Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.
For example:
26 = professional component
TC = technical component

Description – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable. Fees for drugs, radiopharmaceuticals, blood products, immune globins, vaccines, and toxoids are reviewed and updated quarterly -- effective dates that are greater than three months old indicate that there has been no fee change since that date.

Method – Source of fee determination
Fee Sched: Medicaid fee; not determined using RBRVS payment schedule
Medicare: Medicare-prevailing fee.
By Report (BR): Equals 44% of billed charges. (Physician administered drugs will be priced by NDC if no rate is present.)
Anes Value: Number of anesthesia base value units. This is added to the 15 min. time increment units and multiplied by the anesthesia conversion factor of $28.10.
RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster. Conversion factor for fiscal year 2014 is $34.32
***If a valid, current code is not present, that code may be a non-covered service**
NOTE: Mid-level practitioners do not get 100% of the fee shown in all cases. Please refer to your provider manual for more information.

Fees The facility rate is paid to physicians/practitioners providing services in the following sites: hospitals, emergency rooms, ambulatory surgery centers, IHS provider based and IHS 638 free standing facilities, skilled nursing and nursing facilities, hospice, ambulance, inpatient psychiatric and partial psychiatric hospitals, psychiatric residential treatment centers, comprehensive inpatient rehab facilities, birthing centers and military treatment facilities. All other sites of service receive the office rate.
Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates.
Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of $0.00.
Policy adjustments are applied to certain codes to increase or decrease reimbursement for the service.
Vaccines covered by the Vaccines for Children (VFC) program are not reimbursable for individuals under 19. Please refer to the Medicaid Provider website for the list of VFC vaccines.

Global Days – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.
000: Same day as procedure
010: Same day and ten days following procedure
090: One day prior to and ninety days following procedure
MMM: In maternity cases, the global period is per the CPT-4 code description
ZZZ: Add-on code, global period does not apply. An add-on code must be billed with its associated primary code
Space: Global concept does not apply to this code

PA – Prior Authorization
Y: Prior authorization is required
Space - this indicator does not apply to this code

Pass - Passport Referral
Y: Passport referral is required

Indicators
Mult - Multiple surgery guidelines do apply
Bilat - Bilateral. The procedure can be done bilaterally
Assist - Assistant. An assistant is allowed for this procedure
Co-Surg - Co-Surgery. A co-surgeon is allowed for this procedure
Team - A team of surgeons is allowed for this procedure
Y - indicator is applicable to this code
Space - this indicator does not apply to this code
Policy Adjust - M = Maternity, F = Family Planning

Passport *Not all provider specialties require passport, please refer to your program manual for specifics.*

CPT codes, descriptors, and other data only are copyright 1999 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Apply.

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
A4648		IMPLANTABLE TISSUE MARKER	1/1/2008	RBRVS	$0.00	$0.00									
A4650		IMPLANT RADIATION DOSIMETER	1/1/2008	RBRVS	$0.00	$0.00									
A9155		ARTIFICIAL SALIVA	1/1/2008	RBRVS	$0.00	$0.00									
A9277		EXTERNAL TRANSMITTER, CGM	1/1/2008	RBRVS	$0.00	$0.00		Y							
A9278		EXTERNAL RECEIVER, CGM SYS	1/1/2008	RBRVS	$0.00	$0.00		Y							
A9536		TC99M DEPREOTIDE	10/1/2007	FEE SCHED	$680.00	$0.00									
A9537		TC99M MEBROFENIN	10/1/2007	FEE SCHED	$8.46	$0.00									
A9538		TC99M PYROPHOSPHATE	10/1/2007	FEE SCHED	$36.51	$0.00									
A9539		TC99M PENTETATE	10/1/2007	FEE SCHED	$2.27	$0.00									
A9540		TC99M MAA	10/1/2007	FEE SCHED	$19.55	$0.00									
A9541		TC99M SULFUR COLLOID	7/1/2008	BY REPORT	$0.00	$0.00									
A9542		IN111 IBRITUMOMAB DX	10/1/2007	FEE SCHED	$2,478.09	$0.00									
A9543		Y90 IBRITUMOMAB RX	10/1/2007	FEE SCHED	$21,453.02	$0.00									
A9544		I131 TOSITUMOMAB DX	10/1/2007	FEE SCHED	$2,363.76	$0.00									
A9545		I131 TOSITUMOMAB RX	10/1/2007	FEE SCHED	$20,486.70	$0.00									
A9546		CO57/58	10/1/2008	BY REPORT	$0.00	$0.00									
A9547		IN111 OXYQUINOLINE	10/1/2007	FEE SCHED	$260.91	$0.00									
A9548		IN111 PENTETATE	10/1/2007	FEE SCHED	$730.68	$0.00									
A9550		TC99M GLUCEPTATE	10/1/2008	BY REPORT	$0.00	$0.00									
A9551		TC99M SUCCIMER	10/1/2007	FEE SCHED	$113.30	$0.00									
A9552		F18 FDG	10/1/2008	BY REPORT	$0.00	$0.00									
A9553		CR51 CHROMATE	10/1/2007	FEE SCHED	$382.50	$0.00									
A9554		I125 IOTHALAMATE DX	10/1/2007	FEE SCHED	$19.10	$0.00									
A9555		RB82 RUBIDIUM	10/1/2007	FEE SCHED	$12,535.37	$0.00									
A9556		GA67 GALLIUM	10/1/2007	FEE SCHED	$295.49	$0.00									
A9557		TC99M BICISATE	10/1/2007	FEE SCHED	$379.53	$0.00									
A9558		XE133 XENON 10MCI	10/1/2007	FEE SCHED	$34.86	$0.00									
A9559		CO57 CYANO	10/1/2007	FEE SCHED	$74.73	$0.00									
A9560		TC99M LABELED RBC	10/1/2007	FEE SCHED	$95.27	$0.00									
A9561		TC99M OXIDRONATE	10/1/2007	FEE SCHED	$44.88	$0.00									
A9562		TC99M MERTIATIDE	10/1/2007	FEE SCHED	$526.32	$0.00									
A9563		P32 NA PHOSPHATE	10/1/2007	FEE SCHED	$1,562.64	$0.00									
A9564		P32 CHROMIC PHOSPHATE	10/1/2007	FEE SCHED	$296.27	$0.00									
A9567		TECHNETIUM TC-99M AEROSOL	10/1/2008	BY REPORT	$0.00	$0.00									
A9946		LOCM 150-199MG/ML IODINE, 1ML	4/1/2005	MEDICARE	$1.96	$0.00									
A9947		LOCM 200-249MG/ML IODINE, 1ML	4/1/2005	MEDICARE	$0.77	$0.00									
G0103		PSA SCREENING	1/1/2014	MEDICARE	$41.82	$0.00									
G0237		THERAPEUTIC PROCD STRG ENDUR	7/1/2013	RBRVS	$0.00	$0.00									
G0238		OTH RESP PROC INDIV	7/1/2013	RBRVS	$0.00	$0.00									
G0239		OTH RESP PROC GROUP	7/1/2013	RBRVS	$0.00	$0.00									
G0328		FECAL BLOOD SCRN IMMUNOASSAY	1/1/2014	MEDICARE	$36.17	$0.00									
G0328	QW	FECAL BLOOD SCRN IMMUNOASSAY	1/1/2014	MEDICARE	$36.17	$0.00									
G0372		MD SERVICE REQUIRED FOR PMD	7/1/2013	RBRVS	$0.00	$0.00									
G0431		DRUG SCREEN MULTIPLE CLASS	1/1/2014	MEDICARE	$165.33	$0.00									
G0432		EIA HIV-1/HIV-2 SCREEN	1/1/2014	MEDICARE	$31.17	$0.00			Y						
G0433		ELISA HIV-1/HIV-2 SCREEN	1/1/2014	MEDICARE	$31.17	$0.00									
G0434		DRUG SCREEN MULTI DRUG CLASS	1/1/2014	MEDICARE	$33.07	$0.00									
G0434	QW	DRUG SCREEN MULTI DRUG CLASS	1/1/2014	MEDICARE	$33.07	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G0435		ORAL HIV-1/HIV-2 SCREEN	1/1/2014	MEDICARE	$27.27	$0.00			Y						
G0436		TOBACCO-USE COUNSEL 3-10 MIN	7/1/2013	RBRVS	$0.00	$0.00			Y						
G0437		TOBACCO-USE COUNSEL>10MIN	7/1/2013	RBRVS	$0.00	$0.00			Y						
G0438		PPPS, INITIAL VISIT	7/1/2013	RBRVS	$0.00	$0.00			Y						
G0439		PPPS, SUBSEQ VISIT	7/1/2013	RBRVS	$0.00	$0.00			Y						
G8126		PT TREAT W/ANTIDEPRESS12WKS	1/1/2006	RBRVS	$0.00	$0.00									
G8127		PT NOT TREAT W/ANTIDEPRES12W	1/1/2006	RBRVS	$0.00	$0.00									
G8128		PT INELIG FOR ANTIDEPRES MED	1/1/2006	RBRVS	$0.00	$0.00									
G8545		HEPC MEASURES GRP	1/1/2010	RBRVS	$0.00	$0.00									
G8547		IVD MEASURES GRP	1/1/2010	RBRVS	$0.00	$0.00									
G8548		HF MEASURES GRP	1/1/2010	RBRVS	$0.00	$0.00									
G8549		HEPC MG QUAL ACT PERFORM	1/1/2010	RBRVS	$0.00	$0.00									
G8551		HF MG QUAL ACT PERFORM	1/1/2010	RBRVS	$0.00	$0.00									
G8552		IVD MG QUAL ACT PERFORM	1/1/2010	RBRVS	$0.00	$0.00									
G8559		PT REF DOC OTO EVAL	1/1/2010	RBRVS	$0.00	$0.00									
G8560		PT HX ACT DRAIN PREV 90 DAYS	1/1/2010	RBRVS	$0.00	$0.00									
G8561		PT INELIG FOR REF OTO EVAL	1/1/2010	RBRVS	$0.00	$0.00									
G8562		PT NO HX ACT DRAIN 90 D	1/1/2010	RBRVS	$0.00	$0.00									
G8563		PT NO REF OTO REAS NO SPEC	1/1/2010	RBRVS	$0.00	$0.00									
G8564		PT REF OTO EVAL	1/1/2010	RBRVS	$0.00	$0.00									
G8565		VER DOC HEAR LOSS	1/1/2010	RBRVS	$0.00	$0.00									
G8566		PT INELIG REF OTO EVAL	1/1/2010	RBRVS	$0.00	$0.00									
G8567		PT NO DOC HEAR LOSS	1/1/2010	RBRVS	$0.00	$0.00									
G8568		PT NO REF OTOLO NO SPEC	1/1/2010	RBRVS	$0.00	$0.00									
G8569		PROL INTUBATION REQ	1/1/2010	RBRVS	$0.00	$0.00									
G8570		NO PROL INTUB REQ	1/1/2010	RBRVS	$0.00	$0.00									
G8571		STER WD IFX 30 D POSTOP	1/1/2010	RBRVS	$0.00	$0.00									
G8572		NO STER WD IFX	1/1/2010	RBRVS	$0.00	$0.00									
G8573		STK/CVA CABG	1/1/2010	RBRVS	$0.00	$0.00									
G8574		NO STRK/CVA CABG	1/1/2010	RBRVS	$0.00	$0.00									
G8575		POSTOP REN INSUF	1/1/2010	RBRVS	$0.00	$0.00									
G8576		NO POSTOP REN INSUF	1/1/2010	RBRVS	$0.00	$0.00									
G8577		REOP REQ BLD GRFT OTH	1/1/2010	RBRVS	$0.00	$0.00									
G8578		NO REOP REQ BLD GRFT OTH	1/1/2010	RBRVS	$0.00	$0.00									
G8579		ANTPLT MED DISCH	1/1/2010	RBRVS	$0.00	$0.00									
G8580		ANTPLT MED CONTRAIND	1/1/2010	RBRVS	$0.00	$0.00									
G8581		NO ANTPLT MED DISCH	1/1/2010	RBRVS	$0.00	$0.00									
G8582		BBLOCK DISCH	1/1/2010	RBRVS	$0.00	$0.00									
G8583		BBLOCK CONTRAIND	1/1/2010	RBRVS	$0.00	$0.00									
G8584		NO BBLOCK DISCH	1/1/2010	RBRVS	$0.00	$0.00									
G8585		ANTILIPID TREAT DISCH	1/1/2010	RBRVS	$0.00	$0.00									
G8586		ANTLIP DISCH CONTRA	1/1/2010	RBRVS	$0.00	$0.00									
G8587		NO ANTLIPID TREAT DISCH	1/1/2010	RBRVS	$0.00	$0.00									
G8593		LIPID PN RESULTS	1/1/2010	RBRVS	$0.00	$0.00									
G8594		NO LIPID PROF PERF	1/1/2010	RBRVS	$0.00	$0.00									
G8595		LDL < 100	1/1/2010	RBRVS	$0.00	$0.00									
G8597		LDL >= 100	1/1/2010	RBRVS	$0.00	$0.00									
G8598		ASP THERP USED	1/1/2010	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G8599		NO ASP THERP USED	1/1/2010	RBRVS	$0.00	$0.00									
G8600		TPA INITI W/IN 3 HRS	1/1/2010	RBRVS	$0.00	$0.00									
G8601		NO ELIG TPA INIT W/IN 3 HRS	1/1/2010	RBRVS	$0.00	$0.00									
G8602		NO TPA INIT W/IN 3 HRS	1/1/2010	RBRVS	$0.00	$0.00									
G8627		SURG PROC W/IN 30 DAYS	1/1/2010	RBRVS	$0.00	$0.00									
G8628		NO SURG PROC W/IN 30 DAYS	1/1/2010	RBRVS	$0.00	$0.00									
G9063		ONC DX NSCLC STGI NO DX PROG	1/1/2006	RBRVS	$0.00	$0.00									
G9064		ONC DX NSCLC STG2 NO DX PROG	1/1/2006	RBRVS	$0.00	$0.00									
G9065		ONC DX NSCLC STG3A NODX PROG	1/1/2006	RBRVS	$0.00	$0.00									
G9066		ONC DX NSCLC STG3B-4 METASTA	1/1/2006	RBRVS	$0.00	$0.00									
G9067		ONC DX NSCLC DX UNKNOWN NOS	1/1/2006	RBRVS	$0.00	$0.00									
G9068		ONC DX NSCLC/SCLC LIMITED	1/1/2006	RBRVS	$0.00	$0.00									
G9069		ONC DX SCLC/NSCLC EXT AT DX	1/1/2006	RBRVS	$0.00	$0.00									
G9070		ONC DX SCLC/NSCLC EXT UNKNWN	1/1/2006	RBRVS	$0.00	$0.00									
G9071		ONC DX BRST STG1 2B NO DX PR	1/1/2006	RBRVS	$0.00	$0.00									
G9072		ONC DX BRST STG1-2 NOPROGRES	1/1/2006	RBRVS	$0.00	$0.00									
G9073		ONC DX BRST STG3-W/PROGRES	1/1/2006	RBRVS	$0.00	$0.00									
G9074		ONC DX BRST STG3-NOPROGRESS	1/1/2006	RBRVS	$0.00	$0.00									
G9075		ONC DX BRST METASTIC/ RECUR	1/1/2006	RBRVS	$0.00	$0.00									
G9077		ONC DX PROSTATE T1NO PROGRES	1/1/2006	RBRVS	$0.00	$0.00									
G9078		ONC DX PROSTATE T2NO PROGRES	1/1/2006	RBRVS	$0.00	$0.00									
G9079		ONC DX PROSTATE T3B-T4NOPROG	1/1/2006	RBRVS	$0.00	$0.00									
G9080		ONC DX PROSTATE W/RISE PSA	1/1/2006	RBRVS	$0.00	$0.00									
G9083		ONC DX PROSTATE UNKNOWN NOS	1/1/2006	RBRVS	$0.00	$0.00									
G9084		ONC DX COLON T1-3 N1-2 NO PR	1/1/2006	RBRVS	$0.00	$0.00									
G9085		ONC DX COLON T4 N0 W/O PROG	1/1/2006	RBRVS	$0.00	$0.00									
G9086		ONC DX COLON T1-4 NO DX PROG	1/1/2006	RBRVS	$0.00	$0.00									
G9087		ONC DX COLON RADIOLG EVID DX	1/1/2006	RBRVS	$0.00	$0.00									
G9088		ONC DX COLON M1/METS W/O RAD	1/1/2006	RBRVS	$0.00	$0.00									
G9089		ONC DX COLON EXTENT UNKNOWN	1/1/2006	RBRVS	$0.00	$0.00									
G9090		ONC DX RECTAL T1-2 NO PROGR	1/1/2006	RBRVS	$0.00	$0.00									
G9091		ONC DX RECTAL T3 N0 NO PROG	1/1/2006	RBRVS	$0.00	$0.00									
G9092		ONC DX RECTAL T1-3 N1-2NOPRG	1/1/2006	RBRVS	$0.00	$0.00									
G9093		ONC DX RECTAL T4 N M0 NO PRG	1/1/2006	RBRVS	$0.00	$0.00									
G9094		ONC DX RECTAL M1 W/METS PROG	1/1/2006	RBRVS	$0.00	$0.00									
G9095		ONC DX RECTAL EXTENT UNKNWN	1/1/2006	RBRVS	$0.00	$0.00									
G9096		ONC DX ESOPHAG T1-T3 NOPROG	1/1/2006	RBRVS	$0.00	$0.00									
G9097		ONC DX ESOPHAGEAL T4 NO PROG	1/1/2006	RBRVS	$0.00	$0.00									
G9098		ONC DX ESOPHAGEAL METS RECUR	1/1/2006	RBRVS	$0.00	$0.00									
G9099		ONC DX ESOPHAGEAL UNKNOWN	1/1/2006	RBRVS	$0.00	$0.00									
G9100		ONC DX GASTRIC NO RECURRENCE	1/1/2006	RBRVS	$0.00	$0.00									
G9101		ONC DX GASTRIC P R1-R2NOPROG	1/1/2006	RBRVS	$0.00	$0.00									
G9102		ONC DX GASTRIC UNRESECTABLE	1/1/2006	RBRVS	$0.00	$0.00									
G9103		ONC DX GASTRIC RECURRENT	1/1/2006	RBRVS	$0.00	$0.00									
G9104		ONC DX GASTRIC UNKNOWN NOS	1/1/2006	RBRVS	$0.00	$0.00									
G9105		ONC DX PANCREATC P R0 RES NO	1/1/2006	RBRVS	$0.00	$0.00									
G9106		ONC DX PANCREATC P R1/R2 NO	1/1/2006	RBRVS	$0.00	$0.00									
G9107		ONC DX PANCREATIC UNRESECTAB	1/1/2006	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G9108		ONC DX PANCREATIC UNKNWN NOS	1/1/2006	RBRVS	$0.00	$0.00									
G9109		ONC DX HEAD/NECK T1-T2NO PRG	1/1/2006	RBRVS	$0.00	$0.00									
G9110		ONC DX HEAD/NECK T3-4 NOPROG	1/1/2006	RBRVS	$0.00	$0.00									
G9111		ONC DX HEAD/NECK M1 METS REC	1/1/2006	RBRVS	$0.00	$0.00									
G9112		ONC DX HEAD/NECK EXT UNKNOWN	1/1/2006	RBRVS	$0.00	$0.00									
G9113		ONC DX OVARIAN STG1A-B NO PR	1/1/2006	RBRVS	$0.00	$0.00									
G9114		ONC DX OVARIAN STG1A-B OR 2	1/1/2006	RBRVS	$0.00	$0.00									
G9115		ONC DX OVARIAN STG3/4 NOPROG	1/1/2006	RBRVS	$0.00	$0.00									
G9116		ONC DX OVARIAN RECURRENCE	1/1/2006	RBRVS	$0.00	$0.00									
G9117		ONC DX OVARIAN UNKNOWN NOS	1/1/2006	RBRVS	$0.00	$0.00									
G9123		ONC DX NHL LGE BCELL RELAP	1/1/2006	RBRVS	$0.00	$0.00									
G9124		ONC DX NHL RELAPSE/REFRACTOR	1/1/2006	RBRVS	$0.00	$0.00									
G9125		ONC DX NHL STG UNKNOWN	1/1/2006	RBRVS	$0.00	$0.00									
G9126		ONC DX OVARIAN STG IA/B	1/1/2006	RBRVS	$0.00	$0.00									
G9128		ONC DX MULT MYELOMA STG2 HIG	1/1/2006	RBRVS	$0.00	$0.00									
G9129		ONC DX MULT MYELOMA UNKWN OP	1/1/2006	RBRVS	$0.00	$0.00									
G9130		ONC DX MULTI MYELOMA UNKNOWN	1/1/2006	RBRVS	$0.00	$0.00									
J0461		ATROPINE SULFATE INJECTION	10/1/2013	FEE SCHED	$0.04	$0.00									
J0586		ABOBOTULINUMTOXINA	1/1/2014	FEE SCHED	$7.52	$0.00		Y							
J0598		C-1 ESTERASE, CINRYZE	1/1/2014	FEE SCHED	$49.22	$0.00									
J0833		COSYNTROPIN INJECTION NOS	1/1/2011	FEE SCHED	$52.30	$0.00									
J0834		COSYNTROPIN CORTROSYN INJ	1/1/2014	FEE SCHED	$62.63	$0.00									
J0890		PEGINESATIDE INJECTION	7/1/2013	FEE SCHED	$8.20	$0.00									
J2562		PLERIXAFOR INJECTION	1/1/2014	FEE SCHED	$298.78	$0.00									
J2793		RILONACEPT INJECTION	1/1/2010	BY REPORT	$0.00	$0.00									
J2796		ROMIPLOSTIM INJECTION	1/1/2014	FEE SCHED	$51.61	$0.00									
J7185		XYNTHA INJ	10/1/2013	FEE SCHED	$1.14	$0.00									
J7325		SYNVISC OR SYNVISC-ONE	1/1/2014	FEE SCHED	$12.86	$0.00									
J9155		DEGARELIX INJECTION	1/1/2014	FEE SCHED	$3.52	$0.00									
J9171		DOCETAXEL INJECTION	1/1/2014	FEE SCHED	$3.98	$0.00									
J9328		TEMOZOLOMIDE INJECTION	1/1/2014	FEE SCHED	$5.14	$0.00									
K0730		CTRL DOSE INH DRUG DELIV SYS	1/1/2014	MEDICARE	$1,885.29	$0.00		Y							
L7600		PROSTHETIC DONNING SLEEVE	1/1/2006	BY REPORT	$0.00	$0.00									
L7902		TENSION RING, VAC ERECT DEV	1/1/2014	MEDICARE	$17.95	$0.00									
Q0138		FERUMOXYTOL, NON-ESRD	1/1/2014	FEE SCHED	$0.69	$0.00									
Q0139		FERUMOXYTOL, ESRD USE	1/1/2014	FEE SCHED	$0.69	$0.00									
Q0478		POWER ADAPTER, COMBO VAD	1/1/2014	MEDICARE	$175.88	$0.00									
Q0479		POWER MODULE COMBO VAD, REP	1/1/2014	MEDICARE	$11,559.86	$0.00		Y							
Q0480		DRIVER PNEUMATIC VAD, REP	1/1/2014	MEDICARE	$86,202.86	$0.00		Y							
Q0481		MICROPRCSR CU ELEC VAD, REP	7/1/2008	BY REPORT	$0.00	$0.00		Y							
Q0482		MICROPRCSR CU COMBO VAD, REP	1/1/2014	MEDICARE	$4,356.20	$0.00		Y							
Q0483		MONITOR ELEC VAD, REP	1/1/2014	MEDICARE	$17,945.58	$0.00		Y							
Q0484		MONITOR ELEC OR COMB VAD REP	1/1/2014	MEDICARE	$3,484.94	$0.00		Y							
Q0485		MONITOR CABLE ELEC VAD, REP	1/1/2014	MEDICARE	$336.49	$0.00									
Q0486		MON CABLE ELEC/PNEUM VAD REP	1/1/2014	MEDICARE	$280.03	$0.00									
Q0487		LEADS ANY TYPE VAD, REP ONLY	1/1/2014	MEDICARE	$326.70	$0.00									
Q0489		PWR PCK BASE COMBO VAD, REP	1/1/2014	MEDICARE	$15,557.83	$0.00		Y							
Q0490		EMR PWR SOURCE ELEC VAD, REP	1/1/2014	MEDICARE	$672.94	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
