Montana Medicaid - Fee Schedule
Mid-level Practitioner

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-4 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.

Method – Source of fee determination
Fee Sched: Medicaid fee; not determined using RBRVS payment schedule
Medicare: Medicare-prevailing fee.
By Report (BR): Equals 47% of billed charges
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 $24.94.
RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster

Fees The facility rate is paid to physicians/practitioners providing services in a hospital, emergency room, or ambulatory surgery center site of service. 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.
NOTE: Mid-level practitioners do not get 100% of the fee shown in all cases. Please refer to your provider manual for more information.

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

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
Related - The procedure code listed is separately billable
Y - indicator is applicable to this code
Space - this indicator does not apply to this code

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

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
00100		ANESTHESIA FOR PROCEDURES ON SAL	7/1/2003	ANES VALU	5.00	5.00							
00102		ANESTHESIA FOR PROCEDURES ON PLA	7/1/2003	ANES VALU	6.00	6.00							
00103		ANESTHESIA FOR RECONSTRUCTIVE PR	7/1/2003	ANES VALU	5.00	5.00							
00104		ANESTHESIA FOR ELECTROCONVULSIVE	7/1/2003	ANES VALU	4.00	4.00							
00120		ANESTHESIA FOR PROCEDURES ON EXT	7/1/2003	ANES VALU	5.00	5.00							
00124		ANESTHESIA FOR OTOSCOPY	7/1/2003	ANES VALU	4.00	4.00							
00126		ANESTHESIA FOR TYMPANOTOMY	7/1/2003	ANES VALU	4.00	4.00							
00140		ANESTHESIA FOR PROCEDURES ON EYE	7/1/2003	ANES VALU	5.00	5.00							
00142		ANESTHESIA FOR LENS SURGERY	7/1/2003	ANES VALU	4.00	4.00							
00144		ANESTHESIA FOR CORNEAL TRANSPLAN	7/1/2003	ANES VALU	6.00	6.00		Y					
00145		ANESTHESIA FOR VITREORETINAL SURG	7/1/2003	ANES VALU	6.00	6.00							
00147		ANESTHESIA FOR IRIDECTOMY	7/1/2003	ANES VALU	4.00	4.00							
00148		ANESTHESIA FOR OPTHALMOSCOPY	7/1/2003	ANES VALU	4.00	4.00							
00160		ANESTHESIA FOR PROCEDURES ON NOS	7/1/2003	ANES VALU	5.00	5.00							
00162		ANESTH FOR PROC ON NOSE/ACCESSOI	7/1/2003	ANES VALU	7.00	7.00							
00164		ANESTH FOR PROC ON NOSE/ACCESSOI	7/1/2003	ANES VALU	4.00	4.00							
00170		ANESTHESIA FOR INTRAORAL PROCEDU	7/1/2003	ANES VALU	5.00	5.00							
00172		ANESTHESIA FOR REPAIR OF CLEFT PAL	7/1/2003	ANES VALU	6.00	6.00							
00174		ANESTHESIA FOR EXCISION OF RETROP	7/1/2003	ANES VALU	6.00	6.00							
00176		ANESTH FOR INTRAORAL PROC INCLUD	7/1/2003	ANES VALU	7.00	7.00							
00190		ANESTHESIA FOR PROCEDURES ON FAC	7/1/2003	ANES VALU	5.00	5.00							
00192		ANESTHESIA FOR PROCEDURES ON FAC	7/1/2003	ANES VALU	7.00	7.00							
00210		ANESTHESIA FOR INTRACRANIAL PROCE	7/1/2003	ANES VALU	11.00	11.00							
00212		ANESTHESIA FOR INTRACRANIAL PROCE	7/1/2003	ANES VALU	5.00	5.00							
00214		ANESTHESIA FOR INTRACRANIAL PROCE	7/1/2003	ANES VALU	9.00	9.00							
00215		ANES FOR CRANIOPLASTY OR ELEV OF I	7/1/2003	ANES VALU	9.00	9.00							
00216		ANESTHESIA FOR INTRACRANIAL PROCE	7/1/2003	ANES VALU	15.00	15.00							
00218		ANESTH FOR INTRACRANIAL PROCEDUR	7/1/2003	ANES VALU	13.00	13.00							
00220		ANESTHESIA FOR SPINAL SHUNTING PR	7/1/2003	ANES VALU	10.00	10.00							
00222		ANESTHESIA FOR ELECTROCOAGULATIC	7/1/2003	ANES VALU	6.00	6.00							
00300		ANES FOR PX ON INTEG SYS MUSCLES I	7/1/2003	ANES VALU	5.00	5.00							
00320		ANESTH NECK ORGAN 1 & OVER	7/1/2003	ANES VALU	6.00	6.00							
00322		ANESTHESIA FOR NEEDLE BIOPSY OF TH	7/1/2003	ANES VALU	3.00	3.00							
00326		ANESTH LARYNX/TRACH < 1 YR	7/1/2003	ANES VALU	10.00	10.00							
00350		ANESTHESIA FOR PROCEDURES ON MAJ	7/1/2003	ANES VALU	10.00	10.00							
00352		ANESTHESIA FOR PROC ON MAJOR VES	7/1/2003	ANES VALU	5.00	5.00							
00400		ANES FOR PX ON INTEG SYS ON EXTREM	7/1/2003	ANES VALU	3.00	3.00							
00402		ANESTHESIA FOR RECONSTRUCTIVE PR	7/1/2003	ANES VALU	5.00	5.00							
00404		ANESTH FOR RADICAL OR MODIFIED RAI	7/1/2003	ANES VALU	5.00	5.00							
00406		ANESTH RAD OR MOD RAD PROC/BREAS	7/1/2003	ANES VALU	13.00	13.00							
00410		ANESTHESIA FOELECTRICAL CONVERSIC	7/1/2003	ANES VALU	4.00	4.00							
00450		ANESTHESIA FOR PROCEDURES ON CLA	7/1/2003	ANES VALU	5.00	5.00							
00452		ANESTH FOR PROC ON CLAVICLE & SCAI	7/1/2003	ANES VALU	6.00	6.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
00454		ANESTH FOR BIOPSY OF CLAVICLE	7/1/2003	ANES VALU	3.00	3.00							
00470		ANESTHESIA FOR PARTIAL RIB RESECTI	7/1/2003	ANES VALU	6.00	6.00							
00472		ANESTHESIA FOR THORACOPLASTY	7/1/2003	ANES VALU	10.00	10.00							
00474		ANESTHESIA FOR PARTIAL RIB RESECTI	7/1/2003	ANES VALU	13.00	13.00							
00500		ANESTHESIA FOR ALL PROCEDURES ON	7/1/2003	ANES VALU	15.00	15.00							
00520		ANES FOR CLOSED CHEST PX; (INCL BR	7/1/2003	ANES VALU	6.00	6.00							
00522		ANES FOR CLOSED CHEST PX (INC BRO	7/1/2003	ANES VALU	4.00	4.00							
00524		ANES FOR CLOSED CHEST PX (INC BRO	7/1/2003	ANES VALU	4.00	4.00							
00528		ANES FOR CLOSED CHEST PX (INC BRO	7/1/2003	ANES VALU	8.00	8.00							
00530		ANESTHESIA FOR PERMANENT TRANSV	7/1/2003	ANES VALU	4.00	4.00							
00532		ANESTHESIA FOR ACCESS TO CENTRAL	7/1/2003	ANES VALU	4.00	4.00							
00534		ANESTHESIA FOR TRANSVEN INSERT OF	7/1/2003	ANES VALU	7.00	7.00							
00537		ANESTHESIA FOR CARDIAC ELECTROPH	7/1/2003	ANES VALU	10.00	10.00							
00539		ANESTH TRACH-BRONCH RECONST	7/1/2003	ANES VALU	18.00	18.00							
00540		ANESTHESIA FOR THORACOTOMY PROC	1/1/2003	ANES VALU	12.00	12.00							
00541		ANESTH ONE LUNG VENTILATION	7/1/2003	ANES VALU	15.00	15.00							
00542		ANESTHESIA FOR DECORTICATION	7/1/2003	ANES VALU	15.00	15.00							
00544		ANESTHESIA FOR PLEURECTOMY	7/1/2003	ANES VALU	15.00	15.00							
00546		ANESTHESIA FOR PULMONARY RESE TI	7/1/2003	ANES VALU	15.00	15.00							
00548		ANESTH FOR INTRATHORACIC REPAIR C	7/1/2002	ANES VALU	17.00	17.00							
00550		ANESTHESIA FOR STERNAL DEBRIDEME	7/1/2003	ANES VALU	10.00	10.00							
00560		ANESTH, OPEN HEART SURGERY	7/1/2003	ANES VALU	15.00	15.00							
00562		ANESTHESIA FOR PROCEDURES ON HE	7/1/2003	ANES VALU	20.00	20.00							
00563		ANES FOR HEART PERICARD GREAT VE	7/1/2003	ANES VALU	25.00	25.00							
00566		ANES FOR DIRECT CORONARY ARTERY	7/1/2003	ANES VALU	25.00	25.00							
00580		ANESTH HEART/LUNG TRANSPLNT	7/1/2003	ANES VALU	20.00	20.00		Y					
00600		ANESTHESIA FOR PROCEDURES ON CE	7/1/2003	ANES VALU	10.00	10.00							
00604		ANESTHESIA FOR CERVICAL SPINE & CO	7/1/2003	ANES VALU	13.00	13.00							
00620		ANESTHESIA FOR PROCEDURES ON TH	7/1/2003	ANES VALU	10.00	10.00							
00622		ANESTHESIA FOR THORACOLUMBAR SY	7/1/2003	ANES VALU	13.00	13.00							
00630		ANESTHESIA FOR PROCEDURES IN LUM	7/1/2003	ANES VALU	8.00	8.00							
00632		ANESTHESIA FOR LUMBAR SYMPATHEC	7/1/2003	ANES VALU	7.00	7.00							
00634		ANESTHESIA FOR CHEMONUCLEOLYSIS	7/1/2003	ANES VALU	10.00	10.00							
00635		ANES FOR LUMBAR REGION; DIAGNOST	7/1/2003	ANES VALU	4.00	4.00							
00640		ANESTH SPINE MANIPULATION	7/1/2003	ANES VALU	3.00	3.00							
00670		ANESTHESIA FOR EXTENSIVE SPINE AN	7/1/2003	ANES VALU	13.00	13.00							
00700		ANESTHESIA FOR PROCEDURES ON UP	7/1/2000	ANES VALU	4.00	4.00							
00702		ANESTHESIA FOR PERCUTANEOUS LIVE	7/1/2003	ANES VALU	4.00	4.00							
00730		ANESTHESIA FOR PROCEDURES ON UP	7/1/2003	ANES VALU	5.00	5.00							
00740		ANESTHESIA FOR UPPER GASTROINTES	7/1/2003	ANES VALU	5.00	5.00							
00750		ANESTHESIA FOR HERNIA REPAIRS IN U	7/1/2003	ANES VALU	4.00	4.00							
00752		ANESTHESIA FOR LUMBAR/VENTRAL HE	7/1/2003	ANES VALU	6.00	6.00							
00754		ANESTHESIA FOR OMPHALOCELE	7/1/2003	ANES VALU	7.00	7.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
00756		ANESTHESIA FOR TRANSABDOMINAL RE	7/1/2003	ANES VALU	7.00	7.00							
00770		ANESTHESIA FOR ALL PROCEDURES ON	7/1/2003	ANES VALU	15.00	15.00							
00790		ANESTHESIA FOR INTRAPERITONEAL PR	7/1/2003	ANES VALU	7.00	7.00							
00792		ANESTHESIA FOR PARTIAL HEPATECTOM	7/1/2003	ANES VALU	13.00	13.00							
00794		ANESTHESIA FOR PANCREATECTOMY P	7/1/2003	ANES VALU	8.00	8.00							
00796		ANESTHESIA FOR LIVER TRANSPLANT (F	7/1/2003	ANES VALU	30.00	30.00		Y					
00797		ANESTH, SURGERY FOR OBESITY	7/1/2003	ANES VALU	10.00	10.00							
00800		ANESTHESIA FOR PROCEDURES ON LOV	7/1/2000	ANES VALU	4.00	4.00							
00802		ANESTHESIA FOR PANNICULECTOMY	7/1/2003	ANES VALU	5.00	5.00							
00810		ANESTHESIA FOR LOWER INTESTINAL EI	7/1/2003	ANES VALU	6.00	6.00							
00820		ANESTHESIA FOR PROCEDURES ON LOV	7/1/2003	ANES VALU	5.00	5.00							
00830		ANESTHESIA FOR HERNIA REPAIRS IN LO	7/1/2003	ANES VALU	4.00	4.00							
00832		ANESTHESIA FOR VENTRAL & INCISIONA	7/1/2003	ANES VALU	6.00	6.00							
00834		ANESTH HERNIA REPAIR< 1 YR	7/1/2003	ANES VALU	5.00	5.00							
00836		ANESTH HERNIA REPAIR PREEMIE	7/1/2003	ANES VALU	6.00	6.00							
00840		ANESTHESIA FOR INTRAPERITONEAL PR	7/1/2003	ANES VALU	6.00	6.00							
00842		ANESTHESIA FOR AMNIOCENTESIS	7/1/2003	ANES VALU	4.00	4.00							
00844		ANESTHESIA FOR ABDOMINOPERINEAL F	7/1/2003	ANES VALU	7.00	7.00							
00846		ANESTHESIA FOR RADICAL HYSTERECTO	7/1/2003	ANES VALU	8.00	8.00							
00848		ANESTHESIA FOR PELVIC EXENTERATIO	7/1/2003	ANES VALU	8.00	8.00							
00850		ANESTHESIA FOR CESAREAN SECTION	8/1/1997	ANES VALU	7.00	7.00							
00851		ANES FOR INTRAPERITONEAL PROC IN L	7/1/2003	ANES VALU	6.00	6.00							
00855		ANESTHESIA FOR CESAREAN HYSTEREC	8/1/1997	ANES VALU	8.00	8.00							
00857		NEURAXIAL ANALGESIA/ANESTHESIA FO	8/1/1997	ANES VALU	7.00	7.00							
00860		ANESTHESIA FOR EXTRAPERITONEAL PF	7/1/2003	ANES VALU	6.00	6.00							
00862		ANESTHESIA FOR RENAL PROC INCL UPI	7/1/2003	ANES VALU	7.00	7.00							
00864		ANESTHESIA FOR TOTAL CYCTECTOMY	7/1/2003	ANES VALU	8.00	8.00							
00865		RADICAL PROSTATECTOMY (SUPRAPUBI	7/1/2003	ANES VALU	7.00	7.00							
00866		ANESTHESIA FOR ADRENALECTOMY	7/1/2003	ANES VALU	10.00	10.00							
00868		ANESTHESIA FOR RENAL TRANSPLANT (	7/1/2003	ANES VALU	10.00	10.00		Y					
00870		ANESTHESIA FOR CYSTOLITHOTOMY	7/1/2003	ANES VALU	5.00	5.00							
00872		ANESTHESIA FOR LITHOTRIPSY EXTRAC	7/1/2003	ANES VALU	7.00	7.00							
00873		ANESTHESIA FOR LITHOTRIPSY EXTRAC	7/1/2003	ANES VALU	5.00	5.00							
00880		ANESTHESIA FOR PROCEDURES ON MA	7/1/2003	ANES VALU	15.00	15.00							
00882		ANESTHESIA FOR INFERIOR VENA CAVA	7/1/2003	ANES VALU	10.00	10.00							
00902		ANESTH FOR ANORECTAL PROCEDURE	1/1/1999	ANES VALU	5.00	5.00							
00904		ANESTHESIA FOR RADICAL PERINEAL PF	7/1/2003	ANES VALU	7.00	7.00							
00906		ANESTHESIA FOR VULVECTOMY	7/1/2003	ANES VALU	4.00	4.00							
00908		ANESTHESIA FOR PERINEAL PROSTATEC	7/1/2003	ANES VALU	6.00	6.00							
00910		ANES FOR TRANSURETHRAL PX; NOT OT	7/1/2003	ANES VALU	3.00	3.00							
00912		ANES FOR TRANSURETHRAL PX; TRANSU	7/1/2003	ANES VALU	5.00	5.00							
00914		ANES FOR TRANSURETHRAL PX; TRANSU	7/1/2003	ANES VALU	5.00	5.00							
00916		ANES FOR TRANSURETHRAL PX; POST-T	7/1/2003	ANES VALU	5.00	5.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
00918		ANES FOR TRANSURETHRAL PX;W/FRAG	7/1/2003	ANES VALU	5.00	5.00							
00920		ANESTHESIA FOR PROCEDURES ON MAL	7/1/2003	ANES VALU	3.00	3.00							
00921		ANESTH VASECTOMY	7/1/2003	ANES VALU	3.00	3.00							
00922		ANESTHESIA FOR PROCEDURES ON SEM	7/1/2003	ANES VALU	6.00	6.00							
00924		ANESTHESIA FOR PROCEDURES ON UND	7/1/2003	ANES VALU	4.00	4.00							
00926		ANESTHESIA FOR RADICAL ORCHIECTOM	7/1/2003	ANES VALU	4.00	4.00							
00928		ANESTHESIA FOR RADICAL ORCHIECTOM	7/1/2003	ANES VALU	6.00	6.00							
00930		ANESTHESIA FOR ORCHIOPEXY UNILATE	7/1/2003	ANES VALU	4.00	4.00							
00932		ANESTHESIA FOR COMPLETE AMPUTATI	7/1/2003	ANES VALU	4.00	4.00							
00934		ANESTHESIA FOR RAD AMPUTATION OF	7/1/2003	ANES VALU	6.00	6.00							
00936		ANESTH FOR RAD AMP OF PENIS W/BILA	7/1/2003	ANES VALU	8.00	8.00							
00938		ANESTH FOR INSERTION OF PENILE PRO	7/1/2003	ANES VALU	4.00	4.00							
00940		ANES FOR VAGINAL PX; NOT OTHERWISE	7/1/2003	ANES VALU	3.00	3.00							
00942		ANESTH SURG ON VAG/URETHRAL	7/1/2003	ANES VALU	4.00	4.00							
00944		ANES FOR VAGINAL PX; VAGINAL HYSTE	7/1/2003	ANES VALU	6.00	6.00							
00948		ANES FOR VAGINAL PX; CERVICAL CERC	7/1/2003	ANES VALU	4.00	4.00							
00950		ANES FOR VAGINAL PX; CULDOSCOPY	7/1/2003	ANES VALU	5.00	5.00							
00952		ANES FOR VAGINAL PX; HYSTEROSCOPY	7/1/2003	ANES VALU	4.00	4.00							
01112		ANESTHESIA FOR BONE MARROW ASP &	7/1/2003	ANES VALU	5.00	5.00							
01120		ANESTHESIA FOR PROCEDURES ON BON	7/1/2003	ANES VALU	6.00	6.00							
01130		ANESTHESIA FOR BODY CAST APPLICAT	7/1/2003	ANES VALU	3.00	3.00							
01140		ANESTHESIA FOR INTERPELVIABDOMINA	7/1/2003	ANES VALU	15.00	15.00							
01150		ANESTHESIA FOR RADICAL PROCEDURE	7/1/1999	ANES VALU	10.00	10.00							
01160		ANESTHESIA FOR CLOSED PROCEDURES	7/1/2003	ANES VALU	4.00	4.00							
01170		ANESTHESIA FOR OPEN PROCEDURES II	7/1/2003	ANES VALU	8.00	8.00							
01180		ANESTHESIA FOR OBTURATOR NEUREC	7/1/2003	ANES VALU	3.00	3.00							
01190		ANESTHESIA FOR OBTURATOR NEUREC	7/1/2003	ANES VALU	4.00	4.00							
01200		ANESTHESIA FOR ALL CLOSED PROCEDU	7/1/2003	ANES VALU	4.00	4.00							
01202		ANESTHESIA FOR ARTHROSCOPIC PROC	7/1/2003	ANES VALU	4.00	4.00							
01210		ANESTHESIA FOR OPEN PROCEDURES II	7/1/2003	ANES VALU	6.00	6.00							
01212		ANESTHESIA FOR HIP DISARTICULATION	7/1/2003	ANES VALU	10.00	10.00							
01214		ANESTH, HIP ARTHROPLASTY	7/1/2003	ANES VALU	10.00	10.00							
01215		ANES FOR OPEN PROCEDURE INVOLVIN	7/1/2003	ANES VALU	10.00	10.00							
01220		ANESTHESIA FOR ALL CLOSED PROCEDU	7/1/2003	ANES VALU	4.00	4.00							
01230		ANESTHESIA FOR OPEN PROCEDURES II	7/1/2003	ANES VALU	6.00	6.00							
01232		ANESTHESIA FOR AMPUTATION INVOLVI	7/1/2003	ANES VALU	5.00	5.00							
01234		ANESTHESIA FOR RADICAL RESECTION I	7/1/2003	ANES VALU	8.00	8.00							
01250		ANESTHESIA FOR ALL PROCEDURES ON	7/1/2003	ANES VALU	4.00	4.00							
01260		ANESTHESIA FOR ALL PROCEDURES INV	7/1/2003	ANES VALU	3.00	3.00							
01270		ANESTHESIA FOR PROCEDURES INVOLV	7/1/2003	ANES VALU	8.00	8.00							
01272		ANESTHESIA FOR FEMORAL ARTERY LIG	7/1/2003	ANES VALU	4.00	4.00							
01274		ANESTHESIA FOR FEMORAL ARTERY EM	7/1/2003	ANES VALU	6.00	6.00							
01320		ANESTHESIA FOR ALL PROCEDURES ON	7/1/2003	ANES VALU	4.00	4.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
01340		ANESTHESIA FOR ALL CLOSED PROCEDI	7/1/2003	ANES VALU	4.00	4.00							
01360		ANESTHESIA FOR ALL OPEN PROCEDUR	7/1/2003	ANES VALU	5.00	5.00							
01380		ANESTHESIA FOR ALL CLOSED PROCEDI	7/1/2003	ANES VALU	3.00	3.00							
01382		ANESTH DX KNEE ARTHROSCOPY	7/1/2003	ANES VALU	3.00	3.00							
01390		ANESTHESIA FOR ALL CLOSED PROCEDI	7/1/2003	ANES VALU	3.00	3.00							
01392		ANESTHESIA FOR ALL OPEN PROCEDUR	7/1/2003	ANES VALU	4.00	4.00							
01400		ANESTH KNEE JOINT SURGERY	7/1/2003	ANES VALU	4.00	4.00							
01402		ANESTH, KNEE ARTHROPLASTY	7/1/2003	ANES VALU	7.00	7.00							
01404		ANESTHESIA FOR DISARTICULATION AT	7/1/2003	ANES VALU	5.00	5.00							
01420		ANESTHESIA FOR ALL CAST APPLICATIO	7/1/2003	ANES VALU	3.00	3.00							
01430		ANESTHESIA FOR PROCEDURES ON VEII	7/1/2003	ANES VALU	3.00	3.00							
01432		ANESTHESIA FOR ARTERIOVENOUS FIST	7/1/2003	ANES VALU	5.00	5.00							
01440		ANESTHESIA FOR PROCEDURES ON ART	7/1/1999	ANES VALU	8.00	8.00							
01442		ANEST FOR POPLITEAL THROMBOENDAF	7/1/2003	ANES VALU	8.00	8.00							
01444		ANES FOR POPLITEAL EXC & GRAFT /REI	7/1/2003	ANES VALU	8.00	8.00							
01462		ANESTHESIA FOR ALL CLOSED PROCEDI	7/1/2003	ANES VALU	3.00	3.00							
01464		ANESTH ANKLE/FT ARTHROSCOPY	7/1/2003	ANES VALU	3.00	3.00							
01470		ANESTHESIA FOR PROCEDURES ON NEF	7/1/2003	ANES VALU	3.00	3.00							
01472		ANES FOR REPAIR RUPTURED ACHILLES	7/1/2003	ANES VALU	5.00	5.00							
01474		ANEST FOR GASTROCNEMIUS RECESSIC	7/1/2003	ANES VALU	5.00	5.00							
01480		ANESTHESIA FOR OPEN PROCEDURES C	7/1/2003	ANES VALU	3.00	3.00							
01482		ANESTHESIA FOR RADICAL RESECTION (	7/1/2003	ANES VALU	4.00	4.00							
01484		ANESTHESIA FOR OSEOTOMY OR OSTEC	7/1/2003	ANES VALU	4.00	4.00							
01486		ANESTHESIA FOR TOTAL ANKLE REPLAC	7/1/2003	ANES VALU	7.00	7.00							
01490		ANESTHESIA FOR LOWER LEG CAST APF	7/1/2003	ANES VALU	3.00	3.00							
01500		ANESTHESIA FOR PROCEDURES ON ART	7/1/2003	ANES VALU	8.00	8.00							
01502		ANESTHESIA FOR EMBOLECTOMY DIREC	7/1/2003	ANES VALU	6.00	6.00							
01520		ANESTHESIA FOR PROCEDURES ON VEII	7/1/2003	ANES VALU	3.00	3.00							
01522		ANES FOR VENOUS THROMBECTOMY DI	7/1/2003	ANES VALU	5.00	5.00							
01610		ANESTHESIA FOR ALL PROCEDURES ON	7/1/2003	ANES VALU	5.00	5.00							
01620		ANESTHESIA FOR ALL CLOSED PROCEDI	7/1/2003	ANES VALU	4.00	4.00							
01622		ANES DX SHOULDER ARTHROSCOPY	7/1/2003	ANES VALU	4.00	4.00							
01630		ANESTH SURGERY OF SHOULDER	7/1/2003	ANES VALU	5.00	5.00							
01632		ANESTHESIA FOR RADICAL RESECTION (	7/1/2003	ANES VALU	6.00	6.00							
01634		ANESTHESIA FOR SHOULDER DISARTICU	7/1/2003	ANES VALU	9.00	9.00							
01636		ANESTHESIA FOR INTERTHORACOSCAPI	7/1/2003	ANES VALU	15.00	15.00							
01638		ANESTHESIA FOR TOTAL SHOULDER REI	7/1/2003	ANES VALU	10.00	10.00							
01650		ANESTHESIA FOR PROCEDURES ON ART	7/1/2003	ANES VALU	6.00	6.00							
01652		ANESTHESIA FOR AXILLARY-BRACHIAL A	7/1/2003	ANES VALU	10.00	10.00							
01654		ANESTHESIA FOR BYPASS GRAFT ON AF	7/1/2003	ANES VALU	8.00	8.00							
01656		ANESTHESIA FOR AXILLARY-FEMORAL B	7/1/2003	ANES VALU	10.00	10.00							
01670		ANESTHESIA FOR ALL PROCEDURES ON	7/1/2003	ANES VALU	4.00	4.00							
01680		ANESTHESIA FOR SHOULDER CAST APPI	7/1/2003	ANES VALU	3.00	3.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
01682		ANESTHESIA FOR SHOULDER SPICA APF	7/1/2003	ANES VALU	4.00	4.00							
01710		ANESTHESIA FOR PROCEDURES ON NEF	7/1/2003	ANES VALU	3.00	3.00							
01712		ANESTHESIA FOR TENOTOMY ELBOW T	7/1/2003	ANES VALU	5.00	5.00							
01714		ANESTHESIA FOR TENOPLASTY ELBOW	7/1/2003	ANES VALU	5.00	5.00							
01716		ANESTHESIA FOR TENODESIS RUPTURE	7/1/2003	ANES VALU	5.00	5.00							
01730		ANESTHESIA FOR ALL CLOSED PROCEDI	7/1/2003	ANES VALU	3.00	3.00							
01732		ANESTH DX ELBOW ARTHROSCOPY	7/1/2003	ANES VALU	3.00	3.00							
01740		ANESTH UPPER ARM SURGERY	7/1/2003	ANES VALU	4.00	4.00							
01742		ANESTHESIA FOR OSTEOTOMY OF HUME	7/1/2003	ANES VALU	5.00	5.00							
01744		ANESTHESIA FOR REPAIR OF NONUNION	7/1/2003	ANES VALU	5.00	5.00							
01756		ANESTHESIA FOR RADICAL PROCEDURE	7/1/2003	ANES VALU	6.00	6.00							
01758		ANESTHESIA FOR EXCISION OF CYST OF	7/1/2003	ANES VALU	5.00	5.00							
01760		ANESTHESIA FOR TOTAL ELBOW REPLA	7/1/2003	ANES VALU	7.00	7.00							
01770		ANESTHESIA FOR PROCEDURES ON ART	7/1/2003	ANES VALU	8.00	8.00							
01772		ANESTHESIA FOR EMBOLECTOMY OF UF	7/1/2003	ANES VALU	6.00	6.00							
01780		ANESTHESIA FOR PROCEDURES ON VEI	7/1/2003	ANES VALU	3.00	3.00							
01782		ANESTHESIA FOR PHLEBORRHAPHY OF	7/1/2003	ANES VALU	4.00	4.00							
01810		ANESTHESIA FOR ALL PROCEDURES ON	7/1/2003	ANES VALU	3.00	3.00							
01820		ANESTHESIA FOR ALL CLOSED PROCEDI	7/1/2003	ANES VALU	3.00	3.00							
01829		ANESTH DX WRIST ARTHROSCOPY	7/1/2003	ANES VALU	3.00	3.00							
01830		ANESTH LOWER ARM SURGERY	7/1/2003	ANES VALU	3.00	3.00							
01832		ANESTHESIA FOR TOTAL WRIST REPLAC	7/1/2003	ANES VALU	6.00	6.00							
01840		ANESTHESIA FOR PROCEDURES ON ART	7/1/2003	ANES VALU	6.00	6.00							
01842		ANESTHESIA FOR EMBOLECTOMY OF FC	7/1/2003	ANES VALU	6.00	6.00							
01844		ANESTHESIA FOR VASCULAR SHUNT OF	7/1/2003	ANES VALU	6.00	6.00							
01850		ANESTHESIA FOR PROCEDURES ON VEI	7/1/2003	ANES VALU	3.00	3.00							
01852		ANESTHESIA FOR PHLEBORRHAPHY OF	7/1/2003	ANES VALU	4.00	4.00							
01860		ANESTHESIA FOR FOREARM WRIST OR	7/1/2003	ANES VALU	3.00	3.00							
01905		ANESTHESIA FOR MYELOGRAPHY DISK	7/1/2003	ANES VALU	5.00	5.00							
01916		ANESTHESIA FOR ARTERIOGRAMS NEE	7/1/2002	ANES VALU	6.00	6.00							
01920		ANESTHESIA FOR CARDIAC CATHETERIZ	7/1/2003	ANES VALU	7.00	7.00							
01922		ANESTHESIA FOR NON-INVASIVE IMAGIN	7/1/2003	ANES VALU	7.00	7.00							
01924		ANES THER INTERVEN RAD ART	7/1/2003	ANES VALU	5.00	5.00							
01925		ANESTH FOR RADIOL PROC INVOLV ART	7/1/2003	ANES VALU	7.00	7.00							
01926		ANES TX INTERV RAD HRT/CRAN	7/1/2003	ANES VALU	8.00	8.00							
01930		ANESTH FOR RADIOL PROC INVOLV VEN	7/1/2003	ANES VALU	5.00	5.00							
01931		ANES THER INTERVEN RAD TIP	7/1/2003	ANES VALU	7.00	7.00							
01932		ANES FOR RADIOL PROC INVOLV VEN/LY	7/1/2003	ANES VALU	6.00	6.00							
01933		ANES TX INTERV RAD INTRACRANIAL	7/1/2003	ANES VALU	7.00	7.00							
01951		ANES 2ND&3RD DEG BURN EXCISION OR	7/1/2003	ANES VALU	3.00	3.00							
01952		ANESTH, BURN, 4-9 PERCENT	7/1/2003	ANES VALU	5.00	5.00							
01953		ANES 2ND&3RD DEG BURN EXCISION OR	7/1/2003	RBRVS	$15.25	$15.25							
01960		ANESTH VAGINAL DELIVERY	7/1/2003	ANES VALU	5.00	5.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
01961		ANESTH CS DELIVERY	7/1/2003	ANES VALU	7.00	7.00							
01962		ANESTH EMER HYSTERECTOMY	7/1/2003	ANES VALU	8.00	8.00							
01963		ANESTH CS HYSTERECTOMY	7/1/2003	ANES VALU	10.00	10.00							
01964		ANESTH ABORTION PROCEDURES	7/1/2003	ANES VALU	4.00	4.00							
01967		NEURAXIAL LABOR ANESTH FOR PLANNE	7/1/2003	ANES VALU	5.00	5.00							
01968		ANES/ANALG CS DELIVER ADD-ON	7/1/2003	ANES VALU	3.00	3.00							
01969		ANESTH/ANALG CS HYST ADD-ON	7/1/2003	ANES VALU	5.00	5.00							
01990		PHYSIOLOGICAL SUPPORT FOR HARVES	7/1/2003	ANES VALU	7.00	7.00							
01991		ANESTH NERVE BLOCK/INJ	7/1/2003	ANES VALU	3.00	3.00							
01992		ANESTH N BLOCK/INJ PRONE	7/1/2003	ANES VALU	5.00	5.00							
01995		REGIONAL ANESTHESIA LIMB	7/1/2003	RBRVS	$76.20	$76.20							
01996		HOSP MANAGE CONT DRUG ADMIN	7/1/2003	RBRVS	$45.71	$45.71							
01999		UNLISTED ANESTHESIA PROCEDURE(S)	7/1/2003	BY REPORT	$0.00	$0.00							
10040		ACNE SURGERY	7/1/2003	RBRVS	$66.13	$55.47	010		Y				
10060		DRAINAGE OF SKIN ABSCESS	7/1/2003	RBRVS	$77.17	$54.78	010		Y				
10061		DRAINAGE OF SKIN ABSCESS	7/1/2003	RBRVS	$126.28	$113.46	010		Y				
10080		DRAINAGE OF PILONIDAL CYST	7/1/2003	RBRVS	$94.88	$56.62	010		Y				
10081		DRAINAGE OF PILONIDAL CYST	7/1/2003	RBRVS	$156.09	$119.20	010		Y				
10120		REMOVE FOREIGN BODY	7/1/2003	RBRVS	$80.48	$48.24	010		Y				
10121		REMOVE FOREIGN BODY	7/1/2003	RBRVS	$166.19	$134.23	010		Y				
10140		DRAINAGE OF HEMATOMA/FLUID	7/1/2003	RBRVS	$89.42	$72.49	010		Y				
10160		PUNCTURE DRAINAGE OF LESION	7/1/2003	RBRVS	$59.05	$49.51	010		Y				
10180		COMPLEX DRAINAGE, WOUND	7/1/2003	RBRVS	$112.75	$107.01	010		Y				
11000		DEBRIDE INFECTED SKIN	7/1/2003	RBRVS	$36.39	$25.47	000		Y				
11001		DEBRIDE INFECTED SKIN ADD-ON	7/1/2003	RBRVS	$19.71	$12.35							
11012		DEBRIDE SKIN/MUSCLE/BONE, FX	7/1/2003	RBRVS	$374.47	$339.52	000		Y				
11040		DEBRIDE SKIN, PARTIAL	7/1/2003	RBRVS	$30.15	$21.67	000		Y				
11041		DEBRIDE SKIN, FULL	7/1/2003	RBRVS	$43.68	$34.67	000		Y				
11042		DEBRIDE SKIN/TISSUE	7/1/2003	RBRVS	$61.71	$48.05	000		Y				
11043		DEBRIDE TISSUE/MUSCLE	7/1/2003	RBRVS	$173.45	$148.04	010		Y				
11044		DEBRIDE TISSUE/MUSCLE/BONE	7/1/2003	RBRVS	$227.55	$205.13	010		Y				
11055		TRIM SKIN LESION	7/1/2003	RBRVS	$27.13	$18.12	000		Y				
11056		TRIM SKIN LESIONS, 2 TO 4	7/1/2003	RBRVS	$34.58	$25.85	000		Y				
11057		TRIM SKIN LESIONS, OVER 4	7/1/2003	RBRVS	$42.06	$33.33	000		Y				
11100		BIOPSY OF SKIN LESION	7/1/2003	RBRVS	$58.77	$35.26	000		Y				
11101		BIOPSY, SKIN ADD-ON	7/1/2003	RBRVS	$22.98	$18.05							
11200		REMOVAL OF SKIN TAGS	7/1/2003	RBRVS	$57.31	$32.18	010		Y				
11201		REMOVE SKIN TAGS ADD-ON	7/1/2003	RBRVS	$24.35	$12.32							
11300		SHAVE SKIN LESION	7/1/2003	RBRVS	$42.84	$21.79	000		Y				
11301		SHAVE SKIN LESION	7/1/2003	RBRVS	$56.12	$36.73	000		Y				
11302		SHAVE SKIN LESION	7/1/2003	RBRVS	$67.75	$45.34	000		Y				
11303		SHAVE SKIN LESION	7/1/2003	RBRVS	$81.50	$52.85	000		Y				
11305		SHAVE SKIN LESION	7/1/2003	RBRVS	$43.68	$28.12	000		Y				

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
11306		SHAVE SKIN LESION	7/1/2003	RBRVS	$60.49	$42.22	000		Y				
11307		SHAVE SKIN LESION	7/1/2003	RBRVS	$70.12	$48.55	000		Y				
11308		SHAVE SKIN LESION	7/1/2003	RBRVS	$82.97	$60.02	000		Y				
11310		SHAVE SKIN LESION	7/1/2003	RBRVS	$52.85	$31.55	000		Y				
11311		SHAVE SKIN LESION	7/1/2003	RBRVS	$65.82	$45.90	000		Y				
11312		SHAVE SKIN LESION	7/1/2003	RBRVS	$75.95	$52.48	000		Y				
11313		SHAVE SKIN LESION	7/1/2003	RBRVS	$99.46	$70.25	000		Y				
11400		EXC TR-EXT B9+MARG 0.5 < CM	7/1/2003	RBRVS	$83.34	$52.76	010		Y				
11401		EXC TR-EXT B9+MARG 0.6-1 CM	7/1/2003	RBRVS	$96.38	$67.97	010		Y				
11402		EXC TR-EXT B9+MARG 1.1-2 CM	7/1/2003	RBRVS	$109.72	$78.57	010		Y				
11403		EXC TR-EXT B9+MARG 2.1-3 CM	7/1/2003	RBRVS	$124.94	$93.51	010		Y				
11404		EXC TR-EXT B9+MARG 3.1-4 CM	7/1/2003	RBRVS	$142.68	$103.89	010		Y				
11406		EXC TR-EXT B9+MARG > 4.0 CM	7/1/2003	RBRVS	$175.92	$133.29	010		Y				
11420		EXC H-F-NK-SP B9+MARG 0.5 <	7/1/2003	RBRVS	$80.29	$58.15	010		Y				
11421		EXC H-F-NK-SP B9+MARG 0.6-1	7/1/2003	RBRVS	$102.46	$76.80	010		Y				
11422		EXC H-F-NK-SP B9+MARG 1.1-2	7/1/2003	RBRVS	$114.27	$89.14	010		Y				
11423		EXC H-F-NK-SP B9+MARG 2.1-3	7/1/2003	RBRVS	$136.04	$104.08	010		Y				
11424		EXC H-F-NK-SP B9+MARG 3.1-4	7/1/2003	RBRVS	$156.77	$121.54	010		Y				
11426		EXC H-F-NK-SP B9+MARG > 4 CM	7/1/2003	RBRVS	$222.10	$178.41	010		Y				
11440		EXC FACE-MM B9+MARG 0.5 < CM	7/1/2003	RBRVS	$95.22	$71.71	010		Y				
11441		EXC FACE-MM B9+MARG 0.6-1 CM	7/1/2003	RBRVS	$111.87	$89.77	010		Y				
11442		EXC FACE-MM B9+MARG 1.1-2 CM	7/1/2003	RBRVS	$126.78	$99.46	010		Y				
11443		EXC FACE-MM B9+MARG 2.1-3 CM	7/1/2003	RBRVS	$154.93	$123.82	010		Y				
11444		EXC FACE-MM B9+MARG 3.1-4 CM	7/1/2003	RBRVS	$198.09	$160.95	010		Y				
11446		EXC FACE-MM B9+MARG > 4 CM	7/1/2003	RBRVS	$256.14	$218.45	010		Y				
11450		REMOVAL, SWEAT GLAND LESION	7/1/2003	RBRVS	$199.30	$113.53	090		Y				
11462		REMOVAL, SWEAT GLAND LESION	7/1/2003	RBRVS	$191.54	$105.51	090		Y				
11470		REMOVAL, SWEAT GLAND LESION	7/1/2003	RBRVS	$227.08	$136.66	090		Y				
11600		EXC TR-EXT MLG+MARG 0.5 < CM	7/1/2003	RBRVS	$109.94	$67.88	010		Y				
11719		TRIM NAIL(S)	7/1/2003	RBRVS	$12.10	$7.17	000		Y				
11720		DEBRIDE NAIL, 1-5	7/1/2003	RBRVS	$19.21	$13.47	000						
11721		DEBRIDE NAIL, 6 OR MORE	7/1/2003	RBRVS	$28.94	$22.64	000						
11730		REMOVAL OF NAIL PLATE	7/1/2003	RBRVS	$57.62	$47.52	000		Y				
11732		REMOVE NAIL PLATE, ADD-ON	7/1/2003	RBRVS	$26.22	$24.29							
11740		DRAIN BLOOD FROM UNDER NAIL	7/1/2003	RBRVS	$34.05	$15.47	000		Y				
11750		REMOVAL OF NAIL BED	7/1/2003	RBRVS	$105.70	$79.76	010		Y				
11752		REMOVE NAIL BED/FINGER TIP	7/1/2003	RBRVS	$144.21	$134.64	010		Y				
11755		BIOPSY, NAIL UNIT	7/1/2003	RBRVS	$70.47	$55.47	000		Y				
11760		REPAIR OF NAIL BED	7/1/2003	RBRVS	$99.81	$84.81	010		Y				
11765		EXCISION OF NAIL FOLD, TOE	7/1/2003	RBRVS	$52.44	$34.95	010		Y				
11770		REMOVAL OF PILONIDAL LESION	7/1/2003	RBRVS	$164.13	$116.33	010		Y				
11771		REMOVAL OF PILONIDAL LESION	7/1/2003	RBRVS	$332.94	$289.51	090		Y				
11772		REMOVAL OF PILONIDAL LESION	7/1/2003	RBRVS	$397.26	$341.27	090		Y				

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
11900		INJECTION INTO SKIN LESIONS	7/1/2003	RBRVS	$36.36	$21.86	000		Y				
11901		ADDED SKIN LESIONS INJECTION	7/1/2003	RBRVS	$44.06	$34.20	000		Y				
11920		CORRECT SKIN COLOR DEFECTS	7/1/2003	RBRVS	$110.53	$73.40	000		Y				
11921		CORRECT SKIN COLOR DEFECTS	7/1/2003	RBRVS	$130.77	$89.24	000		Y				
11922		CORRECT SKIN COLOR DEFECTS	7/1/2003	RBRVS	$26.04	$22.76							
11975		INSERT CONTRACEPTIVE CAP	7/1/2003	RBRVS	$94.97	$69.15							
11976		REMOVAL OF CONTRACEPTIVE CAP	7/1/2003	RBRVS	$110.92	$83.28	000		Y				
11977		REMOVAL/REINSERT CONTRA CAP	7/1/2003	RBRVS	$167.59	$139.75							
11980		IMPLANT HORMONE PELLET(S)	7/1/2003	RBRVS	$75.33	$61.39	000		Y				
12001		REPAIR SUPERFICIAL WOUND(S)	7/1/2003	RBRVS	$112.31	$65.32	010		Y				
12002		REPAIR SUPERFICIAL WOUND(S)	7/1/2003	RBRVS	$119.42	$83.62	010		Y				
12004		REPAIR SUPERFICIAL WOUND(S)	7/1/2003	RBRVS	$138.75	$98.34	010		Y				
12005		REPAIR SUPERFICIAL WOUND(S)	7/1/2003	RBRVS	$173.80	$123.25	010		Y				
12006		REPAIR SUPERFICIAL WOUND(S)	7/1/2003	RBRVS	$216.51	$157.52	010		Y				
12007		REPAIR SUPERFICIAL WOUND(S)	7/1/2003	RBRVS	$244.05	$180.41	010		Y			Y	
12011		REPAIR SUPERFICIAL WOUND(S)	7/1/2003	RBRVS	$119.23	$67.32	010		Y				
12013		REPAIR SUPERFICIAL WOUND(S)	7/1/2003	RBRVS	$130.58	$88.80	010		Y				
12014		REPAIR SUPERFICIAL WOUND(S)	7/1/2003	RBRVS	$152.59	$106.45	010		Y				
12015		REPAIR SUPERFICIAL WOUND(S)	7/1/2003	RBRVS	$192.26	$134.64	010		Y				
12016		REPAIR SUPERFICIAL WOUND(S)	7/1/2003	RBRVS	$227.74	$166.00	010		Y				
12017		REPAIR SUPERFICIAL WOUND(S)	7/1/2003	RBRVS	$200.24	$200.24	010		Y				
12018		REPAIR SUPERFICIAL WOUND(S)	7/1/2003	RBRVS	$236.22	$236.22	010		Y		Y	Y	
12020		CLOSURE OF SPLIT WOUND	7/1/2003	RBRVS	$152.69	$121.82	010		Y				
12021		CLOSURE OF SPLIT WOUND	7/1/2003	RBRVS	$105.23	$86.68	010		Y				
12031		LAYER CLOSURE OF WOUND(S)	7/1/2003	RBRVS	$129.65	$88.11	010		Y				
12032		LAYER CLOSURE OF WOUND(S)	7/1/2003	RBRVS	$157.96	$111.53	010		Y				
12034		LAYER CLOSURE OF WOUND(S)	7/1/2003	RBRVS	$178.94	$130.58	010		Y				
12035		LAYER CLOSURE OF WOUND(S)	7/1/2003	RBRVS	$194.44	$154.03	010		Y				
12036		LAYER CLOSURE OF WOUND(S)	7/1/2003	RBRVS	$272.92	$196.47	010		Y				
12037		LAYER CLOSURE OF WOUND(S)	7/1/2003	RBRVS	$302.94	$225.93	010		Y			Y	
12041		LAYER CLOSURE OF WOUND(S)	7/1/2003	RBRVS	$141.81	$96.72	010		Y				
12042		LAYER CLOSURE OF WOUND(S)	7/1/2003	RBRVS	$171.61	$123.54	010		Y				
12044		LAYER CLOSURE OF WOUND(S)	7/1/2003	RBRVS	$187.49	$142.15	010		Y				
12045		LAYER CLOSURE OF WOUND(S)	7/1/2003	RBRVS	$213.30	$166.59	010		Y				
12046		LAYER CLOSURE OF WOUND(S)	7/1/2003	RBRVS	$286.01	$204.60	010		Y				
12047		LAYER CLOSURE OF WOUND(S)	7/1/2003	RBRVS	$315.01	$225.96	010		Y		Y	Y	
12051		LAYER CLOSURE OF WOUND(S)	7/1/2003	RBRVS	$163.10	$115.30	010		Y				
12052		LAYER CLOSURE OF WOUND(S)	7/1/2003	RBRVS	$171.12	$123.60	010		Y				
12053		LAYER CLOSURE OF WOUND(S)	7/1/2003	RBRVS	$185.99	$139.00	010		Y				
12054		LAYER CLOSURE OF WOUND(S)	7/1/2003	RBRVS	$206.47	$152.94	010		Y				
12055		LAYER CLOSURE OF WOUND(S)	7/1/2003	RBRVS	$264.81	$198.96	010		Y				
12056		LAYER CLOSURE OF WOUND(S)	7/1/2003	RBRVS	$345.79	$248.26	010		Y				
12057		LAYER CLOSURE OF WOUND(S)	7/1/2003	RBRVS	$355.58	$289.76	010		Y		Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team
13100		REPAIR OF WOUND OR LESION	7/1/2003	RBRVS	$192.79	$147.45	010		Y				
13101		REPAIR OF WOUND OR LESION	7/1/2003	RBRVS	$223.81	$183.65	010		Y				
13102		REPAIR WOUND/LESION ADD-ON	7/1/2003	RBRVS	$59.74	$54.85							
13120		REPAIR OF WOUND OR LESION	7/1/2003	RBRVS	$201.30	$154.31	010		Y				
13121		REPAIR OF WOUND OR LESION	7/1/2003	RBRVS	$242.89	$199.21	010		Y				
13122		REPAIR WOUND/LESION ADD-ON	7/1/2003	RBRVS	$69.69	$63.14							
13131		REPAIR OF WOUND OR LESION	7/1/2003	RBRVS	$223.90	$178.29	010		Y				
13132		REPAIR OF WOUND OR LESION	7/1/2003	RBRVS	$312.42	$272.26	010		Y				
13133		REPAIR WOUND/LESION ADD-ON	7/1/2003	RBRVS	$102.05	$97.41							
13150		REPAIR OF WOUND OR LESION	7/1/2003	RBRVS	$263.91	$191.54	010		Y				
13151		REPAIR OF WOUND OR LESION	7/1/2003	RBRVS	$282.12	$222.28	010		Y				
13152		REPAIR OF WOUND OR LESION	7/1/2003	RBRVS	$360.28	$304.82	010		Y				
13153		REPAIR WOUND/LESION ADD-ON	7/1/2003	RBRVS	$112.00	$106.26							
13160		LATE CLOSURE OF WOUND	7/1/2003	RBRVS	$510.29	$510.29	090		Y				
15100		SKIN SPLIT GRAFT	7/1/2003	RBRVS	$608.95	$510.35	090		Y				
15750		NEUROVASCULAR PEDICLE GRAFT	7/1/2003	RBRVS	$588.24	$588.24	090		Y		Y		
15756		FREE MYO/SKIN FLAP MICROVASC	7/1/2003	RBRVS	$1,683.53	$1,683.53	090		Y		Y	Y	
15757		FREE SKIN FLAP, MICROVASC	7/1/2003	RBRVS	$1,719.73	$1,719.73	090		Y		Y	Y	
15758		FREE FASCIAL FLAP, MICROVASC	7/1/2003	RBRVS	$1,720.39	$1,720.39	090		Y		Y	Y	
15770		DERMA-FAT-FASCIA GRAFT	7/1/2003	RBRVS	$406.49	$406.49	090		Y		Y	Y	
15786		ABRASION, LESION, SINGLE	7/1/2003	RBRVS	$110.97	$97.87	010		Y				
15787		ABRASION, LESIONS, ADD-ON	7/1/2003	RBRVS	$18.96	$14.59							
15831		EXCISE EXCESSIVE SKIN TISSUE	7/1/2003	RBRVS	$606.83	$606.83	090	Y	Y		Y	Y	
15832		EXCISE EXCESSIVE SKIN TISSUE	7/1/2003	RBRVS	$580.51	$580.51	090	Y	Y		Y	Y	
15841		GRAFT FOR FACE NERVE PALSY	7/1/2003	RBRVS	$1,145.37	$1,145.37	090		Y		Y	Y	
15845		SKIN AND MUSCLE REPAIR, FACE	7/1/2003	RBRVS	$621.82	$621.82	090		Y		Y		
15860		TEST FOR BLOOD FLOW IN GRAFT	7/1/2003	RBRVS	$96.22	$82.85	000		Y				
15922		REMOVAL OF TAIL BONE ULCER	7/1/2003	RBRVS	$516.93	$516.93	090		Y		Y	Y	
15946		REMOVE HIP PRESSURE SORE	7/1/2003	RBRVS	$1,072.53	$1,072.53	090		Y		Y	Y	
15952		REMOVE THIGH PRESSURE SORE	7/1/2003	RBRVS	$566.20	$566.20	090		Y		Y	Y	
15956		REMOVE THIGH PRESSURE SORE	7/1/2003	RBRVS	$780.97	$780.97	090		Y			Y	
15958		REMOVE THIGH PRESSURE SORE	7/1/2003	RBRVS	$788.98	$788.98	090		Y		Y	Y	
16000		INITIAL TREATMENT OF BURN(S)	7/1/2003	RBRVS	$56.93	$35.11	000		Y				
16010		TREATMENT OF BURN(S)	7/1/2003	RBRVS	$59.87	$37.20	000		Y				
16015		TREATMENT OF BURN(S)	7/1/2003	RBRVS	$126.22	$100.27	000		Y				
16020		TREATMENT OF BURN(S)	7/1/2003	RBRVS	$55.94	$32.15	000		Y				
16025		TREATMENT OF BURN(S)	7/1/2003	RBRVS	$109.78	$76.73	000		Y				
16030		TREATMENT OF BURN(S)	7/1/2003	RBRVS	$149.01	$90.55	000		Y				
17000		DESTROY BENIGN/PREMLG LESION	7/1/2003	RBRVS	$46.86	$25.82	010		Y				
17003		DESTROY LESIONS, 2-14	7/1/2003	RBRVS	$7.95	$6.58							
17004		DESTROY LESIONS, 15 OR MORE	7/1/2003	RBRVS	$152.28	$120.04	010						
17110		DESTRUCT LESION, 1-14	7/1/2003	RBRVS	$66.88	$32.46	010		Y				
17111		DESTRUCT LESION, 15 OR MORE	7/1/2003	RBRVS	$75.95	$43.46	010		Y				

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
17999		SKIN TISSUE PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00	010		Y			Y	Y
19162		REMOVE BREAST TISSUE, NODES	7/1/2003	RBRVS	$647.30	$647.30	090		Y	Y	Y	Y	
19180		REMOVAL OF BREAST	7/1/2003	RBRVS	$442.57	$442.57	090		Y	Y	Y	Y	
19182		REMOVAL OF BREAST	7/1/2003	RBRVS	$382.89	$382.89	090		Y	Y	Y	Y	
19200		REMOVAL OF BREAST	7/1/2003	RBRVS	$740.81	$740.81	090		Y	Y	Y	Y	
19220		REMOVAL OF BREAST	7/1/2003	RBRVS	$750.10	$750.10	090		Y	Y	Y	Y	
19240		REMOVAL OF BREAST	7/1/2003	RBRVS	$749.38	$749.38	090		Y	Y	Y	Y	
19260		REMOVAL OF CHEST WALL LESION	7/1/2003	RBRVS	$743.89	$743.89	090		Y		Y	Y	
19271		REVISION OF CHEST WALL	7/1/2003	RBRVS	$920.22	$920.22	090		Y		Y	Y	
19272		EXTENSIVE CHEST WALL SURGERY	7/1/2003	RBRVS	$1,030.22	$1,030.22	090		Y		Y	Y	
19316		SUSPENSION OF BREAST	7/1/2003	RBRVS	$549.49	$549.49	090		Y	Y	Y	Y	
19318		REDUCTION OF LARGE BREAST	7/1/2003	RBRVS	$821.09	$821.09	090	Y	Y	Y	Y	Y	
19357		BREAST RECONSTRUCTION	7/1/2003	RBRVS	$850.56	$850.56	090		Y	Y	Y	Y	
19361		BREAST RECONSTRUCTION	7/1/2003	RBRVS	$898.17	$898.17	090		Y	Y	Y	Y	
19364		BREAST RECONSTRUCTION	7/1/2003	RBRVS	$1,991.93	$1,991.93	090		Y	Y	Y	Y	
19366		BREAST RECONSTRUCTION	7/1/2003	RBRVS	$962.31	$962.31	090		Y	Y	Y	Y	
19367		BREAST RECONSTRUCTION	7/1/2003	RBRVS	$1,302.33	$1,302.33	090		Y	Y	Y	Y	
19369		BREAST RECONSTRUCTION	7/1/2003	RBRVS	$1,520.77	$1,520.77	090		Y	Y	Y	Y	
19499		BREAST SURGERY PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00	090		Y	Y		Y	Y
20000		INCISION OF ABSCESS	7/1/2003	RBRVS	$125.66	$98.87	010		Y				
20005		INCISION OF DEEP ABSCESS	7/1/2003	RBRVS	$191.76	$169.37	010		Y				
20100		EXPLORE WOUND, NECK	7/1/2003	RBRVS	$479.98	$440.39	010		Y	Y	Y		
20101		EXPLORE WOUND, CHEST	7/1/2003	RBRVS	$180.03	$141.78	010		Y				
20102		EXPLORE WOUND, ABDOMEN	7/1/2003	RBRVS	$217.23	$172.43	010		Y		Y		
20103		EXPLORE WOUND, EXTREMITY	7/1/2003	RBRVS	$286.26	$252.40	010		Y				
20150		EXCISE EPIPHYSEAL BAR	7/1/2003	RBRVS	$671.99	$671.99	090		Y	Y	Y	Y	
20200		MUSCLE BIOPSY	7/1/2003	RBRVS	$93.54	$63.76	000		Y				
20205		DEEP MUSCLE BIOPSY	7/1/2003	RBRVS	$180.53	$101.05	000		Y				
20206		NEEDLE BIOPSY, MUSCLE	7/1/2003	RBRVS	$116.74	$40.25	000		Y				
20220		BONE BIOPSY, TROCAR/NEEDLE	7/1/2003	RBRVS	$171.99	$119.01	000		Y				
20225		BONE BIOPSY, TROCAR/NEEDLE	7/1/2003	RBRVS	$177.26	$140.37	000		Y				
20240		BONE BIOPSY, EXCISIONAL	7/1/2003	RBRVS	$218.42	$218.42	010		Y				
20251		OPEN BONE BIOPSY	7/1/2003	RBRVS	$316.98	$316.98	010		Y		Y		
20500		INJECTION OF SINUS TRACT	7/1/2003	RBRVS	$199.58	$143.05	010		Y				
20501		INJECT SINUS TRACT FOR X-RAY	7/1/2003	RBRVS	$108.94	$30.31	000		Y				
20520		REMOVAL OF FOREIGN BODY	7/1/2003	RBRVS	$211.62	$156.71	010		Y				
20525		REMOVAL OF FOREIGN BODY	7/1/2003	RBRVS	$299.58	$232.38	010		Y				
20526		THER INJECTION CARP TUNNEL	7/1/2003	RBRVS	$50.23	$40.41	000		Y	Y			
20550		INJ TENDON SHEATH/LIGAMENT	7/1/2003	RBRVS	$44.34	$30.12	000		Y				
20551		INJECT TENDON ORIGIN/INSERT	7/1/2003	RBRVS	$42.69	$32.86	000		Y				
20552		INJECT TRIGGER POINT 1 OR 2	7/1/2003	RBRVS	$38.94	$29.09	000		Y				
20553		INJECT TRIGGER POINTS =/> 3	7/1/2003	RBRVS	$44.06	$32.86	000		Y				
20600		DRAIN/INJECT JOINT/BURSA	7/1/2003	RBRVS	$38.94	$30.74	000		Y	Y			

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
20605		DRAIN/INJECT JOINT/BURSA	7/1/2003	RBRVS	$42.81	$31.62	000		Y	Y			
20610		DRAIN/INJECT, JOINT/BURSA	7/1/2003	RBRVS	$51.70	$36.70	000		Y	Y			
20612		ASPIRATE/INJ GANGLION CYST	1/1/2003	RBRVS	$43.12	$29.75	000		Y				
20615		TREATMENT OF BONE CYST	7/1/2003	RBRVS	$204.85	$145.33	010		Y				
20650		INSERT AND REMOVE BONE PIN	7/1/2003	RBRVS	$211.15	$162.26	010		Y			Y	
20670		REMOVAL OF SUPPORT IMPLANT	7/1/2003	RBRVS	$223.09	$153.72	010		Y				
20680		REMOVAL OF SUPPORT IMPLANT	7/1/2003	RBRVS	$256.33	$256.33	090		Y				
20802		REPLANTATION, ARM, COMPLETE	7/1/2003	RBRVS	$2,103.65	$2,103.65	090		Y	Y	Y	Y	
20805		REPLANT FOREARM COMPLETE	7/1/2003	RBRVS	$2,749.45	$2,749.45	090		Y	Y	Y	Y	
20808		REPLANTATION HAND, COMPLETE	7/1/2003	RBRVS	$3,328.00	$3,328.00	090		Y	Y	Y	Y	
20816		REPLANTATION DIGIT, COMPLETE	7/1/2003	RBRVS	$2,255.87	$2,255.87	090		Y		Y	Y	
20822		REPLANTATION DIGIT, COMPLETE	7/1/2003	RBRVS	$1,989.50	$1,989.50	090		Y		Y	Y	
20824		REPLANTATION THUMB, COMPLETE	7/1/2003	RBRVS	$2,235.67	$2,235.67	090		Y	Y	Y	Y	
20827		REPLANTATION THUMB, COMPLETE	7/1/2003	RBRVS	$2,086.35	$2,086.35	090		Y	Y	Y	Y	
20838		REPLANTATION FOOT, COMPLETE	7/1/2003	RBRVS	$2,139.85	$2,139.85	090		Y	Y	Y	Y	
20900		REMOVAL OF BONE FOR GRAFT	7/1/2003	RBRVS	$363.00	$357.26	090		Y		Y	Y	
20902		REMOVAL OF BONE FOR GRAFT	7/1/2003	RBRVS	$498.13	$498.13	090		Y		Y	Y	
20920		REMOVAL OF FASCIA FOR GRAFT	7/1/2003	RBRVS	$321.65	$321.65	090		Y			Y	
20922		REMOVAL OF FASCIA FOR GRAFT	7/1/2003	RBRVS	$460.75	$390.56	090		Y		Y	Y	
20924		REMOVAL OF TENDON FOR GRAFT	7/1/2003	RBRVS	$406.09	$406.09	090		Y		Y	Y	
20937		SPINAL BONE AUTOGRAFT	7/1/2003	RBRVS	$133.08	$133.08				Y	Y	Y	
20938		SPINAL BONE AUTOGRAFT	7/1/2003	RBRVS	$144.68	$144.68				Y	Y	Y	
20950		FLUID PRESSURE, MUSCLE	7/1/2003	RBRVS	$102.15	$102.15	000		Y				
20955		FIBULA BONE GRAFT, MICROVASC	7/1/2003	RBRVS	$2,072.91	$2,072.91	090		Y		Y	Y	
20956		ILIAC BONE GRAFT, MICROVASC	7/1/2003	RBRVS	$2,080.36	$2,080.36	090		Y		Y	Y	
20957		MT BONE GRAFT, MICROVASC	7/1/2003	RBRVS	$1,912.99	$1,912.99	090		Y		Y	Y	
20962		OTHER BONE GRAFT, MICROVASC	7/1/2003	RBRVS	$2,053.30	$2,053.30	090		Y		Y	Y	
20969		BONE/SKIN GRAFT, MICROVASC	7/1/2003	RBRVS	$2,277.20	$2,277.20	090		Y		Y	Y	
20970		BONE/SKIN GRAFT, ILIAC CREST	7/1/2003	RBRVS	$2,201.43	$2,201.43	090		Y		Y	Y	
20972		BONE/SKIN GRAFT, METATARSAL	7/1/2003	RBRVS	$1,913.30	$1,913.30	090		Y		Y		
20973		BONE/SKIN GRAFT, GREAT TOE	7/1/2003	RBRVS	$2,232.21	$2,232.21	090		Y		Y	Y	
20975		ELECTRICAL BONE STIMULATION	7/1/2003	RBRVS	$124.22	$124.22	000				Y	Y	
21030		EXCISE MAX/ZYGOMA B9 TUMOR	7/1/2003	RBRVS	$247.91	$228.24	090		Y				
21040		EXCISE MANDIBLE LESION	7/1/2003	RBRVS	$222.22	$190.01	090		Y				
21046		REMOVE MANDIBLE CYST COMPLEX	1/1/2003	RBRVS	$692.57	$692.57	090		Y		Y	Y	
21047		EXCISE LWR JAW CYST W/REPAIR	1/1/2003	RBRVS	$859.66	$859.66	090		Y		Y	Y	
21048		REMOVE MAXILLA CYST COMPLEX	1/1/2003	RBRVS	$713.12	$713.12	090		Y		Y	Y	
21049		EXCIS UPPR JAW CYST W/REPAIR	1/1/2003	RBRVS	$816.92	$816.92	090		Y		Y	Y	
21060		REMOVE JAW JOINT CARTILAGE	7/1/2003	RBRVS	$604.92	$604.92	090		Y	Y	Y	Y	
21116		INJECTION, JAW JOINT X-RAY	7/1/2003	RBRVS	$235.72	$33.05	000		Y				
21120		RECONSTRUCTION OF CHIN	7/1/2003	RBRVS	$420.28	$318.66	090	Y	Y			Y	
21121		RECONSTRUCTION OF CHIN	7/1/2003	RBRVS	$455.88	$408.61	090	Y	Y		Y		
21122		RECONSTRUCTION OF CHIN	7/1/2003	RBRVS	$474.15	$474.15	090	Y	Y		Y		

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team
21123		RECONSTRUCTION OF CHIN	7/1/2003	RBRVS	$577.55	$577.55	090	Y	Y		Y	Y	
21125		AUGMENTATION, LOWER JAW BONE	7/1/2003	RBRVS	$591.20	$551.32	090	Y	Y		Y		
21127		AUGMENTATION, LOWER JAW BONE	7/1/2003	RBRVS	$614.28	$551.48	090	Y	Y		Y	Y	
21137		REDUCTION OF FOREHEAD	7/1/2003	RBRVS	$522.23	$522.23	090	Y	Y		Y		
21138		REDUCTION OF FOREHEAD	7/1/2003	RBRVS	$651.16	$651.16	090	Y	Y		Y	Y	
21139		REDUCTION OF FOREHEAD	7/1/2003	RBRVS	$723.00	$723.00	090	Y	Y		Y	Y	
21145		RECONSTRUCT MIDFACE, LEFORT	7/1/2003	RBRVS	$945.28	$945.28	090	Y	Y		Y		
21146		RECONSTRUCT MIDFACE, LEFORT	7/1/2003	RBRVS	$987.31	$987.31	090	Y	Y		Y	Y	
21147		RECONSTRUCT MIDFACE, LEFORT	7/1/2003	RBRVS	$1,011.17	$1,011.17	090	Y	Y		Y		
21150		RECONSTRUCT MIDFACE, LEFORT	7/1/2003	RBRVS	$1,218.39	$1,218.39	090	Y	Y		Y		
21151		RECONSTRUCT MIDFACE, LEFORT	7/1/2003	RBRVS	$1,427.51	$1,427.51	090	Y	Y		Y		
21154		RECONSTRUCT MIDFACE, LEFORT	7/1/2003	RBRVS	$1,556.10	$1,556.10	090	Y	Y		Y	Y	
21155		RECONSTRUCT MIDFACE, LEFORT	7/1/2003	RBRVS	$1,711.41	$1,711.41	090	Y	Y		Y		
21159		RECONSTRUCT MIDFACE, LEFORT	7/1/2003	RBRVS	$2,106.80	$2,106.80	090	Y	Y		Y	Y	
21160		RECONSTRUCT MIDFACE, LEFORT	7/1/2003	RBRVS	$2,204.11	$2,204.11	090	Y	Y		Y		
21172		RECONSTRUCT ORBIT/FOREHEAD	7/1/2003	RBRVS	$1,298.87	$1,298.87	090	Y	Y		Y	Y	
21175		RECONSTRUCT ORBIT/FOREHEAD	7/1/2003	RBRVS	$1,647.40	$1,647.40	090	Y	Y		Y		
21179		RECONSTRUCT ENTIRE FOREHEAD	7/1/2003	RBRVS	$1,202.55	$1,202.55	090	Y	Y		Y		
21180		RECONSTRUCT ENTIRE FOREHEAD	7/1/2003	RBRVS	$1,302.64	$1,302.64	090	Y	Y		Y	Y	
21182		RECONSTRUCT CRANIAL BONE	7/1/2003	RBRVS	$1,608.73	$1,608.73	090	Y	Y		Y	Y	
21183		RECONSTRUCT CRANIAL BONE	7/1/2003	RBRVS	$1,760.24	$1,760.24	090	Y	Y		Y	Y	
21184		RECONSTRUCT CRANIAL BONE	7/1/2003	RBRVS	$1,889.82	$1,889.82	090	Y	Y		Y		
21188		RECONSTRUCTION OF MIDFACE	7/1/2003	RBRVS	$1,133.86	$1,133.86	090	Y	Y		Y		
21193		RECONST LWR JAW W/O GRAFT	7/1/2003	RBRVS	$837.12	$837.12	090	Y	Y		Y	Y	
21194		RECONST LWR JAW W/GRAFT	7/1/2003	RBRVS	$966.61	$966.61	090	Y	Y		Y		
21195		RECONST LWR JAW W/O FIXATION	7/1/2003	RBRVS	$875.19	$875.19	090	Y	Y		Y		
21196		RECONST LWR JAW W/FIXATION	7/1/2003	RBRVS	$949.46	$949.46	090	Y	Y		Y	Y	
21198		RECONSTR LWR JAW SEGMENT	7/1/2003	RBRVS	$761.73	$761.73	090	Y	Y		Y	Y	
21206		RECONSTRUCT UPPER JAW BONE	7/1/2003	RBRVS	$706.04	$706.04	090	Y	Y		Y	Y	
21242		RECONSTRUCTION OF JAW JOINT	7/1/2003	RBRVS	$717.70	$717.70	090	Y	Y	Y	Y	Y	
21247		RECONSTRUCT LOWER JAW BONE	7/1/2003	RBRVS	$1,168.10	$1,168.10	090	Y	Y		Y	Y	
21255		RECONSTRUCT LOWER JAW BONE	7/1/2003	RBRVS	$833.35	$833.35	090	Y	Y		Y	Y	
21256		RECONSTRUCTION OF ORBIT	7/1/2003	RBRVS	$865.59	$865.59	090	Y	Y		Y	Y	
21260		REVISE EYE SOCKETS	7/1/2003	RBRVS	$810.21	$810.21	090		Y		Y	Y	
21261		REVISE EYE SOCKETS	7/1/2003	RBRVS	$1,545.03	$1,545.03	090		Y		Y	Y	
21263		REVISE EYE SOCKETS	7/1/2003	RBRVS	$1,245.33	$1,245.33	090		Y		Y	Y	
21267		REVISE EYE SOCKETS	7/1/2003	RBRVS	$985.94	$985.94	090		Y		Y	Y	
21268		REVISE EYE SOCKETS	7/1/2003	RBRVS	$1,183.31	$1,183.31	090		Y		Y	Y	
21270		AUGMENTATION, CHEEK BONE	7/1/2003	RBRVS	$580.14	$580.14	090		Y		Y	Y	
21275		REVISION, ORBITOFACIAL BONES	7/1/2003	RBRVS	$650.73	$650.73	090		Y		Y	Y	
21339		TREAT NASOETHMOID FRACTURE	7/1/2003	RBRVS	$439.86	$439.86	090		Y		Y	Y	
21347		TREAT NOSE/JAW FRACTURE	7/1/2003	RBRVS	$661.20	$661.20	090		Y		Y	Y	
21348		TREAT NOSE/JAW FRACTURE	7/1/2003	RBRVS	$826.92	$826.92	090		Y		Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
21365		TREAT CHEEK BONE FRACTURE	7/1/2003	RBRVS	$781.21	$781.21	090		Y		Y	Y	
21366		TREAT CHEEK BONE FRACTURE	7/1/2003	RBRVS	$883.36	$883.36	090		Y		Y	Y	
21385		TREAT EYE SOCKET FRACTURE	7/1/2003	RBRVS	$491.52	$491.52	090		Y		Y	Y	
21386		TREAT EYE SOCKET FRACTURE	7/1/2003	RBRVS	$506.24	$506.24	090		Y		Y		
21387		TREAT EYE SOCKET FRACTURE	7/1/2003	RBRVS	$529.53	$529.53	090		Y		Y		
21390		TREAT EYE SOCKET FRACTURE	7/1/2003	RBRVS	$547.27	$547.27	090		Y		Y	Y	
21395		TREAT EYE SOCKET FRACTURE	7/1/2003	RBRVS	$667.69	$667.69	090		Y		Y	Y	
21401		TREAT EYE SOCKET FRACTURE	7/1/2003	RBRVS	$236.19	$189.23	090		Y		Y		
21406		TREAT EYE SOCKET FRACTURE	7/1/2003	RBRVS	$405.37	$405.37	090		Y		Y	Y	
21407		TREAT EYE SOCKET FRACTURE	7/1/2003	RBRVS	$481.92	$481.92	090		Y		Y	Y	
21408		TREAT EYE SOCKET FRACTURE	7/1/2003	RBRVS	$668.22	$668.22	090		Y		Y	Y	
21422		TREAT MOUTH ROOF FRACTURE	7/1/2003	RBRVS	$466.67	$466.67	090		Y		Y	Y	
21423		TREAT MOUTH ROOF FRACTURE	7/1/2003	RBRVS	$548.64	$548.64	090		Y		Y	Y	
21431		TREAT CRANIOFACIAL FRACTURE	7/1/2003	RBRVS	$404.44	$404.44	090		Y		Y		
21432		TREAT CRANIOFACIAL FRACTURE	7/1/2003	RBRVS	$478.92	$478.92	090		Y		Y		
21433		TREAT CRANIOFACIAL FRACTURE	7/1/2003	RBRVS	$1,273.73	$1,273.73	090		Y		Y	Y	
21435		TREAT CRANIOFACIAL FRACTURE	7/1/2003	RBRVS	$891.65	$891.65	090		Y		Y		
21436		TREAT CRANIOFACIAL FRACTURE	7/1/2003	RBRVS	$1,351.87	$1,351.87	090		Y		Y	Y	
21445		TREAT DENTAL RIDGE FRACTURE	7/1/2003	RBRVS	$364.12	$313.05	090		Y		Y		
21461		TREAT LOWER JAW FRACTURE	7/1/2003	RBRVS	$509.11	$473.06	090		Y		Y	Y	
21462		TREAT LOWER JAW FRACTURE	7/1/2003	RBRVS	$596.57	$528.81	090		Y		Y	Y	
21465		TREAT LOWER JAW FRACTURE	7/1/2003	RBRVS	$586.78	$586.78	090		Y		Y	Y	
21470		TREAT LOWER JAW FRACTURE	7/1/2003	RBRVS	$756.43	$756.43	090		Y		Y	Y	
21490		REPAIR DISLOCATED JAW	7/1/2003	RBRVS	$587.77	$587.77	090		Y	Y	Y	Y	
21493		TREAT HYOID BONE FRACTURE	7/1/2003	RBRVS	$132.20	$132.20	090		Y			Y	
21494		TREAT HYOID BONE FRACTURE	7/1/2003	RBRVS	$334.19	$334.19	090		Y		Y	Y	
21495		TREAT HYOID BONE FRACTURE	7/1/2003	RBRVS	$314.42	$314.42	090		Y		Y		
21501		DRAIN NECK/CHEST LESION	7/1/2003	RBRVS	$240.93	$219.07	090		Y				
21502		DRAIN CHEST LESION	7/1/2003	RBRVS	$432.03	$432.03	090		Y		Y		
21550		BIOPSY OF NECK/CHEST	7/1/2003	RBRVS	$127.62	$97.28	010		Y				
21555		REMOVE LESION, NECK/CHEST	7/1/2003	RBRVS	$254.49	$204.79	090		Y				
21556		REMOVE LESION, NECK/CHEST	7/1/2003	RBRVS	$264.22	$264.22	090		Y				
21600		PARTIAL REMOVAL OF RIB	7/1/2003	RBRVS	$429.22	$429.22	090		Y		Y	Y	
21610		PARTIAL REMOVAL OF RIB	7/1/2003	RBRVS	$781.71	$781.71	090		Y		Y		
21615		REMOVAL OF RIB	7/1/2003	RBRVS	$539.98	$539.98	090		Y	Y	Y	Y	
21616		REMOVAL OF RIB AND NERVES	7/1/2003	RBRVS	$639.53	$639.53	090		Y	Y	Y		
21620		PARTIAL REMOVAL OF STERNUM	7/1/2003	RBRVS	$438.17	$438.17	090		Y		Y	Y	
21627		STERNAL DEBRIDEMENT	7/1/2003	RBRVS	$563.92	$563.92	090		Y		Y		
21630		EXTENSIVE STERNUM SURGERY	7/1/2003	RBRVS	$928.29	$928.29	090		Y		Y	Y	
21632		EXTENSIVE STERNUM SURGERY	7/1/2003	RBRVS	$918.69	$918.69	090		Y		Y	Y	
21700		REVISION OF NECK MUSCLE	7/1/2003	RBRVS	$442.23	$388.41	090		Y		Y		
21705		REVISION OF NECK MUSCLE/RIB	7/1/2003	RBRVS	$513.35	$513.35	090		Y		Y		
21720		REVISION OF NECK MUSCLE	7/1/2003	RBRVS	$403.53	$377.84	090		Y		Y		

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
21725		REVISION OF NECK MUSCLE	7/1/2003	RBRVS	$430.94	$430.94	090		Y		Y	Y	
21740		RECONSTRUCTION OF STERNUM	7/1/2003	RBRVS	$875.63	$875.63	090		Y		Y	Y	
21742		REPAIR STERN/NUSS W/O SCOPE	1/1/2003	BY REPORT	$0.00	$0.00	090		Y		Y	Y	
21743		REPAIR STERNUM/NUSS W/SCOPE	1/1/2003	BY REPORT	$0.00	$0.00	090		Y		Y	Y	
21800		TREATMENT OF RIB FRACTURE	7/1/2003	RBRVS	$95.47	$59.99	090		Y				
21810		TREATMENT OF RIB FRACTURE(S)	7/1/2003	RBRVS	$409.64	$409.64	090		Y		Y		
21825		TREAT STERNUM FRACTURE	7/1/2003	RBRVS	$518.77	$518.77	090		Y		Y	Y	
21899		NECK/CHEST SURGERY PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00	090		Y			Y	Y
21920		BIOPSY SOFT TISSUE OF BACK	7/1/2003	RBRVS	$130.64	$84.22	010		Y				
22100		REMOVE PART OF NECK VERTEBRA	7/1/2003	RBRVS	$552.23	$552.23	090		Y		Y	Y	
22101		REMOVE PART, THORAX VERTEBRA	7/1/2003	RBRVS	$558.90	$558.90	090		Y		Y	Y	
22102		REMOVE PART, LUMBAR VERTEBRA	7/1/2003	RBRVS	$563.20	$563.20	090		Y		Y	Y	
22103		REMOVE EXTRA SPINE SEGMENT	7/1/2003	RBRVS	$111.56	$111.56					Y	Y	
22110		REMOVE PART OF NECK VERTEBRA	7/1/2003	RBRVS	$718.42	$718.42	090		Y		Y	Y	
22112		REMOVE PART, THORAX VERTEBRA	7/1/2003	RBRVS	$711.75	$711.75	090		Y		Y	Y	
22114		REMOVE PART, LUMBAR VERTEBRA	7/1/2003	RBRVS	$709.75	$709.75	090		Y		Y	Y	
22116		REMOVE EXTRA SPINE SEGMENT	7/1/2003	RBRVS	$110.28	$110.28					Y	Y	
22210		REVISION OF NECK SPINE	7/1/2003	RBRVS	$1,268.53	$1,268.53	090		Y		Y	Y	
22214		REVISION OF LUMBAR SPINE	7/1/2003	RBRVS	$1,051.30	$1,051.30	090		Y		Y	Y	
22220		REVISION OF NECK SPINE	7/1/2003	RBRVS	$1,139.10	$1,139.10	090		Y		Y	Y	
22224		REVISION OF LUMBAR SPINE	7/1/2003	RBRVS	$1,139.35	$1,139.35	090		Y		Y	Y	
22325		TREAT SPINE FRACTURE	7/1/2003	RBRVS	$980.33	$980.33	090		Y		Y	Y	
22326		TREAT NECK SPINE FRACTURE	7/1/2003	RBRVS	$1,070.22	$1,070.22	090		Y		Y	Y	
22327		TREAT THORAX SPINE FRACTURE	7/1/2003	RBRVS	$1,019.99	$1,019.99	090		Y		Y	Y	
22548		NECK SPINE FUSION	7/1/2003	RBRVS	$1,320.72	$1,320.72	090		Y		Y	Y	
22554		NECK SPINE FUSION	7/1/2003	RBRVS	$976.09	$976.09	090		Y		Y	Y	
22556		THORAX SPINE FUSION	7/1/2003	RBRVS	$1,187.30	$1,187.30	090		Y		Y	Y	
22558		LUMBAR SPINE FUSION	7/1/2003	RBRVS	$1,098.03	$1,098.03	090		Y		Y	Y	
22585		ADDITIONAL SPINAL FUSION	7/1/2003	RBRVS	$264.41	$264.41					Y	Y	
22590		SPINE & SKULL SPINAL FUSION	7/1/2003	RBRVS	$1,065.89	$1,065.89	090		Y		Y	Y	
22595		NECK SPINAL FUSION	7/1/2003	RBRVS	$1,014.75	$1,014.75	090		Y		Y	Y	
22600		NECK SPINE FUSION	7/1/2003	RBRVS	$854.96	$854.96	090		Y		Y	Y	
22610		THORAX SPINE FUSION	7/1/2003	RBRVS	$850.56	$850.56	090		Y		Y	Y	
22612		LUMBAR SPINE FUSION	7/1/2003	RBRVS	$1,088.62	$1,088.62	090		Y		Y	Y	
22614		SPINE FUSION, EXTRA SEGMENT	7/1/2003	RBRVS	$308.31	$308.31					Y	Y	
22630		LUMBAR SPINE FUSION	7/1/2003	RBRVS	$1,085.87	$1,085.87	090		Y		Y	Y	
22632		SPINE FUSION, EXTRA SEGMENT	7/1/2003	RBRVS	$250.16	$250.16					Y	Y	
22800		FUSION OF SPINE	7/1/2003	RBRVS	$957.63	$957.63	090		Y		Y	Y	
22802		FUSION OF SPINE	7/1/2003	RBRVS	$1,560.90	$1,560.90	090		Y		Y	Y	
22810		FUSION OF SPINE	7/1/2003	RBRVS	$1,510.55	$1,510.55	090		Y		Y	Y	
22812		FUSION OF SPINE	7/1/2003	RBRVS	$1,628.13	$1,628.13	090		Y		Y	Y	
22830		EXPLORATION OF SPINAL FUSION	7/1/2003	RBRVS	$587.87	$587.87	090		Y		Y	Y	
22840		INSERT SPINE FIXATION DEVICE	7/1/2003	RBRVS	$599.65	$599.65					Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
22841		INSERT SPINE FIXATION DEVICE	7/1/2003	RBRVS	$0.00	$0.00							
22842		INSERT SPINE FIXATION DEVICE	7/1/2003	RBRVS	$601.62	$601.62					Y	Y	
22845		INSERT SPINE FIXATION DEVICE	7/1/2003	RBRVS	$575.02	$575.02					Y	Y	
22849		REINSERT SPINAL FIXATION	7/1/2003	RBRVS	$988.90	$988.90	090		Y		Y	Y	
22850		REMOVE SPINE FIXATION DEVICE	7/1/2003	RBRVS	$548.39	$548.39	090		Y		Y	Y	
22851		APPLY SPINE PROSTH DEVICE	7/1/2003	RBRVS	$318.16	$318.16					Y	Y	
22852		REMOVE SPINE FIXATION DEVICE	7/1/2003	RBRVS	$524.23	$524.23	090		Y		Y	Y	
22855		REMOVE SPINE FIXATION DEVICE	7/1/2003	RBRVS	$817.29	$817.29	090		Y		Y	Y	
22899		SPINE SURGERY PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00	090		Y		Y	Y	Y
22900		REMOVE ABDOMINAL WALL LESION	7/1/2003	RBRVS	$302.13	$302.13	090		Y		Y	Y	
22999		ABDOMEN SURGERY PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00	090		Y			Y	Y
23000		REMOVAL OF CALCIUM DEPOSITS	7/1/2003	RBRVS	$385.48	$342.04	090		Y		Y	Y	
23020		RELEASE SHOULDER JOINT	7/1/2003	RBRVS	$591.48	$591.48	090		Y	Y	Y		
23030		DRAIN SHOULDER LESION	7/1/2003	RBRVS	$281.56	$235.13	010		Y				
23031		DRAIN SHOULDER BURSA	7/1/2003	RBRVS	$252.53	$207.19	010		Y	Y			
23035		DRAIN SHOULDER BONE LESION	7/1/2003	RBRVS	$713.83	$713.83	090		Y	Y	Y		
23040		EXPLORATORY SHOULDER SURGERY	7/1/2003	RBRVS	$633.39	$633.39	090		Y	Y	Y	Y	
23044		EXPLORATORY SHOULDER SURGERY	7/1/2003	RBRVS	$533.61	$533.61	090		Y	Y		Y	
23065		BIOPSY SHOULDER TISSUES	7/1/2003	RBRVS	$144.43	$106.73	010		Y	Y			
23066		BIOPSY SHOULDER TISSUES	7/1/2003	RBRVS	$351.96	$311.83	090		Y	Y			
23075		REMOVAL OF SHOULDER LESION	7/1/2003	RBRVS	$222.87	$164.13	010		Y	Y			
23076		REMOVAL OF SHOULDER LESION	7/1/2003	RBRVS	$475.71	$475.71	090		Y	Y			
23100		BIOPSY OF SHOULDER JOINT	7/1/2003	RBRVS	$446.34	$446.34	090		Y	Y	Y	Y	
23101		SHOULDER JOINT SURGERY	7/1/2003	RBRVS	$432.37	$432.37	090		Y	Y		Y	
23105		REMOVE SHOULDER JOINT LINING	7/1/2003	RBRVS	$557.56	$557.56	090		Y	Y	Y	Y	
23106		INCISION OF COLLARBONE JOINT	7/1/2003	RBRVS	$447.78	$447.78	090		Y	Y		Y	
23120		PARTIAL REMOVAL, COLLAR BONE	7/1/2003	RBRVS	$505.37	$505.37	090		Y		Y	Y	
23125		REMOVAL OF COLLAR BONE	7/1/2003	RBRVS	$609.57	$609.57	090		Y	Y	Y	Y	
23130		REMOVE SHOULDER BONE, PART	7/1/2003	RBRVS	$526.26	$526.26	090		Y	Y		Y	
23140		REMOVAL OF BONE LESION	7/1/2003	RBRVS	$458.66	$458.66	090		Y	Y			
23145		REMOVAL OF BONE LESION	7/1/2003	RBRVS	$626.50	$626.50	090		Y	Y	Y	Y	
23146		REMOVAL OF BONE LESION	7/1/2003	RBRVS	$567.66	$567.66	090		Y	Y			
23150		REMOVAL OF HUMERUS LESION	7/1/2003	RBRVS	$560.27	$560.27	090		Y	Y	Y	Y	
23155		REMOVAL OF HUMERUS LESION	7/1/2003	RBRVS	$678.48	$678.48	090		Y	Y	Y	Y	
23156		REMOVAL OF HUMERUS LESION	7/1/2003	RBRVS	$577.20	$577.20	090		Y	Y	Y		
23170		REMOVE COLLAR BONE LESION	7/1/2003	RBRVS	$527.35	$527.35	090		Y	Y			
23172		REMOVE SHOULDER BLADE LESION	7/1/2003	RBRVS	$518.18	$518.18	090		Y	Y	Y		
23174		REMOVE HUMERUS LESION	7/1/2003	RBRVS	$644.12	$644.12	090		Y	Y	Y	Y	
23180		REMOVE COLLAR BONE LESION	7/1/2003	RBRVS	$738.84	$738.84	090		Y	Y		Y	
23182		REMOVE SHOULDER BLADE LESION	7/1/2003	RBRVS	$727.49	$727.49	090		Y	Y	Y		
23184		REMOVE HUMERUS LESION	7/1/2003	RBRVS	$772.48	$772.48	090		Y	Y	Y	Y	
23190		PARTIAL REMOVAL OF SCAPULA	7/1/2003	RBRVS	$474.62	$474.62	090		Y	Y	Y	Y	
23195		REMOVAL OF HEAD OF HUMERUS	7/1/2003	RBRVS	$625.31	$625.31	090		Y	Y	Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
23200		REMOVAL OF COLLAR BONE	7/1/2003	RBRVS	$787.95	$787.95	090		Y	Y	Y	Y	
23210		REMOVAL OF SHOULDER BLADE	7/1/2003	RBRVS	$801.70	$801.70	090		Y	Y	Y	Y	
23220		PARTIAL REMOVAL OF HUMERUS	7/1/2003	RBRVS	$906.93	$906.93	090		Y	Y	Y	Y	
23221		PARTIAL REMOVAL OF HUMERUS	7/1/2003	RBRVS	$1,050.27	$1,050.27	090		Y	Y	Y		
23222		PARTIAL REMOVAL OF HUMERUS	7/1/2003	RBRVS	$1,359.07	$1,359.07	090		Y	Y	Y	Y	
23330		REMOVE SHOULDER FOREIGN BODY	7/1/2003	RBRVS	$215.92	$161.86	010		Y	Y			
23331		REMOVE SHOULDER FOREIGN BODY	7/1/2003	RBRVS	$516.50	$516.50	090		Y	Y			
23332		REMOVE SHOULDER FOREIGN BODY	7/1/2003	RBRVS	$719.60	$719.60	090		Y	Y	Y	Y	
23350		INJECTION FOR SHOULDER X-RAY	7/1/2003	RBRVS	$230.14	$40.04	000		Y	Y			
23395		MUSCLE TRANSFER,SHOULDER/ARM	7/1/2003	RBRVS	$940.79	$940.79	090		Y		Y	Y	
23397		MUSCLE TRANSFERS	7/1/2003	RBRVS	$927.61	$927.61	090		Y		Y	Y	
23400		FIXATION OF SHOULDER BLADE	7/1/2003	RBRVS	$842.61	$842.61	090		Y	Y	Y	Y	
23405		INCISION OF TENDON & MUSCLE	7/1/2003	RBRVS	$537.98	$537.98	090		Y		Y	Y	
23406		INCISE TENDON(S) & MUSCLE(S)	7/1/2003	RBRVS	$677.92	$677.92	090		Y		Y		
23410		REPAIR ROTATOR CUFF ACUTE	7/1/2003	RBRVS	$757.67	$757.67	090		Y		Y	Y	
23412		REPAIR ROTATOR CUFF CHRONIC	7/1/2003	RBRVS	$800.23	$800.23	090		Y	Y	Y	Y	
23415		RELEASE OF SHOULDER LIGAMENT	7/1/2003	RBRVS	$612.25	$612.25	090		Y	Y		Y	
23420		REPAIR OF SHOULDER	7/1/2003	RBRVS	$826.99	$826.99	090		Y	Y	Y	Y	
23430		REPAIR BICEPS TENDON	7/1/2003	RBRVS	$641.47	$641.47	090		Y	Y	Y	Y	
23440		REMOVE/TRANSPLANT TENDON	7/1/2003	RBRVS	$666.60	$666.60	090		Y	Y	Y	Y	
23450		REPAIR SHOULDER CAPSULE	7/1/2003	RBRVS	$802.35	$802.35	090		Y	Y	Y	Y	
23455		REPAIR SHOULDER CAPSULE	7/1/2003	RBRVS	$850.34	$850.34	090		Y	Y	Y	Y	
23460		REPAIR SHOULDER CAPSULE	7/1/2003	RBRVS	$899.42	$899.42	090		Y	Y	Y	Y	
23462		REPAIR SHOULDER CAPSULE	7/1/2003	RBRVS	$888.10	$888.10	090		Y	Y	Y	Y	
23465		REPAIR SHOULDER CAPSULE	7/1/2003	RBRVS	$896.86	$896.86	090		Y	Y	Y	Y	
23466		REPAIR SHOULDER CAPSULE	7/1/2003	RBRVS	$844.57	$844.57	090		Y	Y	Y	Y	
23470		RECONSTRUCT SHOULDER JOINT	7/1/2003	RBRVS	$901.63	$901.63	090		Y	Y	Y	Y	
23472		RECONSTRUCT SHOULDER JOINT	7/1/2003	RBRVS	$1,078.61	$1,078.61	090		Y	Y	Y	Y	
23480		REVISION OF COLLAR BONE	7/1/2003	RBRVS	$698.65	$698.65	090		Y	Y		Y	
23485		REVISION OF COLLAR BONE	7/1/2003	RBRVS	$804.16	$804.16	090		Y	Y	Y	Y	
23490		REINFORCE CLAVICLE	7/1/2003	RBRVS	$710.78	$710.78	090		Y	Y	Y		
23491		REINFORCE SHOULDER BONES	7/1/2003	RBRVS	$842.08	$842.08	090		Y	Y	Y	Y	
23500		TREAT CLAVICLE FRACTURE	7/1/2003	RBRVS	$178.94	$138.53	090		Y	Y			
23505		TREAT CLAVICLE FRACTURE	7/1/2003	RBRVS	$289.97	$233.16	090		Y	Y			
23515		TREAT CLAVICLE FRACTURE	7/1/2003	RBRVS	$473.09	$473.09	090		Y	Y	Y	Y	
23520		TREAT CLAVICLE DISLOCATION	7/1/2003	RBRVS	$182.40	$143.09	090		Y	Y			
23525		TREAT CLAVICLE DISLOCATION	7/1/2003	RBRVS	$280.50	$225.31	090		Y	Y			
23530		TREAT CLAVICLE DISLOCATION	7/1/2003	RBRVS	$459.78	$459.78	090		Y	Y	Y		
23532		TREAT CLAVICLE DISLOCATION	7/1/2003	RBRVS	$497.79	$497.79	090		Y	Y	Y		
23540		TREAT CLAVICLE DISLOCATION	7/1/2003	RBRVS	$199.33	$141.68	090		Y	Y			
23545		TREAT CLAVICLE DISLOCATION	7/1/2003	RBRVS	$248.79	$205.88	090		Y	Y			
23550		TREAT CLAVICLE DISLOCATION	7/1/2003	RBRVS	$464.39	$464.39	090		Y	Y	Y	Y	
23552		TREAT CLAVICLE DISLOCATION	7/1/2003	RBRVS	$523.70	$523.70	090		Y	Y	Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
23570		TREAT SHOULDER BLADE FX	7/1/2003	RBRVS	$183.53	$148.29	090		Y	Y			
23575		TREAT SHOULDER BLADE FX	7/1/2003	RBRVS	$307.34	$251.62	090		Y	Y			
23585		TREAT SCAPULA FRACTURE	7/1/2003	RBRVS	$555.41	$555.41	090		Y	Y	Y	Y	
23600		TREAT HUMERUS FRACTURE	7/1/2003	RBRVS	$257.05	$197.77	090		Y	Y			
23605		TREAT HUMERUS FRACTURE	7/1/2003	RBRVS	$399.54	$346.00	090		Y	Y			
23615		TREAT HUMERUS FRACTURE	7/1/2003	RBRVS	$592.64	$592.64	090		Y	Y	Y	Y	
23616		TREAT HUMERUS FRACTURE	7/1/2003	RBRVS	$1,141.16	$1,141.16	090		Y	Y	Y	Y	
23620		TREAT HUMERUS FRACTURE	7/1/2003	RBRVS	$231.85	$173.11	090		Y	Y			
23625		TREAT HUMERUS FRACTURE	7/1/2003	RBRVS	$340.11	$285.48	090		Y	Y			
23630		TREAT HUMERUS FRACTURE	7/1/2003	RBRVS	$471.60	$471.60	090		Y	Y	Y	Y	
23650		TREAT SHOULDER DISLOCATION	7/1/2003	RBRVS	$264.22	$205.23	090		Y	Y			
23655		TREAT SHOULDER DISLOCATION	7/1/2003	RBRVS	$266.78	$266.78	090		Y	Y			
23660		TREAT SHOULDER DISLOCATION	7/1/2003	RBRVS	$469.82	$469.82	090		Y	Y	Y	Y	
23665		TREAT DISLOCATION/FRACTURE	7/1/2003	RBRVS	$362.59	$309.62	090		Y	Y			
23670		TREAT DISLOCATION/FRACTURE	7/1/2003	RBRVS	$502.84	$502.84	090		Y	Y	Y	Y	
23675		TREAT DISLOCATION/FRACTURE	7/1/2003	RBRVS	$434.56	$385.67	090		Y	Y			
23680		TREAT DISLOCATION/FRACTURE	7/1/2003	RBRVS	$604.27	$604.27	090		Y	Y	Y	Y	
23700		FIXATION OF SHOULDER	7/1/2003	RBRVS	$182.28	$182.28	010		Y				
23800		FUSION OF SHOULDER JOINT	7/1/2003	RBRVS	$864.50	$864.50	090		Y	Y	Y	Y	
23802		FUSION OF SHOULDER JOINT	7/1/2003	RBRVS	$924.67	$924.67	090		Y		Y	Y	
23900		AMPUTATION OF ARM & GIRDLE	7/1/2003	RBRVS	$1,068.66	$1,068.66	090		Y		Y		
23920		AMPUTATION AT SHOULDER JOINT	7/1/2003	RBRVS	$859.23	$859.23	090		Y		Y	Y	
23921		AMPUTATION FOLLOW-UP SURGERY	7/1/2003	RBRVS	$368.77	$368.77	090		Y				
23929		SHOULDER SURGERY PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00	090		Y		Y	Y	Y
23930		DRAINAGE OF ARM LESION	7/1/2003	RBRVS	$263.41	$204.95	010		Y	Y			
23931		DRAINAGE OF ARM BURSA	7/1/2003	RBRVS	$220.85	$163.76	010		Y	Y			
23935		DRAIN ARM/ELBOW BONE LESION	7/1/2003	RBRVS	$571.19	$571.19	090		Y	Y			
24000		EXPLORATORY ELBOW SURGERY	7/1/2003	RBRVS	$358.38	$358.38	090		Y	Y		Y	
24006		RELEASE ELBOW JOINT	7/1/2003	RBRVS	$542.19	$542.19	090		Y	Y	Y	Y	
24065		BIOPSY ARM/ELBOW SOFT TISSUE	7/1/2003	RBRVS	$225.12	$156.27	010		Y	Y			
24066		BIOPSY ARM/ELBOW SOFT TISSUE	7/1/2003	RBRVS	$412.32	$354.42	090		Y	Y			
24075		REMOVE ARM/ELBOW LESION	7/1/2003	RBRVS	$349.84	$293.56	090		Y	Y			
24076		REMOVE ARM/ELBOW LESION	7/1/2003	RBRVS	$402.97	$402.97	090		Y	Y			
24100		BIOPSY ELBOW JOINT LINING	7/1/2003	RBRVS	$318.22	$318.22	090		Y	Y	Y	Y	
24101		EXPLORE/TREAT ELBOW JOINT	7/1/2003	RBRVS	$390.72	$390.72	090		Y	Y	Y		
24102		REMOVE ELBOW JOINT LINING	7/1/2003	RBRVS	$479.70	$479.70	090		Y	Y	Y	Y	
24115		REMOVE/GRAFT BONE LESION	7/1/2003	RBRVS	$598.66	$598.66	090		Y	Y	Y	Y	
24116		REMOVE/GRAFT BONE LESION	7/1/2003	RBRVS	$730.80	$730.80	090		Y	Y	Y		
24125		REMOVE/GRAFT BONE LESION	7/1/2003	RBRVS	$452.52	$452.52	090		Y	Y	Y	Y	
24126		REMOVE/GRAFT BONE LESION	7/1/2003	RBRVS	$485.88	$485.88	090		Y	Y	Y		
24130		REMOVAL OF HEAD OF RADIUS	7/1/2003	RBRVS	$397.42	$397.42	090		Y	Y		Y	
24134		REMOVAL OF ARM BONE LESION	7/1/2003	RBRVS	$767.50	$767.50	090		Y	Y	Y		
24136		REMOVE RADIUS BONE LESION	7/1/2003	RBRVS	$434.84	$434.84	090		Y	Y			

