYE SOCKET | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 61333 | C | EXPLORE ORBIT/REMOVE LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61340 | C | SUBTEMPORAL DECOMPRESSION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61343 | C | INCISE SKULL (PRESS RELIEF) | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61345 | C | RELIEVE CRANIAL PRESSURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61450 | C | INCISE SKULL FOR SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61458 | C | INCISE SKULL FOR BRAIN WOUND | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61460 | C | INCISE SKULL FOR SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61500 | C | REMOVAL OF SKULL LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61501 | C | REMOVE INFECTED SKULL BONE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 6150F | E | PT NOTRCVNG1ST ANTITNF TXMNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 61510 | C | REMOVAL OF BRAIN LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61512 | C | REMOVE BRAIN LINING LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61514 | C | REMOVAL OF BRAIN ABSCESS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61516 | C | REMOVAL OF BRAIN LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61517 | C | IMPLT BRAIN CHEMOTX ADD-ON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61518 | C | REMOVAL OF BRAIN LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61519 | C | REMOVE BRAIN LINING LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61520 | C | REMOVAL OF BRAIN LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61521 | C | REMOVAL OF BRAIN LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61522 | C | REMOVAL OF BRAIN ABSCESS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61524 | C | REMOVAL OF BRAIN LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61526 | C | REMOVAL OF BRAIN LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61530 | C | REMOVAL OF BRAIN LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61531 | C | IMPLANT BRAIN ELECTRODES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61533 | C | IMPLANT BRAIN ELECTRODES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61534 | C | REMOVAL OF BRAIN LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61535 | C | REMOVE BRAIN ELECTRODES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61536 | C | REMOVAL OF BRAIN LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61537 | C | REMOVAL OF BRAIN TISSUE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61538 | C | REMOVAL OF BRAIN TISSUE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61539 | C | REMOVAL OF BRAIN TISSUE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61540 | C | REMOVAL OF BRAIN TISSUE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61541 | C | INCISION OF BRAIN TISSUE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61543 | C | REMOVAL OF BRAIN TISSUE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61544 | C | REMOVE & TREAT BRAIN LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61545 | C | EXCISION OF BRAIN TUMOR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61546 | C | REMOVAL OF PITUITARY GLAND | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61548 | C | REMOVAL OF PITUITARY GLAND | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61550 | C | RELEASE OF SKULL SEAMS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61552 | C | RELEASE OF SKULL SEAMS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61556 | C | INCISE SKULL/SUTURES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61557 | C | INCISE SKULL/SUTURES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61558 | C | EXCISION OF SKULL/SUTURES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61559 | C | EXCISION OF SKULL/SUTURES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61563 | C | EXCISION OF SKULL TUMOR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 61564 | C | EXCISION OF SKULL TUMOR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61566 | C | REMOVAL OF BRAIN TISSUE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61567 | C | INCISION OF BRAIN TISSUE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61570 | C | REMOVE FOREIGN BODY BRAIN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61571 | C | INCISE SKULL FOR BRAIN WOUND | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61575 | C | SKULL BASE/BRAINSTEM SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61576 | C | SKULL BASE/BRAINSTEM SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61580 | C | CRANIOFACIAL APPROACH SKULL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61581 | C | CRANIOFACIAL APPROACH SKULL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61582 | C | CRANIOFACIAL APPROACH SKULL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61583 | C | CRANIOFACIAL APPROACH SKULL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61584 | C | ORBITOCRANIAL APPROACH/SKULL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61585 | C | ORBITOCRANIAL APPROACH/SKULL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61586 | C | RESECT NASOPHARYNX SKULL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61590 | C | INFRATEMPORAL APPROACH/SKULL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61591 | C | INFRATEMPORAL APPROACH/SKULL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61592 | C | ORBITOCRANIAL APPROACH/SKULL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61595 | C | TRANSTEMPORAL APPROACH/SKULL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61596 | C | TRANSCOCHLEAR APPROACH/SKULL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61597 | C | TRANSCONDYLAR APPROACH/SKULL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61598 | C | TRANSPETROSAL APPROACH/SKULL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61600 | C | RESECT/EXCISE CRANIAL LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61601 | C | RESECT/EXCISE CRANIAL LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61605 | C | RESECT/EXCISE CRANIAL LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61606 | C | RESECT/EXCISE CRANIAL LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61607 | C | RESECT/EXCISE CRANIAL LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61608 | C | RESECT/EXCISE CRANIAL LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61611 | C | TRANSECT ARTERY SINUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61613 | C | REMOVE ANEURYSM SINUS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61615 | C | RESECT/EXCISE LESION SKULL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61616 | C | RESECT/EXCISE LESION SKULL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61618 | C | REPAIR DURA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61619 | C | REPAIR DURA | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61623 | N | ENDOVASC TEMPORY VESSEL OCCL | - | 05193 | 124.0324 | Bundled, sometimes payable | $7,242.25 | - | - | - | - | 000 | 999 | - |
| 61624 | C | TRANSCATH OCCLUSION CNS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61626 | N | TRANSCATH OCCLUSION NON-CNS | - | 05193 | 124.0324 | Bundled, sometimes payable | $7,242.25 | - | - | - | - | 000 | 999 | - |
| 61630 | C | INTRACRANIAL ANGIOPLASTY | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 61635 | C | INTRACRAN ANGIOPLSTY W/STENT | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 61640 | E | DILATE IC VASOSPASM INIT | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 61641 | E | DILAT IC VSPSM EA VSL SM TER | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 61642 | E | DILAT IC VSPSM EA DIFF TER | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 61645 | C | PERQ ART M-THROMBECT &/NFS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61650 | C | EVASC PRLNG ADMN RX AGNT 1ST | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61651 | C | EVASC PRLNG ADMN RX AGNT ADD | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61680 | C | INTRACRANIAL VESSEL SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61682 | C | INTRACRANIAL VESSEL SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61684 | C | INTRACRANIAL VESSEL SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61686 | C | INTRACRANIAL VESSEL SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61690 | C | INTRACRANIAL VESSEL SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61692 | C | INTRACRANIAL VESSEL SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61697 | C | BRAIN ANEURYSM REPR COMPLX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61698 | C | BRAIN ANEURYSM REPR COMPLX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61700 | C | BRAIN ANEURYSM REPR SIMPLE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61702 | C | INNER SKULL VESSEL SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61703 | C | CLAMP NECK ARTERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61705 | C | REVISE CIRCULATION TO HEAD | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 61708 | C | REVISE CIRCULATION TO HEAD | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61710 | C | REVISE CIRCULATION TO HEAD | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61711 | C | FUSION OF SKULL ARTERIES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61720 | T | INCISE SKULL/BRAIN SURGERY | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 61735 | C | INCISE SKULL/BRAIN SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61736 | C | LITT ICR 1 TRAJ 1 SMPL LES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61737 | C | LITT ICR MLT TRJ MLT/CPLX LS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61750 | C | INCISE SKULL/BRAIN BIOPSY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61751 | C | BRAIN BIOPSY W/CT/MR GUIDE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61760 | C | IMPLANT BRAIN ELECTRODES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61770 | T | INCISE SKULL FOR TREATMENT | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 61781 | N | SCAN PROC CRANIAL INTRA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 61782 | N | SCAN PROC CRANIAL EXTRA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 61783 | N | SCAN PROC SPINAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 61790 | T | TREAT TRIGEMINAL NERVE | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 61791 | T | TREAT TRIGEMINAL TRACT | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 61796 | E | SRS CRANIAL LESION SIMPLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 61797 | E | SRS CRAN LES SIMPLE ADDL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 61798 | E | SRS CRANIAL LESION COMPLEX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 61799 | E | SRS CRAN LES COMPLEX ADDL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 61800 | E | APPLY SRS HEADFRAME ADD-ON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 61850 | C | IMPLANT NEUROELECTRODES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61860 | C | IMPLANT NEUROELECTRODES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61863 | C | IMPLANT NEUROELECTRODE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61864 | C | IMPLANT NEUROELECTRDE ADDL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61867 | C | IMPLANT NEUROELECTRODE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61868 | C | IMPLANT NEUROELECTRDE ADDL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 61880 | N | REVISE/REMOVE NEUROELECTRODE | - | 05461 | 37.9468 | Bundled, sometimes payable | $2,215.71 | - | - | - | - | 000 | 999 | - |
| 61885 | N | INSRT/REDO NEUROSTIM 1 ARRAY | - | 05464 | 251.3917 | Bundled, sometimes payable | $14,678.76 | - | - | - | - | 000 | 999 | - |
| 61886 | N | IMPLANT NEUROSTIM ARRAYS | - | 05465 | 343.0330 | Bundled, sometimes payable | $20,029.70 | - | - | - | - | 000 | 999 | - |
| 61888 | N | REVISE/REMOVE NEURORECEIVER | - | 05463 | 139.6575 | Bundled, sometimes payable | $8,154.60 | - | - | - | - | 000 | 999 | - |
| 62000 | N | TREAT SKULL FRACTURE | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 62005 | C | TREAT SKULL FRACTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62010 | C | TREATMENT OF HEAD INJURY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62100 | C | REPAIR BRAIN FLUID LEAKAGE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62115 | C | REDUCTION OF SKULL DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62117 | C | REDUCTION OF SKULL DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62120 | C | REPAIR SKULL CAVITY LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62121 | C | INCISE SKULL REPAIR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62140 | C | REPAIR OF SKULL DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62141 | C | REPAIR OF SKULL DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62142 | C | REMOVE SKULL PLATE/FLAP | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62143 | C | REPLACE SKULL PLATE/FLAP | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62145 | C | REPAIR OF SKULL & BRAIN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62146 | C | REPAIR OF SKULL WITH GRAFT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62147 | C | REPAIR OF SKULL WITH GRAFT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62148 | C | RETR BONE FLAP TO FIX SKULL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62160 | N | NEUROENDOSCOPY ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 62161 | C | DISSECT BRAIN W/SCOPE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62162 | C | REMOVE COLLOID CYST W/SCOPE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62164 | C | REMOVE BRAIN TUMOR W/SCOPE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62165 | C | REMOVE PITUIT TUMOR W/SCOPE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62180 | C | ESTABLISH BRAIN CAVITY SHUNT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62190 | C | ESTABLISH BRAIN CAVITY SHUNT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62192 | C | ESTABLISH BRAIN CAVITY SHUNT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62194 | T | REPLACE/IRRIGATE CATHETER | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 62200 | C | ESTABLISH BRAIN CAVITY SHUNT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62201 | C | BRAIN CAVITY SHUNT W/SCOPE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62220 | C | ESTABLISH BRAIN CAVITY SHUNT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62223 | C | ESTABLISH BRAIN CAVITY SHUNT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62225 | T | REPLACE/IRRIGATE CATHETER | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 62230 | T | REPLACE/REVISE BRAIN SHUNT | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 62252 | S | CSF SHUNT REPROGRAM | - | 05743 | 3.2325 | APC | $188.75 | - | - | - | - | 000 | 999 | - |
| 62256 | C | REMOVE BRAIN CAVITY SHUNT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62258 | C | REPLACE BRAIN CAVITY SHUNT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 62263 | T | EPIDURAL LYSIS MULT SESSIONS | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 62264 | T | EPIDURAL LYSIS ON SINGLE DAY | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 62267 | T | INTERDISCAL PERQ ASPIR DX | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 62268 | T | DRAIN SPINAL CORD CYST | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 62269 | T | NEEDLE BIOPSY SPINAL CORD | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 62270 | T | DX LMBR SPI PNXR | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 999 | - |
| 62272 | T | THER SPI PNXR DRG CSF | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 999 | - |
| 62273 | T | INJECT EPIDURAL PATCH | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 999 | - |
| 62280 | T | TREAT SPINAL CORD LESION | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 62281 | T | TREAT SPINAL CORD LESION | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 62282 | T | TREAT SPINAL CANAL LESION | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 62284 | N | INJECTION FOR MYELOGRAM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 62287 | T | DCMPRN PX PERQ 1/MLT LUMBAR | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 62290 | N | NJX PX DISCOGRAPHY LUMBAR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 62291 | N | NJX PX DISCOGRAPHY CRV/THRC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 62292 | T | NJX CHEMONUCLEOLYSIS LMBR | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 62294 | T | INJECTION INTO SPINAL ARTERY | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 62302 | N | MYELOGRAPHY LUMBAR INJECTION | - | 05573 | 8.6551 | Bundled, sometimes payable | $505.37 | - | - | - | - | 000 | 999 | - |
| 62303 | N | MYELOGRAPHY LUMBAR INJECTION | - | 05573 | 8.6551 | Bundled, sometimes payable | $505.37 | - | - | - | - | 000 | 999 | - |
| 62304 | N | MYELOGRAPHY LUMBAR INJECTION | - | 05573 | 8.6551 | Bundled, sometimes payable | $505.37 | - | - | - | - | 000 | 999 | - |
| 62305 | N | MYELOGRAPHY LUMBAR INJECTION | - | 05573 | 8.6551 | Bundled, sometimes payable | $505.37 | - | - | - | - | 000 | 999 | - |
| 62320 | T | NJX INTERLAMINAR CRV/THRC | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 999 | - |
| 62321 | T | NJX INTERLAMINAR CRV/THRC | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 999 | - |
| 62322 | T | NJX INTERLAMINAR LMBR/SAC | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 62323 | T | NJX INTERLAMINAR LMBR/SAC | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 999 | - |
| 62324 | T | NJX INTERLAMINAR CRV/THRC | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 62325 | T | NJX INTERLAMINAR CRV/THRC | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 62326 | T | NJX INTERLAMINAR LMBR/SAC | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 62327 | T | NJX INTERLAMINAR LMBR/SAC | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 62328 | T | DX LMBR SPI PNXR W/FLUOR/CT | - | 05442 | 7.5286 | APC | $434.11 | - | - | - | - | 000 | 999 | - |
| 62329 | T | THER SPI PNXR CSF FLUOR/CT | - | 05442 | 7.5286 | APC | $434.11 | - | - | - | - | 000 | 999 | - |
| 62350 | T | IMPLANT SPINAL CANAL CATH | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 62351 | N | IMPLANT SPINAL CANAL CATH | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 62355 | N | REMOVE SPINAL CANAL CATHETER | - | 05431 | 21.0028 | Bundled, sometimes payable | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 62360 | N | INSERT SPINE INFUSION DEVICE | - | 05471 | 197.9139 | Bundled, sometimes payable | $11,556.19 | - | - | - | - | 000 | 999 | - |
| 62361 | N | IMPLANT SPINE INFUSION PUMP | - | 05471 | 197.9139 | Bundled, sometimes payable | $11,556.19 | - | - | - | - | 000 | 999 | - |
| 62362 | N | IMPLANT SPINE INFUSION PUMP | - | 05471 | 197.9139 | Bundled, sometimes payable | $11,556.19 | - | - | - | - | 000 | 999 | - |
| 62365 | N | REMOVE SPINE INFUSION DEVICE | - | 05432 | 72.1931 | Bundled, sometimes payable | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 62367 | S | ANALYZE SPINE INFUS PUMP | - | 05743 | 3.2325 | APC | $188.75 | - | - | - | - | 000 | 999 | - |
| 62368 | S | ANALYZE SP INF PUMP W/REPROG | - | 05743 | 3.2325 | APC | $188.75 | - | - | - | - | 000 | 999 | - |
| 62369 | S | ANAL SP INF PMP W/REPRG&FILL | - | 05743 | 3.2325 | APC | $188.75 | - | - | - | - | 000 | 999 | - |
| 62370 | S | ANL SP INF PMP W/MDREPRG&FIL | - | 05743 | 3.2325 | APC | $188.75 | - | - | - | - | 000 | 999 | - |
| 62380 | T | NDSC DCMPRN 1 NTRSPC LUMBAR | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 63001 | N | REMOVE SPINE LAMINA 1/2 CRVL | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 63003 | N | REMOVE SPINE LAMINA 1/2 THRC | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 63005 | N | REMOVE SPINE LAMINA 1/2 LMBR | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 63011 | N | REMOVE SPINE LAMINA 1/2 SCRL | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 63012 | N | REMOVE LAMINA/FACETS LUMBAR | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 63015 | N | REMOVE SPINE LAMINA >2 CRVCL | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 63016 | N | REMOVE SPINE LAMINA >2 THRC | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 63017 | N | REMOVE SPINE LAMINA >2 LMBR | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 63020 | N | NECK SPINE DISK SURGERY | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 63030 | N | LOW BACK DISK SURGERY | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 63035 | N | SPINAL DISK SURGERY ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 63040 | N | LAMINOTOMY SINGLE CERVICAL | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 63042 | N | LAMINOTOMY SINGLE LUMBAR | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 63043 | N | LAMINOTOMY ADDL CERVICAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 63044 | N | LAMINOTOMY ADDL LUMBAR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 63045 | N | LAM FACETEC & FORAMOT CRV | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 63046 | N | LAM FACETEC & FORAMOT THRC | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 63047 | N | LAM FACETEC & FORAMOT LUMBAR | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 63048 | N | LAM FACETEC &FORAMOT EA ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 63050 | C | CERVICAL LAMINOPLSTY 2/> SEG | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 63051 | C | C-LAMINOPLASTY W/GRAFT/PLATE | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 63052 | N | LAM FACETC/FRMT ARTHRD LUM 1 | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 63053 | N | LAM FACTC/FRMT ARTHRD LUM EA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 63055 | N | DECOMPRESS SPINAL CORD THRC | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 63056 | N | DECOMPRESS SPINAL CORD LMBR | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 63057 | N | DECOMPRESS SPINE CORD ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 63064 | N | DECOMPRESS SPINAL CORD THRC | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 63066 | N | DECOMPRESS SPINE CORD ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 63075 | N | NECK SPINE DISK SURGERY | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 63076 | N | NECK SPINE DISK SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 63077 | C | SPINE DISK SURGERY THORAX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63078 | C | SPINE DISK SURGERY THORAX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63081 | C | REMOVE VERT BODY DCMPRN CRVL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63082 | C | REMOVE VERTEBRAL BODY ADD-ON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63085 | C | REMOVE VERT BODY DCMPRN THRC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63086 | C | REMOVE VERTEBRAL BODY ADD-ON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63087 | C | REMOV VERTBR DCMPRN THRCLMBR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63088 | C | REMOVE VERTEBRAL BODY ADD-ON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63090 | C | REMOVE VERT BODY DCMPRN LMBR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63091 | C | REMOVE VERTEBRAL BODY ADD-ON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63101 | C | REMOVE VERT BODY DCMPRN THRC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63102 | C | REMOVE VERT BODY DCMPRN LMBR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63103 | C | REMOVE VERTEBRAL BODY ADD-ON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63170 | C | INCISE SPINAL CORD TRACT(S) | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63172 | C | DRAINAGE OF SPINAL CYST | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63173 | C | DRAINAGE OF SPINAL CYST | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63185 | C | INCISE SPINE NRV HALF SEGMNT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63190 | C | INCISE SPINE NRV >2 SEGMNTS | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63191 | C | INCISE SPINE ACCESSORY NERVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63197 | C | LAM W/CORDOTOMY 1STG THRC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63200 | C | RELEASE SPINAL CORD LUMBAR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63250 | C | REVISE SPINAL CORD VSLS CRVL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63251 | C | REVISE SPINAL CORD VSLS THRC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63252 | C | REVISE SPINE CORD VSL THRLMB | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63265 | N | EXCISE INTRASPINL LESION CRV | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 63266 | N | EXCISE INTRSPINL LESION THRC | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 63267 | N | EXCISE INTRSPINL LESION LMBR | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 63268 | N | EXCISE INTRSPINL LESION SCRL | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 63270 | C | EXCISE INTRSPINL LESION CRVL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63271 | C | EXCISE INTRSPINL LESION THRC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 63272 | C | EXCISE INTRSPINL LESION LMBR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63273 | C | EXCISE INTRSPINL LESION SCRL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63275 | C | BX/EXC XDRL SPINE LESN CRVL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63276 | C | BX/EXC XDRL SPINE LESN THRC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63277 | C | BX/EXC XDRL SPINE LESN LMBR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63278 | C | BX/EXC XDRL SPINE LESN SCRL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63280 | C | BX/EXC IDRL SPINE LESN CRVL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63281 | C | BX/EXC IDRL SPINE LESN THRC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63282 | C | BX/EXC IDRL SPINE LESN LMBR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63283 | C | BX/EXC IDRL SPINE LESN SCRL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63285 | C | BX/EXC IDRL IMED LESN CERVL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63286 | C | BX/EXC IDRL IMED LESN THRC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63287 | C | BX/EXC IDRL IMED LESN THRLMB | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63290 | C | BX/EXC XDRL/IDRL LSN ANY LVL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63295 | C | REPAIR LAMINECTOMY DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 63300 | C | REMOVE VERT XDRL BODY CRVCL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63301 | C | REMOVE VERT XDRL BODY THRC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63302 | C | REMOVE VERT XDRL BODY THRLMB | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63303 | C | REMOV VERT XDRL BDY LMBR/SAC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63304 | C | REMOVE VERT IDRL BODY CRVCL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63305 | C | REMOVE VERT IDRL BODY THRC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63306 | C | REMOV VERT IDRL BDY THRCLMBR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63307 | C | REMOV VERT IDRL BDY LMBR/SAC | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63308 | C | REMOVE VERTEBRAL BODY ADD-ON | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63600 | T | REMOVE SPINAL CORD LESION | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 63610 | T | STIMULATION OF SPINAL CORD | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 63620 | E | SRS SPINAL LESION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 63621 | E | SRS SPINAL LESION ADDL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 63650 | N | IMPLANT NEUROELECTRODES | - | 05462 | 77.1613 | Bundled, sometimes payable | $4,505.45 | - | - | - | - | 000 | 999 | - |
| 63655 | N | IMPLANT NEUROELECTRODES | - | 05464 | 251.3917 | Bundled, sometimes payable | $14,678.76 | - | - | - | - | 000 | 999 | - |
| 63661 | N | REMOVE SPINE ELTRD PERQ ARAY | - | 05431 | 21.0028 | Bundled, sometimes payable | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 63662 | N | REMOVE SPINE ELTRD PLATE | - | 05461 | 37.9468 | Bundled, sometimes payable | $2,215.71 | - | - | - | - | 000 | 999 | - |
| 63663 | N | REVISE SPINE ELTRD PERQ ARAY | - | 05462 | 77.1613 | Bundled, sometimes payable | $4,505.45 | - | - | - | - | 000 | 999 | - |
| 63664 | N | REVISE SPINE ELTRD PLATE | - | 05463 | 139.6575 | Bundled, sometimes payable | $8,154.60 | - | - | - | - | 000 | 999 | - |
| 63685 | N | INSRT/REDO SPINE N GENERATOR | - | 05465 | 343.0330 | Bundled, sometimes payable | $20,029.70 | - | - | - | - | 000 | 999 | - |
| 63688 | N | REVISE/REMOVE NEURORECEIVER | - | 05461 | 37.9468 | Bundled, sometimes payable | $2,215.71 | - | - | - | - | 000 | 999 | - |
| 63700 | C | REPAIR OF SPINAL HERNIATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63702 | C | REPAIR OF SPINAL HERNIATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63704 | C | REPAIR OF SPINAL HERNIATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63706 | C | REPAIR OF SPINAL HERNIATION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63707 | C | REPAIR SPINAL FLUID LEAKAGE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63709 | C | REPAIR SPINAL FLUID LEAKAGE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63710 | C | GRAFT REPAIR OF SPINE DEFECT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63740 | C | INSTALL SPINAL SHUNT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 63741 | T | INSTALL SPINAL SHUNT | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 63744 | T | REVISION OF SPINAL SHUNT | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 63746 | N | REMOVAL OF SPINAL SHUNT | - | 05431 | 21.0028 | Bundled, sometimes payable | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64400 | T | NJX AA&/STRD TRIGEMINAL NRV | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 64405 | T | NJX AA&/STRD GR OCPL NRV | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 64408 | T | NJX AA&/STRD VAGUS NRV | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 64415 | T | NJX AA&/STRD BRCH PLXS IMG | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 64416 | T | NJX AA&/STRD BRCH PL NFS IMG | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 64417 | T | NJX AA&/STRD AX NERVE IMG | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 64418 | T | NJX AA&/STRD SPRSCAP NRV | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 999 | - |
| 64420 | T | NJX AA&/STRD NTRCOST NRV 1 | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 999 | - |
| 64421 | T | NJX AA&/STRD NTRCOST NRV EA | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 64425 | T | NJX AA&/STRD II IH NERVES | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 999 | - |
| 64430 | T | NJX AA&/STRD PUDENDAL NERVE | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 64435 | T | NJX AA&/STRD PARACRV NRV | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 999 | - |
| 64445 | T | NJX AA&/STRD SCIATIC NRV IMG | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 999 | - |
| 64446 | T | NJX AA&/STRD SC NRV NFS IMG | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 64447 | T | NJX AA&/STRD FEMORAL NRV IMG | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 999 | - |
| 64448 | T | NJX AA&/STRD FEM NRV NFS IMG | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 64449 | T | NJX AA&/STRD LMBR PLEX NFS | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | Y | 000 | 999 | - |
| 64450 | T | NJX AA&/STRD OTHER PN/BRANCH | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 999 | - |
| 64451 | T | NJX AA&/STRD NRV NRVTG SI JT | - | 05442 | 7.5286 | APC | $434.11 | - | - | - | - | 000 | 999 | - |
| 64454 | T | NJX AA&/STRD GNCLR NRV BRNCH | - | 05442 | 7.5286 | APC | $434.11 | - | - | - | - | 000 | 999 | - |
| 64455 | T | NJX AA&/STRD PLTR COM DG NRV | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 64461 | T | PVB THORACIC SINGLE INJ SITE | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 999 | - |
| 64462 | N | PVB THORACIC 2ND+ INJ SITE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64463 | T | PVB THORACIC CONT INFUSION | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 999 | - |
| 64479 | T | NJX AA&/STRD TFRM EPI C/T 1 | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 64480 | N | NJX AA&/STRD TFRM EPI C/T EA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64483 | T | NJX AA&/STRD TFRM EPI L/S 1 | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 64484 | N | NJX AA&/STRD TFRM EPI L/S EA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64486 | N | TAP BLOCK UNIL BY INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64487 | N | TAP BLOCK UNI BY INFUSION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64488 | N | TAP BLOCK BI INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64489 | N | TAP BLOCK BI BY INFUSION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64490 | T | INJ PARAVERT F JNT C/T 1 LEV | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 64491 | N | INJ PARAVERT F JNT C/T 2 LEV | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64492 | N | INJ PARAVERT F JNT C/T 3 LEV | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64493 | T | INJ PARAVERT F JNT L/S 1 LEV | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 64494 | N | INJ PARAVERT F JNT L/S 2 LEV | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64495 | N | INJ PARAVERT F JNT L/S 3 LEV | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64505 | T | N BLOCK SPENOPALATINE GANGL | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 64510 | T | N BLOCK STELLATE GANGLION | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 64517 | T | N BLOCK INJ HYPOGAS PLXS | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | Y | 000 | 999 | - |
| 64520 | T | N BLOCK LUMBAR/THORACIC | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 64530 | T | N BLOCK INJ CELIAC PELUS | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 64553 | N | IMPLANT NEUROELECTRODES | - | 05463 | 139.6575 | Bundled, sometimes payable | $8,154.60 | - | - | - | - | 000 | 999 | - |
| 64555 | N | IMPLANT NEUROELECTRODES | - | 05462 | 77.1613 | Bundled, sometimes payable | $4,505.45 | - | - | - | - | 000 | 999 | - |
| 64561 | N | IMPLANT NEUROELECTRODES | - | 05462 | 77.1613 | Bundled, sometimes payable | $4,505.45 | - | - | - | - | 000 | 999 | - |
| 64566 | T | NEUROELTRD STIM POST TIBIAL | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 64568 | N | OPN IMPLTJ CRNL NRV NEA&PG | - | 05465 | 343.0330 | Bundled, sometimes payable | $20,029.70 | - | - | - | - | 000 | 999 | - |
| 64569 | N | REVISE/REPL VAGUS N ELTRD | - | 05463 | 139.6575 | Bundled, sometimes payable | $8,154.60 | - | - | - | - | 000 | 999 | - |
| 64570 | N | REMOVE VAGUS N ELTRD | - | 05432 | 72.1931 | Bundled, sometimes payable | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64575 | N | OPN IMPLTJ NEA PERPH NERVE | - | 05463 | 139.6575 | Bundled, sometimes payable | $8,154.60 | - | - | - | - | 000 | 999 | - |
| 64580 | N | OPN IMPLTJ NEA NEUROMUSCULAR | - | 05464 | 251.3917 | Bundled, sometimes payable | $14,678.76 | - | - | - | - | 000 | 999 | - |
| 64581 | N | OPN IMPLTJ NEA SACRAL NERVE | - | 05462 | 77.1613 | Bundled, sometimes payable | $4,505.45 | - | - | - | - | 000 | 999 | - |
| 64582 | N | OPN MPLTJ HPGLSL NSTM ARY PG | - | 05465 | 343.0330 | Bundled, sometimes payable | $20,029.70 | - | - | - | - | 000 | 999 | - |
| 64583 | N | REV/RPLCT HPGLSL NSTM ARY PG | - | 05463 | 139.6575 | Bundled, sometimes payable | $8,154.60 | - | - | - | - | 000 | 999 | - |
| 64584 | N | RMVL HPGLSL NSTIM ARY PG | - | 05432 | 72.1931 | Bundled, sometimes payable | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64585 | N | REVISE/REMOVE NEUROELECTRODE | - | 05461 | 37.9468 | Bundled, sometimes payable | $2,215.71 | - | - | - | - | 000 | 999 | - |
| 64590 | N | INSRT/REDO PN/GASTR STIMUL | - | 05464 | 251.3917 | Bundled, sometimes payable | $14,678.76 | - | - | - | - | 000 | 999 | - |
| 64595 | N | REVISE/RMV PN/GASTR STIMUL | - | 05461 | 37.9468 | Bundled, sometimes payable | $2,215.71 | - | - | - | - | 000 | 999 | - |
| 64600 | T | INJECTION TREATMENT OF NERVE | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 64605 | T | INJECTION TREATMENT OF NERVE | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64610 | T | INJECTION TREATMENT OF NERVE | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64611 | T | CHEMODENERV SALIV GLANDS | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 64612 | T | DESTROY NERVE FACE MUSCLE | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 64615 | T | CHEMODENERV MUSC MIGRAINE | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | Y | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 64616 | T | CHEMODENERV MUSC NECK DYSTON | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 64617 | T | CHEMODENER MUSCLE LARYNX EMG | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 999 | - |
| 64620 | T | INJECTION TREATMENT OF NERVE | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 64624 | N | DSTRJ NULYT AGT GNCLR NRV | - | 05431 | 21.0028 | Bundled, sometimes payable | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64625 | N | RF ABLTJ NRV NRVTG SI JT | - | 05431 | 21.0028 | Bundled, sometimes payable | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64628 | N | TRML DSTRJ IOS BVN 1ST 2 L/S | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 64629 | N | TRML DSTRJ IOS BVN EA ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64630 | T | INJECTION TREATMENT OF NERVE | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 64632 | T | N BLOCK INJ COMMON DIGIT | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 64633 | T | DESTROY CERV/THOR FACET JNT | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64634 | N | DESTROY C/TH FACET JNT ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64635 | T | DESTROY LUMB/SAC FACET JNT | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64636 | N | DESTROY L/S FACET JNT ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64640 | T | INJECTION TREATMENT OF NERVE | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 64642 | T | CHEMODENERV 1 EXTREMITY 1-4 | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 999 | - |
| 64643 | N | CHEMODENERV 1 EXTREM 1-4 EA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64644 | T | CHEMODENERV 1 EXTREM 5/> MUS | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 999 | - |
| 64645 | N | CHEMODENERV 1 EXTREM 5/> EA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64646 | T | CHEMODENERV TRUNK MUSC 1-5 | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 999 | - |
| 64647 | T | CHEMODENERV TRUNK MUSC 6/> | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 999 | - |
| 64650 | T | CHEMODENERV ECCRINE GLANDS | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | Y | 000 | 999 | - |
| 64653 | T | CHEMODENERV ECCRINE GLANDS | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | Y | 000 | 999 | - |
| 64680 | T | INJECTION TREATMENT OF NERVE | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | - | 000 | 999 | - |
| 64681 | T | INJECTION TREATMENT OF NERVE | - | 05443 | 9.9571 | APC | $581.40 | - | - | - | Y | 000 | 999 | - |
| 64702 | T | REVISE FINGER/TOE NERVE | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64704 | T | REVISE HAND/FOOT NERVE | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64708 | T | REVISE ARM/LEG NERVE | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64712 | T | REVISION OF SCIATIC NERVE | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64713 | T | REVISION OF ARM NERVE(S) | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64714 | T | REVISE LOW BACK NERVE(S) | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64716 | T | REVISION OF CRANIAL NERVE | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64718 | T | REVISE ULNAR NERVE AT ELBOW | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64719 | T | REVISE ULNAR NERVE AT WRIST | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64721 | T | CARPAL TUNNEL SURGERY | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64722 | T | RELIEVE PRESSURE ON NERVE(S) | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64726 | T | RELEASE FOOT/TOE NERVE | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64727 | N | INTERNAL NERVE REVISION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64732 | T | INCISION OF BROW NERVE | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64734 | T | INCISION OF CHEEK NERVE | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64736 | T | INCISION OF CHIN NERVE | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64738 | T | INCISION OF JAW NERVE | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64740 | T | INCISION OF TONGUE NERVE | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64742 | T | INCISION OF FACIAL NERVE | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64744 | T | INCISE NERVE BACK OF HEAD | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64746 | T | INCISE DIAPHRAGM NERVE | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64755 | C | INCISION OF STOMACH NERVES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 64760 | C | INCISION OF VAGUS NERVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 64763 | T | INCISE HIP/THIGH NERVE | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64766 | T | INCISE HIP/THIGH NERVE | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64771 | T | SEVER CRANIAL NERVE | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64772 | T | INCISION OF SPINAL NERVE | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64774 | T | REMOVE SKIN NERVE LESION | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64776 | T | REMOVE DIGIT NERVE LESION | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64778 | N | DIGIT NERVE SURGERY ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64782 | T | REMOVE LIMB NERVE LESION | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64783 | N | LIMB NERVE SURGERY ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 64784 | T | REMOVE NERVE LESION | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64786 | T | REMOVE SCIATIC NERVE LESION | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64787 | N | IMPLANT NERVE END | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64788 | T | REMOVE SKIN NERVE LESION | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64790 | T | REMOVAL OF NERVE LESION | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64792 | T | REMOVAL OF NERVE LESION | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64795 | T | BIOPSY OF NERVE | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64802 | T | SYMPATHECTOMY CERVICAL | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64804 | T | REMOVE SYMPATHETIC NERVES | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64809 | C | REMOVE SYMPATHETIC NERVES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 64818 | C | REMOVE SYMPATHETIC NERVES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 64820 | T | SYMPATHECTOMY DIGITAL ARTERY | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64821 | T | REMOVE SYMPATHETIC NERVES | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 64822 | T | REMOVE SYMPATHETIC NERVES | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 64823 | T | SYMPATHECTOMY SUPFC PALMAR | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 64831 | T | REPAIR OF DIGIT NERVE | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64832 | N | REPAIR NERVE ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64834 | T | REPAIR OF HAND OR FOOT NERVE | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64835 | T | REPAIR OF HAND OR FOOT NERVE | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64836 | T | REPAIR OF HAND OR FOOT NERVE | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64837 | N | REPAIR NERVE ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64840 | T | REPAIR OF LEG NERVE | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64856 | T | REPAIR/TRANSPOSE NERVE | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64857 | T | REPAIR ARM/LEG NERVE | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64858 | T | REPAIR SCIATIC NERVE | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64859 | N | NERVE SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64861 | T | REPAIR OF ARM NERVES | - | 05431 | 21.0028 | APC | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 64862 | T | REPAIR OF LOW BACK NERVES | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64864 | T | REPAIR OF FACIAL NERVE | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64865 | T | REPAIR OF FACIAL NERVE | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64866 | C | FUSION OF FACIAL/OTHER NERVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 64868 | C | FUSION OF FACIAL/OTHER NERVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 64872 | N | SUBSEQUENT REPAIR OF NERVE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64874 | N | REPAIR & REVISE NERVE ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64876 | N | REPAIR NERVE/SHORTEN BONE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64885 | T | NERVE GRAFT HEAD/NECK </4 CM | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64886 | T | NERVE GRAFT HEAD/NECK >4 CM | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64890 | T | NERVE GRAFT HAND/FOOT </4 CM | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64891 | T | NERVE GRAFT HAND/FOOT >4 CM | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64892 | T | NERVE GRAFT ARM/LEG <4 CM | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64893 | T | NERVE GRAFT ARM/LEG >4 CM | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64895 | T | NERVE GRAFT HAND/FOOT </4 CM | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64896 | T | NERVE GRAFT HAND/FOOT >4 CM | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64897 | T | NERVE GRAFT ARM/LEG </4 CM | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64898 | T | NERVE GRAFT ARM/LEG >4 CM | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64901 | N | NERVE GRAFT ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64902 | N | NERVE GRAFT ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64905 | T | NERVE PEDICLE TRANSFER | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64907 | T | NERVE PEDICLE TRANSFER | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64910 | T | NERVE REPAIR W/ALLOGRAFT | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64911 | T | NEURORRAPHY W/VEIN AUTOGRAFT | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64912 | T | NRV RPR W/NRV ALGRFT 1ST | - | 05432 | 72.1931 | APC | $4,215.36 | - | - | - | - | 000 | 999 | - |
| 64913 | N | NRV RPR W/NRV ALGRFT EA ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 64999 | T | UNLISTED PX NERVOUS SYSTEM | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | - | 000 | 999 | - |
| 65091 | T | REVISE EYE | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 65093 | T | REVISE EYE WITH IMPLANT | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 65101 | T | REMOVAL OF EYE | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 65103 | T | REMOVE EYE/INSERT IMPLANT | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 65105 | T | REMOVE EYE/ATTACH IMPLANT | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 65110 | T | REMOVAL OF EYE | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 65112 | T | REMOVE EYE/REVISE SOCKET | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 65114 | T | REMOVE EYE/REVISE SOCKET | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 65125 | T | REVISE OCULAR IMPLANT | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 65130 | T | INSERT OCULAR IMPLANT | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 65135 | T | INSERT OCULAR IMPLANT | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 65140 | T | ATTACH OCULAR IMPLANT | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 65150 | T | REVISE OCULAR IMPLANT | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 65155 | T | REINSERT OCULAR IMPLANT | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 65175 | T | REMOVAL OF OCULAR IMPLANT | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 65205 | N | REMOVE FOREIGN BODY FROM EYE | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 65210 | N | REMOVE FOREIGN BODY FROM EYE | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | - | 000 | 999 | - |
| 65220 | N | REMOVE FOREIGN BODY FROM EYE | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | - | 000 | 999 | - |
| 65222 | N | REMOVE FOREIGN BODY FROM EYE | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 65235 | T | REMOVE FOREIGN BODY FROM EYE | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 65260 | T | REMOVE FOREIGN BODY FROM EYE | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 65265 | T | REMOVE FOREIGN BODY FROM EYE | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 65270 | T | REPAIR OF EYE WOUND | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 65272 | T | REPAIR OF EYE WOUND | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 65273 | C | REPAIR OF EYE WOUND | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 65275 | T | REPAIR OF EYE WOUND | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 65280 | N | REPAIR OF EYE WOUND | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 65285 | N | REPAIR OF EYE WOUND | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 65286 | T | REPAIR OF EYE WOUND | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 65290 | T | REPAIR OF EYE SOCKET WOUND | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 65400 | T | REMOVAL OF EYE LESION | - | 05502 | 10.1962 | APC | $595.36 | - | - | - | - | 000 | 999 | - |
| 65410 | T | BIOPSY OF CORNEA | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 65420 | T | REMOVAL OF EYE LESION | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 65426 | T | REMOVAL OF EYE LESION | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 65430 | N | CORNEAL SMEAR | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | - | 000 | 999 | - |
| 65435 | T | CURETTE/TREAT CORNEA | - | 05502 | 10.1962 | APC | $595.36 | - | - | - | - | 000 | 999 | - |
| 65436 | T | CURETTE/TREAT CORNEA | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 65450 | T | TREATMENT OF CORNEAL LESION | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 65600 | T | REVISION OF CORNEA | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 65710 | N | CORNEAL TRANSPLANT | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 65730 | N | CORNEAL TRANSPLANT | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 65750 | N | CORNEAL TRANSPLANT | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 65755 | N | CORNEAL TRANSPLANT | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 65756 | N | CORNEAL TRNSPL ENDOTHELIAL | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 65757 | N | PREP CORNEAL ENDO ALLOGRAFT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 65760 | E | REVISION OF CORNEA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 65765 | E | REVISION OF CORNEA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 65767 | E | CORNEAL TISSUE TRANSPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 65770 | N | REVISE CORNEA WITH IMPLANT | - | 05493 | 84.3318 | Bundled, sometimes payable | $4,924.13 | - | - | - | - | 000 | 999 | - |
| 65771 | E | RADIAL KERATOTOMY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 65772 | T | CORRECTION OF ASTIGMATISM | - | 05502 | 10.1962 | APC | $595.36 | - | - | - | - | 000 | 999 | - |
| 65775 | T | CORRECTION OF ASTIGMATISM | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 65778 | N | COVER EYE W/MEMBRANE | - | 05502 | 10.1962 | Bundled, sometimes payable | $595.36 | - | - | - | - | 000 | 999 | - |
| 65779 | N | COVER EYE W/MEMBRANE SUTURE | - | 05504 | 40.8424 | Bundled, sometimes payable | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 65780 | T | OCULAR RECONST TRANSPLANT | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 65781 | N | OCULAR RECONST TRANSPLANT | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 65782 | T | OCULAR RECONST TRANSPLANT | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 65785 | N | IMPLTJ NTRSTRML CRNL RNG SEG | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 65800 | T | DRAINAGE OF EYE | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 65810 | T | DRAINAGE OF EYE | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 65815 | T | DRAINAGE OF EYE | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 65820 | N | RELIEVE INNER EYE PRESSURE | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 65850 | T | INCISION OF EYE | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 65855 | T | TRABECULOPLASTY LASER SURG | - | 05481 | 6.2017 | APC | $362.12 | - | - | - | - | 000 | 999 | - |
| 65860 | T | INCISE INNER EYE ADHESIONS | - | 05481 | 6.2017 | APC | $362.12 | - | - | - | - | 000 | 999 | - |
| 65865 | T | INCISE INNER EYE ADHESIONS | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 65870 | T | INCISE INNER EYE ADHESIONS | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 65875 | T | INCISE INNER EYE ADHESIONS | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 65880 | T | INCISE INNER EYE ADHESIONS | - | 05492 | 46.6855 | APC | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 65900 | T | REMOVE EYE LESION | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 65920 | T | REMOVE IMPLANT OF EYE | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 65930 | T | REMOVE BLOOD CLOT FROM EYE | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66020 | T | INJECTION TREATMENT OF EYE | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66030 | T | INJECTION TREATMENT OF EYE | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66130 | T | REMOVE EYE LESION | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 66150 | N | GLAUCOMA SURGERY | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 66155 | T | GLAUCOMA SURGERY | - | 05492 | 46.6855 | APC | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 66160 | T | GLAUCOMA SURGERY | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66170 | T | GLAUCOMA SURGERY | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66172 | T | INCISION OF EYE | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66174 | T | TRLUML DIL AQ O/F CAN W/O ST | - | 05492 | 46.6855 | APC | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 66175 | N | TRLUML DIL AQ O/F CAN W/ST | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 66179 | N | AQUEOUS SHUNT EYE W/O GRAFT | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 66180 | N | AQUEOUS SHUNT EYE W/GRAFT | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 66183 | N | INSERT ANT DRAINAGE DEVICE | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 66184 | T | REVISION OF AQUEOUS SHUNT | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66185 | T | REVISE AQUEOUS SHUNT EYE | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66225 | T | REPAIR/GRAFT EYE LESION | - | 05492 | 46.6855 | APC | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 66250 | T | FOLLOW-UP SURGERY OF EYE | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 66500 | T | INCISION OF IRIS | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66505 | T | INCISION OF IRIS | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66600 | T | REMOVE IRIS AND LESION | - | 05492 | 46.6855 | APC | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 66605 | T | REMOVAL OF IRIS | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66625 | T | REMOVAL OF IRIS | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66630 | T | REMOVAL OF IRIS | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66635 | T | REMOVAL OF IRIS | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66680 | T | REPAIR IRIS & CILIARY BODY | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66682 | T | REPAIR IRIS & CILIARY BODY | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66700 | T | DESTRUCTION CILIARY BODY | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66710 | T | CILIARY TRANSSLERAL THERAPY | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 66711 | T | ECP CILIARY BODY DESTRUCTION | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | Y | 000 | 999 | - |
| 66720 | T | DESTRUCTION CILIARY BODY | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 66740 | T | DESTRUCTION CILIARY BODY | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 66761 | T | REVISION OF IRIS | - | 05481 | 6.2017 | APC | $362.12 | - | - | - | - | 000 | 999 | - |
| 66762 | T | REVISION OF IRIS | - | 05481 | 6.2017 | APC | $362.12 | - | - | - | - | 000 | 999 | - |
| 66770 | T | REMOVAL OF INNER EYE LESION | - | 05481 | 6.2017 | APC | $362.12 | - | - | - | - | 000 | 999 | - |
| 66820 | T | INCISION SECONDARY CATARACT | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66821 | T | AFTER CATARACT LASER SURGERY | - | 05481 | 6.2017 | APC | $362.12 | - | - | - | - | 000 | 999 | - |
| 66825 | T | REPOSITION INTRAOCULAR LENS | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66830 | T | REMOVAL OF LENS LESION | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66840 | T | REMOVAL OF LENS MATERIAL | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66850 | T | REMOVAL OF LENS MATERIAL | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66852 | N | REMOVAL OF LENS MATERIAL | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 66920 | T | EXTRACTION OF LENS | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 66930 | N | EXTRACTION OF LENS | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 66940 | T | EXTRACTION OF LENS | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66982 | T | XCAPSL CTRC RMVL CPLX WO ECP | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66983 | T | CATARACT SURG W/IOL 1 STAGE | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66984 | T | XCAPSL CTRC RMVL W/O ECP | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66985 | T | INSERT LENS PROSTHESIS | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66986 | T | EXCHANGE LENS PROSTHESIS | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 66987 | N | XCAPSL CTRC RMVL CPLX W/ECP | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 66988 | N | XCAPSL CTRC RMVL W/ECP | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 66989 | T | XCPSL CTRC RMVL CPLX INSJ 1+ | - | 01563 | 75.7125 | APC | $4,420.85 | - | - | - | - | 000 | 999 | - |
| 66990 | N | OPHTHALMIC ENDOSCOPE ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 66991 | T | XCAPSL CTRC RMVL INSJ 1+ | - | 01563 | 75.7125 | APC | $4,420.85 | - | - | - | - | 000 | 999 | - |
| 66999 | T | UNLISTED PX ANT SEGMENT EYE | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 67005 | T | PARTIAL REMOVAL OF EYE FLUID | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 67010 | T | PARTIAL REMOVAL OF EYE FLUID | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 67015 | T | RELEASE OF EYE FLUID | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 67025 | T | REPLACE EYE FLUID | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 67027 | N | IMPLANT EYE DRUG SYSTEM | - | 05494 | 187.1847 | Bundled, sometimes payable | $10,929.71 | - | - | - | - | 000 | 999 | - |
| 67028 | S | INJECTION EYE DRUG | - | 05694 | 3.8864 | APC | $226.93 | - | - | - | - | 000 | 999 | - |
| 67030 | T | INCISE INNER EYE STRANDS | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 67031 | T | LASER SURGERY EYE STRANDS | - | 05481 | 6.2017 | APC | $362.12 | - | - | - | - | 000 | 999 | - |
| 67036 | T | REMOVAL OF INNER EYE FLUID | - | 05492 | 46.6855 | APC | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 67039 | N | LASER TREATMENT OF RETINA | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 67040 | N | LASER TREATMENT OF RETINA | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 67041 | T | VIT FOR MACULAR PUCKER | - | 05492 | 46.6855 | APC | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 67042 | N | VIT FOR MACULAR HOLE | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 67043 | N | VIT FOR MEMBRANE DISSECT | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 67101 | T | REPAIR DETACHED RETINA CRTX | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 67105 | T | REPAIR DETACHED RETINA PC | - | 05481 | 6.2017 | APC | $362.12 | - | - | - | - | 000 | 999 | - |
| 67107 | N | REPAIR DETACHED RETINA | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 67108 | N | REPAIR DETACHED RETINA | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 67110 | T | REPAIR DETACHED RETINA | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 67113 | N | REPAIR RETINAL DETACH CPLX | - | 05492 | 46.6855 | Bundled, sometimes payable | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 67115 | T | RELEASE ENCIRCLING MATERIAL | - | 05492 | 46.6855 | APC | $2,725.97 | - | - | - | - | 000 | 999 | - |
| 67120 | T | REMOVE EYE IMPLANT MATERIAL | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 67121 | T | REMOVE EYE IMPLANT MATERIAL | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 67141 | T | PROPH RTA DTCHMNT CRTX DTHRM | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 67145 | T | PROPH RTA DTCHMNT PC | - | 05481 | 6.2017 | APC | $362.12 | - | - | - | - | 000 | 999 | - |
| 67208 | T | TREATMENT OF RETINAL LESION | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 67210 | T | TREATMENT OF RETINAL LESION | - | 05481 | 6.2017 | APC | $362.12 | - | - | - | - | 000 | 999 | - |
| 67218 | T | TREATMENT OF RETINAL LESION | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 67220 | T | TREATMENT OF CHOROID LESION | - | 05481 | 6.2017 | APC | $362.12 | - | - | - | - | 000 | 999 | - |
| 67221 | T | OCULAR PHOTODYNAMIC THER | - | 05481 | 6.2017 | APC | $362.12 | - | - | - | - | 000 | 999 | - |
| 67225 | N | EYE PHOTODYNAMIC THER ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 67227 | T | DSTRJ EXTENSIVE RETINOPATHY | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 67228 | T | TREATMENT X10SV RETINOPATHY | - | 05481 | 6.2017 | APC | $362.12 | - | - | - | - | 000 | 999 | - |
| 67229 | T | TR RETINAL LES PRETERM INF | - | 05481 | 6.2017 | APC | $362.12 | - | - | - | - | 000 | 001 | - |
| 67250 | T | REINFORCE EYE WALL | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 67255 | T | REINFORCE/GRAFT EYE WALL | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 67299 | T | UNLISTED PX POSTERIOR SEGMNT | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 67311 | T | REVISE EYE MUSCLE | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 67312 | T | REVISE TWO EYE MUSCLES | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 67314 | T | REVISE EYE MUSCLE | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 67316 | T | REVISE TWO EYE MUSCLES | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 67318 | T | REVISE EYE MUSCLE(S) | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 67320 | N | REVISE EYE MUSCLE(S) ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 67331 | N | EYE SURGERY FOLLOW-UP ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 67332 | N | REREVISE EYE MUSCLES ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 67334 | N | REVISE EYE MUSCLE W/SUTURE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 67335 | N | EYE SUTURE DURING SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 67340 | N | REVISE EYE MUSCLE ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 67343 | T | RELEASE EYE TISSUE | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 67345 | T | DESTROY NERVE OF EYE MUSCLE | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 67346 | T | BIOPSY EYE MUSCLE | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 67399 | T | UNLISTED PX EXTRAOCULAR MUSC | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 67400 | T | EXPLORE/BIOPSY EYE SOCKET | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 67405 | T | EXPLORE/DRAIN EYE SOCKET | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 67412 | T | EXPLORE/TREAT EYE SOCKET | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 67413 | T | EXPLORE/TREAT EYE SOCKET | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 67414 | T | EXPLR/DECOMPRESS EYE SOCKET | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 67415 | T | ASPIRATION ORBITAL CONTENTS | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 67420 | T | EXPLORE/TREAT EYE SOCKET | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 67430 | T | EXPLORE/TREAT EYE SOCKET | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 67440 | T | EXPLORE/DRAIN EYE SOCKET | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 67445 | T | EXPLR/DECOMPRESS EYE SOCKET | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 67450 | T | EXPLORE/BIOPSY EYE SOCKET | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 67500 | T | INJECT/TREAT EYE SOCKET | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 67505 | T | INJECT/TREAT EYE SOCKET | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 67515 | T | INJECT/TREAT EYE SOCKET | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 67550 | T | INSERT EYE SOCKET IMPLANT | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 67560 | T | REVISE EYE SOCKET IMPLANT | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 67570 | T | DECOMPRESS OPTIC NERVE | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 67599 | T | UNLISTED PROCEDURE ORBIT | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 67700 | T | DRAINAGE OF EYELID ABSCESS | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 67710 | T | INCISION OF EYELID | - | 05502 | 10.1962 | APC | $595.36 | - | - | - | - | 000 | 999 | - |
| 67715 | T | INCISION OF EYELID FOLD | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 67800 | T | REMOVE EYELID LESION | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 67801 | T | REMOVE EYELID LESIONS | - | 05502 | 10.1962 | APC | $595.36 | - | - | - | - | 000 | 999 | - |
| 67805 | T | REMOVE EYELID LESIONS | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 67808 | T | REMOVE EYELID LESION(S) | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 67810 | T | BIOPSY EYELID & LID MARGIN | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 67820 | N | REVISE EYELASHES | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 67825 | T | REVISE EYELASHES | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 67830 | T | REVISE EYELASHES | - | 05502 | 10.1962 | APC | $595.36 | - | - | - | - | 000 | 999 | - |
| 67835 | T | REVISE EYELASHES | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 67840 | T | REMOVE EYELID LESION | - | 05502 | 10.1962 | APC | $595.36 | - | - | - | - | 000 | 999 | - |
| 67850 | T | TREAT EYELID LESION | - | 05502 | 10.1962 | APC | $595.36 | - | - | - | - | 000 | 999 | - |
| 67875 | T | CLOSURE OF EYELID BY SUTURE | - | 05502 | 10.1962 | APC | $595.36 | - | - | - | - | 000 | 999 | - |
| 67880 | T | REVISION OF EYELID | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 67882 | T | REVISION OF EYELID | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 67900 | T | REPAIR BROW DEFECT | - | 05503 | 24.7032 | APC | $1,442.42 | | | Y | - | 000 | 999 | - |
| 67901 | T | REPAIR EYELID DEFECT | - | 05503 | 24.7032 | APC | $1,442.42 | | | Y | - | 000 | 999 | - |
| 67902 | T | REPAIR EYELID DEFECT | - | 05504 | 40.8424 | APC | $2,384.79 | | | Y | - | 000 | 999 | - |
| 67903 | T | REPAIR EYELID DEFECT | - | 05503 | 24.7032 | APC | $1,442.42 | | | Y | - | 000 | 999 | - |
| 67904 | T | REPAIR EYELID DEFECT | - | 05503 | 24.7032 | APC | $1,442.42 | | | Y | - | 000 | 999 | - |
| 67906 | T | REPAIR EYELID DEFECT | - | 05504 | 40.8424 | APC | $2,384.79 | | | Y | - | 000 | 999 | - |
| 67908 | T | REPAIR EYELID DEFECT | - | 05503 | 24.7032 | APC | $1,442.42 | | | Y | - | 000 | 999 | - |
| 67909 | T | REVISE EYELID DEFECT | - | 05503 | 24.7032 | APC | $1,442.42 | | | Y | - | 000 | 999 | - |
| 67911 | T | REVISE EYELID DEFECT | - | 05503 | 24.7032 | APC | $1,442.42 | | | Y | - | 000 | 999 | - |
| 67912 | T | CORRECTION EYELID W/IMPLANT | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | Y | 000 | 999 | - |
| 67914 | T | REPAIR EYELID DEFECT | - | 05503 | 24.7032 | APC | $1,442.42 | | | Y | - | 000 | 999 | - |
| 67915 | T | REPAIR EYELID DEFECT | - | 05503 | 24.7032 | APC | $1,442.42 | | | Y | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 67916 | T | REPAIR EYELID DEFECT | - | 05503 | 24.7032 | APC | $1,442.42 | | | Y | - | 000 | 999 | - |
| 67917 | T | REPAIR EYELID DEFECT | - | 05503 | 24.7032 | APC | $1,442.42 | | | Y | - | 000 | 999 | - |
| 67921 | T | REPAIR EYELID DEFECT | - | 05503 | 24.7032 | APC | $1,442.42 | | | Y | - | 000 | 999 | - |
| 67922 | T | REPAIR EYELID DEFECT | - | 05503 | 24.7032 | APC | $1,442.42 | | | Y | - | 000 | 999 | - |
| 67923 | T | REPAIR EYELID DEFECT | - | 05503 | 24.7032 | APC | $1,442.42 | | | Y | - | 000 | 999 | - |
| 67924 | T | REPAIR EYELID DEFECT | - | 05503 | 24.7032 | APC | $1,442.42 | | | Y | - | 000 | 999 | - |
| 67930 | T | REPAIR EYELID WOUND | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 67935 | T | REPAIR EYELID WOUND | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 67938 | T | REMOVE EYELID FOREIGN BODY | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 67950 | T | REVISION OF EYELID | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 67961 | T | REVISION OF EYELID | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 67966 | T | REVISION OF EYELID | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 67971 | T | RECONSTRUCTION OF EYELID | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 67973 | T | RECONSTRUCTION OF EYELID | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 67974 | T | RECONSTRUCTION OF EYELID | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 67975 | T | RECONSTRUCTION OF EYELID | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 67999 | T | UNLISTED PROCEDURE EYELIDS | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 68020 | T | INCISE/DRAIN EYELID LINING | - | 05502 | 10.1962 | APC | $595.36 | - | - | - | - | 000 | 999 | - |
| 68040 | T | TREATMENT OF EYELID LESIONS | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 68100 | T | BIOPSY OF EYELID LINING | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 68110 | T | REMOVE EYELID LINING LESION | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 68115 | T | REMOVE EYELID LINING LESION | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 68130 | T | REMOVE EYELID LINING LESION | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 68135 | T | REMOVE EYELID LINING LESION | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 68200 | N | TREAT EYELID BY INJECTION | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | - | 000 | 999 | - |
| 68320 | T | REVISE/GRAFT EYELID LINING | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 68325 | T | REVISE/GRAFT EYELID LINING | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 68326 | T | REVISE/GRAFT EYELID LINING | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 68328 | T | REVISE/GRAFT EYELID LINING | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 68330 | T | REVISE EYELID LINING | - | 05491 | 25.2315 | APC | $1,473.27 | - | - | - | - | 000 | 999 | - |
| 68335 | T | REVISE/GRAFT EYELID LINING | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 68340 | T | SEPARATE EYELID ADHESIONS | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 68360 | T | REVISE EYELID LINING | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 68362 | T | REVISE EYELID LINING | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 68371 | T | HARVEST EYE TISSUE ALOGRAFT | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 68399 | T | UNLISTED PX CONJUNCTIVA | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 68400 | T | INCISE/DRAIN TEAR GLAND | - | 05502 | 10.1962 | APC | $595.36 | - | - | - | - | 000 | 999 | - |
| 68420 | T | INCISE/DRAIN TEAR SAC | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 68440 | T | INCISE TEAR DUCT OPENING | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 68500 | T | REMOVAL OF TEAR GLAND | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 68505 | T | PARTIAL REMOVAL TEAR GLAND | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 68510 | T | BIOPSY OF TEAR GLAND | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 68520 | T | REMOVAL OF TEAR SAC | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 68525 | T | BIOPSY OF TEAR SAC | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 68530 | T | CLEARANCE OF TEAR DUCT | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 68540 | T | REMOVE TEAR GLAND LESION | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 68550 | T | REMOVE TEAR GLAND LESION | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 68700 | T | REPAIR TEAR DUCTS | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 68705 | T | REVISE TEAR DUCT OPENING | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 68720 | T | CREATE TEAR SAC DRAIN | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 68745 | T | CREATE TEAR DUCT DRAIN | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 68750 | T | CREATE TEAR DUCT DRAIN | - | 05504 | 40.8424 | APC | $2,384.79 | - | - | - | - | 000 | 999 | - |
| 68760 | T | CLOSE TEAR DUCT OPENING | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 68761 | T | CLOSE TEAR DUCT OPENING | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 68770 | T | CLOSE TEAR SYSTEM FISTULA | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 68801 | N | DILATE TEAR DUCT OPENING | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 68810 | T | PROBE NASOLACRIMAL DUCT | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 68811 | T | PROBE NASOLACRIMAL DUCT | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 68815 | T | PROBE NASOLACRIMAL DUCT | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 68816 | T | PROBE NL DUCT W/BALLOON | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 68840 | T | EXPLORE/IRRIGATE TEAR DUCTS | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 68841 | N | INSJ RX ELUT IMPLT LAC CANAL | - | 05503 | 24.7032 | Bundled, sometimes payable | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 68850 | N | INJECTION FOR TEAR SAC X-RAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 68899 | T | UNLISTED PX LACRIMAL SYSTEM | - | 05501 | 3.0930 | APC | $180.60 | - | - | - | - | 000 | 999 | - |
| 69000 | T | DRAIN EXTERNAL EAR LESION | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 69005 | T | DRAIN EXTERNAL EAR LESION | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 69020 | T | DRAIN OUTER EAR CANAL LESION | - | 05071 | 7.5828 | APC | $442.76 | - | - | - | - | 000 | 999 | - |
| 69090 | E | PIERCE EARLOBES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 69100 | T | BIOPSY OF EXTERNAL EAR | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 69105 | T | BIOPSY OF EXTERNAL EAR CANAL | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 69110 | T | REMOVE EXTERNAL EAR PARTIAL | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 69120 | T | REMOVAL OF EXTERNAL EAR | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69140 | N | REMOVE EAR CANAL LESION(S) | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69145 | T | REMOVE EAR CANAL LESION(S) | - | 05073 | 30.1835 | APC | $1,762.41 | - | - | - | - | 000 | 999 | - |
| 69150 | T | EXTENSIVE EAR CANAL SURGERY | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69155 | C | EXTENSIVE EAR/NECK SURGERY | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 69200 | N | CLEAR OUTER EAR CANAL | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 69205 | T | CLEAR OUTER EAR CANAL | - | 05072 | 17.5212 | APC | $1,023.06 | - | - | - | - | 000 | 999 | - |
| 69209 | N | REMOVE IMPACTED EAR WAX UNI | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 69210 | N | REMOVE IMPACTED EAR WAX UNI | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 69220 | N | CLEAN OUT MASTOID CAVITY | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 69222 | T | CLEAN OUT MASTOID CAVITY | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 69300 | E | REVISE EXTERNAL EAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 69310 | N | REBUILD OUTER EAR CANAL | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69320 | N | REBUILD OUTER EAR CANAL | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69399 | T | UNLISTED PX EXTERNAL EAR | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 69420 | T | INCISION OF EARDRUM | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 69421 | T | INCISION OF EARDRUM | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 69424 | N | REMOVE VENTILATING TUBE | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 69433 | T | CREATE EARDRUM OPENING | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 69436 | T | CREATE EARDRUM OPENING | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 69440 | N | EXPLORATION OF MIDDLE EAR | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 69450 | N | EARDRUM REVISION | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 69501 | N | MASTOIDECTOMY | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69502 | N | MASTOIDECTOMY | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69505 | N | REMOVE MASTOID STRUCTURES | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69511 | N | EXTENSIVE MASTOID SURGERY | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69530 | N | EXTENSIVE MASTOID SURGERY | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69535 | C | REMOVE PART OF TEMPORAL BONE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 69540 | T | REMOVE EAR LESION | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 69550 | N | REMOVE EAR LESION | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69552 | N | REMOVE EAR LESION | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69554 | C | REMOVE EAR LESION | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 69601 | N | MASTOID SURGERY REVISION | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69602 | N | MASTOID SURGERY REVISION | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69603 | N | MASTOID SURGERY REVISION | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69604 | N | MASTOID SURGERY REVISION | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69610 | T | REPAIR OF EARDRUM | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 69620 | T | REPAIR OF EARDRUM | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 69631 | N | REPAIR EARDRUM STRUCTURES | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69632 | N | REBUILD EARDRUM STRUCTURES | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69633 | N | REBUILD EARDRUM STRUCTURES | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 69635 | N | REPAIR EARDRUM STRUCTURES | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69636 | N | REBUILD EARDRUM STRUCTURES | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69637 | N | REBUILD EARDRUM STRUCTURES | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69641 | N | REVISE MIDDLE EAR & MASTOID | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69642 | N | REVISE MIDDLE EAR & MASTOID | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69643 | N | REVISE MIDDLE EAR & MASTOID | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69644 | N | REVISE MIDDLE EAR & MASTOID | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69645 | N | REVISE MIDDLE EAR & MASTOID | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69646 | N | REVISE MIDDLE EAR & MASTOID | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69650 | N | RELEASE MIDDLE EAR BONE | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 69660 | N | REVISE MIDDLE EAR BONE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69661 | N | REVISE MIDDLE EAR BONE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69662 | N | REVISE MIDDLE EAR BONE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69666 | T | REPAIR MIDDLE EAR STRUCTURES | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 69667 | T | REPAIR MIDDLE EAR STRUCTURES | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 69670 | N | REMOVE MASTOID AIR CELLS | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69676 | T | REMOVE MIDDLE EAR NERVE | - | 05164 | 33.2421 | APC | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 69700 | T | CLOSE MASTOID FISTULA | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 69705 | T | NPS SURG DILAT EUST TUBE UNI | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69706 | T | NPS SURG DILAT EUST TUBE BI | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69710 | E | IMPLANT/REPLACE HEARING AID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 69711 | N | REMOVE/REPAIR HEARING AID | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 69714 | N | IMPL OI IMPLT SKULL PERQ ESP | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 69716 | N | IMPL OI IMPLT SK TC ESP<100 | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 69717 | N | RPLCMT OI IMPLT SKL PRQ ESP | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| 69719 | N | RPLCM OI IMPLT SK TC ESP<100 | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 69720 | N | RELEASE FACIAL NERVE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69725 | N | RELEASE FACIAL NERVE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69726 | N | RMV NTR OI IMPLT SKL PRQ ESP | - | 05113 | 34.7802 | Bundled, sometimes payable | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 69727 | N | RMV NTR OI IMP SK TC ESP<100 | - | 05113 | 34.7802 | Bundled, sometimes payable | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 69728 | T | RMV NTR OI IMP SKTC ESP>=100 | - | 05113 | 34.7802 | APC | $2,030.82 | - | - | - | - | 000 | 999 | - |
| 69729 | T | IMPL OI IMPLT SK TC ESP>=100 | - | 05115 | 152.4576 | APC | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 69730 | T | RPLC OI IMPLT SK TC ESP>=100 | - | 05115 | 152.4576 | APC | $8,902.00 | - | - | - | - | 000 | 999 | - |
| 69740 | N | REPAIR FACIAL NERVE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69745 | N | REPAIR FACIAL NERVE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69799 | T | UNLISTED PX MIDDLE EAR | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 69801 | T | INCISE INNER EAR | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| 69805 | N | EXPLORE INNER EAR | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69806 | N | EXPLORE INNER EAR | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69905 | N | REMOVE INNER EAR | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69910 | N | REMOVE INNER EAR & MASTOID | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69915 | N | INCISE INNER EAR NERVE | - | 05164 | 33.2421 | Bundled, sometimes payable | $1,941.01 | - | - | - | - | 000 | 999 | - |
| 69930 | N | IMPLANT COCHLEAR DEVICE | - | 05166 | 389.5196 | Bundled, sometimes payable | $22,744.05 | | | Y | - | 000 | 999 | - |
| 69949 | T | UNLISTED PX INNER EAR | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 69950 | C | INCISE INNER EAR NERVE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 69955 | N | RELEASE FACIAL NERVE | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69960 | N | RELEASE INNER EAR CANAL | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69970 | N | REMOVE INNER EAR LESION | - | 05165 | 62.3903 | Bundled, sometimes payable | $3,642.97 | - | - | - | - | 000 | 999 | - |
| 69979 | T | UNLISTED PX TEMPORAL BONE | - | 05161 | 2.4283 | APC | $141.79 | - | - | - | - | 000 | 999 | - |
| 69990 | N | MICROSURGERY ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 70010 | N | CONTRAST X-RAY OF BRAIN | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 70015 | N | CONTRAST X-RAY OF BRAIN | - | 05573 | 8.6551 | Bundled, sometimes payable | $505.37 | - | - | - | - | 000 | 999 | - |
| 70030 | N | X-RAY EYE FOR FOREIGN BODY | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 70100 | N | X-RAY EXAM OF JAW <4VIEWS | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 7010F | E | PT INFO INTO RECALL SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 70110 | N | X-RAY EXAM OF JAW 4/> VIEWS | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 70120 | N | X-RAY EXAM OF MASTOIDS | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 70130 | N | X-RAY EXAM OF MASTOIDS | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 70134 | N | X-RAY EXAM OF MIDDLE EAR | - | 05524 | 5.8787 | Bundled, sometimes payable | $343.26 | - | - | - | - | 000 | 999 | - |
| 70140 | N | X-RAY EXAM OF FACIAL BONES | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 70150 | N | X-RAY EXAM OF FACIAL BONES | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 70160 | N | X-RAY EXAM OF NASAL BONES | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 70170 | N | X-RAY EXAM OF TEAR DUCT | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 70190 | N | X-RAY EXAM OF EYE SOCKETS | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 70200 | N | X-RAY EXAM OF EYE SOCKETS | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 7020F | E | MAMMO ASSESS CAT IN DBASE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 70210 | N | X-RAY EXAM OF SINUSES | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 70220 | N | X-RAY EXAM OF SINUSES | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 70240 | N | X-RAY EXAM PITUITARY SADDLE | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 70250 | N | X-RAY EXAM OF SKULL | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 7025F | E | PT INFOSYS ALARM 4 NXT MAMMO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 70260 | N | X-RAY EXAM OF SKULL | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 70300 | N | X-RAY EXAM OF TEETH | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 70310 | N | X-RAY EXAM OF TEETH | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 70320 | N | FULL MOUTH X-RAY OF TEETH | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 70328 | N | X-RAY EXAM OF JAW JOINT | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 70330 | N | X-RAY EXAM OF JAW JOINTS | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 70332 | N | X-RAY EXAM OF JAW JOINT | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 70336 | N | MAGNETIC IMAGE JAW JOINT | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 70350 | N | X-RAY HEAD FOR ORTHODONTIA | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 70355 | N | PANORAMIC X-RAY OF JAWS | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 70360 | N | X-RAY EXAM OF NECK | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 70370 | N | THROAT X-RAY & FLUOROSCOPY | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 70371 | N | SPEECH EVALUATION COMPLEX | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 70380 | N | X-RAY EXAM OF SALIVARY GLAND | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 70390 | N | X-RAY EXAM OF SALIVARY DUCT | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 70450 | N | CT HEAD/BRAIN W/O DYE | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 70460 | N | CT HEAD/BRAIN W/DYE | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 70470 | N | CT HEAD/BRAIN W/O & W/DYE | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 70480 | N | CT ORBIT/EAR/FOSSA W/O DYE | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 70481 | N | CT ORBIT/EAR/FOSSA W/DYE | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 70482 | N | CT ORBIT/EAR/FOSSA W/O&W/DYE | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 70486 | N | CT MAXILLOFACIAL W/O DYE | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 70487 | N | CT MAXILLOFACIAL W/DYE | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 70488 | N | CT MAXILLOFACIAL W/O & W/DYE | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 70490 | N | CT SOFT TISSUE NECK W/O DYE | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 70491 | N | CT SOFT TISSUE NECK W/DYE | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 70492 | N | CT SFT TSUE NCK W/O & W/DYE | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 70496 | N | CT ANGIOGRAPHY HEAD | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 70498 | N | CT ANGIOGRAPHY NECK | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 70540 | N | MRI ORBIT/FACE/NECK W/O DYE | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 70542 | N | MRI ORBIT/FACE/NECK W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 70543 | N | MRI ORBT/FAC/NCK W/O &W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 70544 | N | MR ANGIOGRAPHY HEAD W/O DYE | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 70545 | N | MR ANGIOGRAPHY HEAD W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 70546 | N | MR ANGIOGRAPH HEAD W/O&W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 70547 | N | MR ANGIOGRAPHY NECK W/O DYE | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 70548 | N | MR ANGIOGRAPHY NECK W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 70549 | N | MR ANGIOGRAPH NECK W/O&W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 70551 | N | MRI BRAIN STEM W/O DYE | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 70552 | N | MRI BRAIN STEM W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 70553 | N | MRI BRAIN STEM W/O & W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 70554 | N | FMRI BRAIN BY TECH | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 70555 | S | FMRI BRAIN BY PHYS/PSYCH | - | 05523 | 2.7285 | APC | $159.32 | - | - | - | - | 000 | 999 | - |
| 70557 | S | MRI BRAIN W/O DYE | - | 05524 | 5.8787 | APC | $343.26 | - | - | - | Y | 000 | 999 | - |
| 70558 | S | MRI BRAIN W/DYE | - | 05571 | 2.1071 | APC | $123.03 | - | - | - | Y | 000 | 999 | - |
| 70559 | S | MRI BRAIN W/O & W/DYE | - | 05571 | 2.1071 | APC | $123.03 | - | - | - | Y | 000 | 999 | - |
| 71045 | N | X-RAY EXAM CHEST 1 VIEW | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 71046 | N | X-RAY EXAM CHEST 2 VIEWS | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 71047 | N | X-RAY EXAM CHEST 3 VIEWS | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 71048 | N | X-RAY EXAM CHEST 4+ VIEWS | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 71100 | N | X-RAY EXAM RIBS UNI 2 VIEWS | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 71101 | M | X-RAY EXAM UNILAT RIBS/CHEST | - | - | - | Fee Schedule | $72.92 | - | - | - | - | 000 | 999 | - |
| 71110 | N | X-RAY EXAM RIBS BIL 3 VIEWS | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 71111 | N | X-RAY EXAM RIBS/CHEST4/> VWS | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 71120 | N | X-RAY EXAM BREASTBONE 2/>VWS | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 71130 | N | X-RAY STRENOCLAVIC JT 3/>VWS | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 71250 | N | CT THORAX DX C- | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 71260 | N | CT THORAX DX C+ | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 71270 | N | CT THORAX DX C-/C+ | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 71271 | S | CT THORAX LUNG CANCER SCR C- | - | 05522 | 1.2488 | APC | $72.92 | - | - | - | - | 000 | 999 | - |
| 71275 | N | CT ANGIOGRAPHY CHEST | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 71550 | N | MRI CHEST W/O DYE | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 71551 | N | MRI CHEST W/DYE | - | 05573 | 8.6551 | Bundled, sometimes payable | $505.37 | - | - | - | - | 000 | 999 | - |
| 71552 | N | MRI CHEST W/O & W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 71555 | M | MRI ANGIO CHEST W OR W/O DYE | - | - | - | Fee Schedule | $445.61 | - | - | - | - | 000 | 999 | - |
| 72020 | N | X-RAY EXAM OF SPINE 1 VIEW | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 72040 | M | X-RAY EXAM NECK SPINE 2-3 VW | - | - | - | Fee Schedule | $59.27 | - | - | - | - | 000 | 999 | - |
| 72050 | M | X-RAY EXAM NECK SPINE 4/5VWS | - | - | - | Fee Schedule | $72.92 | - | - | - | - | 000 | 999 | - |
| 72052 | N | X-RAY EXAM NECK SPINE 6/>VWS | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 72070 | M | X-RAY EXAM THORAC SPINE 2VWS | - | - | - | Fee Schedule | $72.92 | - | - | - | - | 000 | 999 | - |
| 72072 | M | X-RAY EXAM THORAC SPINE 3VWS | - | - | - | Fee Schedule | $72.92 | - | - | - | - | 000 | 999 | - |
| 72074 | M | X-RAY EXAM THORAC SPINE4/>VW | - | - | - | Fee Schedule | $72.92 | - | - | - | - | 000 | 999 | - |
| 72080 | M | X-RAY EXAM THORACOLMB 2/> VW | - | - | - | Fee Schedule | $59.27 | - | - | - | - | 000 | 999 | - |
| 72081 | N | X-RAY EXAM ENTIRE SPI 1 VW | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 72082 | N | X-RAY EXAM ENTIRE SPI 2/3 VW | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 72083 | S | X-RAY EXAM ENTIRE SPI 4/5 VW | - | 05522 | 1.2488 | APC | $72.92 | - | - | - | - | 000 | 999 | - |
| 72084 | S | X-RAY EXAM ENTIRE SPI 6/> VW | - | 05522 | 1.2488 | APC | $72.92 | - | - | - | - | 000 | 999 | - |
| 72100 | M | X-RAY EXAM L-S SPINE 2/3 VWS | - | - | - | Fee Schedule | $72.92 | - | - | - | - | 000 | 999 | - |
| 72110 | M | X-RAY EXAM L-2 SPINE 4/>VWS | - | - | - | Fee Schedule | $72.92 | - | - | - | - | 000 | 999 | - |
| 72114 | N | X-RAY EXAM L-S SPINE BENDING | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 72120 | N | X-RAY BEND ONLY L-S SPINE | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 72125 | N | CT NECK SPINE W/O DYE | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 72126 | N | CT NECK SPINE W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 72127 | N | CT NECK SPINE W/O & W/DYE | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 72128 | N | CT CHEST SPINE W/O DYE | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 72129 | N | CT CHEST SPINE W/DYE | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 72130 | N | CT CHEST SPINE W/O & W/DYE | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 72131 | N | CT LUMBAR SPINE W/O DYE | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 72132 | N | CT LUMBAR SPINE W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 72133 | N | CT LUMBAR SPINE W/O & W/DYE | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 72141 | N | MRI NECK SPINE W/O DYE | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 72142 | N | MRI NECK SPINE W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 72146 | N | MRI CHEST SPINE W/O DYE | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 72147 | N | MRI CHEST SPINE W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 72148 | N | MRI LUMBAR SPINE W/O DYE | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 72149 | N | MRI LUMBAR SPINE W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 72156 | N | MRI NECK SPINE W/O & W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 72157 | N | MRI CHEST SPINE W/O & W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 72158 | N | MRI LUMBAR SPINE W/O & W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 72159 | E | MR ANGIO SPINE W/O&W/DYE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 72170 | M | X-RAY EXAM OF PELVIS | - | - | - | Fee Schedule | $72.92 | - | - | - | - | 000 | 999 | - |
| 72190 | N | X-RAY EXAM OF PELVIS | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 72191 | N | CT ANGIOGRAPH PELV W/O&W/DYE | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 72192 | N | CT PELVIS W/O DYE | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 72193 | N | CT PELVIS W/DYE | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 72194 | N | CT PELVIS W/O & W/DYE | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 72195 | N | MRI PELVIS W/O DYE | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 72196 | N | MRI PELVIS W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 72197 | N | MRI PELVIS W/O & W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 72198 | E | MR ANGIO PELVIS W/O & W/DYE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 72200 | N | X-RAY EXAM SI JOINTS | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 72202 | M | X-RAY EXAM SI JOINTS 3/> VWS | - | - | - | Fee Schedule | $72.92 | - | - | - | - | 000 | 999 | - |
| 72220 | M | X-RAY EXAM SACRUM TAILBONE | - | - | - | Fee Schedule | $59.27 | - | - | - | - | 000 | 999 | - |
| 72240 | N | MYELOGRAPHY NECK SPINE | - | 05573 | 8.6551 | Bundled, sometimes payable | $505.37 | - | - | - | - | 000 | 999 | - |
| 72255 | N | MYELOGRAPHY THORACIC SPINE | - | 05573 | 8.6551 | Bundled, sometimes payable | $505.37 | - | - | - | - | 000 | 999 | - |
| 72265 | N | MYELOGRAPHY L-S SPINE | - | 05573 | 8.6551 | Bundled, sometimes payable | $505.37 | - | - | - | - | 000 | 999 | - |
| 72270 | N | MYELOGPHY 2/> SPINE REGIONS | - | 05573 | 8.6551 | Bundled, sometimes payable | $505.37 | - | - | - | - | 000 | 999 | - |
| 72285 | N | DISCOGRAPHY CERV/THOR SPINE | - | 05431 | 21.0028 | Bundled, sometimes payable | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 72295 | N | X-RAY OF LOWER SPINE DISK | - | 05431 | 21.0028 | Bundled, sometimes payable | $1,226.35 | - | - | - | - | 000 | 999 | - |
| 73000 | N | X-RAY EXAM OF COLLAR BONE | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 73010 | M | X-RAY EXAM OF SHOULDER BLADE | - | - | - | Fee Schedule | $72.92 | - | - | - | - | 000 | 999 | - |
| 73020 | N | X-RAY EXAM OF SHOULDER | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 73030 | M | X-RAY EXAM OF SHOULDER | - | - | - | Fee Schedule | $59.27 | - | - | - | - | 000 | 999 | - |
| 73040 | N | CONTRAST X-RAY OF SHOULDER | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 73050 | M | X-RAY EXAM OF SHOULDERS | - | - | - | Fee Schedule | $59.27 | - | - | - | - | 000 | 999 | - |
| 73060 | M | X-RAY EXAM OF HUMERUS | - | - | - | Fee Schedule | $59.27 | - | - | - | - | 000 | 999 | - |
| 73070 | M | X-RAY EXAM OF ELBOW | - | - | - | Fee Schedule | $59.27 | - | - | - | - | 000 | 999 | - |
| 73080 | M | X-RAY EXAM OF ELBOW | - | - | - | Fee Schedule | $59.27 | - | - | - | - | 000 | 999 | - |
| 73085 | N | CONTRAST X-RAY OF ELBOW | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 73090 | M | X-RAY EXAM OF FOREARM | - | - | - | Fee Schedule | $59.27 | - | - | - | - | 000 | 999 | - |
| 73092 | N | X-RAY EXAM OF ARM INFANT | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 73100 | M | X-RAY EXAM OF WRIST | - | - | - | Fee Schedule | $59.27 | - | - | - | - | 000 | 999 | - |
| 73110 | M | X-RAY EXAM OF WRIST | - | - | - | Fee Schedule | $59.27 | - | - | - | - | 000 | 999 | - |
| 73115 | N | CONTRAST X-RAY OF WRIST | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 73120 | M | X-RAY EXAM OF HAND | - | - | - | Fee Schedule | $72.92 | - | - | - | - | 000 | 999 | - |
| 73130 | M | X-RAY EXAM OF HAND | - | - | - | Fee Schedule | $59.27 | - | - | - | - | 000 | 999 | - |
| 73140 | M | X-RAY EXAM OF FINGER(S) | - | - | - | Fee Schedule | $59.27 | - | - | - | - | 000 | 999 | - |
| 73200 | N | CT UPPER EXTREMITY W/O DYE | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 73201 | N | CT UPPER EXTREMITY W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 73202 | N | CT UPPR EXTREMITY W/O&W/DYE | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 73206 | N | CT ANGIO UPR EXTRM W/O&W/DYE | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 73218 | N | MRI UPPER EXTREMITY W/O DYE | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 73219 | N | MRI UPPER EXTREMITY W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 73220 | N | MRI UPPR EXTREMITY W/O&W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 73221 | N | MRI JOINT UPR EXTREM W/O DYE | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 73222 | N | MRI JOINT UPR EXTREM W/DYE | - | 05573 | 8.6551 | Bundled, sometimes payable | $505.37 | - | - | - | - | 000 | 999 | - |
| 73223 | N | MRI JOINT UPR EXTR W/O&W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 73225 | E | MR ANGIO UPR EXTR W/O&W/DYE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 73501 | N | X-RAY EXAM HIP UNI 1 VIEW | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 73502 | N | X-RAY EXAM HIP UNI 2-3 VIEWS | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 73503 | N | X-RAY EXAM HIP UNI 4/> VIEWS | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 73521 | N | X-RAY EXAM HIPS BI 2 VIEWS | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 73522 | N | X-RAY EXAM HIPS BI 3-4 VIEWS | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 73523 | S | X-RAY EXAM HIPS BI 5/> VIEWS | - | 05522 | 1.2488 | APC | $72.92 | - | - | - | - | 000 | 999 | - |
| 73525 | N | CONTRAST X-RAY OF HIP | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 73551 | N | X-RAY EXAM OF FEMUR 1 | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 73552 | N | X-RAY EXAM OF FEMUR 2/> | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 73560 | M | X-RAY EXAM OF KNEE 1 OR 2 | - | - | - | Fee Schedule | $59.27 | - | - | - | - | 000 | 999 | - |
| 73562 | M | X-RAY EXAM OF KNEE 3 | - | - | - | Fee Schedule | $59.27 | - | - | - | - | 000 | 999 | - |
| 73564 | M | X-RAY EXAM KNEE 4 OR MORE | - | - | - | Fee Schedule | $72.92 | - | - | - | - | 000 | 999 | - |
| 73565 | M | X-RAY EXAM OF KNEES | - | - | - | Fee Schedule | $59.27 | - | - | - | - | 000 | 999 | - |
| 73580 | N | CONTRAST X-RAY OF KNEE JOINT | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 73590 | M | X-RAY EXAM OF LOWER LEG | - | - | - | Fee Schedule | $59.27 | - | - | - | - | 000 | 999 | - |
| 73592 | N | X-RAY EXAM OF LEG INFANT | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 002 | - |
| 73600 | M | X-RAY EXAM OF ANKLE | - | - | - | Fee Schedule | $59.27 | - | - | - | - | 000 | 999 | - |
| 73610 | M | X-RAY EXAM OF ANKLE | - | - | - | Fee Schedule | $59.27 | - | - | - | - | 000 | 999 | - |
| 73615 | N | CONTRAST X-RAY OF ANKLE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 73620 | M | X-RAY EXAM OF FOOT | - | - | - | Fee Schedule | $59.27 | - | - | - | - | 000 | 999 | - |
| 73630 | M | X-RAY EXAM OF FOOT | - | - | - | Fee Schedule | $59.27 | - | - | - | - | 000 | 999 | - |
| 73650 | N | X-RAY EXAM OF HEEL | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 73660 | N | X-RAY EXAM OF TOE(S) | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 73700 | N | CT LOWER EXTREMITY W/O DYE | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 73701 | N | CT LOWER EXTREMITY W/DYE | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 73702 | N | CT LWR EXTREMITY W/O&W/DYE | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 73706 | N | CT ANGIO LWR EXTR W/O&W/DYE | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 73718 | N | MRI LOWER EXTREMITY W/O DYE | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 73719 | N | MRI LOWER EXTREMITY W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 73720 | N | MRI LWR EXTREMITY W/O&W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 73721 | N | MRI JNT OF LWR EXTRE W/O DYE | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 73722 | N | MRI JOINT OF LWR EXTR W/DYE | - | 05573 | 8.6551 | Bundled, sometimes payable | $505.37 | - | - | - | - | 000 | 999 | - |
| 73723 | N | MRI JOINT LWR EXTR W/O&W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 73725 | M | MR ANG LWR EXT W OR W/O DYE | - | - | - | Fee Schedule | $446.03 | - | - | - | - | 000 | 999 | - |
| 74018 | N | X-RAY EXAM ABDOMEN 1 VIEW | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 74019 | N | X-RAY EXAM ABDOMEN 2 VIEWS | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 74021 | N | X-RAY EXAM ABDOMEN 3+ VIEWS | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 74022 | M | X-RAY EXAM COMPLETE ABDOMEN | - | - | - | Fee Schedule | $72.92 | - | - | - | - | 000 | 999 | - |
| 74150 | N | CT ABDOMEN W/O DYE | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 74160 | N | CT ABDOMEN W/DYE | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 74170 | N | CT ABDOMEN W/O & W/DYE | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 74174 | S | CT ANGIO ABD&PELV W/O&W/DYE | - | 05572 | 4.3048 | APC | $251.36 | - | - | - | - | 000 | 999 | - |
| 74175 | N | CT ANGIO ABDOM W/O & W/DYE | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 74176 | N | CT ABD & PELVIS W/O CONTRAST | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 74177 | N | CT ABD & PELV W/CONTRAST | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 74178 | N | CT ABD & PELV 1/> REGNS | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 74181 | N | MRI ABDOMEN W/O DYE | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 74182 | N | MRI ABDOMEN W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 74183 | N | MRI ABDOMEN W/O & W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 74185 | M | MRI ANGIO ABDOM W ORW/O DYE | - | - | - | Fee Schedule | $448.57 | - | - | - | - | 000 | 999 | - |
| 74190 | N | X-RAY EXAM OF PERITONEUM | - | 05524 | 5.8787 | Bundled, sometimes payable | $343.26 | - | - | - | - | 000 | 999 | - |
| 74210 | N | X-RAY XM PHRNX&/CRV ESOPH C+ | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 74220 | N | X-RAY XM ESOPHAGUS 1CNTRST | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 74221 | N | X-RAY XM ESOPHAGUS 2CNTRST | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 74230 | N | X-RAY XM SWLNG FUNCJ C+ | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 74235 | N | REMOVE ESOPHAGUS OBSTRUCTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 74240 | N | X-RAY XM UPR GI TRC 1CNTRST | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 74246 | N | X-RAY XM UPR GI TRC 2CNTRST | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 74248 | N | X-RAY SM INT F-THRU STD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 74250 | N | X-RAY XM SM INT 1CNTRST STD | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 74251 | S | X-RAY XM SM INT 2CNTRST STD | - | 05571 | 2.1071 | APC | $123.03 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 74261 | N | CT COLONOGRAPHY DX | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 74262 | N | CT COLONOGRAPHY DX W/DYE | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 74263 | E | CT COLONOGRAPHY SCREENING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 74270 | N | X-RAY XM COLON 1CNTRST STD | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 74280 | S | X-RAY XM COLON 2CNTRST STD | - | 05571 | 2.1071 | APC | $123.03 | - | - | - | - | 000 | 999 | - |
| 74283 | S | THER NMA RDCTJ INTUS/OBSTRCJ | - | 05571 | 2.1071 | APC | $123.03 | - | - | - | - | 000 | 999 | - |
| 74290 | N | CONTRAST X-RAY GALLBLADDER | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 74300 | N | X-RAY BILE DUCTS/PANCREAS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 74301 | N | X-RAYS AT SURGERY ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 74328 | N | X-RAY BILE DUCT ENDOSCOPY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 74329 | N | X-RAY FOR PANCREAS ENDOSCOPY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 74330 | N | X-RAY BILE/PANC ENDOSCOPY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 74340 | N | X-RAY GUIDE FOR GI TUBE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 74355 | N | X-RAY GUIDE INTESTINAL TUBE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 74360 | N | X-RAY GUIDE GI DILATION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 74363 | N | X-RAY BILE DUCT DILATION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 74400 | S | UROGRAPHY IV +-KUB TOMOG | - | 05571 | 2.1071 | APC | $123.03 | - | - | - | - | 000 | 999 | - |
| 74410 | S | UROGRAPHY NFS DRIP&/BOLUS | - | 05571 | 2.1071 | APC | $123.03 | - | - | - | - | 000 | 999 | - |
| 74415 | S | UROGRAPHY NFS DRIP&/BLS W/NF | - | 05571 | 2.1071 | APC | $123.03 | - | - | - | - | 000 | 999 | - |
| 74420 | S | UROGRAPHY RTRGR +-KUB | - | 05572 | 4.3048 | APC | $251.36 | - | - | - | - | 000 | 999 | - |
| 74425 | N | UROGRAPHY ANTEGRADE RS&I | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 74430 | N | CONTRAST X-RAY BLADDER | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 74440 | N | X-RAY MALE GENITAL TRACT | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 74445 | N | X-RAY EXAM OF PENIS | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 74450 | N | X-RAY URETHRA/BLADDER | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 74455 | N | X-RAY URETHRA/BLADDER | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 74470 | N | X-RAY EXAM OF KIDNEY LESION | - | 05524 | 5.8787 | Bundled, sometimes payable | $343.26 | - | - | - | - | 000 | 999 | - |
| 74485 | N | DILATION URTR/URT RS&I | - | 05373 | 21.6729 | Bundled, sometimes payable | $1,265.48 | - | - | - | - | 000 | 999 | - |
| 74710 | N | X-RAY MEASUREMENT OF PELVIS | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 74712 | S | MRI FETAL SNGL/1ST GESTATION | - | 05523 | 2.7285 | APC | $159.32 | - | - | - | - | 000 | 999 | - |
| 74713 | N | MRI FETAL EA ADDL GESTATION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 74740 | N | X-RAY FEMALE GENITAL TRACT | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 74742 | N | X-RAY FALLOPIAN TUBE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 74775 | S | X-RAY EXAM OF PERINEUM | - | 05523 | 2.7285 | APC | $159.32 | - | - | - | - | 000 | 999 | - |
| 75557 | N | CARDIAC MRI FOR MORPH | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 75559 | N | CARDIAC MRI W/STRESS IMG | - | 05524 | 5.8787 | Bundled, sometimes payable | $343.26 | - | - | - | - | 000 | 999 | - |
| 75561 | N | CARDIAC MRI FOR MORPH W/DYE | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| 75563 | N | CARD MRI W/STRESS IMG & DYE | - | 05573 | 8.6551 | Bundled, sometimes payable | $505.37 | - | - | - | - | 000 | 999 | - |
| 75565 | N | CARD MRI VELOC FLOW MAPPING | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 75571 | N | CT HRT W/O DYE W/CA TEST | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 75572 | S | CT HRT W/3D IMAGE | - | 05571 | 2.1071 | APC | $123.03 | - | - | - | - | 000 | 999 | - |
| 75573 | S | CT HRT C+ STRUX CGEN HRT DS | - | 05571 | 2.1071 | APC | $123.03 | - | - | - | - | 000 | 999 | - |
| 75574 | S | CT ANGIO HRT W/3D IMAGE | - | 05571 | 2.1071 | APC | $123.03 | - | - | - | - | 000 | 999 | - |
| 75600 | N | CONTRAST EXAM THORACIC AORTA | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 75605 | N | CONTRAST EXAM THORACIC AORTA | - | 05184 | 60.0544 | Bundled, sometimes payable | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 75625 | N | CONTRAST EXAM ABDOMINL AORTA | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 75630 | N | X-RAY AORTA LEG ARTERIES | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 75635 | N | CT ANGIO ABDOMINAL ARTERIES | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| 75705 | N | ARTERY X-RAYS SPINE | - | 05184 | 60.0544 | Bundled, sometimes payable | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 75710 | N | ARTERY X-RAYS ARM/LEG | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 75716 | N | ARTERY X-RAYS ARMS/LEGS | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 75726 | N | ARTERY X-RAYS ABDOMEN | - | 05184 | 60.0544 | Bundled, sometimes payable | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 75731 | N | ARTERY X-RAYS ADRENAL GLAND | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 75733 | N | ARTERY X-RAYS ADRENALS | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 75736 | N | ARTERY X-RAYS PELVIS | - | 05184 | 60.0544 | Bundled, sometimes payable | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 75741 | N | ARTERY X-RAYS LUNG | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 75743 | N | ARTERY X-RAYS LUNGS | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 75746 | N | ARTERY X-RAYS LUNG | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 75756 | N | ARTERY X-RAYS CHEST | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 75774 | N | ARTERY X-RAY EACH VESSEL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 75801 | N | LYMPH VESSEL X-RAY ARM/LEG | - | 05181 | 6.7594 | Bundled, sometimes payable | $394.68 | - | - | - | - | 000 | 999 | - |
| 75803 | N | LYMPH VESSEL X-RAY ARMS/LEGS | - | 05182 | 17.3845 | Bundled, sometimes payable | $1,015.08 | - | - | - | - | 000 | 999 | - |
| 75805 | N | LYMPH VESSEL X-RAY TRUNK | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 75807 | N | LYMPH VESSEL X-RAY TRUNK | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 75809 | N | NONVASCULAR SHUNT X-RAY | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 75810 | N | VEIN X-RAY SPLEEN/LIVER | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 75820 | N | VEIN X-RAY ARM/LEG | - | 05182 | 17.3845 | Bundled, sometimes payable | $1,015.08 | - | - | - | - | 000 | 999 | - |
| 75822 | N | VEIN X-RAY ARMS/LEGS | - | 05182 | 17.3845 | Bundled, sometimes payable | $1,015.08 | - | - | - | - | 000 | 999 | - |
| 75825 | N | VEIN X-RAY TRUNK | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 75827 | N | VEIN X-RAY CHEST | - | 05182 | 17.3845 | Bundled, sometimes payable | $1,015.08 | - | - | - | - | 000 | 999 | - |
| 75831 | N | VEIN X-RAY KIDNEY | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 75833 | N | VEIN X-RAY KIDNEYS | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 75840 | N | VEIN X-RAY ADRENAL GLAND | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 75842 | N | VEIN X-RAY ADRENAL GLANDS | - | 05184 | 60.0544 | Bundled, sometimes payable | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 75860 | N | VEIN X-RAY NECK | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 75870 | N | VEIN X-RAY SKULL | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 75872 | N | VEIN X-RAY SKULL EPIDURAL | - | 05181 | 6.7594 | Bundled, sometimes payable | $394.68 | - | - | - | - | 000 | 999 | - |
| 75880 | N | VEIN X-RAY EYE SOCKET | - | 05181 | 6.7594 | Bundled, sometimes payable | $394.68 | - | - | - | - | 000 | 999 | - |
| 75885 | N | VEIN X-RAY LIVER W/HEMODYNAM | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 75887 | N | VEIN X-RAY LIVER W/O HEMODYN | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 75889 | N | VEIN X-RAY LIVER W/HEMODYNAM | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 75891 | N | VEIN X-RAY LIVER | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 75893 | N | VENOUS SAMPLING BY CATHETER | - | 05184 | 60.0544 | Bundled, sometimes payable | $3,506.58 | - | - | - | - | 000 | 999 | - |
| 75894 | N | X-RAYS TRANSCATH THERAPY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 75898 | N | FOLLOW-UP ANGIOGRAPHY | - | 05183 | 34.8072 | Bundled, sometimes payable | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 75901 | N | REMOVE CVA DEVICE OBSTRUCT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 75902 | N | REMOVE CVA LUMEN OBSTRUCT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 75956 | C | XRAY ENDOVASC THOR AO REPR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 75957 | C | XRAY ENDOVASC THOR AO REPR | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 75958 | C | XRAY PLACE PROX EXT THOR AO | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 75959 | C | XRAY PLACE DIST EXT THOR AO | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 75970 | N | VASCULAR BIOPSY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 75984 | N | XRAY CONTROL CATHETER CHANGE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 75989 | N | ABSCESS DRAINAGE UNDER X-RAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 76000 | S | FLUOROSCOPY <1 HR PHYS/QHP | - | 05523 | 2.7285 | APC | $159.32 | - | - | - | - | 000 | 999 | - |
| 76010 | N | X-RAY NOSE TO RECTUM | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 76080 | N | X-RAY EXAM OF FISTULA | - | 05524 | 5.8787 | Bundled, sometimes payable | $343.26 | - | - | - | - | 000 | 999 | - |
| 76098 | N | X-RAY EXAM SURGICAL SPECIMEN | - | 05524 | 5.8787 | Bundled, sometimes payable | $343.26 | - | - | - | - | 000 | 999 | - |
| 76100 | N | X-RAY EXAM OF BODY SECTION | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76120 | N | CINE/VIDEO X-RAYS | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76125 | N | CINE/VIDEO X-RAYS ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 76140 | E | X-RAY CONSULTATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 76145 | S | MED PHYSIC DOS EVAL RAD EXPS | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | - | 000 | 999 | - |
| 76376 | N | 3D RENDER W/INTRP POSTPROCES | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 76377 | N | 3D RENDER W/INTRP POSTPROCES | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 76380 | N | CAT SCAN FOLLOW-UP STUDY | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 76390 | E | MR SPECTROSCOPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 76391 | N | MR ELASTOGRAPHY | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 76496 | N | UNLISTED FLUOROSCOPIC PX | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 76497 | N | UNLISTED CT PROCEDURE | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 76498 | S | UNLISTED MR PROCEDURE | - | 05521 | 1.0151 | APC | $59.27 | - | - | - | - | 000 | 999 | - |
| 76499 | N | UNLISTED DX RADIOGRAPHIC PX | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 76506 | N | ECHO EXAM OF HEAD | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76510 | N | OPH US DX B-SCAN&QUAN A-SCAN | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 76511 | N | OPH US DX QUAN A-SCAN ONLY | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76512 | N | OPH US DX B-SCAN | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76513 | N | OPH US DX ANT SGM US UNI/BI | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76514 | N | ECHO EXAM OF EYE THICKNESS | - | 05731 | 0.2916 | Bundled, sometimes payable | $17.03 | - | - | - | - | 000 | 999 | - |
| 76516 | N | ECHO EXAM OF EYE | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76519 | N | ECHO EXAM OF EYE | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76529 | N | ECHO EXAM OF EYE | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 76536 | N | US EXAM OF HEAD AND NECK | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76604 | N | US EXAM CHEST | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76641 | N | ULTRASOUND BREAST COMPLETE | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76642 | N | ULTRASOUND BREAST LIMITED | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 76700 | N | US EXAM ABDOM COMPLETE | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76705 | N | ECHO EXAM OF ABDOMEN | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76706 | S | US ABDL AORTA SCREEN AAA | - | 05522 | 1.2488 | APC | $72.92 | - | - | - | - | 000 | 999 | - |
| 76770 | N | US EXAM ABDO BACK WALL COMP | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76775 | N | US EXAM ABDO BACK WALL LIM | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76776 | N | US EXAM K TRANSPL W/DOPPLER | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76800 | N | US EXAM SPINAL CANAL | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76801 | S | OB US < 14 WKS SINGLE FETUS | - | 05522 | 1.2488 | APC | $72.92 | - | - | - | - | 000 | 999 | - |
| 76802 | N | OB US < 14 WKS ADDL FETUS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 76805 | S | OB US >= 14 WKS SNGL FETUS | - | 05522 | 1.2488 | APC | $72.92 | - | - | - | - | 010 | 065 | - |
| 76810 | N | OB US >= 14 WKS ADDL FETUS | - | - | - | Bundled | $0.00 | - | - | - | - | 010 | 065 | - |
| 76811 | S | OB US DETAILED SNGL FETUS | - | 05523 | 2.7285 | APC | $159.32 | - | - | - | - | 000 | 999 | - |
| 76812 | N | OB US DETAILED ADDL FETUS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 76813 | N | OB US NUCHAL MEAS 1 GEST | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76814 | N | OB US NUCHAL MEAS ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 76815 | N | OB US LIMITED FETUS(S) | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 010 | 065 | - |
| 76816 | N | OB US FOLLOW-UP PER FETUS | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 010 | 065 | - |
| 76817 | N | TRANSVAGINAL US OBSTETRIC | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76818 | S | FETAL BIOPHYS PROFILE W/NST | - | 05522 | 1.2488 | APC | $72.92 | - | - | - | - | 010 | 065 | - |
| 76819 | S | FETAL BIOPHYS PROFIL W/O NST | - | 05522 | 1.2488 | APC | $72.92 | - | - | - | - | 010 | 065 | - |
| 76820 | N | UMBILICAL ARTERY ECHO | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76821 | N | MIDDLE CEREBRAL ARTERY ECHO | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76825 | S | ECHO EXAM OF FETAL HEART | - | 05524 | 5.8787 | APC | $343.26 | - | - | - | - | 010 | 065 | - |
| 76826 | S | ECHO EXAM OF FETAL HEART | - | 05523 | 2.7285 | APC | $159.32 | - | - | - | - | 010 | 065 | - |
| 76827 | N | ECHO EXAM OF FETAL HEART | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 010 | 065 | - |
| 76828 | N | ECHO EXAM OF FETAL HEART | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 010 | 065 | - |
| 76830 | S | TRANSVAGINAL US NON-OB | - | 05522 | 1.2488 | APC | $72.92 | - | - | - | - | 010 | 999 | - |
| 76831 | N | ECHO EXAM UTERUS | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 76856 | N | US EXAM PELVIC COMPLETE | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76857 | N | US EXAM PELVIC LIMITED | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76870 | N | US EXAM SCROTUM | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76872 | S | US TRANSRECTAL | - | 05522 | 1.2488 | APC | $72.92 | - | - | - | - | 000 | 999 | - |
| 76873 | S | ECHOGRAP TRANS R PROS STUDY | - | 05522 | 1.2488 | APC | $72.92 | - | - | - | - | 000 | 999 | - |
| 76881 | S | US COMPL JOINT R-T W/IMG | - | 05522 | 1.2488 | APC | $72.92 | - | - | - | - | 000 | 999 | - |
| 76882 | N | US LMTD JT/FCL EVL NVASC XTR | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76883 | N | US NRV&ACC STRUX 1XTR COMPRE | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76885 | N | US EXAM INFANT HIPS DYNAMIC | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 000 | - |
| 76886 | N | US EXAM INFANT HIPS STATIC | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 000 | - |
| 76932 | N | ECHO GUIDE FOR HEART BIOPSY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 76936 | S | ECHO GUIDE FOR ARTERY REPAIR | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 76937 | N | US GUIDE VASCULAR ACCESS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 76940 | N | US GUIDE TISSUE ABLATION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 76941 | N | ECHO GUIDE FOR TRANSFUSION | - | - | - | Bundled | $0.00 | - | - | - | - | 010 | 065 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 76942 | N | ECHO GUIDE FOR BIOPSY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 76945 | N | ECHO GUIDE VILLUS SAMPLING | - | - | - | Bundled | $0.00 | - | - | - | - | 010 | 065 | - |
| 76946 | N | ECHO GUIDE FOR AMNIOCENTESIS | - | - | - | Bundled | $0.00 | - | - | - | - | 010 | 065 | - |
| 76948 | N | ECHO GUIDE OVA ASPIRATION | - | - | - | Bundled | $0.00 | - | - | - | - | 010 | 065 | - |
| 76965 | N | ECHO GUIDANCE RADIOTHERAPY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 76975 | N | GI ENDOSCOPIC ULTRASOUND | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 76977 | S | US BONE DENSITY MEASURE | - | 05522 | 1.2488 | APC | $72.92 | - | - | - | - | 000 | 999 | - |
| 76978 | S | US TRGT DYN MBUBB 1ST LES | - | 05571 | 2.1071 | APC | $123.03 | - | - | - | - | 000 | 999 | - |
| 76979 | N | US TRGT DYN MBUBB EA ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 76981 | N | USE PARENCHYMA | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76982 | N | USE 1ST TARGET LESION | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 76983 | N | USE EA ADDL TARGET LESION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 76998 | N | US GUIDE INTRAOP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 76999 | N | ECHO EXAMINATION PROCEDURE | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 77001 | N | FLUOROGUIDE FOR VEIN DEVICE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 77002 | N | NEEDLE LOCALIZATION BY XRAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 77003 | N | FLUOROGUIDE FOR SPINE INJECT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 77011 | N | CT SCAN FOR LOCALIZATION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 77012 | N | CT SCAN FOR NEEDLE BIOPSY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 77013 | N | CT GUIDE FOR TISSUE ABLATION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 77014 | N | CT SCAN FOR THERAPY GUIDE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 77021 | N | MRI GUIDANCE NDL PLMT RS&I | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 77022 | N | MRI GDN PARNCHYMA TISS ABLTJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 77046 | N | MRI BREAST C- UNILATERAL | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 77047 | N | MRI BREAST C- BILATERAL | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 77048 | E | MRI BREAST C-+ W/CAD UNI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 77049 | E | MRI BREAST C-+ W/CAD BI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 77053 | N | X-RAY OF MAMMARY DUCT | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 77054 | N | X-RAY OF MAMMARY DUCTS | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| 77061 | E | BREAST TOMOSYNTHESIS UNI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 77062 | E | BREAST TOMOSYNTHESIS BI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 77063 | M | BREAST TOMOSYNTHESIS BI | - | - | - | Fee Schedule | $69.98 | - | - | - | - | 000 | 999 | - |
| 77065 | M | DX MAMMO INCL CAD UNI | - | - | - | Fee Schedule | $166.60 | - | - | - | - | 000 | 999 | - |
| 77066 | M | DX MAMMO INCL CAD BI | - | - | - | Fee Schedule | $210.03 | - | - | - | - | 000 | 999 | - |
| 77067 | M | SCR MAMMO BI INCL CAD | - | - | - | Fee Schedule | $170.59 | - | - | - | - | 000 | 999 | - |
| 77071 | N | X-RAY STRESS VIEW | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 77072 | N | X-RAYS FOR BONE AGE | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 77073 | N | X-RAYS BONE LENGTH STUDIES | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 77074 | N | X-RAYS BONE SURVEY LIMITED | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 77075 | N | X-RAYS BONE SURVEY COMPLETE | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 77076 | N | X-RAYS BONE SURVEY INFANT | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 001 | - |
| 77077 | N | JOINT SURVEY SINGLE VIEW | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 77078 | S | CT BONE DENSITY AXIAL | - | 05521 | 1.0151 | APC | $59.27 | - | - | - | - | 000 | 999 | - |
| 77080 | S | DXA BONE DENSITY AXIAL | - | 05522 | 1.2488 | APC | $72.92 | - | - | - | - | 000 | 999 | - |
| 77081 | S | DXA BONE DENSITY/PERIPHERAL | - | 05521 | 1.0151 | APC | $59.27 | - | - | - | - | 000 | 999 | - |
| 77084 | S | MAGNETIC IMAGE BONE MARROW | - | 05523 | 2.7285 | APC | $159.32 | - | - | - | - | 000 | 999 | - |
| 77085 | N | DXA BONE DENSITY STUDY | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 77086 | N | FRACTURE ASSESSMENT VIA DXA | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| 77089 | E | TBS DXA CAL W/I&R FX RISK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 77090 | S | TBS TECHL PREP&TRANSMIS DATA | - | 05521 | 1.0151 | APC | $59.27 | - | - | - | - | 000 | 999 | - |
| 77091 | S | TBS TECHL CALCULATION ONLY | - | 05521 | 1.0151 | APC | $59.27 | - | - | - | - | 000 | 999 | - |
| 77092 | E | TBS I&R FX RSK QHP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 77261 | E | RADIATION THERAPY PLANNING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 77262 | E | RADIATION THERAPY PLANNING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 77263 | E | RADIATION THERAPY PLANNING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 77280 | S | SET RADIATION THERAPY FIELD | - | 05611 | 1.5584 | APC | $90.99 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 77285 | S | SET RADIATION THERAPY FIELD | - | 05612 | 4.1914 | APC | $244.74 | - | - | - | - | 000 | 999 | - |
| 77290 | S | SET RADIATION THERAPY FIELD | - | 05612 | 4.1914 | APC | $244.74 | - | - | - | - | 000 | 999 | - |
| 77293 | N | RESPIRATOR MOTION MGMT SIMUL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 77295 | S | 3-D RADIOTHERAPY PLAN | - | 05613 | 15.6648 | APC | $914.67 | - | - | - | - | 000 | 999 | - |
| 77299 | S | UNLISTED PX THER RAD TX PLNG | - | 05611 | 1.5584 | APC | $90.99 | - | - | - | - | 000 | 999 | - |
| 77300 | S | RADIATION THERAPY DOSE PLAN | - | 05611 | 1.5584 | APC | $90.99 | - | - | - | - | 000 | 999 | - |
| 77301 | S | RADIOTHERAPY DOSE PLAN IMRT | - | 05613 | 15.6648 | APC | $914.67 | - | - | - | - | 000 | 999 | - |
| 77306 | S | TELETHX ISODOSE PLAN SIMPLE | - | 05612 | 4.1914 | APC | $244.74 | - | - | - | - | 000 | 999 | - |
| 77307 | S | TELETHX ISODOSE PLAN CPLX | - | 05612 | 4.1914 | APC | $244.74 | - | - | - | - | 000 | 999 | - |
| 77316 | S | BRACHYTX ISODOSE PLAN SIMPLE | - | 05612 | 4.1914 | APC | $244.74 | - | - | - | - | 000 | 999 | - |
| 77317 | S | BRACHYTX ISODOSE INTERMED | - | 05612 | 4.1914 | APC | $244.74 | - | - | - | - | 000 | 999 | - |
| 77318 | S | BRACHYTX ISODOSE COMPLEX | - | 05612 | 4.1914 | APC | $244.74 | - | - | - | - | 000 | 999 | - |
| 77321 | S | SPECIAL TELETX PORT PLAN | - | 05612 | 4.1914 | APC | $244.74 | - | - | - | - | 000 | 999 | - |
| 77331 | S | SPECIAL RADIATION DOSIMETRY | - | 05611 | 1.5584 | APC | $90.99 | - | - | - | - | 000 | 999 | - |
| 77332 | S | RADIATION TREATMENT AID(S) | - | 05611 | 1.5584 | APC | $90.99 | - | - | - | - | 000 | 999 | - |
| 77333 | S | RADIATION TREATMENT AID(S) | - | 05611 | 1.5584 | APC | $90.99 | - | - | - | - | 000 | 999 | - |
| 77334 | S | RADIATION TREATMENT AID(S) | - | 05612 | 4.1914 | APC | $244.74 | - | - | - | - | 000 | 999 | - |
| 77336 | S | RADIATION PHYSICS CONSULT | - | 05611 | 1.5584 | APC | $90.99 | - | - | - | - | 000 | 999 | - |
| 77338 | S | DESIGN MLC DEVICE FOR IMRT | - | 05612 | 4.1914 | APC | $244.74 | - | - | - | - | 000 | 999 | - |
| 77370 | S | RADIATION PHYSICS CONSULT | - | 05611 | 1.5584 | APC | $90.99 | - | - | - | - | 000 | 999 | - |
| 77371 | N | SRS MULTISOURCE | - | 05627 | 89.8589 | Bundled, sometimes payable | $5,246.86 | - | - | - | - | 000 | 999 | - |
| 77372 | N | SRS LINEAR BASED | - | 05627 | 89.8589 | Bundled, sometimes payable | $5,246.86 | - | - | - | - | 000 | 999 | - |
| 77373 | S | SBRT DELIVERY | - | 05626 | 20.6514 | APC | $1,205.84 | - | - | - | - | 000 | 999 | - |
| 77385 | S | NTSTY MODUL RAD TX DLVR SMPL | - | 05623 | 6.6889 | APC | $390.56 | - | - | - | - | 000 | 999 | - |
| 77386 | S | NTSTY MODUL RAD TX DLVR CPLX | - | 05623 | 6.6889 | APC | $390.56 | - | - | - | - | 000 | 999 | - |
| 77387 | N | GUIDANCE FOR RADJ TX DLVR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 77399 | S | UNLISTED PX MED RADJ PHYSICS | - | 05611 | 1.5584 | APC | $90.99 | - | - | - | - | 000 | 999 | - |
| 77401 | S | RADIATION TREATMENT DELIVERY | - | 05621 | 1.4300 | APC | $83.50 | - | - | - | - | 000 | 999 | - |
| 77402 | S | RADIATION TREATMENT DELIVERY | - | 05621 | 1.4300 | APC | $83.50 | - | - | - | - | 000 | 999 | - |
| 77407 | S | RADIATION TREATMENT DELIVERY | - | 05622 | 3.0722 | APC | $179.39 | - | - | - | - | 000 | 999 | - |
| 77412 | S | RADIATION TREATMENT DELIVERY | - | 05622 | 3.0722 | APC | $179.39 | - | - | - | - | 000 | 999 | - |
| 77417 | N | RADIOLOGY PORT IMAGES(S) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 77423 | S | NEUTRON BEAM TX COMPLEX | - | 05623 | 6.6889 | APC | $390.56 | - | - | - | Y | 000 | 999 | - |
| 77424 | N | IO RAD TX DELIVERY BY X-RAY | - | 05627 | 89.8589 | Bundled, sometimes payable | $5,246.86 | - | - | - | - | 000 | 999 | - |
| 77425 | N | IO RAD TX DELIVER BY ELCTRNS | - | 05627 | 89.8589 | Bundled, sometimes payable | $5,246.86 | - | - | - | - | 000 | 999 | - |
| 77427 | M | RADIATION TX MANAGEMENT X5 | - | - | - | Fee Schedule | $251.91 | - | - | - | - | 000 | 999 | - |
| 77431 | M | RADIATION THERAPY MANAGEMENT | - | - | - | Fee Schedule | $141.25 | - | - | - | - | 000 | 999 | - |
| 77432 | M | STEREOTACTIC RADIATION TRMT | - | - | - | Fee Schedule | $559.58 | - | - | - | - | 000 | 999 | - |
| 77435 | N | SBRT MANAGEMENT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 77469 | E | IO RADIATION TX MANAGEMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 77470 | S | SPECIAL RADIATION TREATMENT | - | 05623 | 6.6889 | APC | $390.56 | - | - | - | - | 000 | 999 | - |
| 77499 | M | UNLISTED PX THER RAD TX MGMT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 77520 | S | PROTON TRMT SIMPLE W/O COMP | - | 05623 | 6.6889 | APC | $390.56 | - | - | - | - | 000 | 999 | - |
| 77522 | S | PROTON TRMT SIMPLE W/COMP | - | 05625 | 15.4609 | APC | $902.76 | - | - | - | - | 000 | 999 | - |
| 77523 | S | PROTON TRMT INTERMEDIATE | - | 05625 | 15.4609 | APC | $902.76 | - | - | - | - | 000 | 999 | - |
| 77525 | S | PROTON TREATMENT COMPLEX | - | 05625 | 15.4609 | APC | $902.76 | - | - | - | - | 000 | 999 | - |
| 77600 | S | HYPERTHERMIA TREATMENT | - | 05622 | 3.0722 | APC | $179.39 | - | - | - | - | 000 | 999 | - |
| 77605 | S | HYPERTHERMIA TREATMENT | - | 05624 | 8.4328 | APC | $492.39 | - | - | - | - | 000 | 999 | - |
| 77610 | S | HYPERTHERMIA TREATMENT | - | 05623 | 6.6889 | APC | $390.56 | - | - | - | - | 000 | 999 | - |
| 77615 | S | HYPERTHERMIA TREATMENT | - | 05623 | 6.6889 | APC | $390.56 | - | - | - | - | 000 | 999 | - |
| 77620 | S | HYPERTHERMIA TREATMENT | - | 05623 | 6.6889 | APC | $390.56 | - | - | - | - | 000 | 999 | - |
| 77750 | S | INFUSE RADIOACTIVE MATERIALS | - | 05622 | 3.0722 | APC | $179.39 | - | - | - | - | 000 | 999 | - |
| 77761 | S | APPLY INTRCAV RADIAT SIMPLE | - | 05623 | 6.6889 | APC | $390.56 | - | - | - | - | 000 | 999 | - |
| 77762 | S | APPLY INTRCAV RADIAT INTERM | - | 05623 | 6.6889 | APC | $390.56 | - | - | - | - | 000 | 999 | - |
| 77763 | S | APPLY INTRCAV RADIAT COMPL | - | 05624 | 8.4328 | APC | $492.39 | - | - | - | - | 000 | 999 | - |
| 77767 | S | HDR RDNCL SKN SURF BRACHYTX | - | 05622 | 3.0722 | APC | $179.39 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 77768 | S | HDR RDNCL SKN SURF BRACHYTX | - | 05622 | 3.0722 | APC | $179.39 | - | - | - | - | 000 | 999 | - |
| 77770 | S | HDR RDNCL NTRSTL/ICAV BRCHTX | - | 05624 | 8.4328 | APC | $492.39 | - | - | - | - | 000 | 999 | - |
| 77771 | S | HDR RDNCL NTRSTL/ICAV BRCHTX | - | 05624 | 8.4328 | APC | $492.39 | - | - | - | - | 000 | 999 | - |
| 77772 | S | HDR RDNCL NTRSTL/ICAV BRCHTX | - | 05624 | 8.4328 | APC | $492.39 | - | - | - | - | 000 | 999 | - |
| 77778 | S | APPLY INTERSTIT RADIAT COMPL | - | 05624 | 8.4328 | APC | $492.39 | - | - | - | - | 000 | 999 | - |
| 77789 | S | APPLY SURF LDR RADIONUCLIDE | - | 05621 | 1.4300 | APC | $83.50 | - | - | - | - | 000 | 999 | - |
| 77790 | N | RADIATION HANDLING | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 77799 | S | UNLISTED PX CLIN BRACHYTX | - | 05621 | 1.4300 | APC | $83.50 | - | - | - | - | 000 | 999 | - |
| 78012 | S | THYROID UPTAKE MEASUREMENT | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78013 | S | THYROID IMAGING W/BLOOD FLOW | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78014 | S | THYROID IMAGING W/BLOOD FLOW | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78015 | S | THYROID MET IMAGING | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78016 | S | THYROID MET IMAGING/STUDIES | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78018 | S | THYROID MET IMAGING BODY | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78020 | N | THYROID MET UPTAKE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 78070 | S | PARATHYROID PLANAR IMAGING | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78071 | S | PARATHYRD PLANAR W/WO SUBTRJ | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78072 | S | PARATHYRD PLANAR W/SPECT&CT | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78075 | S | ADRENAL CORTEX & MEDULLA IMG | - | 05593 | 15.5082 | APC | $905.52 | - | - | - | - | 000 | 999 | - |
| 78099 | S | UNLISTED ENDOCRINE PX DX NUC | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78102 | S | BONE MARROW IMAGING LTD | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78103 | S | BONE MARROW IMAGING MULT | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78104 | S | BONE MARROW IMAGING BODY | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78110 | S | PLASMA VOLUME SINGLE | - | 05593 | 15.5082 | APC | $905.52 | - | - | - | - | 000 | 999 | - |
| 78111 | S | PLASMA VOLUME MULTIPLE | - | 05593 | 15.5082 | APC | $905.52 | - | - | - | - | 000 | 999 | - |
| 78120 | S | RED CELL MASS SINGLE | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78121 | S | RED CELL MASS MULTIPLE | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78122 | S | BLOOD VOLUME | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78130 | S | RED CELL SURVIVAL STUDY | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78140 | S | RED CELL SEQUESTRATION | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78185 | S | SPLEEN IMAGING | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78191 | S | PLATELET SURVIVAL | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78195 | S | LYMPH SYSTEM IMAGING | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78199 | S | UNLSTD HEMATOP RET/ENDO LYMP | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78201 | S | LIVER IMAGING | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78202 | S | LIVER IMAGING WITH FLOW | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78215 | S | LIVER AND SPLEEN IMAGING | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78216 | S | LIVER & SPLEEN IMAGE/FLOW | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78226 | S | HEPATOBILIARY SYSTEM IMAGING | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78227 | S | HEPATOBIL SYST IMAGE W/DRUG | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78230 | S | SALIVARY GLAND IMAGING | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78231 | S | SERIAL SALIVARY IMAGING | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78232 | S | SALIVARY GLAND FUNCTION EXAM | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78258 | S | ESOPHAGEAL MOTILITY STUDY | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78261 | S | GASTRIC MUCOSA IMAGING | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78262 | S | GASTROESOPHAGEAL REFLUX EXAM | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78264 | S | GASTRIC EMPTYING IMAG STUDY | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78265 | S | GASTRIC EMPTYING IMAG STUDY | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78266 | S | GASTRIC EMPTYING IMAG STUDY | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78267 | Q | BREATH TST ATTAIN/ANAL C-14 | - | - | - | Medicare | $18.43 | $11.43 | $11.06 | - | - | 000 | 999 | - |
| 78268 | Q | BREATH TEST ANALYSIS C-14 | - | - | - | Medicare | $157.35 | $97.56 | $94.41 | - | - | 000 | 999 | - |
| 78278 | S | ACUTE GI BLOOD LOSS IMAGING | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78282 | S | GI PROTEIN LOSS EXAM | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78290 | S | MECKELS DIVERT EXAM | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78291 | S | LEVEEN/SHUNT PATENCY EXAM | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78299 | S | UNLISTED GI PX DX NUC MED | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 78300 | S | BONE IMAGING LIMITED AREA | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78305 | S | BONE IMAGING MULTIPLE AREAS | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78306 | S | BONE IMAGING WHOLE BODY | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78315 | S | BONE IMAGING 3 PHASE | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78350 | E | BONE MINERAL SINGLE PHOTON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 78351 | E | BONE MINERAL DUAL PHOTON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 78399 | S | UNLISTED MUSCSKEL PX DX NUC | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78414 | S | NON-IMAGING HEART FUNCTION | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78428 | S | CARDIAC SHUNT IMAGING | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78429 | S | MYOCRD IMG PET 1 STD W/CT | - | 05594 | 17.4020 | APC | $1,012.67 | - | - | - | - | 000 | 999 | - |
| 78430 | S | MYOCRD IMG PET RST/STRS W/CT | - | 05594 | 17.4020 | APC | $1,012.67 | - | - | - | - | 000 | 999 | - |
| 78431 | S | MYOCRD IMG PET RST&STRS CT | - | 01523 | 48.9936 | APC | $2,250.50 | - | - | - | - | 000 | 999 | - |
| 78432 | S | MYOCRD IMG PET 2RTRACER | - | 01520 | 32.9622 | APC | $2,750.50 | - | - | - | - | 000 | 999 | - |
| 78433 | S | MYOCRD IMG PET 2RTRACER CT | - | 01521 | 34.7435 | APC | $2,750.50 | - | - | - | - | 000 | 999 | - |
| 78434 | N | AQMBF PET REST & RX STRESS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 78445 | S | VASCULAR FLOW IMAGING | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78451 | S | HT MUSCLE IMAGE SPECT SING | - | 05593 | 15.5082 | APC | $905.52 | - | - | - | - | 000 | 999 | - |
| 78452 | S | HT MUSCLE IMAGE SPECT MULT | - | 05593 | 15.5082 | APC | $905.52 | - | - | - | - | 000 | 999 | - |
| 78453 | S | HT MUSCLE IMAGE PLANAR SING | - | 05593 | 15.5082 | APC | $905.52 | - | - | - | - | 000 | 999 | - |
| 78454 | S | HT MUSC IMAGE PLANAR MULT | - | 05593 | 15.5082 | APC | $905.52 | - | - | - | - | 000 | 999 | - |
| 78456 | S | ACUTE VENOUS THROMBUS IMAGE | - | 05593 | 15.5082 | APC | $905.52 | - | - | - | - | 000 | 999 | - |
| 78457 | S | VENOUS THROMBOSIS IMAGING | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78458 | S | VEN THROMBOSIS IMAGES BILAT | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78459 | S | MYOCRD IMG PET SINGLE STUDY | - | 05593 | 15.5082 | APC | $905.52 | - | - | - | - | 000 | 999 | - |
| 78466 | S | HEART INFARCT IMAGE | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78468 | S | HEART INFARCT IMAGE (EF) | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78469 | S | HEART INFARCT IMAGE (3D) | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78472 | S | GATED HEART PLANAR SINGLE | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78473 | S | GATED HEART MULTIPLE | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78481 | S | HEART FIRST PASS SINGLE | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78483 | S | HEART FIRST PASS MULTIPLE | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78491 | S | MYOCRD IMG PET 1STD RST/STRS | - | 05594 | 17.4020 | APC | $1,016.10 | - | - | - | - | 000 | 999 | - |