Q0491		EMR PWR SOURCE COMBO VAD REP	1/1/2014	MEDICARE	$1,057.98	$0.00		Y							
Q0492		EMR PWR CBL ELEC VAD, REP	1/1/2014	MEDICARE	$85.23	$0.00									
Q0493		EMR PWR CBL COMBO VAD, REP	1/1/2014	MEDICARE	$242.70	$0.00									
Q0494		EMR HD PMP ELEC/COMBO, REP	1/1/2014	MEDICARE	$205.37	$0.00									
Q0495		CHARGER ELEC/COMBO VAD, REP	1/1/2014	MEDICARE	$3,997.98	$0.00		Y							
Q0496		BATTERY ELEC/COMBO VAD, REP	1/1/2014	MEDICARE	$1,434.93	$0.00		Y							
Q0497		BAT CLPS ELEC/COMB VAD, REP	1/1/2014	MEDICARE	$448.09	$0.00									
Q0498		HOLSTER ELEC/COMBO VAD, REP	1/1/2014	MEDICARE	$491.64	$0.00									
Q0499		BELT/VEST ELEC/COMBO VAD REP	1/1/2014	MEDICARE	$159.73	$0.00									
Q0500		FILTERS ELEC/COMBO VAD, REP	1/1/2014	MEDICARE	$29.21	$0.00									
Q0501		SHWR COV ELEC/COMBO VAD, REP	1/1/2014	MEDICARE	$488.80	$0.00									
Q0502		MOBILITY CART PNEUM VAD, REP	1/1/2014	MEDICARE	$622.30	$0.00									
Q0503		BATTERY PNEUM VAD REPLACEMNT	1/1/2014	MEDICARE	$1,244.63	$0.00		Y							
Q0504		PWR ADPT PNEUM VAD, REP VEH	1/1/2014	MEDICARE	$656.76	$0.00									
Q0507		MISC SUP/ACC EXT VAD	1/1/2014	BY REPORT	$0.00	$0.00									
Q0508		MISC SUP/ACC IMP VAD	1/1/2014	BY REPORT	$0.00	$0.00									
Q0509		MIS SUP/AC IMP VAD NOPAY MED	1/1/2014	BY REPORT	$0.00	$0.00									
Q2043		SIPULEUCEL-T AUTO CD54+	1/1/2014	FEE SCHED	$33,480.93	$0.00		Y							
Q4074		ILOPROST NON-COMP UNIT DOSE	1/1/2014	FEE SCHED	$79.82	$0.00									
Q4081		EPO ALFA 100 UNITS, ESRD	1/1/2014	FEE SCHED	$1.14	$0.00									
Q4101		APLIGRAF	1/1/2014	FEE SCHED	$41.07	$0.00									
Q4102		OASIS WOUND MATRIX	1/1/2014	FEE SCHED	$9.69	$0.00									
Q4103		OASIS BURN MATRIX	1/1/2014	FEE SCHED	$9.69	$0.00									
Q4104		INTEGRA BMWD	1/1/2014	FEE SCHED	$25.85	$0.00									
Q4105		INTEGRA DRT	1/1/2014	FEE SCHED	$15.19	$0.00									
Q4106		DERMAGRAFT	10/1/2013	FEE SCHED	$44.43	$0.00									
Q4107		GRAFTJACKET	1/1/2014	FEE SCHED	$99.30	$0.00									
Q4108		INTEGRA MATRIX	1/1/2014	FEE SCHED	$29.50	$0.00									
Q4110		PRIMATRIX	1/1/2014	FEE SCHED	$40.19	$0.00									
Q4111		GAMMAGRAFT	1/1/2014	FEE SCHED	$7.03	$0.00									
Q4112		CYMETRA INJECTABLE	1/1/2014	FEE SCHED	$424.92	$0.00									
Q4113		GRAFTJACKET XPRESS	1/1/2014	FEE SCHED	$424.92	$0.00									
Q4114		INTEGRA FLOWABLE WOUND MATRI	1/1/2014	FEE SCHED	$1,253.89	$0.00									
Q4121		THERASKIN	1/1/2014	FEE SCHED	$23.13	$0.00									
V5240		DISPENSING FEE BICROS	7/1/2013	FEE SCHED	$232.00	$0.00									
0001F		HEART FAILURE ASSESSED	10/1/2007	RBRVS	$0.00	$0.00									
0005F		OSTEOARTHRITIS COMPOSITE	10/1/2007	RBRVS	$0.00	$0.00									
0058T		CRYOPRESERVATION OVARY TISS	1/1/2011	BY REPORT	$0.00	$0.00									
0059T		CRYOPRESERVATION OOCYTE	1/1/2011	BY REPORT	$0.00	$0.00									
0500F		INITIAL PRENATAL CARE VISIT	10/1/2007	RBRVS	$0.00	$0.00									
0501F		PRENATAL FLOW SHEET	10/1/2007	RBRVS	$0.00	$0.00									
0502F		SUBSEQUENT PRENATAL CARE	10/1/2007	RBRVS	$0.00	$0.00									
0503F		POSTPARTUM CARE VISIT	10/1/2007	RBRVS	$0.00	$0.00									
0525F		INITIAL VISIT FOR EPISODE	4/1/2008	RBRVS	$0.00	$0.00									
0526F		SUBS. VISIT FOR EPISODE	4/1/2008	RBRVS	$0.00	$0.00									
0528F		RCMND FLW-UP 10 YRS DOCD	7/1/2009	RBRVS	$0.00	$0.00									
0529F		INTRVL 3/>YR PTS CLNSCP DOCD	1/1/2009	RBRVS	$0.00	$0.00									
0535F		DYSPNEA MNGMNT PLAN DOCD	7/1/2009	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
0540F		GLUCO MNGMNT PLAN DOCD	1/1/2009	RBRVS	$0.00	$0.00									
0545F		FOLLOW UP CARE PLAN MDD DOCD	9/1/2011	RBRVS	$0.00	$0.00			Y						
0550F		CYTOPATH REPORT NONGYN SPCMN	7/1/2011	RBRVS	$0.00	$0.00									
0551F		CYTOPATH REPORT NON ROUTINE	7/1/2011	RBRVS	$0.00	$0.00									
0555F		SYMPTOM MGMNT PLAN CARE DOCD	1/1/2012	RBRVS	$0.00	$0.00									
0556F		PLAN CARE LIPID CONTROL DOCD	1/1/2012	RBRVS	$0.00	$0.00									
0557F		PLAN CAREMNG ANGNL SYMPTDOCD	1/1/2012	RBRVS	$0.00	$0.00									
0580F		MULTIDISCIPLINARY CARE PLAN	1/1/2013	RBRVS	$0.00	$0.00									
0581F		PT TRNSFRD FROM ANESTH TO CC	1/1/2013	RBRVS	$0.00	$0.00									
0582F		NO TRNSFR FROM ANESTH TO CC	1/1/2013	RBRVS	$0.00	$0.00									
0583F		TRANSFER CARE CHECKLIST USED	1/1/2013	RBRVS	$0.00	$0.00									
0584F		NO TRANSFERCARE CHKLIST USED	1/1/2013	RBRVS	$0.00	$0.00									
1000F		TOBACCO USE SMOKING ASSESS	10/1/2007	RBRVS	$0.00	$0.00									
1002F		ASSESS ANGINAL SYMPTOM/LEVEL	10/1/2007	RBRVS	$0.00	$0.00									
1010F		SEVERITY ANGINA BY ACTVTY	1/1/2012	RBRVS	$0.00	$0.00									
1011F		ANGINA PRESENT	1/1/2012	RBRVS	$0.00	$0.00									
1012F		ANGINA ABSENT	1/1/2012	RBRVS	$0.00	$0.00									
1031F		SMOKING & 2ND HAND ASSESSED	1/1/2012	RBRVS	$0.00	$0.00									
1032F		SMOKER/EXPOSED 2ND HND SMOKE	1/1/2012	RBRVS	$0.00	$0.00									
1033F		TOBACCO NONSMOKER NOR 2NDHND	1/1/2012	RBRVS	$0.00	$0.00									
1050F		HISTORY OF MOLE CHANGES	1/1/2007	RBRVS	$0.00	$0.00									
1052F		TYPE LOCATION ACTIVITY ASSES	1/1/2012	RBRVS	$0.00	$0.00									
1055F		VISUAL FUNCT STATUS ASSESS	1/1/2007	RBRVS	$0.00	$0.00									
1130F		BK PAIN + FXN ASSESSED	4/1/2008	RBRVS	$0.00	$0.00									
1134F		EPSD BK PAIN FOR 6 WKS/<	4/1/2008	RBRVS	$0.00	$0.00									
1135F		EPSD BK PAIN FOR >6 WKS	4/1/2008	RBRVS	$0.00	$0.00									
1136F		EPSD BK PAIN FOR 12 WKS/<	4/1/2008	RBRVS	$0.00	$0.00									
1137F		EPSD BK PAIN FOR >12 WKS	4/1/2008	RBRVS	$0.00	$0.00									
1150F		DOC PT RSK DEATH W/IN 1YR	7/1/2009	RBRVS	$0.00	$0.00									
1151F		DOC NO PT RSK DEATH W/IN 1YR	7/1/2009	RBRVS	$0.00	$0.00									
1152F		DOC ADVNCD DIS COMFORT GOAL	7/1/2009	RBRVS	$0.00	$0.00									
1153F		DOC ADVNCD DIS CMFRT NOTGOAL	7/1/2009	RBRVS	$0.00	$0.00									
1157F		ADVNC CARE PLAN IN RCRD	7/1/2009	RBRVS	$0.00	$0.00									
1158F		ADVNC CARE PLAN TLK DOCD	7/1/2009	RBRVS	$0.00	$0.00									
1159F		MED LIST DOCD IN RCRD	7/1/2009	RBRVS	$0.00	$0.00									
1160F		RVW MEDS BY RX/DR IN RCRD	7/1/2009	RBRVS	$0.00	$0.00									
1170F		FXNL STATUS ASSESSED	1/1/2009	RBRVS	$0.00	$0.00									
1175F		FUNCTION STAT ASSESSED RVWD	1/1/2012	RBRVS	$0.00	$0.00									
1180F		THROMBOEMB RISK ASSESSED	7/1/2009	RBRVS	$0.00	$0.00									
1181F		NEUROPSYCHIA SYMPTS ASSESSED	1/1/2012	RBRVS	$0.00	$0.00									
1182F		NEUROPSYCHI SYMPT 1+PRESENT	1/1/2012	RBRVS	$0.00	$0.00									
1183F		NEUROPSYCHIATRIC SYMP ABSENT	1/1/2012	RBRVS	$0.00	$0.00									
1200F		SEIZURE TYPE(S)+ FRQ DOCD	9/1/2011	RBRVS	$0.00	$0.00									
1205F		EPI ETIOL SYND RVWD AND DOCD	9/1/2011	RBRVS	$0.00	$0.00									
1400F		PARKINSON DIAG RVIEWED	1/1/2011	RBRVS	$0.00	$0.00									
1450F		SYMPTOMS IMPROVED/CONSIST	1/1/2012	RBRVS	$0.00	$0.00									
1451F		SYMPT SHOW CLIN IMPORT DROP	1/1/2012	RBRVS	$0.00	$0.00									
1460F		QUAL CARD DIAG PRIOR 12 MONS	1/1/2012	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
1461F		NO QUAL CARD DIAG PRIOR12MON	1/1/2012	RBRVS	$0.00	$0.00									
1490F		DEM SEVERITY CLASSIFIED MILD	1/1/2012	RBRVS	$0.00	$0.00									
1491F		DEM SEVERITY CLASSIFIED MOD	7/1/2011	RBRVS	$0.00	$0.00									
1493F		DEM SEVERITY CLASS SEVERE	1/1/2012	RBRVS	$0.00	$0.00									
1494F		COGNIT ASSESSED AND REVIEWED	1/1/2012	RBRVS	$0.00	$0.00									
1500F		SYMPTOM+SIGN SYMM POLYNEURO	1/1/2013	RBRVS	$0.00	$0.00									
1501F		NOT INITIAL EVAL FOR COND	1/1/2013	RBRVS	$0.00	$0.00									
1502F		PT QUERIED PAIN FXN W/ INSTR	1/1/2013	RBRVS	$0.00	$0.00									
1503F		PT QUERIED SYMP RESP INSUFF	1/1/2013	RBRVS	$0.00	$0.00									
1504F		PT HAS RESP INSUFFICIENCY	1/1/2013	RBRVS	$0.00	$0.00									
1505F		PT HAS NO RESP INSUFFICIENCY	1/1/2013	RBRVS	$0.00	$0.00									
2000F		BLOOD PRESSURE MEASURE	10/1/2007	RBRVS	$0.00	$0.00									
2015F		ASTHMA IMPAIRMENT ASSESSED	1/1/2012	RBRVS	$0.00	$0.00									
2016F		ASTHMA RISK ASSESSED	1/1/2012	RBRVS	$0.00	$0.00									
2019F		DILATED MACUL EXAM DONE	7/1/2007	RBRVS	$0.00	$0.00									
2020F		DILATED FUNDUS EVAL DONE	7/1/2007	RBRVS	$0.00	$0.00									
2021F		DILAT MACUL+ EXAM DONE	1/1/2007	RBRVS	$0.00	$0.00									
2027F		OPTIC NERVE HEAD EVAL DONE	1/1/2007	RBRVS	$0.00	$0.00									
2029F		COMPLETE PHYS SKIN EXAM DONE	1/1/2007	RBRVS	$0.00	$0.00									
2040F		BK PN XM ON INIT VISIT DATE	4/1/2008	RBRVS	$0.00	$0.00									
2044F		DOC MNTL TST PRIOR BK TRXMNT	4/1/2008	RBRVS	$0.00	$0.00									
2050F		WOUND CHAR SIZE ETC DOCD	7/1/2009	RBRVS	$0.00	$0.00									
2060F		PT TALK EVAL HLTHWKR RE MDD	9/1/2011	RBRVS	$0.00	$0.00									
3008F		BODY MASS INDEX DOCD	9/1/2011	RBRVS	$0.00	$0.00									
3015F		CERV CANCER SCREEN DOC/REV	9/1/2011	RBRVS	$0.00	$0.00									
3016F		PT SCRND UNHLTHY OH USE	1/1/2009	RBRVS	$0.00	$0.00									
3018F		PRE-PRXD RSK ET AL DOCD	7/1/2009	RBRVS	$0.00	$0.00									
3019F		LVEF ASSESS PLANPOST DSCHRGE	1/1/2012	RBRVS	$0.00	$0.00									
3038F		PULM FX W/IN 12MON PRIORSURG	9/1/2011	RBRVS	$0.00	$0.00									
3044F		HG A1C LEVEL < 7.0%	1/1/2007	RBRVS	$0.00	$0.00									
3045F		HG A1C LEVEL 7.0-9.0%	1/1/2007	RBRVS	$0.00	$0.00									
3055F		LVEF LESS THAN/EQUAL TO 35%	1/1/2012	RBRVS	$0.00	$0.00									
3056F		LVEF GREATER THAN 35%	1/1/2012	RBRVS	$0.00	$0.00									
3073F		PRE-SURG EYE MEASURES DOCD	1/1/2007	RBRVS	$0.00	$0.00									
3074F		SYST BP < 130 MM HG	1/1/2007	RBRVS	$0.00	$0.00									
3075F		SYST BP 130 - 139MM HG	1/1/2007	RBRVS	$0.00	$0.00									
3095F		CENTRAL DEXA RESULTS DOCD	1/1/2007	RBRVS	$0.00	$0.00									
3096F		CENTRAL DEXA ORDERED	1/1/2007	RBRVS	$0.00	$0.00									
3115F		QUANT RESULTS ACTIVITY +SYMP	1/1/2012	RBRVS	$0.00	$0.00									
3117F		HF ASSESSMENT TOOL COMPLETED	1/1/2012	RBRVS	$0.00	$0.00									
3118F		NY HEART ASSOC CLASS DOCD	1/1/2012	RBRVS	$0.00	$0.00									
3119F		NO EVAL ACTIVITY CLIN SYMP	1/1/2012	RBRVS	$0.00	$0.00									
3125F		ESOPH BX RPRT W/DYSPL INFO	7/1/2011	RBRVS	$0.00	$0.00									
3250F		NONPRIM LOC SPECIMIN SITE	1/1/2009	RBRVS	$0.00	$0.00									
3267F		PATH RPRT W/ PT PN CAT ET AL	7/1/2011	RBRVS	$0.00	$0.00									
3293F		ABO RH BLOOD TYPING DOCD	9/1/2011	RBRVS	$0.00	$0.00									
3294F		GRP B STREP SCREENING DOCD	9/1/2011	RBRVS	$0.00	$0.00									
3321F		AJCC CNCR 0/IA MELAN DOCD	7/1/2009	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
3322F		MELANOMAAJCC STAGE 0 OR IA	7/1/2009	RBRVS	$0.00	$0.00									
3323F		TNM STAGE DOC PRIOR SURG	1/1/2010	RBRVS	$0.00	$0.00									
3324F		MRI CT SCAN ORD RVWD RQSTD	9/1/2011	RBRVS	$0.00	$0.00									
3328F		PRFRMNC DOC W/IN 2 WKS SURG	9/1/2011	RBRVS	$0.00	$0.00									
3330F		IMAGING STUDY ORDERED	4/1/2008	RBRVS	$0.00	$0.00									
3331F		IMAGING TEST NOT ORDERED	4/1/2008	RBRVS	$0.00	$0.00									
3340F		MAMMO ASSESS INC XRAY DOCD	4/1/2008	RBRVS	$0.00	$0.00									
3341F		MAMMO ASSESS NEGATIVE DOCD	4/1/2008	RBRVS	$0.00	$0.00									
3342F		MAMMO ASSESS BENGN DOCD	4/1/2008	RBRVS	$0.00	$0.00									
3343F		MAMMO PROBABLY BENGN DOCD	4/1/2008	RBRVS	$0.00	$0.00									
3344F		MAMMO ASSESS SUSP DOCD	4/1/2008	RBRVS	$0.00	$0.00									
3345F		MAMMO ASSESS HGHLYMALIG DOC	4/1/2008	RBRVS	$0.00	$0.00									
3350F		MAMMO BX PROVEN MALIG DOCD	4/1/2008	RBRVS	$0.00	$0.00									
3394F		QUANT HER2 IHC EVAL BRST CX	7/1/2011	RBRVS	$0.00	$0.00									
3395F		QUANT NONHER2 IHC BRST CX	7/1/2011	RBRVS	$0.00	$0.00									
3450F		DYSPNEA SCRND NO-MILD DYSP	7/1/2009	RBRVS	$0.00	$0.00									
3451F		DYSPNEA SCRND MOD-SEVEREDYSP	7/1/2009	RBRVS	$0.00	$0.00									
3452F		DYSPNEA NOT SCREENED	7/1/2009	RBRVS	$0.00	$0.00									
3455F		TB SCRNG DONE-INTERPD 6MON	1/1/2009	RBRVS	$0.00	$0.00									
3470F		RA DISEASE ACTIVITY LOW	1/1/2009	RBRVS	$0.00	$0.00									
3471F		RA DISEASE ACTIVITY MOD	1/1/2009	RBRVS	$0.00	$0.00									
3472F		RA DISEASE ACTIVITY HIGH	1/1/2009	RBRVS	$0.00	$0.00									
3475F		DISEASE PROGN RA POOR DOCD	1/1/2009	RBRVS	$0.00	$0.00									
3476F		DISEASE PROGN RA GOOD DOCD	1/1/2009	RBRVS	$0.00	$0.00									
3491F		HIV UNSURE BABY OF HIV+MOMS	7/1/2009	RBRVS	$0.00	$0.00									
3492F		HISTORY CD4+CELL COUNT <350	1/1/2009	RBRVS	$0.00	$0.00									
3498F		CD4+ CELL =15% (HIV)	7/1/2009	RBRVS	$0.00	$0.00									
3500F		CD4 +CELL CNT/% DOCD AS DONE	1/1/2009	RBRVS	$0.00	$0.00									
3511F		CHLMYD/GONRH TSTS DOCD DONE	7/1/2009	RBRVS	$0.00	$0.00									
3512F		SYPH SCRNG DOCD AS DONE	7/1/2009	RBRVS	$0.00	$0.00									
3513F		HEP B SCRNG DOCD AS DONE	7/1/2009	RBRVS	$0.00	$0.00									
3514F		HEP C SCRNG DOCD AS DONE	7/1/2009	RBRVS	$0.00	$0.00									
3515F		PT HAS DOCD IMMUN TO HEP C	7/1/2009	RBRVS	$0.00	$0.00									
3517F		HBV ASSESS&RESULTS INTRP 1YR	1/1/2012	RBRVS	$0.00	$0.00									
3520F		CDIFFICILE TESTING PERFORME	1/1/2012	RBRVS	$0.00	$0.00									
3550F		LOW RSK THROMBOEMBOLISM	7/1/2009	RBRVS	$0.00	$0.00									
3551F		INTRMED RSK THROMBOEMBOLISM	7/1/2009	RBRVS	$0.00	$0.00									
3552F		HGH RISK FOR THROMBOEMBOLISM	7/1/2009	RBRVS	$0.00	$0.00									
3555F		PT INR MEASUREMENT PERFORMED	7/1/2009	RBRVS	$0.00	$0.00									
3570F		RPRT BONE SCINT X-REFW/X-RAY	1/1/2009	RBRVS	$0.00	$0.00									
3572F		PT CONSID POSS RISK FX	7/1/2009	RBRVS	$0.00	$0.00									
3573F		PT NOT CONSID POSS RISK FX	7/1/2009	RBRVS	$0.00	$0.00									
3650F		EEG ORDERED RVWD REQSTD	9/1/2011	RBRVS	$0.00	$0.00									
3700F		PSYCH DISORDERS ASSESSED	1/1/2011	RBRVS	$0.00	$0.00									
3720F		COGNIT IMPAIRMENT ASSESSED	1/1/2011	RBRVS	$0.00	$0.00									
3725F		SCREEN DEPRESSION PERFORMED	1/1/2012	RBRVS	$0.00	$0.00									
3750F		PTNOTRCVNGSTEROID>/=10MG/DAY	1/1/2012	RBRVS	$0.00	$0.00									
3751F		ELECTRODIAG POLYNEURO 6MON	1/1/2013	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
3752F		NO ELECTRODIAG POLYNEURO6MON	1/1/2013	RBRVS	$0.00	$0.00									
3753F		PT HAS SYMP+SIGNS NEUROPATHY	1/1/2013	RBRVS	$0.00	$0.00									
3754F		SCREENING TESTS DM DONE	1/1/2013	RBRVS	$0.00	$0.00									
3755F		COG+BEHAV IMPRMNT SCRNG DONE	1/1/2013	RBRVS	$0.00	$0.00									
3756F		PT W/PSEUDOBULB AFFECT/ALS	1/1/2013	RBRVS	$0.00	$0.00									
3757F		PT W/NO PSEUDOBULBAFFECT/ALS	1/1/2013	RBRVS	$0.00	$0.00									
3758F		PT REF PULM FX TEST/PEAKFLOW	1/1/2013	RBRVS	$0.00	$0.00									
3759F		PT SCRN DYSPHAG/WT LOSS/NUTR	1/1/2013	RBRVS	$0.00	$0.00									
3760F		PT W/DYSPHAG/WT LOSS/NUTR	1/1/2013	RBRVS	$0.00	$0.00									
3761F		PT W/O DYSPHAG/WT LOSS/NUTR	1/1/2013	RBRVS	$0.00	$0.00									
3762F		PATIENT IS DYSARTHRIC	1/1/2013	RBRVS	$0.00	$0.00									
3763F		PATIENT IS NOT DYSARTHRIC	1/1/2013	RBRVS	$0.00	$0.00									
4000F		TOBACCO USE TXMNT COUNSELING	10/1/2007	RBRVS	$0.00	$0.00									
4001F		TOBACCO USE TXMNT PHARMACOL	10/1/2007	RBRVS	$0.00	$0.00									
4004F		PT TOBACCO USE DONE RCVD TLK	9/1/2011	RBRVS	$0.00	$0.00									
4005F		PHARM THX FOR OP RXD	7/1/2007	RBRVS	$0.00	$0.00									
4008F		BETA-BLOCKER THERAPY RXD/TKN	1/1/2012	RBRVS	$0.00	$0.00									
4010F		ACE/ARB THERAPY RXD/TAKEN	1/1/2012	RBRVS	$0.00	$0.00									
4011F		ORAL ANTIPLATELET THERAPY RX	10/1/2007	RBRVS	$0.00	$0.00									
4013F		STATIN THERAPY/CURRENTLY TKN	1/1/2012	RBRVS	$0.00	$0.00									
4019F		DOC RECPT COUNSL VIT D/CALC+	7/1/2007	RBRVS	$0.00	$0.00									
4063F		ANTIDEPRES RXTHXPY NOT RXD	9/1/2011	RBRVS	$0.00	$0.00									
4069F		VTE PROPHYLAXIS RCVD	1/1/2012	RBRVS	$0.00	$0.00									
4086F		ASPIRIN/CLOPIDOGREL RXD	1/1/2012	RBRVS	$0.00	$0.00									
4140F		INHALED CORTICOSTEROIDS RXD	1/1/2012	RBRVS	$0.00	$0.00									
4142F		CORTICOSTER SPARNG TXMNT RXD	1/1/2012	RBRVS	$0.00	$0.00									
4144F		ALT LONG-TERM CNTRL MED RXD	1/1/2012	RBRVS	$0.00	$0.00									
4145F		2+ ANTI-HYPRTNSV AGENTS TKN	1/1/2012	RBRVS	$0.00	$0.00									
4148F		HEP A VACCINE ADMIN/RECVD	1/1/2009	RBRVS	$0.00	$0.00									
4149F		HEP B VACCINE ADMIN/RECVD	1/1/2009	RBRVS	$0.00	$0.00									
4192F		PT NOT RCVNG GLUCOCO THXPY	1/1/2009	RBRVS	$0.00	$0.00									
4193F		PT RCVNG<10MG DAILY PREDNISO	1/1/2009	RBRVS	$0.00	$0.00									
4194F		PT RCVNG10MG DAILY PREDNISO	1/1/2009	RBRVS	$0.00	$0.00									
4195F		PT RCVNG ANTI-RHEUM THXPY RA	1/1/2009	RBRVS	$0.00	$0.00									
4196F		PTNOT RCVNG ANTI-RHM THXPYRA	1/1/2009	RBRVS	$0.00	$0.00									
4240F		INSTR EXERCISE BK PN >12 WKS	4/1/2008	RBRVS	$0.00	$0.00									
4242F		SPRVSD XRCZ BACK PN >12 WKS	4/1/2008	RBRVS	$0.00	$0.00									
4245F		PT INSTR NORMAL LIFESTYLE	4/1/2008	RBRVS	$0.00	$0.00									
4248F		PT INSTR NO BD REST 4 DAYS/>	4/1/2008	RBRVS	$0.00	$0.00									
4250F		WARMNG SURG NORMOTHERMIA	4/1/2008	RBRVS	$0.00	$0.00									
4255F		ANESTH 60 MIN/> AS DOCD	1/1/2010	RBRVS	$0.00	$0.00									
4256F		ANESTH < 60 MIN AS DOCD	1/1/2010	RBRVS	$0.00	$0.00									
4260F		WOUND SRFC CULTURETECH USED	7/1/2009	RBRVS	$0.00	$0.00									
4261F		TECH OTHER THAN SURFC CULTR	7/1/2009	RBRVS	$0.00	$0.00									
4265F		WET-DRY DRESSINGS RX RECMD	7/1/2009	RBRVS	$0.00	$0.00									
4266F		NO WET-DRY DRSSINGS RX RECMD	7/1/2009	RBRVS	$0.00	$0.00									
4267F		COMPRSSION THXPY PRESCRIBED	1/1/2009	RBRVS	$0.00	$0.00									