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
24138		REMOVE ELBOW BONE LESION	7/1/2003	RBRVS	$483.17	$483.17	090		Y	Y	Y		
24140		PARTIAL REMOVAL OF ARM BONE	7/1/2003	RBRVS	$779.44	$779.44	090		Y	Y	Y		
24145		PARTIAL REMOVAL OF RADIUS	7/1/2003	RBRVS	$565.36	$565.36	090		Y	Y		Y	
24149		RADICAL RESECTION OF ELBOW	7/1/2003	RBRVS	$769.34	$769.34	090		Y	Y	Y	Y	
24150		EXTENSIVE HUMERUS SURGERY	7/1/2003	RBRVS	$850.09	$850.09	090		Y	Y	Y	Y	
24151		EXTENSIVE HUMERUS SURGERY	7/1/2003	RBRVS	$974.38	$974.38	090		Y	Y	Y	Y	
24152		EXTENSIVE RADIUS SURGERY	7/1/2003	RBRVS	$593.45	$593.45	090		Y	Y	Y	Y	
24155		REMOVAL OF ELBOW JOINT	7/1/2003	RBRVS	$636.95	$636.95	090		Y	Y	Y	Y	
24160		REMOVE ELBOW JOINT IMPLANT	7/1/2003	RBRVS	$446.03	$446.03	090		Y	Y		Y	
24164		REMOVE RADIUS HEAD IMPLANT	7/1/2003	RBRVS	$366.08	$366.08	090		Y	Y		Y	
24200		REMOVAL OF ARM FOREIGN BODY	7/1/2003	RBRVS	$212.06	$147.04	010		Y	Y			
24201		REMOVAL OF ARM FOREIGN BODY	7/1/2003	RBRVS	$391.12	$340.61	090		Y	Y			
24220		INJECTION FOR ELBOW X-RAY	7/1/2003	RBRVS	$341.39	$52.94	000		Y	Y			
24300		MANIPULATE ELBOW W/ANESTH	7/1/2003	RBRVS	$273.23	$273.23	090		Y	Y			
24301		MUSCLE/TENDON TRANSFER	7/1/2003	RBRVS	$583.44	$583.44	090		Y		Y	Y	
24320		REPAIR OF ARM TENDON	7/1/2003	RBRVS	$637.29	$637.29	090		Y		Y	Y	
24330		REVISION OF ARM MUSCLES	7/1/2003	RBRVS	$554.07	$554.07	090		Y	Y	Y		
24331		REVISION OF ARM MUSCLES	7/1/2003	RBRVS	$606.36	$606.36	090		Y	Y	Y		
24340		REPAIR OF BICEPS TENDON	7/1/2003	RBRVS	$472.88	$472.88	090		Y	Y	Y	Y	
24341		REPAIR ARM TENDON/MUSCLE	7/1/2003	RBRVS	$473.19	$473.19	090		Y	Y	Y	Y	
24342		REPAIR OF RUPTURED TENDON	7/1/2003	RBRVS	$605.95	$605.95	090		Y	Y	Y	Y	
24343		REPR ELBOW LAT LIGMNT W/TISS	7/1/2003	RBRVS	$497.35	$497.35	090		Y	Y	Y	Y	
24344		RECONSTRUCT ELBOW LAT LIGMNT	7/1/2003	RBRVS	$761.54	$761.54	090		Y	Y	Y	Y	
24345		REPR ELBW MED LIGMNT W/TISSU	7/1/2003	RBRVS	$497.35	$497.35	090		Y	Y	Y	Y	
24346		RECONSTRUCT ELBOW MED LIGMNT	7/1/2003	RBRVS	$761.54	$761.54	090		Y	Y	Y	Y	
24352		REPAIR OF TENNIS ELBOW	7/1/2003	RBRVS	$407.24	$407.24	090		Y	Y	Y	Y	
24354		REPAIR OF TENNIS ELBOW	7/1/2003	RBRVS	$407.18	$407.18	090		Y	Y			
24360		RECONSTRUCT ELBOW JOINT	7/1/2003	RBRVS	$667.41	$667.41	090		Y	Y	Y	Y	
24361		RECONSTRUCT ELBOW JOINT	7/1/2003	RBRVS	$751.87	$751.87	090		Y	Y	Y	Y	
24362		RECONSTRUCT ELBOW JOINT	7/1/2003	RBRVS	$826.52	$826.52	090		Y	Y	Y		
24363		REPLACE ELBOW JOINT	7/1/2003	RBRVS	$919.75	$919.75	090		Y	Y	Y		
24365		RECONSTRUCT HEAD OF RADIUS	7/1/2003	RBRVS	$473.34	$473.34	090		Y	Y	Y	Y	
24366		RECONSTRUCT HEAD OF RADIUS	7/1/2003	RBRVS	$509.51	$509.51	090		Y	Y	Y	Y	
24400		REVISION OF HUMERUS	7/1/2003	RBRVS	$717.11	$717.11	090		Y	Y	Y	Y	
24410		REVISION OF HUMERUS	7/1/2003	RBRVS	$867.21	$867.21	090		Y	Y	Y	Y	
24420		REVISION OF HUMERUS	7/1/2003	RBRVS	$911.08	$911.08	090		Y	Y	Y	Y	
24430		REPAIR OF HUMERUS	7/1/2003	RBRVS	$780.25	$780.25	090		Y	Y	Y	Y	
24435		REPAIR HUMERUS WITH GRAFT	7/1/2003	RBRVS	$824.31	$824.31	090		Y	Y	Y	Y	
24470		REVISION OF ELBOW JOINT	7/1/2003	RBRVS	$518.93	$518.93	090		Y	Y	Y		
24498		REINFORCE HUMERUS	7/1/2003	RBRVS	$737.28	$737.28	090		Y	Y	Y	Y	
24500		TREAT HUMERUS FRACTURE	7/1/2003	RBRVS	$249.41	$196.68	090		Y	Y			
24505		TREAT HUMERUS FRACTURE	7/1/2003	RBRVS	$423.77	$363.40	090		Y	Y			
24515		TREAT HUMERUS FRACTURE	7/1/2003	RBRVS	$698.34	$698.34	090		Y	Y	Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
24516		TREAT HUMERUS FRACTURE	7/1/2003	RBRVS	$713.62	$713.62	090		Y	Y	Y	Y	
24530		TREAT HUMERUS FRACTURE	7/1/2003	RBRVS	$292.41	$250.06	090		Y	Y			
24535		TREAT HUMERUS FRACTURE	7/1/2003	RBRVS	$474.90	$413.45	090		Y	Y			
24545		TREAT HUMERUS FRACTURE	7/1/2003	RBRVS	$626.41	$626.41	090		Y	Y	Y	Y	
24546		TREAT HUMERUS FRACTURE	7/1/2003	RBRVS	$891.90	$891.90	090		Y	Y	Y	Y	
24560		TREAT HUMERUS FRACTURE	7/1/2003	RBRVS	$230.17	$177.20	090		Y	Y			
24565		TREAT HUMERUS FRACTURE	7/1/2003	RBRVS	$406.52	$346.72	090		Y	Y			
24575		TREAT HUMERUS FRACTURE	7/1/2003	RBRVS	$578.67	$578.67	090		Y	Y	Y	Y	
24576		TREAT HUMERUS FRACTURE	7/1/2003	RBRVS	$225.81	$183.74	090		Y	Y			
24577		TREAT HUMERUS FRACTURE	7/1/2003	RBRVS	$421.21	$362.50	090		Y	Y			
24579		TREAT HUMERUS FRACTURE	7/1/2003	RBRVS	$689.23	$689.23	090		Y	Y	Y	Y	
24586		TREAT ELBOW FRACTURE	7/1/2003	RBRVS	$800.42	$800.42	090		Y	Y	Y	Y	
24587		TREAT ELBOW FRACTURE	7/1/2003	RBRVS	$794.75	$794.75	090		Y	Y	Y	Y	
24600		TREAT ELBOW DISLOCATION	7/1/2003	RBRVS	$330.88	$275.97	090		Y	Y			
24605		TREAT ELBOW DISLOCATION	7/1/2003	RBRVS	$315.88	$315.88	090		Y	Y			
24615		TREAT ELBOW DISLOCATION	7/1/2003	RBRVS	$526.41	$526.41	090		Y	Y	Y	Y	
24620		TREAT ELBOW FRACTURE	7/1/2003	RBRVS	$410.42	$410.42	090		Y	Y			
24635		TREAT ELBOW FRACTURE	7/1/2003	RBRVS	$886.92	$886.92	090		Y	Y	Y	Y	
24640		TREAT ELBOW DISLOCATION	7/1/2003	RBRVS	$134.73	$88.30	010		Y	Y			
24650		TREAT RADIUS FRACTURE	7/1/2003	RBRVS	$201.70	$150.07	090		Y	Y			
24655		TREAT RADIUS FRACTURE	7/1/2003	RBRVS	$352.71	$291.25	090		Y	Y			
24665		TREAT RADIUS FRACTURE	7/1/2003	RBRVS	$532.21	$532.21	090		Y	Y	Y	Y	
24666		TREAT RADIUS FRACTURE	7/1/2003	RBRVS	$597.28	$597.28	090		Y	Y	Y	Y	
24670		TREAT ULNAR FRACTURE	7/1/2003	RBRVS	$211.37	$168.22	090		Y	Y			
24675		TREAT ULNAR FRACTURE	7/1/2003	RBRVS	$369.23	$309.68	090		Y	Y			
24685		TREAT ULNAR FRACTURE	7/1/2003	RBRVS	$563.86	$563.86	090		Y	Y	Y	Y	
24800		FUSION OF ELBOW JOINT	7/1/2003	RBRVS	$635.23	$635.23	090		Y	Y	Y	Y	
24802		FUSION/GRAFT OF ELBOW JOINT	7/1/2003	RBRVS	$764.10	$764.10	090		Y	Y	Y		
24900		AMPUTATION OF UPPER ARM	7/1/2003	RBRVS	$617.30	$617.30	090		Y	Y	Y	Y	
24920		AMPUTATION OF UPPER ARM	7/1/2003	RBRVS	$660.39	$660.39	090		Y	Y	Y	Y	
24925		AMPUTATION FOLLOW-UP SURGERY	7/1/2003	RBRVS	$495.36	$495.36	090		Y	Y	Y		
24930		AMPUTATION FOLLOW-UP SURGERY	7/1/2003	RBRVS	$653.25	$653.25	090		Y	Y	Y		
24931		AMPUTATE UPPER ARM & IMPLANT	7/1/2003	RBRVS	$664.26	$664.26	090		Y	Y	Y		
24940		REVISION OF UPPER ARM	7/1/2003	BY REPORT	$0.00	$0.00	090		Y	Y	Y		
24999		UPPER ARM/ELBOW SURGERY	7/1/2003	BY REPORT	$0.00	$0.00	090		Y	Y		Y	Y
25001		INCISE FLEXOR CARPI RADIALIS	7/1/2003	RBRVS	$229.67	$229.67	090		Y	Y			
25024		DECOMPRESS FOREARM 2 SPACES	7/1/2003	RBRVS	$530.22	$530.22	090		Y	Y			
25025		DECOMPRESS FORARM 2 SPACES	7/1/2003	RBRVS	$860.29	$860.29	090		Y	Y			
25028		DRAINAGE OF FOREARM LESION	7/1/2003	RBRVS	$447.12	$447.12	090		Y	Y			
25031		DRAINAGE OF FOREARM BURSA	7/1/2003	RBRVS	$410.92	$410.92	090		Y	Y			
25035		TREAT FOREARM BONE LESION	7/1/2003	RBRVS	$701.02	$701.02	090		Y	Y			
25065		BIOPSY FOREARM SOFT TISSUES	7/1/2003	RBRVS	$132.14	$132.14	010		Y	Y			
25066		BIOPSY FOREARM SOFT TISSUES	7/1/2003	RBRVS	$363.43	$363.43	090		Y	Y			

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
25075		REMOVEL FOREARM LESION SUBCU	7/1/2003	RBRVS	$321.68	$321.68	090		Y	Y			
25076		REMOVEL FOREARM LESION DEEP	7/1/2003	RBRVS	$510.92	$510.92	090		Y	Y			
25085		INCISION OF WRIST CAPSULE	7/1/2003	RBRVS	$487.37	$487.37	090		Y	Y	Y		
25107		REMOVE WRIST JOINT CARTILAGE	7/1/2003	RBRVS	$526.44	$526.44	090		Y	Y	Y	Y	
25111		REMOVE WRIST TENDON LESION	7/1/2003	RBRVS	$292.13	$292.13	090		Y	Y			
25112		REREMOVE WRIST TENDON LESION	7/1/2003	RBRVS	$350.99	$350.99	090		Y	Y			
25119		PARTIAL REMOVAL OF ULNA	7/1/2003	RBRVS	$512.26	$512.26	090		Y	Y	Y	Y	
25126		REMOVE/GRAFT FOREARM LESION	7/1/2003	RBRVS	$681.41	$681.41	090		Y	Y	Y		
25130		REMOVAL OF WRIST LESION	7/1/2003	RBRVS	$401.29	$401.29	090		Y	Y			
25135		REMOVE & GRAFT WRIST LESION	7/1/2003	RBRVS	$477.46	$477.46	090		Y	Y	Y	Y	
25136		REMOVE & GRAFT WRIST LESION	7/1/2003	RBRVS	$422.15	$422.15	090		Y	Y	Y	Y	
25145		REMOVE FOREARM BONE LESION	7/1/2003	RBRVS	$636.91	$636.91	090		Y	Y	Y		
25151		PARTIAL REMOVAL OF RADIUS	7/1/2003	RBRVS	$684.65	$684.65	090		Y	Y	Y	Y	
25170		EXTENSIVE FOREARM SURGERY	7/1/2003	RBRVS	$848.03	$848.03	090		Y	Y	Y	Y	
25215		REMOVAL OF WRIST BONES	7/1/2003	RBRVS	$598.81	$598.81	090		Y		Y	Y	
25246		INJECTION FOR WRIST X-RAY	7/1/2003	RBRVS	$325.05	$58.18	000		Y	Y			
25248		REMOVE FOREARM FOREIGN BODY	7/1/2003	RBRVS	$443.91	$443.91	090		Y	Y			
25250		REMOVAL OF WRIST PROSTHESIS	7/1/2003	RBRVS	$383.61	$383.61	090		Y	Y	Y		
25251		REMOVAL OF WRIST PROSTHESIS	7/1/2003	RBRVS	$530.25	$530.25	090		Y		Y		
25259		MANIPULATE WRIST W/ANESTHES	7/1/2003	RBRVS	$271.55	$271.55	090		Y	Y			
25260		REPAIR FOREARM TENDON/MUSCLE	7/1/2003	RBRVS	$720.63	$720.63	090		Y				
25263		REPAIR FOREARM TENDON/MUSCLE	7/1/2003	RBRVS	$717.02	$717.02	090		Y		Y		
25265		REPAIR FOREARM TENDON/MUSCLE	7/1/2003	RBRVS	$803.35	$803.35	090		Y		Y		
25300		FUSION OF TENDONS AT WRIST	7/1/2003	RBRVS	$559.68	$559.68	090		Y	Y	Y		
25301		FUSION OF TENDONS AT WRIST	7/1/2003	RBRVS	$545.90	$545.90	090		Y	Y	Y		
25310		TRANSPLANT FOREARM TENDON	7/1/2003	RBRVS	$721.26	$721.26	090		Y		Y	Y	
25312		TRANSPLANT FOREARM TENDON	7/1/2003	RBRVS	$788.85	$788.85	090		Y		Y	Y	
25315		REVISE PALSY HAND TENDON(S)	7/1/2003	RBRVS	$830.82	$830.82	090		Y	Y	Y		
25316		REVISE PALSY HAND TENDON(S)	7/1/2003	RBRVS	$943.01	$943.01	090		Y	Y	Y		
25320		REPAIR/REVISE WRIST JOINT	7/1/2003	RBRVS	$663.04	$663.04	090		Y	Y	Y		
25332		REVISE WRIST JOINT	7/1/2003	RBRVS	$626.19	$626.19	090		Y	Y	Y		
25335		REALIGNMENT OF HAND	7/1/2003	RBRVS	$827.49	$827.49	090		Y	Y	Y		
25350		REVISION OF RADIUS	7/1/2003	RBRVS	$750.38	$750.38	090		Y	Y	Y		
25355		REVISION OF RADIUS	7/1/2003	RBRVS	$814.61	$814.61	090		Y	Y	Y		
25360		REVISION OF ULNA	7/1/2003	RBRVS	$737.56	$737.56	090		Y	Y	Y	Y	
25365		REVISE RADIUS & ULNA	7/1/2003	RBRVS	$910.74	$910.74	090		Y	Y	Y		
25370		REVISE RADIUS OR ULNA	7/1/2003	RBRVS	$941.48	$941.48	090		Y	Y	Y		
25375		REVISE RADIUS & ULNA	7/1/2003	RBRVS	$958.41	$958.41	090		Y	Y	Y	Y	
25390		SHORTEN RADIUS OR ULNA	7/1/2003	RBRVS	$822.53	$822.53	090		Y	Y	Y	Y	
25391		LENGTHEN RADIUS OR ULNA	7/1/2003	RBRVS	$972.60	$972.60	090		Y	Y	Y	Y	
25392		SHORTEN RADIUS & ULNA	7/1/2003	RBRVS	$954.17	$954.17	090		Y	Y	Y		
25393		LENGTHEN RADIUS & ULNA	7/1/2003	RBRVS	$1,075.96	$1,075.96	090		Y	Y	Y		
25394		REPAIR CARPAL BONE, SHORTEN	7/1/2003	RBRVS	$566.23	$566.23	090		Y	Y	Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Team
25400		REPAIR RADIUS OR ULNA	7/1/2003	RBRVS	$855.11	$855.11	090		Y	Y	Y	Y	
25405		REPAIR/GRAFT RADIUS OR ULNA	7/1/2003	RBRVS	$1,029.53	$1,029.53	090		Y	Y	Y	Y	
25415		REPAIR RADIUS & ULNA	7/1/2003	RBRVS	$967.45	$967.45	090		Y	Y	Y	Y	
25420		REPAIR/GRAFT RADIUS & ULNA	7/1/2003	RBRVS	$1,116.46	$1,116.46	090		Y	Y	Y	Y	
25425		REPAIR/GRAFT RADIUS OR ULNA	7/1/2003	RBRVS	$1,159.80	$1,159.80	090		Y	Y	Y	Y	
25426		REPAIR/GRAFT RADIUS & ULNA	7/1/2003	RBRVS	$1,068.69	$1,068.69	090		Y	Y	Y	Y	
25430		VASC GRAFT INTO CARPAL BONE	7/1/2003	RBRVS	$506.39	$506.39	090		Y	Y			
25431		REPAIR NONUNION CARPAL BONE	7/1/2003	RBRVS	$496.20	$496.20	090		Y	Y	Y	Y	
25440		REPAIR/GRAFT WRIST BONE	7/1/2003	RBRVS	$648.48	$648.48	090		Y	Y	Y	Y	
25441		RECONSTRUCT WRIST JOINT	7/1/2003	RBRVS	$700.55	$700.55	090		Y	Y	Y	Y	
25442		RECONSTRUCT WRIST JOINT	7/1/2003	RBRVS	$595.32	$595.32	090		Y	Y	Y	Y	
25443		RECONSTRUCT WRIST JOINT	7/1/2003	RBRVS	$580.04	$580.04	090		Y	Y	Y	Y	
25444		RECONSTRUCT WRIST JOINT	7/1/2003	RBRVS	$613.15	$613.15	090		Y	Y	Y		
25446		WRIST REPLACEMENT	7/1/2003	RBRVS	$872.51	$872.51	090		Y	Y	Y	Y	
25447		REPAIR WRIST JOINT(S)	7/1/2003	RBRVS	$576.80	$576.80	090		Y	Y	Y	Y	
25449		REMOVE WRIST JOINT IMPLANT	7/1/2003	RBRVS	$766.78	$766.78	090		Y	Y	Y	Y	
25450		REVISION OF WRIST JOINT	7/1/2003	RBRVS	$610.60	$610.60	090		Y	Y			
25455		REVISION OF WRIST JOINT	7/1/2003	RBRVS	$695.41	$695.41	090		Y	Y			
25490		REINFORCE RADIUS	7/1/2003	RBRVS	$765.97	$765.97	090		Y	Y	Y		
25491		REINFORCE ULNA	7/1/2003	RBRVS	$807.16	$807.16	090		Y	Y	Y		
25492		REINFORCE RADIUS AND ULNA	7/1/2003	RBRVS	$895.24	$895.24	090		Y	Y	Y		
25500		TREAT FRACTURE OF RADIUS	7/1/2003	RBRVS	$198.27	$158.96	090		Y	Y			
25505		TREAT FRACTURE OF RADIUS	7/1/2003	RBRVS	$389.56	$328.67	090		Y	Y			
25515		TREAT FRACTURE OF RADIUS	7/1/2003	RBRVS	$572.71	$572.71	090		Y	Y	Y	Y	
25520		TREAT FRACTURE OF RADIUS	7/1/2003	RBRVS	$429.47	$380.33	090		Y	Y			
25525		TREAT FRACTURE OF RADIUS	7/1/2003	RBRVS	$726.21	$726.21	090		Y	Y	Y	Y	
25526		TREAT FRACTURE OF RADIUS	7/1/2003	RBRVS	$845.91	$845.91	090		Y	Y	Y	Y	
25530		TREAT FRACTURE OF ULNA	7/1/2003	RBRVS	$188.76	$147.79	090		Y	Y			
25535		TREAT FRACTURE OF ULNA	7/1/2003	RBRVS	$380.99	$327.73	090		Y	Y			
25545		TREAT FRACTURE OF ULNA	7/1/2003	RBRVS	$568.47	$568.47	090		Y	Y	Y	Y	
25560		TREAT FRACTURE RADIUS & ULNA	7/1/2003	RBRVS	$198.83	$157.61	090		Y	Y			
25565		TREAT FRACTURE RADIUS & ULNA	7/1/2003	RBRVS	$410.14	$348.44	090		Y	Y			
25574		TREAT FRACTURE RADIUS & ULNA	7/1/2003	RBRVS	$476.59	$476.59	090		Y	Y	Y	Y	
25575		TREAT FRACTURE RADIUS/ULNA	7/1/2003	RBRVS	$642.53	$642.53	090		Y	Y	Y	Y	
25600		TREAT FRACTURE RADIUS/ULNA	7/1/2003	RBRVS	$215.36	$170.55	090		Y	Y			
25605		TREAT FRACTURE RADIUS/ULNA	7/1/2003	RBRVS	$422.89	$361.72	090		Y	Y			
25620		TREAT FRACTURE RADIUS/ULNA	7/1/2003	RBRVS	$550.45	$550.45	090		Y	Y	Y		
25622		TREAT WRIST BONE FRACTURE	7/1/2003	RBRVS	$213.18	$168.90	090		Y	Y			
25624		TREAT WRIST BONE FRACTURE	7/1/2003	RBRVS	$359.13	$297.96	090		Y	Y			
25628		TREAT WRIST BONE FRACTURE	7/1/2003	RBRVS	$547.30	$547.30	090		Y	Y	Y		
25630		TREAT WRIST BONE FRACTURE	7/1/2003	RBRVS	$226.43	$179.47	090		Y	Y			
25635		TREAT WRIST BONE FRACTURE	7/1/2003	RBRVS	$348.65	$268.62	090		Y	Y			
25645		TREAT WRIST BONE FRACTURE	7/1/2003	RBRVS	$494.48	$494.48	090		Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
25650		TREAT WRIST BONE FRACTURE	7/1/2003	RBRVS	$232.85	$186.39	090		Y	Y			
25651		PIN ULNAR STYLOID FRACTURE	7/1/2003	RBRVS	$330.51	$330.51	090		Y	Y			
25652		TREAT FRACTURE ULNAR STYLOID	7/1/2003	RBRVS	$435.34	$435.34	090		Y	Y		Y	
25660		TREAT WRIST DISLOCATION	7/1/2003	RBRVS	$304.32	$304.32	090		Y	Y			
25670		TREAT WRIST DISLOCATION	7/1/2003	RBRVS	$524.60	$524.60	090		Y	Y	Y	Y	
25671		PIN RADIOULNAR DISLOCATION	7/1/2003	RBRVS	$360.50	$360.50	090		Y	Y			
25675		TREAT WRIST DISLOCATION	7/1/2003	RBRVS	$356.64	$299.58	090		Y	Y			
25676		TREAT WRIST DISLOCATION	7/1/2003	RBRVS	$530.22	$530.22	090		Y	Y	Y		
25680		TREAT WRIST FRACTURE	7/1/2003	RBRVS	$368.24	$368.24	090		Y	Y			
25685		TREAT WRIST FRACTURE	7/1/2003	RBRVS	$603.18	$603.18	090		Y	Y	Y		
25690		TREAT WRIST DISLOCATION	7/1/2003	RBRVS	$377.53	$377.53	090		Y	Y			
25695		TREAT WRIST DISLOCATION	7/1/2003	RBRVS	$540.60	$540.60	090		Y	Y	Y	Y	
25800		FUSION OF WRIST JOINT	7/1/2003	RBRVS	$616.83	$616.83	090		Y	Y	Y	Y	
25805		FUSION/GRAFT OF WRIST JOINT	7/1/2003	RBRVS	$690.92	$690.92	090		Y	Y	Y	Y	
25810		FUSION/GRAFT OF WRIST JOINT	7/1/2003	RBRVS	$653.88	$653.88	090		Y	Y	Y	Y	
25820		FUSION OF HAND BONES	7/1/2003	RBRVS	$506.83	$506.83	090		Y	Y	Y	Y	
25825		FUSE HAND BONES WITH GRAFT	7/1/2003	RBRVS	$592.95	$592.95	090		Y	Y	Y	Y	
25830		FUSION, RADIOULNAR JNT/ULNA	7/1/2003	RBRVS	$794.37	$794.37	090		Y	Y	Y	Y	
25905		AMPUTATION OF FOREARM	7/1/2003	RBRVS	$724.37	$724.37	090		Y	Y	Y		
25907		AMPUTATION FOLLOW-UP SURGERY	7/1/2003	RBRVS	$668.84	$668.84	090		Y	Y	Y		
25909		AMPUTATION FOLLOW-UP SURGERY	7/1/2003	RBRVS	$716.30	$716.30	090		Y	Y	Y		
25915		AMPUTATION OF FOREARM	7/1/2003	RBRVS	$1,192.60	$1,192.60	090		Y	Y	Y		
25922		AMPUTATE HAND AT WRIST	7/1/2003	RBRVS	$488.34	$488.34	090		Y	Y	Y		
25924		AMPUTATION FOLLOW-UP SURGERY	7/1/2003	RBRVS	$554.82	$554.82	090		Y	Y	Y		
25929		AMPUTATION FOLLOW-UP SURGERY	7/1/2003	RBRVS	$458.88	$458.88	090		Y	Y	Y		
25931		AMPUTATION FOLLOW-UP SURGERY	7/1/2003	RBRVS	$663.45	$663.45	090		Y	Y			
25999		FOREARM OR WRIST SURGERY	7/1/2003	BY REPORT	$0.00	$0.00	090		Y	Y		Y	Y
26010		DRAINAGE OF FINGER ABSCESS	7/1/2003	RBRVS	$211.87	$97.41	010		Y				
26011		DRAINAGE OF FINGER ABSCESS	7/1/2003	RBRVS	$411.42	$138.28	010		Y				
26020		DRAIN HAND TENDON SHEATH	7/1/2003	RBRVS	$296.74	$296.74	090		Y				
26025		DRAINAGE OF PALM BURSA	7/1/2003	RBRVS	$297.86	$297.86	090		Y				
26030		DRAINAGE OF PALM BURSA(S)	7/1/2003	RBRVS	$351.77	$351.77	090		Y				
26034		TREAT HAND BONE LESION	7/1/2003	RBRVS	$367.43	$367.43	090		Y				
26035		DECOMPRESS FINGERS/HAND	7/1/2003	RBRVS	$525.32	$525.32	090		Y				
26115		REMOVEL HAND LESION SUBCUT	7/1/2003	RBRVS	$519.08	$246.23	090		Y				
26116		REMOVEL HAND LESION DEEP	7/1/2003	RBRVS	$334.03	$334.03	090		Y				
26185		REMOVE FINGER BONE	7/1/2003	RBRVS	$324.21	$324.21	090		Y	Y	Y	Y	
26205		REMOVE/GRAFT BONE LESION	7/1/2003	RBRVS	$432.34	$432.34	090		Y				
26215		REMOVE/GRAFT FINGER LESION	7/1/2003	RBRVS	$393.55	$393.55	090		Y				
26255		EXTENSIVE HAND SURGERY	7/1/2003	RBRVS	$644.93	$644.93	090		Y		Y	Y	
26260		EXTENSIVE FINGER SURGERY	7/1/2003	RBRVS	$390.37	$390.37	090		Y		Y		
26261		EXTENSIVE FINGER SURGERY	7/1/2003	RBRVS	$458.19	$458.19	090		Y		Y		
26262		PARTIAL REMOVAL OF FINGER	7/1/2003	RBRVS	$325.30	$325.30	090		Y		Y		

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team
26340		MANIPULATE FINGER W/ANESTH	7/1/2003	RBRVS	$207.60	$207.60	090		Y	Y			
26352		REPAIR/GRAFT HAND TENDON	7/1/2003	RBRVS	$808.50	$808.50	090		Y		Y	Y	
26358		REPAIR/GRAFT HAND TENDON	7/1/2003	RBRVS	$888.79	$888.79	090		Y		Y		
26372		REPAIR/GRAFT HAND TENDON	7/1/2003	RBRVS	$884.42	$884.42	090		Y		Y		
26373		REPAIR FINGER/HAND TENDON	7/1/2003	RBRVS	$852.80	$852.80	090		Y		Y		
26390		REVISE HAND/FINGER TENDON	7/1/2003	RBRVS	$754.43	$754.43	090		Y		Y	Y	
26392		REPAIR/GRAFT HAND TENDON	7/1/2003	RBRVS	$948.40	$948.40	090		Y		Y	Y	
26420		REPAIR/GRAFT FINGER TENDON	7/1/2003	RBRVS	$702.52	$702.52	090		Y		Y		
26434		REPAIR/GRAFT FINGER TENDON	7/1/2003	RBRVS	$597.19	$597.19	090		Y		Y		
26474		FUSION OF FINGER TENDONS	7/1/2003	RBRVS	$564.08	$564.08	090		Y		Y		
26476		TENDON LENGTHENING	7/1/2003	RBRVS	$544.43	$544.43	090		Y				
26483		TRANSPLANT/GRAFT HAND TENDON	7/1/2003	RBRVS	$826.92	$826.92	090		Y		Y	Y	
26485		TRANSPLANT PALM TENDON	7/1/2003	RBRVS	$804.94	$804.94	090		Y		Y	Y	
26492		TENDON TRANSFER WITH GRAFT	7/1/2003	RBRVS	$753.06	$753.06	090		Y		Y	Y	
26494		HAND TENDON/MUSCLE TRANSFER	7/1/2003	RBRVS	$717.36	$717.36	090		Y		Y	Y	
26497		FINGER TENDON TRANSFER	7/1/2003	RBRVS	$755.74	$755.74	090		Y		Y		
26498		FINGER TENDON TRANSFER	7/1/2003	RBRVS	$965.18	$965.18	090		Y		Y	Y	
26499		REVISION OF FINGER	7/1/2003	RBRVS	$752.19	$752.19	090		Y		Y	Y	
26502		HAND TENDON RECONSTRUCTION	7/1/2003	RBRVS	$648.29	$648.29	090		Y		Y		
26517		FUSION OF KNUCKLE JOINTS	7/1/2003	RBRVS	$731.55	$731.55	090		Y		Y		
26518		FUSION OF KNUCKLE JOINTS	7/1/2003	RBRVS	$733.10	$733.10	090		Y		Y	Y	
26530		REVISE KNUCKLE JOINT	7/1/2003	RBRVS	$382.64	$382.64	090		Y		Y		
26531		REVISE KNUCKLE WITH IMPLANT	7/1/2003	RBRVS	$447.03	$447.03	090		Y		Y	Y	
26541		REPAIR HAND JOINT WITH GRAFT	7/1/2003	RBRVS	$724.56	$724.56	090		Y		Y	Y	
26546		REPAIR NONUNION HAND	7/1/2003	RBRVS	$731.17	$731.17	090		Y	Y	Y		
26550		CONSTRUCT THUMB REPLACEMENT	7/1/2003	RBRVS	$1,310.99	$1,310.99	090		Y		Y		
26555		POSITIONAL CHANGE OF FINGER	7/1/2003	RBRVS	$1,155.72	$1,155.72	090		Y		Y		
26560		REPAIR OF WEB FINGER	7/1/2003	RBRVS	$527.75	$527.75	090		Y		Y		
26561		REPAIR OF WEB FINGER	7/1/2003	RBRVS	$779.41	$779.41	090		Y		Y	Y	
26562		REPAIR OF WEB FINGER	7/1/2003	RBRVS	$995.61	$995.61	090		Y		Y		
26565		CORRECT METACARPAL FLAW	7/1/2003	RBRVS	$627.03	$627.03	090		Y		Y		
26568		LENGTHEN METACARPAL/FINGER	7/1/2003	RBRVS	$851.37	$851.37	090		Y		Y		
26580		REPAIR HAND DEFORMITY	7/1/2003	RBRVS	$1,005.09	$1,005.09	090		Y		Y		
26590		REPAIR FINGER DEFORMITY	7/1/2003	RBRVS	$1,038.82	$1,038.82	090		Y		Y		
26596		EXCISION CONSTRICTING TISSUE	7/1/2003	RBRVS	$554.13	$554.13	090		Y		Y		
26600		TREAT METACARPAL FRACTURE	7/1/2003	RBRVS	$182.81	$141.03	090		Y				
26605		TREAT METACARPAL FRACTURE	7/1/2003	RBRVS	$265.93	$214.58	090		Y				
26607		TREAT METACARPAL FRACTURE	7/1/2003	RBRVS	$405.71	$405.71	090		Y				
26608		TREAT METACARPAL FRACTURE	7/1/2003	RBRVS	$423.05	$423.05	090		Y				
26615		TREAT METACARPAL FRACTURE	7/1/2003	RBRVS	$405.65	$405.65	090		Y				
26641		TREAT THUMB DISLOCATION	7/1/2003	RBRVS	$309.24	$258.98	090		Y				
26645		TREAT THUMB FRACTURE	7/1/2003	RBRVS	$348.00	$289.01	090		Y				
26665		TREAT THUMB FRACTURE	7/1/2003	RBRVS	$507.14	$507.14	090		Y			Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
26670		TREAT HAND DISLOCATION	7/1/2003	RBRVS	$295.84	$247.20	090		Y				
26675		TREAT HAND DISLOCATION	7/1/2003	RBRVS	$332.04	$274.95	090		Y				
26676		PIN HAND DISLOCATION	7/1/2003	RBRVS	$434.74	$434.74	090		Y				
26686		TREAT HAND DISLOCATION	7/1/2003	RBRVS	$524.76	$524.76	090		Y		Y		
26700		TREAT KNUCKLE DISLOCATION	7/1/2003	RBRVS	$257.36	$198.09	090		Y				
26705		TREAT KNUCKLE DISLOCATION	7/1/2003	RBRVS	$312.17	$255.89	090		Y				
26706		PIN KNUCKLE DISLOCATION	7/1/2003	RBRVS	$329.51	$329.51	090		Y				
26715		TREAT KNUCKLE DISLOCATION	7/1/2003	RBRVS	$423.30	$423.30	090		Y				
26720		TREAT FINGER FRACTURE, EACH	7/1/2003	RBRVS	$141.65	$99.87	090		Y				
26725		TREAT FINGER FRACTURE, EACH	7/1/2003	RBRVS	$257.80	$197.96	090		Y				
26727		TREAT FINGER FRACTURE, EACH	7/1/2003	RBRVS	$421.30	$421.30	090		Y				
26735		TREAT FINGER FRACTURE, EACH	7/1/2003	RBRVS	$437.95	$437.95	090		Y				
26740		TREAT FINGER FRACTURE, EACH	7/1/2003	RBRVS	$172.43	$135.82	090		Y				
26742		TREAT FINGER FRACTURE, EACH	7/1/2003	RBRVS	$327.55	$269.36	090		Y				
26746		TREAT FINGER FRACTURE, EACH	7/1/2003	RBRVS	$434.15	$434.15	090		Y				
26750		TREAT FINGER FRACTURE, EACH	7/1/2003	RBRVS	$158.99	$120.48	090		Y				
26755		TREAT FINGER FRACTURE, EACH	7/1/2003	RBRVS	$243.61	$184.90	090		Y				
26756		PIN FINGER FRACTURE, EACH	7/1/2003	RBRVS	$385.54	$385.54	090		Y				
26765		TREAT FINGER FRACTURE, EACH	7/1/2003	RBRVS	$352.77	$352.77	090		Y				
26770		TREAT FINGER DISLOCATION	7/1/2003	RBRVS	$231.61	$169.59	090		Y				
26775		TREAT FINGER DISLOCATION	7/1/2003	RBRVS	$290.35	$230.54	090		Y				
26776		PIN FINGER DISLOCATION	7/1/2003	RBRVS	$402.56	$402.56	090		Y				
26785		TREAT FINGER DISLOCATION	7/1/2003	RBRVS	$353.83	$353.83	090		Y				
26820		THUMB FUSION WITH GRAFT	7/1/2003	RBRVS	$712.87	$712.87	090		Y		Y	Y	
26842		THUMB FUSION WITH GRAFT	7/1/2003	RBRVS	$712.59	$712.59	090		Y		Y	Y	
26843		FUSION OF HAND JOINT	7/1/2003	RBRVS	$655.65	$655.65	090		Y		Y	Y	
26844		FUSION/GRAFT OF HAND JOINT	7/1/2003	RBRVS	$726.46	$726.46	090		Y		Y	Y	
26852		FUSION OF KNUCKLE WITH GRAFT	7/1/2003	RBRVS	$707.04	$707.04	090		Y		Y	Y	
26860		FUSION OF FINGER JOINT	7/1/2003	RBRVS	$528.10	$528.10	090		Y				
26862		FUSION/GRAFT OF FINGER JOINT	7/1/2003	RBRVS	$659.24	$659.24	090		Y		Y	Y	
26863		FUSE/GRAFT ADDED JOINT	7/1/2003	RBRVS	$186.36	$186.36					Y		
26951		AMPUTATION OF FINGER/THUMB	7/1/2003	RBRVS	$505.37	$505.37	090		Y				
26990		DRAINAGE OF PELVIS LESION	7/1/2003	RBRVS	$688.98	$688.98	090		Y				
26991		DRAINAGE OF PELVIS BURSA	7/1/2003	RBRVS	$543.25	$486.72	090		Y				
27000		INCISION OF HIP TENDON	7/1/2003	RBRVS	$396.20	$396.20	090		Y	Y		Y	
27001		INCISION OF HIP TENDON	7/1/2003	RBRVS	$459.81	$459.81	090		Y	Y	Y	Y	
27003		INCISION OF HIP TENDON	7/1/2003	RBRVS	$498.54	$498.54	090		Y	Y	Y	Y	
27005		INCISION OF HIP TENDON	7/1/2003	RBRVS	$613.06	$613.06	090		Y	Y	Y	Y	
27006		INCISION OF HIP TENDONS	7/1/2003	RBRVS	$612.97	$612.97	090		Y	Y	Y	Y	
27030		DRAINAGE OF HIP JOINT	7/1/2003	RBRVS	$773.01	$773.01	090		Y	Y	Y	Y	
27033		EXPLORATION OF HIP JOINT	7/1/2003	RBRVS	$788.92	$788.92	090		Y	Y	Y	Y	
27035		DENERVATION OF HIP JOINT	7/1/2003	RBRVS	$1,011.17	$1,011.17	090		Y	Y	Y	Y	
27040		BIOPSY OF SOFT TISSUES	7/1/2003	RBRVS	$258.01	$198.21	010		Y	Y			

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
27041		BIOPSY OF SOFT TISSUES	7/1/2003	RBRVS	$550.73	$550.73	090		Y	Y			
27047		REMOVE HIP/PELVIS LESION	7/1/2003	RBRVS	$499.16	$433.87	090		Y	Y			
27048		REMOVE HIP/PELVIS LESION	7/1/2003	RBRVS	$421.83	$421.83	090		Y	Y	Y	Y	
27052		BIOPSY OF HIP JOINT	7/1/2003	RBRVS	$441.70	$441.70	090		Y	Y	Y	Y	
27054		REMOVAL OF HIP JOINT LINING	7/1/2003	RBRVS	$581.29	$581.29	090		Y	Y	Y	Y	
27060		REMOVAL OF ISCHIAL BURSA	7/1/2003	RBRVS	$382.86	$382.86	090		Y	Y			
27062		REMOVE FEMUR LESION/BURSA	7/1/2003	RBRVS	$383.14	$383.14	090		Y	Y		Y	
27065		REMOVAL OF HIP BONE LESION	7/1/2003	RBRVS	$440.26	$440.26	090		Y	Y	Y	Y	
27066		REMOVAL OF HIP BONE LESION	7/1/2003	RBRVS	$689.98	$689.98	090		Y	Y	Y	Y	
27067		REMOVE/GRAFT HIP BONE LESION	7/1/2003	RBRVS	$861.10	$861.10	090		Y	Y	Y		
27070		PARTIAL REMOVAL OF HIP BONE	7/1/2003	RBRVS	$849.84	$849.84	090		Y	Y	Y	Y	
27071		PARTIAL REMOVAL OF HIP BONE	7/1/2003	RBRVS	$901.38	$901.38	090		Y	Y	Y	Y	
27075		EXTENSIVE HIP SURGERY	7/1/2003	RBRVS	$1,792.29	$1,792.29	090		Y		Y	Y	
27076		EXTENSIVE HIP SURGERY	7/1/2003	RBRVS	$1,274.23	$1,274.23	090		Y		Y	Y	
27077		EXTENSIVE HIP SURGERY	7/1/2003	RBRVS	$2,052.86	$2,052.86	090		Y		Y	Y	
27078		EXTENSIVE HIP SURGERY	7/1/2003	RBRVS	$867.80	$867.80	090		Y		Y	Y	
27079		EXTENSIVE HIP SURGERY	7/1/2003	RBRVS	$868.46	$868.46	090		Y		Y	Y	
27080		REMOVAL OF TAIL BONE	7/1/2003	RBRVS	$416.63	$416.63	090		Y		Y	Y	
27086		REMOVE HIP FOREIGN BODY	7/1/2003	RBRVS	$199.36	$167.69	010		Y	Y			
27087		REMOVE HIP FOREIGN BODY	7/1/2003	RBRVS	$528.69	$528.69	090		Y	Y	Y	Y	
27090		REMOVAL OF HIP PROSTHESIS	7/1/2003	RBRVS	$609.88	$609.88	090		Y	Y	Y	Y	
27091		REMOVAL OF HIP PROSTHESIS	7/1/2003	RBRVS	$1,114.72	$1,114.72	090		Y	Y	Y	Y	
27093		INJECTION FOR HIP X-RAY	7/1/2003	RBRVS	$381.96	$54.19	000		Y	Y			
27095		INJECTION FOR HIP X-RAY	7/1/2003	RBRVS	$359.97	$61.46	000		Y	Y			
27096		INJECT SACROILIAC JOINT	7/1/2003	RBRVS	$324.05	$52.57	000		Y	Y			
27097		REVISION OF HIP TENDON	7/1/2003	RBRVS	$546.15	$546.15	090		Y	Y	Y		
27098		TRANSFER TENDON TO PELVIS	7/1/2003	RBRVS	$559.53	$559.53	090		Y	Y	Y		
27100		TRANSFER OF ABDOMINAL MUSCLE	7/1/2003	RBRVS	$719.70	$719.70	090		Y	Y	Y	Y	
27105		TRANSFER OF SPINAL MUSCLE	7/1/2003	RBRVS	$733.70	$733.70	090		Y	Y	Y		
27110		TRANSFER OF ILIOPSOAS MUSCLE	7/1/2003	RBRVS	$795.25	$795.25	090		Y	Y	Y	Y	
27111		TRANSFER OF ILIOPSOAS MUSCLE	7/1/2003	RBRVS	$732.95	$732.95	090		Y	Y	Y	Y	
27120		RECONSTRUCTION OF HIP SOCKET	7/1/2003	RBRVS	$918.13	$918.13	090		Y	Y	Y	Y	
27122		RECONSTRUCTION OF HIP SOCKET	7/1/2003	RBRVS	$796.52	$796.52	090		Y	Y	Y	Y	
27125		PARTIAL HIP REPLACEMENT	7/1/2003	RBRVS	$775.23	$775.23	090		Y	Y	Y	Y	
27130		TOTAL HIP ARTHROPLASTY	7/1/2003	RBRVS	$1,030.81	$1,030.81	090		Y	Y	Y	Y	
27132		TOTAL HIP ARTHROPLASTY	7/1/2003	RBRVS	$1,197.53	$1,197.53	090		Y	Y	Y	Y	
27134		REVISE HIP JOINT REPLACEMENT	7/1/2003	RBRVS	$1,431.88	$1,431.88	090		Y	Y	Y	Y	
27137		REVISE HIP JOINT REPLACEMENT	7/1/2003	RBRVS	$1,083.35	$1,083.35	090		Y	Y	Y	Y	
27138		REVISE HIP JOINT REPLACEMENT	7/1/2003	RBRVS	$1,129.25	$1,129.25	090		Y	Y	Y	Y	
27140		TRANSPLANT FEMUR RIDGE	7/1/2003	RBRVS	$735.57	$735.57	090		Y	Y	Y	Y	
27146		INCISION OF HIP BONE	7/1/2003	RBRVS	$1,018.71	$1,018.71	090		Y	Y	Y	Y	
27147		REVISION OF HIP BONE	7/1/2003	RBRVS	$1,152.48	$1,152.48	090		Y	Y	Y	Y	
27151		INCISION OF HIP BONES	7/1/2003	RBRVS	$1,087.93	$1,087.93	090		Y	Y	Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
27156		REVISION OF HIP BONES	7/1/2003	RBRVS	$1,364.84	$1,364.84	090		Y	Y	Y	Y	
27158		REVISION OF PELVIS	7/1/2003	RBRVS	$1,080.67	$1,080.67	090		Y		Y		
27161		INCISION OF NECK OF FEMUR	7/1/2003	RBRVS	$945.50	$945.50	090		Y	Y	Y	Y	
27165		INCISION/FIXATION OF FEMUR	7/1/2003	RBRVS	$1,000.13	$1,000.13	090		Y		Y	Y	
27170		REPAIR/GRAFT FEMUR HEAD/NECK	7/1/2003	RBRVS	$916.47	$916.47	090		Y	Y	Y	Y	
27175		TREAT SLIPPED EPIPHYSIS	7/1/2003	RBRVS	$479.42	$479.42	090		Y	Y			
27176		TREAT SLIPPED EPIPHYSIS	7/1/2003	RBRVS	$673.61	$673.61	090		Y	Y	Y	Y	
27177		TREAT SLIPPED EPIPHYSIS	7/1/2003	RBRVS	$819.01	$819.01	090		Y	Y	Y	Y	
27178		TREAT SLIPPED EPIPHYSIS	7/1/2003	RBRVS	$656.28	$656.28	090		Y	Y	Y	Y	
27179		REVISE HEAD/NECK OF FEMUR	7/1/2003	RBRVS	$726.90	$726.90	090		Y	Y	Y		
27181		TREAT SLIPPED EPIPHYSIS	7/1/2003	RBRVS	$779.38	$779.38	090		Y	Y	Y		
27185		REVISION OF FEMUR EPIPHYSIS	7/1/2003	RBRVS	$588.24	$588.24	090		Y	Y		Y	
27187		REINFORCE HIP BONES	7/1/2003	RBRVS	$821.13	$821.13	090		Y	Y	Y	Y	
27202		TREAT TAIL BONE FRACTURE	7/1/2003	RBRVS	$830.82	$830.82	090		Y		Y		
27215		TREAT PELVIC FRACTURE(S)	7/1/2003	RBRVS	$617.99	$617.99	090		Y		Y	Y	
27216		TREAT PELVIC RING FRACTURE	7/1/2003	RBRVS	$903.47	$903.47	090		Y		Y	Y	
27217		TREAT PELVIC RING FRACTURE	7/1/2003	RBRVS	$819.13	$819.13	090		Y		Y	Y	
27218		TREAT PELVIC RING FRACTURE	7/1/2003	RBRVS	$1,055.07	$1,055.07	090		Y		Y	Y	
27226		TREAT HIP WALL FRACTURE	7/1/2003	RBRVS	$788.48	$788.48	090		Y	Y	Y	Y	
27227		TREAT HIP FRACTURE(S)	7/1/2003	RBRVS	$1,243.30	$1,243.30	090		Y	Y	Y	Y	
27228		TREAT HIP FRACTURE(S)	7/1/2003	RBRVS	$1,427.48	$1,427.48	090		Y	Y	Y	Y	
27232		TREAT THIGH FRACTURE	7/1/2003	RBRVS	$608.17	$608.17	090		Y	Y			
27235		TREAT THIGH FRACTURE	7/1/2003	RBRVS	$708.69	$708.69	090		Y	Y		Y	
27236		TREAT THIGH FRACTURE	7/1/2003	RBRVS	$819.60	$819.60	090		Y	Y	Y	Y	
27244		TREAT THIGH FRACTURE	7/1/2003	RBRVS	$884.33	$884.33	090		Y	Y	Y	Y	
27245		TREAT THIGH FRACTURE	7/1/2003	RBRVS	$1,093.39	$1,093.39	090		Y	Y	Y	Y	
27248		TREAT THIGH FRACTURE	7/1/2003	RBRVS	$622.38	$622.38	090		Y	Y	Y	Y	
27253		TREAT HIP DISLOCATION	7/1/2003	RBRVS	$728.02	$728.02	090		Y	Y	Y	Y	
27254		TREAT HIP DISLOCATION	7/1/2003	RBRVS	$981.48	$981.48	090		Y	Y	Y	Y	
27258		TREAT HIP DISLOCATION	7/1/2003	RBRVS	$893.24	$893.24	090		Y	Y	Y	Y	
27259		TREAT HIP DISLOCATION	7/1/2003	RBRVS	$1,184.37	$1,184.37	090		Y	Y	Y		
27266		TREAT HIP DISLOCATION	7/1/2003	RBRVS	$455.48	$455.48	090		Y	Y			
27280		FUSION OF SACROILIAC JOINT	7/1/2003	RBRVS	$840.30	$840.30	090		Y	Y	Y	Y	
27282		FUSION OF PUBIC BONES	7/1/2003	RBRVS	$704.26	$704.26	090		Y		Y	Y	
27284		FUSION OF HIP JOINT	7/1/2003	RBRVS	$1,261.61	$1,261.61	090		Y	Y	Y	Y	
27286		FUSION OF HIP JOINT	7/1/2003	RBRVS	$1,276.32	$1,276.32	090		Y	Y	Y	Y	
27290		AMPUTATION OF LEG AT HIP	7/1/2003	RBRVS	$1,221.38	$1,221.38	090		Y		Y	Y	
27295		AMPUTATION OF LEG AT HIP	7/1/2003	RBRVS	$1,000.66	$1,000.66	090		Y		Y	Y	
27299		PELVIS/HIP JOINT SURGERY	7/1/2003	BY REPORT	$0.00	$0.00	090		Y	Y	Y	Y	Y
27301		DRAIN THIGH/KNEE LESION	7/1/2003	RBRVS	$659.15	$606.14	090		Y	Y			
27303		DRAINAGE OF BONE LESION	7/1/2003	RBRVS	$696.37	$696.37	090		Y	Y	Y	Y	
27305		INCISE THIGH TENDON & FASCIA	7/1/2003	RBRVS	$452.30	$452.30	090		Y	Y	Y	Y	
27306		INCISION OF THIGH TENDON	7/1/2003	RBRVS	$367.49	$367.49	090		Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
27310		EXPLORATION OF KNEE JOINT	7/1/2003	RBRVS	$587.90	$587.90	090		Y	Y	Y	Y	
27315		PARTIAL REMOVAL, THIGH NERVE	7/1/2003	RBRVS	$345.91	$345.91	090		Y	Y	Y		
27320		PARTIAL REMOVAL, THIGH NERVE	7/1/2003	RBRVS	$332.13	$332.13	090		Y	Y	Y	Y	
27323		BIOPSY, THIGH SOFT TISSUES	7/1/2003	RBRVS	$235.53	$168.90	010		Y	Y			
27324		BIOPSY, THIGH SOFT TISSUES	7/1/2003	RBRVS	$353.55	$353.55	090		Y	Y			
27327		REMOVAL OF THIGH LESION	7/1/2003	RBRVS	$378.37	$321.56	090		Y	Y			
27328		REMOVAL OF THIGH LESION	7/1/2003	RBRVS	$378.81	$378.81	090		Y	Y			
27330		BIOPSY, KNEE JOINT LINING	7/1/2003	RBRVS	$342.73	$342.73	090		Y	Y		Y	
27331		EXPLORE/TREAT KNEE JOINT	7/1/2003	RBRVS	$406.40	$406.40	090		Y	Y	Y	Y	
27332		REMOVAL OF KNEE CARTILAGE	7/1/2003	RBRVS	$518.49	$518.49	090		Y	Y	Y	Y	
27333		REMOVAL OF KNEE CARTILAGE	7/1/2003	RBRVS	$474.22	$474.22	090		Y	Y	Y	Y	
27334		REMOVE KNEE JOINT LINING	7/1/2003	RBRVS	$557.44	$557.44	090		Y	Y	Y	Y	
27335		REMOVE KNEE JOINT LINING	7/1/2003	RBRVS	$623.97	$623.97	090		Y	Y	Y	Y	
27345		REMOVAL OF KNEE CYST	7/1/2003	RBRVS	$404.03	$404.03	090		Y	Y	Y	Y	
27347		REMOVE KNEE CYST	7/1/2003	RBRVS	$391.93	$391.93	090		Y	Y	Y	Y	
27350		REMOVAL OF KNEECAP	7/1/2003	RBRVS	$518.52	$518.52	090		Y	Y	Y	Y	
27355		REMOVE FEMUR LESION	7/1/2003	RBRVS	$544.22	$544.22	090		Y	Y	Y	Y	
27356		REMOVE FEMUR LESION/GRAFT	7/1/2003	RBRVS	$630.71	$630.71	090		Y	Y	Y	Y	
27357		REMOVE FEMUR LESION/GRAFT	7/1/2003	RBRVS	$679.79	$679.79	090		Y	Y	Y	Y	
27358		REMOVE FEMUR LESION/FIXATION	7/1/2003	RBRVS	$226.34	$226.34				Y	Y		
27360		PARTIAL REMOVAL, LEG BONE(S)	7/1/2003	RBRVS	$861.35	$861.35	090		Y	Y	Y	Y	
27365		EXTENSIVE LEG SURGERY	7/1/2003	RBRVS	$934.12	$934.12	090		Y	Y	Y	Y	
27370		INJECTION FOR KNEE X-RAY	7/1/2003	RBRVS	$357.01	$38.82	000		Y	Y			
27372		REMOVAL OF FOREIGN BODY	7/1/2003	RBRVS	$400.23	$346.97	090		Y	Y			
27380		REPAIR OF KNEECAP TENDON	7/1/2003	RBRVS	$471.57	$471.57	090		Y	Y	Y	Y	
27381		REPAIR/GRAFT KNEECAP TENDON	7/1/2003	RBRVS	$622.17	$622.17	090		Y	Y	Y	Y	
27385		REPAIR OF THIGH MUSCLE	7/1/2003	RBRVS	$500.94	$500.94	090		Y	Y	Y	Y	
27386		REPAIR/GRAFT OF THIGH MUSCLE	7/1/2003	RBRVS	$651.66	$651.66	090		Y	Y	Y	Y	
27390		INCISION OF THIGH TENDON	7/1/2003	RBRVS	$397.48	$397.48	090		Y		Y		
27392		INCISION OF THIGH TENDONS	7/1/2003	RBRVS	$612.59	$612.59	090		Y		Y	Y	
27393		LENGTHENING OF THIGH TENDON	7/1/2003	RBRVS	$448.40	$448.40	090		Y		Y	Y	
27394		LENGTHENING OF THIGH TENDONS	7/1/2003	RBRVS	$582.29	$582.29	090		Y		Y		
27395		LENGTHENING OF THIGH TENDONS	7/1/2003	RBRVS	$767.34	$767.34	090		Y		Y	Y	
27396		TRANSPLANT OF THIGH TENDON	7/1/2003	RBRVS	$558.96	$558.96	090		Y		Y	Y	
27397		TRANSPLANTS OF THIGH TENDONS	7/1/2003	RBRVS	$710.81	$710.81	090		Y		Y		
27400		REVISE THIGH MUSCLES/TENDONS	7/1/2003	RBRVS	$599.84	$599.84	090		Y	Y	Y	Y	
27403		REPAIR OF KNEE CARTILAGE	7/1/2003	RBRVS	$524.04	$524.04	090		Y	Y	Y	Y	
27405		REPAIR OF KNEE LIGAMENT	7/1/2003	RBRVS	$557.87	$557.87	090		Y	Y	Y	Y	
27407		REPAIR OF KNEE LIGAMENT	7/1/2003	RBRVS	$629.15	$629.15	090		Y	Y	Y	Y	
27409		REPAIR OF KNEE LIGAMENTS	7/1/2003	RBRVS	$757.46	$757.46	090		Y	Y	Y	Y	
27418		REPAIR DEGENERATED KNEECAP	7/1/2003	RBRVS	$663.73	$663.73	090		Y	Y	Y	Y	
27420		REVISION OF UNSTABLE KNEECAP	7/1/2003	RBRVS	$596.13	$596.13	090		Y	Y	Y	Y	
27422		REVISION OF UNSTABLE KNEECAP	7/1/2003	RBRVS	$594.98	$594.98	090		Y	Y	Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Team
27424		REVISION/REMOVAL OF KNEECAP	7/1/2003	RBRVS	$595.01	$595.01	090		Y	Y	Y	Y	
27425		LAT RETINACULAR RELEASE OPEN	7/1/2003	RBRVS	$378.21	$378.21	090		Y	Y		Y	
27427		RECONSTRUCTION, KNEE	7/1/2003	RBRVS	$569.78	$569.78	090		Y	Y	Y	Y	
27428		RECONSTRUCTION, KNEE	7/1/2003	RBRVS	$810.15	$810.15	090		Y	Y	Y	Y	
27429		RECONSTRUCTION, KNEE	7/1/2003	RBRVS	$882.80	$882.80	090		Y	Y	Y	Y	
27430		REVISION OF THIGH MUSCLES	7/1/2003	RBRVS	$592.36	$592.36	090		Y	Y	Y	Y	
27435		INCISION OF KNEE JOINT	7/1/2003	RBRVS	$581.94	$581.94	090		Y	Y	Y	Y	
27437		REVISE KNEECAP	7/1/2003	RBRVS	$476.99	$476.99	090		Y	Y		Y	
27438		REVISE KNEECAP WITH IMPLANT	7/1/2003	RBRVS	$605.92	$605.92	090		Y	Y	Y	Y	
27440		REVISION OF KNEE JOINT	7/1/2003	RBRVS	$511.29	$511.29	090		Y	Y	Y	Y	
27441		REVISION OF KNEE JOINT	7/1/2003	RBRVS	$542.75	$542.75	090		Y	Y	Y	Y	
27442		REVISION OF KNEE JOINT	7/1/2003	RBRVS	$638.57	$638.57	090		Y	Y	Y	Y	
27443		REVISION OF KNEE JOINT	7/1/2003	RBRVS	$599.93	$599.93	090		Y	Y	Y	Y	
27445		REVISION OF KNEE JOINT	7/1/2003	RBRVS	$922.12	$922.12	090		Y	Y	Y	Y	
27446		REVISION OF KNEE JOINT	7/1/2003	RBRVS	$833.63	$833.63	090		Y	Y	Y	Y	
27447		TOTAL KNEE ARTHROPLASTY	7/1/2003	RBRVS	$1,109.04	$1,109.04	090		Y	Y	Y	Y	
27448		INCISION OF THIGH	7/1/2003	RBRVS	$700.80	$700.80	090		Y	Y	Y	Y	
27450		INCISION OF THIGH	7/1/2003	RBRVS	$846.38	$846.38	090		Y	Y	Y	Y	
27454		REALIGNMENT OF THIGH BONE	7/1/2003	RBRVS	$1,013.47	$1,013.47	090		Y	Y	Y	Y	
27455		REALIGNMENT OF KNEE	7/1/2003	RBRVS	$766.97	$766.97	090		Y	Y	Y	Y	
27457		REALIGNMENT OF KNEE	7/1/2003	RBRVS	$765.22	$765.22	090		Y	Y	Y	Y	
27465		SHORTENING OF THIGH BONE	7/1/2003	RBRVS	$837.03	$837.03	090		Y	Y	Y	Y	
27466		LENGTHENING OF THIGH BONE	7/1/2003	RBRVS	$974.91	$974.91	090		Y	Y	Y	Y	
27468		SHORTEN/LENGTHEN THIGHS	7/1/2003	RBRVS	$1,074.96	$1,074.96	090		Y	Y	Y	Y	
27470		REPAIR OF THIGH	7/1/2003	RBRVS	$976.09	$976.09	090		Y	Y	Y	Y	
27472		REPAIR/GRAFT OF THIGH	7/1/2003	RBRVS	$1,054.66	$1,054.66	090		Y	Y	Y	Y	
27475		SURGERY TO STOP LEG GROWTH	7/1/2003	RBRVS	$544.31	$544.31	090		Y	Y		Y	
27477		SURGERY TO STOP LEG GROWTH	7/1/2003	RBRVS	$596.79	$596.79	090		Y	Y		Y	
27479		SURGERY TO STOP LEG GROWTH	7/1/2003	RBRVS	$757.49	$757.49	090		Y	Y	Y		
27485		SURGERY TO STOP LEG GROWTH	7/1/2003	RBRVS	$557.37	$557.37	090		Y	Y			
27486		REVISE/REPLACE KNEE JOINT	7/1/2003	RBRVS	$1,005.37	$1,005.37	090		Y	Y	Y	Y	
27487		REVISE/REPLACE KNEE JOINT	7/1/2003	RBRVS	$1,288.45	$1,288.45	090		Y	Y	Y	Y	
27488		REMOVAL OF KNEE PROSTHESIS	7/1/2003	RBRVS	$839.46	$839.46	090		Y	Y	Y	Y	
27495		REINFORCE THIGH	7/1/2003	RBRVS	$952.24	$952.24	090		Y	Y	Y	Y	
27496		DECOMPRESSION OF THIGH/KNEE	7/1/2003	RBRVS	$423.77	$423.77	090		Y	Y			
27498		DECOMPRESSION OF THIGH/KNEE	7/1/2003	RBRVS	$495.48	$495.48	090		Y	Y	Y	Y	
27499		DECOMPRESSION OF THIGH/KNEE	7/1/2003	RBRVS	$546.80	$546.80	090		Y	Y	Y	Y	
27500		TREATMENT OF THIGH FRACTURE	7/1/2003	RBRVS	$477.55	$407.62	090		Y	Y			
27501		TREATMENT OF THIGH FRACTURE	7/1/2003	RBRVS	$512.38	$442.44	090		Y	Y			
27502		TREATMENT OF THIGH FRACTURE	7/1/2003	RBRVS	$664.01	$664.01	090		Y	Y			
27503		TREATMENT OF THIGH FRACTURE	7/1/2003	RBRVS	$665.10	$665.10	090		Y	Y			
27506		TREATMENT OF THIGH FRACTURE	7/1/2003	RBRVS	$967.67	$967.67	090		Y	Y	Y	Y	
27507		TREATMENT OF THIGH FRACTURE	7/1/2003	RBRVS	$806.56	$806.56	090		Y	Y	Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
27508		TREATMENT OF THIGH FRACTURE	7/1/2003	RBRVS	$393.49	$341.61	090		Y	Y			
27509		TREATMENT OF THIGH FRACTURE	7/1/2003	RBRVS	$512.35	$512.35	090		Y	Y			
27510		TREATMENT OF THIGH FRACTURE	7/1/2003	RBRVS	$500.84	$500.84	090		Y	Y			
27511		TREATMENT OF THIGH FRACTURE	7/1/2003	RBRVS	$811.68	$811.68	090		Y	Y	Y	Y	
27513		TREATMENT OF THIGH FRACTURE	7/1/2003	RBRVS	$1,015.44	$1,015.44	090		Y	Y	Y	Y	
27514		TREATMENT OF THIGH FRACTURE	7/1/2003	RBRVS	$970.76	$970.76	090		Y	Y	Y	Y	
27516		TREAT THIGH FX GROWTH PLATE	7/1/2003	RBRVS	$399.82	$339.71	090		Y	Y			
27517		TREAT THIGH FX GROWTH PLATE	7/1/2003	RBRVS	$557.03	$505.43	090		Y	Y			
27519		TREAT THIGH FX GROWTH PLATE	7/1/2003	RBRVS	$870.05	$870.05	090		Y	Y	Y	Y	
27520		TREAT KNEECAP FRACTURE	7/1/2003	RBRVS	$251.47	$199.86	090		Y	Y			
27524		TREAT KNEECAP FRACTURE	7/1/2003	RBRVS	$575.15	$575.15	090		Y	Y	Y	Y	
27530		TREAT KNEE FRACTURE	7/1/2003	RBRVS	$295.87	$245.07	090		Y	Y			
27532		TREAT KNEE FRACTURE	7/1/2003	RBRVS	$452.14	$399.70	090		Y	Y			
27535		TREAT KNEE FRACTURE	7/1/2003	RBRVS	$711.18	$711.18	090		Y	Y	Y	Y	
27536		TREAT KNEE FRACTURE	7/1/2003	RBRVS	$843.42	$843.42	090		Y	Y	Y	Y	
27540		TREAT KNEE FRACTURE	7/1/2003	RBRVS	$716.98	$716.98	090		Y	Y	Y	Y	
27550		TREAT KNEE DISLOCATION	7/1/2003	RBRVS	$392.81	$345.26	090		Y	Y			
27552		TREAT KNEE DISLOCATION	7/1/2003	RBRVS	$483.73	$483.73	090		Y	Y			
27556		TREAT KNEE DISLOCATION	7/1/2003	RBRVS	$873.63	$873.63	090		Y	Y	Y	Y	
27557		TREAT KNEE DISLOCATION	7/1/2003	RBRVS	$985.57	$985.57	090		Y	Y	Y	Y	
27558		TREAT KNEE DISLOCATION	7/1/2003	RBRVS	$1,022.36	$1,022.36	090		Y	Y	Y	Y	
27560		TREAT KNEECAP DISLOCATION	7/1/2003	RBRVS	$291.56	$231.20	090		Y	Y			
27562		TREAT KNEECAP DISLOCATION	7/1/2003	RBRVS	$346.94	$346.94	090		Y	Y			
27566		TREAT KNEECAP DISLOCATION	7/1/2003	RBRVS	$680.07	$680.07	090		Y	Y	Y	Y	
27580		FUSION OF KNEE	7/1/2003	RBRVS	$1,087.56	$1,087.56	090		Y	Y	Y	Y	
27590		AMPUTATE LEG AT THIGH	7/1/2003	RBRVS	$730.83	$730.83	090		Y	Y	Y	Y	
27591		AMPUTATE LEG AT THIGH	7/1/2003	RBRVS	$812.15	$812.15	090		Y	Y	Y	Y	
27592		AMPUTATE LEG AT THIGH	7/1/2003	RBRVS	$656.00	$656.00	090		Y	Y	Y	Y	
27598		AMPUTATE LOWER LEG AT KNEE	7/1/2003	RBRVS	$657.12	$657.12	090		Y	Y	Y	Y	
27599		LEG SURGERY PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00	090		Y	Y	Y	Y	Y
27600		DECOMPRESSION OF LOWER LEG	7/1/2003	RBRVS	$397.17	$397.17	090		Y	Y		Y	
27601		DECOMPRESSION OF LOWER LEG	7/1/2003	RBRVS	$395.49	$395.49	090		Y	Y			
27602		DECOMPRESSION OF LOWER LEG	7/1/2003	RBRVS	$459.03	$459.03	090		Y	Y	Y	Y	
27603		DRAIN LOWER LEG LESION	7/1/2003	RBRVS	$596.85	$451.55	090		Y	Y			
27604		DRAIN LOWER LEG BURSA	7/1/2003	RBRVS	$465.30	$382.02	090		Y	Y			
27612		EXPLORATION OF ANKLE JOINT	7/1/2003	RBRVS	$475.18	$475.18	090		Y	Y	Y	Y	
27613		BIOPSY LOWER LEG SOFT TISSUE	7/1/2003	RBRVS	$229.89	$154.22	010		Y	Y			
27614		BIOPSY LOWER LEG SOFT TISSUE	7/1/2003	RBRVS	$497.20	$383.55	090		Y	Y			
27618		REMOVE LOWER LEG LESION	7/1/2003	RBRVS	$486.94	$350.37	090		Y	Y			
27619		REMOVE LOWER LEG LESION	7/1/2003	RBRVS	$636.63	$530.09	090		Y	Y			
27620		EXPLORE/TREAT ANKLE JOINT	7/1/2003	RBRVS	$427.57	$427.57	090		Y	Y	Y	Y	
27625		REMOVE ANKLE JOINT LINING	7/1/2003	RBRVS	$548.02	$548.02	090		Y	Y	Y	Y	
27626		REMOVE ANKLE JOINT LINING	7/1/2003	RBRVS	$586.53	$586.53	090		Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
27635		REMOVE LOWER LEG BONE LESION	7/1/2003	RBRVS	$570.78	$570.78	090		Y	Y		Y	
27637		REMOVE/GRAFT LEG BONE LESION	7/1/2003	RBRVS	$675.67	$675.67	090		Y	Y	Y	Y	
27638		REMOVE/GRAFT LEG BONE LESION	7/1/2003	RBRVS	$708.04	$708.04	090		Y	Y	Y	Y	
27640		PARTIAL REMOVAL OF TIBIA	7/1/2003	RBRVS	$889.04	$889.04	090		Y	Y		Y	
27641		PARTIAL REMOVAL OF FIBULA	7/1/2003	RBRVS	$762.69	$762.69	090		Y	Y		Y	
27645		EXTENSIVE LOWER LEG SURGERY	7/1/2003	RBRVS	$975.37	$975.37	090		Y	Y	Y	Y	
27646		EXTENSIVE LOWER LEG SURGERY	7/1/2003	RBRVS	$891.94	$891.94	090		Y	Y	Y	Y	
27647		EXTENSIVE ANKLE/HEEL SURGERY	7/1/2003	RBRVS	$714.40	$714.40	090		Y	Y	Y		
27648		INJECTION FOR ANKLE X-RAY	7/1/2003	RBRVS	$295.87	$38.85	000		Y	Y			
27650		REPAIR ACHILLES TENDON	7/1/2003	RBRVS	$585.03	$585.03	090		Y	Y	Y	Y	
27654		REPAIR OF ACHILLES TENDON	7/1/2003	RBRVS	$615.84	$615.84	090		Y	Y	Y	Y	
27656		REPAIR LEG FASCIA DEFECT	7/1/2003	RBRVS	$496.95	$330.88	090		Y	Y	Y		
27658		REPAIR OF LEG TENDON, EACH	7/1/2003	RBRVS	$523.48	$422.96	090		Y		Y	Y	
27659		REPAIR OF LEG TENDON, EACH	7/1/2003	RBRVS	$630.18	$503.99	090		Y		Y	Y	
27665		REPAIR OF LEG TENDON, EACH	7/1/2003	RBRVS	$576.55	$444.35	090		Y		Y	Y	
27675		REPAIR LOWER LEG TENDONS	7/1/2003	RBRVS	$471.29	$471.29	090		Y	Y	Y	Y	
27676		REPAIR LOWER LEG TENDONS	7/1/2003	RBRVS	$539.88	$539.88	090		Y	Y	Y		
27680		RELEASE OF LOWER LEG TENDON	7/1/2003	RBRVS	$419.78	$419.78	090		Y			Y	
27681		RELEASE OF LOWER LEG TENDONS	7/1/2003	RBRVS	$468.14	$468.14	090		Y			Y	
27685		REVISION OF LOWER LEG TENDON	7/1/2003	RBRVS	$499.97	$451.89	090		Y		Y	Y	
27687		REVISION OF CALF TENDON	7/1/2003	RBRVS	$447.87	$447.87	090		Y	Y	Y	Y	
27690		REVISE LOWER LEG TENDON	7/1/2003	RBRVS	$551.95	$551.95	090		Y	Y	Y	Y	
27691		REVISE LOWER LEG TENDON	7/1/2003	RBRVS	$637.32	$637.32	090		Y	Y	Y	Y	
27692		REVISE ADDITIONAL LEG TENDON	7/1/2003	RBRVS	$87.24	$87.24				Y	Y	Y	
27695		REPAIR OF ANKLE LIGAMENT	7/1/2003	RBRVS	$476.27	$476.27	090		Y	Y		Y	
27696		REPAIR OF ANKLE LIGAMENTS	7/1/2003	RBRVS	$543.59	$543.59	090		Y	Y		Y	
27698		REPAIR OF ANKLE LIGAMENT	7/1/2003	RBRVS	$572.43	$572.43	090		Y	Y	Y	Y	
27700		REVISION OF ANKLE JOINT	7/1/2003	RBRVS	$461.99	$461.99	090		Y	Y	Y	Y	
27702		RECONSTRUCT ANKLE JOINT	7/1/2003	RBRVS	$737.16	$737.16	090		Y	Y	Y	Y	
27703		RECONSTRUCTION, ANKLE JOINT	7/1/2003	RBRVS	$831.13	$831.13	090		Y	Y	Y		
27704		REMOVAL OF ANKLE IMPLANT	7/1/2003	RBRVS	$396.58	$396.58	090		Y	Y		Y	
27705		INCISION OF TIBIA	7/1/2003	RBRVS	$666.22	$666.22	090		Y	Y	Y	Y	
27707		INCISION OF FIBULA	7/1/2003	RBRVS	$384.23	$384.23	090		Y	Y		Y	
27709		INCISION OF TIBIA & FIBULA	7/1/2003	RBRVS	$652.10	$652.10	090		Y	Y	Y	Y	
27712		REALIGNMENT OF LOWER LEG	7/1/2003	RBRVS	$852.55	$852.55	090		Y	Y	Y	Y	
27715		REVISION OF LOWER LEG	7/1/2003	RBRVS	$894.96	$894.96	090		Y	Y	Y	Y	
27720		REPAIR OF TIBIA	7/1/2003	RBRVS	$772.52	$772.52	090		Y	Y	Y	Y	
27722		REPAIR/GRAFT OF TIBIA	7/1/2003	RBRVS	$766.62	$766.62	090		Y	Y	Y	Y	
27724		REPAIR/GRAFT OF TIBIA	7/1/2003	RBRVS	$1,067.70	$1,067.70	090		Y	Y	Y	Y	
27725		REPAIR OF LOWER LEG	7/1/2003	RBRVS	$950.30	$950.30	090		Y	Y	Y	Y	
27727		REPAIR OF LOWER LEG	7/1/2003	RBRVS	$865.31	$865.31	090		Y	Y	Y	Y	
27730		REPAIR OF TIBIA EPIPHYSIS	7/1/2003	RBRVS	$816.07	$514.28	090		Y	Y		Y	
27732		REPAIR OF FIBULA EPIPHYSIS	7/1/2003	RBRVS	$559.99	$409.77	090		Y	Y			

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
27734		REPAIR LOWER LEG EPIPHYSES	7/1/2003	RBRVS	$541.13	$541.13	090		Y	Y			
27740		REPAIR OF LEG EPIPHYSES	7/1/2003	RBRVS	$957.97	$626.38	090		Y	Y	Y		
27742		REPAIR OF LEG EPIPHYSES	7/1/2003	RBRVS	$796.09	$639.88	090		Y	Y	Y	Y	
27745		REINFORCE TIBIA	7/1/2003	RBRVS	$658.71	$658.71	090		Y	Y	Y	Y	
27750		TREATMENT OF TIBIA FRACTURE	7/1/2003	RBRVS	$266.21	$216.23	090		Y	Y			
27752		TREATMENT OF TIBIA FRACTURE	7/1/2003	RBRVS	$424.55	$364.74	090		Y	Y			
27756		TREATMENT OF TIBIA FRACTURE	7/1/2003	RBRVS	$532.96	$532.96	090		Y	Y	Y	Y	
27758		TREATMENT OF TIBIA FRACTURE	7/1/2003	RBRVS	$719.35	$719.35	090		Y	Y	Y	Y	
27759		TREATMENT OF TIBIA FRACTURE	7/1/2003	RBRVS	$826.61	$826.61	090		Y	Y	Y	Y	
27760		TREATMENT OF ANKLE FRACTURE	7/1/2003	RBRVS	$253.40	$204.79	090		Y	Y			
27762		TREATMENT OF ANKLE FRACTURE	7/1/2003	RBRVS	$389.84	$331.94	090		Y	Y			
27766		TREATMENT OF ANKLE FRACTURE	7/1/2003	RBRVS	$511.23	$511.23	090		Y	Y		Y	
27780		TREATMENT OF FIBULA FRACTURE	7/1/2003	RBRVS	$239.21	$187.30	090		Y	Y			
27781		TREATMENT OF FIBULA FRACTURE	7/1/2003	RBRVS	$330.07	$271.36	090		Y	Y			
27784		TREATMENT OF FIBULA FRACTURE	7/1/2003	RBRVS	$476.46	$476.46	090		Y	Y		Y	
27786		TREATMENT OF ANKLE FRACTURE	7/1/2003	RBRVS	$247.10	$197.12	090		Y	Y			
27788		TREATMENT OF ANKLE FRACTURE	7/1/2003	RBRVS	$334.65	$275.38	090		Y	Y			
27792		TREATMENT OF ANKLE FRACTURE	7/1/2003	RBRVS	$480.58	$480.58	090		Y	Y		Y	
27808		TREATMENT OF ANKLE FRACTURE	7/1/2003	RBRVS	$278.44	$218.63	090		Y	Y			
27810		TREATMENT OF ANKLE FRACTURE	7/1/2003	RBRVS	$388.75	$328.67	090		Y	Y			
27814		TREATMENT OF ANKLE FRACTURE	7/1/2003	RBRVS	$656.00	$656.00	090		Y	Y	Y	Y	
27816		TREATMENT OF ANKLE FRACTURE	7/1/2003	RBRVS	$265.25	$220.44	090		Y	Y			
27818		TREATMENT OF ANKLE FRACTURE	7/1/2003	RBRVS	$404.22	$344.13	090		Y	Y			
27822		TREATMENT OF ANKLE FRACTURE	7/1/2003	RBRVS	$723.81	$723.81	090		Y	Y	Y	Y	
27823		TREATMENT OF ANKLE FRACTURE	7/1/2003	RBRVS	$820.16	$820.16	090		Y	Y	Y	Y	
27824		TREAT LOWER LEG FRACTURE	7/1/2003	RBRVS	$278.28	$220.91	090		Y	Y			
27825		TREAT LOWER LEG FRACTURE	7/1/2003	RBRVS	$440.26	$380.15	090		Y	Y			
27826		TREAT LOWER LEG FRACTURE	7/1/2003	RBRVS	$612.34	$612.34	090		Y	Y	Y	Y	
27827		TREAT LOWER LEG FRACTURE	7/1/2003	RBRVS	$876.88	$876.88	090		Y	Y	Y	Y	
27828		TREAT LOWER LEG FRACTURE	7/1/2003	RBRVS	$967.30	$967.30	090		Y	Y	Y	Y	
27829		TREAT LOWER LEG JOINT	7/1/2003	RBRVS	$424.27	$424.27	090		Y	Y	Y	Y	
27830		TREAT LOWER LEG DISLOCATION	7/1/2003	RBRVS	$279.84	$239.96	090		Y	Y			
27831		TREAT LOWER LEG DISLOCATION	7/1/2003	RBRVS	$299.95	$299.95	090		Y	Y			
27832		TREAT LOWER LEG DISLOCATION	7/1/2003	RBRVS	$448.03	$448.03	090		Y	Y	Y	Y	
27840		TREAT ANKLE DISLOCATION	7/1/2003	RBRVS	$313.20	$313.20	090		Y	Y			
27842		TREAT ANKLE DISLOCATION	7/1/2003	RBRVS	$344.57	$344.57	090		Y	Y			
27846		TREAT ANKLE DISLOCATION	7/1/2003	RBRVS	$609.79	$609.79	090		Y	Y	Y	Y	
27848		TREAT ANKLE DISLOCATION	7/1/2003	RBRVS	$692.48	$692.48	090		Y	Y	Y	Y	
27870		FUSION OF ANKLE JOINT OPEN	7/1/2003	RBRVS	$840.80	$840.80	090		Y	Y	Y	Y	
27871		FUSION OF TIBIOFIBULAR JOINT	7/1/2003	RBRVS	$611.16	$611.16	090		Y	Y	Y	Y	
27880		AMPUTATION OF LOWER LEG	7/1/2003	RBRVS	$706.79	$706.79	090		Y	Y	Y	Y	
27881		AMPUTATION OF LOWER LEG	7/1/2003	RBRVS	$771.67	$771.67	090		Y	Y	Y	Y	
27888		AMPUTATION OF FOOT AT ANKLE	7/1/2003	RBRVS	$621.73	$621.73	090		Y	Y	Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
27889		AMPUTATION OF FOOT AT ANKLE	7/1/2003	RBRVS	$611.56	$611.56	090		Y	Y		Y	
27894		DECOMPRESSION OF LEG	7/1/2003	RBRVS	$600.18	$600.18	090		Y	Y	Y		
28001		DRAINAGE OF BURSA OF FOOT	7/1/2003	RBRVS	$241.68	$176.10	010		Y				
28002		TREATMENT OF FOOT INFECTION	7/1/2003	RBRVS	$338.83	$267.81	010		Y				
28003		TREATMENT OF FOOT INFECTION	7/1/2003	RBRVS	$580.82	$567.73	090		Y				
28020		EXPLORATION OF FOOT JOINT	7/1/2003	RBRVS	$417.47	$347.00	090		Y			Y	
28035		DECOMPRESSION OF TIBIA NERVE	7/1/2003	RBRVS	$421.43	$317.10	090		Y			Y	
28043		EXCISION OF FOOT LESION	7/1/2003	RBRVS	$320.72	$257.36	090		Y	Y			
28045		EXCISION OF FOOT LESION	7/1/2003	RBRVS	$376.19	$315.29	090		Y	Y			
28046		RESECTION OF TUMOR, FOOT	7/1/2003	RBRVS	$664.48	$626.25	090		Y	Y		Y	
28050		BIOPSY OF FOOT JOINT LINING	7/1/2003	RBRVS	$350.87	$303.07	090		Y	Y		Y	
28060		PARTIAL REMOVAL, FOOT FASCIA	7/1/2003	RBRVS	$409.83	$351.65	090		Y	Y			
28062		REMOVAL OF FOOT FASCIA	7/1/2003	RBRVS	$475.15	$390.47	090		Y			Y	
28070		REMOVAL OF FOOT JOINT LINING	7/1/2003	RBRVS	$383.64	$333.63	090		Y				
28072		REMOVAL OF FOOT JOINT LINING	7/1/2003	RBRVS	$382.33	$343.29	090		Y				
28080		REMOVAL OF FOOT LESION	7/1/2003	RBRVS	$332.88	$272.51	090		Y				
28086		EXCISE FOOT TENDON SHEATH	7/1/2003	RBRVS	$468.48	$365.21	090		Y	Y	Y	Y	
28100		REMOVAL OF ANKLE/HEEL LESION	7/1/2003	RBRVS	$509.92	$400.94	090		Y	Y	Y	Y	
28102		REMOVE/GRAFT FOOT LESION	7/1/2003	RBRVS	$504.15	$504.15	090		Y	Y	Y		
28103		REMOVE/GRAFT FOOT LESION	7/1/2003	RBRVS	$487.75	$416.47	090		Y	Y	Y		
28104		REMOVAL OF FOOT LESION	7/1/2003	RBRVS	$407.40	$358.23	090		Y		Y	Y	
28106		REMOVE/GRAFT FOOT LESION	7/1/2003	RBRVS	$421.80	$421.80	090		Y		Y	Y	
28107		REMOVE/GRAFT FOOT LESION	7/1/2003	RBRVS	$454.89	$375.13	090		Y		Y		
28108		REMOVAL OF TOE LESIONS	7/1/2003	RBRVS	$337.68	$283.58	090		Y				
28110		PART REMOVAL OF METATARSAL	7/1/2003	RBRVS	$376.40	$325.33	090		Y	Y		Y	
28111		PART REMOVAL OF METATARSAL	7/1/2003	RBRVS	$453.58	$377.37	090		Y	Y		Y	
28112		PART REMOVAL OF METATARSAL	7/1/2003	RBRVS	$410.45	$355.83	090		Y	Y		Y	
28114		REMOVAL OF METATARSAL HEADS	7/1/2003	RBRVS	$705.14	$624.54	090		Y	Y	Y	Y	
28118		REMOVAL OF HEEL BONE	7/1/2003	RBRVS	$454.48	$392.74	090		Y	Y	Y	Y	
28119		REMOVAL OF HEEL SPUR	7/1/2003	RBRVS	$409.71	$346.60	090		Y	Y		Y	
28122		PARTIAL REMOVAL OF FOOT BONE	7/1/2003	RBRVS	$545.81	$502.09	090		Y	Y	Y	Y	
28126		PARTIAL REMOVAL OF TOE	7/1/2003	RBRVS	$341.27	$309.59	090		Y				
28130		REMOVAL OF ANKLE BONE	7/1/2003	RBRVS	$512.04	$512.04	090		Y	Y	Y	Y	
28171		EXTENSIVE FOOT SURGERY	7/1/2003	RBRVS	$541.60	$541.60	090		Y		Y		
28173		EXTENSIVE FOOT SURGERY	7/1/2003	RBRVS	$588.24	$526.51	090		Y			Y	
28175		EXTENSIVE FOOT SURGERY	7/1/2003	RBRVS	$457.88	$384.67	090		Y			Y	
28190		REMOVAL OF FOOT FOREIGN BODY	7/1/2003	RBRVS	$236.75	$155.09	010		Y	Y			
28192		REMOVAL OF FOOT FOREIGN BODY	7/1/2003	RBRVS	$373.19	$301.92	090		Y	Y			
28193		REMOVAL OF FOOT FOREIGN BODY	7/1/2003	RBRVS	$423.55	$367.02	090		Y	Y			
28200		REPAIR OF FOOT TENDON	7/1/2003	RBRVS	$379.34	$327.98	090		Y			Y	
28202		REPAIR/GRAFT OF FOOT TENDON	7/1/2003	RBRVS	$537.57	$416.32	090		Y		Y	Y	
28208		REPAIR OF FOOT TENDON	7/1/2003	RBRVS	$365.43	$309.43	090		Y			Y	
28210		REPAIR/GRAFT OF FOOT TENDON	7/1/2003	RBRVS	$467.76	$384.73	090		Y		Y		