| 78492 | S | MYOCRD IMG PET MLT RST&STRS | - | 05594 | 17.4020 | APC | $1,016.10 | - | - | - | - | 000 | 999 | - |
| 78494 | S | HEART IMAGE SPECT | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78496 | N | HEART FIRST PASS ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 78499 | S | UNLISTED CV PX DX NUC MED | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78579 | S | LUNG VENTILATION IMAGING | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78580 | S | LUNG PERFUSION IMAGING | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78582 | S | LUNG VENTILAT&PERFUS IMAGING | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78597 | S | LUNG PERFUSION DIFFERENTIAL | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78598 | S | LUNG PERF&VENTILAT DIFERENTL | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78599 | S | UNLISTED RESP PX DX NUC MED | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78600 | S | BRAIN IMAGE < 4 VIEWS | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78601 | S | BRAIN IMAGE W/FLOW < 4 VIEWS | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78605 | S | BRAIN IMAGE 4+ VIEWS | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78606 | S | BRAIN IMAGE W/FLOW 4 + VIEWS | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78608 | S | BRAIN IMAGING (PET) | - | 05594 | 17.4020 | APC | $1,016.10 | - | - | - | - | 000 | 999 | - |
| 78609 | E | BRAIN IMAGING (PET) | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 78610 | S | BRAIN FLOW IMAGING ONLY | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78630 | S | CEREBROSPINAL FLUID SCAN | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78635 | S | CSF VENTRICULOGRAPHY | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78645 | S | CSF SHUNT EVALUATION | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78650 | S | CSF LEAKAGE IMAGING | - | 05593 | 15.5082 | APC | $905.52 | - | - | - | - | 000 | 999 | - |
| 78660 | S | NUCLEAR EXAM OF TEAR FLOW | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78699 | S | UNLISTED NRVS SYS PX DX NUC | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78700 | S | KIDNEY IMAGING MORPHOL | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 78701 | S | KIDNEY IMAGING WITH FLOW | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78707 | S | K FLOW/FUNCT IMAGE W/O DRUG | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78708 | S | K FLOW/FUNCT IMAGE W/DRUG | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78709 | S | K FLOW/FUNCT IMAGE MULTIPLE | - | 05592 | 5.8947 | APC | $344.19 | - | - | - | - | 000 | 999 | - |
| 78725 | S | KIDNEY FUNCTION STUDY | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78730 | N | URINARY BLADDER RETENTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 78740 | S | URETERAL REFLUX STUDY | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78761 | S | TESTICULAR IMAGING W/FLOW | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78799 | S | UNLISTED GU PX DX NUC MED | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78800 | S | RP LOCLZJ TUM 1 AREA 1 D IMG | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78801 | S | RP LOCLZJ TUM 2+AREA 1+D IMG | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 78802 | S | RP LOCLZJ TUM WHBDY 1 D IMG | - | 05593 | 15.5082 | APC | $905.52 | - | - | - | - | 000 | 999 | - |
| 78803 | S | RP LOCLZJ TUM SPECT 1 AREA | - | 05593 | 15.5082 | APC | $905.52 | - | - | - | - | 000 | 999 | - |
| 78804 | S | RP LOCLZJ TUM WHBDY 2+D IMG | - | 05593 | 15.5082 | APC | $905.52 | - | - | - | - | 000 | 999 | - |
| 78808 | N | IV INJ RA DRUG DX STUDY | - | 05591 | 4.5415 | Bundled, sometimes payable | $265.18 | - | - | - | - | 000 | 999 | - |
| 78811 | S | PET IMAGE LTD AREA | - | 05593 | 15.5082 | APC | $905.52 | - | - | - | - | 000 | 999 | - |
| 78812 | S | PET IMAGE SKULL-THIGH | - | 05594 | 17.4020 | APC | $1,016.10 | - | - | - | - | 000 | 999 | - |
| 78813 | S | PET IMAGE FULL BODY | - | 05594 | 17.4020 | APC | $1,016.10 | - | - | - | - | 000 | 999 | - |
| 78814 | S | PET IMAGE W/CT LMTD | - | 05594 | 17.4020 | APC | $1,016.10 | - | - | - | - | 000 | 999 | - |
| 78815 | S | PET IMAGE W/CT SKULL-THIGH | - | 05594 | 17.4020 | APC | $1,016.10 | - | - | - | - | 000 | 999 | - |
| 78816 | S | PET IMAGE W/CT FULL BODY | - | 05594 | 17.4020 | APC | $1,016.10 | - | - | - | - | 000 | 999 | - |
| 78830 | S | RP LOCLZJ TUM SPECT W/CT 1 | - | 05593 | 15.5082 | APC | $893.37 | - | - | - | - | 000 | 999 | - |
| 78831 | S | RP LOCLZJ TUM SPECT 2 AREAS | - | 05593 | 15.5082 | APC | $893.37 | - | - | - | - | 000 | 999 | - |
| 78832 | S | RP LOCLZJ TUM SPECT W/CT 2 | - | 05594 | 17.4020 | APC | $1,012.67 | - | - | - | - | 000 | 999 | - |
| 78835 | N | RP QUAN MEAS SINGLE AREA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 78999 | S | UNLISTED MISC PX DX NUC MED | - | 05591 | 4.5415 | APC | $265.18 | - | - | - | - | 000 | 999 | - |
| 79005 | S | NUCLEAR RX ORAL ADMIN | - | 05661 | 2.9179 | APC | $170.38 | - | - | - | - | 000 | 999 | - |
| 79101 | S | NUCLEAR RX IV ADMIN | - | 05661 | 2.9179 | APC | $170.38 | - | - | - | - | 000 | 999 | - |
| 79200 | S | NUCLEAR RX INTRACAV ADMIN | - | 05661 | 2.9179 | APC | $170.38 | - | - | - | - | 000 | 999 | - |
| 79300 | S | NUCLR RX INTERSTIT COLLOID | - | 05661 | 2.9179 | APC | $170.38 | - | - | - | - | 000 | 999 | - |
| 79403 | S | HEMATOPOIETIC NUCLEAR TX | - | 05661 | 2.9179 | APC | $170.38 | - | - | - | - | 000 | 999 | - |
| 79440 | S | NUCLEAR RX INTRA-ARTICULAR | - | 05661 | 2.9179 | APC | $170.38 | - | - | - | - | 000 | 999 | - |
| 79445 | S | NUCLEAR RX INTRA-ARTERIAL | - | 05661 | 2.9179 | APC | $170.38 | - | - | - | - | 000 | 999 | - |
| 79999 | S | RP THERAPY UNLISTED PX | - | 05661 | 2.9179 | APC | $170.38 | - | - | - | - | 000 | 999 | - |
| 80047 | Q | METABOLIC PANEL IONIZED CA | - | - | - | Medicare | $22.88 | $14.19 | $13.73 | - | - | 000 | 999 | - |
| 80048 | Q | METABOLIC PANEL TOTAL CA | - | - | - | Medicare | $14.10 | $8.74 | $8.46 | - | - | 000 | 999 | - |
| 80050 | Q | GENERAL HEALTH PANEL | - | - | - | Fee Schedule | $61.89 | - | - | - | - | 000 | 999 | - |
| 80051 | Q | ELECTROLYTE PANEL | - | - | - | Medicare | $11.68 | $7.24 | $7.01 | - | - | 000 | 999 | - |
| 80053 | Q | COMPREHEN METABOLIC PANEL | - | - | - | Medicare | $17.60 | $10.91 | $10.56 | - | - | 000 | 999 | - |
| 80055 | Q | OBSTETRIC PANEL | - | - | - | Medicare | $79.68 | $49.40 | $47.81 | - | - | 010 | 065 | - |
| 80061 | Q | LIPID PANEL | - | - | - | Medicare | $22.32 | $13.84 | $13.39 | - | - | 000 | 999 | - |
| 80069 | Q | RENAL FUNCTION PANEL | - | - | - | Medicare | $14.47 | $8.97 | $8.68 | - | - | 000 | 999 | - |
| 80074 | Q | ACUTE HEPATITIS PANEL | - | - | - | Medicare | $79.38 | $49.22 | $47.63 | - | - | 000 | 999 | - |
| 80076 | Q | HEPATIC FUNCTION PANEL | - | - | - | Medicare | $13.62 | $8.44 | $8.17 | - | - | 000 | 999 | - |
| 80081 | Q | OBSTETRIC PANEL | - | - | - | Medicare | $124.77 | $77.36 | $74.86 | - | - | 000 | 999 | - |
| 80143 | Q | DRUG ASSAY ACETAMINOPHEN | - | - | - | Medicare | $31.07 | $19.26 | $18.64 | - | - | 000 | 999 | - |
| 80145 | N | DRUG ASSAY ADALIMUMAB | - | - | - | Bundled, sometimes payable | $64.28 | - | - | - | - | 000 | 999 | - |
| 80150 | Q | ASSAY OF AMIKACIN | - | - | - | Medicare | $25.13 | $15.58 | $15.08 | - | - | 000 | 999 | - |
| 80151 | Q | DRUG ASSAY AMIODARONE | - | - | - | Medicare | $31.07 | $19.26 | $18.64 | - | - | 000 | 999 | - |
| 80155 | Q | DRUG ASSAY CAFFEINE | - | - | - | Medicare | $64.28 | $39.85 | $38.57 | - | - | 000 | 999 | - |
| 80156 | Q | ASSAY CARBAMAZEPINE TOTAL | - | - | - | Medicare | $24.28 | $15.05 | $14.57 | - | - | 000 | 999 | - |
| 80157 | Q | ASSAY CARBAMAZEPINE FREE | - | - | - | Medicare | $22.08 | $13.69 | $13.25 | - | - | 000 | 999 | - |
| 80158 | Q | DRUG ASSAY CYCLOSPORINE | - | - | - | Medicare | $30.08 | $18.65 | $18.05 | - | - | 000 | 999 | - |
| 80159 | Q | DRUG ASSAY CLOZAPINE | - | - | - | Medicare | $33.58 | $20.82 | $20.15 | - | - | 000 | 999 | - |
| 80161 | Q | ASY CARBAMAZEPIN 10,11-EPXID | - | - | - | Medicare | $31.07 | $19.26 | $18.64 | - | - | 000 | 999 | - |
| 80162 | Q | ASSAY OF DIGOXIN TOTAL | - | - | - | Medicare | $22.13 | $13.72 | $13.28 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 80163 | Q | ASSAY OF DIGOXIN FREE | - | - | - | Medicare | $22.13 | $13.72 | $13.28 | - | - | 000 | 999 | - |
| 80164 | Q | ASSAY DIPROPYLACETIC ACD TOT | - | - | - | Medicare | $22.57 | $13.99 | $13.54 | - | - | 000 | 999 | - |
| 80165 | Q | DIPROPYLACETIC ACID FREE | - | - | - | Medicare | $22.57 | $13.99 | $13.54 | - | - | 000 | 999 | - |
| 80167 | Q | DRUG ASSAY FELBAMATE | - | - | - | Medicare | $31.07 | $19.26 | $18.64 | - | - | 000 | 999 | - |
| 80168 | Q | ASSAY OF ETHOSUXIMIDE | - | - | - | Medicare | $27.23 | $16.88 | $16.34 | - | - | 000 | 999 | - |
| 80169 | Q | DRUG ASSAY EVEROLIMUS | - | - | - | Medicare | $22.88 | $14.19 | $13.73 | - | - | 000 | 999 | - |
| 80170 | Q | ASSAY OF GENTAMICIN | - | - | - | Medicare | $27.30 | $16.93 | $16.38 | - | - | 000 | 999 | - |
| 80171 | Q | DRUG SCREEN QUANT GABAPENTIN | - | - | - | Medicare | $36.12 | $22.39 | $21.67 | - | - | 000 | 999 | - |
| 80173 | Q | ASSAY OF HALOPERIDOL | - | - | - | Medicare | $26.30 | $16.31 | $15.78 | - | - | 000 | 999 | - |
| 80175 | Q | DRUG SCREEN QUAN LAMOTRIGINE | - | - | - | Medicare | $22.08 | $13.69 | $13.25 | - | - | 000 | 999 | - |
| 80176 | Q | ASSAY OF LIDOCAINE | - | - | - | Medicare | $24.48 | $15.18 | $14.69 | - | - | 000 | 999 | - |
| 80177 | Q | DRUG SCRN QUAN LEVETIRACETAM | - | - | - | Medicare | $22.08 | $13.69 | $13.25 | - | - | 000 | 999 | - |
| 80178 | Q | ASSAY OF LITHIUM | - | - | - | Medicare | $11.02 | $6.83 | $6.61 | - | - | 000 | 999 | - |
| 80179 | Q | DRUG ASSAY SALICYLATE | - | - | - | Medicare | $31.07 | $19.26 | $18.64 | - | - | 000 | 999 | - |
| 80180 | Q | DRUG SCRN QUAN MYCOPHENOLATE | - | - | - | Medicare | $30.08 | $18.65 | $18.05 | - | - | 000 | 999 | - |
| 80181 | Q | DRUG ASSAY FLECAINIDE | - | - | - | Medicare | $31.07 | $19.26 | $18.64 | - | - | 000 | 999 | - |
| 80183 | Q | DRUG SCRN QUANT OXCARBAZEPIN | - | - | - | Medicare | $22.08 | $13.69 | $13.25 | - | - | 000 | 999 | - |
| 80184 | Q | ASSAY OF PHENOBARBITAL | - | - | - | Medicare | $25.50 | $15.81 | $15.30 | - | - | 000 | 999 | - |
| 80185 | Q | ASSAY OF PHENYTOIN TOTAL | - | - | - | Medicare | $22.08 | $13.69 | $13.25 | - | - | 000 | 999 | - |
| 80186 | Q | ASSAY OF PHENYTOIN FREE | - | - | - | Medicare | $22.93 | $14.22 | $13.76 | - | - | 000 | 999 | - |
| 80187 | Q | DRUG ASSAY POSACONAZOLE | - | - | - | Medicare | $45.18 | $28.01 | $27.11 | - | - | 000 | 999 | - |
| 80188 | Q | ASSAY OF PRIMIDONE | - | - | - | Medicare | $27.65 | $17.14 | $16.59 | - | - | 000 | 999 | - |
| 80189 | Q | DRUG ASSAY ITRACONAZOLE | - | - | - | Medicare | $45.18 | $28.01 | $27.11 | - | - | 000 | 999 | - |
| 80190 | Q | ASSAY OF PROCAINAMIDE | - | - | - | Medicare | $100.00 | $62.00 | $60.00 | - | - | 000 | 999 | - |
| 80192 | Q | ASSAY OF PROCAINAMIDE | - | - | - | Medicare | $27.92 | $17.31 | $16.75 | - | - | 000 | 999 | - |
| 80193 | Q | DRUG ASSAY LEFLUNOMIDE | - | - | - | Medicare | $64.28 | $39.85 | $38.57 | - | - | 000 | 999 | - |
| 80194 | Q | ASSAY OF QUINIDINE | - | - | - | Medicare | $24.33 | $15.08 | $14.60 | - | - | 000 | 999 | - |
| 80195 | Q | ASSAY OF SIROLIMUS | - | - | - | Medicare | $22.88 | $14.19 | $13.73 | - | - | 000 | 999 | - |
| 80197 | Q | ASSAY OF TACROLIMUS | - | - | - | Medicare | $22.88 | $14.19 | $13.73 | - | - | 000 | 999 | - |
| 80198 | Q | ASSAY OF THEOPHYLLINE | - | - | - | Medicare | $23.57 | $14.61 | $14.14 | - | - | 000 | 999 | - |
| 80199 | Q | DRUG SCREEN QUANT TIAGABINE | - | - | - | Medicare | $45.18 | $28.01 | $27.11 | - | - | 000 | 999 | - |
| 80200 | Q | ASSAY OF TOBRAMYCIN | - | - | - | Medicare | $26.88 | $16.67 | $16.13 | - | - | 000 | 999 | - |
| 80201 | Q | ASSAY OF TOPIRAMATE | - | - | - | Medicare | $19.87 | $12.32 | $11.92 | - | - | 000 | 999 | - |
| 80202 | Q | ASSAY OF VANCOMYCIN | - | - | - | Medicare | $22.57 | $13.99 | $13.54 | - | - | 000 | 999 | - |
| 80203 | Q | DRUG SCREEN QUANT ZONISAMIDE | - | - | - | Medicare | $22.08 | $13.69 | $13.25 | - | - | 000 | 999 | - |
| 80204 | Q | DRUG ASSAY METHOTREXATE | - | - | - | Medicare | $64.28 | $39.85 | $38.57 | - | - | 000 | 999 | - |
| 80210 | Q | DRUG ASSAY RUFINAMIDE | - | - | - | Medicare | $45.18 | $28.01 | $27.11 | - | - | 000 | 999 | - |
| 80220 | N | DRUG ASY HYDROXYCHLOROQUINE | - | - | - | Bundled, sometimes payable | $31.07 | - | - | - | - | 000 | 999 | - |
| 80230 | N | DRUG ASSAY INFLIXIMAB | - | - | - | Bundled, sometimes payable | $64.28 | - | - | - | - | 000 | 999 | - |
| 80235 | Q | DRUG ASSAY LACOSAMIDE | - | - | - | Medicare | $45.18 | $28.01 | $27.11 | - | - | 000 | 999 | - |
| 80280 | N | DRUG ASSAY VEDOLIZUMAB | - | - | - | Bundled, sometimes payable | $64.28 | - | - | - | - | 000 | 999 | - |
| 80285 | Q | DRUG ASSAY VORICONAZOLE | - | - | - | Medicare | $45.18 | $28.01 | $27.11 | - | - | 000 | 999 | - |
| 80299 | Q | QUANTITATIVE ASSAY DRUG | - | - | - | Medicare | $31.07 | $19.26 | $18.64 | - | - | 000 | 999 | - |
| 80305 | Q | DRUG TEST PRSMV DIR OPT OBS | - | - | - | Medicare | $21.00 | $13.02 | $12.60 | - | - | 000 | 999 | - |
| 80306 | Q | DRUG TEST PRSMV INSTRMNT | - | - | - | Medicare | $28.57 | $17.71 | $17.14 | - | - | 000 | 999 | - |
| 80307 | Q | DRUG TEST PRSMV CHEM ANLYZR | - | - | - | Medicare | $103.57 | $64.21 | $62.14 | - | - | 000 | 999 | - |
| 80320 | E | DRUG SCREEN QUANTALCOHOLS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80321 | E | ALCOHOLS BIOMARKERS 1OR 2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80322 | E | ALCOHOLS BIOMARKERS 3/MORE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80323 | E | ALKALOIDS NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80324 | E | DRUG SCREEN AMPHETAMINES 1/2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80325 | E | AMPHETAMINES 3OR 4 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80326 | E | AMPHETAMINES 5 OR MORE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80327 | E | ANABOLIC STEROID 1 OR 2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80328 | E | ANABOLIC STEROID 3 OR MORE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80329 | E | ANALGESICS NON-OPIOID 1 OR 2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 80330 | E | ANALGESICS NON-OPIOID 3-5 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80331 | E | ANALGESICS NON-OPIOID 6/MORE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80332 | E | ANTIDEPRESSANTS CLASS 1 OR 2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80333 | E | ANTIDEPRESSANTS CLASS 3-5 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80334 | E | ANTIDEPRESSANTS CLASS 6/MORE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80335 | E | ANTIDEPRESSANT TRICYCLIC 1/2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80336 | E | ANTIDEPRESSANT TRICYCLIC 3-5 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80337 | E | TRICYCLIC & CYCLICALS 6/MORE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80338 | E | ANTIDEPRESSANT NOT SPECIFIED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80339 | E | ANTIEPILEPTICS NOS 1-3 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80340 | E | ANTIEPILEPTICS NOS 4-6 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80341 | E | ANTIEPILEPTICS NOS 7/MORE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80342 | E | ANTIPSYCHOTICS NOS 1-3 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80343 | E | ANTIPSYCHOTICS NOS 4-6 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80344 | E | ANTIPSYCHOTICS NOS 7/MORE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80345 | E | DRUG SCREENING BARBITURATES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80346 | E | BENZODIAZEPINES1-12 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80347 | E | BENZODIAZEPINES 13 OR MORE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80348 | E | DRUG SCREENING BUPRENORPHINE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80349 | E | CANNABINOIDS NATURAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80350 | E | CANNABINOIDS SYNTHETIC 1-3 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80351 | E | CANNABINOIDS SYNTHETIC 4-6 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80352 | E | CANNABINOID SYNTHETIC 7/MORE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80353 | E | DRUG SCREENING COCAINE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80354 | E | DRUG SCREENING FENTANYL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80355 | E | GABAPENTIN NON-BLOOD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80356 | E | HEROIN METABOLITE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80357 | E | KETAMINE AND NORKETAMINE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80358 | E | DRUG SCREENING METHADONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80359 | E | METHYLENEDIOXYAMPHETAMINES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80360 | E | METHYLPHENIDATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80361 | E | OPIATES 1 OR MORE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80362 | E | OPIOIDS & OPIATE ANALOGS 1/2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80363 | E | OPIOIDS & OPIATE ANALOGS 3/4 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80364 | E | OPIOID &OPIATE ANALOG 5/MORE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80365 | E | DRUG SCREENING OXYCODONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80366 | E | DRUG SCREENING PREGABALIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80367 | E | DRUG SCREENING PROPOXYPHENE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80368 | E | SEDATIVE HYPNOTICS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80369 | E | SKELETAL MUSCLE RELAXANT 1/2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80370 | E | SKEL MUSC RELAXANT 3 OR MORE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80371 | E | STIMULANTS SYNTHETIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80372 | E | DRUG SCREENING TAPENTADOL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80373 | E | DRUG SCREENING TRAMADOL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80374 | E | STEREOISOMER ANALYSIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80375 | E | DRUG/SUBSTANCE NOS 1-3 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80376 | E | DRUG/SUBSTANCE NOS 4-6 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80377 | E | DRUG/SUBSTANCE NOS 7/MORE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 80400 | Q | ACTH STIMULATION PANEL | - | - | - | Medicare | $54.37 | $33.71 | $32.62 | - | - | 000 | 999 | - |
| 80402 | Q | ACTH STIMULATION PANEL | - | - | - | Medicare | $144.93 | $89.86 | $86.96 | - | - | 000 | 999 | - |
| 80406 | Q | ACTH STIMULATION PANEL | - | - | - | Medicare | $130.43 | $80.87 | $78.26 | - | - | 000 | 999 | - |
| 80408 | Q | ALDOSTERONE SUPPRESSION EVAL | - | - | - | Medicare | $209.17 | $129.69 | $125.50 | - | - | 000 | 999 | - |
| 80410 | Q | CALCITONIN STIMUL PANEL | - | - | - | Medicare | $133.95 | $83.05 | $80.37 | - | - | 000 | 999 | - |
| 80412 | Q | CRH STIMULATION PANEL | - | - | - | Medicare | $1,336.03 | $828.34 | $801.62 | - | - | 000 | 999 | - |
| 80414 | Q | TESTOSTERONE RESPONSE PANEL | - | - | - | Medicare | $86.07 | $53.36 | $51.64 | - | - | 000 | 999 | - |
| 80415 | Q | TOT ESTRADIOL RESPONSE PANEL | - | - | - | Medicare | $93.15 | $57.75 | $55.89 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 80416 | Q | RENIN STIMULATION PANEL | - | - | - | Medicare | $348.87 | $216.30 | $209.32 | - | - | 000 | 999 | - |
| 80417 | Q | RENIN STIMULATION PANEL | - | - | - | Medicare | $73.32 | $45.46 | $43.99 | - | - | 000 | 999 | - |
| 80418 | Q | PITUITARY EVALUATION PANEL | - | - | - | Medicare | $965.80 | $598.80 | $579.48 | - | - | 000 | 999 | - |
| 80420 | Q | DEXAMETHASONE PANEL | - | - | - | Medicare | $269.80 | $167.28 | $161.88 | - | - | 000 | 999 | - |
| 80422 | Q | GLUCAGON TOLERANCE PANEL | - | - | - | Medicare | $76.78 | $47.60 | $46.07 | - | - | 000 | 999 | - |
| 80424 | Q | GLUCAGON TOLERANCE PANEL | - | - | - | Medicare | $84.17 | $52.19 | $50.50 | - | - | 000 | 999 | - |
| 80426 | Q | GONADOTROPIN HORMONE PANEL | - | - | - | Medicare | $247.35 | $153.36 | $148.41 | - | - | 000 | 999 | - |
| 80428 | Q | GROWTH HORMONE PANEL | - | - | - | Medicare | $111.17 | $68.93 | $66.70 | - | - | 000 | 999 | - |
| 80430 | Q | GROWTH HORMONE PANEL | - | - | - | Medicare | $215.55 | $133.64 | $129.33 | - | - | 000 | 999 | - |
| 80432 | Q | INSULIN SUPPRESSION PANEL | - | - | - | Medicare | $276.02 | $171.13 | $165.61 | - | - | 000 | 999 | - |
| 80434 | Q | INSULIN TOLERANCE PANEL | - | - | - | Medicare | $475.05 | $294.53 | $285.03 | - | - | 000 | 999 | - |
| 80435 | Q | INSULIN TOLERANCE PANEL | - | - | - | Medicare | $171.67 | $106.44 | $103.00 | - | - | 000 | 999 | - |
| 80436 | Q | METYRAPONE PANEL | - | - | - | Medicare | $151.93 | $94.20 | $91.16 | - | - | 000 | 999 | - |
| 80438 | Q | TRH STIMULATION PANEL | - | - | - | Medicare | $84.02 | $52.09 | $50.41 | - | - | 000 | 999 | - |
| 80439 | Q | TRH STIMULATION PANEL | - | - | - | Medicare | $112.02 | $69.45 | $67.21 | - | - | 000 | 999 | - |
| 80503 | N | PATH CLIN CONSLTJ SF 5-20 | - | 05671 | 0.5858 | Bundled, sometimes payable | $34.20 | - | - | - | - | 000 | 999 | - |
| 80504 | N | PATH CLIN CONSLTJ MOD 21-40 | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 80505 | N | PATH CLIN CONSLTJ HIGH 41-60 | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 80506 | N | PATH CLIN CONSLTJ PROLNG SVC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 81000 | Q | URINALYSIS NONAUTO W/SCOPE | - | - | - | Medicare | $6.70 | $4.15 | $4.02 | - | - | 000 | 999 | - |
| 81001 | Q | URINALYSIS AUTO W/SCOPE | - | - | - | Medicare | $5.28 | $3.27 | $3.17 | - | - | 000 | 999 | - |
| 81002 | Q | URINALYSIS NONAUTO W/O SCOPE | - | - | - | Medicare | $5.80 | $3.60 | $3.48 | - | - | 000 | 999 | - |
| 81003 | Q | URINALYSIS AUTO W/O SCOPE | - | - | - | Medicare | $3.75 | $2.33 | $2.25 | - | - | 000 | 999 | - |
| 81005 | Q | URINALYSIS | - | - | - | Medicare | $3.62 | $2.24 | $2.17 | - | - | 000 | 999 | - |
| 81007 | Q | URINE SCREEN FOR BACTERIA | - | - | - | Medicare | $49.97 | $30.98 | $29.98 | - | - | 000 | 999 | - |
| 81015 | Q | MICROSCOPIC EXAM OF URINE | - | - | - | Medicare | $5.08 | $3.15 | $3.05 | - | - | 000 | 999 | - |
| 81020 | Q | URINALYSIS GLASS TEST | - | - | - | Medicare | $7.83 | $4.85 | $4.70 | - | - | 000 | 999 | - |
| 81025 | Q | URINE PREGNANCY TEST | - | - | - | Medicare | $14.35 | $8.90 | $8.61 | - | - | 000 | 999 | - |
| 81050 | Q | URINALYSIS VOLUME MEASURE | - | - | - | Medicare | $6.07 | $3.76 | $3.64 | - | - | 000 | 999 | - |
| 81099 | N | UNLISTED URINALYSIS PX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 81105 | Q | HPA-1 GENOTYPING | - | - | - | Medicare | $203.70 | $126.29 | $122.22 | - | - | 000 | 999 | - |
| 81106 | Q | HPA-2 GENOTYPING | - | - | - | Medicare | $203.70 | $126.29 | $122.22 | - | - | 000 | 999 | - |
| 81107 | Q | HPA-3 GENOTYPING | - | - | - | Medicare | $203.70 | $126.29 | $122.22 | - | - | 000 | 999 | - |
| 81108 | Q | HPA-4 GENOTYPING | - | - | - | Medicare | $203.70 | $126.29 | $122.22 | - | - | 000 | 999 | - |
| 81109 | Q | HPA-5 GENOTYPING | - | - | - | Medicare | $203.70 | $126.29 | $122.22 | - | - | 000 | 999 | - |
| 81110 | Q | HPA-6 GENOTYPING | - | - | - | Medicare | $203.70 | $126.29 | $122.22 | - | - | 000 | 999 | - |
| 81111 | Q | HPA-9 GENOTYPING | - | - | - | Medicare | $203.70 | $126.29 | $122.22 | - | - | 000 | 999 | - |
| 81112 | Q | HPA-15 GENOTYPING | - | - | - | Medicare | $203.70 | $126.29 | $122.22 | - | - | 000 | 999 | - |
| 81120 | Q | IDH1 COMMON VARIANTS | - | - | - | Medicare | $322.08 | $199.69 | $193.25 | - | - | 000 | 999 | - |
| 81121 | Q | IDH2 COMMON VARIANTS | - | - | - | Medicare | $492.98 | $305.65 | $295.79 | - | - | 000 | 999 | - |
| 81161 | Q | DMD DUP/DELET ANALYSIS | - | - | - | Medicare | $465.00 | $288.30 | $279.00 | - | - | 000 | 999 | - |
| 81162 | Q | BRCA1&2 GEN FULL SEQ DUP/DEL | - | - | - | Medicare | $3,041.47 | $1,885.71 | $1,824.88 | Y | - | 000 | 999 | - |
| 81163 | Q | BRCA1&2 GENE FULL SEQ ALYS | - | - | - | Medicare | $780.00 | $483.60 | $468.00 | Y | - | 000 | 999 | - |
| 81164 | Q | BRCA1&2 GEN FUL DUP/DEL ALYS | - | - | - | Medicare | $973.72 | $603.71 | $584.23 | Y | - | 000 | 999 | - |
| 81165 | Q | BRCA1 GENE FULL SEQ ALYS | - | - | - | Medicare | $471.47 | $292.31 | $282.88 | Y | - | 000 | 999 | - |
| 81166 | Q | BRCA1 GENE FULL DUP/DEL ALYS | - | - | - | Medicare | $502.25 | $311.40 | $301.35 | Y | - | 000 | 999 | - |
| 81167 | Q | BRCA2 GENE FULL DUP/DEL ALYS | - | - | - | Medicare | $471.47 | $292.31 | $282.88 | Y | - | 000 | 999 | - |
| 81168 | Q | CCND1/IGH TRANSLOCATION ALYS | - | - | - | Medicare | $345.52 | $214.22 | $207.31 | - | - | 000 | 999 | - |
| 81170 | Q | ABL1 GENE | - | - | - | Medicare | $500.00 | $310.00 | $300.00 | - | - | 000 | 999 | - |
| 81171 | Q | AFF2 GENE DETC ABNOR ALLELES | - | - | - | Medicare | $228.33 | $141.56 | $137.00 | - | - | 000 | 999 | - |
| 81172 | Q | AFF2 GENE CHARAC ALLELES | - | - | - | Medicare | $458.05 | $283.99 | $274.83 | - | - | 000 | 999 | - |
| 81173 | Q | AR GENE FULL GENE SEQUENCE | - | - | - | Medicare | $502.25 | $311.40 | $301.35 | - | - | 000 | 999 | - |
| 81174 | Q | AR GENE KNOWN FAMIL VARIANT | - | - | - | Medicare | $308.67 | $191.38 | $185.20 | - | - | 000 | 999 | - |
| 81175 | Q | ASXL1 FULL GENE SEQUENCE | - | - | - | Medicare | $1,127.50 | $699.05 | $676.50 | - | - | 000 | 999 | - |
| 81176 | Q | ASXL1 GENE TARGET SEQ ALYS | - | - | - | Medicare | $403.17 | $249.97 | $241.90 | - | - | 000 | 999 | - |
| 81177 | Q | ATN1 GENE DETC ABNOR ALLELES | - | - | - | Medicare | $228.33 | $141.56 | $137.00 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 81178 | Q | ATXN1 GENE DETC ABNOR ALLELE | - | - | - | Medicare | $228.33 | $141.56 | $137.00 | - | - | 000 | 999 | - |
| 81179 | Q | ATXN2 GENE DETC ABNOR ALLELE | - | - | - | Medicare | $228.33 | $141.56 | $137.00 | - | - | 000 | 999 | - |
| 81180 | Q | ATXN3 GENE DETC ABNOR ALLELE | - | - | - | Medicare | $228.33 | $141.56 | $137.00 | - | - | 000 | 999 | - |
| 81181 | Q | ATXN7 GENE DETC ABNOR ALLELE | - | - | - | Medicare | $228.33 | $141.56 | $137.00 | - | - | 000 | 999 | - |
| 81182 | Q | ATXN8OS GEN DETC ABNOR ALLEL | - | - | - | Medicare | $228.33 | $141.56 | $137.00 | - | - | 000 | 999 | - |
| 81183 | Q | ATXN10 GENE DETC ABNOR ALLEL | - | - | - | Medicare | $228.33 | $141.56 | $137.00 | - | - | 000 | 999 | - |
| 81184 | Q | CACNA1A GEN DETC ABNOR ALLEL | - | - | - | Medicare | $228.33 | $141.56 | $137.00 | - | - | 000 | 999 | - |
| 81185 | Q | CACNA1A GENE FULL GENE SEQ | - | - | - | Medicare | $1,410.45 | $874.48 | $846.27 | - | - | 000 | 999 | - |
| 81186 | Q | CACNA1A GEN KNOWN FAMIL VRNT | - | - | - | Medicare | $308.67 | $191.38 | $185.20 | - | - | 000 | 999 | - |
| 81187 | Q | CNBP GENE DETC ABNOR ALLELE | - | - | - | Medicare | $228.33 | $141.56 | $137.00 | - | - | 000 | 999 | - |
| 81188 | Q | CSTB GENE DETC ABNOR ALLELE | - | - | - | Medicare | $228.33 | $141.56 | $137.00 | - | - | 000 | 999 | - |
| 81189 | Q | CSTB GENE FULL GENE SEQUENCE | - | - | - | Medicare | $458.05 | $283.99 | $274.83 | - | - | 000 | 999 | - |
| 81190 | Q | CSTB GENE KNOWN FAMIL VRNT | - | - | - | Medicare | $308.67 | $191.38 | $185.20 | - | - | 000 | 999 | - |
| 81191 | Q | NTRK1 TRANSLOCATION ANALYSIS | - | - | - | Medicare | $345.52 | $214.22 | $207.31 | - | - | 000 | 999 | - |
| 81192 | Q | NTRK2 TRANSLOCATION ANALYSIS | - | - | - | Medicare | $345.52 | $214.22 | $207.31 | - | - | 000 | 999 | - |
| 81193 | Q | NTRK3 TRANSLOCATION ANALYSIS | - | - | - | Medicare | $345.52 | $214.22 | $207.31 | - | - | 000 | 999 | - |
| 81194 | Q | NTRK TRANSLOCATION ANALYSIS | - | - | - | Medicare | $863.80 | $535.56 | $518.28 | - | - | 000 | 999 | - |
| 81200 | Q | ASPA GENE | - | - | - | Medicare | $78.75 | $48.83 | $47.25 | - | - | 000 | 999 | - |
| 81201 | Q | APC GENE FULL SEQUENCE | - | - | - | Medicare | $1,300.00 | $806.00 | $780.00 | - | - | 000 | 999 | - |
| 81202 | Q | APC GENE KNOWN FAM VARIANTS | - | - | - | Medicare | $466.67 | $289.34 | $280.00 | - | - | 000 | 999 | - |
| 81203 | Q | APC GENE DUP/DELET VARIANTS | - | - | - | Medicare | $333.33 | $206.66 | $200.00 | - | - | 000 | 999 | - |
| 81204 | Q | AR GENE CHARAC ALLELES | - | - | - | Medicare | $228.33 | $141.56 | $137.00 | - | - | 000 | 999 | - |
| 81205 | Q | BCKDHB GENE | - | - | - | Medicare | $158.32 | $98.16 | $94.99 | - | - | 000 | 999 | - |
| 81206 | Q | BCR/ABL1 GENE MAJOR BP | - | - | - | Medicare | $273.27 | $169.43 | $163.96 | - | - | 000 | 999 | - |
| 81207 | Q | BCR/ABL1 GENE MINOR BP | - | - | - | Medicare | $241.40 | $149.67 | $144.84 | - | - | 000 | 999 | - |
| 81208 | Q | BCR/ABL1 GENE OTHER BP | - | - | - | Medicare | $357.70 | $221.77 | $214.62 | - | - | 000 | 999 | - |
| 81209 | Q | BLM GENE | - | - | - | Medicare | $65.52 | $40.62 | $39.31 | - | - | 000 | 999 | - |
| 81210 | Q | BRAF GENE | - | - | - | Medicare | $292.33 | $181.24 | $175.40 | - | - | 000 | 999 | - |
| 81212 | Q | BRCA1&2 185&5385&6174 VRNT | - | - | - | Medicare | $733.33 | $454.66 | $440.00 | Y | - | 000 | 999 | - |
| 81215 | Q | BRCA1 GENE KNOWN FAMIL VRNT | - | - | - | Medicare | $625.42 | $387.76 | $375.25 | Y | - | 000 | 999 | - |
| 81216 | Q | BRCA2 GENE FULL SEQ ALYS | - | - | - | Medicare | $308.53 | $191.29 | $185.12 | Y | - | 000 | 999 | - |
| 81217 | Q | BRCA2 GENE KNOWN FAMIL VRNT | - | - | - | Medicare | $625.42 | $387.76 | $375.25 | Y | - | 000 | 999 | - |
| 81218 | Q | CEBPA GENE FULL SEQUENCE | - | - | - | Medicare | $403.17 | $249.97 | $241.90 | - | - | 000 | 999 | - |
| 81219 | Q | CALR GENE COM VARIANTS | - | - | - | Medicare | $202.72 | $125.69 | $121.63 | - | - | 000 | 999 | - |
| 81220 | Q | CFTR GENE COM VARIANTS | - | - | - | Medicare | $927.67 | $575.16 | $556.60 | - | - | 000 | 999 | - |
| 81221 | Q | CFTR GENE KNOWN FAM VARIANTS | - | - | - | Medicare | $162.03 | $100.46 | $97.22 | - | - | 000 | 999 | - |
| 81222 | Q | CFTR GENE DUP/DELET VARIANTS | - | - | - | Medicare | $725.12 | $449.57 | $435.07 | - | - | 000 | 999 | - |
| 81223 | Q | CFTR GENE FULL SEQUENCE | - | - | - | Medicare | $831.67 | $515.64 | $499.00 | - | - | 000 | 999 | - |
| 81224 | Q | CFTR GENE INTRON POLY T | - | - | - | Medicare | $281.25 | $174.38 | $168.75 | - | - | 000 | 999 | - |
| 81225 | Q | CYP2C19 GENE COM VARIANTS | - | - | - | Medicare | $485.60 | $301.07 | $291.36 | Y | - | 000 | 999 | PA applies to under 18 with mental health DX only |
| 81226 | Q | CYP2D6 GENE COM VARIANTS | - | - | - | Medicare | $751.52 | $465.94 | $450.91 | Y | - | 000 | 999 | PA applies to under 18 with mental health DX only |
| 81227 | Q | CYP2C9 GENE COM VARIANTS | - | - | - | Medicare | $291.35 | $180.64 | $174.81 | - | - | 000 | 999 | - |
| 81228 | Q | CYTOG ALYS CHRML ABNR CGH | - | - | - | Medicare | $1,500.00 | $930.00 | $900.00 | - | - | 000 | 999 | - |
| 81229 | Q | CYTOG ALYS CHRML ABNR SNPCGH | - | - | - | Medicare | $1,933.33 | $1,198.66 | $1,160.00 | - | - | 000 | 999 | - |
| 81230 | Q | CYP3A4 GENE COMMON VARIANTS | - | - | - | Medicare | $291.35 | $180.64 | $174.81 | - | - | 000 | 999 | - |
| 81231 | Q | CYP3A5 GENE COMMON VARIANTS | - | - | - | Medicare | $291.35 | $180.64 | $174.81 | - | - | 000 | 999 | - |
| 81232 | Q | DPYD GENE COMMON VARIANTS | - | - | - | Medicare | $291.35 | $180.64 | $174.81 | - | - | 000 | 999 | - |
| 81233 | Q | BTK GENE COMMON VARIANTS | - | - | - | Medicare | $292.33 | $181.24 | $175.40 | - | - | 000 | 999 | - |
| 81234 | Q | DMPK GENE DETC ABNOR ALLELE | - | - | - | Medicare | $228.33 | $141.56 | $137.00 | - | - | 000 | 999 | - |
| 81235 | Q | EGFR GENE COM VARIANTS | - | - | - | Medicare | $540.97 | $335.40 | $324.58 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 81236 | Q | EZH2 GENE FULL GENE SEQUENCE | - | - | - | Medicare | $471.47 | $292.31 | $282.88 | - | - | 000 | 999 | - |
| 81237 | Q | EZH2 GENE COMMON VARIANTS | - | - | - | Medicare | $292.33 | $181.24 | $175.40 | - | - | 000 | 999 | - |
| 81238 | Q | F9 FULL GENE SEQUENCE | - | - | - | Medicare | $1,000.00 | $620.00 | $600.00 | - | - | 000 | 999 | - |
| 81239 | Q | DMPK GENE CHARAC ALLELES | - | - | - | Medicare | $458.05 | $283.99 | $274.83 | - | - | 000 | 999 | - |
| 81240 | Q | F2 GENE | - | - | - | Medicare | $109.48 | $67.88 | $65.69 | - | - | 000 | 999 | - |
| 81241 | Q | F5 GENE | - | - | - | Medicare | $122.28 | $75.81 | $73.37 | - | - | 000 | 999 | - |
| 81242 | Q | FANCC GENE | - | - | - | Medicare | $61.03 | $37.84 | $36.62 | - | - | 000 | 999 | - |
| 81243 | Q | FMR1 GENE DETECTION | - | - | - | Medicare | $95.07 | $58.94 | $57.04 | - | - | 000 | 999 | - |
| 81244 | Q | FMR1 GENE CHARAC ALLELES | - | - | - | Medicare | $74.82 | $46.39 | $44.89 | - | - | 000 | 999 | - |
| 81245 | Q | FLT3 GENE | - | - | - | Medicare | $275.85 | $171.03 | $165.51 | - | - | 000 | 999 | - |
| 81246 | Q | FLT3 GENE ANALYSIS | - | - | - | Medicare | $138.33 | $85.76 | $83.00 | - | - | 000 | 999 | - |
| 81247 | Q | G6PD GENE ALYS CMN VARIANT | - | - | - | Medicare | $291.35 | $180.64 | $174.81 | - | - | 000 | 999 | - |
| 81248 | Q | G6PD KNOWN FAMILIAL VARIANT | - | - | - | Medicare | $625.42 | $387.76 | $375.25 | - | - | 000 | 999 | - |
| 81249 | Q | G6PD FULL GENE SEQUENCE | - | - | - | Medicare | $1,000.00 | $620.00 | $600.00 | - | - | 000 | 999 | - |
| 81250 | Q | G6PC GENE | - | - | - | Medicare | $97.48 | $60.44 | $58.49 | - | - | 000 | 999 | - |
| 81251 | Q | GBA GENE | - | - | - | Medicare | $78.75 | $48.83 | $47.25 | - | - | 000 | 999 | - |
| 81252 | Q | GJB2 GENE FULL SEQUENCE | - | - | - | Medicare | $168.53 | $104.49 | $101.12 | - | - | 000 | 999 | - |
| 81253 | Q | GJB2 GENE KNOWN FAM VARIANTS | - | - | - | Medicare | $102.53 | $63.57 | $61.52 | - | - | 000 | 999 | - |
| 81254 | Q | GJB6 GENE COM VARIANTS | - | - | - | Medicare | $58.33 | $36.16 | $35.00 | - | - | 000 | 999 | - |
| 81255 | Q | HEXA GENE | - | - | - | Medicare | $85.75 | $53.17 | $51.45 | - | - | 000 | 999 | - |
| 81256 | Q | HFE GENE | - | - | - | Medicare | $108.93 | $67.54 | $65.36 | - | - | 000 | 999 | - |
| 81257 | Q | HBA1/HBA2 GENE | - | - | - | Medicare | $170.43 | $105.67 | $102.26 | - | - | 000 | 999 | - |
| 81258 | Q | HBA1/HBA2 GENE FAM VRNT | - | - | - | Medicare | $625.42 | $387.76 | $375.25 | - | - | 000 | 999 | - |
| 81259 | Q | HBA1/HBA2 FULL GENE SEQUENCE | - | - | - | Medicare | $1,000.00 | $620.00 | $600.00 | - | - | 000 | 999 | - |
| 81260 | Q | IKBKAP GENE | - | - | - | Medicare | $65.52 | $40.62 | $39.31 | - | - | 000 | 999 | - |
| 81261 | Q | IGH GENE REARRANGE AMP METH | - | - | - | Medicare | $329.98 | $204.59 | $197.99 | - | - | 000 | 999 | - |
| 81262 | Q | IGH GENE REARRANG DIR PROBE | - | - | - | Medicare | $114.25 | $70.84 | $68.55 | - | - | 000 | 999 | - |
| 81263 | Q | IGH VARI REGIONAL MUTATION | - | - | - | Medicare | $490.87 | $304.34 | $294.52 | - | - | 000 | 999 | - |
| 81264 | Q | IGK REARRANGEABN CLONAL POP | - | - | - | Medicare | $287.88 | $178.49 | $172.73 | - | - | 000 | 999 | - |
| 81265 | Q | STR MARKERS SPECIMEN ANAL | - | - | - | Medicare | $388.45 | $240.84 | $233.07 | - | - | 000 | 999 | - |
| 81266 | Q | STR MARKERS SPEC ANAL ADDL | - | - | - | Medicare | $508.02 | $314.97 | $304.81 | - | - | 000 | 999 | - |
| 81267 | Q | CHIMERISM ANAL NO CELL SELEC | - | - | - | Medicare | $345.77 | $214.38 | $207.46 | - | - | 000 | 999 | - |
| 81268 | Q | CHIMERISM ANAL W/CELL SELECT | - | - | - | Medicare | $434.65 | $269.48 | $260.79 | - | - | 000 | 999 | - |
| 81269 | Q | HBA1/HBA2 GENE DUP/DEL VRNTS | - | - | - | Medicare | $337.33 | $209.14 | $202.40 | - | - | 000 | 999 | - |
| 81270 | Q | JAK2 GENE | - | - | - | Medicare | $152.77 | $94.72 | $91.66 | - | - | 000 | 999 | - |
| 81271 | Q | HTT GENE DETC ABNOR ALLELES | - | - | - | Medicare | $228.33 | $141.56 | $137.00 | - | - | 000 | 999 | - |
| 81272 | Q | KIT GENE TARGETED SEQ ANALYS | - | - | - | Medicare | $549.18 | $340.49 | $329.51 | - | - | 000 | 999 | - |
| 81273 | Q | KIT GENE ANALYS D816 VARIANT | - | - | - | Medicare | $208.12 | $129.03 | $124.87 | - | - | 000 | 999 | - |
| 81274 | Q | HTT GENE CHARAC ALLELES | - | - | - | Medicare | $458.05 | $283.99 | $274.83 | - | - | 000 | 999 | - |
| 81275 | Q | KRAS GENE VARIANTS EXON 2 | - | - | - | Medicare | $322.08 | $199.69 | $193.25 | - | - | 000 | 999 | - |
| 81276 | Q | KRAS GENE ADDL VARIANTS | - | - | - | Medicare | $322.08 | $199.69 | $193.25 | - | - | 000 | 999 | - |
| 81277 | Q | CYTOGENOMIC NEO MICRORA ALYS | - | - | - | Medicare | $1,933.33 | $1,198.66 | $1,160.00 | - | - | 000 | 999 | - |
| 81278 | Q | IGH@/BCL2 TRANSLOCATION ALYS | - | - | - | Medicare | $345.52 | $214.22 | $207.31 | - | - | 000 | 999 | - |
| 81279 | Q | JAK2 GENE TRGT SEQUENCE ALYS | - | - | - | Medicare | $308.67 | $191.38 | $185.20 | - | - | 000 | 999 | - |
| 81283 | Q | IFNL3 GENE | - | - | - | Medicare | $122.28 | $75.81 | $73.37 | - | - | 000 | 999 | - |
| 81284 | Q | FXN GENE DETC ABNOR ALLELES | - | - | - | Medicare | $228.33 | $141.56 | $137.00 | - | - | 000 | 999 | - |
| 81285 | Q | FXN GENE CHARAC ALLELES | - | - | - | Medicare | $458.05 | $283.99 | $274.83 | - | - | 000 | 999 | - |
| 81286 | Q | FXN GENE FULL GENE SEQUENCE | - | - | - | Medicare | $458.05 | $283.99 | $274.83 | - | - | 000 | 999 | - |
| 81287 | Q | MGMT GENE PRMTR MTHYLTN ALYS | - | - | - | Medicare | $207.73 | $128.79 | $124.64 | - | - | 000 | 999 | - |
| 81288 | Q | MLH1 GENE | - | - | - | Medicare | $320.53 | $198.73 | $192.32 | - | - | 000 | 999 | - |
| 81289 | Q | FXN GENE KNOWN FAMIL VARIANT | - | - | - | Medicare | $308.67 | $191.38 | $185.20 | - | - | 000 | 999 | - |
| 81290 | Q | MCOLN1 GENE | - | - | - | Medicare | $65.52 | $40.62 | $39.31 | - | - | 000 | 999 | - |
| 81291 | Q | MTHFR GENE | - | - | - | Medicare | $108.90 | $67.52 | $65.34 | Y | - | 000 | 999 | PA applies to under 18 with mental health DX only |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 81292 | Q | MLH1 GENE FULL SEQ | - | - | - | Medicare | $1,125.67 | $697.92 | $675.40 | - | - | 000 | 999 | - |
| 81293 | Q | MLH1 GENE KNOWN VARIANTS | - | - | - | Medicare | $551.67 | $342.04 | $331.00 | - | - | 000 | 999 | - |
| 81294 | Q | MLH1 GENE DUP/DELETE VARIANT | - | - | - | Medicare | $337.33 | $209.14 | $202.40 | - | - | 000 | 999 | - |
| 81295 | Q | MSH2 GENE FULL SEQ | - | - | - | Medicare | $636.17 | $394.43 | $381.70 | - | - | 000 | 999 | - |
| 81296 | Q | MSH2 GENE KNOWN VARIANTS | - | - | - | Medicare | $562.88 | $348.99 | $337.73 | - | - | 000 | 999 | - |
| 81297 | Q | MSH2 GENE DUP/DELETE VARIANT | - | - | - | Medicare | $355.50 | $220.41 | $213.30 | - | - | 000 | 999 | - |
| 81298 | Q | MSH6 GENE FULL SEQ | - | - | - | Medicare | $1,069.75 | $663.25 | $641.85 | - | - | 000 | 999 | - |
| 81299 | Q | MSH6 GENE KNOWN VARIANTS | - | - | - | Medicare | $513.33 | $318.26 | $308.00 | - | - | 000 | 999 | - |
| 81300 | Q | MSH6 GENE DUP/DELETE VARIANT | - | - | - | Medicare | $396.67 | $245.94 | $238.00 | - | - | 000 | 999 | - |
| 81301 | Q | MICROSATELLITE INSTABILITY | - | - | - | Medicare | $580.93 | $360.18 | $348.56 | - | - | 000 | 999 | - |
| 81302 | Q | MECP2 GENE FULL SEQ | - | - | - | Medicare | $879.78 | $545.46 | $527.87 | - | - | 000 | 999 | - |
| 81303 | Q | MECP2 GENE KNOWN VARIANT | - | - | - | Medicare | $200.00 | $124.00 | $120.00 | - | - | 000 | 999 | - |
| 81304 | Q | MECP2 GENE DUP/DELET VARIANT | - | - | - | Medicare | $250.00 | $155.00 | $150.00 | - | - | 000 | 999 | - |
| 81305 | Q | MYD88 GENE P.LEU265PRO VRNT | - | - | - | Medicare | $292.33 | $181.24 | $175.40 | - | - | 000 | 999 | - |
| 81306 | Q | NUDT15 GENE COMMON VARIANTS | - | - | - | Medicare | $485.60 | $301.07 | $291.36 | - | - | 000 | 999 | - |
| 81307 | Q | PALB2 GENE FULL GENE SEQ | - | - | - | Medicare | $1,127.50 | $699.05 | $676.50 | - | - | 000 | 999 | - |
| 81308 | Q | PALB2 GENE KNOWN FAMIL VRNT | - | - | - | Medicare | $502.25 | $311.40 | $301.35 | - | - | 000 | 999 | - |
| 81309 | Q | PIK3CA GENE TRGT SEQ ALYS | - | - | - | Medicare | $458.05 | $283.99 | $274.83 | - | - | 000 | 999 | - |
| 81310 | Q | NPM1 GENE | - | - | - | Medicare | $410.87 | $254.74 | $246.52 | - | - | 000 | 999 | - |
| 81311 | Q | NRAS GENE VARIANTS EXON 2&3 | - | - | - | Medicare | $492.98 | $305.65 | $295.79 | - | - | 000 | 999 | - |
| 81312 | Q | PABPN1 GENE DETC ABNOR ALLEL | - | - | - | Medicare | $228.33 | $141.56 | $137.00 | - | - | 000 | 999 | - |
| 81313 | Q | PCA3/KLK3 ANTIGEN | - | - | - | Medicare | $425.08 | $263.55 | $255.05 | - | - | 000 | 999 | - |
| 81314 | Q | PDGFRA GENE | - | - | - | Medicare | $549.18 | $340.49 | $329.51 | - | - | 000 | 999 | - |
| 81315 | Q | PML/RARALPHA COM BREAKPOINTS | - | - | - | Medicare | $345.52 | $214.22 | $207.31 | - | - | 000 | 999 | - |
| 81316 | Q | PML/RARALPHA 1 BREAKPOINT | - | - | - | Medicare | $345.52 | $214.22 | $207.31 | - | - | 000 | 999 | - |
| 81317 | Q | PMS2 GENE FULL SEQ ANALYSIS | - | - | - | Medicare | $1,127.50 | $699.05 | $676.50 | - | - | 000 | 999 | - |
| 81318 | Q | PMS2 KNOWN FAMILIAL VARIANTS | - | - | - | Medicare | $551.67 | $342.04 | $331.00 | - | - | 000 | 999 | - |
| 81319 | Q | PMS2 GENE DUP/DELET VARIANTS | - | - | - | Medicare | $339.17 | $210.29 | $203.50 | - | - | 000 | 999 | - |
| 81320 | Q | PLCG2 GENE COMMON VARIANTS | - | - | - | Medicare | $485.60 | $301.07 | $291.36 | - | - | 000 | 999 | - |
| 81321 | Q | PTEN GENE FULL SEQUENCE | - | - | - | Medicare | $1,000.00 | $620.00 | $600.00 | - | - | 000 | 999 | - |
| 81322 | Q | PTEN GENE KNOWN FAM VARIANT | - | - | - | Medicare | $77.67 | $48.16 | $46.60 | - | - | 000 | 999 | - |
| 81323 | Q | PTEN GENE DUP/DELET VARIANT | - | - | - | Medicare | $500.00 | $310.00 | $300.00 | - | - | 000 | 999 | - |
| 81324 | Q | PMP22 GENE DUP/DELET | - | - | - | Medicare | $1,263.93 | $783.64 | $758.36 | - | - | 000 | 999 | - |
| 81325 | Q | PMP22 GENE FULL SEQUENCE | - | - | - | Medicare | $1,282.63 | $795.23 | $769.58 | - | - | 000 | 999 | - |
| 81326 | Q | PMP22 GENE KNOWN FAM VARIANT | - | - | - | Medicare | $77.67 | $48.16 | $46.60 | - | - | 000 | 999 | - |
| 81327 | Q | SEPT9 GEN PRMTR MTHYLTN ALYS | - | - | - | Medicare | $320.00 | $198.40 | $192.00 | - | - | 000 | 999 | - |
| 81328 | Q | SLCO1B1 GENE COM VARIANTS | - | - | - | Medicare | $291.35 | $180.64 | $174.81 | - | - | 000 | 999 | - |
| 81329 | Q | SMN1 GENE DOS/DELETION ALYS | - | - | - | Medicare | $228.33 | $141.56 | $137.00 | - | - | 000 | 999 | - |
| 81330 | Q | SMPD1 GENE COMMON VARIANTS | - | - | - | Medicare | $78.33 | $48.56 | $47.00 | - | - | 000 | 999 | - |
| 81331 | Q | SNRPN/UBE3A GENE | - | - | - | Medicare | $85.12 | $52.77 | $51.07 | - | - | 000 | 999 | - |
| 81332 | Q | SERPINA1 GENE | - | - | - | Medicare | $72.75 | $45.11 | $43.65 | - | - | 000 | 999 | - |
| 81333 | Q | TGFBI GENE COMMON VARIANTS | - | - | - | Medicare | $228.33 | $141.56 | $137.00 | - | - | 000 | 999 | - |
| 81334 | Q | RUNX1 GENE TARGETED SEQ ALYS | - | - | - | Medicare | $549.18 | $340.49 | $329.51 | - | - | 000 | 999 | - |
| 81335 | Q | TPMT GENE COM VARIANTS | - | - | - | Medicare | $291.35 | $180.64 | $174.81 | - | - | 000 | 999 | - |
| 81336 | Q | SMN1 GENE FULL GENE SEQUENCE | - | - | - | Medicare | $502.25 | $311.40 | $301.35 | - | - | 000 | 999 | - |
| 81337 | Q | SMN1 GEN NOWN FAMIL SEQ VRNT | - | - | - | Medicare | $308.67 | $191.38 | $185.20 | - | - | 000 | 999 | - |
| 81338 | Q | MPL GENE COMMON VARIANTS | - | - | - | Medicare | $250.55 | $155.34 | $150.33 | - | - | 000 | 999 | - |
| 81339 | Q | MPL GENE SEQ ALYS EXON 10 | - | - | - | Medicare | $308.67 | $191.38 | $185.20 | - | - | 000 | 999 | - |
| 81340 | Q | TRB@ GENE REARRANGE AMPLIFY | - | - | - | Medicare | $348.20 | $215.88 | $208.92 | - | - | 000 | 999 | - |
| 81341 | Q | TRB@ GENE REARRANGE DIRPROBE | - | - | - | Medicare | $82.65 | $51.24 | $49.59 | - | - | 000 | 999 | - |
| 81342 | Q | TRG GENE REARRANGEMENT ANAL | - | - | - | Medicare | $335.83 | $208.21 | $201.50 | - | - | 000 | 999 | - |
| 81343 | Q | PPP2R2B GEN DETC ABNOR ALLEL | - | - | - | Medicare | $228.33 | $141.56 | $137.00 | - | - | 000 | 999 | - |
| 81344 | Q | TBP GENE DETC ABNOR ALLELES | - | - | - | Medicare | $228.33 | $141.56 | $137.00 | - | - | 000 | 999 | - |
| 81345 | Q | TERT GENE TARGETED SEQ ALYS | - | - | - | Medicare | $308.67 | $191.38 | $185.20 | - | - | 000 | 999 | - |
| 81346 | Q | TYMS GENE COM VARIANTS | - | - | - | Medicare | $291.35 | $180.64 | $174.81 | - | - | 000 | 999 | - |
| 81347 | Q | SF3B1 GENE COMMON VARIANTS | - | - | - | Medicare | $322.08 | $199.69 | $193.25 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 81348 | Q | SRSF2 GENE COMMON VARIANTS | - | - | - | Medicare | $292.33 | $181.24 | $175.40 | - | - | 000 | 999 | - |
| 81349 | E | CYTOG ALYS CHRML ABNR LW-PS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 81350 | Q | UGT1A1 GENE COMMON VARIANTS | - | - | - | Medicare | $390.00 | $241.80 | $234.00 | - | - | 000 | 999 | - |
| 81351 | Q | TP53 GENE FULL GENE SEQUENCE | - | - | - | Medicare | $1,069.75 | $663.25 | $641.85 | - | - | 000 | 999 | - |
| 81352 | Q | TP53 GENE TRGT SEQUENCE ALYS | - | - | - | Medicare | $549.18 | $340.49 | $329.51 | - | - | 000 | 999 | - |
| 81353 | Q | TP53 GENE KNOWN FAMIL VRNT | - | - | - | Medicare | $513.33 | $318.26 | $308.00 | - | - | 000 | 999 | - |
| 81355 | Q | VKORC1 GENE | - | - | - | Medicare | $147.00 | $91.14 | $88.20 | - | - | 000 | 999 | - |
| 81357 | Q | U2AF1 GENE COMMON VARIANTS | - | - | - | Medicare | $322.08 | $199.69 | $193.25 | - | - | 000 | 999 | - |
| 81360 | Q | ZRSR2 GENE COMMON VARIANTS | - | - | - | Medicare | $322.08 | $199.69 | $193.25 | - | - | 000 | 999 | - |
| 81361 | Q | HBB GENE COM VARIANTS | - | - | - | Medicare | $291.35 | $180.64 | $174.81 | - | - | 000 | 999 | - |
| 81362 | Q | HBB GENE KNOWN FAM VARIANT | - | - | - | Medicare | $625.42 | $387.76 | $375.25 | - | - | 000 | 999 | - |
| 81363 | Q | HBB GENE DUP/DEL VARIANTS | - | - | - | Medicare | $337.33 | $209.14 | $202.40 | - | - | 000 | 999 | - |
| 81364 | Q | HBB FULL GENE SEQUENCE | - | - | - | Medicare | $540.97 | $335.40 | $324.58 | - | - | 000 | 999 | - |
| 81370 | Q | HLA I & II TYPING LR | - | - | - | Medicare | $670.20 | $415.52 | $402.12 | - | - | 000 | 999 | - |
| 81371 | Q | HLA I & II TYPE VERIFY LR | - | - | - | Medicare | $674.20 | $418.00 | $404.52 | - | - | 000 | 999 | - |
| 81372 | Q | HLA I TYPING COMPLETE LR | - | - | - | Medicare | $672.65 | $417.04 | $403.59 | - | - | 000 | 999 | - |
| 81373 | Q | HLA I TYPING 1 LOCUS LR | - | - | - | Medicare | $212.38 | $131.68 | $127.43 | - | - | 000 | 999 | - |
| 81374 | Q | HLA I TYPING 1 ANTIGEN LR | - | - | - | Medicare | $123.88 | $76.81 | $74.33 | - | - | 000 | 999 | - |
| 81375 | Q | HLA II TYPING AG EQUIV LR | - | - | - | Medicare | $367.90 | $228.10 | $220.74 | - | - | 000 | 999 | - |
| 81376 | Q | HLA II TYPING 1 LOCUS LR | - | - | - | Medicare | $203.70 | $126.29 | $122.22 | - | - | 000 | 999 | - |
| 81377 | Q | HLA II TYPE 1 AG EQUIV LR | - | - | - | Medicare | $157.90 | $97.90 | $94.74 | - | - | 000 | 999 | - |
| 81378 | Q | HLA I & II TYPING HR | - | - | - | Medicare | $575.95 | $357.09 | $345.57 | - | - | 000 | 999 | - |
| 81379 | Q | HLA I TYPING COMPLETE HR | - | - | - | Medicare | $558.97 | $346.56 | $335.38 | - | - | 000 | 999 | - |
| 81380 | Q | HLA I TYPING 1 LOCUS HR | - | - | - | Medicare | $295.42 | $183.16 | $177.25 | - | - | 000 | 999 | - |
| 81381 | Q | HLA I TYPING 1 ALLELE HR | - | - | - | Medicare | $283.17 | $175.57 | $169.90 | - | - | 000 | 999 | - |
| 81382 | Q | HLA II TYPING 1 LOC HR | - | - | - | Medicare | $206.13 | $127.80 | $123.68 | - | - | 000 | 999 | - |
| 81383 | Q | HLA II TYPING 1 ALLELE HR | - | - | - | Medicare | $181.88 | $112.77 | $109.13 | - | - | 000 | 999 | - |
| 81400 | Q | MOPATH PROCEDURE LEVEL 1 | - | - | - | Medicare | $106.60 | $66.09 | $63.96 | - | - | 000 | 999 | - |
| 81401 | Q | MOPATH PROCEDURE LEVEL 2 | - | - | - | Medicare | $228.33 | $141.56 | $137.00 | Y | - | 000 | 999 | PA applies to under 18 with mental health DX only |
| 81402 | Q | MOPATH PROCEDURE LEVEL 3 | - | - | - | Medicare | $250.55 | $155.34 | $150.33 | - | - | 000 | 999 | - |
| 81403 | Q | MOPATH PROCEDURE LEVEL 4 | - | - | - | Medicare | $308.67 | $191.38 | $185.20 | - | - | 000 | 999 | - |
| 81404 | Q | MOPATH PROCEDURE LEVEL 5 | - | - | - | Medicare | $458.05 | $283.99 | $274.83 | - | - | 000 | 999 | - |
| 81405 | Q | MOPATH PROCEDURE LEVEL 6 | - | - | - | Medicare | $502.25 | $311.40 | $301.35 | - | - | 000 | 999 | - |
| 81406 | Q | MOPATH PROCEDURE LEVEL 7 | - | - | - | Medicare | $471.47 | $292.31 | $282.88 | - | - | 000 | 999 | - |
| 81407 | Q | MOPATH PROCEDURE LEVEL 8 | - | - | - | Medicare | $1,410.45 | $874.48 | $846.27 | - | - | 000 | 999 | - |
| 81408 | Q | MOPATH PROCEDURE LEVEL 9 | - | - | - | Medicare | $3,333.33 | $2,066.66 | $2,000.00 | - | - | 000 | 999 | - |
| 81410 | Q | AORTIC DYSFUNCTION/DILATION | - | - | - | Medicare | $840.00 | $520.80 | $504.00 | - | - | 000 | 999 | - |
| 81411 | Q | AORTIC DYSFUNCTION/DILATION | - | - | - | Medicare | $2,250.32 | $1,395.20 | $1,350.19 | - | - | 000 | 999 | - |
| 81412 | Q | ASHKENAZI JEWISH ASSOC DIS | - | - | - | Medicare | $4,080.93 | $2,530.18 | $2,448.56 | - | - | 000 | 999 | - |
| 81413 | Q | CAR ION CHNNLPATH INC 10 GNS | - | - | - | Medicare | $974.83 | $604.39 | $584.90 | - | - | 000 | 999 | - |
| 81414 | Q | CAR ION CHNNLPATH INC 2 GNS | - | - | - | Medicare | $974.83 | $604.39 | $584.90 | - | - | 000 | 999 | - |
| 81415 | Q | EXOME SEQUENCE ANALYSIS | - | - | - | Medicare | $7,966.67 | $4,939.34 | $4,780.00 | - | - | 000 | 999 | - |
| 81416 | Q | EXOME SEQUENCE ANALYSIS | - | - | - | Medicare | $20,000.00 | $12,400.00 | $12,000.00 | - | - | 000 | 999 | - |
| 81417 | Q | EXOME RE-EVALUATION | - | - | - | Medicare | $533.33 | $330.66 | $320.00 | - | - | 000 | 999 | - |
| 81418 | E | RX METAB GEN SEQ ALYS PNL 6 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 81419 | Q | EPILEPSY GEN SEQ ALYS PANEL | - | - | - | Medicare | $4,080.93 | $2,530.18 | $2,448.56 | - | - | 000 | 999 | - |
| 81420 | Q | FETAL CHRMOML ANEUPLOIDY | - | - | - | Medicare | $1,265.08 | $784.35 | $759.05 | - | - | 010 | 061 | - |
| 81422 | Q | FETAL CHRMOML MICRODELTJ | - | - | - | Medicare | $1,265.08 | $784.35 | $759.05 | - | - | 000 | 999 | - |
| 81425 | Q | GENOME SEQUENCE ANALYSIS | - | - | - | Medicare | $8,385.33 | $5,198.90 | $5,031.20 | - | - | 000 | 999 | - |
| 81426 | Q | GENOME SEQUENCE ANALYSIS | - | - | - | Medicare | $4,516.58 | $2,800.28 | $2,709.95 | - | - | 000 | 999 | - |
| 81427 | Q | GENOME RE-EVALUATION | - | - | - | Medicare | $3,896.08 | $2,415.57 | $2,337.65 | - | - | 000 | 999 | - |
| 81430 | Q | HEARING LOSS SEQUENCE ANALYS | - | - | - | Medicare | $2,708.33 | $1,679.16 | $1,625.00 | - | - | 000 | 999 | - |
| 81431 | Q | HEARING LOSS DUP/DEL ANALYS | - | - | - | Medicare | $1,132.62 | $702.22 | $679.57 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 81432 | Q | HRDTRY BRST CA-RLATD DSORDRS | - | - | - | Medicare | $1,131.75 | $701.69 | $679.05 | - | - | 000 | 999 | - |
| 81433 | Q | HRDTRY BRST CA-RLATD DSORDRS | - | - | - | Medicare | $731.55 | $453.56 | $438.93 | - | - | 000 | 999 | - |
| 81434 | Q | HEREDITARY RETINAL DISORDERS | - | - | - | Medicare | $996.52 | $617.84 | $597.91 | - | - | 000 | 999 | - |
| 81435 | Q | HEREDITARY COLON CA DSORDRS | - | - | - | Medicare | $974.83 | $604.39 | $584.90 | - | - | 000 | 999 | - |
| 81436 | Q | HEREDITARY COLON CA DSORDRS | - | - | - | Medicare | $974.83 | $604.39 | $584.90 | - | - | 000 | 999 | - |
| 81437 | Q | HEREDTRY NURONDCRN TUM DSRDR | - | - | - | Medicare | $731.55 | $453.56 | $438.93 | - | - | 000 | 999 | - |
| 81438 | Q | HEREDTRY NURONDCRN TUM DSRDR | - | - | - | Medicare | $731.55 | $453.56 | $438.93 | - | - | 000 | 999 | - |
| 81439 | Q | HRDTRY CARDMYPY GENE PANEL | - | - | - | Medicare | $974.83 | $604.39 | $584.90 | - | - | 000 | 999 | - |
| 81440 | Q | MITOCHONDRIAL GENE | - | - | - | Medicare | $5,540.00 | $3,434.80 | $3,324.00 | - | - | 000 | 999 | - |
| 81441 | E | IBMFS SEQ ALYS PNL 30 GENES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 81442 | Q | NOONAN SPECTRUM DISORDERS | - | - | - | Medicare | $3,572.67 | $2,215.06 | $2,143.60 | - | - | 000 | 999 | - |
| 81443 | Q | GENETIC TSTG SEVERE INH COND | - | - | - | Medicare | $4,080.93 | $2,530.18 | $2,448.56 | - | - | 000 | 999 | - |
| 81445 | Q | TGSAP SO NEO 5-50DNA/DNA&RNA | - | - | - | Medicare | $996.52 | $617.84 | $597.91 | - | - | 000 | 999 | - |
| 81448 | Q | HRDTRY PERPH NEURPHY PANEL | - | - | - | Medicare | $974.83 | $604.39 | $584.90 | - | - | 000 | 999 | - |
| 81449 | E | TGSAP SO NEO 5-50 RNA ALYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 81450 | Q | TGSAP HL NEO 5-50DNA/DNA&RNA | - | - | - | Medicare | $1,265.88 | $784.85 | $759.53 | - | - | 000 | 999 | - |
| 81451 | E | TGSAP HL NEO 5-50 RNA ALYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 81455 | Q | TGSAP SO/HL 51/> DNA/DNA&RNA | - | - | - | Medicare | $4,866.00 | $3,016.92 | $2,919.60 | - | - | 000 | 999 | - |
| 81456 | E | TGSAP SO/HL 51/> RNA ALYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 81460 | Q | WHOLE MITOCHONDRIAL GENOME | - | - | - | Medicare | $2,145.00 | $1,329.90 | $1,287.00 | - | - | 000 | 999 | - |
| 81465 | Q | WHOLE MITOCHONDRIAL GENOME | - | - | - | Medicare | $1,560.00 | $967.20 | $936.00 | - | - | 000 | 999 | - |
| 81470 | Q | X-LINKED INTELLECTUAL DBLT | - | - | - | Medicare | $1,523.33 | $944.46 | $914.00 | - | - | 000 | 999 | - |
| 81471 | Q | X-LINKED INTELLECTUAL DBLT | - | - | - | Medicare | $1,523.33 | $944.46 | $914.00 | - | - | 000 | 999 | - |
| 81479 | N | UNLISTED MOLECULAR PATHOLOGY | - | - | - | Bundled | $0.00 | | | Y | - | 000 | 999 | PA applies to under 18 with mental health DX only |
| 81490 | Q | AUTOIMMUNE RHEUMATOID ARTHR | - | - | - | Medicare | $1,401.08 | $868.67 | $840.65 | - | - | 000 | 999 | - |
| 81493 | Q | COR ARTERY DISEASE MRNA | - | - | - | Medicare | $1,750.00 | $1,085.00 | $1,050.00 | - | - | 000 | 999 | - |
| 81500 | Q | ONCO (OVAR) TWO PROTEINS | - | - | - | Medicare | $434.17 | $269.19 | $260.50 | - | - | 000 | 999 | - |
| 81503 | Q | ONCO (OVAR) FIVE PROTEINS | - | - | - | Medicare | $1,495.00 | $926.90 | $897.00 | - | - | 000 | 999 | - |
| 81504 | Q | ONCOLOGY TISSUE OF ORIGIN | - | - | - | Medicare | $866.67 | $537.34 | $520.00 | - | - | 000 | 999 | - |
| 81506 | E | ENDO ASSAY SEVEN ANAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 81507 | Q | FETAL ANEUPLOIDY TRISOM RISK | - | - | - | Medicare | $1,325.00 | $821.50 | $795.00 | - | - | 010 | 061 | - |
| 81508 | E | FTL CGEN ABNOR TWO PROTEINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 010 | 061 | - |
| 81509 | E | FTL CGEN ABNOR 3 PROTEINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 010 | 061 | - |
| 81510 | E | FTL CGEN ABNOR THREE ANAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 010 | 061 | - |
| 81511 | E | FTL CGEN ABNOR FOUR ANAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 010 | 061 | - |
| 81512 | E | FTL CGEN ABNOR FIVE ANAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 010 | 061 | - |
| 81513 | Q | NFCT DS BV RNA VAG FLU ALG | - | - | - | Medicare | $237.72 | $147.39 | $142.63 | - | - | 000 | 999 | - |
| 81514 | Q | NFCT DS BV&VAGINITIS DNA ALG | - | - | - | Medicare | $438.32 | $271.76 | $262.99 | - | - | 000 | 999 | - |
| 81518 | Q | ONC BRST MRNA 11 GENES | - | - | - | Medicare | $6,455.00 | $4,002.10 | $3,873.00 | - | - | 000 | 999 | - |
| 81519 | Q | ONCOLOGY BREAST MRNA | - | - | - | Medicare | $6,455.00 | $4,002.10 | $3,873.00 | - | - | 000 | 999 | - |
| 81520 | Q | ONC BREAST MRNA 58 GENES | - | - | - | Medicare | $4,183.68 | $2,593.88 | $2,510.21 | - | - | 000 | 999 | - |
| 81521 | Q | ONC BREAST MRNA 70 GENES | - | - | - | Medicare | $6,455.00 | $4,002.10 | $3,873.00 | - | - | 000 | 999 | - |
| 81522 | Q | ONC BREAST MRNA 12 GENES | - | - | - | Medicare | $6,455.00 | $4,002.10 | $3,873.00 | - | - | 000 | 999 | - |
| 81523 | Q | ONC BRST MRNA 70 CNT 31 GENE | - | - | - | Medicare | $6,455.00 | $4,002.10 | $3,873.00 | - | - | 000 | 999 | - |
| 81525 | Q | ONCOLOGY COLON MRNA | - | - | - | Medicare | $5,193.33 | $3,219.86 | $3,116.00 | - | - | 000 | 999 | - |
| 81528 | Q | ONCOLOGY COLORECTAL SCR | - | - | - | Medicare | $848.12 | $525.83 | $508.87 | - | - | 045 | 999 | - |
| 81529 | Q | ONC CUTAN MLNMA MRNA 31 GENE | - | - | - | Medicare | $11,988.33 | $7,432.76 | $7,193.00 | - | - | 000 | 999 | - |
| 81535 | Q | ONCOLOGY GYNECOLOGIC | - | - | - | Medicare | $965.77 | $598.78 | $579.46 | - | - | 000 | 999 | - |
| 81536 | Q | ONCOLOGY GYNECOLOGIC | - | - | - | Medicare | $295.93 | $183.48 | $177.56 | - | - | 000 | 999 | - |
| 81538 | Q | ONCOLOGY LUNG | - | - | - | Medicare | $4,785.00 | $2,966.70 | $2,871.00 | - | - | 000 | 999 | - |
| 81539 | Q | ONCOLOGY PROSTATE PROB SCORE | - | - | - | Medicare | $1,266.67 | $785.34 | $760.00 | - | - | 000 | 999 | - |
| 81540 | Q | ONCOLOGY TUM UNKNOWN ORIGIN | - | - | - | Medicare | $6,250.00 | $3,875.00 | $3,750.00 | - | - | 000 | 999 | - |
| 81541 | Q | ONC PROSTATE MRNA 46 GENES | - | - | - | Medicare | $6,455.00 | $4,002.10 | $3,873.00 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 81542 | Q | ONC PROSTATE MRNA 22 CNT GEN | - | - | - | Medicare | $6,455.00 | $4,002.10 | $3,873.00 | - | - | 000 | 999 | - |
| 81546 | Q | ONC THYR MRNA 10,196 GEN ALG | - | - | - | Medicare | $6,000.00 | $3,720.00 | $3,600.00 | - | - | 000 | 999 | - |
| 81551 | Q | ONC PROSTATE 3 GENES | - | - | - | Medicare | $3,383.33 | $2,097.66 | $2,030.00 | - | - | 000 | 999 | - |
| 81552 | Q | ONC UVEAL MLNMA MRNA 15 GENE | - | - | - | Medicare | $12,960.00 | $8,035.20 | $7,776.00 | - | - | 000 | 999 | - |
| 81554 | Q | PULM DS IPF MRNA 190 GEN ALG | - | - | - | Medicare | $9,200.00 | $5,704.00 | $5,520.00 | - | - | 000 | 999 | - |
| 81560 | Q | TRNSPLJ PD LVR&BWL CD154+CLL | - | - | - | Medicare | $1,067.88 | $662.09 | $640.73 | - | - | 000 | 999 | - |
| 81595 | Q | CARDIOLOGY HRT TRNSPL MRNA | - | - | - | Medicare | $5,400.00 | $3,348.00 | $3,240.00 | - | - | 000 | 999 | - |
| 81596 | Q | NFCT DS CHRNC HCV 6 ASSAYS | - | - | - | Medicare | $120.32 | $74.60 | $72.19 | - | - | 000 | 999 | - |
| 81599 | E | UNLISTED MAAA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 82009 | Q | TEST FOR ACETONE/KETONES | - | - | - | Medicare | $7.53 | $4.67 | $4.52 | - | - | 000 | 999 | - |
| 82010 | Q | ACETONE ASSAY | - | - | - | Medicare | $13.62 | $8.44 | $8.17 | - | - | 000 | 999 | - |
| 82013 | Q | ACETYLCHOLINESTERASE ASSAY | - | - | - | Medicare | $20.48 | $12.70 | $12.29 | - | - | 000 | 999 | - |
| 82016 | Q | ACYLCARNITINES QUAL | - | - | - | Medicare | $27.48 | $17.04 | $16.49 | - | - | 000 | 999 | - |
| 82017 | Q | ACYLCARNITINES QUANT | - | - | - | Medicare | $28.12 | $17.43 | $16.87 | - | - | 000 | 999 | - |
| 82024 | Q | ASSAY OF ACTH | - | - | - | Medicare | $64.37 | $39.91 | $38.62 | - | - | 000 | 999 | - |
| 82030 | Q | ASSAY OF ADP & AMP | - | - | - | Medicare | $43.00 | $26.66 | $25.80 | - | - | 000 | 999 | - |
| 82040 | Q | ASSAY OF SERUM ALBUMIN | - | - | - | Medicare | $8.25 | $5.12 | $4.95 | - | - | 000 | 999 | - |
| 82042 | Q | OTHER SOURCE ALBUMIN QUAN EA | - | - | - | Medicare | $12.97 | $8.04 | $7.78 | - | - | 000 | 999 | - |
| 82043 | Q | UR ALBUMIN QUANTITATIVE | - | - | - | Medicare | $9.63 | $5.97 | $5.78 | - | - | 000 | 999 | - |
| 82044 | Q | UR ALBUMIN SEMIQUANTITATIVE | - | - | - | Medicare | $10.38 | $6.44 | $6.23 | - | - | 000 | 999 | - |
| 82045 | Q | ALBUMIN ISCHEMIA MODIFIED | - | - | - | Medicare | $56.57 | $35.07 | $33.94 | - | - | 000 | 999 | - |
| 82075 | Q | ASSAY OF BREATH ETHANOL | - | - | - | Medicare | $50.00 | $31.00 | $30.00 | - | - | 000 | 999 | - |
| 82077 | Q | ASSAY SPEC XCP UR&BREATH IA | - | - | - | Medicare | $28.78 | $17.84 | $17.27 | - | - | 000 | 999 | - |
| 82085 | Q | ASSAY OF ALDOLASE | - | - | - | Medicare | $16.18 | $10.03 | $9.71 | - | - | 000 | 999 | - |
| 82088 | Q | ASSAY OF ALDOSTERONE | - | - | - | Medicare | $67.92 | $42.11 | $40.75 | - | - | 000 | 999 | - |
| 82103 | Q | ALPHA-1-ANTITRYPSIN TOTAL | - | - | - | Medicare | $22.40 | $13.89 | $13.44 | - | - | 000 | 999 | - |
| 82104 | Q | ALPHA-1-ANTITRYPSIN PHENO | - | - | - | Medicare | $24.10 | $14.94 | $14.46 | - | - | 000 | 999 | - |
| 82105 | Q | ALPHA-FETOPROTEIN SERUM | - | - | - | Medicare | $27.95 | $17.33 | $16.77 | - | - | 000 | 999 | - |
| 82106 | Q | ALPHA-FETOPROTEIN AMNIOTIC | - | - | - | Medicare | $28.33 | $17.56 | $17.00 | - | - | 000 | 999 | - |
| 82107 | Q | ALPHA-FETOPROTEIN L3 | - | - | - | Medicare | $107.35 | $66.56 | $64.41 | - | - | 000 | 999 | - |
| 82108 | Q | ASSAY OF ALUMINUM | - | - | - | Medicare | $42.47 | $26.33 | $25.48 | - | - | 000 | 999 | - |
| 82120 | Q | AMINES VAGINAL FLUID QUAL | - | - | - | Medicare | $9.98 | $6.19 | $5.99 | - | - | 000 | 999 | - |
| 82127 | Q | AMINO ACID SINGLE QUAL | - | - | - | Medicare | $23.63 | $14.65 | $14.18 | - | - | 000 | 999 | - |
| 82128 | Q | AMINO ACIDS MULT QUAL | - | - | - | Medicare | $23.12 | $14.33 | $13.87 | - | - | 000 | 999 | - |
| 82131 | Q | AMINO ACIDS SINGLE QUANT | - | - | - | Medicare | $38.30 | $23.75 | $22.98 | - | - | 000 | 999 | - |
| 82135 | Q | ASSAY AMINOLEVULINIC ACID | - | - | - | Medicare | $27.42 | $17.00 | $16.45 | - | - | 000 | 999 | - |
| 82136 | Q | AMINO ACIDS QUANT 2-5 | - | - | - | Medicare | $32.68 | $20.26 | $19.61 | - | - | 000 | 999 | - |
| 82139 | Q | AMINO ACIDS QUAN 6 OR MORE | - | - | - | Medicare | $28.12 | $17.43 | $16.87 | - | - | 000 | 999 | - |
| 82140 | Q | ASSAY OF AMMONIA | - | - | - | Medicare | $24.28 | $15.05 | $14.57 | - | - | 000 | 999 | - |
| 82143 | Q | AMNIOTIC FLUID SCAN | - | - | - | Medicare | $15.58 | $9.66 | $9.35 | - | - | 000 | 999 | - |
| 82150 | Q | ASSAY OF AMYLASE | - | - | - | Medicare | $10.80 | $6.70 | $6.48 | - | - | 000 | 999 | - |
| 82154 | Q | ANDROSTANEDIOL GLUCURONIDE | - | - | - | Medicare | $48.05 | $29.79 | $28.83 | - | - | 000 | 999 | - |
| 82157 | Q | ASSAY OF ANDROSTENEDIONE | - | - | - | Medicare | $48.80 | $30.26 | $29.28 | - | - | 000 | 999 | - |
| 82160 | Q | ASSAY OF ANDROSTERONE | - | - | - | Medicare | $42.58 | $26.40 | $25.55 | - | - | 000 | 999 | - |
| 82163 | Q | ASSAY OF ANGIOTENSIN II | - | - | - | Medicare | $34.20 | $21.20 | $20.52 | - | - | 000 | 999 | - |
| 82164 | Q | ANGIOTENSIN I ENZYME TEST | - | - | - | Medicare | $24.33 | $15.08 | $14.60 | - | - | 000 | 999 | - |
| 82172 | Q | ASSAY OF APOLIPOPROTEIN | - | - | - | Medicare | $35.15 | $21.79 | $21.09 | - | - | 000 | 999 | - |
| 82175 | Q | ASSAY OF ARSENIC | - | - | - | Medicare | $31.62 | $19.60 | $18.97 | - | - | 000 | 999 | - |
| 82180 | Q | ASSAY OF ASCORBIC ACID | - | - | - | Medicare | $16.48 | $10.22 | $9.89 | - | - | 000 | 999 | - |
| 82190 | Q | ATOMIC ABSORPTION | - | - | - | Medicare | $26.50 | $16.43 | $15.90 | - | - | 000 | 999 | - |
| 82232 | Q | ASSAY OF BETA-2 PROTEIN | - | - | - | Medicare | $26.97 | $16.72 | $16.18 | - | - | 000 | 999 | - |
| 82239 | Q | BILE ACIDS TOTAL | - | - | - | Medicare | $28.53 | $17.69 | $17.12 | - | - | 000 | 999 | - |
| 82240 | Q | BILE ACIDS CHOLYLGLYCINE | - | - | - | Medicare | $44.30 | $27.47 | $26.58 | - | - | 000 | 999 | - |
| 82247 | Q | BILIRUBIN TOTAL | - | - | - | Medicare | $8.37 | $5.19 | $5.02 | - | - | 000 | 999 | - |
| 82248 | Q | BILIRUBIN DIRECT | - | - | - | Medicare | $8.37 | $5.19 | $5.02 | - | - | 000 | 999 | - |
| 82252 | Q | FECAL BILIRUBIN TEST | - | - | - | Medicare | $7.60 | $4.71 | $4.56 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 82261 | Q | ASSAY OF BIOTINIDASE | - | - | - | Medicare | $28.12 | $17.43 | $16.87 | - | - | 000 | 999 | - |
| 82270 | Q | OCCULT BLOOD FECES | - | - | - | Medicare | $7.30 | $4.53 | $4.38 | - | - | 000 | 999 | - |
| 82271 | Q | OCCULT BLOOD OTHER SOURCES | - | - | - | Medicare | $8.87 | $5.50 | $5.32 | - | - | 000 | 999 | - |
| 82272 | Q | OCCULT BLD FECES 1-3 TESTS | - | - | - | Medicare | $7.05 | $4.37 | $4.23 | - | - | 000 | 999 | - |
| 82274 | Q | ASSAY TEST FOR BLOOD FECAL | - | - | - | Medicare | $26.53 | $16.45 | $15.92 | - | - | 000 | 999 | - |
| 82286 | Q | ASSAY OF BRADYKININ | - | - | - | Medicare | $8.60 | $5.33 | $5.16 | - | - | 000 | 999 | - |
| 82300 | Q | ASSAY OF CADMIUM | - | - | - | Medicare | $39.40 | $24.43 | $23.64 | - | - | 000 | 999 | - |
| 82306 | Q | VITAMIN D 25 HYDROXY | - | - | - | Medicare | $49.33 | $30.58 | $29.60 | - | - | 000 | 999 | - |
| 82308 | Q | ASSAY OF CALCITONIN | - | - | - | Medicare | $44.65 | $27.68 | $26.79 | - | - | 000 | 999 | - |
| 82310 | Q | ASSAY OF CALCIUM | - | - | - | Medicare | $8.60 | $5.33 | $5.16 | - | - | 000 | 999 | - |
| 82330 | Q | ASSAY OF CALCIUM | - | - | - | Medicare | $22.80 | $14.14 | $13.68 | - | - | 000 | 999 | - |
| 82331 | Q | CALCIUM INFUSION TEST | - | - | - | Medicare | $22.23 | $13.78 | $13.34 | - | - | 000 | 999 | - |
| 82340 | Q | ASSAY OF CALCIUM IN URINE | - | - | - | Medicare | $10.05 | $6.23 | $6.03 | - | - | 000 | 999 | - |
| 82355 | Q | CALCULUS ANALYSIS QUAL | - | - | - | Medicare | $19.30 | $11.97 | $11.58 | - | - | 000 | 999 | - |
| 82360 | Q | CALCULUS ASSAY QUANT | - | - | - | Medicare | $21.45 | $13.30 | $12.87 | - | - | 000 | 999 | - |
| 82365 | Q | CALCULUS SPECTROSCOPY | - | - | - | Medicare | $21.50 | $13.33 | $12.90 | - | - | 000 | 999 | - |
| 82370 | Q | X-RAY ASSAY CALCULUS | - | - | - | Medicare | $20.87 | $12.94 | $12.52 | - | - | 000 | 999 | - |
| 82373 | Q | ASSAY C-D TRANSFER MEASURE | - | - | - | Medicare | $30.10 | $18.66 | $18.06 | - | - | 000 | 999 | - |
| 82374 | Q | ASSAY BLOOD CARBON DIOXIDE | - | - | - | Medicare | $8.13 | $5.04 | $4.88 | - | - | 000 | 999 | - |
| 82375 | Q | ASSAY CARBOXYHB QUANT | - | - | - | Medicare | $20.53 | $12.73 | $12.32 | - | - | 000 | 999 | - |
| 82376 | Q | ASSAY CARBOXYHB QUAL | - | - | - | Medicare | $23.45 | $14.54 | $14.07 | - | - | 000 | 999 | - |
| 82378 | Q | CARCINOEMBRYONIC ANTIGEN | - | - | - | Medicare | $31.60 | $19.59 | $18.96 | - | - | 000 | 999 | - |
| 82379 | Q | ASSAY OF CARNITINE | - | - | - | Medicare | $28.12 | $17.43 | $16.87 | - | - | 000 | 999 | - |
| 82380 | Q | ASSAY OF CAROTENE | - | - | - | Medicare | $15.37 | $9.53 | $9.22 | - | - | 000 | 999 | - |
| 82382 | Q | ASSAY URINE CATECHOLAMINES | - | - | - | Medicare | $45.50 | $28.21 | $27.30 | - | - | 000 | 999 | - |
| 82383 | Q | ASSAY BLOOD CATECHOLAMINES | - | - | - | Medicare | $48.47 | $30.05 | $29.08 | - | - | 000 | 999 | - |
| 82384 | Q | ASSAY THREE CATECHOLAMINES | - | - | - | Medicare | $42.08 | $26.09 | $25.25 | - | - | 000 | 999 | - |
| 82387 | Q | ASSAY OF CATHEPSIN-D | - | - | - | Medicare | $30.10 | $18.66 | $18.06 | - | - | 000 | 999 | - |
| 82390 | Q | ASSAY OF CERULOPLASMIN | - | - | - | Medicare | $17.90 | $11.10 | $10.74 | - | - | 000 | 999 | - |
| 82397 | Q | CHEMILUMINESCENT ASSAY | - | - | - | Medicare | $23.53 | $14.59 | $14.12 | - | - | 000 | 999 | - |
| 82415 | Q | ASSAY OF CHLORAMPHENICOL | - | - | - | Medicare | $21.12 | $13.09 | $12.67 | - | - | 000 | 999 | - |
| 82435 | Q | ASSAY OF BLOOD CHLORIDE | - | - | - | Medicare | $7.67 | $4.76 | $4.60 | - | - | 000 | 999 | - |
| 82436 | Q | ASSAY OF URINE CHLORIDE | - | - | - | Medicare | $9.58 | $5.94 | $5.75 | - | - | 000 | 999 | - |
| 82438 | Q | ASSAY OTHER FLUID CHLORIDES | - | - | - | Medicare | $8.33 | $5.16 | $5.00 | - | - | 000 | 999 | - |
| 82441 | Q | TEST FOR CHLOROHYDROCARBONS | - | - | - | Medicare | $10.02 | $6.21 | $6.01 | - | - | 000 | 999 | - |
| 82465 | Q | ASSAY BLD/SERUM CHOLESTEROL | - | - | - | Medicare | $7.25 | $4.50 | $4.35 | - | - | 000 | 999 | - |
| 82480 | Q | ASSAY SERUM CHOLINESTERASE | - | - | - | Medicare | $13.12 | $8.13 | $7.87 | - | - | 000 | 999 | - |
| 82482 | Q | ASSAY RBC CHOLINESTERASE | - | - | - | Medicare | $16.35 | $10.14 | $9.81 | - | - | 000 | 999 | - |
| 82485 | Q | ASSAY CHONDROITIN SULFATE | - | - | - | Medicare | $34.42 | $21.34 | $20.65 | - | - | 000 | 999 | - |
| 82495 | Q | ASSAY OF CHROMIUM | - | - | - | Medicare | $33.80 | $20.96 | $20.28 | - | - | 000 | 999 | - |
| 82507 | Q | ASSAY OF CITRATE | - | - | - | Medicare | $46.33 | $28.72 | $27.80 | - | - | 000 | 999 | - |
| 82523 | Q | COLLAGEN CROSSLINKS | - | - | - | Medicare | $31.13 | $19.30 | $18.68 | - | - | 000 | 999 | - |
| 82525 | Q | ASSAY OF COPPER | - | - | - | Medicare | $20.68 | $12.82 | $12.41 | - | - | 000 | 999 | - |
| 82528 | Q | ASSAY OF CORTICOSTERONE | - | - | - | Medicare | $37.53 | $23.27 | $22.52 | - | - | 000 | 999 | - |
| 82530 | Q | CORTISOL FREE | - | - | - | Medicare | $27.85 | $17.27 | $16.71 | - | - | 000 | 999 | - |
| 82533 | Q | TOTAL CORTISOL | - | - | - | Medicare | $27.17 | $16.85 | $16.30 | - | - | 000 | 999 | - |
| 82540 | Q | ASSAY OF CREATINE | - | - | - | Medicare | $7.73 | $4.79 | $4.64 | - | - | 000 | 999 | - |
| 82542 | Q | COL CHROMOTOGRAPHY QUAL/QUAN | - | - | - | Medicare | $40.15 | $24.89 | $24.09 | - | - | 000 | 999 | - |
| 82550 | Q | ASSAY OF CK (CPK) | - | - | - | Medicare | $10.85 | $6.73 | $6.51 | - | - | 000 | 999 | - |
| 82552 | Q | ASSAY OF CPK IN BLOOD | - | - | - | Medicare | $22.32 | $13.84 | $13.39 | - | - | 000 | 999 | - |
| 82553 | Q | CREATINE MB FRACTION | - | - | - | Medicare | $19.25 | $11.94 | $11.55 | - | - | 000 | 999 | - |
| 82554 | Q | CREATINE ISOFORMS | - | - | - | Medicare | $19.78 | $12.26 | $11.87 | - | - | 000 | 999 | - |
| 82565 | Q | ASSAY OF CREATININE | - | - | - | Medicare | $8.53 | $5.29 | $5.12 | - | - | 000 | 999 | - |
| 82570 | Q | ASSAY OF URINE CREATININE | - | - | - | Medicare | $8.63 | $5.35 | $5.18 | - | - | 000 | 999 | - |
| 82575 | Q | CREATININE CLEARANCE TEST | - | - | - | Medicare | $15.77 | $9.78 | $9.46 | - | - | 000 | 999 | - |
| 82585 | Q | ASSAY OF CRYOFIBRINOGEN | - | - | - | Medicare | $23.57 | $14.61 | $14.14 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 82595 | Q | ASSAY OF CRYOGLOBULIN | - | - | - | Medicare | $10.78 | $6.68 | $6.47 | - | - | 000 | 999 | - |
| 82600 | Q | ASSAY OF CYANIDE | - | - | - | Medicare | $32.33 | $20.04 | $19.40 | - | - | 000 | 999 | - |
| 82607 | Q | VITAMIN B-12 | - | - | - | Medicare | $25.13 | $15.58 | $15.08 | - | - | 000 | 999 | - |
| 82608 | Q | B-12 BINDING CAPACITY | - | - | - | Medicare | $23.87 | $14.80 | $14.32 | - | - | 000 | 999 | - |
| 82610 | Q | CYSTATIN C | - | - | - | Medicare | $30.87 | $19.14 | $18.52 | - | - | 000 | 999 | - |
| 82615 | Q | TEST FOR URINE CYSTINES | - | - | - | Medicare | $15.92 | $9.87 | $9.55 | - | - | 000 | 999 | - |
| 82626 | Q | DEHYDROEPIANDROSTERONE | - | - | - | Medicare | $42.12 | $26.11 | $25.27 | - | - | 000 | 999 | - |
| 82627 | Q | DEHYDROEPIANDROSTERONE | - | - | - | Medicare | $37.05 | $22.97 | $22.23 | - | - | 000 | 999 | - |
| 82633 | Q | DESOXYCORTICOSTERONE | - | - | - | Medicare | $51.63 | $32.01 | $30.98 | - | - | 000 | 999 | - |
| 82634 | Q | DEOXYCORTISOL | - | - | - | Medicare | $48.80 | $30.26 | $29.28 | - | - | 000 | 999 | - |
| 82638 | Q | ASSAY OF DIBUCAINE NUMBER | - | - | - | Medicare | $20.42 | $12.66 | $12.25 | - | - | 000 | 999 | - |
| 82642 | Q | DIHYDROTESTOSTERONE | - | - | - | Medicare | $48.80 | $30.26 | $29.28 | - | - | 000 | 999 | - |
| 82652 | Q | VIT D 1 25-DIHYDROXY | - | - | - | Medicare | $64.17 | $39.79 | $38.50 | - | - | 000 | 999 | - |
| 82653 | N | EL-1 FECAL QUANTITATIVE | - | - | - | Bundled, sometimes payable | $38.28 | - | - | - | - | 000 | 999 | - |
| 82656 | Q | EL-1 FECAL QUAL/SEMIQ | - | - | - | Medicare | $19.22 | $11.92 | $11.53 | - | - | 000 | 999 | - |
| 82657 | Q | ENZYME CELL ACTIVITY | - | - | - | Medicare | $36.95 | $22.91 | $22.17 | - | - | 000 | 999 | - |
| 82658 | Q | ENZYME CELL ACTIVITY RA | - | - | - | Medicare | $73.38 | $45.50 | $44.03 | - | - | 000 | 999 | - |
| 82664 | Q | ELECTROPHORETIC TEST | - | - | - | Medicare | $102.50 | $63.55 | $61.50 | - | - | 000 | 999 | - |
| 82668 | Q | ASSAY OF ERYTHROPOIETIN | - | - | - | Medicare | $31.32 | $19.42 | $18.79 | - | - | 000 | 999 | - |
| 82670 | Q | ASSAY OF TOTAL ESTRADIOL | - | - | - | Medicare | $46.57 | $28.87 | $27.94 | - | - | 000 | 999 | - |
| 82671 | Q | ASSAY OF ESTROGENS | - | - | - | Medicare | $53.83 | $33.37 | $32.30 | - | - | 000 | 999 | - |
| 82672 | Q | ASSAY OF ESTROGEN | - | - | - | Medicare | $36.17 | $22.43 | $21.70 | - | - | 000 | 999 | - |
| 82677 | Q | ASSAY OF ESTRIOL | - | - | - | Medicare | $40.30 | $24.99 | $24.18 | - | - | 000 | 999 | - |
| 82679 | Q | ASSAY OF ESTRONE | - | - | - | Medicare | $41.58 | $25.78 | $24.95 | - | - | 000 | 999 | - |
| 82681 | Q | ASSAY DIR MEAS FR ESTRADIOL | - | - | - | Medicare | $46.57 | $28.87 | $27.94 | - | - | 000 | 999 | - |
| 82693 | Q | ASSAY OF ETHYLENE GLYCOL | - | - | - | Medicare | $24.83 | $15.39 | $14.90 | - | - | 000 | 999 | - |
| 82696 | Q | ASSAY OF ETIOCHOLANOLONE | - | - | - | Medicare | $43.73 | $27.11 | $26.24 | - | - | 000 | 999 | - |
| 82705 | Q | FATS/LIPIDS FECES QUAL | - | - | - | Medicare | $8.50 | $5.27 | $5.10 | - | - | 000 | 999 | - |
| 82710 | Q | FATS/LIPIDS FECES QUANT | - | - | - | Medicare | $28.00 | $17.36 | $16.80 | - | - | 000 | 999 | - |
| 82715 | Q | ASSAY OF FECAL FAT | - | - | - | Medicare | $38.28 | $23.73 | $22.97 | - | - | 000 | 999 | - |
| 82725 | Q | ASSAY OF BLOOD FATTY ACIDS | - | - | - | Medicare | $31.28 | $19.39 | $18.77 | - | - | 000 | 999 | - |
| 82726 | Q | LONG CHAIN FATTY ACIDS | - | - | - | Medicare | $32.92 | $20.41 | $19.75 | - | - | 000 | 999 | - |
| 82728 | Q | ASSAY OF FERRITIN | - | - | - | Medicare | $22.72 | $14.09 | $13.63 | - | - | 000 | 999 | - |
| 82731 | Q | ASSAY OF FETAL FIBRONECTIN | - | - | - | Medicare | $107.35 | $66.56 | $64.41 | - | - | 010 | 061 | - |
| 82735 | Q | ASSAY OF FLUORIDE | - | - | - | Medicare | $30.90 | $19.16 | $18.54 | - | - | 000 | 999 | - |
| 82746 | Q | ASSAY OF FOLIC ACID SERUM | - | - | - | Medicare | $24.50 | $15.19 | $14.70 | - | - | 000 | 999 | - |
| 82747 | Q | ASSAY OF FOLIC ACID RBC | - | - | - | Medicare | $29.42 | $18.24 | $17.65 | - | - | 000 | 999 | - |
| 82757 | Q | ASSAY OF SEMEN FRUCTOSE | - | - | - | Medicare | $28.90 | $17.92 | $17.34 | - | - | 000 | 999 | - |
| 82759 | Q | ASSAY OF RBC GALACTOKINASE | - | - | - | Medicare | $35.80 | $22.20 | $21.48 | - | - | 000 | 999 | - |
| 82760 | Q | ASSAY OF GALACTOSE | - | - | - | Medicare | $18.67 | $11.58 | $11.20 | - | - | 000 | 999 | - |
| 82775 | Q | ASSAY GALACTOSE TRANSFERASE | - | - | - | Medicare | $35.12 | $21.77 | $21.07 | - | - | 000 | 999 | - |
| 82776 | Q | GALACTOSE TRANSFERASE TEST | - | - | - | Medicare | $19.57 | $12.13 | $11.74 | - | - | 000 | 999 | - |
| 82777 | Q | GALECTIN-3 | - | - | - | Medicare | $73.75 | $45.73 | $44.25 | - | - | 000 | 999 | - |
| 82784 | Q | ASSAY IGA/IGD/IGG/IGM EACH | - | - | - | Medicare | $15.50 | $9.61 | $9.30 | - | - | 000 | 999 | - |
| 82785 | Q | ASSAY OF IGE | - | - | - | Medicare | $27.43 | $17.01 | $16.46 | - | - | 000 | 999 | - |
| 82787 | Q | IGG 1 2 3 OR 4 EACH | - | - | - | Medicare | $13.37 | $8.29 | $8.02 | - | - | 000 | 999 | - |
| 82800 | Q | BLOOD PH | - | - | - | Medicare | $18.33 | $11.36 | $11.00 | - | - | 000 | 999 | - |
| 82803 | Q | BLOOD GASES ANY COMBINATION | - | - | - | Medicare | $43.45 | $26.94 | $26.07 | - | - | 000 | 999 | - |
| 82805 | Q | BLOOD GASES W/O2 SATURATION | - | - | - | Medicare | $131.28 | $81.39 | $78.77 | - | - | 000 | 999 | - |
| 82810 | Q | BLOOD GASES O2 SAT ONLY | - | - | - | Medicare | $16.28 | $10.09 | $9.77 | - | - | 000 | 999 | - |
| 82820 | Q | HEMOGLOBIN-OXYGEN AFFINITY | - | - | - | Medicare | $22.23 | $13.78 | $13.34 | - | - | 000 | 999 | - |
| 82930 | Q | GASTRIC ANALY W/PH EA SPEC | - | - | - | Medicare | $11.18 | $6.93 | $6.71 | - | - | 000 | 999 | - |
| 82938 | Q | GASTRIN TEST | - | - | - | Medicare | $29.48 | $18.28 | $17.69 | - | - | 000 | 999 | - |
| 82941 | Q | ASSAY OF GASTRIN | - | - | - | Medicare | $29.38 | $18.22 | $17.63 | - | - | 000 | 999 | - |
| 82943 | Q | ASSAY OF GLUCAGON | - | - | - | Medicare | $23.82 | $14.77 | $14.29 | - | - | 000 | 999 | - |
| 82945 | Q | GLUCOSE OTHER FLUID | - | - | - | Medicare | $6.55 | $4.06 | $3.93 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 82946 | Q | GLUCAGON TOLERANCE TEST | - | - | - | Medicare | $29.62 | $18.36 | $17.77 | - | - | 000 | 999 | - |
| 82947 | Q | ASSAY GLUCOSE BLOOD QUANT | - | - | - | Medicare | $6.55 | $4.06 | $3.93 | - | - | 000 | 999 | - |
| 82948 | Q | REAGENT STRIP/BLOOD GLUCOSE | - | - | - | Medicare | $8.40 | $5.21 | $5.04 | - | - | 000 | 999 | - |
| 82950 | Q | GLUCOSE TEST | - | - | - | Medicare | $7.92 | $4.91 | $4.75 | - | - | 000 | 999 | - |
| 82951 | Q | GLUCOSE TOLERANCE TEST (GTT) | - | - | - | Medicare | $21.45 | $13.30 | $12.87 | - | - | 000 | 999 | - |
| 82952 | Q | GTT-ADDED SAMPLES | - | - | - | Medicare | $6.53 | $4.05 | $3.92 | - | - | 000 | 999 | - |
| 82955 | Q | ASSAY OF G6PD ENZYME | - | - | - | Medicare | $16.17 | $10.03 | $9.70 | - | - | 000 | 999 | - |
| 82960 | Q | TEST FOR G6PD ENZYME | - | - | - | Medicare | $10.08 | $6.25 | $6.05 | - | - | 000 | 999 | - |
| 82962 | Q | GLUCOSE BLOOD TEST | - | - | - | Medicare | $5.47 | $3.39 | $3.28 | - | - | 000 | 999 | - |
| 82963 | Q | ASSAY OF GLUCOSIDASE | - | - | - | Medicare | $35.80 | $22.20 | $21.48 | - | - | 000 | 999 | - |
| 82965 | Q | ASSAY OF GDH ENZYME | - | - | - | Medicare | $21.92 | $13.59 | $13.15 | - | - | 000 | 999 | - |
| 82977 | Q | ASSAY OF GGT | - | - | - | Medicare | $12.00 | $7.44 | $7.20 | - | - | 000 | 999 | - |
| 82978 | Q | ASSAY OF GLUTATHIONE | - | - | - | Medicare | $25.75 | $15.97 | $15.45 | - | - | 000 | 999 | - |
| 82979 | Q | ASSAY RBC GLUTATHIONE | - | - | - | Medicare | $15.73 | $9.75 | $9.44 | - | - | 000 | 999 | - |
| 82985 | Q | ASSAY OF GLYCATED PROTEIN | - | - | - | Medicare | $27.93 | $17.32 | $16.76 | - | - | 000 | 999 | - |
| 83001 | Q | ASSAY OF GONADOTROPIN (FSH) | - | - | - | Medicare | $30.97 | $19.20 | $18.58 | - | - | 000 | 999 | - |
| 83002 | Q | ASSAY OF GONADOTROPIN (LH) | - | - | - | Medicare | $30.87 | $19.14 | $18.52 | - | - | 000 | 999 | - |
| 83003 | Q | ASSAY GROWTH HORMONE (HGH) | - | - | - | Medicare | $27.78 | $17.22 | $16.67 | - | - | 000 | 999 | - |
| 83006 | Q | GROWTH STIMULATION GENE 2 | - | - | - | Medicare | $126.00 | $78.12 | $75.60 | - | - | 000 | 999 | - |
| 83009 | Q | H PYLORI (C-13) BLOOD | - | - | - | Medicare | $112.27 | $69.61 | $67.36 | - | - | 000 | 999 | - |
| 83010 | Q | ASSAY OF HAPTOGLOBIN QUANT | - | - | - | Medicare | $20.97 | $13.00 | $12.58 | - | - | 000 | 999 | - |
| 83012 | Q | ASSAY OF HAPTOGLOBINS | - | - | - | Medicare | $44.82 | $27.79 | $26.89 | - | - | 000 | 999 | - |
| 83013 | Q | H PYLORI (C-13) BREATH | - | - | - | Medicare | $112.27 | $69.61 | $67.36 | - | - | 000 | 999 | - |
| 83014 | Q | H PYLORI DRUG ADMIN | - | - | - | Medicare | $13.10 | $8.12 | $7.86 | - | - | 000 | 999 | - |
| 83015 | Q | HEAVY METAL QUAL ANY ANAL | - | - | - | Medicare | $34.90 | $21.64 | $20.94 | - | - | 000 | 999 | - |
| 83018 | Q | HEAVY METAL QUANT EACH NES | - | - | - | Medicare | $36.60 | $22.69 | $21.96 | - | - | 000 | 999 | - |
| 83020 | Q | HEMOGLOBIN ELECTROPHORESIS | - | - | - | Medicare | $21.45 | $13.30 | $12.87 | - | - | 000 | 999 | - |
| 83021 | Q | HEMOGLOBIN CHROMOTOGRAPHY | - | - | - | Medicare | $30.10 | $18.66 | $18.06 | - | - | 000 | 999 | - |
| 83026 | Q | HEMOGLOBIN COPPER SULFATE | - | - | - | Medicare | $6.68 | $4.14 | $4.01 | - | - | 000 | 999 | - |
| 83030 | Q | HEMOGLOBIN F FETAL CHEMICAL | - | - | - | Medicare | $17.90 | $11.10 | $10.74 | - | - | 000 | 999 | - |
| 83033 | Q | HEMOGLOBIN FTL F ASSAY QUAL | - | - | - | Medicare | $13.33 | $8.26 | $8.00 | - | - | 000 | 999 | - |
| 83036 | Q | HEMOGLOBIN GLYCOSYLATED A1C | - | - | - | Medicare | $16.18 | $10.03 | $9.71 | - | - | 000 | 999 | - |
| 83037 | E | HB GLYCOSYLATED A1C HOME DEV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 83045 | Q | HGB METHEMOGLOBIN QUAL | - | - | - | Medicare | $10.82 | $6.71 | $6.49 | - | - | 000 | 999 | - |
| 83050 | Q | HGB METHEMOGLOBIN QUAN | - | - | - | Medicare | $13.67 | $8.48 | $8.20 | - | - | 000 | 999 | - |
| 83051 | Q | HEMOGLOBIN PLASMA | - | - | - | Medicare | $12.18 | $7.55 | $7.31 | - | - | 000 | 999 | - |
| 83060 | Q | HGB SULFHEMOGLOBIN QUAN | - | - | - | Medicare | $14.67 | $9.10 | $8.80 | - | - | 000 | 999 | - |
| 83065 | Q | HEMOGLOBIN THERMOLABILE | - | - | - | Medicare | $15.00 | $9.30 | $9.00 | - | - | 000 | 999 | - |
| 83068 | Q | HEMOGLOBIN UNSTABLE SCREEN | - | - | - | Medicare | $15.78 | $9.78 | $9.47 | - | - | 000 | 999 | - |
| 83069 | Q | HEMOGLOBIN URINE | - | - | - | Medicare | $6.58 | $4.08 | $3.95 | - | - | 000 | 999 | - |
| 83070 | Q | ASSAY OF HEMOSIDERIN QUAL | - | - | - | Medicare | $7.92 | $4.91 | $4.75 | - | - | 000 | 999 | - |
| 83080 | Q | ASSAY OF B HEXOSAMINIDASE EA | - | - | - | Medicare | $28.12 | $17.43 | $16.87 | - | - | 000 | 999 | - |
| 83088 | Q | ASSAY OF HISTAMINE | - | - | - | Medicare | $49.22 | $30.52 | $29.53 | - | - | 000 | 999 | - |
| 83090 | Q | ASSAY OF HOMOCYSTEINE | - | - | - | Medicare | $29.87 | $18.52 | $17.92 | - | - | 000 | 999 | - |
| 83150 | Q | ASSAY OF HOMOVANILLIC ACID | - | - | - | Medicare | $37.35 | $23.16 | $22.41 | - | - | 000 | 999 | - |
| 83491 | Q | ASY HYDROXYCORTICOSTEROIDS17 | - | - | - | Medicare | $29.83 | $18.49 | $17.90 | - | - | 000 | 999 | - |
| 83497 | Q | ASSAY OF 5-HIAA | - | - | - | Medicare | $21.50 | $13.33 | $12.90 | - | - | 000 | 999 | - |
| 83498 | Q | ASY HYDROXYPROGESTERONE 17-D | - | - | - | Medicare | $45.28 | $28.07 | $27.17 | - | - | 000 | 999 | - |
| 83500 | Q | ASSAY FREE HYDROXYPROLINE | - | - | - | Medicare | $37.75 | $23.41 | $22.65 | - | - | 000 | 999 | - |
| 83505 | Q | ASSAY TOTAL HYDROXYPROLINE | - | - | - | Medicare | $40.50 | $25.11 | $24.30 | - | - | 000 | 999 | - |
| 83516 | Q | IMMUNOASSAY NONANTIBODY | - | - | - | Medicare | $19.22 | $11.92 | $11.53 | - | - | 000 | 999 | - |
| 83518 | Q | IMMUNOASSAY DIPSTICK | - | - | - | Medicare | $16.07 | $9.96 | $9.64 | - | - | 000 | 999 | - |
| 83519 | Q | RIA NONANTIBODY | - | - | - | Medicare | $30.67 | $19.02 | $18.40 | - | - | 000 | 999 | - |
| 83520 | Q | IMMUNOASSAY QUANT NOS NONAB | - | - | - | Medicare | $28.78 | $17.84 | $17.27 | - | - | 000 | 999 | - |
| 83521 | N | IG LIGHT CHAINS FREE EACH | - | - | - | Bundled, sometimes payable | $28.78 | - | - | - | - | 000 | 999 | - |
| 83525 | Q | ASSAY OF INSULIN | - | - | - | Medicare | $19.05 | $11.81 | $11.43 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 83527 | Q | ASSAY OF INSULIN | - | - | - | Medicare | $21.58 | $13.38 | $12.95 | - | - | 000 | 999 | - |
| 83528 | Q | ASSAY OF INTRINSIC FACTOR | - | - | - | Medicare | $33.03 | $20.48 | $19.82 | - | - | 000 | 999 | - |
| 83529 | N | ASAY OF INTERLEUKIN-6 (IL-6) | - | - | - | Bundled, sometimes payable | $28.78 | - | - | - | - | 000 | 999 | - |
| 83540 | Q | ASSAY OF IRON | - | - | - | Medicare | $10.78 | $6.68 | $6.47 | - | - | 000 | 999 | - |
| 83550 | Q | IRON BINDING TEST | - | - | - | Medicare | $14.57 | $9.03 | $8.74 | - | - | 000 | 999 | - |
| 83570 | Q | ASSAY OF IDH ENZYME | - | - | - | Medicare | $14.75 | $9.15 | $8.85 | - | - | 000 | 999 | - |
| 83582 | Q | ASSAY OF KETOGENIC STEROIDS | - | - | - | Medicare | $25.78 | $15.98 | $15.47 | - | - | 000 | 999 | - |
| 83586 | Q | ASSAY 17- KETOSTEROIDS | - | - | - | Medicare | $21.33 | $13.22 | $12.80 | - | - | 000 | 999 | - |
| 83593 | Q | FRACTIONATION KETOSTEROIDS | - | - | - | Medicare | $47.50 | $29.45 | $28.50 | - | - | 000 | 999 | - |
| 83605 | Q | ASSAY OF LACTIC ACID | - | - | - | Medicare | $19.28 | $11.95 | $11.57 | - | - | 000 | 999 | - |
| 83615 | Q | LACTATE (LD) (LDH) ENZYME | - | - | - | Medicare | $10.07 | $6.24 | $6.04 | - | - | 000 | 999 | - |
| 83625 | Q | ASSAY OF LDH ENZYMES | - | - | - | Medicare | $21.32 | $13.22 | $12.79 | - | - | 000 | 999 | - |
| 83630 | Q | LACTOFERRIN FECAL (QUAL) | - | - | - | Medicare | $32.83 | $20.35 | $19.70 | - | - | 000 | 999 | - |
| 83631 | Q | LACTOFERRIN FECAL (QUANT) | - | - | - | Medicare | $32.72 | $20.29 | $19.63 | - | - | 000 | 999 | - |
| 83632 | Q | PLACENTAL LACTOGEN | - | - | - | Medicare | $33.70 | $20.89 | $20.22 | - | - | 000 | 999 | - |
| 83633 | Q | TEST URINE FOR LACTOSE | - | - | - | Medicare | $18.75 | $11.63 | $11.25 | - | - | 000 | 999 | - |
| 83655 | Q | ASSAY OF LEAD | - | - | - | Medicare | $20.18 | $12.51 | $12.11 | - | - | 000 | 999 | - |
| 83661 | Q | L/S RATIO FETAL LUNG | - | - | - | Medicare | $36.65 | $22.72 | $21.99 | - | - | 000 | 999 | - |
| 83662 | Q | FOAM STABILITY FETAL LUNG | - | - | - | Medicare | $31.52 | $19.54 | $18.91 | - | - | 000 | 999 | - |
| 83663 | Q | FLUORO POLARIZE FETAL LUNG | - | - | - | Medicare | $31.52 | $19.54 | $18.91 | - | - | 000 | 999 | - |
| 83664 | Q | LAMELLAR BDY FETAL LUNG | - | - | - | Medicare | $32.20 | $19.96 | $19.32 | - | - | 000 | 999 | - |
| 83670 | Q | ASSAY OF LAP ENZYME | - | - | - | Medicare | $16.35 | $10.14 | $9.81 | - | - | 000 | 999 | - |
| 83690 | Q | ASSAY OF LIPASE | - | - | - | Medicare | $11.48 | $7.12 | $6.89 | - | - | 000 | 999 | - |
| 83695 | Q | ASSAY OF LIPOPROTEIN(A) | - | - | - | Medicare | $23.87 | $14.80 | $14.32 | - | - | 000 | 999 | - |
| 83698 | Q | ASSAY LIPOPROTEIN PLA2 | - | - | - | Medicare | $77.18 | $47.85 | $46.31 | - | - | 000 | 999 | - |
| 83700 | Q | LIPOPRO BLD ELECTROPHORETIC | - | - | - | Medicare | $18.77 | $11.64 | $11.26 | - | - | 000 | 999 | - |
| 83701 | Q | LIPOPROTEIN BLD HR FRACTION | - | - | - | Medicare | $56.43 | $34.99 | $33.86 | - | - | 000 | 999 | - |
| 83704 | Q | LIPOPROTEIN BLD QUAN PART | - | - | - | Medicare | $56.98 | $35.33 | $34.19 | - | - | 000 | 999 | - |
| 83718 | Q | ASSAY OF LIPOPROTEIN | - | - | - | Medicare | $13.65 | $8.46 | $8.19 | - | - | 000 | 999 | - |
| 83719 | Q | ASSAY OF BLOOD LIPOPROTEIN | - | - | - | Medicare | $21.25 | $13.18 | $12.75 | - | - | 000 | 999 | - |
| 83721 | Q | ASSAY OF BLOOD LIPOPROTEIN | - | - | - | Medicare | $17.50 | $10.85 | $10.50 | - | - | 000 | 999 | - |
| 83722 | Q | LIPOPRTN DIR MEAS SD LDL CHL | - | - | - | Medicare | $56.98 | $35.33 | $34.19 | - | - | 000 | 999 | - |
| 83727 | Q | ASSAY OF LRH HORMONE | - | - | - | Medicare | $28.65 | $17.76 | $17.19 | - | - | 000 | 999 | - |
| 83735 | Q | ASSAY OF MAGNESIUM | - | - | - | Medicare | $11.17 | $6.93 | $6.70 | - | - | 000 | 999 | - |
| 83775 | Q | ASSAY MALATE DEHYDROGENASE | - | - | - | Medicare | $12.28 | $7.61 | $7.37 | - | - | 000 | 999 | - |
| 83785 | Q | ASSAY OF MANGANESE | - | - | - | Medicare | $44.42 | $27.54 | $26.65 | - | - | 000 | 999 | - |
| 83789 | Q | MASS SPECTROMETRY QUAL/QUAN | - | - | - | Medicare | $40.18 | $24.91 | $24.11 | - | - | 000 | 999 | - |
| 83825 | Q | ASSAY OF MERCURY | - | - | - | Medicare | $27.10 | $16.80 | $16.26 | - | - | 000 | 999 | - |
| 83835 | Q | ASSAY OF METANEPHRINES | - | - | - | Medicare | $28.23 | $17.50 | $16.94 | - | - | 000 | 999 | - |
| 83857 | Q | ASSAY OF METHEMALBUMIN | - | - | - | Medicare | $17.90 | $11.10 | $10.74 | - | - | 000 | 999 | - |
| 83861 | Q | MICROFLUID ANALY TEARS | - | - | - | Medicare | $37.47 | $23.23 | $22.48 | - | - | 000 | 999 | - |
| 83864 | Q | MUCOPOLYSACCHARIDES | - | - | - | Medicare | $47.50 | $29.45 | $28.50 | - | - | 000 | 999 | - |
| 83872 | Q | ASSAY SYNOVIAL FLUID MUCIN | - | - | - | Medicare | $9.77 | $6.06 | $5.86 | - | - | 000 | 999 | - |
| 83873 | Q | ASSAY OF CSF PROTEIN | - | - | - | Medicare | $28.67 | $17.78 | $17.20 | - | - | 000 | 999 | - |
| 83874 | Q | ASSAY OF MYOGLOBIN | - | - | - | Medicare | $21.53 | $13.35 | $12.92 | - | - | 000 | 999 | - |
| 83876 | Q | ASSAY MYELOPEROXIDASE | - | - | - | Medicare | $84.77 | $52.56 | $50.86 | - | - | 000 | 999 | - |
| 83880 | Q | ASSAY OF NATRIURETIC PEPTIDE | - | - | - | Medicare | $65.43 | $40.57 | $39.26 | - | - | 000 | 999 | - |
| 83883 | Q | ASSAY NEPHELOMETRY NOT SPEC | - | - | - | Medicare | $22.67 | $14.06 | $13.60 | - | - | 000 | 999 | - |
| 83885 | Q | ASSAY OF NICKEL | - | - | - | Medicare | $40.85 | $25.33 | $24.51 | - | - | 000 | 999 | - |
| 83915 | Q | ASSAY OF NUCLEOTIDASE | - | - | - | Medicare | $18.58 | $11.52 | $11.15 | - | - | 000 | 999 | - |
| 83916 | Q | OLIGOCLONAL BANDS | - | - | - | Medicare | $45.65 | $28.30 | $27.39 | - | - | 000 | 999 | - |
| 83918 | Q | ORGANIC ACIDS TOTAL QUANT | - | - | - | Medicare | $39.33 | $24.38 | $23.60 | - | - | 000 | 999 | - |
| 83919 | Q | ORGANIC ACIDS QUAL EACH | - | - | - | Medicare | $27.42 | $17.00 | $16.45 | - | - | 000 | 999 | - |
| 83921 | Q | ORGANIC ACID SINGLE QUANT | - | - | - | Medicare | $35.35 | $21.92 | $21.21 | - | - | 000 | 999 | - |
| 83930 | Q | ASSAY OF BLOOD OSMOLALITY | - | - | - | Medicare | $11.02 | $6.83 | $6.61 | - | - | 000 | 999 | - |
| 83935 | Q | ASSAY OF URINE OSMOLALITY | - | - | - | Medicare | $11.37 | $7.05 | $6.82 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 83937 | Q | ASSAY OF OSTEOCALCIN | - | - | - | Medicare | $49.75 | $30.85 | $29.85 | - | - | 000 | 999 | - |
| 83945 | Q | ASSAY OF OXALATE | - | - | - | Medicare | $24.08 | $14.93 | $14.45 | - | - | 000 | 999 | - |
| 83950 | Q | ONCOPROTEIN HER-2/NEU | - | - | - | Medicare | $107.35 | $66.56 | $64.41 | - | - | 000 | 999 | - |
| 83951 | Q | ONCOPROTEIN DCP | - | - | - | Medicare | $107.35 | $66.56 | $64.41 | - | - | 000 | 999 | - |
| 83970 | Q | ASSAY OF PARATHORMONE | - | - | - | Medicare | $68.80 | $42.66 | $41.28 | - | - | 000 | 999 | - |
| 83986 | Q | ASSAY PH BODY FLUID NOS | - | - | - | Medicare | $5.97 | $3.70 | $3.58 | - | - | 000 | 999 | - |
| 83987 | Q | EXHALED BREATH CONDENSATE | - | - | - | Medicare | $5.97 | $3.70 | $3.58 | - | - | 000 | 999 | - |
| 83992 | E | ASSAY FOR PHENCYCLIDINE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 83993 | Q | ASSAY FOR CALPROTECTIN FECAL | - | - | - | Medicare | $32.72 | $20.29 | $19.63 | - | - | 000 | 999 | - |
| 84030 | Q | ASSAY OF BLOOD PKU | - | - | - | Medicare | $9.17 | $5.69 | $5.50 | - | - | 000 | 999 | - |
| 84035 | Q | ASSAY OF PHENYLKETONES | - | - | - | Medicare | $6.63 | $4.11 | $3.98 | - | - | 000 | 999 | - |
| 84060 | Q | ASSAY ACID PHOSPHATASE | - | - | - | Medicare | $12.73 | $7.89 | $7.64 | - | - | 000 | 999 | - |
| 84066 | Q | ASSAY PROSTATE PHOSPHATASE | - | - | - | Medicare | $16.10 | $9.98 | $9.66 | - | - | 000 | 999 | - |
| 84075 | Q | ASSAY ALKALINE PHOSPHATASE | - | - | - | Medicare | $8.63 | $5.35 | $5.18 | - | - | 000 | 999 | - |
| 84078 | Q | ASSAY ALKALINE PHOSPHATASE | - | - | - | Medicare | $13.77 | $8.54 | $8.26 | - | - | 000 | 999 | - |
| 84080 | Q | ASSAY ALKALINE PHOSPHATASES | - | - | - | Medicare | $24.63 | $15.27 | $14.78 | - | - | 000 | 999 | - |
| 84081 | Q | ASSAY PHOSPHATIDYLGLYCEROL | - | - | - | Medicare | $27.53 | $17.07 | $16.52 | - | - | 000 | 999 | - |
| 84085 | Q | ASSAY OF RBC PG6D ENZYME | - | - | - | Medicare | $15.73 | $9.75 | $9.44 | - | - | 000 | 999 | - |
| 84087 | Q | ASSAY PHOSPHOHEXOSE ENZYMES | - | - | - | Medicare | $17.88 | $11.09 | $10.73 | - | - | 000 | 999 | - |
| 84100 | Q | ASSAY OF PHOSPHORUS | - | - | - | Medicare | $7.90 | $4.90 | $4.74 | - | - | 000 | 999 | - |
| 84105 | Q | ASSAY OF URINE PHOSPHORUS | - | - | - | Medicare | $9.63 | $5.97 | $5.78 | - | - | 000 | 999 | - |
| 84106 | Q | TEST FOR PORPHOBILINOGEN | - | - | - | Medicare | $9.70 | $6.01 | $5.82 | - | - | 000 | 999 | - |
| 84110 | Q | ASSAY OF PORPHOBILINOGEN | - | - | - | Medicare | $14.07 | $8.72 | $8.44 | - | - | 000 | 999 | - |
| 84112 | Q | EVAL AMNIOTIC FLUID PROTEIN | - | - | - | Medicare | $163.52 | $101.38 | $98.11 | - | - | 010 | 061 | - |
| 84119 | Q | TEST URINE FOR PORPHYRINS | - | - | - | Medicare | $22.27 | $13.81 | $13.36 | - | - | 000 | 999 | - |
| 84120 | Q | ASSAY OF URINE PORPHYRINS | - | - | - | Medicare | $24.52 | $15.20 | $14.71 | - | - | 000 | 999 | - |
| 84126 | Q | ASSAY OF FECES PORPHYRINS | - | - | - | Medicare | $65.18 | $40.41 | $39.11 | - | - | 000 | 999 | - |
| 84132 | Q | ASSAY OF SERUM POTASSIUM | - | - | - | Medicare | $7.93 | $4.92 | $4.76 | - | - | 000 | 999 | - |
| 84133 | Q | ASSAY OF URINE POTASSIUM | - | - | - | Medicare | $7.88 | $4.89 | $4.73 | - | - | 000 | 999 | - |
| 84134 | Q | ASSAY OF PREALBUMIN | - | - | - | Medicare | $24.32 | $15.08 | $14.59 | - | - | 000 | 999 | - |
| 84135 | Q | ASSAY OF PREGNANEDIOL | - | - | - | Medicare | $35.45 | $21.98 | $21.27 | - | - | 000 | 999 | - |
| 84138 | Q | ASSAY OF PREGNANETRIOL | - | - | - | Medicare | $35.08 | $21.75 | $21.05 | - | - | 000 | 999 | - |
| 84140 | Q | ASSAY OF PREGNENOLONE | - | - | - | Medicare | $34.45 | $21.36 | $20.67 | - | - | 000 | 999 | - |
| 84143 | Q | ASSAY OF 17-HYDROXYPREGNENO | - | - | - | Medicare | $38.02 | $23.57 | $22.81 | - | - | 000 | 999 | - |
| 84144 | Q | ASSAY OF PROGESTERONE | - | - | - | Medicare | $34.77 | $21.56 | $20.86 | - | - | 000 | 999 | - |
| 84145 | Q | PROCALCITONIN (PCT) | - | - | - | Medicare | $45.37 | $28.13 | $27.22 | - | - | 000 | 999 | - |
| 84146 | Q | ASSAY OF PROLACTIN | - | - | - | Medicare | $32.30 | $20.03 | $19.38 | - | - | 000 | 999 | - |
| 84150 | Q | ASSAY OF PROSTAGLANDIN | - | - | - | Medicare | $69.62 | $43.16 | $41.77 | - | - | 000 | 999 | - |
| 84152 | Q | ASSAY OF PSA COMPLEXED | - | - | - | Medicare | $30.65 | $19.00 | $18.39 | - | - | 000 | 999 | - |
| 84153 | Q | ASSAY OF PSA TOTAL | - | - | - | Medicare | $30.65 | $19.00 | $18.39 | - | - | 000 | 999 | - |
| 84154 | Q | ASSAY OF PSA FREE | - | - | - | Medicare | $30.65 | $19.00 | $18.39 | - | - | 000 | 999 | - |
| 84155 | Q | ASSAY OF PROTEIN SERUM | - | - | - | Medicare | $6.12 | $3.79 | $3.67 | - | - | 000 | 999 | - |
| 84156 | Q | ASSAY OF PROTEIN URINE | - | - | - | Medicare | $6.12 | $3.79 | $3.67 | - | - | 000 | 999 | - |
| 84157 | Q | ASSAY OF PROTEIN OTHER | - | - | - | Medicare | $6.67 | $4.14 | $4.00 | - | - | 000 | 999 | - |
| 84160 | Q | ASSAY OF PROTEIN ANY SOURCE | - | - | - | Medicare | $9.35 | $5.80 | $5.61 | - | - | 000 | 999 | - |
| 84163 | Q | PAPPA SERUM | - | - | - | Medicare | $25.08 | $15.55 | $15.05 | - | - | 010 | 061 | - |
| 84165 | Q | PROTEIN E-PHORESIS SERUM | - | - | - | Medicare | $17.90 | $11.10 | $10.74 | - | - | 000 | 999 | - |
| 84166 | Q | PROTEIN E-PHORESIS/URINE/CSF | - | - | - | Medicare | $29.72 | $18.43 | $17.83 | - | - | 000 | 999 | - |
| 84181 | Q | WESTERN BLOT TEST | - | - | - | Medicare | $28.38 | $17.60 | $17.03 | - | - | 000 | 999 | - |
| 84182 | Q | PROTEIN WESTERN BLOT TEST | - | - | - | Medicare | $48.68 | $30.18 | $29.21 | - | - | 000 | 999 | - |
| 84202 | Q | ASSAY RBC PROTOPORPHYRIN | - | - | - | Medicare | $23.92 | $14.83 | $14.35 | - | - | 000 | 999 | - |
| 84203 | Q | TEST RBC PROTOPORPHYRIN | - | - | - | Medicare | $16.23 | $10.06 | $9.74 | - | - | 000 | 999 | - |
| 84206 | Q | ASSAY OF PROINSULIN | - | - | - | Medicare | $44.48 | $27.58 | $26.69 | - | - | 000 | 999 | - |
| 84207 | Q | ASSAY OF VITAMIN B-6 | - | - | - | Medicare | $46.83 | $29.03 | $28.10 | - | - | 000 | 999 | - |
| 84210 | Q | ASSAY OF PYRUVATE | - | - | - | Medicare | $24.13 | $14.96 | $14.48 | - | - | 000 | 999 | - |
| 84220 | Q | ASSAY OF PYRUVATE KINASE | - | - | - | Medicare | $15.73 | $9.75 | $9.44 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 84228 | Q | ASSAY OF QUININE | - | - | - | Medicare | $19.38 | $12.02 | $11.63 | - | - | 000 | 999 | - |
| 84233 | Q | ASSAY OF ESTROGEN | - | - | - | Medicare | $146.47 | $90.81 | $87.88 | - | - | 000 | 999 | - |
| 84234 | Q | ASSAY OF PROGESTERONE | - | - | - | Medicare | $108.13 | $67.04 | $64.88 | - | - | 000 | 999 | - |
| 84235 | Q | ASSAY OF ENDOCRINE HORMONE | - | - | - | Medicare | $118.72 | $73.61 | $71.23 | - | - | 000 | 999 | - |
| 84238 | Q | ASSAY NONENDOCRINE RECEPTOR | - | - | - | Medicare | $60.95 | $37.79 | $36.57 | - | - | 000 | 999 | - |
| 84244 | Q | ASSAY OF RENIN | - | - | - | Medicare | $36.65 | $22.72 | $21.99 | - | - | 000 | 999 | - |
| 84252 | Q | ASSAY OF VITAMIN B-2 | - | - | - | Medicare | $33.73 | $20.91 | $20.24 | - | - | 000 | 999 | - |
| 84255 | Q | ASSAY OF SELENIUM | - | - | - | Medicare | $42.55 | $26.38 | $25.53 | - | - | 000 | 999 | - |
| 84260 | Q | ASSAY OF SEROTONIN | - | - | - | Medicare | $51.63 | $32.01 | $30.98 | - | - | 000 | 999 | - |
| 84270 | Q | ASSAY OF SEX HORMONE GLOBUL | - | - | - | Medicare | $36.22 | $22.46 | $21.73 | - | - | 000 | 999 | - |
| 84275 | Q | ASSAY OF SIALIC ACID | - | - | - | Medicare | $22.40 | $13.89 | $13.44 | - | - | 000 | 999 | - |
| 84285 | Q | ASSAY OF SILICA | - | - | - | Medicare | $42.02 | $26.05 | $25.21 | - | - | 000 | 999 | - |
| 84295 | Q | ASSAY OF SERUM SODIUM | - | - | - | Medicare | $8.02 | $4.97 | $4.81 | - | - | 000 | 999 | - |
| 84300 | Q | ASSAY OF URINE SODIUM | - | - | - | Medicare | $8.43 | $5.23 | $5.06 | - | - | 000 | 999 | - |
| 84302 | Q | ASSAY OF SWEAT SODIUM | - | - | - | Medicare | $8.10 | $5.02 | $4.86 | - | - | 000 | 999 | - |
| 84305 | Q | ASSAY OF SOMATOMEDIN | - | - | - | Medicare | $35.43 | $21.97 | $21.26 | - | - | 000 | 999 | - |
| 84307 | Q | ASSAY OF SOMATOSTATIN | - | - | - | Medicare | $30.47 | $18.89 | $18.28 | - | - | 000 | 999 | - |
| 84311 | Q | SPECTROPHOTOMETRY | - | - | - | Medicare | $13.50 | $8.37 | $8.10 | - | - | 000 | 999 | - |
| 84315 | Q | BODY FLUID SPECIFIC GRAVITY | - | - | - | Medicare | $5.47 | $3.39 | $3.28 | - | - | 000 | 999 | - |
| 84375 | Q | CHROMATOGRAM ASSAY SUGARS | - | - | - | Medicare | $65.00 | $40.30 | $39.00 | - | - | 000 | 999 | - |
| 84376 | Q | SUGARS SINGLE QUAL | - | - | - | Medicare | $9.17 | $5.69 | $5.50 | - | - | 000 | 999 | - |
| 84377 | Q | SUGARS MULTIPLE QUAL | - | - | - | Medicare | $9.17 | $5.69 | $5.50 | - | - | 000 | 999 | - |
| 84378 | Q | SUGARS SINGLE QUANT | - | - | - | Medicare | $19.22 | $11.92 | $11.53 | - | - | 000 | 999 | - |
| 84379 | Q | SUGARS MULTIPLE QUANT | - | - | - | Medicare | $19.22 | $11.92 | $11.53 | - | - | 000 | 999 | - |
| 84392 | Q | ASSAY OF URINE SULFATE | - | - | - | Medicare | $9.15 | $5.67 | $5.49 | - | - | 000 | 999 | - |
| 84402 | Q | ASSAY OF FREE TESTOSTERONE | - | - | - | Medicare | $42.45 | $26.32 | $25.47 | - | - | 000 | 999 | - |
| 84403 | Q | ASSAY OF TOTAL TESTOSTERONE | - | - | - | Medicare | $43.02 | $26.67 | $25.81 | - | - | 000 | 999 | - |
| 84410 | Q | TESTOSTERONE BIOAVAILABLE | - | - | - | Medicare | $85.47 | $52.99 | $51.28 | - | - | 000 | 999 | - |
| 84425 | Q | ASSAY OF VITAMIN B-1 | - | - | - | Medicare | $35.38 | $21.94 | $21.23 | - | - | 000 | 999 | - |
| 84430 | Q | ASSAY OF THIOCYANATE | - | - | - | Medicare | $19.38 | $12.02 | $11.63 | - | - | 000 | 999 | - |
| 84431 | Q | THROMBOXANE URINE | - | - | - | Medicare | $58.52 | $36.28 | $35.11 | - | - | 000 | 999 | - |
| 84432 | Q | ASSAY OF THYROGLOBULIN | - | - | - | Medicare | $26.77 | $16.60 | $16.06 | - | - | 000 | 999 | - |
| 84433 | Q | ASY THIOPURIN S-MTHYLTRNSFRS | - | - | - | Medicare | $0.00 | $0.00 | $0.00 | - | - | 000 | 999 | - |
| 84436 | Q | ASSAY OF TOTAL THYROXINE | - | - | - | Medicare | $11.45 | $7.10 | $6.87 | - | - | 000 | 999 | - |
| 84437 | Q | ASSAY OF NEONATAL THYROXINE | - | - | - | Medicare | $10.78 | $6.68 | $6.47 | - | - | 000 | 999 | - |
| 84439 | Q | ASSAY OF FREE THYROXINE | - | - | - | Medicare | $15.03 | $9.32 | $9.02 | - | - | 000 | 999 | - |
| 84442 | Q | ASSAY OF THYROID ACTIVITY | - | - | - | Medicare | $24.63 | $15.27 | $14.78 | - | - | 000 | 999 | - |
| 84443 | Q | ASSAY THYROID STIM HORMONE | - | - | - | Medicare | $28.00 | $17.36 | $16.80 | - | - | 000 | 999 | - |
| 84445 | Q | ASSAY OF TSI GLOBULIN | - | - | - | Medicare | $84.77 | $52.56 | $50.86 | - | - | 000 | 999 | - |
| 84446 | Q | ASSAY OF VITAMIN E | - | - | - | Medicare | $23.63 | $14.65 | $14.18 | - | - | 000 | 999 | - |
| 84449 | Q | ASSAY OF TRANSCORTIN | - | - | - | Medicare | $30.00 | $18.60 | $18.00 | - | - | 000 | 999 | - |
| 84450 | Q | TRANSFERASE (AST) (SGOT) | - | - | - | Medicare | $8.63 | $5.35 | $5.18 | - | - | 000 | 999 | - |
| 84460 | Q | ALANINE AMINO (ALT) (SGPT) | - | - | - | Medicare | $8.83 | $5.47 | $5.30 | - | - | 000 | 999 | - |
| 84466 | Q | ASSAY OF TRANSFERRIN | - | - | - | Medicare | $21.27 | $13.19 | $12.76 | - | - | 000 | 999 | - |
| 84478 | Q | ASSAY OF TRIGLYCERIDES | - | - | - | Medicare | $9.57 | $5.93 | $5.74 | - | - | 000 | 999 | - |
| 84479 | Q | ASSAY OF THYROID (T3 OR T4) | - | - | - | Medicare | $10.78 | $6.68 | $6.47 | - | - | 000 | 999 | - |
| 84480 | Q | ASSAY TRIIODOTHYRONINE (T3) | - | - | - | Medicare | $23.63 | $14.65 | $14.18 | - | - | 000 | 999 | - |
| 84481 | Q | FREE ASSAY (FT-3) | - | - | - | Medicare | $28.23 | $17.50 | $16.94 | - | - | 000 | 999 | - |
| 84482 | Q | T3 REVERSE | - | - | - | Medicare | $26.27 | $16.29 | $15.76 | - | - | 000 | 999 | - |
| 84484 | Q | ASSAY OF TROPONIN QUANT | - | - | - | Medicare | $20.78 | $12.88 | $12.47 | - | - | 000 | 999 | - |
| 84485 | Q | ASSAY DUODENAL FLUID TRYPSIN | - | - | - | Medicare | $12.00 | $7.44 | $7.20 | - | - | 000 | 999 | - |
| 84488 | Q | TEST FECES FOR TRYPSIN | - | - | - | Medicare | $12.17 | $7.55 | $7.30 | - | - | 000 | 999 | - |
| 84490 | Q | ASSAY OF FECES FOR TRYPSIN | - | - | - | Medicare | $16.55 | $10.26 | $9.93 | - | - | 000 | 999 | - |
| 84510 | Q | ASSAY OF TYROSINE | - | - | - | Medicare | $17.72 | $10.99 | $10.63 | - | - | 000 | 999 | - |
| 84512 | Q | ASSAY OF TROPONIN QUAL | - | - | - | Medicare | $16.82 | $10.43 | $10.09 | - | - | 000 | 999 | - |
| 84520 | Q | ASSAY OF UREA NITROGEN | - | - | - | Medicare | $6.58 | $4.08 | $3.95 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 84525 | Q | UREA NITROGEN SEMI-QUANT | - | - | - | Medicare | $8.55 | $5.30 | $5.13 | - | - | 000 | 999 | - |
| 84540 | Q | ASSAY OF URINE/UREA-N | - | - | - | Medicare | $9.27 | $5.75 | $5.56 | - | - | 000 | 999 | - |
| 84545 | Q | UREA-N CLEARANCE TEST | - | - | - | Medicare | $12.00 | $7.44 | $7.20 | - | - | 000 | 999 | - |
| 84550 | Q | ASSAY OF BLOOD/URIC ACID | - | - | - | Medicare | $7.53 | $4.67 | $4.52 | - | - | 000 | 999 | - |
| 84560 | Q | ASSAY OF URINE/URIC ACID | - | - | - | Medicare | $8.47 | $5.25 | $5.08 | - | - | 000 | 999 | - |
| 84577 | Q | ASSAY OF FECES/UROBILINOGEN | - | - | - | Medicare | $28.00 | $17.36 | $16.80 | - | - | 000 | 999 | - |
| 84578 | Q | TEST URINE UROBILINOGEN | - | - | - | Medicare | $7.45 | $4.62 | $4.47 | - | - | 000 | 999 | - |
| 84580 | Q | ASSAY OF URINE UROBILINOGEN | - | - | - | Medicare | $15.92 | $9.87 | $9.55 | - | - | 000 | 999 | - |
| 84583 | Q | ASSAY OF URINE UROBILINOGEN | - | - | - | Medicare | $10.08 | $6.25 | $6.05 | - | - | 000 | 999 | - |
| 84585 | Q | ASSAY OF URINE VMA | - | - | - | Medicare | $25.83 | $16.01 | $15.50 | - | - | 000 | 999 | - |
| 84586 | Q | ASSAY OF VIP | - | - | - | Medicare | $58.88 | $36.51 | $35.33 | - | - | 000 | 999 | - |
| 84588 | Q | ASSAY OF VASOPRESSIN | - | - | - | Medicare | $56.57 | $35.07 | $33.94 | - | - | 000 | 999 | - |
| 84590 | Q | ASSAY OF VITAMIN A | - | - | - | Medicare | $19.35 | $12.00 | $11.61 | - | - | 000 | 999 | - |
| 84591 | Q | ASSAY OF NOS VITAMIN | - | - | - | Medicare | $28.43 | $17.63 | $17.06 | - | - | 000 | 999 | - |
| 84597 | Q | ASSAY OF VITAMIN K | - | - | - | Medicare | $22.87 | $14.18 | $13.72 | - | - | 000 | 999 | - |
| 84600 | Q | ASSAY OF VOLATILES | - | - | - | Medicare | $28.52 | $17.68 | $17.11 | - | - | 000 | 999 | - |
| 84620 | Q | XYLOSE TOLERANCE TEST | - | - | - | Medicare | $21.52 | $13.34 | $12.91 | - | - | 000 | 999 | - |
| 84630 | Q | ASSAY OF ZINC | - | - | - | Medicare | $18.98 | $11.77 | $11.39 | - | - | 000 | 999 | - |
| 84681 | Q | ASSAY OF C-PEPTIDE | - | - | - | Medicare | $34.68 | $21.50 | $20.81 | - | - | 000 | 999 | - |
| 84702 | Q | CHORIONIC GONADOTROPIN TEST | - | - | - | Medicare | $25.08 | $15.55 | $15.05 | - | - | 000 | 999 | - |
| 84703 | Q | CHORIONIC GONADOTROPIN ASSAY | - | - | - | Medicare | $12.53 | $7.77 | $7.52 | - | - | 009 | 999 | - |
| 84704 | Q | HCG FREE BETACHAIN TEST | - | - | - | Medicare | $25.48 | $15.80 | $15.29 | - | - | 000 | 999 | - |
| 84830 | Q | OVULATION TESTS | - | - | - | Medicare | $21.17 | $13.13 | $12.70 | - | - | 000 | 999 | - |
| 84999 | N | UNLISTED CHEMISTRY PROCEDURE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 85002 | Q | BLEEDING TIME TEST | - | - | - | Medicare | $8.03 | $4.98 | $4.82 | - | - | 000 | 999 | - |
| 85004 | Q | AUTOMATED DIFF WBC COUNT | - | - | - | Medicare | $10.78 | $6.68 | $6.47 | - | - | 000 | 999 | - |
| 85007 | Q | BL SMEAR W/DIFF WBC COUNT | - | - | - | Medicare | $6.33 | $3.92 | $3.80 | - | - | 000 | 999 | - |
| 85008 | Q | BL SMEAR W/O DIFF WBC COUNT | - | - | - | Medicare | $5.72 | $3.55 | $3.43 | - | - | 000 | 999 | - |
| 85009 | Q | MANUAL DIFF WBC COUNT B-COAT | - | - | - | Medicare | $8.45 | $5.24 | $5.07 | - | - | 000 | 999 | - |
| 85013 | Q | SPUN MICROHEMATOCRIT | - | - | - | Medicare | $11.67 | $7.24 | $7.00 | - | - | 000 | 999 | - |
| 85014 | Q | HEMATOCRIT | - | - | - | Medicare | $3.95 | $2.45 | $2.37 | - | - | 000 | 999 | - |
| 85018 | Q | HEMOGLOBIN | - | - | - | Medicare | $3.95 | $2.45 | $2.37 | - | - | 000 | 999 | - |
| 85025 | Q | COMPLETE CBC W/AUTO DIFF WBC | - | - | - | Medicare | $12.95 | $8.03 | $7.77 | - | - | 000 | 999 | - |
| 85027 | Q | COMPLETE CBC AUTOMATED | - | - | - | Medicare | $10.78 | $6.68 | $6.47 | - | - | 000 | 999 | - |
| 85032 | Q | MANUAL CELL COUNT EACH | - | - | - | Medicare | $7.18 | $4.45 | $4.31 | - | - | 000 | 999 | - |
| 85041 | Q | AUTOMATED RBC COUNT | - | - | - | Medicare | $5.03 | $3.12 | $3.02 | - | - | 000 | 999 | - |
| 85044 | Q | MANUAL RETICULOCYTE COUNT | - | - | - | Medicare | $7.18 | $4.45 | $4.31 | - | - | 000 | 999 | - |
| 85045 | Q | AUTOMATED RETICULOCYTE COUNT | - | - | - | Medicare | $6.65 | $4.12 | $3.99 | - | - | 000 | 999 | - |
| 85046 | Q | RETICYTE/HGB CONCENTRATE | - | - | - | Medicare | $9.28 | $5.75 | $5.57 | - | - | 000 | 999 | - |
| 85048 | Q | AUTOMATED LEUKOCYTE COUNT | - | - | - | Medicare | $4.23 | $2.62 | $2.54 | - | - | 000 | 999 | - |
| 85049 | Q | AUTOMATED PLATELET COUNT | - | - | - | Medicare | $7.47 | $4.63 | $4.48 | - | - | 000 | 999 | - |
| 85055 | Q | RETICULATED PLATELET ASSAY | - | - | - | Medicare | $59.57 | $36.93 | $35.74 | - | - | 000 | 999 | - |
| 85060 | E | BLOOD SMEAR INTERPRETATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 85097 | N | BONE MARROW INTERPRETATION | - | 05674 | 9.0730 | Bundled, sometimes payable | $529.77 | - | - | - | - | 000 | 999 | - |
| 85130 | Q | CHROMOGENIC SUBSTRATE ASSAY | - | - | - | Medicare | $19.82 | $12.29 | $11.89 | - | - | 000 | 999 | - |
| 85170 | Q | BLOOD CLOT RETRACTION | - | - | - | Medicare | $27.17 | $16.85 | $16.30 | - | - | 000 | 999 | - |
| 85175 | Q | BLOOD CLOT LYSIS TIME | - | - | - | Medicare | $33.95 | $21.05 | $20.37 | - | - | 000 | 999 | - |
| 85210 | Q | CLOT FACTOR II PROTHROM SPEC | - | - | - | Medicare | $21.63 | $13.41 | $12.98 | - | - | 000 | 999 | - |
| 85220 | Q | BLOOC CLOT FACTOR V TEST | - | - | - | Medicare | $29.42 | $18.24 | $17.65 | - | - | 000 | 999 | - |
| 85230 | Q | CLOT FACTOR VII PROCONVERTIN | - | - | - | Medicare | $29.83 | $18.49 | $17.90 | - | - | 000 | 999 | - |
| 85240 | Q | CLOT FACTOR VIII AHG 1 STAGE | - | - | - | Medicare | $29.83 | $18.49 | $17.90 | - | - | 000 | 999 | - |
| 85244 | Q | CLOT FACTOR VIII RELTD ANTGN | - | - | - | Medicare | $34.03 | $21.10 | $20.42 | - | - | 000 | 999 | - |
| 85245 | Q | CLOT FACTOR VIII VW RISTOCTN | - | - | - | Medicare | $38.23 | $23.70 | $22.94 | - | - | 000 | 999 | - |
| 85246 | Q | CLOT FACTOR VIII VW ANTIGEN | - | - | - | Medicare | $38.23 | $23.70 | $22.94 | - | - | 000 | 999 | - |
| 85247 | Q | CLOT FACTOR VIII MULTIMETRIC | - | - | - | Medicare | $38.23 | $23.70 | $22.94 | - | - | 000 | 999 | - |
| 85250 | Q | CLOT FACTOR IX PTC/CHRSTMAS | - | - | - | Medicare | $31.73 | $19.67 | $19.04 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 85260 | Q | CLOT FACTOR X STUART-POWER | - | - | - | Medicare | $29.83 | $18.49 | $17.90 | - | - | 000 | 999 | - |
| 85270 | Q | CLOT FACTOR XI PTA | - | - | - | Medicare | $29.83 | $18.49 | $17.90 | - | - | 000 | 999 | - |
| 85280 | Q | CLOT FACTOR XII HAGEMAN | - | - | - | Medicare | $32.25 | $20.00 | $19.35 | - | - | 000 | 999 | - |
| 85290 | Q | CLOT FACTOR XIII FIBRIN STAB | - | - | - | Medicare | $27.23 | $16.88 | $16.34 | - | - | 000 | 999 | - |
| 85291 | Q | CLOT FACTOR XIII FIBRIN SCRN | - | - | - | Medicare | $15.18 | $9.41 | $9.11 | - | - | 000 | 999 | - |
| 85292 | Q | CLOT FACTOR FLETCHER FACT | - | - | - | Medicare | $31.55 | $19.56 | $18.93 | - | - | 000 | 999 | - |
| 85293 | Q | CLOT FACTOR WGHT KININOGEN | - | - | - | Medicare | $31.55 | $19.56 | $18.93 | - | - | 000 | 999 | - |
| 85300 | Q | ANTITHROMBIN III ACTIVITY | - | - | - | Medicare | $19.75 | $12.25 | $11.85 | - | - | 000 | 999 | - |
| 85301 | Q | ANTITHROMBIN III ANTIGEN | - | - | - | Medicare | $18.02 | $11.17 | $10.81 | - | - | 000 | 999 | - |
| 85302 | Q | CLOT INHIBIT PROT C ANTIGEN | - | - | - | Medicare | $20.02 | $12.41 | $12.01 | - | - | 000 | 999 | - |
| 85303 | Q | CLOT INHIBIT PROT C ACTIVITY | - | - | - | Medicare | $23.07 | $14.30 | $13.84 | - | - | 000 | 999 | - |
| 85305 | Q | CLOT INHIBIT PROT S TOTAL | - | - | - | Medicare | $19.35 | $12.00 | $11.61 | - | - | 000 | 999 | - |
| 85306 | Q | CLOT INHIBIT PROT S FREE | - | - | - | Medicare | $25.53 | $15.83 | $15.32 | - | - | 000 | 999 | - |
| 85307 | Q | ASSAY ACTIVATED PROTEIN C | - | - | - | Medicare | $25.53 | $15.83 | $15.32 | - | - | 000 | 999 | - |
| 85335 | Q | FACTOR INHIBITOR TEST | - | - | - | Medicare | $21.45 | $13.30 | $12.87 | - | - | 000 | 999 | - |
| 85337 | Q | THROMBOMODULIN | - | - | - | Medicare | $28.78 | $17.84 | $17.27 | - | - | 000 | 999 | - |
| 85345 | Q | COAGULATION TIME LEE & WHITE | - | - | - | Medicare | $7.82 | $4.85 | $4.69 | - | - | 000 | 999 | - |
| 85347 | Q | COAGULATION TIME ACTIVATED | - | - | - | Medicare | $7.13 | $4.42 | $4.28 | - | - | 000 | 999 | - |
| 85348 | Q | COAGULATION TIME OTR METHOD | - | - | - | Medicare | $7.48 | $4.64 | $4.49 | - | - | 000 | 999 | - |
| 85360 | Q | EUGLOBULIN LYSIS | - | - | - | Medicare | $14.02 | $8.69 | $8.41 | - | - | 000 | 999 | - |
| 85362 | Q | FIBRIN DEGRADATION PRODUCTS | - | - | - | Medicare | $11.48 | $7.12 | $6.89 | - | - | 000 | 999 | - |
| 85366 | Q | FIBRINOGEN TEST | - | - | - | Medicare | $134.10 | $83.14 | $80.46 | - | - | 000 | 999 | - |
| 85370 | Q | FIBRINOGEN TEST | - | - | - | Medicare | $20.72 | $12.85 | $12.43 | - | - | 000 | 999 | - |
| 85378 | Q | FIBRIN DEGRADE SEMIQUANT | - | - | - | Medicare | $16.20 | $10.04 | $9.72 | - | - | 000 | 999 | - |
| 85379 | Q | FIBRIN DEGRADATION QUANT | - | - | - | Medicare | $16.97 | $10.52 | $10.18 | - | - | 000 | 999 | - |
| 85380 | Q | FIBRIN DEGRADJ D-DIMER | - | - | - | Medicare | $16.97 | $10.52 | $10.18 | - | - | 000 | 999 | - |
| 85384 | Q | FIBRINOGEN ACTIVITY | - | - | - | Medicare | $16.20 | $10.04 | $9.72 | - | - | 000 | 999 | - |
| 85385 | Q | FIBRINOGEN ANTIGEN | - | - | - | Medicare | $24.10 | $14.94 | $14.46 | - | - | 000 | 999 | - |
| 85390 | Q | FIBRINOLYSINS SCREEN I&R | - | - | - | Medicare | $25.80 | $16.00 | $15.48 | - | - | 000 | 999 | - |
| 85396 | N | CLOTTING ASSAY WHOLE BLOOD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 85397 | Q | CLOTTING FUNCT ACTIVITY | - | - | - | Medicare | $51.43 | $31.89 | $30.86 | - | - | 000 | 999 | - |
| 85400 | Q | FIBRINOLYTIC PLASMIN | - | - | - | Medicare | $12.85 | $7.97 | $7.71 | - | - | 000 | 999 | - |
| 85410 | Q | FIBRINOLYTIC ANTIPLASMIN | - | - | - | Medicare | $12.85 | $7.97 | $7.71 | - | - | 000 | 999 | - |
| 85415 | Q | FIBRINOLYTIC PLASMINOGEN | - | - | - | Medicare | $28.65 | $17.76 | $17.19 | - | - | 000 | 999 | - |
| 85420 | Q | FIBRINOLYTIC PLASMINOGEN | - | - | - | Medicare | $10.88 | $6.75 | $6.53 | - | - | 000 | 999 | - |
| 85421 | Q | FIBRINOLYTIC PLASMINOGEN | - | - | - | Medicare | $16.97 | $10.52 | $10.18 | - | - | 000 | 999 | - |
| 85441 | Q | HEINZ BODIES DIRECT | - | - | - | Medicare | $7.00 | $4.34 | $4.20 | - | - | 000 | 999 | - |
| 85445 | Q | HEINZ BODIES INDUCED | - | - | - | Medicare | $11.37 | $7.05 | $6.82 | - | - | 000 | 999 | - |
| 85460 | Q | HEMOGLOBIN FETAL | - | - | - | Medicare | $12.88 | $7.99 | $7.73 | - | - | 000 | 999 | - |
| 85461 | Q | HEMOGLOBIN FETAL | - | - | - | Medicare | $15.60 | $9.67 | $9.36 | - | - | 000 | 999 | - |
| 85475 | Q | HEMOLYSIN ACID | - | - | - | Medicare | $14.78 | $9.16 | $8.87 | - | - | 000 | 999 | - |
| 85520 | Q | HEPARIN ASSAY | - | - | - | Medicare | $21.82 | $13.53 | $13.09 | - | - | 000 | 999 | - |
| 85525 | Q | HEPARIN NEUTRALIZATION | - | - | - | Medicare | $19.73 | $12.23 | $11.84 | - | - | 000 | 999 | - |
| 85530 | Q | HEPARIN-PROTAMINE TOLERANCE | - | - | - | Medicare | $21.82 | $13.53 | $13.09 | - | - | 000 | 999 | - |
| 85536 | Q | IRON STAIN PERIPHERAL BLOOD | - | - | - | Medicare | $11.47 | $7.11 | $6.88 | - | - | 000 | 999 | - |
| 85540 | Q | WBC ALKALINE PHOSPHATASE | - | - | - | Medicare | $14.33 | $8.88 | $8.60 | - | - | 000 | 999 | - |
| 85547 | Q | RBC MECHANICAL FRAGILITY | - | - | - | Medicare | $14.33 | $8.88 | $8.60 | - | - | 000 | 999 | - |
| 85549 | Q | MURAMIDASE | - | - | - | Medicare | $31.25 | $19.38 | $18.75 | - | - | 000 | 999 | - |
| 85555 | Q | RBC OSMOTIC FRAGILITY | - | - | - | Medicare | $12.45 | $7.72 | $7.47 | - | - | 000 | 999 | - |
| 85557 | Q | RBC OSMOTIC FRAGILITY | - | - | - | Medicare | $22.27 | $13.81 | $13.36 | - | - | 000 | 999 | - |
| 85576 | Q | BLOOD PLATELET AGGREGATION | - | - | - | Medicare | $41.52 | $25.74 | $24.91 | - | - | 000 | 999 | - |
| 85597 | Q | PHOSPHOLIPID PLTLT NEUTRALIZ | - | - | - | Medicare | $29.97 | $18.58 | $17.98 | - | - | 000 | 999 | - |
| 85598 | Q | HEXAGNAL PHOSPH PLTLT NEUTRL | - | - | - | Medicare | $29.97 | $18.58 | $17.98 | - | - | 000 | 999 | - |
| 85610 | Q | PROTHROMBIN TIME | - | - | - | Medicare | $7.15 | $4.43 | $4.29 | - | - | 000 | 999 | - |
| 85611 | Q | PROTHROMBIN TEST | - | - | - | Medicare | $6.57 | $4.07 | $3.94 | - | - | 000 | 999 | - |
| 85612 | Q | VIPER VENOM PROTHROMBIN TIME | - | - | - | Medicare | $29.15 | $18.07 | $17.49 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 85613 | Q | RUSSELL VIPER VENOM DILUTED | - | - | - | Medicare | $15.97 | $9.90 | $9.58 | - | - | 000 | 999 | - |
| 85635 | Q | REPTILASE TEST | - | - | - | Medicare | $16.42 | $10.18 | $9.85 | - | - | 000 | 999 | - |
| 85651 | Q | RBC SED RATE NONAUTOMATED | - | - | - | Medicare | $7.12 | $4.41 | $4.27 | - | - | 000 | 999 | - |
| 85652 | Q | RBC SED RATE AUTOMATED | - | - | - | Medicare | $4.50 | $2.79 | $2.70 | - | - | 000 | 999 | - |
| 85660 | Q | RBC SICKLE CELL TEST | - | - | - | Medicare | $9.18 | $5.69 | $5.51 | - | - | 000 | 999 | - |
| 85670 | Q | THROMBIN TIME PLASMA | - | - | - | Medicare | $9.62 | $5.96 | $5.77 | - | - | 000 | 999 | - |
| 85675 | Q | THROMBIN TIME TITER | - | - | - | Medicare | $11.42 | $7.08 | $6.85 | - | - | 000 | 999 | - |
| 85705 | Q | THROMBOPLASTIN INHIBITION | - | - | - | Medicare | $16.05 | $9.95 | $9.63 | - | - | 000 | 999 | - |
| 85730 | Q | THROMBOPLASTIN TIME PARTIAL | - | - | - | Medicare | $10.02 | $6.21 | $6.01 | - | - | 000 | 999 | - |
| 85732 | Q | THROMBOPLASTIN TIME PARTIAL | - | - | - | Medicare | $10.78 | $6.68 | $6.47 | - | - | 000 | 999 | - |
| 85810 | Q | BLOOD VISCOSITY EXAMINATION | - | - | - | Medicare | $19.45 | $12.06 | $11.67 | - | - | 000 | 999 | - |
| 85999 | N | UNLISTED HEMATOLOGY&COAGJ PX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 86000 | Q | AGGLUTININS FEBRILE ANTIGEN | - | - | - | Medicare | $11.63 | $7.21 | $6.98 | - | - | 000 | 999 | - |
| 86001 | Q | ALLERGEN SPECIFIC IGG | - | - | - | Medicare | $13.03 | $8.08 | $7.82 | - | - | 000 | 999 | - |
| 86003 | Q | ALLG SPEC IGE CRUDE XTRC EA | - | - | - | Medicare | $8.70 | $5.39 | $5.22 | - | - | 000 | 999 | - |
| 86005 | Q | ALLG SPEC IGE MULTIALLG SCR | - | - | - | Medicare | $13.28 | $8.23 | $7.97 | - | - | 000 | 999 | - |
| 86008 | Q | ALLG SPEC IGE RECOMB EA | - | - | - | Medicare | $29.88 | $18.53 | $17.93 | - | - | 000 | 999 | - |
| 86015 | N | ACTIN ANTIBODY EACH | - | - | - | Bundled, sometimes payable | $20.08 | - | - | - | - | 000 | 999 | - |
| 86021 | Q | WBC ANTIBODY IDENTIFICATION | - | - | - | Medicare | $25.08 | $15.55 | $15.05 | - | - | 000 | 999 | - |
| 86022 | Q | PLATELET ANTIBODIES | - | - | - | Medicare | $30.62 | $18.98 | $18.37 | - | - | 000 | 999 | - |
| 86023 | Q | IMMUNOGLOBULIN ASSAY | - | - | - | Medicare | $20.77 | $12.88 | $12.46 | - | - | 000 | 999 | - |
| 86036 | N | ANCA SCREEN EACH ANTIBODY | - | - | - | Bundled, sometimes payable | $20.08 | - | - | - | - | 000 | 999 | - |
| 86037 | N | ANCA TITER EACH ANTIBODY | - | - | - | Bundled, sometimes payable | $20.08 | - | - | - | - | 000 | 999 | - |
| 86038 | Q | ANTINUCLEAR ANTIBODIES | - | - | - | Medicare | $20.15 | $12.49 | $12.09 | - | - | 000 | 999 | - |
| 86039 | Q | ANTINUCLEAR ANTIBODIES (ANA) | - | - | - | Medicare | $18.60 | $11.53 | $11.16 | - | - | 000 | 999 | - |
| 86051 | N | AQUAPORIN-4 ANTB ELISA | - | - | - | Bundled, sometimes payable | $19.22 | - | - | - | - | 000 | 999 | - |
| 86052 | N | AQUAPORIN-4 ANTB CBA EACH | - | - | - | Bundled, sometimes payable | $20.08 | - | - | - | - | 000 | 999 | - |
| 86053 | N | AQAPRN-4 ANTB FLO CYTMTRY EA | - | - | - | Bundled, sometimes payable | $62.88 | - | - | - | - | 000 | 999 | - |
| 86060 | Q | ANTISTREPTOLYSIN O TITER | - | - | - | Medicare | $12.17 | $7.55 | $7.30 | - | - | 000 | 999 | - |
| 86063 | Q | ANTISTREPTOLYSIN O SCREEN | - | - | - | Medicare | $9.62 | $5.96 | $5.77 | - | - | 000 | 999 | - |
| 86077 | N | PHYS BLOOD BANK SERV XMATCH | - | 05731 | 0.2916 | Bundled, sometimes payable | $17.03 | - | - | - | - | 000 | 999 | - |
| 86078 | N | PHYS BLOOD BANK SERV REACTJ | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 86079 | N | PHYS BLOOD BANK SERV AUTHRJ | - | 05671 | 0.5858 | Bundled, sometimes payable | $34.20 | - | - | - | - | 000 | 999 | - |
| 86140 | Q | C-REACTIVE PROTEIN | - | - | - | Medicare | $8.63 | $5.35 | $5.18 | - | - | 000 | 999 | - |
| 86141 | Q | C-REACTIVE PROTEIN HS | - | - | - | Medicare | $21.58 | $13.38 | $12.95 | - | - | 000 | 999 | - |
| 86146 | Q | BETA-2 GLYCOPROTEIN ANTIBODY | - | - | - | Medicare | $42.42 | $26.30 | $25.45 | - | - | 000 | 999 | - |
| 86147 | Q | CARDIOLIPIN ANTIBODY EA IG | - | - | - | Medicare | $42.42 | $26.30 | $25.45 | - | - | 000 | 999 | - |
| 86148 | Q | ANTI-PHOSPHOLIPID ANTIBODY | - | - | - | Medicare | $26.78 | $16.60 | $16.07 | - | - | 000 | 999 | - |
| 86152 | Q | CELL ENUMERATION & ID | - | - | - | Medicare | $417.97 | $259.14 | $250.78 | - | - | 000 | 999 | - |
| 86153 | E | CELL ENUMERATION PHYS INTERP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 86155 | Q | CHEMOTAXIS ASSAY | - | - | - | Medicare | $26.65 | $16.52 | $15.99 | - | - | 000 | 999 | - |
| 86156 | Q | COLD AGGLUTININ SCREEN | - | - | - | Medicare | $13.45 | $8.34 | $8.07 | - | - | 000 | 999 | - |
| 86157 | Q | COLD AGGLUTININ TITER | - | - | - | Medicare | $13.43 | $8.33 | $8.06 | - | - | 000 | 999 | - |
| 86160 | Q | COMPLEMENT ANTIGEN | - | - | - | Medicare | $20.00 | $12.40 | $12.00 | - | - | 000 | 999 | - |
| 86161 | Q | COMPLEMENT/FUNCTION ACTIVITY | - | - | - | Medicare | $20.00 | $12.40 | $12.00 | - | - | 000 | 999 | - |
| 86162 | Q | COMPLEMENT TOTAL (CH50) | - | - | - | Medicare | $33.87 | $21.00 | $20.32 | - | - | 000 | 999 | - |
| 86171 | Q | COMPLEMENT FIXATION EACH | - | - | - | Medicare | $16.68 | $10.34 | $10.01 | - | - | 000 | 999 | - |
| 86200 | Q | CCP ANTIBODY | - | - | - | Medicare | $21.58 | $13.38 | $12.95 | - | - | 000 | 999 | - |
| 86215 | Q | DEOXYRIBONUCLEASE ANTIBODY | - | - | - | Medicare | $22.08 | $13.69 | $13.25 | - | - | 000 | 999 | - |
| 86225 | Q | DNA ANTIBODY NATIVE | - | - | - | Medicare | $22.90 | $14.20 | $13.74 | - | - | 000 | 999 | - |
| 86226 | Q | DNA ANTIBODY SINGLE STRAND | - | - | - | Medicare | $20.18 | $12.51 | $12.11 | - | - | 000 | 999 | - |
| 86231 | N | EMA EACH IG CLASS | - | - | - | Bundled, sometimes payable | $20.15 | - | - | - | - | 000 | 999 | - |
| 86235 | Q | NUCLEAR ANTIGEN ANTIBODY | - | - | - | Medicare | $29.88 | $18.53 | $17.93 | - | - | 000 | 999 | - |
| 86255 | Q | FLUORESCENT ANTIBODY SCREEN | - | - | - | Medicare | $20.08 | $12.45 | $12.05 | - | - | 000 | 999 | - |
| 86256 | Q | FLUORESCENT ANTIBODY TITER | - | - | - | Medicare | $20.08 | $12.45 | $12.05 | - | - | 000 | 999 | - |
| 86258 | N | DGP ANTIBODY EACH IG CLASS | - | - | - | Bundled, sometimes payable | $20.08 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 86277 | Q | GROWTH HORMONE ANTIBODY | - | - | - | Medicare | $26.23 | $16.26 | $15.74 | - | - | 000 | 999 | - |
| 86280 | Q | HEMAGGLUTINATION INHIBITION | - | - | - | Medicare | $13.65 | $8.46 | $8.19 | - | - | 000 | 999 | - |
| 86294 | Q | IMMUNOASSAY TUMOR QUAL | - | - | - | Medicare | $42.62 | $26.42 | $25.57 | - | - | 000 | 999 | - |
| 86300 | Q | IMMUNOASSAY TUMOR CA 15-3 | - | - | - | Medicare | $34.68 | $21.50 | $20.81 | - | - | 000 | 999 | - |
| 86301 | Q | IMMUNOASSAY TUMOR CA 19-9 | - | - | - | Medicare | $34.68 | $21.50 | $20.81 | - | - | 000 | 999 | - |
| 86304 | Q | IMMUNOASSAY TUMOR CA 125 | - | - | - | Medicare | $34.68 | $21.50 | $20.81 | - | - | 000 | 999 | - |
| 86305 | Q | HUMAN EPIDIDYMIS PROTEIN 4 | - | - | - | Medicare | $34.68 | $21.50 | $20.81 | - | - | 000 | 999 | - |
| 86308 | Q | HETEROPHILE ANTIBODY SCREEN | - | - | - | Medicare | $8.63 | $5.35 | $5.18 | - | - | 000 | 999 | - |
| 86309 | Q | HETEROPHILE ANTIBODY TITER | - | - | - | Medicare | $10.78 | $6.68 | $6.47 | - | - | 000 | 999 | - |
| 86310 | Q | HETEROPHILE ANTIBODY ABSRBJ | - | - | - | Medicare | $12.28 | $7.61 | $7.37 | - | - | 000 | 999 | - |
| 86316 | Q | IMMUNOASSAY TUMOR OTHER | - | - | - | Medicare | $34.68 | $21.50 | $20.81 | - | - | 000 | 999 | - |
| 86317 | Q | IMMUNOASSAY INFECTIOUS AGENT | - | - | - | Medicare | $24.98 | $15.49 | $14.99 | - | - | 000 | 999 | - |
| 86318 | Q | IA INFECTIOUS AGENT ANTIBODY | - | - | - | Medicare | $30.15 | $18.69 | $18.09 | - | - | 000 | 999 | - |
| 86320 | Q | SERUM IMMUNOELECTROPHORESIS | - | - | - | Medicare | $49.87 | $30.92 | $29.92 | - | - | 000 | 999 | - |
| 86325 | Q | OTHER IMMUNOELECTROPHORESIS | - | - | - | Medicare | $38.55 | $23.90 | $23.13 | - | - | 000 | 999 | - |
| 86327 | Q | IMMUNOELECTROPHORESIS ASSAY | - | - | - | Medicare | $49.87 | $30.92 | $29.92 | - | - | 000 | 999 | - |
| 86328 | Q | IA NFCT AB SARSCOV2 COVID19 | - | - | - | Medicare | $75.47 | $46.79 | $45.28 | - | - | 000 | 999 | - |
| 86329 | Q | IMMUNODIFFUSION NES | - | - | - | Medicare | $23.42 | $14.52 | $14.05 | - | - | 000 | 999 | - |
| 86331 | Q | IMMUNODIFFUSION OUCHTERLONY | - | - | - | Medicare | $19.97 | $12.38 | $11.98 | - | - | 000 | 999 | - |
| 86332 | Q | IMMUNE COMPLEX ASSAY | - | - | - | Medicare | $40.62 | $25.18 | $24.37 | - | - | 000 | 999 | - |
| 86334 | Q | IMMUNOFIX E-PHORESIS SERUM | - | - | - | Medicare | $37.23 | $23.08 | $22.34 | - | - | 000 | 999 | - |
| 86335 | Q | IMMUNFIX E-PHORSIS/URINE/CSF | - | - | - | Medicare | $48.92 | $30.33 | $29.35 | - | - | 000 | 999 | - |
| 86336 | Q | INHIBIN A | - | - | - | Medicare | $25.98 | $16.11 | $15.59 | - | - | 000 | 999 | - |
| 86337 | Q | INSULIN ANTIBODIES | - | - | - | Medicare | $35.68 | $22.12 | $21.41 | - | - | 000 | 999 | - |
| 86340 | Q | INTRINSIC FACTOR ANTIBODY | - | - | - | Medicare | $25.13 | $15.58 | $15.08 | - | - | 000 | 999 | - |
| 86341 | Q | ISLET CELL ANTIBODY | - | - | - | Medicare | $39.28 | $24.35 | $23.57 | - | - | 000 | 999 | - |
| 86343 | Q | LEUKOCYTE HISTAMINE RELEASE | - | - | - | Medicare | $20.77 | $12.88 | $12.46 | - | - | 000 | 999 | - |
| 86344 | Q | LEUKOCYTE PHAGOCYTOSIS | - | - | - | Medicare | $17.32 | $10.74 | $10.39 | - | - | 000 | 999 | - |
| 86352 | Q | CELL FUNCTION ASSAY W/STIM | - | - | - | Medicare | $226.43 | $140.39 | $135.86 | - | - | 000 | 999 | - |
| 86353 | Q | LYMPHOCYTE TRANSFORMATION | - | - | - | Medicare | $81.72 | $50.67 | $49.03 | - | - | 000 | 999 | - |
| 86355 | Q | B CELLS TOTAL COUNT | - | - | - | Medicare | $62.88 | $38.99 | $37.73 | - | - | 000 | 999 | - |
| 86356 | Q | MONONUCLEAR CELL ANTIGEN | - | - | - | Medicare | $44.63 | $27.67 | $26.78 | - | - | 000 | 999 | - |
| 86357 | Q | NK CELLS TOTAL COUNT | - | - | - | Medicare | $62.88 | $38.99 | $37.73 | - | - | 000 | 999 | - |
| 86359 | Q | T CELLS TOTAL COUNT | - | - | - | Medicare | $62.88 | $38.99 | $37.73 | - | - | 000 | 999 | - |
| 86360 | Q | T CELL ABSOLUTE COUNT/RATIO | - | - | - | Medicare | $78.30 | $48.55 | $46.98 | - | - | 000 | 999 | - |
| 86361 | Q | T CELL ABSOLUTE COUNT | - | - | - | Medicare | $44.63 | $27.67 | $26.78 | - | - | 000 | 999 | - |
| 86362 | N | MOG-IGG1 ANTB CBA EACH | - | - | - | Bundled, sometimes payable | $20.08 | - | - | - | - | 000 | 999 | - |
| 86363 | N | MOG-IGG1 ANTB FLO CYTMTRY EA | - | - | - | Bundled, sometimes payable | $62.88 | - | - | - | - | 000 | 999 | - |
| 86364 | N | TISS TRNSGLTMNASE EA IG CLAS | - | - | - | Bundled, sometimes payable | $19.22 | - | - | - | - | 000 | 999 | - |
| 86367 | Q | STEM CELLS TOTAL COUNT | - | - | - | Medicare | $129.63 | $80.37 | $77.78 | - | - | 000 | 999 | - |
| 86376 | Q | MICROSOMAL ANTIBODY EACH | - | - | - | Medicare | $24.25 | $15.04 | $14.55 | - | - | 000 | 999 | - |
| 86381 | N | MITOCHONDRIAL ANTIBODY EACH | - | - | - | Bundled, sometimes payable | $42.42 | - | - | - | - | 000 | 999 | - |
| 86382 | Q | NEUTRALIZATION TEST VIRAL | - | - | - | Medicare | $28.18 | $17.47 | $16.91 | - | - | 000 | 999 | - |
| 86384 | Q | NITROBLUE TETRAZOLIUM DYE | - | - | - | Medicare | $22.68 | $14.06 | $13.61 | - | - | 000 | 999 | - |
| 86386 | Q | NUCLEAR MATRIX PROTEIN 22 | - | - | - | Medicare | $36.30 | $22.51 | $21.78 | - | - | 000 | 999 | - |
| 86403 | Q | PARTICLE AGGLUT ANTBDY SCRN | - | - | - | Medicare | $19.23 | $11.92 | $11.54 | - | - | 000 | 999 | - |
| 86406 | Q | PARTICLE AGGLUT ANTBDY TITR | - | - | - | Medicare | $17.73 | $10.99 | $10.64 | - | - | 000 | 999 | - |
| 86408 | Q | NEUTRLZG ANTB SARSCOV2 SCR | - | - | - | Medicare | $70.22 | $43.54 | $42.13 | - | - | 000 | 999 | - |
| 86409 | M | NEUTRLZG ANTB SARSCOV2 TITER | - | - | - | Charge Ratio | $0.00 | - | - | - | - | 000 | 999 | - |
| 86413 | M | SARS-COV-2 ANTB QUANTITATIVE | - | - | - | Charge Ratio | $0.00 | - | - | - | - | 000 | 999 | - |
| 86430 | Q | RHEUMATOID FACTOR TEST QUAL | - | - | - | Medicare | $10.23 | $6.34 | $6.14 | - | - | 000 | 999 | - |
| 86431 | Q | RHEUMATOID FACTOR QUANT | - | - | - | Medicare | $9.45 | $5.86 | $5.67 | - | - | 000 | 999 | - |
| 86480 | Q | TB TEST CELL IMMUN MEASURE | - | - | - | Medicare | $103.30 | $64.05 | $61.98 | - | - | 000 | 999 | - |
| 86481 | Q | TB AG RESPONSE T-CELL SUSP | - | - | - | Medicare | $166.67 | $103.34 | $100.00 | - | - | 000 | 999 | - |
| 86485 | N | SKIN TEST CANDIDA | - | 05731 | 0.2916 | Bundled, sometimes payable | $17.03 | - | - | - | - | 000 | 999 | - |
| 86486 | N | SKIN TEST UNLISTED ANTIGN EA | - | 05731 | 0.2916 | Bundled, sometimes payable | $17.03 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 86490 | N | COCCIDIOIDOMYCOSIS SKIN TEST | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 86510 | N | HISTOPLASMOSIS SKIN TEST | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 86580 | N | TB INTRADERMAL TEST | - | 05731 | 0.2916 | Bundled, sometimes payable | $17.03 | - | - | - | - | 000 | 999 | - |
| 86590 | Q | STREPTOKINASE ANTIBODY | - | - | - | Medicare | $21.10 | $13.08 | $12.66 | - | - | 000 | 999 | - |
| 86592 | Q | SYPHILIS TEST NON-TREP QUAL | - | - | - | Medicare | $7.12 | $4.41 | $4.27 | - | - | 000 | 999 | - |
| 86593 | Q | SYPHILIS TEST NON-TREP QUANT | - | - | - | Medicare | $7.33 | $4.54 | $4.40 | - | - | 000 | 999 | - |
| 86596 | N | VOLTAGE-GTD CA CHNL ANTB EA | - | - | - | Bundled, sometimes payable | $20.08 | - | - | - | - | 000 | 999 | - |
| 86602 | Q | ANTINOMYCES ANTIBODY | - | - | - | Medicare | $16.97 | $10.52 | $10.18 | - | - | 000 | 999 | - |
| 86603 | Q | ADENOVIRUS ANTIBODY | - | - | - | Medicare | $21.45 | $13.30 | $12.87 | - | - | 000 | 999 | - |
| 86606 | Q | ASPERGILLUS ANTIBODY | - | - | - | Medicare | $25.08 | $15.55 | $15.05 | - | - | 000 | 999 | - |
| 86609 | Q | BACTERIUM ANTIBODY | - | - | - | Medicare | $21.47 | $13.31 | $12.88 | - | - | 000 | 999 | - |
| 86611 | Q | BARTONELLA ANTIBODY | - | - | - | Medicare | $16.97 | $10.52 | $10.18 | - | - | 000 | 999 | - |
| 86612 | Q | BLASTOMYCES ANTIBODY | - | - | - | Medicare | $21.50 | $13.33 | $12.90 | - | - | 000 | 999 | - |
| 86615 | Q | BORDETELLA ANTIBODY | - | - | - | Medicare | $21.98 | $13.63 | $13.19 | - | - | 000 | 999 | - |
| 86617 | Q | LYME DISEASE ANTIBODY | - | - | - | Medicare | $25.82 | $16.01 | $15.49 | - | - | 000 | 999 | - |
| 86618 | Q | LYME DISEASE ANTIBODY | - | - | - | Medicare | $28.38 | $17.60 | $17.03 | - | - | 000 | 999 | - |
| 86619 | Q | BORRELIA ANTIBODY | - | - | - | Medicare | $22.30 | $13.83 | $13.38 | - | - | 000 | 999 | - |
| 86622 | Q | BRUCELLA ANTIBODY | - | - | - | Medicare | $14.88 | $9.23 | $8.93 | - | - | 000 | 999 | - |
| 86625 | Q | CAMPYLOBACTER ANTIBODY | - | - | - | Medicare | $21.87 | $13.56 | $13.12 | - | - | 000 | 999 | - |
| 86628 | Q | CANDIDA ANTIBODY | - | - | - | Medicare | $20.02 | $12.41 | $12.01 | - | - | 000 | 999 | - |
| 86631 | Q | CHLAMYDIA ANTIBODY | - | - | - | Medicare | $19.70 | $12.21 | $11.82 | - | - | 000 | 999 | - |
| 86632 | Q | CHLAMYDIA IGM ANTIBODY | - | - | - | Medicare | $21.13 | $13.10 | $12.68 | - | - | 000 | 999 | - |
| 86635 | Q | COCCIDIOIDES ANTIBODY | - | - | - | Medicare | $19.12 | $11.85 | $11.47 | - | - | 000 | 999 | - |
| 86638 | Q | Q FEVER ANTIBODY | - | - | - | Medicare | $20.20 | $12.52 | $12.12 | - | - | 000 | 999 | - |
| 86641 | Q | CRYPTOCOCCUS ANTIBODY | - | - | - | Medicare | $24.02 | $14.89 | $14.41 | - | - | 000 | 999 | - |
| 86644 | Q | CMV ANTIBODY | - | - | - | Medicare | $23.98 | $14.87 | $14.39 | - | - | 000 | 999 | - |
| 86645 | Q | CMV ANTIBODY IGM | - | - | - | Medicare | $28.08 | $17.41 | $16.85 | - | - | 000 | 999 | - |
| 86648 | Q | DIPHTHERIA ANTIBODY | - | - | - | Medicare | $25.35 | $15.72 | $15.21 | - | - | 000 | 999 | - |
| 86651 | Q | ENCEPHALITIS CALIFORN ANTBDY | - | - | - | Medicare | $21.98 | $13.63 | $13.19 | - | - | 000 | 999 | - |
| 86652 | Q | ENCEPHALTIS EAST EQNE ANBDY | - | - | - | Medicare | $21.98 | $13.63 | $13.19 | - | - | 000 | 999 | - |
| 86653 | Q | ENCEPHALTIS ST LOUIS ANTBODY | - | - | - | Medicare | $21.98 | $13.63 | $13.19 | - | - | 000 | 999 | - |
| 86654 | Q | ENCEPHALTIS WEST EQNE ANTBDY | - | - | - | Medicare | $21.98 | $13.63 | $13.19 | - | - | 000 | 999 | - |
| 86658 | Q | ENTEROVIRUS ANTIBODY | - | - | - | Medicare | $21.72 | $13.47 | $13.03 | - | - | 000 | 999 | - |
| 86663 | Q | EPSTEIN-BARR ANTIBODY | - | - | - | Medicare | $21.87 | $13.56 | $13.12 | - | - | 000 | 999 | - |
| 86664 | Q | EPSTEIN-BARR NUCLEAR ANTIGEN | - | - | - | Medicare | $25.48 | $15.80 | $15.29 | - | - | 000 | 999 | - |
| 86665 | Q | EPSTEIN-BARR CAPSID VCA | - | - | - | Medicare | $30.23 | $18.74 | $18.14 | - | - | 000 | 999 | - |
| 86666 | Q | EHRLICHIA ANTIBODY | - | - | - | Medicare | $16.97 | $10.52 | $10.18 | - | - | 000 | 999 | - |
| 86668 | Q | FRANCISELLA TULARENSIS | - | - | - | Medicare | $23.60 | $14.63 | $14.16 | - | - | 000 | 999 | - |
| 86671 | Q | FUNGUS NES ANTIBODY | - | - | - | Medicare | $20.42 | $12.66 | $12.25 | - | - | 000 | 999 | - |
| 86674 | Q | GIARDIA LAMBLIA ANTIBODY | - | - | - | Medicare | $24.53 | $15.21 | $14.72 | - | - | 000 | 999 | - |
| 86677 | Q | HELICOBACTER PYLORI ANTIBODY | - | - | - | Medicare | $28.08 | $17.41 | $16.85 | - | - | 000 | 999 | - |
| 86682 | Q | HELMINTH ANTIBODY | - | - | - | Medicare | $21.68 | $13.44 | $13.01 | - | - | 000 | 999 | - |
| 86684 | Q | HEMOPHILUS INFLUENZA ANTIBDY | - | - | - | Medicare | $26.40 | $16.37 | $15.84 | - | - | 000 | 999 | - |
| 86687 | Q | HTLV-I ANTIBODY | - | - | - | Medicare | $15.15 | $9.39 | $9.09 | - | - | 000 | 999 | - |
| 86688 | Q | HTLV-II ANTIBODY | - | - | - | Medicare | $23.33 | $14.46 | $14.00 | - | - | 000 | 999 | - |
| 86689 | Q | HTLV/HIV CONFIRMJ ANTIBODY | - | - | - | Medicare | $32.25 | $20.00 | $19.35 | - | - | 000 | 999 | - |
| 86692 | Q | HEPATITIS DELTA AGENT ANTBDY | - | - | - | Medicare | $28.60 | $17.73 | $17.16 | - | - | 000 | 999 | - |
| 86694 | Q | HERPES SIMPLEX NES ANTBDY | - | - | - | Medicare | $23.98 | $14.87 | $14.39 | - | - | 000 | 999 | - |
| 86695 | Q | HERPES SIMPLEX TYPE 1 TEST | - | - | - | Medicare | $21.98 | $13.63 | $13.19 | - | - | 000 | 999 | - |
| 86696 | Q | HERPES SIMPLEX TYPE 2 TEST | - | - | - | Medicare | $32.25 | $20.00 | $19.35 | - | - | 000 | 999 | - |
| 86698 | Q | HISTOPLASMA ANTIBODY | - | - | - | Medicare | $22.98 | $14.25 | $13.79 | - | - | 000 | 999 | - |
| 86701 | Q | HIV-1ANTIBODY | - | - | - | Medicare | $14.82 | $9.19 | $8.89 | - | - | 000 | 999 | - |
| 86702 | Q | HIV-2 ANTIBODY | - | - | - | Medicare | $22.53 | $13.97 | $13.52 | - | - | 000 | 999 | - |
| 86703 | Q | HIV-1/HIV-2 1 RESULT ANTBDY | - | - | - | Medicare | $22.85 | $14.17 | $13.71 | - | - | 000 | 999 | - |
| 86704 | Q | HEP B CORE ANTIBODY TOTAL | - | - | - | Medicare | $20.08 | $12.45 | $12.05 | - | - | 000 | 999 | - |
| 86705 | Q | HEP B CORE ANTIBODY IGM | - | - | - | Medicare | $19.62 | $12.16 | $11.77 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 86706 | Q | HEP B SURFACE ANTIBODY | - | - | - | Medicare | $17.90 | $11.10 | $10.74 | - | - | 000 | 999 | - |
| 86707 | Q | HEPATITIS BE ANTIBODY | - | - | - | Medicare | $19.28 | $11.95 | $11.57 | - | - | 000 | 999 | - |
| 86708 | Q | HEPATITIS A ANTIBODY | - | - | - | Medicare | $20.65 | $12.80 | $12.39 | - | - | 000 | 999 | - |
| 86709 | Q | HEPATITIS A IGM ANTIBODY | - | - | - | Medicare | $18.77 | $11.64 | $11.26 | - | - | 000 | 999 | - |
| 86710 | Q | INFLUENZA VIRUS ANTIBODY | - | - | - | Medicare | $22.58 | $14.00 | $13.55 | - | - | 000 | 999 | - |
| 86711 | Q | JOHN CUNNINGHAM ANTIBODY | - | - | - | Medicare | $28.15 | $17.45 | $16.89 | - | - | 000 | 999 | - |
| 86713 | Q | LEGIONELLA ANTIBODY | - | - | - | Medicare | $25.50 | $15.81 | $15.30 | - | - | 000 | 999 | - |
| 86717 | Q | LEISHMANIA ANTIBODY | - | - | - | Medicare | $20.42 | $12.66 | $12.25 | - | - | 000 | 999 | - |
| 86720 | Q | LEPTOSPIRA ANTIBODY | - | - | - | Medicare | $27.00 | $16.74 | $16.20 | - | - | 000 | 999 | - |
| 86723 | Q | LISTERIA MONOCYTOGENES | - | - | - | Medicare | $21.98 | $13.63 | $13.19 | - | - | 000 | 999 | - |
| 86727 | Q | LYMPH CHORIOMENINGITIS AB | - | - | - | Medicare | $21.45 | $13.30 | $12.87 | - | - | 000 | 999 | - |
| 86732 | Q | MUCORMYCOSIS ANTIBODY | - | - | - | Medicare | $25.00 | $15.50 | $15.00 | - | - | 000 | 999 | - |
| 86735 | Q | MUMPS ANTIBODY | - | - | - | Medicare | $21.75 | $13.49 | $13.05 | - | - | 000 | 999 | - |
| 86738 | Q | MYCOPLASMA ANTIBODY | - | - | - | Medicare | $22.07 | $13.68 | $13.24 | - | - | 000 | 999 | - |
| 86741 | Q | NEISSERIA MENINGITIDIS | - | - | - | Medicare | $21.98 | $13.63 | $13.19 | - | - | 000 | 999 | - |
| 86744 | Q | NOCARDIA ANTIBODY | - | - | - | Medicare | $26.65 | $16.52 | $15.99 | - | - | 000 | 999 | - |
| 86747 | Q | PARVOVIRUS ANTIBODY | - | - | - | Medicare | $25.05 | $15.53 | $15.03 | - | - | 000 | 999 | - |
| 86750 | Q | MALARIA ANTIBODY | - | - | - | Medicare | $21.98 | $13.63 | $13.19 | - | - | 000 | 999 | - |
| 86753 | Q | PROTOZOA ANTIBODY NOS | - | - | - | Medicare | $20.65 | $12.80 | $12.39 | - | - | 000 | 999 | - |
| 86756 | Q | RESPIRATORY VIRUS ANTIBODY | - | - | - | Medicare | $26.48 | $16.42 | $15.89 | - | - | 000 | 999 | - |
| 86757 | Q | RICKETTSIA ANTIBODY | - | - | - | Medicare | $32.25 | $20.00 | $19.35 | - | - | 000 | 999 | - |
| 86759 | Q | ROTAVIRUS ANTIBODY | - | - | - | Medicare | $30.38 | $18.84 | $18.23 | - | - | 000 | 999 | - |
| 86762 | Q | RUBELLA ANTIBODY | - | - | - | Medicare | $23.98 | $14.87 | $14.39 | - | - | 000 | 999 | - |
| 86765 | Q | RUBEOLA ANTIBODY | - | - | - | Medicare | $21.47 | $13.31 | $12.88 | - | - | 000 | 999 | - |
| 86768 | Q | SALMONELLA ANTIBODY | - | - | - | Medicare | $21.98 | $13.63 | $13.19 | - | - | 000 | 999 | - |
| 86769 | Q | SARS-COV-2 COVID-19 ANTIBODY | - | - | - | Medicare | $70.22 | $43.54 | $42.13 | - | - | 000 | 999 | - |
| 86771 | Q | SHIGELLA ANTIBODY | - | - | - | Medicare | $40.80 | $25.30 | $24.48 | - | - | 000 | 999 | - |
| 86774 | Q | TETANUS ANTIBODY | - | - | - | Medicare | $24.67 | $15.30 | $14.80 | - | - | 000 | 999 | - |
| 86777 | Q | TOXOPLASMA ANTIBODY | - | - | - | Medicare | $23.98 | $14.87 | $14.39 | - | - | 000 | 999 | - |
| 86778 | Q | TOXOPLASMA ANTIBODY IGM | - | - | - | Medicare | $24.02 | $14.89 | $14.41 | - | - | 000 | 999 | - |
| 86780 | Q | TREPONEMA PALLIDUM | - | - | - | Medicare | $22.07 | $13.68 | $13.24 | - | - | 000 | 999 | - |
| 86784 | Q | TRICHINELLA ANTIBODY | - | - | - | Medicare | $20.93 | $12.98 | $12.56 | - | - | 000 | 999 | - |
| 86787 | Q | VARICELLA-ZOSTER ANTIBODY | - | - | - | Medicare | $21.47 | $13.31 | $12.88 | - | - | 000 | 999 | - |
| 86788 | Q | WEST NILE VIRUS AB IGM | - | - | - | Medicare | $28.08 | $17.41 | $16.85 | - | - | 000 | 999 | - |
| 86789 | Q | WEST NILE VIRUS ANTIBODY | - | - | - | Medicare | $23.98 | $14.87 | $14.39 | - | - | 000 | 999 | - |
| 86790 | Q | VIRUS ANTIBODY NOS | - | - | - | Medicare | $21.47 | $13.31 | $12.88 | - | - | 000 | 999 | - |
| 86793 | Q | YERSINIA ANTIBODY | - | - | - | Medicare | $21.98 | $13.63 | $13.19 | - | - | 000 | 999 | - |
| 86794 | Q | ZIKA VIRUS IGM ANTIBODY | - | - | - | Medicare | $28.08 | $17.41 | $16.85 | - | - | 000 | 999 | - |
| 86800 | Q | THYROGLOBULIN ANTIBODY | - | - | - | Medicare | $26.52 | $16.44 | $15.91 | - | - | 000 | 999 | - |
| 86803 | Q | HEPATITIS C AB TEST | - | - | - | Medicare | $23.78 | $14.74 | $14.27 | - | - | 000 | 999 | - |
| 86804 | Q | HEP C AB TEST CONFIRM | - | - | - | Medicare | $25.82 | $16.01 | $15.49 | - | - | 000 | 999 | - |
| 86805 | Q | LYMPHOCYTOTOXICITY ASSAY | - | - | - | Medicare | $315.85 | $195.83 | $189.51 | - | - | 000 | 999 | - |
| 86806 | Q | LYMPHOCYTOTOXICITY ASSAY | - | - | - | Medicare | $79.32 | $49.18 | $47.59 | - | - | 000 | 999 | - |
| 86807 | Q | CYTOTOXIC ANTIBODY SCREENING | - | - | - | Medicare | $131.08 | $81.27 | $78.65 | - | - | 000 | 999 | - |
| 86808 | Q | CYTOTOXIC ANTIBODY SCREENING | - | - | - | Medicare | $49.47 | $30.67 | $29.68 | - | - | 000 | 999 | - |
| 86812 | Q | HLA TYPING A B OR C | - | - | - | Medicare | $43.02 | $26.67 | $25.81 | - | - | 000 | 999 | - |
| 86813 | Q | HLA TYPING A B OR C | - | - | - | Medicare | $96.67 | $59.94 | $58.00 | - | - | 000 | 999 | - |
| 86816 | Q | HLA TYPING DR/DQ | - | - | - | Medicare | $50.28 | $31.17 | $30.17 | - | - | 000 | 999 | - |
| 86817 | Q | HLA TYPING DR/DQ | - | - | - | Medicare | $176.90 | $109.68 | $106.14 | - | - | 000 | 999 | - |
| 86821 | Q | LYMPHOCYTE CULTURE MIXED | - | - | - | Medicare | $60.93 | $37.78 | $36.56 | - | - | 000 | 999 | - |
| 86825 | Q | HLA X-MATH NON-CYTOTOXIC | - | - | - | Medicare | $182.48 | $113.14 | $109.49 | - | - | 000 | 999 | - |
| 86826 | Q | HLA X-MATCH NONCYTOTOXC ADDL | - | - | - | Medicare | $60.88 | $37.75 | $36.53 | - | - | 000 | 999 | - |
| 86828 | Q | HLA CLASS I&II ANTIBODY QUAL | - | - | - | Medicare | $106.98 | $66.33 | $64.19 | - | - | 000 | 999 | - |
| 86829 | Q | HLA CLASS I/II ANTIBODY QUAL | - | - | - | Medicare | $106.98 | $66.33 | $64.19 | - | - | 000 | 999 | - |
| 86830 | Q | HLA CLASS I PHENOTYPE QUAL | - | - | - | Medicare | $159.20 | $98.70 | $95.52 | - | - | 000 | 999 | - |
| 86831 | Q | HLA CLASS II PHENOTYPE QUAL | - | - | - | Medicare | $136.47 | $84.61 | $81.88 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 86832 | Q | HLA CLASS I HIGH DEFIN QUAL | - | - | - | Medicare | $539.58 | $334.54 | $323.75 | - | - | 000 | 999 | - |
| 86833 | Q | HLA CLASS II HIGH DEFIN QUAL | - | - | - | Medicare | $543.00 | $336.66 | $325.80 | - | - | 000 | 999 | - |
| 86834 | Q | HLA CLASS I SEMIQUANT PANEL | - | - | - | Medicare | $595.93 | $369.48 | $357.56 | - | - | 000 | 999 | - |
| 86835 | Q | HLA CLASS II SEMIQUANT PANEL | - | - | - | Medicare | $538.27 | $333.73 | $322.96 | - | - | 000 | 999 | - |
| 86849 | N | IMMUNOLOGY PROCEDURE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 86850 | N | RBC ANTIBODY SCREEN | - | 05671 | 0.5858 | Bundled, sometimes payable | $34.20 | - | - | - | - | 000 | 999 | - |
| 86860 | N | RBC ANTIBODY ELUTION | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 86870 | N | RBC ANTIBODY IDENTIFICATION | - | 05673 | 3.7870 | Bundled, sometimes payable | $221.12 | - | - | - | - | 000 | 999 | - |
| 86880 | N | COOMBS TEST DIRECT | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 86885 | N | COOMBS TEST INDIRECT QUAL | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 86886 | N | COOMBS TEST INDIRECT TITER | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 86890 | N | AUTOLOGOUS BLOOD PROCESS | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 86891 | N | AUTOLOGOUS BLOOD OP SALVAGE | - | 05674 | 9.0730 | Bundled, sometimes payable | $529.77 | - | - | - | - | 000 | 999 | - |
| 86900 | N | BLOOD TYPING SEROLOGIC ABO | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 86901 | N | BLOOD TYPING SEROLOGIC RH(D) | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 86902 | N | BLOOD TYPE ANTIGEN DONOR EA | - | 05673 | 3.7870 | Bundled, sometimes payable | $221.12 | - | - | - | - | 000 | 999 | - |
| 86904 | N | BLOOD TYPING PATIENT SERUM | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 86905 | N | BLOOD TYPING RBC ANTIGENS | - | 05673 | 3.7870 | Bundled, sometimes payable | $221.12 | - | - | - | - | 000 | 999 | - |
| 86906 | N | BLD TYPING SEROLOGIC RH PHNT | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 86910 | E | BLOOD TYPING PATERNITY TEST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 86911 | E | BLOOD TYPING ANTIGEN SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 86920 | N | COMPATIBILITY TEST SPIN | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 86921 | N | COMPATIBILITY TEST INCUBATE | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 86922 | N | COMPATIBILITY TEST ANTIGLOB | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 86923 | N | COMPATIBILITY TEST ELECTRIC | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 86927 | S | PLASMA FRESH FROZEN | - | 05672 | 1.8374 | APC | $107.29 | - | - | - | - | 000 | 999 | - |
| 86930 | N | FROZEN BLOOD PREP | - | 05673 | 3.7870 | Bundled, sometimes payable | $221.12 | - | - | - | - | 000 | 999 | - |
| 86931 | N | FROZEN BLOOD THAW | - | 05673 | 3.7870 | Bundled, sometimes payable | $221.12 | - | - | - | - | 000 | 999 | - |
| 86932 | N | FROZEN BLOOD FREEZE/THAW | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 86940 | Q | HEMOLYSINS/AGGLUTININS AUTO | - | - | - | Medicare | $14.62 | $9.06 | $8.77 | - | - | 000 | 999 | - |