4268F		PT ED RE COMP THXPY RCVD	7/1/2009	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
4269F		APPROPOS MTHD OFFLOADING RXD	7/1/2009	RBRVS	$0.00	$0.00									
4270F		PT RCVNG ANTI R-VIRAL THXPY	1/1/2010	RBRVS	$0.00	$0.00									
4279F		PCP PROPHYLAXIS RXD	9/1/2011	RBRVS	$0.00	$0.00									
4293F		PT SCRND HGH-RISK SEX BEHAV	7/1/2009	RBRVS	$0.00	$0.00									
4300F		PT RCVNG WARF THXPY	7/1/2009	RBRVS	$0.00	$0.00									
4301F		PT NOT RCVNG WARF THXPY	7/1/2009	RBRVS	$0.00	$0.00									
4305F		PT ED RE FT CARE INSPCT RCVD	7/1/2009	RBRVS	$0.00	$0.00									
4306F		PT TLK PSYCH & RX OPD ADDIC	7/1/2009	RBRVS	$0.00	$0.00									
4320F		PT TALK PSYCHSOC&RX OH DPND	7/1/2009	RBRVS	$0.00	$0.00									
4322F		CRGVR PROV W/ ED ADDL RSRCS	1/1/2012	RBRVS	$0.00	$0.00									
4324F		PT QUERIED PRKNS COMPLIC	1/1/2011	RBRVS	$0.00	$0.00									
4325F		MED TXMNT OPTIONS RVWD W/PT	1/1/2011	RBRVS	$0.00	$0.00									
4326F		PT ASKED RE SYMP AUTO DYSFXN	1/1/2011	RBRVS	$0.00	$0.00									
4328F		PT ASKED RE SLEEP DISTURB	1/1/2011	RBRVS	$0.00	$0.00									
4330F		CNSLNG EPI SPEC SFTY ISSUES	9/1/2011	RBRVS	$0.00	$0.00									
4340F		CNSLNG CHLDBRNG+ WOMEN EPI	9/1/2011	RBRVS	$0.00	$0.00									
4350F		CNSLNG PROVIDED SYMP MNGMNT	1/1/2012	RBRVS	$0.00	$0.00									
4400F		REHAB THXPY OPTIONS W/PT	1/1/2011	RBRVS	$0.00	$0.00									
4450F		SELF-CARE ED PROVIDED TO PT	1/1/2012	RBRVS	$0.00	$0.00									
4470F		ICD COUNSELING PROVIDED	1/1/2012	RBRVS	$0.00	$0.00									
4480F		PT RCVNG ACE/ARB B-BLOCKERTX	1/1/2012	RBRVS	$0.00	$0.00									
4481F		PT RCVNG ACE/ARB BLKER >3MOS	1/1/2012	RBRVS	$0.00	$0.00									
4500F		REF TO OUTPT CARD REHAB PROG	1/1/2012	RBRVS	$0.00	$0.00									
4510F		PREV CARDREHAB QUALCARDEVENT	1/1/2012	RBRVS	$0.00	$0.00									
4525F		NEUROPSYCHIA INTERVEN ORDER	1/1/2012	RBRVS	$0.00	$0.00									
4526F		NEUROPSYCHIA INTERVEN RCVD	1/1/2012	RBRVS	$0.00	$0.00									
4540F		DISEASE MODIF PHARMACOTHXPY	1/1/2013	RBRVS	$0.00	$0.00									
4541F		PT OFFERED TX FOR PSEUDOBULB	1/1/2013	RBRVS	$0.00	$0.00									
4550F		NONINVAS RESP SUPPORT TALK	1/1/2013	RBRVS	$0.00	$0.00									
4551F		NUTRITIONAL SUPPORT OFFERED	1/1/2013	RBRVS	$0.00	$0.00									
4552F		PT REF FOR SPEECH LANG PATH	1/1/2013	RBRVS	$0.00	$0.00									
4553F		PT ASST RE END LIFE ISSUES	1/1/2013	RBRVS	$0.00	$0.00									
4554F		PT RECVD INHAL ANESTHETIC	1/1/2013	RBRVS	$0.00	$0.00									
4555F		PT RECVD NO INHAL ANESTHIC	1/1/2013	RBRVS	$0.00	$0.00									
4556F		PTW/ 3+ POST-OP NAUSEA+VOM	1/1/2013	RBRVS	$0.00	$0.00									
4557F		PT W/O 3+ POST-OPNAUSEA+VOM	1/1/2013	RBRVS	$0.00	$0.00									
4558F		PT RECVD 2 RX ANTI-EMETAGNTS	1/1/2013	RBRVS	$0.00	$0.00									
4559F		1 BODYTEMP >=35.5CW/IN 30MIN	1/1/2013	RBRVS	$0.00	$0.00									
4560F		ANESTH W/O GEN/NEURAX ANESTH	1/1/2013	RBRVS	$0.00	$0.00									
4561F		PT W/CORONARY ARTERY STENT	1/1/2013	RBRVS	$0.00	$0.00									
4562F		PT W/O CORONARY ARTERY STENT	1/1/2013	RBRVS	$0.00	$0.00									
4563F		PT RECVD ASPIRIN W/IN 24 HRS	1/1/2013	RBRVS	$0.00	$0.00									
5005F		PT COUNSLD ON EXAM FOR MOLES	1/1/2007	RBRVS	$0.00	$0.00									
5010F		MACUL RESULT TO PHY MNG DM	1/1/2007	RBRVS	$0.00	$0.00									
5015F		DOC FX & TEST/TXMNT FOR OP	1/1/2007	RBRVS	$0.00	$0.00									
5060F		FNDNGS MAMMO TO PT W/IN3DAYS	4/1/2008	RBRVS	$0.00	$0.00									
5062F		DOC F2FMAMMO FNDNG IN 3 DAYS	4/1/2008	RBRVS	$0.00	$0.00									
5100F		RSK FX REF W/N 24 HRS XRAY	7/1/2009	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
5200F		EVAL APPROS SURG THXPY EPI	9/1/2011	RBRVS	$0.00	$0.00									
5250F		ASTHMA DISCHARGE PLAN PRESNT	1/1/2012	RBRVS	$0.00	$0.00									
53449		REPAIR URO SPHINCTER	7/1/2013	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
59840		ABORTION	7/1/2013	RBRVS	$0.00	$0.00	010			Y					
6040F		APPRO RAD DS DVCS TECHS DOCD	4/1/2008	RBRVS	$0.00	$0.00									
6045F		RAD EXPOS IN END RPRT FLURO	4/1/2008	RBRVS	$0.00	$0.00									
6070F		PT ASKED/CNSLD AED EFFECTS	9/1/2011	RBRVS	$0.00	$0.00									
6080F		PT/CAREGIVER QUERIED FALLS	1/1/2011	RBRVS	$0.00	$0.00									
6090F		PT/CAREGIVER COUNSEL SAFETY	1/1/2011	RBRVS	$0.00	$0.00									
6100F		VERIFY PT SITE PXD DOCD	7/1/2011	RBRVS	$0.00	$0.00									
6101F		SAFETY COUNSELING DEMENTIA	7/1/2011	RBRVS	$0.00	$0.00									
6102F		SAFETY COUNSELING DEM ORDER	7/1/2011	RBRVS	$0.00	$0.00									
6110F		COUNSEL PROV DRIVING RISKS	7/1/2011	RBRVS	$0.00	$0.00									
6150F		PT NOTRCVNG1ST ANTITNF TXMNT	1/1/2012	RBRVS	$0.00	$0.00									
7020F		MAMMO ASSESS CAT IN DBASE	4/1/2008	RBRVS	$0.00	$0.00									
7025F		PT INFOSYS ALARM NEXT MAMMO	4/1/2008	RBRVS	$0.00	$0.00									
77293	TC	RESPIRATOR MOTION MGMT SIMUL	1/1/2014	RBRVS	$0.00	$0.00	ZZZ								
77293	26	RESPIRATOR MOTION MGMT SIMUL	1/1/2014	RBRVS	$0.00	$0.00	ZZZ								
80047		METABOLIC PANEL IONIZED CA	1/1/2014	MEDICARE	$19.23	$0.00									
80047	QW	METABOLIC PANEL IONIZED CA	1/1/2014	MEDICARE	$19.23	$0.00									
80048		BASIC METABOLIC PANEL	1/1/2014	MEDICARE	$19.23	$0.00									
80048	QW	BASIC METABOLIC PANEL	1/1/2014	MEDICARE	$19.23	$0.00									
80050		GENERAL HEALTH PANEL	7/1/2003	FEE SCHED	$56.77	$0.00									
80051		ELECTROLYTE PANEL	1/1/2014	MEDICARE	$15.95	$0.00									
80051	QW	ELECTROLYTE PANEL	1/1/2014	MEDICARE	$15.95	$0.00									
80053		COMPREHEN METABOLIC PANEL	1/1/2014	MEDICARE	$24.02	$0.00									
80053	QW	COMPREHEN METABOLIC PANEL	1/1/2014	MEDICARE	$24.02	$0.00									
80055		OBSTETRIC PANEL	11/1/2002	FEE SCHED	$44.69	$0.00									
80061		LIPID PANEL	1/1/2014	MEDICARE	$30.45	$0.00									
80061	QW	LIPID PANEL	1/1/2014	MEDICARE	$30.45	$0.00									
80069		RENAL FUNCTION PANEL	1/1/2014	MEDICARE	$19.75	$0.00									
80074		ACUTE HEPATITIS PANEL	1/1/2014	MEDICARE	$106.85	$0.00									
80076		HEPATIC FUNCTION PANEL	1/1/2014	MEDICARE	$18.57	$0.00									
80100		DRUG SCREEN QUALITATE/MULTI	1/1/2011	MEDICARE	$34.12	$0.00									
80102		DRUG CONFIRMATION	1/1/2014	MEDICARE	$30.12	$0.00									
80150		ASSAY OF AMIKACIN	1/1/2014	MEDICARE	$34.27	$0.00									
80152		ASSAY OF AMITRIPTYLINE	1/1/2014	MEDICARE	$40.70	$0.00									
80154		ASSAY OF BENZODIAZEPINES	1/1/2014	MEDICARE	$42.05	$0.00									
80156		ASSAY CARBAMAZEPINE TOTAL	1/1/2014	MEDICARE	$33.12	$0.00									
80157		ASSAY CARBAMAZEPINE FREE	1/1/2014	MEDICARE	$30.15	$0.00									
80158		ASSAY OF CYCLOSPORINE	1/1/2014	MEDICARE	$41.05	$0.00									
80160		ASSAY OF DESIPRAMINE	1/1/2014	MEDICARE	$39.13	$0.00									
80162		ASSAY OF DIGOXIN	1/1/2014	MEDICARE	$30.20	$0.00									
80164		ASSAY DIPROPYLACETIC ACID	1/1/2014	MEDICARE	$30.82	$0.00									
80166		ASSAY OF DOXEPIN	1/1/2014	MEDICARE	$35.23	$0.00									
80168		ASSAY OF ETHOSUXIMIDE	1/1/2014	MEDICARE	$25.98	$0.00									
80170		ASSAY OF GENTAMICIN	1/1/2014	MEDICARE	$37.27	$0.00									
80172		ASSAY OF GOLD	1/1/2014	MEDICARE	$37.03	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
80173		ASSAY OF HALOPERIDOL	1/1/2014	MEDICARE	$33.12	$0.00									
80174		ASSAY OF IMIPRAMINE	1/1/2014	MEDICARE	$39.13	$0.00									
80176		ASSAY OF LIDOCAINE	1/1/2014	MEDICARE	$33.40	$0.00									
80178		ASSAY OF LITHIUM	1/1/2014	MEDICARE	$15.03	$0.00									
80178	QW	ASSAY OF LITHIUM	1/1/2014	MEDICARE	$15.03	$0.00									
80182		ASSAY OF NORTRIPTYLINE	1/1/2014	MEDICARE	$30.82	$0.00									
80184		ASSAY OF PHENOBARBITAL	1/1/2014	MEDICARE	$26.03	$0.00									
80185		ASSAY OF PHENYTOIN TOTAL	1/1/2014	MEDICARE	$30.15	$0.00									
80186		ASSAY OF PHENYTOIN FREE	1/1/2014	MEDICARE	$31.30	$0.00									
80188		ASSAY OF PRIMIDONE	1/1/2014	MEDICARE	$36.00	$0.00									
80190		ASSAY OF PROCAINAMIDE	1/1/2014	MEDICARE	$38.08	$0.00									
80192		ASSAY OF PROCAINAMIDE	1/1/2014	MEDICARE	$38.08	$0.00									
80194		ASSAY OF QUINIDINE	1/1/2014	MEDICARE	$33.20	$0.00									
80195		ASSAY OF SIROLIMUS	1/1/2014	MEDICARE	$31.22	$0.00									
80196		ASSAY OF SALICYLATE	1/1/2014	MEDICARE	$16.13	$0.00									
80198		ASSAY OF THEOPHYLLINE	1/1/2014	MEDICARE	$32.17	$0.00									
80200		ASSAY OF TOBRAMYCIN	1/1/2014	MEDICARE	$36.65	$0.00									
80201		ASSAY OF TOPIRAMATE	1/1/2014	MEDICARE	$27.12	$0.00									
80202		ASSAY OF VANCOMYCIN	1/1/2014	MEDICARE	$30.82	$0.00									
80299		QUANTITATIVE ASSAY DRUG	1/1/2014	MEDICARE	$31.13	$0.00									
80400		ACTH STIMULATION PANEL	1/1/2014	MEDICARE	$74.17	$0.00									
80402		ACTH STIMULATION PANEL	1/1/2014	MEDICARE	$197.72	$0.00									
80406		ACTH STIMULATION PANEL	1/1/2014	MEDICARE	$144.13	$0.00									
80408		ALDOSTERONE SUPPRESSION EVAL	1/1/2014	MEDICARE	$285.35	$0.00									
80410		CALCITONIN STIMUL PANEL	1/1/2014	MEDICARE	$182.67	$0.00									
80412		CRH STIMULATION PANEL	1/1/2014	MEDICARE	$749.48	$0.00									
80414		TESTOSTERONE RESPONSE	1/1/2014	MEDICARE	$117.42	$0.00									
80415		ESTRADIOL RESPONSE PANEL	1/1/2014	MEDICARE	$127.07	$0.00									
80418		PITUITARY EVALUATION PANEL	1/1/2014	MEDICARE	$1,317.87	$0.00									
80420		DEXAMETHASONE PANEL	1/1/2014	MEDICARE	$163.82	$0.00									
80422		GLUCAGON TOLERANCE PANEL	1/1/2014	MEDICARE	$104.77	$0.00									
80424		GLUCAGON TOLERANCE PANEL	1/1/2014	MEDICARE	$114.82	$0.00									
80426		GONADOTROPIN HORMONE PANEL	1/1/2014	MEDICARE	$337.45	$0.00									
80428		GROWTH HORMONE PANEL	1/1/2014	MEDICARE	$151.67	$0.00									
80430		GROWTH HORMONE PANEL	1/1/2014	MEDICARE	$178.45	$0.00									
80432		INSULIN SUPPRESSION PANEL	1/1/2014	MEDICARE	$255.80	$0.00									
80434		INSULIN TOLERANCE PANEL	1/1/2014	MEDICARE	$230.05	$0.00									
80435		INSULIN TOLERANCE PANEL	1/1/2014	MEDICARE	$234.23	$0.00									
80436		METYRAPONE PANEL	1/1/2014	MEDICARE	$207.28	$0.00									
80438		TRH STIMULATION PANEL	1/1/2014	MEDICARE	$114.62	$0.00									
80439		TRH STIMULATION PANEL	1/1/2014	MEDICARE	$152.83	$0.00									
80440		TRH STIMULATION PANEL	1/1/2014	MEDICARE	$132.20	$0.00									
80500		LAB PATHOLOGY CONSULTATION	7/1/2013	RBRVS	$0.00	$0.00									
80502		LAB PATHOLOGY CONSULTATION	7/1/2013	RBRVS	$0.00	$0.00									
81000		URINALYSIS NONAUTO W/SCOPE	1/1/2014	MEDICARE	$7.20	$0.00									
81001		URINALYSIS AUTO W/SCOPE	1/1/2014	MEDICARE	$7.20	$0.00									
81002		URINALYSIS NONAUTO W/O SCOPE	1/1/2014	MEDICARE	$5.82	$0.00									
81003		URINALYSIS AUTO W/O SCOPE	1/1/2014	MEDICARE	$5.10	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
81003	QW	URINALYSIS AUTO W/O SCOPE	1/1/2014	MEDICARE	$5.10	$0.00									
81005		URINALYSIS	1/1/2014	MEDICARE	$4.93	$0.00									
81007		URINE SCREEN FOR BACTERIA	1/1/2014	MEDICARE	$5.83	$0.00									
81007	QW	URINALYSIS;BACTERIURIA SCREEN BY NON-CULTURE TECHNIQUE	1/1/2014	MEDICARE	$5.83	$0.00									
81015		MICROSCOPIC EXAM OF URINE	1/1/2014	MEDICARE	$6.92	$0.00									
81025		URINE PREGNANCY TEST	1/1/2014	MEDICARE	$9.02	$0.00									
81050		URINALYSIS VOLUME MEASURE	1/1/2014	MEDICARE	$6.82	$0.00									
81099		URINALYSIS TEST PROCEDURE	10/1/2007	BY REPORT	$0.00	$0.00									
81161		DMD DUP/DELET ANALYSIS	1/1/2014	BY REPORT	$0.00	$0.00									
82000		ASSAY OF BLOOD ACETALDEHYDE	1/1/2014	MEDICARE	$28.17	$0.00									
82003		ASSAY OF ACETAMINOPHEN	1/1/2014	MEDICARE	$46.02	$0.00									
82009		TEST FOR ACETONE/KETONES	1/1/2014	MEDICARE	$10.27	$0.00									
82010		ACETONE ASSAY	1/1/2014	MEDICARE	$18.58	$0.00									
82010	QW	ACETONE OR OTHER KETONE BODIES SERUM; QUANTITATIVE	1/1/2014	MEDICARE	$18.58	$0.00									
82013		ACETYLCHOLINESTERASE ASSAY	1/1/2014	MEDICARE	$25.40	$0.00									
82016		ACYLCARNITINES QUAL	1/1/2014	MEDICARE	$31.52	$0.00									
82017		ACYLCARNITINES QUANT	1/1/2014	MEDICARE	$38.35	$0.00									
82024		ASSAY OF ACTH	1/1/2014	MEDICARE	$87.83	$0.00									
82030		ASSAY OF ADP & AMP	1/1/2014	MEDICARE	$58.65	$0.00									
82040		ASSAY OF SERUM ALBUMIN	1/1/2014	MEDICARE	$9.52	$0.00									
82040	QW	ASSAY OF SERUM ALBUMIN	1/1/2014	MEDICARE	$9.52	$0.00									
82042		ASSAY OF URINE ALBUMIN	1/1/2014	MEDICARE	$6.78	$0.00									
82042	QW	ASSAY OF URINE ALBUMIN	1/1/2014	MEDICARE	$6.78	$0.00									
82043		MICROALBUMIN QUANTITATIVE	1/1/2014	MEDICARE	$13.15	$0.00									
82043	QW	MICROALBUMIN QUANTITATIVE	1/1/2014	MEDICARE	$13.15	$0.00									
82044		MICROALBUMIN SEMIQUANT	1/1/2014	MEDICARE	$10.40	$0.00									
82044	QW	MICROALBUMIN SEMIQUANT	1/1/2014	MEDICARE	$10.40	$0.00									
82045		ALBUMIN ISCHEMIA MODIFIED	1/1/2014	MEDICARE	$77.18	$0.00									
82055		ASSAY OF ETHANOL	1/1/2014	MEDICARE	$24.57	$0.00									
82055	QW	ALCOHOL (ETHANOL); ANY SPECIMEN EXCEPT BREATH	1/1/2014	MEDICARE	$24.57	$0.00									
82075		ASSAY OF BREATH ETHANOL	1/1/2014	MEDICARE	$27.40	$0.00									
82085		ASSAY OF ALDOLASE	1/1/2014	MEDICARE	$22.07	$0.00									
82088		ASSAY OF ALDOSTERONE	1/1/2014	MEDICARE	$92.67	$0.00									
82101		ASSAY OF URINE ALKALOIDS	1/1/2014	MEDICARE	$68.25	$0.00									
82103		ALPHA-1-ANTITRYPSIN TOTAL	1/1/2014	MEDICARE	$30.55	$0.00									
82104		ALPHA-1-ANTITRYPSIN PHENO	1/1/2014	MEDICARE	$32.88	$0.00									
82105		ALPHA-FETOPROTEIN SERUM	1/1/2014	MEDICARE	$38.15	$0.00									
82106		ALPHA-FETOPROTEIN AMNIOTIC	1/1/2014	MEDICARE	$38.15	$0.00									
82107		ALPHA-FETOPROTEIN L3	1/1/2014	MEDICARE	$146.47	$0.00									
82108		ASSAY OF ALUMINUM	1/1/2014	MEDICARE	$57.93	$0.00									
82120		AMINES VAGINAL FLUID QUAL	1/1/2014	MEDICARE	$8.57	$0.00									
82120	QW	AMINES VAGINAL FLUID QUAL	1/1/2014	MEDICARE	$8.57	$0.00									
82127		AMINO ACID SINGLE QUAL	1/1/2014	MEDICARE	$31.52	$0.00									
82128		AMINO ACIDS MULT QUAL	1/1/2014	MEDICARE	$31.52	$0.00									
82131		AMINO ACIDS SINGLE QUANT	1/1/2014	MEDICARE	$38.35	$0.00									
82135		ASSAY AMINOLEVULINIC ACID	1/1/2014	MEDICARE	$37.42	$0.00									
82136		AMINO ACIDS QUANT 2-5	1/1/2014	MEDICARE	$38.35	$0.00									
82139		AMINO ACIDS QUAN 6 OR MORE	1/1/2014	MEDICARE	$38.35	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
82140		ASSAY OF AMMONIA	1/1/2014	MEDICARE	$29.87	$0.00									
82143		AMNIOTIC FLUID SCAN	1/1/2014	MEDICARE	$15.62	$0.00									
82145		ASSAY OF AMPHETAMINES	1/1/2014	MEDICARE	$35.33	$0.00									
82150		ASSAY OF AMYLASE	1/1/2014	MEDICARE	$14.73	$0.00									
82150	QW	ASSAY OF AMYLASE	1/1/2014	MEDICARE	$14.73	$0.00									
82154		ANDROSTANEDIOL GLUCURONIDE	1/1/2014	MEDICARE	$65.57	$0.00									
82157		ASSAY OF ANDROSTENEDIONE	1/1/2014	MEDICARE	$66.57	$0.00									
82160		ASSAY OF ANDROSTERONE	1/1/2014	MEDICARE	$56.85	$0.00									
82163		ASSAY OF ANGIOTENSIN II	1/1/2014	MEDICARE	$46.65	$0.00									
82164		ANGIOTENSIN I ENZYME TEST	1/1/2014	MEDICARE	$33.20	$0.00									
82172		ASSAY OF APOLIPOPROTEIN	1/1/2014	MEDICARE	$35.23	$0.00									
82175		ASSAY OF ARSENIC	1/1/2014	MEDICARE	$43.15	$0.00									
82180		ASSAY OF ASCORBIC ACID	1/1/2014	MEDICARE	$22.47	$0.00									
82190		ATOMIC ABSORPTION	1/1/2014	MEDICARE	$33.90	$0.00									
82205		ASSAY OF BARBITURATES	1/1/2014	MEDICARE	$26.03	$0.00									
82232		ASSAY OF BETA-2 PROTEIN	1/1/2014	MEDICARE	$36.78	$0.00									
82239		BILE ACIDS TOTAL	1/1/2014	MEDICARE	$38.95	$0.00									
82240		BILE ACIDS CHOLYLGLYCINE	1/1/2014	MEDICARE	$60.43	$0.00									
82247		BILIRUBIN TOTAL	1/1/2014	MEDICARE	$11.40	$0.00									
82247	QW	BILIRUBIN TOTAL	1/1/2014	MEDICARE	$11.40	$0.00									
82248		BILIRUBIN DIRECT	1/1/2014	MEDICARE	$11.40	$0.00									
82252		FECAL BILIRUBIN TEST	1/1/2014	MEDICARE	$10.35	$0.00									
82261		ASSAY OF BIOTINIDASE	1/1/2014	MEDICARE	$38.35	$0.00									
82270		OCCULT BLOOD FECES	1/1/2014	MEDICARE	$7.40	$0.00									
82271		OCCULT BLOOD OTHER SOURCES	1/1/2014	MEDICARE	$7.40	$0.00									
82271	QW	OCCULT BLOOD OTHER SOURCES	1/1/2014	MEDICARE	$7.40	$0.00									
82272		OCCULT BLD FECES 1-3 TESTS	1/1/2014	MEDICARE	$7.40	$0.00									
82272	QW	OCCULT BLD FECES 1-3 TESTS	1/1/2014	MEDICARE	$7.40	$0.00									
82274		ASSAY TEST FOR BLOOD FECAL	1/1/2014	MEDICARE	$36.17	$0.00									
82274	QW	ASSAY TEST FOR BLOOD FECAL	1/1/2014	MEDICARE	$36.17	$0.00									
82286		ASSAY OF BRADYKININ	1/1/2014	MEDICARE	$15.67	$0.00									
82300		ASSAY OF CADMIUM	1/1/2014	MEDICARE	$52.63	$0.00									
82306		VITAMIN D 25 HYDROXY	1/1/2014	MEDICARE	$67.33	$0.00									
82308		ASSAY OF CALCITONIN	1/1/2014	MEDICARE	$60.90	$0.00									
82310		ASSAY OF CALCIUM	1/1/2014	MEDICARE	$11.73	$0.00									
82310	QW	ASSAY OF CALCIUM	1/1/2014	MEDICARE	$11.73	$0.00									
82330		ASSAY OF CALCIUM	1/1/2014	MEDICARE	$31.08	$0.00									
82330	QW	ASSAY OF CALCIUM	1/1/2014	MEDICARE	$31.08	$0.00									
82331		CALCIUM INFUSION TEST	1/1/2014	MEDICARE	$11.77	$0.00									
82340		ASSAY OF CALCIUM IN URINE	1/1/2014	MEDICARE	$13.72	$0.00									
82355		CALCULUS ANALYSIS QUAL	1/1/2014	MEDICARE	$26.32	$0.00									
82360		CALCULUS ASSAY QUANT	1/1/2014	MEDICARE	$29.27	$0.00									
82365		CALCULUS SPECTROSCOPY	1/1/2014	MEDICARE	$29.32	$0.00									
82370		X-RAY ASSAY CALCULUS	1/1/2014	MEDICARE	$28.48	$0.00									