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
28238		REVISION OF FOOT TENDON	7/1/2003	RBRVS	$535.05	$461.31	090		Y	Y	Y	Y	
28250		REVISION OF FOOT FASCIA	7/1/2003	RBRVS	$439.54	$387.10	090		Y	Y	Y	Y	
28260		RELEASE OF MIDFOOT JOINT	7/1/2003	RBRVS	$518.93	$471.41	090		Y	Y	Y	Y	
28262		REVISION OF FOOT AND ANKLE	7/1/2003	RBRVS	$992.02	$940.95	090		Y	Y	Y	Y	
28264		RELEASE OF MIDFOOT JOINT	7/1/2003	RBRVS	$647.76	$647.76	090		Y	Y	Y		
28285		REPAIR OF HAMMERTOE	7/1/2003	RBRVS	$389.75	$337.55	090		Y			Y	
28292		CORRECTION OF BUNION	7/1/2003	RBRVS	$500.06	$442.97	090		Y	Y	Y	Y	
28293		CORRECTION OF BUNION	7/1/2003	RBRVS	$526.19	$463.65	090		Y	Y	Y	Y	
28294		CORRECTION OF BUNION	7/1/2003	RBRVS	$565.82	$497.26	090		Y	Y	Y	Y	
28296		CORRECTION OF BUNION	7/1/2003	RBRVS	$599.75	$539.66	090		Y	Y	Y	Y	
28297		CORRECTION OF BUNION	7/1/2003	RBRVS	$628.28	$588.68	090		Y	Y	Y	Y	
28298		CORRECTION OF BUNION	7/1/2003	RBRVS	$535.64	$490.02	090		Y	Y	Y	Y	
28299		CORRECTION OF BUNION	7/1/2003	RBRVS	$651.79	$590.33	090		Y	Y	Y	Y	
28300		INCISION OF HEEL BONE	7/1/2003	RBRVS	$723.06	$574.21	090		Y	Y	Y	Y	
28302		INCISION OF ANKLE BONE	7/1/2003	RBRVS	$712.09	$569.25	090		Y	Y	Y	Y	
28304		INCISION OF MIDFOOT BONES	7/1/2003	RBRVS	$575.61	$509.51	090		Y		Y	Y	
28305		INCISE/GRAFT MIDFOOT BONES	7/1/2003	RBRVS	$726.65	$589.24	090		Y		Y	Y	
28306		INCISION OF METATARSAL	7/1/2003	RBRVS	$443.50	$368.92	090		Y		Y	Y	
28308		INCISION OF METATARSAL	7/1/2003	RBRVS	$388.69	$322.34	090		Y		Y	Y	
28310		REVISION OF BIG TOE	7/1/2003	RBRVS	$427.73	$368.98	090		Y			Y	
28312		REVISION OF TOE	7/1/2003	RBRVS	$391.09	$359.13	090		Y			Y	
28315		REMOVAL OF SESAMOID BONE	7/1/2003	RBRVS	$374.97	$315.98	090		Y	Y		Y	
28320		REPAIR OF FOOT BONES	7/1/2003	RBRVS	$550.36	$550.36	090		Y		Y	Y	
28322		REPAIR OF METATARSALS	7/1/2003	RBRVS	$598.87	$510.39	090		Y		Y	Y	
28400		TREATMENT OF HEEL FRACTURE	7/1/2003	RBRVS	$238.81	$204.38	090		Y	Y			
28405		TREATMENT OF HEEL FRACTURE	7/1/2003	RBRVS	$342.48	$315.98	090		Y	Y			
28406		TREATMENT OF HEEL FRACTURE	7/1/2003	RBRVS	$456.01	$456.01	090		Y	Y			
28415		TREAT HEEL FRACTURE	7/1/2003	RBRVS	$952.11	$952.11	090		Y	Y	Y	Y	
28420		TREAT/GRAFT HEEL FRACTURE	7/1/2003	RBRVS	$982.64	$982.64	090		Y	Y	Y	Y	
28430		TREATMENT OF ANKLE FRACTURE	7/1/2003	RBRVS	$220.44	$184.65	090		Y	Y			
28435		TREATMENT OF ANKLE FRACTURE	7/1/2003	RBRVS	$270.33	$244.92	090		Y	Y			
28436		TREATMENT OF ANKLE FRACTURE	7/1/2003	RBRVS	$377.62	$377.62	090		Y	Y			
28445		TREAT ANKLE FRACTURE	7/1/2003	RBRVS	$876.50	$876.50	090		Y	Y	Y	Y	
28450		TREAT MIDFOOT FRACTURE, EACH	7/1/2003	RBRVS	$212.99	$175.57	090		Y				
28455		TREAT MIDFOOT FRACTURE, EACH	7/1/2003	RBRVS	$250.41	$240.02	090		Y				
28456		TREAT MIDFOOT FRACTURE	7/1/2003	RBRVS	$265.09	$265.09	090		Y				
28465		TREAT MIDFOOT FRACTURE, EACH	7/1/2003	RBRVS	$458.97	$458.97	090		Y				
28470		TREAT METATARSAL FRACTURE	7/1/2003	RBRVS	$195.12	$158.80	090		Y				
28475		TREAT METATARSAL FRACTURE	7/1/2003	RBRVS	$243.95	$222.63	090		Y				
28476		TREAT METATARSAL FRACTURE	7/1/2003	RBRVS	$302.01	$302.01	090		Y				
28485		TREAT METATARSAL FRACTURE	7/1/2003	RBRVS	$410.70	$410.70	090		Y			Y	
28490		TREAT BIG TOE FRACTURE	7/1/2003	RBRVS	$113.34	$94.79	090		Y				
28495		TREAT BIG TOE FRACTURE	7/1/2003	RBRVS	$131.95	$114.21	090		Y				

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
28496		TREAT BIG TOE FRACTURE	7/1/2003	RBRVS	$375.10	$219.94	090		Y				
28505		TREAT BIG TOE FRACTURE	7/1/2003	RBRVS	$438.02	$315.11	090		Y				
28510		TREATMENT OF TOE FRACTURE	7/1/2003	RBRVS	$104.89	$94.51	090		Y				
28515		TREATMENT OF TOE FRACTURE	7/1/2003	RBRVS	$123.57	$108.82	090		Y				
28525		TREAT TOE FRACTURE	7/1/2003	RBRVS	$412.60	$289.13	090		Y				
28540		TREAT FOOT DISLOCATION	7/1/2003	RBRVS	$170.21	$170.21	090		Y				
28545		TREAT FOOT DISLOCATION	7/1/2003	RBRVS	$192.32	$192.32	090		Y				
28546		TREAT FOOT DISLOCATION	7/1/2003	RBRVS	$355.67	$275.91	090		Y				
28555		REPAIR FOOT DISLOCATION	7/1/2003	RBRVS	$572.03	$443.38	090		Y		Y	Y	
28570		TREAT FOOT DISLOCATION	7/1/2003	RBRVS	$169.68	$163.41	090		Y				
28575		TREAT FOOT DISLOCATION	7/1/2003	RBRVS	$272.67	$263.66	090		Y				
28576		TREAT FOOT DISLOCATION	7/1/2003	RBRVS	$460.97	$324.15	090		Y				
28585		REPAIR FOOT DISLOCATION	7/1/2003	RBRVS	$527.22	$493.36	090		Y		Y	Y	
28600		TREAT FOOT DISLOCATION	7/1/2003	RBRVS	$186.52	$174.76	090		Y				
28605		TREAT FOOT DISLOCATION	7/1/2003	RBRVS	$231.32	$230.23	090		Y				
28606		TREAT FOOT DISLOCATION	7/1/2003	RBRVS	$612.06	$362.97	090		Y				
28615		REPAIR FOOT DISLOCATION	7/1/2003	RBRVS	$520.08	$520.08	090		Y		Y	Y	
28630		TREAT TOE DISLOCATION	7/1/2003	RBRVS	$119.48	$119.48	010		Y				
28635		TREAT TOE DISLOCATION	7/1/2003	RBRVS	$133.05	$133.05	010		Y				
28636		TREAT TOE DISLOCATION	7/1/2003	RBRVS	$286.17	$178.57	010		Y			Y	
28645		REPAIR TOE DISLOCATION	7/1/2003	RBRVS	$321.68	$258.89	090		Y			Y	
28660		TREAT TOE DISLOCATION	7/1/2003	RBRVS	$124.97	$106.39	010		Y				
28665		TREAT TOE DISLOCATION	7/1/2003	RBRVS	$134.14	$134.14	010		Y				
28666		TREAT TOE DISLOCATION	7/1/2003	RBRVS	$299.92	$167.72	010		Y			Y	
28675		REPAIR OF TOE DISLOCATION	7/1/2003	RBRVS	$359.10	$235.91	090		Y				
28715		FUSION OF FOOT BONES	7/1/2003	RBRVS	$780.72	$780.72	090		Y		Y	Y	
28725		FUSION OF FOOT BONES	7/1/2003	RBRVS	$699.59	$699.59	090		Y		Y	Y	
28730		FUSION OF FOOT BONES	7/1/2003	RBRVS	$654.22	$654.22	090		Y		Y	Y	
28735		FUSION OF FOOT BONES	7/1/2003	RBRVS	$650.88	$650.88	090		Y		Y	Y	
28737		REVISION OF FOOT BONES	7/1/2003	RBRVS	$574.49	$574.49	090		Y		Y	Y	
28740		FUSION OF FOOT BONES	7/1/2003	RBRVS	$638.19	$514.19	090		Y		Y	Y	
28755		FUSION OF BIG TOE JOINT	7/1/2003	RBRVS	$407.74	$340.02	090		Y	Y		Y	
28760		FUSION OF BIG TOE JOINT	7/1/2003	RBRVS	$531.59	$469.32	090		Y	Y	Y	Y	
28800		AMPUTATION OF MIDFOOT	7/1/2003	RBRVS	$514.22	$514.22	090		Y	Y	Y	Y	
29049		APPLICATION OF FIGURE EIGHT	7/1/2003	RBRVS	$59.12	$44.65	000		Y				
29055		APPLICATION OF SHOULDER CAST	7/1/2003	RBRVS	$127.56	$97.50	000		Y				
29058		APPLICATION OF SHOULDER CAST	7/1/2003	RBRVS	$79.13	$62.73	000		Y				
29065		APPLICATION OF LONG ARM CAST	7/1/2003	RBRVS	$59.90	$47.61	000		Y	Y			
29075		APPLICATION OF FOREARM CAST	7/1/2003	RBRVS	$55.06	$42.78	000		Y	Y			
29085		APPLY HAND/WRIST CAST	7/1/2003	RBRVS	$59.12	$45.21	000		Y	Y			
29086		APPLY FINGER CAST	7/1/2003	RBRVS	$39.38	$34.73	000		Y	Y			
29105		APPLY LONG ARM SPLINT	7/1/2003	RBRVS	$57.78	$42.19	000		Y	Y			
29125		APPLY FOREARM SPLINT	7/1/2003	RBRVS	$43.68	$29.78	000		Y	Y			

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
29126		APPLY FOREARM SPLINT	7/1/2003	RBRVS	$55.03	$37.01	000		Y	Y			
29130		APPLICATION OF FINGER SPLINT	7/1/2003	RBRVS	$27.97	$20.58	000		Y	Y			
29131		APPLICATION OF FINGER SPLINT	7/1/2003	RBRVS	$36.36	$23.54	000		Y	Y			
29200		STRAPPING OF CHEST	7/1/2003	RBRVS	$42.00	$30.00	000		Y				
29220		STRAPPING OF LOW BACK	7/1/2003	RBRVS	$41.03	$31.46	000		Y				
29240		STRAPPING OF SHOULDER	7/1/2003	RBRVS	$46.21	$32.80	000		Y				
29260		STRAPPING OF ELBOW OR WRIST	7/1/2003	RBRVS	$38.23	$26.47	000		Y	Y			
29280		STRAPPING OF HAND OR FINGER	7/1/2003	RBRVS	$38.13	$25.29	000		Y	Y			
29305		APPLICATION OF HIP CAST	7/1/2003	RBRVS	$146.17	$111.78	000		Y				
29325		APPLICATION OF HIP CASTS	7/1/2003	RBRVS	$160.14	$125.72	000		Y				
29345		APPLICATION OF LONG LEG CAST	7/1/2003	RBRVS	$88.11	$73.65	000		Y	Y			
29355		APPLICATION OF LONG LEG CAST	7/1/2003	RBRVS	$91.64	$79.07	000		Y	Y			
29358		APPLY LONG LEG CAST BRACE	7/1/2003	RBRVS	$95.82	$75.08	000		Y	Y			
29365		APPLICATION OF LONG LEG CAST	7/1/2003	RBRVS	$78.14	$63.39	000		Y	Y			
29405		APPLY SHORT LEG CAST	7/1/2003	RBRVS	$57.43	$46.49	000		Y	Y			
29425		APPLY SHORT LEG CAST	7/1/2003	RBRVS	$62.58	$52.20	000		Y	Y			
29435		APPLY SHORT LEG CAST	7/1/2003	RBRVS	$76.24	$63.11	000		Y	Y			
29440		ADDITION OF WALKER TO CAST	7/1/2003	RBRVS	$35.67	$25.85	000		Y	Y			
29445		APPLY RIGID LEG CAST	7/1/2003	RBRVS	$102.96	$84.12	000		Y	Y			
29450		APPLICATION OF LEG CAST	7/1/2003	RBRVS	$102.52	$94.07	000		Y	Y			
29505		APPLICATION, LONG LEG SPLINT	7/1/2003	RBRVS	$50.76	$34.64	000		Y	Y			
29515		APPLICATION LOWER LEG SPLINT	7/1/2003	RBRVS	$45.06	$36.04	000		Y	Y			
29520		STRAPPING OF HIP	7/1/2003	RBRVS	$40.47	$28.47	000		Y				
29530		STRAPPING OF KNEE	7/1/2003	RBRVS	$40.19	$27.34	000		Y				
29540		STRAPPING OF ANKLE AND/OR FT	7/1/2003	RBRVS	$26.66	$24.76	000		Y				
29550		STRAPPING OF TOES	7/1/2003	RBRVS	$25.97	$22.42	000		Y				
29580		APPLICATION OF PASTE BOOT	7/1/2003	RBRVS	$34.39	$27.56	000		Y	Y			
29590		APPLICATION OF FOOT SPLINT	7/1/2003	RBRVS	$37.26	$32.05	000		Y				
29700		REMOVAL/REVISION OF CAST	7/1/2003	RBRVS	$40.60	$26.38	000		Y				
29705		REMOVAL/REVISION OF CAST	7/1/2003	RBRVS	$44.99	$35.42	000		Y	Y			
29710		REMOVAL/REVISION OF CAST	7/1/2003	RBRVS	$82.07	$62.95	000		Y	Y			
29715		REMOVAL/REVISION OF CAST	7/1/2003	RBRVS	$59.15	$40.85	000		Y				
29720		REPAIR OF BODY CAST	7/1/2003	RBRVS	$49.73	$33.05	000		Y				
29730		WINDOWING OF CAST	7/1/2003	RBRVS	$44.43	$34.05	000		Y				
29740		WEDGING OF CAST	7/1/2003	RBRVS	$64.98	$50.23	000		Y				
29750		WEDGING OF CLUBFOOT CAST	7/1/2003	RBRVS	$68.25	$57.06	000		Y	Y			
29799		CASTING/STRAPPING PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00	090		Y			Y	Y
29826		SHOULDER ARTHROSCOPY/SURGERY	7/1/2003	RBRVS	$503.25	$503.25	090		Y	Y	Y	Y	
29827		ARTHROSCOP ROTATOR CUFF REPR	1/1/2003	RBRVS	$812.61	$812.61	090		Y	Y	Y	Y	
29871		KNEE ARTHROSCOPY/DRAINAGE	7/1/2003	RBRVS	$377.31	$377.31	090		Y	Y			
29873		KNEE ARTHROSCOPY/SURGERY	1/1/2003	RBRVS	$373.44	$373.44	090		Y	Y		Y	
29874		KNEE ARTHROSCOPY/SURGERY	7/1/2003	RBRVS	$399.82	$399.82	090		Y	Y			
29875		KNEE ARTHROSCOPY/SURGERY	7/1/2003	RBRVS	$370.20	$370.20	090		Y	Y			

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team
29876		KNEE ARTHROSCOPY/SURGERY	7/1/2003	RBRVS	$454.23	$454.23	090		Y	Y			
29877		KNEE ARTHROSCOPY/SURGERY	7/1/2003	RBRVS	$427.07	$427.07	090		Y	Y			
29879		KNEE ARTHROSCOPY/SURGERY	7/1/2003	RBRVS	$460.68	$460.68	090		Y	Y			
29880		KNEE ARTHROSCOPY/SURGERY	7/1/2003	RBRVS	$482.51	$482.51	090		Y	Y		Y	
29881		KNEE ARTHROSCOPY/SURGERY	7/1/2003	RBRVS	$446.84	$446.84	090		Y	Y			
29882		KNEE ARTHROSCOPY/SURGERY	7/1/2003	RBRVS	$481.42	$481.42	090		Y	Y			
29883		KNEE ARTHROSCOPY/SURGERY	7/1/2003	RBRVS	$607.67	$607.67	090		Y	Y			
29884		KNEE ARTHROSCOPY/SURGERY	7/1/2003	RBRVS	$425.11	$425.11	090		Y	Y	Y	Y	
29885		KNEE ARTHROSCOPY/SURGERY	7/1/2003	RBRVS	$516.00	$516.00	090		Y	Y	Y	Y	
29886		KNEE ARTHROSCOPY/SURGERY	7/1/2003	RBRVS	$436.93	$436.93	090		Y	Y			
29887		KNEE ARTHROSCOPY/SURGERY	7/1/2003	RBRVS	$513.69	$513.69	090		Y	Y	Y	Y	
29888		KNEE ARTHROSCOPY/SURGERY	7/1/2003	RBRVS	$740.56	$740.56	090		Y	Y	Y	Y	
29897		ANKLE ARTHROSCOPY/SURGERY	7/1/2003	RBRVS	$400.54	$400.54	090		Y	Y	Y		
29898		ANKLE ARTHROSCOPY/SURGERY	7/1/2003	RBRVS	$443.82	$443.82	090		Y	Y	Y	Y	
29899		ANKLE ARTHROSCOPY/SURGERY	1/1/2003	RBRVS	$745.20	$745.20	090		Y	Y	Y	Y	
29900		MCP JOINT ARTHROSCOPY, DX	7/1/2003	RBRVS	$339.24	$339.24	090		Y	Y			
29901		MCP JOINT ARTHROSCOPY, SURG	7/1/2003	RBRVS	$372.91	$372.91	090		Y	Y			
29902		MCP JOINT ARTHROSCOPY, SURG	7/1/2003	RBRVS	$400.07	$400.07	090		Y	Y			
29999		ARTHROSCOPY OF JOINT	7/1/2003	BY REPORT	$0.00	$0.00	090		Y	Y		Y	
30020		DRAINAGE OF NOSE LESION	7/1/2003	RBRVS	$118.20	$86.77	010		Y				
30100		INTRANASAL BIOPSY	7/1/2003	RBRVS	$65.54	$43.40	000		Y				
30118		REMOVAL OF INTRANASAL LESION	7/1/2003	RBRVS	$525.13	$525.13	090		Y		Y	Y	
30124		REMOVAL OF NOSE LESION	7/1/2003	RBRVS	$186.77	$186.77	090		Y				
30125		REMOVAL OF NOSE LESION	7/1/2003	RBRVS	$399.70	$399.70	090		Y		Y		
30160		REMOVAL OF NOSE	7/1/2003	RBRVS	$532.80	$532.80	090		Y		Y	Y	
30200		INJECTION TREATMENT OF NOSE	7/1/2003	RBRVS	$57.53	$36.48	000		Y				
30300		REMOVE NASAL FOREIGN BODY	7/1/2003	RBRVS	$103.39	$42.78	010		Y				
30410		RECONSTRUCTION OF NOSE	7/1/2003	RBRVS	$695.75	$695.75	090	Y	Y		Y		
30430		REVISION OF NOSE	7/1/2003	RBRVS	$422.64	$422.64	090	Y	Y		Y		
30435		REVISION OF NOSE	7/1/2003	RBRVS	$650.94	$650.94	090	Y	Y		Y		
30450		REVISION OF NOSE	7/1/2003	RBRVS	$964.58	$964.58	090	Y	Y		Y		
30460		REVISION OF NOSE	7/1/2003	RBRVS	$563.39	$563.39	090	Y	Y		Y	Y	
30462		REVISION OF NOSE	7/1/2003	RBRVS	$1,016.53	$1,016.53	090	Y	Y		Y	Y	
30540		REPAIR NASAL DEFECT	7/1/2003	RBRVS	$417.19	$417.19	090		Y		Y		
30545		REPAIR NASAL DEFECT	7/1/2003	RBRVS	$616.90	$616.90	090		Y		Y		
30901		CONTROL OF NOSEBLEED	7/1/2003	RBRVS	$76.11	$46.89	000		Y	Y			
30903		CONTROL OF NOSEBLEED	7/1/2003	RBRVS	$134.11	$62.27	000		Y	Y			
30905		CONTROL OF NOSEBLEED	7/1/2003	RBRVS	$165.29	$83.06	000		Y				
30906		REPEAT CONTROL OF NOSEBLEED	7/1/2003	RBRVS	$190.88	$110.03	000		Y				
31000		IRRIGATION, MAXILLARY SINUS	7/1/2003	RBRVS	$102.24	$53.35	010		Y	Y			
31002		IRRIGATION, SPHENOID SINUS	7/1/2003	RBRVS	$115.21	$115.21	010		Y	Y			
31205		REMOVAL OF ETHMOID SINUS	7/1/2003	RBRVS	$545.62	$545.62	090		Y	Y	Y	Y	
31225		REMOVAL OF UPPER JAW	7/1/2003	RBRVS	$1,010.89	$1,010.89	090		Y	Y	Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
31230		REMOVAL OF UPPER JAW	7/1/2003	RBRVS	$1,140.53	$1,140.53	090		Y	Y	Y	Y	
31231		NASAL ENDOSCOPY, DX	7/1/2003	RBRVS	$88.74	$50.51	000		Y				
31360		REMOVAL OF LARYNX	7/1/2003	RBRVS	$1,052.92	$1,052.92	090		Y		Y	Y	
31365		REMOVAL OF LARYNX	7/1/2003	RBRVS	$1,376.29	$1,376.29	090		Y		Y	Y	
31367		PARTIAL REMOVAL OF LARYNX	7/1/2003	RBRVS	$1,328.52	$1,328.52	090		Y		Y	Y	
31368		PARTIAL REMOVAL OF LARYNX	7/1/2003	RBRVS	$1,617.12	$1,617.12	090		Y		Y	Y	
31370		PARTIAL REMOVAL OF LARYNX	7/1/2003	RBRVS	$1,303.39	$1,303.39	090		Y		Y	Y	
31375		PARTIAL REMOVAL OF LARYNX	7/1/2003	RBRVS	$1,200.80	$1,200.80	090		Y		Y	Y	
31380		PARTIAL REMOVAL OF LARYNX	7/1/2003	RBRVS	$1,200.68	$1,200.68	090		Y		Y	Y	
31382		PARTIAL REMOVAL OF LARYNX	7/1/2003	RBRVS	$1,264.85	$1,264.85	090		Y		Y	Y	
31390		REMOVAL OF LARYNX & PHARYNX	7/1/2003	RBRVS	$1,635.92	$1,635.92	090		Y		Y	Y	
31395		RECONSTRUCT LARYNX & PHARYNX	7/1/2003	RBRVS	$1,908.40	$1,908.40	090		Y		Y	Y	
31400		REVISION OF LARYNX	7/1/2003	RBRVS	$749.44	$749.44	090		Y		Y		
31420		REMOVAL OF EPIGLOTTIS	7/1/2003	RBRVS	$738.09	$738.09	090		Y		Y	Y	
31500		INSERT EMERGENCY AIRWAY	7/1/2003	RBRVS	$90.70	$90.70	000						
31502		CHANGE OF WINDPIPE AIRWAY	7/1/2003	RBRVS	$74.24	$27.25	000		Y				
31575		DIAGNOSTIC LARYNGOSCOPY	7/1/2003	RBRVS	$90.92	$49.95	000		Y				
31588		REVISION OF LARYNX	7/1/2003	RBRVS	$876.53	$876.53	090		Y		Y		
31590		REINNERVATE LARYNX	7/1/2003	RBRVS	$559.77	$559.77	090		Y		Y	Y	
31595		LARYNX NERVE SURGERY	7/1/2003	RBRVS	$570.28	$570.28	090		Y		Y	Y	
31611		SURGERY/SPEECH PROSTHESIS	7/1/2003	RBRVS	$454.45	$454.45	090		Y		Y	Y	
31700		INSERTION OF AIRWAY CATHETER	7/1/2003	RBRVS	$105.20	$60.12	000		Y				
31720		CLEARANCE OF AIRWAYS	7/1/2003	RBRVS	$83.56	$41.78	000		Y				
31725		CLEARANCE OF AIRWAYS	7/1/2003	RBRVS	$76.70	$76.70	000		Y				
31730		INTRO, WINDPIPE WIRE/TUBE	7/1/2003	RBRVS	$153.90	$117.86	000		Y				
31770		REPAIR/GRAFT OF BRONCHUS	7/1/2003	RBRVS	$1,107.45	$1,107.45	090		Y		Y	Y	
31775		RECONSTRUCT BRONCHUS	7/1/2003	RBRVS	$1,182.50	$1,182.50	090		Y		Y		
31780		RECONSTRUCT WINDPIPE	7/1/2003	RBRVS	$910.99	$910.99	090		Y		Y	Y	
31781		RECONSTRUCT WINDPIPE	7/1/2003	RBRVS	$1,145.83	$1,145.83	090		Y		Y	Y	
31785		REMOVE WINDPIPE LESION	7/1/2003	RBRVS	$887.54	$887.54	090		Y		Y	Y	
31786		REMOVE WINDPIPE LESION	7/1/2003	RBRVS	$1,186.84	$1,186.84	090		Y		Y	Y	
31805		REPAIR OF WINDPIPE INJURY	7/1/2003	RBRVS	$714.33	$714.33	090		Y		Y	Y	
32100		EXPLORATION/BIOPSY OF CHEST	7/1/2003	RBRVS	$768.09	$768.09	090		Y		Y	Y	
32110		EXPLORE/REPAIR CHEST	7/1/2003	RBRVS	$1,070.32	$1,070.32	090		Y		Y	Y	
32120		RE-EXPLORATION OF CHEST	7/1/2003	RBRVS	$633.23	$633.23	090		Y		Y	Y	
32124		EXPLORE CHEST FREE ADHESIONS	7/1/2003	RBRVS	$668.31	$668.31	090		Y		Y	Y	
32140		REMOVAL OF LUNG LESION(S)	7/1/2003	RBRVS	$723.03	$723.03	090		Y		Y	Y	
32141		REMOVE/TREAT LUNG LESIONS	7/1/2003	RBRVS	$723.28	$723.28	090		Y		Y	Y	
32150		REMOVAL OF LUNG LESION(S)	7/1/2003	RBRVS	$724.19	$724.19	090		Y		Y	Y	
32151		REMOVE LUNG FOREIGN BODY	7/1/2003	RBRVS	$741.49	$741.49	090		Y		Y	Y	
32160		OPEN CHEST HEART MASSAGE	7/1/2003	RBRVS	$470.72	$470.72	090		Y		Y	Y	
32200		DRAIN, OPEN, LUNG LESION	7/1/2003	RBRVS	$760.23	$760.23	090		Y		Y	Y	
32201		DRAIN, PERCUT, LUNG LESION	7/1/2003	RBRVS	$273.89	$273.89	000		Y		Y		

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Team
32225		PARTIAL RELEASE OF LUNG	7/1/2003	RBRVS	$728.18	$728.18	090		Y		Y	Y	
32480		PARTIAL REMOVAL OF LUNG	7/1/2003	RBRVS	$1,094.89	$1,094.89	090		Y		Y	Y	
32482		BILOBECTOMY	7/1/2003	RBRVS	$1,135.20	$1,135.20	090		Y		Y	Y	
32484		SEGMENTECTOMY	7/1/2003	RBRVS	$968.98	$968.98	090		Y		Y	Y	
32486		SLEEVE LOBECTOMY	7/1/2003	RBRVS	$1,121.51	$1,121.51	090		Y		Y	Y	
32488		COMPLETION PNEUMONECTOMY	7/1/2003	RBRVS	$1,194.19	$1,194.19	090		Y		Y	Y	
32491		LUNG VOLUME REDUCTION	7/1/2003	RBRVS	$1,016.69	$1,016.69	090		Y	Y	Y	Y	
32500		PARTIAL REMOVAL OF LUNG	7/1/2003	RBRVS	$1,013.82	$1,013.82	090		Y		Y	Y	
32501		REPAIR BRONCHUS ADD-ON	7/1/2003	RBRVS	$193.69	$193.69				Y	Y	Y	
32650		THORACOSCOPY, SURGICAL	7/1/2003	RBRVS	$524.29	$524.29	090		Y		Y	Y	
32651		THORACOSCOPY, SURGICAL	7/1/2003	RBRVS	$608.98	$608.98	090		Y		Y	Y	
32652		THORACOSCOPY, SURGICAL	7/1/2003	RBRVS	$870.89	$870.89	090		Y		Y	Y	
32653		THORACOSCOPY, SURGICAL	7/1/2003	RBRVS	$601.56	$601.56	090		Y		Y	Y	
32654		THORACOSCOPY, SURGICAL	7/1/2003	RBRVS	$599.37	$599.37	090		Y		Y	Y	
32655		THORACOSCOPY, SURGICAL	7/1/2003	RBRVS	$615.84	$615.84	090		Y		Y	Y	
32656		THORACOSCOPY, SURGICAL	7/1/2003	RBRVS	$624.57	$624.57	090		Y		Y	Y	
32657		THORACOSCOPY, SURGICAL	7/1/2003	RBRVS	$644.18	$644.18	090		Y		Y	Y	
32658		THORACOSCOPY, SURGICAL	7/1/2003	RBRVS	$569.28	$569.28	090		Y		Y	Y	
32659		THORACOSCOPY, SURGICAL	7/1/2003	RBRVS	$569.28	$569.28	090		Y		Y	Y	
32660		THORACOSCOPY, SURGICAL	7/1/2003	RBRVS	$810.87	$810.87	090		Y		Y	Y	
32661		THORACOSCOPY, SURGICAL	7/1/2003	RBRVS	$634.14	$634.14	090		Y		Y	Y	
32662		THORACOSCOPY, SURGICAL	7/1/2003	RBRVS	$764.97	$764.97	090		Y		Y	Y	
32663		THORACOSCOPY, SURGICAL	7/1/2003	RBRVS	$877.94	$877.94	090		Y		Y	Y	
32664		THORACOSCOPY, SURGICAL	7/1/2003	RBRVS	$663.45	$663.45	090		Y	Y	Y	Y	
32665		THORACOSCOPY, SURGICAL	7/1/2003	RBRVS	$719.95	$719.95	090		Y		Y	Y	
32815		CLOSE BRONCHIAL FISTULA	7/1/2003	RBRVS	$1,120.48	$1,120.48	090		Y		Y	Y	
33215		REPOSITION PACING-DEFIB LEAD	1/1/2003	RBRVS	$235.19	$235.19	090		Y				
33224		INSERT PACING LEAD & CONNECT	7/1/2003	RBRVS	$383.30	$383.30	000		Y				
33225		L VENTRIC PACING LEAD ADD-ON	1/1/2003	RBRVS	$340.14	$340.14							
33226		REPOSITION L VENTRIC LEAD	1/1/2003	RBRVS	$369.08	$369.08	000		Y				
33405		REPLACEMENT OF AORTIC VALVE	7/1/2003	RBRVS	$1,602.78	$1,602.78	090		Y		Y	Y	
33426		REPAIR OF MITRAL VALVE	7/1/2003	RBRVS	$1,513.70	$1,513.70	090		Y		Y	Y	
33430		REPLACEMENT OF MITRAL VALVE	7/1/2003	RBRVS	$1,533.62	$1,533.62	090		Y		Y	Y	
33508		ENDOSCOPIC VEIN HARVEST	1/1/2003	RBRVS	$12.88	$12.88				Y	Y	Y	
33512		CABG, VEIN, THREE	7/1/2003	RBRVS	$1,483.33	$1,483.33	090		Y		Y		
33517		CABG, ARTERY-VEIN, SINGLE	7/1/2003	RBRVS	$106.32	$106.32					Y		
33518		CABG, ARTERY-VEIN, TWO	7/1/2003	RBRVS	$200.64	$200.64					Y		
33519		CABG, ARTERY-VEIN, THREE	7/1/2003	RBRVS	$294.18	$294.18					Y		
33521		CABG, ARTERY-VEIN, FOUR	7/1/2003	RBRVS	$388.50	$388.50					Y		
33530		CORONARY ARTERY, BYPASS/REOP	7/1/2003	RBRVS	$242.02	$242.02					Y		
33533		CABG, ARTERIAL, SINGLE	7/1/2003	RBRVS	$1,390.07	$1,390.07	090		Y		Y		
33534		CABG, ARTERIAL, TWO	7/1/2003	RBRVS	$1,495.24	$1,495.24	090		Y		Y		
33542		REMOVAL OF HEART LESION	7/1/2003	RBRVS	$1,412.49	$1,412.49	090		Y		Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Team
33860		ASCENDING AORTIC GRAFT	7/1/2003	RBRVS	$1,739.31	$1,739.31	090		Y		Y	Y	
33930		REMOVAL OF DONOR HEART/LUNG	7/1/2003	BY REPORT	$0.00	$0.00							
34201		REMOVAL OF ARTERY CLOT	7/1/2003	RBRVS	$457.60	$457.60	090		Y	Y	Y	Y	
34501		REPAIR VALVE, FEMORAL VEIN	7/1/2003	RBRVS	$757.64	$757.64	090		Y	Y	Y	Y	
34510		TRANSPOSITION OF VEIN VALVE	7/1/2003	RBRVS	$878.09	$878.09	090		Y	Y	Y	Y	
34530		LEG VEIN FUSION	7/1/2003	RBRVS	$778.32	$778.32	090		Y	Y	Y	Y	
34833		XPOSE FOR ENDOPROSTH ILIAC	1/1/2003	RBRVS	$507.33	$507.33	000		Y	Y	Y	Y	
34834		XPOSE ENDOPROSTH BRACHIAL	1/1/2003	RBRVS	$237.31	$237.31	000		Y	Y	Y	Y	
34900		ENDOVASC ILIAC REPR W/GRAFT	1/1/2003	RBRVS	$744.02	$744.02	090		Y		Y	Y	
35206		REPAIR BLOOD VESSEL LESION	7/1/2003	RBRVS	$621.17	$621.17	090		Y	Y	Y	Y	
35301		RECHANNELING OF ARTERY	7/1/2003	RBRVS	$830.07	$830.07	090		Y	Y	Y	Y	
35390		REOPERATION, CAROTID ADD-ON	7/1/2003	RBRVS	$132.33	$132.33				Y	Y	Y	
35556		ARTERY BYPASS GRAFT	7/1/2003	RBRVS	$953.14	$953.14	090		Y	Y	Y	Y	
35566		ARTERY BYPASS GRAFT	7/1/2003	RBRVS	$1,184.59	$1,184.59	090		Y	Y	Y	Y	
35572		HARVEST FEMOROPOPLITEAL VEIN	1/1/2003	RBRVS	$286.48	$286.48					Y		
35582		VEIN BYPASS GRAFT	7/1/2003	RBRVS	$1,177.01	$1,177.01	090		Y	Y	Y	Y	
35583		VEIN BYPASS GRAFT	7/1/2003	RBRVS	$1,003.75	$1,003.75	090		Y	Y	Y	Y	
35585		VEIN BYPASS GRAFT	7/1/2003	RBRVS	$1,304.01	$1,304.01	090		Y	Y	Y	Y	
35587		VEIN BYPASS GRAFT	7/1/2003	RBRVS	$1,125.91	$1,125.91	090		Y	Y	Y	Y	
35641		ARTERY BYPASS GRAFT	7/1/2003	RBRVS	$1,072.44	$1,072.44	090		Y		Y	Y	
35656		ARTERY BYPASS GRAFT	7/1/2003	RBRVS	$853.12	$853.12	090		Y	Y	Y	Y	
35665		ARTERY BYPASS GRAFT	7/1/2003	RBRVS	$907.21	$907.21	090		Y	Y	Y	Y	
35700		REOPERATION, BYPASS GRAFT	7/1/2003	RBRVS	$127.53	$127.53				Y	Y	Y	
35800		EXPLORE NECK VESSELS	7/1/2003	RBRVS	$332.38	$332.38	090		Y		Y	Y	
36000		PLACE NEEDLE IN VEIN	7/1/2003	RBRVS	$23.57	$6.92			Y	Y			
36002		PSEUDOANEURYSM INJECTION TRT	7/1/2003	RBRVS	$127.25	$87.65	000		Y	Y			
36400		BL DRAW < 3 YRS FEM/JUGULAR	7/1/2003	RBRVS	$35.79	$14.22			Y				
36405		BL DRAW < 3 YRS SCALP VEIN	7/1/2003	RBRVS	$18.43	$11.60			Y				
36406		BL DRAW < 3 YRS OTHER VEIN	7/1/2003	RBRVS	$15.65	$6.92			Y				
36410		NON-ROUTINE BL DRAW > 3 YRS	7/1/2003	RBRVS	$16.21	$6.92			Y				
36415		ROUTINE VENIPUNCTURE	6/1/1998	FEE SCHED	$3.00	$0.00							
36420		VEIN ACCESS CUTDOWN < 1 YR	7/1/2003	RBRVS	$40.41	$40.41			Y				
36425		VEIN ACCESS CUTDOWN > 1 YR	7/1/2003	RBRVS	$29.65	$29.65			Y				
36430		BLOOD TRANSFUSION SERVICE	7/1/2003	RBRVS	$28.72	$28.72							
36489		INSERTION OF CATHETER, VEIN	7/1/2003	RBRVS	$188.14	$104.27	000						
36511		APHERESIS WBC	1/1/2003	RBRVS	$72.03	$72.03	000		Y				
36512		APHERESIS RBC	1/1/2003	RBRVS	$72.03	$72.03	000		Y				
36513		APHERESIS PLATELETS	1/1/2003	RBRVS	$72.03	$72.03	000		Y				
36514		APHERESIS PLASMA	1/1/2003	RBRVS	$72.03	$72.03	000		Y				
36515		APHERESIS ADSORP/REINFUSE	1/1/2003	RBRVS	$72.03	$72.03	000		Y				
36516		APHERESIS SELECTIVE	1/1/2003	RBRVS	$72.03	$72.03	000		Y				
36536		REMOVE CVA DEVICE OBSTRUCT	1/1/2003	RBRVS	$1,027.94	$152.00	000		Y				
36537		REMOVE CVA LUMEN OBSTRUCT	1/1/2003	RBRVS	$233.16	$36.51	000		Y				

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team
36600		WITHDRAWAL OF ARTERIAL BLOOD	7/1/2003	RBRVS	$21.14	$12.38			Y				
36620		INSERTION CATHETER, ARTERY	7/1/2003	RBRVS	$41.97	$41.97	000						
36625		INSERTION CATHETER, ARTERY	7/1/2003	RBRVS	$80.60	$80.60	000						
36640		INSERTION CATHETER, ARTERY	7/1/2003	RBRVS	$85.96	$85.96	000		Y				
36660		INSERTION CATHETER, ARTERY	7/1/2003	RBRVS	$55.56	$55.56	000						
37181		SPLICE SPLEEN/KIDNEY VEINS	7/1/2003	RBRVS	$1,147.42	$1,147.42	090		Y		Y	Y	
37182		INSERT HEPATIC SHUNT (TIPS)	1/1/2003	RBRVS	$711.31	$711.31	000		Y		Y		
37183		REMOVE HEPATIC SHUNT (TIPS)	1/1/2003	RBRVS	$331.94	$331.94	000		Y		Y		
37500		ENDOSCOPY LIGATE PERF VEINS	1/1/2003	RBRVS	$572.53	$572.53	090		Y	Y		Y	
37501		VASCULAR ENDOSCOPY PROCEDURE	1/1/2003	BY REPORT	$0.00	$0.00	090		Y	Y		Y	
37618		LIGATION OF EXTREMITY ARTERY	7/1/2003	RBRVS	$250.94	$250.94	090		Y		Y	Y	
38100		REMOVAL OF SPLEEN, TOTAL	7/1/2003	RBRVS	$638.16	$638.16	090		Y		Y	Y	
38101		REMOVAL OF SPLEEN, PARTIAL	7/1/2003	RBRVS	$674.33	$674.33	090		Y		Y	Y	
38115		REPAIR OF RUPTURED SPLEEN	7/1/2003	RBRVS	$692.63	$692.63	090		Y		Y	Y	
38120		LAPAROSCOPY, SPLENECTOMY	7/1/2003	RBRVS	$744.08	$744.08	090		Y		Y	Y	
38129		LAPAROSCOPE PROC, SPLEEN	7/1/2003	BY REPORT	$0.00	$0.00	090		Y		Y		
38200		INJECTION FOR SPLEEN X-RAY	7/1/2003	RBRVS	$106.04	$106.04	000		Y				
38204		BL DONOR SEARCH MANAGEMENT	1/1/2003	RBRVS	$0.00	$0.00		Y					
38205		HARVEST ALLOGENIC STEM CELLS	1/1/2003	RBRVS	$62.24	$62.24	000	Y	Y				
38206		HARVEST AUTO STEM CELLS	1/1/2003	RBRVS	$62.24	$62.24	000	Y	Y				
38242		LYMPHOCYTE INFUSE TRANSPLANT	1/1/2003	RBRVS	$70.90	$70.90	000	Y	Y				
38300		DRAINAGE, LYMPH NODE LESION	7/1/2003	RBRVS	$185.52	$133.08	010		Y				
38305		DRAINAGE, LYMPH NODE LESION	7/1/2003	RBRVS	$424.05	$357.70	090		Y				
38500		BIOPSY/REMOVAL, LYMPH NODES	7/1/2003	RBRVS	$200.46	$187.36	010		Y	Y			
38505		NEEDLE BIOPSY, LYMPH NODES	7/1/2003	RBRVS	$121.29	$65.57	000		Y	Y			
38542		EXPLORE DEEP NODE(S), NECK	7/1/2003	RBRVS	$350.28	$350.28	090		Y	Y	Y	Y	
38760		REMOVE GROIN LYMPH NODES	7/1/2003	RBRVS	$598.56	$598.56	090		Y	Y	Y	Y	
38765		REMOVE GROIN LYMPH NODES	7/1/2003	RBRVS	$932.28	$932.28	090		Y	Y	Y	Y	
39000		EXPLORATION OF CHEST	7/1/2003	RBRVS	$404.28	$404.28	090		Y		Y	Y	
39010		EXPLORATION OF CHEST	7/1/2003	RBRVS	$578.70	$578.70	090		Y		Y	Y	
39200		REMOVAL CHEST LESION	7/1/2003	RBRVS	$640.22	$640.22	090		Y		Y	Y	
39220		REMOVAL CHEST LESION	7/1/2003	RBRVS	$810.80	$810.80	090		Y		Y	Y	
39501		REPAIR DIAPHRAGM LACERATION	7/1/2003	RBRVS	$633.11	$633.11	090		Y		Y	Y	
39502		REPAIR PARAESOPHAGEAL HERNIA	7/1/2003	RBRVS	$746.32	$746.32	090		Y		Y	Y	
39503		REPAIR OF DIAPHRAGM HERNIA	7/1/2003	RBRVS	$3,834.73	$3,834.73	090		Y		Y	Y	
39520		REPAIR OF DIAPHRAGM HERNIA	7/1/2003	RBRVS	$782.77	$782.77	090		Y		Y	Y	
39530		REPAIR OF DIAPHRAGM HERNIA	7/1/2003	RBRVS	$727.90	$727.90	090		Y		Y	Y	
39531		REPAIR OF DIAPHRAGM HERNIA	7/1/2003	RBRVS	$766.84	$766.84	090		Y		Y	Y	
39540		REPAIR OF DIAPHRAGM HERNIA	7/1/2003	RBRVS	$638.07	$638.07	090		Y		Y	Y	
39541		REPAIR OF DIAPHRAGM HERNIA	7/1/2003	RBRVS	$675.98	$675.98	090		Y		Y	Y	
39545		REVISION OF DIAPHRAGM	7/1/2003	RBRVS	$684.90	$684.90	090		Y		Y	Y	
39560		RESECT DIAPHRAGM, SIMPLE	7/1/2003	RBRVS	$591.73	$591.73	090		Y		Y	Y	
39561		RESECT DIAPHRAGM, COMPLEX	7/1/2003	RBRVS	$829.61	$829.61	090		Y		Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
39599		DIAPHRAGM SURGERY PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00	090		Y		Y	Y	Y
40799		LIP SURGERY PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00	090		Y		Y	Y	Y
40800		DRAINAGE OF MOUTH LESION	7/1/2003	RBRVS	$86.40	$60.46	010		Y				
40801		DRAINAGE OF MOUTH LESION	7/1/2003	RBRVS	$145.11	$121.35	010		Y				
40804		REMOVAL, FOREIGN BODY, MOUTH	7/1/2003	RBRVS	$101.87	$66.91	010		Y				
40805		REMOVAL, FOREIGN BODY, MOUTH	7/1/2003	RBRVS	$158.64	$131.33	010		Y				
40830		REPAIR MOUTH LACERATION	7/1/2003	RBRVS	$124.41	$123.60	010		Y				
40831		REPAIR MOUTH LACERATION	7/1/2003	RBRVS	$153.56	$153.56	010		Y				
40840		RECONSTRUCTION OF MOUTH	7/1/2003	RBRVS	$444.19	$444.19	090		Y		Y		
40843		RECONSTRUCTION OF MOUTH	7/1/2003	RBRVS	$577.11	$577.11	090		Y		Y		
40844		RECONSTRUCTION OF MOUTH	7/1/2003	RBRVS	$756.46	$755.65	090		Y		Y		
41000		DRAINAGE OF MOUTH LESION	7/1/2003	RBRVS	$105.54	$81.50	010		Y				
41005		DRAINAGE OF MOUTH LESION	7/1/2003	RBRVS	$101.09	$79.51	010		Y				
41006		DRAINAGE OF MOUTH LESION	7/1/2003	RBRVS	$204.07	$194.50	090		Y				
41007		DRAINAGE OF MOUTH LESION	7/1/2003	RBRVS	$202.51	$183.93	090		Y				
41008		DRAINAGE OF MOUTH LESION	7/1/2003	RBRVS	$203.61	$194.84	090		Y				
41009		DRAINAGE OF MOUTH LESION	7/1/2003	RBRVS	$212.24	$201.33	090		Y				
41015		DRAINAGE OF MOUTH LESION	7/1/2003	RBRVS	$239.15	$212.09	090		Y				
41016		DRAINAGE OF MOUTH LESION	7/1/2003	RBRVS	$240.24	$219.23	090		Y				
41017		DRAINAGE OF MOUTH LESION	7/1/2003	RBRVS	$241.43	$218.48	090		Y				
41018		DRAINAGE OF MOUTH LESION	7/1/2003	RBRVS	$283.27	$262.50	090		Y				
41120		PARTIAL REMOVAL OF TONGUE	7/1/2003	RBRVS	$547.80	$547.80	090		Y		Y	Y	
41130		PARTIAL REMOVAL OF TONGUE	7/1/2003	RBRVS	$612.50	$612.50	090		Y		Y	Y	
41135		TONGUE AND NECK SURGERY	7/1/2003	RBRVS	$1,158.34	$1,158.34	090		Y		Y	Y	
41140		REMOVAL OF TONGUE	7/1/2003	RBRVS	$1,270.34	$1,270.34	090		Y		Y	Y	
41145		TONGUE REMOVAL, NECK SURGERY	7/1/2003	RBRVS	$1,520.03	$1,520.03	090		Y		Y	Y	
41150		TONGUE, MOUTH, JAW SURGERY	7/1/2003	RBRVS	$1,189.02	$1,189.02	090		Y		Y	Y	
41153		TONGUE, MOUTH, NECK SURGERY	7/1/2003	RBRVS	$1,228.21	$1,228.21	090		Y		Y	Y	
41155		TONGUE, JAW, & NECK SURGERY	7/1/2003	RBRVS	$1,412.33	$1,412.33	090		Y		Y	Y	
41250		REPAIR TONGUE LACERATION	7/1/2003	RBRVS	$138.63	$106.70	010		Y				
41251		REPAIR TONGUE LACERATION	7/1/2003	RBRVS	$145.61	$125.94	010		Y				
41252		REPAIR TONGUE LACERATION	7/1/2003	RBRVS	$188.79	$157.12	010		Y				
41800		DRAINAGE OF GUM LESION	7/1/2003	RBRVS	$90.52	$74.11	010		Y				
41805		REMOVAL FOREIGN BODY, GUM	7/1/2003	RBRVS	$92.04	$92.04	010		Y				
41806		REMOVAL FOREIGN BODY,JAWBONE	7/1/2003	RBRVS	$154.87	$151.60	010		Y				
42000		DRAINAGE MOUTH ROOF LESION	7/1/2003	RBRVS	$107.79	$80.48	010		Y				
42180		REPAIR PALATE	7/1/2003	RBRVS	$160.02	$135.98	010		Y				
42182		REPAIR PALATE	7/1/2003	RBRVS	$214.36	$203.14	010		Y				
42260		REPAIR NOSE TO LIP FISTULA	7/1/2003	RBRVS	$500.47	$500.47	090		Y		Y		
42300		DRAINAGE OF SALIVARY GLAND	7/1/2003	RBRVS	$132.95	$112.19	010		Y				
42305		DRAINAGE OF SALIVARY GLAND	7/1/2003	RBRVS	$334.72	$334.72	090		Y				
42310		DRAINAGE OF SALIVARY GLAND	7/1/2003	RBRVS	$112.06	$93.76	010		Y				
42320		DRAINAGE OF SALIVARY GLAND	7/1/2003	RBRVS	$149.13	$131.64	010		Y				

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
42410		EXCISE PAROTID GLAND/LESION	7/1/2003	RBRVS	$509.08	$509.08	090		Y		Y	Y	
42415		EXCISE PAROTID GLAND/LESION	7/1/2003	RBRVS	$869.45	$869.45	090		Y		Y	Y	
42420		EXCISE PAROTID GLAND/LESION	7/1/2003	RBRVS	$996.36	$996.36	090		Y		Y	Y	
42425		EXCISE PAROTID GLAND/LESION	7/1/2003	RBRVS	$693.57	$693.57	090		Y		Y	Y	
42426		EXCISE PAROTID GLAND/LESION	7/1/2003	RBRVS	$1,070.38	$1,070.38	090		Y		Y	Y	
42440		EXCISE SUBMAXILLARY GLAND	7/1/2003	RBRVS	$381.36	$381.36	090		Y		Y	Y	
42507		PAROTID DUCT DIVERSION	7/1/2003	RBRVS	$359.29	$359.29	090		Y		Y		
42508		PAROTID DUCT DIVERSION	7/1/2003	RBRVS	$505.83	$505.83	090		Y		Y		
42510		PAROTID DUCT DIVERSION	7/1/2003	RBRVS	$447.99	$447.99	090		Y		Y	Y	
42699		SALIVARY SURGERY PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00	090		Y		Y	Y	Y
42700		DRAINAGE OF TONSIL ABSCESS	7/1/2003	RBRVS	$140.03	$102.05	010		Y				
42720		DRAINAGE OF THROAT ABSCESS	7/1/2003	RBRVS	$302.66	$299.39	010		Y				
42725		DRAINAGE OF THROAT ABSCESS	7/1/2003	RBRVS	$568.38	$568.38	090		Y		Y	Y	
42809		REMOVE PHARYNX FOREIGN BODY	7/1/2003	RBRVS	$152.16	$104.08	010		Y				
42810		EXCISION OF NECK CYST	7/1/2003	RBRVS	$252.71	$224.84	090		Y		Y		
42815		EXCISION OF NECK CYST	7/1/2003	RBRVS	$401.16	$401.16	090		Y		Y	Y	
42844		EXTENSIVE SURGERY OF THROAT	7/1/2003	RBRVS	$757.74	$757.74	090		Y		Y	Y	
42845		EXTENSIVE SURGERY OF THROAT	7/1/2003	RBRVS	$1,235.73	$1,235.73	090		Y		Y	Y	
42890		PARTIAL REMOVAL OF PHARYNX	7/1/2003	RBRVS	$699.46	$699.46	090		Y		Y	Y	
42892		REVISION OF PHARYNGEAL WALLS	7/1/2003	RBRVS	$831.79	$831.79	090		Y		Y	Y	
42894		REVISION OF PHARYNGEAL WALLS	7/1/2003	RBRVS	$1,178.42	$1,178.42	090		Y		Y	Y	
42950		RECONSTRUCTION OF THROAT	7/1/2003	RBRVS	$458.47	$458.47	090		Y		Y	Y	
42953		REPAIR THROAT, ESOPHAGUS	7/1/2003	RBRVS	$527.50	$527.50	090		Y		Y		
42955		SURGICAL OPENING OF THROAT	7/1/2003	RBRVS	$411.54	$411.54	090		Y		Y		
42961		CONTROL THROAT BLEEDING	7/1/2003	RBRVS	$318.60	$318.60	090		Y		Y		
42962		CONTROL THROAT BLEEDING	7/1/2003	RBRVS	$391.84	$391.84	090		Y		Y		
42971		CONTROL NOSE/THROAT BLEEDING	7/1/2003	RBRVS	$352.83	$352.83	090		Y		Y		
42972		CONTROL NOSE/THROAT BLEEDING	7/1/2003	RBRVS	$376.84	$376.84	090		Y		Y		
43020		INCISION OF ESOPHAGUS	7/1/2003	RBRVS	$431.94	$431.94	090		Y		Y	Y	
43030		THROAT MUSCLE SURGERY	7/1/2003	RBRVS	$430.66	$430.66	090		Y		Y	Y	
43045		INCISION OF ESOPHAGUS	7/1/2003	RBRVS	$947.34	$947.34	090		Y		Y	Y	
43100		EXCISION OF ESOPHAGUS LESION	7/1/2003	RBRVS	$486.78	$486.78	090		Y		Y	Y	
43101		EXCISION OF ESOPHAGUS LESION	7/1/2003	RBRVS	$757.52	$757.52	090		Y		Y	Y	
43130		REMOVAL OF ESOPHAGUS POUCH	7/1/2003	RBRVS	$614.06	$614.06	090		Y		Y	Y	
43135		REMOVAL OF ESOPHAGUS POUCH	7/1/2003	RBRVS	$789.51	$789.51	090		Y		Y	Y	
43201		ESOPH SCOPE W/SUBMUCOUS INJ	1/1/2003	RBRVS	$185.90	$99.31	000		Y				
43236		UPPR GI SCOPE W/SUBMUC INJ	1/1/2003	RBRVS	$218.04	$124.10	000		Y				
43300		REPAIR OF ESOPHAGUS	7/1/2003	RBRVS	$488.03	$488.03	090		Y		Y	Y	
43305		REPAIR ESOPHAGUS AND FISTULA	7/1/2003	RBRVS	$892.81	$892.81	090		Y		Y	Y	
43310		REPAIR OF ESOPHAGUS	7/1/2003	RBRVS	$1,224.59	$1,224.59	090		Y		Y	Y	
43312		REPAIR ESOPHAGUS AND FISTULA	7/1/2003	RBRVS	$1,415.54	$1,415.54	090		Y		Y	Y	
43313		ESOPHAGOPLASTY CONGENITAL	7/1/2003	RBRVS	$2,055.95	$2,055.95	090		Y		Y	Y	
43314		TRACHEO-ESOPHAGOPLASTY CONG	7/1/2003	RBRVS	$2,261.17	$2,261.17	090		Y		Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
43320		FUSE ESOPHAGUS & STOMACH	7/1/2003	RBRVS	$911.83	$911.83	090		Y		Y	Y	
43324		REVISE ESOPHAGUS & STOMACH	7/1/2003	RBRVS	$907.21	$907.21	090		Y		Y	Y	
43325		REVISE ESOPHAGUS & STOMACH	7/1/2003	RBRVS	$900.63	$900.63	090		Y		Y	Y	
43326		REVISE ESOPHAGUS & STOMACH	7/1/2003	RBRVS	$912.95	$912.95	090		Y		Y	Y	
43330		REPAIR OF ESOPHAGUS	7/1/2003	RBRVS	$881.18	$881.18	090		Y		Y	Y	
43331		REPAIR OF ESOPHAGUS	7/1/2003	RBRVS	$944.01	$944.01	090		Y		Y	Y	
43340		FUSE ESOPHAGUS & INTESTINE	7/1/2003	RBRVS	$905.34	$905.34	090		Y		Y	Y	
43341		FUSE ESOPHAGUS & INTESTINE	7/1/2003	RBRVS	$996.05	$996.05	090		Y		Y	Y	
43350		SURGICAL OPENING, ESOPHAGUS	7/1/2003	RBRVS	$771.27	$771.27	090		Y		Y	Y	
43351		SURGICAL OPENING, ESOPHAGUS	7/1/2003	RBRVS	$867.58	$867.58	090		Y		Y	Y	
43352		SURGICAL OPENING, ESOPHAGUS	7/1/2003	RBRVS	$746.51	$746.51	090		Y		Y	Y	
43400		LIGATE ESOPHAGUS VEINS	7/1/2003	RBRVS	$932.84	$932.84	090		Y		Y	Y	
43401		ESOPHAGUS SURGERY FOR VEINS	7/1/2003	RBRVS	$976.25	$976.25	090		Y		Y	Y	
43410		REPAIR ESOPHAGUS WOUND	7/1/2003	RBRVS	$668.97	$668.97	090		Y		Y	Y	
43415		REPAIR ESOPHAGUS WOUND	7/1/2003	RBRVS	$1,118.93	$1,118.93	090		Y		Y	Y	
43425		REPAIR ESOPHAGUS OPENING	7/1/2003	RBRVS	$975.40	$975.40	090		Y		Y	Y	
43496		FREE JEJUNUM FLAP, MICROVASC	7/1/2003	BY REPORT	$0.00	$0.00	090		Y		Y	Y	
43499		ESOPHAGUS SURGERY PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00	090		Y		Y	Y	Y
43500		SURGICAL OPENING OF STOMACH	7/1/2003	RBRVS	$485.10	$485.10	090		Y		Y	Y	
43501		SURGICAL REPAIR OF STOMACH	7/1/2003	RBRVS	$863.62	$863.62	090		Y		Y	Y	
43510		SURGICAL OPENING OF STOMACH	7/1/2003	RBRVS	$613.53	$613.53	090		Y		Y	Y	
43520		INCISION OF PYLORIC MUSCLE	7/1/2003	RBRVS	$473.66	$473.66	090		Y		Y	Y	
43605		BIOPSY OF STOMACH	7/1/2003	RBRVS	$523.17	$523.17	090		Y		Y	Y	
43610		EXCISION OF STOMACH LESION	7/1/2003	RBRVS	$641.03	$641.03	090		Y		Y	Y	
43620		REMOVAL OF STOMACH	7/1/2003	RBRVS	$1,288.33	$1,288.33	090		Y		Y	Y	
43750		PLACE GASTROSTOMY TUBE	7/1/2003	RBRVS	$212.06	$212.06	010		Y				
43760		CHANGE GASTROSTOMY TUBE	7/1/2003	RBRVS	$72.96	$46.74	000		Y				
43761		REPOSITION GASTROSTOMY TUBE	7/1/2003	RBRVS	$83.66	$83.66	000		Y				
43800		RECONSTRUCTION OF PYLORUS	7/1/2003	RBRVS	$605.67	$605.67	090		Y		Y	Y	
43810		FUSION OF STOMACH AND BOWEL	7/1/2003	RBRVS	$642.96	$642.96	090		Y		Y	Y	
43820		FUSION OF STOMACH AND BOWEL	7/1/2003	RBRVS	$672.12	$672.12	090		Y		Y	Y	
43825		FUSION OF STOMACH AND BOWEL	7/1/2003	RBRVS	$830.01	$830.01	090		Y		Y	Y	
43830		PLACE GASTROSTOMY TUBE	7/1/2003	RBRVS	$432.03	$432.03	090		Y		Y	Y	
43831		PLACE GASTROSTOMY TUBE	7/1/2003	RBRVS	$367.49	$367.49	090		Y		Y	Y	
43832		PLACE GASTROSTOMY TUBE	7/1/2003	RBRVS	$691.45	$691.45	090		Y		Y	Y	
43840		REPAIR OF STOMACH LESION	7/1/2003	RBRVS	$679.85	$679.85	090		Y		Y	Y	
43850		REVISE STOMACH-BOWEL FUSION	7/1/2003	RBRVS	$1,053.85	$1,053.85	090		Y		Y	Y	
43855		REVISE STOMACH-BOWEL FUSION	7/1/2003	RBRVS	$1,113.53	$1,113.53	090		Y		Y	Y	
43860		REVISE STOMACH-BOWEL FUSION	7/1/2003	RBRVS	$1,067.88	$1,067.88	090		Y		Y	Y	
43865		REVISE STOMACH-BOWEL FUSION	7/1/2003	RBRVS	$1,130.65	$1,130.65	090		Y		Y	Y	
43870		REPAIR STOMACH OPENING	7/1/2003	RBRVS	$441.04	$441.04	090		Y		Y	Y	
43880		REPAIR STOMACH-BOWEL FISTULA	7/1/2003	RBRVS	$1,065.58	$1,065.58	090		Y		Y	Y	
44005		FREEING OF BOWEL ADHESION	7/1/2003	RBRVS	$708.91	$708.91	090		Y		Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team
44010		INCISION OF SMALL BOWEL	7/1/2003	RBRVS	$567.29	$567.29	090		Y		Y	Y	
44015		INSERT NEEDLE CATH BOWEL	7/1/2003	RBRVS	$108.13	$108.13					Y	Y	
44020		EXPLORE SMALL INTESTINE	7/1/2003	RBRVS	$616.40	$616.40	090		Y		Y	Y	
44021		DECOMPRESS SMALL BOWEL	7/1/2003	RBRVS	$630.65	$630.65	090		Y		Y	Y	
44025		INCISION OF LARGE BOWEL	7/1/2003	RBRVS	$627.68	$627.68	090		Y		Y	Y	
44050		REDUCE BOWEL OBSTRUCTION	7/1/2003	RBRVS	$616.99	$616.99	090		Y		Y	Y	
44055		CORRECT MALROTATION OF BOWEL	7/1/2003	RBRVS	$932.87	$932.87	090		Y		Y	Y	
44110		EXCISE INTESTINE LESION(S)	7/1/2003	RBRVS	$527.91	$527.91	090		Y		Y	Y	
44111		EXCISION OF BOWEL LESION(S)	7/1/2003	RBRVS	$643.49	$643.49	090		Y		Y	Y	
44120		REMOVAL OF SMALL INTESTINE	7/1/2003	RBRVS	$740.15	$740.15	090		Y		Y	Y	
44125		REMOVAL OF SMALL INTESTINE	7/1/2003	RBRVS	$762.01	$762.01	090		Y		Y	Y	
44126		ENTERECTOMY W/O TAPER CONG	7/1/2003	RBRVS	$1,545.62	$1,545.62	090		Y		Y	Y	
44127		ENTERECTOMY W/TAPER CONG	7/1/2003	RBRVS	$1,777.67	$1,777.67	090		Y		Y	Y	
44128		ENTERECTOMY CONG, ADD-ON	7/1/2003	RBRVS	$189.26	$189.26					Y	Y	
44130		BOWEL TO BOWEL FUSION	7/1/2003	RBRVS	$636.54	$636.54	090		Y		Y	Y	
44140		PARTIAL REMOVAL OF COLON	7/1/2003	RBRVS	$912.55	$912.55	090		Y		Y	Y	
44141		PARTIAL REMOVAL OF COLON	7/1/2003	RBRVS	$900.70	$900.70	090		Y		Y	Y	
44143		PARTIAL REMOVAL OF COLON	7/1/2003	RBRVS	$1,024.23	$1,024.23	090		Y		Y	Y	
44144		PARTIAL REMOVAL OF COLON	7/1/2003	RBRVS	$945.53	$945.53	090		Y		Y	Y	
44145		PARTIAL REMOVAL OF COLON	7/1/2003	RBRVS	$1,134.45	$1,134.45	090		Y		Y	Y	
44146		PARTIAL REMOVAL OF COLON	7/1/2003	RBRVS	$1,224.00	$1,224.00	090		Y		Y	Y	
44147		PARTIAL REMOVAL OF COLON	7/1/2003	RBRVS	$894.62	$894.62	090		Y		Y	Y	
44150		REMOVAL OF COLON	7/1/2003	RBRVS	$1,089.12	$1,089.12	090		Y		Y	Y	
44151		REMOVAL OF COLON/ILEOSTOMY	7/1/2003	RBRVS	$1,210.97	$1,210.97	090		Y		Y	Y	
44152		REMOVAL OF COLON/ILEOSTOMY	7/1/2003	RBRVS	$1,203.98	$1,203.98	090		Y		Y	Y	
44153		REMOVAL OF COLON/ILEOSTOMY	7/1/2003	RBRVS	$1,361.54	$1,361.54	090		Y		Y	Y	
44155		REMOVAL OF COLON/ILEOSTOMY	7/1/2003	RBRVS	$1,246.86	$1,246.86	090		Y		Y	Y	
44156		REMOVAL OF COLON/ILEOSTOMY	7/1/2003	RBRVS	$1,376.57	$1,376.57	090		Y		Y	Y	
44160		REMOVAL OF COLON	7/1/2003	RBRVS	$810.31	$810.31	090		Y		Y	Y	
44200		LAPAROSCOPY, ENTEROLYSIS	7/1/2003	RBRVS	$635.07	$635.07	090		Y		Y	Y	
44201		LAPAROSCOPY, JEJUNOSTOMY	7/1/2003	RBRVS	$438.14	$438.14	090		Y		Y	Y	
44202		LAP RESECT S/INTESTINE SINGL	7/1/2003	RBRVS	$951.46	$951.46	090		Y		Y	Y	
44203		LAP RESECT S/INTESTINE, ADDL	7/1/2003	RBRVS	$184.84	$184.84					Y	Y	
44204		LAPARO PARTIAL COLECTOMY	7/1/2003	RBRVS	$1,079.58	$1,079.58	090		Y		Y	Y	
44205		LAP COLECTOMY PART W/ILEUM	7/1/2003	RBRVS	$956.76	$956.76	090		Y		Y	Y	
44206		LAP PART COLECTOMY W/STOMA	1/1/2003	RBRVS	$1,152.01	$1,152.01	090		Y		Y	Y	
44207		L COLECTOMY/COLOPROCTOSTOMY	1/1/2003	RBRVS	$1,261.79	$1,261.79	090		Y		Y	Y	
44208		L COLECTOMY/COLOPROCTOSTOMY	1/1/2003	RBRVS	$1,364.28	$1,364.28	090		Y		Y	Y	
44210		LAPARO TOTAL PROCTOCOLECTOMY	1/1/2003	RBRVS	$1,206.63	$1,206.63	090		Y		Y	Y	
44211		LAPARO TOTAL PROCTOCOLECTOMY	1/1/2003	RBRVS	$1,499.79	$1,499.79	090		Y		Y	Y	
44212		LAPARO TOTAL PROCTOCOLECTOMY	1/1/2003	RBRVS	$1,400.67	$1,400.67	090		Y		Y	Y	
44238		LAPAROSCOPE PROC INTESTINE	1/1/2003	BY REPORT	$0.00	$0.00	090		Y	Y	Y		
44239		LAPAROSCOPE PROC RECTUM	1/1/2003	BY REPORT	$0.00	$0.00	090		Y		Y		