| 86941 | Q | HEMOLYSINS/AGGLUTININS | - | - | - | Medicare | $20.18 | $12.51 | $12.11 | - | - | 000 | 999 | - |
| 86945 | N | BLOOD PRODUCT/IRRADIATION | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 86950 | N | LEUKACYTE TRANSFUSION | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 86960 | N | VOL REDUCTION OF BLOOD/PROD | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 86965 | N | POOLING BLOOD PLATELETS | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 86970 | N | RBC PRETX INCUBATJ W/CHEMICL | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 86971 | N | RBC PRETX INCUBATJ W/ENZYMES | - | 05673 | 3.7870 | Bundled, sometimes payable | $221.12 | - | - | - | - | 000 | 999 | - |
| 86972 | N | RBC PRETX INCUBATJ W/DENSITY | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 86975 | N | RBC SERUM PRETX INCUBJ DRUGS | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | - | 000 | 999 | - |
| 86976 | N | RBC SERUM PRETX ID DILUTION | - | 05731 | 0.2916 | Bundled, sometimes payable | $17.03 | - | - | - | - | 000 | 999 | - |
| 86977 | N | RBC SERUM PRETX INCUBJ/INHIB | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 86978 | N | RBC PRETREATMENT SERUM | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 86985 | N | SPLIT BLOOD OR PRODUCTS | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 86999 | N | UNLISTED TRANSFUSION MED PX | - | 05731 | 0.2916 | Bundled, sometimes payable | $17.03 | - | - | - | - | 000 | 999 | - |
| 87003 | Q | SMALL ANIMAL INOCULATION | - | - | - | Medicare | $28.07 | $17.40 | $16.84 | - | - | 000 | 999 | - |
| 87015 | Q | SPECIMEN INFECT AGNT CONCNTJ | - | - | - | Medicare | $11.13 | $6.90 | $6.68 | - | - | 000 | 999 | - |
| 87040 | Q | BLOOD CULTURE FOR BACTERIA | - | - | - | Medicare | $17.20 | $10.66 | $10.32 | - | - | 000 | 999 | - |
| 87045 | Q | FECES CULTURE AEROBIC BACT | - | - | - | Medicare | $15.73 | $9.75 | $9.44 | - | - | 000 | 999 | - |
| 87046 | Q | STOOL CULTR AEROBIC BACT EA | - | - | - | Medicare | $15.73 | $9.75 | $9.44 | - | - | 000 | 999 | - |
| 87070 | Q | CULTURE OTHR SPECIMN AEROBIC | - | - | - | Medicare | $14.37 | $8.91 | $8.62 | - | - | 000 | 999 | - |
| 87071 | Q | CULTURE AEROBIC QUANT OTHER | - | - | - | Medicare | $16.48 | $10.22 | $9.89 | - | - | 000 | 999 | - |
| 87073 | Q | CULTURE BACTERIA ANAEROBIC | - | - | - | Medicare | $16.10 | $9.98 | $9.66 | - | - | 000 | 999 | - |
| 87075 | Q | CULTR BACTERIA EXCEPT BLOOD | - | - | - | Medicare | $15.78 | $9.78 | $9.47 | - | - | 000 | 999 | - |
| 87076 | Q | CULTURE ANAEROBE IDENT EACH | - | - | - | Medicare | $13.47 | $8.35 | $8.08 | - | - | 000 | 999 | - |
| 87077 | Q | CULTURE AEROBIC IDENTIFY | - | - | - | Medicare | $13.47 | $8.35 | $8.08 | - | - | 000 | 999 | - |
| 87081 | Q | CULTURE SCREEN ONLY | - | - | - | Medicare | $11.05 | $6.85 | $6.63 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 87084 | Q | CULTURE OF SPECIMEN BY KIT | - | - | - | Medicare | $45.12 | $27.97 | $27.07 | - | - | 000 | 999 | - |
| 87086 | Q | URINE CULTURE/COLONY COUNT | - | - | - | Medicare | $13.45 | $8.34 | $8.07 | - | - | 000 | 999 | - |
| 87088 | Q | URINE BACTERIA CULTURE | - | - | - | Medicare | $13.48 | $8.36 | $8.09 | - | - | 000 | 999 | - |
| 87101 | Q | SKIN FUNGI CULTURE | - | - | - | Medicare | $12.85 | $7.97 | $7.71 | - | - | 000 | 999 | - |
| 87102 | Q | FUNGUS ISOLATION CULTURE | - | - | - | Medicare | $14.02 | $8.69 | $8.41 | - | - | 000 | 999 | - |
| 87103 | Q | BLOOD FUNGUS CULTURE | - | - | - | Medicare | $34.10 | $21.14 | $20.46 | - | - | 000 | 999 | - |
| 87106 | Q | FUNGI IDENTIFICATION YEAST | - | - | - | Medicare | $17.20 | $10.66 | $10.32 | - | - | 000 | 999 | - |
| 87107 | Q | FUNGI IDENTIFICATION MOLD | - | - | - | Medicare | $17.20 | $10.66 | $10.32 | - | - | 000 | 999 | - |
| 87109 | Q | MYCOPLASMA | - | - | - | Medicare | $25.65 | $15.90 | $15.39 | - | - | 000 | 999 | - |
| 87110 | Q | CHLAMYDIA CULTURE | - | - | - | Medicare | $32.67 | $20.26 | $19.60 | - | - | 000 | 999 | - |
| 87116 | Q | MYCOBACTERIA CULTURE | - | - | - | Medicare | $18.00 | $11.16 | $10.80 | - | - | 000 | 999 | - |
| 87118 | Q | MYCOBACTERIC IDENTIFICATION | - | - | - | Medicare | $24.35 | $15.10 | $14.61 | - | - | 000 | 999 | - |
| 87140 | Q | CULTURE TYPE IMMUNOFLUORESC | - | - | - | Medicare | $9.28 | $5.75 | $5.57 | - | - | 000 | 999 | - |
| 87143 | Q | CULTURE TYPING GLC/HPLC | - | - | - | Medicare | $20.87 | $12.94 | $12.52 | - | - | 000 | 999 | - |
| 87147 | Q | CULTURE TYPE IMMUNOLOGIC | - | - | - | Medicare | $8.63 | $5.35 | $5.18 | - | - | 000 | 999 | - |
| 87149 | Q | DNA/RNA DIRECT PROBE | - | - | - | Medicare | $33.42 | $20.72 | $20.05 | - | - | 000 | 999 | - |
| 87150 | Q | DNA/RNA AMPLIFIED PROBE | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87152 | Q | CULTURE TYPE PULSE FIELD GEL | - | - | - | Medicare | $12.90 | $8.00 | $7.74 | - | - | 000 | 999 | - |
| 87153 | Q | DNA/RNA SEQUENCING | - | - | - | Medicare | $192.27 | $119.21 | $115.36 | - | - | 000 | 999 | - |
| 87154 | N | CUL TYP ID BLD PTHGN 6+ TRGT | - | - | - | Bundled, sometimes payable | $363.43 | - | - | - | - | 000 | 999 | - |
| 87158 | Q | CULTURE TYPING ADDED METHOD | - | - | - | Medicare | $12.90 | $8.00 | $7.74 | - | - | 000 | 999 | - |
| 87164 | Q | DARK FIELD EXAMINATION | - | - | - | Medicare | $17.90 | $11.10 | $10.74 | - | - | 000 | 999 | - |
| 87166 | Q | DARK FIELD EXAMINATION | - | - | - | Medicare | $18.83 | $11.67 | $11.30 | - | - | 000 | 999 | - |
| 87168 | Q | MACROSCOPIC EXAM ARTHROPOD | - | - | - | Medicare | $7.12 | $4.41 | $4.27 | - | - | 000 | 999 | - |
| 87169 | Q | MACROSCOPIC EXAM PARASITE | - | - | - | Medicare | $7.18 | $4.45 | $4.31 | - | - | 000 | 999 | - |
| 87172 | Q | PINWORM EXAM | - | - | - | Medicare | $7.12 | $4.41 | $4.27 | - | - | 000 | 999 | - |
| 87176 | Q | TISSUE HOMOGENIZATION CULTR | - | - | - | Medicare | $9.80 | $6.08 | $5.88 | - | - | 000 | 999 | - |
| 87177 | Q | OVA AND PARASITES SMEARS | - | - | - | Medicare | $14.83 | $9.19 | $8.90 | - | - | 000 | 999 | - |
| 87181 | Q | MICROBE SUSCEPTIBLE DIFFUSE | - | - | - | Medicare | $7.92 | $4.91 | $4.75 | - | - | 000 | 999 | - |
| 87184 | Q | MICROBE SUSCEPTIBLE DISK | - | - | - | Medicare | $12.47 | $7.73 | $7.48 | - | - | 000 | 999 | - |
| 87185 | Q | MICROBE SUSCEPTIBLE ENZYME | - | - | - | Medicare | $7.92 | $4.91 | $4.75 | - | - | 000 | 999 | - |
| 87186 | Q | MICROBE SUSCEPTIBLE MIC | - | - | - | Medicare | $14.42 | $8.94 | $8.65 | - | - | 000 | 999 | - |
| 87187 | Q | MICROBE SUSCEPTIBLE MLC | - | - | - | Medicare | $66.95 | $41.51 | $40.17 | - | - | 000 | 999 | - |
| 87188 | Q | MICROBE SUSCEPT MACROBROTH | - | - | - | Medicare | $11.07 | $6.86 | $6.64 | - | - | 000 | 999 | - |
| 87190 | Q | MICROBE SUSCEPT MYCOBACTERI | - | - | - | Medicare | $12.18 | $7.55 | $7.31 | - | - | 000 | 999 | - |
| 87197 | Q | BACTERICIDAL LEVEL SERUM | - | - | - | Medicare | $25.03 | $15.52 | $15.02 | - | - | 000 | 999 | - |
| 87205 | Q | SMEAR GRAM STAIN | - | - | - | Medicare | $7.12 | $4.41 | $4.27 | - | - | 000 | 999 | - |
| 87206 | Q | SMEAR FLUORESCENT/ACID STAI | - | - | - | Medicare | $8.98 | $5.57 | $5.39 | - | - | 000 | 999 | - |
| 87207 | Q | SMEAR SPECIAL STAIN | - | - | - | Medicare | $9.98 | $6.19 | $5.99 | - | - | 000 | 999 | - |
| 87209 | Q | SMEAR COMPLEX STAIN | - | - | - | Medicare | $29.97 | $18.58 | $17.98 | - | - | 000 | 999 | - |
| 87210 | Q | SMEAR WET MOUNT SALINE/INK | - | - | - | Medicare | $9.70 | $6.01 | $5.82 | - | - | 000 | 999 | - |
| 87220 | Q | TISSUE EXAM FOR FUNGI | - | - | - | Medicare | $7.12 | $4.41 | $4.27 | - | - | 000 | 999 | - |
| 87230 | Q | ASSAY TOXIN OR ANTITOXIN | - | - | - | Medicare | $32.90 | $20.40 | $19.74 | - | - | 000 | 999 | - |
| 87250 | Q | VIRUS INOCULATE EGGS/ANIMAL | - | - | - | Medicare | $32.60 | $20.21 | $19.56 | - | - | 000 | 999 | - |
| 87252 | Q | VIRUS INOCULATION TISSUE | - | - | - | Medicare | $43.45 | $26.94 | $26.07 | - | - | 000 | 999 | - |
| 87253 | Q | VIRUS INOCULATE TISSUE ADDL | - | - | - | Medicare | $33.67 | $20.88 | $20.20 | - | - | 000 | 999 | - |
| 87254 | Q | VIRUS INOCULATION SHELL VIA | - | - | - | Medicare | $32.60 | $20.21 | $19.56 | - | - | 000 | 999 | - |
| 87255 | Q | GENET VIRUS ISOLATE HSV | - | - | - | Medicare | $56.43 | $34.99 | $33.86 | - | - | 000 | 999 | - |
| 87260 | Q | ADENOVIRUS AG IF | - | - | - | Medicare | $24.05 | $14.91 | $14.43 | - | - | 000 | 999 | - |
| 87265 | Q | PERTUSSIS AG IF | - | - | - | Medicare | $19.97 | $12.38 | $11.98 | - | - | 000 | 999 | - |
| 87267 | Q | ENTEROVIRUS ANTIBODY DFA | - | - | - | Medicare | $22.37 | $13.87 | $13.42 | - | - | 000 | 999 | - |
| 87269 | Q | GIARDIA AG IF | - | - | - | Medicare | $22.68 | $14.06 | $13.61 | - | - | 000 | 999 | - |
| 87270 | Q | CHLAMYDIA TRACHOMATIS AG IF | - | - | - | Medicare | $19.97 | $12.38 | $11.98 | - | - | 000 | 999 | - |
| 87271 | Q | CYTOMEGALOVIRUS DFA | - | - | - | Medicare | $22.37 | $13.87 | $13.42 | - | - | 000 | 999 | - |
| 87272 | Q | CRYPTOSPORIDIUM AG IF | - | - | - | Medicare | $19.97 | $12.38 | $11.98 | - | - | 000 | 999 | - |
| 87273 | Q | HERPES SIMPLEX 2 AG IF | - | - | - | Medicare | $19.97 | $12.38 | $11.98 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 87274 | Q | HERPES SIMPLEX 1 AG IF | - | - | - | Medicare | $19.97 | $12.38 | $11.98 | - | - | 000 | 999 | - |
| 87275 | Q | INFLUENZA B AG IF | - | - | - | Medicare | $20.42 | $12.66 | $12.25 | - | - | 000 | 999 | - |
| 87276 | Q | INFLUENZA A AG IF | - | - | - | Medicare | $26.78 | $16.60 | $16.07 | - | - | 000 | 999 | - |
| 87278 | Q | LEGION PNEUMOPHILIA AG IF | - | - | - | Medicare | $26.00 | $16.12 | $15.60 | - | - | 000 | 999 | - |
| 87279 | Q | PARAINFLUENZA AG IF | - | - | - | Medicare | $27.38 | $16.98 | $16.43 | - | - | 000 | 999 | - |
| 87280 | Q | RESPIRATORY SYNCYTIAL AG IF | - | - | - | Medicare | $22.37 | $13.87 | $13.42 | - | - | 000 | 999 | - |
| 87281 | Q | PNEUMOCYSTIS CARINII AG IF | - | - | - | Medicare | $19.97 | $12.38 | $11.98 | - | - | 000 | 999 | - |
| 87283 | Q | RUBEOLA AG IF | - | - | - | Medicare | $101.33 | $62.82 | $60.80 | - | - | 000 | 999 | - |
| 87285 | Q | TREPONEMA PALLIDUM AG IF | - | - | - | Medicare | $20.30 | $12.59 | $12.18 | - | - | 000 | 999 | - |
| 87290 | Q | VARICELLA ZOSTER AG IF | - | - | - | Medicare | $22.37 | $13.87 | $13.42 | - | - | 000 | 999 | - |
| 87299 | Q | ANTIBODY DETECTION NOS IF | - | - | - | Medicare | $26.83 | $16.63 | $16.10 | - | - | 000 | 999 | - |
| 87300 | Q | AG DETECTION POLYVAL IF | - | - | - | Medicare | $19.97 | $12.38 | $11.98 | - | - | 000 | 999 | - |
| 87301 | Q | ADENOVIRUS AG IA | - | - | - | Medicare | $19.97 | $12.38 | $11.98 | - | - | 000 | 999 | - |
| 87305 | Q | ASPERGILLUS AG IA | - | - | - | Medicare | $19.97 | $12.38 | $11.98 | - | - | 000 | 999 | - |
| 87320 | Q | CHLMYD TRACH AG IA | - | - | - | Medicare | $25.00 | $15.50 | $15.00 | - | - | 000 | 999 | - |
| 87324 | Q | CLOSTRIDIUM AG IA | - | - | - | Medicare | $19.97 | $12.38 | $11.98 | - | - | 000 | 999 | - |
| 87327 | Q | CRYPTOCOCCUS NEOFORM AG IA | - | - | - | Medicare | $22.37 | $13.87 | $13.42 | - | - | 000 | 999 | - |
| 87328 | Q | CRYPTOSPORIDIUM AG IA | - | - | - | Medicare | $23.03 | $14.28 | $13.82 | - | - | 000 | 999 | - |
| 87329 | Q | GIARDIA AG IA | - | - | - | Medicare | $19.97 | $12.38 | $11.98 | - | - | 000 | 999 | - |
| 87332 | Q | CYTOMEGALOVIRUS AG IA | - | - | - | Medicare | $19.97 | $12.38 | $11.98 | - | - | 000 | 999 | - |
| 87335 | Q | E COLI 0157 AG IA | - | - | - | Medicare | $21.10 | $13.08 | $12.66 | - | - | 000 | 999 | - |
| 87336 | Q | ENTAMOEB HIST DISPR AG IA | - | - | - | Medicare | $26.67 | $16.54 | $16.00 | - | - | 000 | 999 | - |
| 87337 | Q | ENTAMOEB HIST GROUP AG IA | - | - | - | Medicare | $19.97 | $12.38 | $11.98 | - | - | 000 | 999 | - |
| 87338 | Q | HPYLORI STOOL AG IA | - | - | - | Medicare | $23.97 | $14.86 | $14.38 | - | - | 000 | 999 | - |
| 87339 | Q | H PYLORI AG IA | - | - | - | Medicare | $26.67 | $16.54 | $16.00 | - | - | 000 | 999 | - |
| 87340 | Q | HEPATITIS B SURFACE AG IA | - | - | - | Medicare | $17.22 | $10.68 | $10.33 | - | - | 000 | 999 | - |
| 87341 | Q | HEP B SURFACE AG NEUTRLZJ IA | - | - | - | Medicare | $17.22 | $10.68 | $10.33 | - | - | 000 | 999 | - |
| 87350 | Q | HEPATITIS BE AG IA | - | - | - | Medicare | $19.22 | $11.92 | $11.53 | - | - | 000 | 999 | - |
| 87380 | Q | HEPATITIS DELTA AGENT AG IA | - | - | - | Medicare | $30.60 | $18.97 | $18.36 | - | - | 000 | 999 | - |
| 87385 | Q | HISTOPLASMA CAPSUL AG IA | - | - | - | Medicare | $22.08 | $13.69 | $13.25 | - | - | 000 | 999 | - |
| 87389 | Q | HIV-1 AG W/HIV-1&-2 AB AG IA | - | - | - | Medicare | $40.13 | $24.88 | $24.08 | - | - | 000 | 999 | - |
| 87390 | Q | HIV-1 AG IA | - | - | - | Medicare | $40.10 | $24.86 | $24.06 | - | - | 000 | 999 | - |
| 87391 | Q | HIV-2 AG IA | - | - | - | Medicare | $36.50 | $22.63 | $21.90 | - | - | 000 | 999 | - |
| 87400 | Q | INFLUENZA A/B EACH AG IA | - | - | - | Medicare | $23.55 | $14.60 | $14.13 | - | - | 000 | 999 | - |
| 87420 | Q | RESP SYNCYTIAL VIRUS AG IA | - | - | - | Medicare | $23.18 | $14.37 | $13.91 | - | - | 000 | 999 | - |
| 87425 | Q | ROTAVIRUS AG IA | - | - | - | Medicare | $19.97 | $12.38 | $11.98 | - | - | 000 | 999 | - |
| 87426 | Q | SARSCOV CORONAVIRUS AG IA | - | - | - | Medicare | $58.88 | $36.51 | $35.33 | - | - | 000 | 999 | - |
| 87427 | Q | SHIGA-LIKE TOXIN AG IA | - | - | - | Medicare | $19.97 | $12.38 | $11.98 | - | - | 000 | 999 | - |
| 87428 | E | SARSCOV & INF VIR A&B AG IA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 87430 | Q | STREP A AG IA | - | - | - | Medicare | $28.02 | $17.37 | $16.81 | - | - | 000 | 999 | - |
| 87449 | Q | NOS EACH ORGANISM AG IA | - | - | - | Medicare | $19.97 | $12.38 | $11.98 | - | - | 000 | 999 | - |
| 87451 | Q | POLYVALENT MULT ORG EA AG IA | - | - | - | Medicare | $17.52 | $10.86 | $10.51 | - | - | 000 | 999 | - |
| 87467 | Q | HEPATITIS B SURFACE AG QUAN | - | - | - | Medicare | $0.00 | $0.00 | $0.00 | - | - | 000 | 999 | - |
| 87468 | Q | ANAPLSMA PHGCYTOPHLM AMP PRB | - | - | - | Medicare | $0.00 | $0.00 | $0.00 | - | - | 000 | 999 | - |
| 87469 | Q | BABESIA MICROTI AMP PRB | - | - | - | Medicare | $0.00 | $0.00 | $0.00 | - | - | 000 | 999 | - |
| 87471 | Q | BARTONELLA DNA AMP PROBE | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87472 | Q | BARTONELLA DNA QUANT | - | - | - | Medicare | $71.40 | $44.27 | $42.84 | - | - | 000 | 999 | - |
| 87475 | Q | LYME DIS DNA DIR PROBE | - | - | - | Medicare | $33.42 | $20.72 | $20.05 | - | - | 000 | 999 | - |
| 87476 | Q | LYME DIS DNA AMP PROBE | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87478 | Q | BORRELIA MIYAMOTOI AMP PRB | - | - | - | Medicare | $0.00 | $0.00 | $0.00 | - | - | 000 | 999 | - |
| 87480 | Q | CANDIDA DNA DIR PROBE | - | - | - | Medicare | $33.42 | $20.72 | $20.05 | - | - | 000 | 999 | - |
| 87481 | Q | CANDIDA DNA AMP PROBE | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87482 | Q | CANDIDA DNA QUANT | - | - | - | Medicare | $92.90 | $57.60 | $55.74 | - | - | 000 | 999 | - |
| 87483 | Q | CNS DNA AMP PROBE TYPE 12-25 | - | - | - | Medicare | $694.63 | $430.67 | $416.78 | - | - | 000 | 999 | - |
| 87484 | Q | EHRLICHA CHAFFEENSIS AMP PRB | - | - | - | Medicare | $0.00 | $0.00 | $0.00 | - | - | 000 | 999 | - |
| 87485 | Q | CHLMYD PNEUM DNA DIR PROBE | - | - | - | Medicare | $33.42 | $20.72 | $20.05 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 87486 | Q | CHLMYD PNEUM DNA AMP PROBE | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87487 | Q | CHLMYD PNEUM DNA QUANT | - | - | - | Medicare | $71.40 | $44.27 | $42.84 | - | - | 000 | 999 | - |
| 87490 | Q | CHLMYD TRACH DNA DIR PROBE | - | - | - | Medicare | $37.92 | $23.51 | $22.75 | - | - | 000 | 999 | - |
| 87491 | Q | CHLMYD TRACH DNA AMP PROBE | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87492 | Q | CHLMYD TRACH DNA QUANT | - | - | - | Medicare | $89.12 | $55.25 | $53.47 | - | - | 000 | 999 | - |
| 87493 | Q | C DIFF AMPLIFIED PROBE | - | - | - | Medicare | $62.12 | $38.51 | $37.27 | - | - | 000 | 999 | - |
| 87495 | Q | CYTOMEG DNA DIR PROBE | - | - | - | Medicare | $50.05 | $31.03 | $30.03 | - | - | 000 | 999 | - |
| 87496 | Q | CYTOMEG DNA AMP PROBE | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87497 | Q | CYTOMEG DNA QUANT | - | - | - | Medicare | $71.40 | $44.27 | $42.84 | - | - | 000 | 999 | - |
| 87498 | Q | ENTEROVIRUS PROBE&REVRS TRNS | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87500 | Q | VANOMYCIN DNA AMP PROBE | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87501 | Q | INFLUENZA DNA AMP PROB 1+ | - | - | - | Medicare | $85.52 | $53.02 | $51.31 | - | - | 000 | 999 | - |
| 87502 | Q | INFLUENZA DNA AMP PROBE | - | - | - | Medicare | $159.67 | $99.00 | $95.80 | - | - | 000 | 999 | - |
| 87503 | Q | INFLUENZA DNA AMP PROB ADDL | - | - | - | Medicare | $48.70 | $30.19 | $29.22 | - | - | 000 | 999 | - |
| 87505 | Q | NFCT AGENT DETECTION GI | - | - | - | Medicare | $213.82 | $132.57 | $128.29 | - | - | 000 | 999 | - |
| 87506 | Q | IADNA-DNA/RNA PROBE TQ 6-11 | - | - | - | Medicare | $438.32 | $271.76 | $262.99 | - | - | 000 | 999 | - |
| 87507 | Q | IADNA-DNA/RNA PROBE TQ 12-25 | - | - | - | Medicare | $694.63 | $430.67 | $416.78 | - | - | 000 | 999 | - |
| 87510 | Q | GARDNER VAG DNA DIR PROBE | - | - | - | Medicare | $33.42 | $20.72 | $20.05 | - | - | 000 | 999 | - |
| 87511 | Q | GARDNER VAG DNA AMP PROBE | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87512 | Q | GARDNER VAG DNA QUANT | - | - | - | Medicare | $69.60 | $43.15 | $41.76 | - | - | 000 | 999 | - |
| 87516 | Q | HEPATITIS B DNA AMP PROBE | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87517 | Q | HEPATITIS B DNA QUANT | - | - | - | Medicare | $71.40 | $44.27 | $42.84 | - | - | 000 | 999 | - |
| 87520 | Q | HEPATITIS C RNA DIR PROBE | - | - | - | Medicare | $52.03 | $32.26 | $31.22 | - | - | 000 | 999 | - |
| 87521 | Q | HEPATITIS C PROBE&RVRS TRNSC | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87522 | Q | HEPATITIS C REVRS TRNSCRPJ | - | - | - | Medicare | $71.40 | $44.27 | $42.84 | - | - | 000 | 999 | - |
| 87525 | Q | HEPATITIS G DNA DIR PROBE | - | - | - | Medicare | $49.67 | $30.80 | $29.80 | - | - | 000 | 999 | - |
| 87526 | Q | HEPATITIS G DNA AMP PROBE | - | - | - | Medicare | $65.43 | $40.57 | $39.26 | - | - | 000 | 999 | - |
| 87527 | Q | HEPATITIS G DNA QUANT | - | - | - | Medicare | $69.60 | $43.15 | $41.76 | - | - | 000 | 999 | - |
| 87528 | Q | HSV DNA DIR PROBE | - | - | - | Medicare | $33.42 | $20.72 | $20.05 | - | - | 000 | 999 | - |
| 87529 | Q | HSV DNA AMP PROBE | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87530 | Q | HSV DNA QUANT | - | - | - | Medicare | $71.40 | $44.27 | $42.84 | - | - | 000 | 999 | - |
| 87531 | Q | HHV-6 DNA DIR PROBE | - | - | - | Medicare | $96.67 | $59.94 | $58.00 | - | - | 000 | 999 | - |
| 87532 | Q | HHV-6 DNA AMP PROBE | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87533 | Q | HHV-6 DNA QUANT | - | - | - | Medicare | $69.60 | $43.15 | $41.76 | - | - | 000 | 999 | - |
| 87534 | Q | HIV-1 DNA DIR PROBE | - | - | - | Medicare | $36.53 | $22.65 | $21.92 | - | - | 000 | 999 | - |
| 87535 | Q | HIV-1 PROBE&REVERSE TRNSCRPJ | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87536 | Q | HIV-1 QUANT&REVRSE TRNSCRPJ | - | - | - | Medicare | $141.83 | $87.93 | $85.10 | - | - | 000 | 999 | - |
| 87537 | Q | HIV-2 DNA DIR PROBE | - | - | - | Medicare | $36.53 | $22.65 | $21.92 | - | - | 000 | 999 | - |
| 87538 | Q | HIV-2 PROBE&REVRSE TRNSCRIPJ | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87539 | Q | HIV-2 QUANT&REVRSE TRNSCRIPJ | - | - | - | Medicare | $97.70 | $60.57 | $58.62 | - | - | 000 | 999 | - |
| 87540 | Q | LEGION PNEUMO DNA DIR PROB | - | - | - | Medicare | $33.42 | $20.72 | $20.05 | - | - | 000 | 999 | - |
| 87541 | Q | LEGION PNEUMO DNA AMP PROB | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87542 | Q | LEGION PNEUMO DNA QUANT | - | - | - | Medicare | $69.60 | $43.15 | $41.76 | - | - | 000 | 999 | - |
| 87550 | Q | MYCOBACTERIA DNA DIR PROBE | - | - | - | Medicare | $33.42 | $20.72 | $20.05 | - | - | 000 | 999 | - |
| 87551 | Q | MYCOBACTERIA DNA AMP PROBE | - | - | - | Medicare | $80.40 | $49.85 | $48.24 | - | - | 000 | 999 | - |
| 87552 | Q | MYCOBACTERIA DNA QUANT | - | - | - | Medicare | $71.40 | $44.27 | $42.84 | - | - | 000 | 999 | - |
| 87555 | Q | M.TUBERCULO DNA DIR PROBE | - | - | - | Medicare | $44.80 | $27.78 | $26.88 | - | - | 000 | 999 | - |
| 87556 | Q | M.TUBERCULO DNA AMP PROBE | - | - | - | Medicare | $69.47 | $43.07 | $41.68 | - | - | 000 | 999 | - |
| 87557 | Q | M.TUBERCULO DNA QUANT | - | - | - | Medicare | $71.40 | $44.27 | $42.84 | - | - | 000 | 999 | - |
| 87560 | Q | M.AVIUM-INTRA DNA DIR PROB | - | - | - | Medicare | $45.48 | $28.20 | $27.29 | - | - | 000 | 999 | - |
| 87561 | Q | M.AVIUM-INTRA DNA AMP PROB | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87562 | Q | M.AVIUM-INTRA DNA QUANT | - | - | - | Medicare | $71.40 | $44.27 | $42.84 | - | - | 000 | 999 | - |
| 87563 | N | M. GENITALIUM AMP PROBE | - | - | - | Bundled, sometimes payable | $58.48 | - | - | - | - | 000 | 999 | - |
| 87580 | Q | M.PNEUMON DNA DIR PROBE | - | - | - | Medicare | $33.42 | $20.72 | $20.05 | - | - | 000 | 999 | - |
| 87581 | Q | M.PNEUMON DNA AMP PROBE | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87582 | Q | M.PNEUMON DNA QUANT | - | - | - | Medicare | $504.37 | $312.71 | $302.62 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 87590 | Q | N.GONORRHOEAE DNA DIR PROB | - | - | - | Medicare | $44.80 | $27.78 | $26.88 | - | - | 000 | 999 | - |
| 87591 | Q | N.GONORRHOEAE DNA AMP PROB | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87592 | Q | N.GONORRHOEAE DNA QUANT | - | - | - | Medicare | $71.40 | $44.27 | $42.84 | - | - | 000 | 999 | - |
| 87593 | E | ORTHOPOXVIRUS AMP PRB EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 87623 | Q | HPV LOW-RISK TYPES | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87624 | Q | HPV HIGH-RISK TYPES | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87625 | Q | HPV TYPES 16 & 18 ONLY | - | - | - | Medicare | $67.58 | $41.90 | $40.55 | - | - | 000 | 999 | - |
| 87631 | Q | RESP VIRUS 3-5 TARGETS | - | - | - | Medicare | $237.72 | $147.39 | $142.63 | - | - | 000 | 999 | - |
| 87632 | Q | RESP VIRUS 6-11 TARGETS | - | - | - | Medicare | $363.43 | $225.33 | $218.06 | - | - | 000 | 999 | - |
| 87633 | Q | RESP VIRUS 12-25 TARGETS | - | - | - | Medicare | $694.63 | $430.67 | $416.78 | - | - | 000 | 999 | - |
| 87634 | Q | RSV DNA/RNA AMP PROBE | - | - | - | Medicare | $117.00 | $72.54 | $70.20 | - | - | 000 | 999 | - |
| 87635 | Q | SARS-COV-2 COVID-19 AMP PRB | - | - | - | Medicare | $85.52 | $53.02 | $51.31 | - | - | 000 | 999 | - |
| 87636 | Q | SARSCOV2 & INF A&B AMP PRB | - | - | - | Medicare | $237.72 | $147.39 | $142.63 | - | - | 000 | 999 | - |
| 87637 | Q | SARSCOV2&INF A&B&RSV AMP PRB | - | - | - | Medicare | $237.72 | $147.39 | $142.63 | - | - | 000 | 999 | - |
| 87640 | Q | STAPH A DNA AMP PROBE | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87641 | Q | MR-STAPH DNA AMP PROBE | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87650 | Q | STREP A DNA DIR PROBE | - | - | - | Medicare | $33.42 | $20.72 | $20.05 | - | - | 000 | 999 | - |
| 87651 | Q | STREP A DNA AMP PROBE | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87652 | Q | STREP A DNA QUANT | - | - | - | Medicare | $69.60 | $43.15 | $41.76 | - | - | 000 | 999 | - |
| 87653 | Q | STREP B DNA AMP PROBE | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87660 | Q | TRICHOMONAS VAGIN DIR PROBE | - | - | - | Medicare | $33.42 | $20.72 | $20.05 | - | - | 000 | 999 | - |
| 87661 | Q | TRICHOMONAS VAGINALIS AMPLIF | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87662 | Q | ZIKA VIRUS DNA/RNA AMP PROBE | - | - | - | Medicare | $85.52 | $53.02 | $51.31 | - | - | 000 | 999 | - |
| 87797 | Q | DETECT AGENT NOS DNA DIR | - | - | - | Medicare | $50.05 | $31.03 | $30.03 | - | - | 000 | 999 | - |
| 87798 | Q | DETECT AGENT NOS DNA AMP | - | - | - | Medicare | $58.48 | $36.26 | $35.09 | - | - | 000 | 999 | - |
| 87799 | Q | DETECT AGENT NOS DNA QUANT | - | - | - | Medicare | $71.40 | $44.27 | $42.84 | - | - | 000 | 999 | - |
| 87800 | Q | DETECT AGNT MULT DNA DIREC | - | - | - | Medicare | $72.78 | $45.12 | $43.67 | - | - | 000 | 999 | - |
| 87801 | Q | DETECT AGNT MULT DNA AMPLI | - | - | - | Medicare | $117.00 | $72.54 | $70.20 | - | - | 000 | 999 | - |
| 87802 | Q | STREP B ASSAY W/OPTIC | - | - | - | Medicare | $21.22 | $13.16 | $12.73 | - | - | 000 | 999 | - |
| 87803 | Q | CLOSTRIDIUM TOXIN A W/OPTIC | - | - | - | Medicare | $26.67 | $16.54 | $16.00 | - | - | 000 | 999 | - |
| 87804 | Q | INFLUENZA ASSAY W/OPTIC | - | - | - | Medicare | $27.58 | $17.10 | $16.55 | - | - | 000 | 999 | - |
| 87806 | Q | HIV AG W/HIV1&2 ANTB W/OPTIC | - | - | - | Medicare | $54.62 | $33.86 | $32.77 | - | - | 000 | 999 | - |
| 87807 | Q | RSV ASSAY W/OPTIC | - | - | - | Medicare | $21.83 | $13.53 | $13.10 | - | - | 000 | 999 | - |
| 87808 | Q | TRICHOMONAS ASSAY W/OPTIC | - | - | - | Medicare | $25.48 | $15.80 | $15.29 | - | - | 000 | 999 | - |
| 87809 | Q | ADENOVIRUS ASSAY W/OPTIC | - | - | - | Medicare | $36.27 | $22.49 | $21.76 | - | - | 000 | 999 | - |
| 87810 | Q | CHLMYD TRACH ASSAY W/OPTIC | - | - | - | Medicare | $58.82 | $36.47 | $35.29 | - | - | 000 | 999 | - |
| 87811 | Q | SARS-COV-2 COVID19 W/OPTIC | - | - | - | Medicare | $68.97 | $42.76 | $41.38 | - | - | 000 | 999 | - |
| 87850 | Q | N. GONORRHOEAE ASSAY W/OPTIC | - | - | - | Medicare | $40.93 | $25.38 | $24.56 | - | - | 000 | 999 | - |
| 87880 | Q | STREP A ASSAY W/OPTIC | - | - | - | Medicare | $27.55 | $17.08 | $16.53 | - | - | 000 | 999 | - |
| 87899 | Q | AGENT NOS ASSAY W/OPTIC | - | - | - | Medicare | $26.78 | $16.60 | $16.07 | - | - | 000 | 999 | - |
| 87900 | Q | PHENOTYPE INFECT AGENT DRUG | - | - | - | Medicare | $217.25 | $134.70 | $130.35 | - | - | 000 | 999 | - |
| 87901 | Q | NFCT AGT GNTYP ALYS HIV1 REV | - | - | - | Medicare | $429.08 | $266.03 | $257.45 | - | - | 000 | 999 | - |
| 87902 | Q | NFCT AGT GNTYP ALYS HEP C | - | - | - | Medicare | $429.08 | $266.03 | $257.45 | - | - | 000 | 999 | - |
| 87903 | Q | PHENOTYPE DNA HIV W/CULTURE | - | - | - | Medicare | $814.43 | $504.95 | $488.66 | - | - | 000 | 999 | - |
| 87904 | Q | PHENOTYPE DNA HIV W/CLT ADD | - | - | - | Medicare | $43.45 | $26.94 | $26.07 | - | - | 000 | 999 | - |
| 87905 | Q | SIALIDASE ENZYME ASSAY | - | - | - | Medicare | $20.37 | $12.63 | $12.22 | - | - | 000 | 999 | - |
| 87906 | Q | NFCT AGT GNTYP ALYS HIV1 | - | - | - | Medicare | $214.55 | $133.02 | $128.73 | - | - | 000 | 999 | - |
| 87910 | Q | NFCT AGT GNTYP ALYS CMV | - | - | - | Medicare | $429.08 | $266.03 | $257.45 | - | - | 000 | 999 | - |
| 87912 | Q | NFCT AGT GNTYP ALYS HEP B | - | - | - | Medicare | $429.08 | $266.03 | $257.45 | - | - | 000 | 999 | - |
| 87913 | E | NFCT AGT GNTYP ALYS SARSCOV2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 87999 | N | UNLISTED MICROBIOLOGY PX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 88000 | E | AUTOPSY (NECROPSY) GROSS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 88005 | E | AUTOPSY (NECROPSY) GROSS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 88007 | E | AUTOPSY (NECROPSY) GROSS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 88012 | E | AUTOPSY (NECROPSY) GROSS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 88014 | E | AUTOPSY (NECROPSY) GROSS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 88016 | E | AUTOPSY (NECROPSY) GROSS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 88020 | E | AUTOPSY (NECROPSY) COMPLETE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 88025 | E | AUTOPSY (NECROPSY) COMPLETE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 88027 | E | AUTOPSY (NECROPSY) COMPLETE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 88028 | E | AUTOPSY (NECROPSY) COMPLETE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 88029 | E | AUTOPSY (NECROPSY) COMPLETE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 88036 | E | LIMITED AUTOPSY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 88037 | E | LIMITED AUTOPSY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 88040 | E | FORENSIC AUTOPSY (NECROPSY) | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 88045 | E | CORONERS AUTOPSY (NECROPSY) | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 88099 | E | UNLISTED NECROPSY (AUTOPSY) | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 88104 | N | CYTOPATH FL NONGYN SMEARS | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 88106 | N | CYTOPATH FL NONGYN FILTER | - | 05731 | 0.2916 | Bundled, sometimes payable | $17.03 | - | - | - | - | 000 | 999 | - |
| 88108 | N | CYTOPATH CONCENTRATE TECH | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 88112 | N | CYTOPATH CELL ENHANCE TECH | - | 05671 | 0.5858 | Bundled, sometimes payable | $34.20 | - | - | - | - | 000 | 999 | - |
| 88120 | N | CYTP URNE 3-5 PROBES EA SPEC | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 88121 | N | CYTP URINE 3-5 PROBES CMPTR | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 88125 | N | FORENSIC CYTOPATHOLOGY | - | 05671 | 0.5858 | Bundled, sometimes payable | $34.20 | - | - | - | - | 000 | 999 | - |
| 88130 | Q | SEX CHROMATIN IDENTIFICATION | - | - | - | Medicare | $29.97 | $18.58 | $17.98 | - | - | 000 | 999 | - |
| 88140 | Q | SEX CHROMATIN IDENTIFICATION | - | - | - | Medicare | $13.32 | $8.26 | $7.99 | - | - | 000 | 999 | - |
| 88141 | N | CYTOPATH C/V INTERPRET | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 88142 | Q | CYTOPATH C/V THIN LAYER | - | - | - | Medicare | $33.77 | $20.94 | $20.26 | - | - | 000 | 999 | - |
| 88143 | Q | CYTOPATH C/V THIN LAYER REDO | - | - | - | Medicare | $38.40 | $23.81 | $23.04 | - | - | 000 | 999 | - |
| 88147 | Q | CYTOPATH C/V AUTOMATED | - | - | - | Medicare | $84.27 | $52.25 | $50.56 | - | - | 000 | 999 | - |
| 88148 | Q | CYTOPATH C/V AUTO RESCREEN | - | - | - | Medicare | $28.85 | $17.89 | $17.31 | - | - | 000 | 999 | - |
| 88150 | Q | CYTOPATH C/V MANUAL | - | - | - | Medicare | $28.85 | $17.89 | $17.31 | - | - | 000 | 999 | - |
| 88152 | Q | CYTOPATH C/V AUTO REDO | - | - | - | Medicare | $46.07 | $28.56 | $27.64 | - | - | 000 | 999 | - |
| 88153 | Q | CYTOPATH C/V REDO | - | - | - | Medicare | $40.05 | $24.83 | $24.03 | - | - | 000 | 999 | - |
| 88155 | Q | CYTOPATH C/V INDEX ADD-ON | - | - | - | Medicare | $24.42 | $15.14 | $14.65 | - | - | 000 | 999 | - |
| 88160 | N | CYTOPATH SMEAR OTHER SOURCE | - | 05731 | 0.2916 | Bundled, sometimes payable | $17.03 | - | - | - | - | 000 | 999 | - |
| 88161 | N | CYTOPATH SMEAR OTHER SOURCE | - | 05731 | 0.2916 | Bundled, sometimes payable | $17.03 | - | - | - | - | 000 | 999 | - |
| 88162 | N | CYTOPATH SMEAR OTHER SOURCE | - | 05671 | 0.5858 | Bundled, sometimes payable | $34.20 | - | - | - | - | 000 | 999 | - |
| 88164 | Q | CYTOPATH TBS C/V MANUAL | - | - | - | Medicare | $28.85 | $17.89 | $17.31 | - | - | 000 | 999 | - |
| 88165 | Q | CYTOPATH TBS C/V REDO | - | - | - | Medicare | $70.37 | $43.63 | $42.22 | - | - | 000 | 999 | - |
| 88166 | Q | CYTOPATH TBS C/V AUTO REDO | - | - | - | Medicare | $28.85 | $17.89 | $17.31 | - | - | 000 | 999 | - |
| 88167 | Q | CYTOPATH TBS C/V SELECT | - | - | - | Medicare | $28.85 | $17.89 | $17.31 | - | - | 000 | 999 | - |
| 88172 | N | CYTP DX EVAL FNA 1ST EA SITE | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 88173 | N | CYTOPATH EVAL FNA REPORT | - | 05671 | 0.5858 | Bundled, sometimes payable | $34.20 | - | - | - | - | 000 | 999 | - |
| 88174 | Q | CYTOPATH C/V AUTO IN FLUID | - | - | - | Medicare | $42.28 | $26.21 | $25.37 | - | - | 000 | 999 | - |
| 88175 | Q | CYTOPATH C/V AUTO FLUID REDO | - | - | - | Medicare | $44.35 | $27.50 | $26.61 | - | - | 000 | 999 | - |
| 88177 | N | CYTP FNA EVAL EA ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 88182 | N | CELL MARKER STUDY | - | 05671 | 0.5858 | Bundled, sometimes payable | $34.20 | - | - | - | - | 000 | 999 | - |
| 88184 | N | FLOWCYTOMETRY/ TC 1 MARKER | - | 05673 | 3.7870 | Bundled, sometimes payable | $221.12 | - | - | - | - | 000 | 999 | - |
| 88185 | N | FLOWCYTOMETRY/TC ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 88187 | E | FLOWCYTOMETRY/READ 2-8 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 88188 | E | FLOWCYTOMETRY/READ 9-15 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 88189 | E | FLOWCYTOMETRY/READ 16 & > | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 88199 | N | UNLISTED CYTOPATHOLOGY PX | - | 05671 | 0.5858 | Bundled, sometimes payable | $34.20 | - | - | - | - | 000 | 999 | - |
| 88230 | Q | TISSUE CULTURE LYMPHOCYTE | - | - | - | Medicare | $194.15 | $120.37 | $116.49 | - | - | 000 | 999 | - |
| 88233 | Q | TISSUE CULTURE SKIN/BIOPSY | - | - | - | Medicare | $234.55 | $145.42 | $140.73 | - | - | 000 | 999 | - |
| 88235 | Q | TISSUE CULTURE PLACENTA | - | - | - | Medicare | $250.50 | $155.31 | $150.30 | - | - | 000 | 999 | - |
| 88237 | Q | TISSUE CULTURE BONE MARROW | - | - | - | Medicare | $239.58 | $148.54 | $143.75 | - | - | 000 | 999 | - |
| 88239 | Q | TISSUE CULTURE TUMOR | - | - | - | Medicare | $245.87 | $152.44 | $147.52 | - | - | 000 | 999 | - |
| 88240 | Q | CELL CRYOPRESERVE/STORAGE | - | - | - | Medicare | $21.78 | $13.50 | $13.07 | - | - | 000 | 999 | - |
| 88241 | Q | FROZEN CELL PREPARATION | - | - | - | Medicare | $20.15 | $12.49 | $12.09 | - | - | 000 | 999 | - |
| 88245 | Q | CHROMOSOME ANALYSIS 20-25 | - | - | - | Medicare | $288.62 | $178.94 | $173.17 | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 88248 | Q | CHROMOSOME ANALYSIS 50-100 | - | - | - | Medicare | $288.62 | $178.94 | $173.17 | - | - | 000 | 999 | - |
| 88249 | Q | CHROMOSOME ANALYSIS 100 | - | - | - | Medicare | $288.62 | $178.94 | $173.17 | - | - | 000 | 999 | - |
| 88261 | Q | CHROMOSOME ANALYSIS 5 | - | - | - | Medicare | $440.57 | $273.15 | $264.34 | - | - | 000 | 999 | - |
| 88262 | Q | CHROMOSOME ANALYSIS 15-20 | - | - | - | Medicare | $209.15 | $129.67 | $125.49 | - | - | 000 | 999 | - |
| 88263 | Q | CHROMOSOME ANALYSIS 45 | - | - | - | Medicare | $250.48 | $155.30 | $150.29 | - | - | 000 | 999 | - |
| 88264 | Q | CHROMOSOME ANALYSIS 20-25 | - | - | - | Medicare | $241.02 | $149.43 | $144.61 | - | - | 000 | 999 | - |
| 88267 | Q | CHROMOSOME ANALYS PLACENTA | - | - | - | Medicare | $314.28 | $194.85 | $188.57 | - | - | 000 | 999 | - |
| 88269 | Q | CHROMOSOME ANALYS AMNIOTIC | - | - | - | Medicare | $289.43 | $179.45 | $173.66 | - | - | 000 | 999 | - |
| 88271 | Q | CYTOGENETICS DNA PROBE | - | - | - | Medicare | $35.70 | $22.13 | $21.42 | - | - | 000 | 999 | - |
| 88272 | Q | CYTOGENETICS 3-5 | - | - | - | Medicare | $67.83 | $42.05 | $40.70 | - | - | 000 | 999 | - |
| 88273 | Q | CYTOGENETICS 10-30 | - | - | - | Medicare | $58.02 | $35.97 | $34.81 | - | - | 000 | 999 | - |
| 88274 | Q | CYTOGENETICS 25-99 | - | - | - | Medicare | $70.63 | $43.79 | $42.38 | - | - | 000 | 999 | - |
| 88275 | Q | CYTOGENETICS 100-300 | - | - | - | Medicare | $85.32 | $52.90 | $51.19 | - | - | 000 | 999 | - |
| 88280 | Q | CHROMOSOME KARYOTYPE STUDY | - | - | - | Medicare | $55.78 | $34.58 | $33.47 | - | - | 000 | 999 | - |
| 88283 | Q | CHROMOSOME BANDING STUDY | - | - | - | Medicare | $114.33 | $70.88 | $68.60 | - | - | 000 | 999 | - |
| 88285 | Q | CHROMOSOME COUNT ADDITIONAL | - | - | - | Medicare | $44.85 | $27.81 | $26.91 | - | - | 000 | 999 | - |
| 88289 | Q | CHROMOSOME STUDY ADDITIONAL | - | - | - | Medicare | $57.38 | $35.58 | $34.43 | - | - | 000 | 999 | - |
| 88291 | E | CYTO/MOLECULAR REPORT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 88299 | N | UNLISTED CYTOGENETIC STUDY | - | 05671 | 0.5858 | Bundled, sometimes payable | $34.20 | - | - | - | - | 000 | 999 | - |
| 88300 | N | SURGICAL PATH GROSS | - | 05731 | 0.2916 | Bundled, sometimes payable | $17.03 | - | - | - | - | 000 | 999 | - |
| 88302 | N | TISSUE EXAM BY PATHOLOGIST | - | 05731 | 0.2916 | Bundled, sometimes payable | $17.03 | - | - | - | - | 000 | 999 | - |
| 88304 | N | TISSUE EXAM BY PATHOLOGIST | - | 05671 | 0.5858 | Bundled, sometimes payable | $34.20 | - | - | - | - | 000 | 999 | - |
| 88305 | N | TISSUE EXAM BY PATHOLOGIST | - | 05671 | 0.5858 | Bundled, sometimes payable | $34.20 | - | - | - | - | 000 | 999 | - |
| 88307 | N | TISSUE EXAM BY PATHOLOGIST | - | 05673 | 3.7870 | Bundled, sometimes payable | $221.12 | - | - | - | - | 000 | 999 | - |
| 88309 | N | TISSUE EXAM BY PATHOLOGIST | - | 05674 | 9.0730 | Bundled, sometimes payable | $529.77 | - | - | - | - | 000 | 999 | - |
| 88311 | N | DECALCIFY TISSUE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 88312 | N | SPECIAL STAINS GROUP 1 | - | 05671 | 0.5858 | Bundled, sometimes payable | $34.20 | - | - | - | - | 000 | 999 | - |
| 88313 | N | SPECIAL STAINS GROUP 2 | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 88314 | N | HISTOCHEMICAL STAINS ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 88319 | N | ENZYME HISTOCHEMISTRY | - | 05674 | 9.0730 | Bundled, sometimes payable | $529.77 | - | - | - | - | 000 | 999 | - |
| 88321 | N | MICROSLIDE CONSULTATION | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 88323 | N | MICROSLIDE CONSULTATION | - | 05671 | 0.5858 | Bundled, sometimes payable | $34.20 | - | - | - | - | 000 | 999 | - |
| 88325 | N | COMPREHENSIVE REVIEW OF DATA | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 88329 | N | PATH CONSULT INTROP | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 88331 | N | PATH CONSULT INTRAOP 1 BLOC | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 88332 | N | PATH CONSULT INTRAOP ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 88333 | N | INTRAOP CYTO PATH CONSULT 1 | - | 05674 | 9.0730 | Bundled, sometimes payable | $529.77 | - | - | - | - | 000 | 999 | - |
| 88334 | N | INTRAOP CYTO PATH CONSULT 2 | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 88341 | N | IMMUNOHISTO ANTB ADDL SLIDE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 88342 | N | IMMUNOHISTO ANTB 1ST STAIN | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 88344 | N | IMMUNOHISTO ANTIBODY SLIDE | - | 05673 | 3.7870 | Bundled, sometimes payable | $221.12 | - | - | - | - | 000 | 999 | - |
| 88346 | N | IMMUNOFLUOR ANTB 1ST STAIN | - | 05673 | 3.7870 | Bundled, sometimes payable | $221.12 | - | - | - | - | 000 | 999 | - |
| 88348 | N | ELECTRON MICROSCOPY | - | 05674 | 9.0730 | Bundled, sometimes payable | $529.77 | - | - | - | - | 000 | 999 | - |
| 88350 | N | IMMUNOFLUOR ANTB ADDL STAIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 88355 | N | ANALYSIS SKELETAL MUSCLE | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 88356 | N | ANALYSIS NERVE | - | 05671 | 0.5858 | Bundled, sometimes payable | $34.20 | - | - | - | - | 000 | 999 | - |
| 88358 | N | ANALYSIS TUMOR | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 88360 | N | TUMOR IMMUNOHISTOCHEM/MANUAL | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 88361 | N | TUMOR IMMUNOHISTOCHEM/COMPUT | - | 05673 | 3.7870 | Bundled, sometimes payable | $221.12 | - | - | - | - | 000 | 999 | - |
| 88362 | N | NERVE TEASING PREPARATIONS | - | 05674 | 9.0730 | Bundled, sometimes payable | $529.77 | - | - | - | - | 000 | 999 | - |
| 88363 | N | XM ARCHIVE TISSUE MOLEC ANAL | - | 05731 | 0.2916 | Bundled, sometimes payable | $17.03 | - | - | - | - | 000 | 999 | - |
| 88364 | N | INSITU HYBRIDIZATION (FISH) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 88365 | N | INSITU HYBRIDIZATION (FISH) | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 88366 | N | INSITU HYBRIDIZATION (FISH) | - | 05673 | 3.7870 | Bundled, sometimes payable | $221.12 | - | - | - | - | 000 | 999 | - |
| 88367 | N | INSITU HYBRIDIZATION AUTO | - | 05673 | 3.7870 | Bundled, sometimes payable | $221.12 | - | - | - | - | 000 | 999 | - |
| 88368 | N | INSITU HYBRIDIZATION MANUAL | - | 05673 | 3.7870 | Bundled, sometimes payable | $221.12 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 88369 | N | M/PHMTRC ALYSISHQUANT/SEMIQ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 88371 | N | PROTEIN WESTERN BLOT TISSUE | - | - | - | Bundled, sometimes payable | $37.05 | - | - | - | - | 000 | 999 | - |
| 88372 | N | PROTEIN ANALYSIS W/PROBE | - | - | - | Bundled, sometimes payable | $43.70 | - | - | - | - | 000 | 999 | - |
| 88373 | N | M/PHMTRC ALYS ISHQUANT/SEMIQ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 88374 | N | M/PHMTRC ALYS ISHQUANT/SEMIQ | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 88375 | E | OPTICAL ENDOMICROSCPY INTERP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 88377 | N | M/PHMTRC ALYS ISHQUANT/SEMIQ | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 88380 | N | MICRODISSECTION LASER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 88381 | N | MICRODISSECTION MANUAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 88387 | N | TISS EXAM MOLECULAR STUDY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 88388 | N | TISS EX MOLECUL STUDY ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 88399 | N | UNLISTED SURGICAL PATH PX | - | 05671 | 0.5858 | Bundled, sometimes payable | $34.20 | - | - | - | - | 000 | 999 | - |
| 88720 | Q | BILIRUBIN TOTAL TRANSCUT | - | - | - | Medicare | $8.37 | $5.19 | $5.02 | - | - | 000 | 999 | - |
| 88738 | Q | HGB QUANT TRANSCUTANEOUS | - | - | - | Medicare | $8.37 | $5.19 | $5.02 | - | - | 000 | 999 | - |
| 88740 | Q | TRANSCUTANEOUS CARBOXYHB | - | - | - | Medicare | $15.62 | $9.68 | $9.37 | - | - | 000 | 999 | - |
| 88741 | Q | TRANSCUTANEOUS METHB | - | - | - | Medicare | $15.62 | $9.68 | $9.37 | - | - | 000 | 999 | - |
| 88749 | N | UNLISTED IN VIVO LAB SERVICE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 89049 | N | CHCT FOR MAL HYPERTHERMIA | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 89050 | Q | BODY FLUID CELL COUNT | - | - | - | Medicare | $7.87 | $4.88 | $4.72 | - | - | 000 | 999 | - |
| 89051 | Q | BODY FLUID CELL COUNT | - | - | - | Medicare | $9.33 | $5.78 | $5.60 | - | - | 000 | 999 | - |
| 89055 | Q | LEUKOCYTE ASSESSMENT FECAL | - | - | - | Medicare | $7.12 | $4.41 | $4.27 | - | - | 000 | 999 | - |
| 89060 | Q | EXAM SYNOVIAL FLUID CRYSTALS | - | - | - | Medicare | $12.22 | $7.58 | $7.33 | - | - | 000 | 999 | - |
| 89125 | Q | SPECIMEN FAT STAIN | - | - | - | Medicare | $9.80 | $6.08 | $5.88 | - | - | 000 | 999 | - |
| 89160 | Q | EXAM FECES FOR MEAT FIBERS | - | - | - | Medicare | $8.08 | $5.01 | $4.85 | - | - | 000 | 999 | - |
| 89190 | Q | NASAL SMEAR FOR EOSINOPHILS | - | - | - | Medicare | $9.65 | $5.98 | $5.79 | - | - | 000 | 999 | - |
| 89220 | N | SPUTUM SPECIMEN COLLECTION | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |
| 89230 | N | COLLECT SWEAT FOR TEST | - | 05671 | 0.5858 | Bundled, sometimes payable | $34.20 | - | - | - | - | 000 | 999 | - |
| 89240 | N | UNLISTED MISC PATH TEST | - | 05671 | 0.5858 | Bundled, sometimes payable | $34.20 | - | - | - | - | 000 | 999 | - |
| 89250 | E | CULTR OOCYTE/EMBRYO <4 DAYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89251 | E | CULTR OOCYTE/EMBRYO <4 DAYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89253 | E | EMBRYO HATCHING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89254 | E | OOCYTE IDENTIFICATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89255 | E | PREPARE EMBRYO FOR TRANSFER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89257 | E | SPERM IDENTIFICATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89258 | E | CRYOPRESERVATION EMBRYO(S) | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89259 | E | CRYOPRESERVATION SPERM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89260 | E | SPERM ISOLATION SIMPLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89261 | E | SPERM ISOLATION COMPLEX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89264 | E | IDENTIFY SPERM TISSUE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89268 | E | INSEMINATION OF OOCYTES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89272 | E | EXTENDED CULTURE OF OOCYTES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89280 | E | ASSIST OOCYTE FERTILIZATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89281 | E | ASSIST OOCYTE FERTILIZATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89290 | E | BIOPSY OOCYTE POLAR BODY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89291 | E | BIOPSY OOCYTE POLAR BODY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89300 | E | SEMEN ANALYSIS W/HUHNER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89310 | E | SEMEN ANALYSIS W/COUNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89320 | E | SEMEN ANAL VOL/COUNT/MOT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89321 | E | SEMEN ANAL SPERM DETECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89322 | E | SEMEN ANAL STRICT CRITERIA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89325 | E | SPERM ANTIBODY TEST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89329 | E | SPERM EVALUATION TEST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89330 | E | EVALUATION CERVICAL MUCUS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 010 | 061 | - |
| 89331 | E | RETROGRADE EJACULATION ANAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89335 | E | CRYOPRESERVE TESTICULAR TISS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89337 | N | CRYOPRESERVATION OOCYTE(S) | - | 05672 | 1.8374 | Bundled, sometimes payable | $107.29 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 89342 | E | STORAGE/YEAR EMBRYO(S) | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89343 | E | STORAGE/YEAR SPERM/SEMEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89344 | E | STORAGE/YEAR REPROD TISSUE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89346 | E | STORAGE/YEAR OOCYTE(S) | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89352 | E | THAWING CRYOPRESRVED EMBRYO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89353 | E | THAWING CRYOPRESRVED SPERM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89354 | E | THAW CRYOPRSVRD REPROD TISS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89356 | E | THAWING CRYOPRESRVED OOCYTE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 89398 | E | UNLISTED REPROD MED LAB PROC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 9001F | E | AORTIC ANEURYSM<5CM DIAM CT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 9002F | E | AORTIC ANEURYSM 5-5.4CM DIAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 9003F | E | AORTIC ANRYSM5.5-5.9CM DIAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 9004F | E | AORTIC ANRYSM 6/> CM DIAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 9005F | E | ASYMPT CAROT/VRTBRBAS STEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 9006F | E | SYMPT STEN-TIA/STRK<120DAYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 9007F | E | OTHER CAROT STEN 120 DAYS/> | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90281 | E | HUMAN IG IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90283 | E | HUMAN IG IV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90284 | E | HUMAN IG SC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90287 | E | BOTULINUM ANTITOXIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90288 | E | BOTULISM IG IV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90291 | E | CMV IG IV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90296 | E | DIPHTHERIA ANTITOXIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90371 | K | HEP B IG IM | - | 01630 | 2.4358 | APC (blood and non-blood products) | $136.74 | - | - | - | - | 000 | 999 | - |
| 90375 | K | RABIES IG IM/SC | - | 09133 | 5.0709 | APC (blood and non-blood products) | $284.68 | - | - | - | - | 000 | 999 | - |
| 90376 | K | RABIES IG HEAT TREATED | - | 09134 | 4.4548 | APC (blood and non-blood products) | $250.09 | - | - | - | - | 000 | 999 | - |
| 90377 | K | RABIES IG HT&SOL HUMAN IM/SC | - | 09201 | 4.1698 | APC (blood and non-blood products) | $234.09 | - | - | - | - | 000 | 999 | - |
| 90378 | E | RSV MAB IM 50MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 003 | - |
| 90380 | E | RSV MONOC ANTB SEASN .5ML IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90381 | E | RSV MONOC ANTB SEASNL 1ML IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90384 | E | RH IG FULL-DOSE IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90385 | N | RH IG MINIDOSE IM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 90386 | E | RH IG IV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90389 | E | TETANUS IG IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90393 | E | VACCINA IG IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90396 | K | VARICELLA-ZOSTER IG IM | - | 09135 | 40.2087 | APC (blood and non-blood products) | $2,257.32 | - | - | - | - | 000 | 999 | - |
| 90399 | E | UNLISTED IMMUNE GLOBULIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90460 | E | IM ADMIN 1ST/ONLY COMPONENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 018 | - |
| 90461 | E | IM ADMIN EACH ADDL COMPONENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 018 | - |
| 90471 | E | IMMUNIZATION ADMIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90472 | E | IMMUNIZATION ADMIN EACH ADD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90473 | E | IMMUNE ADMIN ORAL/NASAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90474 | E | IMMUNE ADMIN ORAL/NASAL ADDL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90476 | K | ADENOVIRUS VACCINE TYPE 4 | - | 09499 | 6.3766 | APC (blood and non-blood products) | $357.98 | - | - | - | - | 000 | 999 | - |
| 90477 | E | ADENOVIRUS VACCINE TYPE 7 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90581 | E | ANTHRAX VACCINE SC OR IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90584 | E | DENGUE VACC QUAD 2 DOSE SUBQ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90585 | E | BCG VACCINE PERCUT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90586 | M | BCG VACCINE INTRAVESICAL | - | - | - | Fee Schedule | $144.71 | - | - | - | - | 000 | 999 | - |
| 90587 | E | DENGUE VACC QUAD 3 DOSE SUBQ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90611 | K | SMALLPOX&MONKEYPOX VAC 0.5ML | - | 09068 | 0.0002 | APC (blood and non-blood products) | $0.01 | - | - | - | - | 000 | 999 | - |
| 90619 | E | MENACWY-TT VACCINE IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90620 | M | MENB-4C VACC 2 DOSE IM | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 019 | 999 | - |
| 90621 | M | MENB-FHBP VACC 2/3 DOSE IM | - | - | - | Fee Schedule | $178.95 | - | - | - | - | 019 | 999 | - |
| 90622 | M | VACCINIA VRS VAC 0.3 ML PERQ | - | - | - | Fee Schedule | $0.01 | - | - | - | - | 000 | 999 | - |
| 90625 | E | CHOLERA VACCINE LIVE ORAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 90626 | E | TIC-BRN ENCEPH VAC 0.25ML IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90627 | E | TIC-BRN ENCEPH VAC 0.5ML IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90630 | M | FLU VACC IIV4 NO PRESERV ID | - | - | - | Fee Schedule | $18.63 | - | - | - | - | 018 | 064 | - |
| 90632 | N | HEPA VACCINE ADULT IM | - | - | - | Bundled | $0.00 | - | - | - | - | 019 | 999 | - |
| 90633 | N | HEPA VACC PED/ADOL 2 DOSE IM | - | - | - | Bundled | $0.00 | - | - | - | - | 998 | 999 | - |
| 90634 | E | HEPA VACC PED/ADOL 3 DOSE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 017 | - |
| 90636 | N | HEP A/HEP B VACC ADULT IM | - | - | - | Bundled | $0.00 | - | - | - | - | 018 | 999 | - |
| 90644 | M | HIB-MENCY VACC 6WK-18M0 IM | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 001 | - |
| 90647 | N | HIB PRP-OMP VACC 3 DOSE IM | - | - | - | Bundled | $0.00 | - | - | - | - | 998 | 999 | - |
| 90648 | N | HIB PRP-T VACCINE 4 DOSE IM | - | - | - | Bundled | $0.00 | - | - | - | - | 998 | 999 | - |
| 90649 | E | 4VHPV VACCINE 3 DOSE IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 019 | 026 | - |
| 90650 | E | 2VHPV VACCINE 3 DOSE IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 019 | 026 | - |
| 90651 | M | 9VHPV VACCINE 2/3 DOSE IM | - | - | - | Fee Schedule | $268.02 | - | - | - | - | 019 | 045 | - |
| 90653 | E | IIV ADJUVANT VACCINE IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90654 | M | FLU VACC IIV3 NO PRESERV ID | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 90655 | E | IIV3 VACC NO PRSV 0.25 ML IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 998 | 999 | - |
| 90656 | M | IIV3 VACC NO PRSV 0.5 ML IM | - | - | - | Fee Schedule | $0.00 | - | - | - | Y | 019 | 999 | - |
| 90657 | E | IIV3 VACCINE SPLT 0.25 ML IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 998 | 999 | - |
| 90658 | M | IIV3 VACCINE SPLT 0.5 ML IM | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 019 | 999 | - |
| 90660 | M | LAIV3 VACCINE INTRANASAL | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 019 | 049 | - |
| 90661 | M | CCIIV3 VAC NO PRSV 0.5 ML IM | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 90662 | M | IIV NO PRSV INCREASED AG IM | - | - | - | Fee Schedule | $69.94 | - | - | - | - | 065 | 999 | - |
| 90664 | E | LAIV VACC PANDEMIC INTRANASL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90666 | E | FLU VAC PANDEM PRSRV FREE IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90667 | E | IIV VACC PANDEMIC ADJUVT IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90668 | E | IIV VACCINE PANDEMIC IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90670 | M | PCV13 VACCINE IM | - | - | - | Fee Schedule | $257.99 | - | - | - | - | 019 | 999 | - |
| 90671 | M | PCV15 VACCINE IM | - | - | - | Fee Schedule | $246.20 | - | - | - | - | 000 | 999 | - |
| 90672 | E | LAIV4 VACCINE INTRANASAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 019 | 999 | - |
| 90673 | M | RIV3 VACCINE NO PRESERV IM | - | - | - | Fee Schedule | $36.34 | - | - | - | - | 000 | 999 | - |
| 90674 | M | CCIIV4 VAC NO PRSV 0.5 ML IM | - | - | - | Fee Schedule | $32.28 | - | - | - | - | 019 | 999 | - |
| 90675 | K | RABIES VACCINE IM | - | 09139 | 5.8780 | APC (blood and non-blood products) | $329.99 | - | - | - | - | 000 | 999 | - |
| 90676 | K | RABIES VACCINE ID | - | 09140 | 4.5447 | APC (blood and non-blood products) | $255.14 | - | - | - | - | 000 | 999 | - |
| 90677 | M | PCV20 VACCINE IM | - | - | - | Fee Schedule | $288.66 | - | - | - | - | 000 | 999 | - |
| 90678 | E | RSV VACC PREF BIVALENT IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90679 | M | RSV VACC PREF RECOMB ADJT IM | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 90680 | M | RV5 VACC 3 DOSE LIVE ORAL | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 998 | 999 | - |
| 90681 | M | RV1 VACC 2 DOSE LIVE ORAL | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 998 | 999 | - |
| 90682 | M | RIV4 VACC RECOMBINANT DNA IM | - | - | - | Fee Schedule | $69.94 | - | - | - | - | 000 | 999 | - |
| 90685 | E | IIV4 VACC NO PRSV 0.25 ML IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 998 | 999 | - |
| 90686 | M | IIV4 VACC NO PRSV 0.5 ML IM | - | - | - | Fee Schedule | $21.52 | - | - | - | - | 019 | 999 | - |
| 90687 | M | IIV4 VACCINE SPLT 0.25 ML IM | - | - | - | Fee Schedule | $9.95 | - | - | - | - | 998 | 999 | - |
| 90688 | M | IIV4 VACCINE SPLT 0.5 ML IM | - | - | - | Fee Schedule | $20.48 | - | - | - | - | 019 | 999 | - |
| 90689 | E | VACC IIV4 NO PRSRV 0.25ML IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90690 | N | TYPHOID VACCINE ORAL | - | - | - | Bundled | $0.00 | - | - | - | - | 006 | 999 | - |
| 90691 | N | TYPHOID VACCINE IM | - | - | - | Bundled | $0.00 | - | - | - | - | 002 | 999 | - |
| 90694 | E | VACC AIIV4 NO PRSRV 0.5ML IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90696 | N | DTAP-IPV VACCINE 4-6 YRS IM | - | - | - | Bundled | $0.00 | - | - | - | - | 998 | 999 | - |
| 90697 | E | DTAP-IPV-HIB-HEPB VACCINE IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90698 | N | DTAP-IPV/HIB VACCINE IM | - | - | - | Bundled | $0.00 | - | - | - | - | 998 | 999 | - |
| 90700 | N | DTAP VACCINE < 7 YRS IM | - | - | - | Bundled | $0.00 | - | - | - | - | 998 | 999 | - |
| 90702 | N | DT VACCINE UNDER 7 YRS IM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 006 | - |
| 90707 | N | MMR VACCINE SC | - | - | - | Bundled | $0.00 | - | - | - | - | 019 | 999 | - |
| 90710 | K | MMRV VACCINE SC | - | 09011 | 2.8500 | APC (blood and non-blood products) | $160.00 | - | - | - | - | 998 | 999 | - |
| 90713 | N | POLIOVIRUS IPV SC/IM | - | - | - | Bundled | $0.00 | - | - | - | - | 019 | 999 | - |
| 90714 | N | TD VACC NO PRESV 7 YRS+ IM | - | - | - | Bundled | $0.00 | - | - | - | - | 019 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 90715 | N | TDAP VACCINE 7 YRS/> IM | - | - | - | Bundled | $0.00 | - | - | - | - | 019 | 999 | - |
| 90716 | M | VAR VACCINE LIVE SUBQ | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 019 | 999 | - |
| 90717 | N | YELLOW FEVER VACCINE SUBQ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 90723 | M | DTAP-HEP B-IPV VACCINE IM | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 998 | 999 | - |
| 90732 | M | PPSV23 VACC 2 YRS+ SUBQ/IM | - | - | - | Fee Schedule | $133.47 | - | - | - | - | 019 | 999 | - |
| 90733 | E | MPSV4 VACCINE SUBQ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90734 | M | MENACWYD/MENACWYCRM VACC IM | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 019 | 999 | - |
| 90736 | M | HZV VACCINE LIVE SUBQ | - | - | - | Fee Schedule | $223.12 | - | - | - | - | 050 | 999 | - |
| 90738 | E | INACTIVATED JE VACC IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90739 | M | HEPB VACC 2/4 DOSE ADULT IM | - | - | - | Fee Schedule | $160.28 | - | - | - | - | 018 | 999 | - |
| 90740 | M | HEPB VACC 3 DOSE IMMUNSUP IM | - | - | - | Fee Schedule | $152.12 | - | - | - | - | 000 | 999 | - |
| 90743 | M | HEPB VACC 2 DOSE ADOLESC IM | - | - | - | Fee Schedule | $73.85 | - | - | - | - | 998 | 999 | - |
| 90744 | M | HEPB VACC 3 DOSE PED/ADOL IM | - | - | - | Fee Schedule | $29.90 | - | - | - | - | 998 | 999 | - |
| 90746 | M | HEPB VACCINE 3 DOSE ADULT IM | - | - | - | Fee Schedule | $70.38 | - | - | - | - | 019 | 999 | - |
| 90747 | M | HEPB VACC 4 DOSE IMMUNSUP IM | - | - | - | Fee Schedule | $140.75 | - | - | - | - | 000 | 999 | - |
| 90748 | M | HIB-HEPB VACCINE IM | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 998 | 999 | - |
| 90749 | N | UNLISTED VACCINE/TOXOID | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 90750 | M | HZV VACC RECOMBINANT IM | - | - | - | Fee Schedule | $171.57 | - | - | - | - | 000 | 999 | - |
| 90756 | M | CCIIV4 VACC ABX FREE IM | - | - | - | Fee Schedule | $30.58 | - | - | - | - | 019 | 999 | - |
| 90758 | E | ZAIRE EBOLAVIRUS VAC LIVE IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90759 | M | HEP B VAC 3AG 10MCG 3 DOS IM | - | - | - | Fee Schedule | $73.82 | - | - | - | - | 000 | 999 | - |
| 90785 | N | PSYTX COMPLEX INTERACTIVE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 90791 | N | PSYCH DIAGNOSTIC EVALUATION | - | 05823 | 1.7024 | Bundled, sometimes payable | $99.40 | - | - | - | - | 000 | 999 | - |
| 90792 | N | PSYCH DIAG EVAL W/MED SRVCS | - | 05823 | 1.7024 | Bundled, sometimes payable | $99.40 | - | - | - | - | 000 | 999 | - |
| 90832 | N | PSYTX W PT 30 MINUTES | - | 05823 | 1.7024 | Bundled, sometimes payable | $99.40 | - | - | - | - | 000 | 999 | - |
| 90833 | N | PSYTX W PT W E/M 30 MIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 90834 | N | PSYTX W PT 45 MINUTES | - | 05823 | 1.7024 | Bundled, sometimes payable | $99.40 | - | - | - | - | 000 | 999 | - |
| 90836 | N | PSYTX W PT W E/M 45 MIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 90837 | N | PSYTX W PT 60 MINUTES | - | 05823 | 1.7024 | Bundled, sometimes payable | $99.40 | - | - | - | - | 000 | 999 | - |
| 90838 | N | PSYTX W PT W E/M 60 MIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 90839 | N | PSYTX CRISIS INITIAL 60 MIN | - | 05823 | 1.7024 | Bundled, sometimes payable | $99.40 | - | - | - | - | 000 | 999 | - |
| 90840 | N | PSYTX CRISIS EA ADDL 30 MIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 90845 | N | PSYCHOANALYSIS | - | 05823 | 1.7024 | Bundled, sometimes payable | $99.40 | - | - | - | - | 000 | 999 | - |
| 90846 | N | FAMILY PSYTX W/O PT 50 MIN | - | 05823 | 1.7024 | Bundled, sometimes payable | $99.40 | - | - | - | - | 000 | 999 | - |
| 90847 | N | FAMILY PSYTX W/PT 50 MIN | - | 05823 | 1.7024 | Bundled, sometimes payable | $99.40 | - | - | - | - | 000 | 999 | - |
| 90849 | N | MULTIPLE FAMILY GROUP PSYTX | - | 05823 | 1.7024 | Bundled, sometimes payable | $99.40 | - | - | - | - | 000 | 999 | - |
| 90853 | N | GROUP PSYCHOTHERAPY | - | 05822 | 0.8863 | Bundled, sometimes payable | $51.75 | - | - | - | - | 000 | 999 | - |
| 90863 | E | PHARMACOLOGIC MGMT W/PSYTX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90865 | N | NARCOSYNTHESIS | - | 05823 | 1.7024 | Bundled, sometimes payable | $99.40 | - | - | - | - | 000 | 999 | - |
| 90867 | S | TCRANIAL MAGN STIM TX PLAN | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 90868 | S | TCRANIAL MAGN STIM TX DELI | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 90869 | S | TCRAN MAGN STIM REDETEMINE | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 90870 | S | ELECTROCONVULSIVE THERAPY | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | - | 000 | 999 | - |
| 90875 | E | PSYCHOPHYSIOLOGICAL THERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90876 | E | PSYCHOPHYSIOLOGICAL THERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90880 | N | HYPNOTHERAPY | - | 05822 | 0.8863 | Bundled, sometimes payable | $51.75 | - | - | - | - | 000 | 999 | - |
| 90882 | E | ENVIRONMENTAL MANIPULATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90885 | N | PSY EVALUATION OF RECORDS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 90887 | N | CONSULTATION WITH FAMILY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 90889 | N | PREPARATION OF REPORT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 90899 | N | UNLISTED PSYC SVC/THERAPY | - | 05821 | 0.3468 | Bundled, sometimes payable | $20.25 | - | - | - | - | 000 | 999 | - |
| 90901 | M | BIOFEEDBACK TRAIN ANY METH | - | - | - | Fee Schedule | $24.82 | - | - | - | - | 000 | 999 | - |
| 90912 | E | BFB TRAINING 1ST 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90913 | E | BFB TRAINING EA ADDL 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 90935 | S | HEMODIALYSIS ONE EVALUATION | - | 05401 | 7.3672 | APC | $430.17 | - | - | - | - | 000 | 999 | - |
| 90937 | M | HEMODIALYSIS REPEATED EVAL | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 90940 | N | HEMODIALYSIS ACCESS STUDY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 90945 | V | DIALYSIS ONE EVALUATION | - | 05024 | 4.4589 | APC | $260.36 | - | - | - | - | 000 | 999 | - |
| 90947 | M | DIALYSIS REPEATED EVAL | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 90951 | E | ESRD SERV 4 VISITS P MO <2YR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 001 | - |
| 90952 | E | ESRD SERV 2-3 VSTS P MO <2YR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 001 | - |
| 90953 | E | ESRD SERV 1 VISIT P MO <2YRS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 001 | - |
| 90954 | E | ESRD SERV 4 VSTS P MO 2-11 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 002 | 011 | - |
| 90955 | E | ESRD SRV 2-3 VSTS P MO 2-11 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 002 | 011 | - |
| 90956 | E | ESRD SRV 1 VISIT P MO 2-11 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 002 | 011 | - |
| 90957 | E | ESRD SRV 4 VSTS P MO 12-19 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 012 | 019 | - |
| 90958 | E | ESRD SRV 2-3 VSTS P MO 12-19 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 012 | 019 | - |
| 90959 | E | ESRD SERV 1 VST P MO 12-19 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 012 | 019 | - |
| 90960 | E | ESRD SRV 4 VISITS P MO 20+ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 020 | 999 | - |
| 90961 | E | ESRD SRV 2-3 VSTS P MO 20+ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 020 | 999 | - |
| 90962 | E | ESRD SERV 1 VISIT P MO 20+ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 020 | 999 | - |
| 90963 | E | ESRD HOME PT SERV P MO <2YRS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 001 | - |
| 90964 | E | ESRD HOME PT SERV P MO 2-11 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 002 | 011 | - |
| 90965 | E | ESRD HOME PT SERV P MO 12-19 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 012 | 019 | - |
| 90966 | E | ESRD HOME PT SERV P MO 20+ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 020 | 999 | - |
| 90967 | E | ESRD SVC PR DAY PT <2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 001 | - |
| 90968 | E | ESRD SVC PR DAY PT 2-11 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 002 | 011 | - |
| 90969 | E | ESRD SVC PR DAY PT 12-19 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 012 | 019 | - |
| 90970 | E | ESRD SVC PR DAY PT 20+ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 020 | 999 | - |
| 90989 | M | DIALYSIS TRAINING COMPLETE | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 90993 | M | DIALYSIS TRAINING INCOMPL | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 90997 | M | HEMOPERFUSION | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 90999 | M | UNLISTED DIALYSIS PROCEDURE | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 91010 | S | ESOPHAGUS MOTILITY STUDY | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | - | 000 | 999 | - |
| 91013 | N | ESOPHGL MOTIL W/STIM/PERFUS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 91020 | S | GASTRIC MOTILITY STUDIES | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | - | 000 | 999 | - |
| 91022 | S | DUODENAL MOTILITY STUDY | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | Y | 000 | 999 | - |
| 91030 | S | ACID PERFUSION OF ESOPHAGUS | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | - | 000 | 999 | - |
| 91034 | S | GASTROESOPHAGEAL REFLUX TEST | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | Y | 000 | 999 | - |
| 91035 | S | G-ESOPH REFLX TST W/ELECTROD | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | Y | 000 | 999 | - |
| 91037 | S | ESOPH IMPED FUNCTION TEST | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | Y | 000 | 999 | - |
| 91038 | S | ESOPH IMPED FUNCT TEST > 1HR | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | Y | 000 | 999 | - |
| 91040 | S | ESOPH BALLOON DISTENSION TST | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | Y | 000 | 999 | - |
| 91065 | S | BREATH HYDROGEN/METHANE TEST | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 91110 | T | GI TRC IMG INTRAL ESOPH-ILE | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | Y | 000 | 999 | - |
| 91111 | T | GI TRC IMG INTRAL ESOPHAGUS | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | - | 000 | 999 | - |
| 91112 | T | GI WIRELESS CAPSULE MEASURE | - | 05301 | 9.6455 | APC | $563.20 | - | - | - | Y | 000 | 999 | - |
| 91113 | T | GI TRC IMG INTRAL COLON I&R | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| 91117 | T | COLON MOTILITY 6 HR STUDY | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 91120 | S | RECTAL SENSATION TEST | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | Y | 000 | 999 | - |
| 91122 | T | ANAL PRESSURE RECORD | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 91132 | S | ELECTROGASTROGRAPHY | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 91133 | N | ELECTROGASTROGRAPHY W/TEST | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 91200 | S | LIVER ELASTOGRAPHY | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 91299 | S | UNLISTED DX GI PROCEDURE | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 91302 | M | SARSCOV2 VAC 5X1010VP/.5MLIM | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 91303 | E | SARSCOV2 VAC AD26 .5ML IM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 018 | 999 | - |
| 91304 | M | SARSCOV2 VAC 5MCG/0.5ML IM | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 012 | 999 | - |
| 91310 | E | SARSCOV2 VAC 5MCG/0.5ML AS03 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 91312 | M | SARSCOV2 VAC BVL 30MCG/0.3ML | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 012 | 999 | - |
| 91313 | M | SARSCOV2 VAC BVL 50MCG/0.5ML | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 012 | 999 | - |
| 91314 | M | SARSCOV2 VAC BVL 25MCG/.25ML | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 006 | 011 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 91315 | M | SARSCOV2 VAC BVL 10MCG/0.2ML | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 005 | 011 | - |
| 91316 | M | SARSCOV2 VAC BVL 10MCG/0.2ML | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 91318 | M | SARSCOV2 VAC 3MCG TRS-SUC IM | - | - | - | Fee Schedule | $65.36 | - | - | - | - | 000 | 999 | - |
| 91319 | M | SARSCV2 VAC 10MCG TRS-SUC IM | - | - | - | Fee Schedule | $87.78 | - | - | - | - | 000 | 999 | - |
| 91320 | M | SARSCV2 VAC 30MCG TRS-SUC IM | - | - | - | Fee Schedule | $131.10 | - | - | - | - | 000 | 999 | - |
| 91321 | M | SARSCOV2 VAC 25 MCG/.25ML IM | - | - | - | Fee Schedule | $145.92 | - | - | - | - | 000 | 999 | - |
| 91322 | M | SARSCOV2 VAC 50 MCG/0.5ML IM | - | - | - | Fee Schedule | $145.92 | - | - | - | - | 000 | 999 | - |
| 92002 | M | EYE EXAM NEW PATIENT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 92004 | M | EYE EXAM NEW PATIENT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 92012 | M | EYE EXAM ESTABLISH PATIENT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 92014 | M | EYE EXAM&TX ESTAB PT 1/>VST | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 92015 | E | DETERMINE REFRACTIVE STATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92018 | T | NEW EYE EXAM & TREATMENT | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 92019 | T | EYE EXAM & TREATMENT | - | 05503 | 24.7032 | APC | $1,442.42 | - | - | - | - | 000 | 999 | - |
| 92020 | N | SPECIAL EYE EVALUATION | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 92025 | N | CORNEAL TOPOGRAPHY | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 92060 | N | SPECIAL EYE EVALUATION | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 92065 | E | ORTHOP TRAING PFRMD PHYS/QHP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92066 | N | ORTHOP TRAING SUPVJ PHYS/QHP | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 92071 | N | CONTACT LENS FITTING FOR TX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 92072 | N | FIT CONTAC LENS FOR MANAGMNT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 92081 | N | VISUAL FIELD EXAMINATION(S) | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 92082 | N | VISUAL FIELD EXAMINATION(S) | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 92083 | N | VISUAL FIELD EXAMINATION(S) | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 92100 | N | SERIAL TONOMETRY EXAM(S) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 92132 | N | CMPTR OPHTH DX IMG ANT SEGMT | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 92133 | N | CMPTR OPHTH IMG OPTIC NERVE | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 92134 | N | CPTR OPHTH DX IMG POST SEGMT | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 92136 | N | OPHTHALMIC BIOMETRY | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 92145 | N | CORNEAL HYSTERESIS DETER | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 92201 | N | OPSCPY EXTND RTA DRAW UNI/BI | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 92202 | N | OPSCPY EXTND ON/MAC DRAW | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 92227 | N | IMG RTA DETCJ/MNTR DS STAFF | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 92228 | N | IMG RTA DETC/MNTR DS PHY/QHP | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 92229 | S | IMG RTA DETC/MNTR DS POC ALY | - | 05733 | 0.6716 | APC | $39.21 | - | - | - | - | 000 | 999 | - |
| 92230 | N | EYE EXAM WITH PHOTOS | - | 05723 | 5.6485 | Bundled, sometimes payable | $329.82 | - | - | - | - | 000 | 999 | - |
| 92235 | S | FLUORESCEIN ANGRPH UNI/BI | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 92240 | S | ICG ANGIOGRAPHY UNI/BI | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 92242 | S | FLUORESCEIN ICG ANGIOGRAPHY | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 92250 | N | EYE EXAM WITH PHOTOS | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 92260 | N | OPHTHALMOSCOPY/DYNAMOMETRY | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 92265 | N | EYE MUSCLE EVALUATION | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 92270 | N | ELECTRO-OCULOGRAPHY | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 92273 | S | FULL FIELD ERG W/I&R | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 92274 | S | MULTIFOCAL ERG W/I&R | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 92283 | N | COLOR VISION EXAMINATION | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 92284 | N | DX DARK ADAPTATION EXAM I&R | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | - | 000 | 999 | - |
| 92285 | N | EYE PHOTOGRAPHY | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 92286 | N | INTERNAL EYE PHOTOGRAPHY | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 92287 | N | INTERNAL EYE PHOTOGRAPHY | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 92310 | E | CONTACT LENS FITTING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92311 | E | CONTACT LENS FITTING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92312 | E | CONTACT LENS FITTING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92313 | E | CONTACT LENS FITTING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92314 | E | PRESCRIPTION OF CONTACT LENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92315 | E | RX CNTACT LENS APHAKIA 1 EYE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 92316 | E | RX CNTACT LENS APHAKIA 2 EYE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92317 | E | RX CORNEOSCLERAL CNTACT LENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92325 | E | MODIFICATION OF CONTACT LENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92326 | E | REPLACEMENT OF CONTACT LENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92340 | M | FIT SPECTACLES MONOFOCAL | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 92341 | M | FIT SPECTACLES BIFOCAL | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 92342 | M | FIT SPECTACLES MULTIFOCAL | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 92352 | E | FIT APHAKIA SPECTCL MONOFOCL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92353 | E | FIT APHAKIA SPECTCL MULTIFOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92354 | E | FIT SPECTACLES SINGLE SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92355 | E | FIT SPECTACLES COMPOUND LENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92358 | N | APHAKIA PROSTH SERVICE TEMP | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 92370 | E | REPAIR & ADJUST SPECTACLES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92371 | E | REPAIR & ADJUST SPECTACLES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92499 | N | UNLISTED OPH SVC/PROCEDURE | - | 05731 | 0.2916 | Bundled, sometimes payable | $17.03 | - | - | - | - | 000 | 999 | - |
| 92502 | T | EAR AND THROAT EXAMINATION | - | 05162 | 5.3376 | APC | $311.66 | - | - | - | - | 000 | 999 | - |
| 92504 | N | EAR MICROSCOPY EXAMINATION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 92507 | Y | SPEECH/HEARING THERAPY | - | - | - | Fee Schedule | $59.55 | - | - | - | - | 000 | 999 | - |
| 92508 | Y | SPEECH/HEARING THERAPY | - | - | - | Fee Schedule | $18.55 | - | - | - | - | 000 | 999 | - |
| 92511 | T | NASOPHARYNGOSCOPY | - | 05151 | 2.0886 | APC | $121.95 | - | - | - | - | 000 | 999 | - |
| 92512 | S | NASAL FUNCTION STUDIES | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 92516 | S | FACIAL NERVE FUNCTION TEST | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 92517 | S | VEMP TEST I&R CERVICAL | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 92518 | S | VEMP TEST I&R OCULAR | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 92519 | S | VEMP TST I&R CERVICAL&OCULAR | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 92520 | N | LARYNGEAL FUNCTION STUDIES | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 92521 | Y | EVALUATION OF SPEECH FLUENCY | - | - | - | Fee Schedule | $103.45 | - | - | - | - | 000 | 999 | - |
| 92522 | Y | EVALUATE SPEECH PRODUCTION | - | - | - | Fee Schedule | $86.44 | - | - | - | - | 000 | 999 | - |
| 92523 | Y | SPEECH SOUND LANG COMPREHEN | - | - | - | Fee Schedule | $177.37 | - | - | - | - | 000 | 999 | - |
| 92524 | Y | BEHAVRAL QUALIT ANALYS VOICE | - | - | - | Fee Schedule | $85.39 | - | - | - | - | 000 | 999 | - |
| 92526 | Y | ORAL FUNCTION THERAPY | - | - | - | Fee Schedule | $66.08 | - | - | - | - | 000 | 999 | - |
| 92531 | N | SPONTANEOUS NYSTAGMUS STUDY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 92532 | N | POSITIONAL NYSTAGMUS TEST | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 92533 | N | CALORIC VESTIBULAR TEST | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 92534 | N | OPTOKINETIC NYSTAGMUS TEST | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 92537 | S | CALORIC VSTBLR TEST W/REC | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 92538 | S | CALORIC VSTBLR TEST W/REC | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 92540 | S | BASIC VESTIBULAR EVALUATION | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 92541 | N | SPONTANEOUS NYSTAGMUS TEST | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 92542 | N | POSITIONAL NYSTAGMUS TEST | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 92544 | S | OPTOKINETIC NYSTAGMUS TEST | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 92545 | S | OSCILLATING TRACKING TEST | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 92546 | S | SINUSOIDAL ROTATIONAL TEST | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 92547 | N | SUPPLEMENTAL ELECTRICAL TEST | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 92548 | N | CDP-SOT 6 COND W/I&R | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 92549 | N | CDP-SOT 6 COND W/I&R MCT&ADT | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 92550 | N | TYMPANOMETRY & REFLEX THRESH | - | 05721 | 1.6992 | Bundled, sometimes payable | $99.22 | - | - | - | - | 000 | 999 | - |
| 92551 | M | PURE TONE HEARING TEST AIR | - | - | - | Fee Schedule | $15.96 | - | - | - | - | 000 | 999 | - |
| 92552 | N | PURE TONE AUDIOMETRY AIR | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 92553 | N | AUDIOMETRY AIR & BONE | - | 05721 | 1.6992 | Bundled, sometimes payable | $99.22 | - | - | - | - | 000 | 999 | - |
| 92555 | N | SPEECH THRESHOLD AUDIOMETRY | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 92556 | N | SPEECH AUDIOMETRY COMPLETE | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 92557 | N | COMPREHENSIVE HEARING TEST | - | 05721 | 1.6992 | Bundled, sometimes payable | $99.22 | - | - | - | - | 000 | 999 | - |
| 92558 | E | EVOKED AUDITORY TEST QUAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92562 | N | LOUDNESS BALANCE TEST | - | 05721 | 1.6992 | Bundled, sometimes payable | $99.22 | - | - | - | - | 000 | 999 | - |
| 92563 | N | TONE DECAY HEARING TEST | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 92565 | N | STENGER TEST PURE TONE | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 92567 | N | TYMPANOMETRY | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 92568 | N | ACOUSTIC REFL THRESHOLD TST | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 92570 | N | ACOUSTIC IMMITANCE TESTING | - | 05721 | 1.6992 | Bundled, sometimes payable | $99.22 | - | - | - | - | 000 | 999 | - |
| 92571 | N | FILTERED SPEECH HEARING TEST | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 92572 | N | STAGGERED SPONDAIC WORD TEST | - | 05721 | 1.6992 | Bundled, sometimes payable | $99.22 | - | - | - | - | 000 | 999 | - |
| 92575 | N | SENSORINEURAL ACUITY TEST | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 92576 | N | SYNTHETIC SENTENCE TEST | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 92577 | N | STENGER TEST SPEECH | - | 05723 | 5.6485 | Bundled, sometimes payable | $329.82 | - | - | - | - | 000 | 999 | - |
| 92579 | N | VISUAL AUDIOMETRY (VRA) | - | 05721 | 1.6992 | Bundled, sometimes payable | $99.22 | - | - | - | - | 000 | 999 | - |
| 92582 | N | CONDITIONING PLAY AUDIOMETRY | - | 05721 | 1.6992 | Bundled, sometimes payable | $99.22 | - | - | - | - | 000 | 999 | - |
| 92583 | N | SELECT PICTURE AUDIOMETRY | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 92584 | S | ELECTROCOCHLEOGRAPHY | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 92587 | S | EVOKED AUDITORY TEST LIMITED | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 92588 | S | EVOKED AUDITORY TST COMPLETE | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 92590 | E | HEARING AID EXAM ONE EAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92591 | E | HEARING AID EXAM BOTH EARS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92592 | M | HEARING AID CHECK ONE EAR | - | - | - | Fee Schedule | $14.06 | - | - | - | - | 000 | 999 | - |
| 92593 | M | HEARING AID CHECK BOTH EARS | - | - | - | Fee Schedule | $22.41 | - | - | - | - | 000 | 999 | - |
| 92594 | E | ELECTRO HEARNG AID TEST ONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92595 | E | ELECTRO HEARNG AID TST BOTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92596 | N | EAR PROTECTOR EVALUATION | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 92597 | Y | ORAL SPEECH DEVICE EVAL | - | - | - | Fee Schedule | $55.89 | - | - | - | Y | 000 | 999 | - |
| 92601 | S | COCHLEAR IMPLT F/UP EXAM <7 | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 007 | - |
| 92602 | S | REPROGRAM COCHLEAR IMPLT <7 | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 007 | - |
| 92603 | S | COCHLEAR IMPLT F/UP EXAM 7/> | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 007 | 999 | - |
| 92604 | S | REPROGRAM COCHLEAR IMPLT 7/> | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 007 | 999 | - |
| 92605 | M | EX FOR NONSPEECH DEVICE RX | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 92606 | N | NON-SPEECH DEVICE SERVICE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 92607 | Y | EX FOR SPEECH DEVICE RX 1HR | - | - | - | Fee Schedule | $92.69 | - | - | - | - | 000 | 999 | - |
| 92608 | Y | EX FOR SPEECH DEVICE RX ADDL | - | - | - | Fee Schedule | $36.72 | - | - | - | - | 000 | 999 | - |
| 92609 | Y | USE OF SPEECH DEVICE SERVICE | - | - | - | Fee Schedule | $77.74 | - | - | - | - | 000 | 999 | - |
| 92610 | Y | EVALUATE SWALLOWING FUNCTION | - | - | - | Fee Schedule | $52.15 | - | - | - | - | 000 | 999 | - |
| 92611 | Y | MOTION FLUOROSCOPY/SWALLOW | - | - | - | Fee Schedule | $68.62 | - | - | - | Y | 000 | 999 | - |
| 92612 | M | ENDOSCOPY SWALLOW (FEES) VID | - | - | - | Fee Schedule | $51.45 | - | - | - | Y | 000 | 999 | - |
| 92613 | E | ENDOSCOPY SWALLOW (FEES) I&R | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 92614 | M | LARYNGOSCOPIC SENSORY VID | - | - | - | Fee Schedule | $49.11 | - | - | - | Y | 000 | 999 | - |
| 92615 | E | LARYNGOSCOPIC SENSORY I&R | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 92616 | M | FEES W/LARYNGEAL SENSE TEST | - | - | - | Fee Schedule | $73.16 | - | - | - | Y | 000 | 999 | - |
| 92617 | E | FEES W/LARYNGEAL SENSE I&R | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 92618 | E | EX FOR NONSPEECH DEV RX ADD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92620 | N | AUDITORY FUNCTION 60 MIN | - | 05721 | 1.6992 | Bundled, sometimes payable | $99.22 | - | - | - | Y | 000 | 999 | - |
| 92621 | N | AUDITORY FUNCTION + 15 MIN | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 92625 | N | TINNITUS ASSESSMENT | - | 05721 | 1.6992 | Bundled, sometimes payable | $99.22 | - | - | - | Y | 000 | 999 | - |
| 92626 | N | EVAL AUD FUNCJ 1ST HOUR | - | 05721 | 1.6992 | Bundled, sometimes payable | $99.22 | - | - | - | - | 000 | 999 | - |
| 92627 | N | EVAL AUD FUNCJ EA ADDL 15 | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 92630 | E | AUD REHAB PRE-LING HEAR LOSS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92633 | E | AUD REHAB POSTLING HEAR LOSS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92640 | S | AUD BRAINSTEM IMPLT PROGRAMG | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 92650 | E | AEP SCR AUDITORY POTENTIAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 92651 | S | AEP HEARING STATUS DETER I&R | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 92652 | S | AEP THRSHLD EST MLT FREQ I&R | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 92653 | S | AEP NEURODIAGNOSTIC I&R | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 92700 | N | UNLISTED ORL SERVICE/PX | - | 05731 | 0.2916 | Bundled, sometimes payable | $17.03 | - | - | - | - | 000 | 999 | - |
| 92920 | N | PRQ CARDIAC ANGIOPLAST 1 ART | - | 05192 | 60.9383 | Bundled, sometimes payable | $3,558.19 | - | - | - | Y | 000 | 999 | - |
| 92921 | N | PRQ CARDIAC ANGIO ADDL ART | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 92924 | N | PRQ CARD ANGIO/ATHRECT 1 ART | - | 05193 | 124.0324 | Bundled, sometimes payable | $7,242.25 | - | - | - | Y | 000 | 999 | - |
| 92925 | N | PRQ CARD ANGIO/ATHRECT ADDL | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 92928 | N | PRQ CARD STENT W/ANGIO 1 VSL | - | 05193 | 124.0324 | Bundled, sometimes payable | $7,242.25 | - | - | - | Y | 000 | 999 | - |
| 92929 | N | PRQ CARD STENT W/ANGIO ADDL | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 92933 | N | PRQ CARD STENT/ATH/ANGIO | - | 05194 | 200.7081 | Bundled, sometimes payable | $11,719.35 | - | - | - | Y | 000 | 999 | - |
| 92934 | N | PRQ CARD STENT/ATH/ANGIO | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 92937 | N | PRQ REVASC BYP GRAFT 1 VSL | - | 05193 | 124.0324 | Bundled, sometimes payable | $7,242.25 | - | - | - | Y | 000 | 999 | - |
| 92938 | N | PRQ REVASC BYP GRAFT ADDL | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 92941 | C | PRQ CARD REVASC MI 1 VSL | - | - | - | Inpatient Only | $0.00 | - | - | - | Y | 000 | 999 | - |
| 92943 | N | PRQ CARD REVASC CHRONIC 1VSL | - | 05193 | 124.0324 | Bundled, sometimes payable | $7,242.25 | - | - | - | Y | 000 | 999 | - |
| 92944 | N | PRQ CARD REVASC CHRONIC ADDL | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 92950 | S | HEART/LUNG RESUSCITATION CPR | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 92953 | N | TEMPORARY EXTERNAL PACING | - | 05781 | 6.8720 | Bundled, sometimes payable | $401.26 | - | - | - | - | 000 | 999 | - |
| 92960 | S | CARDIOVERSION ELECTRIC EXT | - | 05781 | 6.8720 | APC | $401.26 | - | - | - | - | 000 | 999 | - |
| 92961 | S | CARDIOVERSION ELECTRIC INT | - | 05781 | 6.8720 | APC | $401.26 | - | - | - | - | 000 | 999 | - |
| 92970 | C | CARDIOASSIST INTERNAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 92971 | C | CARDIOASSIST EXTERNAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 92973 | N | PRQ CORONARY MECH THROMBECT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 92974 | N | CATH PLACE CARDIO BRACHYTX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 92975 | C | DISSOLVE CLOT HEART VESSEL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 92977 | T | DISSOLVE CLOT HEART VESSEL | - | 05694 | 3.8864 | APC | $226.93 | - | - | - | - | 000 | 999 | - |
| 92978 | N | ENDOLUMINL IVUS OCT C 1ST | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 92979 | N | ENDOLUMINL IVUS OCT C EA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 92986 | N | REVISION OF AORTIC VALVE | - | 05192 | 60.9383 | Bundled, sometimes payable | $3,558.19 | - | - | - | - | 000 | 999 | - |
| 92987 | N | REVISION OF MITRAL VALVE | - | 05193 | 124.0324 | Bundled, sometimes payable | $7,242.25 | - | - | - | - | 000 | 999 | - |
| 92990 | N | REVISION OF PULMONARY VALVE | - | 05193 | 124.0324 | Bundled, sometimes payable | $7,242.25 | - | - | - | - | 000 | 999 | - |
| 92997 | N | PUL ART BALLOON REPR PERCUT | - | 05193 | 124.0324 | Bundled, sometimes payable | $7,242.25 | - | - | - | - | 000 | 999 | - |
| 92998 | N | PUL ART BALLOON REPR PERCUT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93000 | M | ELECTROCARDIOGRAM COMPLETE | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 93005 | N | ELECTROCARDIOGRAM TRACING | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 93010 | M | ELECTROCARDIOGRAM REPORT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 93015 | M | CARDIOVASCULAR STRESS TEST | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 93016 | M | CARDIOVASCULAR STRESS TEST | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 93017 | N | CARDIOVASCULAR STRESS TEST | - | 05722 | 3.2723 | Bundled, sometimes payable | $191.07 | - | - | - | - | 000 | 999 | - |
| 93018 | M | CARDIOVASCULAR STRESS TEST | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 93024 | N | CARDIAC DRUG STRESS TEST | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | - | 000 | 999 | - |
| 93025 | S | MICROVOLT T-WAVE ASSESS | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 93040 | M | RHYTHM ECG WITH REPORT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 93041 | N | RHYTHM ECG TRACING | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 93042 | M | RHYTHM ECG REPORT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 93050 | N | ART PRESSURE WAVEFORM ANALYS | - | 05731 | 0.2916 | Bundled, sometimes payable | $17.03 | - | - | - | - | 000 | 999 | - |
| 93224 | E | ECG MONIT/REPRT UP TO 48 HRS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 93225 | N | ECG MONIT/REPRT UP TO 48 HRS | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 93226 | N | ECG MONIT/REPRT UP TO 48 HRS | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 93227 | E | ECG MONIT/REPRT UP TO 48 HRS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 93228 | E | REMOTE 30 DAY ECG REV/REPORT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 93229 | S | REMOTE 30 DAY ECG TECH SUPP | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 93241 | E | EXT ECG>48HR<7D REC SCAN A/R | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 93242 | N | EXT ECG>48HR<7D RECORDING | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 93243 | N | EXT ECG>48HR<7D SCAN A/R | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 93244 | E | EXT ECG>48HR<7D REV&INTERPJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 93245 | E | EXT ECG>7D<15D REC SCAN A/R | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 93246 | N | EXT ECG>7D<15D RECORDING | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 93247 | N | EXT ECG>7D<15D SCAN A/R | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 93248 | E | EXT ECG>7D<15D REV&INTERPJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 93260 | N | PRGRMG DEV EVAL IMPLTBL SYS | - | 05741 | 0.4090 | Bundled, sometimes payable | $23.88 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 93261 | N | INTERROGATE SUBQ DEFIB | - | 05741 | 0.4090 | Bundled, sometimes payable | $23.88 | - | - | - | - | 000 | 999 | - |
| 93264 | E | REM MNTR WRLS P-ART PRS SNR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 93268 | E | ECG RECORD/REVIEW | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 93270 | N | REMOTE 30 DAY ECG REV/REPORT | - | 05741 | 0.4090 | Bundled, sometimes payable | $23.88 | - | - | - | - | 000 | 999 | - |
| 93271 | S | ECG/MONITORING AND ANALYSIS | - | 05742 | 1.1662 | APC | $68.09 | - | - | - | - | 000 | 999 | - |
| 93272 | E | ECG/REVIEW INTERPRET ONLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 93278 | N | ECG/SIGNAL-AVERAGED | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 93279 | N | PRGRMG DEV EVAL PM/LDLS PM | - | 05741 | 0.4090 | Bundled, sometimes payable | $23.88 | - | - | - | - | 000 | 999 | - |
| 93280 | N | PM DEVICE PROGR EVAL DUAL | - | 05741 | 0.4090 | Bundled, sometimes payable | $23.88 | - | - | - | - | 000 | 999 | - |
| 93281 | N | PM DEVICE PROGR EVAL MULTI | - | 05741 | 0.4090 | Bundled, sometimes payable | $23.88 | - | - | - | - | 000 | 999 | - |
| 93282 | N | PRGRMG EVAL IMPLANTABLE DFB | - | 05741 | 0.4090 | Bundled, sometimes payable | $23.88 | - | - | - | - | 000 | 999 | - |
| 93283 | N | PRGRMG EVAL IMPLANTABLE DFB | - | 05741 | 0.4090 | Bundled, sometimes payable | $23.88 | - | - | - | - | 000 | 999 | - |
| 93284 | N | PRGRMG EVAL IMPLANTABLE DFB | - | 05741 | 0.4090 | Bundled, sometimes payable | $23.88 | - | - | - | - | 000 | 999 | - |
| 93285 | N | PRGRMG DEV EVAL SCRMS IP | - | 05741 | 0.4090 | Bundled, sometimes payable | $23.88 | - | - | - | - | 000 | 999 | - |
| 93286 | N | PERI-PX EVAL PM/LDLS PM IP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93287 | N | PERI-PX DEVICE EVAL & PRGR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93288 | N | INTERROG EVL PM/LDLS PM IP | - | 05741 | 0.4090 | Bundled, sometimes payable | $23.88 | - | - | - | - | 000 | 999 | - |
| 93289 | N | INTERROG DEVICE EVAL HEART | - | 05741 | 0.4090 | Bundled, sometimes payable | $23.88 | - | - | - | - | 000 | 999 | - |
| 93290 | N | INTERROG DEV EVAL ICPMS IP | - | 05741 | 0.4090 | Bundled, sometimes payable | $23.88 | - | - | - | - | 000 | 999 | - |
| 93291 | N | INTERROG DEV EVAL SCRMS IP | - | 05731 | 0.2916 | Bundled, sometimes payable | $17.03 | - | - | - | - | 000 | 999 | - |
| 93292 | N | WCD DEVICE INTERROGATE | - | 05741 | 0.4090 | Bundled, sometimes payable | $23.88 | - | - | - | - | 000 | 999 | - |
| 93293 | N | PM PHONE R-STRIP DEVICE EVAL | - | 05741 | 0.4090 | Bundled, sometimes payable | $23.88 | - | - | - | - | 000 | 999 | - |
| 93294 | E | REM INTERROG EVL PM/LDLS PM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 93295 | E | DEV INTERROG REMOTE 1/2/MLT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 93296 | N | REM INTERROG EVL PM/IDS | - | 05741 | 0.4090 | Bundled, sometimes payable | $23.88 | - | - | - | - | 000 | 999 | - |
| 93297 | E | REM INTERROG DEV EVAL ICPMS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 93298 | E | REM INTERROG DEV EVAL SCRMS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 93303 | S | ECHO TRANSTHORACIC | - | 05524 | 5.8787 | APC | $343.26 | - | - | - | - | 000 | 999 | - |
| 93304 | S | ECHO TRANSTHORACIC | - | 05524 | 5.8787 | APC | $343.26 | - | - | - | - | 000 | 999 | - |
| 93306 | S | TTE W/DOPPLER COMPLETE | - | 05524 | 5.8787 | APC | $343.26 | - | - | - | - | 000 | 999 | - |
| 93307 | S | TTE W/O DOPPLER COMPLETE | - | 05523 | 2.7285 | APC | $159.32 | - | - | - | - | 000 | 999 | - |
| 93308 | S | TTE F-UP OR LMTD | - | 05523 | 2.7285 | APC | $159.32 | - | - | - | - | 000 | 999 | - |
| 93312 | S | ECHO TRANSESOPHAGEAL | - | 05524 | 5.8787 | APC | $343.26 | - | - | - | - | 000 | 999 | - |
| 93313 | S | ECHO TRANSESOPHAGEAL | - | 05524 | 5.8787 | APC | $343.26 | - | - | - | - | 000 | 999 | - |
| 93314 | N | ECHO TRANSESOPHAGEAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93315 | S | ECHO TRANSESOPHAGEAL | - | 05524 | 5.8787 | APC | $343.26 | - | - | - | - | 000 | 999 | - |
| 93316 | S | ECHO TRANSESOPHAGEAL | - | 05524 | 5.8787 | APC | $343.26 | - | - | - | - | 000 | 999 | - |
| 93317 | N | ECHO TRANSESOPHAGEAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93318 | S | ECHO TRANSESOPHAGEAL INTRAOP | - | 05524 | 5.8787 | APC | $343.26 | - | - | - | - | 000 | 999 | - |
| 93319 | N | 3D ECHO IMG CGEN CAR ANOMAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93320 | N | DOPPLER ECHO EXAM HEART | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93321 | N | DOPPLER ECHO EXAM HEART | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93325 | N | DOPPLER COLOR FLOW ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93350 | S | STRESS TTE ONLY | - | 05524 | 5.8787 | APC | $343.26 | - | - | - | - | 000 | 999 | - |
| 93351 | S | STRESS TTE COMPLETE | - | 05524 | 5.8787 | APC | $343.26 | - | - | - | - | 000 | 999 | - |
| 93352 | E | ADMIN ECG CONTRAST AGENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 93355 | N | ECHO TRANSESOPHAGEAL (TEE) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93356 | N | MYOCRD STRAIN IMG SPCKL TRCK | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93451 | T | RIGHT HEART CATH | - | 05191 | 34.5675 | APC | $2,018.40 | - | - | - | - | 000 | 999 | - |
| 93452 | T | LEFT HRT CATH W/VENTRCLGRPHY | - | 05191 | 34.5675 | APC | $2,018.40 | - | - | - | - | 000 | 999 | - |
| 93453 | T | R&L HRT CATH W/VENTRICLGRPHY | - | 05191 | 34.5675 | APC | $2,018.40 | - | - | - | - | 000 | 999 | - |
| 93454 | T | CORONARY ARTERY ANGIO S&I | - | 05191 | 34.5675 | APC | $2,018.40 | - | - | - | - | 000 | 999 | - |
| 93455 | T | CORONARY ART/GRFT ANGIO S&I | - | 05191 | 34.5675 | APC | $2,018.40 | - | - | - | - | 000 | 999 | - |
| 93456 | T | R HRT CORONARY ARTERY ANGIO | - | 05191 | 34.5675 | APC | $2,018.40 | - | - | - | - | 000 | 999 | - |
| 93457 | T | R HRT ART/GRFT ANGIO | - | 05191 | 34.5675 | APC | $2,018.40 | - | - | - | - | 000 | 999 | - |
| 93458 | T | L HRT ARTERY/VENTRICLE ANGIO | - | 05191 | 34.5675 | APC | $2,018.40 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 93459 | T | L HRT ART/GRFT ANGIO | - | 05191 | 34.5675 | APC | $2,018.40 | - | - | - | - | 000 | 999 | - |
| 93460 | T | R&L HRT ART/VENTRICLE ANGIO | - | 05191 | 34.5675 | APC | $2,018.40 | - | - | - | - | 000 | 999 | - |
| 93461 | T | R&L HRT ART/VENTRICLE ANGIO | - | 05191 | 34.5675 | APC | $2,018.40 | - | - | - | - | 000 | 999 | - |
| 93462 | N | L HRT CATH TRNSPTL PUNCTURE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93463 | N | DRUG ADMIN & HEMODYNMIC MEAS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93464 | N | EXERCISE W/HEMODYNAMIC MEAS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93503 | T | INSERT/PLACE HEART CATHETER | - | 05182 | 17.3845 | APC | $1,015.08 | - | - | - | - | 000 | 999 | - |
| 93505 | T | BIOPSY OF HEART LINING | - | 05183 | 34.8072 | APC | $2,032.39 | - | - | - | - | 000 | 999 | - |
| 93563 | N | NJX CGEN CAR CTH SLCTV C ANG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93564 | N | NJX CGEN CAR CATH SLCTV OPAC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93565 | N | NJX CAR CTH SLCTV LV/LA ANG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93566 | N | NJX CAR CTH SLCTV RV/RA ANG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93567 | N | NJX CAR CTH SPRVLV AORTGRPHY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93568 | N | NJX CAR CTH NSLC P-ART ANGRP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93569 | N | NJX CTH SLCT P-ART ANGRP UNI | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93571 | N | HEART FLOW RESERVE MEASURE | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 93572 | N | HEART FLOW RESERVE MEASURE | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 93573 | N | NJX CATH SLCT P-ART ANGRP BI | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93574 | N | NJX CATH SLCT PULM VN ANGRPH | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93575 | N | NJX CATH SLCT P ANGRPH MAPCA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93580 | N | TRANSCATH CLOSURE OF ASD | - | 05194 | 200.7081 | Bundled, sometimes payable | $11,719.35 | - | - | - | - | 000 | 999 | - |
| 93581 | N | TRANSCATH CLOSURE OF VSD | - | 05194 | 200.7081 | Bundled, sometimes payable | $11,719.35 | - | - | - | - | 000 | 999 | - |
| 93582 | N | PERQ TRANSCATH CLOSURE PDA | - | 05194 | 200.7081 | Bundled, sometimes payable | $11,719.35 | - | - | - | - | 000 | 999 | - |
| 93583 | C | PERQ TRANSCATH SEPTAL REDUXN | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 93590 | T | PERQ TRANSCATH CLS MITRAL | - | 05194 | 200.7081 | APC | $11,719.35 | - | - | - | - | 000 | 999 | - |
| 93591 | T | PERQ TRANSCATH CLS AORTIC | - | 05194 | 200.7081 | APC | $11,719.35 | - | - | - | - | 000 | 999 | - |
| 93592 | N | PERQ TRANSCATH CLOSURE EACH | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93593 | N | R HRT CATH CHD NML NT CNJ | - | 05191 | 34.5675 | Bundled, sometimes payable | $2,018.40 | - | - | - | - | 000 | 999 | - |
| 93594 | N | R HRT CATH CHD ABNL NT CNJ | - | 05191 | 34.5675 | Bundled, sometimes payable | $2,018.40 | - | - | - | - | 000 | 999 | - |
| 93595 | N | L HRT CATH CHD NM/ABN NT CNJ | - | 05191 | 34.5675 | Bundled, sometimes payable | $2,018.40 | - | - | - | - | 000 | 999 | - |
| 93596 | N | R&L HRT CATH CHD NML NT CNJ | - | 05191 | 34.5675 | Bundled, sometimes payable | $2,018.40 | - | - | - | - | 000 | 999 | - |
| 93597 | N | R&L HRT CATH CHD ABNL NT CNJ | - | 05191 | 34.5675 | Bundled, sometimes payable | $2,018.40 | - | - | - | - | 000 | 999 | - |
| 93598 | N | CAR OUTP MEAS DRG CATH CHD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93600 | N | BUNDLE OF HIS RECORDING | - | 05212 | 78.6674 | Bundled, sometimes payable | $4,593.39 | - | - | - | - | 000 | 999 | - |
| 93602 | N | INTRA-ATRIAL RECORDING | - | 05212 | 78.6674 | Bundled, sometimes payable | $4,593.39 | - | - | - | - | 000 | 999 | - |
| 93603 | N | RIGHT VENTRICULAR RECORDING | - | 05211 | 13.0521 | Bundled, sometimes payable | $762.11 | - | - | - | - | 000 | 999 | - |
| 93609 | N | MAP TACHYCARDIA ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93610 | N | INTRA-ATRIAL PACING | - | 05212 | 78.6674 | Bundled, sometimes payable | $4,593.39 | - | - | - | - | 000 | 999 | - |
| 93612 | N | INTRAVENTRICULAR PACING | - | 05212 | 78.6674 | Bundled, sometimes payable | $4,593.39 | - | - | - | - | 000 | 999 | - |
| 93613 | N | ELECTROPHYS MAP 3D ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93615 | N | ESOPHAGEAL RECORDING | - | 05211 | 13.0521 | Bundled, sometimes payable | $762.11 | - | - | - | - | 000 | 999 | - |
| 93616 | N | ESOPHAGEAL RECORDING | - | 05211 | 13.0521 | Bundled, sometimes payable | $762.11 | - | - | - | - | 000 | 999 | - |
| 93618 | N | HEART RHYTHM PACING | - | 05211 | 13.0521 | Bundled, sometimes payable | $762.11 | - | - | - | - | 000 | 999 | - |
| 93619 | N | ELECTROPHYSIOLOGY EVALUATION | - | 05212 | 78.6674 | Bundled, sometimes payable | $4,593.39 | - | - | - | - | 000 | 999 | - |
| 93620 | N | ELECTROPHYSIOLOGY EVALUATION | - | 05212 | 78.6674 | Bundled, sometimes payable | $4,593.39 | - | - | - | - | 000 | 999 | - |
| 93621 | N | ELECTROPHYSIOLOGY EVALUATION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93622 | N | ELECTROPHYSIOLOGY EVALUATION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93623 | N | STIMULATION PACING HEART | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93624 | N | ELECTROPHYSIOLOGIC STUDY | - | 05212 | 78.6674 | Bundled, sometimes payable | $4,593.39 | - | - | - | - | 000 | 999 | - |
| 93631 | N | HEART PACING MAPPING | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93640 | N | EVALUATION HEART DEVICE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93641 | N | ELECTROPHYSIOLOGY EVALUATION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93642 | N | ELECTROPHYSIOLOGY EVALUATION | - | 05211 | 13.0521 | Bundled, sometimes payable | $762.11 | - | - | - | - | 000 | 999 | - |
| 93644 | N | ELECTROPHYSIOLOGY EVALUATION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93650 | N | ABLATE HEART DYSRHYTHM FOCUS | - | 05212 | 78.6674 | Bundled, sometimes payable | $4,593.39 | - | - | - | - | 000 | 999 | - |
| 93653 | N | COMPRE EP EVAL TX SVT | - | 05213 | 274.3622 | Bundled, sometimes payable | $16,020.01 | - | - | - | Y | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 93654 | N | COMPRE EP EVAL TX VT | - | 05213 | 274.3622 | Bundled, sometimes payable | $16,020.01 | - | - | - | Y | 000 | 999 | - |
| 93655 | N | ABLATE ARRHYTHMIA ADD ON | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 93656 | N | COMPRE EP EVAL ABLTJ ATR FIB | - | 05213 | 274.3622 | Bundled, sometimes payable | $16,020.01 | - | - | - | Y | 000 | 999 | - |
| 93657 | N | TX L/R ATRIAL FIB ADDL | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 93660 | S | TILT TABLE EVALUATION | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | - | 000 | 999 | - |
| 93662 | N | INTRACARDIAC ECG (ICE) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93668 | S | PERIPHERAL VASCULAR REHAB | - | 05733 | 0.6716 | APC | $39.21 | - | - | - | - | 000 | 999 | - |
| 93701 | N | BIOIMPEDANCE CV ANALYSIS | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 93702 | S | BIS XTRACELL FLUID ANALYSIS | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 93724 | S | ANALYZE PACEMAKER SYSTEM | - | 05743 | 3.2325 | APC | $188.75 | - | - | - | - | 000 | 999 | - |
| 93740 | N | TEMPERATURE GRADIENT STUDIES | - | 05721 | 1.6992 | Bundled, sometimes payable | $99.22 | - | - | - | - | 000 | 999 | - |
| 93745 | S | SET-UP CARDIOVERT-DEFIBRILL | - | 05743 | 3.2325 | APC | $188.75 | - | - | - | Y | 000 | 999 | - |
| 93750 | S | INTERROGATION VAD IN PERSON | - | 05742 | 1.1662 | APC | $68.09 | - | - | - | - | 000 | 999 | - |
| 93770 | N | MEASURE VENOUS PRESSURE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 93784 | M | AMBL BP MNTR W/SOFTWARE | - | - | - | Fee Schedule | $0.00 | - | - | - | Y | 000 | 999 | - |
| 93786 | N | AMBL BP MNTR W/SW REC ONLY | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 93788 | N | AMBL BP MNTR W/SW A/R | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | Y | 000 | 999 | - |
| 93790 | E | AMBL BP MNTR W/SW I&R | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 93792 | E | PT/CAREGIVER TRAING HOME INR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 93793 | E | ANTICOAG MGMT PT WARFARIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 93797 | S | CARDIAC REHAB | - | 05771 | 1.4029 | APC | $81.92 | - | - | - | Y | 000 | 999 | - |
| 93798 | S | CARDIAC REHAB/MONITOR | - | 05771 | 1.4029 | APC | $81.92 | - | - | - | Y | 000 | 999 | - |
| 93799 | S | UNLISTED CV SVC/PROCEDURE | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 93880 | S | EXTRACRANIAL BILAT STUDY | - | 05523 | 2.7285 | APC | $159.32 | - | - | - | - | 000 | 999 | - |
| 93882 | S | EXTRACRANIAL UNI/LTD STUDY | - | 05522 | 1.2488 | APC | $72.92 | - | - | - | - | 000 | 999 | - |
| 93886 | S | INTRACRANIAL COMPLETE STUDY | - | 05523 | 2.7285 | APC | $159.32 | - | - | - | - | 000 | 999 | - |
| 93888 | S | INTRACRANIAL LIMITED STUDY | - | 05522 | 1.2488 | APC | $72.92 | - | - | - | - | 000 | 999 | - |
| 93890 | N | TCD VASOREACTIVITY STUDY | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | Y | 000 | 999 | - |
| 93892 | N | TCD EMBOLI DETECT W/O INJ | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | Y | 000 | 999 | - |
| 93893 | N | TCD EMBOLI DETECT W/INJ | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | Y | 000 | 999 | - |
| 93895 | E | CAROTID INTIMA ATHEROMA EVAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 93922 | N | UPR/L XTREMITY ART 2 LEVELS | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 93923 | S | UPR/LXTR ART STDY 3+ LVLS | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 93924 | S | LWR XTR VASC STDY BILAT | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 93925 | S | LOWER EXTREMITY STUDY | - | 05523 | 2.7285 | APC | $159.32 | - | - | - | - | 000 | 999 | - |
| 93926 | S | LOWER EXTREMITY STUDY | - | 05522 | 1.2488 | APC | $72.92 | - | - | - | - | 000 | 999 | - |
| 93930 | S | UPPER EXTREMITY STUDY | - | 05523 | 2.7285 | APC | $159.32 | - | - | - | - | 000 | 999 | - |
| 93931 | S | UPPER EXTREMITY STUDY | - | 05522 | 1.2488 | APC | $72.92 | - | - | - | - | 000 | 999 | - |
| 93970 | S | EXTREMITY STUDY | - | 05523 | 2.7285 | APC | $159.32 | - | - | - | - | 000 | 999 | - |
| 93971 | S | EXTREMITY STUDY | - | 05522 | 1.2488 | APC | $72.92 | - | - | - | - | 000 | 999 | - |
| 93975 | S | VASCULAR STUDY | - | 05523 | 2.7285 | APC | $159.32 | - | - | - | - | 000 | 999 | - |
| 93976 | S | VASCULAR STUDY | - | 05522 | 1.2488 | APC | $72.92 | - | - | - | - | 000 | 999 | - |
| 93978 | S | VASCULAR STUDY | - | 05523 | 2.7285 | APC | $159.32 | - | - | - | - | 000 | 999 | - |
| 93979 | N | VASCULAR STUDY | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 93980 | S | PENILE VASCULAR STUDY | - | 05522 | 1.2488 | APC | $72.92 | - | - | - | - | 000 | 999 | - |
| 93981 | S | PENILE VASCULAR STUDY | - | 05522 | 1.2488 | APC | $72.92 | - | - | - | - | 000 | 999 | - |
| 93985 | S | DUP-SCAN HEMO COMPL BI STD | - | 05523 | 2.7285 | APC | $157.43 | - | - | - | - | 000 | 999 | - |
| 93986 | S | DUP-SCAN HEMO COMPL UNI STD | - | 05522 | 1.2488 | APC | $74.54 | - | - | - | - | 000 | 999 | - |
| 93990 | N | DOPPLER FLOW TESTING | - | 05522 | 1.2488 | Bundled, sometimes payable | $72.92 | - | - | - | - | 000 | 999 | - |
| 93998 | N | UNLISTD NONINVAS VASC DX STD | - | 05731 | 0.2916 | Bundled, sometimes payable | $17.03 | - | - | - | - | 000 | 999 | - |
| 94002 | N | VENT MGMT INPAT INIT DAY | - | 05801 | 6.5049 | Bundled, sometimes payable | $379.82 | - | - | - | - | 000 | 999 | - |
| 94003 | N | VENT MGMT INPAT SUBQ DAY | - | 05801 | 6.5049 | Bundled, sometimes payable | $379.82 | - | - | - | - | 000 | 999 | - |
| 94004 | E | VENT MGMT NF PER DAY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 94005 | E | HOME VENT MGMT SUPERVISION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 94010 | N | BREATHING CAPACITY TEST | - | 05721 | 1.6992 | Bundled, sometimes payable | $99.22 | - | - | - | - | 000 | 999 | - |
| 94011 | N | SPIROMETRY UP TO 2 YRS OLD | - | 05721 | 1.6992 | Bundled, sometimes payable | $99.22 | - | - | - | - | 000 | 002 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 94012 | N | SPIRMTRY W/BRNCHDIL INF-2 YR | - | 05722 | 3.2723 | Bundled, sometimes payable | $191.07 | - | - | - | - | 000 | 002 | - |
| 94013 | S | MEAS LUNG VOL THRU 2 YRS | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | - | 000 | 002 | - |
| 94014 | N | PATIENT RECORDED SPIROMETRY | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | Y | 000 | 999 | - |
| 94015 | N | PATIENT RECORDED SPIROMETRY | - | 05722 | 3.2723 | Bundled, sometimes payable | $191.07 | - | - | - | Y | 000 | 999 | - |
| 94016 | M | REVIEW PATIENT SPIROMETRY | - | - | - | Fee Schedule | $31.91 | - | - | - | Y | 000 | 999 | - |
| 94060 | S | EVALUATION OF WHEEZING | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 94070 | S | EVALUATION OF WHEEZING | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 94150 | N | VITAL CAPACITY TEST | - | 05721 | 1.6992 | Bundled, sometimes payable | $99.22 | - | - | - | - | 000 | 999 | - |
| 94200 | N | LUNG FUNCTION TEST (MBC/MVV) | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 94375 | N | RESPIRATORY FLOW VOLUME LOOP | - | 05722 | 3.2723 | Bundled, sometimes payable | $191.07 | - | - | - | - | 000 | 999 | - |
| 94450 | N | HYPOXIA RESPONSE CURVE | - | 05722 | 3.2723 | Bundled, sometimes payable | $191.07 | - | - | - | - | 000 | 999 | - |
| 94452 | N | HAST W/REPORT | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | Y | 000 | 999 | - |
| 94453 | N | HAST W/OXYGEN TITRATE | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | Y | 000 | 999 | - |
| 94610 | N | SURFACTANT ADMIN THRU TUBE | - | 05791 | 2.2375 | Bundled, sometimes payable | $130.65 | - | - | - | - | 000 | 000 | - |
| 94617 | N | EXERCISE TST BRNCSPSM W/ECG | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 94618 | N | PULMONARY STRESS TESTING | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 94619 | N | EXERCISE TST BRNCSPSM WO ECG | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 94621 | S | CARDIOPULM EXERCISE TESTING | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | Y | 000 | 999 | - |
| 94625 | S | PHY/QHP OP PULM RHB W/O MNTR | - | 05733 | 0.6716 | APC | $39.21 | - | - | - | - | 000 | 999 | - |
| 94626 | S | PHY/QHP OP PULM RHB W/MNTR | - | 05733 | 0.6716 | APC | $39.21 | - | - | - | - | 000 | 999 | - |
| 94640 | N | AIRWAY INHALATION TREATMENT | - | 05791 | 2.2375 | Bundled, sometimes payable | $130.65 | - | - | - | - | 000 | 999 | - |
| 94642 | N | AEROSOL INHALATION TREATMENT | - | 05791 | 2.2375 | Bundled, sometimes payable | $130.65 | - | - | - | - | 000 | 999 | - |
| 94644 | N | CBT 1ST HOUR | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 94645 | N | CBT EACH ADDL HOUR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 94660 | N | POS AIRWAY PRESSURE CPAP | - | 05791 | 2.2375 | Bundled, sometimes payable | $130.65 | - | - | - | - | 000 | 999 | - |
| 94662 | N | NEG PRESS VENTILATION CNP | - | 05801 | 6.5049 | Bundled, sometimes payable | $379.82 | - | - | - | - | 000 | 999 | - |
| 94664 | N | EVALUATE PT USE OF INHALER | - | 05791 | 2.2375 | Bundled, sometimes payable | $130.65 | - | - | - | - | 000 | 999 | - |
| 94667 | N | CHEST WALL MANIPULATION | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 94668 | N | CHEST WALL MANIPULATION | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 94669 | N | MECHANICAL CHEST WALL OSCILL | - | 05791 | 2.2375 | Bundled, sometimes payable | $130.65 | - | - | - | - | 000 | 999 | - |
| 94680 | N | EXHALED AIR ANALYSIS O2 | - | 05721 | 1.6992 | Bundled, sometimes payable | $99.22 | - | - | - | - | 000 | 999 | - |
| 94681 | N | EXHALED AIR ANALYSIS O2/CO2 | - | 05722 | 3.2723 | Bundled, sometimes payable | $191.07 | - | - | - | - | 000 | 999 | - |
| 94690 | N | EXHALED AIR ANALYSIS | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 94726 | N | PULM FUNCT TST PLETHYSMOGRAP | - | 05722 | 3.2723 | Bundled, sometimes payable | $191.07 | - | - | - | - | 000 | 999 | - |
| 94727 | N | PULM FUNCTION TEST BY GAS | - | 05721 | 1.6992 | Bundled, sometimes payable | $99.22 | - | - | - | - | 000 | 999 | - |
| 94728 | N | AIRWY RESIST BY OSCILLOMETRY | - | 05722 | 3.2723 | Bundled, sometimes payable | $191.07 | - | - | - | - | 000 | 999 | - |
| 94729 | N | CO/MEMBANE DIFFUSE CAPACITY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 94760 | N | MEASURE BLOOD OXYGEN LEVEL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 94761 | N | MEASURE BLOOD OXYGEN LEVEL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 94762 | N | MEASURE BLOOD OXYGEN LEVEL | - | 05721 | 1.6992 | Bundled, sometimes payable | $99.22 | - | - | - | - | 000 | 999 | - |
| 94772 | S | BREATH RECORDING INFANT | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | - | 000 | 001 | - |
| 94774 | E | PED HOME APNEA REC COMPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 019 | - |
| 94775 | S | PED HOME APNEA REC HK-UP | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 019 | - |
| 94776 | S | PED HOME APNEA REC DOWNLD | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 019 | - |
| 94777 | E | PED HOME APNEA REC REPORT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 019 | - |
| 94780 | N | CARS/BD TST INFT-12MO 60 MIN | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 94781 | N | CARS/BD TST INFT-12MO +30MIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 94799 | N | UNLISTED PULMONARY SVC/PX | - | 05721 | 1.6992 | Bundled, sometimes payable | $99.22 | - | - | - | - | 000 | 999 | - |
| 95004 | N | PERCUT ALLERGY SKIN TESTS | - | 05724 | 10.9176 | Bundled, sometimes payable | $637.48 | - | - | - | - | 000 | 999 | - |
| 95012 | N | EXHALED NITRIC OXIDE MEAS | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 95017 | N | PERQ & ICUT ALLG TEST VENOMS | - | 05731 | 0.2916 | Bundled, sometimes payable | $17.03 | - | - | - | Y | 000 | 999 | - |
| 95018 | N | PERQ&IC ALLG TEST DRUGS/BIOL | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | Y | 000 | 999 | - |
| 95024 | N | ICUT ALLERGY TEST DRUG/BUG | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 95027 | N | ICUT ALLERGY TITRATE-AIRBORN | - | 05731 | 0.2916 | Bundled, sometimes payable | $17.03 | - | - | - | - | 000 | 999 | - |
| 95028 | N | ICUT ALLERGY TEST-DELAYED | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 95044 | N | ALLERGY PATCH TESTS | - | 05724 | 10.9176 | Bundled, sometimes payable | $637.48 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 95052 | N | PHOTO PATCH TEST | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 95056 | N | PHOTOSENSITIVITY TESTS | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 95060 | N | EYE ALLERGY TESTS | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 95065 | N | NOSE ALLERGY TEST | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 95070 | S | BRONCHIAL ALLERGY TESTS | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | - | 000 | 999 | - |
| 95076 | S | INGEST CHALLENGE INI 120 MIN | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | Y | 000 | 999 | - |
| 95079 | N | INGEST CHALLENGE ADDL 60 MIN | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| 95115 | N | IMMUNOTHERAPY ONE INJECTION | - | 05691 | 0.4951 | Bundled, sometimes payable | $28.91 | - | - | - | - | 000 | 999 | - |
| 95117 | N | IMMUNOTHERAPY INJECTIONS | - | 05691 | 0.4951 | Bundled, sometimes payable | $28.91 | - | - | - | - | 000 | 999 | - |
| 95120 | E | IMMUNOTHERAPY ONE INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 95125 | E | IMMUNOTHERAPY 2/> INJECTIONS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 95130 | E | IMMNTX 1 STING INSECT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 95131 | E | IMMNTX 2 STING INSECTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 95132 | E | IMMNTX 3 STING INSECTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 95133 | E | IMMNTX 4 STING INSECTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 95134 | E | IMMNTX 5 STING INSECTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 95144 | N | ANTIGEN THERAPY SERVICES | - | 05691 | 0.4951 | Bundled, sometimes payable | $28.91 | - | - | - | - | 000 | 999 | - |
| 95145 | N | ANTIGEN THERAPY SERVICES | - | 05691 | 0.4951 | Bundled, sometimes payable | $28.91 | - | - | - | - | 000 | 999 | - |
| 95146 | N | ANTIGEN THERAPY SERVICES | - | 05691 | 0.4951 | Bundled, sometimes payable | $28.91 | - | - | - | - | 000 | 999 | - |
| 95147 | N | ANTIGEN THERAPY SERVICES | - | 05692 | 0.7883 | Bundled, sometimes payable | $46.03 | - | - | - | - | 000 | 999 | - |
| 95148 | N | ANTIGEN THERAPY SERVICES | - | 05692 | 0.7883 | Bundled, sometimes payable | $46.03 | - | - | - | - | 000 | 999 | - |
| 95149 | N | ANTIGEN THERAPY SERVICES | - | 05692 | 0.7883 | Bundled, sometimes payable | $46.03 | - | - | - | - | 000 | 999 | - |
| 95165 | N | ANTIGEN THERAPY SERVICES | - | 05691 | 0.4951 | Bundled, sometimes payable | $28.91 | - | - | - | - | 000 | 999 | - |
| 95170 | N | ANTIGEN THERAPY SERVICES | - | 05691 | 0.4951 | Bundled, sometimes payable | $28.91 | - | - | - | - | 000 | 999 | - |
| 95180 | N | RAPID DESENSITIZATION | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | - | 000 | 999 | - |
| 95199 | N | UNLISTED ALL/IMMLG SVC/PX | - | 05731 | 0.2916 | Bundled, sometimes payable | $17.03 | - | - | - | - | 000 | 999 | - |
| 95249 | S | CONT GLUC MNTR PT PROV EQP | - | 05733 | 0.6716 | APC | $39.21 | - | - | - | - | 000 | 999 | - |
| 95250 | M | CONT GLUC MNTR PHYS/QHP EQP | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 95251 | E | CONT GLUC MNTR ANALYSIS I&R | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 95700 | S | EEG CONT REC W/VID EEG TECH | - | 05721 | 1.6992 | APC | $180.90 | - | - | - | - | 000 | 999 | - |
| 95705 | S | EEG W/O VID 2-12 HR UNMNTR | - | 05721 | 1.6992 | APC | $180.90 | - | - | - | - | 000 | 999 | - |
| 95706 | S | EEG WO VID 2-12HR INTMT MNTR | - | 05722 | 3.2723 | APC | $180.90 | - | - | - | - | 000 | 999 | - |
| 95707 | S | EEG W/O VID 2-12HR CONT MNTR | - | 05722 | 3.2723 | APC | $180.90 | - | - | - | - | 000 | 999 | - |
| 95708 | S | EEG WO VID EA 12-26HR UNMNTR | - | 05723 | 5.6485 | APC | $333.68 | - | - | - | - | 000 | 999 | - |
| 95709 | S | EEG W/O VID EA 12-26HR INTMT | - | 05723 | 5.6485 | APC | $333.68 | - | - | - | - | 000 | 999 | - |
| 95710 | S | EEG W/O VID EA 12-26HR CONT | - | 05723 | 5.6485 | APC | $333.68 | - | - | - | - | 000 | 999 | - |
| 95711 | S | VEEG 2-12 HR UNMONITORED | - | 05722 | 3.2723 | APC | $180.90 | - | - | - | - | 000 | 999 | - |
| 95712 | S | VEEG 2-12 HR INTMT MNTR | - | 05722 | 3.2723 | APC | $180.90 | - | - | - | - | 000 | 999 | - |
| 95713 | S | VEEG 2-12 HR CONT MNTR | - | 05723 | 5.6485 | APC | $333.68 | - | - | - | - | 000 | 999 | - |
| 95714 | S | VEEG EA 12-26 HR UNMNTR | - | 05723 | 5.6485 | APC | $333.68 | - | - | - | - | 000 | 999 | - |
| 95715 | S | VEEG EA 12-26HR INTMT MNTR | - | 05723 | 5.6485 | APC | $333.68 | - | - | - | - | 000 | 999 | - |
| 95716 | S | VEEG EA 12-26HR CONT MNTR | - | 05724 | 10.9176 | APC | $629.23 | - | - | - | - | 000 | 999 | - |
| 95717 | E | EEG PHYS/QHP 2-12 HR W/O VID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 95718 | E | EEG PHYS/QHP 2-12 HR W/VEEG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 95719 | E | EEG PHYS/QHP EA INCR W/O VID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 95720 | E | EEG PHY/QHP EA INCR W/VEEG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 95721 | E | EEG PHY/QHP>36<60 HR W/O VID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 95722 | E | EEG PHY/QHP>36<60 HR W/VEEG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 95723 | E | EEG PHY/QHP>60<84 HR W/O VID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 95724 | E | EEG PHY/QHP>60<84 HR W/VEEG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 95725 | E | EEG PHY/QHP>84 HR W/O VID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 95726 | E | EEG PHY/QHP>84 HR W/VEEG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 95782 | S | POLYSOM <6 YRS 4/> PARAMTRS | - | 05724 | 10.9176 | APC | $637.48 | - | - | - | Y | 000 | 006 | - |
| 95783 | S | POLYSOM <6 YRS CPAP/BILVL | - | 05724 | 10.9176 | APC | $637.48 | - | - | - | Y | 000 | 006 | - |
| 95800 | S | SLP STDY UNATTENDED | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 95801 | N | SLP STDY UNATND W/ANAL | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 95803 | N | ACTIGRAPHY TESTING | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 95805 | S | MULTIPLE SLEEP LATENCY TEST | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | - | 000 | 999 | - |
| 95806 | S | SLEEP STUDY UNATT&RESP EFFT | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 95807 | S | SLEEP STUDY ATTENDED | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | - | 000 | 999 | - |
| 95808 | S | POLYSOM ANY AGE 1-3> PARAM | - | 05724 | 10.9176 | APC | $637.48 | - | - | - | - | 000 | 999 | - |
| 95810 | S | POLYSOM 6/> YRS 4/> PARAM | - | 05724 | 10.9176 | APC | $637.48 | - | - | - | - | 000 | 999 | - |
| 95811 | S | POLYSOM 6/>YRS CPAP 4/> PARM | - | 05724 | 10.9176 | APC | $637.48 | - | - | - | - | 000 | 999 | - |
| 95812 | S | EEG 41-60 MINUTES | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 95813 | S | EEG EXTND MNTR 61-119 MIN | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 95816 | S | EEG AWAKE AND DROWSY | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 95819 | S | EEG AWAKE AND ASLEEP | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 95822 | S | EEG COMA OR SLEEP ONLY | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 95824 | S | EEG CEREBRAL DEATH ONLY | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | - | 000 | 999 | - |
| 95829 | N | SURGERY ELECTROCORTICOGRAM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 95830 | M | INSERT ELECTRODES FOR EEG | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 95836 | S | ECOG IMPLTD BRN NPGT <30 D | - | 05741 | 0.4090 | APC | $23.88 | - | - | - | - | 000 | 999 | - |
| 95851 | M | RANGE OF MOTION MEASUREMENTS | - | - | - | Fee Schedule | $10.19 | - | - | - | - | 000 | 999 | - |
| 95852 | M | RANGE OF MOTION MEASUREMENTS | - | - | - | Fee Schedule | $7.09 | - | - | - | - | 000 | 999 | - |
| 95857 | S | CHOLINESTERASE CHALLENGE | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 95860 | M | MUSCLE TEST ONE LIMB | - | - | - | Fee Schedule | $79.22 | - | - | - | - | 000 | 999 | - |
| 95860 | M | MUSCLE TEST ONE LIMB | 26 | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 95861 | M | MUSCLE TEST 2 LIMBS | - | - | - | Fee Schedule | $79.22 | - | - | - | - | 000 | 999 | - |
| 95861 | M | MUSCLE TEST 2 LIMBS | 26 | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 95863 | M | MUSCLE TEST 3 LIMBS | - | - | - | Fee Schedule | $99.22 | - | - | - | - | 000 | 999 | - |
| 95863 | M | MUSCLE TEST 3 LIMBS | 26 | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 95864 | M | MUSCLE TEST 4 LIMBS | - | - | - | Fee Schedule | $99.22 | - | - | - | - | 000 | 999 | - |
| 95864 | M | MUSCLE TEST 4 LIMBS | 26 | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 95865 | N | MUSCLE TEST LARYNX | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | Y | 000 | 999 | - |
| 95866 | N | MUSCLE TEST HEMIDIAPHRAGM | - | 05721 | 1.6992 | Bundled, sometimes payable | $99.22 | - | - | - | Y | 000 | 999 | - |
| 95867 | S | MUSCLE TEST CRAN NERV UNILAT | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 95868 | S | MUSCLE TEST CRAN NERVE BILAT | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 95869 | N | MUSCLE TEST THOR PARASPINAL | - | 05721 | 1.6992 | Bundled, sometimes payable | $99.22 | - | - | - | - | 000 | 999 | - |
| 95870 | N | MUSCLE TEST NONPARASPINAL | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 95872 | S | MUSCLE TEST ONE FIBER | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 95873 | N | GUIDE NERV DESTR ELEC STIM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 95874 | N | GUIDE NERV DESTR NEEDLE EMG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 95875 | S | LIMB EXERCISE TEST | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 95885 | N | MUSC TST DONE W/NERV TST LIM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 95886 | N | MUSC TEST DONE W/N TEST COMP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 95887 | N | MUSC TST DONE W/N TST NONEXT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 95905 | N | MOTOR &/ SENS NRVE CNDJ TEST | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | - | 000 | 999 | - |
| 95907 | S | NVR CNDJ TST 1-2 STUDIES | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | Y | 000 | 999 | - |
| 95908 | S | NRV CNDJ TST 3-4 STUDIES | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | Y | 000 | 999 | - |
| 95909 | S | NRV CNDJ TST 5-6 STUDIES | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | Y | 000 | 999 | - |
| 95910 | S | NRV CNDJ TEST 7-8 STUDIES | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | Y | 000 | 999 | - |
| 95911 | S | NRV CNDJ TEST 9-10 STUDIES | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | Y | 000 | 999 | - |
| 95912 | S | NRV CNDJ TEST 11-12 STUDIES | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | Y | 000 | 999 | - |
| 95913 | S | NRV CNDJ TEST 13/> STUDIES | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | Y | 000 | 999 | - |
| 95919 | N | QUAN PUPLMTRY PHY/QHP UNI/BI | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 95921 | S | AUTONOMIC NRV PARASYM INERVJ | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 95922 | N | AUTONOMIC NRV ADRENRG INERVJ | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 95923 | N | AUTONOMIC NRV SYST FUNJ TEST | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 95924 | S | ANS PARASYMP & SYMP W/TILT | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | Y | 000 | 999 | - |
| 95925 | S | SOMATOSENSORY TESTING | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 95926 | S | SOMATOSENSORY TESTING | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 95927 | S | SOMATOSENSORY TESTING | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 95928 | S | C MOTOR EVOKED UPPR LIMBS | - | 05724 | 10.9176 | APC | $637.48 | - | - | - | Y | 000 | 999 | - |
| 95929 | S | C MOTOR EVOKED LWR LIMBS | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | Y | 000 | 999 | - |
| 95930 | S | VISUAL EP TEST CNS W/I&R | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| 95933 | N | BLINK REFLEX TEST | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 95937 | S | NEUROMUSCULAR JUNCTION TEST | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 95938 | S | SOMATOSENSORY TESTING | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | - | 000 | 999 | - |
| 95939 | S | C MOTOR EVOKED UPR&LWR LIMBS | - | 05724 | 10.9176 | APC | $637.48 | - | - | - | - | 000 | 999 | - |
| 95940 | N | IONM IN OPERATNG ROOM 15 MIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 95941 | N | IONM REMOTE/>1 PT OR PER HR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 95954 | S | EEG MONITORING/GIVING DRUGS | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | - | 000 | 999 | - |
| 95955 | N | EEG DURING SURGERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 95957 | N | EEG DIGITAL ANALYSIS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 95958 | S | EEG MONITORING/FUNCTION TEST | - | 05724 | 10.9176 | APC | $637.48 | - | - | - | - | 000 | 999 | - |
| 95961 | S | ELECTRODE STIMULATION BRAIN | - | 05724 | 10.9176 | APC | $637.48 | - | - | - | - | 000 | 999 | - |
| 95962 | N | ELECTRODE STIM BRAIN ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 95965 | S | MEG SPONTANEOUS | - | 05724 | 10.9176 | APC | $637.48 | - | - | - | - | 000 | 999 | - |
| 95966 | S | MEG EVOKED SINGLE | - | 05724 | 10.9176 | APC | $637.48 | - | - | - | - | 000 | 999 | - |
| 95967 | N | MEG EVOKED EACH ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 95970 | N | ALYS NPGT W/O PRGRMG | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 95971 | S | ALYS SMPL SP/PN NPGT W/PRGRM | - | 05742 | 1.1662 | APC | $68.09 | - | - | - | - | 000 | 999 | - |
| 95972 | S | ALYS CPLX SP/PN NPGT W/PRGRM | - | 05742 | 1.1662 | APC | $68.09 | - | - | - | - | 000 | 999 | - |
| 95976 | S | ALYS SMPL CN NPGT PRGRMG | - | 05741 | 0.4090 | APC | $23.88 | - | - | - | - | 000 | 999 | - |
| 95977 | S | ALYS CPLX CN NPGT PRGRMG | - | 05742 | 1.1662 | APC | $68.09 | - | - | - | - | 000 | 999 | - |
| 95980 | N | IO ANAL GAST N-STIM INIT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 95981 | N | IO ANAL GAST N-STIM SUBSQ | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 95982 | N | IO GA N-STIM SUBSQ W/REPROG | - | 05741 | 0.4090 | Bundled, sometimes payable | $23.88 | - | - | - | - | 000 | 999 | - |
| 95983 | S | ALYS BRN NPGT PRGRMG 15 MIN | - | 05742 | 1.1662 | APC | $68.09 | - | - | - | - | 000 | 999 | - |
| 95984 | N | ALYS BRN NPGT PRGRMG ADDL 15 | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 95990 | S | SPIN/BRAIN PUMP REFIL & MAIN | - | 05694 | 3.8864 | APC | $226.93 | - | - | - | - | 000 | 999 | - |
| 95991 | T | SPIN/BRAIN PUMP REFIL & MAIN | - | 05441 | 3.1769 | APC | $185.50 | - | - | - | Y | 000 | 999 | - |
| 95992 | M | CANALITH REPOSITIONING PROC | - | - | - | Fee Schedule | $27.93 | - | - | - | - | 000 | 999 | - |
| 95999 | N | UNLISTED NEUROLOGICAL DX PX | - | 05721 | 1.6992 | Bundled, sometimes payable | $99.22 | - | - | - | - | 000 | 999 | - |
| 96000 | S | MOTION ANALYSIS VIDEO/3D | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | - | 000 | 999 | - |
| 96001 | S | MOTION TEST W/FT PRESS MEAS | - | 05724 | 10.9176 | APC | $637.48 | - | - | - | - | 000 | 999 | - |
| 96002 | S | DYNAMIC SURFACE EMG | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| 96003 | N | DYNAMIC FINE WIRE EMG | - | 05722 | 3.2723 | Bundled, sometimes payable | $191.07 | - | - | - | - | 000 | 999 | - |
| 96004 | M | PHYS REVIEW OF MOTION TESTS | - | - | - | Fee Schedule | $0.00 | - | - | - | Y | 000 | 999 | - |
| 96020 | E | FUNCTIONAL BRAIN MAPPING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 96040 | E | GENETIC COUNSELING 30 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 96105 | Y | ASSESSMENT OF APHASIA | - | - | - | Fee Schedule | $75.72 | - | - | - | - | 000 | 999 | - |
| 96110 | E | DEVELOPMENTAL SCREEN W/SCORE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 96112 | N | DEVEL TST PHYS/QHP 1ST HR | - | 05722 | 3.2723 | Bundled, sometimes payable | $191.07 | - | - | - | - | 000 | 999 | - |
| 96113 | N | DEVEL TST PHYS/QHP EA ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 96116 | N | NUBHVL XM PHYS/QHP 1ST HR | - | 05722 | 3.2723 | Bundled, sometimes payable | $191.07 | - | - | - | - | 000 | 999 | - |
| 96121 | N | NUBHVL XM PHY/QHP EA ADDL HR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 96125 | M | COGNITIVE TEST BY HC PRO | - | - | - | Fee Schedule | $79.67 | - | - | - | - | 000 | 999 | - |
| 96127 | N | BRIEF EMOTIONAL/BEHAV ASSMT | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 96130 | N | PSYCL TST EVAL PHYS/QHP 1ST | - | 05722 | 3.2723 | Bundled, sometimes payable | $191.07 | - | - | - | - | 000 | 999 | - |
| 96131 | N | PSYCL TST EVAL PHYS/QHP EA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 96132 | N | NRPSYC TST EVAL PHYS/QHP 1ST | - | 05723 | 5.6485 | Bundled, sometimes payable | $329.82 | - | - | - | - | 000 | 999 | - |
| 96133 | N | NRPSYC TST EVAL PHYS/QHP EA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 96136 | N | PSYCL/NRPSYC TST PHY/QHP 1ST | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 96137 | N | PSYCL/NRPSYC TST PHY/QHP EA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 96138 | N | PSYCL/NRPSYC TECH 1ST | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | - | 000 | 999 | - |
| 96139 | N | PSYCL/NRPSYC TST TECH EA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 96146 | N | PSYCL/NRPSYC TST AUTO RESULT | - | 05731 | 0.2916 | Bundled, sometimes payable | $17.03 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 96156 | N | HLTH BHV ASSMT/REASSESSMENT | - | 05822 | 0.8863 | Bundled, sometimes payable | $51.75 | - | - | - | - | 000 | 999 | - |
| 96158 | N | HLTH BHV IVNTJ INDIV 1ST 30 | - | 05822 | 0.8863 | Bundled, sometimes payable | $51.75 | - | - | - | - | 000 | 999 | - |
| 96159 | N | HLTH BHV IVNTJ INDIV EA ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 96160 | S | PT-FOCUSED HLTH RISK ASSMT | - | 05821 | 0.3468 | APC | $20.25 | - | - | - | - | 000 | 999 | - |
| 96161 | S | CAREGIVER HEALTH RISK ASSMT | - | 05821 | 0.3468 | APC | $20.25 | - | - | - | - | 000 | 999 | - |
| 96164 | N | HLTH BHV IVNTJ GRP 1ST 30 | - | 05821 | 0.3468 | Bundled, sometimes payable | $20.25 | - | - | - | - | 000 | 999 | - |
| 96165 | N | HLTH BHV IVNTJ GRP EA ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 96167 | N | HLTH BHV IVNTJ FAM 1ST 30 | - | 05821 | 0.3468 | Bundled, sometimes payable | $20.25 | - | - | - | - | 000 | 999 | - |
| 96168 | N | HLTH BHV IVNTJ FAM EA ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 96170 | E | HLTH BHV IVNTJ FAM WO PT 1ST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 96171 | E | HLTH BHV IVNTJ FAM W/O PT EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 96202 | M | MLT FAM GRP BHV TRAIN 1ST 60 | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 96203 | N | MLT FAM GRP BHV TRAIN EA ADD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 96360 | S | HYDRATION IV INFUSION INIT | - | 05693 | 2.4136 | APC | $140.93 | - | - | - | - | 000 | 999 | - |
| 96361 | S | HYDRATE IV INFUSION ADD-ON | - | 05691 | 0.4951 | APC | $28.91 | - | - | - | - | 000 | 999 | - |
| 96365 | S | THER/PROPH/DIAG IV INF INIT | - | 05693 | 2.4136 | APC | $140.93 | - | - | - | - | 000 | 999 | - |
| 96366 | S | THER/PROPH/DIAG IV INF ADDON | - | 05691 | 0.4951 | APC | $28.91 | - | - | - | - | 000 | 999 | - |
| 96367 | S | TX/PROPH/DG ADDL SEQ IV INF | - | 05692 | 0.7883 | APC | $46.03 | - | - | - | - | 000 | 999 | - |
| 96368 | N | THER/DIAG CONCURRENT INF | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 96369 | S | SC THER INFUSION UP TO 1 HR | - | 05693 | 2.4136 | APC | $140.93 | - | - | - | - | 000 | 999 | - |
| 96370 | S | SC THER INFUSION ADDL HR | - | 05691 | 0.4951 | APC | $28.91 | - | - | - | - | 000 | 999 | - |
| 96371 | N | SC THER INFUSION RESET PUMP | - | 05692 | 0.7883 | Bundled, sometimes payable | $46.03 | - | - | - | - | 000 | 999 | - |
| 96372 | N | THER/PROPH/DIAG INJ SC/IM | - | 05692 | 0.7883 | Bundled, sometimes payable | $46.03 | - | - | - | - | 000 | 999 | - |
| 96373 | S | THER/PROPH/DIAG INJ IA | - | 05693 | 2.4136 | APC | $140.93 | - | - | - | - | 000 | 999 | - |
| 96374 | S | THER/PROPH/DIAG INJ IV PUSH | - | 05693 | 2.4136 | APC | $140.93 | - | - | - | - | 000 | 999 | - |
| 96375 | S | TX/PRO/DX INJ NEW DRUG ADDON | - | 05691 | 0.4951 | APC | $28.91 | - | - | - | - | 000 | 999 | - |
| 96376 | N | TX/PRO/DX INJ SAME DRUG ADON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 96377 | N | APPLICATON ON-BODY INJECTOR | - | 05691 | 0.4951 | Bundled, sometimes payable | $28.91 | - | - | - | - | 000 | 999 | - |
| 96379 | N | UNL THER/PROP/DIAG INJ/INF | - | 05691 | 0.4951 | Bundled, sometimes payable | $28.91 | - | - | - | - | 000 | 999 | - |
| 96401 | N | CHEMO ANTI-NEOPL SQ/IM | - | 05692 | 0.7883 | Bundled, sometimes payable | $46.03 | - | - | - | Y | 000 | 999 | - |
| 96402 | N | CHEMO HORMON ANTINEOPL SQ/IM | - | 05692 | 0.7883 | Bundled, sometimes payable | $46.03 | - | - | - | Y | 000 | 999 | - |
| 96405 | N | CHEMO INTRALESIONAL UP TO 7 | - | 05692 | 0.7883 | Bundled, sometimes payable | $46.03 | - | - | - | - | 000 | 999 | - |
| 96406 | S | CHEMO INTRALESIONAL OVER 7 | - | 05693 | 2.4136 | APC | $140.93 | - | - | - | - | 000 | 999 | - |
| 96409 | S | CHEMO IV PUSH SNGL DRUG | - | 05693 | 2.4136 | APC | $140.93 | - | - | - | Y | 000 | 999 | - |
| 96411 | S | CHEMO IV PUSH ADDL DRUG | - | 05692 | 0.7883 | APC | $46.03 | - | - | - | Y | 000 | 999 | - |
| 96413 | S | CHEMO IV INFUSION 1 HR | - | 05694 | 3.8864 | APC | $226.93 | - | - | - | Y | 000 | 999 | - |
| 96415 | S | CHEMO IV INFUSION ADDL HR | - | 05692 | 0.7883 | APC | $46.03 | - | - | - | Y | 000 | 999 | - |
| 96416 | S | CHEMO PROLONG INFUSE W/PUMP | - | 05694 | 3.8864 | APC | $226.93 | - | - | - | Y | 000 | 999 | - |
| 96417 | S | CHEMO IV INFUS EACH ADDL SEQ | - | 05692 | 0.7883 | APC | $46.03 | - | - | - | Y | 000 | 999 | - |
| 96420 | S | CHEMO IA PUSH TECNIQUE | - | 05694 | 3.8864 | APC | $226.93 | - | - | - | - | 000 | 999 | - |
| 96422 | S | CHEMO IA INFUSION UP TO 1 HR | - | 05693 | 2.4136 | APC | $140.93 | - | - | - | - | 000 | 999 | - |
| 96423 | S | CHEMO IA INFUSE EACH ADDL HR | - | 05691 | 0.4951 | APC | $28.91 | - | - | - | - | 000 | 999 | - |
| 96425 | S | CHEMOTHERAPY INFUSION METHOD | - | 05694 | 3.8864 | APC | $226.93 | - | - | - | - | 000 | 999 | - |
| 96440 | S | CHEMOTHERAPY INTRACAVITARY | - | 05694 | 3.8864 | APC | $226.93 | - | - | - | - | 000 | 999 | - |
| 96446 | S | CHEMOTX ADMN PRTL CAVITY | - | 05694 | 3.8864 | APC | $226.93 | - | - | - | - | 000 | 999 | - |
| 96450 | S | CHEMOTHERAPY INTO CNS | - | 05694 | 3.8864 | APC | $226.93 | - | - | - | - | 000 | 999 | - |
| 96521 | S | REFILL/MAINT PORTABLE PUMP | - | 05693 | 2.4136 | APC | $140.93 | - | - | - | Y | 000 | 999 | - |
| 96522 | S | REFILL/MAINT PUMP/RESVR SYST | - | 05693 | 2.4136 | APC | $140.93 | - | - | - | Y | 000 | 999 | - |
| 96523 | N | IRRIG DRUG DELIVERY DEVICE | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | Y | 000 | 999 | - |
| 96542 | S | CHEMOTHERAPY INJECTION | - | 05693 | 2.4136 | APC | $140.93 | - | - | - | - | 000 | 999 | - |
| 96549 | N | UNLISTED CHEMOTHERAPY PX | - | 05691 | 0.4951 | Bundled, sometimes payable | $28.91 | - | - | - | - | 000 | 999 | - |
| 96567 | N | PDT DSTR PRMLG LES SKN | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 96570 | N | PHOTODYNMC TX 30 MIN ADD-ON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 96571 | N | PHOTODYNAMIC TX ADDL 15 MIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 96573 | N | PDT DSTR PRMLG LES PHYS/QHP | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 96574 | N | DBRDMT PRMLG LES W/PDT | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 96900 | N | ULTRAVIOLET LIGHT THERAPY | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| 96902 | N | TRICHOGRAM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 96904 | N | WHOLE BODY PHOTOGRAPHY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 96910 | N | PHOTOCHEMOTHERAPY WITH UV-B | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 96912 | N | PHOTOCHEMOTHERAPY WITH UV-A | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| 96913 | T | PHOTOCHEMOTHERAPY UV-A OR B | - | 05052 | 4.3590 | APC | $254.52 | - | - | - | - | 000 | 999 | - |
| 96920 | N | LASER TX SKIN < 250 SQ CM | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 96921 | N | LASER TX SKIN 250-500 SQ CM | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 96922 | N | LASER TX SKIN >500 SQ CM | - | 05052 | 4.3590 | Bundled, sometimes payable | $254.52 | - | - | - | - | 000 | 999 | - |
| 96931 | E | RCM CELULR SUBCELULR IMG SKN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 96932 | N | RCM CELULR SUBCELULR IMG SKN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 96933 | E | RCM CELULR SUBCELULR IMG SKN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 96934 | N | RCM CELULR SUBCELULR IMG SKN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 96935 | N | RCM CELULR SUBCELULR IMG SKN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 96936 | N | RCM CELULR SUBCELULR IMG SKN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 96999 | N | UNLISTED SPEC DERM SVC/PX | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| 97010 | E | HOT OR COLD PACKS THERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 97012 | Y | MECHANICAL TRACTION THERAPY | - | - | - | Fee Schedule | $11.24 | - | - | - | - | 000 | 999 | - |
| 97014 | E | ELECTRIC STIMULATION THERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 97016 | Y | VASOPNEUMATIC DEVICE THERAPY | - | - | - | Fee Schedule | $9.15 | - | - | - | - | 000 | 999 | - |
| 97018 | Y | PARAFFIN BATH THERAPY | - | - | - | Fee Schedule | $4.44 | - | - | - | - | 000 | 999 | - |
| 97022 | Y | WHIRLPOOL THERAPY | - | - | - | Fee Schedule | $13.33 | - | - | - | - | 000 | 999 | - |
| 97024 | Y | DIATHERMY EG MICROWAVE | - | - | - | Fee Schedule | $5.75 | - | - | - | - | 000 | 999 | - |
| 97026 | Y | INFRARED THERAPY | - | - | - | Fee Schedule | $5.23 | - | - | - | - | 000 | 999 | - |
| 97028 | Y | ULTRAVIOLET THERAPY | - | - | - | Fee Schedule | $6.53 | - | - | - | - | 000 | 999 | - |
| 97032 | Y | ELECTRICAL STIMULATION | - | - | - | Fee Schedule | $11.24 | - | - | - | - | 000 | 999 | - |
| 97033 | Y | ELECTRIC CURRENT THERAPY | - | - | - | Fee Schedule | $15.42 | - | - | - | - | 000 | 999 | - |
| 97034 | Y | CONTRAST BATH THERAPY | - | - | - | Fee Schedule | $11.24 | - | - | - | - | 000 | 999 | - |
| 97035 | Y | ULTRASOUND THERAPY | - | - | - | Fee Schedule | $11.24 | - | - | - | - | 000 | 999 | - |
| 97036 | Y | HYDROTHERAPY | - | - | - | Fee Schedule | $27.18 | - | - | - | - | 000 | 999 | - |
| 97039 | E | UNLISTED MODALITY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 97110 | Y | THERAPEUTIC EXERCISES | - | - | - | Fee Schedule | $22.99 | - | - | - | - | 000 | 999 | - |