82373		ASSAY C-D TRANSFER MEASURE	1/1/2014	MEDICARE	$41.05	$0.00									
82374		ASSAY BLOOD CARBON DIOXIDE	1/1/2014	MEDICARE	$11.12	$0.00									
82374	QW	ASSAY BLOOD CARBON DIOXIDE	1/1/2014	MEDICARE	$11.12	$0.00									
82375		ASSAY CARBOXYHB QUANT	1/1/2014	MEDICARE	$19.88	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
82376		ASSAY CARBOXYHB QUAL	1/1/2014	MEDICARE	$13.63	$0.00									
82378		CARCINOEMBRYONIC ANTIGEN	1/1/2014	MEDICARE	$43.13	$0.00									
82379		ASSAY OF CARNITINE	1/1/2014	MEDICARE	$38.35	$0.00									
82380		ASSAY OF CAROTENE	1/1/2014	MEDICARE	$20.97	$0.00									
82382		ASSAY URINE CATECHOLAMINES	1/1/2014	MEDICARE	$39.10	$0.00									
82383		ASSAY BLOOD CATECHOLAMINES	1/1/2014	MEDICARE	$56.98	$0.00									
82384		ASSAY THREE CATECHOLAMINES	1/1/2014	MEDICARE	$57.42	$0.00									
82387		ASSAY OF CATHEPSIN-D	1/1/2014	MEDICARE	$8.95	$0.00									
82390		ASSAY OF CERULOPLASMIN	1/1/2014	MEDICARE	$24.42	$0.00									
82397		CHEMILUMINESCENT ASSAY	1/1/2014	MEDICARE	$29.78	$0.00									
82415		ASSAY OF CHLORAMPHENICOL	1/1/2014	MEDICARE	$28.82	$0.00									
82435		ASSAY OF BLOOD CHLORIDE	1/1/2014	MEDICARE	$10.45	$0.00									
82435	QW	ASSAY OF BLOOD CHLORIDE	1/1/2014	MEDICARE	$10.45	$0.00									
82436		ASSAY OF URINE CHLORIDE	1/1/2014	MEDICARE	$11.43	$0.00									
82438		ASSAY OTHER FLUID CHLORIDES	1/1/2014	MEDICARE	$11.12	$0.00									
82441		TEST FOR CHLOROHYDROCARBONS	1/1/2014	MEDICARE	$13.65	$0.00									
82465		ASSAY BLD/SERUM CHOLESTEROL	1/1/2014	MEDICARE	$9.88	$0.00									
82465	QW	ASSAY BLD/SERUM CHOLESTEROL	1/1/2014	MEDICARE	$9.88	$0.00									
82480		ASSAY SERUM CHOLINESTERASE	1/1/2014	MEDICARE	$17.92	$0.00									
82482		ASSAY RBC CHOLINESTERASE	1/1/2014	MEDICARE	$17.47	$0.00									
82485		ASSAY CHONDROITIN SULFATE	1/1/2014	MEDICARE	$46.95	$0.00									
82486		GAS/LIQUID CHROMATOGRAPHY	1/1/2014	MEDICARE	$41.05	$0.00									
82487		PAPER CHROMATOGRAPHY	1/1/2014	MEDICARE	$36.32	$0.00									
82488		PAPER CHROMATOGRAPHY	1/1/2014	MEDICARE	$48.58	$0.00									
82489		THIN LAYER CHROMATOGRAPHY	1/1/2014	MEDICARE	$42.05	$0.00									
82491		CHROMOTOGRAPHY QUANT SING	1/1/2014	MEDICARE	$41.05	$0.00									
82492		CHROMOTOGRAPHY QUANT MULT	1/1/2014	MEDICARE	$41.05	$0.00									
82495		ASSAY OF CHROMIUM	1/1/2014	MEDICARE	$46.12	$0.00									
82507		ASSAY OF CITRATE	1/1/2014	MEDICARE	$63.22	$0.00									
82520		ASSAY OF COCAINE	1/1/2014	MEDICARE	$34.47	$0.00									
82525		ASSAY OF COPPER	1/1/2014	MEDICARE	$28.22	$0.00									
82528		ASSAY OF CORTICOSTERONE	1/1/2014	MEDICARE	$51.20	$0.00									
82530		CORTISOL FREE	1/1/2014	MEDICARE	$38.00	$0.00									
82533		TOTAL CORTISOL	1/1/2014	MEDICARE	$37.07	$0.00									
82540		ASSAY OF CREATINE	1/1/2014	MEDICARE	$10.53	$0.00									
82541		COLUMN CHROMOTOGRAPHY QUAL	1/1/2014	MEDICARE	$41.05	$0.00									
82542		COLUMN CHROMOTOGRAPHY QUANT	1/1/2014	MEDICARE	$41.05	$0.00									
82543		COLUMN CHROMOTOGRAPH/ISOTOPE	1/1/2014	MEDICARE	$41.05	$0.00									
82544		COLUMN CHROMOTOGRAPH/ISOTOPE	1/1/2014	MEDICARE	$41.05	$0.00									
82550		ASSAY OF CK (CPK)	1/1/2014	MEDICARE	$14.80	$0.00									
82552		ASSAY OF CPK IN BLOOD	1/1/2014	MEDICARE	$30.47	$0.00									
82553		CREATINE MB FRACTION	1/1/2014	MEDICARE	$26.25	$0.00									
82554		CREATINE ISOFORMS	1/1/2014	MEDICARE	$20.87	$0.00									
82565		ASSAY OF CREATININE	1/1/2014	MEDICARE	$11.65	$0.00									
82565	QW	ASSAY OF CREATININE	1/1/2014	MEDICARE	$11.65	$0.00									
82570		ASSAY OF URINE CREATININE	1/1/2014	MEDICARE	$11.77	$0.00									
82570	QW	CREATININE; OTHER SOURCE	1/1/2014	MEDICARE	$11.77	$0.00									
82575		CREATININE CLEARANCE TEST	1/1/2014	MEDICARE	$21.48	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
82585		ASSAY OF CRYOFIBRINOGEN	1/1/2014	MEDICARE	$19.52	$0.00									
82595		ASSAY OF CRYOGLOBULIN	1/1/2014	MEDICARE	$14.72	$0.00									
82600		ASSAY OF CYANIDE	1/1/2014	MEDICARE	$44.10	$0.00									
82607		VITAMIN B-12	1/1/2014	MEDICARE	$34.27	$0.00									
82608		B-12 BINDING CAPACITY	1/1/2014	MEDICARE	$32.57	$0.00									
82610		CYSTATIN C	1/1/2014	MEDICARE	$30.90	$0.00									
82615		TEST FOR URINE CYSTINES	1/1/2014	MEDICARE	$18.57	$0.00									
82626		DEHYDROEPIANDROSTERONE	1/1/2014	MEDICARE	$57.47	$0.00									
82627		DEHYDROEPIANDROSTERONE	1/1/2014	MEDICARE	$50.55	$0.00									
82633		DESOXYCORTICOSTERONE	1/1/2014	MEDICARE	$70.43	$0.00									
82634		DEOXYCORTISOL	1/1/2014	MEDICARE	$66.57	$0.00									
82638		ASSAY OF DIBUCAINE NUMBER	1/1/2014	MEDICARE	$27.85	$0.00									
82646		ASSAY OF DIHYDROCODEINONE	1/1/2014	MEDICARE	$46.95	$0.00									
82649		ASSAY OF DIHYDROMORPHINONE	1/1/2014	MEDICARE	$58.45	$0.00									
82651		ASSAY OF DIHYDROTESTOSTERONE	1/1/2014	MEDICARE	$58.70	$0.00									
82652		VIT D 1 25-DIHYDROXY	1/1/2014	MEDICARE	$87.55	$0.00									
82654		ASSAY OF DIMETHADIONE	1/1/2014	MEDICARE	$31.48	$0.00									
82656		PANCREATIC ELASTASE FECAL	1/1/2014	MEDICARE	$26.23	$0.00									
82657		ENZYME CELL ACTIVITY	1/1/2014	MEDICARE	$41.05	$0.00									
82658		ENZYME CELL ACTIVITY RA	1/1/2014	MEDICARE	$41.05	$0.00									
82664		ELECTROPHORETIC TEST	1/1/2014	MEDICARE	$78.12	$0.00									
82666		ASSAY OF EPIANDROSTERONE	1/1/2014	MEDICARE	$48.85	$0.00									
82668		ASSAY OF ERYTHROPOIETIN	1/1/2014	MEDICARE	$42.75	$0.00									
82670		ASSAY OF ESTRADIOL	1/1/2014	MEDICARE	$63.53	$0.00									
82671		ASSAY OF ESTROGENS	1/1/2014	MEDICARE	$73.45	$0.00									
82672		ASSAY OF ESTROGEN	1/1/2014	MEDICARE	$49.33	$0.00									
82677		ASSAY OF ESTRIOL	1/1/2014	MEDICARE	$54.98	$0.00									
82679		ASSAY OF ESTRONE	1/1/2014	MEDICARE	$56.75	$0.00									
82679	QW	ESTRONE	1/1/2014	MEDICARE	$56.75	$0.00									
82690		ASSAY OF ETHCHLORVYNOL	1/1/2014	MEDICARE	$39.30	$0.00									
82693		ASSAY OF ETHYLENE GLYCOL	1/1/2014	MEDICARE	$33.87	$0.00									
82696		ASSAY OF ETIOCHOLANOLONE	1/1/2014	MEDICARE	$53.63	$0.00									
82705		FATS/LIPIDS FECES QUAL	1/1/2014	MEDICARE	$11.57	$0.00									
82710		FATS/LIPIDS FECES QUANT	1/1/2014	MEDICARE	$38.22	$0.00									
82715		ASSAY OF FECAL FAT	1/1/2014	MEDICARE	$39.13	$0.00									
82725		ASSAY OF BLOOD FATTY ACIDS	1/1/2014	MEDICARE	$30.27	$0.00									
82726		LONG CHAIN FATTY ACIDS	1/1/2014	MEDICARE	$41.05	$0.00									
82728		ASSAY OF FERRITIN	1/1/2014	MEDICARE	$30.98	$0.00									
82731		ASSAY OF FETAL FIBRONECTIN	1/1/2014	MEDICARE	$146.47	$0.00									
82735		ASSAY OF FLUORIDE	1/1/2014	MEDICARE	$42.15	$0.00									
82742		ASSAY OF FLURAZEPAM	1/1/2014	MEDICARE	$45.00	$0.00									
82746		ASSAY OF FOLIC ACID SERUM	1/1/2014	MEDICARE	$33.43	$0.00									
82747		ASSAY OF FOLIC ACID RBC	1/1/2014	MEDICARE	$39.38	$0.00									
82757		ASSAY OF SEMEN FRUCTOSE	1/1/2014	MEDICARE	$39.43	$0.00									
82759		ASSAY OF RBC GALACTOKINASE	1/1/2014	MEDICARE	$48.85	$0.00									
82760		ASSAY OF GALACTOSE	1/1/2014	MEDICARE	$25.45	$0.00									
82775		ASSAY GALACTOSE TRANSFERASE	1/1/2014	MEDICARE	$47.90	$0.00									
82776		GALACTOSE TRANSFERASE TEST	1/1/2014	MEDICARE	$19.07	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
82784		ASSAY IGA/IGD/IGG/IGM EACH	1/1/2014	MEDICARE	$20.70	$0.00									
82785		ASSAY OF GAMMAGLOBULIN IGE	1/1/2014	MEDICARE	$37.45	$0.00									
82787		IGG 1 2 3 OR 4 EACH	1/1/2014	MEDICARE	$18.23	$0.00									
82805		BLOOD GASES W/O2 SATURATION	1/1/2014	MEDICARE	$64.52	$0.00									
82810		BLOOD GASES O2 SAT ONLY	1/1/2014	MEDICARE	$19.85	$0.00									
82820		HEMOGLOBIN-OXYGEN AFFINITY	1/1/2014	MEDICARE	$22.72	$0.00									
82938		GASTRIN TEST	1/1/2014	MEDICARE	$40.23	$0.00									
82941		ASSAY OF GASTRIN	1/1/2014	MEDICARE	$40.10	$0.00									
82943		ASSAY OF GLUCAGON	1/1/2014	MEDICARE	$32.48	$0.00									
82945		GLUCOSE OTHER FLUID	1/1/2014	MEDICARE	$8.93	$0.00									
82947		ASSAY GLUCOSE BLOOD QUANT	1/1/2014	MEDICARE	$8.93	$0.00									
82947	QW	ASSAY GLUCOSE BLOOD QUANT	1/1/2014	MEDICARE	$8.93	$0.00									
82948		REAGENT STRIP/BLOOD GLUCOSE	1/1/2014	MEDICARE	$7.20	$0.00									
82950		GLUCOSE TEST	1/1/2014	MEDICARE	$10.80	$0.00									
82950	QW	GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)	1/1/2014	MEDICARE	$10.80	$0.00									
82951		GLUCOSE TOLERANCE TEST (GTT)	1/1/2014	MEDICARE	$29.27	$0.00									
82951	QW	GLUCOSE; TOLERANCE (GTT) 3 SPECIMENS (INCLUDES GLUCOSE)	1/1/2014	MEDICARE	$29.27	$0.00									
82952		GTT-ADDED SAMPLES	1/1/2014	MEDICARE	$8.92	$0.00									
82952	QW	GLUCOSE; TOLERANCE TEST EACH ADDITIONAL BEYOND 3 SPECIMI	1/1/2014	MEDICARE	$8.92	$0.00									
82953		GLUCOSE-TOLBUTAMIDE TEST	1/1/2014	MEDICARE	$34.45	$0.00									
82955		ASSAY OF G6PD ENZYME	1/1/2014	MEDICARE	$22.03	$0.00									
82960		TEST FOR G6PD ENZYME	1/1/2014	MEDICARE	$13.77	$0.00									
82962		GLUCOSE BLOOD TEST	1/1/2014	MEDICARE	$5.33	$0.00									
82963		ASSAY OF GLUCOSIDASE	1/1/2014	MEDICARE	$48.85	$0.00									
82965		ASSAY OF GDH ENZYME	1/1/2014	MEDICARE	$17.58	$0.00									
82975		ASSAY OF GLUTAMINE	1/1/2014	MEDICARE	$36.03	$0.00									
82977		ASSAY OF GGT	1/1/2014	MEDICARE	$16.37	$0.00									
82977	QW	ASSAY OF GGT	1/1/2014	MEDICARE	$16.37	$0.00									
82978		ASSAY OF GLUTATHIONE	1/1/2014	MEDICARE	$32.42	$0.00									
82979		ASSAY RBC GLUTATHIONE	1/1/2014	MEDICARE	$15.67	$0.00									
82980		ASSAY OF GLUTETHIMIDE	1/1/2014	MEDICARE	$41.67	$0.00									
82985		ASSAY OF GLYCATED PROTEIN	1/1/2014	MEDICARE	$26.47	$0.00									
82985	QW	ASSAY OF GLYCATED PROTEIN	1/1/2014	MEDICARE	$26.47	$0.00									
83001		ASSAY OF GONADOTROPIN (FSH)	1/1/2014	MEDICARE	$42.25	$0.00									
83001	QW	ASSAY OF GONADOTROPIN (FSH)	1/1/2014	MEDICARE	$42.25	$0.00									
83002		ASSAY OF GONADOTROPIN (LH)	1/1/2014	MEDICARE	$42.10	$0.00									
83002	QW	ASSAY OF GONADOTROPIN (LH)	1/1/2014	MEDICARE	$42.10	$0.00									
83003		ASSAY GROWTH HORMONE (HGH)	1/1/2014	MEDICARE	$37.93	$0.00									
83008		ASSAY OF GUANOSINE	1/1/2014	MEDICARE	$38.17	$0.00									
83009		H PYLORI (C-13) BLOOD	1/1/2014	MEDICARE	$153.15	$0.00									
83010		ASSAY OF HAPTOGLOBIN QUANT	1/1/2014	MEDICARE	$28.60	$0.00									
83012		ASSAY OF HAPTOGLOBINS	1/1/2014	MEDICARE	$39.10	$0.00									
83013		H PYLORI (C-13) BREATH	1/1/2014	MEDICARE	$153.15	$0.00									
83014		H PYLORI DRUG ADMIN	1/1/2014	MEDICARE	$17.88	$0.00									
83015		HEAVY METAL SCREEN	1/1/2014	MEDICARE	$42.82	$0.00									
83018		QUANTITATIVE SCREEN METALS	1/1/2014	MEDICARE	$49.93	$0.00									
83020		HEMOGLOBIN ELECTROPHORESIS	1/1/2014	MEDICARE	$29.27	$0.00									
83021		HEMOGLOBIN CHROMOTOGRAPHY	1/1/2014	MEDICARE	$41.05	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
83026		HEMOGLOBIN COPPER SULFATE	1/1/2014	MEDICARE	$5.38	$0.00									
83030		FETAL HEMOGLOBIN CHEMICAL	1/1/2014	MEDICARE	$18.80	$0.00									
83033		FETAL HEMOGLOBIN ASSAY QUAL	1/1/2014	MEDICARE	$13.55	$0.00									
83036		GLYCOSYLATED HEMOGLOBIN TEST	1/1/2014	MEDICARE	$22.07	$0.00									
83036	QW	HEMOGLOBIN; GLYCATED	1/1/2014	MEDICARE	$22.07	$0.00									
83037		GLYCOSYLATED HB HOME DEVICE	1/1/2014	MEDICARE	$22.07	$0.00									
83037	QW	GLYCOSYLATED HB HOME DEVICE	1/1/2014	MEDICARE	$22.07	$0.00									
83045		BLOOD METHEMOGLOBIN TEST	1/1/2014	MEDICARE	$11.27	$0.00									
83050		BLOOD METHEMOGLOBIN ASSAY	1/1/2014	MEDICARE	$16.67	$0.00									
83051		ASSAY OF PLASMA HEMOGLOBIN	1/1/2014	MEDICARE	$16.63	$0.00									
83055		BLOOD SULFHEMOGLOBIN TEST	1/1/2014	MEDICARE	$11.18	$0.00									
83060		BLOOD SULFHEMOGLOBIN ASSAY	1/1/2014	MEDICARE	$18.80	$0.00									
83065		ASSAY OF HEMOGLOBIN HEAT	1/1/2014	MEDICARE	$15.67	$0.00									
83068		HEMOGLOBIN STABILITY SCREEN	1/1/2014	MEDICARE	$19.23	$0.00									
83069		ASSAY OF URINE HEMOGLOBIN	1/1/2014	MEDICARE	$8.98	$0.00									
83070		ASSAY OF HEMOSIDERIN QUAL	1/1/2014	MEDICARE	$10.80	$0.00									
83071		ASSAY OF HEMOSIDERIN QUANT	1/1/2014	MEDICARE	$15.62	$0.00									
83080		ASSAY OF B HEXOSAMINIDASE	1/1/2014	MEDICARE	$38.35	$0.00									
83088		ASSAY OF HISTAMINE	1/1/2014	MEDICARE	$67.15	$0.00									
83090		ASSAY OF HOMOCYSTINE	1/1/2014	MEDICARE	$38.35	$0.00									
83150		ASSAY OF HOMOVANILLIC ACID	1/1/2014	MEDICARE	$44.00	$0.00									
83491		ASSAY OF CORTICOSTEROIDS 17	1/1/2014	MEDICARE	$39.83	$0.00									
83497		ASSAY OF 5-HIAA	1/1/2014	MEDICARE	$29.32	$0.00									
83498		ASSAY OF PROGESTERONE 17-D	1/1/2014	MEDICARE	$61.78	$0.00									
83499		ASSAY OF PROGESTERONE 20-	1/1/2014	MEDICARE	$57.33	$0.00									
83500		ASSAY FREE HYDROXYPROLINE	1/1/2014	MEDICARE	$51.50	$0.00									
83505		ASSAY TOTAL HYDROXYPROLINE	1/1/2014	MEDICARE	$55.28	$0.00									
83518		IMMUNOASSAY DIPSTICK	1/1/2014	MEDICARE	$19.27	$0.00									
83518	QW	IMMUNOASSAY DIPSTICK	1/1/2014	MEDICARE	$19.27	$0.00									
83519		IMMUNOASSAY, NONANTIBODY	1/1/2014	MEDICARE	$30.72	$0.00									
83520		IMMUNOASSAY, RIA	1/1/2014	MEDICARE	$29.43	$0.00									
83520	QW	IMMUNOASSAY, RIA	1/1/2014	MEDICARE	$29.43	$0.00									
83525		ASSAY OF INSULIN	1/1/2014	MEDICARE	$25.98	$0.00									
83527		ASSAY OF INSULIN	1/1/2014	MEDICARE	$29.45	$0.00									
83528		ASSAY OF INTRINSIC FACTOR	1/1/2014	MEDICARE	$36.17	$0.00									
83540		ASSAY OF IRON	1/1/2014	MEDICARE	$9.87	$0.00									
83550		IRON BINDING TEST	1/1/2014	MEDICARE	$12.32	$0.00									
83570		ASSAY OF IDH ENZYME	1/1/2014	MEDICARE	$20.12	$0.00									
83582		ASSAY OF KETOGENIC STEROIDS	1/1/2014	MEDICARE	$32.23	$0.00									
83586		ASSAY 17- KETOSTEROIDS	1/1/2014	MEDICARE	$29.12	$0.00									
83593		FRACTIONATION KETOSTEROIDS	1/1/2014	MEDICARE	$59.80	$0.00									
83605		ASSAY OF LACTIC ACID	1/1/2014	MEDICARE	$24.28	$0.00									
83605	QW	LACTATE (LACTIC ACID)	1/1/2014	MEDICARE	$24.28	$0.00									
83615		LACTATE (LD) (LDH) ENZYME	1/1/2014	MEDICARE	$13.72	$0.00									
83625		ASSAY OF LDH ENZYMES	1/1/2014	MEDICARE	$29.10	$0.00									
83630		LACTOFERRIN FECAL (QUAL)	1/1/2014	MEDICARE	$44.63	$0.00									
83631		LACTOFERRIN FECAL (QUANT)	1/1/2014	MEDICARE	$44.63	$0.00									
83632		PLACENTAL LACTOGEN	1/1/2014	MEDICARE	$45.97	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
83633		TEST URINE FOR LACTOSE	1/1/2014	MEDICARE	$12.50	$0.00									
83634		ASSAY OF URINE FOR LACTOSE	1/1/2014	MEDICARE	$26.22	$0.00									
83655		ASSAY OF LEAD	1/1/2014	MEDICARE	$27.53	$0.00									
83655	QW	ASSAY OF LEAD	1/1/2014	MEDICARE	$27.53	$0.00									
83661		L/S RATIO FETAL LUNG	1/1/2014	MEDICARE	$49.98	$0.00									
83662		FOAM STABILITY FETAL LUNG	1/1/2014	MEDICARE	$15.38	$0.00									
83663		FLUORO POLARIZE FETAL LUNG	1/1/2014	MEDICARE	$15.38	$0.00									
83664		LAMELLAR BDY FETAL LUNG	1/1/2014	MEDICARE	$15.38	$0.00									
83670		ASSAY OF LAP ENZYME	1/1/2014	MEDICARE	$20.82	$0.00									
83690		ASSAY OF LIPASE	1/1/2014	MEDICARE	$15.22	$0.00									
83695		ASSAY OF LIPOPROTEIN(A)	1/1/2014	MEDICARE	$29.43	$0.00									
83698		ASSAY LIPOPROTEIN PLA2	1/1/2014	MEDICARE	$77.18	$0.00									
83700		LIPOPRO BLD ELECTROPHORETIC	1/1/2014	MEDICARE	$25.60	$0.00									
83701		LIPOPROTEIN BLD HR FRACTION	1/1/2014	MEDICARE	$56.43	$0.00									
83704		LIPOPROTEIN BLD BY NMR	1/1/2014	MEDICARE	$71.73	$0.00									
83718		ASSAY OF LIPOPROTEIN	1/1/2014	MEDICARE	$18.62	$0.00									
83718	QW	LIPOPROTEIN DIRECT MEASUREMENT; HIGH DENSITY CHOLESTERC	1/1/2014	MEDICARE	$18.62	$0.00									
83719		ASSAY OF BLOOD LIPOPROTEIN	1/1/2014	MEDICARE	$26.45	$0.00									
83721		ASSAY OF BLOOD LIPOPROTEIN	1/1/2014	MEDICARE	$21.70	$0.00									
83721	QW	ASSAY OF BLOOD LIPOPROTEIN	1/1/2014	MEDICARE	$21.70	$0.00									
83727		ASSAY OF LRH HORMONE	1/1/2014	MEDICARE	$39.10	$0.00									
83735		ASSAY OF MAGNESIUM	1/1/2014	MEDICARE	$15.23	$0.00									
83775		ASSAY MALATE DEHYDROGENASE	1/1/2014	MEDICARE	$16.77	$0.00									
83785		ASSAY OF MANGANESE	1/1/2014	MEDICARE	$55.92	$0.00									
83788		MASS SPECTROMETRY QUAL	1/1/2014	MEDICARE	$41.05	$0.00									
83789		MASS SPECTROMETRY QUANT	1/1/2014	MEDICARE	$41.05	$0.00									
83805		ASSAY OF MEPROBAMATE	1/1/2014	MEDICARE	$40.07	$0.00									
83825		ASSAY OF MERCURY	1/1/2014	MEDICARE	$36.97	$0.00									
83835		ASSAY OF METANEPHRINES	1/1/2014	MEDICARE	$38.52	$0.00									
83840		ASSAY OF METHADONE	1/1/2014	MEDICARE	$37.13	$0.00									
83857		ASSAY OF METHEMALBUMIN	1/1/2014	MEDICARE	$24.42	$0.00									
83858		ASSAY OF METHSUXIMIDE	1/1/2014	MEDICARE	$33.68	$0.00									
83864		MUCOPOLYSACCHARIDES	1/1/2014	MEDICARE	$45.28	$0.00									
83866		MUCOPOLYSACCHARIDES SCREEN	1/1/2014	MEDICARE	$22.40	$0.00									
83872		ASSAY SYNOVIAL FLUID MUCIN	1/1/2014	MEDICARE	$13.33	$0.00									
83873		ASSAY OF CSF PROTEIN	1/1/2014	MEDICARE	$39.12	$0.00									
83874		ASSAY OF MYOGLOBIN	1/1/2014	MEDICARE	$29.37	$0.00									
83876		ASSAY MYELOPEROXIDASE	1/1/2014	MEDICARE	$77.18	$0.00									
83880		ASSAY OF NATRIURETIC PEPTIDE	1/1/2014	MEDICARE	$77.18	$0.00									
