

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

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

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

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

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
0520T	RMVL&RPLCMT PG WCS NEW ELTRD	-	-	1/1/2021	Not Allowed	\$0.00
0523T	NTRAPX C FFR W/3D FUNCJL MAP	-	-	1/1/2019	Not Allowed	\$0.00
0524T	EV CATH DIR CHEM ABLTJ W/IMG	-	-	1/1/2019	Not Allowed	\$0.00
0525T	INSJ/RPLCMT COMPL IIMS	-	-	1/1/2019	Not Allowed	\$0.00
0526T	INSJ/RPLCMT IIMS ELTRD ONLY	-	-	1/1/2019	Not Allowed	\$0.00
0527T	INSJ/RPLCMT IIMS IMPLT MNTR	-	-	7/1/2019	Not Allowed	\$0.00
0530T	REMOVAL COMPLETE IIMS	-	-	7/1/2019	Not Allowed	\$0.00
0531T	REMOVAL IIMS ELECTRODE ONLY	-	-	7/1/2019	Not Allowed	\$0.00
0532T	REMOVAL IIMS IMPLT MNTR ONLY	-	-	7/1/2019	Not Allowed	\$0.00
0558T	CT SCAN F/BIOMCHN CT ALYS	-	-	7/1/2019	Not Allowed	\$0.00
0566T	AUTOL CELL IMPLT ADPS NJX	-	-	1/1/2020	Not Allowed	\$0.00
0581T	ABLTI MAL BRST TUM PERQ CRTX	-	-	1/1/2023	Not Allowed	\$0.00
0583T	TMPST AUTO TUBE DLVR SYS	-	-	1/1/2021	Not Allowed	\$0.00
0587T	PERQ IMPLTI/RPLCMT ISDNS PTN	-	-	1/1/2020	Not Allowed	\$0.00
0588T	REVISION/REMOVAL ISDNS PTN	-	-	1/1/2020	Not Allowed	\$0.00
0594T	OSTEOT HUM XTRNL LNGTH DEV	-	-	7/1/2020	Not Allowed	\$0.00
0596T	TEMP FML IU VLV-PMP 1ST INSJ	-	-	7/1/2020	Not Allowed	\$0.00
0597T	TEMP FML IU VALVE-PMP RPLCMT	-	-	7/1/2020	Not Allowed	\$0.00
0598T	NCNTC R-T FLUOR WND IMG 1ST	-	-	7/1/2020	Not Allowed	\$0.00
0599T	NCNTC R-T FLUOR WND IMG EA	-	-	10/1/2020	Not Allowed	\$0.00
0600T	IRE ABLTI 1+TUM ORGAN PERQ	-	-	7/1/2020	Not Allowed	\$0.00
0601T	IRE ABLTI 1+TUMORS OPEN	-	-	7/1/2020	Not Allowed	\$0.00
0609T	MRS DISC PAIN ACQUISJ DATA	-	-	1/1/2021	Not Allowed	\$0.00
0611T	MRS DISC PAIN ALG ALYS DATA	-	-	1/1/2021	Not Allowed	\$0.00
0614T	RMVL&RPLCMT SS IMPL DFB PG	-	-	7/1/2020	Not Allowed	\$0.00
0616T	INSERTION OF IRIS PROSTHESIS	-	-	7/1/2020	Not Allowed	\$0.00
0617T	INSJ IRIS PROSTH W/RMVL&INSJ	-	-	7/1/2020	Not Allowed	\$0.00
0618T	INSJ IRIS PROSTH SEC IO LENS	-	-	7/1/2020	Not Allowed	\$0.00
0619T	CYSTO W/PRST8 COMMISSUROTOMY	-	-	7/1/2020	Not Allowed	\$0.00
0620T	EVASC VEN ARTLZ TIBL/PRNL VN	-	-	1/1/2021	Not Allowed	\$0.00
0621T	TRABECULOSTOMY INTERNO LASER	-	-	7/1/2024	Not Allowed	\$0.00
0627T	PERQ NJX ALGC FLUOR LMBR 1ST	-	-	1/1/2021	Not Allowed	\$0.00
0628T	PERQ NJX ALGC FLUOR LMBR EA	-	-	1/1/2021	Not Allowed	\$0.00
0629T	PERQ NJX ALGC CT LMBR 1ST	-	-	1/1/2021	Not Allowed	\$0.00
0630T	PERQ NJX ALGC CT LMBR EA	-	-	1/1/2021	Not Allowed	\$0.00
0632T	PERQ TCAT US ABLTI NRV P-ART	-	-	4/1/2021	Not Allowed	\$0.00
0633T	CT BREAST W/3D UNI C-	-	-	1/1/2021	Not Allowed	\$0.00
0634T	CT BREAST W/3D UNI C+	-	-	1/1/2021	Not Allowed	\$0.00
0635T	CT BREAST W/3D UNI C-/C+	-	-	1/1/2021	Not Allowed	\$0.00
0636T	CT BREAST W/3D BI C-	-	-	1/1/2021	Not Allowed	\$0.00
0637T	CT BREAST W/3D BI C+	-	-	1/1/2021	Not Allowed	\$0.00
0638T	CT BREAST W/3D BI C-/C+	-	-	1/1/2021	Not Allowed	\$0.00
0644T	TCAT RMVL/DBLK ICAR MAS PERQ	-	-	7/1/2021	Not Allowed	\$0.00
0647T	INSJ GTUBE PERQ MAG GASTRPXY	-	-	7/1/2021	Not Allowed	\$0.00
0648T	QUAN MR TIS WO MRI IORGN	-	-	7/1/2021	Not Allowed	\$0.00
0651T	MAG CTRLD CAPSULE ENDOSCOPY	-	-	7/1/2021	Not Allowed	\$0.00
0652T	EGD FLX TRANSNASAL DX BR/WA	-	-	7/1/2021	Not Allowed	\$0.00
0653T	EGD FLX TRANSNASAL BX 1/MLT	-	-	7/1/2021	Not Allowed	\$0.00
0654T	EGD FLX TRANSNASAL TUBE/CATH	-	-	7/1/2021	Not Allowed	\$0.00
0655T	TPRNL FOCAL ABLTI MAL PRST8	-	-	7/1/2021	Not Allowed	\$0.00
0660T	IMPLT ANT SGM IO NBIO RX SYS	-	-	4/1/2024	Not Allowed	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
0661T	RMVL&RIMPLTJ ANT SGM IMPLT	-	-	4/1/2024	Not Allowed	\$0.00
0671T	INSJ ANT SGM AQ DRG DEV 1+	-	-	1/1/2022	Not Allowed	\$0.00
0673T	ABLTJ B9 THYR NDUL PERQ LASR	-	-	1/1/2022	Not Allowed	\$0.00
0686T	HISTOTRIPSY MAL HEPATCEL TIS	-	-	1/1/2022	Not Allowed	\$0.00
0689T	QUAN US TIS CHARAC W/O DX US	-	-	1/1/2022	Not Allowed	\$0.00
0697T	QUAN MR TIS WO MRI MLT ORGN	-	-	1/1/2022	Not Allowed	\$0.00
0698T	QUAN MR TISS W/MRI MLT ORGN	-	-	7/1/2023	Not Allowed	\$0.00
0699T	NJX PST CHMBR EYE MEDICATION	-	-	1/1/2022	Not Allowed	\$0.00
0707T	NJX B1 SUB MTRL SBCHDRL DFCT	-	-	1/1/2022	Not Allowed	\$0.00
0714T	TPRNL LSR ABLT B9 PRST8 HYPR	-	-	7/1/2022	Not Allowed	\$0.00
0737T	XENOGRAFT IMPLTJ ARTCLR SURF	-	-	10/1/2024	Not Allowed	\$0.00
0784T	INS/RPLMT ELTRD RA SPI NSTIM	-	-	1/1/2024	Not Allowed	\$0.00
0785T	REVJ/RMVL NEA SPI W/NSTIM	-	-	1/1/2024	Not Allowed	\$0.00
0786T	INSJ/RPLCMT PRQ RA SAC NSTIM	-	-	1/1/2024	Not Allowed	\$0.00
0787T	REVJ/RMVL NEA SAC W/NSTIM	-	-	1/1/2024	Not Allowed	\$0.00
0793T	PRQ TCAT THRM ABLT NRV P-ART	-	-	7/1/2023	Not Allowed	\$0.00
0797T	TCAT INS 2CHMBR LDLS PM RV	-	-	7/1/2023	Not Allowed	\$0.00
0800T	TCAT RMVL 2CHMBR LDLS PM RV	-	-	7/1/2023	Not Allowed	\$0.00
0803T	TCAT RMV&RPL2CHMB LDLS PM RV	-	-	7/1/2023	Not Allowed	\$0.00
0810T	SUBRTA NJX RX AGT W/VTRC	-	-	1/1/2024	Not Allowed	\$0.00
0813T	EGD VOL ADJMT BARIATRIC BALO	-	-	1/1/2024	Not Allowed	\$0.00
0816T	OPN INSJ/RPLCMT INS PTN SUBQ	-	-	1/1/2024	Not Allowed	\$0.00
0817T	OPN INSJ/RPLCMT INS PTN SUBF	-	-	1/1/2024	Not Allowed	\$0.00
0818T	REVJ/RMVL INS PTN SUBQ	-	-	1/1/2024	Not Allowed	\$0.00
0819T	REVJ/RMVL INS PTN SUBF	-	-	1/1/2024	Not Allowed	\$0.00
0864T	LOW NTSTY ESWT CORPUS CVRNSM	-	-	1/1/2024	Not Allowed	\$0.00
0867T	TPLA B9 PRST8 HYPRPLSA>=50ML	-	-	7/1/2024	Not Allowed	\$0.00
0869T	NJX B1 SUB MTRL HW FIXJ AUG	-	-	7/1/2024	Not Allowed	\$0.00
0870T	IMP SUBQ PRTL ASCTS PMP SYS	-	-	7/1/2024	Not Allowed	\$0.00
0871T	RPLCMT SUBQ PRTL ASCITES PMP	-	-	7/1/2024	Not Allowed	\$0.00
0872T	RPLCMT NDWLLG BLDR&PRTL CATH	-	-	7/1/2024	Not Allowed	\$0.00
0873T	REVJ SUBQ PRTL ASCT PMP SYS	-	-	7/1/2024	Not Allowed	\$0.00
0874T	RMVL PERTL ASCITES PMP SYS	-	-	7/1/2024	Not Allowed	\$0.00
0875T	PRGRM SUBQ PRTL ASCT PMP SYS	-	-	7/1/2024	Not Allowed	\$0.00
0884T	ESPHGSC FLX 1ST TNDSC DILAT	-	-	7/1/2024	Not Allowed	\$0.00
0885T	COLSC FLX 1ST TNDSC DILAT	-	-	7/1/2024	Not Allowed	\$0.00
0886T	SGMDSC FLX 1ST TNDSC DILAT	-	-	7/1/2024	Not Allowed	\$0.00
0888T	HISTOTRIPSY MAL RENAL TISSUE	-	-	7/1/2024	Not Allowed	\$0.00
10004	FNA BX W/O IMG GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
10005	FNA BX W/US GDN 1ST LES	Y	-	4/1/2024	Fee Schedule	\$364.93
10006	FNA BX W/US GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
10007	FNA BX W/FLUOR GDN 1ST LES	Y	-	4/1/2024	Fee Schedule	\$235.68
10008	FNA BX W/FLUOR GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
10009	FNA BX W/CT GDN 1ST LES	Y	-	4/1/2024	Fee Schedule	\$364.93
10010	FNA BX W/CT GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
10011	FNA BX W/MR GDN 1ST LES	Y	-	4/1/2024	Fee Schedule	\$364.93
10012	FNA BX W/MR GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
10021	FNA BX W/O IMG GDN 1ST LES	Y	-	4/1/2024	Fee Schedule	\$62.25
10030	IMG GID FLU COLL DRG SFT TIS	Y	-	4/1/2024	Fee Schedule	\$364.93
10035	PLMT SFT TISS LOCLZJ DEV 1ST	-	-	7/1/2018	No Separate Payment	\$0.00
10036	PLMT SFT TISS LOCLZJ DEV EA	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
10040	ACNE SURGERY	-	-	7/1/2018	No Separate Payment	\$0.00
10060	I&D ABSCESS SIMPLE/SINGLE	Y	-	4/1/2024	Fee Schedule	\$82.56
10061	I&D ABSCESS COMP/MULTIPLE	Y	-	4/1/2024	Fee Schedule	\$123.16
10080	I&D PILONIDAL CYST SIMPLE	Y	-	4/1/2024	Fee Schedule	\$203.71
10081	I&D PILONIDAL CYST COMP	Y	-	4/1/2024	Fee Schedule	\$245.66
10120	INC&RMVL FB SUBQ TISS SMPL	Y	-	4/1/2024	Fee Schedule	\$107.19
10121	INC&RMVL FB SUBQ TISS COMP	Y	-	4/1/2024	Fee Schedule	\$682.83
10140	I&D HMTMA SEROMA/FLUID COLLJ	Y	-	4/1/2024	Fee Schedule	\$110.85
10160	PNXR ASPIR ABSC HMTMA BULLA	Y	-	4/1/2024	Fee Schedule	\$83.22
10180	I&D COMPLEX PO WOUND INFCTJ	Y	-	4/1/2024	Fee Schedule	\$1,157.01
11000	DBRDMT ECZ/INFECTED SKIN<10%	Y	-	4/1/2024	Fee Schedule	\$37.61
11001	DBRDMT ECZ/INFCT SKN EA ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
11010	DEBRIDE SKIN AT FX SITE	Y	-	4/1/2024	Fee Schedule	\$364.93
11011	DEBRIDE SKIN MUSC AT FX SITE	Y	-	4/1/2024	Fee Schedule	\$364.93
11012	DEB SKIN BONE AT FX SITE	Y	-	4/1/2024	Fee Schedule	\$1,157.01
11042	DBRDMT SUBQ TIS 1ST 20SQCM/<	Y	-	4/1/2024	Fee Schedule	\$206.82
11043	DBRDMT MUSC&/FSCA 1ST 20/<	Y	-	4/1/2024	Fee Schedule	\$325.76
11044	DBRDMT BONE 1ST 20 SQ CM/<	Y	-	4/1/2024	Fee Schedule	\$682.83
11045	DBRDMT SUBQ TISS EACH ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
11046	DBRDMT MUSC&/FSCA EA ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
11047	DBRDMT BONE EACH ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
11055	PARING/CUTG B9 HYPRKER LES 1	-	-	7/1/2018	No Separate Payment	\$0.00
11056	PARNG/CUTG B9 HYPRKR LES 2-4	-	-	7/1/2018	No Separate Payment	\$0.00
11057	PARNG/CUTG B9 HYPRKR LES >4	Y	-	4/1/2024	Fee Schedule	\$66.91
11102	TANGNTL BX SKIN SINGLE LES	Y	-	4/1/2024	Fee Schedule	\$76.22
11103	TANGNTL BX SKIN EA SEP/ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
11104	PUNCH BX SKIN SINGLE LESION	Y	-	4/1/2024	Fee Schedule	\$94.21
11105	PUNCH BX SKIN EA SEP/ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
11106	INCAL BX SKN SINGLE LES	Y	-	4/1/2024	Fee Schedule	\$117.51
11107	INCAL BX SKN EA SEP/ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
11200	RMVL SKIN TAGS UP TO&INC 15	-	-	7/1/2018	No Separate Payment	\$0.00
11201	RMVL SKIN TAGS EA ADDL 10	-	-	7/1/2018	No Separate Payment	\$0.00
11300	SHAVE SKIN LESION 0.5 CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
11301	SHAVE SKIN LESION 0.6-1.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11302	SHAVE SKIN LESION 1.1-2.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11303	SHAVE SKIN LESION >2.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11305	SHAVE SKIN LESION 0.5 CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
11306	SHAVE SKIN LESION 0.6-1.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11307	SHAVE SKIN LESION 1.1-2.0 CM	Y	-	4/1/2024	Fee Schedule	\$94.53
11308	SHAVE SKIN LESION >2.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11310	SHAVE SKIN LESION 0.5 CM/<	Y	-	4/1/2024	Fee Schedule	\$86.22
11311	SHAVE SKIN LESION 0.6-1.0 CM	Y	-	4/1/2024	Fee Schedule	\$96.20
11312	SHAVE SKIN LESION 1.1-2.0 CM	Y	-	4/1/2024	Fee Schedule	\$107.51
11313	SHAVE SKIN LESION >2.0 CM	Y	-	4/1/2024	Fee Schedule	\$118.84
11400	EXC TR-EXT B9+MARG 0.5 CM<	Y	-	4/1/2024	Fee Schedule	\$94.87
11401	EXC TR-EXT B9+MARG 0.6-1 CM	Y	-	4/1/2024	Fee Schedule	\$108.85
11402	EXC TR-EXT B9+MARG 1.1-2 CM	Y	-	4/1/2024	Fee Schedule	\$118.17
11403	EXC TR-EXT B9+MARG 2.1-3CM	Y	-	4/1/2024	Fee Schedule	\$128.82
11404	EXC TR-EXT B9+MARG 3.1-4 CM	Y	-	4/1/2024	Fee Schedule	\$682.83
11406	EXC TR-EXT B9+MARG >4.0 CM	Y	-	4/1/2024	Fee Schedule	\$682.83
11420	EXC H-F-NK-SP B9+MARG 0.5/<	Y	-	4/1/2024	Fee Schedule	\$89.54

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
11421	EXC H-F-NK-SP B9+MARG 0.6-1	Y	-	4/1/2024	Fee Schedule	\$105.86
11422	EXC H-F-NK-SP B9+MARG 1.1-2	Y	-	4/1/2024	Fee Schedule	\$117.17
11423	EXC H-F-NK-SP B9+MARG 2.1-3	Y	-	4/1/2024	Fee Schedule	\$128.82
11424	EXC H-F-NK-SP B9+MARG 3.1-4	Y	-	4/1/2024	Fee Schedule	\$682.83
11426	EXC H-F-NK-SP B9+MARG >4 CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
11440	EXC FACE-MM B9+MARG 0.5 CM<	Y	-	4/1/2024	Fee Schedule	\$105.52
11441	EXC FACE-MM B9+MARG 0.6-1 CM	Y	-	4/1/2024	Fee Schedule	\$117.51
11442	EXC FACE-MM B9+MARG 1.1-2 CM	Y	-	4/1/2024	Fee Schedule	\$127.49
11443	EXC FACE-MM B9+MARG 2.1-3 CM	Y	-	4/1/2024	Fee Schedule	\$140.47
11444	EXC FACE-MM B9+MARG 3.1-4 CM	Y	-	4/1/2024	Fee Schedule	\$682.83
11446	EXC FACE-MM B9+MARG >4 CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
11450	EXC SKN HDRDNT AX SMPL/NTRM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
11451	EXC SKN HDRDNT AX COMPLEX	Y	-	4/1/2024	Fee Schedule	\$1,157.01
11462	EXC SKN HDRDNT ING SMPL/NTRM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
11463	EXC SKN HDRDNT ING COMPLEX	Y	-	4/1/2024	Fee Schedule	\$1,157.01
11470	EXC SKN H/P/P/U SMPL/NTRM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
11471	EXC SKN H/P/P/U COMPLEX	Y	-	4/1/2024	Fee Schedule	\$1,157.01
11600	EXC TR-EXT MAL+MARG 0.5 CM<	Y	-	4/1/2024	Fee Schedule	\$136.48
11601	EXC TR-EXT MAL+MARG 0.6-1 CM	Y	-	4/1/2024	Fee Schedule	\$152.12
11602	EXC TR-EXT MAL+MARG 1.1-2 CM	Y	-	4/1/2024	Fee Schedule	\$161.45
11603	EXC TR-EXT MAL+MARG 2.1-3 CM	Y	-	4/1/2024	Fee Schedule	\$174.09
11604	EXC TR-EXT MAL+MARG 3.1-4 CM	Y	-	4/1/2024	Fee Schedule	\$364.93
11606	EXC TR-EXT MAL+MARG >4 CM	Y	-	4/1/2024	Fee Schedule	\$682.83
11620	EXC H-F-NK-SP MAL+MARG 0.5<	Y	-	4/1/2024	Fee Schedule	\$136.81
11621	EXC S/N/H/F/G MAL+MRG 0.6-1	Y	-	4/1/2024	Fee Schedule	\$152.12
11622	EXC S/N/H/F/G MAL+MRG 1.1-2	Y	-	4/1/2024	Fee Schedule	\$164.11
11623	EXC S/N/H/F/G MAL+MRG 2.1-3	Y	-	4/1/2024	Fee Schedule	\$179.75
11624	EXC S/N/H/F/G MAL+MRG 3.1-4	Y	-	4/1/2024	Fee Schedule	\$682.83
11626	EXC S/N/H/F/G MAL+MRG >4 CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
11640	EXC F/E/E/N/L MAL+MRG 0.5CM<	Y	-	4/1/2024	Fee Schedule	\$141.47
11641	EXC F/E/E/N/L MAL+MRG 0.6-1	Y	-	4/1/2024	Fee Schedule	\$156.45
11642	EXC F/E/E/N/L MAL+MRG 1.1-2	Y	-	4/1/2024	Fee Schedule	\$170.43
11643	EXC F/E/E/N/L MAL+MRG 2.1-3	Y	-	4/1/2024	Fee Schedule	\$186.41
11644	EXC F/E/E/N/L MAL+MRG 3.1-4	Y	-	4/1/2024	Fee Schedule	\$682.83
11646	EXC F/E/E/N/L MAL+MRG >4 CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
11719	TRIM NAIL(S) ANY NUMBER	-	-	7/1/2018	No Separate Payment	\$0.00
11720	DEBRIDE NAIL 1-5	-	-	7/1/2018	No Separate Payment	\$0.00
11721	DEBRIDE NAIL 6 OR MORE	-	-	7/1/2018	No Separate Payment	\$0.00
11730	REMOVAL OF NAIL PLATE	-	-	7/1/2018	No Separate Payment	\$0.00
11732	REMOVE NAIL PLATE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
11740	DRAIN BLOOD FROM UNDER NAIL	-	-	7/1/2018	No Separate Payment	\$0.00
11750	REMOVAL OF NAIL BED	Y	-	4/1/2024	Fee Schedule	\$104.19
11755	BIOPSY NAIL UNIT	Y	-	4/1/2024	Fee Schedule	\$77.23
11760	REPAIR OF NAIL BED	Y	-	4/1/2024	Fee Schedule	\$124.49
11762	RECONSTRUCTION OF NAIL BED	Y	-	4/1/2024	Fee Schedule	\$179.42
11765	EXCISION OF NAIL FOLD TOE	-	-	7/1/2018	No Separate Payment	\$0.00
11770	REMOVE PILONIDAL CYST SIMPLE	Y	-	4/1/2024	Fee Schedule	\$1,157.01
11771	REMOVE PILONIDAL CYST EXTEN	Y	-	4/1/2024	Fee Schedule	\$1,157.01
11772	REMOVE PILONIDAL CYST COMPL	Y	-	4/1/2024	Fee Schedule	\$1,157.01
11900	INJECT SKIN LESIONS <W 7	-	-	7/1/2018	No Separate Payment	\$0.00
11901	INJECT SKIN LESIONS >7	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
11920	CORRECT SKIN COLOR 6.0 CM/<	Y	-	4/1/2024	Fee Schedule	\$137.47
11921	CORRECT SKN COLOR 6.1-20.0CM	Y	-	4/1/2024	Fee Schedule	\$146.14
11922	CORRECT SKIN COLOR EA 20.0CM	-	-	7/1/2018	No Separate Payment	\$0.00
11950	TX CONTOUR DEFECTS 1 CC/<	-	-	4/1/2024	Not Allowed	\$0.00
11951	TX CONTOUR DEFECTS 1.1-5.0CC	-	-	4/1/2024	Not Allowed	\$0.00
11952	TX CONTOUR DEFECTS 5.1-10CC	-	-	4/1/2024	Not Allowed	\$0.00
11954	TX CONTOUR DEFECTS >10.0 CC	-	-	4/1/2024	Not Allowed	\$0.00
11960	INSERT TISSUE EXPANDER(S)	Y	Y	4/1/2024	Fee Schedule	\$1,860.82
11970	RPLCMT TISS XPNDR PERM IMPLT	Y	Y	4/1/2024	Fee Schedule	\$3,392.54
11971	RMVL TIS XPNDR WO INSJ IMPLT	-	Y	4/1/2024	Fee Schedule	\$1,157.01
11976	REMOVE CONTRACEPTIVE CAPSULE	-	-	4/1/2024	Fee Schedule	\$76.22
11980	IMPLANT HORMONE PELLETS(S)	-	-	7/1/2018	No Separate Payment	\$0.00
11981	INSERTION DRUG DLVR IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
11982	REMOVE DRUG IMPLANT DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
11983	REMOVE/INSERT DRUG IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
12001	RPR S/N/AX/GEN/TRNK 2.5CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
12002	RPR S/N/AX/GEN/TRNK2.6-7.5CM	-	-	7/1/2018	No Separate Payment	\$0.00
12004	RPR S/N/AX/GEN/TRK7.6-12.5CM	-	-	7/1/2018	No Separate Payment	\$0.00
12005	RPR S/N/A/GEN/TRK12.6-20.0CM	-	-	4/1/2024	Fee Schedule	\$206.82
12006	RPR S/N/A/GEN/TRK20.1-30.0CM	-	-	4/1/2024	Fee Schedule	\$206.82
12007	RPR S/N/AX/GEN/TRNK >30.0 CM	Y	-	4/1/2024	Fee Schedule	\$103.84
12011	RPR F/E/E/N/L/M 2.5 CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
12013	RPR F/E/E/N/L/M 2.6-5.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
12014	RPR F/E/E/N/L/M 5.1-7.5 CM	-	-	7/1/2018	No Separate Payment	\$0.00
12015	RPR F/E/E/N/L/M 7.6-12.5 CM	-	-	4/1/2024	Fee Schedule	\$103.84
12016	RPR FE/E/EN/L/M 12.6-20.0 CM	-	-	4/1/2024	Fee Schedule	\$206.82
12017	RPR FE/E/EN/L/M 20.1-30.0 CM	-	-	4/1/2024	Fee Schedule	\$206.82
12018	RPR F/E/E/N/L/M >30.0 CM	-	-	4/1/2024	Fee Schedule	\$103.84
12020	TX SUPFC WND DEHSN SMPL CLSR	Y	-	4/1/2024	Fee Schedule	\$325.76
12021	TX SUPFC WND DEHSN W/PACKING	Y	-	4/1/2024	Fee Schedule	\$206.82
12031	INTMD RPR S/A/T/EXT 2.5 CM/<	Y	-	4/1/2024	Fee Schedule	\$188.41
12032	INTMD RPR S/A/T/EXT 2.6-7.5	Y	-	4/1/2024	Fee Schedule	\$206.82
12034	INTMD RPR S/TR/EXT 7.6-12.5	Y	-	4/1/2024	Fee Schedule	\$206.82
12035	INTMD RPR S/A/T/EXT 12.6-20	Y	-	4/1/2024	Fee Schedule	\$206.82
12036	INTMD RPR S/A/T/EXT 20.1-30	Y	-	4/1/2024	Fee Schedule	\$325.76
12037	INTMD RPR S/TR/EXT >30.0 CM	Y	-	4/1/2024	Fee Schedule	\$945.87
12041	INTMD RPR N-HF/GENIT 2.5CM/<	-	-	4/1/2024	Fee Schedule	\$185.42
12042	INTMD RPR N-HF/GENIT2.6-7.5	Y	-	4/1/2024	Fee Schedule	\$206.71
12044	INTMD RPR N-HF/GENIT7.6-12.5	Y	-	4/1/2024	Fee Schedule	\$325.76
12045	INTMD RPR N-HF/GENIT12.6-20	Y	-	4/1/2024	Fee Schedule	\$325.76
12046	INTMD RPR N-HF/GENIT20.1-30	Y	-	4/1/2024	Fee Schedule	\$325.76
12047	INTMD RPR N-HF/GENIT >30.0CM	Y	-	4/1/2024	Fee Schedule	\$945.87
12051	INTMD RPR FACE/MM 2.5 CM/<	Y	-	4/1/2024	Fee Schedule	\$196.06
12052	INTMD RPR FACE/MM 2.6-5.0 CM	Y	-	4/1/2024	Fee Schedule	\$206.82
12053	INTMD RPR FACE/MM 5.1-7.5 CM	Y	-	4/1/2024	Fee Schedule	\$206.82
12054	INTMD RPR FACE/MM 7.6-12.5CM	-	-	4/1/2024	Fee Schedule	\$206.82
12055	INTMD RPR FACE/MM 12.6-20 CM	Y	-	4/1/2024	Fee Schedule	\$206.82
12056	INTMD RPR FACE/MM 20.1-30.0	-	-	4/1/2024	Fee Schedule	\$206.82
12057	INTMD RPR FACE/MM >30.0 CM	Y	-	4/1/2024	Fee Schedule	\$206.82
13100	CMLX RPR TRUNK 1.1-2.5 CM	Y	-	4/1/2024	Fee Schedule	\$325.76
13101	CMLX RPR TRUNK 2.6-7.5 CM	Y	-	4/1/2024	Fee Schedule	\$325.76

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
13102	CMPLX RPR TRUNK ADDL 5CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
13120	CMPLX RPR S/A/L 1.1-2.5 CM	Y	-	4/1/2024	Fee Schedule	\$325.76
13121	CMPLX RPR S/A/L 2.6-7.5 CM	Y	-	4/1/2024	Fee Schedule	\$325.76
13122	CMPLX RPR S/A/L ADDL 5 CM/>	-	-	7/1/2018	No Separate Payment	\$0.00
13131	CMPLX RPR F/C/C/M/N/AX/G/H/F	Y	-	4/1/2024	Fee Schedule	\$206.82
13132	CMPLX RPR F/C/C/M/N/AX/G/H/F	Y	-	4/1/2024	Fee Schedule	\$325.76
13133	CMPLX RPR F/C/C/M/N/AX/G/H/F	-	-	7/1/2018	No Separate Payment	\$0.00
13151	CMPLX RPR E/N/E/L 1.1-2.5 CM	Y	-	4/1/2024	Fee Schedule	\$325.76
13152	CMPLX RPR E/N/E/L 2.6-7.5 CM	Y	-	4/1/2024	Fee Schedule	\$325.76
13153	CMPLX RPR E/N/E/L ADDL 5CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
13160	SEC CLSR SURG WND/DEHSN XTN	Y	-	4/1/2024	Fee Schedule	\$945.87
14000	TIS TRNFR TRUNK 10 SQ CM/<	Y	-	4/1/2024	Fee Schedule	\$945.87
14001	TIS TRNFR TRUNK 10.1-30SQCM	Y	-	4/1/2024	Fee Schedule	\$945.87
14020	TIS TRNFR S/A/L 10 SQ CM/<	Y	-	4/1/2024	Fee Schedule	\$945.87
14021	TIS TRNFR S/A/L 10.1-30 SQCM	Y	-	4/1/2024	Fee Schedule	\$945.87
14040	TIS TRNFR F/C/C/M/N/A/G/H/F	Y	-	4/1/2024	Fee Schedule	\$945.87
14041	TIS TRNFR F/C/C/M/N/A/G/H/F	Y	-	4/1/2024	Fee Schedule	\$945.87
14060	TIS TRNFR E/N/E/L 10 SQ CM/<	Y	-	4/1/2024	Fee Schedule	\$945.87
14061	TIS TRNFR E/N/E/L10.1-30SQCM	Y	-	4/1/2024	Fee Schedule	\$945.87
14301	TIS TRNFR ANY 30.1-60 SQ CM	Y	-	4/1/2024	Fee Schedule	\$1,860.82
14302	TIS TRNFR ADDL 30 SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
14350	FILLETED FINGER/TOE FLAP	Y	-	4/1/2024	Fee Schedule	\$945.87
15002	WOUND PREP TRK/ARM/LEG	Y	-	4/1/2024	Fee Schedule	\$945.87
15003	WOUND PREP ADDL 100 CM	-	-	7/1/2018	No Separate Payment	\$0.00
15004	WOUND PREP F/N/HF/G	Y	-	4/1/2024	Fee Schedule	\$325.76
15005	WND PREP F/N/HF/G ADDL CM	-	-	7/1/2018	No Separate Payment	\$0.00
15040	HARVEST CULTURED SKIN GRAFT	Y	-	4/1/2024	Fee Schedule	\$945.87
15050	PINCH GRAFT UP TO 2 CM DIAM	Y	-	4/1/2024	Fee Schedule	\$325.76
15100	SKIN SPLT GRFT TRNK/ARM/LEG	Y	-	4/1/2024	Fee Schedule	\$945.87
15101	SKIN SPLT GRFT T/A/L ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	Y	-	4/1/2024	Fee Schedule	\$945.87
15111	EPIDRM AUTOGRFT T/A/L ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15115	EPIDRM A-GRFT FACE/NCK/HF/G	Y	-	4/1/2024	Fee Schedule	\$945.87
15116	EPIDRM A-GRFT F/N/HF/G ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
15120	SKN SPLT A-GRFT FAC/NCK/HF/G	Y	-	4/1/2024	Fee Schedule	\$1,860.82
15121	SKN SPLT A-GRFT F/N/HF/G ADD	-	-	7/1/2018	No Separate Payment	\$0.00
15130	DERM AUTOGRAFT TRNK/ARM/LEG	Y	-	4/1/2024	Fee Schedule	\$945.87
15131	DERM AUTOGRAFT T/A/L ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15135	DERM AUTOGRAFT FACE/NCK/HF/G	Y	-	4/1/2024	Fee Schedule	\$1,860.82
15136	DERM AUTOGRAFT F/N/HF/G ADD	-	-	7/1/2018	No Separate Payment	\$0.00
15150	CULT SKIN GRFT T/ARM/LEG	Y	-	4/1/2024	Fee Schedule	\$945.87
15151	CULT SKIN GRFT T/A/L ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
15152	CULT SKIN GRAFT T/A/L +%	-	-	7/1/2018	No Separate Payment	\$0.00
15155	CULT SKIN GRAFT F/N/HF/G	Y	-	4/1/2024	Fee Schedule	\$1,860.82
15156	CULT SKIN GRFT F/N/HFG ADD	-	-	7/1/2018	No Separate Payment	\$0.00
15157	CULT EPIDERM GRFT F/N/HFG +%	-	-	7/1/2018	No Separate Payment	\$0.00
15200	FTH GRF FR TRNK 20 SQ CM/<	Y	-	4/1/2024	Fee Schedule	\$945.87
15201	FTH GRF FR TRNK EACH ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
15220	FTH GRF FR S/A/L 20 SQ CM/<	Y	-	4/1/2024	Fee Schedule	\$945.87
15221	FTH GRF FR S/A/L EACH ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
15240	FTH GR FR F/C/C/M/N/AX/G/H/F	Y	-	4/1/2024	Fee Schedule	\$945.87

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



**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
15241	FTH GR F/C/C/M/N/AX/G/H/F EA	-	-	7/1/2018	No Separate Payment	\$0.00
15260	FTH GRF FR N/E/E/L 20 SQCM/<	Y	-	4/1/2024	Fee Schedule	\$945.87
15261	FTH GRF FR N/E/E/L EACH ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
15271	SKIN SUB GRAFT TRNK/ARM/LEG	Y	-	4/1/2024	Fee Schedule	\$945.87
15272	SKIN SUB GRAFT T/A/L ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15273	SKIN SUB GRFT T/ARM/LG CHILD	Y	-	4/1/2024	Fee Schedule	\$1,860.82
15274	SKN SUB GRFT T/A/L CHILD ADD	-	-	7/1/2018	No Separate Payment	\$0.00
15275	SKIN SUB GRAFT FACE/NK/HF/G	Y	-	4/1/2024	Fee Schedule	\$91.54
15276	SKIN SUB GRAFT F/N/HF/G ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
15277	SKN SUB GRFT F/N/HF/G CHILD	Y	-	4/1/2024	Fee Schedule	\$945.87
15278	SKN SUB GRFT F/N/HF/G CH ADD	-	-	7/1/2018	No Separate Payment	\$0.00
15570	SKIN PEDICLE FLAP TRUNK	Y	-	4/1/2024	Fee Schedule	\$945.87
15572	SKIN PEDICLE FLAP ARMS/LEGS	Y	-	4/1/2024	Fee Schedule	\$1,860.82
15574	PEDCLE FH/CH/CH/M/N/AX/G/H/F	Y	-	4/1/2024	Fee Schedule	\$945.87
15576	PEDICLE E/N/E/L/NTRORAL	Y	-	4/1/2024	Fee Schedule	\$945.87
15600	DELAY FLAP TRUNK	Y	-	4/1/2024	Fee Schedule	\$1,860.82
15610	DELAY FLAP ARMS/LEGS	Y	-	4/1/2024	Fee Schedule	\$945.87
15620	DELAY FLAP F/C/C/N/AX/G/H/F	Y	-	4/1/2024	Fee Schedule	\$945.87
15630	DELAY FLAP EYE/NOS/EAR/LIP	Y	-	4/1/2024	Fee Schedule	\$945.87
15650	TRANSFER SKIN PEDICLE FLAP	Y	-	4/1/2024	Fee Schedule	\$945.87
15730	MDFC FLAP W/PRSRV VASC PEDCL	Y	-	4/1/2024	Fee Schedule	\$1,860.82
15731	FOREHEAD FLAP W/VASC PEDICLE	Y	-	4/1/2024	Fee Schedule	\$1,860.82
15733	MUSC MYOQ/FSCQ FLP H&N PEDCL	Y	-	4/1/2024	Fee Schedule	\$1,860.82
15734	MUSCLE-SKIN GRAFT TRUNK	Y	-	4/1/2024	Fee Schedule	\$1,860.82
15736	MUSCLE-SKIN GRAFT ARM	Y	-	4/1/2024	Fee Schedule	\$945.87
15738	MUSCLE-SKIN GRAFT LEG	Y	-	4/1/2024	Fee Schedule	\$1,860.82
15740	ISLAND PEDICLE FLAP GRAFT	Y	-	4/1/2024	Fee Schedule	\$945.87
15750	NEUROVASCULAR PEDICLE FLAP	Y	-	4/1/2024	Fee Schedule	\$1,860.82
15760	COMPOSITE SKIN GRAFT	Y	-	4/1/2024	Fee Schedule	\$945.87
15769	GRFG AUTOL SOFT TISS DIR EXC	Y	-	4/1/2024	Fee Schedule	\$1,860.82
15770	DERMA-FAT-FASCIA GRAFT	Y	-	4/1/2024	Fee Schedule	\$1,860.82
15771	GRFG AUTOL FAT LIPO 50 CC/<	-	-	4/1/2024	Not Allowed	\$0.00
15773	GRFG AUTOL FAT LIPO 25 CC/<	-	-	4/1/2024	Not Allowed	\$0.00
15775	HAIR TRNSPL 1-15 PUNCH GRFTS	-	-	4/1/2024	Not Allowed	\$0.00
15776	HAIR TRNSPL >15 PUNCH GRAFTS	-	-	4/1/2024	Not Allowed	\$0.00
15777	ACELLULAR DERM MATRIX IMPLT	-	-	7/1/2018	No Separate Payment	\$0.00
15780	DERMABRASION TOTAL FACE	-	-	4/1/2024	Not Allowed	\$0.00
15781	DERMABRASION SEGMENTAL FACE	-	-	4/1/2024	Not Allowed	\$0.00
15782	DERMABRASION OTHER THAN FACE	-	-	4/1/2024	Not Allowed	\$0.00
15783	DERMABRASION SUPRFL ANY SITE	-	-	4/1/2024	Not Allowed	\$0.00
15786	ABRASION LESION SINGLE	-	-	7/1/2018	Not Allowed	\$0.00
15787	ABRASION LESIONS ADD-ON	-	-	7/1/2018	Not Allowed	\$0.00
15788	CHEMICAL PEEL FACE EPIDERM	-	-	7/1/2018	Not Allowed	\$0.00
15789	CHEMICAL PEEL FACE DERMAL	-	-	4/1/2024	Not Allowed	\$0.00
15792	CHEMICAL PEEL NONFACIAL	-	-	7/1/2018	Not Allowed	\$0.00
15793	CHEMICAL PEEL NONFACIAL	-	-	7/1/2018	Not Allowed	\$0.00
15819	PLASTIC SURGERY NECK	-	-	4/1/2024	Not Allowed	\$0.00
15820	REVISION OF LOWER EYELID	Y	Y	4/1/2024	Fee Schedule	\$945.87
15821	REVISION OF LOWER EYELID	Y	Y	4/1/2024	Fee Schedule	\$945.87
15822	REVISION OF UPPER EYELID	Y	Y	4/1/2024	Fee Schedule	\$945.87
15823	REVISION OF UPPER EYELID	Y	Y	4/1/2024	Fee Schedule	\$945.87

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
15824	REMOVAL OF FOREHEAD WRINKLES	-	-	4/1/2024	Not Allowed	\$0.00
15825	REMOVAL OF NECK WRINKLES	-	-	4/1/2024	Not Allowed	\$0.00
15826	REMOVAL OF BROW WRINKLES	-	-	4/1/2024	Not Allowed	\$0.00
15828	REMOVAL OF FACE WRINKLES	-	-	4/1/2024	Not Allowed	\$0.00
15829	REMOVAL OF SKIN WRINKLES	-	-	4/1/2024	Not Allowed	\$0.00
15830	EXC SKIN ABD	Y	Y	4/1/2024	Fee Schedule	\$2,535.69
15832	EXCISE EXCESSIVE SKIN THIGH	Y	Y	4/1/2024	Fee Schedule	\$1,157.01
15833	EXCISE EXCESSIVE SKIN LEG	Y	Y	4/1/2024	Fee Schedule	\$1,157.01
15834	EXCISE EXCESSIVE SKIN HIP	Y	Y	4/1/2024	Fee Schedule	\$1,157.01
15835	EXCISE EXCESSIVE SKIN BUTTCK	Y	Y	4/1/2024	Fee Schedule	\$1,157.01
15836	EXCISE EXCESSIVE SKIN ARM	Y	Y	4/1/2024	Fee Schedule	\$1,157.01
15837	EXCISE EXCESS SKIN ARM/HAND	Y	Y	4/1/2024	Fee Schedule	\$1,157.01
15838	EXCISE EXCESS SKIN FAT PAD	Y	Y	4/1/2024	Fee Schedule	\$1,157.01
15839	EXCISE EXCESS SKIN & TISSUE	Y	Y	4/1/2024	Fee Schedule	\$1,157.01
15840	NERVE PALSY FASCIAL GRAFT	Y	-	4/1/2024	Fee Schedule	\$1,860.82
15841	NERVE PALSY MUSCLE GRAFT	Y	-	4/1/2024	Fee Schedule	\$1,860.82
15842	NERVE PALSY MICROSURG GRAFT	Y	-	4/1/2024	Fee Schedule	\$945.87
15845	SKIN AND MUSCLE REPAIR FACE	Y	-	4/1/2024	Fee Schedule	\$1,860.82
15847	EXC SKIN ABD ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15851	REMOVAL SUTR/STAPLE REQ ANES	Y	-	4/1/2024	Fee Schedule	\$15.98
15852	DRESSING CHANGE NOT FOR BURN	-	-	7/1/2018	No Separate Payment	\$0.00
15860	TEST FOR BLOOD FLOW IN GRAFT	-	-	7/1/2018	No Separate Payment	\$0.00
15876	SUCTION LIPECTOMY HEAD&NECK	-	-	4/1/2024	Not Allowed	\$0.00
15877	SUCTION LIPECTOMY TRUNK	-	-	4/1/2024	Not Allowed	\$0.00
15878	SUCTION LIPECTOMY UPR EXTREM	-	-	4/1/2024	Not Allowed	\$0.00
15879	SUCTION LIPECTOMY LWR EXTREM	-	-	4/1/2024	Not Allowed	\$0.00
15920	REMOVAL OF TAIL BONE ULCER	Y	-	4/1/2024	Fee Schedule	\$1,157.01
15922	REMOVAL OF TAIL BONE ULCER	Y	-	4/1/2024	Fee Schedule	\$1,860.82
15931	REMOVE SACRUM PRESSURE SORE	Y	-	4/1/2024	Fee Schedule	\$1,157.01
15933	REMOVE SACRUM PRESSURE SORE	Y	-	4/1/2024	Fee Schedule	\$1,157.01
15934	REMOVE SACRUM PRESSURE SORE	Y	-	4/1/2024	Fee Schedule	\$1,860.82
15935	REMOVE SACRUM PRESSURE SORE	Y	-	4/1/2024	Fee Schedule	\$1,860.82
15936	REMOVE SACRUM PRESSURE SORE	Y	-	4/1/2024	Fee Schedule	\$945.87
15937	REMOVE SACRUM PRESSURE SORE	Y	-	4/1/2024	Fee Schedule	\$945.87
15940	REMOVE HIP PRESSURE SORE	Y	-	4/1/2024	Fee Schedule	\$1,157.01
15941	REMOVE HIP PRESSURE SORE	Y	-	4/1/2024	Fee Schedule	\$1,157.01
15944	REMOVE HIP PRESSURE SORE	Y	-	4/1/2024	Fee Schedule	\$1,860.82
15945	REMOVE HIP PRESSURE SORE	Y	-	4/1/2024	Fee Schedule	\$945.87
15946	REMOVE HIP PRESSURE SORE	Y	-	4/1/2024	Fee Schedule	\$945.87
15950	REMOVE THIGH PRESSURE SORE	Y	-	4/1/2024	Fee Schedule	\$682.83
15951	REMOVE THIGH PRESSURE SORE	Y	-	4/1/2024	Fee Schedule	\$1,157.01
15952	REMOVE THIGH PRESSURE SORE	Y	-	4/1/2024	Fee Schedule	\$945.87
15953	REMOVE THIGH PRESSURE SORE	Y	-	4/1/2024	Fee Schedule	\$1,860.82
15956	REMOVE THIGH PRESSURE SORE	Y	-	4/1/2024	Fee Schedule	\$945.87
15958	REMOVE THIGH PRESSURE SORE	Y	-	4/1/2024	Fee Schedule	\$1,860.82
16000	INITIAL TREATMENT OF BURN(S)	-	-	7/1/2018	No Separate Payment	\$0.00
16020	DRESS/DEBRID P-THICK BURN S	-	-	7/1/2018	No Separate Payment	\$0.00
16025	DRESS/DEBRID P-THICK BURN M	Y	-	4/1/2024	Fee Schedule	\$103.84
16030	DRESS/DEBRID P-THICK BURN L	Y	-	4/1/2024	Fee Schedule	\$206.82
16035	INCISION OF BURN SCAB INITI	Y	-	4/1/2024	Fee Schedule	\$206.82
17000	DESTRUCT PREMALG LESION	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
17003	DESTRUCT PREMALG LES 2-14	-	-	7/1/2018	No Separate Payment	\$0.00
17004	DESTROY PREMAL LESIONS 15/>	Y	-	4/1/2024	Fee Schedule	\$117.17
17106	DESTRUCTION OF SKIN LESIONS	Y	-	4/1/2024	Fee Schedule	\$206.82
17107	DESTRUCTION OF SKIN LESIONS	Y	-	4/1/2024	Fee Schedule	\$271.96
17108	DESTRUCTION OF SKIN LESIONS	Y	-	4/1/2024	Fee Schedule	\$354.52
17110	DESTRUCT B9 LESION 1-14	-	-	7/1/2018	No Separate Payment	\$0.00
17111	DESTRUCT LESION 15 OR MORE	-	-	7/1/2018	No Separate Payment	\$0.00
17250	CHEM CAUT OF GRANLTJ TISSUE	-	-	7/1/2018	No Separate Payment	\$0.00
17260	DSTRJ MAL LES T/A/L 0.5 CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
17261	DSTRJ MAL LES T/A/L .6-1.0CM	-	-	7/1/2018	No Separate Payment	\$0.00
17262	DSTRJ MAL LES T/A/L 1.1-2.0	-	-	7/1/2018	No Separate Payment	\$0.00
17263	DSTRJ MAL LES T/A/L 2.1-3.0	-	-	7/1/2018	No Separate Payment	\$0.00
17264	DSTRJ MAL LES T/A/L 3.1-4.0	Y	-	4/1/2024	Fee Schedule	\$134.48
17266	DSTRJ MAL LES T/A/L >4.0 CM	Y	-	4/1/2024	Fee Schedule	\$148.13
17270	DSTR MAL LES S/N/H/F/G .5 /<	Y	-	4/1/2024	Fee Schedule	\$99.86
17271	DSTR MAL LES S/N/H/F/G 0.6-1	Y	-	4/1/2024	Fee Schedule	\$103.84
17272	DSTR MAL LES S/N/H/F/G 1.1-2	-	-	7/1/2018	No Separate Payment	\$0.00
17273	DSTR MAL LES S/N/H/F/G 2.1-3	Y	-	4/1/2024	Fee Schedule	\$132.82
17274	DSTR MAL LES S/N/H/F/G 3.1-4	Y	-	4/1/2024	Fee Schedule	\$148.46
17276	DSTR MAL LES S/N/H/F/G >4.0	Y	-	4/1/2024	Fee Schedule	\$164.77
17280	DSTR MAL LS F/E/E/N/L/M .5/<	-	-	7/1/2018	No Separate Payment	\$0.00
17281	DSTR MAL LS F/E/E/N/L/M .6-1	Y	-	4/1/2024	Fee Schedule	\$115.51
17282	DSTR MAL LS F/E/E/N/L/M1.1-2	Y	-	4/1/2024	Fee Schedule	\$129.48
17283	DSTR MAL LS F/E/E/N/L/M2.1-3	Y	-	4/1/2024	Fee Schedule	\$144.80
17284	DSTR MAL LS F/E/E/N/L/M3.1-4	Y	-	4/1/2024	Fee Schedule	\$159.12
17286	DSTR MAL LS F/E/E/N/L/M>4.0	Y	-	4/1/2024	Fee Schedule	\$190.41
17311	MOHS 1 STAGE H/N/HF/G	Y	-	4/1/2024	Fee Schedule	\$325.76
17312	MOHS ADDL STAGE	-	-	7/1/2018	No Separate Payment	\$0.00
17313	MOHS 1 STAGE T/A/L	Y	-	4/1/2024	Fee Schedule	\$325.76
17314	MOHS ADDL STAGE T/A/L	-	-	7/1/2018	No Separate Payment	\$0.00
17315	MOHS SURG ADDL BLOCK	-	-	7/1/2018	No Separate Payment	\$0.00
17340	CRYOTHERAPY OF SKIN	-	-	7/1/2018	No Separate Payment	\$0.00
17360	SKIN PEEL THERAPY	-	-	7/1/2018	No Separate Payment	\$0.00
17380	HAIR REMOVAL BY ELECTROLYSIS	-	-	4/1/2024	Not Allowed	\$0.00
19000	PUNCTURE ASPIR CYST BREAST	Y	-	4/1/2024	Fee Schedule	\$68.57
19001	PUNCTURE ASPIR CYST BRST EA	-	-	7/1/2018	No Separate Payment	\$0.00
19020	MASTOTOMY EXPL DRG ABSC DP	Y	-	4/1/2024	Fee Schedule	\$682.83
19030	NJX PX ONLY MAM DUCTO/GLCTO	-	-	7/1/2018	No Separate Payment	\$0.00
19081	BX BREAST 1ST LESION STRTCTC	Y	-	4/1/2024	Fee Schedule	\$682.83
19082	BX BREAST ADD LESION STRTCTC	-	-	7/1/2018	No Separate Payment	\$0.00
19083	BX BREAST 1ST LESION US IMAG	Y	-	4/1/2024	Fee Schedule	\$682.83
19084	BX BREAST ADD LESION US IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19085	BX BREAST 1ST LESION MR IMAG	Y	-	4/1/2024	Fee Schedule	\$682.83
19086	BX BREAST ADD LESION MR IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19100	BX BREAST PERCUT W/O IMAGE	Y	-	4/1/2024	Fee Schedule	\$682.83
19101	BIOPSY OF BREAST OPEN	Y	-	4/1/2024	Fee Schedule	\$1,469.30
19105	CRYOSURG ABLATE FA EACH	Y	-	4/1/2024	Fee Schedule	\$2,097.34
19110	NIPPLE EXPLORATION	Y	-	4/1/2024	Fee Schedule	\$1,469.30
19112	EXCISE BREAST DUCT FISTULA	Y	-	4/1/2024	Fee Schedule	\$1,469.30
19120	REMOVAL OF BREAST LESION	Y	-	4/1/2024	Fee Schedule	\$1,469.30
19125	EXCISION BREAST LESION	Y	-	4/1/2024	Fee Schedule	\$1,469.30

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
19126	EXCISION ADDL BREAST LESION	-	-	7/1/2018	No Separate Payment	\$0.00
19281	PERQ DEVICE BREAST 1ST IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19282	PERQ DEVICE BREAST EA IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19283	PERQ DEV BREAST 1ST STRTCTC	-	-	7/1/2018	No Separate Payment	\$0.00
19284	PERQ DEV BREAST ADD STRTCTC	-	-	7/1/2018	No Separate Payment	\$0.00
19285	PERQ DEV BREAST 1ST US IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19286	PERQ DEV BREAST ADD US IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19287	PERQ DEV BREAST 1ST MR GUIDE	-	-	7/1/2018	No Separate Payment	\$0.00
19288	PERQ DEV BREAST ADD MR GUIDE	-	-	7/1/2018	No Separate Payment	\$0.00
19294	PREPJ TUM CAV IORT PRTL MAST	-	-	7/1/2018	No Separate Payment	\$0.00
19296	PLACE PO BREAST CATH FOR RAD	Y	-	4/1/2024	Fee Schedule	\$4,371.51
19297	PLACE BREAST CATH FOR RAD	-	-	7/1/2018	No Separate Payment	\$0.00
19298	PLACE BREAST RAD TUBE/CATHS	Y	-	4/1/2024	Fee Schedule	\$4,153.94
19300	REMOVAL OF BREAST TISSUE	Y	Y	4/1/2024	Fee Schedule	\$1,469.30
19301	PARTIAL MASTECTOMY	Y	Y	4/1/2024	Fee Schedule	\$1,469.30
19302	P-MASTECTOMY W/LN REMOVAL	Y	Y	4/1/2024	Fee Schedule	\$2,535.69
19303	MAST SIMPLE COMPLETE	Y	Y	4/1/2024	Fee Schedule	\$2,535.69
19307	MAST MOD RAD	Y	-	4/1/2024	Fee Schedule	\$2,535.69
19316	SUSPENSION OF BREAST	Y	Y	4/1/2024	Fee Schedule	\$2,535.69
19318	BREAST REDUCTION	Y	Y	4/1/2024	Fee Schedule	\$2,535.69
19325	BREAST AUGMENTATION W/IMPLT	Y	Y	4/1/2024	Fee Schedule	\$3,004.70
19328	RMVL INTACT BREAST IMPLANT	-	Y	4/1/2024	Fee Schedule	\$1,469.30
19330	RMVL RUPTURED BREAST IMPLANT	-	Y	4/1/2024	Fee Schedule	\$1,469.30
19340	INSJ BREAST IMPLT SM D MAST	Y	Y	4/1/2024	Fee Schedule	\$3,222.03
19342	INSJ/RPLCMT BRST IMPLT SEP D	Y	Y	4/1/2024	Fee Schedule	\$3,004.70
19350	BREAST RECONSTRUCTION	Y	Y	4/1/2024	Fee Schedule	\$1,469.30
19355	CORRECT INVERTED NIPPLE(S)	-	-	4/1/2024	Not Allowed	\$0.00
19357	TISS XPNDR PLMT BRST RCNSTJ	Y	Y	4/1/2024	Fee Schedule	\$5,406.78
19370	REVJ PERI-IMPLT CAPSULE BRST	Y	Y	4/1/2024	Fee Schedule	\$1,469.30
19371	PERI-IMPLT CAPSLC BRST COMPL	Y	Y	4/1/2024	Fee Schedule	\$1,469.30
19380	REVJ RECONSTRUCTED BREAST	Y	Y	4/1/2024	Fee Schedule	\$2,535.69
19396	DESIGN CUSTOM BREAST IMPLANT	Y	Y	4/1/2024	Fee Schedule	\$1,469.30
19499	UNLISTED PROCEDURE BREAST	-	Y	1/1/2015	Not Allowed	\$0.00
20100	EXPLORE WOUND NECK	-	-	1/1/2022	Not Allowed	\$0.00
20101	EXPLORE WOUND CHEST	-	-	1/1/2022	Not Allowed	\$0.00
20102	EXPLORE WOUND ABDOMEN	-	-	1/1/2022	Not Allowed	\$0.00
20103	EXPLORE WOUND EXTREMITY	Y	-	4/1/2024	Fee Schedule	\$682.83
20150	EXCISE EPIPHYSEAL BAR	Y	-	4/1/2024	Fee Schedule	\$1,518.75
20200	MUSCLE BIOPSY SUPERFICIAL	Y	-	4/1/2024	Fee Schedule	\$682.83
20205	DEEP MUSCLE BIOPSY	Y	-	4/1/2024	Fee Schedule	\$1,157.01
20206	BIOPSY MUSCLE PERQ NEEDLE	Y	-	4/1/2024	Fee Schedule	\$682.83
20220	BONE BIOPSY TROCAR/NDL SUPFC	Y	-	4/1/2024	Fee Schedule	\$682.83
20225	BONE BIOPSY TROCAR/NDL DEEP	Y	-	4/1/2024	Fee Schedule	\$682.83
20240	BONE BIOPSY OPEN SUPERFICIAL	Y	-	4/1/2024	Fee Schedule	\$1,157.01
20245	BONE BIOPSY OPEN DEEP	Y	-	4/1/2024	Fee Schedule	\$1,157.01
20250	BIOPSY VRT BDY OPEN THORACIC	Y	-	4/1/2024	Fee Schedule	\$1,518.75
20251	BIOPSY VRT BDY OPEN LMBR/CRV	Y	-	4/1/2024	Fee Schedule	\$3,392.54
20500	INJECTION OF SINUS TRACT	Y	-	4/1/2024	Fee Schedule	\$76.56
20501	INJECT SINUS TRACT FOR X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
20520	REMOVAL OF FOREIGN BODY	Y	-	4/1/2024	Fee Schedule	\$146.14
20525	REMOVAL OF FOREIGN BODY	Y	-	4/1/2024	Fee Schedule	\$1,157.01

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
20526	THER INJECTION CARP TUNNEL	Y	-	4/1/2024	Fee Schedule	\$45.60
20527	INJ DUPLYTREN CORD W/ENZYM	Y	-	4/1/2024	Fee Schedule	\$48.27
20550	INJ TENDON SHEATH/LIGAMENT	Y	-	4/1/2024	Fee Schedule	\$29.62
20551	INJ TENDON ORIGIN/INSERTION	Y	-	4/1/2024	Fee Schedule	\$29.62
20552	INJ TRIGGER POINT 1/2 MUSCL	Y	-	4/1/2024	Fee Schedule	\$27.97
20553	INJECT TRIGGER POINTS 3/>	Y	-	4/1/2024	Fee Schedule	\$32.62
20555	PLACE NDL MUSC/TIS FOR RT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
20600	DRAIN/INJ JOINT/BURSA W/O US	Y	-	4/1/2024	Fee Schedule	\$28.96
20604	DRAIN/INJ JOINT/BURSA W/US	Y	-	4/1/2024	Fee Schedule	\$49.94
20605	DRAIN/INJ JOINT/BURSA W/O US	Y	-	4/1/2024	Fee Schedule	\$29.62
20606	DRAIN/INJ JOINT/BURSA W/US	Y	-	4/1/2024	Fee Schedule	\$52.60
20610	DRAIN/INJ JOINT/BURSA W/O US	Y	-	4/1/2024	Fee Schedule	\$34.61
20611	DRAIN/INJ JOINT/BURSA W/US	Y	-	4/1/2024	Fee Schedule	\$57.92
20612	ASPIRATE/INJ GANGLION CYST	Y	-	4/1/2024	Fee Schedule	\$38.61
20615	TREATMENT OF BONE CYST	Y	-	4/1/2024	Fee Schedule	\$167.11
20650	INSERT AND REMOVE BONE PIN	Y	-	4/1/2024	Fee Schedule	\$1,518.75
20660	APPLY REM FIXATION DEVICE	-	-	1/1/2022	Not Allowed	\$0.00
20662	APPLICATION HALO PELVIC	Y	-	4/1/2024	Fee Schedule	\$818.94
20663	APPLICATION HALO FEMORAL	Y	-	4/1/2024	Fee Schedule	\$1,518.75
20665	RMVL TONGS/HALO ANTHR INDIV	-	-	4/1/2024	Fee Schedule	\$206.66
20670	REMOVAL IMPLANT SUPERFICIAL	-	-	4/1/2024	Fee Schedule	\$682.83
20680	REMOVAL OF IMPLANT DEEP	-	-	4/1/2024	Fee Schedule	\$1,157.01
20690	APPL UNIPLN UNI EXT FIXJ SYS	Y	-	4/1/2024	Fee Schedule	\$4,632.81
20692	APPL MLTPLN UNI EXT FIXJ SYS	Y	-	4/1/2024	Fee Schedule	\$8,186.13
20693	ADJMT/REVJ EXT FIXJ SYS ANES	Y	-	4/1/2024	Fee Schedule	\$3,392.54
20694	RMVL EXT FIXJ SYS UNDER ANES	-	-	4/1/2024	Fee Schedule	\$818.94
20696	APP MLTPLN UNI XTRNL FIX 1ST	Y	-	4/1/2024	Fee Schedule	\$11,956.83
20697	APP MLTPLN UNI XTRNL FIX XCH	Y	-	4/1/2024	Fee Schedule	\$818.94
20700	MNL PREP&INSJ DP RX DLVR DEV	-	-	4/1/2023	No Separate Payment	\$0.00
20822	REPLANTATION DIGIT COMPLETE	Y	-	4/1/2024	Fee Schedule	\$818.94
20900	REMOVAL OF BONE FOR GRAFT	Y	-	4/1/2024	Fee Schedule	\$5,077.76
20902	REMOVAL OF BONE FOR GRAFT	Y	-	4/1/2024	Fee Schedule	\$3,392.54
20910	REMOVE CARTILAGE FOR GRAFT	Y	-	4/1/2024	Fee Schedule	\$325.76
20912	REMOVE CARTILAGE FOR GRAFT	Y	-	4/1/2024	Fee Schedule	\$1,860.82
20920	REMOVAL OF FASCIA FOR GRAFT	Y	-	4/1/2024	Fee Schedule	\$945.87
20922	REMOVAL OF FASCIA FOR GRAFT	Y	-	4/1/2024	Fee Schedule	\$945.87
20924	REMOVAL OF TENDON FOR GRAFT	Y	-	4/1/2024	Fee Schedule	\$3,392.54
20930	SP BONE ALGRFT MORSEL ADD-ON	-	-	10/1/2020	No Separate Payment	\$0.00
20931	SP BONE ALGRFT STRUCT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
20932	OSTEOART ALGRFT W/SURF & B1	-	-	1/1/2019	No Separate Payment	\$0.00
20933	HEMICRT INTRCLRY ALGRFT PRTL	-	-	1/1/2019	No Separate Payment	\$0.00
20934	INTERCALARY ALGRFT COMPL	-	-	1/1/2019	No Separate Payment	\$0.00
20936	SP BONE AGRFT LOCAL ADD-ON	-	-	10/1/2020	No Separate Payment	\$0.00
20937	SP BONE AGRFT MORSEL ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
20938	SP BONE AGRFT STRUCT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
20939	BONE MARROW ASPIR BONE GRFG	-	-	7/1/2018	No Separate Payment	\$0.00
20950	FLUID PRESSURE MUSCLE	Y	-	4/1/2024	Fee Schedule	\$364.93
20972	BONE/SKIN GRAFT METATARSAL	Y	-	4/1/2024	Fee Schedule	\$3,392.54
20973	BONE/SKIN GRAFT GREAT TOE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
20975	ELECTRICAL BONE STIMULATION	-	-	7/1/2018	No Separate Payment	\$0.00
20979	US BONE STIMULATION	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
20982	ABLATE BONE TUMOR(S) PERQ	Y	-	4/1/2024	Fee Schedule	\$6,499.71
20983	ABLATE BONE TUMOR(S) PERQ	Y	-	4/1/2024	Fee Schedule	\$4,681.08
20985	CPTR-ASST DIR MS PX	-	-	7/1/2018	No Separate Payment	\$0.00
21010	INCISION OF JAW JOINT	Y	-	4/1/2024	Fee Schedule	\$1,318.75
21011	EXC FACE LES SC <2 CM	Y	-	4/1/2024	Fee Schedule	\$259.64
21012	EXC FACE LES SBQ 2 CM/>	Y	-	4/1/2024	Fee Schedule	\$682.83
21013	EXC FACE TUM DEEP < 2 CM	Y	-	4/1/2024	Fee Schedule	\$325.55
21014	EXC FACE TUM DEEP 2 CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
21015	RESECT FACE/SCALP TUM < 2 CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
21016	RESECT FACE/SCALP TUM 2 CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
21025	EXCISION OF BONE LOWER JAW	Y	-	4/1/2024	Fee Schedule	\$2,760.51
21026	EXCISION OF FACIAL BONE(S)	Y	-	4/1/2024	Fee Schedule	\$2,760.51
21029	CONTOUR OF FACE BONE LESION	Y	-	4/1/2024	Fee Schedule	\$1,318.75
21030	EXCISE MAX/ZYGOMA B9 TUMOR	Y	-	4/1/2024	Fee Schedule	\$278.95
21031	REMOVE EXOSTOSIS MANDIBLE	Y	-	4/1/2024	Fee Schedule	\$262.30
21032	REMOVE EXOSTOSIS MAXILLA	Y	-	4/1/2024	Fee Schedule	\$249.99
21034	EXCISE MAX/ZYGOMA MAL TUMOR	Y	-	4/1/2024	Fee Schedule	\$2,760.51
21040	EXCISE MANDIBLE LESION	Y	-	4/1/2024	Fee Schedule	\$1,318.75
21044	REMOVAL OF JAW BONE LESION	Y	-	4/1/2024	Fee Schedule	\$2,760.51
21046	REMOVE MANDIBLE CYST COMPLEX	Y	-	4/1/2024	Fee Schedule	\$2,760.51
21047	EXCISE LWR JAW CYST W/REPAIR	Y	-	4/1/2024	Fee Schedule	\$2,760.51
21048	REMOVE MAXILLA CYST COMPLEX	Y	-	4/1/2024	Fee Schedule	\$2,760.51
21049	EXCIS UPRR JAW CYST W/REPAIR	-	-	1/1/2022	Not Allowed	\$0.00
21050	REMOVAL OF JAW JOINT	Y	-	4/1/2024	Fee Schedule	\$2,760.51
21060	REMOVE JAW JOINT CARTILAGE	Y	-	4/1/2024	Fee Schedule	\$2,760.51
21070	REMOVE CORONOID PROCESS	Y	-	4/1/2024	Fee Schedule	\$2,760.51
21073	MNPJ OF TMJ W/ANESTH	Y	-	4/1/2024	Fee Schedule	\$253.31
21076	PREPARE FACE/ORAL PROSTHESIS	Y	-	4/1/2024	Fee Schedule	\$373.49
21077	PREPARE FACE/ORAL PROSTHESIS	Y	-	4/1/2024	Fee Schedule	\$882.45
21079	PREPARE FACE/ORAL PROSTHESIS	Y	-	4/1/2024	Fee Schedule	\$634.79
21080	PREPARE FACE/ORAL PROSTHESIS	Y	-	4/1/2024	Fee Schedule	\$738.65
21081	PREPARE FACE/ORAL PROSTHESIS	Y	-	4/1/2024	Fee Schedule	\$694.71
21082	PREPARE FACE/ORAL PROSTHESIS	Y	-	4/1/2024	Fee Schedule	\$668.08
21083	PREPARE FACE/ORAL PROSTHESIS	Y	-	4/1/2024	Fee Schedule	\$654.77
21084	PREPARE FACE/ORAL PROSTHESIS	Y	-	4/1/2024	Fee Schedule	\$728.66
21085	PREPARE FACE/ORAL PROSTHESIS	Y	-	4/1/2024	Fee Schedule	\$126.69
21086	PREPARE FACE/ORAL PROSTHESIS	Y	-	4/1/2024	Fee Schedule	\$661.09
21087	PREPARE FACE/ORAL PROSTHESIS	Y	-	4/1/2024	Fee Schedule	\$661.09
21088	PREPARE FACE/ORAL PROSTHESIS	Y	-	4/1/2024	Fee Schedule	\$1,318.75
21100	MAXILLOFACIAL FIXATION	Y	-	4/1/2024	Fee Schedule	\$2,760.51
21110	INTERDENTAL FIXATION	-	-	4/1/2024	Fee Schedule	\$636.79
21116	INJECTION JAW JOINT X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
21120	RECONSTRUCTION OF CHIN	Y	Y	4/1/2024	Fee Schedule	\$2,760.51
21121	RECONSTRUCTION OF CHIN	Y	Y	4/1/2024	Fee Schedule	\$2,007.81
21122	RECONSTRUCTION OF CHIN	Y	Y	4/1/2024	Fee Schedule	\$3,476.76
21123	RECONSTRUCTION OF CHIN	Y	Y	4/1/2024	Fee Schedule	\$1,318.75
21125	AUGMENTATION LOWER JAW BONE	Y	Y	4/1/2024	Fee Schedule	\$3,476.76
21127	AUGMENTATION LOWER JAW BONE	Y	Y	4/1/2024	Fee Schedule	\$2,760.51
21137	REDUCTION OF FOREHEAD	Y	Y	4/1/2024	Fee Schedule	\$1,318.75
21138	REDUCTION OF FOREHEAD	Y	Y	4/1/2024	Fee Schedule	\$2,760.51
21139	REDUCTION OF FOREHEAD	Y	Y	4/1/2024	Fee Schedule	\$2,760.51

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
21150	LEFORT II ANTERIOR INTRUSION	Y	Y	4/1/2024	Fee Schedule	\$3,476.76
21172	RECONSTRUCT ORBIT/FOREHEAD	-	-	1/1/2022	Not Allowed	\$0.00
21175	RECONSTRUCT ORBIT/FOREHEAD	-	-	1/1/2022	Not Allowed	\$0.00
21181	CONTOUR CRANIAL BONE LESION	Y	Y	4/1/2024	Fee Schedule	\$2,760.51
21193	RECONST LWR JAW W/O GRAFT	-	-	1/1/2022	Not Allowed	\$0.00
21194	RECONST LWR JAW/GRAFT	Y	-	4/1/2024	Fee Schedule	\$2,760.51
21195	RECONST LWR JAW W/O FIXATION	-	-	4/1/2024	Not Allowed	\$0.00
21198	RECONSTR LWR JAW SEGMENT	Y	Y	4/1/2024	Fee Schedule	\$3,768.10
21199	RECONSTR LWR JAW W/ADVANCE	Y	Y	4/1/2024	Fee Schedule	\$2,760.51
21206	RECONSTRUCT UPPER JAW BONE	Y	Y	4/1/2024	Fee Schedule	\$2,760.51
21208	AUGMENTATION OF FACIAL BONES	Y	Y	4/1/2024	Fee Schedule	\$1,212.00
21209	REDUCTION OF FACIAL BONES	Y	Y	4/1/2024	Fee Schedule	\$2,760.51
21210	FACE BONE GRAFT	Y	Y	4/1/2024	Fee Schedule	\$3,893.56
21215	LOWER JAW BONE GRAFT	Y	Y	4/1/2024	Fee Schedule	\$3,770.88
21230	RIB CARTILAGE GRAFT	Y	Y	4/1/2024	Fee Schedule	\$2,760.51
21235	EAR CARTILAGE GRAFT	Y	Y	4/1/2024	Fee Schedule	\$2,760.51
21240	RECONSTRUCTION OF JAW JOINT	Y	Y	4/1/2024	Fee Schedule	\$2,760.51
21242	RECONSTRUCTION OF JAW JOINT	Y	Y	4/1/2024	Fee Schedule	\$2,760.51
21243	RECONSTRUCTION OF JAW JOINT	Y	Y	4/1/2024	Fee Schedule	\$12,783.72
21244	RECONSTRUCTION OF LOWER JAW	Y	Y	4/1/2024	Fee Schedule	\$3,772.96
21245	RECONSTRUCTION OF JAW	Y	Y	4/1/2024	Fee Schedule	\$3,476.76
21246	RECONSTRUCTION OF JAW	Y	Y	4/1/2024	Fee Schedule	\$3,476.76
21248	RECONSTRUCTION OF JAW	Y	Y	4/1/2024	Fee Schedule	\$2,760.51
21249	RECONSTRUCTION OF JAW	Y	Y	4/1/2024	Fee Schedule	\$3,454.58
21256	RECONSTRUCTION OF ORBIT	-	-	1/1/2022	Not Allowed	\$0.00
21260	REVISE EYE SOCKETS	Y	-	4/1/2024	Fee Schedule	\$2,760.51
21261	REVISE EYE SOCKETS	-	-	1/1/2022	Not Allowed	\$0.00
21263	REVISE EYE SOCKETS	-	-	1/1/2022	Not Allowed	\$0.00
21267	REVISE EYE SOCKETS	Y	-	4/1/2024	Fee Schedule	\$4,583.93
21270	AUGMENTATION CHEEK BONE	Y	-	4/1/2024	Fee Schedule	\$4,520.85
21275	REVISION ORBITOFACIAL BONES	Y	-	4/1/2024	Fee Schedule	\$2,760.51
21280	REVISION OF EYELID	Y	-	4/1/2024	Fee Schedule	\$1,318.75
21282	REVISION OF EYELID	Y	-	4/1/2024	Fee Schedule	\$1,318.75
21295	REVISION OF JAW MUSCLE/BONE	Y	-	4/1/2024	Fee Schedule	\$666.76
21296	REVISION OF JAW MUSCLE/BONE	Y	-	4/1/2024	Fee Schedule	\$1,318.75
21315	CLSD TX NSL FX MNPJ WO STBLJ	Y	-	4/1/2024	Fee Schedule	\$666.76
21320	CLSD TX NSL FX W/MNPJ&STABLJ	Y	-	4/1/2024	Fee Schedule	\$1,318.75
21325	OPEN TX NOSE FX UNCOMPLICATD	Y	-	4/1/2024	Fee Schedule	\$1,318.75
21330	OPEN TX NOSE FX W/SKELE FIXJ	Y	-	4/1/2024	Fee Schedule	\$2,760.51
21335	OPEN TX NOSE & SEPTAL FX	Y	-	4/1/2024	Fee Schedule	\$1,318.75
21336	OPEN TX SEPTAL FX W/WO STABJ	Y	-	4/1/2024	Fee Schedule	\$1,518.75
21337	CLOSED TX SEPTAL&NOSE FX	Y	-	4/1/2024	Fee Schedule	\$1,318.75
21338	OPEN NASOETHMOID FX W/O FIXJ	Y	-	4/1/2024	Fee Schedule	\$2,760.51
21339	OPEN NASOETHMOID FX W/ FIXJ	Y	-	4/1/2024	Fee Schedule	\$2,760.51
21340	PERQ TX NASOETHMOID FX	Y	-	4/1/2024	Fee Schedule	\$1,318.75
21345	CLOSED TX NOSE/JAW FX	Y	-	4/1/2024	Fee Schedule	\$666.76
21346	OPN TX NASOMAX FX W/FIXJ	-	-	1/1/2022	Not Allowed	\$0.00
21355	PERQ TX MALAR FRACTURE	Y	-	4/1/2024	Fee Schedule	\$1,673.16
21356	OPN TX DPRSD ZYGOMATIC ARCH	Y	-	4/1/2024	Fee Schedule	\$2,760.51
21360	OPN TX DPRSD MALAR FRACTURE	Y	-	4/1/2024	Fee Schedule	\$2,760.51
21365	OPN TX COMPLX MALAR FX	Y	-	4/1/2024	Fee Schedule	\$3,476.76

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
21385	OPN TX ORBIT FX TRANSANTRAL	-	-	1/1/2022	Not Allowed	\$0.00
21386	OPN TX ORBIT FX PERIORBITAL	-	-	1/1/2022	Not Allowed	\$0.00
21387	OPN TX ORBIT FX COMBINED	-	-	1/1/2022	Not Allowed	\$0.00
21390	OPN TX ORBIT PERIORBTL IMPLT	Y	-	4/1/2024	Fee Schedule	\$2,760.51
21395	OPN TX ORBIT PERIORBT W/GRFT	-	-	1/1/2022	Not Allowed	\$0.00
21400	CLOSED TX ORBIT W/O MANIPULJ	Y	-	4/1/2024	Fee Schedule	\$285.38
21401	CLOSED TX ORBIT W/MANIPULJ	Y	-	4/1/2024	Fee Schedule	\$841.16
21406	OPN TX ORBIT FX W/O IMPLANT	Y	-	4/1/2024	Fee Schedule	\$2,760.51
21407	OPN TX ORBIT FX W/IMPLANT	Y	-	4/1/2024	Fee Schedule	\$2,760.51
21408	OPN TX ORBIT FX W/BONE GRFT	-	-	1/1/2022	Not Allowed	\$0.00
21421	TREAT MOUTH ROOF FRACTURE	Y	-	4/1/2024	Fee Schedule	\$1,318.75
21440	TREAT DENTAL RIDGE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$633.12
21445	TREAT DENTAL RIDGE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$3,489.46
21450	TREAT LOWER JAW FRACTURE	Y	-	4/1/2024	Fee Schedule	\$285.38
21451	TREAT LOWER JAW FRACTURE	Y	-	4/1/2024	Fee Schedule	\$666.76
21452	TREAT LOWER JAW FRACTURE	Y	-	4/1/2024	Fee Schedule	\$3,511.87
21453	TREAT LOWER JAW FRACTURE	Y	-	4/1/2024	Fee Schedule	\$3,540.52
21454	TREAT LOWER JAW FRACTURE	Y	-	4/1/2024	Fee Schedule	\$3,493.39
21461	TREAT LOWER JAW FRACTURE	Y	-	4/1/2024	Fee Schedule	\$3,499.40
21462	TREAT LOWER JAW FRACTURE	Y	-	4/1/2024	Fee Schedule	\$3,673.61
21465	TREAT LOWER JAW FRACTURE	Y	-	4/1/2024	Fee Schedule	\$2,760.51
21470	TREAT LOWER JAW FRACTURE	-	-	1/1/2022	Not Allowed	\$0.00
21480	RESET DISLOCATED JAW	Y	-	4/1/2024	Fee Schedule	\$122.31
21485	RESET DISLOCATED JAW	Y	-	4/1/2024	Fee Schedule	\$666.76
21490	REPAIR DISLOCATED JAW	Y	-	4/1/2024	Fee Schedule	\$1,318.75
21497	INTERDENTAL WIRING	Y	-	4/1/2024	Fee Schedule	\$666.76
21501	DRAIN NECK/CHEST LESION	Y	-	4/1/2024	Fee Schedule	\$1,157.01
21502	DRAIN CHEST LESION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
21550	BIOPSY OF NECK/CHEST	Y	-	4/1/2024	Fee Schedule	\$682.83
21552	EXC NECK LES SC 3 CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
21554	EXC NECK TUM DEEP 5 CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
21555	EXC NECK LES SC < 3 CM	Y	-	4/1/2024	Fee Schedule	\$682.83
21556	EXC NECK TUM DEEP < 5 CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
21557	RESECT NECK THORAX TUMOR<5CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
21558	RESECT NECK TUMOR 5 CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
21600	PARTIAL REMOVAL OF RIB	Y	-	4/1/2024	Fee Schedule	\$3,392.54
21601	EXC CHEST WALL TUMOR W/RIBS	-	-	1/1/2022	Not Allowed	\$0.00
21610	PARTIAL REMOVAL OF RIB	Y	-	4/1/2024	Fee Schedule	\$1,518.75
21685	HYOID MYOTOMY & SUSPENSION	Y	-	4/1/2024	Fee Schedule	\$3,637.80
21700	REVISION OF NECK MUSCLE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
21720	REVISION OF NECK MUSCLE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
21725	REVISION OF NECK MUSCLE	Y	-	4/1/2024	Fee Schedule	\$364.93
21742	REPAIR STERN/NUSS W/O SCOPE	-	-	1/1/2022	Not Allowed	\$0.00
21743	REPAIR STERNUM/NUSS W/SCOPE	-	-	1/1/2022	Not Allowed	\$0.00
21820	TREAT STERNUM FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
21920	BIOPSY SOFT TISSUE OF BACK	Y	-	4/1/2024	Fee Schedule	\$176.42
21925	BIOPSY SOFT TISSUE OF BACK	Y	-	4/1/2024	Fee Schedule	\$682.83
21930	EXC BACK LES SC < 3 CM	Y	-	4/1/2024	Fee Schedule	\$682.83
21931	EXC BACK LES SC 3 CM/>	Y	-	4/1/2024	Fee Schedule	\$682.83
21932	EXC BACK TUM DEEP < 5 CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
21933	EXC BACK TUM DEEP 5 CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01

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



**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
21935	RESECT BACK TUM < 5 CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
21936	RESECT BACK TUM 5 CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
22100	REMOVE PART OF NECK VERTEBRA	-	-	1/1/2022	Not Allowed	\$0.00
22101	REMOVE PART THORAX VERTEBRA	-	-	1/1/2022	Not Allowed	\$0.00
22102	REMOVE PART LUMBAR VERTEBRA	Y	-	4/1/2024	Fee Schedule	\$3,392.54
22103	REMOVE EXTRA SPINE SEGMENT	-	-	7/1/2018	No Separate Payment	\$0.00
22310	CLOSED TX VERT FX W/O MANJ	Y	-	4/1/2024	Fee Schedule	\$122.31
22315	CLOSED TX VERT FX W/MANJ	Y	-	4/1/2024	Fee Schedule	\$1,518.75
22505	MANIPULATION OF SPINE	Y	-	4/1/2024	Fee Schedule	\$818.94
22510	PERQ CERVICOTHORACIC INJECT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
22511	PERQ LUMBOSACRAL INJECTION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
22512	VERTEBROPLASTY ADDL INJECT	-	-	7/1/2018	No Separate Payment	\$0.00
22513	PERQ VERTEBRAL AUGMENTATION	Y	-	4/1/2024	Fee Schedule	\$3,392.54
22514	PERQ VERTEBRAL AUGMENTATION	Y	-	4/1/2024	Fee Schedule	\$3,392.54
22515	PERQ VERTEBRAL AUGMENTATION	-	-	7/1/2018	No Separate Payment	\$0.00
22526	IDET SINGLE LEVEL	-	-	7/1/2018	Not Allowed	\$0.00
22527	IDET 1 OR MORE LEVELS	-	-	7/1/2018	Not Allowed	\$0.00
22551	ARTHRD ANT NTRBDY CERVICAL	Y	-	4/1/2024	Fee Schedule	\$8,863.95
22552	ARTHRD ANT NTRBD CERVICAL EA	-	-	7/1/2018	No Separate Payment	\$0.00
22554	ARTHRD ANT NTRBD MIN DSC CRV	Y	-	4/1/2024	Fee Schedule	\$8,683.34
22585	ARTHRD ANT NTRBD MIN DSC EA	-	-	7/1/2018	No Separate Payment	\$0.00
22612	ARTHRD PST TQ INTRSPC LUMBAR	Y	-	4/1/2024	Fee Schedule	\$13,521.32
22614	ARTHRD PST TQ INTRSPC EA ADD	-	-	7/1/2018	No Separate Payment	\$0.00
22840	INSERT SPINE FIXATION DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22842	INSERT SPINE FIXATION DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22845	INSERT SPINE FIXATION DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22853	INSJ BIOMECHANICAL DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22854	INSJ BIOMECHANICAL DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22856	TOT DISC ARTHRP INTRSPC CRV	Y	-	4/1/2024	Fee Schedule	\$13,187.45
22858	TOT DISC ARTHRP 2ND LVL CRV	-	-	7/1/2018	No Separate Payment	\$0.00
22859	INSJ BIOMECHANICAL DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22867	INSJ STABLJ DEV W/DCMPRN	Y	-	4/1/2024	Fee Schedule	\$14,071.02
22868	INSJ STABLJ DEV W/DCMPRN	-	-	7/1/2018	No Separate Payment	\$0.00
22869	INSJ STABLJ DEV W/O DCMPRN	Y	-	4/1/2024	Fee Schedule	\$10,501.41
22870	INSJ STABLJ DEV W/O DCMPRN	-	-	7/1/2018	No Separate Payment	\$0.00
22900	EXC ABDL TUM DEEP < 5 CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
22901	EXC ABDL TUM DEEP 5 CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
22902	EXC ABD LES SC < 3 CM	Y	-	4/1/2024	Fee Schedule	\$682.83
22903	EXC ABD LES SC 3 CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
22904	RADICAL RESECT ABD TUMOR<5CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
22905	RAD RESECT ABD TUMOR 5 CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
23000	REMOVAL OF CALCIUM DEPOSITS	Y	-	4/1/2024	Fee Schedule	\$1,157.01
23020	RELEASE SHOULDER JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
23030	DRAIN SHOULDER LESION	Y	-	4/1/2024	Fee Schedule	\$1,157.01
23031	DRAIN SHOULDER BURSA	Y	-	4/1/2024	Fee Schedule	\$1,157.01
23035	DRAIN SHOULDER BONE LESION	Y	-	4/1/2024	Fee Schedule	\$818.94
23040	EXPLORATORY SHOULDER SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
23044	EXPLORATORY SHOULDER SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
23065	BIOPSY SHOULDER TISSUES	Y	-	4/1/2024	Fee Schedule	\$138.48
23066	BIOPSY SHOULDER TISSUES	Y	-	4/1/2024	Fee Schedule	\$1,157.01
23071	EXC SHOULDER LES SC 3 CM/>	Y	-	4/1/2024	Fee Schedule	\$682.83