| 97112 | Y | NEUROMUSCULAR REEDUCATION | - | - | - | Fee Schedule | $26.39 | - | - | - | - | 000 | 999 | - |
| 97113 | Y | AQUATIC THERAPY/EXERCISES | - | - | - | Fee Schedule | $28.74 | - | - | - | - | 000 | 999 | - |
| 97116 | Y | GAIT TRAINING THERAPY | - | - | - | Fee Schedule | $22.99 | - | - | - | - | 000 | 999 | - |
| 97124 | Y | MASSAGE THERAPY | - | - | - | Fee Schedule | $23.52 | - | - | - | - | 000 | 999 | - |
| 97129 | M | THER IVNTJ 1ST 15 MIN | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 97130 | M | THER IVNTJ EA ADDL 15 MIN | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 97139 | Y | UNLISTED THERAPEUTIC PX | - | - | - | Charge Ratio | $0.00 | - | - | - | - | 000 | 999 | - |
| 97140 | Y | MANUAL THERAPY 1/> REGIONS | - | - | - | Fee Schedule | $21.17 | - | - | - | - | 000 | 999 | - |
| 97150 | Y | GROUP THERAPEUTIC PROCEDURES | - | - | - | Fee Schedule | $13.85 | - | - | - | - | 000 | 999 | - |
| 97151 | N | BHV ID ASSMT BY PHYS/QHP | - | 05822 | 0.8863 | Bundled, sometimes payable | $51.75 | - | - | - | - | 000 | 999 | - |
| 97152 | N | BHV ID SUPRT ASSMT BY 1 TECH | - | 05822 | 0.8863 | Bundled, sometimes payable | $51.75 | - | - | - | - | 000 | 999 | - |
| 97153 | N | ADAPTIVE BEHAVIOR TX BY TECH | - | 05822 | 0.8863 | Bundled, sometimes payable | $51.75 | - | - | - | - | 000 | 999 | - |
| 97154 | N | GRP ADAPT BHV TX BY TECH | - | 05821 | 0.3468 | Bundled, sometimes payable | $20.25 | - | - | - | - | 000 | 999 | - |
| 97155 | N | ADAPT BEHAVIOR TX PHYS/QHP | - | 05822 | 0.8863 | Bundled, sometimes payable | $51.75 | - | - | - | - | 000 | 999 | - |
| 97156 | N | FAM ADAPT BHV TX GDN PHY/QHP | - | 05821 | 0.3468 | Bundled, sometimes payable | $20.25 | - | - | - | - | 000 | 999 | - |
| 97157 | N | MULT FAM ADAPT BHV TX GDN | - | 05821 | 0.3468 | Bundled, sometimes payable | $20.25 | - | - | - | - | 000 | 999 | - |
| 97158 | N | GRP ADAPT BHV TX BY PHY/QHP | - | 05821 | 0.3468 | Bundled, sometimes payable | $20.25 | - | - | - | - | 000 | 999 | - |
| 97161 | M | PT EVAL LOW COMPLEX 20 MIN | - | - | - | Fee Schedule | $78.36 | - | - | - | - | 000 | 999 | - |
| 97162 | M | PT EVAL MOD COMPLEX 30 MIN | - | - | - | Fee Schedule | $78.36 | - | - | - | - | 000 | 999 | - |
| 97163 | M | PT EVAL HIGH COMPLEX 45 MIN | - | - | - | Fee Schedule | $78.36 | - | - | - | - | 000 | 999 | - |
| 97164 | M | PT RE-EVAL EST PLAN CARE | - | - | - | Fee Schedule | $54.32 | - | - | - | - | 000 | 999 | - |
| 97165 | M | OT EVAL LOW COMPLEX 30 MIN | - | - | - | Fee Schedule | $78.36 | - | - | - | - | 000 | 999 | - |
| 97166 | M | OT EVAL MOD COMPLEX 45 MIN | - | - | - | Fee Schedule | $78.36 | - | - | - | - | 000 | 999 | - |
| 97167 | M | OT EVAL HIGH COMPLEX 60 MIN | - | - | - | Fee Schedule | $78.36 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 97168 | M | OT RE-EVAL EST PLAN CARE | - | - | - | Fee Schedule | $54.06 | - | - | - | - | 000 | 999 | - |
| 97169 | E | ATHLETIC TRN EVAL LOW CMPLX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 97170 | E | ATHLETIC TRN EVAL MOD CMPLX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 97171 | E | ATHLETIC TRN EVAL HIGH CMPLX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 97172 | E | ATHLETIC TRN RE-EVAL PLAN CR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 97530 | Y | THERAPEUTIC ACTIVITIES | - | - | - | Fee Schedule | $29.00 | - | - | - | - | 000 | 999 | - |
| 97533 | Y | SENSORY INTEGRATION | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 97535 | Y | SELF CARE MNGMENT TRAINING | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 97537 | Y | COMMUNITY/WORK REINTEGRATION | - | - | - | Fee Schedule | $24.82 | - | - | - | - | 000 | 999 | - |
| 97542 | Y | WHEELCHAIR MNGMENT TRAINING | - | - | - | Fee Schedule | $24.82 | - | - | - | - | 000 | 999 | - |
| 97545 | E | WORK HARDENING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 97546 | E | WORK HARDENING ADD-ON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 97597 | T | RMVL DEVITAL TIS 20 CM/< | - | 05051 | 2.1100 | APC | $123.20 | - | - | - | - | 000 | 999 | - |
| 97598 | N | RMVL DEVITAL TIS ADDL 20CM/< | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 97602 | M | WOUND(S) CARE NON-SELECTIVE | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 97605 | M | NEG PRESS WOUND TX <=50 CM | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 97606 | M | NEG PRESS WOUND TX >50 CM | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 97607 | T | NEG PRESS WND TX <=50 SQ CM | - | 05052 | 4.3590 | APC | $236.59 | - | - | - | - | 000 | 999 | - |
| 97608 | T | NEG PRESS WOUND TX >50 CM | - | 05052 | 4.3590 | APC | $236.59 | - | - | - | - | 000 | 999 | - |
| 97610 | M | LOW FREQUENCY NON-THERMAL US | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 97750 | Y | PHYSICAL PERFORMANCE TEST | - | - | - | Fee Schedule | $26.39 | - | - | - | - | 000 | 999 | - |
| 97755 | Y | ASSISTIVE TECHNOLOGY ASSESS | - | - | - | Fee Schedule | $30.05 | - | - | - | - | 000 | 999 | - |
| 97760 | Y | ORTHOTIC MGMT&TRAING 1ST ENC | - | - | - | Fee Schedule | $37.89 | - | - | - | Y | 000 | 999 | - |
| 97761 | M | PROSTHETIC TRAING 1ST ENC | - | - | - | Fee Schedule | $55.40 | - | - | - | Y | 000 | 999 | - |
| 97763 | M | ORTHC/PROSTC MGMT SBSQ ENC | - | - | - | Fee Schedule | $41.55 | - | - | - | - | 000 | 999 | - |
| 97799 | E | UNLISTED PHYSCL MED/REHAB PX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 97802 | M | MEDICAL NUTRITION INDIV IN | - | - | - | Fee Schedule | $42.55 | - | - | - | - | 000 | 020 | - |
| 97803 | M | MED NUTRITION INDIV SUBSEQ | - | - | - | Fee Schedule | $35.90 | - | - | - | - | 000 | 020 | - |
| 97804 | M | MEDICAL NUTRITION GROUP | - | - | - | Fee Schedule | $20.39 | - | - | - | - | 000 | 020 | - |
| 97810 | E | ACUPUNCT W/O STIMUL 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 97811 | E | ACUPUNCT W/O STIMUL ADDL 15M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 97813 | E | ACUPUNCT W/STIMUL 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 97814 | E | ACUPUNCT W/STIMUL ADDL 15M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 98925 | N | OSTEOPATH MANJ 1-2 REGIONS | - | 05811 | 0.2919 | Bundled, sometimes payable | $17.04 | - | - | - | - | 000 | 999 | - |
| 98926 | N | OSTEOPATH MANJ 3-4 REGIONS | - | 05811 | 0.2919 | Bundled, sometimes payable | $17.04 | - | - | - | - | 000 | 999 | - |
| 98927 | N | OSTEOPATH MANJ 5-6 REGIONS | - | 05811 | 0.2919 | Bundled, sometimes payable | $17.04 | - | - | - | - | 000 | 999 | - |
| 98928 | N | OSTEOPATH MANJ 7-8 REGIONS | - | 05811 | 0.2919 | Bundled, sometimes payable | $17.04 | - | - | - | - | 000 | 999 | - |
| 98929 | N | OSTEOPATH MANJ 9-10 REGIONS | - | 05811 | 0.2919 | Bundled, sometimes payable | $17.04 | - | - | - | - | 000 | 999 | - |
| 98940 | N | CHIROPRACT MANJ 1-2 REGIONS | - | 05811 | 0.2919 | Bundled, sometimes payable | $17.04 | - | - | - | - | 000 | 999 | - |
| 98941 | N | CHIROPRACT MANJ 3-4 REGIONS | - | 05811 | 0.2919 | Bundled, sometimes payable | $17.04 | - | - | - | - | 000 | 999 | - |
| 98942 | N | CHIROPRACTIC MANJ 5 REGIONS | - | 05811 | 0.2919 | Bundled, sometimes payable | $17.04 | - | - | - | - | 000 | 999 | - |
| 98943 | E | CHIROPRACT MANJ XTRSPINL 1/> | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 98960 | E | SELF-MGMT EDUC & TRAIN 1 PT | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 98961 | E | SELF-MGMT EDUC/TRAIN 2-4 PT | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 98962 | E | SELF-MGMT EDUC/TRAIN 5-8 PT | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| 98966 | M | HC PRO PHONE CALL 5-10 MIN | - | - | - | Fee Schedule | $8.62 | - | - | - | - | 000 | 999 | - |
| 98967 | M | HC PRO PHONE CALL 11-20 MIN | - | - | - | Fee Schedule | $16.98 | - | - | - | - | 000 | 999 | - |
| 98968 | M | HC PRO PHONE CALL 21-30 MIN | - | - | - | Fee Schedule | $24.04 | - | - | - | - | 000 | 999 | - |
| 98970 | N | QNHP OL DIG ASSMT&MGMT 5-10 | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 98971 | N | QNHP OL DIG ASSMT&MGMT 11-20 | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 98972 | N | QNHP OL DIG ASSMT&MGMT 21+ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 98975 | M | REM THER MNTR 1ST SETUP&EDU | - | - | - | Fee Schedule | $82.46 | - | - | - | - | 000 | 999 | - |
| 98976 | N | REM THER MNTR DEV SPLY RESP | - | 05741 | 0.4090 | Bundled, sometimes payable | $23.88 | - | - | - | - | 000 | 999 | - |
| 98977 | N | REM THER MNTR DV SPLY MSCSKL | - | 05741 | 0.4090 | Bundled, sometimes payable | $23.88 | - | - | - | - | 000 | 999 | - |
| 98978 | N | REM THER MNTR DEV SPLY CBT | - | 05741 | 0.4090 | Bundled, sometimes payable | $23.88 | - | - | - | - | 000 | 999 | - |
| 98980 | E | REM THER MNTR 1ST 20 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 98981 | E | REM THER MNTR EA ADDL 20 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99000 | E | SPECIMEN HANDLING OFFICE-LAB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99001 | E | SPECIMEN HANDLING PT-LAB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99002 | M | DEVICE HANDLING PHYS/QHP | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99024 | M | POSTOP FOLLOW-UP VISIT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99026 | E | IN-HOSPITAL ON CALL SERVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99027 | E | OUT-OF-HOSP ON CALL SERVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99050 | E | MEDICAL SERVICES AFTER HRS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99051 | M | MED SERV EVE/WKEND/HOLIDAY | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99053 | M | MED SERV 10PM-8AM 24 HR FAC | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99056 | E | MED SERVICE OUT OF OFFICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99058 | E | OFFICE EMERGENCY CARE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99060 | M | OUT OF OFFICE EMERG MED SERV | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99070 | M | SPECIAL SUPPLIES PHYS/QHP | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99071 | M | PATIENT EDUCATION MATERIALS | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99072 | M | ADDL SUPL MATRL&STAF TM PHE | - | - | - | Charge Ratio | $0.00 | - | - | - | - | 000 | 999 | - |
| 99075 | E | MEDICAL TESTIMONY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99078 | M | GROUP HEALTH EDUCATION | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99080 | E | SPECIAL REPORTS OR FORMS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99082 | E | UNUSUAL PHYSICIAN TRAVEL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99091 | M | COLLJ & INTERPJ DATA EA 30 D | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99100 | M | SPECIAL ANESTHESIA SERVICE | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99116 | M | ANESTHESIA WITH HYPOTHERMIA | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99135 | M | SPECIAL ANESTHESIA PROCEDURE | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99140 | M | EMERGENCY ANESTHESIA | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99151 | N | MOD SED SAME PHYS/QHP <5 YRS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 005 | - |
| 99152 | N | MOD SED SAME PHYS/QHP 5/>YRS | - | - | - | Bundled | $0.00 | - | - | - | - | 005 | 999 | - |
| 99153 | N | MOD SED SAME PHYS/QHP EA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 99155 | N | MOD SED OTH PHYS/QHP <5 YRS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 004 | - |
| 99156 | N | MOD SED OTH PHYS/QHP 5/>YRS | - | - | - | Bundled | $0.00 | - | - | - | - | 005 | 999 | - |
| 99157 | N | MOD SED OTHER PHYS/QHP EA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 99170 | T | ANOGENITAL EXAM CHILD W IMAG | - | 05411 | 2.0813 | APC | $121.53 | - | - | - | - | 000 | 999 | - |
| 99172 | E | OCULAR FUNCTION SCREEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99173 | E | VISUAL ACUITY SCREEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99174 | E | OCULAR INSTRUMNT SCREEN BIL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99175 | N | INDUCTION OF VOMITING | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 99177 | E | OCULAR INSTRUMNT SCREEN BIL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99183 | E | HYPERBARIC OXYGEN THERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99184 | C | HYPOTHERMIA ILL NEONATE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 99188 | E | APP TOPICAL FLUORIDE VARNISH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99190 | C | SPECIAL PUMP SERVICES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 99191 | C | SPECIAL PUMP SERVICES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 99192 | C | SPECIAL PUMP SERVICES | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 99195 | N | PHLEBOTOMY | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| 99199 | E | UNLISTED SPECIAL SVC PX/RPRT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99202 | M | OFFICE O/P NEW SF 15-29 MIN | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99203 | M | OFFICE O/P NEW LOW 30-44 MIN | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99204 | M | OFFICE O/P NEW MOD 45-59 MIN | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99205 | M | OFFICE O/P NEW HI 60-74 MIN | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99211 | M | OFF/OP EST MAY X REQ PHY/QHP | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99212 | M | OFFICE O/P EST SF 10-19 MIN | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99213 | M | OFFICE O/P EST LOW 20-29 MIN | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99214 | M | OFFICE O/P EST MOD 30-39 MIN | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99215 | M | OFFICE O/P EST HI 40-54 MIN | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99221 | M | 1ST HOSP IP/OBS SF/LOW 40 | - | - | - | Fee Schedule | $0.00 | - | - | - | Y | 000 | 999 | - |
| 99222 | M | 1ST HOSP IP/OBS MODERATE 55 | - | - | - | Fee Schedule | $0.00 | - | - | - | Y | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 99223 | M | 1ST HOSP IP/OBS HIGH 75 | - | - | - | Fee Schedule | $0.00 | - | - | - | Y | 000 | 999 | - |
| 99231 | M | SBSQ HOSP IP/OBS SF/LOW 25 | - | - | - | Fee Schedule | $0.00 | - | - | - | Y | 000 | 999 | - |
| 99232 | M | SBSQ HOSP IP/OBS MODERATE 35 | - | - | - | Fee Schedule | $0.00 | - | - | - | Y | 000 | 999 | - |
| 99233 | M | SBSQ HOSP IP/OBS HIGH 50 | - | - | - | Fee Schedule | $0.00 | - | - | - | Y | 000 | 999 | - |
| 99234 | M | HOSP IP/OBS SM DT SF/LOW 45 | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99235 | M | HOSP IP/OBS SAME DATE MOD 70 | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99236 | M | HOSP IP/OBS SAME DATE HI 85 | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99238 | M | HOSP IP/OBS DSCHRG MGMT 30/< | - | - | - | Fee Schedule | $0.00 | - | - | - | Y | 000 | 999 | - |
| 99239 | M | HOSP IP/OBS DSCHRG MGMT >30 | - | - | - | Fee Schedule | $0.00 | - | - | - | Y | 000 | 999 | - |
| 99242 | E | OFF/OP CONSLTJ NEW/EST SF 20 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99243 | E | OFF/OP CNSLTJ NEW/EST LOW 30 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99244 | E | OFF/OP CNSLTJ NEW/EST MOD 40 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99245 | E | OFF/OP CONSLTJ NEW/EST HI 55 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99252 | E | IP/OBS CONSLTJ NEW/EST SF 35 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99253 | E | IP/OBS CNSLTJ NEW/EST LOW 45 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99254 | E | IP/OBS CNSLTJ NEW/EST MOD 60 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99255 | E | IP/OBS CONSLTJ NEW/EST HI 80 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99281 | N | EMR DPT VST MAYX REQ PHY/QHP | - | 05021 | 1.4122 | Bundled, sometimes payable | $82.46 | - | - | - | - | 000 | 999 | - |
| 99282 | N | EMERGENCY DEPT VISIT SF MDM | - | 05022 | 1.4122 | Bundled, sometimes payable | $82.46 | - | - | - | - | 000 | 999 | - |
| 99283 | N | EMERGENCY DEPT VISIT LOW MDM | - | 05023 | 2.8630 | Bundled, sometimes payable | $167.17 | - | - | - | - | 000 | 999 | - |
| 99284 | N | EMERGENCY DEPT VISIT MOD MDM | - | 05024 | 4.4589 | Bundled, sometimes payable | $260.36 | - | - | - | - | 000 | 999 | - |
| 99285 | N | EMERGENCY DEPT VISIT HI MDM | - | 05025 | 6.4043 | Bundled, sometimes payable | $373.95 | - | - | - | - | 000 | 999 | - |
| 99288 | E | DIRECT ADVANCED LIFE SUPPORT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99291 | N | CRITICAL CARE FIRST HOUR | - | 05041 | 8.9703 | Bundled, sometimes payable | $523.78 | - | - | - | - | 000 | 999 | - |
| 99292 | N | CRITICAL CARE ADDL 30 MIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 99304 | M | 1ST NF CARE SF/LOW MDM 25 | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99305 | M | 1ST NF CARE MODERATE MDM 35 | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99306 | M | 1ST NF CARE HIGH MDM 45 | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99307 | M | SBSQ NF CARE SF MDM 10 | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99308 | M | SBSQ NF CARE LOW MDM 15 | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99309 | M | SBSQ NF CARE MODERATE MDM 30 | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99310 | M | SBSQ NF CARE HIGH MDM 45 | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99315 | M | NF DSCHRG MGMT 30 MIN/< | - | - | - | Fee Schedule | $0.00 | - | - | - | Y | 000 | 999 | - |
| 99316 | M | NF DSCHRG MGMT >30 MIN | - | - | - | Fee Schedule | $0.00 | - | - | - | Y | 000 | 999 | - |
| 99341 | M | HOME/RES VST NEW SF MDM 15 | - | - | - | Fee Schedule | $0.00 | - | - | - | Y | 000 | 999 | - |
| 99342 | M | HOME/RES VST NEW LOW MDM 30 | - | - | - | Fee Schedule | $0.00 | - | - | - | Y | 000 | 999 | - |
| 99344 | M | HOME/RES VST NEW MOD MDM 60 | - | - | - | Fee Schedule | $0.00 | - | - | - | Y | 000 | 999 | - |
| 99345 | M | HOME/RES VST NEW HIGH MDM 75 | - | - | - | Fee Schedule | $0.00 | - | - | - | Y | 000 | 999 | - |
| 99347 | M | HOME/RES VST EST SF MDM 20 | - | - | - | Fee Schedule | $0.00 | - | - | - | Y | 000 | 999 | - |
| 99348 | M | HOME/RES VST EST LOW MDM 30 | - | - | - | Fee Schedule | $0.00 | - | - | - | Y | 000 | 999 | - |
| 99349 | M | HOME/RES VST EST MOD MDM 40 | - | - | - | Fee Schedule | $0.00 | - | - | - | Y | 000 | 999 | - |
| 99350 | M | HOME/RES VST EST HIGH MDM 60 | - | - | - | Fee Schedule | $0.00 | - | - | - | Y | 000 | 999 | - |
| 99358 | N | PROLONG SERVICE W/O CONTACT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 99359 | N | PROLONG SERV W/O CONTACT ADD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 99360 | E | PHYSICIAN STANDBY SERVICES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99366 | E | TEAM CONF W/PAT BY HC PROF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99367 | N | TEAM CONF W/O PAT BY PHYS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 99368 | E | TEAM CONF W/O PAT BY HC PRO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99374 | E | HOME HEALTH CARE SUPERVISION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99375 | E | HOME HEALTH CARE SUPERVISION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99377 | E | HOSPICE CARE SUPERVISION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99378 | E | HOSPICE CARE SUPERVISION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99379 | E | NURSING FAC CARE SUPERVISION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99380 | E | NURSING FAC CARE SUPERVISION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99381 | M | INIT PM E/M NEW PAT INFANT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 000 | - |
| 99382 | M | INIT PM E/M NEW PAT 1-4 YRS | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 001 | 004 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 99383 | M | PREV VISIT NEW AGE 5-11 | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 005 | 011 | - |
| 99384 | M | PREV VISIT NEW AGE 12-17 | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 012 | 017 | - |
| 99385 | M | PREV VISIT NEW AGE 18-39 | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 018 | 039 | - |
| 99386 | M | PREV VISIT NEW AGE 40-64 | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 040 | 064 | - |
| 99387 | M | INIT PM E/M NEW PAT 65+ YRS | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 065 | 999 | - |
| 99391 | M | PER PM REEVAL EST PAT INFANT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 000 | - |
| 99392 | M | PREV VISIT EST AGE 1-4 | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 001 | 004 | - |
| 99393 | M | PREV VISIT EST AGE 5-11 | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 005 | 011 | - |
| 99394 | M | PREV VISIT EST AGE 12-17 | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 012 | 017 | - |
| 99395 | M | PREV VISIT EST AGE 18-39 | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 018 | 039 | - |
| 99396 | M | PREV VISIT EST AGE 40-64 | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 040 | 064 | - |
| 99397 | M | PER PM REEVAL EST PAT 65+ YR | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 065 | 999 | - |
| 99401 | M | PREVENTIVE COUNSELING INDIV | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99402 | M | PREVENTIVE COUNSELING INDIV | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99403 | M | PREVENTIVE COUNSELING INDIV | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99404 | M | PREVENTIVE COUNSELING INDIV | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99406 | S | BEHAV CHNG SMOKING 3-10 MIN | - | 05821 | 0.3468 | APC | $20.25 | - | - | - | - | 000 | 999 | - |
| 99407 | S | BEHAV CHNG SMOKING > 10 MIN | - | 05821 | 0.3468 | APC | $20.25 | - | - | - | - | 000 | 999 | - |
| 99408 | M | AUDIT/DAST 15-30 MIN | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99409 | M | AUDIT/DAST OVER 30 MIN | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99411 | M | PREVENTIVE COUNSELING GROUP | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99412 | M | PREVENTIVE COUNSELING GROUP | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99415 | N | PROLNG CLIN STAFF SVC 1ST HR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 99416 | N | PROLNG CLIN STAFF SVC EA ADD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 99417 | M | PROLNG OP E/M EACH 15 MIN | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99418 | E | PROLNG IP/OBS E/M EA 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99421 | N | OL DIG E/M SVC 5-10 MIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 99422 | N | OL DIG E/M SVC 11-20 MIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 99423 | N | OL DIG E/M SVC 21+ MIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 99424 | E | PRIN CARE MGMT PHYS 1ST 30 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99425 | E | PRIN CARE MGMT PHYS EA ADDL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99426 | S | PRIN CARE MGMT STAFF 1ST 30 | - | 05822 | 0.8863 | APC | $51.75 | - | - | - | - | 000 | 999 | - |
| 99427 | N | PRIN CARE MGMT STAFF EA ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 99429 | M | UNLISTED PREVENTIVE SERVICE | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99437 | E | CHRNC CARE MGMT PHYS EA ADDL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99439 | N | CHRNC CARE MGMT STAF EA ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 99441 | M | PHONE E/M PHYS/QHP 5-10 MIN | - | - | - | Fee Schedule | $26.89 | - | - | - | - | 000 | 999 | - |
| 99442 | M | PHONE E/M PHYS/QHP 11-20 MIN | - | - | - | Fee Schedule | $50.90 | - | - | - | - | 000 | 999 | - |
| 99443 | M | PHONE E/M PHYS/QHP 21-30 MIN | - | - | - | Fee Schedule | $74.65 | - | - | - | - | 000 | 999 | - |
| 99446 | E | NTRPROF PH1/NTRNET/EHR 5-10 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99447 | E | NTRPROF PH1/NTRNET/EHR 11-20 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99448 | E | NTRPROF PH1/NTRNET/EHR 21-30 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99449 | E | NTRPROF PH1/NTRNET/EHR 31/> | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99450 | E | BASIC LIFE DISABILITY EXAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99451 | E | NTRPROF PH1/NTRNET/EHR 5/> | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99452 | E | NTRPROF PH1/NTRNET/EHR RFRL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99453 | E | REM MNTR PHYSIOL PARAM SETUP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99454 | S | REM MNTR PHYSIOL PARAM DEV | - | 05741 | 0.4090 | APC | $23.88 | - | - | - | - | 000 | 999 | - |
| 99455 | E | WORK RELATED DISABILITY EXAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99456 | E | DISABILITY EXAMINATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99457 | E | REM PHYSIOL MNTR 1ST 20 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99458 | E | REM PHYSIOL MNTR EA ADDL 20 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99460 | M | INIT NB EM PER DAY HOSP | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 000 | - |
| 99461 | E | INIT NB EM PER DAY NON-FAC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 000 | - |
| 99462 | C | SBSQ NB EM PER DAY HOSP | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 000 | - |
| 99463 | M | SAME DAY NB DISCHARGE | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 000 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 99464 | N | ATTENDANCE AT DELIVERY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 000 | - |
| 99465 | S | NB RESUSCITATION | - | 05781 | 6.8720 | APC | $401.26 | - | - | - | - | 000 | 000 | - |
| 99466 | N | PED CRIT CARE TRANSPORT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 001 | - |
| 99467 | N | PED CRIT CARE TRANSPORT ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 001 | - |
| 99468 | C | NEONATE CRIT CARE INITIAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 000 | - |
| 99469 | C | NEONATE CRIT CARE SUBSQ | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 000 | - |
| 99471 | C | PED CRITICAL CARE INITIAL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 001 | - |
| 99472 | C | PED CRITICAL CARE SUBSQ | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 001 | - |
| 99473 | E | SELF-MEAS BP PT EDUCAJ/TRAIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99474 | M | SELF-MEAS BP 2 READG BID 30D | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99475 | C | PED CRIT CARE AGE 2-5 INIT | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 002 | 005 | - |
| 99476 | C | PED CRIT CARE AGE 2-5 SUBSQ | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 002 | 005 | - |
| 99477 | C | INIT DAY HOSP NEONATE CARE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| 99478 | C | IC LBW INF < 1500 GM SUBSQ | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 000 | - |
| 99479 | C | IC LBW INF 1500-2500 G SUBSQ | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 000 | - |
| 99480 | C | IC INF PBW 2501-5000 G SUBSQ | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 000 | - |
| 99483 | S | ASSMT & CARE PLN PT COG IMP | - | 05822 | 0.8863 | APC | $51.75 | - | - | - | - | 000 | 999 | - |
| 99484 | S | CARE MGMT SVC BHVL HLTH COND | - | 05821 | 0.3468 | APC | $20.25 | - | - | - | - | 000 | 999 | - |
| 99485 | E | SUPRV INTERFACILTY TRANSPORT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 002 | - |
| 99486 | E | SUPRV INTERFAC TRNSPORT ADDL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 002 | - |
| 99487 | S | CPLX CHRNC CARE 1ST 60 MIN | - | 05823 | 1.7024 | APC | $99.40 | - | - | - | - | 000 | 999 | - |
| 99489 | N | CPLX CHRNC CARE EA ADDL 30 | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 99490 | S | CHRNC CARE MGMT STAFF 1ST 20 | - | 05822 | 0.8863 | APC | $51.75 | - | - | - | - | 000 | 999 | - |
| 99491 | M | CHRNC CARE MGMT PHYS 1ST 30 | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99492 | S | 1ST PSYC COLLAB CARE MGMT | - | 05822 | 0.8863 | APC | $51.75 | - | - | - | - | 000 | 999 | Not Allowed for RHC/FQHC |
| 99493 | S | SBSQ PSYC COLLAB CARE MGMT | - | 05822 | 0.8863 | APC | $51.75 | - | - | - | - | 000 | 999 | Not Allowed for RHC/FQHC |
| 99494 | N | 1ST/SBSQ PSYC COLLAB CARE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | Not Allowed for RHC/FQHC |
| 99495 | M | TRANSJ CARE MGMT MOD F2F 14D | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99496 | M | TRANSJ CARE MGMT HIGH F2F 7D | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99497 | M | ADVNCD CARE PLAN 30 MIN | - | - | - | Fee Schedule | $51.75 | - | - | - | - | 000 | 999 | - |
| 99498 | N | ADVNCD CARE PLAN ADDL 30 MIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| 99499 | M | UNLISTED E&M SERVICE | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99500 | M | HOME VISIT PRENATAL | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99501 | M | HOME VISIT POSTNATAL | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99502 | M | HOME VISIT NB CARE | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| 99503 | E | HOME VISIT RESP THERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99504 | E | HOME VISIT MECH VENTILATOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99505 | E | HOME VISIT STOMA CARE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99506 | E | HOME VISIT IM INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99507 | E | HOME VISIT CATH MAINTAIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99509 | E | HOME VISIT DAY LIFE ACTIVITY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99510 | E | HOME VISIT SING/M/FAM COUNS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99511 | E | HOME VISIT FECAL/ENEMA MGMT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99512 | E | HOME VISIT FOR HEMODIALYSIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99600 | E | UNLISTED HOME VISIT SVC/PX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99601 | E | HOME INFUSION/VISIT 2 HRS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99602 | E | HOME INFUSION EACH ADDTL HR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| 99605 | M | MTMS BY PHARM NP 15 MIN | - | - | - | Fee Schedule | $59.03 | - | - | - | - | 000 | 999 | - |
| 99606 | M | MTMS BY PHARM EST 15 MIN | - | - | - | Fee Schedule | $40.15 | - | - | - | - | 000 | 999 | - |
| 99607 | M | MTMS BY PHARM ADDL 15 MIN | - | - | - | Fee Schedule | $16.20 | - | - | - | - | 000 | 999 | - |
| A0021 | E | OUTSIDE STATE AMBULANCE SERV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0080 | E | NONINTEREST ESCORT IN NON ER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0090 | E | INTEREST ESCORT IN NON ER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A0100 | E | NONEMERGENCY TRANSPORT TAXI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0110 | E | NONEMERGENCY TRANSPORT BUS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0120 | E | NONER TRANSPORT MINI-BUS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0130 | E | NONER TRANSPORT WHEELCH VAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0140 | E | NONEMERGENCY TRANSPORT AIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0160 | E | NONER TRANSPORT CASE WORKER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0170 | E | TRANSPORT PARKING FEES/TOLLS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0180 | E | NONER TRANSPORT LODGNG RECIP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0190 | E | NONER TRANSPORT MEALS RECIP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0200 | E | NONER TRANSPORT LODGNG ESCRT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0210 | E | NONER TRANSPORT MEALS ESCORT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0225 | E | NEONATAL EMERGENCY TRANSPORT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0380 | E | BASIC LIFE SUPPORT MILEAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0382 | E | BASIC SUPPORT ROUTINE SUPPLS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0384 | E | BLS DEFIBRILLATION SUPPLIES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0390 | E | ADVANCED LIFE SUPPORT MILEAG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0392 | E | ALS DEFIBRILLATION SUPPLIES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0394 | E | ALS IV DRUG THERAPY SUPPLIES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0396 | E | ALS ESOPHAGEAL INTUB SUPPLS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0398 | E | ALS ROUTINE DISPOSBLE SUPPLS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0420 | E | AMBULANCE WAITING 1/2 HR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0422 | E | AMBULANCE 02 LIFE SUSTAINING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0424 | E | EXTRA AMBULANCE ATTENDANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0425 | E | GROUND MILEAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0426 | E | ALS 1 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0427 | E | ALS1-EMERGENCY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0428 | E | BLS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0429 | E | BLS-EMERGENCY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0430 | E | FIXED WING AIR TRANSPORT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0431 | E | ROTARY WING AIR TRANSPORT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0432 | E | PI VOLUNTEER AMBULANCE CO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0433 | E | ALS 2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0434 | E | SPECIALTY CARE TRANSPORT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0435 | E | FIXED WING AIR MILEAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0436 | E | ROTARY WING AIR MILEAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0888 | E | NONCOVERED AMBULANCE MILEAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0998 | E | AMBULANCE RESPONSE/TREATMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A0999 | E | UNLISTED AMBULANCE SERVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A2001 | N | INNOVAMATRIX AC, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A2002 | N | MIRRAGEN ADV WND MAT PER SQ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A2003 | E | BIO-CONNEKT WOUND MATRIX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A2004 | N | XCELLISTEM, 1 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A2005 | N | MICROLYTE MATRIX, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A2006 | N | NOVOSORB SYNPATH PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A2007 | N | RESTRATA, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A2008 | N | THERAGENESIS, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A2009 | N | SYMPHONY, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A2010 | N | APIS, PER SQUARE CENTIMETER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A2011 | N | SUPRA SDRM, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A2012 | N | SUPRATHEL, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A2013 | N | INNOVAMATRIX FS, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A2014 | E | OMEZA COLLAG PER 100 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A2015 | E | PHOENIX WND MTRX, PER SQ CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A2016 | E | PERMEADERM B, PER SQ CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A2017 | E | PERMEADERM GLOVE, EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A2018 | E | PERMEADERM C, PER SQ CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A2019 | N | KERECIS MARIGEN SHLD SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A2020 | N | AC5 WOUND SYSTEM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A2021 | N | NEOMATRIX PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A2022 | N | INNOVABRN/INNOVAMATX XL SQCM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A2023 | N | INNOVAMATRIX PD, 1 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A2024 | N | RESOLVE MATRIX PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A2025 | N | MIRO3D PER CUBIC CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4100 | N | SKIN SUB FDA CLRD AS DEV NOS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4206 | E | 1 CC STERILE SYRINGE&NEEDLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4207 | E | 2 CC STERILE SYRINGE&NEEDLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4208 | E | 3 CC STERILE SYRINGE&NEEDLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4209 | E | 5+ CC STERILE SYRINGE&NEEDLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4210 | E | NONNEEDLE INJECTION DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4211 | E | SUPP FOR SELF-ADM INJECTIONS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4212 | E | NON CORING NEEDLE OR STYLET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4213 | E | 20+ CC SYRINGE ONLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4215 | E | STERILE NEEDLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4216 | E | STERILE WATER/SALINE, 10 ML | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4217 | E | STERILE WATER/SALINE, 500 ML | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4218 | N | STERILE SALINE OR WATER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4220 | N | INFUSION PUMP REFILL KIT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4221 | E | SUPP NON-INSULIN INF CATH/WK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4222 | E | INFUSION SUPPLIES WITH PUMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4223 | E | INFUSION SUPPLIES W/O PUMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4224 | N | SUPPLY INSULIN INF CATH/WK | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4225 | N | SUP/EXT INSULIN INF PUMP SYR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4226 | E | WEEKLY SUPPLY MAINT CGS PUMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4230 | N | INFUS INSULIN PUMP NON NEEDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4231 | N | INFUSION INSULIN PUMP NEEDLE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4232 | E | SYRINGE W/NEEDLE INSULIN 3CC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4233 | E | ALKALIN BATT FOR GLUCOSE MON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4234 | E | J-CELL BATT FOR GLUCOSE MON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4235 | E | LITHIUM BATT FOR GLUCOSE MON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4236 | E | SILVR OXIDE BATT GLUCOSE MON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4238 | E | ADJU CGM SUPPLY ALLOWANCE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4239 | E | NON-ADJU CGM SUPPLY ALLOW | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4244 | E | ALCOHOL OR PEROXIDE PER PINT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4245 | E | ALCOHOL WIPES PER BOX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4246 | E | BETADINE/PHISOHEX SOLUTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4247 | E | BETADINE/IODINE SWABS/WIPES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4248 | N | CHLORHEXIDINE ANTISEPT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4250 | E | URINE REAGENT STRIPS/TABLETS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4252 | E | BLOOD KETONE TEST OR STRIP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4253 | E | BLOOD GLUCOSE/REAGENT STRIPS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4255 | E | GLUCOSE MONITOR PLATFORMS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4256 | E | CALIBRATOR SOLUTION/CHIPS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4257 | E | REPLACE LENSSHIELD CARTRIDGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4258 | E | LANCET DEVICE EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4259 | E | LANCETS PER BOX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4261 | E | CERVICAL CAP CONTRACEPTIVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 060 | - |
| A4262 | N | TEMPORARY TEAR DUCT PLUG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4263 | N | PERMANENT TEAR DUCT PLUG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4264 | E | INTRATUBAL OCCLUSION DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 060 | - |
| A4265 | E | PARAFFIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4266 | E | DIAPHRAGM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4267 | E | MALE CONDOM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A4268 | N | FEMALE CONDOM | - | - | - | Bundled | $0.00 | - | - | - | - | 010 | 999 | - |
| A4269 | N | SPERMICIDE | - | - | - | Bundled | $0.00 | - | - | - | - | 010 | 999 | - |
| A4270 | N | DISPOSABLE ENDOSCOPE SHEATH | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4280 | N | BRST PRSTHS ADHSV ATTCHMNT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4281 | E | REPLACEMENT BREASTPUMP TUBE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4282 | E | REPLACEMENT BREASTPUMP ADPT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4283 | E | REPLACEMENT BREASTPUMP CAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4284 | E | REPLCMNT BREAST PUMP SHIELD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4285 | E | REPLCMNT BREAST PUMP BOTTLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4286 | E | REPLCMNT BREASTPUMP LOK RING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4290 | E | SACRAL NERVE STIM TEST LEAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4300 | N | CATH IMPL VASC ACCESS PORTAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4301 | N | IMPLANTABLE ACCESS SYST PERC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4305 | N | DRUG DELIVERY SYSTEM >=50 ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4306 | N | DRUG DELIVERY SYSTEM <=50 ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4310 | N | INSERT TRAY W/O BAG/CATH | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4311 | N | CATHETER W/O BAG 2-WAY LATEX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4312 | N | CATH W/O BAG 2-WAY SILICONE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4313 | N | CATHETER W/BAG 3-WAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4314 | N | CATH W/DRAINAGE 2-WAY LATEX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4315 | N | CATH W/DRAINAGE 2-WAY SILCNE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4316 | N | CATH W/DRAINAGE 3-WAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4320 | N | IRRIGATION TRAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4321 | N | CATH THERAPEUTIC IRRIG AGENT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4322 | N | IRRIGATION SYRINGE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4326 | N | MALE EXTERNAL CATHETER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4327 | N | FEM URINARY COLLECT DEV CUP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4328 | N | FEM URINARY COLLECT POUCH | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4330 | N | STOOL COLLECTION POUCH | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4331 | N | EXTENSION DRAINAGE TUBING | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4332 | N | LUBE STERILE PACKET | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4333 | N | URINARY CATH ANCHOR DEVICE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4334 | N | URINARY CATH LEG STRAP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4335 | N | INCONTINENCE SUPPLY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4336 | N | URETHRAL INSERT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4337 | N | INCONTINENT RECTAL INSERT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4338 | N | INDWELLING CATHETER LATEX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4340 | N | INDWELLING CATHETER SPECIAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4341 | N | IDUC VALVE PAT INST REPL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4342 | N | IDUC VALVE SPLY REPL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4344 | N | CATH INDW FOLEY 2 WAY SILICN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4346 | N | CATH INDW FOLEY 3 WAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4349 | E | DISPOSABLE MALE EXTERNAL CAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4351 | N | STRAIGHT TIP URINE CATHETER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4352 | N | COUDE TIP URINARY CATHETER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4353 | N | INTERMITTENT URINARY CATH | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4354 | N | CATH INSERTION TRAY W/BAG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4355 | N | BLADDER IRRIGATION TUBING | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4356 | N | EXT URETH CLMP OR COMPR DVC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4357 | N | BEDSIDE DRAINAGE BAG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4358 | N | URINARY LEG OR ABDOMEN BAG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4360 | N | DISPOSABLE EXT URETHRAL DEV | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4361 | N | OSTOMY FACE PLATE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4362 | N | SOLID SKIN BARRIER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4363 | E | OSTOMY CLAMP, REPLACEMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4364 | N | ADHESIVE, LIQUID OR EQUAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A4366 | E | OSTOMY VENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4367 | N | OSTOMY BELT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4368 | N | OSTOMY FILTER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4369 | N | SKIN BARRIER LIQUID PER OZ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4371 | N | SKIN BARRIER POWDER PER OZ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4372 | N | SKIN BARRIER SOLID 4X4 EQUIV | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4373 | N | SKIN BARRIER WITH FLANGE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4375 | N | DRAINABLE PLASTIC PCH W FCPL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4376 | N | DRAINABLE RUBBER PCH W FCPLT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4377 | N | DRAINABLE PLSTIC PCH W/O FP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4378 | N | DRAINABLE RUBBER PCH W/O FP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4379 | N | URINARY PLASTIC POUCH W FCPL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4380 | N | URINARY RUBBER POUCH W FCPLT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4381 | N | URINARY PLASTIC POUCH W/O FP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4382 | N | URINARY HVY PLSTC PCH W/O FP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4383 | N | URINARY RUBBER POUCH W/O FP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4384 | N | OSTOMY FACEPLT/SILICONE RING | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4385 | N | OST SKN BARRIER SLD EXT WEAR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4387 | N | OST CLSD POUCH W ATT ST BARR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4388 | N | DRAINABLE PCH W EX WEAR BARR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4389 | N | DRAINABLE PCH W ST WEAR BARR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4390 | N | DRAINABLE PCH EX WEAR CONVEX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4391 | N | URINARY POUCH W EX WEAR BARR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4392 | N | URINARY POUCH W ST WEAR BARR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4393 | N | URINE PCH W EX WEAR BAR CONV | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4394 | N | OSTOMY POUCH LIQ DEODORANT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4395 | N | OSTOMY POUCH SOLID DEODORANT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4396 | N | PERISTOMAL HERNIA SUPPRT BLT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4398 | N | OSTOMY IRRIGATION BAG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4399 | N | OSTOMY IRRIG CONE/CATH W BRS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4400 | N | OSTOMY IRRIGATION SET | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4402 | N | LUBRICANT PER OUNCE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4404 | N | OSTOMY RING EACH | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4405 | N | NONPECTIN BASED OSTOMY PASTE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4406 | N | PECTIN BASED OSTOMY PASTE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4407 | N | EXT WEAR OST SKN BARR <=4SQ" | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4408 | N | EXT WEAR OST SKN BARR >4SQ" | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4409 | N | OST SKN BARR CONVEX <=4 SQ I | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4410 | N | OST SKN BARR EXTND >4 SQ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4411 | E | OST SKN BARR EXTND =4SQ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4412 | E | OST POUCH DRAIN HIGH OUTPUT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4413 | N | 2 PC DRAINABLE OST POUCH | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4414 | N | OST SKNBAR W/O CONV<=4 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4415 | N | OST SKN BARR W/O CONV >4 SQI | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4416 | E | OST PCH CLSD W BARRIER/FILTR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4417 | E | OST PCH W BAR/BLTINCONV/FLTR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4418 | E | OST PCH CLSD W/O BAR W FILTR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4419 | E | OST PCH FOR BAR W FLANGE/FLT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4420 | E | OST PCH CLSD FOR BAR W LK FL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4421 | E | OSTOMY SUPPLY MISC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4422 | N | OST POUCH ABSORBENT MATERIAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4423 | E | OST PCH FOR BAR W LK FL/FLTR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4424 | E | OST PCH DRAIN W BAR & FILTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4425 | E | OST PCH DRAIN FOR BARRIER FL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4426 | E | OST PCH DRAIN 2 PIECE SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4427 | E | OST PCH DRAIN/BARR LK FLNG/F | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A4428 | E | URINE OST POUCH W FAUCET/TAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4429 | E | URINE OST POUCH W BLTINCONV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4430 | E | OST URINE PCH W B/BLTIN CONV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4431 | E | OST PCH URINE W BARRIER/TAPV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4432 | E | OS PCH URINE W BAR/FANGE/TAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4433 | E | URINE OST PCH BAR W LOCK FLN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4434 | E | OST PCH URINE W LOCK FLNG/FT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4435 | E | 1PC OST PCH DRAIN HGH OUTPUT | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| A4436 | N | IRR SUPPLY SLEEV REUS PER MO | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4437 | N | IRR SUPPLY SLEEV DISP PER MO | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4450 | N | NON-WATERPROOF TAPE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4452 | N | WATERPROOF TAPE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4453 | E | REC CATH MAN PUMP ENEMA REPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4455 | N | ADHESIVE REMOVER PER OUNCE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4456 | N | ADHESIVE REMOVER, WIPES | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4458 | E | REUSABLE ENEMA BAG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4459 | N | MANUAL PUMP ENEMA, REUSABLE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4461 | E | SURGICL DRESS HOLD NON-REUSE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4463 | E | SURGICAL DRESS HOLDER REUSE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4465 | N | NON-ELASTIC EXTREMITY BINDER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4467 | E | BELT STRAP SLEEV GRMNT COVER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4470 | N | GRAVLEE JET WASHER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4480 | N | VABRA ASPIRATOR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4481 | N | TRACHEOSTOMA FILTER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4483 | N | MOISTURE EXCHANGER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4490 | E | ABOVE KNEE SURGICAL STOCKING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4495 | E | THIGH LENGTH SURG STOCKING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4500 | E | BELOW KNEE SURGICAL STOCKING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4510 | E | FULL LENGTH SURG STOCKING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4520 | E | INCONTINENCE GARMENT ANYTYPE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4550 | E | SURGICAL TRAYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4553 | E | NONDISP UNDERPADS, ALL SIZES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4554 | E | DISPOSABLE UNDERPADS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4555 | E | CA TX E-STIM ELECTR/TRANSDUC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4556 | E | ELECTRODES, PAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4557 | E | LEAD WIRES, PAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4558 | E | CONDUCTIVE GEL OR PASTE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4559 | E | COUPLING GEL OR PASTE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4560 | E | NMES DISPOSABLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4561 | N | PESSARY RUBBER, ANY TYPE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4562 | N | PESSARY, NON RUBBER,ANY TYPE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4563 | E | VAG INSER RECTAL CONTROL SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4565 | N | SLINGS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4566 | E | SHOULD SLING/VEST/ABRESTRAIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4570 | E | SPLINT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4575 | E | HYPERBARIC O2 CHAMBER DISPS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4580 | E | CAST SUPPLIES (PLASTER) | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4590 | E | SPECIAL CASTING MATERIAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4595 | E | TENS SUPPL 2 LEAD PER MONTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4596 | E | CES SYSTEM MONTHLY SUPP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4600 | E | SLEEVE, INTER LIMB COMP DEV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4601 | E | LITH ION NON PROSTH RECHARGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4602 | N | REPLACE LITHIUM BATTERY 1.5V | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4604 | E | TUBING WITH HEATING ELEMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4605 | E | TRACH SUCTION CATH CLOSE SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4606 | N | OXYGEN PROBE USED W OXIMETER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A4608 | E | TRANSTRACHEAL OXYGEN CATH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4611 | E | HEAVY DUTY BATTERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4612 | E | BATTERY CABLES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4613 | E | BATTERY CHARGER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4614 | E | HAND-HELD PEFR METER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4615 | E | CANNULA NASAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4616 | E | TUBING (OXYGEN) PER FOOT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4617 | E | MOUTH PIECE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4618 | E | BREATHING CIRCUITS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4619 | E | FACE TENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4620 | E | VARIABLE CONCENTRATION MASK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4623 | N | TRACHEOSTOMY INNER CANNULA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4624 | E | TRACHEAL SUCTION TUBE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4625 | N | TRACH CARE KIT FOR NEW TRACH | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4626 | N | TRACHEOSTOMY CLEANING BRUSH | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4627 | E | SPACER BAG/RESERVOIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4628 | E | OROPHARYNGEAL SUCTION CATH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4629 | N | TRACHEOSTOMY CARE KIT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4630 | E | REPL BAT T.E.N.S. OWN BY PT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4633 | E | UVL REPLACEMENT BULB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4634 | N | REPLACEMENT BULB TH LIGHTBOX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4635 | E | UNDERARM CRUTCH PAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4636 | E | HANDGRIP FOR CANE ETC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4637 | E | REPL TIP CANE/CRUTCH/WALKER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4638 | E | REPL BATT PULSE GEN SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4639 | E | INFRARED HT SYS REPLCMNT PAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4640 | E | ALTERNATING PRESSURE PAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4641 | N | RADIOPHARM DX AGENT NOC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4642 | N | IN111 SATUMOMAB | - | - | - | Bundled | $0.00 | | | Y | - | 000 | 999 | - |
| A4648 | N | IMPLANTABLE TISSUE MARKER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4649 | N | SURGICAL SUPPLIES | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4650 | N | IMPLANT RADIATION DOSIMETER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4651 | N | CALIBRATED MICROCAP TUBE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4652 | N | MICROCAPILLARY TUBE SEALANT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4653 | N | PD CATHETER ANCHOR BELT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4657 | N | SYRINGE W/WO NEEDLE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4660 | N | SPHYG/BP APP W CUFF AND STET | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4663 | N | DIALYSIS BLOOD PRESSURE CUFF | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4670 | E | AUTOMATIC BP MONITOR, DIAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4671 | E | DISPOSABLE CYCLER SET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4672 | E | DRAINAGE EXT LINE, DIALYSIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4673 | E | EXT LINE W EASY LOCK CONNECT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4674 | E | CHEM/ANTISEPT SOLUTION, 8OZ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4680 | N | ACTIVATED CARBON FILTER, EA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4690 | N | DIALYZER, EACH | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4706 | N | BICARBONATE CONC SOL PER GAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4707 | N | BICARBONATE CONC POW PER PAC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4708 | N | ACETATE CONC SOL PER GALLON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4709 | N | ACID CONC SOL PER GALLON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4714 | N | TREATED WATER PER GALLON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4719 | N | "Y SET" TUBING | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4720 | N | DIALYSAT SOL FLD VOL > 249CC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4721 | N | DIALYSAT SOL FLD VOL > 999CC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4722 | N | DIALYS SOL FLD VOL > 1999CC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4723 | N | DIALYS SOL FLD VOL > 2999CC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4724 | N | DIALYS SOL FLD VOL > 3999CC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A4725 | N | DIALYS SOL FLD VOL > 4999CC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4726 | N | DIALYS SOL FLD VOL > 5999CC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4728 | E | DIALYSATE SOLUTION, NON-DEX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A4730 | N | FISTULA CANNULATION SET, EA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4736 | N | TOPICAL ANESTHETIC, PER GRAM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4737 | N | INJ ANESTHETIC PER 10 ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4740 | N | SHUNT ACCESSORY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4750 | N | ART OR VENOUS BLOOD TUBING | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4755 | N | COMB ART/VENOUS BLOOD TUBING | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4760 | N | DIALYSATE SOL TEST KIT, EACH | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4765 | N | DIALYSATE CONC POW PER PACK | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4766 | N | DIALYSATE CONC SOL ADD 10 ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4770 | N | BLOOD COLLECTION TUBE/VACUUM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4771 | N | SERUM CLOTTING TIME TUBE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4772 | N | BLOOD GLUCOSE TEST STRIPS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4773 | N | OCCULT BLOOD TEST STRIPS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4774 | N | AMMONIA TEST STRIPS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4802 | N | PROTAMINE SULFATE PER 50 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4860 | N | DISPOSABLE CATHETER TIPS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4870 | N | PLUMB/ELEC WK HM HEMO EQUIP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4890 | N | REPAIR/MAINT CONT HEMO EQUIP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4911 | N | DRAIN BAG/BOTTLE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4913 | N | MISC DIALYSIS SUPPLIES NOC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4918 | N | VENOUS PRESSURE CLAMP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4927 | N | NON-STERILE GLOVES | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4928 | N | SURGICAL MASK | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4929 | N | TOURNIQUET FOR DIALYSIS, EA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4930 | N | STERILE, GLOVES PER PAIR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4931 | N | REUSABLE ORAL THERMOMETER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A4932 | E | REUSABLE RECTAL THERMOMETER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A5051 | N | POUCH CLSD W BARR ATTACHED | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A5052 | N | CLSD OSTOMY POUCH W/O BARR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A5053 | N | CLSD OSTOMY POUCH FACEPLATE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A5054 | N | CLSD OSTOMY POUCH W/FLANGE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A5055 | N | STOMA CAP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A5056 | E | 1 PC OST POUCH W FILTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A5057 | E | 1 PC OST POU W BUILT-IN CONV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A5061 | N | POUCH DRAINABLE W BARRIER AT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A5062 | N | DRNBLE OSTOMY POUCH W/O BARR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A5063 | N | DRAIN OSTOMY POUCH W/FLANGE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A5071 | N | URINARY POUCH W/BARRIER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A5072 | N | URINARY POUCH W/O BARRIER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A5073 | N | URINARY POUCH ON BARR W/FLNG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A5081 | N | STOMA PLUG OR SEAL, ANY TYPE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A5082 | N | CONTINENT STOMA CATHETER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A5083 | N | STOMA ABSORPTIVE COVER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A5093 | N | OSTOMY ACCESSORY CONVEX INSE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A5102 | N | BEDSIDE DRAIN BTL W/WO TUBE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A5105 | N | URINARY SUSPENSORY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A5112 | N | URINARY LEG BAG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A5113 | E | LATEX LEG STRAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A5114 | E | FOAM/FABRIC LEG STRAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A5120 | E | SKIN BARRIER, WIPE OR SWAB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A5121 | N | SOLID SKIN BARRIER 6X6 | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A5122 | N | SOLID SKIN BARRIER 8X8 | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A5126 | N | DISK/FOAM PAD +OR- ADHESIVE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A5131 | N | APPLIANCE CLEANER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A5200 | N | PERCUTANEOUS CATHETER ANCHOR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A5500 | E | DIAB SHOE FOR DENSITY INSERT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A5501 | E | DIABETIC CUSTOM MOLDED SHOE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A5503 | E | DIABETIC SHOE W/ROLLER/ROCKR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A5504 | E | DIABETIC SHOE WITH WEDGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A5505 | E | DIAB SHOE W/METATARSAL BAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A5506 | E | DIABETIC SHOE W/OFF SET HEEL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A5507 | E | MODIFICATION DIABETIC SHOE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A5508 | E | DIABETIC DELUXE SHOE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A5510 | E | COMPRESSION FORM SHOE INSERT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A5512 | E | MULTI DEN INSERT DIRECT FORM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A5513 | E | MULTI DEN INSERT CUSTOM MOLD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A5514 | E | MULT DEN INSERT DIR CARV/CAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6000 | E | WOUND WARMING WOUND COVER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6010 | N | COLLAGEN BASED WOUND FILLER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6011 | N | COLLAGEN GEL/PASTE WOUND FIL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6021 | N | COLLAGEN DRESSING <=16 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6022 | N | COLLAGEN DRSG>16<=48 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6023 | N | COLLAGEN DRESSING >48 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6024 | N | COLLAGEN DSG WOUND FILLER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6025 | E | SILICONE GEL SHEET, EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6154 | N | WOUND POUCH EACH | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6196 | N | ALGINATE DRESSING <=16 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6197 | N | ALGINATE DRSG >16 <=48 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6198 | N | ALGINATE DRESSING > 48 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6199 | N | ALGINATE DRSG WOUND FILLER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6203 | N | COMPOSITE DRSG <= 16 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6204 | N | COMPOSITE DRSG >16<=48 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6205 | N | COMPOSITE DRSG > 48 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6206 | N | CONTACT LAYER <= 16 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6207 | N | CONTACT LAYER >16<= 48 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6208 | N | CONTACT LAYER > 48 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6209 | N | FOAM DRSG <=16 SQ IN W/O BDR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6210 | N | FOAM DRG >16<=48 SQ IN W/O B | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6211 | N | FOAM DRG > 48 SQ IN W/O BRDR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6212 | N | FOAM DRG <=16 SQ IN W/BORDER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6213 | N | FOAM DRG >16<=48 SQ IN W/BDR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6214 | N | FOAM DRG > 48 SQ IN W/BORDER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6215 | N | FOAM DRESSING WOUND FILLER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6216 | N | NON-STERILE GAUZE<=16 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6217 | N | NON-STERILE GAUZE>16<=48 SQ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6218 | N | NON-STERILE GAUZE > 48 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6219 | N | GAUZE <= 16 SQ IN W/BORDER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6220 | N | GAUZE >16 <=48 SQ IN W/BORDR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6221 | N | GAUZE > 48 SQ IN W/BORDER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6222 | N | GAUZE <=16 IN NO W/SAL W/O B | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6223 | N | GAUZE >16<=48 NO W/SAL W/O B | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6224 | N | GAUZE > 48 IN NO W/SAL W/O B | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6228 | N | GAUZE <= 16 SQ IN WATER/SAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6229 | N | GAUZE >16<=48 SQ IN WATR/SAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6230 | N | GAUZE > 48 SQ IN WATER/SALNE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6231 | N | HYDROGEL DSG<=16 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6232 | N | HYDROGEL DSG>16<=48 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6233 | N | HYDROGEL DRESSING >48 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6234 | N | HYDROCOLLD DRG <=16 W/O BDR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A6235 | N | HYDROCOLLD DRG >16<=48 W/O B | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6236 | N | HYDROCOLLD DRG > 48 IN W/O B | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6237 | N | HYDROCOLLD DRG <=16 IN W/BDR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6238 | N | HYDROCOLLD DRG >16<=48 W/BDR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6239 | N | HYDROCOLLD DRG > 48 IN W/BDR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6240 | N | HYDROCOLLD DRG FILLER PASTE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6241 | N | HYDROCOLLOID DRG FILLER DRY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6242 | N | HYDROGEL DRG <=16 IN W/O BDR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6243 | N | HYDROGEL DRG >16<=48 W/O BDR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6244 | N | HYDROGEL DRG >48 IN W/O BDR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6245 | N | HYDROGEL DRG <= 16 IN W/BDR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6246 | N | HYDROGEL DRG >16<=48 IN W/B | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6247 | N | HYDROGEL DRG > 48 SQ IN W/B | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6248 | N | HYDROGEL DRSG GEL FILLER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6250 | N | SKIN SEAL PROTECT MOISTURIZR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6251 | N | ABSORPT DRG <=16 SQ IN W/O B | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6252 | N | ABSORPT DRG >16 <=48 W/O BDR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6253 | N | ABSORPT DRG > 48 SQ IN W/O B | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6254 | N | ABSORPT DRG <=16 SQ IN W/BDR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6255 | N | ABSORPT DRG >16<=48 IN W/BDR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6256 | N | ABSORPT DRG > 48 SQ IN W/BDR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6257 | N | TRANSPARENT FILM <= 16 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6258 | N | TRANSPARENT FILM >16<=48 IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6259 | N | TRANSPARENT FILM > 48 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6260 | N | WOUND CLEANSER ANY TYPE/SIZE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6261 | N | WOUND FILLER GEL/PASTE /OZ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6262 | N | WOUND FILLER DRY FORM / GRAM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6266 | N | IMPREG GAUZE NO H20/SAL/YARD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6402 | N | STERILE GAUZE <= 16 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6403 | N | STERILE GAUZE>16 <= 48 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6404 | N | STERILE GAUZE > 48 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6407 | E | PACKING STRIPS, NON-IMPREG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6410 | N | STERILE EYE PAD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6411 | N | NON-STERILE EYE PAD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6412 | N | OCCLUSIVE EYE PATCH | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6413 | E | ADHESIVE BANDAGE, FIRST-AID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6441 | E | PAD BAND W>=3" <5"/YD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6442 | E | CONFORM BAND N/S W<3"/YD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6443 | E | CONFORM BAND N/S W>=3"<5"/YD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6444 | E | CONFORM BAND N/S W>=5"/YD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6445 | E | CONFORM BAND S W <3"/YD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6446 | E | CONFORM BAND S W>=3" <5"/YD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6447 | E | CONFORM BAND S W >=5"/YD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6448 | E | LT COMPRES BAND <3"/YD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6449 | E | LT COMPRES BAND >=3" <5"/YD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6450 | E | LT COMPRES BAND >=5"/YD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6451 | E | MOD COMPRES BAND W>=3"<5"/YD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6452 | E | HIGH COMPRES BAND W>=3"<5"YD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6453 | E | SELF-ADHER BAND W <3"/YD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6454 | E | SELF-ADHER BAND W>=3" <5"/YD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6455 | E | SELF-ADHER BAND >=5"/YD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6456 | E | ZINC PASTE BAND W >=3"<5"/YD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6457 | E | TUBULAR DRESSING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6460 | N | SYNTHETIC DRSG <= 16 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6461 | N | SYNTHETIC DRSG >16<=48 SQ IN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6501 | N | COMPRES BURNGARMENT BODYSUIT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A6502 | N | COMPRES BURNGARMENT CHINSTRP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6503 | N | COMPRES BURNGARMENT FACEHOOD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6504 | N | CMPRSBURNGARMENT GLOVE-WRIST | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6505 | N | CMPRSBURNGARMENT GLOVE-ELBOW | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6506 | N | CMPRSBURNGRMNT GLOVE-AXILLA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6507 | N | CMPRS BURNGARMENT FOOT-KNEE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6508 | N | CMPRS BURNGARMENT FOOT-THIGH | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6509 | N | COMPRES BURN GARMENT JACKET | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6510 | N | COMPRES BURN GARMENT LEOTARD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6511 | N | COMPRES BURN GARMENT PANTY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6512 | N | COMPRES BURN GARMENT, NOC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6513 | E | COMPRESS BURN MASK FACE/NECK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6530 | E | COMPRESSION STOCKING BK18-30 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6531 | E | COMPRESSION STOCKING BK30-40 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6532 | E | COMPRESSION STOCKING BK40-50 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6533 | E | GC STOCKING THIGHLNGTH 18-30 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6534 | E | GC STOCKING THIGHLNGTH 30-40 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6535 | E | GC STOCKING THIGHLNGTH 40-50 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6536 | E | GC STOCKING FULL LNGTH 18-30 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6537 | E | GC STOCKING FULL LNGTH 30-40 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6538 | E | GC STOCKING FULL LNGTH 40-50 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6539 | E | GC STOCKING WAISTLNGTH 18-30 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6540 | E | GC STOCKING WAISTLNGTH 30-40 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6541 | E | GC STOCKING WAISTLNGTH 40-50 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6544 | E | GC STOCKING GARTER BELT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6545 | E | GRAD COMP NON-ELASTIC BK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6549 | E | G COMPRESSION STOCKING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6550 | E | NEG PRES WOUND THER DRSG SET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A6590 | N | URINARY CATH DISP SUC PUMP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A6591 | N | URINARY CATH SUC PUMP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A7000 | E | DISPOSABLE CANISTER FOR PUMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7001 | E | NONDISPOSABLE PUMP CANISTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7002 | E | TUBING USED W SUCTION PUMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7003 | E | NEBULIZER ADMINISTRATION SET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7004 | E | DISPOSABLE NEBULIZER SML VOL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7005 | E | NONDISPOSABLE NEBULIZER SET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7006 | E | FILTERED NEBULIZER ADMIN SET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7007 | E | LG VOL NEBULIZER DISPOSABLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7008 | E | DISPOSABLE NEBULIZER PREFILL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7009 | E | NEBULIZER RESERVOIR BOTTLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7010 | E | DISPOSABLE CORRUGATED TUBING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7012 | E | NEBULIZER WATER COLLEC DEVIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7013 | E | DISPOSABLE COMPRESSOR FILTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7014 | E | COMPRESSOR NONDISPOS FILTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7015 | E | AEROSOL MASK USED W NEBULIZE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7016 | E | NEBULIZER DOME & MOUTHPIECE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7017 | E | NEBULIZER NOT USED W OXYGEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7018 | E | WATER DISTILLED W/NEBULIZER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7020 | E | INTERFACE, COUGH STIM DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7025 | E | REPLACE CHEST COMPRESS VEST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7026 | E | REPLACE CHST CMPRSS SYS HOSE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7027 | E | COMBINATION ORAL/NASAL MASK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7028 | E | REPL ORAL CUSHION COMBO MASK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7029 | E | REPL NASAL PILLOW COMB MASK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7030 | E | CPAP FULL FACE MASK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7031 | E | REPLACEMENT FACEMASK INTERFA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A7032 | E | REPLACEMENT NASAL CUSHION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7033 | E | REPLACEMENT NASAL PILLOWS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7034 | E | NASAL APPLICATION DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7035 | E | POS AIRWAY PRESS HEADGEAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7036 | E | POS AIRWAY PRESS CHINSTRAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7037 | E | POS AIRWAY PRESSURE TUBING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7038 | E | POS AIRWAY PRESSURE FILTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7039 | E | FILTER, NON DISPOSABLE W PAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7040 | E | ONE WAY CHEST DRAIN VALVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7041 | E | WATER SEAL DRAIN CONTAINER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7044 | E | PAP ORAL INTERFACE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7045 | E | REPL EXHALATION PORT FOR PAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7046 | E | REPL WATER CHAMBER, PAP DEV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7047 | N | RESP SUCTION ORAL INTERFACE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A7048 | N | VACUUM DRAIN BOTTLE/TUBE KIT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A7049 | E | EPAP NASAL VALVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7501 | N | TRACHEOSTOMA VALVE W DIAPHRA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A7502 | N | REPLACEMENT DIAPHRAGM/FPLATE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A7503 | N | HMES FILTER HOLDER OR CAP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A7504 | N | TRACHEOSTOMA HMES FILTER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A7505 | N | HMES OR TRACH VALVE HOUSING | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A7506 | N | HMES/TRACHVALVE ADHESIVEDISK | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A7507 | N | INTEGRATED FILTER & HOLDER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A7508 | N | HOUSING & INTEGRATED ADHESIV | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A7509 | N | HEAT & MOISTURE EXCHANGE SYS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A7520 | E | TRACH/LARYN TUBE NON-CUFFED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7521 | E | TRACH/LARYN TUBE CUFFED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7522 | E | TRACH/LARYN TUBE STAINLESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7523 | E | TRACHEOSTOMY SHOWER PROTECT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7524 | E | TRACHEOSTOMA STENT/STUD/BTTN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7525 | E | TRACHEOSTOMY MASK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7526 | E | TRACHEOSTOMY TUBE COLLAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A7527 | E | TRACH/LARYN TUBE PLUG/STOP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A8000 | E | SOFT PROTECT HELMET PREFAB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A8001 | E | HARD PROTECT HELMET PREFAB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A8002 | E | SOFT PROTECT HELMET CUSTOM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A8003 | E | HARD PROTECT HELMET CUSTOM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A8004 | E | REPL SOFT INTERFACE, HELMET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9150 | E | MISC/EXPER NON-PRESCRIPT DRU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9152 | E | SINGLE VITAMIN NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9153 | E | MULTI-VITAMIN NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9155 | E | ARTIFICIAL SALIVA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9156 | N | ORAL MUCOADHESIVE PER 1 ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9180 | E | LICE TREATMENT, TOPICAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9268 | E | PROGRAMMER ORALLY INGEST CAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9269 | E | PROGRAMABLE INGEST CAPSULE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9270 | E | NON-COVERED ITEM OR SERVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9272 | E | DISP WOUND SUCT, DRSG/ACCESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9273 | E | HOT/COLD BOTLE/CAP/COL/WRAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9274 | E | EXT AMB INSULIN DELIVERY SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9275 | E | DISP HOME GLUCOSE MONITOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9276 | E | DISPOSABLE SENSOR, CGM SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9277 | E | EXTERNAL TRANSMITTER, CGM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9278 | E | EXTERNAL RECEIVER, CGM SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9279 | E | MONITORING FEATURE/DEVICENOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9280 | E | ALERT DEVICE, NOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A9281 | E | REACHING/GRABBING DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9282 | E | WIG ANY TYPE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9283 | E | FOOT PRESS OFF LOAD SUPP DEV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9284 | N | NON-ELECTRONIC SPIROMETER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9285 | E | INVERSION EVERSION COR DEVIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9286 | E | ANY HYGIENIC ITEM, DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9291 | E | PRES DIG COG BEHAV THERA FDA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9292 | E | PRES DIG VISUAL THERAPY FDA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9300 | E | EXERCISE EQUIPMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9500 | N | TC99M SESTAMIBI | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9501 | N | TECHNETIUM TC-99M TEBOROXIME | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9502 | N | TC99M TETROFOSMIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9503 | N | TC99M MEDRONATE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9504 | N | TC99M APCITIDE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9505 | N | TL201 THALLIUM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9507 | N | IN111 CAPROMAB | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9508 | N | I131 IODOBENGUATE, DX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9509 | N | IODINE I-123 SOD IODIDE MIL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9510 | N | TC99M DISOFENIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9512 | N | TC99M PERTECHNETATE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9513 | K | LUTETIUM LU 177 DOTATAT THER | - | 09067 | 5.1652 | APC (blood and non-blood products) | $289.98 | - | - | - | - | 000 | 999 | - |
| A9515 | N | CHOLINE C-11 | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9516 | N | IODINE I-123 SOD IODIDE MIC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9517 | K | I131 IODIDE CAP, RX | - | 01064 | 0.4227 | APC (blood and non-blood products) | $23.73 | - | - | - | - | 000 | 999 | - |
| A9520 | N | TC99 TILMANOCEPT DIAG 0.5MCI | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9521 | N | TC99M EXAMETAZIME | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9524 | N | I131 SERUM ALBUMIN, DX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9526 | N | NITROGEN N-13 AMMONIA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9527 | U | IODINE I-125 SODIUM IODIDE | - | 02632 | 0.5039 | APC | $29.42 | - | - | - | - | 000 | 999 | - |
| A9528 | N | IODINE I-131 IODIDE CAP, DX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9529 | N | I131 IODIDE SOL, DX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9530 | K | I131 IODIDE SOL, RX | - | 01150 | 0.4045 | APC (blood and non-blood products) | $22.71 | - | - | - | - | 000 | 999 | - |
| A9531 | N | I131 MAX 100UCI | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9532 | N | I125 SERUM ALBUMIN, DX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9536 | N | TC99M DEPREOTIDE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9537 | N | TC99M MEBROFENIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9538 | N | TC99M PYROPHOSPHATE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9539 | N | TC99M PENTETATE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9540 | N | TC99M MAA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9541 | N | TC99M SULFUR COLLOID | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9542 | N | IN111 IBRITUMOMAB, DX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9543 | K | Y90 IBRITUMOMAB, RX | - | 01643 | 1166.3089 | APC (blood and non-blood products) | $65,476.58 | - | - | - | - | 000 | 999 | - |
| A9546 | N | CO57/58 | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9547 | N | IN111 OXYQUINOLINE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9548 | N | IN111 PENTETATE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9550 | N | TC99M GLUCEPTATE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9551 | N | TC99M SUCCIMER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9552 | N | F18 FDG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9553 | N | CR51 CHROMATE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9554 | N | I125 IOTHALAMATE, DX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9555 | N | RB82 RUBIDIUM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9556 | N | GA67 GALLIUM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9557 | N | TC99M BICISATE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9558 | N | XE133 XENON 10MCI | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9559 | N | CO57 CYANO | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9560 | N | TC99M LABELED RBC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A9561 | N | TC99M OXIDRONATE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9562 | N | TC99M MERTIATIDE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9563 | K | P32 NA PHOSPHATE | - | 01675 | 0.6580 | APC (blood and non-blood products) | $36.94 | - | - | - | - | 000 | 999 | - |
| A9564 | E | P32 CHROMIC PHOSPHATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9566 | N | TC99M FANOLESOMAB | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9567 | N | TECHNETIUM TC-99M AEROSOL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9568 | N | TECHNETIUM TC99M ARCITUMOMAB | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9569 | N | TECHNETIUM TC-99M AUTO WBC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9570 | N | INDIUM IN-111 AUTO WBC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9571 | N | INDIUM IN-111 AUTO PLATELET | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9572 | N | INDIUM IN-111 PENTETREOTIDE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9573 | N | INJ, GADOPICLENOL, 1 ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9575 | N | INJ GADOTERATE MEGLUMI 0.1ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9576 | N | INJ PROHANCE MULTIPACK | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9577 | N | INJ MULTIHANCE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9578 | N | INJ MULTIHANCE MULTIPACK | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9579 | N | GAD-BASE MR CONTRAST NOS,1ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9580 | N | SODIUM FLUORIDE F-18 | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9581 | N | GADOXETATE DISODIUM INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9582 | N | IODINE I-123 IOBENGUANE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9583 | N | GADOFOSVESET TRISODIUM INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9584 | N | IODINE I-123 IOFLUPANE | - | - | - | Bundled | $0.00 | - | - | - | - | 018 | 999 | - |
| A9585 | N | GADOBUTROL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 002 | 999 | - |
| A9586 | N | FLORBETAPIR F18 | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| A9587 | N | GALLIUM GA-68 | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9588 | N | FLUCICLOVINE F-18 | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9589 | N | INSTI HEXAMINOLEVULINATE HCL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9590 | K | IODINE I-131 IOBENGUANE 1MCI | - | 09339 | 6.0292 | APC (blood and non-blood products) | $338.48 | - | - | - | - | 000 | 999 | - |
| A9591 | G | FLUOROESTRADIOL F 18 | - | - | - | APC – pays by fee schedule amount | $709.32 | - | - | - | - | 000 | 999 | - |
| A9592 | G | COPPER CU 64 DOTATATE DIAG | - | 09383 | | APC – pays by fee schedule amount | $970.26 | - | - | - | - | 000 | 999 | - |
| A9593 | G | GALLIUM GA-68 PSMA-11 UCSF | - | 09409 | | APC – pays by fee schedule amount | $806.14 | - | - | - | - | 000 | 999 | - |
| A9594 | G | GALLIUM GA-68 PSMA-11, UCLA | - | 09410 | | APC – pays by fee schedule amount | $789.30 | - | - | - | - | 000 | 999 | - |
| A9595 | G | PIFLU F-18, DIA 1 MILLICURIE | - | 09430 | | APC – pays by fee schedule amount | $580.35 | - | - | - | - | 000 | 999 | - |
| A9596 | G | GALLIUM ILLUCCIX 1 MILLICURE | - | 09443 | | APC – pays by fee schedule amount | $996.40 | - | - | - | - | 000 | 999 | - |
| A9597 | N | PET, DX, FOR TUMOR ID, NOC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9598 | N | PET DX FOR NON-TUMOR ID, NOC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9600 | K | SR89 STRONTIUM | - | 00701 | 74.0394 | APC (blood and non-blood products) | $4,156.57 | - | - | - | - | 000 | 999 | - |
| A9601 | E | FLORTAUCIPIR INJ 1 MILLICURI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9602 | G | FLUORODOPA F-18 DIAG PER MCI | - | 09053 | | APC – pays by fee schedule amount | $415.52 | - | - | - | - | 000 | 999 | - |
| A9603 | N | INJ, PAFOLACIANINE, 0.1 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9604 | K | SM 153 LEXIDRONAM | - | 01295 | 307.4431 | APC (blood and non-blood products) | $17,259.85 | - | - | - | - | 000 | 999 | - |
| A9606 | K | RADIUM RA223 DICHLORIDE THER | - | 01745 | 2.8048 | APC (blood and non-blood products) | $157.46 | - | - | - | - | 000 | 999 | - |
| A9607 | G | LUTETIUM LU 177 VIPIVOTIDE | - | 09054 | | APC – pays by fee schedule amount | $229.70 | - | - | - | - | 000 | 999 | - |
| A9697 | N | INJ, MAGTRACE PER STUDY DOSE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9698 | N | NON-RAD CONTRAST MATERIALNOC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9699 | N | RADIOPHARM RX AGENT NOC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9700 | N | ECHOCARDIOGRAPHY CONTRAST | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9800 | G | GALLIUM LOCAMETZ 1 MILLICURI | - | 09055 | | APC – pays by fee schedule amount | $871.50 | - | - | - | - | 000 | 999 | - |
| A9900 | N | SUPPLY/ACCESSORY/SERVICE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| A9901 | E | DELIVERY/SET UP/DISPENSING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| A9999 | E | DME SUPPLY OR ACCESSORY, NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4034 | E | ENTER FEED SUPKIT SYR BY DAY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4035 | E | ENTERAL FEED SUPP PUMP PER D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4036 | E | ENTERAL FEED SUP KIT GRAV BY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4081 | E | ENTERAL NG TUBING W/ STYLET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4082 | E | ENTERAL NG TUBING W/O STYLET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| B4083 | E | ENTERAL STOMACH TUBE LEVINE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4087 | M | GASTRO/JEJUNO TUBE, STD | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| B4088 | M | GASTRO/JEJUNO TUBE, LOW-PRO | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| B4100 | E | FOOD THICKENER ORAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4102 | E | EF ADULT FLUIDS AND ELECTRO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4103 | E | EF PED FLUID AND ELECTROLYTE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4104 | E | ADDITIVE FOR ENTERAL FORMULA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4105 | E | ENZYME CARTRIDGE ENTERAL NUT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4148 | E | ENTERAL FEED ELASTOMER DAILY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4149 | E | EF BLENDERIZED FOODS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4150 | E | EF COMPLET W/INTACT NUTRIENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4152 | E | EF CALORIE DENSE>/=1.5KCAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4153 | E | EF HYDROLYZED/AMINO ACIDS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4154 | E | EF SPEC METABOLIC NONINHERIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4155 | E | EF INCOMPLETE/MODULAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4157 | E | EF SPECIAL METABOLIC INHERIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4158 | E | EF PED COMPLETE INTACT NUT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4159 | E | EF PED COMPLETE SOY BASED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4160 | E | EF PED CALORIC DENSE>/=0.7KC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4161 | E | EF PED HYDROLYZED/AMINO ACID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4162 | E | EF PED SPECMETABOLIC INHERIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4164 | E | PARENTERAL 50% DEXTROSE SOLU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4168 | E | PARENTERAL SOL AMINO ACID 3. | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4172 | E | PARENTERAL SOL AMINO ACID 5. | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4176 | E | PARENTERAL SOL AMINO ACID 7- | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4178 | E | PARENTERAL SOL AMINO ACID > | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4180 | E | PARENTERAL SOL CARB > 50% | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4185 | E | PN SOLN NOS 10 GRAMS LIPIDS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4187 | E | OMEGAVEN, 10 GRAMS LIPIDS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4189 | E | PARENTERAL SOL AMINO ACID & | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4193 | E | PARENTERAL SOL 52-73 GM PROT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4197 | E | PARENTERAL SOL 74-100 GM PRO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4199 | E | PARENTERAL SOL > 100GM PROTE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4216 | E | PARENTERAL NUTRITION ADDITIV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4220 | E | PARENTERAL SUPPLY KIT PREMIX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4222 | E | PARENTERAL SUPPLY KIT HOMEMI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B4224 | E | PARENTERAL ADMINISTRATION KI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B5000 | E | PARENTERAL SOL RENAL-AMIROSY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B5100 | E | PARENTERAL SOLUTION HEPATIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B5200 | E | PARENTERAL SOL HEPATIC FREAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B9002 | E | ENTER NUTR INF PUMP ANY TYPE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B9004 | E | PARENTERAL INFUS PUMP PORTAB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B9006 | E | PARENTERAL INFUS PUMP STATIO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B9998 | E | ENTERAL SUPP NOT OTHERWISE C | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| B9999 | E | PARENTERAL SUPP NOT OTHRWS C | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C1052 | H | HEMOSTATIC AGENT, GI, TOPIC | - | 02031 | 0.0000 | Fee Schedule, bundles | $0.00 | - | - | - | - | 000 | 999 | - |
| C1062 | H | INTRAVERTEBRAL FX AUG IMPL | - | 02032 | 0.0000 | Fee Schedule, bundles | $0.00 | - | - | - | - | 000 | 999 | - |
| C1713 | N | ANCHOR/SCREW BN/BN,TIS/BN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1714 | N | CATH, TRANS ATHERECTOMY, DIR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1715 | N | BRACHYTHERAPY NEEDLE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1716 | U | BRACHYTX, NON-STR, GOLD-198 | - | 02645 | 2.6962 | APC | $157.43 | - | - | - | - | 000 | 999 | - |
| C1717 | U | BRACHYTX, NON-STR,HDR IR-192 | - | 02646 | 3.9225 | APC | $229.03 | - | - | - | - | 000 | 999 | - |
| C1719 | U | BRACHYTX, NS, NON-HDRIR-192 | - | 02647 | 4.0409 | APC | $235.95 | - | - | - | - | 000 | 999 | - |
| C1721 | N | AICD, DUAL CHAMBER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1722 | N | AICD, SINGLE CHAMBER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1724 | N | CATH, TRANS ATHEREC,ROTATION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C1725 | N | CATH, TRANSLUMIN NON-LASER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1726 | N | CATH, BAL DIL, NON-VASCULAR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1727 | N | CATH, BAL TIS DIS, NON-VAS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1728 | N | CATH, BRACHYTX SEED ADM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1729 | N | CATH, DRAINAGE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1730 | N | CATH, EP, 19 OR FEW ELECT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1731 | N | CATH, EP, 20 OR MORE ELEC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1732 | N | CATH, EP, DIAG/ABL, 3D/VECT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1733 | N | CATH, EP, OTHR THAN COOL-TIP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1734 | H | ORTH/DEVIC/DRUG BN/BN,TIS/BN | - | 02026 | 0.0000 | Fee Schedule, bundles | $0.00 | - | - | - | - | 000 | 999 | - |
| C1747 | H | ENDO, SINGLE, URINARY TRACT | - | 02040 | 0.0000 | Fee Schedule, bundles | $0.00 | - | - | - | - | 000 | 999 | - |
| C1748 | M | ENDOSCOPE, SINGLE, UGI | - | - | - | Charge Ratio | $0.00 | - | - | - | - | 000 | 999 | - |
| C1749 | N | ENDO, COLON, RETRO IMAGING | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1750 | N | CATH, HEMODIALYSIS,LONG-TERM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1751 | N | CATH, INF, PER/CENT/MIDLINE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1752 | N | CATH,HEMODIALYSIS,SHORT-TERM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1753 | N | CATH, INTRAVAS ULTRASOUND | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1754 | N | CATHETER, INTRADISCAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1755 | N | CATHETER, INTRASPINAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1756 | N | CATH, PACING, TRANSESOPH | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1757 | N | CATH, THROMBECTOMY/EMBOLECT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1758 | N | CATHETER, URETERAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1759 | N | CATH, INTRA ECHOCARDIOGRAPHY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1760 | N | CLOSURE DEV, VASC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1761 | H | CATH, TRANS INTRA LITHO/CORO | - | 02033 | 0.0000 | Fee Schedule, bundles | $0.00 | - | - | - | - | 000 | 999 | - |
| C1762 | N | CONN TISS, HUMAN(INC FASCIA) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1763 | N | CONN TISS, NON-HUMAN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1764 | N | EVENT RECORDER, CARDIAC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1765 | N | ADHESION BARRIER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1766 | N | INTRO/SHEATH,STRBLE,NON-PEEL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1767 | N | GENERATOR, NEURO NON-RECHARG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1768 | N | GRAFT, VASCULAR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1769 | N | GUIDE WIRE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1770 | N | IMAGING COIL, MR, INSERTABLE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1771 | N | REP DEV, URINARY, W/SLING | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1772 | N | INFUSION PUMP, PROGRAMMABLE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1773 | N | RET DEV, INSERTABLE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1776 | N | JOINT DEVICE (IMPLANTABLE) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1777 | N | LEAD, AICD, ENDO SINGLE COIL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1778 | N | LEAD, NEUROSTIMULATOR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1779 | N | LEAD, PMKR, TRANSVENOUS VDD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1780 | N | LENS, INTRAOCULAR (NEW TECH) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1781 | N | MESH (IMPLANTABLE) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1782 | N | MORCELLATOR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1783 | N | OCULAR IMP, AQUEOUS DRAIN DE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1784 | N | OCULAR DEV, INTRAOP, DET RET | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1785 | N | PMKR, DUAL, RATE-RESP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1786 | N | PMKR, SINGLE, RATE-RESP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1787 | N | PATIENT PROGR, NEUROSTIM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1788 | N | PORT, INDWELLING, IMP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1789 | N | PROSTHESIS, BREAST, IMP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1813 | E | PROSTHESIS, PENILE, INFLATAB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C1814 | N | RETINAL TAMP, SILICONE OIL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1815 | N | PROS, URINARY SPH, IMP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1816 | N | RECEIVER/TRANSMITTER, NEURO | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1817 | N | SEPTAL DEFECT IMP SYS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C1818 | N | INTEGRATED KERATOPROSTHESIS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1819 | N | TISSUE LOCALIZATION-EXCISION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1820 | N | GENERATOR NEURO RECHG BAT SY | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| C1821 | N | INTERSPINOUS IMPLANT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1822 | N | GEN, NEURO, HF, RECHG BAT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1823 | N | GEN, NEURO, TRANS SEN/STIM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1824 | H | GENERATOR, CCM, IMPLANT | - | 02024 | 0.0000 | Fee Schedule, bundles | $0.00 | - | - | - | - | 000 | 999 | - |
| C1825 | H | GEN, NEURO, CAROT SINUS BARO | - | 02030 | 0.0000 | Fee Schedule, bundles | $0.00 | - | - | - | - | 000 | 999 | - |
| C1826 | H | GEN, NEURO, CLO LOOP, RECHG | - | 02038 | 0.0000 | Fee Schedule, bundles | $0.00 | - | - | - | - | 000 | 999 | - |
| C1827 | H | GEN, NEURO, IMP LED, EX CNTR | - | 02039 | 0.0000 | Fee Schedule, bundles | $0.00 | - | - | - | - | 000 | 999 | - |
| C1830 | N | POWER BONE MARROW BX NEEDLE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1831 | E | PERSONALIZED INTERBODY CAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C1832 | H | AUTO CELL PROCESS SYS | - | 02035 | 0.0000 | Fee Schedule, bundles | $0.00 | - | - | - | - | 000 | 999 | - |
| C1833 | H | CARDIAC MONITOR SYS | - | 02036 | 0.0000 | Fee Schedule, bundles | $0.00 | - | - | - | - | 000 | 999 | - |
| C1839 | H | IRIS PROSTHESIS | - | 02028 | 0.0000 | Fee Schedule, bundles | $0.00 | - | - | - | - | 000 | 999 | - |
| C1840 | N | TELESCOPIC INTRAOCULAR LENS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1874 | N | STENT, COATED/COV W/DEL SYS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1875 | N | STENT, COATED/COV W/O DEL SY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1876 | N | STENT, NON-COA/NON-COV W/DEL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1877 | N | STENT, NON-COAT/COV W/O DEL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1878 | N | MATRL FOR VOCAL CORD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1880 | N | VENA CAVA FILTER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1881 | N | DIALYSIS ACCESS SYSTEM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1882 | N | AICD, OTHER THAN SING/DUAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1883 | N | ADAPT/EXT, PACING/NEURO LEAD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1884 | N | EMBOLIZATION PROTECT SYST | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1885 | N | CATH, TRANSLUMIN ANGIO LASER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1886 | N | CATHETER, ABLATION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1887 | N | CATHETER, GUIDING | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1888 | N | ENDOVAS NON-CARDIAC ABL CATH | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1889 | N | IMPLANT/INSERT DEVICE, NOC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1890 | E | NO DEVICE W/DEV-INTENSIVE PX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C1891 | N | INFUSION PUMP,NON-PROG, PERM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1892 | N | INTRO/SHEATH,FIXED,PEEL-AWAY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1893 | N | INTRO/SHEATH, FIXED,NON-PEEL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1894 | N | INTRO/SHEATH, NON-LASER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1895 | N | LEAD, AICD, ENDO DUAL COIL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1896 | N | LEAD, AICD, NON SING/DUAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1897 | N | LEAD, NEUROSTIM TEST KIT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1898 | N | LEAD, PMKR, OTHER THAN TRANS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1899 | N | LEAD, PMKR/AICD COMBINATION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1900 | N | LEAD, CORONARY VENOUS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C1982 | H | CATH, PRESSURE,VALVE-OCCLU | - | 02025 | 0.0000 | Fee Schedule, bundles | $0.00 | - | - | - | - | 000 | 999 | - |
| C2596 | H | PROBE, ROBOTIC, WATER-JET | - | 02027 | 0.0000 | Fee Schedule, bundles | $0.00 | - | - | - | - | 000 | 999 | - |
| C2613 | N | LUNG BX PLUG W/DEL SYS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C2614 | N | PROBE, PERC LUMB DISC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C2615 | N | SEALANT, PULMONARY, LIQUID | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C2616 | U | BRACHYTX, NON-STR,YTTRIUM-90 | - | 02616 | 205.7575 | APC | $12,014.18 | - | - | - | - | 000 | 999 | - |
| C2617 | N | STENT, NON-COR, TEM W/O DEL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C2618 | N | PROBE/NEEDLE, CRYO | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C2619 | N | PMKR, DUAL, NON RATE-RESP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C2620 | N | PMKR, SINGLE, NON RATE-RESP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C2621 | N | PMKR, OTHER THAN SING/DUAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C2622 | E | PROSTHESIS, PENILE, NON-INF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C2623 | N | CATH, TRANSLUMIN, DRUG-COAT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C2624 | N | WIRELESS PRESSURE SENSOR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C2625 | N | STENT, NON-COR, TEM W/DEL SY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C2626 | N | INFUSION PUMP, NON-PROG,TEMP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C2627 | N | CATH, SUPRAPUBIC/CYSTOSCOPIC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C2628 | N | CATHETER, OCCLUSION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C2629 | N | INTRO/SHEATH, LASER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C2630 | N | CATH, EP, COOL-TIP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C2631 | N | REP DEV, URINARY, W/O SLING | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C2634 | U | BRACHYTX, NON-STR, HA, I-125 | - | 02634 | 2.1265 | APC | $124.17 | - | - | - | Y | 000 | 999 | - |
| C2635 | U | BRACHYTX, NON-STR, HA, P-103 | - | 02635 | 0.5919 | APC | $34.56 | - | - | - | Y | 000 | 999 | - |
| C2636 | U | BRACHY LINEAR, NON-STR,P-103 | - | 02636 | 0.6065 | APC | $35.41 | - | - | - | - | 000 | 999 | - |
| C2637 | E | BRACHY,NON-STR,YTTERBIUM-169 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C2638 | U | BRACHYTX, STRANDED, I-125 | - | 02638 | 0.4457 | APC | $26.02 | - | - | - | - | 000 | 999 | - |
| C2639 | U | BRACHYTX, NON-STRANDED,I-125 | - | 02639 | 0.4126 | APC | $24.09 | - | - | - | - | 000 | 999 | - |
| C2640 | U | BRACHYTX, STRANDED, P-103 | - | 02640 | 1.0356 | APC | $60.47 | - | - | - | - | 000 | 999 | - |
| C2641 | U | BRACHYTX, NON-STRANDED,P-103 | - | 02641 | 0.9463 | APC | $55.25 | - | - | - | - | 000 | 999 | - |
| C2642 | U | BRACHYTX, STRANDED, C-131 | - | 02642 | 1.0601 | APC | $61.90 | - | - | - | - | 000 | 999 | - |
| C2643 | U | BRACHYTX, NON-STRANDED,C-131 | - | 02643 | 0.9525 | APC | $55.62 | - | - | - | - | 000 | 999 | - |
| C2644 | E | BRACHYTX CESIUM-131 CHLORIDE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C2645 | U | BRACHYTX PLANAR, P-103 | - | 02648 | 0.0548 | APC | $3.20 | - | - | - | - | 000 | 999 | - |
| C2698 | U | BRACHYTX, STRANDED, NOS | - | 02698 | 0.4457 | APC | $26.02 | - | - | - | - | 000 | 999 | - |
| C2699 | U | BRACHYTX, NON-STRANDED, NOS | - | 02699 | 0.4126 | APC | $24.09 | - | - | - | - | 000 | 999 | - |
| C5271 | T | LOW COST SKIN SUBSTITUTE APP | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| C5272 | N | LOW COST SKIN SUBSTITUTE APP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C5273 | T | LOW COST SKIN SUBSTITUTE APP | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| C5274 | N | LOW COST SKIN SUBSTITUTE APP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C5275 | T | LOW COST SKIN SUBSTITUTE APP | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| C5276 | N | LOW COST SKIN SUBSTITUTE APP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C5277 | T | LOW COST SKIN SUBSTITUTE APP | - | 05053 | 6.7880 | APC | $396.35 | - | - | - | - | 000 | 999 | - |
| C5278 | N | LOW COST SKIN SUBSTITUTE APP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C7500 | E | DEB BONE 20 CM2 W/DRUG DEV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7501 | E | PERC BX BREAST LESIONS STERO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7502 | E | PERC BX BREAST LESIONS MR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7503 | E | OPEN EXC CERV NODE(S) W/ ID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7504 | E | PERQ CVT&LS INJ VERT BODIES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7505 | E | PERQ LS&CVT INJ VERT BODIES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7506 | E | FUSION OF FINGER JOINTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7507 | E | PERQ THOR&LUMB VERT AUG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7508 | E | PERQ LUMB&THOR VERT AUG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7509 | E | DX BRONCH W/ NAVIGATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7510 | E | BRONCH/LAVAG W/ NAVIGATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7511 | E | BRONCH/BPSY(S) W/ NAVIGATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7512 | E | BRONCH/BPSY(S) W/ EBUS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7513 | E | CATH/ANGIO DIALCIR W/APLASTY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7514 | E | CATH/ANGIO DIAL CIR W/STENTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7515 | E | CATH/ANGIO DIAL CIR W/EMBOL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7516 | E | COR ANGIO W/ IVUS OR OCT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7517 | E | COR ANGIO W/ILIC/FEM ANGIO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7518 | E | COR/GFT ANGIO W/ IVUS OR OCT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7519 | E | COR/GFT ANGIO W/ FLOW RESRV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7520 | E | COR/GFT ANGIO W/ILIC/FEM ANG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7521 | E | R HRT ANGIO W/ IVUS OR OCT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7522 | E | R HRT ANGIO W/FLOW RESRV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7523 | E | L HRT ANGIO W/ IVUS OR OCT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7524 | E | L HRT ANGIO W/FLOW RESRV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7525 | E | L HRT GFT ANG W/ IVUS OR OCT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7526 | E | L HRT GFT ANG W/FLOW RESRV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C7527 | E | R&L HRT ANGIO W/ IVUS OR OCT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7528 | E | R&L HRT ANGIO W/FLOW RESRV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7529 | E | R&L HRT GFT ANG W/FLOW RESRV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7530 | E | CATH/APLASTY DIAL CIR W/STNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7531 | E | ANGIO FEM/POP W/ US | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7532 | E | ANGIO W/ US NON-CORONARY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7533 | E | PTCA W/ PLCMT BRACHYTX DEV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7534 | E | FEM/POP REVASC W/ARTHR & US | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7535 | E | FEM/POP REVASC W/STENT & US | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7537 | E | INSRT ATRIL PM W/L VENT LEAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7538 | E | INSRT VENT PM W/L VENT LEAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7539 | E | INSRT A & V PM W/L VENT LEAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7540 | E | RMV&RPLC PM DUL W/L VNT LEAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7541 | E | ERCP W/ PANCREATOSCOPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7542 | E | ERCP W/BX & PANCREATOSCOPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7543 | E | ERCP W/OTOMY, PANCREATOSCOPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7544 | E | ERCP RMV CALC PANCREATOSCOPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7545 | E | EXCH BIL CATH W/ RMV CALCULI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7546 | E | REP NPH/URT CATH W/DIL STRIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7547 | E | CNVRT NEPH CATH W/ DIL STRIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7548 | E | EXCH NEPH CATH W/ DIL STRIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7549 | E | CHGE URTR STENT W/ DIL STRIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7550 | E | CYSTO W/ BX(S) W/ BLUE LIGHT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7551 | E | EXC NEUROMA W/ IMPLNT NV END | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7552 | E | R HRT ART/GRFT ANG HRT FLOW | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7553 | E | R&L HRT ART/VENT ANG DRG AD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7554 | E | CYSTURETH BLU LI CYST FL IMG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7555 | E | RMVL THYRD W/AUTOTRAN PARATH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C7900 | S | HOPD MNTL HLT, 15-29 MIN | - | 05821 | 0.3468 | APC | $20.25 | - | - | - | - | 000 | 999 | - |
| C7901 | S | HOPD MNTL HLT, 30-60 MIN | - | 05822 | 0.8863 | APC | $51.75 | - | - | - | - | 000 | 999 | - |
| C7902 | N | HOPD MNTL HLT, EA ADDL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C8900 | N | MRA W/CONT, ABD | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| C8901 | N | MRA W/O CONT, ABD | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| C8902 | N | MRA W/O FOL W/CONT, ABD | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| C8903 | N | MRI W/CONT, BREAST, UNI | - | 05571 | 2.1071 | Bundled, sometimes payable | $123.03 | - | - | - | - | 000 | 999 | - |
| C8905 | N | MRI W/O FOL W/CONT, BRST, UN | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| C8906 | N | MRI W/CONT, BREAST, BI | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| C8908 | N | MRI W/O FOL W/CONT, BREAST, | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| C8909 | N | MRA W/CONT, CHEST | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| C8910 | N | MRA W/O CONT, CHEST | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| C8911 | N | MRA W/O FOL W/CONT, CHEST | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| C8912 | N | MRA W/CONT, LWR EXT | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| C8913 | N | MRA W/O CONT, LWR EXT | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| C8914 | N | MRA W/O FOL W/CONT, LWR EXT | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| C8918 | N | MRA W/CONT, PELVIS | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | Y | 000 | 999 | - |
| C8919 | N | MRA W/O CONT, PELVIS | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | Y | 000 | 999 | - |
| C8920 | N | MRA W/O FOL W/CONT, PELVIS | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | Y | 000 | 999 | - |
| C8921 | S | TTE W OR W/O FOL W/CONT, COM | - | 05573 | 8.6551 | APC | $505.37 | - | - | - | - | 000 | 999 | - |
| C8922 | S | TTE W OR W/O FOL W/CONT, F/U | - | 05573 | 8.6551 | APC | $505.37 | - | - | - | - | 000 | 999 | - |
| C8923 | S | 2D TTE W OR W/O FOL W/CON,CO | - | 05573 | 8.6551 | APC | $505.37 | - | - | - | - | 000 | 999 | - |
| C8924 | S | 2D TTE W OR W/O FOL W/CON,FU | - | 05572 | 4.3048 | APC | $251.36 | - | - | - | - | 000 | 999 | - |
| C8925 | S | 2D TEE W OR W/O FOL W/CON,IN | - | 05573 | 8.6551 | APC | $505.37 | - | - | - | - | 000 | 999 | - |
| C8926 | S | TEE W OR W/O FOL W/CONT,CONG | - | 05573 | 8.6551 | APC | $505.37 | - | - | - | - | 000 | 999 | - |
| C8927 | S | TEE W OR W/O FOL W/CONT, MON | - | 05573 | 8.6551 | APC | $505.37 | - | - | - | - | 000 | 999 | - |
| C8928 | S | TTE W OR W/O FOL W/CON,STRES | - | 05573 | 8.6551 | APC | $505.37 | - | - | - | - | 000 | 999 | - |
| C8929 | S | TTE W OR WO FOL WCON,DOPPLER | - | 05573 | 8.6551 | APC | $505.37 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C8930 | S | TTE W OR W/O CONTR, CONT ECG | - | 05573 | 8.6551 | APC | $505.37 | - | - | - | - | 000 | 999 | - |
| C8931 | N | MRA, W/DYE, SPINAL CANAL | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| C8932 | N | MRA, W/O DYE, SPINAL CANAL | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| C8933 | N | MRA, W/O&W/DYE, SPINAL CANAL | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| C8934 | N | MRA, W/DYE, UPPER EXTREMITY | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| C8935 | N | MRA, W/O DYE, UPPER EXTR | - | 05523 | 2.7285 | Bundled, sometimes payable | $159.32 | - | - | - | - | 000 | 999 | - |
| C8936 | N | MRA, W/O&W/DYE, UPPER EXTR | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| C8937 | N | CAD BREAST MRI | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C8957 | S | PROLONGED IV INF, REQ PUMP | - | 05694 | 3.8864 | APC | $226.93 | - | - | - | - | 000 | 999 | - |
| C9046 | N | COCAINE HCL NASAL (GOPRELTO) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9047 | K | INJECTION, CAPLACIZUMAB-YHDP | - | 09199 | 13.2694 | APC (blood and non-blood products) | $744.95 | - | - | - | - | 000 | 999 | - |
| C9067 | G | GALLIUM GA-68 DOTATOC | - | - | - | APC – pays by fee schedule amount | $8.64 | - | - | - | - | 000 | 999 | - |
| C9088 | G | INSTILL, BUPIVAC AND MELOXIC | - | 09440 | | APC – pays by fee schedule amount | $0.73 | - | - | - | - | 000 | 999 | - |
| C9089 | N | BUPIVACAINE IMPLANT, 1 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9101 | G | INJ, OLICERIDINE 0.1 MG | - | 09049 | | APC – pays by fee schedule amount | $1.10 | - | - | - | - | 000 | 999 | - |
| C9113 | N | INJ PANTOPRAZOLE SODIUM, VIA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9143 | N | COCAINE HCL NASAL (NUMBRINO) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9144 | G | INJ, BUPIVACAINE (POSIMIR) | - | 09106 | | APC – pays by fee schedule amount | $0.50 | - | - | - | - | 000 | 999 | - |
| C9145 | G | INJ, APONVIE, 1 MG | - | 09107 | | APC – pays by fee schedule amount | $1.87 | - | - | - | - | 000 | 999 | - |
| C9150 | N | XE129 XENON, DIAGNOSTIC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9152 | G | INJ, ABILIFY ASIMTUFII, 1 MG | - | 09246 | | APC – pays by fee schedule amount | $5.84 | - | - | - | - | 000 | 999 | - |
| C9153 | G | INJ, AMISULPRIDE, 1 MG | - | 09247 | | APC – pays by fee schedule amount | $9.54 | - | - | - | - | 000 | 999 | - |
| C9154 | G | INJ BUPRENORPH (BRIXADI) 1MG | - | 09249 | | APC – pays by fee schedule amount | $12.84 | - | - | - | - | 000 | 999 | - |
| C9155 | G | INJ EPCORITAMAB-BYSP,0.16 MG | - | 09250 | | APC – pays by fee schedule amount | $52.27 | - | - | - | - | 000 | 999 | - |
| C9156 | G | FLOTUFOLASTAT F18, DIA 1 MCI | - | 09254 | | APC – pays by fee schedule amount | $614.78 | - | - | - | - | 000 | 999 | - |
| C9157 | G | INJ, TOFERSEN, 1 MG | - | 09262 | | APC – pays by fee schedule amount | $146.57 | - | - | - | - | 000 | 999 | - |
| C9158 | G | INJ, UZEDY, 1 MG | - | 09266 | | APC – pays by fee schedule amount | $25.38 | - | - | - | - | 000 | 999 | - |
| C9248 | K | INJ, CLEVIDIPINE BUTYRATE | - | 09087 | 0.0545 | APC (blood and non-blood products) | $3.06 | - | - | - | - | 000 | 999 | - |
| C9250 | K | ARTISS FIBRIN SEALANT | - | 01848 | 3.2159 | APC (blood and non-blood products) | $180.54 | - | - | - | - | 000 | 999 | - |
| C9254 | N | INJECTION, LACOSAMIDE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9257 | K | BEVACIZUMAB INJECTION | - | 01281 | 0.0328 | APC (blood and non-blood products) | $1.84 | - | - | - | - | 000 | 999 | - |
| C9285 | N | PATCH, LIDOCAINE/TETRACAINE | - | - | - | Bundled | $0.00 | - | - | - | - | 003 | 999 | - |
| C9290 | N | INJ, BUPIVACAINE LIPOSOME | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9293 | N | INJECTION, GLUCARPIDASE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9352 | N | NEURAGEN NERVE GUIDE, PER CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9353 | N | NEURAWRAP NERVE PROTECTOR,CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9354 | N | VERITAS COLLAGEN MATRIX, CM2 | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9355 | N | NEUROMATRIX NERVE CUFF, CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9356 | N | TENOGLIDE TENDON PROT, CM2 | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9358 | N | SURGIMEND, FETAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9359 | N | IMPLNT,BON VOID FILLER-PUTTY | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9360 | N | SURGIMEND, NEONATAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9361 | N | NEUROMEND NERVE WRAP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9362 | N | IMPLNT,BON VOID FILLER-STRIP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9363 | N | INTEGRA MESHED BIL WOUND MAT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9364 | N | PORCINE IMPLANT, PERMACOL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9399 | M | UNCLASSIFIED DRUGS OR BIOLOG | - | - | - | Charge Ratio | $0.00 | | | Y | - | 000 | 999 | - |
| C9460 | K | INJECTION, CANGRELOR | - | 09460 | 0.3229 | APC (blood and non-blood products) | $18.13 | - | - | - | - | 000 | 999 | - |
| C9462 | E | INJECTION, DELAFLOXACIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C9482 | K | SOTALOL HYDROCHLORIDE IV | - | 09482 | 0.3694 | APC (blood and non-blood products) | $20.74 | - | - | - | - | 000 | 999 | - |
| C9488 | K | CONIVAPTAN HCL | - | 09488 | 0.8415 | APC (blood and non-blood products) | $47.24 | - | - | - | - | 000 | 999 | - |
| C9507 | E | COVID-19 CONVALESCENT PLASMA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C9600 | N | PERC DRUG-EL COR STENT SING | - | 05193 | 124.0324 | Bundled, sometimes payable | $7,242.25 | - | - | - | - | 000 | 999 | - |
| C9601 | N | PERC DRUG-EL COR STENT BRAN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9602 | N | PERC D-E COR STENT ATHER S | - | 05194 | 200.7081 | Bundled, sometimes payable | $11,719.35 | - | - | - | - | 000 | 999 | - |
| C9603 | N | PERC D-E COR STENT ATHER BR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C9604 | N | PERC D-E COR REVASC T CABG S | - | 05193 | 124.0324 | Bundled, sometimes payable | $7,242.25 | - | - | - | - | 000 | 999 | - |
| C9605 | N | PERC D-E COR REVASC T CABG B | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9606 | C | PERC D-E COR REVASC W AMI S | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| C9607 | N | PERC D-E COR REVASC CHRO SIN | - | 05194 | 200.7081 | Bundled, sometimes payable | $11,719.35 | - | - | - | - | 000 | 999 | - |
| C9608 | N | PERC D-E COR REVASC CHRO ADD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9725 | T | PLACE ENDORECTAL APP | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| C9726 | N | RXT BREAST APPL PLACE/REMOV | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| C9727 | T | INSERT PALATE IMPLANTS | - | 05163 | 16.2194 | APC | $947.05 | - | - | - | - | 000 | 999 | - |
| C9728 | S | PLACE DEVICE/MARKER, NON PRO | - | 05613 | 15.6648 | APC | $914.67 | - | - | - | - | 000 | 999 | - |
| C9733 | N | NON-OPHTHALMIC FVA | - | 05572 | 4.3048 | Bundled, sometimes payable | $251.36 | - | - | - | - | 000 | 999 | - |
| C9734 | T | U/S TRTMT, NOT LEIOMYOMATA | - | 05115 | 152.4576 | APC | $8,902.00 | - | - | - | - | 000 | 999 | - |
| C9738 | N | BLUE LIGHT CYSTO IMAG AGENT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9739 | N | CYSTOSCOPY PROSTATIC IMP 1-3 | - | 05375 | 54.9416 | Bundled, sometimes payable | $3,208.04 | - | - | - | - | 000 | 999 | - |
| C9740 | T | CYSTO IMPL 4 OR MORE | - | 05376 | 99.9887 | APC | $5,838.34 | - | - | - | - | 000 | 999 | - |
| C9751 | T | MICROWAVE BRONCH, 3D, EBUS | - | 01562 | 66.8062 | APC | $3,900.81 | - | - | - | - | 000 | 999 | - |
| C9756 | N | FLUORESCENCE LYMPH MAP W/ICG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9757 | N | SPINE/LUMBAR DISK SURGERY | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| C9758 | T | BLIND INTERATRIAL SHUNT IDE | - | 01590 | 311.7296 | APC | $17,500.50 | - | - | - | - | 000 | 999 | - |
| C9759 | N | TRANSCATH INTRAOP MICROINF | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9760 | T | NON-BLIND INTERATRIAL SHUNT | - | 01592 | 489.8557 | APC | $27,500.50 | - | - | - | - | 000 | 999 | - |
| C9761 | N | CYSTO, LITHO, VACUUM KIDNEY | - | 05376 | 99.9887 | Bundled, sometimes payable | $5,838.34 | - | - | - | - | 000 | 999 | - |
| C9762 | N | CARDIAC MRI SEG DYS STRAIN | - | 05524 | 5.8787 | Bundled, sometimes payable | $343.26 | - | - | - | - | 000 | 999 | - |
| C9763 | N | CARDIAC MRI SEG DYS STRESS | - | 05524 | 5.8787 | Bundled, sometimes payable | $343.26 | - | - | - | - | 000 | 999 | - |
| C9764 | N | REVASC INTRAVASC LITHOTRIPSY | - | 05193 | 124.0324 | Bundled, sometimes payable | $7,242.25 | - | - | - | - | 000 | 999 | - |
| C9765 | N | REVASC INTRA LITHOTRIP-STENT | - | 05194 | 200.7081 | Bundled, sometimes payable | $11,719.35 | - | - | - | - | 000 | 999 | - |
| C9766 | N | REVASC INTRA LITHOTRIP-ATHER | - | 05194 | 200.7081 | Bundled, sometimes payable | $11,719.35 | - | - | - | - | 000 | 999 | - |
| C9767 | N | REVASC LITHOTRIP-STENT-ATHER | - | 05194 | 200.7081 | Bundled, sometimes payable | $11,719.35 | - | - | - | - | 000 | 999 | - |
| C9768 | N | ENDO US-GUIDE HEP PORTO GRAD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9769 | N | CYSTO W/TEMP PROS IMPLANT | - | 05376 | 99.9887 | Bundled, sometimes payable | $5,838.34 | - | - | - | - | 000 | 999 | - |
| C9770 | T | VITREC/MECH PARS, SUBRET INJ | - | 01562 | 66.8062 | APC | $3,900.81 | - | - | - | - | 000 | 999 | - |
| C9771 | T | NSL/SINS CRYO POST NASAL TIS | - | 05165 | 62.3903 | APC | $3,642.97 | - | - | - | - | 000 | 999 | - |
| C9772 | T | REVASC LITHOTRIP TIBI/PERONE | - | 05193 | 124.0324 | APC | $7,242.25 | - | - | - | - | 000 | 999 | - |
| C9773 | T | REVASC LITHOTR-STENT TIB/PER | - | 05194 | 200.7081 | APC | $11,719.35 | - | - | - | - | 000 | 999 | - |
| C9774 | T | REVASC LITHOTR-ATHER TIB/PER | - | 05194 | 200.7081 | APC | $11,719.35 | - | - | - | - | 000 | 999 | - |
| C9775 | T | REVASC LITH-STEN-ATH TIB/PER | - | 05194 | 200.7081 | APC | $11,719.35 | - | - | - | - | 000 | 999 | - |
| C9776 | N | FLUO BILE DUCT IMAGING W/ICG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9777 | N | ESOPHAG MUC INTEG W/ESO EGD | - | 05303 | 38.0989 | Bundled, sometimes payable | $2,224.59 | - | - | - | - | 000 | 999 | - |
| C9778 | N | COLPOPEXY, MIN/INV, EX-PERIT | - | 05415 | 54.1580 | Bundled, sometimes payable | $3,162.29 | - | - | - | - | 000 | 999 | - |
| C9779 | N | ESD ENDOSCOPY OR COLONOSCOPY | - | 05303 | 38.0989 | Bundled, sometimes payable | $2,224.59 | - | - | - | - | 000 | 999 | - |
| C9780 | E | INSERT CV CATH INF & SUP APP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C9781 | N | ARTHRO/SHOUL SURG; W/SPACER | - | 05115 | 152.4576 | Bundled, sometimes payable | $8,902.00 | - | - | - | - | 000 | 999 | - |
| C9782 | E | BLIND MYOCAR TRPL BON MARROW | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| C9783 | N | BLIND COR SINUS REDUCER IMPL | - | 05193 | 124.0324 | Bundled, sometimes payable | $7,242.25 | - | - | - | - | 000 | 999 | - |
| C9784 | N | ENDO SLEEVE GASTRO W/TUBE | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| C9785 | N | ENDO OUTLET RESTRICT W/TUBE | - | 05362 | 106.1787 | Bundled, sometimes payable | $6,199.77 | - | - | - | - | 000 | 999 | - |
| C9786 | S | ECHO CAD FOR HF PRESERVED EF | - | 05742 | 1.1662 | APC | $68.09 | - | - | - | - | 000 | 999 | - |
| C9787 | S | GASTRIC EP MAPG SIMULT PT SX | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | - | 000 | 999 | - |
| C9788 | S | UNI BREAS OPTOACOUSTIC IMAG | - | 05521 | 1.0151 | APC | $59.27 | - | - | - | - | 000 | 999 | - |
| C9789 | T | INSTILL PHARM RENAL PELVIS | - | 01559 | 40.0873 | APC | $2,250.50 | - | - | - | - | 000 | 999 | - |
| C9790 | S | KIDNEY HISTOTRIPSY W/IMAGE | - | 01575 | 222.6665 | APC | $12,500.50 | - | - | - | - | 000 | 999 | - |
| C9791 | T | MRI HYPERPOLARIZED XENON129 | - | 01551 | 22.2747 | APC | $1,250.50 | - | - | - | - | 000 | 999 | - |
| C9792 | S | BLIND/NONBLIND TRANS ATRIAL | - | 01537 | 173.6819 | APC | $9,750.50 | - | - | - | - | 000 | 999 | - |
| C9803 | N | HOPD COVID-19 SPEC COLLECT | - | 05731 | 0.2916 | Bundled, sometimes payable | $17.03 | - | - | - | - | 000 | 999 | - |
| C9898 | N | INPNT STAY RADIOLABELED ITEM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| C9899 | E | INPT IMPLANT PROS DEV,NO COV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0120 | M | PERIODIC ORAL EVALUATION | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D0140 | M | LIMIT ORAL EVAL PROBLM FOCUS | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D0145 | M | ORAL EVALUATION, PT < 3YRS | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 002 | - |
| D0150 | S | COMPREHENSVE ORAL EVALUATION | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 999 | - |
| D0160 | E | EXTENSV ORAL EVAL PROB FOCUS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0170 | M | RE-EVAL,EST PT,PROBLEM FOCUS | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D0171 | M | RE-EVAL POST-OP VISIT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D0180 | E | COMP PERIODONTAL EVALUATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 020 | - |
| D0190 | M | SCREENING OF A PATIENT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D0191 | M | ASSESSMENT OF A PATIENT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D0210 | M | INTRAOR COMPREHENSIVE SERIES | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D0220 | M | INTRAORAL PERIAPICAL FIRST | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D0230 | M | INTRAORAL PERIAPICAL EA ADD | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D0240 | M | INTRAORAL OCCLUSAL FILM | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D0250 | S | EXTRAORAL 2D PROJECT IMAGE | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 999 | - |
| D0251 | N | EXTRAORAL POSTERIOR IMAGE | - | 05521 | 1.0151 | Bundled, sometimes payable | $59.27 | - | - | - | - | 000 | 999 | - |
| D0270 | M | DENTAL BITEWING SINGLE IMAGE | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D0272 | M | DENTAL BITEWINGS TWO IMAGES | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D0273 | M | BITEWINGS - THREE IMAGES | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D0274 | M | BITEWINGS FOUR IMAGES | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D0277 | S | VERT BITEWINGS 7 TO 8 IMAGES | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 999 | - |
| D0310 | E | DENTAL SALIOGRAPHY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0320 | E | DENTAL TMJ ARTHROGRAM INCL I | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0321 | E | OTHER TMJ IMAGES BY REPORT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0322 | E | DENTAL TOMOGRAPHIC SURVEY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0330 | M | PANORAMIC IMAGE | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D0340 | M | 2D CEPHALOMETRIC IMAGE | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D0350 | M | ORAL/FACIAL PHOTO IMAGES | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D0360 | E | CONE BEAM CT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0362 | E | CONE BEAM, TWO DIMENSIONAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0364 | E | CONE BEAM CT CAPT & INTERP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0365 | E | CONE BEAM CT INTERPRETE MAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0366 | E | CONE BEAM CT INTERPRETE MAX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0367 | M | CONE BEAM CT INTERP BOTH JAW | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D0368 | E | CONE BEAM CT INTERPRETE TMJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0369 | E | MAX MRI CAPTURE & INTERPRETE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0370 | E | MAX ULTRASOUND CAPT & INTERP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0371 | E | SIALOENDOSCOPY CAPT & INTERP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0372 | E | TOMO COMP SERIES IMAGES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0373 | E | TOMO BITEWING IMAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0374 | E | TOMO PERIAPICAL IMAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0380 | E | CONE BEAM CT CAPTURE LIMITED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0381 | E | CONE BEAM CT CAPT MANDIBLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0382 | E | CONE BEAM CT CAPT MAXILLA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0383 | E | CONE BEAM CT BOTH JAWS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0384 | E | CONE BEAM CT CAPTURE TMJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0385 | E | MAX MRI IMAGE CAPTURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0386 | E | MAX ULTRASOUND IMAGE CAPTURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0387 | E | COMP IMAGE CAPTURE ONLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0388 | E | BITEWING IMAGE CAPTURE ONLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0389 | E | PERIOPIC IMAGE CAPTURE ONLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0391 | E | IMTERPRETE DIAGNOSTIC IMAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0393 | E | TRTMNT SIMULATION 3D IMAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0394 | E | DIGITAL SUB 2 OR MORE IMAGES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0395 | E | FUSION 2 OR MORE 3D IMAGES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0411 | E | HBA1C IN OFFICE TESTING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0412 | E | BLOOD GLUCOSE LEVEL TEST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D0414 | E | LAB PROCESS MICROBIAL SPEC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0415 | E | COLLECTION OF MICROORGANISMS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0416 | E | VIRAL CULTURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0417 | E | COLLECT & PREP SALIVA SAMPLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0418 | E | ANALYSIS OF SALIVA SAMPLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0419 | E | ASSESS OF SALIVARY FLOW | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0422 | E | COLLECT & PREP GENETIC SAMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0423 | E | GENETIC TEST SPEC ANALYSIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0425 | M | CARIES SUSCEPTIBILITY TEST | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 002 | - |
| D0431 | E | DIAG TST DETECT MUCOS ABNORM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0460 | S | PULP VITALITY TEST | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 020 | - |
| D0470 | M | DIAGNOSTIC CASTS | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D0472 | E | GROSS EXAM, PREP & REPORT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0473 | E | MICRO EXAM, PREP & REPORT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0474 | E | MICRO W EXAM OF SURG MARGINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0475 | E | DECALCIFICATION PROCEDURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0476 | E | SPEC STAINS FOR MICROORGANIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0477 | E | SPEC STAINS NOT FOR MICROORG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0478 | E | IMMUNOHISTOCHEMICAL STAINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0479 | E | TISSUE IN-SITU HYBRIDIZATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0480 | E | CYTOPATH SMEAR PREP & REPORT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0481 | E | ELECTRON MICROSCOPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0482 | E | DIRECT IMMUNOFLUORESCENCE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0483 | E | INDIRECT IMMUNOFLUORESCENCE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0484 | E | CONSULT SLIDES PREP ELSEWHER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0485 | E | CONSULT INC PREP OF SLIDES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0486 | M | ACCESS OF TRANSEP CYTOL SAMP | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D0502 | E | OTHER ORAL PATHOLOGY PROCEDU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0600 | S | NON-IONIZING DIAG PROC | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 999 | - |