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
44300		OPEN BOWEL TO SKIN	7/1/2003	RBRVS	$532.43	$532.43	090		Y		Y	Y	
44310		ILEOSTOMY/JEJUNOSTOMY	7/1/2003	RBRVS	$685.99	$685.99	090		Y		Y	Y	
44314		REVISION OF ILEOSTOMY	7/1/2003	RBRVS	$651.51	$651.51	090		Y		Y	Y	
44316		DEVISE BOWEL POUCH	7/1/2003	RBRVS	$894.59	$894.59	090		Y		Y	Y	
44320		COLOSTOMY	7/1/2003	RBRVS	$765.41	$765.41	090		Y		Y	Y	
44322		COLOSTOMY WITH BIOPSIES	7/1/2003	RBRVS	$620.61	$620.61	090		Y		Y	Y	
44340		REVISION OF COLOSTOMY	7/1/2003	RBRVS	$360.19	$360.19	090		Y			Y	
44345		REVISION OF COLOSTOMY	7/1/2003	RBRVS	$674.24	$674.24	090		Y		Y	Y	
44346		REVISION OF COLOSTOMY	7/1/2003	RBRVS	$736.41	$736.41	090		Y		Y	Y	
44620		REPAIR BOWEL OPENING	7/1/2003	RBRVS	$534.86	$534.86	090		Y		Y	Y	
44625		REPAIR BOWEL OPENING	7/1/2003	RBRVS	$652.54	$652.54	090		Y		Y	Y	
44626		REPAIR BOWEL OPENING	7/1/2003	RBRVS	$1,084.13	$1,084.13	090		Y		Y	Y	
44640		REPAIR BOWEL-SKIN FISTULA	7/1/2003	RBRVS	$915.29	$915.29	090		Y		Y	Y	
44650		REPAIR BOWEL FISTULA	7/1/2003	RBRVS	$951.71	$951.71	090		Y		Y	Y	
44660		REPAIR BOWEL-BLADDER FISTULA	7/1/2003	RBRVS	$892.34	$892.34	090		Y		Y	Y	
44661		REPAIR BOWEL-BLADDER FISTULA	7/1/2003	RBRVS	$1,037.27	$1,037.27	090		Y		Y	Y	
44680		SURGICAL REVISION, INTESTINE	7/1/2003	RBRVS	$668.59	$668.59	090		Y		Y	Y	
44700		SUSPEND BOWEL W/PROSTHESIS	7/1/2003	RBRVS	$692.54	$692.54	090		Y		Y	Y	
44701		INTRAOP COLON LAVAGE ADD-ON	1/1/2003	RBRVS	$125.81	$125.81					Y	Y	
44799		INTESTINE SURGERY PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00	090		Y		Y	Y	Y
44800		EXCISION OF BOWEL POUCH	7/1/2003	RBRVS	$508.02	$508.02	090		Y		Y	Y	
44820		EXCISION OF MESENTERY LESION	7/1/2003	RBRVS	$535.24	$535.24	090		Y		Y	Y	
44850		REPAIR OF MESENTERY	7/1/2003	RBRVS	$480.70	$480.70	090		Y		Y	Y	
44899		BOWEL SURGERY PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00	090		Y		Y	Y	Y
44900		DRAIN APP ABSCESS, OPEN	7/1/2003	RBRVS	$452.42	$452.42	090		Y		Y	Y	
44901		DRAIN APP ABSCESS, PERCUT	7/1/2003	RBRVS	$227.15	$227.15	000		Y		Y		
44950		APPENDECTOMY	7/1/2003	RBRVS	$439.08	$439.08	090		Y		Y	Y	
44955		APPENDECTOMY ADD-ON	7/1/2003	RBRVS	$63.98	$63.98					Y	Y	
44960		APPENDECTOMY	7/1/2003	RBRVS	$541.00	$541.00	090		Y		Y	Y	
44970		LAPAROSCOPY, APPENDECTOMY	7/1/2003	RBRVS	$392.90	$392.90	090		Y		Y	Y	
44979		LAPAROSCOPE PROC, APP	7/1/2003	BY REPORT	$0.00	$0.00	090		Y	Y	Y		
45108		REMOVAL OF ANORECTAL LESION	7/1/2003	RBRVS	$233.91	$233.91	090		Y			Y	
45110		REMOVAL OF RECTUM	7/1/2003	RBRVS	$1,222.32	$1,222.32	090		Y		Y	Y	
45111		PARTIAL REMOVAL OF RECTUM	7/1/2003	RBRVS	$725.18	$725.18	090		Y		Y	Y	
45112		REMOVAL OF RECTUM	7/1/2003	RBRVS	$1,287.58	$1,287.58	090		Y		Y	Y	
45114		PARTIAL REMOVAL OF RECTUM	7/1/2003	RBRVS	$1,166.57	$1,166.57	090		Y		Y	Y	
45116		PARTIAL REMOVAL OF RECTUM	7/1/2003	RBRVS	$1,052.57	$1,052.57	090		Y		Y	Y	
45119		REMOVE RECTUM W/RESERVOIR	7/1/2003	RBRVS	$1,312.77	$1,312.77	090		Y		Y	Y	
45120		REMOVAL OF RECTUM	7/1/2003	RBRVS	$1,061.96	$1,061.96	090		Y		Y	Y	
45126		PELVIC EXENTERATION	7/1/2003	RBRVS	$1,941.05	$1,941.05	090		Y		Y	Y	
45130		EXCISION OF RECTAL PROLAPSE	7/1/2003	RBRVS	$701.64	$701.64	090		Y		Y	Y	
45135		EXCISION OF RECTAL PROLAPSE	7/1/2003	RBRVS	$838.80	$838.80	090		Y		Y	Y	
45136		EXCISE ILEOANAL RESERVIOR	7/1/2003	RBRVS	$1,206.54	$1,206.54	090		Y		Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team
45160		EXCISION OF RECTAL LESION	7/1/2003	RBRVS	$663.23	$663.23	090		Y		Y	Y	
45170		EXCISION OF RECTAL LESION	7/1/2003	RBRVS	$507.74	$507.74	090		Y		Y	Y	
45335		SIGMOIDOSCOPE W/SUBMUC INJ	1/1/2003	RBRVS	$109.60	$59.62	000		Y				
45340		SIG W/BALLOON DILATION	1/1/2003	RBRVS	$247.13	$71.53	000		Y				
45381		COLONOSCOPE SUBMUCOUS INJ	1/1/2003	RBRVS	$297.15	$175.61	000		Y				
45386		COLONOSCOPE DILATE STRICTURE	1/1/2003	RBRVS	$558.06	$190.70	000		Y				
45541		CORRECT RECTAL PROLAPSE	7/1/2003	RBRVS	$602.05	$602.05	090		Y		Y	Y	
45550		REPAIR RECTUM/REMOVE SIGMOID	7/1/2003	RBRVS	$994.33	$994.33	090		Y		Y	Y	
45560		REPAIR OF RECTOCELE	7/1/2003	RBRVS	$490.80	$490.80	090		Y		Y	Y	
45800		REPAIR RECT/BLADDER FISTULA	7/1/2003	RBRVS	$768.24	$768.24	090		Y		Y	Y	
45805		REPAIR FISTULA W/COLOSTOMY	7/1/2003	RBRVS	$919.53	$919.53	090		Y		Y	Y	
45820		REPAIR RECTOURETHRAL FISTULA	7/1/2003	RBRVS	$796.52	$796.52	090		Y		Y	Y	
45825		REPAIR FISTULA W/COLOSTOMY	7/1/2003	RBRVS	$928.14	$928.14	090		Y		Y	Y	
46020		PLACEMENT OF SETON	7/1/2003	RBRVS	$176.10	$155.90	010		Y				
46030		REMOVAL OF RECTAL MARKER	7/1/2003	RBRVS	$120.85	$71.43	010		Y				
46040		INCISION OF RECTAL ABSCESS	7/1/2003	RBRVS	$303.66	$241.11	090		Y				
46045		INCISION OF RECTAL ABSCESS	7/1/2003	RBRVS	$212.68	$212.68	090		Y				
46050		INCISION OF ANAL ABSCESS	7/1/2003	RBRVS	$133.89	$73.80	010		Y				
46060		INCISION OF RECTAL ABSCESS	7/1/2003	RBRVS	$281.68	$281.68	090		Y				
46070		INCISION OF ANAL SEPTUM	7/1/2003	RBRVS	$151.94	$151.94	090		Y				
46083		INCISE EXTERNAL HEMORRHOID	7/1/2003	RBRVS	$171.46	$85.99	010		Y				
46220		REMOVAL OF ANAL TAG	7/1/2003	RBRVS	$83.81	$64.42	010		Y				
46285		REMOVAL OF ANAL FISTULA	7/1/2003	RBRVS	$240.02	$199.86	090		Y				
46320		REMOVAL OF HEMORRHOID CLOT	7/1/2003	RBRVS	$156.31	$92.92	010		Y				
46500		INJECTION INTO HEMORRHOID(S)	7/1/2003	RBRVS	$124.44	$65.98	010		Y				
46600		DIAGNOSTIC ANOSCOPY	7/1/2003	RBRVS	$37.57	$19.80	000		Y				
46705		REPAIR OF ANAL STRICTURE	7/1/2003	RBRVS	$331.82	$331.82	090		Y		Y	Y	
46706		REPR OF ANAL FISTULA W/GLUE	1/1/2003	RBRVS	$108.51	$108.51	010		Y				
46715		REPAIR OF ANOVAGINAL FISTULA	7/1/2003	RBRVS	$346.04	$346.04	090		Y		Y		
46716		REPAIR OF ANOVAGINAL FISTULA	7/1/2003	RBRVS	$677.42	$677.42	090		Y		Y	Y	
47010		OPEN DRAINAGE, LIVER LESION	7/1/2003	RBRVS	$752.81	$752.81	090		Y		Y	Y	
47011		PERCUT DRAIN, LIVER LESION	7/1/2003	RBRVS	$233.07	$233.07	000		Y		Y		
47400		INCISION OF LIVER DUCT	7/1/2003	RBRVS	$1,398.05	$1,398.05	090		Y		Y	Y	
47420		INCISION OF BILE DUCT	7/1/2003	RBRVS	$877.31	$877.31	090		Y		Y	Y	
47425		INCISION OF BILE DUCT	7/1/2003	RBRVS	$875.47	$875.47	090		Y		Y	Y	
47460		INCISE BILE DUCT SPHINCTER	7/1/2003	RBRVS	$807.19	$807.19	090		Y		Y	Y	
47480		INCISION OF GALLBLADDER	7/1/2003	RBRVS	$519.49	$519.49	090		Y		Y	Y	
47550		BILE DUCT ENDOSCOPY ADD-ON	7/1/2003	RBRVS	$124.66	$124.66					Y	Y	
47560		LAPAROSCOPY W/CHOLANGIO	7/1/2003	RBRVS	$206.22	$206.22	000		Y				
47561		LAPARO W/CHOLANGIO/BIOPSY	7/1/2003	RBRVS	$222.72	$222.72	000		Y				
47562		LAPAROSCOPIC CHOLECYSTECTOMY	7/1/2003	RBRVS	$490.96	$490.96	090		Y		Y	Y	
47563		LAPARO CHOLECYSTECTOMY/GRAPH	7/1/2003	RBRVS	$525.04	$525.04	090		Y		Y	Y	
47564		LAPARO CHOLECYSTECTOMY/EXPLR	7/1/2003	RBRVS	$620.20	$620.20	090		Y		Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
47570		LAPARO CHOLECYSTOENTEROSTOMY	7/1/2003	RBRVS	$551.89	$551.89	090		Y		Y	Y	
47579		LAPAROSCOPE PROC, BILIARY	7/1/2003	BY REPORT	$0.00	$0.00	090		Y	Y	Y		
47600		REMOVAL OF GALLBLADDER	7/1/2003	RBRVS	$610.72	$610.72	090		Y		Y	Y	
47605		REMOVAL OF GALLBLADDER	7/1/2003	RBRVS	$655.50	$655.50	090		Y		Y	Y	
47610		REMOVAL OF GALLBLADDER	7/1/2003	RBRVS	$828.58	$828.58	090		Y		Y	Y	
47612		REMOVAL OF GALLBLADDER	7/1/2003	RBRVS	$823.34	$823.34	090		Y		Y	Y	
47620		REMOVAL OF GALLBLADDER	7/1/2003	RBRVS	$900.60	$900.60	090		Y		Y	Y	
47630		REMOVE BILE DUCT STONE	7/1/2003	RBRVS	$364.40	$364.40	090		Y			Y	
47700		EXPLORATION OF BILE DUCTS	7/1/2003	RBRVS	$726.87	$726.87	090		Y		Y	Y	
47720		FUSE GALLBLADDER & BOWEL	7/1/2003	RBRVS	$733.95	$733.95	090		Y		Y	Y	
47721		FUSE UPPER GI STRUCTURES	7/1/2003	RBRVS	$865.53	$865.53	090		Y		Y	Y	
47740		FUSE GALLBLADDER & BOWEL	7/1/2003	RBRVS	$840.18	$840.18	090		Y		Y	Y	
47760		FUSE BILE DUCTS AND BOWEL	7/1/2003	RBRVS	$1,141.66	$1,141.66	090		Y		Y	Y	
47765		FUSE LIVER DUCTS & BOWEL	7/1/2003	RBRVS	$1,124.26	$1,124.26	090		Y		Y	Y	
47780		FUSE BILE DUCTS AND BOWEL	7/1/2003	RBRVS	$1,168.81	$1,168.81	090		Y		Y	Y	
47800		RECONSTRUCTION OF BILE DUCTS	7/1/2003	RBRVS	$1,038.92	$1,038.92	090		Y		Y	Y	
47801		PLACEMENT, BILE DUCT SUPPORT	7/1/2003	RBRVS	$738.93	$738.93	090		Y		Y	Y	
47999		BILE TRACT SURGERY PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00	090		Y		Y	Y	Y
48020		REMOVAL OF PANCREATIC STONE	7/1/2003	RBRVS	$697.47	$697.47	090		Y		Y	Y	
48100		BIOPSY OF PANCREAS, OPEN	7/1/2003	RBRVS	$573.31	$573.31	090		Y		Y	Y	
48120		REMOVAL OF PANCREAS LESION	7/1/2003	RBRVS	$701.11	$701.11	090		Y		Y	Y	
48140		PARTIAL REMOVAL OF PANCREAS	7/1/2003	RBRVS	$1,014.63	$1,014.63	090		Y		Y	Y	
48145		PARTIAL REMOVAL OF PANCREAS	7/1/2003	RBRVS	$1,067.85	$1,067.85	090		Y		Y	Y	
48148		REMOVAL OF PANCREATIC DUCT	7/1/2003	RBRVS	$795.40	$795.40	090		Y		Y	Y	
48150		PARTIAL REMOVAL OF PANCREAS	7/1/2003	RBRVS	$2,106.18	$2,106.18	090		Y		Y	Y	
48511		DRAIN PANCREATIC PSEUDOCYST	7/1/2003	RBRVS	$223.93	$223.93	000		Y		Y		
49000		EXPLORATION OF ABDOMEN	7/1/2003	RBRVS	$538.01	$538.01	090		Y		Y	Y	
49002		REOPENING OF ABDOMEN	7/1/2003	RBRVS	$497.54	$497.54	090		Y		Y	Y	
49010		EXPLORATION BEHIND ABDOMEN	7/1/2003	RBRVS	$580.70	$580.70	090		Y		Y	Y	
49020		DRAIN ABDOMINAL ABSCESS	7/1/2003	RBRVS	$1,017.90	$1,017.90	090		Y		Y		
49021		DRAIN ABDOMINAL ABSCESS	7/1/2003	RBRVS	$247.97	$247.97	000		Y				
49040		DRAIN, OPEN, ABDOM ABSCESS	7/1/2003	RBRVS	$643.21	$643.21	090		Y		Y	Y	
49041		DRAIN, PERCUT, ABDOM ABSCESS	7/1/2003	RBRVS	$275.79	$275.79	000		Y		Y		
49060		DRAIN, OPEN, RETROP ABSCESS	7/1/2003	RBRVS	$748.91	$748.91	090		Y			Y	
49061		DRAIN, PERCUT, RETROPER ABSC	7/1/2003	RBRVS	$266.96	$266.96	000		Y		Y		
49062		DRAIN TO PERITONEAL CAVITY	7/1/2003	RBRVS	$554.07	$554.07	090		Y		Y	Y	
49200		REMOVAL OF ABDOMINAL LESION	7/1/2003	RBRVS	$495.73	$495.73	090		Y		Y	Y	
49201		REMOVE ABDOM LESION COMPLEX	7/1/2003	RBRVS	$706.69	$706.69	090		Y		Y	Y	
49250		EXCISION OF UMBILICUS	7/1/2003	RBRVS	$405.12	$405.12	090		Y			Y	
49255		REMOVAL OF OMENTUM	7/1/2003	RBRVS	$532.62	$532.62	090		Y		Y	Y	
49320		DIAG LAPARO SEPARATE PROC	7/1/2003	RBRVS	$244.61	$244.61	010		Y		Y		
49321		LAPAROSCOPY, BIOPSY	7/1/2003	RBRVS	$253.65	$253.65	010		Y		Y	Y	
49322		LAPAROSCOPY, ASPIRATION	7/1/2003	RBRVS	$275.16	$275.16	010		Y		Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
49323		LAPARO DRAIN LYMPHOCELE	7/1/2003	RBRVS	$410.83	$410.83	090		Y		Y	Y	
49329		LAPARO PROC, ABDM/PER/OMENT	7/1/2003	BY REPORT	$0.00	$0.00	090		Y	Y	Y		
49419		INSRT ABDOM CATH FOR CHEMOTX	1/1/2003	RBRVS	$313.51	$313.51	090		Y				
49425		INSERT ABDOMEN-VENOUS DRAIN	7/1/2003	RBRVS	$546.96	$546.96	090		Y		Y	Y	
49505		PRP I/HERN INIT REDUC>5 YR	7/1/2003	RBRVS	$362.22	$349.37	090		Y	Y	Y	Y	
49525		REPAIR ING HERNIA, SLIDING	7/1/2003	RBRVS	$402.56	$402.56	090		Y	Y	Y	Y	
49540		REPAIR LUMBAR HERNIA	7/1/2003	RBRVS	$478.68	$478.68	090		Y	Y	Y	Y	
49550		RPR REM HERNIA INIT REDUCE	7/1/2003	RBRVS	$393.37	$393.37	090		Y	Y	Y	Y	
49560		RPR VENTRAL HERN INIT, REDUC	7/1/2003	RBRVS	$527.91	$527.91	090		Y	Y	Y	Y	
49568		HERNIA REPAIR W/MESH	7/1/2003	RBRVS	$202.89	$202.89				Y	Y	Y	
49580		RPR UMBIL HERN REDUC < 5 YR	7/1/2003	RBRVS	$209.22	$209.22	090		Y		Y	Y	
49590		REPAIR SPIGILIAN HERNIA	7/1/2003	RBRVS	$402.22	$402.22	090		Y	Y	Y	Y	
49600		REPAIR UMBILICAL LESION	7/1/2003	RBRVS	$516.06	$516.06	090		Y		Y	Y	
49605		REPAIR UMBILICAL LESION	7/1/2003	RBRVS	$3,125.86	$3,125.86	090		Y		Y	Y	
49606		REPAIR UMBILICAL LESION	7/1/2003	RBRVS	$848.75	$848.75	090		Y		Y	Y	
49610		REPAIR UMBILICAL LESION	7/1/2003	RBRVS	$513.38	$513.38	090		Y		Y	Y	
49611		REPAIR UMBILICAL LESION	7/1/2003	RBRVS	$542.25	$542.25	090		Y		Y	Y	
49900		REPAIR OF ABDOMINAL WALL	7/1/2003	RBRVS	$573.28	$573.28	090		Y		Y	Y	
49904		OMENTAL FLAP EXTRA-ABDOM	1/1/2003	RBRVS	$1,072.19	$1,072.19	090		Y			Y	Y
49905		OMENTAL FLAP INTRA-ABDOM	7/1/2003	RBRVS	$271.76	$271.76					Y	Y	
49906		FREE OMENTAL FLAP, MICROVASC	7/1/2003	BY REPORT	$0.00	$0.00	090		Y			Y	
49999		ABDOMEN SURGERY PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00	090		Y		Y	Y	Y
50010		EXPLORATION OF KIDNEY	7/1/2003	RBRVS	$520.14	$520.14	090		Y		Y	Y	
50040		DRAINAGE OF KIDNEY	7/1/2003	RBRVS	$756.93	$756.93	090		Y			Y	
50045		EXPLORATION OF KIDNEY	7/1/2003	RBRVS	$697.22	$697.22	090		Y		Y	Y	
50060		REMOVAL OF KIDNEY STONE	7/1/2003	RBRVS	$846.91	$846.91	090		Y		Y	Y	
50065		INCISION OF KIDNEY	7/1/2003	RBRVS	$860.23	$860.23	090		Y		Y		
50070		INCISION OF KIDNEY	7/1/2003	RBRVS	$889.41	$889.41	090		Y		Y	Y	
50075		REMOVAL OF KIDNEY STONE	7/1/2003	RBRVS	$1,101.93	$1,101.93	090		Y		Y	Y	
50081		REMOVAL OF KIDNEY STONE	7/1/2003	RBRVS	$1,009.27	$1,009.27	090		Y		Y	Y	
50100		REVISE KIDNEY BLOOD VESSELS	7/1/2003	RBRVS	$777.63	$777.63	090		Y		Y	Y	
50120		EXPLORATION OF KIDNEY	7/1/2003	RBRVS	$715.55	$715.55	090		Y		Y	Y	
50125		EXPLORE AND DRAIN KIDNEY	7/1/2003	RBRVS	$741.93	$741.93	090		Y		Y	Y	
50130		REMOVAL OF KIDNEY STONE	7/1/2003	RBRVS	$765.44	$765.44	090		Y		Y	Y	
50135		EXPLORATION OF KIDNEY	7/1/2003	RBRVS	$842.08	$842.08	090		Y		Y	Y	
50205		BIOPSY OF KIDNEY	7/1/2003	RBRVS	$525.66	$525.66	090		Y		Y	Y	
50220		REMOVE KIDNEY, OPEN	7/1/2003	RBRVS	$768.37	$768.37	090		Y		Y	Y	
50225		REMOVAL KIDNEY OPEN, COMPLEX	7/1/2003	RBRVS	$886.17	$886.17	090		Y		Y	Y	
50230		REMOVAL KIDNEY OPEN, RADICAL	7/1/2003	RBRVS	$958.57	$958.57	090		Y		Y	Y	
50234		REMOVAL OF KIDNEY & URETER	7/1/2003	RBRVS	$971.54	$971.54	090		Y		Y	Y	
50236		REMOVAL OF KIDNEY & URETER	7/1/2003	RBRVS	$1,131.18	$1,131.18	090		Y		Y	Y	
50240		PARTIAL REMOVAL OF KIDNEY	7/1/2003	RBRVS	$1,019.27	$1,019.27	090		Y		Y	Y	
50280		REMOVAL OF KIDNEY LESION	7/1/2003	RBRVS	$703.73	$703.73	090		Y		Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
50290		REMOVAL OF KIDNEY LESION	7/1/2003	RBRVS	$674.52	$674.52	090		Y		Y	Y	
50400		REVISION OF KIDNEY/URETER	7/1/2003	RBRVS	$856.05	$856.05	090		Y		Y	Y	
50405		REVISION OF KIDNEY/URETER	7/1/2003	RBRVS	$1,054.16	$1,054.16	090		Y		Y	Y	
50500		REPAIR OF KIDNEY WOUND	7/1/2003	RBRVS	$901.79	$901.79	090		Y		Y	Y	
50520		CLOSE KIDNEY-SKIN FISTULA	7/1/2003	RBRVS	$813.17	$813.17	090		Y		Y	Y	
50525		REPAIR RENAL-ABDOMEN FISTULA	7/1/2003	RBRVS	$1,021.39	$1,021.39	090		Y		Y	Y	
50526		REPAIR RENAL-ABDOMEN FISTULA	7/1/2003	RBRVS	$1,115.03	$1,115.03	090		Y		Y		
50540		REVISION OF HORSESHOE KIDNEY	7/1/2003	RBRVS	$891.69	$891.69	090		Y		Y	Y	
50542		LAPARO ABLATE RENAL MASS	1/1/2003	RBRVS	$851.06	$851.06	090		Y		Y	Y	
50543		LAPARO PARTIAL NEPHRECTOMY	1/1/2003	RBRVS	$1,072.40	$1,072.40	090		Y		Y	Y	
50562		RENAL SCOPE W/TUMOR RESECT	1/1/2003	RBRVS	$452.30	$452.30	090		Y		Y	Y	
50600		EXPLORATION OF URETER	7/1/2003	RBRVS	$713.15	$713.15	090		Y	Y	Y	Y	
50605		INSERT URETERAL SUPPORT	7/1/2003	RBRVS	$709.16	$709.16	090		Y	Y	Y	Y	
50610		REMOVAL OF URETER STONE	7/1/2003	RBRVS	$726.59	$726.59	090		Y	Y	Y	Y	
50620		REMOVAL OF URETER STONE	7/1/2003	RBRVS	$678.35	$678.35	090		Y	Y	Y	Y	
50630		REMOVAL OF URETER STONE	7/1/2003	RBRVS	$670.53	$670.53	090		Y	Y	Y	Y	
50650		REMOVAL OF URETER	7/1/2003	RBRVS	$781.12	$781.12	090		Y		Y	Y	
50660		REMOVAL OF URETER	7/1/2003	RBRVS	$867.46	$867.46	090		Y		Y	Y	
50700		REVISION OF URETER	7/1/2003	RBRVS	$709.03	$709.03	090		Y		Y	Y	
50715		RELEASE OF URETER	7/1/2003	RBRVS	$917.75	$917.75	090		Y	Y	Y	Y	
50722		RELEASE OF URETER	7/1/2003	RBRVS	$777.38	$777.38	090		Y		Y	Y	
50725		RELEASE/REVISE URETER	7/1/2003	RBRVS	$849.66	$849.66	090		Y		Y	Y	
50727		REVISE URETER	7/1/2003	RBRVS	$412.01	$412.01	090		Y		Y	Y	
50728		REVISE URETER	7/1/2003	RBRVS	$582.22	$582.22	090		Y		Y	Y	
50740		FUSION OF URETER & KIDNEY	7/1/2003	RBRVS	$827.67	$827.67	090		Y		Y	Y	
50750		FUSION OF URETER & KIDNEY	7/1/2003	RBRVS	$869.05	$869.05	090		Y		Y		
50760		FUSION OF URETERS	7/1/2003	RBRVS	$829.89	$829.89	090		Y		Y	Y	
50770		SPLICING OF URETERS	7/1/2003	RBRVS	$867.08	$867.08	090		Y		Y	Y	
50780		REIMPLANT URETER IN BLADDER	7/1/2003	RBRVS	$822.87	$822.87	090		Y	Y	Y	Y	
50782		REIMPLANT URETER IN BLADDER	7/1/2003	RBRVS	$906.50	$906.50	090		Y	Y	Y	Y	
50783		REIMPLANT URETER IN BLADDER	7/1/2003	RBRVS	$917.38	$917.38	090		Y	Y	Y	Y	
50785		REIMPLANT URETER IN BLADDER	7/1/2003	RBRVS	$909.33	$909.33	090		Y	Y	Y	Y	
50800		IMPLANT URETER IN BOWEL	7/1/2003	RBRVS	$696.50	$696.50	090		Y	Y	Y	Y	
50810		FUSION OF URETER & BOWEL	7/1/2003	RBRVS	$969.67	$969.67	090		Y		Y	Y	
50815		URINE SHUNT TO INTESTINE	7/1/2003	RBRVS	$919.93	$919.93	090		Y	Y	Y	Y	
50820		CONSTRUCT BOWEL BLADDER	7/1/2003	RBRVS	$989.15	$989.15	090		Y	Y	Y	Y	
50830		REVISE URINE FLOW	7/1/2003	RBRVS	$1,380.65	$1,380.65	090		Y		Y	Y	
50900		REPAIR OF URETER	7/1/2003	RBRVS	$627.78	$627.78	090		Y		Y	Y	
50920		CLOSURE URETER/SKIN FISTULA	7/1/2003	RBRVS	$660.64	$660.64	090		Y		Y	Y	
50930		CLOSURE URETER/BOWEL FISTULA	7/1/2003	RBRVS	$849.03	$849.03	090		Y		Y	Y	
50940		RELEASE OF URETER	7/1/2003	RBRVS	$662.33	$662.33	090		Y	Y	Y	Y	
50945		LAPAROSCOPY URETEROLITHOTOMY	7/1/2003	RBRVS	$720.54	$720.54	090		Y	Y	Y	Y	
51020		INCISE & TREAT BLADDER	7/1/2003	RBRVS	$347.03	$347.03	090		Y		Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team
51040		INCISE & DRAIN BLADDER	7/1/2003	RBRVS	$240.24	$240.24	090		Y		Y	Y	
51045		INCISE BLADDER/DRAIN URETER	7/1/2003	RBRVS	$360.32	$360.32	090		Y		Y		
51050		REMOVAL OF BLADDER STONE	7/1/2003	RBRVS	$338.24	$338.24	090		Y		Y	Y	
51060		REMOVAL OF URETER STONE	7/1/2003	RBRVS	$428.69	$428.69	090		Y		Y	Y	
51080		DRAINAGE OF BLADDER ABSCESS	7/1/2003	RBRVS	$324.86	$324.86	090		Y		Y	Y	
51500		REMOVAL OF BLADDER CYST	7/1/2003	RBRVS	$480.08	$480.08	090		Y		Y	Y	
51520		REMOVAL OF BLADDER LESION	7/1/2003	RBRVS	$448.65	$448.65	090		Y		Y	Y	
51525		REMOVAL OF BLADDER LESION	7/1/2003	RBRVS	$631.93	$631.93	090		Y		Y	Y	
51530		REMOVAL OF BLADDER LESION	7/1/2003	RBRVS	$578.67	$578.67	090		Y		Y	Y	
51535		REPAIR OF URETER LESION	7/1/2003	RBRVS	$601.15	$601.15	090		Y	Y	Y	Y	
51550		PARTIAL REMOVAL OF BLADDER	7/1/2003	RBRVS	$705.35	$705.35	090		Y		Y	Y	
51555		PARTIAL REMOVAL OF BLADDER	7/1/2003	RBRVS	$938.24	$938.24	090		Y		Y	Y	
51565		REVISE BLADDER & URETER(S)	7/1/2003	RBRVS	$963.31	$963.31	090		Y		Y	Y	
51570		REMOVAL OF BLADDER	7/1/2003	RBRVS	$1,073.90	$1,073.90	090		Y		Y	Y	
51575		REMOVAL OF BLADDER & NODES	7/1/2003	RBRVS	$1,335.97	$1,335.97	090		Y		Y	Y	
51700		IRRIGATION OF BLADDER	7/1/2003	RBRVS	$58.90	$35.11	000		Y				
51701		INSERT BLADDER CATHETER	1/1/2003	RBRVS	$44.43	$20.95	000		Y				
51702		INSERT TEMP BLADDER CATH	1/1/2003	RBRVS	$69.31	$22.85	000		Y				
51703		INSERT BLADDER CATH COMPLEX	1/1/2003	RBRVS	$97.75	$61.71	000		Y				
51705		CHANGE OF BLADDER TUBE	7/1/2003	RBRVS	$69.81	$46.33	010		Y				
51798		US URINE CAPACITY MEASURE	1/1/2003	RBRVS	$14.69	$14.69							
51800		REVISION OF BLADDER/URETHRA	7/1/2003	RBRVS	$782.62	$782.62	090		Y		Y	Y	
51820		REVISION OF URINARY TRACT	7/1/2003	RBRVS	$851.21	$851.21	090		Y		Y	Y	
51840		ATTACH BLADDER/URETHRA	7/1/2003	RBRVS	$509.33	$509.33	090		Y		Y	Y	
51841		ATTACH BLADDER/URETHRA	7/1/2003	RBRVS	$627.50	$627.50	090		Y		Y	Y	
51845		REPAIR BLADDER NECK	7/1/2003	RBRVS	$469.70	$469.70	090		Y		Y	Y	
51860		REPAIR OF BLADDER WOUND	7/1/2003	RBRVS	$576.71	$576.71	090		Y		Y	Y	
51865		REPAIR OF BLADDER WOUND	7/1/2003	RBRVS	$691.82	$691.82	090		Y		Y	Y	
51880		REPAIR OF BLADDER OPENING	7/1/2003	RBRVS	$383.89	$383.89	090		Y		Y	Y	
51900		REPAIR BLADDER/VAGINA LESION	7/1/2003	RBRVS	$612.03	$612.03	090		Y		Y	Y	
51920		CLOSE BLADDER-UTERUS FISTULA	7/1/2003	RBRVS	$555.60	$555.60	090		Y		Y	Y	
51925		HYSTERECTOMY/BLADDER REPAIR	7/1/2003	RBRVS	$749.35	$749.35	090		Y		Y	Y	
51940		CORRECTION OF BLADDER DEFECT	7/1/2003	RBRVS	$1,308.22	$1,308.22	090		Y		Y	Y	
51960		REVISION OF BLADDER & BOWEL	7/1/2003	RBRVS	$1,046.49	$1,046.49	090		Y		Y	Y	
51980		CONSTRUCT BLADDER OPENING	7/1/2003	RBRVS	$532.46	$532.46	090		Y		Y	Y	
51990		LAPARO URETHRAL SUSPENSION	7/1/2003	RBRVS	$571.75	$571.75	090		Y		Y	Y	
51992		LAPARO SLING OPERATION	7/1/2003	RBRVS	$611.97	$611.97	090		Y		Y	Y	
53060		DRAINAGE OF URETHRA ABSCESS	7/1/2003	RBRVS	$244.54	$156.06	010		Y				
53080		DRAINAGE OF URINARY LEAKAGE	7/1/2003	RBRVS	$393.06	$393.06	090		Y				
53200		BIOPSY OF URETHRA	7/1/2003	RBRVS	$210.59	$106.51	000		Y				
53210		REMOVAL OF URETHRA	7/1/2003	RBRVS	$595.29	$595.29	090		Y		Y	Y	
53215		REMOVAL OF URETHRA	7/1/2003	RBRVS	$703.26	$703.26	090		Y		Y	Y	
53230		REMOVAL OF URETHRA LESION	7/1/2003	RBRVS	$455.79	$455.79	090		Y		Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
53235		REMOVAL OF URETHRA LESION	7/1/2003	RBRVS	$477.83	$477.83	090		Y		Y	Y	
53240		SURGERY FOR URETHRA POUCH	7/1/2003	RBRVS	$333.03	$333.03	090		Y				
53250		REMOVAL OF URETHRA GLAND	7/1/2003	RBRVS	$298.21	$298.21	090		Y				
53400		REVISE URETHRA, STAGE 1	7/1/2003	RBRVS	$600.18	$600.18	090		Y		Y	Y	
53405		REVISE URETHRA, STAGE 2	7/1/2003	RBRVS	$659.86	$659.86	090		Y		Y	Y	
53410		RECONSTRUCTION OF URETHRA	7/1/2003	RBRVS	$739.65	$739.65	090		Y		Y	Y	
53415		RECONSTRUCTION OF URETHRA	7/1/2003	RBRVS	$846.79	$846.79	090		Y		Y	Y	
53425		RECONSTRUCT URETHRA, STAGE 2	7/1/2003	RBRVS	$727.21	$727.21	090		Y		Y	Y	
53430		RECONSTRUCTION OF URETHRA	7/1/2003	RBRVS	$742.33	$742.33	090		Y		Y	Y	
53431		RECONSTRUCT URETHRA/BLADDER	7/1/2003	RBRVS	$865.56	$865.56	090		Y		Y	Y	
53440		MALE SLING PROCEDURE	7/1/2003	RBRVS	$592.89	$592.89	090		Y		Y	Y	
53442		REMOVE/REVISE MALE SLING	7/1/2003	RBRVS	$517.15	$517.15	090		Y		Y		
53444		INSERT TANDEM CUFF	7/1/2003	RBRVS	$584.56	$584.56	090		Y		Y	Y	
53445		INSERT URO/VES NCK SPHINCTER	7/1/2003	RBRVS	$647.45	$647.45	090		Y		Y	Y	
53446		REMOVE URO SPHINCTER	7/1/2003	RBRVS	$477.18	$477.18	090		Y		Y	Y	
53447		REMOVE/REPLACE UR SPHINCTER	7/1/2003	RBRVS	$596.41	$596.41	090		Y		Y	Y	
53448		REMOV/REPLC UR SPHINCTR COMP	7/1/2003	RBRVS	$927.04	$927.04	090		Y		Y	Y	
53502		REPAIR OF URETHRA INJURY	7/1/2003	RBRVS	$382.64	$382.64	090		Y				
53505		REPAIR OF URETHRA INJURY	7/1/2003	RBRVS	$374.10	$374.10	090		Y		Y		
53510		REPAIR OF URETHRA INJURY	7/1/2003	RBRVS	$488.68	$488.68	090		Y		Y	Y	
53515		REPAIR OF URETHRA INJURY	7/1/2003	RBRVS	$605.64	$605.64	090		Y		Y	Y	
53520		REPAIR OF URETHRA DEFECT	7/1/2003	RBRVS	$419.34	$419.34	090		Y				
54015		DRAIN PENIS LESION	7/1/2003	RBRVS	$342.89	$248.38	010		Y				
54050		DESTRUCTION, PENIS LESION(S)	7/1/2003	RBRVS	$114.24	$51.98	010		Y				
54055		DESTRUCTION, PENIS LESION(S)	7/1/2003	RBRVS	$190.42	$75.71	010		Y				
54056		CRYOSURGERY, PENIS LESION(S)	7/1/2003	RBRVS	$123.32	$52.85	010		Y				
54057		LASER SURG, PENIS LESION(S)	7/1/2003	RBRVS	$122.94	$72.40	010		Y				
54060		EXCISION OF PENIS LESION(S)	7/1/2003	RBRVS	$193.44	$102.49	010		Y				
54065		DESTRUCTION, PENIS LESION(S)	7/1/2003	RBRVS	$217.76	$129.80	010		Y				
54110		TREATMENT OF PENIS LESION	7/1/2003	RBRVS	$501.03	$501.03	090		Y		Y		
54111		TREAT PENIS LESION, GRAFT	7/1/2003	RBRVS	$648.76	$648.76	090		Y		Y	Y	
54112		TREAT PENIS LESION, GRAFT	7/1/2003	RBRVS	$733.10	$733.10	090		Y		Y	Y	
54115		TREATMENT OF PENIS LESION	7/1/2003	RBRVS	$451.30	$356.54	090		Y		Y		
54150		CIRCUMCISION	7/1/2003	RBRVS	$206.32	$108.82	010	Y	Y				
54205		TREATMENT OF PENIS LESION	7/1/2003	RBRVS	$422.27	$422.27	090		Y		Y		
54300		REVISION OF PENIS	7/1/2003	RBRVS	$542.47	$542.47	090		Y		Y	Y	
54304		REVISION OF PENIS	7/1/2003	RBRVS	$639.38	$639.38	090		Y		Y		
54308		RECONSTRUCTION OF URETHRA	7/1/2003	RBRVS	$607.20	$607.20	090		Y		Y	Y	
54312		RECONSTRUCTION OF URETHRA	7/1/2003	RBRVS	$689.89	$689.89	090		Y		Y	Y	
54316		RECONSTRUCTION OF URETHRA	7/1/2003	RBRVS	$816.70	$816.70	090		Y		Y	Y	
54318		RECONSTRUCTION OF URETHRA	7/1/2003	RBRVS	$595.29	$595.29	090		Y		Y	Y	
54322		RECONSTRUCTION OF URETHRA	7/1/2003	RBRVS	$636.63	$636.63	090		Y		Y		
54324		RECONSTRUCTION OF URETHRA	7/1/2003	RBRVS	$808.56	$808.56	090		Y		Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
54326		RECONSTRUCTION OF URETHRA	7/1/2003	RBRVS	$763.97	$763.97	090		Y		Y	Y	
54328		REVISE PENIS/URETHRA	7/1/2003	RBRVS	$760.01	$760.01	090		Y		Y	Y	
54332		REVISE PENIS/URETHRA	7/1/2003	RBRVS	$817.26	$817.26	090		Y		Y	Y	
54336		REVISE PENIS/URETHRA	7/1/2003	RBRVS	$1,022.33	$1,022.33	090		Y		Y	Y	
54340		SECONDARY URETHRAL SURGERY	7/1/2003	RBRVS	$480.73	$480.73	090		Y		Y	Y	
54344		SECONDARY URETHRAL SURGERY	7/1/2003	RBRVS	$779.53	$779.53	090		Y		Y	Y	
54348		SECONDARY URETHRAL SURGERY	7/1/2003	RBRVS	$838.40	$838.40	090		Y		Y	Y	
54360		PENIS PLASTIC SURGERY	7/1/2003	RBRVS	$584.13	$584.13	090	Y	Y		Y	Y	
54380		REPAIR PENIS	7/1/2003	RBRVS	$676.17	$676.17	090		Y		Y	Y	
54385		REPAIR PENIS	7/1/2003	RBRVS	$804.91	$804.91	090		Y		Y	Y	
54390		REPAIR PENIS AND BLADDER	7/1/2003	RBRVS	$1,024.76	$1,024.76	090		Y		Y	Y	
54420		REVISION OF PENIS	7/1/2003	RBRVS	$558.62	$558.62	090		Y		Y		
54430		REVISION OF PENIS	7/1/2003	RBRVS	$512.82	$512.82	090		Y		Y		
54435		REVISION OF PENIS	7/1/2003	RBRVS	$326.27	$326.27	090		Y				
54440		REPAIR OF PENIS	7/1/2003	BY REPORT	$0.00	$0.00	090		Y		Y	Y	
54530		REMOVAL OF TESTIS	7/1/2003	RBRVS	$398.92	$398.92	090		Y	Y	Y	Y	
54535		EXTENSIVE TESTIS SURGERY	7/1/2003	RBRVS	$562.55	$562.55	090		Y	Y	Y		
54550		EXPLORATION FOR TESTIS	7/1/2003	RBRVS	$361.19	$361.19	090		Y	Y	Y		
54560		EXPLORATION FOR TESTIS	7/1/2003	RBRVS	$520.77	$520.77	090		Y	Y	Y	Y	
54600		REDUCE TESTIS TORSION	7/1/2003	RBRVS	$323.84	$323.84	090		Y	Y			
54620		SUSPENSION OF TESTIS	7/1/2003	RBRVS	$227.83	$227.83	010		Y	Y			
54900		FUSION OF SPERMATIC DUCTS	7/1/2003	RBRVS	$591.27	$591.27	090		Y				
54901		FUSION OF SPERMATIC DUCTS	7/1/2003	RBRVS	$804.79	$804.79	090		Y				
55150		REMOVAL OF SCROTUM	7/1/2003	RBRVS	$339.77	$339.77	090		Y		Y	Y	
55520		REMOVAL OF SPERM CORD LESION	7/1/2003	RBRVS	$290.72	$290.72	090		Y		Y	Y	
55530		REVISE SPERMATIC CORD VEINS	7/1/2003	RBRVS	$269.49	$269.49	090		Y	Y		Y	
55535		REVISE SPERMATIC CORD VEINS	7/1/2003	RBRVS	$305.16	$305.16	090		Y	Y	Y	Y	
55540		REVISE HERNIA & SPERM VEINS	7/1/2003	RBRVS	$358.69	$358.69	090		Y	Y	Y	Y	
55650		REMOVE SPERM DUCT POUCH	7/1/2003	RBRVS	$524.54	$524.54	090		Y	Y	Y	Y	
55720		DRAINAGE OF PROSTATE ABSCESS	7/1/2003	RBRVS	$381.05	$381.05	090		Y		Y	Y	
55725		DRAINAGE OF PROSTATE ABSCESS	7/1/2003	RBRVS	$428.44	$428.44	090		Y		Y	Y	
55801		REMOVAL OF PROSTATE	7/1/2003	RBRVS	$792.63	$792.63	090		Y		Y	Y	
55810		EXTENSIVE PROSTATE SURGERY	7/1/2003	RBRVS	$994.14	$994.14	090		Y		Y	Y	
55812		EXTENSIVE PROSTATE SURGERY	7/1/2003	RBRVS	$1,207.45	$1,207.45	090		Y		Y	Y	
55815		EXTENSIVE PROSTATE SURGERY	7/1/2003	RBRVS	$1,322.25	$1,322.25	090		Y		Y	Y	
55821		REMOVAL OF PROSTATE	7/1/2003	RBRVS	$641.59	$641.59	090		Y		Y	Y	
55831		REMOVAL OF PROSTATE	7/1/2003	RBRVS	$697.31	$697.31	090		Y		Y	Y	
55840		EXTENSIVE PROSTATE SURGERY	7/1/2003	RBRVS	$1,010.98	$1,010.98	090		Y		Y	Y	
55842		EXTENSIVE PROSTATE SURGERY	7/1/2003	RBRVS	$1,079.39	$1,079.39	090		Y		Y	Y	
55845		EXTENSIVE PROSTATE SURGERY	7/1/2003	RBRVS	$1,243.33	$1,243.33	090		Y		Y	Y	
55862		EXTENSIVE PROSTATE SURGERY	7/1/2003	RBRVS	$821.59	$821.59	090		Y		Y	Y	
55865		EXTENSIVE PROSTATE SURGERY	7/1/2003	RBRVS	$995.27	$995.27	090		Y		Y	Y	
55866		LAPARO RADICAL PROSTATECTOMY	1/1/2003	RBRVS	$1,263.63	$1,263.63	090		Y		Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
55870		VAG HYST W/ENTEROCELE REPAIR	7/1/2003	RBRVS	$132.58	$108.01	000		Y			Y	
55899		GENITAL SURGERY PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00	090		Y			Y	Y
56405		I & D OF VULVA/PERINEUM	7/1/2003	RBRVS	$108.38	$79.42	010		Y			Y	
56420		DRAINAGE OF GLAND ABSCESS	7/1/2003	RBRVS	$106.67	$77.98	010		Y				
56440		SURGERY FOR VULVA LESION	7/1/2003	RBRVS	$184.71	$151.10	010		Y				
56501		DESTROY VULVA LESIONS SIM	7/1/2003	RBRVS	$109.91	$83.97	010		Y				
56515		DESTROY VULVA LESION/S COMPL	7/1/2003	RBRVS	$168.06	$147.01	010		Y				
56605		BIOPSY OF VULVA/PERINEUM	7/1/2003	RBRVS	$64.85	$47.92	000		Y			Y	
56606		BIOPSY OF VULVA/PERINEUM	7/1/2003	RBRVS	$31.59	$23.67						Y	
56620		PARTIAL REMOVAL OF VULVA	7/1/2003	RBRVS	$370.98	$370.98	090		Y		Y	Y	
56625		COMPLETE REMOVAL OF VULVA	7/1/2003	RBRVS	$425.73	$425.73	090		Y		Y	Y	
56630		EXTENSIVE VULVA SURGERY	7/1/2003	RBRVS	$601.59	$601.59	090		Y		Y	Y	
56631		EXTENSIVE VULVA SURGERY	7/1/2003	RBRVS	$797.33	$797.33	090		Y		Y	Y	
56633		EXTENSIVE VULVA SURGERY	7/1/2003	RBRVS	$778.69	$778.69	090		Y		Y	Y	
56634		EXTENSIVE VULVA SURGERY	7/1/2003	RBRVS	$869.05	$869.05	090		Y		Y	Y	
56637		EXTENSIVE VULVA SURGERY	7/1/2003	RBRVS	$1,045.43	$1,045.43	090		Y		Y	Y	
56640		EXTENSIVE VULVA SURGERY	7/1/2003	RBRVS	$1,042.25	$1,042.25	090		Y	Y	Y	Y	
56700		PARTIAL REMOVAL OF HYMEN	7/1/2003	RBRVS	$126.53	$126.53	010		Y		Y	Y	
56800		REPAIR OF VAGINA	7/1/2003	RBRVS	$194.91	$194.91	010		Y		Y	Y	
56810		REPAIR OF PERINEUM	7/1/2003	RBRVS	$205.91	$205.91	010		Y		Y	Y	
56820		EXAM OF VULVA W/SCOPE	1/1/2003	RBRVS	$91.48	$64.45	000		Y				
56821		EXAM/BIOPSY OF VULVA W/SCOPE	1/1/2003	RBRVS	$118.86	$88.80	000		Y				
57061		DESTROY VAG LESIONS, SIMPLE	7/1/2003	RBRVS	$98.97	$71.65	010		Y				
57065		DESTROY VAG LESIONS, COMPLEX	7/1/2003	RBRVS	$161.86	$144.11	010		Y				
57100		BIOPSY OF VAGINA	7/1/2003	RBRVS	$68.13	$51.48	000		Y				
57106		REMOVE VAGINA WALL, PARTIAL	7/1/2003	RBRVS	$307.25	$307.25	090		Y		Y	Y	
57107		REMOVE VAGINA TISSUE, PART	7/1/2003	RBRVS	$1,011.26	$1,011.26	090		Y		Y	Y	
57109		VAGINECTOMY PARTIAL W/NODES	7/1/2003	RBRVS	$1,159.33	$1,159.33	090		Y		Y	Y	
57110		REMOVE VAGINA WALL, COMPLETE	7/1/2003	RBRVS	$652.63	$652.63	090		Y		Y	Y	
57111		REMOVE VAGINA TISSUE, COMPL	7/1/2003	RBRVS	$1,197.16	$1,197.16	090		Y		Y	Y	
57112		VAGINECTOMY W/NODES, COMPL	7/1/2003	RBRVS	$1,247.08	$1,247.08	090		Y		Y	Y	
57120		CLOSURE OF VAGINA	7/1/2003	RBRVS	$361.88	$361.88	090		Y		Y	Y	
57130		REMOVE VAGINA LESION	7/1/2003	RBRVS	$132.64	$132.64	010		Y		Y	Y	
57150		TREAT VAGINA INFECTION	7/1/2003	RBRVS	$44.68	$23.67	000		Y				
57155		INSERT UTERI TANDEMS/OVOIDS	7/1/2003	RBRVS	$299.61	$299.61	090		Y				
57160		INSERT PESSARY/OTHER DEVICE	7/1/2003	RBRVS	$58.46	$39.32	000		Y				
57170		FITTING OF DIAPHRAGM/CAP	7/1/2003	RBRVS	$73.36	$42.12	000		Y				
57200		REPAIR OF VAGINA	7/1/2003	RBRVS	$210.28	$210.28	090		Y		Y	Y	
57210		REPAIR VAGINA/PERINEUM	7/1/2003	RBRVS	$264.72	$264.72	090		Y		Y	Y	
57220		REVISION OF URETHRA	7/1/2003	RBRVS	$228.42	$228.42	090		Y		Y	Y	
57230		REPAIR OF URETHRAL LESION	7/1/2003	RBRVS	$275.10	$275.10	090		Y		Y	Y	
57240		REPAIR BLADDER & VAGINA	7/1/2003	RBRVS	$298.33	$298.33	090		Y		Y	Y	
57250		REPAIR RECTUM & VAGINA	7/1/2003	RBRVS	$280.12	$280.12	090		Y		Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
57260		REPAIR OF VAGINA	7/1/2003	RBRVS	$404.19	$404.19	090		Y		Y	Y	
57265		EXTENSIVE REPAIR OF VAGINA	7/1/2003	RBRVS	$536.02	$536.02	090		Y		Y	Y	
57268		REPAIR OF BOWEL BULGE	7/1/2003	RBRVS	$337.55	$337.55	090		Y		Y	Y	
57270		REPAIR OF BOWEL POUCH	7/1/2003	RBRVS	$565.51	$565.51	090		Y		Y	Y	
57280		SUSPENSION OF VAGINA	7/1/2003	RBRVS	$689.27	$689.27	090		Y		Y	Y	
57282		REPAIR OF VAGINAL PROLAPSE	7/1/2003	RBRVS	$434.34	$434.34	090		Y		Y	Y	
57284		REPAIR PARAVAGINAL DEFECT	7/1/2003	RBRVS	$597.19	$597.19	090		Y		Y	Y	
57288		REPAIR BLADDER DEFECT	7/1/2003	RBRVS	$570.41	$570.41	090		Y		Y	Y	
57289		REPAIR BLADDER & VAGINA	7/1/2003	RBRVS	$535.52	$535.52	090		Y		Y	Y	
57291		CONSTRUCTION OF VAGINA	7/1/2003	RBRVS	$397.67	$397.67	090		Y		Y		
57292		CONSTRUCT VAGINA WITH GRAFT	7/1/2003	RBRVS	$618.55	$618.55	090		Y		Y	Y	
57300		REPAIR RECTUM-VAGINA FISTULA	7/1/2003	RBRVS	$373.75	$373.75	090		Y		Y	Y	
57305		REPAIR RECTUM-VAGINA FISTULA	7/1/2003	RBRVS	$615.31	$615.31	090		Y		Y	Y	
57307		FISTULA REPAIR & COLOSTOMY	7/1/2003	RBRVS	$714.12	$714.12	090		Y		Y	Y	
57308		FISTULA REPAIR, TRANSPERINE	7/1/2003	RBRVS	$475.93	$475.93	090		Y		Y	Y	
57310		REPAIR URETHROVAGINAL LESION	7/1/2003	RBRVS	$328.20	$328.20	090		Y		Y	Y	
57311		REPAIR URETHROVAGINAL LESION	7/1/2003	RBRVS	$380.40	$380.40	090		Y		Y	Y	
57320		REPAIR BLADDER-VAGINA LESION	7/1/2003	RBRVS	$386.07	$386.07	090		Y		Y	Y	
57330		REPAIR BLADDER-VAGINA LESION	7/1/2003	RBRVS	$557.12	$557.12	090		Y		Y	Y	
57400		DILATION OF VAGINA	7/1/2003	RBRVS	$103.36	$103.36	000		Y				
57410		PELVIC EXAMINATION	7/1/2003	RBRVS	$124.66	$83.16	000		Y				
57415		REMOVE VAGINAL FOREIGN BODY	7/1/2003	RBRVS	$156.27	$119.67	010		Y				
57420		EXAM OF VAGINA W/SCOPE	1/1/2003	RBRVS	$95.54	$68.50	000		Y				
57421		EXAM/BIOPSY OF VAG W/SCOPE	1/1/2003	RBRVS	$124.94	$94.88	000		Y				
57452		EXAM OF CERVIX W/SCOPE	7/1/2003	RBRVS	$93.13	$64.45	000		Y				
57454		BX/CURETT OF CERVIX W/SCOPE	7/1/2003	RBRVS	$127.96	$99.84	000		Y				
57455		BIOPSY OF CERVIX W/SCOPE	1/1/2003	RBRVS	$114.87	$86.21	000		Y				
57456		ENDOCERV CURETTAGE W/SCOPE	1/1/2003	RBRVS	$108.54	$80.69	000		Y				
57461		CONZ OF CERVIX W/SCOPE LEEP	1/1/2003	RBRVS	$253.56	$149.23	000		Y				
57505		ENDOCERVICAL CURETTAGE	7/1/2003	RBRVS	$88.40	$69.53	010		Y				
57511		CRYOCAUTERY OF CERVIX	7/1/2003	RBRVS	$124.81	$80.85	010		Y				
57530		REMOVAL OF CERVIX	7/1/2003	RBRVS	$249.19	$249.19	090		Y		Y	Y	
57531		REMOVAL OF CERVIX, RADICAL	7/1/2003	RBRVS	$1,254.71	$1,254.71	090		Y		Y	Y	
57540		REMOVAL OF RESIDUAL CERVIX	7/1/2003	RBRVS	$557.09	$557.09	090		Y		Y	Y	
57545		REMOVE CERVIX/REPAIR PELVIS	7/1/2003	RBRVS	$595.41	$595.41	090		Y		Y	Y	
57550		REMOVAL OF RESIDUAL CERVIX	7/1/2003	RBRVS	$279.53	$279.53	090		Y		Y	Y	
57555		REMOVE CERVIX/REPAIR VAGINA	7/1/2003	RBRVS	$438.23	$438.23	090		Y		Y	Y	
57556		REMOVE CERVIX, REPAIR BOWEL	7/1/2003	RBRVS	$397.98	$397.98	090		Y		Y	Y	
57720		REVISION OF CERVIX	7/1/2003	RBRVS	$219.04	$219.04	090		Y		Y		
58100		BIOPSY OF UTERUS LINING	7/1/2003	RBRVS	$86.52	$67.38	000		Y				
58140		MYOMECTOMY ABDOM METHOD	7/1/2003	RBRVS	$657.02	$657.02	090		Y		Y	Y	
58145		MYOMECTOMY VAG METHOD	7/1/2003	RBRVS	$388.47	$388.47	090		Y		Y	Y	
58146		MYOMECTOMY ABDOM COMPLEX	1/1/2003	RBRVS	$845.82	$845.82	090		Y		Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
58150		TOTAL HYSTERECTOMY	7/1/2003	RBRVS	$702.52	$702.52	090		Y		Y	Y	
58152		TOTAL HYSTERECTOMY	7/1/2003	RBRVS	$925.42	$925.42	090		Y		Y	Y	
58180		PARTIAL HYSTERECTOMY	7/1/2003	RBRVS	$702.24	$702.24	090		Y		Y	Y	
58200		EXTENSIVE HYSTERECTOMY	7/1/2003	RBRVS	$977.77	$977.77	090		Y		Y	Y	
58210		EXTENSIVE HYSTERECTOMY	7/1/2003	RBRVS	$1,301.83	$1,301.83	090		Y		Y	Y	
58240		REMOVAL OF PELVIS CONTENTS	7/1/2003	RBRVS	$1,727.15	$1,727.15	090		Y		Y	Y	
58260		VAGINAL HYSTERECTOMY	7/1/2003	RBRVS	$594.82	$594.82	090		Y		Y	Y	
58262		VAG HYST INCLUDING T/O	7/1/2003	RBRVS	$672.65	$672.65	090		Y		Y	Y	
58263		VAG HYST W/T/O & VAG REPAIR	7/1/2003	RBRVS	$727.99	$727.99	090		Y		Y	Y	
58267		VAG HYST W/URINARY REPAIR	7/1/2003	RBRVS	$771.67	$771.67	090		Y		Y	Y	
58270		VAG HYST W/ENTEROCELE REPAIR	7/1/2003	RBRVS	$649.82	$649.82	090		Y		Y	Y	
58275		HYSTERECTOMY/REVISE VAGINA	7/1/2003	RBRVS	$711.90	$711.90	090		Y		Y	Y	
58280		HYSTERECTOMY/REVISE VAGINA	7/1/2003	RBRVS	$763.01	$763.01	090		Y		Y	Y	
58285		EXTENSIVE HYSTERECTOMY	7/1/2003	RBRVS	$998.32	$998.32	090		Y		Y	Y	
58290		VAG HYST COMPLEX	1/1/2003	RBRVS	$846.60	$846.60	090		Y		Y	Y	
58291		VAG HYST INCL T/O COMPLEX	1/1/2003	RBRVS	$930.44	$930.44	090		Y		Y	Y	
58292		VAG HYST T/O & REPAIR COMPL	1/1/2003	RBRVS	$985.51	$985.51	090		Y		Y	Y	
58293		VAG HYST W/URO REPAIR COMPL	1/1/2003	RBRVS	$1,024.57	$1,024.57	090		Y		Y	Y	
58294		VAG HYST W/ENTEROCELE COMPL	1/1/2003	RBRVS	$907.65	$907.65	090		Y		Y	Y	
58300		INSERT INTRAUTERINE DEVICE	7/1/2003	RBRVS	$78.68	$47.12							
58301		REMOVE INTRAUTERINE DEVICE	7/1/2003	RBRVS	$82.63	$54.22	000		Y				
58340		CATHETER FOR HYSTEROGRAPHY	7/1/2003	RBRVS	$375.84	$36.61	000		Y				
58345		REOPEN FALLOPIAN TUBE	7/1/2003	RBRVS	$193.44	$193.44	010	Y	Y	Y	Y	Y	
58346		INSERT HEYMAN UTERI CAPSULE	7/1/2003	RBRVS	$320.16	$320.16	090		Y				
58350		REOPEN FALLOPIAN TUBE	7/1/2003	RBRVS	$84.90	$60.86	010		Y				
58400		SUSPENSION OF UTERUS	7/1/2003	RBRVS	$309.77	$309.77	090		Y		Y	Y	
58410		SUSPENSION OF UTERUS	7/1/2003	RBRVS	$580.70	$580.70	090		Y		Y	Y	
58520		REPAIR OF RUPTURED UTERUS	7/1/2003	RBRVS	$541.57	$541.57	090		Y		Y	Y	
58540		REVISION OF UTERUS	7/1/2003	RBRVS	$651.13	$651.13	090		Y		Y		
58545		LAPAROSCOPIC MYOMECTOMY	7/1/2003	RBRVS	$677.29	$677.29	090		Y		Y	Y	
58546		LAPARO-MYOMECTOMY COMPLEX	7/1/2003	RBRVS	$856.51	$856.51	090		Y		Y	Y	
58550		LAPARO-ASST VAG HYSTERECTOMY	7/1/2003	RBRVS	$649.88	$649.88	090		Y		Y	Y	
58552		LAPARO-VAG HYST INCL T/O	1/1/2003	RBRVS	$659.46	$659.46	090		Y		Y	Y	
58553		LAPARO-VAG HYST COMPLEX	1/1/2003	RBRVS	$852.09	$852.09	090		Y		Y	Y	
58554		LAPARO-VAG HYST W/T/O COMPL	1/1/2003	RBRVS	$843.61	$843.61	090		Y		Y	Y	
58555		HYSTEROSCOPY, DX, SEP PROC	7/1/2003	RBRVS	$163.70	$147.04	000		Y			Y	
58558		HYSTEROSCOPY, BIOPSY	7/1/2003	RBRVS	$209.72	$209.72	000		Y			Y	
58559		HYSTEROSCOPY, LYSIS	7/1/2003	RBRVS	$270.30	$270.30	000		Y			Y	
58560		HYSTEROSCOPY, RESECT SEPTUM	7/1/2003	RBRVS	$306.75	$306.75	000		Y		Y	Y	
58561		HYSTEROSCOPY, REMOVE MYOMA	7/1/2003	RBRVS	$436.24	$436.24	000		Y			Y	
58562		HYSTEROSCOPY, REMOVE FB	7/1/2003	RBRVS	$228.11	$228.11	000		Y			Y	
58563		HYSTEROSCOPY, ABLATION	7/1/2003	RBRVS	$270.83	$270.83	000		Y			Y	
58578		LAPARO PROC, UTERUS	7/1/2003	BY REPORT	$0.00	$0.00	010		Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
58579		HYSTEROSCOPE PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00	010		Y	Y	Y		
58600		DIVISION OF FALLOPIAN TUBE	7/1/2003	RBRVS	$290.74	$290.74	090		Y		Y	Y	
58605		DIVISION OF FALLOPIAN TUBE	7/1/2003	RBRVS	$264.88	$264.88	090		Y		Y		
58611		LIGATE OVIDUCT(S) ADD-ON	7/1/2003	RBRVS	$66.72	$66.72					Y		
58660		LAPAROSCOPY, LYSIS	7/1/2003	RBRVS	$513.22	$513.22	090		Y		Y	Y	
58661		LAPAROSCOPY, REMOVE ADNEXA	7/1/2003	RBRVS	$496.64	$496.64	010		Y		Y	Y	
58662		LAPAROSCOPY, EXCISE LESIONS	7/1/2003	RBRVS	$527.28	$527.28	090		Y		Y	Y	
58670		LAPAROSCOPY, TUBAL CAUTERY	7/1/2003	RBRVS	$277.22	$277.22	090		Y			Y	
58671		LAPAROSCOPY, TUBAL BLOCK	7/1/2003	RBRVS	$277.72	$277.72	090		Y			Y	
58672		LAPAROSCOPY, FIMBRIOPLASTY	7/1/2003	RBRVS	$587.24	$587.24	090		Y	Y	Y		
58673		LAPAROSCOPY, SALPINGOSTOMY	7/1/2003	RBRVS	$626.09	$626.09	090		Y	Y	Y		
58679		LAPARO PROC, OVIDUCT-OVARY	7/1/2003	BY REPORT	$0.00	$0.00	090		Y	Y	Y		
58700		REMOVAL OF FALLOPIAN TUBE	7/1/2003	RBRVS	$529.87	$529.87	090		Y		Y	Y	
58720		REMOVAL OF OVARY/TUBE(S)	7/1/2003	RBRVS	$519.40	$519.40	090		Y		Y	Y	
58740		REVISE FALLOPIAN TUBE(S)	7/1/2003	RBRVS	$618.99	$618.99	090		Y		Y	Y	
58770		CREATE NEW TUBAL OPENING	7/1/2003	RBRVS	$636.38	$636.38	090	Y	Y	Y	Y		
58800		DRAINAGE OF OVARIAN CYST(S)	7/1/2003	RBRVS	$250.69	$249.88	090		Y				
58805		DRAINAGE OF OVARIAN CYST(S)	7/1/2003	RBRVS	$281.65	$281.65	090		Y		Y	Y	
58820		DRAIN OVARY ABSCESS, OPEN	7/1/2003	RBRVS	$222.81	$222.81	090		Y		Y		
58822		DRAIN OVARY ABSCESS, PERCUT	7/1/2003	RBRVS	$458.56	$458.56	090		Y		Y	Y	
58823		DRAIN PELVIC ABSCESS, PERCUT	7/1/2003	RBRVS	$167.56	$167.56	000		Y		Y		
58900		BIOPSY OF OVARY(S)	7/1/2003	RBRVS	$286.54	$286.54	090		Y		Y	Y	
58920		PARTIAL REMOVAL OF OVARY(S)	7/1/2003	RBRVS	$504.31	$504.31	090		Y		Y	Y	
58925		REMOVAL OF OVARIAN CYST(S)	7/1/2003	RBRVS	$513.66	$513.66	090		Y		Y	Y	
58940		REMOVAL OF OVARY(S)	7/1/2003	RBRVS	$340.11	$340.11	090		Y		Y	Y	
58999		GENITAL SURGERY PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00	090		Y		Y	Y	Y
59020		FETAL CONTRACT STRESS TEST	7/1/2003	RBRVS	$50.22	$50.22	000		Y				
59020	TC	FETAL CONTRACT STRESS TEST	7/1/2003	RBRVS	$17.63	$17.63							
59020	26	FETAL CONTRACT STRESS TEST	7/1/2003	RBRVS	$32.62	$32.62			Y				
59025		FETAL NON-STRESS TEST	7/1/2003	RBRVS	$33.78	$33.78	000		Y				
59025	TC	FETAL NON-STRESS TEST	7/1/2003	RBRVS	$7.40	$7.40							
59025	26	FETAL NON-STRESS TEST	7/1/2003	RBRVS	$26.38	$26.38			Y				
59100		REMOVE UTERUS LESION	7/1/2003	RBRVS	$646.48	$646.48	090		Y		Y	Y	
59120		TREAT ECTOPIC PREGNANCY	7/1/2003	RBRVS	$607.83	$607.83	090		Y		Y	Y	
59121		TREAT ECTOPIC PREGNANCY	7/1/2003	RBRVS	$618.32	$618.32	090		Y		Y	Y	
59140		TREAT ECTOPIC PREGNANCY	7/1/2003	RBRVS	$303.29	$303.29	090		Y		Y		
59200		INSERT CERVICAL DILATOR	7/1/2003	RBRVS	$69.15	$38.79	000		Y				
59300		EPISIOTOMY OR VAGINAL REPAIR	7/1/2003	RBRVS	$151.73	$118.98	000		Y				
59350		REPAIR OF UTERUS	7/1/2003	RBRVS	$243.31	$243.31	000		Y		Y		
59400		OBSTETRICAL CARE	7/1/2003	RBRVS	$1,338.03	$1,338.03			Y				
59409		OBSTETRICAL CARE	7/1/2003	RBRVS	$663.66	$663.66			Y				
59410		OBSTETRICAL CARE	7/1/2003	RBRVS	$742.35	$742.35			Y				
59414		DELIVER PLACENTA	7/1/2003	RBRVS	$79.23	$79.23			Y				

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
59425		ANTEPARTUM CARE ONLY	7/1/2003	RBRVS	$312.18	$235.25							
59426		ANTEPARTUM CARE ONLY	7/1/2003	RBRVS	$548.49	$406.09							
59430		CARE AFTER DELIVERY	7/1/2003	RBRVS	$108.32	$108.32			Y				
59514		CESAREAN DELIVERY ONLY	7/1/2003	RBRVS	$783.37	$783.37			Y		Y	Y	
59515		CESAREAN DELIVERY	7/1/2003	RBRVS	$885.64	$885.64			Y				
59525		REMOVE UTERUS AFTER CESAREAN	7/1/2003	RBRVS	$418.26	$418.26					Y	Y	
59610		VBAC DELIVERY	7/1/2003	RBRVS	$1,412.70	$1,412.70			Y				
59612		VBAC DELIVERY ONLY	7/1/2003	RBRVS	$744.61	$744.61			Y				
59614		VBAC CARE AFTER DELIVERY	7/1/2003	RBRVS	$819.38	$819.38			Y				
59620		ATTEMPTED VBAC DELIVERY ONLY	7/1/2003	RBRVS	$858.24	$858.24			Y		Y		
59622		ATTEMPTED VBAC AFTER CARE	7/1/2003	RBRVS	$967.82	$967.82			Y		Y		
59812		TREATMENT OF MISCARRIAGE	7/1/2003	RBRVS	$230.26	$201.02	090		Y				
59820		CARE OF MISCARRIAGE	7/1/2003	RBRVS	$233.97	$207.75	090		Y				
59821		TREATMENT OF MISCARRIAGE	7/1/2003	RBRVS	$254.05	$228.39	090		Y				
59830		TREAT UTERUS INFECTION	7/1/2003	RBRVS	$313.55	$313.55	090		Y				
59840		ABORTION	7/1/2003	RBRVS	$210.12	$162.57	010		Y				
59841		ABORTION	7/1/2003	RBRVS	$329.48	$273.48	010		Y				
59850		ABORTION	7/1/2003	RBRVS	$273.67	$273.67	090		Y				
59851		ABORTION	7/1/2003	RBRVS	$285.17	$285.17	090		Y				
59852		ABORTION	7/1/2003	RBRVS	$402.44	$402.44	090		Y				
59855		ABORTION	7/1/2003	RBRVS	$294.71	$294.71	090		Y				
59856		ABORTION	7/1/2003	RBRVS	$356.54	$356.54	090		Y				
59857		ABORTION	7/1/2003	RBRVS	$432.72	$432.72	090		Y				
59898		LAPARO PROC, OB CARE/DELIVER	7/1/2003	BY REPORT	$0.00	$0.00	010		Y	Y	Y		
59899		MATERNITY CARE PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00	010		Y		Y	Y	Y
60200		REMOVE THYROID LESION	7/1/2003	RBRVS	$481.39	$481.39	090		Y		Y	Y	
60240		REMOVAL OF THYROID	7/1/2003	RBRVS	$756.89	$756.89	090		Y		Y	Y	
61000		REMOVE CRANIAL CAVITY FLUID	7/1/2003	RBRVS	$76.52	$76.52	000		Y				
61001		REMOVE CRANIAL CAVITY FLUID	7/1/2003	RBRVS	$77.05	$77.05	000		Y				
61020		REMOVE BRAIN CAVITY FLUID	7/1/2003	RBRVS	$88.30	$88.30	000		Y				
61026		INJECTION INTO BRAIN CANAL	7/1/2003	RBRVS	$94.41	$94.41	000		Y				
61050		REMOVE BRAIN CANAL FLUID	7/1/2003	RBRVS	$82.38	$82.38	000		Y				
61055		INJECTION INTO BRAIN CANAL	7/1/2003	RBRVS	$103.92	$103.92	000						
61070		BRAIN CANAL SHUNT PROCEDURE	7/1/2003	RBRVS	$56.81	$56.81	000		Y				
61105		TWIST DRILL HOLE	7/1/2003	RBRVS	$286.39	$286.39	090		Y				
61107		DRILL SKULL FOR IMPLANTATION	7/1/2003	RBRVS	$263.53	$263.53	000						
61108		DRILL SKULL FOR DRAINAGE	7/1/2003	RBRVS	$547.21	$547.21	090		Y				
61120		BURR HOLE FOR PUNCTURE	7/1/2003	RBRVS	$467.67	$467.67	090		Y				
61140		PIERCE SKULL FOR BIOPSY	7/1/2003	RBRVS	$818.51	$818.51	090		Y		Y		
61150		PIERCE SKULL FOR DRAINAGE	7/1/2003	RBRVS	$891.41	$891.41	090		Y			Y	
61151		PIERCE SKULL FOR DRAINAGE	7/1/2003	RBRVS	$642.21	$642.21	090		Y				
61154		PIERCE SKULL & REMOVE CLOT	7/1/2003	RBRVS	$778.10	$778.10	090		Y	Y	Y	Y	
61156		PIERCE SKULL FOR DRAINAGE	7/1/2003	RBRVS	$836.00	$836.00	090		Y		Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
61210		PIERCE SKULL, IMPLANT DEVICE	7/1/2003	RBRVS	$302.54	$302.54	000						
61215		INSERT BRAIN-FLUID DEVICE	7/1/2003	RBRVS	$279.00	$279.00	090		Y			Y	
61250		PIERCE SKULL & EXPLORE	7/1/2003	RBRVS	$545.90	$545.90	090		Y	Y	Y	Y	
61253		PIERCE SKULL & EXPLORE	7/1/2003	RBRVS	$632.30	$632.30	090		Y		Y		
61304		OPEN SKULL FOR EXPLORATION	7/1/2003	RBRVS	$1,108.64	$1,108.64	090		Y		Y	Y	
61305		OPEN SKULL FOR EXPLORATION	7/1/2003	RBRVS	$1,336.03	$1,336.03	090		Y		Y	Y	
61312		OPEN SKULL FOR DRAINAGE	7/1/2003	RBRVS	$1,262.07	$1,262.07	090		Y		Y	Y	
61313		OPEN SKULL FOR DRAINAGE	7/1/2003	RBRVS	$1,268.56	$1,268.56	090		Y		Y	Y	
61314		OPEN SKULL FOR DRAINAGE	7/1/2003	RBRVS	$1,172.74	$1,172.74	090		Y		Y	Y	
61315		OPEN SKULL FOR DRAINAGE	7/1/2003	RBRVS	$1,395.80	$1,395.80	090		Y		Y	Y	
61316		IMPLT CRAN BONE FLAP TO ABDO	1/1/2003	RBRVS	$66.48	$66.48							
61320		OPEN SKULL FOR DRAINAGE	7/1/2003	RBRVS	$1,290.85	$1,290.85	090		Y		Y	Y	
61321		OPEN SKULL FOR DRAINAGE	7/1/2003	RBRVS	$1,417.51	$1,417.51	090		Y		Y	Y	
61322		DECOMPRESSIVE CRANIOTOMY	1/1/2003	RBRVS	$1,366.06	$1,366.06	090		Y		Y	Y	
61323		DECOMPRESSIVE LOBECTOMY	1/1/2003	RBRVS	$1,415.95	$1,415.95	090		Y			Y	
61330		DECOMPRESS EYE SOCKET	7/1/2003	RBRVS	$1,134.36	$1,134.36	090		Y	Y	Y	Y	
61332		EXPLORE/BIOPSY EYE SOCKET	7/1/2003	RBRVS	$1,338.34	$1,338.34	090		Y		Y	Y	
61333		EXPLORE ORBIT/REMOVE LESION	7/1/2003	RBRVS	$1,316.26	$1,316.26	090		Y		Y	Y	
61334		EXPLORE ORBIT/REMOVE OBJECT	7/1/2003	RBRVS	$908.18	$908.18	090		Y		Y	Y	
61340		SUBTEMPORAL DECOMPRESSION	7/1/2003	RBRVS	$947.34	$947.34	090		Y	Y	Y	Y	
61343		INCISE SKULL (PRESS RELIEF)	7/1/2003	RBRVS	$1,509.55	$1,509.55	090		Y		Y	Y	
61345		RELIEVE CRANIAL PRESSURE	7/1/2003	RBRVS	$1,375.19	$1,375.19	090		Y		Y	Y	
61440		INCISE SKULL FOR SURGERY	7/1/2003	RBRVS	$1,332.98	$1,332.98	090		Y		Y	Y	
61450		INCISE SKULL FOR SURGERY	7/1/2003	RBRVS	$1,308.69	$1,308.69	090		Y		Y	Y	
61458		INCISE SKULL FOR BRAIN WOUND	7/1/2003	RBRVS	$1,381.18	$1,381.18	090		Y		Y	Y	
61460		INCISE SKULL FOR SURGERY	7/1/2003	RBRVS	$1,436.03	$1,436.03	090		Y		Y	Y	
61470		INCISE SKULL FOR SURGERY	7/1/2003	RBRVS	$1,288.67	$1,288.67	090		Y		Y	Y	
61480		INCISE SKULL FOR SURGERY	7/1/2003	RBRVS	$1,346.98	$1,346.98	090		Y		Y	Y	
61490		INCISE SKULL FOR SURGERY	7/1/2003	RBRVS	$1,306.82	$1,306.82	090		Y	Y	Y	Y	
61500		REMOVAL OF SKULL LESION	7/1/2003	RBRVS	$925.92	$925.92	090		Y		Y	Y	
61501		REMOVE INFECTED SKULL BONE	7/1/2003	RBRVS	$771.52	$771.52	090		Y		Y	Y	
61510		REMOVAL OF BRAIN LESION	7/1/2003	RBRVS	$1,443.85	$1,443.85	090		Y		Y	Y	
61512		REMOVE BRAIN LINING LESION	7/1/2003	RBRVS	$1,767.19	$1,767.19	090		Y		Y	Y	
61514		REMOVAL OF BRAIN ABSCESS	7/1/2003	RBRVS	$1,286.83	$1,286.83	090		Y		Y	Y	
61516		REMOVAL OF BRAIN LESION	7/1/2003	RBRVS	$1,248.48	$1,248.48	090		Y		Y	Y	
61517		IMPLT BRAIN CHEMOTX ADD-ON	1/1/2003	RBRVS	$57.99	$57.99							
61518		REMOVAL OF BRAIN LESION	7/1/2003	RBRVS	$1,883.05	$1,883.05	090		Y		Y	Y	
61519		REMOVE BRAIN LINING LESION	7/1/2003	RBRVS	$2,072.04	$2,072.04	090		Y		Y	Y	
61520		REMOVAL OF BRAIN LESION	7/1/2003	RBRVS	$2,720.02	$2,720.02	090		Y		Y	Y	
61521		REMOVAL OF BRAIN LESION	7/1/2003	RBRVS	$2,221.76	$2,221.76	090		Y		Y	Y	
61522		REMOVAL OF BRAIN ABSCESS	7/1/2003	RBRVS	$1,472.10	$1,472.10	090		Y		Y	Y	
61524		REMOVAL OF BRAIN LESION	7/1/2003	RBRVS	$1,397.39	$1,397.39	090		Y		Y	Y	
61526		REMOVAL OF BRAIN LESION	7/1/2003	RBRVS	$2,536.46	$2,536.46	090		Y			Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
61530		REMOVAL OF BRAIN LESION	7/1/2003	RBRVS	$2,174.87	$2,174.87	090		Y			Y	
61531		IMPLANT BRAIN ELECTRODES	7/1/2003	RBRVS	$761.57	$761.57	090		Y		Y	Y	
61533		IMPLANT BRAIN ELECTRODES	7/1/2003	RBRVS	$1,006.46	$1,006.46	090		Y		Y	Y	
61534		REMOVAL OF BRAIN LESION	7/1/2003	RBRVS	$1,073.84	$1,073.84	090		Y		Y	Y	
61535		REMOVE BRAIN ELECTRODES	7/1/2003	RBRVS	$617.64	$617.64	090		Y		Y	Y	
61536		REMOVAL OF BRAIN LESION	7/1/2003	RBRVS	$1,777.70	$1,777.70	090		Y		Y	Y	
61538		REMOVAL OF BRAIN TISSUE	7/1/2003	RBRVS	$1,361.85	$1,361.85	090		Y		Y	Y	
61539		REMOVAL OF BRAIN TISSUE	7/1/2003	RBRVS	$1,618.43	$1,618.43	090		Y		Y	Y	
61541		INCISION OF BRAIN TISSUE	7/1/2003	RBRVS	$1,441.11	$1,441.11	090		Y		Y	Y	
61542		REMOVAL OF BRAIN TISSUE	7/1/2003	RBRVS	$1,586.84	$1,586.84	090		Y		Y	Y	
61543		REMOVAL OF BRAIN TISSUE	7/1/2003	RBRVS	$1,482.55	$1,482.55	090		Y		Y	Y	
61544		REMOVE & TREAT BRAIN LESION	7/1/2003	RBRVS	$1,263.23	$1,263.23	090		Y		Y		
61545		EXCISION OF BRAIN TUMOR	7/1/2003	RBRVS	$2,182.07	$2,182.07	090		Y		Y	Y	
61546		REMOVAL OF PITUITARY GLAND	7/1/2003	RBRVS	$1,574.71	$1,574.71	090		Y		Y	Y	
61548		REMOVAL OF PITUITARY GLAND	7/1/2003	RBRVS	$1,092.58	$1,092.58	090		Y		Y	Y	
61550		RELEASE OF SKULL SEAMS	7/1/2003	RBRVS	$660.27	$660.27	090		Y		Y	Y	
61552		RELEASE OF SKULL SEAMS	7/1/2003	RBRVS	$868.11	$868.11	090		Y		Y	Y	
61556		INCISE SKULL/SUTURES	7/1/2003	RBRVS	$1,068.32	$1,068.32	090		Y		Y		
61557		INCISE SKULL/SUTURES	7/1/2003	RBRVS	$1,147.58	$1,147.58	090		Y		Y		
61558		EXCISION OF SKULL/SUTURES	7/1/2003	RBRVS	$1,230.11	$1,230.11	090		Y		Y		
61559		EXCISION OF SKULL/SUTURES	7/1/2003	RBRVS	$1,664.05	$1,664.05	090		Y		Y	Y	
61563		EXCISION OF SKULL TUMOR	7/1/2003	RBRVS	$1,334.75	$1,334.75	090		Y		Y	Y	
61564		EXCISION OF SKULL TUMOR	7/1/2003	RBRVS	$1,673.87	$1,673.87	090		Y		Y	Y	
61570		REMOVE FOREIGN BODY, BRAIN	7/1/2003	RBRVS	$1,225.44	$1,225.44	090		Y		Y	Y	
61571		INCISE SKULL FOR BRAIN WOUND	7/1/2003	RBRVS	$1,329.08	$1,329.08	090		Y		Y	Y	
61575		SKULL BASE/BRAINSTEM SURGERY	7/1/2003	RBRVS	$1,710.63	$1,710.63	090		Y		Y	Y	
61576		SKULL BASE/BRAINSTEM SURGERY	7/1/2003	RBRVS	$2,500.39	$2,500.39	090		Y		Y	Y	
61580		CRANIOFACIAL APPROACH, SKULL	7/1/2003	RBRVS	$1,484.39	$1,484.39	090		Y	Y	Y	Y	Y
61581		CRANIOFACIAL APPROACH, SKULL	7/1/2003	RBRVS	$1,521.65	$1,521.65	090		Y	Y		Y	Y
61582		CRANIOFACIAL APPROACH, SKULL	7/1/2003	RBRVS	$1,606.67	$1,606.67	090		Y		Y	Y	Y
61583		CRANIOFACIAL APPROACH, SKULL	7/1/2003	RBRVS	$1,847.73	$1,847.73	090		Y		Y	Y	Y
61584		ORBITOCRANIAL APPROACH/SKULL	7/1/2003	RBRVS	$1,745.80	$1,745.80	090		Y	Y	Y	Y	Y
61585		ORBITOCRANIAL APPROACH/SKULL	7/1/2003	RBRVS	$1,900.73	$1,900.73	090		Y	Y	Y	Y	Y
61586		RESECT NASOPHARYNX, SKULL	7/1/2003	RBRVS	$1,266.31	$1,266.31	090		Y		Y	Y	Y
61590		INFRATEMPORAL APPROACH/SKULL	7/1/2003	RBRVS	$2,031.91	$2,031.91	090		Y	Y	Y	Y	Y
61591		INFRATEMPORAL APPROACH/SKULL	7/1/2003	RBRVS	$2,132.52	$2,132.52	090		Y	Y	Y	Y	Y
61592		ORBITOCRANIAL APPROACH/SKULL	7/1/2003	RBRVS	$1,990.19	$1,990.19	090		Y	Y	Y	Y	Y
61595		TRANSTEMPORAL APPROACH/SKULL	7/1/2003	RBRVS	$1,472.72	$1,472.72	090		Y	Y	Y	Y	Y
61596		TRANSCOCHLEAR APPROACH/SKULL	7/1/2003	RBRVS	$1,752.91	$1,752.91	090		Y	Y	Y	Y	Y
61597		TRANSCONDYLAR APPROACH/SKULL	7/1/2003	RBRVS	$1,854.21	$1,854.21	090		Y	Y	Y	Y	Y
61598		TRANSPETROSAL APPROACH/SKULL	7/1/2003	RBRVS	$1,657.93	$1,657.93	090		Y		Y	Y	Y
61600		RESECT/EXCISE CRANIAL LESION	7/1/2003	RBRVS	$1,272.36	$1,272.36	090		Y		Y	Y	Y
61601		RESECT/EXCISE CRANIAL LESION	7/1/2003	RBRVS	$1,419.13	$1,419.13	090		Y		Y	Y	Y

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
61605		RESECT/EXCISE CRANIAL LESION	7/1/2003	RBRVS	$1,430.97	$1,430.97	090		Y		Y	Y	Y
61606		RESECT/EXCISE CRANIAL LESION	7/1/2003	RBRVS	$1,942.86	$1,942.86	090		Y		Y	Y	Y
61607		RESECT/EXCISE CRANIAL LESION	7/1/2003	RBRVS	$1,805.60	$1,805.60	090		Y		Y	Y	Y
61608		RESECT/EXCISE CRANIAL LESION	7/1/2003	RBRVS	$2,111.98	$2,111.98	090		Y		Y	Y	Y
61609		TRANSECT ARTERY, SINUS	7/1/2003	RBRVS	$474.00	$474.00				Y	Y	Y	Y
61610		TRANSECT ARTERY, SINUS	7/1/2003	RBRVS	$1,326.83	$1,326.83				Y	Y	Y	Y
61611		TRANSECT ARTERY, SINUS	7/1/2003	RBRVS	$347.78	$347.78				Y	Y	Y	Y
61612		TRANSECT ARTERY, SINUS	7/1/2003	RBRVS	$1,279.69	$1,279.69				Y	Y	Y	Y
61613		REMOVE ANEURYSM, SINUS	7/1/2003	RBRVS	$2,053.08	$2,053.08	090		Y	Y	Y	Y	Y
61615		RESECT/EXCISE LESION, SKULL	7/1/2003	RBRVS	$1,617.24	$1,617.24	090		Y		Y	Y	Y
61616		RESECT/EXCISE LESION, SKULL	7/1/2003	RBRVS	$2,176.52	$2,176.52	090		Y		Y	Y	Y
61618		REPAIR DURA	7/1/2003	RBRVS	$882.21	$882.21	090		Y		Y	Y	Y
61619		REPAIR DURA	7/1/2003	RBRVS	$1,056.44	$1,056.44	090		Y		Y	Y	Y
61623		ENDOVASC TEMPORY VESSEL OCCL	1/1/2003	RBRVS	$421.90	$421.90	000		Y				
61624		TRANSCATH OCCLUSION CNS	7/1/2003	RBRVS	$817.66	$817.66	000		Y				
61626		TRANSCATH OCCLUSION NON-CNS	7/1/2003	RBRVS	$667.03	$667.03	000		Y				
61680		INTRACRANIAL VESSEL SURGERY	7/1/2003	RBRVS	$1,550.24	$1,550.24	090		Y		Y	Y	
61682		INTRACRANIAL VESSEL SURGERY	7/1/2003	RBRVS	$3,040.36	$3,040.36	090		Y		Y	Y	
61684		INTRACRANIAL VESSEL SURGERY	7/1/2003	RBRVS	$1,989.10	$1,989.10	090		Y		Y	Y	
61686		INTRACRANIAL VESSEL SURGERY	7/1/2003	RBRVS	$3,193.30	$3,193.30	090		Y		Y	Y	
61690		INTRACRANIAL VESSEL SURGERY	7/1/2003	RBRVS	$1,478.18	$1,478.18	090		Y		Y	Y	
61692		INTRACRANIAL VESSEL SURGERY	7/1/2003	RBRVS	$2,554.70	$2,554.70	090		Y		Y	Y	
61697		BRAIN ANEURYSM REPR, COMPLX	7/1/2003	RBRVS	$2,514.89	$2,514.89	090		Y		Y	Y	
61698		BRAIN ANEURYSM REPR, COMPLX	7/1/2003	RBRVS	$2,407.72	$2,407.72	090		Y		Y	Y	
61700		BRAIN ANEURYSM REPR SIMPLE	7/1/2003	RBRVS	$2,510.58	$2,510.58	090		Y		Y	Y	
61702		INNER SKULL VESSEL SURGERY	7/1/2003	RBRVS	$2,410.46	$2,410.46	090		Y		Y	Y	
61703		CLAMP NECK ARTERY	7/1/2003	RBRVS	$906.53	$906.53	090		Y		Y	Y	
61705		REVISE CIRCULATION TO HEAD	7/1/2003	RBRVS	$1,771.12	$1,771.12	090		Y		Y	Y	
61708		REVISE CIRCULATION TO HEAD	7/1/2003	RBRVS	$1,528.51	$1,528.51	090		Y		Y		
61710		REVISE CIRCULATION TO HEAD	7/1/2003	RBRVS	$1,330.58	$1,330.58	090		Y				
61711		FUSION OF SKULL ARTERIES	7/1/2003	RBRVS	$1,807.13	$1,807.13	090		Y		Y	Y	
61720		INCISE SKULL/BRAIN SURGERY	7/1/2003	RBRVS	$869.67	$869.67	090		Y				
61735		INCISE SKULL/BRAIN SURGERY	7/1/2003	RBRVS	$1,047.99	$1,047.99	090		Y			Y	
61750		INCISE SKULL/BRAIN BIOPSY	7/1/2003	RBRVS	$922.55	$922.55	090		Y			Y	
61751		BRAIN BIOPSY W/CT/MR GUIDE	7/1/2003	RBRVS	$897.02	$897.02	090		Y			Y	
61760		IMPLANT BRAIN ELECTRODES	7/1/2003	RBRVS	$1,004.90	$1,004.90	090		Y			Y	
61770		INCISE SKULL FOR TREATMENT	7/1/2003	RBRVS	$1,084.22	$1,084.22	090		Y			Y	
61790		TREAT TRIGEMINAL NERVE	7/1/2003	RBRVS	$527.38	$527.38	090		Y				
61791		TREAT TRIGEMINAL TRACT	7/1/2003	RBRVS	$754.37	$754.37	090		Y				
61793		FOCUS RADIATION BEAM	7/1/2003	RBRVS	$888.75	$888.75	090		Y				
61795		BRAIN SURGERY USING COMPUTER	7/1/2003	RBRVS	$195.12	$195.12							
61850		IMPLANT NEUROELECTRODES	7/1/2003	RBRVS	$638.25	$638.25	090		Y		Y		
61860		IMPLANT NEUROELECTRODES	7/1/2003	RBRVS	$1,061.55	$1,061.55	090		Y		Y		

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
61862		IMPLANT NEUROSTIMUL, SUBCORT	7/1/2003	RBRVS	$992.80	$992.80	090		Y	Y	Y	Y	
61870		IMPLANT NEUROELECTRODES	7/1/2003	RBRVS	$777.44	$777.44	090		Y		Y	Y	
61875		IMPLANT NEUROELECTRODES	7/1/2003	RBRVS	$754.43	$754.43	090		Y		Y		
61880		REVISE/REMOVE NEUROELECTRODE	7/1/2003	RBRVS	$361.88	$361.88	090		Y	Y	Y	Y	
61885		IMPLANT NEUROSTIM ONE ARRAY	7/1/2003	RBRVS	$339.96	$339.96	090		Y	Y			
61886		IMPLANT NEUROSTIM ARRAYS	7/1/2003	RBRVS	$442.13	$442.13	090		Y				
61888		REVISE/REMOVE NEURORECEIVER	7/1/2003	RBRVS	$280.28	$280.28	010		Y	Y			
62000		TREAT SKULL FRACTURE	7/1/2003	RBRVS	$545.18	$545.18	090		Y				
62005		TREAT SKULL FRACTURE	7/1/2003	RBRVS	$790.16	$790.16	090		Y		Y	Y	
62010		TREATMENT OF HEAD INJURY	7/1/2003	RBRVS	$1,014.00	$1,014.00	090		Y		Y	Y	
62100		REPAIR BRAIN FLUID LEAKAGE	7/1/2003	RBRVS	$1,123.10	$1,123.10	090		Y		Y	Y	
62115		REDUCTION OF SKULL DEFECT	7/1/2003	RBRVS	$1,063.58	$1,063.58	090		Y		Y	Y	
62116		REDUCTION OF SKULL DEFECT	7/1/2003	RBRVS	$1,185.34	$1,185.34	090		Y		Y		
62117		REDUCTION OF SKULL DEFECT	7/1/2003	RBRVS	$1,347.41	$1,347.41	090		Y		Y	Y	
62120		REPAIR SKULL CAVITY LESION	7/1/2003	RBRVS	$1,154.00	$1,154.00	090		Y		Y	Y	
62121		INCISE SKULL REPAIR	7/1/2003	RBRVS	$1,065.30	$1,065.30	090		Y		Y		
62140		REPAIR OF SKULL DEFECT	7/1/2003	RBRVS	$694.29	$694.29	090		Y		Y	Y	
62141		REPAIR OF SKULL DEFECT	7/1/2003	RBRVS	$773.39	$773.39	090		Y		Y	Y	
62142		REMOVE SKULL PLATE/FLAP	7/1/2003	RBRVS	$564.95	$564.95	090		Y		Y		
62143		REPLACE SKULL PLATE/FLAP	7/1/2003	RBRVS	$683.34	$683.34	090		Y		Y	Y	
62145		REPAIR OF SKULL & BRAIN	7/1/2003	RBRVS	$963.12	$963.12	090		Y		Y	Y	
62146		REPAIR OF SKULL WITH GRAFT	7/1/2003	RBRVS	$828.20	$828.20	090		Y		Y	Y	
62147		REPAIR OF SKULL WITH GRAFT	7/1/2003	RBRVS	$986.97	$986.97	090		Y		Y	Y	
62148		RETR BONE FLAP TO FIX SKULL	1/1/2003	RBRVS	$91.39	$91.39							
62160		NEUROENDOSCOPY ADD-ON	1/1/2003	RBRVS	$132.33	$132.33							
62161		DISSECT BRAIN W/SCOPE	1/1/2003	RBRVS	$941.51	$941.51	090		Y		Y	Y	
62162		REMOVE COLLOID CYST W/SCOPE	1/1/2003	RBRVS	$1,203.49	$1,203.49	090		Y		Y	Y	
62163		NEUROENDOSCOPY W/FB REMOVAL	1/1/2003	RBRVS	$760.70	$760.70	090		Y		Y	Y	
62164		REMOVE BRAIN TUMOR W/SCOPE	1/1/2003	RBRVS	$1,303.73	$1,303.73	090		Y		Y	Y	
62165		REMOVE PITUIT TUMOR W/SCOPE	1/1/2003	RBRVS	$1,025.67	$1,025.67	090		Y		Y	Y	
62180		ESTABLISH BRAIN CAVITY SHUNT	7/1/2003	RBRVS	$1,074.09	$1,074.09	090		Y		Y		
62190		ESTABLISH BRAIN CAVITY SHUNT	7/1/2003	RBRVS	$588.46	$588.46	090		Y			Y	
62192		ESTABLISH BRAIN CAVITY SHUNT	7/1/2003	RBRVS	$644.49	$644.49	090		Y		Y	Y	
62194		REPLACE/IRRIGATE CATHETER	7/1/2003	RBRVS	$236.00	$236.00	010		Y				
62200		ESTABLISH BRAIN CAVITY SHUNT	7/1/2003	RBRVS	$943.10	$943.10	090		Y		Y	Y	
62201		BRAIN CAVITY SHUNT W/SCOPE	7/1/2003	RBRVS	$764.16	$764.16	090		Y				
62220		ESTABLISH BRAIN CAVITY SHUNT	7/1/2003	RBRVS	$678.70	$678.70	090		Y		Y	Y	
62223		ESTABLISH BRAIN CAVITY SHUNT	7/1/2003	RBRVS	$672.15	$672.15	090		Y		Y	Y	
62225		REPLACE/IRRIGATE CATHETER	7/1/2003	RBRVS	$316.32	$316.32	090		Y				
62230		REPLACE/REVISE BRAIN SHUNT	7/1/2003	RBRVS	$557.28	$557.28	090		Y		Y	Y	
62252		CSF SHUNT REPROGRAM	7/1/2003	RBRVS	$66.16	$66.16							
62252	TC	CSF SHUNT REPROGRAM	7/1/2003	RBRVS	$30.21	$30.21							
62252	26	CSF SHUNT REPROGRAM	7/1/2003	RBRVS	$35.92	$35.92							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team
62256		REMOVE BRAIN CAVITY SHUNT	7/1/2003	RBRVS	$374.72	$374.72	090		Y		Y		
62258		REPLACE BRAIN CAVITY SHUNT	7/1/2003	RBRVS	$751.75	$751.75	090		Y		Y	Y	
62263		EPIDURAL LYSIS MULT SESSIONS	7/1/2003	RBRVS	$558.78	$257.77	010		Y				
62264		EPIDURAL LYSIS ON SINGLE DAY	1/1/2003	RBRVS	$448.84	$174.08	010		Y				
62268		DRAIN SPINAL CORD CYST	7/1/2003	RBRVS	$221.00	$221.00	000		Y				
62269		NEEDLE BIOPSY, SPINAL CORD	7/1/2003	RBRVS	$220.01	$220.01	000		Y				
62270		SPINAL FLUID TAP, DIAGNOSTIC	7/1/2003	RBRVS	$138.07	$48.48	000		Y				
62272		DRAIN CEREBRO SPINAL FLUID	7/1/2003	RBRVS	$175.42	$60.68	000		Y				
62273		TREAT EPIDURAL SPINE LESION	7/1/2003	RBRVS	$143.05	$82.69	000		Y				
62280		TREAT SPINAL CORD LESION	7/1/2003	RBRVS	$336.87	$104.14	010		Y				
62281		TREAT SPINAL CORD LESION	7/1/2003	RBRVS	$298.74	$102.08	010		Y				
62282		TREAT SPINAL CANAL LESION	7/1/2003	RBRVS	$384.39	$92.14	010		Y				
62284		INJECTION FOR MYELOGRAM	7/1/2003	RBRVS	$186.36	$64.54	000						
62287		PERCUTANEOUS DISKECTOMY	7/1/2003	RBRVS	$391.96	$391.96	090		Y				
62290		INJECT FOR SPINE DISK X-RAY	7/1/2003	RBRVS	$326.64	$128.62	000		Y				
62291		INJECT FOR SPINE DISK X-RAY	7/1/2003	RBRVS	$288.88	$121.45	000		Y				
62292		INJECTION INTO DISK LESION	7/1/2003	RBRVS	$385.23	$385.23	090		Y				
62294		INJECTION INTO SPINAL ARTERY	7/1/2003	RBRVS	$552.14	$552.14	090		Y				
62310		INJECT SPINE C/T	7/1/2003	RBRVS	$193.19	$72.99	000		Y				
62311		INJECT SPINE L/S (CD)	7/1/2003	RBRVS	$184.77	$59.96	000		Y				
62318		INJECT SPINE W/CATH, C/T	7/1/2003	RBRVS	$214.21	$77.36	000		Y				
62319		INJECT SPINE W/CATH L/S (CD)	7/1/2003	RBRVS	$191.73	$71.00	000		Y				
62350		IMPLANT SPINAL CANAL CATH	7/1/2003	RBRVS	$317.41	$317.41	090		Y			Y	
62351		IMPLANT SPINAL CANAL CATH	7/1/2003	RBRVS	$520.33	$520.33	090		Y		Y	Y	
62355		REMOVE SPINAL CANAL CATHETER	7/1/2003	RBRVS	$249.13	$249.13	090		Y				
62360		INSERT SPINE INFUSION DEVICE	7/1/2003	RBRVS	$144.64	$144.64	090		Y			Y	
62361		IMPLANT SPINE INFUSION PUMP	7/1/2003	RBRVS	$267.49	$267.49	090		Y			Y	
62362		IMPLANT SPINE INFUSION PUMP	7/1/2003	RBRVS	$338.93	$338.93	090		Y			Y	
62365		REMOVE SPINE INFUSION DEVICE	7/1/2003	RBRVS	$285.42	$285.42	090		Y				
62367		ANALYZE SPINE INFUSION PUMP	7/1/2003	BY REPORT	$0.00	$0.00							
62367	TC	ANALYZE SPINE INFUSION PUMP	7/1/2003	BY REPORT	$0.00	$0.00							
62367	26	ANALYZE SPINE INFUSION PUMP	7/1/2003	RBRVS	$18.46	$18.46							
62368		ANALYZE SPINE INFUSION PUMP	7/1/2003	BY REPORT	$0.00	$0.00							
62368	TC	ANALYZE SPINE INFUSION PUMP	7/1/2003	BY REPORT	$0.00	$0.00							
62368	26	ANALYZE SPINE INFUSION PUMP	7/1/2003	RBRVS	$28.53	$28.53							
63001		REMOVAL OF SPINAL LAMINA	7/1/2003	RBRVS	$808.50	$808.50	090		Y		Y	Y	
63003		REMOVAL OF SPINAL LAMINA	7/1/2003	RBRVS	$820.78	$820.78	090		Y		Y	Y	
63005		REMOVAL OF SPINAL LAMINA	7/1/2003	RBRVS	$782.93	$782.93	090		Y		Y	Y	
63011		REMOVAL OF SPINAL LAMINA	7/1/2003	RBRVS	$697.40	$697.40	090		Y		Y	Y	
63012		REMOVAL OF SPINAL LAMINA	7/1/2003	RBRVS	$803.01	$803.01	090		Y		Y	Y	
63015		REMOVAL OF SPINAL LAMINA	7/1/2003	RBRVS	$997.82	$997.82	090		Y		Y	Y	
63016		REMOVAL OF SPINAL LAMINA	7/1/2003	RBRVS	$984.54	$984.54	090		Y		Y	Y	
63017		REMOVAL OF SPINAL LAMINA	7/1/2003	RBRVS	$832.29	$832.29	090		Y		Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
63020		NECK SPINE DISK SURGERY	7/1/2003	RBRVS	$779.53	$779.53	090		Y	Y	Y	Y	
63030		LOW BACK DISK SURGERY	7/1/2003	RBRVS	$644.55	$644.55	090		Y	Y	Y	Y	
63035		SPINAL DISK SURGERY ADD-ON	7/1/2003	RBRVS	$150.76	$150.76				Y	Y	Y	
63040		LAMINOTOMY, SINGLE CERVICAL	7/1/2003	RBRVS	$958.63	$958.63	090		Y	Y	Y	Y	
63042		LAMINOTOMY, SINGLE LUMBAR	7/1/2003	RBRVS	$907.81	$907.81	090		Y	Y	Y	Y	
63043		LAMINOTOMY, ADDL CERVICAL	7/1/2003	BY REPORT	$0.00	$0.00				Y	Y	Y	
63044		LAMINOTOMY, ADDL LUMBAR	7/1/2003	BY REPORT	$0.00	$0.00				Y	Y	Y	
63045		REMOVAL OF SPINAL LAMINA	7/1/2003	RBRVS	$854.96	$854.96	090		Y		Y	Y	
63046		REMOVAL OF SPINAL LAMINA	7/1/2003	RBRVS	$821.41	$821.41	090		Y		Y	Y	
63047		REMOVAL OF SPINAL LAMINA	7/1/2003	RBRVS	$771.33	$771.33	090		Y		Y	Y	
63048		REMOVE SPINAL LAMINA ADD-ON	7/1/2003	RBRVS	$156.43	$156.43					Y	Y	
63055		DECOMPRESS SPINAL CORD	7/1/2003	RBRVS	$1,115.56	$1,115.56	090		Y		Y	Y	
63056		DECOMPRESS SPINAL CORD	7/1/2003	RBRVS	$1,033.34	$1,033.34	090		Y		Y	Y	
63057		DECOMPRESS SPINE CORD ADD-ON	7/1/2003	RBRVS	$248.19	$248.19					Y	Y	
63064		DECOMPRESS SPINAL CORD	7/1/2003	RBRVS	$1,243.77	$1,243.77	090		Y		Y	Y	
63066		DECOMPRESS SPINE CORD ADD-ON	7/1/2003	RBRVS	$157.55	$157.55					Y	Y	
63075		NECK SPINE DISK SURGERY	7/1/2003	RBRVS	$1,001.72	$1,001.72	090		Y		Y	Y	
63076		NECK SPINE DISK SURGERY	7/1/2003	RBRVS	$195.28	$195.28					Y	Y	
63077		SPINE DISK SURGERY, THORAX	7/1/2003	RBRVS	$1,070.32	$1,070.32	090		Y		Y	Y	
63078		SPINE DISK SURGERY, THORAX	7/1/2003	RBRVS	$154.09	$154.09					Y	Y	
63081		REMOVAL OF VERTEBRAL BODY	7/1/2003	RBRVS	$1,208.26	$1,208.26	090		Y		Y	Y	Y
63082		REMOVE VERTEBRAL BODY ADD-ON	7/1/2003	RBRVS	$210.59	$210.59					Y	Y	Y
63085		REMOVAL OF VERTEBRAL BODY	7/1/2003	RBRVS	$1,336.31	$1,336.31	090		Y		Y	Y	Y
63086		REMOVE VERTEBRAL BODY ADD-ON	7/1/2003	RBRVS	$151.47	$151.47					Y	Y	Y
63087		REMOVAL OF VERTEBRAL BODY	7/1/2003	RBRVS	$1,731.05	$1,731.05	090		Y		Y	Y	Y
63088		REMOVE VERTEBRAL BODY ADD-ON	7/1/2003	RBRVS	$206.63	$206.63					Y	Y	Y
63090		REMOVAL OF VERTEBRAL BODY	7/1/2003	RBRVS	$1,378.87	$1,378.87	090		Y		Y	Y	Y
63091		REMOVE VERTEBRAL BODY ADD-ON	7/1/2003	RBRVS	$140.65	$140.65					Y	Y	Y
63170		INCISE SPINAL CORD TRACT(S)	7/1/2003	RBRVS	$1,049.49	$1,049.49	090		Y		Y	Y	
63172		DRAINAGE OF SPINAL CYST	7/1/2003	RBRVS	$962.34	$962.34	090		Y		Y	Y	
63173		DRAINAGE OF SPINAL CYST	7/1/2003	RBRVS	$1,160.92	$1,160.92	090		Y		Y	Y	
63180		REVISE SPINAL CORD LIGAMENTS	7/1/2003	RBRVS	$990.43	$990.43	090		Y		Y	Y	
63182		REVISE SPINAL CORD LIGAMENTS	7/1/2003	RBRVS	$1,039.29	$1,039.29	090		Y		Y	Y	
63185		INCISE SPINAL COLUMN/NERVES	7/1/2003	RBRVS	$760.85	$760.85	090		Y		Y	Y	
63190		INCISE SPINAL COLUMN/NERVES	7/1/2003	RBRVS	$907.74	$907.74	090		Y		Y	Y	
63191		INCISE SPINAL COLUMN/NERVES	7/1/2003	RBRVS	$935.12	$935.12	090		Y	Y	Y	Y	
63194		INCISE SPINAL COLUMN & CORD	7/1/2003	RBRVS	$1,023.95	$1,023.95	090		Y		Y	Y	
63195		INCISE SPINAL COLUMN & CORD	7/1/2003	RBRVS	$990.31	$990.31	090		Y		Y	Y	
63196		INCISE SPINAL COLUMN & CORD	7/1/2003	RBRVS	$1,139.01	$1,139.01	090		Y		Y	Y	
63197		INCISE SPINAL COLUMN & CORD	7/1/2003	RBRVS	$1,103.77	$1,103.77	090		Y		Y	Y	
63198		INCISE SPINAL COLUMN & CORD	7/1/2003	RBRVS	$1,167.13	$1,167.13	090		Y		Y	Y	
63199		INCISE SPINAL COLUMN & CORD	7/1/2003	RBRVS	$1,368.83	$1,368.83	090		Y		Y	Y	
63200		RELEASE OF SPINAL CORD	7/1/2003	RBRVS	$1,007.77	$1,007.77	090		Y		Y		

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
63250		REVISE SPINAL CORD VESSELS	7/1/2003	RBRVS	$1,945.88	$1,945.88	090		Y		Y	Y	
63251		REVISE SPINAL CORD VESSELS	7/1/2003	RBRVS	$2,036.58	$2,036.58	090		Y		Y	Y	
63252		REVISE SPINAL CORD VESSELS	7/1/2003	RBRVS	$2,021.24	$2,021.24	090		Y		Y	Y	
63265		EXCISE INTRASPINAL LESION	7/1/2003	RBRVS	$1,099.16	$1,099.16	090		Y		Y	Y	
63266		EXCISE INTRASPINAL LESION	7/1/2003	RBRVS	$1,136.89	$1,136.89	090		Y		Y	Y	
63267		EXCISE INTRASPINAL LESION	7/1/2003	RBRVS	$925.95	$925.95	090		Y		Y	Y	
63268		EXCISE INTRASPINAL LESION	7/1/2003	RBRVS	$917.28	$917.28	090		Y		Y	Y	
63270		EXCISE INTRASPINAL LESION	7/1/2003	RBRVS	$1,356.24	$1,356.24	090		Y		Y	Y	
63271		EXCISE INTRASPINAL LESION	7/1/2003	RBRVS	$1,365.90	$1,365.90	090		Y		Y	Y	
63272		EXCISE INTRASPINAL LESION	7/1/2003	RBRVS	$1,282.00	$1,282.00	090		Y		Y	Y	
63273		EXCISE INTRASPINAL LESION	7/1/2003	RBRVS	$1,241.34	$1,241.34	090		Y		Y		
63275		BIOPSY/EXCISE SPINAL TUMOR	7/1/2003	RBRVS	$1,199.46	$1,199.46	090		Y		Y	Y	
63276		BIOPSY/EXCISE SPINAL TUMOR	7/1/2003	RBRVS	$1,188.24	$1,188.24	090		Y		Y	Y	
63277		BIOPSY/EXCISE SPINAL TUMOR	7/1/2003	RBRVS	$1,063.71	$1,063.71	090		Y		Y	Y	
63278		BIOPSY/EXCISE SPINAL TUMOR	7/1/2003	RBRVS	$1,050.83	$1,050.83	090		Y		Y	Y	
63280		BIOPSY/EXCISE SPINAL TUMOR	7/1/2003	RBRVS	$1,430.10	$1,430.10	090		Y		Y	Y	
63281		BIOPSY/EXCISE SPINAL TUMOR	7/1/2003	RBRVS	$1,413.89	$1,413.89	090		Y		Y	Y	
63282		BIOPSY/EXCISE SPINAL TUMOR	7/1/2003	RBRVS	$1,333.26	$1,333.26	090		Y		Y	Y	
63283		BIOPSY/EXCISE SPINAL TUMOR	7/1/2003	RBRVS	$1,268.75	$1,268.75	090		Y		Y	Y	
63285		BIOPSY/EXCISE SPINAL TUMOR	7/1/2003	RBRVS	$1,792.82	$1,792.82	090		Y		Y	Y	
63286		BIOPSY/EXCISE SPINAL TUMOR	7/1/2003	RBRVS	$1,774.77	$1,774.77	090		Y		Y	Y	
63287		BIOPSY/EXCISE SPINAL TUMOR	7/1/2003	RBRVS	$1,831.33	$1,831.33	090		Y		Y	Y	
63290		BIOPSY/EXCISE SPINAL TUMOR	7/1/2003	RBRVS	$1,859.14	$1,859.14	090		Y		Y	Y	
63300		REMOVAL OF VERTEBRAL BODY	7/1/2003	RBRVS	$1,237.32	$1,237.32	090		Y		Y	Y	
63301		REMOVAL OF VERTEBRAL BODY	7/1/2003	RBRVS	$1,364.22	$1,364.22	090		Y		Y	Y	
63302		REMOVAL OF VERTEBRAL BODY	7/1/2003	RBRVS	$1,384.14	$1,384.14	090		Y		Y	Y	
63303		REMOVAL OF VERTEBRAL BODY	7/1/2003	RBRVS	$1,496.52	$1,496.52	090		Y		Y	Y	
63304		REMOVAL OF VERTEBRAL BODY	7/1/2003	RBRVS	$1,490.75	$1,490.75	090		Y		Y		
63305		REMOVAL OF VERTEBRAL BODY	7/1/2003	RBRVS	$1,570.79	$1,570.79	090		Y		Y	Y	
63306		REMOVAL OF VERTEBRAL BODY	7/1/2003	RBRVS	$1,501.32	$1,501.32	090		Y		Y	Y	
63307		REMOVAL OF VERTEBRAL BODY	7/1/2003	RBRVS	$1,506.15	$1,506.15	090		Y		Y	Y	
63308		REMOVE VERTEBRAL BODY ADD-ON	7/1/2003	RBRVS	$251.34	$251.34					Y		
63600		REMOVE SPINAL CORD LESION	7/1/2003	RBRVS	$607.64	$607.64	090		Y				
63610		STIMULATION OF SPINAL CORD	7/1/2003	RBRVS	$371.85	$371.85	000		Y				
63615		REMOVE LESION OF SPINAL CORD	7/1/2003	RBRVS	$819.69	$819.69	090		Y			Y	
63650		IMPLANT NEUROELECTRODES	7/1/2003	RBRVS	$291.38	$291.38	090		Y				
63655		IMPLANT NEUROELECTRODES	7/1/2003	RBRVS	$544.22	$544.22	090		Y		Y	Y	
63660		REVISE/REMOVE NEUROELECTRODE	7/1/2003	RBRVS	$299.36	$299.36	090		Y			Y	
63685		IMPLANT NEURORECEIVER	7/1/2003	RBRVS	$347.19	$347.19	090		Y		Y	Y	
63688		REVISE/REMOVE NEURORECEIVER	7/1/2003	RBRVS	$276.04	$276.04	090		Y				
63700		REPAIR OF SPINAL HERNIATION	7/1/2003	RBRVS	$836.03	$836.03	090		Y		Y	Y	
63702		REPAIR OF SPINAL HERNIATION	7/1/2003	RBRVS	$870.76	$870.76	090		Y		Y	Y	
63704		REPAIR OF SPINAL HERNIATION	7/1/2003	RBRVS	$1,058.84	$1,058.84	090		Y		Y	Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team
63706		REPAIR OF SPINAL HERNIATION	7/1/2003	RBRVS	$1,190.67	$1,190.67	090		Y		Y	Y	
63707		REPAIR SPINAL FLUID LEAKAGE	7/1/2003	RBRVS	$596.75	$596.75	090		Y		Y	Y	
63709		REPAIR SPINAL FLUID LEAKAGE	7/1/2003	RBRVS	$745.54	$745.54	090		Y		Y	Y	
63710		GRAFT REPAIR OF SPINE DEFECT	7/1/2003	RBRVS	$733.51	$733.51	090		Y		Y	Y	
63740		INSTALL SPINAL SHUNT	7/1/2003	RBRVS	$597.19	$597.19	090		Y		Y	Y	
63741		INSTALL SPINAL SHUNT	7/1/2003	RBRVS	$400.91	$400.91	090		Y		Y	Y	
63744		REVISION OF SPINAL SHUNT	7/1/2003	RBRVS	$426.57	$426.57	090		Y		Y	Y	
63746		REMOVAL OF SPINAL SHUNT	7/1/2003	RBRVS	$326.89	$326.89	090		Y				
64400		N BLOCK INJ TRIGEMINAL	7/1/2003	RBRVS	$87.77	$44.06	000		Y				
64402		N BLOCK INJ FACIAL	7/1/2003	RBRVS	$81.50	$53.35	000		Y				
64405		N BLOCK INJ OCCIPITAL	7/1/2003	RBRVS	$87.34	$51.85	000		Y				
64408		N BLOCK INJ VAGUS	7/1/2003	RBRVS	$114.84	$62.11	000		Y				
64410		N BLOCK INJ PHRENIC	7/1/2003	RBRVS	$111.91	$55.10	000		Y				
64412		N BLOCK INJ SPINAL ACCESSOR	7/1/2003	RBRVS	$108.32	$46.86	000		Y				
64413		N BLOCK INJ CERVICAL PLEXUS	7/1/2003	RBRVS	$97.87	$55.53	000		Y				
64415		N BLOCK INJ BRACHIAL PLEXUS	7/1/2003	RBRVS	$128.96	$56.31	000		Y				
64416		N BLOCK CONT INFUSE B PLEX	1/1/2003	RBRVS	$125.97	$125.97	010		Y				
64417		N BLOCK INJ AXILLARY	7/1/2003	RBRVS	$133.45	$56.44	000		Y				
64418		N BLOCK INJ SUPRASCAPULAR	7/1/2003	RBRVS	$113.62	$50.79	000		Y				
64420		N BLOCK INJ INTERCOST SNG	7/1/2003	RBRVS	$133.76	$46.08	000		Y				
64421		N BLOCK INJ INTERCOST MLT	7/1/2003	RBRVS	$196.81	$64.60	000		Y				
64425		N BLOCK INJ ILIO-ING/HYPOGI	7/1/2003	RBRVS	$98.03	$67.44	000		Y				
64430		N BLOCK INJ PUDENDAL	7/1/2003	RBRVS	$102.83	$59.40	000		Y				
64435		N BLOCK INJ PARACERVICAL	7/1/2003	RBRVS	$107.54	$64.11	000		Y				
64445		N BLOCK INJ SCIATIC SNG	7/1/2003	RBRVS	$121.57	$56.03	000		Y				
64446		N BLK INJ SCIATIC CONT INF	1/1/2003	RBRVS	$129.49	$129.49	010		Y				
64447		N BLOCK INJ FEM SINGLE	1/1/2003	RBRVS	$60.46	$60.46	000		Y				
64448		N BLOCK INJ FEM CONT INF	1/1/2003	RBRVS	$119.08	$119.08	010		Y				
64450		N BLOCK OTHER PERIPHERAL	7/1/2003	RBRVS	$74.93	$50.92	000		Y				
64470		INJ PARAVERTEBRAL C/T	7/1/2003	RBRVS	$193.81	$73.09	000		Y	Y			
64472		INJ PARAVERTEBRAL C/T ADD-ON	7/1/2003	RBRVS	$94.60	$48.98				Y			
64475		INJ PARAVERTEBRAL L/S	7/1/2003	RBRVS	$170.80	$56.90	000		Y	Y			
64476		INJ PARAVERTEBRAL L/S ADD-ON	7/1/2003	RBRVS	$81.19	$37.23				Y			
64479		INJ FORAMEN EPIDURAL C/T	7/1/2003	RBRVS	$268.27	$88.27	000		Y	Y			
64480		INJ FORAMEN EPIDURAL ADD-ON	7/1/2003	RBRVS	$112.12	$60.77				Y			
64483		INJ FORAMEN EPIDURAL L/S	7/1/2003	RBRVS	$270.67	$77.30	000		Y	Y			
64484		INJ FORAMEN EPIDURAL ADD-ON	7/1/2003	RBRVS	$114.96	$51.60				Y			
64505		N BLOCK SPENOPALATINE GANGL	7/1/2003	RBRVS	$93.73	$55.47	000		Y				
64508		N BLOCK CAROTID SINUS S/P	7/1/2003	RBRVS	$165.38	$48.73	000		Y				
64510		N BLOCK STELLATE GANGLION	7/1/2003	RBRVS	$124.84	$48.11	000		Y				
64520		N BLOCK LUMBAR/THORACIC	7/1/2003	RBRVS	$165.82	$53.29	000		Y				
64530		N BLOCK INJ CELIAC PELUS	7/1/2003	RBRVS	$208.10	$61.95	000		Y				
64550		APPLY NEUROSTIMULATOR	7/1/2003	RBRVS	$20.86	$6.92	000						