83880	QW	ASSAY OF NATRIURETIC PEPTIDE	1/1/2014	MEDICARE	$77.18	$0.00									
83883		ASSAY NEPHELOMETRY NOT SPEC	1/1/2014	MEDICARE	$30.90	$0.00									
83885		ASSAY OF NICKEL	1/1/2014	MEDICARE	$55.72	$0.00									
83887		ASSAY OF NICOTINE	1/1/2014	MEDICARE	$53.85	$0.00									
83915		ASSAY OF NUCLEOTIDASE	1/1/2014	MEDICARE	$25.35	$0.00									
83916		OLIGOCLONAL BANDS	1/1/2014	MEDICARE	$45.72	$0.00									
83918		ORGANIC ACIDS TOTAL QUANT	1/1/2014	MEDICARE	$37.42	$0.00									
83919		ORGANIC ACIDS QUAL EACH	1/1/2014	MEDICARE	$37.42	$0.00									
83921		ORGANIC ACID SINGLE QUANT	1/1/2014	MEDICARE	$37.42	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
83925		ASSAY OF OPIATES	1/1/2014	MEDICARE	$44.23	$0.00									
83930		ASSAY OF BLOOD OSMOLALITY	1/1/2014	MEDICARE	$15.03	$0.00									
83935		ASSAY OF URINE OSMOLALITY	1/1/2014	MEDICARE	$15.50	$0.00									
83937		ASSAY OF OSTEOCALCIN	1/1/2014	MEDICARE	$67.87	$0.00									
83945		ASSAY OF OXALATE	1/1/2014	MEDICARE	$29.27	$0.00									
83950		ONCOPROTEIN HER-2/NEU	1/1/2014	MEDICARE	$146.47	$0.00									
83951		ONCOPROTEIN DCP	1/1/2014	MEDICARE	$146.47	$0.00									
83970		ASSAY OF PARATHORMONE	1/1/2014	MEDICARE	$93.85	$0.00									
83986		ASSAY OF BODY FLUID ACIDITY	1/1/2014	MEDICARE	$8.13	$0.00									
83986	QW	PH BODY FLUID EXCEPT BLOOD	1/1/2014	MEDICARE	$8.13	$0.00									
83992		ASSAY FOR PHENCYCLIDINE	1/1/2014	MEDICARE	$33.42	$0.00									
83993		ASSAY FOR CALPROTECTIN FECAL	1/1/2014	MEDICARE	$44.63	$0.00									
84022		ASSAY OF PHENOTHIAZINE	1/1/2014	MEDICARE	$35.42	$0.00									
84030		ASSAY OF BLOOD PKU	1/1/2014	MEDICARE	$12.50	$0.00									
84035		ASSAY OF PHENYLKETONES	1/1/2014	MEDICARE	$8.33	$0.00									
84060		ASSAY ACID PHOSPHATASE	1/1/2014	MEDICARE	$16.80	$0.00									
84061		PHOSPHATASE FORENSIC EXAM	1/1/2014	MEDICARE	$17.98	$0.00									
84066		ASSAY PROSTATE PHOSPHATASE	1/1/2014	MEDICARE	$21.97	$0.00									
84075		ASSAY ALKALINE PHOSPHATASE	1/1/2014	MEDICARE	$11.77	$0.00									
84075	QW	ASSAY ALKALINE PHOSPHATASE	1/1/2014	MEDICARE	$11.77	$0.00									
84078		ASSAY ALKALINE PHOSPHATASE	1/1/2014	MEDICARE	$16.60	$0.00									
84080		ASSAY ALKALINE PHOSPHATASES	1/1/2014	MEDICARE	$33.62	$0.00									
84081		ASSAY PHOSPHATIDYLGLYCEROL	1/1/2014	MEDICARE	$37.57	$0.00									
84085		ASSAY OF RBC PG6D ENZYME	1/1/2014	MEDICARE	$15.33	$0.00									
84087		ASSAY PHOSPHOHEXOSE ENZYMES	1/1/2014	MEDICARE	$23.48	$0.00									
84100		ASSAY OF PHOSPHORUS	1/1/2014	MEDICARE	$10.77	$0.00									
84105		ASSAY OF URINE PHOSPHORUS	1/1/2014	MEDICARE	$11.77	$0.00									
84106		TEST FOR PORPHOBILINOGEN	1/1/2014	MEDICARE	$9.73	$0.00									
84110		ASSAY OF PORPHOBILINOGEN	1/1/2014	MEDICARE	$19.18	$0.00									
84119		TEST URINE FOR PORPHYRINS	1/1/2014	MEDICARE	$19.58	$0.00									
84120		ASSAY OF URINE PORPHYRINS	1/1/2014	MEDICARE	$33.45	$0.00									
84126		ASSAY OF FECES PORPHYRINS	1/1/2014	MEDICARE	$57.92	$0.00									
84127		ASSAY OF FECES PORPHYRINS	1/1/2014	MEDICARE	$26.50	$0.00									
84132		ASSAY OF SERUM POTASSIUM	1/1/2014	MEDICARE	$10.45	$0.00									
84132	QW	ASSAY OF SERUM POTASSIUM	1/1/2014	MEDICARE	$10.45	$0.00									
84133		ASSAY OF URINE POTASSIUM	1/1/2014	MEDICARE	$9.78	$0.00									
84134		ASSAY OF PREALBUMIN	1/1/2014	MEDICARE	$33.15	$0.00									
84135		ASSAY OF PREGNANEDIOL	1/1/2014	MEDICARE	$43.50	$0.00									
84138		ASSAY OF PREGNANETRIOL	1/1/2014	MEDICARE	$43.05	$0.00									
84140		ASSAY OF PREGNENOLONE	1/1/2014	MEDICARE	$47.02	$0.00									
84143		ASSAY OF 17-HYDROXYPREGNENO	1/1/2014	MEDICARE	$34.98	$0.00									
84144		ASSAY OF PROGESTERONE	1/1/2014	MEDICARE	$47.43	$0.00									
84145		PROCALCITONIN (PCT)	1/1/2014	MEDICARE	$60.90	$0.00									
84146		ASSAY OF PROLACTIN	1/1/2014	MEDICARE	$44.07	$0.00									
84150		ASSAY OF PROSTAGLANDIN	1/1/2014	MEDICARE	$56.75	$0.00									
84152		ASSAY OF PSA COMPLEXED	1/1/2014	MEDICARE	$41.82	$0.00									
84153		ASSAY OF PSA TOTAL	1/1/2014	MEDICARE	$41.82	$0.00									
84154		ASSAY OF PSA FREE	1/1/2014	MEDICARE	$41.82	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
84155		ASSAY OF PROTEIN SERUM	1/1/2014	MEDICARE	$8.33	$0.00									
84155	QW	ASSAY OF PROTEIN SERUM	1/1/2014	MEDICARE	$8.33	$0.00									
84156		ASSAY OF PROTEIN URINE	1/1/2014	MEDICARE	$8.33	$0.00									
84157		ASSAY OF PROTEIN OTHER	1/1/2014	MEDICARE	$8.33	$0.00									
84157	QW	ASSAY OF PROTEIN OTHER	1/1/2014	MEDICARE	$8.33	$0.00									
84160		ASSAY OF PROTEIN ANY SOURCE	1/1/2014	MEDICARE	$11.77	$0.00									
84163		PAPPA SERUM	1/1/2014	MEDICARE	$34.23	$0.00									
84165		PROTEIN E-PHORESIS SERUM	1/1/2014	MEDICARE	$24.42	$0.00									
84166		PROTEIN E-PHORESIS/URINE/CSF	1/1/2014	MEDICARE	$40.55	$0.00									
84181		WESTERN BLOT TEST	1/1/2014	MEDICARE	$38.73	$0.00									
84182		PROTEIN WESTERN BLOT TEST	1/1/2014	MEDICARE	$40.92	$0.00									
84202		ASSAY RBC PROTOPORPHYRIN	1/1/2014	MEDICARE	$32.62	$0.00									
84203		TEST RBC PROTOPORPHYRIN	1/1/2014	MEDICARE	$19.57	$0.00									
84206		ASSAY OF PROINSULIN	1/1/2014	MEDICARE	$40.50	$0.00									
84207		ASSAY OF VITAMIN B-6	1/1/2014	MEDICARE	$63.88	$0.00									
84210		ASSAY OF PYRUVATE	1/1/2014	MEDICARE	$24.68	$0.00									
84220		ASSAY OF PYRUVATE KINASE	1/1/2014	MEDICARE	$21.47	$0.00									
84228		ASSAY OF QUININE	1/1/2014	MEDICARE	$26.45	$0.00									
84233		ASSAY OF ESTROGEN	1/1/2014	MEDICARE	$146.47	$0.00									
84234		ASSAY OF PROGESTERONE	1/1/2014	MEDICARE	$147.52	$0.00									
84235		ASSAY OF ENDOCRINE HORMONE	1/1/2014	MEDICARE	$119.00	$0.00									
84238		ASSAY NONENDOCRINE RECEPTOR	1/1/2014	MEDICARE	$83.15	$0.00									
84244		ASSAY OF RENIN	1/1/2014	MEDICARE	$50.02	$0.00									
84252		ASSAY OF VITAMIN B-2	1/1/2014	MEDICARE	$46.02	$0.00									
84255		ASSAY OF SELENIUM	1/1/2014	MEDICARE	$58.05	$0.00									
84260		ASSAY OF SEROTONIN	1/1/2014	MEDICARE	$70.43	$0.00									
84270		ASSAY OF SEX HORMONE GLOBUL	1/1/2014	MEDICARE	$49.42	$0.00									
84275		ASSAY OF SIALIC ACID	1/1/2014	MEDICARE	$30.55	$0.00									
84285		ASSAY OF SILICA	1/1/2014	MEDICARE	$53.53	$0.00									
84295		ASSAY OF SERUM SODIUM	1/1/2014	MEDICARE	$10.93	$0.00									
84295	QW	ASSAY OF SERUM SODIUM	1/1/2014	MEDICARE	$10.93	$0.00									
84300		ASSAY OF URINE SODIUM	1/1/2014	MEDICARE	$11.07	$0.00									
84302		ASSAY OF SWEAT SODIUM	1/1/2014	MEDICARE	$11.07	$0.00									
84305		ASSAY OF SOMATOMEDIN	1/1/2014	MEDICARE	$48.33	$0.00									
84307		ASSAY OF SOMATOSTATIN	1/1/2014	MEDICARE	$41.57	$0.00									
84311		SPECTROPHOTOMETRY	1/1/2014	MEDICARE	$15.90	$0.00									
84315		BODY FLUID SPECIFIC GRAVITY	1/1/2014	MEDICARE	$5.72	$0.00									
84375		CHROMATOGRAM ASSAY SUGARS	1/1/2014	MEDICARE	$44.58	$0.00									
84376		SUGARS SINGLE QUAL	1/1/2014	MEDICARE	$12.50	$0.00									
84377		SUGARS MULTIPLE QUAL	1/1/2014	MEDICARE	$12.50	$0.00									
84378		SUGARS SINGLE QUANT	1/1/2014	MEDICARE	$26.22	$0.00									
84379		SUGARS MULTIPLE QUANT	1/1/2014	MEDICARE	$26.22	$0.00									
84392		ASSAY OF URINE SULFATE	1/1/2014	MEDICARE	$10.80	$0.00									
84402		ASSAY OF FREE TESTOSTERONE	1/1/2014	MEDICARE	$57.90	$0.00									
84403		ASSAY OF TOTAL TESTOSTERONE	1/1/2014	MEDICARE	$58.70	$0.00									
84425		ASSAY OF VITAMIN B-1	1/1/2014	MEDICARE	$48.27	$0.00									
84430		ASSAY OF THIOCYANATE	1/1/2014	MEDICARE	$26.45	$0.00									
84431		THROMBOXANE URINE	1/1/2014	MEDICARE	$38.22	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
84432		ASSAY OF THYROGLOBULIN	1/1/2014	MEDICARE	$36.52	$0.00									
84436		ASSAY OF TOTAL THYROXINE	1/1/2014	MEDICARE	$15.62	$0.00									
84437		ASSAY OF NEONATAL THYROXINE	1/1/2014	MEDICARE	$14.72	$0.00									
84439		ASSAY OF FREE THYROXINE	1/1/2014	MEDICARE	$20.50	$0.00									
84442		ASSAY OF THYROID ACTIVITY	1/1/2014	MEDICARE	$33.62	$0.00									
84443		ASSAY THYROID STIM HORMONE	1/1/2014	MEDICARE	$38.22	$0.00									
84443	QW	ASSAY THYROID STIM HORMONE	1/1/2014	MEDICARE	$38.22	$0.00									
84445		ASSAY OF TSI GLOBULIN	1/1/2014	MEDICARE	$115.63	$0.00									
84446		ASSAY OF VITAMIN E	1/1/2014	MEDICARE	$32.23	$0.00									
84449		ASSAY OF TRANSCORTIN	1/1/2014	MEDICARE	$40.92	$0.00									
84450		TRANSFERASE (AST) (SGOT)	1/1/2014	MEDICARE	$11.77	$0.00									
84450	QW	TRANSFERASE (AST) (SGOT)	1/1/2014	MEDICARE	$11.77	$0.00									
84460		ALANINE AMINO (ALT) (SGPT)	1/1/2014	MEDICARE	$12.03	$0.00									
84460	QW	TRANSFERASE; ALANINE AMINO (ALT)(SGPT)	1/1/2014	MEDICARE	$12.03	$0.00									
84466		ASSAY OF TRANSFERRIN	1/1/2014	MEDICARE	$29.03	$0.00									
84478		ASSAY OF TRIGLYCERIDES	1/1/2014	MEDICARE	$13.07	$0.00									
84478	QW	TRIGLYCERIDES	1/1/2014	MEDICARE	$13.07	$0.00									
84479		ASSAY OF THYROID (T3 OR T4)	1/1/2014	MEDICARE	$14.72	$0.00									
84480		ASSAY TRIIODOTHYRONINE (T3)	1/1/2014	MEDICARE	$32.23	$0.00									
84481		FREE ASSAY (FT-3)	1/1/2014	MEDICARE	$38.52	$0.00									
84482		T3 REVERSE	1/1/2014	MEDICARE	$35.83	$0.00									
84485		ASSAY DUODENAL FLUID TRYPSIN	1/1/2014	MEDICARE	$17.08	$0.00									
84488		TEST FECES FOR TRYPSIN	1/1/2014	MEDICARE	$16.60	$0.00									
84490		ASSAY OF FECES FOR TRYPSIN	1/1/2014	MEDICARE	$17.28	$0.00									
84510		ASSAY OF TYROSINE	1/1/2014	MEDICARE	$23.65	$0.00									
84512		ASSAY OF TROPONIN QUAL	1/1/2014	MEDICARE	$17.52	$0.00									
84520		ASSAY OF UREA NITROGEN	1/1/2014	MEDICARE	$8.98	$0.00									
84520	QW	ASSAY OF UREA NITROGEN	1/1/2014	MEDICARE	$8.98	$0.00									
84525		UREA NITROGEN SEMI-QUANT	1/1/2014	MEDICARE	$8.57	$0.00									
84540		ASSAY OF URINE/UREA-N	1/1/2014	MEDICARE	$10.80	$0.00									
84545		UREA-N CLEARANCE TEST	1/1/2014	MEDICARE	$15.02	$0.00									
84550		ASSAY OF BLOOD/URIC ACID	1/1/2014	MEDICARE	$10.27	$0.00									
84550	QW	ASSAY OF BLOOD/URIC ACID	1/1/2014	MEDICARE	$10.27	$0.00									
84560		ASSAY OF URINE/URIC ACID	1/1/2014	MEDICARE	$10.80	$0.00									
84577		ASSAY OF FECES/UROBILINOGEN	1/1/2014	MEDICARE	$28.38	$0.00									
84578		TEST URINE UROBILINOGEN	1/1/2014	MEDICARE	$7.38	$0.00									
84580		ASSAY OF URINE UROBILINOGEN	1/1/2014	MEDICARE	$16.13	$0.00									
84583		ASSAY OF URINE UROBILINOGEN	1/1/2014	MEDICARE	$11.43	$0.00									
84585		ASSAY OF URINE VMA	1/1/2014	MEDICARE	$35.23	$0.00									
84586		ASSAY OF VIP	1/1/2014	MEDICARE	$80.33	$0.00									
84588		ASSAY OF VASOPRESSIN	1/1/2014	MEDICARE	$77.18	$0.00									
84590		ASSAY OF VITAMIN A	1/1/2014	MEDICARE	$26.38	$0.00									
84591		ASSAY OF NOS VITAMIN	1/1/2014	MEDICARE	$26.38	$0.00									
84597		ASSAY OF VITAMIN K	1/1/2014	MEDICARE	$31.18	$0.00									
84600		ASSAY OF VOLATILES	1/1/2014	MEDICARE	$36.55	$0.00									
84620		XYLOSE TOLERANCE TEST	1/1/2014	MEDICARE	$26.93	$0.00									
84630		ASSAY OF ZINC	1/1/2014	MEDICARE	$25.88	$0.00									
84681		ASSAY OF C-PEPTIDE	1/1/2014	MEDICARE	$37.03	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
84702		CHORIONIC GONADOTROPIN TEST	1/1/2014	MEDICARE	$34.23	$0.00									
84703		CHORIONIC GONADOTROPIN ASSAY	1/1/2014	MEDICARE	$17.10	$0.00									
84703	QW	GONADOTROPIN CHORIONIC (HCG); QUALITATIVE	1/1/2014	MEDICARE	$17.10	$0.00									
84704		HCG FREE BETACHAIN TEST	1/1/2014	MEDICARE	$34.23	$0.00									
84830		OVULATION TESTS	1/1/2014	MEDICARE	$9.02	$0.00									
84999		CLINICAL CHEMISTRY TEST	10/1/2007	BY REPORT	$0.00	$0.00									
84999	QW	FEMEXAM TESTCARD (FROM VAGINAL SWAB) - LITMUS CONCEPTS I	10/1/2007	BY REPORT	$0.00	$0.00									
85002		BLEEDING TIME TEST	1/1/2014	MEDICARE	$10.25	$0.00									
85004		AUTOMATED DIFF WBC COUNT	1/1/2014	MEDICARE	$14.72	$0.00									
85007		BL SMEAR W/DIFF WBC COUNT	1/1/2014	MEDICARE	$7.82	$0.00									
85008		BL SMEAR W/O DIFF WBC COUNT	1/1/2014	MEDICARE	$7.82	$0.00									
85009		MANUAL DIFF WBC COUNT B-COAT	1/1/2014	MEDICARE	$6.55	$0.00									
85013		SPUN MICROHEMATOCRIT	1/1/2014	MEDICARE	$5.38	$0.00									
85014		HEMATOCRIT	1/1/2014	MEDICARE	$5.38	$0.00									
85014	QW	BLOOD COUNT; OTHER THAN SPUN HEMATOCRIT	1/1/2014	MEDICARE	$5.38	$0.00									
85018		HEMOGLOBIN	1/1/2014	MEDICARE	$5.38	$0.00									
85018	QW	BLOOD COUNT; HEMOGLOBIN	1/1/2014	MEDICARE	$5.38	$0.00									
85025		COMPLETE CBC W/AUTO DIFF WBC	1/1/2014	MEDICARE	$17.68	$0.00									
85027		COMPLETE CBC AUTOMATED	1/1/2014	MEDICARE	$14.72	$0.00									
85032		MANUAL CELL COUNT EACH	1/1/2014	MEDICARE	$9.78	$0.00									
85041		AUTOMATED RBC COUNT	1/1/2014	MEDICARE	$6.85	$0.00									
85044		MANUAL RETICULOCYTE COUNT	1/1/2014	MEDICARE	$9.78	$0.00									
85045		AUTOMATED RETICULOCYTE COUNT	1/1/2014	MEDICARE	$9.08	$0.00									
85046		RETICYTE/HGB CONCENTRATE	1/1/2014	MEDICARE	$12.68	$0.00									
85048		AUTOMATED LEUKOCYTE COUNT	1/1/2014	MEDICARE	$5.77	$0.00									
85049		AUTOMATED PLATELET COUNT	1/1/2014	MEDICARE	$10.18	$0.00									
85055		RETICULATED PLATELET ASSAY	1/1/2014	MEDICARE	$60.88	$0.00									
85060		BLOOD SMEAR INTERPRETATION	7/1/2013	RBRVS	$0.00	$0.00									
85097		BONE MARROW INTERPRETATION	7/1/2013	RBRVS	$0.00	$0.00									
85130		CHROMOGENIC SUBSTRATE ASSAY	1/1/2014	MEDICARE	$27.03	$0.00									
85170		BLOOD CLOT RETRACTION	1/1/2014	MEDICARE	$8.23	$0.00									
85175		BLOOD CLOT LYSIS TIME	1/1/2014	MEDICARE	$10.35	$0.00									
85210		CLOT FACTOR II PROTHROM SPEC	1/1/2014	MEDICARE	$29.53	$0.00									
85220		BLOOC CLOT FACTOR V TEST	1/1/2014	MEDICARE	$40.12	$0.00									
85230		CLOT FACTOR VII PROCONVERTIN	1/1/2014	MEDICARE	$40.72	$0.00									
85240		CLOT FACTOR VIII AHG 1 STAGE	1/1/2014	MEDICARE	$40.72	$0.00									
85244		CLOT FACTOR VIII RELTD ANTGN	1/1/2014	MEDICARE	$46.42	$0.00									
85245		CLOT FACTOR VIII VW RISTOCTN	1/1/2014	MEDICARE	$52.17	$0.00									
85246		CLOT FACTOR VIII VW ANTIGEN	1/1/2014	MEDICARE	$52.17	$0.00									
85247		CLOT FACTOR VIII MULTIMETRIC	1/1/2014	MEDICARE	$52.17	$0.00									
85250		CLOT FACTOR IX PTC/CHRSTMAS	1/1/2014	MEDICARE	$43.28	$0.00									
85260		CLOT FACTOR X STUART-POWER	1/1/2014	MEDICARE	$40.72	$0.00									
85270		CLOT FACTOR XI PTA	1/1/2014	MEDICARE	$40.72	$0.00									
85280		CLOT FACTOR XII HAGEMAN	1/1/2014	MEDICARE	$44.00	$0.00									
85290		CLOT FACTOR XIII FIBRIN STAB	1/1/2014	MEDICARE	$37.17	$0.00									
85291		CLOT FACTOR XIII FIBRIN SCRN	1/1/2014	MEDICARE	$20.23	$0.00									
85292		CLOT FACTOR FLETCHER FACT	1/1/2014	MEDICARE	$43.07	$0.00									
85293		CLOT FACTOR WGHT KININOGEN	1/1/2014	MEDICARE	$43.07	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
85300		ANTITHROMBIN III ACTIVITY	1/1/2014	MEDICARE	$26.95	$0.00									
85301		ANTITHROMBIN III ANTIGEN	1/1/2014	MEDICARE	$24.58	$0.00									
85302		CLOT INHIBIT PROT C ANTIGEN	1/1/2014	MEDICARE	$27.33	$0.00									
85303		CLOT INHIBIT PROT C ACTIVITY	1/1/2014	MEDICARE	$31.45	$0.00									
85305		CLOT INHIBIT PROT S TOTAL	1/1/2014	MEDICARE	$26.38	$0.00									
85306		CLOT INHIBIT PROT S FREE	1/1/2014	MEDICARE	$34.85	$0.00									
85307		ASSAY ACTIVATED PROTEIN C	1/1/2014	MEDICARE	$34.85	$0.00									
85335		FACTOR INHIBITOR TEST	1/1/2014	MEDICARE	$29.27	$0.00									
85337		THROMBOMODULIN	1/1/2014	MEDICARE	$23.70	$0.00									
85345		COAGULATION TIME LEE & WHITE	1/1/2014	MEDICARE	$9.78	$0.00									
85347		COAGULATION TIME ACTIVATED	1/1/2014	MEDICARE	$9.68	$0.00									
85348		COAGULATION TIME OTR METHOD	1/1/2014	MEDICARE	$8.47	$0.00									
85360		EUGLOBULIN LYSIS	1/1/2014	MEDICARE	$19.10	$0.00									
85362		FIBRIN DEGRADATION PRODUCTS	1/1/2014	MEDICARE	$15.67	$0.00									
85366		FIBRINOGEN TEST	1/1/2014	MEDICARE	$19.58	$0.00									
85370		FIBRINOGEN TEST	1/1/2014	MEDICARE	$25.82	$0.00									
85378		FIBRIN DEGRADE SEMIQUANT	1/1/2014	MEDICARE	$16.22	$0.00									
85379		FIBRIN DEGRADATION QUANT	1/1/2014	MEDICARE	$23.15	$0.00									
85380		FIBRIN DEGRADJ D-DIMER	1/1/2014	MEDICARE	$23.15	$0.00									
85384		FIBRINOGEN ACTIVITY	1/1/2014	MEDICARE	$19.30	$0.00									
85385		FIBRINOGEN ANTIGEN	1/1/2014	MEDICARE	$19.30	$0.00									
85390		FIBRINOLYSINS SCREEN I&R	1/1/2014	MEDICARE	$11.75	$0.00									
85396		CLOTTING ASSAY WHOLE BLOOD	7/1/2013	RBRVS	$0.00	$0.00									
85397		CLOTTING FUNCT ACTIVITY	1/1/2014	MEDICARE	$52.17	$0.00									
85400		FIBRINOLYTIC PLASMIN	1/1/2014	MEDICARE	$20.12	$0.00									
85410		FIBRINOLYTIC ANTIPLASMIN	1/1/2014	MEDICARE	$17.53	$0.00									
85415		FIBRINOLYTIC PLASMINOGEN	1/1/2014	MEDICARE	$39.10	$0.00									
85420		FIBRINOLYTIC PLASMINOGEN	1/1/2014	MEDICARE	$14.87	$0.00									
85421		FIBRINOLYTIC PLASMINOGEN	1/1/2014	MEDICARE	$23.17	$0.00									
85441		HEINZ BODIES DIRECT	1/1/2014	MEDICARE	$9.57	$0.00									
85445		HEINZ BODIES INDUCED	1/1/2014	MEDICARE	$15.50	$0.00									
85460		HEMOGLOBIN FETAL	1/1/2014	MEDICARE	$17.60	$0.00									
85475		HEMOLYSIN ACID	1/1/2014	MEDICARE	$20.18	$0.00									
85520		HEPARIN ASSAY	1/1/2014	MEDICARE	$29.77	$0.00									