| D0601 | M | CARIES RISK ASSESS LOW RISK | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D0602 | M | CARIES RISK ASSESS MOD RISK | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D0603 | M | CARIES RISK ASSESS HIGH RISK | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D0604 | E | ANTIGEN TEST PUB HLTH PATHOG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0605 | E | ANTIBODY TEST PUB HLTH PATH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0606 | E | MOLECULAR TEST PUB HLTH PATH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0701 | E | PANO RADIO IMAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0702 | E | 2D CEPHAL RADIO IMAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0703 | E | 2D ORAL/FACIAL PHOTO IMAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0705 | E | EXTRA ORAL POST RADIO IMAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0706 | E | INTRAORAL OCCLUS RADIO IMAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0707 | E | INTRAORAL PERIAP RADIO IMAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0708 | E | INTRAORAL BITE RADIO IMAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0709 | E | INTRAORAL COMP IMAGE CAPTURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0801 | E | 3D DENTAL SCAN DIRECT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0802 | E | 3D DENTAL SCAN INDIRECT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0803 | E | 3D FACIAL SCAN DIRECT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0804 | E | 3D FACIAL SCAN INDIRECT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D0999 | E | UNSPECIFIED DIAGNOSTIC PROCE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1110 | M | DENTAL PROPHYLAXIS ADULT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D1120 | M | DENTAL PROPHYLAXIS CHILD | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 017 | - |
| D1206 | M | TOPICAL FLUORIDE VARNISH | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D1208 | M | TOPICAL APP FLUORID EX VRNSH | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D1310 | M | NUTRI COUNSEL-CONTROL CARIES | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 005 | - |
| D1320 | M | TOBACCO COUNSELING | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D1321 | E | COUNS FOR HIGH RISK SUB USE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1330 | M | ORAL HYGIENE INSTRUCTION | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 005 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D1351 | M | DENTAL SEALANT PER TOOTH | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D1352 | M | PREV RESIN REST, PERM TOOTH | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 020 | - |
| D1353 | M | SEALANT REPAIR PER TOOTH | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D1354 | M | INT CARIES MED APP PER TOOTH | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D1355 | E | CARIES MED APP PER TOOTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1510 | S | SPACE MAINTAINER FXD UNILAT | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 020 | - |
| D1516 | S | FIXED BILAT SPACE MAINT, MAX | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 020 | - |
| D1517 | S | FIXED BILAT SPACE MAINT, MAN | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 020 | - |
| D1520 | E | REMOVE UNILAT SPACE MAINTAIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1526 | E | REMOVE BILAT SPACE MAIN, MAX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1527 | E | REMOVE BILAT SPACE MAIN, MAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1551 | S | RECEMENT SPACE MAINT - MAX | - | 05871 | 20.1254 | APC | $953.29 | - | - | - | - | 000 | 999 | - |
| D1552 | S | RECEMENT SPACE MAINT - MAN | - | 05871 | 20.1254 | APC | $953.29 | - | - | - | - | 000 | 999 | - |
| D1553 | S | RECEMENT UNILAT SPACE MAINT | - | 05871 | 20.1254 | APC | $953.29 | - | - | - | - | 000 | 999 | - |
| D1556 | E | REM FIXED UNILAT SPACE MAINT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1557 | E | REMOVE FIXED BILAT MAINT MAX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1558 | E | REMOVE FIXED BILAT MAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1575 | S | DIST SPACE MAINT, FIXED UNIL | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 999 | - |
| D1701 | E | PFIZER VACC ADMIN 1ST DOSE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1702 | E | PFIZER VACC ADMIN 2ND DOSE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1703 | E | MODERNA VACC ADMIN 1ST DOSE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1704 | E | MODERNA VACC ADMIN 2ND DOSE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1705 | E | ASTRAZENECA VACC ADM 1ST DOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1706 | E | ASTRAZENECA VACC ADM 2ND DOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1707 | E | JANSSEN VACCINE ADMIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1708 | E | PFIZER VACC ADMIN 3RD DOSE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1709 | E | PFIZER VACCINE ADMIN BOOSTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1710 | E | MODERNA VACC ADMIN 3RD DOSE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1711 | E | MODERNA VACC ADMIN BOOSTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1712 | E | JANSSEN VACC ADMIN BOOSTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1713 | E | PFIZER VACC ADM PED 1ST DOSE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1714 | E | PFIZER VACC ADM PED 2ND DOSE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1781 | E | VAC ADMIN HUMAN PAP DOSE 1 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1782 | E | VAC ADMIN HUMAN PAP DOSE 2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1783 | E | VAC ADMIN HUMAN PAP DOSE 3 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D1999 | E | UNSPECIFIED PREVENTIVE PROC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2140 | M | AMALGAM ONE SURFACE PERMANEN | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2150 | M | AMALGAM TWO SURFACES PERMANE | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2160 | M | AMALGAM THREE SURFACES PERMA | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2161 | M | AMALGAM 4 OR > SURFACES PERM | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2330 | M | RESIN ONE SURFACE-ANTERIOR | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2331 | M | RESIN TWO SURFACES-ANTERIOR | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2332 | M | RESIN THREE SURFACES-ANTERIO | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2335 | M | RESIN 4/> SURF OR W INCIS AN | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2390 | M | ANT RESIN-BASED CMPST CROWN | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2391 | M | POST 1 SRFC RESINBASED CMPST | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2392 | M | POST 2 SRFC RESINBASED CMPST | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2393 | M | POST 3 SRFC RESINBASED CMPST | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2394 | M | POST >=4SRFC RESINBASE CMPST | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2410 | E | DENTAL GOLD FOIL ONE SURFACE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2420 | E | DENTAL GOLD FOIL TWO SURFACE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2430 | E | DENTAL GOLD FOIL THREE SURFA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2510 | E | DENTAL INLAY METALIC 1 SURF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2520 | E | DENTAL INLAY METALLIC 2 SURF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2530 | E | DENTAL INLAY METL 3/MORE SUR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2542 | E | DENTAL ONLAY METALLIC 2 SURF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D2543 | E | DENTAL ONLAY METALLIC 3 SURF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2544 | E | DENTAL ONLAY METL 4/MORE SUR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2610 | E | INLAY PORCELAIN/CERAMIC 1 SU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2620 | E | INLAY PORCELAIN/CERAMIC 2 SU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2630 | E | DENTAL ONLAY PORC 3/MORE SUR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2642 | E | DENTAL ONLAY PORCELIN 2 SURF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2643 | E | DENTAL ONLAY PORCELIN 3 SURF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2644 | E | DENTAL ONLAY PORC 4/MORE SUR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2650 | E | INLAY COMPOSITE/RESIN ONE SU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2651 | E | INLAY COMPOSITE/RESIN TWO SU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2652 | E | DENTAL INLAY RESIN 3/MRE SUR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2662 | E | DENTAL ONLAY RESIN 2 SURFACE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2663 | E | DENTAL ONLAY RESIN 3 SURFACE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2664 | E | DENTAL ONLAY RESIN 4/MRE SUR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2710 | M | CROWN RESIN-BASED INDIRECT | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D2712 | M | CROWN 3/4 RESIN-BASED COMPOS | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D2720 | M | CROWN RESIN W/ HIGH NOBLE ME | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D2721 | M | CROWN RESIN W/ BASE METAL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D2722 | M | CROWN RESIN W/ NOBLE METAL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D2740 | M | CROWN PORCELAIN/CERAMIC | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2750 | M | CROWN PORCELAIN W/ H NOBLE M | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D2751 | M | CROWN PORCELAIN FUSED BASE M | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2752 | M | CROWN PORCELAIN W/ NOBLE MET | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D2753 | E | CROWN PORC FUSED TO TITANIUM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2780 | M | CROWN 3/4 CAST HI NOBLE MET | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D2781 | M | CROWN 3/4 CAST BASE METAL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2782 | M | CROWN 3/4 CAST NOBLE METAL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D2783 | M | CROWN 3/4 PORCELAIN/CERAMIC | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D2790 | M | CROWN FULL CAST HIGH NOBLE M | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D2791 | M | CROWN FULL CAST BASE METAL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2792 | M | CROWN FULL CAST NOBLE METAL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D2794 | M | CROWN-TITANIUM | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D2799 | M | INTERIM CROWN | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D2910 | M | RECEMENT INLAY ONLAY OR PART | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2915 | E | RECEMENT CAST OR PREFAB POST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2920 | M | RE-CEMENT OR RE-BOND CROWN | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2921 | M | REATTACH TOOTH FRAGMENT | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2928 | E | PREFAB PORC/CER CROWN PERM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2929 | M | PREFAB PORC/CERAM CROWN PRI | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2930 | M | PREFAB STNLSS STEEL CRWN PRI | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2931 | M | PREFAB STNLSS STEEL CROWN PE | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2932 | M | PREFABRICATED RESIN CROWN | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2933 | M | PREFAB STAINLESS STEEL CROWN | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2934 | E | PREFAB STEEL CROWN PRIMARY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2940 | M | PROTECTIVE RESTORATION | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2941 | E | INT THERAPEUTIC RESTORATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2949 | E | RESTORATIVE FOUNDATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2950 | M | CORE BUILD-UP INCL ANY PINS | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2951 | M | TOOTH PIN RETENTION | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D2952 | M | POST AND CORE CAST + CROWN | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2953 | M | EACH ADDTNL CAST POST | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2954 | M | PREFAB POST/CORE + CROWN | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2955 | E | POST REMOVAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2957 | M | EACH ADDTNL PREFAB POST | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2960 | M | LABIAL VENEER RESIN DIRECT | - | - | - | Fee Schedule | $68.64 | | | Y | - | 000 | 020 | - |
| D2961 | M | LABIAL VENEER RESIN INDIRECT | - | - | - | Fee Schedule | $68.64 | | | Y | - | 000 | 020 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D2962 | M | LABIAL VENEER PORC INDIRECT | - | - | - | Fee Schedule | $68.64 | | | Y | - | 000 | 020 | - |
| D2971 | E | ADD PROC CONSTRUCT NEW CROWN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2975 | E | COPING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2980 | M | CROWN REPAIR | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D2981 | E | INLAY REPAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2982 | E | ONLAY REPAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2983 | E | VENEER REPAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2990 | E | RESIN INFILTRATION OF LESION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D2999 | E | DENTAL UNSPEC RESTORATIVE PR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3110 | M | PULP CAP DIRECT | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D3120 | M | PULP CAP INDIRECT | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D3220 | M | THERAPEUTIC PULPOTOMY | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D3221 | M | GROSS PULPAL DEBRIDEMENT | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D3222 | E | PART PULP FOR APEXOGENESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 020 | - |
| D3230 | M | PULPAL THERAPY ANTERIOR PRIM | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D3240 | M | PULPAL THERAPY POSTERIOR PRI | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D3310 | M | END THXPY, ANTERIOR TOOTH | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D3320 | M | END THXPY, PREMOLAR TOOTH | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D3330 | M | END THXPY, MOLAR TOOTH | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D3331 | M | NON-SURG TX ROOT CANAL OBS | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D3332 | E | INCOMPLETE ENDODONTIC TX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3333 | E | INTERNAL ROOT REPAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3346 | M | RETREAT ROOT CANAL ANTERIOR | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D3347 | M | RETREAT ROOT CANAL PREMOLAR | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D3348 | M | RETREAT ROOT CANAL MOLAR | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D3351 | E | APEXIFICATION/RECALC INITIAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3352 | E | APEXIFICATION/RECALC INTERIM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3353 | E | APEXIFICATION/RECALC FINAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3355 | E | PULPAL REGENERATION INITIAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3356 | E | PULPAL REGENERATION INTERIM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3357 | E | PULPAL REGENERATION COMPLETE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3410 | M | APICOECTOMY - ANTERIOR | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D3421 | M | ROOT SURGERY PREMOLAR | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D3425 | M | ROOT SURGERY MOLAR | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D3426 | M | ROOT SURGERY EA ADD ROOT | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D3428 | E | BONE GRAFT PERI PER TOOTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3429 | E | BONE GRAFT PERI EACH ADDL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3430 | M | RETROGRADE FILLING | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D3431 | E | BIOLOGICAL MATERIALS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3432 | E | GUIDED TISSUE REGENERATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3450 | E | ROOT AMPUTATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3460 | E | ENDODONTIC ENDOSSEOUS IMPLAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3470 | E | INTENTIONAL REPLANTATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3471 | E | SURG REP ROOT RES ANTERIOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3472 | E | SURG REP ROOT RES PREMOLAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3473 | E | SURG REP ROOT RES MOLAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3501 | E | SURG EXP ROOT SURF ANTERIOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3502 | E | SURG EXP ROOT SURF PREMOLAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3503 | E | SURG EXP ROOT SURF MOLAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3910 | E | ISOLATION- TOOTH W RUBB DAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3911 | E | INTRAORIFICE BARRIER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3920 | E | TOOTH SPLITTING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3921 | E | DECOR OR SUBMERG ERUPT TOOTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3950 | E | CANAL PREP/FITTING OF DOWEL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D3999 | E | ENDODONTIC PROCEDURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D4210 | M | GINGIVECTOMY/PLASTY 4 OR MOR | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D4211 | M | GINGIVECTOMY/PLASTY 1 TO 3 | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D4212 | M | GINGIVECTOMY/PLASTY REST | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D4230 | M | ANA CROWN EXP 4 OR> PER QUAD | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D4231 | M | ANA CROWN EXP 1-3 PER QUAD | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D4240 | M | GINGIVAL FLAP PROC W/ PLANIN | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D4241 | M | GNGVL FLAP W ROOTPLAN 1-3 TH | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D4245 | E | APICALLY POSITIONED FLAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D4249 | E | CROWN LENGTHEN HARD TISSUE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D4260 | S | OSSEOUS SURGERY 4 OR MORE | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 999 | - |
| D4261 | M | OSSEOUS SURG 1 TO 3 TEETH | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D4263 | E | BONE REPLCE GRAFT FIRST SITE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D4264 | E | BONE REPLCE GRAFT EACH ADD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D4265 | E | BIO MTRLS TO AID SOFT/OS REG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D4266 | E | GUIDED TISS REGEN RESORBLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D4267 | E | GUIDED TISS REGEN NONRESORB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D4268 | E | SURGICAL REVISION PROCEDURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D4270 | S | PEDICLE SOFT TISSUE GRAFT PR | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 999 | - |
| D4273 | S | AUTO TISSUE GRAFT 1ST TOOTH | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 999 | - |
| D4274 | E | MESIAL/DISTAL WEDGE PROC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D4275 | M | NON-AUTO GRAFT 1ST TOOTH | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D4276 | E | CON TISSUE W PEDICLE GRAFT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D4277 | M | SOFT TISSUE GRAFT FIRSTTOOTH | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D4278 | M | SOFT TISSUE GRAFT ADDL TOOTH | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D4283 | E | AUTO TISSUE GRAFT ADDL TOOTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D4285 | E | NON-AUTO GRAFT ADDL TOOTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D4286 | E | REMOVE NON-RESORB BARRIER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D4322 | E | SPLINT INTRA-CORONAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D4323 | E | SPLINT EXTRA-CORONAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D4341 | M | PERIODONTAL SCALING & ROOT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D4342 | M | PERIODONTAL SCALING 1-3TEETH | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D4346 | E | SCALING GINGIV INFLAMMATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D4355 | S | FULL MOUTH DEBRIDEMENT | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 999 | - |
| D4381 | E | LOCALIZED DELIVERY ANTIMICRO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D4910 | M | PERIODONTAL MAINT PROCEDURES | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D4920 | M | UNSCHEDULED DRESSING CHANGE | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D4921 | E | GINGIVAL IRRIGATION PER QUAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D4999 | E | UNSPECIFIED PERIODONTAL PROC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5110 | M | DENTURES COMPLETE MAXILLARY | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5120 | M | DENTURES COMPLETE MANDIBLE | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5130 | M | DENTURES IMMEDIAT MAXILLARY | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5140 | M | DENTURES IMMEDIAT MANDIBLE | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5211 | M | DENTURES MAXILL PART RESIN | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5212 | M | DENTURES MAND PART RESIN | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5213 | M | DENTURES MAXILL PART METAL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5214 | M | DENTURES MANDIBL PART METAL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5221 | E | IMMED MAX PART DENTURE RESIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5222 | E | IMMED MAN PART DENTURE RESIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5223 | E | IMMED MAX PART DENT METAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5224 | E | IMMED MAND PART DENT METAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5225 | M | MAXILLARY PART DENTURE FLEX | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5226 | M | MANDIBULAR PART DENTURE FLEX | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5227 | E | IMMED MAX PART DENTURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5228 | E | IMMED MAND PART DENTURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5282 | E | REMOVE UNIL PART DENTURE,MAX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5283 | E | REMOVE UNIL PART DENTURE,MAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5284 | E | REM UNILAT DENT FLEX BASE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D5286 | E | REM UNILAT DENT 1 PC RESIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5410 | M | DENTURES ADJUST CMPLT MAXIL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5411 | M | DENTURES ADJUST CMPLT MAND | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5421 | M | DENTURES ADJUST PART MAXILL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5422 | M | DENTURES ADJUST PART MANDBL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5511 | M | REP BROKE COMP DENT BASE MAN | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5512 | M | REP BROKE COMP DENT BASE MAX | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5520 | M | REPLACE DENTURE TEETH COMPLT | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5611 | M | REP RESIN PART DENT BASE MAN | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5612 | M | REP RESIN PART DENT BASE MAX | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5621 | M | REP CAST PART FRAME MAN | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5622 | M | REP CAST PART FRAME MAX | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5630 | M | REP PARTIAL DENTURE CLASP | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5640 | M | REPLACE PART DENTURE TEETH | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5650 | M | ADD TOOTH TO PARTIAL DENTURE | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5660 | M | ADD CLASP TO PARTIAL DENTURE | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5670 | E | REPLC TTH&ACRLC ON MTL FRMWK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5671 | E | REPLC TTH&ACRLC MANDIBULAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5710 | M | DENTURES REBASE CMPLT MAXIL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5711 | M | DENTURES REBASE CMPLT MAND | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5720 | M | DENTURES REBASE PART MAXILL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5721 | M | DENTURES REBASE PART MANDBL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5725 | E | REBASE HYBRID PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5730 | M | DENTURE RELN CMPLT MAX DIR | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5731 | M | DENTURE RELN CMPLT MAND DIR | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5740 | M | DENTURE RELN PART MAX DIR | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5741 | M | DENTURE RELN PART MAND DIR | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5750 | M | DENTURE RELN CMPLT MAX INDIR | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5751 | M | DENTURE RELN CMPLT MAND IND | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5760 | M | DENTURE RELN PART MAX INDIR | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5761 | M | DENTURE RELN PART MAND INDIR | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5765 | E | LINER COMPL/PARTIAL REM DENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5810 | M | DENTURE INTERM CMPLT MAXILL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5811 | E | DENTURE INTERM CMPLT MANDBL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5820 | M | DENTURE INTERM PART MAXILL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5821 | M | DENTURE INTERM PART MANDBL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5850 | M | DENTURE TISS CONDITN MAXILL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5851 | M | DENTURE TISS CONDTIN MANDBL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D5862 | E | PRECISION ATTACHMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5863 | E | OVERDENTURE COMPLETE MAX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5864 | E | OVERDENTURE PARTIAL MAX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5865 | E | OVERDENTURE COMPLETE MANDIB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5866 | E | OVERDENTURE PARTIAL MANDIB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5867 | E | REPLACEMENT OF PRECISION ATT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5875 | E | PROSTHESIS MODIFICATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5876 | E | ADD METAL SUB TO ACRYLC DENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5899 | E | REMOVABLE PROSTHODONTIC PROC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5911 | E | FACIAL MOULAGE SECTIONAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5912 | E | FACIAL MOULAGE COMPLETE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5913 | E | NASAL PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5914 | E | AURICULAR PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5915 | E | ORBITAL PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5916 | E | OCULAR PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5919 | E | FACIAL PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5922 | E | NASAL SEPTAL PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5923 | E | OCULAR PROSTHESIS INTERIM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D5924 | E | CRANIAL PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5925 | E | FACIAL AUGMENTATION IMPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5926 | E | REPLACEMENT NASAL PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5927 | E | AURICULAR REPLACEMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5928 | E | ORBITAL REPLACEMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5929 | E | FACIAL REPLACEMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5931 | E | SURGICAL OBTURATOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5932 | E | POSTSURGICAL OBTURATOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5933 | E | REFITTING OF OBTURATOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5934 | E | MANDIBULAR FLANGE PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5935 | E | MANDIBULAR DENTURE PROSTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5936 | E | TEMP OBTURATOR PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5937 | E | TRISMUS APPLIANCE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5951 | E | FEEDING AID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5952 | E | PEDIATRIC SPEECH AID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5953 | E | ADULT SPEECH AID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5954 | E | SUPERIMPOSED PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5955 | E | PALATAL LIFT PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5958 | E | INTRAORAL CON DEF INTER PLT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5959 | E | INTRAORAL CON DEF MOD PALAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5960 | E | MODIFY SPEECH AID PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5982 | E | SURGICAL STENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5983 | E | RADIATION APPLICATOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5984 | E | RADIATION SHIELD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5985 | E | RADIATION CONE LOCATOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5986 | E | FLUORIDE APPLICATOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5987 | E | COMMISSURE SPLINT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5988 | E | SURGICAL SPLINT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5991 | E | VESICULOBULLOUS DISEASE CARR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5992 | E | ADJUST MAX PROST APPLIANCE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 018 | 999 | - |
| D5993 | E | MAIN/CLEAN MAX PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 018 | 999 | - |
| D5995 | E | PERI MEDICAMENT W/SEAL, MAX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5996 | E | PERI MEDICAMENT W/SEAL, MAND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D5999 | E | MAXILLOFACIAL PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6010 | E | ODONTICS ENDOSTEAL IMPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6011 | E | SECOND STAGE IMPLANT SURGERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6012 | E | ENDOSTEAL IMPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6013 | E | SURGICAL PLACE MINI IMPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6040 | E | ODONTICS EPOSTEAL IMPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6050 | E | ODONTICS TRANSOSTEAL IMPLNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6051 | E | INTERIM IMPLANT ABUTMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6053 | E | IMPLNT/ABTMNT SPPRT REMV DNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6054 | E | IMPLNT/ABTMNT SPPRT REMVPRTL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6055 | E | IMPLANT CONNECTING BAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6056 | E | PREFABRICATED ABUTMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6057 | E | CUSTOM ABUTMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6058 | E | ABUTMENT SUPPORTED CROWN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6059 | E | ABUTMENT SUPPORTED MTL CROWN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6060 | E | ABUTMENT SUPPORTED MTL CROWN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6061 | E | ABUTMENT SUPPORTED MTL CROWN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6062 | E | ABUTMENT SUPPORTED MTL CROWN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6063 | E | ABUTMENT SUPPORTED MTL CROWN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6064 | E | ABUTMENT SUPPORTED MTL CROWN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6065 | E | IMPLANT SUPPORTED CROWN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6066 | E | IMPLANT SUPPORTED MTL CROWN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6067 | E | IMPLANT SUPPORTED MTL CROWN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D6068 | E | ABUTMENT SUPPORTED RETAINER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6069 | E | ABUTMENT SUPPORTED RETAINER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6070 | E | ABUTMENT SUPPORTED RETAINER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6071 | E | ABUTMENT SUPPORTED RETAINER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6072 | E | ABUTMENT SUPPORTED RETAINER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6073 | E | ABUTMENT SUPPORTED RETAINER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6074 | E | ABUTMENT SUPPORTED RETAINER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6075 | E | IMPLANT SUPPORTED RETAINER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6076 | E | IMPLANT SUPPORTED RETAINER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6077 | E | IMPLANT SUPPORTED RETAINER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6078 | E | IMPLNT/ABUT SUPRTD FIXD DENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6079 | E | IMPLNT/ABUT SUPRTD FIXD DENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6080 | E | IMPLANT MAINTENANCE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6081 | E | SCALE & DEBRIDE, SINGLE IMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6082 | E | IMP CROWN PORC TO BASE ALLOY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6083 | E | IMP CROWN PORC TO NOBLE ALLO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6084 | E | IMP CROWN PORC TO TITANIUM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6085 | E | INTERIM IMPLANT CROWN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6086 | E | IMP CROWN BASE ALLOYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6087 | E | IMPLANT CROWN NOBLE ALLOYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6088 | E | IMP CROWN TITANIUM ALLOYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6090 | E | REPAIR IMPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6091 | E | REPL SEMI/PRECISION ATTACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6092 | E | RECEMENT SUPP CROWN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6093 | E | RECEMENT SUPP PART DENTURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6094 | E | ABUT SUPPORT CROWN TITANIUM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6095 | E | ODONTICS REPR ABUTMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6096 | E | REMOVE BROKEN IMP RET SCREW | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6097 | E | ABUT CROWN PORC TO TITANIUM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6098 | E | IMP RETAIN PORC TO BASE ALLO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6099 | E | IMP RETAINER FOR FPD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6100 | E | SURG REMOVAL OF IMPLANT BODY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 018 | 999 | - |
| D6101 | E | DEBRIDEMENT OF A PERIIMPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6102 | E | DEBRIDEMENT & CONTOURING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6103 | E | BONE GRAFT REPAIR PERIMPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6104 | E | BONE GRAFT TIME OF IMPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6105 | E | REMOVE IMPLANT BODY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6106 | E | TISSUE REGEN RESORBABLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6107 | E | TISSUE REGEN NON-RESORBABLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6110 | E | IMPLNT/ABUT REMOV DENT MAX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6111 | E | IMPLNT/ABUT REMOV DENT MAND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6112 | E | IMP/ABUT REM DENT PART MAX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6113 | E | IMP/ABUT REM DENT PART MAND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6114 | E | IMPLNT/ABUT FIXED DENT MAX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6115 | E | IMPLNT/ABUT FIXED DENT MAND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6116 | E | IMP/ABUT FIXED DENT PART MAX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6117 | E | IMP/ABUT FIXED DENT PART MAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6118 | E | IMP/ABUT INT FIXED DENT MAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6119 | E | INT/ABUT INT FIXED DENT MAX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6120 | E | IMP RETAIN PORC TO TITANIUM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6121 | E | RETAIN METAL FPD BASE ALLOYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6122 | E | RETAIN METAL FPD NOBLE ALLOY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6123 | E | RETAIN METAL FPD TITANIUM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6190 | E | RADIO/SURGICAL IMPLANT INDEX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6191 | E | SEMI PRECISION ABUTMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6192 | E | SEMI PRECISION ATTACHMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D6194 | E | ABUT SUPPORT RETAINER TITANI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6195 | E | ABUT RETAIN PORC TO TITANIUM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6197 | E | REPLACE MATERIAL PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6198 | E | REMOVE INTERIM IMPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6199 | E | IMPLANT PROCEDURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6205 | M | PONTIC-INDIRECT RESIN BASED | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6210 | M | PROSTHODONT HIGH NOBLE METAL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6211 | M | BRIDGE BASE METAL CAST | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6212 | M | BRIDGE NOBLE METAL CAST | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6214 | M | PONTIC TITANIUM | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6240 | M | BRIDGE PORCELAIN HIGH NOBLE | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6241 | M | BRIDGE PORCELAIN BASE METAL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6242 | M | BRIDGE PORCELAIN NOBEL METAL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6243 | E | PONTIC PORCELAIN TO TITANIUM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6245 | M | BRIDGE PORCELAIN/CERAMIC | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6250 | M | BRIDGE RESIN W/HIGH NOBLE | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6251 | M | BRIDGE RESIN BASE METAL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6252 | M | BRIDGE RESIN W/NOBLE METAL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6253 | E | INTERIM PONTIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6254 | E | INTERIM PONTIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 018 | 020 | - |
| D6545 | E | DENTAL RETAINR CAST METL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6548 | E | PORCELAIN/CERAMIC RETAINER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6549 | E | RESIN RETAINER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6600 | E | PORCELAIN/CERAMIC INLAY 2SRF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6601 | E | PORC/CERAM INLAY >= 3 SURFAC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6602 | E | CST HGH NBLE MTL INLAY 2 SRF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6603 | E | CST HGH NBLE MTL INLAY >=3SR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6604 | E | CST BSE MTL INLAY 2 SURFACES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6605 | E | CST BSE MTL INLAY >= 3 SURFA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6606 | E | CAST NOBLE METAL INLAY 2 SUR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6607 | E | CST NOBLE MTL INLAY >=3 SURF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6608 | E | ONLAY PORC/CRMC 2 SURFACES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6609 | E | ONLAY PORC/CRMC >=3 SURFACES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6610 | E | ONLAY CST HGH NBL MTL 2 SRFC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6611 | E | ONLAY CST HGH NBL MTL >=3SRF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6612 | E | ONLAY CST BASE MTL 2 SURFACE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6613 | E | ONLAY CST BASE MTL >=3 SURFA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6614 | E | ONLAY CST NBL MTL 2 SURFACES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6615 | E | ONLAY CST NBL MTL >=3 SURFAC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6624 | E | INLAY TITANIUM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6634 | E | ONLAY TITANIUM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6710 | M | CROWN-INDIRECT RESIN BASED | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6720 | M | RETAIN CROWN RESIN W HI NBLE | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6721 | M | CROWN RESIN W/BASE METAL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6722 | M | CROWN RESIN W/NOBLE METAL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6740 | M | CROWN PORCELAIN/CERAMIC | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6750 | M | CROWN PORCELAIN HIGH NOBLE | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6751 | M | CROWN PORCELAIN BASE METAL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6752 | M | CROWN PORCELAIN NOBLE METAL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6753 | E | RETAIN CROWN PORC TO TITANIU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6780 | M | CROWN 3/4 HIGH NOBLE METAL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6781 | M | CROWN 3/4 CAST BASED METAL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6782 | M | CROWN 3/4 CAST NOBLE METAL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6783 | M | CROWN 3/4 PORCELAIN/CERAMIC | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6784 | E | RETAINER CROWN 3/4 TITANIUM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6790 | M | CROWN FULL HIGH NOBLE METAL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D6791 | M | CROWN FULL BASE METAL CAST | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6792 | M | CROWN FULL NOBLE METAL CAST | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6793 | E | INTERIM RETAINER CROWN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6794 | M | CROWN TITANIUM | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6795 | E | INTERIM RETAINER CROWN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 018 | 020 | - |
| D6920 | E | DENTAL CONNECTOR BAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6930 | M | RECEMENT/BOND PART DENTURE | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D6940 | E | STRESS BREAKER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6950 | M | PRECISION ATTACHMENT | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D6970 | E | POST & CORE PLUS RETAINER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6972 | E | PREFAB POST & CORE PLUS RETA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6973 | E | CORE BUILD UP FOR RETAINER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6975 | E | COPING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6976 | E | EACH ADDTNL CAST POST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6977 | E | EACH ADDTL PREFAB POST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6980 | M | FIXED PARTIAL REPAIR | - | - | - | Fee Schedule | $189.39 | - | - | - | - | 000 | 020 | - |
| D6985 | E | PEDIATRIC PARTIAL DENTURE FX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D6999 | E | FIXED PROSTHODONTIC PROC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7111 | S | EXTRACTION CORONAL REMNANTS | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 999 | - |
| D7140 | S | EXTRACTION ERUPTED TOOTH/EXR | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 999 | - |
| D7210 | S | REM IMP TOOTH W MUCOPER FLP | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 999 | - |
| D7220 | S | IMPACT TOOTH REMOV SOFT TISS | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 999 | - |
| D7230 | S | IMPACT TOOTH REMOV PART BONY | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 999 | - |
| D7240 | S | IMPACT TOOTH REMOV COMP BONY | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 999 | - |
| D7241 | S | IMPACT TOOTH REM BONY W/COMP | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 999 | - |
| D7250 | S | TOOTH ROOT REMOVAL | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 999 | - |
| D7251 | E | CORONECTOMY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 018 | 999 | - |
| D7260 | E | ORAL ANTRAL FISTULA CLOSURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7261 | E | PRIMARY CLOSURE SINUS PERF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7270 | M | TOOTH REIMPLANTATION | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D7272 | E | TOOTH TRANSPLANTATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7280 | M | EXPOSURE OF UNERUPTED TOOTH | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D7282 | M | MOBILIZE ERUPTED/MALPOS TOOT | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D7283 | M | PLACE DEVICE IMPACTED TOOTH | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D7285 | E | BIOPSY OF ORAL TISSUE HARD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7286 | E | BIOPSY OF ORAL TISSUE SOFT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7287 | E | EXFOLIATIVE CYTOLOG COLLECT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7288 | E | BRUSH BIOPSY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7290 | E | REPOSITIONING OF TEETH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7291 | E | TRANSSEPTAL FIBEROTOMY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7292 | E | SCREW RETAINED PLATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7293 | E | TEMP ANCHORAGE DEV W FLAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7294 | E | TEMP ANCHORAGE DEV W/O FLAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7295 | E | BONE HARVEST,AUTO GRAFT PROC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 018 | 999 | - |
| D7296 | E | CORTICOTOMY, 1-3 TEETH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7297 | E | CORTICOTOMY, 4 OR MORE TEETH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7298 | E | REMOVE SCREW RETAINED PLATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7299 | E | REM ANCHORAGE DEVICE W/FLAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7300 | E | REM ANCHORAGE DEV W/O FLAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7310 | M | ALVEOPLASTY W/ EXTRACTION | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D7311 | M | ALVEOLOPLASTY W/EXTRACT 1-3 | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D7320 | M | ALVEOPLASTY W/O EXTRACTION | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D7321 | M | ALVEOLOPLASTY NOT W/EXTRACTS | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D7340 | E | VESTIBULOPLASTY RIDGE EXTENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 020 | - |
| D7350 | E | VESTIBULOPLASTY EXTEN GRAFT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 020 | - |
| D7410 | E | RAD EXC LESION UP TO 1.25 CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D7411 | E | EXCISION BENIGN LESION>1.25C | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7412 | E | EXCISION BENIGN LESION COMPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7413 | E | EXCISION MALIG LESION<=1.25C | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7414 | E | EXCISION MALIG LESION>1.25CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7415 | E | EXCISION MALIG LES COMPLICAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7440 | E | MALIG TUMOR EXC TO 1.25 CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7441 | E | MALIG TUMOR > 1.25 CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7450 | E | REM ODONTOGEN CYST TO 1.25CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7451 | E | REM ODONTOGEN CYST > 1.25 CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7460 | E | REM NONODONTO CYST TO 1.25CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7461 | E | REM NONODONTO CYST > 1.25 CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7465 | E | LESION DESTRUCTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7471 | E | REM EXOSTOSIS ANY SITE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7472 | E | REMOVAL OF TORUS PALATINUS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7473 | E | REMOVE TORUS MANDIBULARIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7485 | E | SURG REDUCT OSSEOUSTUBEROSIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7490 | E | MAXILLA OR MANDIBLE RESECTIO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7509 | E | MARSUPIALIZATION ODON CYST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7510 | M | I&D ABSC INTRAORAL SOFT TISS | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D7511 | M | INCISION/DRAIN ABSCESS INTRA | - | - | - | Fee Schedule | $68.64 | - | - | - | Y | 000 | 999 | - |
| D7520 | M | I&D ABSCESS EXTRAORAL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D7521 | M | INCISION/DRAIN ABSCESS EXTRA | - | - | - | Fee Schedule | $68.64 | - | - | - | Y | 000 | 999 | - |
| D7530 | E | REMOVAL FB SKIN/AREOLAR TISS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7540 | M | REMOVAL OF FB REACTION | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D7550 | M | REMOVAL OF SLOUGHED OFF BONE | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D7560 | M | MAXILLARY SINUSOTOMY | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D7610 | E | MAXILLA OPEN REDUCT SIMPLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7620 | E | CLSD REDUCT SIMPL MAXILLA FX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7630 | E | OPEN RED SIMPL MANDIBLE FX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7640 | E | CLSD RED SIMPL MANDIBLE FX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7650 | E | OPEN RED SIMP MALAR/ZYGOM FX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7660 | E | CLSD RED SIMP MALAR/ZYGOM FX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7670 | E | CLOSD RDUCTN SPLINT ALVEOLUS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7671 | E | ALVEOLUS OPEN REDUCTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7680 | E | REDUCT SIMPLE FACIAL BONE FX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7710 | E | MAXILLA OPEN REDUCT COMPOUND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7720 | E | CLSD REDUCT COMPD MAXILLA FX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7730 | E | OPEN REDUCT COMPD MANDBLE FX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7740 | E | CLSD REDUCT COMPD MANDBLE FX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7750 | E | OPEN RED COMP MALAR/ZYGMA FX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7760 | E | CLSD RED COMP MALAR/ZYGMA FX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7770 | E | OPEN REDUC COMPD ALVEOLUS FX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7771 | E | ALVEOLUS CLSD REDUC STBLZ TE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7780 | E | REDUCT COMPND FACIAL BONE FX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7810 | E | TMJ OPEN REDUCT-DISLOCATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7820 | E | CLOSED TMP MANIPULATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7830 | E | TMJ MANIPULATION UNDER ANEST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7840 | E | REMOVAL OF TMJ CONDYLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7850 | E | TMJ MENISCECTOMY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7852 | E | TMJ REPAIR OF JOINT DISC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7854 | E | TMJ EXCISN OF JOINT MEMBRANE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7856 | E | TMJ CUTTING OF A MUSCLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7858 | E | TMJ RECONSTRUCTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7860 | E | TMJ CUTTING INTO JOINT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7865 | E | TMJ RESHAPING COMPONENTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7870 | E | TMJ ASPIRATION JOINT FLUID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D7871 | E | LYSIS + LAVAGE W CATHETERS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7872 | E | TMJ DIAGNOSTIC ARTHROSCOPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7873 | E | TMJ ARTHROSCOPY LYSIS ADHESN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7874 | E | TMJ ARTHROSCOPY DISC REPOSIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7875 | E | TMJ ARTHROSCOPY SYNOVECTOMY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7876 | E | TMJ ARTHROSCOPY DISCECTOMY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7877 | E | TMJ ARTHROSCOPY DEBRIDEMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7880 | E | OCCLUSAL ORTHOTIC APPLIANCE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7881 | E | OCC ORTHOTIC DEVICE ADJUST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7899 | E | TMJ UNSPECIFIED THERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7910 | M | DENT SUTUR RECENT WND TO 5CM | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D7911 | M | DENTAL SUTURE WOUND TO 5 CM | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D7912 | M | SUTURE COMPLICATE WND > 5 CM | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D7920 | E | DENTAL SKIN GRAFT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 020 | - |
| D7921 | E | COLLECT & APPL BLOOD PRODUCT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7922 | E | PLACE INTRA-SOCKET BIO DRESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7940 | E | RESHAPING BONE ORTHOGNATHIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7941 | E | BONE CUTTING RAMUS CLOSED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7943 | E | CUTTING RAMUS OPEN W/GRAFT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7944 | E | BONE CUTTING SEGMENTED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7945 | E | BONE CUTTING BODY MANDIBLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7946 | E | RECONSTRUCTION MAXILLA TOTAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7947 | E | RECONSTRUCT MAXILLA SEGMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7948 | E | RECONSTRUCT MIDFACE NO GRAFT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7949 | E | RECONSTRUCT MIDFACE W/GRAFT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7950 | E | MANDIBLE GRAFT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7951 | M | SINUS AUG W BONE OR BONE SUB | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D7952 | E | SINUS AUGMENTATION VERTICAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7953 | E | BONE REPLACEMENT GRAFT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7955 | E | REPAIR MAXILLOFACIAL DEFECTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7956 | E | TISS REGEN EDENT RESORB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7957 | E | TISS REGEN EDENT NONRESORB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7961 | M | BUCCAL/LABIAL FRENECTOMY | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D7962 | M | LINGUAL FRENECTOMY | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D7963 | E | FRENULOPLASTY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7970 | M | EXCISION HYPERPLASTIC TISSUE | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D7971 | E | EXCISION PERICORONAL GINGIVA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7972 | E | SURG REDCT FIBROUS TUBEROSIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7979 | E | NON-SURGICAL SIALOLITHOTOMY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7980 | E | SURGICAL SIALOLITHOTOMY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7981 | E | EXCISION OF SALIVARY GLAND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7982 | E | SIALODOCHOPLASTY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7983 | E | CLOSURE OF SALIVARY FISTULA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7990 | E | EMERGENCY TRACHEOTOMY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7991 | E | DENTAL CORONOIDECTOMY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7993 | E | SURG PLACE CRANIOFACIAL IMPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7994 | E | SURG PLACE ZYGOMATIC IMPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7995 | E | SYNTHETIC GRAFT FACIAL BONES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7996 | E | IMPLANT MANDIBLE FOR AUGMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7997 | E | APPLIANCE REMOVAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D7998 | M | INTRAORAL PLACE OF FIX DEV | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 020 | - |
| D7999 | E | ORAL SURGERY PROCEDURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 020 | - |
| D8010 | E | LIMITED DENTAL TX PRIMARY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D8020 | E | LIMITED DENTAL TX TRANSITION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D8030 | E | LIMITED DENTAL TX ADOLESCENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D8040 | E | LIMITED DENTAL TX ADULT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D8070 | M | COMPRE DENTAL TX TRANSITION | - | - | - | Fee Schedule | $68.64 | | | Y | - | 000 | 020 | - |
| D8080 | M | COMPRE DENTAL TX ADOLESCENT | - | - | - | Fee Schedule | $68.64 | | | Y | - | 000 | 020 | - |
| D8090 | M | COMPRE DENTAL TX ADULT | - | - | - | Fee Schedule | $68.64 | | | Y | - | 000 | 020 | - |
| D8210 | E | ORTHODONTIC REM APPLIANCE TX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D8220 | M | FIXED APPLIANCE THERAPY HABT | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D8660 | E | PREORTHODONTIC TX VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D8670 | M | PERIODIC ORTHODONTC TX VISIT | - | - | - | Fee Schedule | $68.64 | | | Y | - | 000 | 020 | - |
| D8680 | M | ORTHODONTIC RETENTION | - | - | - | Fee Schedule | $68.64 | | | Y | - | 000 | 020 | - |
| D8681 | E | REMOVABLE RETAINER ADJUST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D8695 | E | REMOVE FIXED ORTHO APPLIANCE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D8696 | E | REP OF ORTHO APPLIANCE MAX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D8697 | E | REP OF ORTHO APPLIANCE MAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D8698 | E | RECEMENT FIXED RETAINER MAX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D8699 | E | RECEMENT FIXED RETAINER MAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D8701 | E | REPAIR FIXED RETAINER MAX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D8702 | E | REPAIR OF FIXED RETAINER MAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D8703 | E | REPLACE BROKEN RETAINER MAX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D8704 | E | REPLACE BROKEN RETAINER MAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D8999 | E | ORTHODONTIC PROCEDURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9110 | N | PALLIATIVE TX DENTAL PAIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| D9120 | E | FIX PARTIAL DENTURE SECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9130 | E | TEMPOROMANDIBULAR JOINT DYSF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9210 | E | DENT ANESTHESIA W/O SURGERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9211 | E | REGIONAL BLOCK ANESTHESIA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9212 | E | TRIGEMINAL BLOCK ANESTHESIA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9215 | E | LOCAL ANESTHESIA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9219 | E | EVAL MOD/DEEP SED/GEN ANEST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9222 | M | DEEP ANEST, 1ST 15 MIN | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D9223 | M | GENERAL ANESTH EA ADDL 15 MI | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D9230 | M | ANALGESIA | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 012 | - |
| D9239 | M | IV MOD SEDATION, 1ST 15 MIN | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D9243 | M | IV SEDATION EA ADDL 15M | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D9248 | M | SEDATION (NON-IV) | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D9310 | M | DENTAL CONSULTATION | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D9311 | E | CONSULT W/MED HLTH CARE PROF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9410 | M | DENTAL HOUSE CALL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D9420 | M | HOSPITAL/ASC CALL | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D9430 | E | OFFICE VISIT DURING HOURS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 020 | - |
| D9440 | M | OFFICE VISIT AFTER HOURS | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D9450 | E | CASE PRESENTATION TX PLAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9610 | E | DENT THERAPEUTIC DRUG INJECT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9612 | M | THERA PAR DRUGS 2 OR > ADMIN | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D9613 | E | INFILTRATION THERA DRUG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9630 | M | DRUGS/MEDS DISP FOR HOME USE | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D9910 | E | DENT APPL DESENSITIZING MED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9911 | E | APPL DESENSITIZING RESIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9912 | E | PRE-VISIT PATIENT SCREENING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9920 | M | BEHAVIOR MANAGEMENT | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| D9930 | E | TREATMENT OF COMPLICATIONS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9932 | E | CLEAN & INSPECT REM DENT MAX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9933 | E | CLEAN & INSPECT REM DENT MAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9934 | E | CLEAN REM PART DENTURE MAX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9935 | E | CLEAN REM PART DENTURE MAND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9941 | E | FABRICATION ATHLETIC GUARD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9942 | E | REPAIR/RELINE OCCLUSAL GUARD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9943 | E | OCCLUSAL GUARD ADJUSTMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D9944 | S | OCC GUARD, HARD, FULL ARCH | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 020 | - |
| D9945 | S | OCC GUARD, SOFT, FULL ARCH | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 020 | - |
| D9946 | S | OCC GUARD, HARD, PART ARCH | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 020 | - |
| D9947 | E | SLEEP APNEA APPLIANCE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9948 | E | ADJUST SLEEP APNEA APPLIANCE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9949 | E | REPAIR SLEEP APNEA APPLIANCE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9950 | E | OCCLUSION ANALYSIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9951 | E | LIMITED OCCLUSAL ADJUSTMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9952 | E | COMPLETE OCCLUSAL ADJUSTMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9953 | E | RELINE SLEEP APNEA APPLIANCE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9961 | E | DUP/COPY PATIENT'S RECORDS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9970 | E | ENAMEL MICROABRASION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9971 | E | ODONTOPLASTY PER TOOTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9972 | E | EXTRNL BLEACHING PER ARCH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9973 | E | EXTRNL BLEACHING PER TOOTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9974 | E | INTRNL BLEACHING PER TOOTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9975 | E | EXTERNAL BLEACHING HOME APP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9985 | E | SALES TAX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9986 | E | MISSED APPOINTMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9987 | E | CANCELLED APPOINTMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9990 | E | TRANS OR SIGN LANGUAGE SVCS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9991 | E | CASE MGMT, APPT BARRIERS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9992 | M | CASE MGMT, CARE COORDINATION | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| D9993 | E | CASE MGMT, INTERVIEWING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9994 | E | CASE MGMT, PT EDUCATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9995 | M | TELEDENTISTRY REAL-TIME | - | - | - | Fee Schedule | $26.65 | - | - | - | - | 000 | 999 | - |
| D9996 | M | TELEDENTISTRY DENT REVIEW | - | - | - | Fee Schedule | $26.65 | - | - | - | - | 000 | 999 | - |
| D9997 | E | DENT CASE MGMT SPECIAL NEEDS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| D9999 | M | ADJUNCTIVE PROCEDURE | - | - | - | Fee Schedule | $68.64 | - | - | - | - | 000 | 999 | - |
| E0100 | E | CANE ADJUST/FIXED WITH TIP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0105 | E | CANE ADJUST/FIXED QUAD/3 PRO | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| E0110 | E | CRUTCH FOREARM PAIR | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| E0111 | E | CRUTCH FOREARM EACH | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| E0112 | E | CRUTCH UNDERARM PAIR WOOD | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| E0113 | E | CRUTCH UNDERARM EACH WOOD | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| E0114 | E | CRUTCH UNDERARM PAIR NO WOOD | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| E0116 | E | CRUTCH UNDERARM EACH NO WOOD | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| E0117 | E | UNDERARM SPRINGASSIST CRUTCH | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| E0118 | E | CRUTCH SUBSTITUTE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0130 | E | WALKER RIGID ADJUST/FIXED HT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0135 | E | WALKER FOLDING ADJUST/FIXED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0140 | E | WALKER W TRUNK SUPPORT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0141 | E | RIGID WHEELED WALKER ADJ/FIX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0143 | E | WALKER FOLDING WHEELED W/O S | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0144 | E | ENCLOSED WALKER W REAR SEAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0147 | E | WALKER VARIABLE WHEEL RESIST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0148 | E | HEAVYDUTY WALKER NO WHEELS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0149 | E | HEAVY DUTY WHEELED WALKER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0153 | E | FOREARM CRUTCH PLATFORM ATTA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0154 | E | WALKER PLATFORM ATTACHMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0155 | E | WALKER WHEEL ATTACHMENT,PAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0156 | E | WALKER SEAT ATTACHMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0157 | E | WALKER CRUTCH ATTACHMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0158 | E | WALKER LEG EXTENDERS SET OF4 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0159 | E | BRAKE FOR WHEELED WALKER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0160 | E | SITZ TYPE BATH OR EQUIPMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| E0161 | E | SITZ BATH/EQUIPMENT W/FAUCET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0162 | E | SITZ BATH CHAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0163 | E | COMMODE CHAIR WITH FIXED ARM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0165 | E | COMMODE CHAIR WITH DETACHARM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0167 | E | COMMODE CHAIR PAIL OR PAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0168 | E | HEAVYDUTY/WIDE COMMODE CHAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0170 | E | COMMODE CHAIR ELECTRIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0171 | E | COMMODE CHAIR NON-ELECTRIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0172 | E | SEAT LIFT MECHANISM TOILET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0175 | E | COMMODE CHAIR FOOT REST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0181 | E | PRESS PAD ALTERNATING W/ PUM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0182 | E | REPLACE PUMP, ALT PRESS PAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0183 | E | PRESS UNDERLAY ALTER W/PUMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0184 | E | DRY PRESSURE MATTRESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0185 | E | GEL PRESSURE MATTRESS PAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0186 | E | AIR PRESSURE MATTRESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0187 | E | WATER PRESSURE MATTRESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0188 | E | SYNTHETIC SHEEPSKIN PAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0189 | E | LAMBSWOOL SHEEPSKIN PAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0190 | E | POSITIONING CUSHION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0191 | E | PROTECTOR HEEL OR ELBOW | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0193 | E | POWERED AIR FLOTATION BED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0194 | E | AIR FLUIDIZED BED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0196 | E | GEL PRESSURE MATTRESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0197 | E | AIR PRESSURE PAD FOR MATTRES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0198 | E | WATER PRESSURE PAD FOR MATTR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0199 | E | DRY PRESSURE PAD FOR MATTRES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0200 | E | HEAT LAMP WITHOUT STAND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0202 | E | PHOTOTHERAPY LIGHT W/ PHOTOM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0203 | E | THERAPEUTIC LIGHTBOX TABLETP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0205 | E | HEAT LAMP WITH STAND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0210 | E | ELECTRIC HEAT PAD STANDARD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0215 | E | ELECTRIC HEAT PAD MOIST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0217 | E | WATER CIRC HEAT PAD W PUMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0218 | E | FLUID CIRC COLD PAD W PUMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0221 | E | INFRARED HEATING PAD SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0225 | E | HYDROCOLLATOR UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0231 | E | WOUND WARMING DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0232 | E | WARMING CARD FOR NWT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0235 | E | PARAFFIN BATH UNIT PORTABLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0236 | E | PUMP FOR WATER CIRCULATING P | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0239 | E | HYDROCOLLATOR UNIT PORTABLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0240 | E | BATH/SHOWER CHAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0241 | E | BATH TUB WALL RAIL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0242 | E | BATH TUB RAIL FLOOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0243 | E | TOILET RAIL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0244 | E | TOILET SEAT RAISED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0245 | E | TUB STOOL OR BENCH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0246 | E | TRANSFER TUB RAIL ATTACHMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0247 | E | TRANS BENCH W/WO COMM OPEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0248 | E | HDTRANS BENCH W/WO COMM OPEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0249 | E | PAD WATER CIRCULATING HEAT U | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0250 | E | HOSP BED FIXED HT W/ MATTRES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0251 | E | HOSP BED FIXD HT W/O MATTRES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0255 | E | HOSPITAL BED VAR HT W/ MATTR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0256 | E | HOSPITAL BED VAR HT W/O MATT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| E0260 | E | HOSP BED SEMI-ELECTR W/ MATT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0261 | E | HOSP BED SEMI-ELECTR W/O MAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0265 | E | HOSP BED TOTAL ELECTR W/ MAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0266 | E | HOSP BED TOTAL ELEC W/O MATT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0270 | E | HOSPITAL BED INSTITUTIONAL T | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0271 | E | MATTRESS INNERSPRING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0272 | E | MATTRESS FOAM RUBBER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0273 | E | BED BOARD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0274 | E | OVER-BED TABLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0275 | E | BED PAN STANDARD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0276 | E | BED PAN FRACTURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0277 | E | POWERED PRES-REDU AIR MATTRS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0280 | E | BED CRADLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0290 | E | HOSP BED FX HT W/O RAILS W/M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0291 | E | HOSP BED FX HT W/O RAIL W/O | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0292 | E | HOSP BED VAR HT NO SR W/MATT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0293 | E | HOSP BED VAR HT NO SR NO MAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0294 | E | HOSP BED SEMI-ELECT W/ MATTR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0295 | E | HOSP BED SEMI-ELECT W/O MATT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0296 | E | HOSP BED TOTAL ELECT W/ MATT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0297 | E | HOSP BED TOTAL ELECT W/O MAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0300 | E | ENCLOSED PED CRIB HOSP GRADE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0301 | E | HD HOSP BED, 350-600 LBS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0302 | E | EX HD HOSP BED > 600 LBS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0303 | E | HOSP BED HVY DTY XTRA WIDE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0304 | E | HOSP BED XTRA HVY DTY X WIDE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0305 | E | RAILS BED SIDE HALF LENGTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0310 | E | RAILS BED SIDE FULL LENGTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0315 | E | BED ACCESSORY BRD/TBL/SUPPRT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0316 | E | BED SAFETY ENCLOSURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0325 | E | URINAL MALE JUG-TYPE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0326 | E | URINAL FEMALE JUG-TYPE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0328 | E | PED HOSPITAL BED, MANUAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0329 | E | PED HOSPITAL BED SEMI/ELECT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0350 | E | CONTROL UNIT BOWEL SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0352 | E | DISPOSABLE PACK W/BOWEL SYST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0370 | E | AIR ELEVATOR FOR HEEL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0371 | E | NONPOWER MATTRESS OVERLAY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0372 | E | POWERED AIR MATTRESS OVERLAY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0373 | E | NONPOWERED PRESSURE MATTRESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0424 | E | STATIONARY COMPRESSED GAS 02 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0425 | E | GAS SYSTEM STATIONARY COMPRE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0430 | E | OXYGEN SYSTEM GAS PORTABLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0431 | E | PORTABLE GASEOUS 02 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0433 | E | PORTABLE LIQUID OXYGEN SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0434 | E | PORTABLE LIQUID 02 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0435 | E | OXYGEN SYSTEM LIQUID PORTABL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0439 | E | STATIONARY LIQUID 02 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0440 | E | OXYGEN SYSTEM LIQUID STATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0441 | E | STATIONARY O2 CONTENTS, GAS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0442 | E | STATIONARY O2 CONTENTS, LIQ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0443 | E | PORTABLE 02 CONTENTS, GAS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0444 | E | PORTABLE 02 CONTENTS, LIQUID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0445 | E | OXIMETER NON-INVASIVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0446 | E | TOPICAL OX DELIVER SYS, NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0447 | E | PORT O2 CONT, LIQ OVER 4 LPM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| E0455 | E | OXYGEN TENT EXCL CROUP/PED T | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0457 | E | CHEST SHELL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0459 | E | CHEST WRAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0462 | E | ROCKING BED W/ OR W/O SIDE R | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0465 | E | HOME VENT INVASIVE INTERFACE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0466 | E | HOME VENT NON-INVASIVE INTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0467 | E | HOME VENT MULTI-FUNCTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0470 | E | RAD W/O BACKUP NON-INV INTFC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0471 | E | RAD W/BACKUP NON INV INTRFC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0472 | E | RAD W BACKUP INVASIVE INTRFC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0480 | E | PERCUSSOR ELECT/PNEUM HOME M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0481 | E | INTRPULMNRY PERCUSS VENT SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0482 | E | COUGH STIMULATING DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0483 | E | HI FREQ CHEST WALL OSCIL SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0484 | E | NON-ELEC OSCILLATORY PEP DVC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0485 | E | ORAL DEVICE/APPLIANCE PREFAB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0486 | E | ORAL DEVICE/APPLIANCE CUSFAB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0487 | N | ELECTRONIC SPIROMETER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| E0490 | E | CONTROL UNIT NM HW REMOTE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0491 | E | ORAL DV NM MOUTHPC HW REMOTE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0500 | E | IPPB ALL TYPES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0550 | E | HUMIDIF EXTENS SUPPLE W IPPB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0555 | E | HUMIDIFIER FOR USE W/ REGULA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0560 | E | HUMIDIFIER SUPPLEMENTAL W/ I | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0561 | E | HUMIDIFIER NONHEATED W PAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0562 | E | HUMIDIFIER HEATED USED W PAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0565 | E | COMPRESSOR AIR POWER SOURCE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0570 | E | NEBULIZER WITH COMPRESSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0572 | E | AEROSOL COMPRESSOR ADJUST PR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0574 | E | ULTRASONIC GENERATOR W SVNEB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0575 | E | NEBULIZER ULTRASONIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0580 | E | NEBULIZER FOR USE W/ REGULAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0585 | E | NEBULIZER W/ COMPRESSOR & HE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0600 | E | SUCTION PUMP PORTAB HOM MODL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0601 | E | CONT AIRWAY PRESSURE DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0602 | E | MANUAL BREAST PUMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 009 | 999 | - |
| E0603 | E | ELECTRIC BREAST PUMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0604 | E | HOSP GRADE ELEC BREAST PUMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0605 | E | VAPORIZER ROOM TYPE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0606 | E | DRAINAGE BOARD POSTURAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0607 | E | BLOOD GLUCOSE MONITOR HOME | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0610 | E | PACEMAKER MONITR AUDIBLE/VIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0615 | E | PACEMAKER MONITR DIGITAL/VIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0616 | N | CARDIAC EVENT RECORDER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| E0617 | E | AUTOMATIC EXT DEFIBRILLATOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0618 | E | APNEA MONITOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0619 | E | APNEA MONITOR W RECORDER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0620 | E | CAP BLD SKIN PIERCING LASER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0621 | E | PATIENT LIFT SLING OR SEAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0625 | E | PATIENT LIFT BATHROOM OR TOI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0627 | E | SEAT LIFT MECH, ELECTRIC ANY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0629 | E | SEAT LIFT MECH, NON-ELECTRIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0630 | E | PATIENT LIFT HYDRAULIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0635 | E | PATIENT LIFT ELECTRIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0636 | E | PT SUPPORT & POSITIONING SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0637 | E | COMBINATION SIT TO STAND SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| E0638 | E | STANDING FRAME SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0639 | E | MOVEABLE PATIENT LIFT SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0640 | E | FIXED PATIENT LIFT SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0641 | E | MULTI-POSITION STND FRAM SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0642 | E | DYNAMIC STANDING FRAME | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0650 | E | PNEUMA COMPRESOR NON-SEGMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0651 | E | PNEUM COMPRESSOR SEGMENTAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0652 | E | PNEUM COMPRES W/CAL PRESSURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0655 | E | PNEUMATIC APPLIANCE HALF ARM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0656 | E | SEGMENTAL PNEUMATIC TRUNK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0657 | E | SEGMENTAL PNEUMATIC CHEST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0660 | E | PNEUMATIC APPLIANCE FULL LEG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0665 | E | PNEUMATIC APPLIANCE FULL ARM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0666 | E | PNEUMATIC APPLIANCE HALF LEG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0667 | E | SEG PNEUMATIC APPL FULL LEG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0668 | E | SEG PNEUMATIC APPL FULL ARM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0669 | E | SEG PNEUMATIC APPLI HALF LEG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0670 | E | SEG PNEUM INT LEGS/TRUNK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0671 | E | PRESSURE PNEUM APPL FULL LEG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0672 | E | PRESSURE PNEUM APPL FULL ARM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0673 | E | PRESSURE PNEUM APPL HALF LEG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0675 | E | PNEUMATIC COMPRESSION DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0676 | E | INTER LIMB COMPRESS DEV NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0677 | E | NON PNEUM SEQ COMP TRUNK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0691 | E | UVL PNL 2 SQ FT OR LESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0692 | E | UVL SYS PANEL 4 FT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0693 | E | UVL SYS PANEL 6 FT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0694 | E | UVL MD CABINET SYS 6 FT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0700 | E | SAFETY EQUIPMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0705 | E | TRANSFER DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0710 | E | RESTRAINTS ANY TYPE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0711 | E | UE ENCLOSURE RESTR ROM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0720 | E | TENS TWO LEAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0730 | E | TENS FOUR LEAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0731 | E | CONDUCTIVE GARMENT FOR TENS/ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0740 | E | NON-IMPLANT PELV FLR E-STIM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0744 | E | NEUROMUSCULAR STIM FOR SCOLI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0745 | E | NEUROMUSCULAR STIM FOR SHOCK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0746 | E | ELECTROMYOGRAPH BIOFEEDBACK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0747 | E | ELEC OSTEOGEN STIM NOT SPINE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0748 | E | ELEC OSTEOGEN STIM SPINAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0749 | N | ELEC OSTEOGEN STIM IMPLANTED | - | - | - | Bundled | $0.00 | | | Y | - | 000 | 999 | - |
| E0755 | E | ELECTRONIC SALIVARY REFLEX S | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0760 | E | OSTEOGEN ULTRASOUND STIMLTOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0761 | E | NONTHERM ELECTROMGNTC DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0762 | E | TRANS ELEC JT STIM DEV SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0764 | E | FUNCTIONAL NEUROMUSCULARSTIM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0765 | E | NERVE STIMULATOR FOR TX N&V | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0766 | E | ELEC STIM CANCER TREATMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0769 | E | ELECTRIC WOUND TREATMENT DEV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0770 | E | FUNCTIONAL ELECTRIC STIM NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0776 | E | IV POLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0779 | E | AMB INFUSION PUMP MECHANICAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0780 | E | MECH AMB INFUSION PUMP <8HRS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0781 | E | EXTERNAL AMBULATORY INFUS PU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0782 | N | NON-PROGRAMBLE INFUSION PUMP | - | - | - | Bundled | $0.00 | | | Y | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| E0783 | N | PROGRAMMABLE INFUSION PUMP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| E0784 | E | EXT AMB INFUSN PUMP INSULIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0785 | N | REPLACEMENT IMPL PUMP CATHET | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| E0786 | N | IMPLANTABLE PUMP REPLACEMENT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| E0787 | E | CGS DOSE ADJ INSULIN INF PMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0791 | E | PARENTERAL INFUSION PUMP STA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0830 | N | AMBULATORY TRACTION DEVICE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| E0840 | E | TRACT FRAME ATTACH HEADBOARD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0849 | E | CERVICAL PNEUM TRAC EQUIP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0850 | E | TRACTION STAND FREE STANDING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0855 | E | CERVICAL TRACTION EQUIPMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0856 | E | CERVIC COLLAR W AIR BLADDERS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0860 | E | TRACT EQUIP CERVICAL TRACT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0870 | E | TRACT FRAME ATTACH FOOTBOARD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0880 | E | TRAC STAND FREE STAND EXTREM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0890 | E | TRACTION FRAME ATTACH PELVIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0900 | E | TRAC STAND FREE STAND PELVIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0910 | E | TRAPEZE BAR ATTACHED TO BED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0911 | E | HD TRAPEZE BAR ATTACH TO BED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0912 | E | HD TRAPEZE BAR FREE STANDING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0920 | E | FRACTURE FRAME ATTACHED TO B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0930 | E | FRACTURE FRAME FREE STANDING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0935 | E | CONT PAS MOTION EXERCISE DEV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0936 | E | CPM DEVICE, OTHER THAN KNEE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0940 | E | TRAPEZE BAR FREE STANDING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0941 | E | GRAVITY ASSISTED TRACTION DE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0942 | E | CERVICAL HEAD HARNESS/HALTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0944 | E | PELVIC BELT/HARNESS/BOOT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0945 | E | BELT/HARNESS EXTREMITY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0946 | E | FRACTURE FRAME DUAL W CROSS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0947 | E | FRACTURE FRAME ATTACHMNTS PE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0948 | E | FRACTURE FRAME ATTACHMNTS CE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0950 | E | TRAY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0951 | E | LOOP HEEL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0952 | E | TOE LOOP/HOLDER, EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0953 | E | W/C LATERAL THIGH/KNEE SUP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0954 | E | FOOT BOX, ANY TYPE EACH FOOT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0955 | E | CUSHIONED HEADREST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0956 | E | W/C LATERAL TRUNK/HIP SUPPOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0957 | E | W/C MEDIAL THIGH SUPPORT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0958 | E | WHLCHR ATT- CONV 1 ARM DRIVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0959 | E | AMPUTEE ADAPTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0960 | E | W/C SHOULDER HARNESS/STRAPS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0961 | E | WHEELCHAIR BRAKE EXTENSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0966 | E | WHEELCHAIR HEAD REST EXTENSI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0967 | E | MAN WC RIM/PROJECTION REP EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0968 | E | WHEELCHAIR COMMODE SEAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0969 | E | WHEELCHAIR NARROWING DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0970 | E | WHEELCHAIR NO. 2 FOOTPLATES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0971 | E | WHEELCHAIR ANTI-TIPPING DEVI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0973 | E | W/CH ACCESS DET ADJ ARMREST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0974 | E | W/CH ACCESS ANTI-ROLLBACK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0978 | E | W/C ACC,SAF BELT PELV STRAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0980 | E | WHEELCHAIR SAFETY VEST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0981 | E | SEAT UPHOLSTERY, REPLACEMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0982 | E | BACK UPHOLSTERY, REPLACEMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| E0983 | E | ADD PWR JOYSTICK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0984 | E | ADD PWR TILLER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0985 | E | W/C SEAT LIFT MECHANISM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0986 | E | MAN W/C PUSH-RIM POWR SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0988 | E | LEVER-ACTIVATED WHEEL DRIVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0990 | E | WHEELCHAIR ELEVATING LEG RES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0992 | E | WHEELCHAIR SOLID SEAT INSERT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 100 | 999 | - |
| E0994 | E | WHEELCHAIR ARM REST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E0995 | E | WC CALF REST, PAD REPLACEMNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1002 | E | PWR SEAT TILT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1003 | E | PWR SEAT RECLINE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1004 | E | PWR SEAT RECLINE MECH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1005 | E | PWR SEAT RECLINE PWR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1006 | E | PWR SEAT COMBO W/O SHEAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1007 | E | PWR SEAT COMBO W/SHEAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1008 | E | PWR SEAT COMBO PWR SHEAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1009 | E | ADD MECH LEG ELEVATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1010 | E | ADD PWR LEG ELEVATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1011 | E | PED WC MODIFY WIDTH ADJUSTM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1012 | E | CTR MOUNT PWR ELEV LEG REST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1014 | E | RECLINING BACK ADD PED W/C | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1015 | E | SHOCK ABSORBER FOR MAN W/C | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1016 | E | SHOCK ABSORBER FOR POWER W/C | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1017 | E | HD SHCK ABSRBR FOR HD MAN WC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1018 | E | HD SHCK ABSRBER FOR HD POWWC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1020 | E | RESIDUAL LIMB SUPPORT SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1028 | E | W/C MANUAL SWINGAWAY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1029 | E | W/C VENT TRAY FIXED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1030 | E | W/C VENT TRAY GIMBALED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1031 | E | ROLLABOUT CHAIR WITH CASTERS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1035 | E | PATIENT TRANSFER SYSTEM <300 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1036 | E | PATIENT TRANSFER SYSTEM >300 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1037 | E | TRANSPORT CHAIR, PED SIZE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1038 | E | TRANSPORT CHAIR PT WT<=300LB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1039 | E | TRANSPORT CHAIR PT WT >300LB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1050 | E | WHELCHR FXD FULL LENGTH ARMS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1060 | E | WHEELCHAIR DETACHABLE ARMS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1070 | E | WHEELCHAIR DETACHABLE FOOT R | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1083 | E | HEMI-WHEELCHAIR FIXED ARMS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1084 | E | HEMI-WHEELCHAIR DETACHABLE A | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1085 | E | HEMI-WHEELCHAIR FIXED ARMS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1086 | E | HEMI-WHEELCHAIR DETACHABLE A | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1087 | E | WHEELCHAIR LIGHTWT FIXED ARM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1088 | E | WHEELCHAIR LIGHTWEIGHT DET A | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1089 | E | WHEELCHAIR LIGHTWT FIXED ARM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1090 | E | WHEELCHAIR LIGHTWEIGHT DET A | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1092 | E | WHEELCHAIR WIDE W/ LEG RESTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1093 | E | WHEELCHAIR WIDE W/ FOOT REST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1100 | E | WHCHR S-RECL FXD ARM LEG RES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1110 | E | WHEELCHAIR SEMI-RECL DETACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1130 | E | WHLCHR STAND FXD ARM FT REST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1140 | E | WHEELCHAIR STANDARD DETACH A | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1150 | E | WHEELCHAIR STANDARD W/ LEG R | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1160 | E | WHEELCHAIR FIXED ARMS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1161 | E | MANUAL ADULT WC W TILTINSPAC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1170 | E | WHLCHR AMPU FXD ARM LEG REST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| E1171 | E | WHEELCHAIR AMPUTEE W/O LEG R | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1172 | E | WHEELCHAIR AMPUTEE DETACH AR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1180 | E | WHEELCHAIR AMPUTEE W/ FOOT R | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1190 | E | WHEELCHAIR AMPUTEE W/ LEG RE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1195 | E | WHEELCHAIR AMPUTEE HEAVY DUT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1200 | E | WHEELCHAIR AMPUTEE FIXED ARM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1220 | E | WHLCHR SPECIAL SIZE/CONSTRC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1221 | E | WHEELCHAIR SPEC SIZE W FOOT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1222 | E | WHEELCHAIR SPEC SIZE W/ LEG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1223 | E | WHEELCHAIR SPEC SIZE W FOOT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1224 | E | WHEELCHAIR SPEC SIZE W/ LEG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1225 | E | MANUAL SEMI-RECLINING BACK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1226 | E | MANUAL FULLY RECLINING BACK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1227 | E | WHEELCHAIR SPEC SZ SPEC HT A | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1228 | E | WHEELCHAIR SPEC SZ SPEC HT B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1229 | E | PEDIATRIC WHEELCHAIR NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1230 | E | POWER OPERATED VEHICLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1231 | E | RIGID PED W/C TILT-IN-SPACE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1232 | E | FOLDING PED WC TILT-IN-SPACE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1233 | E | RIG PED WC TLTNSPC W/O SEAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1234 | E | FLD PED WC TLTNSPC W/O SEAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1235 | E | RIGID PED WC ADJUSTABLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1236 | E | FOLDING PED WC ADJUSTABLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1237 | E | RGD PED WC ADJSTABL W/O SEAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1238 | E | FLD PED WC ADJSTABL W/O SEAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1239 | E | PED POWER WHEELCHAIR NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1240 | E | WHCHR LITWT DET ARM LEG REST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1250 | E | WHEELCHAIR LIGHTWT FIXED ARM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1260 | E | WHEELCHAIR LIGHTWT FOOT REST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1270 | E | WHEELCHAIR LIGHTWEIGHT LEG R | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1280 | E | WHCHR H-DUTY DET ARM LEG RES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1285 | E | WHEELCHAIR HEAVY DUTY FIXED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1290 | E | WHEELCHAIR HVY DUTY DETACH A | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1295 | E | WHEELCHAIR HEAVY DUTY FIXED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1296 | E | WHEELCHAIR SPECIAL SEAT HEIG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1297 | E | WHEELCHAIR SPECIAL SEAT DEPT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1298 | E | WHEELCHAIR SPEC SEAT DEPTH/W | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1300 | E | WHIRLPOOL PORTABLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1310 | E | WHIRLPOOL NON-PORTABLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1352 | E | O2 FLOW REG POS INSPIR PRESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1353 | E | OXYGEN SUPPLIES REGULATOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1354 | E | WHEELED CART, PORT CYL/CONC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1355 | E | OXYGEN SUPPLIES STAND/RACK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1356 | E | BATT PACK/CART, PORT CONC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1357 | E | BATTERY CHARGER, PORT CONC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1358 | E | DC POWER ADAPTER, PORT CONC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1372 | E | OXY SUPPL HEATER FOR NEBULIZ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1390 | E | OXYGEN CONCENTRATOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1391 | E | OXYGEN CONCENTRATOR, DUAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1392 | E | PORTABLE OXYGEN CONCENTRATOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1399 | E | DURABLE MEDICAL EQUIPMENT MI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1405 | E | O2/WATER VAPOR ENRICH W/HEAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1406 | E | O2/WATER VAPOR ENRICH W/O HE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1500 | E | CENTRIFUGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1510 | E | KIDNEY DIALYSATE DELIVRY SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1520 | E | HEPARIN INFUSION PUMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| E1530 | E | REPLACEMENT AIR BUBBLE DETEC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1540 | E | REPLACEMENT PRESSURE ALARM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1550 | E | BATH CONDUCTIVITY METER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1560 | E | REPLACE BLOOD LEAK DETECTOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1570 | E | ADJUSTABLE CHAIR FOR ESRD PT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1575 | E | TRANSDUCER PROTECT/FLD BAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1580 | E | UNIPUNCTURE CONTROL SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1590 | E | HEMODIALYSIS MACHINE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1592 | E | AUTO INTERM PERITONEAL DIALY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1594 | E | CYCLER DIALYSIS MACHINE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1600 | E | DELI/INSTALL CHRG HEMO EQUIP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1610 | E | REVERSE OSMOSIS H2O PURI SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1615 | E | DEIONIZER H2O PURI SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1620 | E | REPLACEMENT BLOOD PUMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1625 | E | WATER SOFTENING SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1629 | E | TABLO FOR DIALYSIS SERVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1630 | E | RECIPROCATING PERITONEAL DIA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1632 | E | WEARABLE ARTIFICIAL KIDNEY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1634 | E | PERITONEAL DIALYSIS CLAMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1635 | E | COMPACT TRAVEL HEMODIALYZER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1636 | E | SORBENT CARTRIDGES PER 10 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1637 | E | HEMOSTATS FOR DIALYSIS, EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1639 | E | SCALE, EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1699 | E | DIALYSIS EQUIPMENT NOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1700 | E | JAW MOTION REHAB SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1701 | E | REPL CUSHIONS FOR JAW MOTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1702 | E | REPL MEASR SCALES JAW MOTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1800 | E | ADJUST ELBOW EXT/FLEX DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1801 | E | SPS ELBOW DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1802 | E | ADJST FOREARM PRO/SUP DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1805 | E | ADJUST WRIST EXT/FLEX DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1806 | E | SPS WRIST DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1810 | E | ADJUST KNEE EXT/FLEX DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1811 | E | SPS KNEE DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1812 | E | KNEE EXT/FLEX W ACT RES CTRL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1815 | E | ADJUST ANKLE EXT/FLEX DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1816 | E | SPS ANKLE DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1818 | E | SPS FOREARM DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1820 | E | SOFT INTERFACE MATERIAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1821 | E | REPLACEMENT INTERFACE SPSD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1825 | E | ADJUST FINGER EXT/FLEX DEVC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1830 | E | ADJUST TOE EXT/FLEX DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1831 | E | STATIC STR TOE DEV EXT/FLEX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1840 | E | ADJ SHOULDER EXT/FLEX DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1841 | E | STATIC STR SHLDR DEV ROM ADJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1902 | E | AAC NON-ELECTRONIC BOARD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E1905 | E | VR CBT THERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2000 | E | GASTRIC SUCTION PUMP HME MDL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2100 | E | BLD GLUCOSE MONITOR W VOICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2101 | E | BLD GLUCOSE MONITOR W LANCE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2102 | E | ADJU CGM RECEIVER/MONITOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2103 | E | NON-ADJU CGM RECEIVER/MON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2120 | E | PULSE GEN SYS TX ENDOLYMP FL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2201 | E | MAN W/CH ACC SEAT W>=20"<24" | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2202 | E | SEAT WIDTH 24-27 IN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2203 | E | FRAME DEPTH LESS THAN 22 IN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| E2204 | E | FRAME DEPTH 22 TO 25 IN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2205 | E | MANUAL WC ACCESSORY, HANDRIM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2206 | E | MAN WC WHL LOCK COMP REPL EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2207 | E | CRUTCH AND CANE HOLDER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2208 | E | CYLINDER TANK CARRIER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2209 | E | ARM TROUGH EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2210 | E | WHEELCHAIR BEARINGS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2211 | E | PNEUMATIC PROPULSION TIRE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2212 | E | PNEUMATIC PROP TIRE TUBE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2213 | E | PNEUMATIC PROP TIRE INSERT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2214 | E | PNEUMATIC CASTER TIRE EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2215 | E | PNEUMATIC CASTER TIRE TUBE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2216 | E | FOAM FILLED PROPULSION TIRE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2217 | E | FOAM FILLED CASTER TIRE EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2218 | E | FOAM PROPULSION TIRE EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2219 | E | FOAM CASTER TIRE ANY SIZE EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2220 | E | SOLID PROPULS TIRE, REPL, EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2221 | E | SOLID CASTER TIRE REPL, EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2222 | E | SOLID CASTER INTEG WHL, REPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2224 | E | PROPULSION WHL EXCL TIRE REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2225 | E | CASTER WHEEL EXCLUDES TIRE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2226 | E | CASTER FORK REPLACEMENT ONLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2227 | E | GEAR REDUCTION DRIVE WHEEL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2228 | E | MWC ACC, WHEELCHAIR BRAKE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2230 | E | MANUAL STANDING SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2231 | E | SOLID SEAT SUPPORT BASE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2291 | E | PLANAR BACK FOR PED SIZE WC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2292 | E | PLANAR SEAT FOR PED SIZE WC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2293 | E | CONTOUR BACK FOR PED SIZE WC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2294 | E | CONTOUR SEAT FOR PED SIZE WC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2295 | E | PED DYNAMIC SEATING FRAME | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2300 | E | PWR SEAT ELEVATION SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2301 | E | PWR STANDING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2310 | E | ELECTRO CONNECT BTW CONTROL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2311 | E | ELECTRO CONNECT BTW 2 SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2312 | E | MINI-PROP REMOTE JOYSTICK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2313 | E | PWC HARNESS, EXPAND CONTROL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2321 | E | HAND INTERFACE JOYSTICK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2322 | E | MULT MECH SWITCHES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2323 | E | SPECIAL JOYSTICK HANDLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2324 | E | CHIN CUP INTERFACE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2325 | E | SIP AND PUFF INTERFACE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2326 | E | BREATH TUBE KIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2327 | E | HEAD CONTROL INTERFACE MECH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2328 | E | HEAD/EXTREMITY CONTROL INTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2329 | E | HEAD CONTROL NONPROPORTIONAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2330 | E | HEAD CONTROL PROXIMITY SWITC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2331 | E | ATTENDANT CONTROL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2340 | E | W/C WDTH 20-23 IN SEAT FRAME | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2341 | E | W/C WDTH 24-27 IN SEAT FRAME | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2342 | E | W/C DPTH 20-21 IN SEAT FRAME | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2343 | E | W/C DPTH 22-25 IN SEAT FRAME | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2351 | E | ELECTRONIC SGD INTERFACE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2358 | E | GR 34 NONSEALED LEADACID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2359 | E | GR34 SEALED LEADACID BATTERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2360 | E | 22NF NONSEALED LEADACID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| E2361 | E | 22NF SEALED LEADACID BATTERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2362 | E | GR24 NONSEALED LEADACID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2363 | E | GR24 SEALED LEADACID BATTERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2364 | E | U1NONSEALED LEADACID BATTERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2365 | E | U1 SEALED LEADACID BATTERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2366 | E | BATTERY CHARGER, SINGLE MODE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2367 | E | BATTERY CHARGER, DUAL MODE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2368 | E | PWR WC DRIVEWHEEL MOTOR REPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2369 | E | PWR WC DRIVEWHEEL GEAR REPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2370 | E | PWR WC DR WH MOTOR/GEAR COMB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2371 | E | GR27 SEALED LEADACID BATTERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2372 | E | GR27 NON-SEALED LEADACID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2373 | E | HAND/CHIN CTRL SPEC JOYSTICK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2374 | E | HAND/CHIN CTRL STD JOYSTICK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2375 | E | NON-EXPANDABLE CONTROLLER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2376 | E | EXPANDABLE CONTROLLER, REPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2377 | E | EXPANDABLE CONTROLLER, INITL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2378 | E | PW ACTUATOR REPLACEMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2381 | E | PNEUM DRIVE WHEEL TIRE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2382 | E | TUBE, PNEUM WHEEL DRIVE TIRE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2383 | E | INSERT, PNEUM WHEEL DRIVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2384 | E | PNEUMATIC CASTER TIRE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2385 | E | TUBE, PNEUMATIC CASTER TIRE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2386 | E | FOAM FILLED DRIVE WHEEL TIRE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2387 | E | FOAM FILLED CASTER TIRE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2388 | E | FOAM DRIVE WHEEL TIRE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2389 | E | FOAM CASTER TIRE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2390 | E | SOLID DRIVE WHEEL TIRE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2391 | E | SOLID CASTER TIRE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2392 | E | SOLID CASTER TIRE, INTEGRATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2394 | E | DRIVE WHEEL EXCLUDES TIRE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2395 | E | CASTER WHEEL EXCLUDES TIRE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2396 | E | CASTER FORK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2397 | E | PWC ACC, LITH-BASED BATTERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2398 | E | WC DYNAMIC POS BACK HARDWARE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2402 | E | NEG PRESS WOUND THERAPY PUMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2500 | E | SGD DIGITIZED PRE-REC <=8MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2502 | E | SGD PREREC MSG >8MIN <=20MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2504 | E | SGD PREREC MSG>20MIN <=40MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2506 | E | SGD PREREC MSG > 40 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2508 | E | SGD SPELLING PHYS CONTACT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2510 | E | SGD W MULTI METHODS MSG/ACCS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2511 | E | SGD SFTWRE PRGRM FOR PC/PDA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2512 | E | SGD ACCESSORY, MOUNTING SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2599 | E | SGD ACCESSORY NOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2601 | E | GEN W/C CUSHION WDTH < 22 IN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2602 | E | GEN W/C CUSHION WDTH >=22 IN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2603 | E | SKIN PROTECT WC CUS WD <22IN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2604 | E | SKIN PROTECT WC CUS WD>=22IN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2605 | E | POSITION WC CUSH WDTH <22 IN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2606 | E | POSITION WC CUSH WDTH>=22 IN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2607 | E | SKIN PRO/POS WC CUS WD <22IN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2608 | E | SKIN PRO/POS WC CUS WD>=22IN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2609 | E | CUSTOM FABRICATE W/C CUSHION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2610 | E | POWERED W/C CUSHION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2611 | E | GEN USE BACK CUSH WDTH <22IN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| E2612 | E | GEN USE BACK CUSH WDTH>=22IN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2613 | E | POSITION BACK CUSH WD <22IN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2614 | E | POSITION BACK CUSH WD>=22IN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2615 | E | POS BACK POST/LAT WDTH <22IN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2616 | E | POS BACK POST/LAT WDTH>=22IN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2617 | E | CUSTOM FAB W/C BACK CUSHION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2619 | E | REPLACE COVER W/C SEAT CUSH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2620 | E | WC PLANAR BACK CUSH WD <22IN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2621 | E | WC PLANAR BACK CUSH WD>=22IN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2622 | E | ADJ SKIN PRO W/C CUS WD<22IN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2623 | E | ADJ SKIN PRO WC CUS WD>=22IN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2624 | E | ADJ SKIN PRO/POS CUS<22IN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2625 | E | ADJ SKIN PRO/POS WC CUS>=22 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2626 | E | SEO MOBILE ARM SUP ATT TO WC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2627 | E | ARM SUPP ATT TO WC RANCHO TY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2628 | E | MOBILE ARM SUPPORTS RECLININ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2629 | E | FRICTION DAMPENING ARM SUPP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2630 | E | MONOSUSPENSION ARM/HAND SUPP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2631 | E | ELEVAT PROXIMAL ARM SUPPORT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2632 | E | OFFSET/LAT ROCKER ARM W/ELA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E2633 | E | MOBILE ARM SUPPORT SUPINATOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E8000 | E | POSTERIOR GAIT TRAINER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E8001 | E | UPRIGHT GAIT TRAINER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| E8002 | E | ANTERIOR GAIT TRAINER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0008 | E | ADMIN INFLUENZA VIRUS VAC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0009 | E | ADMIN PNEUMOCOCCAL VACCINE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0010 | E | ADMIN HEPATITIS B VACCINE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0027 | E | SEMEN ANALYSIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0029 | E | NO TOB SCR/CESS INT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0030 | E | PT SCR TOB & CESS INT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0031 | E | PALL SERV DURING MEAS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0032 | E | 2+ ANTIPSY SCHIZ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0033 | E | 2+ BENZO SEIZ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0034 | E | PALL SERV DURING MEAS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0035 | E | PT ED POS 23 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0036 | E | PT/PTN DECLN ASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0037 | E | PT NOT ABLE TO PARTICIPATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0038 | E | CLIN PT NO REF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0039 | E | PT NO REF, RN SPEC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0040 | E | PT PHYS/OCC THERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0041 | E | PT/PTN DECLN REFERRAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0042 | E | REF TO THERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0043 | E | PT MECH PROS HT VALV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0044 | E | PT MITRAL STENOSIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0045 | E | MRS 90 DAYS POST STK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0046 | E | NO MRS 90 DAYS POST STK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0047 | E | PED BLUNT HD TRAUM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0048 | E | PALL SERV DURING MEAS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0049 | E | MAIN HEMO IN-CNTR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0050 | E | PT W/ LMTED LIFE EXPEC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0051 | E | PT HOSPICE MNTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0052 | E | PT PERI DIALYSIS DUR MO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0053 | E | ADV RHEUM PT CARE MVP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0054 | E | STRK CR PREV POS OUTCME MVP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0055 | E | ADV CARE HEART DX MVP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0056 | E | OPT CHRONIC DX MANG MVP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G0057 | E | BEST PCT PT SAFETY EM MVP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0058 | E | IMPRV CARE LE JNT REPR MVP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0059 | E | PT SFTY POS EXP W ANETH MVP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0060 | E | ALLERGY/IMMUNOLOGY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0061 | E | ANESTHESIOLOGY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0062 | E | AUDIOLOGY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0063 | E | CARDIOLOGY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0064 | E | CERT NURSE MIDWIFE SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0065 | E | CHIROPRACTIC SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0066 | E | CLINICAL SOCIAL WORK SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0067 | E | DENTISTRY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0068 | E | ADM IV INFUSION DRUG IN HOME | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0069 | E | ADM SQ INFUSION DRUG IN HOME | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0070 | E | ADM OF CHEMO DRUG IN HOME | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0071 | E | COMM SVCS BY RHC/FQHC 5 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0076 | E | CARE MANAG H VST NEW PT 20 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0077 | E | CARE MANAG H VST NEW PT 30 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0078 | E | CARE MANAG H VST NEW PT 45 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0079 | E | CARE MANAG H VST NEW PT 60 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0080 | E | CARE MANAG H VST NEW PT 75 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0081 | E | CARE MAN H V EXT PT 20 MI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0082 | E | CARE MAN H V EXT PT 30 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0083 | E | CARE MAN H V EXT PT 45 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0084 | E | CARE MAN H V EXT PT 60 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0085 | E | CARE MAN H V EXT PT 75 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0086 | E | CARE MAN HOME CARE PLAN 30 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0087 | E | CARE MAN HOME CARE PLAN 60 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0088 | E | ADM IV DRUG 1ST HOME VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0089 | E | ADM SUBQ DRUG 1ST HOME VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0090 | E | ADM IV CHEMO 1ST HOME VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0101 | S | CA SCREEN;PELVIC/BREAST EXAM | - | 05822 | 0.8863 | APC | $51.75 | - | - | - | - | 000 | 999 | - |
| G0102 | N | PROSTATE CA SCREENING; DRE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| G0103 | Q | PSA SCREENING | - | - | - | Medicare | $32.18 | $19.95 | $19.31 | - | - | 000 | 999 | - |
| G0104 | T | CA SCREEN;FLEXI SIGMOIDSCOPE | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| G0105 | T | COLORECTAL SCRN; HI RISK IND | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| G0106 | S | COLON CA SCREEN;BARIUM ENEMA | - | 05571 | 2.1071 | APC | $123.03 | - | - | - | - | 000 | 999 | - |
| G0108 | M | DIAB MANAGE TRN  PER INDIV | - | - | - | Fee Schedule | $71.75 | - | - | - | Y | 000 | 999 | - |
| G0109 | M | DIAB MANAGE TRN IND/GROUP | - | - | - | Fee Schedule | $20.39 | - | - | - | Y | 000 | 999 | - |
| G0117 | S | GLAUCOMA SCRN HGH RISK DIREC | - | 05731 | 0.2916 | APC | $17.03 | - | - | - | - | 000 | 999 | - |
| G0118 | S | GLAUCOMA SCRN HGH RISK DIREC | - | 05732 | 0.3968 | APC | $23.17 | - | - | - | - | 000 | 999 | - |
| G0120 | S | COLON CA SCRN; BARIUM ENEMA | - | 05572 | 4.3048 | APC | $251.36 | - | - | - | - | 000 | 999 | - |
| G0121 | T | COLON CA SCRN NOT HI RSK IND | - | 05311 | 9.7101 | APC | $566.97 | - | - | - | - | 000 | 999 | - |
| G0122 | E | COLON CA SCRN; BARIUM ENEMA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0123 | Q | SCREEN CERV/VAG THIN LAYER | - | - | - | Medicare | $33.77 | $20.94 | $20.26 | - | - | 000 | 999 | - |
| G0124 | E | SCREEN C/V THIN LAYER BY MD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0127 | N | TRIM NAIL(S) | - | 05733 | 0.6716 | Bundled, sometimes payable | $39.21 | - | - | - | - | 000 | 999 | - |
| G0128 | E | CORF SKILLED NURSING SERVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0129 | E | PARTIAL HOSP PROG SERVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0130 | S | SINGLE ENERGY X-RAY STUDY | - | 05522 | 1.2488 | APC | $72.92 | - | - | - | - | 000 | 999 | - |
| G0141 | E | SCR C/V CYTO,AUTOSYS AND MD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0143 | Q | SCR C/V CYTO,THINLAYER,RESCR | - | - | - | Medicare | $45.08 | $27.95 | $27.05 | - | - | 000 | 999 | - |
| G0144 | Q | SCR C/V CYTO,THINLAYER,RESCR | - | - | - | Medicare | $73.28 | $45.43 | $43.97 | - | - | 000 | 999 | - |
| G0145 | Q | SCR C/V CYTO,THINLAYER,RESCR | - | - | - | Medicare | $44.15 | $27.37 | $26.49 | - | - | 000 | 999 | - |
| G0147 | Q | SCR C/V CYTO, AUTOMATED SYS | - | - | - | Medicare | $28.85 | $17.89 | $17.31 | - | - | 000 | 999 | - |
| G0148 | Q | SCR C/V CYTO, AUTOSYS, RESCR | - | - | - | Medicare | $53.23 | $33.00 | $31.94 | - | - | 000 | 999 | - |
| G0151 | M | HHCP-SERV OF PT,EA 15 MIN | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G0152 | M | HHCP-SERV OF OT,EA 15 MIN | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G0153 | M | HHCP-SVS OF S/L PATH,EA 15MN | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G0155 | M | HHCP-SVS OF CSW,EA 15 MIN | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G0156 | M | HHCP-SVS OF AIDE,EA 15 MIN | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G0157 | E | HHC PT ASSISTANT EA 15 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0158 | E | HHC OT ASSISTANT EA 15 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0159 | E | HHC PT MAINT EA 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0160 | E | HHC OCCUP THERAPY EA 15 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0161 | E | HHC SLP EA 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0162 | E | HHC RN E&M PLAN SVS, 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0166 | N | EXTRNL COUNTERPULSE, PER TX | - | 05734 | 1.3567 | Bundled, sometimes payable | $79.22 | - | - | - | - | 000 | 999 | - |
| G0168 | E | WOUND CLOSURE BY ADHESIVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0175 | V | OPPS SERVICE,SCHED TEAM CONF | - | 05024 | 4.4589 | APC | $260.36 | - | - | - | - | 000 | 999 | - |
| G0176 | E | OPPS/PHP;ACTIVITY THERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0177 | E | OPPS/PHP; TRAIN & EDUC SERV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0179 | E | MD RECERTIFICATION HHA PT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0180 | E | MD CERTIFICATION HHA PATIENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0181 | E | HOME HEALTH CARE SUPERVISION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0182 | E | HOSPICE CARE SUPERVISION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0186 | T | DSTRY EYE LESN,FDR VSSL TECH | - | 05481 | 6.2017 | APC | $362.12 | - | - | - | - | 000 | 999 | - |
| G0219 | E | PET IMG WHOLBOD MELANO NONCO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0235 | E | PET NOT OTHERWISE SPECIFIED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0237 | S | THERAPEUTIC PROCD STRG ENDUR | - | 05731 | 0.2916 | APC | $17.03 | - | - | - | Y | 000 | 999 | - |
| G0238 | S | OTH RESP PROC, INDIV | - | 05731 | 0.2916 | APC | $17.03 | - | - | - | Y | 000 | 999 | - |
| G0239 | S | OTH RESP PROC, GROUP | - | 05732 | 0.3968 | APC | $23.17 | - | - | - | Y | 000 | 999 | - |
| G0245 | M | INITIAL FOOT EXAM PT LOPS | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G0246 | M | FOLLOWUP EVAL OF FOOT PT LOP | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G0247 | N | ROUTINE FOOTCARE PT W LOPS | - | 05051 | 2.1100 | Bundled, sometimes payable | $123.20 | - | - | - | - | 000 | 999 | - |
| G0248 | M | DEMONSTRATE USE HOME INR MON | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G0249 | M | PROVIDE INR TEST MATER/EQUIP | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G0250 | E | MD INR TEST REVIE INTER MGMT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0252 | E | PET IMAGING INITIAL DX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0255 | E | CURRENT PERCEP THRESHOLD TST | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| G0257 | S | UNSCHED DIALYSIS ESRD PT HOS | - | 05401 | 7.3672 | APC | $430.17 | - | - | - | - | 000 | 999 | - |
| G0259 | N | INJECT FOR SACROILIAC JOINT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| G0260 | T | INJ FOR SACROILIAC JT ANESTH | - | 05442 | 7.5286 | APC | $439.59 | - | - | - | - | 000 | 999 | - |
| G0268 | N | REMOVAL OF IMPACTED WAX MD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| G0269 | N | OCCLUSIVE DEVICE IN VEIN ART | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| G0270 | M | MNT SUBS TX FOR CHANGE DX | - | - | - | Fee Schedule | $35.90 | - | - | - | - | 000 | 020 | - |
| G0271 | M | GROUP MNT 2 OR MORE 30 MINS | - | - | - | Fee Schedule | $20.39 | - | - | - | - | 000 | 020 | - |
| G0276 | N | PILD/PLACEBO CONTROL CLIN TR | - | 05114 | 77.2872 | Bundled, sometimes payable | $4,512.80 | - | - | - | - | 000 | 999 | - |
| G0277 | S | HBOT, FULL BODY CHAMBER, 30M | - | 05061 | 1.4613 | APC | $85.33 | - | - | - | - | 000 | 999 | - |
| G0278 | N | ILIAC ART ANGIO,CARDIAC CATH | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| G0279 | M | TOMOSYNTHESIS, MAMMO | - | - | - | Fee Schedule | $69.98 | - | - | - | - | 000 | 999 | - |
| G0281 | E | ELEC STIM UNATTEND FOR PRESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0282 | E | ELECT STIM WOUND CARE NOT PD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0283 | Y | ELEC STIM OTHER THAN WOUND | - | - | - | Fee Schedule | $15.96 | - | - | - | - | 000 | 999 | - |
| G0288 | N | RECON, CTA FOR SURG PLAN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| G0289 | N | ARTHRO, LOOSE BODY + CHONDRO | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| G0293 | N | NON-COV SURG PROC,CLIN TRIAL | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| G0294 | N | NON-COV PROC, CLINICAL TRIAL | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| G0295 | E | ELECTROMAGNETIC THERAPY ONC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0296 | S | VISIT TO DETERM LDCT ELIG | - | 05822 | 0.8863 | APC | $51.75 | - | - | - | - | 000 | 999 | - |
| G0299 | M | HHS/HOSPICE OF RN EA 15 MIN | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G0300 | M | HHS/HOSPICE OF LPN EA 15 MIN | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G0302 | S | PRE-OP SERVICE LVRS COMPLETE | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | Y | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G0303 | S | PRE-OP SERVICE LVRS 10-15DOS | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | Y | 000 | 999 | - |
| G0304 | S | PRE-OP SERVICE LVRS 1-9 DOS | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | Y | 000 | 999 | - |
| G0305 | S | POST OP SERVICE LVRS MIN 6 | - | 05723 | 5.6485 | APC | $329.82 | - | - | - | Y | 000 | 999 | - |
| G0306 | Q | CBC/DIFFWBC W/O PLATELET | - | - | - | Medicare | $12.95 | $8.03 | $7.77 | - | - | 000 | 999 | - |
| G0307 | Q | CBC WITHOUT PLATELET | - | - | - | Medicare | $10.78 | $6.68 | $6.47 | - | - | 000 | 999 | - |
| G0310 | E | IMMUNIZE COUNSEL 5-15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0311 | E | IMMUNIZE COUNSEL 16-30 MINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0312 | E | IMMUNIZE COUNS < 21YR 5-15 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0313 | E | IMMUNIZE COUNS < 21YR 6-30 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0314 | E | COUNSEL IMMUNE <21 16-30 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0315 | E | COUNSEL IMMUNE <21 5-15 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0316 | N | PROLONG INPT EVAL ADD15 M | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| G0317 | E | PROLONG NURSIN FAC EVAL 15M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0318 | E | PROLONG HOME EVAL ADD 15M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0320 | E | TWO-WAY AUDIO AND VIDEO HHS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0321 | E | AUDIO-ONLY HHS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0322 | E | HOME H PHYSIO DATA COLLEC TR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0323 | S | CARE MANAGE BEH SVS 20MINS | - | 05821 | 0.3468 | APC | $20.25 | - | - | - | - | 000 | 999 | - |
| G0327 | E | COLON CA SCRN;BLD-BSD BIOMRK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0328 | Q | FECAL BLOOD SCRN IMMUNOASSAY | - | - | - | Medicare | $30.08 | $18.65 | $18.05 | - | - | 000 | 999 | - |
| G0329 | M | ELECTROMAGNTIC TX FOR ULCERS | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G0330 | S | FACILITY SVS DENTAL REHAB | - | 05871 | 20.1254 | APC | $1,175.12 | - | - | - | - | 000 | 999 | - |
| G0333 | E | DISPENSE FEE INITIAL 30 DAY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0337 | M | HOSPICE EVALUATION PREELECTI | - | - | - | Fee Schedule | $87.82 | - | - | - | - | 000 | 999 | - |
| G0339 | E | ROBOT LIN-RADSURG COM, FIRST | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| G0340 | E | ROBT LIN-RADSURG FRACTX 2-5 | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| G0341 | C | PERCUTANEOUS ISLET CELLTRANS | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 020 | - |
| G0342 | C | LAPAROSCOPY ISLET CELL TRANS | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 020 | - |
| G0343 | C | LAPAROTOMY ISLET CELL TRANSP | - | - | - | Inpatient Only | $0.00 | | | Y | Y | 000 | 020 | - |
| G0372 | E | MD SERVICE REQUIRED FOR PMD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0378 | N | HOSPITAL OBSERVATION PER HR | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| G0379 | N | DIRECT REFER HOSPITAL OBSERV | - | 05025 | 6.4043 | Bundled, sometimes payable | $373.95 | - | - | - | Y | 000 | 999 | - |
| G0380 | E | LEV 1 HOSP TYPE B ED VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0381 | E | LEV 2 HOSP TYPE B ED VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0382 | E | LEV 3 HOSP TYPE B ED VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0383 | E | LEV 4 HOSP TYPE B ED VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0384 | E | LEV 5 HOSP TYPE B ED VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0390 | S | TRAUMA RESPONS W/HOSP CRITI | - | 05045 | 13.4549 | APC | $785.63 | - | - | - | - | 000 | 999 | - |
| G0396 | S | ALCOHOL/SUBS INTERV 15-30MN | - | 05821 | 0.3468 | APC | $20.25 | - | - | - | - | 000 | 999 | - |
| G0397 | S | ALCOHOL/SUBS INTERV >30 MIN | - | 05823 | 1.7024 | APC | $99.40 | - | - | - | - | 000 | 999 | - |
| G0398 | S | HOME SLEEP TEST/TYPE 2 PORTA | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| G0399 | S | HOME SLEEP TEST/TYPE 3 PORTA | - | 05721 | 1.6992 | APC | $99.22 | - | - | - | - | 000 | 999 | - |
| G0400 | S | HOME SLEEP TEST/TYPE 4 PORTA | - | 05722 | 3.2723 | APC | $191.07 | - | - | - | - | 000 | 999 | - |
| G0402 | M | INITIAL PREVENTIVE EXAM | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G0403 | E | EKG FOR INITIAL PREVENT EXAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0404 | S | EKG TRACING FOR INITIAL PREV | - | 05731 | 0.2916 | APC | $17.03 | - | - | - | - | 000 | 999 | - |
| G0405 | E | EKG INTERPRET & REPORT PREVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0406 | E | INPT/TELE FOLLOW UP 15 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0407 | E | INPT/TELE FOLLOW UP 25 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0408 | E | INPT/TELE FOLLOW UP 35 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0409 | E | CORF RELATED SERV 15 MINS EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0410 | E | GRP PSYCH PARTIAL HOSP 45-50 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0411 | E | INTER ACTIVE GRP PSYCH PARTI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 012 | - |
| G0412 | C | OPEN TX ILIAC SPINE UNI/BIL | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| G0413 | T | PELVIC RING FRACTURE UNI/BIL | - | 05114 | 77.2872 | APC | $4,512.80 | - | - | - | Y | 000 | 999 | - |
| G0414 | C | PELVIC RING FX TREAT INT FIX | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G0415 | C | OPEN TX POST PELVIC FXCTURE | - | - | - | Inpatient Only | $0.00 | - | - | - | - | 000 | 999 | - |
| G0416 | N | PROSTATE BIOPSY, ANY MTHD | - | 05673 | 3.7870 | Bundled, sometimes payable | $221.12 | - | - | - | - | 000 | 999 | - |
| G0420 | E | ED SVC CKD IND PER SESSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0421 | E | ED SVC CKD GRP PER SESSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0422 | S | INTENS CARDIAC REHAB W/EXERC | - | 05771 | 1.4029 | APC | $81.92 | | | Y | Y | 000 | 999 | - |
| G0423 | S | INTENS CARDIAC REHAB NO EXER | - | 05771 | 1.4029 | APC | $81.92 | | | Y | Y | 000 | 999 | - |
| G0425 | E | INPT/ED TELECONSULT30 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0426 | E | INPT/ED TELECONSULT50 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0427 | E | INPT/ED TELECONSULT70 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0428 | E | COLLAGEN MENISCUS IMPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0429 | T | DERMAL FILLER INJECTION(S) | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| G0432 | Q | EIA HIV-1/HIV-2 SCREEN | - | - | - | Medicare | $32.62 | $20.22 | $19.57 | - | - | 000 | 999 | - |
| G0433 | Q | ELISA HIV-1/HIV-2 SCREEN | - | - | - | Medicare | $30.48 | $18.90 | $18.29 | - | - | 000 | 999 | - |
| G0435 | Q | ORAL HIV-1/HIV-2 SCREEN | - | - | - | Medicare | $19.97 | $12.38 | $11.98 | - | - | 000 | 999 | - |
| G0438 | M | PPPS, INITIAL VISIT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G0439 | M | PPPS, SUBSEQ VISIT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G0442 | S | ANNUAL ALCOHOL SCREEN 15 MIN | - | 05821 | 0.3468 | APC | $20.25 | - | - | - | - | 000 | 999 | - |
| G0443 | S | BRIEF ALCOHOL MISUSE COUNSEL | - | 05822 | 0.8863 | APC | $51.75 | - | - | - | - | 000 | 999 | - |
| G0444 | S | DEPRESSION SCREEN ANNUAL | - | 05821 | 0.3468 | APC | $20.25 | - | - | - | - | 000 | 999 | - |
| G0445 | S | HIGH INTEN BEH COUNS STD 30M | - | 05822 | 0.8863 | APC | $51.75 | - | - | - | - | 000 | 999 | - |
| G0446 | S | INTENS BEHAVE THER CARDIO DX | - | 05821 | 0.3468 | APC | $20.25 | - | - | - | - | 000 | 999 | - |
| G0447 | S | BEHAVIOR COUNSEL OBESITY 15M | - | 05822 | 0.8863 | APC | $51.75 | - | - | - | - | 000 | 999 | - |
| G0448 | E | PLACE PERM PACING CARDIOVERT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0451 | N | DEVLOPMENT TEST INTERPT&REP | - | 05822 | 0.8863 | Bundled, sometimes payable | $51.75 | - | - | - | - | 000 | 999 | - |
| G0452 | E | MOLECULAR PATHOLOGY INTERPR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0453 | N | CONT INTRAOP NEURO MONITOR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| G0454 | E | MD DOCUMENT VISIT BY NPP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0455 | N | FECAL MICROBIOTA PREP INSTIL | - | 05311 | 9.7101 | Bundled, sometimes payable | $566.97 | - | - | - | - | 000 | 999 | - |
| G0458 | E | LDR PROSTATE BRACHY COMP RAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0459 | E | TELEHEALTH INPT PHARM MGMT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0460 | T | AUTOLOG PRP NOT DIAB ULCER | - | 05054 | 20.1655 | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| G0463 | M | HOSPITAL OUTPT CLINIC VISIT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G0465 | T | AUTOLOG PRP DIAB WOUND ULCER | - | - | - | APC | $1,177.46 | - | - | - | - | 000 | 999 | - |
| G0466 | M | FQHC VISIT NEW PATIENT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G0467 | M | FQHC VISIT, ESTAB PT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G0468 | M | FQHC VISIT, IPPE OR AWV | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G0469 | M | FQHC VISIT, MH NEW PT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G0470 | M | FQHC VISIT, MH ESTAB PT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G0471 | Q | VEN BLOOD COLL SNF/HHA | - | - | - | Medicare | $17.62 | $10.92 | $10.57 | - | - | 000 | 999 | - |
| G0472 | Q | HEP C SCREEN HIGH RISK/OTHER | - | - | - | Medicare | $77.25 | $47.90 | $46.35 | - | - | 000 | 999 | - |
| G0473 | S | GROUP BEHAVE COUNS 2-10 | - | 05821 | 0.3468 | APC | $20.25 | - | - | - | - | 000 | 999 | - |
| G0475 | E | HIV COMBINATION ASSAY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0476 | E | HPV COMBO ASSAY CA SCREEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0480 | Q | DRUG TEST DEF 1-7 CLASSES | - | - | - | Medicare | $190.72 | $118.25 | $114.43 | - | - | 000 | 999 | - |
| G0481 | Q | DRUG TEST DEF 8-14 CLASSES | - | - | - | Medicare | $260.98 | $161.81 | $156.59 | - | - | 000 | 999 | - |
| G0482 | Q | DRUG TEST DEF 15-21 CLASSES | - | - | - | Medicare | $331.23 | $205.36 | $198.74 | - | - | 000 | 999 | - |