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
64553		IMPLANT NEUROELECTRODES	7/1/2003	RBRVS	$123.91	$106.98	010		Y				
64555		IMPLANT NEUROELECTRODES	7/1/2003	RBRVS	$137.19	$87.21	010		Y				
64560		IMPLANT NEUROELECTRODES	7/1/2003	RBRVS	$140.12	$93.17	010		Y				
64561		IMPLANT NEUROELECTRODES	7/1/2003	RBRVS	$618.39	$305.38	010		Y				
64565		IMPLANT NEUROELECTRODES	7/1/2003	RBRVS	$142.99	$71.96	010		Y				
64573		IMPLANT NEUROELECTRODES	7/1/2003	RBRVS	$403.19	$403.19	090		Y				
64575		IMPLANT NEUROELECTRODES	7/1/2003	RBRVS	$219.44	$219.44	090		Y				
64577		IMPLANT NEUROELECTRODES	7/1/2003	RBRVS	$247.32	$247.32	090		Y				
64580		IMPLANT NEUROELECTRODES	7/1/2003	RBRVS	$236.31	$236.31	090		Y		Y		
64581		IMPLANT NEUROELECTRODES	7/1/2003	RBRVS	$588.80	$588.80	090		Y				
64585		REVISE/REMOVE NEUROELECTRODE	7/1/2003	RBRVS	$159.92	$124.69	010		Y		Y		
64590		IMPLANT NEURORECEIVER	7/1/2003	RBRVS	$141.34	$141.34	010		Y		Y	Y	
64595		REVISE/REMOVE NEURORECEIVER	7/1/2003	RBRVS	$108.41	$108.41	010		Y				
64600		INJECTION TREATMENT OF NERVE	7/1/2003	RBRVS	$359.57	$149.51	010		Y				
64605		INJECTION TREATMENT OF NERVE	7/1/2003	RBRVS	$467.70	$233.10	010		Y				
64610		INJECTION TREATMENT OF NERVE	7/1/2003	RBRVS	$335.25	$335.25	010		Y				
64612		DESTROY NERVE, FACE MUSCLE	7/1/2003	RBRVS	$122.63	$88.24	010		Y	Y			
64613		DESTROY NERVE, SPINE MUSCLE	7/1/2003	RBRVS	$141.18	$86.56	010		Y				
64614		DESTROY NERVE, EXTREM MUSC	7/1/2003	RBRVS	$187.39	$95.60	010		Y	Y			
64620		INJECTION TREATMENT OF NERVE	7/1/2003	RBRVS	$255.40	$118.02	010		Y				
64622		DESTR PARAVERTEBRL NERVE L/S	7/1/2003	RBRVS	$325.71	$124.69	010		Y	Y			
64623		DESTR PARAVERTEBRAL N ADD-ON	7/1/2003	RBRVS	$98.68	$36.98				Y			
64626		DESTR PARAVERTEBRL NERVE C/T	7/1/2003	RBRVS	$333.22	$152.41	010		Y	Y			
64627		DESTR PARAVERTEBRAL N ADD-ON	7/1/2003	RBRVS	$109.91	$43.56				Y			
64630		INJECTION TREATMENT OF NERVE	7/1/2003	RBRVS	$214.30	$125.81	010		Y				
64640		INJECTION TREATMENT OF NERVE	7/1/2003	RBRVS	$267.81	$130.68	010		Y				
64680		INJECTION TREATMENT OF NERVE	7/1/2003	RBRVS	$279.84	$114.06	010		Y				
64778		DIGIT NERVE SURGERY ADD-ON	7/1/2003	RBRVS	$142.80	$142.80							
64782		REMOVE LIMB NERVE LESION	7/1/2003	RBRVS	$304.07	$304.07	090		Y			Y	
64783		LIMB NERVE SURGERY ADD-ON	7/1/2003	RBRVS	$172.71	$172.71							
64786		REMOVE SCIATIC NERVE LESION	7/1/2003	RBRVS	$784.96	$784.96	090		Y		Y		
64897		NERVE GRAFT, ARM OR LEG	7/1/2003	RBRVS	$898.11	$898.11	090		Y		Y		
65205		REMOVE FOREIGN BODY FROM EYE	7/1/2003	RBRVS	$38.63	$26.91	000		Y	Y			
65210		REMOVE FOREIGN BODY FROM EYE	7/1/2003	RBRVS	$46.58	$33.77	000		Y	Y			
65220		REMOVE FOREIGN BODY FROM EYE	7/1/2003	RBRVS	$242.30	$27.10	000		Y	Y			
65222		REMOVE FOREIGN BODY FROM EYE	7/1/2003	RBRVS	$49.76	$36.11	000		Y	Y			
65235		REMOVE FOREIGN BODY FROM EYE	7/1/2003	RBRVS	$417.84	$417.84	090		Y	Y			
65260		REMOVE FOREIGN BODY FROM EYE	7/1/2003	RBRVS	$672.52	$672.52	090		Y	Y	Y		
65265		REMOVE FOREIGN BODY FROM EYE	7/1/2003	RBRVS	$763.38	$763.38	090		Y	Y	Y	Y	
65272		REPAIR OF EYE WOUND	7/1/2003	RBRVS	$269.46	$243.52	090		Y	Y			
65273		REPAIR OF EYE WOUND	7/1/2003	RBRVS	$269.02	$269.02	090		Y	Y		Y	
65285		REPAIR OF EYE WOUND	7/1/2003	RBRVS	$761.32	$761.32	090		Y	Y	Y		
65290		REPAIR OF EYE SOCKET WOUND	7/1/2003	RBRVS	$337.40	$337.40	090		Y	Y		Y	

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Team
66180		IMPLANT EYE SHUNT	7/1/2003	RBRVS	$772.77	$772.77	090		Y	Y	Y	Y	
66185		REVISE EYE SHUNT	7/1/2003	RBRVS	$473.16	$473.16	090		Y	Y	Y		
66990		OPHTHALMIC ENDOSCOPE ADD-ON	1/1/2003	RBRVS	$65.20	$65.20				Y			
67039		LASER TREATMENT OF RETINA	7/1/2003	RBRVS	$779.78	$779.78	090		Y	Y	Y	Y	
67500		INJECT/TREAT EYE SOCKET	7/1/2003	RBRVS	$47.24	$29.50	000		Y	Y			
67902		REPAIR EYELID DEFECT	7/1/2003	RBRVS	$403.87	$403.87	090	Y	Y	Y		Y	
67906		REPAIR EYELID DEFECT	7/1/2003	RBRVS	$472.03	$384.64	090	Y	Y	Y			
67930		REPAIR EYELID WOUND	7/1/2003	RBRVS	$446.19	$194.10	010		Y				
67935		REPAIR EYELID WOUND	7/1/2003	RBRVS	$601.06	$338.30	090		Y				
67938		REMOVE EYELID FOREIGN BODY	7/1/2003	RBRVS	$297.52	$54.69	010		Y				
67950		REVISION OF EYELID	7/1/2003	RBRVS	$418.19	$377.78	090		Y			Y	
67971		RECONSTRUCTION OF EYELID	7/1/2003	RBRVS	$505.18	$505.18	090		Y		Y	Y	
67973		RECONSTRUCTION OF EYELID	7/1/2003	RBRVS	$655.15	$655.15	090		Y		Y	Y	
67974		RECONSTRUCTION OF EYELID	7/1/2003	RBRVS	$650.70	$650.70	090		Y		Y	Y	
68320		REVISE/GRAFT EYELID LINING	7/1/2003	RBRVS	$315.70	$304.22	090		Y			Y	
68335		REVISE/GRAFT EYELID LINING	7/1/2003	RBRVS	$369.23	$369.23	090		Y			Y	
68362		REVISE EYELID LINING	7/1/2003	RBRVS	$437.58	$437.58	090		Y			Y	
68400		INCISE/DRAIN TEAR GLAND	7/1/2003	RBRVS	$356.73	$109.82	010		Y				
68420		INCISE/DRAIN TEAR SAC	7/1/2003	RBRVS	$384.51	$137.04	010		Y				
68440		INCISE TEAR DUCT OPENING	7/1/2003	RBRVS	$234.16	$40.78	010		Y				
68500		REMOVAL OF TEAR GLAND	7/1/2003	RBRVS	$601.96	$601.96	090		Y				
68505		PARTIAL REMOVAL, TEAR GLAND	7/1/2003	RBRVS	$628.96	$628.96	090		Y				
68540		REMOVE TEAR GLAND LESION	7/1/2003	RBRVS	$574.87	$574.87	090		Y			Y	
68550		REMOVE TEAR GLAND LESION	7/1/2003	RBRVS	$713.37	$713.37	090		Y				
68720		CREATE TEAR SAC DRAIN	7/1/2003	RBRVS	$486.53	$486.53	090		Y		Y	Y	
68745		CREATE TEAR DUCT DRAIN	7/1/2003	RBRVS	$473.47	$473.47	090		Y		Y	Y	
68750		CREATE TEAR DUCT DRAIN	7/1/2003	RBRVS	$488.06	$488.06	090		Y		Y	Y	
69000		DRAIN EXTERNAL EAR LESION	7/1/2003	RBRVS	$102.58	$60.24	010		Y				
69020		DRAIN OUTER EAR CANAL LESION	7/1/2003	RBRVS	$106.98	$65.73	010		Y				
69150		EXTENSIVE EAR CANAL SURGERY	7/1/2003	RBRVS	$727.15	$727.15	090		Y			Y	
69155		EXTENSIVE EAR/NECK SURGERY	7/1/2003	RBRVS	$1,067.17	$1,067.17	090		Y		Y	Y	
69200		CLEAR OUTER EAR CANAL	7/1/2003	RBRVS	$63.26	$44.71	000		Y				
69205		CLEAR OUTER EAR CANAL	7/1/2003	RBRVS	$80.19	$80.19	010		Y				
69210		REMOVE IMPACTED EAR WAX	7/1/2003	RBRVS	$34.83	$25.54	000		Y				
69220		CLEAN OUT MASTOID CAVITY	7/1/2003	RBRVS	$67.47	$37.70	000		Y	Y			
69501		MASTOIDECTOMY	7/1/2003	RBRVS	$503.81	$503.81	090		Y				
69530		EXTENSIVE MASTOID SURGERY	7/1/2003	RBRVS	$1,001.22	$1,001.22	090		Y		Y		
69535		REMOVE PART OF TEMPORAL BONE	7/1/2003	RBRVS	$1,789.39	$1,789.39	090		Y			Y	
69550		REMOVE EAR LESION	7/1/2003	RBRVS	$609.97	$609.97	090		Y		Y		
69552		REMOVE EAR LESION	7/1/2003	RBRVS	$998.38	$998.38	090		Y		Y		
69554		REMOVE EAR LESION	7/1/2003	RBRVS	$1,630.81	$1,630.81	090		Y		Y	Y	
69604		MASTOID SURGERY REVISION	7/1/2003	RBRVS	$751.06	$751.06	090		Y				
69605		MASTOID SURGERY REVISION	7/1/2003	RBRVS	$972.44	$972.44	090		Y		Y		

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
69650		RELEASE MIDDLE EAR BONE	7/1/2003	RBRVS	$531.81	$531.81	090		Y				
69670		REMOVE MASTOID AIR CELLS	7/1/2003	RBRVS	$634.76	$634.76	090		Y		Y		
69676		REMOVE MIDDLE EAR NERVE	7/1/2003	RBRVS	$544.28	$544.28	090		Y	Y			
69700		CLOSE MASTOID FISTULA	7/1/2003	RBRVS	$407.30	$407.30	090		Y				
69740		REPAIR FACIAL NERVE	7/1/2003	RBRVS	$806.19	$806.19	090		Y		Y		
69745		REPAIR FACIAL NERVE	7/1/2003	RBRVS	$865.84	$865.84	090		Y		Y		
69802		INCISE INNER EAR	7/1/2003	RBRVS	$712.65	$712.65	090		Y		Y		
69805		EXPLORE INNER EAR	7/1/2003	RBRVS	$726.34	$726.34	090		Y		Y		
69820		ESTABLISH INNER EAR WINDOW	7/1/2003	RBRVS	$566.26	$566.26	090		Y		Y		
69840		REVISE INNER EAR WINDOW	7/1/2003	RBRVS	$527.10	$527.10	090		Y		Y		
69905		REMOVE INNER EAR	7/1/2003	RBRVS	$612.00	$612.00	090		Y				
69915		INCISE INNER EAR NERVE	7/1/2003	RBRVS	$1,091.21	$1,091.21	090		Y		Y	Y	
69950		INCISE INNER EAR NERVE	7/1/2003	RBRVS	$1,274.79	$1,274.79	090		Y		Y	Y	
69955		RELEASE FACIAL NERVE	7/1/2003	RBRVS	$1,352.93	$1,352.93	090		Y		Y	Y	
69960		RELEASE INNER EAR CANAL	7/1/2003	RBRVS	$1,351.22	$1,351.22	090		Y		Y	Y	
69970		REMOVE INNER EAR LESION	7/1/2003	RBRVS	$1,459.35	$1,459.35	090		Y		Y	Y	
70100		X-RAY EXAM OF JAW	7/1/2003	RBRVS	$21.86	$21.86							
70100	TC	X-RAY EXAM OF JAW	7/1/2003	RBRVS	$14.65	$14.65							
70100	26	X-RAY EXAM OF JAW	7/1/2003	RBRVS	$7.20	$7.20							
70110		X-RAY EXAM OF JAW	7/1/2003	RBRVS	$27.44	$27.44							
70110	TC	X-RAY EXAM OF JAW	7/1/2003	RBRVS	$17.62	$17.62							
70110	26	X-RAY EXAM OF JAW	7/1/2003	RBRVS	$9.82	$9.82							
70120		X-RAY EXAM OF MASTOIDS	7/1/2003	RBRVS	$24.82	$24.82				Y			
70120	TC	X-RAY EXAM OF MASTOIDS	7/1/2003	RBRVS	$17.62	$17.62				Y			
70120	26	X-RAY EXAM OF MASTOIDS	7/1/2003	RBRVS	$7.20	$7.20				Y			
70130		X-RAY EXAM OF MASTOIDS	7/1/2003	RBRVS	$35.79	$35.79				Y			
70130	TC	X-RAY EXAM OF MASTOIDS	7/1/2003	RBRVS	$22.20	$22.20				Y			
70130	26	X-RAY EXAM OF MASTOIDS	7/1/2003	RBRVS	$13.56	$13.56				Y			
70134		X-RAY EXAM OF MIDDLE EAR	7/1/2003	RBRVS	$34.70	$34.70							
70134	TC	X-RAY EXAM OF MIDDLE EAR	7/1/2003	RBRVS	$21.11	$21.11							
70134	26	X-RAY EXAM OF MIDDLE EAR	7/1/2003	RBRVS	$13.56	$13.56							
70140		X-RAY EXAM OF FACIAL BONES	7/1/2003	RBRVS	$25.10	$25.10							
70140	TC	X-RAY EXAM OF FACIAL BONES	7/1/2003	RBRVS	$17.62	$17.62							
70140	26	X-RAY EXAM OF FACIAL BONES	7/1/2003	RBRVS	$7.48	$7.48							
70150		X-RAY EXAM OF FACIAL BONES	7/1/2003	RBRVS	$32.58	$32.58							
70150	TC	X-RAY EXAM OF FACIAL BONES	7/1/2003	RBRVS	$22.20	$22.20							
70150	26	X-RAY EXAM OF FACIAL BONES	7/1/2003	RBRVS	$10.38	$10.38							
70160		X-RAY EXAM OF NASAL BONES	7/1/2003	RBRVS	$21.55	$21.55							
70160	TC	X-RAY EXAM OF NASAL BONES	7/1/2003	RBRVS	$14.65	$14.65							
70160	26	X-RAY EXAM OF NASAL BONES	7/1/2003	RBRVS	$6.89	$6.89							
70200		X-RAY EXAM OF EYE SOCKETS	7/1/2003	RBRVS	$33.46	$33.46							
70200	TC	X-RAY EXAM OF EYE SOCKETS	7/1/2003	RBRVS	$22.20	$22.20							
70200	26	X-RAY EXAM OF EYE SOCKETS	7/1/2003	RBRVS	$11.26	$11.26							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
70210		X-RAY EXAM OF SINUSES	7/1/2003	RBRVS	$24.51	$24.51							
70210	TC	X-RAY EXAM OF SINUSES	7/1/2003	RBRVS	$17.62	$17.62							
70210	26	X-RAY EXAM OF SINUSES	7/1/2003	RBRVS	$6.89	$6.89							
70220		X-RAY EXAM OF SINUSES	7/1/2003	RBRVS	$32.30	$32.30							
70220	TC	X-RAY EXAM OF SINUSES	7/1/2003	RBRVS	$22.20	$22.20							
70220	26	X-RAY EXAM OF SINUSES	7/1/2003	RBRVS	$10.10	$10.10							
70250		X-RAY EXAM OF SKULL	7/1/2003	RBRVS	$27.13	$27.13							
70250	TC	X-RAY EXAM OF SKULL	7/1/2003	RBRVS	$17.62	$17.62							
70250	26	X-RAY EXAM OF SKULL	7/1/2003	RBRVS	$9.51	$9.51							
70336		MAGNETIC IMAGE, JAW JOINT	7/1/2003	RBRVS	$375.28	$375.28				Y			
70336	TC	MAGNETIC IMAGE, JAW JOINT	7/1/2003	RBRVS	$315.92	$315.92				Y			
70336	26	MAGNETIC IMAGE, JAW JOINT	7/1/2003	RBRVS	$59.37	$59.37				Y			
70360		X-RAY EXAM OF NECK	7/1/2003	RBRVS	$18.83	$18.83							
70360	TC	X-RAY EXAM OF NECK	7/1/2003	RBRVS	$11.91	$11.91							
70360	26	X-RAY EXAM OF NECK	7/1/2003	RBRVS	$6.89	$6.89							
71010		CHEST X-RAY	7/1/2003	RBRVS	$20.49	$20.49							
71010	TC	CHEST X-RAY	7/1/2003	RBRVS	$13.28	$13.28							
71010	26	CHEST X-RAY	7/1/2003	RBRVS	$7.20	$7.20							
71015		CHEST X-RAY	7/1/2003	RBRVS	$23.01	$23.01							
71015	TC	CHEST X-RAY	7/1/2003	RBRVS	$14.65	$14.65							
71015	26	CHEST X-RAY	7/1/2003	RBRVS	$8.36	$8.36							
71020		CHEST X-RAY	7/1/2003	RBRVS	$26.28	$26.28							
71020	TC	CHEST X-RAY	7/1/2003	RBRVS	$17.62	$17.62							
71020	26	CHEST X-RAY	7/1/2003	RBRVS	$8.67	$8.67							
71021		CHEST X-RAY	7/1/2003	RBRVS	$31.80	$31.80							
71021	TC	CHEST X-RAY	7/1/2003	RBRVS	$21.11	$21.11							
71021	26	CHEST X-RAY	7/1/2003	RBRVS	$10.69	$10.69							
71022		CHEST X-RAY	7/1/2003	RBRVS	$33.77	$33.77							
71022	TC	CHEST X-RAY	7/1/2003	RBRVS	$21.11	$21.11							
71022	26	CHEST X-RAY	7/1/2003	RBRVS	$12.63	$12.63							
71023		CHEST X-RAY AND FLUOROSCOPY	7/1/2003	RBRVS	$37.76	$37.76							
71023	TC	CHEST X-RAY AND FLUOROSCOPY	7/1/2003	RBRVS	$22.20	$22.20							
71023	26	CHEST X-RAY AND FLUOROSCOPY	7/1/2003	RBRVS	$15.53	$15.53							
71030		CHEST X-RAY	7/1/2003	RBRVS	$34.36	$34.36							
71030	TC	CHEST X-RAY	7/1/2003	RBRVS	$22.20	$22.20							
71030	26	CHEST X-RAY	7/1/2003	RBRVS	$12.13	$12.13							
71034		CHEST X-RAY AND FLUOROSCOPY	7/1/2003	RBRVS	$59.37	$59.37							
71034	TC	CHEST X-RAY AND FLUOROSCOPY	7/1/2003	RBRVS	$40.66	$40.66							
71034	26	CHEST X-RAY AND FLUOROSCOPY	7/1/2003	RBRVS	$18.71	$18.71							
71035		CHEST X-RAY	7/1/2003	RBRVS	$21.86	$21.86							
71035	TC	CHEST X-RAY	7/1/2003	RBRVS	$14.65	$14.65							
71035	26	CHEST X-RAY	7/1/2003	RBRVS	$7.20	$7.20							
71040		CONTRAST X-RAY OF BRONCHI	7/1/2003	RBRVS	$64.51	$64.51							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
71040	TC	CONTRAST X-RAY OF BRONCHI	7/1/2003	RBRVS	$41.19	$41.19							
71040	26	CONTRAST X-RAY OF BRONCHI	7/1/2003	RBRVS	$23.32	$23.32							
71060		CONTRAST X-RAY OF BRONCHI	7/1/2003	RBRVS	$92.01	$92.01							
71060	TC	CONTRAST X-RAY OF BRONCHI	7/1/2003	RBRVS	$62.58	$62.58							
71060	26	CONTRAST X-RAY OF BRONCHI	7/1/2003	RBRVS	$29.43	$29.43							
71100		X-RAY EXAM OF RIBS	7/1/2003	RBRVS	$24.91	$24.91							
71100	TC	X-RAY EXAM OF RIBS	7/1/2003	RBRVS	$16.24	$16.24							
71100	26	X-RAY EXAM OF RIBS	7/1/2003	RBRVS	$8.67	$8.67							
71101		X-RAY EXAM OF RIBS/CHEST	7/1/2003	RBRVS	$29.65	$29.65							
71101	TC	X-RAY EXAM OF RIBS/CHEST	7/1/2003	RBRVS	$18.99	$18.99							
71101	26	X-RAY EXAM OF RIBS/CHEST	7/1/2003	RBRVS	$10.69	$10.69							
71110		X-RAY EXAM OF RIBS	7/1/2003	RBRVS	$32.89	$32.89							
71110	TC	X-RAY EXAM OF RIBS	7/1/2003	RBRVS	$22.20	$22.20							
71110	26	X-RAY EXAM OF RIBS	7/1/2003	RBRVS	$10.69	$10.69							
71111		X-RAY EXAM OF RIBS/ CHEST	7/1/2003	RBRVS	$38.16	$38.16							
71111	TC	X-RAY EXAM OF RIBS/ CHEST	7/1/2003	RBRVS	$25.44	$25.44							
71111	26	X-RAY EXAM OF RIBS/ CHEST	7/1/2003	RBRVS	$12.72	$12.72							
71120		X-RAY EXAM OF BREASTBONE	7/1/2003	RBRVS	$26.50	$26.50							
71120	TC	X-RAY EXAM OF BREASTBONE	7/1/2003	RBRVS	$18.43	$18.43							
71120	26	X-RAY EXAM OF BREASTBONE	7/1/2003	RBRVS	$8.08	$8.08							
71130		X-RAY EXAM OF BREASTBONE	7/1/2003	RBRVS	$28.72	$28.72							
71130	TC	X-RAY EXAM OF BREASTBONE	7/1/2003	RBRVS	$20.08	$20.08							
71130	26	X-RAY EXAM OF BREASTBONE	7/1/2003	RBRVS	$8.67	$8.67							
72010		X-RAY EXAM OF SPINE	7/1/2003	RBRVS	$47.11	$47.11							
72010	TC	X-RAY EXAM OF SPINE	7/1/2003	RBRVS	$29.00	$29.00							
72010	26	X-RAY EXAM OF SPINE	7/1/2003	RBRVS	$18.12	$18.12							
72020		X-RAY EXAM OF SPINE	7/1/2003	RBRVS	$17.96	$17.96							
72020	TC	X-RAY EXAM OF SPINE	7/1/2003	RBRVS	$11.91	$11.91							
72020	26	X-RAY EXAM OF SPINE	7/1/2003	RBRVS	$6.05	$6.05							
72040		X-RAY EXAM OF NECK SPINE	7/1/2003	RBRVS	$25.72	$25.72							
72040	TC	X-RAY EXAM OF NECK SPINE	7/1/2003	RBRVS	$17.06	$17.06							
72040	26	X-RAY EXAM OF NECK SPINE	7/1/2003	RBRVS	$8.67	$8.67							
72050		X-RAY EXAM OF NECK SPINE	7/1/2003	RBRVS	$38.07	$38.07							
72050	TC	X-RAY EXAM OF NECK SPINE	7/1/2003	RBRVS	$25.44	$25.44							
72050	26	X-RAY EXAM OF NECK SPINE	7/1/2003	RBRVS	$12.63	$12.63							
72052		X-RAY EXAM OF NECK SPINE	7/1/2003	RBRVS	$46.12	$46.12							
72052	TC	X-RAY EXAM OF NECK SPINE	7/1/2003	RBRVS	$31.71	$31.71							
72052	26	X-RAY EXAM OF NECK SPINE	7/1/2003	RBRVS	$14.41	$14.41							
72069		X-RAY EXAM OF TRUNK SPINE	7/1/2003	RBRVS	$22.98	$22.98							
72069	TC	X-RAY EXAM OF TRUNK SPINE	7/1/2003	RBRVS	$13.84	$13.84							
72069	26	X-RAY EXAM OF TRUNK SPINE	7/1/2003	RBRVS	$9.17	$9.17							
72070		X-RAY EXAM OF THORACIC SPINE	7/1/2003	RBRVS	$27.10	$27.10							
72070	TC	X-RAY EXAM OF THORACIC SPINE	7/1/2003	RBRVS	$18.43	$18.43							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
72070	26	X-RAY EXAM OF THORACIC SPINE	7/1/2003	RBRVS	$8.67	$8.67							
72072		X-RAY EXAM OF THORACIC SPINE	7/1/2003	RBRVS	$29.78	$29.78							
72072	TC	X-RAY EXAM OF THORACIC SPINE	7/1/2003	RBRVS	$21.11	$21.11							
72072	26	X-RAY EXAM OF THORACIC SPINE	7/1/2003	RBRVS	$8.67	$8.67							
72074		X-RAY EXAM OF THORACIC SPINE	7/1/2003	RBRVS	$34.64	$34.64							
72074	TC	X-RAY EXAM OF THORACIC SPINE	7/1/2003	RBRVS	$26.00	$26.00							
72074	26	X-RAY EXAM OF THORACIC SPINE	7/1/2003	RBRVS	$8.67	$8.67							
72080		X-RAY EXAM OF TRUNK SPINE	7/1/2003	RBRVS	$28.12	$28.12							
72080	TC	X-RAY EXAM OF TRUNK SPINE	7/1/2003	RBRVS	$18.99	$18.99							
72080	26	X-RAY EXAM OF TRUNK SPINE	7/1/2003	RBRVS	$9.17	$9.17							
72090		X-RAY EXAM OF TRUNK SPINE	7/1/2003	RBRVS	$30.46	$30.46							
72090	TC	X-RAY EXAM OF TRUNK SPINE	7/1/2003	RBRVS	$18.99	$18.99							
72090	26	X-RAY EXAM OF TRUNK SPINE	7/1/2003	RBRVS	$11.47	$11.47							
72100		X-RAY EXAM OF LOWER SPINE	7/1/2003	RBRVS	$28.12	$28.12							
72100	TC	X-RAY EXAM OF LOWER SPINE	7/1/2003	RBRVS	$18.99	$18.99							
72100	26	X-RAY EXAM OF LOWER SPINE	7/1/2003	RBRVS	$9.17	$9.17							
72110		X-RAY EXAM OF LOWER SPINE	7/1/2003	RBRVS	$38.63	$38.63							
72110	TC	X-RAY EXAM OF LOWER SPINE	7/1/2003	RBRVS	$26.00	$26.00							
72110	26	X-RAY EXAM OF LOWER SPINE	7/1/2003	RBRVS	$12.63	$12.63							
72114		X-RAY EXAM OF LOWER SPINE	7/1/2003	RBRVS	$47.99	$47.99							
72114	TC	X-RAY EXAM OF LOWER SPINE	7/1/2003	RBRVS	$33.36	$33.36							
72114	26	X-RAY EXAM OF LOWER SPINE	7/1/2003	RBRVS	$14.62	$14.62							
72120		X-RAY EXAM OF LOWER SPINE	7/1/2003	RBRVS	$34.61	$34.61							
72120	TC	X-RAY EXAM OF LOWER SPINE	7/1/2003	RBRVS	$25.44	$25.44							
72120	26	X-RAY EXAM OF LOWER SPINE	7/1/2003	RBRVS	$9.17	$9.17							
72170		X-RAY EXAM OF PELVIS	7/1/2003	RBRVS	$21.55	$21.55							
72170	TC	X-RAY EXAM OF PELVIS	7/1/2003	RBRVS	$14.65	$14.65							
72170	26	X-RAY EXAM OF PELVIS	7/1/2003	RBRVS	$6.89	$6.89							
72190		X-RAY EXAM OF PELVIS	7/1/2003	RBRVS	$27.34	$27.34							
72190	TC	X-RAY EXAM OF PELVIS	7/1/2003	RBRVS	$18.99	$18.99							
72190	26	X-RAY EXAM OF PELVIS	7/1/2003	RBRVS	$8.36	$8.36							
72196		MRI PELVIS W/DYE	7/1/2003	RBRVS	$443.69	$443.69							
72196	TC	MRI PELVIS W/DYE	7/1/2003	RBRVS	$375.19	$375.19							
72196	26	MRI PELVIS W/DYE	7/1/2003	RBRVS	$68.50	$68.50							
72220		X-RAY EXAM OF TAILBONE	7/1/2003	RBRVS	$23.14	$23.14							
72220	TC	X-RAY EXAM OF TAILBONE	7/1/2003	RBRVS	$16.24	$16.24							
72220	26	X-RAY EXAM OF TAILBONE	7/1/2003	RBRVS	$6.89	$6.89							
73000		X-RAY EXAM OF COLLAR BONE	7/1/2003	RBRVS	$20.98	$20.98				Y			
73000	TC	X-RAY EXAM OF COLLAR BONE	7/1/2003	RBRVS	$14.65	$14.65				Y			
73000	26	X-RAY EXAM OF COLLAR BONE	7/1/2003	RBRVS	$6.33	$6.33				Y			
73010		X-RAY EXAM OF SHOULDER BLADE	7/1/2003	RBRVS	$21.55	$21.55				Y			
73010	TC	X-RAY EXAM OF SHOULDER BLADE	7/1/2003	RBRVS	$14.65	$14.65				Y			
73010	26	X-RAY EXAM OF SHOULDER BLADE	7/1/2003	RBRVS	$6.89	$6.89				Y			

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
73020		X-RAY EXAM OF SHOULDER	7/1/2003	RBRVS	$19.33	$19.33				Y			
73020	TC	X-RAY EXAM OF SHOULDER	7/1/2003	RBRVS	$13.28	$13.28				Y			
73020	26	X-RAY EXAM OF SHOULDER	7/1/2003	RBRVS	$6.05	$6.05				Y			
73030		X-RAY EXAM OF SHOULDER	7/1/2003	RBRVS	$23.45	$23.45				Y			
73030	TC	X-RAY EXAM OF SHOULDER	7/1/2003	RBRVS	$16.24	$16.24				Y			
73030	26	X-RAY EXAM OF SHOULDER	7/1/2003	RBRVS	$7.20	$7.20				Y			
73040		CONTRAST X-RAY OF SHOULDER	7/1/2003	RBRVS	$80.94	$80.94				Y			
73040	TC	CONTRAST X-RAY OF SHOULDER	7/1/2003	RBRVS	$59.37	$59.37				Y			
73040	26	CONTRAST X-RAY OF SHOULDER	7/1/2003	RBRVS	$21.58	$21.58				Y			
73050		X-RAY EXAM OF SHOULDERS	7/1/2003	RBRVS	$27.28	$27.28							
73050	TC	X-RAY EXAM OF SHOULDERS	7/1/2003	RBRVS	$18.99	$18.99							
73050	26	X-RAY EXAM OF SHOULDERS	7/1/2003	RBRVS	$8.29	$8.29							
73060		X-RAY EXAM OF HUMERUS	7/1/2003	RBRVS	$23.14	$23.14				Y			
73060	TC	X-RAY EXAM OF HUMERUS	7/1/2003	RBRVS	$16.24	$16.24				Y			
73060	26	X-RAY EXAM OF HUMERUS	7/1/2003	RBRVS	$6.89	$6.89				Y			
73070		X-RAY EXAM OF ELBOW	7/1/2003	RBRVS	$20.70	$20.70				Y			
73070	TC	X-RAY EXAM OF ELBOW	7/1/2003	RBRVS	$14.65	$14.65				Y			
73070	26	X-RAY EXAM OF ELBOW	7/1/2003	RBRVS	$6.05	$6.05				Y			
73080		X-RAY EXAM OF ELBOW	7/1/2003	RBRVS	$23.14	$23.14				Y			
73080	TC	X-RAY EXAM OF ELBOW	7/1/2003	RBRVS	$16.24	$16.24				Y			
73080	26	X-RAY EXAM OF ELBOW	7/1/2003	RBRVS	$6.89	$6.89				Y			
73085		CONTRAST X-RAY OF ELBOW	7/1/2003	RBRVS	$81.22	$81.22				Y			
73085	TC	CONTRAST X-RAY OF ELBOW	7/1/2003	RBRVS	$59.37	$59.37				Y			
73085	26	CONTRAST X-RAY OF ELBOW	7/1/2003	RBRVS	$21.86	$21.86				Y			
73090		X-RAY EXAM OF FOREARM	7/1/2003	RBRVS	$20.98	$20.98				Y			
73090	TC	X-RAY EXAM OF FOREARM	7/1/2003	RBRVS	$14.65	$14.65				Y			
73090	26	X-RAY EXAM OF FOREARM	7/1/2003	RBRVS	$6.33	$6.33				Y			
73092		X-RAY EXAM OF ARM, INFANT	7/1/2003	RBRVS	$20.17	$20.17				Y			
73092	TC	X-RAY EXAM OF ARM, INFANT	7/1/2003	RBRVS	$13.84	$13.84				Y			
73092	26	X-RAY EXAM OF ARM, INFANT	7/1/2003	RBRVS	$6.33	$6.33				Y			
73100		X-RAY EXAM OF WRIST	7/1/2003	RBRVS	$20.67	$20.67				Y			
73100	TC	X-RAY EXAM OF WRIST	7/1/2003	RBRVS	$13.84	$13.84				Y			
73100	26	X-RAY EXAM OF WRIST	7/1/2003	RBRVS	$6.83	$6.83				Y			
73110		X-RAY EXAM OF WRIST	7/1/2003	RBRVS	$21.83	$21.83				Y			
73110	TC	X-RAY EXAM OF WRIST	7/1/2003	RBRVS	$14.94	$14.94				Y			
73110	26	X-RAY EXAM OF WRIST	7/1/2003	RBRVS	$6.89	$6.89				Y			
73115		CONTRAST X-RAY OF WRIST	7/1/2003	RBRVS	$66.57	$66.57				Y			
73115	TC	CONTRAST X-RAY OF WRIST	7/1/2003	RBRVS	$44.68	$44.68				Y			
73115	26	CONTRAST X-RAY OF WRIST	7/1/2003	RBRVS	$21.86	$21.86				Y			
73120		X-RAY EXAM OF HAND	7/1/2003	RBRVS	$20.45	$20.45				Y			
73120	TC	X-RAY EXAM OF HAND	7/1/2003	RBRVS	$13.84	$13.84				Y			
73120	26	X-RAY EXAM OF HAND	7/1/2003	RBRVS	$6.61	$6.61				Y			
73130		X-RAY EXAM OF HAND	7/1/2003	RBRVS	$21.83	$21.83				Y			

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
73130	TC	X-RAY EXAM OF HAND	7/1/2003	RBRVS	$14.94	$14.94				Y			
73130	26	X-RAY EXAM OF HAND	7/1/2003	RBRVS	$6.89	$6.89				Y			
73140		X-RAY EXAM OF FINGER(S)	7/1/2003	RBRVS	$17.09	$17.09				Y			
73140	TC	X-RAY EXAM OF FINGER(S)	7/1/2003	RBRVS	$11.91	$11.91				Y			
73140	26	X-RAY EXAM OF FINGER(S)	7/1/2003	RBRVS	$5.18	$5.18				Y			
73500		X-RAY EXAM OF HIP	7/1/2003	RBRVS	$20.20	$20.20							
73500	TC	X-RAY EXAM OF HIP	7/1/2003	RBRVS	$13.28	$13.28							
73500	26	X-RAY EXAM OF HIP	7/1/2003	RBRVS	$6.89	$6.89							
73510		X-RAY EXAM OF HIP	7/1/2003	RBRVS	$24.82	$24.82							
73510	TC	X-RAY EXAM OF HIP	7/1/2003	RBRVS	$16.24	$16.24							
73510	26	X-RAY EXAM OF HIP	7/1/2003	RBRVS	$8.57	$8.57							
73520		X-RAY EXAM OF HIPS	7/1/2003	RBRVS	$29.59	$29.59							
73520	TC	X-RAY EXAM OF HIPS	7/1/2003	RBRVS	$18.99	$18.99							
73520	26	X-RAY EXAM OF HIPS	7/1/2003	RBRVS	$10.60	$10.60							
73525		CONTRAST X-RAY OF HIP	7/1/2003	RBRVS	$80.94	$80.94				Y			
73525	TC	CONTRAST X-RAY OF HIP	7/1/2003	RBRVS	$59.37	$59.37				Y			
73525	26	CONTRAST X-RAY OF HIP	7/1/2003	RBRVS	$21.58	$21.58				Y			
73530		X-RAY EXAM OF HIP	7/1/2003	RBRVS	$26.19	$26.19				Y			
73530	TC	X-RAY EXAM OF HIP	7/1/2003	RBRVS	$14.65	$14.65				Y			
73530	26	X-RAY EXAM OF HIP	7/1/2003	RBRVS	$11.54	$11.54				Y			
73540		X-RAY EXAM OF PELVIS & HIPS	7/1/2003	RBRVS	$24.54	$24.54							
73540	TC	X-RAY EXAM OF PELVIS & HIPS	7/1/2003	RBRVS	$16.24	$16.24							
73540	26	X-RAY EXAM OF PELVIS & HIPS	7/1/2003	RBRVS	$8.29	$8.29							
73550		X-RAY EXAM OF THIGH	7/1/2003	RBRVS	$23.14	$23.14				Y			
73550	TC	X-RAY EXAM OF THIGH	7/1/2003	RBRVS	$16.24	$16.24				Y			
73550	26	X-RAY EXAM OF THIGH	7/1/2003	RBRVS	$6.89	$6.89				Y			
73560		X-RAY EXAM OF KNEE, 1 OR 2	7/1/2003	RBRVS	$21.79	$21.79				Y			
73560	TC	X-RAY EXAM OF KNEE, 1 OR 2	7/1/2003	RBRVS	$14.65	$14.65				Y			
73560	26	X-RAY EXAM OF KNEE, 1 OR 2	7/1/2003	RBRVS	$7.14	$7.14				Y			
73562		X-RAY EXAM OF KNEE, 3	7/1/2003	RBRVS	$23.67	$23.67				Y			
73562	TC	X-RAY EXAM OF KNEE, 3	7/1/2003	RBRVS	$16.24	$16.24				Y			
73562	26	X-RAY EXAM OF KNEE, 3	7/1/2003	RBRVS	$7.42	$7.42				Y			
73564		X-RAY EXAM, KNEE, 4 OR MORE	7/1/2003	RBRVS	$26.78	$26.78				Y			
73564	TC	X-RAY EXAM, KNEE, 4 OR MORE	7/1/2003	RBRVS	$17.62	$17.62				Y			
73564	26	X-RAY EXAM, KNEE, 4 OR MORE	7/1/2003	RBRVS	$9.17	$9.17				Y			
73565		X-RAY EXAM OF KNEES	7/1/2003	RBRVS	$20.95	$20.95							
73565	TC	X-RAY EXAM OF KNEES	7/1/2003	RBRVS	$13.84	$13.84							
73565	26	X-RAY EXAM OF KNEES	7/1/2003	RBRVS	$7.14	$7.14							
73580		CONTRAST X-RAY OF KNEE JOINT	7/1/2003	RBRVS	$95.60	$95.60				Y			
73580	TC	CONTRAST X-RAY OF KNEE JOINT	7/1/2003	RBRVS	$74.02	$74.02				Y			
73580	26	CONTRAST X-RAY OF KNEE JOINT	7/1/2003	RBRVS	$21.58	$21.58				Y			
73590		X-RAY EXAM OF LOWER LEG	7/1/2003	RBRVS	$21.55	$21.55				Y			
73590	TC	X-RAY EXAM OF LOWER LEG	7/1/2003	RBRVS	$14.65	$14.65				Y			