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
23073	EXC SHOULDER TUM DEEP 5 CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
23075	EXC SHOULDER LES SC < 3 CM	Y	-	4/1/2024	Fee Schedule	\$682.83
23076	EXC SHOULDER TUM DEEP < 5 CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
23077	RESECT SHOULDER TUMOR < 5 CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
23078	RESECT SHOULDER TUMOR 5 CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
23100	BIOPSY OF SHOULDER JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
23101	SHOULDER JOINT SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
23105	REMOVE SHOULDER JOINT LINING	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23106	INCISION OF COLLARBONE JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
23107	EXPLORE TREAT SHOULDER JOINT	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23120	PARTIAL REMOVAL COLLAR BONE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
23125	REMOVAL OF COLLAR BONE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
23130	REMOVE SHOULDER BONE PART	Y	-	4/1/2024	Fee Schedule	\$1,518.75
23140	REMOVAL OF BONE LESION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
23145	REMOVAL OF BONE LESION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
23146	REMOVAL OF BONE LESION	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23150	REMOVAL OF HUMERUS LESION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
23155	REMOVAL OF HUMERUS LESION	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23156	REMOVAL OF HUMERUS LESION	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23170	REMOVE COLLAR BONE LESION	Y	-	4/1/2024	Fee Schedule	\$2,085.30
23172	REMOVE SHOULDER BLADE LESION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
23174	REMOVE HUMERUS LESION	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23180	REMOVE COLLAR BONE LESION	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23182	REMOVE SHOULDER BLADE LESION	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23184	REMOVE HUMERUS LESION	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23190	PARTIAL REMOVAL OF SCAPULA	Y	-	4/1/2024	Fee Schedule	\$1,518.75
23195	REMOVAL OF HEAD OF HUMERUS	Y	-	4/1/2024	Fee Schedule	\$4,272.77
23330	REMOVE SHOULDER FOREIGN BODY	Y	-	4/1/2024	Fee Schedule	\$682.83
23333	REMOVE SHOULDER FB DEEP	Y	-	4/1/2024	Fee Schedule	\$1,157.01
23334	SHOULDER PROSTHESIS REMOVAL	Y	-	4/1/2024	Fee Schedule	\$1,157.01
23350	INJECTION FOR SHOULDER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
23395	MUSCLE TRANSFER SHOULDER/ARM	Y	-	4/1/2024	Fee Schedule	\$4,246.93
23397	MUSCLE TRANSFERS	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23400	FIXATION OF SHOULDER BLADE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23405	INCISION OF TENDON & MUSCLE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23406	INCISE TENDON(S) & MUSCLE(S)	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23410	REPAIR ROTATOR CUFF ACUTE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23412	REPAIR ROTATOR CUFF CHRONIC	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23415	RELEASE OF SHOULDER LIGAMENT	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23420	REPAIR OF SHOULDER	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23430	REPAIR BICEPS TENDON	Y	-	4/1/2024	Fee Schedule	\$4,438.31
23440	REMOVE/TRANSPLANT TENDON	Y	-	4/1/2024	Fee Schedule	\$4,872.46
23450	REPAIR SHOULDER CAPSULE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23455	REPAIR SHOULDER CAPSULE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23460	REPAIR SHOULDER CAPSULE	Y	-	4/1/2024	Fee Schedule	\$4,272.77
23462	REPAIR SHOULDER CAPSULE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23465	REPAIR SHOULDER CAPSULE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23466	REPAIR SHOULDER CAPSULE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23470	RECONSTRUCT SHOULDER JOINT	-	-	4/1/2024	Not Allowed	\$0.00
23472	RECONSTRUCT SHOULDER JOINT	Y	-	4/1/2024	Fee Schedule	\$13,991.83
23473	REVIS RECONST SHOULDER JOINT	-	-	1/1/2022	Not Allowed	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
23480	REVISION OF COLLAR BONE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23485	REVISION OF COLLAR BONE	Y	-	4/1/2024	Fee Schedule	\$8,574.54
23490	REINFORCE CLAVICLE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23491	REINFORCE SHOULDER BONES	Y	-	4/1/2024	Fee Schedule	\$8,917.81
23500	CLTX CLAVICULAR FX W/O MNPJ	Y	-	4/1/2024	Fee Schedule	\$122.31
23505	CLTX CLAVICULAR FX W/MNPJ	Y	-	4/1/2024	Fee Schedule	\$818.94
23515	OPTX CLAVICULAR FX W/INT FIX	Y	-	4/1/2024	Fee Schedule	\$4,460.17
23520	CLTX STRNCLAV DISLC W/O MNPJ	Y	-	4/1/2024	Fee Schedule	\$818.94
23525	CLTX STRNCLAV DISLC W/MNPJ	Y	-	4/1/2024	Fee Schedule	\$122.31
23530	OPTX STRNCLAV DISLC AQT/CHRN	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23532	OPTX STRCLV DSLC AQ/CHRN GRF	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23540	CLTX ACROMCLAV DISLC WO MNPJ	Y	-	4/1/2024	Fee Schedule	\$122.31
23545	CLTX ACROMCLAV DISLC W/MNPJ	Y	-	4/1/2024	Fee Schedule	\$122.31
23550	OPTX ACROMCLV DISLC AQT/CHRN	Y	-	4/1/2024	Fee Schedule	\$4,422.12
23552	OPTX ACRCLV DSLC AQ/CHRN GRF	Y	-	4/1/2024	Fee Schedule	\$4,639.63
23570	CLTX SCAPULAR FX W/O MNPJ	Y	-	4/1/2024	Fee Schedule	\$122.31
23575	CLTX SCAP FX W/MNPJ +-TRACTJ	Y	-	4/1/2024	Fee Schedule	\$818.94
23585	OPTX SCAPULAR FX W/INT FIXJ	Y	-	4/1/2024	Fee Schedule	\$4,488.57
23600	CLTX PROX HUMRL FX W/O MNPJ	Y	-	4/1/2024	Fee Schedule	\$122.31
23605	CLTX PRX HMRL FX MNPJ+-TRACT	Y	-	4/1/2024	Fee Schedule	\$818.94
23615	OPTX PROX HUMRL FX W/INT FIX	Y	-	4/1/2024	Fee Schedule	\$8,862.32
23616	OPTX PRX HMRL FX FIX RPR RPL	Y	-	4/1/2024	Fee Schedule	\$13,142.42
23620	CLTX GR HMRL TBRS FX WO MNPJ	Y	-	4/1/2024	Fee Schedule	\$122.31
23625	CLTX GR HMRL TBRS FX W/MNPJ	Y	-	4/1/2024	Fee Schedule	\$818.94
23630	OPTX GR HMRL TBRS FX INT FIX	Y	-	4/1/2024	Fee Schedule	\$4,247.50
23650	CLTX SHO DSLC W/MNPJ WO ANES	Y	-	4/1/2024	Fee Schedule	\$122.31
23655	CLTX SHO DSLC W/MNPJ W/ANES	Y	-	4/1/2024	Fee Schedule	\$818.94
23660	OPTX ACUTE SHOULDER DISLC	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23665	CLTX SHO DSLC FX GR HMRL TBR	Y	-	4/1/2024	Fee Schedule	\$818.94
23670	OPTX SHO DISLC FX	Y	-	4/1/2024	Fee Schedule	\$4,278.45
23675	CLTX SHO DISLC NECK FX MNPJ	Y	-	4/1/2024	Fee Schedule	\$818.94
23680	OPTX SHO DISLC NECK FX FIXJ	Y	-	4/1/2024	Fee Schedule	\$8,570.74
23700	MNPJ ANES SHO JT FIXJ APRATS	Y	-	4/1/2024	Fee Schedule	\$818.94
23800	ARTHRODESIS GLENOHUMERAL JT	Y	-	4/1/2024	Fee Schedule	\$3,392.54
23802	ARTHRD GLENOHUMERAL JT W/GRF	Y	-	4/1/2024	Fee Schedule	\$6,499.71
23921	DISARTICULATION SHO SEC CLSR	Y	-	4/1/2024	Fee Schedule	\$945.87
23930	I&D UPR A/E DP ABSC/HMTMA	Y	-	4/1/2024	Fee Schedule	\$1,157.01
23931	I&D UPR A/E BURSA	Y	-	4/1/2024	Fee Schedule	\$682.83
23935	INC DP OPN B1 CRTX HUM/ELBW	Y	-	4/1/2024	Fee Schedule	\$1,518.75
24000	ARTHRT ELBW EXPL DRG/RMVL FB	Y	-	4/1/2024	Fee Schedule	\$1,518.75
24006	ARTHRT ELBW CAPSL EXC RLS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
24065	BIOPSY ARM/ELBOW SOFT TISSUE	Y	-	4/1/2024	Fee Schedule	\$178.76
24066	BIOPSY ARM/ELBOW SOFT TISSUE	Y	-	4/1/2024	Fee Schedule	\$1,157.01
24071	EXC ARM/ELBOW LES SC 3 CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
24073	EX ARM/ELBOW TUM DEEP 5 CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
24075	EXC ARM/ELBOW LES SC < 3 CM	Y	-	4/1/2024	Fee Schedule	\$682.83
24076	EX ARM/ELBOW TUM DEEP < 5 CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
24077	RAD RESCJ TUM TISS A/E <5CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
24079	RAD RESCJ TUM TISS A/E 5 CM+	Y	-	4/1/2024	Fee Schedule	\$1,157.01
24100	ARTHRT ELBW SYNOVIAL BX ONLY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
24101	ARTHRT ELBW JT EXPL BX RMVL	Y	-	4/1/2024	Fee Schedule	\$1,518.75

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
24102	ARTHRT ELBOW W/SYNOVECTOMY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
24105	EXCISION OLECRANON BURSA	Y	-	4/1/2024	Fee Schedule	\$1,518.75
24110	EXC/CURTG B1 CST/B9 TUM HUM	Y	-	4/1/2024	Fee Schedule	\$1,518.75
24115	EXC/CRTG B1 CST/TUM HUM AGRF	Y	-	4/1/2024	Fee Schedule	\$3,392.54
24116	EXC/CRTG B1 CST/TUM HUM ALGR	Y	-	4/1/2024	Fee Schedule	\$4,272.77
24120	EXC/CRTG B1 CST/B9 TUM RDS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
24125	EXC/CRTG B1 CST/TUM RDS AGRF	Y	-	4/1/2024	Fee Schedule	\$1,518.75
24126	EXC/CRTG B1 CST/TUM RDS ALGR	Y	-	4/1/2024	Fee Schedule	\$5,203.83
24130	EXCISION RADIAL HEAD	Y	-	4/1/2024	Fee Schedule	\$1,518.75
24134	SEQUESTRECTOMY SHFT/DSTL HUM	Y	-	4/1/2024	Fee Schedule	\$3,392.54
24136	SEQUESTRECTOMY RADIAL H/N	Y	-	4/1/2024	Fee Schedule	\$1,518.75
24138	SEQUESTRECTOMY OLECRN PROCES	Y	-	4/1/2024	Fee Schedule	\$3,392.54
24140	PARTIAL EXC BONE HUMERUS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
24145	PRTL EXC BONE RADIAL H/N	Y	-	4/1/2024	Fee Schedule	\$3,392.54
24147	PRTL EXC BONE OLECRN PROCESS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
24149	RADICAL RESECTION OF ELBOW	Y	-	4/1/2024	Fee Schedule	\$3,392.54
24150	RAD RESCJ TUM DSTL/SHFT HUM	-	-	1/1/2022	Not Allowed	\$0.00
24152	RAD RESECTION TUM RADIAL H/N	Y	-	4/1/2024	Fee Schedule	\$4,509.86
24155	RESECTION OF ELBOW JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
24160	RMVL PROSTHHUMRL&ULNAR CMPNT	-	-	4/1/2024	Fee Schedule	\$1,518.75
24164	REMOVAL PROSTH RADIAL HEAD	-	-	4/1/2024	Fee Schedule	\$1,518.75
24200	RMVL FB UPPER ARM/ELBW SUBQ	Y	-	4/1/2024	Fee Schedule	\$150.13
24201	RMVL FB UPPER ARM/ELBW DEEP	Y	-	4/1/2024	Fee Schedule	\$1,157.01
24220	INJECTION PX FOR ELBOW ARTHG	-	-	7/1/2018	No Separate Payment	\$0.00
24300	MNPJ ELBOW UNDER ANES	Y	-	4/1/2024	Fee Schedule	\$818.94
24301	MUSC/TDN TRANSFER UPR A/E 1	Y	-	4/1/2024	Fee Schedule	\$3,392.54
24305	TENDON LNGTH UPR A/E EA TDN	Y	-	4/1/2024	Fee Schedule	\$1,518.75
24310	TNOT OPN ELBW TO SHO EA TDN	Y	-	4/1/2024	Fee Schedule	\$1,518.75
24320	TENOPLASTY ELBOW TO SHO 1	Y	-	4/1/2024	Fee Schedule	\$3,392.54
24330	FLEXOR-PLASTY ELBOW	Y	-	4/1/2024	Fee Schedule	\$3,392.54
24331	FLEXOR-PLASTY ELBW W/ADMVNT	Y	-	4/1/2024	Fee Schedule	\$3,392.54
24332	TENOLYSIS TRICEPS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
24340	TENODESIS BICEPS TDN AT ELBW	Y	-	4/1/2024	Fee Schedule	\$3,392.54
24341	RPR TDN/MUSC UPR A/E EACH	Y	-	4/1/2024	Fee Schedule	\$3,392.54
24342	REPAIR OF RUPTURED TENDON	Y	-	4/1/2024	Fee Schedule	\$3,392.54
24343	REPR ELBOW LAT LIGMNT W/TISS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
24344	RECONSTRUCT ELBOW LAT LIGMNT	Y	-	4/1/2024	Fee Schedule	\$3,392.54
24345	REPR ELBW MED LIGMNT W/TISSU	Y	-	4/1/2024	Fee Schedule	\$3,392.54
24346	RECONSTRUCT ELBOW MED LIGMNT	Y	-	4/1/2024	Fee Schedule	\$6,499.71
24357	REPAIR ELBOW PERC	Y	-	4/1/2024	Fee Schedule	\$1,518.75
24358	REPAIR ELBOW W/DEB OPEN	Y	-	4/1/2024	Fee Schedule	\$1,518.75
24359	REPAIR ELBOW DEB/ATTCH OPEN	Y	-	4/1/2024	Fee Schedule	\$1,518.75
24360	RECONSTRUCT ELBOW JOINT	Y	-	4/1/2024	Fee Schedule	\$5,522.70
24361	RECONSTRUCT ELBOW JOINT	Y	-	4/1/2024	Fee Schedule	\$13,758.12
24362	RECONSTRUCT ELBOW JOINT	Y	-	4/1/2024	Fee Schedule	\$9,038.58
24363	REPLACE ELBOW JOINT	Y	-	4/1/2024	Fee Schedule	\$13,653.31
24365	RECONSTRUCT HEAD OF RADIUS	Y	-	4/1/2024	Fee Schedule	\$9,595.64
24366	RECONSTRUCT HEAD OF RADIUS	Y	-	4/1/2024	Fee Schedule	\$9,579.32
24370	REVISE RECONST ELBOW JOINT	Y	-	4/1/2024	Fee Schedule	\$8,626.22
24371	REVISE RECONST ELBOW JOINT	Y	-	4/1/2024	Fee Schedule	\$12,424.23
24400	REVISION OF HUMERUS	Y	-	4/1/2024	Fee Schedule	\$3,392.54

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
24410	REVISION OF HUMERUS	Y	-	4/1/2024	Fee Schedule	\$6,499.71
24420	REVISION OF HUMERUS	Y	-	4/1/2024	Fee Schedule	\$3,392.54
24430	REPAIR OF HUMERUS	Y	-	4/1/2024	Fee Schedule	\$8,672.46
24435	REPAIR HUMERUS WITH GRAFT	Y	-	4/1/2024	Fee Schedule	\$8,594.13
24470	REVISION OF ELBOW JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
24495	DECOMPRESSION OF FOREARM	Y	-	4/1/2024	Fee Schedule	\$3,392.54
24498	REINFORCE HUMERUS	Y	-	4/1/2024	Fee Schedule	\$8,708.37
24500	TREAT HUMERUS FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
24505	TREAT HUMERUS FRACTURE	Y	-	4/1/2024	Fee Schedule	\$818.94
24515	TREAT HUMERUS FRACTURE	Y	-	4/1/2024	Fee Schedule	\$8,455.40
24516	TREAT HUMERUS FRACTURE	Y	-	4/1/2024	Fee Schedule	\$8,600.66
24530	TREAT HUMERUS FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
24535	TREAT HUMERUS FRACTURE	Y	-	4/1/2024	Fee Schedule	\$818.94
24538	TREAT HUMERUS FRACTURE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
24545	TREAT HUMERUS FRACTURE	Y	-	4/1/2024	Fee Schedule	\$8,879.73
24546	TREAT HUMERUS FRACTURE	Y	-	4/1/2024	Fee Schedule	\$9,052.18
24560	TREAT HUMERUS FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
24565	TREAT HUMERUS FRACTURE	Y	-	4/1/2024	Fee Schedule	\$818.94
24566	TREAT HUMERUS FRACTURE	Y	-	4/1/2024	Fee Schedule	\$818.94
24575	TREAT HUMERUS FRACTURE	Y	-	4/1/2024	Fee Schedule	\$8,206.80
24576	TREAT HUMERUS FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
24577	TREAT HUMERUS FRACTURE	Y	-	4/1/2024	Fee Schedule	\$818.94
24579	TREAT HUMERUS FRACTURE	Y	-	4/1/2024	Fee Schedule	\$8,222.03
24582	TREAT HUMERUS FRACTURE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
24586	TREAT ELBOW FRACTURE	Y	-	4/1/2024	Fee Schedule	\$8,694.23
24587	TREAT ELBOW FRACTURE	Y	-	4/1/2024	Fee Schedule	\$9,121.27
24600	TREAT ELBOW DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$122.31
24605	TREAT ELBOW DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$818.94
24615	TREAT ELBOW DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$4,941.18
24620	TREAT ELBOW FRACTURE	Y	-	4/1/2024	Fee Schedule	\$818.94
24635	TREAT ELBOW FRACTURE	Y	-	4/1/2024	Fee Schedule	\$4,403.67
24640	TREAT ELBOW DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$60.58
24650	TREAT RADIUS FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
24655	TREAT RADIUS FRACTURE	Y	-	4/1/2024	Fee Schedule	\$818.94
24665	TREAT RADIUS FRACTURE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
24666	TREAT RADIUS FRACTURE	Y	-	4/1/2024	Fee Schedule	\$9,469.98
24670	TREAT ULNAR FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
24675	TREAT ULNAR FRACTURE	Y	-	4/1/2024	Fee Schedule	\$818.94
24685	TREAT ULNAR FRACTURE	Y	-	4/1/2024	Fee Schedule	\$4,319.62
24800	FUSION OF ELBOW JOINT	Y	-	4/1/2024	Fee Schedule	\$3,392.54
24802	FUSION/GRAFT OF ELBOW JOINT	Y	-	4/1/2024	Fee Schedule	\$6,499.71
24925	AMPUTATION FOLLOW-UP SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
24935	REVISION OF AMPUTATION	-	-	1/1/2022	Not Allowed	\$0.00
25000	INCISION OF TENDON SHEATH	Y	-	4/1/2024	Fee Schedule	\$818.94
25001	INCISE FLEXOR CARPI RADIALIS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25020	DECOMPRESS FOREARM 1 SPACE	Y	-	4/1/2024	Fee Schedule	\$818.94
25023	DECOMPRESS FOREARM 1 SPACE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25024	DECOMPRESS FOREARM 2 SPACES	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25025	DECOMPRESS FOREARM 2 SPACES	Y	-	4/1/2024	Fee Schedule	\$818.94
25028	DRAINAGE OF FOREARM LESION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25031	DRAINAGE OF FOREARM BURSA	Y	-	4/1/2024	Fee Schedule	\$818.94

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
25035	TREAT FOREARM BONE LESION	Y	-	4/1/2024	Fee Schedule	\$3,392.54
25040	EXPLORE/TREAT WRIST JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25065	BIOPSY FOREARM SOFT TISSUES	Y	-	4/1/2024	Fee Schedule	\$179.42
25066	BIOPSY FOREARM SOFT TISSUES	Y	-	4/1/2024	Fee Schedule	\$1,157.01
25071	EXC FOREARM LES SC 3 CM/>	Y	-	4/1/2024	Fee Schedule	\$682.83
25073	EXC FOREARM TUM DEEP 3 CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
25075	EXC FOREARM LES SC < 3 CM	Y	-	4/1/2024	Fee Schedule	\$682.83
25076	EXC FOREARM TUM DEEP < 3 CM	Y	-	4/1/2024	Fee Schedule	\$682.83
25077	RESECT FOREARM/WRIST TUM<3CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
25078	RESECT FORARM/WRIST TUM 3CM>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
25085	INCISION OF WRIST CAPSULE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25100	BIOPSY OF WRIST JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25101	EXPLORE/TREAT WRIST JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25105	REMOVE WRIST JOINT LINING	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25107	REMOVE WRIST JOINT CARTILAGE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25109	EXCISE TENDON FOREARM/WRIST	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25110	REMOVE WRIST TENDON LESION	Y	-	4/1/2024	Fee Schedule	\$818.94
25111	REMOVE WRIST TENDON LESION	Y	-	4/1/2024	Fee Schedule	\$818.94
25112	REREMOVE WRIST TENDON LESION	Y	-	4/1/2024	Fee Schedule	\$818.94
25115	REMOVE WRIST/FOREARM LESION	Y	-	4/1/2024	Fee Schedule	\$818.94
25116	REMOVE WRIST/FOREARM LESION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25118	EXCISE WRIST TENDON SHEATH	Y	-	4/1/2024	Fee Schedule	\$818.94
25119	PARTIAL REMOVAL OF ULNA	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25120	REMOVAL OF FOREARM LESION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25125	REMOVE/GRAFT FOREARM LESION	Y	-	4/1/2024	Fee Schedule	\$818.94
25126	REMOVE/GRAFT FOREARM LESION	Y	-	4/1/2024	Fee Schedule	\$1,912.81
25130	REMOVAL OF WRIST LESION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25135	REMOVE & GRAFT WRIST LESION	Y	-	4/1/2024	Fee Schedule	\$3,392.54
25136	REMOVE & GRAFT WRIST LESION	Y	-	4/1/2024	Fee Schedule	\$3,392.54
25145	REMOVE FOREARM BONE LESION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25150	PARTIAL REMOVAL OF ULNA	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25151	PARTIAL REMOVAL OF RADIUS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25170	RESECT RADIUS/ULNAR TUMOR	-	-	1/1/2022	Not Allowed	\$0.00
25210	REMOVAL OF WRIST BONE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25215	REMOVAL OF WRIST BONES	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25230	PARTIAL REMOVAL OF RADIUS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25240	PARTIAL REMOVAL OF ULNA	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25246	INJECTION FOR WRIST X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
25248	REMOVE FOREARM FOREIGN BODY	Y	-	4/1/2024	Fee Schedule	\$818.94
25250	REMOVAL OF WRIST PROSTHESIS	-	-	4/1/2024	Fee Schedule	\$818.94
25251	REMOVAL OF WRIST PROSTHESIS	-	-	4/1/2024	Fee Schedule	\$1,518.75
25259	MANIPULATE WRIST W/ANESTHES	Y	-	4/1/2024	Fee Schedule	\$818.94
25260	REPAIR FOREARM TENDON/MUSCLE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25263	REPAIR FOREARM TENDON/MUSCLE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
25265	REPAIR FOREARM TENDON/MUSCLE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25270	REPAIR FOREARM TENDON/MUSCLE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25272	REPAIR FOREARM TENDON/MUSCLE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25274	REPAIR FOREARM TENDON/MUSCLE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25275	REPAIR FOREARM TENDON SHEATH	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25280	REVISE WRIST/FOREARM TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25290	INCISE WRIST/FOREARM TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
25295	RELEASE WRIST/FOREARM TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25300	FUSION OF TENDONS AT WRIST	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25301	FUSION OF TENDONS AT WRIST	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25310	TRANSPLANT FOREARM TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25312	TRANSPLANT FOREARM TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25315	REVISE PALSY HAND TENDON(S)	Y	-	4/1/2024	Fee Schedule	\$3,392.54
25316	REVISE PALSY HAND TENDON(S)	Y	-	4/1/2024	Fee Schedule	\$3,392.54
25320	REPAIR/REVISE WRIST JOINT	Y	-	4/1/2024	Fee Schedule	\$3,392.54
25332	REVISE WRIST JOINT	Y	-	4/1/2024	Fee Schedule	\$1,955.26
25335	REALIGNMENT OF HAND	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25337	RECONSTRUCT ULNA/RADIOULNAR	Y	-	4/1/2024	Fee Schedule	\$3,392.54
25350	REVISION OF RADIUS	Y	-	4/1/2024	Fee Schedule	\$4,848.90
25355	REVISION OF RADIUS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25360	REVISION OF ULNA	Y	-	4/1/2024	Fee Schedule	\$4,376.12
25365	REVISE RADIUS & ULNA	Y	-	4/1/2024	Fee Schedule	\$6,499.71
25370	REVISE RADIUS OR ULNA	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25375	REVISE RADIUS & ULNA	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25390	SHORTEN RADIUS OR ULNA	Y	-	4/1/2024	Fee Schedule	\$4,491.69
25391	LENGTHEN RADIUS OR ULNA	Y	-	4/1/2024	Fee Schedule	\$8,778.00
25392	SHORTEN RADIUS & ULNA	Y	-	4/1/2024	Fee Schedule	\$3,392.54
25393	LENGTHEN RADIUS & ULNA	Y	-	4/1/2024	Fee Schedule	\$4,312.81
25394	REPAIR CARPAL BONE SHORTEN	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25400	REPAIR RADIUS OR ULNA	Y	-	4/1/2024	Fee Schedule	\$4,521.51
25405	REPAIR/GRAFT RADIUS OR ULNA	Y	-	4/1/2024	Fee Schedule	\$4,477.21
25415	REPAIR RADIUS & ULNA	Y	-	4/1/2024	Fee Schedule	\$4,272.77
25420	REPAIR/GRAFT RADIUS & ULNA	Y	-	4/1/2024	Fee Schedule	\$4,272.77
25425	REPAIR/GRAFT RADIUS OR ULNA	Y	-	4/1/2024	Fee Schedule	\$4,320.76
25426	REPAIR/GRAFT RADIUS & ULNA	Y	-	4/1/2024	Fee Schedule	\$1,989.20
25430	VASC GRAFT INTO CARPAL BONE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25431	REPAIR NONUNION CARPAL BONE	Y	-	4/1/2024	Fee Schedule	\$4,681.08
25440	REPAIR/GRAFT WRIST BONE	Y	-	4/1/2024	Fee Schedule	\$4,442.85
25441	RECONSTRUCT WRIST JOINT	Y	-	4/1/2024	Fee Schedule	\$10,375.20
25442	RECONSTRUCT WRIST JOINT	Y	-	4/1/2024	Fee Schedule	\$14,036.08
25443	RECONSTRUCT WRIST JOINT	Y	-	4/1/2024	Fee Schedule	\$4,835.26
25444	RECONSTRUCT WRIST JOINT	Y	-	4/1/2024	Fee Schedule	\$10,021.06
25445	RECONSTRUCT WRIST JOINT	Y	-	4/1/2024	Fee Schedule	\$4,665.18
25446	WRIST REPLACEMENT	Y	-	4/1/2024	Fee Schedule	\$14,350.54
25447	REPAIR WRIST JOINTS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25449	REMOVE WRIST JOINT IMPLANT	Y	-	4/1/2024	Fee Schedule	\$3,392.54
25450	REVISION OF WRIST JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25455	REVISION OF WRIST JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25490	REINFORCE RADIUS	Y	-	4/1/2024	Fee Schedule	\$3,392.54
25491	REINFORCE ULNA	Y	-	4/1/2024	Fee Schedule	\$6,499.71
25492	REINFORCE RADIUS AND ULNA	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25500	TREAT FRACTURE OF RADIUS	Y	-	4/1/2024	Fee Schedule	\$122.31
25505	TREAT FRACTURE OF RADIUS	Y	-	4/1/2024	Fee Schedule	\$818.94
25515	TREAT FRACTURE OF RADIUS	Y	-	4/1/2024	Fee Schedule	\$4,420.99
25520	TREAT FRACTURE OF RADIUS	Y	-	4/1/2024	Fee Schedule	\$818.94
25525	TREAT FRACTURE OF RADIUS	Y	-	4/1/2024	Fee Schedule	\$4,481.18
25526	TREAT FRACTURE OF RADIUS	Y	-	4/1/2024	Fee Schedule	\$3,392.54
25530	TREAT FRACTURE OF ULNA	Y	-	4/1/2024	Fee Schedule	\$122.31

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
25535	TREAT FRACTURE OF ULNA	Y	-	4/1/2024	Fee Schedule	\$122.31
25545	TREAT FRACTURE OF ULNA	Y	-	4/1/2024	Fee Schedule	\$4,258.00
25560	TREAT FRACTURE RADIUS & ULNA	Y	-	4/1/2024	Fee Schedule	\$122.31
25565	TREAT FRACTURE RADIUS & ULNA	Y	-	4/1/2024	Fee Schedule	\$818.94
25574	TREAT FRACTURE RADIUS & ULNA	Y	-	4/1/2024	Fee Schedule	\$4,272.77
25575	TREAT FRACTURE RADIUS/ULNA	Y	-	4/1/2024	Fee Schedule	\$4,561.54
25600	TREAT FRACTURE RADIUS/ULNA	Y	-	4/1/2024	Fee Schedule	\$122.31
25605	TREAT FRACTURE RADIUS/ULNA	Y	-	4/1/2024	Fee Schedule	\$818.94
25606	TREAT FX DISTAL RADIAL	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25607	TREAT FX RAD EXTRA-ARTICUL	Y	-	4/1/2024	Fee Schedule	\$4,549.05
25608	TREAT FX RAD INTRA-ARTICUL	Y	-	4/1/2024	Fee Schedule	\$4,597.60
25609	TREAT FX RADIAL 3+ FRAG	Y	-	4/1/2024	Fee Schedule	\$4,603.56
25622	TREAT WRIST BONE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
25624	TREAT WRIST BONE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$818.94
25628	TREAT WRIST BONE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
25630	TREAT WRIST BONE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
25635	TREAT WRIST BONE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$818.94
25645	TREAT WRIST BONE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25650	TREAT WRIST BONE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
25651	PIN ULNAR STYLOID FRACTURE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25652	TREAT FRACTURE ULNAR STYLOID	Y	-	4/1/2024	Fee Schedule	\$4,272.77
25660	TREAT WRIST DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$122.31
25670	TREAT WRIST DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$3,392.54
25671	PIN RADIOULNAR DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25675	TREAT WRIST DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$122.31
25676	TREAT WRIST DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$3,392.54
25680	TREAT WRIST FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
25685	TREAT WRIST FRACTURE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
25690	TREAT WRIST DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$818.94
25695	TREAT WRIST DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$3,392.54
25800	FUSION OF WRIST JOINT	Y	-	4/1/2024	Fee Schedule	\$4,696.42
25805	FUSION/GRAFT OF WRIST JOINT	Y	-	4/1/2024	Fee Schedule	\$4,658.37
25810	FUSION/GRAFT OF WRIST JOINT	Y	-	4/1/2024	Fee Schedule	\$8,705.11
25820	FUSION OF HAND BONES	Y	-	4/1/2024	Fee Schedule	\$4,622.87
25825	FUSE HAND BONES WITH GRAFT	Y	-	4/1/2024	Fee Schedule	\$4,396.29
25830	FUSION RADIOULNAR JNT/ULNA	Y	-	4/1/2024	Fee Schedule	\$3,392.54
25907	AMPUTATION FOLLOW-UP SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
25909	AMPUTATION FOLLOW-UP SURGERY	-	-	1/1/2022	Not Allowed	\$0.00
25922	AMPUTATE HAND AT WRIST	Y	-	4/1/2024	Fee Schedule	\$818.94
25929	AMPUTATION FOLLOW-UP SURGERY	Y	-	4/1/2024	Fee Schedule	\$945.87
25931	AMPUTATION FOLLOW-UP SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26010	DRAINAGE OF FINGER ABSCESS	Y	-	4/1/2024	Fee Schedule	\$103.84
26011	DRAINAGE OF FINGER ABSCESS	Y	-	4/1/2024	Fee Schedule	\$682.83
26020	DRAIN HAND TENDON SHEATH	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26025	DRAINAGE OF PALM BURSA	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26030	DRAINAGE OF PALM BURSAS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26034	TREAT HAND BONE LESION	Y	-	4/1/2024	Fee Schedule	\$818.94
26035	DECOMPRESS FINGERS/HAND	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26037	DECOMPRESS FINGERS/HAND	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26040	RELEASE PALM CONTRACTURE	Y	-	4/1/2024	Fee Schedule	\$818.94
26045	RELEASE PALM CONTRACTURE	Y	-	4/1/2024	Fee Schedule	\$1,518.75

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



**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
26055	INCISE FINGER TENDON SHEATH	Y	-	4/1/2024	Fee Schedule	\$818.94
26060	INCISION OF FINGER TENDON	Y	-	4/1/2024	Fee Schedule	\$818.94
26070	EXPLORE/TREAT HAND JOINT	Y	-	4/1/2024	Fee Schedule	\$818.94
26075	EXPLORE/TREAT FINGER JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26080	EXPLORE/TREAT FINGER JOINT	Y	-	4/1/2024	Fee Schedule	\$818.94
26100	BIOPSY HAND JOINT LINING	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26105	BIOPSY FINGER JOINT LINING	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26110	BIOPSY FINGER JOINT LINING	Y	-	4/1/2024	Fee Schedule	\$818.94
26111	EXC HAND LES SC 1.5 CM/>	Y	-	4/1/2024	Fee Schedule	\$682.83
26113	EXC HAND TUM DEEP 1.5 CM/>	Y	-	4/1/2024	Fee Schedule	\$682.83
26115	EXC HAND LES SC < 1.5 CM	Y	-	4/1/2024	Fee Schedule	\$682.83
26116	EXC HAND TUM DEEP < 1.5 CM	Y	-	4/1/2024	Fee Schedule	\$682.83
26117	RAD RESECT HAND TUMOR < 3 CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
26118	RAD RESECT HAND TUMOR 3 CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
26121	RELEASE PALM CONTRACTURE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26123	RELEASE PALM CONTRACTURE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26125	RELEASE PALM CONTRACTURE	-	-	7/1/2018	No Separate Payment	\$0.00
26130	REMOVE WRIST JOINT LINING	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26135	REVISE FINGER JOINT EACH	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26140	REVISE FINGER JOINT EACH	Y	-	4/1/2024	Fee Schedule	\$818.94
26145	TENDON EXCISION PALM/FINGER	Y	-	4/1/2024	Fee Schedule	\$818.94
26160	REMOVE TENDON SHEATH LESION	Y	-	4/1/2024	Fee Schedule	\$818.94
26170	REMOVAL OF PALM TENDON EACH	Y	-	4/1/2024	Fee Schedule	\$818.94
26180	REMOVAL OF FINGER TENDON	Y	-	4/1/2024	Fee Schedule	\$818.94
26185	REMOVE FINGER BONE	Y	-	4/1/2024	Fee Schedule	\$818.94
26200	REMOVE HAND BONE LESION	Y	-	4/1/2024	Fee Schedule	\$818.94
26205	REMOVE/GRAFT BONE LESION	Y	-	4/1/2024	Fee Schedule	\$3,392.54
26210	REMOVAL OF FINGER LESION	Y	-	4/1/2024	Fee Schedule	\$818.94
26215	REMOVE/GRAFT FINGER LESION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26230	PARTIAL REMOVAL OF HAND BONE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26235	PARTIAL REMOVAL FINGER BONE	Y	-	4/1/2024	Fee Schedule	\$818.94
26236	PARTIAL REMOVAL FINGER BONE	Y	-	4/1/2024	Fee Schedule	\$818.94
26250	EXTENSIVE HAND SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26260	RESECT PROX FINGER TUMOR	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26262	RESECT DISTAL FINGER TUMOR	Y	-	4/1/2024	Fee Schedule	\$818.94
26320	REMOVAL OF IMPLANT FROM HAND	-	-	4/1/2024	Fee Schedule	\$682.83
26340	MANIPULATE FINGER W/ANESTH	Y	-	4/1/2024	Fee Schedule	\$818.94
26341	MANIPULAT PALM CORD POST INJ	Y	-	4/1/2024	Fee Schedule	\$82.56
26350	REPAIR FINGER/HAND TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26352	REPAIR/GRAFT HAND TENDON	Y	-	4/1/2024	Fee Schedule	\$3,392.54
26356	REPAIR FINGER/HAND TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26357	REPAIR FINGER/HAND TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26358	REPAIR/GRAFT HAND TENDON	Y	-	4/1/2024	Fee Schedule	\$3,392.54
26370	REPAIR FINGER/HAND TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26372	REPAIR/GRAFT HAND TENDON	Y	-	4/1/2024	Fee Schedule	\$3,392.54
26373	REPAIR FINGER/HAND TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26390	REVISE HAND/FINGER TENDON	Y	-	4/1/2024	Fee Schedule	\$4,528.03
26392	REPAIR/GRAFT HAND TENDON	Y	-	4/1/2024	Fee Schedule	\$3,392.54
26410	REPAIR HAND TENDON	Y	-	4/1/2024	Fee Schedule	\$818.94
26412	REPAIR/GRAFT HAND TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26415	EXCISION HAND/FINGER TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
26416	GRAFT HAND OR FINGER TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26418	REPAIR FINGER TENDON	Y	-	4/1/2024	Fee Schedule	\$818.94
26420	REPAIR/GRAFT FINGER TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26426	REPAIR FINGER/HAND TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26428	REPAIR/GRAFT FINGER TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26432	REPAIR FINGER TENDON	Y	-	4/1/2024	Fee Schedule	\$818.94
26433	REPAIR FINGER TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26434	REPAIR/GRAFT FINGER TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26437	REALIGNMENT OF TENDONS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26440	RELEASE PALM/FINGER TENDON	Y	-	4/1/2024	Fee Schedule	\$818.94
26442	RELEASE PALM & FINGER TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26445	RELEASE HAND/FINGER TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26449	RELEASE FOREARM/HAND TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26450	INCISION OF PALM TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26455	INCISION OF FINGER TENDON	Y	-	4/1/2024	Fee Schedule	\$818.94
26460	INCISE HAND/FINGER TENDON	Y	-	4/1/2024	Fee Schedule	\$818.94
26471	FUSION OF FINGER TENDONS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26474	FUSION OF FINGER TENDONS	Y	-	4/1/2024	Fee Schedule	\$818.94
26476	TENDON LENGTHENING	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26477	TENDON SHORTENING	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26478	LENGTHENING OF HAND TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26479	SHORTENING OF HAND TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26480	TRANSPLANT HAND TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26483	TRANSPLANT/GRAFT HAND TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26485	TRANSPLANT PALM TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26489	TRANSPLANT/GRAFT PALM TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26490	REVISE THUMB TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26492	TENDON TRANSFER WITH GRAFT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26494	HAND TENDON/MUSCLE TRANSFER	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26496	REVISE THUMB TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26497	FINGER TENDON TRANSFER	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26498	FINGER TENDON TRANSFER	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26499	REVISION OF FINGER	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26500	HAND TENDON RECONSTRUCTION	Y	-	4/1/2024	Fee Schedule	\$3,392.54
26502	HAND TENDON RECONSTRUCTION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26508	RELEASE THUMB CONTRACTURE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26510	THUMB TENDON TRANSFER	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26516	FUSION OF KNUCKLE JOINT	Y	-	4/1/2024	Fee Schedule	\$1,949.29
26517	FUSION OF KNUCKLE JOINTS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26518	FUSION OF KNUCKLE JOINTS	Y	-	4/1/2024	Fee Schedule	\$3,392.54
26520	RELEASE KNUCKLE CONTRACTURE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26525	RELEASE FINGER CONTRACTURE	Y	-	4/1/2024	Fee Schedule	\$818.94
26530	REVISE KNUCKLE JOINT	Y	-	4/1/2024	Fee Schedule	\$4,379.53
26531	REVISE KNUCKLE WITH IMPLANT	Y	-	4/1/2024	Fee Schedule	\$4,605.27
26535	REVISE FINGER JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26536	REVISE/IMPLANT FINGER JOINT	Y	-	4/1/2024	Fee Schedule	\$4,449.38
26540	REPAIR HAND JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26541	REPAIR HAND JOINT WITH GRAFT	Y	-	4/1/2024	Fee Schedule	\$2,010.05
26542	REPAIR HAND JOINT WITH GRAFT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26545	RECONSTRUCT FINGER JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26546	REPAIR NONUNION HAND	Y	-	4/1/2024	Fee Schedule	\$3,392.54

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
26548	RECONSTRUCT FINGER JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26550	CONSTRUCT THUMB REPLACEMENT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26555	POSITIONAL CHANGE OF FINGER	Y	-	4/1/2024	Fee Schedule	\$3,392.54
26560	REPAIR OF WEB FINGER	Y	-	4/1/2024	Fee Schedule	\$818.94
26561	REPAIR OF WEB FINGER	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26562	REPAIR OF WEB FINGER	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26565	CORRECT METACARPAL FLAW	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26567	CORRECT FINGER DEFORMITY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26568	LENGTHEN METACARPAL/FINGER	Y	-	4/1/2024	Fee Schedule	\$4,569.77
26580	REPAIR HAND DEFORMITY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26587	RECONSTRUCT EXTRA FINGER	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26590	REPAIR FINGER DEFORMITY	Y	-	4/1/2024	Fee Schedule	\$818.94
26591	REPAIR MUSCLES OF HAND	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26593	RELEASE MUSCLES OF HAND	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26596	EXCISION CONSTRICTING TISSUE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26600	TREAT METACARPAL FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
26605	TREAT METACARPAL FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
26607	TREAT METACARPAL FRACTURE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26608	TREAT METACARPAL FRACTURE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26615	TREAT METACARPAL FRACTURE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26641	TREAT THUMB DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$122.31
26645	TREAT THUMB FRACTURE	Y	-	4/1/2024	Fee Schedule	\$818.94
26650	TREAT THUMB FRACTURE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26665	TREAT THUMB FRACTURE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26670	TREAT HAND DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$122.31
26675	TREAT HAND DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$818.94
26676	PIN HAND DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26685	TREAT HAND DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26686	TREAT HAND DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26700	TREAT KNUCKLE DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$122.31
26705	TREAT KNUCKLE DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$818.94
26706	PIN KNUCKLE DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26715	TREAT KNUCKLE DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26720	TREAT FINGER FRACTURE EACH	Y	-	4/1/2024	Fee Schedule	\$122.31
26725	TREAT FINGER FRACTURE EACH	Y	-	4/1/2024	Fee Schedule	\$122.31
26727	TREAT FINGER FRACTURE EACH	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26735	TREAT FINGER FRACTURE EACH	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26740	TREAT FINGER FRACTURE EACH	Y	-	4/1/2024	Fee Schedule	\$122.31
26742	TREAT FINGER FRACTURE EACH	Y	-	4/1/2024	Fee Schedule	\$818.94
26746	TREAT FINGER FRACTURE EACH	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26750	TREAT FINGER FRACTURE EACH	Y	-	4/1/2024	Fee Schedule	\$122.31
26755	TREAT FINGER FRACTURE EACH	Y	-	4/1/2024	Fee Schedule	\$122.31
26756	PIN FINGER FRACTURE EACH	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26765	TREAT FINGER FRACTURE EACH	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26770	TREAT FINGER DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$122.31
26775	TREAT FINGER DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$139.30
26776	PIN FINGER DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26785	TREAT FINGER DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26820	THUMB FUSION WITH GRAFT	Y	-	4/1/2024	Fee Schedule	\$3,392.54
26841	FUSION OF THUMB	Y	-	4/1/2024	Fee Schedule	\$3,392.54
26842	THUMB FUSION WITH GRAFT	Y	-	4/1/2024	Fee Schedule	\$3,392.54

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
26843	FUSION OF HAND JOINT	Y	-	4/1/2024	Fee Schedule	\$3,392.54
26844	FUSION/GRAFT OF HAND JOINT	Y	-	4/1/2024	Fee Schedule	\$4,649.00
26850	FUSION OF KNUCKLE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
26852	FUSION OF KNUCKLE WITH GRAFT	Y	-	4/1/2024	Fee Schedule	\$3,392.54
26860	FUSION OF FINGER JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26861	FUSION OF FINGER JNT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
26862	FUSION/GRAFT OF FINGER JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26863	FUSE/GRAFT ADDED JOINT	-	-	7/1/2018	No Separate Payment	\$0.00
26910	AMPUTATE METACARPAL BONE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26951	AMPUTATION OF FINGER/THUMB	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26952	AMPUTATION OF FINGER/THUMB	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26990	DRAINAGE OF PELVIS LESION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
26991	DRAINAGE OF PELVIS BURSA	Y	-	4/1/2024	Fee Schedule	\$818.94
27000	INCISION OF HIP TENDON	Y	-	4/1/2024	Fee Schedule	\$818.94
27001	INCISION OF HIP TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27003	INCISION OF HIP TENDON	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27006	INCISION OF HIP TENDONS	-	-	4/1/2024	Not Allowed	\$0.00
27027	BUTTOCK FASCIOTOMY	-	-	1/1/2022	Not Allowed	\$0.00
27033	EXPLORATION OF HIP JOINT	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27035	DENERVATION OF HIP JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27040	BIOPSY OF SOFT TISSUES	Y	-	4/1/2024	Fee Schedule	\$682.83
27041	BIOPSY OF SOFT TISSUES	Y	-	4/1/2024	Fee Schedule	\$682.83
27043	EXC HIP PELVIS LES SC 3 CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
27045	EXC HIP/PELV TUM DEEP 5 CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
27047	EXC HIP/PELVIS LES SC < 3 CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
27048	EXC HIP/PELV TUM DEEP < 5 CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
27049	RESECT HIP/PELV TUM < 5 CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
27050	BIOPSY OF SACROILIAC JOINT	Y	-	4/1/2024	Fee Schedule	\$818.94
27052	BIOPSY OF HIP JOINT	Y	-	4/1/2024	Fee Schedule	\$818.94
27057	BUTTOCK FASCIOTOMY W/DBRDMT	-	-	1/1/2022	Not Allowed	\$0.00
27059	RESECT HIP/PELV TUM 5 CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
27060	REMOVAL OF ISCHIAL BURSA	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27062	REMOVE FEMUR LESION/BURSA	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27065	REMOVE HIP BONE LES SUPER	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27066	REMOVE HIP BONE LES DEEP	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27067	REMOVE/GRAFT HIP BONE LESION	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27080	REMOVAL OF TAIL BONE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27086	REMOVE HIP FOREIGN BODY	Y	-	4/1/2024	Fee Schedule	\$1,157.01
27087	REMOVE HIP FOREIGN BODY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27093	INJECTION FOR HIP X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
27095	INJECTION FOR HIP X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
27097	REVISION OF HIP TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27098	TRANSFER TENDON TO PELVIS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27100	TRANSFER OF ABDOMINAL MUSCLE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27105	TRANSFER OF SPINAL MUSCLE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27110	TRANSFER OF ILIOPSOAS MUSCLE	Y	-	4/1/2024	Fee Schedule	\$4,528.32
27111	TRANSFER OF ILIOPSOAS MUSCLE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27130	TOTAL HIP ARTHROPLASTY	Y	-	4/1/2024	Fee Schedule	\$9,237.69
27179	REVISE HEAD/NECK OF FEMUR	-	-	1/1/2022	Not Allowed	\$0.00
27197	CLSD TX PELVIC RING FX	Y	-	4/1/2024	Fee Schedule	\$122.31
27198	CLSD TX PELVIC RING FX	Y	-	4/1/2024	Fee Schedule	\$122.31

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27200	TREAT TAIL BONE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$120.17
27202	TREAT TAIL BONE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27220	TREAT HIP SOCKET FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
27230	TREAT THIGH FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
27235	TREAT THIGH FRACTURE	-	-	1/1/2022	Not Allowed	\$0.00
27238	TREAT THIGH FRACTURE	Y	-	4/1/2024	Fee Schedule	\$818.94
27246	TREAT THIGH FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
27250	TREAT HIP DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$122.31
27252	TREAT HIP DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$818.94
27256	TREAT HIP DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$122.31
27257	TREAT HIP DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$818.94
27265	TREAT HIP DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$122.31
27266	TREAT HIP DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$818.94
27267	CLTX THIGH FX	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27275	MANIPULATION OF HIP JOINT	Y	-	4/1/2024	Fee Schedule	\$818.94
27278	ARTHRO SI JT PRQ WO TFXJ DEV	Y	-	4/1/2024	Fee Schedule	\$11,683.52
27279	ARTHRO SI JT PERQ/MIN NVAS	Y	-	4/1/2024	Fee Schedule	\$14,703.03
27301	DRAIN THIGH/KNEE LESION	Y	-	4/1/2024	Fee Schedule	\$1,157.01
27305	INCISE THIGH TENDON & FASCIA	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27306	INCISION OF THIGH TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27307	INCISION OF THIGH TENDONS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27310	EXPLORATION OF KNEE JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27323	BIOPSY THIGH SOFT TISSUES	Y	-	4/1/2024	Fee Schedule	\$682.83
27324	BIOPSY THIGH SOFT TISSUES	Y	-	4/1/2024	Fee Schedule	\$1,157.01
27325	NEURECTOMY HAMSTRING	Y	-	4/1/2024	Fee Schedule	\$897.67
27326	NEURECTOMY POPLITEAL	Y	-	4/1/2024	Fee Schedule	\$897.67
27327	EXC THIGH/KNEE LES SC < 3 CM	Y	-	4/1/2024	Fee Schedule	\$682.83
27328	EXC THIGH/KNEE TUM DEEP <5CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
27329	RESECT THIGH/KNEE TUM < 5 CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
27330	BIOPSY KNEE JOINT LINING	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27331	EXPLORE/TREAT KNEE JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27332	REMOVAL OF KNEE CARTILAGE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27333	REMOVAL OF KNEE CARTILAGE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27334	REMOVE KNEE JOINT LINING	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27335	REMOVE KNEE JOINT LINING	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27337	EXC THIGH/KNEE LES SC 3 CM>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
27339	EXC THIGH/KNEE TUM DEP 5CM>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
27340	REMOVAL OF KNEECAP BURSA	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27345	REMOVAL OF KNEE CYST	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27347	REMOVE KNEE CYST	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27350	REMOVAL OF KNEECAP	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27355	REMOVE FEMUR LESION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27356	REMOVE FEMUR LESION/GRAFT	Y	-	4/1/2024	Fee Schedule	\$8,247.05
27357	REMOVE FEMUR LESION/GRAFT	Y	-	4/1/2024	Fee Schedule	\$4,272.77
27358	REMOVE FEMUR LESION/FIXATION	-	-	7/1/2018	No Separate Payment	\$0.00
27360	PARTIAL REMOVAL LEG BONE(S)	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27364	RESECT THIGH/KNEE TUM 5 CM>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
27369	NJX CNTRST KNE ARTHG/CT/MRI	-	-	1/1/2019	No Separate Payment	\$0.00
27372	REMOVAL OF FOREIGN BODY	Y	-	4/1/2024	Fee Schedule	\$1,157.01
27380	REPAIR OF KNEECAP TENDON	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27381	REPAIR/GRAFT KNEECAP TENDON	Y	-	4/1/2024	Fee Schedule	\$4,292.65

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27385	REPAIR OF THIGH MUSCLE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27386	REPAIR/GRAFT OF THIGH MUSCLE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27390	INCISION OF THIGH TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27391	INCISION OF THIGH TENDONS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27392	INCISION OF THIGH TENDONS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27393	LENGTHENING OF THIGH TENDON	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27394	LENGTHENING OF THIGH TENDONS	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27395	LENGTHENING OF THIGH TENDONS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27396	TRANSPLANT OF THIGH TENDON	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27397	TRANSPLANTS OF THIGH TENDONS	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27400	REVISE THIGH MUSCLES/TENDONS	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27403	REPAIR OF KNEE CARTILAGE	Y	-	4/1/2024	Fee Schedule	\$4,725.09
27405	REPAIR OF KNEE LIGAMENT	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27407	REPAIR OF KNEE LIGAMENT	Y	-	4/1/2024	Fee Schedule	\$4,639.63
27409	REPAIR OF KNEE LIGAMENTS	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27412	AUTOCHONDROCYTE IMPLANT KNEE	Y	-	4/1/2024	Fee Schedule	\$5,871.09
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	Y	-	4/1/2024	Fee Schedule	\$9,577.69
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27418	REPAIR DEGENERATED KNEECAP	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27420	REVISION OF UNSTABLE KNEECAP	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27422	REVISION OF UNSTABLE KNEECAP	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27424	REVISION/REMOVAL OF KNEECAP	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27425	LAT RETINACULAR RELEASE OPEN	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27427	RECONSTRUCTION KNEE	Y	-	4/1/2024	Fee Schedule	\$4,486.30
27428	RECONSTRUCTION KNEE	Y	-	4/1/2024	Fee Schedule	\$8,253.58
27429	RECONSTRUCTION KNEE	Y	-	4/1/2024	Fee Schedule	\$8,551.15
27430	REVISION OF THIGH MUSCLES	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27435	INCISION OF KNEE JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27437	REVISE KNEECAP	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27438	REVISE KNEECAP WITH IMPLANT	Y	-	4/1/2024	Fee Schedule	\$8,459.76
27440	REVISION OF KNEE JOINT	Y	-	4/1/2024	Fee Schedule	\$8,446.70
27441	REVISION OF KNEE JOINT	Y	-	4/1/2024	Fee Schedule	\$6,499.71
27442	REVISION OF KNEE JOINT	Y	-	4/1/2024	Fee Schedule	\$8,698.58
27443	REVISION OF KNEE JOINT	Y	-	4/1/2024	Fee Schedule	\$8,710.55
27446	REVISION OF KNEE JOINT	Y	-	4/1/2024	Fee Schedule	\$8,905.30
27447	TOTAL KNEE ARTHROPLASTY	Y	-	4/1/2024	Fee Schedule	\$9,048.37
27475	SURGERY TO STOP LEG GROWTH	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27477	SURGERY TO STOP LEG GROWTH	-	-	1/1/2022	Not Allowed	\$0.00
27479	SURGERY TO STOP LEG GROWTH	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27485	SURGERY TO STOP LEG GROWTH	-	-	1/1/2022	Not Allowed	\$0.00
27496	DECOMPRESSION OF THIGH/KNEE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27497	DECOMPRESSION OF THIGH/KNEE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27498	DECOMPRESSION OF THIGH/KNEE	Y	-	4/1/2024	Fee Schedule	\$818.94
27499	DECOMPRESSION OF THIGH/KNEE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27500	TREATMENT OF THIGH FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
27501	TREATMENT OF THIGH FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
27502	TREATMENT OF THIGH FRACTURE	Y	-	4/1/2024	Fee Schedule	\$818.94
27503	TREATMENT OF THIGH FRACTURE	Y	-	4/1/2024	Fee Schedule	\$818.94
27508	TREATMENT OF THIGH FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
27509	TREATMENT OF THIGH FRACTURE	Y	-	4/1/2024	Fee Schedule	\$4,597.32
27510	TREATMENT OF THIGH FRACTURE	Y	-	4/1/2024	Fee Schedule	\$818.94

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27516	TREAT THIGH FX GROWTH PLATE	Y	-	4/1/2024	Fee Schedule	\$122.31
27517	TREAT THIGH FX GROWTH PLATE	Y	-	4/1/2024	Fee Schedule	\$818.94
27520	TREAT KNEECAP FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
27524	TREAT KNEECAP FRACTURE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27530	TREAT KNEE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
27532	TREAT KNEE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27538	TREAT KNEE FRACTURE(S)	Y	-	4/1/2024	Fee Schedule	\$122.31
27550	TREAT KNEE DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$122.31
27552	TREAT KNEE DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$818.94
27560	TREAT KNEECAP DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$122.31
27562	TREAT KNEECAP DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$122.31
27566	TREAT KNEECAP DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27570	FIXATION OF KNEE JOINT	Y	-	4/1/2024	Fee Schedule	\$818.94
27594	AMPUTATION FOLLOW-UP SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27600	DECOMPRESSION OF LOWER LEG	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27601	DECOMPRESSION OF LOWER LEG	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27602	DECOMPRESSION OF LOWER LEG	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27603	DRAIN LOWER LEG LESION	Y	-	4/1/2024	Fee Schedule	\$1,157.01
27604	DRAIN LOWER LEG BURSA	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27605	INCISION OF ACHILLES TENDON	Y	-	4/1/2024	Fee Schedule	\$818.94
27606	INCISION OF ACHILLES TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27607	TREAT LOWER LEG BONE LESION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27610	EXPLORE/TREAT ANKLE JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27612	EXPLORATION OF ANKLE JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27613	BIOPSY LOWER LEG SOFT TISSUE	Y	-	4/1/2024	Fee Schedule	\$170.43
27614	BIOPSY LOWER LEG SOFT TISSUE	Y	-	4/1/2024	Fee Schedule	\$1,157.01
27615	RESECT LEG/ANKLE TUM < 5 CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
27616	RESECT LEG/ANKLE TUM 5 CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
27618	EXC LEG/ANKLE TUM < 3 CM	Y	-	4/1/2024	Fee Schedule	\$682.83
27619	EXC LEG/ANKLE TUM DEEP <5 CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
27620	EXPLORE/TREAT ANKLE JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27625	REMOVE ANKLE JOINT LINING	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27626	REMOVE ANKLE JOINT LINING	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27630	REMOVAL OF TENDON LESION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27632	EXC LEG/ANKLE LES SC 3 CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
27634	EXC LEG/ANKLE TUM DEP 5 CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
27635	REMOVE LOWER LEG BONE LESION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27637	REMOVE/GRAFT LEG BONE LESION	Y	-	4/1/2024	Fee Schedule	\$5,213.19
27638	REMOVE/GRAFT LEG BONE LESION	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27640	PARTIAL REMOVAL OF TIBIA	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27641	PARTIAL REMOVAL OF FIBULA	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27647	RESECT TALUS/CALCANEUS TUM	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27648	INJECTION FOR ANKLE X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
27650	REPAIR ACHILLES TENDON	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27652	REPAIR/GRAFT ACHILLES TENDON	Y	-	4/1/2024	Fee Schedule	\$4,455.34
27654	REPAIR OF ACHILLES TENDON	Y	-	4/1/2024	Fee Schedule	\$4,272.77
27656	REPAIR LEG FASCIA DEFECT	Y	-	4/1/2024	Fee Schedule	\$2,138.81
27658	REPAIR OF LEG TENDON EACH	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27659	REPAIR OF LEG TENDON EACH	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27664	REPAIR OF LEG TENDON EACH	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27665	REPAIR OF LEG TENDON EACH	Y	-	4/1/2024	Fee Schedule	\$4,420.99

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27675	REPAIR LOWER LEG TENDONS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27676	REPAIR LOWER LEG TENDONS	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27680	RELEASE OF LOWER LEG TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27681	RELEASE OF LOWER LEG TENDONS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27685	REVISION OF LOWER LEG TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27686	REVISE LOWER LEG TENDONS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27687	REVISION OF CALF TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27690	REVISE LOWER LEG TENDON	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27691	REVISE LOWER LEG TENDON	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27692	REVISE ADDITIONAL LEG TENDON	-	-	7/1/2018	No Separate Payment	\$0.00
27695	REPAIR OF ANKLE LIGAMENT	Y	-	4/1/2024	Fee Schedule	\$4,438.60
27696	REPAIR OF ANKLE LIGAMENTS	Y	-	4/1/2024	Fee Schedule	\$4,849.75
27698	REPAIR OF ANKLE LIGAMENT	Y	-	4/1/2024	Fee Schedule	\$4,329.84
27700	REVISION OF ANKLE JOINT	Y	-	4/1/2024	Fee Schedule	\$5,186.22
27702	RECONSTRUCT ANKLE JOIN	Y	-	4/1/2024	Fee Schedule	\$14,454.58
27704	REMOVAL OF ANKLE IMPLANT	-	-	4/1/2024	Fee Schedule	\$1,518.75
27705	INCISION OF TIBIA	Y	-	4/1/2024	Fee Schedule	\$4,272.77
27707	INCISION OF FIBULA	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27709	INCISION OF TIBIA & FIBULA	Y	-	4/1/2024	Fee Schedule	\$8,433.64
27720	REPAIR OF TIBIA	Y	-	4/1/2024	Fee Schedule	\$4,552.74
27722	REPAIR/GRAFT OF TIBIA	-	-	1/1/2022	Not Allowed	\$0.00
27726	REPAIR FIBULA NONUNION	Y	-	4/1/2024	Fee Schedule	\$4,574.03
27730	REPAIR OF TIBIA EPIPHYSIS	Y	-	4/1/2024	Fee Schedule	\$1,912.81
27732	REPAIR OF FIBULA EPIPHYSIS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27734	REPAIR LOWER LEG EPIPHYSES	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27740	REPAIR OF LEG EPIPHYSES	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27742	REPAIR OF LEG EPIPHYSES	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27745	REINFORCE TIBIA	Y	-	4/1/2024	Fee Schedule	\$4,782.73
27750	TREATMENT OF TIBIA FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
27752	TREATMENT OF TIBIA FRACTURE	Y	-	4/1/2024	Fee Schedule	\$818.94
27756	TREATMENT OF TIBIA FRACTURE	Y	-	4/1/2024	Fee Schedule	\$4,596.47
27758	TREATMENT OF TIBIA FRACTURE	Y	-	4/1/2024	Fee Schedule	\$8,818.80
27759	TREATMENT OF TIBIA FRACTURE	Y	-	4/1/2024	Fee Schedule	\$8,557.14
27760	CLTX MEDIAL ANKLE FX	Y	-	4/1/2024	Fee Schedule	\$122.31
27762	CLTX MED ANKLE FX W/MNPJ	Y	-	4/1/2024	Fee Schedule	\$818.94
27766	OPTX MEDIAL ANKLE FX	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27767	CLTX POST ANKLE FX	Y	-	4/1/2024	Fee Schedule	\$122.31
27768	CLTX POST ANKLE FX W/MNPJ	Y	-	4/1/2024	Fee Schedule	\$818.94
27769	OPTX POST ANKLE FX	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27780	TREATMENT OF FIBULA FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
27781	TREATMENT OF FIBULA FRACTURE	Y	-	4/1/2024	Fee Schedule	\$818.94
27784	TREATMENT OF FIBULA FRACTURE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27786	TREATMENT OF ANKLE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
27788	TREATMENT OF ANKLE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
27792	TREATMENT OF ANKLE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$4,343.47
27808	TREATMENT OF ANKLE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
27810	TREATMENT OF ANKLE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$818.94
27814	TREATMENT OF ANKLE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$4,382.65
27816	TREATMENT OF ANKLE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
27818	TREATMENT OF ANKLE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$818.94
27822	TREATMENT OF ANKLE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$4,412.75

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



**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27823	TREATMENT OF ANKLE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$4,384.93
27824	TREAT LOWER LEG FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
27825	TREAT LOWER LEG FRACTURE	Y	-	4/1/2024	Fee Schedule	\$818.94
27826	TREAT LOWER LEG FRACTURE	Y	-	4/1/2024	Fee Schedule	\$4,439.16
27827	TREAT LOWER LEG FRACTURE	Y	-	4/1/2024	Fee Schedule	\$8,749.71
27828	TREAT LOWER LEG FRACTURE	Y	-	4/1/2024	Fee Schedule	\$8,655.60
27829	TREAT LOWER LEG JOINT	Y	-	4/1/2024	Fee Schedule	\$4,549.05
27830	TREAT LOWER LEG DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$122.31
27831	TREAT LOWER LEG DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27832	TREAT LOWER LEG DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$4,509.01
27840	TREAT ANKLE DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$122.31
27842	TREAT ANKLE DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$818.94
27846	TREAT ANKLE DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27848	TREAT ANKLE DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$4,272.77
27860	FIXATION OF ANKLE JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27870	FUSION OF ANKLE JOINT OPEN	Y	-	4/1/2024	Fee Schedule	\$9,293.18
27871	FUSION OF TIBIOFIBULAR JOINT	Y	-	4/1/2024	Fee Schedule	\$8,191.02
27884	AMPUTATION FOLLOW-UP SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27889	AMPUTATION OF FOOT AT ANKLE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27892	DECOMPRESSION OF LEG	Y	-	4/1/2024	Fee Schedule	\$1,518.75
27893	DECOMPRESSION OF LEG	Y	-	4/1/2024	Fee Schedule	\$3,392.54
27894	DECOMPRESSION OF LEG	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28001	DRAINAGE OF BURSA OF FOOT	Y	-	4/1/2024	Fee Schedule	\$98.53
28002	TREATMENT OF FOOT INFECTION	Y	-	4/1/2024	Fee Schedule	\$818.94
28003	TREATMENT OF FOOT INFECTION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28005	TREAT FOOT BONE LESION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28008	INCISION OF FOOT FASCIA	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28010	INCISION OF TOE TENDON	Y	-	4/1/2024	Fee Schedule	\$128.82
28011	INCISION OF TOE TENDONS	Y	-	4/1/2024	Fee Schedule	\$818.94
28020	EXPLORATION OF FOOT JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28022	EXPLORATION OF FOOT JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28024	EXPLORATION OF TOE JOINT	Y	-	4/1/2024	Fee Schedule	\$818.94
28035	DECOMPRESSION OF TIBIA NERVE	Y	-	4/1/2024	Fee Schedule	\$897.67
28039	EXC FOOT/TOE TUM SC 1.5 CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
28041	EXC FOOT/TOE TUM DEP 1.5CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
28043	EXC FOOT/TOE TUM SC < 1.5 CM	Y	-	4/1/2024	Fee Schedule	\$682.83
28045	EXC FOOT/TOE TUM DEEP <1.5CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
28046	RESECT FOOT/TOE TUMOR < 3 CM	Y	-	4/1/2024	Fee Schedule	\$1,157.01
28047	RESECT FOOT/TOE TUMOR 3 CM/>	Y	-	4/1/2024	Fee Schedule	\$1,157.01
28050	BIOPSY OF FOOT JOINT LINING	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28052	BIOPSY OF FOOT JOINT LINING	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28054	BIOPSY OF TOE JOINT LINING	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28055	NEURECTOMY FOOT	Y	-	4/1/2024	Fee Schedule	\$897.67
28060	PARTIAL REMOVAL FOOT FASCIA	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28062	REMOVAL OF FOOT FASCIA	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28070	REMOVAL OF FOOT JOINT LINING	Y	-	4/1/2024	Fee Schedule	\$3,392.54
28072	REMOVAL OF FOOT JOINT LINING	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28080	REMOVAL OF FOOT LESION	Y	-	4/1/2024	Fee Schedule	\$818.94
28086	EXCISE FOOT TENDON SHEATH	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28088	EXCISE FOOT TENDON SHEATH	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28090	REMOVAL OF FOOT LESION	Y	-	4/1/2024	Fee Schedule	\$818.94

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
28092	REMOVAL OF TOE LESIONS	Y	-	4/1/2024	Fee Schedule	\$818.94
28100	REMOVAL OF ANKLE/HEEL LESION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28102	REMOVE/GRAFT FOOT LESION	Y	-	4/1/2024	Fee Schedule	\$4,272.77
28103	REMOVE/GRAFT FOOT LESION	Y	-	4/1/2024	Fee Schedule	\$4,653.82
28104	REMOVAL OF FOOT LESION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28106	REMOVE/GRAFT FOOT LESION	Y	-	4/1/2024	Fee Schedule	\$3,392.54
28107	REMOVE/GRAFT FOOT LESION	Y	-	4/1/2024	Fee Schedule	\$3,392.54
28108	REMOVAL OF TOE LESIONS	Y	-	4/1/2024	Fee Schedule	\$818.94
28110	PART REMOVAL OF METATARSAL	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28111	PART REMOVAL OF METATARSAL	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28112	PART REMOVAL OF METATARSAL	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28113	PART REMOVAL OF METATARSAL	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28114	REMOVAL OF METATARSAL HEADS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28116	REVISION OF FOOT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28118	REMOVAL OF HEEL BONE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28119	REMOVAL OF HEEL SPUR	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28120	PART REMOVAL OF ANKLE/HEEL	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28122	PARTIAL REMOVAL OF FOOT BONE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28124	PARTIAL REMOVAL OF TOE	Y	-	4/1/2024	Fee Schedule	\$295.93
28126	PARTIAL REMOVAL OF TOE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28130	REMOVAL OF ANKLE BONE	Y	-	4/1/2024	Fee Schedule	\$4,357.39
28140	REMOVAL OF METATARSAL	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28150	REMOVAL OF TOE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28153	PARTIAL REMOVAL OF TOE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28160	PARTIAL REMOVAL OF TOE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28171	RESECT TARSAL TUMOR	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28173	RESECT METATARSAL TUMOR	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28175	RESECT PHALANX OF TOE TUMOR	Y	-	4/1/2024	Fee Schedule	\$818.94
28190	REMOVAL OF FOOT FOREIGN BODY	Y	-	4/1/2024	Fee Schedule	\$166.77
28192	REMOVAL OF FOOT FOREIGN BODY	Y	-	4/1/2024	Fee Schedule	\$682.83
28193	REMOVAL OF FOOT FOREIGN BODY	Y	-	4/1/2024	Fee Schedule	\$682.83
28200	REPAIR OF FOOT TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28202	REPAIR/GRAFT OF FOOT TENDON	Y	-	4/1/2024	Fee Schedule	\$4,430.93
28208	REPAIR OF FOOT TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28210	REPAIR/GRAFT OF FOOT TENDON	Y	-	4/1/2024	Fee Schedule	\$4,414.17
28220	RELEASE OF FOOT TENDON	Y	-	4/1/2024	Fee Schedule	\$280.28
28222	RELEASE OF FOOT TENDONS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28225	RELEASE OF FOOT TENDON	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28226	RELEASE OF FOOT TENDONS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28230	INCISION OF FOOT TENDON(S)	Y	-	4/1/2024	Fee Schedule	\$272.62
28232	INCISION OF TOE TENDON	Y	-	4/1/2024	Fee Schedule	\$249.32
28234	INCISION OF FOOT TENDON	Y	-	4/1/2024	Fee Schedule	\$818.94
28238	REVISION OF FOOT TENDON	Y	-	4/1/2024	Fee Schedule	\$3,392.54
28240	RELEASE OF BIG TOE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28250	REVISION OF FOOT FASCIA	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28260	RELEASE OF MIDFOOT JOINT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28261	REVISION OF FOOT TENDON	Y	-	4/1/2024	Fee Schedule	\$1,031.42
28262	REVISION OF FOOT AND ANKLE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
28264	RELEASE OF MIDFOOT JOINT	Y	-	4/1/2024	Fee Schedule	\$818.94
28270	RELEASE OF FOOT CONTRACTURE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28272	RELEASE OF TOE JOINT EACH	Y	-	4/1/2024	Fee Schedule	\$241.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
28280	FUSION OF TOES	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28285	REPAIR OF HAMMERTOE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28286	REPAIR OF HAMMERTOE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28288	PARTIAL REMOVAL OF FOOT BONE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28289	CORRJ HALUX RIGDUS W/O IMPLT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28291	CORRJ HALUX RIGDUS W/IMPLT	Y	-	4/1/2024	Fee Schedule	\$4,644.74
28292	COR HLX VLGS RSC PRX PHLX BS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28295	COR HLX VLGS PRX MTAR OSTEO	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28296	COR HLX VLGS DSTL MTAR OSTEO	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28297	COR HLX VLGS JT ARTHRD	Y	-	4/1/2024	Fee Schedule	\$4,899.44
28298	COR HLX VLGS PRX PHLX OSTEO	Y	-	4/1/2024	Fee Schedule	\$4,292.36
28299	COR HLX VLGS DOUBLE OSTEO	Y	-	4/1/2024	Fee Schedule	\$4,331.26
28300	INCISION OF HEEL BONE	Y	-	4/1/2024	Fee Schedule	\$4,464.15
28302	INCISION OF ANKLE BONE	Y	-	4/1/2024	Fee Schedule	\$4,282.71
28304	INCISION OF MIDFOOT BONES	Y	-	4/1/2024	Fee Schedule	\$3,392.54
28305	INCISE/GRAFT MIDFOOT BONES	Y	-	4/1/2024	Fee Schedule	\$4,668.87
28306	INCISION OF METATARSAL	Y	-	4/1/2024	Fee Schedule	\$3,392.54
28307	INCISION OF METATARSAL	Y	-	4/1/2024	Fee Schedule	\$3,392.54
28308	INCISION OF METATARSAL	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28309	INCISION OF METATARSALS	Y	-	4/1/2024	Fee Schedule	\$4,343.47
28310	REVISION OF BIG TOE	Y	-	4/1/2024	Fee Schedule	\$4,304.29
28312	REVISION OF TOE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28313	REPAIR DEFORMITY OF TOE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28315	REMOVAL OF SESAMOID BONE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28320	REPAIR OF FOOT BONES	Y	-	4/1/2024	Fee Schedule	\$8,146.41
28322	REPAIR OF METATARSALS	Y	-	4/1/2024	Fee Schedule	\$4,547.34
28340	RESECT ENLARGED TOE TISSUE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28341	RESECT ENLARGED TOE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28344	REPAIR EXTRA TOE(S)	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28345	REPAIR WEBBED TOE(S)	Y	-	4/1/2024	Fee Schedule	\$818.94
28360	RECONSTRUCT CLEFT FOOT	-	-	1/1/2022	Not Allowed	\$0.00
28400	TREATMENT OF HEEL FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
28405	TREATMENT OF HEEL FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
28406	TREATMENT OF HEEL FRACTURE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
28415	TREAT HEEL FRACTURE	Y	-	4/1/2024	Fee Schedule	\$4,476.93
28420	TREAT/GRAFT HEEL FRACTURE	Y	-	4/1/2024	Fee Schedule	\$8,663.22
28430	TREATMENT OF ANKLE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
28435	TREATMENT OF ANKLE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$818.94
28436	TREATMENT OF ANKLE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
28445	TREAT ANKLE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$4,439.73
28446	OSTEOCHONDRAL TALUS AUTOGRFT	Y	-	4/1/2024	Fee Schedule	\$5,112.96
28450	TREAT MIDFOOT FRACTURE EACH	Y	-	4/1/2024	Fee Schedule	\$122.31
28455	TREAT MIDFOOT FRACTURE EACH	Y	-	4/1/2024	Fee Schedule	\$144.80
28456	TREAT MIDFOOT FRACTURE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
28465	TREAT MIDFOOT FRACTURE EACH	Y	-	4/1/2024	Fee Schedule	\$4,254.03
28470	TREAT METATARSAL FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
28475	TREAT METATARSAL FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31
28476	TREAT METATARSAL FRACTURE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28485	TREAT METATARSAL FRACTURE	Y	-	4/1/2024	Fee Schedule	\$4,383.79
28490	TREAT BIG TOE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$102.19
28495	TREAT BIG TOE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$122.31

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
28496	TREAT BIG TOE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28505	TREAT BIG TOE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28510	TREATMENT OF TOE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$81.55
28515	TREATMENT OF TOE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$112.18
28525	TREAT TOE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28530	TREAT SESAMOID BONE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$79.56
28531	TREAT SESAMOID BONE FRACTURE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
28540	TREAT FOOT DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$122.31
28545	TREAT FOOT DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28546	TREAT FOOT DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$818.94
28555	REPAIR FOOT DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$4,401.68
28570	TREAT FOOT DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$122.31
28575	TREAT FOOT DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28576	TREAT FOOT DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$3,392.54
28585	REPAIR FOOT DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$4,779.04
28600	TREAT FOOT DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$119.50
28605	TREAT FOOT DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$122.31
28606	TREAT FOOT DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28615	REPAIR FOOT DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$4,340.07
28630	TREAT TOE DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$90.21
28635	TREAT TOE DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$818.94
28636	TREAT TOE DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28645	REPAIR TOE DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28660	TREAT TOE DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$77.89
28665	TREAT TOE DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$139.30
28666	TREAT TOE DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28675	REPAIR OF TOE DISLOCATION	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28705	FUSION OF FOOT BONES	Y	-	4/1/2024	Fee Schedule	\$12,690.55
28715	FUSION OF FOOT BONES	Y	-	4/1/2024	Fee Schedule	\$9,813.79
28725	FUSION OF FOOT BONES	Y	-	4/1/2024	Fee Schedule	\$8,998.87
28730	FUSION OF FOOT BONES	Y	-	4/1/2024	Fee Schedule	\$9,587.48
28735	FUSION OF FOOT BONES	Y	-	4/1/2024	Fee Schedule	\$9,488.47
28737	REVISION OF FOOT BONES	Y	-	4/1/2024	Fee Schedule	\$9,737.63
28740	FUSION OF FOOT BONES	Y	-	4/1/2024	Fee Schedule	\$4,887.51
28750	FUSION OF BIG TOE JOINT	Y	-	4/1/2024	Fee Schedule	\$4,742.42
28755	FUSION OF BIG TOE JOINT	Y	-	4/1/2024	Fee Schedule	\$3,392.54
28760	FUSION OF BIG TOE JOINT	Y	-	4/1/2024	Fee Schedule	\$4,272.77
28805	AMPUTATION THRU METATARSAL	-	-	1/1/2022	Not Allowed	\$0.00
28810	AMPUTATION TOE & METATARSAL	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28820	AMPUTATION OF TOE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28825	PARTIAL AMPUTATION OF TOE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
28890	HI ENRGY ESWT PLANTAR FASCIA	Y	-	4/1/2024	Fee Schedule	\$188.41
29000	APPLICATION OF BODY CAST	Y	-	4/1/2024	Fee Schedule	\$139.30
29010	APPLICATION OF BODY CAST	Y	-	4/1/2024	Fee Schedule	\$139.30
29015	APPLICATION OF BODY CAST	Y	-	4/1/2024	Fee Schedule	\$139.30
29035	APPLICATION OF BODY CAST	Y	-	4/1/2024	Fee Schedule	\$139.30
29040	APPLICATION OF BODY CAST	Y	-	4/1/2024	Fee Schedule	\$139.30
29044	APPLICATION OF BODY CAST	Y	-	4/1/2024	Fee Schedule	\$81.73
29046	APPLICATION OF BODY CAST	Y	-	4/1/2024	Fee Schedule	\$139.30
29049	APPLICATION OF FIGURE EIGHT	Y	-	4/1/2024	Fee Schedule	\$66.58
29055	APPLICATION OF SHOULDER CAST	Y	-	4/1/2024	Fee Schedule	\$139.30

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
29058	APPLICATION OF SHOULDER CAST	Y	-	4/1/2024	Fee Schedule	\$73.90
29065	APPLICATION OF LONG ARM CAST	Y	-	4/1/2024	Fee Schedule	\$64.57
29075	APPLICATION OF FOREARM CAST	Y	-	4/1/2024	Fee Schedule	\$58.92
29085	APPLY HAND/WRIST CAST	Y	-	4/1/2024	Fee Schedule	\$63.91
29086	APPLY FINGER CAST	Y	-	4/1/2024	Fee Schedule	\$55.59
29105	APPLY LONG ARM SPLINT	Y	-	4/1/2024	Fee Schedule	\$52.60
29125	APPLY FOREARM SPLINT	-	-	7/1/2018	No Separate Payment	\$0.00
29126	APPLY FOREARM SPLINT	-	-	7/1/2018	No Separate Payment	\$0.00
29130	APPLICATION OF FINGER SPLINT	-	-	7/1/2018	No Separate Payment	\$0.00
29131	APPLICATION OF FINGER SPLINT	-	-	7/1/2018	No Separate Payment	\$0.00
29200	STRAPPING OF CHEST	Y	-	4/1/2024	Fee Schedule	\$18.31
29240	STRAPPING OF SHOULDER	-	-	7/1/2018	No Separate Payment	\$0.00
29260	STRAPPING OF ELBOW OR WRIST	-	-	7/1/2018	No Separate Payment	\$0.00
29280	STRAPPING OF HAND OR FINGER	-	-	7/1/2018	No Separate Payment	\$0.00
29305	APPLICATION OF HIP CAST	Y	-	4/1/2024	Fee Schedule	\$139.30
29325	APPLICATION OF HIP CASTS	Y	-	4/1/2024	Fee Schedule	\$139.30
29345	APPLICATION OF LONG LEG CAST	Y	-	4/1/2024	Fee Schedule	\$82.22
29355	APPLICATION OF LONG LEG CAST	Y	-	4/1/2024	Fee Schedule	\$83.22
29358	APPLY LONG LEG CAST BRACE	Y	-	4/1/2024	Fee Schedule	\$108.19
29365	APPLICATION OF LONG LEG CAST	Y	-	4/1/2024	Fee Schedule	\$79.89
29405	APPLY SHORT LEG CAST	Y	-	4/1/2024	Fee Schedule	\$50.93
29425	APPLY SHORT LEG CAST	Y	-	4/1/2024	Fee Schedule	\$46.60
29435	APPLY SHORT LEG CAST	Y	-	4/1/2024	Fee Schedule	\$79.22
29440	ADDITION OF WALKER TO CAST	Y	-	4/1/2024	Fee Schedule	\$22.96
29445	APPLY RIGID LEG CAST	Y	-	4/1/2024	Fee Schedule	\$63.24
29450	APPLICATION OF LEG CAST	Y	-	4/1/2024	Fee Schedule	\$69.90
29505	APPLICATION LONG LEG SPLINT	Y	-	4/1/2024	Fee Schedule	\$64.57
29515	APPLICATION LOWER LEG SPLINT	Y	-	4/1/2024	Fee Schedule	\$45.60
29520	STRAPPING OF HIP	-	-	7/1/2018	No Separate Payment	\$0.00
29530	STRAPPING OF KNEE	-	-	7/1/2018	No Separate Payment	\$0.00
29540	STRAPPING OF ANKLE AND/OR FT	Y	-	4/1/2024	Fee Schedule	\$13.98
29550	STRAPPING OF TOES	-	-	7/1/2018	No Separate Payment	\$0.00
29580	APPLICATION OF PASTE BOOT	Y	-	4/1/2024	Fee Schedule	\$43.28
29581	APPLY MULTLAY COMPRS LWR LEG	Y	-	4/1/2024	Fee Schedule	\$67.57
29584	APPL MULTLAY COMPRS ARM/HAND	Y	-	4/1/2024	Fee Schedule	\$67.91
29700	REMOVAL/REVISION OF CAST	Y	-	4/1/2024	Fee Schedule	\$42.61
29705	REMOVAL/REVISION OF CAST	Y	-	4/1/2024	Fee Schedule	\$34.61
29710	REMOVAL/REVISION OF CAST	Y	-	4/1/2024	Fee Schedule	\$70.91
29720	REPAIR OF BODY CAST	Y	-	4/1/2024	Fee Schedule	\$60.91
29730	WINDOWING OF CAST	Y	-	4/1/2024	Fee Schedule	\$36.62
29740	WEDGING OF CAST	Y	-	4/1/2024	Fee Schedule	\$55.59
29750	WEDGING OF CLUBFOOT CAST	Y	-	4/1/2024	Fee Schedule	\$57.92
29800	JAW ARTHROSCOPY/SURGERY	Y	Y	4/1/2024	Fee Schedule	\$1,518.75
29804	JAW ARTHROSCOPY/SURGERY	Y	Y	4/1/2024	Fee Schedule	\$1,518.75
29805	SHO ARTHRS DX +/- SYNOVIAL BX	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29806	SHO ARTHRS SRG CAPSULORRAPHY	Y	-	4/1/2024	Fee Schedule	\$3,392.54
29807	SHO ARTHRS SRG RPR SLAP LES	Y	-	4/1/2024	Fee Schedule	\$3,392.54
29819	SHO ARTHRS SRG RMVL LOOSE/FB	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29820	SHO ARTHRS SRG PRTL SYNVT	Y	-	4/1/2024	Fee Schedule	\$3,392.54
29821	SHO ARTHRS SRG COMPL SYNVT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29822	SHO ARTHRS SRG LMTD DBRDMT	Y	-	4/1/2024	Fee Schedule	\$1,518.75

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
29823	SHO ARTHRS SRG XTNSV DBRDMT	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29824	SHO ARTHRS SRG DSTL CLAVICLC	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29825	SHO ARTHRS SRG LSS&RESCJ ADS	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29826	SHO ARTHRS SRG DECOMPRESSION	-	-	7/1/2018	No Separate Payment	\$0.00
29827	SHO ARTHRS SRG RT8TR CUF RPR	Y	-	4/1/2024	Fee Schedule	\$3,392.54
29828	SHO ARTHRS SRG BICP TENODSIS	Y	-	4/1/2024	Fee Schedule	\$3,392.54
29830	ELBOW ARTHROSCOPY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29834	ELBOW ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29835	ELBOW ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29836	ELBOW ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$3,392.54
29837	ELBOW ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29838	ELBOW ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29840	WRIST ARTHROSCOPY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29843	WRIST ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29844	WRIST ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29845	WRIST ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29846	WRIST ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29847	WRIST ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$3,392.54
29848	WRIST ENDOSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$818.94
29850	KNEE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$818.94
29851	KNEE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$818.94
29855	TIBIAL ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$4,845.77
29856	TIBIAL ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$10,498.14
29860	HIP ARTHROSCOPY DX	Y	-	4/1/2024	Fee Schedule	\$3,392.54
29861	HIP ARTHRO W/FB REMOVAL	Y	-	4/1/2024	Fee Schedule	\$3,392.54
29862	HIP ARTHRO W/DEBRIDEMENT	Y	-	4/1/2024	Fee Schedule	\$3,392.54
29863	HIP ARTHRO W/SYNOVECTOMY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29866	AUTGRFT IMPLNT KNEE W/SCOPE	Y	-	4/1/2024	Fee Schedule	\$3,392.54
29867	ALLGRFT IMPLNT KNEE W/SCOPE	Y	-	4/1/2024	Fee Schedule	\$9,712.06
29868	MENISCAL TRNSPL KNEE W/SCPE	-	-	4/1/2024	Not Allowed	\$0.00
29870	KNEE ARTHROSCOPY DX	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29871	KNEE ARTHROSCOPY/DRAINAGE	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29873	KNEE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29874	KNEE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29875	KNEE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29876	KNEE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29877	KNEE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29879	KNEE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29880	KNEE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29881	KNEE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29882	KNEE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29883	KNEE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29884	KNEE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29885	KNEE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$4,355.68
29886	KNEE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29887	KNEE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$3,392.54
29888	KNEE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$4,496.80
29889	KNEE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$8,186.13
29891	ANKLE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29892	ANKLE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$3,392.54
29893	SCOPE PLANTAR FASCIOTOMY	Y	-	4/1/2024	Fee Schedule	\$1,518.75