| G0483 | Q | DRUG TEST DEF 22+ CLASSES | - | - | - | Medicare | $411.53 | $255.15 | $246.92 | - | - | 000 | 999 | - |
| G0490 | M | HOME VISIT RN, LPN BY RHC/FQ | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G0491 | E | DIALYSIS ACU KIDNEY NO ESRD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0492 | E | MD/OTH EVAL ACUT KID NO ESRD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0493 | E | RN CARE EA 15 MIN HH/HOSPICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0494 | E | LPN CARE EA 15MIN HH/HOSPICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0495 | E | RN CARE TRAIN/EDU IN HH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0496 | E | LPN CARE TRAIN/EDU IN HH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0498 | S | CHEMO EXTEND IV INFUS W/PUMP | - | 05694 | 3.8864 | APC | $226.93 | - | - | - | - | 000 | 999 | - |
| G0499 | E | HEPB SCREEN HIGH RISK INDIV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G0500 | N | MOD SEDAT ENDO SERVICE >5YRS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| G0501 | N | RESOURCE-INTEN SVC DURING OV | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| G0506 | M | COMP ASSES CARE PLAN CCM SVC | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G0508 | E | CRIT CARE TELEHEA CONSULT 60 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0509 | E | CRIT CARE TELEHEA CONSULT 50 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0511 | E | CCM/BHI BY RHC/FQHC 20MIN MO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0512 | E | COCM BY RHC/FQHC 60 MIN MO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0513 | N | PROLONG PREV SVCS, FIRST 30M | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| G0514 | N | PROLONG PREV SVCS, ADDL 30M | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| G0516 | N | INSERT DRUG DEL IMPLANT, >=4 | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | - | 000 | 999 | - |
| G0517 | N | REMOVE DRUG IMPLANT | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | - | 000 | 999 | - |
| G0518 | N | REMOVE W INSERT DRUG IMPLANT | - | 05735 | 4.4116 | Bundled, sometimes payable | $257.59 | - | - | - | - | 000 | 999 | - |
| G0659 | Q | DRUG TEST DEF SIMPLE ALL CL | - | - | - | Medicare | $103.57 | $64.21 | $62.14 | - | - | 000 | 999 | - |
| G0911 | E | ASSESS ACTIVITY SYMPTOMS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0912 | E | NO ASSESS ACTIVITY SYMPTOMS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0913 | E | IMPROVE VISUAL FUNCT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0914 | E | SURVEY NOT COMPLETE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0915 | E | NO IMPROVE VISUAL FUNCT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0916 | E | SATISFY WITH CARE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0917 | E | CARE SURVEY NOT COMPLETE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G0918 | E | NO SATISFY WITH CARE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1001 | E | CDSM EVICORE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1002 | E | CDSM MEDCURRENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1003 | E | CDSM MEDICALIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1004 | E | CDSM NDSC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1007 | E | CDSM AIM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1008 | E | CDSM CRANBERRY PK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1010 | E | CDSM STANSON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1011 | E | CDSM QUALIFIED NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1012 | E | CDSM AGILEMD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1013 | E | CDSM EVIDENCECARE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1014 | E | CDSM INVENIQA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1015 | E | CDSM RELIANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1016 | E | CDSM SPEED OF CARE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1017 | E | CDSM HEALTHHELP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1018 | E | CDSM INFINX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1019 | E | CDSM LOGICNETS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1020 | E | CDSM CURBSIDE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1021 | E | CDSM EHEALTHLINE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1022 | E | CDSM INTERMOUNTAIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1023 | E | CDSM PERSIVIA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1024 | E | CDSM RADRITE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1025 | E | PT MNTH 1 MCP PROV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1026 | E | PT HEMO > 3MO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1027 | E | PT HEMO < 3MO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G1028 | E | TAKE HOME SUPPLY 8MG PER 0.1 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2000 | E | BLINDED CONV. TX MDD CLIN TR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2001 | E | POST D/C H VST NEW PT 20 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2002 | E | POST-D/C H VST NEW PT 30 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2003 | E | POST-D/C H VST NEW PT 45 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2004 | E | POST-D/C H VST NEW PT 60 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2005 | E | POST-D/C H VST NEW PT 75 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2006 | E | POST-D/C H VST EXT PT 20 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2007 | E | POST-D/C H VST EXT PT 30 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2008 | E | POST-D/C H VST EXT PT 45 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2009 | E | POST-D/C H VST EXT PT 60 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G2010 | E | REMOT IMAGE SUBMIT BY PT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2011 | S | ALCOHOL/SUB MISUSE ASSESS | - | 05731 | 0.2916 | APC | $17.03 | - | - | - | - | 000 | 999 | - |
| G2012 | E | BRIEF CHECK IN BY MD/QHP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2013 | E | POST-D/C H VST EXT PT 75 M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2014 | E | POST-D/C CARE PLAN OVERS 30M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2015 | E | POST-D/C CARE PLAN OVERS 60M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2020 | E | HI INTEN SERV FOR SIP MODEL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2021 | E | HEA CARE PRACT TX IN PLACE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2022 | E | BENEF REFUSES SERVICE, MOD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2025 | M | DIS SITE TELE SVCS RHC/FQHC | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G2061 | M | QUAL NONMD EST PT 5-10M | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G2062 | M | QUAL NONMD EST PT 11-20M | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G2063 | M | QUAL NONMD EST PT 21>MIN | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| G2066 | N | INTER DEVC REMOTE 30D | - | 05741 | 0.4090 | Bundled, sometimes payable | $23.88 | - | - | - | - | 000 | 999 | - |
| G2067 | E | MED ASSIST TX METH WK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2068 | E | MED ASSIST TX BUPRE ORAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2069 | E | MED ASSIST TX INJECT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2070 | E | MED ASSIST TX IMPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2071 | E | MED TX REMOVE IMPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2072 | E | MED TX INSERT/REMOVE IMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2073 | E | MED TX NALTREXONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2074 | E | MED ASSIST TX NO DRUG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2075 | E | MED TX MEDS NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2076 | E | INTAKE ACT W/MED EXAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2077 | E | PERIODIC ASSESSMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2078 | E | TAKE-HOME METH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2079 | E | TAKE-HOM BUPRENORPHINE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2080 | E | ADD 30 MINS COUNSEL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2081 | E | PT 66+ SNP OR LTC POS > 90D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2082 | S | VISIT ESKETAMINE 56M OR LESS | - | 01512 | 18.7121 | APC | $650.50 | | | Y | - | 000 | 999 | - |
| G2083 | S | VISIT ESKETAMINE, > 56M | - | 01516 | 25.8372 | APC | $950.50 | | | Y | - | 000 | 999 | - |
| G2086 | S | OFF BASE OPIOID TX 70MIN | - | 05823 | 1.7024 | APC | $91.41 | - | - | - | - | 000 | 999 | - |
| G2087 | S | OFF BASE OPIOID TX, 60 M | - | 05823 | 1.7024 | APC | $91.41 | - | - | - | - | 000 | 999 | - |
| G2088 | N | OFF BASE OPIOID TX, ADD30 | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| G2090 | E | PT 66+ FRAILTY AND MED DEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2091 | E | PT 66+ FRAILTY AND ADV ILL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2092 | E | ACE ARB ARNI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2093 | E | MED DOC RSN NO ACE ARN ARNI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2094 | E | PT RSN NO ACE ARN ARNI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2096 | E | NO RSN ACE ARB ARNI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2097 | E | DX URI 3D AFTER OTHER DX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2098 | E | PT 66+ FRAILTY AND MED DEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2099 | E | PT 66+ FRAILTY AND ADV ILL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2100 | E | PT 66+ FRAILTY AND MED DEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2101 | E | PT 66+ FRAILTY AND ADV ILL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2105 | E | PT 66+ SNP OR LTC POS > 90D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2106 | E | PT 66+ FRAILTY AND MED DEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2107 | E | PT 66+ FRAILTY AND ADV ILL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2108 | E | PT 66+ SNP OR LTC POS > 90D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2109 | E | PT 66+ FRAILTY AND MED DEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2110 | E | PT 66+ FRAILTY AND ADV ILL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2112 | E | PRED<=5 MG RA GLU <6M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2113 | E | PRED>5 MG >6M, NO CHG DA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2115 | E | PT 66-80 FRAILTY AND MED DEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2116 | E | PT 66-80 FRAILTY AND ADV ILL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2118 | E | PT 81+ FRAILTY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G2121 | E | PSY DEP ANX AP AND ICD ASSE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2122 | E | PSY/DEP/ANX/APANDICD NOASSE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2125 | E | PT 81+ FRAILTY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2126 | E | PT 66-80 FRAILTY AND ADV ILL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2127 | E | PT 66-80 FRAILTY AND MED DEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2128 | E | NO ASPIRIN MED RSN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2129 | E | NO BP OUTPT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2136 | E | BK PAIN VAS 6-20WK <= 3 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2137 | E | BK PAIN VAS 6-20WK > 3 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2138 | E | BK PAIN VAS 9-15MO <= 3 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2139 | E | BK PAIN VAS 9-20MO > 3 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2140 | E | LEG PAIN VAS 6-20WK <= 3 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2141 | E | LEG PAIN VAS 6-20WK > 3 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2142 | E | FS ODI 9-15MO POSTOP<= 22 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2143 | E | FS ODI 9-15MO > 22 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2144 | E | FS ODI 6-20WK POSTOP <= 22 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2145 | E | FSODI 6-20WK >22 OR CHG 30PT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2146 | E | LEG PAIN VAS 9-15MO <= 3 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2147 | E | LEG PAIN VAS 9-15MO > 3 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2148 | E | MPM USED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2149 | E | NO MPM MED RSN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2150 | E | NO MPM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2151 | E | DX DEGEN NEURO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2152 | E | RES CHANGE SC >=0 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2167 | E | RES CHANGE SC < 0 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2168 | E | SVS BY PT IN HOME HEALTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2169 | E | SVS BY OT IN HOME HEALTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2172 | E | TX FOR OPIOID USE DEMO PROJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2173 | E | URI W COMORB 12M OTH DX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2174 | E | URI NEW RX ANTIBIOTIC 30D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2175 | E | PT COMORB DX 12M OF EPI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2176 | E | OUTPT ED OBS W INPT ADMIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2177 | E | BRONCH W RX ANTIBX 30D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2178 | E | PT NOT ELIG LOW NEURO EX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2179 | E | MED DOC RSN NO LOW EX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2180 | E | INELIG FOOTWR EVAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2181 | E | BMI NOT DOC MEDRSN PTREF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2182 | E | PT 1ST BIOLOG ANTIRHEUM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2183 | E | DOC PT UNABLE COMM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2184 | E | NO CAREGIVER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2185 | E | CAREGIVER DEM TRAINED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2186 | E | PT REF APP RSRCS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2187 | E | CLIN IND IMG HD TRAUMA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2188 | E | PT 50 YRS W/CLIN IND HD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 050 | 999 | - |
| G2189 | E | IMG HD ABNML NEURO EXAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2190 | E | IND IMG HD RAD NECK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2191 | E | IND IMG HD POS HD ACHE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2192 | E | >55 YRS TEMP HD ACHE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 055 | 999 | - |
| G2193 | E | <6YR NEW ONSET HD ACHE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 006 | - |
| G2194 | E | NEW HDACHE PED PT DIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2195 | E | OCCIP HDACHE CHILD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2196 | E | SCREEN UNHLTHY ETOH USE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2197 | E | SCREEN HLTHY ETOH USE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2199 | E | NOT SCRN ETOH NO RSN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2200 | E | UNHLTHY ETOH RCVD COUNS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2202 | E | NO RSN NO BRIEF COUNS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G2204 | E | PT 45-85 W/ SCOPE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 050 | 085 | - |
| G2205 | E | PREG DRNG ADJV TRTMT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2206 | E | ADJV TRTMT CHEMO HER2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2207 | E | RSN NO TRTMT CHEM HER2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2208 | E | NO TRTMT CHEMO AND HER2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2209 | E | REFUSED TO PARTICIPATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2210 | E | NO NECK FS PROM NO RSN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2211 | E | COMPLEX E/M VISIT ADD ON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2212 | E | PROLONG OUTPT/OFFICE VIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2213 | E | INITIAT MED ASSIST TX IN ER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2214 | E | INIT/SUB PSYCH CARE M 1ST 30 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2215 | E | HOME SUPPLY NASAL NALOXONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2216 | E | HOME SUPPLY INJECT NALOXON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2250 | E | REMOT IMG SUB BY PT, NON E/M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2251 | E | BRIEF CHKIN, 5-10, NON-E/M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G2252 | E | BRIEF CHKIN BY MD/QHP, 11-20 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G3002 | E | CHRONIC PAIN MGMT 30 MINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G3003 | E | CHRONIC PAIN MGMT ADDL 15M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4000 | E | DERMATOLOGY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4001 | E | DIAGNOSTIC RAD SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4002 | E | EP CARDIO SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4003 | E | EMERGENCY MED SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4004 | E | ENDOCRINOLOGY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4005 | E | FAMILY MEDICINE SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4006 | E | GASTROENTEROLOGY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4007 | E | GENERAL SURGERY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4008 | E | GERIATRICS SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4009 | E | HOSPITALISTS SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4010 | E | INFECTIOUS DISEASE SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4011 | E | INTERNAL MEDICINE SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4012 | E | INTERVENTIONAL RAD SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4013 | E | MNTAL/BEHAV/PSYCH HLTH SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4014 | E | NEPHROLOGY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4015 | E | NEUROLOGY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4016 | E | NEUROSURGICAL SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4017 | E | NUTRITION/DIETICIAN SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4018 | E | OB/GYN SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4019 | E | ONCOLOGY/HEMA SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4020 | E | OPHTHALMOLOGY/OPTOMETRY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4021 | E | ORTHOPEDIC SURGERY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4022 | E | OTOLARYNGOLOGY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4023 | E | PATHOLOGY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4024 | E | PEDIATRICS SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4025 | E | PHYSICAL MEDICINE SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4026 | E | PHYS/OCC THERAPY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4027 | E | PLASTIC SURGERY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4028 | E | PODIATRY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4029 | E | PREVENTIVE MEDICINE SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4030 | E | PULMONOLOGY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4031 | E | RADIATION ONCOLOGY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4032 | E | RHEUMATOLOGY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4033 | E | SKILLED NURSING FACILITY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4034 | E | SPEECH LANGUAGE PATH SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4035 | E | THORACIC SURGERY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4036 | E | URGENT CARE SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G4037 | E | UROLOGY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G4038 | E | VASCULAR SURGERY SS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G6001 | E | ECHO GUIDANCE RADIOTHERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G6002 | E | STEREOSCOPIC X-RAY GUIDANCE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G6003 | E | RADIATION TREATMENT DELIVERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G6004 | E | RADIATION TREATMENT DELIVERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G6005 | E | RADIATION TREATMENT DELIVERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G6006 | E | RADIATION TREATMENT DELIVERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G6007 | E | RADIATION TREATMENT DELIVERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G6008 | E | RADIATION TREATMENT DELIVERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G6009 | E | RADIATION TREATMENT DELIVERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G6010 | E | RADIATION TREATMENT DELIVERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G6011 | E | RADIATION TREATMENT DELIVERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G6012 | E | RADIATION TREATMENT DELIVERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G6013 | E | RADIATION TREATMENT DELIVERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G6014 | E | RADIATION TREATMENT DELIVERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G6015 | E | RADIATION TX DELIVERY IMRT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G6016 | E | DELIVERY COMP IMRT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G6017 | E | INTRAFRACTION TRACK MOTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8126 | E | PT TREAT W/ANTIDEPRESS12WKS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8127 | E | PT NOT TREAT W/ANTIDEPRES12W | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8128 | E | PT INELIG FOR ANTIDEPRES MED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8395 | E | LVEF>=40% DOC NORMAL OR MILD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8396 | E | LVEF NOT PERFORMED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8397 | E | DIL MACULA/FUNDUS EXAM/W DOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8399 | E | PT W/DXA RESULTS DOCUMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8400 | E | PT W/DXA NO RESULTS DOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8404 | E | LOW EXTEMITY NEUR EXAM DOCUM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8405 | E | LOW EXTEMITY NEUR NOT PERFOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8410 | E | EVAL ON FOOT DOCUMENTED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8415 | E | EVAL ON FOOT NOT PERFORMED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8416 | E | PT INELIG FOOTWEAR EVALUATIO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8417 | E | CALC BMI ABV UP PARAM F/U | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8418 | E | CALC BMI BLW LOW PARAM F/U | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8419 | E | CALC BMI OUT NRM PARAM NOF/U | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8420 | E | CALC BMI NORM PARAMETERS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8421 | E | BMI NOT CALCULATED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8427 | E | DOCREV CUR MEDS BY ELIG CLIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8428 | E | CUR MEDS NOT DOCUMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8430 | E | DOC MED RSN NO MEDREC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8431 | E | POS CLIN DEPRES SCRN F/U DOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8432 | E | DEP SCR NOT DOC, RNG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8433 | E | SCR FOR DEP NOT CPT DOC RSN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8447 | E | PT VIS DOC USE EHR CER ATCB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8448 | E | PT VIS DOC W/PQRI QUAL EHR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8450 | E | BETA-BLOC RX PT W/ABN LVEF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8451 | E | PT W/ABN LVEF INELIG B-BLOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8452 | E | PT W/ABN LVEF B-BLOC NO RX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8465 | E | HIGH RISK RECURRENCE PRO CA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8468 | E | ACE/ARB RX PT W/ABN LVEF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8469 | E | PT W/ABN LVEF INELIG ACE/ARB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8470 | E | PT W/ NORMAL LVEF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8471 | E | LVEF NOT PERFORMED/DOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8472 | E | ACE/ARB NO RX PT W/ABN LVEF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8473 | E | ACE/ARB THXPY RX'D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8474 | E | ACE/ARB NOT RX'D; DOC REAS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8475 | E | ACE/ARB THXPY NOT RX'D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G8476 | E | BP SYS <140 AND DIAS <90 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8477 | E | BP SYS>=140 AND/OR DIAS >=90 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8478 | E | BP NOT PERFORMED/DOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8482 | E | FLU IMMUNIZE ORDER/ADMIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8483 | E | FLU IMM NO ADMIN DOC REA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8484 | E | FLU IMMUNIZE NO ADMIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8506 | E | PT REC ACE/ARB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8510 | E | SCR DEP NEG, NO PLAN REQD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8511 | E | SCR DEP POS, NO PLAN DOC RNG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8524 | E | PATCH CLOSURE CONV CEA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8525 | E | NO PATCH CLOSURE CEA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8526 | E | NO PATCH CLOSURE CONV CEA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8535 | E | ELD MALTREATMENT NOT DOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 060 | 999 | - |
| G8536 | E | NO DOC ELDER MAL SCRN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8539 | E | DOC FUNCT AND CARE PLAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8540 | E | FOA NOT DOC AS BEING PERF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8541 | E | NO DOC CUR FUNCT ASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8542 | E | DOC FUNCT NO DEFICIENCIES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8543 | E | CUR FUNCT ASSES; NO CARE PLN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8546 | E | CAP MEASURES GRP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8550 | E | CAP MG QUAL ACT PERFORM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8559 | E | PT REF DOC OTO EVAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8560 | E | PT HX ACT DRAIN PREV 90 DAYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8561 | E | PT INELIG FOR REF OTO EVAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8562 | E | PT NO HX ACT DRAIN 90 D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8563 | E | PT NO REF OTO REAS NO SPEC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8564 | E | PT REF OTO EVAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8565 | E | VER DOC HEAR LOSS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8566 | E | PT INELIG REF OTO EVAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8567 | E | PT NO DOC HEAR LOSS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8568 | E | PT NO REF OTOLO NO SPEC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8569 | E | PROL INTUBATION REQ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8570 | E | NO PROL INTUB REQ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8575 | E | POSTOP REN FAIL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8576 | E | NO POSTOP REN FAIL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8577 | E | REOP REQ BLD GRFT OTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8578 | E | NO REOP REQ BLD GRFT OTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8598 | E | ASA/ANTIPLAT THER USED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8599 | E | NO ASA/ANTIPLAT THER USE RNG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8600 | E | TPA INITI W/IN 4.5 HR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8601 | E | NO ELIG TPA INIT W/IN 4.5 HR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8602 | E | NO TPA INIT W/IN 4.5 HR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8633 | E | PHARM THER OSTEO RX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8635 | E | NO PHARM THER OSTEO RX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8647 | E | RAFSCRS KI SCOR >= 0 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8648 | E | RAFSCRS KI SCOR < 0 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8650 | E | RAFS CRS KI NO SCOR NO RSN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8651 | E | RAFSCRS HI SCOR >=0 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8652 | E | RAFSCRS HI SCOR < 0 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8654 | E | RAFS CRS HI NO SCOR NO SURV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8655 | E | RAFSCRS LLFAI SCOR >= 0 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8656 | E | RAFSCRS LLFAI SCOR < 0 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8658 | E | RAFSCRS LLFAI NO SCOR + SURV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8659 | E | RAFSCRS LBI SCOR >= 0 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8660 | E | RAFSCRS LBI SCOR < 0 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8661 | E | RAFSCRS LBI NO SCOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G8662 | E | RAFS CRS LBI NO SCOR NO SURV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8663 | E | RAFSCRS SI SCOR >= 0 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8664 | E | RAFSCRS SI SCOR < 0 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8666 | E | RAFS CRS SI NO SCOR NO SURV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8667 | E | RAFSCRS EWH SCOR >= 0 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8668 | E | RAFSCRS EWH SCOR < 0 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8670 | E | RAFS CRS EWH NO SCOR NO SURV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8675 | E | BP SYST >= 140 MMHG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8676 | E | BP DIAST >= 90 MMHG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8677 | E | BP SYST < 130 MMHG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8678 | E | BP SYST >=130 - 139 MMHG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8679 | E | BP DIAST < 80 MMHG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8680 | E | BP DIAST 80-89 MMHG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8694 | E | LVEF <=40% | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8695 | E | LVEF >=40% | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8708 | E | ANTIBIOTIC NOT PRES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8709 | E | URI EP COMPETE DIAG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8710 | E | PT PRES ANTIBIOTIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8711 | E | PRES ANTIBX ON/WITHIN 3 DAY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8712 | E | NOT PRES ANTIBIOTIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8715 | E | HEMODIALYSIS NOT 3 TIMES WK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8716 | E | PT REAS NOT GREAT 1.2KT/V | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8721 | E | PT, PN, HIST GRADE DOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8722 | E | MED REAS PT, PN, NOT DOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8723 | E | SPEC SIT NOT PRIM TUMOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8724 | E | PT, PN, HIST GRADE NOT DOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8727 | E | HEMO, PERIT, OR KIDNEY TRANS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8733 | E | DOC POS ELDER MAL SCRN PLAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 060 | 999 | - |
| G8734 | E | DOC NEG ELD REQ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 060 | 999 | - |
| G8735 | E | ELD MAL SCRN POS NO PLAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 060 | 999 | - |
| G8749 | E | NO SIGNS MELANOMA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8750 | E | SIGNS OF MELANOMA PRESENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8752 | E | SYS BP LESS 140 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8753 | E | SYS BP > OR = 140 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8754 | E | DIAS BP LESS 90 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8755 | E | DIAS BP > OR = 90 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8756 | E | NO BP MEASURE DOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8760 | E | EPILEPSY MG QUAL ACT PERFORM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8783 | E | BP SCRN PERF REC INTERVAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8785 | E | BP SCRN NO PERF AT INTERVAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8786 | E | SEVERITY OF ANGINA ASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8787 | E | ANGINA PRESENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8788 | E | ANGINA ABSENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8789 | E | SEVERITY ANGINA NOT ASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8797 | E | SPECIMEN SITE NOT ESOPHAGUS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8798 | E | SPECIMEN SITE NOT PROSTATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8802 | E | PREGNANCY TEST ORDER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8803 | E | DOC REAS NO PREGNANCY TEST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8805 | E | PREGNANCY TEST NOT ORDER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8806 | E | PERF ULTRSND TO LCT PREG DOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8807 | E | NO TA TV ULTRASND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8808 | E | ULTRASOUND NOT PERF, RNG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8815 | E | DOC REAS NO STATIN THERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8816 | E | STATIN MED PRES AT DISCH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8817 | E | DOC REAS NO STATIN MED DISCH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8818 | E | PT DISCH TO HOME BY DAY#7 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

# Montana Healthcare Programs Fee Schedule
# Outpatient Prospective Payment System Services
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| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G8819 | E | ANEURYSM <= 5.5 CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8820 | E | ANEURYSM 5.6-6.0 CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8821 | E | ANEURYSM NOT INFARENAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8822 | E | MALE ANEURYSMS >6CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8823 | E | FEMALE ANEURYSM >6CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8824 | E | FEMALE ANEURYSM 5.6-6.0 CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8825 | E | PT NOT DISCH TO HOME DAY#7 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8826 | E | PT DISCH HOME DAY #2 EVAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8828 | E | ANEURYSM <= 5.5CM FOR MEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8829 | E | ANEURYSM 5.6-6.0 CM FOR MEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8830 | E | ANEURYSM >6CM FOR MEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8831 | E | ANEURYSM >-6CM  FOR WOMEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8832 | E | ANEURYSM 5.6-6.0 WOMEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8833 | E | PT NOT DISCH HOME DAY#2 EVAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8834 | E | PT DISCH HOME DAY #2 CEA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8836 | E | STROKE OR TIA <120 DAYS CEA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8837 | E | STROKE OR TIA >120 DAYS CEA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8838 | E | NOT DISCH HOME BY DAY #2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8839 | E | SLEEP APNEA ASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8840 | E | DOC REAS NO SLEEP APNEA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8841 | E | NO SLEEP APNEA ASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8842 | E | AHI OR RDI INITIAL DX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8843 | E | DOC REAS NO AHI OR RDI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8844 | E | NO AHI OR RDI INITIAL DX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8845 | E | POS AIRWAY PRESS PRESCRIBED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8846 | E | MOD OR SEVERE OSA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8847 | E | POS AIR PRESS NOT PRESCRIBED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8849 | E | DOC REAS NO POS AIR PRESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8850 | E | NO PAP PRESCRIBED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8851 | E | ADHERE POS AIR PRESS THERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8852 | E | POS AIR PRESS PRESCRIBE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8854 | E | REAS NO ADHERE POS AIR PRES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8855 | E | POS AIR PRESS ADHERE NO PERF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8856 | E | REF FOR OTO EVAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8857 | E | NO ELIG REF FOR OTO EVAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8858 | E | NOT REF FOR OTO EVAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8860 | E | CORTICOSTEROID 10 MG 60 DAYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8863 | E | NO ASSESS BONE LOSS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8864 | E | PNEUMOCOCCAL VACCINE ADMIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8865 | E | DOC MED REAS NO PNEUMOCOCCAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8866 | E | DOC PT REAS NO PNEUMOCOCCAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8867 | E | NO PNEUMOCOCCAL ADMIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8869 | E | DOC IMMUNE HEP B ANTITNF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8875 | E | BREAST CANCER DX MIN INVSIVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8876 | E | DOC REAS NO MIN INV DX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8877 | E | NO BRST CNCR DX MIN INVASIVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8878 | E | SENT LYMPH NODE BIOPSY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8880 | E | SEN LYM P NODE BIOP NOT PERF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8881 | E | BRST CNCR STAGE > T1N0M0 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8882 | E | NO SENT LYMPH NODE BIOPSY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8883 | E | REV, COMM, TRACK, DOC BIOPSY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8884 | E | DOC REAS BIOPSY NOT REVIEW | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8885 | E | NO REV, COMM, TRACK BIOPSY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8901 | E | EPILEPSY MEASURES GROUP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8907 | E | PT DOC NO EVENTS ON DISCHARG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8908 | E | PT DOC W BURN PRIOR TO D/C | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

# Montana Healthcare Programs Fee Schedule
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# October 1, 2023

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G8909 | E | PT DOC NO BURN PRIOR TO D/C | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8910 | E | PT DOC TO HAVE FALL IN ASC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8911 | E | PT DOC NO FALL IN ASC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8912 | E | PT DOC WITH WRONG EVENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8913 | E | PT DOC NO WRONG EVENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8914 | E | PT TRANS TO HOSP POST D/C | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8915 | E | PT NOT TRANS TO HOSP AT D/C | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8916 | E | PT W IV AB GIVEN ON TIME | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8917 | E | PT W IV AB NOT GIVEN ON TIME | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8918 | E | PT W/O PREOP ORDER IV AB PRO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8923 | E | LVEF <= 40% OR LVSD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8924 | E | SPIR FEV1/FVC<70%,FEV<60% | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8934 | E | LVEF <=40% OR DEP LV SYS FCN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8935 | E | RX ACE OR ARB THERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8936 | E | PT NOT ELIGIBLE ACE/ARB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8937 | E | NO RX ACE/ARB THERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8941 | E | ELD MALTREATMENT DOC AS POS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8942 | E | DOC FCN/CARE PLAN W/30 DAYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8944 | E | AJCC MEL CNR STG 0 - IIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8946 | E | MIBM BUT NO DX OF BREAST CA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8950 | E | PRE-HTN OR HTN DOC, F/U INDC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8952 | E | PRE-HTN/HTN, NO F/U, NOT GVN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8955 | E | MOST RECENT ASSESS VOL MGMT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8956 | E | PT RCV HEDIA OUTPT DYLS FAC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8958 | E | ASSESS VOL MGMT NOT DOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8961 | E | CSIT LOWRISK SURG PTS PREOP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8962 | E | CSIT ON PT ANY REAS 30 DAYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8963 | E | CSI PER ASX PT W/PCI 2 YRS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8964 | E | CSI ANY OTHER THAN PCI 2 YR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8965 | E | CSIT PERF ON LOW CHD RSK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8966 | E | CSIT PERF SX OR HIGH CHD RSK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8967 | E | WARF OR OTHER FDA DRUG PRESC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8968 | E | DOC MED NOT PRESB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8969 | E | DOC PT RSN NO PRESC WARF/FDA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G8970 | E | NO RSK FAC OR 1 MOD RISK TE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9001 | E | MCCD, INITIAL RATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9002 | E | MCCD,MAINTENANCE RATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9003 | E | MCCD, RISK ADJ HI, INITIAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9004 | E | MCCD, RISK ADJ LO, INITIAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9005 | E | MCCD, RISK ADJ, MAINTENANCE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9006 | E | MCCD, HOME MONITORING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9007 | E | MCCD, SCH TEAM CONF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9008 | E | MCCD,PHYS COOR-CARE OVRSGHT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9009 | E | MCCD, RISK ADJ, LEVEL 3 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9010 | E | MCCD, RISK ADJ, LEVEL 4 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9011 | E | MCCD, RISK ADJ, LEVEL 5 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9012 | E | OTHER SPECIFIED CASE MGMT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9013 | E | ESRD DEMO BUNDLE LEVEL I | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9014 | E | ESRD DEMO BUNDLE-LEVEL II | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9016 | E | DEMO-SMOKING CESSATION COUN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9050 | E | ONCOLOGY WORK-UP EVALUATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9051 | E | ONCOLOGY TX DECISION-MGMT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9052 | E | ONC SURVEILLANCE FOR DISEASE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9053 | E | ONC EXPECTANT MANAGEMENT PT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9054 | E | ONC SUPERVISION PALLIATIVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9055 | E | ONC VISIT UNSPECIFIED NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G9056 | E | ONC PRAC MGMT ADHERES GUIDE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9057 | E | ONC PRACT MGMT DIFFERS TRIAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9058 | E | ONC PRAC MGMT DISAGREE W/GUI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9059 | E | ONC PRAC MGMT PT OPT ALTERNA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9060 | E | ONC PRAC MGMT DIF PT COMORB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9061 | E | ONC PRAC COND NOADD BY GUIDE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9062 | E | ONC PRAC GUIDE DIFFERS NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9063 | E | ONC DX NSCLC STGI NO PROGRES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9064 | E | ONC DX NSCLC STG2 NO PROGRES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9065 | E | ONC DX NSCLC STG3A NO PROGRE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9066 | E | ONC DX NSCLC STG3B-4 METASTA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9067 | E | ONC DX NSCLC DX UNKNOWN NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9068 | E | ONC DX SCLC/NSCLC LIMITED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9069 | E | ONC DX SCLC/NSCLC EXT AT DX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9070 | E | ONC DX SCLC/NSCLC EXT UNKNWN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9071 | E | ONC DX BRST STG1-2B HR,NOPRO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9072 | E | ONC DX BRST STG1-2 NOPROGRES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9073 | E | ONC DX BRST STG3-HR, NO PRO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9074 | E | ONC DX BRST STG3-NOPROGRESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9075 | E | ONC DX BRST METASTIC/ RECUR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9077 | E | ONC DX PROSTATE T1NO PROGRES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9078 | E | ONC DX PROSTATE T2NO PROGRES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9079 | E | ONC DX PROSTATE T3B-T4NOPROG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9080 | E | ONC DX PROSTATE W/RISE PSA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9083 | E | ONC DX PROSTATE UNKNWN NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9084 | E | ONC DX COLON T1-3,N1-2,NO PR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9085 | E | ONC DX COLON T4, N0 W/O PROG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9086 | E | ONC DX COLON T1-4 NO DX PROG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9087 | E | ONC DX COLON METAS EVID DX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9088 | E | ONC DX COLON METAS NOEVID DX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9089 | E | ONC DX COLON EXTENT UNKNOWN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9090 | E | ONC DX RECTAL T1-2 NO PROGR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9091 | E | ONC DX RECTAL T3 N0 NO PROG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9092 | E | ONC DX RECTAL T1-3,N1-2NOPRG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9093 | E | ONC DX RECTAL T4,N,M0 NO PRG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9094 | E | ONC DX RECTAL M1 W/METS PROG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9095 | E | ONC DX RECTAL EXTENT UNKNWN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9096 | E | ONC DX ESOPHAG T1-T3 NOPROG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9097 | E | ONC DX ESOPHAGEAL T4 NO PROG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9098 | E | ONC DX ESOPHAGEAL METS RECUR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9099 | E | ONC DX ESOPHAGEAL UNKNOWN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9100 | E | ONC DX GASTRIC NO RECURRENCE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9101 | E | ONC DX GASTRIC P R1-R2NOPROG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9102 | E | ONC DX GASTRIC UNRESECTABLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9103 | E | ONC DX GASTRIC RECURRENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9104 | E | ONC DX GASTRIC UNKNOWN NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9105 | E | ONC DX PANCREATC P R0 RES NO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9106 | E | ONC DX PANCREATC P R1/R2 NO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9107 | E | ONC DX PANCREATIC UNRESECTAB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9108 | E | ONC DX PANCREATIC UNKNWN NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9109 | E | ONC DX HEAD/NECK T1-T2NO PRG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9110 | E | ONC DX HEAD/NECK T3-4 NOPROG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9111 | E | ONC DX HEAD/NECK M1 METS REC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9112 | E | ONC DX HEAD/NECK EXT UNKNOWN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9113 | E | ONC DX OVARIAN STG1A-B NO PR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9114 | E | ONC DX OVARIAN STG1A-B OR 2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G9115 | E | ONC DX OVARIAN STG3/4 NOPROG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9116 | E | ONC DX OVARIAN RECURRENCE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9117 | E | ONC DX OVARIAN UNKNOWN NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9123 | E | ONC DX CML CHRONIC PHASE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9124 | E | ONC DX CML ACCELER PHASE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9125 | E | ONC DX CML BLAST PHASE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9126 | E | ONC DX CML REMISSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9128 | E | ONC DX MULTI MYELOMA STAGE I | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9129 | E | ONC DX MULT MYELOMA STG2 HIG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9130 | E | ONC DX MULTI MYELOMA UNKNOWN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9131 | E | ONC DX BRST UNKNOWN NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9132 | E | ONC DX PROSTATE METS NO CAST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9133 | E | ONC DX PROSTATE CLINICAL MET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9134 | E | ONC NHLSTG 1-2 NO RELAP NO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9135 | E | ONC DX NHL STG 3-4 NOT RELAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9136 | E | ONC DX NHL TRANS TO LG BCELL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9137 | E | ONC DX NHL RELAPSE/REFRACTOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9138 | E | ONC DX NHL STG UNKNOWN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9139 | E | ONC DX CML DX STATUS UNKNOWN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9140 | E | FRONTIER EXTENDED STAY DEMO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9141 | E | INFLUENZA A H1N1,ADMIN W COU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9142 | E | INFLUENZA A H1N1, VACCINE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9143 | N | WARFARIN RESPON GENETIC TEST | - | - | - | Bundled, sometimes payable | $201.20 | - | - | - | - | 000 | 999 | - |
| G9147 | E | OUTPT IV INSULIN TX ANY MEA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9148 | E | MEDICAL HOME LEVEL 1 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9149 | E | MEDICAL HOME LEVEL II | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9150 | E | MEDICAL HOME LEVEL III | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9151 | E | MAPCP DEMO STATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9152 | E | MAPCP DEMO COMMUNITY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9153 | E | MAPCP DEMO PHYSICIAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9156 | E | EVALUATION FOR WHEELCHAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9157 | E | TRANSESOPH DOPPL CARDIAC MON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9187 | E | BPCI HOME VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9188 | E | BETA NOT GIVEN NO REASON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9189 | E | BETA PRES OR ALREADY TAKING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9190 | E | MEDICAL REASON FOR NO BETA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9191 | E | PT REASON FOR NO BETA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9192 | E | SYSTEM REASON FOR NO BETA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9212 | E | DOC OF DSM-IV INIT EVAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9213 | E | NO DOC OF DSM-IV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9223 | E | PJP PROPH ORDERED CD4 LOW | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9225 | E | NORSN NO FOOT EXAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9226 | E | 3 COMP FOOT EXAM COMPLETED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9227 | E | FOA DOC, CARE PLAN NOT DOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9228 | E | GC CHL SYP DOCUMENTED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9229 | E | PTRSN NO GC CHL SYP TEST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9230 | E | NORSN FOR GC CHL SYP TEST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9231 | E | DOC ESRD DIA TRANS PREG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9242 | E | DOC VIRAL LOAD >=200 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9243 | E | DOC VIRAL LOAD <200 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9246 | E | NO MED VISIT IN 24MO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9247 | E | 1 MED VISIT IN 24MO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9254 | E | DOC PT DISCHG >2D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9255 | E | DOC PT DISCHG <=2D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9273 | E | SYS<140 AND DIA<90 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9274 | E | BP OUT OF NRML LIMITS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G9275 | E | DOC OF NON TOBACCO USER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9276 | E | DOC OF TOBACCO USER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9277 | E | DOC DAILY ASPIRIN OR CONTRA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9278 | E | DOC NO DAILY ASPIRIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9279 | E | PNE SCRN DONE DOC VAC DONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9280 | E | PNE NOT GIVEN NORSN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9281 | E | PNE SCRN DONE DOC NOT IND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9282 | E | DOC MEDRSN NO HISTO TYPE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9283 | E | HIST TYPE DOC ON REPORT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9284 | E | NO HIST TYPE DOC ON REPORT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9285 | E | SITE NOT SMALL CELL LUNG CA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9286 | E | ANTIBIO RX W IN 10D OF SYMPT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9287 | E | NO ANTIBIO W IN 10D OF SYMPT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9288 | E | DOC MEDRSN NO HIST TYPE RPT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9289 | E | DOC TYPE NSM LUNG CA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9290 | E | NO DOC TYPE NSM LUNG CA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9291 | E | NOT NSM LUNG CA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9292 | E | MEDRSN NO PT CATEGORY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9293 | E | NO PT CATEGORY ON REPORT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9294 | E | PT CAT AND THCK ON REPORT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9295 | E | NON CUTANEOUS LOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9296 | E | DOC SHARE DEC PRIOR PROC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9297 | E | NO DOC SHARE DEC PRIOR PROC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9298 | E | EVAL RISK VTE CARD 30D PRIOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9299 | E | NO EVAL RISK VTE CARD PRIOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9305 | E | NO INTERV REQ FOR LEAK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9306 | E | INTERV REQ FOR LEAK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9307 | E | NO RET FOR SURG W IN 30D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9308 | E | UNPL RET OR W/COMPL W/IN 30D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9309 | E | NO UNPLND HOSP READM IN 30D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9310 | E | UNPLND HOSP READM IN 30D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9311 | E | NO SURG SITE INFECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9312 | E | SURGICAL SITE INFECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9313 | E | AMOXIC NOT PRESC AS 1ST LINE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9314 | E | NORSN NOT FIRST LINE AMOX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9315 | E | AMOX W/WO CLAV RX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9316 | E | DOC COMM RISK CALC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9317 | E | NO DOC COMM RISK CALC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9318 | E | IMAGE STD NOMENCLATURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9319 | E | IMAGE NOT STD NOMENCLATURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9321 | E | DOC COUNT OF CT IN 12MO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9322 | E | NO DOC COUNT OF CT IN 12MO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9341 | E | SRCH FOR CT W IN 12 MOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9342 | E | NO SRCH FOR CT IN 12MO NORSN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9344 | E | SYSRSN NO DICOM SRCH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9345 | E | FOLLOW UP PULM NOD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9347 | E | NO FOLLOW UP PULM NOD NORSN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9351 | E | DOC >1 SINUS CT W 90D DX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9352 | E | NOT >1 SINUS CT W 90D DX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9353 | E | MEDRSN >1 SINUS CT W 90D DX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9354 | E | 1 OR NO CT SINUS W/IN 90D DX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9355 | E | NO EARLY IND/DELIVERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9356 | E | EARLY IND/DELIVERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9357 | E | PP EVAL/EDU PERF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9358 | E | PP EVAL/EDU NOT PERF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9361 | E | DOC RSN ELECT C-SEC/INDUCT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G9364 | E | SINUS CAUS BAC INX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9367 | E | >= 2 SAME HI-RSK MED ORD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9368 | E | >= 2 SAME HI-RSK MED NOT ORD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9380 | E | OFF ASSIS EOL ISS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9382 | E | NO OFF ASSIS EOL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9383 | E | RECD SCRN HCV INFEC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9384 | E | DOC MED RSN NO HCV SCRN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9385 | E | DOC PT REAS NOT REC HCV SRN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9386 | E | SCRN HCV INFEC NOT RECD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9393 | E | INI PHQ9 >9 REMISS <5 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9394 | E | DX BIPOL, DEATH, NHRES, HOSP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9395 | E | INI PHQ9 >9 NO REMISS >=5 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9396 | E | INI PHQ9 >9 NOT ASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9402 | E | RECD F/U W/IN 30D DISCH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9403 | E | DOC REAS NO 30 DAY F/U | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9404 | E | NO 30 DAY F/U | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9405 | E | RECD F/U W/IN 7D DC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9406 | E | DOC REAS NO 7D F/U | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9407 | E | NO 7D F/U | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9408 | E | CARD TAMP W/IN 30D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9409 | E | NO CARD TAMP E/IN 30D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9410 | E | ADMIT W/IN 180D REQ REMOV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9411 | E | NO ADMIT W/IN 180D REQ REMOV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9412 | E | ADMIT W/IN 180D REQ SURG REV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9413 | E | NO ADMIT REQ SURG REV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9414 | E | 1DOSE MENIG VAC BTWN 11 & 13 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9415 | E | NO 1DOSE MENI VAC BTWN 11&13 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9416 | E | PT 1 TDAP BETW 10-13 YRS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9417 | E | PT NOT 1 TDAP BETW 10-13 YRS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9418 | E | LUNGCX BX RPT DOCS CLASS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9419 | E | MED REAS NOT INCL HISTO TYPE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9420 | E | SPEC SITE NO LUNG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9421 | E | LUNG CX BX RPT NO DOC CLASS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9422 | E | RPT DOC CLASS HISTO TYPE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9423 | E | MED REAS RPT NO HISTO TYPE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9424 | E | SITE NO LUNG OR LUNG CX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9425 | E | SPEC RPT NO DOC CLASS HISTO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9426 | E | IMPR MED TIME EDARR PAIN MED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9427 | E | NO IMPRO MED TIME PAIN MED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9428 | E | PATHO RPT INCL PT CTG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9429 | E | DOC MED RSN NO PT CAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9430 | E | SPEC SITE NO CUTANEOUS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9431 | E | PATHO RPT NO PT CTG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9432 | E | ASTH CONTROLLED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9434 | E | ASTH NOT CONTROLLED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9451 | E | 1X SCRN HCV INFECT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9452 | E | DOC MED REAS NO SCRN HCV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9453 | E | PT REAS NO HCV INFECT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9454 | E | NO SCR HCV INF 12 MTH RP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9455 | E | ABD IMAG W/US, CT OR MRI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9456 | E | DOC MED PT REAS NO HCC SCRN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9457 | E | PT NO ABD IMG NO DOC RSN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9458 | E | TOB USER RECD CESS INTERV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9459 | E | TOB NON-USER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9460 | E | NO TOB ASSESS OR CESS INTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9468 | E | NO RECD CORTICO>=10MG/D >60D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G9470 | E | NO REC CORTICO>60D 1RX 600MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9471 | E | W/IN 2YR DXA NOT ORDER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9473 | E | CHAP SERVICES AT HOSPICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9474 | E | DIET COUNSEL AT HOSPICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9475 | E | OTHER COUNSELOR AT HOSPICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9476 | E | VOLUN SERVICE AT HOSPICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9477 | E | CARE COORD AT HOSPICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9478 | E | OTHE THERAPIST AT HOSPICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9479 | E | PHARMACIST AT HOSPICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9480 | E | ADMISSION TO MCCM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9481 | E | REMOTE E/M NEW PT 10MINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9482 | E | REMOTE E/M NEW PT 20MINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9483 | E | REMOTE E/M NEW PT 30MINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9484 | E | REMOTE E/M NEW PT 45MINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9485 | E | REMOTE E/M NEW PT 60MINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9486 | E | REMOTE E/M EST. PT 10MINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9487 | E | REMOTE E/M EST. PT 15MINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9488 | E | REMOTE E/M EST. PT 25MINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9489 | E | REMOTE E/M EST. PT 40MINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9490 | E | CMMI MOD HOME VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9497 | E | REC INST NO SMOKE DAY SURG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9498 | E | ABX REG PRESCRIBED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9500 | E | RAD EXPOS IND/EXP TM DOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9501 | E | RAD EXPOS IND/EXP TM NO DOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9502 | E | MED REAS NO PERF FOOT EXAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9504 | E | DOC RSN HEP B STAT NOT ASSES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9505 | E | ABX PRES W/IN 10 DYS OF SYMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9507 | E | DOC REAS ON STATIN OR CONTRA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9508 | E | DOC PT NOT ON STATIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9509 | E | ADIT MDD DYS REM 12 MNTHS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9510 | E | REMIS12M NOT PHQ-9 SCORE <5 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9511 | E | IDX EVT DTE PHQ>9 DOC 12 MO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9512 | E | INDIV PDC > 0.8 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9513 | E | INDIV PDC NOT > 0.8 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9514 | E | REQ RET OR W/IN 90D OF SURG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9515 | E | NO REAS, NO RET OR W/IN 90D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9516 | E | IMPR VIS ACUIT W/IN 90D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9517 | E | NO IMPR VIS ACUIT W/IN 90D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9518 | E | DOC ACTIVE INJ DRUG USE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9519 | E | FINAL REF +/- 1.0 W/IN 90D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9520 | E | REFRACT NOT +/- 1.0 W/IN 90D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9521 | E | ER AND IP HOSP <2 IN 12 MOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9522 | E | ER/IP HOSP =/>2 IN 12 MOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9529 | E | MINOR BLUNT TRAUMA W/HEAD CT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9530 | E | PT MBHT HD CT ORD EC PROV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9531 | E | PT DOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9533 | E | INDIC FOR HEAD CT NOT VALID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9537 | E | IMG HD CLIN TRIAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9539 | E | INTENT POT REMV TIME PLACEMT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9540 | E | PT ALIVE 3 MOS POST PROC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9541 | E | FILTER REM 3 MON PLMT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9542 | E | DOC REASS APPR REMO FILT 3MS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9543 | E | DOC 2X RE-ASSESS FILT REMOV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9544 | E | NO FILT REMOV W/IN 3MOS PLCM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9547 | E | CYS REN LES OR ADREN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9548 | E | NO F/U REC IMAGE STUDY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G9549 | E | DOC MED RSN FOR F/U IMAG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9550 | E | IMAG REC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9551 | E | IMAG NO LES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9552 | E | INC THYR NODE <1.0 IN RPT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9553 | E | PRIOR THYROID DISE DX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9554 | E | CT/CTA/MRI/A CHST FOLL REC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9555 | E | DOC MED RSN FOR FOLLUP IMAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9556 | E | CT/CTA/MRI/A NO FOLLUP IMAG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9557 | E | CT/CTA/MRI/A NO THYR <1.0CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9580 | E | DOOR TO PUNC TIME <2HRS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9582 | E | DOOR TO PUNC TIME >2HR, NRG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9593 | E | LOW PECARN PED HEAD TRAUMA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9594 | E | PT MBHT HD CT ORD EC PROV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9595 | E | DOC SHNT/TUM/COAG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9596 | E | PED PT HD CT ORD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9597 | E | NO LOW PECARN PED HEAD TRAUM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9598 | E | AOR ANE 5.5-5.9 CM MAX DIAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9599 | E | AOR ANE >=6.0 CM MAX DIAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9603 | E | PT SURV IMPROV BSLINE TX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9604 | E | PT SURV RESULTS NOT AVAIL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9605 | E | SURV SCORE NO IMPROV W/TX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9606 | E | INTRAOP CYST EVAL TRAC INJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9607 | E | DOC MED RSN NOT PERF CYSTOSC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9608 | E | INTRAOP CYST EVAL NOT DONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9609 | E | DOC ORDER ANTI-PLAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9610 | E | DOC MD RSN NO ANTIPLA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9611 | E | NO DOC ORDER ANTI-PLAT RNG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9612 | E | PHODOC 2 MR CEC LNDMK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9613 | E | DOC POST SURG ANATOMY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9614 | E | PHOTODOC < 2 CEC LNDMK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9621 | E | SCR UNHEAL ETOH W/COUNSEL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9622 | E | NO UNHEAL ETOH USER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9624 | E | PT NOT SCRN OR NO COUNSELING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9625 | E | PT BL SRG 30 DAY PST SRG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9626 | E | MED RSN NO RPT BLADDER INJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9627 | E | PT NO BL SRG 30 DAY PST SRG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9628 | E | PT BWLI SRG 30 DAY PST SRG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9629 | E | MED RSN NO RPT BOWEL INJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9630 | E | PT NO BWLI SRG 30 DAY SRG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9637 | E | DOC >1 DOSE REDUC TECH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9638 | E | NO DOC >1 DOSE REDUC TECH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9642 | E | CURRENT SMOKER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9643 | E | ELECTIVE SURGERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9644 | E | NO SMOK B/4 ANES DAY OF SURG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9645 | E | HAD SMOKE B/4 ANES DAY SURG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9646 | E | PT W/90D MRS 0-2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9648 | E | PT W/90D MRS >2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9649 | E | PSOR AS DOC SPC BM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9651 | E | PSOR AS DOC NO SPC BM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9654 | E | MON ANESTH CARE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9655 | E | TOC TOOL INCL KEY ELEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9656 | E | PT TRANS FROM ANEST TO PACU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9658 | E | TOC TOOL INCL ELEM NOT USED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9659 | E | >=86Y NO HX COLO CA/RSN SCOP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9660 | E | DOC MED RSN SCOPE PT >= 86Y | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9661 | E | PT >= 86  W/ HI RISK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G9662 | E | PRIOR DX/ACTIVE CLIN ASCVD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9663 | E | FAST/DIR LDL >= 190 MG/DL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9664 | E | TAKING STATIN OR REC'D ORDER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9665 | E | NO STATIN/NO ORDER STATIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9674 | E | PT W/CLIN ASCVD DX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9675 | E | PT W/FAST/DIR LAB LDL-C >190 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9676 | E | 40-75Y W/TYPE 1/2 W/LDL-C RS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9679 | E | ACUTE CARE PNEUMONIA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9680 | E | ACUTE CARE CONGESTIVE HEART | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9681 | E | ACUTE CARE CHRONIC OBSTRUCT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9682 | E | ACUTE CARE SKIN INFECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9683 | E | ACUTE FLUID/ELECTRO DISORDER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9684 | E | ACUTE CARE URINARY TRACT INF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9685 | E | ACUTE NURSING FACILITY CARE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9687 | E | HOSPICE ANYTIME MSMT PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9688 | E | PT W/HOSP ANYTIME MSMT PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9689 | E | INPT ELECT CAROTID INTERVENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9690 | E | PT IN HOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9691 | E | PT HOSP DUR MSMT PERIOD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9692 | E | HOSP RECD BY PT DUR MSMT PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9693 | E | PT USE HOSP DURING MSMT PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9694 | E | HOSP SRV USED PT IN MSMT PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9695 | E | LONG ACT INHAL BRONCHDIL PRE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9696 | E | MED RSN NO PRESC BRONCHDIL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9697 | E | PT RSN NO PRESC BRONCHDIL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9698 | E | SYS RSN NO PRESC BRONCHDIL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9699 | E | LONG INHAL BRONCHDIL NO PRES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9700 | E | PT IS W/HOSP DURING MSMT PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9702 | E | PT USE HOSP DURING MSMT PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9703 | E | ANBX 30 PRIOR TO EPISODE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9704 | E | AJCC BR CA STG I: T1 MIC/T1A | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9705 | E | AJCC BR CA STG IB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9706 | E | LOW RECUR PROST CA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9707 | E | PT HAD HOSP DUR MSMT PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9708 | E | BILAT MAST/HX BI /UNILAT MAS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9709 | E | HOSP SRV USED PT IN MSMT PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9710 | E | PT PROV HOSP SRV MSMT PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9711 | E | PT HX TOT COL OR COLON CA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9712 | E | DOC MED RSN PRESC ANBX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9713 | E | PT USE HOSP DURING MSMT PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9714 | E | PT IS W/HOSP DURING MSMT PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9715 | E | PT W/HOSP ANYTIME MSMT PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9716 | E | BMI DOC ONL FUP NOT CMPLTD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9717 | E | DOC PT DX DEP/BIPOL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9719 | E | PT NOT AMBUL/IMMOB/WC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9720 | E | HOSPICE ANYTIME MSMT PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9721 | E | PT NOT AMBUL/IMMOB/WC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9722 | E | DOC HX RENAL FAIL OR CR+ >=4 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9723 | E | HOSP RECD BY PT DUR MSMT PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9724 | E | PT W/DOC USE ANTICOAG MST YR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9725 | E | PT W/HOSP ANYTIME MSMT PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9726 | E | REFUSED TO PARTICIPATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9727 | E | PT UNABLE CMPLT LEPF PROM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9728 | E | REFUSED TO PARTICIPATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9729 | E | PT UNBL CMPLT LEPF PROM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9730 | E | REFUSED TO PARTICIPATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

# Montana Healthcare Programs Fee Schedule
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| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G9731 | E | PT UNBL CMPLT LEPF PROM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9732 | E | REFUSED TO PARTICIPATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9733 | E | PT UNBL CMPLT LB FS PROM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9734 | E | REFUSED TO PARTICIPATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9735 | E | PT UNBL CMPLT SHLD FS PROM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9736 | E | REFUSED TO PARTICIPATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9737 | E | PT UNBL CMPLT EWH FS PROM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9740 | E | HOSP SRV TO PT DUR MSMT PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9741 | E | PT W/HOSP ANYTIME MSMT PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9744 | E | PT NOT ELI D/T ACT DIG HTN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9745 | E | DOC RSN NO HBP SCRN OR F/U | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9746 | E | MIT STEN, VALVE OR TRANS AF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9751 | E | PT DIED W/IN 24 MOS RPT TIME | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9752 | E | URGENT SURGERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9753 | E | DOC NO DICOM, CT OTHER FAC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9754 | E | INCID PULM NODULE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9755 | E | DOC MED RSN NO FLLW UP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9756 | E | SURG PROC W/SILICONE OIL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9757 | E | SURG PROC W/SILICONE OIL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9758 | E | PT IN HOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9760 | E | PT W/HOSP ANYTIME MSMT PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9761 | E | PT W/HOSP ANYTIME MSMT PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9762 | E | PT HAD >= 2-3 HPV VACCINES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9763 | E | PT NOT HAVE 2-3 HPV VACCINES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9764 | E | PT TREATD W/ORAL SYST OR BIO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9765 | E | DOC PAT DECLINED THERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9766 | E | CVA STROKE DX TX TRANSF FAC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9767 | E | HOSP NEW DX CVA CONSID EVST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9768 | E | PT W/HOSP ANYTIME MSMT PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9769 | E | BN DEN 2YR/GOT OST MED/THER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9770 | E | PERIP NERVE BLOCK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9771 | E | ANES END, 1 TEMP >35.5(95.9) | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9772 | E | DOC MED RSN NO TEMP >= 35.5 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9773 | E | 1 BOD TEMP >=35.5 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9775 | E | RECD 2 ANTI-EMET PRE/INTRAOP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9776 | E | DOC MED RSN NO PROPH ANTIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9777 | E | PT NO ANTIEMET PRE/INTRAOP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9779 | E | PTS BREASTFEEDING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9780 | E | PTS DX W/RHABDOMYOLYSIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9781 | E | DOC RSN NO STATIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9782 | E | HX DX FAM/PURE HYPERCHOLES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9784 | E | PATH/DERM PROV 2ND BIOP OPIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9785 | E | PATH REPORT SENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9786 | E | PATH REPORT NOT SENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9787 | E | PT ALIVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9788 | E | MOST RCT BP </= 140/90 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9789 | E | RECORD BP IP, ER, URG/SELF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9790 | E | MOST RCT BP >/= 140/90 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9791 | E | MOST RCT TOB STAT FREE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9792 | E | MOST RCT TOB STAT NOT FREE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9793 | E | PT ON DAILY ASA/ANTIPLAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9794 | E | DOC MED RSN NO DAILY ASPIRIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9795 | E | PT NO DAILY ASA/ANTIPLAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9796 | E | PT NOT CURRENTLY ON STATIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9797 | E | PT CURRENTLY ON STATIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9805 | E | PT W/HOSP ANYTIME MSMT PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G9806 | E | PT RECD CERV CYTO/HPV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9807 | E | PT NO RECD CERV CYTO/HPV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9812 | E | PT DIED DURING INPT/30D AFT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9813 | E | PT NOT DIED W/IN 30D OF PROC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9818 | E | DOC SEX ACTIVITY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9819 | E | PT W/HOSP ANYTIME MSMT PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9820 | E | DOC CHLAM SCR TEST W/FOLLOW | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9821 | E | NO DOC CHLAM SCR TS W/FOLLOW | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9822 | E | ENDO ABL PROC YR PREV IND DT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9823 | E | ENDO SMPL/HYST BX RES DOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9824 | E | ENDO SMPL/HYST BX RES NO DOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9830 | E | HER-2 POS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9831 | E | AJCC STG BRT CA DX II OR III | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9832 | E | BRT CA DX I, NO T1/T1A/T1B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9838 | E | PT MET DIS AT DX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9839 | E | ANTI-EGFR MON ANTI THER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9840 | E | GENE TESTING PERFORMED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9841 | E | GENE TESTING NOT PERFORMED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9842 | E | PT MET DIS AT DX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9843 | E | KRAS OR NRAS GENE MUTATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9844 | E | PT NO RECD ANTI-EGFR THER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9845 | E | PT RECD ANTI-EGFR THER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9846 | E | PT DIED FROM CANCER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9847 | E | PT RECD CHEMO LAST 14D LIFE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9848 | E | PT NO CHEMO LAST 14D LIFE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9852 | E | PT DIED FROM CANCER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9853 | E | ICU STAY LAST 30D LIFE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9854 | E | NO ICU STAY LAST 30D LIFE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9858 | E | PT ENROLL HOSPICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9859 | E | PT DIED FROM CANCER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9860 | E | PT LESS 3D HOSPICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9861 | E | PT MORE THAN 3D HOSPICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9862 | E | DOC RSN NO 10 YR FOLLOW | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9868 | E | CMMI ASYNTELEHEALTH <10MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9869 | E | CMMI ASYNTELEHEALTH 10-20MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9870 | E | CMMI ASYNTELEHEALTH >20MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9873 | E | 1 EM CORE SESSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9874 | E | 4 EM CORE SESSIONS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9875 | E | 9 EM CORE SESSIONS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9876 | E | 2 EM CORE MS MO 7-9 NO WL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9877 | E | 2 EM CORE MS MO 10-12 NO WL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9878 | E | 2 EM CORE MS MO 7-9 WL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9879 | E | 2 EM CORE MS MO 10-12 WL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9880 | E | EM 5 PERCENT WL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9881 | E | EM 9 PERCENT WL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9882 | E | 2 EM ONGOING MS MO 13-15 WL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9883 | E | 2 EM ONGOING MS MO 16-18 WL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9884 | E | 2 EM ONGOING MS MO 19-21 WL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9885 | E | 2 EM ONGOING MS MO 22-24 WL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9890 | E | EM BRIDGE PAYMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9891 | E | EM SESSION REPORTING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9892 | E | DOC PT RSN NO DIL MAC EXAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9893 | E | NO MAC EXAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9894 | E | ADR DEP THRPY PRESCRIBED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9895 | E | DOC MED RSN NO ADR DEP THRPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9896 | E | DOC PT RSN NO ADR DEP THRPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G9897 | E | PT NT PRSC ADR DEP THRPY RNG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9898 | E | PT 66+ SNP OR LTC POS > 90D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9899 | E | SCRN MAM PERF RSLTS DOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9900 | E | SCRN MAM PERF RSLTS NOT DOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9901 | E | PT 66+ SNP OR LTC POS > 90D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9902 | E | PT SCRN TBCO AND ID AS USER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9903 | E | PT SCRN TBCO ID AS NON USER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9905 | E | NO PT TBCO SCRN RNG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9906 | E | PT RECV TBCO CESS INTERV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9908 | E | NO PT TBCO CESS INTERV RNG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9910 | E | PT 66+ SNP OR LTC POS > 90D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9911 | E | NODE NEG PRE/POST SYST THER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9912 | E | HBV STATUS ASSESED AND INT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9913 | E | NO HBV STATUS ASSESD AND INT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9914 | E | PT RECEIVING ANTI-TNF AGENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9915 | E | NO DOCUMNTD HBV RESULTS RCD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9916 | E | FUNCT STATUS PAST 12 MONTHS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9917 | E | ADV DEM CRGVR LIMITED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9918 | E | NO FUNCT STAT PERF, RSN NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9919 | E | SCRN ND POS ND PROV OF REC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9920 | E | SCRNING PERF AND NEGATIVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9921 | E | NO OR PART SCRN ND RNG OR OS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9922 | E | SFTY CNCRNS SCRN ND MIT RECS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9923 | E | SAFTY CNCRNS SCRN AND NEG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9925 | E | NO SCRN PROV RSN NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9926 | E | SFTY CNCRNS SCRN BUT NO RECS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9927 | E | DOC NO WARF /FDA PT TRIAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9928 | E | NO WARF OR FDA DRUG PRESC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9929 | E | TRS/REV AF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9930 | E | COM CARE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9931 | E | NO CHAD OR CHAD SCR 0 OR 1 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9938 | E | PT 66+ SNP OR LTC POS > 90D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9939 | E | SAME PATH/DERM PERF BIOPSY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9940 | E | DOC REAS NO STATIN THERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9943 | E | BK PN NT MSR VAS SCL PRE/PST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9945 | E | PT W/CANCER SCOLIOSIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9946 | E | BK PAIN NO VAS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9949 | E | LEG PAIN NO VAS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9954 | E | PT >2 RSK FAC POST-OP VOMIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9955 | E | INHLNT ANESTH ONLY FOR INDUC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9956 | E | COMBO THRPY OF >= 2 PROPHLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9957 | E | DOC MED RSN NO COMBO THRPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9958 | E | NO COMBO PROHPYL THRP FOR PT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9959 | E | SYSTEMIC ANTIMICRO NOT PRESC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9960 | E | MED RSN SYS ANTIMI NT RX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9961 | E | SYSTEMIC ANTIMICRO PRESC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9962 | E | EMBOLIZATION DOC SEPARATLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9963 | E | EMBOLIZATION NOT DOC SEPARAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9964 | E | PT RECV >=1 WELL-CHLD VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9965 | E | NO WELL-CHLD VIST RECV BY PT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9968 | E | PT REFRD 2 PVDR/SPCLST IN PP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9969 | E | PVDR RFRD PT RPRT RCVD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9970 | E | PVDR RFRD PT NO RPRT RCVD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9974 | E | MAC EXAM PERF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9975 | E | DOC MED RSN NO DIL MAC EXAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9976 | E | DOC PAT RSN NO MAC EXM PERF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G9977 | E | DIL MAC EXAM NO PERF RSN NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9978 | E | REMOTE E/M NEW PT 10MINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9979 | E | REMOTE E/M NEW PT 20MINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9980 | E | REMOTE E/M NEW PT 30 MINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9981 | E | REMOTE E/M NEW PT 45MINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9982 | E | REMOTE E/M NEW PT 60MINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9983 | E | REMOTE E/M EST. PT 10MINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9984 | E | REMOTE E/M EST. PT 15MINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9985 | E | REMOTE E/M EST. PT 25MINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9986 | E | REMOTE E/M EST. PT 40MINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9987 | E | BPCI ADVANCED IN HOME VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9988 | E | PALL SERV DURING MEAS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9990 | E | NO PNEUM VAX ADMIN 60+ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9991 | E | PNEUM VAX ADMIN 60+ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9992 | E | PALL SERV DURING MEAS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9993 | E | PALL SERV DURING MEAS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9994 | E | PALL SERV DURING MEAS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9995 | E | PALL SERV DURING MEAS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9996 | E | DOC PT PAL OR HOSPICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9997 | E | DOC PT PREG DUR MSRMT PD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9998 | E | DOC MED RSN <3 COLON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| G9999 | E | DOC SYS RSN <3 COLON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0001 | E | ALCOHOL AND/OR DRUG ASSESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0002 | E | ALCOHOL AND/OR DRUG SCREENIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0003 | E | ALCOHOL AND/OR DRUG SCREENIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0004 | E | ALCOHOL AND/OR DRUG SERVICES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0005 | E | ALCOHOL AND/OR DRUG SERVICES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0006 | E | ALCOHOL AND/OR DRUG SERVICES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0007 | E | ALCOHOL AND/OR DRUG SERVICES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0008 | E | ALCOHOL AND/OR DRUG SERVICES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0009 | E | ALCOHOL AND/OR DRUG SERVICES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0010 | E | ALCOHOL AND/OR DRUG SERVICES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0011 | E | ALCOHOL AND/OR DRUG SERVICES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0012 | E | ALCOHOL AND/OR DRUG SERVICES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0013 | E | ALCOHOL AND/OR DRUG SERVICES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0014 | E | ALCOHOL AND/OR DRUG SERVICES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0015 | E | ALCOHOL AND/OR DRUG SERVICES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0016 | E | ALCOHOL AND/OR DRUG SERVICES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0017 | E | ALCOHOL AND/OR DRUG SERVICES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0018 | E | ALCOHOL AND/OR DRUG SERVICES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0019 | E | ALCOHOL AND/OR DRUG SERVICES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0020 | E | ALCOHOL AND/OR DRUG SERVICES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0021 | E | ALCOHOL AND/OR DRUG TRAINING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0022 | E | ALCOHOL AND/OR DRUG INTERVEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0023 | E | ALCOHOL AND/OR DRUG OUTREACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0024 | E | ALCOHOL AND/OR DRUG PREVENTI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0025 | E | ALCOHOL AND/OR DRUG PREVENTI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0026 | E | ALCOHOL AND/OR DRUG PREVENTI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0027 | E | ALCOHOL AND/OR DRUG PREVENTI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0028 | E | ALCOHOL AND/OR DRUG PREVENTI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0029 | E | ALCOHOL AND/OR DRUG PREVENTI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0030 | E | ALCOHOL AND/OR DRUG HOTLINE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0031 | E | MH HEALTH ASSESS BY NON-MD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0032 | E | MH SVC PLAN DEV BY NON-MD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0033 | E | ORAL MED ADM DIRECT OBSERVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0034 | E | MED TRNG & SUPPORT PER 15MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| H0035 | M | MH PARTIAL HOSP TX UNDER 24H | - | - | - | Fee Schedule | $83.77 | - | - | - | - | 000 | 999 | - |
| H0036 | E | COMM PSY FACE-FACE PER 15MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 020 | - |
| H0037 | E | COMM PSY SUP TX PGM PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0038 | M | SELF-HELP/PEER SVC PER 15MIN | - | - | - | Fee Schedule | $14.01 | - | - | - | - | 018 | 999 | - |
| H0039 | E | ASSER COM TX FACE-FACE/15MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0040 | E | ASSERT COMM TX PGM PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0041 | E | FOS C CHLD NON-THER PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0042 | E | FOS C CHLD NON-THER PER MON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0043 | E | SUPPORTED HOUSING PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0044 | E | SUPPORTED HOUSING PER MONTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0045 | E | RESPITE NOT-IN-HOME PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0046 | E | MENTAL HEALTH SERVICE NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0047 | E | ALCOHOL/DRUG ABUSE SVC NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0048 | E | SPEC COLL NON-BLOOD:A/D TEST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0049 | E | ALCOHOL/DRUG SCREENING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H0050 | M | ALCOHOL/DRUG SERVICE 15 MIN | - | - | - | Fee Schedule | $1.00 | - | - | - | - | 000 | 999 | - |
| H1000 | E | PRENATAL CARE ATRISK ASSESSM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H1001 | E | ANTEPARTUM MANAGEMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H1002 | E | CARECOORDINATION PRENATAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H1003 | E | PRENATAL AT RISK EDUCATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H1004 | E | FOLLOW UP HOME VISIT/PRENTAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H1005 | E | PRENATALCARE ENHANCED SRV PK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H1010 | E | NONMED FAMILY PLANNING ED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H1011 | E | FAMILY ASSESSMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2000 | E | COMP MULTIDISIPLN EVALUATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2001 | E | REHABILITATION PROGRAM 1/2 D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2010 | E | COMPREHENSIVE MED SVC 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2011 | M | CRISIS INTERVEN SVC, 15 MIN | - | - | - | Fee Schedule | $12.24 | - | - | - | - | 018 | 999 | - |
| H2012 | E | BEHAV HLTH DAY TREAT, PER HR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2013 | E | PSYCH HLTH FAC SVC, PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2014 | E | SKILLS TRAIN AND DEV, 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2015 | E | COMP COMM SUPP SVC, 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2016 | E | COMP COMM SUPP SVC, PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2017 | E | PSYSOC REHAB SVC, PER 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2018 | E | PSYSOC REHAB SVC, PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2019 | E | THER BEHAV SVC, PER 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2020 | E | THER BEHAV SVC, PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2021 | E | COM WRAP-AROUND SV, 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2022 | E | COM WRAP-AROUND SV, PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2023 | E | SUPPORTED EMPLOY, PER 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2024 | E | SUPPORTED EMPLOY, PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2025 | E | SUPP MAINT EMPLOY, 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2026 | E | SUPP MAINT EMPLOY, PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2027 | E | PSYCHOED SVC, PER 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2028 | E | SEX OFFEND TX SVC, 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2029 | E | SEX OFFEND TX SVC, PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2030 | E | MH CLUBHOUSE SVC, PER 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2031 | E | MH CLUBHOUSE SVC, PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2032 | E | ACTIVITY THERAPY, PER 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2033 | E | MULTISYS THER/JUVENILE 15MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2034 | E | A/D HALFWAY HOUSE, PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2035 | E | A/D TX PROGRAM, PER HOUR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2036 | E | A/D TX PROGRAM, PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| H2037 | E | DEV DELAY PREV DP CH, 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0120 | N | TETRACYCLIN INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0121 | K | INJ., OMADACYCLINE, 1 MG | - | 09311 | 0.0656 | APC (blood and non-blood products) | $3.68 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| J0122 | N | INJ., ERAVACYCLINE, 1 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0129 | K | ABATACEPT INJECTION | - | 09230 | 0.7708 | APC (blood and non-blood products) | $43.27 | - | - | - | - | 000 | 999 | - |
| J0130 | N | ABCIXIMAB INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0131 | N | INJ, ACETAMINOPHEN (NOS) | - | - | - | Bundled | $0.00 | - | - | - | - | 002 | 999 | - |
| J0132 | N | ACETYLCYSTEINE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0133 | N | ACYCLOVIR INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0134 | N | INJ ACETAMINOPHEN -FRESENIUS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0135 | K | ADALIMUMAB INJECTION | - | 01083 | 32.6771 | APC (blood and non-blood products) | $1,834.49 | - | - | - | Y | 000 | 999 | - |
| J0136 | N | INJ, ACETAMINOPHEN (B BRAUN) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0137 | N | INJ, ACETAMINOPHEN (HIKMA) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0153 | N | ADENOSINE INJ 1MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0171 | N | ADRENALIN EPINEPHRINE INJECT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0172 | K | INJ, ADUCANUMAB-AVWA, 2 MG | - | 09438 | 0.1065 | APC (blood and non-blood products) | $5.98 | | | Y | - | 000 | 999 | - |
| J0173 | N | INJ, EPINEPHRINE (BELCHER) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0174 | K | INJ, LECANEMAB-IRMB | - | 09157 | 0.0231 | APC (blood and non-blood products) | $1.35 | - | - | - | - | 000 | 999 | - |
| J0178 | K | AFLIBERCEPT INJECTION | - | 01420 | 15.5980 | APC (blood and non-blood products) | $875.67 | - | - | - | - | 000 | 999 | - |
| J0179 | K | INJ, BROLUCIZUMAB-DBLL, 1 MG | - | 09340 | 5.6991 | APC (blood and non-blood products) | $319.95 | - | - | - | - | 000 | 999 | - |
| J0180 | K | AGALSIDASE BETA INJECTION | - | 09208 | 3.8364 | APC (blood and non-blood products) | $215.38 | - | - | - | Y | 000 | 999 | - |
| J0185 | K | INJ., APREPITANT, 1 MG | - | 09463 | 0.0308 | APC (blood and non-blood products) | $1.73 | - | - | - | - | 000 | 999 | - |
| J0190 | E | INJ BIPERIDEN LACTATE/5 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0200 | E | ALATROFLOXACIN MESYLATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0202 | K | INJECTION, ALEMTUZUMAB | - | 01809 | 40.6792 | APC (blood and non-blood products) | $2,283.73 | | | Y | - | 000 | 999 | - |
| J0205 | E | ALGLUCERASE INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0206 | N | INJ ALLOPURINOL SODIUM 1 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0207 | N | AMIFOSTINE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0208 | K | INJ SODIUM THIOSULFATE 100MG | - | 09119 | 1.7151 | APC (blood and non-blood products) | $96.28 | - | - | - | - | 000 | 999 | - |
| J0210 | N | METHYLDOPATE HCL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0215 | E | ALEFACEPT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0216 | N | INJ, ALFENTANIL HCL, 500MCG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0218 | G | INJ OLIPUDASE ALFA-RPCP 1MG | - | 09113 | | APC – pays by fee schedule amount | $377.51 | - | - | - | - | 000 | 999 | - |
| J0219 | G | INJ AVAL ALFA-NQPT 4MG | - | 09433 | | APC – pays by fee schedule amount | $75.04 | - | - | - | - | 000 | 999 | - |
| J0220 | K | ALGLUCOSIDASE ALFA INJECTION | - | 09234 | 2.1831 | APC (blood and non-blood products) | $122.56 | - | - | - | - | 000 | 999 | - |
| J0221 | K | LUMIZYME INJECTION | - | 01413 | 3.4719 | APC (blood and non-blood products) | $194.92 | - | - | - | - | 000 | 999 | - |
| J0222 | K | INJ., PATISIRAN, 0.1 MG | - | 09180 | 1.7897 | APC (blood and non-blood products) | $100.47 | - | - | - | - | 000 | 999 | - |
| J0223 | K | INJ GIVOSIRAN 0.5 MG | - | 09343 | 2.0037 | APC (blood and non-blood products) | $112.49 | - | - | - | - | 000 | 999 | - |
| J0224 | G | INJ. LUMASIRAN, 0.5 MG | - | 09407 | | APC – pays by fee schedule amount | $319.00 | - | - | - | - | 000 | 999 | - |
| J0225 | G | INJ, VUTRISIRAN, 1 MG | - | 09009 | | APC – pays by fee schedule amount | $4,940.95 | - | - | - | - | 000 | 999 | - |
| J0248 | G | INJ, REMDESIVIR, 1 MG | - | 09200 | | APC – pays by fee schedule amount | $6.06 | - | - | - | - | 000 | 999 | - |
| J0256 | K | ALPHA 1 PROTEINASE INHIBITOR | - | 00901 | 0.0869 | APC (blood and non-blood products) | $4.88 | - | - | - | - | 000 | 999 | - |
| J0257 | K | GLASSIA INJECTION | - | 01415 | 0.0946 | APC (blood and non-blood products) | $5.31 | - | - | - | - | 018 | 999 | - |
| J0270 | E | ALPROSTADIL FOR INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0275 | E | ALPROSTADIL URETHRAL SUPPOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0278 | N | AMIKACIN SULFATE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0280 | N | AMINOPHYLLIN 250 MG INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0282 | N | AMIODARONE HCL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0283 | N | INJ, AMIODARONE (NEXTERONE) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0285 | N | AMPHOTERICIN B | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0287 | K | AMPHOTERICIN B LIPID COMPLEX | - | 09024 | 0.1983 | APC (blood and non-blood products) | $11.13 | - | - | - | - | 000 | 999 | - |
| J0288 | E | AMPHO B CHOLESTERYL SULFATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0289 | K | AMPHOTERICIN B LIPOSOME INJ | - | 00736 | 0.4965 | APC (blood and non-blood products) | $27.87 | - | - | - | - | 000 | 999 | - |
| J0290 | N | AMPICILLIN 500 MG INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0291 | K | INJ., PLAZOMICIN, 5 MG | - | 09183 | 0.0598 | APC (blood and non-blood products) | $3.36 | - | - | - | - | 000 | 999 | - |
| J0295 | N | AMPICILLIN SULBACTAM 1.5 GM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0300 | K | AMOBARBITAL 125 MG INJ | - | 01341 | 3.0490 | APC (blood and non-blood products) | $171.17 | - | - | - | - | 000 | 999 | - |
| J0330 | N | SUCCINYCHOLINE CHLORIDE INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0348 | N | ANIDULAFUNGIN INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| J0349 | K | INJ, REZAFUNGIN, 1 MG | - | 09267 | 0.1720 | APC (blood and non-blood products) | $10.04 | - | - | - | - | 000 | 999 | - |
| J0350 | E | INJECTION ANISTREPLASE 30 U | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0360 | N | HYDRALAZINE HCL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0364 | E | APOMORPHINE HYDROCHLORIDE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0365 | E | APROTONIN, 10,000 KIU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0380 | N | INJ METARAMINOL BITARTRATE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0390 | K | CHLOROQUINE INJECTION | - | 09352 | 0.0126 | APC (blood and non-blood products) | $0.71 | - | - | - | - | 000 | 999 | - |
| J0395 | E | ARBUTAMINE HCL INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0400 | K | ARIPIPRAZOLE INJECTION | - | 09037 | 0.0935 | APC (blood and non-blood products) | $5.25 | - | - | - | - | 000 | 999 | - |
| J0401 | K | INJ ARIPIPRAZOLE EXT REL 1MG | - | 01468 | 0.1198 | APC (blood and non-blood products) | $6.72 | - | - | - | - | 000 | 999 | - |
| J0456 | N | AZITHROMYCIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0457 | N | INJECTION, AZTREONAM, 100 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0461 | N | ATROPINE SULFATE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0470 | K | DIMECAPROL INJECTION | - | 09039 | 1.0654 | APC (blood and non-blood products) | $59.81 | - | - | - | - | 000 | 999 | - |
| J0475 | K | BACLOFEN 10 MG INJECTION | - | 09032 | 3.2506 | APC (blood and non-blood products) | $182.49 | - | - | - | - | 000 | 999 | - |
| J0476 | N | BACLOFEN INTRATHECAL TRIAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0480 | K | BASILIXIMAB | - | 01683 | 78.1810 | APC (blood and non-blood products) | $4,389.08 | - | - | - | - | 000 | 999 | - |
| J0485 | K | BELATACEPT INJECTION | - | 09286 | 0.0673 | APC (blood and non-blood products) | $3.78 | - | - | - | - | 000 | 999 | - |
| J0490 | K | BELIMUMAB INJECTION | - | 01353 | 0.9071 | APC (blood and non-blood products) | $50.93 | - | - | - | - | 005 | 999 | - |
| J0491 | G | INJ ANIFROLUMAB-FNIA 1MG | - | 09434 | | APC – pays by fee schedule amount | $16.66 | - | - | - | - | 000 | 999 | - |
| J0500 | N | DICYCLOMINE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0515 | N | INJ BENZTROPINE MESYLATE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0517 | K | INJ., BENRALIZUMAB, 1 MG | - | 09466 | 3.0446 | APC (blood and non-blood products) | $170.93 | | | Y | - | 000 | 999 | - |
| J0520 | N | BETHANECHOL CHLORIDE INJECT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0558 | K | PENG BENZATHINE/PROCAINE INJ | - | 09088 | 0.2792 | APC (blood and non-blood products) | $15.67 | - | - | - | - | 000 | 999 | - |
| J0561 | K | PENICILLIN G BENZATHINE INJ | - | 01829 | 0.3592 | APC (blood and non-blood products) | $20.17 | - | - | - | - | 000 | 999 | - |
| J0565 | K | INJ, BEZLOTOXUMAB, 10 MG | - | 09490 | 0.7099 | APC (blood and non-blood products) | $39.85 | | | Y | - | 000 | 999 | - |
| J0567 | E | INJ., CERLIPONASE ALFA 1 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0570 | K | BUPRENORPHINE IMPLANT 74.2MG | - | 09058 | 23.3657 | APC (blood and non-blood products) | $1,311.75 | - | - | - | - | 000 | 999 | - |
| J0571 | E | BUPRENORPHINE ORAL 1MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0572 | E | BUPREN/NAL UP TO 3MG BUPRENO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0573 | E | BUPREN/NAL 3.1 TO 6MG BUPREN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0574 | E | BUPREN/NAL 6.1 TO 10MG BUPRE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0575 | E | BUPREN/NAL OVER 10MG BUPRENO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0583 | N | BIVALIRUDIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0584 | K | INJECTION, BUROSUMAB-TWZA 1M | - | 09187 | 7.5895 | APC (blood and non-blood products) | $426.07 | - | - | - | - | 000 | 999 | - |
| J0585 | K | INJECTION,ONABOTULINUMTOXINA | - | 00902 | 0.1139 | APC (blood and non-blood products) | $6.39 | - | - | - | - | 000 | 999 | - |
| J0586 | K | ABOBOTULINUMTOXINA | - | 01289 | 0.1469 | APC (blood and non-blood products) | $8.25 | - | - | - | - | 000 | 999 | - |
| J0587 | K | INJ, RIMABOTULINUMTOXINB | - | 09018 | 0.2266 | APC (blood and non-blood products) | $12.72 | - | - | - | - | 000 | 999 | - |
| J0588 | K | INCOBOTULINUMTOXIN A | - | 09278 | 0.0926 | APC (blood and non-blood products) | $5.20 | - | - | - | - | 018 | 999 | - |
| J0591 | E | INJ DEOXYCHOLIC ACID, 1 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0592 | N | BUPRENORPHINE HYDROCHLORIDE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0593 | E | INJ., LANADELUMAB-FLYO, 1 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0594 | K | BUSULFAN INJECTION | - | 01178 | 0.0246 | APC (blood and non-blood products) | $1.38 | - | - | - | - | 000 | 999 | - |
| J0595 | N | BUTORPHANOL TARTRATE 1 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0596 | K | INJECTION, RUCONEST | - | 09445 | 0.5882 | APC (blood and non-blood products) | $33.02 | - | - | - | - | 000 | 999 | - |
| J0597 | K | C-1 ESTERASE, BERINERT | - | 09269 | 1.1479 | APC (blood and non-blood products) | $64.45 | - | - | - | - | 000 | 999 | - |
| J0598 | K | C-1 ESTERASE, CINRYZE | - | 09251 | 1.0817 | APC (blood and non-blood products) | $60.73 | - | - | - | - | 000 | 999 | - |
| J0599 | E | INJ., HAEGARDA 10 UNITS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0600 | K | EDETATE CALCIUM DISODIUM INJ | - | 01274 | 101.6850 | APC (blood and non-blood products) | $5,708.59 | - | - | - | - | 000 | 999 | - |
| J0604 | M | CINACALCET, ESRD ON DIALYSIS | - | - | - | Fee Schedule | $0.93 | - | - | - | - | 000 | 999 | - |
| J0606 | N | INJ, ETELCALCETIDE, 0.1 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0612 | N | CALCIUM GLUCON (FRESENIUS) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0613 | N | CALCIUM GLUCON (WG CRITICAL) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0620 | N | CALCIUM GLYCER & LACT/10 ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0630 | K | CALCITONIN SALMON INJECTION | - | 01433 | 24.3399 | APC (blood and non-blood products) | $1,366.44 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| J0636 | N | INJ CALCITRIOL PER 0.1 MCG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0637 | N | CASPOFUNGIN ACETATE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0638 | K | CANAKINUMAB INJECTION | - | 01311 | 2.1645 | APC (blood and non-blood products) | $121.51 | - | - | - | - | 000 | 999 | - |
| J0640 | N | LEUCOVORIN CALCIUM INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0641 | K | INJ LEVOLEUCOVORIN NOS 0.5MG | - | 01236 | 0.0007 | APC (blood and non-blood products) | $0.04 | - | - | - | - | 000 | 999 | - |
| J0642 | N | INJECTION, KHAPZORY, 0.5 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0665 | N | INJ, BUPIVACAINE, NOS, 0.5MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0670 | N | INJ MEPIVACAINE HCL/10 ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0689 | N | INJ CEFAZOLIN SODIUM, BAXTER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0690 | N | CEFAZOLIN SODIUM INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0691 | N | INJ LEFAMULIN 1 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0692 | N | CEFEPIME HCL FOR INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0694 | N | CEFOXITIN SODIUM INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0695 | K | INJ CEFTOLOZANE TAZOBACTAM | - | 09452 | 0.1343 | APC (blood and non-blood products) | $7.54 | - | - | - | - | 000 | 999 | - |
| J0696 | N | CEFTRIAXONE SODIUM INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0697 | N | STERILE CEFUROXIME INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0698 | N | CEFOTAXIME SODIUM INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0699 | G | INJ, CEFIDEROCOL, 10 MG | - | 09426 | | APC – pays by fee schedule amount | $2.16 | - | - | - | - | 000 | 999 | - |
| J0701 | N | INJ. CEFEPIME HCL (BAXTER) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0702 | N | BETAMETHASONE ACET&SOD PHOSP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0703 | N | INJ, CEFEPIME HCL (B BRAUN) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0706 | N | CAFFEINE CITRATE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0710 | E | CEPHAPIRIN SODIUM INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0712 | K | CEFTAROLINE FOSAMIL INJ | - | 01824 | 0.0692 | APC (blood and non-blood products) | $3.89 | - | - | - | - | 018 | 999 | - |
| J0713 | N | INJ CEFTAZIDIME PER 500 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0714 | K | CEFTAZIDIME AND AVIBACTAM | - | 01825 | 1.6473 | APC (blood and non-blood products) | $92.48 | - | - | - | - | 000 | 999 | - |
| J0715 | N | CEFTIZOXIME SODIUM / 500 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0716 | K | CENTRUROIDES IMMUNE F(AB) | - | 01431 | 92.7799 | APC (blood and non-blood products) | $5,208.66 | - | - | - | - | 000 | 999 | - |
| J0717 | K | CERTOLIZUMAB PEGOL INJ 1MG | - | 01474 | 0.0904 | APC (blood and non-blood products) | $5.07 | - | - | - | - | 000 | 999 | - |
| J0720 | N | CHLORAMPHENICOL SODIUM INJEC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0725 | E | CHORIONIC GONADOTROPIN/1000U | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0735 | N | CLONIDINE HYDROCHLORIDE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0736 | N | INJ, CLINDAMYCIN PHOSP 300MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0737 | N | INJ, CLINDAMYCIN (BAXTER) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0739 | E | INJECTION, CABOTEGRAVIR 1 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0740 | K | CIDOFOVIR INJECTION | - | 09033 | 10.2784 | APC (blood and non-blood products) | $577.03 | - | - | - | - | 000 | 999 | - |
| J0741 | G | INJ, CABOTE RILPIVIR 2MG 3MG | - | 09414 | | APC – pays by fee schedule amount | $21.84 | - | - | - | - | 000 | 999 | - |
| J0742 | G | INJ IMIP 4 CILAS 4 RELEB 2MG | - | 09362 | | APC – pays by fee schedule amount | $2.49 | - | - | - | - | 000 | 999 | - |
| J0743 | N | CILASTATIN SODIUM INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0744 | N | CIPROFLOXACIN IV | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0745 | K | INJ CODEINE PHOSPHATE /30 MG | - | 09393 | 0.5638 | APC (blood and non-blood products) | $31.65 | - | - | - | - | 000 | 999 | - |
| J0770 | N | COLISTIMETHATE SODIUM INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0775 | K | COLLAGENASE, CLOST HIST INJ | - | 01340 | 1.1605 | APC (blood and non-blood products) | $65.15 | - | - | - | - | 000 | 999 | - |
| J0780 | N | PROCHLORPERAZINE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0791 | K | INJ CRIZANLIZUMAB-TMCA 5MG | - | 09359 | 2.2552 | APC (blood and non-blood products) | $126.61 | - | - | - | - | 000 | 999 | - |
| J0795 | N | CORTICORELIN OVINE TRIFLUTAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0801 | K | INJ. ACTHAR GEL TO 40 UNITS | - | 09268 | 70.0477 | APC (blood and non-blood products) | $4,090.09 | - | - | - | - | 000 | 999 | - |
| J0802 | K | INJ. (ANI), UP TO 40 UNITS | - | 09275 | 59.5572 | APC (blood and non-blood products) | $3,477.54 | - | - | - | - | 000 | 999 | - |
| J0834 | N | INJ., COSYNTROPIN, 0.25 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0840 | K | CROTALIDAE POLY IMMUNE FAB | - | 09274 | 36.6290 | APC (blood and non-blood products) | $2,056.35 | - | - | - | - | 000 | 999 | - |
| J0841 | K | INJ CROTALIDAE IM F(AB')2 EQ | - | 09188 | 18.1592 | APC (blood and non-blood products) | $1,019.46 | - | - | - | - | 000 | 999 | - |
| J0850 | K | CYTOMEGALOVIRUS IMM IV /VIAL | - | 00903 | 32.3156 | APC (blood and non-blood products) | $1,814.20 | - | - | - | - | 000 | 999 | - |
| J0874 | E | INJ, DAPTOMYCIN (BAXTER) | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0875 | K | INJECTION, DALBAVANCIN | - | 01823 | 0.2619 | APC (blood and non-blood products) | $14.70 | - | - | - | - | 000 | 999 | - |
| J0877 | N | INJ, DAPTOMYCIN (HOSPIRA) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0878 | N | DAPTOMYCIN INJECTION | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| J0879 | K | DIFELIKEFALIN, ESRD ON DIALY | - | 09202 | 0.0038 | APC (blood and non-blood products) | $0.21 | - | - | - | - | 000 | 999 | - |
| J0881 | K | DARBEPOETIN ALFA, NON-ESRD | - | 01685 | 0.0523 | APC (blood and non-blood products) | $2.94 | - | - | - | - | 000 | 999 | - |
| J0882 | K | DARBEPOETIN ALFA, ESRD USE | - | 01482 | 0.0523 | APC (blood and non-blood products) | $2.94 | - | - | - | - | 000 | 999 | - |
| J0883 | K | ARGATROBAN NONESRD USE 1MG | - | 01859 | 0.0223 | APC (blood and non-blood products) | $1.25 | - | - | - | - | 000 | 999 | - |
| J0884 | K | ARGATROBAN ESRD DIALYSIS 1MG | - | 09065 | 0.0223 | APC (blood and non-blood products) | $1.25 | - | - | - | - | 000 | 999 | - |
| J0885 | K | EPOETIN ALFA, NON-ESRD | - | 01686 | 0.1225 | APC (blood and non-blood products) | $6.88 | - | - | - | - | 000 | 999 | - |
| J0887 | K | EPOETIN BETA ESRD USE | - | 09041 | 0.0293 | APC (blood and non-blood products) | $1.65 | - | - | - | - | 000 | 999 | - |
| J0888 | N | EPOETIN BETA NON ESRD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0889 | E | DAPRODUSTAT ORAL 1MG ESRD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J0890 | M | PEGINESATIDE INJECTION | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| J0891 | K | ARGATROBAN NONESRD (ACCORD) | - | 09020 | 0.0082 | APC (blood and non-blood products) | $0.46 | - | - | - | - | 000 | 999 | - |
| J0892 | K | ARGATROBAN DIALYSIS (ACCORD) | - | 09021 | 0.0082 | APC (blood and non-blood products) | $0.46 | - | - | - | - | 000 | 999 | - |
| J0893 | N | INJ, DECITABINE (SUN PHARMA) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0894 | N | DECITABINE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0895 | N | DEFEROXAMINE MESYLATE INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J0896 | G | INJ LUSPATERCEPT-AAMT 0.25MG | - | 09347 | | APC – pays by fee schedule amount | $39.18 | - | - | - | - | 000 | 999 | - |
| J0897 | K | DENOSUMAB INJECTION | - | 09272 | 0.4309 | APC (blood and non-blood products) | $24.19 | | | Y | - | 018 | 999 | - |
| J0898 | K | ARGATROBAN NONESRD (AUROMED) | - | 09022 | 0.0292 | APC (blood and non-blood products) | $1.64 | - | - | - | - | 000 | 999 | - |
| J0899 | K | ARGATROBAN DIALYSIS, AUROMED | - | 09023 | 0.0292 | APC (blood and non-blood products) | $1.64 | - | - | - | - | 000 | 999 | - |
| J0945 | E | BROMPHENIRAMINE MALEATE INJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J1000 | N | DEPO-ESTRADIOL CYPIONATE INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1020 | N | METHYLPREDNISOLONE 20 MG INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1030 | N | METHYLPREDNISOLONE 40 MG INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1040 | N | METHYLPREDNISOLONE 80 MG INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1050 | N | MEDROXYPROGESTERONE ACETATE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1071 | N | INJ TESTOSTERONE CYPIONATE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1094 | N | INJ DEXAMETHASONE ACETATE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1095 | N | INJECTION, DEXAMETHASONE 9% | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1096 | N | DEXAMETHA OPTH INSERT 0.1 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1097 | N | PHENYLEP KETOROLAC OPTH SOLN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1100 | N | DEXAMETHASONE SODIUM PHOS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1110 | N | INJ DIHYDROERGOTAMINE MESYLT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1120 | N | ACETAZOLAMID SODIUM INJECTIO | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1130 | N | INJ DICLOFENAC SODIUM 0.5MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1160 | N | DIGOXIN INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1162 | K | DIGOXIN IMMUNE FAB (OVINE) | - | 01687 | 81.8235 | APC (blood and non-blood products) | $4,593.57 | - | - | - | - | 000 | 999 | - |
| J1165 | N | PHENYTOIN SODIUM INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1170 | N | HYDROMORPHONE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1180 | E | DYPHYLLINE INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J1190 | K | DEXRAZOXANE HCL INJECTION | - | 00726 | 2.0288 | APC (blood and non-blood products) | $113.90 | - | - | - | - | 000 | 999 | - |
| J1200 | N | DIPHENHYDRAMINE HCL INJECTIO | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1201 | K | INJ. CETIRIZINE HCL 0.5MG | - | 09361 | 0.2683 | APC (blood and non-blood products) | $15.07 | - | - | - | - | 000 | 999 | - |
| J1205 | N | CHLOROTHIAZIDE SODIUM INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1212 | K | DIMETHYL SULFOXIDE 50% 50 ML | - | 01832 | 12.1574 | APC (blood and non-blood products) | $682.52 | - | - | - | - | 000 | 999 | - |
| J1230 | N | METHADONE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1240 | N | DIMENHYDRINATE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1245 | N | DIPYRIDAMOLE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1250 | N | INJ DOBUTAMINE HCL/250 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1260 | N | DOLASETRON MESYLATE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1265 | N | DOPAMINE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1267 | E | DORIPENEM INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 018 | 999 | - |
| J1270 | N | INJECTION, DOXERCALCIFEROL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1290 | K | ECALLANTIDE INJECTION | - | 09263 | 9.4535 | APC (blood and non-blood products) | $530.72 | - | - | - | - | 000 | 999 | - |
| J1300 | K | ECULIZUMAB INJECTION | - | 09236 | 4.0219 | APC (blood and non-blood products) | $225.79 | - | - | - | - | 000 | 999 | - |
| J1301 | K | INJECTION, EDARAVONE, 1 MG | - | 09493 | 0.3812 | APC (blood and non-blood products) | $21.40 | - | - | - | - | 000 | 999 | - |
| J1302 | G | INJ, SUTIMLIMAB-JOME, 10 MG | - | 09444 | | APC – pays by fee schedule amount | $17.75 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| J1303 | K | INJ., RAVULIZUMAB-CWVZ 10 MG | - | 09312 | 3.9522 | APC (blood and non-blood products) | $221.88 | - | - | - | - | 000 | 999 | - |
| J1305 | G | INJ, EVINACUMAB-DGNB, 5MG | - | 09416 | | APC – pays by fee schedule amount | $175.78 | | | Y | - | 000 | 999 | - |
| J1306 | G | INJECTION, INCLISIRAN, 1 MG | - | 09004 | | APC – pays by fee schedule amount | $12.06 | - | - | - | - | 000 | 999 | - |
| J1320 | N | AMITRIPTYLINE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1322 | K | ELOSULFASE ALFA, INJECTION | - | 01480 | 4.9898 | APC (blood and non-blood products) | $280.13 | - | - | - | - | 000 | 999 | - |
| J1324 | E | ENFUVIRTIDE INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J1325 | N | EPOPROSTENOL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1327 | N | EPTIFIBATIDE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1330 | M | ERGONOVINE MALEATE INJECTION | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| J1335 | N | ERTAPENEM INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1364 | K | ERYTHRO LACTOBIONATE /500 MG | - | 01669 | 1.5555 | APC (blood and non-blood products) | $87.33 | - | - | - | - | 000 | 999 | - |
| J1380 | N | ESTRADIOL VALERATE 10 MG INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1410 | K | INJ ESTROGEN CONJUGATE 25 MG | - | 09038 | 6.6244 | APC (blood and non-blood products) | $371.89 | - | - | - | - | 000 | 999 | - |
| J1411 | G | INJ, HEMGENIX, PER TX DOSE | - | 09138 | | APC – pays by fee schedule amount | $3,710,000.00 | - | - | - | - | 000 | 999 | - |
| J1426 | G | INJECTION, CASIMERSEN, 10 MG | - | 09412 | | APC – pays by fee schedule amount | $166.20 | | | Y | - | 000 | 999 | - |
| J1427 | G | INJ. VILTOLARSEN | - | 09386 | | APC – pays by fee schedule amount | $58.85 | | | Y | - | 000 | 999 | - |
| J1428 | E | INJ, ETEPLIRSEN, 10 MG | - | - | - | Not Allowed | $0.00 | | | Y | - | 000 | 999 | - |
| J1429 | G | INJ GOLODIRSEN 10 MG | - | 09356 | | APC – pays by fee schedule amount | $166.17 | | | Y | - | 000 | 999 | - |
| J1430 | K | ETHANOLAMINE OLEATE 100 MG | - | 01688 | 8.5690 | APC (blood and non-blood products) | $481.06 | - | - | - | - | 000 | 999 | - |
| J1435 | E | INJECTION ESTRONE PER 1 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J1436 | E | ETIDRONATE DISODIUM INJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J1437 | G | INJ. FE DERISOMALTOSE 10 MG | - | 09388 | | APC – pays by fee schedule amount | $20.61 | - | - | - | - | 000 | 999 | - |
| J1438 | K | ETANERCEPT INJECTION | - | 01608 | 14.0859 | APC (blood and non-blood products) | $790.78 | - | - | - | - | 000 | 999 | - |
| J1439 | K | INJ FERRIC CARBOXYMALTOS 1MG | - | 09441 | 0.0200 | APC (blood and non-blood products) | $1.13 | - | - | - | - | 000 | 999 | - |
| J1440 | G | FECAL MICROBIOTA JSLM 1 M? | - | 09142 | | APC – pays by fee schedule amount | $61.80 | - | - | - | - | 000 | 999 | - |
| J1442 | K | INJ FILGRASTIM EXCL BIOSIMIL | - | 01469 | 0.0175 | APC (blood and non-blood products) | $0.99 | - | - | - | - | 000 | 999 | - |
| J1443 | M | INJ FERRIC PYROPHOSPHATE CIT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| J1444 | N | FE PYRO CIT POW 0.1 MG IRON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1445 | M | INJ TRIFERIC AVNU 0.1MG IRON | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| J1447 | K | INJ TBO FILGRASTIM 1 MICROG | - | 01748 | 0.0076 | APC (blood and non-blood products) | $0.43 | - | - | - | - | 000 | 999 | - |
| J1448 | G | INJECTION, TRILACICLIB, 1MG | - | 09415 | | APC – pays by fee schedule amount | $5.10 | - | - | - | - | 000 | 999 | - |
| J1449 | G | INJ EFLAPEGRASTIM-XNST 0.1MG | - | 09114 | | APC – pays by fee schedule amount | $31.77 | - | - | - | - | 000 | 999 | - |
| J1450 | N | FLUCONAZOLE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1451 | K | FOMEPIZOLE, 15 MG | - | 01689 | 0.1294 | APC (blood and non-blood products) | $7.27 | - | - | - | - | 000 | 999 | - |
| J1452 | E | INTRAOCULAR FOMIVIRSEN NA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J1453 | N | FOSAPREPITANT INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1454 | K | INJ FOSNETUPITANT, PALONOSET | - | 09099 | 6.6263 | APC (blood and non-blood products) | $372.00 | - | - | - | - | 000 | 999 | - |
| J1455 | K | FOSCARNET SODIUM INJECTION | - | 01849 | 1.0186 | APC (blood and non-blood products) | $57.18 | - | - | - | - | 000 | 999 | - |
| J1456 | N | INJ, FOSAPREPITANT (TEVA) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1457 | E | GALLIUM NITRATE INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| J1458 | N | GALSULFASE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1459 | K | INJ IVIG PRIVIGEN 500 MG | - | 01214 | 0.8549 | APC (blood and non-blood products) | $47.99 | - | - | - | - | 000 | 999 | - |
| J1460 | K | GAMMA GLOBULIN 1 CC INJ | - | 01850 | 0.8633 | APC (blood and non-blood products) | $48.47 | - | - | - | - | 000 | 999 | - |
| J1551 | K | INJ CUTAQUIG 100 MG | - | 09007 | 0.2563 | APC (blood and non-blood products) | $14.39 | - | - | - | - | 000 | 999 | - |
| J1554 | G | INJ. ASCENIV | - | 09392 | | APC – pays by fee schedule amount | $491.41 | - | - | - | - | 000 | 999 | - |
| J1555 | K | INJ CUVITRU, 100 MG | - | 09034 | 0.2899 | APC (blood and non-blood products) | $16.28 | - | - | - | - | 000 | 999 | - |
| J1556 | K | INJ, IMM GLOB BIVIGAM, 500MG | - | 09130 | 1.2997 | APC (blood and non-blood products) | $72.96 | - | - | - | - | 000 | 999 | - |
| J1557 | K | GAMMAPLEX INJECTION | - | 09270 | 1.0595 | APC (blood and non-blood products) | $59.48 | - | - | - | - | 000 | 999 | - |
| J1558 | K | INJ. XEMBIFY, 100 MG | - | 09372 | 0.2494 | APC (blood and non-blood products) | $14.00 | - | - | - | - | 000 | 999 | - |
| J1559 | K | HIZENTRA INJECTION | - | 01312 | 0.2281 | APC (blood and non-blood products) | $12.80 | - | - | - | - | 000 | 999 | - |
| J1560 | K | GAMMA GLOBULIN > 10 CC INJ | - | 01851 | 8.6328 | APC (blood and non-blood products) | $484.65 | - | - | - | - | 000 | 999 | - |
| J1561 | K | GAMUNEX-C/GAMMAKED | - | 00948 | 0.9020 | APC (blood and non-blood products) | $50.64 | - | - | - | - | 000 | 999 | - |
| J1562 | E | VIVAGLOBIN, INJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J1566 | K | IMMUNE GLOBULIN, POWDER | - | 02731 | 1.3852 | APC (blood and non-blood products) | $77.77 | - | - | - | - | 000 | 999 | - |
| J1568 | K | OCTAGAM INJECTION | - | 00943 | 0.7859 | APC (blood and non-blood products) | $44.12 | - | - | - | - | 000 | 999 | - |
| J1569 | K | GAMMAGARD LIQUID INJECTION | - | 00944 | 0.8199 | APC (blood and non-blood products) | $46.03 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| J1570 | N | GANCICLOVIR SODIUM INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1571 | K | HEPAGAM B IM INJECTION | - | 00946 | 1.1802 | APC (blood and non-blood products) | $66.26 | - | - | - | - | 000 | 999 | - |
| J1572 | K | FLEBOGAMMA INJECTION | - | 00947 | 0.9996 | APC (blood and non-blood products) | $56.12 | - | - | - | - | 000 | 999 | - |
| J1573 | K | HEPAGAM B INTRAVENOUS, INJ | - | 01138 | 1.1802 | APC (blood and non-blood products) | $66.26 | - | - | - | - | 000 | 999 | - |
| J1574 | N | INJ, GANCICLOVIR (EXELA) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1575 | K | HYQVIA 100MG IMMUNEGLOBULIN | - | 01826 | 0.2967 | APC (blood and non-blood products) | $16.66 | - | - | - | - | 000 | 999 | - |
| J1576 | K | INJ, PANZYGA, 500 MG | - | 09144 | 1.1710 | APC (blood and non-blood products) | $65.74 | - | - | - | - | 000 | 999 | - |
| J1580 | N | GARAMYCIN GENTAMICIN INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1595 | K | INJECTION GLATIRAMER ACETATE | - | 01015 | 2.6974 | APC (blood and non-blood products) | $151.43 | - | - | - | - | 000 | 999 | - |
| J1599 | N | IVIG NON-LYOPHILIZED, NOS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1600 | E | GOLD SODIUM THIOMALEATE INJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J1602 | K | GOLIMUMAB FOR IV USE 1MG | - | 01475 | 0.2367 | APC (blood and non-blood products) | $13.29 | | | Y | - | 000 | 999 | - |
| J1610 | K | GLUCAGON HYDROCHLORIDE/1 MG | - | 09042 | 3.4766 | APC (blood and non-blood products) | $195.18 | - | - | - | - | 000 | 999 | - |
| J1611 | K | INJ GLUCAGON HCL, FRESENIUS | - | 09025 | 1.8064 | APC (blood and non-blood products) | $101.41 | - | - | - | - | 000 | 999 | - |
| J1620 | E | GONADORELIN HYDROCH/ 100 MCG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J1626 | N | GRANISETRON HCL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1627 | K | INJ, GRANISETRON, XR, 0.1 MG | - | 09421 | 0.1047 | APC (blood and non-blood products) | $5.88 | - | - | - | - | 000 | 999 | - |
| J1628 | K | INJ., GUSELKUMAB, 1 MG | - | 09029 | 1.3500 | APC (blood and non-blood products) | $75.79 | - | - | - | - | 000 | 999 | - |
| J1630 | N | HALOPERIDOL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1631 | N | HALOPERIDOL DECANOATE INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1632 | K | INJ., BREXANOLONE, 1 MG | - | 09333 | 1.2895 | APC (blood and non-blood products) | $72.39 | | | Y | - | 000 | 999 | - |
| J1640 | K | HEMIN, 1 MG | - | 01690 | 0.5536 | APC (blood and non-blood products) | $31.08 | - | - | - | - | 000 | 999 | - |
| J1642 | N | INJ HEPARIN SODIUM PER 10 U | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1643 | N | INJ HEPARIN, PFIZER, 1000U | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1644 | N | INJ HEPARIN SODIUM PER 1000U | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1645 | N | DALTEPARIN SODIUM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1650 | N | INJ ENOXAPARIN SODIUM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1652 | N | FONDAPARINUX SODIUM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1655 | E | TINZAPARIN SODIUM INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J1670 | K | TETANUS IMMUNE GLOBULIN INJ | - | 01670 | 9.6364 | APC (blood and non-blood products) | $540.99 | - | - | - | - | 000 | 999 | - |
| J1675 | M | HISTRELIN ACETATE | - | - | - | Fee Schedule | $0.00 | | | Y | - | 000 | 999 | - |
| J1680 | E | HUMAN FIBRINOGEN CONC INJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J1700 | N | HYDROCORTISONE ACETATE INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1710 | N | HYDROCORTISONE SODIUM PH INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1720 | N | HYDROCORTISONE SODIUM SUCC I | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1726 | K | MAKENA, 10 MG | - | 09074 | 0.2625 | APC (blood and non-blood products) | $14.74 | - | - | - | - | 000 | 999 | - |
| J1729 | K | INJ HYDROXYPROGST CAPOAT NOS | - | 09318 | 0.1576 | APC (blood and non-blood products) | $8.85 | - | - | - | - | 000 | 999 | - |
| J1730 | E | DIAZOXIDE INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J1738 | N | INJ. MELOXICAM 1 MG | - | - | - | APC – pays by fee schedule amount | $0.00 | - | - | - | - | 000 | 999 | - |
| J1740 | K | IBANDRONATE SODIUM INJECTION | - | 09229 | 0.5222 | APC (blood and non-blood products) | $29.31 | - | - | - | - | 000 | 999 | - |
| J1741 | N | IBUPROFEN INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1742 | K | IBUTILIDE FUMARATE INJECTION | - | 09044 | 4.8425 | APC (blood and non-blood products) | $271.86 | - | - | - | - | 000 | 999 | - |
| J1743 | K | IDURSULFASE INJECTION | - | 09045 | 9.6708 | APC (blood and non-blood products) | $542.92 | - | - | - | - | 000 | 999 | - |
| J1744 | K | ICATIBANT INJECTION | - | 01443 | 4.0721 | APC (blood and non-blood products) | $228.61 | - | - | - | - | 000 | 999 | - |
| J1745 | K | INFLIXIMAB NOT BIOSIMIL 10MG | - | 07043 | 0.5862 | APC (blood and non-blood products) | $32.91 | - | - | - | - | 000 | 999 | - |
| J1746 | K | INJ., IBALIZUMAB-UIYK, 10 MG | - | 09189 | 1.3233 | APC (blood and non-blood products) | $74.29 | - | - | - | - | 000 | 999 | - |
| J1747 | G | INJ, SPESOLIMAB-SBZO, 1 MG | - | 09115 | | APC – pays by fee schedule amount | $60.22 | - | - | - | - | 000 | 999 | - |
| J1750 | K | INJ IRON DEXTRAN | - | 01237 | 0.3059 | APC (blood and non-blood products) | $17.18 | - | - | - | - | 000 | 999 | - |
| J1756 | N | IRON SUCROSE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1786 | K | IMUGLUCERASE INJECTION | - | 01327 | 0.7882 | APC (blood and non-blood products) | $44.25 | - | - | - | - | 000 | 999 | - |
| J1790 | N | DROPERIDOL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1800 | N | PROPRANOLOL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1805 | N | INJ, ESMOLOL HCL, 10MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1806 | N | INJ ESMOLOL HCL WG CRIT CARE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1810 | E | DROPERIDOL/FENTANYL INJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J1811 | N | FIASP FOR INSULIN PUMP USE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| J1812 | N | INJ. INSULIN (FIASP) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1813 | N | LYUMJEV FOR INSULIN PUMP USE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1814 | N | INJ. INSULIN (LYUMJEV) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1815 | N | INSULIN INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1817 | N | INSULIN FOR INSULIN PUMP USE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1823 | G | INJ. INEBILIZUMAB-CDON, 1 MG | - | 09394 | | APC – pays by fee schedule amount | $472.30 | - | - | - | - | 000 | 999 | - |
| J1826 | K | INTERFERON BETA-1A INJ | - | 01852 | 32.4138 | APC (blood and non-blood products) | $1,819.71 | - | - | - | - | 000 | 999 | - |
| J1830 | N | INTERFERON BETA-1B / .25 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1833 | K | INJECTION, ISAVUCONAZONIUM | - | 09456 | 0.0163 | APC (blood and non-blood products) | $0.91 | - | - | - | - | 000 | 999 | - |
| J1835 | E | ITRACONAZOLE INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J1836 | N | INJ, METRONIDAZOLE, 10 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1840 | N | KANAMYCIN SULFATE 500 MG INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1850 | N | KANAMYCIN SULFATE 75 MG INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1885 | N | KETOROLAC TROMETHAMINE INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1890 | E | CEPHALOTHIN SODIUM INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J1920 | N | INJ, LABETALOL HCL, 5MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1921 | N | INJ LABETALOL HCL HIKMA, 5MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1930 | K | LANREOTIDE INJECTION | - | 09237 | 0.9651 | APC (blood and non-blood products) | $54.18 | - | - | - | - | 000 | 999 | - |