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
73590	26	X-RAY EXAM OF LOWER LEG	7/1/2003	RBRVS	$6.89	$6.89				Y			
73592		X-RAY EXAM OF LEG, INFANT	7/1/2003	RBRVS	$20.45	$20.45				Y			
73592	TC	X-RAY EXAM OF LEG, INFANT	7/1/2003	RBRVS	$13.84	$13.84				Y			
73592	26	X-RAY EXAM OF LEG, INFANT	7/1/2003	RBRVS	$6.61	$6.61				Y			
73600		X-RAY EXAM OF ANKLE	7/1/2003	RBRVS	$20.45	$20.45				Y			
73600	TC	X-RAY EXAM OF ANKLE	7/1/2003	RBRVS	$13.84	$13.84				Y			
73600	26	X-RAY EXAM OF ANKLE	7/1/2003	RBRVS	$6.61	$6.61				Y			
73610		X-RAY EXAM OF ANKLE	7/1/2003	RBRVS	$21.83	$21.83				Y			
73610	TC	X-RAY EXAM OF ANKLE	7/1/2003	RBRVS	$14.94	$14.94				Y			
73610	26	X-RAY EXAM OF ANKLE	7/1/2003	RBRVS	$6.89	$6.89				Y			
73615		CONTRAST X-RAY OF ANKLE	7/1/2003	RBRVS	$81.22	$81.22				Y			
73615	TC	CONTRAST X-RAY OF ANKLE	7/1/2003	RBRVS	$59.37	$59.37				Y			
73615	26	CONTRAST X-RAY OF ANKLE	7/1/2003	RBRVS	$21.86	$21.86				Y			
73620		X-RAY EXAM OF FOOT	7/1/2003	RBRVS	$20.45	$20.45				Y			
73620	TC	X-RAY EXAM OF FOOT	7/1/2003	RBRVS	$13.84	$13.84				Y			
73620	26	X-RAY EXAM OF FOOT	7/1/2003	RBRVS	$6.61	$6.61				Y			
73630		X-RAY EXAM OF FOOT	7/1/2003	RBRVS	$21.83	$21.83				Y			
73630	TC	X-RAY EXAM OF FOOT	7/1/2003	RBRVS	$14.94	$14.94				Y			
73630	26	X-RAY EXAM OF FOOT	7/1/2003	RBRVS	$6.89	$6.89				Y			
73650		X-RAY EXAM OF HEEL	7/1/2003	RBRVS	$19.89	$19.89				Y			
73650	TC	X-RAY EXAM OF HEEL	7/1/2003	RBRVS	$13.28	$13.28				Y			
73650	26	X-RAY EXAM OF HEEL	7/1/2003	RBRVS	$6.61	$6.61				Y			
73660		X-RAY EXAM OF TOE(S)	7/1/2003	RBRVS	$17.09	$17.09				Y			
73660	TC	X-RAY EXAM OF TOE(S)	7/1/2003	RBRVS	$11.91	$11.91				Y			
73660	26	X-RAY EXAM OF TOE(S)	7/1/2003	RBRVS	$5.18	$5.18				Y			
74000		X-RAY EXAM OF ABDOMEN	7/1/2003	RBRVS	$21.86	$21.86							
74000	TC	X-RAY EXAM OF ABDOMEN	7/1/2003	RBRVS	$14.65	$14.65							
74000	26	X-RAY EXAM OF ABDOMEN	7/1/2003	RBRVS	$7.20	$7.20							
74010		X-RAY EXAM OF ABDOMEN	7/1/2003	RBRVS	$25.47	$25.47							
74010	TC	X-RAY EXAM OF ABDOMEN	7/1/2003	RBRVS	$16.24	$16.24							
74010	26	X-RAY EXAM OF ABDOMEN	7/1/2003	RBRVS	$9.23	$9.23							
74020		X-RAY EXAM OF ABDOMEN	7/1/2003	RBRVS	$28.31	$28.31							
74020	TC	X-RAY EXAM OF ABDOMEN	7/1/2003	RBRVS	$17.62	$17.62							
74020	26	X-RAY EXAM OF ABDOMEN	7/1/2003	RBRVS	$10.69	$10.69							
74022		X-RAY EXAM SERIES ABDOMEN	7/1/2003	RBRVS	$33.83	$33.83							
74022	TC	X-RAY EXAM SERIES ABDOMEN	7/1/2003	RBRVS	$21.11	$21.11							
74022	26	X-RAY EXAM SERIES ABDOMEN	7/1/2003	RBRVS	$12.72	$12.72							
74240		X-RAY EXAM, UPPER GI TRACT	7/1/2003	RBRVS	$68.60	$68.60							
74240	TC	X-RAY EXAM, UPPER GI TRACT	7/1/2003	RBRVS	$41.19	$41.19							
74240	26	X-RAY EXAM, UPPER GI TRACT	7/1/2003	RBRVS	$27.41	$27.41							
74241		X-RAY EXAM, UPPER GI TRACT	7/1/2003	RBRVS	$69.41	$69.41							
74241	TC	X-RAY EXAM, UPPER GI TRACT	7/1/2003	RBRVS	$42.00	$42.00							
74241	26	X-RAY EXAM, UPPER GI TRACT	7/1/2003	RBRVS	$27.41	$27.41							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
74245		X-RAY EXAM, UPPER GI TRACT	7/1/2003	RBRVS	$103.55	$103.55							
74245	TC	X-RAY EXAM, UPPER GI TRACT	7/1/2003	RBRVS	$67.22	$67.22							
74245	26	X-RAY EXAM, UPPER GI TRACT	7/1/2003	RBRVS	$36.32	$36.32							
74246		CONTRST X-RAY UPPR GI TRACT	7/1/2003	RBRVS	$73.74	$73.74							
74246	TC	CONTRST X-RAY UPPR GI TRACT	7/1/2003	RBRVS	$46.33	$46.33							
74246	26	CONTRST X-RAY UPPR GI TRACT	7/1/2003	RBRVS	$27.41	$27.41							
74247		CONTRST X-RAY UPPR GI TRACT	7/1/2003	RBRVS	$75.05	$75.05							
74247	TC	CONTRST X-RAY UPPR GI TRACT	7/1/2003	RBRVS	$47.64	$47.64							
74247	26	CONTRST X-RAY UPPR GI TRACT	7/1/2003	RBRVS	$27.41	$27.41							
74249		CONTRST X-RAY UPPR GI TRACT	7/1/2003	RBRVS	$108.97	$108.97							
74249	TC	CONTRST X-RAY UPPR GI TRACT	7/1/2003	RBRVS	$72.65	$72.65							
74249	26	CONTRST X-RAY UPPR GI TRACT	7/1/2003	RBRVS	$36.32	$36.32							
74300		X-RAY BILE DUCTS/PANCREAS	7/1/2003	BY REPORT	$0.00	$0.00							
74300	TC	X-RAY BILE DUCTS/PANCREAS	7/1/2003	BY REPORT	$0.00	$0.00							
74300	26	X-RAY BILE DUCTS/PANCREAS	7/1/2003	RBRVS	$14.41	$14.41							
75901		REMOVE CVA DEVICE OBSTRUCT	1/1/2003	RBRVS	$70.75	$70.75							
75901	TC	REMOVE CVA DEVICE OBSTRUCT	1/1/2003	RBRVS	$51.14	$51.14							
75901	26	REMOVE CVA DEVICE OBSTRUCT	1/1/2003	RBRVS	$19.61	$19.61							
75902		REMOVE CVA LUMEN OBSTRUCT	1/1/2003	RBRVS	$66.69	$66.69							
75902	TC	REMOVE CVA LUMEN OBSTRUCT	1/1/2003	RBRVS	$51.14	$51.14							
75902	26	REMOVE CVA LUMEN OBSTRUCT	1/1/2003	RBRVS	$15.56	$15.56							
75954		ILIAC ANEURYSM ENDOVAS RPR	1/1/2003	BY REPORT	$0.00	$0.00							
75954	TC	ILIAC ANEURYSM ENDOVAS RPR	1/1/2003	BY REPORT	$0.00	$0.00							
75954	26	ILIAC ANEURYSM ENDOVAS RPR	7/1/2003	RBRVS	$68.81	$68.81							
76000		FLUOROSCOPE EXAMINATION	7/1/2003	RBRVS	$43.50	$43.50							
76000	TC	FLUOROSCOPE EXAMINATION	7/1/2003	RBRVS	$36.85	$36.85							
76000	26	FLUOROSCOPE EXAMINATION	7/1/2003	RBRVS	$6.64	$6.64							
76003		NEEDLE LOCALIZATION BY X-RAY	7/1/2003	RBRVS	$58.46	$58.46							
76003	TC	NEEDLE LOCALIZATION BY X-RAY	7/1/2003	RBRVS	$36.85	$36.85							
76003	26	NEEDLE LOCALIZATION BY X-RAY	7/1/2003	RBRVS	$21.58	$21.58							
76005		FLUOROGUIDE FOR SPINE INJECT	7/1/2003	RBRVS	$59.68	$59.68							
76005	TC	FLUOROGUIDE FOR SPINE INJECT	7/1/2003	RBRVS	$36.85	$36.85							
76005	26	FLUOROGUIDE FOR SPINE INJECT	7/1/2003	RBRVS	$22.82	$22.82							
76071		CT BONE DENSITY PERIPHERAL	1/1/2003	RBRVS	$89.86	$89.86							
76071	TC	CT BONE DENSITY PERIPHERAL	1/1/2003	RBRVS	$81.22	$81.22							
76071	26	CT BONE DENSITY PERIPHERAL	1/1/2003	RBRVS	$8.67	$8.67							
76075		DEXA AXIAL SKELETON STUDY	7/1/2003	RBRVS	$99.40	$99.40							
76075	TC	DEXA AXIAL SKELETON STUDY	7/1/2003	RBRVS	$87.30	$87.30							
76075	26	DEXA AXIAL SKELETON STUDY	7/1/2003	RBRVS	$12.13	$12.13							
76085		COMPUTER MAMMOGRAM ADD-ON	7/1/2003	RBRVS	$14.25	$14.25							
76085	TC	COMPUTER MAMMOGRAM ADD-ON	7/1/2003	RBRVS	$11.69	$11.69							
76085	26	COMPUTER MAMMOGRAM ADD-ON	7/1/2003	RBRVS	$2.56	$2.56							
76086		X-RAY OF MAMMARY DUCT	7/1/2003	RBRVS	$88.40	$88.40							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
76086	TC	X-RAY OF MAMMARY DUCT	7/1/2003	RBRVS	$74.02	$74.02							
76086	26	X-RAY OF MAMMARY DUCT	7/1/2003	RBRVS	$14.41	$14.41							
76088		X-RAY OF MAMMARY DUCTS	7/1/2003	RBRVS	$121.20	$121.20							
76088	TC	X-RAY OF MAMMARY DUCTS	7/1/2003	RBRVS	$103.33	$103.33							
76088	26	X-RAY OF MAMMARY DUCTS	7/1/2003	RBRVS	$17.87	$17.87							
76090		MAMMOGRAM, ONE BREAST	7/1/2003	RBRVS	$57.50	$57.50							
76090	TC	MAMMOGRAM, ONE BREAST	7/1/2003	RBRVS	$29.53	$29.53							
76090	26	MAMMOGRAM, ONE BREAST	7/1/2003	RBRVS	$27.97	$27.97							
76091		MAMMOGRAM, BOTH BREASTS	7/1/2003	RBRVS	$71.53	$71.53							
76091	TC	MAMMOGRAM, BOTH BREASTS	7/1/2003	RBRVS	$36.85	$36.85							
76091	26	MAMMOGRAM, BOTH BREASTS	7/1/2003	RBRVS	$34.64	$34.64							
76092		MAMMOGRAM SCREENING	7/1/2003	RBRVS	$62.64	$62.64							
76092	TC	MAMMOGRAM SCREENING	7/1/2003	RBRVS	$34.42	$34.42							
76092	26	MAMMOGRAM SCREENING	7/1/2003	RBRVS	$28.25	$28.25							
76496		FLUOROSCOPIC PROCEDURE	1/1/2003	BY REPORT	$0.00	$0.00							
76496	TC	FLUOROSCOPIC PROCEDURE	1/1/2003	BY REPORT	$0.00	$0.00							
76496	26	FLUOROSCOPIC PROCEDURE	1/1/2003	BY REPORT	$0.00	$0.00							
76497		CT PROCEDURE	1/1/2003	BY REPORT	$0.00	$0.00							
76497	TC	CT PROCEDURE	1/1/2003	BY REPORT	$0.00	$0.00							
76497	26	CT PROCEDURE	1/1/2003	BY REPORT	$0.00	$0.00							
76498		MRI PROCEDURE	1/1/2003	BY REPORT	$0.00	$0.00							
76498	TC	MRI PROCEDURE	1/1/2003	BY REPORT	$0.00	$0.00							
76498	26	MRI PROCEDURE	1/1/2003	BY REPORT	$0.00	$0.00							
76499		RADIOGRAPHIC PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00							
76499	TC	RADIOGRAPHIC PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00							
76499	26	RADIOGRAPHIC PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00							
76513		ECHO EXAM OF EYE, WATER BATH	7/1/2003	RBRVS	$98.06	$98.06				Y			
76513	TC	ECHO EXAM OF EYE, WATER BATH	7/1/2003	RBRVS	$70.09	$70.09				Y			
76513	26	ECHO EXAM OF EYE, WATER BATH	7/1/2003	RBRVS	$27.97	$27.97				Y			
76645		US EXAM, BREAST(S)	7/1/2003	RBRVS	$51.14	$51.14							
76645	TC	US EXAM, BREAST(S)	7/1/2003	RBRVS	$29.53	$29.53							
76645	26	US EXAM, BREAST(S)	7/1/2003	RBRVS	$21.58	$21.58							
76700		US EXAM, ABDOM, COMPLETE	7/1/2003	RBRVS	$88.11	$88.11							
76700	TC	US EXAM, ABDOM, COMPLETE	7/1/2003	RBRVS	$55.56	$55.56							
76700	26	US EXAM, ABDOM, COMPLETE	7/1/2003	RBRVS	$32.55	$32.55							
76705		ECHO EXAM OF ABDOMEN	7/1/2003	RBRVS	$63.73	$63.73							
76705	TC	ECHO EXAM OF ABDOMEN	7/1/2003	RBRVS	$40.10	$40.10							
76705	26	ECHO EXAM OF ABDOMEN	7/1/2003	RBRVS	$23.63	$23.63							
76770		US EXAM ABDO BACK WALL, COMP	7/1/2003	RBRVS	$85.00	$85.00							
76770	TC	US EXAM ABDO BACK WALL, COMP	7/1/2003	RBRVS	$55.56	$55.56							
76770	26	US EXAM ABDO BACK WALL, COMP	7/1/2003	RBRVS	$29.43	$29.43							
76775		US EAM ABDO BACK WALL LIM	7/1/2003	RBRVS	$63.42	$63.42							
76775	TC	US EAM ABDO BACK WALL LIM	7/1/2003	RBRVS	$40.10	$40.10							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
76775	26	US EAM ABDO BACK WALL LIM	7/1/2003	RBRVS	$23.32	$23.32							
76801		OB US < 14 WKS SINGLE FETUS	7/1/2003	RBRVS	$77.83	$77.83							
76801	TC	OB US < 14 WKS SINGLE FETUS	1/1/2003	RBRVS	$33.75	$33.75							
76801	26	OB US < 14 WKS SINGLE FETUS	7/1/2003	RBRVS	$44.08	$44.08							
76802		OB US < 14 WKS ADDL FETUS	1/1/2003	RBRVS	$60.87	$60.87							
76802	TC	OB US < 14 WKS ADDL FETUS	1/1/2003	RBRVS	$23.84	$23.84							
76802	26	OB US < 14 WKS ADDL FETUS	1/1/2003	RBRVS	$37.04	$37.04							
76805		OB US >/= 14 WKS SNGL FETUS	7/1/2003	RBRVS	$109.07	$109.07							
76805	TC	OB US >/= 14 WKS SNGL FETUS	7/1/2003	RBRVS	$65.31	$65.31							
76805	26	OB US >/= 14 WKS SNGL FETUS	7/1/2003	RBRVS	$43.77	$43.77							
76810		OB US >/= 14 WKS ADDL FETUS	7/1/2003	RBRVS	$80.22	$80.22							
76810	TC	OB US >/= 14 WKS ADDL FETUS	7/1/2003	RBRVS	$35.74	$35.74							
76810	26	OB US >/= 14 WKS ADDL FETUS	7/1/2003	RBRVS	$44.48	$44.48							
76811		OB US DETAILED SNGL FETUS	1/1/2003	RBRVS	$200.51	$200.51							
76811	TC	OB US DETAILED SNGL FETUS	1/1/2003	RBRVS	$114.42	$114.42							
76811	26	OB US DETAILED SNGL FETUS	1/1/2003	RBRVS	$86.09	$86.09							
76812		OB US DETAILED ADDL FETUS	1/1/2003	RBRVS	$120.25	$120.25							
76812	TC	OB US DETAILED ADDL FETUS	1/1/2003	RBRVS	$39.72	$39.72							
76812	26	OB US DETAILED ADDL FETUS	1/1/2003	RBRVS	$80.53	$80.53							
76815		OB US LIMITED FETUS(S)	7/1/2003	RBRVS	$72.99	$72.99							
76815	TC	OB US LIMITED FETUS(S)	7/1/2003	RBRVS	$44.11	$44.11							
76815	26	OB US LIMITED FETUS(S)	7/1/2003	RBRVS	$28.88	$28.88							
76816		OB US FOLLOW-UP PER FETUS	7/1/2003	RBRVS	$72.40	$72.40							
76816	TC	OB US FOLLOW-UP PER FETUS	7/1/2003	RBRVS	$34.30	$34.30							
76816	26	OB US FOLLOW-UP PER FETUS	7/1/2003	RBRVS	$38.10	$38.10							
76817		TRANSVAGINAL US OBSTETRIC	1/1/2003	RBRVS	$79.95	$79.95							
76817	TC	TRANSVAGINAL US OBSTETRIC	1/1/2003	RBRVS	$46.61	$46.61							
76817	26	TRANSVAGINAL US OBSTETRIC	1/1/2003	RBRVS	$33.34	$33.34							
76818		FETAL BIOPHYS PROFILE W/NST	7/1/2003	RBRVS	$97.61	$97.61							
76818	TC	FETAL BIOPHYS PROFILE W/NST	7/1/2003	RBRVS	$50.38	$50.38							
76818	26	FETAL BIOPHYS PROFILE W/NST	7/1/2003	RBRVS	$47.22	$47.22							
76825		ECHO EXAM OF FETAL HEART	7/1/2003	RBRVS	$135.69	$135.69							
76825	TC	ECHO EXAM OF FETAL HEART	7/1/2003	RBRVS	$61.12	$61.12							
76825	26	ECHO EXAM OF FETAL HEART	7/1/2003	RBRVS	$74.53	$74.53							
76826		ECHO EXAM OF FETAL HEART	7/1/2003	RBRVS	$59.13	$59.13							
76826	TC	ECHO EXAM OF FETAL HEART	7/1/2003	RBRVS	$22.33	$22.33							
76826	26	ECHO EXAM OF FETAL HEART	7/1/2002	RBRVS	$36.81	$36.81							
76827		ECHO EXAM OF FETAL HEART	7/1/2003	RBRVS	$79.88	$79.88							
76827	TC	ECHO EXAM OF FETAL HEART	7/1/2003	RBRVS	$53.88	$53.88							
76827	26	ECHO EXAM OF FETAL HEART	7/1/2002	RBRVS	$25.99	$25.99							
76828		ECHO EXAM OF FETAL HEART	7/1/2003	RBRVS	$60.16	$60.16							
76828	TC	ECHO EXAM OF FETAL HEART	7/1/2003	RBRVS	$34.78	$34.78							
76828	26	ECHO EXAM OF FETAL HEART	7/1/2003	RBRVS	$25.34	$25.34							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
76830		TRANSVAGINAL US NON-OB	7/1/2003	RBRVS	$70.72	$70.72							
76830	TC	TRANSVAGINAL US NON-OB	7/1/2003	RBRVS	$43.06	$43.06							
76830	26	TRANSVAGINAL US NON-OB	7/1/2003	RBRVS	$27.69	$27.69							
76831		ECHO EXAM, UTERUS	7/1/2003	RBRVS	$71.93	$71.93							
76831	TC	ECHO EXAM, UTERUS	7/1/2003	RBRVS	$43.06	$43.06							
76831	26	ECHO EXAM, UTERUS	7/1/2003	RBRVS	$28.87	$28.87							
76856		US EXAM, PELVIC, COMPLETE	7/1/2003	RBRVS	$70.72	$70.72							
76856	TC	US EXAM, PELVIC, COMPLETE	7/1/2003	RBRVS	$43.06	$43.06							
76856	26	US EXAM, PELVIC, COMPLETE	7/1/2003	RBRVS	$27.69	$27.69							
76857		US EXAM, PELVIC, LIMITED	7/1/2003	RBRVS	$69.94	$69.94							
76857	TC	US EXAM, PELVIC, LIMITED	7/1/2003	RBRVS	$54.66	$54.66							
76857	26	US EXAM, PELVIC, LIMITED	7/1/2003	RBRVS	$15.25	$15.25							
76977		US BONE DENSITY MEASURE	7/1/2003	RBRVS	$25.57	$25.57							
76977	TC	US BONE DENSITY MEASURE	7/1/2003	RBRVS	$23.29	$23.29							
76977	26	US BONE DENSITY MEASURE	7/1/2003	RBRVS	$2.24	$2.24							
77401		RADIATION TREATMENT DELIVERY	7/1/2003	RBRVS	$50.11	$50.11							
80048		BASIC METABOLIC PANEL	1/1/2003	MEDICARE	$11.83	$0.00							
80050		GENERAL HEALTH PANEL	7/1/2003	FEE SCHED	$34.06	$0.00							
80051		ELECTROLYTE PANEL	1/1/2003	MEDICARE	$9.79	$0.00							
80053		COMPREHEN METABOLIC PANEL	1/1/2003	MEDICARE	$14.77	$0.00							
80055		OBSTETRIC PANEL	11/1/2002	FEE SCHED	$26.81	$0.00							
80061		LIPID PANEL	1/1/2003	MEDICARE	$18.72	$0.00							
80061	QW	LIPID PANEL	1/1/2003	MEDICARE	$18.72	$0.00							
80069		RENAL FUNCTION PANEL	1/1/2003	MEDICARE	$12.13	$0.00							
80074		ACUTE HEPATITIS PANEL	1/1/2003	MEDICARE	$65.62	$0.00							
80076		HEPATIC FUNCTION PANEL	1/1/2003	MEDICARE	$11.41	$0.00							
80100		DRUG SCREEN, QUALITATE/MULTI	1/1/2003	MEDICARE	$20.32	$0.00							
80101		DRUG SCREEN, SINGLE	1/1/2003	MEDICARE	$19.24	$0.00							
80101	QW	DYNAGEN NICCHECK I TEST STRIPS	1/1/2003	MEDICARE	$19.24	$0.00							
80102		DRUG CONFIRMATION	1/1/2003	MEDICARE	$18.51	$0.00							
80150		ASSAY OF AMIKACIN	1/1/2003	MEDICARE	$21.06	$0.00							
80152		ASSAY OF AMITRIPTYLINE	1/1/2003	MEDICARE	$25.00	$0.00							
80154		ASSAY OF BENZODIAZEPINES	1/1/2003	MEDICARE	$25.84	$0.00							
80156		ASSAY, CARBAMAZEPINE, TOTAL	1/1/2003	MEDICARE	$20.34	$0.00							
80157		ASSAY, CARBAMAZEPINE, FREE	1/1/2003	MEDICARE	$13.89	$0.00							
80158		ASSAY OF CYCLOSPORINE	1/1/2003	MEDICARE	$25.23	$0.00							
80160		ASSAY OF DESIPRAMINE	1/1/2003	MEDICARE	$24.04	$0.00							
80162		ASSAY OF DIGOXIN	1/1/2003	MEDICARE	$18.55	$0.00							
80164		ASSAY, DIPROPYLACETIC ACID	1/1/2003	MEDICARE	$18.93	$0.00							
80166		ASSAY OF DOXEPIN	1/1/2003	MEDICARE	$21.66	$0.00							
80168		ASSAY OF ETHOSUXIMIDE	1/1/2003	MEDICARE	$15.97	$0.00							
80170		ASSAY OF GENTAMICIN	1/1/2003	MEDICARE	$22.90	$0.00							
80172		ASSAY OF GOLD	1/1/2003	MEDICARE	$22.75	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
80173		ASSAY OF HALOPERIDOL	1/1/2003	MEDICARE	$20.34	$0.00							
80174		ASSAY OF IMIPRAMINE	1/1/2003	MEDICARE	$24.04	$0.00							
80176		ASSAY OF LIDOCAINE	1/1/2003	MEDICARE	$20.52	$0.00							
80178		ASSAY OF LITHIUM	1/1/2003	MEDICARE	$9.24	$0.00							
80182		ASSAY OF NORTRIPTYLINE	1/1/2003	MEDICARE	$18.93	$0.00							
80184		ASSAY OF PHENOBARBITAL	1/1/2003	MEDICARE	$16.00	$0.00							
80185		ASSAY OF PHENYTOIN, TOTAL	1/1/2003	MEDICARE	$18.52	$0.00							
80186		ASSAY OF PHENYTOIN, FREE	1/1/2003	MEDICARE	$19.23	$0.00							
80188		ASSAY OF PRIMIDONE	1/1/2003	MEDICARE	$22.12	$0.00							
80190		ASSAY OF PROCAINAMIDE	1/1/2003	MEDICARE	$23.41	$0.00							
80192		ASSAY OF PROCAINAMIDE	1/1/2003	MEDICARE	$23.41	$0.00							
80194		ASSAY OF QUINIDINE	1/1/2003	MEDICARE	$20.38	$0.00							
80196		ASSAY OF SALICYLATE	1/1/2003	MEDICARE	$9.91	$0.00							
80198		ASSAY OF THEOPHYLLINE	1/1/2003	MEDICARE	$19.77	$0.00							
80200		ASSAY OF TOBRAMYCIN	1/1/2003	MEDICARE	$22.51	$0.00							
80201		ASSAY OF TOPIRAMATE	1/1/2003	MEDICARE	$16.66	$0.00							
80202		ASSAY OF VANCOMYCIN	1/1/2003	MEDICARE	$18.93	$0.00							
80299		QUANTITATIVE ASSAY, DRUG	1/1/2003	MEDICARE	$19.12	$0.00							
80400		ACTH STIMULATION PANEL	1/1/2003	MEDICARE	$45.55	$0.00							
80402		ACTH STIMULATION PANEL	1/1/2003	MEDICARE	$121.45	$0.00							
80406		ACTH STIMULATION PANEL	1/1/2003	MEDICARE	$88.56	$0.00							
80408		ALDOSTERONE SUPPRESSION EVAL	1/1/2003	MEDICARE	$175.33	$0.00							
80410		CALCITONIN STIMUL PANEL	1/1/2003	MEDICARE	$112.23	$0.00							
80412		CRH STIMULATION PANEL	1/1/2003	MEDICARE	$460.50	$0.00							
80414		TESTOSTERONE RESPONSE	1/1/2003	MEDICARE	$72.16	$0.00							
80415		ESTRADIOL RESPONSE PANEL	1/1/2003	MEDICARE	$78.07	$0.00							
80418		PITUITARY EVALUATION PANEL	1/1/2003	MEDICARE	$809.76	$0.00							
80420		DEXAMETHASONE PANEL	1/1/2003	MEDICARE	$100.63	$0.00							
80422		GLUCAGON TOLERANCE PANEL	1/1/2003	MEDICARE	$64.38	$0.00							
80424		GLUCAGON TOLERANCE PANEL	1/1/2003	MEDICARE	$70.56	$0.00							
80426		GONADOTROPIN HORMONE PANEL	1/1/2003	MEDICARE	$207.40	$0.00							
80428		GROWTH HORMONE PANEL	1/1/2003	MEDICARE	$93.16	$0.00							
80430		GROWTH HORMONE PANEL	1/1/2003	MEDICARE	$109.60	$0.00							
80432		INSULIN SUPPRESSION PANEL	1/1/2003	MEDICARE	$157.18	$0.00							
80434		INSULIN TOLERANCE PANEL	1/1/2003	MEDICARE	$141.30	$0.00							
80435		INSULIN TOLERANCE PANEL	1/1/2003	MEDICARE	$143.85	$0.00							
80436		METYRAPONE PANEL	1/1/2003	MEDICARE	$127.36	$0.00							
80438		TRH STIMULATION PANEL	1/1/2003	MEDICARE	$70.41	$0.00							
80439		TRH STIMULATION PANEL	1/1/2003	MEDICARE	$93.88	$0.00							
80440		TRH STIMULATION PANEL	1/1/2003	MEDICARE	$81.24	$0.00							
80500		LAB PATHOLOGY CONSULTATION	7/1/2003	RBRVS	$17.18	$15.84							
80502		LAB PATHOLOGY CONSULTATION	7/1/2003	RBRVS	$58.28	$56.90							
81000		URINALYSIS, NONAUTO W/SCOPE	1/1/2003	MEDICARE	$4.42	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
81001		URINALYSIS, AUTO W/SCOPE	1/1/2003	MEDICARE	$4.42	$0.00							
81002		URINALYSIS NONAUTO W/O SCOPE	1/1/2003	MEDICARE	$3.57	$0.00							
81003		URINALYSIS, AUTO, W/O SCOPE	1/1/2003	MEDICARE	$3.13	$0.00							
81003	QW	URINALYSIS BY DIP STICK OR TABLET R	1/1/2003	MEDICARE	$3.13	$0.00							
81005		URINALYSIS	1/1/2003	MEDICARE	$3.03	$0.00							
81007		URINE SCREEN FOR BACTERIA	1/1/2003	MEDICARE	$3.58	$0.00							
81007	QW	URINALYSIS;BACTERIURIA SCREEN BY N	1/1/2003	MEDICARE	$3.58	$0.00							
81015		MICROSCOPIC EXAM OF URINE	1/1/2003	MEDICARE	$4.24	$0.00							
81020		URINALYSIS, GLASS TEST	1/1/2003	MEDICARE	$5.14	$0.00							
81025		URINE PREGNANCY TEST	1/1/2003	MEDICARE	$5.53	$0.00							
81050		URINALYSIS, VOLUME MEASURE	1/1/2003	MEDICARE	$4.18	$0.00							
81099		URINALYSIS TEST PROCEDURE	1/1/1999	BY REPORT	$0.00	$0.00							
82000		ASSAY OF BLOOD ACETALDEHYDE	1/1/2003	MEDICARE	$17.31	$0.00							
82003		ASSAY OF ACETAMINOPHEN	1/1/2003	MEDICARE	$28.27	$0.00							
82009		TEST FOR ACETONE/KETONES	1/1/2003	MEDICARE	$6.31	$0.00							
82010		ACETONE ASSAY	1/1/2003	MEDICARE	$11.41	$0.00							
82010	QW	ACETONE OR OTHER KETONE BODIES S	1/1/2003	MEDICARE	$11.41	$0.00							
82013		ACETYLCHOLINESTERASE ASSAY	1/1/2003	MEDICARE	$15.61	$0.00							
82016		ACYLCARNITINES, QUAL	1/1/2003	MEDICARE	$19.36	$0.00							
82017		ACYLCARNITINES, QUANT	1/1/2003	MEDICARE	$23.56	$0.00							
82024		ASSAY OF ACTH	1/1/2003	MEDICARE	$53.97	$0.00							
82030		ASSAY OF ADP & AMP	1/1/2003	MEDICARE	$36.04	$0.00							
82040		ASSAY OF SERUM ALBUMIN	1/1/2003	MEDICARE	$5.83	$0.00							
82042		ASSAY OF URINE ALBUMIN	1/1/2003	MEDICARE	$4.15	$0.00							
82043		MICROALBUMIN, QUANTITATIVE	1/1/2003	MEDICARE	$8.08	$0.00							
82044		MICROALBUMIN, SEMIQUANT	1/1/2003	MEDICARE	$6.39	$0.00							
82044	QW	ALBUMIN; URINE MICROALBUMIN SEMIQ	1/1/2003	MEDICARE	$6.39	$0.00							
82055		ASSAY OF ETHANOL	1/1/2003	MEDICARE	$15.10	$0.00							
82055	QW	ALCOHOL (ETHANOL); ANY SPECIMEN EX	1/1/2003	MEDICARE	$15.10	$0.00							
82075		ASSAY OF BREATH ETHANOL	1/1/2003	MEDICARE	$16.84	$0.00							
82085		ASSAY OF ALDOLASE	1/1/2003	MEDICARE	$13.56	$0.00							
82088		ASSAY OF ALDOSTERONE	1/1/2003	MEDICARE	$56.94	$0.00							
82101		ASSAY OF URINE ALKALOIDS	1/1/2003	MEDICARE	$41.94	$0.00							
82103		ALPHA-1-ANTITRYPSIN, TOTAL	1/1/2003	MEDICARE	$18.76	$0.00							
82104		ALPHA-1-ANTITRYPSIN, PHENO	1/1/2003	MEDICARE	$20.20	$0.00							
82105		ALPHA-FETOPROTEIN, SERUM	1/1/2003	MEDICARE	$23.44	$0.00							
82106		ALPHA-FETOPROTEIN, AMNIOTIC	1/1/2003	MEDICARE	$23.44	$0.00							
82108		ASSAY OF ALUMINUM	1/1/2003	MEDICARE	$35.59	$0.00							
82120		AMINES, VAGINAL FLUID QUAL	1/1/2003	MEDICARE	$5.25	$0.00							
82120	QW	AMINES VAGINAL FLUID QUALITATIVE	1/1/2003	MEDICARE	$5.25	$0.00							
82127		AMINO ACID, SINGLE QUAL	1/1/2003	MEDICARE	$19.36	$0.00							
82128		AMINO ACIDS, MULT QUAL	1/1/2003	MEDICARE	$19.36	$0.00							
82130		AMINO ACIDS URINE OR PLASMA CHRO	1/1/1999	MEDICARE	$37.53	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
82131		AMINO ACIDS, SINGLE QUANT	1/1/2003	MEDICARE	$23.56	$0.00							
82135		ASSAY, AMINOLEVULINIC ACID	1/1/2003	MEDICARE	$22.99	$0.00							
82136		AMINO ACIDS, QUANT, 2-5	1/1/2003	MEDICARE	$23.56	$0.00							
82139		AMINO ACIDS, QUAN, 6 OR MORE	1/1/2003	MEDICARE	$23.56	$0.00							
82140		ASSAY OF AMMONIA	1/1/2003	MEDICARE	$18.34	$0.00							
82143		AMNIOTIC FLUID SCAN	1/1/2003	MEDICARE	$9.61	$0.00							
82145		ASSAY OF AMPHETAMINES	1/1/2003	MEDICARE	$21.72	$0.00							
82150		ASSAY OF AMYLASE	1/1/2003	MEDICARE	$9.06	$0.00							
82154		ANDROSTANEDIOL GLUCURONIDE	1/1/2003	MEDICARE	$40.29	$0.00							
82157		ASSAY OF ANDROSTENEDIONE	1/1/2003	MEDICARE	$40.90	$0.00							
82160		ASSAY OF ANDROSTERONE	1/1/2003	MEDICARE	$34.93	$0.00							
82163		ASSAY OF ANGIOTENSIN II	1/1/2003	MEDICARE	$28.68	$0.00							
82164		ANGIOTENSIN I ENZYME TEST	1/1/2003	MEDICARE	$20.38	$0.00							
82172		ASSAY OF APOLIPOPROTEIN	1/1/2003	MEDICARE	$21.64	$0.00							
82175		ASSAY OF ARSENIC	1/1/2003	MEDICARE	$26.50	$0.00							
82180		ASSAY OF ASCORBIC ACID	1/1/2003	MEDICARE	$13.81	$0.00							
82190		ATOMIC ABSORPTION	1/1/2003	MEDICARE	$20.83	$0.00							
82205		ASSAY OF BARBITURATES	1/1/2003	MEDICARE	$16.00	$0.00							
82232		ASSAY OF BETA-2 PROTEIN	1/1/2003	MEDICARE	$22.60	$0.00							
82239		BILE ACIDS, TOTAL	1/1/2003	MEDICARE	$23.94	$0.00							
82240		BILE ACIDS, CHOLYLGLYCINE	1/1/2003	MEDICARE	$37.12	$0.00							
82247		BILIRUBIN, TOTAL	1/1/2003	MEDICARE	$7.02	$0.00							
82248		BILIRUBIN, DIRECT	1/1/2003	MEDICARE	$7.02	$0.00							
82250		BILIRUBIN; TOTAL OR DIRECT	1/1/1999	MEDICARE	$6.94	$0.00							
82252		FECAL BILIRUBIN TEST	1/1/2003	MEDICARE	$6.34	$0.00							
82261		ASSAY OF BIOTINIDASE	1/1/2003	MEDICARE	$23.56	$0.00							
82270		TEST FOR BLOOD, FECES	1/1/2003	MEDICARE	$4.54	$0.00							
82273		TEST FOR BLOOD, OTHER SOURCE	1/1/2003	MEDICARE	$4.54	$0.00							
82273	QW	BLOOD OCCULT; OTHER SOURCES QUA	1/1/2003	MEDICARE	$4.54	$0.00							
82274		ASSAY TEST FOR BLOOD, FECAL	7/1/2002	MEDICARE	$4.48	$0.00							
82274	QW	ASSAY TEST FOR BLOOD FECAL	7/1/2002	MEDICARE	$4.48	$0.00							
82286		ASSAY OF BRADYKININ	1/1/2003	MEDICARE	$9.61	$0.00							
82300		ASSAY OF CADMIUM	1/1/2003	MEDICARE	$32.32	$0.00							
82306		ASSAY OF VITAMIN D	1/1/2003	MEDICARE	$41.35	$0.00							
82307		ASSAY OF VITAMIN D	1/1/2003	MEDICARE	$45.01	$0.00							
82308		ASSAY OF CALCITONIN	1/1/2003	MEDICARE	$37.41	$0.00							
82310		ASSAY OF CALCIUM	1/1/2003	MEDICARE	$7.20	$0.00							
82330		ASSAY OF CALCIUM	1/1/2003	MEDICARE	$19.09	$0.00							
82331		CALCIUM INFUSION TEST	1/1/2003	MEDICARE	$7.23	$0.00							
82340		ASSAY OF CALCIUM IN URINE	1/1/2003	MEDICARE	$8.43	$0.00							
82355		CALCULUS ANALYSIS, QUAL	1/1/2003	MEDICARE	$16.17	$0.00							
82360		CALCULUS ASSAY, QUANT	1/1/2003	MEDICARE	$17.98	$0.00							
82365		CALCULUS SPECTROSCOPY	1/1/2003	MEDICARE	$18.01	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
82370		X-RAY ASSAY, CALCULUS	1/1/2003	MEDICARE	$17.50	$0.00							
82373		ASSAY, C-D TRANSFER MEASURE	1/1/2003	MEDICARE	$25.23	$0.00							
82374		ASSAY, BLOOD CARBON DIOXIDE	1/1/2003	MEDICARE	$6.82	$0.00							
82375		ASSAY, BLOOD CARBON MONOXIDE	1/1/2003	MEDICARE	$12.22	$0.00							
82376		TEST FOR CARBON MONOXIDE	1/1/2003	MEDICARE	$8.37	$0.00							
82378		CARCINOEMBRYONIC ANTIGEN	1/1/2003	MEDICARE	$26.50	$0.00							
82379		ASSAY OF CARNITINE	1/1/2003	MEDICARE	$23.56	$0.00							
82380		ASSAY OF CAROTENE	1/1/2003	MEDICARE	$12.88	$0.00							
82382		ASSAY, URINE CATECHOLAMINES	1/1/2003	MEDICARE	$24.01	$0.00							
82383		ASSAY, BLOOD CATECHOLAMINES	1/1/2003	MEDICARE	$35.01	$0.00							
82384		ASSAY, THREE CATECHOLAMINES	1/1/2003	MEDICARE	$35.28	$0.00							
82387		ASSAY OF CATHEPSIN-D	1/1/2003	MEDICARE	$5.49	$0.00							
82390		ASSAY OF CERULOPLASMIN	1/1/2003	MEDICARE	$15.01	$0.00							
82397		CHEMILUMINESCENT ASSAY	1/1/2003	MEDICARE	$18.31	$0.00							
82415		ASSAY OF CHLORAMPHENICOL	1/1/2003	MEDICARE	$17.70	$0.00							
82435		ASSAY OF BLOOD CHLORIDE	1/1/2003	MEDICARE	$6.42	$0.00							
82436		ASSAY OF URINE CHLORIDE	1/1/2003	MEDICARE	$7.02	$0.00							
82438		ASSAY, OTHER FLUID CHLORIDES	1/1/2003	MEDICARE	$6.82	$0.00							
82441		TEST FOR CHLOROHYDROCARBONS	1/1/2003	MEDICARE	$8.38	$0.00							
82465		ASSAY, BLD/SERUM CHOLESTEROL	1/1/2003	MEDICARE	$6.07	$0.00							
82465	QW	CHOLESTEROL SERUM TOTAL	1/1/2003	MEDICARE	$6.07	$0.00							
82480		ASSAY, SERUM CHOLINESTERASE	1/1/2003	MEDICARE	$11.01	$0.00							
82482		ASSAY, RBC CHOLINESTERASE	1/1/2003	MEDICARE	$10.74	$0.00							
82485		ASSAY, CHONDROITIN SULFATE	1/1/2003	MEDICARE	$28.84	$0.00							
82486		GAS/LIQUID CHROMATOGRAPHY	1/1/2003	MEDICARE	$25.23	$0.00							
82487		PAPER CHROMATOGRAPHY	1/1/2003	MEDICARE	$22.30	$0.00							
82488		PAPER CHROMATOGRAPHY	1/1/2003	MEDICARE	$29.85	$0.00							
82489		THIN LAYER CHROMATOGRAPHY	1/1/2003	MEDICARE	$25.84	$0.00							
82491		CHROMOTOGRAPHY, QUANT, SING	1/1/2003	MEDICARE	$25.23	$0.00							
82492		CHROMOTOGRAPHY, QUANT, MULT	1/1/2003	MEDICARE	$25.23	$0.00							
82495		ASSAY OF CHROMIUM	1/1/2003	MEDICARE	$28.33	$0.00							
82507		ASSAY OF CITRATE	1/1/2003	MEDICARE	$38.85	$0.00							
82520		ASSAY OF COCAINE	1/1/2003	MEDICARE	$21.16	$0.00							
82525		ASSAY OF COPPER	1/1/2003	MEDICARE	$17.34	$0.00							
82528		ASSAY OF CORTICOSTERONE	1/1/2003	MEDICARE	$31.45	$0.00							
82530		CORTISOL, FREE	1/1/2003	MEDICARE	$23.35	$0.00							
82533		TOTAL CORTISOL	1/1/2003	MEDICARE	$22.78	$0.00							
82540		ASSAY OF CREATINE	1/1/2003	MEDICARE	$6.48	$0.00							
82541		COLUMN CHROMOTOGRAPHY, QUAL	1/1/2003	MEDICARE	$25.23	$0.00							
82542		COLUMN CHROMOTOGRAPHY, QUANT	1/1/2003	MEDICARE	$25.23	$0.00							
82543		COLUMN CHROMOTOGRAPH/ISOTOPE	1/1/2003	MEDICARE	$25.23	$0.00							
82544		COLUMN CHROMOTOGRAPH/ISOTOPE	1/1/2003	MEDICARE	$25.23	$0.00							
82550		ASSAY OF CK (CPK)	1/1/2003	MEDICARE	$9.10	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
82552		ASSAY OF CPK IN BLOOD	1/1/2003	MEDICARE	$18.70	$0.00							
82553		CREATINE, MB FRACTION	1/1/2003	MEDICARE	$16.12	$0.00							
82554		CREATINE, ISOFORMS	1/1/2003	MEDICARE	$12.81	$0.00							
82565		ASSAY OF CREATININE	1/1/2003	MEDICARE	$7.15	$0.00							
82570		ASSAY OF URINE CREATININE	1/1/2003	MEDICARE	$7.23	$0.00							
82570	QW	CREATININE; OTHER SOURCE	1/1/2003	MEDICARE	$7.23	$0.00							
82575		CREATININE CLEARANCE TEST	1/1/2003	MEDICARE	$13.20	$0.00							
82585		ASSAY OF CRYOFIBRINOGEN	1/1/2003	MEDICARE	$11.98	$0.00							
82595		ASSAY OF CRYOGLOBULIN	1/1/2003	MEDICARE	$9.04	$0.00							
82600		ASSAY OF CYANIDE	1/1/2003	MEDICARE	$27.10	$0.00							
82607		VITAMIN B-12	1/1/2003	MEDICARE	$21.06	$0.00							
82608		B-12 BINDING CAPACITY	1/1/2003	MEDICARE	$20.01	$0.00							
82615		TEST FOR URINE CYSTINES	1/1/2003	MEDICARE	$11.41	$0.00							
82626		DEHYDROEPIANDROSTERONE	1/1/2003	MEDICARE	$35.31	$0.00							
82627		DEHYDROEPIANDROSTERONE	1/1/2003	MEDICARE	$31.06	$0.00							
82633		DESOXYCORTICOSTERONE	1/1/2003	MEDICARE	$43.27	$0.00							
82634		DEOXYCORTISOL	1/1/2003	MEDICARE	$40.90	$0.00							
82638		ASSAY OF DIBUCAINE NUMBER	1/1/2003	MEDICARE	$17.11	$0.00							
82646		ASSAY OF DIHYDROCODEINONE	1/1/2003	MEDICARE	$28.84	$0.00							
82649		ASSAY OF DIHYDROMORPHINONE	1/1/2003	MEDICARE	$35.91	$0.00							
82651		ASSAY OF DIHYDROTESTOSTERONE	1/1/2003	MEDICARE	$36.07	$0.00							
82652		ASSAY OF DIHYDROXYVITAMIN D	1/1/2003	MEDICARE	$53.77	$0.00							
82654		ASSAY OF DIMETHADIONE	1/1/2003	MEDICARE	$19.33	$0.00							
82657		ENZYME CELL ACTIVITY	1/1/2003	MEDICARE	$25.23	$0.00							
82658		ENZYME CELL ACTIVITY, RA	1/1/2003	MEDICARE	$25.23	$0.00							
82664		ELECTROPHORETIC TEST	1/1/2003	MEDICARE	$48.00	$0.00							
82666		ASSAY OF EPIANDROSTERONE	1/1/2003	MEDICARE	$30.01	$0.00							
82668		ASSAY OF ERYTHROPOIETIN	1/1/2003	MEDICARE	$26.26	$0.00							
82670		ASSAY OF ESTRADIOL	1/1/2003	MEDICARE	$39.04	$0.00							
82671		ASSAY OF ESTROGENS	1/1/2003	MEDICARE	$45.13	$0.00							
82672		ASSAY OF ESTROGEN	1/1/2003	MEDICARE	$30.30	$0.00							
82677		ASSAY OF ESTRIOL	1/1/2003	MEDICARE	$33.79	$0.00							
82679		ASSAY OF ESTRONE	1/1/2003	MEDICARE	$34.87	$0.00							
82679	QW	ESTRONE	1/1/2003	MEDICARE	$34.87	$0.00							
82690		ASSAY OF ETHCHLORVYNOL	1/1/2003	MEDICARE	$24.15	$0.00							
82693		ASSAY OF ETHYLENE GLYCOL	1/1/2003	MEDICARE	$20.82	$0.00							
82696		ASSAY OF ETIOCHOLANOLONE	1/1/2003	MEDICARE	$32.95	$0.00							
82705		FATS/LIPIDS, FECES, QUAL	1/1/2003	MEDICARE	$7.11	$0.00							
82710		FATS/LIPIDS, FECES, QUANT	1/1/2003	MEDICARE	$23.47	$0.00							
82715		ASSAY OF FECAL FAT	1/1/2003	MEDICARE	$24.04	$0.00							
82725		ASSAY OF BLOOD FATTY ACIDS	1/1/2003	MEDICARE	$18.60	$0.00							
82726		LONG CHAIN FATTY ACIDS	1/1/2003	MEDICARE	$25.23	$0.00							
82728		ASSAY OF FERRITIN	1/1/2003	MEDICARE	$19.03	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
82731		ASSAY OF FETAL FIBRONECTIN	1/1/2003	MEDICARE	$89.98	$0.00							
82735		ASSAY OF FLUORIDE	1/1/2003	MEDICARE	$25.90	$0.00							
82742		ASSAY OF FLURAZEPAM	1/1/2003	MEDICARE	$27.66	$0.00							
82746		BLOOD FOLIC ACID SERUM	1/1/2003	MEDICARE	$20.53	$0.00							
82747		ASSAY OF FOLIC ACID, RBC	1/1/2003	MEDICARE	$24.19	$0.00							
82757		ASSAY OF SEMEN FRUCTOSE	1/1/2003	MEDICARE	$24.24	$0.00							
82759		ASSAY OF RBC GALACTOKINASE	1/1/2003	MEDICARE	$30.01	$0.00							
82760		ASSAY OF GALACTOSE	1/1/2003	MEDICARE	$15.64	$0.00							
82775		ASSAY GALACTOSE TRANSFERASE	1/1/2003	MEDICARE	$29.43	$0.00							
82776		GALACTOSE TRANSFERASE TEST	1/1/2003	MEDICARE	$11.71	$0.00							
82784		ASSAY OF GAMMAGLOBULIN IGM	1/1/2003	MEDICARE	$12.72	$0.00							
82785		ASSAY OF GAMMAGLOBULIN IGE	1/1/2003	MEDICARE	$23.01	$0.00							
82787		IGG 1, 2, 3 OR 4, EACH	1/1/2003	MEDICARE	$11.20	$0.00							
82800		BLOOD PH	1/1/2003	MEDICARE	$11.83	$0.00							
82803		BLOOD GASES: PH, PO2 & PCO2	1/1/2003	MEDICARE	$27.04	$0.00							
82805		BLOOD GASES W/02 SATURATION	1/1/2003	MEDICARE	$39.64	$0.00							
82810		BLOOD GASES, O2 SAT ONLY	1/1/2003	MEDICARE	$12.19	$0.00							
82820		HEMOGLOBIN-OXYGEN AFFINITY	1/1/2003	MEDICARE	$13.96	$0.00							
82926		ASSAY OF GASTRIC ACID	1/1/2003	MEDICARE	$7.60	$0.00							
82928		ASSAY OF GASTRIC ACID	1/1/2003	MEDICARE	$9.15	$0.00							
82938		GASTRIN TEST	1/1/2003	MEDICARE	$24.72	$0.00							
82941		ASSAY OF GASTRIN	1/1/2003	MEDICARE	$24.64	$0.00							
82943		ASSAY OF GLUCAGON	1/1/2003	MEDICARE	$19.96	$0.00							
82945		GLUCOSE OTHER FLUID	1/1/2003	MEDICARE	$5.47	$0.00							
82947		ASSAY, GLUCOSE, BLOOD QUANT	1/1/2003	MEDICARE	$5.47	$0.00							
82947	QW	GLUCOSE; QUANTITATIVE	1/1/2003	MEDICARE	$5.47	$0.00							
82948		REAGENT STRIP/BLOOD GLUCOSE	1/1/2003	MEDICARE	$4.42	$0.00							
82950		GLUCOSE TEST	1/1/2003	MEDICARE	$6.64	$0.00							
82950	QW	GLUCOSE; POST GLUCOSE DOSE (INCLU	1/1/2003	MEDICARE	$6.64	$0.00							
82951		GLUCOSE TOLERANCE TEST (GTT)	1/1/2003	MEDICARE	$17.98	$0.00							
82951	QW	GLUCOSE; TOLERANCE (GTT) 3 SPECIME	1/1/2003	MEDICARE	$17.98	$0.00							
82952		GTT-ADDED SAMPLES	1/1/2003	MEDICARE	$5.47	$0.00							
82952	QW	GLUCOSE; TOLERANCE TEST EACH ADD	1/1/2003	MEDICARE	$5.47	$0.00							
82953		GLUCOSE-TOLBUTAMIDE TEST	1/1/2003	MEDICARE	$21.16	$0.00							
82955		ASSAY OF G6PD ENZYME	1/1/2003	MEDICARE	$13.54	$0.00							
82960		TEST FOR G6PD ENZYME	1/1/2003	MEDICARE	$8.47	$0.00							
82962		GLUCOSE BLOOD TEST	1/1/2003	MEDICARE	$3.27	$0.00							
82963		ASSAY OF GLUCOSIDASE	1/1/2003	MEDICARE	$30.01	$0.00							
82965		ASSAY OF GDH ENZYME	1/1/2003	MEDICARE	$10.80	$0.00							
82975		ASSAY OF GLUTAMINE	1/1/2003	MEDICARE	$22.12	$0.00							
82977		ASSAY OF GGT	1/1/2003	MEDICARE	$10.06	$0.00							
82978		ASSAY OF GLUTATHIONE	1/1/2003	MEDICARE	$19.90	$0.00							
82979		ASSAY, RBC GLUTATHIONE	1/1/2003	MEDICARE	$9.61	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
82980		ASSAY OF GLUTETHIMIDE	1/1/2003	MEDICARE	$25.60	$0.00							
82985		GLYCATED PROTEIN	1/1/2003	MEDICARE	$16.26	$0.00							
82985	QW	GLYCATED PROTEIN	1/1/2003	MEDICARE	$16.26	$0.00							
83001		GONADOTROPIN (FSH)	1/1/2003	MEDICARE	$25.96	$0.00							
83001	QW	GONADOTROPIN; FOLLICLE STIMULATIN	1/1/2003	MEDICARE	$25.96	$0.00							
83002		GONADOTROPIN (LH)	1/1/2003	MEDICARE	$25.87	$0.00							
83002	QW	GONADOTROPIN; LUTEINIZING HORMON	1/1/2003	MEDICARE	$25.87	$0.00							
83003		ASSAY, GROWTH HORMONE (HGH)	1/1/2003	MEDICARE	$23.29	$0.00							
83008		ASSAY OF GUANOSINE	1/1/2003	MEDICARE	$23.44	$0.00							
83010		ASSAY OF HAPTOGLOBIN, QUANT	1/1/2003	MEDICARE	$17.58	$0.00							
83012		ASSAY OF HAPTOGLOBINS	1/1/2003	MEDICARE	$24.01	$0.00							
83013		H PYLORI ANALYSIS	1/1/2003	MEDICARE	$94.11	$0.00							
83014		H PYLORI DRUG ADMIN/COLLECT	1/1/2003	MEDICARE	$10.98	$0.00							
83015		HEAVY METAL SCREEN	1/1/2003	MEDICARE	$26.31	$0.00							
83018		QUANTITATIVE SCREEN, METALS	1/1/2003	MEDICARE	$30.67	$0.00							
83019		HELICOBACTER PYLORI BREATH TEST (	1/1/1999	MEDICARE	$88.80	$0.00							
83020		HEMOGLOBIN ELECTROPHORESIS	1/1/2003	MEDICARE	$17.98	$0.00							
83021		HEMOGLOBIN CHROMOTOGRAPHY	1/1/2003	MEDICARE	$25.23	$0.00							
83026		HEMOGLOBIN, COPPER SULFATE	1/1/2003	MEDICARE	$3.30	$0.00							
83030		FETAL HEMOGLOBIN, CHEMICAL	1/1/2003	MEDICARE	$11.56	$0.00							
83033		FETAL HEMOGLOBIN ASSAY, QUAL	1/1/2003	MEDICARE	$8.32	$0.00							
83036		GLYCATED HEMOGLOBIN TEST	1/1/2003	MEDICARE	$13.56	$0.00							
83036	QW	HEMOGLOBIN; GLYCATED	1/1/2003	MEDICARE	$13.56	$0.00							
83045		BLOOD METHEMOGLOBIN TEST	1/1/2003	MEDICARE	$6.93	$0.00							
83050		BLOOD METHEMOGLOBIN ASSAY	1/1/2003	MEDICARE	$10.23	$0.00							
83051		ASSAY OF PLASMA HEMOGLOBIN	1/1/2003	MEDICARE	$10.21	$0.00							
83055		BLOOD SULFHEMOGLOBIN TEST	1/1/2003	MEDICARE	$6.87	$0.00							
83060		BLOOD SULFHEMOGLOBIN ASSAY	1/1/2003	MEDICARE	$11.56	$0.00							
83065		ASSAY OF HEMOGLOBIN HEAT	1/1/2003	MEDICARE	$9.61	$0.00							
83068		HEMOGLOBIN STABILITY SCREEN	1/1/2003	MEDICARE	$11.83	$0.00							
83069		ASSAY OF URINE HEMOGLOBIN	1/1/2003	MEDICARE	$5.50	$0.00							
83070		ASSAY OF HEMOSIDERIN, QUAL	1/1/2003	MEDICARE	$6.64	$0.00							
83071		ASSAY OF HEMOSIDERIN, QUANT	1/1/2003	MEDICARE	$9.61	$0.00							
83080		ASSAY OF B HEXOSAMINIDASE	1/1/2003	MEDICARE	$23.56	$0.00							
83088		ASSAY OF HISTAMINE	1/1/2003	MEDICARE	$41.26	$0.00							
83090		ASSAY OF HOMOCYSTINE	1/1/2003	MEDICARE	$23.56	$0.00							
83150		ASSAY OF FOR HVA	1/1/2003	MEDICARE	$27.04	$0.00							
83491		ASSAY OF CORTICOSTEROIDS	1/1/2003	MEDICARE	$24.46	$0.00							
83497		ASSAY OF 5-HIAA	1/1/2003	MEDICARE	$18.01	$0.00							
83498		ASSAY OF PROGESTERONE	1/1/2003	MEDICARE	$37.95	$0.00							
83499		ASSAY OF PROGESTERONE	1/1/2003	MEDICARE	$35.22	$0.00							
83500		ASSAY, FREE HYDROXYPROLINE	1/1/2003	MEDICARE	$31.65	$0.00							
83505		ASSAY, TOTAL HYDROXYPROLINE	1/1/2003	MEDICARE	$33.96	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
83518		IMMUNOASSAY, DIPSTICK	1/1/2003	MEDICARE	$11.85	$0.00							
83518	QW	IMMUNOASSAY FOR ANALYTE QUALIT O	1/1/2003	MEDICARE	$11.85	$0.00							
83519		IMMUNOASSAY, NONANTIBODY	1/1/2003	MEDICARE	$18.88	$0.00							
83520		IMMUNOASSAY, RIA	1/1/2003	MEDICARE	$18.09	$0.00							
83525		ASSAY OF INSULIN	1/1/2003	MEDICARE	$15.97	$0.00							
83527		ASSAY OF INSULIN	1/1/2003	MEDICARE	$18.09	$0.00							
83528		ASSAY OF INTRINSIC FACTOR	1/1/2003	MEDICARE	$22.21	$0.00							
83540		ASSAY OF IRON	1/1/2003	MEDICARE	$6.06	$0.00							
83550		IRON BINDING TEST	1/1/2003	MEDICARE	$7.57	$0.00							
83570		ASSAY OF IDH ENZYME	1/1/2003	MEDICARE	$12.36	$0.00							
83582		ASSAY OF KETOGENIC STEROIDS	1/1/2003	MEDICARE	$19.80	$0.00							
83586		ASSAY 17- KETOSTEROIDS	1/1/2003	MEDICARE	$17.89	$0.00							
83593		FRACTIONATION, KETOSTEROIDS	1/1/2003	MEDICARE	$36.75	$0.00							
83605		ASSAY OF LACTIC ACID	1/1/2003	MEDICARE	$14.92	$0.00							
83605	QW	LACTATE (LACTIC ACID)	1/1/2003	MEDICARE	$14.92	$0.00							
83615		LACTATE (LD) (LDH) ENZYME	1/1/2003	MEDICARE	$8.44	$0.00							
83625		ASSAY OF LDH ENZYMES	1/1/2003	MEDICARE	$17.88	$0.00							
83632		PLACENTAL LACTOGEN	1/1/2003	MEDICARE	$28.24	$0.00							
83633		TEST URINE FOR LACTOSE	1/1/2003	MEDICARE	$7.69	$0.00							
83634		ASSAY OF URINE FOR LACTOSE	1/1/2003	MEDICARE	$16.09	$0.00							
83655		ASSAY OF LEAD	1/1/2003	MEDICARE	$16.90	$0.00							
83661		L/S RATIO, FETAL LUNG	1/1/2003	MEDICARE	$30.70	$0.00							
83662		FOAM STABILITY, FETAL LUNG	1/1/2003	MEDICARE	$9.45	$0.00							
83663		FLUORO POLARIZE, FETAL LUNG	1/1/2003	MEDICARE	$4.72	$0.00							
83664		LAMELLAR BDY, FETAL LUNG	1/1/2003	MEDICARE	$2.37	$0.00							
83670		ASSAY OF LAP ENZYME	1/1/2003	MEDICARE	$12.79	$0.00							
83690		ASSAY OF LIPASE	1/1/2003	MEDICARE	$9.36	$0.00							
83715		ASSAY OF BLOOD LIPOPROTEINS	1/1/2003	MEDICARE	$15.73	$0.00							
83716		ASSAY OF BLOOD LIPOPROTEINS	1/1/2003	MEDICARE	$34.68	$0.00							
83717		LIPOPROTEIN BLOOD;ULTRACENTRIFUG	1/1/1999	MEDICARE	$34.30	$0.00							
83718		ASSAY OF LIPOPROTEIN	1/1/2003	MEDICARE	$11.44	$0.00							
83718	QW	LIPOPROTEIN DIRECT MEASUREMENT; H	1/1/2003	MEDICARE	$11.44	$0.00							
83719		ASSAY OF BLOOD LIPOPROTEIN	1/1/2003	MEDICARE	$16.26	$0.00							
83721		ASSAY OF BLOOD LIPOPROTEIN	1/1/2003	MEDICARE	$13.33	$0.00							
83727		ASSAY OF LRH HORMONE	1/1/2003	MEDICARE	$24.01	$0.00							
83735		ASSAY OF MAGNESIUM	1/1/2003	MEDICARE	$9.36	$0.00							
83775		ASSAY OF MD ENZYME	1/1/2003	MEDICARE	$10.30	$0.00							
83785		ASSAY OF MANGANESE	1/1/2003	MEDICARE	$34.36	$0.00							
83788		MASS SPECTROMETRY QUAL	1/1/2003	MEDICARE	$25.23	$0.00							
83789		MASS SPECTROMETRY QUANT	1/1/2003	MEDICARE	$25.23	$0.00							
83805		ASSAY OF MEPROBAMATE	1/1/2003	MEDICARE	$24.63	$0.00							
83825		ASSAY OF MERCURY	1/1/2003	MEDICARE	$22.72	$0.00							
83835		ASSAY OF METANEPHRINES	1/1/2003	MEDICARE	$23.67	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
83840		ASSAY OF METHADONE	1/1/2003	MEDICARE	$22.81	$0.00							
83857		ASSAY OF METHEMALBUMIN	1/1/2003	MEDICARE	$15.01	$0.00							
83858		ASSAY OF METHSUXIMIDE	1/1/2003	MEDICARE	$20.71	$0.00							
83864		MUCOPOLYSACCHARIDES	1/1/2003	MEDICARE	$27.82	$0.00							
83866		MUCOPOLYSACCHARIDES SCREEN	1/1/2003	MEDICARE	$13.75	$0.00							
83872		ASSAY SYNOVIAL FLUID MUCIN	1/1/2003	MEDICARE	$8.19	$0.00							
83873		ASSAY OF CSF PROTEIN	1/1/2003	MEDICARE	$24.04	$0.00							
83874		ASSAY OF MYOGLOBIN	1/1/2003	MEDICARE	$18.04	$0.00							
83880		NATRIURETIC PEPTIDE	1/1/2003	MEDICARE	$47.43	$0.00							
83883		ASSAY, NEPHELOMETRY NOT SPEC	1/1/2003	MEDICARE	$19.00	$0.00							
83885		ASSAY OF NICKEL	1/1/2003	MEDICARE	$34.23	$0.00							
83887		ASSAY OF NICOTINE	1/1/2003	MEDICARE	$33.09	$0.00							
83890		MOLECULE ISOLATE	1/1/2003	MEDICARE	$5.59	$0.00							
83891		MOLECULE ISOLATE NUCLEIC	1/1/2003	MEDICARE	$5.59	$0.00							
83892		MOLECULAR DIAGNOSTICS	1/1/2003	MEDICARE	$5.59	$0.00							
83893		MOLECULE DOT/SLOT/BLOT	1/1/2003	MEDICARE	$5.59	$0.00							
83894		MOLECULE GEL ELECTROPHOR	1/1/2003	MEDICARE	$5.59	$0.00							
83896		MOLECULAR DIAGNOSTICS	1/1/2003	MEDICARE	$5.59	$0.00							
83897		MOLECULE NUCLEIC TRANSFER	1/1/2003	MEDICARE	$5.59	$0.00							
83898		MOLECULE NUCLEIC AMPLI	1/1/2003	MEDICARE	$23.41	$0.00							
83901		MOLECULE NUCLEIC AMPLI	1/1/2003	MEDICARE	$23.41	$0.00							
83903		MOLECULE MUTATION SCAN	1/1/2003	MEDICARE	$23.41	$0.00							
83904		MOLECULE MUTATION IDENTIFY	1/1/2003	MEDICARE	$23.41	$0.00							
83905		MOLECULE MUTATION IDENTIFY	1/1/2003	MEDICARE	$23.41	$0.00							
83906		MOLECULE MUTATION IDENTIFY	1/1/2003	MEDICARE	$23.41	$0.00							
83912		GENETIC EXAMINATION	1/1/2003	MEDICARE	$5.59	$0.00							
83915		ASSAY OF NUCLEOTIDASE	1/1/2003	MEDICARE	$15.58	$0.00							
83916		OLIGOCLONAL BANDS	1/1/2003	MEDICARE	$28.09	$0.00							
83918		ORGANIC ACIDS, TOTAL, QUANT	1/1/2003	MEDICARE	$22.99	$0.00							
83919		ORGANIC ACIDS, QUAL, EACH	1/1/2003	MEDICARE	$22.99	$0.00							
83921		ORGANIC ACID SINGLE QUANT	1/1/2003	MEDICARE	$22.99	$0.00							
83925		ASSAY OF OPIATES	1/1/2003	MEDICARE	$27.19	$0.00							
83930		ASSAY OF BLOOD OSMOLALITY	1/1/2003	MEDICARE	$9.24	$0.00							
83935		ASSAY OF URINE OSMOLALITY	1/1/2003	MEDICARE	$9.52	$0.00							
83937		ASSAY OF OSTEOCALCIN	1/1/2003	MEDICARE	$41.71	$0.00							
83945		ASSAY OF OXALATE	1/1/2003	MEDICARE	$17.98	$0.00							
83950		ONCOPROTEIN HER-2/NEU	1/1/2003	MEDICARE	$89.98	$0.00							
83970		ASSAY OF PARATHORMONE	1/1/2003	MEDICARE	$57.67	$0.00							
83986		ASSAY OF BODY FLUID ACIDITY	1/1/2003	MEDICARE	$4.99	$0.00							
83986	QW	PH BODY FLUID EXCEPT BLOOD	1/1/2003	MEDICARE	$4.99	$0.00							
83992		ASSAY FOR PHENCYCLIDINE	1/1/2003	MEDICARE	$20.53	$0.00							
84022		ASSAY OF PHENOTHIAZINE	1/1/2003	MEDICARE	$21.76	$0.00							
84030		ASSAY OF BLOOD PKU	1/1/2003	MEDICARE	$7.69	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
84035		ASSAY OF PHENYLKETONES	1/1/2003	MEDICARE	$5.11	$0.00							
84060		ASSAY ACID PHOSPHATASE	1/1/2003	MEDICARE	$10.32	$0.00							
84061		PHOSPHATASE, FORENSIC EXAM	1/1/2003	MEDICARE	$11.05	$0.00							
84066		ASSAY PROSTATE PHOSPHATASE	1/1/2003	MEDICARE	$13.50	$0.00							
84075		ASSAY ALKALINE PHOSPHATASE	1/1/2003	MEDICARE	$7.23	$0.00							
84078		ASSAY ALKALINE PHOSPHATASE	1/1/2003	MEDICARE	$10.20	$0.00							
84080		ASSAY ALKALINE PHOSPHATASES	1/1/2003	MEDICARE	$20.65	$0.00							
84081		AMNIOTIC FLUID ENZYME TEST	1/1/2003	MEDICARE	$23.08	$0.00							
84085		ASSAY OF RBC PG6D ENZYME	1/1/2003	MEDICARE	$9.42	$0.00							
84087		ASSAY PHOSPHOHEXOSE ENZYMES	1/1/2003	MEDICARE	$14.41	$0.00							
84100		ASSAY OF PHOSPHORUS	1/1/2003	MEDICARE	$6.63	$0.00							
84105		ASSAY OF URINE PHOSPHORUS	1/1/2003	MEDICARE	$7.23	$0.00							
84106		TEST FOR PORPHOBILINOGEN	1/1/2003	MEDICARE	$5.98	$0.00							
84110		ASSAY OF PORPHOBILINOGEN	1/1/2003	MEDICARE	$11.80	$0.00							
84119		TEST URINE FOR PORPHYRINS	1/1/2003	MEDICARE	$12.03	$0.00							
84120		ASSAY OF URINE PORPHYRINS	1/1/2003	MEDICARE	$20.55	$0.00							
84126		ASSAY OF FECES PORPHYRINS	1/1/2003	MEDICARE	$35.59	$0.00							
84127		ASSAY OF FECES PORPHYRINS	1/1/2003	MEDICARE	$16.27	$0.00							
84132		ASSAY OF SERUM POTASSIUM	1/1/2003	MEDICARE	$6.42	$0.00							
84133		ASSAY OF URINE POTASSIUM	1/1/2003	MEDICARE	$6.01	$0.00							
84134		ASSAY OF PREALBUMIN	1/1/2003	MEDICARE	$20.38	$0.00							
84135		ASSAY OF PREGNANEDIOL	1/1/2003	MEDICARE	$26.73	$0.00							
84138		ASSAY OF PREGNANETRIOL	1/1/2003	MEDICARE	$26.46	$0.00							
84140		ASSAY OF PREGNENOLONE	1/1/2003	MEDICARE	$28.89	$0.00							
84143		ASSAY OF 17-HYDROXYPREGNENO	1/1/2003	MEDICARE	$21.49	$0.00							
84144		ASSAY OF PROGESTERONE	1/1/2003	MEDICARE	$29.14	$0.00							
84146		ASSAY OF PROLACTIN	1/1/2003	MEDICARE	$27.07	$0.00							
84150		ASSAY OF PROSTAGLANDIN	1/1/2003	MEDICARE	$34.87	$0.00							
84152		ASSAY OF PSA, COMPLEXED	1/1/2003	MEDICARE	$25.69	$0.00							
84153		ASSAY OF PSA, TOTAL	1/1/2003	MEDICARE	$25.69	$0.00							
84154		ASSAY OF PSA, FREE	1/1/2003	MEDICARE	$25.69	$0.00							
84155		ASSAY OF PROTEIN	1/1/2003	MEDICARE	$5.11	$0.00							
84160		ASSAY OF SERUM PROTEIN	1/1/2003	MEDICARE	$7.23	$0.00							
84165		ASSAY OF SERUM PROTEINS	1/1/2003	MEDICARE	$15.01	$0.00							
84181		WESTERN BLOT TEST	1/1/2003	MEDICARE	$23.80	$0.00							
84182		PROTEIN, WESTERN BLOT TEST	1/1/2003	MEDICARE	$25.15	$0.00							
84202		ASSAY RBC PROTOPORPHYRIN	1/1/2003	MEDICARE	$20.05	$0.00							
84203		TEST RBC PROTOPORPHYRIN	1/1/2003	MEDICARE	$12.03	$0.00							
84206		ASSAY OF PROINSULIN	1/1/2003	MEDICARE	$24.88	$0.00							
84207		ASSAY OF VITAMIN B-6	1/1/2003	MEDICARE	$39.25	$0.00							
84210		ASSAY OF PYRUVATE	1/1/2003	MEDICARE	$15.16	$0.00							
84220		ASSAY OF PYRUVATE KINASE	1/1/2003	MEDICARE	$13.18	$0.00							
84228		ASSAY OF QUININE	1/1/2003	MEDICARE	$16.26	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
84233		ASSAY OF ESTROGEN	1/1/2003	MEDICARE	$89.98	$0.00							
84234		ASSAY OF PROGESTERONE	1/1/2003	MEDICARE	$90.64	$0.00							
84235		ASSAY OF ENDOCRINE HORMONE	1/1/2003	MEDICARE	$73.12	$0.00							
84238		ASSAY, NONENDOCRINE RECEPTOR	1/1/2003	MEDICARE	$51.09	$0.00							
84244		ASSAY OF RENIN	1/1/2003	MEDICARE	$30.73	$0.00							
84252		ASSAY OF VITAMIN B-2	1/1/2003	MEDICARE	$28.27	$0.00							
84255		ASSAY OF SELENIUM	1/1/2003	MEDICARE	$35.67	$0.00							
84260		ASSAY OF SEROTONIN	1/1/2003	MEDICARE	$43.27	$0.00							
84270		ASSAY OF SEX HORMONE GLOBUL	1/1/2003	MEDICARE	$30.36	$0.00							
84275		ASSAY OF SIALIC ACID	1/1/2003	MEDICARE	$18.76	$0.00							
84285		ASSAY OF SILICA	1/1/2003	MEDICARE	$32.89	$0.00							
84295		ASSAY OF SERUM SODIUM	1/1/2003	MEDICARE	$6.72	$0.00							
84300		ASSAY OF URINE SODIUM	1/1/2003	MEDICARE	$6.79	$0.00							
84302		ASSAY OF SWEAT SODIUM	1/1/2003	MEDICARE	$6.79	$0.00							
84305		ASSAY OF SOMATOMEDIN	1/1/2003	MEDICARE	$29.70	$0.00							
84307		ASSAY OF SOMATOSTATIN	1/1/2003	MEDICARE	$25.54	$0.00							
84311		SPECTROPHOTOMETRY	1/1/2003	MEDICARE	$9.76	$0.00							
84315		BODY FLUID SPECIFIC GRAVITY	1/1/2003	MEDICARE	$3.49	$0.00							
84375		CHROMATOGRAM ASSAY, SUGARS	1/1/2003	MEDICARE	$27.39	$0.00							
84376		SUGARS, SINGLE, QUAL	1/1/2003	MEDICARE	$7.69	$0.00							
84377		SUGARS, MULTIPLE, QUAL	1/1/2003	MEDICARE	$7.69	$0.00							
84378		SUGARS SINGLE QUANT	1/1/2003	MEDICARE	$16.09	$0.00							
84379		SUGARS MULTIPLE QUANT	1/1/2003	MEDICARE	$16.09	$0.00							
84392		ASSAY OF URINE SULFATE	1/1/2003	MEDICARE	$6.64	$0.00							
84402		ASSAY OF TESTOSTERONE	1/1/2003	MEDICARE	$35.56	$0.00							
84403		ASSAY OF TOTAL TESTOSTERONE	1/1/2003	MEDICARE	$36.07	$0.00							
84425		ASSAY OF VITAMIN B-1	1/1/2003	MEDICARE	$29.67	$0.00							
84430		ASSAY OF THIOCYANATE	1/1/2003	MEDICARE	$16.26	$0.00							
84432		ASSAY OF THYROGLOBULIN	1/1/2003	MEDICARE	$22.44	$0.00							
84436		ASSAY OF TOTAL THYROXINE	1/1/2003	MEDICARE	$9.61	$0.00							
84437		ASSAY OF NEONATAL THYROXINE	1/1/2003	MEDICARE	$9.04	$0.00							
84439		ASSAY OF FREE THYROXINE	1/1/2003	MEDICARE	$12.60	$0.00							
84442		ASSAY OF THYROID ACTIVITY	1/1/2003	MEDICARE	$20.65	$0.00							
84443		ASSAY THYROID STIM HORMONE	1/1/2003	MEDICARE	$23.47	$0.00							
84445		ASSAY OF TSI	1/1/2003	MEDICARE	$71.05	$0.00							
84446		ASSAY OF VITAMIN E	1/1/2003	MEDICARE	$19.81	$0.00							
84449		ASSAY OF TRANSCORTIN	1/1/2003	MEDICARE	$25.15	$0.00							
84450		TRANSFERASE (AST) (SGOT)	1/1/2003	MEDICARE	$7.21	$0.00							
84460		ALANINE AMINO (ALT) (SGPT)	1/1/2003	MEDICARE	$7.39	$0.00							
84460	QW	TRANSFERASE; ALANINE AMINO (ALT)(SC	1/1/2003	MEDICARE	$7.39	$0.00							
84466		ASSAY OF TRANSFERRIN	1/1/2003	MEDICARE	$17.83	$0.00							
84478		ASSAY OF TRIGLYCERIDES	1/1/2003	MEDICARE	$8.04	$0.00							
84478	QW	TRIGLYCERIDES	1/1/2003	MEDICARE	$8.04	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
84479		ASSAY OF THYROID (T3 OR T4)	1/1/2003	MEDICARE	$9.04	$0.00							
84480		ASSAY, TRIIODOTHYRONINE (T3)	1/1/2003	MEDICARE	$19.81	$0.00							
84481		FREE ASSAY (FT-3)	1/1/2003	MEDICARE	$23.67	$0.00							
84482		T3 REVERSE	1/1/2003	MEDICARE	$22.02	$0.00							
84484		ASSAY OF TROPONIN, QUANT	1/1/2003	MEDICARE	$13.75	$0.00							
84485		ASSAY DUODENAL FLUID TRYPSIN	1/1/2003	MEDICARE	$10.48	$0.00							
84488		TEST FECES FOR TRYPSIN	1/1/2003	MEDICARE	$10.20	$0.00							
84490		ASSAY OF FECES FOR TRYPSIN	1/1/2003	MEDICARE	$10.63	$0.00							
84510		ASSAY OF TYROSINE	1/1/2003	MEDICARE	$14.53	$0.00							
84512		ASSAY OF TROPONIN, QUAL	1/1/2003	MEDICARE	$10.75	$0.00							
84520		ASSAY OF UREA NITROGEN	1/1/2003	MEDICARE	$5.50	$0.00							
84525		UREA NITROGEN SEMI-QUANT	1/1/2003	MEDICARE	$5.25	$0.00							
84540		ASSAY OF URINE/UREA-N	1/1/2003	MEDICARE	$6.64	$0.00							
84545		UREA-N CLEARANCE TEST	1/1/2003	MEDICARE	$9.22	$0.00							
84550		ASSAY OF BLOOD/URIC ACID	1/1/2003	MEDICARE	$6.31	$0.00							
84560		ASSAY OF URINE/URIC ACID	1/1/2003	MEDICARE	$6.64	$0.00							
84577		ASSAY OF FECES/UROBILINOGEN	1/1/2003	MEDICARE	$17.43	$0.00							
84578		TEST URINE UROBILINOGEN	1/1/2003	MEDICARE	$4.54	$0.00							
84580		ASSAY OF URINE UROBILINOGEN	1/1/2003	MEDICARE	$9.91	$0.00							
84583		ASSAY OF URINE UROBILINOGEN	1/1/2003	MEDICARE	$7.02	$0.00							
84585		ASSAY OF URINE VMA	1/1/2003	MEDICARE	$21.66	$0.00							
84586		ASSAY OF VIP	1/1/2003	MEDICARE	$49.36	$0.00							
84588		ASSAY OF VASOPRESSIN	1/1/2003	MEDICARE	$47.43	$0.00							
84590		ASSAY OF VITAMIN A	1/1/2003	MEDICARE	$16.20	$0.00							
84591		ASSAY OF NOS VITAMIN	1/1/2003	MEDICARE	$16.20	$0.00							
84597		ASSAY OF VITAMIN K	1/1/2003	MEDICARE	$19.15	$0.00							
84600		ASSAY OF VOLATILES	1/1/2003	MEDICARE	$22.45	$0.00							
84620		XYLOSE TOLERANCE TEST	1/1/2003	MEDICARE	$16.54	$0.00							
84630		ASSAY OF ZINC	1/1/2003	MEDICARE	$15.91	$0.00							
84681		ASSAY OF C-PEPTIDE	1/1/2003	MEDICARE	$22.75	$0.00							
84702		CHORIONIC GONADOTROPIN TEST	1/1/2003	MEDICARE	$21.03	$0.00							
84703		CHORIONIC GONADOTROPIN ASSAY	1/1/2003	MEDICARE	$10.48	$0.00							
84703	QW	GONADOTROPIN CHORIONIC (HCG); QU	1/1/2003	MEDICARE	$10.48	$0.00							
84830		OVULATION TESTS	1/1/2003	MEDICARE	$5.53	$0.00							
84999		CLINICAL CHEMISTRY TEST	3/1/1991	BY REPORT	$0.00	$0.00							
84999	QW	FEMEXAM TESTCARD (FROM VAGINAL S	12/1/1998	MEDICARE	$10.14	$0.00							
85002		BLEEDING TIME TEST	1/1/2003	MEDICARE	$6.28	$0.00							
85004		AUTOMATED DIFF WBC COUNT	1/1/2003	MEDICARE	$9.04	$0.00							
85007		BL SMEAR W/DIFF WBC COUNT	1/1/2003	MEDICARE	$4.81	$0.00							
85008		BL SMEAR W/O DIFF WBC COUNT	1/1/2003	MEDICARE	$4.81	$0.00							
85009		MANUAL DIFF WBC COUNT B-COAT	1/1/2003	MEDICARE	$4.02	$0.00							
85013		SPUN MICROHEMATOCRIT	1/1/2003	MEDICARE	$3.31	$0.00							
85014		HEMATOCRIT	1/1/2003	MEDICARE	$3.31	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
85014	QW	BLOOD COUNT; OTHER THAN SPUN HEM	1/1/2003	MEDICARE	$3.31	$0.00							
85018		HEMOGLOBIN	1/1/2003	MEDICARE	$3.31	$0.00							
85018	QW	BLOOD COUNT; HEMOGLOBIN	1/1/2003	MEDICARE	$3.31	$0.00							
85025		COMPLETE CBC W/AUTO DIFF WBC	1/1/2003	MEDICARE	$10.86	$0.00							
85027		COMPLETE CBC AUTOMATED	1/1/2003	MEDICARE	$9.04	$0.00							
85029		ADDITIONAL AUTOMATED HEMOGRAM IN	1/1/1999	MEDICARE	$6.34	$0.00							
85030		ADDITIONAL AUTOMATED HEMOGRAM IN	1/1/1999	MEDICARE	$6.28	$0.00							
85032		MANUAL CELL COUNT EACH	1/1/2003	MEDICARE	$6.01	$0.00							
85041		AUTOMATED RBC COUNT	1/1/2003	MEDICARE	$4.20	$0.00							
85044		MANUAL RETICULOCYTE COUNT	1/1/2003	MEDICARE	$6.01	$0.00							
85045		AUTOMATED RETICULOCYTE COUNT	1/1/2003	MEDICARE	$5.59	$0.00							
85046		RETICYTE/HGB CONCENTRATE	1/1/2003	MEDICARE	$7.80	$0.00							
85048		AUTOMATED LEUKOCYTE COUNT	1/1/2003	MEDICARE	$3.55	$0.00							
85049		AUTOMATED PLATELET COUNT	1/1/2003	MEDICARE	$6.25	$0.00							
85060		BLOOD SMEAR INTERPRETATION	7/1/2003	RBRVS	$18.96	$18.96							
85097		BONE MARROW INTERPRETATION	7/1/2003	RBRVS	$77.95	$39.72							
85130		CHROMOGENIC SUBSTRATE ASSAY	1/1/2003	MEDICARE	$16.62	$0.00							
85170		BLOOD CLOT RETRACTION	1/1/2003	MEDICARE	$5.05	$0.00							
85175		BLOOD CLOT LYSIS TIME	1/1/2003	MEDICARE	$6.34	$0.00							
85210		BLOOD CLOT FACTOR II TEST	1/1/2003	MEDICARE	$18.13	$0.00							
85220		BLOOD CLOT FACTOR V TEST	1/1/2003	MEDICARE	$24.66	$0.00							
85230		BLOOD CLOT FACTOR VII TEST	1/1/2003	MEDICARE	$25.02	$0.00							
85240		BLOOD CLOT FACTOR VIII TEST	1/1/2003	MEDICARE	$25.02	$0.00							
85244		BLOOD CLOT FACTOR VIII TEST	1/1/2003	MEDICARE	$28.53	$0.00							
85245		BLOOD CLOT FACTOR VIII TEST	1/1/2003	MEDICARE	$32.05	$0.00							
85246		BLOOD CLOT FACTOR VIII TEST	1/1/2003	MEDICARE	$32.05	$0.00							
85247		BLOOD CLOT FACTOR VIII TEST	1/1/2003	MEDICARE	$32.05	$0.00							
85250		BLOOD CLOT FACTOR IX TEST	1/1/2003	MEDICARE	$26.59	$0.00							
85260		BLOOD CLOT FACTOR X TEST	1/1/2003	MEDICARE	$25.02	$0.00							
85270		BLOOD CLOT FACTOR XI TEST	1/1/2003	MEDICARE	$25.02	$0.00							
85280		BLOOD CLOT FACTOR XII TEST	1/1/2003	MEDICARE	$27.04	$0.00							
85290		BLOOD CLOT FACTOR XIII TEST	1/1/2003	MEDICARE	$22.83	$0.00							
85291		BLOOD CLOT FACTOR XIII TEST	1/1/2003	MEDICARE	$12.42	$0.00							
85292		BLOOD CLOT FACTOR ASSAY	1/1/2003	MEDICARE	$26.46	$0.00							
85293		BLOOD CLOT FACTOR ASSAY	1/1/2003	MEDICARE	$26.46	$0.00							
85300		ANTITHROMBIN III TEST	1/1/2003	MEDICARE	$16.54	$0.00							
85301		ANTITHROMBIN III TEST	1/1/2003	MEDICARE	$15.10	$0.00							
85302		BLOOD CLOT INHIBITOR ANTIGEN	1/1/2003	MEDICARE	$16.80	$0.00							
85303		BLOOD CLOT INHIBITOR TEST	1/1/2003	MEDICARE	$19.32	$0.00							
85305		BLOOD CLOT INHIBITOR ASSAY	1/1/2003	MEDICARE	$16.20	$0.00							
85306		BLOOD CLOT INHIBITOR TEST	1/1/2003	MEDICARE	$21.40	$0.00							
85307		ASSAY ACTIVATED PROTEIN C	1/1/2003	MEDICARE	$21.40	$0.00							
85335		FACTOR INHIBITOR TEST	1/1/2003	MEDICARE	$17.98	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
85337		THROMBOMODULIN	1/1/2003	MEDICARE	$14.56	$0.00							
85345		COAGULATION TIME	1/1/2003	MEDICARE	$6.01	$0.00							
85347		COAGULATION TIME	1/1/2003	MEDICARE	$5.95	$0.00							
85348		COAGULATION TIME	1/1/2003	MEDICARE	$5.20	$0.00							
85360		EUGLOBULIN LYSIS	1/1/2003	MEDICARE	$11.74	$0.00							
85362		FIBRIN DEGRADATION PRODUCTS	1/1/2003	MEDICARE	$9.61	$0.00							
85366		FIBRINOGEN TEST	1/1/2003	MEDICARE	$12.03	$0.00							
85370		FIBRINOGEN TEST	1/1/2003	MEDICARE	$15.87	$0.00							
85378		FIBRIN DEGRADE SEMIQUANT	1/1/2003	MEDICARE	$9.97	$0.00							
85379		FIBRIN DEGRADATION QUANT	1/1/2003	MEDICARE	$14.22	$0.00							
85380		FIBRIN DEGRADATION VTE	1/1/2003	MEDICARE	$14.22	$0.00							
85384		FIBRINOGEN	1/1/2003	MEDICARE	$11.86	$0.00							
85385		FIBRINOGEN	1/1/2003	MEDICARE	$11.86	$0.00							
85390		FIBRINOLYSINS SCREEN	1/1/2003	MEDICARE	$7.21	$0.00							
85400		FIBRINOLYTIC PLASMIN	1/1/2003	MEDICARE	$12.36	$0.00							
85410		FIBRINOLYTIC ANTIPLASMIN	1/1/2003	MEDICARE	$10.77	$0.00							
85415		FIBRINOLYTIC PLASMINOGEN	1/1/2003	MEDICARE	$24.01	$0.00							
85420		FIBRINOLYTIC PLASMINOGEN	1/1/2003	MEDICARE	$9.13	$0.00							
85421		FIBRINOLYTIC PLASMINOGEN	1/1/2003	MEDICARE	$14.23	$0.00							
85441		HEINZ BODIES, DIRECT	1/1/2003	MEDICARE	$5.88	$0.00							
85445		HEINZ BODIES, INDUCED	1/1/2003	MEDICARE	$9.52	$0.00							
85460		HEMOGLOBIN, FETAL	1/1/2003	MEDICARE	$10.81	$0.00							
85475		HEMOLYSIN	1/1/2003	MEDICARE	$12.40	$0.00							
85520		HEPARIN ASSAY	1/1/2003	MEDICARE	$18.28	$0.00							
85525		HEPARIN NEUTRALIZATION	1/1/2003	MEDICARE	$16.54	$0.00							
85530		HEPARIN-PROTAMINE TOLERANCE	1/1/2003	MEDICARE	$19.81	$0.00							
85536		IRON STAIN PERIPHERAL BLOOD	1/1/2003	MEDICARE	$9.04	$0.00							
85540		WBC ALKALINE PHOSPHATASE	1/1/2003	MEDICARE	$12.01	$0.00							
85547		RBC MECHANICAL FRAGILITY	1/1/2003	MEDICARE	$12.01	$0.00							
85549		MURAMIDASE	1/1/2003	MEDICARE	$26.20	$0.00							
85555		RBC OSMOTIC FRAGILITY	1/1/2003	MEDICARE	$9.34	$0.00							
85557		RBC OSMOTIC FRAGILITY	1/1/2003	MEDICARE	$18.66	$0.00							
85576		BLOOD PLATELET AGGREGATION	1/1/2003	MEDICARE	$30.01	$0.00							
85597		PLATELET NEUTRALIZATION	1/1/2003	MEDICARE	$7.47	$0.00							
85610		PROTHROMBIN TIME	1/1/2003	MEDICARE	$5.49	$0.00							
85610	QW	PROTHROMBIN TIME;	1/1/2003	MEDICARE	$5.49	$0.00							
85611		PROTHROMBIN TEST	1/1/2003	MEDICARE	$5.50	$0.00							
85612		VIPER VENOM PROTHROMBIN TIME	1/1/2003	MEDICARE	$13.36	$0.00							
85613		RUSSELL VIPER VENOM, DILUTED	1/1/2003	MEDICARE	$13.36	$0.00							
85635		REPTILASE TEST	1/1/2003	MEDICARE	$13.75	$0.00							
85651		RBC SED RATE, NONAUTOMATED	1/1/2003	MEDICARE	$4.96	$0.00							
85652		RBC SED RATE, AUTOMATED	1/1/2003	MEDICARE	$3.76	$0.00							
85660		RBC SICKLE CELL TEST	1/1/2003	MEDICARE	$7.71	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
85670		THROMBIN TIME, PLASMA	1/1/2003	MEDICARE	$8.07	$0.00							
85675		THROMBIN TIME, TITER	1/1/2003	MEDICARE	$9.58	$0.00							
85705		THROMBOPLASTIN INHIBITION	1/1/2003	MEDICARE	$13.18	$0.00							
85730		THROMBOPLASTIN TIME, PARTIAL	1/1/2003	MEDICARE	$8.38	$0.00							
85732		THROMBOPLASTIN TIME, PARTIAL	1/1/2003	MEDICARE	$9.04	$0.00							
85810		BLOOD VISCOSITY EXAMINATION	1/1/2003	MEDICARE	$16.32	$0.00							
85999		HEMATOLOGY PROCEDURE	1/1/1987	MEDICARE	$7.27	$0.00							
86000		AGGLUTININS, FEBRILE	1/1/2003	MEDICARE	$9.75	$0.00							
86001		ALLERGEN SPECIFIC IGG	1/1/2003	MEDICARE	$4.03	$0.00							
86003		ALLERGEN SPECIFIC IGE	1/1/2003	MEDICARE	$4.03	$0.00							
86005		ALLERGEN SPECIFIC IGE	1/1/2003	MEDICARE	$11.14	$0.00							
86021		WBC ANTIBODY IDENTIFICATION	1/1/2003	MEDICARE	$21.03	$0.00							
86022		PLATELET ANTIBODIES	1/1/2003	MEDICARE	$25.66	$0.00							
86023		IMMUNOGLOBULIN ASSAY	1/1/2003	MEDICARE	$17.40	$0.00							
86038		ANTINUCLEAR ANTIBODIES	1/1/2003	MEDICARE	$16.89	$0.00							
86039		ANTINUCLEAR ANTIBODIES (ANA)	1/1/2003	MEDICARE	$15.60	$0.00							
86060		ANTISTREPTOLYSIN O, TITER	1/1/2003	MEDICARE	$10.20	$0.00							
86063		ANTISTREPTOLYSIN O, SCREEN	1/1/2003	MEDICARE	$8.07	$0.00							
86077		PHYSICIAN BLOOD BANK SERVICE	7/1/2003	RBRVS	$41.38	$40.00							
86078		PHYSICIAN BLOOD BANK SERVICE	7/1/2003	RBRVS	$42.47	$40.00							
86079		PHYSICIAN BLOOD BANK SERVICE	7/1/2003	RBRVS	$42.19	$40.00							
86140		C-REACTIVE PROTEIN	1/1/2003	MEDICARE	$7.23	$0.00							
86141		C-REACTIVE PROTEIN, HS	1/1/2003	MEDICARE	$18.09	$0.00							
86146		GLYCOPROTEIN ANTIBODY	1/1/2003	MEDICARE	$35.53	$0.00							
86147		CARDIOLIPIN ANTIBODY	1/1/2003	MEDICARE	$35.53	$0.00							
86148		PHOSPHOLIPID ANTIBODY	1/1/2003	MEDICARE	$22.44	$0.00							
86155		CHEMOTAXIS ASSAY	1/1/2003	MEDICARE	$22.33	$0.00							
86156		COLD AGGLUTININ, SCREEN	1/1/2003	MEDICARE	$9.36	$0.00							
86157		COLD AGGLUTININ, TITER	1/1/2003	MEDICARE	$11.26	$0.00							
86160		COMPLEMENT, ANTIGEN	1/1/2003	MEDICARE	$16.78	$0.00							
86161		COMPLEMENT/FUNCTION ACTIVITY	1/1/2003	MEDICARE	$16.78	$0.00							
86162		COMPLEMENT, TOTAL (CH50)	1/1/2003	MEDICARE	$26.91	$0.00							
86171		COMPLEMENT FIXATION, EACH	1/1/2003	MEDICARE	$13.99	$0.00							
86185		COUNTERIMMUNOELECTROPHORESIS	1/1/2003	MEDICARE	$12.49	$0.00							
86215		DEOXYRIBONUCLEASE, ANTIBODY	1/1/2003	MEDICARE	$18.51	$0.00							
86225		DNA ANTIBODY	1/1/2003	MEDICARE	$19.20	$0.00							
86226		DNA ANTIBODY, SINGLE STRAND	1/1/2003	MEDICARE	$15.45	$0.00							
86235		NUCLEAR ANTIGEN ANTIBODY	1/1/2003	MEDICARE	$25.06	$0.00							
86243		FC RECEPTOR	1/1/2003	MEDICARE	$28.68	$0.00							
86255		FLUORESCENT ANTIBODY, SCREEN	1/1/2003	MEDICARE	$16.84	$0.00							
86256		FLUORESCENT ANTIBODY, TITER	1/1/2003	MEDICARE	$16.84	$0.00							
86277		GROWTH HORMONE ANTIBODY	1/1/2003	MEDICARE	$21.99	$0.00							
86280		HEMAGGLUTINATION INHIBITION	1/1/2003	MEDICARE	$11.44	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
86294		IMMUNOASSAY, TUMOR QUAL	1/1/2003	MEDICARE	$27.40	$0.00							
86294	QW	IMMUNOASSAY, TUMOR QUAL	1/1/2003	MEDICARE	$27.40	$0.00							
86300		IMMUNOASSAY, TUMOR CA 15-3	1/1/2003	MEDICARE	$29.07	$0.00							
86301		IMMUNOASSAY, TUMOR CA 19-9	1/1/2003	MEDICARE	$29.07	$0.00							
86304		IMMUNOASSAY, TUMOR, CA 125	1/1/2003	MEDICARE	$29.07	$0.00							
86308		HETEROPHILE ANTIBODIES	1/1/2003	MEDICARE	$5.73	$0.00							
86308	QW	HETEROPHILE ANTIBODIES; SCREENING	1/1/2003	MEDICARE	$5.73	$0.00							
86309		HETEROPHILE ANTIBODIES	1/1/2003	MEDICARE	$9.04	$0.00							
86310		HETEROPHILE ANTIBODIES	1/1/2003	MEDICARE	$10.30	$0.00							
86316		IMMUNOASSAY, TUMOR OTHER	1/1/2003	MEDICARE	$29.07	$0.00							
86317		IMMUNOASSAY,INFECTIOUS AGENT	1/1/2003	MEDICARE	$15.46	$0.00							
86318		IMMUNOASSAY,INFECTIOUS AGENT	1/1/2003	MEDICARE	$18.09	$0.00							
86318	QW	IMMUNOASSAY FOR INFECTIOUS AGENT	1/1/2003	MEDICARE	$18.09	$0.00							
86320		SERUM IMMUNOELECTROPHORESIS	1/1/2003	MEDICARE	$31.32	$0.00							
86325		OTHER IMMUNOELECTROPHORESIS	1/1/2003	MEDICARE	$31.24	$0.00							
86327		IMMUNOELECTROPHORESIS ASSAY	1/1/2003	MEDICARE	$31.69	$0.00							
86329		IMMUNODIFFUSION	1/1/2003	MEDICARE	$19.62	$0.00							
86331		IMMUNODIFFUSION OUCHTERLONY	1/1/2003	MEDICARE	$16.75	$0.00							
86332		IMMUNE COMPLEX ASSAY	1/1/2003	MEDICARE	$34.05	$0.00							
86334		IMMUNOFIXATION PROCEDURE	1/1/2003	MEDICARE	$31.21	$0.00							
86336		INHIBIN A	1/1/2003	MEDICARE	$21.76	$0.00							
86337		INSULIN ANTIBODIES	1/1/2003	MEDICARE	$29.92	$0.00							
86340		INTRINSIC FACTOR ANTIBODY	1/1/2003	MEDICARE	$21.06	$0.00							
86341		ISLET CELL ANTIBODY	1/1/2003	MEDICARE	$27.64	$0.00							
86343		LEUKOCYTE HISTAMINE RELEASE	1/1/2003	MEDICARE	$17.41	$0.00							
86344		LEUKOCYTE PHAGOCYTOSIS	1/1/2003	MEDICARE	$11.16	$0.00							
86353		LYMPHOCYTE TRANSFORMATION	1/1/2003	MEDICARE	$68.49	$0.00							
86359		T CELLS, TOTAL COUNT	1/1/2003	MEDICARE	$52.69	$0.00							
86360		T CELL, ABSOLUTE COUNT/RATIO	1/1/2003	MEDICARE	$65.65	$0.00							
86361		T CELL, ABSOLUTE COUNT	1/1/2003	MEDICARE	$37.41	$0.00							
86376		MICROSOMAL ANTIBODY	1/1/2003	MEDICARE	$20.32	$0.00							
86378		MIGRATION INHIBITORY FACTOR	1/1/2003	MEDICARE	$27.51	$0.00							
86382		NEUTRALIZATION TEST, VIRAL	1/1/2003	MEDICARE	$23.62	$0.00							
86384		NITROBLUE TETRAZOLIUM DYE	1/1/2003	MEDICARE	$15.91	$0.00							
86403		PARTICLE AGGLUTINATION TEST	1/1/2003	MEDICARE	$14.23	$0.00							
86430		RHEUMATOID FACTOR TEST	1/1/2003	MEDICARE	$7.93	$0.00							
86431		RHEUMATOID FACTOR, QUANT	1/1/2003	MEDICARE	$7.93	$0.00							
86485		SKIN TEST, CANDIDA	7/1/2003	BY REPORT	$0.00	$0.00							
86490		COCCIDIOIDOMYCOSIS SKIN TEST	7/1/2003	RBRVS	$8.39	$8.39							
86510		HISTOPLASMOSIS SKIN TEST	7/1/2003	RBRVS	$9.20	$9.20							
86580		TB INTRADERMAL TEST	7/1/2003	RBRVS	$7.30	$7.30							
86585		TB TINE TEST	7/1/2003	RBRVS	$5.67	$5.67							
86586		SKIN TEST, UNLISTED	7/1/2003	BY REPORT	$0.00	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
86590		STREPTOKINASE, ANTIBODY	1/1/2003	MEDICARE	$15.40	$0.00							
86592		BLOOD SEROLOGY, QUALITATIVE	1/1/2003	MEDICARE	$5.95	$0.00							
86593		BLOOD SEROLOGY, QUANTITATIVE	1/1/2003	MEDICARE	$6.16	$0.00							
86602		ANTINOMYCES ANTIBODY	1/1/2003	MEDICARE	$14.22	$0.00							
86603		ADENOVIRUS ANTIBODY	1/1/2003	MEDICARE	$17.98	$0.00							
86606		ASPERGILLUS ANTIBODY	1/1/2003	MEDICARE	$21.03	$0.00							
86609		BACTERIUM ANTIBODY	1/1/2003	MEDICARE	$18.00	$0.00							
86611		BARTONELLA ANTIBODY	1/1/2003	MEDICARE	$14.22	$0.00							
86612		BLASTOMYCES ANTIBODY	1/1/2003	MEDICARE	$18.03	$0.00							
86615		BORDETELLA ANTIBODY	1/1/2003	MEDICARE	$18.43	$0.00							
86618		LYME DISEASE ANTIBODY	1/1/2003	MEDICARE	$23.80	$0.00							
86618	QW	ANTIBODY; BORRELIA BURGDORFERI (LY	1/1/2003	MEDICARE	$23.80	$0.00							
86619		BORRELIA ANTIBODY	1/1/2003	MEDICARE	$18.69	$0.00							
86622		BRUCELLA ANTIBODY	1/1/2003	MEDICARE	$12.48	$0.00							
86625		CAMPYLOBACTER ANTIBODY	1/1/2003	MEDICARE	$18.33	$0.00							
86628		CANDIDA ANTIBODY	1/1/2003	MEDICARE	$16.78	$0.00							
86631		CHLAMYDIA ANTIBODY	1/1/2003	MEDICARE	$16.51	$0.00							
86632		CHLAMYDIA IGM ANTIBODY	1/1/2003	MEDICARE	$17.74	$0.00							
86635		COCCIDIOIDES ANTIBODY	1/1/2003	MEDICARE	$16.03	$0.00							
86638		Q FEVER ANTIBODY	1/1/2003	MEDICARE	$16.93	$0.00							
86641		CRYPTOCOCCUS ANTIBODY	1/1/2003	MEDICARE	$20.14	$0.00							
86644		CMV ANTIBODY	1/1/2003	MEDICARE	$15.78	$0.00							
86645		CMV ANTIBODY, IGM	1/1/2003	MEDICARE	$23.53	$0.00							
86648		DIPHTHERIA ANTIBODY	1/1/2003	MEDICARE	$21.25	$0.00							
86651		ENCEPHALITIS ANTIBODY	1/1/2003	MEDICARE	$18.43	$0.00							
86652		ENCEPHALITIS ANTIBODY	1/1/2003	MEDICARE	$18.43	$0.00							
86653		ENCEPHALITIS ANTIBODY	1/1/2003	MEDICARE	$18.43	$0.00							
86654		ENCEPHALITIS ANTIBODY	1/1/2003	MEDICARE	$18.43	$0.00							
86658		ENTEROVIRUS ANTIBODY	1/1/2003	MEDICARE	$18.19	$0.00							
86663		EPSTEIN-BARR ANTIBODY	1/1/2003	MEDICARE	$18.33	$0.00							
86664		EPSTEIN-BARR ANTIBODY	1/1/2003	MEDICARE	$21.37	$0.00							
86665		EPSTEIN-BARR ANTIBODY	1/1/2003	MEDICARE	$25.35	$0.00							
86666		EHRLICHIA ANTIBODY	1/1/2003	MEDICARE	$14.22	$0.00							
86668		FRANCISELLA TULARENSIS	1/1/2003	MEDICARE	$14.53	$0.00							
86671		FUNGUS ANTIBODY	1/1/2003	MEDICARE	$17.13	$0.00							
86674		GIARDIA LAMBLIA ANTIBODY	1/1/2003	MEDICARE	$20.56	$0.00							
86677		HELICOBACTER PYLORI	1/1/2003	MEDICARE	$20.28	$0.00							
86682		HELMINTH ANTIBODY	1/1/2003	MEDICARE	$18.16	$0.00							
86684		HEMOPHILUS INFLUENZA	1/1/2003	MEDICARE	$22.14	$0.00							
86687		HTLV-I ANTIBODY	1/1/2003	MEDICARE	$11.71	$0.00							
86688		HTLV-II ANTIBODY	1/1/2003	MEDICARE	$19.57	$0.00							
86689		HTLV/HIV CONFIRMATORY TEST	1/1/2003	MEDICARE	$27.04	$0.00							
86692		HEPATITIS, DELTA AGENT	1/1/2003	MEDICARE	$23.98	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
86694		HERPES SIMPLEX TEST	1/1/2003	MEDICARE	$15.78	$0.00							
86695		HERPES SIMPLEX TEST	1/1/2003	MEDICARE	$18.43	$0.00							
86696		HERPES SIMPLEX TYPE 2	1/1/2003	MEDICARE	$27.04	$0.00							
86698		HISTOPLASMA	1/1/2003	MEDICARE	$17.46	$0.00							
86701		HIV-1	1/1/2003	MEDICARE	$10.27	$0.00							
86702		HIV-2	1/1/2003	MEDICARE	$18.88	$0.00							
86703		HIV-1/HIV-2, SINGLE ASSAY	1/1/2003	MEDICARE	$19.17	$0.00							
86704		HEP B CORE ANTIBODY, TOTAL	1/1/2003	MEDICARE	$16.84	$0.00							
86705		HEP B CORE ANTIBODY, IGM	1/1/2003	MEDICARE	$16.44	$0.00							
86706		HEP B SURFACE ANTIBODY	1/1/2003	MEDICARE	$12.72	$0.00							
86707		HEP BE ANTIBODY	1/1/2003	MEDICARE	$16.15	$0.00							
86708		HEP A ANTIBODY, TOTAL	1/1/2003	MEDICARE	$17.31	$0.00							
86709		HEP A ANTIBODY, IGM	1/1/2003	MEDICARE	$15.73	$0.00							
86710		INFLUENZA VIRUS ANTIBODY	1/1/2003	MEDICARE	$18.94	$0.00							
86713		LEGIONELLA ANTIBODY	1/1/2003	MEDICARE	$21.39	$0.00							
86717		LEISHMANIA ANTIBODY	1/1/2003	MEDICARE	$17.11	$0.00							
86720		LEPTOSPIRA ANTIBODY	1/1/2003	MEDICARE	$18.43	$0.00							
86723		LISTERIA MONOCYTOGENES AB	1/1/2003	MEDICARE	$18.43	$0.00							
86727		LYMPH CHORIOMENINGITIS AB	1/1/2003	MEDICARE	$17.98	$0.00							
86729		LYMPHO VENEREUM ANTIBODY	1/1/2003	MEDICARE	$16.69	$0.00							
86732		MUCORMYCOSIS ANTIBODY	1/1/2003	MEDICARE	$18.43	$0.00							
86735		MUMPS ANTIBODY	1/1/2003	MEDICARE	$18.22	$0.00							
86738		MYCOPLASMA ANTIBODY	1/1/2003	MEDICARE	$18.51	$0.00							
86741		NEISSERIA MENINGITIDIS	1/1/2003	MEDICARE	$18.43	$0.00							
86744		NOCARDIA ANTIBODY	1/1/2003	MEDICARE	$18.43	$0.00							
86747		PARVOVIRUS ANTIBODY	1/1/2003	MEDICARE	$21.00	$0.00							
86750		MALARIA ANTIBODY	1/1/2003	MEDICARE	$18.43	$0.00							
86753		PROTOZOA ANTIBODY NOS	1/1/2003	MEDICARE	$17.32	$0.00							
86756		RESPIRATORY VIRUS ANTIBODY	1/1/2003	MEDICARE	$18.01	$0.00							
86757		RICKETTSIA ANTIBODY	1/1/2003	MEDICARE	$27.04	$0.00							
86759		ROTAVIRUS ANTIBODY	1/1/2003	MEDICARE	$18.43	$0.00							
86762		RUBELLA ANTIBODY	1/1/2003	MEDICARE	$15.78	$0.00							
86765		RUBEOLA ANTIBODY	1/1/2003	MEDICARE	$18.00	$0.00							
86768		SALMONELLA ANTIBODY	1/1/2003	MEDICARE	$18.43	$0.00							
86771		SHIGELLA ANTIBODY	1/1/2003	MEDICARE	$18.43	$0.00							
86774		TETANUS ANTIBODY	1/1/2003	MEDICARE	$20.68	$0.00							
86777		TOXOPLASMA ANTIBODY	1/1/2003	MEDICARE	$15.78	$0.00							
86778		TOXOPLASMA ANTIBODY, IGM	1/1/2003	MEDICARE	$20.11	$0.00							
86781		TREPONEMA PALLIDUM, CONFIRM	1/1/2003	MEDICARE	$18.49	$0.00							
86784		TRICHINELLA ANTIBODY	1/1/2003	MEDICARE	$17.55	$0.00							
86787		VARICELLA-ZOSTER ANTIBODY	1/1/2003	MEDICARE	$18.00	$0.00							
86790		VIRUS ANTIBODY NOS	1/1/2003	MEDICARE	$18.00	$0.00							
86793		YERSINIA ANTIBODY	1/1/2003	MEDICARE	$18.43	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
86800		THYROGLOBULIN ANTIBODY	1/1/2003	MEDICARE	$22.21	$0.00							
86803		HEPATITIS C AB TEST	1/1/2003	MEDICARE	$19.93	$0.00							
86804		HEP C AB TEST, CONFIRM	1/1/2003	MEDICARE	$21.55	$0.00							
86805		LYMPHOCYTOTOXICITY ASSAY	1/1/2003	MEDICARE	$73.05	$0.00							
86806		LYMPHOCYTOTOXICITY ASSAY	1/1/2003	MEDICARE	$66.49	$0.00							
86807		CYTOTOXIC ANTIBODY SCREENING	1/1/2003	MEDICARE	$55.29	$0.00							
86808		CYTOTOXIC ANTIBODY SCREENING	1/1/2003	MEDICARE	$41.47	$0.00							
86812		HLA TYPING, A, B, OR C	1/1/2003	MEDICARE	$36.06	$0.00							
86813		HLA TYPING, A, B, OR C	1/1/2003	MEDICARE	$81.01	$0.00							
86816		HLA TYPING, DR/DQ	1/1/2003	MEDICARE	$38.92	$0.00							
86817		HLA TYPING, DR/DQ	1/1/2003	MEDICARE	$89.95	$0.00							
86821		LYMPHOCYTE CULTURE, MIXED	1/1/2003	MEDICARE	$78.88	$0.00							
86822		LYMPHOCYTE CULTURE, PRIMED	1/1/2003	MEDICARE	$51.07	$0.00							
86849		IMMUNOLOGY PROCEDURE	1/1/1993	BY REPORT	$0.00	$0.00							
86850		RBC ANTIBODY SCREEN	8/1/1997	BY REPORT	$0.00	$0.00							
86860		RBC ANTIBODY ELUTION	1/1/1993	BY REPORT	$0.00	$0.00							
86870		RBC ANTIBODY IDENTIFICATION	1/1/1993	BY REPORT	$0.00	$0.00							
86880		COOMBS TEST DIRECT	1/1/2003	MEDICARE	$7.50	$0.00							
86885		COOMBS TEST INDIRECT QUAL	1/1/2003	MEDICARE	$7.99	$0.00							
86886		COOMBS TEST INDIRECT TITER	1/1/2003	MEDICARE	$7.23	$0.00							
86890		AUTOLOGOUS BLOOD PROCESS	1/1/1993	BY REPORT	$0.00	$0.00							
86891		AUTOLOGOUS BLOOD, OP SALVAGE	1/1/1993	BY REPORT	$0.00	$0.00							
86900		BLOOD TYPING, ABO	1/1/2003	MEDICARE	$4.17	$0.00							
86901		BLOOD TYPING, RH (D)	1/1/1999	MEDICARE	$7.50	$0.00							
86903		BLOOD TYPING, ANTIGEN SCREEN	1/1/2003	MEDICARE	$13.18	$0.00							
86904		BLOOD TYPING, PATIENT SERUM	1/1/2003	MEDICARE	$13.27	$0.00							
86905		BLOOD TYPING, RBC ANTIGENS	1/1/2003	MEDICARE	$5.34	$0.00							
86906		BLOOD TYPING, RH PHENOTYPE	1/1/2003	MEDICARE	$10.83	$0.00							
86920		COMPATIBILITY TEST	1/1/1993	BY REPORT	$0.00	$0.00							
86921		COMPATIBILITY TEST	1/1/1993	BY REPORT	$0.00	$0.00							
86922		COMPATIBILITY TEST	1/1/1993	BY REPORT	$0.00	$0.00							
86927		PLASMA, FRESH FROZEN	1/1/1993	BY REPORT	$0.00	$0.00							
86930		FROZEN BLOOD PREP	1/1/1993	BY REPORT	$0.00	$0.00							
86931		FROZEN BLOOD THAW	1/1/1993	BY REPORT	$0.00	$0.00							
86932		FROZEN BLOOD FREEZE/THAW	1/1/1993	BY REPORT	$0.00	$0.00							
86940		HEMOLYSINS/AGGLUTININS, AUTO	1/1/2003	MEDICARE	$11.46	$0.00							
86941		HEMOLYSINS/AGGLUTININS	1/1/2003	MEDICARE	$16.92	$0.00							
86945		BLOOD PRODUCT/IRRADIATION	1/1/1993	BY REPORT	$0.00	$0.00							
86950		LEUKACYTE TRANSFUSION	1/1/1993	BY REPORT	$0.00	$0.00							
86965		POOLING BLOOD PLATELETS	1/1/1993	BY REPORT	$0.00	$0.00							
86970		RBC PRETREATMENT	1/1/1993	BY REPORT	$0.00	$0.00							
86971		RBC PRETREATMENT	1/1/1993	BY REPORT	$0.00	$0.00							
86972		RBC PRETREATMENT	1/1/1993	BY REPORT	$0.00	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
86975		RBC PRETREATMENT, SERUM	1/1/1993	BY REPORT	$0.00	$0.00							
86976		RBC PRETREATMENT, SERUM	1/1/1993	BY REPORT	$0.00	$0.00							
86977		RBC PRETREATMENT, SERUM	1/1/1993	BY REPORT	$0.00	$0.00							
86978		RBC PRETREATMENT, SERUM	1/1/1993	BY REPORT	$0.00	$0.00							
86985		SPLIT BLOOD OR PRODUCTS	1/1/1993	BY REPORT	$0.00	$0.00							
86999		TRANSFUSION PROCEDURE	8/1/1997	BY REPORT	$0.00	$0.00							
87001		SMALL ANIMAL INOCULATION	1/1/2003	MEDICARE	$18.46	$0.00							
87003		SMALL ANIMAL INOCULATION	1/1/2003	MEDICARE	$23.52	$0.00							
87015		SPECIMEN CONCENTRATION	1/1/2003	MEDICARE	$9.33	$0.00							
87040		BLOOD CULTURE FOR BACTERIA	1/1/2003	MEDICARE	$14.41	$0.00							
87045		FECES CULTURE BACTERIA	1/1/2003	MEDICARE	$13.18	$0.00							
87046		STOOL CULTR, BACTERIA, EACH	1/1/2003	MEDICARE	$3.30	$0.00							
87070		CULTURE, BACTERIA, OTHER	1/1/2003	MEDICARE	$12.03	$0.00							
87071		CULTURE BACTERI AEROBIC OTHR	1/1/2003	MEDICARE	$6.58	$0.00							
87072	QW	CULTURE OR DIRECT BACTERIAL IDENTI	1/1/1999	MEDICARE	$11.16	$0.00							
87073		CULTURE BACTERIA ANAEROBIC	1/1/2003	MEDICARE	$6.58	$0.00							
87075		CULTURE BACTERIA ANAEROBIC	1/1/2003	MEDICARE	$13.21	$0.00							
87076		CULTURE ANAEROBE IDENT, EACH	1/1/2003	MEDICARE	$11.29	$0.00							
87077		CULTURE AEROBIC IDENTIFY	1/1/2003	MEDICARE	$11.29	$0.00							
87077	QW	CULTURE BACTERIAL; AEROBIC ISOLATI	1/1/2003	MEDICARE	$11.29	$0.00							
87081		CULTURE SCREEN ONLY	1/1/2003	MEDICARE	$7.93	$0.00							
87084		CULTURE OF SPECIMEN BY KIT	1/1/2003	MEDICARE	$12.03	$0.00							
87086		URINE CULTURE/COLONY COUNT	1/1/2003	MEDICARE	$11.28	$0.00							
87088		URINE BACTERIA CULTURE	1/1/2003	MEDICARE	$7.93	$0.00							
87101		SKIN FUNGI CULTURE	1/1/2003	MEDICARE	$10.77	$0.00							
87102		FUNGUS ISOLATION CULTURE	1/1/2003	MEDICARE	$9.76	$0.00							
87103		BLOOD FUNGUS CULTURE	1/1/2003	MEDICARE	$12.60	$0.00							
87106		FUNGI IDENTIFICATION, YEAST	1/1/2003	MEDICARE	$7.66	$0.00							
87107		FUNGI IDENTIFICATION, MOLD	1/1/2003	MEDICARE	$7.66	$0.00							
87109		MYCOPLASMA	1/1/2003	MEDICARE	$21.49	$0.00							
87110		CHLAMYDIA CULTURE	1/1/2003	MEDICARE	$27.37	$0.00							
87116		MYCOBACTERIA CULTURE	1/1/2003	MEDICARE	$15.10	$0.00							
87118		MYCOBACTERIC IDENTIFICATION	1/1/2003	MEDICARE	$15.28	$0.00							
87140		CULTURE TYPE IMMUNOFLUORESC	1/1/2003	MEDICARE	$7.78	$0.00							
87143		CULTURE TYPING, GLC/HPLC	1/1/2003	MEDICARE	$17.50	$0.00							
87147		CULTURE TYPE, IMMUNOLOGIC	1/1/2003	MEDICARE	$7.23	$0.00							
87149		CULTURE TYPE, NUCLEIC ACID	1/1/2003	MEDICARE	$28.02	$0.00							
87152		CULTURE TYPE PULSE FIELD GEL	1/1/2003	MEDICARE	$7.30	$0.00							
87158		CULTURE TYPING, ADDED METHOD	1/1/2003	MEDICARE	$7.30	$0.00							
87164		DARK FIELD EXAMINATION	1/1/2003	MEDICARE	$15.01	$0.00							
87166		DARK FIELD EXAMINATION	1/1/2003	MEDICARE	$15.78	$0.00							
87168		MACROSCOPIC EXAM ARTHROPOD	1/1/2003	MEDICARE	$5.95	$0.00							
87169		MACROSCOPIC EXAM PARASITE	1/1/2003	MEDICARE	$5.95	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
87172		PINWORM EXAM	1/1/2003	MEDICARE	$5.95	$0.00							
87176		TISSUE HOMOGENIZATION, CULTR	1/1/2003	MEDICARE	$8.22	$0.00							
87177		OVA AND PARASITES SMEARS	1/1/2003	MEDICARE	$12.43	$0.00							
87181		MICROBE SUSCEPTIBLE, DIFFUSE	1/1/2003	MEDICARE	$5.73	$0.00							
87184		MICROBE SUSCEPTIBLE, DISK	1/1/2003	MEDICARE	$9.63	$0.00							
87185		MICROBE SUSCEPTIBLE, ENZYME	1/1/2003	MEDICARE	$5.73	$0.00							
87186		MICROBE SUSCEPTIBLE, MIC	1/1/2003	MEDICARE	$12.07	$0.00							
87188		MICROBE SUSCEPT, MACROBROTH	1/1/2003	MEDICARE	$9.27	$0.00							
87190		MICROBE SUSCEPT, MYCOBACTERI	1/1/2003	MEDICARE	$7.90	$0.00							
87197		BACTERICIDAL LEVEL, SERUM	1/1/2003	MEDICARE	$20.98	$0.00							
87205		SMEAR, GRAM STAIN	1/1/2003	MEDICARE	$5.95	$0.00							
87206		SMEAR, FLUORESCENT/ACID STAI	1/1/2003	MEDICARE	$7.50	$0.00							
87207		SMEAR SPECIAL STAIN	1/1/2003	MEDICARE	$8.37	$0.00							
87210		SMEAR, WET MOUNT, SALINE/INK	1/1/2003	MEDICARE	$5.95	$0.00							
87220		TISSUE EXAM FOR FUNGI	1/1/2003	MEDICARE	$5.95	$0.00							
87230		ASSAY, TOXIN OR ANTITOXIN	1/1/2003	MEDICARE	$27.58	$0.00							
87250		VIRUS INOCULATE, EGGS/ANIMAL	1/1/2003	MEDICARE	$27.31	$0.00							
87252		VIRUS INOCULATION, TISSUE	1/1/2003	MEDICARE	$34.87	$0.00							
87253		VIRUS INOCULATE TISSUE, ADDL	1/1/2003	MEDICARE	$28.21	$0.00							
87254		VIRUS INOCULATION SHELL VIA	1/1/2003	MEDICARE	$6.82	$0.00							
87255		GENET VIRUS ISOLATE HSV	1/1/2003	MEDICARE	$47.31	$0.00							
87260		ADENOVIRUS AG, IF	1/1/2003	MEDICARE	$16.75	$0.00							
87265		PERTUSSIS AG, IF	1/1/2003	MEDICARE	$16.75	$0.00							
87267		ENTEROVIRUS ANTIBODY DFA	1/1/2003	MEDICARE	$16.75	$0.00							
87270		CHLAMYDIA TRACHOMATIS AG, IF	1/1/2003	MEDICARE	$16.75	$0.00							
87271		CYTOMEGALOVIRUS AG IF	1/1/2003	MEDICARE	$16.75	$0.00							
87272		CRYPTOSPORIDUM/GARDIA AG, IF	1/1/2003	MEDICARE	$16.75	$0.00							
87273		HERPES SIMPLEX 2, AG, IF	1/1/2003	MEDICARE	$16.75	$0.00							
87274		HERPES SIMPLEX 1, AG, IF	1/1/2003	MEDICARE	$16.75	$0.00							
87275		INFLUENZA B, AG, IF	1/1/2003	MEDICARE	$16.75	$0.00							
87276		INFLUENZA A, AG, IF	1/1/2003	MEDICARE	$16.75	$0.00							
87277		LEGIONELLA MICDADEI, AG, IF	1/1/2003	MEDICARE	$16.75	$0.00							
87278		LEGION PNEUMOPHILIA AG, IF	1/1/2003	MEDICARE	$16.75	$0.00							
87279		PARAINFLUENZA, AG, IF	1/1/2003	MEDICARE	$16.75	$0.00							
87280		RESPIRATORY SYNCYTIAL AG, IF	1/1/2003	MEDICARE	$16.75	$0.00							
87281		PNEUMOCYSTIS CARINII, AG, IF	1/1/2003	MEDICARE	$16.75	$0.00							
87283		RUBEOLA, AG, IF	1/1/2003	MEDICARE	$16.75	$0.00							
87285		TREPONEMA PALLIDUM, AG, IF	1/1/2003	MEDICARE	$16.75	$0.00							
87290		VARICELLA ZOSTER, AG, IF	1/1/2003	MEDICARE	$16.75	$0.00							
87299		ANTIBODY DETECTION, NOS, IF	1/1/2003	MEDICARE	$16.75	$0.00							
87300		AG DETECTION, POLYVAL, IF	1/1/2003	MEDICARE	$8.38	$0.00							
87301		ADENOVIRUS AG, EIA	1/1/2003	MEDICARE	$16.75	$0.00							
87320		CHYLMD TRACH AG, EIA	1/1/2003	MEDICARE	$16.75	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
87324		CLOSTRIDIUM AG, EIA	1/1/2003	MEDICARE	$16.75	$0.00							
87327		CRYPTOCOCCUS NEOFORM AG, EIA	1/1/2003	MEDICARE	$16.75	$0.00							
87328		CRYPTOSPOR AG, EIA	1/1/2003	MEDICARE	$16.75	$0.00							
87332		CYTOMEGALOVIRUS AG, EIA	1/1/2003	MEDICARE	$16.75	$0.00							
87335		E COLI 0157 AG, EIA	1/1/2003	MEDICARE	$16.75	$0.00							
87336		ENTAMOEB HIST DISPR, AG, EIA	1/1/2003	MEDICARE	$16.75	$0.00							
87337		ENTAMOEB HIST GROUP, AG, EIA	1/1/2003	MEDICARE	$16.75	$0.00							
87338		HPYLORI, STOOL, EIA	1/1/2003	MEDICARE	$16.75	$0.00							
87339		H PYLORI AG, EIA	1/1/2003	MEDICARE	$16.75	$0.00							
87340		HEPATITIS B SURFACE AG, EIA	1/1/2003	MEDICARE	$13.51	$0.00							
87341		HEPATITIS B SURFACE, AG, EIA	1/1/2003	MEDICARE	$13.51	$0.00							
87350		HEPATITIS BE AG, EIA	1/1/2003	MEDICARE	$13.66	$0.00							
87380		HEPATITIS DELTA AG, EIA	1/1/2003	MEDICARE	$22.93	$0.00							
87385		HISTOPLASMA CAPSUL AG, EIA	1/1/2003	MEDICARE	$16.75	$0.00							
87390		HIV-1 AG, EIA	1/1/2003	MEDICARE	$24.64	$0.00							
87391		HIV-2 AG, EIA	1/1/2003	MEDICARE	$24.64	$0.00							
87400		INFLUENZA A/B, AG, EIA	1/1/2003	MEDICARE	$16.75	$0.00							
87420		RESP SYNCYTIAL AG, EIA	1/1/2003	MEDICARE	$16.75	$0.00							
87425		ROTAVIRUS AG, EIA	1/1/2003	MEDICARE	$16.75	$0.00							
87427		SHIGA-LIKE TOXIN AG, EIA	1/1/2003	MEDICARE	$16.75	$0.00							
87430		STREP A AG, EIA	1/1/2003	MEDICARE	$16.75	$0.00							
87449		AG DETECT NOS, EIA, MULT	1/1/2003	MEDICARE	$16.75	$0.00							
87449	QW	INFEC. AGENT ANTIGEN DETEC/EIA; MUL	1/1/2003	MEDICARE	$16.75	$0.00							
87450		AG DETECT NOS, EIA, SINGLE	1/1/2003	MEDICARE	$13.39	$0.00							
87451		AG DETECT POLYVAL, EIA, MULT	1/1/2003	MEDICARE	$13.39	$0.00							
87470		BARTONELLA, DNA, DIR PROBE	1/1/2003	MEDICARE	$28.02	$0.00							
87471		BARTONELLA, DNA, AMP PROBE	1/1/2003	MEDICARE	$49.03	$0.00							
87472		BARTONELLA, DNA, QUANT	1/1/2003	MEDICARE	$59.85	$0.00							
87475		LYME DIS, DNA, DIR PROBE	1/1/2003	MEDICARE	$28.02	$0.00							
87476		LYME DIS, DNA, AMP PROBE	1/1/2003	MEDICARE	$49.03	$0.00							
87477		LYME DIS, DNA, QUANT	1/1/2003	MEDICARE	$59.85	$0.00							
87480		CANDIDA, DNA, DIR PROBE	1/1/2003	MEDICARE	$28.02	$0.00							
87481		CANDIDA, DNA, AMP PROBE	1/1/2003	MEDICARE	$49.03	$0.00							
87482		CANDIDA, DNA, QUANT	1/1/2003	MEDICARE	$58.33	$0.00							
87485		CHYLMD PNEUM, DNA, DIR PROBE	1/1/2003	MEDICARE	$28.02	$0.00							
87486		CHYLMD PNEUM, DNA, AMP PROBE	1/1/2003	MEDICARE	$49.03	$0.00							
87487		CHYLMD PNEUM, DNA, QUANT	1/1/2003	MEDICARE	$59.85	$0.00							
87490		CHYLMD TRACH, DNA, DIR PROBE	1/1/2003	MEDICARE	$28.02	$0.00							
87491		CHYLMD TRACH, DNA, AMP PROBE	1/1/2003	MEDICARE	$49.03	$0.00							
87492		CHYLMD TRACH, DNA, QUANT	1/1/2003	MEDICARE	$48.84	$0.00							
87495		CYTOMEG, DNA, DIR PROBE	1/1/2003	MEDICARE	$28.02	$0.00							
87496		CYTOMEG, DNA, AMP PROBE	1/1/2003	MEDICARE	$49.03	$0.00							
87497		CYTOMEG, DNA, QUANT	1/1/2003	MEDICARE	$59.85	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
87510		GARDNER VAG, DNA, DIR PROBE	1/1/2003	MEDICARE	$28.02	$0.00							
87511		GARDNER VAG, DNA, AMP PROBE	1/1/2003	MEDICARE	$49.03	$0.00							
87512		GARDNER VAG, DNA, QUANT	1/1/2003	MEDICARE	$58.33	$0.00							
87515		HEPATITIS B, DNA, DIR PROBE	1/1/2003	MEDICARE	$28.02	$0.00							
87516		HEPATITIS B, DNA, AMP PROBE	1/1/2003	MEDICARE	$49.03	$0.00							
87517		HEPATITIS B, DNA, QUANT	1/1/2003	MEDICARE	$59.85	$0.00							
87520		HEPATITIS C, RNA, DIR PROBE	1/1/2003	MEDICARE	$28.02	$0.00							
87521		HEPATITIS C, RNA, AMP PROBE	1/1/2003	MEDICARE	$49.03	$0.00							
87522		HEPATITIS C, RNA, QUANT	1/1/2003	MEDICARE	$59.85	$0.00							
87525		HEPATITIS G, DNA, DIR PROBE	1/1/2003	MEDICARE	$28.02	$0.00							
87526		HEPATITIS G, DNA, AMP PROBE	1/1/2003	MEDICARE	$49.03	$0.00							
87527		HEPATITIS G, DNA, QUANT	1/1/2003	MEDICARE	$58.33	$0.00							
87528		HSV, DNA, DIR PROBE	1/1/2003	MEDICARE	$28.02	$0.00							
87529		HSV, DNA, AMP PROBE	1/1/2003	MEDICARE	$49.03	$0.00							
87530		HSV, DNA, QUANT	1/1/2003	MEDICARE	$59.85	$0.00							
87531		HHV-6, DNA, DIR PROBE	1/1/2003	MEDICARE	$28.02	$0.00							
87532		HHV-6, DNA, AMP PROBE	1/1/2003	MEDICARE	$49.03	$0.00							
87533		HHV-6, DNA, QUANT	1/1/2003	MEDICARE	$58.33	$0.00							
87534		HIV-1, DNA, DIR PROBE	1/1/2003	MEDICARE	$28.02	$0.00							
87535		HIV-1, DNA, AMP PROBE	1/1/2003	MEDICARE	$49.03	$0.00							
87536		HIV-1, DNA, QUANT	1/1/2003	MEDICARE	$118.89	$0.00							
87537		HIV-2, DNA, DIR PROBE	1/1/2003	MEDICARE	$28.02	$0.00							
87538		HIV-2, DNA, AMP PROBE	1/1/2003	MEDICARE	$49.03	$0.00							
87539		HIV-2, DNA, QUANT	1/1/2003	MEDICARE	$59.85	$0.00							
87540		LEGION PNEUMO, DNA, DIR PROB	1/1/2003	MEDICARE	$28.02	$0.00							
87541		LEGION PNEUMO, DNA, AMP PROB	1/1/2003	MEDICARE	$49.03	$0.00							
87542		LEGION PNEUMO, DNA, QUANT	1/1/2003	MEDICARE	$58.33	$0.00							
87550		MYCOBACTERIA, DNA, DIR PROBE	1/1/2003	MEDICARE	$28.02	$0.00							
87551		MYCOBACTERIA, DNA, AMP PROBE	1/1/2003	MEDICARE	$49.03	$0.00							
87552		MYCOBACTERIA, DNA, QUANT	1/1/2003	MEDICARE	$59.85	$0.00							
87555		M.TUBERCULO, DNA, DIR PROBE	1/1/2003	MEDICARE	$28.02	$0.00							
87556		M.TUBERCULO, DNA, AMP PROBE	1/1/2003	MEDICARE	$49.03	$0.00							
87557		M.TUBERCULO, DNA, QUANT	1/1/2003	MEDICARE	$59.85	$0.00							
87560		M.AVIUM-INTRA, DNA, DIR PROB	1/1/2003	MEDICARE	$28.02	$0.00							
87561		M.AVIUM-INTRA, DNA, AMP PROB	1/1/2003	MEDICARE	$49.03	$0.00							
87562		M.AVIUM-INTRA, DNA, QUANT	1/1/2003	MEDICARE	$59.85	$0.00							
87580		M.PNEUMON, DNA, DIR PROBE	1/1/2003	MEDICARE	$28.02	$0.00							
87581		M.PNEUMON, DNA, AMP PROBE	1/1/2003	MEDICARE	$49.03	$0.00							
87582		M.PNEUMON, DNA, QUANT	1/1/2003	MEDICARE	$58.33	$0.00							
87590		N.GONORRHOEAE, DNA, DIR PROB	1/1/2003	MEDICARE	$28.02	$0.00							
87591		N.GONORRHOEAE, DNA, AMP PROB	1/1/2003	MEDICARE	$49.03	$0.00							
87592		N.GONORRHOEAE, DNA, QUANT	1/1/2003	MEDICARE	$59.85	$0.00							
87620		HPV, DNA, DIR PROBE	1/1/2003	MEDICARE	$28.02	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
87621		HPV, DNA, AMP PROBE	1/1/2003	MEDICARE	$49.03	$0.00							
87622		HPV, DNA, QUANT	1/1/2003	MEDICARE	$58.33	$0.00							
87650		STREP A, DNA, DIR PROBE	1/1/2003	MEDICARE	$28.02	$0.00							
87651		STREP A, DNA, AMP PROBE	1/1/2003	MEDICARE	$49.03	$0.00							
87652		STREP A, DNA, QUANT	1/1/2003	MEDICARE	$58.33	$0.00							
87797		DETECT AGENT NOS, DNA, DIR	1/1/2003	MEDICARE	$28.02	$0.00							
87798		DETECT AGENT NOS, DNA, AMP	1/1/2003	MEDICARE	$49.03	$0.00							
87799		DETECT AGENT NOS, DNA, QUANT	1/1/2003	MEDICARE	$59.85	$0.00							
87800		DETECT AGNT MULT, DNA, DIREC	1/1/2003	MEDICARE	$56.02	$0.00							
87801		DETECT AGNT MULT, DNA, AMPLI	1/1/2003	MEDICARE	$98.07	$0.00							
87802		STREP B ASSAY W/OPTIC	1/1/2003	MEDICARE	$16.75	$0.00							
87803		CLOSTRIDIUM TOXIN A W/OPTIC	1/1/2003	MEDICARE	$16.75	$0.00							
87804		INFLUENZA ASSAY W/OPTIC	1/1/2003	MEDICARE	$16.75	$0.00							
87804	QW	INFLUENZA ASSAY W/OPTIC	1/1/2002	MEDICARE	$16.57	$0.00							
87810		CHYLMD TRACH ASSAY W/OPTIC	1/1/2003	MEDICARE	$16.75	$0.00							
87850		N. GONORRHOEAE ASSAY W/OPTIC	1/1/2003	MEDICARE	$16.75	$0.00							
87880		STREP A ASSAY W/OPTIC	1/1/2003	MEDICARE	$16.75	$0.00							
87880	QW	INFEC. AGENT ANTIGEN DETEC/ASSAY W	1/1/2003	MEDICARE	$16.75	$0.00							
87899		AGENT NOS ASSAY W/OPTIC	1/1/2003	MEDICARE	$16.75	$0.00							
87899	QW	INFEC AGENT ANTIGEN DETEC/ASSAY W	1/1/2003	MEDICARE	$16.75	$0.00							
87901		GENOTYPE, DNA, HIV REVERSE T	1/1/2003	MEDICARE	$359.68	$0.00							
87902		GENOTYPE, DNA, HEPATITIS C	1/1/2003	MEDICARE	$359.68	$0.00							
87903		PHENOTYPE, DNA HIV W/CULTURE	1/1/2003	MEDICARE	$682.72	$0.00							
87904		PHENOTYPE, DNA HIV W/CLT ADD	1/1/2003	MEDICARE	$34.87	$0.00							
87999		MICROBIOLOGY PROCEDURE	1/1/1992	BY REPORT	$0.00	$0.00							
88104		CYTOPATHOLOGY, FLUIDS	7/1/2003	RBRVS	$39.07	$39.07							
88104	TC	CYTOPATHOLOGY, FLUIDS	7/1/2003	RBRVS	$15.22	$15.22							
88104	26	CYTOPATHOLOGY, FLUIDS	7/1/2003	RBRVS	$23.88	$23.88							
88106		CYTOPATHOLOGY, FLUIDS	7/1/2003	RBRVS	$34.42	$34.42							
88106	TC	CYTOPATHOLOGY, FLUIDS	7/1/2003	RBRVS	$10.57	$10.57							
88106	26	CYTOPATHOLOGY, FLUIDS	7/1/2003	RBRVS	$23.88	$23.88							
88107		CYTOPATHOLOGY, FLUIDS	7/1/2003	RBRVS	$50.95	$50.95							
88107	TC	CYTOPATHOLOGY, FLUIDS	7/1/2003	RBRVS	$18.49	$18.49							
88107	26	CYTOPATHOLOGY, FLUIDS	7/1/2003	RBRVS	$32.49	$32.49							
88108		CYTOPATH, CONCENTRATE TECH	7/1/2003	RBRVS	$40.16	$40.16							
88108	TC	CYTOPATH, CONCENTRATE TECH	7/1/2003	RBRVS	$16.31	$16.31							
88108	26	CYTOPATH, CONCENTRATE TECH	7/1/2003	RBRVS	$23.88	$23.88							
88125		FORENSIC CYTOPATHOLOGY	7/1/2003	RBRVS	$16.34	$16.34							
88125	TC	FORENSIC CYTOPATHOLOGY	7/1/2003	RBRVS	$5.14	$5.14							
88125	26	FORENSIC CYTOPATHOLOGY	7/1/2003	RBRVS	$11.19	$11.19							
88130		SEX CHROMATIN IDENTIFICATION	1/1/2003	MEDICARE	$21.01	$0.00							
88140		SEX CHROMATIN IDENTIFICATION	1/1/2003	MEDICARE	$11.17	$0.00							
88141		CYTOPATH, C/V, INTERPRET	7/1/2003	RBRVS	$17.87	$17.87							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
88142		CYTOPATH, C/V, THIN LAYER	1/1/2003	MEDICARE	$14.76	$0.00							
88143		CYTOPATH C/V THIN LAYER REDO	1/1/2003	MEDICARE	$14.76	$0.00							
88147		CYTOPATH, C/V, AUTOMATED	1/1/2003	MEDICARE	$14.76	$0.00							
88148		CYTOPATH, C/V, AUTO RESCREEN	1/1/2003	MEDICARE	$14.76	$0.00							
88150		CYTOPATH, C/V, MANUAL	1/1/2003	MEDICARE	$14.76	$0.00							
88152		CYTOPATH, C/V, AUTO REDO	1/1/2003	MEDICARE	$14.76	$0.00							
88153		CYTOPATH, C/V, REDO	1/1/2003	MEDICARE	$14.76	$0.00							
88154		CYTOPATH, C/V, SELECT	1/1/2003	MEDICARE	$14.76	$0.00							
88155		CYTOPATH, C/V, INDEX ADD-ON	1/1/2003	MEDICARE	$8.37	$0.00							
88156		CYTOPATHOLOGY SMEARS CERVICAL (	1/1/1999	MEDICARE	$7.15	$0.00							
88158		CYTOPATHOLOGY SMEARS CERV/VAG	1/1/1999	MEDICARE	$7.15	$0.00							
88160		CYTOPATH SMEAR, OTHER SOURCE	7/1/2003	RBRVS	$42.50	$42.50							
88160	TC	CYTOPATH SMEAR, OTHER SOURCE	7/1/2003	RBRVS	$21.20	$21.20							
88160	26	CYTOPATH SMEAR, OTHER SOURCE	7/1/2003	RBRVS	$21.26	$21.26							
88161		CYTOPATH SMEAR, OTHER SOURCE	7/1/2003	RBRVS	$41.13	$41.13							
88161	TC	CYTOPATH SMEAR, OTHER SOURCE	7/1/2003	RBRVS	$19.86	$19.86							
88161	26	CYTOPATH SMEAR, OTHER SOURCE	7/1/2003	RBRVS	$21.26	$21.26							
88162		CYTOPATH SMEAR, OTHER SOURCE	7/1/2003	RBRVS	$43.03	$43.03							
88162	TC	CYTOPATH SMEAR, OTHER SOURCE	7/1/2003	RBRVS	$10.57	$10.57							
88162	26	CYTOPATH SMEAR, OTHER SOURCE	7/1/2003	RBRVS	$32.49	$32.49							
88164		CYTOPATH TBS, C/V, MANUAL	1/1/2003	MEDICARE	$14.76	$0.00							
88165		CYTOPATH TBS, C/V, REDO	1/1/2003	MEDICARE	$14.76	$0.00							
88166		CYTOPATH TBS, C/V, AUTO REDO	1/1/2003	MEDICARE	$14.76	$0.00							
88167		CYTOPATH TBS, C/V, SELECT	1/1/2003	MEDICARE	$14.76	$0.00							
88172		CYTOPATHOLOGY EVAL OF FNA	7/1/2003	RBRVS	$37.54	$37.54							
88172	TC	CYTOPATHOLOGY EVAL OF FNA	7/1/2003	RBRVS	$11.91	$11.91							
88172	26	CYTOPATHOLOGY EVAL OF FNA	7/1/2003	RBRVS	$25.60	$25.60							
88173		CYTOPATH EVAL, FNA, REPORT	7/1/2003	RBRVS	$92.73	$92.73							
88173	TC	CYTOPATH EVAL, FNA, REPORT	7/1/2003	RBRVS	$33.52	$33.52							
88173	26	CYTOPATH EVAL, FNA, REPORT	7/1/2003	RBRVS	$59.24	$59.24							
88174		CYTOPATH C/V AUTO IN FLUID	1/1/2003	MEDICARE	$14.76	$0.00							
88175		CYTOPATH C/V AUTO FLUID REDO	1/1/2003	MEDICARE	$14.76	$0.00							
88180		CELL MARKER STUDY	7/1/2003	RBRVS	$44.12	$44.12							
88180	TC	CELL MARKER STUDY	7/1/2003	RBRVS	$28.87	$28.87							
88180	26	CELL MARKER STUDY	7/1/2003	RBRVS	$15.25	$15.25							
88182		CELL MARKER STUDY	7/1/2003	RBRVS	$66.79	$66.79							
88182	TC	CELL MARKER STUDY	7/1/2003	RBRVS	$33.74	$33.74							
88182	26	CELL MARKER STUDY	7/1/2003	RBRVS	$33.05	$33.05							
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	1/1/2003	MEDICARE	$162.76	$0.00							
88233		TISSUE CULTURE, SKIN/BIOPSY	1/1/2003	MEDICARE	$196.63	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
88235		TISSUE CULTURE, PLACENTA	1/1/2003	MEDICARE	$205.74	$0.00							
88237		TISSUE CULTURE, BONE MARROW	1/1/2003	MEDICARE	$176.47	$0.00							
88239		TISSUE CULTURE, TUMOR	1/1/2003	MEDICARE	$206.11	$0.00							
88240		CELL CRYOPRESERVE/STORAGE	1/1/2003	MEDICARE	$14.11	$0.00							
88241		FROZEN CELL PREPARATION	1/1/2003	MEDICARE	$14.11	$0.00							
88245		CHROMOSOME ANALYSIS, 20-25	1/1/2003	MEDICARE	$207.97	$0.00							
88248		CHROMOSOME ANALYSIS, 50-100	1/1/2003	MEDICARE	$241.96	$0.00							
88249		CHROMOSOME ANALYSIS, 100	1/1/2003	MEDICARE	$241.96	$0.00							
88250		CHROMOSOME ANALYSIS FOR FRAGILE	1/1/1999	MEDICARE	$209.23	$0.00							
88260		CHROMOSOME ANALYSIS; COUNT 5 CEL	1/1/1999	MEDICARE	$154.29	$0.00							
88261		CHROMOSOME ANALYSIS, 5	1/1/2003	MEDICARE	$246.93	$0.00							
88262		CHROMOSOME ANALYSIS, 15-20	1/1/2003	MEDICARE	$174.13	$0.00							
88263		CHROMOSOME ANALYSIS, 45	1/1/2003	MEDICARE	$209.97	$0.00							
88264		CHROMOSOME ANALYSIS, 20-25	1/1/2003	MEDICARE	$174.13	$0.00							
88267		CHROMOSOME ANALYS, PLACENTA	1/1/2003	MEDICARE	$251.17	$0.00							
88269		CHROMOSOME ANALYS, AMNIOTIC	1/1/2003	MEDICARE	$232.38	$0.00							
88271		CYTOGENETICS, DNA PROBE	1/1/2003	MEDICARE	$20.22	$0.00							
88272		CYTOGENETICS, 3-5	1/1/2003	MEDICARE	$25.27	$0.00							
88273		CYTOGENETICS, 10-30	1/1/2003	MEDICARE	$35.38	$0.00							
88274		CYTOGENETICS, 25-99	1/1/2003	MEDICARE	$40.44	$0.00							
88275		CYTOGENETICS, 100-300	1/1/2003	MEDICARE	$45.49	$0.00							
88280		CHROMOSOME KARYOTYPE STUDY	1/1/2003	MEDICARE	$35.07	$0.00							
88283		CHROMOSOME BANDING STUDY	1/1/2003	MEDICARE	$25.90	$0.00							
88285		CHROMOSOME COUNT, ADDITIONAL	1/1/2003	MEDICARE	$26.53	$0.00							
88289		CHROMOSOME STUDY, ADDITIONAL	1/1/2003	MEDICARE	$4.45	$0.00							
88291		CYTO/MOLECULAR REPORT	7/1/2003	RBRVS	$24.04	$24.04							
88299		CYTOGENETIC STUDY	7/1/2003	BY REPORT	$0.00	$0.00							
88300		SURGICAL PATH, GROSS	7/1/2003	RBRVS	$11.01	$11.01							
88300	TC	SURGICAL PATH, GROSS	7/1/2003	RBRVS	$7.33	$7.33							
88300	26	SURGICAL PATH, GROSS	7/1/2003	RBRVS	$3.68	$3.68							
88302		TISSUE EXAM BY PATHOLOGIST	7/1/2003	RBRVS	$24.48	$24.48							
88302	TC	TISSUE EXAM BY PATHOLOGIST	7/1/2003	RBRVS	$18.74	$18.74							
88302	26	TISSUE EXAM BY PATHOLOGIST	7/1/2003	RBRVS	$5.71	$5.71							
88304		TISSUE EXAM BY PATHOLOGIST	7/1/2003	RBRVS	$31.77	$31.77							
88304	TC	TISSUE EXAM BY PATHOLOGIST	7/1/2003	RBRVS	$22.29	$22.29							
88304	26	TISSUE EXAM BY PATHOLOGIST	7/1/2003	RBRVS	$9.48	$9.48							
88305		TISSUE EXAM BY PATHOLOGIST	7/1/2003	RBRVS	$71.68	$71.68							
88305	TC	TISSUE EXAM BY PATHOLOGIST	7/1/2003	RBRVS	$39.72	$39.72							
88305	26	TISSUE EXAM BY PATHOLOGIST	7/1/2003	RBRVS	$31.96	$31.96							
88307		TISSUE EXAM BY PATHOLOGIST	7/1/2003	RBRVS	$123.88	$123.88							
88307	TC	TISSUE EXAM BY PATHOLOGIST	7/1/2003	RBRVS	$56.03	$56.03							
88307	26	TISSUE EXAM BY PATHOLOGIST	7/1/2003	RBRVS	$67.85	$67.85							
88309		TISSUE EXAM BY PATHOLOGIST	7/1/2003	RBRVS	$161.45	$161.45							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
88309	TC	TISSUE EXAM BY PATHOLOGIST	7/1/2003	RBRVS	$64.23	$64.23							
88309	26	TISSUE EXAM BY PATHOLOGIST	7/1/2003	RBRVS	$97.22	$97.22							
88311		DECALCIFY TISSUE	7/1/2003	RBRVS	$13.03	$13.03							
88311	TC	DECALCIFY TISSUE	7/1/2003	RBRVS	$2.68	$2.68							
88311	26	DECALCIFY TISSUE	7/1/2003	RBRVS	$10.35	$10.35							
88312		SPECIAL STAINS	7/1/2003	RBRVS	$60.65	$60.65							
88312	TC	SPECIAL STAINS	7/1/2003	RBRVS	$37.63	$37.63							
88312	26	SPECIAL STAINS	7/1/2003	RBRVS	$23.01	$23.01							
88313		SPECIAL STAINS	7/1/2003	RBRVS	$40.07	$40.07							
88313	TC	SPECIAL STAINS	7/1/2003	RBRVS	$29.71	$29.71							
88313	26	SPECIAL STAINS	7/1/2003	RBRVS	$10.35	$10.35							
88314		HISTOCHEMICAL STAIN	7/1/2003	RBRVS	$37.17	$37.17							
88314	TC	HISTOCHEMICAL STAIN	7/1/2003	RBRVS	$17.93	$17.93							
88314	26	HISTOCHEMICAL STAIN	7/1/2003	RBRVS	$19.24	$19.24							
88318		CHEMICAL HISTOCHEMISTRY	7/1/2003	RBRVS	$33.11	$33.11							
88318	TC	CHEMICAL HISTOCHEMISTRY	7/1/2003	RBRVS	$15.25	$15.25							
88318	26	CHEMICAL HISTOCHEMISTRY	7/1/2003	RBRVS	$17.87	$17.87							
88319		ENZYME HISTOCHEMISTRY	7/1/2003	RBRVS	$76.14	$76.14							
88319	TC	ENZYME HISTOCHEMISTRY	7/1/2003	RBRVS	$53.44	$53.44							
88319	26	ENZYME HISTOCHEMISTRY	7/1/2003	RBRVS	$22.70	$22.70							
88321		MICROSLIDE CONSULTATION	7/1/2003	RBRVS	$62.08	$55.25							
88323		MICROSLIDE CONSULTATION	7/1/2003	RBRVS	$80.35	$80.35							
88323	TC	MICROSLIDE CONSULTATION	7/1/2003	RBRVS	$22.57	$22.57							
88323	26	MICROSLIDE CONSULTATION	7/1/2003	RBRVS	$57.78	$57.78							
88325		COMPREHENSIVE REVIEW OF DATA	7/1/2003	RBRVS	$147.61	$94.60							
88329		PATH CONSULT INTROP	7/1/2003	RBRVS	$38.32	$28.50							
88331		PATH CONSULT INTRAOP, 1 BLOC	7/1/2003	RBRVS	$64.98	$64.98							
88331	TC	PATH CONSULT INTRAOP, 1 BLOC	7/1/2003	RBRVS	$14.06	$14.06							
88331	26	PATH CONSULT INTRAOP, 1 BLOC	7/1/2003	RBRVS	$50.92	$50.92							
88332		PATH CONSULT INTRAOP, ADDL	7/1/2003	RBRVS	$32.58	$32.58							
88332	TC	PATH CONSULT INTRAOP, ADDL	7/1/2003	RBRVS	$7.30	$7.30							
88332	26	PATH CONSULT INTRAOP, ADDL	7/1/2003	RBRVS	$25.32	$25.32							
88342		IMMUNOCYTOCHEMISTRY	7/1/2003	RBRVS	$62.08	$62.08							
88342	TC	IMMUNOCYTOCHEMISTRY	7/1/2003	RBRVS	$25.85	$25.85							
88342	26	IMMUNOCYTOCHEMISTRY	7/1/2003	RBRVS	$36.23	$36.23							
88346		IMMUNOFLUORESCENT STUDY	7/1/2003	RBRVS	$66.48	$66.48							
88346	TC	IMMUNOFLUORESCENT STUDY	7/1/2003	RBRVS	$29.96	$29.96							
88346	26	IMMUNOFLUORESCENT STUDY	7/1/2003	RBRVS	$36.54	$36.54							
88347		IMMUNOFLUORESCENT STUDY	7/1/2003	RBRVS	$77.42	$77.42							
88347	TC	IMMUNOFLUORESCENT STUDY	7/1/2003	RBRVS	$41.44	$41.44							
88347	26	IMMUNOFLUORESCENT STUDY	7/1/2003	RBRVS	$35.98	$35.98							
88348		ELECTRON MICROSCOPY	7/1/2003	RBRVS	$268.18	$268.18							
88348	TC	ELECTRON MICROSCOPY	7/1/2003	RBRVS	$204.04	$204.04							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
88348	26	ELECTRON MICROSCOPY	7/1/2003	RBRVS	$64.17	$64.17							
88349		SCANNING ELECTRON MICROSCOPY	7/1/2003	RBRVS	$280.53	$280.53							
88349	TC	SCANNING ELECTRON MICROSCOPY	7/1/2003	RBRVS	$248.04	$248.04							
88349	26	SCANNING ELECTRON MICROSCOPY	7/1/2003	RBRVS	$32.49	$32.49							
88355		ANALYSIS, SKELETAL MUSCLE	7/1/2003	RBRVS	$127.18	$127.18							
88355	TC	ANALYSIS, SKELETAL MUSCLE	7/1/2003	RBRVS	$48.11	$48.11							
88355	26	ANALYSIS, SKELETAL MUSCLE	7/1/2003	RBRVS	$79.04	$79.04							
88356		ANALYSIS, NERVE	7/1/2003	RBRVS	$170.37	$170.37							
88356	TC	ANALYSIS, NERVE	7/1/2003	RBRVS	$43.15	$43.15							
88356	26	ANALYSIS, NERVE	7/1/2003	RBRVS	$127.25	$127.25							
88358		ANALYSIS, TUMOR	7/1/2003	RBRVS	$134.14	$134.14							
88358	TC	ANALYSIS, TUMOR	7/1/2003	RBRVS	$14.19	$14.19							
88358	26	ANALYSIS, TUMOR	7/1/2003	RBRVS	$119.95	$119.95							
88362		NERVE TEASING PREPARATIONS	7/1/2003	RBRVS	$191.01	$191.01							
88362	TC	NERVE TEASING PREPARATIONS	7/1/2003	RBRVS	$99.18	$99.18							
88362	26	NERVE TEASING PREPARATIONS	7/1/2003	RBRVS	$91.83	$91.83							
88365		TISSUE HYBRIDIZATION	7/1/2003	RBRVS	$84.12	$84.12							
88365	TC	TISSUE HYBRIDIZATION	7/1/2003	RBRVS	$44.71	$44.71							
88365	26	TISSUE HYBRIDIZATION	7/1/2003	RBRVS	$39.41	$39.41							
88371		PROTEIN, WESTERN BLOT TISSUE	1/1/2003	MEDICARE	$17.29	$0.00							
88372		PROTEIN ANALYSIS W/PROBE	1/1/2003	MEDICARE	$25.93	$0.00							
88380		MICRODISSECTION	7/1/2003	BY REPORT	$0.00	$0.00							
88380	TC	MICRODISSECTION	7/1/2003	BY REPORT	$0.00	$0.00							
88380	26	MICRODISSECTION	7/1/2003	BY REPORT	$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							
88400		BILIRUBIN TOTAL TRANSCUT	1/1/2003	MEDICARE	$3.51	$0.00							
89050		BODY FLUID CELL COUNT	1/1/2003	MEDICARE	$6.61	$0.00							
89051		BODY FLUID CELL COUNT	1/1/2003	MEDICARE	$7.69	$0.00							
89055		LEUKOCYTE COUNT FECAL	1/1/2003	MEDICARE	$5.95	$0.00							
89060		EXAM SYNOVIAL FLUID CRYSTALS	1/1/2003	MEDICARE	$9.99	$0.00							
89100		SAMPLE INTESTINAL CONTENTS	7/1/2003	RBRVS	$65.20	$24.23							
89105		SAMPLE INTESTINAL CONTENTS	7/1/2003	RBRVS	$77.54	$20.17							
89125		SPECIMEN FAT STAIN	1/1/2003	MEDICARE	$6.03	$0.00							
89130		SAMPLE STOMACH CONTENTS	7/1/2003	RBRVS	$67.60	$17.34							
89132		SAMPLE STOMACH CONTENTS	7/1/2003	RBRVS	$53.94	$7.76							
89135		SAMPLE STOMACH CONTENTS	7/1/2003	RBRVS	$71.87	$31.18							
89136		SAMPLE STOMACH CONTENTS	7/1/2003	RBRVS	$54.78	$8.64							
89140		SAMPLE STOMACH CONTENTS	7/1/2003	RBRVS	$89.17	$36.17							
89141		SAMPLE STOMACH CONTENTS	7/1/2003	RBRVS	$102.33	$35.42							
89160		EXAM FECES FOR MEAT FIBERS	1/1/2003	MEDICARE	$5.14	$0.00							
89190		NASAL SMEAR FOR EOSINOPHILS	1/1/2003	MEDICARE	$6.64	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
89350		SPUTUM SPECIMEN COLLECTION	7/1/2003	RBRVS	$11.66	$11.66							
89355		EXAM FECES FOR STARCH	1/1/2003	MEDICARE	$4.66	$0.00							
89360		COLLECT SWEAT FOR TEST	7/1/2003	RBRVS	$12.75	$12.75							
89365		WATER LOAD TEST	1/1/2003	MEDICARE	$7.69	$0.00							
89399		PATHOLOGY LAB PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00							
89399	TC	PATHOLOGY LAB PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00							
89399	26	PATHOLOGY LAB PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00							
90281		HUMAN IG, IM	7/1/2003	BY REPORT	$0.00	$0.00							
90283		HUMAN IG, IV	7/1/2003	BY REPORT	$0.00	$0.00							
90287		BOTULINUM ANTITOXIN	7/1/2003	BY REPORT	$0.00	$0.00							
90288		BOTULISM IG, IV	7/1/2003	BY REPORT	$0.00	$0.00							
90291		CMV IG, IV	7/1/2003	BY REPORT	$0.00	$0.00							
90296		DIPHTHERIA ANTITOXIN	7/1/2003	BY REPORT	$0.00	$0.00							
90371		HEP B IG, IM	7/1/2003	RBRVS	$72.65	$72.65							
90375		RABIES IG, IM/SC	7/1/2003	RBRVS	$653.56	$653.56							
90376		RABIES IG, HEAT TREATED	7/1/2003	RBRVS	$600.46	$600.46							
90378		RSV IG, IM, 50MG	7/1/2003	RBRVS	$584.91	$584.91							
90379		RSV IG, IV	7/1/2003	BY REPORT	$0.00	$0.00							
90384		RH IG, FULL-DOSE, IM	7/1/2003	BY REPORT	$0.00	$0.00							
90385		RH IG, MINIDOSE, IM	7/1/2003	BY REPORT	$0.00	$0.00							
90386		RH IG, IV	7/1/2003	BY REPORT	$0.00	$0.00							
90389		TETANUS IG, IM	7/1/2003	BY REPORT	$0.00	$0.00							
90393		VACCINA IG, IM	7/1/2003	BY REPORT	$0.00	$0.00							
90396		VARICELLA-ZOSTER IG, IM	7/1/2003	BY REPORT	$0.00	$0.00							
90399		IMMUNE GLOBULIN	7/1/2003	BY REPORT	$0.00	$0.00							
90471		IMMUNIZATION ADMIN	7/1/2003	RBRVS	$5.67	$5.67							
90472		IMMUNIZATION ADMIN, EACH ADD	7/1/2003	RBRVS	$4.05	$4.05							
90473		IMMUNE ADMIN ORAL/NASAL	7/1/2003	BY REPORT	$0.00	$0.00							
90474		IMMUNE ADMIN ORAL/NASAL ADDL	7/1/2003	BY REPORT	$0.00	$0.00							
90476		ADENOVIRUS VACCINE, TYPE 4	7/1/2003	BY REPORT	$0.00	$0.00							
90581		ANTHRAX VACCINE, SC	7/1/2003	BY REPORT	$0.00	$0.00							
90585		BCG VACCINE, PERCUT	7/1/2003	BY REPORT	$0.00	$0.00							
90586		BCG VACCINE, INTRAVESICAL	7/1/2003	BY REPORT	$0.00	$0.00							
90632		HEP A VACCINE, ADULT IM	7/1/2003	RBRVS	$57.59	$57.59							
90633		HEP A VACC, PED/ADOL, 2 DOSE	7/1/2003	RBRVS	$24.41	$24.41							
90634		HEP A VACC, PED/ADOL, 3 DOSE	7/1/2003	RBRVS	$28.84	$28.84							
90636		HEP A/HEP B VACC, ADULT IM	7/1/2003	RBRVS	$82.60	$82.60							
90645		HIB VACCINE, HBOC, IM	7/1/2003	RBRVS	$15.37	$15.37							
90646		HIB VACCINE, PRP-D, IM	7/1/2003	BY REPORT	$0.00	$0.00							
90647		HIB VACCINE, PRP-OMP, IM	7/1/2003	RBRVS	$17.55	$17.55							
90648		HIB VACCINE, PRP-T, IM	7/1/2003	RBRVS	$14.81	$14.81							
90657		FLU VACCINE, 6-35 MO, IM	7/1/2003	BY REPORT	$0.00	$0.00							
90658		FLU VACCINE, 3 YRS, IM	7/1/2003	BY REPORT	$0.00	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
90659		FLU VACCINE, WHOLE, IM	7/1/2003	RBRVS	$5.33	$5.33							
90660		FLU VACCINE, NASAL	7/1/2003	BY REPORT	$0.00	$0.00							
90665		LYME DISEASE VACCINE, IM	7/1/2003	BY REPORT	$0.00	$0.00							
90669		PNEUMOCOCCAL VACC PED <5	7/1/2003	RBRVS	$56.16	$56.16							
90675		RABIES VACCINE, IM	7/1/2003	RBRVS	$101.71	$101.71							
90676		RABIES VACCINE, ID	7/1/2003	RBRVS	$70.22	$70.22							
90680		ROTOVIRUS VACCINE, ORAL	7/1/2003	BY REPORT	$0.00	$0.00							
90690		TYPHOID VACCINE, ORAL	7/1/2003	BY REPORT	$0.00	$0.00							
90691		TYPHOID VACCINE, IM	7/1/2003	BY REPORT	$0.00	$0.00							
90692		TYPHOID VACCINE, H-P, SC/ID	7/1/2003	BY REPORT	$0.00	$0.00							
90693		TYPHOID VACCINE, AKD, SC	7/1/2003	BY REPORT	$0.00	$0.00							
90700		DTAP VACCINE, IM	7/1/2003	RBRVS	$16.56	$16.56							
90701		DTP VACCINE, IM	7/1/2003	RBRVS	$17.52	$17.52							
90702		DT VACCINE < 7, IM	7/1/2003	RBRVS	$7.95	$7.95							
90703		TETANUS VACCINE, IM	7/1/2003	RBRVS	$8.61	$8.61							
90704		MUMPS VACCINE, SC	7/1/2003	RBRVS	$12.94	$12.94							
90705		MEASLES VACCINE, SC	7/1/2003	RBRVS	$10.07	$10.07							
90706		RUBELLA VACCINE, SC	7/1/2003	RBRVS	$11.10	$11.10							
90707		MMR VACCINE, SC	7/1/2003	RBRVS	$27.28	$27.28							
90708		MEASLES-RUBELLA VACCINE, SC	7/1/2003	BY REPORT	$0.00	$0.00							
90710		MMRV VACCINE, SC	7/1/2003	BY REPORT	$0.00	$0.00							
90712		ORAL POLIOVIRUS VACCINE	7/1/2003	RBRVS	$10.60	$10.60							
90713		POLIOVIRUS, IPV, SC	7/1/2003	RBRVS	$14.97	$14.97							
90716		CHICKEN POX VACCINE, SC	7/1/2003	RBRVS	$44.12	$44.12							
90717		YELLOW FEVER VACCINE, SC	7/1/2003	RBRVS	$17.12	$17.12							
90718		TD VACCINE > 7, IM	7/1/2003	RBRVS	$2.46	$2.46							
90719		DIPHTHERIA VACCINE, IM	7/1/2003	RBRVS	$10.26	$10.26							
90720		DTP/HIB VACCINE, IM	7/1/2003	RBRVS	$36.17	$36.17							
90721		DTAP/HIB VACCINE, IM	7/1/2003	RBRVS	$36.17	$36.17							
90723		DTAP-HEP B-IPV VACCINE, IM	7/1/2003	BY REPORT	$0.00	$0.00							
90725		CHOLERA VACCINE, INJECTABLE	7/1/2003	BY REPORT	$0.00	$0.00							
90727		PLAGUE VACCINE, IM	7/1/2003	BY REPORT	$0.00	$0.00							
90732		PNEUMOCOCCAL VACCINE	7/1/2003	RBRVS	$9.42	$9.42							
90733		MENINGOCOCCAL VACCINE, SC	7/1/2003	RBRVS	$63.98	$63.98							
90735		ENCEPHALITIS VACCINE, SC	7/1/2003	BY REPORT	$0.00	$0.00							
90740		HEPB VACC ILL PAT 3 DOSE IM	7/1/2003	RBRVS	$50.11	$50.11							
90743		HEP B VACC ADOL 2 DOSE IM	7/1/2003	RBRVS	$19.74	$19.74							
90744		HEPB VACC PED/ADOL 3 DOSE IM	7/1/2003	RBRVS	$23.45	$23.45							
90746		HEP B VACCINE ADULT IM	7/1/2003	RBRVS	$50.14	$50.14							
90747		HEPB VACC ILL PAT 4 DOSE IM	7/1/2003	RBRVS	$47.74	$47.74							
90748		HEP B/HIB VACCINE, IM	7/1/2003	RBRVS	$37.04	$37.04							
90749		VACCINE TOXOID	7/1/2003	BY REPORT	$0.00	$0.00							
90749	EP	VACCINE TOXOID	7/1/2003	BY REPORT	$0.00	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
90780		IV INFUSION THERAPY, 1 HOUR	7/1/2003	RBRVS	$31.40	$31.40							
90781		IV INFUSION, ADDITIONAL HOUR	7/1/2003	RBRVS	$15.96	$15.96							
90782		INJECTION, SC/IM	7/1/2003	RBRVS	$3.24	$3.24							
90783		INJECTION, IA	7/1/2003	RBRVS	$11.66	$11.66							
90784		INJECTION, IV	7/1/2003	RBRVS	$13.53	$13.53							
90788		INJECTION OF ANTIBIOTIC	7/1/2003	RBRVS	$3.49	$3.49							
90799		THER/PROPHYLACTIC/DX INJECT	7/1/2003	BY REPORT	$0.00	$0.00							
90801		PSY DX INTERVIEW	7/1/2003	RBRVS	$128.48	$121.58							
90802		INTAC PSY DX INTERVIEW	7/1/2003	RBRVS	$136.79	$130.16							
90804		PSYTX, OFFICE, 20-30 MIN	7/1/2003	RBRVS	$55.50	$51.90							
90805		PSYTX, OFF, 20-30 MIN W/E&M	7/1/2003	RBRVS	$61.02	$58.62							
90806		PSYTX, OFF, 45-50 MIN	7/1/2003	RBRVS	$83.24	$80.22							
90807		PSYTX, OFF, 45-50 MIN W/E&M	7/1/2003	RBRVS	$88.69	$86.60							
90808		PSYTX, OFFICE, 75-80 MIN	7/1/2003	RBRVS	$124.19	$120.59							
90809		PSYTX, OFF, 75-80, W/E&M	7/1/2003	RBRVS	$128.51	$126.42							
90810		INTAC PSYTX, OFF, 20-30 MIN	7/1/2003	RBRVS	$59.68	$56.66							
90811		INTAC PSYTX, 20-30, W/E&M	7/1/2003	RBRVS	$66.72	$63.38							
90812		INTAC PSYTX, OFF, 45-50 MIN	7/1/2003	RBRVS	$90.07	$85.26							
90813		INTAC PSYTX, 45-50 MIN W/E&M	7/1/2003	RBRVS	$94.39	$91.37							
90814		INTAC PSYTX, OFF, 75-80 MIN	7/1/2003	RBRVS	$130.20	$126.60							
90815		INTAC PSYTX, 75-80 W/E&M	7/1/2003	RBRVS	$133.90	$130.88							
90816		PSYTX, HOSP, 20-30 MIN	7/1/2003	RBRVS	$55.90	$55.90							
90817		PSYTX, HOSP, 20-30 MIN W/E&M	7/1/2003	RBRVS	$60.81	$60.81							
90818		PSYTX, HOSP, 45-50 MIN	7/1/2003	RBRVS	$83.93	$83.93							
90819		PSYTX, HOSP, 45-50 MIN W/E&M	7/1/2003	RBRVS	$88.18	$88.18							
90821		PSYTX, HOSP, 75-80 MIN	7/1/2003	RBRVS	$124.64	$124.64							
90822		PSYTX, HOSP, 75-80 MIN W/E&M	7/1/2003	RBRVS	$128.30	$128.30							
90823		INTAC PSYTX, HOSP, 20-30 MIN	7/1/2003	RBRVS	$59.79	$59.79							
90824		INTAC PSYTX, HSP 20-30 W/E&M	7/1/2003	RBRVS	$65.62	$65.62							
90826		INTAC PSYTX, HOSP, 45-50 MIN	7/1/2003	RBRVS	$89.03	$89.03							
90827		INTAC PSYTX, HSP 45-50 W/E&M	7/1/2003	RBRVS	$92.95	$92.95							
90828		INTAC PSYTX, HOSP, 75-80 MIN	7/1/2003	RBRVS	$130.30	$130.30							
90829		INTAC PSYTX, HSP 75-80 W/E&M	7/1/2003	RBRVS	$133.11	$133.11							
90845		PSYCHOANALYSIS	7/1/2003	RBRVS	$77.34	$76.45							
90846		FAMILY PSYTX W/O PATIENT	7/1/2003	RBRVS	$80.77	$80.47							
90847		FAMILY PSYTX W/PATIENT	7/1/2003	RBRVS	$98.51	$96.69							
90849		MULTIPLE FAMILY GROUP PSYTX	7/1/2003	RBRVS	$27.89	$26.99							
90853		GROUP PSYCHOTHERAPY	7/1/2003	RBRVS	$27.30	$26.69							
90857		INTAC GROUP PSYTX	7/1/2003	RBRVS	$30.35	$28.84							
90862		MEDICATION MANAGEMENT	7/1/2003	RBRVS	$43.77	$41.36							
90865		NARCOSYNTHESIS	7/1/2003	RBRVS	$142.96	$121.62							
90870		ELECTROCONVULSIVE THERAPY	7/1/2003	RBRVS	$86.60	$86.60	000						
90871		ELECTROCONVULSIVE THERAPY	7/1/2003	RBRVS	$122.58	$122.58	000						