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
29894	ANKLE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29895	ANKLE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29897	ANKLE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29898	ANKLE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29899	ANKLE ARTHROSCOPY/SURGERY	Y	-	4/1/2024	Fee Schedule	\$4,498.22
29900	MCP JOINT ARTHROSCOPY DX	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29901	MCP JOINT ARTHROSCOPY SURG	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29902	MCP JOINT ARTHROSCOPY SURG	Y	-	4/1/2024	Fee Schedule	\$818.94
29904	SUBTALAR ARTHRO W/FB RMVL	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29905	SUBTALAR ARTHRO W/EXC	Y	-	4/1/2024	Fee Schedule	\$3,392.54
29906	SUBTALAR ARTHRO W/DEB	Y	-	4/1/2024	Fee Schedule	\$1,518.75
29907	SUBTALAR ARTHRO W/FUSION	Y	-	4/1/2024	Fee Schedule	\$8,595.76
29914	HIP ARTHRO W/FEMOROPLASTY	Y	-	4/1/2024	Fee Schedule	\$3,392.54
29915	HIP ARTHRO ACETABULOPLASTY	Y	-	4/1/2024	Fee Schedule	\$3,392.54
29916	HIP ARTHRO W/LABRAL REPAIR	Y	-	4/1/2024	Fee Schedule	\$3,392.54
30000	DRAINAGE OF NOSE LESION	Y	-	4/1/2024	Fee Schedule	\$126.69
30020	DRAINAGE OF NOSE LESION	Y	-	4/1/2024	Fee Schedule	\$214.37
30100	INTRANASAL BIOPSY	Y	-	4/1/2024	Fee Schedule	\$105.52
30110	REMOVAL OF NOSE POLYP(S)	Y	-	4/1/2024	Fee Schedule	\$186.41
30115	REMOVAL OF NOSE POLYP(S)	Y	-	4/1/2024	Fee Schedule	\$1,318.75
30117	REMOVAL OF INTRANASAL LESION	Y	-	4/1/2024	Fee Schedule	\$1,318.75
30118	REMOVAL OF INTRANASAL LESION	Y	-	4/1/2024	Fee Schedule	\$1,318.75
30120	REVISION OF NOSE	Y	-	4/1/2024	Fee Schedule	\$1,318.75
30124	REMOVAL OF NOSE LESION	Y	-	4/1/2024	Fee Schedule	\$666.76
30125	REMOVAL OF NOSE LESION	Y	-	4/1/2024	Fee Schedule	\$2,760.51
30130	EXCISE INFERIOR TURBINATE	Y	-	4/1/2024	Fee Schedule	\$1,318.75
30140	RESECT INFERIOR TURBINATE	Y	-	4/1/2024	Fee Schedule	\$1,318.75
30150	PARTIAL REMOVAL OF NOSE	Y	-	4/1/2024	Fee Schedule	\$2,760.51
30160	REMOVAL OF NOSE	Y	-	4/1/2024	Fee Schedule	\$2,760.51
30200	INJECTION TREATMENT OF NOSE	Y	-	4/1/2024	Fee Schedule	\$81.23
30210	NASAL SINUS THERAPY	Y	-	4/1/2024	Fee Schedule	\$109.52
30220	INSERT NASAL SEPTAL BUTTON	Y	-	4/1/2024	Fee Schedule	\$666.76
30300	REMOVE NASAL FOREIGN BODY	-	-	7/1/2018	No Separate Payment	\$0.00
30310	REMOVE NASAL FOREIGN BODY	Y	-	4/1/2024	Fee Schedule	\$1,318.75
30320	REMOVE NASAL FOREIGN BODY	Y	-	4/1/2024	Fee Schedule	\$666.76
30400	RECONSTRUCTION OF NOSE	Y	Y	4/1/2024	Fee Schedule	\$2,760.51
30410	RECONSTRUCTION OF NOSE	Y	Y	4/1/2024	Fee Schedule	\$2,760.51
30420	RECONSTRUCTION OF NOSE	Y	Y	4/1/2024	Fee Schedule	\$2,760.51
30430	REVISION OF NOSE	Y	Y	4/1/2024	Fee Schedule	\$2,760.51
30435	REVISION OF NOSE	Y	Y	4/1/2024	Fee Schedule	\$2,760.51
30450	REVISION OF NOSE	Y	Y	4/1/2024	Fee Schedule	\$2,760.51
30460	REVISION OF NOSE	Y	Y	4/1/2024	Fee Schedule	\$2,760.51
30462	REVISION OF NOSE	Y	Y	4/1/2024	Fee Schedule	\$2,760.51
30465	REPAIR NASAL STENOSIS	Y	Y	4/1/2024	Fee Schedule	\$2,760.51
30468	RPR NSL VLV COLLAPSE W/IMPLT	Y	-	4/1/2024	Fee Schedule	\$4,049.75
30469	RPR NSL VLV COLLAPSE W/RMDLG	Y	-	4/1/2024	Fee Schedule	\$3,476.76
30520	REPAIR OF NASAL SEPTUM	Y	-	4/1/2024	Fee Schedule	\$1,318.75
30540	RPR CHOANAL ATRESIA NTRANASL	Y	-	4/1/2024	Fee Schedule	\$2,760.51
30545	RPR CHOANAL ATRESIA TRSNPLTN	Y	-	4/1/2024	Fee Schedule	\$2,760.51
30560	LYSIS INTRANASAL SYNECHIA	Y	-	4/1/2024	Fee Schedule	\$285.38
30580	REPAIR UPPER JAW FISTULA	Y	-	4/1/2024	Fee Schedule	\$2,760.51

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
30600	REPAIR MOUTH/NOSE FISTULA	Y	-	4/1/2024	Fee Schedule	\$2,760.51
30620	INTRANASAL RECONSTRUCTION	Y	-	4/1/2024	Fee Schedule	\$2,760.51
30630	REPAIR NASAL SEPTUM DEFECT	Y	-	4/1/2024	Fee Schedule	\$1,318.75
30801	ABLATE INF TURBINATE SUPERF	Y	-	4/1/2024	Fee Schedule	\$666.76
30802	ABLATE INF TURBINATE SUBMUC	Y	-	4/1/2024	Fee Schedule	\$666.76
30901	CONTROL OF NOSEBLEED	-	-	7/1/2018	No Separate Payment	\$0.00
30903	CONTROL OF NOSEBLEED	Y	-	1/1/2024	Fee Schedule	\$66.26
30905	CONTROL OF NOSEBLEED	Y	-	1/1/2024	Fee Schedule	\$66.26
30906	REPEAT CONTROL OF NOSEBLEED	Y	-	4/1/2024	Fee Schedule	\$126.69
30915	LIGATION NASAL SINUS ARTERY	Y	-	4/1/2024	Fee Schedule	\$1,547.83
30920	LIGATION UPPER JAW ARTERY	Y	-	4/1/2024	Fee Schedule	\$1,547.83
30930	THER FX NASAL INF TURBINATE	Y	-	4/1/2024	Fee Schedule	\$1,318.75
31000	IRRIGATION MAXILLARY SINUS	Y	-	4/1/2024	Fee Schedule	\$126.69
31002	IRRIGATION SPHENOID SINUS	Y	-	4/1/2024	Fee Schedule	\$666.76
31020	EXPLORATION MAXILLARY SINUS	Y	-	4/1/2024	Fee Schedule	\$1,318.75
31030	EXPLORATION MAXILLARY SINUS	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31032	EXPLORE SINUS REMOVE POLYPS	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31040	EXPLORATION BEHIND UPPER JAW	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31050	EXPLORATION SPHENOID SINUS	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31051	SPHENOID SINUS SURGERY	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31070	EXPLORATION OF FRONTAL SINUS	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31075	EXPLORATION OF FRONTAL SINUS	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31080	REMOVAL OF FRONTAL SINUS	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31081	REMOVAL OF FRONTAL SINUS	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31084	REMOVAL OF FRONTAL SINUS	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31085	REMOVAL OF FRONTAL SINUS	Y	-	4/1/2024	Fee Schedule	\$3,569.87
31086	REMOVAL OF FRONTAL SINUS	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31087	REMOVAL OF FRONTAL SINUS	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31090	EXPLORATION OF SINUSES	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31200	REMOVAL OF ETHMOID SINUS	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31201	REMOVAL OF ETHMOID SINUS	Y	-	4/1/2024	Fee Schedule	\$666.76
31205	REMOVAL OF ETHMOID SINUS	Y	-	4/1/2024	Fee Schedule	\$1,318.75
31231	NASAL ENDOSCOPY DX	Y	-	4/1/2024	Fee Schedule	\$102.74
31233	NSL/SINS NDSC DX MAX SINUSC	Y	-	4/1/2024	Fee Schedule	\$211.79
31235	NSL/SINS NDSC DX SPHN SINUSC	Y	-	4/1/2024	Fee Schedule	\$757.05
31237	NSL/SINS NDSC SURG BX POLYPC	Y	-	4/1/2024	Fee Schedule	\$757.05
31238	NSL/SINS NDSC SRG NSL HEMRRG	Y	-	4/1/2024	Fee Schedule	\$757.05
31239	NSL/SINUS ENDOSCOPY SURG DCR	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31240	NSL/SNS NDSC CNCH BULL RESCJ	Y	-	4/1/2024	Fee Schedule	\$757.05
31241	NSL/SNS NDSC LIG SPHNPTN ART	-	-	7/1/2018	Not Allowed	\$0.00
31242	NSL/SINUS NDSC RF ABLTJ PNN	Y	-	4/1/2024	Fee Schedule	\$3,476.76
31243	NSL/SINUS NDSC CRYOABLTI PNN	Y	-	4/1/2024	Fee Schedule	\$3,671.07
31253	NSL/SINS NDSC TOTAL	Y	-	4/1/2024	Fee Schedule	\$2,300.81
31254	NSL/SINS NDSC W/PRTL ETHMDCT	Y	-	4/1/2024	Fee Schedule	\$2,300.81
31255	NSL/SINS NDSC W/TOT ETHMDCT	Y	-	4/1/2024	Fee Schedule	\$2,300.81
31256	EXPLORATION MAXILLARY SINUS	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31257	NSL/SINS NDSC TOT W/SPHENDT	Y	-	4/1/2024	Fee Schedule	\$2,300.81
31259	NSL/SINS NDSC SPHN TISS RMVL	Y	-	4/1/2024	Fee Schedule	\$2,300.81
31267	ENDOSCOPY MAXILLARY SINUS	Y	-	4/1/2024	Fee Schedule	\$2,300.81
31276	NSL/SINS NDSC FRNT TISS RMVL	Y	-	4/1/2024	Fee Schedule	\$2,300.81
31287	NASAL/SINUS ENDOSCOPY SURG	Y	-	4/1/2024	Fee Schedule	\$2,300.81

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



**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
31288	NASAL/SINUS ENDOSCOPY SURG	Y	-	4/1/2024	Fee Schedule	\$2,300.81
31292	NSL/SINS NDSC MED/INF DCMPRN	-	-	1/1/2022	Not Allowed	\$0.00
31293	NSL/SINS NDSC MED&INF DCMPRN	-	-	1/1/2022	Not Allowed	\$0.00
31294	NSL/SINS NDSC SURG ON DCMPRN	-	-	1/1/2022	Not Allowed	\$0.00
31295	NSL/SINS NDSC SURG MAX SINS	Y	-	4/1/2024	Fee Schedule	\$2,928.47
31296	NSL/SINS NDSC SURG FRNT SINS	Y	-	4/1/2024	Fee Schedule	\$1,547.87
31297	NSL/SINS NDSC SURG SPHN SINS	Y	-	4/1/2024	Fee Schedule	\$1,533.22
31298	NSL/SINS NDSC SURG FRNT&SPHN	Y	-	4/1/2024	Fee Schedule	\$2,300.81
31300	REMOVAL OF LARYNX LESION	Y	-	4/1/2024	Fee Schedule	\$1,318.75
31400	REVISION OF LARYNX	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31420	REMOVAL OF EPIGLOTTIS	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31500	INSERT EMERGENCY AIRWAY	Y	-	4/1/2024	Fee Schedule	\$126.69
31502	CHANGE OF WINDPIPE AIRWAY	Y	-	4/1/2024	Fee Schedule	\$126.69
31505	DIAGNOSTIC LARYNGOSCOPY	Y	-	4/1/2024	Fee Schedule	\$66.91
31510	LARYNGOSCOPY WITH BIOPSY	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31511	REMOVE FOREIGN BODY LARYNX	Y	-	4/1/2024	Fee Schedule	\$102.74
31512	REMOVAL OF LARYNX LESION	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31513	INJECTION INTO VOCAL CORD	Y	-	4/1/2024	Fee Schedule	\$211.79
31515	LARYNGOSCOPY FOR ASPIRATION	Y	-	4/1/2024	Fee Schedule	\$211.79
31520	DX LARYNGOSCOPY NEWBORN	Y	-	4/1/2024	Fee Schedule	\$211.79
31525	DX LARYNGOSCOPY EXCL NB	Y	-	4/1/2024	Fee Schedule	\$757.05
31526	DX LARYNGOSCOPY W/OPER SCOPE	Y	-	4/1/2024	Fee Schedule	\$757.05
31527	LARYNGOSCOPY FOR TREATMENT	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31528	LARYNGOSCOPY AND DILATION	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31529	LARYNGOSCOPY AND DILATION	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31530	LARYNGOSCOPY W/FB REMOVAL	Y	-	4/1/2024	Fee Schedule	\$757.05
31531	LARYNGOSCOPY W/FB & OP SCOPE	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31535	LARYNGOSCOPY W/BIOPSY	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31536	LARYNGOSCOPY W/BX & OP SCOPE	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31540	LARYNGOSCOPY W/EXC OF TUMOR	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31541	LARYNSCOP W/TUMR EXC + SCOPE	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31545	REMOVE VC LESION W/SCOPE	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31546	REMOVE VC LESION SCOPE/GRAFT	Y	-	4/1/2024	Fee Schedule	\$2,300.81
31551	LARYNGOPLASTY LARYNGEAL STEN	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31552	LARYNGOPLASTY LARYNGEAL STEN	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31553	LARYNGOPLASTY LARYNGEAL STEN	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31554	LARYNGOPLASTY LARYNGEAL STEN	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31560	LARYNGOSCOP W/ARYTENOIDECTOM	Y	-	4/1/2024	Fee Schedule	\$2,300.81
31561	LARYNSCOP REMVE CART + SCOP	Y	-	4/1/2024	Fee Schedule	\$2,300.81
31570	LARYNGOSCOPE W/VC INJ	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31571	LARYNGOSCOP W/VC INJ + SCOPE	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31572	LARGSC W/LASER DSTRJ LES	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31573	LARGSC W/THER INJECTION	Y	-	4/1/2024	Fee Schedule	\$195.40
31574	LARGSC W/NJX AUGMENTATION	Y	-	4/1/2024	Fee Schedule	\$757.05
31575	DIAGNOSTIC LARYNGOSCOPY	Y	-	4/1/2024	Fee Schedule	\$93.20
31576	LARYNGOSCOPY WITH BIOPSY	Y	-	4/1/2024	Fee Schedule	\$757.05
31577	LARGSC W/RMVL FOREIGN BDY(S)	Y	-	4/1/2024	Fee Schedule	\$211.79
31578	LARGSC W/REMOVAL LESION	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31579	LARYNGOSCOPY TELESCOPIC	Y	-	4/1/2024	Fee Schedule	\$127.16
31580	LARYNGOPLASTY LARYNGEAL WEB	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31584	LARYNGOPLASTY FX RDCTJ FIXJ	-	-	1/1/2022	Not Allowed	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
31587	LARYNGOPLASTY CRICOID SPLIT	-	-	1/1/2022	Not Allowed	\$0.00
31590	REINNERVATE LARYNX	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31591	LARYNGOPLASTY MEDIALIZATION	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31592	CRICOTRACHEAL RESECTION	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31600	INCISION OF WINDPIPE	-	-	1/1/2022	Not Allowed	\$0.00
31601	INCISION OF WINDPIPE	-	-	1/1/2022	Not Allowed	\$0.00
31603	INCISION OF WINDPIPE	Y	-	4/1/2024	Fee Schedule	\$666.76
31605	INCISION OF WINDPIPE	Y	-	4/1/2024	Fee Schedule	\$126.69
31610	INCISION OF WINDPIPE	-	-	1/1/2022	Not Allowed	\$0.00
31611	SURGERY/SPEECH PROSTHESIS	Y	-	4/1/2024	Fee Schedule	\$1,318.75
31612	PUNCTURE/CLEAR WINDPIPE	Y	-	4/1/2024	Fee Schedule	\$1,318.75
31613	REPAIR WINDPIPE OPENING	Y	-	4/1/2024	Fee Schedule	\$1,318.75
31614	REPAIR WINDPIPE OPENING	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31615	VISUALIZATION OF WINDPIPE	Y	-	4/1/2024	Fee Schedule	\$285.38
31622	DX BRONCHOSCOPE/WASH	Y	-	4/1/2024	Fee Schedule	\$757.05
31623	DX BRONCHOSCOPE/BRUSH	Y	-	4/1/2024	Fee Schedule	\$757.05
31624	DX BRONCHOSCOPE/LAVAGE	Y	-	4/1/2024	Fee Schedule	\$757.05
31625	BRONCHOSCOPY W/BIOPSY(S)	Y	-	4/1/2024	Fee Schedule	\$757.05
31626	BRONCHOSCOPY W/MARKERS	Y	-	4/1/2024	Fee Schedule	\$2,300.81
31627	NAVIGATIONAL BRONCHOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
31628	BRONCHOSCOPY/LUNG BX EACH	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31629	BRONCHOSCOPY/NEEDLE BX EACH	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31630	BRONCHOSCOPY DILATE/FX REPR	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31631	BRONCHOSCOPY DILATE W/STENT	Y	-	4/1/2024	Fee Schedule	\$2,300.81
31632	BRONCHOSCOPY/LUNG BX ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
31633	BRONCHOSCOPY/NEEDLE BX ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
31634	BRONCH W/BALLOON OCCLUSION	Y	-	4/1/2024	Fee Schedule	\$2,300.81
31635	BRONCHOSCOPY W/FB REMOVAL	Y	-	4/1/2024	Fee Schedule	\$757.05
31636	BRONCHOSCOPY BRONCH STENTS	Y	-	4/1/2024	Fee Schedule	\$3,076.68
31637	BRONCHOSCOPY STENT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
31638	BRONCHOSCOPY REVISE STENT	Y	-	4/1/2024	Fee Schedule	\$2,300.81
31640	BRONCHOSCOPY W/TUMOR EXCISE	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31641	BRONCHOSCOPY TREAT BLOCKAGE	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31643	DIAG BRONCHOSCOPE/CATHETER	Y	-	4/1/2024	Fee Schedule	\$757.05
31645	BRNCHSC W/THER ASPIR 1ST	Y	-	4/1/2024	Fee Schedule	\$757.05
31646	BRNCHSC W/THER ASPIR SBSQ	Y	-	4/1/2024	Fee Schedule	\$211.79
31647	BRONCHIAL VALVE INIT INSERT	Y	-	4/1/2024	Fee Schedule	\$2,898.17
31648	BRONCHIAL VALVE REMOV INIT	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31649	BRONCHIAL VALVE REMOV ADDL	-	-	4/1/2024	Fee Schedule	\$757.05
31651	BRONCHIAL VALVE ADDL INSERT	-	-	7/1/2018	No Separate Payment	\$0.00
31652	BRONCH EBUS SAMPLNG 1/2 NODE	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31653	BRONCH EBUS SAMPLNG 3/> NODE	Y	-	4/1/2024	Fee Schedule	\$1,566.45
31654	BRONCH EBUS IVNTJ PERPH LES	-	-	7/1/2018	No Separate Payment	\$0.00
31660	BRONCH THERMOPLSTY 1 LOBE	-	-	1/1/2022	Not Allowed	\$0.00
31661	BRONCH THERMOPLSTY 2/> LOBES	-	-	1/1/2022	Not Allowed	\$0.00
31717	BRONCHIAL BRUSH BIOPSY	Y	-	4/1/2024	Fee Schedule	\$211.79
31720	CLEARANCE OF AIRWAYS	-	-	7/1/2018	No Separate Payment	\$0.00
31730	INTRO WINDPIPE WIRE/TUBE	Y	-	4/1/2024	Fee Schedule	\$757.05
31750	REPAIR OF WINDPIPE	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31755	REPAIR OF WINDPIPE	Y	-	4/1/2024	Fee Schedule	\$2,760.51
31785	REMOVE WINDPIPE LESION	-	-	1/1/2022	Not Allowed	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
31820	CLOSURE OF WINDPIPE LESION	Y	-	4/1/2024	Fee Schedule	\$1,318.75
31825	REPAIR OF WINDPIPE DEFECT	Y	-	4/1/2024	Fee Schedule	\$1,318.75
31830	REVISE WINDPIPE SCAR	Y	-	4/1/2024	Fee Schedule	\$1,318.75
32400	NEEDLE BIOPSY CHEST LINING	Y	-	4/1/2024	Fee Schedule	\$682.83
32408	CORE NDL BX LNG/MED PERQ	Y	-	4/1/2024	Fee Schedule	\$682.83
32550	INSERT PLEURAL CATH	Y	-	4/1/2024	Fee Schedule	\$2,120.01
32551	INSERTION OF CHEST TUBE	-	-	1/1/2022	Not Allowed	\$0.00
32552	REMOVE LUNG CATHETER	-	-	4/1/2024	Fee Schedule	\$325.84
32553	INS MARK THOR FOR RT PERQ	-	-	4/1/2024	Fee Schedule	\$718.69
32554	ASPIRATE PLEURA W/O IMAGING	Y	-	4/1/2024	Fee Schedule	\$325.84
32555	ASPIRATE PLEURA W/ IMAGING	Y	-	4/1/2024	Fee Schedule	\$325.84
32556	INSERT CATH PLEURA W/O IMAGE	Y	-	4/1/2024	Fee Schedule	\$831.73
32557	INSERT CATH PLEURA W/ IMAGE	Y	-	4/1/2024	Fee Schedule	\$619.11
32560	TREAT PLEURODESIS W/AGENT	-	-	1/1/2022	Not Allowed	\$0.00
32561	LYSE CHEST FIBRIN INIT DAY	-	-	1/1/2022	Not Allowed	\$0.00
32562	LYSE CHEST FIBRIN SUBQ DAY	-	-	1/1/2022	Not Allowed	\$0.00
32601	THORACOSCOPY DIAGNOSTIC	-	-	1/1/2022	Not Allowed	\$0.00
32604	THORACOSCOPY WBX SAC	-	-	1/1/2022	Not Allowed	\$0.00
32606	THORACOSCOPY W/BX MED SPACE	-	-	1/1/2022	Not Allowed	\$0.00
32607	THORACOSCOPY W/BX INFILTRATE	-	-	1/1/2022	Not Allowed	\$0.00
32608	THORACOSCOPY W/BX NODULE	-	-	1/1/2022	Not Allowed	\$0.00
32609	THORACOSCOPY W/BX PLEURA	-	-	1/1/2022	Not Allowed	\$0.00
32960	THERAPEUTIC PNEUMOTHORAX	Y	-	4/1/2024	Fee Schedule	\$325.84
32994	ABLATE PULM TUMOR PERQ CRYBL	Y	-	4/1/2024	Fee Schedule	\$6,121.67
32998	ABLATE PULM TUMOR PERQ RF	Y	-	4/1/2024	Fee Schedule	\$2,705.16
33016	PERICARDIOCENTESIS W/IMAGING	Y	-	4/1/2024	Fee Schedule	\$619.11
33206	INSERT HEART PM ATRIAL	Y	-	4/1/2024	Fee Schedule	\$7,217.85
33207	INSERT HEART PM VENTRICULAR	Y	-	4/1/2024	Fee Schedule	\$7,414.85
33208	INSRT HEART PM ATRIAL & VENT	Y	-	4/1/2024	Fee Schedule	\$7,632.56
33210	INSERT ELECTRD/PM CATH SNGL	Y	-	4/1/2024	Fee Schedule	\$5,762.48
33211	INSERT CARD ELECTRODES DUAL	Y	-	4/1/2024	Fee Schedule	\$7,230.34
33212	INSERT PULSE GEN SNGL LEAD	Y	-	4/1/2024	Fee Schedule	\$6,311.03
33213	INSERT PULSE GEN DUAL LEADS	Y	-	4/1/2024	Fee Schedule	\$7,581.83
33214	UPGRADE OF PACEMAKER SYSTEM	Y	-	4/1/2024	Fee Schedule	\$7,656.66
33215	REPOSITION PACING-DEFIB LEAD	Y	-	4/1/2024	Fee Schedule	\$1,547.83
33216	INSERT 1 ELECTRODE PM-DEFIB	Y	-	4/1/2024	Fee Schedule	\$5,639.85
33217	INSERT 2 ELECTRODE PM-DEFIB	Y	-	4/1/2024	Fee Schedule	\$5,427.07
33218	REPAIR LEAD PACE-DEFIB ONE	Y	-	4/1/2024	Fee Schedule	\$2,036.84
33220	REPAIR LEAD PACE-DEFIB DUAL	Y	-	4/1/2024	Fee Schedule	\$2,659.94
33221	INSERT PULSE GEN MULT LEADS	Y	-	4/1/2024	Fee Schedule	\$13,040.93
33222	RELOCATION POCKET PACEMAKER	Y	-	4/1/2024	Fee Schedule	\$945.87
33223	RELOCATE POCKET FOR DEFIB	Y	-	4/1/2024	Fee Schedule	\$945.87
33224	INSERT PACING LEAD & CONNECT	Y	-	4/1/2024	Fee Schedule	\$7,717.53
33225	L VENTRIC PACING LEAD ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
33226	REPOSITION L VENTRIC LEAD	Y	-	4/1/2024	Fee Schedule	\$1,949.43
33227	REMOVE&REPLACE PM GEN SINGL	Y	-	4/1/2024	Fee Schedule	\$6,292.28
33228	REMOV&REPLC PM GEN DUAL LEAD	Y	-	4/1/2024	Fee Schedule	\$7,459.66
33229	REMOV&REPLC PM GEN MULT LEADS	Y	-	4/1/2024	Fee Schedule	\$12,856.81
33230	INSRT PULSE GEN W/DUAL LEADS	Y	-	4/1/2024	Fee Schedule	\$19,023.06
33231	INSRT PULSE GEN W/MULT LEADS	Y	-	4/1/2024	Fee Schedule	\$25,160.06
33233	REMOVAL OF PM GENERATOR	-	-	4/1/2024	Fee Schedule	\$5,576.38

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
33234	REMOVAL OF PACEMAKER SYSTEM	-	-	4/1/2024	Fee Schedule	\$2,688.07
33235	REMOVAL PACEMAKER ELECTRODE	-	-	4/1/2024	Fee Schedule	\$2,036.84
33240	INSRT PULSE GEN W/SINGL LEAD	Y	-	4/1/2024	Fee Schedule	\$19,824.55
33241	REMOVE PULSE GENERATOR	-	-	4/1/2024	Fee Schedule	\$2,036.84
33244	REMOVE ELCTRD TRANSVENOUSLY	-	-	1/1/2022	Not Allowed	\$0.00
33249	INSJ/RPLCMT DEFIB W/LEAD(S)	Y	-	4/1/2024	Fee Schedule	\$24,821.30
33262	RMVL& REPLC PULSE GEN 1 LEAD	Y	-	4/1/2024	Fee Schedule	\$19,129.31
33263	RMVL & RPLCMT DFB GEN 2 LEAD	Y	-	4/1/2024	Fee Schedule	\$19,112.11
33264	RMVL & RPLCMT DFB GEN MLT LD	Y	-	4/1/2024	Fee Schedule	\$25,004.31
33270	INS/REP SUBQ DEFIBRILLATOR	Y	-	4/1/2024	Fee Schedule	\$25,149.67
33271	INSJ SUBQ IMPLTBL DFB ELCTRD	Y	-	4/1/2024	Fee Schedule	\$6,124.21
33272	RMVL OF SUBQ DEFIBRILLATOR	-	-	1/1/2022	Not Allowed	\$0.00
33273	REPOS PREV IMPLTBL SUBQ DFB	Y	-	4/1/2024	Fee Schedule	\$2,036.84
33274	TCAT INSJ/RPL PERM LDLS PM	Y	-	4/1/2024	Fee Schedule	\$13,159.70
33275	TCAT RMVL PERM LDLS PM W/IMG	Y	-	4/1/2024	Fee Schedule	\$2,308.41
33276	INSJ PHRNC NRV STIM SYS	-	-	4/1/2024	Fee Schedule	\$40,567.68
33277	INSJ PHRNC NRV STIM TRANSVNS	-	-	1/1/2024	No Separate Payment	\$0.00
33278	RMVL PHRNC NRV STIM SYS	Y	-	4/1/2024	Fee Schedule	\$1,897.94
33279	RMVL PHRNC NRV STIM TRANSVNS	Y	-	4/1/2024	Fee Schedule	\$2,390.38
33280	RMVL PHRNC NRV STIM PG ONLY	Y	-	4/1/2024	Fee Schedule	\$1,897.94
33281	REPOSG PHRNC NRV STIM TRNSVN	Y	-	4/1/2024	Fee Schedule	\$1,897.94
33285	INSJ SUBQ CAR RHYTHM MNTR	Y	-	4/1/2024	Fee Schedule	\$6,898.17
33286	RMVL SUBQ CAR RHYTHM MNTR	-	-	4/1/2024	Fee Schedule	\$364.93
33287	RMV&RPLCMT PHRNC NRV STIM PG	Y	-	4/1/2024	Fee Schedule	\$24,160.28
33288	RMV&RPLCMT PHRNC NRV STIM LD	Y	-	4/1/2024	Fee Schedule	\$10,969.01
33289	TCAT IMPL WRLS P-ART PRS SNR	Y	-	4/1/2024	Fee Schedule	\$24,690.69
33419	REPAIR TCAT MITRAL VALVE	-	-	7/1/2018	No Separate Payment	\$0.00
33508	ENDOSCOPIC VEIN HARVEST	-	-	7/1/2018	No Separate Payment	\$0.00
33866	AORTIC HEMIARCH GRAFT	-	-	1/1/2019	No Separate Payment	\$0.00
33900	PERQ P-ART REVSC 1 NM NT UNI	Y	-	4/1/2024	Fee Schedule	\$6,104.51
33901	PERQ P-ART REVSC 1 NM NT BI	Y	-	4/1/2024	Fee Schedule	\$6,104.51
33902	PERQ P-ART REVSC 1 ABNOR UNI	Y	-	4/1/2024	Fee Schedule	\$9,905.00
33903	PERQ P-ART REVSC 1 ABNOR BI	Y	-	4/1/2024	Fee Schedule	\$6,104.51
33927	IMPLTJ TOT RPLCMT HRT SYS	-	-	7/1/2018	Not Allowed	\$0.00
34101	REMOVAL OF ARTERY CLOT	-	-	1/1/2022	Not Allowed	\$0.00
34111	REMOVAL OF ARM ARTERY CLOT	-	-	1/1/2022	Not Allowed	\$0.00
34201	REMOVAL OF ARTERY CLOT	-	-	1/1/2022	Not Allowed	\$0.00
34203	REMOVAL OF LEG ARTERY CLOT	-	-	1/1/2022	Not Allowed	\$0.00
34421	REMOVAL OF VEIN CLOT	-	-	1/1/2022	Not Allowed	\$0.00
34471	REMOVAL OF VEIN CLOT	-	-	1/1/2022	Not Allowed	\$0.00
34490	REMOVAL OF VEIN CLOT	Y	-	4/1/2024	Fee Schedule	\$1,547.83
34501	REPAIR VALVE FEMORAL VEIN	-	-	1/1/2022	Not Allowed	\$0.00
34510	TRANSPOSITION OF VEIN VALVE	-	-	1/1/2022	Not Allowed	\$0.00
34520	CROSS-OVER VEIN GRAFT	-	-	1/1/2022	Not Allowed	\$0.00
34530	LEG VEIN FUSION	-	-	1/1/2022	Not Allowed	\$0.00
34713	PERQ ACCESS & CLSR FEM ART	-	-	7/1/2018	No Separate Payment	\$0.00
34714	OPN FEM ART EXPOS CNDT CRTJ	-	-	7/1/2018	No Separate Payment	\$0.00
34715	OPN AX/SUBCLA ART EXPOS	-	-	7/1/2018	No Separate Payment	\$0.00
34716	OPN AX/SUBCLA ART EXPOS CNDT	-	-	7/1/2018	No Separate Payment	\$0.00
35011	REPAIR DEFECT OF ARTERY	-	-	1/1/2022	Not Allowed	\$0.00
35045	REPAIR DEFECT OF ARM ARTERY	-	-	1/1/2022	Not Allowed	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
35180	REPAIR BLOOD VESSEL LESION	-	-	1/1/2022	Not Allowed	\$0.00
35184	REPAIR BLOOD VESSEL LESION	-	-	1/1/2022	Not Allowed	\$0.00
35188	REPAIR BLOOD VESSEL LESION	Y	-	4/1/2024	Fee Schedule	\$2,902.77
35190	REPAIR BLOOD VESSEL LESION	-	-	1/1/2022	Not Allowed	\$0.00
35201	REPAIR BLOOD VESSEL LESION	-	-	1/1/2022	Not Allowed	\$0.00
35206	REPAIR BLOOD VESSEL LESION	-	-	1/1/2022	Not Allowed	\$0.00
35207	REPAIR BLOOD VESSEL LESION	Y	-	4/1/2024	Fee Schedule	\$1,547.83
35226	REPAIR BLOOD VESSEL LESION	-	-	1/1/2022	Not Allowed	\$0.00
35231	REPAIR BLOOD VESSEL LESION	-	-	1/1/2022	Not Allowed	\$0.00
35236	REPAIR BLOOD VESSEL LESION	-	-	1/1/2022	Not Allowed	\$0.00
35256	REPAIR BLOOD VESSEL LESION	-	-	1/1/2022	Not Allowed	\$0.00
35261	REPAIR BLOOD VESSEL LESION	-	-	1/1/2022	Not Allowed	\$0.00
35266	REPAIR BLOOD VESSEL LESION	-	-	1/1/2022	Not Allowed	\$0.00
35286	REPAIR BLOOD VESSEL LESION	-	-	1/1/2022	Not Allowed	\$0.00
35321	RECHANNELING OF ARTERY	-	-	1/1/2022	Not Allowed	\$0.00
35572	HARVEST FEMOROPLOPLITEAL VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
35860	EXPLORE LIMB VESSELS	-	-	1/1/2022	Not Allowed	\$0.00
35875	REMOVAL OF CLOT IN GRAFT	Y	-	4/1/2024	Fee Schedule	\$2,902.77
35876	REMOVAL OF CLOT IN GRAFT	Y	-	4/1/2024	Fee Schedule	\$2,902.77
35879	REVISE GRAFT W/VEIN	-	-	1/1/2022	Not Allowed	\$0.00
35881	REVISE GRAFT W/VEIN	-	-	1/1/2022	Not Allowed	\$0.00
35883	REVJ FEM ANAST NONAUTOG GRF	-	-	1/1/2022	Not Allowed	\$0.00
35884	REVJ FEM ANAST AUTOG VN GRF	-	-	1/1/2022	Not Allowed	\$0.00
35903	EXCISION GRAFT EXTREMITY	-	-	1/1/2022	Not Allowed	\$0.00
36000	PLACE NEEDLE IN VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36002	PSEUDOANEURYSM INJECTION TRT	Y	-	4/1/2024	Fee Schedule	\$325.84
36005	INJECTION EXT VENOGRAPHY	-	-	7/1/2018	No Separate Payment	\$0.00
36010	PLACE CATHETER IN VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36011	PLACE CATHETER IN VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36012	PLACE CATHETER IN VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36013	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36014	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36015	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36100	ESTABLISH ACCESS TO ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36140	INTRO NDL ICATH UPR/LXTR ART	-	-	7/1/2018	No Separate Payment	\$0.00
36160	ESTABLISH ACCESS TO AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
36200	PLACE CATHETER IN AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
36215	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36216	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36217	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36218	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36221	PLACE CATH THORACIC AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
36222	PLACE CATH CAROTID/INOM ART	-	-	7/1/2018	No Separate Payment	\$0.00
36223	PLACE CATH CAROTID/INOM ART	-	-	7/1/2018	No Separate Payment	\$0.00
36224	PLACE CATH CAROTD ART	-	-	7/1/2018	No Separate Payment	\$0.00
36225	PLACE CATH SUBCLAVIAN ART	-	-	7/1/2018	No Separate Payment	\$0.00
36226	PLACE CATH VERTEBRAL ART	-	-	7/1/2018	No Separate Payment	\$0.00
36227	PLACE CATH XTRNL CAROTID	-	-	7/1/2018	No Separate Payment	\$0.00
36228	PLACE CATH INTRACRANIAL ART	-	-	7/1/2018	No Separate Payment	\$0.00
36245	INS CATH ABD/L-EXT ART 1ST	-	-	7/1/2018	No Separate Payment	\$0.00
36246	INS CATH ABD/L-EXT ART 2ND	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
36247	INS CATH ABD/L-EXT ART 3RD	-	-	7/1/2018	No Separate Payment	\$0.00
36248	INS CATH ABD/L-EXT ART ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
36251	INS CATH REN ART 1ST UNILAT	-	-	7/1/2018	No Separate Payment	\$0.00
36252	INS CATH REN ART 1ST BILAT	-	-	7/1/2018	No Separate Payment	\$0.00
36253	INS CATH REN ART 2ND+ UNILAT	-	-	7/1/2018	No Separate Payment	\$0.00
36254	INS CATH REN ART 2ND+ BILAT	-	-	7/1/2018	No Separate Payment	\$0.00
36260	INSERTION OF INFUSION PUMP	Y	-	4/1/2024	Fee Schedule	\$2,902.77
36261	REVISION OF INFUSION PUMP	Y	-	4/1/2024	Fee Schedule	\$2,820.02
36262	REMOVAL OF INFUSION PUMP	-	-	4/1/2024	Fee Schedule	\$2,036.84
36400	BL DRAW < 3 YRS FEM/JUGULAR	-	-	7/1/2018	No Separate Payment	\$0.00
36405	BL DRAW <3 YRS SCALP VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36406	BL DRAW <3 YRS OTHER VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36410	NON-ROUTINE BL DRAW 3/> YRS	-	-	7/1/2018	No Separate Payment	\$0.00
36415	ROUTINE VENIPUNCTURE	-	-	7/1/2018	No Separate Payment	\$0.00
36416	COLLJ CAPILLARY BLOOD SPEC	-	-	7/1/2018	No Separate Payment	\$0.00
36420	VENIPUNCTURE CUTDOWN < 1 YR	-	-	7/1/2018	No Separate Payment	\$0.00
36425	VENIPUNCTURE CUTDOWN 1 YR/>	-	-	7/1/2018	No Separate Payment	\$0.00
36430	TRANSFUSION BLD/BLD COMPNT	-	-	4/1/2024	Fee Schedule	\$41.27
36440	BLD PUSH TFUJ 2 YR/<	-	-	4/1/2024	Fee Schedule	\$225.16
36450	BLD EXCHANGE TRUJ NEWBORN	-	-	4/1/2024	Fee Schedule	\$225.16
36455	BLD EXCHANGE TRUJ OTH THN NB	-	-	4/1/2024	Fee Schedule	\$225.16
36460	INTRAUTERINE TRANSFUSION FTL	-	-	1/1/2022	Not Allowed	\$0.00
36465	NJX NONCMPND SCLRSNT 1 VEIN	Y	-	4/1/2024	Fee Schedule	\$945.87
36466	NJX NONCMPND SCLRSNT MLT VN	Y	-	4/1/2024	Fee Schedule	\$945.87
36468	NJX SCLRSNT SPIDER VEINS	-	-	7/1/2018	Not Allowed	\$0.00
36469	INJECTION(S) SPIDER VEINS	-	-	7/1/2018	Not Allowed	\$0.00
36470	NJX SCLRSNT 1 INCMPTNT VEIN	Y	-	4/1/2024	Fee Schedule	\$85.22
36471	NJX SCLRSNT MLT INCMPTNT VN	Y	-	4/1/2024	Fee Schedule	\$139.48
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	Y	-	4/1/2024	Fee Schedule	\$1,045.23
36474	ENDOVENOUS MCHNCHEM ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
36475	ENDOVENOUS RF 1ST VEIN	Y	-	4/1/2024	Fee Schedule	\$1,547.83
36476	ENDOVENOUS RF VEIN ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
36478	ENDOVENOUS LASER 1ST VEIN	Y	-	4/1/2024	Fee Schedule	\$1,547.83
36479	ENDOVENOUS LASER VEIN ADDON	-	-	7/1/2018	No Separate Payment	\$0.00
36481	INSERTION OF CATHETER VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36482	ENDOVEN THER CHEM ADHES 1ST	Y	-	4/1/2024	Fee Schedule	\$1,499.61
36483	ENDOVEN THER CHEM ADHES SBSQ	-	-	7/1/2018	No Separate Payment	\$0.00
36500	INSERTION OF CATHETER VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36510	INSERTION OF CATHETER VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36511	APHERESIS WBC	-	-	4/1/2024	Fee Schedule	\$795.82
36512	APHERESIS RBC	-	-	4/1/2024	Fee Schedule	\$795.82
36513	APHERESIS PLATELETS	-	-	4/1/2024	Fee Schedule	\$225.16
36514	APHERESIS PLASMA	-	-	4/1/2024	Fee Schedule	\$795.82
36516	APHERESIS IMMUNOADS SLCTV	-	-	4/1/2024	Fee Schedule	\$1,710.64
36522	PHOTOPHERESIS	-	-	4/1/2024	Fee Schedule	\$2,400.33
36555	INSERT NON-TUNNEL CV CATH	Y	-	4/1/2024	Fee Schedule	\$1,547.83
36556	INSERT NON-TUNNEL CV CATH	Y	-	4/1/2024	Fee Schedule	\$1,547.83
36557	INSERT TUNNELED CV CATH	Y	-	4/1/2024	Fee Schedule	\$2,902.77
36558	INSERT TUNNELED CV CATH	Y	-	4/1/2024	Fee Schedule	\$1,547.83
36560	INSERT TUNNELED CV CATH	Y	-	4/1/2024	Fee Schedule	\$1,547.83
36561	INSERT TUNNELED CV CATH	Y	-	4/1/2024	Fee Schedule	\$1,547.83

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
36563	INSERT TUNNELED CV CATH	Y	-	4/1/2024	Fee Schedule	\$4,842.99
36565	INSERT TUNNELED CV CATH	Y	-	4/1/2024	Fee Schedule	\$1,547.83
36566	INSERT TUNNELED CV CATH	Y	-	4/1/2024	Fee Schedule	\$2,902.77
36568	INSJ PICC <5 YR W/O IMAGING	Y	-	4/1/2024	Fee Schedule	\$777.00
36569	INSJ PICC 5 YR+ W/O IMAGING	Y	-	4/1/2024	Fee Schedule	\$619.11
36570	INSERT PICVAD CATH	Y	-	4/1/2024	Fee Schedule	\$1,949.43
36571	INSERT PICVAD CATH	Y	-	4/1/2024	Fee Schedule	\$1,547.83
36572	INSJ PICC RS&I <5 YR	Y	-	4/1/2024	Fee Schedule	\$325.84
36573	INSJ PICC RS&I 5 YR+	Y	-	4/1/2024	Fee Schedule	\$619.11
36575	REPAIR TUNNELED CV CATH	Y	-	4/1/2024	Fee Schedule	\$325.84
36576	REPAIR TUNNELED CV CATH	Y	-	4/1/2024	Fee Schedule	\$619.11
36578	REPLACE TUNNELED CV CATH	Y	-	4/1/2024	Fee Schedule	\$1,984.02
36580	REPLACE CVAD CATH	Y	-	4/1/2024	Fee Schedule	\$619.11
36581	REPLACE TUNNELED CV CATH	Y	-	4/1/2024	Fee Schedule	\$1,942.69
36582	REPLACE TUNNELED CV CATH	Y	-	4/1/2024	Fee Schedule	\$1,547.83
36583	REPLACE TUNNELED CV CATH	Y	-	4/1/2024	Fee Schedule	\$4,995.07
36584	COMPL RPLCMT PICC RS&I	Y	-	4/1/2024	Fee Schedule	\$619.11
36585	REPLACE PICVAD CATH	Y	-	4/1/2024	Fee Schedule	\$1,547.83
36589	REMOVAL TUNNELED CV CATH	-	-	4/1/2024	Fee Schedule	\$325.84
36590	REMOVAL TUNNELED CV CATH	-	-	4/1/2024	Fee Schedule	\$619.11
36591	DRAW BLOOD OFF VENOUS DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
36592	COLLECT BLOOD FROM PICC	-	-	7/1/2018	No Separate Payment	\$0.00
36593	DECLOT VASCULAR DEVICE	Y	-	4/1/2024	Fee Schedule	\$33.95
36595	MECH REMOV TUNNELED CV CATH	Y	-	4/1/2024	Fee Schedule	\$1,949.17
36596	MECH REMOV TUNNELED CV CATH	Y	-	4/1/2024	Fee Schedule	\$619.11
36597	REPOSITION VENOUS CATHETER	Y	-	4/1/2024	Fee Schedule	\$619.11
36598	INJ W/FLUOR EVAL CV DEVICE	Y	-	4/1/2024	Fee Schedule	\$91.21
36600	WITHDRAWAL OF ARTERIAL BLOOD	-	-	7/1/2018	No Separate Payment	\$0.00
36620	INSERTION CATHETER ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36625	INSERTION CATHETER ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36640	INSERTION CATHETER ARTERY	Y	-	4/1/2024	Fee Schedule	\$1,547.83
36680	INSERT NEEDLE BONE CAVITY	-	-	7/1/2018	No Separate Payment	\$0.00
36800	INSERTION OF CANNULA	Y	-	4/1/2024	Fee Schedule	\$2,902.77
36810	INSERTION OF CANNULA	Y	-	4/1/2024	Fee Schedule	\$1,957.98
36815	INSERTION OF CANNULA	Y	-	4/1/2024	Fee Schedule	\$2,902.77
36818	AV FUSE UPPR ARM CEPHALIC	Y	-	4/1/2024	Fee Schedule	\$2,902.77
36819	AV FUSE UPPR ARM BASILIC	Y	-	4/1/2024	Fee Schedule	\$2,902.77
36820	AV FUSION/FOREARM VEIN	Y	-	4/1/2024	Fee Schedule	\$2,902.77
36821	AV FUSION DIRECT ANY SITE	Y	-	4/1/2024	Fee Schedule	\$1,547.83
36825	ARTERY-VEIN AUTOGRAFT	Y	-	4/1/2024	Fee Schedule	\$2,902.77
36830	ARTERY-VEIN NONAUTOGRAFT	Y	-	4/1/2024	Fee Schedule	\$2,902.77
36831	OPEN THROMBECT AV FISTULA	Y	-	4/1/2024	Fee Schedule	\$2,902.77
36832	AV FISTULA REVISION OPEN	Y	-	4/1/2024	Fee Schedule	\$2,902.77
36833	AV FISTULA REVISION	Y	-	4/1/2024	Fee Schedule	\$2,902.77
36835	ARTERY TO VEIN SHUNT	Y	-	4/1/2024	Fee Schedule	\$2,197.39
36836	PRQ AV FSTL CRTJ UXTR 1 ACS	Y	-	4/1/2024	Fee Schedule	\$10,440.80
36837	PRQ AV FSTL CRT UXTR SEP ACS	Y	-	4/1/2024	Fee Schedule	\$11,474.88
36838	DIST REVAS LIGATION HEMO	-	-	1/1/2022	Not Allowed	\$0.00
36860	EXTERNAL CANNULA DECLOTTING	Y	-	4/1/2024	Fee Schedule	\$619.11
36861	CANNULA DECLOTTING	Y	-	4/1/2024	Fee Schedule	\$4,078.90
36901	INTRO CATH DIALYSIS CIRCUIT	Y	-	4/1/2024	Fee Schedule	\$563.22

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
36902	INTRO CATH DIALYSIS CIRCUIT	Y	-	4/1/2024	Fee Schedule	\$2,525.79
36903	INTRO CATH DIALYSIS CIRCUIT	Y	-	4/1/2024	Fee Schedule	\$6,925.59
36904	THRMBC/NFS DIALYSIS CIRCUIT	Y	-	4/1/2024	Fee Schedule	\$3,220.88
36905	THRMBC/NFS DIALYSIS CIRCUIT	Y	-	4/1/2024	Fee Schedule	\$6,102.48
36906	THRMBC/NFS DIALYSIS CIRCUIT	Y	-	4/1/2024	Fee Schedule	\$11,280.04
36907	BALO ANGIOP CTR DIALYSIS SEG	-	-	7/1/2018	No Separate Payment	\$0.00
36908	STENT PLMT CTR DIALYSIS SEG	-	-	7/1/2018	No Separate Payment	\$0.00
36909	DIALYSIS CIRCUIT EMBOLJ	-	-	7/1/2018	No Separate Payment	\$0.00
37183	REVISION TIPS	-	-	1/1/2022	Not Allowed	\$0.00
37184	PRIM ART M-THRMBC 1ST VSL	Y	-	4/1/2024	Fee Schedule	\$10,109.71
37185	PRIM ART M-THRMBC SBSQ VSL	-	-	7/1/2018	No Separate Payment	\$0.00
37186	SEC ART THROMBECTOMY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
37187	VENOUS MECH THROMBECTOMY	Y	-	4/1/2024	Fee Schedule	\$7,263.51
37188	VEN MECHNL THRMBC REPEAT TX	Y	-	4/1/2024	Fee Schedule	\$2,565.69
37191	INS ENDOVAS VENA CAVA FILTR	-	-	1/1/2022	Not Allowed	\$0.00
37192	REDO ENDOVAS VENA CAVA FILTR	-	-	4/1/2024	Not Allowed	\$0.00
37193	REM ENDOVAS VENA CAVA FILTER	Y	-	4/1/2024	Fee Schedule	\$1,547.83
37195	THROMBOLYTIC THERAPY STROKE	-	-	1/1/2022	Not Allowed	\$0.00
37197	REMOVE INTRVAS FOREIGN BODY	Y	-	4/1/2024	Fee Schedule	\$1,984.15
37200	TRANSCATHETER BIOPSY	Y	-	4/1/2024	Fee Schedule	\$2,902.77
37211	THROMBOLYTIC ART THERAPY	Y	-	4/1/2024	Fee Schedule	\$3,655.92
37212	THROMBOLYTIC VENOUS THERAPY	Y	-	4/1/2024	Fee Schedule	\$1,963.03
37213	THROMBLYTIC ART/VEN THERAPY	-	-	1/1/2022	Not Allowed	\$0.00
37214	CESSJ THERAPY CATH REMOVAL	-	-	1/1/2022	Not Allowed	\$0.00
37220	ILIAC REVASC	Y	-	4/1/2024	Fee Schedule	\$3,272.67
37221	ILIAC REVASC W/STENT	Y	-	4/1/2024	Fee Schedule	\$6,766.97
37222	ILIAC REVASC ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
37223	ILIAC REVASC W/STENT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
37224	FEM/POPL REVAS W/TLA	Y	-	4/1/2024	Fee Schedule	\$3,450.04
37225	FEM/POPL REVAS W/ATHER	Y	-	4/1/2024	Fee Schedule	\$11,686.17
37226	FEM/POPL REVASC W/STENT	Y	-	4/1/2024	Fee Schedule	\$7,023.76
37227	FEM/POPL REVASC STNT & ATHER	Y	-	4/1/2024	Fee Schedule	\$11,863.24
37228	TIB/PER REVASC W/TLA	Y	-	4/1/2024	Fee Schedule	\$6,329.25
37229	TIB/PER REVASC W/ATHER	Y	-	4/1/2024	Fee Schedule	\$11,087.84
37230	TIB/PER REVASC W/STENT	Y	-	4/1/2024	Fee Schedule	\$10,727.79
37231	TIB/PER REVASC STENT & ATHER	Y	-	4/1/2024	Fee Schedule	\$11,971.19
37232	TIB/PER REVASC ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
37233	TIBPER REVASC W/ATHER ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
37234	REVSC OPN/PRQ TIB/PERO STENT	-	-	7/1/2018	No Separate Payment	\$0.00
37235	TIB/PER REVASC STNT & ATHER	-	-	7/1/2018	No Separate Payment	\$0.00
37236	OPEN/PERQ PLACE STENT 1ST	Y	-	4/1/2024	Fee Schedule	\$6,610.79
37237	OPEN/PERQ PLACE STENT EA ADD	-	-	7/1/2018	No Separate Payment	\$0.00
37238	OPEN/PERQ PLACE STENT SAME	Y	-	4/1/2024	Fee Schedule	\$6,694.76
37239	OPEN/PERQ PLACE STENT EA ADD	-	-	7/1/2018	No Separate Payment	\$0.00
37241	VASC EMBOLIZE/OCCLUDE VENOUS	Y	-	4/1/2024	Fee Schedule	\$6,104.51
37242	VASC EMBOLIZE/OCCLUDE ARTERY	Y	-	4/1/2024	Fee Schedule	\$11,277.42
37243	VASC EMBOLIZE/OCCLUDE ORGAN	Y	-	4/1/2024	Fee Schedule	\$4,846.92
37244	VASC EMBOLIZE/OCCLUDE BLEED	-	-	1/1/2022	Not Allowed	\$0.00
37246	TRLUML BALO ANGIOP 1ST ART	Y	-	4/1/2024	Fee Schedule	\$3,277.96
37247	TRLUML BALO ANGIOP ADDL ART	-	-	7/1/2018	No Separate Payment	\$0.00
37248	TRLUML BALO ANGIOP 1ST VEIN	Y	-	4/1/2024	Fee Schedule	\$2,525.79

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



**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
37249	TRLUML BALO ANGIOP ADDL VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
37252	INTRVASC US NONCORONARY 1ST	-	-	7/1/2018	No Separate Payment	\$0.00
37253	INTRVASC US NONCORONARY ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
37500	ENDOSCOPY LIGATE PERF VEINS	Y	-	4/1/2024	Fee Schedule	\$2,902.77
37565	LIGATION OF NECK VEIN	-	-	1/1/2022	Not Allowed	\$0.00
37600	LIGATION OF NECK ARTERY	-	-	1/1/2022	Not Allowed	\$0.00
37605	LIGATION OF NECK ARTERY	-	-	1/1/2022	Not Allowed	\$0.00
37606	LIGATION OF NECK ARTERY	-	-	1/1/2022	Not Allowed	\$0.00
37607	LIGATION OF A-V FISTULA	Y	-	4/1/2024	Fee Schedule	\$1,547.83
37609	TEMPORAL ARTERY PROCEDURE	Y	-	4/1/2024	Fee Schedule	\$682.83
37615	LIGATION OF NECK ARTERY	-	-	1/1/2022	Not Allowed	\$0.00
37619	LIGATION OF INF VENA CAVA	-	-	1/1/2022	Not Allowed	\$0.00
37650	REVISION OF MAJOR VEIN	Y	-	4/1/2024	Fee Schedule	\$1,547.83
37700	REVISE LEG VEIN	Y	-	4/1/2024	Fee Schedule	\$1,547.83
37718	LIGATE/STRIP SHORT LEG VEIN	Y	-	4/1/2024	Fee Schedule	\$1,547.83
37722	LIGATE/STRIP LONG LEG VEIN	Y	-	4/1/2024	Fee Schedule	\$1,547.83
37735	REMOVAL OF LEG VEINS/LESION	Y	-	4/1/2024	Fee Schedule	\$1,547.83
37760	LIGATE LEG VEINS RADICAL	Y	-	4/1/2024	Fee Schedule	\$1,547.83
37761	LIGATE LEG VEINS OPEN	Y	-	4/1/2024	Fee Schedule	\$1,547.83
37765	STAB PHLEB VEINS XTR 10-20	Y	-	4/1/2024	Fee Schedule	\$221.70
37766	PHLEB VEINS - EXTREM 20+	Y	-	4/1/2024	Fee Schedule	\$246.66
37780	REVISION OF LEG VEIN	Y	-	4/1/2024	Fee Schedule	\$1,547.83
37785	LIGATE/DIVIDE/EXCISE VEIN	Y	-	4/1/2024	Fee Schedule	\$1,547.83
37790	PENILE VENOUS OCCLUSION	Y	-	4/1/2024	Fee Schedule	\$1,625.92
38120	LAPAROSCOPY SPLENECTOMY	-	-	1/1/2022	Not Allowed	\$0.00
38200	INJECTION FOR SPLEEN X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
38204	BL DONOR SEARCH MANAGEMENT	-	-	7/1/2018	No Separate Payment	\$0.00
38205	HARVEST ALLOGENEIC STEM CELL	-	-	7/1/2018	Not Allowed	\$0.00
38206	HARVEST AUTO STEM CELLS	-	Y	4/1/2024	Fee Schedule	\$795.82
38207	CRYOPRESERVE STEM CELLS	-	-	1/1/2022	Not Allowed	\$0.00
38208	THAW PRESERVED STEM CELLS	-	-	1/1/2022	Not Allowed	\$0.00
38209	WASH HARVEST STEM CELLS	-	-	1/1/2022	Not Allowed	\$0.00
38210	T-CELL DEPLETION OF HARVEST	-	-	1/1/2022	Not Allowed	\$0.00
38211	TUMOR CELL DEplete OF HARVST	-	-	1/1/2022	Not Allowed	\$0.00
38212	RBC DEPLETION OF HARVEST	-	-	1/1/2022	Not Allowed	\$0.00
38213	PLATELET DEplete OF HARVEST	-	-	1/1/2022	Not Allowed	\$0.00
38214	VOLUME DEplete OF HARVEST	-	-	1/1/2022	Not Allowed	\$0.00
38215	HARVEST STEM CELL CONCENTRTE	-	-	1/1/2022	Not Allowed	\$0.00
38220	DX BONE MARROW ASPIRATIONS	Y	-	4/1/2024	Fee Schedule	\$113.85
38221	DX BONE MARROW BIOPSIES	Y	-	4/1/2024	Fee Schedule	\$116.50
38222	DX BONE MARROW BX & ASPIR	Y	-	4/1/2024	Fee Schedule	\$1,157.01
38230	BONE MARROW HARVEST ALLOGEN	-	Y	4/1/2024	Fee Schedule	\$795.82
38232	BONE MARROW HARVEST AUTOLOG	-	-	4/1/2024	Fee Schedule	\$2,400.33
38240	TRANSPLT ALLO HCT/DONOR	-	-	1/1/2022	Not Allowed	\$0.00
38241	TRANSPLT AUTOL HCT/DONOR	-	Y	4/1/2024	Fee Schedule	\$795.82
38242	TRANSPLT ALLO LYMPHOCYTES	-	Y	4/1/2024	Fee Schedule	\$795.82
38243	TRANSPLJ HEMATOPOIETIC BOOST	-	-	4/1/2024	Fee Schedule	\$795.82
38300	DRAINAGE LYMPH NODE LESION	Y	-	4/1/2024	Fee Schedule	\$1,157.01
38305	DRAINAGE LYMPH NODE LESION	Y	-	4/1/2024	Fee Schedule	\$1,157.01
38308	INCISION OF LYMPH CHANNELS	Y	-	4/1/2024	Fee Schedule	\$1,469.30
38500	BIOPSY/REMOVAL LYMPH NODES	Y	-	4/1/2024	Fee Schedule	\$1,469.30

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
38505	NEEDLE BIOPSY LYMPH NODES	Y	-	4/1/2024	Fee Schedule	\$682.83
38510	BIOPSY/REMOVAL LYMPH NODES	Y	-	4/1/2024	Fee Schedule	\$1,469.30
38520	BIOPSY/REMOVAL LYMPH NODES	Y	-	4/1/2024	Fee Schedule	\$1,469.30
38525	BIOPSY/REMOVAL LYMPH NODES	Y	-	4/1/2024	Fee Schedule	\$1,469.30
38530	BIOPSY/REMOVAL LYMPH NODES	Y	-	4/1/2024	Fee Schedule	\$1,469.30
38531	OPEN BX/EXC INGUINOFEM NODES	Y	-	4/1/2024	Fee Schedule	\$1,469.30
38542	EXPLORE DEEP NODE(S) NECK	Y	-	4/1/2024	Fee Schedule	\$2,705.16
38550	REMOVAL NECK/ARMPIT LESION	Y	-	4/1/2024	Fee Schedule	\$1,469.30
38555	REMOVAL NECK/ARMPIT LESION	Y	-	4/1/2024	Fee Schedule	\$2,535.69
38570	LAPAROSCOPY LYMPH NODE BIOP	Y	-	4/1/2024	Fee Schedule	\$2,705.16
38571	LAPAROSCOPY LYMPHADENECTOMY	Y	-	4/1/2024	Fee Schedule	\$4,540.13
38572	LAPAROSCOPY LYMPHADENECTOMY	Y	-	4/1/2024	Fee Schedule	\$4,540.13
38573	LAPS PELVIC LYMPHADEC	Y	-	4/1/2024	Fee Schedule	\$4,540.13
38700	REMOVAL OF LYMPH NODES NECK	Y	-	4/1/2024	Fee Schedule	\$2,535.69
38720	REMOVAL OF LYMPH NODES NECK	-	-	1/1/2022	Not Allowed	\$0.00
38740	REMOVE ARMPIT LYMPH NODES	Y	-	4/1/2024	Fee Schedule	\$2,705.16
38745	REMOVE ARMPIT LYMPH NODES	Y	-	4/1/2024	Fee Schedule	\$2,705.16
38760	REMOVE GROIN LYMPH NODES	Y	-	4/1/2024	Fee Schedule	\$2,535.69
38790	INJECT FOR LYMPHATIC X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
38792	RA TRACER ID OF SENTINL NODE	-	-	7/1/2018	No Separate Payment	\$0.00
38794	ACCESS THORACIC LYMPH DUCT	-	-	7/1/2018	No Separate Payment	\$0.00
38900	IO MAP OF SENT LYMPH NODE	-	-	7/1/2018	No Separate Payment	\$0.00
39401	MEDIASTINOSCPY W/MEDSTNL BX	-	-	1/1/2022	Not Allowed	\$0.00
39402	MEDIASTINOSCPY W/LMPH NOD BX	-	-	1/1/2022	Not Allowed	\$0.00
40490	BIOPSY OF LIP	Y	-	4/1/2024	Fee Schedule	\$77.56
40500	PARTIAL EXCISION OF LIP	Y	-	4/1/2024	Fee Schedule	\$1,318.75
40510	PARTIAL EXCISION OF LIP	Y	-	4/1/2024	Fee Schedule	\$1,318.75
40520	PARTIAL EXCISION OF LIP	Y	-	4/1/2024	Fee Schedule	\$1,318.75
40525	RECONSTRUCT LIP WITH FLAP	Y	-	4/1/2024	Fee Schedule	\$1,318.75
40527	RECONSTRUCT LIP WITH FLAP	Y	-	4/1/2024	Fee Schedule	\$2,760.51
40530	PARTIAL REMOVAL OF LIP	Y	-	4/1/2024	Fee Schedule	\$1,318.75
40650	RPR LIP FTH VERMILION ONLY	Y	-	4/1/2024	Fee Schedule	\$285.38
40652	RPR LIP FTH-HALF VER HEIGHT	Y	-	4/1/2024	Fee Schedule	\$285.38
40654	RPR LIP FTH>1HALF VER HT/CPX	Y	-	4/1/2024	Fee Schedule	\$666.76
40700	REPAIR CLEFT LIP/NASAL	Y	-	4/1/2024	Fee Schedule	\$2,760.51
40701	REPAIR CLEFT LIP/NASAL	Y	-	4/1/2024	Fee Schedule	\$2,760.51
40702	REPAIR CLEFT LIP/NASAL	Y	-	4/1/2024	Fee Schedule	\$2,760.51
40720	REPAIR CLEFT LIP/NASAL	Y	-	4/1/2024	Fee Schedule	\$1,318.75
40761	REPAIR CLEFT LIP/NASAL	Y	-	4/1/2024	Fee Schedule	\$2,760.51
40800	DRAINAGE OF MOUTH LESION	Y	-	4/1/2024	Fee Schedule	\$157.11
40801	DRAINAGE OF MOUTH LESION	Y	-	4/1/2024	Fee Schedule	\$285.38
40804	REMOVAL FOREIGN BODY MOUTH	-	-	7/1/2018	No Separate Payment	\$0.00
40805	REMOVAL FOREIGN BODY MOUTH	Y	-	4/1/2024	Fee Schedule	\$183.08
40806	INCISION OF LIP FOLD	Y	-	4/1/2024	Fee Schedule	\$87.87
40808	BIOPSY OF MOUTH LESION	Y	-	4/1/2024	Fee Schedule	\$130.49
40810	EXCISION OF MOUTH LESION	Y	-	4/1/2024	Fee Schedule	\$166.44
40812	EXCISE/REPAIR MOUTH LESION	Y	-	4/1/2024	Fee Schedule	\$189.74
40814	EXCISE/REPAIR MOUTH LESION	Y	-	4/1/2024	Fee Schedule	\$1,318.75
40816	EXCISION OF MOUTH LESION	Y	-	4/1/2024	Fee Schedule	\$1,318.75
40818	EXCISE ORAL MUCOSA FOR GRAFT	Y	-	4/1/2024	Fee Schedule	\$285.38
40819	EXCISE LIP OR CHEEK FOLD	Y	-	4/1/2024	Fee Schedule	\$666.76

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
40820	TREATMENT OF MOUTH LESION	Y	-	4/1/2024	Fee Schedule	\$210.05
40830	REPAIR MOUTH LACERATION	Y	-	4/1/2024	Fee Schedule	\$126.69
40831	REPAIR MOUTH LACERATION	Y	-	4/1/2024	Fee Schedule	\$285.38
40840	RECONSTRUCTION OF MOUTH	Y	-	4/1/2024	Fee Schedule	\$2,760.51
40842	RECONSTRUCTION OF MOUTH	Y	-	4/1/2024	Fee Schedule	\$2,760.51
40843	RECONSTRUCTION OF MOUTH	Y	-	4/1/2024	Fee Schedule	\$2,760.51
40844	RECONSTRUCTION OF MOUTH	Y	-	4/1/2024	Fee Schedule	\$2,760.51
40845	RECONSTRUCTION OF MOUTH	Y	-	4/1/2024	Fee Schedule	\$2,760.51
41000	DRAINAGE OF MOUTH LESION	Y	-	4/1/2024	Fee Schedule	\$95.54
41005	DRAINAGE OF MOUTH LESION	Y	-	4/1/2024	Fee Schedule	\$126.69
41006	DRAINAGE OF MOUTH LESION	Y	-	4/1/2024	Fee Schedule	\$666.76
41007	DRAINAGE OF MOUTH LESION	Y	-	4/1/2024	Fee Schedule	\$666.76
41008	DRAINAGE OF MOUTH LESION	Y	-	4/1/2024	Fee Schedule	\$1,318.75
41009	DRAINAGE OF MOUTH LESION	Y	-	4/1/2024	Fee Schedule	\$285.38
41010	INCISION OF TONGUE FOLD	Y	-	4/1/2024	Fee Schedule	\$666.76
41015	DRAINAGE OF MOUTH LESION	Y	-	4/1/2024	Fee Schedule	\$285.38
41016	DRAINAGE OF MOUTH LESION	Y	-	4/1/2024	Fee Schedule	\$2,760.51
41017	DRAINAGE OF MOUTH LESION	Y	-	4/1/2024	Fee Schedule	\$1,318.75
41018	DRAINAGE OF MOUTH LESION	Y	-	4/1/2024	Fee Schedule	\$666.76
41019	PLACE NEEDLES H&N FOR RT	Y	-	4/1/2024	Fee Schedule	\$2,760.51
41100	BIOPSY OF TONGUE	Y	-	4/1/2024	Fee Schedule	\$134.48
41105	BIOPSY OF TONGUE	Y	-	4/1/2024	Fee Schedule	\$133.48
41108	BIOPSY OF FLOOR OF MOUTH	Y	-	4/1/2024	Fee Schedule	\$127.16
41110	EXCISION OF TONGUE LESION	Y	-	4/1/2024	Fee Schedule	\$171.43
41112	EXCISION OF TONGUE LESION	Y	-	4/1/2024	Fee Schedule	\$1,318.75
41113	EXCISION OF TONGUE LESION	Y	-	4/1/2024	Fee Schedule	\$1,318.75
41114	EXCISION OF TONGUE LESION	Y	-	4/1/2024	Fee Schedule	\$1,318.75
41115	EXCISION OF TONGUE FOLD	Y	-	4/1/2024	Fee Schedule	\$194.07
41116	EXCISION OF MOUTH LESION	Y	-	4/1/2024	Fee Schedule	\$1,318.75
41120	PARTIAL REMOVAL OF TONGUE	Y	-	4/1/2024	Fee Schedule	\$2,760.51
41250	REPAIR TONGUE LACERATION	-	-	7/1/2018	No Separate Payment	\$0.00
41251	REPAIR TONGUE LACERATION	Y	-	4/1/2024	Fee Schedule	\$126.69
41252	REPAIR TONGUE LACERATION	Y	-	4/1/2024	Fee Schedule	\$126.69
41510	TONGUE TO LIP SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,318.75
41512	TONGUE SUSPENSION	Y	-	4/1/2024	Fee Schedule	\$3,476.76
41520	RECONSTRUCTION TONGUE FOLD	Y	-	4/1/2024	Fee Schedule	\$1,318.75
41530	TONGUE BASE VOL REDUCTION	Y	-	4/1/2024	Fee Schedule	\$776.93
41800	DRAINAGE OF GUM LESION	-	-	7/1/2018	No Separate Payment	\$0.00
41805	REMOVAL FOREIGN BODY GUM	Y	-	4/1/2024	Fee Schedule	\$257.65
41806	REMOVAL FOREIGN BODY JAWBONE	Y	-	4/1/2024	Fee Schedule	\$304.92
41820	EXCISION GUM EACH QUADRANT	Y	-	4/1/2024	Fee Schedule	\$1,318.75
41821	EXCISION OF GUM FLAP	Y	-	4/1/2024	Fee Schedule	\$666.76
41822	EXCISION OF GUM LESION	Y	-	4/1/2024	Fee Schedule	\$260.64
41823	EXCISION OF GUM LESION	Y	-	4/1/2024	Fee Schedule	\$382.81
41825	EXCISION OF GUM LESION	Y	-	4/1/2024	Fee Schedule	\$168.76
41826	EXCISION OF GUM LESION	Y	-	4/1/2024	Fee Schedule	\$210.05
41827	EXCISION OF GUM LESION	Y	-	4/1/2024	Fee Schedule	\$2,760.51
41828	EXCISION OF GUM LESION	Y	-	4/1/2024	Fee Schedule	\$230.01
41830	REMOVAL OF GUM TISSUE	Y	-	4/1/2024	Fee Schedule	\$333.87
41850	TREATMENT OF GUM LESION	Y	-	4/1/2024	Fee Schedule	\$666.76
41870	GUM GRAFT	Y	-	4/1/2024	Fee Schedule	\$666.76

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
41872	REPAIR GUM	Y	-	4/1/2024	Fee Schedule	\$354.52
41874	REPAIR TOOTH SOCKET	Y	-	4/1/2024	Fee Schedule	\$265.97
42000	DRAINAGE MOUTH ROOF LESION	Y	-	4/1/2024	Fee Schedule	\$126.69
42100	BIOPSY ROOF OF MOUTH	Y	-	4/1/2024	Fee Schedule	\$95.54
42104	EXCISION LESION MOUTH ROOF	Y	-	4/1/2024	Fee Schedule	\$154.45
42106	EXCISION LESION MOUTH ROOF	Y	-	4/1/2024	Fee Schedule	\$171.43
42107	EXCISION LESION MOUTH ROOF	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42120	REMOVE PALATE/LESION	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42140	EXCISION OF UVULA	Y	-	4/1/2024	Fee Schedule	\$1,318.75
42145	REPAIR PALATE PHARYNX/UVULA	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42160	TREATMENT MOUTH ROOF LESION	Y	-	4/1/2024	Fee Schedule	\$157.45
42180	REPAIR LAC PALATE<2 CM	Y	-	4/1/2024	Fee Schedule	\$285.38
42182	REPAIR PALATE	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42200	RECONSTRUCT CLEFT PALATE	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42205	RECONSTRUCT CLEFT PALATE	Y	-	4/1/2024	Fee Schedule	\$1,318.75
42210	RECONSTRUCT CLEFT PALATE	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42215	RECONSTRUCT CLEFT PALATE	Y	-	4/1/2024	Fee Schedule	\$3,746.16
42220	RECONSTRUCT CLEFT PALATE	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42225	RECONSTRUCT CLEFT PALATE	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42226	LENGTHENING OF PALATE	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42227	LENGTHENING OF PALATE	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42235	REPAIR PALATE	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42260	REPAIR NOSE TO LIP FISTULA	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42280	PREPARATION PALATE MOLD	Y	-	4/1/2024	Fee Schedule	\$118.17
42281	INSERTION PALATE PROSTHESIS	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42300	DRAINAGE OF SALIVARY GLAND	Y	-	4/1/2024	Fee Schedule	\$666.76
42305	DRAINAGE OF SALIVARY GLAND	Y	-	4/1/2024	Fee Schedule	\$1,318.75
42310	DRAINAGE OF SALIVARY GLAND	Y	-	4/1/2024	Fee Schedule	\$285.38
42320	DRAINAGE OF SALIVARY GLAND	Y	-	4/1/2024	Fee Schedule	\$285.38
42330	REMOVAL OF SALIVARY STONE	Y	-	4/1/2024	Fee Schedule	\$149.79
42335	REMOVAL OF SALIVARY STONE	Y	-	4/1/2024	Fee Schedule	\$306.25
42340	REMOVAL OF SALIVARY STONE	Y	-	4/1/2024	Fee Schedule	\$1,318.75
42400	BIOPSY OF SALIVARY GLAND	Y	-	4/1/2024	Fee Schedule	\$66.91
42405	BIOPSY OF SALIVARY GLAND	Y	-	4/1/2024	Fee Schedule	\$666.76
42408	EXCISION OF SALIVARY CYST	Y	-	4/1/2024	Fee Schedule	\$1,318.75
42409	DRAINAGE OF SALIVARY CYST	Y	-	4/1/2024	Fee Schedule	\$1,318.75
42410	EXCISE PAROTID GLAND/LESION	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42415	EXCISE PAROTID GLAND/LESION	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42420	EXCISE PAROTID GLAND/LESION	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42425	EXCISE PAROTID GLAND/LESION	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42440	EXCISE SUBMAXILLARY GLAND	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42450	EXCISE SUBLINGUAL GLAND	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42500	REPAIR SALIVARY DUCT	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42505	REPAIR SALIVARY DUCT	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42507	PAROTID DUCT DIVERSION	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42509	PAROTID DUCT DIVERSION	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42510	PAROTID DUCT DIVERSION	Y	-	4/1/2024	Fee Schedule	\$1,318.75
42550	INJECTION FOR SALIVARY X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
42600	CLOSURE OF SALIVARY FISTULA	Y	-	4/1/2024	Fee Schedule	\$1,318.75
42650	DILATION OF SALIVARY DUCT	Y	-	4/1/2024	Fee Schedule	\$45.60
42660	DILATION OF SALIVARY DUCT	Y	-	4/1/2024	Fee Schedule	\$65.58

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
42665	LIGATION OF SALIVARY DUCT	Y	-	4/1/2024	Fee Schedule	\$1,318.75
42700	DRAINAGE OF TONSIL ABSCESS	Y	-	4/1/2024	Fee Schedule	\$126.69
42720	DRAINAGE OF THROAT ABSCESS	Y	-	4/1/2024	Fee Schedule	\$1,318.75
42725	DRAINAGE OF THROAT ABSCESS	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42800	BIOPSY OF THROAT	Y	-	4/1/2024	Fee Schedule	\$104.85
42804	BIOPSY OF UPPER NOSE/THROAT	Y	-	4/1/2024	Fee Schedule	\$1,318.75
42806	BIOPSY OF UPPER NOSE/THROAT	Y	-	4/1/2024	Fee Schedule	\$1,318.75
42808	EXCISE PHARYNX LESION	Y	-	4/1/2024	Fee Schedule	\$1,318.75
42809	REMOVE PHARYNX FOREIGN BODY	-	-	7/1/2018	No Separate Payment	\$0.00
42810	EXCISION OF NECK CYST	Y	-	4/1/2024	Fee Schedule	\$1,318.75
42815	EXCISION OF NECK CYST	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42820	REMOVE TONSILS AND ADENOIDS	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42821	REMOVE TONSILS AND ADENOIDS	Y	-	4/1/2024	Fee Schedule	\$1,318.75
42825	REMOVAL OF TONSILS	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42826	REMOVAL OF TONSILS	Y	-	4/1/2024	Fee Schedule	\$1,318.75
42830	REMOVAL OF ADENOIDS	Y	-	4/1/2024	Fee Schedule	\$1,318.75
42831	REMOVAL OF ADENOIDS	Y	-	4/1/2024	Fee Schedule	\$1,318.75
42835	REMOVAL OF ADENOIDS	Y	-	4/1/2024	Fee Schedule	\$1,318.75
42836	REMOVAL OF ADENOIDS	Y	-	4/1/2024	Fee Schedule	\$1,318.75
42842	EXTENSIVE SURGERY OF THROAT	-	-	1/1/2022	Not Allowed	\$0.00
42844	EXTENSIVE SURGERY OF THROAT	-	-	1/1/2022	Not Allowed	\$0.00
42860	EXCISION OF TONSIL TAGS	Y	-	4/1/2024	Fee Schedule	\$1,318.75
42870	EXCISION OF LINGUAL TONSIL	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42890	PARTIAL REMOVAL OF PHARYNX	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42892	REVISION OF PHARYNGEAL WALLS	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42900	REPAIR THROAT WOUND	Y	-	4/1/2024	Fee Schedule	\$1,110.42
42950	RECONSTRUCTION OF THROAT	Y	-	4/1/2024	Fee Schedule	\$2,760.51
42955	SURGICAL OPENING OF THROAT	Y	-	4/1/2024	Fee Schedule	\$666.76
42960	CONTROL THROAT BLEEDING	Y	-	4/1/2024	Fee Schedule	\$285.38
42962	CONTROL THROAT BLEEDING	Y	-	4/1/2024	Fee Schedule	\$1,318.75
42970	CONTROL NOSE/THROAT BLEEDING	Y	-	4/1/2024	Fee Schedule	\$126.69
42972	CONTROL NOSE/THROAT BLEEDING	Y	-	4/1/2024	Fee Schedule	\$1,318.75
42975	DISE EVAL SLP DO BRTH FLX DX	Y	-	4/1/2024	Fee Schedule	\$757.05
43020	INCISION OF ESOPHAGUS	-	-	1/1/2022	Not Allowed	\$0.00
43030	THROAT MUSCLE SURGERY	Y	-	4/1/2024	Fee Schedule	\$2,760.51
43130	REMOVAL OF ESOPHAGUS POUCH	Y	-	4/1/2024	Fee Schedule	\$2,760.51
43180	ESOPHAGOSCOPY RIGID TRNSO	Y	-	4/1/2024	Fee Schedule	\$2,760.51
43191	ESOPHAGOSCOPY RIGID TRNSO DX	Y	-	4/1/2024	Fee Schedule	\$831.73
43192	ESOPHAGOSCP RIG TRNSO INJECT	Y	-	4/1/2024	Fee Schedule	\$831.73
43193	ESOPHAGOSCP RIG TRNSO BIOPSY	Y	-	4/1/2024	Fee Schedule	\$831.73
43194	ESOPHAGOSCP RIG TRNSO REM FB	Y	-	4/1/2024	Fee Schedule	\$831.73
43195	ESOPHAGOSCOPY RIGID BALLOON	Y	-	4/1/2024	Fee Schedule	\$1,798.89
43196	ESOPHAGOSCP GUIDE WIRE DILAT	Y	-	4/1/2024	Fee Schedule	\$831.73
43197	ESOPHAGOSCOPY FLEX DX BRUSH	Y	-	4/1/2024	Fee Schedule	\$131.82
43198	ESOPHAGOSC FLEX TRNSN BIOPSY	Y	-	4/1/2024	Fee Schedule	\$142.14
43200	ESOPHAGOSCOPY FLEXIBLE BRUSH	Y	-	4/1/2024	Fee Schedule	\$470.17
43201	ESOPH SCOPE W/SUBMUCOUS INJ	Y	-	4/1/2024	Fee Schedule	\$831.73
43202	ESOPHAGOSCOPY FLEX BIOPSY	Y	-	4/1/2024	Fee Schedule	\$831.73
43204	ESOPH SCOPE W/SCLEROSIS INJ	Y	-	4/1/2024	Fee Schedule	\$831.73
43205	ESOPHAGUS ENDOSCOPY/LIGATION	Y	-	4/1/2024	Fee Schedule	\$831.73
43206	ESOPH OPTICAL ENDOMICROSCOPY	Y	-	4/1/2024	Fee Schedule	\$831.73

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
43210	EGD ESOPHAGOGASTR FNDOPPLSTY	Y	-	4/1/2024	Fee Schedule	\$5,903.93
43211	ESOPHAGOSCOPI MUCOSAL RESECT	Y	-	4/1/2024	Fee Schedule	\$831.73
43212	ESOPHAGOSCOPI STENT PLACEMENT	Y	-	4/1/2024	Fee Schedule	\$3,839.28
43213	ESOPHAGOSCOPI RETRO BALLOON	Y	-	4/1/2024	Fee Schedule	\$831.73
43214	ESOPHAGOSCOPI DILATE BALLOON 30	Y	-	4/1/2024	Fee Schedule	\$831.73
43215	ESOPHAGOSCOPI FLEX REMOVE FB	Y	-	4/1/2024	Fee Schedule	\$831.73
43216	ESOPHAGOSCOPI LESION REMOVAL	Y	-	4/1/2024	Fee Schedule	\$831.73
43217	ESOPHAGOSCOPI SNARE LES REMV	Y	-	4/1/2024	Fee Schedule	\$831.73
43220	ESOPHAGOSCOPI BALLOON <30MM	Y	-	4/1/2024	Fee Schedule	\$831.73
43226	ESOPH ENDOSCOPI DILATION	Y	-	4/1/2024	Fee Schedule	\$831.73
43227	ESOPHAGOSCOPI CONTROL BLEED	Y	-	4/1/2024	Fee Schedule	\$831.73
43229	ESOPHAGOSCOPI LESION ABLATE	Y	-	4/1/2024	Fee Schedule	\$2,643.99
43231	ESOPHAGOSCOPI ULTRASOUND EXAM	Y	-	4/1/2024	Fee Schedule	\$831.73
43232	ESOPHAGOSCOPI W/US NEEDLE BX	Y	-	4/1/2024	Fee Schedule	\$831.73
43233	EGD BALLOON DIL ESOPH30 MM/>	Y	-	4/1/2024	Fee Schedule	\$831.73
43235	EGD DIAGNOSTIC BRUSH WASH	Y	-	4/1/2024	Fee Schedule	\$470.17
43236	UPPR GI SCOPE W/SUBMUC INJ	Y	-	4/1/2024	Fee Schedule	\$470.17
43237	ENDOSCOPIC US EXAM ESOPH	Y	-	4/1/2024	Fee Schedule	\$831.73
43238	EGD US FINE NEEDLE BX/ASPIR	Y	-	4/1/2024	Fee Schedule	\$831.73
43239	EGD BIOPSY SINGLE/MULTIPLE	Y	-	4/1/2024	Fee Schedule	\$470.17
43240	EGD W/TRANSMURAL DRAIN CYST	Y	-	4/1/2024	Fee Schedule	\$4,024.62
43241	EGD TUBE/CATH INSERTION	Y	-	4/1/2024	Fee Schedule	\$831.73
43242	EGD US FINE NEEDLE BX/ASPIR	Y	-	4/1/2024	Fee Schedule	\$831.73
43243	EGD INJECTION VARICES	Y	-	4/1/2024	Fee Schedule	\$831.73
43244	EGD VARICES LIGATION	Y	-	4/1/2024	Fee Schedule	\$831.73
43245	EGD DILATE STRICTURE	Y	-	4/1/2024	Fee Schedule	\$831.73
43246	EGD PLACE GASTROSTOMY TUBE	Y	-	4/1/2024	Fee Schedule	\$831.73
43247	EGD REMOVE FOREIGN BODY	Y	-	4/1/2024	Fee Schedule	\$470.17
43248	EGD GUIDE WIRE INSERTION	Y	-	4/1/2024	Fee Schedule	\$470.17
43249	ESOPH EGD DILATION <30 MM	Y	-	4/1/2024	Fee Schedule	\$831.73
43250	EGD CAUTERY TUMOR POLYP	Y	-	4/1/2024	Fee Schedule	\$831.73
43251	EGD REMOVE LESION SNARE	Y	-	4/1/2024	Fee Schedule	\$831.73
43252	EGD OPTICAL ENDOMICROSCOPY	Y	-	4/1/2024	Fee Schedule	\$831.73
43253	EGD US TRANSMURAL INJXN/MARK	Y	-	4/1/2024	Fee Schedule	\$831.73
43254	EGD ENDO MUCOSAL RESECTION	Y	-	4/1/2024	Fee Schedule	\$831.73
43255	EGD CONTROL BLEEDING ANY	Y	-	4/1/2024	Fee Schedule	\$831.73
43257	EGD W/THRML TXMNT GERD	Y	-	4/1/2024	Fee Schedule	\$2,434.56
43259	EGD US EXAM DUODENUM/IEJUNUM	Y	-	4/1/2024	Fee Schedule	\$831.73
43260	ERCP W/SPECIMEN COLLECTION	Y	-	4/1/2024	Fee Schedule	\$1,798.89
43261	ENDO CHOLANGIOPANCREATOGRAPH	Y	-	4/1/2024	Fee Schedule	\$1,798.89
43262	ENDO CHOLANGIOPANCREATOGRAPH	Y	-	4/1/2024	Fee Schedule	\$1,798.89
43263	ERCP SPHINCTER PRESSURE MEAS	Y	-	4/1/2024	Fee Schedule	\$831.73
43264	ERCP REMOVE DUCT CALCULI	Y	-	4/1/2024	Fee Schedule	\$1,798.89
43265	ERCP LITHOTRIPSY CALCULI	Y	-	4/1/2024	Fee Schedule	\$2,575.02
43266	EGD ENDOSCOPIC STENT PLACE	Y	-	4/1/2024	Fee Schedule	\$3,963.20
43270	EGD LESION ABLATION	Y	-	4/1/2024	Fee Schedule	\$1,074.19
43273	ENDOSCOPIC PANCREATOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
43274	ERCP DUCT STENT PLACEMENT	Y	-	4/1/2024	Fee Schedule	\$3,318.79
43275	ERCP REMOVE FORGN BODY DUCT	Y	-	4/1/2024	Fee Schedule	\$831.73
43276	ERCP STENT EXCHANGE W/DILATE	Y	-	4/1/2024	Fee Schedule	\$3,322.88
43277	ERCP EA DUCT/AMPULLA DILATE	Y	-	4/1/2024	Fee Schedule	\$1,798.89