| J1931 | K | LARONIDASE INJECTION | - | 09209 | 0.6598 | APC (blood and non-blood products) | $37.04 | - | - | - | Y | 000 | 999 | - |
| J1932 | G | INJ, LANREOTIDE, (CIPLA) 1MG | - | 09051 | | APC – pays by fee schedule amount | $51.38 | - | - | - | - | 000 | 999 | - |
| J1940 | N | FUROSEMIDE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1941 | E | INJ, FUROSCIX, 20 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J1943 | K | INJ., ARISTADA INITIO, 1 MG | - | 09179 | 0.0545 | APC (blood and non-blood products) | $3.06 | - | - | - | - | 000 | 999 | - |
| J1944 | K | ARIPIPRAZOLE LAUROXIL 1 MG | - | 09470 | 0.0546 | APC (blood and non-blood products) | $3.07 | - | - | - | - | 000 | 999 | - |
| J1945 | E | LEPIRUDIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J1950 | K | LEUPROLIDE ACETATE /3.75 MG | - | 00800 | 27.4941 | APC (blood and non-blood products) | $1,543.52 | - | - | - | - | 000 | 999 | - |
| J1951 | K | INJ FENSOLVI 0.25 MG | - | 09419 | 2.4725 | APC (blood and non-blood products) | $138.81 | - | - | - | - | 000 | 999 | - |
| J1952 | G | LEUPROLIDE INJ, CAMCEVI, 1MG | - | 09050 | | APC – pays by fee schedule amount | $78.31 | - | - | - | - | 000 | 999 | - |
| J1953 | N | LEVETIRACETAM INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 099 | - |
| J1954 | G | LEUPROLIDE DEPOT CIPLA 7.5MG | - | 09136 | | APC – pays by fee schedule amount | $425.48 | - | - | - | - | 000 | 999 | - |
| J1955 | M | INJ LEVOCARNITINE PER 1 GM | - | - | - | Fee Schedule | $35.42 | - | - | - | - | 000 | 999 | - |
| J1956 | N | LEVOFLOXACIN INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1960 | N | LEVORPHANOL TARTRATE INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1961 | G | INJ, LENACAPAVIR, 1 MG | - | 09155 | | APC – pays by fee schedule amount | $21.67 | - | - | - | - | 000 | 999 | - |
| J1980 | N | HYOSCYAMINE SULFATE INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J1990 | E | CHLORDIAZEPOXIDE INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J2001 | N | LIDOCAINE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2010 | N | LINCOMYCIN INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2020 | N | LINEZOLID INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2021 | N | INJ, LINEZOLID (HOSPIRA) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2060 | N | LORAZEPAM INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2062 | N | LOXAPINE FOR INHALATION 1 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2150 | N | MANNITOL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2170 | N | MECASERMIN INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2175 | N | MEPERIDINE HYDROCHL /100 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2180 | N | MEPERIDINE/PROMETHAZINE INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2182 | K | INJECTION, MEPOLIZUMAB, 1MG | - | 09473 | 0.5299 | APC (blood and non-blood products) | $29.75 | | | Y | - | 000 | 999 | - |
| J2184 | N | INJ, MEROPENEM (B. BRAUN) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2185 | N | MEROPENEM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2186 | K | INJ., MEROPENEM, VABORBACTAM | - | 09178 | 0.0360 | APC (blood and non-blood products) | $2.02 | - | - | - | - | 000 | 999 | - |
| J2210 | N | METHYLERGONOVIN MALEATE INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2212 | N | METHYLNALTREXONE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2247 | N | INJ, MICAFUNGIN (PAR PHARM) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2248 | N | MICAFUNGIN SODIUM INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2249 | N | INJ, REMIMAZOLAM, 1 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2250 | N | INJ MIDAZOLAM HYDROCHLORIDE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| J2251 | N | INJ MIDAZOLAM (WG CRIT CARE) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2260 | N | INJ MILRINONE LACTATE / 5 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2265 | K | MINOCYCLINE HYDROCHLORIDE | - | 01853 | 0.0427 | APC (blood and non-blood products) | $2.40 | - | - | - | - | 008 | 999 | - |
| J2270 | N | MORPHINE SULFATE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2272 | N | INJ, MORPHINE (FRESENIUS) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2274 | N | INJ MORPHINE PF EPID ITHC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2278 | K | ZICONOTIDE INJECTION | - | 01694 | 0.1617 | APC (blood and non-blood products) | $9.08 | - | - | - | - | 000 | 999 | - |
| J2280 | N | INJ, MOXIFLOXACIN 100 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2281 | N | INJ MOXIFLOXACIN (FRES KABI) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2300 | N | INJ NALBUPHINE HYDROCHLORIDE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2305 | N | INJ, NITROGLYCERIN, 5 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2310 | N | INJ NALOXONE HYDROCHLORIDE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2311 | N | INJ, NALOXONE HCL (ZIMHI) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2315 | K | NALTREXONE, DEPOT FORM | - | 00759 | 0.0702 | APC (blood and non-blood products) | $3.94 | | | Y | - | 000 | 999 | - |
| J2320 | N | NANDROLONE DECANOATE 50 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2323 | K | NATALIZUMAB INJECTION | - | 09126 | 0.4429 | APC (blood and non-blood products) | $24.86 | - | - | - | - | 000 | 999 | - |
| J2325 | E | NESIRITIDE INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J2326 | K | INJ, NUSINERSEN, 0.1MG | - | 09489 | 20.8412 | APC (blood and non-blood products) | $1,170.03 | | | Y | - | 000 | 999 | - |
| J2327 | G | INJ RISANKIZUMAB-RZAA 1 MG | - | 09013 | | APC – pays by fee schedule amount | $15.52 | - | - | - | - | 000 | 999 | - |
| J2329 | G | INJ UBLITUXIMAB-XIIY, 1 MG | - | 09149 | | APC – pays by fee schedule amount | $67.52 | - | - | - | - | 000 | 999 | - |
| J2350 | K | INJECTION, OCRELIZUMAB, 1 MG | - | 09494 | 1.0940 | APC (blood and non-blood products) | $61.42 | - | - | - | - | 000 | 999 | - |
| J2353 | K | OCTREOTIDE INJECTION, DEPOT | - | 01207 | 3.7071 | APC (blood and non-blood products) | $208.12 | - | - | - | - | 000 | 999 | - |
| J2354 | N | OCTREOTIDE INJ, NON-DEPOT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2355 | E | OPRELVEKIN INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J2356 | G | INJ TEZEPELUMAB-EKKO, 1MG | - | 09008 | | APC – pays by fee schedule amount | $18.73 | - | - | - | - | 000 | 999 | - |
| J2357 | K | OMALIZUMAB INJECTION | - | 09300 | 0.7015 | APC (blood and non-blood products) | $39.38 | | | Y | Y | 000 | 999 | - |
| J2358 | N | OLANZAPINE LONG-ACTING INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2359 | N | INJ. OLANZAPINE, 0.5MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2360 | N | ORPHENADRINE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2371 | N | INJ PHENYLEPHRINE HCL 20 MCG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2372 | N | INJ, BIORPHEN, 20 MICROGRAMS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2401 | N | CHLOROPROCAINE HCL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2402 | N | CHLOROPROCAINE (CLOROTEKAL) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2403 | G | CHLOROPROCAINE OPHT GEL, 1MG | - | 09116 | | APC – pays by fee schedule amount | $0.72 | - | - | - | - | 000 | 999 | - |
| J2405 | N | ONDANSETRON HCL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2406 | G | INJECTION, ORITAVANCIN 10 MG | - | 09427 | | APC – pays by fee schedule amount | $41.73 | - | - | - | - | 000 | 999 | - |
| J2407 | K | INJECTION, ORITAVANCIN | - | 01660 | 0.4791 | APC (blood and non-blood products) | $26.89 | - | - | - | - | 000 | 999 | - |
| J2410 | E | OXYMORPHONE HCL INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J2425 | K | PALIFERMIN INJECTION | - | 01696 | 0.4722 | APC (blood and non-blood products) | $26.51 | - | - | - | - | 000 | 999 | - |
| J2426 | K | INJ, INVEGA SUSTENNA, 1 MG | - | 09255 | 0.2532 | APC (blood and non-blood products) | $14.22 | - | - | - | - | 000 | 999 | - |
| J2427 | K | INJ, INVEGA HAFYERA/TRINZA | - | 09145 | 0.2157 | APC (blood and non-blood products) | $12.11 | - | - | - | - | 000 | 999 | - |
| J2430 | N | PAMIDRONATE DISODIUM /30 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2440 | N | PAPAVERIN HCL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2460 | E | OXYTETRACYCLINE INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J2469 | N | PALONOSETRON HCL | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| J2501 | N | PARICALCITOL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2502 | K | INJ, PASIREOTIDE LONG ACTING | - | 09454 | 7.5160 | APC (blood and non-blood products) | $421.95 | - | - | - | - | 000 | 999 | - |
| J2503 | E | PEGAPTANIB SODIUM INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J2504 | N | PEGADEMASE BOVINE, 25 IU | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2506 | K | INJ PEGFILGRAST EX BIO 0.5MG | - | 09436 | 1.5267 | APC (blood and non-blood products) | $85.71 | - | - | - | - | 000 | 999 | - |
| J2507 | K | PEGLOTICASE INJECTION | - | 09281 | 58.2196 | APC (blood and non-blood products) | $3,268.45 | | | Y | - | 018 | 999 | - |
| J2510 | K | PENICILLIN G PROCAINE INJ | - | 01836 | 0.7726 | APC (blood and non-blood products) | $43.38 | - | - | - | - | 000 | 999 | - |
| J2513 | E | PENTASTARCH 10% SOLUTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J2515 | K | PENTOBARBITAL SODIUM INJ | - | 01854 | 0.5403 | APC (blood and non-blood products) | $30.33 | - | - | - | - | 000 | 999 | - |
| J2540 | N | PENICILLIN G POTASSIUM INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2543 | N | PIPERACILLIN/TAZOBACTAM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| J2545 | M | PENTAMIDINE NON-COMP UNIT | - | - | - | Fee Schedule | $93.86 | - | - | - | - | 000 | 999 | - |
| J2547 | K | INJECTION, PERAMIVIR | - | 09451 | 0.0299 | APC (blood and non-blood products) | $1.68 | - | - | - | - | 000 | 999 | - |
| J2550 | N | PROMETHAZINE HCL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2560 | K | PHENOBARBITAL SODIUM INJ | - | 09069 | 0.7015 | APC (blood and non-blood products) | $39.38 | - | - | - | - | 000 | 999 | - |
| J2561 | N | INJ, SEZABY, 1 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2562 | K | PLERIXAFOR INJECTION | - | 09252 | 7.6481 | APC (blood and non-blood products) | $429.36 | - | - | - | - | 000 | 999 | - |
| J2590 | N | OXYTOCIN INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2597 | K | INJ DESMOPRESSIN ACETATE | - | 01440 | 0.1295 | APC (blood and non-blood products) | $7.27 | - | - | - | - | 000 | 999 | - |
| J2598 | N | INJ, VASOPRESSIN, 1 UNIT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2599 | N | INJ VASOPRESSIN (AM REG) 1 U | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2650 | N | PREDNISOLONE ACETATE INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2670 | M | TOTAZOLINE HCL INJECTION | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| J2675 | N | INJ PROGESTERONE PER 50 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2680 | N | FLUPHENAZINE DECANOATE 25 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2690 | N | PROCAINAMIDE HCL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2700 | N | OXACILLIN SODIUM INJECITON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2704 | N | INJ, PROPOFOL, 10 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2710 | N | NEOSTIGMINE METHYLSLFTE INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2720 | N | INJ PROTAMINE SULFATE/10 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2724 | K | PROTEIN C CONCENTRATE | - | 01139 | 0.2692 | APC (blood and non-blood products) | $15.11 | - | - | - | - | 000 | 999 | - |
| J2725 | E | INJ PROTIRELIN PER 250 MCG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J2730 | N | PRALIDOXIME CHLORIDE INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2760 | K | PHENTOLAINE MESYLATE INJ | - | 01458 | 8.1614 | APC (blood and non-blood products) | $458.18 | - | - | - | - | 000 | 999 | - |
| J2765 | N | METOCLOPRAMIDE HCL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2770 | K | QUINUPRISTIN/DALFOPRISTIN | - | 02770 | 8.7989 | APC (blood and non-blood products) | $493.97 | - | - | - | - | 000 | 999 | - |
| J2777 | G | INJ, FARICIMAB-SVOA, 0.1MG | - | 09496 | | APC – pays by fee schedule amount | $37.09 | - | - | - | - | 000 | 999 | - |
| J2778 | K | RANIBIZUMAB INJECTION | - | 09233 | 4.2142 | APC (blood and non-blood products) | $236.58 | - | - | - | - | 000 | 999 | - |
| J2779 | G | INJ, SUSVIMO 0.1 MG | - | 09439 | | APC – pays by fee schedule amount | $81.02 | - | - | - | - | 000 | 999 | - |
| J2780 | N | RANITIDINE HYDROCHLORIDE INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2781 | G | INJ, PEGCETACOPLAN, 1MG | - | 09158 | | APC – pays by fee schedule amount | $153.52 | - | - | - | - | 000 | 999 | - |
| J2783 | K | RASBURICASE | - | 00738 | 6.3656 | APC (blood and non-blood products) | $357.36 | - | - | - | - | 000 | 999 | - |
| J2785 | N | REGADENOSON INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 018 | 999 | - |
| J2786 | K | INJECTION, RESLIZUMAB, 1MG | - | 09481 | 0.1817 | APC (blood and non-blood products) | $10.20 | | | Y | - | 000 | 999 | - |
| J2787 | N | RIBOFLAVIN 5'PHOS OPTH<=3ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2788 | N | RHO D IMMUNE GLOBULIN 50 MCG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2790 | N | RHO D IMMUNE GLOBULIN INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2791 | N | RHOPHYLAC INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2792 | K | RHO(D) IMMUNE GLOBULIN H, SD | - | 01609 | 0.6005 | APC (blood and non-blood products) | $33.71 | - | - | - | - | 000 | 999 | - |
| J2793 | N | RILONACEPT INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2794 | K | INJ RISPERDAL CONSTA, 0.5 MG | - | 09125 | 0.2142 | APC (blood and non-blood products) | $12.02 | - | - | - | Y | 000 | 999 | - |
| J2795 | N | ROPIVACAINE HCL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2796 | K | ROMIPLOSTIM INJECTION | - | 09245 | 1.7005 | APC (blood and non-blood products) | $95.47 | - | - | - | - | 000 | 999 | - |
| J2797 | E | INJ., ROLAPITANT, 0.5 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J2798 | K | INJ., PERSERIS, 0.5 MG | - | 09181 | 0.2079 | APC (blood and non-blood products) | $11.67 | - | - | - | - | 000 | 999 | - |
| J2800 | N | METHOCARBAMOL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2805 | N | SINCALIDE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2806 | N | INJ SINCALIDE, MAIA, 5 MCG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2810 | N | INJ THEOPHYLLINE PER 40 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2820 | K | SARGRAMOSTIM INJECTION | - | 00731 | 1.0387 | APC (blood and non-blood products) | $58.31 | - | - | - | - | 000 | 999 | - |
| J2840 | K | INJ SEBELIPASE ALFA 1 MG | - | 09478 | 9.5798 | APC (blood and non-blood products) | $537.81 | - | - | - | - | 000 | 999 | - |
| J2850 | K | INJ SECRETIN SYNTHETIC HUMAN | - | 01700 | 0.7435 | APC (blood and non-blood products) | $41.74 | - | - | - | - | 000 | 999 | - |
| J2860 | K | INJECTION, SILTUXIMAB | - | 09455 | 2.4798 | APC (blood and non-blood products) | $139.22 | - | - | - | - | 000 | 999 | - |
| J2910 | N | AUROTHIOGLUCOSE INJECITON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2916 | N | NA FERRIC GLUCONATE COMPLEX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2920 | N | METHYLPREDNISOLONE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2930 | N | METHYLPREDNISOLONE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| J2940 | E | SOMATREM INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J2941 | K | SOMATROPIN INJECTION | - | 09319 | 3.0205 | APC (blood and non-blood products) | $169.57 | - | - | - | - | 000 | 999 | - |
| J2950 | N | PROMAZINE HCL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J2993 | K | RETEPLASE INJECTION | - | 09005 | 49.7266 | APC (blood and non-blood products) | $2,791.65 | - | - | - | - | 000 | 999 | - |
| J2995 | M | INJ STREPTOKINASE /250000 IU | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| J2997 | K | ALTEPLASE RECOMBINANT | - | 07048 | 1.5879 | APC (blood and non-blood products) | $89.15 | - | - | - | - | 000 | 999 | - |
| J2998 | G | INJ PLASMINOGEN TVMH 1MG | - | 09206 | | APC – pays by fee schedule amount | $30.10 | - | - | - | - | 000 | 999 | - |
| J3000 | N | STREPTOMYCIN INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3010 | N | FENTANYL CITRATE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3030 | N | SUMATRIPTAN SUCCINATE / 6 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3031 | K | INJ., FREMANEZUMAB-VFRM 1 MG | - | 09197 | 0.0356 | APC (blood and non-blood products) | $2.00 | - | - | - | - | 000 | 999 | - |
| J3032 | G | INJ. EPTINEZUMAB-JJMR 1 MG | - | 09357 | | APC – pays by fee schedule amount | $17.44 | | | Y | - | 000 | 999 | - |
| J3060 | K | INJ, TALIGLUCERASE ALFA 10 U | - | 09294 | 0.7937 | APC (blood and non-blood products) | $44.56 | - | - | - | - | 000 | 999 | - |
| J3070 | N | PENTAZOCINE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3090 | K | INJ TEDIZOLID PHOSPHATE | - | 01662 | 0.0304 | APC (blood and non-blood products) | $1.71 | - | - | - | - | 000 | 999 | - |
| J3095 | K | TELAVANCIN INJECTION | - | 09258 | 0.1216 | APC (blood and non-blood products) | $6.83 | - | - | - | - | 000 | 999 | - |
| J3101 | K | TENECTEPLASE INJECTION | - | 09002 | 2.7199 | APC (blood and non-blood products) | $152.70 | - | - | - | - | 018 | 999 | - |
| J3105 | N | TERBUTALINE SULFATE INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3110 | E | TERIPARATIDE INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | Y | 000 | 999 | - |
| J3111 | K | INJ. ROMOSOZUMAB-AQQG 1 MG | - | 09327 | 0.1847 | APC (blood and non-blood products) | $10.37 | | | Y | - | 000 | 999 | - |
| J3121 | N | INJ TESTOSTERO ENANTHATE 1MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3145 | K | TESTOSTERONE UNDECANOATE 1MG | - | 09078 | 0.0339 | APC (blood and non-blood products) | $1.90 | - | - | - | - | 000 | 999 | - |
| J3230 | N | CHLORPROMAZINE HCL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3240 | K | THYROTROPIN INJECTION | - | 09108 | 35.6517 | APC (blood and non-blood products) | $2,001.49 | - | - | - | - | 000 | 999 | - |
| J3241 | G | INJ. TEPROTUMUMAB-TRBW 10 MG | - | 09355 | | APC – pays by fee schedule amount | $328.00 | - | - | - | - | 000 | 999 | - |
| J3243 | N | TIGECYCLINE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3244 | N | INJ. TIGECYCLINE (ACCORD) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3245 | K | INJ., TILDRAKIZUMAB, 1 MG | - | 09306 | 2.5519 | APC (blood and non-blood products) | $143.27 | - | - | - | - | 000 | 999 | - |
| J3246 | N | TIROFIBAN HCL | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| J3250 | N | TRIMETHOBENZAMIDE HCL INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3260 | N | TOBRAMYCIN SULFATE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3262 | K | TOCILIZUMAB INJECTION | - | 09264 | 0.1053 | APC (blood and non-blood products) | $5.91 | - | - | - | - | 000 | 999 | - |
| J3265 | E | INJECTION TORSEMIDE 10 MG/ML | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J3280 | E | THIETHYLPERAZINE MALEATE INJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J3285 | K | TREPROSTINIL INJECTION | - | 01701 | 0.9832 | APC (blood and non-blood products) | $55.20 | - | - | - | - | 000 | 999 | - |
| J3299 | G | INJ XIPERE 1 MG | - | 09358 | | APC – pays by fee schedule amount | $48.49 | - | - | - | - | 000 | 999 | - |
| J3300 | N | TRIAMCINOLONE A INJ PRS-FREE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3301 | N | TRIAMCINOLONE ACET INJ NOS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3302 | N | TRIAMCINOLONE DIACETATE INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3303 | N | TRIAMCINOLONE HEXACETONL INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3304 | K | INJ TRIAMCINOLONE ACE XR 1MG | - | 09469 | 0.3048 | APC (blood and non-blood products) | $17.11 | - | - | - | - | 000 | 999 | - |
| J3305 | E | INJ TRIMETREXATE GLUCORONATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J3310 | N | PERPHENAZINE INJECITON | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3315 | K | TRIPTORELIN PAMOATE | - | 09122 | 6.8114 | APC (blood and non-blood products) | $382.39 | - | - | - | - | 000 | 999 | - |
| J3316 | K | INJ., TRIPTORELIN XR 3.75 MG | - | 09016 | 55.9668 | APC (blood and non-blood products) | $3,141.98 | - | - | - | - | 000 | 999 | - |
| J3320 | E | SPECTINOMYCN DI-HCL INJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J3350 | N | UREA INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3355 | E | UROFOLLITROPIN, 75 IU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J3357 | K | USTEKINUMAB SUB CU INJ, 1 MG | - | 09261 | 2.6300 | APC (blood and non-blood products) | $147.65 | - | - | - | - | 000 | 999 | - |
| J3358 | K | USTEKINUMAB, IV INJECT, 1 MG | - | 09487 | 0.2243 | APC (blood and non-blood products) | $12.59 | - | - | - | - | 000 | 999 | - |
| J3360 | N | DIAZEPAM INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3364 | N | UROKINASE 5000 IU INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3365 | E | UROKINASE 250,000 IU INJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J3370 | N | VANCOMYCIN HCL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3371 | N | INJ, VANCOMYCIN HCL (MYLAN) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3372 | N | INJ, VANCOMYCIN HCL (XELLIA) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| J3380 | K | INJECTION, VEDOLIZUMAB | - | 01489 | 0.4039 | APC (blood and non-blood products) | $22.68 | | | Y | - | 000 | 999 | - |
| J3385 | K | VELAGLUCERASE ALFA | - | 09271 | 6.5405 | APC (blood and non-blood products) | $367.18 | - | - | - | - | 000 | 999 | - |
| J3396 | K | VERTEPORFIN INJECTION | - | 01203 | 0.2033 | APC (blood and non-blood products) | $11.42 | - | - | - | Y | 000 | 999 | - |
| J3397 | E | INJ., VESTRONIDASE ALFA-VJBK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J3398 | K | INJ LUXTURNA 1 BILLION VEC G | - | 09070 | 52.1355 | APC (blood and non-blood products) | $2,926.89 | - | - | - | - | 000 | 999 | - |
| J3399 | K | INJ ONASE ABEPAR-XIOI TREAT | - | 09141 | 41381.0577 | APC (blood and non-blood products) | $2,278,010.83 | | | Y | - | 000 | 999 | - |
| J3400 | E | TRIFLUPROMAZINE HCL INJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J3410 | N | HYDROXYZINE HCL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3411 | N | THIAMINE HCL 100 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3415 | N | PYRIDOXINE HCL 100 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3420 | N | VITAMIN B12 INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3430 | N | VITAMIN K PHYTONADIONE INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3465 | N | INJECTION, VORICONAZOLE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3470 | N | HYALURONIDASE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3471 | N | OVINE, UP TO 999 USP UNITS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3472 | N | OVINE, 1000 USP UNITS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3473 | N | HYALURONIDASE RECOMBINANT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3475 | N | INJ MAGNESIUM SULFATE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3480 | N | INJ POTASSIUM CHLORIDE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3485 | N | ZIDOVUDINE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3486 | N | ZIPRASIDONE MESYLATE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3489 | N | ZOLEDRONIC ACID 1MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3490 | N | DRUGS UNCLASSIFIED INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3520 | E | EDETATE DISODIUM PER 150 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J3530 | N | NASAL VACCINE INHALATION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3535 | E | METERED DOSE INHALER DRUG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J3570 | E | LAETRILE AMYGDALIN VIT B17 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J3590 | N | UNCLASSIFIED BIOLOGICS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J3591 | M | ESRD ON DIALYSI DRUG/BIO NOC | - | - | - | Charge Ratio | $0.00 | - | - | - | - | 000 | 999 | - |
| J7030 | N | NORMAL SALINE SOLUTION INFUS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7040 | N | NORMAL SALINE SOLUTION INFUS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7042 | N | 5% DEXTROSE/NORMAL SALINE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7050 | N | NORMAL SALINE SOLUTION INFUS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7060 | N | 5% DEXTROSE/WATER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7070 | N | D5W INFUSION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7100 | N | DEXTRAN 40 INFUSION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7110 | N | DEXTRAN 75 INFUSION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7120 | N | RINGERS LACTATE INFUSION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7121 | N | 5% DEXTROSE IN LAC RINGERS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7131 | N | HYPERTONIC SALINE SOL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7168 | K | PROTHROMBIN COMPLEX KCENTRA | - | 09132 | 0.0389 | APC (blood and non-blood products) | $2.18 | - | - | - | - | 000 | 999 | - |
| J7169 | K | INJ ANDEXXA, 10 MG | - | 09198 | 1.7079 | APC (blood and non-blood products) | $95.88 | - | - | - | - | 000 | 999 | - |
| J7170 | K | INJ., EMICIZUMAB-KXWH 0.5 MG | - | 09257 | 0.9085 | APC (blood and non-blood products) | $51.01 | - | - | - | - | 000 | 999 | - |
| J7175 | K | INJ, FACTOR X, (HUMAN), 1IU | - | 01857 | 0.1619 | APC (blood and non-blood products) | $9.09 | - | - | - | - | 000 | 999 | - |
| J7177 | K | INJ., FIBRYGA, 1 MG | - | 09046 | 0.0196 | APC (blood and non-blood products) | $1.10 | - | - | - | - | 000 | 999 | - |
| J7178 | K | INJ HUMAN FIBRINOGEN CON NOS | - | 01478 | 0.0246 | APC (blood and non-blood products) | $1.38 | - | - | - | - | 000 | 999 | - |
| J7179 | K | VONVENDI INJ 1 IU VWF:RCO | - | 09059 | 0.0317 | APC (blood and non-blood products) | $1.78 | - | - | - | - | 000 | 999 | - |
| J7180 | N | FACTOR XIII ANTI-HEM FACTOR | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7181 | N | FACTOR XIII RECOMB A-SUBUNIT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7182 | K | FACTOR VIII RECOMB NOVOEIGHT | - | 01856 | 0.0229 | APC (blood and non-blood products) | $1.28 | - | - | - | - | 000 | 999 | - |
| J7183 | K | WILATE INJECTION | - | 01352 | 0.0224 | APC (blood and non-blood products) | $1.26 | - | - | - | - | 000 | 999 | - |
| J7185 | K | XYNTHA INJ | - | 01268 | 0.0245 | APC (blood and non-blood products) | $1.38 | - | - | - | - | 000 | 999 | - |
| J7186 | K | ANTIHEMOPHILIC VIII/VWF COMP | - | 01213 | 0.0217 | APC (blood and non-blood products) | $1.22 | - | - | - | - | 000 | 999 | - |
| J7187 | K | HUMATE-P, INJ | - | 01704 | 0.0240 | APC (blood and non-blood products) | $1.35 | - | - | - | - | 000 | 999 | - |
| J7188 | K | FACTOR VIII RECOMB OBIZUR | - | 01827 | 0.0573 | APC (blood and non-blood products) | $3.22 | - | - | - | - | 000 | 999 | - |
| J7189 | K | FACTOR VIIA RECOMB NOVOSEVEN | - | 01705 | 0.0430 | APC (blood and non-blood products) | $2.41 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| J7190 | K | FACTOR VIII | - | 00925 | 0.0183 | APC (blood and non-blood products) | $1.03 | - | - | - | - | 000 | 999 | - |
| J7191 | E | FACTOR VIII (PORCINE) | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7192 | K | FACTOR VIII RECOMBINANT NOS | - | 00927 | 0.0268 | APC (blood and non-blood products) | $1.51 | - | - | - | - | 000 | 999 | - |
| J7193 | K | FACTOR IX NON-RECOMBINANT | - | 00931 | 0.0231 | APC (blood and non-blood products) | $1.30 | - | - | - | - | 000 | 999 | - |
| J7194 | K | FACTOR IX COMPLEX | - | 00928 | 0.0288 | APC (blood and non-blood products) | $1.62 | - | - | - | - | 000 | 999 | - |
| J7195 | K | FACTOR IX RECOMBINANT NOS | - | 00932 | 0.0313 | APC (blood and non-blood products) | $1.76 | - | - | - | - | 000 | 999 | - |
| J7196 | E | ANTITHROMBIN RECOMBINANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7197 | K | ANTITHROMBIN III INJECTION | - | 01263 | 0.0597 | APC (blood and non-blood products) | $3.35 | - | - | - | - | 000 | 999 | - |
| J7198 | K | ANTI-INHIBITOR | - | 00929 | 0.0398 | APC (blood and non-blood products) | $2.23 | - | - | - | - | 000 | 999 | - |
| J7199 | M | HEMOPHILIA CLOT FACTOR NOC | - | - | - | Charge Ratio | $0.00 | - | - | - | - | 000 | 999 | - |
| J7200 | K | FACTOR IX RECOMBINAN RIXUBIS | - | 01467 | 0.0287 | APC (blood and non-blood products) | $1.61 | - | - | - | - | 000 | 999 | - |
| J7201 | K | FACTOR IX ALPROLIX RECOMB | - | 01486 | 0.0616 | APC (blood and non-blood products) | $3.46 | - | - | - | - | 000 | 999 | - |
| J7202 | K | FACTOR IX IDELVION INJ | - | 09171 | 0.0879 | APC (blood and non-blood products) | $4.93 | - | - | - | - | 000 | 999 | - |
| J7203 | K | FACTOR IX RECOMB GLY REBINYN | - | 09468 | 0.0786 | APC (blood and non-blood products) | $4.41 | - | - | - | - | 000 | 999 | - |
| J7204 | G | INJ RECOMBIN ESPEROCT PER IU | - | 09354 | | APC – pays by fee schedule amount | $2.11 | - | - | - | - | 000 | 999 | - |
| J7205 | K | FACTOR VIII FC FUSION RECOMB | - | 01656 | 0.0387 | APC (blood and non-blood products) | $2.17 | - | - | - | - | 000 | 999 | - |
| J7207 | K | FACTOR VIII PEGYLATED RECOMB | - | 01844 | 0.0375 | APC (blood and non-blood products) | $2.11 | - | - | - | - | 000 | 999 | - |
| J7208 | K | INJ. JIVI 1 IU | - | 09299 | 0.0419 | APC (blood and non-blood products) | $2.35 | - | - | - | - | 000 | 999 | - |
| J7209 | K | FACTOR VIII NUWIQ RECOMB 1IU | - | 01846 | 0.0242 | APC (blood and non-blood products) | $1.36 | - | - | - | - | 000 | 999 | - |
| J7210 | K | INJ, AFSTYLA, 1 I.U. | - | 09043 | 0.0256 | APC (blood and non-blood products) | $1.44 | - | - | - | - | 000 | 999 | - |
| J7211 | K | INJ, KOVALTRY, 1 I.U. | - | 09075 | 0.0256 | APC (blood and non-blood products) | $1.44 | - | - | - | - | 000 | 999 | - |
| J7212 | G | FACTOR VIIA RECOMB SEVENFACT | - | 09395 | | APC – pays by fee schedule amount | $2.01 | - | - | - | - | 000 | 999 | - |
| J7213 | K | INJ, IXINITY, 1 I.U. | - | 09146 | 0.0311 | APC (blood and non-blood products) | $1.75 | - | - | - | - | 000 | 999 | - |
| J7214 | G | ALTUVIIIO PER FACTOR VIII IU | - | 09277 | | APC – pays by fee schedule amount | $4.73 | - | - | - | - | 000 | 999 | - |
| J7294 | E | SEG ACET AND ETH ESTR YEARLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7295 | E | ETH ESTR AND ETON MONTHLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7296 | M | KYLEENA, 19.5 MG | - | - | - | Fee Schedule | $1,101.70 | - | - | - | - | 000 | 999 | - |
| J7297 | M | LILETTA, 52 MG | - | - | - | Fee Schedule | $845.10 | - | - | - | - | 000 | 999 | - |
| J7298 | M | MIRENA, 52 MG | - | - | - | Fee Schedule | $1,101.70 | - | - | - | - | 000 | 999 | - |
| J7300 | M | INTRAUT COPPER CONTRACEPTIVE | - | - | - | Fee Schedule | $1,025.00 | - | - | - | - | 010 | 065 | - |
| J7301 | M | SKYLA, 13.5 MG | - | - | - | Fee Schedule | $917.35 | - | - | - | - | 000 | 999 | - |
| J7302 | E | LEVONORGESTREL IU 52 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 010 | 065 | - |
| J7304 | M | CONTRACEPTIVE HORMONE PATCH | - | - | - | Fee Schedule | $40.72 | - | - | - | Y | 010 | 065 | - |
| J7306 | E | LEVONORGESTREL IMPLANT SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7307 | M | ETONOGESTREL IMPLANT SYSTEM | - | - | - | Fee Schedule | $1,092.48 | - | - | - | - | 000 | 999 | - |
| J7308 | K | AMINOLEVULINIC ACID HCL TOP | - | 07308 | 6.9688 | APC (blood and non-blood products) | $391.23 | - | - | - | - | 000 | 999 | - |
| J7309 | M | METHYL AMINOLEVULINATE, TOP | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| J7310 | E | GANCICLOVIR LONG ACT IMPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7311 | K | INJ., RETISERT, 0.01 MG | - | 09225 | 5.7424 | APC (blood and non-blood products) | $322.38 | | | Y | - | 000 | 999 | - |
| J7312 | K | DEXAMETHASONE INTRA IMPLANT | - | 09256 | 3.6458 | APC (blood and non-blood products) | $204.68 | - | - | - | - | 000 | 999 | - |
| J7313 | K | INJ., ILUVIEN, 0.01 MG | - | 09450 | 8.7450 | APC (blood and non-blood products) | $490.95 | - | - | - | - | 000 | 999 | - |
| J7314 | K | INJ., YUTIQ, 0.01 MG | - | 09328 | 9.4277 | APC (blood and non-blood products) | $529.27 | - | - | - | - | 000 | 999 | - |
| J7315 | N | OPHTHALMIC MITOMYCIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7316 | K | INJ, OCRIPLASMIN, 0.125 MG | - | 09298 | 1.6569 | APC (blood and non-blood products) | $93.02 | - | - | - | - | 000 | 999 | - |
| J7318 | K | INJ, DUROLANE 1 MG | - | 09174 | 0.1080 | APC (blood and non-blood products) | $6.06 | - | - | - | - | 000 | 999 | - |
| J7320 | K | GENVISC 850, INJ, 1MG | - | 09079 | 0.1087 | APC (blood and non-blood products) | $6.11 | - | - | - | - | 000 | 999 | - |
| J7321 | N | HYALGAN SUPARTZ VISCO-3 DOSE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7322 | K | HYMOVIS INJECTION 1 MG | - | 09471 | 0.3032 | APC (blood and non-blood products) | $17.02 | - | - | - | - | 000 | 999 | - |
| J7323 | K | EUFLEXXA INJ PER DOSE | - | 00875 | 2.3409 | APC (blood and non-blood products) | $131.42 | - | - | - | - | 000 | 999 | - |
| J7324 | K | ORTHOVISC INJ PER DOSE | - | 00877 | 2.0908 | APC (blood and non-blood products) | $117.38 | - | - | - | - | 000 | 999 | - |
| J7325 | K | SYNVISC OR SYNVISC-ONE | - | 00874 | 0.1713 | APC (blood and non-blood products) | $9.62 | - | - | - | - | 000 | 999 | - |
| J7326 | K | GEL-ONE | - | 01417 | 9.2043 | APC (blood and non-blood products) | $516.73 | - | - | - | - | 000 | 999 | - |
| J7327 | K | MONOVISC INJ PER DOSE | - | 01747 | 12.3397 | APC (blood and non-blood products) | $692.75 | - | - | - | - | 000 | 999 | - |
| J7328 | K | GELSYN-3 INJECTION 0.1 MG | - | 01862 | 0.0110 | APC (blood and non-blood products) | $0.62 | - | - | - | - | 000 | 999 | - |
| J7329 | K | INJ, TRIVISC 1 MG | - | 09196 | 0.1567 | APC (blood and non-blood products) | $8.80 | - | - | - | - | 000 | 999 | - |
| J7330 | E | CULTURED CHONDROCYTES IMPLNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| J7331 | K | SYNOJOYNT, INJ., 1 MG | - | 09337 | 0.2360 | APC (blood and non-blood products) | $13.25 | - | - | - | - | 000 | 999 | - |
| J7332 | N | INJ., TRILURON, 1 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7336 | K | CAPSAICIN 8% PATCH | - | 09071 | 0.0583 | APC (blood and non-blood products) | $3.27 | - | - | - | - | 000 | 999 | - |
| J7340 | K | CARBIDOPA LEVODOPA ENT 100ML | - | 09320 | 4.0405 | APC (blood and non-blood products) | $226.83 | - | - | - | - | 000 | 999 | - |
| J7342 | K | CIPROFLOXACIN OTIC SUSP 6 MG | - | 09479 | 0.5347 | APC (blood and non-blood products) | $30.02 | - | - | - | - | 000 | 999 | - |
| J7345 | K | AMINOLEVULINIC ACID, 10% GEL | - | 09301 | 0.0294 | APC (blood and non-blood products) | $1.65 | - | - | - | - | 000 | 999 | - |
| J7351 | G | INJ BIMATOPROST ITC IMP1MCG | - | 09351 | | APC – pays by fee schedule amount | $206.41 | - | - | - | - | 000 | 999 | - |
| J7352 | K | AFAMELANOTIDE IMPLANT, 1 MG | - | 09396 | 51.1815 | APC (blood and non-blood products) | $2,873.33 | - | - | - | - | 000 | 999 | - |
| J7353 | N | ANACAULASE-BCDB 8.8% GEL 1 G | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7402 | G | MOMETASONE SINUS SINUVA | - | 09346 | | APC – pays by fee schedule amount | $11.35 | - | - | - | - | 000 | 999 | - |
| J7500 | N | AZATHIOPRINE ORAL 50MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7501 | K | AZATHIOPRINE PARENTERAL | - | 00887 | 4.2785 | APC (blood and non-blood products) | $240.20 | - | - | - | - | 000 | 999 | - |
| J7502 | N | CYCLOSPORINE ORAL 100 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7503 | N | TACROL ENVARSUS EX REL ORAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7504 | K | LYMPHOCYTE IMMUNE GLOBULIN | - | 00890 | 53.2497 | APC (blood and non-blood products) | $2,989.44 | - | - | - | - | 000 | 999 | - |
| J7505 | N | MONOCLONAL ANTIBODIES | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7507 | N | TACROLIMUS IMME REL ORAL 1MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7508 | N | TACROL ASTAGRAF EX REL ORAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7509 | N | METHYLPREDNISOLONE ORAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7510 | N | PREDNISOLONE ORAL PER 5 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7511 | K | ANTITHYMOCYTE GLOBULN RABBIT | - | 09104 | 16.3971 | APC (blood and non-blood products) | $920.53 | - | - | - | - | 000 | 999 | - |
| J7512 | N | PREDNISONE IR OR DR ORAL 1MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7513 | E | DACLIZUMAB, PARENTERAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7515 | N | CYCLOSPORINE ORAL 25 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7516 | N | CYCLOSPORIN PARENTERAL 250MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7517 | N | MYCOPHENOLATE MOFETIL ORAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7518 | N | MYCOPHENOLIC ACID | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| J7519 | K | INJ. MYCOPHENOLATE MOFETIL | - | 09279 | 0.0127 | APC (blood and non-blood products) | $0.74 | - | - | - | - | 000 | 999 | - |
| J7520 | N | SIROLIMUS, ORAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7525 | K | TACROLIMUS INJECTION | - | 09006 | 4.3834 | APC (blood and non-blood products) | $246.09 | - | - | - | - | 000 | 999 | - |
| J7527 | N | ORAL EVEROLIMUS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7599 | N | IMMUNOSUPPRESSIVE DRUG NOC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7604 | E | ACETYLCYSTEINE COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7605 | E | ARFORMOTEROL NON-COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7606 | E | FORMOTEROL FUMARATE, INH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7607 | E | LEVALBUTEROL COMP CON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7608 | E | ACETYLCYSTEINE NON-COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7609 | E | ALBUTEROL COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7610 | E | ALBUTEROL COMP CON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7611 | E | ALBUTEROL NON-COMP CON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7612 | E | LEVALBUTEROL NON-COMP CON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7613 | E | ALBUTEROL NON-COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7614 | E | LEVALBUTEROL NON-COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7615 | E | LEVALBUTEROL COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7620 | E | ALBUTEROL IPRATROP NON-COMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7622 | E | BECLOMETHASONE COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7624 | E | BETAMETHASONE COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7626 | E | BUDESONIDE NON-COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7627 | E | BUDESONIDE COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7628 | E | BITOLTEROL MESYLATE COMP CON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7629 | E | BITOLTEROL MESYLATE COMP UNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7631 | E | CROMOLYN SODIUM NONCOMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7632 | E | CROMOLYN SODIUM COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7633 | E | BUDESONIDE NON-COMP CON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7634 | E | BUDESONIDE COMP CON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7635 | E | ATROPINE COMP CON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| J7636 | E | ATROPINE COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7637 | E | DEXAMETHASONE COMP CON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7638 | E | DEXAMETHASONE COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7639 | E | DORNASE ALFA NON-COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7640 | E | FORMOTEROL COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7641 | E | FLUNISOLIDE COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7642 | E | GLYCOPYRROLATE COMP CON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7643 | E | GLYCOPYRROLATE COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7644 | E | IPRATROPIUM BROMIDE NON-COMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7645 | E | IPRATROPIUM BROMIDE COMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7647 | E | ISOETHARINE COMP CON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7648 | E | ISOETHARINE NON-COMP CON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7649 | E | ISOETHARINE NON-COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7650 | E | ISOETHARINE COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7657 | E | ISOPROTERENOL COMP CON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7658 | E | ISOPROTERENOL NON-COMP CON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7659 | E | ISOPROTERENOL NON-COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7660 | E | ISOPROTERENOL COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7665 | N | MANNITOL FOR INHALER | - | - | - | Bundled | $0.00 | - | - | - | - | 006 | 999 | - |
| J7667 | E | METAPROTERENOL COMP CON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7668 | E | METAPROTERENOL NON-COMP CON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7669 | E | METAPROTERENOL NON-COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7670 | E | METAPROTERENOL COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7674 | N | METHACHOLINE CHLORIDE, NEB | - | - | - | Bundled | $0.00 | - | - | - | Y | 000 | 999 | - |
| J7676 | E | PENTAMIDINE COMP UNIT DOSE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7677 | E | REVEFENACIN INH NON-COM 1MCG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7680 | E | TERBUTALINE SULF COMP CON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7681 | E | TERBUTALINE SULF COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7682 | E | TOBRAMYCIN NON-COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7683 | E | TRIAMCINOLONE COMP CON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7684 | E | TRIAMCINOLONE COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7685 | E | TOBRAMYCIN COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7686 | E | TREPROSTINIL, NON-COMP UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7699 | E | INHALATION SOLUTION FOR DME | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J7799 | N | NON-INHALATION DRUG FOR DME | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J7999 | N | COMPOUNDED DRUG, NOC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J8498 | E | ANTIEMETIC RECTAL/SUPP NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J8499 | E | ORAL PRESCRIP DRUG NON CHEMO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J8501 | N | ORAL APREPITANT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J8510 | N | ORAL BUSULFAN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J8515 | E | CABERGOLINE, ORAL 0.25MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J8520 | N | CAPECITABINE, ORAL, 150 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J8521 | N | CAPECITABINE, ORAL, 500 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J8530 | N | CYCLOPHOSPHAMIDE ORAL 25 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J8540 | N | ORAL DEXAMETHASONE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J8560 | K | ETOPOSIDE ORAL 50 MG | - | 00802 | 1.3785 | APC (blood and non-blood products) | $77.39 | - | - | - | - | 000 | 999 | - |
| J8562 | N | ORAL FLUDARABINE PHOSPHATE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J8565 | E | GEFITINIB ORAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J8597 | N | ANTIEMETIC DRUG ORAL NOS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J8600 | E | MELPHALAN ORAL 2 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J8610 | N | METHOTREXATE ORAL 2.5 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J8650 | E | NABILONE ORAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J8655 | K | ORAL NETUPITANT, PALONOSETRO | - | 09448 | 8.2162 | APC (blood and non-blood products) | $461.26 | - | - | - | - | 000 | 999 | - |
| J8670 | K | ROLAPITANT, ORAL, 1MG | - | 01761 | 0.0289 | APC (blood and non-blood products) | $1.63 | - | - | - | - | 000 | 999 | - |
| J8700 | N | TEMOZOLOMIDE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J8705 | N | TOPOTECAN ORAL | - | - | - | Bundled | $0.00 | - | - | - | - | 005 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| J8999 | E | ORAL PRESCRIPTION DRUG CHEMO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J9000 | N | DOXORUBICIN HCL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9001 | E | DOXORUBICIN HCL LIPOSOME INJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J9015 | K | ALDESLEUKIN INJECTION | - | 00807 | 64.6288 | APC (blood and non-blood products) | $3,628.26 | - | - | - | - | 000 | 999 | - |
| J9017 | K | ARSENIC TRIOXIDE INJECTION | - | 09012 | 0.2310 | APC (blood and non-blood products) | $12.97 | - | - | - | - | 000 | 999 | - |
| J9019 | K | ERWINAZE INJECTION | - | 09289 | 7.6108 | APC (blood and non-blood products) | $427.27 | - | - | - | - | 000 | 999 | - |
| J9020 | M | ASPARAGINASE, NOS | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| J9021 | G | INJ, ASPARA, RYLAZE, 0.1 MG | - | 09437 | | APC – pays by fee schedule amount | $49.53 | - | - | - | - | 000 | 999 | - |
| J9022 | K | INJ, ATEZOLIZUMAB,10 MG | - | 09483 | 1.4727 | APC (blood and non-blood products) | $82.68 | - | - | - | - | 000 | 999 | - |
| J9023 | K | INJECTION, AVELUMAB, 10 MG | - | 09491 | 1.6133 | APC (blood and non-blood products) | $90.57 | - | - | - | - | 000 | 999 | - |
| J9025 | N | AZACITIDINE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9027 | K | CLOFARABINE INJECTION | - | 01710 | 0.5241 | APC (blood and non-blood products) | $29.42 | - | - | - | - | 000 | 999 | - |
| J9029 | E | INJ, ADSTILADRIN, PER TX DOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J9030 | N | BCG LIVE INTRAVESICAL 1MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9032 | K | INJECTION, BELINOSTAT, 10MG | - | 01658 | 0.8483 | APC (blood and non-blood products) | $47.62 | - | - | - | - | 000 | 999 | - |
| J9033 | K | INJ., TREANDA 1 MG | - | 09243 | 0.2188 | APC (blood and non-blood products) | $12.28 | - | - | - | - | 018 | 999 | - |
| J9034 | K | INJ., BENDEKA 1 MG | - | 01861 | 0.2941 | APC (blood and non-blood products) | $16.51 | - | - | - | - | 000 | 999 | - |
| J9035 | K | BEVACIZUMAB INJECTION | - | 09214 | 1.3106 | APC (blood and non-blood products) | $73.58 | - | - | - | Y | 000 | 999 | - |
| J9036 | K | INJ. BELRAPZO/BENDAMUSTINE | - | 09313 | 0.2978 | APC (blood and non-blood products) | $16.72 | - | - | - | - | 000 | 999 | - |
| J9037 | G | INJ BELANTAMAB MAFODOT BLMF | - | 09384 | | APC – pays by fee schedule amount | $46.78 | - | - | - | - | 000 | 999 | - |
| J9039 | K | INJECTION, BLINATUMOMAB | - | 09449 | 2.5772 | APC (blood and non-blood products) | $144.68 | - | - | - | - | 000 | 999 | - |
| J9040 | N | BLEOMYCIN SULFATE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9041 | K | INJECTION, BORTEZOMIB, 0.1MG | - | 09207 | 0.0540 | APC (blood and non-blood products) | $3.03 | - | - | - | Y | 000 | 999 | - |
| J9042 | K | BRENTUXIMAB VEDOTIN INJ | - | 09287 | 3.9538 | APC (blood and non-blood products) | $221.96 | - | - | - | - | 000 | 999 | - |
| J9043 | K | CABAZITAXEL INJECTION | - | 09276 | 3.6700 | APC (blood and non-blood products) | $206.03 | - | - | - | - | 018 | 999 | - |
| J9045 | N | CARBOPLATIN INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9046 | K | INJ, BORTEZOMIB, DR. REDDY'S | - | 09026 | 0.8647 | APC (blood and non-blood products) | $48.55 | - | - | - | - | 000 | 999 | - |
| J9047 | K | INJECTION, CARFILZOMIB, 1 MG | - | 09295 | 0.8379 | APC (blood and non-blood products) | $47.04 | - | - | - | - | 000 | 999 | - |
| J9048 | K | INJ, BORTEZOMIB FRESENIUSKAB | - | 09027 | 0.8647 | APC (blood and non-blood products) | $48.55 | - | - | - | - | 000 | 999 | - |
| J9049 | K | INJ, BORTEZOMIB, HOSPIRA | - | 09100 | 0.0693 | APC (blood and non-blood products) | $3.89 | - | - | - | - | 000 | 999 | - |
| J9050 | K | CARMUSTINE INJECTION | - | 00812 | 7.3203 | APC (blood and non-blood products) | $410.96 | - | - | - | - | 000 | 999 | - |
| J9051 | E | INJ, BORTEZOMIB (MAIA) | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J9055 | K | CETUXIMAB INJECTION | - | 09215 | 1.2839 | APC (blood and non-blood products) | $72.08 | - | - | - | Y | 000 | 999 | - |
| J9056 | G | INJ, BENDAMUSTINE, 1 MG | - | 09154 | | APC – pays by fee schedule amount | $33.33 | - | - | - | - | 000 | 999 | - |
| J9057 | K | INJ., COPANLISIB, 1 MG | - | 09030 | 1.5261 | APC (blood and non-blood products) | $85.68 | - | - | - | - | 000 | 999 | - |
| J9058 | K | INJ APOTEX/BENDAMUSTINE 1 MG | - | 09151 | 0.5888 | APC (blood and non-blood products) | $33.06 | - | - | - | - | 000 | 999 | - |
| J9059 | K | INJ BENDAMUSTINE, BAXTER 1MG | - | 09153 | 0.4268 | APC (blood and non-blood products) | $23.96 | - | - | - | - | 000 | 999 | - |
| J9060 | N | CISPLATIN 10 MG INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9061 | G | INJ, AMIVANTAMAB-VMJW | - | 09432 | | APC – pays by fee schedule amount | $19.63 | - | - | - | - | 000 | 999 | - |
| J9063 | G | INJ, ELAHERE, 1 MG | - | 09109 | | APC – pays by fee schedule amount | $65.80 | - | - | - | - | 000 | 999 | - |
| J9064 | E | INJ, CABAZITAXEL (SANDOZ) | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J9065 | K | INJ CLADRIBINE PER 1 MG | - | 00858 | 0.3259 | APC (blood and non-blood products) | $18.30 | - | - | - | - | 000 | 999 | - |
| J9070 | K | CYCLOPHOSPHAMIDE 100 MG INJ | - | 01408 | 0.3044 | APC (blood and non-blood products) | $17.09 | - | - | - | - | 000 | 999 | - |
| J9071 | G | INJ CYCLOPHOSPHAMD AUROMEDIC | - | 09203 | | APC – pays by fee schedule amount | $3.87 | - | - | - | - | 000 | 999 | - |
| J9098 | E | CYTARABINE LIPOSOME INJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J9100 | N | CYTARABINE HCL 100 MG INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9118 | E | INJ. CALASPARGASE PEGOL-MKNL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J9119 | K | INJ., CEMIPLIMAB-RWLC, 1 MG | - | 09304 | 0.4796 | APC (blood and non-blood products) | $26.92 | - | - | - | - | 000 | 999 | - |
| J9120 | K | DACTINOMYCIN INJECTION | - | 00752 | 10.5904 | APC (blood and non-blood products) | $594.55 | - | - | - | - | 000 | 999 | - |
| J9130 | N | DACARBAZINE 100 MG INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9144 | G | DARATUMUMAB, HYALURONIDASE | - | 09378 | | APC – pays by fee schedule amount | $49.12 | - | - | - | - | 000 | 999 | - |
| J9145 | K | INJECTION, DARATUMUMAB 10 MG | - | 09476 | 1.1005 | APC (blood and non-blood products) | $61.78 | - | - | - | - | 000 | 999 | - |
| J9150 | K | DAUNORUBICIN INJECTION | - | 00820 | 0.8126 | APC (blood and non-blood products) | $45.62 | - | - | - | - | 000 | 999 | - |
| J9151 | N | DAUNORUBICIN CITRATE INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9153 | K | INJ DAUNORUBICIN, CYTARABINE | - | 09302 | 4.0476 | APC (blood and non-blood products) | $227.23 | - | - | - | - | 000 | 999 | - |
| J9155 | K | DEGARELIX INJECTION | - | 01296 | 0.0747 | APC (blood and non-blood products) | $4.19 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| J9160 | E | DENILEUKIN DIFTITOX INJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J9165 | E | DIETHYLSTILBESTROL INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J9171 | N | DOCETAXEL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9173 | K | INJ., DURVALUMAB, 10 MG | - | 09492 | 1.4208 | APC (blood and non-blood products) | $79.76 | - | - | - | - | 000 | 999 | - |
| J9175 | N | ELLIOTTS B SOLUTION PER ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9176 | K | INJECTION, ELOTUZUMAB, 1MG | - | 09477 | 0.1281 | APC (blood and non-blood products) | $7.19 | - | - | - | - | 000 | 999 | - |
| J9177 | G | INJ ENFORT VEDO-EJFV 0.25MG | - | 09364 | | APC – pays by fee schedule amount | $33.82 | - | - | - | - | 000 | 999 | - |
| J9178 | N | INJ, EPIRUBICIN HCL, 2 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9179 | K | ERIBULIN MESYLATE INJECTION | - | 01426 | 2.2939 | APC (blood and non-blood products) | $128.78 | - | - | - | - | 018 | 999 | - |
| J9181 | N | ETOPOSIDE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9185 | K | FLUDARABINE PHOSPHATE INJ | - | 09080 | 10.7721 | APC (blood and non-blood products) | $604.75 | - | - | - | - | 000 | 999 | - |
| J9190 | N | FLUOROURACIL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9196 | N | INJ GEMCITABINE HCL (ACCORD) | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9198 | G | INJ. INFUGEM, 100 MG | - | 09387 | | APC – pays by fee schedule amount | $40.28 | - | - | - | - | 000 | 999 | - |
| J9200 | N | FLOXURIDINE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9201 | N | IN GEMCITABINE HCL NOS 200MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9202 | K | GOSERELIN ACETATE IMPLANT | - | 00810 | 10.9292 | APC (blood and non-blood products) | $613.57 | - | - | - | - | 000 | 999 | - |
| J9203 | K | GEMTUZUMAB OZOGAMICIN 0.1 MG | - | 09495 | 3.9516 | APC (blood and non-blood products) | $221.84 | - | - | - | - | 000 | 999 | - |
| J9204 | K | INJ MOGAMULIZUMAB-KPKC, 1 MG | - | 09182 | 4.0382 | APC (blood and non-blood products) | $226.71 | - | - | - | - | 000 | 999 | - |
| J9205 | K | INJ IRINOTECAN LIPOSOME 1 MG | - | 09474 | 1.1037 | APC (blood and non-blood products) | $61.96 | - | - | - | - | 000 | 999 | - |
| J9206 | N | IRINOTECAN INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9207 | K | IXABEPILONE INJECTION | - | 09240 | 2.1829 | APC (blood and non-blood products) | $122.55 | - | - | - | - | 018 | 999 | - |
| J9208 | N | IFOSFAMIDE INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9209 | N | MESNA INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9210 | K | INJ., EMAPALUMAB-LZSG, 1 MG | - | 09310 | 7.0132 | APC (blood and non-blood products) | $393.72 | - | - | - | - | 000 | 999 | - |
| J9211 | N | IDARUBICIN HCL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9212 | E | INTERFERON ALFACON-1 INJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J9213 | E | INTERFERON ALFA-2A INJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J9214 | K | INTERFERON ALFA-2B INJ | - | 00836 | 0.5802 | APC (blood and non-blood products) | $32.57 | - | - | - | - | 000 | 999 | - |
| J9215 | N | INTERFERON ALFA-N3 INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9216 | E | INTERFERON GAMMA 1-B INJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J9217 | K | LEUPROLIDE ACETATE SUSPNSION | - | 09217 | 2.9545 | APC (blood and non-blood products) | $165.86 | - | - | - | - | 000 | 999 | - |
| J9218 | K | LEUPROLIDE ACETATE INJECITON | - | 09047 | 0.1791 | APC (blood and non-blood products) | $10.06 | - | - | - | - | 000 | 999 | - |
| J9219 | E | LEUPROLIDE ACETATE IMPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J9223 | G | INJ. LURBINECTEDIN, 0.1 MG | - | 09389 | | APC – pays by fee schedule amount | $197.18 | - | - | - | - | 000 | 999 | - |
| J9225 | K | VANTAS IMPLANT | - | 01711 | 92.0252 | APC (blood and non-blood products) | $5,166.29 | - | - | - | - | 000 | 999 | - |
| J9226 | N | SUPPRELIN LA IMPLANT | - | - | - | Bundled | $0.00 | | | Y | - | 000 | 999 | - |
| J9227 | G | INJ. ISATUXIMAB-IRFC 10 MG | - | 09377 | | APC – pays by fee schedule amount | $74.35 | - | - | - | - | 000 | 999 | - |
| J9228 | K | IPILIMUMAB INJECTION | - | 09284 | 2.9913 | APC (blood and non-blood products) | $167.93 | - | - | - | - | 018 | 999 | - |
| J9229 | K | INJ INOTUZUMAB OZOGAM 0.1 MG | - | 09028 | 45.0579 | APC (blood and non-blood products) | $2,529.55 | - | - | - | - | 000 | 999 | - |
| J9230 | N | MECHLORETHAMINE HCL INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9245 | K | INJ MELPHA HYDROCH NOS 50 MG | - | 00840 | 2.7465 | APC (blood and non-blood products) | $154.19 | - | - | - | - | 000 | 999 | - |
| J9246 | K | INJ., EVOMELA, 1 MG | - | 09375 | 0.2929 | APC (blood and non-blood products) | $16.44 | - | - | - | - | 000 | 999 | - |
| J9247 | G | INJ, MELPHALAN FLUFENAMI 1MG | - | 09417 | | APC – pays by fee schedule amount | $503.50 | - | - | - | - | 000 | 999 | - |
| J9250 | N | METHOTREXATE SODIUM INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9259 | K | PACLITAXEL (AMERICAN REGENT) | - | 09152 | 0.2890 | APC (blood and non-blood products) | $16.23 | - | - | - | - | 000 | 999 | - |
| J9260 | N | METHOTREXATE SODIUM INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9261 | K | NELARABINE INJECTION | - | 00825 | 2.2977 | APC (blood and non-blood products) | $128.99 | - | - | - | - | 000 | 999 | - |
| J9262 | K | INJ, OMACETAXINE MEP, 0.01MG | - | 09297 | 0.0714 | APC (blood and non-blood products) | $4.01 | - | - | - | - | 000 | 999 | - |
| J9263 | N | OXALIPLATIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9264 | K | PACLITAXEL PROTEIN BOUND | - | 01712 | 0.2147 | APC (blood and non-blood products) | $12.06 | - | - | - | - | 000 | 999 | - |
| J9266 | K | PEGASPARGASE INJECTION | - | 00843 | 458.8967 | APC (blood and non-blood products) | $25,762.46 | - | - | - | - | 000 | 999 | - |
| J9267 | N | PACLITAXEL INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9268 | K | PENTOSTATIN INJECTION | - | 00844 | 42.5316 | APC (blood and non-blood products) | $2,387.73 | - | - | - | - | 000 | 999 | - |
| J9269 | K | INJ. TAGRAXOFUSP-ERZS 10 MCG | - | 09309 | 5.7463 | APC (blood and non-blood products) | $322.60 | - | - | - | - | 000 | 999 | - |
| J9270 | N | PLICAMYCIN (MITHRAMYCIN) INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| J9271 | K | INJ PEMBROLIZUMAB | - | 01490 | 0.9763 | APC (blood and non-blood products) | $54.81 | - | - | - | - | 000 | 999 | - |
| J9272 | G | INJ, DOSTARLIMAB-GXLY, 10 MG | - | 09431 | | APC – pays by fee schedule amount | $226.93 | - | - | - | - | 000 | 999 | - |
| J9273 | G | INJ TISOTU VEDOTIN-TFTV, 1MG | - | 09204 | | APC – pays by fee schedule amount | $162.05 | - | - | - | - | 000 | 999 | - |
| J9274 | G | INJ, TEBENTAFUSP-TEBN, 1 MCG | - | 09446 | | APC – pays by fee schedule amount | $203.83 | - | - | - | - | 000 | 999 | - |
| J9280 | K | MITOMYCIN INJECTION | - | 01232 | 1.4076 | APC (blood and non-blood products) | $79.02 | - | - | - | - | 000 | 999 | - |
| J9281 | G | MITOMYCIN INSTILLATION | - | 09374 | | APC – pays by fee schedule amount | $296.17 | - | - | - | - | 000 | 999 | - |
| J9285 | N | INJ, OLARATUMAB, 10 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9293 | K | MITOXANTRONE HYDROCHL / 5 MG | - | 00864 | 0.5176 | APC (blood and non-blood products) | $29.06 | - | - | - | - | 000 | 999 | - |
| J9294 | K | INJ PEMETREXED, HOSPIRA 10MG | - | 09123 | 0.1781 | APC (blood and non-blood products) | $10.00 | - | - | - | - | 000 | 999 | - |
| J9295 | K | INJECTION, NECITUMUMAB, 1 MG | - | 09475 | 0.1022 | APC (blood and non-blood products) | $5.74 | - | - | - | - | 000 | 999 | - |
| J9296 | K | INJ PEMETREXED (ACCORD) 10MG | - | 09127 | 0.1720 | APC (blood and non-blood products) | $9.66 | - | - | - | - | 000 | 999 | - |
| J9297 | K | INJ PEMETREXED (SANDOZ) 10MG | - | 09128 | 0.0308 | APC (blood and non-blood products) | $1.73 | - | - | - | - | 000 | 999 | - |
| J9298 | G | INJ NIVOL RELATLIMAB 3MG/1MG | - | 09057 | | APC – pays by fee schedule amount | $183.63 | - | - | - | - | 000 | 999 | - |
| J9299 | K | INJECTION, NIVOLUMAB | - | 09453 | 0.5425 | APC (blood and non-blood products) | $30.46 | - | - | - | - | 000 | 999 | - |
| J9301 | K | OBINUTUZUMAB INJ | - | 01476 | 1.2566 | APC (blood and non-blood products) | $70.55 | - | - | - | - | 000 | 999 | - |
| J9302 | K | OFATUMUMAB INJECTION | - | 09260 | 1.1392 | APC (blood and non-blood products) | $63.96 | - | - | - | - | 000 | 999 | - |
| J9303 | K | PANITUMUMAB INJECTION | - | 09235 | 2.6667 | APC (blood and non-blood products) | $149.71 | - | - | - | - | 000 | 999 | - |
| J9304 | G | INJ. PEMETREXED, 10 MG | - | 09442 | | APC – pays by fee schedule amount | $64.48 | - | - | - | - | 000 | 999 | - |
| J9305 | K | INJ. PEMETREXED NOS 10MG | - | 09213 | 0.1413 | APC (blood and non-blood products) | $7.93 | - | - | - | Y | 000 | 999 | - |
| J9306 | K | INJECTION, PERTUZUMAB, 1 MG | - | 01471 | 0.2737 | APC (blood and non-blood products) | $15.37 | - | - | - | - | 000 | 999 | - |
| J9307 | K | PRALATREXATE INJECTION | - | 09259 | 6.3504 | APC (blood and non-blood products) | $356.51 | - | - | - | - | 000 | 999 | - |
| J9308 | K | INJECTION, RAMUCIRUMAB | - | 01488 | 1.2268 | APC (blood and non-blood products) | $68.87 | - | - | - | - | 000 | 999 | - |
| J9309 | K | INJ, POLATUZUMAB VEDOTIN 1MG | - | 09331 | 2.1598 | APC (blood and non-blood products) | $121.25 | - | - | - | - | 000 | 999 | - |
| J9311 | K | INJ RITUXIMAB, HYALURONIDASE | - | 09467 | 0.6672 | APC (blood and non-blood products) | $37.46 | - | - | - | - | 000 | 999 | - |
| J9312 | K | INJ., RITUXIMAB, 10 MG | - | 09186 | 1.4435 | APC (blood and non-blood products) | $81.04 | - | - | - | - | 000 | 999 | - |
| J9313 | K | INJ., LUMOXITI, 0.01 MG | - | 09305 | 0.4167 | APC (blood and non-blood products) | $23.39 | - | - | - | - | 000 | 999 | - |
| J9314 | K | INJ PEMETREXED (TEVA) 10MG | - | 09105 | 0.2191 | APC (blood and non-blood products) | $12.30 | - | - | - | - | 000 | 999 | - |
| J9316 | G | PERTUZU, TRASTUZU, 10 MG | - | 09390 | | APC – pays by fee schedule amount | $68.21 | - | - | - | - | 000 | 999 | - |
| J9317 | G | SACITUZUMAB GOVITECAN-HZIY | - | 09376 | | APC – pays by fee schedule amount | $33.32 | - | - | - | - | 000 | 999 | - |
| J9318 | G | INJ ROMIDEPSIN NON-LYO 0.1MG | - | 09428 | | APC – pays by fee schedule amount | $33.91 | - | - | - | - | 000 | 999 | - |
| J9319 | E | INJ ROMIDEPSIN LYOPHIL 0.1MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J9320 | K | STREPTOZOCIN INJECTION | - | 00850 | 6.5939 | APC (blood and non-blood products) | $370.18 | - | - | - | - | 000 | 999 | - |
| J9322 | E | INJ PEMETREXED (BLUEPOINT) | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| J9323 | K | INJ PEMETREXED DITROMETHAMIN | - | 09156 | 0.1337 | APC (blood and non-blood products) | $7.51 | - | - | - | - | 000 | 999 | - |
| J9325 | K | INJ TALIMOGENE LAHERPAREPVEC | - | 09472 | 1.1766 | APC (blood and non-blood products) | $66.05 | - | - | - | - | 000 | 999 | - |
| J9328 | K | TEMOZOLOMIDE INJECTION | - | 09253 | 0.1854 | APC (blood and non-blood products) | $10.41 | - | - | - | - | 000 | 999 | - |
| J9330 | K | TEMSIROLIMUS INJECTION | - | 01168 | 0.5992 | APC (blood and non-blood products) | $33.64 | - | - | - | - | 018 | 999 | - |
| J9331 | G | INJ SIROLIMUS PROT PART 1 MG | - | 09241 | | APC – pays by fee schedule amount | $107.61 | - | - | - | - | 000 | 999 | - |
| J9332 | G | INJ EFGARTIGIMOD 2MG | - | 09010 | | APC – pays by fee schedule amount | $31.81 | - | - | - | - | 000 | 999 | - |
| J9340 | K | THIOTEPA INJECTION | - | 00851 | 4.6235 | APC (blood and non-blood products) | $259.56 | - | - | - | - | 000 | 999 | - |
| J9345 | K | INJ, RETIFANLIMAB-DLWR, 1 MG | - | 09280 | 0.5024 | APC (blood and non-blood products) | $29.33 | - | - | - | - | 000 | 999 | - |
| J9347 | G | INJ, TREMELIMUMAB-ACTL, 1 MG | - | 09110 | | APC – pays by fee schedule amount | $136.56 | - | - | - | - | 000 | 999 | - |
| J9348 | G | INJ. NAXITAMAB-GQGK, 1 MG | - | 09408 | | APC – pays by fee schedule amount | $579.65 | - | - | - | - | 000 | 999 | - |
| J9349 | G | INJ., TAFASITAMAB-CXIX | - | 09385 | | APC – pays by fee schedule amount | $13.30 | - | - | - | - | 000 | 999 | - |
| J9350 | G | INJ MOSUNETUZUMAB-AXGB, 1 MG | - | 09150 | | APC – pays by fee schedule amount | $611.88 | - | - | - | - | 000 | 999 | - |
| J9351 | N | TOPOTECAN INJECTION | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9352 | K | INJECTION TRABECTEDIN 0.1MG | - | 09480 | 6.0078 | APC (blood and non-blood products) | $337.28 | - | - | - | - | 000 | 999 | - |
| J9353 | G | INJ. MARGETUXIMAB-CMKB, 5 MG | - | 09418 | | APC – pays by fee schedule amount | $45.88 | - | - | - | - | 000 | 999 | - |
| J9354 | K | INJ, ADO-TRASTUZUMAB EMT 1MG | - | 09131 | 0.6827 | APC (blood and non-blood products) | $38.33 | - | - | - | - | 000 | 999 | - |
| J9355 | K | INJ TRASTUZUMAB EXCL BIOSIMI | - | 01613 | 1.4442 | APC (blood and non-blood products) | $81.08 | - | - | - | - | 000 | 999 | - |
| J9356 | K | INJ. HERCEPTIN HYLECTA, 10MG | - | 09314 | 1.1682 | APC (blood and non-blood products) | $65.58 | - | - | - | - | 000 | 999 | - |
| J9357 | K | VALRUBICIN INJECTION | - | 01235 | 24.7916 | APC (blood and non-blood products) | $1,391.80 | - | - | - | - | 000 | 999 | - |
| J9358 | G | INJ FAM-TRASTU DERU-NXKI 1MG | - | 09353 | | APC – pays by fee schedule amount | $26.24 | - | - | - | - | 000 | 999 | - |
| J9359 | G | INJ LON TESIRIN-LPYL 0.075MG | - | 09205 | | APC – pays by fee schedule amount | $196.45 | - | - | - | - | 000 | 999 | - |
| J9360 | N | VINBLASTINE SULFATE INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9370 | N | VINCRISTINE SULFATE 1 MG INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| J9371 | K | INJ, VINCRISTINE SUL LIP 1MG | - | 01466 | 60.9330 | APC (blood and non-blood products) | $3,420.78 | - | - | - | - | 000 | 999 | - |
| J9380 | G | INJ TECLISTAMAB CQYV 0.5 MG | - | 09111 | | APC – pays by fee schedule amount | $30.94 | - | - | - | - | 000 | 999 | - |
| J9381 | G | INJ TEPLIZUMAB MZWV 5 MCG | - | 09112 | | APC – pays by fee schedule amount | $36.27 | - | - | - | - | 000 | 999 | - |
| J9390 | N | VINORELBINE TARTRATE INJ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| J9393 | K | INJ, FULVESTRANT (TEVA) | - | 09102 | 0.3776 | APC (blood and non-blood products) | $21.20 | - | - | - | - | 000 | 999 | - |
| J9394 | K | INJ, FULVESTRANT (FRESENIUS) | - | 09103 | 0.0294 | APC (blood and non-blood products) | $1.65 | - | - | - | - | 000 | 999 | - |
| J9395 | K | INJECTION, FULVESTRANT | - | 09120 | 0.1687 | APC (blood and non-blood products) | $9.47 | - | - | - | - | 000 | 999 | - |
| J9400 | K | INJ, ZIV-AFLIBERCEPT, 1MG | - | 09296 | 0.1213 | APC (blood and non-blood products) | $6.81 | - | - | - | - | 000 | 999 | - |
| J9600 | K | PORFIMER SODIUM INJECTION | - | 00856 | 400.6060 | APC (blood and non-blood products) | $22,490.02 | - | - | - | - | 000 | 999 | - |
| J9999 | N | CHEMOTHERAPY DRUG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| K0001 | E | STANDARD WHEELCHAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0002 | E | STND HEMI (LOW SEAT) WHLCHR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0003 | E | LIGHTWEIGHT WHEELCHAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0004 | E | HIGH STRENGTH LTWT WHLCHR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0005 | E | ULTRALIGHTWEIGHT WHEELCHAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0006 | E | HEAVY DUTY WHEELCHAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0007 | E | EXTRA HEAVY DUTY WHEELCHAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0008 | E | CSTM MANUAL WHEELCHAIR/BASE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0009 | E | OTHER MANUAL WHEELCHAIR/BASE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0010 | E | STND WT FRAME POWER WHLCHR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0011 | E | STND WT PWR WHLCHR W CONTROL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0012 | E | LTWT PORTBL POWER WHLCHR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0013 | E | CUSTOM POWER WHLCHR BASE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0014 | E | OTHER POWER WHLCHR BASE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0015 | E | DETACH NON-ADJ HT ARMRST REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0017 | E | DETACH ADJUST ARMREST BASE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0018 | E | DETACH ADJUST ARMRST UPPER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0019 | E | ARM PAD REPL, EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0020 | E | FIXED ADJUST ARMREST PAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0037 | E | HI MOUNT FLIP-UP FOOTREST EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0038 | E | LEG STRAP EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0039 | E | LEG STRAP H STYLE EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0040 | E | ADJUSTABLE ANGLE FOOTPLATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0041 | E | LARGE SIZE FOOTPLATE EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0042 | E | STANDARD SIZE FTPLATE REP EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0043 | E | FTRST LOWR EXTEN TUBE REP EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0044 | E | FTRST UPR HANGER BRAC REP EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0045 | E | FTRST COMPL ASSEMBLY REPL EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0046 | E | ELEV LGRST LWR EXTEN REPL EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0047 | E | ELEV LEGRST UPR HANGR REP EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0050 | E | RATCHET ASSEMBLY REPLACEMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0051 | E | CAM REL ASM FT/LEGRST REP EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0052 | E | SWINGAWAY DETACH FTREST REPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0053 | E | ELEVATE FOOTREST ARTICULATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0056 | E | SEAT HT <17 OR >=21 LTWT WC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0065 | E | SPOKE PROTECTORS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0069 | E | RR WHL COMPL SOL TIRE REP EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0070 | E | RR WHL COMPL PNE TIRE REP EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0071 | E | FR CSTR COMP PNE TIRE REP EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0072 | E | FR CSTR SEMI-PNE TIRE REP EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0073 | E | CASTER PIN LOCK EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0077 | E | FR CSTR ASMB SOL TIRE REP EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0098 | E | DRIVE BELT FOR PWC, REPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0105 | E | IV HANGER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0108 | E | W/C COMPONENT-ACCESSORY NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0195 | E | ELEVATING WHLCHAIR LEG RESTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| K0455 | E | PUMP UNINTERRUPTED INFUSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0462 | E | TEMPORARY REPLACEMENT EQPMNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0552 | E | SUP/EXT NON-INS INF PUMP SYR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0601 | E | REPL BATT SILVER OXIDE 1.5 V | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0602 | E | REPL BATT SILVER OXIDE 3 V | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0603 | E | REPL BATT ALKALINE 1.5 V | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0604 | E | REPL BATT LITHIUM 3.6 V | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0605 | E | REPL BATT LITHIUM 4.5 V | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0606 | E | AED GARMENT W ELEC ANALYSIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0607 | E | REPL BATT FOR AED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0608 | E | REPL GARMENT FOR AED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0609 | E | REPL ELECTRODE FOR AED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0669 | E | SEAT/BACK CUS NO DMEPDAC VER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0672 | E | REMOVABLE SOFT INTERFACE LE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0730 | E | CTRL DOSE INH DRUG DELIV SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0733 | E | 12-24HR SEALED LEAD ACID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0738 | E | PORTABLE GAS OXYGEN SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0739 | E | REPAIR/SVC DME NON-OXYGEN EQ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0740 | E | REPAIR/SVC OXYGEN EQUIPMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0741 | E | PORTABLE GASEOUS OXYGEN SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0742 | E | PORTABLE GASEOUS OXYGEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0743 | E | PORTABLE HOME SUCTION PUMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0744 | E | ABSORP DRG <= 16 SUC PUMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0745 | E | ABSORP DRG >16<=48 SUC PUMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0746 | E | ABSORP DRG >48 SUC PUMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0800 | E | POV GROUP 1 STD UP TO 300LBS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0801 | E | POV GROUP 1 HD 301-450 LBS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0802 | E | POV GROUP 1 VHD 451-600 LBS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0806 | E | POV GROUP 2 STD UP TO 300LBS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0807 | E | POV GROUP 2 HD 301-450 LBS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0808 | E | POV GROUP 2 VHD 451-600 LBS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0812 | E | POWER OPERATED VEHICLE NOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0813 | E | PWC GP 1 STD PORT SEAT/BACK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0814 | E | PWC GP 1 STD PORT CAP CHAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0815 | E | PWC GP 1 STD SEAT/BACK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0816 | E | PWC GP 1 STD CAP CHAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0820 | E | PWC GP 2 STD PORT SEAT/BACK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0821 | E | PWC GP 2 STD PORT CAP CHAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0822 | E | PWC GP 2 STD SEAT/BACK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0823 | E | PWC GP 2 STD CAP CHAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0824 | E | PWC GP 2 HD SEAT/BACK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0825 | E | PWC GP 2 HD CAP CHAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0826 | E | PWC GP 2 VHD SEAT/BACK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0827 | E | PWC GP VHD CAP CHAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0828 | E | PWC GP 2 XTRA HD SEAT/BACK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0829 | E | PWC GP 2 XTRA HD CAP CHAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0830 | E | PWC GP2 STD SEAT ELEVATE S/B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0831 | E | PWC GP2 STD SEAT ELEVATE CAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0835 | E | PWC GP2 STD SING POW OPT S/B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0836 | E | PWC GP2 STD SING POW OPT CAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0837 | E | PWC GP 2 HD SING POW OPT S/B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0838 | E | PWC GP 2 HD SING POW OPT CAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0839 | E | PWC GP2 VHD SING POW OPT S/B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0840 | E | PWC GP2 XHD SING POW OPT S/B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0841 | E | PWC GP2 STD MULT POW OPT S/B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0842 | E | PWC GP2 STD MULT POW OPT CAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| K0843 | E | PWC GP2 HD MULT POW OPT S/B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0848 | E | PWC GP 3 STD SEAT/BACK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0849 | E | PWC GP 3 STD CAP CHAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0850 | E | PWC GP 3 HD SEAT/BACK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0851 | E | PWC GP 3 HD CAP CHAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0852 | E | PWC GP 3 VHD SEAT/BACK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0853 | E | PWC GP 3 VHD CAP CHAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0854 | E | PWC GP 3 XHD SEAT/BACK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0855 | E | PWC GP 3 XHD CAP CHAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0856 | E | PWC GP3 STD SING POW OPT S/B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0857 | E | PWC GP3 STD SING POW OPT CAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0858 | E | PWC GP3 HD SING POW OPT S/B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0859 | E | PWC GP3 HD SING POW OPT CAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0860 | E | PWC GP3 VHD SING POW OPT S/B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0861 | E | PWC GP3 STD MULT POW OPT S/B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0862 | E | PWC GP3 HD MULT POW OPT S/B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0863 | E | PWC GP3 VHD MULT POW OPT S/B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0864 | E | PWC GP3 XHD MULT POW OPT S/B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0868 | E | PWC GP 4 STD SEAT/BACK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0869 | E | PWC GP 4 STD CAP CHAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0870 | E | PWC GP 4 HD SEAT/BACK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0871 | E | PWC GP 4 VHD SEAT/BACK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0877 | E | PWC GP4 STD SING POW OPT S/B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0878 | E | PWC GP4 STD SING POW OPT CAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0879 | E | PWC GP4 HD SING POW OPT S/B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0880 | E | PWC GP4 VHD SING POW OPT S/B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0884 | E | PWC GP4 STD MULT POW OPT S/B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0885 | E | PWC GP4 STD MULT POW OPT CAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0886 | E | PWC GP4 HD MULT POW S/B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0890 | E | PWC GP5 PED SING POW OPT S/B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0891 | E | PWC GP5 PED MULT POW OPT S/B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0898 | E | POWER WHEELCHAIR NOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0899 | E | POW MOBIL DEV NO DMEPDAC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K0900 | E | CSTM DME OTHER THAN WHEELCHR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1001 | E | ELECTRONIC POSA TREATMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1002 | E | CES SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1003 | E | WHIRLPOOL TUB WALKIN PORTABL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1004 | E | LO FREQ US DIATHERMY DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1005 | E | DISP COL STO BAG BREAST MILK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1006 | E | SUCT PUM EXT URINE MGMT SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1007 | E | BIL HKAF PC S/D MICRO SENSOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1009 | E | SPEECH VOLUME MODULATION SYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1013 | E | ENEMA TUBE ANY TYPE REPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1014 | E | AK 4 BAR LINK HYDL SWG/STANC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1015 | E | FOOT, ADDUCTUS POSITION, ADJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1016 | E | TRANS ELEC NERV FOR TRIGEMIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1017 | E | MONTHLY SUPP USE WITH K1016 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1018 | E | EXT UP LIMB TREMOR STIM WRIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1019 | E | SUPP EXT UP LIMB TREMOR STIM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1020 | E | NON-INVASIVE VAGUS NERV STIM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1021 | E | EXSUFF BELT INCL ALL SUP ACC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1022 | E | ENDOSKEL POSIT ROTAT UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1023 | E | TRANS ELEC NERV PERIPH NERV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1024 | E | NON PNEUM COMP CONTROL CAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1025 | E | NON PNEUM COMPRESS FULL ARM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1026 | E | MECH ALLERGEN PARTI BARRIER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| K1027 | E | ORAL DEV WITHOUT FIX MECH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1028 | E | CONTROL UNIT NM STIM W PHONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1029 | E | ORAL DV/APP NEUROMUS MOUTHPI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1030 | E | EXT RECHARGE BAT REPLACEMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1031 | E | NON PNEU COMP CONTROL W/O CA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1032 | E | NON PNEUM SEQ COMP FULL LEG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1033 | E | NON PNEUM SEQ COMP HALF LEG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1034 | E | COVID TEST SELF-ADMN/COLLECT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1035 | E | MOL DIAG READER SELF-ADMN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| K1036 | E | SUPPLIES FOR ULTRA DIATHERM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0112 | E | CRANIAL CERVICAL ORTHOSIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0113 | E | CRANIAL CERVICAL TORTICOLLIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 018 | 999 | - |
| L0120 | E | CERV FLEX N/ADJ FOAM PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0130 | E | FLEX THERMOPLASTIC COLLAR MO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0140 | E | CERVICAL SEMI-RIGID ADJUSTAB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0150 | E | CERV SEMI-RIG ADJ MOLDED CHN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0160 | E | CERV SR WIRE OCC/MAN PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0170 | E | CERVICAL COLLAR MOLDED TO PT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0172 | E | CERV COL SR FOAM 2PC PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0174 | E | CERV SR 2PC THOR EXT PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0180 | E | CER POST COL OCC/MAN SUP ADJ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0190 | E | CERV COLLAR SUPP ADJ CERV BA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0200 | E | CERV COL SUPP ADJ BAR & THOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0220 | E | THOR RIB BELT CUSTOM FABRICA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0450 | E | TLSO FLEX TRUNK/THOR PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0452 | E | TLSO FLEX CUSTOM FAB THORACI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0454 | E | TLSO TRNK SJ-T9 PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0455 | E | TLSO FLEX TRNK SJ-T9 PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0456 | E | TLSO FLEX TRNK SJ-SS PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0457 | E | TLSO FLEX TRNK SJ-SS PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0458 | E | TLSO 2MOD SYMPHIS-XIPHO PRE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0460 | E | TLSO 2 SHL SYMPHYS-STERN CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0462 | E | TLSO 3MOD SACRO-SCAP PRE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0464 | E | TLSO 4MOD SACRO-SCAP PRE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0466 | E | TLSO R FRAM SOFT ANT PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0467 | E | TLSO R FRAM SOFT PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0468 | E | TLSO RIG FRAM PELVIC PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0469 | E | TLSO RIG FRAM PELVIC PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0470 | E | TLSO RIGID FRAME PRE SUBCLAV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0472 | E | TLSO RIGID FRAME HYPEREX PRE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0480 | E | TLSO RIGID PLASTIC CUSTOM FA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0482 | E | TLSO RIGID LINED CUSTOM FAB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0484 | E | TLSO RIGID PLASTIC CUST FAB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0486 | E | TLSO RIGIDLINED CUST FAB TWO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0488 | E | TLSO RIGID LINED PRE ONE PIE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0490 | E | TLSO RIGID PLASTIC PRE ONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0491 | E | TLSO 2 PIECE RIGID SHELL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0492 | E | TLSO 3 PIECE RIGID SHELL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0621 | E | SIO FLEX PELVIC/SACR PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0622 | E | SIO FLEX PELVISACRAL CUSTOM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0623 | E | SIO RIG PNL PELV/SAC PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0624 | E | SIO PANEL CUSTOM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0625 | E | LO FLEX L1-BELOW L5 PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0626 | E | LO SAG RIG PNL STAYS PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0627 | E | LO SAG RI AN/POS PNL PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0628 | E | LSO FLEX NO RI STAYS PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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# Outpatient Prospective Payment System Services
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| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| L0629 | E | LSO FLEX W/RIGID STAYS CUST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0630 | E | LSO R POST PNL SJ-T9 PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0631 | E | LSO SAG R AN/POS PNL PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0632 | E | LSO SAG RIGID FRAME CUST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0633 | E | LSO SC R POS/LAT PNL PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0634 | E | LSO FLEXION CONTROL CUSTOM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0635 | E | LSO SAGIT RIGID PANEL PREFAB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0636 | E | LSO SAGITTAL RIGID PANEL CUS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0637 | E | LSO SC R ANT/POS PNL PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0638 | E | LSO SAG-CORONAL PANEL CUSTOM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0639 | E | LSO S/C SHELL/PANEL PREFAB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0640 | E | LSO S/C SHELL/PANEL CUSTOM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0641 | E | LO RIG POS PNL L1-L5 PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0642 | E | LO SAG RI AN/POS PNL PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0643 | E | LSO SAG CTR RIGI POS PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0648 | E | LSO SAG R AN/POS PNL PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0649 | E | LSO SC R POS/LAT PNL PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0650 | E | LSO SC R ANT/POS PNL PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0651 | E | LSO SAG-CO SHELL PNL PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0700 | E | CTLSO A-P-L CONTROL MOLDED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0710 | E | CTLSO A-P-L CONTROL W/ INTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0810 | E | HALO CERVICAL INTO JCKT VEST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0820 | E | HALO CERVICAL INTO BODY JACK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0830 | E | HALO CERV INTO MILWAUKEE TYP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0859 | E | MRI COMPATIBLE SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0861 | E | HALO REPL LINER/INTERFACE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0970 | E | TLSO CORSET FRONT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0972 | E | LSO CORSET FRONT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0974 | E | TLSO FULL CORSET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0976 | E | LSO FULL CORSET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0978 | E | AXILLARY CRUTCH EXTENSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0980 | E | PERONEAL STRAPS PAIR PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0982 | E | STOCKING SUP GRIPS 4 PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0984 | E | PROTECT BODY SOCK EA PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L0999 | E | ADD TO SPINAL ORTHOSIS NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1000 | E | CTLSO MILWAUKE INITIAL MODEL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1001 | E | CTLSO INFANT IMMOBILIZER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 001 | - |
| L1005 | E | TENSION BASED SCOLIOSIS ORTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1010 | E | CTLSO AXILLA SLING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1020 | E | KYPHOSIS PAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1025 | E | KYPHOSIS PAD FLOATING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1030 | E | LUMBAR BOLSTER PAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1040 | E | LUMBAR OR LUMBAR RIB PAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1050 | E | STERNAL PAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1060 | E | THORACIC PAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1070 | E | TRAPEZIUS SLING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1080 | E | OUTRIGGER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1085 | E | OUTRIGGER BIL W/ VERT EXTENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1090 | E | LUMBAR SLING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1100 | E | RING FLANGE PLASTIC/LEATHER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1110 | E | RING FLANGE PLAS/LEATHER MOL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1120 | E | COVERS FOR UPRIGHT EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1200 | E | FURNSH INITIAL ORTHOSIS ONLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1210 | E | LATERAL THORACIC EXTENSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1220 | E | ANTERIOR THORACIC EXTENSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1230 | E | MILWAUKEE TYPE SUPERSTRUCTUR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

# Montana Healthcare Programs Fee Schedule
# Outpatient Prospective Payment System Services
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| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| L1240 | E | LUMBAR DEROTATION PAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1250 | E | ANTERIOR ASIS PAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1260 | E | ANTERIOR THORACIC DEROTATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1270 | E | ABDOMINAL PAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1280 | E | RIB GUSSET (ELASTIC) EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1290 | E | LATERAL TROCHANTERIC PAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1300 | E | BODY JACKET MOLD TO PATIENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1310 | E | POST-OPERATIVE BODY JACKET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1499 | E | SPINAL ORTHOSIS NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1600 | E | HO FLEX FREJKA W/COV PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1610 | E | HO FREJKA COV ONLY PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1620 | E | HO FLEX PAVLIK HARNS PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1630 | E | ABDUCT CONTROL HIP SEMI-FLEX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1640 | E | PELV BAND/SPREAD BAR THIGH C | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1650 | E | HO ABDUCTION HIP ADJUSTABLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1652 | E | HO BI THIGHCUFFS W SPRDR BAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1660 | E | HO ABDUCTION STATIC PLASTIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1680 | E | PELVIC & HIP CONTROL THIGH C | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1681 | E | HO BILATERAL HIP ABDUCTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1685 | E | POST-OP HIP ABDUCT CUSTOM FA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1686 | E | HO POST-OP HIP ABDUCTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1690 | E | COMBINATION BILATERAL HO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1700 | E | LEG PERTHES ORTH TORONTO TYP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1710 | E | LEGG PERTHES ORTH NEWINGTON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1720 | E | LEGG PERTHES ORTHOSIS TRILAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1730 | E | LEGG PERTHES ORTH SCOTTISH R | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1755 | E | LEGG PERTHES PATTEN BOTTOM T | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1810 | E | KO ELASTIC WITH JOINTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1812 | E | KO ELASTIC W/JOINTS PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1820 | E | KO ELAS W/ CONDYLE PADS & JO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1830 | E | KO IMMOB CANVAS LONG PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1831 | E | KNEE ORTH POS LOCKING JOINT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1832 | E | KO ADJ JNT POS R SUP PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1833 | E | KO ADJ JNT POS R SUP PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1834 | E | KO W/0 JOINT RIGID MOLDED TO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1836 | E | KO RIGID W/O JOINTS PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1840 | E | KO DEROT ANT CRUCIATE CUSTOM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1843 | E | KO SINGLE UPRIGHT PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1844 | E | KO W/ADJ JT ROT CNTRL MOLDED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1845 | E | KO DOUBLE UPRIGHT PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1846 | E | KO W ADJ FLEX/EXT ROTAT MOLD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1847 | E | KO DBL UPRIGHT W/AIR PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1848 | E | KO DBL UPRIGHT W/AIR PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1850 | E | KO SWEDISH TYPE PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1851 | E | KO SINGLE UPRIGHT PREFAB OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1852 | E | KO DOUBLE UPRIGHT PREFAB OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1860 | E | KO SUPRACONDYLAR SOCKET MOLD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1900 | E | AFO SPRNG WIR DRSFLX CALF BD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1902 | E | AFO ANKLE GAUNTLET PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1904 | E | AFO MOLDED ANKLE GAUNTLET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1906 | E | AFO MULTILIG ANK SUP PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1907 | E | AFO SUPRAMALLEOLAR CUSTOM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1910 | E | AFO SING BAR CLASP ATTACH SH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1920 | E | AFO SING UPRIGHT W/ ADJUST S | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1930 | E | AFO PLASTIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1932 | E | AFO RIG ANT TIB PREFAB TCF/= | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| L1940 | E | AFO MOLDED TO PATIENT PLASTI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1945 | E | AFO MOLDED PLAS RIG ANT TIB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1950 | E | AFO SPIRAL MOLDED TO PT PLAS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1951 | E | AFO SPIRAL PREFABRICATED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1960 | E | AFO POS SOLID ANK PLASTIC MO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1970 | E | AFO PLASTIC MOLDED W/ANKLE J | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1971 | E | AFO W/ANKLE JOINT, PREFAB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1980 | E | AFO SING SOLID STIRRUP CALF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L1990 | E | AFO DOUB SOLID STIRRUP CALF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2000 | E | KAFO SING FRE STIRR THI/CALF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2005 | E | KAFO SNG/DBL MECHANICAL ACT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2006 | E | KAF SNG/DBL SWG/STN MCPR CUS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2010 | E | KAFO SNG SOLID STIRRUP W/O J | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2020 | E | KAFO DBL SOLID STIRRUP BAND/ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2030 | E | KAFO DBL SOLID STIRRUP W/O J | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2034 | E | KAFO PLA SIN UP W/WO K/A CUS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2035 | E | KAFO PLASTIC PEDIATRIC SIZE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2036 | E | KAFO PLAS DOUB FREE KNEE MOL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2037 | E | KAFO PLAS SING FREE KNEE MOL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2038 | E | KAFO W/O JOINT MULTI-AXIS AN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2040 | E | HKAFO TORSION BIL ROT STRAPS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2050 | E | HKAFO TORSION CABLE HIP PELV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2060 | E | HKAFO TORSION BALL BEARING J | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2070 | E | HKAFO TORSION UNILAT ROT STR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2080 | E | HKAFO UNILAT TORSION CABLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2090 | E | HKAFO UNILAT TORSION BALL BR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2106 | E | AFO TIB FX CAST PLASTER MOLD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2108 | E | AFO TIB FX CAST MOLDED TO PT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2112 | E | AFO TIBIAL FRACTURE SOFT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2114 | E | AFO TIB FX SEMI-RIGID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2116 | E | AFO TIBIAL FRACTURE RIGID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2126 | E | KAFO FEM FX CAST THERMOPLAS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2128 | E | KAFO FEM FX CAST MOLDED TO P | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2132 | E | KAFO FEMORAL FX CAST SOFT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2134 | E | KAFO FEM FX CAST SEMI-RIGID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2136 | E | KAFO FEMORAL FX CAST RIGID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2180 | E | PLAS SHOE INSERT W ANK JOINT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2182 | E | DROP LOCK KNEE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2184 | E | LIMITED MOTION KNEE JOINT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2186 | E | ADJ MOTION KNEE JNT LERMAN T | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2188 | E | QUADRILATERAL BRIM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2190 | E | WAIST BELT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2192 | E | PELVIC BAND & BELT THIGH FLA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2200 | E | LIMITED ANKLE MOTION EA JNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2210 | E | DORSIFLEXION ASSIST EACH JOI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2220 | E | DORSI & PLANTAR FLEX ASS/RES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2230 | E | SPLIT FLAT CALIPER STIRR & P | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2232 | E | ROCKER BOTTOM, CONTACT AFO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2240 | E | ROUND CALIPER AND PLATE ATTA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2250 | E | FOOT PLATE MOLDED STIRRUP AT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2260 | E | REINFORCED SOLID STIRRUP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2265 | E | LONG TONGUE STIRRUP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2270 | E | VARUS/VALGUS STRAP PADDED/LI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2275 | E | PLASTIC MOD LOW EXT PAD/LINE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2280 | E | MOLDED INNER BOOT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2300 | E | ABDUCTION BAR JOINTED ADJUST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| L2310 | E | ABDUCTION BAR-STRAIGHT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2320 | E | NON-MOLDED LACER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2330 | E | LACER MOLDED TO PATIENT MODE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2335 | E | ANTERIOR SWING BAND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2340 | E | PRE-TIBIAL SHELL MOLDED TO P | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2350 | E | PROSTHETIC TYPE SOCKET MOLDE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2360 | E | EXTENDED STEEL SHANK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2370 | E | PATTEN BOTTOM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2375 | E | TORSION ANK & HALF SOLID STI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2380 | E | TORSION STRAIGHT KNEE JOINT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2385 | E | STRAIGHT KNEE JOINT HEAVY DU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2387 | E | ADD LE POLY KNEE CUSTOM KAFO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2390 | E | OFFSET KNEE JOINT EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2395 | E | OFFSET KNEE JOINT HEAVY DUTY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2397 | E | SUSPENSION SLEEVE LOWER EXT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2405 | E | KNEE JOINT DROP LOCK EA JNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2415 | E | KNEE JOINT CAM LOCK EACH JOI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2425 | E | KNEE DISC/DIAL LOCK/ADJ FLEX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2430 | E | KNEE JNT RATCHET LOCK EA JNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2492 | E | KNEE LIFT LOOP DROP LOCK RIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2500 | E | THI/GLUT/ISCHIA WGT BEARING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2510 | E | TH/WGHT BEAR QUAD-LAT BRIM M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2520 | E | TH/WGHT BEAR QUAD-LAT BRIM C | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2525 | E | TH/WGHT BEAR NAR M-L BRIM MO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2526 | E | TH/WGHT BEAR NAR M-L BRIM CU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2530 | E | THIGH/WGHT BEAR LACER NON-MO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2540 | E | THIGH/WGHT BEAR LACER MOLDED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2550 | E | THIGH/WGHT BEAR HIGH ROLL CU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2570 | E | HIP CLEVIS TYPE 2 POSIT JNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2580 | E | PELVIC CONTROL PELVIC SLING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2600 | E | HIP CLEVIS/THRUST BEARING FR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2610 | E | HIP CLEVIS/THRUST BEARING LO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2620 | E | PELVIC CONTROL HIP HEAVY DUT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2622 | E | HIP JOINT ADJUSTABLE FLEXION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2624 | E | HIP ADJ FLEX EXT ABDUCT CONT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2627 | E | PLASTIC MOLD RECIPRO HIP & C | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2628 | E | METAL FRAME RECIPRO HIP & CA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2630 | E | PELVIC CONTROL BAND & BELT U | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2640 | E | PELVIC CONTROL BAND & BELT B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2650 | E | PELV & THOR CONTROL GLUTEAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2660 | E | THORACIC CONTROL THORACIC BA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2670 | E | THORAC CONT PARASPINAL UPRIG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2680 | E | THORAC CONT LAT SUPPORT UPRI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2750 | E | PLATING CHROME/NICKEL PR BAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2755 | E | CARBON GRAPHITE LAMINATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2760 | E | EXTENSION PER EXTENSION PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2768 | E | ORTHO SIDEBAR DISCONNECT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2780 | E | NON-CORROSIVE FINISH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2785 | E | DROP LOCK RETAINER EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2795 | E | KNEE CONTROL FULL KNEECAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2800 | E | KNEE CAP MEDIAL OR LATERAL P | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2810 | E | KNEE CONTROL CONDYLAR PAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2820 | E | SOFT INTERFACE BELOW KNEE SE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2830 | E | SOFT INTERFACE ABOVE KNEE SE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2840 | E | TIBIAL LENGTH SOCK FX OR EQU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2850 | E | FEMORAL LGTH SOCK FX OR EQUA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| L2861 | E | TORSION MECHANISM KNEE/ANKLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L2999 | E | LOWER EXTREMITY ORTHOSIS NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3000 | E | FT INSERT UCB BERKELEY SHELL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3001 | E | FOOT INSERT REMOV MOLDED SPE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3002 | E | FOOT INSERT PLASTAZOTE OR EQ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3003 | E | FOOT INSERT SILICONE GEL EAC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3010 | E | FOOT LONGITUDINAL ARCH SUPPO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3020 | E | FOOT LONGITUD/METATARSAL SUP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3030 | E | FOOT ARCH SUPPORT REMOV PREM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3031 | E | FOOT LAMIN/PREPREG COMPOSITE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3040 | E | FT ARCH SUPRT PREMOLD LONGIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3050 | E | FOOT ARCH SUPP PREMOLD METAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3060 | E | FOOT ARCH SUPP LONGITUD/META | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3070 | E | ARCH SUPRT ATT TO SHO LONGIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3080 | E | ARCH SUPP ATT TO SHOE METATA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3090 | E | ARCH SUPP ATT TO SHOE LONG/M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3100 | E | HALLUS-VALGUS NT DYN PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3140 | E | ABDUCTION ROTATION BAR SHOE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3150 | E | ABDUCT ROTATION BAR W/O SHOE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3160 | E | SHOE STYLED POSITIONING DEV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3170 | E | FOOT PLAS HEEL STABI PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3201 | E | OXFORD W SUPINAT/PRONAT INF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3202 | E | OXFORD W/ SUPINAT/PRONATOR C | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3203 | E | OXFORD W/ SUPINATOR/PRONATOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3204 | E | HIGHTOP W/ SUPP/PRONATOR INF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 001 | - |
| L3206 | E | HIGHTOP W/ SUPP/PRONATOR CHI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 005 | - |
| L3207 | E | HIGHTOP W/ SUPP/PRONATOR JUN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 019 | - |
| L3208 | E | SURGICAL BOOT EACH INFANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 001 | - |
| L3209 | E | SURGICAL BOOT EACH CHILD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 005 | - |
| L3211 | E | SURGICAL BOOT EACH JUNIOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3212 | E | BENESCH BOOT PAIR INFANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 001 | - |
| L3213 | E | BENESCH BOOT PAIR CHILD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 005 | - |
| L3214 | E | BENESCH BOOT PAIR JUNIOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 019 | - |
| L3215 | E | ORTHOPEDIC FTWEAR LADIES OXF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3216 | E | ORTHOPED LADIES SHOES DPTH I | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3217 | E | LADIES SHOES HIGHTOP DEPTH I | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3219 | E | ORTHOPEDIC MENS SHOES OXFORD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3221 | E | ORTHOPEDIC MENS SHOES DPTH I | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3222 | E | MENS SHOES HIGHTOP DEPTH INL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3224 | E | WOMAN'S SHOE OXFORD BRACE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3225 | E | MAN'S SHOE OXFORD BRACE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3230 | E | CUSTOM SHOES DEPTH INLAY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3250 | E | CUSTOM MOLD SHOE REMOV PROST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3251 | E | SHOE MOLDED TO PT SILICONE S | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3252 | E | SHOE MOLDED PLASTAZOTE CUST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3253 | E | SHOE MOLDED PLASTAZOTE CUST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3254 | E | ORTH FOOT NON-STNDARD SIZE/W | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3255 | E | ORTH FOOT NON-STANDARD SIZE/ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3257 | E | ORTH FOOT ADD CHARGE SPLIT S | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3260 | E | AMBULATORY SURGICAL BOOT EAC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3265 | E | PLASTAZOTE SANDAL EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3300 | E | SHO LIFT TAPER TO METATARSAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3310 | E | SHOE LIFT ELEV HEEL/SOLE NEO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3320 | E | SHOE LIFT ELEV HEEL/SOLE COR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3330 | E | LIFTS ELEVATION METAL EXTENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3332 | E | SHOE LIFTS TAPERED TO ONE-HA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| L3334 | E | SHOE LIFTS ELEVATION HEEL /I | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3340 | E | SHOE WEDGE SACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3350 | E | SHOE HEEL WEDGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3360 | E | SHOE SOLE WEDGE OUTSIDE SOLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3370 | E | SHOE SOLE WEDGE BETWEEN SOLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3380 | E | SHOE CLUBFOOT WEDGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3390 | E | SHOE OUTFLARE WEDGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3400 | E | SHOE METATARSAL BAR WEDGE RO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3410 | E | SHOE METATARSAL BAR BETWEEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3420 | E | FULL SOLE/HEEL WEDGE BTWEEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3430 | E | SHO HEEL COUNT PLAST REINFOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3440 | E | HEEL LEATHER REINFORCED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3450 | E | SHOE HEEL SACH CUSHION TYPE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3455 | E | SHOE HEEL NEW LEATHER STANDA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3460 | E | SHOE HEEL NEW RUBBER STANDAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3465 | E | SHOE HEEL THOMAS WITH WEDGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3470 | E | SHOE HEEL THOMAS EXTEND TO B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3480 | E | SHOE HEEL PAD & DEPRESS FOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3485 | E | SHOE HEEL PAD REMOVABLE FOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3500 | E | ORTHO SHOE ADD LEATHER INSOL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3510 | E | ORTHOPEDIC SHOE ADD RUB INSL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3520 | E | O SHOE ADD FELT W LEATH INSL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3530 | E | ORTHO SHOE ADD HALF SOLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3540 | E | ORTHO SHOE ADD FULL SOLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3550 | E | O SHOE ADD STANDARD TOE TAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3560 | E | O SHOE ADD HORSESHOE TOE TAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3570 | E | O SHOE ADD INSTEP EXTENSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3580 | E | O SHOE ADD INSTEP VELCRO CLO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3590 | E | O SHOE CONVERT TO SOF COUNTE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3595 | E | ORTHO SHOE ADD MARCH BAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3600 | E | TRANS SHOE CALIP PLATE EXIST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3610 | E | TRANS SHOE CALIPER PLATE NEW | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3620 | E | TRANS SHOE SOLID STIRRUP EXI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3630 | E | TRANS SHOE SOLID STIRRUP NEW | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3640 | E | SHOE DENNIS BROWNE SPLINT BO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3649 | E | ORTHOPEDIC SHOE MODIFICA NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3650 | E | SO 8 ABD RESTRAINT PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3660 | E | SO 8 AB RSTR CAN/WEB PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3670 | E | SO ACRO/CLAV CAN WEB PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3671 | E | SO CAP DESIGN W/O JNTS CF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3674 | E | SO AIRPLANE W/WO JOINT CF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3675 | E | SO VEST CANVAS/WEB PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3677 | E | SO HARD PLAS STABILI PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3678 | E | SO HARD PLAS STABILI PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3702 | E | EO W/O JOINTS CF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3710 | E | EO ELAS W/METAL JNTS PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3720 | E | FOREARM/ARM CUFFS FREE MOTIO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3730 | E | FOREARM/ARM CUFFS EXT/FLEX A | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3740 | E | CUFFS ADJ LOCK W/ ACTIVE CON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3760 | E | EO ADJ JT PREFAB CUSTOM FIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3761 | E | EO, ADJ LOCK JOINT PREFAB OT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3762 | E | EO RIGID W/O JOINTS PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3763 | E | EWHO RIGID W/O JNTS CF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3764 | E | EWHO W/JOINT(S) CF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3765 | E | EWHFO RIGID W/O JNTS CF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3766 | E | EWHFO W/JOINT(S) CF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| L3806 | E | WHFO W/JOINT(S) CUSTOM FAB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3807 | E | WHFO W/O JOINTS PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3808 | E | WHFO, RIGID W/O JOINTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3809 | E | WHFO W/O JOINTS PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3891 | E | TORSION MECHANISM WRIST/ELBO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3900 | E | HINGE EXTENSION/FLEX WRIST/F | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3901 | E | HINGE EXT/FLEX WRIST FINGER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3904 | E | WHFO ELECTRIC CUSTOM FITTED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3905 | E | WHO W/NONTORSION JNT(S) CF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3906 | E | WHO W/O JOINTS CF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3908 | E | WHO COCK-UP NONMOLDE PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3912 | E | HFO FLEXION GLOVE PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3913 | E | HFO W/O JOINTS CF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3915 | E | WHO NONTORSION JNTS PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3916 | E | WHO NONTORSION JNTS PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3917 | E | METACARP FX ORTHOSIS PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3918 | E | METACARP FX ORTHOSIS PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3919 | E | HO W/O JOINTS CF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3921 | E | HFO W/JOINT(S) CF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3923 | E | HFO WITHOUT JOINTS PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3924 | E | HFO WITHOUT JOINTS PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3925 | E | FO PIP DIP JNT/SPRNG PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3927 | E | FO PIP DIP NO JT SPR PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3929 | E | HFO NONTORSION JNTS PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3930 | E | HFO NONTORSION JNTS PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3931 | E | WHFO NONTORSION JOINT PREFAB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3933 | E | FO W/O JOINTS CF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3935 | E | FO NONTORSION JOINT CF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3956 | E | ADD JOINT UPPER EXT ORTHOSIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3960 | E | SEWHO AIRPLAN DESIG ABDU POS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3961 | E | SEWHO CAP DESIGN W/O JNTS CF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3962 | E | SEWHO ERBS PALSEY DESIGN ABD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3967 | E | SEWHO AIRPLANE W/O JNTS CF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3971 | E | SEWHO CAP DESIGN W/JNT(S) CF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3973 | E | SEWHO AIRPLANE W/JNT(S) CF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3975 | E | SEWHFO CAP DESIGN W/O JNT CF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3976 | E | SEWHFO AIRPLANE W/O JNTS CF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3977 | E | SEWHFO CAP DESGN W/JNT(S) CF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3978 | E | SEWHFO AIRPLANE W/JNT(S) CF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3980 | E | UP EXT FX ORTHOS HUMERAL NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3981 | E | UE FX ORTH SHOUL CAP FOREARM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3982 | E | UPPER EXT FX ORTHOSIS RAD/UL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3984 | E | UPPER EXT FX ORTHOSIS WRIST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3995 | E | SOCK FRACTURE OR EQUAL EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L3999 | E | UPPER LIMB ORTHOSIS NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4000 | E | REPL GIRDLE MILWAUKEE ORTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4002 | E | REPLACE STRAP, ANY ORTHOSIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4010 | E | REPLACE TRILATERAL SOCKET BR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4020 | E | REPLACE QUADLAT SOCKET BRIM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4030 | E | REPLACE SOCKET BRIM CUST FIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4040 | E | REPLACE MOLDED THIGH LACER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4045 | E | REPLACE NON-MOLDED THIGH LAC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4050 | E | REPLACE MOLDED CALF LACER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4055 | E | REPLACE NON-MOLDED CALF LACE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4060 | E | REPLACE HIGH ROLL CUFF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4070 | E | REPLACE PROX & DIST UPRIGHT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| L4080 | E | REPL MET BAND KAFO-AFO PROX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4090 | E | REPL MET BAND KAFO-AFO CALF/ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4100 | E | REPL LEATH CUFF KAFO PROX TH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4110 | E | REPL LEATH CUFF KAFO-AFO CAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4130 | E | REPLACE PRETIBIAL SHELL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4205 | E | ORTHO DVC REPAIR PER 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4210 | E | ORTH DEV REPAIR/REPL MINOR P | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4350 | E | ANKLE CONTROL ORTHO PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4360 | E | PNEUMAT WALKING BOOT PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4361 | E | PNEUMA/VAC WALK BOOT PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4370 | E | PNEUM FULL LEG SPLNT PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4386 | E | NON-PNEUM WALK BOOT PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4387 | E | NON-PNEUM WALK BOOT PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4392 | E | REPLACE AFO SOFT INTERFACE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4394 | E | REPLACE FOOT DROP SPINT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4396 | E | STATIC OR DYNAMI AFO PRE CST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4397 | E | STATIC OR DYNAMI AFO PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4398 | E | FOOT DROP SPLINT PRE OTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L4631 | E | AFO, WALK BOOT TYPE, CUS FAB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5000 | E | SHO INSERT W ARCH TOE FILLER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5010 | E | MOLD SOCKET ANK HGT W/ TOE F | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5020 | E | TIBIAL TUBERCLE HGT W/ TOE F | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5050 | E | ANK SYMES MOLD SCKT SACH FT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5060 | E | SYMES MET FR LEATH SOCKET AR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5100 | E | MOLDED SOCKET SHIN SACH FOOT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5105 | E | PLAST SOCKET JTS/THGH LACER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5150 | E | MOLD SCKT EXT KNEE SHIN SACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5160 | E | MOLD SOCKET BENT KNEE SHIN S | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5200 | E | KNE SING AXIS FRIC SHIN SACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5210 | E | NO KNEE/ANKLE JOINTS W/ FT B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5220 | E | NO KNEE JOINT WITH ARTIC ALI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5230 | E | FEM FOCAL DEFIC CONSTANT FRI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5250 | E | HIP CANAD SING AXI CONS FRIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5270 | E | TILT TABLE LOCKING HIP SING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5280 | E | HEMIPELVECT CANAD SING AXIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5301 | E | BK MOLD SOCKET SACH FT ENDO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5312 | E | KNEE DISART, SACH FT, ENDO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5321 | E | AK OPEN END SACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5331 | E | HIP DISART CANADIAN SACH FT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5341 | E | HEMIPELVECTOMY CANADIAN SACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5400 | E | POSTOP DRESS & 1 CAST CHG BK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5410 | E | POSTOP DSG BK EA ADD CAST CH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5420 | E | POSTOP DSG & 1 CAST CHG AK/D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5430 | E | POSTOP DSG AK EA ADD CAST CH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5450 | E | POSTOP APP NON-WGT BEAR DSG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5460 | E | POSTOP APP NON-WGT BEAR DSG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5500 | E | INIT BK PTB PLASTER DIRECT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5505 | E | INIT AK ISCHAL PLSTR DIRECT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5510 | E | PREP BK PTB PLASTER MOLDED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5520 | E | PERP BK PTB THERMOPLS DIRECT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5530 | E | PREP BK PTB THERMOPLS MOLDED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5535 | E | PREP BK PTB OPEN END SOCKET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5540 | E | PREP BK PTB LAMINATED SOCKET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5560 | E | PREP AK ISCHIAL PLAST MOLDED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5570 | E | PREP AK ISCHIAL DIRECT FORM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5580 | E | PREP AK ISCHIAL THERMO MOLD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| L5585 | E | PREP AK ISCHIAL OPEN END | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5590 | E | PREP AK ISCHIAL LAMINATED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5595 | E | HIP DISARTIC SACH THERMOPLS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5600 | E | HIP DISART SACH LAMINAT MOLD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5610 | E | ABOVE KNEE HYDRACADENCE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5611 | E | AK 4 BAR LINK W/FRIC SWING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5613 | E | AK 4 BAR LING W/HYDRAUL SWIG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5614 | E | 4-BAR LINK ABOVE KNEE W/SWNG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5616 | E | AK UNIV MULTIPLEX SYS FRICT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5617 | E | AK/BK SELF-ALIGNING UNIT EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5618 | E | TEST SOCKET SYMES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5620 | E | TEST SOCKET BELOW KNEE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5622 | E | TEST SOCKET KNEE DISARTICULA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5624 | E | TEST SOCKET ABOVE KNEE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5626 | E | TEST SOCKET HIP DISARTICULAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5628 | E | TEST SOCKET HEMIPELVECTOMY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5629 | E | BELOW KNEE ACRYLIC SOCKET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5630 | E | SYME TYP EXPANDABL WALL SCKT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5631 | E | AK/KNEE DISARTIC ACRYLIC SOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5632 | E | SYMES TYPE PTB BRIM DESIGN S | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5634 | E | SYMES TYPE POSTER OPENING SO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5636 | E | SYMES TYPE MEDIAL OPENING SO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5637 | E | BELOW KNEE TOTAL CONTACT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5638 | E | BELOW KNEE LEATHER SOCKET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5639 | E | BELOW KNEE WOOD SOCKET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5640 | E | KNEE DISARTICULAT LEATHER SO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5642 | E | ABOVE KNEE LEATHER SOCKET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5643 | E | HIP FLEX INNER SOCKET EXT FR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5644 | E | ABOVE KNEE WOOD SOCKET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5645 | E | BK FLEX INNER SOCKET EXT FRA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5646 | E | BELOW KNEE CUSHION SOCKET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5647 | E | BELOW KNEE SUCTION SOCKET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5648 | E | ABOVE KNEE CUSHION SOCKET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5649 | E | ISCH CONTAINMT/NARROW M-L SO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5650 | E | TOT CONTACT AK/KNEE DISART S | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5651 | E | AK FLEX INNER SOCKET EXT FRA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5652 | E | SUCTION SUSP AK/KNEE DISART | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5653 | E | KNEE DISART EXPAND WALL SOCK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5654 | E | SOCKET INSERT SYMES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5655 | E | SOCKET INSERT BELOW KNEE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5656 | E | SOCKET INSERT KNEE ARTICULAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5658 | E | SOCKET INSERT ABOVE KNEE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5661 | E | MULTI-DUROMETER SYMES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5665 | E | MULTI-DUROMETER BELOW KNEE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5666 | E | BELOW KNEE CUFF SUSPENSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5668 | E | BK MOLDED DISTAL CUSHION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5670 | E | BK MOLDED SUPRACONDYLAR SUSP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5671 | E | BK/AK LOCKING MECHANISM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5672 | E | BK REMOVABLE MEDIAL BRIM SUS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5673 | E | SOCKET INSERT W LOCK MECH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5676 | E | BK KNEE JOINTS SINGLE AXIS P | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5677 | E | BK KNEE JOINTS POLYCENTRIC P | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5678 | E | BK JOINT COVERS PAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5679 | E | SOCKET INSERT W/O LOCK MECH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5680 | E | BK THIGH LACER NON-MOLDED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5681 | E | INTL CUSTM CONG/LATYP INSERT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| L5682 | E | BK THIGH LACER GLUT/ISCHIA M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5683 | E | INITIAL CUSTOM SOCKET INSERT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5684 | E | BK FORK STRAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5685 | E | BELOW KNEE SUS/SEAL SLEEVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5686 | E | BK BACK CHECK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5688 | E | BK WAIST BELT WEBBING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5690 | E | BK WAIST BELT PADDED AND LIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5692 | E | AK PELVIC CONTROL BELT LIGHT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5694 | E | AK PELVIC CONTROL BELT PAD/L | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5695 | E | AK SLEEVE SUSP NEOPRENE/EQUA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5696 | E | AK/KNEE DISARTIC PELVIC JOIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5697 | E | AK/KNEE DISARTIC PELVIC BAND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5698 | E | AK/KNEE DISARTIC SILESIAN BA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5699 | E | SHOULDER HARNESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5700 | E | REPLACE SOCKET BELOW KNEE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5701 | E | REPLACE SOCKET ABOVE KNEE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5702 | E | REPLACE SOCKET HIP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5703 | E | SYMES ANKLE W/O (SACH) FOOT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5704 | E | CUSTOM SHAPE COVER BK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5705 | E | CUSTOM SHAPE COVER AK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5706 | E | CUSTOM SHAPE CVR KNEE DISART | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5707 | E | CUSTOM SHAPE CVR HIP DISART | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5710 | E | KNE-SHIN EXO SNG AXI MNL LOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5711 | E | KNEE-SHIN EXO MNL LOCK ULTRA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5712 | E | KNEE-SHIN EXO FRICT SWG & ST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5714 | E | KNEE-SHIN EXO VARIABLE FRICT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5716 | E | KNEE-SHIN EXO MECH STANCE PH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5718 | E | KNEE-SHIN EXO FRCT SWG & STA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5722 | E | KNEE-SHIN PNEUM SWG FRCT EXO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5724 | E | KNEE-SHIN EXO FLUID SWING PH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5726 | E | KNEE-SHIN EXT JNTS FLD SWG E | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5728 | E | KNEE-SHIN FLUID SWG & STANCE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5780 | E | KNEE-SHIN PNEUM/HYDRA PNEUM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5781 | E | LOWER LIMB PROS VACUUM PUMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5782 | E | HD LOW LIMB PROS VACUUM PUMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5785 | E | EXOSKELETAL BK ULTRALT MATER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5790 | E | EXOSKELETAL AK ULTRA-LIGHT M | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5795 | E | EXOSKEL HIP ULTRA-LIGHT MATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5810 | E | ENDOSKEL KNEE-SHIN MNL LOCK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5811 | E | ENDO KNEE-SHIN MNL LCK ULTRA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5812 | E | ENDO KNEE-SHIN FRCT SWG & ST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5814 | E | ENDO KNEE-SHIN HYDRAL SWG PH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5816 | E | ENDO KNEE-SHIN POLYC MCH STA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5818 | E | ENDO KNEE-SHIN FRCT SWG & ST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5822 | E | ENDO KNEE-SHIN PNEUM SWG FRC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5824 | E | ENDO KNEE-SHIN FLUID SWING P | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5826 | E | MINIATURE KNEE JOINT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5828 | E | ENDO KNEE-SHIN FLUID SWG/STA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5830 | E | ENDO KNEE-SHIN PNEUM/SWG PHA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5840 | E | MULTI-AXIAL KNEE/SHIN SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5845 | E | KNEE-SHIN SYS STANCE FLEXION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5848 | E | KNEE-SHIN SYS HYDRAUL STANCE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5850 | E | ENDO AK/HIP KNEE EXTENS ASSI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5855 | E | MECH HIP EXTENSION ASSIST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5856 | E | ELEC KNEE-SHIN SWING/STANCE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5857 | E | ELEC KNEE-SHIN SWING ONLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| L5858 | E | STANCE PHASE ONLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5859 | E | KNEE-SHIN PRO FLEX/EXT CONT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5910 | E | ENDO BELOW KNEE ALIGNABLE SY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5920 | E | ENDO AK/HIP ALIGNABLE SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5925 | E | ABOVE KNEE MANUAL LOCK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5930 | E | HIGH ACTIVITY KNEE FRAME | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5940 | E | ENDO BK ULTRA-LIGHT MATERIAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5950 | E | ENDO AK ULTRA-LIGHT MATERIAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5960 | E | ENDO HIP ULTRA-LIGHT MATERIA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5961 | E | ENDO POLY HIP, PNEU/HYD/ROT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5962 | E | BELOW KNEE FLEX COVER SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5964 | E | ABOVE KNEE FLEX COVER SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5966 | E | HIP FLEXIBLE COVER SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5968 | E | MULTIAXIAL ANKLE W DORSIFLEX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5969 | E | AK/FT POWER ASST INCL MOTORS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5970 | E | FOOT EXTERNAL KEEL SACH FOOT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5971 | E | SACH FOOT, REPLACEMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5972 | E | FLEXIBLE KEEL FOOT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5973 | E | ANK-FOOT SYS DORS-PLANT FLEX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5974 | E | FOOT SINGLE AXIS ANKLE/FOOT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5975 | E | COMBO ANKLE/FOOT PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5976 | E | ENERGY STORING FOOT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5978 | E | FT PROSTH MULTIAXIAL ANKL/FT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5979 | E | MULTI-AXIAL ANKLE/FT PROSTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5980 | E | FLEX FOOT SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5981 | E | FLEX-WALK SYS LOW EXT PROSTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5982 | E | EXOSKELETAL AXIAL ROTATION U | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5984 | E | ENDOSKELETAL AXIAL ROTATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5985 | E | LWR EXT DYNAMIC PROSTH PYLON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5986 | E | MULTI-AXIAL ROTATION UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5987 | E | SHANK FT W VERT LOAD PYLON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5988 | E | VERTICAL SHOCK REDUCING PYLO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5990 | E | USER ADJUSTABLE HEEL HEIGHT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5991 | E | LOW PROS EXT OSSEO CONNECTOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L5999 | E | LOWR EXTREMITY PROSTHES NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6000 | E | PART HAND THUMB REM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6010 | E | PART HAND LITTLE/RING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6020 | E | PART HAND NO FINGERS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6025 | E | PART HAND DISART MYOELECTRIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6026 | E | PART HAND MYO EXCLU TERM DEV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6050 | E | WRST MLD SCK FLX HNG TRI PAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6055 | E | WRST MOLD SOCK W/EXP INTERFA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6100 | E | ELB MOLD SOCK FLEX HINGE PAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6110 | E | ELBOW MOLD SOCK SUSPENSION T | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6120 | E | ELBOW MOLD DOUB SPLT SOC STE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6130 | E | ELBOW STUMP ACTIVATED LOCK H | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6200 | E | ELBOW MOLD OUTSID LOCK HINGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6205 | E | ELBOW MOLDED W/ EXPAND INTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6250 | E | ELBOW INTER LOC ELBOW FORARM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6300 | E | SHLDER DISART INT LOCK ELBOW | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6310 | E | SHOULDER PASSIVE RESTOR COMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6320 | E | SHOULDER PASSIVE RESTOR CAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6350 | E | THORACIC INTERN LOCK ELBOW | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6360 | E | THORACIC PASSIVE RESTOR COMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6370 | E | THORACIC PASSIVE RESTOR CAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6380 | E | POSTOP DSG CAST CHG WRST/ELB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| L6382 | E | POSTOP DSG CAST CHG ELB DIS/ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6384 | E | POSTOP DSG CAST CHG SHLDER/T | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6386 | E | POSTOP EA CAST CHG & REALIGN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6388 | E | POSTOP APPLICAT RIGID DSG ON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6400 | E | BELOW ELBOW PROSTH TISS SHAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6450 | E | ELB DISART PROSTH TISS SHAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6500 | E | ABOVE ELBOW PROSTH TISS SHAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6550 | E | SHLDR DISAR PROSTH TISS SHAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6570 | E | SCAP THORAC PROSTH TISS SHAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6580 | E | WRIST/ELBOW BOWDEN CABLE MOL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6582 | E | WRIST/ELBOW BOWDEN CBL DIR F | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6584 | E | ELBOW FAIR LEAD CABLE MOLDED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6586 | E | ELBOW FAIR LEAD CABLE DIR FO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6588 | E | SHDR FAIR LEAD CABLE MOLDED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6590 | E | SHDR FAIR LEAD CABLE DIRECT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6600 | E | POLYCENTRIC HINGE PAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6605 | E | SINGLE PIVOT HINGE PAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6610 | E | FLEXIBLE METAL HINGE PAIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6611 | E | ADDITIONAL SWITCH, EXT POWER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6615 | E | DISCONNECT LOCKING WRIST UNI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6616 | E | DISCONNECT INSERT LOCKING WR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6620 | E | FLEXION/EXTENSION WRIST UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6621 | E | FLEX/EXT WRIST W/WO FRICTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6623 | E | SPRING-ASS ROT WRST W/ LATCH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6624 | E | FLEX/EXT/ROTATION WRIST UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6625 | E | ROTATION WRST W/ CABLE LOCK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6628 | E | QUICK DISCONN HOOK ADAPTER O | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6629 | E | LAMINATION COLLAR W/ COUPLIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6630 | E | STAINLESS STEEL ANY WRIST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6632 | E | LATEX SUSPENSION SLEEVE EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6635 | E | LIFT ASSIST FOR ELBOW | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6637 | E | NUDGE CONTROL ELBOW LOCK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6638 | E | ELEC LOCK ON MANUAL PW ELBOW | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6640 | E | SHOULDER ABDUCTION JOINT PAI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6641 | E | EXCURSION AMPLIFIER PULLEY T | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6642 | E | EXCURSION AMPLIFIER LEVER TY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6645 | E | SHOULDER FLEXION-ABDUCTION J | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6646 | E | MULTIPO LOCKING SHOULDER JNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6647 | E | SHOULDER LOCK ACTUATOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6648 | E | EXT PWRD SHLDER LOCK/UNLOCK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6650 | E | SHOULDER UNIVERSAL JOINT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6655 | E | STANDARD CONTROL CABLE EXTRA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6660 | E | HEAVY DUTY CONTROL CABLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6665 | E | TEFLON OR EQUAL CABLE LINING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6670 | E | HOOK TO HAND CABLE ADAPTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6672 | E | HARNESS CHEST/SHLDER SADDLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6675 | E | HARNESS FIGURE OF 8 SING CON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6676 | E | HARNESS FIGURE OF 8 DUAL CON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6677 | E | UE TRIPLE CONTROL HARNESS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6680 | E | TEST SOCK WRIST DISART/BEL E | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6682 | E | TEST SOCK ELBW DISART/ABOVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6684 | E | TEST SOCKET SHLDR DISART/THO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6686 | E | SUCTION SOCKET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6687 | E | FRAME TYP SOCKET BEL ELBOW/W | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6688 | E | FRAME TYP SOCK ABOVE ELB/DIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6689 | E | FRAME TYP SOCKET SHOULDER DI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| L6690 | E | FRAME TYP SOCK INTERSCAP-THO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6691 | E | REMOVABLE INSERT EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6692 | E | SILICONE GEL INSERT OR EQUAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6693 | E | LOCKINGELBOW FOREARM CNTRBAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6694 | E | ELBOW SOCKET INS USE W/LOCK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6695 | E | ELBOW SOCKET INS USE W/O LCK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6696 | E | CUS ELBO SKT IN FOR CON/ATYP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6697 | E | CUS ELBO SKT IN NOT CON/ATYP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6698 | E | BELOW/ABOVE ELBOW LOCK MECH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6703 | E | TERM DEV, PASSIVE HAND MITT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6704 | E | TERM DEV, SPORT/REC/WORK ATT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6706 | E | TERM DEV MECH HOOK VOL OPEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6707 | E | TERM DEV MECH HOOK VOL CLOSE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6708 | E | TERM DEV MECH HAND VOL OPEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6709 | E | TERM DEV MECH HAND VOL CLOSE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6711 | E | PED TERM DEV, HOOK, VOL OPEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6712 | E | PED TERM DEV, HOOK, VOL CLOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6713 | E | PED TERM DEV, HAND, VOL OPEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6714 | E | PED TERM DEV, HAND, VOL CLOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6715 | E | TERM DEVICE, MULTI ART DIGIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6721 | E | HOOK/HAND, HVY DTY, VOL OPEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6722 | E | HOOK/HAND, HVY DTY, VOL CLOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6805 | E | TERM DEV MODIFIER WRIST UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6810 | E | TERM DEV PRECISION PINCH DEV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6880 | E | ELEC HAND IND ART DIGITS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6881 | E | TERM DEV AUTO GRASP FEATURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6882 | E | MICROPROCESSOR CONTROL UPLMB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6883 | E | REPLC SOCKT BELOW E/W DISA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6884 | E | REPLC SOCKT ABOVE ELBOW DISA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6885 | E | REPLC SOCKT SHLDR DIS/INTERC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6890 | E | PREFAB GLOVE FOR TERM DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6895 | E | CUSTOM GLOVE FOR TERM DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6900 | E | HAND RESTORAT THUMB/1 FINGER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6905 | E | HAND RESTORATION MULTIPLE FI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6910 | E | HAND RESTORATION NO FINGERS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6915 | E | HAND RESTORATION REPLACMNT G | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6920 | E | WRIST DISARTICUL SWITCH CTRL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6925 | E | WRIST DISART MYOELECTRONIC C | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6930 | E | BELOW ELBOW SWITCH CONTROL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6935 | E | BELOW ELBOW MYOELECTRONIC CT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6940 | E | ELBOW DISARTICULATION SWITCH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6945 | E | ELBOW DISART MYOELECTRONIC C | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6950 | E | ABOVE ELBOW SWITCH CONTROL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6955 | E | ABOVE ELBOW MYOELECTRONIC CT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6960 | E | SHLDR DISARTIC SWITCH CONTRO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6965 | E | SHLDR DISARTIC MYOELECTRONIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6970 | E | INTERSCAPULAR-THOR SWITCH CT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L6975 | E | INTERSCAP-THOR MYOELECTRONIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7007 | E | ADULT ELECTRIC HAND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7008 | E | PEDIATRIC ELECTRIC HAND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 019 | - |