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
90880		HYPNOTHERAPY	7/1/2003	RBRVS	$104.43	$93.94							
90882		ENVIRONMENTAL MANIPULATION	7/1/2003	BY REPORT	$0.00	$0.00							
90885		PSY EVALUATION OF RECORDS	7/1/2003	RBRVS	$0.00	$0.00							
90887		CONSULTATION WITH FAMILY	7/1/2003	RBRVS	$0.00	$0.00							
90889		PREPARATION OF REPORT	7/1/2003	RBRVS	$0.00	$0.00							
90899		PSYCHIATRIC SERVICE/THERAPY	7/1/2003	BY REPORT	$0.00	$0.00							
90901		BIOFEEDBACK TRAIN, ANY METH	7/1/2003	RBRVS	$36.08	$17.77	000						
90911		BIOFEEDBACK PERI/URO/RECTAL	7/1/2003	RBRVS	$51.29	$37.10	000						
90935		HEMODIALYSIS, ONE EVALUATION	7/1/2003	RBRVS	$55.66	$55.66	000						
91123		IRRIGATE FECAL IMPACTION	7/1/2003	RBRVS	$0.00	$0.00							
92510		REHAB FOR EAR IMPLANT	7/1/2003	RBRVS	$103.42	$68.47							
92526		ORAL FUNCTION THERAPY	7/1/2003	RBRVS	$60.99	$22.48							
92542		POSITIONAL NYSTAGMUS TEST	7/1/2003	RBRVS	$43.25	$43.25							
92542	TC	POSITIONAL NYSTAGMUS TEST	7/1/2003	RBRVS	$28.87	$28.87							
92542	26	POSITIONAL NYSTAGMUS TEST	7/1/2003	RBRVS	$14.37	$14.37							
92543		CALORIC VESTIBULAR TEST	7/1/2003	RBRVS	$20.61	$20.61							
92543	TC	CALORIC VESTIBULAR TEST	7/1/2003	RBRVS	$16.06	$16.06							
92543	26	CALORIC VESTIBULAR TEST	7/1/2003	RBRVS	$4.55	$4.55							
92544		OPTOKINETIC NYSTAGMUS TEST	7/1/2003	RBRVS	$34.89	$34.89							
92544	TC	OPTOKINETIC NYSTAGMUS TEST	7/1/2003	RBRVS	$23.39	$23.39							
92544	26	OPTOKINETIC NYSTAGMUS TEST	7/1/2003	RBRVS	$11.47	$11.47							
92545		OSCILLATING TRACKING TEST	7/1/2003	RBRVS	$32.08	$32.08							
92545	TC	OSCILLATING TRACKING TEST	7/1/2003	RBRVS	$22.04	$22.04							
92545	26	OSCILLATING TRACKING TEST	7/1/2003	RBRVS	$10.04	$10.04							
92551		PURE TONE HEARING TEST, AIR	7/1/2003	RBRVS	$9.42	$9.42							
92552		PURE TONE AUDIOMETRY, AIR	7/1/2003	RBRVS	$12.97	$12.97							
92553		AUDIOMETRY, AIR & BONE	7/1/2003	RBRVS	$19.18	$19.18							
92555		SPEECH THRESHOLD AUDIOMETRY	7/1/2003	RBRVS	$11.07	$11.07							
92556		SPEECH AUDIOMETRY, COMPLETE	7/1/2003	RBRVS	$16.71	$16.71							
92557		COMPREHENSIVE HEARING TEST	7/1/2003	RBRVS	$34.49	$34.49							
92559		GROUP AUDIOMETRIC TESTING	7/1/2003	BY REPORT	$0.00	$0.00							
92560		BEKESY AUDIOMETRY, SCREEN	7/1/2003	BY REPORT	$0.00	$0.00							
92561		BEKESY AUDIOMETRY, DIAGNOSIS	7/1/2003	RBRVS	$20.80	$20.80							
92562		LOUDNESS BALANCE TEST	7/1/2003	RBRVS	$11.88	$11.88							
92563		TONE DECAY HEARING TEST	7/1/2003	RBRVS	$11.07	$11.07							
92564		SISI HEARING TEST	7/1/2003	RBRVS	$13.75	$13.75							
92565		STENGER TEST, PURE TONE	7/1/2003	RBRVS	$11.60	$11.60							
92567		TYMPANOMETRY	7/1/2003	RBRVS	$15.34	$15.34							
92568		ACOUSTIC REFLEX TESTING	7/1/2003	RBRVS	$11.07	$11.07							
92569		ACOUSTIC REFLEX DECAY TEST	7/1/2003	RBRVS	$11.88	$11.88							
92571		FILTERED SPEECH HEARING TEST	7/1/2003	RBRVS	$11.32	$11.32							
92572		STAGGERED SPONDAIC WORD TEST	7/1/2003	RBRVS	$2.68	$2.68							
92573		LOMBARD TEST	7/1/2003	RBRVS	$10.23	$10.23							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
92575		SENSORINEURAL ACUITY TEST	7/1/2003	RBRVS	$8.64	$8.64							
92576		SYNTHETIC SENTENCE TEST	7/1/2003	RBRVS	$13.19	$13.19							
92577		STENGER TEST, SPEECH	7/1/2003	RBRVS	$21.02	$21.02							
92579		VISUAL AUDIOMETRY (VRA)	7/1/2003	RBRVS	$21.08	$21.08							
92582		CONDITIONING PLAY AUDIOMETRY	7/1/2003	RBRVS	$21.08	$21.08							
92583		SELECT PICTURE AUDIOMETRY	7/1/2003	RBRVS	$25.91	$25.91							
92584		ELECTROCOCHLEOGRAPHY	7/1/2003	RBRVS	$71.31	$71.31							
92585		AUDITOR EVOKE POTENT, COMPRE	7/1/2003	RBRVS	$74.24	$74.24							
92585	TC	AUDITOR EVOKE POTENT, COMPRE	7/1/2003	RBRVS	$52.97	$52.97							
92585	26	AUDITOR EVOKE POTENT, COMPRE	7/1/2003	RBRVS	$21.26	$21.26							
92587		EVOKED AUDITORY TEST	7/1/2003	RBRVS	$43.53	$43.53							
92587	TC	EVOKED AUDITORY TEST	7/1/2003	RBRVS	$37.54	$37.54							
92587	26	EVOKED AUDITORY TEST	7/1/2003	RBRVS	$5.99	$5.99							
92588		EVOKED AUDITORY TEST	7/1/2003	RBRVS	$57.90	$57.90							
92588	TC	EVOKED AUDITORY TEST	7/1/2003	RBRVS	$42.37	$42.37							
92588	26	EVOKED AUDITORY TEST	7/1/2003	RBRVS	$15.53	$15.53							
92589		AUDITORY FUNCTION TEST(S)	7/1/2003	RBRVS	$15.62	$15.62							
92590		HEARING AID EXAM, ONE EAR	7/1/2003	BY REPORT	$0.00	$0.00							
92591		HEARING AID EXAM, BOTH EARS	7/1/2003	BY REPORT	$0.00	$0.00							
92592		HEARING AID CHECK, ONE EAR	7/1/2003	BY REPORT	$0.00	$0.00							
92593		HEARING AID CHECK, BOTH EARS	7/1/2003	BY REPORT	$0.00	$0.00							
92594		ELECTRO HEARNG AID TEST, ONE	7/1/2003	BY REPORT	$0.00	$0.00							
92595		ELECTRO HEARNG AID TST, BOTH	7/1/2003	BY REPORT	$0.00	$0.00							
92596		EAR PROTECTOR EVALUATION	7/1/2003	RBRVS	$17.24	$17.24							
92597		ORAL SPEECH DEVICE EVAL	7/1/2003	RBRVS	$70.90	$37.57							
92611		MOTION FLUOROSCOPY/SWALLOW	1/1/2003	RBRVS	$33.83	$33.83							
92950		HEART/LUNG RESUSCITATION CPR	7/1/2003	RBRVS	$144.89	$144.89	000						
93000		ELECTROCARDIOGRAM, COMPLETE	7/1/2003	RBRVS	$19.64	$19.64							
93005		ELECTROCARDIOGRAM, TRACING	7/1/2003	RBRVS	$12.75	$12.75							
93010		ELECTROCARDIOGRAM REPORT	7/1/2003	RBRVS	$6.89	$6.89							
93016		CARDIOVASCULAR STRESS TEST	7/1/2003	RBRVS	$18.46	$18.46							
93017		CARDIOVASCULAR STRESS TEST	7/1/2003	RBRVS	$47.64	$47.64							
93224		ECG MONITOR/REPORT, 24 HRS	7/1/2003	RBRVS	$118.76	$118.76							
93225		ECG MONITOR/RECORD, 24 HRS	7/1/2003	RBRVS	$35.17	$35.17							
93226		ECG MONITOR/REPORT, 24 HRS	7/1/2003	RBRVS	$62.27	$62.27							
93227		ECG MONITOR/REVIEW, 24 HRS	7/1/2003	RBRVS	$21.33	$21.33							
93230		ECG MONITOR/REPORT, 24 HRS	7/1/2003	RBRVS	$126.37	$126.37							
93231		ECG MONITOR/RECORD, 24 HRS	7/1/2003	RBRVS	$43.28	$43.28							
93232		ECG MONITOR/REPORT, 24 HRS	7/1/2003	RBRVS	$61.77	$61.77							
93233		ECG MONITOR/REVIEW, 24 HRS	7/1/2003	RBRVS	$21.33	$21.33							
93235		ECG MONITOR/REPORT, 24 HRS	7/1/2003	RBRVS	$92.20	$92.20							
93236		ECG MONITOR/REPORT, 24 HRS	7/1/2003	RBRVS	$74.02	$74.02							
93237		ECG MONITOR/REVIEW, 24 HRS	7/1/2003	RBRVS	$18.21	$18.21							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
93270		ECG RECORDING	7/1/2003	RBRVS	$35.17	$35.17							
93271		ECG/MONITORING AND ANALYSIS	7/1/2003	RBRVS	$167.00	$167.00							
93272		ECG/REVIEW, INTERPRET ONLY	7/1/2003	RBRVS	$21.05	$21.05							
93303		ECHO TRANSTHORACIC	7/1/2003	RBRVS	$161.98	$161.98							
93303	TC	ECHO TRANSTHORACIC	7/1/2003	RBRVS	$109.19	$109.19							
93303	26	ECHO TRANSTHORACIC	7/1/2003	RBRVS	$52.79	$52.79							
93304		ECHO TRANSTHORACIC	7/1/2003	RBRVS	$85.81	$85.81							
93304	TC	ECHO TRANSTHORACIC	7/1/2003	RBRVS	$55.22	$55.22							
93304	26	ECHO TRANSTHORACIC	7/1/2003	RBRVS	$30.59	$30.59							
93307		ECHO EXAM OF HEART	7/1/2003	RBRVS	$146.95	$146.95							
93307	TC	ECHO EXAM OF HEART	7/1/2003	RBRVS	$109.19	$109.19							
93307	26	ECHO EXAM OF HEART	7/1/2003	RBRVS	$37.76	$37.76							
93308		ECHO EXAM OF HEART	7/1/2003	RBRVS	$77.11	$77.11							
93308	TC	ECHO EXAM OF HEART	7/1/2003	RBRVS	$55.22	$55.22							
93308	26	ECHO EXAM OF HEART	7/1/2003	RBRVS	$21.89	$21.89							
93312		ECHO TRANSESOPHAGEAL	7/1/2003	RBRVS	$197.24	$197.24							
93312	TC	ECHO TRANSESOPHAGEAL	7/1/2003	RBRVS	$108.13	$108.13							
93312	26	ECHO TRANSESOPHAGEAL	7/1/2003	RBRVS	$89.11	$89.11							
93313		ECHO TRANSESOPHAGEAL	7/1/2003	RBRVS	$35.30	$35.02							
93314		ECHO TRANSESOPHAGEAL	7/1/2003	RBRVS	$159.17	$159.17							
93314	TC	ECHO TRANSESOPHAGEAL	7/1/2003	RBRVS	$108.13	$108.13							
93314	26	ECHO TRANSESOPHAGEAL	7/1/2003	RBRVS	$51.04	$51.04							
93315		ECHO TRANSESOPHAGEAL	7/1/2003	BY REPORT	$0.00	$0.00							
93315	TC	ECHO TRANSESOPHAGEAL	7/1/2003	BY REPORT	$0.00	$0.00							
93315	26	ECHO TRANSESOPHAGEAL	7/1/2003	RBRVS	$112.75	$112.75							
93316		ECHO TRANSESOPHAGEAL	7/1/2003	RBRVS	$35.83	$35.83							
93317		ECHO TRANSESOPHAGEAL	7/1/2003	BY REPORT	$0.00	$0.00							
93317	TC	ECHO TRANSESOPHAGEAL	7/1/2003	BY REPORT	$0.00	$0.00							
93317	26	ECHO TRANSESOPHAGEAL	7/1/2003	RBRVS	$74.43	$74.43							
93318		ECHO TRANSESOPHAGEAL INTRAOP	7/1/2003	BY REPORT	$0.00	$0.00							
93318	TC	ECHO TRANSESOPHAGEAL INTRAOP	7/1/2003	BY REPORT	$0.00	$0.00							
93318	26	ECHO TRANSESOPHAGEAL INTRAOP	7/1/2003	RBRVS	$79.91	$79.91							
93320		DOPPLER ECHO EXAM, HEART	7/1/2003	RBRVS	$64.29	$64.29							
93320	TC	DOPPLER ECHO EXAM, HEART	7/1/2003	RBRVS	$48.70	$48.70							
93320	26	DOPPLER ECHO EXAM, HEART	7/1/2003	RBRVS	$15.59	$15.59							
93321		DOPPLER ECHO EXAM, HEART	7/1/2003	RBRVS	$37.95	$37.95							
93321	TC	DOPPLER ECHO EXAM, HEART	7/1/2003	RBRVS	$31.62	$31.62							
93321	26	DOPPLER ECHO EXAM, HEART	7/1/2003	RBRVS	$6.30	$6.30							
93325		DOPPLER COLOR FLOW ADD-ON	7/1/2003	RBRVS	$85.90	$85.90							
93325	TC	DOPPLER COLOR FLOW ADD-ON	7/1/2003	RBRVS	$82.78	$82.78							
93325	26	DOPPLER COLOR FLOW ADD-ON	7/1/2003	RBRVS	$3.12	$3.12							
93350		ECHO TRANSTHORACIC	7/1/2003	RBRVS	$110.44	$110.44							
93350	TC	ECHO TRANSTHORACIC	7/1/2003	RBRVS	$50.29	$50.29							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
93350	26	ECHO TRANSTHORACIC	7/1/2003	RBRVS	$60.15	$60.15							
93731		ANALYZE PACEMAKER SYSTEM	7/1/2003	RBRVS	$32.77	$32.77							
93731	TC	ANALYZE PACEMAKER SYSTEM	7/1/2003	RBRVS	$14.06	$14.06							
93731	26	ANALYZE PACEMAKER SYSTEM	7/1/2003	RBRVS	$18.71	$18.71							
93732		ANALYZE PACEMAKER SYSTEM	7/1/2003	RBRVS	$52.38	$52.38							
93732	TC	ANALYZE PACEMAKER SYSTEM	7/1/2003	RBRVS	$14.62	$14.62							
93732	26	ANALYZE PACEMAKER SYSTEM	7/1/2003	RBRVS	$37.76	$37.76							
93733		TELEPHONE ANALY, PACEMAKER	7/1/2003	RBRVS	$28.25	$28.25							
93733	TC	TELEPHONE ANALY, PACEMAKER	7/1/2003	RBRVS	$21.08	$21.08							
93733	26	TELEPHONE ANALY, PACEMAKER	7/1/2003	RBRVS	$7.17	$7.17							
93734		ANALYZE PACEMAKER SYSTEM	7/1/2003	RBRVS	$25.60	$25.60							
93734	TC	ANALYZE PACEMAKER SYSTEM	7/1/2003	RBRVS	$10.01	$10.01							
93734	26	ANALYZE PACEMAKER SYSTEM	7/1/2003	RBRVS	$15.59	$15.59							
93735		ANALYZE PACEMAKER SYSTEM	7/1/2003	RBRVS	$43.50	$43.50							
93735	TC	ANALYZE PACEMAKER SYSTEM	7/1/2003	RBRVS	$12.97	$12.97							
93735	26	ANALYZE PACEMAKER SYSTEM	7/1/2003	RBRVS	$30.53	$30.53							
93736		TELEPHONE ANALY, PACEMAKER	7/1/2003	RBRVS	$24.66	$24.66							
93736	TC	TELEPHONE ANALY, PACEMAKER	7/1/2003	RBRVS	$18.33	$18.33							
93736	26	TELEPHONE ANALY, PACEMAKER	7/1/2003	RBRVS	$6.30	$6.30							
93990		DOPPLER FLOW TESTING	7/1/2003	RBRVS	$103.67	$103.67							
93990	TC	DOPPLER FLOW TESTING	7/1/2003	RBRVS	$93.35	$93.35							
93990	26	DOPPLER FLOW TESTING	7/1/2003	RBRVS	$10.32	$10.32							
94010		BREATHING CAPACITY TEST	7/1/2003	RBRVS	$29.75	$29.75							
94010	TC	BREATHING CAPACITY TEST	7/1/2003	RBRVS	$23.14	$23.14							
94010	26	BREATHING CAPACITY TEST	7/1/2003	RBRVS	$6.64	$6.64							
94014		PATIENT RECORDED SPIROMETRY	7/1/2003	RBRVS	$28.65	$28.65							
94015		PATIENT RECORDED SPIROMETRY	7/1/2003	RBRVS	$8.14	$8.14							
94016		REVIEW PATIENT SPIROMETRY	7/1/2003	RBRVS	$20.49	$20.49							
94060		EVALUATION OF WHEEZING	7/1/2003	RBRVS	$52.07	$52.07							
94060	TC	EVALUATION OF WHEEZING	7/1/2003	RBRVS	$39.91	$39.91							
94060	26	EVALUATION OF WHEEZING	7/1/2003	RBRVS	$12.13	$12.13							
94640		AIRWAY INHALATION TREATMENT	7/1/2003	RBRVS	$19.58	$19.58							
94664		EVALUATE PT USE OF INHALER	7/1/2003	RBRVS	$14.87	$14.87							
94760		MEASURE BLOOD OXYGEN LEVEL	7/1/2003	RBRVS	$0.00	$0.00							
94761		MEASURE BLOOD OXYGEN LEVEL	7/1/2003	RBRVS	$0.00	$0.00							
94762		MEASURE BLOOD OXYGEN LEVEL	7/1/2003	RBRVS	$22.01	$22.01							
95004		PERCUT ALLERGY SKIN TESTS	7/1/2003	RBRVS	$2.96	$2.96							
95010		PERCUT ALLERGY TITRATE TEST	7/1/2003	RBRVS	$16.68	$6.30							
95015		ID ALLERGY TITRATE-DRUG/BUG	7/1/2003	RBRVS	$15.06	$6.30							
95024		ID ALLERGY TEST DRUG/BUG	7/1/2003	RBRVS	$4.33	$4.33							
95027		ID ALLERGY TITRATE-AIRBORNE	7/1/2003	RBRVS	$4.33	$4.33							
95028		ID ALLERGY TEST-DELAYED TYPE	7/1/2003	RBRVS	$6.52	$6.52							
95044		ALLERGY PATCH TESTS	7/1/2003	RBRVS	$5.67	$5.67							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
95115		IMMUNOTHERAPY, ONE INJECTION	7/1/2003	RBRVS	$11.10	$11.10	000						
95117		IMMUNOTHERAPY INJECTIONS	7/1/2003	RBRVS	$14.12	$14.12	000						
95250		GLUCOSE MONITORING, CONT	7/1/2003	RBRVS	$88.18	$88.18							
95812		EEG 41-60 MINUTES	7/1/2003	RBRVS	$163.85	$163.85							
95812	TC	EEG 41-60 MINUTES	7/1/2003	RBRVS	$118.39	$118.39							
95812	26	EEG 41-60 MINUTES	7/1/2003	RBRVS	$45.46	$45.46							
95813		EEG OVER 1 HOUR	7/1/2003	RBRVS	$213.05	$213.05							
95813	TC	EEG OVER 1 HOUR	7/1/2003	RBRVS	$140.81	$140.81							
95813	26	EEG OVER 1 HOUR	7/1/2003	RBRVS	$72.28	$72.28							
95903		MOTOR NERVE CONDUCTION TEST	7/1/2003	RBRVS	$47.89	$47.89							
95903	TC	MOTOR NERVE CONDUCTION TEST	7/1/2003	RBRVS	$22.29	$22.29							
95903	26	MOTOR NERVE CONDUCTION TEST	7/1/2003	RBRVS	$25.60	$25.60							
95926		SOMATOSENSORY TESTING	7/1/2003	RBRVS	$48.98	$48.98							
95926	TC	SOMATOSENSORY TESTING	7/1/2003	RBRVS	$26.00	$26.00							
95926	26	SOMATOSENSORY TESTING	7/1/2003	RBRVS	$23.01	$23.01							
95927		SOMATOSENSORY TESTING	7/1/2003	RBRVS	$49.76	$49.76							
95927	TC	SOMATOSENSORY TESTING	7/1/2003	RBRVS	$26.00	$26.00							
95927	26	SOMATOSENSORY TESTING	7/1/2003	RBRVS	$23.79	$23.79							
95930		VISUAL EVOKED POTENTIAL TEST	7/1/2003	RBRVS	$43.06	$43.06							
95930	TC	VISUAL EVOKED POTENTIAL TEST	7/1/2003	RBRVS	$28.37	$28.37							
95930	26	VISUAL EVOKED POTENTIAL TEST	7/1/2003	RBRVS	$14.69	$14.69							
95934		H-REFLEX TEST	7/1/2003	RBRVS	$28.03	$28.03				Y			
95934	TC	H-REFLEX TEST	7/1/2003	RBRVS	$6.20	$6.20				Y			
95934	26	H-REFLEX TEST	7/1/2003	RBRVS	$21.86	$21.86				Y			
95936		H-REFLEX TEST	7/1/2003	RBRVS	$29.78	$29.78				Y			
95936	TC	H-REFLEX TEST	7/1/2003	RBRVS	$6.20	$6.20				Y			
95936	26	H-REFLEX TEST	7/1/2003	RBRVS	$23.57	$23.57				Y			
95957		EEG DIGITAL ANALYSIS	7/1/2003	RBRVS	$132.42	$132.42							
95957	TC	EEG DIGITAL ANALYSIS	7/1/2003	RBRVS	$48.42	$48.42							
95957	26	EEG DIGITAL ANALYSIS	7/1/2003	RBRVS	$84.00	$84.00							
96000		MOTION ANALYSIS, VIDEO/3D	7/1/2003	RBRVS	$72.90	$72.90							
96001		MOTION TEST W/FT PRESS MEAS	7/1/2003	RBRVS	$87.09	$87.09							
96002		DYNAMIC SURFACE EMG	7/1/2003	RBRVS	$16.96	$16.96							
96003		DYNAMIC FINE WIRE EMG	7/1/2003	RBRVS	$15.47	$15.47							
96004		PHYS REVIEW OF MOTION TESTS	7/1/2003	RBRVS	$88.15	$88.15							
96100		PSYCHOLOGICAL TESTING	7/1/2003	RBRVS	$51.20	$51.20							
96105		ASSESSMENT OF APHASIA	7/1/2003	RBRVS	$51.20	$51.20							
96110		DEVELOPMENTAL TEST, LIM	7/1/2003	BY REPORT	$0.00	$0.00							
96111		DEVELOPMENTAL TEST, EXTEND	7/1/2003	RBRVS	$51.20	$51.20							
96115		NEUROBEHAVIOR STATUS EXAM	7/1/2003	RBRVS	$51.20	$51.20							
96117		NEUROPSYCH TEST BATTERY	7/1/2003	RBRVS	$51.20	$51.20							
96400		CHEMOTHERAPY, SC/IM	7/1/2003	RBRVS	$27.81	$27.81							
96408		CHEMOTHERAPY, PUSH TECHNIQUE	7/1/2003	RBRVS	$27.63	$27.63							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
96410		CHEMOTHERAPY INFUSION METHOD	7/1/2003	RBRVS	$43.65	$43.65							
96412		CHEMO, INFUSE METHOD ADD-ON	7/1/2003	RBRVS	$32.49	$32.49							
96450		CHEMOTHERAPY, INTO CNS	7/1/2003	RBRVS	$229.42	$82.75	000						
96520		PORT PUMP REFILL & MAIN	7/1/2003	RBRVS	$25.44	$25.44							
96530		SYST PUMP REFILL & MAIN	7/1/2003	RBRVS	$29.81	$29.81							
96902		TRICHOGRAM	7/1/2003	RBRVS	$0.00	$0.00							
97010		HOT OR COLD PACKS THERAPY	7/1/2003	RBRVS	$0.00	$0.00							
97032		ELECTRICAL STIMULATION	7/1/2003	RBRVS	$12.53	$12.53							
97033		ELECTRIC CURRENT THERAPY	7/1/2003	RBRVS	$15.53	$15.53							
97034		CONTRAST BATH THERAPY	7/1/2003	RBRVS	$10.82	$10.82							
97035		ULTRASOUND THERAPY	7/1/2003	RBRVS	$9.45	$9.45							
97036		HYDROTHERAPY	7/1/2003	RBRVS	$17.52	$17.52							
97110		THERAPEUTIC EXERCISES	7/1/2003	RBRVS	$21.67	$21.67							
97113		AQUATIC THERAPY/EXERCISES	7/1/2003	RBRVS	$23.01	$23.01							
97150		GROUP THERAPEUTIC PROCEDURES	7/1/2003	RBRVS	$14.19	$14.19							
97530		THERAPEUTIC ACTIVITIES	7/1/2003	RBRVS	$21.95	$21.95							
97535		SELF CARE MNGMENT TRAINING	7/1/2003	RBRVS	$23.60	$23.60							
97537		COMMUNITY/WORK REINTEGRATION	7/1/2003	RBRVS	$20.92	$20.92							
97542		WHEELCHAIR MNGMENT TRAINING	7/1/2003	RBRVS	$21.48	$21.48							
97703		PROSTHETIC CHECKOUT	7/1/2003	RBRVS	$16.87	$16.87							
97750		PHYSICAL PERFORMANCE TEST	7/1/2003	RBRVS	$22.26	$22.26							
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							
99024		POSTOP FOLLOW-UP VISIT	7/1/2003	RBRVS	$0.00	$0.00							
99025		INITIAL SURGICAL EVALUATION	7/1/2003	RBRVS	$0.00	$0.00							
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							
99050		MEDICAL SERVICES AFTER HRS	7/1/2003	RBRVS	$0.00	$0.00							
99052		MEDICAL SERVICES AT NIGHT	7/1/2003	RBRVS	$0.00	$0.00							
99054		MEDICAL SERVCS, UNUSUAL HRS	7/1/2003	RBRVS	$0.00	$0.00							
99056		NON-OFFICE MEDICAL SERVICES	7/1/2003	RBRVS	$0.00	$0.00							
99058		OFFICE EMERGENCY CARE	7/1/2003	RBRVS	$0.00	$0.00							
99070		SPECIAL SUPPLIES	7/1/2003	RBRVS	$0.00	$0.00							
99082		UNUSUAL PHYSICIAN TRAVEL	7/1/2003	BY REPORT	$0.00	$0.00							
99091		COLLECT/REVIEW DATA FROM PT	7/1/2003	RBRVS	$0.00	$0.00							
99100		SPECIAL ANESTHESIA SERVICE	7/1/2003	RBRVS	$0.00	$0.00							
99116		ANESTHESIA WITH HYPOTHERMIA	7/1/2003	RBRVS	$0.00	$0.00							
99135		SPECIAL ANESTHESIA PROCEDURE	7/1/2003	RBRVS	$0.00	$0.00							
99140		EMERGENCY ANESTHESIA	7/1/2003	RBRVS	$0.00	$0.00							
99141		SEDATION, IV/IM OR INHALANT	7/1/2003	RBRVS	$0.00	$0.00							
99142		SEDATION, ORAL/RECTAL/NASAL	7/1/2003	RBRVS	$0.00	$0.00							
99173		VISUAL ACUITY SCREEN	7/1/2003	BY REPORT	$0.00	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
99175		INDUCTION OF VOMITING	7/1/2003	RBRVS	$39.51	$39.51							
99195		PHLEBOTOMY	7/1/2003	RBRVS	$12.75	$12.75							
99199		SPECIAL SERVICE/PROC/REPORT	7/1/2003	BY REPORT	$0.00	$0.00							
99201		OFFICE/OUTPATIENT VISIT, NEW	7/1/2003	RBRVS	$26.91	$18.15							
99202		OFFICE/OUTPATIENT VISIT, NEW	7/1/2003	RBRVS	$48.24	$35.95							
99203		OFFICE/OUTPATIENT VISIT, NEW	7/1/2003	RBRVS	$71.56	$54.88							
99204		OFFICE/OUTPATIENT VISIT, NEW	7/1/2003	RBRVS	$102.21	$81.16							
99205		OFFICE/OUTPATIENT VISIT, NEW	7/1/2003	RBRVS	$130.71	$107.76							
99211		OFFICE/OUTPATIENT VISIT, EST	7/1/2003	RBRVS	$15.65	$6.89							
99212		OFFICE/OUTPATIENT VISIT, EST	7/1/2003	RBRVS	$28.00	$18.15							
99213		OFFICE/OUTPATIENT VISIT, EST	7/1/2003	RBRVS	$39.38	$27.10							
99214		OFFICE/OUTPATIENT VISIT, EST	7/1/2003	RBRVS	$61.61	$44.40							
99215		OFFICE/OUTPATIENT VISIT, EST	7/1/2003	RBRVS	$90.61	$71.50							
99217		OBSERVATION CARE DISCHARGE	7/1/2003	RBRVS	$51.07	$51.07							
99218		OBSERVATION CARE	7/1/2003	RBRVS	$51.07	$51.07							
99219		OBSERVATION CARE	7/1/2003	RBRVS	$85.15	$85.15							
99220		OBSERVATION CARE	7/1/2003	RBRVS	$119.20	$119.20							
99221		INITIAL HOSPITAL CARE	7/1/2003	RBRVS	$51.60	$51.60							
99222		INITIAL HOSPITAL CARE	7/1/2003	RBRVS	$85.68	$85.68							
99223		INITIAL HOSPITAL CARE	7/1/2003	RBRVS	$119.23	$119.23							
99231		SUBSEQUENT HOSPITAL CARE	7/1/2003	RBRVS	$25.69	$25.69							
99232		SUBSEQUENT HOSPITAL CARE	7/1/2003	RBRVS	$42.47	$42.47							
99233		SUBSEQUENT HOSPITAL CARE	7/1/2003	RBRVS	$60.33	$60.33							
99234		OBSERV/HOSP SAME DATE	7/1/2003	RBRVS	$102.64	$102.64							
99235		OBSERV/HOSP SAME DATE	7/1/2003	RBRVS	$135.94	$135.94							
99236		OBSERV/HOSP SAME DATE	7/1/2003	RBRVS	$169.93	$169.93							
99238		HOSPITAL DISCHARGE DAY	7/1/2003	RBRVS	$54.13	$54.13							
99239		HOSPITAL DISCHARGE DAY	7/1/2003	RBRVS	$73.46	$73.46							
99241		OFFICE CONSULTATION	7/1/2003	RBRVS	$36.51	$25.88							
99242		OFFICE CONSULTATION	7/1/2003	RBRVS	$68.10	$53.10							
99243		OFFICE CONSULTATION	7/1/2003	RBRVS	$90.08	$70.69							
99244		OFFICE CONSULTATION	7/1/2003	RBRVS	$128.52	$105.05							
99245		OFFICE CONSULTATION	7/1/2003	RBRVS	$166.97	$139.09							
99251		INITIAL INPATIENT CONSULT	7/1/2003	RBRVS	$27.28	$27.28							
99252		INITIAL INPATIENT CONSULT	7/1/2003	RBRVS	$54.85	$54.85							
99253		INITIAL INPATIENT CONSULT	7/1/2003	RBRVS	$75.08	$75.08							
99254		INITIAL INPATIENT CONSULT	7/1/2003	RBRVS	$108.01	$108.01							
99255		INITIAL INPATIENT CONSULT	7/1/2003	RBRVS	$148.67	$148.67							
99281		EMERGENCY DEPT VISIT	7/1/2003	RBRVS	$12.69	$12.69							
99282		EMERGENCY DEPT VISIT	7/1/2003	RBRVS	$21.08	$21.08							
99283		EMERGENCY DEPT VISIT	7/1/2003	RBRVS	$47.27	$47.27							
99284		EMERGENCY DEPT VISIT	7/1/2003	RBRVS	$73.87	$73.87							
99285		EMERGENCY DEPT VISIT	7/1/2003	RBRVS	$115.15	$115.15							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
99288		DIRECT ADVANCED LIFE SUPPORT	7/1/2003	RBRVS	$0.00	$0.00							
99291		CRITICAL CARE, FIRST HOUR	7/1/2003	RBRVS	$164.54	$157.18							
99292		CRITICAL CARE, ADDL 30 MIN	7/1/2003	RBRVS	$84.31	$78.57							
99295		NEONATE CRIT CARE INITIAL	7/1/2003	RBRVS	$713.24	$713.24							
99296		NEONATE CRITICAL CARE SUBSEQ	7/1/2003	RBRVS	$313.48	$313.48							
99298		IC FOR LBW INFANT < 1500 GM	7/1/2003	RBRVS	$109.94	$109.94							
99301		NURSING FACILITY CARE	7/1/2003	RBRVS	$55.31	$47.92							
99302		NURSING FACILITY CARE	7/1/2003	RBRVS	$75.33	$63.86							
99303		NURSING FACILITY CARE	7/1/2003	RBRVS	$93.42	$79.48							
99311		NURSING FAC CARE, SUBSEQ	7/1/2003	RBRVS	$31.62	$23.98							
99312		NURSING FAC CARE, SUBSEQ	7/1/2003	RBRVS	$48.61	$39.60							
99313		NURSING FAC CARE, SUBSEQ	7/1/2003	RBRVS	$66.73	$56.34							
99315		NURSING FAC DISCHARGE DAY	7/1/2003	RBRVS	$54.32	$44.74							
99316		NURSING FAC DISCHARGE DAY	7/1/2003	RBRVS	$70.97	$59.77							
99321		REST HOME VISIT, NEW PATIENT	7/1/2003	RBRVS	$33.77	$33.77							
99322		REST HOME VISIT, NEW PATIENT	7/1/2003	RBRVS	$49.73	$49.73							
99323		REST HOME VISIT, NEW PATIENT	7/1/2003	RBRVS	$63.95	$63.95							
99331		REST HOME VISIT, EST PAT	7/1/2003	RBRVS	$31.06	$31.06							
99332		REST HOME VISIT, EST PAT	7/1/2003	RBRVS	$40.22	$40.22							
99333		REST HOME VISIT, EST PAT	7/1/2003	RBRVS	$49.70	$49.70							
99341		HOME VISIT, NEW PATIENT	7/1/2003	RBRVS	$46.08	$46.08							
99342		HOME VISIT, NEW PATIENT	7/1/2003	RBRVS	$69.38	$69.38							
99343		HOME VISIT, NEW PATIENT	7/1/2003	RBRVS	$103.24	$103.24							
99344		HOME VISIT, NEW PATIENT	7/1/2003	RBRVS	$134.35	$134.35							
99345		HOME VISIT, NEW PATIENT	7/1/2003	RBRVS	$164.41	$164.41							
99347		HOME VISIT, EST PATIENT	7/1/2003	RBRVS	$36.29	$36.29							
99348		HOME VISIT, EST PATIENT	7/1/2003	RBRVS	$57.90	$57.90							
99349		HOME VISIT, EST PATIENT	7/1/2003	RBRVS	$89.86	$89.86							
99350		HOME VISIT, EST PATIENT	7/1/2003	RBRVS	$131.08	$131.08							
99354		PROLONGED SERVICE, OFFICE	7/1/2003	RBRVS	$93.66	$70.44							
99355		PROLONGED SERVICE, OFFICE	7/1/2003	RBRVS	$87.65	$69.91							
99356		PROLONGED SERVICE, INPATIENT	7/1/2003	RBRVS	$68.41	$68.41							
99357		PROLONGED SERVICE, INPATIENT	7/1/2003	RBRVS	$68.66	$68.66							
99358		PROLONGED SERV, W/O CONTACT	7/1/2003	RBRVS	$0.00	$0.00							
99359		PROLONGED SERV, W/O CONTACT	7/1/2003	RBRVS	$0.00	$0.00							
99361		PHYSICIAN/TEAM CONFERENCE	7/1/2003	RBRVS	$0.00	$0.00							
99381		PREV VISIT, NEW, INFANT	7/1/2003	RBRVS	$77.67	$48.73							
99382		PREV VISIT, NEW, AGE 1-4	7/1/2003	RBRVS	$83.81	$55.66							
99383		PREV VISIT, NEW, AGE 5-11	7/1/2003	RBRVS	$82.16	$55.66							
99384		PREV VISIT, NEW, AGE 12-17	7/1/2003	RBRVS	$89.33	$62.83							
99385		PREV VISIT, NEW, AGE 18-39	7/1/2003	RBRVS	$89.33	$62.83							
99386		PREV VISIT, NEW, AGE 40-64	7/1/2003	RBRVS	$105.11	$76.98							
99387		PREV VISIT, NEW, 65 & OVER	7/1/2003	RBRVS	$113.99	$84.22							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
99391		PREV VISIT, EST, INFANT	7/1/2003	RBRVS	$59.02	$41.81							
99392		PREV VISIT, EST, AGE 1-4	7/1/2003	RBRVS	$66.20	$48.73							
99393		PREV VISIT, EST, AGE 5-11	7/1/2003	RBRVS	$65.38	$48.73							
99394		PREV VISIT, EST, AGE 12-17	7/1/2003	RBRVS	$72.59	$55.66							
99395		PREV VISIT, EST, AGE 18-39	7/1/2003	RBRVS	$73.43	$55.66							
99396		PREV VISIT, EST, AGE 40-64	7/1/2003	RBRVS	$81.13	$62.83							
99397		PREV VISIT, EST, 65 & OVER	7/1/2003	RBRVS	$89.49	$70.09							
99401		PREVENTIVE COUNSELING, INDIV	7/1/2003	RBRVS	$31.65	$19.64							
99402		PREVENTIVE COUNSELING, INDIV	7/1/2003	RBRVS	$53.50	$39.85							
99403		PREVENTIVE COUNSELING, INDIV	7/1/2003	RBRVS	$73.96	$59.49							
99404		PREVENTIVE COUNSELING, INDIV	7/1/2003	RBRVS	$95.25	$79.42							
99411		PREVENTIVE COUNSELING, GROUP	7/1/2003	RBRVS	$9.57	$6.30							
99412		PREVENTIVE COUNSELING, GROUP	7/1/2003	RBRVS	$14.47	$10.35							
99420		HEALTH RISK ASSESSMENT TEST	7/1/2003	RBRVS	$15.65	$6.89							
99429		UNLISTED PREVENTIVE SERVICE	7/1/2003	BY REPORT	$0.00	$0.00							
99431		INITIAL CARE, NORMAL NEWBORN	7/1/2003	RBRVS	$46.21	$46.21							
99432		NEWBORN CARE, NOT IN HOSP	7/1/2003	RBRVS	$61.61	$49.89							
99433		NORMAL NEWBORN CARE/HOSPITAL	7/1/2003	RBRVS	$24.29	$24.29							
99435		NEWBORN DISCHARGE DAY HOSP	7/1/2003	RBRVS	$59.49	$59.49							
99436		ATTENDANCE, BIRTH	7/1/2003	RBRVS	$64.86	$64.55							
99440		NEWBORN RESUSCITATION	7/1/2003	RBRVS	$115.24	$115.24							
99455		DISABILITY EXAMINATION	7/1/2003	RBRVS	$28.00	$18.15							
99456		DISABILITY EXAMINATION	7/1/2003	RBRVS	$28.00	$18.15							
99499		UNLISTED E&M SERVICE	7/1/2003	BY REPORT	$0.00	$0.00							
0001T		ENDOVAS REPR ABDO AO ANEURYS	7/1/2003	BY REPORT	$0.00	$0.00		Y					
0002T		ENDOVAS REPR ABDO AO ANEURYS	7/1/2003	BY REPORT	$0.00	$0.00		Y					
0003T		CERVICOGRAPHY	7/1/2003	BY REPORT	$0.00	$0.00		Y					
0005T		PERC CATH STENT/BRAIN CV ART	7/1/2003	BY REPORT	$0.00	$0.00		Y		Y			
0006T		PERC CATH STENT/BRAIN CV ART	7/1/2003	BY REPORT	$0.00	$0.00		Y		Y			
0007T		PERC CATH STENT/BRAIN CV ART	7/1/2003	BY REPORT	$0.00	$0.00		Y		Y			
0008T		UPPER GI ENDOSCOPY W/SUTURE	7/1/2003	BY REPORT	$0.00	$0.00		Y					
0009T		ENDOMETRIAL CRYOABLATION	7/1/2003	BY REPORT	$0.00	$0.00		Y					
0012T		OSTEOCHONDRAL KNEE AUTOGRAFT	7/1/2003	BY REPORT	$0.00	$0.00		Y		Y			
0013T		OSTEOCHONDRAL KNEE ALLOGRAFT	7/1/2003	BY REPORT	$0.00	$0.00		Y		Y			
0014T		MENISCAL TRANSPLANT, KNEE	7/1/2003	BY REPORT	$0.00	$0.00		Y		Y			
0021T		FETAL OXIMETRY, TRNSVAG/CERV	7/1/2003	BY REPORT	$0.00	$0.00		Y					
A4206		1 CC STERILE SYRINGE&NEEDLE	7/1/2003	RBRVS	$0.00	$0.00							
A4207		2 CC STERILE SYRINGE&NEEDLE	7/1/2003	RBRVS	$0.00	$0.00							
A4208		3 CC STERILE SYRINGE&NEEDLE	7/1/2003	RBRVS	$0.00	$0.00							
A4209		5+ CC STERILE SYRINGE&NEEDLE	7/1/2003	RBRVS	$0.00	$0.00							
A4211		SUPP FOR SELF-ADM INJECTIONS	7/1/2003	RBRVS	$0.00	$0.00							
A4212		NON CORING NEEDLE OR STYLET	7/1/2003	RBRVS	$0.00	$0.00							
A4213		20+ CC SYRINGE ONLY	7/1/2003	RBRVS	$0.00	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
A4214		30 CC STERILE WATER/SALINE	7/1/2003	RBRVS	$0.00	$0.00							
A4215		STERILE NEEDLE	7/1/2003	RBRVS	$0.00	$0.00							
A4220		INFUSION PUMP REFILL KIT	9/1/1994	BY REPORT	$0.00	$0.00							
A4221		MAINT DRUG INFUS CATH PER WK	7/1/2003	FEE SCHED	$20.55	$0.00							
A4222		DRUG INFUSION PUMP SUPPLIES	7/1/2003	FEE SCHED	$40.79	$0.00							
A4230		INFUS INSULIN PUMP NON NEEDL	1/1/1996	BY REPORT	$0.00	$0.00							
A4231		INFUSION INSULIN PUMP NEEDLE	1/1/1996	BY REPORT	$0.00	$0.00							
A4232		SYRINGE W/NEEDLE INSULIN 3CC	1/1/1996	BY REPORT	$0.00	$0.00							
A4244		ALCOHOL OR PEROXIDE PER PINT	7/1/2003	RBRVS	$0.00	$0.00							
A4245		ALCOHOL WIPES PER BOX	7/1/2003	RBRVS	$0.00	$0.00							
A4246		BETADINE/PHISOHEX SOLUTION	7/1/2003	RBRVS	$0.00	$0.00							
A4247		BETADINE/IODINE SWABS/WIPES	7/1/2003	RBRVS	$0.00	$0.00							
A4250		URINE REAGENT STRIPS/TABLETS	7/1/2003	RBRVS	$0.00	$0.00							
A4254		BATTERY FOR GLUCOSE MONITOR	7/1/2003	FEE SCHED	$4.83	$0.00							
A4255		GLUCOSE MONITOR PLATFORMS	7/1/2003	MEDICARE	$3.92	$0.00							
A4258		LANCET DEVICE EACH	7/1/2003	RBRVS	$0.00	$0.00							
A4261		CERVICAL CAP CONTRACEPTIVE	1/1/1999	BY REPORT	$0.00	$0.00							
A4262		TEMPORARY TEAR DUCT PLUG	7/1/2003	RBRVS	$0.00	$0.00							
A4263		PERMANENT TEAR DUCT PLUG	7/1/2003	RBRVS	$0.00	$0.00							
A4265		PARAFFIN	7/1/2003	RBRVS	$0.00	$0.00							
A4270		DISPOSABLE ENDOSCOPE SHEATH	7/1/2003	RBRVS	$0.00	$0.00							
A4300		CATH IMPL VASC ACCESS PORTAL	7/1/2003	RBRVS	$0.00	$0.00							
A4305		DRUG DELIVERY SYSTEM >=50 ML	7/1/2003	RBRVS	$0.00	$0.00							
A4306		DRUG DELIVERY SYSTEM <=5 ML	7/1/2003	RBRVS	$0.00	$0.00							
A4310		INSERT TRAY W/O BAG/CATH	7/1/2003	RBRVS	$0.00	$0.00							
A4311		CATHETER W/O BAG 2-WAY LATEX	7/1/2003	RBRVS	$0.00	$0.00							
A4312		CATH W/O BAG 2-WAY SILICONE	7/1/2003	RBRVS	$0.00	$0.00							
A4313		CATHETER W/BAG 3-WAY	7/1/2003	RBRVS	$0.00	$0.00							
A4314		CATH W/DRAINAGE 2-WAY LATEX	7/1/2003	RBRVS	$0.00	$0.00							
A4315		CATH W/DRAINAGE 2-WAY SILCNE	7/1/2003	RBRVS	$0.00	$0.00							
A4316		CATH W/DRAINAGE 3-WAY	7/1/2003	RBRVS	$0.00	$0.00							
A4320		IRRIGATION TRAY	7/1/2003	RBRVS	$0.00	$0.00							
A4321		CATH THERAPEUTIC IRRIG AGENT	7/1/2003	RBRVS	$0.00	$0.00							
A4322		IRRIGATION SYRINGE	7/1/2003	RBRVS	$0.00	$0.00							
A4323		SALINE IRRIGATION SOLUTION	7/1/2003	RBRVS	$0.00	$0.00							
A4326		MALE EXTERNAL CATHETER	7/1/2003	RBRVS	$0.00	$0.00							
A4327		FEM URINARY COLLECT DEV CUP	7/1/2003	RBRVS	$0.00	$0.00							
A4328		FEM URINARY COLLECT POUCH	7/1/2003	RBRVS	$0.00	$0.00							
A4330		STOOL COLLECTION POUCH	7/1/2003	RBRVS	$0.00	$0.00							
A4335		INCONTINENCE SUPPLY	7/1/2003	RBRVS	$0.00	$0.00							
A4338		INDWELLING CATHETER LATEX	7/1/2003	RBRVS	$0.00	$0.00							
A4340		INDWELLING CATHETER SPECIAL	7/1/2003	RBRVS	$0.00	$0.00							
A4344		CATH INDW FOLEY 2 WAY SILICN	7/1/2003	RBRVS	$0.00	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
A4346		CATH INDW FOLEY 3 WAY	7/1/2003	RBRVS	$0.00	$0.00							
A4347		MALE EXTERNAL CATHETER	7/1/2003	RBRVS	$0.00	$0.00							
A4351		STRAIGHT TIP URINE CATHETER	7/1/2003	RBRVS	$0.00	$0.00							
A4352		COUDE TIP URINARY CATHETER	7/1/2003	RBRVS	$0.00	$0.00							
A4353		INTERMITTENT URINARY CATH	7/1/2003	RBRVS	$0.00	$0.00							
A4354		CATH INSERTION TRAY W/BAG	7/1/2003	RBRVS	$0.00	$0.00							
A4355		BLADDER IRRIGATION TUBING	7/1/2003	RBRVS	$0.00	$0.00							
A4356		EXT URETH CLMP OR COMPR DVC	7/1/2003	RBRVS	$0.00	$0.00							
A4357		BEDSIDE DRAINAGE BAG	7/1/2003	RBRVS	$0.00	$0.00							
A4358		URINARY LEG OR ABDOMEN BAG	7/1/2003	RBRVS	$0.00	$0.00							
A4359		URINARY SUSPENSORY W/O LEG B	7/1/2003	RBRVS	$0.00	$0.00							
A4361		OSTOMY FACE PLATE	7/1/2003	RBRVS	$0.00	$0.00							
A4362		SOLID SKIN BARRIER	7/1/2003	RBRVS	$0.00	$0.00							
A4364		ADHESIVE LIQUID OR EQUAL	7/1/2003	RBRVS	$0.00	$0.00							
A4365		ADHESIVE REMOVER WIPES	7/1/2003	RBRVS	$0.00	$0.00							
A4367		OSTOMY BELT	7/1/2003	RBRVS	$0.00	$0.00							
A4368		OSTOMY FILTER	7/1/2003	RBRVS	$0.00	$0.00							
A4369		SKIN BARRIER LIQUID PER OZ	7/1/2003	RBRVS	$0.00	$0.00							
A4371		SKIN BARRIER POWDER PER OZ	7/1/2003	RBRVS	$0.00	$0.00							
A4372		SKIN BARRIER SOLID 4X4 EQUIV	7/1/2003	RBRVS	$0.00	$0.00							
A4373		SKIN BARRIER WITH FLANGE	7/1/2003	RBRVS	$0.00	$0.00							
A4375		DRAINABLE PLASTIC PCH W FCPL	7/1/2003	RBRVS	$0.00	$0.00							
A4376		DRAINABLE RUBBER PCH W FCPLT	7/1/2003	RBRVS	$0.00	$0.00							
A4377		DRAINABLE PLSTIC PCH W/O FP	7/1/2003	RBRVS	$0.00	$0.00							
A4378		DRAINABLE RUBBER PCH W/O FP	7/1/2003	RBRVS	$0.00	$0.00							
A4379		URINARY PLASTIC POUCH W FCPL	7/1/2003	RBRVS	$0.00	$0.00							
A4380		URINARY RUBBER POUCH W FCPLT	7/1/2003	RBRVS	$0.00	$0.00							
A4381		URINARY PLASTIC POUCH W/O FP	7/1/2003	RBRVS	$0.00	$0.00							
A4382		URINARY HVY PLSTC PCH W/O FP	7/1/2003	RBRVS	$0.00	$0.00							
A4383		URINARY RUBBER POUCH W/O FP	7/1/2003	RBRVS	$0.00	$0.00							
A4384		OSTOMY FACEPLT/SILICONE RING	7/1/2003	RBRVS	$0.00	$0.00							
A4385		OST SKN BARRIER SLD EXT WEAR	7/1/2003	RBRVS	$0.00	$0.00							
A4387		OST CLSD POUCH W ATT ST BARR	7/1/2003	RBRVS	$0.00	$0.00							
A4388		DRAINABLE PCH W EX WEAR BARR	7/1/2003	RBRVS	$0.00	$0.00							
A4389		DRAINABLE PCH W ST WEAR BARR	7/1/2003	RBRVS	$0.00	$0.00							
A4390		DRAINABLE PCH EX WEAR CONVEX	7/1/2003	RBRVS	$0.00	$0.00							
A4391		URINARY POUCH W EX WEAR BARR	7/1/2003	RBRVS	$0.00	$0.00							
A4392		URINARY POUCH W ST WEAR BARR	7/1/2003	RBRVS	$0.00	$0.00							
A4393		URINE PCH W EX WEAR BAR CONV	7/1/2003	RBRVS	$0.00	$0.00							
A4394		OSTOMY POUCH LIQ DEODORANT	7/1/2003	RBRVS	$0.00	$0.00							
A4395		OSTOMY POUCH SOLID DEODORANT	7/1/2003	RBRVS	$0.00	$0.00							
A4397		IRRIGATION SUPPLY SLEEVE	7/1/2003	RBRVS	$0.00	$0.00							
A4398		OSTOMY IRRIGATION BAG	7/1/2003	RBRVS	$0.00	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
A4399		OSTOMY IRRIG CONE/CATH W BRS	7/1/2003	RBRVS	$0.00	$0.00							
A4400		OSTOMY IRRIGATION SET	7/1/2003	RBRVS	$0.00	$0.00							
A4402		LUBRICANT PER OUNCE	7/1/2003	RBRVS	$0.00	$0.00							
A4404		OSTOMY RING EACH	7/1/2003	RBRVS	$0.00	$0.00							
A4421		OSTOMY SUPPLY MISC	7/1/2003	RBRVS	$0.00	$0.00							
A4455		ADHESIVE REMOVER PER OUNCE	7/1/2003	RBRVS	$0.00	$0.00							
A4462		ABDMNL DRSSNG HOLDER/BINDER	1/1/1998	BY REPORT	$0.00	$0.00							
A4465		NON-ELASTIC EXTREMITY BINDER	1/1/1996	BY REPORT	$0.00	$0.00							
A4470		GRAVLEE JET WASHER	10/1/1986	BY REPORT	$0.00	$0.00							
A4480		VABRA ASPIRATOR	10/1/1986	BY REPORT	$0.00	$0.00							
A4481		TRACHEOSTOMA FILTER	7/1/2003	MEDICARE	$0.37	$0.00							
A4483		MOISTURE EXCHANGER	1/1/1999	BY REPORT	$0.00	$0.00							
A4490		ABOVE KNEE SURGICAL STOCKING	7/1/2003	FEE SCHED	$29.58	$0.00							
A4495		THIGH LENGTH SURG STOCKING	7/1/2003	FEE SCHED	$29.58	$0.00							
A4500		BELOW KNEE SURGICAL STOCKING	7/1/2003	FEE SCHED	$29.58	$0.00							
A4510		FULL LENGTH SURG STOCKING	7/1/2003	FEE SCHED	$29.58	$0.00							
A4550		SURGICAL TRAYS	7/1/2003	RBRVS	$0.00	$0.00							
A4554		DISPOSABLE UNDERPADS	7/1/2003	FEE SCHED	$0.36	$0.00							
A4556		ELECTRODES, PAIR	7/1/2003	RBRVS	$0.00	$0.00							
A4557		LEAD WIRES, PAIR	7/1/2003	RBRVS	$0.00	$0.00							
A4558		CONDUCTIVE PASTE OR GEL	7/1/2003	RBRVS	$0.00	$0.00							
A4562		PESSARY, NON RUBBER,ANY TYPE	7/1/2003	RBRVS	$0.00	$0.00							
A4565		SLINGS	7/1/2003	RBRVS	$0.00	$0.00							
A4570		SPLINT	7/1/2003	RBRVS	$0.00	$0.00							
A4575		HYPERBARIC O2 CHAMBER DISPS	1/1/1996	BY REPORT	$0.00	$0.00							
A4580		CAST SUPPLIES (PLASTER)	4/1/1994	BY REPORT	$0.00	$0.00							
A4590		SPECIAL CASTING MATERIAL	7/1/2003	FEE SCHED	$22.32	$0.00							
A4595		TENS SUPPL 2 LEAD PER MONTH	7/1/2003	FEE SCHED	$28.10	$0.00							
A4611		HEAVY DUTY BATTERY	2/12/1990	BY REPORT	$0.00	$0.00							
A4612		BATTERY CABLES	7/1/2003	FEE SCHED	$66.10	$0.00							
A4613		BATTERY CHARGER	7/1/2003	FEE SCHED	$119.27	$0.00							
A4614		HAND-HELD PEFR METER	7/1/2003	FEE SCHED	$23.14	$0.00							
A4615		CANNULA NASAL	7/1/2003	RBRVS	$0.00	$0.00							
A4616		TUBING (OXYGEN) PER FOOT	7/1/2003	RBRVS	$0.00	$0.00							
A4617		MOUTH PIECE	7/1/2003	RBRVS	$0.00	$0.00							
A4618		BREATHING CIRCUITS	7/1/2003	RBRVS	$0.00	$0.00							
A4619		FACE TENT	7/1/2003	RBRVS	$0.00	$0.00							
A4620		VARIABLE CONCENTRATION MASK	7/1/2003	RBRVS	$0.00	$0.00							
A4621		TRACHEOTOMY MASK OR COLLAR	7/1/2003	RBRVS	$0.00	$0.00							
A4622		TRACHEOSTOMY OR LARNGECTOMY	7/1/2003	RBRVS	$0.00	$0.00							
A4623		TRACHEOSTOMY INNER CANNULA	7/1/2003	RBRVS	$0.00	$0.00							
A4624		TRACHEAL SUCTION TUBE	7/1/2003	RBRVS	$0.00	$0.00							
A4625		TRACH CARE KIT FOR NEW TRACH	7/1/2003	RBRVS	$0.00	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
A4626		TRACHEOSTOMY CLEANING BRUSH	7/1/2003	RBRVS	$0.00	$0.00							
A4627		SPACER BAG/RESERVOIR	7/1/2003	RBRVS	$0.00	$0.00							
A4628		OROPHARYNGEAL SUCTION CATH	7/1/2003	RBRVS	$0.00	$0.00							
A4629		TRACHEOSTOMY CARE KIT	7/1/2003	RBRVS	$0.00	$0.00							
A4630		REPL BAT T.E.N.S. OWN BY PT	7/1/2003	FEE SCHED	$27.45	$0.00							
A4631		WHEELCHAIR BATTERY	3/1/1991	BY REPORT	$0.00	$0.00							
A4635		UNDERARM CRUTCH PAD	3/1/1991	BY REPORT	$0.00	$0.00							
A4636		HANDGRIP FOR CANE ETC	3/1/1991	BY REPORT	$0.00	$0.00							
A4637		REPL TIP CANE/CRUTCH/WALKER	7/1/2003	MEDICARE	$1.73	$0.00							
A4640		ALTERNATING PRESSURE PAD	7/1/2003	FEE SCHED	$70.51	$0.00							
A4643		HIGH DOSE CONTRAST MRI	7/1/2003	FEE SCHED	$5.70	$0.00							
A4644		CONTRAST 100-199 MGS IODINE	7/1/2003	FEE SCHED	$0.50	$0.00							
A4645		CONTRAST 200-299 MGS IODINE	7/1/2003	FEE SCHED	$0.55	$0.00							
A4646		CONTRAST 300-399 MGS IODINE	7/1/2003	FEE SCHED	$0.64	$0.00							
A4647		SUPP- PARAMAGNETIC CONTR MAT	7/1/2003	RBRVS	$0.00	$0.00							
A4649		SURGICAL SUPPLIES	7/1/2003	RBRVS	$0.00	$0.00							
A4660		SPHYG/BP APP W CUFF AND STET	10/1/1986	BY REPORT	$0.00	$0.00							
A4663		DIALYSIS BLOOD PRESSURE CUFF	10/1/1986	BY REPORT	$0.00	$0.00							
A4670		AUTOMATIC BP MONITOR DIAL	10/1/1986	BY REPORT	$0.00	$0.00							
A4680		ACTIFICIAL CARBON FILTER, EA	10/1/1986	BY REPORT	$0.00	$0.00							
A4690		DIALYZER, EACH	10/1/1986	BY REPORT	$0.00	$0.00		Y					
A4712		STERILE WATER INJ PER 10 ML	1/1/1986	BY REPORT	$0.00	$0.00							
A4714		TREATED WATER PER GALLON	10/1/1986	BY REPORT	$0.00	$0.00							
A4730		FISTULA CANNULATION SET, EA	10/1/1986	BY REPORT	$0.00	$0.00							
A4740		SHUNT ACCESSORY	10/1/1986	BY REPORT	$0.00	$0.00							
A4750		ART OR VENOUS BLOOD TUBING	10/1/1986	BY REPORT	$0.00	$0.00							
A4755		COMB ART/VENOUS BLOOD TUBING	10/1/1986	BY REPORT	$0.00	$0.00							
A4760		DIALYSATE SOL TEST KIT, EACH	10/1/1986	BY REPORT	$0.00	$0.00							
A4765		DIALYSATE CONC POW PER PACK	10/1/1986	BY REPORT	$0.00	$0.00							
A4770		BLOOD COLLECTION TUBE/VACUUM	1/1/1986	BY REPORT	$0.00	$0.00							
A4771		SERUM CLOTTING TIME TUBE	10/1/1986	BY REPORT	$0.00	$0.00							
A4773		OCCULT BLOOD TEST STRIPS	10/1/1986	BY REPORT	$0.00	$0.00							
A4774		AMMONIA TEST STRIPS	10/1/1986	BY REPORT	$0.00	$0.00							
A4860		DISPOSABLE CATHETER TIPS	10/1/1986	BY REPORT	$0.00	$0.00							
A4870		PLUMB/ELEC WK HM HEMO EQUIP	10/1/1986	BY REPORT	$0.00	$0.00		Y					
A4890		REPAIR/MAINT CONT HEMO EQUIP	1/17/1994	BY REPORT	$0.00	$0.00							
A4913		MISC DIALYSIS SUPPLIES NOC	10/1/1986	BY REPORT	$0.00	$0.00							
A4918		VENOUS PRESSURE CLAMP	10/1/1986	BY REPORT	$0.00	$0.00							
A4927		NON-STERILE GLOVES	7/1/1997	BY REPORT	$0.00	$0.00							
A5051		POUCH CLSD W BARR ATTACHED	7/1/2003	RBRVS	$0.00	$0.00							
A5052		CLSD OSTOMY POUCH W/O BARR	7/1/2003	RBRVS	$0.00	$0.00							
A5053		CLSD OSTOMY POUCH FACEPLATE	7/1/2003	RBRVS	$0.00	$0.00							
A5054		CLSD OSTOMY POUCH W/FLANGE	7/1/2003	RBRVS	$0.00	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
A5055		STOMA CAP	7/1/2003	RBRVS	$0.00	$0.00							
A5061		POUCH DRAINABLE W BARRIER AT	7/1/2003	RBRVS	$0.00	$0.00							
A5062		DRNBLE OSTOMY POUCH W/O BARR	7/1/2003	RBRVS	$0.00	$0.00							
A5063		DRAIN OSTOMY POUCH W/FLANGE	7/1/2003	RBRVS	$0.00	$0.00							
A5071		URINARY POUCH W/BARRIER	7/1/2003	RBRVS	$0.00	$0.00							
A5072		URINARY POUCH W/O BARRIER	7/1/2003	RBRVS	$0.00	$0.00							
A5073		URINARY POUCH ON BARR W/FLNG	7/1/2003	RBRVS	$0.00	$0.00							
A5081		CONTINENT STOMA PLUG	7/1/2003	RBRVS	$0.00	$0.00							
A5082		CONTINENT STOMA CATHETER	7/1/2003	RBRVS	$0.00	$0.00							
A5093		OSTOMY ACCESSORY CONVEX INSE	7/1/2003	RBRVS	$0.00	$0.00							
A5102		BEDSIDE DRAIN BTL W/WO TUBE	7/1/2003	RBRVS	$0.00	$0.00							
A5105		URINARY SUSPENSORY	7/1/2003	RBRVS	$0.00	$0.00							
A5112		URINARY LEG BAG	7/1/2003	RBRVS	$0.00	$0.00							
A5113		LATEX LEG STRAP	7/1/2003	RBRVS	$0.00	$0.00							
A5114		FOAM/FABRIC LEG STRAP	7/1/2003	RBRVS	$0.00	$0.00							
A5119		SKIN BARRIER WIPES BOX PR 50	7/1/2003	RBRVS	$0.00	$0.00							
A5121		SOLID SKIN BARRIER 6X6	7/1/2003	RBRVS	$0.00	$0.00							
A5122		SOLID SKIN BARRIER 8X8	7/1/2003	RBRVS	$0.00	$0.00							
A5126		DISK/FOAM PAD +OR- ADHESIVE	7/1/2003	RBRVS	$0.00	$0.00							
A5131		APPLIANCE CLEANER	7/1/2003	RBRVS	$0.00	$0.00							
A6020		COLLAGEN WOUND DRESSING	1/1/1996	BY REPORT	$0.00	$0.00							
A6025		SILICONE GEL SHEET, EACH	1/1/1997	BY REPORT	$0.00	$0.00							
A6154		WOUND POUCH EACH	7/1/2003	RBRVS	$0.00	$0.00							
A6196		ALGINATE DRESSING <=16 SQ IN	7/1/2003	RBRVS	$0.00	$0.00							
A6197		ALGINATE DRSG >16 <=48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00							
A6198		ALGINATE DRESSING > 48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00							
A6199		ALGINATE DRSG WOUND FILLER	7/1/2003	RBRVS	$0.00	$0.00							
A6200		COMPOS DRSG <=16 NO BORDER	7/1/2003	RBRVS	$0.00	$0.00							
A6201		COMPOS DRSG >16<=48 NO BDR	7/1/2003	RBRVS	$0.00	$0.00							
A6202		COMPOS DRSG >48 NO BORDER	7/1/2003	RBRVS	$0.00	$0.00							
A6203		COMPOSITE DRSG <= 16 SQ IN	7/1/2003	RBRVS	$0.00	$0.00							
A6204		COMPOSITE DRSG >16<=48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00							
A6205		COMPOSITE DRSG > 48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00							
A6206		CONTACT LAYER <= 16 SQ IN	7/1/2003	RBRVS	$0.00	$0.00							
A6207		CONTACT LAYER >16<= 48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00							
A6208		CONTACT LAYER > 48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00							
A6209		FOAM DRSG <=16 SQ IN W/O BDR	7/1/2003	RBRVS	$0.00	$0.00							
A6210		FOAM DRG >16<=48 SQ IN W/O B	7/1/2003	RBRVS	$0.00	$0.00							
A6211		FOAM DRG > 48 SQ IN W/O BRDR	7/1/2003	RBRVS	$0.00	$0.00							
A6212		FOAM DRG <=16 SQ IN W/BORDER	7/1/2003	RBRVS	$0.00	$0.00							
A6213		FOAM DRG >16<=48 SQ IN W/BDR	7/1/2003	RBRVS	$0.00	$0.00							
A6214		FOAM DRG > 48 SQ IN W/BORDER	7/1/2003	RBRVS	$0.00	$0.00							
A6215		FOAM DRESSING WOUND FILLER	7/1/2003	RBRVS	$0.00	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
A6216		NON-STERILE GAUZE<=16 SQ IN	7/1/2003	RBRVS	$0.00	$0.00							
A6217		NON-STERILE GAUZE>16<=48 SQ	7/1/2003	RBRVS	$0.00	$0.00							
A6218		NON-STERILE GAUZE > 48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00							
A6219		GAUZE <= 16 SQ IN W/BORDER	7/1/2003	RBRVS	$0.00	$0.00							
A6220		GAUZE >16 <=48 SQ IN W/BORDR	7/1/2003	RBRVS	$0.00	$0.00							
A6221		GAUZE > 48 SQ IN W/BORDER	7/1/2003	RBRVS	$0.00	$0.00							
A6222		GAUZE <=16 IN NO W/SAL W/O B	7/1/2003	RBRVS	$0.00	$0.00							
A6223		GAUZE >16<=48 NO W/SAL W/O B	7/1/2003	RBRVS	$0.00	$0.00							
A6224		GAUZE > 48 IN NO W/SAL W/O B	7/1/2003	RBRVS	$0.00	$0.00							
A6228		GAUZE <= 16 SQ IN WATER/SAL	7/1/2003	RBRVS	$0.00	$0.00							
A6229		GAUZE >16<=48 SQ IN WATR/SAL	7/1/2003	RBRVS	$0.00	$0.00							
A6230		GAUZE > 48 SQ IN WATER/SALNE	7/1/2003	RBRVS	$0.00	$0.00							
A6234		HYDROCOLLD DRG <=16 W/O BDR	7/1/2003	RBRVS	$0.00	$0.00							
A6235		HYDROCOLLD DRG >16<=48 W/O B	7/1/2003	RBRVS	$0.00	$0.00							
A6236		HYDROCOLLD DRG > 48 IN W/O B	7/1/2003	RBRVS	$0.00	$0.00							
A6237		HYDROCOLLD DRG <=16 IN W/BDR	7/1/2003	RBRVS	$0.00	$0.00							
A6238		HYDROCOLLD DRG >16<=48 W/BDR	7/1/2003	RBRVS	$0.00	$0.00							
A6239		HYDROCOLLD DRG > 48 IN W/BDR	7/1/2003	RBRVS	$0.00	$0.00							
A6240		HYDROCOLLD DRG FILLER PASTE	7/1/2003	RBRVS	$0.00	$0.00							
A6241		HYDROCOLLOID DRG FILLER DRY	7/1/2003	RBRVS	$0.00	$0.00							
A6242		HYDROGEL DRG <=16 IN W/O BDR	7/1/2003	RBRVS	$0.00	$0.00							
A6243		HYDROGEL DRG >16<=48 W/O BDR	7/1/2003	RBRVS	$0.00	$0.00							
A6244		HYDROGEL DRG >48 IN W/O BDR	7/1/2003	RBRVS	$0.00	$0.00							
A6245		HYDROGEL DRG <= 16 IN W/BDR	7/1/2003	RBRVS	$0.00	$0.00							
A6246		HYDROGEL DRG >16<=48 IN W/B	7/1/2003	RBRVS	$0.00	$0.00							
A6247		HYDROGEL DRG > 48 SQ IN W/B	7/1/2003	RBRVS	$0.00	$0.00							
A6248		HYDROGEL DRSG GEL FILLER	7/1/2003	RBRVS	$0.00	$0.00							
A6250		SKIN SEAL PROTECT MOISTURIZR	7/1/2003	RBRVS	$0.00	$0.00							
A6251		ABSORPT DRG <=16 SQ IN W/O B	7/1/2003	RBRVS	$0.00	$0.00							
A6252		ABSORPT DRG >16 <=48 W/O BDR	7/1/2003	RBRVS	$0.00	$0.00							
A6253		ABSORPT DRG > 48 SQ IN W/O B	7/1/2003	RBRVS	$0.00	$0.00							
A6254		ABSORPT DRG <=16 SQ IN W/BDR	7/1/2003	RBRVS	$0.00	$0.00							
A6255		ABSORPT DRG >16<=48 IN W/BDR	7/1/2003	RBRVS	$0.00	$0.00							
A6256		ABSORPT DRG > 48 SQ IN W/BDR	7/1/2003	RBRVS	$0.00	$0.00							
A6257		TRANSPARENT FILM <= 16 SQ IN	7/1/2003	RBRVS	$0.00	$0.00							
A6258		TRANSPARENT FILM >16<=48 IN	7/1/2003	RBRVS	$0.00	$0.00							
A6259		TRANSPARENT FILM > 48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00							
A6260		WOUND CLEANSER ANY TYPE/SIZE	7/1/2003	RBRVS	$0.00	$0.00							
A6261		WOUND FILLER GEL/PASTE /OZ	7/1/2003	RBRVS	$0.00	$0.00							
A6262		WOUND FILLER DRY FORM / GRAM	7/1/2003	RBRVS	$0.00	$0.00							
A6266		IMPREG GAUZE NO H20/SAL/YARD	7/1/2003	RBRVS	$0.00	$0.00							
A6402		STERILE GAUZE <= 16 SQ IN	7/1/2003	RBRVS	$0.00	$0.00							
A6403		STERILE GAUZE>16 <= 48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
A6404		STERILE GAUZE > 48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00							
A7000		DISPOSABLE CANISTER FOR PUMP	7/1/2003	MEDICARE	$9.10	$0.00							
A7001		NONDISPOSABLE PUMP CANISTER	7/1/2003	MEDICARE	$31.55	$0.00							
A7002		TUBING USED W SUCTION PUMP	7/1/2003	MEDICARE	$3.65	$0.00							
A7003		NEBULIZER ADMINISTRATION SET	7/1/2003	MEDICARE	$2.61	$0.00							
A7004		DISPOSABLE NEBULIZER SML VOL	7/1/2003	MEDICARE	$1.72	$0.00							
A7005		NONDISPOSABLE NEBULIZER SET	7/1/2003	MEDICARE	$29.40	$0.00							
A7006		FILTERED NEBULIZER ADMIN SET	7/1/2003	MEDICARE	$9.10	$0.00							
A7007		LG VOL NEBULIZER DISPOSABLE	7/1/2003	MEDICARE	$4.40	$0.00							
A7008		DISPOSABLE NEBULIZER PREFILL	7/1/2003	MEDICARE	$10.49	$0.00							
A7009		NEBULIZER RESERVOIR BOTTLE	7/1/2003	MEDICARE	$40.10	$0.00							
A7010		DISPOSABLE CORRUGATED TUBING	7/1/2003	MEDICARE	$22.50	$0.00							
A7011		NONDISPOS CORRUGATED TUBING	1/1/2000	BY REPORT	$0.00	$0.00							
A7012		NEBULIZER WATER COLLEC DEVIC	7/1/2003	MEDICARE	$3.61	$0.00							
A7013		DISPOSABLE COMPRESSOR FILTER	7/1/2003	MEDICARE	$0.79	$0.00							
A7014		COMPRESSOR NONDISPOS FILTER	7/1/2003	MEDICARE	$4.28	$0.00							
A7015		AEROSOL MASK USED W NEBULIZE	7/1/2003	MEDICARE	$1.79	$0.00							
A7016		NEBULIZER DOME & MOUTHPIECE	7/1/2003	MEDICARE	$6.91	$0.00							
A7017		NEBULIZER NOT USED W OXYGEN	7/1/2003	MEDICARE	$127.85	$0.00							
A7017	RR	DURABLE NEB GLASS/AUTOCLAV PLAS	7/1/2003	MEDICARE	$12.78	$0.00							
A9500		TECHNETIUM TC 99M SESTAMIBI	7/1/2003	FEE SCHED	$108.89	$0.00							
A9502		TECHNETIUM TC99M TETROFOSMIN	7/1/2003	FEE SCHED	$122.40	$0.00							
A9503		TECHNETIUM TC 99M MEDRONATE	7/1/2003	FEE SCHED	$29.75	$0.00							
A9504		TECHNETIUM TC 99M APCITIDE	7/1/2003	FEE SCHED	$447.37	$0.00							
A9505		THALLOUS CHLORIDE TL 201/MCI	7/1/2003	FEE SCHED	$31.04	$0.00							
A9507		INDIUM/111 CAPROMAB PENDETID	7/1/2003	FEE SCHED	$1,961.38	$0.00							
A9508		IOBENGUANE SULFATE I-131	7/1/2003	FEE SCHED	$1,020.00	$0.00							
A9510		TECHNETIUM TC99M DISOFENIN	7/1/2003	FEE SCHED	$51.00	$0.00							
A9512		TECHNETIUMTC99MPERTECHNETATE	7/1/2003	FEE SCHED	$0.75	$0.00							
A9513		TECHNETIUM TC-99M MEBROFENIN	7/1/2003	FEE SCHED	$46.02	$0.00							
A9514		TECHNETIUMTC99MPYROPHOSPHATE	7/1/2003	FEE SCHED	$21.58	$0.00							
A9515		TECHNETIUM TC-99M PENTETATE	7/1/2003	FEE SCHED	$20.07	$0.00							
A9516		I-123 SODIUM IODIDE CAPSULE	7/1/2003	FEE SCHED	$58.18	$0.00							
A9517		I-131 SODIUM IODIDE CAPSULE	7/1/2003	FEE SCHED	$147.46	$0.00							
A9518		I-131 SODIUM IODIDE SOLUTION	7/1/2003	FEE SCHED	$131.14	$0.00							
A9519		TECHNETIUMTC-99MMACROAG ALBU	7/1/2003	FEE SCHED	$16.94	$0.00							
A9520		TECHNETIUMTC-99M SULFUR CLLD	7/1/2003	FEE SCHED	$63.75	$0.00							
A9521		TECHNETIUMTC-99M EXAMETAZINE	7/1/2003	FEE SCHED	$796.88	$0.00							
A9522		INDIUM111IBRITUMOMABTIUXETAN	7/1/2003	FEE SCHED	$2,308.09	$0.00							
A9523		YTTRIUM90IBRITUMOMABTIUXETAN	7/1/2003	FEE SCHED	$21,453.02	$0.00							
A9524		IODINATED I-131 SERUMALBUMIN	7/1/2003	FEE SCHED	$46.24	$0.00							
A9600		STRONTIUM-89 CHLORIDE	7/1/2003	FEE SCHED	$862.01	$0.00							
A9605		SAMARIUM SM153 LEXIDRONAMM	7/1/2003	FEE SCHED	$912.63	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
A9700		ECHOCARDIOGRAPHY CONTRAST	7/1/2003	FEE SCHED	$119.43	$0.00							
B4083		STOMACH TUBE - LEVINE TYPE	7/1/2003	FEE SCHED	$2.50	$0.00							
D9999		ADJUNCTIVE PROCEDURE	7/1/2003	BY REPORT	$0.00	$0.00							
E0100		CANE INCLUDES CANES OF ALL MATERI	7/1/2003	FEE SCHED	$19.40	$0.00							
E0105		CANE QUAD OR THREE PRONG INCLUD	7/1/2003	FEE SCHED	$44.21	$0.00							
E0110		CRUTCHES FOREARM INCLUDES CRUT	7/1/2003	FEE SCHED	$80.84	$0.00							
E0111		CRUTCH FOREARM INCLUDES CRUTCH	7/1/2003	FEE SCHED	$47.51	$0.00							
E0112		CRUTCHES UNDERARM WOOD ADJUST	7/1/2003	FEE SCHED	$39.76	$0.00							
E0113		CRUTCH UNDERAR WOOD ADJ. OR FIX	7/1/2003	FEE SCHED	$71.00	$0.00							
E0114		CRUTCHES UNDERARM ALUMINUM ADJ	7/1/2003	FEE SCHED	$83.24	$0.00							
E0116		CRUTCH UNDERARM ALUMINUM ADJUS	7/1/2003	FEE SCHED	$43.60	$0.00							
E0117		UNDERARM SPRINGASSIST CRUTCH	1/1/2003	MEDICARE	$192.71	$0.00							
E0781		AMBULATORY INFUSION PUMP SING OR	7/1/2003	FEE SCHED	$2,534.42	$0.00							
G0001		DRAWING BLOOD FOR SPECIMEN	7/1/1999	MEDICARE	$3.00	$0.00							
G0008		ADMIN INFLUENZA VIRUS VAC	7/1/2003	RBRVS	$5.67	$5.67							
G0009		ADMIN PNEUMOCOCCAL VACCINE	7/1/2003	RBRVS	$5.67	$5.67							
G0010		ADMIN HEPATITIS B VACCINE	7/1/2003	RBRVS	$5.67	$5.67							
G0101		CA SCREEN;PELVIC/BREAST EXAM	7/1/2003	RBRVS	$27.50	$18.21							
G0103		PSA, TOTAL SCREENING	1/1/2003	MEDICARE	$25.69	$0.00							
G0107		CA SCREEN; FECAL BLOOD TEST	1/1/2003	MEDICARE	$4.54	$0.00							
G0108		DIAB MANAGE TRN PER INDIV	7/1/2003	RBRVS	$22.64	$22.64							
G0109		DIAB MANAGE TRN IND/GROUP	7/1/2003	RBRVS	$13.35	$13.35							
G0123		SCREEN CERV/VAG THIN LAYER	1/1/2003	MEDICARE	$14.76	$0.00							
G0124		SCREEN C/V THIN LAYER BY MD	7/1/2003	RBRVS	$39.72	$39.72							
G0127		TRIM NAIL(S)	7/1/2003	RBRVS	$12.38	$7.17	000		Y				
G0141		SCR C/V CYTO,AUTOSYS AND MD	7/1/2003	RBRVS	$39.72	$39.72							
G0143		SCR C/V CYTO,THINLAYER,RESCR	1/1/2003	MEDICARE	$14.76	$0.00							
G0144		SCR C/V CYTO THINLAYER RESCR	1/1/2003	MEDICARE	$14.76	$0.00							
G0145		SCR C/V CYTO THINLAYER RESCR	1/1/2003	MEDICARE	$14.76	$0.00							
G0147		SCR C/V CYTO, AUTOMATED SYS	1/1/2003	MEDICARE	$14.76	$0.00							
G0148		SCR C/V CYTO, AUTOSYS, RESCR	1/1/2003	MEDICARE	$14.76	$0.00							
G0167		HYPERBARIC OZ TX;NO MD REQRD	7/1/2003	BY REPORT	$0.00	$0.00							
G0168		WOUND CLOSURE BY ADHESIVE	7/1/2003	RBRVS	$74.74	$18.46	000		Y				
G0202		SCREENINGMAMMOGRAPHYDIGITAL	7/1/2003	RBRVS	$99.25	$99.25							
G0202	TC	SCREENINGMAMMOGRAPHYDIGITAL	7/1/2003	RBRVS	$70.47	$70.47							
G0202	26	SCREENINGMAMMOGRAPHYDIGITAL	7/1/2003	RBRVS	$28.78	$28.78							
G0204		DIAGNOSTICMAMMOGRAPHYDIGITAL	7/1/2003	RBRVS	$105.61	$105.61							
G0204	TC	DIAGNOSTICMAMMOGRAPHYDIGITAL	7/1/2003	RBRVS	$69.66	$69.66							
G0204	26	DIAGNOSTICMAMMOGRAPHYDIGITAL	7/1/2003	RBRVS	$35.95	$35.95							
G0206		DIAGNOSTICMAMMOGRAPHYDIGITAL	7/1/2003	RBRVS	$85.06	$85.06							
G0206	TC	DIAGNOSTICMAMMOGRAPHYDIGITAL	7/1/2003	RBRVS	$56.03	$56.03							
G0206	26	DIAGNOSTICMAMMOGRAPHYDIGITAL	7/1/2003	RBRVS	$29.03	$29.03							
G0237		THERAPEUTIC PROCD STRG ENDUR	7/1/2003	RBRVS	$13.28	$13.28							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
G0238		OTH RESP PROC, INDIV	7/1/2003	BY REPORT	$0.00	$0.00							
G0239		OTH RESP PROC GROUP	7/1/2003	BY REPORT	$0.00	$0.00							
G0245		INITIAL FOOT EXAM PTLOPS	7/1/2003	RBRVS	$48.24	$35.95							
G0246		FOLLOWUP EVAL OF FOOT PT LOP	7/1/2003	RBRVS	$28.00	$18.15							
G0247		ROUTINE FOOT CARE PT W LOPS	7/1/2003	RBRVS	$30.15	$21.67							
G0248		DEMONSTRATE USE HOME INR MON	7/1/2003	RBRVS	$117.67	$117.67							
G0249		PROVIDE TEST MATERIAL EQUIPMENT	7/1/2003	RBRVS	$91.73	$91.73							
G0265		CRYOPRESEVATION FREEZE+STORA	1/1/2003	MEDICARE	$14.11	$0.00							
G0266		THAWING + EXPANSION FROZ CEL	1/1/2003	MEDICARE	$14.11	$0.00							
G0289		ARTHRO LOOSE BODY + CHONDRO	7/1/2003	RBRVS	$65.79	$65.79				Y			
J0120		TETRACYCLIN INJECTION	1/1/1991	FEE SCHED	$10.25	$0.00							
J0150		INJECTION ADENOSINE 6 MG	7/1/2003	FEE SCHED	$34.80	$0.00							
J0170		ADRENALIN EPINEPHRIN INJECT	7/1/2003	FEE SCHED	$2.13	$0.00							
J0190		INJ BIPERIDEN LACTATE/5 MG	1/1/1991	FEE SCHED	$2.55	$0.00							
J0200		ALATROFLOXACIN MESYLATE	7/1/2003	FEE SCHED	$17.04	$0.00							
J0205		ALGLUCERASE INJECTION	7/1/2003	FEE SCHED	$33.58	$0.00							
J0207		AMIFOSTINE	7/1/2003	FEE SCHED	$405.29	$0.00							
J0210		METHYLDOPATE HCL INJECTION	7/1/2003	FEE SCHED	$10.63	$0.00							
J0256		ALPHA 1 PROTEINASE INHIBITOR	7/1/2003	FEE SCHED	$2.38	$0.00							
J0270		ALPROSTADIL FOR INJECTION	7/1/2002	FEE SCHED	$15.24	$0.00							
J0280		AMINOPHYLLIN 250 MG INJ	7/1/2003	FEE SCHED	$0.94	$0.00							
J0282		AMIODARONE HCL	7/1/2003	FEE SCHED	$5.51	$0.00							
J0287		AMPHOTERICIN B LIPID COMPLEX	7/1/2003	FEE SCHED	$19.55	$0.00							
J0288		AMPHO B CHOLESTERYL SULFATE	7/1/2003	FEE SCHED	$13.60	$0.00							
J0289		AMPHOTERICIN B LIPOSOME INJ	7/1/2003	FEE SCHED	$32.03	$0.00							
J0290		AMPICILLIN 500 MG INJ	7/1/2003	FEE SCHED	$1.48	$0.00							
J0300		AMOBARBITAL 125 MG INJ	7/1/2003	FEE SCHED	$2.14	$0.00							
J0330		SUCCINYCHOLINE CHLORIDE INJ	7/1/2003	FEE SCHED	$0.18	$0.00							
J0360		HYDRALAZINE HCL INJECTION	7/1/2003	FEE SCHED	$14.35	$0.00							
J0380		INJ METARAMINOL BITARTRATE	7/1/2003	FEE SCHED	$1.14	$0.00							
J0390		CHLOROQUINE INJECTION	7/1/2003	FEE SCHED	$17.61	$0.00							
J0456		AZITHROMYCIN	7/1/2003	FEE SCHED	$22.08	$0.00							
J0460		ATROPINE SULFATE INJECTION	7/1/2003	FEE SCHED	$0.74	$0.00							
J0470		DIMECAPROL INJECTION	7/1/2003	FEE SCHED	$21.18	$0.00							
J0475		BACLOFEN 10 MG INJECTION	7/1/2003	FEE SCHED	$192.74	$0.00							
J0500		DICYCLOMINE INJECTION	7/1/2003	FEE SCHED	$14.23	$0.00							
J0515		INJ BENZTROPINE MESYLATE	7/1/2003	FEE SCHED	$3.49	$0.00							
J0520		BETHANECHOL CHLORIDE INJECT	7/1/2003	FEE SCHED	$4.78	$0.00							
J0530		PENICILLIN G BENZATHINE INJ	7/1/2003	FEE SCHED	$10.67	$0.00							
J0540		PENICILLIN G BENZATHINE INJ	7/1/2003	FEE SCHED	$20.94	$0.00							
J0550		PENICILLIN G BENZATHINE INJ	7/1/2003	FEE SCHED	$44.84	$0.00							
J0560		PENICILLIN G BENZATHINE INJ	7/1/2003	FEE SCHED	$8.85	$0.00							
J0570		PENICILLIN G BENZATHINE INJ	7/1/2003	FEE SCHED	$17.70	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
J0580		PENICILLIN G BENZATHINE INJ	7/1/2003	FEE SCHED	$35.40	$0.00							
J0585		BOTULINUM TOXIN A PER UNIT	7/1/2003	FEE SCHED	$4.43	$0.00		Y					
J0587		BOTULINUM TOXIN TYPE B	7/1/2003	FEE SCHED	$7.86	$0.00		Y					
J0592		BUPRENORPHINE HYDROCHLORIDE	7/1/2003	FEE SCHED	$0.87	$0.00							
J0600		EDETATE CALCIUM DISODIUM INJ	7/1/2003	FEE SCHED	$35.87	$0.00							
J0610		CALCIUM GLUCONATE INJECTION	7/1/2003	FEE SCHED	$0.91	$0.00							
J0620		CALCIUM GLYCER & LACT/10 ML	7/1/2003	FEE SCHED	$5.55	$0.00							
J0630		CALCITONIN SALMON INJECTION	7/1/2003	FEE SCHED	$34.37	$0.00							
J0636		INJ CALCITRIOL PER 0.1 MCG	7/1/2003	FEE SCHED	$1.23	$0.00							
J0637		CASPOFUNGIN ACETATE	7/1/2003	FEE SCHED	$29.48	$0.00							
J0640		LEUCOVORIN CALCIUM INJECTION	7/1/2003	FEE SCHED	$15.68	$0.00							
J0650		CALSCORBATE UP TO 100 MG	4/1/1988	BY REPORT	$0.00	$0.00							
J0670		INJ MEPIVACAINE HCL/10 ML	7/1/2003	FEE SCHED	$1.91	$0.00							
J0690		CEFAZOLIN SODIUM INJECTION	7/1/2003	FEE SCHED	$1.56	$0.00							
J0692		CEFEPIME HCL FOR INJECTION	7/1/2003	FEE SCHED	$7.27	$0.00							
J0694		CEFOXITIN SODIUM INJECTION	7/1/2003	FEE SCHED	$9.56	$0.00							
J0696		CEFTRIAXONE SODIUM INJECTION	7/1/2003	FEE SCHED	$13.35	$0.00							
J0697		STERILE CEFUROXIME INJECTION	7/1/2003	FEE SCHED	$5.74	$0.00							
J0698		CEFOTAXIME SODIUM INJECTION	7/1/2003	FEE SCHED	$9.35	$0.00							
J0706		CAFFEINE CITRATE INJECTION	7/1/2003	FEE SCHED	$3.08	$0.00							
J0710		CEPHAPIRIN SODIUM INJECTION	7/1/2002	FEE SCHED	$1.39	$0.00							
J0713		INJ CEFTAZIDIME PER 500 MG	7/1/2003	FEE SCHED	$6.04	$0.00							
J0720		CHLORAMPHENICOL SODIUM INJEC	7/1/2003	FEE SCHED	$6.46	$0.00							
J0725		CHORIONIC GONADOTROPIN/1000U	7/1/2003	FEE SCHED	$2.98	$0.00							
J0735		CLONIDINE HYDROCHLORIDE	7/1/2003	FEE SCHED	$49.35	$0.00							
J0740		CIDOFOVIR INJECTION	7/1/2003	FEE SCHED	$754.80	$0.00							
J0743		CILASTATIN SODIUM INJECTION	7/1/2003	FEE SCHED	$14.20	$0.00							
J0744		CIPROFLOXACIN IV	7/1/2003	FEE SCHED	$12.25	$0.00							
J0745		INJ CODEINE PHOSPHATE /30 MG	7/1/2003	FEE SCHED	$0.43	$0.00							
J0760		COLCHICINE INJECTION	7/1/2003	FEE SCHED	$6.33	$0.00							
J0770		COLISTIMETHATE SODIUM INJ	7/1/2003	FEE SCHED	$48.45	$0.00							
J0780		PROCHLORPERAZINE INJECTION	7/1/2003	FEE SCHED	$4.38	$0.00							
J0800		CORTICOTROPIN INJECTION	7/1/2003	FEE SCHED	$83.16	$0.00							
J0880		INJECTION DARBEPOETIN ALFA 5 MCG	7/1/2003	FEE SCHED	$21.20	$0.00							
J0895		DEFEROXAMINE MESYLATE INJ	7/1/2003	FEE SCHED	$13.98	$0.00							
J0900		TESTOSTERONE ENANTHATE INJ	7/1/2003	FEE SCHED	$1.46	$0.00							
J0945		BROMPHENIRAMINE MALEATE INJ	7/1/2003	FEE SCHED	$0.85	$0.00							
J0970		ESTRADIOL VALERATE INJECTION	7/1/2003	FEE SCHED	$1.45	$0.00							
J1000		DEPO-ESTRADIOL CYPIONATE INJ	7/1/2003	FEE SCHED	$1.70	$0.00							
J1010		DEPO-HEPARIN SODIUM 20 000 UNITS	9/1/1987	MEDICARE	$3.60	$0.00							
J1020		METHYLPREDNISOLONE 20 MG INJ	7/1/2003	FEE SCHED	$2.28	$0.00							
J1030		METHYLPREDNISOLONE 40 MG INJ	7/1/2003	FEE SCHED	$3.85	$0.00							
J1040		METHYLPREDNISOLONE 80 MG INJ	7/1/2003	FEE SCHED	$7.70	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
J1051		MEDROXYPROGESTERONE INJ	7/1/2003	FEE SCHED	$4.46	$0.00							
J1055		MEDRXYPROGESTER ACETATE INJ	7/1/2003	FEE SCHED	$47.69	$0.00							
J1056		MA/EC CONTRACEPTIVEINJECTION	7/1/2003	FEE SCHED	$22.94	$0.00							
J1060		TESTOSTERONE CYPIONATE 1 ML	7/1/2003	FEE SCHED	$4.16	$0.00							
J1070		TESTOSTERONE CYPIONAT 100 MG	7/1/2003	FEE SCHED	$4.61	$0.00							
J1080		TESTOSTERONE CYPIONAT 200 MG	7/1/2003	FEE SCHED	$8.00	$0.00							
J1094		INJ DEXAMETHASONE ACETATE	7/1/2003	FEE SCHED	$0.64	$0.00							
J1100		DEXAMETHASONE SODIUM PHOS	7/1/2003	FEE SCHED	$0.09	$0.00							
J1110		INJ DIHYDROERGOTAMINE MESYLT	7/1/2003	FEE SCHED	$36.04	$0.00							
J1120		ACETAZOLAMID SODIUM INJECTIO	7/1/2003	FEE SCHED	$26.52	$0.00							
J1160		DIGOXIN INJECTION	7/1/2003	FEE SCHED	$1.60	$0.00							
J1165		PHENYTOIN SODIUM INJECTION	7/1/2003	FEE SCHED	$0.77	$0.00							
J1170		HYDROMORPHONE INJECTION	7/1/2003	FEE SCHED	$1.33	$0.00							
J1180		DYPHYLLINE INJECTION	7/1/2003	FEE SCHED	$8.07	$0.00							
J1190		DEXRAZOXANE HCL INJECTION	7/1/2003	FEE SCHED	$202.28	$0.00							
J1200		DIPHENHYDRAMINE HCL INJECTIO	7/1/2003	FEE SCHED	$1.44	$0.00							
J1205		CHLOROTHIAZIDE SODIUM INJ	7/1/2003	FEE SCHED	$9.39	$0.00							
J1212		DIMETHYL SULFOXIDE 50% 50 ML	7/1/2003	FEE SCHED	$39.91	$0.00							
J1230		METHADONE INJECTION	7/1/2003	FEE SCHED	$0.67	$0.00							
J1240		DIMENHYDRINATE INJECTION	7/1/2003	FEE SCHED	$0.34	$0.00							
J1245		DIPYRIDAMOLE INJECTION	7/1/2003	FEE SCHED	$19.59	$0.00							
J1250		INJ DOBUTAMINE HCL/250 MG	7/1/2003	FEE SCHED	$4.24	$0.00							
J1260		DOLASETRON MESYLATE	7/1/2003	FEE SCHED	$14.72	$0.00							
J1270		INJECTION, DOXERCALCIFEROL	7/1/2003	FEE SCHED	$4.10	$0.00							
J1320		AMITRIPTYLINE INJECTION	7/1/2003	FEE SCHED	$2.15	$0.00							
J1325		EPOPROSTENOL INJECTION	7/1/2003	FEE SCHED	$16.16	$0.00							
J1327		EPTIFIBATIDE INJECTION	7/1/2003	FEE SCHED	$11.48	$0.00							
J1330		ERGONOVINE MALEATE INJECTION	7/1/2002	FEE SCHED	$4.03	$0.00							
J1380		ESTRADIOL VALERATE 10 MG INJ	7/1/2003	FEE SCHED	$0.47	$0.00							
J1390		ESTRADIOL VALERATE 20 MG INJ	7/1/2003	FEE SCHED	$0.94	$0.00							
J1410		INJ ESTROGEN CONJUGATE 25 MG	7/1/2003	FEE SCHED	$50.78	$0.00							
J1435		INJECTION ESTRONE PER 1 MG	7/1/2003	FEE SCHED	$0.51	$0.00							
J1436		ETIDRONATE DISODIUM INJ	7/1/2003	FEE SCHED	$68.85	$0.00							
J1438		ETANERCEPT INJECTION	7/1/2003	FEE SCHED	$138.83	$0.00							
J1440		FILGRASTIM 300 MCG INJECITON	7/1/2003	FEE SCHED	$166.33	$0.00							
J1441		FILGRASTIM 480 MCG INJECTION	7/1/2003	FEE SCHED	$281.01	$0.00							
J1450		FLUCONAZOLE	7/1/2003	FEE SCHED	$85.82	$0.00							
J1452		INTRAOCULAR FOMIVIRSEN NA	7/1/2003	FEE SCHED	$850.00	$0.00							
J1455		FOSCARNET SODIUM INJECTION	7/1/2003	FEE SCHED	$11.69	$0.00							
J1460		GAMMA GLOBULIN 1 CC INJ	7/1/2003	FEE SCHED	$10.20	$0.00							
J1470		GAMMA GLOBULIN 2 CC INJ	7/1/2003	FEE SCHED	$20.40	$0.00							
J1480		GAMMA GLOBULIN 3 CC INJ	7/1/2003	FEE SCHED	$30.64	$0.00							
J1490		GAMMA GLOBULIN 4 CC INJ	7/1/2003	FEE SCHED	$40.80	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
J1500		GAMMA GLOBULIN 5 CC INJ	7/1/2003	FEE SCHED	$51.00	$0.00							
J1510		GAMMA GLOBULIN 6 CC INJ	7/1/2003	FEE SCHED	$61.08	$0.00							
J1520		GAMMA GLOBULIN 7 CC INJ	7/1/2003	FEE SCHED	$71.33	$0.00							
J1530		GAMMA GLOBULIN 8 CC INJ	7/1/2003	FEE SCHED	$81.60	$0.00							
J1540		GAMMA GLOBULIN 9 CC INJ	7/1/2003	FEE SCHED	$91.89	$0.00							
J1550		GAMMA GLOBULIN 10 CC INJ	7/1/2003	FEE SCHED	$102.00	$0.00							
J1560		GAMMA GLOBULIN > 10 CC INJ	1/1/1991	FEE SCHED	$1.35	$0.00							
J1563		IV IMMUNE GLOBULIN	7/1/2003	FEE SCHED	$70.13	$0.00							
J1564		IMMUNE GLOBULIN 10 MG	7/1/2003	FEE SCHED	$0.77	$0.00							
J1565		RSV-IVIG	7/1/2003	FEE SCHED	$14.81	$0.00							
J1570		GANCICLOVIR SODIUM INJECTION	7/1/2003	FEE SCHED	$31.54	$0.00							
J1580		GARAMYCIN GENTAMICIN INJ	7/1/2003	FEE SCHED	$1.58	$0.00							
J1590		GATIFLOXACIN INJECTION	7/1/2003	FEE SCHED	$0.81	$0.00							
J1600		GOLD SODIUM THIOMALEATE INJ	7/1/2003	FEE SCHED	$12.10	$0.00							
J1626		GRANISETRON HCL INJECTION	7/1/2003	FEE SCHED	$16.59	$0.00							
J1630		HALOPERIDOL INJECTION	7/1/2003	FEE SCHED	$6.38	$0.00							
J1631		HALOPERIDOL DECANOATE INJ	7/1/2003	FEE SCHED	$22.31	$0.00							
J1642		INJ HEPARIN SODIUM PER 10 U	7/1/2003	FEE SCHED	$0.05	$0.00							
J1645		DALTEPARIN SODIUM	7/1/2003	FEE SCHED	$10.14	$0.00							
J1650		INJ ENOXAPARIN SODIUM	7/1/2003	FEE SCHED	$5.20	$0.00							
J1652		FONDAPARINUX SODIUM	7/1/2003	FEE SCHED	$7.40	$0.00							
J1655		TINZAPARIN SODIUM INJECTION	7/1/2003	FEE SCHED	$3.42	$0.00							
J1670		TETANUS IMMUNE GLOBULIN INJ	7/1/2003	FEE SCHED	$106.25	$0.00							
J1700		HYDROCORTISONE ACETATE INJ	7/1/2003	FEE SCHED	$0.30	$0.00							
J1710		HYDROCORTISONE SODIUM PH INJ	7/1/2003	FEE SCHED	$4.98	$0.00							
J1720		HYDROCORTISONE SODIUM SUCC I	7/1/2003	FEE SCHED	$1.55	$0.00							
J1730		DIAZOXIDE INJECTION	7/1/2003	FEE SCHED	$110.01	$0.00							
J1742		IBUTILIDE FUMARATE INJECTION	7/1/2003	FEE SCHED	$234.26	$0.00							
J1745		INFLIXIMAB INJECTION	7/1/2003	FEE SCHED	$58.78	$0.00							
J1750		IRON DEXTRAN	7/1/2003	FEE SCHED	$16.02	$0.00							
J1756		IRON SUCROSE INJECTION	7/1/2003	FEE SCHED	$0.59	$0.00							
J1790		DROPERIDOL INJECTION	7/1/2003	FEE SCHED	$2.51	$0.00							
J1800		PROPRANOLOL INJECTION	7/1/2003	FEE SCHED	$10.41	$0.00							
J1810		DROPERIDOL/FENTANYL INJ	7/1/2003	FEE SCHED	$8.45	$0.00							
J1815		INSULIN INJECTION	7/1/2003	FEE SCHED	$0.09	$0.00							
J1817		INSULIN FOR INSULIN PUMP USE	1/1/2003	BY REPORT	$0.00	$0.00							
J1825		INTERFERON BETA-1A	7/1/2003	FEE SCHED	$94.50	$0.00							
J1835		INTRACONAZOLE INJECTION	7/1/2003	FEE SCHED	$32.97	$0.00							
J1840		KANAMYCIN SULFATE 500 MG INJ	7/1/2003	FEE SCHED	$2.94	$0.00							
J1850		KANAMYCIN SULFATE 75 MG INJ	7/1/2003	FEE SCHED	$0.44	$0.00							
J1885		KETOROLAC TROMETHAMINE INJ	7/1/2003	FEE SCHED	$0.51	$0.00							
J1890		CEPHALOTHIN SODIUM INJECTION	7/1/2003	FEE SCHED	$9.18	$0.00							
J1910		KUTAPRESSIN INJECTION	7/1/2003	FEE SCHED	$13.89	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
J1940		FUROSEMIDE INJECTION	7/1/2003	FEE SCHED	$0.90	$0.00							
J1955		INJ LEVOCARNITINE PER 1 GM	7/1/2003	FEE SCHED	$30.60	$0.00							
J1956		LEVOFLOXACIN INJECTION	7/1/2003	FEE SCHED	$18.62	$0.00							
J1960		LEVORPHANOL TARTRATE INJ	7/1/2003	FEE SCHED	$3.36	$0.00							
J1980		HYOSCYAMINE SULFATE INJ	7/1/2003	FEE SCHED	$7.66	$0.00							
J1990		CHLORDIAZEPOXIDE INJECTION	7/1/2003	FEE SCHED	$22.36	$0.00							
J2000		LIDOCAINE INJECTION	7/1/2003	FEE SCHED	$1.06	$0.00							
J2010		LINCOMYCIN INJECTION	7/1/2003	FEE SCHED	$2.97	$0.00							
J2020		LINEZOLID INJECTION	7/1/2003	FEE SCHED	$34.30	$0.00							
J2060		LORAZEPAM INJECTION	7/1/2003	FEE SCHED	$2.81	$0.00							
J2150		MANNITOL INJECTION	7/1/2003	FEE SCHED	$2.71	$0.00							
J2175		MEPERIDINE HYDROCHL /100 MG	7/1/2003	FEE SCHED	$0.50	$0.00							
J2180		MEPERIDINE/PROMETHAZINE INJ	7/1/2003	FEE SCHED	$4.22	$0.00							
J2210		METHYLERGONOVIN MALEATE INJ	7/1/2003	FEE SCHED	$3.47	$0.00							
J2250		INJ MIDAZOLAM HYDROCHLORIDE	7/1/2003	FEE SCHED	$1.03	$0.00							
J2270		MORPHINE SULFATE INJECTION	7/1/2003	FEE SCHED	$0.64	$0.00							
J2275		MORPHINE SULFATE INJECTION	7/1/2003	FEE SCHED	$2.13	$0.00							
J2300		INJ NALBUPHINE HYDROCHLORIDE	7/1/2003	FEE SCHED	$1.35	$0.00							
J2310		INJ NALOXONE HYDROCHLORIDE	7/1/2003	FEE SCHED	$2.12	$0.00							
J2320		NANDROLONE DECANOATE 50 MG	7/1/2003	FEE SCHED	$3.44	$0.00							
J2321		NANDROLONE DECANOATE 100 MG	7/1/2003	FEE SCHED	$6.86	$0.00							
J2322		NANDROLONE DECANOATE 200 MG	7/1/2003	FEE SCHED	$14.08	$0.00							
J2324		NESIRITIDE	7/1/2003	FEE SCHED	$129.20	$0.00							
J2352		OCTREOTIDE ACETATE INJECTION	7/1/2003	FEE SCHED	$79.35	$0.00							
J2360		ORPHENADRINE INJECTION	7/1/2003	FEE SCHED	$4.85	$0.00							
J2370		PHENYLEPHRINE HCL INJECTION	7/1/2003	FEE SCHED	$1.91	$0.00							
J2405		ONDANSETRON HCL INJECTION	7/1/2003	FEE SCHED	$5.45	$0.00							
J2410		OXYMORPHONE HCL INJECTION	7/1/2003	FEE SCHED	$2.64	$0.00							
J2440		PAPAVERIN HCL INJECTION	7/1/2003	FEE SCHED	$3.13	$0.00							
J2460		OXYTETRACYCLINE INJECTION	7/1/2003	FEE SCHED	$0.91	$0.00							
J2501		PARICALCITOL	7/1/2003	FEE SCHED	$4.49	$0.00							
J2515		PENTOBARBITAL SODIUM INJ	7/1/2003	FEE SCHED	$0.53	$0.00							
J2540		PENICILLIN G POTASSIUM INJ	7/1/2003	FEE SCHED	$0.26	$0.00							
J2543		PIPERACILLIN/TAZOBACTAM	7/1/2003	FEE SCHED	$4.36	$0.00							
J2545		PENTAMIDINE ISETHIONTE/300MG	7/1/2003	FEE SCHED	$83.94	$0.00							
J2550		PROMETHAZINE HCL INJECTION	7/1/2003	FEE SCHED	$2.55	$0.00							
J2560		PHENOBARBITAL SODIUM INJ	7/1/2003	FEE SCHED	$1.45	$0.00							
J2590		OXYTOCIN INJECTION	7/1/2003	FEE SCHED	$1.15	$0.00							
J2597		INJ DESMOPRESSIN ACETATE	7/1/2003	FEE SCHED	$3.09	$0.00							
J2650		PREDNISOLONE ACETATE INJ	7/1/2003	FEE SCHED	$0.40	$0.00							
J2670		TOTAZOLINE HCL INJECTION	7/1/2003	FEE SCHED	$3.51	$0.00							
J2675		INJ PROGESTERONE PER 50 MG	7/1/2003	BY REPORT	$3.30	$0.00							
J2680		FLUPHENAZINE DECANOATE 25 MG	7/1/2003	FEE SCHED	$12.43	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
J2690		PROCAINAMIDE HCL INJECTION	7/1/2003	FEE SCHED	$1.36	$0.00							
J2700		OXACILLIN SODIUM INJECITON	7/1/2003	FEE SCHED	$0.72	$0.00							
J2710		NEOSTIGMINE METHYLSLFTE INJ	7/1/2003	FEE SCHED	$0.60	$0.00							
J2720		INJ PROTAMINE SULFATE/10 MG	7/1/2003	FEE SCHED	$0.68	$0.00							
J2730		PRALIDOXIME CHLORIDE INJ	7/1/2003	FEE SCHED	$92.12	$0.00							
J2760		PHENTOLAINE MESYLATE INJ	7/1/2003	FEE SCHED	$29.16	$0.00							
J2765		METOCLOPRAMIDE HCL INJECTION	7/1/2003	FEE SCHED	$1.85	$0.00							
J2770		QUINUPRISTIN/DALFOPRISTIN	7/1/2003	FEE SCHED	$94.05	$0.00							
J2780		RANITIDINE HYDROCHLORIDE INJ	7/1/2003	FEE SCHED	$1.28	$0.00							
J2788		RHO D IMMUNE GLOBULIN 50 MCG	7/1/2003	FEE SCHED	$32.13	$0.00							
J2790		RHO D IMMUNE GLOBULIN INJ	7/1/2003	FEE SCHED	$89.76	$0.00							
J2795		ROPIVACAINE HCL INJECTION	7/1/2003	FEE SCHED	$0.06	$0.00							
J2800		METHOCARBAMOL INJECTION	7/1/2003	FEE SCHED	$13.22	$0.00							
J2810		INJ THEOPHYLLINE PER 40 MG	1/1/1991	FEE SCHED	$0.01	$0.00							
J2820		SARGRAMOSTIM INJECTION	7/1/2003	FEE SCHED	$26.00	$0.00							
J2890		SMALL POX (FOR TREATMENT ONLY)	4/1/1988	BY REPORT	$0.00	$0.00							
J2910		AUROTHIOGLUCOSE INJECITON	7/1/2003	FEE SCHED	$14.25	$0.00							
J2912		SODIUM CHLORIDE INJECTION	7/1/2003	FEE SCHED	$0.44	$0.00							
J2916		NA FERRIC GLUCONATE COMPLEX	7/1/2003	FEE SCHED	$7.31	$0.00							
J2920		METHYLPREDNISOLONE INJECTION	7/1/2003	FEE SCHED	$1.41	$0.00							
J2930		METHYLPREDNISOLONE INJECTION	7/1/2003	FEE SCHED	$1.72	$0.00							
J2940		SOMATREM INJECTION	7/1/2003	FEE SCHED	$40.76	$0.00							
J2941		SOMATROPIN INJECTION	7/1/2003	FEE SCHED	$39.14	$0.00							
J2950		PROMAZINE HCL INJECITON	7/1/2003	FEE SCHED	$0.41	$0.00							
J2993		RETEPLASE INJECTION	7/1/2003	FEE SCHED	$1,168.75	$0.00							
J2995		INJ STREPTOKINASE /250000 IU	7/1/2003	FEE SCHED	$79.69	$0.00							
J2997		ALTEPLASE RECOMBINANT	7/1/2003	FEE SCHED	$31.88	$0.00							
J3000		STREPTOMYCIN INJECTION	7/1/2003	FEE SCHED	$5.68	$0.00							
J3010		FENTANYL CITRATE INJECITON	7/1/2003	FEE SCHED	$0.83	$0.00							
J3030		SUMATRIPTAN SUCCINATE / 6 MG	7/1/2003	FEE SCHED	$23.76	$0.00							
J3060		SYNKAYVITE UP TO 10 MG (0004192406)	1/1/1991	FEE SCHED	$1.98	$0.00							
J3070		PENTAZOCINE INJECTION	7/1/2003	FEE SCHED	$4.68	$0.00							
J3100		TENECTEPLASE INJECTION	7/1/2003	FEE SCHED	$2,337.50	$0.00							
J3105		TERBUTALINE SULFATE INJ	7/1/2003	FEE SCHED	$26.30	$0.00							
J3120		TESTOSTERONE ENANTHATE INJ	7/1/2003	FEE SCHED	$7.27	$0.00							
J3130		TESTOSTERONE ENANTHATE INJ	7/1/2003	FEE SCHED	$14.54	$0.00							
J3140		TESTOSTERONE SUSPENSION INJ	7/1/2003	FEE SCHED	$0.36	$0.00							
J3150		TESTOSTERON PROPIONATE INJ	7/1/2003	FEE SCHED	$1.53	$0.00							
J3230		CHLORPROMAZINE HCL INJECTION	7/1/2003	FEE SCHED	$3.94	$0.00							
J3240		THYROTROPIN INJECTION	7/1/2003	FEE SCHED	$552.50	$0.00							
J3245		TIROFIBAN HYDROCHLORIDE	7/1/2003	FEE SCHED	$421.77	$0.00							
J3250		TRIMETHOBENZAMIDE HCL INJ	7/1/2003	FEE SCHED	$1.39	$0.00							
J3260		TOBRAMYCIN SULFATE INJECTION	7/1/2003	FEE SCHED	$3.99	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team
J3265		INJECTION TORSEMIDE 10 MG/ML	7/1/2003	FEE SCHED	$1.27	$0.00							
J3280		THIETHYLPERAZINE MALEATE INJ	7/1/2003	FEE SCHED	$5.06	$0.00							
J3301		TRIAMCINOLONE ACETONIDE INJ	7/1/2003	FEE SCHED	$1.36	$0.00							
J3302		TRIAMCINOLONE DIACETATE INJ	7/1/2003	FEE SCHED	$0.30	$0.00							
J3303		TRIAMCINOLONE HEXACETONL INJ	7/1/2003	FEE SCHED	$0.90	$0.00							
J3305		INJ TRIMETREXATE GLUCORONATE	7/1/2003	FEE SCHED	$127.50	$0.00							
J3310		PERPHENAZINE INJECITON	7/1/2003	FEE SCHED	$6.38	$0.00							
J3315		TRIPTORELIN PAMOATE	7/1/2003	FEE SCHED	$371.53	$0.00							
J3320		SPECTINOMYCN DI-HCL INJ	7/1/2003	FEE SCHED	$23.98	$0.00							
J3350		UREA INJECTION	7/1/2003	FEE SCHED	$75.36	$0.00							
J3360		DIAZEPAM INJECTION	7/1/2003	FEE SCHED	$0.87	$0.00							
J3364		UROKINASE 5000 IU INJECTION	7/1/2003	FEE SCHED	$9.15	$0.00							
J3365		UROKINASE 250,000 IU INJ	7/1/2003	FEE SCHED	$457.66	$0.00							
J3370		VANCOMYCIN HCL INJECITON	7/1/2003	FEE SCHED	$6.29	$0.00							
J3395		VERTEPORFIN INJECTION	7/1/2003	FEE SCHED	$1,304.75	$0.00							
J3400		TRIFLUPROMAZINE HCL INJ	7/1/2002	FEE SCHED	$11.05	$0.00							
J3410		HYDROXYZINE HCL INJECITON	7/1/2003	FEE SCHED	$1.08	$0.00							
J3420		VITAMIN B12 INJECTION	7/1/2003	FEE SCHED	$0.12	$0.00							
J3430		VITAMIN K PHYTONADIONE INJ	7/1/2003	FEE SCHED	$2.17	$0.00							
J3470		HYALURONIDASE INJECTION	7/1/2003	FEE SCHED	$18.41	$0.00							
J3475		INJ MAGNESIUM SULFATE	7/1/2003	FEE SCHED	$0.26	$0.00							
J3480		INJ POTASSIUM CHLORIDE	7/1/2003	FEE SCHED	$0.07	$0.00							
J3485		ZIDOVUDINE	7/1/2003	FEE SCHED	$0.91	$0.00							
J3487		ZOLEDRONIC ACID	7/1/2003	FEE SCHED	$194.54	$0.00							
J3490		DRUGS UNCLASSIFIED INJECTION	3/1/1988	BY REPORT	$0.00	$0.00							
J3520		EDETATE DISODIUM PER 150 MG	4/1/1988	BY REPORT	$0.00	$0.00							
J3530		NASAL VACCINE INHALATION	4/1/1988	BY REPORT	$0.00	$0.00							
J3535		METERED DOSE INHALER DRUG	1/1/1994	BY REPORT	$0.00	$0.00							
J3590		UNCLASSIFIED BIOLOGICS	1/1/2003	BY REPORT	$0.00	$0.00							
J7030		NORMAL SALINE SOLUTION INFUS	7/1/2003	FEE SCHED	$9.64	$0.00							
J7040		NORMAL SALINE SOLUTION INFUS	7/1/2003	FEE SCHED	$4.82	$0.00							
J7042		5% DEXTROSE/NORMAL SALINE	7/1/2003	FEE SCHED	$8.45	$0.00							
J7050		NORMAL SALINE SOLUTION INFUS	7/1/2003	FEE SCHED	$2.42	$0.00							
J7051		STERILE SALINE/WATER	7/1/2003	FEE SCHED	$1.19	$0.00							
J7060		5% DEXTROSE/WATER	7/1/2003	FEE SCHED	$8.09	$0.00							
J7070		D5W INFUSION	7/1/2003	FEE SCHED	$9.82	$0.00							
J7100		DEXTRAN 40 INFUSION	7/1/2003	FEE SCHED	$22.47	$0.00							
J7110		DEXTRAN 75 INFUSION	7/1/2003	FEE SCHED	$12.71	$0.00							
J7120		RINGERS LACTATE INFUSION	7/1/2003	FEE SCHED	$11.14	$0.00							
J7191		FACTOR VIII (PORCINE)	7/1/2003	FEE SCHED	$1.83	$0.00							
J7192		FACTOR VIII RECOMBINANT	7/1/2003	FEE SCHED	$1.13	$0.00							
J7193		FACTOR IX NON-RECOMBINANT	7/1/2003	FEE SCHED	$1.00	$0.00							
J7194		FACTOR IX COMPLEX	7/1/2003	FEE SCHED	$0.33	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
J7195		FACTOR IX RECOMBINANT	7/1/2003	FEE SCHED	$1.00	$0.00							
J7198		ANTI-INHIBITOR	7/1/2003	FEE SCHED	$1.28	$0.00							
J7199		HEMOPHILIA CLOT FACTOR NOC	1/1/2000	BY REPORT	$0.00	$0.00							
J7300		INTRAUT COPPER CONTRACEPTIVE	7/1/2003	FEE SCHED	$292.40	$0.00							
J7302		LEVONORGESTREL IU CONTRACEPT	7/1/2003	FEE SCHED	$377.72	$0.00							
J7308		AMINOLEVULINIC ACID HCL TOP	7/1/2002	FEE SCHED	$90.31	$0.00							
J7310		GANCICLOVIR LONG ACT IMPLANT	7/1/2003	FEE SCHED	$4,250.00	$0.00							
J7317		SODIUM HYALURONATE INJECTION	7/1/2003	FEE SCHED	$127.29	$0.00							
J7320		HYLAN G-F 20 INJECTION	7/1/2003	FEE SCHED	$208.60	$0.00							
J7330		CULTURED CHONDROCYTES IMPLNT	7/1/2003	FEE SCHED	$13,566.00	$0.00							
J7340		METABOLIC ACTIVE D/E TISSUE	7/1/2003	FEE SCHED	$26.22	$0.00							
J7342		METABOLICALLY ACTIVE TISSUE	7/1/2003	FEE SCHED	$13.78	$0.00							
J7350		INJECTABLE HUMAN TISSUE	1/1/2003	BY REPORT	$0.00	$0.00							
J7501		AZATHIOPRINE PARENTERAL	7/1/2003	FEE SCHED	$53.54	$0.00							
J7502		CYCLOSPORINE ORAL 100 MG	7/1/2002	FEE SCHED	$4.68	$0.00							
J7509		METHYLPREDNISOLONE ORAL	7/1/2002	FEE SCHED	$0.46	$0.00							
J7510		PREDNISOLONE ORAL PER 5 MG	7/1/2002	FEE SCHED	$0.12	$0.00							
J7511		ANTITHYMOCYTE GLOBULN RABBIT	7/1/2003	FEE SCHED	$290.87	$0.00							
J7515		CYCLOSPORINE ORAL 25 MG	7/1/2002	FEE SCHED	$1.48	$0.00							
J7516		CYCLOSPORIN PARENTERAL 250MG	7/1/2002	FEE SCHED	$24.78	$0.00							
J7517		MYCOPHENOLATE MOFETIL ORAL	7/1/2002	FEE SCHED	$2.35	$0.00							
J7520		SIROLIMUS, ORAL	7/1/2002	FEE SCHED	$5.82	$0.00							
J7525		TACROLIMUS INJECTION	7/1/2003	FEE SCHED	$106.29	$0.00							
J7599		IMMUNOSUPPRESSIVE DRUG NOC	1/1/1996	BY REPORT	$0.00	$0.00							
J7608		ACETYLCYSTEINE INH SOL U D	7/1/2003	FEE SCHED	$3.61	$0.00							
J7618		ALBUTEROL INH SOL CON	7/1/2003	FEE SCHED	$0.64	$0.00							
J7619		ALBUTEROL INH SOL U D	7/1/2003	FEE SCHED	$0.35	$0.00							
J7622		BECLOMETHASONE INHALATN SOL	1/1/2002	BY REPORT	$0.00	$0.00							
J7624		BETAMETHASONE INHALATION SOL	1/1/2002	BY REPORT	$0.00	$0.00							
J7626		BUDESONIDE INHALATION SOL	7/1/2003	FEE SCHED	$3.89	$0.00							
J7628		BITOLTEROL MES INHAL SOL CON	7/1/2002	FEE SCHED	$0.24	$0.00							
J7629		BITOLTEROL MES INH SOL U D	1/1/2000	BY REPORT	$0.00	$0.00							
J7631		CROMOLYN SODIUM INH SOL U D	7/1/2003	FEE SCHED	$0.33	$0.00							
J7633		BUDESONIDE CONCENTRATED SOL	1/1/2003	BY REPORT	$0.00	$0.00							
J7635		ATROPINE INHAL SOL CON	7/1/2003	FEE SCHED	$0.42	$0.00							
J7636		ATROPINE INHAL SOL UNIT DOSE	7/1/2003	FEE SCHED	$0.59	$0.00							
J7637		DEXAMETHASONE INHAL SOL CON	7/1/2003	FEE SCHED	$1.31	$0.00							
J7638		DEXAMETHASONE INHAL SOL U D	1/1/2000	BY REPORT	$0.00	$0.00							
J7639		DORNASE ALPHA INHAL SOL U D	7/1/2003	FEE SCHED	$14.92	$0.00							
J7641		FLUNISOLIDE INHALATION SOL	1/1/2002	BY REPORT	$0.00	$0.00							
J7642		GLYCOPYRROLATE INHAL SOL CON	1/1/2000	BY REPORT	$0.00	$0.00							
J7643		GLYCOPYRROLATE INHAL SOL U D	1/1/2000	BY REPORT	$0.00	$0.00							
J7644		IPRATROPIUM BROM INH SOL U D	7/1/2003	FEE SCHED	$2.59	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
J7648		ISOETHARINE HCL INH SOL CON	7/1/2003	FEE SCHED	$0.15	$0.00							
J7649		ISOETHARINE HCL INH SOL U D	1/1/2000	BY REPORT	$0.00	$0.00							
J7658		ISOPROTERENOLHCL INH SOL CON	1/1/2000	BY REPORT	$0.00	$0.00							
J7659		ISOPROTERENOL HCL INH SOL UD	1/1/2000	BY REPORT	$0.00	$0.00							
J7668		METAPROTERENOL INH SOL CON	7/1/2003	FEE SCHED	$1.16	$0.00							
J7669		METAPROTERENOL INH SOL U D	7/1/2003	FEE SCHED	$0.42	$0.00							
J7680		TERBUTALINE SO4 INH SOL CON	1/1/2000	BY REPORT	$0.00	$0.00							
J7681		TERBUTALINE SO4 INH SOL U D	1/1/2000	BY REPORT	$0.00	$0.00							
J7682		TOBRAMYCIN INHALATION SOL	7/1/2003	FEE SCHED	$43.73	$0.00							
J7683		TRIAMCINOLONE INH SOL CON	1/1/2000	BY REPORT	$0.00	$0.00							
J7684		TRIAMCINOLONE INH SOL U D	1/1/2000	BY REPORT	$0.00	$0.00							
J7699		INHALATION SOLUTION FOR DME	1/1/1993	BY REPORT	$0.00	$0.00							
J7799		NON-INHALATION DRUG FOR DME	1/1/1993	BY REPORT	$0.00	$0.00							
J8700		TEMOZOLMIDE	7/1/2002	FEE SCHED	$6.10	$0.00							
J9000		DOXORUBIC HCL 10 MG VL CHEMO	7/1/2003	FEE SCHED	$38.31	$0.00							
J9010		ALEMTUZUMAB 10 MG	7/1/2003	FEE SCHED	$523.01	$0.00							
J9015		ALDESLEUKIN/SINGLE USE VIAL	7/1/2003	FEE SCHED	$657.15	$0.00							
J9017		ARSENIC TRIOXIDE	7/1/2003	FEE SCHED	$33.15	$0.00							
J9020		ASPARAGINASE INJECTION	7/1/2003	FEE SCHED	$56.02	$0.00							
J9031		BCG LIVE INTRAVESICAL VAC	7/1/2003	FEE SCHED	$143.27	$0.00							
J9040		BLEOMYCIN SULFATE INJECTION	7/1/2003	FEE SCHED	$258.91	$0.00							
J9045		CARBOPLATIN INJECTION	7/1/2003	FEE SCHED	$133.09	$0.00							
J9050		CARMUS BISCHL NITRO INJ	7/1/2003	FEE SCHED	$121.84	$0.00							
J9060		CISPLATIN 10 MG INJECITON	7/1/2003	FEE SCHED	$38.24	$0.00							
J9062		CISPLATIN 50 MG INJECITON	7/1/2003	FEE SCHED	$188.70	$0.00							
J9070		CYCLOPHOSPHAMIDE 100 MG INJ	7/1/2003	FEE SCHED	$5.35	$0.00							
J9080		CYCLOPHOSPHAMIDE 200 MG INJ	7/1/2003	FEE SCHED	$10.15	$0.00							
J9090		CYCLOPHOSPHAMIDE 500 MG INJ	7/1/2003	FEE SCHED	$21.30	$0.00							
J9091		CYCLOPHOSPHAMIDE 1.0 GRM INJ	7/1/2003	FEE SCHED	$42.63	$0.00							
J9092		CYCLOPHOSPHAMIDE 2.0 GRM INJ	7/1/2003	FEE SCHED	$85.24	$0.00							
J9093		CYCLOPHOSPHAMIDE LYOPHILIZED	7/1/2003	FEE SCHED	$5.21	$0.00							
J9094		CYCLOPHOSPHAMIDE LYOPHILIZED	7/1/2003	FEE SCHED	$10.41	$0.00							
J9095		CYCLOPHOSPHAMIDE LYOPHILIZED	7/1/2003	FEE SCHED	$21.85	$0.00							
J9096		CYCLOPHOSPHAMIDE LYOPHILIZED	7/1/2003	FEE SCHED	$43.72	$0.00							
J9097		CYCLOPHOSPHAMIDE LYOPHILIZED	7/1/2003	FEE SCHED	$87.46	$0.00							
J9100		CYTARABINE HCL 100 MG INJ	7/1/2003	FEE SCHED	$5.31	$0.00							
J9110		CYTARABINE HCL 500 MG INJ	7/1/2003	FEE SCHED	$21.25	$0.00							
J9120		DACTINOMYCIN ACTINOMYCIN D	7/1/2003	FEE SCHED	$12.41	$0.00							
J9130		DACARBAZINE 100 MG INJ	7/1/2003	FEE SCHED	$11.35	$0.00							
J9140		DACARBAZINE 200 MG INJ	7/1/2003	FEE SCHED	$20.19	$0.00							
J9150		DAUNORUBICIN	7/1/2003	FEE SCHED	$39.23	$0.00							
J9160		DENILEUKIN DIFTITOX, 300 MCG	7/1/2003	FEE SCHED	$1,082.90	$0.00							
J9165		DIETHYLSTILBESTROL INJECTION	7/1/2003	FEE SCHED	$12.89	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
J9170		DOCETAXEL 20MG	7/1/2003	FEE SCHED	$320.24	$0.00							
J9180		EPIRUBICIN HCL INJECTION	7/1/2003	FEE SCHED	$644.01	$0.00							
J9181		ETOPOSIDE 10 MG INJ	7/1/2003	FEE SCHED	$9.35	$0.00							
J9182		ETOPOSIDE 100 MG INJ	7/1/2003	FEE SCHED	$93.50	$0.00							
J9185		FLUDARABINE PHOSPHATE INJ	7/1/2003	FEE SCHED	$292.30	$0.00							
J9190		FLUOROURACIL INJECTION	7/1/2003	FEE SCHED	$2.03	$0.00							
J9200		FLOXURIDINE INJECTION	7/1/2003	FEE SCHED	$115.93	$0.00							
J9201		GEMCITABINE HCL, 200 MG	7/1/2003	FEE SCHED	$108.27	$0.00							
J9202		GOSERELIN ACETATE IMPLANT	7/1/2003	FEE SCHED	$399.49	$0.00							
J9206		IRINOTECAN 20 MG	7/1/2003	FEE SCHED	$135.83	$0.00							
J9208		IFOSFOMIDE INJECTION	7/1/2003	FEE SCHED	$134.55	$0.00							
J9209		MESNA INJECTION	7/1/2003	FEE SCHED	$32.64	$0.00							
J9211		IDARUBICIN HCL INJECITON	7/1/2003	FEE SCHED	$375.74	$0.00							
J9213		INTERFERON ALFA-2A INJ	7/1/2003	FEE SCHED	$31.21	$0.00							
J9214		INTERFERON ALFA-2B INJ	7/1/2003	FEE SCHED	$12.08	$0.00							
J9215		INTERFERON ALFA-N3 INJ	7/1/2003	FEE SCHED	$7.31	$0.00							
J9216		INTERFERON GAMMA 1-B INJ	7/1/2003	FEE SCHED	$183.17	$0.00							
J9217		LEUPROLIDE ACETATE SUSPNSION	7/1/2003	FEE SCHED	$547.19	$0.00							
J9218		LEUPROLIDE ACETATE INJECITON	7/1/2003	FEE SCHED	$22.31	$0.00							
J9219		LEUPROLIDE ACETATE IMPLANT	7/1/2003	FEE SCHED	$483.14	$0.00							
J9230		MECHLORETHAMINE HCL INJ	7/1/2003	FEE SCHED	$10.75	$0.00							
J9250		METHOTREXATE SODIUM INJ	7/1/2003	FEE SCHED	$0.35	$0.00							
J9260		METHOTREXATE SODIUM INJ	7/1/2003	FEE SCHED	$4.25	$0.00							
J9265		PACLITAXEL INJECTION	7/1/2003	FEE SCHED	$146.81	$0.00							
J9266		PEGASPARGASE/SINGL DOSE VIAL	7/1/2003	FEE SCHED	$1,277.13	$0.00							
J9268		PENTOSTATIN INJECTION	7/1/2003	FEE SCHED	$1,723.80	$0.00							
J9270		PLICAMYCIN (MITHRAMYCIN) INJ	7/1/2003	FEE SCHED	$83.93	$0.00							
J9280		MITOMYCIN 5 MG INJ	7/1/2003	FEE SCHED	$113.99	$0.00							
J9290		MITOMYCIN 20 MG INJ	7/1/2003	FEE SCHED	$289.18	$0.00							
J9291		MITOMYCIN 40 MG INJ	7/1/2003	FEE SCHED	$777.83	$0.00							
J9293		MITOXANTRONE HYDROCHL / 5 MG	7/1/2003	FEE SCHED	$321.52	$0.00							
J9300		GEMTUZUMAB OZOGAMICIN	7/1/2003	FEE SCHED	$1,953.94	$0.00							
J9310		RITUXIMAB CANCER TREATMENT	7/1/2003	FEE SCHED	$425.00	$0.00							
J9320		STREPTOZOCIN INJECTION	7/1/2003	FEE SCHED	$122.32	$0.00							
J9340		THIOTEPA INJECTION	7/1/2003	FEE SCHED	$104.66	$0.00							
J9350		TOPOTECAN	7/1/2003	FEE SCHED	$714.58	$0.00							
J9360		VINBLASTINE SULFATE INJ	7/1/2003	FEE SCHED	$3.67	$0.00							
J9370		VINCRISTINE SULFATE 1 MG INJ	7/1/2003	FEE SCHED	$30.40	$0.00							
J9375		VINCRISTINE SULFATE 2 MG INJ	7/1/2003	FEE SCHED	$60.81	$0.00							
J9380		VINCRISTINE SULFATE 5 MG INJ	7/1/2003	FEE SCHED	$143.48	$0.00							
J9390		VINORELBINE TARTRATE/10 MG	7/1/2003	FEE SCHED	$97.53	$0.00							
J9600		PORFIMER SODIUM	7/1/2003	FEE SCHED	$2,329.60	$0.00							
J9999		CHEMOTHERAPY DRUG	4/1/1988	BY REPORT	$0.00	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
L0120		CERVICAL FLEXIBLE NON-ADJUSTABLE	7/1/2003	FEE SCHED	$25.42	$0.00							
L0140		CERVICAL SEMI-RIGID ADJUSTABLE (PL	7/1/1991	BY REPORT	$0.00	$0.00							
L0150		CERVICAL SEMI-RIGID ADJUSTABLE MO	7/1/1991	BY REPORT	$0.00	$0.00							
L0172		CERVICAL COLLAR SEMI-RIGID THERMC	7/1/1991	BY REPORT	$0.00	$0.00							
L0180		CERVICAL MULTIPLE POST COLLAR OC	7/1/1991	BY REPORT	$0.00	$0.00							
L0210		THORACIC RIB BELT	7/1/1991	BY REPORT	$0.00	$0.00							
L0500		LSO FLEX SURGICAL SUPPORT	7/1/2003	FEE SCHED	$88.57	$0.00							
L0510		LSO FLEXIBLE CUSTOM FABRICAT	7/1/1991	BY REPORT	$0.00	$0.00							
L0515		LSO FLEX ELAS W/ RIG POST PA	7/1/1991	BY REPORT	$0.00	$0.00							
L0530		LSO ANT.-POST.-LAT. CONTROL (MACAU	7/1/1991	BY REPORT	$0.00	$0.00							
L1260		ADDITION TO TLSO (LOW PROFILE) ANT	7/1/1991	BY REPORT	$0.00	$0.00							
L1499		SPINAL ORTHOSIS NOT OTHERWISE SPI	7/1/1991	BY REPORT	$0.00	$0.00							
L1620		HO ABDUCTION CONTROL OF HIP JOINT	7/1/1991	BY REPORT	$0.00	$0.00							
L1660		HO ABDUCTION CONTROL OF HIP JOINT	7/1/1991	BY REPORT	$0.00	$0.00							
L1800		KNEE ORTHOSIS (KO) ELASTIC WITH ST.	7/1/1991	BY REPORT	$0.00	$0.00							
L1810		KO ELASTIC WITH JOINTS PREFABRICA	7/1/1991	BY REPORT	$0.00	$0.00							
L1815		KO ELASTIC OR OTHER ELASTIC TYPE M	7/1/1991	BY REPORT	$0.00	$0.00							
L1820		KO ELASTIC WITH CONDYLAR PADS AND	7/1/1991	BY REPORT	$0.00	$0.00							
L1825		KO ELASTIC KNEE CAP PREFABRICATEI	7/1/1991	BY REPORT	$0.00	$0.00							
L1830		KO IMMOBILIZER CANVAS LONGITUDINA	7/1/1991	BY REPORT	$0.00	$0.00							
L1832		KO ADJUSTABLE KNEE JTS. POSITIONAL	7/1/1991	BY REPORT	$0.00	$0.00							
L1840		KO DEROTATION MED.-LAT. AC LIGAME	7/1/1991	BY REPORT	$0.00	$0.00							
L1844		KO W/ADJ JT ROT CNTRL MOLDED	1/1/1994	BY REPORT	$0.00	$0.00							
L1845		KO DOUBLE UPRIGHT THIGH AND CALF	7/1/2003	FEE SCHED	$506.99	$0.00							
L1846		KO DOUBLE UPRIGHT THIGH AND CALF	7/1/1991	BY REPORT	$0.00	$0.00							
L1858		KO MOLDED PLASTIC POLYCENTRIC KN	7/1/1991	BY REPORT	$0.00	$0.00							
L1885		KO SNGL. OR DBL. UPRIGHT THIGH & CA	7/1/2003	MEDICARE	$748.60	$0.00							
L1902		AFO ANKLE GAUNTLET PREFABRICATEI	7/1/1991	BY REPORT	$0.00	$0.00							
L1904		AFO MOLDED ANKLE GAUNTLET CUSTC	7/1/1991	BY REPORT	$0.00	$0.00							
L1906		AFO MULTILIGAMENTUS ANKLE SUPPOF	7/1/1991	BY REPORT	$0.00	$0.00							
L1920		AFO SINGLE UPRIGHT WITH STATIC OR	7/1/1991	BY REPORT	$0.00	$0.00							
L1930		AFO PLASTIC	7/1/1991	BY REPORT	$0.00	$0.00							
L1945		AFO PLASTIC RIGID ANTERIOR TIBIAL S	7/1/1991	BY REPORT	$0.00	$0.00							
L1960		AFO POSTERIOR SOLID ANKLE PLASTIC	7/1/2003	FEE SCHED	$326.15	$0.00							
L1990		AFO DBL. UPRIGHT FREE PLANTAR DOR	7/1/1991	BY REPORT	$0.00	$0.00							
L2000		KAFO SINGLE UPRIGHT FREE KNEE/ANK	7/1/1991	BY REPORT	$0.00	$0.00							
L2020		KAFO DOUBLE UPRIGHT FREE KNEE/AN	7/1/1991	BY REPORT	$0.00	$0.00							
L2104		AFO FX ORTHOSIS TIBIAL FX CAST ORT	7/1/1991	BY REPORT	$0.00	$0.00							
L2106		AFO FX ORTHO. TIBIAL FX CAST ORTHC	7/1/1991	BY REPORT	$0.00	$0.00							
L2112		AFO FX ORTHOSIS TIBIAL FX ORTHOSIS	7/1/1991	BY REPORT	$0.00	$0.00							
L2114		AFO FX ORTHOSIS TIBIAL FX ORTHOSIS	7/1/1991	BY REPORT	$0.00	$0.00							
L2116		AFO FX ORTHOSIS TIBIAL FX ORTHOSIS	7/1/1991	BY REPORT	$0.00	$0.00							
L2180		ADD'N TO LOWER EXTREMITY FX ORTHC	7/1/1991	BY REPORT	$0.00	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
L2270		ADD'N TO LOWER EXTREMITY "T" STRAF	7/1/2003	FEE SCHED	$37.00	$0.00							
L2275		ADD'N TO LOWER EXTREMITY VARUS/VA	7/1/2003	FEE SCHED	$114.25	$0.00							
L2280		ADD'N TO LOWER EXTREMITY MOLDED I	7/1/1991	BY REPORT	$0.00	$0.00							
L2310		ADD'N TO LOWER EXTREMITY ABDUCTIC	7/1/1991	BY REPORT	$0.00	$0.00							
L2340		ADD'N TO LOWER EXTREMITY PRETIBIAI	7/1/1991	BY REPORT	$0.00	$0.00							
L2425		ADD'N TO KNEE JT. DISC OR DIAL LOCK F	7/1/1991	BY REPORT	$0.00	$0.00							
L2795		ADD'N TO LOWER EXTREM. ORTHOSIS K	7/1/1991	BY REPORT	$0.00	$0.00							
L2800		ADD'N TO LOWER EXTREM. ORTHO. KNE	7/1/1991	BY REPORT	$0.00	$0.00							
L2820		ADD'N TO LOWER EXTREM. ORTHO. SOF	7/1/1991	BY REPORT	$0.00	$0.00							
L2830		ADD'N TO LOWER EXTREM. ORTHO. SOF	7/1/1991	BY REPORT	$0.00	$0.00							
L2999		LOWER EXTREMITY ORTHOSES NOT OT	7/1/1991	BY REPORT	$0.00	$0.00							
L3000		FOOT INSERT REMOVABLE MOLDED TO	7/1/1991	BY REPORT	$0.00	$0.00							
L3001		FOOT INSERT REMOVABLE MOLDED TO	7/1/1991	BY REPORT	$0.00	$0.00							
L3010		FOOT INSERT REMOVABLE MOLDED TO	7/1/1991	BY REPORT	$0.00	$0.00							
L3020		FOOT INSERT REMOVABLE MOLDED TO	7/1/1991	BY REPORT	$0.00	$0.00							
L3030		FOOT INSERT REMOVABLE FORMED TC	7/1/1991	BY REPORT	$0.00	$0.00							
L3040		FOOT ARCH SUPPORT REMOVABLE PR	1/1/1992	BY REPORT	$0.00	$0.00							
L3050		FOOT ARCH SUPPORT REMOVABLE PR	7/1/2003	FEE SCHED	$130.22	$0.00							
L3060		FOOT ARCH SUPPORT REMOVABLE PRI	1/1/1992	BY REPORT	$0.00	$0.00							
L3080		FOOT ARCH SUPPORT NONREMOVABLE	1/1/1992	BY REPORT	$0.00	$0.00							
L3100		HALLUS-VALGUS NIGHT DYNAMIC SPLIN	7/1/1991	BY REPORT	$0.00	$0.00							
L3170		FOOT PLASTIC HEEL STABILZER	7/1/1991	BY REPORT	$0.00	$0.00							
L3211		SURGICAL BOOT EACH JUNIOR	7/1/1991	BY REPORT	$0.00	$0.00							
L3224		ORTH FOOTWEAR WOMAN'S OXFORD SH	1/1/1995	BY REPORT	$0.00	$0.00							
L3225		ORTH FOOTWEAR MAN'S OXFORD SHOE	1/1/1995	BY REPORT	$0.00	$0.00							
L3250		ORTHOPEDIC FOOTWEAR CUSTOM MOL	7/1/1997	BY REPORT	$0.00	$0.00							
L3260		AMBULATORY SURGICAL BOOT EAC	7/1/1991	BY REPORT	$0.00	$0.00							
L3265		PLASTAZOTE SANDAL EACH	1/1/1992	BY REPORT	$0.00	$0.00							
L3300		LIFT ELEVATION HEEL TAPERED TO ME	7/1/1991	BY REPORT	$0.00	$0.00							
L3332		LIFT ELEVATION INSIDE SHOE TAPERE	7/1/1991	BY REPORT	$0.00	$0.00							
L3350		HEEL WEDGE	7/1/1991	BY REPORT	$0.00	$0.00							
L3420		FULL SOLE AND HEEL WEDGE BETWEEN	7/1/1991	BY REPORT	$0.00	$0.00							
L3450		HEEL SACH CUSHION TYPE	7/1/1991	BY REPORT	$0.00	$0.00							
L3460		HEEL NEW RUBBER STANDARD	7/1/1991	BY REPORT	$0.00	$0.00							
L3470		HEEL THOMAS EXTENDED TO BALL	7/1/1991	BY REPORT	$0.00	$0.00							
L3480		HEEL PAD AND DEPRESSION FOR SPUR	7/1/1991	BY REPORT	$0.00	$0.00							
L3485		HEEL PAD REMOVABLE FOR SPUR	7/1/1991	BY REPORT	$0.00	$0.00							
L3540		ORTHOPEDIC SHOE ADDITION SOLE FU	1/1/1992	BY REPORT	$0.00	$0.00							
L3649		ORTHOPEDIC SHOE MODIFICATION ADD	7/1/1991	BY REPORT	$0.00	$0.00							
L3650		SO FIGURE EIGHT DESIGN ABDUCTION	7/1/1991	BY REPORT	$0.00	$0.00							
L3660		SO FIGURE OF 8 DESIGN ABDUCTION RE	7/1/1991	BY REPORT	$0.00	$0.00							
L3670		SO ACROMIO/CLAVICULAR (CANVAS ANI	7/1/1991	BY REPORT	$0.00	$0.00							
L3700		EO ELASTIC WITH STAYS PREFABRICAT	7/1/1991	BY REPORT	$0.00	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
L3710		EO ELASTIC WITH METAL JOINTS PREF/	7/1/1991	BY REPORT	$0.00	$0.00							
L3720		EO DOUBLE UPRIGHT WITH FOREARM/A	7/1/1991	BY REPORT	$0.00	$0.00							
L3740		EO DBL. UPRIGHT W/ FOREARM/ARM CU	7/1/1991	BY REPORT	$0.00	$0.00							
L3760		ELBOW ORTHOSIS ADJUSTABLE POSITI	7/1/2003	MEDICARE	$353.32	$0.00							
L3800		WHFO SHORT OPPONENS NO ATTACHM	7/1/1991	BY REPORT	$0.00	$0.00							
L3805		WHFO LONG OPPONENS NO ATTACHME	7/1/1991	BY REPORT	$0.00	$0.00							
L3807		WHFO WITHOUT JOINT(S) PREFABRICA	1/1/2000	BY REPORT	$0.00	$0.00							
L3810		WHFO ADD'N TO SHORT & LONG OPPON	7/1/1991	BY REPORT	$0.00	$0.00							
L3850		WHO ADD'N TO SHORT & LONG OPPON.	7/1/1991	BY REPORT	$0.00	$0.00							
L3860		WHFO ADD'N TO SHORT & LONG OPPON	7/1/1991	BY REPORT	$0.00	$0.00							
L3906		WHO WRIST GAUNTLET CUSTOM FABR	7/1/1991	BY REPORT	$0.00	$0.00							
L3907		WHFO WRIST GAUNTLET WITH THUMB S	7/1/1991	BY REPORT	$0.00	$0.00							
L3908		WHO WRIST EXTENSION CONTROL COC	10/1/1997	BY REPORT	$0.00	$0.00							
L3910		WHFO SWANSON DESIGN PREFABRICA	7/1/1991	BY REPORT	$0.00	$0.00							
L3914		WHO WRIST EXTENSION COCK-UP PRE	7/1/1991	BY REPORT	$0.00	$0.00							
L3916		WHFO WRIST EXTENSION COCK-UP WI	7/1/1991	BY REPORT	$0.00	$0.00							
L3924		WHFO OPPENHEIMER PREFABRICATED	7/1/1991	BY REPORT	$0.00	$0.00							
L3928		HFO FINGER EXTENSION WITH CLOCK S	7/1/1991	BY REPORT	$0.00	$0.00							
L3930		WHFO FINGER EXTENSION WITH WRIST	7/1/1991	BY REPORT	$0.00	$0.00							
L3932		FO SAFETY PIN SPRING WIRE PREFABR	7/1/1991	BY REPORT	$0.00	$0.00							
L3934		FO SAFETY PIN MODIFIED PREFABRICA	7/1/1991	BY REPORT	$0.00	$0.00							
L3936		WHFO PALMER PREFABRICATED INCLU	7/1/1991	BY REPORT	$0.00	$0.00							
L3938		WHFO DORSAL WRIST PREFABRICATED	7/1/1991	BY REPORT	$0.00	$0.00							
L3940		WHFO DORSAL WRIST WITH OUTRIGGE	7/1/1991	BY REPORT	$0.00	$0.00							
L3942		HFO REVERSE KNUCKLE BENDER PREF	7/1/1991	BY REPORT	$0.00	$0.00							
L3946		HFO COMPOSITE ELASTIC PREFABRICA	7/1/1991	BY REPORT	$0.00	$0.00							
L3948		FO FINGER KNUCKLE BENDER PREFABI	7/1/1991	BY REPORT	$0.00	$0.00							
L3960		SEWHO ABDUCTION POSITIONING AIRP	7/1/1991	BY REPORT	$0.00	$0.00							
L3980		UPPER EXTREMITY FX ORTHOSIS HUME	7/1/1991	BY REPORT	$0.00	$0.00							
L3984		UPPER EXTREMITY FX ORTHOSIS WRIST	7/1/1991	BY REPORT	$0.00	$0.00							
L3986		UPPER EXTREMITY FX ORTHOSIS COMB	7/1/1991	BY REPORT	$0.00	$0.00							
L3999		UPPER LIMB ORTHOSIS NOT OTHERWIS	7/1/1991	BY REPORT	$0.00	$0.00							
L4210		REPAIR OF ORTHOTIC DEVICE REPAIR C	7/1/2003	FEE SCHED	$56.11	$0.00							
L4350		PNEUMATIC ANKLE CNTRL SPLINT	7/1/2003	FEE SCHED	$30.48	$0.00							
L4360		PNEUMATIC WALKING SPLINT	7/1/1991	BY REPORT	$0.00	$0.00							
L4370		PNEUMATIC FULL LEG SPLINT	7/1/1991	BY REPORT	$0.00	$0.00							
L4380		PNEUMATIC KNEE SPLINT	7/1/1991	BY REPORT	$0.00	$0.00							
L4392		REPLACEMENT SOFT INTERFACE MATEI	7/1/2003	FEE SCHED	$17.58	$0.00							
L4396		STATIC AFO	7/1/2003	FEE SCHED	$125.41	$0.00							
L8000		BREAST PROSTHESIS MASTECTOMY BR	7/1/1991	BY REPORT	$0.00	$0.00							
L8010		BREAST PROSTHESIS MASTECTOMY SL	7/1/1991	BY REPORT	$0.00	$0.00							
L8020		BREAST PROSTHESIS MASTECTOMY FO	7/1/1991	BY REPORT	$0.00	$0.00							
L8030		BREAST PROSTHESIS SILICONE OR EQU	7/1/1991	BY REPORT	$0.00	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
L8100		GRADIENT COMPRESSION STOCKING BI	7/1/2003	FEE SCHED	$28.71	$0.00							
L8120		GRADIENT COMPRESSION STOCKING BI	7/1/2003	FEE SCHED	$28.71	$0.00							
L8140		GRADIENT COMPRESSION STOCKING TI	7/1/2003	FEE SCHED	$28.71	$0.00							
L8499		UNLISTED PROCEDURE FOR MISCELLAN	10/1/1986	BY REPORT	$0.00	$0.00							
L8501		TRACHEOSTOMY SPEAKING VALVE	2/12/1990	BY REPORT	$0.00	$0.00							
L8603		COLLAGEN IMPLANT URINARY TRACT PE	1/1/1995	BY REPORT	$0.00	$0.00							
M0064		VISIT FOR DRUG MONITORING	7/1/2003	RBRVS	$20.73	$14.47							
P2028		CEPHALIN FLOCULATION TEST	10/1/1986	BY REPORT	$0.00	$0.00							
P2029		CONGO RED BLOOD TEST	10/1/1986	BY REPORT	$0.00	$0.00							
P2033		BLOOD THYMOL TURBIDITY	10/1/1986	BY REPORT	$0.00	$0.00							
P2038		BLOOD MUCOPROTEIN	1/1/2003	MEDICARE	$7.02	$0.00							
P9612		CATHETERIZE FOR URINE SPEC	1/1/1999	MEDICARE	$3.00	$0.00							
P9615		URINE SPECIMEN COLLECT MULT	1/1/1999	MEDICARE	$3.00	$0.00							
Q0091		OBTAINING SCREEN PAP SMEAR	7/1/2003	RBRVS	$29.75	$15.00							
Q0092		SET UP PORT XRAY EQUIPMENT	7/1/2003	RBRVS	$8.98	$8.98							
Q0111		WET MOUNTS/ W PREPARATIONS	1/1/2003	MEDICARE	$5.95	$0.00							
Q0112		POTASSIUM HYDROXIDE PREPS	1/1/2003	MEDICARE	$5.95	$0.00							
Q0113		PINWORM EXAMINATIONS	1/1/2003	MEDICARE	$6.37	$0.00							
Q0114		FERN TEST	1/1/2003	MEDICARE	$9.99	$0.00							
Q0136		NON ESRD EPOETIN ALPHA INJ	7/1/2003	FEE SCHED	$11.35	$0.00							
Q0144		AZITHROMYCIN DIHYDRATE, ORAL	7/1/2002	BY REPORT	$0.00	$0.00							
Q0183		NONMETABOLIC ACTIVE TISSUE	7/1/2003	BY REPORT	$13.78	$0.00							
Q0184		METABOLICALLY ACTIVE TISSUE	1/1/1999	BY REPORT	$0.00	$0.00							
Q3025		IM INJ INTERFERON BETA 1-A	7/1/2003	BY REPORT	$76.24	$0.00							
Q3026		SUBC INJ INTERFERON BETA-1A	1/1/2003	BY REPORT	$0.00	$0.00							
Q4001		CAST SUP BODY CAST PLASTER	1/1/2002	FEE SCHED	$33.74	$0.00							
Q4002		CAST SUP BODY CAST FIBERGLAS	1/1/2002	FEE SCHED	$127.51	$0.00							
Q4003		CAST SUP SHOULDER CAST PLSTR	1/1/2002	FEE SCHED	$24.23	$0.00							
Q4004		CAST SUP SHOULDER CAST FBRGL	1/1/2002	FEE SCHED	$83.90	$0.00							
Q4005		CAST SUP LONG ARM ADULT PLST	1/1/2002	FEE SCHED	$8.93	$0.00							
Q4006		CAST SUP LONG ARM ADULT FBRG	1/1/2002	FEE SCHED	$20.13	$0.00							
Q4007		CAST SUP LONG ARM PED PLSTER	1/1/2002	FEE SCHED	$4.47	$0.00							
Q4008		CAST SUP LONG ARM PED FBRGLS	1/1/2002	FEE SCHED	$10.07	$0.00							
Q4009		CAST SUP SHT ARM ADULT PLSTR	1/1/2002	FEE SCHED	$5.96	$0.00							
Q4010		CAST SUP SHT ARM ADULT FBRGL	1/1/2002	FEE SCHED	$13.42	$0.00							
Q4011		CAST SUP SHT ARM PED PLASTER	1/1/2002	FEE SCHED	$2.98	$0.00							
Q4012		CAST SUP SHT ARM PED FBRGLAS	1/1/2002	FEE SCHED	$6.71	$0.00							
Q4013		CAST SUP GAUNTLET PLASTER	1/1/2002	FEE SCHED	$10.85	$0.00							
Q4014		CAST SUP GAUNTLET FIBERGLASS	1/1/2002	FEE SCHED	$18.31	$0.00							
Q4015		CAST SUP GAUNTLET PED PLSTER	1/1/2002	FEE SCHED	$5.42	$0.00							
Q4016		CAST SUP GAUNTLET PED FBRGLS	1/1/2002	FEE SCHED	$9.16	$0.00							
Q4017		CAST SUP LNG ARM SPLINT PLST	1/1/2002	FEE SCHED	$6.28	$0.00							
Q4018		CAST SUP LNG ARM SPLINT FBRG	1/1/2002	FEE SCHED	$10.01	$0.00							