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
43278	ERCP LESION ABLATE W/DILATE	Y	-	4/1/2024	Fee Schedule	\$1,798.89
43280	LAPAROSCOPY FUNDOPLASTY	-	-	1/1/2022	Not Allowed	\$0.00
43281	LAP PARAESOPHAG HERN REPAIR	-	-	1/1/2022	Not Allowed	\$0.00
43282	LAP PARAESOPH HER RPR W/MESH	-	-	1/1/2022	Not Allowed	\$0.00
43284	LAPS ESOPHGL SPHNCTR AGMNTJ	Y	-	4/1/2024	Fee Schedule	\$6,489.89
43285	RMVL ESOPHGL SPHNCTR DEV	-	-	4/1/2024	Fee Schedule	\$2,705.16
43290	EGD FLX TRNSORL DPLMNT BALO	Y	-	4/1/2024	Fee Schedule	\$831.73
43291	EGD FLX TRNSORL RMVL BALO	Y	-	4/1/2024	Fee Schedule	\$470.17
43420	REPAIR ESOPHAGUS OPENING	-	-	1/1/2022	Not Allowed	\$0.00
43450	DILATE ESOPHAGUS 1/MULT PASS	Y	-	4/1/2024	Fee Schedule	\$470.17
43453	DILATE ESOPHAGUS	Y	-	4/1/2024	Fee Schedule	\$831.73
43510	SURGICAL OPENING OF STOMACH	-	-	1/1/2022	Not Allowed	\$0.00
43647	LAP IMPL ELECTRODE ANTRUM	-	-	1/1/2022	Not Allowed	\$0.00
43648	LAP REVISE/REMV ELTRD ANTRUM	-	-	1/1/2022	Not Allowed	\$0.00
43651	LAPAROSCOPY VAGUS NERVE	-	-	1/1/2022	Not Allowed	\$0.00
43652	LAPAROSCOPY VAGUS NERVE	-	-	1/1/2022	Not Allowed	\$0.00
43653	LAPAROSCOPY GASTROSTOMY	Y	-	4/1/2024	Fee Schedule	\$2,705.16
43752	NASAL/OROGASTRIC W/TUBE PLMT	-	-	4/1/2024	Fee Schedule	\$206.66
43753	TX GASTRO INTUB W/ASP	-	-	7/1/2018	No Separate Payment	\$0.00
43754	DX GASTR INTUB W/ASP SPEC	-	-	7/1/2018	No Separate Payment	\$0.00
43755	DX GASTR INTUB W/ASP SPECS	-	-	4/1/2024	Fee Schedule	\$81.02
43756	DX DUOD INTUB W/ASP SPEC	-	-	4/1/2024	Fee Schedule	\$470.17
43757	DX DUOD INTUB W/ASP SPECS	Y	-	4/1/2024	Fee Schedule	\$470.17
43761	REPOSITION GASTROSTOMY TUBE	Y	-	4/1/2024	Fee Schedule	\$128.19
43762	RPLC GTUBE NO REVJ TRC	Y	-	4/1/2024	Fee Schedule	\$128.19
43763	RPLC GTUBE REVJ GSTRST TRC	Y	-	4/1/2024	Fee Schedule	\$128.19
43770	LAP PLACE GASTR ADJ DEVICE	-	-	1/1/2022	Not Allowed	\$0.00
43772	LAP RMVL GASTR ADJ DEVICE	-	-	1/1/2022	Not Allowed	\$0.00
43773	LAP REPLACE GASTR ADJ DEVICE	-	-	1/1/2022	Not Allowed	\$0.00
43774	LAP RMVL GASTR ADJ ALL PARTS	-	-	4/1/2024	Not Allowed	\$0.00
43830	PLACE GASTROSTOMY TUBE	-	-	1/1/2022	Not Allowed	\$0.00
43831	PLACE GASTROSTOMY TUBE	-	-	1/1/2022	Not Allowed	\$0.00
43870	REPAIR STOMACH OPENING	Y	-	4/1/2024	Fee Schedule	\$1,798.89
43886	REVISE GASTRIC PORT OPEN	-	-	4/1/2024	Not Allowed	\$0.00
43887	REMOVE GASTRIC PORT OPEN	-	-	4/1/2024	Not Allowed	\$0.00
43888	CHANGE GASTRIC PORT OPEN	-	-	4/1/2024	Not Allowed	\$0.00
44100	BIOPSY OF BOWEL	Y	-	4/1/2024	Fee Schedule	\$470.17
44180	LAP ENTEROLYSIS	-	-	1/1/2022	Not Allowed	\$0.00
44186	LAP JEJUNOSTOMY	-	-	1/1/2022	Not Allowed	\$0.00
44312	REVISION OF ILEOSTOMY	Y	-	4/1/2024	Fee Schedule	\$1,860.82
44340	REVISION OF COLOSTOMY	Y	-	4/1/2024	Fee Schedule	\$1,860.82
44360	SMALL BOWEL ENDOSCOPY	Y	-	4/1/2024	Fee Schedule	\$831.73
44361	SMALL BOWEL ENDOSCOPY/BIOPSY	Y	-	4/1/2024	Fee Schedule	\$831.73
44363	SMALL BOWEL ENDOSCOPY	Y	-	4/1/2024	Fee Schedule	\$831.73
44364	SMALL BOWEL ENDOSCOPY	Y	-	4/1/2024	Fee Schedule	\$831.73
44365	SMALL BOWEL ENDOSCOPY	Y	-	4/1/2024	Fee Schedule	\$831.73
44366	SMALL BOWEL ENDOSCOPY	Y	-	4/1/2024	Fee Schedule	\$831.73
44369	SMALL BOWEL ENDOSCOPY	Y	-	4/1/2024	Fee Schedule	\$831.73
44370	SMALL BOWEL ENDOSCOPY/STENT	Y	-	4/1/2024	Fee Schedule	\$4,334.33
44372	SMALL BOWEL ENDOSCOPY	Y	-	4/1/2024	Fee Schedule	\$831.73
44373	SMALL BOWEL ENDOSCOPY	Y	-	4/1/2024	Fee Schedule	\$831.73

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
44376	SMALL BOWEL ENDOSCOPY	Y	-	4/1/2024	Fee Schedule	\$831.73
44377	SMALL BOWEL ENDOSCOPY/BIOPSY	Y	-	4/1/2024	Fee Schedule	\$831.73
44378	SMALL BOWEL ENDOSCOPY	Y	-	4/1/2024	Fee Schedule	\$831.73
44379	S BOWEL ENDOSCOPE W/STENT	Y	-	4/1/2024	Fee Schedule	\$2,575.02
44380	SMALL BOWEL ENDOSCOPY BR/WA	Y	-	4/1/2024	Fee Schedule	\$470.17
44381	SMALL BOWEL ENDOSCOPY BR/WA	Y	-	4/1/2024	Fee Schedule	\$831.73
44382	SMALL BOWEL ENDOSCOPY	Y	-	4/1/2024	Fee Schedule	\$470.17
44384	SMALL BOWEL ENDOSCOPY	Y	-	4/1/2024	Fee Schedule	\$1,090.62
44385	ENDOSCOPY OF BOWEL POUCH	Y	-	4/1/2024	Fee Schedule	\$474.05
44386	ENDOSCOPY BOWEL POUCH/BIOP	Y	-	4/1/2024	Fee Schedule	\$474.05
44388	COLONOSCOPY THRU STOMA SPX	Y	-	4/1/2024	Fee Schedule	\$474.05
44389	COLONOSCOPY WITH BIOPSY	Y	-	4/1/2024	Fee Schedule	\$612.08
44390	COLONOSCOPY FOR FOREIGN BODY	Y	-	4/1/2024	Fee Schedule	\$474.05
44391	COLONOSCOPY FOR BLEEDING	Y	-	4/1/2024	Fee Schedule	\$612.08
44392	COLONOSCOPY & POLYPECTOMY	Y	-	4/1/2024	Fee Schedule	\$612.08
44394	COLONOSCOPY W/SNARE	Y	-	4/1/2024	Fee Schedule	\$612.08
44401	COLONOSCOPY WITH ABLATION	Y	-	4/1/2024	Fee Schedule	\$612.08
44402	COLONOSCOPY W/STENT PLCMT	Y	-	4/1/2024	Fee Schedule	\$3,243.14
44403	COLONOSCOPY W/RESECTION	Y	-	4/1/2024	Fee Schedule	\$612.08
44404	COLONOSCOPY W/INJECTION	Y	-	4/1/2024	Fee Schedule	\$612.08
44405	COLONOSCOPY W/DILATION	Y	-	4/1/2024	Fee Schedule	\$612.08
44406	COLONOSCOPY W/ULTRASOUND	Y	-	4/1/2024	Fee Schedule	\$612.08
44407	COLONOSCOPY W/NDL ASPIR/BX	Y	-	4/1/2024	Fee Schedule	\$612.08
44408	COLONOSCOPY W/DECOMPRESSION	Y	-	4/1/2024	Fee Schedule	\$474.05
44500	INTRO GASTROINTESTINAL TUBE	Y	-	4/1/2024	Fee Schedule	\$470.17
44701	INTRAOP COLON LAVAGE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
44950	APPENDECTOMY	-	-	1/1/2022	Not Allowed	\$0.00
44955	APPENDECTOMY ADD-ON	-	-	1/1/2022	Not Allowed	\$0.00
44970	LAPAROSCOPY APPENDECTOMY	-	-	1/1/2022	Not Allowed	\$0.00
45000	DRAINAGE OF PELVIC ABSCESS	Y	-	4/1/2024	Fee Schedule	\$612.08
45005	DRAINAGE OF RECTAL ABSCESS	Y	-	4/1/2024	Fee Schedule	\$612.08
45020	DRAINAGE OF RECTAL ABSCESS	Y	-	4/1/2024	Fee Schedule	\$1,348.91
45100	BIOPSY OF RECTUM	Y	-	4/1/2024	Fee Schedule	\$1,348.91
45108	REMOVAL OF ANORECTAL LESION	Y	-	4/1/2024	Fee Schedule	\$1,348.91
45150	EXCISION OF RECTAL STRICTURE	Y	-	4/1/2024	Fee Schedule	\$612.08
45160	EXCISION OF RECTAL LESION	Y	-	4/1/2024	Fee Schedule	\$1,348.91
45171	EXC RECT TUM TRANSANAL PART	Y	-	4/1/2024	Fee Schedule	\$1,348.91
45172	EXC RECT TUM TRANSANAL FULL	Y	-	4/1/2024	Fee Schedule	\$1,348.91
45190	DESTRUCTION RECTAL TUMOR	Y	-	4/1/2024	Fee Schedule	\$1,348.91
45300	PROCTOSIGMOIDOSCOPY DX	Y	-	4/1/2024	Fee Schedule	\$97.20
45303	PROCTOSIGMOIDOSCOPY DILATE	Y	-	4/1/2024	Fee Schedule	\$612.08
45305	PROCTOSIGMOIDOSCOPY W/BX	Y	-	4/1/2024	Fee Schedule	\$612.08
45307	PROCTOSIGMOIDOSCOPY FB	Y	-	4/1/2024	Fee Schedule	\$1,348.91
45308	PROCTOSIGMOIDOSCOPY REMOVAL	Y	-	4/1/2024	Fee Schedule	\$1,348.91
45309	PROCTOSIGMOIDOSCOPY REMOVAL	Y	-	4/1/2024	Fee Schedule	\$612.08
45315	PROCTOSIGMOIDOSCOPY REMOVAL	Y	-	4/1/2024	Fee Schedule	\$612.08
45317	PROCTOSIGMOIDOSCOPY BLEED	Y	-	4/1/2024	Fee Schedule	\$612.08
45320	PROCTOSIGMOIDOSCOPY ABLATE	Y	-	4/1/2024	Fee Schedule	\$1,348.91
45321	PROCTOSIGMOIDOSCOPY VOLVUL	Y	-	4/1/2024	Fee Schedule	\$1,348.91
45327	PROCTOSIGMOIDOSCOPY W/STENT	Y	-	4/1/2024	Fee Schedule	\$3,996.39
45330	DIAGNOSTIC SIGMOIDOSCOPY	Y	-	4/1/2024	Fee Schedule	\$154.13

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



**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
45331	SIGMOIDOSCOPY AND BIOPSY	Y	-	4/1/2024	Fee Schedule	\$474.05
45332	SIGMOIDOSCOPY W/FB REMOVAL	Y	-	4/1/2024	Fee Schedule	\$612.08
45333	SIGMOIDOSCOPY & POLYPECTOMY	Y	-	4/1/2024	Fee Schedule	\$474.05
45334	SIGMOIDOSCOPY FOR BLEEDING	Y	-	4/1/2024	Fee Schedule	\$612.08
45335	SIGMOIDOSCOPY W/SUBMUC INJ	Y	-	4/1/2024	Fee Schedule	\$474.05
45337	SIGMOIDOSCOPY & DECOMPRESS	Y	-	4/1/2024	Fee Schedule	\$474.05
45338	SIGMOIDOSCOPY W/TUMR REMOVE	Y	-	4/1/2024	Fee Schedule	\$612.08
45340	SIG W/TNDS BALLOON DILATION	Y	-	4/1/2024	Fee Schedule	\$612.08
45341	SIGMOIDOSCOPY W/ULTRASOUND	Y	-	4/1/2024	Fee Schedule	\$474.05
45342	SIGMOIDOSCOPY W/US GUIDE BX	Y	-	4/1/2024	Fee Schedule	\$612.08
45346	SIGMOIDOSCOPY W/ABLATION	Y	-	4/1/2024	Fee Schedule	\$612.08
45347	SIGMOIDOSCOPY W/PLCMT STENT	Y	-	4/1/2024	Fee Schedule	\$4,016.00
45349	SIGMOIDOSCOPY W/RESECTION	Y	-	4/1/2024	Fee Schedule	\$1,348.91
45350	SGMDSC W/BAND LIGATION	Y	-	4/1/2024	Fee Schedule	\$612.08
45378	DIAGNOSTIC COLONOSCOPY	Y	-	4/1/2024	Fee Schedule	\$474.05
45379	COLONOSCOPY W/FB REMOVAL	Y	-	4/1/2024	Fee Schedule	\$612.08
45380	COLONOSCOPY AND BIOPSY	Y	-	4/1/2024	Fee Schedule	\$612.08
45381	COLONOSCOPY SUBMUCOUS NJX	Y	-	4/1/2024	Fee Schedule	\$612.08
45382	COLONOSCOPY W/CONTROL BLEED	Y	-	4/1/2024	Fee Schedule	\$612.08
45384	COLONOSCOPY W/LESION REMOVAL	Y	-	4/1/2024	Fee Schedule	\$612.08
45385	COLONOSCOPY W/LESION REMOVAL	Y	-	4/1/2024	Fee Schedule	\$612.08
45386	COLONOSCOPY W/BALLOON DILAT	Y	-	4/1/2024	Fee Schedule	\$612.08
45388	COLONOSCOPY W/ABLATION	Y	-	4/1/2024	Fee Schedule	\$612.08
45389	COLONOSCOPY W/STENT PLCMT	Y	-	4/1/2024	Fee Schedule	\$3,946.39
45390	COLONOSCOPY W/RESECTION	Y	-	4/1/2024	Fee Schedule	\$1,348.91
45391	COLONOSCOPY W/ENDOSCOPE US	Y	-	4/1/2024	Fee Schedule	\$612.08
45392	COLONOSCOPY W/ENDOSCOPIC FNB	Y	-	4/1/2024	Fee Schedule	\$612.08
45393	COLONOSCOPY W/DECOMPRESSION	Y	-	4/1/2024	Fee Schedule	\$612.08
45398	COLONOSCOPY W/BAND LIGATION	Y	-	4/1/2024	Fee Schedule	\$612.08
45500	REPAIR OF RECTUM	Y	-	4/1/2024	Fee Schedule	\$1,348.91
45505	REPAIR OF RECTUM	Y	-	4/1/2024	Fee Schedule	\$1,348.91
45520	TREATMENT OF RECTAL PROLAPSE	-	-	7/1/2018	No Separate Payment	\$0.00
45541	CORRECT RECTAL PROLAPSE	Y	-	4/1/2024	Fee Schedule	\$1,348.91
45560	REPAIR OF RECTOCELE	Y	-	4/1/2024	Fee Schedule	\$1,348.91
45900	REDUCTION OF RECTAL PROLAPSE	Y	-	4/1/2024	Fee Schedule	\$474.05
45905	DILATION OF ANAL SPHINCTER	Y	-	4/1/2024	Fee Schedule	\$612.08
45910	DILATION OF RECTAL NARROWING	Y	-	4/1/2024	Fee Schedule	\$612.08
45915	REMOVE RECTAL OBSTRUCTION	Y	-	4/1/2024	Fee Schedule	\$612.08
45990	SURG DX EXAM ANORECTAL	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46020	PLACEMENT OF SETON	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46030	REMOVAL OF RECTAL MARKER	Y	-	4/1/2024	Fee Schedule	\$612.08
46040	INCISION OF RECTAL ABSCESS	Y	-	4/1/2024	Fee Schedule	\$612.08
46045	INCISION OF RECTAL ABSCESS	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46050	INCISION OF ANAL ABSCESS	Y	-	4/1/2024	Fee Schedule	\$474.05
46060	INCISION OF RECTAL ABSCESS	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46070	INCISION OF ANAL SEPTUM	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46080	INCISION OF ANAL SPHINCTER	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46083	INCISE EXTERNAL HEMORRHOID	Y	-	4/1/2024	Fee Schedule	\$128.19
46200	REMOVAL OF ANAL FISSURE	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46220	EXCISE ANAL EXT TAG/PAPILLA	Y	-	4/1/2024	Fee Schedule	\$612.08
46221	LIGATION OF HEMORRHOID(S)	Y	-	4/1/2024	Fee Schedule	\$193.73

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
46230	REMOVAL OF ANAL TAGS	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46250	REMOVE EXT HEM GROUPS 2+	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46255	REMOVE INT/EXT HEM 1 GROUP	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46257	REMOVE IN/EX HEM GRP & FISS	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46258	REMOVE IN/EX HEM GRP W/FISTU	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46260	REMOVE IN/EX HEM GROUPS 2+	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46261	REMOVE IN/EX HEM GRPS & FISS	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46262	REMOVE IN/EX HEM GRPS W/FIST	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46270	REMOVE ANAL FIST SUBQ	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46275	REMOVE ANAL FIST INTER	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46280	REMOVE ANAL FIST COMPLEX	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46285	REMOVE ANAL FIST 2 STAGE	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46288	REPAIR ANAL FISTULA	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46320	REMOVAL OF HEMORRHOID CLOT	Y	-	4/1/2024	Fee Schedule	\$150.13
46500	INJECTION INTO HEMORRHOID(S)	Y	-	4/1/2024	Fee Schedule	\$245.66
46505	CHEMODENERVATION ANAL MUSC	Y	-	4/1/2024	Fee Schedule	\$612.08
46600	DIAGNOSTIC ANOSCOPY SPX	-	-	7/1/2018	No Separate Payment	\$0.00
46601	DIAGNOSTIC ANOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
46604	ANOSCOPY AND DILATION	Y	-	4/1/2024	Fee Schedule	\$599.18
46606	ANOSCOPY AND BIOPSY	Y	-	4/1/2024	Fee Schedule	\$232.68
46607	DIAGNOSTIC ANOSCOPY & BIOPSY	Y	-	4/1/2024	Fee Schedule	\$612.08
46608	ANOSCOPY REMOVE FOR BODY	Y	-	4/1/2024	Fee Schedule	\$474.05
46610	ANOSCOPY REMOVE LESION	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46611	ANOSCOPY	Y	-	4/1/2024	Fee Schedule	\$474.05
46612	ANOSCOPY REMOVE LESIONS	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46614	ANOSCOPY CONTROL BLEEDING	Y	-	4/1/2024	Fee Schedule	\$129.48
46615	ANOSCOPY	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46700	REPAIR OF ANAL STRICTURE	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46706	REPR OF ANAL FISTULA W/GLUE	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46707	REPAIR ANORECTAL FIST W/PLUG	Y	-	4/1/2024	Fee Schedule	\$1,819.59
46750	REPAIR OF ANAL SPHINCTER	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46753	RECONSTRUCTION OF ANUS	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46754	REMOVAL OF SUTURE FROM ANUS	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46760	REPAIR OF ANAL SPHINCTER	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46761	REPAIR OF ANAL SPHINCTER	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46900	DESTRUCTION ANAL LESION(S)	Y	-	4/1/2024	Fee Schedule	\$169.10
46910	DESTRUCTION ANAL LESION(S)	Y	-	4/1/2024	Fee Schedule	\$191.07
46916	CRYOSURGERY ANAL LESION(S)	Y	-	4/1/2024	Fee Schedule	\$103.84
46917	LASER SURGERY ANAL LESIONS	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46922	EXCISION OF ANAL LESION(S)	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46924	DESTRUCTION ANAL LESION(S)	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46930	DESTROY INTERNAL HEMORRHOIDS	Y	-	4/1/2024	Fee Schedule	\$155.78
46940	TREATMENT OF ANAL FISSURE	Y	-	4/1/2024	Fee Schedule	\$178.09
46942	TREATMENT OF ANAL FISSURE	Y	-	4/1/2024	Fee Schedule	\$176.09
46945	INT HRHC LIG 1 HROID W/O IMG	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46946	INT HRHC LIG 2+HROID W/O IMG	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46947	HEMORRHOIDOPEXY BY STAPLING	Y	-	4/1/2024	Fee Schedule	\$1,348.91
46948	INT HRHC TRANAL DARTLZJ 2+	Y	-	4/1/2024	Fee Schedule	\$1,348.91
47000	NEEDLE BIOPSY OF LIVER	Y	-	4/1/2024	Fee Schedule	\$682.83
47001	NEEDLE BIOPSY LIVER ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
47370	LAPARO ABLATE LIVER TUMOR RF	-	-	1/1/2022	Not Allowed	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
47371	LAPARO ABLATE LIVER CRYOSURG	-	-	1/1/2022	Not Allowed	\$0.00
47382	PERCUT ABLATE LIVER RF	Y	-	4/1/2024	Fee Schedule	\$2,705.16
47383	PERQ ABLTJ LVR CRYOABLATION	Y	-	4/1/2024	Fee Schedule	\$6,591.72
47490	INCISION OF GALLBLADDER	-	-	1/1/2022	Not Allowed	\$0.00
47531	INJECTION FOR CHOLANGIOGRAM	-	-	7/1/2018	No Separate Payment	\$0.00
47532	INJECTION FOR CHOLANGIOGRAM	-	-	7/1/2018	No Separate Payment	\$0.00
47533	PLMT BILIARY DRAINAGE CATH	Y	-	4/1/2024	Fee Schedule	\$1,621.63
47534	PLMT BILIARY DRAINAGE CATH	Y	-	4/1/2024	Fee Schedule	\$1,621.63
47535	CONVERSION EXT BIL DRG CATH	Y	-	4/1/2024	Fee Schedule	\$1,621.63
47536	EXCHANGE BILIARY DRG CATH	Y	-	4/1/2024	Fee Schedule	\$1,621.63
47537	REMOVAL BILIARY DRG CATH	-	-	4/1/2024	Fee Schedule	\$470.17
47538	PERQ PLMT BILE DUCT STENT	Y	-	4/1/2024	Fee Schedule	\$3,825.45
47539	PERQ PLMT BILE DUCT STENT	Y	-	4/1/2024	Fee Schedule	\$2,705.16
47540	PERQ PLMT BILE DUCT STENT	Y	-	4/1/2024	Fee Schedule	\$3,807.34
47541	PLMT ACCESS BIL TREE SM BWL	Y	-	4/1/2024	Fee Schedule	\$4,990.15
47542	DILATE BILIARY DUCT/AMPULLA	-	-	7/1/2018	No Separate Payment	\$0.00
47543	ENDOLUMINAL BX BILIARY TREE	-	-	7/1/2018	No Separate Payment	\$0.00
47544	REMOVAL DUCT GLBLDR CALCULI	-	-	7/1/2018	No Separate Payment	\$0.00
47552	BILIARY ENDO PERQ DX W/SPECI	Y	-	4/1/2024	Fee Schedule	\$3,721.97
47553	BILIARY ENDOSCOPY THRU SKIN	Y	-	4/1/2024	Fee Schedule	\$3,721.97
47554	BILIARY ENDOSCOPY THRU SKIN	Y	-	4/1/2024	Fee Schedule	\$4,540.13
47555	BILIARY ENDOSCOPY THRU SKIN	Y	-	4/1/2024	Fee Schedule	\$2,170.37
47556	BILIARY ENDOSCOPY THRU SKIN	Y	-	4/1/2024	Fee Schedule	\$6,091.65
47562	LAPAROSCOPIC CHOLECYSTECTOMY	Y	-	4/1/2024	Fee Schedule	\$2,705.16
47563	LAPARO CHOLECYSTECTOMY/GRAPH	Y	-	4/1/2024	Fee Schedule	\$2,705.16
47564	LAPARO CHOLECYSTECTOMY/EXPLR	Y	-	4/1/2024	Fee Schedule	\$4,540.13
48102	NEEDLE BIOPSY PANCREAS	Y	-	4/1/2024	Fee Schedule	\$682.83
49082	ABD PARACENTESIS	Y	-	4/1/2024	Fee Schedule	\$470.17
49083	ABD PARACENTESIS W/IMAGING	Y	-	4/1/2024	Fee Schedule	\$470.17
49084	PERITONEAL LAVAGE	Y	-	4/1/2024	Fee Schedule	\$470.17
49180	BIOPSY ABDOMINAL MASS	Y	-	4/1/2024	Fee Schedule	\$682.83
49185	SCLEROTX FLUID COLLECTION	-	-	1/1/2022	Not Allowed	\$0.00
49250	EXCISION OF UMBILICUS	Y	-	4/1/2024	Fee Schedule	\$1,621.63
49320	DIAG LAPARO SEPARATE PROC	Y	-	4/1/2024	Fee Schedule	\$2,705.16
49321	LAPAROSCOPY BIOPSY	Y	-	4/1/2024	Fee Schedule	\$2,705.16
49322	LAPAROSCOPY ASPIRATION	Y	-	4/1/2024	Fee Schedule	\$2,705.16
49323	LAPARO DRAIN LYMPHOCELE	-	-	1/1/2022	Not Allowed	\$0.00
49324	LAP INSERT TUNNEL IP CATH	Y	-	4/1/2024	Fee Schedule	\$2,705.16
49325	LAP REVISION PERM IP CATH	Y	-	4/1/2024	Fee Schedule	\$2,705.16
49326	LAP W/OMENTOPEXY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
49327	LAP INS DEVICE FOR RT	-	-	7/1/2018	No Separate Payment	\$0.00
49400	AIR INJECTION INTO ABDOMEN	-	-	7/1/2018	No Separate Payment	\$0.00
49402	REMOVE FOREIGN BODY ADBOMEN	Y	-	4/1/2024	Fee Schedule	\$1,621.63
49405	IMAGE CATH FLUID COLXN VISC	-	-	1/1/2022	Not Allowed	\$0.00
49406	IMAGE CATH FLUID PERI/RETRO	Y	-	4/1/2024	Fee Schedule	\$682.83
49407	IMAGE CATH FLUID TRNS/VGNL	Y	-	4/1/2024	Fee Schedule	\$682.83
49411	INS MARK ABD/PEL FOR RT PERQ	-	-	4/1/2024	Fee Schedule	\$346.85
49418	INSERT TUN IP CATH PERC	Y	-	4/1/2024	Fee Schedule	\$1,621.63
49419	INSERT TUN IP CATH W/PORT	Y	-	4/1/2024	Fee Schedule	\$2,902.77
49421	INS TUN IP CATH FOR DIAL OPN	Y	-	4/1/2024	Fee Schedule	\$1,621.63
49422	REMOVE TUNNELED IP CATH	-	-	4/1/2024	Fee Schedule	\$1,547.83

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
49423	EXCHANGE DRAINAGE CATHETER	Y	-	4/1/2024	Fee Schedule	\$831.73
49424	ASSESS CYST CONTRAST INJECT	-	-	7/1/2018	No Separate Payment	\$0.00
49426	REVISE ABDOMEN-VENOUS SHUNT	Y	-	4/1/2024	Fee Schedule	\$1,621.63
49427	INJECTION ABDOMINAL SHUNT	-	-	7/1/2018	No Separate Payment	\$0.00
49429	REMOVAL OF SHUNT	-	-	4/1/2024	Fee Schedule	\$1,547.83
49435	INSERT SUBQ EXTEN TO IP CATH	-	-	7/1/2018	No Separate Payment	\$0.00
49436	EMBEDDED IP CATH EXIT-SITE	Y	-	4/1/2024	Fee Schedule	\$831.73
49440	PLACE GASTROSTOMY TUBE PERC	Y	-	4/1/2024	Fee Schedule	\$831.73
49441	PLACE DUOD/JEJ TUBE PERC	Y	-	4/1/2024	Fee Schedule	\$831.73
49442	PLACE CECOSTOMY TUBE PERC	Y	-	4/1/2024	Fee Schedule	\$612.08
49446	CHANGE G-TUBE TO G-J PERC	Y	-	4/1/2024	Fee Schedule	\$831.73
49450	REPLACE G/C TUBE PERC	Y	-	4/1/2024	Fee Schedule	\$470.17
49451	REPLACE DUOD/JEJ TUBE PERC	Y	-	4/1/2024	Fee Schedule	\$470.17
49452	REPLACE G-J TUBE PERC	Y	-	4/1/2024	Fee Schedule	\$470.17
49460	FIX G/COLON TUBE W/DEVICE	Y	-	4/1/2024	Fee Schedule	\$470.17
49465	FLUORO EXAM OF G/COLON TUBE	-	-	4/1/2024	Fee Schedule	\$127.10
49491	RPR HERN PREEMIE REDUC	-	-	1/1/2022	Not Allowed	\$0.00
49492	RPR ING HERN PREMIE BLOCKED	-	-	1/1/2022	Not Allowed	\$0.00
49495	RPR ING HERNIA BABY REDUC	Y	-	4/1/2024	Fee Schedule	\$1,621.63
49496	RPR ING HERNIA BABY BLOCKED	Y	-	4/1/2024	Fee Schedule	\$1,621.63
49500	RPR ING HERNIA INIT REDUCE	Y	-	4/1/2024	Fee Schedule	\$3,721.97
49501	RPR ING HERNIA INIT BLOCKED	Y	-	4/1/2024	Fee Schedule	\$1,621.63
49505	PRP I/HERN INIT REDUC >5 YR	Y	-	4/1/2024	Fee Schedule	\$1,621.63
49507	PRP I/HERN INIT BLOCK >5 YR	Y	-	4/1/2024	Fee Schedule	\$1,621.63
49520	REREPAIR ING HERNIA REDUCE	Y	-	4/1/2024	Fee Schedule	\$1,621.63
49521	REREPAIR ING HERNIA BLOCKED	Y	-	4/1/2024	Fee Schedule	\$3,721.97
49525	REPAIR ING HERNIA SLIDING	Y	-	4/1/2024	Fee Schedule	\$1,621.63
49540	REPAIR LUMBAR HERNIA	Y	-	4/1/2024	Fee Schedule	\$2,705.16
49550	RPR REM HERNIA INIT REDUCE	Y	-	4/1/2024	Fee Schedule	\$1,621.63
49553	RPR FEM HERNIA INIT BLOCKED	Y	-	4/1/2024	Fee Schedule	\$1,621.63
49555	REREPAIR FEM HERNIA REDUCE	Y	-	4/1/2024	Fee Schedule	\$1,621.63
49557	REREPAIR FEM HERNIA BLOCKED	Y	-	4/1/2024	Fee Schedule	\$1,621.63
49591	RPR AA HRN 1ST < 3 CM RDC	Y	-	4/1/2024	Fee Schedule	\$1,621.63
49592	RPR AA HRN 1ST < 3 NCR/STRN	Y	-	4/1/2024	Fee Schedule	\$2,705.16
49593	RPR AA HRN 1ST 3-10 RDC	Y	-	4/1/2024	Fee Schedule	\$1,621.63
49594	RPR AA HRN 1ST 3-10 NCR/STRN	Y	-	4/1/2024	Fee Schedule	\$2,705.16
49595	RPR AA HRN 1ST > 10 RDC	Y	-	4/1/2024	Fee Schedule	\$1,621.63
49600	REPAIR UMBILICAL LESION	Y	-	4/1/2024	Fee Schedule	\$1,621.63
49613	RPR AA HRN RCR < 3 RDC	Y	-	4/1/2024	Fee Schedule	\$1,621.63
49614	RPR AA HRN RCR < 3 NCR/STRN	Y	-	4/1/2024	Fee Schedule	\$2,705.16
49615	RPR AA HRN RCR 3-10 RDC	Y	-	4/1/2024	Fee Schedule	\$1,621.63
49650	LAP ING HERNIA REPAIR INIT	Y	-	4/1/2024	Fee Schedule	\$2,705.16
49651	LAP ING HERNIA REPAIR RECUR	Y	-	4/1/2024	Fee Schedule	\$2,705.16
50020	RENAL ABSCESS OPEN DRAIN	-	-	1/1/2022	Not Allowed	\$0.00
50080	PERQ NL/PL LITHOTRP SMPL<2CM	Y	-	4/1/2024	Fee Schedule	\$4,544.99
50081	PERQ NL/PL LITHOTRP CPLX>2CM	Y	-	4/1/2024	Fee Schedule	\$4,544.99
50200	RENAL BIOPSY PERQ	Y	-	4/1/2024	Fee Schedule	\$682.83
50382	CHANGE URETER STENT PERCUT	Y	-	4/1/2024	Fee Schedule	\$929.77
50384	REMOVE URETER STENT PERCUT	-	-	4/1/2024	Fee Schedule	\$929.77
50385	CHANGE STENT VIA TRANSURETH	Y	-	4/1/2024	Fee Schedule	\$929.77
50386	REMOVE STENT VIA TRANSURETH	-	-	4/1/2024	Fee Schedule	\$629.80

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
50387	CHANGE NEPHROURETERAL CATH	Y	-	4/1/2024	Fee Schedule	\$929.77
50389	REMOVE RENAL TUBE W/FLUORO	-	-	4/1/2024	Fee Schedule	\$313.19
50390	DRAINAGE OF KIDNEY LESION	Y	-	4/1/2024	Fee Schedule	\$364.93
50391	INSTLL RX AGNT INTO RNAL TUB	Y	-	4/1/2024	Fee Schedule	\$51.59
50396	MEASURE KIDNEY PRESSURE	Y	-	4/1/2024	Fee Schedule	\$313.19
50430	NJX PX NFROSGRM &/URTRGRM	-	-	7/1/2018	No Separate Payment	\$0.00
50431	NJX PX NFROSGRM &/URTRGRM	-	-	7/1/2018	No Separate Payment	\$0.00
50432	PLMT NEPHROSTOMY CATHETER	Y	-	4/1/2024	Fee Schedule	\$929.77
50433	PLMT NEPHROURETERAL CATHETER	Y	-	4/1/2024	Fee Schedule	\$1,625.92
50434	CONVERT NEPHROSTOMY CATHETER	Y	-	4/1/2024	Fee Schedule	\$929.77
50435	EXCHANGE NEPHROSTOMY CATH	Y	-	4/1/2024	Fee Schedule	\$929.77
50436	DILAT XST TRC NDURLGC PX	Y	-	4/1/2024	Fee Schedule	\$1,625.92
50437	DILAT XST TRC NEW ACCESS RCS	Y	-	4/1/2024	Fee Schedule	\$1,625.92
50541	LAPARO ABLATE RENAL CYST	-	-	1/1/2022	Not Allowed	\$0.00
50542	LAPARO ABLATE RENAL MASS	-	-	1/1/2022	Not Allowed	\$0.00
50543	LAPARO PARTIAL NEPHRECTOMY	-	-	1/1/2022	Not Allowed	\$0.00
50544	LAPAROSCOPY PYELOPLASTY	-	-	1/1/2022	Not Allowed	\$0.00
50551	KIDNEY ENDOSCOPY	Y	-	4/1/2024	Fee Schedule	\$2,470.89
50553	KIDNEY ENDOSCOPY	Y	-	4/1/2024	Fee Schedule	\$2,470.89
50555	KIDNEY ENDOSCOPY & BIOPSY	Y	-	4/1/2024	Fee Schedule	\$4,544.99
50557	KIDNEY ENDOSCOPY & TREATMENT	Y	-	4/1/2024	Fee Schedule	\$4,544.99
50561	KIDNEY ENDOSCOPY & TREATMENT	Y	-	4/1/2024	Fee Schedule	\$2,470.89
50562	RENAL SCOPE W/TUMOR RESECT	Y	-	4/1/2024	Fee Schedule	\$4,544.99
50570	KIDNEY ENDOSCOPY	Y	-	4/1/2024	Fee Schedule	\$1,625.92
50572	KIDNEY ENDOSCOPY	Y	-	4/1/2024	Fee Schedule	\$313.19
50574	KIDNEY ENDOSCOPY & BIOPSY	Y	-	4/1/2024	Fee Schedule	\$1,625.92
50575	KIDNEY ENDOSCOPY	Y	-	4/1/2024	Fee Schedule	\$2,470.89
50576	KIDNEY ENDOSCOPY & TREATMENT	Y	-	4/1/2024	Fee Schedule	\$4,544.99
50580	KIDNEY ENDOSCOPY & TREATMENT	Y	-	4/1/2024	Fee Schedule	\$2,470.89
50590	FRAGMENTING OF KIDNEY STONE	Y	-	4/1/2024	Fee Schedule	\$1,625.92
50592	PERC RF ABLATE RENAL TUMOR	Y	-	4/1/2024	Fee Schedule	\$2,705.16
50593	PERC CRYO ABLATE RENAL TUM	Y	-	4/1/2024	Fee Schedule	\$6,427.18
50606	ENDOLUMINAL BX URTR RNL PLVS	-	-	7/1/2018	No Separate Payment	\$0.00
5060F	FNDNGS MAMMO 2PT W/IN 3 DAYS	-	-	7/1/2018	No Separate Payment	\$0.00
50684	INJECTION FOR URETER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
50686	MEASURE URETER PRESSURE	-	-	4/1/2024	Fee Schedule	\$81.02
50688	CHANGE OF URETER TUBE/STENT	Y	-	4/1/2024	Fee Schedule	\$929.77
50690	INJECTION FOR URETER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
50693	PLMT URETERAL STENT PRQ	Y	-	4/1/2024	Fee Schedule	\$1,625.92
50694	PLMT URETERAL STENT PRQ	Y	-	4/1/2024	Fee Schedule	\$1,625.92
50695	PLMT URETERAL STENT PRQ	Y	-	4/1/2024	Fee Schedule	\$1,625.92
50705	URETERAL EMBOLIZATION/OCCL	-	-	7/1/2018	No Separate Payment	\$0.00
50706	BALLOON DILATE URTRL STRIX	-	-	7/1/2018	No Separate Payment	\$0.00
50727	REVISE URETER	Y	-	4/1/2024	Fee Schedule	\$1,625.92
50945	LAPAROSCOPY URETEROLITHOTOMY	-	-	1/1/2022	Not Allowed	\$0.00
50947	LAPARO NEW URETER/BLADDER	Y	-	4/1/2024	Fee Schedule	\$4,540.13
50948	LAPARO NEW URETER/BLADDER	Y	-	4/1/2024	Fee Schedule	\$4,540.13
50951	ENDOSCOPY OF URETER	Y	-	4/1/2024	Fee Schedule	\$1,625.92
50953	ENDOSCOPY OF URETER	Y	-	4/1/2024	Fee Schedule	\$1,625.92
50955	URETER ENDOSCOPY & BIOPSY	Y	-	4/1/2024	Fee Schedule	\$2,470.89
50957	URETER ENDOSCOPY & TREATMENT	Y	-	4/1/2024	Fee Schedule	\$2,470.89

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
50961	URETER ENDOSCOPY & TREATMENT	Y	-	4/1/2024	Fee Schedule	\$2,470.89
50970	URETER ENDOSCOPY	Y	-	4/1/2024	Fee Schedule	\$1,625.92
50972	URETER ENDOSCOPY & CATHETER	Y	-	4/1/2024	Fee Schedule	\$1,625.92
50974	URETER ENDOSCOPY & BIOPSY	Y	-	4/1/2024	Fee Schedule	\$2,470.89
50976	URETER ENDOSCOPY & TREATMENT	Y	-	4/1/2024	Fee Schedule	\$2,470.89
50980	URETER ENDOSCOPY & TREATMENT	Y	-	4/1/2024	Fee Schedule	\$2,470.89
51020	INCISE & TREAT BLADDER	Y	-	4/1/2024	Fee Schedule	\$1,625.92
51030	INCISE & TREAT BLADDER	Y	-	4/1/2024	Fee Schedule	\$1,625.92
51040	INCISE & DRAIN BLADDER	Y	-	4/1/2024	Fee Schedule	\$929.77
51045	INCISE BLADDER/DRAIN URETER	Y	-	4/1/2024	Fee Schedule	\$929.77
51050	REMOVAL OF BLADDER STONE	Y	-	4/1/2024	Fee Schedule	\$2,470.89
51060	REMOVAL OF URETER STONE	-	-	1/1/2022	Not Allowed	\$0.00
51065	REMOVE URETER CALCULUS	Y	-	4/1/2024	Fee Schedule	\$1,625.92
51080	DRAINAGE OF BLADDER ABSCESS	Y	-	4/1/2024	Fee Schedule	\$1,157.01
51100	DRAIN BLADDER BY NEEDLE	Y	-	4/1/2024	Fee Schedule	\$44.61
51101	DRAIN BLADDER BY TROCAR/CATH	-	-	4/1/2024	Fee Schedule	\$115.51
51102	DRAIN BL W/CATH INSERTION	Y	-	4/1/2024	Fee Schedule	\$929.77
51500	REMOVAL OF BLADDER CYST	Y	-	4/1/2024	Fee Schedule	\$2,705.16
51520	REMOVAL OF BLADDER LESION	Y	-	4/1/2024	Fee Schedule	\$1,625.92
51535	REPAIR OF URETER LESION	Y	-	4/1/2024	Fee Schedule	\$1,625.92
51600	INJECTION FOR BLADDER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
51605	PREPARATION FOR BLADDER XRAY	-	-	7/1/2018	No Separate Payment	\$0.00
51610	INJECTION FOR BLADDER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
51700	IRRIGATION OF BLADDER	Y	-	4/1/2024	Fee Schedule	\$53.93
51701	INSERT BLADDER CATHETER	-	-	7/1/2018	No Separate Payment	\$0.00
51702	INSERT TEMP BLADDER CATH	-	-	7/1/2018	No Separate Payment	\$0.00
51703	INSERT BLADDER CATH COMPLEX	-	-	4/1/2024	Fee Schedule	\$81.02
51705	CHANGE OF BLADDER TUBE	Y	-	4/1/2024	Fee Schedule	\$63.91
51710	CHANGE OF BLADDER TUBE	Y	-	4/1/2024	Fee Schedule	\$313.19
51715	ENDOSCOPIC INJECTION/IMPLANT	Y	-	4/1/2024	Fee Schedule	\$2,248.10
51720	TREATMENT OF BLADDER LESION	Y	-	4/1/2024	Fee Schedule	\$55.92
51725	SIMPLE CYSTOMETROGRAM	Y	-	4/1/2024	Fee Schedule	\$128.19
51726	COMPLEX CYSTOMETROGRAM	Y	-	4/1/2024	Fee Schedule	\$128.19
51727	CYSTOMETROGRAM W/UP	Y	-	4/1/2024	Fee Schedule	\$286.94
51728	CYSTOMETROGRAM W/VP	Y	-	4/1/2024	Fee Schedule	\$285.94
51729	CYSTOMETROGRAM W/VP&UP	Y	-	4/1/2024	Fee Schedule	\$289.93
51736	URINE FLOW MEASUREMENT	-	-	7/1/2018	No Separate Payment	\$0.00
51741	ELECTRO-UROFLOWMETRY FIRST	-	-	7/1/2018	No Separate Payment	\$0.00
51784	ANAL/URINARY MUSCLE STUDY	-	-	4/1/2024	Fee Schedule	\$36.62
51785	ANAL/URINARY MUSCLE STUDY	Y	-	4/1/2024	Fee Schedule	\$128.19
51792	URINARY REFLEX STUDY	-	-	7/1/2018	No Separate Payment	\$0.00
51797	INTRAABDOMINAL PRESSURE TEST	-	-	7/1/2018	No Separate Payment	\$0.00
51798	US URINE CAPACITY MEASURE	-	-	7/1/2018	No Separate Payment	\$0.00
51845	REPAIR BLADDER NECK	-	-	1/1/2022	Not Allowed	\$0.00
51860	REPAIR OF BLADDER WOUND	-	-	1/1/2022	Not Allowed	\$0.00
51880	REPAIR OF BLADDER OPENING	Y	-	4/1/2024	Fee Schedule	\$1,625.92
51990	LAPARO URETHRAL SUSPENSION	-	-	1/1/2022	Not Allowed	\$0.00
51992	LAPARO SLING OPERATION	Y	-	4/1/2024	Fee Schedule	\$3,664.70
52000	CYSTOSCOPY	Y	-	4/1/2024	Fee Schedule	\$313.19
52001	CYSTOSCOPY REMOVAL OF CLOTS	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52005	CYSTOSCOPY & URETER CATHETER	Y	-	4/1/2024	Fee Schedule	\$929.77

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
52007	CYSTOSCOPY AND BIOPSY	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52010	CYSTOSCOPY & DUCT CATHETER	Y	-	4/1/2024	Fee Schedule	\$313.19
52204	CYSTOSCOPY W/BIOPSY(S)	Y	-	4/1/2024	Fee Schedule	\$929.77
52214	CYSTOSCOPY AND TREATMENT	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52224	CYSTOSCOPY AND TREATMENT	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52234	CYSTOSCOPY AND TREATMENT	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52235	CYSTOSCOPY AND TREATMENT	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52240	CYSTOSCOPY AND TREATMENT	Y	-	4/1/2024	Fee Schedule	\$2,470.89
52250	CYSTOSCOPY AND RADIOTRACER	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52260	CYSTOSCOPY AND TREATMENT	Y	-	4/1/2024	Fee Schedule	\$929.77
52265	CYSTOSCOPY AND TREATMENT	Y	-	4/1/2024	Fee Schedule	\$260.64
52270	CYSTOSCOPY & REVISE URETHRA	Y	-	4/1/2024	Fee Schedule	\$929.77
52275	CYSTOSCOPY & REVISE URETHRA	Y	-	4/1/2024	Fee Schedule	\$929.77
52276	CYSTOSCOPY AND TREATMENT	Y	-	4/1/2024	Fee Schedule	\$929.77
52277	CYSTOSCOPY AND TREATMENT	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52281	CYSTOSCOPY AND TREATMENT	Y	-	4/1/2024	Fee Schedule	\$929.77
52282	CYSTOSCOPY IMPLANT STENT	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52283	CYSTOSCOPY AND TREATMENT	Y	-	4/1/2024	Fee Schedule	\$929.77
52284	CYSTO RX BALO CATH URTL STRX	Y	-	4/1/2024	Fee Schedule	\$2,470.89
52285	CYSTOSCOPY AND TREATMENT	Y	-	4/1/2024	Fee Schedule	\$313.19
52287	CYSTOSCOPY CHEMODENERVATION	Y	-	4/1/2024	Fee Schedule	\$929.77
52290	CYSTOSCOPY AND TREATMENT	Y	-	4/1/2024	Fee Schedule	\$929.77
52300	CYSTOSCOPY AND TREATMENT	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52301	CYSTOSCOPY AND TREATMENT	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52305	CYSTOSCOPY AND TREATMENT	Y	-	4/1/2024	Fee Schedule	\$2,470.89
52310	CYSTOSCOPY AND TREATMENT	Y	-	4/1/2024	Fee Schedule	\$929.77
52315	CYSTOSCOPY AND TREATMENT	Y	-	4/1/2024	Fee Schedule	\$929.77
52317	REMOVE BLADDER STONE	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52318	REMOVE BLADDER STONE	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52320	CYSTOSCOPY AND TREATMENT	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52325	CYSTOSCOPY STONE REMOVAL	Y	-	4/1/2024	Fee Schedule	\$2,470.89
52327	CYSTOSCOPY INJECT MATERIAL	Y	-	4/1/2024	Fee Schedule	\$3,465.20
52330	CYSTOSCOPY AND TREATMENT	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52332	CYSTOSCOPY AND TREATMENT	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52334	CREATE PASSAGE TO KIDNEY	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52341	CYSTO W/URETER STRICTURE TX	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52342	CYSTO W/UP STRICTURE TX	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52343	CYSTO W/RENAL STRICTURE TX	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52344	CYSTO/URETERO STRICTURE TX	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52345	CYSTO/URETERO W/UP STRICTURE	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52346	CYSTOURETERO W/RENAL STRICT	Y	-	4/1/2024	Fee Schedule	\$2,470.89
52351	CYSTOURETERO & OR PYELOSCOPE	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52352	CYSTOURETERO W/STONE REMOVE	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52353	CYSTOURETERO W/LITHOTRIPSY	Y	-	4/1/2024	Fee Schedule	\$2,470.89
52354	CYSTOURETERO W/BIOPSY	Y	-	4/1/2024	Fee Schedule	\$2,470.89
52355	CYSTOURETERO W/EXCISE TUMOR	Y	-	4/1/2024	Fee Schedule	\$2,470.89
52356	CYSTO/URETERO W/LITHOTRIPSY	Y	-	4/1/2024	Fee Schedule	\$2,470.89
52400	CYSTOURETERO W/CONGEN REPR	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52402	CYSTOURETHRO CUT EJACUL DUCT	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52450	INCISION OF PROSTATE	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52500	REVISION OF BLADDER NECK	Y	-	4/1/2024	Fee Schedule	\$1,625.92

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
52601	PROSTATECTOMY (TURP)	Y	-	4/1/2024	Fee Schedule	\$2,470.89
52630	REMOVE PROSTATE REGROWTH	Y	-	4/1/2024	Fee Schedule	\$2,470.89
52640	RELIEVE BLADDER CONTRACTURE	Y	-	4/1/2024	Fee Schedule	\$1,625.92
52647	LASER SURGERY OF PROSTATE	Y	-	4/1/2024	Fee Schedule	\$2,470.89
52648	LASER SURGERY OF PROSTATE	Y	-	4/1/2024	Fee Schedule	\$2,470.89
52649	PROSTATE LASER ENUCLEATION	Y	-	4/1/2024	Fee Schedule	\$2,470.89
52700	DRAINAGE OF PROSTATE ABSCESS	Y	-	4/1/2024	Fee Schedule	\$1,625.92
53000	INCISION OF URETHRA	Y	-	4/1/2024	Fee Schedule	\$929.77
53010	INCISION OF URETHRA	Y	-	4/1/2024	Fee Schedule	\$2,470.89
53020	INCISION OF URETHRA	Y	-	4/1/2024	Fee Schedule	\$929.77
53025	INCISION OF URETHRA	Y	-	4/1/2024	Fee Schedule	\$929.77
53040	DRAINAGE OF URETHRA ABSCESS	Y	-	4/1/2024	Fee Schedule	\$1,625.92
53060	DRAINAGE OF URETHRA ABSCESS	Y	-	4/1/2024	Fee Schedule	\$86.22
53080	DRAINAGE OF URINARY LEAKAGE	Y	-	4/1/2024	Fee Schedule	\$313.19
53085	DRAINAGE OF URINARY LEAKAGE	Y	-	4/1/2024	Fee Schedule	\$929.77
53200	BIOPSY OF URETHRA	Y	-	4/1/2024	Fee Schedule	\$929.77
53210	REMOVAL OF URETHRA	Y	-	4/1/2024	Fee Schedule	\$1,625.92
53215	REMOVAL OF URETHRA	Y	-	4/1/2024	Fee Schedule	\$2,470.89
53220	TREATMENT OF URETHRA LESION	Y	-	4/1/2024	Fee Schedule	\$1,625.92
53230	REMOVAL OF URETHRA LESION	Y	-	4/1/2024	Fee Schedule	\$2,470.89
53235	REMOVAL OF URETHRA LESION	Y	-	4/1/2024	Fee Schedule	\$2,470.89
53240	SURGERY FOR URETHRA POUCH	Y	-	4/1/2024	Fee Schedule	\$1,625.92
53250	REMOVAL OF URETHRA GLAND	Y	-	4/1/2024	Fee Schedule	\$1,625.92
53260	TREATMENT OF URETHRA LESION	Y	-	4/1/2024	Fee Schedule	\$1,625.92
53265	TREATMENT OF URETHRA LESION	Y	-	4/1/2024	Fee Schedule	\$929.77
53270	REMOVAL OF URETHRA GLAND	Y	-	4/1/2024	Fee Schedule	\$1,625.92
53275	REPAIR OF URETHRA DEFECT	Y	-	4/1/2024	Fee Schedule	\$1,625.92
53400	REVISE URETHRA STAGE 1	Y	-	4/1/2024	Fee Schedule	\$2,470.89
53405	REVISE URETHRA STAGE 2	Y	-	4/1/2024	Fee Schedule	\$2,470.89
53410	RECONSTRUCTION OF URETHRA	Y	-	4/1/2024	Fee Schedule	\$2,470.89
53420	RECONSTRUCT URETHRA STAGE 1	Y	-	4/1/2024	Fee Schedule	\$2,470.89
53425	RECONSTRUCT URETHRA STAGE 2	Y	-	4/1/2024	Fee Schedule	\$2,470.89
53430	RECONSTRUCTION OF URETHRA	Y	-	4/1/2024	Fee Schedule	\$2,470.89
53431	RECONSTRUCT URETHRA/BLADDER	Y	-	4/1/2024	Fee Schedule	\$2,470.89
53440	MALE SLING PROCEDURE	Y	-	4/1/2024	Fee Schedule	\$10,081.43
53442	REMOVE/REVISE MALE SLING	Y	-	4/1/2024	Fee Schedule	\$2,470.89
53444	INSERT TANDEM CUFF	Y	-	4/1/2024	Fee Schedule	\$15,805.58
53445	INSERT URO/VES NCK SPHINCTER	Y	-	4/1/2024	Fee Schedule	\$16,730.81
53446	REMOVE URO SPHINCTER	-	-	4/1/2024	Fee Schedule	\$2,470.89
53447	REMOVE/REPLACE UR SPHINCTER	Y	-	4/1/2024	Fee Schedule	\$16,297.00
53449	REPAIR URO SPHINCTER	Y	-	4/1/2024	Fee Schedule	\$4,544.99
53450	REVISION OF URETHRA	Y	-	4/1/2024	Fee Schedule	\$1,625.92
53451	TPRNL BALO CNTNC DEV BI	Y	-	4/1/2024	Fee Schedule	\$10,307.30
53452	TPRNL BALO CNTNC DEV UNI	Y	-	4/1/2024	Fee Schedule	\$6,799.63
53453	TPRNL BALO CNTNC DEV RMVL EA	Y	-	4/1/2024	Fee Schedule	\$1,625.92
53454	TPRNL BALO CNTNC DEV ADJMT	Y	-	4/1/2024	Fee Schedule	\$128.19
53460	REVISION OF URETHRA	Y	-	4/1/2024	Fee Schedule	\$1,625.92
53500	URETHRLYS TRANSVAG W/ SCOPE	-	-	1/1/2022	Not Allowed	\$0.00
53502	REPAIR OF URETHRA INJURY	Y	-	4/1/2024	Fee Schedule	\$1,625.92
53505	REPAIR OF URETHRA INJURY	Y	-	4/1/2024	Fee Schedule	\$2,470.89
53510	REPAIR OF URETHRA INJURY	Y	-	4/1/2024	Fee Schedule	\$2,470.89

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



**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
53515	REPAIR OF URETHRA INJURY	Y	-	4/1/2024	Fee Schedule	\$2,470.89
53520	REPAIR OF URETHRA DEFECT	Y	-	4/1/2024	Fee Schedule	\$2,470.89
53600	DILATE URETHRA STRICTURE	Y	-	4/1/2024	Fee Schedule	\$43.28
53601	DILATE URETHRA STRICTURE	-	-	7/1/2018	No Separate Payment	\$0.00
53605	DILATE URETHRA STRICTURE	Y	-	4/1/2024	Fee Schedule	\$1,625.92
53620	DILATE URETHRA STRICTURE	Y	-	4/1/2024	Fee Schedule	\$109.18
53621	DILATE URETHRA STRICTURE	Y	-	4/1/2024	Fee Schedule	\$111.85
53660	DILATION OF URETHRA	-	-	4/1/2024	Fee Schedule	\$49.60
53661	DILATION OF URETHRA	-	-	7/1/2018	No Separate Payment	\$0.00
53665	DILATION OF URETHRA	Y	-	4/1/2024	Fee Schedule	\$929.77
53850	PROSTATIC MICROWAVE THERMOTX	Y	-	4/1/2024	Fee Schedule	\$1,201.68
53852	PROSTATIC RF THERMOTX	Y	-	4/1/2024	Fee Schedule	\$1,149.08
53854	TRURL DSTRJ PRST8 TISS RF WV	Y	-	4/1/2024	Fee Schedule	\$1,432.36
53855	INSERT PROST URETHRAL STENT	Y	-	4/1/2024	Fee Schedule	\$584.53
53860	TRANSURETHRAL RF TREATMENT	Y	-	4/1/2024	Fee Schedule	\$929.77
54000	SLITTING OF PREPUCE	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54001	SLITTING OF PREPUCE	Y	-	4/1/2024	Fee Schedule	\$929.77
54015	DRAIN PENIS LESION	Y	-	4/1/2024	Fee Schedule	\$682.83
54050	DESTRUCTION PENIS LESION(S)	-	-	7/1/2018	No Separate Payment	\$0.00
54055	DESTRUCTION PENIS LESION(S)	Y	-	4/1/2024	Fee Schedule	\$92.20
54056	CRYOSURGERY PENIS LESION(S)	-	-	7/1/2018	No Separate Payment	\$0.00
54057	LASER SURG PENIS LESION(S)	Y	-	4/1/2024	Fee Schedule	\$945.87
54060	EXCISION OF PENIS LESION(S)	Y	-	4/1/2024	Fee Schedule	\$945.87
54065	DESTRUCTION PENIS LESION(S)	Y	-	4/1/2024	Fee Schedule	\$945.87
54100	BIOPSY OF PENIS	Y	-	4/1/2024	Fee Schedule	\$682.83
54105	BIOPSY OF PENIS	Y	-	4/1/2024	Fee Schedule	\$1,157.01
54110	TREATMENT OF PENIS LESION	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54111	TREAT PENIS LESION GRAFT	Y	-	4/1/2024	Fee Schedule	\$2,470.89
54112	TREAT PENIS LESION GRAFT	Y	-	4/1/2024	Fee Schedule	\$5,793.09
54115	TREATMENT OF PENIS LESION	Y	-	4/1/2024	Fee Schedule	\$1,157.01
54120	PARTIAL REMOVAL OF PENIS	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54150	CIRCUMCISION W/REGIONL BLOCK	Y	-	4/1/2024	Fee Schedule	\$929.77
54160	CIRCUMCISION NEONATE	Y	-	4/1/2024	Fee Schedule	\$313.19
54161	CIRCUM 28 DAYS OR OLDER	Y	-	4/1/2024	Fee Schedule	\$929.77
54162	LYSIS PENIL CIRCUMIC LESION	Y	-	4/1/2024	Fee Schedule	\$929.77
54163	REPAIR OF CIRCUMCISION	Y	-	4/1/2024	Fee Schedule	\$929.77
54164	FRENULOTOMY OF PENIS	Y	-	4/1/2024	Fee Schedule	\$929.77
54200	TREATMENT OF PENIS LESION	Y	-	4/1/2024	Fee Schedule	\$75.90
54205	TREATMENT OF PENIS LESION	Y	-	4/1/2024	Fee Schedule	\$2,470.89
54220	TREATMENT OF PENIS LESION	Y	-	4/1/2024	Fee Schedule	\$128.19
54230	PREPARE PENIS STUDY	-	-	7/1/2018	Not Allowed	\$0.00
54231	DYNAMIC CAVERNOMETRY	-	-	4/1/2024	Not Allowed	\$0.00
54235	PENILE INJECTION	-	-	4/1/2024	Not Allowed	\$0.00
54240	PENIS STUDY	-	-	4/1/2024	Not Allowed	\$0.00
54250	PENIS STUDY	-	-	4/1/2024	Not Allowed	\$0.00
54300	REVISION OF PENIS	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54304	REVISION OF PENIS	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54308	RECONSTRUCTION OF URETHRA	Y	-	4/1/2024	Fee Schedule	\$2,470.89
54312	RECONSTRUCTION OF URETHRA	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54316	RECONSTRUCTION OF URETHRA	Y	-	4/1/2024	Fee Schedule	\$4,544.99
54318	RECONSTRUCTION OF URETHRA	Y	-	4/1/2024	Fee Schedule	\$1,625.92

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
54322	RECONSTRUCTION OF URETHRA	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54324	RECONSTRUCTION OF URETHRA	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54326	RECONSTRUCTION OF URETHRA	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54328	REVISE PENIS/URETHRA	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54332	REVISE PENIS/URETHRA	-	-	1/1/2022	Not Allowed	\$0.00
54336	REVISE PENIS/URETHRA	-	-	1/1/2022	Not Allowed	\$0.00
54340	RPR HYPSPAD COMP SIMPLE	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54344	RRP HYPSPAD COMP MOBLJ&URTP	Y	-	4/1/2024	Fee Schedule	\$4,544.99
54348	RPR HYPSPAD COMP DSJ & URTP	Y	-	4/1/2024	Fee Schedule	\$2,470.89
54352	REVJ PRIOR HYPSPAD REPAIR	Y	-	4/1/2024	Fee Schedule	\$2,470.89
54360	PENIS PLASTIC SURGERY	-	-	4/1/2024	Not Allowed	\$0.00
54380	REPAIR PENIS	Y	-	4/1/2024	Fee Schedule	\$929.77
54385	REPAIR PENIS	Y	-	4/1/2024	Fee Schedule	\$929.77
54400	INSERT SEMI-RIGID PROSTHESIS	-	-	4/1/2024	Not Allowed	\$0.00
54401	INSERT SELF-CONTD PROSTHESIS	-	-	4/1/2024	Not Allowed	\$0.00
54405	INSERT MULTI-COMP PENIS PROS	-	-	4/1/2024	Not Allowed	\$0.00
54406	REMOVE MUTI-COMP PENIS PROS	-	-	4/1/2024	Not Allowed	\$0.00
54408	REPAIR MULTI-COMP PENIS PROS	-	-	4/1/2024	Not Allowed	\$0.00
54410	REMOVE/REPLACE PENIS PROSTH	-	-	4/1/2024	Not Allowed	\$0.00
54411	REMOV/REPLC PENIS PROS COMP	-	-	1/1/2022	Not Allowed	\$0.00
54415	REMOVE SELF-CONTD PENIS PROS	-	-	4/1/2024	Not Allowed	\$0.00
54416	REMV/REPL PENIS CONTAIN PROS	-	-	4/1/2024	Not Allowed	\$0.00
54417	REMV/REPLC PENIS PROS COMPL	-	-	1/1/2022	Not Allowed	\$0.00
54420	REVISION OF PENIS	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54435	REVISION OF PENIS	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54437	REPAIR CORPOREAL TEAR	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54440	REPAIR OF PENIS	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54450	PREPUTIAL STRETCHING	Y	-	4/1/2024	Fee Schedule	\$128.19
54500	BIOPSY OF TESTIS	Y	-	4/1/2024	Fee Schedule	\$1,157.01
54505	BIOPSY OF TESTIS	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54512	EXCISE LESION TESTIS	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54520	REMOVAL OF TESTIS	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54522	ORCHIECTOMY PARTIAL	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54530	REMOVAL OF TESTIS	Y	-	4/1/2024	Fee Schedule	\$1,621.63
54535	EXTENSIVE TESTIS SURGERY	-	-	1/1/2022	Not Allowed	\$0.00
54550	EXPLORATION FOR TESTIS	Y	-	4/1/2024	Fee Schedule	\$1,621.63
54560	EXPLORATION FOR TESTIS	Y	-	4/1/2024	Fee Schedule	\$929.77
54600	REDUCE TESTIS TORSION	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54620	SUSPENSION OF TESTIS	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54640	ORCHIOPEXY INGUN/SCROT APPR	Y	-	4/1/2024	Fee Schedule	\$1,621.63
54650	ORCHIOPEXY (FOWLER-STEPHENS)	Y	-	4/1/2024	Fee Schedule	\$1,621.63
54660	REVISION OF TESTIS	Y	-	4/1/2024	Fee Schedule	\$3,483.82
54670	REPAIR TESTIS INJURY	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54680	RELOCATION OF TESTIS(ES)	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54690	LAPAROSCOPY ORCHIECTOMY	Y	-	4/1/2024	Fee Schedule	\$2,705.16
54692	LAPAROSCOPY ORCHIOPEXY	Y	-	4/1/2024	Fee Schedule	\$2,705.16
54700	DRAINAGE OF SCROTUM	Y	-	4/1/2024	Fee Schedule	\$929.77
54800	BIOPSY OF EPIDIDYMIS	Y	-	4/1/2024	Fee Schedule	\$682.83
54830	REMOVE EPIDIDYMIS LESION	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54840	REMOVE EPIDIDYMIS LESION	Y	-	4/1/2024	Fee Schedule	\$929.77
54860	REMOVAL OF EPIDIDYMIS	Y	-	4/1/2024	Fee Schedule	\$1,625.92

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
54861	REMOVAL OF EPIDIDYMIS	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54865	EXPLORE EPIDIDYMIS	Y	-	4/1/2024	Fee Schedule	\$1,625.92
54900	FUSION OF SPERMATIC DUCTS	Y	-	4/1/2024	Fee Schedule	\$929.77
54901	FUSION OF SPERMATIC DUCTS	Y	-	4/1/2024	Fee Schedule	\$1,625.92
55000	DRAINAGE OF HYDROCELE	Y	-	4/1/2024	Fee Schedule	\$66.91
55040	REMOVAL OF HYDROCELE	Y	-	4/1/2024	Fee Schedule	\$1,621.63
55041	REMOVAL OF HYDROCELES	Y	-	4/1/2024	Fee Schedule	\$1,621.63
55060	REPAIR OF HYDROCELE	Y	-	4/1/2024	Fee Schedule	\$1,625.92
55100	DRAINAGE OF SCROTUM ABSCESS	Y	-	4/1/2024	Fee Schedule	\$682.83
55110	EXPLORE SCROTUM	Y	-	4/1/2024	Fee Schedule	\$1,625.92
55120	REMOVAL OF SCROTUM LESION	Y	-	4/1/2024	Fee Schedule	\$929.77
55150	REMOVAL OF SCROTUM	Y	-	4/1/2024	Fee Schedule	\$1,625.92
55175	REVISION OF SCROTUM	Y	-	4/1/2024	Fee Schedule	\$1,625.92
55180	REVISION OF SCROTUM	Y	-	4/1/2024	Fee Schedule	\$2,470.89
55200	INCISION OF SPERM DUCT	Y	-	4/1/2024	Fee Schedule	\$1,625.92
55250	REMOVAL OF SPERM DUCT(S)	Y	-	4/1/2024	Fee Schedule	\$929.77
55300	PREPARE SPERM DUCT X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
55400	REPAIR OF SPERM DUCT	Y	-	4/1/2024	Fee Schedule	\$1,625.92
55500	REMOVAL OF HYDROCELE	Y	-	4/1/2024	Fee Schedule	\$1,625.92
55520	REMOVAL OF SPERM CORD LESION	Y	-	4/1/2024	Fee Schedule	\$1,625.92
55530	REVISE SPERMATIC CORD VEINS	Y	-	4/1/2024	Fee Schedule	\$1,625.92
55535	REVISE SPERMATIC CORD VEINS	Y	-	4/1/2024	Fee Schedule	\$3,721.97
55540	REVISE HERNIA & SPERM VEINS	Y	-	4/1/2024	Fee Schedule	\$1,621.63
55550	LAPARO LIGATE SPERMATIC VEIN	Y	-	4/1/2024	Fee Schedule	\$2,705.16
55600	INCISE SPERM DUCT POUCH	Y	-	4/1/2024	Fee Schedule	\$929.77
55680	REMOVE SPERM POUCH LESION	Y	-	4/1/2024	Fee Schedule	\$1,625.92
55700	BIOPSY OF PROSTATE	Y	-	4/1/2024	Fee Schedule	\$929.77
55705	BIOPSY OF PROSTATE	Y	-	4/1/2024	Fee Schedule	\$1,625.92
55706	PROSTATE SATURATION SAMPLING	Y	-	4/1/2024	Fee Schedule	\$1,625.92
55720	DRAINAGE OF PROSTATE ABSCESS	Y	-	4/1/2024	Fee Schedule	\$1,625.92
55725	DRAINAGE OF PROSTATE ABSCESS	Y	-	4/1/2024	Fee Schedule	\$1,625.92
55860	SURGICAL EXPOSURE PROSTATE	Y	-	4/1/2024	Fee Schedule	\$2,470.89
55866	LAPS SURG PRST8ECT RPBIC RAD	-	-	1/1/2022	Not Allowed	\$0.00
55870	ELECTROEJACULATION	-	-	4/1/2024	Not Allowed	\$0.00
55873	CRYOABLATE PROSTATE	Y	-	4/1/2024	Fee Schedule	\$6,528.79
55874	TPRNL PLMT BIODEGRDABL MATRL	Y	-	4/1/2024	Fee Schedule	\$3,744.60
55875	TRANSPERI NEEDLE PLACE PROS	Y	-	4/1/2024	Fee Schedule	\$2,470.89
55876	PLACE RT DEVICE/MARKER PROS	-	-	4/1/2024	Fee Schedule	\$920.44
55880	ABL TJ MAL PRST8 TISS HIFU	Y	-	4/1/2024	Fee Schedule	\$4,544.99
55920	PLACE NEEDLES PELVIC FOR RT	Y	-	4/1/2024	Fee Schedule	\$2,135.33
55970	SEX TRANSFORMATION M TO F	-	-	7/1/2021	Not Allowed	\$0.00
55980	SEX TRANSFORMATION F TO M	-	-	7/1/2021	Not Allowed	\$0.00
56405	I & D OF VULVA/PERINEUM	Y	-	4/1/2024	Fee Schedule	\$89.88
56420	DRAINAGE OF GLAND ABSCESS	Y	-	4/1/2024	Fee Schedule	\$103.36
56440	SURGERY FOR VULVA LESION	Y	-	4/1/2024	Fee Schedule	\$1,586.07
56441	LYSIS OF LABIAL LESION(S)	Y	-	4/1/2024	Fee Schedule	\$1,586.07
56442	HYMENOTOMY	Y	-	4/1/2024	Fee Schedule	\$1,586.07
56501	DESTROY VULVA LESIONS SIM	Y	-	4/1/2024	Fee Schedule	\$133.15
56515	DESTROY VULVA LESION/S COMPL	Y	-	4/1/2024	Fee Schedule	\$945.87
56605	BIOPSY OF VULVA/PERINEUM	Y	-	4/1/2024	Fee Schedule	\$54.26
56606	BIOPSY OF VULVA/PERINEUM	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
56620	PARTIAL REMOVAL OF VULVA	Y	-	4/1/2024	Fee Schedule	\$1,586.07
56625	COMPLETE REMOVAL OF VULVA	Y	-	4/1/2024	Fee Schedule	\$1,586.07
56700	PARTIAL REMOVAL OF HYMEN	Y	-	4/1/2024	Fee Schedule	\$1,586.07
56740	REMOVE VAGINA GLAND LESION	Y	-	4/1/2024	Fee Schedule	\$1,586.07
56800	REPAIR OF VAGINA	Y	-	4/1/2024	Fee Schedule	\$1,586.07
56805	REPAIR CLITORIS	Y	-	4/1/2024	Fee Schedule	\$1,586.07
56810	REPAIR OF PERINEUM	Y	-	4/1/2024	Fee Schedule	\$1,586.07
56820	EXAM OF VULVA W/SCOPE	Y	-	4/1/2024	Fee Schedule	\$68.24
56821	EXAM/BIOPSY OF VULVA W/SCOPE	Y	-	4/1/2024	Fee Schedule	\$89.21
57000	EXPLORATION OF VAGINA	Y	-	4/1/2024	Fee Schedule	\$1,586.07
57010	DRAINAGE OF PELVIC ABSCESS	Y	-	4/1/2024	Fee Schedule	\$1,586.07
57020	DRAINAGE OF PELVIC FLUID	Y	-	4/1/2024	Fee Schedule	\$2,135.33
57022	I & D VAGINAL HEMATOMA PP	Y	-	4/1/2024	Fee Schedule	\$1,157.01
57023	I & D VAG HEMATOMA NON-OB	Y	-	4/1/2024	Fee Schedule	\$1,157.01
57061	DESTROY VAG LESIONS SIMPLE	Y	-	4/1/2024	Fee Schedule	\$118.17
57065	DESTROY VAG LESIONS COMPLEX	Y	-	4/1/2024	Fee Schedule	\$1,586.07
57100	BIOPSY OF VAGINA	Y	-	4/1/2024	Fee Schedule	\$57.59
57105	BIOPSY OF VAGINA	Y	-	4/1/2024	Fee Schedule	\$1,586.07
57106	REMOVE VAGINA WALL PARTIAL	-	-	1/1/2022	Not Allowed	\$0.00
57107	REMOVE VAGINA TISSUE PART	-	-	1/1/2022	Not Allowed	\$0.00
57109	VAGINECTOMY PARTIAL W/NODES	-	-	1/1/2022	Not Allowed	\$0.00
57120	CLOSURE OF VAGINA	Y	-	4/1/2024	Fee Schedule	\$2,135.33
57130	REMOVE VAGINA LESION	Y	-	4/1/2024	Fee Schedule	\$1,586.07
57135	REMOVE VAGINA LESION	Y	-	4/1/2024	Fee Schedule	\$1,586.07
57150	TREAT VAGINA INFECTION	-	-	7/1/2018	No Separate Payment	\$0.00
57155	INSERT UTERI TANDEM/OVOIDS	Y	-	4/1/2024	Fee Schedule	\$2,135.33
57156	INS VAG BRACHYTX DEVICE	Y	-	4/1/2024	Fee Schedule	\$166.40
57160	INSERT PESSARY/OTHER DEVICE	Y	-	4/1/2024	Fee Schedule	\$40.28
57170	FITTING OF DIAPHRAGM/CAP	Y	-	4/1/2024	Fee Schedule	\$42.61
57180	TREAT VAGINAL BLEEDING	Y	-	4/1/2024	Fee Schedule	\$103.36
57200	REPAIR OF VAGINA	Y	-	4/1/2024	Fee Schedule	\$1,586.07
57210	REPAIR VAGINA/PERINEUM	Y	-	4/1/2024	Fee Schedule	\$1,586.07
57220	REVISION OF URETHRA	Y	-	4/1/2024	Fee Schedule	\$2,135.33
57230	REPAIR OF URETHRAL LESION	Y	-	4/1/2024	Fee Schedule	\$1,586.07
57240	ANTERIOR COLPORRHAPHY	Y	-	4/1/2024	Fee Schedule	\$2,135.33
57250	REPAIR RECTUM & VAGINA	Y	-	4/1/2024	Fee Schedule	\$2,135.33
57260	CMBN ANT PST COLPRHY	Y	-	4/1/2024	Fee Schedule	\$2,135.33
57265	CMBN AP COLPRHY W/NTRCL RPR	Y	-	4/1/2024	Fee Schedule	\$2,135.33
57267	INSERT MESH/PELVIC FLR ADDON	-	-	7/1/2018	No Separate Payment	\$0.00
57268	REPAIR OF BOWEL BULGE	Y	-	4/1/2024	Fee Schedule	\$2,135.33
57282	COLPOPEXY EXTRAPERITONEAL	Y	-	4/1/2024	Fee Schedule	\$3,156.77
57283	COLPOPEXY INTRAPERITONEAL	Y	-	4/1/2024	Fee Schedule	\$3,156.77
57284	REPAIR PARAVAG DEFECT OPEN	-	-	1/1/2022	Not Allowed	\$0.00
57285	REPAIR PARAVAG DEFECT VAG	-	-	1/1/2022	Not Allowed	\$0.00
57287	REVISE/REMOVE SLING REPAIR	-	-	4/1/2024	Fee Schedule	\$1,586.07
57288	REPAIR BLADDER DEFECT	Y	-	4/1/2024	Fee Schedule	\$2,750.48
57289	REPAIR BLADDER & VAGINA	Y	-	4/1/2024	Fee Schedule	\$3,156.77
57291	CONSTRUCTION OF VAGINA	-	-	4/1/2024	Not Allowed	\$0.00
57292	CONSTRUCT VAGINA WITH GRAFT	-	-	1/1/2022	Not Allowed	\$0.00
57295	REVISE VAG GRAFT VIA VAGINA	Y	-	4/1/2024	Fee Schedule	\$1,586.07
57300	REPAIR RECTUM-VAGINA FISTULA	Y	-	4/1/2024	Fee Schedule	\$1,586.07

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
57310	REPAIR URETHROVAGINAL LESION	Y	-	4/1/2024	Fee Schedule	\$3,156.77
57320	REPAIR BLADDER-VAGINA LESION	Y	-	4/1/2024	Fee Schedule	\$2,135.33
57330	REPAIR BLADDER-VAGINA LESION	-	-	1/1/2022	Not Allowed	\$0.00
57335	REPAIR VAGINA	-	-	1/1/2022	Not Allowed	\$0.00
57400	DILATION OF VAGINA	Y	-	4/1/2024	Fee Schedule	\$1,586.07
57410	PELVIC EXAMINATION	Y	-	4/1/2024	Fee Schedule	\$1,586.07
57415	REMOVE VAGINAL FOREIGN BODY	Y	-	4/1/2024	Fee Schedule	\$1,586.07
57420	EXAM OF VAGINA W/SCOPE	Y	-	4/1/2024	Fee Schedule	\$71.90
57421	EXAM/BIOPSY OF VAG W/SCOPE	Y	-	4/1/2024	Fee Schedule	\$93.20
57423	REPAIR PARAVAG DEFECT LAP	-	-	1/1/2022	Not Allowed	\$0.00
57425	LAPAROSCOPY SURG COLPOPEXY	Y	-	4/1/2024	Fee Schedule	\$4,540.13
57426	REVISE PROSTH VAG GRAFT LAP	Y	-	4/1/2024	Fee Schedule	\$3,156.77
57452	EXAM OF CERVIX W/SCOPE	Y	-	4/1/2024	Fee Schedule	\$69.58
57454	BX/CURETT OF CERVIX W/SCOPE	Y	-	4/1/2024	Fee Schedule	\$79.22
57455	BIOPSY OF CERVIX W/SCOPE	Y	-	4/1/2024	Fee Schedule	\$85.55
57456	ENDOCERV CURETTAGE W/SCOPE	Y	-	4/1/2024	Fee Schedule	\$81.55
57460	BX OF CERVIX W/SCOPE LEEP	Y	-	4/1/2024	Fee Schedule	\$204.72
57461	CONZ OF CERVIX W/SCOPE LEEP	Y	-	4/1/2024	Fee Schedule	\$217.37
57500	BIOPSY OF CERVIX	Y	-	4/1/2024	Fee Schedule	\$107.51
57505	ENDOCERVICAL CURETTAGE	Y	-	4/1/2024	Fee Schedule	\$109.85
57510	CAUTERIZATION OF CERVIX	Y	-	4/1/2024	Fee Schedule	\$94.53
57511	CRYOCAUTERY OF CERVIX	Y	-	4/1/2024	Fee Schedule	\$125.16
57513	LASER SURGERY OF CERVIX	Y	-	4/1/2024	Fee Schedule	\$1,586.07
57520	CONIZATION OF CERVIX	Y	-	4/1/2024	Fee Schedule	\$1,586.07
57522	CONIZATION OF CERVIX	Y	-	4/1/2024	Fee Schedule	\$1,586.07
57530	REMOVAL OF CERVIX	Y	-	4/1/2024	Fee Schedule	\$2,135.33
57550	REMOVAL OF RESIDUAL CERVIX	Y	-	4/1/2024	Fee Schedule	\$2,135.33
57555	REMOVE CERVIX/REPAIR VAGINA	-	-	1/1/2022	Not Allowed	\$0.00
57556	REMOVE CERVIX REPAIR BOWEL	Y	-	4/1/2024	Fee Schedule	\$2,135.33
57558	D&C OF CERVICAL STUMP	Y	-	4/1/2024	Fee Schedule	\$1,586.07
57700	REVISION OF CERVIX	Y	-	4/1/2024	Fee Schedule	\$1,586.07
57720	REVISION OF CERVIX	Y	-	4/1/2024	Fee Schedule	\$1,586.07
57800	DILATION OF CERVICAL CANAL	Y	-	4/1/2024	Fee Schedule	\$48.27
58100	BIOPSY OF UTERUS LINING	Y	-	4/1/2024	Fee Schedule	\$54.93
58110	BX DONE W/COLPOSCOPY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
58120	DILATION AND CURETTAGE	Y	-	4/1/2024	Fee Schedule	\$1,586.07
58145	MYOMECTOMY VAG METHOD	Y	-	4/1/2024	Fee Schedule	\$1,586.07
58260	VAGINAL HYSTERECTOMY	Y	-	4/1/2024	Fee Schedule	\$2,135.33
58262	VAG HYST INCLUDING T/O	Y	-	4/1/2024	Fee Schedule	\$2,135.33
58263	VAG HYST W/T/O & VAG REPAIR	-	-	1/1/2022	Not Allowed	\$0.00
58270	VAG HYST W/ENTEROCELE REPAIR	-	-	1/1/2022	Not Allowed	\$0.00
58290	VAG HYST COMPLEX	-	-	1/1/2022	Not Allowed	\$0.00
58291	VAG HYST INCL T/O COMPLEX	-	-	1/1/2022	Not Allowed	\$0.00
58292	VAG HYST T/O & REPAIR COMPL	-	-	1/1/2022	Not Allowed	\$0.00
58294	VAG HYST W/ENTEROCELE COMPL	-	-	1/1/2022	Not Allowed	\$0.00
58301	REMOVE INTRAUTERINE DEVICE	-	-	4/1/2024	Fee Schedule	\$61.59
58321	ARTIFICIAL INSEMINATION	-	-	4/1/2024	Not Allowed	\$0.00
58322	ARTIFICIAL INSEMINATION	-	-	4/1/2024	Not Allowed	\$0.00
58323	SPERM WASHING	-	-	4/1/2024	Not Allowed	\$0.00
58340	CATHETER FOR HYSTEROGRAPHY	-	-	7/1/2018	No Separate Payment	\$0.00
58345	REOPEN FALLOPIAN TUBE	-	-	4/1/2024	Not Allowed	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
58346	INSERT HEYMAN UTERI CAPSULE	Y	-	4/1/2024	Fee Schedule	\$2,135.33
58350	REOPEN FALLOPIAN TUBE	Y	-	4/1/2024	Fee Schedule	\$2,135.33
58353	ENDOMETR ABLATE THERMAL	Y	-	4/1/2024	Fee Schedule	\$2,135.33
58356	ENDOMETRIAL CRYOABLATION	Y	-	4/1/2024	Fee Schedule	\$3,341.29
58541	LSH UTERUS 250 G OR LESS	Y	-	4/1/2024	Fee Schedule	\$4,540.13
58542	LSH W/T/O UT 250 G OR LESS	Y	-	4/1/2024	Fee Schedule	\$4,540.13
58543	LSH UTERUS ABOVE 250 G	Y	-	4/1/2024	Fee Schedule	\$4,540.13
58544	LSH W/T/O UTERUS ABOVE 250 G	Y	-	4/1/2024	Fee Schedule	\$4,540.13
58545	LAPAROSCOPIC MYOMECTOMY	Y	-	4/1/2024	Fee Schedule	\$2,705.16
58546	LAPARO-MYOMECTOMY COMPLEX	Y	-	4/1/2024	Fee Schedule	\$4,540.13
58550	LAPARO-ASST VAG HYSTERECTOMY	Y	-	4/1/2024	Fee Schedule	\$2,705.16
58552	LAPARO-VAG HYST INCL T/O	Y	-	4/1/2024	Fee Schedule	\$4,540.13
58553	LAPARO-VAG HYST COMPLEX	Y	-	4/1/2024	Fee Schedule	\$4,540.13
58554	LAPARO-VAG HYST W/T/O COMPL	Y	-	4/1/2024	Fee Schedule	\$4,540.13
58555	HYSTEROSCOPY DX SEP PROC	Y	-	4/1/2024	Fee Schedule	\$1,586.07
58558	HYSTEROSCOPY BIOPSY	Y	-	4/1/2024	Fee Schedule	\$1,586.07
58559	HYSTEROSCOPY LYSIS	Y	-	4/1/2024	Fee Schedule	\$2,135.33
58560	HYSTEROSCOPY RESECT SEPTUM	Y	-	4/1/2024	Fee Schedule	\$2,135.33
58561	HYSTEROSCOPY REMOVE MYOMA	Y	-	4/1/2024	Fee Schedule	\$2,135.33
58562	HYSTEROSCOPY REMOVE FB	Y	-	4/1/2024	Fee Schedule	\$1,586.07
58563	HYSTEROSCOPY ABLATION	Y	-	4/1/2024	Fee Schedule	\$2,135.33
58565	HYSTEROSCOPY STERILIZATION	Y	-	4/1/2024	Fee Schedule	\$2,689.36
58570	TLH UTERUS 250 G OR LESS	Y	-	4/1/2024	Fee Schedule	\$4,540.13
58571	TLH W/T/O 250 G OR LESS	Y	-	4/1/2024	Fee Schedule	\$4,540.13
58572	TLH UTERUS OVER 250 G	Y	-	4/1/2024	Fee Schedule	\$4,540.13
58573	TLH W/T/O UTERUS OVER 250 G	Y	-	4/1/2024	Fee Schedule	\$4,540.13
58580	TRANSCRV ABLTJ UTRN FIBRD RF	Y	-	4/1/2024	Fee Schedule	\$3,975.84
58600	DIVISION OF FALLOPIAN TUBE	Y	-	4/1/2024	Fee Schedule	\$1,586.07
58615	OCCLUDE FALLOPIAN TUBE(S)	Y	-	4/1/2024	Fee Schedule	\$1,586.07
58660	LAPAROSCOPY LYSIS	Y	-	4/1/2024	Fee Schedule	\$2,705.16
58661	LAPAROSCOPY REMOVE ADNEXA	Y	-	4/1/2024	Fee Schedule	\$2,705.16
58662	LAPAROSCOPY EXCISE LESIONS	Y	-	4/1/2024	Fee Schedule	\$2,705.16
58670	LAPAROSCOPY TUBAL CAUTERY	Y	-	4/1/2024	Fee Schedule	\$2,705.16
58671	LAPAROSCOPY TUBAL BLOCK	Y	-	4/1/2024	Fee Schedule	\$2,705.16
58672	LAPAROSCOPY FIMBRIOLASTY	Y	-	4/1/2024	Fee Schedule	\$2,705.16
58673	LAPAROSCOPY SALPINGOSTOMY	Y	-	4/1/2024	Fee Schedule	\$4,540.13
58674	LAPS ABLTJ UTERINE FIBROIDS	Y	-	4/1/2024	Fee Schedule	\$4,540.13
58770	CREATE NEW TUBAL OPENING	-	-	1/1/2022	Not Allowed	\$0.00
58800	DRAINAGE OF OVARIAN CYST(S)	Y	-	4/1/2024	Fee Schedule	\$1,586.07
58805	DRAINAGE OF OVARIAN CYST(S)	Y	-	4/1/2024	Fee Schedule	\$1,586.07
58820	DRAIN OVARY ABSCESS OPEN	Y	-	4/1/2024	Fee Schedule	\$1,586.07
58900	BIOPSY OF OVARY(S)	Y	-	4/1/2024	Fee Schedule	\$1,586.07
58920	PARTIAL REMOVAL OF OVARY(S)	-	-	1/1/2022	Not Allowed	\$0.00
58925	REMOVAL OF OVARIAN CYST(S)	-	-	1/1/2022	Not Allowed	\$0.00
58970	RETRIEVAL OF OOCYTE	-	-	4/1/2024	Not Allowed	\$0.00
58974	TRANSFER OF EMBRYO	-	-	4/1/2024	Not Allowed	\$0.00
58976	TRANSFER OF EMBRYO	-	-	4/1/2024	Not Allowed	\$0.00
59000	AMNIOCENTESIS DIAGNOSTIC	Y	-	4/1/2024	Fee Schedule	\$62.25
59001	AMNIOCENTESIS THERAPEUTIC	Y	-	4/1/2024	Fee Schedule	\$166.40
59012	FETAL CORD PUNCTURE PRENATAL	Y	-	4/1/2024	Fee Schedule	\$166.40
59015	CHORION BIOPSY	Y	-	4/1/2024	Fee Schedule	\$63.24