85525		HEPARIN NEUTRALIZATION	1/1/2014	MEDICARE	$26.93	$0.00									
85530		HEPARIN-PROTAMINE TOLERANCE	1/1/2014	MEDICARE	$32.23	$0.00									
85536		IRON STAIN PERIPHERAL BLOOD	1/1/2014	MEDICARE	$14.72	$0.00									
85540		WBC ALKALINE PHOSPHATASE	1/1/2014	MEDICARE	$19.57	$0.00									
85547		RBC MECHANICAL FRAGILITY	1/1/2014	MEDICARE	$19.57	$0.00									
85549		MURAMIDASE	1/1/2014	MEDICARE	$42.65	$0.00									
85555		RBC OSMOTIC FRAGILITY	1/1/2014	MEDICARE	$15.20	$0.00									
85557		RBC OSMOTIC FRAGILITY	1/1/2014	MEDICARE	$30.38	$0.00									
85576		BLOOD PLATELET AGGREGATION	1/1/2014	MEDICARE	$48.85	$0.00									
85576	QW	BLOOD PLATELET AGGREGATION	1/1/2014	MEDICARE	$48.85	$0.00									
85597		PLATELET NEUTRALIZATION	1/1/2014	MEDICARE	$12.17	$0.00									
85610		PROTHROMBIN TIME	1/1/2014	MEDICARE	$8.95	$0.00									
85610	QW	PROTHROMBIN TIME;	1/1/2014	MEDICARE	$8.95	$0.00									
85611		PROTHROMBIN TEST	1/1/2014	MEDICARE	$8.97	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
85612		VIPER VENOM PROTHROMBIN TIME	1/1/2014	MEDICARE	$21.77	$0.00									
85613		RUSSELL VIPER VENOM DILUTED	1/1/2014	MEDICARE	$21.77	$0.00									
85635		REPTILASE TEST	1/1/2014	MEDICARE	$22.38	$0.00									
85651		RBC SED RATE NONAUTOMATED	1/1/2014	MEDICARE	$8.07	$0.00									
85652		RBC SED RATE AUTOMATED	1/1/2014	MEDICARE	$6.15	$0.00									
85660		RBC SICKLE CELL TEST	1/1/2014	MEDICARE	$12.55	$0.00									
85670		THROMBIN TIME PLASMA	1/1/2014	MEDICARE	$13.12	$0.00									
85675		THROMBIN TIME TITER	1/1/2014	MEDICARE	$15.57	$0.00									
85705		THROMBOPLASTIN INHIBITION	1/1/2014	MEDICARE	$21.45	$0.00									
85730		THROMBOPLASTIN TIME PARTIAL	1/1/2014	MEDICARE	$13.65	$0.00									
85732		THROMBOPLASTIN TIME PARTIAL	1/1/2014	MEDICARE	$14.72	$0.00									
85810		BLOOD VISCOSITY EXAMINATION	1/1/2014	MEDICARE	$26.53	$0.00									
85999		HEMATOLOGY PROCEDURE	5/10/2010	BY REPORT	$0.00	$0.00									
86000		AGGLUTININS FEBRILE ANTIGEN	1/1/2014	MEDICARE	$15.87	$0.00									
86001		ALLERGEN SPECIFIC IGG	1/1/2014	MEDICARE	$6.58	$0.00									
86003		ALLERGEN SPECIFIC IGE	1/1/2014	MEDICARE	$6.58	$0.00									
86005		ALLERGEN SPECIFIC IGE	1/1/2014	MEDICARE	$18.13	$0.00									
86021		WBC ANTIBODY IDENTIFICATION	1/1/2014	MEDICARE	$34.23	$0.00									
86022		PLATELET ANTIBODIES	1/1/2014	MEDICARE	$41.77	$0.00									
86023		IMMUNOGLOBULIN ASSAY	1/1/2014	MEDICARE	$28.33	$0.00									
86038		ANTINUCLEAR ANTIBODIES	1/1/2014	MEDICARE	$27.48	$0.00									
86039		ANTINUCLEAR ANTIBODIES (ANA)	1/1/2014	MEDICARE	$25.38	$0.00									
86060		ANTISTREPTOLYSIN O TITER	1/1/2014	MEDICARE	$16.60	$0.00									
86063		ANTISTREPTOLYSIN O SCREEN	1/1/2014	MEDICARE	$13.12	$0.00									
86077		PHYS BLOOD BANK SERV XMATCH	7/1/2013	RBRVS	$0.00	$0.00									
86078		PHYS BLOOD BANK SERV REACTJ	7/1/2013	RBRVS	$0.00	$0.00									
86079		PHYS BLOOD BANK SERV AUTHRJ	7/1/2013	RBRVS	$0.00	$0.00									
86140		C-REACTIVE PROTEIN	1/1/2014	MEDICARE	$11.77	$0.00									
86141		C-REACTIVE PROTEIN HS	1/1/2014	MEDICARE	$29.43	$0.00									
86146		BETA-2 GLYCOPROTEIN ANTIBODY	1/1/2014	MEDICARE	$57.85	$0.00									
86147		CARDIOLIPIN ANTIBODY EA IG	1/1/2014	MEDICARE	$57.85	$0.00									
86148		ANTI-PHOSPHOLIPID ANTIBODY	1/1/2014	MEDICARE	$36.53	$0.00									
86155		CHEMOTAXIS ASSAY	1/1/2014	MEDICARE	$36.35	$0.00									
86156		COLD AGGLUTININ SCREEN	1/1/2014	MEDICARE	$15.23	$0.00									
86157		COLD AGGLUTININ TITER	1/1/2014	MEDICARE	$18.33	$0.00									
86160		COMPLEMENT ANTIGEN	1/1/2014	MEDICARE	$27.30	$0.00									
86161		COMPLEMENT/FUNCTION ACTIVITY	1/1/2014	MEDICARE	$27.30	$0.00									
86162		COMPLEMENT TOTAL (CH50)	1/1/2014	MEDICARE	$43.80	$0.00									
86171		COMPLEMENT FIXATION EACH	1/1/2014	MEDICARE	$22.77	$0.00									
86185		COUNTERIMMUNOELECTROPHORESIS	1/1/2014	MEDICARE	$20.33	$0.00									
86200		CCP ANTIBODY	1/1/2014	MEDICARE	$29.43	$0.00									
86215		DEOXYRIBONUCLEASE ANTIBODY	1/1/2014	MEDICARE	$30.13	$0.00									
86225		DNA ANTIBODY NATIVE	1/1/2014	MEDICARE	$31.23	$0.00									
86226		DNA ANTIBODY SINGLE STRAND	1/1/2014	MEDICARE	$25.15	$0.00									
86235		NUCLEAR ANTIGEN ANTIBODY	1/1/2014	MEDICARE	$40.77	$0.00									
86243		FC RECEPTOR	1/1/2014	MEDICARE	$46.65	$0.00									
86255		FLUORESCENT ANTIBODY SCREEN	1/1/2014	MEDICARE	$27.40	$0.00									
86256		FLUORESCENT ANTIBODY TITER	1/1/2014	MEDICARE	$27.40	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
86277		GROWTH HORMONE ANTIBODY	1/1/2014	MEDICARE	$35.78	$0.00									
86280		HEMAGGLUTINATION INHIBITION	1/1/2014	MEDICARE	$18.62	$0.00									
86294		IMMUNOASSAY TUMOR QUAL	1/1/2014	MEDICARE	$44.62	$0.00									
86294	QW	IMMUNOASSAY TUMOR QUAL	1/1/2014	MEDICARE	$33.02	$0.00									
86300		IMMUNOASSAY TUMOR CA 15-3	1/1/2014	MEDICARE	$47.32	$0.00									
86301		IMMUNOASSAY TUMOR CA 19-9	1/1/2014	MEDICARE	$47.32	$0.00									
86304		IMMUNOASSAY TUMOR CA 125	1/1/2014	MEDICARE	$47.32	$0.00									
86308		HETEROPHILE ANTIBODY SCREEN	1/1/2014	MEDICARE	$9.35	$0.00									
86308	QW	HETEROPHILE ANTIBODY SCREEN	1/1/2014	MEDICARE	$9.35	$0.00									
86309		HETEROPHILE ANTIBODY TITER	1/1/2014	MEDICARE	$14.72	$0.00									
86310		HETEROPHILE ANTIBODY ABSRBJ	1/1/2014	MEDICARE	$16.77	$0.00									
86316		IMMUNOASSAY TUMOR OTHER	1/1/2014	MEDICARE	$47.32	$0.00									
86317		IMMUNOASSAY INFECTIOUS AGENT	1/1/2014	MEDICARE	$25.18	$0.00									
86318		IMMUNOASSAY INFECTIOUS AGENT	1/1/2014	MEDICARE	$29.43	$0.00									
86318	QW	IMMUNOASSAY INFECTIOUS AGENT	1/1/2014	MEDICARE	$29.43	$0.00									
86320		SERUM IMMUNOELECTROPHORESIS	1/1/2014	MEDICARE	$50.97	$0.00									
86325		OTHER IMMUNOELECTROPHORESIS	1/1/2014	MEDICARE	$50.85	$0.00									
86327		IMMUNOELECTROPHORESIS ASSAY	1/1/2014	MEDICARE	$51.58	$0.00									
86329		IMMUNODIFFUSION NES	1/1/2014	MEDICARE	$31.92	$0.00									
86331		IMMUNODIFFUSION OUCHTERLONY	1/1/2014	MEDICARE	$27.25	$0.00									
86332		IMMUNE COMPLEX ASSAY	1/1/2014	MEDICARE	$55.42	$0.00									
86334		IMMUNOFIX E-PHORESIS SERUM	1/1/2014	MEDICARE	$50.80	$0.00									
86335		IMMUNOGLOBULIN TYPING (GC GM INV) EACH	1/1/2014	MEDICARE	$66.73	$0.00									
86336		INHIBIN A	1/1/2014	MEDICARE	$35.43	$0.00									
86337		INSULIN ANTIBODIES	1/1/2014	MEDICARE	$48.68	$0.00									
86340		INTRINSIC FACTOR ANTIBODY	1/1/2014	MEDICARE	$34.27	$0.00									
86341		ISLET CELL ANTIBODY	1/1/2014	MEDICARE	$44.98	$0.00									
86343		LEUKOCYTE HISTAMINE RELEASE	1/1/2014	MEDICARE	$28.35	$0.00									
86344		LEUKOCYTE PHAGOCYTOSIS	1/1/2014	MEDICARE	$18.17	$0.00									
86353		LYMPHOCYTE TRANSFORMATION	1/1/2014	MEDICARE	$111.48	$0.00									
86355		B CELLS TOTAL COUNT	1/1/2014	MEDICARE	$85.77	$0.00									
86356		MONONUCLEAR CELL ANTIGEN	1/1/2014	MEDICARE	$60.88	$0.00									
86357		NK CELLS TOTAL COUNT	1/1/2014	MEDICARE	$85.77	$0.00									
86359		T CELLS TOTAL COUNT	1/1/2014	MEDICARE	$85.77	$0.00									
86360		T CELL ABSOLUTE COUNT/RATIO	1/1/2014	MEDICARE	$106.83	$0.00									
86361		T CELL ABSOLUTE COUNT	1/1/2014	MEDICARE	$60.88	$0.00									
86367		STEM CELLS TOTAL COUNT	1/1/2014	MEDICARE	$85.77	$0.00									
86376		MICROSOMAL ANTIBODY EACH	1/1/2014	MEDICARE	$33.08	$0.00									
86378		MIGRATION INHIBITORY FACTOR	1/1/2014	MEDICARE	$44.77	$0.00									
86382		NEUTRALIZATION TEST VIRAL	1/1/2014	MEDICARE	$38.45	$0.00									
86384		NITROBLUE TETRAZOLIUM DYE	1/1/2014	MEDICARE	$25.88	$0.00									
86386	QW	NUCLEAR MATRIX PROTEIN 22	1/1/2014	MEDICARE	$36.32	$0.00									
86403		PARTICLE AGGLUT ANTBDY SCRN	1/1/2014	MEDICARE	$23.17	$0.00									
86430		RHEUMATOID FACTOR TEST QUAL	1/1/2014	MEDICARE	$12.90	$0.00									
86431		RHEUMATOID FACTOR QUANT	1/1/2014	MEDICARE	$12.90	$0.00									
86480		TB TEST, CELL IMMUN MEASURE	1/1/2014	MEDICARE	$140.93	$0.00									
86485		SKIN TEST CANDIDA	7/1/2003	BY REPORT	$0.00	$0.00									
86486		SKIN TEST NOS ANTIGEN	7/1/2013	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
86490		COCCIDIOIDOMYCOSIS SKIN TEST	7/1/2013	RBRVS	$0.00	$0.00									
86510		HISTOPLASMOSIS SKIN TEST	7/1/2012	RBRVS	$0.00	$0.00									
86580		TB INTRADERMAL TEST	7/1/2013	RBRVS	$0.00	$0.00									
86590		STREPTOKINASE ANTIBODY	1/1/2014	MEDICARE	$25.12	$0.00									
86592		BLOOD SEROLOGY, QUALITATIVE	1/1/2014	MEDICARE	$9.70	$0.00									
86593		BLOOD SEROLOGY, QUANTITATIVE	1/1/2014	MEDICARE	$10.00	$0.00									
86602		ANTINOMYCES ANTIBODY	1/1/2014	MEDICARE	$23.15	$0.00									
86603		ADENOVIRUS ANTIBODY	1/1/2014	MEDICARE	$29.25	$0.00									
86606		ASPERGILLUS ANTIBODY	1/1/2014	MEDICARE	$34.23	$0.00									
86609		BACTERIUM ANTIBODY	1/1/2014	MEDICARE	$29.30	$0.00									
86611		BARTONELLA ANTIBODY	1/1/2014	MEDICARE	$23.15	$0.00									
86612		BLASTOMYCES ANTIBODY	1/1/2014	MEDICARE	$29.33	$0.00									
86615		BORDETELLA ANTIBODY	1/1/2014	MEDICARE	$30.00	$0.00									
86618		LYME DISEASE ANTIBODY	1/1/2014	MEDICARE	$38.73	$0.00									
86618	QW	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE)	1/1/2014	MEDICARE	$38.73	$0.00									
86619		BORRELIA ANTIBODY	1/1/2014	MEDICARE	$30.42	$0.00									
86622		BRUCELLA ANTIBODY	1/1/2014	MEDICARE	$20.32	$0.00									
86625		CAMPYLOBACTER ANTIBODY	1/1/2014	MEDICARE	$29.83	$0.00									
86628		CANDIDA ANTIBODY	1/1/2014	MEDICARE	$27.30	$0.00									
86631		CHLAMYDIA ANTIBODY	1/1/2014	MEDICARE	$26.88	$0.00									
86632		CHLAMYDIA IGM ANTIBODY	1/1/2014	MEDICARE	$28.85	$0.00									
86635		COCCIDIOIDES ANTIBODY	1/1/2014	MEDICARE	$26.08	$0.00									
86638		Q FEVER ANTIBODY	1/1/2014	MEDICARE	$27.57	$0.00									
86641		CRYPTOCOCCUS ANTIBODY	1/1/2014	MEDICARE	$32.77	$0.00									
86644		CMV ANTIBODY	1/1/2014	MEDICARE	$25.68	$0.00									
86645		CMV ANTIBODY IGM	1/1/2014	MEDICARE	$38.30	$0.00									
86648		DIPHTHERIA ANTIBODY	1/1/2014	MEDICARE	$34.58	$0.00									
86651		ENCEPHALITIS CALIFORN ANTBDY	1/1/2014	MEDICARE	$30.00	$0.00									
86652		ENCEPHALTIS EAST EQNE ANBDY	1/1/2014	MEDICARE	$30.00	$0.00									
86653		ENCEPHALTIS ST LOUIS ANTBODY	1/1/2014	MEDICARE	$30.00	$0.00									
86654		ENCEPHALTIS WEST EQNE ANTBDY	1/1/2014	MEDICARE	$30.00	$0.00									
86658		ENTEROVIRUS ANTIBODY	1/1/2014	MEDICARE	$29.62	$0.00									
86663		EPSTEIN-BARR ANTIBODY	1/1/2014	MEDICARE	$29.83	$0.00									
86664		EPSTEIN-BARR NUCLEAR ANTIGEN	1/1/2014	MEDICARE	$34.78	$0.00									
86665		EPSTEIN-BARR CAPSID VCA	1/1/2014	MEDICARE	$41.25	$0.00									
86666		EHRLICHIA ANTIBODY	1/1/2014	MEDICARE	$23.15	$0.00									
86668		FRANCISELLA TULARENSIS	1/1/2014	MEDICARE	$23.65	$0.00									
86671		FUNGUS NES ANTIBODY	1/1/2014	MEDICARE	$27.87	$0.00									
86674		GIARDIA LAMBLIA ANTIBODY	1/1/2014	MEDICARE	$33.47	$0.00									
86677		HELICOBACTER PYLORI ANTIBODY	1/1/2014	MEDICARE	$33.00	$0.00									
86682		HELMINTH ANTIBODY	1/1/2014	MEDICARE	$29.58	$0.00									
86684		HEMOPHILUS INFLUENZA ANTIBDY	1/1/2014	MEDICARE	$36.02	$0.00									
86687		HTLV-I ANTIBODY	1/1/2014	MEDICARE	$19.08	$0.00									
86688		HTLV-II ANTIBODY	1/1/2014	MEDICARE	$31.85	$0.00									
86689		HTLV/HIV CONFIRMJ ANTIBODY	1/1/2014	MEDICARE	$44.00	$0.00									
86692		HEPATITIS DELTA AGENT ANTBDY	1/1/2014	MEDICARE	$39.02	$0.00									
86694		HERPES SIMPLEX NES ANTBDY	1/1/2014	MEDICARE	$25.68	$0.00									
86695		HERPES SIMPLEX TYPE 1 TEST	1/1/2014	MEDICARE	$30.00	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
86696		HERPES SIMPLEX TYPE 2 TEST	1/1/2014	MEDICARE	$44.00	$0.00									
86698		HISTOPLASMA ANTIBODY	1/1/2014	MEDICARE	$28.42	$0.00									
86701		HIV-1ANTIBODY	1/1/2014	MEDICARE	$16.73	$0.00									
86701	QW	HIV-1ANTIBODY	1/1/2014	MEDICARE	$16.73	$0.00									
86702		HIV-2 ANTIBODY	1/1/2014	MEDICARE	$30.73	$0.00									
86703		HIV-1/HIV-2 1 RESULT ANTBDY	1/1/2014	MEDICARE	$31.17	$0.00									
86703	QW	HIV-1/HIV-2 1 RESULT ANTBDY	1/1/2012	MEDICARE	$32.38	$0.00									
86704		HEP B CORE ANTIBODY TOTAL	1/1/2014	MEDICARE	$27.40	$0.00									
86705		HEP B CORE ANTIBODY IGM	1/1/2014	MEDICARE	$26.78	$0.00									
86706		HEP B SURFACE ANTIBODY	1/1/2014	MEDICARE	$20.70	$0.00									
86707		HEPATITIS BE ANTIBODY	1/1/2014	MEDICARE	$26.30	$0.00									
86708		HEPATITIS A TOTAL ANTIBODY	1/1/2014	MEDICARE	$28.17	$0.00									
86709		HEPATITIS A IGM ANTIBODY	1/1/2014	MEDICARE	$25.60	$0.00									
86710		INFLUENZA VIRUS ANTIBODY	1/1/2014	MEDICARE	$30.82	$0.00									
86713		LEGIONELLA ANTIBODY	1/1/2014	MEDICARE	$34.80	$0.00									
86717		LEISHMANIA ANTIBODY	1/1/2014	MEDICARE	$27.85	$0.00									
86720		LEPTOSPIRA ANTIBODY	1/1/2014	MEDICARE	$30.00	$0.00									
86723		LISTERIA MONOCYTOGENES	1/1/2014	MEDICARE	$30.00	$0.00									
86727		LYMPH CHORIOMENINGITIS AB	1/1/2014	MEDICARE	$29.25	$0.00									
86729		LYMPHO VENEREUM ANTIBODY	1/1/2014	MEDICARE	$27.17	$0.00									
86732		MUCORMYCOSIS ANTIBODY	1/1/2014	MEDICARE	$30.00	$0.00									
86735		MUMPS ANTIBODY	1/1/2014	MEDICARE	$29.67	$0.00									
86738		MYCOPLASMA ANTIBODY	1/1/2014	MEDICARE	$30.12	$0.00									
86741		NEISSERIA MENINGITIDIS	1/1/2014	MEDICARE	$30.00	$0.00									
86744		NOCARDIA ANTIBODY	1/1/2014	MEDICARE	$30.00	$0.00									
86747		PARVOVIRUS ANTIBODY	1/1/2014	MEDICARE	$34.18	$0.00									
86750		MALARIA ANTIBODY	1/1/2014	MEDICARE	$30.00	$0.00									
86753		PROTOZOA ANTIBODY NOS	1/1/2014	MEDICARE	$28.17	$0.00									
86756		RESPIRATORY VIRUS ANTIBODY	1/1/2014	MEDICARE	$29.30	$0.00									
86757		RICKETTSIA ANTIBODY	1/1/2014	MEDICARE	$44.00	$0.00									
86759		ROTAVIRUS ANTIBODY	1/1/2014	MEDICARE	$30.00	$0.00									
86762		RUBELLA ANTIBODY	1/1/2014	MEDICARE	$25.68	$0.00									
86765		RUBEOLA ANTIBODY	1/1/2014	MEDICARE	$29.30	$0.00									
86768		SALMONELLA ANTIBODY	1/1/2014	MEDICARE	$30.00	$0.00									
86771		SHIGELLA ANTIBODY	1/1/2014	MEDICARE	$30.00	$0.00									
86774		TETANUS ANTIBODY	1/1/2014	MEDICARE	$33.65	$0.00									
86777		TOXOPLASMA ANTIBODY	1/1/2014	MEDICARE	$25.68	$0.00									
86778		TOXOPLASMA ANTIBODY IGM	1/1/2014	MEDICARE	$32.75	$0.00									
86780		TREPONEMA PALLIDUM	1/1/2014	MEDICARE	$30.10	$0.00									
86784		TRICHINELLA ANTIBODY	1/1/2014	MEDICARE	$28.57	$0.00									
86787		VARICELLA-ZOSTER ANTIBODY	1/1/2014	MEDICARE	$29.30	$0.00									
86788		WEST NILE VIRUS AB IGM	1/1/2014	MEDICARE	$38.30	$0.00									
86789		WEST NILE VIRUS ANTIBODY	1/1/2014	MEDICARE	$25.68	$0.00									
86790		VIRUS ANTIBODY NOS	1/1/2014	MEDICARE	$29.30	$0.00									
86793		YERSINIA ANTIBODY	1/1/2014	MEDICARE	$30.00	$0.00									
86800		THYROGLOBULIN ANTIBODY	1/1/2014	MEDICARE	$36.17	$0.00									
86803		HEPATITIS C AB TEST	1/1/2014	MEDICARE	$32.45	$0.00									
86804		HEP C AB TEST CONFIRM	1/1/2014	MEDICARE	$35.08	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
86805		LYMPHOCYTOTOXICITY ASSAY	1/1/2014	MEDICARE	$118.90	$0.00									
86806		LYMPHOCYTOTOXICITY ASSAY	1/1/2014	MEDICARE	$108.22	$0.00									
86807		CYTOTOXIC ANTIBODY SCREENING	1/1/2014	MEDICARE	$89.98	$0.00									
86808		CYTOTOXIC ANTIBODY SCREENING	1/1/2014	MEDICARE	$67.48	$0.00									
86812		HLA TYPING A B OR C	1/1/2014	MEDICARE	$58.68	$0.00									
86813		HLA TYPING A B OR C	1/1/2014	MEDICARE	$131.87	$0.00									
86816		HLA TYPING DR/DQ	1/1/2014	MEDICARE	$63.35	$0.00									
86817		HLA TYPING DR/DQ	1/1/2014	MEDICARE	$146.40	$0.00									
86821		LYMPHOCYTE CULTURE MIXED	1/1/2014	MEDICARE	$128.38	$0.00									
86822		LYMPHOCYTE CULTURE PRIMED	1/1/2014	MEDICARE	$83.13	$0.00									
86825		HLA X-MATH NON-CYTOTOXIC	1/1/2014	MEDICARE	$182.62	$0.00									
86826		HLA X-MATCH NONCYTOTOXC ADDL	1/1/2014	MEDICARE	$60.88	$0.00									
86849		IMMUNOLOGY PROCEDURE	10/1/2007	BY REPORT	$0.00	$0.00									
86850		RBC ANTIBODY SCREEN	10/1/2007	BY REPORT	$0.00	$0.00									
86860		RBC ANTIBODY ELUTION	10/1/2007	BY REPORT	$0.00	$0.00									
86870		RBC ANTIBODY IDENTIFICATION	10/1/2007	BY REPORT	$0.00	$0.00									
86880		COOMBS TEST DIRECT	1/1/2014	MEDICARE	$12.23	$0.00									
86885		COOMBS TEST INDIRECT QUAL	1/1/2014	MEDICARE	$13.02	$0.00									
86886		COOMBS TEST INDIRECT TITER	1/1/2014	MEDICARE	$11.77	$0.00									
86890		AUTOLOGOUS BLOOD PROCESS	10/1/2007	BY REPORT	$0.00	$0.00									
86891		AUTOLOGOUS BLOOD OP SALVAGE	10/1/2007	BY REPORT	$0.00	$0.00									
86900		BLOOD TYPING ABO	1/1/2014	MEDICARE	$6.78	$0.00									
86901		BLOOD TYPING RH (D)	1/1/2014	MEDICARE	$6.78	$0.00									
86904		BLOOD TYPING PATIENT SERUM	1/1/2014	MEDICARE	$21.62	$0.00									
86905		BLOOD TYPING RBC ANTIGENS	1/1/2014	MEDICARE	$8.70	$0.00									
86906		BLOOD TYPING RH PHENOTYPE	1/1/2014	MEDICARE	$17.62	$0.00									
86920		COMPATIBILITY TEST SPIN	10/1/2007	BY REPORT	$0.00	$0.00									
86921		COMPATIBILITY TEST INCUBATE	10/1/2007	BY REPORT	$0.00	$0.00									
86922		COMPATIBILITY TEST ANTIGLOB	10/1/2007	BY REPORT	$0.00	$0.00									
86923		COMPATIBILITY TEST ELECTRIC	10/1/2007	BY REPORT	$0.00	$0.00									