Montana Medicaid - Fee Schedule
Mid-level Practitioner

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Indicators Assist	CoSurg	Team
Q4019		CAST SUP LNG ARM SPLNT PED P	1/1/2002	FEE SCHED	$3.14	$0.00							
Q4020		CAST SUP LNG ARM SPLNT PED F	1/1/2002	FEE SCHED	$5.01	$0.00							
Q4021		CAST SUP SHT ARM SPLINT PLST	1/1/2002	FEE SCHED	$4.64	$0.00							
Q4022		CAST SUP SHT ARM SPLINT FBRG	1/1/2002	FEE SCHED	$8.38	$0.00							
Q4023		CAST SUP SHT ARM SPLNT PED P	1/1/2002	FEE SCHED	$2.33	$0.00							
Q4024		CAST SUP SHT ARM SPLNT PED F	1/1/2002	FEE SCHED	$4.19	$0.00							
Q4025		CAST SUP HIP SPICA PLASTER	1/1/2002	FEE SCHED	$26.06	$0.00							
Q4026		CAST SUP HIP SPICA FIBERGLAS	1/1/2002	FEE SCHED	$81.34	$0.00							
Q4027		CAST SUP HIP SPICA PED PLSTR	1/1/2002	FEE SCHED	$13.03	$0.00							
Q4028		CAST SUP HIP SPICA PED FBRGL	1/1/2002	FEE SCHED	$40.67	$0.00							
Q4029		CAST SUP LONG LEG PLASTER	1/1/2002	FEE SCHED	$19.92	$0.00							
Q4030		CAST SUP LONG LEG FIBERGLASS	1/1/2002	FEE SCHED	$52.43	$0.00							
Q4031		CAST SUP LNG LEG PED PLASTER	1/1/2002	FEE SCHED	$9.96	$0.00							
Q4032		CAST SUP LNG LEG PED FBRGLS	1/1/2002	FEE SCHED	$26.22	$0.00							
Q4033		CAST SUP LNG LEG CYLINDER PL	1/1/2002	FEE SCHED	$18.57	$0.00							
Q4034		CAST SUP LNG LEG CYLINDER FB	1/1/2002	FEE SCHED	$46.22	$0.00							
Q4035		CAST SUP LNGLEG CYLNDR PED P	1/1/2002	FEE SCHED	$9.30	$0.00							
Q4036		CAST SUP LNGLEG CYLNDR PED F	1/1/2002	FEE SCHED	$23.11	$0.00							
Q4037		CAST SUP SHRT LEG PLASTER	1/1/2002	FEE SCHED	$11.34	$0.00							
Q4038		CAST SUP SHRT LEG FIBERGLASS	1/1/2002	FEE SCHED	$28.40	$0.00							
Q4039		CAST SUP SHRT LEG PED PLSTER	1/1/2002	FEE SCHED	$5.68	$0.00							
Q4040		CAST SUP SHRT LEG PED FBRGLS	1/1/2002	FEE SCHED	$14.20	$0.00							
Q4041		CAST SUP LNG LEG SPLNT PLSTR	1/1/2002	FEE SCHED	$13.78	$0.00							
Q4042		CAST SUP LNG LEG SPLNT FBRGL	1/1/2002	FEE SCHED	$23.53	$0.00							
Q4043		CAST SUP LNG LEG SPLNT PED P	1/1/2002	FEE SCHED	$6.89	$0.00							
Q4044		CAST SUP LNG LEG SPLNT PED F	1/1/2002	FEE SCHED	$11.77	$0.00							
Q4045		CAST SUP SHT LEG SPLNT PLSTR	1/1/2002	FEE SCHED	$8.00	$0.00							
Q4046		CAST SUP SHT LEG SPLNT FBRGL	1/1/2002	FEE SCHED	$12.87	$0.00							
Q4047		CAST SUP SHT LEG SPLNT PED P	1/1/2002	FEE SCHED	$4.00	$0.00							
Q4048		CAST SUP SHT LEG SPLNT PED F	1/1/2002	FEE SCHED	$6.44	$0.00							
Q4049		FINGER SPLINT, STATIC	1/1/2002	FEE SCHED	$1.46	$0.00							
Q4050		CAST SUPPLIES UNLISTED	7/1/2001	BY REPORT	$0.00	$0.00							
Q4051		SPLINT SUPPLIES MISC	7/1/2001	BY REPORT	$0.00	$0.00							
R0070		TRANSPORT PORTABLE X-RAY	7/1/2003	BY REPORT	$0.00	$0.00							
R0075		TRANSPORT PORT X-RAY MULTIPL	7/1/2003	BY REPORT	$0.00	$0.00							
R0076		TRANSPORT PORTABLE EKG	7/1/2003	RBRVS	$0.00	$0.00							
Z0695		CONTRACEPTIVE SUPPLIES	8/1/1997	FEE SCHED	$45.00	$0.00							
Z0709		PROGESTASERT IUD	7/1/1990	FEE SCHED	$106.12	$0.00							
Z0805		ADMINISTRATION FEE FOR VACCINES FC	7/1/2003	RBRVS	$9.39	$9.39							