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
59020	FETAL CONTRACT STRESS TEST	Y	-	4/1/2024	Fee Schedule	\$43.28
59025	FETAL NON-STRESS TEST	Y	-	4/1/2024	Fee Schedule	\$26.96
59030	FETAL SCALP BLOOD SAMPLE	-	-	1/1/2022	Not Allowed	\$0.00
59070	TRANSABDOM AMNIOINFUS W/US	Y	-	4/1/2024	Fee Schedule	\$166.40
59072	UMBILICAL CORD OCCLUD W/US	Y	-	4/1/2024	Fee Schedule	\$222.99
59074	FETAL FLUID DRAINAGE W/US	Y	-	4/1/2024	Fee Schedule	\$166.40
59076	FETAL SHUNT PLACEMENT W/US	Y	-	4/1/2024	Fee Schedule	\$166.40
59100	REMOVE UTERUS LESION	Y	-	4/1/2024	Fee Schedule	\$2,135.33
59150	TREAT ECTOPIC PREGNANCY	Y	-	4/1/2024	Fee Schedule	\$2,705.16
59151	TREAT ECTOPIC PREGNANCY	Y	-	4/1/2024	Fee Schedule	\$2,705.16
59160	D & C AFTER DELIVERY	Y	-	4/1/2024	Fee Schedule	\$1,586.07
59200	INSERT CERVICAL DILATOR	Y	-	4/1/2024	Fee Schedule	\$71.23
59300	EPISIOTOMY OR VAGINAL REPAIR	Y	-	4/1/2024	Fee Schedule	\$126.83
59320	REVISION OF CERVIX	Y	-	4/1/2024	Fee Schedule	\$1,586.07
59409	OBSTETRICAL CARE	-	-	1/1/2022	Not Allowed	\$0.00
59412	ANTEPARTUM MANIPULATION	Y	-	4/1/2024	Fee Schedule	\$1,586.07
59414	DELIVER PLACENTA	Y	-	4/1/2024	Fee Schedule	\$1,586.07
59612	VBAC DELIVERY ONLY	-	-	1/1/2022	Not Allowed	\$0.00
59812	TREATMENT OF MISCARRIAGE	Y	-	4/1/2024	Fee Schedule	\$1,586.07
59820	CARE OF MISCARRIAGE	Y	-	4/1/2024	Fee Schedule	\$1,586.07
59821	TREATMENT OF MISCARRIAGE	Y	-	4/1/2024	Fee Schedule	\$1,586.07
59840	ABORTION	Y	-	4/1/2024	Fee Schedule	\$1,586.07
59841	ABORTION	Y	-	4/1/2024	Fee Schedule	\$1,586.07
59866	ABORTION (MPR)	Y	-	4/1/2024	Fee Schedule	\$166.40
59870	EVACUATE MOLE OF UTERUS	Y	-	4/1/2024	Fee Schedule	\$1,586.07
59871	REMOVE CERCLAGE SUTURE	-	-	4/1/2024	Fee Schedule	\$1,586.07
60000	DRAIN THYROID/TONGUE CYST	Y	-	4/1/2024	Fee Schedule	\$666.76
60100	BIOPSY OF THYROID	Y	-	4/1/2024	Fee Schedule	\$51.93
60200	REMOVE THYROID LESION	Y	-	4/1/2024	Fee Schedule	\$2,705.16
60210	PARTIAL THYROID EXCISION	Y	-	4/1/2024	Fee Schedule	\$2,705.16
60212	PARTIAL THYROID EXCISION	Y	-	4/1/2024	Fee Schedule	\$2,705.16
60220	PARTIAL REMOVAL OF THYROID	Y	-	4/1/2024	Fee Schedule	\$2,705.16
60225	PARTIAL REMOVAL OF THYROID	Y	-	4/1/2024	Fee Schedule	\$2,705.16
60240	REMOVAL OF THYROID	Y	-	4/1/2024	Fee Schedule	\$2,705.16
60252	REMOVAL OF THYROID	-	-	1/1/2022	Not Allowed	\$0.00
60260	REPEAT THYROID SURGERY	Y	-	10/1/2024	Fee Schedule	\$2,760.51
60271	REMOVAL OF THYROID	-	-	1/1/2022	Not Allowed	\$0.00
60280	REMOVE THYROID DUCT LESION	Y	-	4/1/2024	Fee Schedule	\$2,705.16
60281	REMOVE THYROID DUCT LESION	Y	-	4/1/2024	Fee Schedule	\$2,705.16
60300	ASPIR/INJ THYROID CYST	Y	-	4/1/2024	Fee Schedule	\$71.23
60500	EXPLORE PARATHYROID GLANDS	Y	-	4/1/2024	Fee Schedule	\$2,760.51
60502	RE-EXPLORE PARATHYROIDS	-	-	1/1/2022	Not Allowed	\$0.00
60512	AUTOTRANSPLANT PARATHYROID	-	-	1/1/2021	No Separate Payment	\$0.00
60520	REMOVAL OF THYMUS GLAND	-	-	1/1/2022	Not Allowed	\$0.00
61000	REMOVE CRANIAL CAVITY FLUID	Y	-	4/1/2024	Fee Schedule	\$358.69
61001	REMOVE CRANIAL CAVITY FLUID	Y	-	4/1/2024	Fee Schedule	\$358.69
61020	REMOVE BRAIN CAVITY FLUID	Y	-	4/1/2024	Fee Schedule	\$472.76
61026	INJECTION INTO BRAIN CANAL	Y	-	4/1/2024	Fee Schedule	\$358.69
61050	REMOVE BRAIN CANAL FLUID	Y	-	4/1/2024	Fee Schedule	\$153.62
61055	INJECTION INTO BRAIN CANAL	Y	-	4/1/2024	Fee Schedule	\$153.62
61070	BRAIN CANAL SHUNT PROCEDURE	Y	-	4/1/2024	Fee Schedule	\$358.69

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
61215	INSERT BRAIN-FLUID DEVICE	Y	-	4/1/2024	Fee Schedule	\$3,012.44
61330	DECOMPRESS EYE SOCKET	Y	-	4/1/2024	Fee Schedule	\$1,318.75
61623	ENDOVASC TEMPORY VESSEL OCCL	-	-	1/1/2022	Not Allowed	\$0.00
61626	TRANSCATH OCCLUSION NON-CNS	-	-	1/1/2022	Not Allowed	\$0.00
61720	INCISE SKULL/BRAIN SURGERY	-	-	1/1/2022	Not Allowed	\$0.00
61770	INCISE SKULL FOR TREATMENT	Y	-	4/1/2024	Fee Schedule	\$3,012.44
61781	SCAN PROC CRANIAL INTRA	-	-	7/1/2018	No Separate Payment	\$0.00
61782	SCAN PROC CRANIAL EXTRA	-	-	7/1/2018	No Separate Payment	\$0.00
61783	SCAN PROC SPINAL	-	-	7/1/2018	No Separate Payment	\$0.00
61790	TREAT TRIGEMINAL NERVE	Y	-	4/1/2024	Fee Schedule	\$897.67
61791	TREAT TRIGEMINAL TRACT	Y	-	4/1/2024	Fee Schedule	\$897.67
61880	REVISE/REMOVE NEUROELECTRODE	Y	-	4/1/2024	Fee Schedule	\$1,897.94
61885	INSRT/REDO NEUROSTIM 1 ARRAY	-	-	4/1/2024	Fee Schedule	\$19,360.89
61886	IMPLANT NEUROSTIM ARRAYS	-	-	4/1/2024	Fee Schedule	\$25,315.92
61888	REVISE/REMOVE NEURORECEIVER	Y	-	4/1/2024	Fee Schedule	\$10,774.08
62000	TREAT SKULL FRACTURE	-	-	1/1/2022	Not Allowed	\$0.00
62160	NEUROENDOSCOPY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
62194	REPLACE/IRRIGATE CATHETER	Y	-	4/1/2024	Fee Schedule	\$897.67
62225	REPLACE/IRRIGATE CATHETER	Y	-	4/1/2024	Fee Schedule	\$3,012.44
62230	REPLACE/REVISE BRAIN SHUNT	Y	-	4/1/2024	Fee Schedule	\$3,012.44
62252	CSF SHUNT REPROGRAM	-	-	4/1/2024	Fee Schedule	\$52.26
62263	EPIDURAL LYSIS MULT SESSIONS	Y	-	4/1/2024	Fee Schedule	\$472.76
62264	EPIDURAL LYSIS ON SINGLE DAY	Y	-	4/1/2024	Fee Schedule	\$472.76
62267	INTERDISCAL PERQ ASPIR DX	Y	-	4/1/2024	Fee Schedule	\$364.93
62268	DRAIN SPINAL CORD CYST	Y	-	4/1/2024	Fee Schedule	\$472.76
62269	NEEDLE BIOPSY SPINAL CORD	Y	-	4/1/2024	Fee Schedule	\$682.83
62270	DX LMBR SPI PNXR	Y	-	4/1/2024	Fee Schedule	\$358.69
62272	THER SPI PNXR DRG CSF	Y	-	4/1/2024	Fee Schedule	\$358.69
62273	INJECT EPIDURAL PATCH	Y	-	4/1/2024	Fee Schedule	\$358.69
62280	TREAT SPINAL CORD LESION	Y	-	4/1/2024	Fee Schedule	\$472.76
62281	TREAT SPINAL CORD LESION	Y	-	4/1/2024	Fee Schedule	\$472.76
62282	TREAT SPINAL CANAL LESION	Y	-	4/1/2024	Fee Schedule	\$472.76
62284	INJECTION FOR MYELOGRAM	-	-	7/1/2018	No Separate Payment	\$0.00
62287	DCMPRN PX PERQ 1/MLT LUMBAR	Y	-	4/1/2024	Fee Schedule	\$897.67
62290	NJX PX DISCOGRAPHY LUMBAR	-	-	7/1/2018	No Separate Payment	\$0.00
62291	NJX PX DISCOGRAPHY CRV/THRC	-	-	7/1/2018	No Separate Payment	\$0.00
62292	NJX CHEMONUCLEOLYSIS LMBR	Y	-	4/1/2024	Fee Schedule	\$897.67
62294	INJECTION INTO SPINAL ARTERY	Y	-	4/1/2024	Fee Schedule	\$472.76
62302	MYELOGRAPHY LUMBAR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
62303	MYELOGRAPHY LUMBAR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
62304	MYELOGRAPHY LUMBAR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
62305	MYELOGRAPHY LUMBAR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
62320	NJX INTERLAMINAR CRV/THRC	Y	-	4/1/2024	Fee Schedule	\$358.69
62321	NJX INTERLAMINAR CRV/THRC	Y	-	4/1/2024	Fee Schedule	\$358.69
62322	NJX INTERLAMINAR LMBR/SAC	Y	-	4/1/2024	Fee Schedule	\$472.76
62323	NJX INTERLAMINAR LMBR/SAC	Y	-	4/1/2024	Fee Schedule	\$358.69
62324	NJX INTERLAMINAR CRV/THRC	Y	-	4/1/2024	Fee Schedule	\$472.76
62325	NJX INTERLAMINAR CRV/THRC	Y	-	4/1/2024	Fee Schedule	\$472.76
62326	NJX INTERLAMINAR LMBR/SAC	Y	-	4/1/2024	Fee Schedule	\$472.76
62327	NJX INTERLAMINAR LMBR/SAC	Y	-	4/1/2024	Fee Schedule	\$472.76
62328	DX LMBR SPI PNXR W/FLUOR/CT	Y	-	4/1/2024	Fee Schedule	\$358.69

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



**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
62329	THER SPI PNXR CSF FLUOR/CT	Y	-	4/1/2024	Fee Schedule	\$358.69
62350	IMPLANT SPINAL CANAL CATH	Y	-	4/1/2024	Fee Schedule	\$4,262.50
62351	IMPLANT SPINAL CANAL CATH	-	-	1/1/2022	Not Allowed	\$0.00
62355	REMOVE SPINAL CANAL CATHETER	-	-	4/1/2024	Fee Schedule	\$897.67
62360	INSERT SPINE INFUSION DEVICE	Y	-	4/1/2024	Fee Schedule	\$13,893.27
62361	IMPLANT SPINE INFUSION PUMP	Y	-	4/1/2024	Fee Schedule	\$14,007.64
62362	IMPLANT SPINE INFUSION PUMP	Y	-	4/1/2024	Fee Schedule	\$14,034.26
62365	REMOVE SPINE INFUSION DEVICE	-	-	4/1/2024	Fee Schedule	\$3,012.44
62367	ANALYZE SPINE INFUS PUMP	-	-	4/1/2024	Fee Schedule	\$13.98
62368	ANALYZE SP INF PUMP W/REPROG	-	-	4/1/2024	Fee Schedule	\$19.31
62369	ANAL SP INF PMP W/REPRG&FILL	-	-	4/1/2024	Fee Schedule	\$67.24
62370	ANL SP INF PMP W/MDREPRG&FIL	-	-	4/1/2024	Fee Schedule	\$58.92
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	Y	-	4/1/2024	Fee Schedule	\$3,392.54
63001	REMOVE SPINE LAMINA 1/2 CRVL	Y	-	4/1/2024	Fee Schedule	\$3,392.54
63003	REMOVE SPINE LAMINA 1/2 THRC	Y	-	4/1/2024	Fee Schedule	\$3,392.54
63005	REMOVE SPINE LAMINA 1/2 LMBR	Y	-	4/1/2024	Fee Schedule	\$3,392.54
63011	REMOVE SPINE LAMINA 1/2 SCRL	-	-	1/1/2022	Not Allowed	\$0.00
63012	REMOVE LAMINA/FACETS LUMBAR	-	-	1/1/2022	Not Allowed	\$0.00
63015	REMOVE SPINE LAMINA >2 CRVCL	-	-	1/1/2022	Not Allowed	\$0.00
63016	REMOVE SPINE LAMINA >2 THRC	-	-	1/1/2022	Not Allowed	\$0.00
63017	REMOVE SPINE LAMINA >2 LMBR	-	-	1/1/2022	Not Allowed	\$0.00
63020	NECK SPINE DISK SURGERY	Y	-	4/1/2024	Fee Schedule	\$3,392.54
63030	LOW BACK DISK SURGERY	Y	-	4/1/2024	Fee Schedule	\$3,392.54
63035	SPINAL DISK SURGERY ADD-ON	-	-	1/1/2022	Not Allowed	\$0.00
63040	LAMINOTOMY SINGLE CERVICAL	-	-	1/1/2022	Not Allowed	\$0.00
63042	LAMINOTOMY SINGLE LUMBAR	Y	-	4/1/2024	Fee Schedule	\$3,392.54
63043	LAMINOTOMY ADDL CERVICAL	-	-	1/1/2022	Not Allowed	\$0.00
63044	LAMINOTOMY ADDL LUMBAR	-	-	7/1/2018	No Separate Payment	\$0.00
63045	LAM FACETEC & FORAMOT CRV	Y	-	4/1/2024	Fee Schedule	\$3,392.54
63046	LAM FACETEC & FORAMOT THRC	Y	-	4/1/2024	Fee Schedule	\$3,392.54
63047	LAM FACETEC & FORAMOT LUMBAR	Y	-	4/1/2024	Fee Schedule	\$3,392.54
63048	REMOVE SPINAL LAMINA ADD-ON	-	-	1/1/2022	Not Allowed	\$0.00
63055	DECOMPRESS SPINAL CORD THRC	Y	-	4/1/2024	Fee Schedule	\$3,392.54
63056	DECOMPRESS SPINAL CORD LMBR	Y	-	4/1/2024	Fee Schedule	\$3,392.54
63057	DECOMPRESS SPINE CORD ADD-ON	-	-	1/1/2022	Not Allowed	\$0.00
63064	DECOMPRESS SPINAL CORD THRC	-	-	1/1/2022	Not Allowed	\$0.00
63066	DECOMPRESS SPINE CORD ADD-ON	-	-	1/1/2022	Not Allowed	\$0.00
63075	NECK SPINE DISK SURGERY	-	-	1/1/2022	Not Allowed	\$0.00
63076	NECK SPINE DISK SURGERY	-	-	1/1/2022	Not Allowed	\$0.00
63600	REMOVE SPINAL CORD LESION	Y	-	4/1/2024	Fee Schedule	\$897.67
63610	STIMULATION OF SPINAL CORD	Y	-	4/1/2024	Fee Schedule	\$1,257.71
63650	IMPLANT NEUROELECTRODES	-	-	4/1/2024	Fee Schedule	\$4,948.40
63655	IMPLANT NEUROELECTRODES	-	-	4/1/2024	Fee Schedule	\$17,977.56
63661	REMOVE SPINE ELTRD PERQ ARAY	-	-	4/1/2024	Fee Schedule	\$897.67
63662	REMOVE SPINE ELTRD PLATE	Y	-	4/1/2024	Fee Schedule	\$1,897.94
63663	REVISE SPINE ELTRD PERQ ARAY	-	-	4/1/2024	Fee Schedule	\$4,860.88
63664	REVISE SPINE ELTRD PLATE	-	-	4/1/2024	Fee Schedule	\$10,310.07
63685	INS/RPLC SPI NPG/RCVR POCKET	-	-	4/1/2024	Fee Schedule	\$25,273.71
63688	REV/RMV IMP SP NPG/R DTCH CN	Y	-	4/1/2024	Fee Schedule	\$1,897.94
63741	INSTALL SPINAL SHUNT	-	-	1/1/2022	Not Allowed	\$0.00
63744	REVISION OF SPINAL SHUNT	Y	-	4/1/2024	Fee Schedule	\$4,199.22

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
63746	REMOVAL OF SPINAL SHUNT	-	-	4/1/2024	Fee Schedule	\$897.67
64400	NJX AA&/STRD TRIGEMINAL NRV	Y	-	4/1/2024	Fee Schedule	\$81.89
64405	NJX AA&/STRD GR OCPL NRV	Y	-	4/1/2024	Fee Schedule	\$36.95
64408	NJX AA&/STRD VAGUS NRV	Y	-	4/1/2024	Fee Schedule	\$52.92
64415	NJX AA&/STRD BRCH PLXS IMG	Y	-	4/1/2024	Fee Schedule	\$472.76
64416	NJX AA&/STRD BRCH PL NFS IMG	Y	-	4/1/2024	Fee Schedule	\$472.76
64417	NJX AA&/STRD AX NERVE IMG	Y	-	4/1/2024	Fee Schedule	\$472.76
64418	NJX AA&/STRD SPRSCAP NRV	Y	-	4/1/2024	Fee Schedule	\$45.60
64420	NJX AA&/STRD NTRCOST NRV 1	Y	-	4/1/2024	Fee Schedule	\$358.69
64421	NJX AA&/STRD NTRCOST NRV EA	Y	-	4/1/2024	Fee Schedule	\$472.76
64425	NJX AA&/STRD II IH NERVES	Y	-	4/1/2024	Fee Schedule	\$73.90
64430	NJX AA&/STRD PUDENDAL NERVE	Y	-	4/1/2024	Fee Schedule	\$472.76
64435	NJX AA&/STRD PARACRV NRV	Y	-	4/1/2024	Fee Schedule	\$51.27
64445	NJX AA&/STRD SCIATIC NRV IMG	Y	-	4/1/2024	Fee Schedule	\$107.51
64446	NJX AA&/STRD SC NRV NFS IMG	Y	-	4/1/2024	Fee Schedule	\$472.76
64447	NJX AA&/STRD FEMORAL NRV IMG	Y	-	4/1/2024	Fee Schedule	\$67.57
64448	NJX AA&/STRD FEM NRV NFS IMG	Y	-	4/1/2024	Fee Schedule	\$646.31
64449	NJX AA&/STRD LMBR PLEX NFS	Y	-	4/1/2024	Fee Schedule	\$472.76
64450	NJX AA&/STRD OTHER PN/BRANCH	Y	-	4/1/2024	Fee Schedule	\$47.27
64451	NJX AA&/STRD NRV NRVTVG SI JT	Y	-	4/1/2024	Fee Schedule	\$358.69
64454	NJX AA&/STRD GNCLR NRV BRNCH	Y	-	4/1/2024	Fee Schedule	\$358.69
64455	NJX AA&/STRD PLTR COM DG NRV	Y	-	4/1/2024	Fee Schedule	\$22.96
64461	PVB THORACIC SINGLE INJ SITE	Y	-	4/1/2024	Fee Schedule	\$358.69
64462	PVB THORACIC 2ND+ INJ SITE	-	-	7/1/2018	No Separate Payment	\$0.00
64463	PVB THORACIC CONT INFUSION	Y	-	4/1/2024	Fee Schedule	\$358.69
64479	NJX AA&/STRD TFRM EPI C/T 1	Y	-	4/1/2024	Fee Schedule	\$472.76
64480	NJX AA&/STRD TFRM EPI C/T EA	-	-	7/1/2018	No Separate Payment	\$0.00
64483	NJX AA&/STRD TFRM EPI L/S 1	Y	-	4/1/2024	Fee Schedule	\$472.76
64484	NJX AA&/STRD TFRM EPI L/S EA	-	-	7/1/2018	No Separate Payment	\$0.00
64486	TAP BLOCK UNIL BY INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
64487	TAP BLOCK UNI BY INFUSION	-	-	7/1/2018	No Separate Payment	\$0.00
64488	TAP BLOCK BI INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
64489	TAP BLOCK BI BY INFUSION	-	-	7/1/2018	No Separate Payment	\$0.00
64490	INJ PARAVERT F JNT C/T 1 LEV	Y	-	4/1/2024	Fee Schedule	\$472.76
64491	INJ PARAVERT F JNT C/T 2 LEV	-	-	7/1/2018	No Separate Payment	\$0.00
64492	INJ PARAVERT F JNT C/T 3 LEV	-	-	7/1/2018	No Separate Payment	\$0.00
64493	INJ PARAVERT F JNT L/S 1 LEV	Y	-	4/1/2024	Fee Schedule	\$472.76
64494	INJ PARAVERT F JNT L/S 2 LEV	-	-	7/1/2018	No Separate Payment	\$0.00
64495	INJ PARAVERT F JNT L/S 3 LEV	-	-	7/1/2018	No Separate Payment	\$0.00
64505	N BLOCK SPENOPALATINE GANGL	Y	-	4/1/2024	Fee Schedule	\$87.87
64510	N BLOCK STELLATE GANGLION	Y	-	4/1/2024	Fee Schedule	\$472.76
64517	N BLOCK INJ HYPOGAS PLXS	Y	-	4/1/2024	Fee Schedule	\$472.76
64520	N BLOCK LUMBAR/THORACIC	Y	-	4/1/2024	Fee Schedule	\$472.76
64530	N BLOCK INJ CELIAC PELUS	Y	-	4/1/2024	Fee Schedule	\$472.76
64553	IMPLANT NEUROELECTRODES	-	-	4/1/2024	Fee Schedule	\$11,428.12
64555	IMPLANT NEUROELECTRODES	-	-	4/1/2024	Fee Schedule	\$5,615.04
64561	IMPLANT NEUROELECTRODES	-	-	4/1/2024	Fee Schedule	\$5,037.08
64566	NEUROELTRD STIM POST TIBIAL	Y	-	4/1/2024	Fee Schedule	\$93.87
64568	OPN IMPLTJ CRNL NRV NEA&PG	-	-	4/1/2024	Fee Schedule	\$25,661.00
64569	REVISE/REPL VAGUS N ELTRD	-	-	4/1/2024	Fee Schedule	\$12,028.22
64570	REMOVE VAGUS N ELTRD	-	-	4/1/2024	Fee Schedule	\$3,012.44

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
64575	OPN IMPLTJ NEA PERPH NERVE	-	-	4/1/2024	Fee Schedule	\$11,344.15
64580	OPN IMPLTJ NEA NEUROMUSCULAR	-	-	4/1/2024	Fee Schedule	\$15,835.00
64581	OPN IMPLTJ NEA SACRAL NERVE	-	-	4/1/2024	Fee Schedule	\$5,356.31
64582	OPN MPLTJ HPGLSL NSTM ARY PG	-	-	4/1/2024	Fee Schedule	\$24,846.71
64583	REV/RPLCT HPGLSL NSTM ARY PG	Y	-	4/1/2024	Fee Schedule	\$10,809.02
64584	RMVL HPGLSL NSTIM ARY PG	-	-	4/1/2024	Fee Schedule	\$3,012.44
64585	REV/RMV PERPH NSTIM ELTRD RA	Y	-	4/1/2024	Fee Schedule	\$1,897.94
64590	INS/RPL PRPH SAC/GSTR NPG/R	-	-	4/1/2024	Fee Schedule	\$18,989.25
64595	REV/RMV PRPH SAC/GSTR NPG/R	Y	-	4/1/2024	Fee Schedule	\$1,897.94
64596	INS/RPLCMT PRQ ELTRD RA PN 1	Y	-	4/1/2024	Fee Schedule	\$9,223.88
64597	INS/RPLCM PRQ ELTRD RA PN EA	-	-	1/1/2024	No Separate Payment	\$0.00
64598	REVJ/RMVL NEA PN W/INT NSTIM	Y	-	4/1/2024	Fee Schedule	\$1,897.94
64600	INJECTION TREATMENT OF NERVE	Y	-	4/1/2024	Fee Schedule	\$472.76
64605	INJECTION TREATMENT OF NERVE	Y	-	4/1/2024	Fee Schedule	\$897.67
64610	INJECTION TREATMENT OF NERVE	Y	-	4/1/2024	Fee Schedule	\$897.67
64611	CHEMODENERV SALIV GLANDS	Y	-	4/1/2024	Fee Schedule	\$85.88
64612	DESTROY NERVE FACE MUSCLE	Y	-	4/1/2024	Fee Schedule	\$81.55
64615	CHEMODENERV MUSC MIGRAINE	Y	-	4/1/2024	Fee Schedule	\$71.90
64616	CHEMODENERV MUSC NECK DYSTON	Y	-	4/1/2024	Fee Schedule	\$71.23
64617	CHEMODENER MUSCLE LARYNX EMG	Y	-	4/1/2024	Fee Schedule	\$89.88
64620	INJECTION TREATMENT OF NERVE	Y	-	4/1/2024	Fee Schedule	\$472.76
64624	DSTRJ NULYT AGT GNCLR NRV	Y	-	4/1/2024	Fee Schedule	\$897.67
64625	RF ABLTJ NRV NRVTG SI JT	Y	-	4/1/2024	Fee Schedule	\$897.67
64628	TRML DSTRJ IOS BVN 1ST 2 L/S	Y	-	4/1/2024	Fee Schedule	\$9,396.53
64630	INJECTION TREATMENT OF NERVE	Y	-	4/1/2024	Fee Schedule	\$472.76
64632	N BLOCK INJ COMMON DIGIT	Y	-	4/1/2024	Fee Schedule	\$46.60
64633	DESTROY CERV/THOR FACET JNT	Y	-	4/1/2024	Fee Schedule	\$897.67
64634	DESTROY C/TH FACET JNT ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
64635	DESTROY LUMB/SAC FACET JNT	Y	-	4/1/2024	Fee Schedule	\$897.67
64636	DESTROY L/S FACET JNT ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
64640	INJECTION TREATMENT OF NERVE	Y	-	4/1/2024	Fee Schedule	\$175.42
64642	CHEMODENERV 1 EXTREMITY 1-4	Y	-	4/1/2024	Fee Schedule	\$85.55
64643	CHEMODENERV 1 EXTREM 1-4 EA	-	-	7/1/2018	No Separate Payment	\$0.00
64644	CHEMODENERV 1 EXTREM 5/> MUS	Y	-	4/1/2024	Fee Schedule	\$104.53
64645	CHEMODENERV 1 EXTREM 5/> EA	-	-	7/1/2018	No Separate Payment	\$0.00
64646	CHEMODENERV TRUNK MUSC 1-5	Y	-	4/1/2024	Fee Schedule	\$85.88
64647	CHEMODENERV TRUNK MUSC 6/>	Y	-	4/1/2024	Fee Schedule	\$94.87
64650	CHEMODENERV ECCRINE GLANDS	Y	-	4/1/2024	Fee Schedule	\$61.59
64653	CHEMODENERV ECCRINE GLANDS	Y	-	4/1/2024	Fee Schedule	\$68.90
64680	INJECTION TREATMENT OF NERVE	Y	-	4/1/2024	Fee Schedule	\$472.76
64681	INJECTION TREATMENT OF NERVE	Y	-	4/1/2024	Fee Schedule	\$472.76
64702	REVISE FINGER/TOE NERVE	Y	-	4/1/2024	Fee Schedule	\$897.67
64704	REVISE HAND/FOOT NERVE	Y	-	4/1/2024	Fee Schedule	\$897.67
64708	REVISE ARM/LEG NERVE	Y	-	4/1/2024	Fee Schedule	\$897.67
64712	REVISION OF SCIATIC NERVE	Y	-	4/1/2024	Fee Schedule	\$897.67
64713	REVISION OF ARM NERVE(S)	Y	-	4/1/2024	Fee Schedule	\$897.67
64714	REVISE LOW BACK NERVE(S)	Y	-	4/1/2024	Fee Schedule	\$897.67
64716	REVISION OF CRANIAL NERVE	Y	-	4/1/2024	Fee Schedule	\$1,130.58
64718	REVISE ULNAR NERVE AT ELBOW	Y	-	4/1/2024	Fee Schedule	\$897.67
64719	REVISE ULNAR NERVE AT WRIST	Y	-	4/1/2024	Fee Schedule	\$897.67
64721	CARPAL TUNNEL SURGERY	Y	-	4/1/2024	Fee Schedule	\$897.67

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
64722	RELIEVE PRESSURE ON NERVE(S)	Y	-	4/1/2024	Fee Schedule	\$897.67
64726	RELEASE FOOT/TOE NERVE	Y	-	4/1/2024	Fee Schedule	\$897.67
64727	INTERNAL NERVE REVISION	-	-	7/1/2018	No Separate Payment	\$0.00
64732	INCISION OF BROW NERVE	Y	-	4/1/2024	Fee Schedule	\$897.67
64734	INCISION OF CHEEK NERVE	Y	-	4/1/2024	Fee Schedule	\$897.67
64736	INCISION OF CHIN NERVE	Y	-	4/1/2024	Fee Schedule	\$897.67
64738	INCISION OF JAW NERVE	Y	-	4/1/2024	Fee Schedule	\$897.67
64740	INCISION OF TONGUE NERVE	Y	-	4/1/2024	Fee Schedule	\$897.67
64742	INCISION OF FACIAL NERVE	Y	-	4/1/2024	Fee Schedule	\$897.67
64744	INCISE NERVE BACK OF HEAD	Y	-	4/1/2024	Fee Schedule	\$897.67
64746	INCISE DIAPHRAGM NERVE	Y	-	4/1/2024	Fee Schedule	\$897.67
64763	INCISE HIP/THIGH NERVE	Y	-	4/1/2024	Fee Schedule	\$897.67
64766	INCISE HIP/THIGH NERVE	Y	-	4/1/2024	Fee Schedule	\$897.67
64771	SEVER CRANIAL NERVE	Y	-	4/1/2024	Fee Schedule	\$897.67
64772	INCISION OF SPINAL NERVE	Y	-	4/1/2024	Fee Schedule	\$897.67
64774	REMOVE SKIN NERVE LESION	Y	-	4/1/2024	Fee Schedule	\$897.67
64776	REMOVE DIGIT NERVE LESION	Y	-	4/1/2024	Fee Schedule	\$897.67
64778	DIGIT NERVE SURGERY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64782	REMOVE LIMB NERVE LESION	Y	-	4/1/2024	Fee Schedule	\$897.67
64783	LIMB NERVE SURGERY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64784	REMOVE NERVE LESION	Y	-	4/1/2024	Fee Schedule	\$897.67
64786	REMOVE SCIATIC NERVE LESION	Y	-	4/1/2024	Fee Schedule	\$3,012.44
64787	IMPLANT NERVE END	-	-	7/1/2018	No Separate Payment	\$0.00
64788	REMOVE SKIN NERVE LESION	Y	-	4/1/2024	Fee Schedule	\$897.67
64790	REMOVAL OF NERVE LESION	Y	-	4/1/2024	Fee Schedule	\$897.67
64792	REMOVAL OF NERVE LESION	Y	-	4/1/2024	Fee Schedule	\$3,012.44
64795	BIOPSY OF NERVE	Y	-	4/1/2024	Fee Schedule	\$897.67
64802	SYMPATHECTOMY CERVICAL	Y	-	4/1/2024	Fee Schedule	\$1,130.58
64804	REMOVE SYMPATHETIC NERVES	-	-	1/1/2022	Not Allowed	\$0.00
64820	SYMPATHECTOMY DIGITAL ARTERY	Y	-	4/1/2024	Fee Schedule	\$897.67
64821	REMOVE SYMPATHETIC NERVES	Y	-	4/1/2024	Fee Schedule	\$1,518.75
64822	REMOVE SYMPATHETIC NERVES	Y	-	4/1/2024	Fee Schedule	\$1,518.75
64823	SYMPATHECTOMY SUPFC PALMAR	Y	-	4/1/2024	Fee Schedule	\$1,518.75
64831	REPAIR OF DIGIT NERVE	Y	-	4/1/2024	Fee Schedule	\$897.67
64832	REPAIR NERVE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64834	REPAIR OF HAND OR FOOT NERVE	Y	-	4/1/2024	Fee Schedule	\$3,012.44
64835	REPAIR OF HAND OR FOOT NERVE	Y	-	4/1/2024	Fee Schedule	\$3,012.44
64836	REPAIR OF HAND OR FOOT NERVE	Y	-	4/1/2024	Fee Schedule	\$3,012.44
64837	REPAIR NERVE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64840	REPAIR OF LEG NERVE	Y	-	4/1/2024	Fee Schedule	\$3,012.44
64856	REPAIR/TRANSPOSE NERVE	Y	-	4/1/2024	Fee Schedule	\$3,012.44
64857	REPAIR ARM/LEG NERVE	Y	-	4/1/2024	Fee Schedule	\$3,012.44
64858	REPAIR SCIATIC NERVE	Y	-	4/1/2024	Fee Schedule	\$1,496.62
64859	NERVE SURGERY	-	-	7/1/2018	No Separate Payment	\$0.00
64861	REPAIR OF ARM NERVES	Y	-	4/1/2024	Fee Schedule	\$897.67
64862	REPAIR OF LOW BACK NERVES	Y	-	4/1/2024	Fee Schedule	\$3,012.44
64864	REPAIR OF FACIAL NERVE	Y	-	4/1/2024	Fee Schedule	\$3,012.44
64865	REPAIR OF FACIAL NERVE	Y	-	4/1/2024	Fee Schedule	\$3,794.04
64872	SUBSEQUENT REPAIR OF NERVE	-	-	7/1/2018	No Separate Payment	\$0.00
64874	REPAIR & REVISE NERVE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64876	REPAIR NERVE/SHORTEN BONE	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
64885	NERVE GRAFT HEAD/NECK <4 CM	Y	-	4/1/2024	Fee Schedule	\$4,495.47
64886	NERVE GRAFT HEAD/NECK >4 CM	Y	-	4/1/2024	Fee Schedule	\$3,012.44
64890	NRV GRF 1STRND HND/FOOT <4CM	Y	-	4/1/2024	Fee Schedule	\$4,582.46
64891	NRV GRF 1STRND HND/FOOT >4CM	Y	-	4/1/2024	Fee Schedule	\$3,794.04
64892	NRV GRF 1STRND ARM/LEG <4CM	Y	-	4/1/2024	Fee Schedule	\$4,615.49
64893	NRV GRF 1STRND ARM/LEG >4 CM	Y	-	4/1/2024	Fee Schedule	\$4,676.76
64895	NRV GRF MLTST HND/FOOT <4 CM	Y	-	4/1/2024	Fee Schedule	\$3,012.44
64896	NRV GRF MLTST HND/FOOT >4 CM	Y	-	4/1/2024	Fee Schedule	\$3,012.44
64897	NRV GRF MLTST ARM/LEG <4 CM	Y	-	4/1/2024	Fee Schedule	\$4,082.74
64898	NRV GRF MLTST ARM/LEG >4 CM	Y	-	4/1/2024	Fee Schedule	\$3,012.44
64901	NERVE GRAFT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64902	NERVE GRAFT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64905	NERVE PEDICLE TRANSFER	Y	-	4/1/2024	Fee Schedule	\$3,012.44
64907	NERVE PEDICLE TRANSFER	Y	-	4/1/2024	Fee Schedule	\$3,012.44
64910	NERVE REPAIR W/ALLOGRAFT	Y	-	4/1/2024	Fee Schedule	\$4,287.72
64911	NEURORRAPHY W/VEIN AUTOGRAFT	-	-	1/1/2022	Not Allowed	\$0.00
64912	NRV RPR W/NRV ALGRFT 1ST	Y	-	4/1/2024	Fee Schedule	\$4,579.18
64913	NRV RPR W/NRV ALGRFT EA ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
65091	REVISE EYE	Y	-	4/1/2024	Fee Schedule	\$1,487.13
65093	REVISE EYE WITH IMPLANT	Y	-	4/1/2024	Fee Schedule	\$1,487.13
65101	REMOVAL OF EYE	Y	-	4/1/2024	Fee Schedule	\$1,487.13
65103	REMOVE EYE/INSERT IMPLANT	Y	-	4/1/2024	Fee Schedule	\$1,487.13
65105	REMOVE EYE/ATTACH IMPLANT	Y	-	4/1/2024	Fee Schedule	\$1,487.13
65110	REMOVAL OF EYE	Y	-	4/1/2024	Fee Schedule	\$1,487.13
65112	REMOVE EYE/REVISE SOCKET	Y	-	4/1/2024	Fee Schedule	\$1,487.13
65114	REMOVE EYE/REVISE SOCKET	Y	-	4/1/2024	Fee Schedule	\$1,487.13
65125	REVISE OCULAR IMPLANT	Y	-	4/1/2024	Fee Schedule	\$978.41
65130	INSERT OCULAR IMPLANT	Y	-	4/1/2024	Fee Schedule	\$1,487.13
65135	INSERT OCULAR IMPLANT	Y	-	4/1/2024	Fee Schedule	\$1,920.16
65140	ATTACH OCULAR IMPLANT	Y	-	4/1/2024	Fee Schedule	\$1,487.13
65150	REVISE OCULAR IMPLANT	Y	-	4/1/2024	Fee Schedule	\$1,487.13
65155	REINSERT OCULAR IMPLANT	Y	-	4/1/2024	Fee Schedule	\$1,487.13
65175	REMOVAL OF OCULAR IMPLANT	Y	-	4/1/2024	Fee Schedule	\$1,487.13
65205	REMOVE FOREIGN BODY FROM EYE	-	-	7/1/2018	No Separate Payment	\$0.00
65210	REMOVE FOREIGN BODY FROM EYE	-	-	7/1/2018	No Separate Payment	\$0.00
65220	REMOVE FOREIGN BODY FROM EYE	-	-	7/1/2018	No Separate Payment	\$0.00
65222	REMOVE FOREIGN BODY FROM EYE	-	-	7/1/2018	No Separate Payment	\$0.00
65235	REMOVE FOREIGN BODY FROM EYE	Y	-	4/1/2024	Fee Schedule	\$1,183.57
65260	REMOVE FOREIGN BODY FROM EYE	Y	-	4/1/2024	Fee Schedule	\$1,183.57
65265	REMOVE FOREIGN BODY FROM EYE	Y	-	4/1/2024	Fee Schedule	\$1,183.57
65270	REPAIR OF EYE WOUND	Y	-	4/1/2024	Fee Schedule	\$978.41
65272	REPAIR OF EYE WOUND	Y	-	4/1/2024	Fee Schedule	\$978.41
65275	REPAIR OF EYE WOUND	Y	-	4/1/2024	Fee Schedule	\$1,487.13
65280	REPAIR OF EYE WOUND	Y	-	4/1/2024	Fee Schedule	\$2,585.25
65285	REPAIR OF EYE WOUND	Y	-	4/1/2024	Fee Schedule	\$2,585.25
65286	REPAIR OF EYE WOUND	Y	-	4/1/2024	Fee Schedule	\$455.04
65290	REPAIR OF EYE SOCKET WOUND	Y	-	4/1/2024	Fee Schedule	\$1,487.13
65400	REMOVAL OF EYE LESION	Y	-	4/1/2024	Fee Schedule	\$525.12
65410	BIOPSY OF CORNEA	Y	-	4/1/2024	Fee Schedule	\$978.41
65420	REMOVAL OF EYE LESION	Y	-	4/1/2024	Fee Schedule	\$978.41
65426	REMOVAL OF EYE LESION	Y	-	4/1/2024	Fee Schedule	\$978.41

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
65430	CORNEAL SMEAR	-	-	7/1/2018	No Separate Payment	\$0.00
65435	CURETTE/TREAT CORNEA	Y	-	4/1/2024	Fee Schedule	\$48.93
65436	CURETTE/TREAT CORNEA	Y	-	4/1/2024	Fee Schedule	\$212.04
65450	TREATMENT OF CORNEAL LESION	Y	-	4/1/2024	Fee Schedule	\$151.10
65600	REVISION OF CORNEA	Y	-	4/1/2024	Fee Schedule	\$284.94
65710	CORNEAL TRANSPLANT	Y	-	4/1/2024	Fee Schedule	\$2,585.25
65730	CORNEAL TRANSPLANT	Y	-	4/1/2024	Fee Schedule	\$2,044.80
65750	CORNEAL TRANSPLANT	Y	-	4/1/2024	Fee Schedule	\$2,585.25
65755	CORNEAL TRANSPLANT	Y	-	4/1/2024	Fee Schedule	\$2,044.80
65756	CORNEAL TRNSPL ENDOTHELIAL	Y	-	4/1/2024	Fee Schedule	\$2,044.80
65757	PREP CORNEAL ENDO ALLOGRAFT	-	-	7/1/2018	No Separate Payment	\$0.00
65770	REVISE CORNEA WITH IMPLANT	Y	-	4/1/2024	Fee Schedule	\$10,762.69
65772	CORRECTION OF ASTIGMATISM	Y	-	4/1/2024	Fee Schedule	\$525.12
65775	CORRECTION OF ASTIGMATISM	Y	-	4/1/2024	Fee Schedule	\$978.41
65778	COVER EYE W/MEMBRANE	-	-	7/1/2018	No Separate Payment	\$0.00
65779	COVER EYE W/MEMBRANE SUTURE	-	-	7/1/2018	No Separate Payment	\$0.00
65780	OCULAR RECONST TRANSPLANT	Y	-	4/1/2024	Fee Schedule	\$1,487.13
65781	OCULAR RECONST TRANSPLANT	Y	-	4/1/2024	Fee Schedule	\$3,829.85
65782	OCULAR RECONST TRANSPLANT	Y	-	4/1/2024	Fee Schedule	\$1,487.13
65785	IMPLTJ NTRSTRML CRNL RNG SEG	Y	-	4/1/2024	Fee Schedule	\$1,922.02
65800	DRAINAGE OF EYE	Y	-	4/1/2024	Fee Schedule	\$1,183.57
65810	DRAINAGE OF EYE	Y	-	4/1/2024	Fee Schedule	\$1,183.57
65815	DRAINAGE OF EYE	Y	-	4/1/2024	Fee Schedule	\$1,183.57
65820	RELIEVE INNER EYE PRESSURE	Y	-	4/1/2024	Fee Schedule	\$2,044.80
65850	INCISION OF EYE	Y	-	4/1/2024	Fee Schedule	\$1,183.57
65855	TRABECULOPLASTY LASER SURG	Y	-	4/1/2024	Fee Schedule	\$135.48
65860	INCISE INNER EYE ADHESIONS	Y	-	4/1/2024	Fee Schedule	\$176.42
65865	INCISE INNER EYE ADHESIONS	Y	-	4/1/2024	Fee Schedule	\$1,183.57
65870	INCISE INNER EYE ADHESIONS	Y	-	4/1/2024	Fee Schedule	\$1,183.57
65875	INCISE INNER EYE ADHESIONS	Y	-	4/1/2024	Fee Schedule	\$1,183.57
65880	INCISE INNER EYE ADHESIONS	Y	-	4/1/2024	Fee Schedule	\$2,044.80
65900	REMOVE EYE LESION	Y	-	4/1/2024	Fee Schedule	\$1,183.57
65920	REMOVE IMPLANT OF EYE	Y	-	4/1/2024	Fee Schedule	\$1,183.57
65930	REMOVE BLOOD CLOT FROM EYE	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66020	INJECTION TREATMENT OF EYE	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66030	INJECTION TREATMENT OF EYE	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66130	REMOVE EYE LESION	Y	-	4/1/2024	Fee Schedule	\$978.41
66150	GLAUCOMA SURGERY	Y	-	4/1/2024	Fee Schedule	\$2,044.80
66155	GLAUCOMA SURGERY	Y	-	4/1/2024	Fee Schedule	\$2,816.49
66160	GLAUCOMA SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66170	GLAUCOMA SURGERY	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66172	INCISION OF EYE	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66174	TRLUML DIL AQ O/F CAN W/O ST	Y	-	4/1/2024	Fee Schedule	\$2,044.80
66175	TRLUML DIL AQ O/F CAN W/ST	Y	-	4/1/2024	Fee Schedule	\$3,560.89
66179	AQUEOUS SHUNT EYE W/O GRAFT	Y	-	4/1/2024	Fee Schedule	\$3,260.78
66180	AQUEOUS SHUNT EYE W/GRAFT	Y	-	4/1/2024	Fee Schedule	\$2,625.66
66183	INSERT ANT DRAINAGE DEVICE	Y	-	4/1/2024	Fee Schedule	\$2,919.86
66184	REVISION OF AQUEOUS SHUNT	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66185	REVISE AQUEOUS SHUNT EYE	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66225	REPAIR/GRAFT EYE LESION	Y	-	4/1/2024	Fee Schedule	\$3,256.02
66250	FOLLOW-UP SURGERY OF EYE	Y	-	4/1/2024	Fee Schedule	\$978.41

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
66500	INCISION OF IRIS	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66505	INCISION OF IRIS	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66600	REMOVE IRIS AND LESION	Y	-	4/1/2024	Fee Schedule	\$2,044.80
66605	REMOVAL OF IRIS	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66625	REMOVAL OF IRIS	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66630	REMOVAL OF IRIS	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66635	REMOVAL OF IRIS	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66680	REPAIR IRIS & CILIARY BODY	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66682	REPAIR IRIS & CILIARY BODY	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66700	DESTRUCTION CILIARY BODY	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66710	CILIARY TRANSSLERAL THERAPY	Y	-	4/1/2024	Fee Schedule	\$978.41
66711	ECP CILIARY BODY DESTRUCTION	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66720	DESTRUCTION CILIARY BODY	Y	-	4/1/2024	Fee Schedule	\$978.41
66740	DESTRUCTION CILIARY BODY	Y	-	4/1/2024	Fee Schedule	\$978.41
66761	REVISION OF IRIS	Y	-	4/1/2024	Fee Schedule	\$189.40
66762	REVISION OF IRIS	Y	-	4/1/2024	Fee Schedule	\$281.62
66770	REMOVAL OF INNER EYE LESION	Y	-	4/1/2024	Fee Schedule	\$301.49
66820	INCISION SECONDARY CATARACT	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66821	AFTER CATARACT LASER SURGERY	Y	-	4/1/2024	Fee Schedule	\$301.49
66825	REPOSITION INTRAOCULAR LENS	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66830	REMOVAL OF LENS LESION	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66840	REMOVAL OF LENS MATERIAL	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66850	REMOVAL OF LENS MATERIAL	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66852	REMOVAL OF LENS MATERIAL	Y	-	4/1/2024	Fee Schedule	\$2,044.80
66920	EXTRACTION OF LENS	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66930	EXTRACTION OF LENS	Y	-	4/1/2024	Fee Schedule	\$2,044.80
66940	EXTRACTION OF LENS	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66982	XCAPSL CTRC RMVL CPLX WO ECP	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66983	CATARACT SURG W/IOL 1 STAGE	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66984	XCAPSL CTRC RMVL W/O ECP	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66985	INSERT LENS PROSTHESIS	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66986	EXCHANGE LENS PROSTHESIS	Y	-	4/1/2024	Fee Schedule	\$1,183.57
66987	XCAPSL CTRC RMVL CPLX W/ECP	Y	-	4/1/2024	Fee Schedule	\$2,044.80
66988	XCAPSL CTRC RMVL W/ECP	Y	-	4/1/2024	Fee Schedule	\$2,044.80
66989	XCPSL CTRC RMVL CPLX INSJ 1+	Y	-	4/1/2024	Fee Schedule	\$3,665.01
66990	OPHTHALMIC ENDOSCOPE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
66991	XCAPSL CTRC RMVL INSJ 1+	Y	-	4/1/2024	Fee Schedule	\$3,732.50
67005	PARTIAL REMOVAL OF EYE FLUID	Y	-	4/1/2024	Fee Schedule	\$1,183.57
67010	PARTIAL REMOVAL OF EYE FLUID	Y	-	4/1/2024	Fee Schedule	\$1,183.57
67015	RELEASE OF EYE FLUID	Y	-	4/1/2024	Fee Schedule	\$1,183.57
67025	REPLACE EYE FLUID	Y	-	4/1/2024	Fee Schedule	\$1,183.57
67027	IMPLANT EYE DRUG SYSTEM	Y	-	4/1/2024	Fee Schedule	\$2,019.90
67028	INJECTION EYE DRUG	-	-	4/1/2024	Fee Schedule	\$60.58
67030	INCISE INNER EYE STRANDS	Y	-	4/1/2024	Fee Schedule	\$1,183.57
67031	LASER SURGERY EYE STRANDS	Y	-	4/1/2024	Fee Schedule	\$301.49
67036	REMOVAL OF INNER EYE FLUID	Y	-	4/1/2024	Fee Schedule	\$2,044.80
67039	LASER TREATMENT OF RETINA	Y	-	4/1/2024	Fee Schedule	\$2,044.80
67040	LASER TREATMENT OF RETINA	Y	-	4/1/2024	Fee Schedule	\$2,044.80
67041	VIT FOR MACULAR PUCKER	Y	-	4/1/2024	Fee Schedule	\$2,044.80
67042	VIT FOR MACULAR HOLE	Y	-	4/1/2024	Fee Schedule	\$2,044.80
67043	VIT FOR MEMBRANE DISSECT	Y	-	4/1/2024	Fee Schedule	\$2,044.80

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
67101	REPAIR DETACHED RETINA CRTX	Y	-	4/1/2024	Fee Schedule	\$207.38
67105	REPAIR DETACHED RETINA PC	Y	-	4/1/2024	Fee Schedule	\$172.76
67107	REPAIR DETACHED RETINA	Y	-	4/1/2024	Fee Schedule	\$2,044.80
67108	REPAIR DETACHED RETINA	Y	-	4/1/2024	Fee Schedule	\$2,044.80
67110	REPAIR DETACHED RETINA	Y	-	4/1/2024	Fee Schedule	\$514.63
67113	REPAIR RETINAL DETACH CPLX	Y	-	4/1/2024	Fee Schedule	\$2,585.25
67115	RELEASE ENCIRCLING MATERIAL	Y	-	4/1/2024	Fee Schedule	\$2,044.80
67120	REMOVE EYE IMPLANT MATERIAL	Y	-	4/1/2024	Fee Schedule	\$1,183.57
67121	REMOVE EYE IMPLANT MATERIAL	Y	-	4/1/2024	Fee Schedule	\$1,183.57
67141	PROPH RTA DTCHMNT CRTX DTHRM	Y	-	4/1/2024	Fee Schedule	\$151.10
67145	PROPH RTA DTCHMNT PC	Y	-	4/1/2024	Fee Schedule	\$150.79
67208	TREATMENT OF RETINAL LESION	Y	-	4/1/2024	Fee Schedule	\$151.10
67210	TREATMENT OF RETINAL LESION	Y	-	4/1/2024	Fee Schedule	\$282.28
67218	TREATMENT OF RETINAL LESION	Y	-	4/1/2024	Fee Schedule	\$1,487.13
67220	TREATMENT OF CHOROID LESION	Y	-	4/1/2024	Fee Schedule	\$297.59
67221	OCULAR PHOTODYNAMIC THER	Y	-	4/1/2024	Fee Schedule	\$145.46
67225	EYE PHOTODYNAMIC THER ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67227	DSTRJ EXTENSIVE RETINOPATHY	Y	-	4/1/2024	Fee Schedule	\$167.43
67228	TREATMENT X10SV RETINOPATHY	Y	-	4/1/2024	Fee Schedule	\$178.76
67229	TR RETINAL LES PRETERM INF	Y	-	4/1/2024	Fee Schedule	\$301.49
67250	REINFORCE EYE WALL	Y	-	4/1/2024	Fee Schedule	\$978.41
67255	REINFORCE/GRAFT EYE WALL	Y	-	4/1/2024	Fee Schedule	\$2,044.80
67311	REVISE EYE MUSCLE	Y	-	4/1/2024	Fee Schedule	\$978.41
67312	REVISE TWO EYE MUSCLES	Y	-	4/1/2024	Fee Schedule	\$1,487.13
67314	REVISE EYE MUSCLE	Y	-	4/1/2024	Fee Schedule	\$978.41
67316	REVISE TWO EYE MUSCLES	Y	-	4/1/2024	Fee Schedule	\$978.41
67318	REVISE EYE MUSCLE(S)	Y	-	4/1/2024	Fee Schedule	\$978.41
67320	REVISE EYE MUSCLE(S) ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67331	EYE SURGERY FOLLOW-UP ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67332	REREVISE EYE MUSCLES ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67334	REVISE EYE MUSCLE W/SUTURE	-	-	7/1/2018	No Separate Payment	\$0.00
67335	EYE SUTURE DURING SURGERY	-	-	7/1/2018	No Separate Payment	\$0.00
67340	REVISE EYE MUSCLE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67343	RELEASE EYE TISSUE	Y	-	4/1/2024	Fee Schedule	\$978.41
67345	DESTROY NERVE OF EYE MUSCLE	Y	-	4/1/2024	Fee Schedule	\$126.83
67346	BIOPSY EYE MUSCLE	Y	-	4/1/2024	Fee Schedule	\$1,487.13
67400	EXPLORE/BIOPSY EYE SOCKET	Y	-	4/1/2024	Fee Schedule	\$1,487.13
67405	EXPLORE/DRAIN EYE SOCKET	Y	-	4/1/2024	Fee Schedule	\$978.41
67412	EXPLORE/TREAT EYE SOCKET	Y	-	4/1/2024	Fee Schedule	\$978.41
67413	EXPLORE/TREAT EYE SOCKET	Y	-	4/1/2024	Fee Schedule	\$978.41
67414	EXPLR/DECOMPRESS EYE SOCKET	Y	-	4/1/2024	Fee Schedule	\$1,487.13
67415	ASPIRATION ORBITAL CONTENTS	Y	-	4/1/2024	Fee Schedule	\$978.41
67420	EXPLORE/TREAT EYE SOCKET	Y	-	4/1/2024	Fee Schedule	\$1,487.13
67430	EXPLORE/TREAT EYE SOCKET	Y	-	4/1/2024	Fee Schedule	\$1,487.13
67440	EXPLORE/DRAIN EYE SOCKET	Y	-	4/1/2024	Fee Schedule	\$1,872.98
67445	EXPLR/DECOMPRESS EYE SOCKET	Y	-	4/1/2024	Fee Schedule	\$1,487.13
67450	EXPLORE/BIOPSY EYE SOCKET	Y	-	4/1/2024	Fee Schedule	\$1,487.13
67500	INJECT/TREAT EYE SOCKET	Y	-	4/1/2024	Fee Schedule	\$34.29
67505	INJECT/TREAT EYE SOCKET	Y	-	4/1/2024	Fee Schedule	\$42.94
67515	INJECT/TREAT EYE SOCKET	Y	-	4/1/2024	Fee Schedule	\$23.97
67516	SPRCHOROIDAL SPC NJX RX AGT	Y	-	4/1/2024	Fee Schedule	\$64.25

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



**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
67550	INSERT EYE SOCKET IMPLANT	Y	-	4/1/2024	Fee Schedule	\$1,487.13
67560	REVISE EYE SOCKET IMPLANT	Y	-	4/1/2024	Fee Schedule	\$1,487.13
67570	DECOMPRESS OPTIC NERVE	Y	-	4/1/2024	Fee Schedule	\$1,487.13
67700	DRAINAGE OF EYELID ABSCESS	Y	-	4/1/2024	Fee Schedule	\$151.10
67710	INCISION OF EYELID	Y	-	4/1/2024	Fee Schedule	\$202.72
67715	INCISION OF EYELID FOLD	Y	-	4/1/2024	Fee Schedule	\$978.41
67800	REMOVE EYELID LESION	Y	-	4/1/2024	Fee Schedule	\$77.89
67801	REMOVE EYELID LESIONS	Y	-	4/1/2024	Fee Schedule	\$93.87
67805	REMOVE EYELID LESIONS	Y	-	4/1/2024	Fee Schedule	\$121.50
67808	REMOVE EYELID LESION(S)	Y	-	4/1/2024	Fee Schedule	\$978.41
67810	BIOPSY EYELID & LID MARGIN	Y	-	4/1/2024	Fee Schedule	\$140.14
67820	REVISE EYELASHES	-	-	7/1/2018	No Separate Payment	\$0.00
67825	REVISE EYELASHES	Y	-	4/1/2024	Fee Schedule	\$82.88
67830	REVISE EYELASHES	Y	-	4/1/2024	Fee Schedule	\$525.12
67835	REVISE EYELASHES	Y	-	4/1/2024	Fee Schedule	\$978.41
67840	REMOVE EYELID LESION	Y	-	4/1/2024	Fee Schedule	\$203.39
67850	DSTRJ LESION LID MARGIN <1CM	Y	-	4/1/2024	Fee Schedule	\$152.12
67875	CLOSURE OF EYELID BY SUTURE	Y	-	4/1/2024	Fee Schedule	\$525.12
67880	REVISION OF EYELID	Y	-	4/1/2024	Fee Schedule	\$978.41
67882	REVISION OF EYELID	Y	-	4/1/2024	Fee Schedule	\$978.41
67900	REPAIR BROW DEFECT	Y	Y	4/1/2024	Fee Schedule	\$978.41
67901	REPAIR EYELID DEFECT	Y	Y	4/1/2024	Fee Schedule	\$978.41
67902	REPAIR EYELID DEFECT	Y	Y	4/1/2024	Fee Schedule	\$1,487.13
67903	REPAIR EYELID DEFECT	Y	Y	4/1/2024	Fee Schedule	\$978.41
67904	REPAIR EYELID DEFECT	Y	Y	4/1/2024	Fee Schedule	\$978.41
67906	REPAIR EYELID DEFECT	Y	Y	4/1/2024	Fee Schedule	\$1,487.13
67908	REPAIR EYELID DEFECT	Y	Y	4/1/2024	Fee Schedule	\$978.41
67909	REVISE EYELID DEFECT	Y	Y	4/1/2024	Fee Schedule	\$978.41
67911	REVISE EYELID DEFECT	Y	Y	4/1/2024	Fee Schedule	\$978.41
67912	CORRECTION EYELID W/IMPLANT	Y	-	4/1/2024	Fee Schedule	\$978.41
67914	REPAIR EYELID DEFECT	Y	Y	4/1/2024	Fee Schedule	\$978.41
67915	REPAIR EYELID DEFECT	Y	Y	4/1/2024	Fee Schedule	\$242.34
67916	REPAIR EYELID DEFECT	Y	Y	4/1/2024	Fee Schedule	\$978.41
67917	REPAIR EYELID DEFECT	Y	Y	4/1/2024	Fee Schedule	\$978.41
67921	REPAIR EYELID DEFECT	Y	Y	4/1/2024	Fee Schedule	\$978.41
67922	REPAIR EYELID DEFECT	Y	Y	4/1/2024	Fee Schedule	\$233.35
67923	REPAIR EYELID DEFECT	Y	Y	4/1/2024	Fee Schedule	\$978.41
67924	REPAIR EYELID DEFECT	Y	Y	4/1/2024	Fee Schedule	\$978.41
67930	REPAIR EYELID WOUND	Y	-	4/1/2024	Fee Schedule	\$237.34
67935	REPAIR EYELID WOUND	Y	-	4/1/2024	Fee Schedule	\$978.41
67938	REMOVE EYELID FOREIGN BODY	Y	-	4/1/2024	Fee Schedule	\$151.10
67950	REVISION OF EYELID	Y	-	4/1/2024	Fee Schedule	\$978.41
67961	REVISION OF EYELID	Y	-	4/1/2024	Fee Schedule	\$978.41
67966	REVISION OF EYELID	Y	-	4/1/2024	Fee Schedule	\$978.41
67971	RECONSTRUCTION OF EYELID	Y	-	4/1/2024	Fee Schedule	\$978.41
67973	RECONSTRUCTION OF EYELID	Y	-	4/1/2024	Fee Schedule	\$978.41
67974	RECONSTRUCTION OF EYELID	Y	-	4/1/2024	Fee Schedule	\$1,487.13
67975	RECONSTRUCTION OF EYELID	Y	-	4/1/2024	Fee Schedule	\$978.41
68020	INCISE/DRAIN EYELID LINING	Y	-	4/1/2024	Fee Schedule	\$70.24
68040	TREATMENT OF EYELID LESIONS	Y	-	4/1/2024	Fee Schedule	\$32.29
68100	BIOPSY OF EYELID LINING	Y	-	4/1/2024	Fee Schedule	\$130.15

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
68110	REMOVE EYELID LINING LESION	Y	-	4/1/2024	Fee Schedule	\$170.10
68115	REMOVE EYELID LINING LESION	Y	-	4/1/2024	Fee Schedule	\$978.41
68130	REMOVE EYELID LINING LESION	Y	-	4/1/2024	Fee Schedule	\$978.41
68135	REMOVE EYELID LINING LESION	Y	-	4/1/2024	Fee Schedule	\$88.88
68200	TREAT EYELID BY INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
68320	REVISE/GRAFT EYELID LINING	Y	-	4/1/2024	Fee Schedule	\$978.41
68325	REVISE/GRAFT EYELID LINING	Y	-	4/1/2024	Fee Schedule	\$1,487.13
68326	REVISE/GRAFT EYELID LINING	Y	-	4/1/2024	Fee Schedule	\$1,487.13
68328	REVISE/GRAFT EYELID LINING	Y	-	4/1/2024	Fee Schedule	\$978.41
68330	REVISE EYELID LINING	Y	-	4/1/2024	Fee Schedule	\$1,183.57
68335	REVISE/GRAFT EYELID LINING	Y	-	4/1/2024	Fee Schedule	\$1,487.13
68340	SEPARATE EYELID ADHESIONS	Y	-	4/1/2024	Fee Schedule	\$978.41
68360	REVISE EYELID LINING	Y	-	4/1/2024	Fee Schedule	\$1,487.13
68362	REVISE EYELID LINING	Y	-	4/1/2024	Fee Schedule	\$978.41
68371	HARVEST EYE TISSUE ALOGRAFT	Y	-	4/1/2024	Fee Schedule	\$978.41
68400	INCISE/DRAIN TEAR GLAND	Y	-	4/1/2024	Fee Schedule	\$233.01
68420	INCISE/DRAIN TEAR SAC	Y	-	4/1/2024	Fee Schedule	\$245.00
68440	INCISE TEAR DUCT OPENING	Y	-	4/1/2024	Fee Schedule	\$68.90
68500	REMOVAL OF TEAR GLAND	Y	-	4/1/2024	Fee Schedule	\$1,487.13
68505	PARTIAL REMOVAL TEAR GLAND	Y	-	4/1/2024	Fee Schedule	\$1,487.13
68510	BIOPSY OF TEAR GLAND	Y	-	4/1/2024	Fee Schedule	\$978.41
68520	REMOVAL OF TEAR SAC	Y	-	4/1/2024	Fee Schedule	\$1,487.13
68525	BIOPSY OF TEAR SAC	Y	-	4/1/2024	Fee Schedule	\$978.41
68530	CLEARANCE OF TEAR DUCT	Y	-	4/1/2024	Fee Schedule	\$151.10
68540	REMOVE TEAR GLAND LESION	Y	-	4/1/2024	Fee Schedule	\$978.41
68550	REMOVE TEAR GLAND LESION	Y	-	4/1/2024	Fee Schedule	\$1,487.13
68700	REPAIR TEAR DUCTS	Y	-	4/1/2024	Fee Schedule	\$978.41
68705	REVISE TEAR DUCT OPENING	Y	-	4/1/2024	Fee Schedule	\$151.10
68720	CREATE TEAR SAC DRAIN	Y	-	4/1/2024	Fee Schedule	\$1,487.13
68745	CREATE TEAR DUCT DRAIN	Y	-	4/1/2024	Fee Schedule	\$1,487.13
68750	CREATE TEAR DUCT DRAIN	Y	-	4/1/2024	Fee Schedule	\$1,487.13
68760	CLOSE TEAR DUCT OPENING	Y	-	4/1/2024	Fee Schedule	\$151.10
68761	CLOSE TEAR DUCT OPENING	Y	-	4/1/2024	Fee Schedule	\$95.54
68770	CLOSE TEAR SYSTEM FISTULA	Y	-	4/1/2024	Fee Schedule	\$978.41
68801	DILATE TEAR DUCT OPENING	-	-	7/1/2018	No Separate Payment	\$0.00
68810	PROBE NASOLACRIMAL DUCT	Y	-	4/1/2024	Fee Schedule	\$151.10
68811	PROBE NASOLACRIMAL DUCT	Y	-	4/1/2024	Fee Schedule	\$978.41
68815	PROBE NASOLACRIMAL DUCT	Y	-	4/1/2024	Fee Schedule	\$978.41
68816	PROBE NL DUCT W/BALLOON	Y	-	4/1/2024	Fee Schedule	\$1,256.25
68840	EXPLORE/IRRIGATE TEAR DUCTS	Y	-	4/1/2024	Fee Schedule	\$86.22
68841	INSJ RX ELUT IMPLT LAC CANAL	-	-	1/1/2024	No Separate Payment	\$0.00
68850	INJECTION FOR TEAR SAC X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
69000	DRAIN EXTERNAL EAR LESION	Y	-	4/1/2024	Fee Schedule	\$129.48
69005	DRAIN EXTERNAL EAR LESION	Y	-	4/1/2024	Fee Schedule	\$137.81
69020	DRAIN OUTER EAR CANAL LESION	Y	-	4/1/2024	Fee Schedule	\$175.09
69100	BIOPSY OF EXTERNAL EAR	Y	-	4/1/2024	Fee Schedule	\$65.58
69105	BIOPSY OF EXTERNAL EAR CANAL	Y	-	4/1/2024	Fee Schedule	\$112.52
69110	REMOVE EXTERNAL EAR PARTIAL	Y	-	4/1/2024	Fee Schedule	\$1,157.01
69120	REMOVAL OF EXTERNAL EAR	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69140	REMOVE EAR CANAL LESION(S)	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69145	REMOVE EAR CANAL LESION(S)	Y	-	4/1/2024	Fee Schedule	\$1,157.01

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
69150	EXTENSIVE EAR CANAL SURGERY	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69200	CLEAR OUTER EAR CANAL	-	-	7/1/2018	No Separate Payment	\$0.00
69205	CLEAR OUTER EAR CANAL	Y	-	4/1/2024	Fee Schedule	\$682.83
69209	REMOVE IMPACTED EAR WAX UNI	-	-	7/1/2018	No Separate Payment	\$0.00
69210	REMOVE IMPACTED EAR WAX UNI	-	-	7/1/2018	No Separate Payment	\$0.00
69220	CLEAN OUT MASTOID CAVITY	-	-	7/1/2018	No Separate Payment	\$0.00
69222	CLEAN OUT MASTOID CAVITY	Y	-	4/1/2024	Fee Schedule	\$162.11
69300	REVISE EXTERNAL EAR	-	-	4/1/2024	Not Allowed	\$0.00
69310	REBUILD OUTER EAR CANAL	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69320	REBUILD OUTER EAR CANAL	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69420	INCISION OF EARDRUM	Y	-	4/1/2024	Fee Schedule	\$126.69
69421	INCISION OF EARDRUM	Y	-	4/1/2024	Fee Schedule	\$1,318.75
69424	REMOVE VENTILATING TUBE	-	-	4/1/2024	Fee Schedule	\$96.20
69433	CREATE EARDRUM OPENING	Y	-	4/1/2024	Fee Schedule	\$143.47
69436	CREATE EARDRUM OPENING	Y	-	4/1/2024	Fee Schedule	\$666.76
69440	EXPLORATION OF MIDDLE EAR	Y	-	4/1/2024	Fee Schedule	\$1,318.75
69450	EARDRUM REVISION	Y	-	4/1/2024	Fee Schedule	\$1,318.75
69501	MASTOIDECTOMY	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69502	MASTOIDECTOMY	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69505	REMOVE MASTOID STRUCTURES	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69511	EXTENSIVE MASTOID SURGERY	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69530	EXTENSIVE MASTOID SURGERY	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69540	REMOVE EAR LESION	Y	-	4/1/2024	Fee Schedule	\$164.44
69550	REMOVE EAR LESION	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69552	REMOVE EAR LESION	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69601	MASTOID SURGERY REVISION	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69602	MASTOID SURGERY REVISION	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69603	MASTOID SURGERY REVISION	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69604	MASTOID SURGERY REVISION	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69610	REPAIR OF EARDRUM	Y	-	4/1/2024	Fee Schedule	\$214.70
69620	REPAIR OF EARDRUM	Y	-	4/1/2024	Fee Schedule	\$1,318.75
69631	REPAIR EARDRUM STRUCTURES	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69632	REBUILD EARDRUM STRUCTURES	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69633	REBUILD EARDRUM STRUCTURES	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69635	REPAIR EARDRUM STRUCTURES	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69636	REBUILD EARDRUM STRUCTURES	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69637	REBUILD EARDRUM STRUCTURES	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69641	REVISE MIDDLE EAR & MASTOID	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69642	REVISE MIDDLE EAR & MASTOID	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69643	REVISE MIDDLE EAR & MASTOID	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69644	REVISE MIDDLE EAR & MASTOID	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69645	REVISE MIDDLE EAR & MASTOID	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69646	REVISE MIDDLE EAR & MASTOID	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69650	RELEASE MIDDLE EAR BONE	Y	-	4/1/2024	Fee Schedule	\$1,318.75
69660	REVISE MIDDLE EAR BONE	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69661	REVISE MIDDLE EAR BONE	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69662	REVISE MIDDLE EAR BONE	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69666	REPAIR MIDDLE EAR STRUCTURES	Y	-	4/1/2024	Fee Schedule	\$1,318.75
69667	REPAIR MIDDLE EAR STRUCTURES	Y	-	4/1/2024	Fee Schedule	\$1,318.75
69670	REMOVE MASTOID AIR CELLS	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69676	REMOVE MIDDLE EAR NERVE	Y	-	4/1/2024	Fee Schedule	\$1,318.75

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
69700	CLOSE MASTOID FISTULA	Y	-	4/1/2024	Fee Schedule	\$666.76
69705	NPS SURG DILAT EUST TUBE UNI	Y	-	4/1/2024	Fee Schedule	\$3,898.18
69706	NPS SURG DILAT EUST TUBE BI	Y	-	4/1/2024	Fee Schedule	\$3,848.51
69711	REMOVE/REPAIR HEARING AID	Y	-	4/1/2024	Fee Schedule	\$1,318.75
69714	IMPL OI IMPLT SKULL PERQ ESP	Y	-	4/1/2024	Fee Schedule	\$10,019.97
69716	IMPL OI IMPLT SK TC ESP<100	Y	-	4/1/2024	Fee Schedule	\$10,039.55
69717	RPLCMT OI IMPLT SKL PRQ ESP	Y	-	4/1/2024	Fee Schedule	\$5,391.51
69719	RPLCM OI IMPLT SK TC ESP<100	Y	-	4/1/2024	Fee Schedule	\$10,133.12
69720	RELEASE FACIAL NERVE	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69725	RELEASE FACIAL NERVE	-	-	1/1/2022	Not Allowed	\$0.00
69726	RMV NTR OI IMPLT SKL PRQ ESP	Y	-	4/1/2024	Fee Schedule	\$1,518.75
69727	RMV NTR OI IMP SK TC ESP<100	Y	-	4/1/2024	Fee Schedule	\$1,518.75
69728	RMV NTR OI IMP SK TC>=100	Y	-	4/1/2024	Fee Schedule	\$1,518.75
69729	IMPL OI IMPLT SK TC ESP>=100	Y	-	4/1/2024	Fee Schedule	\$8,186.13
69730	RPLC OI IMPLT SK TC ESP>=100	Y	-	4/1/2024	Fee Schedule	\$8,186.13
69740	REPAIR FACIAL NERVE	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69745	REPAIR FACIAL NERVE	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69801	INCISE INNER EAR	Y	-	4/1/2024	Fee Schedule	\$150.13
69805	EXPLORE INNER EAR	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69806	EXPLORE INNER EAR	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69905	REMOVE INNER EAR	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69910	REMOVE INNER EAR & MASTOID	Y	-	4/1/2024	Fee Schedule	\$2,760.51
69915	INCISE INNER EAR NERVE	Y	-	4/1/2024	Fee Schedule	\$1,318.75
69930	IMPLANT COCHLEAR DEVICE	Y	-	4/1/2024	Fee Schedule	\$28,262.04
69955	RELEASE FACIAL NERVE	-	-	1/1/2022	Not Allowed	\$0.00
69960	RELEASE INNER EAR CANAL	-	-	1/1/2022	Not Allowed	\$0.00
69970	REMOVE INNER EAR LESION	-	-	1/1/2022	Not Allowed	\$0.00
69990	MICROSURGERY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
70010	CONTRAST X-RAY OF BRAIN	-	-	1/1/2024	No Separate Payment	\$0.00
70015	CONTRAST X-RAY OF BRAIN	-	-	1/1/2024	No Separate Payment	\$0.00
70030	X-RAY EYE FOR FOREIGN BODY	-	-	1/1/2024	No Separate Payment	\$0.00
70100	X-RAY EXAM OF JAW <4VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
70110	X-RAY EXAM OF JAW 4/> VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
70120	X-RAY EXAM OF MASTOIDS	-	-	7/1/2018	No Separate Payment	\$0.00
70130	X-RAY EXAM OF MASTOIDS	-	-	7/1/2018	No Separate Payment	\$0.00
70134	X-RAY EXAM OF MIDDLE EAR	-	-	7/1/2018	No Separate Payment	\$0.00
70140	X-RAY EXAM OF FACIAL BONES	-	-	7/1/2018	No Separate Payment	\$0.00
70150	X-RAY EXAM OF FACIAL BONES	-	-	7/1/2018	No Separate Payment	\$0.00
70160	X-RAY EXAM OF NASAL BONES	-	-	7/1/2018	No Separate Payment	\$0.00
70170	X-RAY EXAM OF TEAR DUCT	-	-	7/1/2018	No Separate Payment	\$0.00
70190	X-RAY EXAM OF EYE SOCKETS	-	-	7/1/2018	No Separate Payment	\$0.00
70200	X-RAY EXAM OF EYE SOCKETS	-	-	7/1/2018	No Separate Payment	\$0.00
70210	X-RAY EXAM OF SINUSES	-	-	7/1/2018	No Separate Payment	\$0.00
70220	X-RAY EXAM OF SINUSES	-	-	7/1/2018	No Separate Payment	\$0.00
70240	X-RAY EXAM PITUITARY SADDLE	-	-	7/1/2018	No Separate Payment	\$0.00
70250	X-RAY EXAM OF SKULL	-	-	7/1/2018	No Separate Payment	\$0.00
70260	X-RAY EXAM OF SKULL	-	-	7/1/2018	No Separate Payment	\$0.00
70300	X-RAY EXAM OF TEETH	-	-	7/1/2018	No Separate Payment	\$0.00
70310	X-RAY EXAM OF TEETH	-	-	7/1/2018	No Separate Payment	\$0.00
70320	FULL MOUTH X-RAY OF TEETH	-	-	7/1/2018	No Separate Payment	\$0.00
70328	X-RAY EXAM OF JAW JOINT	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
70330	X-RAY EXAM OF JAW JOINTS	-	-	7/1/2018	No Separate Payment	\$0.00
70332	X-RAY EXAM OF JAW JOINT	-	-	7/1/2018	No Separate Payment	\$0.00
70336	MAGNETIC IMAGE JAW JOINT	-	-	4/1/2024	Fee Schedule	\$127.10
70350	X-RAY HEAD FOR ORTHODONTIA	-	-	7/1/2018	No Separate Payment	\$0.00
70355	PANORAMIC X-RAY OF JAWS	-	-	7/1/2018	No Separate Payment	\$0.00
70360	X-RAY EXAM OF NECK	-	-	7/1/2018	No Separate Payment	\$0.00
70370	THROAT X-RAY & FLUOROSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
70371	SPEECH EVALUATION COMPLEX	-	-	1/1/2024	No Separate Payment	\$0.00
70380	X-RAY EXAM OF SALIVARY GLAND	-	-	7/1/2018	No Separate Payment	\$0.00
70390	X-RAY EXAM OF SALIVARY DUCT	-	-	7/1/2018	No Separate Payment	\$0.00
70450	CT HEAD/BRAIN W/O DYE	-	-	4/1/2024	Fee Schedule	\$57.02
70460	CT HEAD/BRAIN W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
70470	CT HEAD/BRAIN W/O & W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
70480	CT ORBIT/EAR/FOSSA W/O DYE	-	-	4/1/2024	Fee Schedule	\$57.02
70481	CT ORBIT/EAR/FOSSA W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
70486	CT MAXILLOFACIAL W/O DYE	-	-	4/1/2024	Fee Schedule	\$57.02
70487	CT MAXILLOFACIAL W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
70488	CT MAXILLOFACIAL W/O & W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
70490	CT SOFT TISSUE NECK W/O DYE	-	-	4/1/2024	Fee Schedule	\$57.02
70491	CT SOFT TISSUE NECK W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
70492	CT SFT TSUE NCK W/O & W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
70496	CT ANGIOGRAPHY HEAD	-	-	4/1/2024	Fee Schedule	\$95.30
70498	CT ANGIOGRAPHY NECK	-	-	4/1/2024	Fee Schedule	\$95.30
70540	MRI ORBIT/FACE/NECK W/O DYE	-	-	4/1/2024	Fee Schedule	\$127.10
70542	MRI ORBIT/FACE/NECK W/DYE	-	-	4/1/2024	Fee Schedule	\$218.03
70543	MRI ORBT/FAC/NCK W/O & W/DYE	-	-	4/1/2024	Fee Schedule	\$199.47
70544	MR ANGIOGRAPHY HEAD W/O DYE	-	-	4/1/2024	Fee Schedule	\$127.10
70545	MR ANGIOGRAPHY HEAD W/DYE	-	-	4/1/2024	Fee Schedule	\$190.41
70546	MR ANGIOGRAPH HEAD W/O&W/DYE	-	-	4/1/2024	Fee Schedule	\$199.47
70547	MR ANGIOGRAPHY NECK W/O DYE	-	-	4/1/2024	Fee Schedule	\$127.10
70548	MR ANGIOGRAPHY NECK W/DYE	-	-	4/1/2024	Fee Schedule	\$199.06
70549	MR ANGIOGRAPH NECK W/O&W/DYE	-	-	4/1/2024	Fee Schedule	\$199.47
70551	MRI BRAIN STEM W/O DYE	-	-	4/1/2024	Fee Schedule	\$127.10
70552	MRI BRAIN STEM W/DYE	-	-	4/1/2024	Fee Schedule	\$214.37
70553	MRI BRAIN STEM W/O & W/DYE	-	-	4/1/2024	Fee Schedule	\$199.47
70554	FMRI BRAIN BY TECH	-	-	4/1/2024	Fee Schedule	\$127.10
70555	FMRI BRAIN BY PHYS/PSYCH	-	-	4/1/2024	Fee Schedule	\$127.10
70557	MRI BRAIN W/O DYE	-	-	4/1/2024	Fee Schedule	\$286.14
70558	MRI BRAIN W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
70559	MRI BRAIN W/O & W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
71045	X-RAY EXAM CHEST 1 VIEW	-	-	4/1/2024	Fee Schedule	\$18.97
71046	X-RAY EXAM CHEST 2 VIEWS	-	-	4/1/2024	Fee Schedule	\$25.63
71047	X-RAY EXAM CHEST 3 VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
71048	X-RAY EXAM CHEST 4+ VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
71100	X-RAY EXAM RIBS UNI 2 VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
71101	X-RAY EXAM UNILAT RIBS/CHEST	-	-	1/1/2024	No Separate Payment	\$0.00
71110	X-RAY EXAM RIBS BIL 3 VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
71111	X-RAY EXAM RIBS/CHEST4/> VWS	-	-	7/1/2018	No Separate Payment	\$0.00
71120	X-RAY EXAM BREASTBONE 2/>VWS	-	-	7/1/2018	No Separate Payment	\$0.00
71130	X-RAY STRENOCLAVIC JT 3/>VWS	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
71250	CT THORAX DX C-	-	-	4/1/2024	Fee Schedule	\$57.02
71260	CT THORAX DX C+	-	-	4/1/2024	Fee Schedule	\$95.30
71270	CT THORAX DX C-/C+	-	-	4/1/2024	Fee Schedule	\$95.30
71275	CT ANGIOGRAPHY CHEST	-	-	4/1/2024	Fee Schedule	\$95.30
71550	MRI CHEST W/O DYE	-	-	4/1/2024	Fee Schedule	\$127.10
71551	MRI CHEST W/DYE	-	-	4/1/2024	Fee Schedule	\$322.22
71552	MRI CHEST W/O & W/DYE	-	-	4/1/2024	Fee Schedule	\$199.47
72020	X-RAY EXAM OF SPINE 1 VIEW	-	-	1/1/2024	No Separate Payment	\$0.00
72040	X-RAY EXAM NECK SPINE 2-3 VW	-	-	1/1/2024	No Separate Payment	\$0.00
72050	X-RAY EXAM NECK SPINE 4/5VWS	-	-	1/1/2024	No Separate Payment	\$0.00
72052	X-RAY EXAM NECK SPINE 6/>VWS	-	-	1/1/2024	No Separate Payment	\$0.00
72070	X-RAY EXAM THORAC SPINE 2VWS	-	-	1/1/2024	No Separate Payment	\$0.00
72072	X-RAY EXAM THORAC SPINE 3VWS	-	-	7/1/2018	No Separate Payment	\$0.00
72074	X-RAY EXAM THORAC SPINE4/>VW	-	-	7/1/2018	No Separate Payment	\$0.00
72080	X-RAY EXAM THORACOLMB 2/> VW	-	-	7/1/2018	No Separate Payment	\$0.00
72081	X-RAY EXAM ENTIRE SPI 1 VW	-	-	7/1/2018	No Separate Payment	\$0.00
72082	X-RAY EXAM ENTIRE SPI 2/3 VW	-	-	7/1/2018	No Separate Payment	\$0.00
72083	X-RAY EXAM ENTIRE SPI 4/5 VW	-	-	4/1/2024	Fee Schedule	\$57.02
72084	X-RAY EXAM ENTIRE SPI 6/> VW	-	-	4/1/2024	Fee Schedule	\$57.02
72100	X-RAY EXAM L-S SPINE 2/3 VWS	-	-	7/1/2018	No Separate Payment	\$0.00
72110	X-RAY EXAM L-2 SPINE 4/>VWS	-	-	7/1/2018	No Separate Payment	\$0.00
72114	X-RAY EXAM L-S SPINE BENDING	-	-	7/1/2018	No Separate Payment	\$0.00
72120	X-RAY BEND ONLY L-S SPINE	-	-	1/1/2024	No Separate Payment	\$0.00
72125	CT NECK SPINE W/O DYE	-	-	4/1/2024	Fee Schedule	\$57.02
72126	CT NECK SPINE W/DYE	-	-	4/1/2024	Fee Schedule	\$129.48
72127	CT NECK SPINE W/O & W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
72128	CT CHEST SPINE W/O DYE	-	-	4/1/2024	Fee Schedule	\$57.02
72129	CT CHEST SPINE W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
72130	CT CHEST SPINE W/O & W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
72131	CT LUMBAR SPINE W/O DYE	-	-	4/1/2024	Fee Schedule	\$57.02
72132	CT LUMBAR SPINE W/DYE	-	-	4/1/2024	Fee Schedule	\$129.82
72133	CT LUMBAR SPINE W/O & W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
72141	MRI NECK SPINE W/O DYE	-	-	4/1/2024	Fee Schedule	\$143.14
72142	MRI NECK SPINE W/DYE	-	-	4/1/2024	Fee Schedule	\$219.36
72146	MRI CHEST SPINE W/O DYE	-	-	4/1/2024	Fee Schedule	\$142.80
72147	MRI CHEST SPINE W/DYE	-	-	4/1/2024	Fee Schedule	\$217.03
72148	MRI LUMBAR SPINE W/O DYE	-	-	4/1/2024	Fee Schedule	\$143.80
72149	MRI LUMBAR SPINE W/DYE	-	-	4/1/2024	Fee Schedule	\$214.37
72156	MRI NECK SPINE W/O & W/DYE	-	-	4/1/2024	Fee Schedule	\$199.47
72157	MRI CHEST SPINE W/O & W/DYE	-	-	4/1/2024	Fee Schedule	\$199.47
72158	MRI LUMBAR SPINE W/O & W/DYE	-	-	4/1/2024	Fee Schedule	\$199.47
72170	X-RAY EXAM OF PELVIS	-	-	1/1/2024	No Separate Payment	\$0.00
72190	X-RAY EXAM OF PELVIS	-	-	1/1/2024	No Separate Payment	\$0.00
72191	CT ANGIOGRAPH PELV W/O&W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
72192	CT PELVIS W/O DYE	-	-	4/1/2024	Fee Schedule	\$57.02
72193	CT PELVIS W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
72194	CT PELVIS W/O & W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
72195	MRI PELVIS W/O DYE	-	-	4/1/2024	Fee Schedule	\$127.10
72196	MRI PELVIS W/DYE	-	-	4/1/2024	Fee Schedule	\$214.04
72197	MRI PELVIS W/O & W/DYE	-	-	4/1/2024	Fee Schedule	\$199.47
72200	X-RAY EXAM SI JOINTS	-	-	1/1/2024	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
72202	X-RAY EXAM SI JOINTS 3/> VWS	-	-	1/1/2024	No Separate Payment	\$0.00
72220	X-RAY EXAM SACRUM TAILBONE	-	-	1/1/2024	No Separate Payment	\$0.00
72240	MYELOGRAPHY NECK SPINE	-	-	1/1/2024	No Separate Payment	\$0.00
72255	MYELOGRAPHY THORACIC SPINE	-	-	1/1/2024	No Separate Payment	\$0.00
72265	MYELOGRAPHY L-S SPINE	-	-	7/1/2018	No Separate Payment	\$0.00
72270	MYELOGPHY 2/> SPINE REGIONS	-	-	7/1/2018	No Separate Payment	\$0.00
72285	DISCOGRAPHY CERV/THOR SPINE	-	-	7/1/2018	No Separate Payment	\$0.00
72295	X-RAY OF LOWER SPINE DISK	-	-	7/1/2018	No Separate Payment	\$0.00
73000	X-RAY EXAM OF COLLAR BONE	-	-	7/1/2018	No Separate Payment	\$0.00
73010	X-RAY EXAM OF SHOULDER BLADE	-	-	7/1/2018	No Separate Payment	\$0.00
73020	X-RAY EXAM OF SHOULDER	-	-	7/1/2018	No Separate Payment	\$0.00
73030	X-RAY EXAM OF SHOULDER	-	-	7/1/2018	No Separate Payment	\$0.00
73040	CONTRAST X-RAY OF SHOULDER	-	-	7/1/2018	No Separate Payment	\$0.00
73050	X-RAY EXAM OF SHOULDERS	-	-	7/1/2018	No Separate Payment	\$0.00
73060	X-RAY EXAM OF HUMERUS	-	-	7/1/2018	No Separate Payment	\$0.00
73070	X-RAY EXAM OF ELBOW	-	-	7/1/2018	No Separate Payment	\$0.00
73080	X-RAY EXAM OF ELBOW	-	-	7/1/2018	No Separate Payment	\$0.00
73085	CONTRAST X-RAY OF ELBOW	-	-	7/1/2018	No Separate Payment	\$0.00
73090	X-RAY EXAM OF FOREARM	-	-	7/1/2018	No Separate Payment	\$0.00
73092	X-RAY EXAM OF ARM INFANT	-	-	7/1/2018	No Separate Payment	\$0.00
73100	X-RAY EXAM OF WRIST	-	-	7/1/2018	No Separate Payment	\$0.00
73110	X-RAY EXAM OF WRIST	-	-	7/1/2018	No Separate Payment	\$0.00
73115	CONTRAST X-RAY OF WRIST	-	-	7/1/2018	No Separate Payment	\$0.00
73120	X-RAY EXAM OF HAND	-	-	7/1/2018	No Separate Payment	\$0.00
73130	X-RAY EXAM OF HAND	-	-	7/1/2018	No Separate Payment	\$0.00
73140	X-RAY EXAM OF FINGER(S)	-	-	7/1/2018	No Separate Payment	\$0.00
73200	CT UPPER EXTREMITY W/O DYE	-	-	4/1/2024	Fee Schedule	\$57.02
73201	CT UPPER EXTREMITY W/DYE	-	-	4/1/2024	Fee Schedule	\$164.44
73202	CT UPPR EXTREMITY W/O&W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
73206	CT ANGIO UPR EXTRM W/O&W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
73218	MRI UPPER EXTREMITY W/O DYE	-	-	4/1/2024	Fee Schedule	\$127.10
73219	MRI UPPER EXTREMITY W/DYE	-	-	4/1/2024	Fee Schedule	\$199.47
73220	MRI UPPR EXTREMITY W/O&W/DYE	-	-	4/1/2024	Fee Schedule	\$199.47
73221	MRI JOINT UPR EXTREM W/O DYE	-	-	4/1/2024	Fee Schedule	\$127.10
73222	MRI JOINT UPR EXTREM W/DYE	-	-	4/1/2024	Fee Schedule	\$264.30
73223	MRI JOINT UPR EXTR W/O&W/DYE	-	-	4/1/2024	Fee Schedule	\$199.47
73501	X-RAY EXAM HIP UNI 1 VIEW	-	-	1/1/2024	No Separate Payment	\$0.00
73502	X-RAY EXAM HIP UNI 2-3 VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
73503	X-RAY EXAM HIP UNI 4/> VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
73521	X-RAY EXAM HIPS BI 2 VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
73522	X-RAY EXAM HIPS BI 3-4 VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
73523	X-RAY EXAM HIPS BI 5/> VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
73525	CONTRAST X-RAY OF HIP	-	-	7/1/2018	No Separate Payment	\$0.00
73551	X-RAY EXAM OF FEMUR 1	-	-	7/1/2018	No Separate Payment	\$0.00
73552	X-RAY EXAM OF FEMUR 2/>	-	-	7/1/2018	No Separate Payment	\$0.00
73560	X-RAY EXAM OF KNEE 1 OR 2	-	-	7/1/2018	No Separate Payment	\$0.00
73562	X-RAY EXAM OF KNEE 3	-	-	7/1/2018	No Separate Payment	\$0.00
73564	X-RAY EXAM KNEE 4 OR MORE	-	-	7/1/2018	No Separate Payment	\$0.00
73565	X-RAY EXAM OF KNEES	-	-	7/1/2018	No Separate Payment	\$0.00
73580	CONTRAST X-RAY OF KNEE JOINT	-	-	7/1/2018	No Separate Payment	\$0.00
73590	X-RAY EXAM OF LOWER LEG	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
73592	X-RAY EXAM OF LEG INFANT	-	-	7/1/2018	No Separate Payment	\$0.00
73600	X-RAY EXAM OF ANKLE	-	-	7/1/2018	No Separate Payment	\$0.00
73610	X-RAY EXAM OF ANKLE	-	-	7/1/2018	No Separate Payment	\$0.00
73615	CONTRAST X-RAY OF ANKLE	-	-	7/1/2018	No Separate Payment	\$0.00
73620	X-RAY EXAM OF FOOT	-	-	7/1/2018	No Separate Payment	\$0.00
73630	X-RAY EXAM OF FOOT	-	-	7/1/2018	No Separate Payment	\$0.00
73650	X-RAY EXAM OF HEEL	-	-	7/1/2018	No Separate Payment	\$0.00
73660	X-RAY EXAM OF TOE(S)	-	-	7/1/2018	No Separate Payment	\$0.00
73700	CT LOWER EXTREMITY W/O DYE	-	-	4/1/2024	Fee Schedule	\$57.02
73701	CT LOWER EXTREMITY W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
73702	CT LWR EXTREMITY W/O&W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
73706	CT ANGIO LWR EXTR W/O&W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
73718	MRI LOWER EXTREMITY W/O DYE	-	-	4/1/2024	Fee Schedule	\$127.10
73719	MRI LOWER EXTREMITY W/DYE	-	-	4/1/2024	Fee Schedule	\$212.71
73720	MRI LWR EXTREMITY W/O&W/DYE	-	-	4/1/2024	Fee Schedule	\$199.47
73721	MRI JNT OF LWR EXTRE W/O DYE	-	-	4/1/2024	Fee Schedule	\$127.10
73722	MRI JOINT OF LWR EXTR W/DYE	-	-	4/1/2024	Fee Schedule	\$264.64
73723	MRI JOINT LWR EXTR W/O&W/DYE	-	-	4/1/2024	Fee Schedule	\$199.47
74018	X-RAY EXAM ABDOMEN 1 VIEW	-	-	1/1/2024	No Separate Payment	\$0.00
74019	X-RAY EXAM ABDOMEN 2 VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
74021	X-RAY EXAM ABDOMEN 3+ VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
74022	X-RAY EXAM COMPLETE ABDOMEN	-	-	1/1/2024	No Separate Payment	\$0.00
74150	CT ABDOMEN W/O DYE	-	-	4/1/2024	Fee Schedule	\$57.02
74160	CT ABDOMEN W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
74170	CT ABDOMEN W/O & W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
74174	CT ANGIO ABD&PELV W/O&W/DYE	-	-	4/1/2024	Fee Schedule	\$199.47
74175	CT ANGIO ABDOM W/O & W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
74176	CT ABD & PELVIS W/O CONTRAST	-	-	4/1/2024	Fee Schedule	\$125.82
74177	CT ABD & PELV W/CONTRAST	-	-	4/1/2024	Fee Schedule	\$199.47
74178	CT ABD & PELV 1/> REGNS	-	-	4/1/2024	Fee Schedule	\$199.47
74181	MRI ABDOMEN W/O DYE	-	-	4/1/2024	Fee Schedule	\$127.10
74182	MRI ABDOMEN W/DYE	-	-	4/1/2024	Fee Schedule	\$199.47
74183	MRI ABDOMEN W/O & W/DYE	-	-	4/1/2024	Fee Schedule	\$199.47
74190	X-RAY EXAM OF PERITONEUM	-	-	1/1/2024	No Separate Payment	\$0.00
74210	X-RAY XM PHRNX&/CRV ESOPH C+	-	-	1/1/2024	No Separate Payment	\$0.00
74220	X-RAY XM ESOPHAGUS 1CNTRST	-	-	1/1/2024	No Separate Payment	\$0.00
74221	X-RAY XM ESOPHAGUS 2CNTRST	-	-	1/1/2024	No Separate Payment	\$0.00
74230	X-RAY XM SWLNG FUNCJ C+	-	-	4/1/2024	Fee Schedule	\$95.30
74235	REMOVE ESOPHAGUS OBSTRUCTION	-	-	1/1/2024	No Separate Payment	\$0.00
74240	X-RAY XM UPGR GI TRC 1CNTRST	-	-	4/1/2024	Fee Schedule	\$94.21
74246	X-RAY XM UPGR GI TRC 2CNTRST	-	-	4/1/2024	Fee Schedule	\$95.30
74248	X-RAY SM INT F-THRU STD	-	-	1/1/2024	No Separate Payment	\$0.00
74250	X-RAY XM SM INT 1CNTRST STD	-	-	4/1/2024	Fee Schedule	\$92.88
74251	X-RAY XM SM INT 2CNTRST STD	-	-	4/1/2024	Fee Schedule	\$95.30
74261	CT COLONOGRAPHY DX	-	-	4/1/2024	Fee Schedule	\$57.02
74262	CT COLONOGRAPHY DX W/DYE	-	-	4/1/2024	Fee Schedule	\$95.30
74270	X-RAY XM COLON 1CNTRST STD	-	-	1/1/2024	No Separate Payment	\$0.00
74280	X-RAY XM COLON 2CNTRST STD	-	-	1/1/2024	No Separate Payment	\$0.00
74283	THER NMA RDCTJ INTUS/OBSTR CJ	-	-	4/1/2024	Fee Schedule	\$95.30
74290	CONTRAST X-RAY GALLBLADDER	-	-	1/1/2024	No Separate Payment	\$0.00
74300	X-RAY BILE DUCTS/PANCREAS	-	-	7/1/2018	No Separate Payment	\$0.00