86927		PLASMA FRESH FROZEN	10/1/2007	BY REPORT	$0.00	$0.00									
86930		FROZEN BLOOD PREP	10/1/2007	BY REPORT	$0.00	$0.00									
86931		FROZEN BLOOD THAW	10/1/2007	BY REPORT	$0.00	$0.00									
86932		FROZEN BLOOD FREEZE/THAW	10/1/2007	BY REPORT	$0.00	$0.00									
86940		HEMOLYSINS/AGGLUTININS AUTO	1/1/2014	MEDICARE	$18.65	$0.00									
86941		HEMOLYSINS/AGGLUTININS	1/1/2014	MEDICARE	$27.53	$0.00									
86945		BLOOD PRODUCT/IRRADIATION	10/1/2007	BY REPORT	$0.00	$0.00									
86950		LEUKACYTE TRANSFUSION	10/1/2007	BY REPORT	$0.00	$0.00									
86960		VOL REDUCTION OF BLOOD/PROD	10/1/2007	BY REPORT	$0.00	$0.00									
86965		POOLING BLOOD PLATELETS	10/1/2007	BY REPORT	$0.00	$0.00									
86970		RBC PRETX INCUBATJ W/CHEMICL	10/1/2007	BY REPORT	$0.00	$0.00									
86971		RBC PRETX INCUBATJ W/ENZYMES	10/1/2007	BY REPORT	$0.00	$0.00									
86972		RBC PRETX INCUBATJ W/DENSITY	10/1/2007	BY REPORT	$0.00	$0.00									
86975		RBC SERUM PRETX INCUBJ DRUGS	10/1/2007	BY REPORT	$0.00	$0.00									
86976		RBC SERUM PRETX ID DILUTION	10/1/2007	BY REPORT	$0.00	$0.00									
86977		RBC SERUM PRETX INCUBJ/INHIB	10/1/2007	BY REPORT	$0.00	$0.00									
86978		RBC PRETREATMENT SERUM	10/1/2007	BY REPORT	$0.00	$0.00									
86985		SPLIT BLOOD OR PRODUCTS	10/1/2007	BY REPORT	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
86999		TRANSFUSION PROCEDURE	10/1/2007	BY REPORT	$0.00	$0.00									
87001		SMALL ANIMAL INOCULATION	1/1/2014	MEDICARE	$30.05	$0.00									
87003		SMALL ANIMAL INOCULATION	1/1/2014	MEDICARE	$38.28	$0.00									
87015		SPECIMEN INFECT AGNT CONCNTJ	1/1/2014	MEDICARE	$15.18	$0.00									
87040		BLOOD CULTURE FOR BACTERIA	1/1/2014	MEDICARE	$23.48	$0.00									
87045		FECES CULTURE AEROBIC BACT	1/1/2014	MEDICARE	$21.47	$0.00									
87046		STOOL CULTR AEROBIC BACT EA	1/1/2014	MEDICARE	$21.47	$0.00									
87070		CULTURE OTHR SPECIMN AEROBIC	1/1/2014	MEDICARE	$19.58	$0.00									
87071		CULTURE AEROBIC QUANT OTHER	1/1/2014	MEDICARE	$21.47	$0.00									
87073		CULTURE BACTERIA ANAEROBIC	1/1/2014	MEDICARE	$21.47	$0.00									
87075		CULTR BACTERIA EXCEPT BLOOD	1/1/2014	MEDICARE	$21.52	$0.00									
87076		CULTURE ANAEROBE IDENT EACH	1/1/2014	MEDICARE	$18.38	$0.00									
87077		CULTURE AEROBIC IDENTIFY	1/1/2014	MEDICARE	$18.38	$0.00									
87077	QW	CULTURE BACTERIAL; AEROBIC ISOLATE ADDTNL METHODS FOR ID	1/1/2014	MEDICARE	$18.38	$0.00									
87081		CULTURE SCREEN ONLY	1/1/2014	MEDICARE	$12.92	$0.00									
87084		CULTURE OF SPECIMEN BY KIT	1/1/2014	MEDICARE	$19.58	$0.00									
87086		URINE CULTURE/COLONY COUNT	1/1/2014	MEDICARE	$18.35	$0.00									
87088		URINE BACTERIA CULTURE	1/1/2014	MEDICARE	$12.92	$0.00									
87101		SKIN FUNGI CULTURE	1/1/2014	MEDICARE	$17.53	$0.00									
87102		FUNGUS ISOLATION CULTURE	1/1/2014	MEDICARE	$15.90	$0.00									
87103		BLOOD FUNGUS CULTURE	1/1/2014	MEDICARE	$20.50	$0.00									
87106		FUNGI IDENTIFICATION YEAST	1/1/2014	MEDICARE	$12.48	$0.00									
87107		FUNGI IDENTIFICATION MOLD	1/1/2014	MEDICARE	$12.48	$0.00									
87109		MYCOPLASMA	1/1/2014	MEDICARE	$34.98	$0.00									
87110		CHLAMYDIA CULTURE	1/1/2014	MEDICARE	$44.55	$0.00									
87116		MYCOBACTERIA CULTURE	1/1/2014	MEDICARE	$24.57	$0.00									
87118		MYCOBACTERIC IDENTIFICATION	1/1/2014	MEDICARE	$24.88	$0.00									
87140		CULTURE TYPE IMMUNOFLUORESC	1/1/2014	MEDICARE	$12.68	$0.00									
87143		CULTURE TYPING GLC/HPLC	1/1/2014	MEDICARE	$28.48	$0.00									
87147		CULTURE TYPE IMMUNOLOGIC	1/1/2014	MEDICARE	$11.77	$0.00									
87149		CULTURE TYPE, NUCLEIC ACID	1/1/2014	MEDICARE	$45.60	$0.00									
87150		DNA/RNA AMPLIFIED PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87152		CULTURE TYPE PULSE FIELD GEL	1/1/2014	MEDICARE	$11.88	$0.00									
87153		DNA/RNA SEQUENCING	1/1/2014	MEDICARE	$262.30	$0.00									
87158		CULTURE TYPING ADDED METHOD	1/1/2014	MEDICARE	$11.88	$0.00									
87164		DARK FIELD EXAMINATION	1/1/2014	MEDICARE	$24.42	$0.00									
87166		DARK FIELD EXAMINATION	1/1/2014	MEDICARE	$25.68	$0.00									
87168		MACROSCOPIC EXAM ARTHROPOD	1/1/2014	MEDICARE	$9.70	$0.00									
87169		MACROSCOPIC EXAM PARASITE	1/1/2014	MEDICARE	$9.70	$0.00									
87172		PINWORM EXAM	1/1/2014	MEDICARE	$9.70	$0.00									
87176		TISSUE HOMOGENIZATION, CULTR	1/1/2014	MEDICARE	$13.38	$0.00									
87177		OVA AND PARASITES SMEARS	1/1/2014	MEDICARE	$20.23	$0.00									
87181		MICROBE SUSCEPTIBLE DIFFUSE	1/1/2014	MEDICARE	$9.35	$0.00									
87184		MICROBE SUSCEPTIBLE DISK	1/1/2014	MEDICARE	$15.68	$0.00									
87185		MICROBE SUSCEPTIBLE ENZYME	1/1/2014	MEDICARE	$9.35	$0.00									
87186		MICROBE SUSCEPTIBLE MIC	1/1/2014	MEDICARE	$19.67	$0.00									
87188		MICROBE SUSCEPT MACROBROTH	1/1/2014	MEDICARE	$15.10	$0.00									
87190		MICROBE SUSCEPT MYCOBACTERI	1/1/2014	MEDICARE	$12.85	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
87197		BACTERICIDAL LEVEL SERUM	1/1/2014	MEDICARE	$34.17	$0.00									
87205		SMEAR GRAM STAIN	1/1/2014	MEDICARE	$9.70	$0.00									
87206		SMEAR FLUORESCENT/ACID STAI	1/1/2014	MEDICARE	$12.23	$0.00									
87207		SMEAR SPECIAL STAIN	1/1/2014	MEDICARE	$13.63	$0.00									
87209		SMEAR COMPLEX STAIN	1/1/2014	MEDICARE	$40.87	$0.00									
87210		SMEAR WET MOUNT SALINE/INK	1/1/2014	MEDICARE	$9.70	$0.00									
87210	QW	SMEAR WET MOUNT SALINE/INK	1/1/2014	MEDICARE	$9.70	$0.00									
87220		TISSUE EXAM FOR FUNGI	1/1/2014	MEDICARE	$9.70	$0.00									
87230		ASSAY TOXIN OR ANTITOXIN	1/1/2014	MEDICARE	$44.90	$0.00									
87250		VIRUS INOCULATE EGGS/ANIMAL	1/1/2014	MEDICARE	$44.47	$0.00									
87252		VIRUS INOCULATION TISSUE	1/1/2014	MEDICARE	$56.75	$0.00									
87253		VIRUS INOCULATE TISSUE ADDL	1/1/2014	MEDICARE	$45.93	$0.00									
87254		VIRUS INOCULATION SHELL VIA	1/1/2014	MEDICARE	$44.47	$0.00									
87255		GENET VIRUS ISOLATE HSV	1/1/2014	MEDICARE	$77.00	$0.00									
87260		ADENOVIRUS AG IF	1/1/2014	MEDICARE	$27.27	$0.00									
87265		PERTUSSIS AG IF	1/1/2014	MEDICARE	$27.27	$0.00									
87267		ENTEROVIRUS ANTIBODY DFA	1/1/2014	MEDICARE	$27.27	$0.00									
87269		GIARDIA AG IF	1/1/2014	MEDICARE	$27.27	$0.00									
87270		CHLAMYDIA TRACHOMATIS AG IF	1/1/2014	MEDICARE	$27.27	$0.00									
87271		CYTOMEGALOVIRUS DFA	1/1/2014	MEDICARE	$27.27	$0.00									
87272		CRYPTOSPORIDIUM AG IF	1/1/2014	MEDICARE	$27.27	$0.00									
87273		HERPES SIMPLEX 2 AG IF	1/1/2014	MEDICARE	$27.27	$0.00									
87274		HERPES SIMPLEX 1 AG IF	1/1/2014	MEDICARE	$27.27	$0.00									
87275		INFLUENZA B AG IF	1/1/2014	MEDICARE	$27.27	$0.00									
87276		INFLUENZA A AG IF	1/1/2014	MEDICARE	$27.27	$0.00									
87277		LEGIONELLA MICDADEI AG IF	1/1/2014	MEDICARE	$27.27	$0.00									
87278		LEGION PNEUMOPHILIA AG IF	1/1/2014	MEDICARE	$27.27	$0.00									
87279		PARAINFLUENZA AG IF	1/1/2014	MEDICARE	$27.27	$0.00									
87280		RESPIRATORY SYNCYTIAL AG IF	1/1/2014	MEDICARE	$27.27	$0.00									
87281		PNEUMOCYSTIS CARINII AG IF	1/1/2014	MEDICARE	$27.27	$0.00									
87283		RUBEOLA AG IF	1/1/2014	MEDICARE	$27.27	$0.00									
87285		TREPONEMA PALLIDUM AG IF	1/1/2014	MEDICARE	$27.27	$0.00									
87290		VARICELLA ZOSTER AG IF	1/1/2014	MEDICARE	$27.27	$0.00									
87299		ANTIBODY DETECTION NOS IF	1/1/2014	MEDICARE	$27.27	$0.00									
87300		AG DETECTION POLYVAL IF	1/1/2014	MEDICARE	$27.27	$0.00									
87301		ADENOVIRUS AG EIA	1/1/2014	MEDICARE	$27.27	$0.00									
87305		ASPERGILLUS AG EIA	1/1/2014	MEDICARE	$27.27	$0.00									
87320		CHYLMD TRACH AG EIA	1/1/2014	MEDICARE	$27.27	$0.00									
87324		CLOSTRIDIUM AG EIA	1/1/2014	MEDICARE	$27.27	$0.00									
87327		CRYPTOCOCCUS NEOFORM AG EIA	1/1/2014	MEDICARE	$27.27	$0.00									
87328		CRYPTOSPORIDIUM AG EIA	1/1/2014	MEDICARE	$27.27	$0.00									
87329		GIARDIA AG EIA	1/1/2014	MEDICARE	$27.27	$0.00									
87332		CYTOMEGALOVIRUS AG EIA	1/1/2014	MEDICARE	$27.27	$0.00									
87335		E COLI 0157 AG EIA	1/1/2014	MEDICARE	$27.27	$0.00									
87336		ENTAMOEB HIST DISPR AG EIA	1/1/2014	MEDICARE	$27.27	$0.00									
87337		ENTAMOEB HIST GROUP AG EIA	1/1/2014	MEDICARE	$27.27	$0.00									
87338		HPYLORI STOOL EIA	1/1/2014	MEDICARE	$27.28	$0.00									
87339		H PYLORI AG EIA	1/1/2014	MEDICARE	$27.27	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
87340		HEPATITIS B SURFACE AG EIA	1/1/2014	MEDICARE	$22.02	$0.00									
87341		HEPATITIS B SURFACE AG EIA	1/1/2014	MEDICARE	$22.02	$0.00									
87350		HEPATITIS BE AG EIA	1/1/2014	MEDICARE	$22.23	$0.00									
87380		HEPATITIS DELTA AG EIA	1/1/2014	MEDICARE	$37.32	$0.00									
87385		HISTOPLASMA CAPSUL AG EIA	1/1/2014	MEDICARE	$27.27	$0.00									
87390		HIV-1 AG EIA	1/1/2014	MEDICARE	$40.10	$0.00									
87391		HIV-2 AG EIA	1/1/2014	MEDICARE	$40.10	$0.00									
87400		INFLUENZA A/B AG EIA	1/1/2014	MEDICARE	$27.27	$0.00									
87420		RESP SYNCYTIAL AG EIA	1/1/2014	MEDICARE	$27.27	$0.00									
87425		ROTAVIRUS AG EIA	1/1/2014	MEDICARE	$27.27	$0.00									
87427		SHIGA-LIKE TOXIN AG EIA	1/1/2014	MEDICARE	$27.27	$0.00									
87430		STREP A AG EIA	1/1/2014	MEDICARE	$27.27	$0.00									
87449		AG DETECT NOS EIA MULT	1/1/2014	MEDICARE	$27.27	$0.00									
87449	QW	AG DETECT NOS EIA MULT	1/1/2014	MEDICARE	$27.27	$0.00									
87450		AG DETECT NOS EIA SINGLE	1/1/2014	MEDICARE	$21.80	$0.00									
87451		AG DETECT POLYVAL EIA MULT	1/1/2014	MEDICARE	$21.80	$0.00									
87470		BARTONELLA DNA DIR PROBE	1/1/2014	MEDICARE	$45.60	$0.00									
87471		BARTONELLA DNA AMP PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87472		BARTONELLA DNA QUANT	1/1/2014	MEDICARE	$97.40	$0.00									
87475		LYME DIS DNA DIR PROBE	1/1/2014	MEDICARE	$45.60	$0.00									
87476		LYME DIS DNA AMP PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87477		LYME DIS DNA QUANT	1/1/2014	MEDICARE	$97.40	$0.00									
87480		CANDIDA DNA DIR PROBE	1/1/2014	MEDICARE	$45.60	$0.00									
87481		CANDIDA DNA AMP PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87482		CANDIDA DNA QUANT	1/1/2014	MEDICARE	$94.93	$0.00									
87485		CHYLMD PNEUM DNA DIR PROBE	1/1/2014	MEDICARE	$45.60	$0.00									
87486		CHYLMD PNEUM DNA AMP PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87487		CHYLMD PNEUM DNA QUANT	1/1/2014	MEDICARE	$97.40	$0.00									
87490		CHYLMD TRACH DNA DIR PROBE	1/1/2014	MEDICARE	$45.60	$0.00									
87491		CHYLMD TRACH DNA AMP PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87492		CHYLMD TRACH DNA QUANT	1/1/2014	MEDICARE	$79.48	$0.00									
87493		C DIFF AMPLIFIED PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87495		CYTOMEG DNA DIR PROBE	1/1/2014	MEDICARE	$45.60	$0.00									
87496		CYTOMEG DNA AMP PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87497		CYTOMEG DNA QUANT	1/1/2014	MEDICARE	$97.40	$0.00									
87498		ENTEROVIRUS DNA AMP PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87500		VANOMYCIN DNA AMP PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87510		GARDNER VAG DNA DIR PROBE	1/1/2014	MEDICARE	$45.60	$0.00									
87511		GARDNER VAG DNA AMP PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87512		GARDNER VAG DNA QUANT	1/1/2014	MEDICARE	$94.93	$0.00									
87515		HEPATITIS B DNA DIR PROBE	1/1/2014	MEDICARE	$45.60	$0.00									
87516		HEPATITIS B DNA AMP PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87517		HEPATITIS B DNA QUANT	1/1/2014	MEDICARE	$97.40	$0.00									
87520		HEPATITIS C RNA DIR PROBE	1/1/2014	MEDICARE	$45.60	$0.00									
87521		HEPATITIS C RNA AMP PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87522		HEPATITIS C RNA QUANT	1/1/2014	MEDICARE	$97.40	$0.00									
87525		HEPATITIS G DNA DIR PROBE	1/1/2014	MEDICARE	$45.60	$0.00									
87526		HEPATITIS G DNA AMP PROBE	1/1/2014	MEDICARE	$79.78	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
87527		HEPATITIS G DNA QUANT	1/1/2014	MEDICARE	$94.93	$0.00									
87528		HSV DNA DIR PROBE	1/1/2014	MEDICARE	$45.60	$0.00									
87529		HSV DNA AMP PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87530		HSV DNA QUANT	1/1/2014	MEDICARE	$97.40	$0.00									
87531		HHV-6 DNA DIR PROBE	1/1/2014	MEDICARE	$45.60	$0.00									
87532		HHV-6 DNA AMP PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87533		HHV-6 DNA QUANT	1/1/2014	MEDICARE	$94.93	$0.00									
87534		HIV-1 DNA DIR PROBE	1/1/2014	MEDICARE	$45.60	$0.00									
87535		HIV-1 DNA AMP PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87536		HIV-1 DNA QUANT	1/1/2014	MEDICARE	$193.48	$0.00									
87537		HIV-2 DNA DIR PROBE	1/1/2014	MEDICARE	$45.60	$0.00									
87538		HIV-2 DNA AMP PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87539		HIV-2 DNA QUANT	1/1/2014	MEDICARE	$97.40	$0.00									
87540		LEGION PNEUMO DNA DIR PROB	1/1/2014	MEDICARE	$45.60	$0.00									
87541		LEGION PNEUMO DNA AMP PROB	1/1/2014	MEDICARE	$79.78	$0.00									
87542		LEGION PNEUMO DNA QUANT	1/1/2014	MEDICARE	$94.93	$0.00									
87550		MYCOBACTERIA DNA DIR PROBE	1/1/2014	MEDICARE	$45.60	$0.00									
87551		MYCOBACTERIA DNA AMP PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87552		MYCOBACTERIA DNA QUANT	1/1/2014	MEDICARE	$97.40	$0.00									
87555		M.TUBERCULO DNA DIR PROBE	1/1/2014	MEDICARE	$45.60	$0.00									
87556		M.TUBERCULO DNA AMP PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87557		M.TUBERCULO DNA QUANT	1/1/2014	MEDICARE	$97.40	$0.00									
87560		M.AVIUM-INTRA DNA DIR PROB	1/1/2014	MEDICARE	$45.60	$0.00									
87561		M.AVIUM-INTRA DNA AMP PROB	1/1/2014	MEDICARE	$79.78	$0.00									
87562		M.AVIUM-INTRA DNA QUANT	1/1/2014	MEDICARE	$97.40	$0.00									
87580		M.PNEUMON DNA DIR PROBE	1/1/2014	MEDICARE	$45.60	$0.00									
87581		M.PNEUMON DNA AMP PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87582		M.PNEUMON DNA QUANT	1/1/2014	MEDICARE	$94.93	$0.00									
87590		N.GONORRHOEAE DNA DIR PROB	1/1/2014	MEDICARE	$45.60	$0.00									
87591		N.GONORRHOEAE DNA AMP PROB	1/1/2014	MEDICARE	$79.78	$0.00									
87592		N.GONORRHOEAE DNA QUANT	1/1/2014	MEDICARE	$97.40	$0.00									
87620		HPV DNA DIR PROBE	1/1/2014	MEDICARE	$45.60	$0.00									
87621		HPV DNA AMP PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87622		HPV DNA QUANT	1/1/2014	MEDICARE	$94.93	$0.00									
87640		STAPH A DNA AMP PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87641		MR-STAPH DNA AMP PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87650		STREP A DNA DIR PROBE	1/1/2014	MEDICARE	$45.60	$0.00									
87651		STREP A DNA AMP PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87652		STREP A DNA QUANT	1/1/2014	MEDICARE	$94.93	$0.00									
87653		STREP B DNA AMP PROBE	1/1/2014	MEDICARE	$79.78	$0.00									
87660		TRICHOMONAS VAGIN DIR PROBE	1/1/2014	MEDICARE	$45.60	$0.00									
87797		DETECT AGENT NOS DNA DIR	1/1/2014	MEDICARE	$45.60	$0.00									
87798		DETECT AGENT NOS DNA AMP	1/1/2014	MEDICARE	$79.78	$0.00									
87799		DETECT AGENT NOS DNA QUANT	1/1/2014	MEDICARE	$97.40	$0.00									
87800		DETECT AGNT MULT DNA DIREC	1/1/2014	MEDICARE	$91.20	$0.00									
87801		DETECT AGNT MULT DNA AMPLI	1/1/2014	MEDICARE	$159.60	$0.00									
87802		STREP B ASSAY W/OPTIC	1/1/2014	MEDICARE	$27.27	$0.00									
87803		CLOSTRIDIUM TOXIN A W/OPTIC	1/1/2014	MEDICARE	$27.27	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
87804		INFLUENZA ASSAY W/OPTIC	1/1/2014	MEDICARE	$27.27	$0.00									
87804	QW	INFLUENZA ASSAY W/OPTIC	1/1/2014	MEDICARE	$27.27	$0.00									
87807		RSV ASSAY W/OPTIC	1/1/2014	MEDICARE	$27.27	$0.00									
87807	QW	RSV ASSAY W/OPTIC	1/1/2014	MEDICARE	$27.27	$0.00									
87808		TRICHOMONAS ASSAY W/OPTIC	1/1/2014	MEDICARE	$27.27	$0.00									
87808	QW	TRICHOMONAS ASSAY W/OPTIC	1/1/2014	MEDICARE	$27.27	$0.00									
87809		ADENOVIRUS ASSAY W/OPTIC	1/1/2014	MEDICARE	$27.27	$0.00									
87809	QW	ADENOVIRUS ASSAY W/OPTIC	1/1/2014	MEDICARE	$27.27	$0.00									
87810		CHYLMD TRACH ASSAY W/OPTIC	1/1/2014	MEDICARE	$27.27	$0.00									
87850		N. GONORRHOEAE ASSAY W/OPTIC	1/1/2014	MEDICARE	$27.27	$0.00									
87880		STREP A ASSAY W/OPTIC	1/1/2014	MEDICARE	$27.27	$0.00									
87880	QW	INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; STREP A	1/1/2014	MEDICARE	$27.27	$0.00									
87899		AGENT NOS ASSAY W/OPTIC	1/1/2014	MEDICARE	$27.27	$0.00									
87899	QW	INFEC AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; NOS	1/1/2014	MEDICARE	$27.27	$0.00									
87900		PHENOTYPE INFECT AGENT DRUG	1/1/2014	MEDICARE	$283.75	$0.00									
87901		GENOTYPE DNA HIV REVERSE T	1/1/2014	MEDICARE	$585.37	$0.00									
87902		GENOTYPE DNA/RNA HEP C	1/1/2014	MEDICARE	$585.37	$0.00									
87903		PHENOTYPE DNA HIV W/CULTURE	1/1/2014	MEDICARE	$1,111.07	$0.00									
87904		PHENOTYPE DNA HIV W/CLT ADD	1/1/2014	MEDICARE	$56.75	$0.00									
87905		SIALIDASE ENZYME ASSAY	1/1/2014	MEDICARE	$27.78	$0.00									