| L7009 | E | ADULT ELECTRIC HOOK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7040 | E | PREHENSILE ACTUATOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7045 | E | PEDIATRIC ELECTRIC HOOK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7170 | E | ELECTRONIC ELBOW HOSMER SWIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7180 | E | ELECTRONIC ELBOW SEQUENTIAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7181 | E | ELECTRONIC ELBO SIMULTANEOUS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| L7185 | E | ELECTRON ELBOW ADOLESCENT SW | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7186 | E | ELECTRON ELBOW CHILD SWITCH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7190 | E | ELBOW ADOLESCENT MYOELECTRON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7191 | E | ELBOW CHILD MYOELECTRONIC CT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7259 | E | ELECTRONIC WRIST ROTATOR ANY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7260 | E | ELECTRON WRIST ROTATOR OTTO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7261 | E | ELECTRON WRIST ROTATOR UTAH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7360 | E | SIX VOLT BAT OTTO BOCK/EQ EA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7362 | E | BATTERY CHRGR SIX VOLT OTTO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7364 | E | TWELVE VOLT BATTERY UTAH/EQU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7366 | E | BATTERY CHRGR 12 VOLT UTAH/E | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7367 | E | REPLACEMNT LITHIUM IONBATTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7368 | E | LITHIUM ION BATTERY CHARGER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7400 | E | ADD UE PROST BE/WD, ULTLITE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7401 | E | ADD UE PROST A/E ULTLITE MAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7402 | E | ADD UE PROST S/D ULTLITE MAT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7403 | E | ADD UE PROST B/E ACRYLIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7404 | E | ADD UE PROST A/E ACRYLIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7405 | E | ADD UE PROST S/D ACRYLIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7499 | E | UPPER EXTREMITY PROSTHES NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7510 | E | PROSTHETIC DEVICE REPAIR REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7520 | E | REPAIR PROSTHESIS PER 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7600 | E | PROSTHETIC DONNING SLEEVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7700 | E | PROS SOC INSERT GASKET/SEAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7900 | E | MALE VACUUM ERECTION SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L7902 | E | TENSION RING, VAC ERECT DEV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8000 | E | MASTECTOMY BRA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8001 | E | BREAST PROSTHESIS BRA & FORM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8002 | E | BRST PRSTH BRA & BILAT FORM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8010 | E | MASTECTOMY SLEEVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8015 | E | EXT BREASTPROSTHESIS GARMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8020 | E | MASTECTOMY FORM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8030 | E | BREAST PROSTHES W/O ADHESIVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8031 | E | BREAST PROSTHESIS W ADHESIVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8032 | E | REUSABLE NIPPLE PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8033 | E | NIPPLE PROSTHESIS CUSTOM, EA | - | - | - | Not Allowed | $0.00 | | | Y | - | 000 | 999 | - |
| L8035 | E | CUSTOM BREAST PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8039 | E | BREAST PROSTHESIS NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8040 | E | NASAL PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8041 | E | MIDFACIAL PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8042 | E | ORBITAL PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8043 | E | UPPER FACIAL PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8044 | E | HEMI-FACIAL PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8045 | E | AURICULAR PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8046 | E | PARTIAL FACIAL PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8047 | E | NASAL SEPTAL PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8048 | E | UNSPEC MAXILLOFACIAL PROSTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8049 | E | REPAIR MAXILLOFACIAL PROSTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8300 | E | TRUSS SINGLE W/ STANDARD PAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8310 | E | TRUSS DOUBLE W/ STANDARD PAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8320 | E | TRUSS ADDITION TO STD PAD WA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8330 | E | TRUSS ADD TO STD PAD SCROTAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8400 | E | SHEATH BELOW KNEE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8410 | E | SHEATH ABOVE KNEE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8415 | E | SHEATH UPPER LIMB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8417 | E | PROS SHEATH/SOCK W GEL CUSHN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| L8420 | E | PROSTHETIC SOCK MULTI PLY BK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8430 | E | PROSTHETIC SOCK MULTI PLY AK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8435 | E | PROS SOCK MULTI PLY UPPER LM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8440 | E | SHRINKER BELOW KNEE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8460 | E | SHRINKER ABOVE KNEE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8465 | E | SHRINKER UPPER LIMB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8470 | E | PROS SOCK SINGLE PLY BK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8480 | E | PROS SOCK SINGLE PLY AK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8485 | E | PROS SOCK SINGLE PLY UPPER L | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8499 | E | UNLISTED MISC PROSTHETIC SER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8500 | E | ARTIFICIAL LARYNX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8501 | E | TRACHEOSTOMY SPEAKING VALVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8505 | E | ARTIFICIAL LARYNX, ACCESSORY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8507 | E | TRACH-ESOPH VOICE PROS PT IN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8509 | E | TRACH-ESOPH VOICE PROS MD IN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8510 | E | VOICE AMPLIFIER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8511 | E | INDWELLING TRACH INSERT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8512 | E | GEL CAP FOR TRACH VOICE PROS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8513 | E | TRACH PROS CLEANING DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8514 | E | REPL TRACH PUNCTURE DILATOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8515 | E | GEL CAP APP DEVICE FOR TRACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8600 | N | IMPLANT BREAST SILICONE/EQ | - | - | - | Bundled | $0.00 | | | Y | - | 000 | 999 | - |
| L8603 | N | COLLAGEN IMP URINARY 2.5 ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| L8604 | N | DEXTRANOMER/HYALURONIC ACID | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| L8605 | N | INJ BULKING AGENT ANAL CANAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| L8606 | N | SYNTHETIC IMPLNT URINARY 1ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| L8607 | N | INJ VOCAL CORD BULKING AGENT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| L8608 | N | ARG II EXT COM/SUP/ACC MISC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| L8609 | N | ARTIFICIAL CORNEA | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| L8610 | N | OCULAR IMPLANT | - | - | - | Bundled | $0.00 | | | Y | - | 000 | 999 | - |
| L8612 | N | AQUEOUS SHUNT PROSTHESIS | - | - | - | Bundled | $0.00 | | | Y | - | 000 | 999 | - |
| L8613 | N | OSSICULAR IMPLANT | - | - | - | Bundled | $0.00 | | | Y | - | 000 | 999 | - |
| L8614 | N | COCHLEAR DEVICE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| L8615 | E | COCH IMPLANT HEADSET REPLACE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8616 | E | COCH IMPLANT MICROPHONE REPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8617 | E | COCH IMPLANT TRANS COIL REPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8618 | E | COCH IMPLANT TRAN CABLE REPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8619 | E | COCH IMP EXT PROC/CONTR RPLC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8621 | E | REPL ZINC AIR BATTERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8622 | E | REPL ALKALINE BATTERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8623 | E | LITH ION BATT CID,NON-EARLVL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8624 | E | LITH ION BATT CID, EAR LEVEL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8625 | E | CHARGER COCH IMPL/AOI BATTRY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8627 | E | CID EXT SPEECH PROCESS REPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8628 | E | CID EXT CONTROLLER REPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8629 | E | CID TRANSMIT COIL AND CABLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8630 | N | METACARPOPHALANGEAL IMPLANT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| L8631 | N | MCP JOINT REPL 2 PC OR MORE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| L8641 | N | METATARSAL JOINT IMPLANT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| L8642 | N | HALLUX IMPLANT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| L8658 | N | INTERPHALANGEAL JOINT SPACER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| L8659 | N | INTERPHALANGEAL JOINT REPL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| L8670 | N | VASCULAR GRAFT, SYNTHETIC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| L8678 | N | EXT SPLY IMPLT NEUROSTIM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| L8679 | E | IMP NEUROSTI PLS GN ANY TYPE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8680 | E | IMPLT NEUROSTIM ELCTR EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| L8681 | E | PT PRGRM FOR IMPLT NEUROSTIM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8682 | E | IMPLT NEUROSTIM RADIOFQ REC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8683 | E | RADIOFQ TRSMTR FOR IMPLT NEU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8684 | E | RADIOF TRSMTR IMPLT SCRL NEU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8685 | E | IMPLT NROSTM PLS GEN SNG REC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8686 | E | IMPLT NROSTM PLS GEN SNG NON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8687 | E | IMPLT NROSTM PLS GEN DUA REC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8688 | E | IMPLT NROSTM PLS GEN DUA NON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8689 | E | EXTERNAL RECHARG SYS INTERN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8690 | N | AUD OSSEO DEV, INT/EXT COMP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| L8691 | E | AOI SND PROC REPL EXCL ACTUA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8692 | E | NON-OSSEOINTEGRATED SND PROC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8693 | E | AUD OSSEO DEV, ABUTMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8694 | E | AOI TRANSDUCER/ACTUATOR REPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8695 | E | EXTERNAL RECHARG SYS EXTERN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8696 | E | EXT ANTENNA PHREN NERVE STIM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8698 | E | MISC USED WITH TOT ART HEART | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8699 | N | PROSTHETIC IMPLANT NOS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| L8701 | E | EWH S/D UPRT MICRO SENSOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L8702 | E | EWHF S/D UPRT MICRO SENSOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| L9900 | E | O&P SUPPLY/ACCESSORY/SERVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M0001 | E | ADVANCING CANCER CARE MVP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M0002 | E | OPT CARE KIDNEY HLTH MVP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M0003 | E | OPT CARE EPISOD NEURO MVP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M0004 | E | SUPPORT CARE NEUR COND MVP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M0005 | E | PROMOT WELLNESS MVP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M0010 | E | EOM MEOS PAYMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M0075 | E | CELLULAR THERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M0076 | E | PROLOTHERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M0100 | E | INTRAGASTRIC HYPOTHERMIA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M0201 | M | COVID-19 VACCINE HOME ADMIN | - | - | - | Fee Schedule | $25.14 | - | - | - | - | 000 | 999 | - |
| M0220 | S | TIXAGEV AND CILGAV INJ | - | 01503 | 2.6808 | APC | $150.50 | - | - | - | - | 012 | 999 | - |
| M0221 | M | TIXAGEV AND CILGAV INJ HM | - | - | - | Fee Schedule | $250.50 | - | - | - | - | 012 | 999 | - |
| M0222 | M | BEBTELOVIMAB INJECTION | - | - | - | Fee Schedule | $350.50 | - | - | - | - | 000 | 999 | - |
| M0223 | M | BEBTELOVIMAB INJECTION HOME | - | - | - | Fee Schedule | $550.50 | - | - | - | - | 000 | 999 | - |
| M0239 | E | BAMLANIVIMAB-XXXX INFUSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M0240 | M | CASIRI AND IMDEV REPEAT | - | - | - | Fee Schedule | $450.50 | - | - | - | - | 000 | 999 | - |
| M0241 | M | CASIRI AND IMDEV REPEAT HM | - | - | - | Fee Schedule | $750.50 | - | - | - | - | 000 | 999 | - |
| M0243 | M | CASIRIVI AND IMDEVI INJ | - | - | - | Fee Schedule | $450.50 | - | - | - | - | 000 | 999 | - |
| M0244 | M | CASIRIVI AND IMDEVI INJ HM | - | - | - | Fee Schedule | $750.50 | - | - | - | - | 000 | 999 | - |
| M0245 | M | BAMLAN AND ETESEV INFUSION | - | - | - | Fee Schedule | $450.50 | - | - | - | - | 000 | 999 | - |
| M0246 | M | BAMLAN AND ETESEV INFUS HOME | - | - | - | Fee Schedule | $750.50 | - | - | - | - | 000 | 999 | - |
| M0247 | M | SOTROVIMAB INFUSION | - | - | - | Fee Schedule | $450.50 | - | - | - | - | 000 | 999 | - |
| M0248 | M | SOTROVIMAB INF, HOME ADMIN | - | - | - | Fee Schedule | $750.50 | - | - | - | - | 000 | 999 | - |
| M0249 | M | ADM TOCILIZU COVID-19 1ST | - | - | - | Fee Schedule | $450.50 | - | - | - | - | 000 | 999 | - |
| M0250 | M | ADM TOCILIZU COVID-19 2ND | - | - | - | Fee Schedule | $450.50 | - | - | - | - | 000 | 999 | - |
| M0300 | E | IV CHELATIONTHERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M0301 | E | FABRIC WRAPPING OF ANEURYSM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1003 | E | TB SCR 12 MO PRI FST BIO DZ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1004 | E | DOC MED RSN NO SRN TB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1005 | E | TB SCR NO PERF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1006 | E | DZ NOT ASES, NO RSN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1007 | E | >=50% TOTAL PT OUTPT RA ENCT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1008 | E | <50% TOTAL PT OUTPT RA ENCTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1009 | E | DC EOC DOC MED REC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1010 | E | DC EOC DOC MED REC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

# Montana Healthcare Programs Fee Schedule
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| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M1011 | E | DC EOC DOC MED REC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1012 | E | DC EOC DOC MED REC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1013 | E | DC EOC DOC MED REC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1014 | E | DC EPI CARE DOC MEDREC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1016 | E | PT DX MEOP OR SUR STERI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1018 | E | PT DX HST CR PT SK LG CR SCR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1019 | E | ADL PT MJ DEP DS RS 12 PHQ<5 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1020 | E | ADL PT MJ DEP DS NO RS 12 MO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1021 | E | PT UC IN PP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1027 | E | IMG HEAD (CT OR MRI) OBTND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1028 | E | DOC OF PT PRM HDA DX AND OTR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1029 | E | DOC SYSM RSN IMG HD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1032 | E | ADT TKNG PHARMTHRY FOR OUD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1034 | E | ADT 180 DYS PHARMTHRY OUD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1035 | E | ADT PD OUT MAT PR 180 DYS TX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1036 | E | ADT NO 180 DYS PHARMTHRY OUD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1037 | E | PT DX LUM SP REG CACR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1038 | E | PT DX LUM SP REG FRACT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1039 | E | PT DX LUM SP REG INF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1040 | E | PT DX LUM IDI OR CONG SCOL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1041 | E | PT CR FT INF LM OR PT ID SL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1043 | E | FS NO ODI 9-15MO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1045 | E | FS OKS 9-15MO >= 37 >= 71 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1046 | E | FS OKS 9-15MO < 37 < 71 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1049 | E | FS WTH SCR NO ODI PRE AND P | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1051 | E | PT W/CANCER SCOLIOSIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1052 | E | LG PN NOT MEAS W/ VAS 1YR PO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1054 | E | PT UC IN PP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1055 | E | ASPIRIN USED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1056 | E | PRESC ANTICO MED IN PP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1057 | E | ASPIRIN NOT USED, NO RSN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1058 | E | PT PRM NURS HM RES IN PP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1059 | E | PT NO PRM NURS HM RES IN PP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1060 | E | PT DIED IN PP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1067 | E | HSPC PT PRV TIME MEAM PER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1068 | E | PT NOT AMBULATORY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1069 | E | PT SCR FT FALL RSK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1070 | E | PT NOT SCRN FUT FALL NO RSN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1106 | E | START EOC DOC MED REC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1107 | E | DOCU DX DEGEN NEURO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1108 | E | OC NI PT HOME PROG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1109 | E | OC NI PT DC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1110 | E | OC NOT P PT SELFDC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1111 | E | START EOC DOC MED REC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1112 | E | DOCU DX DEGEN NEURO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1113 | E | OC NI PT HOME PROG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1114 | E | OC NI PT DC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1115 | E | OC NI PT SELFDC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1116 | E | START EOC DOC MED REC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1117 | E | DOCU DX DEGEN NEURO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1118 | E | OC NI PT HOME PROG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1119 | E | OC NI PT DC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1120 | E | OC NI PT SELFDC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1121 | E | START EOC DOC MED REC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1122 | E | DOCU DX DEGEN NEURO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1123 | E | OC NI PT HOME PROG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

# Montana Healthcare Programs Fee Schedule
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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M1124 | E | OC NI PT DC 1-2 VIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1125 | E | OC NI PT SELFDC 1-2 VIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1126 | E | START EOC DOC MED REC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1127 | E | DOCU DX DEGEN NEURO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1128 | E | OC NI PT HOME PROG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1129 | E | OC NI PT DC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1130 | E | OC NI PT SELFDC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1131 | E | DOCU DX DEGEN NEURO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1132 | E | OC NI PT HOME PROG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1133 | E | OC NI PT DC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1134 | E | OC NI PT SELFDC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1135 | E | START EOC DOC MED REC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1141 | E | FS NO OKS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1142 | E | EMERGE CASES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1143 | E | NI REHAB MED CHIRO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1146 | E | ONGOING CARE NOT IND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1147 | E | CARE NOT POSS MED RSN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1148 | E | PT SELF DSCHG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1149 | E | NO NECK FS PROM INCAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1150 | E | LVEF <=40% OR MOD/SEV L VSF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1151 | E | PT W/ HX TRNSPLT OR LVAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1152 | E | PT W/ HX TRNSPLT OR LVAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1153 | E | PT W/ DX OSTEO DOE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1154 | E | HOSPC SERV DUR MEAS PD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1155 | E | PT ANPHX DUE TO PNEUM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1156 | E | PT RECD ACTV CHEMO ANY TIME | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1157 | E | PT RECD BONE MAR TRNSPLT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1158 | E | PT HX IMMCOMP PRIOR/DUR PD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1159 | E | HOSPC SERV DUR MEAS PD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1160 | E | PT ANPHX DUE TO MENGB BEF 13 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1161 | E | PT ANPHX DUE TO DTP BEF 13 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1162 | E | PT ENCEPH DUE TO DTP BEF 13 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1163 | E | PT ANPHX DUE TO HPV BEF 13 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1164 | E | PT W/ DEMENTIA ANY TIME | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1165 | E | PT USE HSPC DUR MEAS PD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1166 | E | PATH RPT TIS SPEC WLE/REEXC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1167 | E | HSPC DUR MEAS PD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1168 | E | PT RECD FLU VAX 7/1-6/30 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1169 | E | DOC MED RSN NO FLU VAX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1170 | E | PT W/O FLU VAX 7/1-6/30 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1171 | E | PT RECD 1 TD/TDAP 9YRS PRIOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1172 | E | DOC MED RSN NO TD/TDAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1173 | E | PT NO REC TD/TDAP 9YRS PRIOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1174 | E | PT W/ 1 HZV LV OR 2 HZV RECM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1175 | E | DOC MED RSN NO HZV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1176 | E | PT W/O HZV ON/AFT AGE 50 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1177 | E | PT RECD PCV ON/AFT 60 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1178 | E | DOC MED RSN NO PCV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1179 | E | NO PCV RECD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1180 | E | PT IMM CKPT INHIB THERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1181 | E | GR 2 OR> DIA OR GR2 OR> COL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1182 | E | NOT ELG PRE EX IBD/UC/CROHN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1183 | E | DOC IMM CKPT INHIB HLD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1184 | E | DOC MED RSN NO CST/IST RX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1185 | E | IMM CKPT INHIB NOT HLD NO RX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1186 | E | PT W/ RX FOR HSPC/PLLTV CARE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M1187 | E | PT W/ ESRD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1188 | E | PT W/ CKD STG 5 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1189 | E | DOC KHE PEF W/EFGR/UACR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1190 | E | DOC KHE NOT PEF W/EFGR/UACR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1191 | E | HSPC SVC ANY TIME IN MEAS PD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1192 | E | PT W/ DX SQ CELL CA OF ESOPH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1193 | E | RPTS W/ IMP/CON MMR/MSI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1194 | E | MED RSN NO IMP/CON MMR/MSI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1195 | E | RPT WO IMP/CON MMR/MSI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1196 | E | IXV NRS VRS IQA >=4 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1197 | E | ISA RED >=2 FR IXV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1198 | E | ISA NOT RED 2PTS FR IXV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1199 | E | PT REC'G RRT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1200 | E | ACE-I/ARB RX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1201 | E | MED RSN NO ACE-I/ARB RX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1202 | E | PT RSN NO ACE-I/ARB RX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1203 | E | NO RSN ACE-I/ARB RX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1204 | E | IXV NRS VRS IQA >=4 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1205 | E | ISA RED >=2 FR IXV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1206 | E | ISA NOT RED 2PTS FR IXV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1207 | E | #PTS SCRN SDOH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1208 | E | #PTS NO SCRN SDOH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1209 | E | >=2 SAME HI-RSK MED W/O DIAG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| M1210 | E | >=2 SAME MEDS TBL4 NOT ORD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| P2028 | Q | CEPHALIN FLOCULATION TEST | - | - | - | Medicare | $8.25 | $5.12 | $4.95 | - | - | 000 | 999 | - |
| P2029 | Q | CONGO RED BLOOD TEST | - | - | - | Medicare | $8.25 | $5.12 | $4.95 | - | - | 000 | 999 | - |
| P2031 | E | HAIR ANALYSIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| P2033 | Q | BLOOD THYMOL TURBIDITY | - | - | - | Medicare | $8.25 | $5.12 | $4.95 | - | - | 000 | 999 | - |
| P2038 | Q | BLOOD MUCOPROTEIN | - | - | - | Medicare | $8.25 | $5.12 | $4.95 | - | - | 000 | 999 | - |
| P3000 | Q | SCREEN PAP BY TECH W MD SUPV | - | - | - | Medicare | $28.85 | $17.89 | $17.31 | - | - | 000 | 999 | - |
| P3001 | E | SCREENING PAP SMEAR BY PHYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| P7001 | E | CULTURE BACTERIAL URINE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| P9010 | R | WHOLE BLOOD FOR TRANSFUSION | - | 09510 | 2.6595 | APC | $155.29 | - | - | - | - | 000 | 999 | - |
| P9011 | R | BLOOD SPLIT UNIT | - | 09520 | 1.6247 | APC | $94.87 | - | - | - | - | 000 | 999 | - |
| P9012 | R | CRYOPRECIPITATE EACH UNIT | - | 09511 | 0.8692 | APC | $50.75 | - | - | - | - | 000 | 999 | - |
| P9016 | R | RBC LEUKOCYTES REDUCED | - | 09512 | 2.2108 | APC | $129.09 | - | - | - | - | 000 | 999 | - |
| P9017 | R | PLASMA 1 DONOR FRZ W/IN 8 HR | - | 09508 | 0.9986 | APC | $58.31 | - | - | - | - | 000 | 999 | - |
| P9019 | R | PLATELETS, EACH UNIT | - | 09515 | 0.9024 | APC | $52.69 | - | - | - | - | 000 | 999 | - |
| P9020 | R | PLAELET RICH PLASMA UNIT | - | 09516 | 5.2027 | APC | $303.79 | - | - | - | - | 000 | 999 | - |
| P9021 | R | RED BLOOD CELLS UNIT | - | 09517 | 1.5835 | APC | $92.46 | - | - | - | - | 000 | 999 | - |
| P9022 | R | WASHED RED BLOOD CELLS UNIT | - | 09518 | 4.6244 | APC | $270.02 | - | - | - | - | 000 | 999 | - |
| P9023 | R | FROZEN PLASMA, POOLED, SD | - | 09509 | 1.0870 | APC | $63.47 | - | - | - | - | 000 | 999 | - |
| P9025 | R | PLASMA CRYO REDU PATH EACH | - | 09538 | 0.7622 | APC | $44.50 | - | - | - | - | 000 | 999 | - |
| P9026 | R | CRYO FIB COMP PATH REDU EACH | - | 09539 | 0.9264 | APC | $54.09 | - | - | - | - | 000 | 999 | - |
| P9031 | R | PLATELETS LEUKOCYTES REDUCED | - | 09526 | 1.5294 | APC | $89.30 | - | - | - | - | 000 | 999 | - |
| P9032 | R | PLATELETS, IRRADIATED | - | 09500 | 1.6802 | APC | $98.11 | - | - | - | - | 000 | 999 | - |
| P9033 | R | PLATELETS LEUKOREDUCED IRRAD | - | 09521 | 3.1356 | APC | $183.09 | - | - | - | - | 000 | 999 | - |
| P9034 | R | PLATELETS, PHERESIS | - | 09507 | 3.9022 | APC | $227.85 | - | - | - | - | 000 | 999 | - |
| P9035 | R | PLATELET PHERES LEUKOREDUCED | - | 09501 | 5.6746 | APC | $331.34 | - | - | - | - | 000 | 999 | - |
| P9036 | R | PLATELET PHERESIS IRRADIATED | - | 09502 | 7.2055 | APC | $420.73 | - | - | - | - | 000 | 999 | - |
| P9037 | R | PLATE PHERES LEUKOREDU IRRAD | - | 09530 | 7.4568 | APC | $435.40 | - | - | - | - | 000 | 999 | - |
| P9038 | R | RBC IRRADIATED | - | 09505 | 2.2924 | APC | $133.85 | - | - | - | - | 000 | 999 | - |
| P9039 | R | RBC DEGLYCEROLIZED | - | 09504 | 4.8283 | APC | $281.92 | - | - | - | - | 000 | 999 | - |
| P9040 | R | RBC LEUKOREDUCED IRRADIATED | - | 09522 | 3.0276 | APC | $176.78 | - | - | - | - | 000 | 999 | - |
| P9041 | K | ALBUMIN (HUMAN),5%, 50ML | - | 00961 | 0.1891 | APC (blood and non-blood products) | $10.62 | - | - | - | - | 000 | 999 | - |
| P9043 | R | PLASMA PROTEIN FRACT,5%,50ML | - | 09514 | 0.0928 | APC | $5.47 | - | - | - | - | 000 | 999 | - |

# Montana Healthcare Programs Fee Schedule
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# October 1, 2023

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| P9044 | R | CRYOPRECIPITATEREDUCEDPLASMA | - | 09523 | 0.8050 | APC | $47.00 | - | - | - | - | 000 | 999 | - |
| P9045 | K | ALBUMIN (HUMAN), 5%, 250 ML | - | 00963 | 0.9454 | APC (blood and non-blood products) | $53.08 | - | - | - | - | 000 | 999 | - |
| P9046 | K | ALBUMIN (HUMAN), 25%, 20 ML | - | 00964 | 0.3782 | APC (blood and non-blood products) | $21.23 | - | - | - | - | 000 | 999 | - |
| P9047 | K | ALBUMIN (HUMAN), 25%, 50ML | - | 00965 | 0.9454 | APC (blood and non-blood products) | $53.08 | - | - | - | - | 000 | 999 | - |
| P9048 | R | PLASMAPROTEIN FRACT,5%,250ML | - | 09519 | 1.8503 | APC | $109.69 | - | - | - | - | 000 | 999 | - |
| P9050 | E | GRANULOCYTES, PHERESIS UNIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| P9051 | R | BLOOD, L/R, CMV-NEG | - | 09524 | 2.2951 | APC | $134.01 | - | - | - | - | 000 | 999 | - |
| P9052 | R | PLATELETS, HLA-M, L/R, UNIT | - | 09525 | 9.6811 | APC | $565.28 | - | - | - | - | 000 | 999 | - |
| P9053 | R | PLT, PHER, L/R CMV-NEG, IRR | - | 09531 | 6.2213 | APC | $363.26 | - | - | - | - | 000 | 999 | - |
| P9054 | R | BLOOD, L/R, FROZ/DEGLY/WASH | - | 09527 | 3.4688 | APC | $202.54 | - | - | - | - | 000 | 999 | - |
| P9055 | R | PLT, APH/PHER, L/R, CMV-NEG | - | 09528 | 3.8981 | APC | $227.61 | - | - | - | - | 000 | 999 | - |
| P9056 | R | BLOOD, L/R, IRRADIATED | - | 09529 | 1.2703 | APC | $74.17 | - | - | - | - | 000 | 999 | - |
| P9057 | R | RBC, FRZ/DEG/WSH, L/R, IRRAD | - | 09532 | 4.6017 | APC | $268.69 | - | - | - | - | 000 | 999 | - |
| P9058 | R | RBC, L/R, CMV-NEG, IRRAD | - | 09533 | 2.9326 | APC | $171.23 | - | - | - | - | 000 | 999 | - |
| P9059 | R | PLASMA, FRZ BETWEEN 8-24HOUR | - | 09513 | 0.8903 | APC | $51.98 | - | - | - | - | 000 | 999 | - |
| P9060 | R | FR FRZ PLASMA DONOR RETESTED | - | 09503 | 0.6396 | APC | $37.35 | - | - | - | - | 000 | 999 | - |
| P9070 | R | PATHOGEN REDUCED PLASMA POOL | - | 09534 | 0.8531 | APC | $49.81 | - | - | - | - | 000 | 999 | - |
| P9071 | R | PATHOGEN REDUCED PLASMA SING | - | 09535 | 1.0388 | APC | $60.66 | - | - | - | - | 000 | 999 | - |
| P9073 | R | PLATELETS PHERESIS PATH REDU | - | 09536 | 6.7522 | APC | $394.26 | - | - | - | - | 000 | 999 | - |
| P9099 | R | BLOOD COMPONENT/PRODUCT NOC | - | 09537 | 0.6396 | APC | $37.35 | - | - | - | - | 000 | 999 | - |
| P9100 | S | PATHOGEN TEST FOR PLATELETS | - | 05733 | 0.6716 | APC | $39.21 | - | - | - | - | 000 | 999 | - |
| P9603 | E | ONE-WAY ALLOW PRORATED MILES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| P9604 | E | ONE-WAY ALLOW PRORATED TRIP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| P9612 | M | CATHETERIZE FOR URINE SPEC | - | - | - | Medicare | $14.28 | - | - | - | - | 000 | 999 | - |
| P9615 | N | URINE SPECIMEN COLLECT MULT | - | - | - | Bundled, sometimes payable | $14.28 | - | - | - | - | 000 | 999 | - |
| Q0035 | N | CARDIOKYMOGRAPHY | - | 05732 | 0.3968 | Bundled, sometimes payable | $23.17 | - | - | - | - | 000 | 999 | - |
| Q0081 | E | INFUSION THER OTHER THAN CHE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0083 | E | CHEMO BY OTHER THAN INFUSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0084 | E | CHEMOTHERAPY BY INFUSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0085 | E | CHEMO BY BOTH INFUSION AND O | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0091 | S | OBTAINING SCREEN PAP SMEAR | - | 05731 | 0.2916 | APC | $17.03 | - | - | - | - | 000 | 999 | - |
| Q0092 | N | SET UP PORT XRAY EQUIPMENT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0111 | Q | WET MOUNTS/ W PREPARATIONS | - | - | - | Medicare | $28.85 | $17.89 | $17.31 | - | - | 000 | 999 | - |
| Q0112 | Q | POTASSIUM HYDROXIDE PREPS | - | - | - | Medicare | $9.72 | $6.03 | $5.83 | - | - | 000 | 999 | - |
| Q0113 | Q | PINWORM EXAMINATIONS | - | - | - | Medicare | $7.12 | $4.41 | $4.27 | - | - | 000 | 999 | - |
| Q0114 | Q | FERN TEST | - | - | - | Medicare | $16.23 | $10.06 | $9.74 | - | - | 000 | 999 | - |
| Q0115 | E | POST-COITAL MUCOUS EXAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0138 | K | FERUMOXYTOL, NON-ESRD | - | 01297 | 0.0090 | APC (blood and non-blood products) | $0.50 | - | - | - | - | 000 | 999 | - |
| Q0139 | K | FERUMOXYTOL, ESRD USE | - | 01485 | 0.0090 | APC (blood and non-blood products) | $0.50 | - | - | - | - | 000 | 999 | - |
| Q0144 | E | AZITHROMYCIN DIHYDRATE, ORAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0161 | N | CHLORPROMAZINE HCL 5MG ORAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0162 | N | ONDANSETRON ORAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0163 | N | DIPHENHYDRAMINE HCL 50MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0164 | N | PROCHLORPERAZINE MALEATE 5MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0166 | N | GRANISETRON HCL 1 MG ORAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0167 | N | DRONABINOL 2.5MG ORAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0169 | N | PROMETHAZINE HCL 12.5MG ORAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0173 | N | TRIMETHOBENZAMIDE HCL 250MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0174 | E | THIETHYLPERAZINE MALEATE10MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0175 | N | PERPHENAZINE 4MG ORAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0177 | N | HYDROXYZINE PAMOATE 25MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0180 | N | DOLASETRON MESYLATE ORAL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0181 | N | UNSPECIFIED ORAL ANTI-EMETIC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0220 | M | TIXAGEV AND CILGAV, 300MG | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 012 | 999 | - |
| Q0221 | M | TIXAGEV AND CILGAV, 600MG | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0222 | M | BEBTELOVIMAB 175 MG | - | - | - | Fee Schedule | $2,394.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Q0239 | E | BAMLANIVIMAB-XXXX | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0240 | M | CASIRIVI AND IMDEVI 600 MG | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0243 | M | CASIRIVIMAB AND IMDEVIMAB | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0244 | M | CASIRIVI AND IMDEVI 1200 MG | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0245 | M | BAMLANIVIMAB AND ETESEVIMA | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0247 | M | SOTROVIMAB | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0249 | M | TOCILIZUMAB FOR COVID-19 | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0477 | E | PWR MODULE PT CABLE LVAD RPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0478 | E | POWER ADAPTER, COMBO VAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0479 | E | POWER MODULE COMBO VAD, REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0480 | E | DRIVER PNEUMATIC VAD, REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0481 | E | MICROPRCSR CU ELEC VAD, REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0482 | E | MICROPRCSR CU COMBO VAD, REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0483 | E | MONITOR ELEC VAD, REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0484 | E | MONITOR ELEC OR COMB VAD REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0485 | E | MONITOR CABLE ELEC VAD, REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0486 | E | MON CABLE ELEC/PNEUM VAD REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0487 | E | LEADS ANY TYPE VAD, REP ONLY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0488 | E | PWR PACK BASE ELEC VAD, REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0489 | E | PWR PCK BASE COMBO VAD, REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0490 | E | EMR PWR SOURCE ELEC VAD, REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0491 | E | EMR PWR SOURCE COMBO VAD REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0492 | E | EMR PWR CBL ELEC VAD, REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0493 | E | EMR PWR CBL COMBO VAD, REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0494 | E | EMR HD PMP ELEC/COMBO, REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0495 | E | CHARGER ELEC/COMBO VAD, REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0496 | E | BATTERY ELEC/COMBO VAD, REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0497 | E | BAT CLPS ELEC/COMB VAD, REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0498 | E | HOLSTER ELEC/COMBO VAD, REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0499 | E | BELT/VEST ELEC/COMBO VAD REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0500 | E | FILTERS ELEC/COMBO VAD, REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0501 | E | SHWR COV ELEC/COMBO VAD, REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0502 | E | MOBILITY CART PNEUM VAD, REP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0503 | E | BATTERY PNEUM VAD REPLACEMNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0504 | E | PWR ADPT PNEUM VAD, REP VEH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0506 | E | LITH-ION BATT ELEC/PNEUM VAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0507 | E | MISC SUP/ACC EXT VAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0508 | E | MIS SUP/ACC IMP VAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0509 | E | MIS SUP/AC IMP VAD NOPAY MED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0510 | E | DISPENS FEE IMMUNOSUPRESSIVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0511 | E | SUP FEE ANTIEM,ANTICA,IMMUNO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0512 | E | PX SUP FEE ANTI-CAN SUB PRES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0513 | E | DISP FEE INHAL DRUGS/30 DAYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0514 | E | DISP FEE INHAL DRUGS/90 DAYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q0515 | E | SERMORELIN ACETATE INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q1004 | E | NTIOL CATEGORY 4 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q1005 | E | NTIOL CATEGORY 5 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q2004 | N | BLADDER CALCULI IRRIG SOL | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q2009 | N | FOSPHENYTOIN INJ PE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q2017 | N | TENIPOSIDE, 50 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q2026 | K | RADIESSE INJECTION | - | 09094 | 2.9811 | APC (blood and non-blood products) | $167.36 | - | - | - | - | 000 | 999 | - |
| Q2028 | K | INJ, SCULPTRA, 0.5MG | - | 09095 | 0.0182 | APC (blood and non-blood products) | $1.02 | - | - | - | - | 000 | 999 | - |
| Q2033 | E | INFLUENZA VACCINE, (FLUBLOK) | - | - | - | Not Allowed | $0.00 | - | - | - | - | 018 | 049 | - |
| Q2034 | E | AGRIFLU VACCINE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 018 | 999 | - |
| Q2035 | M | AFLURIA VACC, 3 YRS & >, IM | - | - | - | Fee Schedule | $18.76 | - | - | - | - | 019 | 999 | - |
| Q2036 | M | FLULAVAL VACC, 3 YRS & >, IM | - | - | - | Fee Schedule | $19.00 | - | - | - | - | 019 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Q2037 | M | FLUVIRIN VACC, 3 YRS & >, IM | - | - | - | Fee Schedule | $20.03 | - | - | - | - | 019 | 999 | - |
| Q2038 | M | FLUZONE VACC, 3 YRS & >, IM | - | - | - | Fee Schedule | $18.63 | - | - | - | - | 019 | 999 | - |
| Q2039 | M | INFLUENZA VIRUS VACCINE, NOS | - | - | - | Charge Ratio | $0.00 | - | - | - | - | 019 | 999 | - |
| Q2041 | K | AXICABTAGENE CILOLEUCEL CAR+ | - | 09035 | 8005.7000 | APC (blood and non-blood products) | $449,341.85 | - | - | - | - | 000 | 999 | - |
| Q2042 | K | TISAGENLECLEUCEL CAR-POS T | - | 09194 | 8301.9221 | APC (blood and non-blood products) | $484,623.49 | | | Y | - | 000 | 999 | - |
| Q2043 | K | SIPULEUCEL-T AUTO CD54+ | - | 09273 | 945.1806 | APC (blood and non-blood products) | $53,062.44 | - | - | - | - | 000 | 999 | - |
| Q2047 | E | PEGINESATIDE INJECTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q2049 | K | IMPORTED LIPODOX INJ | - | 01421 | 7.5543 | APC (blood and non-blood products) | $424.10 | - | - | - | - | 000 | 999 | - |
| Q2050 | K | DOXORUBICIN INJ 10MG | - | 07046 | 1.5671 | APC (blood and non-blood products) | $87.98 | - | - | - | - | 000 | 999 | - |
| Q2052 | E | IVIG DEMO, SERVICES/SUPPLIES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q2053 | G | BREXUCABTAGENE CAR POS T | - | 09391 | | APC – pays by fee schedule amount | $449,440.00 | - | - | - | - | 000 | 999 | - |
| Q2054 | G | LISOCABTAGENE MARA CAR POS T | - | 09413 | | APC – pays by fee schedule amount | $473,458.43 | - | - | - | - | 000 | 999 | - |
| Q2055 | G | IDECABTAGENE VICLEUCEL CAR | - | 09422 | | APC – pays by fee schedule amount | $483,453.66 | - | - | - | - | 000 | 999 | - |
| Q2056 | G | CILTACABTAGENE CAR-POS T | - | 09498 | | APC – pays by fee schedule amount | $497,024.65 | - | - | - | - | 000 | 999 | - |
| Q3001 | E | BRACHYTHERAPY RADIOELEMENTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q3014 | M | TELEHEALTH FACILITY FEE | - | - | - | Fee Schedule | $28.64 | - | - | - | - | 000 | 999 | - |
| Q3027 | K | INJ BETA INTERFERON IM 1 MCG | - | 01472 | 0.9467 | APC (blood and non-blood products) | $53.15 | - | - | - | - | 000 | 999 | - |
| Q3028 | E | INJ BETA INTERFERON SQ 1 MCG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q3031 | N | COLLAGEN SKIN TEST | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4001 | E | CAST SUP BODY CAST PLASTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4002 | E | CAST SUP BODY CAST FIBERGLAS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4003 | E | CAST SUP SHOULDER CAST PLSTR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 999 | - |
| Q4004 | E | CAST SUP SHOULDER CAST FBRGL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 999 | - |
| Q4005 | E | CAST SUP LONG ARM ADULT PLST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 999 | - |
| Q4006 | E | CAST SUP LONG ARM ADULT FBRG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 999 | - |
| Q4007 | E | CAST SUP LONG ARM PED PLSTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 010 | - |
| Q4008 | E | CAST SUP LONG ARM PED FBRGLS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 010 | - |
| Q4009 | E | CAST SUP SHT ARM ADULT PLSTR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 999 | - |
| Q4010 | E | CAST SUP SHT ARM ADULT FBRGL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 999 | - |
| Q4011 | E | CAST SUP SHT ARM PED PLASTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 010 | - |
| Q4012 | E | CAST SUP SHT ARM PED FBRGLAS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 010 | - |
| Q4013 | E | CAST SUP GAUNTLET PLASTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 999 | - |
| Q4014 | E | CAST SUP GAUNTLET FIBERGLASS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 999 | - |
| Q4015 | E | CAST SUP GAUNTLET PED PLSTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 010 | - |
| Q4016 | E | CAST SUP GAUNTLET PED FBRGLS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 010 | - |
| Q4017 | E | CAST SUP LNG ARM SPLINT PLST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 999 | - |
| Q4018 | E | CAST SUP LNG ARM SPLINT FBRG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 999 | - |
| Q4019 | E | CAST SUP LNG ARM SPLNT PED P | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 010 | - |
| Q4020 | E | CAST SUP LNG ARM SPLNT PED F | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 010 | - |
| Q4021 | E | CAST SUP SHT ARM SPLINT PLST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 999 | - |
| Q4022 | E | CAST SUP SHT ARM SPLINT FBRG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 999 | - |
| Q4023 | E | CAST SUP SHT ARM SPLNT PED P | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 010 | - |
| Q4024 | E | CAST SUP SHT ARM SPLNT PED F | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 010 | - |
| Q4025 | E | CAST SUP HIP SPICA PLASTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 999 | - |
| Q4026 | E | CAST SUP HIP SPICA FIBERGLAS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 999 | - |
| Q4027 | E | CAST SUP HIP SPICA PED PLSTR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 010 | - |
| Q4028 | E | CAST SUP HIP SPICA PED FBRGL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 010 | - |
| Q4029 | E | CAST SUP LONG LEG PLASTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 999 | - |
| Q4030 | E | CAST SUP LONG LEG FIBERGLASS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 999 | - |
| Q4031 | E | CAST SUP LNG LEG PED PLASTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 010 | - |
| Q4032 | E | CAST SUP LNG LEG PED FBRGLS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 010 | - |
| Q4033 | E | CAST SUP LNG LEG CYLINDER PL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 999 | - |
| Q4034 | E | CAST SUP LNG LEG CYLINDER FB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 999 | - |
| Q4035 | E | CAST SUP LNGLEG CYLNDR PED P | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 010 | - |
| Q4036 | E | CAST SUP LNGLEG CYLNDR PED F | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 010 | - |
| Q4037 | E | CAST SUP SHRT LEG PLASTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Q4038 | E | CAST SUP SHRT LEG FIBERGLASS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 999 | - |
| Q4039 | E | CAST SUP SHRT LEG PED PLSTER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 010 | - |
| Q4040 | E | CAST SUP SHRT LEG PED FBRGLS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 010 | - |
| Q4041 | E | CAST SUP LNG LEG SPLNT PLSTR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 999 | - |
| Q4042 | E | CAST SUP LNG LEG SPLNT FBRGL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 999 | - |
| Q4043 | E | CAST SUP LNG LEG SPLNT PED P | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 010 | - |
| Q4044 | E | CAST SUP LNG LEG SPLNT PED F | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 010 | - |
| Q4045 | E | CAST SUP SHT LEG SPLNT PLSTR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 999 | - |
| Q4046 | E | CAST SUP SHT LEG SPLNT FBRGL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 011 | 999 | - |
| Q4047 | E | CAST SUP SHT LEG SPLNT PED P | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 010 | - |
| Q4048 | E | CAST SUP SHT LEG SPLNT PED F | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 010 | - |
| Q4049 | E | FINGER SPLINT, STATIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4050 | E | CAST SUPPLIES UNLISTED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4051 | E | SPLINT SUPPLIES MISC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4074 | E | ILOPROST NON-COMP UNIT DOSE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4081 | E | EPOETIN ALFA, 100 UNITS ESRD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4082 | E | DRUG/BIO NOC PART B DRUG CAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4100 | N | SKIN SUBSTITUTE, NOS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4101 | N | APLIGRAF | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4102 | N | OASIS WOUND MATRIX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4103 | N | OASIS BURN MATRIX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4104 | N | INTEGRA BMWD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4105 | N | INTEGRA DRT OR OMNIGRAFT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4106 | N | DERMAGRAFT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4107 | N | GRAFTJACKET | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4108 | N | INTEGRA MATRIX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4110 | N | PRIMATRIX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4111 | N | GAMMAGRAFT | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4112 | N | CYMETRA INJECTABLE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4113 | N | GRAFTJACKET XPRESS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4114 | N | INTEGRA FLOWABLE WOUND MATRI | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4115 | N | ALLOSKIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4116 | N | ALLODERM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4117 | N | HYALOMATRIX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4118 | N | MATRISTEM MICROMATRIX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4121 | N | THERASKIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4122 | N | DERMACELL, AWM, POROUS SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4123 | N | ALLOSKIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4124 | N | OASIS TRI-LAYER WOUND MATRIX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4125 | N | ARTHROFLEX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4126 | N | MEMODERM/DERMA/TRANZ/INTEGUP | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4127 | N | TALYMED | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4128 | N | FLEXHD/ALLOPATCHHD/SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4130 | N | STRATTICE TM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4132 | N | GRAFIX CORE, GRAFIXPL CORE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4133 | N | GRAFIX STRAVIX PRIME PL SQCM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4134 | N | HMATRIX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4135 | N | MEDISKIN | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4136 | N | EZDERM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4137 | N | AMNIOEXCEL BIODEXCEL 1SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4138 | N | BIODFENCE DRYFLEX, 1CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4139 | N | AMNIO OR BIODMATRIX, INJ 1CC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4140 | N | BIODFENCE 1CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4141 | N | ALLOSKIN AC, 1 CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4142 | N | XCM BIOLOGIC TISS MATRIX 1CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4143 | N | REPRIZA, 1CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Q4145 | N | EPIFIX, INJ, 1MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4146 | N | TENSIX, 1CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4147 | N | ARCHITECT ECM PX FX 1 SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4148 | N | NEOX NEOX RT OR CLARIX CORD | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4149 | N | EXCELLAGEN, 0.1 CC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4150 | N | ALLOWRAP DS OR DRY 1 SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4151 | N | AMNIOBAND, GUARDIAN 1 SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4152 | N | DERMAPURE 1 SQUARE CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4153 | N | DERMAVEST, PLURIVEST SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4154 | N | BIOVANCE 1 SQUARE CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4155 | N | NEOXFLO OR CLARIXFLO 1 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4156 | N | NEOX 100 OR CLARIX 100 | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4157 | N | REVITALON 1 SQUARE CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4158 | N | KERECIS OMEGA3, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4159 | N | AFFINITY1 SQUARE CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4160 | N | NUSHIELD 1 SQUARE CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4161 | N | BIO-CONNEKT PER SQUARE CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4162 | N | WNDEX FLW, BIOSKN FLW, 0.5CC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4163 | N | WOUNDEX, BIOSKIN, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4164 | N | HELICOLL, PER SQUARE CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4165 | N | KERAMATRIX, KERASORB SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4166 | N | CYTAL, PER SQUARE CENTIMETER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4167 | N | TRUSKIN, PER SQ CENTIMETER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4168 | N | AMNIOBAND, 1 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4169 | N | ARTACENT WOUND, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4170 | N | CYGNUS, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4171 | N | INTERFYL, 1 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4173 | N | PALINGEN OR PALINGEN XPLUS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4174 | N | PALINGEN OR PROMATRX | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4175 | N | MIRODERM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4176 | N | NEOPATCH OR THERION, 1 SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4177 | N | FLOWERAMNIOFLO, 0.1 CC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4178 | N | FLOWERAMNIOPATCH, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4179 | N | FLOWERDERM, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4180 | N | REVITA, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4181 | N | AMNIO WOUND, PER SQUARE CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4182 | N | TRANSCYTE, PER SQ CENTIMETER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4183 | N | SURGIGRAFT, 1 SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4184 | N | CELLESTA OR DUO PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4185 | N | CELLESTA FLOWAB AMNION 0.5CC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4186 | N | EPIFIX 1 SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4187 | N | EPICORD 1 SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4188 | N | AMNIOARMOR 1 SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4189 | N | ARTACENT AC, 1 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4190 | N | ARTACENT AC 1 SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4191 | N | RESTORIGIN 1 SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4192 | N | RESTORIGIN, 1 CC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4193 | N | COLL-E-DERM 1 SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4194 | N | NOVACHOR 1 SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4195 | N | PURAPLY 1 SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4196 | N | PURAPLY AM 1 SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4197 | N | PURAPLY XT 1 SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4198 | N | GENESIS AMNIO MEMBRANE 1SQCM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4199 | N | CYGNUS MATRIX, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4200 | N | SKIN TE 1 SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4201 | N | MATRION 1 SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Q4202 | N | KEROXX (2.5G/CC), 1CC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4203 | N | DERMA-GIDE, 1 SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4204 | N | XWRAP 1 SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4205 | E | MEMBRANE GRAFT OR WRAP SQ CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4206 | E | FLUID FLOW OR FLUID GF 1 CC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4208 | E | NOVAFIX PER SQ CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4209 | E | SURGRAFT PER SQ CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4210 | E | AXOLOTL GRAF DUALGRAF SQ CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4211 | E | AMNION BIO OR AXOBIO SQ CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4212 | E | ALLOGEN, PER CC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4213 | E | ASCENT, 0.5 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4214 | E | CELLESTA CORD PER SQ CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4215 | E | AXOLOTL AMBIENT, CRYO 0.1 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4216 | E | ARTACENT CORD PER SQ CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4217 | E | WOUNDFIX BIOWOUND PLUS XPLUS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4218 | E | SURGICORD PER SQ CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4219 | E | SURGIGRAFT DUAL PER SQ CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4220 | E | BELLACELL HD, SUREDERM SQ CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4221 | E | AMNIOWRAP2 PER SQ CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4222 | E | PROGENAMATRIX, PER SQ CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4224 | N | HHF10-P PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4225 | N | AMNIOBIND, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4226 | E | MYOWN HARV PREP PROC SQ CM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4227 | N | AMNIOCORE PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4229 | N | COGENEX AMNIO MEMB PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4230 | N | COGENEX FLOW AMNION 0.5 CC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4231 | N | CORPLEX P, PER CC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4232 | N | CORPLEX, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4233 | N | SURFACTOR /NUDYN PER 0.5 CC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4234 | N | XCELLERATE, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4235 | N | AMNIOREPAIR OR ALTIPLY SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4236 | N | CAREPATCH PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4237 | N | CRYO-CORD, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4238 | N | DERM-MAXX, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4239 | N | AMNIO-MAXX OR LITE PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4240 | N | CORECYTE TOPICAL ONLY 0.5 CC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4241 | N | POLYCYTE, TOPICAL ONLY 0.5CC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4242 | N | AMNIOCYTE PLUS, PER 0.5 CC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4244 | N | PROCENTA, PER 200 MG | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4245 | N | AMNIOTEXT, PER CC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4246 | N | CORETEXT OR PROTEXT, PER CC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4247 | N | AMNIOTEXT PATCH, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4248 | N | DERMACYTE AMN MEM ALLO SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4249 | N | AMNIPLY, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4250 | N | AMNIOAMP-MP PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4251 | E | VIM, PER SQUARE CENTIMETER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4252 | E | VENDAJE, PER SQUARE CENTIMET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4253 | E | ZENITH AMNIOTIC MEMBRANE PSC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4254 | N | NOVAFIX DL PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4255 | N | REGUARD, TOPICAL USE PER SQ | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4256 | N | MLG COMPLET, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4257 | N | RELESE, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4258 | N | ENVERSE, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4259 | N | CELERA PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4260 | N | SIGNATURE APATCH, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4261 | N | TAG, PER SQUARE CENTIMETER | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Q4262 | N | DUAL LAYER IMPAX, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4263 | N | SURGRAFT TL, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4264 | N | COCOON MEMBRANE, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4265 | N | NEOSTIM TL PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4266 | N | NEOSTIM PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4267 | N | NEOSTIM DL PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4268 | N | SURGRAFT FT PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4269 | N | SURGRAFT XT PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4270 | N | COMPLETE SL PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4271 | N | COMPLETE FT PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4272 | N | ESANO A, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4273 | N | ESANO AAA, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4274 | N | ESANO AC, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4275 | N | ESANO ACA, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4276 | N | ORION, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4277 | N | WOUNDPLUS E-GRAT, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4278 | N | EPIEFFECT, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4280 | N | XCELL AMNIO MATRIX PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4281 | N | BARRERA SLOR DL PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4282 | N | CYGNUS DUAL PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4283 | N | BIOVANCE TRI OR 3L, SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4284 | N | DERMABIND SL, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4285 | N | NUDYN DL OR DL MESH PR SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q4286 | N | NUDYN SL OR SLW, PER SQ CM | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q5001 | M | HOSPICE OR HOME HLTH IN HOME | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| Q5002 | M | HOSPICE/HOME HLTH IN ASST LV | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| Q5003 | M | HOSPICE IN LT/NON-SKILLED NF | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| Q5004 | M | HOSPICE IN SNF | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| Q5005 | M | HOSPICE, INPATIENT HOSPITAL | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| Q5006 | M | HOSPICE IN HOSPICE FACILITY | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| Q5007 | M | HOSPICE IN LTCH | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| Q5008 | M | HOSPICE IN INPATIENT PSYCH | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| Q5009 | M | HOSPICE/HOME HLTH, PLACE NOS | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| Q5010 | M | HOSPICE HOME CARE IN HOSPICE | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| Q5101 | N | INJECTION, ZARXIO | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q5103 | K | INJECTION, INFLECTRA | - | 01847 | 0.3282 | APC (blood and non-blood products) | $18.43 | - | - | - | - | 000 | 999 | - |
| Q5104 | K | INJECTION, RENFLEXIS | - | 09036 | 0.6332 | APC (blood and non-blood products) | $35.55 | - | - | - | - | 000 | 999 | - |
| Q5105 | N | INJ RETACRIT ESRD ON DIALYSI | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q5106 | K | INJ RETACRIT NON-ESRD USE | - | 09097 | 0.1335 | APC (blood and non-blood products) | $7.50 | - | - | - | - | 000 | 999 | - |
| Q5107 | K | INJ MVASI 10 MG | - | 09329 | 0.5058 | APC (blood and non-blood products) | $28.40 | - | - | - | - | 000 | 999 | - |
| Q5108 | K | INJECTION, FULPHILA | - | 09173 | 1.9798 | APC (blood and non-blood products) | $111.14 | - | - | - | - | 000 | 999 | - |
| Q5109 | E | INJECTION, IXIFI, 10 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q5110 | K | NIVESTYM | - | 09193 | 0.0058 | APC (blood and non-blood products) | $0.33 | - | - | - | - | 000 | 999 | - |
| Q5111 | K | INJECTION, UDENYCA 0.5 MG | - | 09195 | 2.2227 | APC (blood and non-blood products) | $124.78 | - | - | - | - | 000 | 999 | - |
| Q5112 | G | INJ ONTRUZANT 10 MG | - | 09382 | | APC – pays by fee schedule amount | $46.93 | - | - | - | - | 000 | 999 | - |
| Q5113 | G | INJ HERZUMA 10 MG | - | 09349 | | APC – pays by fee schedule amount | $29.87 | - | - | - | - | 000 | 999 | - |
| Q5114 | K | INJ OGIVRI 10 MG | - | 09341 | 0.7197 | APC (blood and non-blood products) | $40.41 | - | - | - | - | 000 | 999 | - |
| Q5115 | K | INJ TRUXIMA 10 MG | - | 09336 | 0.7088 | APC (blood and non-blood products) | $39.79 | - | - | - | - | 000 | 999 | - |
| Q5116 | G | INJ., TRAZIMERA, 10 MG | - | 09350 | | APC – pays by fee schedule amount | $23.15 | - | - | - | - | 000 | 999 | - |
| Q5117 | K | INJ., KANJINTI, 10 MG | - | 09330 | 0.4268 | APC (blood and non-blood products) | $23.96 | - | - | - | - | 000 | 999 | - |
| Q5118 | G | INJ., ZIRABEV, 10 MG | - | 09348 | | APC – pays by fee schedule amount | $28.19 | - | - | - | - | 000 | 999 | - |
| Q5119 | G | INJ RUXIENCE, 10 MG | - | 09367 | | APC – pays by fee schedule amount | $27.51 | - | - | - | - | 000 | 999 | - |
| Q5120 | K | INJ PEGFILGRASTIM-BMEZ 0.5MG | - | 09345 | 0.5353 | APC (blood and non-blood products) | $30.05 | - | - | - | - | 000 | 999 | - |
| Q5121 | G | INJ. AVSOLA, 10 MG | - | 09381 | | APC – pays by fee schedule amount | $28.33 | - | - | - | - | 000 | 999 | - |
| Q5122 | G | INJ, NYVEPRIA | - | 09406 | | APC – pays by fee schedule amount | $101.89 | - | - | - | - | 000 | 999 | - |
| Q5123 | G | INJ. RIABNI, 10 MG | - | 09411 | | APC – pays by fee schedule amount | $44.58 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Q5124 | G | INJ. BYOOVIZ, 0.1 MG | - | 09017 | | APC – pays by fee schedule amount | $220.83 | - | - | - | - | 000 | 999 | - |
| Q5125 | G | INJ, RELEUKO 1 MCG | - | 09447 | | APC – pays by fee schedule amount | $0.59 | - | - | - | - | 000 | 999 | - |
| Q5126 | G | INJ ALYMSYS 10 MG | - | 09048 | | APC – pays by fee schedule amount | $72.52 | - | - | - | - | 000 | 999 | - |
| Q5127 | K | INJ, STIMUFEND, 0.5 MG | - | 09129 | 6.3832 | APC (blood and non-blood products) | $358.35 | - | - | - | - | 000 | 999 | - |
| Q5128 | G | INJ, CIMERLI, 0.1 MG | - | 09117 | | APC – pays by fee schedule amount | $279.50 | - | - | - | - | 000 | 999 | - |
| Q5129 | G | INJ, VEGZELMA, 10 MG | - | 09159 | | APC – pays by fee schedule amount | $69.77 | - | - | - | - | 000 | 999 | - |
| Q5130 | G | INJ, FYLNETRA, 0.5 MG | - | 09118 | | APC – pays by fee schedule amount | $220.83 | - | - | - | - | 000 | 999 | - |
| Q5131 | E | INJ, IDACIO, 20 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q9001 | E | CHAPLAIN ASSESSMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q9002 | E | CHAPLAIN COUNSEL INDIVIDU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q9003 | E | CHAPLAIN COUNSEL GROUP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q9004 | E | VA WHOLE HEALTH PARTNER SERV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| Q9950 | N | INJ SULF HEXA LIPID MICROSPH | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q9951 | N | LOCM >= 400 MG/ML IODINE,1ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q9953 | N | INJ FE-BASED MR CONTRAST,1ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q9954 | N | ORAL MR CONTRAST, 100 ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q9955 | N | INJ PERFLEXANE LIP MICROS,ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q9956 | N | INJ OCTAFLUOROPROPANE MIC,ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q9957 | N | INJ PERFLUTREN LIP MICROS,ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q9958 | N | HOCM <=149 MG/ML IODINE, 1ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q9959 | N | HOCM 150-199MG/ML IODINE,1ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q9960 | N | HOCM 200-249MG/ML IODINE,1ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q9961 | N | HOCM 250-299MG/ML IODINE,1ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q9962 | N | HOCM 300-349MG/ML IODINE,1ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q9963 | N | HOCM 350-399MG/ML IODINE,1ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q9964 | N | HOCM>= 400MG/ML IODINE, 1ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q9965 | N | LOCM 100-199MG/ML IODINE,1ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q9966 | N | LOCM 200-299MG/ML IODINE,1ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q9967 | N | LOCM 300-399MG/ML IODINE,1ML | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q9968 | K | VISUALIZATION ADJUNCT | - | 01446 | 0.1376 | APC (blood and non-blood products) | $7.72 | - | - | - | - | 000 | 999 | - |
| Q9969 | K | NON-HEU TC-99M ADD-ON/DOSE | - | 01442 | 0.1781 | APC (blood and non-blood products) | $10.00 | - | - | - | Y | 000 | 999 | - |
| Q9982 | N | FLUTEMETAMOL F18 DIAGNOSTIC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q9983 | N | FLORBETABEN F18 DIAGNOSTIC | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| Q9991 | K | BUPRENORPH XR 100 MG OR LESS | - | 09073 | 33.6011 | APC (blood and non-blood products) | $1,886.37 | | | Y | - | 000 | 999 | - |
| Q9991 | K | BUPRENORPH XR 100 MG OR LESS | HG | 09073 | 33.6011 | APC (blood and non-blood products) | $1,886.98 | | | Y | - | 000 | 999 | - |
| Q9992 | K | BUPRENORPHINE XR OVER 100 MG | - | 09239 | 33.6011 | APC (blood and non-blood products) | $1,886.37 | | | Y | - | 000 | 999 | - |
| Q9992 | K | BUPRENORPH XR OVER 100 MG | HG | 09239 | 33.6011 | APC (blood and non-blood products) | $1,886.98 | | | Y | - | 000 | 999 | - |
| R0070 | E | TRANSPORT PORTABLE X-RAY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| R0075 | E | TRANSPORT PORT X-RAY MULTIPL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| R0076 | E | TRANSPORT PORTABLE EKG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0074 | E | INJECTION, CEFOTETAN DISODIU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0078 | E | INJECTION, FOSPHENYTOIN SODI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0080 | E | INJECTION, PENTAMIDINE ISETH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0081 | E | INJECTION, PIPERACILLIN SODI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0086 | E | INJECTION, VERTEPORFIN, 15MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0088 | E | IMATINIB 100 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0090 | E | SILDENAFIL CITRATE, 25 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0106 | E | BUPROPION HCL SR 60 TABLETS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0108 | E | MERCAPTOPURINE ORAL 50 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0117 | E | TRETINOIN TOPICAL 5 G | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0122 | E | INJECTION MENOTROPINS 75 IU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0126 | E | INJECTION FOLLITROPIN ALFA 75 IU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0128 | E | INJECTION FOLLITROPIN BETA 75 IU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0132 | E | INJECTION GANIRELIX ACETATE 250 MCG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0145 | E | PEG INTERFERON ALFA-2A/180 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0155 | E | EPOPROSTENOL DILUTANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S0156 | E | EXEMESTANE, 25 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0157 | E | BECAPLERMIN GEL 1%, 0.5 GM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0160 | E | DEXTROAMPHETAMINE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0164 | E | INJECTION PANTROPRAZOLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0170 | E | ANASTROZOLE 1 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0171 | E | BUMETANIDE 0.5 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0172 | E | CHLORAMBUCIL 2 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0174 | E | DOLASETRON 50 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0175 | E | FLUTAMIDE 125 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0176 | E | HYDROXYUREA 500 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0177 | E | LEVAMISOLE 50 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0178 | E | LOMUSTINE 10 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0179 | E | MEGESTROL 20 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0182 | E | PROCARBAZINE 5 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0183 | E | PROCHLORPERAZINE 5 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0187 | E | TAMOXIFEN 10 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0189 | E | TESTOSTERONE PELLET 75 MG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0190 | M | MITEPRISTONE, ORAL, 200MG | - | - | - | Fee Schedule | $76.50 | - | - | - | - | 010 | 999 | - |
| S0191 | M | MISOPROSTOL, ORAL, 200 MCG | - | - | - | Fee Schedule | $1.02 | - | - | - | - | 010 | 999 | - |
| S0194 | E | VITAMIN SUPPL 100 CAPS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0208 | E | PARAMED INTRCEPT NONVOL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0209 | E | WC VAN MILEAGE PER MI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0215 | E | NONEMERG TRANSP MILEAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0220 | E | MEDICAL CONFERENCE BY PHYSIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0221 | E | MEDICAL CONFERENCE, 60 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0250 | E | COMP GERIATR ASSMT TEAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0255 | E | HOSPICE REFER VISIT NONMD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0257 | E | END OF LIFE COUNSELING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0260 | E | H&P FOR SURGERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0265 | E | GENETIC COUNSEL 15 MINS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0280 | E | MEDICAL HOME, INITIAL PLAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0302 | E | COMPLETED EPSDT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0310 | E | HOSPITALIST VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0340 | E | LIFESTYLE MOD 1ST STAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0341 | E | LIFESTYLE MOD 2 OR 3 STAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0342 | E | LIFESTYLE MOD 4TH STAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0353 | E | CANCER TREATMENT PLAN INITIAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0354 | E | CANCER TREATMENT PLAN CHANGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0390 | E | ROUTINE FOOT CARE PER VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0395 | E | IMPRESSION CASTING FT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0400 | E | GLOBAL ESWL KIDNEY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0500 | E | DISPOS CONT LENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0504 | E | SINGL PRSCRP LENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0506 | E | BIFOC PRSCP LENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0508 | E | TRIFOC PRSCRP LENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0510 | E | NON-PRSCRP LENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0512 | E | DAILY CONT LENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0514 | E | COLOR CONT LENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0516 | E | SAFETY FRAMES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0518 | E | SUNGLASS FRAMES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0580 | E | POLYCARB LENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0581 | E | NONSTND LENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0590 | E | MISC INTEGRAL LENS SERV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0592 | E | COMP CONT LENS EVAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0596 | E | PHAKIC IOL REFRACTIVE ERROR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0601 | E | SCREENING PROCTOSCOPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S0610 | E | ANNUAL GYNECOLOGICAL EXAMINA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0612 | E | ANNUAL GYNECOLOGICAL EXAMINA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0613 | M | ANN BREAST EXAM | - | - | - | Charge Ratio | $0.00 | - | - | - | - | 010 | 065 | - |
| S0618 | E | AUDIOMETRY FOR HEARING AID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0620 | E | ROUTINE OPHTHALMOLOGICAL EXA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0621 | E | ROUTINE OPHTHALMOLOGICAL EXA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0622 | E | PHYS EXAM FOR COLLEGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0630 | E | REMOVAL OF SUTURES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0800 | E | LASER IN SITU KERATOMILEUSIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0810 | E | PHOTOREFRACTIVE KERATECTOMY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S0812 | E | PHOTOTHERAP KERATECT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S1001 | E | DELUXE ITEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S1002 | E | CUSTOM ITEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S1015 | E | IV TUBING EXTENSION SET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S1016 | E | NON-PVC INTRAVENOUS ADMINIST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S1030 | E | GLUC MONITOR PURCHASE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S1031 | E | GLUC MONITOR RENTAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2053 | E | TRANSPLANTATION OF SMALL INT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2054 | E | TRANSPLANTATION OF MULTIVISC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2055 | E | HARVESTING OF DONOR MULTIVIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2060 | E | LOBAR LUNG TRANSPLANTATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2061 | E | DONOR LOBECTOMY (LUNG) | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2065 | E | SIMULT PANC KIDN TRANS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2068 | E | BREAST DIEP FLAP RECONSTRUCT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2070 | E | CYSTO LASER TX URETERAL CALC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2079 | E | LAP ESOPHAGOMYOTOMY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2080 | E | LAUP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2083 | E | ADJUSTMENT GASTRIC BAND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2095 | E | TRANSCATH EMBOLIZ MICROSPHER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2102 | E | ISLET CELL TISSUE TRANSPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2103 | E | ADRENAL TISSUE TRANSPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2107 | E | ADOPTIVE IMMUNOTHERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2109 | E | AUTOLOGOUS CHONDROCYTE TRANSPLANTATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2112 | E | KNEE ARTHROSCP HARV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2115 | E | PERIACETABULAR OSTEOTOMY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2120 | E | LOW DENSITY LIPOPROTEIN(LDL) | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2140 | E | CORD BLOOD HARVESTING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2142 | E | CORD BLOOD-DERIVED STEM-CELL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2150 | E | BMT HARV/TRANSPL 28D PKG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2152 | E | SOLID ORGAN TRANSPL PKG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2202 | E | ECHOSCLEROTHERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2205 | E | MINIMALLY INVASIVE DIRECT CO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2206 | E | MINIMALLY INVASIVE DIRECT CO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2207 | E | MINIMALLY INVASIVE DIRECT CO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2208 | E | MINIMALLY INVASIVE DIRECT CO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2209 | E | MINIMALLY INVASIVE DIRECT CO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2225 | E | MYRINGOTOMY LASER-ASSIST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2230 | E | IMPLANT SEMI-IMP HEAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2235 | E | IMPLANT AUDITORY BRAIN IMP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2260 | E | INDUCED ABORTION 17-24 WEEKS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2300 | E | ARTHROSCOPY, SHOULDER, SURGI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2340 | E | CHEMODENERVATION OF ABDUCTOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2341 | E | CHEMODENERV ADDUCT VOCAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2342 | E | NASAL ENDOSCOP PO DEBRID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2348 | E | DECOMPRESS DISC RF LUMBAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2350 | E | DISKECTOMY, ANTERIOR, WITH D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S2351 | E | DISKECTOMY, ANTERIOR, WITH D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2400 | E | FETAL SURG CONGEN HERNIA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2401 | E | FETAL SURG URIN TRAC OBSTR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2402 | E | FETAL SURG CONG CYST MALF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2403 | E | FETAL SURG PULMON SEQUEST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2404 | E | FETAL SURG MYELOMENINGO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2405 | E | FETAL SURG SACROCOC TERATOMA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2409 | E | FETAL SURG NOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2411 | E | FETOSCOP LASER THER TTTS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S2900 | E | ROBOTIC SURGICAL SYSTEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S3600 | E | STAT LAB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S3601 | E | STAT LAB HOME/NF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S3620 | E | NEWBORN METABOLIC SCREENING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 001 | - |
| S3630 | E | EOSINOPHIL BLOOD COUNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S3645 | E | HIV-1 ANTIBODY TESTING OF OR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S3650 | E | SALIVA TEST, HORMONE LEVEL; | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S3652 | E | SALIVA TEST, HORMONE LEVEL; | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S3708 | E | GASTROINTESTINAL FAT ABSORPT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S3853 | E | GENE TEST MYO MUSCLR DYST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S3900 | E | SURFACE EMG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S3902 | E | BALLISTOCARDIOGRAM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S3904 | E | MASTERS TWO STEP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4005 | E | INTERIM LABOR FACILITY GLOBAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4011 | E | IVF PACKAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4013 | E | COMPLETE GIFT CASE RATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4014 | E | COMPLETE ZIFT CASE RATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4015 | E | COMPLETE IVF NOS CASE RATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4016 | E | FROZEN IVF CASE RATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4017 | E | IVF CANC A STIM CASE RATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4018 | E | F EMB TRNS CANC CASE RATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4020 | E | IVF CANC A ASPIR CASE RATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4021 | E | IVF CANC P ASPIR CASE RATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4022 | E | ASST OOCYTE FERT CASE RATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4023 | E | DONOR EGG CYCLE INCOMPLETE CASE RATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4025 | E | DONOR SERV IVF CASE RATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4026 | E | PROCURE DONOR SPERM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4027 | E | STORE PREV FROZ EMBRYOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4028 | E | MICROSURG EPI SPERM ASP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4030 | E | SPERM PROCURE INIT VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4031 | E | SPERM PROCURE SUBS VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4035 | E | STIMULATED INTRAUTERINE INSEMINATION (IUI) CASE RATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4037 | E | CRYOPRESERVED EMBRYO TRANSFER CASE RATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4040 | E | MONITORING AND STORAGE OF CRYOPRESERVED EMBRYOS PER 30 DAYS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4042 | E | OVULATION MGMT PER CYCLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4980 | E | LEVONORGESTREL - RELEASING INTRAUTERINE SYSTEM EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4981 | E | INSERT LEVONORGESTREL IUS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4989 | E | CONTRACEPT IUD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4990 | E | NICOTINE PATCH LEGEND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4991 | E | NICOTINE PATCH NONLEGEND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S4993 | N | CONTRACEPTIVE PILLS FOR BIRTH CONTROL | - | - | - | Bundled | $0.00 | - | - | - | - | 010 | 999 | - |
| S4995 | E | SMOKING CESSATION GUM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5000 | E | PRESCRIPTION DRUG, GENERIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5001 | E | PRESCRIPTION DRUG,BRAND NAME | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5010 | E | 5% DEXTROSE AND 0.45% SALINE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5012 | E | 5% DEXTROSE WITH POTASSIUM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5014 | E | D5W/0.45NS W KCL AND MGS04 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S5016 | E | ANTIBIOTIC ADMIN SUPPLIES W/ | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5017 | E | ANTIBIOTIC ADMINSUPPLIES W/O | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5018 | E | PAIN THERAPY ADMIN SUPPLIES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5020 | E | CHEMOTHERAPY ADMIN SUPPLIES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5021 | E | HYDRATION THERAPY ADMIN SUPP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5022 | E | GROWTH HORMONE THERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5025 | E | INFUSION PUMP RENTAL,PERDIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5035 | E | HIT ROUTINE DEVICE MAINT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5497 | E | HIT CATH CARE NOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5498 | E | HIT SIMPLE CATH CARE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5501 | E | HIT COMPLEX CATH CARE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5502 | E | HIT INTERIM CATH CARE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5517 | E | HIT DECLOTTING KIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5518 | E | HIT CATH REPAIR KIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5520 | E | HIT PICC INSERT KIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5521 | E | HIT MIDLINE CATH INSERT KIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5522 | E | HIT PICC INSERT NO SUPP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5523 | E | HIP MIDLINE CATH INSERT KIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5550 | E | INSULIN RAPID 5 U | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5551 | E | INSULIN MOST RAPID 5 U | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5552 | E | INSULIN INTERMED 5 U | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5553 | E | INSULIN LONG ACTING 5 U | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5560 | E | INSULIN REUSE PEN 1.5 ML | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5561 | E | INSULIN REUSE PEN 3 ML | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5565 | E | INSULIN CARTRIDGE 150 U | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5566 | E | INSULIN CARTRIDGE 300 U | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5570 | E | INSULIN DISPOS PEN 1.5 ML | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S5571 | E | INSULIN DISPOS PEN 3 ML | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8030 | E | TANTALUM RING APPLICATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8035 | E | MAGNETIC SOURCE IMAGING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8037 | E | MRCP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8040 | E | TOPOGRAPHIC BRAIN MAPPING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8042 | E | MAGNETIC RESONANCE IMAGING (MRI) LOW-FIELD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8055 | E | US GUIDANCE FETAL REDUCT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8080 | E | SCINTIMAMMOGRAPHY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8085 | E | FLUORINE-18 FLUORODEOXYGLUCO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8092 | E | ELECTRON BEAM COMPUTED TOMOG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8096 | E | PORTABLE PEAK FLOW METER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8097 | E | ASTHMA KIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8100 | E | SPACER WITHOUT MASK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8101 | E | SPACER WITH MASK | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8110 | E | PEAK EXPIRATORY FLOW RATE (P | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8120 | E | O2 CONTENTS GAS CUBIC FT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8121 | E | O2 CONTENTS LIQUID LB | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8185 | E | FLUTTER DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8186 | E | SWIVEL ADAPTOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8189 | E | TRACH SUPPLY NOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8205 | E | CHEST COMPRESSION SYSTEM GEN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8210 | E | MUCUS TRAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8265 | E | HABERMAN FEEDER FOR CLEFT LIP/PALATE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8270 | E | ENURESIS ALARM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8300 | E | SACRAL NERVE STIMULATION TEST LEAD KIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8301 | E | INFECT CONTROL SUPPLIES NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8400 | E | INCONTINENCE PANTS, EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8402 | E | DIAPERS, EACH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8415 | E | SUPPLIES FOR HOME DELIVERY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S8420 | E | CUSTOM GRADIENT SLEEV/GLOV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8421 | E | READY GRADIENT SLEEV/GLOV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8422 | E | CUSTOM GRAD SLEEVE MED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8423 | E | CUSTOM GRAD SLEEVE HEAVY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8424 | E | READY GRADIENT SLEEVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8425 | E | CUSTOM GRAD GLOVE MED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8426 | E | CUSTOM GRAD GLOVE HEAVY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8427 | E | READY GRADIENT GLOVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8428 | E | READY GRADIENT GAUNTLET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8429 | E | GRADIENT PRESSURE WRAP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8430 | E | PADDING FOR COMPRSSN BDG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8431 | E | COMPRESSION BANDAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8450 | E | SPLINT DIGIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8451 | E | SPLINT WRIST OR ANKLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8452 | E | SPLINT ELBOW | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8490 | E | 100 INSULIN SYRINGES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8930 | E | AURICULAR ELECTROSTIMULATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8948 | E | LOW-LEVEL LASER TRMT 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8950 | E | COMPLEX LYMPHEDEMA THERAPY, | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S8999 | E | RESUSCITATION BAG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9001 | E | HOME UTERINE MONITOR WITH OR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9007 | E | ULTRAFILTRATION MONITOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9024 | E | PARANASAL SINUS ULTRASOUND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9025 | E | OMNICARDIOGRAM/CARDIOINTEGRA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9034 | E | ESWL FOR GALLSTONES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9055 | E | PROCUREN OR OTHER GROWTH FAC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9056 | E | COMA STIMULATION PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9061 | E | MEDICAL SUPPLIES AND EQUIPME | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9083 | E | URGENT CARE CENTER GLOBAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9088 | E | SERVICES PROVIDED IN URGENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9090 | E | VERTEBRAL AXIAL DECOMPRESSIO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9097 | E | HOME VISIT FOR WOUND CARE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9098 | E | HOME PHOTOTHERAPY VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9109 | E | CHF TELEMONITORING MONTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9117 | E | BACK SCHOOL VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9122 | E | HOME HEALTH AIDE OR CERTIFIE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9123 | E | NURSING CARE IN HOME RN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9124 | E | NURSING CARE, IN THE HOME; B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9125 | E | RESPITE CARE, IN THE HOME, P | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9126 | E | HOSPICE CARE, IN THE HOME, P | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9127 | E | SOCIAL WORK VISIT, IN THE HO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9128 | E | SPEECH THERAPY, IN THE HOME, | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9129 | E | OCCUPATIONAL THERAPY, IN THE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9131 | E | PT IN THE HOME PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9140 | E | DIABETIC MANAGEMENT PROGRAM, | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9141 | E | DIABETIC MANAGEMENT PROGRAM, | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9145 | E | INSULIN PUMP INITIATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9208 | E | HOME MGMT PRETERM LABOR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9209 | E | HOME MGMT PPROM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9211 | E | HOME MGMT GEST HYPERTENSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9212 | E | HM POSTPAR HYPER PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9213 | E | HM PREECLAMP PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9214 | E | HM GEST DM PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9325 | E | HIT PAIN MGMT PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9326 | E | HIT CONT PAIN PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9327 | E | HIT INT PAIN PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S9328 | E | HIT PAIN IMP PUMP DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9329 | E | HIT CHEMO PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9330 | E | HIT CONT CHEM DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9331 | E | HIT INTERMIT CHEMO DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9336 | E | HIT CONT ANTICOAG DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9338 | E | HIT IMMUNOTHERAPY DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9339 | E | HIT PERITON DIALYSIS DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9340 | E | HIT ENTERAL PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9341 | E | HIT ENTERAL GRAV DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9342 | E | HIT ENTERAL PUMP DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9343 | E | HIT ENTERAL BOLUS NURS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9345 | E | HIT ANTI-HEMOPHIL DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9346 | E | HIT ALPHA-1-PROTEINAS DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9347 | E | HIT LONGTERM INFUSION DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9348 | E | HIT SYMPATHOMIM DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9349 | E | HIT TOCOLYSIS DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9351 | E | HIT CONT ANTIEMETIC DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9353 | E | HIT CONT INSULIN DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9355 | E | HIT CHELATION DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9357 | E | HIT ENZYME REPLACE DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9359 | E | HIT ANTI-TNF PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9361 | E | HIT DIURETIC INFUS DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9363 | E | HIT ANTI-SPASMOTIC DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9364 | E | HIT TPN TOTAL DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9365 | E | HIT TPN 1 LITER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9366 | E | HIT TPN 2 LITER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9367 | E | HIT TPN 3 LITER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9368 | E | HIT TPN OVER 3L DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9370 | E | HT INJ ANTIEMETIC DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9372 | E | HT INJ ANTICOAG DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9373 | E | HIT HYDRA TOTAL DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9374 | E | HIT HYDRA 1 LITER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9375 | E | HIT HYDRA 2 LITER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9376 | E | HIT HYDRA 3 LITER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9377 | E | HIT HYDRA OVER 3L DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9379 | E | HIT NOC PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9381 | E | HIT HIGH RISK/ESCORT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9401 | E | ANTICOAGULATION CLINIC PER SESSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9430 | E | PHARMACY COMPOUNDING AND DISPENSING SERVICES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9435 | E | MEDICAL FOODS FOR INBORN ERR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9436 | E | LAMAZE CLASS PER SESSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9437 | E | CHILDBIRTH REFRESHER CLASSES PER SESSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9438 | E | CESAREAN BIRTH CLASS PER SESSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9439 | E | VBAC CLASS PER SESSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9441 | E | ASTHMA EDUCATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9442 | E | BIRTHING CLASS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9443 | M | LACTATION CLASS | - | - | - | Fee Schedule | $15.00 | - | - | - | - | 000 | 999 | - |
| S9444 | E | PARENTING CLASSES NON-PHYSICIAN PROVIDER PER SESSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9445 | M | PT EDUCATION NOC INDIVID | - | - | - | Fee Schedule | $30.00 | - | - | - | - | 000 | 999 | - |
| S9446 | E | PT EDUCATION NOC GROUP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9447 | E | INFANT SAFETY CLASS PER SESSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9449 | E | WEIGHT MANAGEMENT CLASSES PER SESSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9451 | E | EXERCISE CLASS NON-PHYSICIAN PROVIDER PER SESSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9452 | E | NUTRITION CLASSES NON-PHYSICIAN PROVIDER PER SESSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9453 | E | SMOKING CESSATION CLASS PER SESSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9454 | E | STRESS MANAGEMENT CLASS PER SESSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S9455 | E | DIABETIC MANAGEMENT PROGRAM, GROUP SESSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9460 | E | DIABETIC MANAGEMENT PROGRAM, NURSE VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9465 | E | DIABETIC MANAGEMENT PROGRAM, DIETICIAN VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9470 | E | NUTRITIONAL COUNSELING, DIET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9472 | E | CARDIAC REHABILITATION PROGR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9473 | E | PULMONARY REHABILITATION PRO | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9474 | E | ENTEROSTOMAL THERAPY BY A RE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9475 | E | AMBULATORY SETTING SUBSTANCE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9476 | E | VESTIBULAR REHAB PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9480 | E | INTENSIVE OUTPATIENT PSYCHIA | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9482 | E | FAMILY STABILIZATION 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9484 | M | CRISIS INTERVENTION MH PER HOUR | U2 | - | - | Fee Schedule | $14.04 | - | - | - | - | 018 | 999 | - |
| S9484 | M | CRISIS INTERVENTION MH SERVICES PER HOUR | U3 | - | - | Fee Schedule | $9.36 | - | - | - | - | 018 | 999 | - |
| S9484 | M | CRISIS INTERVENTION MH SRVS PER HOUR | U1 | - | - | Fee Schedule | $28.09 | - | - | - | - | 018 | 999 | - |
| S9485 | E | CRISIS INTERVENTION PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9494 | E | HIT ANTIBIOTIC TOTAL DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9497 | E | HIT ANTIBIOTIC Q3H DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9500 | E | HIT ANTIBIOTIC Q24H DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9501 | E | HIT ANTIBIOTIC Q12H DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9502 | E | HIT ANTIBIOTIC Q8H DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9503 | E | HIT ANTIBIOTIC Q6H DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9504 | E | HIT ANTIBIOTIC Q4H DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9529 | E | VENIPUNCTURE HOME/SNF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9537 | E | HT HEM HORM INJ DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9538 | E | HIT BLOOD PRODUCTS DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9542 | E | HT INJ NOC PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9558 | E | HT INJ GROWTH HORM DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9559 | E | HIT INJ INTERFERON DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9560 | E | HT INJ HORMONE DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9562 | E | PALIVIZUMAB HOME INJ PERDIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9590 | E | IN HOME IRRIGATION THERAPY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9810 | E | HT PHARM PER HOUR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9970 | E | HEALTH CLUB MEMBERSHIP ANNUAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9975 | E | TRANSPLANT RELATED PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9976 | E | LODGING PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9977 | E | MEALS PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9981 | E | MED RECORD COPY ADMIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9982 | E | MED RECORD COPY PER PAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9986 | E | NOT MEDICALLY NECESSARY SVC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9988 | E | SERV PART OF PHASE I TRIAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9989 | E | SERVICES OUTSIDE US | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9990 | E | SERVICES PROVIDED AS PART OF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9991 | E | SERVICES PROVIDED AS PART OF | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| S9992 | E | TRANSPORTATION COSTS TO AND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1000 | E | PRIVATE DUTY/INDEPENDENT NSG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1001 | E | NURSING ASSESSMENT/EVALUATN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1002 | E | RN SERVICES UP TO 15 MINUTES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1003 | E | LPN/LVN SERVICES UP TO 15MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1004 | E | NSG AIDE SERVICE UP TO 15MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1005 | E | RESPITE CARE SERVICE 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1006 | E | FAMILY/COUPLE COUNSELING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1007 | E | TREATMENT PLAN DEVELOPMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1009 | E | CHILD SITTING SERVICES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1010 | E | MEALS WHEN RECEIVE SERVICES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1012 | E | ALCOHOL/SUBSTANCE ABUSE SKIL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1013 | E | SIGN LANG/ORAL INTERPRETER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| T1014 | E | TELEHEALTH TRANSMIT, PER MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1015 | E | CLINIC SERVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1016 | M | CASE MANAGEMENT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| T1016 | M | CASE MANAGEMENT, EACH 15 MINUTES | HD | - | - | Fee Schedule | $0.00 | - | - | - | - | 009 | 065 | - |
| T1017 | M | TARGETED CASE MANAGEMENT | - | - | - | Fee Schedule | $0.00 | - | - | - | - | 000 | 999 | - |
| T1018 | E | SCHOOL-BASED IEP SER BUNDLED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 020 | - |
| T1019 | E | PERSONAL CARE SER PER 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1020 | E | EXCISION COMPLETE PLANTAR VERRUCA MULTIPLE SITE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1021 | E | HH AIDE OR CN AIDE PER VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1022 | E | CONTRACTED SERVICES PER DAY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1023 | E | PROGRAM INTAKE ASSESSMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1024 | M | TEAM EVALUATION & MANAGEMENT | - | - | - | Fee Schedule | $100.00 | - | - | - | - | 000 | 020 | - |
| T1025 | M | PED COMPR CARE PKG PER DIEM | - | - | - | Fee Schedule | $1,000.00 | - | - | - | - | 000 | 020 | - |
| T1026 | E | PED COMPR CARE PKG PER HOUR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1027 | E | FAMILY TRAINING & COUNSELING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1028 | E | HOME ENVIRONMENT ASSESSMENT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1029 | E | NOT OTHERWISE CLASSIFIED SKIN SUBCUTANEOUS AND AREOLAR TISS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1030 | E | REMOVAL OF SUTURES BY ANOTHER PHYSICIAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1031 | E | LPN HOME CARE PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1502 | E | MEDICATION ADMIN VISIT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1505 | E | ELEC MED COMP DEV, NOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T1999 | E | NOC RETAIL ITEMS AND SUPPLIES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2001 | E | N-ET; PATIENT ATTEND/ESCORT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2002 | E | N-ET; PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2003 | E | N-ET; ENCOUNTER/TRIP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2004 | E | N-ET; COMMERC CARRIER PASS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2005 | E | N-ET; STRETCHER VAN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2007 | E | NON-EMER TRANSPORT WAIT TIME | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2010 | E | PASRR LEVEL I | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2011 | E | PASRR LEVEL II | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2012 | E | HABIL ED WAIVER, PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2013 | E | HABIL ED WAIVER PER HOUR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2014 | E | HABIL PREVOC WAIVER, PER D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2015 | E | HABIL PREVOC WAIVER PER HR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2016 | E | HABIL RES WAIVER PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2017 | E | HABIL RES WAIVER 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2018 | E | HABIL SUP EMPL WAIVER/DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2019 | E | HABIL SUP EMPL WAIVER 15MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2020 | E | DAY HABIL WAIVER PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2021 | E | DAY HABIL WAIVER PER 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2022 | E | CASE MANAGEMENT, PER MONTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2023 | E | TARGETED CASE MGMT PER MONTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2024 | E | SERV ASMNT/CARE PLAN WAIVER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2025 | E | WAIVER SERVICE, NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2026 | E | SPECIAL CHILDCARE WAIVER/D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2027 | E | SPEC CHILDCARE WAIVER 15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2028 | E | SPECIAL SUPPLY, NOS WAIVER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2029 | E | SPECIAL MED EQUIP, NOSWAIVER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2030 | E | ASSIST LIVING WAIVER/MONTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2031 | E | ASSIST LIVING WAIVER/DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2032 | E | RES CARE, NOS WAIVER/MONTH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2033 | E | RES, NOS WAIVER PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2034 | E | CRISIS INTERVEN WAIVER/DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2035 | E | UTILITY SERVICES WAIVER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2036 | E | CAMP OVERNITE WAIVER/SESSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2037 | E | CAMP DAY WAIVER/SESSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| T2038 | E | COMM TRANS WAIVER/SERVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2039 | E | VEHICLE MOD WAIVER/SERVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2040 | E | FINANCIAL MGT WAIVER/15MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2041 | E | SUPPORT BROKER WAIVER/15 MIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2042 | E | HOSPICE ROUTINE HOME CARE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2043 | E | HOSPICE CONTINUOUS HOME CARE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2044 | E | HOSPICE RESPITE CARE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2045 | E | HOSPICE GENERAL CARE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2046 | E | HOSPICE LONG TERM CARE R&B | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2048 | E | BH LTC RES R&B, PER DIEM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2049 | E | N-ET; STRETCHER VAN MILEAGE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T2101 | E | BREAST MILK PROC/STORE/DIST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T4521 | E | ADULT SIZE BRIEF/DIAPER SM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T4522 | E | ADULT SIZE BRIEF/DIAPER MED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T4523 | E | ADULT SIZE BRIEF/DIAPER LG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T4524 | E | ADULT SIZE BRIEF/DIAPER XL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T4525 | E | ADULT SIZE PULL-ON SM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T4526 | E | ADULT SIZE PULL-ON MED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T4527 | E | ADULT SIZE PULL-ON LG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T4528 | E | ADULT SIZE PULL-ON XL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T4529 | E | PED SIZE BRIEF/DIAPER SM/MED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T4530 | E | PED SIZE BRIEF/DIAPER LG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T4531 | E | PED SIZE PULL-ON SM/MED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T4532 | E | PED SIZE PULL-ON LG | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T4533 | E | YOUTH SIZE BRIEF/DIAPER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T4534 | E | YOUTH SIZE PULL-ON | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T4535 | E | DISPOSABLE LINER/SHIELD/PAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T4536 | E | REUSABLE PULL-ON ANY SIZE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T4537 | E | REUSABLE UNDERPAD BED SIZE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T4538 | E | DIAPER SERV REUSABLE DIAPER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T4539 | E | REUSE DIAPER/BRIEF ANY SIZE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T4540 | E | REUSABLE UNDERPAD CHAIR SIZE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T4541 | E | LARGE DISPOSABLE UNDERPAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T4542 | E | SMALL DISPOSABLE UNDERPAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T5001 | E | SPECIAL POSITION SEAT/VEHICL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| T5999 | E | SUPPLY, NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| U0001 | Q | 2019-NCOV DIAGNOSTIC P | - | - | - | Fee Schedule | $59.87 | - | - | - | - | 000 | 999 | - |
| U0002 | Q | COVID-19 LAB TEST NON-CDC | - | - | - | Fee Schedule | $85.52 | - | - | - | - | 000 | 999 | - |
| V2020 | E | VISION SVCS FRAMES PURCHASES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2025 | E | EYEGLASSES DELUX FRAMES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2100 | E | LENS SPHER SINGLE PLANO 4.00 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2101 | E | SINGLE VISN SPHERE 4.12-7.00 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2102 | E | SINGL VISN SPHERE 7.12-20.00 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2103 | E | SPHEROCYLINDR 4.00D/12-2.00D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2104 | E | SPHEROCYLINDR 4.00D/2.12-4D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2105 | E | SPHEROCYLINDER 4.00D/4.25-6D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2106 | E | SPHEROCYLINDER 4.00D/>6.00D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2107 | E | SPHEROCYLINDER 4.25D/12-2D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2108 | E | SPHEROCYLINDER 4.25D/2.12-4D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2109 | E | SPHEROCYLINDER 4.25D/4.25-6D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2110 | E | SPHEROCYLINDER 4.25D/OVER 6D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2111 | E | SPHEROCYLINDR 7.25D/.25-2.25 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2112 | E | SPHEROCYLINDR 7.25D/2.25-4D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2113 | E | SPHEROCYLINDR 7.25D/4.25-6D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2114 | E | SPHEROCYLINDER OVER 12.00D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2115 | E | LENS LENTICULAR BIFOCAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| V2118 | E | LENS ANISEIKONIC SINGLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2121 | E | LENTICULAR LENS, SINGLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2199 | E | LENS SINGLE VISION NOT OTH C | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2200 | E | LENS SPHER BIFOC PLANO 4.00D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2201 | E | LENS SPHERE BIFOCAL 4.12-7.0 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2202 | E | LENS SPHERE BIFOCAL 7.12-20. | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2203 | E | LENS SPHCYL BIFOCAL 4.00D/.1 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2204 | E | LENS SPHCY BIFOCAL 4.00D/2.1 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2205 | E | LENS SPHCY BIFOCAL 4.00D/4.2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2206 | E | LENS SPHCY BIFOCAL 4.00D/OVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2207 | E | LENS SPHCY BIFOCAL 4.25-7D/. | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2208 | E | LENS SPHCY BIFOCAL 4.25-7/2. | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2209 | E | LENS SPHCY BIFOCAL 4.25-7/4. | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2210 | E | LENS SPHCY BIFOCAL 4.25-7/OV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2211 | E | LENS SPHCY BIFO 7.25-12/.25- | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2212 | E | LENS SPHCYL BIFO 7.25-12/2.2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2213 | E | LENS SPHCYL BIFO 7.25-12/4.2 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2214 | E | LENS SPHCYL BIFOCAL OVER 12. | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2215 | E | LENS LENTICULAR BIFOCAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2218 | E | LENS ANISEIKONIC BIFOCAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2219 | E | LENS BIFOCAL SEG WIDTH OVER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2220 | E | LENS BIFOCAL ADD OVER 3.25D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2221 | E | LENTICULAR LENS, BIFOCAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2299 | E | LENS BIFOCAL SPECIALITY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2300 | E | LENS SPHERE TRIFOCAL 4.00D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2301 | E | LENS SPHERE TRIFOCAL 4.12-7. | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2302 | E | LENS SPHERE TRIFOCAL 7.12-20 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2303 | E | LENS SPHCY TRIFOCAL 4.0/.12- | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2304 | E | LENS SPHCY TRIFOCAL 4.0/2.25 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2305 | E | LENS SPHCY TRIFOCAL 4.0/4.25 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2306 | E | LENS SPHCYL TRIFOCAL 4.00/>6 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2307 | E | LENS SPHCY TRIFOCAL 4.25-7/. | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2308 | E | LENS SPHC TRIFOCAL 4.25-7/2. | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2309 | E | LENS SPHC TRIFOCAL 4.25-7/4. | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2310 | E | LENS SPHC TRIFOCAL 4.25-7/>6 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2311 | E | LENS SPHC TRIFO 7.25-12/.25- | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2312 | E | LENS SPHC TRIFO 7.25-12/2.25 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2313 | E | LENS SPHC TRIFO 7.25-12/4.25 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2314 | E | LENS SPHCYL TRIFOCAL OVER 12 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2315 | E | LENS LENTICULAR TRIFOCAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2318 | E | LENS ANISEIKONIC TRIFOCAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2319 | E | LENS TRIFOCAL SEG WIDTH > 28 | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2320 | E | LENS TRIFOCAL ADD OVER 3.25D | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2321 | E | LENTICULAR LENS, TRIFOCAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2399 | E | LENS TRIFOCAL SPECIALITY | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2410 | E | LENS VARIAB ASPHERICITY SING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2430 | E | LENS VARIABLE ASPHERICITY BI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2499 | E | VARIABLE ASPHERICITY LENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2500 | E | CONTACT LENS PMMA SPHERICAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2501 | E | CNTCT LENS PMMA-TORIC/PRISM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2502 | E | CONTACT LENS PMMA BIFOCAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2503 | E | CNTCT LENS PMMA COLOR VISION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2510 | E | CNTCT GAS PERMEABLE SPHERICL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2511 | E | CNTCT TORIC PRISM BALLAST | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2512 | E | CNTCT LENS GAS PERMBL BIFOCL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2513 | E | CONTACT LENS EXTENDED WEAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| V2520 | E | CONTACT LENS HYDROPHILIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2521 | E | CNTCT LENS HYDROPHILIC TORIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2522 | E | CNTCT LENS HYDROPHIL BIFOCL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2523 | E | CNTCT LENS HYDROPHIL EXTEND | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2524 | E | CNTCT LENS HYDROPHIL PHOTOCH | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2525 | E | CL, HYDROPHILIC, DUAL FOCUS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2526 | E | CNTCT LENS BLUE VIOLET | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2530 | E | CONTACT LENS GAS IMPERMEABLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2531 | E | CONTACT LENS GAS PERMEABLE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2599 | E | CONTACT LENS/ES OTHER TYPE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2600 | E | HAND HELD LOW VISION AIDS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2610 | E | SINGLE LENS SPECTACLE MOUNT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2615 | E | TELESCOP/OTHR COMPOUND LENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2623 | E | PLASTIC EYE PROSTH CUSTOM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2624 | E | POLISHING ARTIFICAL EYE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2625 | E | ENLARGEMNT OF EYE PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2626 | E | REDUCTION OF EYE PROSTHESIS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2627 | E | SCLERAL COVER SHELL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2628 | E | FABRICATION & FITTING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2629 | E | PROSTHETIC EYE OTHER TYPE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2630 | N | ANTER CHAMBER INTRAOCUL LENS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| V2631 | N | IRIS SUPPORT INTRAOCLR LENS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| V2632 | N | POST CHMBR INTRAOCULAR LENS | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| V2700 | E | BALANCE LENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2702 | E | DELUXE LENS FEATURE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2710 | E | GLASS/PLASTIC SLAB OFF PRISM | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2715 | E | PRISM LENS/ES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2718 | E | FRESNELL PRISM PRESS-ON LENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2730 | E | SPECIAL BASE CURVE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2744 | E | TINT PHOTOCHROMATIC LENS/ES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2745 | E | TINT, ANY COLOR/SOLID/GRAD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2750 | E | ANTI-REFLECTIVE COATING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2755 | E | UV LENS/ES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2756 | E | EYE GLASS CASE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2760 | E | SCRATCH RESISTANT COATING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2761 | E | MIRROR COATING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2762 | E | POLARIZATION, ANY LENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2770 | E | OCCLUDER LENS/ES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2780 | E | OVERSIZE LENS/ES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2781 | E | PROGRESSIVE LENS PER LENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2782 | E | LENS, 1.54-1.65 P/1.60-1.79G | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2783 | E | LENS, >= 1.66 P/>=1.80 G | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2784 | E | LENS POLYCARB OR EQUAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2785 | M | CORNEAL TISSUE PROCESSING | - | - | - | Fee Schedule | $1,100.00 | - | - | - | - | 000 | 999 | - |
| V2786 | E | OCCUPATIONAL MULTIFOCAL LENS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2787 | E | ASTIGMATISM-CORRECT FUNCTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2788 | E | PRESBYOPIA-CORRECT FUNCTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2790 | N | AMNIOTIC MEMBRANE | - | - | - | Bundled | $0.00 | - | - | - | - | 000 | 999 | - |
| V2797 | E | VIS ITEM/SVC IN OTHER CODE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V2799 | E | MISC VISION ITEM OR SERVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5008 | E | HEARING SCREENING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5010 | E | ASSESSMENT FOR HEARING AID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5011 | E | HEARING AID FITTING/CHECKING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5014 | E | HEARING AID REPAIR/MODIFYING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5020 | E | CONFORMITY EVALUATION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5030 | E | BODY-WORN HEARING AID AIR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| V5040 | E | BODY-WORN HEARING AID BONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5050 | E | HEARING AID MONAURAL IN EAR | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5060 | E | BEHIND EAR HEARING AID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5070 | E | GLASSES AIR CONDUCTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5080 | E | GLASSES BONE CONDUCTION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5090 | E | HEARING AID DISPENSING FEE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5095 | E | IMPLANT MID EAR HEARING PROS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5100 | E | BODY-WORN BILAT HEARING AID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5110 | E | HEARING AID DISPENSING FEE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5120 | E | BODY-WORN BINAUR HEARING AID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5130 | E | IN EAR BINAURAL HEARING AID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5140 | E | BEHIND EAR BINAUR HEARING AI | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5150 | E | GLASSES BINAURAL HEARING AID | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5160 | E | DISPENSING FEE BINAURAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5171 | E | HEARING AID MONAURAL ITE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5172 | E | HEARING AID MONAURAL ITC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5181 | E | HEARING AID MONAURAL BTE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5190 | E | HEARING AID MONAURAL GLASSES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5200 | E | DISP FEE CONTRALATERAL MONAU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5211 | E | HEARING AID BINAURAL ITE/ITE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5212 | E | HEARING AID BINAURAL ITE/ITC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5213 | E | HEARING AID BINAURAL ITE/BTE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5214 | E | HEARING AID BINAURAL ITC/ITC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5215 | E | HEARING AID BINAURAL ITC/BTE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5221 | E | HEARING AID BINAURAL BTE/BTE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5230 | E | HEARING AID BINAURAL GLASSES | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5240 | E | DISP FEE CONTRALATERAL BINAU | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5241 | E | DISPENSING FEE, MONAURAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5242 | E | HEARING AID, MONAURAL, CIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5243 | E | HEARING AID, MONAURAL, ITC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5244 | E | HEARING AID, PROG, MON, CIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5245 | E | HEARING AID, PROG, MON, ITC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5246 | E | HEARING AID, PROG, MON, ITE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5247 | E | HEARING AID, PROG, MON, BTE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5248 | E | HEARING AID, BINAURAL, CIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5249 | E | HEARING AID, BINAURAL, ITC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5250 | E | HEARING AID, PROG, BIN, CIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5251 | E | HEARING AID, PROG, BIN, ITC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5252 | E | HEARING AID, PROG, BIN, ITE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5253 | E | HEARING AID, PROG, BIN, BTE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5254 | E | HEARING ID, DIGIT, MON, CIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5255 | E | HEARING AID, DIGIT, MON, ITC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5256 | E | HEARING AID, DIGIT, MON, ITE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5257 | E | HEARING AID, DIGIT, MON, BTE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5258 | E | HEARING AID, DIGIT, BIN, CIC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5259 | E | HEARING AID, DIGIT, BIN, ITC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5260 | E | HEARING AID, DIGIT, BIN, ITE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5261 | E | HEARING AID, DIGIT, BIN, BTE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5262 | E | HEARING AID, DISP, MONAURAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5263 | E | HEARING AID, DISP, BINAURAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5264 | E | EAR MOLD/INSERT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5265 | E | EAR MOLD/INSERT, DISP | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5266 | E | BATTERY FOR HEARING DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5267 | E | HEARING AID SUP/ACCESS/DEV | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5268 | E | ALD TELEPHONE AMPLIFIER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5269 | E | ALERTING DEVICE, ANY TYPE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |

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

| Proc Cd | 2023 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| V5270 | E | ALD, TV AMPLIFIER, ANY TYPE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5271 | E | ALD, TV CAPTION DECODER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5272 | E | TDD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5273 | E | ALD FOR COCHLEAR IMPLANT | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5274 | E | ALD UNSPECIFIED | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5275 | E | EAR IMPRESSION | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5281 | E | ALD FM/DM SYSTEM, MONAURAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5282 | E | ALD FM/DM SYSTEM BINAURAL | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5283 | E | ALD NECK, LOOP IND RECEIVER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5284 | E | ALD FM/DM EAR LEVEL RECEIVER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5285 | E | ALD FM/DM AUD INPUT RECEIVER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5286 | E | ALD BLU TOOTH FM/DM RECEIVER | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5287 | E | ALD FM/DM RECEIVER, NOS | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5288 | E | ALD FM/DM TRANSMITTER ALD | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5289 | E | ALD FM/DM ADAPT/BOOT COUPLIN | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5290 | E | ALD TRANSMITTER MICROPHONE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5298 | E | HEARING AID NOC | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5299 | E | HEARING SERVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5336 | E | REPAIR COMMUNICATION DEVICE | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5362 | E | SPEECH SCREENING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5363 | E | LANGUAGE SCREENING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |
| V5364 | E | DYSPHAGIA SCREENING | - | - | - | Not Allowed | $0.00 | - | - | - | - | 000 | 999 | - |