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



**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
74301	X-RAYS AT SURGERY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
74328	X-RAY BILE DUCT ENDOSCOPY	-	-	1/1/2024	No Separate Payment	\$0.00
74329	X-RAY FOR PANCREAS ENDOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
74330	X-RAY BILE/PANC ENDOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
74340	X-RAY GUIDE FOR GI TUBE	-	-	7/1/2018	No Separate Payment	\$0.00
74355	X-RAY GUIDE INTESTINAL TUBE	-	-	7/1/2018	No Separate Payment	\$0.00
74360	X-RAY GUIDE GI DILATION	-	-	7/1/2018	No Separate Payment	\$0.00
74363	X-RAY BILE DUCT DILATION	-	-	7/1/2018	No Separate Payment	\$0.00
74400	UROGRAPHY IV +-KUB TOMOG	-	-	4/1/2024	Fee Schedule	\$95.30
74410	UROGRAPHY NFS DRIP&BOLUS	-	-	4/1/2024	Fee Schedule	\$95.30
74415	UROGRAPHY NFS DRIP&/BLS W/NF	-	-	4/1/2024	Fee Schedule	\$95.30
74420	UROGRAPHY RTRGR +-KUB	-	-	4/1/2024	Fee Schedule	\$199.47
74425	UROGRAPHY ANTEGRADE RS&I	-	-	1/1/2024	No Separate Payment	\$0.00
74430	CONTRAST X-RAY BLADDER	-	-	1/1/2024	No Separate Payment	\$0.00
74440	X-RAY MALE GENITAL TRACT	-	-	1/1/2024	No Separate Payment	\$0.00
74445	X-RAY EXAM OF PENIS	-	-	1/1/2024	No Separate Payment	\$0.00
74450	X-RAY URETHRA/BLADDER	-	-	7/1/2018	No Separate Payment	\$0.00
74455	X-RAY URETHRA/BLADDER	-	-	7/1/2018	No Separate Payment	\$0.00
74470	X-RAY EXAM OF KIDNEY LESION	-	-	7/1/2018	No Separate Payment	\$0.00
74485	DILATION URTR/URT RS&I	-	-	7/1/2018	No Separate Payment	\$0.00
74712	MRI FETAL SNGL/1ST GESTATION	-	-	4/1/2024	Fee Schedule	\$127.10
74713	MRI FETAL EA ADDL GESTATION	-	-	7/1/2018	No Separate Payment	\$0.00
74740	X-RAY FEMALE GENITAL TRACT	-	-	7/1/2018	No Separate Payment	\$0.00
74742	X-RAY FALLOPIAN TUBE	-	-	7/1/2018	No Separate Payment	\$0.00
74775	X-RAY EXAM OF PERINEUM	-	-	4/1/2024	Fee Schedule	\$127.10
75557	CARDIAC MRI FOR MORPH	-	-	4/1/2024	Fee Schedule	\$127.10
75559	CARDIAC MRI W/STRESS IMG	-	-	4/1/2024	Fee Schedule	\$282.28
75561	CARDIAC MRI FOR MORPH W/DYE	-	-	4/1/2024	Fee Schedule	\$199.47
75563	CARD MRI W/STRESS IMG & DYE	-	-	4/1/2024	Fee Schedule	\$330.54
75565	CARD MRI VELOC FLOW MAPPING	-	-	1/1/2024	No Separate Payment	\$0.00
75571	CT HRT W/O DYE W/CA TEST	-	-	1/1/2024	No Separate Payment	\$0.00
75572	CT HRT W/3D IMAGE	-	-	4/1/2024	Fee Schedule	\$95.30
75573	CT HRT C+ STRUX CGEN HRT DS	-	-	4/1/2024	Fee Schedule	\$95.30
75574	CT ANGIO HRT W/3D IMAGE	-	-	4/1/2024	Fee Schedule	\$95.30
75600	CONTRAST EXAM THORACIC AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
75605	CONTRAST EXAM THORACIC AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
75625	CONTRAST EXAM ABDOMINL AORTA	-	-	1/1/2024	No Separate Payment	\$0.00
75630	X-RAY AORTA LEG ARTERIES	-	-	1/1/2024	No Separate Payment	\$0.00
75635	CT ANGIO ABDOMINAL ARTERIES	-	-	1/1/2024	No Separate Payment	\$0.00
75705	ARTERY X-RAYS SPINE	-	-	7/1/2018	No Separate Payment	\$0.00
75710	ARTERY X-RAYS ARM/LEG	-	-	7/1/2018	No Separate Payment	\$0.00
75716	ARTERY X-RAYS ARMS/LEGS	-	-	7/1/2018	No Separate Payment	\$0.00
75726	ARTERY X-RAYS ABDOMEN	-	-	7/1/2018	No Separate Payment	\$0.00
75731	ARTERY X-RAYS ADRENAL GLAND	-	-	4/1/2024	Fee Schedule	\$112.18
75733	ARTERY X-RAYS ADRENALS	-	-	7/1/2018	No Separate Payment	\$0.00
75736	ARTERY X-RAYS PELVIS	-	-	7/1/2018	No Separate Payment	\$0.00
75741	ARTERY X-RAYS LUNG	-	-	7/1/2018	No Separate Payment	\$0.00
75743	ARTERY X-RAYS LUNGS	-	-	7/1/2018	No Separate Payment	\$0.00
75746	ARTERY X-RAYS LUNG	-	-	4/1/2024	Fee Schedule	\$93.54
75756	ARTERY X-RAYS CHEST	-	-	7/1/2018	No Separate Payment	\$0.00
75774	ARTERY X-RAY EACH VESSEL	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
75801	LYMPH VESSEL X-RAY ARM/LEG	-	-	7/1/2018	No Separate Payment	\$0.00
75803	LYMPH VESSEL X-RAY ARMS/LEGS	-	-	4/1/2024	Fee Schedule	\$619.11
75805	LYMPH VESSEL X-RAY TRUNK	-	-	4/1/2024	Fee Schedule	\$1,547.83
75807	LYMPH VESSEL X-RAY TRUNK	-	-	7/1/2018	No Separate Payment	\$0.00
75809	NONVASCULAR SHUNT X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
75810	VEIN X-RAY SPLEEN/LIVER	-	-	4/1/2024	Fee Schedule	\$1,547.83
75820	VEIN X-RAY ARM/LEG	-	-	1/1/2024	No Separate Payment	\$0.00
75822	VEIN X-RAY ARMS/LEGS	-	-	4/1/2024	Fee Schedule	\$79.22
75825	VEIN X-RAY TRUNK	-	-	7/1/2018	No Separate Payment	\$0.00
75827	VEIN X-RAY CHEST	-	-	7/1/2018	No Separate Payment	\$0.00
75831	VEIN X-RAY KIDNEY	-	-	1/1/2024	No Separate Payment	\$0.00
75833	VEIN X-RAY KIDNEYS	-	-	7/1/2018	No Separate Payment	\$0.00
75840	VEIN X-RAY ADRENAL GLAND	-	-	1/1/2024	No Separate Payment	\$0.00
75842	VEIN X-RAY ADRENAL GLANDS	-	-	7/1/2018	No Separate Payment	\$0.00
75860	VEIN X-RAY NECK	-	-	7/1/2018	No Separate Payment	\$0.00
75870	VEIN X-RAY SKULL	-	-	4/1/2024	Fee Schedule	\$110.85
75872	VEIN X-RAY SKULL EPIDURAL	-	-	7/1/2018	No Separate Payment	\$0.00
75880	VEIN X-RAY EYE SOCKET	-	-	7/1/2018	No Separate Payment	\$0.00
75885	VEIN X-RAY LIVER W/HEMODYNAM	-	-	7/1/2018	No Separate Payment	\$0.00
75887	VEIN X-RAY LIVER W/O HEMODYN	-	-	4/1/2024	Fee Schedule	\$85.22
75889	VEIN X-RAY LIVER W/HEMODYNAM	-	-	1/1/2024	No Separate Payment	\$0.00
75891	VEIN X-RAY LIVER	-	-	7/1/2018	No Separate Payment	\$0.00
75893	VENOUS SAMPLING BY CATHETER	-	-	7/1/2018	No Separate Payment	\$0.00
75894	X-RAYS TRANSCATH THERAPY	-	-	7/1/2018	No Separate Payment	\$0.00
75898	FOLLOW-UP ANGIOGRAPHY	-	-	4/1/2024	Fee Schedule	\$1,547.83
75901	REMOVE CVA DEVICE OBSTRUCT	-	-	7/1/2018	No Separate Payment	\$0.00
75902	REMOVE CVA LUMEN OBSTRUCT	-	-	7/1/2018	No Separate Payment	\$0.00
75970	VASCULAR BIOPSY	-	-	7/1/2018	No Separate Payment	\$0.00
75984	XRAY CONTROL CATHETER CHANGE	-	-	7/1/2018	No Separate Payment	\$0.00
75989	ABSCESS DRAINAGE UNDER X-RAY	-	-	1/1/2024	No Separate Payment	\$0.00
76000	FLUOROSCOPY <1 HR PHYS/QHP	-	-	4/1/2024	Fee Schedule	\$31.29
76010	X-RAY NOSE TO RECTUM	-	-	7/1/2018	No Separate Payment	\$0.00
76080	X-RAY EXAM OF FISTULA	-	-	7/1/2018	No Separate Payment	\$0.00
76098	X-RAY EXAM SURGICAL SPECIMEN	-	-	7/1/2018	No Separate Payment	\$0.00
76100	X-RAY EXAM OF BODY SECTION	-	-	7/1/2018	No Separate Payment	\$0.00
76120	CINE/VIDEO X-RAYS	-	-	1/1/2024	No Separate Payment	\$0.00
76125	CINE/VIDEO X-RAYS ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
76145	MED PHYSIC DOS EVAL RAD EXPS	-	-	4/1/2024	Fee Schedule	\$278.00
76376	3D RENDER W/INTRP POSTPROCES	-	-	7/1/2018	No Separate Payment	\$0.00
76377	3D RENDER W/INTRP POSTPROCES	-	-	7/1/2018	No Separate Payment	\$0.00
76380	CAT SCAN FOLLOW-UP STUDY	-	-	7/1/2018	No Separate Payment	\$0.00
76390	MR SPECTROSCOPY	-	-	4/1/2024	Fee Schedule	\$47.13
76391	MR ELASTOGRAPHY	-	-	4/1/2024	Fee Schedule	\$127.10
76496	UNLISTED FLUOROSCOPIC PX	-	-	7/1/2018	No Separate Payment	\$0.00
76497	UNLISTED CT PROCEDURE	-	-	7/1/2018	No Separate Payment	\$0.00
76498	UNLISTED MR PROCEDURE	-	-	4/1/2024	Fee Schedule	\$47.13
76499	UNLISTED DX RADIOGRAPHIC PX	-	-	1/1/2024	No Separate Payment	\$0.00
76506	ECHO EXAM OF HEAD	-	-	1/1/2024	No Separate Payment	\$0.00
76510	OPH US DX B-SCAN&QUAN A-SCAN	-	-	7/1/2018	No Separate Payment	\$0.00
76511	OPH US DX QUAN A-SCAN ONLY	-	-	7/1/2018	No Separate Payment	\$0.00
76512	OPH US DX B-SCAN	-	-	1/1/2024	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
76513	OPH US DX ANT SGM US UNI/BI	-	-	7/1/2018	No Separate Payment	\$0.00
76514	ECHO EXAM OF EYE THICKNESS	-	-	7/1/2018	No Separate Payment	\$0.00
76516	ECHO EXAM OF EYE	-	-	7/1/2018	No Separate Payment	\$0.00
76519	ECHO EXAM OF EYE	-	-	7/1/2018	No Separate Payment	\$0.00
76529	ECHO EXAM OF EYE	-	-	7/1/2018	No Separate Payment	\$0.00
76536	US EXAM OF HEAD AND NECK	-	-	7/1/2018	No Separate Payment	\$0.00
76604	US EXAM CHEST	-	-	7/1/2018	No Separate Payment	\$0.00
76641	ULTRASOUND BREAST COMPLETE	-	-	7/1/2018	No Separate Payment	\$0.00
76642	ULTRASOUND BREAST LIMITED	-	-	7/1/2018	No Separate Payment	\$0.00
76700	US EXAM ABDOM COMPLETE	-	-	4/1/2024	Fee Schedule	\$57.02
76705	ECHO EXAM OF ABDOMEN	-	-	4/1/2024	Fee Schedule	\$57.02
76770	US EXAM ABDO BACK WALL COMP	-	-	4/1/2024	Fee Schedule	\$57.02
76775	US EXAM ABDO BACK WALL LIM	-	-	7/1/2018	No Separate Payment	\$0.00
76776	US EXAM K TRANSPL W/DOPPLER	-	-	4/1/2024	Fee Schedule	\$57.02
76800	US EXAM SPINAL CANAL	-	-	1/1/2024	No Separate Payment	\$0.00
76801	OB US < 14 WKS SINGLE FETUS	-	-	4/1/2024	Fee Schedule	\$57.02
76802	OB US < 14 WKS ADDL FETUS	-	-	1/1/2024	No Separate Payment	\$0.00
76805	OB US >= 14 WKS SNGL FETUS	-	-	4/1/2024	Fee Schedule	\$57.02
76810	OB US >= 14 WKS ADDL FETUS	-	-	1/1/2024	No Separate Payment	\$0.00
76811	OB US DETAILED SNGL FETUS	-	-	4/1/2024	Fee Schedule	\$111.51
76812	OB US DETAILED ADDL FETUS	-	-	1/1/2024	No Separate Payment	\$0.00
76813	OB US NUCHAL MEAS 1 GEST	-	-	7/1/2018	No Separate Payment	\$0.00
76814	OB US NUCHAL MEAS ADD-ON	-	-	1/1/2024	No Separate Payment	\$0.00
76815	OB US LIMITED FETUS(S)	-	-	7/1/2018	No Separate Payment	\$0.00
76816	OB US FOLLOW-UP PER FETUS	-	-	1/1/2024	No Separate Payment	\$0.00
76817	TRANSVAGINAL US OBSTETRIC	-	-	7/1/2018	No Separate Payment	\$0.00
76818	FETAL BIOPHYS PROFILE W/NST	-	-	4/1/2024	Fee Schedule	\$57.02
76819	FETAL BIOPHYS PROFIL W/O NST	-	-	4/1/2024	Fee Schedule	\$58.59
76820	UMBILICAL ARTERY ECHO	-	-	7/1/2018	No Separate Payment	\$0.00
76821	MIDDLE CEREBRAL ARTERY ECHO	-	-	7/1/2018	No Separate Payment	\$0.00
76825	ECHO EXAM OF FETAL HEART	-	-	4/1/2024	Fee Schedule	\$203.39
76826	ECHO EXAM OF FETAL HEART	-	-	4/1/2024	Fee Schedule	\$127.49
76827	ECHO EXAM OF FETAL HEART	-	-	1/1/2024	No Separate Payment	\$0.00
76828	ECHO EXAM OF FETAL HEART	-	-	7/1/2018	No Separate Payment	\$0.00
76830	TRANSVAGINAL US NON-OB	-	-	4/1/2024	Fee Schedule	\$57.02
76831	ECHO EXAM UTERUS	-	-	4/1/2024	Fee Schedule	\$91.21
76856	US EXAM PELVIC COMPLETE	-	-	4/1/2024	Fee Schedule	\$57.02
76857	US EXAM PELVIC LIMITED	-	-	4/1/2024	Fee Schedule	\$31.63
76870	US EXAM SCROTUM	-	-	7/1/2018	No Separate Payment	\$0.00
76872	US TRANSRECTAL	-	-	4/1/2024	Fee Schedule	\$57.02
76873	ECHOGRAP TRANS R PROS STUDY	-	-	4/1/2024	Fee Schedule	\$57.02
76881	US COMPL JOINT R-T W/IMG	-	-	4/1/2024	Fee Schedule	\$21.97
76882	US LMTD JT/FCL EVL NVASC XTR	-	-	1/1/2024	No Separate Payment	\$0.00
76885	US EXAM INFANT HIPS DYNAMIC	-	-	7/1/2018	No Separate Payment	\$0.00
76886	US EXAM INFANT HIPS STATIC	-	-	1/1/2024	No Separate Payment	\$0.00
76932	ECHO GUIDE FOR HEART BIOPSY	-	-	1/1/2024	No Separate Payment	\$0.00
76936	ECHO GUIDE FOR ARTERY REPAIR	-	-	4/1/2024	Fee Schedule	\$162.81
76937	US GUIDE VASCULAR ACCESS	-	-	7/1/2018	No Separate Payment	\$0.00
76940	US GUIDE TISSUE ABLATION	-	-	7/1/2018	No Separate Payment	\$0.00
76941	ECHO GUIDE FOR TRANSFUSION	-	-	7/1/2018	No Separate Payment	\$0.00
76942	ECHO GUIDE FOR BIOPSY	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
76945	ECHO GUIDE VILLUS SAMPLING	-	-	1/1/2024	No Separate Payment	\$0.00
76946	ECHO GUIDE FOR AMNIOCENTESIS	-	-	7/1/2018	No Separate Payment	\$0.00
76948	ECHO GUIDE OVA ASPIRATION	-	-	7/1/2018	No Separate Payment	\$0.00
76965	ECHO GUIDANCE RADIOTHERAPY	-	-	7/1/2018	No Separate Payment	\$0.00
76975	GI ENDOSCOPIC ULTRASOUND	-	-	7/1/2018	No Separate Payment	\$0.00
76977	US BONE DENSITY MEASURE	-	-	4/1/2024	Fee Schedule	\$4.99
76978	US TRGT DYN MBUBB 1ST LES	-	-	4/1/2024	Fee Schedule	\$95.30
76979	US TRGT DYN MBUBB EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
76981	USE PARENCHYMA	-	-	4/1/2024	Fee Schedule	\$57.02
76982	USE 1ST TARGET LESION	-	-	4/1/2024	Fee Schedule	\$57.02
76983	USE EA ADDL TARGET LESION	-	-	1/1/2024	No Separate Payment	\$0.00
76998	US GUIDE INTRAOP	-	-	1/1/2024	No Separate Payment	\$0.00
76999	ECHO EXAMINATION PROCEDURE	-	-	7/1/2018	No Separate Payment	\$0.00
77001	FLUOROGUIDE FOR VEIN DEVICE	-	-	1/1/2024	No Separate Payment	\$0.00
77002	NEEDLE LOCALIZATION BY XRAY	-	-	1/1/2024	No Separate Payment	\$0.00
77003	FLUOROGUIDE FOR SPINE INJECT	-	-	7/1/2018	No Separate Payment	\$0.00
77011	CT SCAN FOR LOCALIZATION	-	-	7/1/2018	No Separate Payment	\$0.00
77012	CT SCAN FOR NEEDLE BIOPSY	-	-	7/1/2018	No Separate Payment	\$0.00
77013	CT GUIDE FOR TISSUE ABLATION	-	-	7/1/2018	No Separate Payment	\$0.00
77014	CT SCAN FOR THERAPY GUIDE	-	-	7/1/2018	No Separate Payment	\$0.00
77021	MRI GUIDANCE NDL PLMT RS&I	-	-	7/1/2018	No Separate Payment	\$0.00
77022	MRI GDN PARNCHYMA TISS ABLTJ	-	-	7/1/2018	No Separate Payment	\$0.00
77046	MRI BREAST C- UNILATERAL	-	-	4/1/2024	Fee Schedule	\$127.10
77047	MRI BREAST C- BILATERAL	-	-	4/1/2024	Fee Schedule	\$127.10
77053	X-RAY OF MAMMARY DUCT	-	-	7/1/2018	No Separate Payment	\$0.00
77054	X-RAY OF MAMMARY DUCTS	-	-	7/1/2018	No Separate Payment	\$0.00
77071	X-RAY STRESS VIEW	-	-	7/1/2018	No Separate Payment	\$0.00
77072	X-RAYS FOR BONE AGE	-	-	1/1/2024	No Separate Payment	\$0.00
77073	X-RAYS BONE LENGTH STUDIES	-	-	1/1/2024	No Separate Payment	\$0.00
77074	X-RAYS BONE SURVEY LIMITED	-	-	7/1/2018	No Separate Payment	\$0.00
77075	X-RAYS BONE SURVEY COMPLETE	-	-	7/1/2018	No Separate Payment	\$0.00
77076	X-RAYS BONE SURVEY INFANT	-	-	7/1/2018	No Separate Payment	\$0.00
77077	JOINT SURVEY SINGLE VIEW	-	-	7/1/2018	No Separate Payment	\$0.00
77078	CT BONE DENSITY AXIAL	-	-	4/1/2024	Fee Schedule	\$47.13
77080	DXA BONE DENSITY AXIAL	-	-	4/1/2024	Fee Schedule	\$31.63
77081	DXA BONE DENSITY/PERIPHERAL	-	-	4/1/2024	Fee Schedule	\$24.30
77084	MAGNETIC IMAGE BONE MARROW	-	-	4/1/2024	Fee Schedule	\$127.10
77085	DXA BONE DENSITY STUDY	-	-	7/1/2018	No Separate Payment	\$0.00
77086	FRACTURE ASSESSMENT VIA DXA	-	-	1/1/2024	No Separate Payment	\$0.00
77280	SET RADIATION THERAPY FIELD	-	-	4/1/2024	Fee Schedule	\$70.38
77285	SET RADIATION THERAPY FIELD	-	-	4/1/2024	Fee Schedule	\$191.65
77290	SET RADIATION THERAPY FIELD	-	-	4/1/2024	Fee Schedule	\$191.65
77293	RESPIRATOR MOTION MGMT SIMUL	-	-	7/1/2018	No Separate Payment	\$0.00
77295	3-D RADIOTHERAPY PLAN	-	-	4/1/2024	Fee Schedule	\$328.88
77299	UNLISTED PX THER RAD TX PLNG	-	-	4/1/2024	Fee Schedule	\$70.38
77300	RADIATION THERAPY DOSE PLAN	-	-	4/1/2024	Fee Schedule	\$43.94
77301	RADIOTHERAPY DOSE PLAN IMRT	-	-	4/1/2024	Fee Schedule	\$718.69
77306	TELETHX ISODOSE PLAN SIMPLE	-	-	4/1/2024	Fee Schedule	\$98.86
77307	TELETHX ISODOSE PLAN CPLX	-	-	4/1/2024	Fee Schedule	\$185.08
77316	BRACHYTX ISODOSE PLAN SIMPLE	-	-	4/1/2024	Fee Schedule	\$195.73
77317	BRACHYTX ISODOSE INTERMED	-	-	4/1/2024	Fee Schedule	\$191.65

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
77318	BRACHYTX ISODOSE COMPLEX	-	-	4/1/2024	Fee Schedule	\$191.65
77321	SPECIAL TELETX PORT PLAN	-	-	4/1/2024	Fee Schedule	\$60.91
77331	SPECIAL RADIATION DOSIMETRY	-	-	4/1/2024	Fee Schedule	\$34.29
77332	RADIATION TREATMENT AID(S)	-	-	4/1/2024	Fee Schedule	\$23.30
77333	RADIATION TREATMENT AID(S)	-	-	4/1/2024	Fee Schedule	\$70.38
77334	RADIATION TREATMENT AID(S)	-	-	4/1/2024	Fee Schedule	\$85.22
77336	RADIATION PHYSICS CONSULT	-	-	4/1/2024	Fee Schedule	\$70.38
77338	DESIGN MLC DEVICE FOR IMRT	-	-	4/1/2024	Fee Schedule	\$191.65
77370	RADIATION PHYSICS CONSULT	-	-	4/1/2024	Fee Schedule	\$70.38
77371	SRS MULTISOURCE	-	-	7/1/2018	Fee Schedule	\$1,942.53
77372	SRS LINEAR BASED	-	-	7/1/2018	Fee Schedule	\$1,066.15
77373	SBRT DELIVERY	-	-	7/1/2018	Fee Schedule	\$1,042.88
77385	NTSTY MODUL RAD TX DLVR SMPL	-	-	4/1/2024	Fee Schedule	\$305.32
77386	NTSTY MODUL RAD TX DLVR CPLX	-	-	4/1/2024	Fee Schedule	\$305.32
77387	GUIDANCE FOR RADJ TX DLVR	-	-	1/1/2024	No Separate Payment	\$0.00
77399	UNLISTED PX MED RADJ PHYSICS	-	-	4/1/2024	Fee Schedule	\$70.38
77401	RADIATION TREATMENT DELIVERY	-	-	4/1/2024	Fee Schedule	\$41.27
77402	RADIATION TREATMENT DELIVERY	-	-	4/1/2024	Fee Schedule	\$62.19
77407	RADIATION TREATMENT DELIVERY	-	-	4/1/2024	Fee Schedule	\$139.39
77412	RADIATION TREATMENT DELIVERY	-	-	4/1/2024	Fee Schedule	\$139.39
77417	RADIOLOGY PORT IMAGES(S)	-	-	1/1/2024	No Separate Payment	\$0.00
77423	NEUTRON BEAM TX COMPLEX	-	-	4/1/2024	Fee Schedule	\$32.62
77424	IO RAD TX DELIVERY BY X-RAY	-	-	4/1/2024	Fee Schedule	\$2,148.25
77425	IO RAD TX DELIVER BY ELCTRNS	-	-	4/1/2024	Fee Schedule	\$2,148.25
77435	SBRT MANAGEMENT	-	-	1/1/2024	No Separate Payment	\$0.00
77469	IO RADIATION TX MANAGEMENT	-	-	7/1/2018	No Separate Payment	\$0.00
77470	SPECIAL RADIATION TREATMENT	-	-	4/1/2024	Fee Schedule	\$70.57
77520	PROTON TRMT SIMPLE W/O COMP	-	-	4/1/2024	Fee Schedule	\$305.32
77522	PROTON TRMT SIMPLE W/COMP	-	-	4/1/2024	Fee Schedule	\$735.79
77523	PROTON TRMT INTERMEDIATE	-	-	4/1/2024	Fee Schedule	\$735.79
77525	PROTON TREATMENT COMPLEX	-	-	4/1/2024	Fee Schedule	\$735.79
77600	HYPERTHERMIA TREATMENT	-	-	4/1/2024	Fee Schedule	\$139.39
77605	HYPERTHERMIA TREATMENT	-	-	4/1/2024	Fee Schedule	\$371.88
77610	HYPERTHERMIA TREATMENT	-	-	4/1/2024	Fee Schedule	\$305.32
77615	HYPERTHERMIA TREATMENT	-	-	4/1/2024	Fee Schedule	\$305.32
77620	HYPERTHERMIA TREATMENT	-	-	4/1/2024	Fee Schedule	\$305.32
77750	INFUSE RADIOACTIVE MATERIALS	-	-	4/1/2024	Fee Schedule	\$217.70
77761	APPLY INTRCAV RADIAT SIMPLE	-	-	4/1/2024	Fee Schedule	\$285.28
77762	APPLY INTRCAV RADIAT INTERM	-	-	4/1/2024	Fee Schedule	\$350.52
77763	APPLY INTRCAV RADIAT COMPL	-	-	4/1/2024	Fee Schedule	\$477.01
77767	HDR RDNCL SKN SURF BRACHYTX	-	-	4/1/2024	Fee Schedule	\$139.39
77768	HDR RDNCL SKN SURF BRACHYTX	-	-	4/1/2024	Fee Schedule	\$139.39
77770	HDR RDNCL NTRSTL/ICAV BRCHTX	-	-	4/1/2024	Fee Schedule	\$278.28
77771	HDR RDNCL NTRSTL/ICAV BRCHTX	-	-	4/1/2024	Fee Schedule	\$371.88
77772	HDR RDNCL NTRSTL/ICAV BRCHTX	-	-	4/1/2024	Fee Schedule	\$371.88
77778	APPLY INTERSTIT RADIAT COMPL	-	-	4/1/2024	Fee Schedule	\$371.88
77789	APPLY SURF LDR RADIONUCLIDE	-	-	4/1/2024	Fee Schedule	\$62.19
77790	RADIATION HANDLING	-	-	1/1/2024	No Separate Payment	\$0.00
77799	UNLISTED PX CLIN BRACHYTX	-	-	4/1/2024	Fee Schedule	\$62.19
78012	THYROID UPTAKE MEASUREMENT	-	-	4/1/2024	Fee Schedule	\$213.93
78013	THYROID IMAGING W/BLOOD FLOW	-	-	4/1/2024	Fee Schedule	\$213.93

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
78014	THYROID IMAGING W/BLOOD FLOW	-	-	4/1/2024	Fee Schedule	\$213.93
78015	THYROID MET IMAGING	-	-	4/1/2024	Fee Schedule	\$213.93
78016	THYROID MET IMAGING/STUDIES	-	-	4/1/2024	Fee Schedule	\$213.93
78018	THYROID MET IMAGING BODY	-	-	4/1/2024	Fee Schedule	\$280.35
78020	THYROID MET UPTAKE	-	-	1/1/2024	No Separate Payment	\$0.00
78070	PARATHYROID PLANAR IMAGING	-	-	4/1/2024	Fee Schedule	\$213.93
78071	PARATHYRD PLANAR W/VO SUBTRJ	-	-	4/1/2024	Fee Schedule	\$213.93
78072	PARATHYRD PLANAR W/SPECT&CT	-	-	4/1/2024	Fee Schedule	\$280.35
78075	ADRENAL CORTEX & MEDULLA IMG	-	-	4/1/2024	Fee Schedule	\$736.50
78099	UNLISTED ENDOCRINE PX DX NUC	-	-	4/1/2024	Fee Schedule	\$213.93
78102	BONE MARROW IMAGING LTD	-	-	4/1/2024	Fee Schedule	\$213.93
78103	BONE MARROW IMAGING MULT	-	-	4/1/2024	Fee Schedule	\$213.93
78104	BONE MARROW IMAGING BODY	-	-	4/1/2024	Fee Schedule	\$213.93
78110	PLASMA VOLUME SINGLE	-	-	4/1/2024	Fee Schedule	\$736.50
78111	PLASMA VOLUME MULTIPLE	-	-	4/1/2024	Fee Schedule	\$736.50
78120	RED CELL MASS SINGLE	-	-	4/1/2024	Fee Schedule	\$213.93
78121	RED CELL MASS MULTIPLE	-	-	4/1/2024	Fee Schedule	\$280.35
78122	BLOOD VOLUME	-	-	4/1/2024	Fee Schedule	\$280.35
78130	RED CELL SURVIVAL STUDY	-	-	4/1/2024	Fee Schedule	\$213.93
78140	RED CELL SEQUESTRATION	-	-	4/1/2024	Fee Schedule	\$213.93
78185	SPLEEN IMAGING	-	-	4/1/2024	Fee Schedule	\$213.93
78191	PLATELET SURVIVAL	-	-	4/1/2024	Fee Schedule	\$213.93
78195	LYMPH SYSTEM IMAGING	-	-	4/1/2024	Fee Schedule	\$280.35
78199	UNLSTD HEMATOP RET/ENDO LYMP	-	-	4/1/2024	Fee Schedule	\$213.93
78201	LIVER IMAGING	-	-	4/1/2024	Fee Schedule	\$280.35
78202	LIVER IMAGING WITH FLOW	-	-	4/1/2024	Fee Schedule	\$280.35
78215	LIVER AND SPLEEN IMAGING	-	-	4/1/2024	Fee Schedule	\$213.93
78216	LIVER & SPLEEN IMAGE/FLOW	-	-	4/1/2024	Fee Schedule	\$213.93
78226	HEPATOBIILIARY SYSTEM IMAGING	-	-	4/1/2024	Fee Schedule	\$213.93
78227	HEPATOBIIL SYST IMAGE W/DRUG	-	-	4/1/2024	Fee Schedule	\$280.35
78230	SALIVARY GLAND IMAGING	-	-	4/1/2024	Fee Schedule	\$213.93
78231	SERIAL SALIVARY IMAGING	-	-	4/1/2024	Fee Schedule	\$213.93
78232	SALIVARY GLAND FUNCTION EXAM	-	-	4/1/2024	Fee Schedule	\$213.93
78258	ESOPHAGEAL MOTILITY STUDY	-	-	4/1/2024	Fee Schedule	\$213.93
78261	GASTRIC MUCOSA IMAGING	-	-	4/1/2024	Fee Schedule	\$213.93
78262	GASTROESOPHAGEAL REFLUX EXAM	-	-	4/1/2024	Fee Schedule	\$213.93
78264	GASTRIC EMPTYING IMAG STUDY	-	-	4/1/2024	Fee Schedule	\$213.93
78265	GASTRIC EMPTYING IMAG STUDY	-	-	4/1/2024	Fee Schedule	\$213.93
78266	GASTRIC EMPTYING IMAG STUDY	-	-	4/1/2024	Fee Schedule	\$280.35
78278	ACUTE GI BLOOD LOSS IMAGING	-	-	4/1/2024	Fee Schedule	\$213.93
78282	GI PROTEIN LOSS EXAM	-	-	4/1/2024	Fee Schedule	\$213.93
78290	MECKELS DIVERT EXAM	-	-	4/1/2024	Fee Schedule	\$213.93
78291	LEVEEN/SHUNT PATENCY EXAM	-	-	4/1/2024	Fee Schedule	\$213.93
78299	UNLISTED GI PX DX NUC MED	-	-	4/1/2024	Fee Schedule	\$213.93
78300	BONE IMAGING LIMITED AREA	-	-	4/1/2024	Fee Schedule	\$213.93
78305	BONE IMAGING MULTIPLE AREAS	-	-	4/1/2024	Fee Schedule	\$213.93
78306	BONE IMAGING WHOLE BODY	-	-	4/1/2024	Fee Schedule	\$213.93
78315	BONE IMAGING 3 PHASE	-	-	4/1/2024	Fee Schedule	\$213.93
78399	UNLISTED MUSCSKEL PX DX NUC	-	-	4/1/2024	Fee Schedule	\$213.93
78414	NON-IMAGING HEART FUNCTION	-	-	4/1/2024	Fee Schedule	\$280.35
78428	CARDIAC SHUNT IMAGING	-	-	4/1/2024	Fee Schedule	\$213.93

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
78429	MYOCDR IMG PET 1 STD W/CT	-	-	4/1/2024	Fee Schedule	\$811.44
78430	MYOCDR IMG PET RST/STRS W/CT	-	-	4/1/2024	Fee Schedule	\$811.44
78431	MYOCDR IMG PET RST&STRS CT	-	-	4/1/2024	Fee Schedule	\$1,225.12
78432	MYOCDR IMG PET 2RTRACER	-	-	4/1/2024	Fee Schedule	\$1,007.36
78433	MYOCDR IMG PET 2RTRACER CT	-	-	4/1/2024	Fee Schedule	\$1,061.80
78434	AQMBF PET REST & RX STRESS	-	-	1/1/2024	No Separate Payment	\$0.00
78445	VASCULAR FLOW IMAGING	-	-	4/1/2024	Fee Schedule	\$213.93
78451	HT MUSCLE IMAGE SPECT SING	-	-	4/1/2024	Fee Schedule	\$736.50
78452	HT MUSCLE IMAGE SPECT MULT	-	-	4/1/2024	Fee Schedule	\$736.50
78453	HT MUSCLE IMAGE PLANAR SING	-	-	4/1/2024	Fee Schedule	\$736.50
78454	HT MUSC IMAGE PLANAR MULT	-	-	4/1/2024	Fee Schedule	\$736.50
78456	ACUTE VENOUS THROMBUS IMAGE	-	-	4/1/2024	Fee Schedule	\$736.50
78457	VENOUS THROMBOSIS IMAGING	-	-	4/1/2024	Fee Schedule	\$280.35
78458	VEN THROMBOSIS IMAGES BILAT	-	-	4/1/2024	Fee Schedule	\$213.93
78459	MYOCDR IMG PET SINGLE STUDY	-	-	4/1/2024	Fee Schedule	\$736.50
78466	HEART INFARCT IMAGE	-	-	4/1/2024	Fee Schedule	\$213.93
78468	HEART INFARCT IMAGE (EF)	-	-	4/1/2024	Fee Schedule	\$280.35
78469	HEART INFARCT IMAGE (3D)	-	-	4/1/2024	Fee Schedule	\$280.35
78472	GATED HEART PLANAR SINGLE	-	-	4/1/2024	Fee Schedule	\$213.93
78473	GATED HEART MULTIPLE	-	-	4/1/2024	Fee Schedule	\$213.93
78481	HEART FIRST PASS SINGLE	-	-	4/1/2024	Fee Schedule	\$280.35
78483	HEART FIRST PASS MULTIPLE	-	-	4/1/2024	Fee Schedule	\$280.35
78491	MYOCDR IMG PET 1STD RST/STRS	-	-	4/1/2024	Fee Schedule	\$811.44
78492	MYOCDR IMG PET MLT RST&STRS	-	-	4/1/2024	Fee Schedule	\$811.44
78494	HEART IMAGE SPECT	-	-	4/1/2024	Fee Schedule	\$213.93
78496	HEART FIRST PASS ADD-ON	-	-	1/1/2024	No Separate Payment	\$0.00
78499	UNLISTED CV PX DX NUC MED	-	-	4/1/2024	Fee Schedule	\$213.93
78579	LUNG VENTILATION IMAGING	-	-	4/1/2024	Fee Schedule	\$213.93
78580	LUNG PERFUSION IMAGING	-	-	4/1/2024	Fee Schedule	\$213.93
78582	LUNG VENTILAT&PERFUS IMAGING	-	-	4/1/2024	Fee Schedule	\$280.35
78597	LUNG PERFUSION DIFFERENTIAL	-	-	4/1/2024	Fee Schedule	\$213.93
78598	LUNG PERF&VENTILAT DIFERENTL	-	-	4/1/2024	Fee Schedule	\$280.35
78599	UNLISTED RESP PX DX NUC MED	-	-	4/1/2024	Fee Schedule	\$213.93
78600	BRAIN IMAGE < 4 VIEWS	-	-	4/1/2024	Fee Schedule	\$213.93
78601	BRAIN IMAGE W/FLOW < 4 VIEWS	-	-	4/1/2024	Fee Schedule	\$213.93
78605	BRAIN IMAGE 4+ VIEWS	-	-	4/1/2024	Fee Schedule	\$280.35
78606	BRAIN IMAGE W/FLOW 4 + VIEWS	-	-	4/1/2024	Fee Schedule	\$280.35
78608	BRAIN IMAGING (PET)	-	-	4/1/2024	Fee Schedule	\$811.44
78610	BRAIN FLOW IMAGING ONLY	-	-	4/1/2024	Fee Schedule	\$280.35
78630	CEREBROSPINAL FLUID SCAN	-	-	4/1/2024	Fee Schedule	\$280.35
78635	CSF VENTRICULOGRAPHY	-	-	4/1/2024	Fee Schedule	\$280.35
78645	CSF SHUNT EVALUATION	-	-	4/1/2024	Fee Schedule	\$280.35
78650	CSF LEAKAGE IMAGING	-	-	4/1/2024	Fee Schedule	\$736.50
78660	NUCLEAR EXAM OF TEAR FLOW	-	-	4/1/2024	Fee Schedule	\$213.93
78699	UNLISTED NRVS SYS PX DX NUC	-	-	4/1/2024	Fee Schedule	\$213.93
78700	KIDNEY IMAGING MORPHOL	-	-	4/1/2024	Fee Schedule	\$213.93
78701	KIDNEY IMAGING WITH FLOW	-	-	4/1/2024	Fee Schedule	\$213.93
78707	K FLOW/FUNCT IMAGE W/O DRUG	-	-	4/1/2024	Fee Schedule	\$280.35
78708	K FLOW/FUNCT IMAGE W/DRUG	-	-	4/1/2024	Fee Schedule	\$280.35
78709	K FLOW/FUNCT IMAGE MULTIPLE	-	-	4/1/2024	Fee Schedule	\$280.35
78725	KIDNEY FUNCTION STUDY	-	-	4/1/2024	Fee Schedule	\$213.93

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
78730	URINARY BLADDER RETENTION	-	-	1/1/2024	No Separate Payment	\$0.00
78740	URETERAL REFLUX STUDY	-	-	4/1/2024	Fee Schedule	\$213.93
78761	TESTICULAR IMAGING W/FLOW	-	-	4/1/2024	Fee Schedule	\$213.93
78799	UNLISTED GU PX DX NUC MED	-	-	4/1/2024	Fee Schedule	\$213.93
78800	RP LOCLZJ TUM 1 AREA 1 D IMG	-	-	4/1/2024	Fee Schedule	\$213.93
78801	RP LOCLZJ TUM 2+AREA 1+D IMG	-	-	4/1/2024	Fee Schedule	\$213.93
78802	RP LOCLZJ TUM WHBDY 1 D IMG	-	-	4/1/2024	Fee Schedule	\$736.50
78803	RP LOCLZJ TUM SPECT 1 AREA	-	-	4/1/2024	Fee Schedule	\$736.50
78804	RP LOCLZJ TUM WHBDY 2+D IMG	-	-	4/1/2024	Fee Schedule	\$736.50
78808	IV INJ RA DRUG DX STUDY	-	-	1/1/2024	No Separate Payment	\$0.00
78811	PET IMAGE LTD AREA	-	-	4/1/2024	Fee Schedule	\$736.50
78812	PET IMAGE SKULL-THIGH	-	-	4/1/2024	Fee Schedule	\$811.44
78813	PET IMAGE FULL BODY	-	-	4/1/2024	Fee Schedule	\$811.44
78814	PET IMAGE W/CT LMTD	-	-	4/1/2024	Fee Schedule	\$811.44
78815	PET IMAGE W/CT SKULL-THIGH	-	-	4/1/2024	Fee Schedule	\$811.44
78816	PET IMAGE W/CT FULL BODY	-	-	4/1/2024	Fee Schedule	\$811.44
78830	RP LOCLZJ TUM SPECT W/CT 1	-	-	4/1/2024	Fee Schedule	\$736.50
78831	RP LOCLZJ TUM SPECT 2 AREAS	-	-	4/1/2024	Fee Schedule	\$736.50
78832	RP LOCLZJ TUM SPECT W/CT 2	-	-	4/1/2024	Fee Schedule	\$811.44
78999	UNLISTED MISC PX DX NUC MED	-	-	4/1/2024	Fee Schedule	\$213.93
79005	NUCLEAR RX ORAL ADMIN	-	-	4/1/2024	Fee Schedule	\$70.57
79101	NUCLEAR RX IV ADMIN	-	-	4/1/2024	Fee Schedule	\$76.90
79200	NUCLEAR RX INTRACAV ADMIN	-	-	4/1/2024	Fee Schedule	\$61.91
79300	NUCLR RX INTERSTIT COLLOID	-	-	4/1/2024	Fee Schedule	\$129.04
79403	HEMATOPOIETIC NUCLEAR TX	-	-	4/1/2024	Fee Schedule	\$129.82
79440	NUCLEAR RX INTRA-ARTICULAR	-	-	4/1/2024	Fee Schedule	\$49.26
79445	NUCLEAR RX INTRA-ARTERIAL	-	-	4/1/2024	Fee Schedule	\$129.04
79999	RP THERAPY UNLISTED PX	-	-	4/1/2024	Fee Schedule	\$129.04
90296	DIPHThERIA ANTITOXIN	-	-	7/1/2018	Not Allowed	\$0.00
90371	HEP B IG IM	-	-	10/1/2024	Fee Schedule	\$139.93
90375	RABIES IG IM/SC	-	-	10/1/2024	Fee Schedule	\$287.71
90376	RABIES IG HEAT TREATED	-	-	10/1/2024	Fee Schedule	\$479.72
90377	RABIES IG HT&SOL HUMAN IM/SC	-	-	10/1/2024	Fee Schedule	\$265.51
90378	RSV MAB IM 50MG	-	-	10/1/2024	No Separate Payment	\$0.00
90385	RH IG MINIDOSE IM	-	-	7/1/2021	Fee Schedule	\$151.41
90393	VACCINA IG IM	-	-	1/1/2024	Not Allowed	\$0.00
90396	VARICELLA-ZOSTER IG IM	-	-	10/1/2024	Fee Schedule	\$2,250.71
90476	ADENOVIRUS VACCINE TYPE 4	-	-	1/1/2024	Fee Schedule	\$46.00
90477	ADENOVIRUS VACCINE TYPE 7	-	-	7/1/2018	Not Allowed	\$0.00
90581	ANTHRAX VACCINE SC OR IM	-	-	1/1/2024	Not Allowed	\$0.00
90585	BCG VACCINE PERCUT	-	-	7/1/2018	Fee Schedule	\$123.20
90620	MENB RP W/OMV VACCINE IM	-	-	7/1/2018	Fee Schedule	\$147.37
90621	MENB RLP VACCINE IM	-	-	7/1/2018	Fee Schedule	\$122.70
90630	FLU VACC IIV4 NO PRESERV ID	-	-	1/1/2024	No Separate Payment	\$0.00
90632	HEPA VACCINE ADULT IM	-	-	7/1/2018	No Separate Payment	\$0.00
90633	HEPA VACC PED/ADOL 2 DOSE IM	-	-	1/1/2024	No Separate Payment	\$0.00
90634	HEPA VACC PED/ADOL 3 DOSE	-	-	1/1/2024	Not Allowed	\$0.00
90636	HEP A/HEP B VACC ADULT IM	-	-	7/1/2018	No Separate Payment	\$0.00
90644	HIB-MENCY VACCINE 4 DOSE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90647	HIB PRP-OMP VACC 3 DOSE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90648	HIB PRP-T VACCINE 4 DOSE IM	-	-	7/1/2018	No Separate Payment	\$0.00

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



**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
90653	IIV ADJUVANT VACCINE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90654	FLU VACC IIV3 NO PRESERV ID	-	-	7/1/2018	No Separate Payment	\$0.00
90655	IIV3 VACC NO PRSV 0.25 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90656	IIV3 VACC NO PRSV 0.5 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90657	IIV3 VACCINE SPLT 0.25 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90660	LAIV3 VACCINE INTRANASAL	-	-	7/1/2018	No Separate Payment	\$0.00
90661	CCIIV3 VAC NO PRSV 0.5 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90662	IIV NO PRSV INCREASED AG IM	-	-	7/1/2018	No Separate Payment	\$0.00
90670	PCV13 VACCINE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90672	LAIV4 VACCINE INTRANASAL	-	-	7/1/2018	No Separate Payment	\$0.00
90673	RIV3 VACCINE NO PRESERV IM	-	-	7/1/2018	No Separate Payment	\$0.00
90674	CCIIV4 VAC NO PRSV 0.5 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90675	RABIES VACCINE IM	-	-	10/1/2024	Fee Schedule	\$350.14
90676	RABIES VACCINE ID	-	-	1/1/2024	Fee Schedule	\$279.15
90677	PCV20 VACCINE IM	-	-	10/1/2021	No Separate Payment	\$0.00
90680	RV5 VACC 3 DOSE LIVE ORAL	-	-	1/1/2023	Not Allowed	\$0.00
90681	RV1 VACC 2 DOSE LIVE ORAL	-	-	7/1/2018	Fee Schedule	\$108.65
90682	RIV4 VACC RECOMBINANT DNA IM	-	-	7/1/2018	No Separate Payment	\$0.00
90685	IIV4 VACC NO PRSV 0.25 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90686	IIV4 VACC NO PRSV 0.5 ML IM	-	-	1/1/2024	No Separate Payment	\$0.00
90687	IIV4 VACCINE SPLT 0.25 ML IM	-	-	1/1/2024	No Separate Payment	\$0.00
90688	IIV4 VACCINE SPLT 0.5 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90689	VACC IIV4 NO PRSRV 0.25ML IM	-	-	7/1/2019	No Separate Payment	\$0.00
90690	TYPHOID VACCINE ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
90691	TYPHOID VACCINE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90694	VACC AIV4 NO PRSRV 0.5ML IM	-	-	1/1/2021	No Separate Payment	\$0.00
90696	DTAP-IPV VACCINE 4-6 YRS IM	-	-	7/1/2018	No Separate Payment	\$0.00
90698	DTAP-IPV/HIB VACCINE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90700	DTAP VACCINE < 7 YRS IM	-	-	7/1/2018	No Separate Payment	\$0.00
90702	DT VACCINE UNDER 7 YRS IM	-	-	7/1/2018	No Separate Payment	\$0.00
90707	MMR VACCINE SC	-	-	7/1/2018	No Separate Payment	\$0.00
90710	MMRV VACCINE SC	-	-	7/1/2018	No Separate Payment	\$0.00
90713	POLIOVIRUS IPV SC/IM	-	-	7/1/2018	No Separate Payment	\$0.00
90714	TD VACC NO PRESV 7 YRS+ IM	-	-	7/1/2018	No Separate Payment	\$0.00
90715	TDAP VACCINE 7 YRS/> IM	-	-	7/1/2018	No Separate Payment	\$0.00
90717	YELLOW FEVER VACCINE SUBQ	-	-	7/1/2018	No Separate Payment	\$0.00
90732	PPSV23 VACC 2 YRS+ SUBQ/IM	-	-	7/1/2018	No Separate Payment	\$0.00
90733	MPSV4 VACCINE SUBQ	-	-	7/1/2018	Fee Schedule	\$106.49
90734	MENACWYD/MENACWYCRM VACC IM	-	-	7/1/2018	Fee Schedule	\$97.49
90739	HEPB VACC 2/4 DOSE ADULT IM	-	-	10/1/2022	No Separate Payment	\$0.00
90740	HEPB VACC 3 DOSE IMMUNSUP IM	-	-	7/1/2018	No Separate Payment	\$0.00
90743	HEPB VACC 2 DOSE ADOLESC IM	-	-	7/1/2018	No Separate Payment	\$0.00
90744	HEPB VACC 3 DOSE PED/ADOL IM	-	-	7/1/2018	No Separate Payment	\$0.00
90746	HEPB VACCINE 3 DOSE ADULT IM	-	-	7/1/2018	No Separate Payment	\$0.00
90747	HEPB VACC 4 DOSE IMMUNSUP IM	-	-	7/1/2018	No Separate Payment	\$0.00
90749	UNLISTED VACCINE/TOXOID	-	-	7/1/2018	No Separate Payment	\$0.00
90756	CCIIV4 VACC ABX FREE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90759	HEP B VAC 3AG 10MCG 3 DOS IM	-	-	4/1/2022	No Separate Payment	\$0.00
91035	G-ESOPH REFLX TST W/ELECTROD	-	-	4/1/2024	Fee Schedule	\$278.00
91200	LIVER ELASTOGRAPHY	-	-	7/1/2018	No Separate Payment	\$0.00
91304	SARSCOV2 VAC 5MCG/0.5ML IM	-	-	1/1/2024	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
92018	COMPL OPH EXAM GENERAL ANES	-	-	7/1/2018	Fee Schedule	\$505.41
92071	CONTACT LENS FITTING FOR TX	-	-	7/1/2018	No Separate Payment	\$0.00
92072	FITG C-LENS KERATOCONUS 1ST	-	-	7/1/2018	No Separate Payment	\$0.00
92920	PRQ CARDIAC ANGIOPLAST 1 ART	Y	-	4/1/2024	Fee Schedule	\$3,410.51
92921	PRQ CARDIAC ANGIO ADDL ART	-	-	1/1/2020	No Separate Payment	\$0.00
92928	PRQ CARD STENT W/ANGIO 1 VSL	Y	-	4/1/2024	Fee Schedule	\$6,612.01
92929	PRQ CARD STENT W/ANGIO ADDL	-	-	1/1/2020	No Separate Payment	\$0.00
92974	CATH PLACE CARDIO BRACHYTX	-	-	4/1/2023	No Separate Payment	\$0.00
92978	ENDOLUMINL IVUS OCT C 1ST	-	-	4/1/2023	No Separate Payment	\$0.00
93451	RIGHT HEART CATH	Y	-	4/1/2024	Fee Schedule	\$1,632.27
93452	LEFT HRT CATH W/VENTRCLGRPHY	Y	-	4/1/2024	Fee Schedule	\$1,632.27
93453	R&L HRT CATH W/VENTRCLGRPHY	Y	-	4/1/2024	Fee Schedule	\$1,632.27
93454	CORONARY ARTERY ANGIO S&I	Y	-	4/1/2024	Fee Schedule	\$1,632.27
93455	CORONARY ART/GRFT ANGIO S&I	Y	-	4/1/2024	Fee Schedule	\$1,632.27
93456	R HRT CORONARY ARTERY ANGIO	Y	-	4/1/2024	Fee Schedule	\$1,632.27
93457	R HRT ART/GRFT ANGIO	Y	-	4/1/2024	Fee Schedule	\$1,632.27
93458	L HRT ARTERY/VENTRICLE ANGIO	Y	-	4/1/2024	Fee Schedule	\$1,632.27
93459	L HRT ART/GRFT ANGIO	Y	-	4/1/2024	Fee Schedule	\$1,632.27
93460	R&L HRT ART/VENTRICLE ANGIO	Y	-	4/1/2024	Fee Schedule	\$1,632.27
93461	R&L HRT ART/VENTRICLE ANGIO	Y	-	4/1/2024	Fee Schedule	\$1,632.27
93462	L HRT CATH TRNSPTL PUNCTURE	-	-	1/1/2019	No Separate Payment	\$0.00
93463	DRUG ADMIN & HEMODYNIC MEAS	-	-	4/1/2023	No Separate Payment	\$0.00
93566	NJX CAR CTH SLCTV RV/RA ANG	-	-	1/1/2019	No Separate Payment	\$0.00
93567	NJX CAR CTH SPRVLV AORTGRPHY	-	-	1/1/2019	No Separate Payment	\$0.00
93568	NJX CAR CTH NSLC P-ART ANGRP	-	-	1/1/2019	No Separate Payment	\$0.00
93571	HEART FLOW RESERVE MEASURE	-	-	1/1/2019	No Separate Payment	\$0.00
93572	HEART FLOW RESERVE MEASURE	-	-	1/1/2019	No Separate Payment	\$0.00
93590	PERQ TRANSCATH CLS MITRAL	Y	-	7/1/2018	Fee Schedule	\$8,850.26
93591	PERQ TRANSCATH CLS AORTIC	Y	-	7/1/2018	Fee Schedule	\$8,850.26
93985	DUP-SCAN HEMO COMPL BI STD	-	-	4/1/2024	Fee Schedule	\$127.10
93986	DUP-SCAN HEMO COMPL UNI STD	-	-	4/1/2024	Fee Schedule	\$57.02
95940	IONM IN OPERATNG ROOM 15 MIN	-	-	7/1/2018	No Separate Payment	\$0.00
95941	IONM REMOTE/>1 PT OR PER HR	-	-	7/1/2018	No Separate Payment	\$0.00
98966	HC PRO PHONE CALL 5-10 MIN	-	-	3/1/2020	Fee Schedule	\$8.77
98967	HC PRO PHONE CALL 11-20	-	-	3/1/2020	Fee Schedule	\$17.71
98968	HC PRO PHONE CALL 21-30 MIN	-	-	3/1/2020	Fee Schedule	\$26.47
99441	PHONE E/M BY PHYS 5-10 MIN	-	-	3/1/2020	Fee Schedule	\$14.08
99442	PHONE E/M BY PHYS 11-20 MIN	-	-	3/1/2020	Fee Schedule	\$28.42
99443	PHONE E/M BY PHYS 21-30 MIN	-	-	3/1/2020	Fee Schedule	\$42.50
A2001	INNOVAMATRIX AC, PER SQ CM	-	-	4/1/2022	No Separate Payment	\$0.00
A2002	MIRRAGEN ADV WND MAT PER SQ	-	-	4/1/2022	No Separate Payment	\$0.00
A2004	XCELLISTEM, 1 MG	-	-	4/1/2022	No Separate Payment	\$0.00
A2005	MICROLYTE MATRIX, PER SQ CM	-	-	4/1/2022	No Separate Payment	\$0.00
A2006	NOVOSORB SYNPATH PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
A2007	RESTRATA, PER SQ CM	-	-	4/1/2022	No Separate Payment	\$0.00
A2008	THERAGENESIS, PER SQ CM	-	-	4/1/2022	No Separate Payment	\$0.00
A2009	SYMPHONY, PER SQ CM	-	-	4/1/2022	No Separate Payment	\$0.00
A2010	APIS, PER SQUARE CENTIMETER	-	-	4/1/2022	No Separate Payment	\$0.00
A2011	SUPRA SDRM, PER SQ CM	-	-	4/1/2022	No Separate Payment	\$0.00
A2012	SUPRATHEL, PER SQ CM	-	-	4/1/2022	No Separate Payment	\$0.00
A2013	INNOVAMATRIX FS, PER SQ CM	-	-	4/1/2022	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
A2014	OMEZA COLLAG PER 100 MG	-	-	10/1/2022	No Separate Payment	\$0.00
A2015	PHOENIX WND MTRX, PER SQ CM	-	-	10/1/2022	No Separate Payment	\$0.00
A2016	PERMEADERM B, PER SQ CM	-	-	10/1/2022	No Separate Payment	\$0.00
A2017	PERMEADERM GLOVE, EACH	-	-	10/1/2022	No Separate Payment	\$0.00
A2018	PERMEADERM C, PER SQ CM	-	-	10/1/2022	No Separate Payment	\$0.00
A2019	KERECIS MARIGEN SHLD SQ CM	-	-	4/1/2023	No Separate Payment	\$0.00
A2020	AC5 WOUND SYSTEM	-	-	4/1/2023	No Separate Payment	\$0.00
A2021	NEOMATRIX PER SQ CM	-	-	4/1/2023	No Separate Payment	\$0.00
A2022	INNOVABRN/INNOVAMATX XL SQCM	-	-	10/1/2023	No Separate Payment	\$0.00
A2023	INNOVAMATRIX PD, 1 MG	-	-	10/1/2023	No Separate Payment	\$0.00
A2024	RESOLVE MATRIX PER SQ CM	-	-	10/1/2023	No Separate Payment	\$0.00
A2025	MIRO3D PER CUBIC CM	-	-	10/1/2023	No Separate Payment	\$0.00
A4100	SKIN SUB FDA CLRD AS DEV NOS	-	-	4/1/2022	No Separate Payment	\$0.00
A4216	STERILE WATER/SALINE, 10 ML	-	-	7/1/2018	No Separate Payment	\$0.00
A4217	STERILE WATER/SALINE, 500 ML	-	-	7/1/2018	No Separate Payment	\$0.00
A4218	STERILE SALINE OR WATER	-	-	7/1/2018	No Separate Payment	\$0.00
A4220	INFUSION PUMP REFILL KIT	-	-	7/1/2018	No Separate Payment	\$0.00
A4244	ALCOHOL OR PEROXIDE PER PINT	-	-	7/1/2018	No Separate Payment	\$0.00
A4245	ALCOHOL WIPES PER BOX	-	-	7/1/2018	No Separate Payment	\$0.00
A4246	BETADINE/PHISOHEX SOLUTION	-	-	7/1/2018	No Separate Payment	\$0.00
A4247	BETADINE/IODINE SWABS/WIPES	-	-	7/1/2018	No Separate Payment	\$0.00
A4248	CHLORHEXIDINE ANTISEPT	-	-	7/1/2018	No Separate Payment	\$0.00
A4262	TEMPORARY TEAR DUCT PLUG	-	-	7/1/2018	No Separate Payment	\$0.00
A4263	PERMANENT TEAR DUCT PLUG	-	-	7/1/2018	No Separate Payment	\$0.00
A4270	DISPOSABLE ENDOSCOPE SHEATH	-	-	7/1/2018	No Separate Payment	\$0.00
A4300	CATH IMPL VASC ACCESS PORTAL	-	-	7/1/2018	No Separate Payment	\$0.00
A4301	IMPLANTABLE ACCESS SYST PERC	-	-	7/1/2018	No Separate Payment	\$0.00
A4305	DRUG DELIVERY SYSTEM >=50 ML	-	-	7/1/2018	No Separate Payment	\$0.00
A4306	DRUG DELIVERY SYSTEM <=50 ML	-	-	7/1/2018	No Separate Payment	\$0.00
A4344	CATH INDW FOLEY 2 WAY SILICN	-	-	10/1/2023	No Separate Payment	\$0.00
A4641	RADIOPHARM DX AGENT NOC	-	-	7/1/2018	No Separate Payment	\$0.00
A4642	IN111 SATUMOMAB	-	-	7/1/2018	No Separate Payment	\$0.00
A4650	IMPLANT RADIATION DOSIMETER	-	-	7/1/2018	No Separate Payment	\$0.00
A9156	ORAL MUCOADHESIVE PER 1 ML	-	-	10/1/2023	No Separate Payment	\$0.00
A9500	TC99M SESTAMIBI	-	-	7/1/2018	No Separate Payment	\$0.00
A9501	TECHNETIUM TC-99M TEBOROXIME	-	-	7/1/2018	No Separate Payment	\$0.00
A9502	TC99M TETROFOSMIN	-	-	7/1/2018	No Separate Payment	\$0.00
A9503	TC99M MEDRONATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9504	TC99M APCITIDE	-	-	7/1/2018	No Separate Payment	\$0.00
A9505	TL201 THALLIUM	-	-	7/1/2018	No Separate Payment	\$0.00
A9506	TC-99M GRAPHITE CRUCIBLE	-	-	7/1/2024	Fee Schedule	\$328.60
A9507	IN111 CAPROMAB	-	-	7/1/2018	No Separate Payment	\$0.00
A9508	I131 IODOBENGUATE, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9509	IODINE I-123 SOD IODIDE MIL	-	-	7/1/2018	No Separate Payment	\$0.00
A9510	TC99M DISOFENIN	-	-	7/1/2018	No Separate Payment	\$0.00
A9512	TC99M PERTECHNETATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9515	CHOLINE C-11	-	-	1/1/2022	No Separate Payment	\$0.00
A9516	IODINE I-123 SOD IODIDE MIC	-	-	7/1/2018	No Separate Payment	\$0.00
A9520	TC99 TILMANOCEPT DIAG 0.5MCI	-	-	7/1/2018	No Separate Payment	\$0.00
A9521	TC99M EXAMETAZIME	-	-	7/1/2018	No Separate Payment	\$0.00
A9524	I131 SERUM ALBUMIN, DX	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
A9526	NITROGEN N-13 AMMONIA	-	-	7/1/2018	No Separate Payment	\$0.00
A9527	IODINE I-125 SODIUM IODIDE	-	-	1/1/2024	Fee Schedule	\$60.15
A9528	IODINE I-131 IODIDE CAP, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9529	I131 IODIDE SOL, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9531	I131 MAX 100UCI	-	-	7/1/2018	No Separate Payment	\$0.00
A9532	I125 SERUM ALBUMIN, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9536	TC99M DEPREEOTIDE	-	-	7/1/2018	No Separate Payment	\$0.00
A9537	TC99M MEBROFENIN	-	-	7/1/2018	No Separate Payment	\$0.00
A9538	TC99M PYROPHOSPHATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9539	TC99M PENTETATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9540	TC99M MAA	-	-	7/1/2018	No Separate Payment	\$0.00
A9541	TC99M SULFUR COLLOID	-	-	7/1/2018	No Separate Payment	\$0.00
A9542	IN111 IBRITUMOMAB, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9546	CO57/58	-	-	7/1/2018	No Separate Payment	\$0.00
A9547	IN111 OXYQUINOLINE	-	-	1/1/2024	No Separate Payment	\$0.00
A9548	IN111 PENTETATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9550	TC99M GLUCEPTATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9551	TC99M SUCCIMER	-	-	7/1/2018	No Separate Payment	\$0.00
A9552	F18 FDG	-	-	7/1/2018	No Separate Payment	\$0.00
A9553	CR51 CHROMATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9554	I125 IOTHALAMATE, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9555	RB82 RUBIDIUM	-	-	7/1/2018	No Separate Payment	\$0.00
A9556	GA67 GALLIUM	-	-	7/1/2018	No Separate Payment	\$0.00
A9557	TC99M BICISATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9558	XE133 XENON 10MCI	-	-	7/1/2018	No Separate Payment	\$0.00
A9559	CO57 CYANO	-	-	7/1/2018	No Separate Payment	\$0.00
A9560	TC99M LABELED RBC	-	-	7/1/2018	No Separate Payment	\$0.00
A9561	TC99M OXIDRONATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9562	TC99M MERTIATIDE	-	-	7/1/2018	No Separate Payment	\$0.00
A9566	TC99M FANOLESOMAB	-	-	7/1/2018	No Separate Payment	\$0.00
A9567	TECHNETIUM TC-99M AEROSOL	-	-	7/1/2018	No Separate Payment	\$0.00
A9568	TECHNETIUM TC99M ARCITUMOMAB	-	-	7/1/2018	No Separate Payment	\$0.00
A9569	TECHNETIUM TC-99M AUTO WBC	-	-	7/1/2018	No Separate Payment	\$0.00
A9570	INDIUM IN-111 AUTO WBC	-	-	7/1/2018	No Separate Payment	\$0.00
A9571	INDIUM IN-111 AUTO PLATELET	-	-	7/1/2018	No Separate Payment	\$0.00
A9572	INDIUM IN-111 PENTETREOTIDE	-	-	7/1/2018	No Separate Payment	\$0.00
A9573	INJ, GADOPICLENOL, 1 ML	-	-	10/1/2023	No Separate Payment	\$0.00
A9575	INJ GADOTERATE MEGLUMI 0.1ML	-	-	7/1/2018	No Separate Payment	\$0.00
A9576	INJ PROHANCE MULTIPACK	-	-	7/1/2018	No Separate Payment	\$0.00
A9577	INJ MULTIHANCE	-	-	7/1/2018	No Separate Payment	\$0.00
A9578	INJ MULTIHANCE MULTIPACK	-	-	7/1/2018	No Separate Payment	\$0.00
A9579	GAD-BASE MR CONTRAST NOS,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
A9580	SODIUM FLUORIDE F-18	-	-	7/1/2018	No Separate Payment	\$0.00
A9581	GADOXETATE DISODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
A9582	IODINE I-123 IOBENGUANE	-	-	7/1/2018	No Separate Payment	\$0.00
A9583	GADOFOSVESET TRISODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
A9584	IODINE I-123 IOFLUPANE	-	-	7/1/2018	No Separate Payment	\$0.00
A9585	GADOBUTROL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
A9586	FLORBETAPIR F18	-	-	1/1/2021	No Separate Payment	\$0.00
A9587	GALLIUM GA-68	-	-	1/1/2020	No Separate Payment	\$0.00
A9588	FLUCICLOVINE F-18	-	-	1/1/2020	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
A9590	IODINE I-131 IOBENGUANE 1MCI	-	-	10/1/2024	Fee Schedule	\$339.61
A9591	FLUOROESTRADIOL F 18	-	-	10/1/2023	No Separate Payment	\$0.00
A9592	COPPER CU 64 DOTATATE DIAG	-	-	10/1/2024	No Separate Payment	\$0.00
A9593	GALLIUM GA-68 PSMA-11 UCSF	-	-	7/1/2024	No Separate Payment	\$0.00
A9594	GALLIUM GA-68 PSMA-11, UCLA	-	-	7/1/2024	No Separate Payment	\$0.00
A9595	PIFLU F-18, DIA 1 MILLICURIE	-	-	4/1/2024	Fee Schedule	\$615.12
A9596	GALLIUM ILLUCCIX 1 MILLICURE	-	-	10/1/2024	Fee Schedule	\$1,026.05
A9597	PET, DX, FOR TUMOR ID, NOC	-	-	7/1/2018	No Separate Payment	\$0.00
A9598	PET DX FOR NON-TUMOR ID, NOC	-	-	7/1/2018	No Separate Payment	\$0.00
A9601	FLORTAUCIPIR INJ 1 MILLICURI	-	-	1/1/2024	Fee Schedule	\$3,710.00
A9602	FLUORODOPA F-18 DIAG PER MCI	-	-	1/1/2024	Fee Schedule	\$446.88
A9603	INJ, PAFOLACIANINE, 0.1 MG	-	-	10/1/2023	No Separate Payment	\$0.00
A9608	FLOTUFOLASTAT F18 DIAG 1 MCI	-	-	7/1/2024	Fee Schedule	\$651.67
A9609	F18 FDG, 15 MILLICURIES	-	-	1/1/2024	No Separate Payment	\$0.00
A9697	INJ, MAGTRACE PER STUDY DOSE	-	-	10/1/2023	No Separate Payment	\$0.00
A9698	NON-RAD CONTRAST MATERIALNOC	-	-	1/1/2024	No Separate Payment	\$0.00
A9700	ECHOCARDIOGRAPHY CONTRAST	-	-	1/1/2024	No Separate Payment	\$0.00
A9800	GALLIUM LOCAMETZ 1 MILLICURI	-	-	1/1/2024	Fee Schedule	\$873.44
C1052	HEMOSTATIC AGENT, GI, TOPIC	-	-	1/1/2024	No Separate Payment	\$0.00
C1062	INTRAVERTEBRAL FX AUG IMPL	-	-	1/1/2024	No Separate Payment	\$0.00
C1600	CATH, BLADED, VASC PREP	-	-	1/1/2024	No Separate Payment	\$0.00
C1601	ENDO, SINGLE, PULMONARY	-	-	1/1/2024	No Separate Payment	\$0.00
C1602	ORTH/MATRIX/BN FILL DRUG-ELUT	-	-	1/1/2024	No Separate Payment	\$0.00
C1603	RET DEV, LASER, IVC FILTER	-	-	1/1/2024	No Separate Payment	\$0.00
C1604	GRFT, TRNSMURL, TRNSVENS BYPS	-	-	1/1/2024	No Separate Payment	\$0.00
C1605	PMKR, DUAL, LEADLESS	-	-	7/1/2024	No Separate Payment	\$0.00
C1606	ADAPTER, US TO ENDOSCOPE	-	-	7/1/2024	No Separate Payment	\$0.00
C1713	ANCHOR/SCREW BN/BN,TIS/BN	-	-	7/1/2018	No Separate Payment	\$0.00
C1714	CATH, TRANS ATHERECTOMY, DIR	-	-	7/1/2018	No Separate Payment	\$0.00
C1715	BRACHYTHERAPY NEEDLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1716	BRACHYTX, NON-STR, GOLD-198	-	-	1/1/2024	Fee Schedule	\$270.91
C1717	BRACHYTX, NON-STR,HDR IR-192	-	-	1/1/2024	Fee Schedule	\$346.98
C1719	BRACHYTX, NS, NON-HDRIR-192	-	-	1/1/2024	Fee Schedule	\$348.42
C1721	AICD, DUAL CHAMBER	-	-	7/1/2018	No Separate Payment	\$0.00
C1722	AICD, SINGLE CHAMBER	-	-	7/1/2018	No Separate Payment	\$0.00
C1724	CATH, TRANS ATHEREC,ROTATION	-	-	7/1/2018	No Separate Payment	\$0.00
C1725	CATH, TRANSLUMIN NON-LASER	-	-	1/1/2024	No Separate Payment	\$0.00
C1726	CATH, BAL DIL, NON-VASCULAR	-	-	1/1/2024	No Separate Payment	\$0.00
C1727	CATH, BAL TIS DIS, NON-VAS	-	-	1/1/2024	No Separate Payment	\$0.00
C1728	CATH, BRACHYTX SEED ADM	-	-	7/1/2018	No Separate Payment	\$0.00
C1729	CATH, DRAINAGE	-	-	7/1/2018	No Separate Payment	\$0.00
C1730	CATH, EP, 19 OR FEW ELECT	-	-	7/1/2018	No Separate Payment	\$0.00
C1731	CATH, EP, 20 OR MORE ELEC	-	-	7/1/2018	No Separate Payment	\$0.00
C1732	CATH, EP, DIAG/ABL, 3D/VECT	-	-	7/1/2018	No Separate Payment	\$0.00
C1733	CATH, EP, OTHR THAN COOL-TIP	-	-	7/1/2018	No Separate Payment	\$0.00
C1734	ORTH/DEVIC/DRUG BN/BN,TIS/BN	-	-	1/1/2024	No Separate Payment	\$0.00
C1747	ENDO, SINGLE, URINARY TRACT	-	-	1/1/2023	No Separate Payment	\$0.00
C1748	ENDOSCOPE, SINGLE, UGI	-	-	10/1/2020	No Separate Payment	\$0.00
C1749	ENDO, COLON, RETRO IMAGING	-	-	7/1/2018	No Separate Payment	\$0.00
C1750	CATH, HEMODIALYSIS, LONG-TERM	-	-	7/1/2018	No Separate Payment	\$0.00
C1751	CATH, INF, PER/CENT/MIDLINE	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C1752	CATH,HEMODIALYSIS,SHORT-TERM	-	-	7/1/2018	No Separate Payment	\$0.00
C1753	CATH, INTRAVAS ULTRASOUND	-	-	7/1/2018	No Separate Payment	\$0.00
C1754	CATHETER, INTRADISCAL	-	-	7/1/2018	No Separate Payment	\$0.00
C1755	CATHETER, INTRASPINAL	-	-	7/1/2018	No Separate Payment	\$0.00
C1756	CATH, PACING, TRANSESOPH	-	-	7/1/2018	No Separate Payment	\$0.00
C1757	CATH, THROMBECTOMY/EMBOLECT	-	-	7/1/2018	No Separate Payment	\$0.00
C1758	CATHETER, URETERAL	-	-	7/1/2018	No Separate Payment	\$0.00
C1759	CATH, INTRA ECHOCARDIOGRAPHY	-	-	7/1/2018	No Separate Payment	\$0.00
C1760	CLOSURE DEV, VASC	-	-	7/1/2018	No Separate Payment	\$0.00
C1761	CATH, TRANS INTRA LITHO/CORO	-	-	7/1/2021	No Separate Payment	\$0.00
C1762	CONN TISS, HUMAN(INC FASCIA)	-	-	7/1/2018	No Separate Payment	\$0.00
C1763	CONN TISS, NON-HUMAN	-	-	7/1/2018	No Separate Payment	\$0.00
C1764	EVENT RECORDER, CARDIAC	-	-	7/1/2018	No Separate Payment	\$0.00
C1765	ADHESION BARRIER	-	-	7/1/2018	No Separate Payment	\$0.00
C1766	INTRO/SHEATH,STRBLE,NON-PEEL	-	-	7/1/2018	No Separate Payment	\$0.00
C1767	GENERATOR, NEURO NON-RECHARG	-	-	7/1/2018	No Separate Payment	\$0.00
C1768	GRAFT, VASCULAR	-	-	7/1/2018	No Separate Payment	\$0.00
C1769	GUIDE WIRE	-	-	7/1/2018	No Separate Payment	\$0.00
C1770	IMAGING COIL, MR, INSERTABLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1771	REP DEV, URINARY, W/SLING	-	-	7/1/2018	No Separate Payment	\$0.00
C1772	INFUSION PUMP, PROGRAMMABLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1773	RET DEV, INSERTABLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1776	JOINT DEVICE (IMPLANTABLE)	-	-	7/1/2018	No Separate Payment	\$0.00
C1777	LEAD, AICD, ENDO SINGLE COIL	-	-	7/1/2018	No Separate Payment	\$0.00
C1778	LEAD, NEUROSTIMULATOR	-	-	7/1/2018	No Separate Payment	\$0.00
C1779	LEAD, PMKR, TRANSVENOUS VDD	-	-	7/1/2018	No Separate Payment	\$0.00
C1780	LENS, INTRAOCULAR (NEW TECH)	-	-	7/1/2018	No Separate Payment	\$0.00
C1781	MESH (IMPLANTABLE)	-	-	7/1/2018	No Separate Payment	\$0.00
C1782	MORCELLATOR	-	-	7/1/2018	No Separate Payment	\$0.00
C1783	OCULAR IMP, AQUEOUS DRAIN DE	-	-	7/1/2018	No Separate Payment	\$0.00
C1784	OCULAR DEV, INTRAOP, DET RET	-	-	7/1/2018	No Separate Payment	\$0.00
C1785	PMKR, DUAL, RATE-RESP	-	-	7/1/2018	No Separate Payment	\$0.00
C1786	PMKR, SINGLE, RATE-RESP	-	-	7/1/2018	No Separate Payment	\$0.00
C1787	PATIENT PROGR, NEUROSTIM	-	-	7/1/2018	No Separate Payment	\$0.00
C1788	PORT, INDWELLING, IMP	-	-	7/1/2018	No Separate Payment	\$0.00
C1789	PROSTHESIS, BREAST, IMP	-	-	7/1/2018	No Separate Payment	\$0.00
C1813	PROSTHESIS, PENILE, INFLATAB	-	-	7/1/2018	Not Allowed	\$0.00
C1814	RETINAL TAMP, SILICONE OIL	-	-	7/1/2018	No Separate Payment	\$0.00
C1815	PROS, URINARY SPH, IMP	-	-	7/1/2018	No Separate Payment	\$0.00
C1816	RECEIVER/TRANSMITTER, NEURO	-	-	7/1/2018	No Separate Payment	\$0.00
C1817	SEPTAL DEFECT IMP SYS	-	-	7/1/2018	No Separate Payment	\$0.00
C1818	INTEGRATED KERATOPROSTHESIS	-	-	7/1/2018	No Separate Payment	\$0.00
C1819	TISSUE LOCALIZATION-EXCISION	-	-	7/1/2018	No Separate Payment	\$0.00
C1820	GENERATOR NEURO RECHG BAT SY	-	-	7/1/2018	No Separate Payment	\$0.00
C1821	INTERSPINOUS IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
C1822	GEN, NEURO, HF, RECHG BAT	-	-	7/1/2018	No Separate Payment	\$0.00
C1823	GEN, NEURO, TRANS SEN/STIM	-	-	1/1/2019	No Separate Payment	\$0.00
C1824	GENERATOR, CCM, IMPLANT	-	-	1/1/2024	No Separate Payment	\$0.00
C1825	GEN, NEURO, CAROT SINUS BARO	-	-	1/1/2024	No Separate Payment	\$0.00
C1826	GEN, NEURO, CLO LOOP, RECHG	-	-	1/1/2023	No Separate Payment	\$0.00
C1827	GEN, NEURO, IMP LED, EX CNTR	-	-	1/1/2023	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C1830	POWER BONE MARROW BX NEEDLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1831	PERSONALIZED INTERBODY CAGE	-	-	10/1/2021	No Separate Payment	\$0.00
C1832	AUTO CELL PROCESS SYS	-	-	1/1/2022	No Separate Payment	\$0.00
C1833	CARDIAC MONITOR SYS	-	-	1/1/2022	No Separate Payment	\$0.00
C1839	IRIS PROSTHESIS	-	-	1/1/2024	No Separate Payment	\$0.00
C1840	TELESCOPIC INTRAOCULAR LENS	-	-	7/1/2018	No Separate Payment	\$0.00
C1874	STENT, COATED/COV W/DEL SYS	-	-	7/1/2018	No Separate Payment	\$0.00
C1875	STENT, COATED/COV W/O DEL SY	-	-	7/1/2018	No Separate Payment	\$0.00
C1876	STENT, NON-COA/NON-COV W/DEL	-	-	7/1/2018	No Separate Payment	\$0.00
C1877	STENT, NON-COAT/COV W/O DEL	-	-	7/1/2018	No Separate Payment	\$0.00
C1878	MATRL FOR VOCAL CORD	-	-	7/1/2018	No Separate Payment	\$0.00
C1880	VENA CAVA FILTER	-	-	7/1/2018	No Separate Payment	\$0.00
C1881	DIALYSIS ACCESS SYSTEM	-	-	7/1/2018	No Separate Payment	\$0.00
C1882	AICD, OTHER THAN SING/DUAL	-	-	7/1/2018	No Separate Payment	\$0.00
C1883	ADAPT/EXT, PACING/NEURO LEAD	-	-	7/1/2018	No Separate Payment	\$0.00
C1884	EMBOLIZATION PROTECT SYST	-	-	7/1/2018	No Separate Payment	\$0.00
C1885	CATH, TRANSLUMIN ANGIO LASER	-	-	7/1/2018	No Separate Payment	\$0.00
C1886	CATHETER, ABLATION	-	-	7/1/2018	No Separate Payment	\$0.00
C1887	CATHETER, GUIDING	-	-	7/1/2018	No Separate Payment	\$0.00
C1888	ENDOVAS NON-CARDIAC ABL CATH	-	-	7/1/2018	No Separate Payment	\$0.00
C1889	IMPLANT/INSERT DEVICE, NOC	-	-	7/1/2018	No Separate Payment	\$0.00
C1890	NO DEVICE W/DEV-INTENSIVE PX	-	-	1/1/2019	No Separate Payment	\$0.00
C1891	INFUSION PUMP, NON-PROG, PERM	-	-	7/1/2018	No Separate Payment	\$0.00
C1892	INTRO/SHEATH, FIXED, PEEL-AWAY	-	-	7/1/2018	No Separate Payment	\$0.00
C1893	INTRO/SHEATH, FIXED, NON-PEEL	-	-	7/1/2018	No Separate Payment	\$0.00
C1894	INTRO/SHEATH, NON-LASER	-	-	7/1/2018	No Separate Payment	\$0.00
C1895	LEAD, AICD, ENDO DUAL COIL	-	-	7/1/2018	No Separate Payment	\$0.00
C1896	LEAD, AICD, NON SING/DUAL	-	-	7/1/2018	No Separate Payment	\$0.00
C1897	LEAD, NEUROSTIM TEST KIT	-	-	7/1/2018	No Separate Payment	\$0.00
C1898	LEAD, PMKR, OTHER THAN TRANS	-	-	7/1/2018	No Separate Payment	\$0.00
C1899	LEAD, PMKR/AICD COMBINATION	-	-	7/1/2018	No Separate Payment	\$0.00
C1900	LEAD, CORONARY VENOUS	-	-	7/1/2018	No Separate Payment	\$0.00
C1982	CATH, PRESSURE, VALVE-OCCLU	-	-	1/1/2024	No Separate Payment	\$0.00
C2596	PROBE, ROBOTIC, WATER-JET	-	-	1/1/2024	No Separate Payment	\$0.00
C2613	LUNG BX PLUG W/DEL SYS	-	-	7/1/2018	No Separate Payment	\$0.00
C2614	PROBE, PERC LUMB DISC	-	-	7/1/2018	No Separate Payment	\$0.00
C2615	SEALANT, PULMONARY, LIQUID	-	-	7/1/2018	No Separate Payment	\$0.00
C2616	BRACHYTX, NON-STR, YTTRIUM-90	-	-	1/1/2024	Fee Schedule	\$17,177.01
C2617	STENT, NON-COR, TEM W/O DEL	-	-	7/1/2018	No Separate Payment	\$0.00
C2618	PROBE/NEEDLE, CRYO	-	-	7/1/2018	No Separate Payment	\$0.00
C2619	PMKR, DUAL, NON RATE-RESP	-	-	7/1/2018	No Separate Payment	\$0.00
C2620	PMKR, SINGLE, NON RATE-RESP	-	-	7/1/2018	No Separate Payment	\$0.00
C2621	PMKR, OTHER THAN SING/DUAL	-	-	7/1/2018	No Separate Payment	\$0.00
C2622	PROSTHESIS, PENILE, NON-INF	-	-	7/1/2018	Not Allowed	\$0.00
C2623	CATH, TRANSLUMIN, DRUG-COAT	-	-	7/1/2018	No Separate Payment	\$0.00
C2624	WIRELESS PRESSURE SENSOR	-	-	1/1/2024	No Separate Payment	\$0.00
C2625	STENT, NON-COR, TEM W/DEL SY	-	-	7/1/2018	No Separate Payment	\$0.00
C2626	INFUSION PUMP, NON-PROG, TEMP	-	-	7/1/2018	No Separate Payment	\$0.00
C2627	CATH, SUPRAPUBIC/CYSTOSCOPIC	-	-	7/1/2018	No Separate Payment	\$0.00
C2628	CATHETER, OCCLUSION	-	-	7/1/2018	No Separate Payment	\$0.00
C2629	INTRO/SHEATH, LASER	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C2630	CATH, EP, COOL-TIP	-	-	7/1/2018	No Separate Payment	\$0.00
C2631	REP DEV, URINARY, W/O SLING	-	-	7/1/2018	No Separate Payment	\$0.00
C2634	BRACHYTX, NON-STR, HA, I-125	-	-	1/1/2024	Fee Schedule	\$150.81
C2635	BRACHYTX, NON-STR, HA, P-103	-	-	1/1/2024	Fee Schedule	\$59.13
C2636	BRACHY LINEAR, NON-STR,P-103	-	-	1/1/2024	Fee Schedule	\$54.05
C2638	BRACHYTX, STRANDED, I-125	-	-	1/1/2024	Fee Schedule	\$41.78
C2639	BRACHYTX, NON-STRANDED,I-125	-	-	1/1/2024	Fee Schedule	\$34.95
C2640	BRACHYTX, STRANDED, P-103	-	-	1/1/2024	Fee Schedule	\$76.19
C2641	BRACHYTX, NON-STRANDED,P-103	-	-	1/1/2024	Fee Schedule	\$73.86
C2642	BRACHYTX, STRANDED, C-131	-	-	1/1/2024	Fee Schedule	\$97.51
C2643	BRACHYTX, NON-STRANDED,C-131	-	-	1/1/2024	Fee Schedule	\$80.33
C2644	BRACHYTX CESIUM-131 CHLORIDE	-	-	1/1/2024	Not Allowed	\$0.00
C2645	BRACHYTX PLANAR, P-103	-	-	1/1/2024	Fee Schedule	\$4.69
C2698	BRACHYTX, STRANDED, NOS	-	-	1/1/2024	Fee Schedule	\$41.78
C2699	BRACHYTX, NON-STRANDED, NOS	-	-	1/1/2024	Fee Schedule	\$34.95
C5271	LOW COST SKIN SUBSTITUTE APP	Y	-	4/1/2024	Fee Schedule	\$325.76
C5272	LOW COST SKIN SUBSTITUTE APP	-	-	7/1/2018	No Separate Payment	\$0.00
C5273	LOW COST SKIN SUBSTITUTE APP	Y	-	4/1/2024	Fee Schedule	\$945.87
C5274	LOW COST SKIN SUBSTITUTE APP	-	-	7/1/2018	No Separate Payment	\$0.00
C5275	LOW COST SKIN SUBSTITUTE APP	Y	-	4/1/2024	Fee Schedule	\$325.76
C5276	LOW COST SKIN SUBSTITUTE APP	-	-	7/1/2018	No Separate Payment	\$0.00
C5277	LOW COST SKIN SUBSTITUTE APP	Y	-	4/1/2024	Fee Schedule	\$325.76
C5278	LOW COST SKIN SUBSTITUTE APP	-	-	7/1/2018	No Separate Payment	\$0.00
C7500	DEB BONE 20 CM2 W/DRUG DEV	-	-	4/1/2024	Fee Schedule	\$1,157.01
C7501	PERC BX BREAST LESIONS STERO	-	-	4/1/2024	Fee Schedule	\$1,157.01
C7502	PERC BX BREAST LESIONS MR	-	-	4/1/2024	Fee Schedule	\$1,157.01
C7503	OPEN EXC CERV NODE(S) W/ ID	-	-	4/1/2024	Fee Schedule	\$2,535.69
C7504	PERQ CVT&LS INJ VERT BODIES	-	-	4/1/2024	Fee Schedule	\$3,392.54
C7505	PERQ LS&CVT INJ VERT BODIES	-	-	4/1/2024	Fee Schedule	\$3,392.54
C7506	FUSION OF FINGER JOINTS	-	-	4/1/2024	Fee Schedule	\$3,392.54
C7507	PERQ THOR&LUMB VERT AUG	-	-	4/1/2024	Fee Schedule	\$6,499.71
C7508	PERQ LUMB&THOR VERT AUG	-	-	4/1/2024	Fee Schedule	\$6,499.71
C7509	DX BRONCH W/ NAVIGATION	-	-	4/1/2024	Fee Schedule	\$1,566.45
C7510	BRONCH/LAVAG W/ NAVIGATION	-	-	4/1/2024	Fee Schedule	\$1,566.45
C7511	BRONCH/BPSY(S) W/ NAVIGATION	Y	-	4/1/2024	Fee Schedule	\$1,566.45
C7512	BRONCH/BPSY(S) W/ EBUS	Y	-	4/1/2024	Fee Schedule	\$1,566.45
C7513	CATH/ANGIO DIALCIR W/APLASTY	Y	-	4/1/2024	Fee Schedule	\$1,547.83
C7514	CATH/ANGIO DIAL CIR W/STENTS	Y	-	4/1/2024	Fee Schedule	\$1,547.83
C7515	CATH/ANGIO DIAL CIR W/EMBOL	Y	-	4/1/2024	Fee Schedule	\$1,547.83
C7516	COR ANGIO W/ IVUS OR OCT	-	-	4/1/2024	Fee Schedule	\$2,525.79
C7517	COR ANGIO W/ILIC/FEM ANGIO	-	-	4/1/2024	Fee Schedule	\$2,525.79
C7518	COR/GFT ANGIO W/ IVUS OR OCT	-	-	4/1/2023	Fee Schedule	\$2,326.79
C7519	COR/GFT ANGIO W/ FLOW RESRV	-	-	4/1/2023	Fee Schedule	\$2,326.79
C7520	COR/GFT ANGIO W/ILIC/FEM ANG	-	-	4/1/2024	Fee Schedule	\$2,525.79
C7521	R HRT ANGIO W/ IVUS OR OCT	-	-	4/1/2024	Fee Schedule	\$2,525.79
C7522	R HRT ANGIO W/FLOW RESRV	-	-	4/1/2024	Fee Schedule	\$2,525.79
C7523	L HRT ANGIO W/ IVUS OR OCT	-	-	4/1/2024	Fee Schedule	\$2,525.79
C7524	L HRT ANGIO W/FLOW RESRV	-	-	4/1/2024	Fee Schedule	\$2,525.79
C7525	L HRT GFT ANG W/ IVUS OR OCT	-	-	4/1/2024	Fee Schedule	\$2,525.79
C7526	L HRT GFT ANG W/FLOW RESRV	-	-	4/1/2024	Fee Schedule	\$2,525.79
C7527	R&L HRT ANGIO W/ IVUS OR OCT	-	-	4/1/2024	Fee Schedule	\$2,525.79