87905	QW	SIALIDASE ENZYME ASSAY	1/1/2014	MEDICARE	$27.78	$0.00									
87999		MICROBIOLOGY PROCEDURE	10/1/2007	BY REPORT	$0.00	$0.00									
87999	QW	MICROBIOLOGY PROCEDURE	10/1/2007	BY REPORT	$0.00	$0.00									
88104		CYTOPATH FL NONGYN SMEARS	7/1/2013	RBRVS	$0.00	$0.00									
88104	TC	CYTOPATH FL NONGYN SMEARS	7/1/2013	RBRVS	$0.00	$0.00									
88104	26	CYTOPATH FL NONGYN SMEARS	7/1/2013	RBRVS	$0.00	$0.00									
88106		CYTOPATH FL NONGYN FILTER	7/1/2013	RBRVS	$0.00	$0.00									
88106	TC	CYTOPATH FL NONGYN FILTER	7/1/2013	RBRVS	$0.00	$0.00									
88106	26	CYTOPATH FL NONGYN FILTER	7/1/2013	RBRVS	$0.00	$0.00									
88108		CYTOPATH CONCENTRATE TECH	7/1/2013	RBRVS	$0.00	$0.00									
88108	TC	CYTOPATH CONCENTRATE TECH	7/1/2013	RBRVS	$0.00	$0.00									
88108	26	CYTOPATH CONCENTRATE TECH	7/1/2013	RBRVS	$0.00	$0.00									
88112		CYTOPATH CELL ENHANCE TECH	7/1/2013	RBRVS	$0.00	$0.00									
88112	TC	CYTOPATH CELL ENHANCE TECH	7/1/2013	RBRVS	$0.00	$0.00									
88112	26	CYTOPATH CELL ENHANCE TECH	7/1/2013	RBRVS	$0.00	$0.00									
88125		FORENSIC CYTOPATHOLOGY	7/1/2013	RBRVS	$0.00	$0.00									
88125	TC	FORENSIC CYTOPATHOLOGY	7/1/2013	RBRVS	$0.00	$0.00									
88125	26	FORENSIC CYTOPATHOLOGY	7/1/2012	RBRVS	$0.00	$0.00									
88130		SEX CHROMATIN IDENTIFICATION	1/1/2014	MEDICARE	$34.23	$0.00									
88140		SEX CHROMATIN IDENTIFICATION	1/1/2014	MEDICARE	$18.18	$0.00									
88142		CYTOPATH C/V THIN LAYER	1/1/2014	MEDICARE	$46.07	$0.00									
88143		CYTOPATH C/V THIN LAYER REDO	1/1/2014	MEDICARE	$46.07	$0.00									
88147		CYTOPATH C/V AUTOMATED	1/1/2014	MEDICARE	$25.88	$0.00									
88148		CYTOPATH C/V AUTO RESCREEN	1/1/2014	MEDICARE	$34.55	$0.00									
88150		CYTOPATH C/V MANUAL	1/1/2014	MEDICARE	$24.03	$0.00									
88152		CYTOPATH C/V AUTO REDO	1/1/2014	MEDICARE	$24.03	$0.00									
88153		CYTOPATH C/V REDO	1/1/2014	MEDICARE	$24.03	$0.00									
88154		CYTOPATH C/V SELECT	1/1/2014	MEDICARE	$24.03	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
88155		CYTOPATH C/V INDEX ADD-ON	1/1/2014	MEDICARE	$13.63	$0.00									
88160		CYTOPATH SMEAR OTHER SOURCE	7/1/2013	RBRVS	$0.00	$0.00									
88160	TC	CYTOPATH SMEAR OTHER SOURCE	7/1/2013	RBRVS	$0.00	$0.00									
88160	26	CYTOPATH SMEAR OTHER SOURCE	7/1/2013	RBRVS	$0.00	$0.00									
88161		CYTOPATH SMEAR OTHER SOURCE	7/1/2013	RBRVS	$0.00	$0.00									
88161	TC	CYTOPATH SMEAR OTHER SOURCE	7/1/2013	RBRVS	$0.00	$0.00									
88161	26	CYTOPATH SMEAR OTHER SOURCE	7/1/2013	RBRVS	$0.00	$0.00									
88162		CYTOPATH SMEAR OTHER SOURCE	7/1/2013	RBRVS	$0.00	$0.00									
88162	TC	CYTOPATH SMEAR OTHER SOURCE	7/1/2013	RBRVS	$0.00	$0.00									
88162	26	CYTOPATH SMEAR OTHER SOURCE	7/1/2013	RBRVS	$0.00	$0.00									
88164		CYTOPATH TBS C/V MANUAL	1/1/2014	MEDICARE	$24.03	$0.00									
88165		CYTOPATH TBS C/V REDO	1/1/2014	MEDICARE	$24.03	$0.00									
88166		CYTOPATH TBS C/V AUTO REDO	1/1/2014	MEDICARE	$24.03	$0.00									
88167		CYTOPATH TBS C/V SELECT	1/1/2014	MEDICARE	$24.03	$0.00									
88172		CYTOPATHOLOGY EVAL OF FNA	7/1/2013	RBRVS	$0.00	$0.00									
88172	TC	CYTOPATHOLOGY EVAL OF FNA	7/1/2013	RBRVS	$0.00	$0.00									
88172	26	CYTOPATHOLOGY EVAL OF FNA	7/1/2013	RBRVS	$0.00	$0.00									
88173		CYTOPATH EVAL FNA REPORT	7/1/2013	RBRVS	$0.00	$0.00									
88173	TC	CYTOPATH EVAL FNA REPORT	7/1/2013	RBRVS	$0.00	$0.00									
88173	26	CYTOPATH EVAL FNA REPORT	7/1/2013	RBRVS	$0.00	$0.00									
88174		CYTOPATH C/V AUTO IN FLUID	1/1/2014	MEDICARE	$48.58	$0.00									
88175		CYTOPATH C/V AUTO FLUID REDO	1/1/2014	MEDICARE	$60.23	$0.00									
88182		CELL MARKER STUDY	7/1/2013	RBRVS	$0.00	$0.00									
88182	TC	CELL MARKER STUDY	7/1/2013	RBRVS	$0.00	$0.00									
88182	26	CELL MARKER STUDY	7/1/2013	RBRVS	$0.00	$0.00									
88184		FLOWCYTOMETRY/ TC 1 MARKER	7/1/2013	RBRVS	$0.00	$0.00									
88185		FLOWCYTOMETRY/TC ADD-ON	7/1/2013	RBRVS	$0.00	$0.00	ZZZ								
88187		FLOWCYTOMETRY/READ 2-8	7/1/2013	RBRVS	$0.00	$0.00									
88188		FLOWCYTOMETRY/READ 9-15	7/1/2013	RBRVS	$0.00	$0.00									
88189		FLOWCYTOMETRY/READ 16 & >	7/1/2013	RBRVS	$0.00	$0.00									
88199		CYTOPATHOLOGY PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00									
88199	TC	CYTOPATHOLOGY PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00									
88199	26	CYTOPATHOLOGY PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00									
88230		TISSUE CULTURE LYMPHOCYTE	1/1/2014	MEDICARE	$264.90	$0.00									
88233		TISSUE CULTURE SKIN/BIOPSY	1/1/2014	MEDICARE	$319.98	$0.00									
88235		TISSUE CULTURE PLACENTA	1/1/2014	MEDICARE	$334.83	$0.00									
88237		TISSUE CULTURE BONE MARROW	1/1/2014	MEDICARE	$287.20	$0.00									
88239		TISSUE CULTURE TUMOR	1/1/2014	MEDICARE	$335.43	$0.00									
88240		CELL CRYOPRESERVE/STORAGE	1/1/2014	MEDICARE	$22.97	$0.00									
88241		FROZEN CELL PREPARATION	1/1/2014	MEDICARE	$22.97	$0.00									
88245		CHROMOSOME ANALYSIS 20-25	1/1/2014	MEDICARE	$338.48	$0.00									
88248		CHROMOSOME ANALYSIS 50-100	1/1/2014	MEDICARE	$393.77	$0.00									
88249		CHROMOSOME ANALYSIS 100	1/1/2014	MEDICARE	$393.77	$0.00									
88261		CHROMOSOME ANALYSIS 5	1/1/2014	MEDICARE	$401.85	$0.00									
88262		CHROMOSOME ANALYSIS 15-20	1/1/2014	MEDICARE	$283.40	$0.00									
88263		CHROMOSOME ANALYSIS 45	1/1/2014	MEDICARE	$341.72	$0.00									
88264		CHROMOSOME ANALYSIS 20-25	1/1/2014	MEDICARE	$283.40	$0.00									
88267		CHROMOSOME ANALYS PLACENTA	1/1/2014	MEDICARE	$408.77	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
88269		CHROMOSOME ANALYS AMNIOTIC	1/1/2014	MEDICARE	$378.18	$0.00									
88271		CYTOGENETICS DNA PROBE	1/1/2014	MEDICARE	$32.92	$0.00									
88272		CYTOGENETICS 3-5	1/1/2014	MEDICARE	$41.15	$0.00									
88273		CYTOGENETICS 10-30	1/1/2014	MEDICARE	$57.60	$0.00									
88274		CYTOGENETICS 25-99	1/1/2014	MEDICARE	$65.80	$0.00									
88275		CYTOGENETICS 100-300	1/1/2014	MEDICARE	$74.05	$0.00									
88280		CHROMOSOME KARYOTYPE STUDY	1/1/2014	MEDICARE	$57.07	$0.00									
88283		CHROMOSOME BANDING STUDY	1/1/2014	MEDICARE	$42.18	$0.00									
88285		CHROMOSOME COUNT ADDITIONAL	1/1/2014	MEDICARE	$43.20	$0.00									
88289		CHROMOSOME STUDY ADDITIONAL	1/1/2014	MEDICARE	$7.25	$0.00									
88291		CYTO/MOLECULAR REPORT	7/1/2013	RBRVS	$0.00	$0.00									
88299		CYTOGENETIC STUDY	7/1/2003	BY REPORT	$0.00	$0.00									
88300		SURGICAL PATH GROSS	7/1/2013	RBRVS	$0.00	$0.00									
88300	TC	SURGICAL PATH GROSS	7/1/2013	RBRVS	$0.00	$0.00									
88300	26	SURGICAL PATH GROSS	7/1/2012	RBRVS	$0.00	$0.00									
88302		TISSUE EXAM BY PATHOLOGIST	7/1/2013	RBRVS	$0.00	$0.00									
88302	TC	TISSUE EXAM BY PATHOLOGIST	7/1/2013	RBRVS	$0.00	$0.00									
88302	26	TISSUE EXAM BY PATHOLOGIST	7/1/2013	RBRVS	$0.00	$0.00									
88304		TISSUE EXAM BY PATHOLOGIST	7/1/2013	RBRVS	$0.00	$0.00									
88304	TC	TISSUE EXAM BY PATHOLOGIST	7/1/2013	RBRVS	$0.00	$0.00									
88304	26	TISSUE EXAM BY PATHOLOGIST	7/1/2013	RBRVS	$0.00	$0.00									
88305		TISSUE EXAM BY PATHOLOGIST	7/1/2013	RBRVS	$0.00	$0.00									
88305	TC	TISSUE EXAM BY PATHOLOGIST	7/1/2013	RBRVS	$0.00	$0.00									
88305	26	TISSUE EXAM BY PATHOLOGIST	7/1/2013	RBRVS	$0.00	$0.00									
88307		TISSUE EXAM BY PATHOLOGIST	7/1/2013	RBRVS	$0.00	$0.00									
88307	TC	TISSUE EXAM BY PATHOLOGIST	7/1/2013	RBRVS	$0.00	$0.00									
88307	26	TISSUE EXAM BY PATHOLOGIST	7/1/2013	RBRVS	$0.00	$0.00									
88309		TISSUE EXAM BY PATHOLOGIST	7/1/2013	RBRVS	$0.00	$0.00									
88309	TC	TISSUE EXAM BY PATHOLOGIST	7/1/2013	RBRVS	$0.00	$0.00									
88309	26	TISSUE EXAM BY PATHOLOGIST	7/1/2013	RBRVS	$0.00	$0.00									
88311		DECALCIFY TISSUE	7/1/2013	RBRVS	$0.00	$0.00									
88311	TC	DECALCIFY TISSUE	7/1/2013	RBRVS	$0.00	$0.00									
88311	26	DECALCIFY TISSUE	7/1/2013	RBRVS	$0.00	$0.00									
88312		SPECIAL STAINS	7/1/2013	RBRVS	$0.00	$0.00									
88312	TC	SPECIAL STAINS	7/1/2013	RBRVS	$0.00	$0.00									
88312	26	SPECIAL STAINS	7/1/2013	RBRVS	$0.00	$0.00									
88313		SPECIAL STAINS	7/1/2013	RBRVS	$0.00	$0.00									
88313	TC	SPECIAL STAINS	7/1/2013	RBRVS	$0.00	$0.00									
88313	26	SPECIAL STAINS	7/1/2013	RBRVS	$0.00	$0.00									
88314		HISTOCHEMICAL STAINS ADD-ON	7/1/2013	RBRVS	$0.00	$0.00									
88314	TC	HISTOCHEMICAL STAINS ADD-ON	7/1/2013	RBRVS	$0.00	$0.00									
88314	26	HISTOCHEMICAL STAINS ADD-ON	7/1/2013	RBRVS	$0.00	$0.00									
88319		ENZYME HISTOCHEMISTRY	7/1/2013	RBRVS	$0.00	$0.00									
88319	TC	ENZYME HISTOCHEMISTRY	7/1/2013	RBRVS	$0.00	$0.00									
88319	26	ENZYME HISTOCHEMISTRY	7/1/2013	RBRVS	$0.00	$0.00									
88321		MICROSLIDE CONSULTATION	7/1/2013	RBRVS	$0.00	$0.00									
88323		MICROSLIDE CONSULTATION	7/1/2013	RBRVS	$0.00	$0.00									
88323	TC	MICROSLIDE CONSULTATION	7/1/2013	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
88323	26	MICROSLIDE CONSULTATION	7/1/2013	RBRVS	$0.00	$0.00									
88325		COMPREHENSIVE REVIEW OF DATA	7/1/2013	RBRVS	$0.00	$0.00									
88329		PATH CONSULT INTROP	7/1/2013	RBRVS	$0.00	$0.00									
88331		PATH CONSULT INTRAOP 1 BLOC	7/1/2013	RBRVS	$0.00	$0.00									
88331	TC	PATH CONSULT INTRAOP 1 BLOC	7/1/2013	RBRVS	$0.00	$0.00									
88331	26	PATH CONSULT INTRAOP 1 BLOC	7/1/2013	RBRVS	$0.00	$0.00									
88332		PATH CONSULT INTRAOP, ADDL	7/1/2013	RBRVS	$0.00	$0.00									
88332	TC	PATH CONSULT INTRAOP, ADDL	7/1/2013	RBRVS	$0.00	$0.00									
88332	26	PATH CONSULT INTRAOP, ADDL	7/1/2013	RBRVS	$0.00	$0.00									
88333		INTRAOP CYTO PATH CONSULT 1	7/1/2013	RBRVS	$0.00	$0.00									
88333	TC	INTRAOP CYTO PATH CONSULT 1	7/1/2013	RBRVS	$0.00	$0.00									
88333	26	INTRAOP CYTO PATH CONSULT 1	7/1/2013	RBRVS	$0.00	$0.00									
88334		INTRAOP CYTO PATH CONSULT 2	7/1/2013	RBRVS	$0.00	$0.00									
88334	TC	INTRAOP CYTO PATH CONSULT 2	7/1/2013	RBRVS	$0.00	$0.00									
88334	26	INTRAOP CYTO PATH CONSULT 2	7/1/2013	RBRVS	$0.00	$0.00									
88342		IMMUNOHISTOCHEMISTRY	7/1/2013	RBRVS	$0.00	$0.00									
88342	TC	IMMUNOHISTOCHEMISTRY	7/1/2013	RBRVS	$0.00	$0.00									
88342	26	IMMUNOHISTOCHEMISTRY	7/1/2013	RBRVS	$0.00	$0.00									
88346		IMMUNOFLUORESCENT STUDY	7/1/2013	RBRVS	$0.00	$0.00									
88346	TC	IMMUNOFLUORESCENT STUDY	7/1/2013	RBRVS	$0.00	$0.00									
88346	26	IMMUNOFLUORESCENT STUDY	7/1/2013	RBRVS	$0.00	$0.00									
88347		IMMUNOFLUORESCENT STUDY	7/1/2013	RBRVS	$0.00	$0.00									
88347	TC	IMMUNOFLUORESCENT STUDY	7/1/2013	RBRVS	$0.00	$0.00									
88347	26	IMMUNOFLUORESCENT STUDY	7/1/2013	RBRVS	$0.00	$0.00									
88348		ELECTRON MICROSCOPY	7/1/2013	RBRVS	$0.00	$0.00									
88348	TC	ELECTRON MICROSCOPY	7/1/2013	RBRVS	$0.00	$0.00									
88348	26	ELECTRON MICROSCOPY	7/1/2013	RBRVS	$0.00	$0.00									
88349		SCANNING ELECTRON MICROSCOPY	7/1/2013	RBRVS	$0.00	$0.00									
88349	TC	SCANNING ELECTRON MICROSCOPY	7/1/2013	RBRVS	$0.00	$0.00									
88349	26	SCANNING ELECTRON MICROSCOPY	7/1/2013	RBRVS	$0.00	$0.00									
88355		ANALYSIS SKELETAL MUSCLE	7/1/2013	RBRVS	$0.00	$0.00									
88355	TC	ANALYSIS SKELETAL MUSCLE	7/1/2013	RBRVS	$0.00	$0.00									
88355	26	ANALYSIS SKELETAL MUSCLE	7/1/2013	RBRVS	$0.00	$0.00									
88356		ANALYSIS NERVE	7/1/2013	RBRVS	$0.00	$0.00									
88356	TC	ANALYSIS NERVE	7/1/2013	RBRVS	$0.00	$0.00									
88356	26	ANALYSIS NERVE	7/1/2013	RBRVS	$0.00	$0.00									
88358		ANALYSIS TUMOR	7/1/2013	RBRVS	$0.00	$0.00									
88358	TC	ANALYSIS TUMOR	7/1/2013	RBRVS	$0.00	$0.00									
88358	26	ANALYSIS TUMOR	7/1/2013	RBRVS	$0.00	$0.00									
88360		SPECIAL WHOLE ORGAN SECT	7/1/2013	RBRVS	$0.00	$0.00									
88360	TC	SPECIAL WHOLE ORGAN SECT	7/1/2013	RBRVS	$0.00	$0.00									
88360	26	SPECIAL WHOLE ORGAN SECT	7/1/2013	RBRVS	$0.00	$0.00									
88361		TUMOR IMMUNOHISTOCHEM/COMPUT	7/1/2013	RBRVS	$0.00	$0.00									
88361	TC	TUMOR IMMUNOHISTOCHEM/COMPUT	7/1/2013	RBRVS	$0.00	$0.00									
88361	26	TUMOR IMMUNOHISTOCHEM/COMPUT	7/1/2013	RBRVS	$0.00	$0.00									
88362		NERVE TEASING PREPARATIONS	7/1/2013	RBRVS	$0.00	$0.00									
88362	TC	NERVE TEASING PREPARATIONS	7/1/2013	RBRVS	$0.00	$0.00									
88362	26	NERVE TEASING PREPARATIONS	7/1/2013	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Pass	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
88365		INSITU HYBRIDIZATION (FISH)	7/1/2013	RBRVS	$0.00	$0.00									
88365	TC	INSITU HYBRIDIZATION (FISH)	7/1/2013	RBRVS	$0.00	$0.00									
88365	26	INSITU HYBRIDIZATION (FISH)	7/1/2013	RBRVS	$0.00	$0.00									
88367		INSITU HYBRIDIZATION AUTO	7/1/2013	RBRVS	$0.00	$0.00									
88367	TC	INSITU HYBRIDIZATION AUTO	7/1/2013	RBRVS	$0.00	$0.00									
88367	26	INSITU HYBRIDIZATION AUTO	7/1/2013	RBRVS	$0.00	$0.00									
88368		INSITU HYBRIDIZATION MANUAL	7/1/2013	RBRVS	$0.00	$0.00									
88368	TC	INSITU HYBRIDIZATION MANUAL	7/1/2013	RBRVS	$0.00	$0.00									
88368	26	INSITU HYBRIDIZATION MANUAL	7/1/2013	RBRVS	$0.00	$0.00									
88371		PROTEIN WESTERN BLOT TISSUE	1/1/2014	MEDICARE	$28.13	$0.00									
88372		PROTEIN ANALYSIS W/PROBE	1/1/2014	MEDICARE	$42.20	$0.00									
88380		MICRODISSECTION LASER	7/1/2013	RBRVS	$0.00	$0.00									
88380	TC	MICRODISSECTION LASER	7/1/2013	RBRVS	$0.00	$0.00									
88380	26	MICRODISSECTION LASER	7/1/2013	RBRVS	$0.00	$0.00									
88381		MICRODISSECTION MANUAL	7/1/2013	RBRVS	$0.00	$0.00									
88381	TC	MICRODISSECTION MANUAL	7/1/2013	RBRVS	$0.00	$0.00									
88381	26	MICRODISSECTION MANUAL	7/1/2013	RBRVS	$0.00	$0.00									
88387		TISS EXAM MOLECULAR STUDY	7/1/2013	RBRVS	$0.00	$0.00									
88387	TC	TISS EXAM MOLECULAR STUDY	7/1/2013	RBRVS	$0.00	$0.00									
88387	26	TISS EXAM MOLECULAR STUDY	7/1/2013	RBRVS	$0.00	$0.00									
88388		TISS EX MOLECUL STUDY ADD-ON	7/1/2013	RBRVS	$0.00	$0.00									
88388	TC	TISS EX MOLECUL STUDY ADD-ON	7/1/2013	RBRVS	$0.00	$0.00									
88388	26	TISS EX MOLECUL STUDY ADD-ON	7/1/2013	RBRVS	$0.00	$0.00									
88399		SURGICAL PATHOLOGY PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00									
88399	TC	SURGICAL PATHOLOGY PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00									
88399	26	SURGICAL PATHOLOGY PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00									
88738		HGB QUANT TRANSCUTANEOUS	1/1/2014	MEDICARE	$11.40	$0.00									
89049		CHCT FOR MAL HYPERTHERMIA	7/1/2013	RBRVS	$0.00	$0.00									
89050		BODY FLUID CELL COUNT	1/1/2014	MEDICARE	$10.75	$0.00									
89051		BODY FLUID CELL COUNT	1/1/2014	MEDICARE	$12.52	$0.00									
89055		LEUKOCYTE ASSESSMENT FECAL	1/1/2014	MEDICARE	$9.70	$0.00									
89060		EXAM SYNOVIAL FLUID CRYSTALS	1/1/2014	MEDICARE	$16.27	$0.00									
89125		SPECIMEN FAT STAIN	1/1/2014	MEDICARE	$9.82	$0.00									
89160		EXAM FECES FOR MEAT FIBERS	1/1/2014	MEDICARE	$8.38	$0.00									
89190		NASAL SMEAR FOR EOSINOPHILS	1/1/2014	MEDICARE	$10.80	$0.00									
89220		SPUTUM SPECIMEN COLLECTION	7/1/2013	RBRVS	$0.00	$0.00									
89230		COLLECT SWEAT FOR TEST	7/1/2013	RBRVS	$0.00	$0.00									
89240		PATHOLOGY LAB PROCEDURE	1/1/2004	BY REPORT	$0.00	$0.00									
9003F		AORTIC ANRYSM5.5-5.9CM DIAM	1/1/2014	RBRVS	$0.00	$0.00									
9004F		AORTIC ANRYSM 6/> CM DIAM	1/1/2014	RBRVS	$0.00	$0.00									
9006F		SYMPT STEN-TIA/STRK<120DAYS	1/1/2014	RBRVS	$0.00	$0.00									
9007F		OTHER CAROT STEN 120 DAYS/>	1/1/2014	RBRVS	$0.00	$0.00									
90471		IMMUNIZATION ADMIN	1/1/2013	FEE SCHED	$21.32	$0.00									
90472		IMMUNIZATION ADMIN EACH ADD	1/1/2014	FEE SCHED	$12.68	$0.00									
90654		FLU VACCINE NO PRESERV, ID	10/1/2013	FEE SCHED	$16.93	$0.00									
90736		ZOSTER VACC SC	7/1/2013	FEE SCHED	$165.69	$0.00									
94005		HOME VENT MGMT SUPERVISION	9/1/2011	RBRVS	$0.00	$0.00			Y						
96040		GENETIC COUNSELING 30 MIN	9/1/2011	RBRVS	$0.00	$0.00			Y						

Montana Medicaid - Fee Schedule
Family Planning
January 1, 2014

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
98960		SELF-MGMT EDUC & TRAIN 1 PT	9/1/2011	RBRVS	$0.00	$0.00			Y						
98961		SELF-MGMT EDUC/TRAIN 2-4 PT	9/1/2011	RBRVS	$0.00	$0.00			Y						
98962		SELF-MGMT EDUC/TRAIN 5-8 PT	9/1/2011	RBRVS	$0.00	$0.00			Y						
99000		SPECIMEN HANDLING	7/1/2003	RBRVS	$0.00	$0.00									
99001		SPECIMEN HANDLING	7/1/2003	RBRVS	$0.00	$0.00									
99002		DEVICE HANDLING	7/1/2003	RBRVS	$0.00	$0.00			Y						
99026		IN-HOSPITAL ON CALL SERVICE	1/1/2003	RBRVS	$0.00	$0.00									
99027		OUT-OF-HOSP ON CALL SERVICE	1/1/2003	RBRVS	$0.00	$0.00			Y						
99071		PATIENT EDUCATION MATERIALS	7/1/2003	RBRVS	$0.00	$0.00			Y						
99078		GROUP HEALTH EDUCATION	7/1/2003	RBRVS	$0.00	$0.00			Y						
99080		SPECIAL REPORTS OR FORMS	7/1/2003	RBRVS	$0.00	$0.00			Y						
99090		COMPUTER DATA ANALYSIS	7/1/2003	RBRVS	$0.00	$0.00			Y						
99366		TEAM CONF W/PAT BY HC PROF	9/1/2011	RBRVS	$0.00	$0.00			Y						
99367		TEAM CONF W/O PAT BY PHYS	9/1/2011	RBRVS	$0.00	$0.00			Y						
99368		TEAM CONF W/O PAT BY HC PRO	9/1/2011	RBRVS	$0.00	$0.00			Y						