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



**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C7528	R&L HRT ANGIO W/FLOW RESRV	-	-	4/1/2024	Fee Schedule	\$2,525.79
C7529	R&L HRT GFT ANG W/FLOW RESRV	-	-	4/1/2024	Fee Schedule	\$2,525.79
C7530	CATH/APLASTY DIAL CIR W/STNT	-	-	4/1/2024	Fee Schedule	\$4,846.92
C7531	ANGIO FEM/POP W/ US	-	-	4/1/2024	Fee Schedule	\$5,771.17
C7532	ANGIO W/ US NON-CORONARY	-	-	4/1/2024	Fee Schedule	\$5,599.09
C7533	PTCA W/ PLCMT BRACHYTX DEV	-	-	4/1/2024	Fee Schedule	\$5,731.64
C7534	FEM/POP REVASC W/ARTH & US	-	-	4/1/2023	Fee Schedule	\$10,086.53
C7535	FEM/POP REVASC W/STENT & US	-	-	4/1/2024	Fee Schedule	\$10,041.32
C7537	INSRT ATRIL PM W/L VENT LEAD	-	-	4/1/2024	Fee Schedule	\$10,563.40
C7538	INSRT VENT PM W/L VENT LEAD	-	-	4/1/2024	Fee Schedule	\$10,760.40
C7539	INSRT A & V PM W/L VENT LEAD	-	-	4/1/2024	Fee Schedule	\$10,978.11
C7540	RMV&RPLC PM DUL W/L VNT LEAD	Y	-	4/1/2024	Fee Schedule	\$10,805.21
C7541	ERCP W/ PANCREATOSCOPY	-	-	4/1/2023	Fee Schedule	\$2,273.13
C7542	ERCP W/BX & PANCREATOSCOPY	-	-	4/1/2023	Fee Schedule	\$2,273.13
C7543	ERCP W/OTOMY, PANCREATOSCOPY	-	-	4/1/2023	Fee Schedule	\$2,273.13
C7544	ERCP RMV CALC PANCREATOSCOPY	-	-	4/1/2023	Fee Schedule	\$2,273.13
C7545	EXCH BIL CATH W/ RMV CALCULI	-	-	4/1/2024	Fee Schedule	\$2,575.02
C7546	REP NPH/URT CATH W/DIL STRIC	-	-	4/1/2023	Fee Schedule	\$1,496.39
C7547	CNVRT NEPH CATH W/DIL STRIC	Y	-	4/1/2024	Fee Schedule	\$1,625.92
C7548	EXCH NEPH CATH W/DIL STRIC	-	-	4/1/2024	Fee Schedule	\$1,625.92
C7549	CHGE URTR STENT W/DIL STRIC	-	-	4/1/2023	Fee Schedule	\$1,496.39
C7550	CYSTO W/ BX(S) W/ BLUE LIGHT	-	-	4/1/2024	Fee Schedule	\$1,625.92
C7551	EXC NEUROMA W/ IMPLNT NV END	-	-	4/1/2024	Fee Schedule	\$3,012.44
C7552	R HRT ART/GRFT ANG HRT FLOW	-	-	4/1/2023	Fee Schedule	\$2,326.79
C7553	R&L HRT ART/VENT ANG DRG AD	-	-	4/1/2023	Fee Schedule	\$2,326.79
C7554	CYSTURETH BLU LI CYST FL IMG	-	-	4/1/2024	Fee Schedule	\$929.77
C7555	RMVL THYRD W/AUTOTRAN PARATH	-	-	4/1/2023	Fee Schedule	\$4,279.60
C7556	BRONCH LAVAGE W/EBUS	Y	-	4/1/2024	Fee Schedule	\$1,566.45
C7557	COR ANGIO/VENT W/FFR	Y	-	4/1/2024	Fee Schedule	\$2,525.79
C7558	COR ANGIO/VENT W/DRUG ADMIN	Y	-	4/1/2024	Fee Schedule	\$2,525.79
C7560	ERCP REMOVE FORGN BODY&ENDO	Y	-	4/1/2024	Fee Schedule	\$1,798.89
C8000	SUPRT DEV, A-V FISTULA, IMP	-	-	10/1/2024	No Separate Payment	\$0.00
C8900	MRA W/CONT, ABD	-	-	4/1/2024	Fee Schedule	\$199.47
C8901	MRA W/O CONT, ABD	-	-	4/1/2024	Fee Schedule	\$127.10
C8902	MRA W/O FOL W/CONT, ABD	-	-	4/1/2024	Fee Schedule	\$199.47
C8903	MRI W/CONT, BREAST, UNI	-	-	4/1/2024	Fee Schedule	\$95.30
C8905	MRI W/O FOL W/CONT, BRST, UN	-	-	4/1/2024	Fee Schedule	\$199.47
C8906	MRI W/CONT, BREAST, BI	-	-	4/1/2024	Fee Schedule	\$199.47
C8908	MRI W/O FOL W/CONT, BREAST,	-	-	4/1/2024	Fee Schedule	\$199.47
C8909	MRA W/CONT, CHEST	-	-	4/1/2024	Fee Schedule	\$199.47
C8910	MRA W/O CONT, CHEST	-	-	4/1/2024	Fee Schedule	\$127.10
C8911	MRA W/O FOL W/CONT, CHEST	-	-	4/1/2024	Fee Schedule	\$199.47
C8912	MRA W/CONT, LWR EXT	-	-	4/1/2024	Fee Schedule	\$199.47
C8913	MRA W/O CONT, LWR EXT	-	-	4/1/2024	Fee Schedule	\$127.10
C8914	MRA W/O FOL W/CONT, LWR EXT	-	-	4/1/2024	Fee Schedule	\$199.47
C8918	MRA W/CONT, PELVIS	-	-	4/1/2024	Fee Schedule	\$199.47
C8919	MRA W/O CONT, PELVIS	-	-	4/1/2024	Fee Schedule	\$127.10
C8920	MRA W/O FOL W/CONT, PELVIS	-	-	4/1/2024	Fee Schedule	\$199.47
C8931	MRA, W/DYE, SPINAL CANAL	-	-	4/1/2024	Fee Schedule	\$199.47
C8932	MRA, W/O DYE, SPINAL CANAL	-	-	4/1/2024	Fee Schedule	\$127.10
C8933	MRA, W/O&W/DYE, SPINAL CANAL	-	-	4/1/2024	Fee Schedule	\$199.47

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C8934	MRA, W/DYE, UPPER EXTREMITY	-	-	4/1/2024	Fee Schedule	\$199.47
C8935	MRA, W/O DYE, UPPER EXTR	-	-	4/1/2024	Fee Schedule	\$127.10
C8936	MRA, W/O&W/DYE, UPPER EXTR	-	-	4/1/2024	Fee Schedule	\$199.47
C9034	INJECTION, DEXAMETHASONE 9%	-	-	4/1/2019	Fee Schedule	\$1.11
C9046	COCAINE HCL NASAL (GOPRELTO)	-	-	1/1/2024	No Separate Payment	\$0.00
C9047	INJECTION, CAPLACIZUMAB-YHDP	-	-	10/1/2024	Fee Schedule	\$770.68
C9054	INJECTION, LEFAMULIN	-	-	7/1/2020	No Separate Payment	\$0.00
C9067	GALLIUM GA-68 DOTATOC	-	-	1/1/2024	No Separate Payment	\$0.00
C9088	INSTILL, BUPIVAC AND MELOXIC	-	-	7/1/2024	Fee Schedule	\$0.77
C9089	BUPIVACAINE IMPLANT, 1 MG	-	-	1/1/2024	Fee Schedule	\$0.85
C9101	INJ, OLICERIDINE 0.1 MG	-	-	10/1/2024	Fee Schedule	\$1.23
C9143	COCAINE HCL NASAL (NUMBRINO)	-	-	1/1/2024	Not Allowed	\$0.00
C9144	INJ, BUPIVACAINE (POSIMIR)	-	-	10/1/2024	Fee Schedule	\$0.50
C9145	INJ, APONVIE, 1 MG	-	-	10/1/2024	Fee Schedule	\$1.86
C9166	INJECTION, SECUKINUMAB	-	-	7/1/2024	No Separate Payment	\$0.00
C9167	INJECTION, APADAMTASE ALFA	-	-	7/1/2024	No Separate Payment	\$0.00
C9168	INJECTION, MIRIKIZUMAB-MRKZ	-	-	7/1/2024	No Separate Payment	\$0.00
C9169	INJ, NOGAPENDEKIN PMLN 1 MCG	-	-	10/1/2024	Fee Schedule	\$92.19
C9170	INJ,BEQVEZ PER TX DOSE	-	-	10/1/2024	Fee Schedule	\$15.45
C9171	INJ, PEGULICIANINE, 1 MG	-	-	10/1/2024	Fee Schedule	\$37.51
C9248	INJ, CLEVIDIPINE BUTYRATE	-	-	10/1/2024	No Separate Payment	\$0.00
C9250	ARTISS FIBRIN SEALANT	-	-	10/1/2024	Fee Schedule	\$138.35
C9254	INJECTION, LACOSAMIDE	-	-	7/1/2018	No Separate Payment	\$0.00
C9257	BEVACIZUMAB INJECTION	-	-	10/1/2024	Fee Schedule	\$1.82
C9285	PATCH, LIDOCAINE/TETRACAINE	-	-	7/1/2018	No Separate Payment	\$0.00
C9290	INJ, BUPIVACAINE LIPOSOME	-	-	10/1/2024	Fee Schedule	\$1.45
C9293	INJECTION, GLUCARPIDASE	-	-	1/1/2024	Not Allowed	\$0.00
C9352	NEURAGEN NERVE GUIDE, PER CM	-	-	1/1/2024	No Separate Payment	\$0.00
C9353	NEURAWRAP NERVE PROTECTOR,CM	-	-	1/1/2024	No Separate Payment	\$0.00
C9354	VERITAS COLLAGEN MATRIX, CM2	-	-	1/1/2024	No Separate Payment	\$0.00
C9355	NEUROMATRIX NERVE CUFF, CM	-	-	1/1/2024	No Separate Payment	\$0.00
C9356	TENOGLIDE TENDON PROT, CM2	-	-	1/1/2024	No Separate Payment	\$0.00
C9358	SURGIMEND, FETAL	-	-	1/1/2024	No Separate Payment	\$0.00
C9359	IMPLNT,BON VOID FILLER-PUTTY	-	-	1/1/2024	No Separate Payment	\$0.00
C9360	SURGIMEND, NEONATAL	-	-	1/1/2024	No Separate Payment	\$0.00
C9361	NEUROMEND NERVE WRAP	-	-	7/1/2018	No Separate Payment	\$0.00
C9362	IMPLNT,BON VOID FILLER-STRIP	-	-	1/1/2024	No Separate Payment	\$0.00
C9363	INTEGRA MESHED BIL WOUND MAT	-	-	7/1/2018	No Separate Payment	\$0.00
C9364	PORCINE IMPLANT, PERMACOL	-	-	1/1/2024	No Separate Payment	\$0.00
C9399	UNCLASSIFIED DRUGS OR BIOLOG	-	-	7/1/2018	Not Allowed	\$0.00
C9460	INJECTION, CANGRELOR	-	-	10/1/2024	Fee Schedule	\$18.82
C9462	INJECTION, DELAFLOXACIN	-	-	1/1/2023	Not Allowed	\$0.00
C9482	SOTALOL HYDROCHLORIDE IV	-	-	10/1/2024	Fee Schedule	\$22.83
C9488	CONIVAPTAN HCL	-	-	1/1/2024	Fee Schedule	\$47.24
C9600	PERC DRUG-EL COR STENT SING	Y	-	4/1/2024	Fee Schedule	\$6,701.25
C9601	PERC DRUG-EL COR STENT BRAN	-	-	1/1/2020	No Separate Payment	\$0.00
C9602	PERC D-E COR STENT ATHER S	-	-	1/1/2022	Not Allowed	\$0.00
C9603	PERC D-E COR STENT ATHER BR	-	-	1/1/2022	Not Allowed	\$0.00
C9604	PERC D-E COR REVASC T CABG S	-	-	1/1/2022	Not Allowed	\$0.00
C9605	PERC D-E COR REVASC T CABG B	-	-	1/1/2022	Not Allowed	\$0.00
C9607	PERC D-E COR REVASC CHRO SIN	-	-	1/1/2022	Not Allowed	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C9608	PERC D-E COR REVASC CHRO ADD	-	-	1/1/2022	Not Allowed	\$0.00
C9725	PLACE ENDORECTAL APP	Y	-	4/1/2024	Fee Schedule	\$474.05
C9726	RXT BREAST APPL PLACE/REMOV	-	-	7/1/2018	No Separate Payment	\$0.00
C9727	INSERT PALATE IMPLANTS	Y	-	4/1/2024	Fee Schedule	\$666.76
C9728	PLACE DEVICE/MARKER, NON PRO	-	-	4/1/2024	Fee Schedule	\$718.69
C9733	NON-OPHTHALMIC FVA	-	-	7/1/2018	No Separate Payment	\$0.00
C9734	U/S TRTMT, NOT LEIOMYOMATA	Y	-	4/1/2024	Fee Schedule	\$8,186.13
C9738	BLUE LIGHT CYSTO IMAG AGENT	-	-	7/1/2018	No Separate Payment	\$0.00
C9739	CYSTOSCOPY PROSTATIC IMP 1-3	Y	-	4/1/2024	Fee Schedule	\$3,760.52
C9740	CYSTO IMPL 4 OR MORE	Y	-	4/1/2024	Fee Schedule	\$7,345.51
C9751	MICROWAVE BRONCH, 3D, EBUS	-	-	1/1/2022	Not Allowed	\$0.00
C9757	SPINE DEVICE IMPLANT SURGERY	Y	-	4/1/2024	Fee Schedule	\$6,499.71
C9758	BLIND INTERATRIAL SHUNT IDE	-	-	1/1/2022	Not Allowed	\$0.00
C9759	TRANSCATH INTRAOP MICROINF	-	-	10/1/2020	No Separate Payment	\$0.00
C9761	CYSTO, LITHO, VACUUM KIDNEY	Y	-	4/1/2024	Fee Schedule	\$4,544.99
C9762	CARDIAC MRI SEG DYS STRAIN	-	-	4/1/2024	Fee Schedule	\$286.14
C9763	CARDIAC MRI SEG DYS STRESS	-	-	4/1/2024	Fee Schedule	\$286.14
C9764	REVASC INTRAVASC LITHOTRIPSY	Y	-	4/1/2024	Fee Schedule	\$7,255.81
C9765	REVASC INTRA LITHOTRIP-STENT	Y	-	4/1/2024	Fee Schedule	\$11,743.44
C9766	REVASC INTRA LITHOTRIP-ATHER	Y	-	4/1/2024	Fee Schedule	\$12,075.19
C9767	REVASC LITHOTRIP-STENT-ATHER	Y	-	4/1/2024	Fee Schedule	\$12,340.46
C9769	CYSTO W/TEMP PROS IMPLANT	Y	-	4/1/2024	Fee Schedule	\$7,047.65
C9772	REVASC LITHOTRIP TIBI/PERONE	Y	-	4/1/2024	Fee Schedule	\$6,671.23
C9773	REVASC LITHOTR-STENT TIB/PER	Y	-	4/1/2024	Fee Schedule	\$11,401.82
C9774	REVASC LITHOTR-ATHER TIB/PER	Y	-	4/1/2024	Fee Schedule	\$12,050.83
C9775	REVASC LITH-STEN-ATH TIB/PER	Y	-	4/1/2024	Fee Schedule	\$12,215.39
C9776	FLUO BILE DUCT IMAGING W/ICG	-	-	4/1/2021	No Separate Payment	\$0.00
C9777	ESOPHAG MUC INTEG W/ESO EGD	Y	-	4/1/2024	Fee Schedule	\$2,265.63
C9778	COLPOPEXY, MIN/INV, EX-PERIT	Y	-	4/1/2024	Fee Schedule	\$2,689.36
C9779	ESD ENDOSCOPY OR COLONOSCOPY	Y	-	1/1/2022	Fee Schedule	\$1,530.14
C9780	INSERT CV CATH INF & SUP APP	-	-	1/1/2022	Fee Schedule	\$5,443.96
C9781	ARTHRO/SHOUL SURG; W/SPACER	Y	-	4/1/2024	Fee Schedule	\$10,003.79
C9789	INSTILL PHARM RENAL PELVIS	Y	-	4/1/2024	Fee Schedule	\$1,225.12
C9790	KIDNEY HISTOTRIPSY W/IMAGE	-	-	7/1/2024	Not Allowed	\$0.00
C9794	COMPLEX SIMULATION W/PET-CT	-	-	4/1/2024	Fee Schedule	\$1,061.80
C9796	RPR INTST EXCL ANRECT FIST	Y	-	4/1/2024	Fee Schedule	\$1,698.90
C9797	VASC EMB/OCC W/PRS CATH	Y	-	4/1/2024	Fee Schedule	\$9,905.00
D0120	PERIODIC ORAL EVALUATION	-	-	1/1/2024	No Separate Payment	\$0.00
D0140	LIMIT ORAL EVAL PROBLM FOCUS	-	-	1/1/2024	No Separate Payment	\$0.00
D0150	COMPREHENSIVE ORAL EVALUATION	-	-	1/1/2024	No Separate Payment	\$0.00
D0160	EXTENSV ORAL EVAL PROB FOCUS	-	-	1/1/2024	No Separate Payment	\$0.00
D0170	RE-EVAL, EST, PT, PROBLEM FOCUS	-	-	1/1/2024	No Separate Payment	\$0.00
D0171	RE-EVAL POST-OP VISIT	-	-	1/1/2024	No Separate Payment	\$0.00
D0180	COMP PERIODONTAL EVALUATION	-	-	1/1/2024	No Separate Payment	\$0.00
D0191	ASSESSMENT OF A PATIENT	-	-	1/1/2024	No Separate Payment	\$0.00
D0210	INTRAOR COMPREHENSIVE SERIES	-	-	1/1/2024	No Separate Payment	\$0.00
D0220	INTRAORAL PERIAPICAL FIRST	-	-	1/1/2024	No Separate Payment	\$0.00
D0230	INTRAORAL PERIAPICAL EA ADD	-	-	1/1/2024	No Separate Payment	\$0.00
D0240	INTRAORAL OCCLUSAL FILM	-	-	1/1/2024	No Separate Payment	\$0.00
D0250	EXTRAORAL 2D PROJECT FILM	-	-	1/1/2024	No Separate Payment	\$0.00
D0251	EXTRAORAL POSTERIOR IMAGE	-	-	1/1/2024	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
D0270	DENTAL BITEWING SINGLE IMAGE	-	-	1/1/2024	No Separate Payment	\$0.00
D0272	DENTAL BITEWING TWO IMAGES	-	-	1/1/2024	No Separate Payment	\$0.00
D0273	BITEWINGS - THREE IMAGES	-	-	1/1/2024	No Separate Payment	\$0.00
D0274	BITEWINGS FOUR IMAGES	-	-	1/1/2024	No Separate Payment	\$0.00
D0277	VET BITEWINGS 7 TO 8 IMAGES	-	-	1/1/2024	No Separate Payment	\$0.00
D0330	PANORAMIC IMAGE	-	-	1/1/2024	No Separate Payment	\$0.00
D0340	2D CEPHALOMETRIC IMAGE	-	-	1/1/2024	No Separate Payment	\$0.00
D0350	ORAL/FACIAL PHOTO IMAGES	-	-	1/1/2024	No Separate Payment	\$0.00
D0367	CONE BEAM CT INTERP BOTH JAW	-	-	1/1/2024	No Separate Payment	\$0.00
D0383	CONE BEAM CT BOTH JAWS	-	-	1/1/2024	No Separate Payment	\$0.00
D0393	TRTMNT SIMULATION 3D IMAGE	-	-	1/1/2024	No Separate Payment	\$0.00
D1110	DENTAL PRPHYLAXIS ADULT	-	-	1/1/2024	No Separate Payment	\$0.00
D1354	INT CRIES MED APP PER TOOTH	-	-	1/1/2024	No Separate Payment	\$0.00
D2140	AMALGAM ONE SURFACE PERMAMEM	-	-	1/1/2024	No Separate Payment	\$0.00
D2150	AMALGAM TWO SURFACES PERMANE	-	-	1/1/2024	No Separate Payment	\$0.00
D2160	AMALGAM THREE SURFACES PERMA	-	-	1/1/2024	No Separate Payment	\$0.00
D2161	AMALMAG 4 OR > SURFACES PERM	-	-	1/1/2024	No Separate Payment	\$0.00
D2330	RESIN ONE SURFACE-ANTERIOR	-	-	1/1/2024	No Separate Payment	\$0.00
D2331	RESIN TWO SURFACE-ANTERIOR	-	-	1/1/2024	No Separate Payment	\$0.00
D2332	RESIN THREE SURFACE-ANTERIO	-	-	1/1/2024	No Separate Payment	\$0.00
D2335	RESIN 4/> SURF OR W INCIS AN	-	-	1/1/2024	No Separate Payment	\$0.00
D2390	ANT RESON-BASED CMPST CROWN	-	-	1/1/2024	No Separate Payment	\$0.00
D2391	POST 1 SRFC RESINBASED CMPST	-	-	1/1/2024	No Separate Payment	\$0.00
D2392	POST 2 SRFC RESINBASED CMPST	-	-	1/1/2024	No Separate Payment	\$0.00
D2393	POST 3 SRFC RESINBASED CMPST	-	-	1/1/2024	No Separate Payment	\$0.00
D2394	POST >=SRFC RESINBASE CMPST	-	-	1/1/2024	No Separate Payment	\$0.00
D2412	GINGIVECTOMY/PLASTY REST	Y	-	1/1/2024	Fee Schedule	\$1,318.89
D2740	CROWN PORCELAIN/CERAMIC	-	-	1/1/2024	No Separate Payment	\$0.00
D2750	CROWN PORCELAIN W/ H NOBLE M	-	-	1/1/2024	No Separate Payment	\$0.00
D2751	CROWN PORCELAIN FUSED BASE M	-	-	1/1/2024	No Separate Payment	\$0.00
D2752	CROWN PORCELAIN W/ NOBLE MET	-	-	1/1/2024	No Separate Payment	\$0.00
D2791	CROWN FULL CAST BASE METAL	-	-	1/1/2024	No Separate Payment	\$0.00
D2799	INTERIM CROWN	-	-	1/1/2024	No Separate Payment	\$0.00
D2920	RE-CEMENT OR RE-BOND CROWN	-	-	1/1/2024	No Separate Payment	\$0.00
D2929	PREFAB PORC/CERAM CROWN PRI	-	-	1/1/2024	No Separate Payment	\$0.00
D2930	PREFAB STNLSS STEEL CRWN PRI	-	-	1/1/2024	No Separate Payment	\$0.00
D2931	PREFAB STNLSS STEEL CROWN PE	-	-	1/1/2024	No Separate Payment	\$0.00
D2932	PREFABRICATED RESIN CROWN	-	-	1/1/2024	No Separate Payment	\$0.00
D2933	PREFAB STAINLESS STEEL CROWN	-	-	1/1/2024	No Separate Payment	\$0.00
D2934	PREFAB STEEL CROWN PRIMAR	-	-	1/1/2024	No Separate Payment	\$0.00
D2940	PROTECTIVE RESORATION	-	-	1/1/2024	No Separate Payment	\$0.00
D2941	INT THERAPEUTIC RESTORATION	-	-	1/1/2024	No Separate Payment	\$0.00
D2950	CORE BUILD-UP INCL ANY PINS	-	-	1/1/2024	No Separate Payment	\$0.00
D2951	TOOTH PIN RETENTION	-	-	1/1/2024	No Separate Payment	\$0.00
D2952	POST AND CORE EAST + CROWN	-	-	1/1/2024	No Separate Payment	\$0.00
D2954	PREFAB POST/CORE + CROWN	-	-	1/1/2024	No Separate Payment	\$0.00
D3110	PULP CAP DIRECT	-	-	1/1/2024	No Separate Payment	\$0.00
D3120	PULP CAP INDIRECT	-	-	1/1/2024	No Separate Payment	\$0.00
D3220	THERAPUTIC PULPOTOMY	-	-	1/1/2024	No Separate Payment	\$0.00
D3221	GROSS PULPAL DEBRIDEMENT	-	-	1/1/2024	No Separate Payment	\$0.00
D3222	PART PULP FOR APEXOGENESIS	-	-	1/1/2024	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
D3230	PULPAL THERAPY ANTERIOR PRIM	-	-	1/1/2024	No Separate Payment	\$0.00
D3240	PULPAL THERAPY POSTERIOR PRI	-	-	1/1/2024	No Separate Payment	\$0.00
D3310	END THXPY, ANTERIOR TOOTH	-	-	1/1/2024	No Separate Payment	\$0.00
D3320	END THXPY, PREMOLAR TOOTH	-	-	1/1/2024	No Separate Payment	\$0.00
D3330	END THXPY, MOLAR TOOTH	-	-	1/1/2024	No Separate Payment	\$0.00
D3460	ENDODONTIC ENDOSSEOUS IMPLAN	-	-	1/1/2024	No Separate Payment	\$0.00
D3910	ISOLATION- TOOTH WITH RUBB DAM	-	-	1/1/2024	No Separate Payment	\$0.00
D4210	GINGIVECTOMY/PLASTY 4 OR MOR	Y	-	4/1/2024	Fee Schedule	\$1,318.75
D4211	GINGIVECTOMY/PLASTY 1 TO 3	Y	-	4/1/2024	Fee Schedule	\$1,318.75
D4212	GINGIVECTOMY/PLASTY REST	Y	-	4/1/2024	Fee Schedule	\$1,318.75
D4260	OSSEOUS SURGERY 4 OR MORE	Y	-	4/1/2024	Fee Schedule	\$2,760.51
D4263	BONE REPLACE GRAFT FIRST SITE	Y	-	4/1/2024	Fee Schedule	\$456.68
D4270	PEDICLE SOFT TISSUE GRAFT PR	Y	-	4/1/2024	Fee Schedule	\$666.76
D4273	AUTO TISSUE GRAFT 1ST TOOTH	Y	-	4/1/2024	Fee Schedule	\$666.76
D4341	PERIODONTAL SCALING & ROOT	-	-	1/1/2024	No Separate Payment	\$0.00
D4342	PERIODONTAL SCALING 1-3 TEETH	-	-	1/1/2024	No Separate Payment	\$0.00
D4346	SCALING GINGIV INFLAMMATION	-	-	1/1/2024	No Separate Payment	\$0.00
D4355	FULL MOUTH DEBRIDEMENT	-	-	1/1/2024	No Separate Payment	\$0.00
D4381	LOCALIZED DELIVERY ANTIMICRO	-	-	1/1/2024	No Separate Payment	\$0.00
D4910	PERIODONTAL MAINT PROCEDURES	-	-	1/1/2024	No Separate Payment	\$0.00
D7111	EXTRACTION CORONAL REMNANTS	Y	-	4/1/2024	Fee Schedule	\$456.68
D7140	EXTRACTION ERUPTED TOOTH/EXR	Y	-	4/1/2024	Fee Schedule	\$456.68
D7210	REM IMP TOOTH W MUCOPER FLP	Y	-	4/1/2024	Fee Schedule	\$666.76
D7220	IMPACT TOOTH REMOV SOFT TISS	Y	-	4/1/2024	Fee Schedule	\$456.68
D7230	IMPACT TOOTH REMOV PART BONY	Y	-	4/1/2024	Fee Schedule	\$456.68
D7240	IMPACT TOOTH REMOV COMP BONY	Y	-	4/1/2024	Fee Schedule	\$456.68
D7241	IMPACT TOOTH REM BONY W/COMP	Y	-	4/1/2024	Fee Schedule	\$456.68
D7250	TOOTH ROOT REMOVAL	Y	-	4/1/2024	Fee Schedule	\$456.68
D7270	TOOTH REIMPLANTATION	Y	-	4/1/2024	Fee Schedule	\$456.68
D7310	ALVEOPLASTY W/ EXTRACTION	Y	-	4/1/2024	Fee Schedule	\$666.76
D7311	ALVEOPLASTY W/EXTRACT 1-3	Y	-	4/1/2024	Fee Schedule	\$666.76
D7472	REMOVAL OF LORUS PALATINUS	Y	-	4/1/2024	Fee Schedule	\$456.68
D7473	ROMOVE TORUS MANDIBULARIS	Y	-	4/1/2024	Fee Schedule	\$456.68
D7510	I&D ABSC INTRAORAL SOFT TISS	Y	-	4/1/2024	Fee Schedule	\$364.93
D7511	INCISION/DRAIN ABSCESS INTRA	Y	-	4/1/2024	Fee Schedule	\$364.93
D7520	I&D ABSCESS EXTRAORAL	Y	-	4/1/2024	Fee Schedule	\$364.93
D7550	REMOVAL OF SLOUGHED OFF BONE	Y	-	4/1/2024	Fee Schedule	\$456.68
D7922	PLACE INTRA-SOCKET BIO DRESS	-	-	1/1/2024	No Separate Payment	\$0.00
D7950	MANIDBLE GRAFT	Y	-	4/1/2024	Fee Schedule	\$2,760.51
E0616	CARDIAC EVENT RECORDER	-	-	7/1/2018	Not Allowed	\$0.00
E0749	ELEC OSTEOGEN STIM IMPLANTED	-	-	7/1/2018	No Separate Payment	\$0.00
E0782	NON-PROGRAMBLE INFUSION PUMP	-	-	7/1/2018	No Separate Payment	\$0.00
E0783	PROGRAMMABLE INFUSION PUMP	-	-	7/1/2018	No Separate Payment	\$0.00
E0785	REPLACEMENT IMPL PUMP CATHET	-	-	7/1/2018	No Separate Payment	\$0.00
E0786	IMPLANTABLE PUMP REPLACEMENT	-	-	7/1/2018	Not Allowed	\$0.00
G0104	CA SCREEN;FLEXI SIGMOIDSCOPE	Y	-	4/1/2024	Fee Schedule	\$154.13
G0105	COLORECTAL SCRIN; HI RISK IND	Y	-	4/1/2024	Fee Schedule	\$474.05
G0121	COLON CA SCRIN NOT HI RSK IND	Y	-	4/1/2024	Fee Schedule	\$474.05
G0127	TRIM NAIL(S)	-	-	7/1/2018	No Separate Payment	\$0.00
G0130	SINGLE ENERGY X-RAY STUDY	-	-	4/1/2024	Fee Schedule	\$28.63
G0186	DSTRY EYE LESN,FDR VSSL TECH	Y	-	4/1/2024	Fee Schedule	\$301.49

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
G0235	PET NOT OTHERWISE SPECIFIED	-	-	4/1/2024	Fee Schedule	\$213.93
G0247	ROUTINE FOOTCARE PT W LOPS	-	-	7/1/2018	No Separate Payment	\$0.00
G0259	INJECT FOR SACROILIAC JOINT	-	-	7/1/2018	No Separate Payment	\$0.00
G0260	INJ FOR SACROILIAC JT ANESTH	Y	-	4/1/2024	Fee Schedule	\$358.69
G0268	REMOVAL OF IMPACTED WAX MD	-	-	7/1/2018	No Separate Payment	\$0.00
G0269	OCCLUSIVE DEVICE IN VEIN ART	-	-	7/1/2018	No Separate Payment	\$0.00
G0276	PILD/PLACEBO CONTROL CLIN TR	Y	-	4/1/2024	Fee Schedule	\$3,392.54
G0278	ILIAC ART ANGIO,CARDIAC CATH	-	-	4/1/2023	No Separate Payment	\$0.00
G0288	RECON, CTA FOR SURG PLAN	-	-	7/1/2018	No Separate Payment	\$0.00
G0289	ARTHRO, LOOSE BODY + CHONDRO	-	-	7/1/2018	No Separate Payment	\$0.00
G0330	FACILITY SVS DENTAL REHAB	Y	-	4/1/2024	Fee Schedule	\$1,318.75
G0339	ROBOT LIN-RADSURG COM, FIRST	-	-	7/1/2018	Fee Schedule	\$1,852.08
G0340	ROBT LIN-RADSURG FRACTX 2-5	-	-	7/1/2018	Fee Schedule	\$1,321.34
G0364	BONE MARROW ASPIRATE &BIOPSY	-	-	7/1/2018	No Separate Payment	\$0.00
G0429	DERMAL FILLER INJECTION(S)	Y	-	4/1/2024	Fee Schedule	\$55.26
G0448	PLACE PERM PACING CARDIOVERT	-	-	7/1/2018	Fee Schedule	\$29,599.81
G0453	CONT INTRAOP NEURO MONITOR	-	-	7/1/2018	No Separate Payment	\$0.00
G0458	LDR PROSTATE BRACHY COMP RAT	-	-	7/1/2018	Fee Schedule	\$1,892.55
G0516	INSERT DRUG DEL IMPLANT, >=4	-	-	7/1/2019	No Separate Payment	\$0.00
G0517	REMOVE DRUG IMPLANT	-	-	7/1/2019	No Separate Payment	\$0.00
G0518	REMOVE W INSERT DRUG IMPLANT	-	-	7/1/2019	No Separate Payment	\$0.00
G2001	POST D/C H VST NEW PT 20 M	-	-	4/1/2019	Not Allowed	\$0.00
G2002	POST-D/C H VST NEW PT 30 M	-	-	4/1/2019	Not Allowed	\$0.00
G2003	POST-D/C H VST NEW PT 45 M	-	-	4/1/2019	Not Allowed	\$0.00
G2004	POST-D/C H VST NEW PT 60 M	-	-	4/1/2019	Not Allowed	\$0.00
G2005	POST-D/C H VST NEW PT 75 M	-	-	4/1/2019	Not Allowed	\$0.00
G2006	POST-D/C H VST EXT PT 20 M	-	-	4/1/2019	Not Allowed	\$0.00
G2007	POST-D/C H VST EXT PT 30 M	-	-	4/1/2019	Not Allowed	\$0.00
G2008	POST-D/C H VST EXT PT 45 M	-	-	4/1/2019	Not Allowed	\$0.00
G2009	POST-D/C H VST EXT PT 60 M	-	-	4/1/2019	Not Allowed	\$0.00
G2013	POST-D/C H VST EXT PT 75 M	-	-	4/1/2019	Not Allowed	\$0.00
G2014	POST-D/C CARE PLAN OVERS 30M	-	-	4/1/2019	Not Allowed	\$0.00
G2015	POST-D/C CARE PLAN OVERS 60M	-	-	4/1/2019	Not Allowed	\$0.00
G2061	QUAL NONMD EST PT 5-10M	-	-	3/1/2020	Fee Schedule	\$8.29
G2062	QUAL NONMD EST PT 11-20M	-	-	3/1/2020	Fee Schedule	\$14.69
G2063	QUAL NONMD EST PT 21>MIN	-	-	3/1/2020	Fee Schedule	\$22.75
G8907	PT DOC NO EVENTS ON DISCHARGE	-	-	7/1/2018	No Separate Payment	\$0.00
G8908	PT DOC W BURN PRIOR TO D/C	-	-	7/1/2018	No Separate Payment	\$0.00
G8909	PT DOC NO BURN PRIOR TO D/C	-	-	7/1/2018	No Separate Payment	\$0.00
G8910	PT DOC TO HAVE FALL IN ASC	-	-	7/1/2018	No Separate Payment	\$0.00
G8911	PT DOC NO FALL IN ASC	-	-	7/1/2018	No Separate Payment	\$0.00
G8912	PT DOC WITH WRONG EVENT	-	-	7/1/2018	No Separate Payment	\$0.00
G8913	PT DOC NO WRONG EVENT	-	-	7/1/2018	No Separate Payment	\$0.00
G8914	PT TRANS TO HOSP POST D/C	-	-	7/1/2018	No Separate Payment	\$0.00
G8915	PT NOT TRANS TO HOSP AT D/C	-	-	7/1/2018	No Separate Payment	\$0.00
G8916	PT W IV AB GIVEN ON TIME	-	-	7/1/2018	No Separate Payment	\$0.00
G8917	PT W IV AB NOT GIVEN ON TIME	-	-	7/1/2018	No Separate Payment	\$0.00
G8918	PT W/O PREOP ORDER IV AB PROP	-	-	7/1/2018	No Separate Payment	\$0.00
J0120	TETRACYCLIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0121	INJ., OMADACYCLINE, 1 MG	-	-	10/1/2024	Fee Schedule	\$3.80
J0122	INJ., ERAVACYCLINE, 1 MG	-	-	7/1/2024	Fee Schedule	\$1.21

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J0129	ABATACEPT INJECTION	-	-	10/1/2024	Fee Schedule	\$43.44
J0130	ABCIXIMAB INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0131	INJ, ACETAMINOPHEN (NOS)	-	-	1/1/2024	No Separate Payment	\$0.00
J0132	ACETYLCYSTEINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0133	ACYCLOVIR INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0134	INJ ACETAMINOPHEN -FRESENIUS	-	-	10/1/2024	Fee Schedule	\$0.04
J0135	ADALIMUMAB INJECTION	-	-	1/1/2024	Fee Schedule	\$1,834.49
J0136	INJ, ACETAMINOPHEN (B BRAUN)	-	-	4/1/2024	Fee Schedule	\$0.05
J0137	INJ, ACETAMINOPHEN (HIKMA)	-	-	7/1/2024	Fee Schedule	\$0.05
J0153	ADENOSINE INJ 1MG	-	-	1/1/2024	No Separate Payment	\$0.00
J0171	ADRENALIN EPINEPHRINE INJECT	-	-	7/1/2018	No Separate Payment	\$0.00
J0172	INJ, ADUCANUMAB-AVWA, 2 MG	-	-	1/1/2024	Fee Schedule	\$5.98
J0173	INJ, EPINEPHRINE (BELCHER)	-	-	10/1/2024	Fee Schedule	\$2.01
J0174	INJ, LECANEMAB-IRMB, 1 MG	-	-	4/1/2024	Fee Schedule	\$1.34
J0175	INJ, DONANEMAB-AZBT, 2 MG	-	-	10/1/2024	Fee Schedule	\$4.09
J0177	INJ, AFLIBERCEPT HD, 1 MG	-	-	10/1/2024	Fee Schedule	\$333.70
J0178	AFLIBERCEPT INJECTION	-	-	10/1/2024	Fee Schedule	\$821.98
J0179	INJ, BROLUCIZUMAB-DBLL, 1 MG	-	-	10/1/2024	Fee Schedule	\$332.57
J0180	AGALSIDASE BETA INJECTION	-	-	10/1/2024	Fee Schedule	\$223.52
J0184	INJ, AMISULPRIDE, 1 MG	-	-	10/1/2024	Fee Schedule	\$9.06
J0185	INJ., APREPITANT, 1 MG	-	-	10/1/2024	Fee Schedule	\$1.77
J0190	INJ BIPERIDEN LACTATE/5 MG	-	-	1/1/2023	Not Allowed	\$0.00
J0200	ALATROFLOXACIN MESYLATE	-	-	1/1/2023	Not Allowed	\$0.00
J0202	INJECTION, ALEMTUZUMAB	-	-	10/1/2024	Fee Schedule	\$2,337.69
J0205	ALGLUCERASE INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J0206	INJ ALLOPURINOL SODIUM 1 MG	-	-	10/1/2024	Fee Schedule	\$5.00
J0207	AMIFOSTINE	-	-	1/1/2024	Not Allowed	\$0.00
J0208	INJ SODIUM THIOSULFATE 100MG	-	-	10/1/2024	Fee Schedule	\$96.08
J0210	METHYLDOPATE HCL INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J0211	INJ, NITHIODOTE, 3MG / 125MG	-	-	7/1/2024	Fee Schedule	\$2.17
J0215	ALEFACEPT	-	-	1/1/2023	Not Allowed	\$0.00
J0216	INJ, ALFENTANIL HCL, 500MCG	-	-	1/1/2024	No Separate Payment	\$0.00
J0217	INJ VELMANASE ALFA-TYCV 1 MG	-	-	10/1/2024	Fee Schedule	\$442.00
J0218	INJ OLIPUDASE ALFA-RPCP 1MG	-	-	10/1/2024	Fee Schedule	\$382.56
J0219	INJ AVAL ALFA-NQPT 4MG	-	-	10/1/2024	Fee Schedule	\$77.75
J0220	ALGLUCOSIDASE ALFA INJECTION	-	-	1/1/2024	Fee Schedule	\$148.86
J0221	LUMIZYME INJECTION	-	-	10/1/2024	Fee Schedule	\$201.97
J0222	INJ., PATISIRAN, 0.1 MG	-	-	10/1/2024	Fee Schedule	\$98.88
J0223	INJ GIVOSIRAN 0.5 MG	-	-	10/1/2024	Fee Schedule	\$112.14
J0224	INJ. LUMASIRAN, 0.5 MG	-	-	10/1/2024	Fee Schedule	\$317.88
J0225	INJ, VUTRISIRAN, 1 MG	-	-	10/1/2024	Fee Schedule	\$4,926.00
J0256	ALPHA 1 PROTEINASE INHIBITOR	-	-	10/1/2024	Fee Schedule	\$4.94
J0257	GLASSIA INJECTION	-	-	10/1/2024	Fee Schedule	\$5.58
J0278	AMIKACIN SULFATE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0280	AMINOPHYLLIN 250 MG INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J0282	AMIODARONE HCL	-	-	1/1/2024	No Separate Payment	\$0.00
J0283	INJ, AMIODARONE (NEXTERONE)	-	-	1/1/2024	Not Allowed	\$0.00
J0285	AMPHOTERICIN B	-	-	1/1/2024	No Separate Payment	\$0.00
J0287	AMPHOTERICIN B LIPID COMPLEX	-	-	1/1/2024	Fee Schedule	\$11.13
J0288	AMPHO B CHOLESTERYL SULFATE	-	-	1/1/2023	Not Allowed	\$0.00
J0289	AMPHOTERICIN B LIPOSOME INJ	-	-	10/1/2024	Fee Schedule	\$23.33

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J0290	AMPICILLIN 500 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J0291	INJ., PLAZOMICIN, 5 MG	-	-	7/1/2024	Fee Schedule	\$3.59
J0295	AMPICILLIN SULBACTAM 1.5 GM	-	-	7/1/2018	No Separate Payment	\$0.00
J0300	AMOBARBITAL 125 MG INJ	-	-	1/1/2024	Fee Schedule	\$114.24
J0330	SUCCINYLCHOLINE CHLORIDE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J0348	ANIDULAFUNGIN INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0349	INJ, REZAFUNGIN, 1 MG	-	-	7/1/2024	Fee Schedule	\$10.12
J0350	INJECTION ANISTREPLASE 30 U	-	-	1/1/2024	Not Allowed	\$0.00
J0360	HYDRALAZINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0364	APOMORPHINE HYDROCHLORIDE	-	-	1/1/2023	Not Allowed	\$0.00
J0365	APROTONIN, 10,000 KIU	-	-	1/1/2024	Not Allowed	\$0.00
J0380	INJ METARAMINOL BITARTRATE	-	-	1/1/2023	Not Allowed	\$0.00
J0390	CHLOROQUINE INJECTION	-	-	10/1/2024	No Separate Payment	\$0.00
J0391	INJ, ARTESUNATE, 1MG	-	-	7/1/2024	Fee Schedule	\$51.83
J0395	ARBUTAMINE HCL INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J0400	ARIPRAZOLE INJECTION	-	-	10/1/2024	No Separate Payment	\$0.00
J0401	INJ ARIPIPRAZOLE EXT REL 1MG	-	-	10/1/2024	Fee Schedule	\$7.07
J0402	INJ, ABILIFY ASIMTUFII, 1 MG	-	-	10/1/2024	Fee Schedule	\$5.95
J0456	AZITHROMYCIN	-	-	1/1/2024	No Separate Payment	\$0.00
J0457	INJECTION, AZTREONAM, 100 MG	-	-	10/1/2024	Fee Schedule	\$1.97
J0461	ATROPINE SULFATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0470	DIMECAPROL INJECTION	-	-	1/1/2024	Fee Schedule	\$59.81
J0475	BACLOFEN 10 MG INJECTION	-	-	10/1/2024	Fee Schedule	\$174.58
J0476	BACLOFEN INTRATHECAL TRIAL	-	-	1/1/2024	No Separate Payment	\$0.00
J0480	BASILIXIMAB	-	-	10/1/2024	Fee Schedule	\$4,588.77
J0485	BELATACEPT INJECTION	-	-	10/1/2024	Fee Schedule	\$3.81
J0490	BELIMUMAB INJECTION	-	-	10/1/2024	Fee Schedule	\$54.15
J0491	INJ ANIFROLUMAB-FNIA 1MG	-	-	10/1/2024	Fee Schedule	\$17.29
J0500	DICYCLOMINE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0515	INJ BENZTROPINE MESYLATE	-	-	7/1/2018	No Separate Payment	\$0.00
J0517	INJ., BENRALIZUMAB, 1 MG	-	-	10/1/2024	Fee Schedule	\$167.30
J0520	BETHANECHOL CHLORIDE INJECT	-	-	1/1/2024	Not Allowed	\$0.00
J0558	PENG BENZATHINE/PROCAINE INJ	-	-	7/1/2024	Fee Schedule	\$19.52
J0561	PENICILLIN G BENZATHINE INJ	-	-	10/1/2024	Fee Schedule	\$24.37
J0565	INJ, BEZLOTOXUMAB, 10 MG	-	-	10/1/2024	Fee Schedule	\$39.86
J0567	INJ., CERLIPONASE ALFA 1 MG	-	-	1/1/2024	Not Allowed	\$0.00
J0570	BUPRENORPHINE IMPLANT 74.2MG	-	-	1/1/2024	Fee Schedule	\$1,311.75
J0577	INJ, BRIXADI, 7 DAYS OR LESS	-	Y	10/1/2024	Fee Schedule	\$429.16
J0578	INJ,BRIXADI, MORE THAN 7 DAY	-	Y	10/1/2024	Fee Schedule	\$1,716.62
J0583	BIVALIRUDIN	-	-	7/1/2018	No Separate Payment	\$0.00
J0584	INJECTION, BUROSUMAB-TWZA 1M	-	-	10/1/2024	Fee Schedule	\$469.58
J0585	INJECTION,ONABOTULINUMTOXINA	-	-	10/1/2024	Fee Schedule	\$6.41
J0586	ABOBOTULINUMTOXINA	-	-	10/1/2024	Fee Schedule	\$8.63
J0587	INJ, RIMABOTULINUMTOXINB	-	-	10/1/2024	Fee Schedule	\$12.99
J0588	INCOBOTULINUMTOXIN A	-	-	10/1/2024	Fee Schedule	\$5.34
J0589	INJ DAXIBOTULINUMTOXINA-LANM	-	-	10/1/2024	Fee Schedule	\$3.12
J0592	BUPRENORPHINE HYDROCHLORIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J0593	INJ., LANADELUMAB-FLYO, 1 MG	-	-	1/1/2023	Not Allowed	\$0.00
J0594	BUSULFAN INJECTION	-	-	10/1/2024	Fee Schedule	\$1.27
J0595	BUTORPHANOL TARTRATE 1 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J0596	INJECTION, RUCONEST	-	-	10/1/2024	Fee Schedule	\$34.72

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



**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J0597	C-1 ESTERASE, BERINERT	-	-	10/1/2024	Fee Schedule	\$68.36
J0598	C-1 ESTERASE, CINRYZE	-	-	10/1/2024	Fee Schedule	\$64.21
J0599	INJ., HAEGARDA 10 UNITS	-	-	1/1/2023	Not Allowed	\$0.00
J0600	EDETATE CALCIUM DISODIUM INJ	-	-	10/1/2024	Fee Schedule	\$6,086.32
J0606	INJ, ETELCALCETIDE, 0.1 MG	-	-	10/1/2024	Fee Schedule	\$2.57
J0612	CALCIUM GLUCON (FRESENIUS)	-	-	7/1/2024	Fee Schedule	\$0.04
J0613	CALCIUM GLUCON (WG CRITICAL)	-	-	1/1/2024	Fee Schedule	\$0.09
J0620	CALCIUM GLYCER & LACT/10 ML	-	-	7/1/2018	No Separate Payment	\$0.00
J0630	CALCITONIN SALMON INJECTION	-	-	10/1/2024	Fee Schedule	\$1,173.06
J0636	INJ CALCITRIOL PER 0.1 MCG	-	-	7/1/2018	No Separate Payment	\$0.00
J0637	CASPOFUNGIN ACETATE	-	-	1/1/2024	No Separate Payment	\$0.00
J0638	CANAKINUMAB INJECTION	-	-	10/1/2024	Fee Schedule	\$127.81
J0640	LEUCOVORIN CALCIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0641	INJ LEVOLEUCOVORIN NOS 0.5MG	-	-	10/1/2024	Fee Schedule	\$0.21
J0642	INJECTION, KHAPZORY, 0.5 MG	-	-	10/1/2024	Fee Schedule	\$1.38
J0651	INJ, LEVOTHYROXINE, FRESKABI	-	-	10/1/2024	Fee Schedule	\$3.75
J0652	INJ, LEVOTHYROXINE, HIKMA	-	-	10/1/2024	Fee Schedule	\$5.14
J0665	INJ, BUPIVACAINE, NOS, 0.5MG	-	-	7/1/2024	Fee Schedule	\$0.01
J0670	INJ MEPIVACAINE HCL/10 ML	-	-	7/1/2018	No Separate Payment	\$0.00
J0687	INJ CEFAZOLIN (WG CRIT CARE)	-	-	10/1/2024	Fee Schedule	\$1.04
J0688	INJ CEFAZOLIN SODIUM, HIKMA	-	-	1/1/2024	No Separate Payment	\$0.00
J0689	INJ CEFAZOLIN SODIUM, BAXTER	-	-	10/1/2024	Fee Schedule	\$1.26
J0690	CEFAZOLIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0691	INJ LEFAMULIN 1 MG	-	-	1/1/2024	Fee Schedule	\$0.72
J0692	CEFEPIME HCL FOR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0694	CEFOXITIN SODIUM INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0695	INJ CEFTOLOZANE TAZOBACTAM	-	-	10/1/2024	Fee Schedule	\$8.23
J0696	CEFTRIAZONE SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0697	STERILE CEFUROXIME INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0698	CEFOTAXIME SODIUM INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0699	INJ, CEFIDEROCOL, 10 MG	-	-	10/1/2024	Fee Schedule	\$2.28
J0701	INJ. CEFEPIME HCL (BAXTER)	-	-	10/1/2024	Fee Schedule	\$5.83
J0702	BETAMETHASONE ACET&SOD PHOSP	-	-	7/1/2018	No Separate Payment	\$0.00
J0703	INJ, CEFEPIME HCL (B BRAUN)	-	-	10/1/2024	Fee Schedule	\$4.97
J0706	CAFFEINE CITRATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0710	CEPHAPIRIN SODIUM INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J0712	CEFTAROLINE FOSAMIL INJ	-	-	10/1/2024	Fee Schedule	\$3.94
J0713	INJ CEFTAZIDIME PER 500 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J0714	CEFTAZIDIME AND AVIBACTAM	-	-	10/1/2024	Fee Schedule	\$100.58
J0715	CEFTIZOXIME SODIUM / 500 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J0716	CENTRUROIDES IMMUNE F(AB)	-	-	10/1/2024	Fee Schedule	\$4,804.24
J0717	CERTOLIZUMAB PEGOL INJ 1MG	-	-	10/1/2024	Fee Schedule	\$4.65
J0720	CHLORAMPHENICOL SODIUM INJEC	-	-	1/1/2024	No Separate Payment	\$0.00
J0725	CHORIONIC GONADOTROPIN/1000U	-	-	1/1/2024	No Separate Payment	\$0.00
J0735	CLONIDINE HYDROCHLORIDE	-	-	1/1/2024	No Separate Payment	\$0.00
J0736	INJ, CLINDAMYCIN PHOSP 300MG	-	-	10/1/2024	Fee Schedule	\$2.47
J0737	INJ, CLINDAMYCIN (BAXTER)	-	-	10/1/2024	Fee Schedule	\$2.82
J0740	CIDOFOVIR INJECTION	-	-	10/1/2024	Fee Schedule	\$528.00
J0741	INJ, CABOTE RILPIVIR 2MG 3MG	-	-	10/1/2024	Fee Schedule	\$22.90
J0742	INJ IMIP 4 CILAS 4 RELEB 2MG	-	-	10/1/2024	Fee Schedule	\$2.51
J0743	CILASTATIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J0744	CIPROFLOXACIN IV	-	-	1/1/2024	No Separate Payment	\$0.00
J0745	INJ CODEINE PHOSPHATE /30 MG	-	-	10/1/2024	No Separate Payment	\$0.00
J0770	COLISTIMETHATE SODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J0775	COLLAGENASE, CLOST HIST INJ	-	-	10/1/2024	Fee Schedule	\$71.16
J0780	PROCHLORPERAZINE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0791	INJ CRIZANLIZUMAB-TMCA 5MG	-	-	10/1/2024	Fee Schedule	\$128.54
J0795	CORTICORELIN OVINE TRIFLUTAL	-	-	1/1/2024	Not Allowed	\$0.00
J0801	INJ. ACTHAR GEL TO 40 UNITS	-	-	10/1/2024	Fee Schedule	\$3,750.08
J0802	INJ. (ANI), UP TO 40 UNITS	-	-	10/1/2024	Fee Schedule	\$3,416.97
J0834	INJ., COSYNTROPIN, 0.25 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J0840	CROTALIDAE POLY IMMUNE FAB	-	-	10/1/2024	Fee Schedule	\$1,762.35
J0841	INJ CROTALIDAE IM F(AB')2 EQ	-	-	10/1/2024	Fee Schedule	\$1,040.11
J0850	CYTOMEGALOVIRUS IMM IV /VIAL	-	-	10/1/2024	Fee Schedule	\$1,814.94
J0872	DAPTOMYCIN (XELLIA) UNREFRIG	-	-	10/1/2024	Fee Schedule	\$0.04
J0873	INJ, DAPTOMYCIN (XELLIA)	-	-	1/1/2024	No Separate Payment	\$0.00
J0874	INJ, DAPTOMYCIN (BAXTER)	-	-	1/1/2024	Not Allowed	\$0.00
J0875	INJECTION, DALBAVANCIN	-	-	10/1/2024	Fee Schedule	\$15.61
J0877	INJ, DAPTOMYCIN (HOSPIRA)	-	-	4/1/2024	Fee Schedule	\$0.06
J0878	DAPTOMYCIN INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0879	DIFELIKEFALIN, ESRD ON DIALY	-	-	10/1/2024	No Separate Payment	\$0.00
J0881	DARBEPOETIN ALFA, NON-ESRD	-	-	10/1/2024	Fee Schedule	\$3.04
J0882	DARBEPOETIN ALFA, ESRD USE	-	-	10/1/2024	Fee Schedule	\$3.04
J0883	ARGATROBAN NONESRD USE IMG	-	-	10/1/2024	Fee Schedule	\$1.26
J0884	ARGATROBAN ESRD DIALYSIS IMG	-	-	10/1/2024	Fee Schedule	\$1.26
J0885	EPOETIN ALFA, NON-ESRD	-	-	10/1/2024	Fee Schedule	\$7.53
J0887	EPOETIN BETA ESRD USE	-	-	10/1/2024	Fee Schedule	\$1.21
J0888	EPOETIN BETA NON ESRD	-	-	10/1/2024	Fee Schedule	\$1.16
J0889	DAPRODUSTAT ORAL IMG ESRD	-	-	1/1/2024	Not Allowed	\$0.00
J0891	ARGATROBAN NONESRD (ACCORD)	-	-	7/1/2024	Fee Schedule	\$4.20
J0892	ARGATROBAN DIALYSIS (ACCORD)	-	-	7/1/2024	Fee Schedule	\$4.20
J0893	INJ, DECITABINE (SUN PHARMA)	-	-	4/1/2024	Fee Schedule	\$2.12
J0894	DECITABINE INJECTION	-	-	1/1/2023	No Separate Payment	\$0.00
J0895	DEFEROXAMINE MESYLATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J0896	INJ LUSPATERCEPT-AAMT 0.25MG	-	-	10/1/2024	Fee Schedule	\$40.62
J0897	DENOSUMAB INJECTION	-	-	10/1/2024	Fee Schedule	\$26.96
J0898	ARGATROBAN NONESRD (AUROMED)	-	-	10/1/2024	Fee Schedule	\$1.49
J0899	ARGATROBAN DIALYSIS, AUROMED	-	-	10/1/2024	Fee Schedule	\$1.49
J0911	INST TAURO 1.35MG/HEP 100U	-	-	10/1/2024	Fee Schedule	\$8.58
J0945	BROMPHENIRAMINE MALEATE INJ	-	-	1/1/2023	Not Allowed	\$0.00
J1000	DEPO-ESTRADIOL CYPIONATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1020	METHYLPREDNISOLONE 20 MG INJ	-	-	4/1/2024	No Separate Payment	\$0.00
J1030	METHYLPREDNISOLONE 40 MG INJ	-	-	4/1/2024	No Separate Payment	\$0.00
J1040	METHYLPREDNISOLONE 80 MG INJ	-	-	4/1/2024	No Separate Payment	\$0.00
J1050	MEDROXYPROGESTERONE ACETATE	-	-	7/1/2018	No Separate Payment	\$0.00
J1071	INJ TESTOSTERONE CYPIONATE	-	-	7/1/2018	No Separate Payment	\$0.00
J1094	INJ DEXAMETHASONE ACETATE	-	-	7/1/2018	No Separate Payment	\$0.00
J1095	INJECTION, DEXAMETHASONE 9%	-	-	1/1/2023	No Separate Payment	\$0.00
J1096	DEXAMETHA OPTH INSERT 0.1 MG	-	-	10/1/2024	Fee Schedule	\$117.14
J1097	PHENYLEP KETOROLAC OPTH SOLN	-	-	10/1/2024	Fee Schedule	\$96.59
J1100	DEXAMETHASONE SODIUM PHOS	-	-	7/1/2018	No Separate Payment	\$0.00
J1105	DEXMEDETOMIDINE FILM, 1 MCG	-	-	10/1/2024	Fee Schedule	\$0.78

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J1110	INJ DIHYDROERGOTAMINE MESYLT	-	-	1/1/2024	No Separate Payment	\$0.00
J1120	ACETAZOLAMID SODIUM INJECTIO	-	-	7/1/2018	No Separate Payment	\$0.00
J1130	INJ DICLOFENAC SODIUM 0.5MG	-	-	1/1/2024	No Separate Payment	\$0.00
J1160	DIGOXIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1162	DIGOXIN IMMUNE FAB (OVINE)	-	-	10/1/2024	Fee Schedule	\$4,888.10
J1165	PHENYTOIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1180	DYPHYLLINE INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J1190	DEXRAZOXANE HCL INJECTION	-	-	10/1/2024	Fee Schedule	\$87.49
J1200	DIPHENHYDRAMINE HCL INJECTIO	-	-	7/1/2018	No Separate Payment	\$0.00
J1201	INJ. CETIRIZINE HCL 0.5MG	-	-	10/1/2024	Fee Schedule	\$14.87
J1203	INJ, CIPAGLUCOSIDASE, 5 MG	-	-	10/1/2024	Fee Schedule	\$88.06
J1205	CHLOROTHIAZIDE SODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1212	DIMETHYL SULFOXIDE 50% 50 ML	-	-	10/1/2024	Fee Schedule	\$715.90
J1230	METHADONE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1240	DIMENHYDRINATE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1245	DIPYRIDAMOLE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1250	INJ DOBUTAMINE HCL/250 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J1260	DOLASETRON MESYLATE	-	-	1/1/2024	No Separate Payment	\$0.00
J1265	DOPAMINE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1267	DORIPENEM INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J1270	INJECTION, DOXERCALCIFEROL	-	-	7/1/2018	No Separate Payment	\$0.00
J1290	ECALLANTIDE INJECTION	-	-	10/1/2024	Fee Schedule	\$565.83
J1300	ECULIZUMAB INJECTION	-	-	10/1/2024	Fee Schedule	\$224.63
J1301	INJECTION, EDARAVONE, 1 MG	-	-	10/1/2024	Fee Schedule	\$22.14
J1302	INJ, SUTIMLIMAB-JOME, 10 MG	-	-	10/1/2024	Fee Schedule	\$18.13
J1303	INJ., RAVULIZUMAB-CWVZ 10 MG	-	-	10/1/2024	Fee Schedule	\$220.75
J1304	INJ TOFERSEN INTRATHEC 1 MG	-	-	10/1/2024	Fee Schedule	\$153.66
J1305	INJ, EVINACUMAB-DGNB, 5MG	-	-	10/1/2024	Fee Schedule	\$186.31
J1306	INJECTION, INCLISIRAN, 1 MG	-	-	10/1/2024	Fee Schedule	\$12.19
J1320	AMITRIPTYLINE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1322	ELOSULFASE ALFA, INJECTION	-	-	10/1/2024	Fee Schedule	\$293.92
J1323	INJ, ELRANATAMAB-BCMM, 1 MG	-	-	10/1/2024	Fee Schedule	\$178.85
J1324	ENFUVIRTIDE INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J1325	EPOPROSTENOL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1327	EPTIFIBATIDE INJECTION	-	-	10/1/2024	Fee Schedule	\$4.15
J1330	ERGONOVINE MALEATE INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J1335	ERTAPENEM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1364	ERYTHRO LACTOBIONATE /500 MG	-	-	10/1/2024	Fee Schedule	\$65.38
J1380	ESTRADIOL VALERATE 10 MG INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J1410	INJ ESTROGEN CONJUGATE 25 MG	-	-	10/1/2024	Fee Schedule	\$382.79
J1426	INJECTION, CASIMERSEN, 10 MG	-	-	1/1/2024	Fee Schedule	\$166.23
J1427	INJ. VILTOLARSEN	-	-	10/1/2024	Fee Schedule	\$58.79
J1428	INJ, ETEPLIRSEN, 10 MG	-	-	1/1/2023	Not Allowed	\$0.00
J1429	INJ GOLODIRSEN 10 MG	-	-	10/1/2024	Fee Schedule	\$166.22
J1430	ETHANOLAMINE OLEATE 100 MG	-	-	10/1/2024	Fee Schedule	\$491.68
J1434	INJ, FOCINVEZ, 1MG	-	-	10/1/2024	Fee Schedule	\$3.14
J1435	INJECTION ESTRONE PER 1 MG	-	-	1/1/2024	Not Allowed	\$0.00
J1436	ETIDRONATE DISODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1437	INJ. FE DERISOMALTOSE 10 MG	-	-	10/1/2024	Fee Schedule	\$21.05
J1438	ETANERCEPT INJECTION	-	-	1/1/2024	Fee Schedule	\$790.78
J1439	INJ FERRIC CARBOXYMALTOS 1MG	-	-	10/1/2024	Fee Schedule	\$1.10

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J1440	FECAL MICROBIOTA JSLM 1 ML	-	-	10/1/2024	Fee Schedule	\$63.30
J1442	INJ FILGRASTIM EXCL BIOSIMIL	-	-	7/1/2024	Fee Schedule	\$1.00
J1443	INJ FERRIC PYROPHOSPHATE CIT	-	-	1/1/2023	Not Allowed	\$0.00
J1444	FE PYRO CIT POW 0.1 MG IRON	-	-	1/1/2024	Not Allowed	\$0.00
J1445	INJ TRIFERIC AVNU 0.1MG IRON	-	-	1/1/2024	Not Allowed	\$0.00
J1447	INJ TBO FILGRASTIM 1 MICROG	-	-	10/1/2024	Fee Schedule	\$0.39
J1448	INJECTION, TRILACICLIB, 1MG	-	-	10/1/2024	Fee Schedule	\$5.36
J1449	INJ EFLAPEGRASTIM-XNST 0.1MG	-	-	10/1/2024	Fee Schedule	\$22.75
J1450	FLUCONAZOLE	-	-	1/1/2024	No Separate Payment	\$0.00
J1451	FOMEPIZOLE, 15 MG	-	-	10/1/2024	Fee Schedule	\$6.44
J1452	INTRAOCULAR FOMIVIRSEN NA	-	-	1/1/2024	Not Allowed	\$0.00
J1453	FOSAPREPITANT INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1454	INJ FOSNETUPITANT, PALONOSET	-	-	10/1/2024	Fee Schedule	\$679.51
J1455	FOSCARNET SODIUM INJECTION	-	-	10/1/2024	Fee Schedule	\$50.32
J1456	INJ, FOSAPREPITANT (TEVA)	-	-	4/1/2024	Fee Schedule	\$2.04
J1457	GALLIUM NITRATE INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J1458	GALSULFASE INJECTION	-	-	10/1/2024	Fee Schedule	\$484.75
J1459	INJ IVIG PRIVIGEN 500 MG	-	-	10/1/2024	Fee Schedule	\$48.58
J1460	GAMMA GLOBULIN 1 CC INJ	-	-	10/1/2024	Fee Schedule	\$49.85
J1551	INJ CUTAQUIG 100 MG	-	-	10/1/2024	Fee Schedule	\$14.50
J1554	INJ. ASCENIV	-	-	7/1/2024	Fee Schedule	\$491.40
J1555	INJ CUVITRU, 100 MG	-	-	10/1/2024	Fee Schedule	\$16.82
J1556	INJ, IMM GLOB BIVIGAM, 500MG	-	-	7/1/2024	Fee Schedule	\$75.17
J1557	GAMMAPLEX INJECTION	-	-	10/1/2024	Fee Schedule	\$57.93
J1558	INJ. XEMBIFY, 100 MG	-	-	10/1/2024	Fee Schedule	\$14.30
J1559	HIZENTRA INJECTION	-	-	10/1/2024	Fee Schedule	\$13.23
J1560	GAMMA GLOBULIN > 10 CC INJ	-	-	10/1/2024	Fee Schedule	\$498.52
J1561	GAMUNEX-C/GAMMAKED	-	-	10/1/2024	Fee Schedule	\$48.81
J1562	VIVAGLOBIN, INJ	-	-	1/1/2023	Not Allowed	\$0.00
J1566	IMMUNE GLOBULIN, POWDER	-	-	10/1/2024	Fee Schedule	\$82.19
J1568	OCTAGAM INJECTION	-	-	10/1/2024	Fee Schedule	\$49.00
J1569	GAMMAGARD LIQUID INJECTION	-	-	10/1/2024	Fee Schedule	\$49.69
J1570	GANCICLOVIR SODIUM INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1571	HEPAGAM B IM INJECTION	-	-	10/1/2024	Fee Schedule	\$68.66
J1572	FLEBOGAMMA INJECTION	-	-	1/1/2024	Fee Schedule	\$56.12
J1573	HEPAGAM B INTRAVENOUS, INJ	-	-	10/1/2024	Fee Schedule	\$68.66
J1574	INJ, GANCICLOVIR (EXELA)	-	-	1/1/2024	Not Allowed	\$0.00
J1575	HYQVIA 100MG IMMUNEGLOBULIN	-	-	10/1/2024	Fee Schedule	\$17.50
J1576	INJ, PANZYGA, 500 MG	-	-	10/1/2024	Fee Schedule	\$67.46
J1580	GARAMYCIN GENTAMICIN INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1595	INJECTION GLATIRAMER ACETATE	-	-	10/1/2024	Fee Schedule	\$172.88
J1596	INJ, GLYCOPYRROLATE, 0.1 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J1597	INJ GLYCOPYRROLATE, GLYRX-PF	-	-	7/1/2024	No Separate Payment	\$0.00
J1598	INJ GLYCOPYRROLATE FRES KABI	-	-	7/1/2024	No Separate Payment	\$0.00
J1599	IVIG NON-LYOPHILIZED, NOS	-	-	1/1/2024	No Separate Payment	\$0.00
J1600	GOLD SODIUM THIOMALEATE INJ	-	-	1/1/2023	Not Allowed	\$0.00
J1602	GOLIMUMAB FOR IV USE 1MG	-	-	10/1/2024	Fee Schedule	\$11.10
J1610	GLUCAGON HYDROCHLORIDE/1 MG	-	-	10/1/2024	Fee Schedule	\$192.30
J1611	INJ GLUCAGON HCL, FRESENIUS	-	-	10/1/2024	Fee Schedule	\$108.93
J1620	GONADORELIN HYDROCH/ 100 MCG	-	-	1/1/2023	Not Allowed	\$0.00
J1626	GRANISETRON HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J1627	INJ, GRANISETRON, XR, 0.1 MG	-	-	10/1/2024	Fee Schedule	\$5.71
J1628	INJ., GUSELKUMAB, 1 MG	-	-	10/1/2024	Fee Schedule	\$74.47
J1630	HALOPERIDOL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1631	HALOPERIDOL DECANOATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1632	INJ., BREXANOLONE, 1 MG	-	-	10/1/2024	Fee Schedule	\$72.00
J1640	HEMIN, 1 MG	-	-	10/1/2024	Fee Schedule	\$32.20
J1642	INJ HEPARIN SODIUM PER 10 U	-	-	7/1/2018	No Separate Payment	\$0.00
J1643	INJ HEPARIN, PFIZER, 1000U	-	-	10/1/2024	Fee Schedule	\$3.73
J1644	INJ HEPARIN SODIUM PER 1000U	-	-	1/1/2024	No Separate Payment	\$0.00
J1645	DALTEPARIN SODIUM	-	-	7/1/2018	No Separate Payment	\$0.00
J1650	INJ ENOXAPARIN SODIUM	-	-	1/1/2024	No Separate Payment	\$0.00
J1652	FONDAPARINUX SODIUM	-	-	1/1/2024	No Separate Payment	\$0.00
J1655	TINZAPARIN SODIUM INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J1670	TETANUS IMMUNE GLOBULIN INJ	-	-	10/1/2024	Fee Schedule	\$581.78
J1680	HUMAN FIBRINOGEN CONC INJ	-	-	7/1/2018	Not Allowed	\$0.00
J1700	HYDROCORTISONE ACETATE INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J1710	HYDROCORTISONE SODIUM PH INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J1720	HYDROCORTISONE SODIUM SUCC I	-	-	1/1/2024	No Separate Payment	\$0.00
J1726	MAKENA, 10 MG	-	-	7/1/2024	Fee Schedule	\$14.46
J1729	INJ HYDROXYPROGST CAPOAT NOS	-	-	1/1/2024	Fee Schedule	\$18.18
J1730	DIAZOXIDE INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J1738	INJ. MELOXICAM 1 MG	-	-	10/1/2024	No Separate Payment	\$0.00
J1740	IBANDRONATE SODIUM INJECTION	-	-	10/1/2024	No Separate Payment	\$0.00
J1741	IBUPROFEN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1742	IBUTILIDE FUMARATE INJECTION	-	-	10/1/2024	Fee Schedule	\$241.40
J1743	IDURSULFASE INJECTION	-	-	10/1/2024	Fee Schedule	\$537.93
J1744	ICATIBANT INJECTION	-	-	10/1/2024	Fee Schedule	\$151.64
J1745	INFLIXIMAB NOT BIOSIMIL 10MG	-	-	10/1/2024	Fee Schedule	\$32.22
J1746	INJ., IBALIZUMAB-UIYK, 10 MG	-	-	10/1/2024	Fee Schedule	\$77.06
J1747	INJ, SPESOLIMAB-SBZO, 1 MG	-	-	10/1/2024	Fee Schedule	\$61.43
J1750	INJ IRON DEXTRAN	-	-	10/1/2024	Fee Schedule	\$17.67
J1756	IRON SUCROSE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1786	IMUGLUCERASE INJECTION	-	-	10/1/2024	Fee Schedule	\$43.62
J1790	DROPERIDOL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1800	PROPRANOLOL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1805	INJ, ESMOLOL HCL, 10MG	-	-	10/1/2024	Fee Schedule	\$0.19
J1806	INJ ESMOLOL HCL WG CRIT CARE	-	-	10/1/2024	Fee Schedule	\$0.36
J1811	FIASP FOR INSULIN PUMP USE	-	-	10/1/2024	Fee Schedule	\$7.41
J1812	INJ. INSULIN (FIASP)	-	-	1/1/2024	No Separate Payment	\$0.00
J1813	LYUMJEV FOR INSULIN PUMP USE	-	-	7/1/2024	Fee Schedule	\$15.53
J1814	INJ. INSULIN (LYUMJEV)	-	-	1/1/2024	No Separate Payment	\$0.00
J1815	INSULIN INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1817	INSULIN FOR INSULIN PUMP USE	-	-	1/1/2024	No Separate Payment	\$0.00
J1823	INJ. INEBILIZUMAB-CDON, 1 MG	-	-	10/1/2024	Fee Schedule	\$484.40
J1826	INTERFERON BETA-1A INJ	-	-	1/1/2024	Fee Schedule	\$1,910.69
J1830	INTERFERON BETA-1B / .25 MG	-	-	1/1/2024	Not Allowed	\$0.00
J1833	INJECTION, ISAVUCONAZONIUM	-	-	7/1/2024	Fee Schedule	\$0.98
J1835	ITRACONAZOLE INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J1836	INJ, METRONIDAZOLE, 10 MG	-	-	4/1/2024	Fee Schedule	\$0.03
J1840	KANAMYCIN SULFATE 500 MG INJ	-	-	4/1/2024	No Separate Payment	\$0.00
J1850	KANAMYCIN SULFATE 75 MG INJ	-	-	4/1/2024	Not Allowed	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J1885	KETOROLAC TROMETHAMINE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1890	CEPHALOTHIN SODIUM INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J1920	INJ, LABETALOL HCL, 5MG	-	-	10/1/2024	Fee Schedule	\$0.27
J1921	INJ LABETALOL HCL HIKMA, 5MG	-	-	10/1/2024	Fee Schedule	\$1.63
J1930	LANREOTIDE INJECTION	-	-	10/1/2024	Fee Schedule	\$49.97
J1931	LARONIDASE INJECTION	-	-	10/1/2024	Fee Schedule	\$38.70
J1932	INJ, LANREOTIDE, (CIPLA) 1MG	-	-	10/1/2024	Fee Schedule	\$36.80
J1939	INJ, BUMETANIDE, 0.5 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J1940	FUROSEMIDE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1943	INJ., ARISTADA INITIO, 1 MG	-	-	10/1/2024	Fee Schedule	\$3.19
J1944	ARIPRAZOLE LAUROXIL 1 MG	-	-	10/1/2024	Fee Schedule	\$3.23
J1945	LEPIRUDIN	-	-	1/1/2024	Not Allowed	\$0.00
J1950	LEUPROLIDE ACETATE /3.75 MG	-	-	10/1/2024	Fee Schedule	\$1,617.65
J1951	INJ FENSOLVI 0.25 MG	-	-	10/1/2024	Fee Schedule	\$140.62
J1952	LEUPROLIDE INJ, CAMCEVI, 1MG	-	-	10/1/2024	Fee Schedule	\$55.00
J1953	LEVETIRACETAM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1954	LEUPROLIDE DEPOT CIPLA 7.5MG	-	-	10/1/2024	Fee Schedule	\$257.70
J1956	LEVOFLOXACIN INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1960	LEVORPHANOL TARTRATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1961	INJ, LENACAPAVIR, 1 MG	-	-	10/1/2024	Fee Schedule	\$21.99
J1980	HYOSCYAMINE SULFATE INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J1990	CHLORDIAZEPOXIDE INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J2010	LINCOMYCIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2020	LINEZOLID INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2021	INJ, LINEZOLID (HOSPIRA)	-	-	10/1/2024	Fee Schedule	\$14.76
J2060	LORAZEPAM INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2062	LOXAPINE FOR INHALATION 1 MG	-	-	1/1/2024	Not Allowed	\$0.00
J2150	MANNITOL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2170	MECASERMIN INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2175	MEPERIDINE HYDROCHL /100 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J2180	MEPERIDINE/PROMETHAZINE INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J2182	INJECTION, MEPOLIZUMAB, 1MG	-	-	10/1/2024	Fee Schedule	\$30.44
J2183	INJ MEROPENEM (WG CRIT CARE)	-	-	7/1/2024	No Separate Payment	\$0.00
J2184	INJ, MEROPENEM (B. BRAUN)	-	-	7/1/2024	No Separate Payment	\$0.00
J2185	MEROPENEM	-	-	1/1/2024	No Separate Payment	\$0.00
J2186	INJ., MEROPENEM, VABORBACTAM	-	-	10/1/2024	Fee Schedule	\$2.09
J2210	METHYLERGONOVIN MALEATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2212	METHYLNALTREXONE INJECTION	-	-	10/1/2024	Fee Schedule	\$0.94
J2246	INJ, MICA FUNGIN (BAXTER)	-	-	7/1/2024	Not Allowed	\$0.00
J2247	INJ, MICA FUNGIN (PAR PHARM)	-	-	10/1/2024	Fee Schedule	\$0.35
J2248	MICA FUNGIN SODIUM INJECTION	-	-	1/1/2022	No Separate Payment	\$0.00
J2249	INJ, REMIMAZOLAM, 1 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J2250	INJ MIDAZOLAM HYDROCHLORIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J2251	INJ MIDAZOLAM (WG CRIT CARE)	-	-	7/1/2024	No Separate Payment	\$0.00
J2260	INJ MILRINONE LACTATE / 5 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J2265	MINOCYCLINE HYDROCHLORIDE	-	-	7/1/2024	Fee Schedule	\$2.59
J2267	INJ, MIRIKIZUMAB-MRKZ, 1 MG	-	-	10/1/2024	Fee Schedule	\$39.54
J2270	MORPHINE SULFATE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2272	INJ, MORPHINE (FRESENIUS)	-	-	7/1/2024	No Separate Payment	\$0.00
J2274	INJ MORPHINE PF EPID ITHC	-	-	1/1/2024	No Separate Payment	\$0.00
J2277	INJ, MOTIXAFORTIDE, 0.25 MG	-	-	7/1/2024	Fee Schedule	\$25.22

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J2278	ZICONOTIDE INJECTION	-	-	10/1/2024	Fee Schedule	\$9.65
J2280	INJ, MOXIFLOXACIN 100 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2281	INJ MOXIFLOXACIN (FRES KABI)	-	-	10/1/2024	Fee Schedule	\$7.22
J2300	INJ NALBUPHINE HYDROCHLORIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J2305	INJ, NITROGLYCERIN, 5 MG	-	-	10/1/2024	Fee Schedule	\$1.41
J2310	INJ NALOXONE HYDROCHLORIDE	-	-	1/1/2024	No Separate Payment	\$0.00
J2311	INJ, NALOXONE HCL (ZIMHI)	-	-	10/1/2024	Fee Schedule	\$1.50
J2315	NALTREXONE, DEPOT FORM	-	-	10/1/2024	Fee Schedule	\$4.12
J2320	NANDROLONE DECANOATE 50 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J2323	NATALIZUMAB INJECTION	-	-	10/1/2024	Fee Schedule	\$24.15
J2325	NESIRITIDE INJECTION	-	-	1/1/2019	Fee Schedule	\$74.80
J2326	INJ, NUSINERSEN, 0.1MG	-	-	10/1/2024	Fee Schedule	\$1,231.90
J2327	INJ RISANKIZUMAB-RZAA 1 MG	-	-	10/1/2024	Fee Schedule	\$14.63
J2329	INJ UBLITUXIMAB-XIIX, 1 MG	-	-	10/1/2024	Fee Schedule	\$69.44
J2350	INJECTION, OCRELIZUMAB, 1 MG	-	-	10/1/2024	Fee Schedule	\$59.80
J2353	OCTREOTIDE INJECTION, DEPOT	-	-	10/1/2024	Fee Schedule	\$214.88
J2354	OCTREOTIDE INJ, NON-DEPOT	-	-	1/1/2024	No Separate Payment	\$0.00
J2355	OPRELVEKIN INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J2356	INJ TEZEPelumab-EKKO, 1MG	-	-	10/1/2024	Fee Schedule	\$18.11
J2357	OMALIZUMAB INJECTION	-	-	10/1/2024	Fee Schedule	\$38.29
J2358	OLANZAPINE LONG-ACTING INJ	-	-	1/1/2024	Fee Schedule	\$2.92
J2359	INJ. OLANZAPINE, 0.5MG	-	-	10/1/2024	Fee Schedule	\$0.92
J2360	ORPHENADRINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2371	INJ PHENYLEPHRINE HCL 20 MCG	-	-	1/1/2024	No Separate Payment	\$0.00
J2372	INJ, BIORPHEN, 20 MICROGRAMS	-	-	4/1/2024	Fee Schedule	\$0.17
J2373	INJ, IMMIPHENTIV, 20 MCG	-	-	7/1/2024	No Separate Payment	\$0.00
J2401	CHLOROPROCAINE HCL INJECTION	-	-	7/1/2024	Fee Schedule	\$0.03
J2402	CHLOROPROCAINE (CLOROTEKAL)	-	-	1/1/2024	Not Allowed	\$0.00
J2403	CHLOROPROCAINE OPHT GEL, 1MG	-	-	7/1/2024	Fee Schedule	\$0.63
J2404	INJ, NICARDIPINE 0.1 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J2405	ONDANSETRON HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2406	INJECTION, ORITAVANCIN 10 MG	-	-	10/1/2024	Fee Schedule	\$42.50
J2407	INJECTION, ORITAVANCIN	-	-	10/1/2024	Fee Schedule	\$28.46
J2410	OXYMORPHONE HCL INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J2425	PALIFERMIN INJECTION	-	-	4/1/2024	Fee Schedule	\$33.99
J2426	INJ, INVEGA SUSTENNA, 1 MG	-	-	10/1/2024	Fee Schedule	\$14.76
J2427	INJ, INVEGA HAFYERA/TRINZA	-	-	10/1/2024	Fee Schedule	\$12.66
J2430	PAMIDRONATE DISODIUM /30 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J2440	PAPAVERIN HCL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2460	OXYTETRACYCLINE INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J2468	INJ, PALONOSETRON (AVYXA)	-	-	7/1/2024	Not Allowed	\$0.00
J2469	PALONOSETRON HCL	-	-	1/1/2024	No Separate Payment	\$0.00
J2470	INJ PANTOPRAZOLE SODIUM 40MG	-	-	7/1/2024	No Separate Payment	\$0.00
J2471	INJ PANTOPRAZOLE(HIKMA) 40MG	-	-	7/1/2024	No Separate Payment	\$0.00
J2501	PARICALCITOL	-	-	7/1/2018	No Separate Payment	\$0.00
J2502	INJ, PASIREOTIDE LONG ACTING	-	-	10/1/2024	Fee Schedule	\$479.84
J2503	PEGAPTANIB SODIUM INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J2504	PEGADEMASE BOVINE, 25 IU	-	-	1/1/2024	Not Allowed	\$0.00
J2506	INJ PEGFILGRAST EX BIO 0.5MG	-	-	10/1/2024	Fee Schedule	\$31.14
J2507	PEGLOTICASE INJECTION	-	-	10/1/2024	Fee Schedule	\$3,482.15
J2508	PEGUNIGALSIDASE ALFA-IWXJ	-	-	10/1/2024	Fee Schedule	\$223.55

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J2510	PENICILLIN G PROCAINE INJ	-	-	1/1/2024	Fee Schedule	\$40.94
J2513	PENTASTARCH 10% SOLUTION	-	-	1/1/2024	Not Allowed	\$0.00
J2515	PENTOBARBITAL SODIUM INJ	-	-	10/1/2024	No Separate Payment	\$0.00
J2540	PENICILLIN G POTASSIUM INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J2543	PIPERACILLIN/AZOBACTAM	-	-	7/1/2018	No Separate Payment	\$0.00
J2547	INJECTION, PERAMIVIR	-	-	1/1/2024	Fee Schedule	\$1.68
J2550	PROMETHAZINE HCL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2560	PHENOBARBITAL SODIUM INJ	-	-	10/1/2024	No Separate Payment	\$0.00
J2561	INJ, SEZABY, 1 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J2562	PLERIXAFOR INJECTION	-	-	10/1/2024	Fee Schedule	\$50.47
J2590	OXYTOCIN INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2597	INJ DESMOPRESSIN ACETATE	-	-	10/1/2024	Fee Schedule	\$5.42
J2598	INJ, VASOPRESSIN, 1 UNIT	-	-	10/1/2024	Fee Schedule	\$1.62
J2599	INJ VASOPRESSIN (AM REG) 1 U	-	-	7/1/2024	No Separate Payment	\$0.00
J2601	INJ, VASOPRESSIN (BAXTER)	-	-	10/1/2024	Fee Schedule	\$3.77
J2650	PREDNISOLONE ACETATE INJ	-	-	1/1/2024	Not Allowed	\$0.00
J2670	TOTAZOLINE HCL INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J2675	INJ PROGESTERONE PER 50 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2679	INJ FLUPHENAZINE HCL 1.25 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J2680	FLUPHENAZINE DECANOATE 25 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2690	PROCAINAMIDE HCL INJECTION	-	-	10/1/2024	Fee Schedule	\$546.07
J2700	OXACILLIN SODIUM INJECTON	-	-	7/1/2018	No Separate Payment	\$0.00
J2704	INJ, PROPOFOL, 10 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J2710	NEOSTIGMINE METHYLSLFTE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2720	INJ PROTAMINE SULFATE/10 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J2724	PROTEIN C CONCENTRATE	-	-	10/1/2024	Fee Schedule	\$15.05
J2725	INJ PROTIRELIN PER 250 MCG	-	-	1/1/2023	Not Allowed	\$0.00
J2730	PRALIDOXIME CHLORIDE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2760	PHENTOLAMINE MESYLATE INJ	-	-	10/1/2024	Fee Schedule	\$367.12
J2765	METOCLOPRAMIDE HCL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2770	QUINUPRISTIN/DALFOPRISTIN	-	-	7/1/2024	Fee Schedule	\$6.23
J2777	INJ, FARICIMAB-SVOA, 0.1MG	-	-	10/1/2024	Fee Schedule	\$34.25
J2778	RANIBIZUMAB INJECTION	-	-	10/1/2024	Fee Schedule	\$137.14
J2779	INJ, SUSVIMO 0.1 MG	-	-	10/1/2024	Fee Schedule	\$79.08
J2781	INJ, PEGCETACOPLAN, 1MG	-	-	10/1/2024	Fee Schedule	\$147.36
J2782	INJ AVACINCAPTAD PEGOL 0.1MG	-	-	10/1/2024	Fee Schedule	\$109.53
J2783	RASBURICASE	-	-	10/1/2024	Fee Schedule	\$371.29
J2785	REGADENOSON INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2786	INJECTION, RESLIZUMAB, 1MG	-	-	10/1/2024	Fee Schedule	\$10.31
J2787	RIBOFLAVIN 5'PHOS OPTH<=3ML	-	-	1/1/2024	No Separate Payment	\$0.00
J2788	RHO D IMMUNE GLOBULIN 50 MCG	-	-	7/1/2018	No Separate Payment	\$0.00
J2790	RHO D IMMUNE GLOBULIN INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J2791	RHOPHYLAC INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2792	RHO(D) IMMUNE GLOBULIN H, SD	-	-	10/1/2024	Fee Schedule	\$34.34
J2793	RILONACEPT INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J2794	INJ RISPERDAL CONSTA, 0.5 MG	-	-	10/1/2024	Fee Schedule	\$11.30
J2795	ROPIVACAINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2796	ROMIPLOSTIM INJECTION	-	-	10/1/2024	Fee Schedule	\$101.05
J2797	INJ., ROLAPITANT, 0.5 MG	-	-	1/1/2019	Fee Schedule	\$0.94
J2798	INJ., PERSERIS, 0.5 MG	-	-	10/1/2024	Fee Schedule	\$12.19
J2799	INJ, UZEDY, 1 MG	-	-	10/1/2024	Fee Schedule	\$24.77

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



**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J2800	METHOCARBAMOL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2801	INJ, RYKINDO, 0.5 MG	-	-	7/1/2024	Fee Schedule	\$13.03
J2805	SINCALIDE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2806	INJ SINCALIDE, MAIA, 5 MCG	-	-	1/1/2024	No Separate Payment	\$0.00
J2810	INJ THEOPHYLLINE PER 40 MG	-	-	1/1/2024	Not Allowed	\$0.00
J2820	SARGRAMOSTIM INJECTION	-	-	10/1/2024	Fee Schedule	\$60.28
J2840	INJ SEBELIPASE ALFA 1 MG	-	-	10/1/2024	Fee Schedule	\$539.42
J2850	INJ SECRETIN SYNTHETIC HUMAN	-	-	7/1/2024	Fee Schedule	\$42.57
J2860	INJECTION, SILTUXIMAB	-	-	10/1/2024	Fee Schedule	\$157.07
J2910	AUROTHIOGLUCOSE INJECTON	-	-	1/1/2023	Not Allowed	\$0.00
J2916	NA FERRIC GLUCONATE COMPLEX	-	-	7/1/2018	No Separate Payment	\$0.00
J2920	METHYLPREDNISOLONE INJECTION	-	-	4/1/2024	No Separate Payment	\$0.00
J2930	METHYLPREDNISOLONE INJECTION	-	-	4/1/2024	No Separate Payment	\$0.00
J2940	SOMATREM INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J2941	SOMATROPIN INJECTION	-	-	1/1/2024	Fee Schedule	\$163.55
J2950	PROMAZINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2993	RETEPLASE INJECTION	-	-	10/1/2024	Fee Schedule	\$2,777.14
J2995	INJ STREPTOKINASE /250000 IU	-	-	1/1/2024	Not Allowed	\$0.00
J2997	ALTEPLASE RECOMBINANT	-	-	10/1/2024	Fee Schedule	\$91.47
J2998	INJ PLASMINOGEN TVMH 1MG	-	-	10/1/2024	Fee Schedule	\$32.55
J3000	STREPTOMYCIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3010	FENTANYL CITRATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3030	SUMATRIPTAN SUCCINATE / 6 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J3031	INJ., FREMANEZUMAB-VFRM 1 MG	-	-	10/1/2024	Fee Schedule	\$1.85
J3032	INJ. EPTINEZUMAB-JJMR 1 MG	-	-	10/1/2024	Fee Schedule	\$18.69
J3055	INJ TALQUETAMAB-TGVS 0.25 MG	-	-	10/1/2024	Fee Schedule	\$67.65
J3060	INJ, TALIGLUCERASE ALFA 10 U	-	-	10/1/2024	Fee Schedule	\$42.58
J3070	PENTAZOCINE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J3090	INJ TEDIZOLID PHOSPHATE	-	-	7/1/2024	Fee Schedule	\$1.81
J3095	TELAVANCIN INJECTION	-	-	10/1/2024	Fee Schedule	\$6.38
J3101	TENECTEPLASE INJECTION	-	-	10/1/2024	Fee Schedule	\$157.72
J3105	TERBUTALINE SULFATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3111	INJ. ROMOSOZUMAB-AQQG 1 MG	-	Y	10/1/2024	Fee Schedule	\$11.17
J3121	INJ TESTOSTERO ENANTHATE 1MG	-	-	7/1/2018	No Separate Payment	\$0.00
J3145	TESTOSTERONE UNDECANOATE 1MG	-	-	10/1/2024	Fee Schedule	\$1.95
J3230	CHLORPROMAZINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3240	THYROTROPIN INJECTION	-	-	10/1/2024	Fee Schedule	\$2,073.34
J3241	INJ. TEPROTUMUMAB-TRBW 10 MG	-	-	10/1/2024	Fee Schedule	\$343.89
J3243	TIGECYCLINE INJECTION	-	-	1/1/2022	No Separate Payment	\$0.00
J3244	INJ. TIGECYCLINE (ACCORD)	-	-	1/1/2024	Fee Schedule	\$2.65
J3245	INJ., TILDRAKIZUMAB, 1 MG	-	-	10/1/2024	Fee Schedule	\$135.92
J3246	TIROFIBAN HCL	-	-	10/1/2024	Fee Schedule	\$3.83
J3247	INJ SECUKINUMAB INTRAV 1MG	-	-	10/1/2024	Fee Schedule	\$17.54
J3250	TRIMETHOBENZAMIDE HCL INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3260	TOBRAMYCIN SULFATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3262	TOCILIZUMAB INJECTION	-	-	10/1/2024	Fee Schedule	\$5.96
J3263	INJ, TORIPALIMAB-TPZI, 1 MG	-	-	10/1/2024	Fee Schedule	\$38.87
J3265	INJECTION TORSEMIDE 10 MG/ML	-	-	1/1/2023	Not Allowed	\$0.00
J3280	THIETHYLPERAZINE MALEATE INJ	-	-	1/1/2023	Not Allowed	\$0.00
J3285	TREPROSTINIL INJECTION	-	-	10/1/2024	Fee Schedule	\$55.82
J3299	INJ XIPERE 1 MG	-	-	10/1/2024	Fee Schedule	\$48.40

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J3300	TRIAMCINOLONE A INJ PRS-FREE	-	-	1/1/2020	No Separate Payment	\$0.00
J3301	TRIAMCINOLONE ACET INJ NOS	-	-	7/1/2018	No Separate Payment	\$0.00
J3302	TRIAMCINOLONE DIACETATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3303	TRIAMCINOLONE HEXACETONL INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3304	INJ TRIAMCINOLONE ACE XR 1MG	-	-	10/1/2024	Fee Schedule	\$17.75
J3305	INJ TRIMETREXATE GLUCORONATE	-	-	1/1/2023	Not Allowed	\$0.00
J3310	PERPHENAZINE INJECITON	-	-	7/1/2018	No Separate Payment	\$0.00
J3315	TRIPTORELIN PAMOATE	-	-	10/1/2024	Fee Schedule	\$466.73
J3316	INJ., TRIPTORELIN XR 3.75 MG	-	-	10/1/2024	Fee Schedule	\$3,418.49
J3320	SPECTINOMYCN DI-HCL INJ	-	-	1/1/2024	Not Allowed	\$0.00
J3350	UREA INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J3355	UROFOLLITROPIN, 75 IU	-	-	1/1/2024	Not Allowed	\$0.00
J3357	USTEKINUMAB SUB CU INJ, 1 MG	-	-	10/1/2024	Fee Schedule	\$159.91
J3358	USTEKINUMAB, IV INJECT, 1 MG	-	-	10/1/2024	Fee Schedule	\$12.97
J3360	DIAZEPAM INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J3364	UROKINASE 5000 IU INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J3365	UROKINASE 250,000 IU INJ	-	-	1/1/2023	Not Allowed	\$0.00
J3370	VANCOMYCIN HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3371	INJ, VANCOMYCIN HCL (MYLAN)	-	-	10/1/2024	Fee Schedule	\$5.67
J3372	INJ, VANCOMYCIN HCL (XELLIA)	-	-	10/1/2024	Fee Schedule	\$6.42
J3380	INJECTION, VEDOLIZUMAB	-	-	10/1/2024	Fee Schedule	\$22.26
J3385	VELAGLUCERASE ALFA	-	-	10/1/2024	Fee Schedule	\$370.20
J3393	INJ, BETIBEGLOGENE AUTOTEMCE	-	-	7/1/2024	Not Allowed	\$0.00
J3394	INJ, LOVOTIBEGLOGENE AUTOTEM	-	-	7/1/2024	Not Allowed	\$0.00
J3396	VERTEPORFIN INJECTION	-	-	10/1/2024	Fee Schedule	\$11.53
J3397	INJ., VESTRONIDASE ALFA-VJBK	-	-	1/1/2024	Not Allowed	\$0.00
J3398	INJ LUXTURNA 1 BILLION VEC G	-	-	10/1/2024	Fee Schedule	\$3,084.46
J3400	TRIFLUPROMAZINE HCL INJ	-	-	1/1/2024	Not Allowed	\$0.00
J3401	VYJUVEK 5X10 <sup>9</sup> PFU/ML, 0.1 ML	-	-	10/1/2024	Fee Schedule	\$996.96
J3410	HYDROXYZINE HCL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J3411	THIAMINE HCL 100 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J3415	PYRIDOXINE HCL 100 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J3420	VITAMIN B12 INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J3424	INJ HYDROXOCOBALAMIN IV 25MG	-	-	7/1/2024	Fee Schedule	\$5.03
J3425	INJ, HYDROXOCOBALAMIN	-	-	1/1/2024	No Separate Payment	\$0.00
J3430	VITAMIN K PHYTONADIONE INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J3465	INJECTION, VORICONAZOLE	-	-	1/1/2024	No Separate Payment	\$0.00
J3470	HYALURONIDASE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J3471	OVINE, UP TO 999 USP UNITS	-	-	1/1/2024	No Separate Payment	\$0.00
J3472	OVINE, 1000 USP UNITS	-	-	1/1/2024	No Separate Payment	\$0.00
J3473	HYALURONIDASE RECOMBINANT	-	-	1/1/2024	No Separate Payment	\$0.00
J3475	INJ MAGNESIUM SULFATE	-	-	1/1/2024	No Separate Payment	\$0.00
J3480	INJ POTASSIUM CHLORIDE	-	-	1/1/2024	No Separate Payment	\$0.00
J3485	ZIDOVUDINE	-	-	1/1/2024	No Separate Payment	\$0.00
J3486	ZIPRASIDONE MESYLATE	-	-	1/1/2024	No Separate Payment	\$0.00
J3489	ZOLEDRONIC ACID 1MG	-	-	1/1/2024	No Separate Payment	\$0.00
J3490	DRUGS UNCLASSIFIED INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J3530	NASAL VACCINE INHALATION	-	-	1/1/2024	No Separate Payment	\$0.00
J3590	UNCLASSIFIED BIOLOGICS	-	-	1/1/2024	No Separate Payment	\$0.00
J7030	NORMAL SALINE SOLUTION INFUS	-	-	1/1/2024	No Separate Payment	\$0.00
J7040	NORMAL SALINE SOLUTION INFUS	-	-	1/1/2024	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J7042	5% DEXTROSE/NORMAL SALINE	-	-	1/1/2024	No Separate Payment	\$0.00
J7050	NORMAL SALINE SOLUTION INFUS	-	-	7/1/2018	No Separate Payment	\$0.00
J7060	5% DEXTROSE/WATER	-	-	7/1/2018	No Separate Payment	\$0.00
J7070	D5W INFUSION	-	-	1/1/2024	No Separate Payment	\$0.00
J7100	DEXTRAN 40 INFUSION	-	-	1/1/2024	No Separate Payment	\$0.00
J7110	DEXTRAN 75 INFUSION	-	-	1/1/2024	No Separate Payment	\$0.00
J7120	RINGERS LACTATE INFUSION	-	-	1/1/2024	No Separate Payment	\$0.00
J7121	5% DEXTROSE IN LAC RINGERS	-	-	7/1/2018	No Separate Payment	\$0.00
J7131	HYPERTONIC SALINE SOL	-	-	1/1/2024	No Separate Payment	\$0.00
J7165	INJ, HUMAN-LANS, PER I.U.	-	-	10/1/2024	Fee Schedule	\$2.00
J7168	PROTHROMBIN COMPLEX KCENTRA	-	-	10/1/2024	Fee Schedule	\$2.24
J7169	INJ ANDEXXA, 10 MG	-	-	10/1/2024	Fee Schedule	\$131.99
J7170	INJ., EMICIZUMAB-KXWH 0.5 MG	-	-	10/1/2024	Fee Schedule	\$52.82
J7171	INJ, ADZYNMA, 10 IU	-	-	10/1/2024	Fee Schedule	\$34.60
J7175	INJ, FACTOR X, (HUMAN), 1IU	-	-	1/1/2024	Fee Schedule	\$9.11
J7177	INJ., FIBRYGA, 1 MG	-	-	10/1/2024	Fee Schedule	\$1.11
J7178	INJ HUMAN FIBRINOGEN CON NOS	-	-	10/1/2024	Fee Schedule	\$1.45
J7179	VONVENDI INJ 1 IU VWF:RCO	-	-	10/1/2024	Fee Schedule	\$1.87
J7180	FACTOR XIII ANTI-HEM FACTOR	-	-	10/1/2024	Fee Schedule	\$10.16
J7181	FACTOR XIII RECOMB A-SUBUNIT	-	-	10/1/2024	Fee Schedule	\$17.26
J7182	FACTOR VIII RECOMB NOVOEIGHT	-	-	4/1/2024	Fee Schedule	\$1.38
J7183	WILATE INJECTION	-	-	10/1/2024	Fee Schedule	\$1.28
J7185	XYNTHA INJ	-	-	10/1/2024	Fee Schedule	\$1.48
J7186	ANTIHEMOPHILIC VIII/VWF COMP	-	-	10/1/2024	Fee Schedule	\$1.23
J7187	HUMATE-P, INJ	-	-	4/1/2024	Fee Schedule	\$1.40
J7188	FACTOR VIII RECOMB OBIZUR	-	-	1/1/2024	Fee Schedule	\$3.22
J7189	FACTOR VIIA RECOMB NOVOSEVEN	-	-	10/1/2024	Fee Schedule	\$2.52
J7190	FACTOR VIII	-	-	10/1/2024	Fee Schedule	\$1.17
J7191	FACTOR VIII (PORCINE)	-	-	1/1/2024	Not Allowed	\$0.00
J7192	FACTOR VIII RECOMBINANT NOS	-	-	7/1/2024	Fee Schedule	\$1.55
J7193	FACTOR IX NON-RECOMBINANT	-	-	10/1/2024	Fee Schedule	\$1.41
J7194	FACTOR IX COMPLEX	-	-	7/1/2024	Fee Schedule	\$1.65
J7195	FACTOR IX RECOMBINANT NOS	-	-	10/1/2024	Fee Schedule	\$1.85
J7196	ANTITHROMBIN RECOMBINANT	-	-	1/1/2024	Not Allowed	\$0.00
J7197	ANTITHROMBIN III INJECTION	-	-	10/1/2024	Fee Schedule	\$3.85
J7198	ANTI-INHIBITOR	-	-	10/1/2024	Fee Schedule	\$2.34
J7200	FACTOR IX RECOMBINAN RIXUBIS	-	-	10/1/2024	Fee Schedule	\$1.67
J7201	FACTOR IX ALPROLIX RECOMB	-	-	10/1/2024	Fee Schedule	\$3.59
J7202	FACTOR IX IDELVION INJ	-	-	10/1/2024	Fee Schedule	\$5.05
J7203	FACTOR IX RECOMB GLY REBINYN	-	-	10/1/2024	Fee Schedule	\$4.57
J7204	INJ RECOMBIN ESPEROCT PER IU	-	-	7/1/2024	Fee Schedule	\$2.17
J7205	FACTOR VIII FC FUSION RECOMB	-	-	10/1/2024	Fee Schedule	\$2.34
J7207	FACTOR VIII PEGYLATED RECOMB	-	-	10/1/2024	Fee Schedule	\$2.10
J7208	INJ, JIVI 1 IU	-	-	7/1/2024	Fee Schedule	\$2.44
J7209	FACTOR VIII NUWIQ RECOMB 1IU	-	-	10/1/2024	Fee Schedule	\$1.24
J7210	INJ, AFSTYLA, 1 I.U.	-	-	4/1/2024	Fee Schedule	\$1.46
J7211	INJ, KOVALTRY, 1 I.U.	-	-	10/1/2024	Fee Schedule	\$1.48
J7212	FACTOR VIIA RECOMB SEVENFACT	-	-	10/1/2024	Fee Schedule	\$2.30
J7213	INJ, IXINITY, 1 I.U.	-	-	10/1/2024	Fee Schedule	\$1.81
J7214	ALTUVIIIO PER FACTOR VIII IU	-	-	10/1/2024	Fee Schedule	\$4.69
J7308	AMINOLEVULINIC ACID HCL TOP	-	-	10/1/2024	Fee Schedule	\$396.97

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J7309	METHYL AMINOLEVULINATE, TOP	-	-	1/1/2024	Not Allowed	\$0.00
J7310	GANCICLOVIR LONG ACT IMPLANT	-	Y	1/1/2023	Not Allowed	\$0.00
J7311	INJ., RETISERT, 0.01 MG	-	Y	10/1/2024	Fee Schedule	\$333.48
J7312	DEXAMETHASONE INTRA IMPLANT	-	-	10/1/2024	Fee Schedule	\$205.62
J7313	INJ., ILUVIEN, 0.01 MG	-	-	10/1/2024	Fee Schedule	\$495.38
J7314	INJ., YUTIQ, 0.01 MG	-	-	10/1/2024	Fee Schedule	\$527.97
J7315	OPHTHALMIC MITOMYCIN	-	-	7/1/2018	No Separate Payment	\$0.00
J7316	INJ, OCRIPLASMIN, 0.125 MG	-	-	10/1/2024	No Separate Payment	\$0.00
J7318	INJ, DUROLANE 1 MG	-	-	10/1/2024	Fee Schedule	\$7.00
J7320	GENVISC 850, INJ, 1MG	-	-	10/1/2024	Fee Schedule	\$5.90
J7321	HYALGAN SUPARTZ VISCO-3 DOSE	-	-	1/1/2020	No Separate Payment	\$0.00
J7322	HYMOVIS INJECTION 1 MG	-	-	10/1/2024	Fee Schedule	\$17.45
J7323	EUFLEXXA INJ PER DOSE	-	-	10/1/2024	Fee Schedule	\$121.31
J7324	ORTHOVISC INJ PER DOSE	-	-	10/1/2024	Fee Schedule	\$122.91
J7325	SYNVISC OR SYNVISC-ONE	-	-	10/1/2024	Fee Schedule	\$9.16
J7326	GEL-ONE	-	-	10/1/2024	Fee Schedule	\$534.48
J7327	MONOVISC INJ PER DOSE	-	-	10/1/2024	Fee Schedule	\$683.17
J7328	GELSYN-3 INJECTION 0.1 MG	-	-	10/1/2024	Fee Schedule	\$0.58
J7329	INJ, TRIVISC 1 MG	-	-	10/1/2024	Fee Schedule	\$6.67
J7331	SYNOJOYNT, INJ., 1 MG	-	-	10/1/2024	Fee Schedule	\$9.58
J7332	INJ., TRILURON, 1 MG	-	-	10/1/2024	Fee Schedule	\$10.36
J7336	CAPSAICIN 8% PATCH	-	-	7/1/2024	Fee Schedule	\$3.33
J7340	CARBIDOPA LEVODOPA ENT 100ML	-	-	10/1/2024	Fee Schedule	\$235.06
J7342	CIPROFLOXACIN OTIC SUSP 6 MG	-	-	1/1/2024	Fee Schedule	\$30.02
J7345	AMINOLEVULINIC ACID, 10% GEL	-	-	10/1/2024	Fee Schedule	\$1.72
J7351	INJ BIMATOPROST ITC IMP1MCG	-	-	10/1/2024	Fee Schedule	\$209.86
J7352	AFAMELANOTIDE IMPLANT, 1 MG	-	-	1/1/2024	Fee Schedule	\$2,873.33
J7353	ANACAULASE-BCDB 8.8% GEL 1 G	-	-	10/1/2024	Fee Schedule	\$58.34
J7354	CANTHARIDIN TOP, APPLICATOR	-	-	10/1/2024	Fee Schedule	\$711.75
J7355	INJ TRAVOPROST INTRA IMPL	-	-	10/1/2024	Fee Schedule	\$197.16
J7402	MOMETASONE SINUS SINUVA	-	-	1/1/2024	Fee Schedule	\$11.35
J7500	AZATHIOPRINE ORAL 50MG	-	-	1/1/2024	No Separate Payment	\$0.00
J7501	AZATHIOPRINE PARENTERAL	-	-	10/1/2024	Fee Schedule	\$235.67
J7502	CYCLOSPORINE ORAL 100 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J7503	TACROL ENVARBUS EX REL ORAL	-	-	1/1/2022	No Separate Payment	\$0.00
J7504	LYMPHOCYTE IMMUNE GLOBULIN	-	-	10/1/2024	Fee Schedule	\$3,968.45
J7505	MONOCLONAL ANTIBODIES	-	-	1/1/2024	Not Allowed	\$0.00
J7507	TACROLIMUS IMME REL ORAL 1MG	-	-	1/1/2024	No Separate Payment	\$0.00
J7508	TACROL ASTAGRAF EX REL ORAL	-	-	1/1/2024	No Separate Payment	\$0.00
J7509	METHYLPREDNISOLONE ORAL	-	-	1/1/2024	No Separate Payment	\$0.00
J7510	PREDNISOLONE ORAL PER 5 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J7511	ANTITHYMOCYTE GLOBULN RABBIT	-	-	10/1/2024	Fee Schedule	\$956.74
J7512	PREDNISON IR OR DR ORAL 1MG	-	-	1/1/2024	No Separate Payment	\$0.00
J7513	DACLIZUMAB, PARENTERAL	-	-	1/1/2024	Not Allowed	\$0.00
J7515	CYCLOSPORINE ORAL 25 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J7516	CYCLOSPORIN PARENTERAL 250MG	-	-	1/1/2024	No Separate Payment	\$0.00
J7517	MYCOPHENOLATE MOFETIL ORAL	-	-	1/1/2024	No Separate Payment	\$0.00
J7518	MYCOPHENOLIC ACID	-	-	1/1/2024	No Separate Payment	\$0.00
J7519	INJ. MYCOPHENOLATE MOFETIL	-	-	10/1/2024	Fee Schedule	\$0.52
J7520	SIROLIMUS, ORAL	-	-	1/1/2024	No Separate Payment	\$0.00
J7525	TACROLIMUS INJECTION	-	-	10/1/2024	Fee Schedule	\$254.78

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J7527	ORAL EVEROLIMUS	-	-	1/1/2024	No Separate Payment	\$0.00
J7599	IMMUNOSUPPRESSIVE DRUG NOC	-	-	1/1/2024	No Separate Payment	\$0.00
J7665	MANNITOL FOR INHALER	-	-	1/1/2024	No Separate Payment	\$0.00
J7674	METHACHOLINE CHLORIDE, NEB	-	-	7/1/2018	No Separate Payment	\$0.00
J7799	NON-INHALATION DRUG FOR DME	-	-	1/1/2024	No Separate Payment	\$0.00
J7999	COMPOUNDED DRUG, NOC	-	-	1/1/2024	No Separate Payment	\$0.00
J8501	ORAL APREPITANT	-	-	1/1/2024	No Separate Payment	\$0.00
J8510	ORAL BUSULFAN	-	-	1/1/2024	No Separate Payment	\$0.00
J8530	CYCLOPHOSPHAMIDE ORAL 25 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J8540	ORAL DEXAMETHASONE	-	-	1/1/2024	No Separate Payment	\$0.00
J8560	ETOPOSIDE ORAL 50 MG	-	-	10/1/2024	Fee Schedule	\$76.66
J8562	ORAL FLUDARABINE PHOSPHATE	-	-	1/1/2024	Not Allowed	\$0.00
J8565	GEFITINIB ORAL	-	-	1/1/2024	Not Allowed	\$0.00
J8597	ANTIEMETIC DRUG ORAL NOS	-	-	1/1/2024	No Separate Payment	\$0.00
J8600	MELPHALAN ORAL 2 MG	-	-	1/1/2023	Not Allowed	\$0.00
J8610	METHOTREXATE ORAL 2.5 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J8611	ORAL METHOTREXATE (JYLAMVO)	-	-	7/1/2024	Fee Schedule	\$19.36
J8612	ORAL METHOTREXATE (XATMEP)	-	-	10/1/2024	Fee Schedule	\$20.71
J8650	NABILONE ORAL	-	-	1/1/2023	Not Allowed	\$0.00
J8655	ORAL NETUPITANT, PALONOSETRO	-	-	10/1/2024	Fee Schedule	\$400.24
J8670	ROLAPITANT, ORAL, 1MG	-	-	10/1/2024	Fee Schedule	\$1.58
J8700	TEMOZOLOMIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J8705	TOPOTECAN ORAL	-	-	10/1/2024	Fee Schedule	\$124.86
J9000	DOXORUBICIN HCL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9001	DOXORUBICIN HCL LIPOSOME INJ	-	-	7/1/2018	Not Allowed	\$0.00
J9015	ALDESLEUKIN INJECTION	-	-	1/1/2024	Fee Schedule	\$3,943.00
J9017	ARSENIC TRIOXIDE INJECTION	-	-	10/1/2024	Fee Schedule	\$7.20
J9019	ERWINAZE INJECTION	-	-	4/1/2024	No Separate Payment	\$0.00
J9020	ASPARAGINASE, NOS	-	-	1/1/2024	Not Allowed	\$0.00
J9021	INJ, ASPARA, RYLAZE, 0.1 MG	-	-	10/1/2024	Fee Schedule	\$52.79
J9022	INJ, ATEZOLIZUMAB,10 MG	-	-	10/1/2024	Fee Schedule	\$86.24
J9023	INJECTION, AVELUMAB, 10 MG	-	-	10/1/2024	Fee Schedule	\$95.18
J9025	AZACITIDINE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9027	CLOFARABINE INJECTION	-	-	10/1/2024	Fee Schedule	\$14.38
J9029	INJ, ADSTILADRIN, PER TX DOS	-	Y	10/1/2024	Fee Schedule	\$63,354.77
J9030	BCG LIVE INTRAVESICAL 1MG	-	-	1/1/2024	No Separate Payment	\$0.00
J9032	INJECTION, BELINOSTAT, 10MG	-	-	10/1/2024	Fee Schedule	\$50.09
J9033	INJ., TREANDA 1 MG	-	-	10/1/2024	Fee Schedule	\$5.43
J9034	INJ., BENDEKA 1 MG	-	-	10/1/2024	Fee Schedule	\$12.95
J9035	BEVACIZUMAB INJECTION	-	-	10/1/2024	Fee Schedule	\$72.70
J9036	INJ. BELRAPZO/BENDAMUSTINE	-	-	10/1/2024	Fee Schedule	\$27.53
J9037	INJ BELANTAMAB MAFODOT BLMF	-	-	1/1/2024	Fee Schedule	\$46.78
J9039	INJECTION, BLINATUMOMAB	-	-	10/1/2024	Fee Schedule	\$152.18
J9040	BLEOMYCIN SULFATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9041	INJECTION, BORTEZOMIB, 0.1MG	-	-	10/1/2024	Fee Schedule	\$1.57
J9042	BRENTUXIMAB VEDOTIN INJ	-	-	10/1/2024	Fee Schedule	\$239.86
J9043	CABAZITAXEL INJECTION	-	-	10/1/2024	Fee Schedule	\$216.46
J9045	CARBOPLATIN INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9046	INJ, BORTEZOMIB, DR. REDDY'S	-	-	1/1/2024	Fee Schedule	\$48.55
J9047	INJECTION, CARFILZOMIB, 1 MG	-	-	10/1/2024	Fee Schedule	\$49.58
J9048	INJ, BORTEZOMIB FRESENIUSKAB	-	-	7/1/2024	Fee Schedule	\$5.04

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J9049	INJ, BORTEZOMIB, HOSPIRA	-	-	10/1/2024	Fee Schedule	\$1.49
J9050	CARMUSTINE INJECTION	-	-	10/1/2024	Fee Schedule	\$330.87
J9051	INJ, BORTEZOMIB (MAIA)	-	-	1/1/2024	Not Allowed	\$0.00
J9052	INJ, CARMUSTINE (ACCORD)	-	-	7/1/2024	Fee Schedule	\$259.70
J9055	CETUXIMAB INJECTION	-	-	10/1/2024	Fee Schedule	\$75.48
J9056	INJ, BENDAMUSTINE, 1 MG	-	-	10/1/2024	Fee Schedule	\$27.84
J9057	INJ., COPANLISIB, 1 MG	-	-	10/1/2024	Fee Schedule	\$92.81
J9058	INJ APOTEX/BENDAMUSTINE 1 MG	-	-	10/1/2024	Fee Schedule	\$15.22
J9059	INJ BENDAMUSTINE, BAXTER 1MG	-	-	10/1/2024	No Separate Payment	\$0.00
J9060	CISPLATIN 10 MG INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9061	INJ, AMIVANTAMAB-VMJW	-	-	10/1/2024	Fee Schedule	\$20.67
J9063	INJ, ELAHERE, 1 MG	-	-	10/1/2024	Fee Schedule	\$66.76
J9064	INJ, CABAZITAXEL (SANDOZ)	-	-	1/1/2024	Not Allowed	\$0.00
J9065	INJ CLADRIBINE PER 1 MG	-	-	10/1/2024	Fee Schedule	\$14.25
J9071	INJ CYCLOPHOSPHAMD AUROMEDIC	-	-	10/1/2024	Fee Schedule	\$1.16
J9072	INJ CYCLOPHOS DR.REDDY'S 5MG	-	-	10/1/2024	No Separate Payment	\$0.00
J9073	INJ CYCLOPHOSPHAMD (INGENUS)	-	-	10/1/2024	Fee Schedule	\$0.93
J9074	INJ, CYCLOPHOSPHAMD, SANDOZ	-	-	10/1/2024	Fee Schedule	\$4.34
J9075	INJ, CYCLOPHOSPHAMIDE, NOS	-	-	10/1/2024	Fee Schedule	\$1.01
J9098	CYTARABINE LIPOSOME INJ	-	-	1/1/2024	Not Allowed	\$0.00
J9100	CYTARABINE HCL 100 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9118	INJ. CALASPARGASE PEGOL-MKNL	-	-	1/1/2024	Not Allowed	\$0.00
J9119	INJ., CEMIPIMAB-RWLC, 1 MG	-	-	10/1/2024	Fee Schedule	\$28.24
J9120	DACTINOMYCIN INJECTION	-	-	10/1/2024	Fee Schedule	\$282.13
J9130	DACARBAZINE 100 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9144	DARATUMUMAB, HYALURONIDASE	-	-	10/1/2024	Fee Schedule	\$51.41
J9145	INJECTION, DARATUMUMAB 10 MG	-	-	10/1/2024	Fee Schedule	\$65.12
J9150	DAUNORUBICIN INJECTION	-	-	10/1/2024	Fee Schedule	\$24.44
J9151	DAUNORUBICIN CITRATE INJ	-	-	1/1/2024	Not Allowed	\$0.00
J9153	INJ DAUNORUBICIN, CYTARABINE	-	-	10/1/2024	Fee Schedule	\$242.50
J9155	DEGARELIX INJECTION	-	-	10/1/2024	Fee Schedule	\$4.18
J9165	DIETHYLSTILBESTROL INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J9171	DOCETAXEL INJECTION	-	-	1/1/2021	No Separate Payment	\$0.00
J9172	DOCETAXEL (INGENUS), 1 MG	-	-	10/1/2024	Fee Schedule	\$50.99
J9173	INJ., DURVALUMAB, 10 MG	-	-	10/1/2024	Fee Schedule	\$81.82
J9175	ELLIOTTS B SOLUTION PER ML	-	-	7/1/2018	No Separate Payment	\$0.00
J9176	INJECTION, ELOTUZUMAB, 1MG	-	-	10/1/2024	Fee Schedule	\$7.58
J9177	INJ ENFORT VEDO-EJFV 0.25MG	-	-	10/1/2024	Fee Schedule	\$36.74
J9178	INJ, EPIRUBICIN HCL, 2 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J9179	ERIBULIN MESYLATE INJECTION	-	-	10/1/2024	Fee Schedule	\$135.79
J9181	ETOPOSIDE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9185	FLUDARABINE PHOSPHATE INJ	-	-	10/1/2024	Fee Schedule	\$134.15
J9190	FLUOROURACIL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9196	INJ GEMCITABINE HCL (ACCORD)	-	-	10/1/2024	Fee Schedule	\$8.52
J9198	INJ. INFUGEM, 100 MG	-	-	1/1/2024	Fee Schedule	\$40.28
J9200	FLOXURIDINE INJECTION	-	-	10/1/2024	Fee Schedule	\$3,858.03
J9201	IN GEMCITABINE HCL NOS 200MG	-	-	1/1/2024	No Separate Payment	\$0.00
J9202	GOSERELIN ACETATE IMPLANT	-	-	10/1/2024	Fee Schedule	\$674.77
J9203	GEMTUZUMAB OZOGAMICIN 0.1 MG	-	-	7/1/2024	Fee Schedule	\$229.67
J9204	INJ MOGAMULIZUMAB-KPKC, 1 MG	-	-	10/1/2024	Fee Schedule	\$238.85
J9205	INJ IRINOTECAN LIPOSOME 1 MG	-	-	10/1/2024	Fee Schedule	\$64.77

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J9206	IRINOTECAN INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9207	IXABEPILONE INJECTION	-	-	10/1/2024	Fee Schedule	\$134.00
J9208	IFOSFAMIDE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9209	MESNA INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9210	INJ., EMAPALUMAB-LZSG, 1 MG	-	-	10/1/2024	Fee Schedule	\$378.03
J9211	IDARUBICIN HCL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9212	INTERFERON ALFACON-1 INJ	-	-	1/1/2024	Not Allowed	\$0.00
J9213	INTERFERON ALFA-2A INJ	-	-	1/1/2024	Not Allowed	\$0.00
J9214	INTERFERON ALFA-2B INJ	-	-	7/1/2024	Fee Schedule	\$28.66
J9215	INTERFERON ALFA-N3 INJ	-	-	1/1/2024	Not Allowed	\$0.00
J9216	INTERFERON GAMMA 1-B INJ	-	-	1/1/2024	Not Allowed	\$0.00
J9217	LEUPROLIDE ACETATE SUSPNSION	-	-	10/1/2024	Fee Schedule	\$176.51
J9218	LEUPROLIDE ACETATE INJECITON	-	-	10/1/2024	Fee Schedule	\$9.20
J9219	LEUPROLIDE ACETATE IMPLANT	-	-	1/1/2024	Not Allowed	\$0.00
J9223	INJ. LURBINECTEDIN, 0.1 MG	-	-	10/1/2024	Fee Schedule	\$203.60
J9225	VANTAS IMPLANT	-	-	7/1/2024	Fee Schedule	\$1,567.97
J9226	SUPPRELIN LA IMPLANT	-	-	10/1/2024	Fee Schedule	\$45,350.22
J9227	INJ. ISATUXIMAB-IRFC 10 MG	-	-	10/1/2024	Fee Schedule	\$78.05
J9228	IPILIMUMAB INJECTION	-	-	10/1/2024	Fee Schedule	\$176.88
J9229	INJ INOTUZUMAB OZOGAM 0.1 MG	-	-	7/1/2024	Fee Schedule	\$2,618.85
J9230	MECHLORETHAMINE HCL INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J9245	INJ MELPHA HYDROCH NOS 50 MG	-	-	10/1/2024	Fee Schedule	\$153.54
J9246	INJ., EVOMELA, 1 MG	-	-	10/1/2024	Fee Schedule	\$17.35
J9247	INJ, MELPHALAN FLUFENAMI 1MG	-	-	10/1/2024	No Separate Payment	\$0.00
J9248	INJ MELPHALAN (HEPZATO) 1 MG	-	-	7/1/2024	Fee Schedule	\$773.80
J9250	METHOTREXATE SODIUM INJ	-	-	4/1/2024	No Separate Payment	\$0.00
J9255	INJ, METHOTREXATE (ACCORD)	-	-	1/1/2024	Not Allowed	\$0.00
J9259	PACLITAXEL (AMERICAN REGENT)	-	-	10/1/2024	Fee Schedule	\$14.79
J9260	METHOTREXATE SODIUM INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J9261	NELARABINE INJECTION	-	-	10/1/2024	Fee Schedule	\$72.53
J9262	INJ, OMACETAXINE MEP, 0.01MG	-	-	7/1/2024	Fee Schedule	\$4.03
J9263	OXALIPLATIN	-	-	7/1/2018	No Separate Payment	\$0.00
J9264	PACLITAXEL PROTEIN BOUND	-	-	10/1/2024	Fee Schedule	\$13.34
J9266	PEGASPARGASE INJECTION	-	-	10/1/2024	Fee Schedule	\$27,070.53
J9267	PACLITAXEL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9268	PENTOSTATIN INJECTION	-	-	10/1/2024	Fee Schedule	\$2,541.77
J9269	INJ. TAGRAXOFUSP-ERZS 10 MCG	-	-	10/1/2024	Fee Schedule	\$339.03
J9270	PLICAMYCIN (MITHRAMYCIN) INJ	-	-	1/1/2024	Not Allowed	\$0.00
J9271	INJ PEMBROLIZUMAB	-	-	10/1/2024	Fee Schedule	\$58.22
J9272	INJ, DOSTARLIMAB-GXLY, 10 MG	-	-	10/1/2024	Fee Schedule	\$236.40
J9273	INJ TISOTU VEDOTIN-TFTV, 1MG	-	-	10/1/2024	Fee Schedule	\$181.60
J9274	INJ, TEBENTAFUSP-TEBN, 1 MCG	-	-	10/1/2024	Fee Schedule	\$214.76
J9280	MITOMYCIN INJECTION	-	-	10/1/2024	Fee Schedule	\$42.51
J9281	MITOMYCIN INSTILLATION	-	-	10/1/2024	Fee Schedule	\$307.34
J9285	INJ, OLARATUMAB, 10 MG	-	-	1/1/2024	Not Allowed	\$0.00
J9286	INJ GLOFITAMAB GXBM, 2.5 MG	-	-	10/1/2024	Fee Schedule	\$2,701.04
J9293	MITOXANTRONE HYDROCHL / 5 MG	-	-	10/1/2024	Fee Schedule	\$54.65
J9294	INJ PEMETREXED, HOSPIRA 10MG	-	-	10/1/2024	Fee Schedule	\$0.62
J9295	INJECTION, NECITUMUMAB, 1 MG	-	-	10/1/2024	Fee Schedule	\$5.73
J9296	INJ PEMETREXED (ACCORD) 10MG	-	-	1/1/2024	Fee Schedule	\$9.66
J9297	INJ PEMETREXED (SANDOZ) 10MG	-	-	10/1/2024	Fee Schedule	\$1.28

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J9298	INJ NIVOL RELATLIMAB 3MG/1MG	-	-	10/1/2024	Fee Schedule	\$190.46
J9299	INJECTION, NIVOLUMAB	-	-	10/1/2024	Fee Schedule	\$31.75
J9301	OBINUTUZUMAB INJ	-	-	10/1/2024	Fee Schedule	\$74.59
J9302	OFATUMUMAB INJECTION	-	-	1/1/2024	Fee Schedule	\$63.96
J9303	PANITUMUMAB INJECTION	-	-	10/1/2024	Fee Schedule	\$159.33
J9304	INJ. PEMETREXED, 10 MG	-	-	10/1/2024	Fee Schedule	\$50.83
J9305	INJ. PEMETREXED NOS 10MG	-	-	10/1/2024	Fee Schedule	\$4.18
J9306	INJECTION, PERTUZUMAB, 1 MG	-	-	10/1/2024	Fee Schedule	\$16.12
J9307	PRALATREXATE INJECTION	-	-	10/1/2024	Fee Schedule	\$373.77
J9308	INJECTION, RAMUCIRUMAB	-	-	10/1/2024	Fee Schedule	\$71.07
J9309	INJ, POLATUZUMAB VEDOTIN 1MG	-	-	10/1/2024	Fee Schedule	\$129.78
J9311	INJ RITUXIMAB, HYALURONIDASE	-	-	10/1/2024	Fee Schedule	\$36.94
J9312	INJ., RITUXIMAB, 10 MG	-	-	10/1/2024	Fee Schedule	\$77.31
J9313	INJ., LUMOXITL, 0.01 MG	-	-	1/1/2024	Fee Schedule	\$23.39
J9314	INJ PEMETREXED (TEVA) 10MG	-	-	10/1/2024	Fee Schedule	\$5.52
J9316	PERTUZU, TRASTUZU, 10 MG	-	-	10/1/2024	Fee Schedule	\$64.58
J9317	SACITUZUMAB GOVITECAN-HZII	-	-	10/1/2024	Fee Schedule	\$34.67
J9318	INJ ROMIDEPSIN NON-LYO 0.1MG	-	-	1/1/2024	Fee Schedule	\$33.91
J9319	INJ ROMIDEPSIN LYOPHIL 0.1MG	-	-	10/1/2024	Fee Schedule	\$29.86
J9320	STREPTOZOCIN INJECTION	-	-	1/1/2024	Fee Schedule	\$370.18
J9321	INJ EPCORITAMAB-BYSP 0.16 MG	-	-	10/1/2024	Fee Schedule	\$54.17
J9322	INJ PEMETREXED (BLUEPOINT)	-	-	10/1/2023	Not Allowed	\$0.00
J9323	INJ PEMETREXED DITROMETHAMIN	-	-	10/1/2024	Fee Schedule	\$10.55
J9324	INJ, PEMRYDI RTU, 10 MG	-	-	10/1/2024	Fee Schedule	\$82.30
J9325	INJ TALIMOGENE LAHERPAREPVEC	-	-	10/1/2024	Fee Schedule	\$70.36
J9328	TEMOZOLOMIDE INJECTION	-	-	1/1/2024	Fee Schedule	\$10.40
J9330	TEMSIROLIMUS INJECTION	-	-	10/1/2024	Fee Schedule	\$32.21
J9331	INJ SIROLIMUS PROT PART 1 MG	-	-	10/1/2024	Fee Schedule	\$114.21
J9332	INJ EFGARTIGIMOD 2MG	-	-	10/1/2024	Fee Schedule	\$32.57
J9333	INJ RONZANOLIXIZUM-NOLI 1 MG	-	-	10/1/2024	Fee Schedule	\$22.80
J9334	INJ EFGART-ALFA 2MG HYA-QVFC	-	-	7/1/2024	Fee Schedule	\$33.13
J9340	THIOTEPA INJECTION	-	-	10/1/2024	Fee Schedule	\$209.02
J9345	INJ, RETIFANLIMAB-DLWR, 1 MG	-	-	10/1/2024	Fee Schedule	\$29.20
J9347	INJ, TREMELIMUMAB-ACTL, 1 MG	-	-	10/1/2024	Fee Schedule	\$135.45
J9348	INJ. NAXITAMAB-GQGG, 1 MG	-	-	10/1/2024	Fee Schedule	\$642.15
J9349	INJ., TAFASITAMAB-CXIX	-	-	10/1/2024	Fee Schedule	\$13.71
J9350	INJ MOSUNETUZUMAB-AXGB, 1 MG	-	-	10/1/2024	Fee Schedule	\$635.47
J9351	TOPOTECAN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9352	INJECTION TRABECTEDIN 0.1MG	-	-	10/1/2024	Fee Schedule	\$362.82
J9353	INJ. MARGETUXIMAB-CMKB, 5 MG	-	-	10/1/2024	Fee Schedule	\$48.21
J9354	INJ, ADO-TRASTUZUMAB EMT 1MG	-	-	10/1/2024	Fee Schedule	\$40.45
J9355	INJ TRASTUZUMAB EXCL BIOSIMI	-	-	10/1/2024	Fee Schedule	\$77.94
J9356	INJ. HERCEPTIN HYLECTA, 10MG	-	-	10/1/2024	Fee Schedule	\$63.79
J9357	VALRUBICIN INJECTION	-	-	10/1/2024	Fee Schedule	\$1,437.08
J9358	INJ FAM-TRASTU DERU-NXKI 1MG	-	-	10/1/2024	Fee Schedule	\$27.81
J9359	INJ LON TESIRIN-LPYL 0.075MG	-	-	10/1/2024	Fee Schedule	\$206.38
J9360	VINBLASTINE SULFATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9361	INJ, EFBEMALENOGRASTIM ALFA-	-	-	7/1/2024	Not Allowed	\$0.00
J9370	VINCRISTINE SULFATE 1 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9380	INJ TECLISTAMAB CQYV 0.5 MG	-	-	10/1/2024	Fee Schedule	\$31.98
J9381	INJ TEPLIZUMAB MZVW 5 MCG	-	-	10/1/2024	Fee Schedule	\$36.90

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



**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J9390	VINORELBINE TARTRATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9393	INJ, FULVESTRANT (TEVA)	-	-	1/1/2024	Fee Schedule	\$21.20
J9394	INJ, FULVESTRANT (FRESENIUS)	-	-	10/1/2024	Fee Schedule	\$53.00
J9395	INJECTION, FULVESTRANT	-	-	10/1/2024	Fee Schedule	\$7.51
J9400	INJ, ZIV-AFLIBERCEPT, 1MG	-	-	10/1/2024	Fee Schedule	\$6.50
J9600	PORFIMER SODIUM INJECTION	-	-	10/1/2024	Fee Schedule	\$23,870.14
J9999	CHEMOTHERAPY DRUG	-	-	7/1/2018	No Separate Payment	\$0.00
L8600	IMPLANT BREAST SILICONE/EQ	-	-	1/1/2024	No Separate Payment	\$0.00
L8603	COLLAGEN IMP URINARY 2.5 ML	-	-	1/1/2024	No Separate Payment	\$0.00
L8604	DEXTRANOMER/HYALURONIC ACID	-	-	7/1/2018	No Separate Payment	\$0.00
L8605	INJ BULKING AGENT ANAL CANAL	-	-	7/1/2018	No Separate Payment	\$0.00
L8606	SYNTHETIC IMPLNT URINARY 1ML	-	-	7/1/2018	Not Allowed	\$0.00
L8607	INJ VOCAL CORD BULKING AGENT	-	-	7/1/2018	No Separate Payment	\$0.00
L8608	ARG II EXT COM/SUP/ACC MISC	-	-	1/1/2024	Not Allowed	\$0.00
L8609	ARTIFICIAL CORNEA	-	-	7/1/2018	No Separate Payment	\$0.00
L8610	OCULAR IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
L8612	AQUEOUS SHUNT PROSTHESIS	-	-	1/1/2024	No Separate Payment	\$0.00
L8613	OSSICULAR IMPLANT	-	-	1/1/2024	No Separate Payment	\$0.00
L8614	COCHLEAR DEVICE	-	-	1/1/2024	No Separate Payment	\$0.00
L8630	METACARPOPHALANGEAL IMPLANT	-	-	1/1/2024	No Separate Payment	\$0.00
L8631	MCP JOINT REPL 2 PC OR MORE	-	-	7/1/2018	No Separate Payment	\$0.00
L8641	METATARSAL JOINT IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
L8642	HALLUX IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
L8658	INTERPHALANGEAL JOINT SPACER	-	-	7/1/2018	No Separate Payment	\$0.00
L8659	INTERPHALANGEAL JOINT REPL	-	-	7/1/2018	No Separate Payment	\$0.00
L8670	VASCULAR GRAFT, SYNTHETIC	-	-	7/1/2018	No Separate Payment	\$0.00
L8678	EXT SPLY IMPLT NEUROSTIM	-	-	4/1/2023	No Separate Payment	\$0.00
L8679	IMP NEUROSTI PLS GN ANY TYPE	-	-	7/1/2018	No Separate Payment	\$0.00
L8682	IMPLT NEUROSTIM RADIOFQ REC	-	-	7/1/2018	No Separate Payment	\$0.00
L8690	AUD OSSEO DEV, INT/EXT COMP	-	-	7/1/2018	No Separate Payment	\$0.00
L8699	PROSTHETIC IMPLANT NOS	-	-	7/1/2018	No Separate Payment	\$0.00
L9900	O&P SUPPLY/ACCESSORY/SERVICE	-	-	7/1/2018	No Separate Payment	\$0.00
M0222	BEBTELOVIMAB INJECTION	-	-	12/8/2021	Not Allowed	\$0.00
P9041	ALBUMIN (HUMAN),5%, 50ML	-	-	1/1/2024	Fee Schedule	\$10.62
P9045	ALBUMIN (HUMAN), 5%, 250 ML	-	-	1/1/2024	Fee Schedule	\$53.08
P9046	ALBUMIN (HUMAN), 25%, 20 ML	-	-	1/1/2024	Fee Schedule	\$21.23
P9047	ALBUMIN (HUMAN), 25%, 50ML	-	-	1/1/2024	Fee Schedule	\$53.08
P9050	GRANULOCYTES, PHERESIS UNIT	-	-	1/1/2023	Not Allowed	\$0.00
Q0035	CARDIOKYMOGRAPHY	-	-	1/1/2024	No Separate Payment	\$0.00
Q0092	SET UP PORT XRAY EQUIPMENT	-	-	1/1/2024	No Separate Payment	\$0.00
Q0138	FERUMOXYTOL, NON-ESRD	-	-	10/1/2024	Fee Schedule	\$0.34
Q0139	FERUMOXYTOL, ESRD USE	-	-	10/1/2024	Fee Schedule	\$0.34
Q0161	CHLORPROMAZINE HCL 5MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0162	ONDANSETRON ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0163	DIPHENHYDRAMINE HCL 50MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q0164	PROCHLORPERAZINE MALEATE 5MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q0166	GRANISETRON HCL 1 MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0167	DRONABINOL 2.5MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0169	PROMETHAZINE HCL 12.5MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0173	TRIMETHOBENZAMIDE HCL 250MG	-	-	1/1/2024	Not Allowed	\$0.00
Q0174	THIETHYLPERAZINE MALEATE10MG	-	-	1/1/2023	Not Allowed	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q0175	PERPHENAZINE 4MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0177	HYDROXYZINE PAMOATE 25MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q0180	DOLASETRON MESYLATE ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0181	UNSPECIFIED ORAL ANTI-EMETIC	-	-	7/1/2018	No Separate Payment	\$0.00
Q0220	TIXAGEV AND CILGAV, 300MG	-	-	1/1/2023	No Separate Payment	\$0.00
Q0221	TIXAGEV AND CILGAV, 600MG	-	-	1/1/2023	No Separate Payment	\$0.00
Q0222	BEBTELOVIMAB 175 MG	-	-	1/1/2023	No Separate Payment	\$0.00
Q0224	INJ, PEMIVIBART, 4500 MG	-	-	7/1/2024	No Separate Payment	\$0.00
Q0240	CASIRIVI AND IMDEVI 600 MG	-	-	10/1/2021	No Separate Payment	\$0.00
Q0243	CASIRIVIMAB AND IMDEVIMAB	-	-	1/1/2022	No Separate Payment	\$0.00
Q0244	CASIRIVI AND IMDEVI 1200 MG	-	-	10/1/2021	No Separate Payment	\$0.00
Q0245	BAMLANIVIMAB AND ETESEVIMA	-	-	4/1/2021	No Separate Payment	\$0.00
Q0247	SOTROVIMAB	-	-	10/1/2021	No Separate Payment	\$0.00
Q0249	TOCILIZUMAB FOR COVID-19	-	-	10/1/2021	No Separate Payment	\$0.00
Q0507	MISC SUP/ACC EXT VAD	-	-	7/1/2018	No Separate Payment	\$0.00
Q0508	MIS SUP/ACC IMP VAD	-	-	7/1/2018	No Separate Payment	\$0.00
Q0509	MIS SUP/AC IMP VAD NOPAY MED	-	-	7/1/2018	No Separate Payment	\$0.00
Q0515	SERMORELIN ACETATE INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
Q2004	BLADDER CALCULI IRRIG SOL	-	-	1/1/2024	Fee Schedule	\$146.92
Q2009	FOSPHENYTOIN INJ PE	-	-	10/1/2024	Fee Schedule	\$3.20
Q2017	TENIPOSIDE, 50 MG	-	-	1/1/2024	Not Allowed	\$0.00
Q2026	RADIESSE INJECTION	-	-	1/1/2024	Fee Schedule	\$298.73
Q2028	INJ, SCULPTRA, 0.5MG	-	-	1/1/2024	Fee Schedule	\$1.40
Q2034	AGRIFLU VACCINE	-	-	7/1/2018	No Separate Payment	\$0.00
Q2035	AFLURIA VACC, 3 YRS & >, IM	-	-	7/1/2018	No Separate Payment	\$0.00
Q2036	FLULAVAL VACC, 3 YRS & >, IM	-	-	7/1/2018	No Separate Payment	\$0.00
Q2037	FLUVIRIN VACC, 3 YRS & >, IM	-	-	7/1/2018	No Separate Payment	\$0.00
Q2038	FLUZONE VACC, 3 YRS & >, IM	-	-	7/1/2018	No Separate Payment	\$0.00
Q2039	INFLUENZA VIRUS VACCINE, NOS	-	-	7/1/2018	No Separate Payment	\$0.00
Q2043	SIPULEUCEL-T AUTO CD54+	-	-	10/1/2024	Fee Schedule	\$55,015.23
Q2049	IMPORTED LIPODOX INJ	-	-	1/1/2024	Fee Schedule	\$391.42
Q2050	DOXORUBICIN INJ 10MG	-	-	10/1/2024	Fee Schedule	\$133.08
Q3014	TELEHEALTH FACILITY FEE	-	-	3/1/2020	Fee Schedule	\$26.65
Q3027	INJ BETA INTERFERON IM 1 MCG	-	-	10/1/2024	Fee Schedule	\$56.23
Q3031	COLLAGEN SKIN TEST	-	-	7/1/2018	No Separate Payment	\$0.00
Q4100	SKIN SUBSTITUTE, NOS	-	-	7/1/2018	No Separate Payment	\$0.00
Q4101	APLIGRAF	-	-	7/1/2018	No Separate Payment	\$0.00
Q4102	OASIS WOUND MATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4103	OASIS BURN MATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4104	INTEGRA BMWD	-	-	7/1/2018	No Separate Payment	\$0.00
Q4105	INTEGRA DRT OR OMNIGRAFT	-	-	7/1/2018	No Separate Payment	\$0.00
Q4106	DERMAGRAFT	-	-	7/1/2018	No Separate Payment	\$0.00
Q4107	GRAFTJACKET	-	-	7/1/2018	No Separate Payment	\$0.00
Q4108	INTEGRA MATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4110	PRIMATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4111	GAMMAGRAFT	-	-	7/1/2018	No Separate Payment	\$0.00
Q4112	CYMETRA INJECTABLE	-	-	7/1/2018	No Separate Payment	\$0.00
Q4113	GRAFTJACKET XPRESS	-	-	7/1/2018	No Separate Payment	\$0.00
Q4114	INTEGRA FLOWABLE WOUND MATRI	-	-	7/1/2018	No Separate Payment	\$0.00
Q4115	ALLOSKIN	-	-	7/1/2018	No Separate Payment	\$0.00
Q4116	ALLODERM	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q4117	HYALOMATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4118	MATRISTEM MICROMATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4121	THERASKIN	-	-	7/1/2018	No Separate Payment	\$0.00
Q4122	DERMACELL, AWM, POROUS SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4123	ALLOSKIN	-	-	7/1/2018	No Separate Payment	\$0.00
Q4124	OASIS TRI-LAYER WOUND MATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4125	ARTHROFLEX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4126	MEMODERM/DERMA/TRANZ/INTEGUP	-	-	7/1/2018	No Separate Payment	\$0.00
Q4127	TALYMED	-	-	7/1/2018	No Separate Payment	\$0.00
Q4128	FLEXHD/ALLOPATCHHD/SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4130	STRATTICE TM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4132	GRAFIX CORE, GRAFIXPL CORE	-	-	7/1/2018	No Separate Payment	\$0.00
Q4133	GRAFIX STRAVIX PRIME PL SQCM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4134	HMATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4135	MEDISKIN	-	-	7/1/2018	No Separate Payment	\$0.00
Q4136	EZDERM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4137	AMNIOEXCEL BIODEXCEL 1SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4138	BIODFENCE DRYFLEX, 1CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4139	AMNIO OR BIODMATRIX, INJ 1CC	-	-	7/1/2018	No Separate Payment	\$0.00
Q4140	BIODFENCE 1CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4141	ALLOSKIN AC, 1 CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4142	XCM BIOLOGIC TISS MATRIX 1CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4143	REPRIZA, 1CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4145	EPIFIX, INJ, 1MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q4146	TENSIX, 1CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4147	ARCHITECT ECM PX FX 1 SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4148	NEOX NEOX RT OR CLARIX CORD	-	-	7/1/2018	No Separate Payment	\$0.00
Q4149	EXCELLAGEN, 0.1 CC	-	-	7/1/2018	No Separate Payment	\$0.00
Q4150	ALLOWRAP DS OR DRY 1 SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4151	AMNIOBAND, GUARDIAN 1 SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4152	DERMAPURE 1 SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4153	DERMAVEST, PLURIVEST SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4154	BIOVANCE 1 SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4155	NEOXFLO OR CLARIXFLO 1 MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q4156	NEOX 100 OR CLARIX 100	-	-	7/1/2018	No Separate Payment	\$0.00
Q4157	REVITALON 1 SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4158	KERECIS OMEGA3, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4159	AFFINITY1 SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4160	NUSHIELD 1 SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4161	BIO-CONNECT PER SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4162	WNDEX FLW, BIOSKN FLW, 0.5CC	-	-	7/1/2018	No Separate Payment	\$0.00
Q4163	WOUNDEX, BIOSKIN, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4164	HELICOLL, PER SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4165	KERAMATRIX, KERASORB SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4166	CYTAL, PER SQUARE CENTIMETER	-	-	7/1/2018	No Separate Payment	\$0.00
Q4167	TRUSKIN, PER SQ CENTIMETER	-	-	7/1/2018	No Separate Payment	\$0.00
Q4168	AMNIOBAND, 1 MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q4169	ARTACENT WOUND, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4170	CYGNUS, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4171	INTERFYL, 1 MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q4173	PALINGEN OR PALINGEN XPLUS	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q4174	PALINGEN OR PROMATRX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4175	MIRODERM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4176	NEOPATCH OR THERION, 1 SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4177	FLOWERAMNIOFLO, 0.1 CC	-	-	7/1/2018	No Separate Payment	\$0.00
Q4178	FLOWERAMNIOPATCH, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4179	FLOWERDERM, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4180	REVITA, PER SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4181	AMNIO WOUND, PER SQUARE CM	-	-	7/1/2018	No Separate Payment	\$0.00
Q4182	TRANSCYTE, PER SQ CENTIMETER	-	-	7/1/2018	No Separate Payment	\$0.00
Q4183	SURGIGRAFT, 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4184	CELLESTA OR DUO PER SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4185	CELLESTA FLOWAB AMNION 0.5CC	-	-	1/1/2019	No Separate Payment	\$0.00
Q4186	EPIFIX 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4187	EPICORD 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4188	AMNIOARMOR 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4189	ARTACENT AC, 1 MG	-	-	1/1/2019	No Separate Payment	\$0.00
Q4190	ARTACENT AC 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4191	RESTORIGIN 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4192	RESTORIGIN, 1 CC	-	-	1/1/2019	No Separate Payment	\$0.00
Q4193	COLL-E-DERM 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4194	NOVACHOR 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4195	PURAPLY 1 SQ CM	-	-	10/1/2020	No Separate Payment	\$0.00
Q4196	PURAPLY AM 1 SQ CM	-	-	10/1/2020	No Separate Payment	\$0.00
Q4197	PURAPLY XT 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4198	GENESIS AMNIO MEMBRANE 1SQCM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4199	CYGNUS MATRIX, PER SQ CM	-	-	1/1/2022	No Separate Payment	\$0.00
Q4200	SKIN TE 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4201	MATRION 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4202	KEROXX (2.5G/CC), 1CC	-	-	1/1/2019	No Separate Payment	\$0.00
Q4203	DERMA-GIDE, 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4204	XWRAP 1 SQ CM	-	-	1/1/2019	No Separate Payment	\$0.00
Q4205	MEMBRANE GRAFT OR WRAP SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4206	FLUID FLOW OR FLUID GF 1 CC	-	-	7/1/2020	No Separate Payment	\$0.00
Q4208	NOVAFIX PER SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4209	SURGRAFT PER SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4211	AMNION BIO OR AXOBIO SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4212	ALLOGEN, PER CC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4213	ASCENT, 0.5 MG	-	-	1/1/2024	No Separate Payment	\$0.00
Q4214	CELLESTA CORD PER SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4215	AXOLOTL AMBIENT, CRYO 0.1 MG	-	-	1/1/2024	No Separate Payment	\$0.00
Q4216	ARTACENT CORD PER SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4217	WOUNDFIX BIOWOUND PLUS XPLUS	-	-	4/1/2020	No Separate Payment	\$0.00
Q4218	SURGICORD PER SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4219	SURGIGRAFT DUAL PER SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4220	BELLACELL HD, SUREDERM SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4221	AMNIOWRAP2 PER SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4222	PROGENAMATRIX, PER SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4224	HHF10-P PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4225	AMNIO OR DERMA TL, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4226	MYOWN HARV PREP PROC SQ CM	-	-	4/1/2020	No Separate Payment	\$0.00
Q4227	AMNIOCORE PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q4229	COGENEX AMNIO MEMB PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4230	COGENEX FLOW AMNION 0.5 CC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4231	CORPLEX P, PER CC	-	-	10/1/2020	No Separate Payment	\$0.00
Q4232	CORPLEX, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4233	SURFACTOR /NUDYN PER 0.5 CC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4234	XCELLERATE, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4235	AMNIOREPAIR OR ALTIPLY SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4236	CAREPATCH PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4237	CRYO-CORD, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4238	DERM-MAXX, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4239	AMNIO-MAXX OR LITE PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4240	CORECYTE TOPICAL ONLY 0.5 CC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4241	POLYCYTE, TOPICAL ONLY 0.5CC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4242	AMNIOCYTE PLUS, PER 0.5 CC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4245	AMNIOTEXT, PER CC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4246	CORETEXT OR PROTEXT, PER CC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4247	AMNIOTEXT PATCH, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4248	DERMACYTE AMN MEM ALLO SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4249	AMNIPLY, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4250	AMNIOAMP-MP PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4251	VIM, PER SQUARE CENTIMETER	-	-	1/1/2024	No Separate Payment	\$0.00
Q4252	VENDAJE, PER SQUARE CENTIMET	-	-	1/1/2024	No Separate Payment	\$0.00
Q4253	ZENITH AMNIOTIC MEMBRANE PSC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4254	NOVAFIX DL PER SQ CM	-	-	10/1/2020	No Separate Payment	\$0.00
Q4255	REGUARD, TOPICAL USE PER SQ	-	-	10/1/2020	No Separate Payment	\$0.00
Q4256	MLG COMPLET, PER SQ CM	-	-	4/1/2022	No Separate Payment	\$0.00
Q4257	RELESE, PER SQ CM	-	-	4/1/2022	No Separate Payment	\$0.00
Q4258	ENVERSE, PER SQ CM	-	-	4/1/2022	No Separate Payment	\$0.00
Q4259	CELERA PER SQ CM	-	-	10/1/2022	No Separate Payment	\$0.00
Q4260	SIGNATURE APATCH, PER SQ CM	-	-	10/1/2022	No Separate Payment	\$0.00
Q4261	TAG, PER SQUARE CENTIMETER	-	-	10/1/2022	No Separate Payment	\$0.00
Q4262	DUAL LAYER IMPAX, PER SQ CM	-	-	4/1/2023	No Separate Payment	\$0.00
Q4263	SURGRAFT TL, PER SQ CM	-	-	4/1/2023	No Separate Payment	\$0.00
Q4264	COCOON MEMBRANE, PER SQ CM	-	-	4/1/2023	No Separate Payment	\$0.00
Q4265	NEOSTIM TL PER SQ CM	-	-	4/1/2023	No Separate Payment	\$0.00
Q4266	NEOSTIM PER SQ CM	-	-	4/1/2023	No Separate Payment	\$0.00
Q4267	NEOSTIM DL PER SQ CM	-	-	4/1/2023	No Separate Payment	\$0.00
Q4268	SURGRAFT FT PER SQ CM	-	-	4/1/2023	No Separate Payment	\$0.00
Q4269	SURGRAFT XT PER SQ CM	-	-	4/1/2023	No Separate Payment	\$0.00
Q4270	COMPLETE SL PER SQ CM	-	-	4/1/2023	No Separate Payment	\$0.00
Q4271	COMPLETE FT PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4272	ESANO A, PER SQ CM	-	-	10/1/2023	No Separate Payment	\$0.00
Q4273	ESANO AAA, PER SQ CM	-	-	10/1/2023	No Separate Payment	\$0.00
Q4274	ESANO AC, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4275	ESANO ACA, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4276	ORION, PER SQ CM	-	-	10/1/2023	No Separate Payment	\$0.00
Q4278	EPIEFFECT, PER SQ CM	-	-	10/1/2023	No Separate Payment	\$0.00
Q4279	VENDAJE AC, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4280	XCELL AMNIO MATRIX PER SQ CM	-	-	10/1/2023	No Separate Payment	\$0.00
Q4281	BARRERA SLOR DL PER SQ CM	-	-	10/1/2023	No Separate Payment	\$0.00
Q4282	CYGNUS DUAL PER SQ CM	-	-	10/1/2023	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q4283	BIOVANCE TRI OR 3L, SQ CM	-	-	10/1/2023	No Separate Payment	\$0.00
Q4284	DERMABIND SL, PER SQ CM	-	-	10/1/2023	No Separate Payment	\$0.00
Q4285	NUDYN DL OR DL MESH PR SQ CM	-	-	10/1/2023	No Separate Payment	\$0.00
Q4286	NUDYN SL OR SLW, PER SQ CM	-	-	10/1/2023	No Separate Payment	\$0.00
Q4287	DERMABIND DL, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4288	DERMABIND CH, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4289	REVOSHIELD+ AMNIO, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4290	MEMBRANE WRAP HYDR PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4291	LAMELLAS XT, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4292	LAMELLAS, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4293	ACESSO DL, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4294	AMNIO QUAD-CORE, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4295	AMNIO TRI-CORE, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4296	REBOUND MATRIX, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4297	EMERGE MATRIX, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4298	AMNICORE PRO, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4299	AMNICORE PRO+, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4300	ACESSO TL, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4301	ACTIVATE MATRIX, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4302	COMPLETE ACA, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4303	COMPLETE AA, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4304	GRAFIX PLUS, PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4305	AMER AM AC TRI-LAY PER SQ CM	-	-	4/1/2024	No Separate Payment	\$0.00
Q4306	AMERIC AMNION AC PER SQ CM	-	-	4/1/2024	No Separate Payment	\$0.00
Q4307	AMERICAN AMNION, PER SQ CM	-	-	4/1/2024	No Separate Payment	\$0.00
Q4308	SANOPELLIS, PER SQ CM	-	-	4/1/2024	No Separate Payment	\$0.00
Q4309	VIA MATRIX, PER SQ CM	-	-	4/1/2024	No Separate Payment	\$0.00
Q4310	PROCENTA, PER 100 MG	-	-	4/1/2024	No Separate Payment	\$0.00
Q4311	ACESSO, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4312	ACESSO AC, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4313	DERMABIND FM, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4314	REEVA, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4315	REGENELINK AMNIOTIC MEM ALLO	-	-	7/1/2024	No Separate Payment	\$0.00
Q4316	AMCHOPLAST, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4317	VITOGRAFT, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4318	E-GRAFT, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4319	SANOGRAFT, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4320	PELLOGRAFT, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4321	RENOGRAFT, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4322	CAREGRAFT, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4323	ALLOPLY, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4324	AMNIOTX, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4325	ACAPATCH, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4326	WOUNDPLUS, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4327	DUOAMNION, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4328	MOST, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4329	SINGLAY, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4330	TOTAL, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4331	AXOLOTL GRAFT, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4332	AXOLOTL DUALGRAFT, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00
Q4333	ARDEOGRAFT, PER SQ CM	-	-	7/1/2024	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q4334	AMNIOPLAST 1, PER SQ CM	-	-	10/1/2024	No Separate Payment	\$0.00
Q4335	AMNIOPLAST 2, PER SQ CM	-	-	10/1/2024	No Separate Payment	\$0.00
Q4336	ARTECENT C, PER SQ CM	-	-	10/1/2024	No Separate Payment	\$0.00
Q4337	ARTECENT TRIDENT, PER SQ CM	-	-	10/1/2024	No Separate Payment	\$0.00
Q4338	ARTACENT VELOS, PER SQ CM	-	-	10/1/2024	No Separate Payment	\$0.00
Q4339	ARTACENT VERICLEN, PER SQ CM	-	-	10/1/2024	No Separate Payment	\$0.00
Q4340	SIMPLIGRAFT, PER SQ CM	-	-	10/1/2024	No Separate Payment	\$0.00
Q4341	SIMPLIMAX, PER SQ CM	-	-	10/1/2024	No Separate Payment	\$0.00
Q4342	THERAMEND, PER SQ CM	-	-	10/1/2024	No Separate Payment	\$0.00
Q4343	DERMACYTE AC MATRX PER SQ CM	-	-	10/1/2024	No Separate Payment	\$0.00
Q4344	TRI MEMBRANE WRAP, PER SQ CM	-	-	10/1/2024	No Separate Payment	\$0.00
Q4345	MATRIX HD ALLOGRFT PER SQ CM	-	-	10/1/2024	No Separate Payment	\$0.00
Q5101	INJECTION, ZARXIO	-	-	10/1/2024	Fee Schedule	\$0.36
Q5103	INJECTION, INFLECTRA	-	-	10/1/2024	Fee Schedule	\$13.62
Q5104	INJECTION, RENFLEXIS	-	-	10/1/2024	Fee Schedule	\$27.18
Q5105	INJ RETACRIT ESRD ON DIALYSI	-	-	10/1/2024	Fee Schedule	\$0.76
Q5106	INJ RETACRIT NON-ESRD USE	-	-	10/1/2024	Fee Schedule	\$7.62
Q5107	INJ MVASI 10 MG	-	-	10/1/2024	Fee Schedule	\$26.59
Q5108	INJECTION, FULPHILA	-	-	10/1/2024	Fee Schedule	\$135.53
Q5109	INJECTION, IXIFI, 10 MG	-	-	1/1/2023	Not Allowed	\$0.00
Q5110	NIVESTYM	-	-	10/1/2024	Fee Schedule	\$0.27
Q5111	INJECTION, UDENYCA 0.5 MG	-	-	10/1/2024	Fee Schedule	\$143.38
Q5112	INJ ONTRUZANT 10 MG	-	-	10/1/2024	Fee Schedule	\$34.17
Q5113	INJ HERZUMA 10 MG	-	-	10/1/2024	Fee Schedule	\$60.44
Q5114	INJ OGI VRI 10 MG	-	-	10/1/2024	Fee Schedule	\$54.16
Q5115	INJ TRUXIMA 10 MG	-	-	10/1/2024	Fee Schedule	\$33.59
Q5116	INJ., TRAZIMERA, 10 MG	-	-	10/1/2024	Fee Schedule	\$19.17
Q5117	INJ., KANJINTI, 10 MG	-	-	10/1/2024	Fee Schedule	\$24.33
Q5118	INJ., ZIRABEV, 10 MG	-	-	10/1/2024	Fee Schedule	\$23.59
Q5119	INJ RUXIENCE, 10 MG	-	-	10/1/2024	Fee Schedule	\$22.44
Q5120	INJ PEGFILGRASTIM-BMEZ 0.5MG	-	-	1/1/2024	Fee Schedule	\$346.76
Q5121	INJ. AVSOLA, 10 MG	-	-	10/1/2024	Fee Schedule	\$21.29
Q5122	INJ, NYVEPRIA	-	-	10/1/2024	Fee Schedule	\$96.55
Q5123	INJ. RIABNI, 10 MG	-	-	10/1/2024	Fee Schedule	\$38.65
Q5124	INJ. BYOOVIZ, 0.1 MG	-	-	10/1/2024	Fee Schedule	\$170.80
Q5125	INJ, RELEUKO 1 MCG	-	-	10/1/2024	Fee Schedule	\$0.47
Q5126	INJ ALYMSYS 10 MG	-	-	10/1/2024	Fee Schedule	\$56.86
Q5127	INJ, STIMUFEND, 0.5 MG	-	-	10/1/2024	Fee Schedule	\$305.66
Q5128	INJ, CIMERLI, 0.1 MG	-	-	10/1/2024	Fee Schedule	\$201.01
Q5129	INJ, VEGZELMA, 10 MG	-	-	10/1/2024	Fee Schedule	\$56.82
Q5130	INJ, FYLNETRA, 0.5 MG	-	-	10/1/2024	Fee Schedule	\$186.19
Q5131	INJ, IDACIO, 20 MG	-	-	10/1/2024	Fee Schedule	\$292.57
Q5132	INJ, ABRILADA, 10 MG	-	-	1/1/2024	Not Allowed	\$0.00
Q5133	INJ, TOFIDENCE, 1 MG	-	-	10/1/2024	Fee Schedule	\$5.72
Q5135	INJ, TYENNE, 1 MG	-	-	10/1/2024	Fee Schedule	\$5.04
Q5137	INJ, WEZLANA, SUB CU, 1 MG	-	-	7/1/2024	No Separate Payment	\$0.00
Q5138	INJ, WEZLANA, IV, 1 MG	-	-	7/1/2024	No Separate Payment	\$0.00
Q9950	INJ SULF HEXA LIPID MICROSPH	-	-	10/1/2020	No Separate Payment	\$0.00
Q9951	LOCM >= 400 MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9953	INJ FE-BASED MR CONTRAST,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9954	ORAL MR CONTRAST, 100 ML	-	-	7/1/2018	No Separate Payment	\$0.00

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

**Montana Healthcare Programs Fee Schedule  
ASC Covered Surgical and Ancillary Services  
October 1, 2024**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q9955	INJ PERFLEXANE LIP MICROS,ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9956	INJ OCTAFLUOROPROPANE MIC,ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9957	INJ PERFLUTREN LIP MICROS,ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9958	HOCM <=149 MG/ML IODINE, 1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9959	HOCM 150-199MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9960	HOCM 200-249MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9961	HOCM 250-299MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9962	HOCM 300-349MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9963	HOCM 350-399MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9964	HOCM>= 400MG/ML IODINE, 1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9965	LOCM 100-199MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9966	LOCM 200-299MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9967	LOCM 300-399MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9968	VISUALIZATION ADJUNCT	-	-	10/1/2024	Fee Schedule	\$8.53
Q9982	FLUTEMETAMOL F18 DIAGNOSTIC	-	-	10/1/2020	No Separate Payment	\$0.00
Q9983	FLORBETABEN F18 DIAGNOSTIC	-	-	10/1/2020	No Separate Payment	\$0.00
Q9991	BUPRENORPH XR 100 MG OR LESS	-	-	4/1/2024	Not Allowed	\$0.00
Q9992	BUPRENORPHINE XR OVER 100 MG	-	-	4/1/2024	Not Allowed	\$0.00
V2630	ANTER CHAMBER INTRAOCUL LENS	-	-	7/1/2018	No Separate Payment	\$0.00
V2631	IRIS SUPPORT INTRAOCULR LENS	-	-	7/1/2018	No Separate Payment	\$0.00
V2632	POST CHMBR INTRAOCULAR LENS	-	-	7/1/2018	No Separate Payment	\$0.00
V2785	CORNEAL TISSUE PROCESSING	-	-	4/1/2016	Fee Schedule	\$0.00
V2790	AMNIOTIC MEMBRANE	-	-	7/1/2018	No Separate Payment	\$0.00